

Program Changes Effective on or after 1/1/2021

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.
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Program Changes Effective on or after 7/1/2021

HCQS Per Diem and NF MBI Updates	The HCQS adjustment effective July 1, 2021 reflects an updated surcharge for NFs with over 60 beds. The NF MBI adjustment reflects an update to the MBI increase to all NFs. The MBI adjustment compounds with the total MBI percentage effective July 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 three new providers will offer Parents as Teachers programs effective November 1, 2021 under the Centennial Home Visiting program.

Program Changes Effective on or after 1/1/2022

Hepatitis C Base Re-Inclusion	The Hepatitis C Base Re-Inclusion is an adjustment that reflects including the historical Hepatitis C expenditures and utilization that were previously excluded as part of CY2019 base data development, back into the CY2019 base data. Effective January 1, 2022 there will no longer be a Hepatitis C risk corridor arrangement.
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.
Minimum Wage Increases	The Minimum Wage Adjustment reflects increases in the hourly minimum wage from the base period to the contract period. An adjustment specific to Personal Care Services (procedure codes T1019 and 99505) has been included due to the volume of these services directly driven by hourly wages utilized by members in the LTSS, excluding self-directed, and the OAGPH populations. Other impacts due to increases in the minimum wage, or general increases to the cost of services (i.e. unit cost), are more broadly considered and implicitly included in projected medical trends.
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.
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.
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.
Pharmacy Rebates	A pharmacy rebate assumption is applied to the pharmacy expenditures to account for anticipated MCO savings for projected rebates. Savings associated with Hepatitis C rebates are included in this adjustment.
Self-Directed Budgets	The Self-Directed Budgets PMPM reflect the projected average monthly member-specific Self-Directed budget amounts for the contract period.
Removal of Medical Care Credit	Removal of projected Medical Care Credit costs from the base period to the contract period. Medical Care Credit costs are trended using the annual cost of living adjustment (COLA) trend calculated by the Social Security Administration (SSA). The projected Medical Care Credit removal amount is offset by an estimated personal needs allowance of \$86 per month for the contract period.



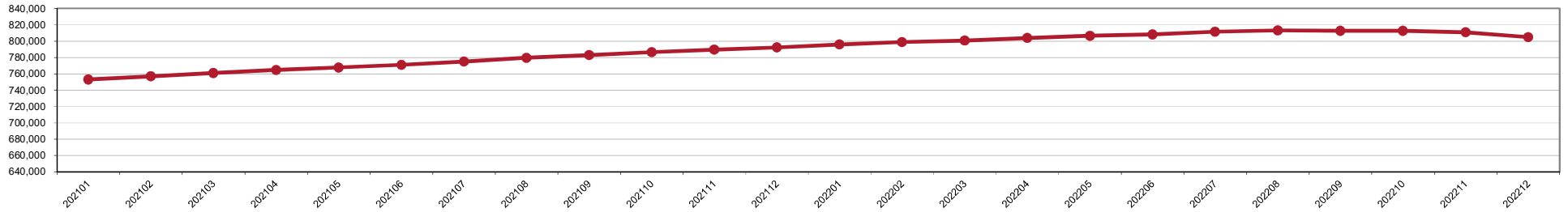
Program Changes Effective on or after 7/1/2022

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 applied as a 10.0% increase 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.



1. Total Centennial Care Monthly Enrollment

Centennial Care Managed Care Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Aggregate Member Months by Program			
Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,506,680	5,849,508	6%
Long Term Services and Supports	610,052	621,093	2%
Other Adult Group	3,163,894	3,209,679	1%
Total Member Months	9,280,626	9,680,280	4%

Aggregate Medical Costs by Program			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,571,814,413	\$ 1,792,850,109	14%
Long Term Services and Supports	\$ 1,094,028,960	\$ 1,249,293,690	14%
Other Adult Group Physical Health	\$ 1,410,866,405	\$ 1,487,179,706	5%
Behavioral Health - All Members	\$ 563,435,021	\$ 604,775,837	7%
Total Medical Costs	\$ 4,640,144,799	\$ 5,134,099,342	11%

