

Program Changes Effective 7/1/2018	
Physician Office Visit Reimbursement Fee Increase	Increase to the FFS reimbursement for physician office visits for procedure code 99213 from 71.2% of the Medicare fee schedule to 75.0% of the Medicare fee schedule.
Nursing Facility Fee Increase	Increase to the FFS reimbursement for nursing facilities by 7.84%.
Assisted Living Reimbursement Fee Increase	Increase to the FFS reimbursement for assisted living (procedure codes T2030 and T2031) by 1.0%.
Adult Day Health Reimbursement Fee Increase	Increasing its FFS reimbursement for adult day health (procedure code S5100) by 38.7%.
Phase 1 Behavioral Health Benefit and Fee Changes	Increase to the FFS reimbursement for TFC, ACT, group therapy, CCSS (performed in the community setting) and therapy services performed after hours by 20%.

Program Changes Effective 1/1/2019	
Long-Acting Reversible Contraceptive Fee Increase	Increase to the FFS reimbursement for procedure codes 11981 and 11983 by 25% and procedure code 58300 by 200%.
Community Benefit Fee Increase	Increase to the FFS reimbursement for community benefit services by 1%. The CC-OAG ABP exempt population is eligible to receive the community benefit.
Child ARTC Payment Change	Changes to the FFS fee schedule for revenue codes 1001 to increase the daily rate for child ARTCs from \$270 to \$350 per day.
Phase 2 Behavioral Health Benefit and Fee Changes	Expanded billing procedures to allow for increased reimbursement of recovery services provided in a family peer support environment, complex and non-complex interdisciplinary teaming assessments, partial hospitalization services, in addition to expanding OTP to existing clinics, allowing BHA to bill CCSS and adding additional IOPs.
Home visiting pilot programs	New benefit for Home visiting pilot programs NFP and PAT.
SBIRT	Transition from supplemental grant funding to Managed Care coverage for Brief Intervention and Referral to Treatment Services.

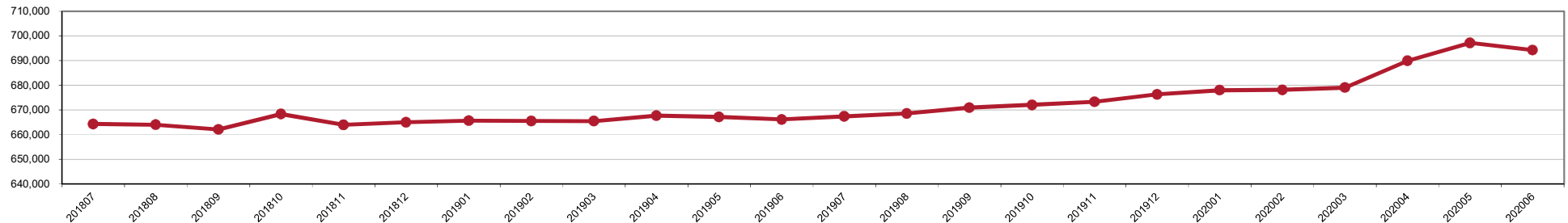
Program Changes Effective 7/1/2019	
E&M Fee Schedule Increase	Increase to all FFS rates for procedure codes 99201–99499 below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been increased by 14.5%.
Assisted Living Fee Increase	5% increase to procedure codes T2030 and T2031.
Community Pharmacy Dispensing Fee Increase	\$2 increase to dispensing fees for select pharmacies.
Chronic Care Management/Transitional Care Management	Implementation of new services for non-dual Medicaid populations.
Hospital Fee Increase	Increase of 5% to inpatient services and 10% increase to outpatient services for State Teaching Hospitals; 14% increase to inpatient services and 25% increase to outpatient services for SNCP providers; 12% increase to inpatient services and 18% increase to outpatient services for all remaining in-state hospitals.
Pre-Tenancy	Implementation of new services for members with SMI.
Personal Care Services Fee Increase	\$.50 per hour increase to procedure codes T1019 and 99505.
Dental Fee Schedule Increase	Increase of 2% to dental reimbursement rates.
Dental Fluoride with Varnish	Implementation of new services and procedure codes D1026 and 99188.

