

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 16 Line Model with Centennial Care and Medicaid Expansion with Actual Data Thru Mar 2017 (5/30/17)

No.	Description	FY 15 Title XIX Projection	FY 15 % Completion	Title XIX Actual YTD	Actual Paid Lump Sum/ Others YTD	Projected Lump Sum	Others	FY 16 Title XIX Projection	% Change from FY 15			Nov 2016 Data Projection	Change from Previous	No.	
									J	K	L				M
1	Inpatient Hospital	86,890	91.25%	85,567	-	-	-	86,205	-0.79%	1,517	1,528	87,733	87,841	(108)	1
2	OSH	32,991	12.25%	3,859	31,516	3,859	31,516	31,516	-4.47%	-	-	-	32,160	(644)	2
3	SGME	7,187	100.00%	10,015	10,015	10,015	10,015	10,015	39.93%	-	-	10,015	10,015	-	3
4	IME	61,565	100.00%	72,799	72,799	72,799	72,799	72,799	18.25%	-	-	72,799	72,799	-	4
5	Safety Net Care	34,445	100.00%	70,451	70,451	70,451	70,451	70,451	104.35%	-	-	70,451	70,451	-	5
6	RHUI Pool	-	100.00%	2,824	2,824	2,824	2,824	2,824	-	-	-	2,824	2,824	-	6
7	Physician Services	39,201	99.37%	38,840	38,840	38,840	38,840	39,087	-0.29%	653	658	38,745	40,314	(569)	7
8	IHS Hospital	116,356	99.14%	115,592	115,592	115,592	115,592	116,596	5.65%	-	-	116,596	117,218	(622)	8
9	ICF-IID	26,585	97.02%	25,786	25,786	25,786	25,786	27,609	3.85%	-	-	27,609	27,332	277	9
10	Clinic Services	15,462	37.73%	16,390	16,390	16,390	16,390	46,595	201.35%	1,933	1,920	48,515	48,515	(58)	10
11	Federal Qualified Health Centers	9,804	98.67%	3,879	3,879	3,879	3,879	3,994	3.41%	87	88	4,022	4,022	-	11
12	Other Practitioners	27,521	99.91%	28,815	28,815	28,815	28,815	28,843	4.80%	1,181	1,183	30,035	30,017	(66)	12
13	Outpatient Hospital	11,843	100.00%	12,116	12,116	12,116	12,116	42,074	9.07%	822	828	42,962	43,273	(370)	13
14	PACE	44,052	111.18%	40,988	40,988	40,988	40,988	12,116	2.30%	-	-	12,116	12,119	(3)	14
15	Others	32,397	99.35%	34,165	34,165	34,165	34,165	36,574	-16.75%	1,854	1,860	38,535	52,547	(14,012)	15
16	BH FFS	572,876	91.52%	604,869	604,869	604,869	604,869	34,390	6.15%	840	845	35,235	35,723	(488)	16
17	Subtotal	279,305	99.94%	280,506	280,506	280,506	280,506	691,225	15.51%	8,867	8,910	570,593	697,292	(16,659)	17
18	Traditional DD and Mt. Waiver (DOH)	45,616	99.98%	45,616	45,616	45,616	45,616	280,663	0.49%	-	-	280,663	280,434	228	18
19	Mt. Waivers (DOH)	324,921	99.95%	330,123	330,123	330,123	330,123	69,628	52.64%	-	-	69,628	70,028	(400)	19
20	Subtotal	1,467,068	99.45%	1,410,198	1,410,198	1,410,198	1,410,198	350,291	7.81%	-	-	350,291	350,462	(171)	20
21	Centennial Care-Physical Health	1,000,665	98.92%	1,087,649	1,087,649	1,087,649	1,087,649	1,418,694	-9.30%	93,173	92,978	1,511,672	1,502,712	8,960	21
22	Centennial Care-LTCS	306,492	99.19%	315,362	315,362	315,362	315,362	1,069,245	6.88%	1,121	1,121	1,070,365	1,069,988	6,377	22
23	Centennial Care-Behavioral Health	2,772,235	99.33%	2,788,210	2,788,210	2,788,210	2,788,210	318,135	4.88%	22,669	22,643	300,778	300,835	(57)	23
24	Subtotal	1,483	100.00%	1,500	1,500	1,500	1,500	2,806,073	3.22%	116,962	116,742	2,922,815	2,907,535	15,280	24
25	Nursing Part A	104,528	100.00%	109,909	109,909	109,909	109,909	1,300	-12.35%	-	-	1,300	1,300	-	25
26	Medicare Part B	30,689	100.00%	36,702	36,702	36,702	36,702	109,909	7.20%	-	-	109,909	109,909	-	26
27	Medicare Part D	134,700	100.00%	147,511	147,511	147,511	147,511	36,702	19.60%	-	-	36,702	36,702	-	27
28	Subtotal	2,588	100.00%	4,326	4,326	4,326	4,326	147,911	14.45%	-	-	147,911	147,911	-	28
29	Utilization	6,305	100.00%	9,100	9,100	9,100	9,100	4,326	67.15%	-	-	4,326	4,326	-	29
30	HIT	822	-	-	-	-	-	5,100	44.94%	-	-	5,100	5,282	(182)	30
31	Contracts	97,15	100.00%	13,427	13,427	13,427	13,427	12,732	-8.83%	-	-	12,732	13,609	(882)	31
32	Subtotal	24,205	100.00%	12,732	12,732	12,732	12,732	12,732	-47.40%	-	-	12,732	11,366	1,366	32
33	Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-	33
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-	34
35	Health Insurance Providers Fee	84,298	3.39%	-	-	-	-	90,219	7.02%	-	-	90,219	93,383	(3,164)	35
36	Subtotal	108,503	14.96%	12,732	12,732	12,732	12,732	90,219	-5.12%	3,164	3,164	106,115	104,749	1,366	36
37	Medicaid Expansion - Physical Health	1,153,070	134.85%	1,387,552	1,387,552	1,387,552	1,387,552	1,028,620	-10.79%	3,164	3,164	1,028,620	1,038,003	(9,383)	37
38	Medicaid Expansion - Behavioral Health	86,148	98.42%	99,557	99,557	99,557	99,557	101,360	17.43%	-	-	103,160	102,411	751	38
39	Subtotal	1,239,218	131.65%	1,487,110	1,487,110	1,487,110	1,487,110	1,129,779	-8.83%	-	-	1,129,779	1,139,414	(9,635)	39
40	Subtotal	7,274	na	-	-	-	-	113,467	1459.83%	-	-	113,467	113,467	-	40
41	Prior Years Charged to Current Year	(113,467)	-	-	-	-	-	(42,012)	-62.97%	-	-	(42,012)	(42,012)	-	41
42	Current Year Charged to Future Year	-	-	-	-	-	-	5,283,618	4.50%	-	-	5,412,434	5,437,809	(25,375)	42
43	Grand Total	5,056,965	102.14%	5,399,382	5,399,382	5,399,382	5,399,382	5,283,618	-2.23%	128,953	128,815	5,412,434	5,437,809	(25,375)	43
44	Grand Total	-	-	-	-	-	-	-	-	-	-	-	-	-	44

Notes:

- (line 10) Clinic Services consists primarily of school based health services with small amounts also going to clinics providing a variety of services.
- (line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- (lines 21-23, 37-38, Columns E and K) Actual YTD payments are from the MCO database. Instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
- (lines 21, 37, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation for CY14 and CY15. Risk Corridor reconciliation for CY14 and CY15. Repeal-C reconciliation, MCO sanctions.
- (line 34) Health Home budget has been built into the MCO rates starting from April 2016 for Behavioral Health program for both Medicaid Base population and Expansion population, so the expenditures on Health Home is not shown in this line.