Aggregate Non-Medical Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 392,070,670	\$ 439,377,373	12%
NMMIP Assessment	\$ 91,936,671	\$ 100,325,349	9%
Premium Tax - Net of NMMIP Offset	\$ 162,116,939	\$ 374,711,584	131%
Total Non-Medical Costs	\$ 646,124,280	\$ 914,414,306	42%

Estimated Total Centennial Care Costs			
	Previous (12 mon)	Current (12 mon)	% Change
	\$ 5,286,269,080	\$ 6,048,513,648	14%

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 285.44	\$ 306.50	7%
Long Term Services and Supports	\$ 1,793.34	\$ 2,011.44	12%
Other Adult Group Physical Health	\$ 445.93	\$ 463.34	4%
Behavioral Health - All Members	\$ 60.71	\$ 62.48	3%
Total	\$ 499.98	\$ 530.37	6%

3. Total Program Medical/Pharmacy Dollars

Aggregate Costs by Service Categories			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 4,147,779,476	\$ 4,619,961,369	11%
Pharmacy	\$ 492,365,323	\$ 514,137,973	4%
Total	\$ 4,640,144,799	\$ 5,134,099,342	11%

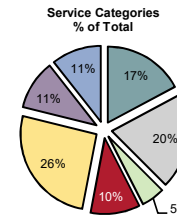
Per Capita Medical Costs by Service Categories (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 448.93	\$ 477.25	7%
Pharmacy	\$ 53.05	\$ 53.11	0%
Total	\$ 499.98	\$ 530.37	6%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 797,571,058	\$ 807,383,323	1%
Acute Outpt/Phy	\$ 942,814,527	\$ 1,034,460,248	10%
Nursing Facility	\$ 231,270,342	\$ 232,720,338	1%
Community Benefit/PCO	\$ 487,605,238	\$ 566,718,047	16%
Other Services	\$ 1,200,842,074	\$ 1,452,604,642	21%
Behavioral Health	\$ 487,676,237	\$ 526,074,771	8%
Pharmacy (All)	\$ 492,365,323	\$ 514,137,973	4%
Total Costs	\$ 4,640,144,799	\$ 5,134,099,342	11%

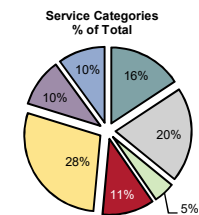
Per Capita Medical Costs by Service Categories (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 85.94	\$ 83.40	-3%
Acute Outpt/Phy	\$ 101.59	\$ 106.86	5%
Nursing Facility	\$ 24.92	\$ 24.04	-4%
Community Benefit/PCO	\$ 52.54	\$ 58.54	11%
Other Services	\$ 129.39	\$ 150.06	16%
Behavioral Health	\$ 52.55	\$ 54.34	3%
Pharmacy (All)	\$ 53.05	\$ 53.11	0%
Total	\$ 499.98	\$ 530.37	6%

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

Previous (12 mon) service distribution



Current (12 mon) service distribution



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.
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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

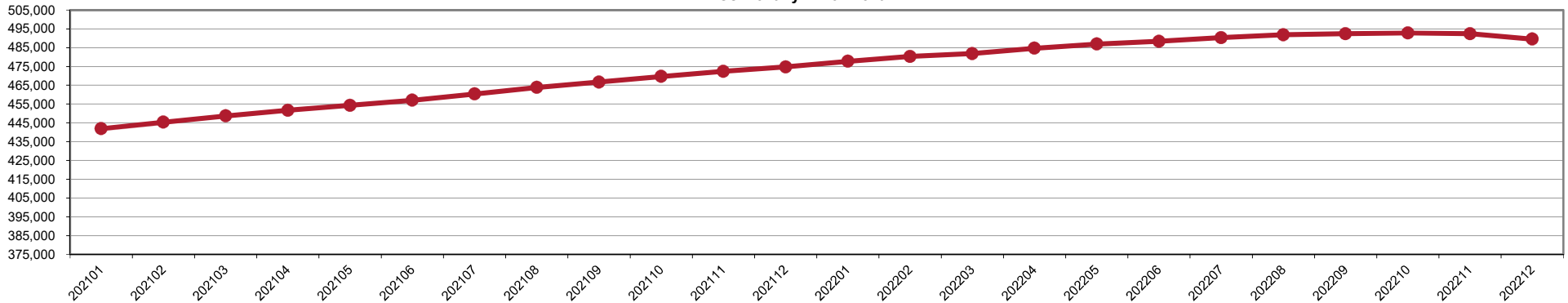
Reported Eligibility for Members Enrolled as of: December 31, 2022

