	Program Changes Effective 1/1/2020
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 13.0% increase to reimbursement levels for inpatient services for eligible in-state hospitals.
For-Profit & Government-Owned Hospital Rate Increase	The For-Profit & Government Owned Hospital Rate Increase reflects a 2.0% increase to reimbursement levels to inpatient and outpatient services for in-state for-profit/investor-owned and government-owned hospitals (excluding UNM hospitals).
Adult Residential Treatment Center	The Adult RTC adjustment reflects the added benefit for adults to receive SUD services at three adult RTCs.
Photo-Ocular Screening	The Photo-Ocular Screening adjustment effective January 1, 2020 reflects an expansion of vision screenings available during well-child visits that will include procedure code 99177.
Justice-Involved Transportation to	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
Pharmacies	appropriate medication.
	The NF VBP adjustment reflects a \$4.5 million increase to Nursing Facilities to improve quality outcomes by comparing the nursing facilities to CMS benchmarks. After the completion of the contract year, a reconciliation will be performed to
	reflect actual experience.
	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from \$7.50 to \$9.00 per hour.
	The Long-Acting Reversible Contraception (LARC) fee schedule increase reflects the following additional rate increases: a 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983, 58301 and a 152.0% to procedure code 58300.
Leap Day Adjustment	The Leap Day Adjustment reflects an additional day of utilization for nursing facility and HCBS services.
HCQS and NF MBI Adjustments	The Heath Care Quality Surcharge (HCQS) and Nursing Facility Market Basket Increase (NF MBI) adjustment reflects a new surcharge for nursing facilities with over 60 beds and a 2.8% market basket increase to all nursing facilities.

	Program Changes Effective on or after 7/1/2020										
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%.										
Pharmacy Clinicians Adjustment	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 Pharmacy Clinicians adjustment accounts for the increased rates from the										
	incentive fees paid prior to July 1, 2020 to procedure code 99213.										
OTP Adjustment	The Opioid Treatment Program (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.										
RHC 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.										
Air Ambulance Rate Increase	The air ambulance 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.										

	Program Changes Effective on or after 1/1/2021										
PCS Minimum Wage effective 1/1/2021	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from \$9.00 to \$10.50 per hour effective January 1, 2021.										
High Cost Low Utilization (HCLU) Drug Adjustment	The HCLU Drug Adjustment for 2021 reflects one treatment of Zolgensma.										
Crisis Triage Center (CTC) Adjustment	The CTC adjustment reflects the expectation that two additional CTC providers will be providing CTC adult outpatient services by January 1, 2021.										

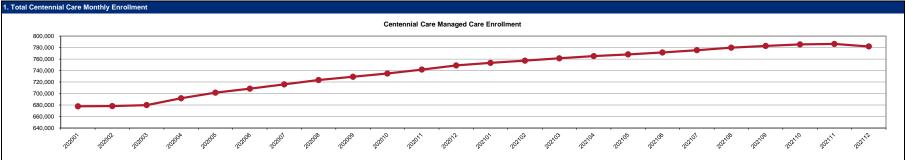
Program Changes Effective 7/1/2021										
HCQS Per Diem and NF MBI	The HCQS adjustment effective July 1, 2021 reflects an updated surcharge for NFs with over 60 beds. The NF MBI adjustment reflects an update to the MBI increase to all NFs. The MBI adjustment compounds									
Updates	with the total MBI percentage effective July 1, 2020.									
Addition of New Home Visiting	Effective July 1, 2021, two additional providers will offer Nurse Family Partnership and Parents as Teachers programs under the Centennial Home Visiting program.									
Providers										



State of New Mexico - All MCOs All Centennial Care Populations Centennial Care Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020 Current Period: January 1, 2021 to December 31, 2021





