

Program Changes Effective on or after 1/1/2022

COVID-19 Testing	The COVID-19 Testing Costs adjustment reflects the costs of diagnostic and antibody testing for COVID-19.
COVID-19 Treatment	The COVID-19 Treatment Costs adjustment reflects the cost of treatment for COVID-19.
COVID-19 Net Deferred Costs	The COVID-19 Net Deferred Care adjustment reflects net costs that will be delayed, canceled, and recouped due to reduced elective care and reduced access to some non-elective care. For the contract period, Mercer expects a full-return stage level of care, resulting in a net zero adjustment being applied for all programs.
COVID-19 Enrollment Acuity Adjustment	The COVID-19 Enrollment Acuity adjustment accounts for changes in Medicaid enrollment due to members retaining eligibility through the end of the public health emergency who would otherwise be determined ineligible for Medicaid through the redetermination process.
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 33.0% increase to reimbursement levels for inpatient and outpatient services to eligible in-state hospitals with high total Medicaid and high Native American utilization and a 13.0% increase to eligible hospitals with high Native American utilization effective January 1, 2022
Trauma Hospital Rate Increase	The Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%. Effective January 2022 Sandoval Regional Medical Center has been classified as a Level III Trauma Center and Cibola General has been removed as a Level IV Trauma Center.
Extension of Postpartum Eligibility	The Extension of Postpartum Eligibility adjustment reflects the rating impact of extending postpartum Medicaid eligibility from 60 days to 1 year, effective April 1, 2022.

Program Changes Effective on or after 7/1/2022

Health Care Quality Surcharge (HCQS) Per Diem	Beginning in January 1, 2020, the HCQS adjustment reflects a per-diem increase to payment rates of eligible NFs with over 60 beds. The CY2023 rates reflect the HCQS add-in rates effective July 1, 2022 for NFs with over 60 beds.
Nursing Facility Market Basket Index (NF MBI)	Beginning in January 1, 2020, the NF MBI adjustment reflects a percentage increase to payment rates of eligible NFs. The CY2023 rates reflect the NF MBI percentage increase effective July 1, 2022, which is compounded with the MBI percentage increases effective July 1, 2019, July 1, 2020, and July 1, 2021.
Earned Sick Leave	The Earned Sick Leave adjustment reflects the cost of employees working in the state (including part-time, seasonal or temporary workers) previously not provided earned sick leave accruing at least one hour of earned sick leave for every 30 hours worked, up to 64 leave hours per year, pursuant to House Bill 20. This adjustment is effective July 1, 2022.
Proposal W.2 Temporary Economic Recovery Payment	The Temporary Home & Community Based Services (HCBS) Fee Increase reflects the cost of HSD's Proposal W.2 as outlined in their American Rescue Plan Act (ARPA) spending plan, as part of their efforts to "enhance, expand, or strengthen" the HCBS workforce. The rating adjustment was revised from 15.0% to 10.0% effective July 1, 2022.
EPSDT Rate Increase	The EPSDT Rate Increase effective July 1, 2022 reflects the following rate increases for selected EPSDT services for members age 0-20 for two provider classes: For Public Duty Nursing (Provider Type 324): 100.3% to procedure code S5125; 92.3% to procedure code S9122; 76.4% to procedure code T1000 with modifier TD; 105.0% to procedure code T1000 with modifier TE; 29.5% to procedure code T1001; 76.4% to procedure code T1002; and 88.9% to procedure code T1003; For Home Health (Provider Type 361): 100.3% to procedure code S5125; 92.3% to procedure code S9122; 76.4% to procedure code T1000 with modifier TD; 105.0% to procedure code T1000 with modifier TE; 29.5% to procedure code T1001; 76.4% to procedure code T1002; and 88.9% to procedure code T1003.
Gross Receipts Tax Reduction	The Gross Receipts Tax Reduction reflects the impact of the New Mexico gross receipts tax rate decreasing from 5.125% to 5.000% effective July 1, 2022, and subsequently decreasing to 4.875% effective July 1, 2023, pursuant to House Bill 163.



Program Changes Effective on or after 1/1/2023

Expanded Mobile Crisis Initiatives	The Expanded Mobile Crisis Initiatives adjustment effective January 1, 2023 reflects the cost of implementing mobile crisis services in support of state initiatives related to 988.
EBP Rate Enhancements	The EBP Rate Enhancements effective January 1, 2023 reflect the cost of implementing enhanced behavioral health services and evidence-based practices (EBPs) available to all populations, including children in state custody.
Orthodontia Authorization Change	The Orthodontia Authorization Change adjustment effective January 1, 2023 reflects the increased orthodontia service utilization estimated due to changes in the clinical evaluation threshold requirements a member must meet in order to obtain approval for orthodontia services.
Silver Diamine Fluoride	The Silver Diamine Fluoride adjustment effective January 1, 2023 reflects the new benefit coverage of silver diamine fluoride billed as D1354 and D1355 provided to the Medicaid population.
Prenatal Genetic Screenings	The Genetic Screenings adjustment effective January 1, 2023 reflects the new benefit coverage of pre-natal genetic screenings for cystic fibrosis (CF), spinal muscular atrophy (SMA), and cell-free DNA for trisomy for pregnant members of the Medicaid population.
RTC Facility Closure	The RTC Facility Closure adjustment reflects the impacts of members transitioning from receiving behavioral health services at Bernalillo Academy residential treatment center to other providers, following the closure of the facility in December 2021.
NF Ventilator Services	The NF Ventilator Services adjustment was added effective January 1, 2023 reflects the opening of the in-state ventilator wing at the Rehabilitation Center of Albuquerque, at which reimbursement for Medicaid-eligible ventilator-dependent NF residents will include an additional \$305.66 per day on top of the NF daily rate. The state plan amendment was approved by CMS in June 2022.