Previous Period: January 1, 2021 to December 31, 2021

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

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

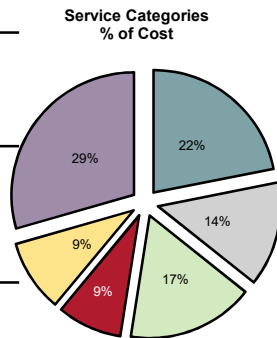
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,422,770,683	\$ 1,622,276,707	14%
Pharmacy	\$ 149,043,730	\$ 170,573,403	14%
Total	\$ 1,571,814,413	\$ 1,792,850,109	14%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 379,304,531	\$ 392,527,871	3%
Outpatient (OP)	\$ 243,192,737	\$ 247,803,951	2%
Physician (PH)	\$ 240,816,898	\$ 300,405,915	25%
Emergency Department (ED)	\$ 118,379,369	\$ 153,726,854	30%
Pharmacy (RX)	\$ 149,043,730	\$ 170,573,403	14%
Other (OTH)	\$ 441,077,148	\$ 527,812,117	20%
Total Population Costs	\$ 1,571,814,413	\$ 1,792,850,109	14%

Per Capita Cost (PMPM) \$ 285.44 \$ 306.50 7%

Total Member Months 5,506,680 5,849,508 6%

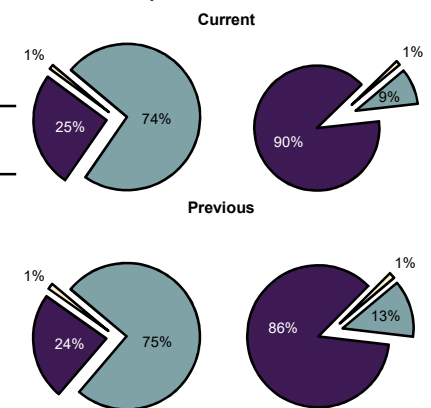


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 111,999,531	\$ 125,378,168	12%
Generic	\$ 35,038,086	\$ 43,457,091	24%
Other Rx	\$ 2,006,114	\$ 1,738,143	-13%
Total	\$ 149,043,730	\$ 170,573,403	14%

% of Rx Spend % of Scripts



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

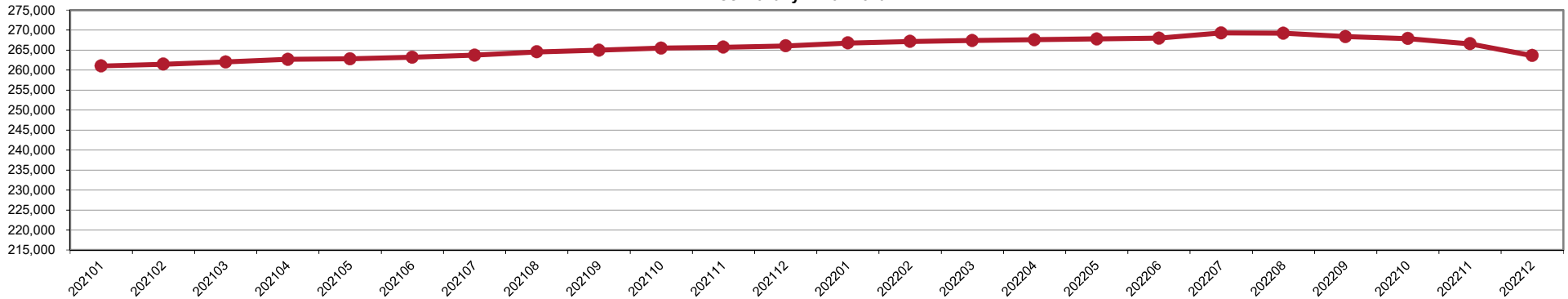
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,176,703,435	\$ 1,256,014,583	7%
Pharmacy	\$ 234,162,970	\$ 231,165,123	-1%
Total	\$ 1,410,866,405	\$ 1,487,179,706	5%