2. Total Centennial Care Dollars and Me	mber Months by Pr	ogram								3. Total Program Medie	cal/Pharmacy Dolla	ars						
	Aggr	egate Me	mber Months by Progr								Aggregate	e Costs by Service Cat		Per C	apita Medical	Costs	by Service Ca	tegories (PMPM)
Population	Previous (12 mon)		Current (12 mon)	% Change							Previous (12 mon)	Current (12 mon)	% Change		vious (12 mon) Cur		% Change
Physical Health	4,951,524		5,499,810	11%						Medical	\$ 3,951,228,377	\$ 4,147,779,476	5%	\$	463.13	\$	447.53	-3%
Long Term Services and Supports	594,667		607,276	2%						Pharmacy	\$ 448,447,162	\$ 492,365,323	10%	\$	52.56	\$	53.12	1%
Other Adult Group	2,985,365		3,161,130	6%						Total	\$ 4,399,675,539	\$ 4,640,144,799	5%	\$	515.69	\$	500.65	-3%
Total Member Months	8,531,556		9,268,216	9%														
												e Costs by Service Cat						tegories (PMPM)
										Service Categories	Previous (12 mon)		% Change		vious (12 mon) Cur		% Change
_		regate M	edical Costs by Progra					Costs by Pro		Acute Inpatient	\$ 896,260,205	\$ 797,571,058	-11%	\$	105.05	\$	86.05	-18%
Programs	Previous (12 mon)		Current (12 mon)	% Change				rrent (12 mon)		Acute Outp/Phy	\$ 792,460,243	\$ 942,814,527	19%	\$	92.89	\$	101.73	10%
Physical Health	\$ 1,434,777,507	\$	1,571,814,413	10%	\$	289.76	\$	285.79	-1%	Nursing Facility	\$ 265,891,746	\$ 231,270,342	-13%	\$	31.17	\$	24.95	-20%
Long Term Services and Supports	\$ 1,095,266,359	\$	1,094,028,960	0%	\$	1,841.81	\$	1,801.53	-2%	Community Benefit/PCO		\$ 487,605,238	13%	\$	50.66	\$	52.61	4%
Other Adult Group Physical Health	\$ 1,348,124,515	\$	1,410,866,405	5%	\$	451.58	\$	446.32	-1%	Other Services	\$ 1,117,034,507	\$ 1,200,842,074	8%	\$	130.93	\$	129.57	-1%
Behavioral Health - All Members	\$ 521,507,158	\$	563,435,021	8%	\$	61.13	\$	60.79	-1%	Behavioral Health	\$ 447,343,375	\$ 487,676,237	9%	\$	52.43	\$	52.62	0%
Total Medical Costs	\$ 4,399,675,539	\$	4,640,144,799	5%	\$	515.69	\$	500.65	-3%	Pharmacy (All)	\$ 448,447,162	\$ 492,365,323	10%	\$	52.56	\$	53.12	1%
										Total Costs	\$ 4,399,675,539	\$ 4,640,144,799	5%	\$	515.69	\$	500.65	-3%
Aggregate Non-Medical Costs	Previous (12 mon)		Current (12 mon)	% Change	Prev	vious (12 mor		rrent (12 mon)										
Admin, care coordination, Centennial Rewards		\$	392,070,670	-1%	\$	46.44	\$	42.30	-9%	* Per capita not normalized	for case mix changes b	petween periods.						
NMMIP Assessment	\$ 84,876,830	\$	91,936,671	8%	\$	9.95	\$	9.92	0%									
Premium Tax - Net of NIMMP Offset	\$ 167,871,406	\$	162,116,939	-3%	\$	19.68	\$	17.49	-11%	Previous (1	12 mon) service	e distribution	Curren	it (12 r	non) serv	vice o	listributio	n
Fotal Non-Medical Costs	\$ 648,934,371	\$	646,124,280	0%	\$	76.06	\$	69.71	-8%									
Estimated Total Centennial Care Costs	\$ 5,048,609,910	s	5,286,269,080	5%	s	591.76	s	570.37	-4%	Service Categories Service Categories % of Total % of Total								
	+ -,,,	•	-,,		•		Ţ				10%							
Centennial Care Medi	cal Expenditure	es		Center	nial	Care Me	mbe	er Months	;		10% 20%			11	. 1	7%		
Previous (Q1CY2020 - Q4CY2020)			Previous (Q1	CY2020 - Q4CY2020)							1					\mathbf{D}	
12% C	Current (Q1CY2021 - Q4	ant (Q1CY2021 - Q4CY2021)					ent (Q	1CY2021 - Q4	CY2021)		26%	3%			26%	209	6	
31%	12%	%	794	58%			34	1%		4. Notes 1. Data source: MCO-submi		.6%	for unnaid alaima	liability \			5%	blo
	30%		~				7%	59	%	at the time of this report a 2. Amounts are based on ex plan services are exclude	and are subject to chang penditures for medical a d.	ge as new information be and pharmacy services o	ecomes available. only. Expenditures	s for India	n Health Servi	ces, Tri	bal 638, and no	n-state
*See above for legend.				*See above for lege	nd.					 Other Services includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental. Amounts are reported based on dates of service within the previous and current periods. Continuous updates to the underlying financial data are onopion by the MCOs, as such, data is subject to change as revised information 								
											, , ,	5 - 3 - 7	,					