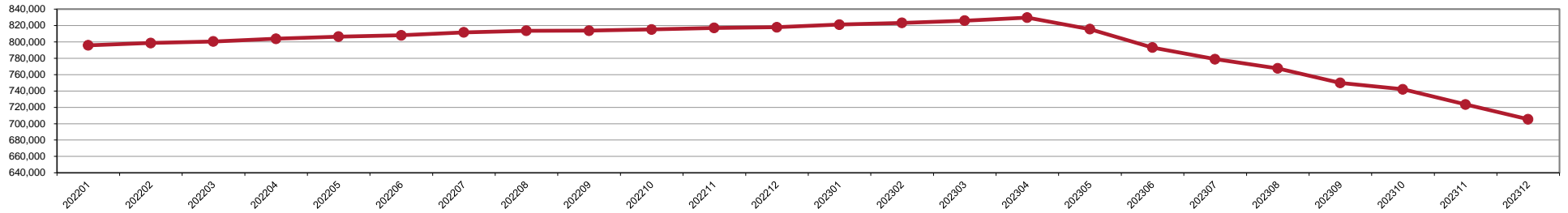
Program Changes Effective on or after 7/1/2023

Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase effective January 1, 2020 reflects the following additional rate increases: 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983 and 58301 and 152.0% to procedure code 58300.
Photo Screening	The Photo Screening adjustment effective January 1, 2020 reflects a rate increase of 250% to procedure code 99177 and a rate decrease of 12% to procedure code 99173.
Justice-Involved Transportation to Pharmacies	The Justice-Involved Transportation to Pharmacies adjustment reflects the added benefit for members released from incarceration to be transported to and from a pharmacy within seven days post-discharge to retrieve appropriate medication.
Adult Accredited Residential Treatment Center (ARTC)	Beginning in January 1, 2020, the Adult ARTC adjustment reflects the added benefit for adults to receive SUD services at adult ARTCs. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience.
Trauma Hospital Rate Increase	Beginning in January 1, 2021, the Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%. This adjustment was revised effective January 1, 2022 to reflect Sandoval Regional Medical Center classified as a Level III Trauma Center and Cibola General removed as a Level IV Trauma Center.
Pharmacists With Prescriptive Authority	Effective July 1, 2020, Pharmacists With Prescriptive Authority are allowed to bill naloxone and other additional services to procedure code 99213 at a rate of \$65.66. The adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.
Opioid Treatment Program (OTP) Adjustment	The OTP Adjustment reflects the removal of projected OTP expenses for Dual-eligible members effective October 1, 2020, as Medicare will become the primary payer for these services.
Rural Health Clinic (RHC) Prospective Payment System (PPS) Rate Rebase	The RHC PPS Rate Rebase reflects increasing the PPS rate for RHC to \$169.77 for all RHC medical services effective October 1, 2020.
Addition of New Home Visiting Providers	The Addition of New Home Visiting Providers adjustment reflects two new providers offering Nurse Family Partnership and Parents as Teachers programs effective October 1, 2021 and five new providers will offer Parents as Teachers programs with effective dates between August 2022 and January 2023 under the Centennial Home Visiting program.
Air Ambulance Rate Increase	The air ambulance fee-for-service (FFS) fee schedule increase effective November 15, 2020 reflects the following additional rate increases: 28.56% to procedure code A0430, 35.51% to procedure codes A0431, and 68.13% to procedure code A0436.
Crisis Triage Center (CTC) Adjustment	Beginning in January 1, 2021, the CTC adjustment reflects the inclusion of CTC providers providing adult outpatient services. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience that illustrates slower ramp up than initial expectations.
Pasteurized Human Donor Milk	The PHDM adjustment effective January 1, 2023 reflects implementation of reimbursement changes to increase access and reimbursement for PHDM in inpatient and outpatient settings for high-risk Medicaid eligible infants up to 12 months old, effective for dates of service from July 1, 2022.
Community Health Worker Benefit	The Community Health Worker (CHW) Benefit adjustment effective July 1, 2023 reflects the new benefit and reimbursement structure for community health workers.
House Bill 2 Provider Reimbursement Increases	The House Bill 2 Provider Reimbursement Increases effective July 1, 2023 reflects the cost of implementing provider reimbursement rate increases for professional and institutional services pursuant to the passage of House Bill 2 in the 2023 New Mexico Legislative Session.
Revised BH Adjustments Effective Prior to July 1, 2023	The following rating adjustments were revised to reflect updated projected enrollment for July 2023–December 2023, but the total CY2023 projected cost assumption was unchanged: Adult Accredited Residential Treatment Center, Crisis Triage Center Adjustment, EBP Rate Enhancements, and Expanded Mobile Crisis Initiatives.



