

Wyoming Medicaid
PMPM
report
SFY **2016**

Per Member Per Month



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PMPM Report Overview

WHAT IS PER MEMBER PER MONTH?

The Per Member Per Month (PMPM) cost is the monthly cost of an enrolled member, calculated using the expenditures based on dates of service and the total enrollment for that month. This is similar to the method private insurers use to calculate premiums.



$$\frac{\text{Expenditures by Service Date}}{\text{Total Member Months}} = \text{Per Member Per Month (PMPM)}$$

This report uses expenditures from claims data processed by the Medicaid Management Information System (MMIS) based on the dates the client received the service, regardless of when the claim was paid.

For example, for a recipient who visited their doctor twice, once on June 1, 2015 and again on July 1, 2015, even if both claims were paid on August 1, 2015, only the second claim's expenditures are included in the calculation of the SFY 2016 PMPM cost.



Doctor visit June 1, 2015



Claim paid August 1, 2015



Doctor visit July 1, 2015



Claim paid August 1, 2015

SFY 2016 PMPM ✓

Member months are calculated using the eligibility information for each Medicaid enrolled member as of the last day of each month. If a member is enrolled on the last day of a particular month, that month is counted as a member month; however, if a member's enrollment ends prior to the last day of the month, that month is not included in the total member months.

USING THIS REPORT

SECTION 1

Medicaid Overall

- 1 - Summary of PMPM for all of Medicaid including a 5-year history
- 2 - PMPM Cost Comparisons across all eligibility populations (see Table 1)
- 3 - PMPM by Service for Medicaid overall and a population comparison for services of high interest

SECTION 2

Eligibility Category and Subgroup Detail

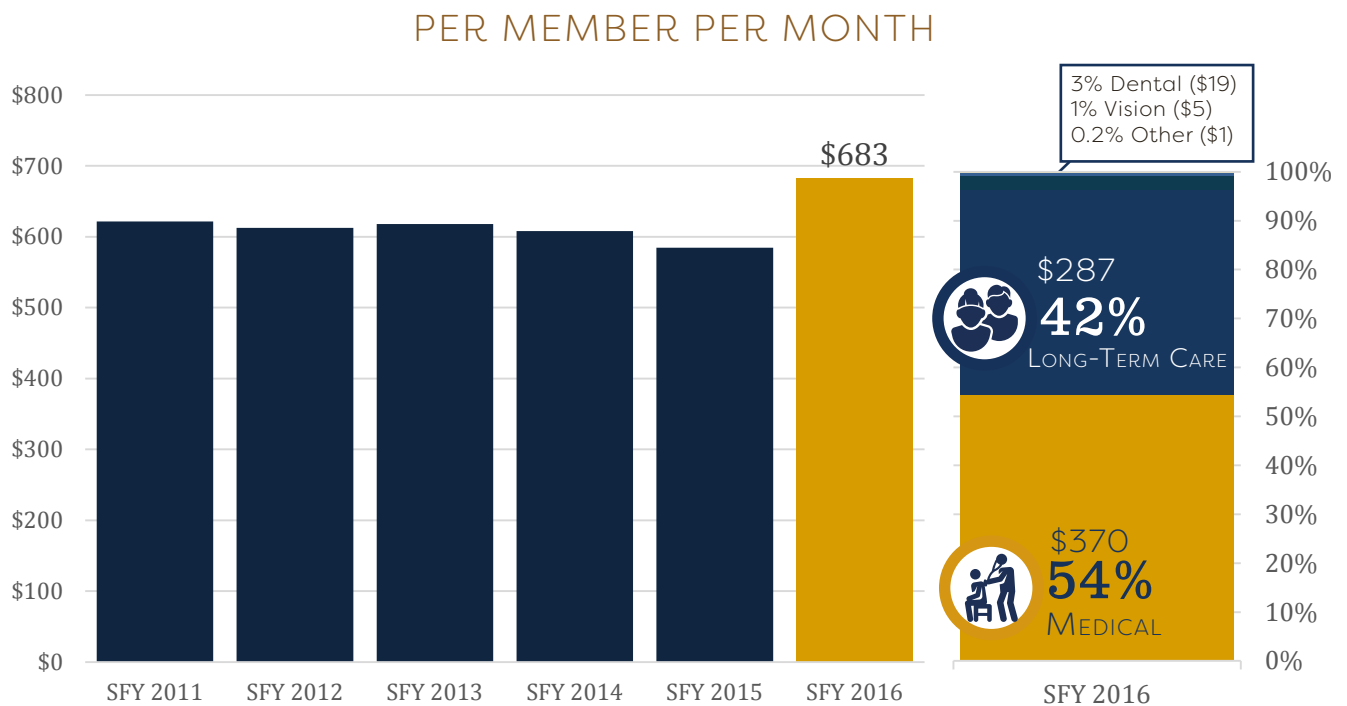
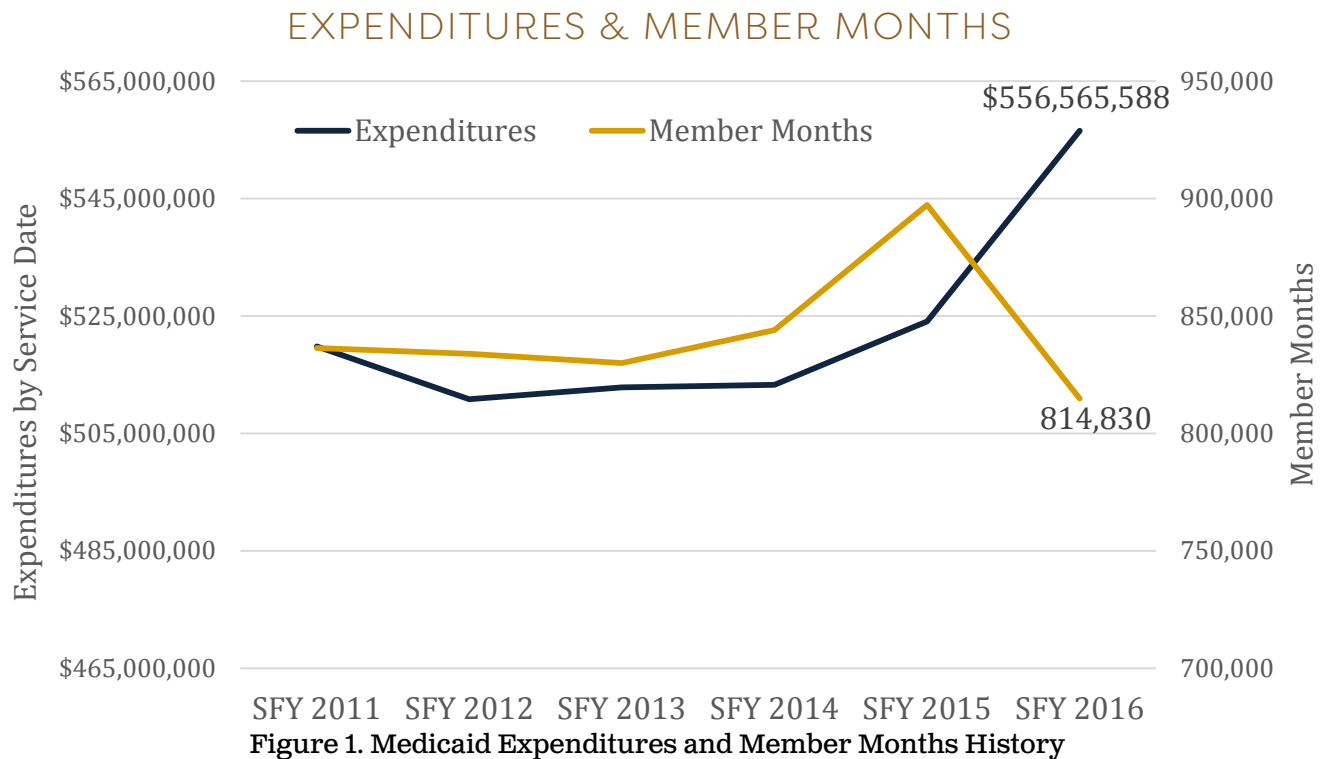
- 1 - Eligibility Category Graphical Summary Page
- 2 - Eligibility Category Overview
 - Enrollment History
 - SFY 2016 Summary by Subgroup
 - PMPM History by Subgroup
- 3 - Eligibility Subgroup Details
 - Service Area PMPM History

For space and presentation purposes, subgroup names are abbreviated throughout this report. Additional information on these populations is provided in Appendix C.

Table 1. Eligibility Categories and Subgroups

Eligibility Category	Eligibility Subgroup	
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	<ul style="list-style-type: none"> EID 	
Aged, Blind, or Disabled Intellectually Disabled / Developmentally Disabled / Acquired Brain Injury (ABD ID/DD/ABI)	<ul style="list-style-type: none"> ABI Adult ID/DD Child ID/DD Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID) (WY Life Resource Center) 	
Aged, Blind, or Disabled Institution (ABD Institution)	<ul style="list-style-type: none"> Hospital Institution for Mental Disease (IMD) (WY State Hospital) 	
Aged, Blind, or Disabled Long-Term Care (ABD LTC)	<ul style="list-style-type: none"> Assisted Living Facility (ALF) Hospice Long-Term Care (LTC) Nursing Home Program of All-Inclusive Care for the Elderly (PACE) 	
Aged, Blind, or Disabled Supplemental Security Income (ABD SSI)	<ul style="list-style-type: none"> SSI and SSI-Related 	
Adults	<ul style="list-style-type: none"> Family-Care Adults Former Foster Care 	
Children	<ul style="list-style-type: none"> Care Management Entity (CME) Children Children's Mental Health (CMH) Foster Care Newborn 	
Medicare Savings Programs	<ul style="list-style-type: none"> Part B Partial Aged Medicare Beneficiary (AMB) Qualified Medicare Beneficiary (QMB) Specified Low-Income Medicare Beneficiary (SLMB) 	
Non-Citizens with Medical Emergencies	<ul style="list-style-type: none"> Non-Citizens 	
Pregnant Women	<ul style="list-style-type: none"> Pregnant Women Presumptive Eligibility 	
Special Groups	<ul style="list-style-type: none"> Breast and Cervical Cancer Pregnant by Choice Tuberculosis 	

MEDICAIDSummary





EXPENDITURES
\$556,565,588

↑6%
from SFY 2015



Member Months
814,830

↓9%
from SFY 2015

EXPENDITURES

This report uses service date expenditures to emulate the approaches taken in previous independent actuarial studies. As such, expenditures reported here will not match those in the Medicaid Annual report, which primarily focus on expenditures based on claim paid date.

The increase in SFY 2016 expenditures is due, in part, to the nursing facility rate increase, implementation of care management entity service, and a sharp increase in Home Health services.

MEMBER MONTHS

Medicaid members may retain enrollment throughout the SFY, or they may be enrolled at various points in time as they gain and lose eligibility. As such, a member month is a count of each month a member is enrolled in Medicaid, as of the last day of that month.

This decrease in SFY 2016 is due in part to more accurate screening and eligibility redetermination enabled by the transition to the new Wyoming Eligibility System (WES).



PMPM
\$683

↑17%
from SFY 2015

PMPM by ELIGIBILITY SUBGROUP

Table 2. Eligibility Category Summary - SFY 2016

Eligibility Category	Expenditures	Member Months	PMPM
ABD EID	\$4,638,890	3,556	\$1,305
ABD ID/DD/ABI	\$147,625,043	29,504	\$5,004
ABD Institution	\$3,927,735	228	\$17,227
ABD Long-Term Care	\$128,983,773	43,413	\$2,971
ABD SSI	\$53,973,616	69,685	\$775
Adults	\$42,430,010	94,941	\$447
Children	\$142,945,885	497,990	\$287
Medicare Savings Programs	\$4,062,268	46,025	\$88
Non-Citizens with Medical Emergencies	\$1,212,737	1,115	\$1,088
Pregnant Women	\$24,923,661	26,390	\$944
Special Groups	\$1,841,971	1,983	\$929
Overall	\$556,565,588	814,830	\$683

Table 3. Eligibility Subgroup Summary - SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD EID	Employed Individuals with Disabilities	\$4,638,890	3,556	\$1,305
ABD ID/DD/ABI	Acquired Brain Injury	\$8,523,088	2,240	\$3,805
	Adult ID/DD	\$99,505,026	18,366	\$5,418
	Child ID/DD	\$20,661,079	8,073	\$2,559
	ICF ID (WY Life Resource Center)	\$18,935,850	825	\$22,953
ABD Institution	Hospital	\$3,927,735	228	\$17,227
ABD Long-Term Care	Assisted Living Facility Waiver	\$4,183,574	2,232	\$1,874
	Hospice	\$721,654	315	\$2,291
	Long-Term Care Waiver	\$32,942,765	19,410	\$1,697
	Nursing Home	\$88,192,883	20,250	\$4,355
	PACE	\$2,942,897	1,206	\$2,440
ABD SSI	SSI and SSI Related	\$53,973,616	69,685	\$775
Adults	Family-Care Adults	\$42,231,850	94,399	\$447
	Former Foster Care	\$198,160	542	\$366
Children	Care Management Entity (CME)	\$5,835,850	--	--
	Children	\$88,985,947	420,489	\$212
	Childrens Mental Health Waiver	\$878,176	696	\$1,262
	Foster Care	\$21,001,046	37,282	\$563
	Newborn	\$26,244,867	39,523	\$664
Medicare Savings Programs	Part B - Partial AMB	\$120	--	--
	Qualified Medicare Beneficiary	\$4,034,245	27,137	\$149
	Specified Low Income Medicare Beneficiary	\$27,903	18,888	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,212,737	1,115	\$1,088
Pregnant Women	Pregnant Women	\$24,621,871	24,220	\$1,017
	Presumptive Eligibility	\$301,791	2,170	\$139
Special Groups	Breast and Cervical	\$1,830,833	1,006	\$1,820
	Family Planning Waiver	\$7,963	966	\$8
	Tuberculosis	\$3,175	11	\$289
Overall		\$556,565,588	814,830	\$683

1 The Care Management Entity is a wraparound program in which enrolled children maintain eligibility on other Medicaid programs. For this reason, the member months for CME are used in calculating the CME PMPM only and are not included in the overall member months.

PMPM costs by eligibility subgroup range from \$1.48 per month for Specified Low Income Medicare Beneficiary (excluding Medicare premium payments) to \$22,953 per month for ICF-ID.

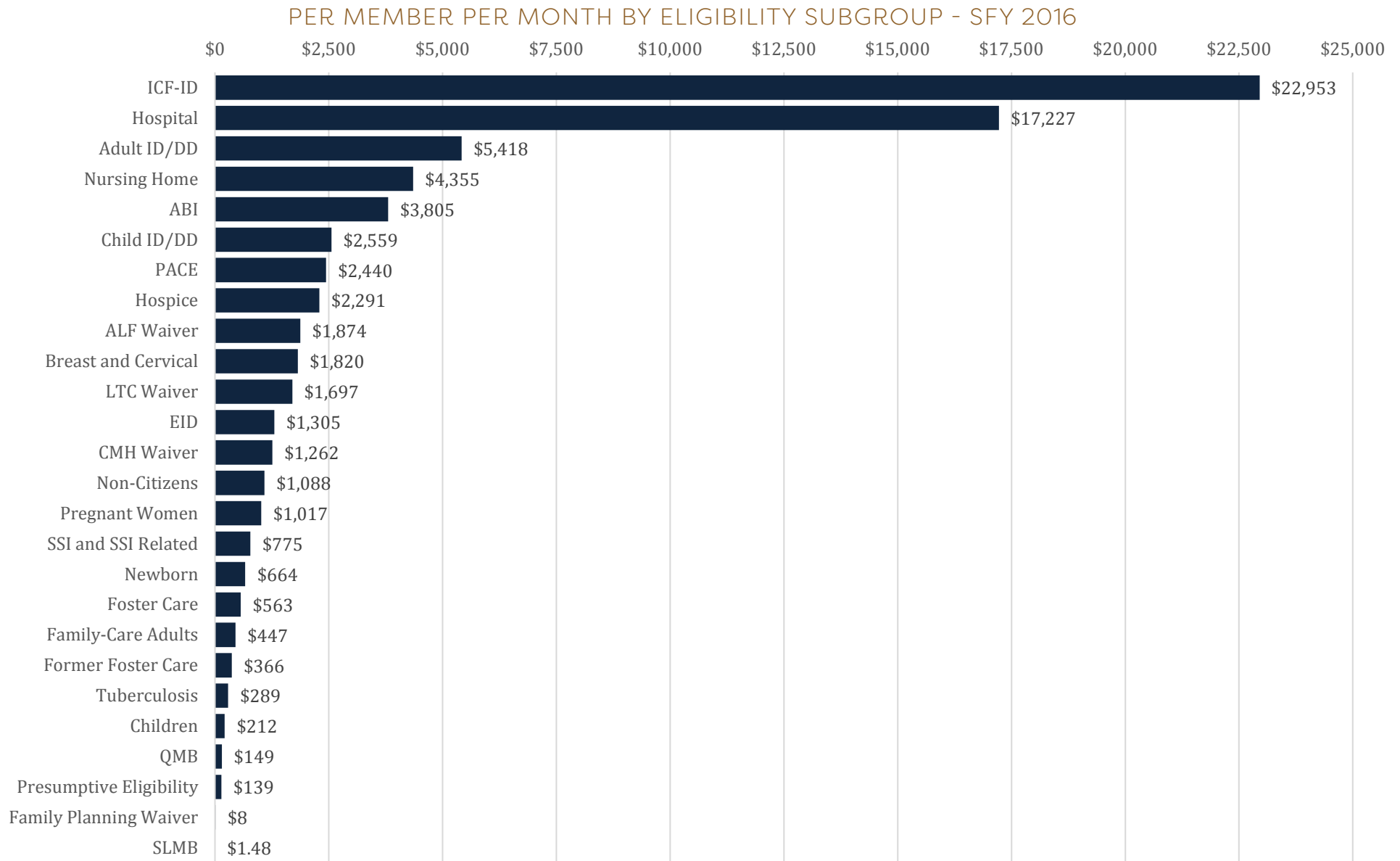


Figure 3. Per Member Per Month by Eligibility Subgroup - SFY 2016

Table 4. Expenditure History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$2,937,489	\$3,115,090	\$4,819,001	\$4,709,839	\$3,679,099	\$4,638,890
ABD ID/DD/ABI	Acquired Brain Injury	\$8,458,023	\$8,218,198	\$9,042,213	\$8,560,438	\$8,136,153	\$8,523,088
	Adult ID/DD	\$89,859,471	\$93,806,829	\$94,122,053	\$92,158,628	\$91,866,069	\$99,505,026
	Child ID/DD	\$21,361,530	\$20,734,319	\$21,038,384	\$18,970,456	\$19,506,260	\$20,661,079
	ICF-ID (WY Life Resource Center) ²	\$19,205,952	\$17,979,516	\$16,778,614	\$19,190,395	\$17,650,052	\$18,935,850
ABD Institution	Hospital	\$6,273,754	\$3,956,921	\$6,464,613	\$5,541,567	\$3,631,884	\$3,927,735
	IMD (WY State Hospital)	\$120	\$120	\$0	\$0	\$0	\$0
ABD Long-Term Care	Assisted Living Facility Waiver	\$3,367,714	\$3,067,170	\$2,928,667	\$3,235,291	\$3,622,062	\$4,183,574
	Hospice	\$278,669	\$615,157	\$422,630	\$608,168	\$625,693	\$721,654
	Long-Term Care Waiver	\$28,296,111	\$30,754,429	\$27,455,004	\$27,000,713	\$29,097,279	\$32,942,765
	Nursing Home	\$79,967,179	\$79,243,110	\$77,134,902	\$75,382,096	\$74,242,244	\$88,192,883
	PACE	\$0	-\$1,262	\$168,554	\$1,281,845	\$2,261,896	\$2,942,897
ABD SSI	SSI and SSI Related	\$50,419,754	\$52,376,817	\$51,439,339	\$54,220,362	\$55,698,604	\$53,973,616
Adults	Family-Care Adults	\$28,902,098	\$29,509,327	\$27,399,286	\$29,319,596	\$39,051,591	\$42,231,850
	Former Foster Care	\$0	\$0	\$0	\$2,429	\$114,525	\$198,160
Children	Care Management Entity (CME)	\$0	\$0	\$0	\$0	\$0	\$5,835,850
	Children	\$82,399,463	\$79,263,365	\$84,217,123	\$87,625,711	\$92,176,538	\$88,985,947
	Childrens Mental Health Waiver	\$2,713,570	\$2,280,526	\$1,329,481	\$1,380,653	\$1,672,927	\$878,176
	Foster Care	\$21,624,238	\$17,975,901	\$21,106,441	\$23,836,835	\$22,585,845	\$21,001,046
	Newborn	\$29,606,756	\$26,776,190	\$25,507,555	\$22,941,803	\$26,582,846	\$26,244,867
Medicare Savings Programs	Part B - Partial AMB	\$240	\$120	\$240	\$120	\$240	\$120
	Qualified Medicare Beneficiary	\$2,976,730	\$3,355,766	\$3,543,929	\$4,198,749	\$4,384,694	\$4,034,245
	Specified Low Income Medicare Beneficiary	\$25,431	\$29,650	\$20,035	\$24,514	\$24,833	\$27,903
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,906,178	\$1,993,803	\$1,831,630	\$1,479,833	\$1,182,087	\$1,212,737
Pregnant Women	Pregnant Women	\$35,308,044	\$31,857,619	\$31,394,538	\$27,347,568	\$23,409,331	\$24,621,871
	Presumptive Eligibility	\$211,189	\$191,065	\$186,686	\$279,489	\$417,774	\$301,791
Special Groups	Breast and Cervical	\$3,625,253	\$3,635,114	\$4,411,985	\$3,933,483	\$2,422,609	\$1,830,833
	Family Planning Waiver	\$97,726	\$106,312	\$115,272	\$74,084	\$28,542	\$7,963
	Tuberculosis	\$0	\$0	\$0	\$0	\$0	\$3,175
Overall		\$519,822,680	\$510,841,171	\$512,878,174	\$513,304,665	\$524,071,677	\$556,565,588

² Expenditures for ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment

Table 5. Member Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	2,203	2,675	3,089	3,096	2,907	3,556
ABD ID/DD/ABI	Acquired Brain Injury	2,108	2,099	2,194	2,071	1,950	2,240
	Adult ID/DD	16,036	16,377	16,674	16,794	17,522	18,366
	Child ID/DD	8,729	8,755	8,536	7,902	7,831	8,073
	ICF-ID (WY Life Resource Center)	825	810	867	910	863	825
ABD Institution	Hospital	311	218	197	186	185	228
	IMD (WY State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	Assisted Living Facility Waiver	1,979	1,794	1,743	1,869	2,015	2,232
	Hospice	157	169	210	249	359	315
	Long-Term Care Waiver	17,224	17,018	16,409	16,500	17,761	19,410
	Nursing Home	20,307	20,569	20,232	20,092	19,667	20,250
	PACE	--	--	67	512	911	1,206
ABD SSI	SSI and SSI Related	72,454	74,315	75,090	73,961	76,201	69,685
Adults	Family-Care Adults	62,668	60,708	58,841	63,945	89,523	94,399
	Former Foster Care	0	0	0	40	247	542
Children	Care Management Entity (CME)	0	0	0	0	0	2,566 ³
	Children	462,476	460,811	456,873	462,801	485,230	420,489
	Childrens Mental Health Waiver	1,593	1,474	773	615	742	696
	Foster Care	32,459	33,119	35,172	36,841	37,376	37,282
	Newborn	43,450	38,826	36,837	36,356	41,433	39,523
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	Qualified Medicare Beneficiary	23,529	25,390	26,979	29,217	30,455	27,137
	Specified Low Income Medicare Beneficiary	18,344	20,233	21,326	22,814	20,969	18,888
Non-Citizens with Medical Emergencies	Non-Citizens	4,793	5,580	6,115	6,496	4,549	1,115
Pregnant Women	Pregnant Women	32,794	30,137	29,360	29,473	30,792	24,220
	Presumptive Eligibility	1,837	1,616	1,692	1,774	2,362	2,170
Special Groups	Breast and Cervical	2,019	2,166	2,054	1,925	1,523	1,006
	Family Planning Waiver	8,137	9,123	8,715	7,594	3,893	966
	Tuberculosis	0	0	0	0	0	11
Overall		836,432	833,982	830,045	844,033	897,266	814,830

³ The Care Management Entity is a wraparound program in which enrolled children maintain eligibility on other Medicaid programs. For this reason, the member months for CME are used in calculating the CME PMPM only and are not included in the overall member months.