Program Changes Effective 10/1/2019	
BH Outpatient Rate Increase	Increase to all BH OP rates below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a Medicare fee schedule have been increased by 30%.
ECHO E&M Reimbursement Adjustments	Increase to program for anticipated additional physician utilization in the Centennial Care program resulting from Project ECHO.
FQHC Base/Dental Rate Increase	Increase to the base PPS rate to a minimum of \$169.77 for all FQHC medical services besides dental. For FQHC dental services, this is an increase to the base PPS rate to a minimum \$200.
Not-For-Profit Community Hospital Rate Increase	

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 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.
NF VBP	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.
PCS Minimum Wage Adjustment	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from \$7.50 to \$9.00 per hour.
Long-Acting Reversible Contraception (1/1/2020)	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 Health 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.

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	4,652,359	4,701,625	1%
Long Term Services and Supports	580,682	583,299	0%
Other Adult Group	2,752,653	2,860,459	4%
Total Member Months	7,985,694	8,145,383	2%

Aggregate Medical Costs by Program			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,266,579,096	\$ 1,382,566,963	9%
Long Term Services and Supports	\$ 864,118,111	\$ 997,716,224	15%
Other Adult Group Physical Health	\$ 1,071,651,338	\$ 1,220,428,528	14%
Behavioral Health - All Members	\$ 386,628,091	\$ 474,367,804	23%
Total Medical Costs	\$ 3,588,976,636	\$ 4,075,079,519	14%

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 272.24	\$ 294.06	8%
Long Term Services and Supports	\$ 1,488.11	\$ 1,710.47	15%
Other Adult Group Physical Health	\$ 389.32	\$ 426.65	10%
Behavioral Health - All Members	\$ 48.42	\$ 58.24	20%
Total Medical Costs	\$ 449.43	\$ 500.29	11%

Aggregate Non-Medical Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 390,183,776	\$ 398,654,358	2%
NMMIP Assessment	\$ 57,349,445	\$ 72,493,619	26%
Premium Tax - Net of NIMMP Offset	\$ 137,157,944	\$ 153,111,612	12%
Total Non-Medical Costs	\$ 584,691,164	\$ 624,259,589	7%

Estimated Total Centennial Care Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 3,588,976,636	\$ 4,075,079,519	14%
Non-Medical	\$ 584,691,164	\$ 624,259,589	7%
Total	\$ 4,173,667,800	\$ 4,699,339,108	13%

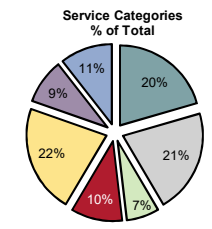
3. Total Program Medical/Pharmacy Dollars

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 736,692,817	\$ 791,262,182	7%
Acute Outp/Phy	\$ 754,485,830	\$ 821,682,428	9%
Nursing Facility	\$ 236,521,541	\$ 241,598,447	2%
Community Benefit/PCO	\$ 372,051,510	\$ 475,625,385	28%
Other Services	\$ 784,838,134	\$ 899,451,312	15%
Behavioral Health	\$ 325,663,770	\$ 411,068,104	26%
Pharmacy (All)	\$ 378,723,034	\$ 434,391,661	15%
Total Costs	\$ 3,588,976,636	\$ 4,075,079,519	14%

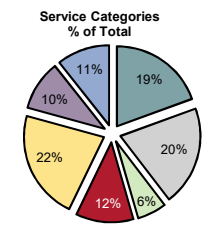
Per Capita Medical Costs by Service Categories (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 92.25	\$ 97.14	5%
Acute Outp/Phy	\$ 94.48	\$ 100.88	7%
Nursing Facility	\$ 29.62	\$ 29.66	0%
Community Benefit/PCO	\$ 46.59	\$ 58.39	25%
Other Services	\$ 98.28	\$ 110.42	12%
Behavioral Health	\$ 40.78	\$ 50.47	24%
Pharmacy (All)	\$ 47.43	\$ 53.33	12%
Total Costs	\$ 449.43	\$ 500.29	11%