becomes available.



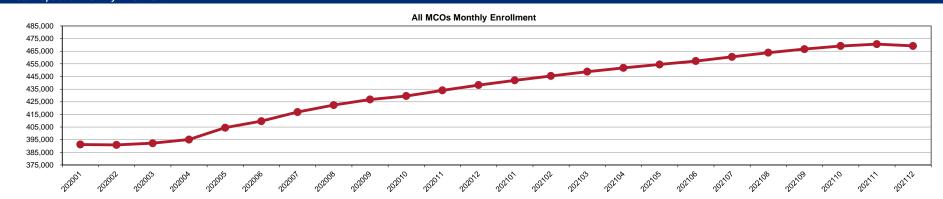
Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020

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

1. Total Population Monthly Enrollment



2. Total Population Medical/P Aggregate Annual Costs	manma	loy Donard					o. Rotali i Ham	nacy Usage (Definit				
Aggregate Annual Costs	D	revious (12 mon)	c	urrent (12 mon)	% Change						% of Rx Spend	% of Scripts
Medical	\$	1,302,199,450		1,422,770,683	9%						Cur	rent
Pharmacy	\$	132,578,057		149,043,730	12%	Service Categories	Total Generic /	Brand Rx				1%
Total	\$	1,434,777,507		1,571,814,413	10%	% of Cost		Previous Costs	Current Costs	%	1%	
Aggregate Costs by Service Cate	gories						BrandGeneric	(12 mon) \$ 98,363,722 \$ 31,942,694	(12 mon) \$ 111,889,861 \$ 35,145,518	Change 14% 10%	24% 75%	86%
Service Categories	Pr	revious (12 mon)	С	urrent (12 mon)	% Change		Other Rx	\$ 2,271,641	\$ 2,008,351	-12%		
Inpatient (IP)	\$	427,757,791	\$	379,304,531	-11%	28% 24%	Total	\$ 132,578,057	\$ 149,043,730	12%	•	
Outpatient (OP)	\$	188,510,762	\$	243,192,737	29%						Previ	ous
Physician (PH)	\$	196,378,673	\$	240,816,898	23%							
Emergency Department (ED)	\$	86,913,418	\$	118,379,369	36%	10%						2%
Pharmacy (RX)	\$	132,578,057	\$	149,043,730	12%	10%					2%	
Other (OTH)	\$	402,638,807	\$	441,077,148	10%							
Total Population Costs	\$	1,434,777,507	\$	1,571,814,413	10%	8% 15%					74%	88%
Per Capita Cost (PMPM)	\$	289.76	\$	285.79	-1%						24%	
Total Member Months		4,951,524		5,499,810	11%		* "Other Rx" rep	presents supplies such	as diabetic test strips	S.		