5/3/2017

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates												
		FY 16 Projection	HIT, IHS, Refugees, Medicaid Expansion & CHIP (ACA) (100% FFP) <sup>1</sup>	Medicaid Expansion (95% FFP)	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup>	Breast & Cervical Cancer Program (EFMAP) <sup>3</sup>	Title XXI CHIP (EFMAP) <sup>4</sup>	Utilization Review (75% FFP) <sup>5</sup>	Title XIX Medicaid (FMAP) <sup>6</sup>	Admin and Fees (50% FFP) <sup>7</sup>	Non-Federal Financial Participation Expenses (0% FFP) <sup>8</sup>	Federal Share	% of Composite Federal Share	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	Inpatient Hospital	87,733	26,235	233	109	35	180		80,951	-	-	69,563	79.29%	
2	OSI	31,516	-	-	-	-	-	-	31,516	-	-	22,388	71.04%	
3	OSI	10,015	-	-	-	-	-	-	10,015	-	-	7,081	70.71%	
4	OSI	72,799	-	-	-	-	-	-	72,799	-	-	51,229	70.37%	
5	Safety Net Care	70,451	-	-	-	-	-	-	70,451	-	-	49,578	70.37%	
6	MCU Pool	2,824	-	-	-	-	-	-	2,824	-	-	1,588	56.23%	
7	Physician Services	39,745	10,250	90	-	81	115	-	29,168	-	92	30,552	77.88%	
8	OSI Hospital	116,596	116,596	-	-	-	-	-	-	-	-	116,596	100.00%	
9	OSI-IO	27,609	177	1	-	-	-	-	27,431	-	-	15,454	70.45%	
10	Clinic Services	48,515	1,998	1	-	-	86	-	48,381	-	29	34,944	72.03%	
11	Federal Qualified Health Centers	4,022	1,025	13	-	0	18	-	2,966	-	-	3,135	77.85%	
12	Other Practitioners	30,025	1,740	3	-	0	218	-	28,065	-	-	23,630	72.04%	
13	Outpatient Hospital	42,802	12,674	88	-	-	112	195	29,833	-	1	38,928	79.15%	
14	PACE	12,116	-	-	-	-	-	-	12,116	-	-	8,505	70.19%	
15	Others	36,595	17,701	107	2,280	35	419	-	17,961	-	31	32,296	88.87%	
16	BH FFS	35,235	17,962	28	0	3	162	-	17,024	-	11	30,110	85.45%	
17	Subtotal	670,839	206,347	558	2,389	217	1,403	-	459,561	-	164	533,815	78.60%	
18	Traditional DD and ME Waiver (DOH)	290,863	-	-	-	-	-	-	477	278,627	1,559	196,817	70.13%	
19	Mi Via Waivers (DOH)	59,628	-	-	-	-	-	-	1,414	66,402	3,812	66,827	66.84%	
20	Subtotal	350,291	-	-	-	-	-	-	1,491	345,029	3,371	245,444	70.07%	
21	Centennial Care-Physical Health	1,511,672	95,513	-	15,124	1,978	22,528	-	1,376,133	-	206	1,094,097	72.38%	
22	Centennial Care-LTSS	1,070,365	12,461	-	-	720	211	-	1,056,973	-	-	755,101	70.55%	
23	Centennial Care-Behavioral Health	340,778	20,402	-	179	151	5,398	-	314,647	-	-	245,814	72.13%	
24	Subtotal	2,922,815	128,377	-	15,303	2,649	28,137	-	2,747,843	-	206	2,095,214	71.68%	
25	Medicare Part A	1,300	-	-	-	-	-	-	1,300	-	-	925	71.13%	
26	Medicare Part B	108,909	4,442	-	-	-	-	-	99,173	-	12,294	69,840	61.54%	
27	Medicare Part D	35,702	-	-	-	-	-	-	-	-	35,702	-	0.00%	
28	Subtotal	147,911	4,442	-	-	-	-	-	94,473	-	48,997	70,765	47.84%	
29	Utilization	4,326	-	-	-	-	-	-	4,326	-	-	3,245	75.00%	
30	HIT	9,100	-	-	-	-	-	-	-	-	-	9,100	100.00%	
31	Contracts	-	-	-	-	-	-	-	-	-	-	-	-	
32	Subtotal	13,427	9,100	-	-	-	-	-	4,326	-	-	12,345	91.94%	
33	Rate Increase for Primary Care Services	12,732	3,123	-	-	-	-	-	9,609	-	-	9,882	77.61%	
34	Health Home	93,283	40,683	-	-	-	-	-	53,201	-	-	77,935	83.52%	
35	Health Insurance Providers Fee	156,115	43,205	-	-	-	-	-	62,510	-	-	87,477	82.81%	
36	Subtotal	272,129	86,911	-	-	-	-	-	125,320	-	-	167,294	61.45%	
37	Medicaid Expansion - Physical Health	1,028,520	1,027,850	769	-	-	-	-	769	-	-	1,028,581	100.00%	
38	Medicaid Expansion - Behavioral Health	101,160	101,094	66	-	-	-	-	66	-	-	101,156	100.00%	
39	Subtotal	1,129,779	1,128,944	835	-	-	-	-	835	-	-	1,129,737	100.00%	
40														
41	Prior Years Charged to Current Year	113,467	-	-	-	-	-	-	113,467	-	-	79,847	70.37%	
42	Current Year Charged to Future Year	(42,012)	-	-	-	-	-	-	(42,012)	-	-	(29,564)	70.37%	
43	Grand Total	5,412,434	1,520,415	1,394	17,692	5,066	29,540	6,218	3,782,208	3,371	69,366	4,225,278	78.07%	

	HSD Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous
48 State Share Revenues:					
49 Department of Health (Line 18 & 19) <sup>9</sup>	103,293	105,943	105,624	105,943	-
50 Department of Health-Additional Need (Surplus)	-	-	-	(870)	(51)
51 Department of Health for Early Intervention	8,142	7,550	7,550	7,550	-
52 Department of Health for HCHCs	482	482	482	482	-
53 Department of Health for HC	1	1	1	1	-
54 Children, Youth and Families	-	-	-	-	-
55 County Supported Medicaid Fund	27,590	-	28,350	28,350	-
56 Tobacco Settlement Revenue, Base	9,720	-	30,020	30,020	-
57 Tobacco Settlement Revenue	-	-	-	-	-
58 Total Operating Transfers In	148,728	118,975	173,026	171,976	(51)
59					
60 School Based Health Services (Part of Line 10)	-	-	-	-	-
61 Physician UPL UNM	1,219	1,675	1,675	1,675	-
62 Safety Net Care <sup>11</sup>	397	-	-	-	-
63 County Supported Hospital Payments <sup>11</sup>	25,099	26,227	26,210	26,227	-
64 Additional County Supported Hospital Payments <sup>12</sup>	9,781	-	-	-	-
65 UNM IG7	14,726	25,550	25,550	25,550	-
66 Mine's Colliery <sup>14</sup>	-	1,317	1,317	1,317	-
67 Drug Rebates <sup>15</sup>	32,963	31,242	31,242	31,242	-
68 Fraud	872	1,192	1,192	1,192	-
69 Tort and Insurance Carrier Refund	-	-	-	-	-
70 Income Diversion Trust	484	623	623	623	-
71 Buy-in Recovery	215	44	44	44	-
72 Civil Settlement	500	478	478	478	-
73 Estate Recovery	9	99	99	99	-
74 Misc. Revenues <sup>16</sup>	-	278	278	278	-
75 HHS-RAC/TPL Subrogation	500	391	391	391	-
76 Total Other Revenues	66,767	86,100	86,117	86,117	-
77					
78 General Fund Need	-	-	-	912,927	-
79					
80 HB 2 / SFC	-	-	-	891,722	-
81 NY Fee Increase Special	-	-	-	500	-
82 HB 2 / 2016 Supplemental	-	-	-	18,000	-
83 Transfer from Other Divisions	-	-	-	1,627	-
84 Prior Year Balances	-	-	-	711	-
85 DOH Waiver Revenue from FY15	-	-	-	167	-
86 State Revenue Surplus / (Shortfall)	-	-	-	-	-
87 State Revenue Surplus / (Shortfall) Assoc. with Expenditures Charged to FY17	-	-	-	(12,848)	(1,594)

PROJECTED REVENUES	
Federal Revenues	4,225,278
Federal Disallowance <sup>10</sup>	-
SBHS CPE <sup>15</sup>	13,136
All State Revenues	1,174,019

- Notes:
- HIT, IHS, QJ-1 Medicare Part D premiums, Refugees, Medicaid Expansion are eligible for 100% FFP. Under the ACA beginning Oct. 2015, Medicaid will receive 100% match for CHIP kids through FFY2019.
  - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - CHIP is a Title XXI program with enhanced FMAP. FY16 will have one quarter at regular EFMAP.
  - Utilization review is federally matched at 75%; admin. expenses.
  - The XIX expenditures with regular FMAP. The final FFY 2016 FMAP is from FFIS, released October 2014.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs, state only buy-in for Medicare Part D and all Medicare Part D buy-ins (Claw back) expenditures are not eligible for federal financial participation.
  - DOH for Medicaid DD, ME and Mi Via waiver services; projected revenue is without the 3% for admin.
  - There is a placeholder for potential federal disallowances.
  - The sum of lines 62 and 63 is the 1/12/05 of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
  - Line 64 represents the additional county support to fully fund the Safety Net Care Pool.
  - HSD will collect five quarters of MCO drug rebates in FY16.
  - Misc. Revenues include Medicaid overpayments, CSSES Recoveries, Reimbursements, TPL.
  - Starting from FY16, school districts will contribute the state share of school based health services provided by Medicaid through Certified Public Expenditures.
  - Mine's Colliery hospital will contribute the state share of Safety Net Care Pool supplemental payments. The SPY16 current estimate is for payments issued in CY2014 and CY2015.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