1. Total Centennial Care Monthly Enrollment

Centennial Care Managed Care Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Population	Aggregate Member Months by Program		
	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,860,116	5,572,071	-5%
Long Term Services and Supports	625,804	624,547	0%
Other Adult Group	3,216,368	3,179,137	-1%
Total Member Months	9,702,288	9,375,755	-3%

Programs	Aggregate Medical Costs by Program			Per Capita Medical Costs by Program (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,820,385,173	\$ 1,696,307,129	-7%	\$ 310.64	\$ 304.43	-2%
Long Term Services and Supports	\$ 1,261,909,817	\$ 1,314,481,122	4%	\$ 2,016.46	\$ 2,104.70	4%
Other Adult Group Physical Health	\$ 1,491,757,349	\$ 1,462,380,119	-2%	\$ 463.80	\$ 459.99	-1%
Behavioral Health - All Members	\$ 600,574,124	\$ 688,313,698	15%	\$ 61.90	\$ 73.41	19%
Total Medical Costs	\$ 5,174,626,463	\$ 5,161,482,068	0%	\$ 533.34	\$ 550.51	3%

Aggregate Non-Medical Costs	Aggregate Non-Medical Costs			Per Capita Non-Medical Costs		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 439,377,373	\$ 430,366,282	-2%	\$ 45.29	\$ 45.90	1%
NMMP Assessment	\$ 100,325,349	\$ 131,156,566	31%	\$ 10.34	\$ 13.99	35%
Premium Tax - Net of NIMMP Offset	\$ 374,711,584	\$ 359,766,868	-4%	\$ 38.62	\$ 38.37	-1%
Total Non-Medical Costs	\$ 914,414,306	\$ 921,289,716	1%	\$ 94.25	\$ 98.26	4%

Estimated Total Centennial Care Costs	Previous (12 mon)	Current (12 mon)	% Change
	\$ 6,089,040,769	\$ 6,082,771,783	0%

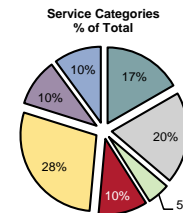
3. Total Program Medical/Pharmacy Dollars

Medical Pharmacy	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
	\$ 4,653,102,674	\$ 4,616,174,106	-1%	\$ 479.59	\$ 492.35	3%
	\$ 521,523,789	\$ 545,307,962	5%	\$ 53.75	\$ 58.16	8%
Total	\$ 5,174,626,463	\$ 5,161,482,068	0%	\$ 533.34	\$ 550.51	3%

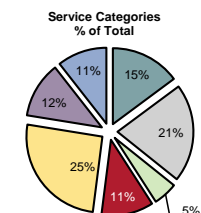
Service Categories	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 863,149,309	\$ 766,001,135	-11%	\$ 88.96	\$ 81.70	-8%
Acute Outp/Phy	\$ 1,010,360,673	\$ 1,078,941,568	7%	\$ 104.14	\$ 115.08	11%
Nursing Facility	\$ 249,042,316	\$ 266,045,966	7%	\$ 25.67	\$ 28.38	11%
Community Benefit/PCO	\$ 539,326,701	\$ 573,792,421	6%	\$ 55.59	\$ 61.20	10%
Other Services	\$ 1,469,090,982	\$ 1,317,608,835	-10%	\$ 151.42	\$ 140.63	-7%
Behavioral Health	\$ 522,132,692	\$ 613,784,180	18%	\$ 53.82	\$ 65.47	22%
Pharmacy (All)	\$ 521,523,789	\$ 545,307,962	5%	\$ 53.75	\$ 58.16	8%
Total Costs	\$ 5,174,626,463	\$ 5,161,482,068	0%	\$ 533.34	\$ 550.51	3%

* Per capita not normalized for case mix changes between periods.

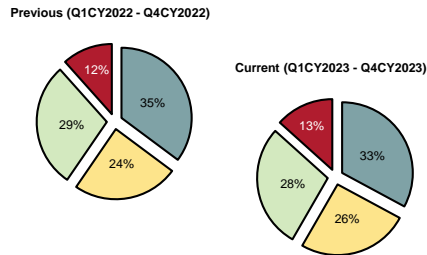
Previous (12 mon) service distribution



Current (12 mon) service distribution

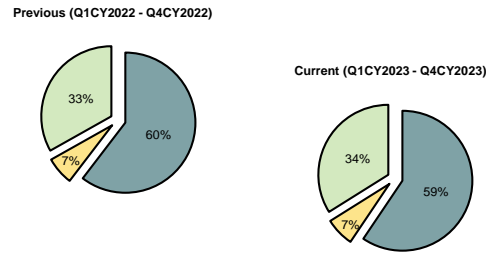


Centennial Care Medical Expenditures



*See above for legend.

Centennial Care Member Months



*See above for legend.