Table 6. Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$1,333	\$1,165	\$1,560	\$1,521	\$1,266	\$1,305
ABD ID/DD/ABI	Acquired Brain Injury	\$4,012	\$3,915	\$4,121	\$4,133	\$4,172	\$3,805
	Adult ID/DD	\$5,604	\$5,728	\$5,645	\$5,488	\$5,243	\$5,418
	Child ID/DD	\$2,447	\$2,368	\$2,465	\$2,401	\$2,491	\$2,559
	ICF-ID (WY Life Resource Center) ⁴	\$23,280	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953
ABD Institution	Hospital	\$20,173	\$18,151	\$32,815	\$29,793	\$19,632	\$17,227
	IMD (WY State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	Assisted Living Facility Waiver	\$1,702	\$1,710	\$1,680	\$1,731	\$1,798	\$1,874
	Hospice	\$1,775	\$3,640	\$2,013	\$2,442	\$1,743	\$2,291
	Long-Term Care Waiver	\$1,643	\$1,807	\$1,673	\$1,636	\$1,638	\$1,697
	Nursing Home	\$3,938	\$3,853	\$3,813	\$3,752	\$3,775	\$4,355
	PACE	--	--	\$2,516	\$2,504	\$2,483	\$2,440
ABD SSI	SSI and SSI Related	\$696	\$705	\$685	\$733	\$731	\$775
Adults	Family-Care Adults	\$461	\$486	\$466	\$459	\$436	\$447
	Former Foster Care	--	--	--	\$61	\$464	\$366
Children	Care Management Entity (CME)	--	--	--	--	--	\$2,274
	Children	\$178	\$172	\$184	\$189	\$190	\$212
	Childrens Mental Health Waiver	\$1,703	\$1,547	\$1,720	\$2,245	\$2,255	\$1,262
	Foster Care	\$666	\$543	\$600	\$647	\$604	\$563
	Newborn	\$681	\$690	\$692	\$631	\$642	\$664
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	Qualified Medicare Beneficiary	\$127	\$132	\$131	\$144	\$144	\$149
	Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	\$398	\$357	\$300	\$228	\$260	\$1,088
Pregnant Women	Pregnant Women	\$1,077	\$1,057	\$1,069	\$928	\$760	\$1,017
	Presumptive Eligibility	\$115	\$118	\$110	\$158	\$177	\$139
Special Groups	Breast and Cervical	\$1,796	\$1,678	\$2,148	\$2,043	\$1,591	\$1,820
	Family Planning Waiver	\$12	\$12	\$13	\$10	\$7	\$8
	Tuberculosis	\$0	\$0	\$0	\$0	\$0	\$289
Overall		\$621	\$613	\$618	\$608	\$584	\$683

⁴ PMPM for ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment

SERVICES

This section provides PMPM data by various service breakdowns:

- high-level service categories
- detailed service areas

Service level PMPM costs are calculated by taking the total expenditures for the service and dividing by the total member months for the entire Medicaid program.

SERVICE CATEGORIES

To better compare Medicaid costs to those of private insurance plans, this section reports the PMPM cost grouped by Medical, Dental, Vision, Long Term Care and Other service categories. While Medical coverage is generally equivalent to a private insurance plan, Medicaid also provides Dental, Vision, Long-Term Care and “Other” services that are either offered as supplemental plans or, in rare cases, covered by private or employer-sponsored insurance plans.



Figure 4. Service Category Breakdown by Service Area

Table 7. Per Member Per Month History by Service Category

Service Category	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Medical	\$341.72	\$330.43	\$338.59	\$335.43	\$331.05	\$371.66
Long-Term Care ⁵	\$258.51	\$261.21	\$258.60	\$252.15	\$232.18	\$286.81
Dental	\$16.19	\$16.05	\$15.99	\$15.93	\$16.05	\$18.92
Vision	\$3.85	\$3.85	\$4.04	\$4.06	\$4.03	\$4.50
Other	\$1.20	\$1.00	\$0.67	\$0.59	\$0.77	\$1.16
Overall	\$621	\$613	\$618	\$608	\$584	\$683

⁵ Per Member Per Month for Long-Term Care in SFY 2011 and 2012 include a manual adjustment to reflect a CMS required accounting adjustment for ICF-ID expenditures.

DETAILED SERVICE AREAS

Table 8. Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$3.93	\$4.23	\$4.33	\$4.52	\$4.60	\$4.34
Ambulatory Surgical Center	\$3.48	\$3.42	\$4.19	\$4.86	\$6.86	\$7.07
Behavioral Health	\$28.94	\$32.17	\$33.72	\$35.90	\$37.60	\$43.10
Care Management Entity	--	--	--	--	--	\$7.16
Clinic/Center	\$1.50	\$1.43	\$1.32	\$1.59	\$1.40	\$1.62
Dental	\$16.19	\$16.05	\$15.99	\$15.93	\$16.05	\$18.92
DME, Prosthetics/Orthotics/ Supplies	\$8.61	\$8.78	\$9.33	\$9.00	\$9.14	\$10.56
End Stage Renal Disease	\$0.99	\$1.40	\$1.61	\$1.20	\$1.19	\$1.26
Federally Qualified Health Center	\$3.42	\$1.92	\$2.47	\$3.02	\$3.90	\$4.70
Home Health	\$3.09	\$3.63	\$3.62	\$4.14	\$5.62	\$12.05
Hospice	\$1.05	\$1.34	\$1.45	\$1.51	\$1.25	\$1.19
Hospital Total	\$132.86	\$127.78	\$129.06	\$121.14	\$115.93	\$129.06
<i>Inpatient</i>	\$98.80	\$93.23	\$93.52	\$86.97	\$82.38	\$93.11
<i>Outpatient</i>	-\$1.08	-\$0.23	-\$0.35	-\$0.22	-\$0.05	\$0.00
<i>Other Hospital</i>	\$35.14	\$34.78	\$35.88	\$34.39	\$33.60	\$35.95
Intermediate Care Facility-ID ⁶	\$24.99	\$23.53	\$21.62	\$22.60	\$19.58	\$23.08
Laboratory	\$1.35	\$1.38	\$1.40	\$1.41	\$1.94	\$1.59
Nursing Facility	\$86.59	\$87.56	\$86.03	\$84.67	\$78.20	\$102.48
Other	\$1.20	\$1.00	\$0.67	\$0.59	\$0.77	\$1.16
PACE	--	--	\$0.20	\$1.53	\$2.52	\$3.59
Physician & Other Practitioner	\$76.60	\$74.72	\$75.21	\$72.12	\$66.72	\$72.77
Prescription Drug	\$49.66	\$50.32	\$47.24	\$49.18	\$53.32	\$59.58
PRTF	\$16.67	\$9.92	\$15.06	\$17.64	\$14.84	\$14.10
Public Health or Welfare	\$0.91	\$0.82	\$0.76	\$0.79	\$0.78	\$0.92
Public Health, Federal	\$9.47	\$8.79	\$9.37	\$9.67	\$9.87	\$10.81
Rural Health Clinic	\$2.26	\$2.01	\$2.07	\$1.89	\$1.72	\$1.82
Vision	\$3.85	\$3.85	\$4.04	\$4.06	\$4.03	\$4.50
Waiver Total	\$143.85	\$146.48	\$147.13	\$139.21	\$126.26	\$145.60
<i>Acquired Brain Injury</i>	\$8.34	\$8.27	\$9.32	\$8.65	\$7.41	\$8.26
<i>Adult ID/DD</i>	\$97.91	\$101.82	\$102.31	\$97.49	\$12.45	--
<i>Assisted Living Facility</i>	\$3.17	\$2.95	\$2.84	\$3.03	\$3.14	\$4.18
<i>Child ID/DD</i>	\$16.99	\$16.21	\$15.98	\$13.42	\$8.51	\$0.02
<i>Children's Mental Health</i>	\$1.23	\$1.05	\$0.74	\$0.68	\$0.76	--
<i>Comprehensive</i>	--	--	--	\$0.25	\$77.31	\$108.85
<i>Long-Term Care</i>	\$16.20	\$16.18	\$15.93	\$15.69	\$15.61	\$20.69
<i>Supports</i>	--	--	--	--	\$1.08	\$3.60
Total	\$621	\$613	\$618	\$608	\$584	\$683

⁶ PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

The data below provides a more in-depth look at the Per Member Per Month costs for six non-waiver services -- Behavioral Health, Home Health, Hospital, Nursing Facility, Physician & Other Practitioner, and Prescription Drug.

The purpose here is to show how the eligibility populations differ in their PMPM costs for these services.

Table 9. Behavioral Health Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$47.09	\$59.35	\$66.03	\$56.92	\$58.94	\$42.11
ABD ID/DD/ABI	ABI	\$128.63	\$115.61	\$119.50	\$137.99	\$206.89	\$207.25
	Adult ID/DD	\$141.45	\$165.00	\$174.65	\$199.07	\$283.73	\$349.96
	Child ID/DD	\$51.24	\$51.69	\$51.98	\$48.19	\$58.74	\$56.93
	ICF-ID ⁷	\$0.33	--	\$0.18	\$2.52	\$1.09	\$2.56
ABD Institution	Hospital	\$20.41	\$11.84	\$7.34	\$5.44	\$33.63	\$4.35
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$14.97	\$14.59	\$20.51	\$37.64	\$29.95	\$23.82
	Hospice	--	--	--	\$0.31	\$0.26	\$0.03
	LTC	\$39.57	\$42.42	\$39.81	\$42.34	\$47.95	\$49.15
	Nursing Home	\$14.38	\$13.45	\$12.71	\$11.51	\$14.40	\$14.05
	PACE	--	--	--	--	--	\$0.14
ABD SSI	SSI/SSI Related	\$54.53	\$62.89	\$61.63	\$63.30	\$57.25	\$66.82
Adults	Family-Care Adults	\$20.09	\$23.33	\$26.66	\$25.10	\$26.29	\$30.17
	Former Foster Care	--	--	--	\$13.59	\$103.43	\$77.52
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$17.58	\$18.74	\$19.83	\$22.94	\$24.83	\$27.20
	Childrens Mental Health Waiver	\$307.09	\$260.74	\$246.05	\$303.40	\$300.07	\$340.86
	Foster Care	\$181.09	\$201.87	\$208.22	\$205.22	\$189.12	\$177.03
	Newborn	\$0.60	\$0.49	\$0.59	\$0.12	\$1.18	\$0.45
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	\$3.55	\$3.18	\$3.41	\$3.12	\$2.50	\$2.72
	SLMB	\$0.06	\$0.04	\$0.02	\$0.02	\$0.03	\$0.01
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$7.73	\$9.68	\$9.10	\$10.74	\$9.64	\$16.19
	Presumptive Eligibility	\$0.75	\$4.85	\$0.89	\$2.95	\$2.30	\$2.07
Special Groups	Breast and Cervical	\$15.82	\$23.78	\$30.15	\$20.78	\$14.22	\$17.44
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Medicaid Overall		\$28.94	\$32.17	\$33.72	\$35.90	\$37.60	\$43.10

⁷ PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Home health services has had a significant increase in PMPM from SFY 2015 to SFY 2016, growing by 114 percent, with nearly 300 percent increase since SFY 2011. Medicaid is implementing a prior authorization requirement, effective March 1, 2017. Additional policy updates are being reviewed to further address these increases.

Table 10. Home Health Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$5.82	\$8.28	\$5.68	\$12.20	\$4.36	\$8.59
ABD ID/DD/ABI	ABI	\$43.12	\$74.76	\$67.01	\$67.68	\$56.60	\$100.64
	Adult ID/DD	\$21.81	\$23.11	\$21.84	\$23.23	\$81.75	\$258.25
	Child ID/DD	\$49.07	\$45.65	\$48.10	\$34.11	\$29.44	\$38.31
	ICF-ID	--	--	--	--	--	--
ABD Institution	Hospital	\$40.36	\$7.22	\$31.38	\$57.83	\$5.94	\$27.17
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$28.81	\$16.47	\$8.58	\$62.44	\$59.67	\$45.22
	Hospice	--	--	\$2.01	--	\$0.47	--
	LTC	\$76.30	\$97.01	\$94.06	\$117.46	\$123.79	\$140.22
	Nursing Home	\$0.65	\$0.54	\$0.22	\$0.33	\$0.40	\$0.49
	PACE	--	--	--	--	--	--
ABD SSI	SSI/SSI Related	\$2.54	\$3.12	\$4.44	\$5.45	\$6.22	\$19.71
Adults	Family-Care Adults	\$0.28	\$0.37	\$0.84	\$0.62	\$0.77	\$0.92
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$0.09	\$0.09	\$0.07	\$0.11	\$0.18	\$0.27
	Childrens Mental Health Waiver	--	--	--	--	--	\$16.75
	Foster Care	\$0.11	\$0.24	\$0.11	\$0.42	\$1.02	\$1.50
	Newborn	\$0.82	\$1.28	\$1.19	\$1.44	\$6.03	\$0.68
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	--	--	--	--	--	--
	SLMB	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$0.56	\$0.48	\$0.75	\$0.39	\$0.31	\$0.08
	Presumptive Eligibility	--	--	--	--	\$0.21	--
Special Groups	Breast and Cervical	\$1.59	\$1.87	\$5.17	\$5.26	\$3.89	\$2.99
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Medicaid Overall		\$3.09	\$3.63	\$3.62	\$4.14	\$5.62	\$12.05

Table 11. Hospital Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$617.11	\$433.65	\$668.32	\$597.62	\$457.12	\$527.44
ABD ID/DD/ABI	ABI	\$185.79	\$150.71	\$127.68	\$121.46	\$202.37	\$128.15
	Adult ID/DD	\$67.29	\$66.37	\$73.31	\$82.96	\$75.40	\$73.35
	Child ID/DD	\$136.69	\$139.67	\$186.69	\$124.07	\$171.44	\$240.78
	ICF-ID ⁸	\$95.79	\$119.25	\$70.68	\$79.07	\$42.73	\$71.65
ABD Institution	Hospital	\$17,416.28	\$16,029.01	\$29,619.30	\$26,202.52	\$17,400.70	\$14,814.81
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$134.01	\$105.48	\$92.65	\$81.45	\$81.83	\$72.98
	Hospice	\$263.51	\$916.85	\$96.18	\$320.69	\$61.47	\$327.15
	LTC	\$286.94	\$370.77	\$275.94	\$258.47	\$236.90	\$217.20
	Nursing Home	\$137.60	\$91.19	\$97.96	\$83.44	\$85.09	\$106.07
	PACE	--	--	--	--	--	--
ABD SSI	SSI/SSI Related	\$257.49	\$272.29	\$253.42	\$261.38	\$258.23	\$255.74
Adults	Family-Care Adults	\$198.24	\$206.01	\$186.00	\$183.17	\$164.03	\$154.16
	Former Foster Care	--	--	--	\$7.73	\$96.86	\$106.46
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$40.80	\$39.40	\$43.63	\$41.94	\$37.68	\$44.88
	Childrens Mental Health Waiver	\$170.73	\$61.78	\$98.07	\$86.82	\$159.31	\$153.73
	Foster Care	\$61.80	\$56.95	\$61.79	\$65.80	\$75.08	\$65.17
	Newborn	\$466.51	\$466.80	\$462.29	\$415.90	\$435.57	\$460.67
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	\$63.85	\$66.29	\$68.39	\$74.69	\$80.25	\$79.92
	SLMB	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$253.93	\$238.24	\$201.97	\$167.51	\$206.11	\$899.75
Pregnant Women	Pregnant Women	\$504.05	\$504.16	\$507.51	\$462.30	\$385.98	\$556.25
	Presumptive Eligibility	\$35.62	\$33.16	\$31.87	\$39.33	\$49.87	\$41.79
Special Groups	Breast and Cervical	\$873.54	\$643.84	\$1,042.13	\$846.41	\$840.91	\$852.62
	Family Planning Waiver	-\$0.87	\$0.53	\$1.52	\$0.31	\$0.64	\$0.01
	Tuberculosis	--	--	--	--	--	\$167.16
Medicaid Overall		\$132.86	\$127.78	\$129.06	\$121.14	\$115.93	\$129.06

8 PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 12. Nursing Facility Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$0.00	\$3.74	--	\$1.17	\$0.04	\$0.09
ABD ID/DD/ABI	ABI	\$0.32	\$2.14	\$4.21	\$0.38	\$4.96	\$12.54
	Adult ID/DD	\$0.58	\$0.93	\$1.88	\$0.60	\$1.56	\$1.17
	Child ID/DD	--	--	--	--	--	--
	ICF-ID ⁹	\$5.41	\$3.11	--	--	--	--
ABD Institution	Hospital	\$33.34	\$43.37	\$42.93	\$152.29	\$113.72	\$51.89
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$19.50	\$23.63	\$28.88	\$23.02	\$16.18	\$29.68
	Hospice	\$9.44	\$5.98	\$4.02	-\$0.78	\$0.36	\$3.60
	LTC	\$10.36	\$10.80	\$16.04	\$15.82	\$10.40	\$12.11
	Nursing Home	\$3,546.16	\$3,529.95	\$3,504.28	\$3,530.83	\$3,543.57	\$4,090.38
	PACE	--	--	--	--	-\$0.95	--
ABD SSI	SSI/SSI Related	\$1.43	\$0.47	\$0.99	\$1.06	\$1.72	\$3.45
Adults	Family-Care Adults	--	--	--	--	\$0.01	--
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	--	--	--	--	--	--
	Childrens Mental Health Waiver	--	--	--	--	--	--
	Foster Care	--	--	--	--	--	--
	Newborn	--	--	--	--	--	--
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	\$3.00	\$4.36	\$2.70	\$3.45	\$2.10	\$2.47
	SLMB	-\$0.06	\$0.27	-\$0.01	--	-\$0.01	\$0.03
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	--	--	--	-\$0.01	--	--
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	--	--	--	--	--	--
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Medicaid Overall		\$86.59	\$87.56	\$86.03	\$84.67	\$78.20	\$102.48

9 PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 13. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$241.52	\$181.08	\$388.33	\$496.50	\$414.07	\$362.81
ABD ID/DD/ABI	ABI	\$144.82	\$103.28	\$96.38	\$103.45	\$90.91	\$71.13
	Adult ID/DD	\$53.86	\$59.50	\$60.29	\$61.74	\$67.81	\$65.34
	Child ID/DD	\$163.52	\$176.05	\$196.69	\$260.60	\$335.88	\$428.13
	ICF-ID ¹⁰	\$39.59	\$45.02	\$19.18	\$17.98	\$17.62	\$36.80
ABD Institution	Hospital	\$2,025.08	\$1,705.70	\$2,462.52	\$2,561.34	\$1,514.66	\$1,815.13
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$59.35	\$56.23	\$49.96	\$40.74	\$42.29	\$28.91
	Hospice	\$50.77	\$95.80	\$104.32	\$76.36	\$15.21	\$19.11
	LTC	\$109.61	\$122.42	\$113.72	\$110.27	\$116.95	\$95.78
	Nursing Home	\$35.87	\$25.94	\$33.92	\$33.30	\$31.34	\$38.54
	PACE	--	--	\$0.53	--	\$0.75	\$2.54
ABD SSI	SSI/SSI Related	\$105.32	\$102.17	\$99.35	\$109.35	\$100.17	\$107.90
Adults	Family-Care Adults	\$102.78	\$112.16	\$107.47	\$104.82	\$100.06	\$99.46
	Former Foster Care	--	--	--	\$26.79	\$135.10	\$87.74
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$38.13	\$37.57	\$38.57	\$38.26	\$36.40	\$38.36
	Childrens Mental Health Waiver	\$95.03	\$70.86	\$100.81	\$87.72	\$80.75	\$92.82
	Foster Care	\$48.20	\$43.61	\$43.64	\$47.48	\$45.52	\$47.58
	Newborn	\$142.16	\$157.84	\$161.26	\$151.26	\$135.35	\$136.62
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	\$35.87	\$37.09	\$37.51	\$40.27	\$36.98	\$39.65
	SLMB	-\$0.05	-\$0.01	--	--	-\$0.07	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$132.88	\$113.87	\$89.44	\$51.47	\$49.86	\$178.51
Pregnant Women	Pregnant Women	\$460.75	\$442.92	\$441.88	\$337.35	\$253.57	\$323.51
	Presumptive Eligibility	\$45.71	\$43.09	\$45.20	\$59.65	\$54.46	\$51.20
Special Groups	Breast and Cervical	\$602.70	\$705.79	\$759.47	\$812.47	\$414.25	\$481.35
	Family Planning Waiver	\$6.35	\$4.46	\$4.66	\$2.52	\$2.30	\$2.00
	Tuberculosis	--	--	--	--	--	\$49.61
Medicaid Overall		\$76.60	\$74.72	\$75.21	\$72.12	\$66.72	\$72.77

¹⁰ PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 14. Prescription Drug Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$313.04	\$371.74	\$323.77	\$246.75	\$209.74	\$210.89
ABD ID/DD/ABI	ABI	\$119.38	\$100.83	\$78.75	\$92.24	\$89.42	\$78.52
	Adult ID/DD	\$143.29	\$147.94	\$120.44	\$126.08	\$144.57	\$160.50
	Child ID/DD	\$253.38	\$244.98	\$223.26	\$275.78	\$331.45	\$325.44
	ICF-ID ¹¹	\$0.03	\$0.02				\$0.36
ABD Institution	Hospital	\$87.71	\$66.80	\$41.45	\$80.70	\$235.86	\$108.14
	IMD	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$17.55	\$20.83	\$21.80	\$24.91	\$66.52	\$47.80
	Hospice	\$2.24	\$22.16	\$16.58	\$4.32	\$1.30	\$3.11
	LTC	\$147.72	\$198.95	\$149.39	\$113.74	\$129.56	\$132.29
	Nursing Home	\$37.39	\$39.70	\$34.21	\$28.23	\$30.44	\$31.95
	PACE	--	--	--	--	--	--
ABD SSI	SSI/SSI Related	\$152.22	\$153.79	\$149.83	\$168.37	\$188.55	\$199.12
Adults	Family-Care Adults	\$64.37	\$72.70	\$67.92	\$70.29	\$71.55	\$82.14
	Former Foster Care	--	--	--	\$8.58	\$64.47	\$51.64
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$25.06	\$23.68	\$23.74	\$25.22	\$27.27	\$29.45
	Childrens Mental Health Waiver	\$240.17	\$235.44	\$239.93	\$309.13	\$315.73	\$258.91
	Foster Care	\$96.87	\$78.29	\$67.47	\$75.37	\$77.02	\$69.86
	Newborn	\$30.79	\$26.84	\$27.84	\$24.83	\$16.12	\$21.01
Medicare Savings Programs	Part B - Partial AMB	--	--	--	--	--	--
	QMB	--	--	--	--	--	--
	SLMB	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$23.44	\$25.28	\$26.67	\$27.35	\$23.26	\$27.51
	Presumptive Eligibility	\$14.71	\$16.78	\$14.41	\$17.21	\$16.90	\$11.92
Special Groups	Breast and Cervical	\$180.84	\$162.83	\$192.35	\$195.56	\$179.36	\$340.87
	Family Planning Waiver	\$5.54	\$5.85	\$6.04	\$6.06	\$3.93	\$5.75
	Tuberculosis	--	--	--	--	--	\$23.28
Medicaid Overall		\$49.66	\$50.32	\$47.24	\$49.18	\$53.32	\$59.58

11 PMPM for the ICF-ID for SFY 2011 and 2012 have been manually adjusted to reflect a CMS required accounting adjustment.



Eligibility Categories & SUBGROUPS

Each Eligibility Category in this section has a single page summary followed by an overview of the category and detailed information for the underlying eligibility subgroups.