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, and dental.

4. Amounts are reported based on dates of service within the previous and current periods.



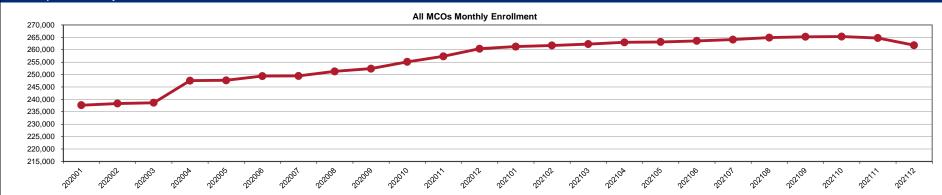
Total Population

Other Adult Group Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020

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

1. Total Population Monthly Enrollment



2. Total Population Medical/Pl	harma	cy Dollars					3. Retail Pharma	acy Usage (Definit	ions in Glossary)		
Aggregate Annual Costs	Pr	revious (12 mon)		urrent (12 mon)	% Change						% of Rx Spend	% of Scripts
Medical	\$	1,141,347,570		1,176,703,435	3%	Service Categories					Cur	
Pharmacy	\$	206,776,945		234,162,970	13%	% of Cost	Total Generic /				1%	1%
Total	\$	1,348,124,515	\$	1,410,866,405	5%			Previous Costs	Current Costs	%		
Aggregate Costs by Service Categ	pories						BrandGeneric	(12 mon) \$ 166,864,320 \$ 35,957,844	(12 mon) \$ 189,529,501 \$ 41,097,767	<u>Change</u> 14% 14%	18% 81%	85%
Service Categories	Pr	revious (12 mon)	Сι	urrent (12 mon)	% Change	22% 25%	Other Rx	\$ 3,954,782	\$ 3,535,701	-11%		
Inpatient (IP)	\$	386,217,687	\$	356,851,373	-8%	23%	Total	\$ 206,776,945	\$ 234,162,970	13%		
Outpatient (OP)	\$	188,588,969	\$	212,516,713	13%						Previ	ous
Physician (PH)	\$	160,124,972	\$	182,567,430	14%							
Emergency Department (ED)	\$	98,161,148	\$	109,581,764	12%						2%	2%
Pharmacy (RX)	\$	206,776,945	\$	234,162,970	13%	17%						
Other (OTH)	\$	308,254,794	\$	315,186,156	2%						17%	10%
Total Population Costs	\$	1,348,124,515	\$	1,410,866,405	5%	8% 13%					81%	88%
Per Capita Cost (PMPM)	\$	451.58	\$	446.32	-1%							
Total Member Months		2,985,365		3,161,130	6%		* "Other Rx" rep	presents supplies such	as diabetic 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, and dental.