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
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State of New Mexico - All MCOs

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

Physical Health Utilization and Cost Review

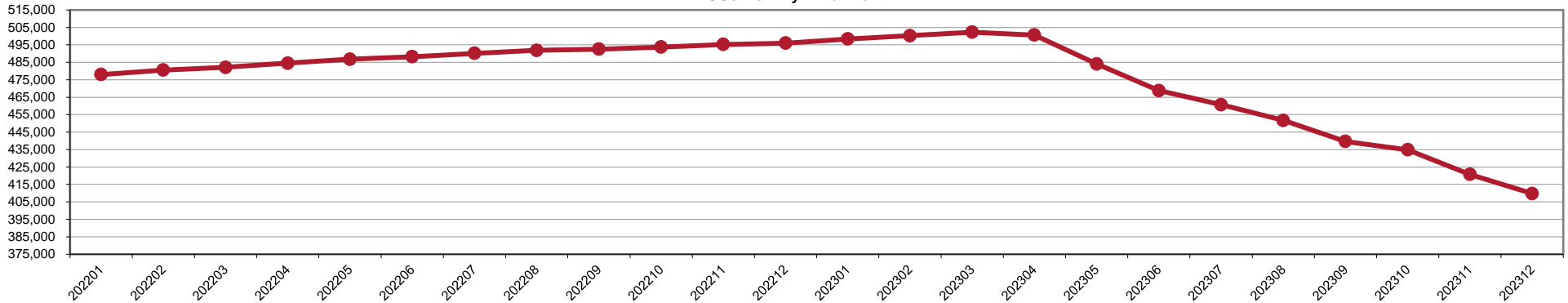
Reported Eligibility for Members Enrolled as of: December 31, 2023

Previous Period: January 1, 2022 to December 31, 2022

Current Period: January 1, 2023 to December 31, 2023

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

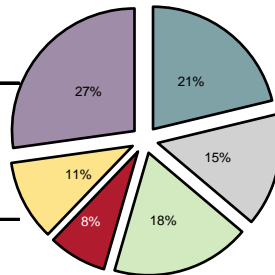
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,646,364,340	\$ 1,516,207,692	-8%
Pharmacy	\$ 174,020,833	\$ 180,099,436	3%
Total	\$ 1,820,385,173	\$ 1,696,307,129	-7%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 427,180,071	\$ 360,175,555	-16%
Outpatient (OP)	\$ 244,567,565	\$ 253,194,010	4%
Physician (PH)	\$ 288,126,874	\$ 310,763,330	8%
Emergency Department (ED)	\$ 140,008,949	\$ 130,408,501	-7%
Pharmacy (RX)	\$ 174,020,833	\$ 180,099,436	3%
Other (OTH)	\$ 546,480,880	\$ 461,666,296	-16%
Total Population Costs	\$ 1,820,385,173	\$ 1,696,307,129	-7%

Service Categories % of Cost



Per Capita Cost (PMPM) \$ 310.64 (Previous) vs \$ 304.43 (Current) -2%

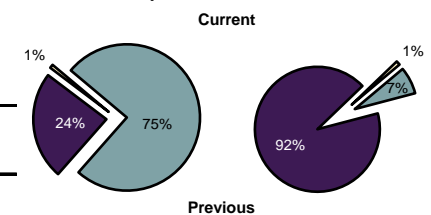
Total Member Months 5,860,116 (Previous) vs 5,572,071 (Current) -5%

3. Retail Pharmacy Usage (Definitions in Glossary)

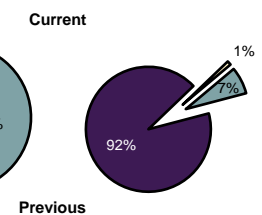
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 127,951,481	\$ 135,776,913	6%
Generic	\$ 44,298,683	\$ 42,857,937	-3%
Other Rx	\$ 1,770,668	\$ 1,464,586	-17%
Total	\$ 174,020,833	\$ 180,099,436	3%

% of Rx Spend



% of Scripts



* "Other Rx" represents supplies such as diabetic test strips.

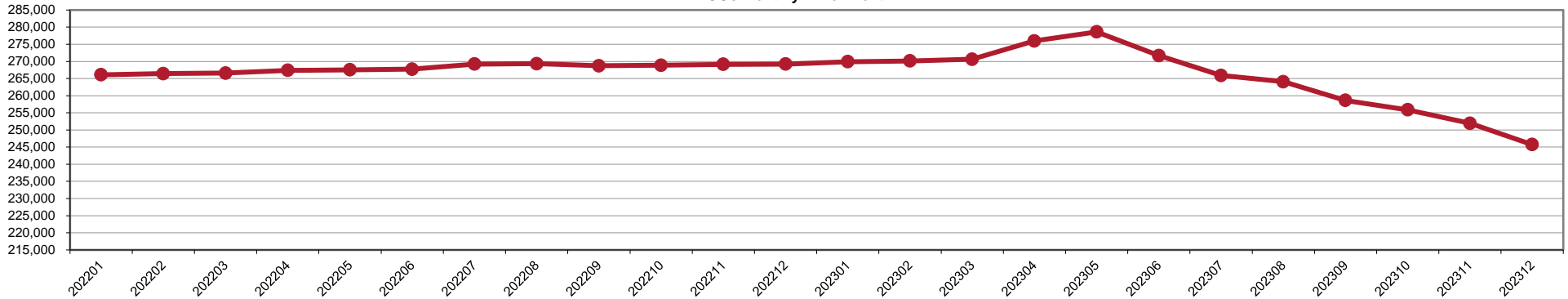
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