SUMMARY

AGED, BLIND, OR DISABLED EMPLOYED INDIVIDUALS WITH DISABILITIES

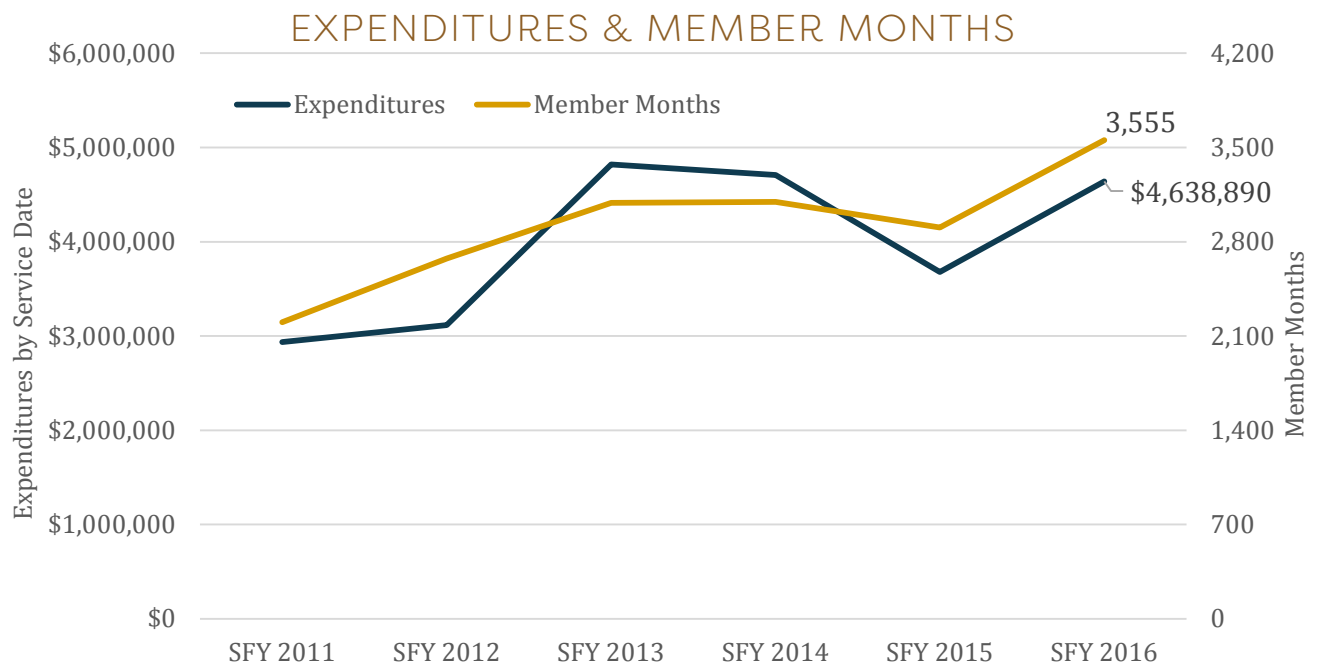


Figure 5. Aged, Blind, or Disabled Employed Individuals with Disabilities
Expenditures and Member Months History

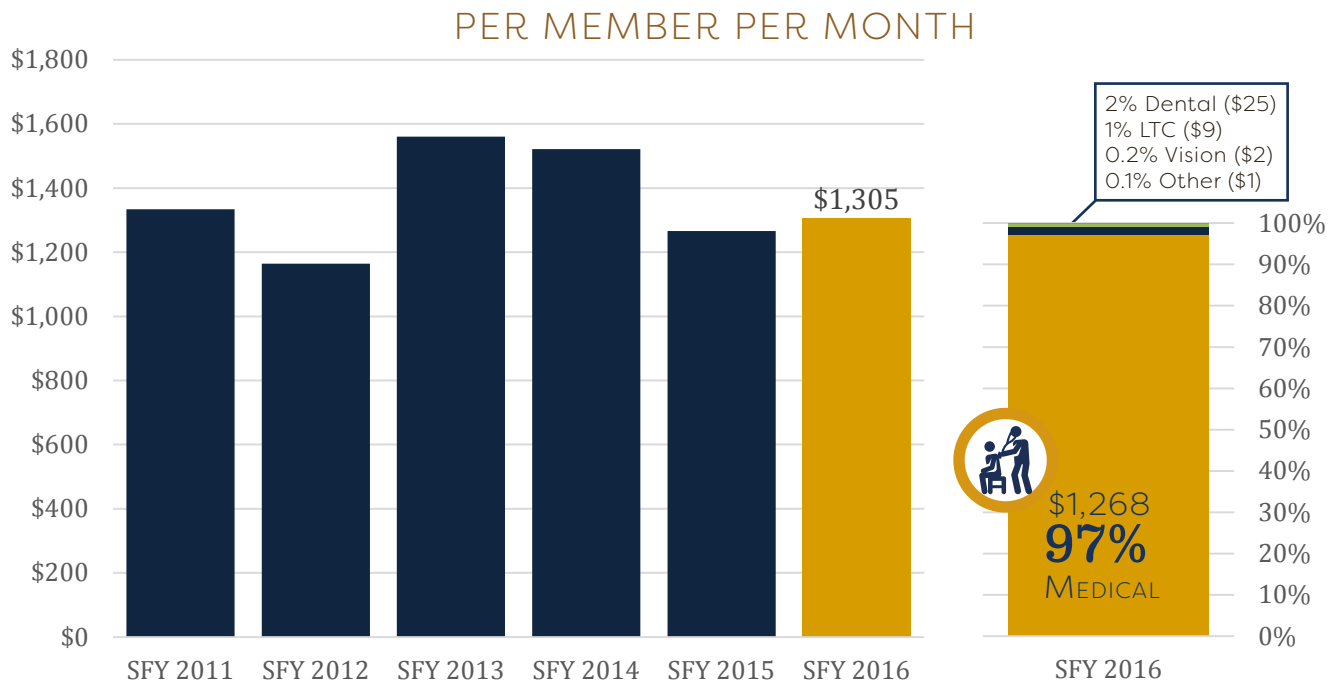


Figure 6. Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month History

CATEGORY OVERVIEW

Aged, Blind, or Disabled Employed Individuals with Disabilities

SFY 2016

Unique Members 479	Average Length of Enrollment 7 months	PMPM \$1,305
Expenditures \$4,638,890	Member Months 3,555	

AGED, BLIND, OR DISABLED EMPLOYED INDIVIDUALS WITH DISABILITIES UNIQUE ENROLLMENT HISTORY

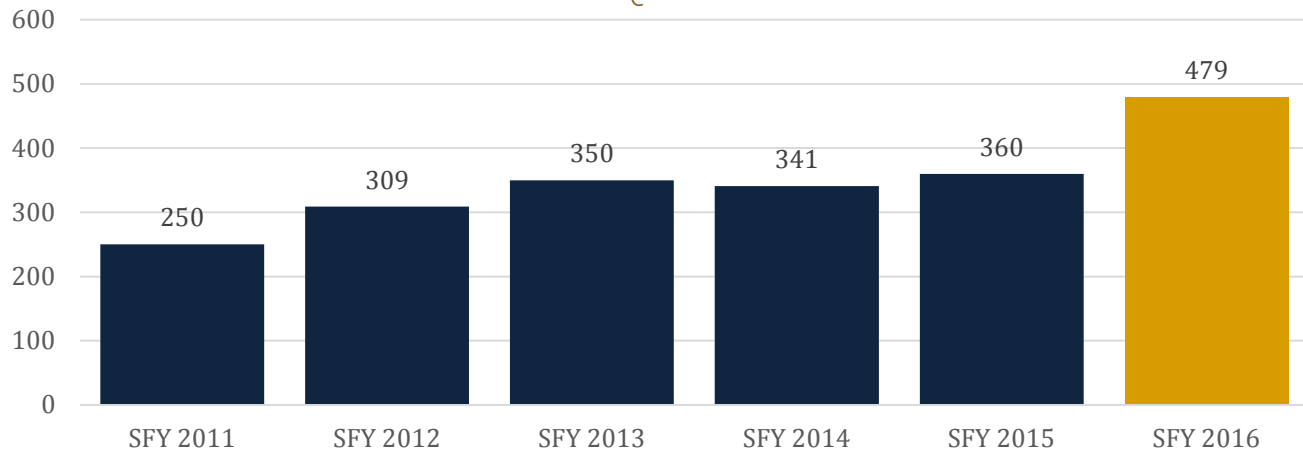


Figure 7. Aged, Blind, or Disabled Employed Individuals with Disabilities Unique Enrollment History

Table 15. Aged, Blind, or Disabled Employed Individuals with Disabilities
Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD EID	EID	\$4,638,890	3,555	\$1,305

Table 16. Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month History by Subgroup

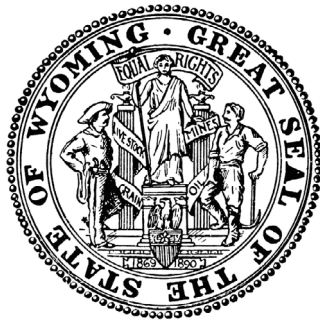
Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD EID	EID	\$1,333	\$1,165	\$1,560	\$1,521	\$1,266	\$1,305

SUBGROUP DETAILS

Employed Individuals with Disabilities

Table 17. Employed Individuals with Disabilities Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$4.60	\$10.51	\$11.50	\$12.80	\$9.55	\$11.48
Ambulatory Surgical Center	\$6.68	\$6.21	\$4.47	\$3.71	\$7.91	\$4.76
Behavioral Health	\$47.09	\$59.35	\$66.03	\$56.92	\$58.94	\$42.11
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$15.12	\$14.84	\$22.34	\$17.31	\$16.90	\$24.71
DME, Prosthetics/Orthotics/ Supplies	\$43.59	\$42.38	\$38.07	\$38.70	\$52.70	\$68.19
End Stage Renal Disease	\$2.89	\$6.42	\$6.64	\$8.71	\$8.40	\$10.78
Federally Qualified Health Center	\$16.33	\$8.14	\$8.86	\$5.82	\$7.51	\$12.07
Home Health	\$5.82	\$8.28	\$5.68	\$12.20	\$4.36	\$8.59
Hospice	\$6.08	\$10.30	\$2.58	\$12.12	\$8.98	\$7.11
Hospital Total	\$617.11	\$433.65	\$668.32	\$597.62	\$457.12	\$527.44
<i>Inpatient</i>	<i>\$416.66</i>	<i>\$292.51</i>	<i>\$471.79</i>	<i>\$421.97</i>	<i>\$322.25</i>	<i>\$362.19</i>
<i>Outpatient</i>	<i>\$208.02</i>	<i>\$141.98</i>	<i>\$196.65</i>	<i>\$177.03</i>	<i>\$135.10</i>	<i>\$165.21</i>
<i>Other Hospital</i>	<i>-\$7.57</i>	<i>-\$0.85</i>	<i>-\$0.12</i>	<i>-\$1.38</i>	<i>-\$0.23</i>	<i>\$0.04</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$2.23	\$2.29	\$6.91	\$3.94	\$2.92	\$4.54
Nursing Facility	--	\$3.74	--	\$1.17	\$0.04	\$0.09
Other	\$6.34	\$2.15	\$1.44	\$2.34	\$1.26	\$0.80
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$241.52	\$181.08	\$388.33	\$496.50	\$414.07	\$362.81
Prescription Drug	\$313.04	\$371.74	\$323.77	\$246.75	\$209.74	\$210.89
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.73	\$0.57	\$0.46	\$1.28	\$0.59	\$0.80
Public Health, Federal	\$1.60	--	--	\$0.01	\$0.01	\$3.31
Rural Health Clinic	\$1.67	\$1.54	\$3.09	\$1.73	\$3.01	\$2.01
Vision	\$0.99	\$1.32	\$1.55	\$1.63	\$1.58	\$2.04
Waiver Total	--	--	--	--	--	--
Total	\$1,333	\$1,165	\$1,560	\$1,521	\$1,266	\$1,305



SUMMARY

AGED, BLIND, OR DISABLED INTELLECTUAL/ DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN INJURY

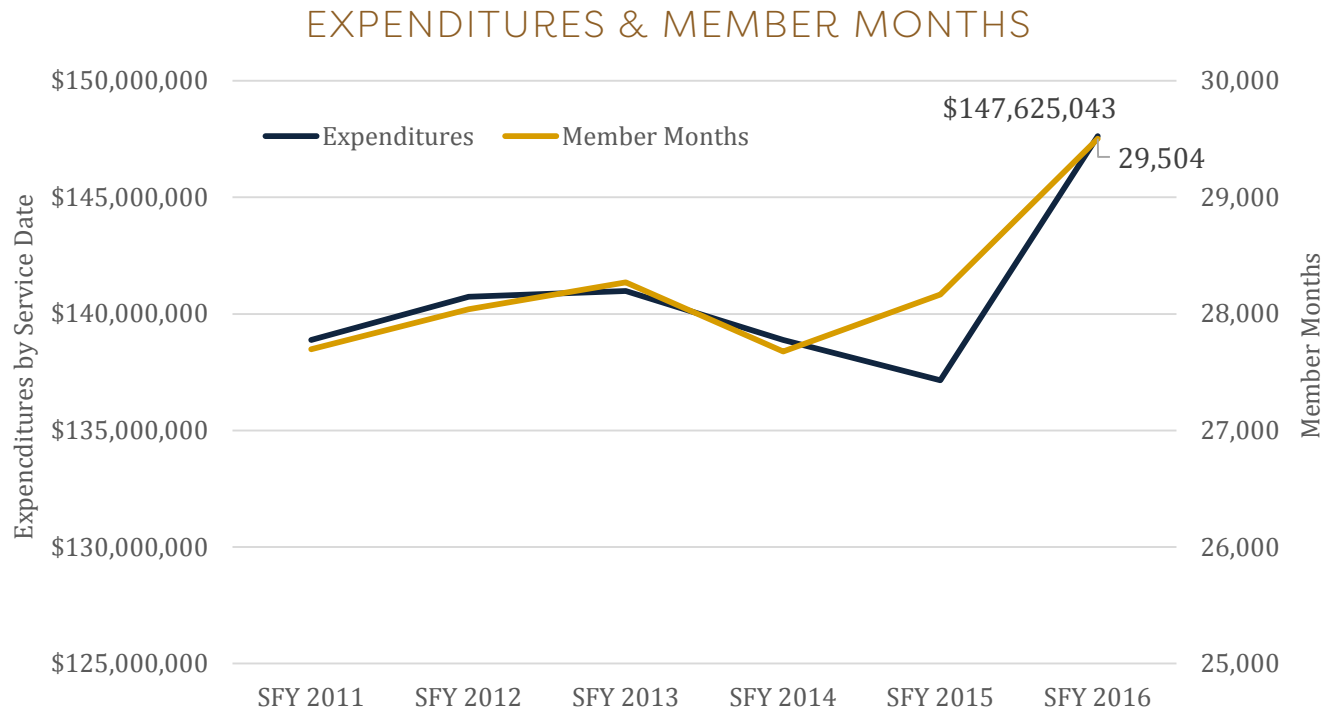


Figure 8. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Expenditures and Member Months History

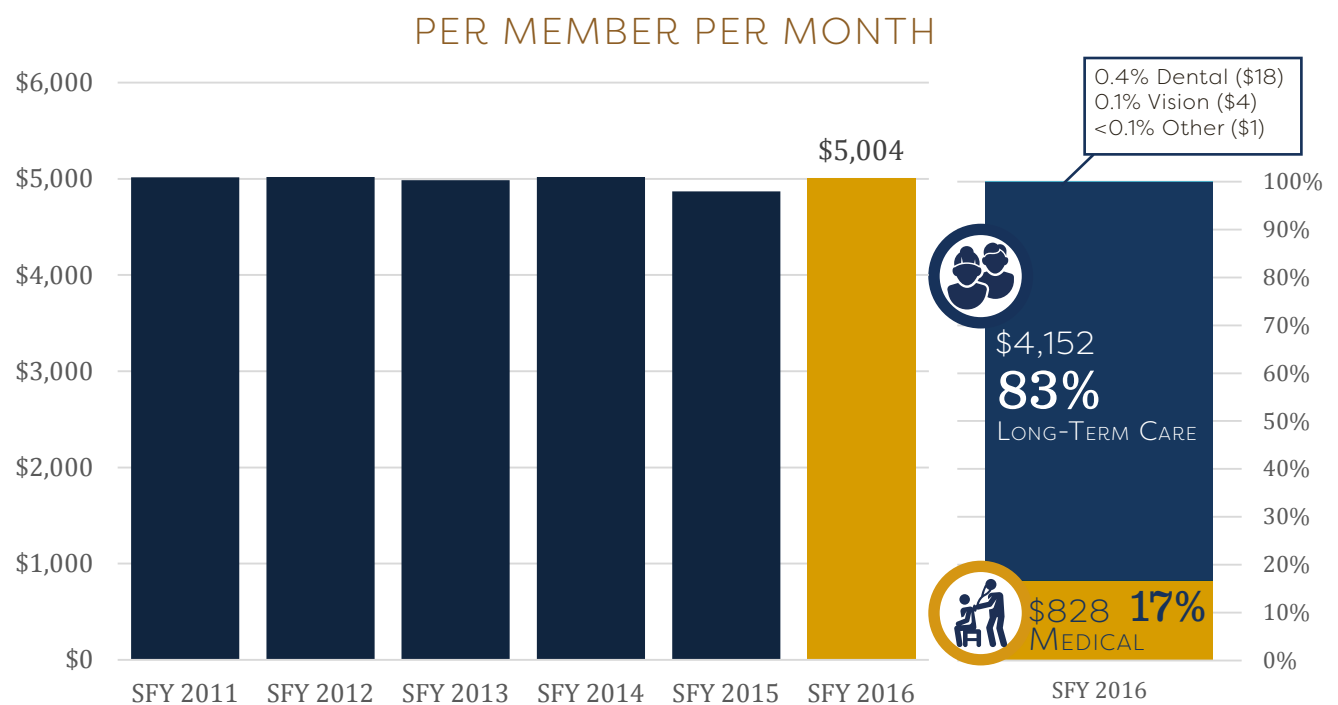
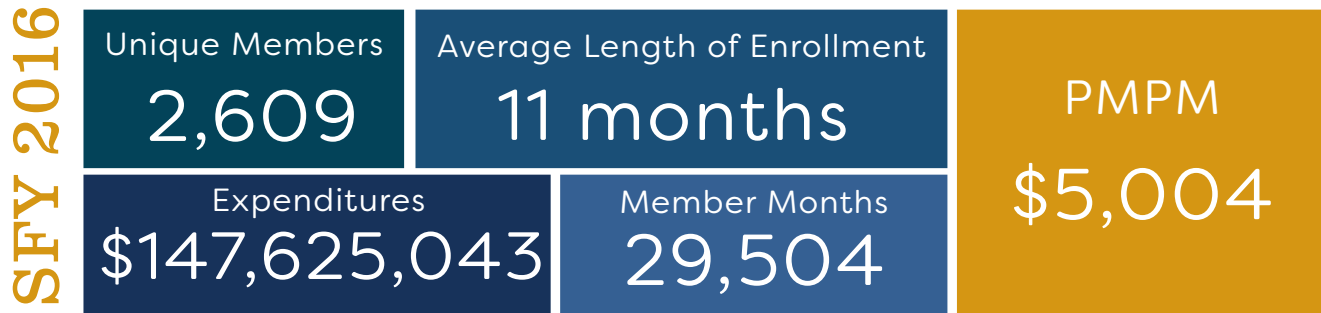


Figure 9. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History

CATEGORY OVERVIEW

Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury



AGED, BLIND, OR DISABLED INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN INJURY UNIQUE ENROLLMENT HISTORY



Figure 10. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Unique Enrollment History

Table 18. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD ID/DD/ABI	Acquired Brain Injury	\$8,523,088	2,240	\$3,805
	Adult ID/DD	\$99,505,026	18,366	\$5,418
	Child ID/DD	\$20,661,079	8,073	\$2,559
	ICF-ID (WY Life Resource Center)	\$18,935,850	825	\$22,953
Overall		\$147,625,043	29,504	\$5,004

Table 19. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD ID/DD/ABI	Acquired Brain Injury	\$4,012	\$3,915	\$4,121	\$4,133	\$4,172	\$3,805
	Adult ID/DD	\$5,604	\$5,728	\$5,645	\$5,488	\$5,243	\$5,418
	Child ID/DD	\$2,447	\$2,368	\$2,465	\$2,401	\$2,491	\$2,559
	ICF-ID (WY Life Resource Center)	\$23,280	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953
Overall		\$5,014	\$5,019	\$4,987	\$5,018	\$4,870	\$5,004

Individuals enrolled in waiver programs can also receive the standard Medicaid benefits package, identified as "non-waiver" services. The data below shows the PMPM history for the waiver only and non-waiver services for the ABI, Adult ID/DD, and Child ID/DD populations.

Table 20. ABD ID/DD/ABI Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	5 year percent change
Waiver-Only Services								
ABD ID/DD/ABI		\$3,310	\$3,285	\$3,525	\$3,527	\$3,410	\$3,107	-6%
		\$5,107	\$5,185	\$5,089	\$4,909	\$4,493	\$4,415	-14%
		\$1,628	\$1,544	\$1,554	\$1,434	\$1,327	\$1,279	-22%
Waiver-Only Services Overall		\$3,722	\$3,756	\$3,745	\$3,652	\$3,400	\$3,334	-10%
Non-Waiver Services								
ABD ID/DD/ABI	ABI	\$703	\$630	\$597	\$607	\$762	\$698	-1%
	Adult ID/DD	\$497	\$543	\$551	\$575	\$749	\$1,002	102%
	Child ID/DD	\$819	\$825	\$911	\$967	\$1,164	\$1,281	56%
Non-Waiver Services Overall		\$599	\$622	\$646	\$670	\$842	\$1,028	71%

AGED, BLIND, OR DISABLED INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN INJURY PER MEMBER PER MONTH HISTORY FOR WAIVER-ONLY AND NON-WAIVER SERVICES

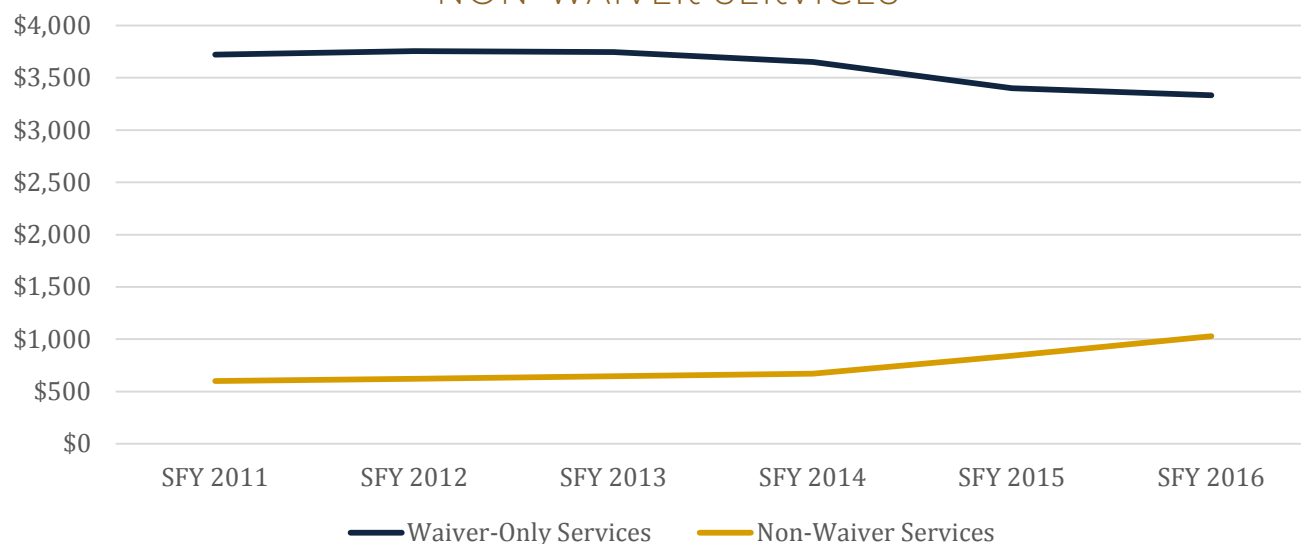


Figure 11. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History for Waiver-Only and Non-Waiver Services

SUBGROUP DETAILS

Acquired Brain Injury

Table 21. Acquired Brain Injury Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$5.72	\$3.72	\$6.79	\$4.35	\$10.54	\$10.91
Ambulatory Surgical Center	\$3.20	\$1.79	\$2.84	\$2.39	\$1.11	\$1.22
Behavioral Health	\$128.63	\$115.61	\$119.50	\$137.99	\$206.89	\$207.25
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$25.45	\$24.24	\$24.74	\$22.31	\$19.47	\$18.71
DME, Prosthetics/Orthotics/ Supplies	\$32.14	\$35.49	\$55.44	\$45.88	\$65.58	\$60.76
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$3.02	\$1.40	\$1.15	\$1.89	\$1.60	\$2.54
Home Health	\$43.12	\$74.76	\$67.01	\$67.68	\$56.60	\$100.64
Hospice	--	--	--	--	--	\$0.57
Hospital Total	\$185.79	\$150.71	\$127.68	\$121.46	\$202.37	\$128.15
<i>Inpatient</i>	\$114.03	\$105.59	\$75.12	\$68.94	\$152.45	\$72.02
<i>Outpatient</i>	\$73.17	\$45.12	\$52.53	\$52.49	\$49.92	\$56.11
<i>Other Hospital</i>	-\$1.41	\$0.00	\$0.02	\$0.03	--	\$0.02
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.09	\$0.74	\$0.96	\$0.39	\$0.47	\$1.89
Nursing Facility	\$0.32	\$2.14	\$4.21	\$0.38	\$4.96	\$12.54
Other	\$0.88	\$0.97	\$0.19	\$1.09	\$0.27	\$0.26
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$144.82	\$103.28	\$96.38	\$103.45	\$90.91	\$71.13
Prescription Drug	\$119.38	\$100.83	\$78.75	\$92.24	\$89.42	\$78.52
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.40	\$0.56	\$0.45	\$0.47	\$0.15	\$0.65
Public Health, Federal	\$6.28	\$10.40	\$7.79	\$2.60	\$9.53	\$0.02
Rural Health Clinic	\$0.67	\$1.02	\$0.98	\$0.56	\$0.49	\$0.35
Vision	\$1.80	\$2.26	\$1.71	\$1.78	\$1.55	\$2.05
Waiver Total	\$3,309.62	\$3,285.37	\$3,524.77	\$3,526.54	\$3,410.47	\$3,106.78
<i>Acquired Brain Injury</i>	\$3,309.64	\$3,285.37	\$3,524.77	\$3,526.54	\$3,410.32	\$3,005.22
<i>Adult ID/DD</i>	--	--	--	--	--	--
<i>Assisted Living Facility</i>	--	--	--	--	--	--
<i>Child ID/DD</i>	--	--	--	--	--	--
<i>Child Mental Health</i>	--	--	--	--	--	--
<i>Comprehensive</i>	--	--	--	--	\$0.01	\$101.56
<i>Long Term Care</i>	--	--	--	--	--	--
<i>Supports</i>	--	--	--	--	\$0.14	--
Total	\$4,012	\$3,915	\$4,121	\$4,133	\$4,172	\$3,805