EX 17.17 Line Model with Centennial Care and Medicaid Expansion with Actual Data thru Mar 2017 (\$000s)

No.	Description	FY 16 Title XIX		FY 17 %		Title XIX		Actual Paid Lump		Projected		FY 17 Title XIX		% Change	CHIP Actual		CHIP		FY 17 TOTAL		Change from
		Actual YTD	Completion	Actual YTD	Sum/ Others YTD	Lump Sum	Others	Projection	from FY 16	PAID YTD	Projection	Projection	Nov 2016 Data		Previous						
1	Inpatient Hospital	86,205	56.00%	42,434	-	-	-	-	-	-	-	-	-	-12.10%	433	774	76,549	84,072	8,072	(7,523)	
2	DSH	31,516	50.02%	15,715	13,715	31,417	-	31,417	-0.33%	-	-	-	-	-0.33%	-	-	31,417	32,774	1,357	(1,358)	
3	GMIE	10,015	75.00%	13,875	13,875	18,500	-	18,500	84.72%	-	-	-	-	-	-	-	18,500	18,500	-	-	
4	IME	72,299	48.45%	41,367	41,367	83,630	-	83,630	14.88%	-	-	-	-	-	-	-	83,630	80,943	2,687	2,687	
5	Safety Net Care	70,451	50.00%	34,445	34,445	68,889	-	68,889	-2.22%	-	-	-	-	-	-	-	68,889	68,889	-	-	
6	HQII Pool	2,824	100.00%	5,765	5,765	5,765	-	5,765	104.10%	-	-	-	-	-	-	-	5,765	5,765	-	-	
7	Physician Services	39,087	62.27%	24,980	24,980	5,525	-	40,133	2.68%	352	548	40,681	39,651	1,029	-	-	40,681	127,629	87,558	(2,205)	
8	IHS Hospital	116,596	69.05%	79,083	79,083	-	-	125,425	7.57%	-	-	-	-	-	-	-	125,425	127,629	2,204	(2,205)	
9	ICF-IID	27,609	66.00%	18,762	18,762	-	-	28,427	2.96%	-	-	-	-	-	-	-	28,427	28,005	422	422	
10	Clinic Services	46,595	24.59%	11,777	11,777	-	-	50,566	8.52%	1,077	1,712	52,277	51,170	1,107	-	-	52,277	51,170	1,107	1,107	
11	Federal Qualified Health Centers	3,934	57.70%	2,636	2,636	-	-	4,568	16.14%	59	103	4,671	3,972	699	-	-	4,671	3,972	699	699	
12	Other Practitioners	28,843	63.73%	19,852	19,852	-	-	30,207	4.73%	688	1,046	31,253	31,510	(257)	-	-	31,253	31,510	(257)	(257)	
13	Outpatient Hospital	42,074	64.34%	26,925	26,925	-	-	41,849	-0.53%	414	644	42,493	43,005	(513)	-	-	42,493	43,005	(513)	(513)	
14	PACE	12,116	74.12%	9,100	9,100	-	-	12,278	1.34%	-	-	12,278	12,320	(42)	-	-	12,278	12,320	(42)	(42)	
15	Others	36,674	69.66%	36,094	36,094	(624)	(4,115)	51,820	41.30%	1,168	1,639	53,489	56,723	(3,234)	-	-	53,489	56,723	(3,234)	(3,234)	
16	BH FFS	34,390	63.76%	23,651	23,651	-	-	37,109	7.91%	501	769	37,878	37,993	(115)	-	-	37,878	37,993	(115)	(115)	
17	Subtotal	651,729	57.61%	406,461	406,461	133,281	2,219	706,359	6.76%	4,693	7,265	713,623	722,924	(9,301)	-	-	713,623	722,924	(9,301)	(9,301)	
18	Traditional DD and Wf Waiver (DOH)	280,663	69.15%	192,692	192,692	441	514	278,647	-0.72%	-	-	278,647	276,292	2,356	-	-	278,647	276,292	2,356	2,356	
19	(M/Va Waivers (DOH))	69,628	70.14%	60,422	60,422	2,553	3,778	86,138	23.72%	-	-	86,138	84,812	1,326	-	-	86,138	84,812	1,326	1,326	
20	Subtotal	350,291	69.39%	253,114	253,114	3,004	4,292	364,786	4.14%	-	-	364,786	361,104	3,682	-	-	364,786	361,104	3,682	3,682	
21	Centennial Care-Physical Health	1,418,694	72.99%	1,041,090	1,041,090	-	-	30,818	(18.37%)	60,932	82,638	1,509,876	1,517,257	(7,381)	-	-	1,509,876	1,517,257	(7,381)	(7,381)	
22	Centennial Care-LTSS	1,069,245	73.37%	787,024	787,024	-	-	12,195	0.33%	857	857	1,079,905	1,089,847	(9,942)	-	-	1,079,905	1,089,847	(9,942)	(9,942)	
23	Centennial Care-Behavioral Health	318,135	75.41%	245,297	245,297	-	-	3,044	2.31%	14,597	19,014	344,498	346,420	(1,921)	-	-	344,498	346,420	(1,921)	(1,921)	
24	Subtotal	2,806,073	72.41%	2,073,311	2,073,311	46,057	(18,370)	2,825,650	0.70%	76,386	102,529	2,928,379	2,993,523	(65,144)	-	-	2,928,379	2,993,523	(65,144)	(65,144)	
25	Medicare Part A	1,300	83.29%	1,477	1,477	-	-	1,774	36.44%	-	-	1,774	1,700	74	-	-	1,774	1,700	74	74	
26	Medicare Part B	109,909	82.31%	108,418	108,418	-	-	131,722	19.85%	-	-	131,722	129,839	1,884	-	-	131,722	129,839	1,884	1,884	
27	Medicare Part D	36,702	79.12%	32,109	32,109	-	-	43,915	19.65%	-	-	43,915	43,774	141	-	-	43,915	43,774	141	141	
28	Subtotal	147,911	80.04%	142,004	142,004	-	-	177,411	75.94%	-	-	177,411	175,312	2,098	-	-	177,411	175,312	2,098	2,098	
29	Utilization	4,326	50.25%	2,512	2,512	-	-	5,000	15.57%	-	-	5,000	5,000	-	-	-	5,000	5,000	-	-	
30	HIT	9,100	81.78%	17,933	17,933	-	-	21,933	141.02%	-	-	21,933	21,933	-	-	-	21,933	21,933	-	-	
31	Contracts	-	0.00%	-	-	-	-	1,970	-	-	-	1,970	1,945	25	-	-	1,970	1,945	25	25	
32	Subtotal	13,427	70.74%	20,446	20,446	23,904	5,000	28,904	115.22%	-	-	28,904	28,904	-	-	-	28,904	28,904	-	-	
33	Rate Increase for Primary Care Services	12,732	100.00%	233	233	-	-	233	-98.17%	-	-	233	153	88	-	-	233	153	88	88	
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
35	Health Insurance Providers Fee	90,219	-	-	-	-	-	-	-100.00%	-	-	-	-	-	-	-	-	-	-	-	
36	Subtotal	102,951	100.00%	233	233	233	-	233	-99.77%	-	-	233	153	88	-	-	233	153	88	88	
37	Medicaid Expansion - Physical Health	1,028,630	82.93%	989,788	989,788	-	-	22,318	(144.92%)	1,202,273	1,688%	-	-	1,202,273	1,688%	-	1,202,273	1,325,416	(123,143)	(123,143)	
38	Medicaid Expansion - Behavioral Health	101,160	71.69%	80,982	80,982	-	-	2,005	111.68%	-	-	112,980	112,980	671	-	-	112,980	80,943	32,037	32,037	
39	Subtotal	1,129,790	81.41%	1,070,770	1,070,770	-	-	24,323	(144.92%)	1,315,253	1,642%	-	-	1,315,253	1,642%	-	1,315,253	1,487,725	(172,472)	(172,472)	
40	Prior Years Charged to Current Year	113,467	na	-	-	-	-	42,012	-42.97%	-	-	42,012	42,012	-	-	-	42,012	36,631	5,380	5,380	
41	Current Year Charged to Future Year	(42,012)	na	-	-	-	-	-	100.00%	-	-	-	-	-	-	-	-	-	-	-	
42	Grand Total	5,283,618	72.66%	3,966,338	3,966,338	136,963	304,260	(109,768)	5,460,606	3.95%	81,079	109,794	5,570,400	5,705,719	(135,319)	-	-	5,570,400	5,705,719	(135,319)	(135,319)

- Notes:
- (Line 10) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
  - (Lines 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHG, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPST, Nursing Facility, Maintenance, Family Planning.
  - (Lines 21-23, 37-38, Column E and N) Actual YTD payments are from the MCO database, instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
  - (Lines 21, 37, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation and Medicaid Expansion risk corridor for C16, Hepatitis C-reconciliation.
  - (Line 34) Health Home budget has been built into the MCO rates starting from April 2016 for behavior health program for both Medicaid Base and Expansion population, so the expenditures on Health Home is not shown in this line.
  - (Line 35) Health Insurance Providers Fee is suspended for the 2016 data year, but will be resumed for data year 2017 and forward.