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

Previous (12 mon) service distribution



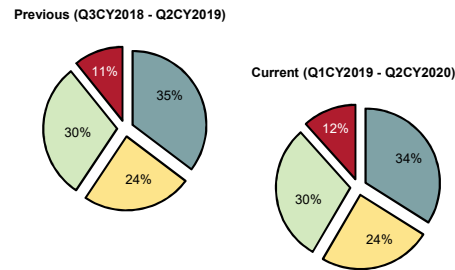
Current (12 mon) service distribution



4. Notes

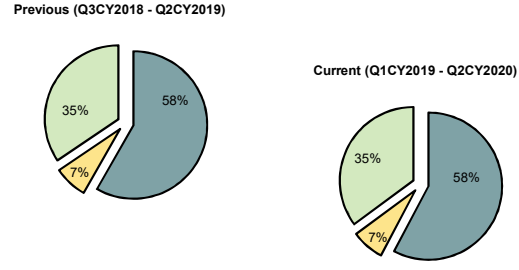
1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
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3. Other Services includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

Centennial Care Medical Expenditures



*See above for legend.

Centennial Care Member Months



*See above for legend.

State of New Mexico - All MCOs

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

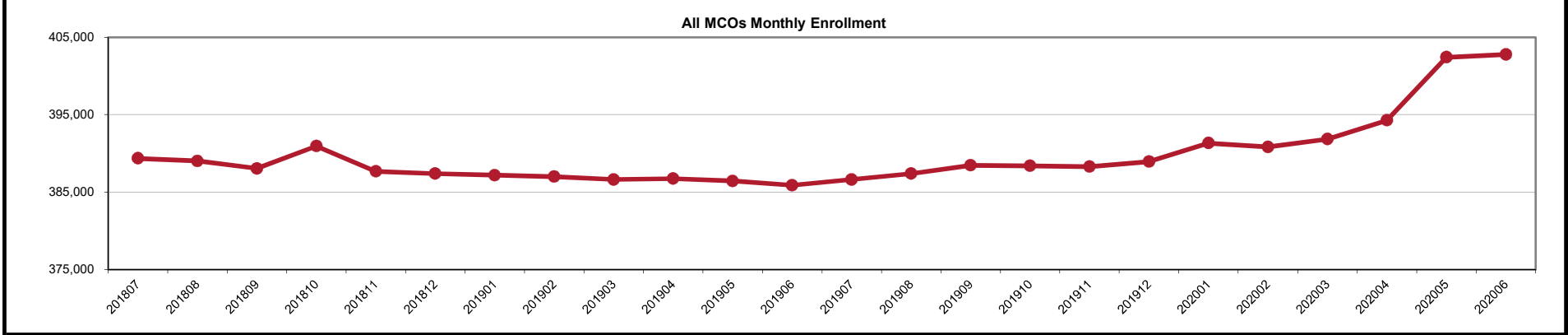
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: June 30, 2020

Previous Period: July 1, 2018 to June 30, 2019

Current Period: July 1, 2019 to June 30, 2020

1. Total Population Monthly Enrollment



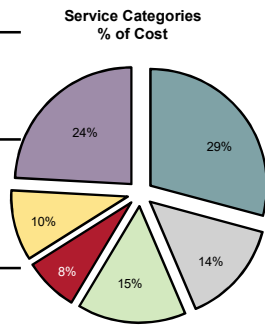
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,148,744,378	\$ 1,247,382,759	9%
Pharmacy	\$ 117,834,719	\$ 135,184,204	15%
Total	\$ 1,266,579,096	\$ 1,382,566,963	9%