Adults with Intellectual/Developmental Disabilities

**Table 22. Adults with Intellectual/Developmental Disabilities
Per Member Per Month History by Service Area**

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$2.38	\$2.19	\$3.69	\$3.79	\$4.24	\$2.42
Ambulatory Surgical Center	\$3.28	\$4.18	\$2.66	\$4.35	\$6.02	\$6.28
Behavioral Health	\$141.45	\$165.00	\$174.65	\$199.07	\$283.73	\$349.96
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$15.12	\$16.58	\$15.86	\$14.67	\$19.08	\$17.69
DME, Prosthetics/Orthotics/ Supplies	\$39.58	\$43.04	\$56.62	\$45.41	\$50.18	\$54.32
End Stage Renal Disease	--	\$4.55	\$11.98	\$4.40	\$4.50	\$2.21
Federally Qualified Health Center	\$1.77	\$1.36	\$1.47	\$1.26	\$1.66	\$1.79
Home Health	\$21.81	\$23.11	\$21.84	\$23.23	\$81.75	\$258.25
Hospice	\$0.00	\$0.02	\$0.24	\$0.80	\$0.60	\$0.50
Hospital Total	\$67.29	\$66.37	\$73.31	\$82.96	\$75.40	\$73.35
<i>Inpatient</i>	\$39.08	\$34.48	\$43.69	\$50.68	\$43.87	\$42.69
<i>Outpatient</i>	\$28.62	\$32.00	\$29.69	\$32.27	\$31.53	\$30.64
<i>Other Hospital</i>	-\$0.42	-\$0.10	-\$0.07	\$0.01	\$0.01	\$0.02
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.69	\$0.82	\$0.79	\$0.66	\$0.96	\$1.49
Nursing Facility	\$0.58	\$0.93	\$1.88	\$0.60	\$1.56	\$1.17
Other	\$0.61	\$0.79	\$0.51	\$0.35	\$0.39	\$0.61
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$53.86	\$59.50	\$60.29	\$61.74	\$67.81	\$65.34
Prescription Drug	\$143.29	\$147.94	\$120.44	\$126.08	\$144.57	\$160.50
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.29	\$0.19	\$0.24	\$0.21	\$0.19	\$0.23
Public Health, Federal	\$1.44	\$2.82	\$2.27	\$2.56	\$2.56	\$2.97
Rural Health Clinic	\$1.66	\$1.35	\$1.29	\$1.24	\$1.23	\$0.87
Vision	\$1.88	\$1.94	\$1.83	\$1.87	\$2.41	\$2.49
Waiver Total	\$5,106.63	\$5,185.28	\$5,093.00	\$4,912.34	\$4,494.05	\$4,415.46
<i>Acquired Brain Injury</i>	--	--	--	--	--	--
<i>Adult ID/DD</i>	\$5,106.82	\$5,185.31	\$5,093.12	\$4,899.85	\$637.53	--
<i>Assisted Living Facility</i>	--	--	--	--	--	--
<i>Child ID/DD</i>	--	--	--	--	--	--
<i>Child Mental Health</i>	--	--	--	--	--	--
<i>Comprehensive</i>	-\$0.19	-\$0.02	-\$0.12	\$12.35	\$3,813.38	\$4,321.88
<i>Long Term Care</i>	--	--	--	--	--	--
<i>Supports</i>	--	--	--	\$0.14	\$43.15	\$93.59
Total	\$5,604	\$5,728	\$5,645	\$5,488	\$5,243	\$5,418

Children with Intellectual/Developmental Disabilities

**Table 23. Children with Intellectual/Developmental Disabilities
Per Member Per Month History by Service Area**

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$5.03	\$2.56	\$4.91	\$7.83	\$9.03	\$7.47
Ambulatory Surgical Center	\$4.27	\$4.86	\$14.83	\$17.66	\$24.40	\$13.53
Behavioral Health	\$51.24	\$51.69	\$51.98	\$48.19	\$58.74	\$56.93
Care Management Entity	--	--	--	--	--	--
Clinic/Center	\$6.54	\$5.93	\$3.27	\$2.39	\$1.82	\$2.52
Dental	\$17.88	\$17.38	\$14.96	\$19.53	\$17.52	\$19.17
DME, Prosthetics/Orthotics/ Supplies	\$88.72	\$96.03	\$119.59	\$120.67	\$137.39	\$111.40
End Stage Renal Disease	--	--	--	--	\$1.47	\$0.97
Federally Qualified Health Center	\$1.97	\$0.52	\$0.58	\$0.87	\$0.81	\$1.04
Home Health	\$49.07	\$45.65	\$48.10	\$34.11	\$29.44	\$38.31
Hospice	\$0.07	--	--	--	\$0.38	--
Hospital Total	\$136.69	\$139.67	\$186.69	\$124.07	\$171.44	\$240.78
<i>Inpatient</i>	\$79.21	\$90.53	\$126.89	\$72.48	\$102.58	\$175.26
<i>Outpatient</i>	\$57.86	\$49.14	\$62.48	\$51.63	\$68.87	\$65.51
<i>Other Hospital</i>	-\$0.38	--	-\$2.68	-\$0.04	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.46	\$0.93	\$1.03	\$0.66	\$1.17	\$0.99
Nursing Facility	--	--	--	--	--	--
Other	\$2.85	\$2.44	\$0.66	\$0.32	\$0.26	\$1.82
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$163.52	\$176.05	\$196.69	\$260.60	\$335.88	\$428.13
Prescription Drug	\$253.38	\$244.98	\$223.26	\$275.78	\$331.45	\$325.44
PRTF	\$21.65	\$22.15	\$30.00	\$41.89	\$29.72	\$19.63
Public Health or Welfare	\$0.11	\$0.10	\$0.07	\$0.08	\$0.08	\$0.09
Public Health, Federal	\$3.96	\$3.98	\$4.83	\$3.94	\$3.48	\$3.38
Rural Health Clinic	\$2.74	\$2.35	\$1.71	\$1.38	\$1.65	\$1.76
Vision	\$7.61	\$7.29	\$7.54	\$7.25	\$7.94	\$7.63
Waiver Total	\$1,628.44	\$1,543.72	\$1,553.95	\$1,433.50	\$1,326.83	\$1,278.30
<i>Acquired Brain Injury</i>	--	--	--	--	--	--
<i>Adult ID/DD</i>	--	--	--	--	--	--
<i>Assisted Living Facility</i>	--	--	--	--	--	--
<i>Child ID/DD</i>	\$1,628.50	\$1,543.72	\$1,553.95	\$1,433.50	\$974.85	\$2.05
<i>Child Mental Health</i>	--	--	--	--	--	--
<i>Comprehensive</i>	-\$0.05	-\$0.01	--	--	\$325.22	\$1,154.48
<i>Long Term Care</i>	--	--	--	--	--	--
<i>Supports</i>	--	--	--	--	\$26.76	\$121.77
Total	\$2,447	\$2,368	\$2,465	\$2,401	\$2,491	\$2,559

Intermediate Care Facility for Individuals with Intellectual Disabilities (Wyoming Life Resource Center)

Table 24. ICF-ID Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$1.77	\$3.39	\$6.68	\$4.10	\$8.37	\$15.96
Ambulatory Surgical Center	\$0.17	--	\$0.43	\$0.96	--	--
Behavioral Health	\$0.16	--	\$0.18	\$2.52	\$1.09	\$2.56
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$0.05	\$1.03	\$0.10	\$0.50	\$0.13	\$0.09
DME, Prosthetics/Orthotics/ Supplies	\$22.00	\$21.55	\$24.89	\$17.71	\$22.99	\$21.27
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	\$0.99
Hospital Total	\$47.90	\$59.62	\$70.68	\$79.11	\$42.73	\$71.65
<i>Inpatient</i>	\$27.68	\$37.07	\$38.47	\$67.90	\$25.68	\$35.69
<i>Outpatient</i>	\$20.22	\$22.55	\$33.58	\$11.21	\$17.06	\$35.96
<i>Other Hospital</i>	--	--	-\$1.37	--	--	--
Intermediate Care Facility-ID	\$23,085.91	\$21,973.95	\$19,227.12	\$20,961.63	\$20,355.61	\$22,799.08
Laboratory	--	\$0.21	--	\$0.06	--	\$0.03
Nursing Facility	\$2.71	\$1.55	--	--	--	--
Other	--	-\$0.86	--	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$19.79	\$22.51	\$19.18	\$17.98	\$17.62	\$36.80
Prescription Drug	\$0.02	\$0.01	--	--	--	\$0.36
PRTF	--	--	--	--	--	--
Public Health or Welfare	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	\$2.44	\$2.48	\$3.21	\$3.80	\$3.42	\$3.76
Waiver Total	--	--	--	--	--	--
Total	\$23,280	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953



AGED, BLIND, OR DISABLED INSTITUTION

EXPENDITURES & MEMBER MONTHS

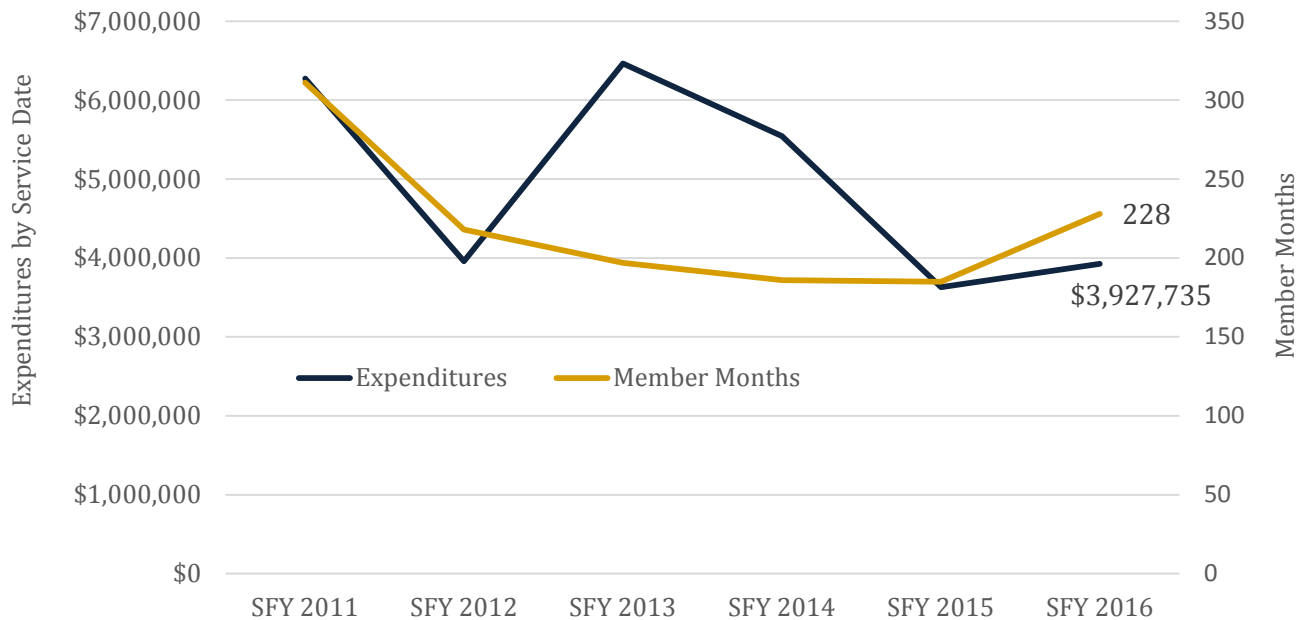


Figure 12. Aged, Blind, or Disabled Institution Expenditures and Member Months History

PER MEMBER PER MONTH

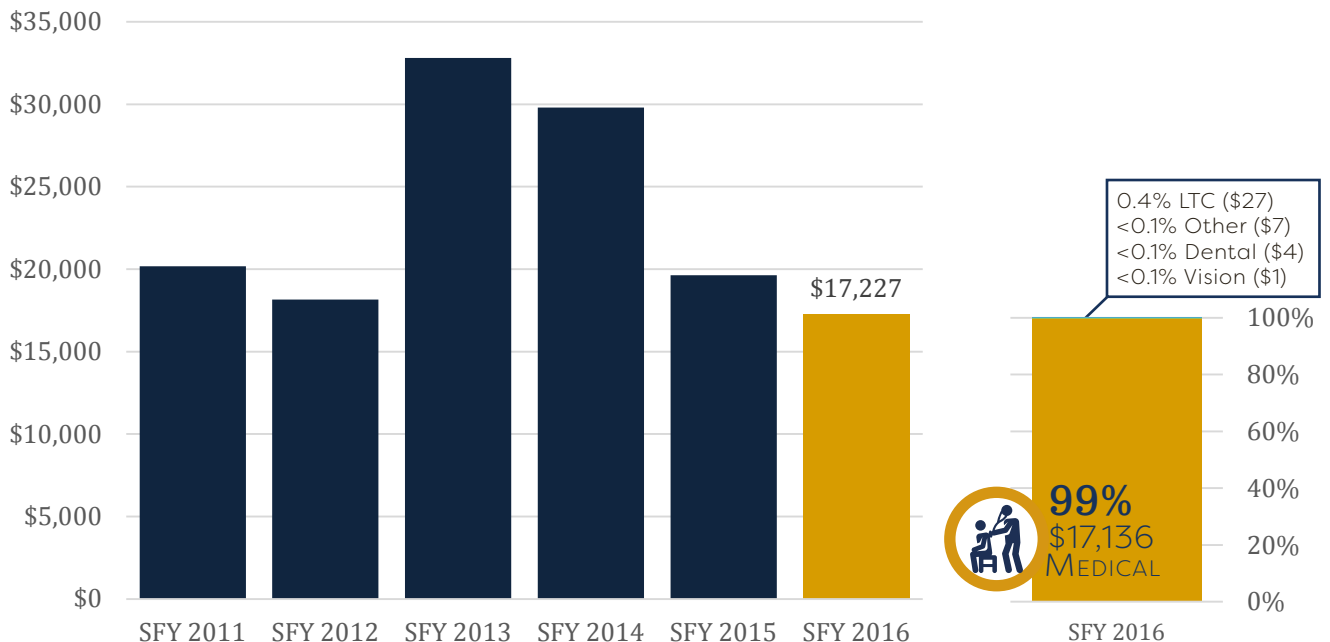


Figure 13. Aged, Blind, or Disabled Institution Per Member Per Month History

CATEGORY OVERVIEW

Aged, Blind, or Disabled Institution

SFY 2016

Unique Members

77

Average Length of Enrollment

3 months

Expenditures

\$3,927,735

Member Months

228

PMPM

\$17,227

AGED, BLIND, OR DISABLED INSTITUTION UNIQUE ENROLLMENT HISTORY

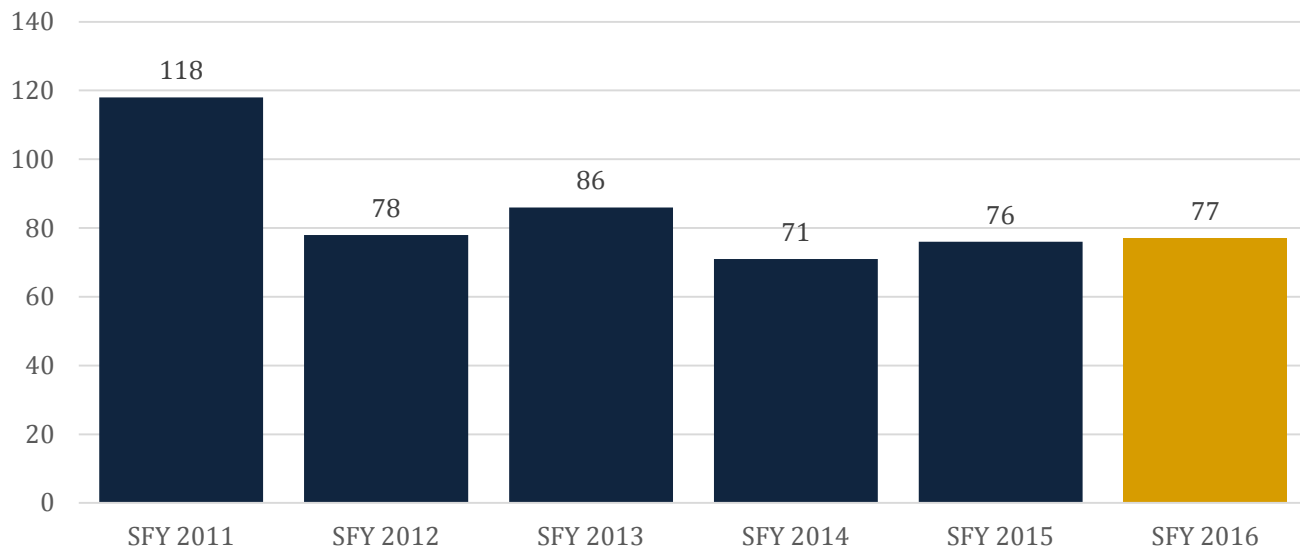


Figure 14. Aged, Blind, or Disabled Institution Unique Enrollment History

Table 25. Aged, Blind, or Disabled Institution Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD Institution	Hospital	\$3,927,735	228	\$17,227

Table 26. Aged, Blind, or Disabled Institution Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD Institution	Hospital	\$20,173	\$18,151	\$32,815	\$29,793	\$19,632	\$17,227

SUBGROUP DETAILS

Hospital

Table 27. Hospital Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$271.13	\$112.89	\$364.73	\$454.82	\$220.86	\$119.43
Ambulatory Surgical Center	--	--	--	--	--	\$8.54
Behavioral Health	\$20.41	\$11.84	\$7.34	\$5.44	\$33.63	\$4.35
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$3.65	\$4.79	--	--	\$8.15	\$3.51
DME, Prosthetics/Orthotics/ Supplies	\$132.00	\$58.70	\$133.22	\$152.39	\$46.04	\$60.16
End Stage Renal Disease	\$43.89	--	\$1.41	\$1.62	\$1.94	--
Federally Qualified Health Center	\$3.47	\$9.66	\$4.46	\$1.87	\$0.13	--
Home Health	\$40.36	\$7.22	\$31.38	\$57.83	\$5.94	\$27.17
Hospice	\$15.38	\$15.96	\$4.38	\$21.82	\$14.35	--
Hospital Total	\$17,416.54	\$16,029.01	\$29,619.30	\$26,202.52	\$17,400.70	\$14,814.81
<i>Inpatient</i>	<i>\$19,269.02</i>	<i>\$15,844.50</i>	<i>\$29,453.31</i>	<i>\$26,026.81</i>	<i>\$17,197.77</i>	<i>\$14,634.14</i>
<i>Outpatient</i>	<i>\$167.44</i>	<i>\$184.51</i>	<i>\$293.24</i>	<i>\$175.61</i>	<i>\$202.92</i>	<i>\$180.32</i>
<i>Other Hospital</i>	<i>-\$2,019.92</i>	<i>--</i>	<i>-\$127.25</i>	<i>\$0.09</i>	<i>--</i>	<i>\$0.35</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$4.14	\$2.65	\$37.22	\$37.87	\$16.28	\$23.36
Nursing Facility	\$33.34	\$43.37	\$42.93	\$152.29	\$113.72	\$51.89
Other	\$26.25	\$12.31	\$11.62	\$42.51	\$7.51	\$7.01
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$2,025.08	\$1,705.70	\$2,462.52	\$2,561.34	\$1,514.66	\$1,815.13
Prescription Drug	\$87.71	\$66.80	\$41.45	\$80.70	\$235.86	\$108.14
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$14.32	\$11.61	\$9.75	\$18.06	\$10.38	\$6.84
Public Health, Federal	\$34.32	\$57.61	\$41.21	--	--	\$173.52
Rural Health Clinic	--	\$0.32	\$1.93	\$0.90	--	\$1.79
Vision	\$1.11	\$0.56	\$0.44	\$1.38	\$1.67	\$1.26
Waiver Total	--	--	--	--	--	--
Total	\$20,173	\$18,151	\$32,815	\$29,793	\$19,632	\$17,227



AGED, BLIND, OR DISABLED LONG-TERM CARE

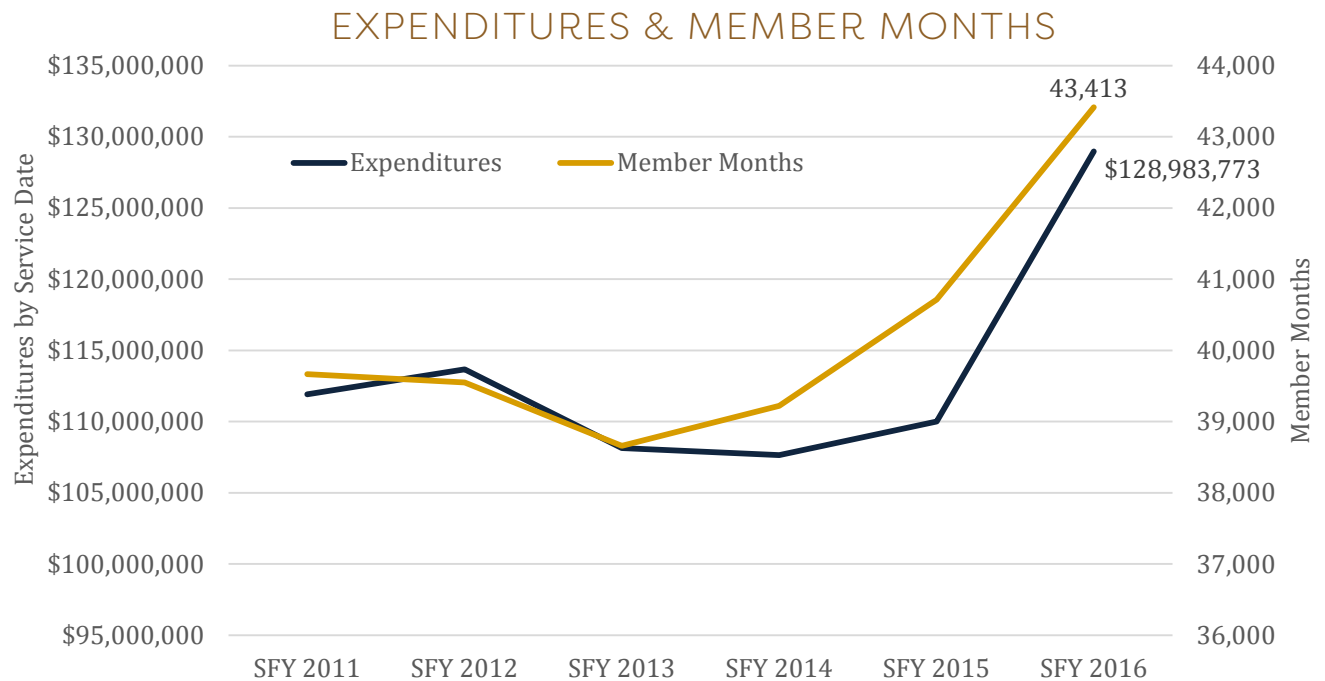


Figure 15. Aged, Blind, or Disabled Long-Term Care Expenditures and Member Months History