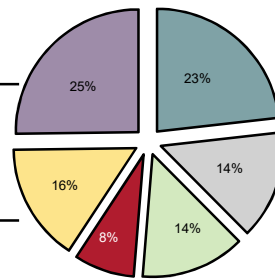
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 356,851,373	\$ 345,107,341	-3%
Outpatient (OP)	\$ 212,516,713	\$ 213,511,277	0%
Physician (PH)	\$ 182,567,430	\$ 204,558,009	12%
Emergency Department (ED)	\$ 109,581,764	\$ 117,902,366	8%
Pharmacy (RX)	\$ 234,162,970	\$ 231,165,123	-1%
Other (OTH)	\$ 315,186,156	\$ 374,935,590	19%
Total Population Costs	\$ 1,410,866,405	\$ 1,487,179,706	5%

Per Capita Cost (PMPM) \$ 445.93 \$ 463.34 4%

Total Member Months 3,163,894 3,209,679 1%

Service Categories % of Cost

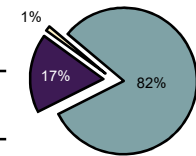


3. Retail Pharmacy Usage (Definitions in Glossary)

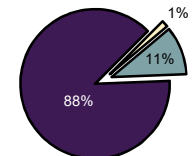
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 189,615,378	\$ 188,323,236	-1%
Generic	\$ 41,031,115	\$ 40,271,683	-2%
Other Rx	\$ 3,516,477	\$ 2,570,204	-27%
Total	\$ 234,162,970	\$ 231,165,123	-1%

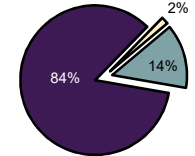
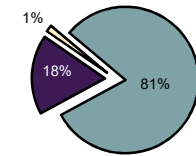
% of Rx Spend



% of Scripts



Previous



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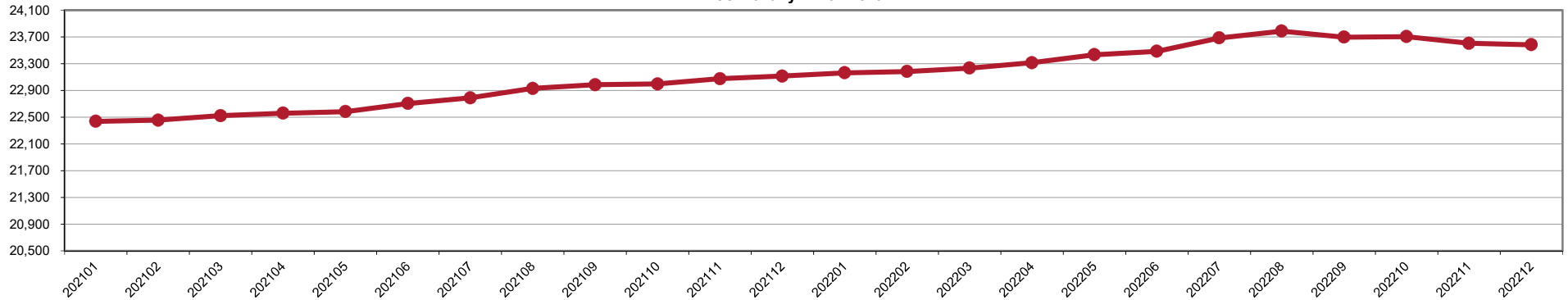
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 46,798,306	\$ 56,346,924	20%
Pharmacy	\$ 693,459	\$ 444,898	-36%
Total	\$ 47,491,764	\$ 56,791,822	20%