4. Amounts are reported based on dates of service within the previous and current periods.

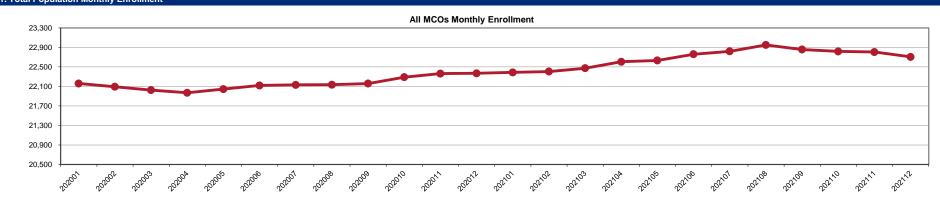


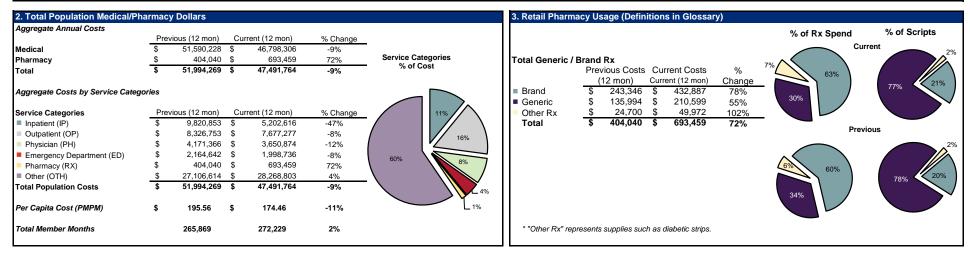
LTSS - Healthy Dual Population

Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020 Current Period: January 1, 2021 to December 31, 2021

1. Total Population Monthly Enrollment





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, and dental.

4. Amounts are reported based on dates of service within the previous and current periods.

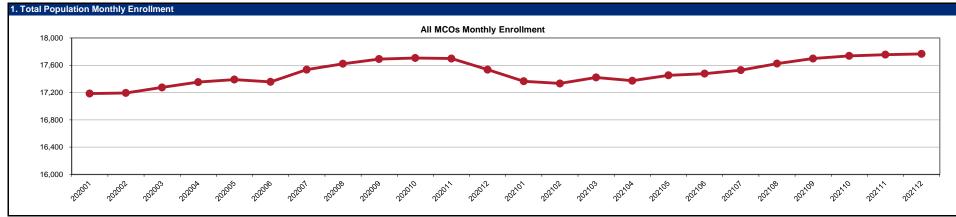


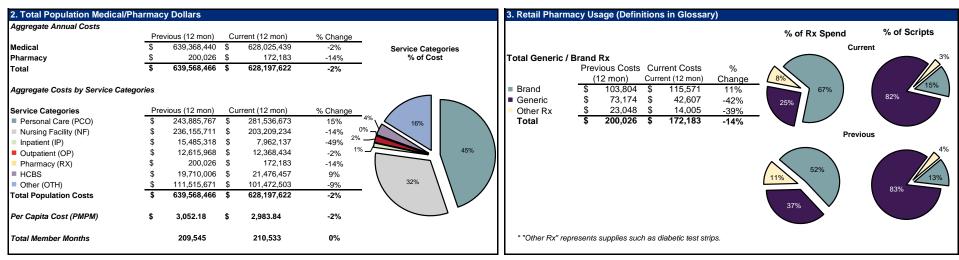
LTSS - Nursing Facility Level of Care Dual Population

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020

Utilization and Cost Review

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





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, and dental.

4. Amounts are reported based on dates of service within the previous and current periods.



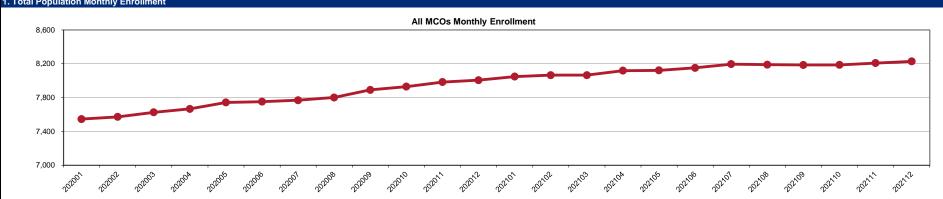
LTSS - Nursing Facility Level of Care Medicaid Only Population

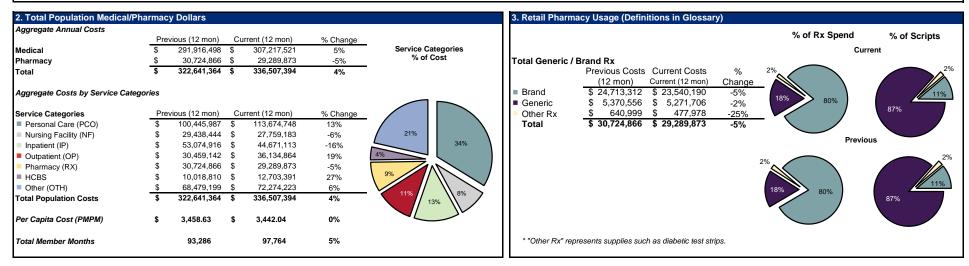
Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020

Utilization and Cost Review

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







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.