Aggregate Costs by Service Categories

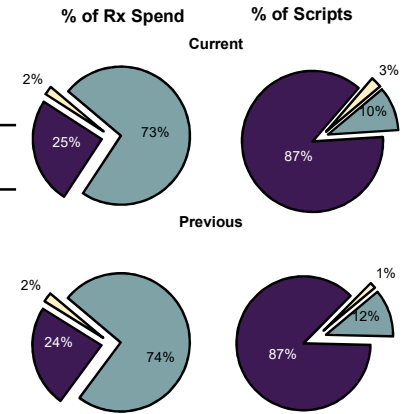
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 377,903,786	\$ 403,370,994	7%
Outpatient (OP)	\$ 181,974,139	\$ 198,757,386	9%
Physician (PH)	\$ 199,785,452	\$ 207,908,451	4%
Emergency Department (ED)	\$ 86,485,552	\$ 103,421,554	20%
Pharmacy (RX)	\$ 117,834,719	\$ 135,184,204	15%
Other (OTH)	\$ 302,595,448	\$ 333,924,374	10%
Total Population Costs	\$ 1,266,579,096	\$ 1,382,566,963	9%
Per Capita Cost (PPPM)	\$ 272.24	\$ 294.06	8%
Total Member Months	4,652,359	4,701,625	1%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 87,222,206	\$ 98,880,941	13%
Generic	\$ 27,980,165	\$ 33,556,377	20%
Other Rx	\$ 2,632,348	\$ 2,746,886	4%
Total	\$ 117,834,719	\$ 135,184,204	15%

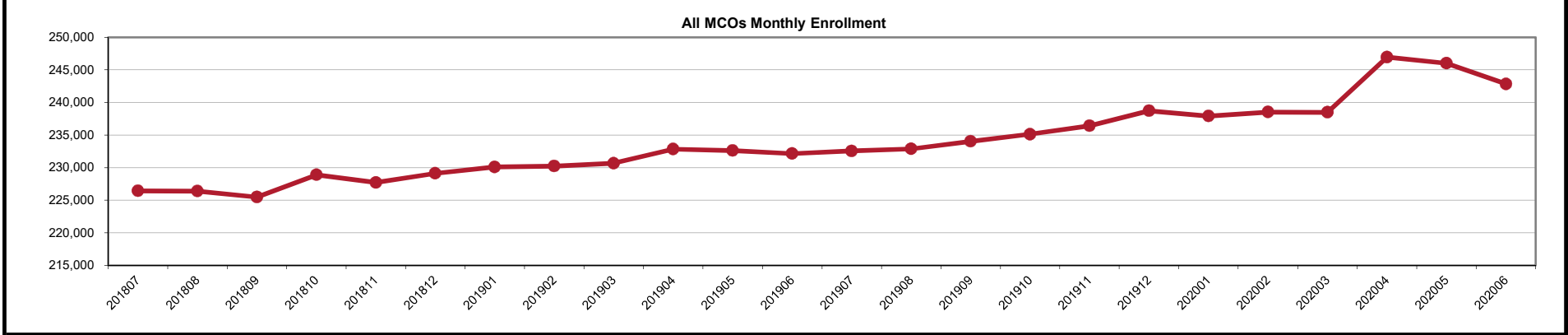


* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

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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.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 900,418,770	\$ 1,016,955,206	13%
Pharmacy	\$ 171,232,568	\$ 203,473,322	19%
Total	\$ 1,071,651,338	\$ 1,220,428,528	14%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 296,097,764	\$ 325,598,733	10%
Outpatient (OP)	\$ 166,939,538	\$ 192,597,115	15%
Physician (PH)	\$ 147,537,651	\$ 156,394,928	6%
Emergency Department (ED)	\$ 85,988,515	\$ 105,067,883	22%
Pharmacy (RX)	\$ 171,232,568	\$ 203,473,322	19%
Other (OTH)	\$ 203,855,301	\$ 237,296,547	16%
Total Population Costs	\$ 1,071,651,338	\$ 1,220,428,528	14%

Service Categories % of Cost			
Inpatient (IP)	27%		
Outpatient (OP)	16%		
Physician (PH)	13%		
Emergency Department (ED)	8%		
Pharmacy (RX)	17%		
Other (OTH)	19%		

Per Capita Cost (PPPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PPPM)	\$ 389.32	\$ 426.65	10%

Total Member Months			
	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	2,752,653	2,860,459	4%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 137,594,277	\$ 163,190,038	19%
Generic	\$ 29,695,317	\$ 35,892,979	21%
Other Rx	\$ 3,942,973	\$ 4,390,305	11%
Total	\$ 171,232,568	\$ 203,473,322	19%