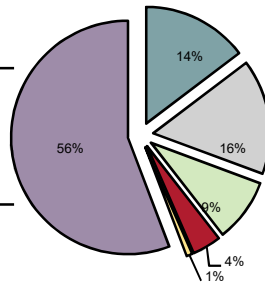
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 5,202,616	\$ 8,325,581	60%
Outpatient (OP)	\$ 7,677,277	\$ 9,081,873	18%
Physician (PH)	\$ 3,650,874	\$ 4,997,480	37%
Emergency Department (ED)	\$ 1,998,736	\$ 2,264,718	13%
Pharmacy (RX)	\$ 693,459	\$ 444,898	-36%
Other (OTH)	\$ 28,268,803	\$ 31,677,271	12%
Total Population Costs	\$ 47,491,764	\$ 56,791,822	20%

Per Capita Cost (PMPM) \$ 173.87 \$ 201.48 16%

Total Member Months 273,152 281,870 3%

Service Categories % of Cost

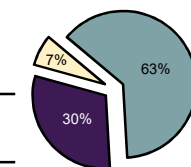


3. Retail Pharmacy Usage (Definitions in Glossary)

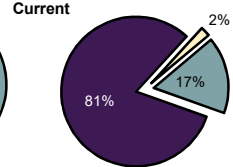
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 466,931	\$ 280,244	-40%
Generic	\$ 190,747	\$ 134,232	-30%
Other Rx	\$ 35,780	\$ 30,423	-15%
Total	\$ 693,459	\$ 444,898	-36%

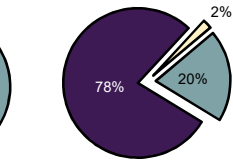
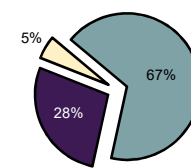
% of Rx Spend



% of Scripts



Previous



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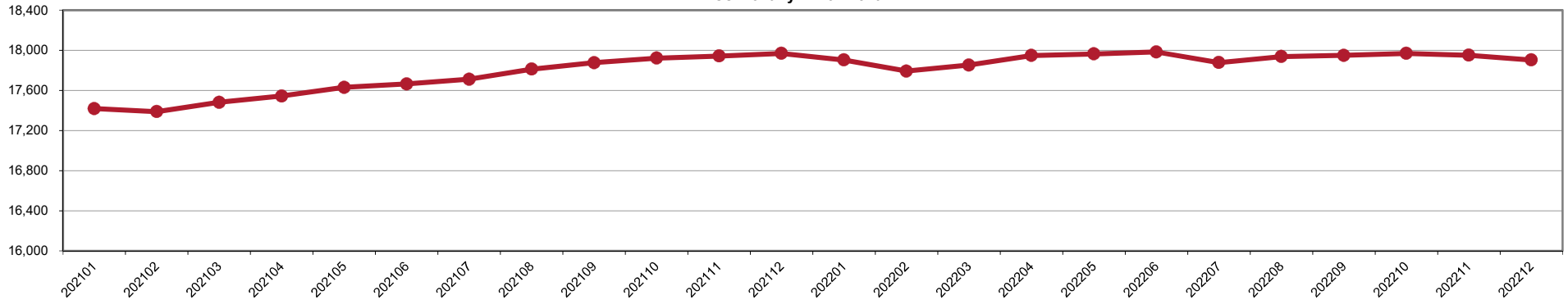
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 628,025,439	\$ 711,724,133	13%
Pharmacy	\$ 172,183	\$ 201,727	17%
Total	\$ 628,197,622	\$ 711,925,860	13%

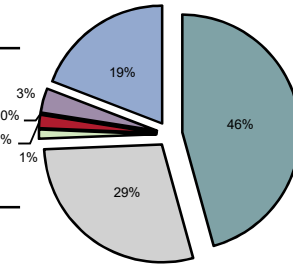
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 281,536,673	\$ 325,476,593	16%
Nursing Facility (NF)	\$ 203,209,234	\$ 203,930,376	0%
Inpatient (IP)	\$ 7,962,137	\$ 9,060,439	14%
Outpatient (OP)	\$ 12,368,434	\$ 12,897,376	4%
Pharmacy (RX)	\$ 172,183	\$ 201,727	17%
HCBS	\$ 21,476,457	\$ 23,818,793	11%
Other (OTH)	\$ 101,472,503	\$ 136,540,557	35%
Total Population Costs	\$ 628,197,622	\$ 711,925,860	13%