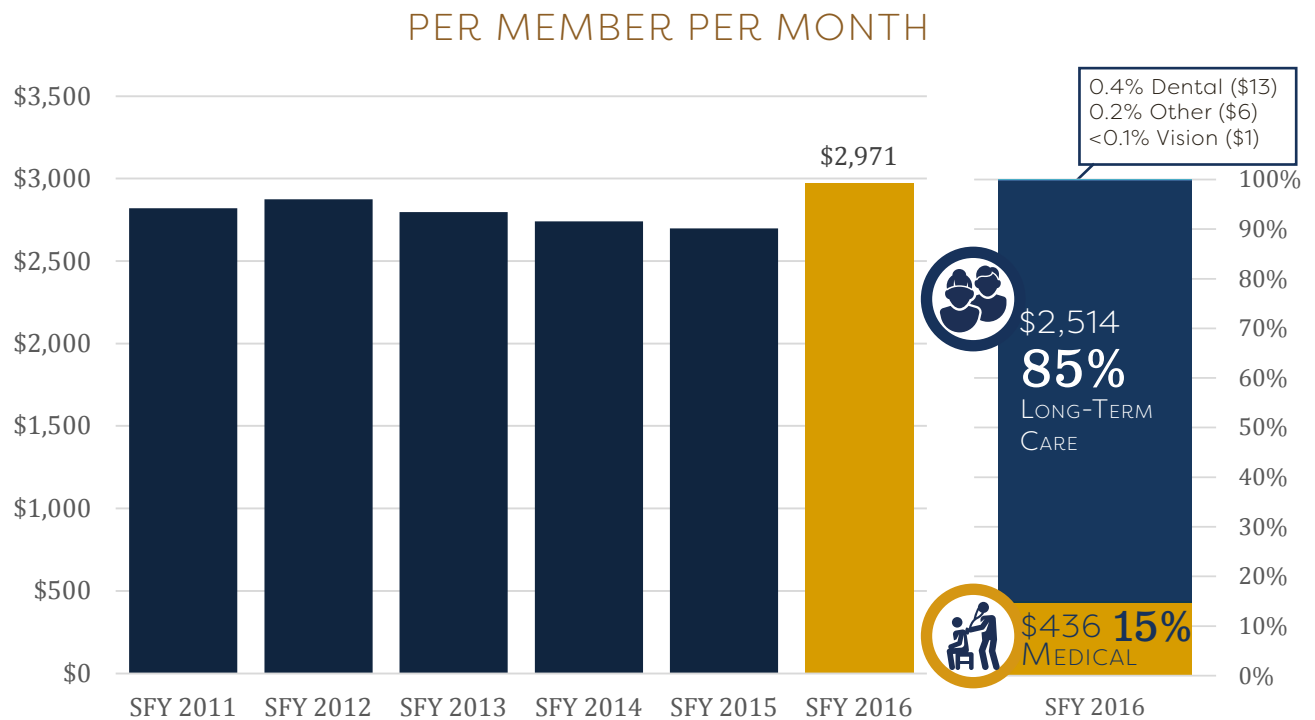


Figure 16. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History

CATEGORY OVERVIEW

Aged, Blind, or Disabled Long-Term Care

SFY 2016

Unique Members

4,643

Average Length of Enrollment

9 months

Expenditures

\$128,835,511

Member Months

43,413

PMPM

\$2,968

AGED, BLIND, OR DISABLED LONG-TERM CARE UNIQUE ENROLLMENT HISTORY



Figure 17. Aged, Blind, or Disabled Long-Term Care Unique Enrollment History

Table 28. Aged, Blind, or Disabled Long-Term Care Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD LTC	Assisted Living Facility	\$4,183,574	2,232	\$1,874
	Hospice	\$721,654	315	\$2,291
	Long-Term Care	\$32,942,765	19,410	\$1,697
	Nursing Home	\$88,192,883	20,250	\$4,355
	PACE	\$2,942,897	1,206	\$2,440
Overall		\$128,983,773	43,413	\$2,971

Table 29. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD LTC	Assisted Living Facility	\$1,702	\$1,710	\$1,680	\$1,731	\$1,798	\$1,874
	Hospice	\$1,775	\$3,640	\$2,013	\$2,442	\$1,743	\$2,291
	Long-Term Care	\$1,643	\$1,807	\$1,673	\$1,636	\$1,638	\$1,697
	Nursing Home	\$3,938	\$3,853	\$3,813	\$3,752	\$3,775	\$4,355
	PACE	--	--	\$2,516	\$2,504	\$2,483	\$2,440
Overall		\$2,821	\$2,874	\$2,796	\$2,741	\$2,698	\$2,971

Individuals enrolled in waiver programs can also receive the standard Medicaid benefits package, identified as "non-waiver" services. The data below shows the PMPM history for the waiver only and non-waiver services for the Assisted Living Facility and Long-Term Care populations.

Table 30. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	5 year percent change
Waiver-Only Services								
ABD LTC	ALF	\$1,339	\$1,373	\$1,353	\$1,368	\$1,397	\$1,527	14%
	LTC	\$787	\$793	\$806	\$802	\$789	\$869	10%
Waiver-Only Services Overall		\$844	\$848	\$859	\$860	\$851	\$936	11%
Non-Waiver Services								
ABD ID/DD/ABI	ALF	\$362	\$337	\$327	\$363	\$400	\$347	-4%
	LTC	\$856	\$1,014	\$867	\$834	\$850	\$829	-3%
Non-Waiver Services Overall		\$805	\$950	\$815	\$786	\$804	\$779	-3%

AGED, BLIND, OR DISABLED LONG-TERM CARE PMPM HISTORY FOR WAIVER-ONLY AND NON-WAIVER SERVICES

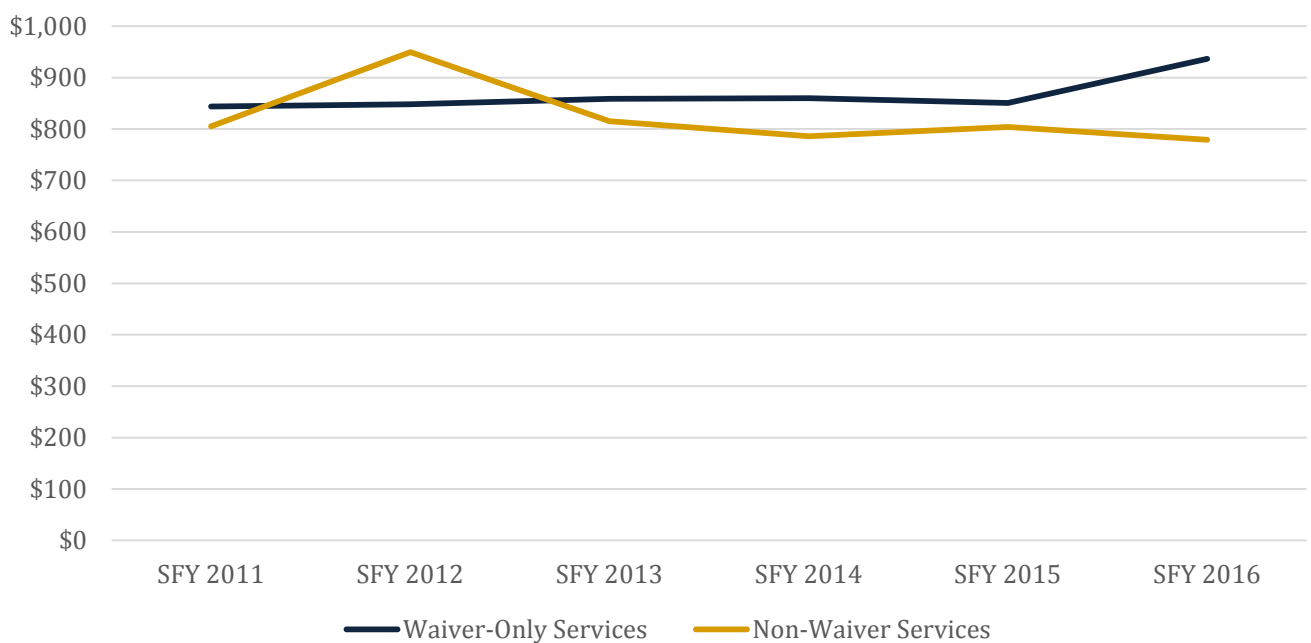


Figure 18. Aged, Blind, or Disabled Long-Term Care PMPM History for Waiver-Only and Non-Waiver Services

SUBGROUP DETAILS

Assisted Living Facility

Table 31. Assisted Living Facility Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$11.39	\$8.51	\$11.22	\$7.54	\$9.69	\$8.06
Ambulatory Surgical Center	\$1.02	\$0.65	\$0.96	\$0.63	\$0.99	\$2.03
Behavioral Health	\$14.97	\$14.59	\$20.51	\$37.64	\$29.95	\$23.82
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$12.00	\$12.47	\$10.75	\$7.91	\$13.62	\$10.32
DME, Prosthetics/Orthotics/ Supplies	\$27.07	\$31.06	\$25.05	\$27.65	\$39.05	\$39.39
End Stage Renal Disease	--	--	-\$0.29	\$0.19	\$1.29	\$0.93
Federally Qualified Health Center	\$2.08	\$1.02	\$2.95	\$2.87	\$2.06	\$3.27
Home Health	\$28.81	\$16.47	\$8.58	\$62.44	\$59.67	\$45.22
Hospice	\$1.78	\$4.41	\$6.67	\$5.23	\$0.00	\$2.53
Hospital Total	\$134.01	\$105.48	\$92.65	\$81.45	\$81.83	\$72.98
<i>Inpatient</i>	\$106.33	\$77.17	\$69.39	\$52.26	\$45.65	\$43.28
<i>Outpatient</i>	\$30.08	\$28.31	\$23.29	\$29.20	\$36.18	\$29.68
<i>Other Hospital</i>	-\$2.39	--	-\$0.03	--	--	\$0.02
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.29	\$0.23	\$0.10	\$0.06	\$0.14	\$0.10
Nursing Facility	\$19.50	\$23.63	\$28.88	\$23.02	\$16.18	\$29.68
Other	\$1.96	\$7.12	\$2.64	\$2.57	\$5.23	\$2.37
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$59.35	\$56.23	\$49.96	\$40.74	\$42.29	\$28.91
Prescription Drug	\$17.55	\$20.83	\$21.80	\$24.91	\$66.52	\$47.80
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$14.08	\$12.31	\$11.70	\$10.98	\$10.41	\$11.88
Public Health, Federal	\$15.32	\$20.82	\$32.09	\$25.93	\$20.14	\$17.04
Rural Health Clinic	\$0.15	\$0.24	\$0.25	\$0.20	\$0.09	\$0.05
Vision	\$0.95	\$0.76	\$0.58	\$1.11	\$0.98	\$1.01
Waiver Total	\$1,339.46	\$1,372.88	\$1,353.20	\$1,367.95	\$1,397.42	\$1,526.98
<i>Acquired Brain Injury</i>	--	--	--	--	--	--
<i>Adult ID/DD</i>	--	--	--	--	--	--
<i>Assisted Living Facility</i>	\$1,339.46	\$1,372.88	\$1,353.20	\$1,367.95	\$1,397.42	\$1,526.98
<i>Child ID/DD</i>	--	--	--	--	--	--
<i>Child Mental Health</i>	--	--	--	--	--	--
<i>Comprehensive</i>	--	--	--	--	--	--
<i>Long Term Care</i>	--	--	--	--	--	--
<i>Supports</i>	--	--	--	--	--	--
Total	\$1,702	\$1,710	\$1,680	\$1,731	\$1,798	\$1,874

Table 32. Hospice Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$13.41	\$28.03	\$4.16	\$31.63	\$2.30	\$37.61
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	\$0.31	\$0.26	\$0.03
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	\$0.56	\$0.93	\$0.88	--	\$4.21
DME, Prosthetics/Orthotics/ Supplies	\$53.80	\$1.00	\$1.69	\$0.05	\$0.67	--
End Stage Renal Disease	--	\$0.26	--	--	--	--
Federally Qualified Health Center	\$0.57	--	--	\$5.06	\$0.40	\$0.30
Home Health	--	--	\$2.01	--	\$0.47	--
Hospice	\$1,374.32	\$2,496.91	\$1,746.13	\$1,984.87	\$1,645.46	\$1,883.10
Hospital Total	\$263.51	\$916.85	\$96.18	\$320.69	\$61.47	\$327.15
<i>Inpatient</i>	\$262.11	\$890.87	\$59.71	\$372.68	\$53.83	\$310.56
<i>Outpatient</i>	\$8.41	\$25.98	\$36.47	\$24.55	\$7.64	\$16.58
<i>Other Hospital</i>	-\$7.01	--	--	-\$76.54	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	\$0.09	--	--
Nursing Facility	\$9.44	\$5.98	\$4.02	-\$0.78	\$0.36	\$3.60
Other	--	\$1.91	\$11.90	\$0.45	\$3.85	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$50.77	\$95.80	\$104.32	\$76.36	\$15.21	\$19.11
Prescription Drug	\$2.24	\$22.16	\$16.58	\$4.32	\$1.30	\$3.11
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$3.06	\$5.68	\$2.86	\$4.34	\$3.01	\$4.19
Public Health, Federal	\$3.84	\$64.84	\$21.75	\$12.37	\$8.03	\$8.56
Rural Health Clinic	--	--	--	\$1.80	--	--
Vision	--	--	--	--	\$0.10	--
Waiver Total	--	--	--	--	--	--
Total	\$1,775	\$3,640	\$2,013	\$2,442	\$1,743	\$2,291

Long-Term Care

Table 33. Long-Term Care Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$10.97	\$14.15	\$16.13	\$12.71	\$16.50	\$16.66
Ambulatory Surgical Center	\$2.40	\$2.57	\$2.50	\$1.98	\$3.49	\$2.75
Behavioral Health	\$39.57	\$42.42	\$39.81	\$42.34	\$47.95	\$49.15
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$15.90	\$16.50	\$14.66	\$13.59	\$16.34	\$17.21
DME, Prosthetics/Orthotics/ Supplies	\$88.85	\$84.25	\$82.17	\$85.11	\$85.92	\$79.49
End Stage Renal Disease	\$8.79	\$8.19	\$11.00	\$12.56	\$16.35	\$15.16
Federally Qualified Health Center	\$9.06	\$3.12	\$2.93	\$3.72	\$4.62	\$6.34
Home Health	\$76.30	\$97.01	\$94.06	\$117.46	\$123.79	\$140.22
Hospice	\$2.93	\$0.94	\$8.05	\$11.58	\$4.83	\$5.09
Hospital Total	\$286.94	\$370.77	\$275.94	\$258.47	\$136.90	\$217.20
<i>Inpatient</i>	\$193.34	\$270.89	\$177.94	\$161.36	\$143.58	\$115.17
<i>Outpatient</i>	\$95.19	\$100.64	\$98.64	\$98.97	\$93.40	\$101.95
<i>Other Hospital</i>	-\$1.59	-\$0.76	-\$0.65	-\$1.86	-\$0.08	\$0.09
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.62	\$1.79	\$1.49	\$1.10	\$1.73	\$1.33
Nursing Facility	\$10.36	\$10.80	\$16.04	\$15.82	\$10.40	\$12.11
Other	\$10.12	\$5.84	\$4.68	\$4.35	\$6.25	\$6.25
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$109.61	\$122.42	\$113.72	\$110.51	\$116.95	\$95.78
Prescription Drug	\$147.72	\$198.95	\$149.39	\$113.74	\$129.56	\$132.29
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$22.21	\$20.72	\$20.32	\$20.13	\$19.49	\$19.75
Public Health, Federal	\$9.51	\$10.87	\$11.08	\$5.96	\$5.13	\$8.07
Rural Health Clinic	\$1.92	\$2.07	\$2.05	\$1.93	\$2.25	\$2.56
Vision	\$1.22	\$0.88	\$1.13	\$1.20	\$1.22	\$1.23
Waiver Total	\$786.83	\$792.92	\$806.02	\$802.39	\$788.61	\$868.58
<i>Acquired Brain Injury</i>	--	--	--	--	--	--
<i>Adult ID/DD</i>	--	--	--	--	--	--
<i>Assisted Living Facility</i>	--	--	--	--	--	--
<i>Child ID/DD</i>	--	--	--	--	--	--
<i>Child Mental Health</i>	--	--	--	--	--	--
<i>Comprehensive</i>	--	--	--	--	--	--
<i>Long Term Care</i>	\$786.83	\$792.92	\$806.02	\$802.39	\$788.61	\$868.58
<i>Supports</i>	--	--	--	--	--	--
Total	\$1,643	\$1,807	\$1,673	\$1,636	\$1,638	\$1,697

Nursing Home

Table 34. Nursing Home Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$4.41	\$5.04	\$4.78	\$6.43	\$6.42	\$6.62
Ambulatory Surgical Center	\$0.33	\$0.40	\$0.36	\$0.16	\$0.10	\$0.86
Behavioral Health	\$14.38	\$13.45	\$12.71	\$11.51	\$14.40	\$14.05
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$8.24	\$8.25	\$9.03	\$8.61	\$10.33	\$10.88
DME, Prosthetics/Orthotics/ Supplies	\$15.11	\$10.98	\$8.59	\$17.71	\$14.96	\$22.49
End Stage Renal Disease	\$2.30	\$2.95	\$3.01	\$2.51	\$3.87	\$4.14
Federally Qualified Health Center	\$1.94	\$0.15	\$0.14	\$0.16	\$0.91	\$1.34
Home Health	\$0.65	\$0.54	\$0.22	\$0.33	\$0.40	\$0.49
Hospice	\$25.40	\$19.43	\$25.28	\$14.90	\$12.58	\$7.03
Hospital Total	\$137.60	\$91.19	\$97.96	\$83.44	\$85.09	\$106.07
<i>Inpatient</i>	<i>\$105.04</i>	<i>\$61.63</i>	<i>\$68.34</i>	<i>\$53.42</i>	<i>\$53.64</i>	<i>\$73.62</i>
<i>Outpatient</i>	<i>\$32.93</i>	<i>\$30.59</i>	<i>\$29.92</i>	<i>\$32.37</i>	<i>\$31.49</i>	<i>\$32.39</i>
<i>Other Hospital</i>	<i>-\$0.37</i>	<i>-\$1.02</i>	<i>-\$0.30</i>	<i>-\$2.35</i>	<i>-\$0.04</i>	<i>\$0.06</i>
Intermediate Care Facility-ID	\$91.31	\$88.90	\$63.18	--	--	--
Laboratory	\$0.42	\$0.24	\$0.31	\$0.29	\$0.15	\$0.22
Nursing Facility	\$3,546.16	\$3,529.95	\$3,504.28	\$3,530.83	\$3,543.57	\$4,090.38
Other	\$5.23	\$4.77	\$4.73	\$4.52	\$7.75	\$6.68
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$35.87	\$25.94	\$33.92	\$33.30	\$31.34	\$38.54
Prescription Drug	\$37.39	\$39.70	\$34.21	\$28.23	\$30.44	\$31.95
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$5.86	\$4.91	\$4.28	\$4.67	\$5.06	\$5.20
Public Health, Federal	\$2.19	\$2.59	\$2.40	\$1.35	\$4.78	\$5.45
Rural Health Clinic	\$2.45	\$2.56	\$2.61	\$2.44	\$2.28	\$2.03
Vision	\$0.67	\$0.61	\$0.49	\$0.47	\$0.52	\$0.79
Waiver Total	--	--	--	--	--	--
Total	\$3,938	\$3,853	\$3,813	\$3,752	\$3,775	\$4,355

Program of All-Inclusive Care for the Elderly (PACE)

Table 35. PACE Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	--	--	--	--	--	--
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	--	--	\$0.14
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	--	--	--	--	\$1.76	\$0.03
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	--	--	--	--	--	--
<i>Inpatient</i>	--	--	--	--	--	--
<i>Outpatient</i>	--	--	--	--	--	--
<i>Other Hospital</i>	--	--	--	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	--
Nursing Facility	--	--	--	--	-\$0.95	--
Other	--	--	--	--	\$0.29	--
PACE	--	--	\$2,513.40	\$2,495.87	\$2,471.28	\$2,427.26
Physician & Other Practitioner	--	--	\$0.53	--	\$0.75	\$2.54
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health or Welfare	--	--	\$1.79	\$7.73	\$9.75	\$10.25
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	--	--	\$2,516	\$2,504	\$2,483	\$2,440

AGED, BLIND, OR DISABLED SUPPLEMENTAL SECURITY INCOME

EXPENDITURES & MEMBER MONTHS

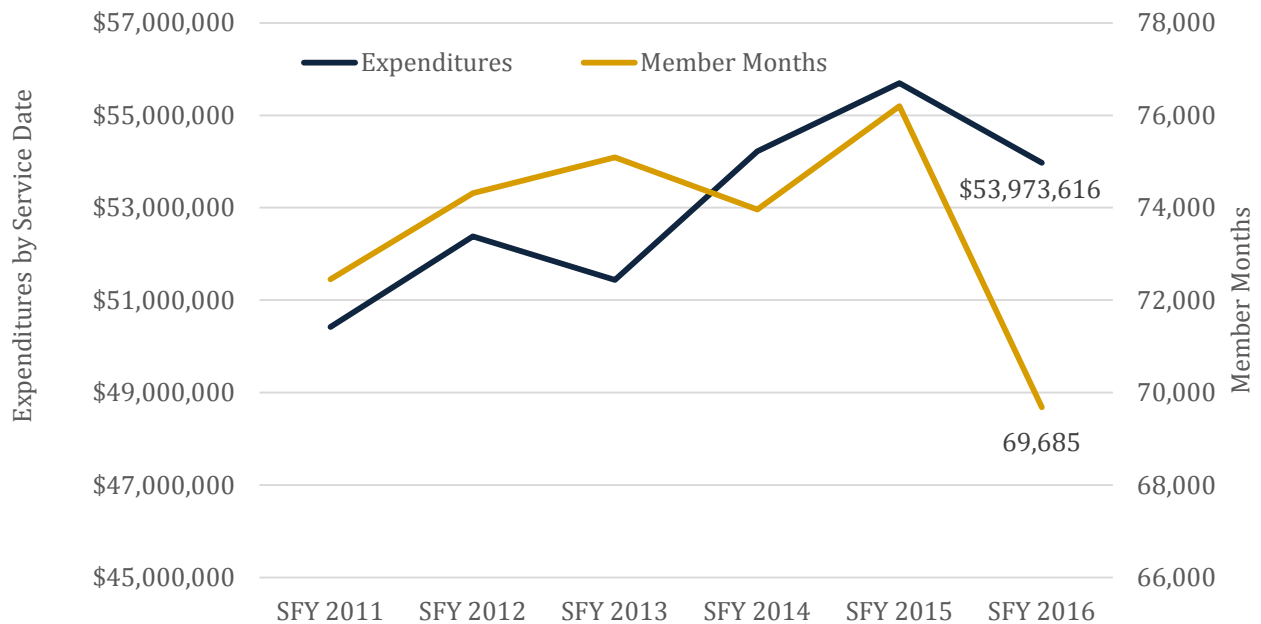


Figure 19. Aged, Blind, or Disabled Supplemental Security Income Expenditures and Member Months History