5/3/2017









**Notes:**

1. The reported enrollments for the full benefit base population and Medicaid expansion population for the months from Jul-14 to Feb-17 were based on the Monthly Eligibility Report released in March 2017. For Medicaid Expansion, the reported enrollments from the Monthly Eligibility Report for the months from Jul-14 to Feb-17 were adjusted based on the estimated number of clients with duplicate COEs (COE 140 and other COEs).
2. The reported enrollments for the full benefit base population and Medicaid expansion population for the month Mar-17 were based on the Medicaid Eligibility Report released in March 2017.
3. The estimated enrollments for the months from Jul-14 to Mar-17 were based on Monthly Eligibility Report released in March 2017 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Apr-17 to Jun-18 were based on the regressive analysis of recent enrollment patterns, with consideration of impacts of new policies, modified court orders and the take-up from the eligible uninsured populations in New Mexico.
4. For Specialized Low-income Medicare Beneficiaries (SLIMBS) and Qualified Individuals (QI) population, the estimated enrollments for the months from Jul-14 to Mar-17 were based on the reports created from the data warehouse of Medicaid Assistance Division in December 2016 and adjusted for expected retroactive enrollments. For the months from Dec-16 to Jun-18, the estimated enrollments were based on regressive analysis of the recent enrollment pattern.

**Data Sources:**

Monthly Eligibility Report (MER) is posted on the internal M4AD website on a monthly basis. The MER includes all clients eligible for Medical Assistance, including retroactive and late reported eligibility. Medicaid Eligibility Report is published on the HSD website on monthly basis to show the actual enrollment for the recent month, and it is available to the public. <http://www.hsd.state.nm.us/LookingForInformation/show/medicaid-eligibility.aspx>



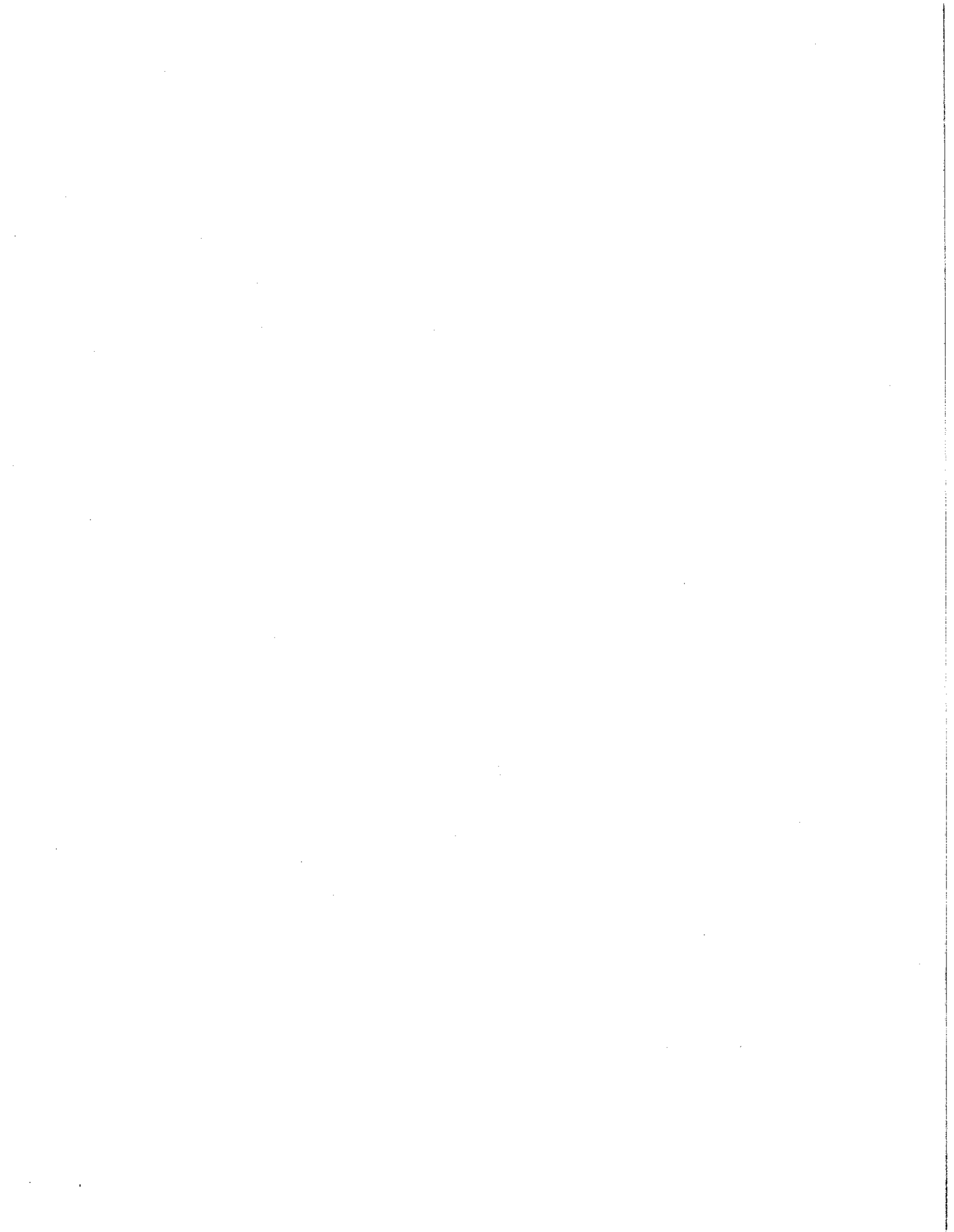
Medical Aid Children Enrollment Projection for SFY 2015-2018

A	B	C	D	E	F
Month-Year	Reported	Projected	Change from Sep, 2016 Projection	Month Over Month Change	
Jul-14	353,026	353,026	353,026	(122)	3,277
Aug-14	356,309	356,375	356,375	(140)	2,992
Sep-14	359,004	359,067	359,067	(150)	2,992
Oct-14	360,669	360,729	360,729	(163)	1,719
Nov-14	364,585	364,639	364,639	(52)	2,391
Dec-14	366,340	366,544	366,544	35	1,706
Jan-15	368,416	368,556	368,556	27	2,012
Feb-15	370,163	370,267	370,267	38	1,711
Mar-15	371,134	371,152	371,152	(11)	886
Apr-15	372,838	372,829	372,829	5	1,677
May-15	374,603	374,663	374,663	21	1,734
Jun-15	376,392	376,325	376,325	25	1,762
Jul-15	378,779	378,689	378,689	36	2,364
Aug-15	380,141	380,021	380,021	(97)	1,332
Sep-15	381,592	381,409	381,409	(176)	458
Oct-15	383,347	383,149	383,149	(353)	1,740
Nov-15	384,598	384,314	384,314	(245)	(335)
Dec-15	385,502	385,275	385,275	(319)	1,550
Jan-16	385,523	385,298	385,298	(178)	911
Feb-16	386,412	386,194	386,194	(266)	23
Mar-16	387,568	387,418	387,418	(339)	896
Apr-16	388,889	388,889	388,889	(500)	1,431
May-16	390,527	390,605	390,605	(666)	1,756
Jun-16	390,762	390,989	390,989	(731)	385
Jul-16	391,074	391,446	391,446	(990)	456
Aug-16	391,767	392,338	392,338	(662)	892
Sep-16	392,678	393,453	393,453	(463)	1,116
Oct-16	392,678	393,210	393,210	(286)	1,757
Nov-16	394,008	395,535	395,535	(231)	324
Dec-16	394,598	396,475	396,475	(284)	940
Jan-17	391,024	397,412	397,412	(265)	937
Feb-17	398,280	398,280	398,280	(323)	867
Mar-17	399,951	399,260	399,260	(159)	981
Apr-17	400,125	400,125	400,125	(220)	691
May-17	(464)	(464)	(464)	(362)	173
Jun-17	(362)	(362)	(362)	(190)	988
Jul-17	(98)	(98)	(98)	(83)	761
Aug-17	403,018	403,778	403,778	761	908
Sep-17	404,686	404,686	404,686	91	908
Oct-17	406,484	406,474	406,474	522	798
Nov-17	407,295	407,295	407,295	965	991
Dec-17	408,197	408,197	408,197	1,547	902
Jan-18	409,126	409,126	409,126	1,598	929

Notes:

1. Medical Children are defined as any client less than age 21, regardless of category of eligibility.  
 2. The reported enrollments for the months from Jul-14 to Feb-17 were based on the Monthly Eligibility Report released in March 2017.  
 3. The reported enrollments for the months from Jul-14 to Mar-17 were based on the Monthly Eligibility Report released in March 2017 and adjusted for expected reactivation enrollments. The estimated enrollments for the months Apr-17 to Jun-18 were based on the regressive analysis of recent enrollment pattern, with consideration of impacts of new policies, modified court orders and the take-up from the eligible uninsured populations in New Mexico.