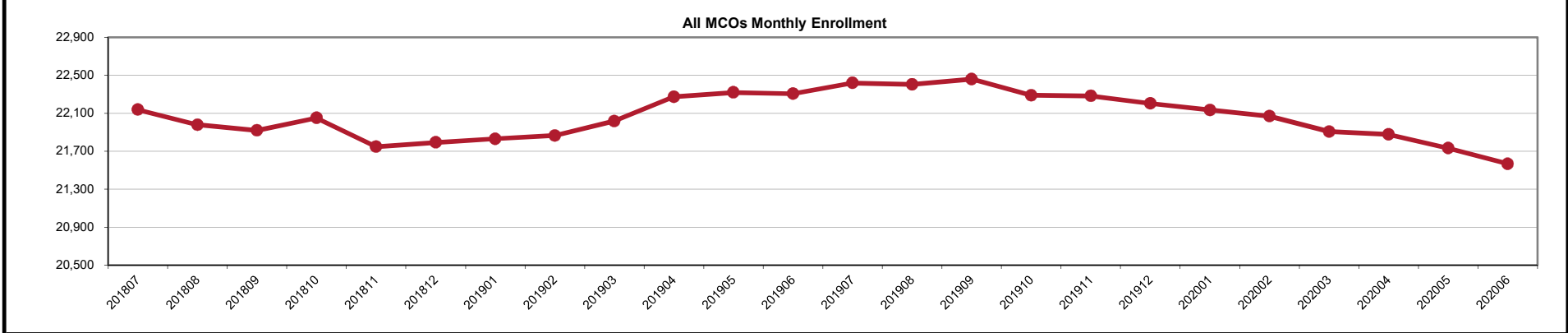
% of Rx Spend		% of Scripts	
Brand	80%	88%	10%
Generic	18%	8%	2%
Other Rx	2%	4%	2%

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

4. Notes

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

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 42,233,089	\$ 46,013,645	9%
Pharmacy	\$ 757,319	\$ 489,797	-35%
Total	\$ 42,990,408	\$ 46,503,442	8%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 7,188,373	\$ 6,239,521	-13%
Outpatient (OP)	\$ 8,484,817	\$ 9,022,346	6%
Physician (PH)	\$ 4,938,956	\$ 5,756,468	17%
Emergency Department (ED)	\$ 2,736,432	\$ 2,987,065	9%
Pharmacy (RX)	\$ 757,319	\$ 489,797	-35%
Other (OTH)	\$ 18,884,512	\$ 22,008,245	17%
Total Population Costs	\$ 42,990,408	\$ 46,503,442	8%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 162.70	\$ 175.26	8%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	264,230	265,334	0%

3. Retail Pharmacy Usage (Definitions in Glossary)

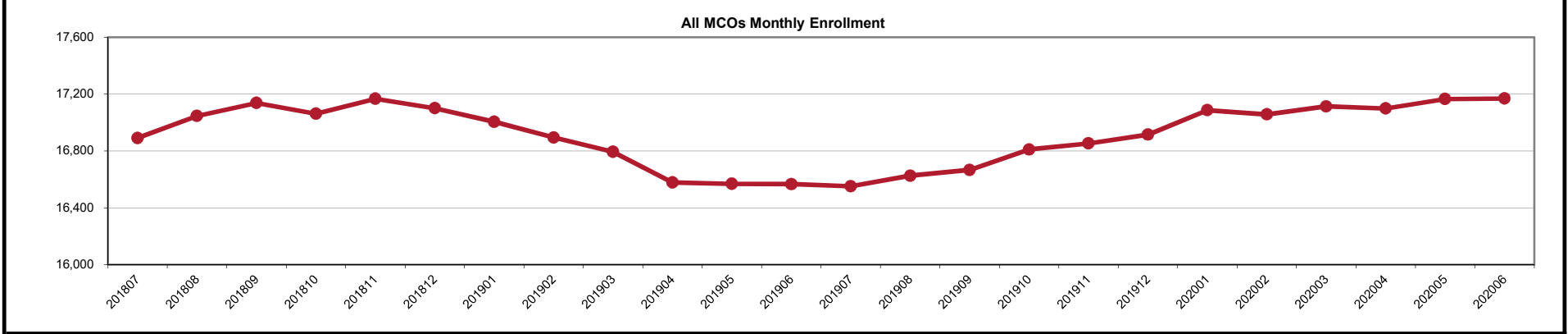
Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 505,656	\$ 253,914	-50%
Generic	\$ 213,202	\$ 176,931	-17%
Other Rx	\$ 38,461	\$ 58,951	53%
Total	\$ 757,319	\$ 489,797	-35%