PER MEMBER PER MONTH

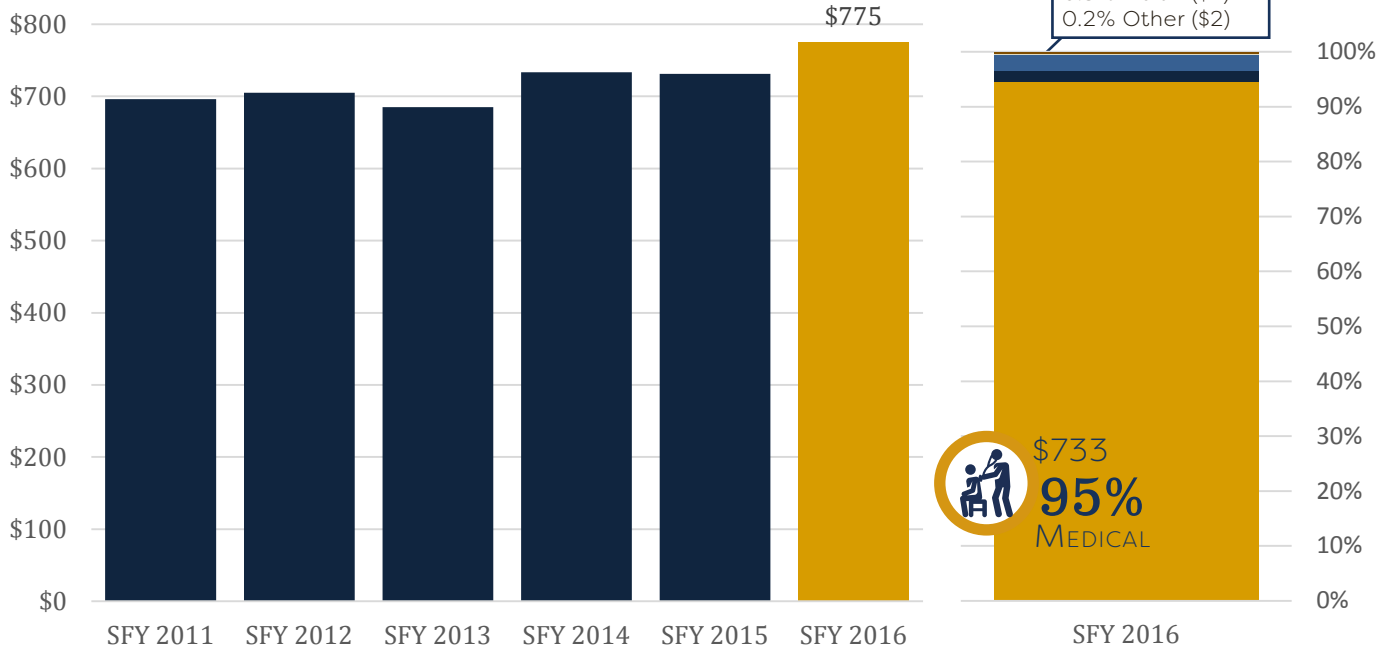


Figure 20. Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month History

CATEGORY OVERVIEW

Aged, Blind, or Disabled Supplemental Security Income

SFY 2016

Unique Members

7,039

Average Length of Enrollment

9 months

Expenditures

\$53,973,616

Member Months

69,685

PMPM

\$775

AGED, BLIND, OR DISABLED SUPPLEMENTAL SECURITY INCOME UNIQUE ENROLLMENT HISTORY

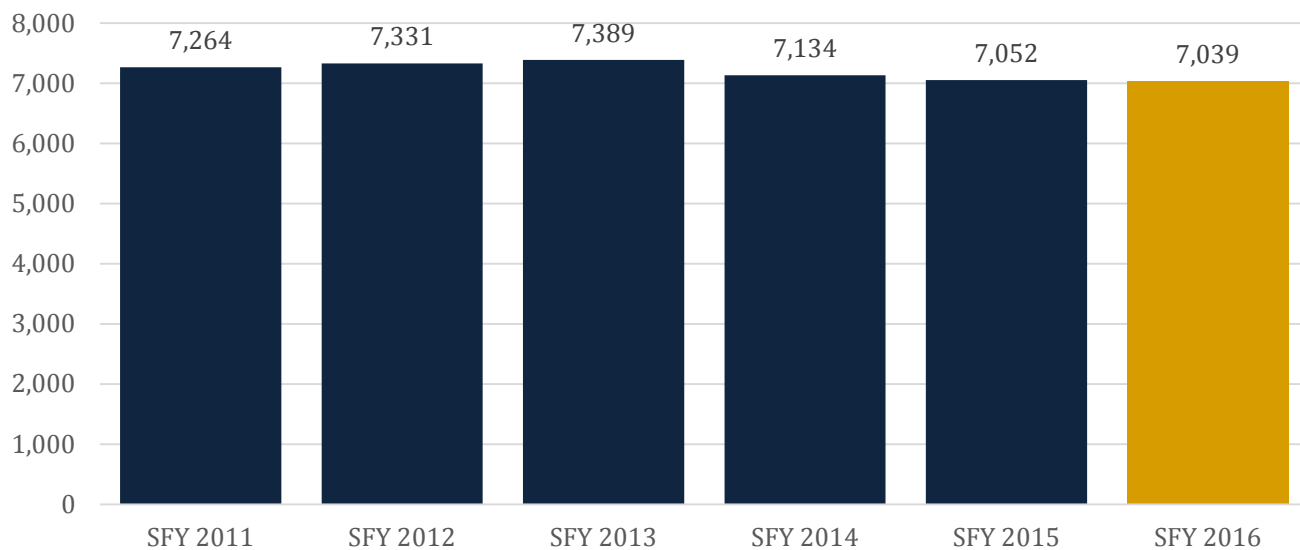


Figure 21. Aged, Blind, or Disabled Supplemental Security Income Unique Enrollment History

Table 36. Aged, Blind, or Disabled Supplemental Security Income Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
ABD SSI	SSI & SSI Related	\$53,973,616	69,685	\$775

Table 37. Aged, Blind, or Disabled Supplemental Security Income
Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
ABD SSI	SSI & SSI Related	\$696	\$705	\$685	\$733	\$731	\$775

SUBGROUP DETAILS

Supplemental Security Income & Supplemental Security Income Related

Table 38. SSI & SSI Related Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$8.84	\$9.28	\$9.60	\$11.65	\$10.73	\$10.17
Ambulatory Surgical Center	\$3.38	\$2.85	\$3.53	\$4.25	\$5.07	\$4.39
Behavioral Health	\$54.53	\$62.89	\$61.63	\$63.30	\$57.25	\$66.82
Care Management Entity	--	--	--	--	--	--
Clinic/Center	\$1.66	\$1.31	\$1.34	\$1.38	\$1.18	\$1.52
Dental	\$14.46	\$13.51	\$13.14	\$13.45	\$13.94	\$14.55
DME, Prosthetics/Orthotics/ Supplies	\$28.06	\$28.67	\$26.76	\$26.65	\$25.72	\$30.10
End Stage Renal Disease	\$7.20	\$9.50	\$9.43	\$6.09	\$4.78	\$5.17
Federally Qualified Health Center	\$6.74	\$3.84	\$4.08	\$5.42	\$6.82	\$8.40
Home Health	\$2.54	\$3.12	\$4.44	\$5.45	\$6.22	\$19.71
Hospice	\$0.68	\$2.96	\$1.72	\$2.24	\$1.88	\$1.31
Hospital Total	\$257.49	\$272.29	\$253.42	\$261.38	\$258.23	\$255.74
<i>Inpatient</i>	<i>\$188.31</i>	<i>\$200.64</i>	<i>\$183.03</i>	<i>\$183.42</i>	<i>\$183.13</i>	<i>\$179.29</i>
<i>Outpatient</i>	<i>\$69.52</i>	<i>\$72.03</i>	<i>\$70.98</i>	<i>\$78.14</i>	<i>\$75.16</i>	<i>\$76.43</i>
<i>Other Hospital</i>	<i>-\$0.33</i>	<i>-\$0.38</i>	<i>-\$0.59</i>	<i>-\$0.18</i>	<i>-\$0.06</i>	<i>\$0.02</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$2.16	\$2.79	\$2.76	\$2.92	\$2.62	\$2.30
Nursing Facility	\$1.43	\$0.47	\$0.99	\$1.06	\$1.72	\$3.45
Other	\$1.78	\$1.99	\$1.15	\$1.25	\$1.61	\$1.58
PACE	--	--	--	\$0.15	\$0.11	--
Physician & Other Practitioner	\$105.32	\$102.17	\$99.35	\$109.35	\$100.17	\$107.90
Prescription Drug	\$152.22	\$153.79	\$149.83	\$168.37	\$188.55	\$199.12
PRTF	\$22.68	\$9.93	\$15.44	\$23.46	\$18.36	\$13.28
Public Health or Welfare	\$0.63	\$0.57	\$0.53	\$0.61	\$0.50	\$0.55
Public Health, Federal	\$19.62	\$18.76	\$21.53	\$20.73	\$21.57	\$24.22
Rural Health Clinic	\$2.59	\$2.18	\$2.24	\$1.97	\$1.69	\$1.80
Vision	\$1.86	\$1.94	\$2.12	\$1.95	\$2.24	\$2.46
Waiver Total	--	--	--	--	--	--
Total	\$696	\$705	\$685	\$733	\$731	\$775



ADULTS

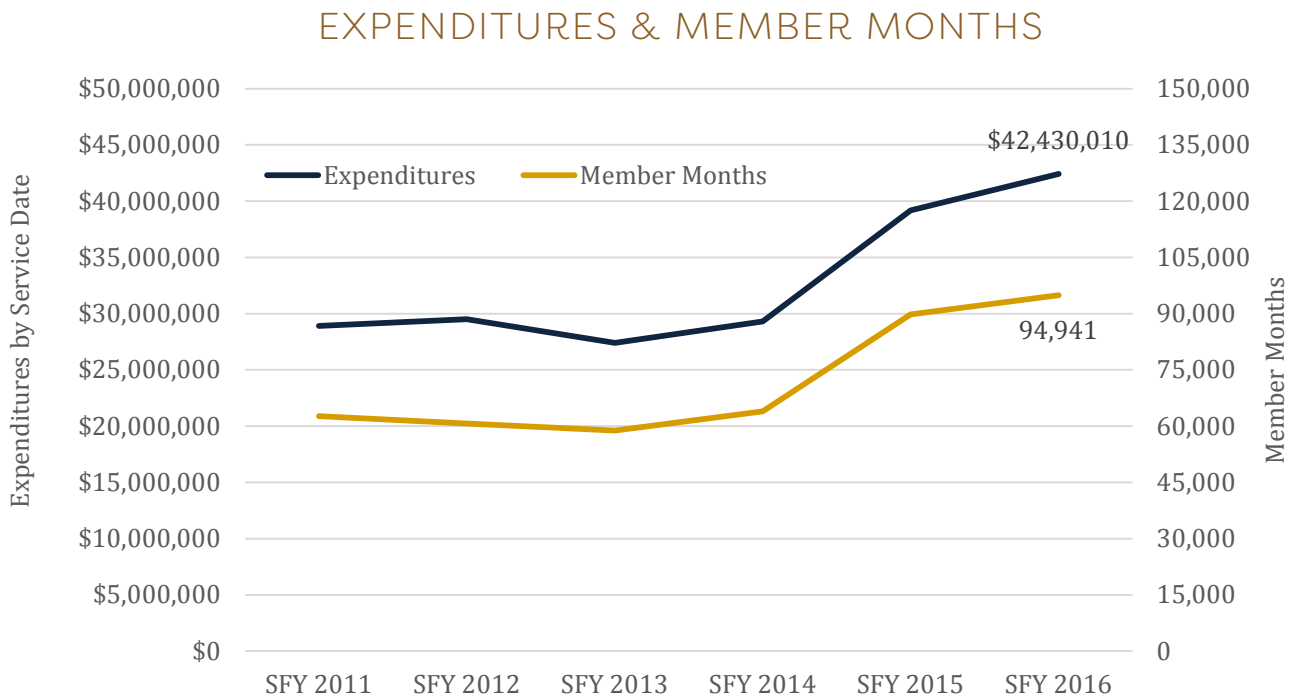


Figure 22. Adults Expenditures and Member Months History

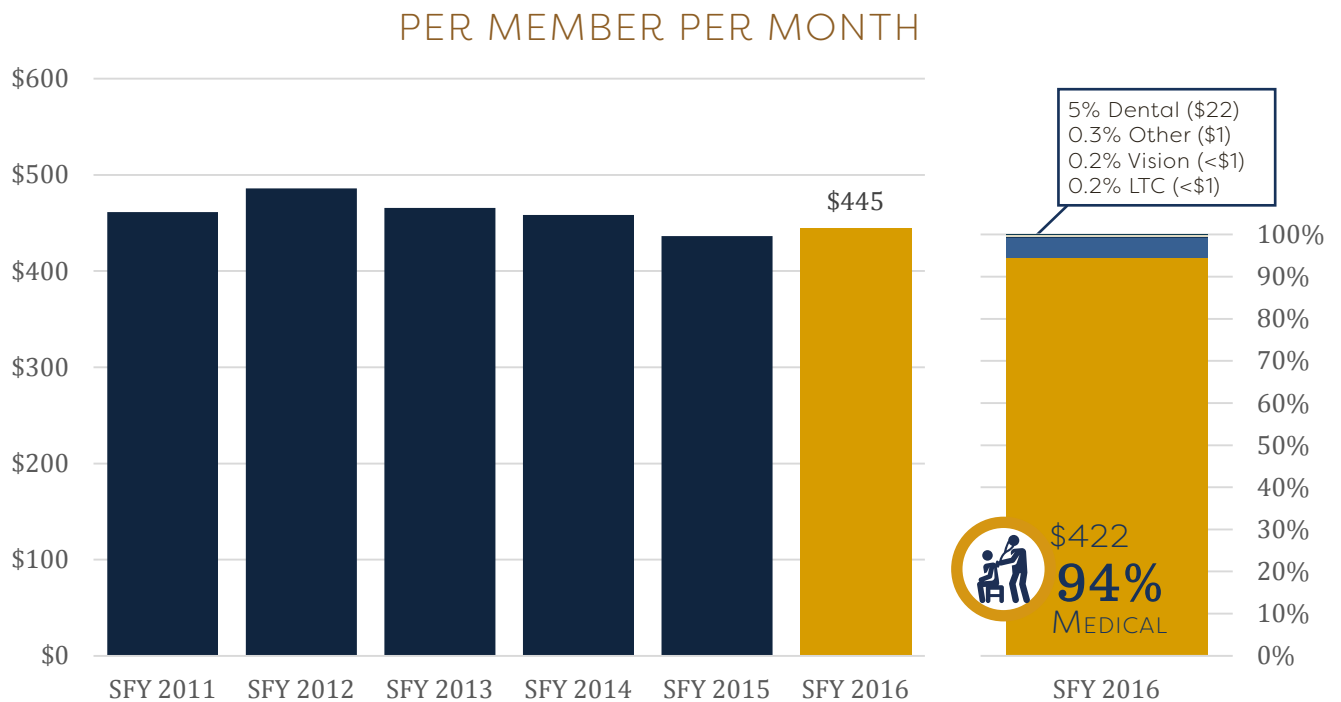


Figure 23. Adults Per Member Per Month History

CATEGORY OVERVIEW

Adults

SFY 2016

Unique Members 12,431	Average Length of Enrollment 7 months	PMPM \$445
Expenditures \$42,231,850	Member Months 94,941	

ADULTS UNIQUE ENROLLMENT HISTORY

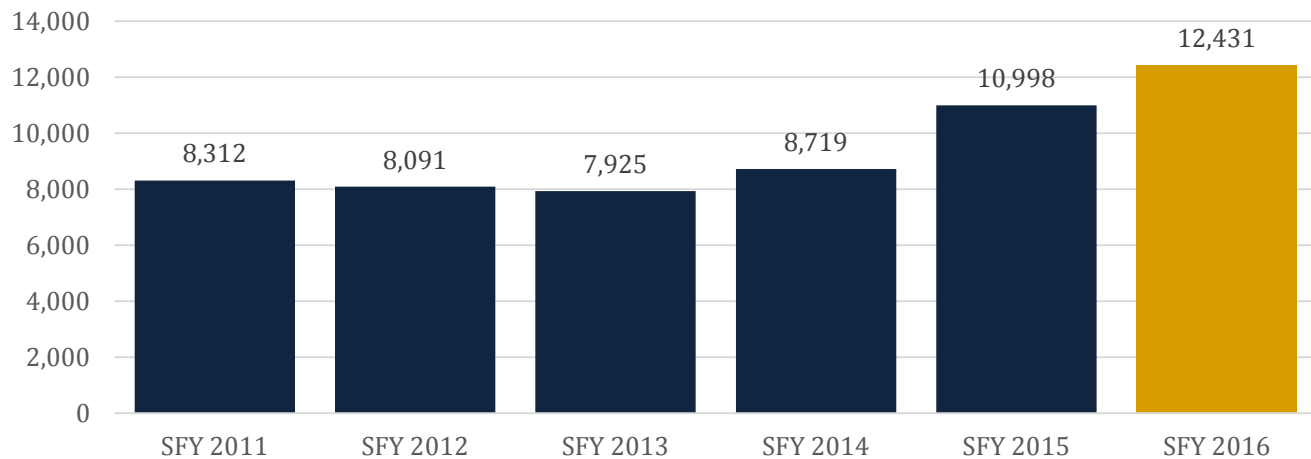


Figure 24. Adults Unique Enrollment History

Table 39. Adults Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Adults	Family-Care Adults	\$42,231,850	94,399	\$447
	Former Foster Care	\$198,160	542	\$366
Overall		\$42,430,010	94,941	\$445

Table 40. Adults Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Adults	Family-Care Adults	\$461	\$486	\$466	\$459	\$436	\$447
	Former Foster Care	--	--	--	\$61	\$464	\$366
Overall		\$461	\$486	\$466	\$458	\$436	\$445

SUBGROUP DETAILS

Family-Care Adults

Table 41. Family-Care Adults Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$3.83	\$5.77	\$5.61	\$6.11	\$6.22	\$4.78
Ambulatory Surgical Center	\$2.80	\$3.15	\$2.82	\$2.98	\$5.06	\$5.06
Behavioral Health	\$20.09	\$23.33	\$26.66	\$25.10	\$26.29	\$30.17
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$20.39	\$18.07	\$19.34	\$17.58	\$17.31	\$21.78
DME, Prosthetics/Orthotics/ Supplies	\$6.32	\$7.10	\$8.64	\$7.53	\$5.83	\$6.05
End Stage Renal Disease	\$0.04	\$0.42	\$0.68	\$1.58	\$1.15	\$0.50
Federally Qualified Health Center	\$5.51	\$3.59	\$4.96	\$5.66	\$7.42	\$8.97
Home Health	\$0.28	\$0.37	\$0.84	\$0.62	\$0.77	\$0.92
Hospice	\$0.13	\$0.05	\$0.10	\$0.15	\$0.02	\$0.02
Hospital Total	\$198.24	\$206.01	\$186.00	\$183.17	\$164.03	\$154.16
<i>Inpatient</i>	<i>\$114.02</i>	<i>\$119.66</i>	<i>\$101.55</i>	<i>\$100.99</i>	<i>\$92.77</i>	<i>\$86.46</i>
<i>Outpatient</i>	<i>\$84.75</i>	<i>\$86.73</i>	<i>\$85.15</i>	<i>\$82.30</i>	<i>\$71.35</i>	<i>\$67.73</i>
<i>Other Hospital</i>	<i>-\$0.54</i>	<i>-\$0.38</i>	<i>-\$0.70</i>	<i>-\$0.13</i>	<i>-\$0.08</i>	<i>-\$0.03</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$3.44	\$4.09	\$3.90	\$4.23	\$4.94	\$4.72
Nursing Facility	--	--	--	--	\$0.01	--
Other	\$1.62	\$1.06	\$1.03	\$0.70	\$0.53	\$1.22
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$102.78	\$112.16	\$107.47	\$104.82	\$100.06	\$99.46
Prescription Drug	\$64.37	\$72.70	\$67.92	\$70.29	\$71.55	\$82.14
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.10	\$0.09	\$0.08	\$0.09	\$0.11	\$0.10
Public Health, Federal	\$27.39	\$24.48	\$25.91	\$24.65	\$22.32	\$24.18
Rural Health Clinic	\$3.09	\$2.82	\$2.93	\$2.36	\$1.77	\$2.20
Vision	\$0.78	\$0.84	\$0.75	\$0.91	\$0.84	\$0.94
Waiver Total	--	--	--	--	--	--
Total	\$461	\$486	\$466	\$459	\$436	\$447

Former Foster Care

Table 42. Former Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	--	--	--	--	\$3.38	\$1.12
Ambulatory Surgical Center	--	--	--	--	--	\$0.67
Behavioral Health	--	--	--	\$13.59	\$103.43	\$76.03
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	\$3.25	\$30.15	\$15.23
DME, Prosthetics/Orthotics/ Supplies	--	--	--	\$0.76	\$1.52	\$2.42
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	\$8.51	\$11.48
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	--	--	--	\$7.73	\$96.86	\$106.46
<i>Inpatient</i>	--	--	--	--	\$21.90	\$20.43
<i>Outpatient</i>	--	--	--	\$7.73	\$74.95	\$86.03
<i>Other Hospital</i>	--	--	--	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	\$14.00	\$3.79
Nursing Facility	--	--	--	--	--	--
Other	--	--	--	--	\$4.25	\$2.77
PACE	--	--	--	--	--	--
Physician & Other Practitioner	--	--	--	\$26.79	\$135.10	\$87.74
Prescription Drug	--	--	--	\$8.58	\$64.47	\$51.64
PRTF	--	--	--	--	--	--
Public Health or Welfare	--	--	--	--	\$0.31	\$0.04
Public Health, Federal	--	--	--	--	--	\$1.29
Rural Health Clinic	--	--	--	--	\$0.55	--
Vision	--	--	--	--	\$1.14	\$2.63
Waiver Total	--	--	--	--	--	--
Total	--	--	--	\$61	\$464	\$366

CHILDREN

EXPENDITURES & MEMBER MONTHS

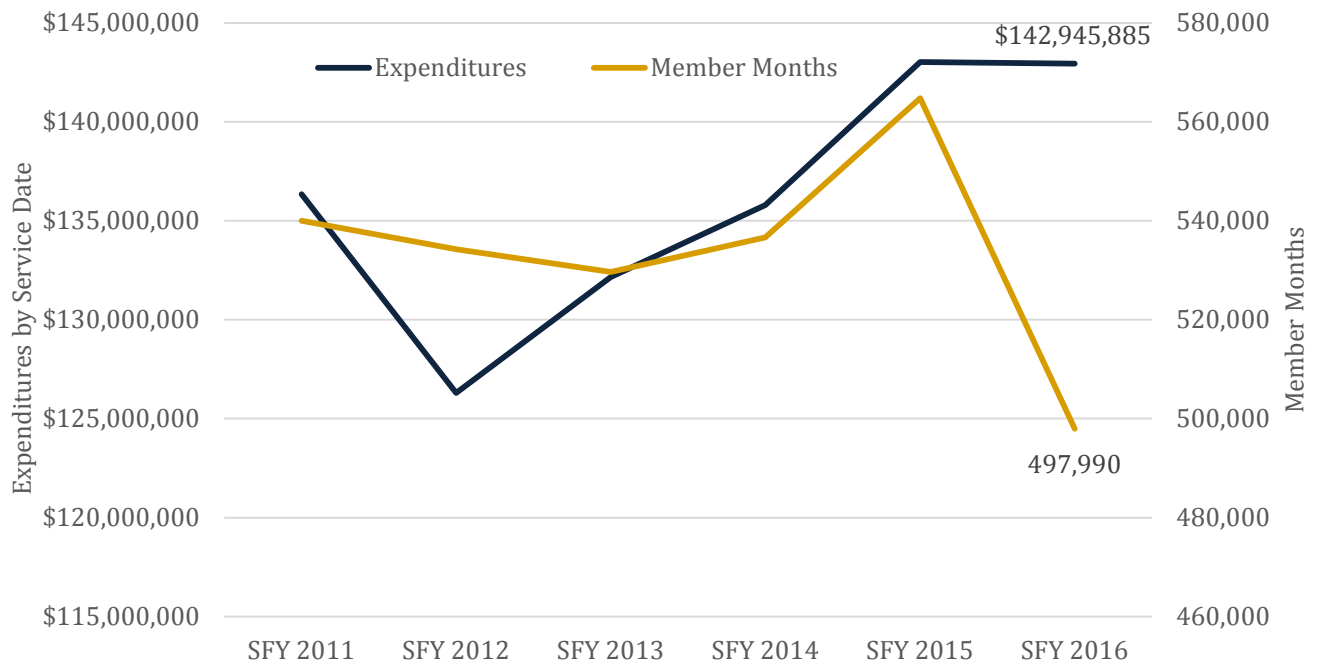


Figure 25. Children Expenditures and Member Months History

PER MEMBER PER MONTH

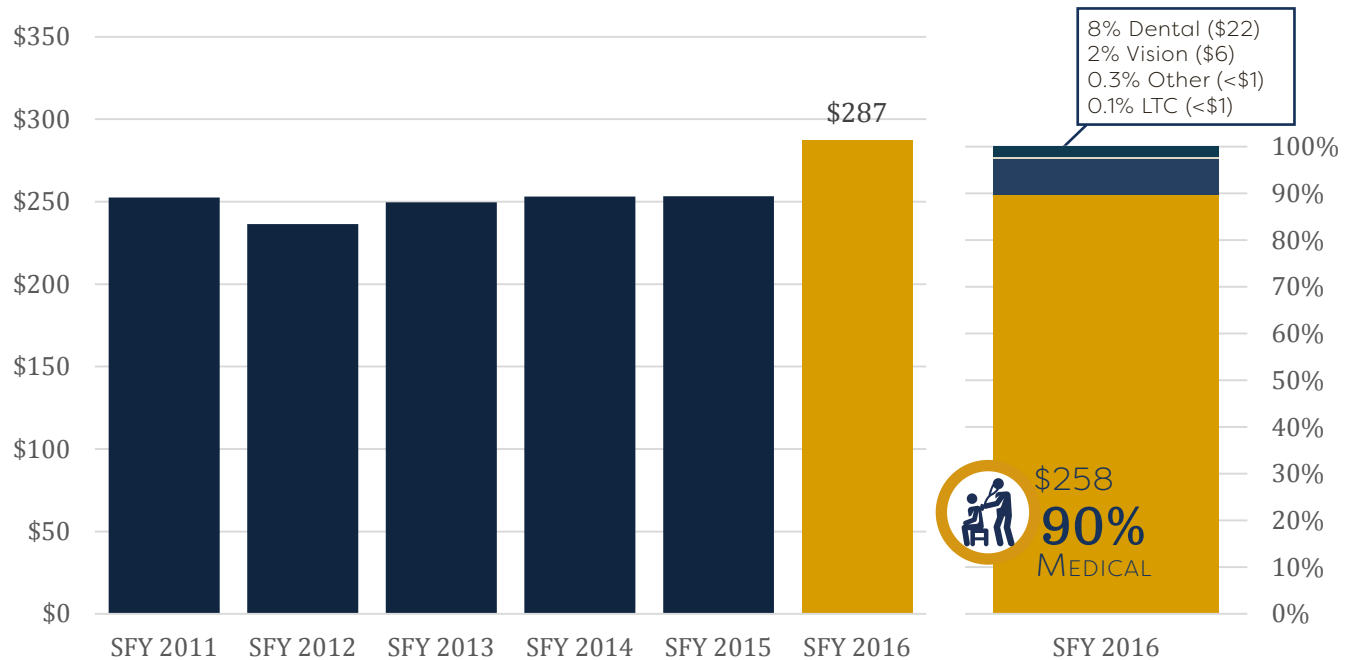


Figure 26. Children Per Member Per Month History

CATEGORY OVERVIEW

Children

SFY 2016

Unique Members

54,345

Average Length of Enrollment

9 months

Expenditures

\$142,945,885

Member Months

497,990

PMPM
\$287

CHILDREN UNIQUE ENROLLMENT HISTORY

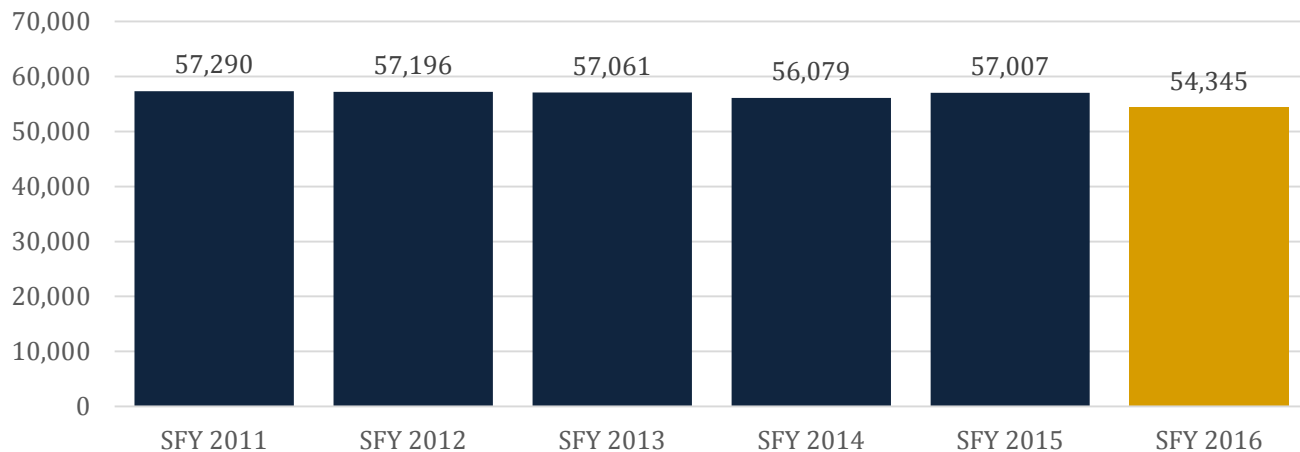


Figure 27. Children Unique Enrollment History

Table 43. Children Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Children	Care Management Entity (CME) ¹²	\$5,835,850	2,566	\$2,274
	Children	\$88,985,947	420,489	\$212
	Childrens Mental Health Waiver	\$878,176	696	\$1,262
	Foster Care	\$21,001,046	37,282	\$563
	Newborn	\$26,244,867	39,523	\$664
Overall		\$142,945,885	497,990	\$287