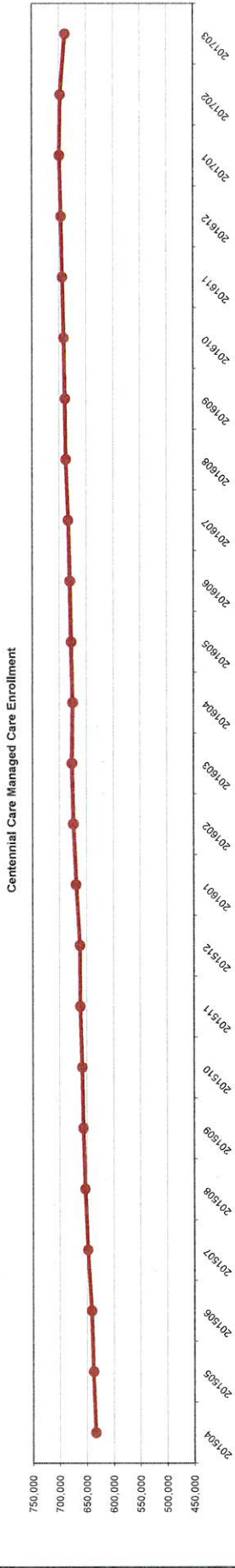
5/3/2017



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

Reported Encounters for Enrolled Members as of: March 31, 2017  
Previous Period: April 1, 2015 to March 31, 2016  
Current Period: April 1, 2016 to March 31, 2017

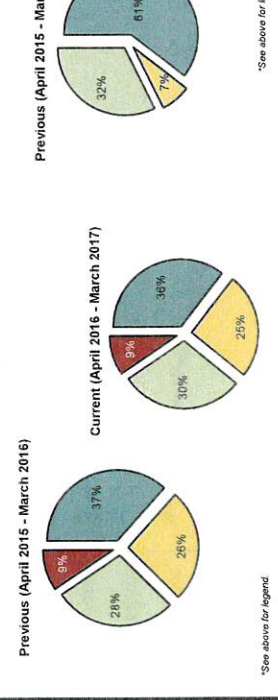
1. Total Centennial Care Monthly Enrollment



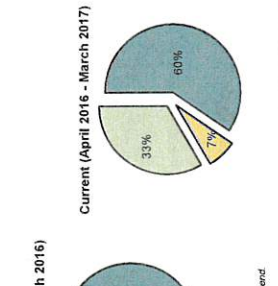
2. Total Centennial Care Dollars and Member Months by Program

Program	Aggregate Member Months by Program	Aggregate Medical Costs by Program	Per Capita Medical Costs by Program (PMPM)
	Previous (12 mon) Current (12 mon)	Previous (12 mon) Current (12 mon)	Previous (12 mon) Current (12 mon)
Population	4,918,215	1,262,498,696	\$ 251.57
Physical Health	4,163,194	\$ 1,245,916,497	\$ 299.19
Long Term Services and Supports	572,988	\$ 88,544,015	\$ 154.59
Other Adult Group	2,757,481	\$ 95,821,072	\$ 34.77
Total Member Months	8,265,273	\$ 3,404,443,548	\$ 412.42
			% Change
			1%
			-2%
			2%
			10%
			5%
			4%
			-1%
			4%
			-5%
			15%
			8%
			-1%
			4%
			-1%

Centennial Care Medical Expenditures



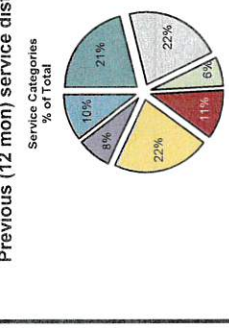
Centennial Care Member Months



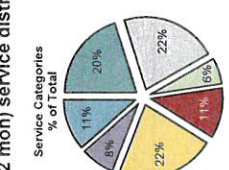
3. Total Program Medical/Pharmacy Dollars

Service Categories	Aggregate Costs by Service Categories	Per Capita Medical Costs by Program (PMPM)
	Previous (12 mon) Current (12 mon)	Previous (12 mon) Current (12 mon)
Medical	\$ 3,051,281,654	\$ 367.56
Pharmacy	\$ 353,161,894	\$ 44.86
Total	\$ 3,404,443,548	\$ 432.42
		% Change
		3%
		14%
		4%
		-1%
		5%
		7%
		5%
		14%
		4%

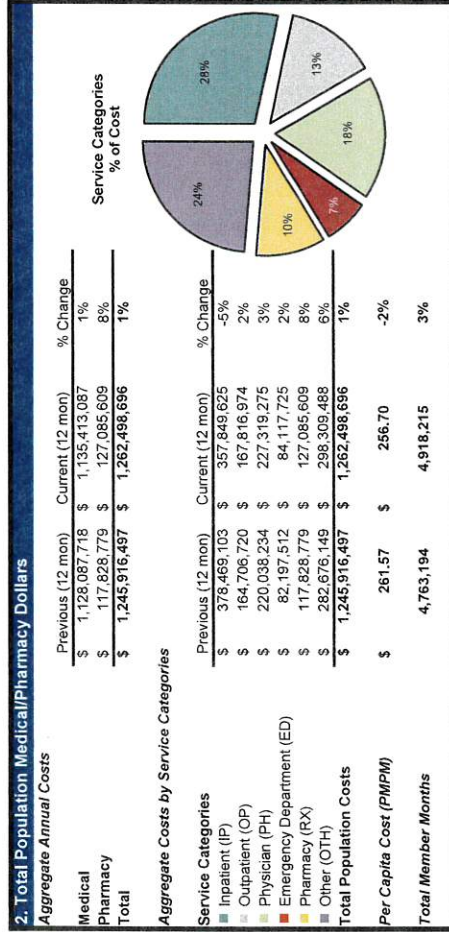
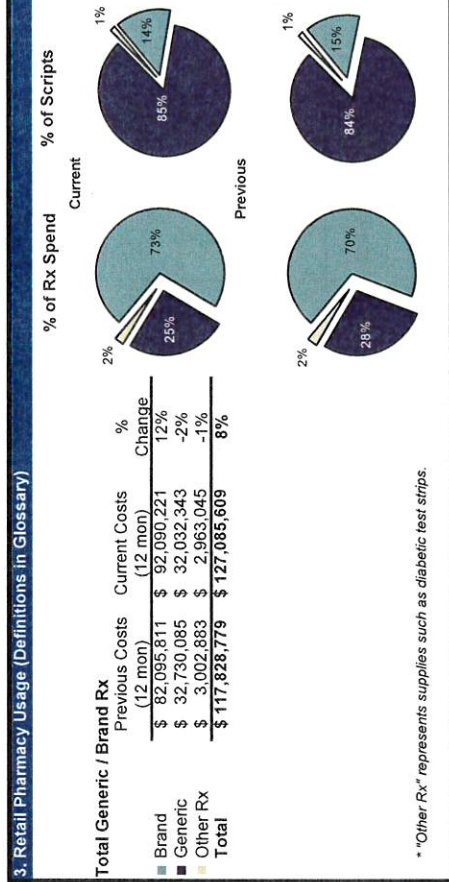
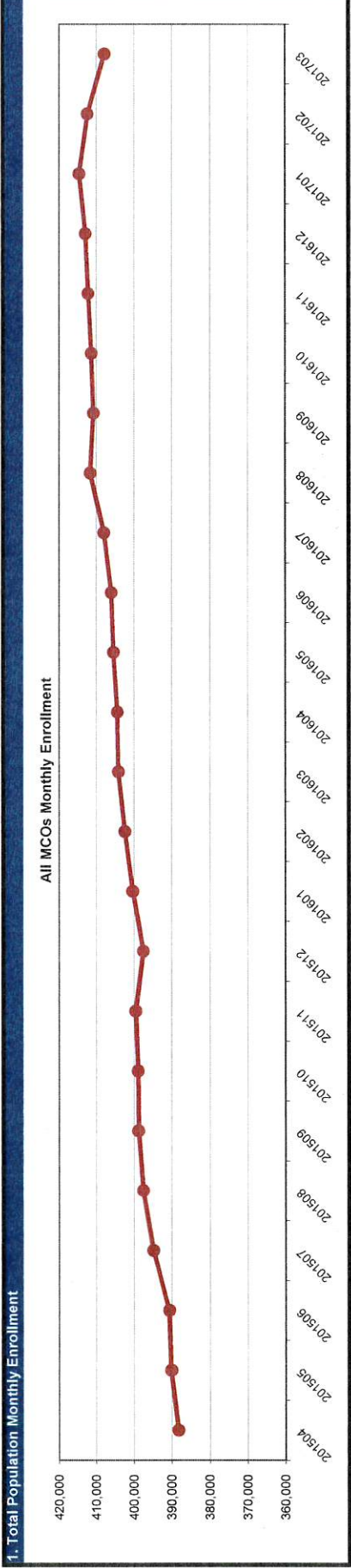
Current (12 mon) service distribution