Per Capita Cost (PMPM) \$ 2,958.19 \$ 3,310.81 12%

Total Member Months 212,359 215,031 1%

Service Categories % of Cost

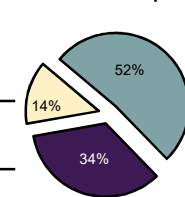


3. Retail Pharmacy Usage (Definitions in Glossary)

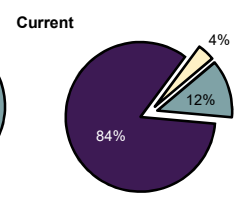
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 119,359	\$ 104,161	-13%
Generic	\$ 39,996	\$ 69,555	74%
Other Rx	\$ 12,828	\$ 28,010	118%
Total	\$ 172,183	\$ 201,727	17%

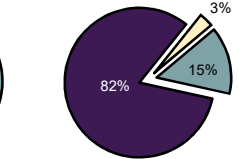
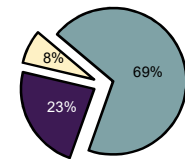
% of Rx Spend



% of Scripts



Previous



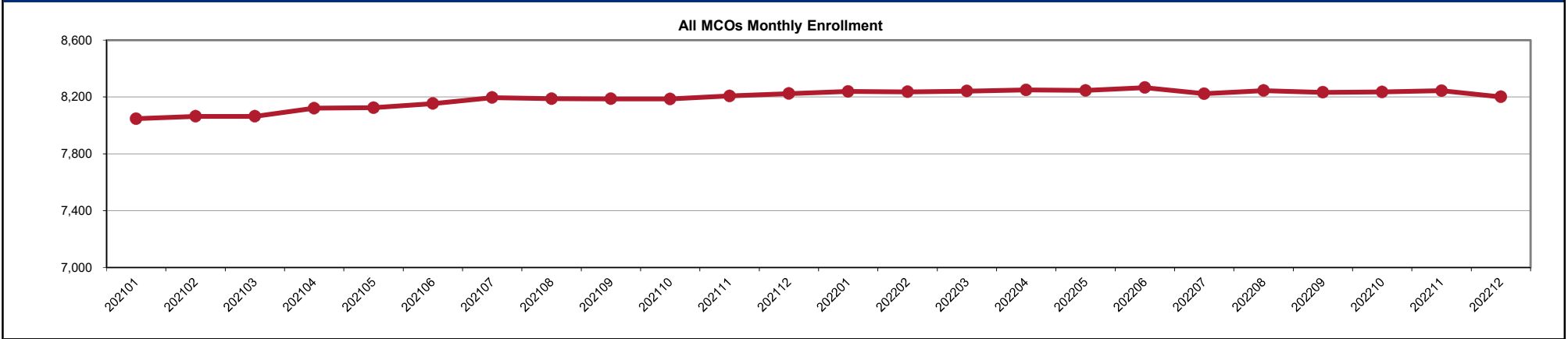
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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
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5. Continuous updates to the underlying 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	\$ 307,217,521	\$ 350,356,278	14%
Pharmacy	\$ 29,289,873	\$ 30,135,355	3%
Total	\$ 336,507,394	\$ 380,491,633	13%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 113,674,748	\$ 126,917,443	12%
Nursing Facility (NF)	\$ 27,759,183	\$ 28,409,289	2%
Inpatient (IP)	\$ 44,671,113	\$ 48,995,187	10%
Outpatient (OP)	\$ 36,134,864	\$ 37,511,254	4%
Pharmacy (RX)	\$ 29,289,873	\$ 30,135,355	3%
HCBS	\$ 12,703,391	\$ 14,881,223	17%
Other (OTH)	\$ 72,274,223	\$ 93,641,882	30%
Total Population Costs	\$ 336,507,394	\$ 380,491,633	13%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 3,442.14	\$ 3,848.87	12%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	97,761	98,858	1%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 23,538,671	\$ 24,316,176	3%
Generic	\$ 5,274,603	\$ 5,445,200	3%
Other Rx	\$ 476,599	\$ 373,980	-22%
Total	\$ 29,289,873	\$ 30,135,355	3%