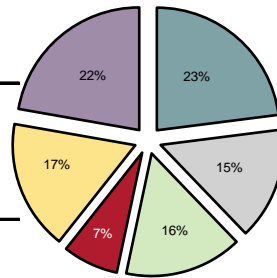
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,257,479,226	\$ 1,212,166,798	-4%
Pharmacy	\$ 234,278,123	\$ 250,213,321	7%
Total	\$ 1,491,757,349	\$ 1,462,380,119	-2%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 358,212,615	\$ 336,133,418	-6%
Outpatient (OP)	\$ 211,981,481	\$ 216,938,839	2%
Physician (PH)	\$ 194,611,199	\$ 226,763,955	17%
Emergency Department (ED)	\$ 108,311,903	\$ 107,199,443	-1%
Pharmacy (RX)	\$ 234,278,123	\$ 250,213,321	7%
Other (OTH)	\$ 384,362,027	\$ 325,131,143	-15%
Total Population Costs	\$ 1,491,757,349	\$ 1,462,380,119	-2%
Per Capita Cost (PMPM)	\$ 463.80	\$ 459.99	-1%
Total Member Months	3,216,368	3,179,137	-1%

Service Categories % of Cost



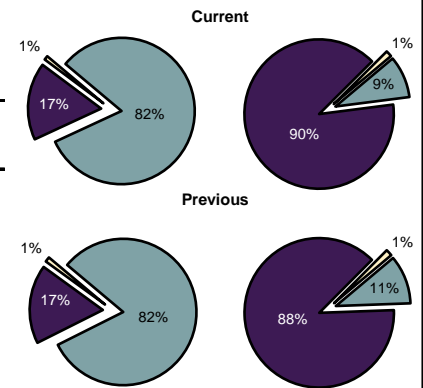
3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 190,901,745	\$ 205,143,893	7%
Generic	\$ 40,788,029	\$ 42,805,424	5%
Other Rx	\$ 2,588,349	\$ 2,264,003	-13%
Total	\$ 234,278,123	\$ 250,213,321	7%

% of Rx Spend

% of Scripts



* "Other Rx" represents supplies such as diabetic strips.

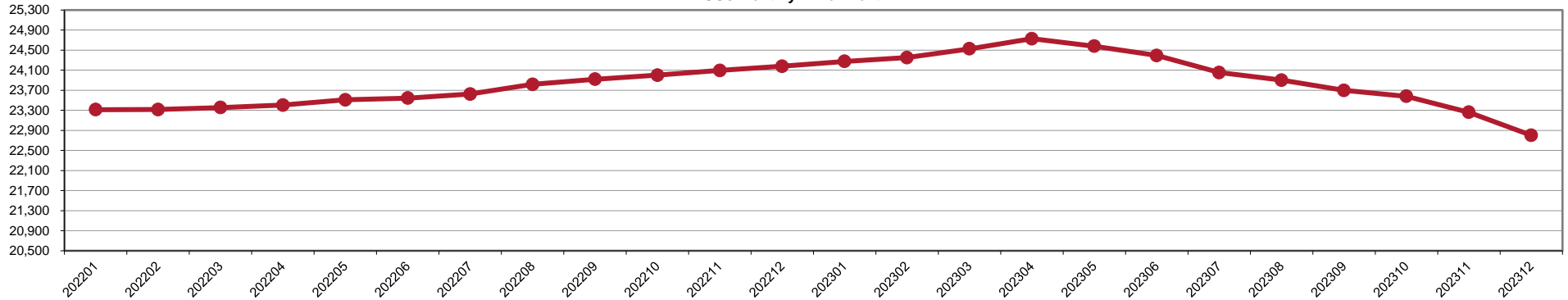
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4. Amounts are reported based on dates of service within the previous and current periods.
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 65,662,357	\$ 67,825,690	3%
Pharmacy	\$ 913,257	\$ 1,585,780	74%
Total	\$ 66,575,614	\$ 69,411,470	4%

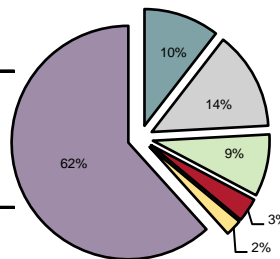
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 9,965,733	\$ 7,274,725	-27%
Outpatient (OP)	\$ 10,802,764	\$ 9,478,816	-12%
Physician (PH)	\$ 5,930,682	\$ 5,971,612	1%
Emergency Department (ED)	\$ 2,577,261	\$ 2,292,812	-11%
Pharmacy (RX)	\$ 913,257	\$ 1,585,780	74%
Other (OTH)	\$ 36,385,917	\$ 42,807,725	18%
Total Population Costs	\$ 66,575,614	\$ 69,411,470	4%