Current (12 mon) service distribution



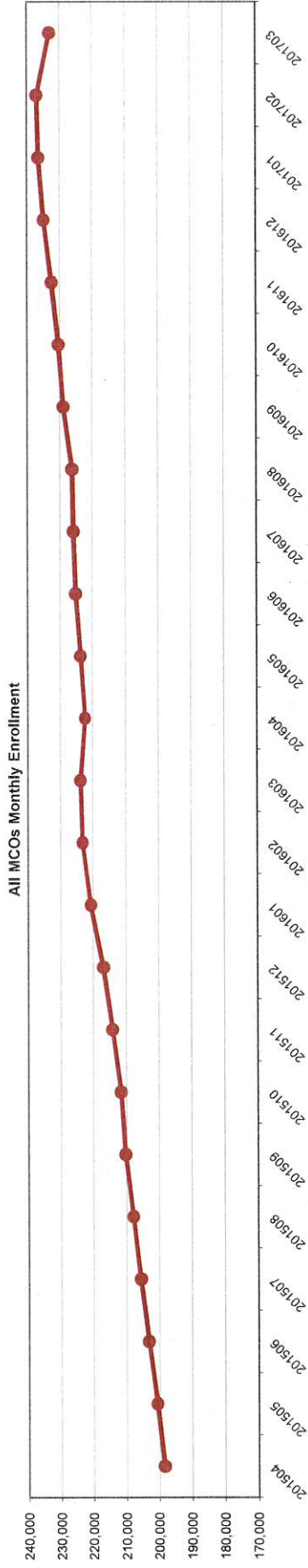
4. Notes  
1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.  
2. Other Adult Group continues to see enrollment growth. Dollar comparisons between previous and current periods reflect this significant change in enrollment.  
3. Other Services includes, but is not limited to, the following services: emergency department utilization, emergent transportation, non-emergent transportation, vision, and dental.



4. Notes  
 1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.  
 \* "Other Rx" represents supplies such as diabetic test strips.



1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 811,939,299	\$ 879,436,408	8%
Pharmacy	\$ 143,881,774	\$ 175,431,484	22%
<b>Total</b>	<b>\$ 955,821,072</b>	<b>\$ 1,054,867,891</b>	<b>10%</b>

Aggregate Costs by Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 262,634,396	\$ 284,169,610	8%
Outpatient (OP)	\$ 151,561,674	\$ 163,214,446	8%
Physician (PH)	\$ 144,534,402	\$ 157,063,828	9%
Emergency Department (ED)	\$ 73,877,683	\$ 77,613,434	5%
Pharmacy (RX)	\$ 143,881,774	\$ 175,431,484	22%
Other (OTH)	\$ 179,331,144	\$ 197,375,089	10%
<b>Total Population Costs</b>	<b>\$ 955,821,072</b>	<b>\$ 1,054,867,891</b>	<b>10%</b>

Per Capita Cost (PMPM)	\$ 376.77	\$ 382.55	2%
Total Member Months	2,536,906	2,757,481	9%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 109,302,919	\$ 140,824,579	29%
Generic	\$ 30,965,870	\$ 30,935,513	0%
Other Rx	\$ 3,612,985	\$ 3,671,391	2%
<b>Total</b>	<b>\$ 143,881,774</b>	<b>\$ 175,431,484</b>	<b>22%</b>

% of Rx Spend	Current	Previous
Brand	80%	76%
Generic	18%	22%
Other Rx	2%	2%

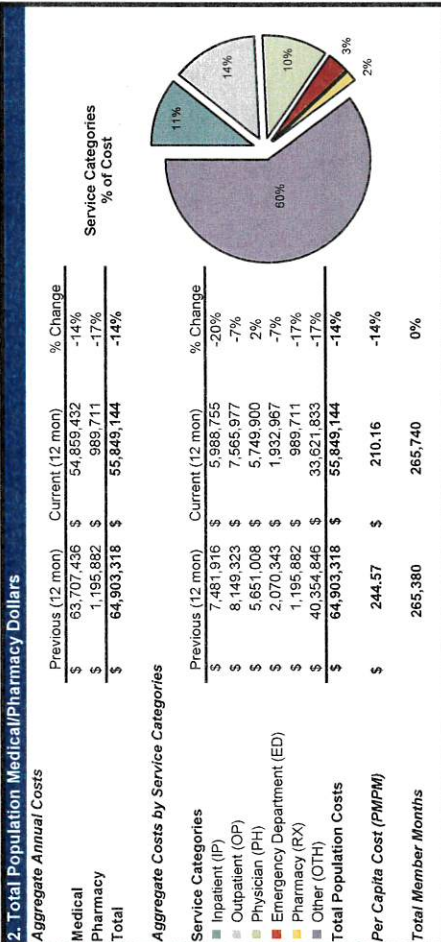
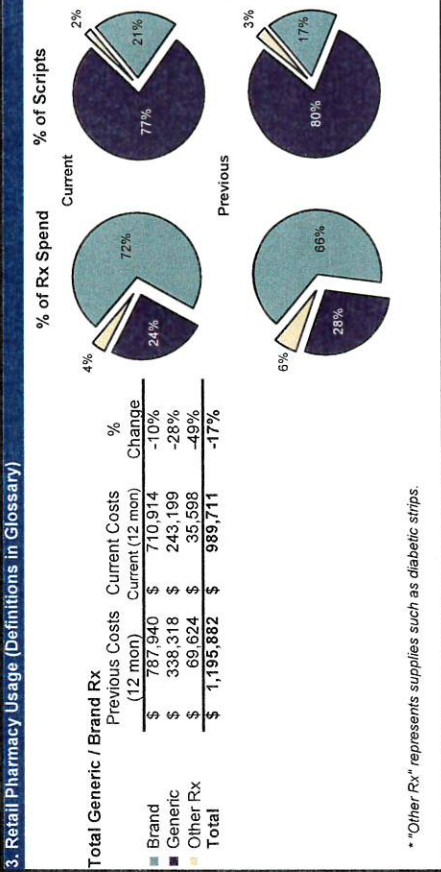
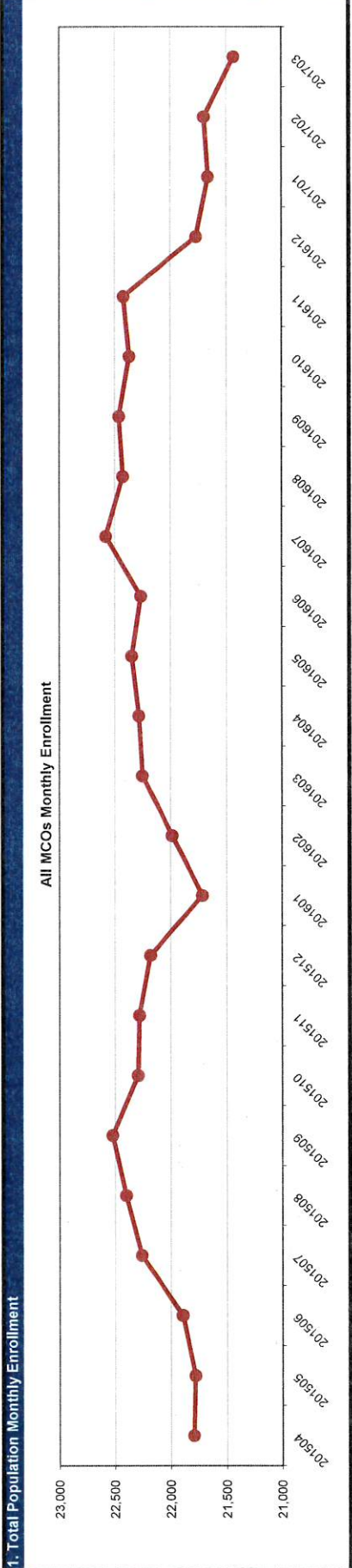
  