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

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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.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 487,850,773	\$ 553,991,186	14%
Pharmacy	\$ 390,408	\$ 182,884	-53%
Total	\$ 488,241,181	\$ 554,174,069	14%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 204,684,542	\$ 258,734,515	26%
Nursing Facility (NF)	\$ 210,999,589	\$ 215,005,729	2%
Inpatient (IP)	\$ 10,381,963	\$ 9,285,492	-11%
Outpatient (OP)	\$ 12,703,048	\$ 13,784,772	9%
Pharmacy (RX)	\$ 390,408	\$ 182,884	-53%
HCBS	\$ 14,680,763	\$ 20,145,618	37%
Other (OTH)	\$ 34,400,868	\$ 37,035,060	8%
Total Population Costs	\$ 488,241,181	\$ 554,174,069	14%

Service Categories % of Cost			
Personal Care (PCO)	47%		
Nursing Facility (NF)	39%		
Other (OTH)	7%		
Outpatient (OP)	3%		
Pharmacy (RX)	0%		
HCBS	2%		
Inpatient (IP)	2%		

Per Capita Cost (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 2,407.45	\$ 2,728.51	13%

Total Member Months			
	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	202,804	203,105	0%

3. Retail Pharmacy Usage (Definitions in Glossary)

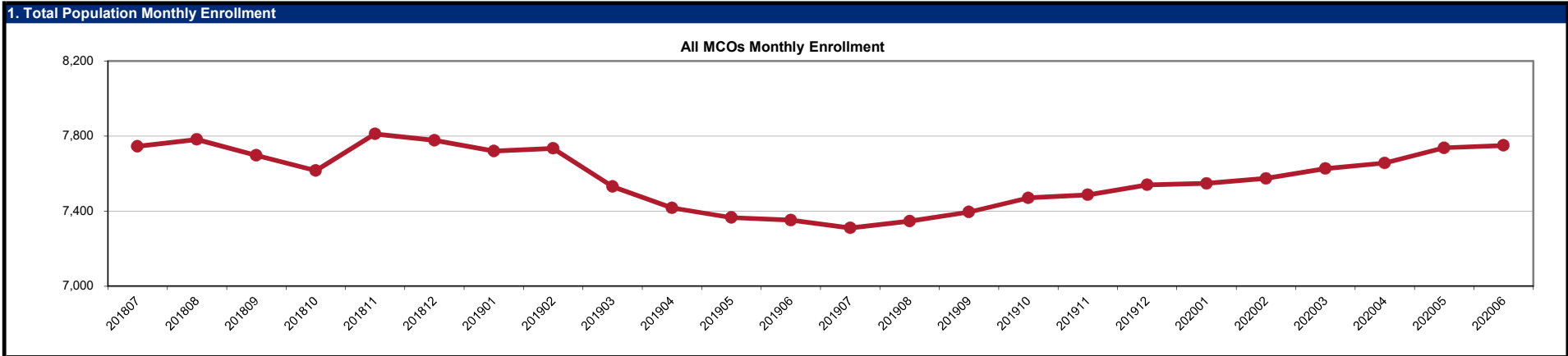
Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 273,129	\$ 85,283	-69%
Generic	\$ 92,826	\$ 73,114	-21%
Other Rx	\$ 24,454	\$ 24,486	0%
Total	\$ 390,408	\$ 182,884	-53%

% of Rx Spend		% of Scripts	
Current	Previous	Current	Previous
Brand: 47%	Brand: 70%	Generic: 78%	Generic: 84%
Generic: 40%	Generic: 24%	Other Rx: 12%	Other Rx: 13%
Other Rx: 13%	Other Rx: 6%		

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

4. Notes

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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.