Per Capita Cost (PMPM) \$ 234.35 \$ 240.88 3%

Total Member Months 284,083 288,156 1%

Service Categories % of Cost

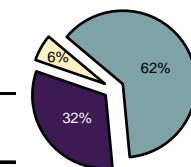


3. Retail Pharmacy Usage (Definitions in Glossary)

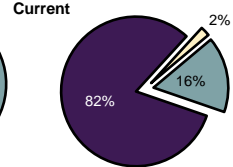
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 651,360	\$ 989,484	52%
Generic	\$ 221,827	\$ 503,498	127%
Other Rx	\$ 40,070	\$ 92,798	132%
Total	\$ 913,257	\$ 1,585,780	74%

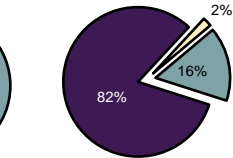
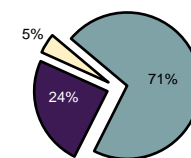
% of Rx Spend



% of Scripts



Previous



* "Other Rx" represents supplies such as diabetic strips.

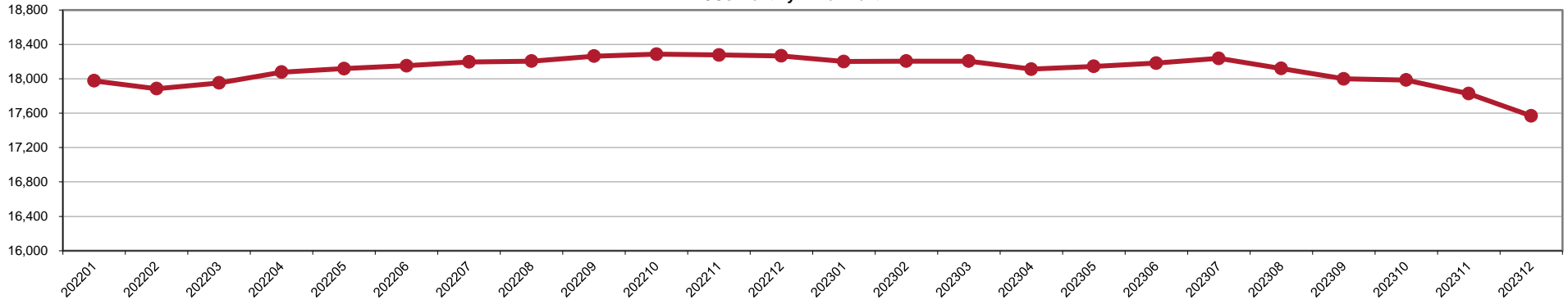
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

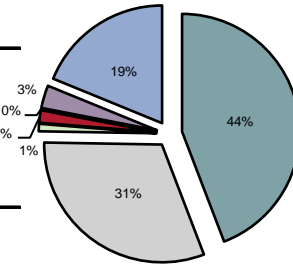
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 710,877,728	\$ 743,229,873	5%
Pharmacy	\$ 235,004	\$ 337,940	44%
Total	\$ 711,112,732	\$ 743,567,813	5%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 299,804,828	\$ 328,553,338	10%
Nursing Facility (NF)	\$ 218,571,041	\$ 231,148,601	6%
Inpatient (IP)	\$ 12,453,952	\$ 7,595,279	-39%
Outpatient (OP)	\$ 14,120,727	\$ 12,659,543	-10%
Pharmacy (RX)	\$ 235,004	\$ 337,940	44%
HCBS	\$ 24,919,572	\$ 23,271,846	-7%
Other (OTH)	\$ 141,007,608	\$ 140,001,265	-1%
Total Population Costs	\$ 711,112,732	\$ 743,567,813	5%
Per Capita Cost (PMPM)	\$ 3,267.08	\$ 3,429.87	5%
Total Member Months	217,660	216,792	0%

Service Categories % of Cost

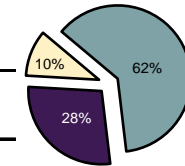


3. Retail Pharmacy Usage (Definitions in Glossary)

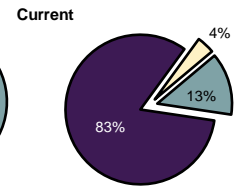
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 129,321	\$ 209,536	62%
Generic	\$ 77,386	\$ 93,915	21%
Other Rx	\$ 28,297	\$ 34,489	22%
Total	\$ 235,004	\$ 337,940	44%

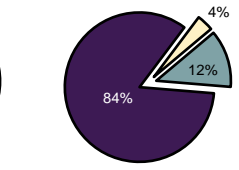
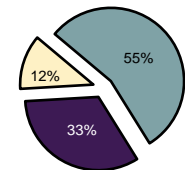
% of Rx Spend