% of Scripts	Current	Previous
Brand	87%	87%
Generic	11%	11%
Other Rx	2%	2%

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

4. Notes

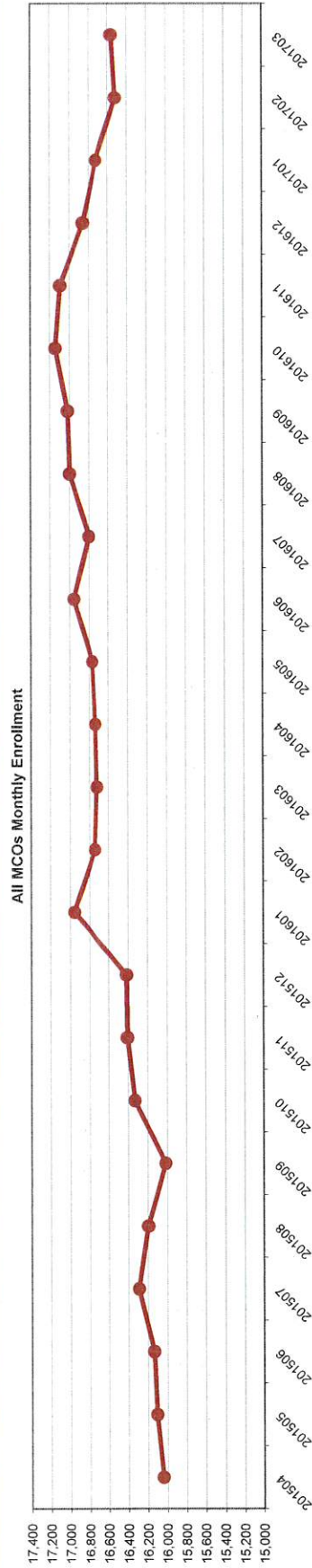
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**4. Notes**  
 1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.



1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

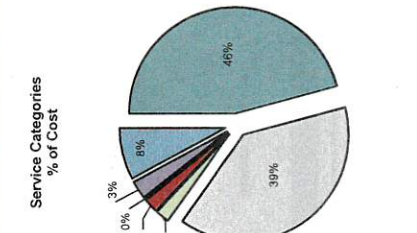
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 466,574,381	\$ 469,335,304	1%
Pharmacy	\$ 929,473	\$ 1,038,267	12%
<b>Total</b>	<b>\$ 467,603,854</b>	<b>\$ 470,376,571</b>	<b>1%</b>

	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 205,744,020	\$ 215,817,584	5%
Nursing Facility (NF)	\$ 192,560,782	\$ 183,528,970	-5%
Inpatient (IP)	\$ 13,162,658	\$ 9,871,112	-25%
Outpatient (OP)	\$ 10,481,819	\$ 10,297,755	-2%
Pharmacy (RX)	\$ 929,473	\$ 1,038,267	12%
HCBS	\$ 11,010,529	\$ 13,042,578	18%
Other (OTH)	\$ 33,714,574	\$ 36,780,295	9%
<b>Total Population Costs</b>	<b>\$ 467,603,854</b>	<b>\$ 470,376,571</b>	<b>1%</b>

Per Capita Cost (PMPM)	\$ 2,381.19	\$ 2,326.40	-2%
<b>Total Member Months</b>	<b>196,374</b>	<b>202,191</b>	<b>3%</b>



3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 536,959	\$ 788,335	47%
Generic	\$ 328,534	\$ 206,969	-37%
Other Rx	\$ 63,979	\$ 42,964	-33%
<b>Total</b>	<b>\$ 929,473</b>	<b>\$ 1,038,267</b>	<b>12%</b>

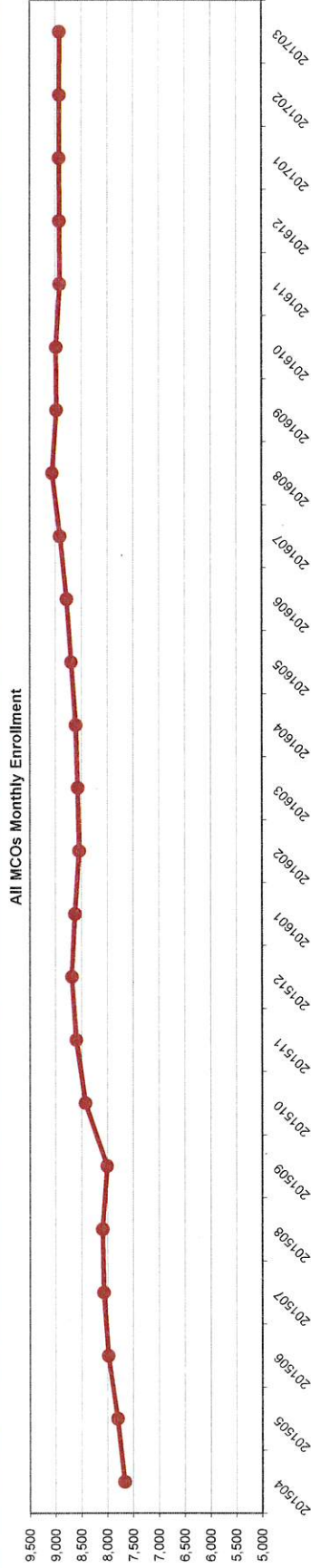
	Previous	Current
% of Rx Spend	78% (Brand), 20% (Generic), 2% (Other Rx)	76% (Brand), 20% (Generic), 4% (Other Rx)
% of Scripts	78% (Brand), 19% (Generic), 3% (Other Rx)	78% (Brand), 19% (Generic), 3% (Other Rx)

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

4. Notes

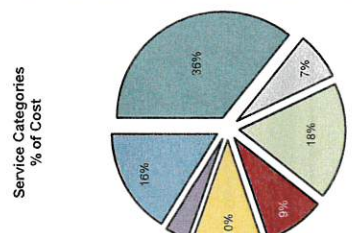
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1. Total Population Monthly Enrollment



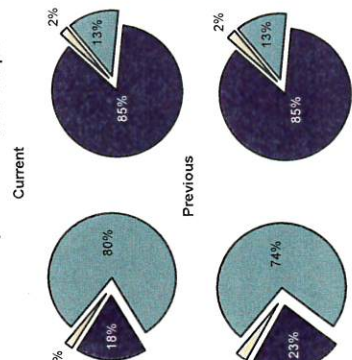
2. Total Population Medical/Pharmacy Dollars

	Previous (12 mon)	Current (12 mon)	% Change
<b>Aggregate Annual Costs</b>			
Medical	\$ 274,893,947	\$ 285,186,461	4%
Pharmacy	\$ 27,899,967	\$ 33,432,435	20%
<b>Total</b>	<b>\$ 302,793,914</b>	<b>\$ 318,618,896</b>	<b>5%</b>
<b>Aggregate Costs by Service Categories</b>			
<b>Service Categories</b>	<b>Previous (12 mon)</b>	<b>Current (12 mon)</b>	<b>% Change</b>
Personal Care (PCO)	\$ 107,732,038	\$ 113,879,259	6%
Nursing Facility (NF)	\$ 25,932,217	\$ 22,974,535	-11%
Inpatient (IP)	\$ 57,614,435	\$ 56,510,932	-2%
Outpatient (OP)	\$ 26,889,161	\$ 29,262,219	9%
Pharmacy (RX)	\$ 27,899,967	\$ 33,432,435	20%
HCBS	\$ 8,843,978	\$ 11,368,918	29%
Other (OTH)	\$ 47,881,118	\$ 51,170,598	7%
<b>Total Population Costs</b>	<b>\$ 302,793,914</b>	<b>\$ 318,618,896</b>	<b>5%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 3,056.12</b>	<b>\$ 2,987.18</b>	<b>-2%</b>
<b>Total Member Months</b>	<b>99,078</b>	<b>106,662</b>	<b>8%</b>



3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
<b>Total Generic / Brand Rx</b>			
Brand	\$ 20,681,688	\$ 26,762,780	29%
Generic	\$ 6,403,005	\$ 5,979,967	-7%
Other Rx	\$ 815,274	\$ 689,688	-15%
<b>Total</b>	<b>\$ 27,899,967</b>	<b>\$ 33,432,435</b>	<b>20%</b>