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 240,972,452	\$ 280,558,250	16%
Pharmacy	\$ 23,719,209	\$ 28,041,754	18%
Total	\$ 264,691,661	\$ 308,600,004	17%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 91,472,465	\$ 110,521,085	21%
Nursing Facility (NF)	\$ 25,149,518	\$ 26,334,666	5%
Inpatient (IP)	\$ 41,887,159	\$ 44,351,872	6%
Outpatient (OP)	\$ 29,084,921	\$ 33,589,790	15%
Pharmacy (RX)	\$ 23,719,209	\$ 28,041,754	18%
HCBS	\$ 8,760,416	\$ 14,319,456	63%
Other (OTH)	\$ 44,617,973	\$ 51,441,381	15%
Total Population Costs	\$ 264,691,661	\$ 308,600,004	17%

Per Capita Cost (PMPM)

	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 2,891.29	\$ 3,412.24	18%

Total Member Months

	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	91,548	90,439	-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	\$ 18,915,033	\$ 22,400,826	18%
Generic	\$ 4,180,045	\$ 4,942,155	18%
Other Rx	\$ 624,132	\$ 698,774	12%
Total	\$ 23,719,209	\$ 28,041,754	18%

% of Rx Spend

Current

Previous

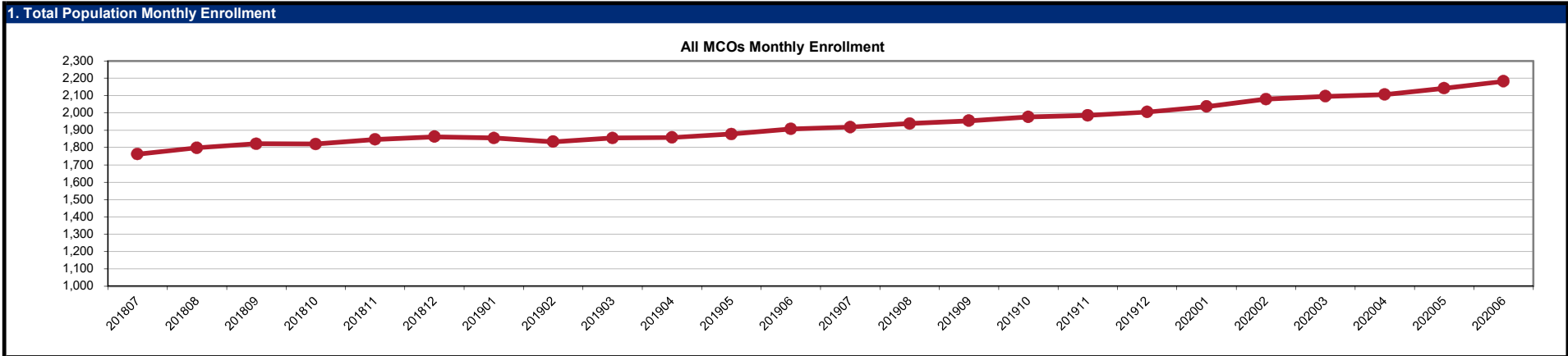
% of Scripts

Current

Previous

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

- ### 4. Notes
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2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 64,370,371	\$ 84,718,708	32%
Pharmacy	\$ 3,824,490	\$ 3,720,001	-3%
Total	\$ 68,194,861	\$ 88,438,709	30%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 372,433	\$ 258,053	-31%
Inpatient (IP)	\$ 3,233,773	\$ 2,415,570	-25%
Outpatient (OP)	\$ 3,037,308	\$ 3,871,172	27%
Pharmacy (RX)	\$ 3,824,490	\$ 3,720,001	-3%
HCBS	\$ 52,453,324	\$ 71,904,710	37%
Other (OTH)	\$ 5,273,533	\$ 6,269,204	19%
Total Population Costs	\$ 68,194,861	\$ 88,438,709	30%

Per Capita Cost (PMPM) \$ 3,085.74 \$ 3,621.42 17%

Total Member Months 22,100 24,421 11%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 3,064,225	\$ 2,892,241	-6%
Generic	\$ 666,611	\$ 744,578	12%
Other Rx	\$ 93,653	\$ 83,182	-11%
Total	\$ 3,824,490	\$ 3,720,001	-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, and dental.
 4. Amounts are reported based on dates of service within the previous and current periods.