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.
 Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.

Amounts are reported based on dates of service within the previous and current periods.

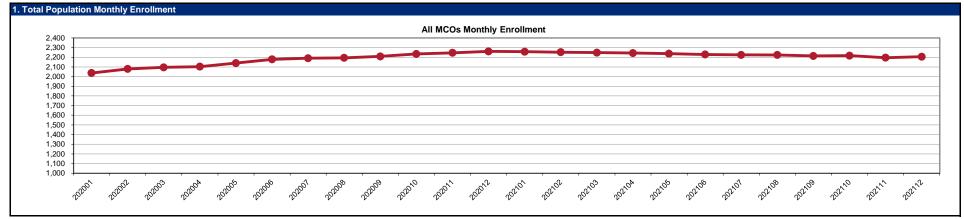


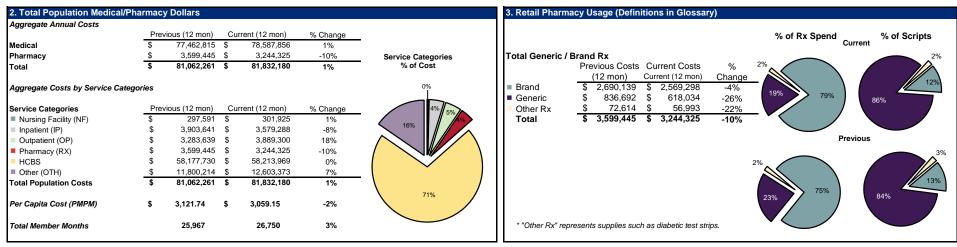
LTSS - Self Directed Population

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020

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







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, and dental.

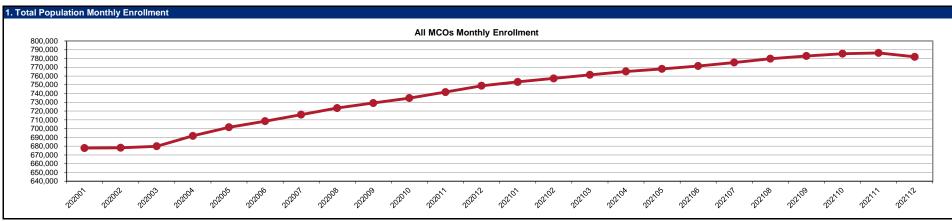
4. Amounts are reported based on dates of service within the previous and current periods.

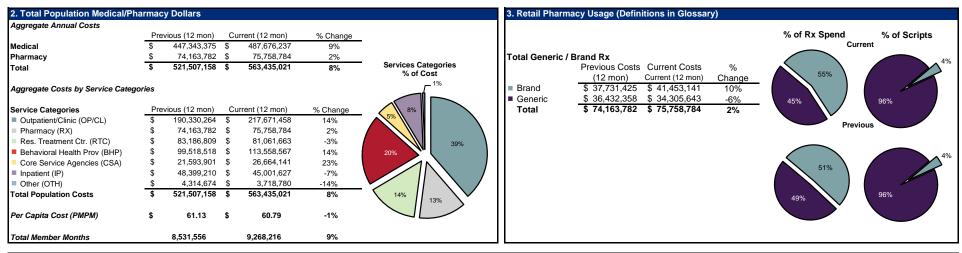


Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2021 Previous Period: January 1, 2020 to December 31, 2020 Current Period: January 1, 2021 to December 31, 2021





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.

Amounts are based on expenditures for medical and pharmacy services only. Expenditures for indian Health Services, Thibai 638, and non-state plan services are excluded
 Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).

Amounts are reported based on dates of service within the previous and current periods.