Table 44. Children Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Children	CME	--	--	--	--	--	\$2,274
	Children	\$178	\$172	\$184	\$189	\$190	\$212
	Childrens Mental Health Waiver	\$1,703	\$1,547	\$1,720	\$2,245	\$2,255	\$1,262
	Foster Care	\$666	\$543	\$600	\$647	\$604	\$563
	Newborn	\$681	\$690	\$692	\$631	\$642	\$664
Overall		\$252	\$236	\$250	\$253	\$253	\$287

¹² The Care Management Entity is a wraparound program in which participants are enrolled in both the CME program and a Medicaid program simultaneously. CME member months are not included in the total for the eligibility category to avoid double-counting.

SUBGROUP DETAILS

Care Management Entity (CME)

The Care Management Entity subgroup, started in SFY 2016, includes children and youth who have complex behavioral health conditions and need intensive care coordination. This subgroup only covers the Care Management Entity service area. As such, no detailed tables are provided here and the details and history of this population's PMPM is found in Tables 43 and 44.

Children

Table 45. Children Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$1.34	\$1.37	\$1.54	\$1.63	\$1.62	\$1.58
Ambulatory Surgical Center	\$4.45	\$4.36	\$5.55	\$6.47	\$9.26	\$9.93
Behavioral Health	\$17.58	\$18.74	\$19.83	\$22.94	\$24.83	\$27.20
Care Management Entity	--	--	--	--	--	--
Clinic/Center	\$1.98	\$1.96	\$1.79	\$2.21	\$2.04	\$2.38
Dental	\$19.28	\$19.53	\$19.58	\$19.86	\$19.54	\$23.30
DME, Prosthetics/Orthotics/ Supplies	\$1.47	\$1.43	\$1.61	\$1.52	\$1.85	\$2.13
End Stage Renal Disease	--	--	--	--	--	\$0.02
Federally Qualified Health Center	\$2.08	\$1.45	\$1.59	\$1.80	\$2.27	\$2.76
Home Health	\$0.09	\$0.09	\$0.07	\$0.11	\$0.18	\$0.27
Hospice	--	--	--	--	--	--
Hospital Total	\$40.80	\$39.40	\$43.63	\$41.94	\$37.68	\$44.88
<i>Inpatient</i>	\$22.65	\$21.44	\$25.78	\$25.52	\$21.27	\$27.15
<i>Outpatient</i>	\$18.34	\$18.09	\$17.85	\$16.49	\$16.44	\$17.73
<i>Other Hospital</i>	-\$0.19	-\$0.12	\$0.01	-\$0.07	-\$0.03	\$0.00
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.47	\$0.38	\$0.39	\$0.31	\$0.62	\$0.53
Nursing Facility	--	--	--	--	--	--
Other	\$0.32	\$0.26	\$0.20	\$0.26	\$0.25	\$0.40
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$38.13	\$37.57	\$38.57	\$38.26	\$36.40	\$38.36
Prescription Drug	\$25.06	\$23.68	\$23.74	\$25.22	\$27.27	\$29.45
PRTF	\$10.89	\$8.32	\$11.94	\$11.94	\$11.69	\$12.83
Public Health or Welfare	\$0.17	\$0.13	\$0.12	\$0.15	\$0.14	\$0.14
Public Health, Federal	\$6.47	\$5.95	\$6.41	\$7.04	\$6.86	\$6.94
Rural Health Clinic	\$2.19	\$1.98	\$2.06	\$1.88	\$1.64	\$1.75
Vision	\$5.40	\$5.40	\$5.69	\$5.80	\$5.83	\$6.76
Waiver Total	--	--	--	--	--	--
Total	\$178	\$172	\$184	\$189	\$190	\$212

Children's Mental Health Waiver

Table 46. Children's Mental Health Waiver Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$6.01	\$1.19	\$0.85	\$0.01	\$2.43	\$6.10
Ambulatory Surgical Center	\$5.60	\$1.14	\$7.12	\$1.05	\$7.07	\$0.81
Behavioral Health	\$307.09	\$260.74	\$246.05	\$303.40	\$300.07	\$340.86
Care Management Entity	--	--	--	--	--	\$0.67
Clinic/Center	\$1.20	--	--	--	--	--
Dental	\$16.49	\$18.44	\$23.37	\$16.90	\$20.32	\$17.43
DME, Prosthetics/Orthotics/ Supplies	\$2.82	\$14.07	\$4.74	\$4.49	\$4.66	\$1.86
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$1.90	\$1.39	\$0.55	\$1.16	\$0.87	\$2.07
Home Health	--	--	--	--	--	\$16.75
Hospice	--	--	--	--	--	--
Hospital Total	\$170.73	\$61.78	\$98.07	\$86.82	\$159.31	\$153.73
<i>Inpatient</i>	\$147.29	\$44.07	\$81.80	\$75.12	\$131.00	\$102.24
<i>Outpatient</i>	\$23.47	\$17.71	\$16.27	\$12.39	\$28.30	\$51.49
<i>Other Hospital</i>	-\$0.03	\$0.00	--	-\$0.69	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.37	\$0.67	\$0.84	\$1.44	\$6.21	\$1.53
Nursing Facility	--	--	--	--	--	--
Other	\$2.64	\$5.80	\$3.43	\$4.00	\$2.78	\$3.85
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$95.03	\$70.86	\$100.81	\$87.72	\$80.75	\$92.82
Prescription Drug	\$240.17	\$235.44	\$239.93	\$309.13	\$315.73	\$258.91
PRTF	\$188.80	\$272.45	\$186.98	\$486.29	\$425.89	\$354
Public Health or Welfare	\$0.09	\$0.06	--	\$0.10	\$0.03	\$0.14
Public Health, Federal	\$2.54	--	--	--	--	--
Rural Health Clinic	\$0.23	\$0.11	--	\$0.09	\$1.18	\$2.15
Vision	\$12.84	\$8.40	\$7.90	\$6.49	\$6.59	\$8.06
Waiver - Children's Mental Health	\$647.88	\$594.63	\$799.25	\$935.88	\$920.74	--
Total	\$1,703	\$1,547	\$1,720	\$2,245	\$2,255	\$1,262

Foster Care

Table 47. Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$2.51	\$3.36	\$3.29	\$2.48	\$3.70	\$2.30
Ambulatory Surgical Center	\$3.30	\$3.56	\$4.27	\$5.41	\$6.04	\$8.31
Behavioral Health	\$181.09	\$201.87	\$208.22	\$205.22	\$189.12	\$177.03
Care Management Entity	--	--	--	--	--	--
Clinic/Center	\$3.65	\$3.06	\$3.07	\$4.21	\$3.37	\$3.65
Dental	\$23.61	\$23.96	\$21.57	\$21.65	\$20.65	\$24.70
DME, Prosthetics/Orthotics/ Supplies	\$3.55	\$3.37	\$3.37	\$3.44	\$2.58	\$3.83
End Stage Renal Disease	\$1.02	\$2.34	\$1.65	\$0.31	\$0.21	\$0.21
Federally Qualified Health Center	\$2.87	\$1.72	\$2.05	\$2.80	\$2.33	\$2.94
Home Health	\$0.11	\$0.24	\$0.11	\$0.42	\$1.02	\$1.50
Hospice	--	--	--	--	--	--
Hospital Total	\$61.80	\$56.95	\$61.79	\$65.80	\$75.08	\$65.17
<i>Inpatient</i>	\$42.37	\$36.05	\$37.60	\$46.16	\$56.37	\$47.08
<i>Outpatient</i>	\$19.71	\$20.94	\$24.85	\$19.87	\$18.88	\$18.17
<i>Other Hospital</i>	-\$0.28	-\$0.04	-\$0.66	-\$0.19	-\$0.16	-\$0.09
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.79	\$0.71	\$0.70	\$0.68	\$1.71	\$0.99
Nursing Facility	--	--	--	--	--	--
Other	\$6.87	\$5.59	\$2.44	\$0.39	\$1.86	\$5.71
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$48.20	\$43.61	\$43.64	\$47.48	\$45.52	\$47.58
Prescription Drug	\$96.87	\$78.29	\$67.47	\$75.37	\$77.02	\$69.86
PRTF	\$208.57	\$93.85	\$155.81	\$190.03	\$152.30	\$127.78
Public Health or Welfare	\$0.21	\$0.18	\$0.13	\$0.15	\$0.22	\$0.20
Public Health, Federal	\$9.05	\$8.41	\$8.81	\$9.89	\$10.66	\$11.11
Rural Health Clinic	\$2.92	\$2.57	\$2.29	\$2.43	\$2.53	\$1.89
Vision	\$9.21	\$9.14	\$9.41	\$8.85	\$8.38	\$8.54
Waiver - Total	--	--	--	--	--	--
Total	\$666	\$543	\$600	\$647	\$604	\$563

Table 48. Newborn Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$12.72	\$15.13	\$12.17	\$12.55	\$14.88	\$12.02
Ambulatory Surgical Center	\$1.49	\$1.00	\$1.33	\$1.24	\$2.47	\$1.54
Behavioral Health	\$0.60	\$0.49	\$0.59	\$0.12	\$1.18	\$0.45
Care Management Entity	--	--	--	--	--	--
Clinic/Center	\$0.97	\$0.98	\$1.14	\$1.25	\$0.90	\$1.29
Dental	\$0.39	\$0.12	\$0.15	\$0.30	\$0.55	\$0.39
DME, Prosthetics/Orthotics/ Supplies	\$3.22	\$3.75	\$6.65	\$4.59	\$4.24	\$5.44
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$5.50	\$2.26	\$3.17	\$3.27	\$7.40	\$8.74
Home Health	\$0.82	\$1.28	\$1.19	\$1.44	\$6.03	\$0.68
Hospice	--	--	--	--	--	--
Hospital Total	\$466.51	\$466.80	\$462.29	\$415.90	\$435.57	\$460.67
<i>Inpatient</i>	\$440.93	\$440.75	\$435.32	\$391.91	\$410.57	\$435.68
<i>Outpatient</i>	\$25.83	\$26.12	\$27.40	\$24.08	\$24.99	\$25.00
<i>Other Hospital</i>	-\$0.25	-\$0.07	-\$0.43	-\$0.10	\$0.01	-\$0.01
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.33	\$0.29	\$0.29	\$0.19	\$0.26	\$0.12
Nursing Facility	--	--	--	--	--	--
Other	\$0.36	\$0.37	\$0.27	\$0.18	\$0.20	\$0.27
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$142.16	\$157.84	\$161.26	\$151.26	\$135.35	\$136.62
Prescription Drug	\$30.79	\$26.84	\$27.84	\$24.83	\$16.12	\$21.01
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.68	\$0.65	\$0.71	\$0.69	\$0.65	\$0.90
Public Health, Federal	\$10.26	\$7.95	\$9.16	\$9.34	\$12.14	\$9.88
Rural Health Clinic	\$4.39	\$3.69	\$4.00	\$3.74	\$3.43	\$3.68
Vision	\$0.22	\$0.21	\$0.24	\$0.16	\$0.22	\$0.32
Waiver - Total	--	--	--	--	--	--
Total	\$681	\$690	\$692	\$631	\$642	\$664

MEDICARE SAVINGS PROGRAMS

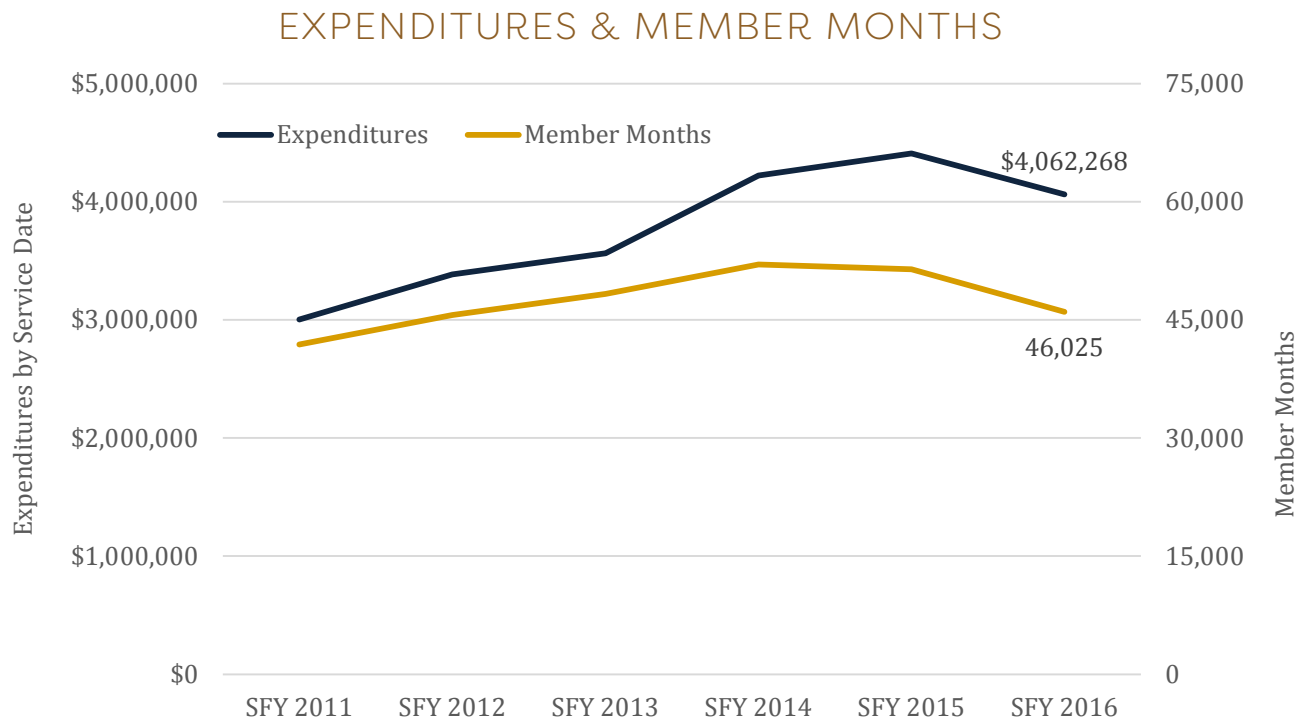


Figure 28. Medicare Savings Programs Expenditures and Member Months History

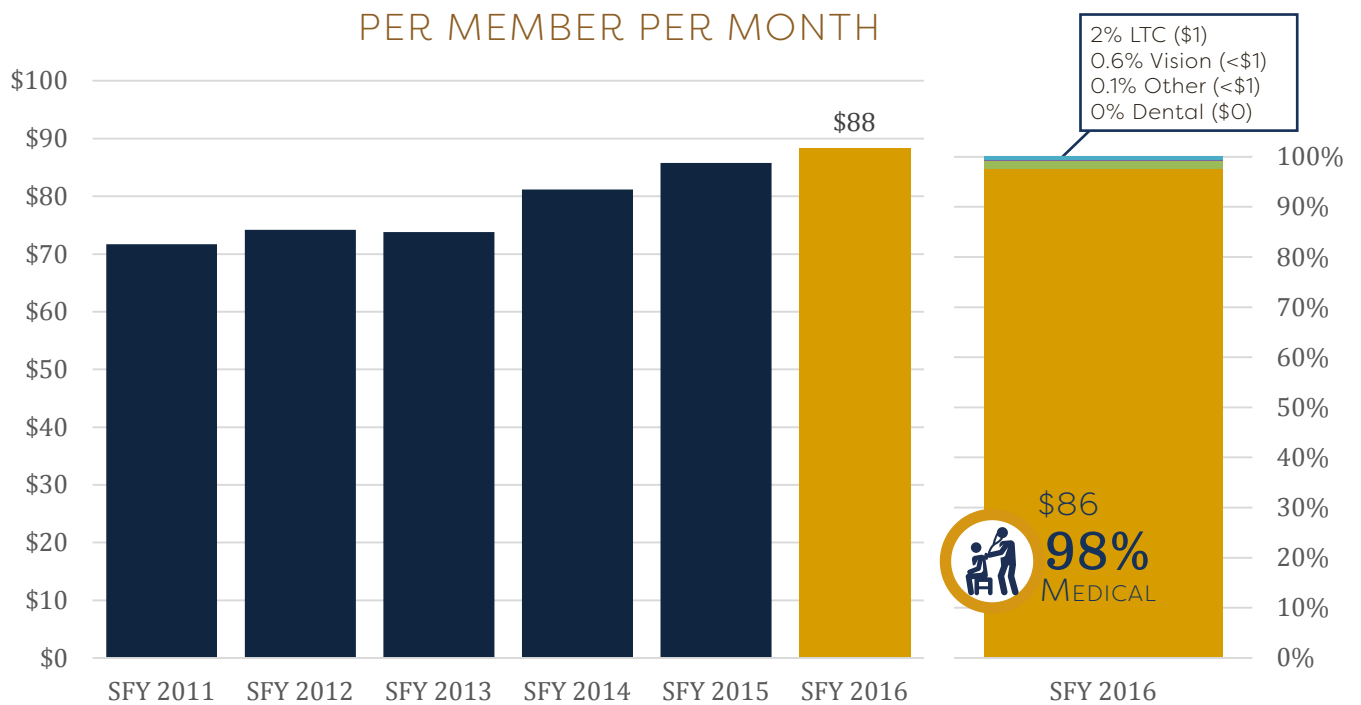


Figure 29. Medicare Savings Programs Per Member Per Month History

CATEGORY OVERVIEW

Medicare Savings Programs

SFY 2016

Unique Members

4,982

Average Length of Enrollment

9 months

Expenditures

\$4,062,268

Member Months

46,012

PMPM

\$88

MEDICARE SAVINGS PROGRAMS UNIQUE ENROLLMENT HISTORY

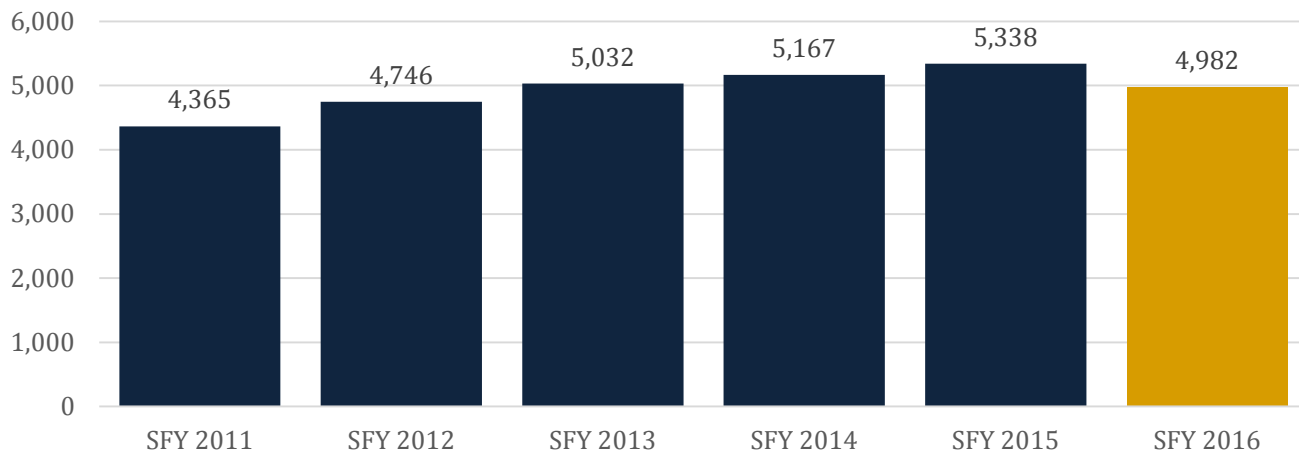


Figure 30. Medicare Savings Programs Unique Enrollment History

Table 49. Medicare Savings Programs Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Medicare Savings Programs	Qualified Medicare Beneficiary	\$4,022,955	27,137	\$149
	Specified Low-Income Medicare Beneficiary	\$27,903	18,888	\$1
	Part B - Partial AMB	\$120	--	--
Overall		\$4,062,268	46,025	\$88

Table 50. Medicare Savings Programs Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Medicare Savings Programs	Qualified Medicare Beneficiary	\$127	\$132	\$131	\$144	\$144	\$149
	Specified Low-Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
	Part B - Partial AMB	--	--	--	--	--	--
Overall		\$72	\$74	\$74	\$81	\$86	\$88

SUBGROUP DETAILS

Qualified Medicare Beneficiary

Table 51. Qualified Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$1.80	\$2.13	\$2.05	\$4.30	\$2.81	\$3.84
Ambulatory Surgical Center	\$1.84	\$2.12	\$1.76	\$2.00	\$1.85	\$1.82
Behavioral Health	\$3.55	\$3.18	\$3.41	\$3.12	\$2.50	\$2.72
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$0.01	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	\$9.22	\$9.60	\$8.59	\$8.87	\$9.17	\$8.23
End Stage Renal Disease	\$2.32	\$2.79	\$2.65	\$3.01	\$3.66	\$5.06
Federally Qualified Health Center	\$1.10	\$0.51	\$0.76	\$0.78	\$1.22	\$1.73
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	\$63.85	\$66.29	\$68.39	\$74.69	\$80.25	\$79.92
<i>Inpatient</i>	\$24.27	\$24.32	\$22.47	\$25.76	\$24.66	\$24.33
<i>Outpatient</i>	\$40.03	\$42.28	\$46.27	\$48.96	\$55.57	\$55.54
<i>Other Hospital</i>	-\$0.46	-\$0.32	-\$0.35	-\$0.03	\$0.02	\$0.05
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.30	\$0.37	\$0.19	\$0.24	\$0.20	\$0.11
Nursing Facility	\$3.00	\$4.36	\$2.70	\$3.45	\$2.09	\$2.47
Other	\$0.48	\$0.62	\$0.31	\$0.27	\$0.29	\$0.18
PACE	--	--	--	--	\$0.08	--
Physician & Other Practitioner	\$35.87	\$37.09	\$37.51	\$40.27	\$36.98	\$39.65
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$1.03	\$1.11	\$0.98	\$0.88	\$0.92	\$1.07
Public Health, Federal	\$0.21	\$0.15	\$0.17	\$0.13	\$0.16	\$0.10
Rural Health Clinic	\$1.24	\$1.11	\$1.20	\$0.90	\$0.97	\$0.80
Vision	\$0.71	\$0.74	\$0.69	\$0.80	\$0.81	\$0.96
Waiver Total	--	--	--	--	--	--
Total	\$127	\$132	\$131	\$144	\$144	\$149