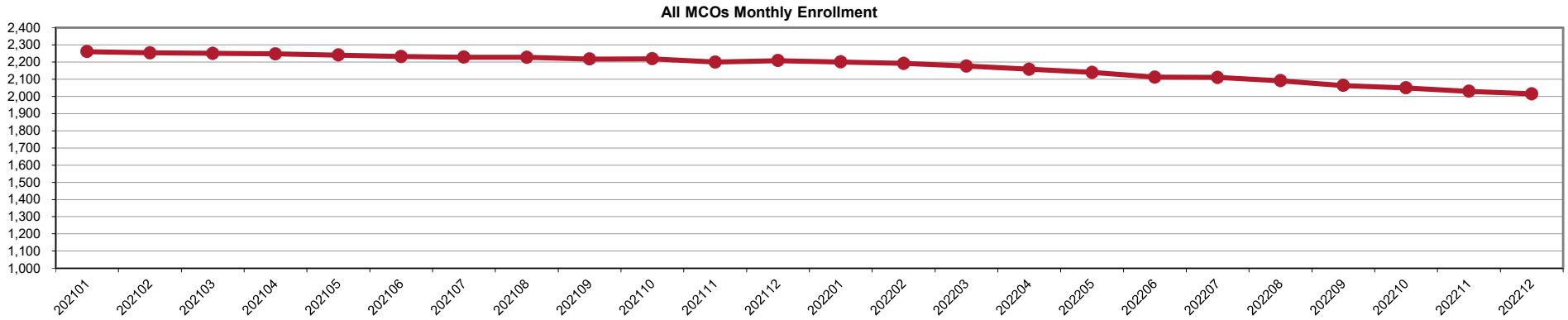
* "Other Rx" represents supplies such as diabetic test strips.

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



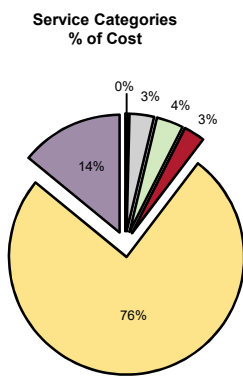
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 78,587,856	\$ 97,167,974	24%
Pharmacy	\$ 3,244,325	\$ 2,916,401	-10%
Total	\$ 81,832,180	\$ 100,084,375	22%

Aggregate Costs by Service Categories

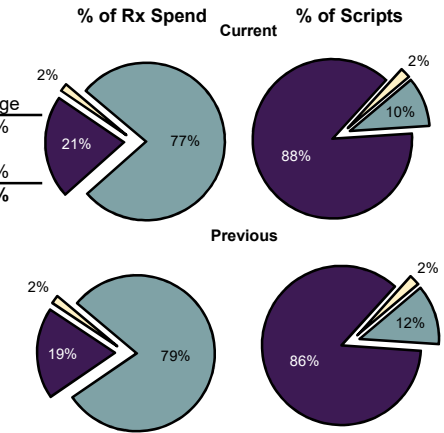
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 301,925	\$ 380,672	26%
Inpatient (IP)	\$ 3,579,288	\$ 3,366,905	-6%
Outpatient (OP)	\$ 3,889,300	\$ 3,693,113	-5%
Pharmacy (RX)	\$ 3,244,325	\$ 2,916,401	-10%
HCBS	\$ 58,213,969	\$ 75,623,995	30%
Other (OTH)	\$ 12,603,373	\$ 14,103,289	12%
Total Population Costs	\$ 81,832,180	\$ 100,084,375	22%
Per Capita Cost (PMPM)	\$ 3,055.72	\$ 3,950.60	29%
Total Member Months	26,780	25,334	-5%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,574,011	\$ 2,255,676	-12%
Generic	\$ 613,365	\$ 613,853	0%
Other Rx	\$ 56,949	\$ 46,872	-18%
Total	\$ 3,244,325	\$ 2,916,401	-10%