% of Scripts



Previous



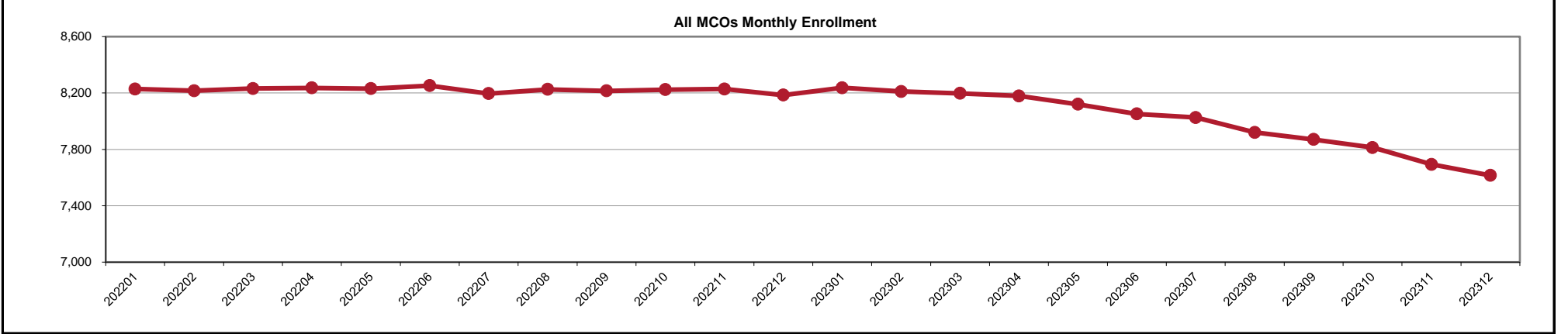
* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.



1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 344,597,657	\$ 358,367,377	4%
Pharmacy	\$ 30,733,120	\$ 35,471,561	15%
Total	\$ 375,330,777	\$ 393,838,937	5%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 116,305,082	\$ 123,467,908	6%
Nursing Facility (NF)	\$ 30,061,939	\$ 34,316,360	14%
Inpatient (IP)	\$ 51,610,514	\$ 51,919,385	1%
Outpatient (OP)	\$ 36,481,912	\$ 39,982,255	10%
Pharmacy (RX)	\$ 30,733,120	\$ 35,471,561	15%
HCBS	\$ 15,268,500	\$ 14,834,962	-3%
Other (OTH)	\$ 94,869,710	\$ 93,846,507	-1%
Total Population Costs	\$ 375,330,777	\$ 393,838,937	5%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 3,803.94	\$ 4,105.40	8%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	98,669	95,932	-3%

3. Retail Pharmacy Usage (Definitions in Glossary)

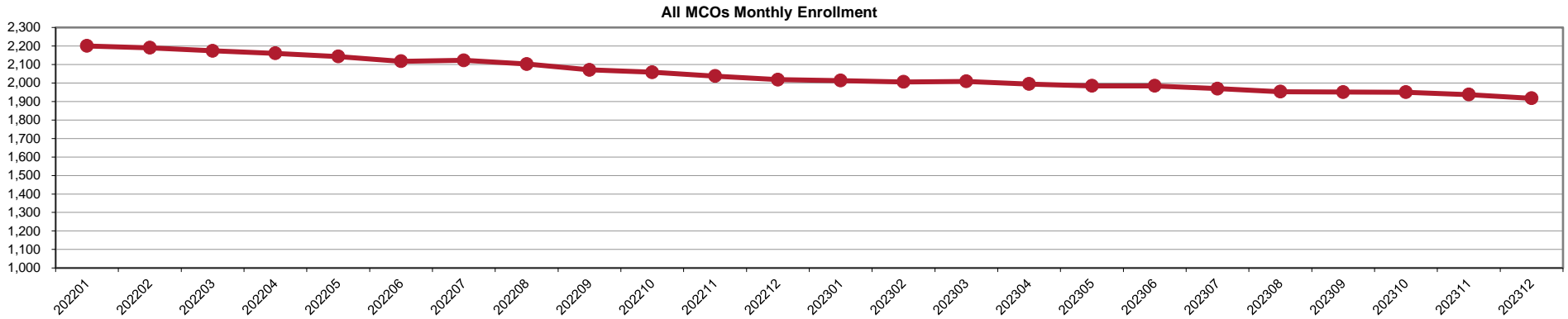
Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current (12 mon)	% Change
Brand	\$ 24,825,676	\$ 28,958,888	17%
Generic	\$ 5,530,867	\$ 6,164,069	11%
Other Rx	\$ 376,577	\$ 348,603	-7%
Total	\$ 30,733,120	\$ 35,471,561	15%

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.



1. Total Population Monthly Enrollment



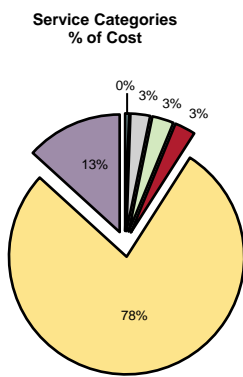
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 105,988,675	\$ 104,592,496	-1%
Pharmacy	\$ 2,902,019	\$ 3,070,406	6%
Total	\$ 108,890,694	\$ 107,662,902	-1%