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

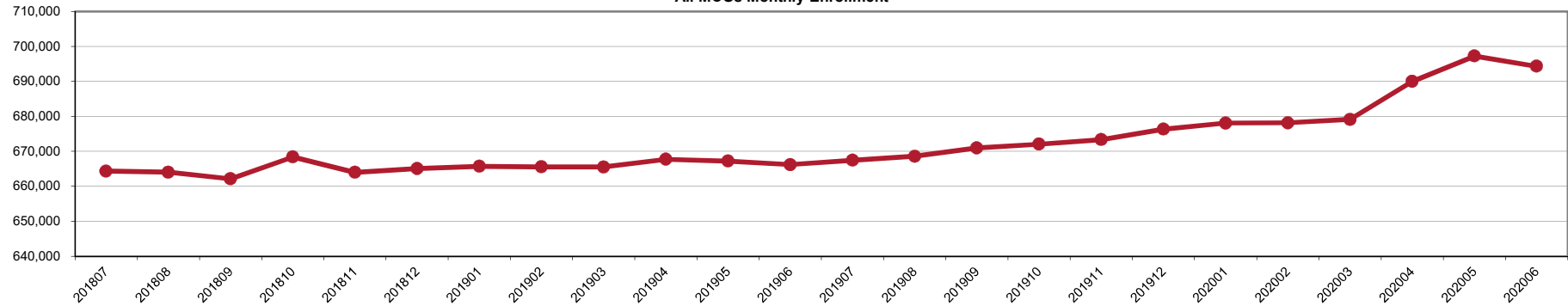
Reported Eligibility for Members Enrolled as of: June 30, 2020

Previous Period: July 1, 2018 to June 30, 2019

Current Period: July 1, 2019 to June 30, 2020

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	\$ 325,663,770	\$ 411,068,104	26%
Pharmacy	\$ 60,964,321	\$ 63,299,699	4%
Total	\$ 386,628,091	\$ 474,367,804	23%

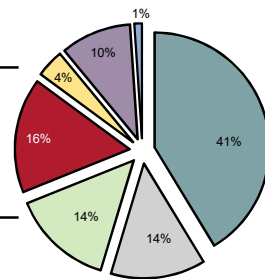
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 142,629,584	\$ 195,959,287	37%
Pharmacy (RX)	\$ 60,964,321	\$ 63,299,699	4%
Res. Treatment Ctr. (RTC)	\$ 69,365,104	\$ 67,651,042	-2%
Behavioral Health Prov (BHP)	\$ 47,916,292	\$ 76,715,143	60%
Core Service Agencies (CSA)	\$ 16,438,377	\$ 18,595,471	13%
Inpatient (IP)	\$ 43,233,126	\$ 47,127,267	9%
Other (OTH)	\$ 6,081,286	\$ 5,019,894	-17%
Total Population Costs	\$ 386,628,091	\$ 474,367,804	23%

Per Capita Cost (PMPM) \$ 48.42 \$ 58.24 20%

Total Member Months 7,985,694 8,145,383 2%

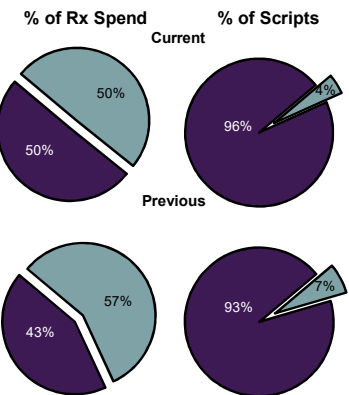
Services Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 34,742,545	\$ 31,434,608	-10%
Generic	\$ 26,221,776	\$ 31,865,092	22%
Total	\$ 60,964,321	\$ 63,299,699	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.