* "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

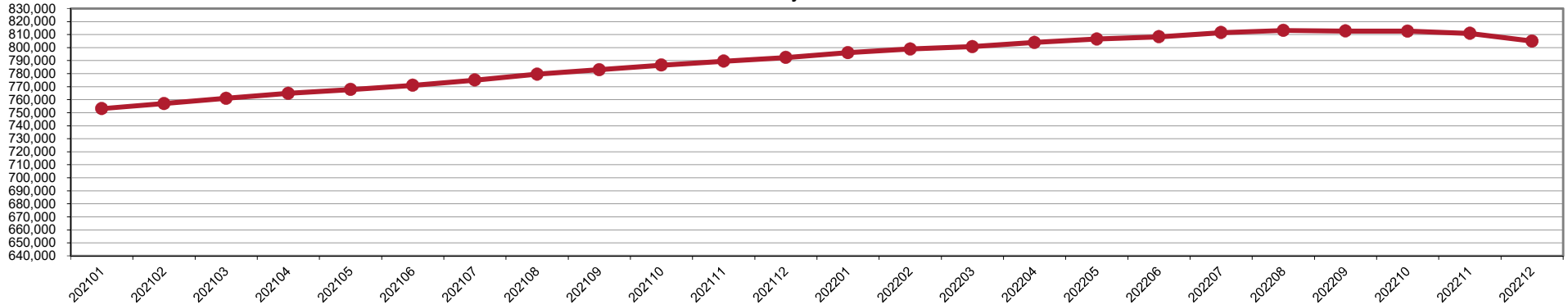
Reported Eligibility for Members Enrolled as of: December 31, 2022

Previous Period: January 1, 2021 to December 31, 2021

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

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

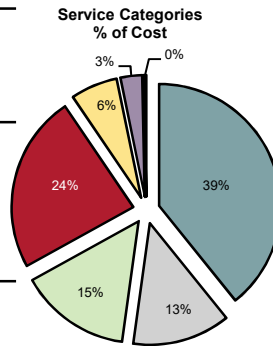
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 487,676,237	\$ 526,074,771	8%
Pharmacy	\$ 75,758,784	\$ 78,701,066	4%
Total	\$ 563,435,021	\$ 604,775,837	7%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 217,671,458	\$ 237,060,496	9%
Pharmacy (RX)	\$ 75,758,784	\$ 78,701,066	4%
Res. Treatment Ctr. (RTC)	\$ 81,061,663	\$ 89,218,369	10%
Behavioral Health Prov (BHP)	\$ 113,558,567	\$ 142,496,970	25%
Core Service Agencies (CSA)	\$ 26,664,141	\$ 37,709,495	41%
Inpatient (IP)	\$ 45,001,627	\$ 17,520,383	-61%
Other (OTH)	\$ 3,718,780	\$ 2,069,057	-44%
Total Population Costs	\$ 563,435,021	\$ 604,775,837	7%

Per Capita Cost (PMPM) \$ 60.71 \$ 62.48 3%

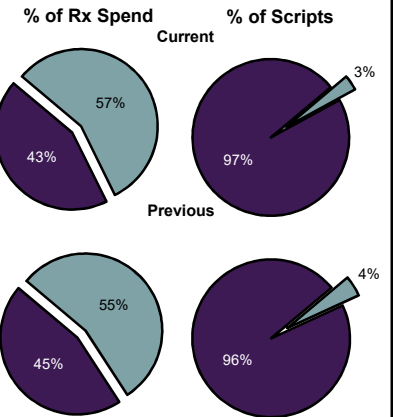
Total Member Months 9,280,626 9,680,280 4%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 41,442,491	\$ 44,537,609	7%
Generic	\$ 34,316,294	\$ 34,163,456	0%
Total	\$ 75,758,784	\$ 78,701,066	4%



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: 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.