Aggregate Costs by Service Categories

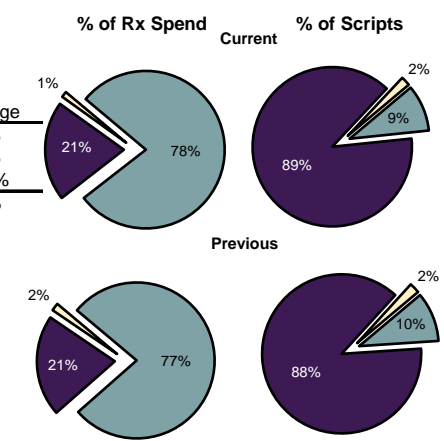
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 409,337	\$ 581,006	42%
Inpatient (IP)	\$ 3,726,424	\$ 2,902,772	-22%
Outpatient (OP)	\$ 3,737,468	\$ 3,189,208	-15%
Pharmacy (RX)	\$ 2,902,019	\$ 3,070,406	6%
HCBS	\$ 83,028,719	\$ 83,664,367	1%
Other (OTH)	\$ 15,086,727	\$ 14,255,142	-6%
Total Population Costs	\$ 108,890,694	\$ 107,662,902	-1%
Per Capita Cost (PMPM)	\$ 4,288.39	\$ 4,549.07	6%
Total Member Months	25,392	23,667	-7%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,246,131	\$ 2,406,292	7%
Generic	\$ 609,095	\$ 627,001	3%
Other Rx	\$ 46,793	\$ 37,113	-21%
Total	\$ 2,902,019	\$ 3,070,406	6%



* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.



State of New Mexico - All MCOs

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

Behavioral Health Utilization and Cost Review

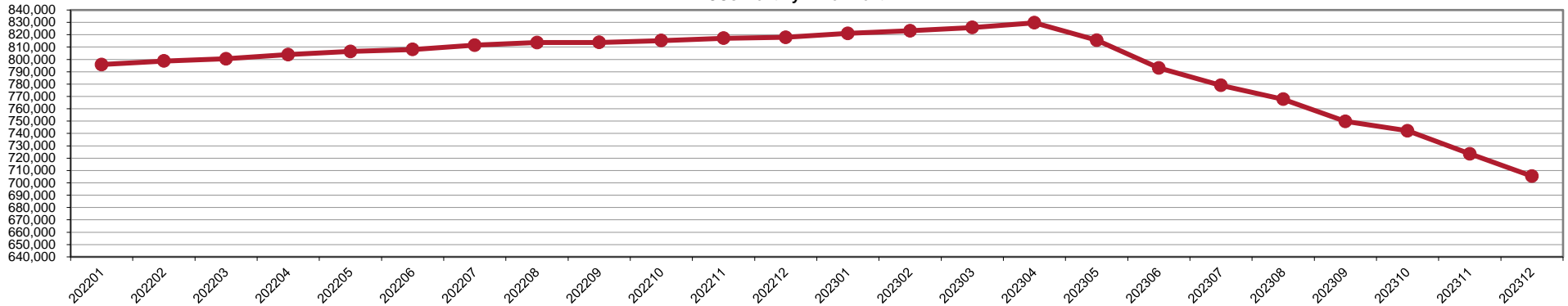
Reported Eligibility for Members Enrolled as of: December 31, 2023

Previous Period: January 1, 2022 to December 31, 2022

Current Period: January 1, 2023 to December 31, 2023

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

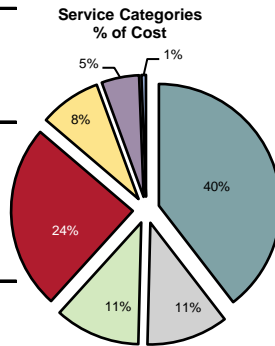
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 522,132,692	\$ 613,784,180	18%
Pharmacy	\$ 78,441,432	\$ 74,529,518	-5%
Total	\$ 600,574,124	\$ 688,313,698	15%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 227,577,695	\$ 272,258,631	20%
Pharmacy (RX)	\$ 78,441,432	\$ 74,529,518	-5%
Res. Treatment Ctr. (RTC)	\$ 87,986,389	\$ 78,034,683	-11%
Behavioral Health Prov (BHP)	\$ 150,440,036	\$ 168,755,381	12%
Core Service Agencies (CSA)	\$ 35,064,062	\$ 56,290,351	61%
Inpatient (IP)	\$ 18,879,028	\$ 34,328,842	82%
Other (OTH)	\$ 2,185,482	\$ 4,116,292	88%
Total Population Costs	\$ 600,574,124	\$ 688,313,698	15%

Per Capita Cost (PMPM) \$ 61.90 \$ 73.41 19%

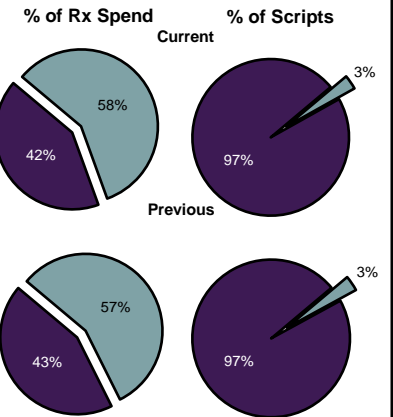
Total Member Months 9,702,288 9,375,755 -3%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 44,325,281	\$ 43,492,194	-2%
Generic	\$ 34,116,151	\$ 31,037,324	-9%
Total	\$ 78,441,432	\$ 74,529,518	-5%



4. Notes

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2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
3. Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
4. Amounts are reported based on dates of service within the previous and current periods.
5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