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

4. Notes

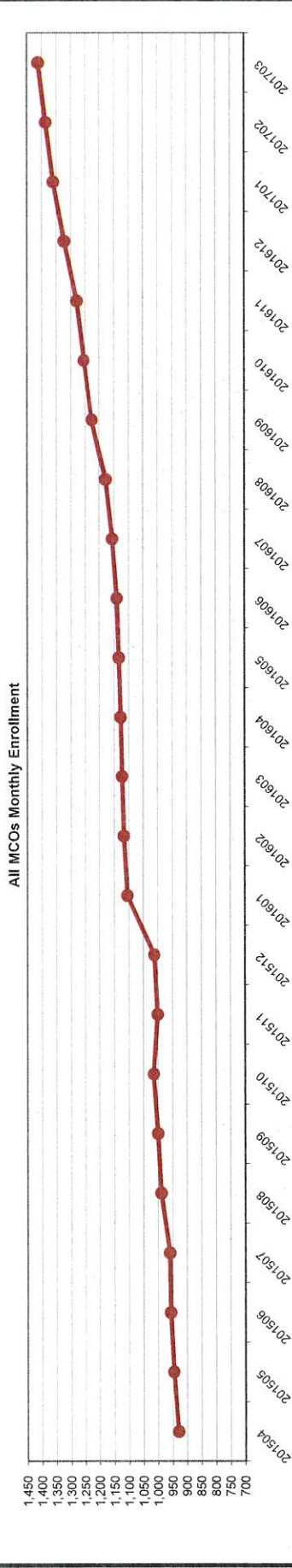
1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.



**State of New Mexico - All MCOs**  
**LTSS - Self Directed Population**  
**Utilization and Cost Review**

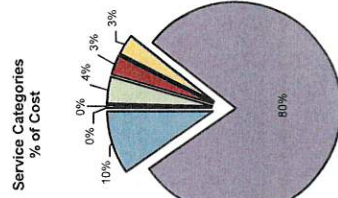
Reported Encounters for Enrolled Members as of: March 31, 2017  
 Previous Period: April 1, 2015 to March 31, 2016  
 Current Period: April 1, 2016 to March 31, 2017

**1. Total Population Monthly Enrollment**



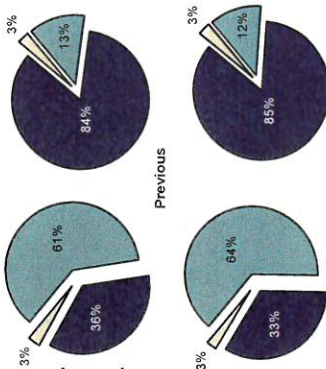
**2. Total Population Medical/Pharmacy Dollars**

	Previous (12 mon)	Current (12 mon)	% Change
<b>Aggregate Annual Costs</b>			
Medical	\$ 47,126,609	\$ 52,146,221	11%
Pharmacy	\$ 1,116,320	\$ 1,674,477	50%
<b>Total</b>	<b>\$ 48,242,929</b>	<b>\$ 53,820,698</b>	<b>12%</b>
<b>Aggregate Costs by Service Categories</b>			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 4,065	\$ 1,902	-53%
Nursing Facility (NF)	\$ 284,166	\$ 216,042	-24%
Inpatient (IP)	\$ 2,214,662	\$ 2,192,320	-1%
Outpatient (OP)	\$ 1,200,952	\$ 1,621,639	35%
Pharmacy (RX)	\$ 1,116,320	\$ 1,674,477	50%
HCBS	\$ 39,449,784	\$ 42,943,301	9%
Other (OTH)	\$ 3,972,990	\$ 5,171,018	30%
<b>Total Population Costs</b>	<b>\$ 48,242,929</b>	<b>\$ 53,820,698</b>	<b>12%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 3,968.65</b>	<b>\$ 3,591.88</b>	<b>-9%</b>
<b>Total Member Months</b>	<b>12,156</b>	<b>14,984</b>	<b>23%</b>



**3. Retail Pharmacy Usage (Definitions in Glossary)**

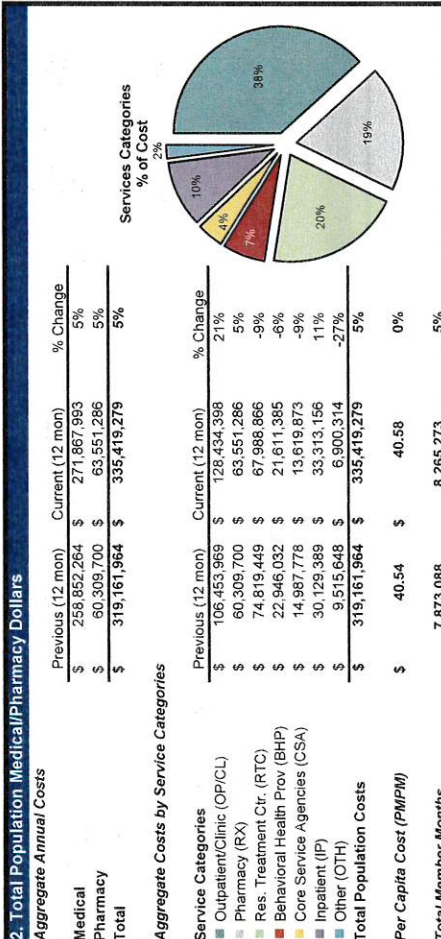
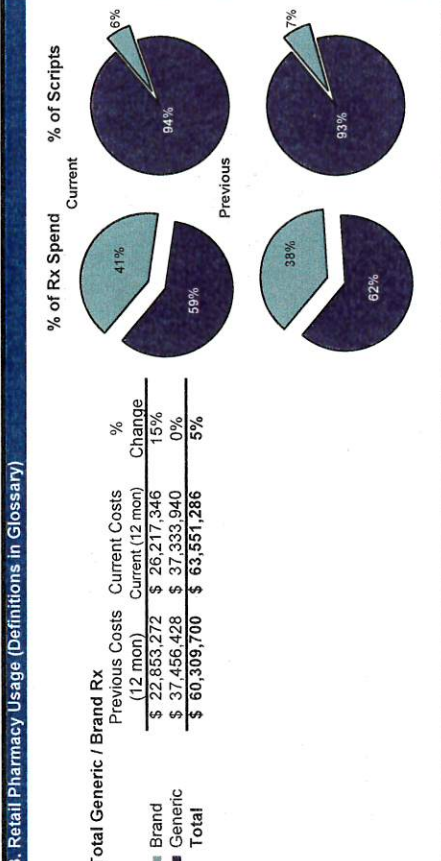
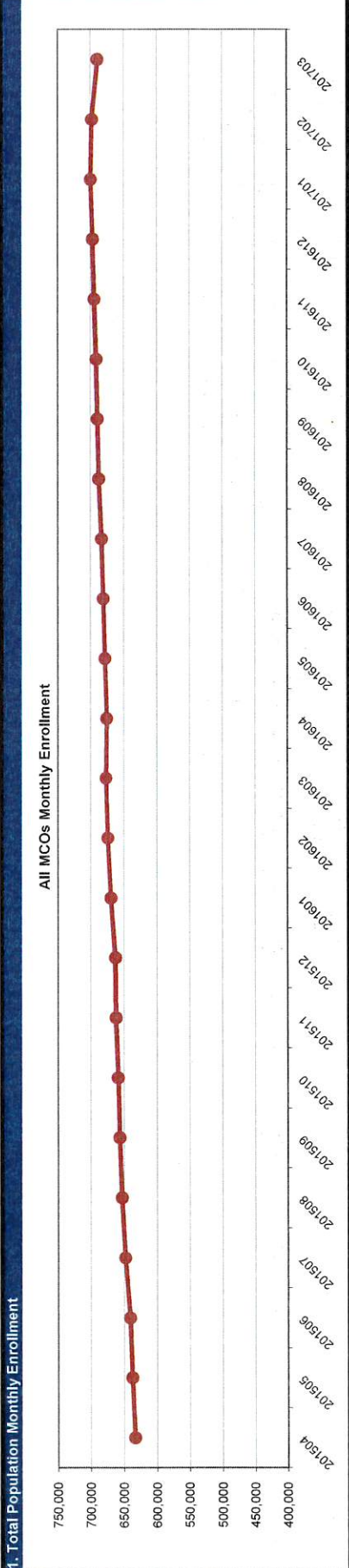
Total Generic / Brand Rx	Previous Cosis (12 mon)	Current Cosis (12 mon)	% Change
Brand	\$ 716,280	\$ 1,028,796	44%
Generic	\$ 372,894	\$ 595,959	60%
Other Rx	\$ 27,146	\$ 49,722	83%
<b>Total</b>	<b>\$ 1,116,320</b>	<b>\$ 1,674,477</b>	<b>50%</b>



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

**4. Notes**

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.



### 4. Notes

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.