Specified Low Income Medicare Beneficiary

Table 52. Specified Low Income Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	--	--	--	--	--	--
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	\$0.06	\$0.04	\$0.02	\$0.02	\$0.03	\$0.01
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	--	--	--	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	--
Nursing Facility	-\$0.06	\$0.27	-\$0.01	--	-\$0.01	\$0.03
Other	--	-\$0.02	--	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	-\$0.05	-\$0.02	--	--	-\$0.07	--
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$1.44	\$1.20	\$0.93	\$1.06	\$1.24	\$1.44
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$1.39	\$1.47	\$0.94	\$1.07	\$1.18	\$1.48

NON-CITIZENS WITH MEDICAL EMERGENCIES

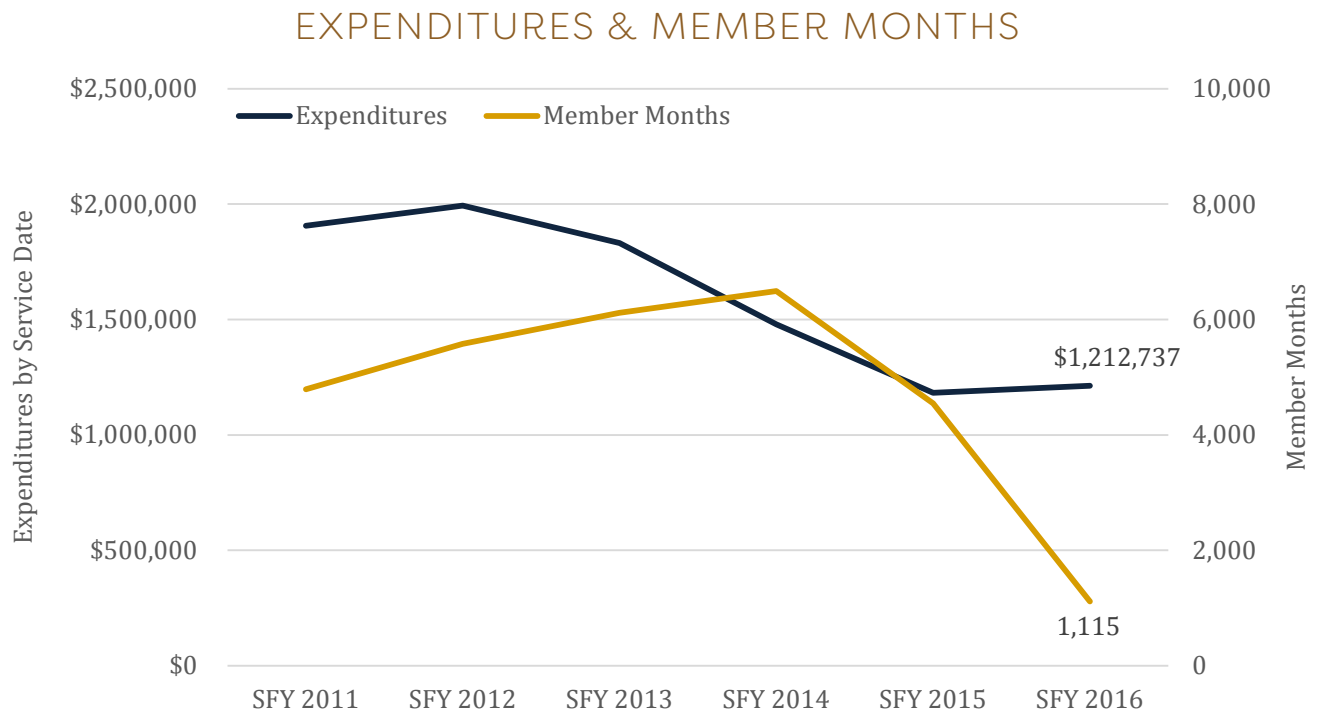


Figure 31. Non-Citizens with Medical Emergencies Expenditures and Member Months History

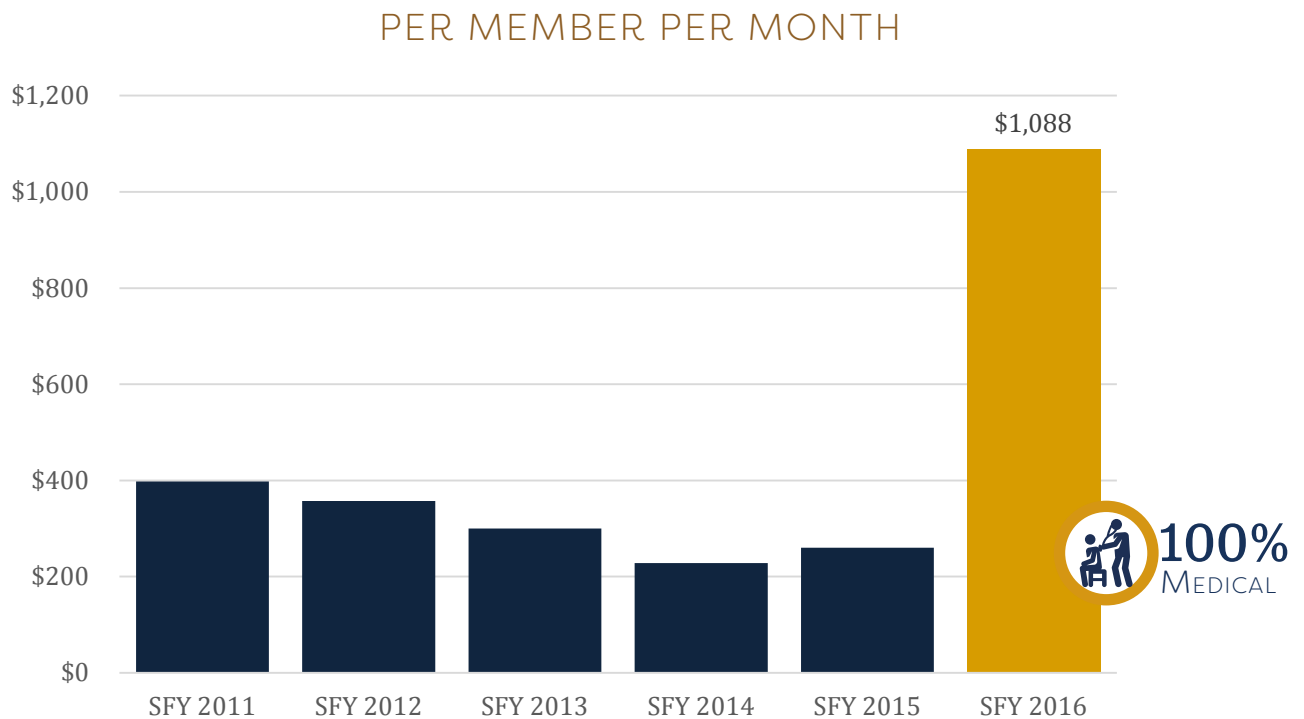


Figure 32. Non-Citizens with Medical Emergencies Per Member Per Month History

CATEGORY OVERVIEW

Non-Citizens with Medical Emergencies

SFY 2016

Unique Members

432

Average Length of Enrollment

2 months

Expenditures

\$1,212,737

Member Months

1,115

PMPM

\$1,088

NON-CITIZENS WITH MEDICAL EMERGENCIES UNIQUE ENROLLMENT HISTORY

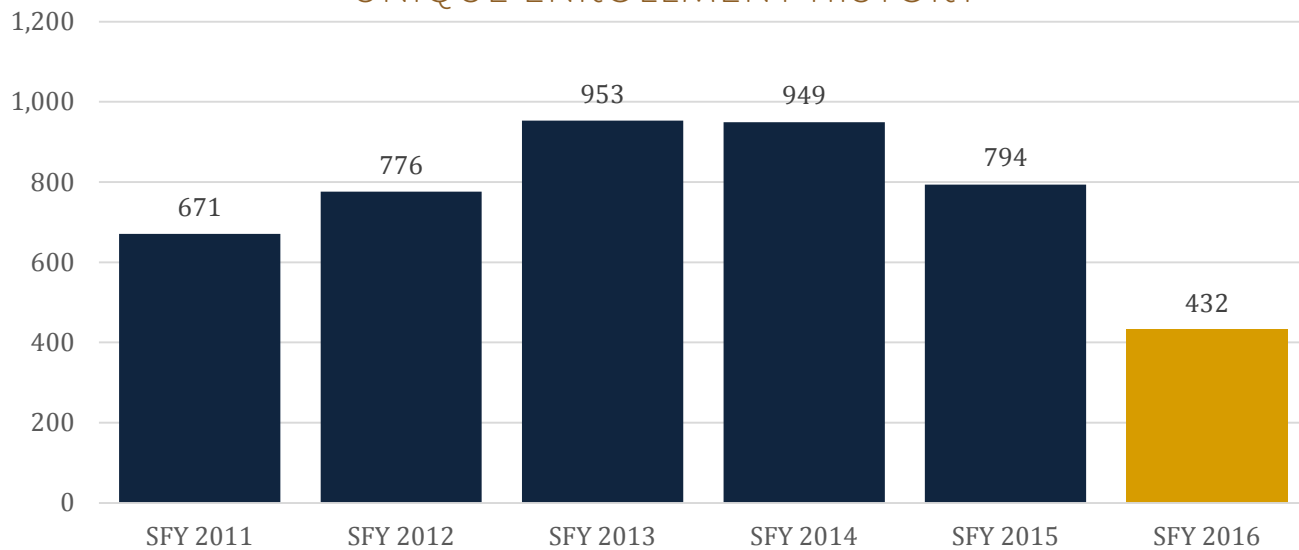


Figure 33. Non-Citizens with Medical Emergencies Unique Enrollment History

Table 53. Non-Citizens with Medical Emergencies Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,212,737	1,115	\$1,088

Table 54. Medicare Savings Programs Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Non-Citizens with Medical Emergencies	Non-Citizens	\$398	\$357	\$300	\$228	\$260	\$1,088

SUBGROUP DETAILS

Non-Citizens

Table 55. Non-Citizens Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$10.11	\$4.08	\$7.13	\$8.72	\$3.58	\$8.75
Ambulatory Surgical Center	\$0.13	\$0.12	--	\$0.05	--	--
Behavioral Health	--	--	--	--	--	--
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$0.09	--	\$0.08	--	\$0.22	\$0.64
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	\$253.93	\$238.24	\$201.97	\$167.51	\$206.11	\$899.75
<i>Inpatient</i>	\$240.70	\$224.86	\$189.56	\$161.05	\$197.33	\$856.18
<i>Outpatient</i>	\$13.22	\$13.41	\$12.41	\$7.07	\$8.78	\$43.58
<i>Other Hospital</i>	--	-\$0.03	--	-\$0.61	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.33	\$0.92	\$0.87	\$0.02	\$0.04	--
Nursing Facility	--	--	--	--	--	--
Other	--	\$0.01	--	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$132.88	\$113.87	\$89.44	\$51.47	\$49.86	\$178.51
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.03	\$0.02	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	\$0.21	\$0.06	\$0.04	\$0.04	\$0.05	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$398	\$357	\$300	\$228	\$260	\$1,088



PREGNANT WOMEN

EXPENDITURES & MEMBER MONTHS

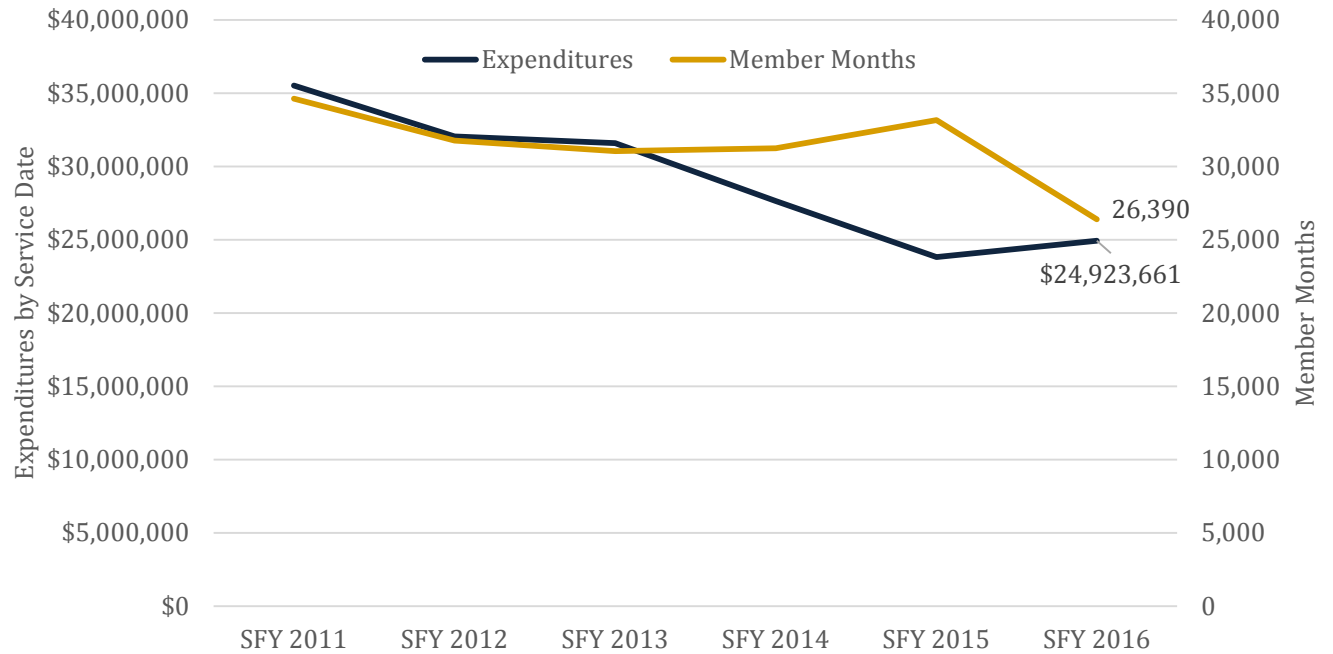


Figure 34. Pregnant Women Expenditures and Member Months History

PER MEMBER PER MONTH

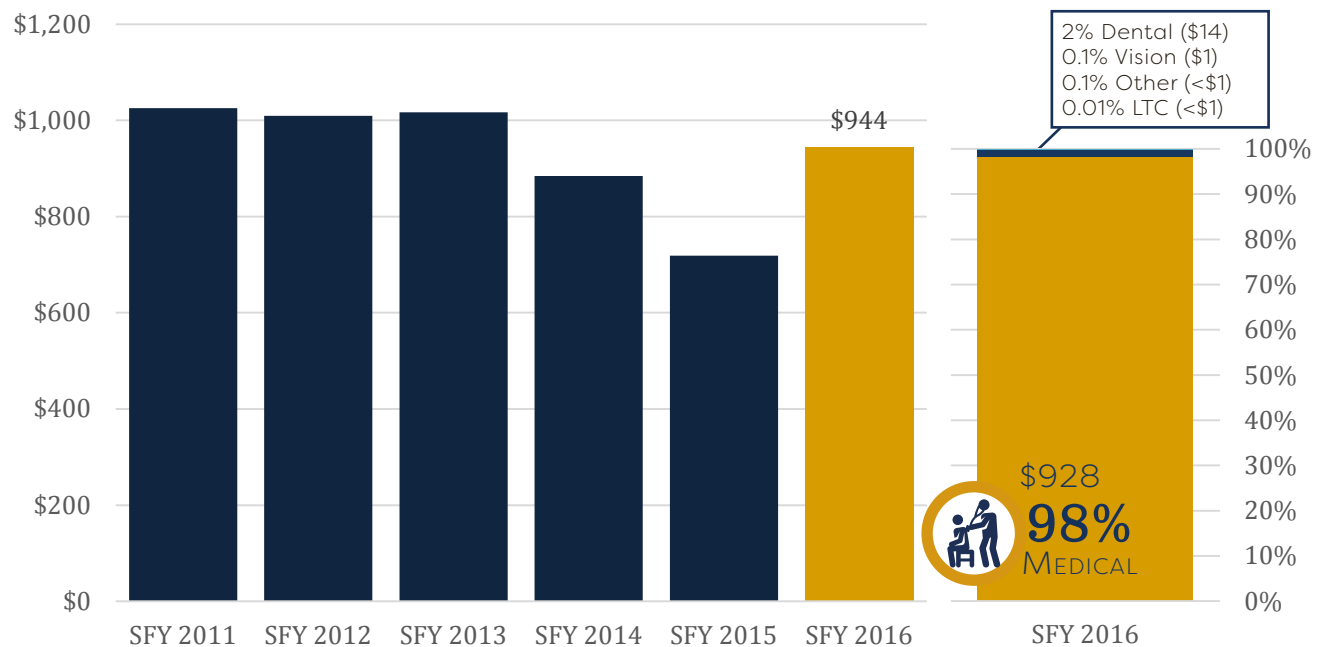


Figure 35. Pregnant Women Expenditures and Member Months History

CATEGORY OVERVIEW

Pregnant Women

SFY 2016

Unique Members

5,517

Average Length of Enrollment

4 months

Expenditures

\$24,923,661

Member Months

26,390

PMPM
\$944

PREGNANT WOMEN UNIQUE ENROLLMENT HISTORY

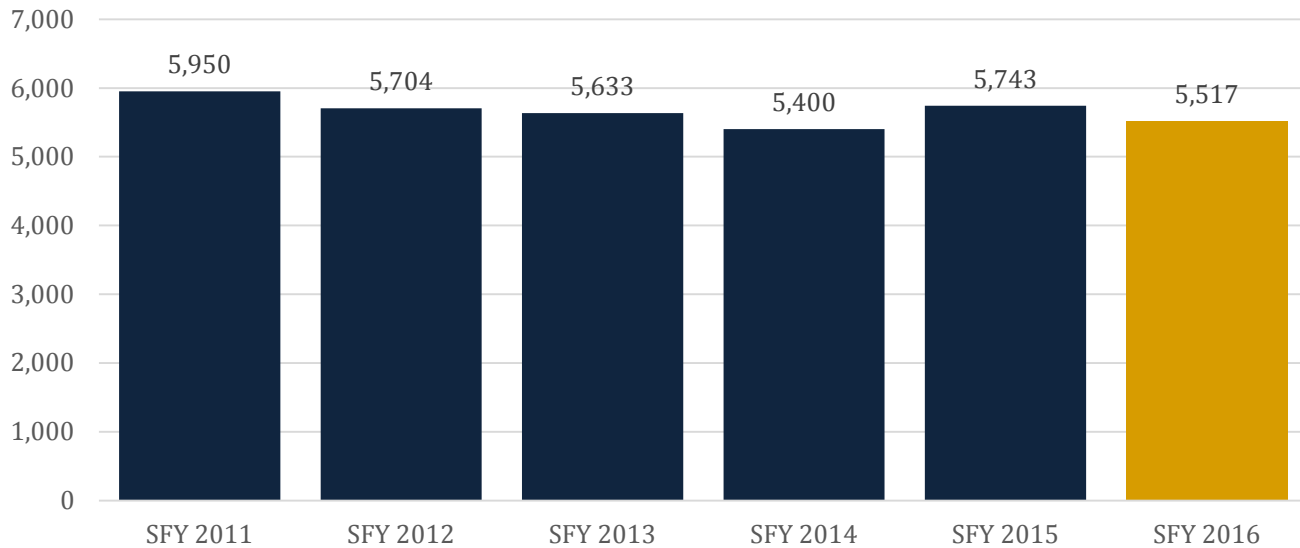


Figure 36. Pregnant Women Unique Enrollment History

Table 56. Pregnant Women Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Pregnant Women	Pregnant Women	\$24,621,871	24,220	\$1,017
	Presumptive Eligibility	\$301,791	2,170	\$139
Overall		\$24,923,661	26,390	\$944

Table 57. Pregnant Women Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Pregnant Women	Pregnant Women	\$1,077	\$1,057	\$1,069	\$928	\$760	\$1,017
	Presumptive Eligibility	\$115	\$118	\$110	\$158	\$177	\$139
Overall		\$1,026	\$1,009	\$1,017	\$884	\$719	\$944

SUBGROUP DETAILS

Pregnant Women

Table 58. Pregnant Women Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$16.85	\$18.82	\$18.71	\$13.76	\$12.74	\$12.99
Ambulatory Surgical Center	\$0.70	\$0.64	\$0.44	\$0.68	\$1.01	\$1.93
Behavioral Health	\$7.73	\$9.68	\$9.10	\$10.74	\$9.64	\$16.19
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$15.41	\$13.22	\$14.67	\$12.97	\$12.63	\$15.79
DME, Prosthetics/Orthotics/ Supplies	\$1.37	\$2.02	\$1.47	\$2.03	\$2.12	\$1.85
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$11.80	\$4.67	\$12.54	\$18.91	\$18.23	\$18.28
Home Health	\$0.56	\$0.48	\$0.75	\$0.39	\$0.31	\$0.08
Hospice	--	--	--	--	--	--
Hospital Total	\$504.05	\$504.16	\$507.51	\$462.30	\$385.98	\$556.25
<i>Inpatient</i>	\$422.41	\$421.75	\$420.80	\$388.41	\$324.89	\$488.13
<i>Outpatient</i>	\$81.85	\$83.16	\$87.74	\$74.35	\$61.38	\$68.17
<i>Other Hospital</i>	-\$0.22	-\$0.75	-\$1.03	-\$0.46	-\$0.28	-\$0.05
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$10.67	\$11.03	\$12.43	\$12.93	\$18.22	\$11.51
Nursing Facility	--	--	--	-\$0.01	--	--
Other	\$0.41	\$0.25	\$0.16	\$0.20	\$0.18	\$0.70
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$460.75	\$442.92	\$441.88	\$337.35	\$253.57	\$323.51
Prescription Drug	\$23.44	\$25.28	\$26.67	\$27.35	\$23.26	\$27.51
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.12	\$0.11	\$0.18	\$0.12	\$0.18	\$0.18
Public Health, Federal	\$20.21	\$21.31	\$20.04	\$24.91	\$19.21	\$26.50
Rural Health Clinic	\$1.09	\$0.97	\$1.22	\$1.82	\$1.88	\$1.88
Vision	\$1.50	\$1.53	\$1.53	\$1.44	\$1.07	\$1.42
Waiver Total	--	--	--	--	--	--
Total	\$1,077	\$1,057	\$1,069	\$928	\$760	\$1,017

Presumptive Eligibility

Table 59. Presumptive Eligibility Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	--	\$3.45	\$0.19	\$1.85	\$6.36	\$1.58
Ambulatory Surgical Center	\$0.35	\$0.80	--	--	\$0.64	\$9.93
Behavioral Health	\$0.75	\$4.85	\$0.89	\$2.95	\$2.30	\$2.07
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	\$0.02	\$0.10	--	\$0.28	--	\$0.05
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$5.17	\$1.21	\$5.95	\$9.96	\$18.76	\$9.53
Home Health	--	--	--	--	\$0.21	--
Hospice	--	--	--	--	--	--
Hospital Total	\$35.62	\$33.16	\$31.87	\$39.33	\$49.87	\$41.79
<i>Inpatient</i>	--	--	--	--	--	--
<i>Outpatient</i>	\$35.63	\$33.16	\$31.81	\$39.45	\$50.60	\$41.82
<i>Other Hospital</i>	-\$0.01	--	\$0.06	-\$0.12	-\$0.73	-\$0.03
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$9.34	\$7.23	\$8.04	\$20.88	\$20.97	\$14.05
Nursing Facility	--	--	--	--	--	--
Other	\$1.92	\$1.70	\$1.83	\$1.27	\$1.26	\$1.14
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$45.71	\$43.09	\$45.20	\$59.65	\$54.46	\$51.20
Prescription Drug	\$14.71	\$16.78	\$14.41	\$17.21	\$16.90	\$11.92
PRTF	--	--	--	--	--	--
Public Health or Welfare	--	--	--	\$0.02	\$0.44	\$1.04
Public Health, Federal	\$0.96	\$5.03	\$1.13	\$3.05	\$3.49	\$4.08
Rural Health Clinic	\$0.11	\$0.45	\$0.42	\$0.67	\$0.82	\$0.77
Vision	\$0.32	\$0.38	\$0.39	\$0.42	\$0.38	\$0.34
Waiver Total	--	--	--	--	--	--
Total	\$115	\$118	\$110	\$158	\$177	\$139

SPECIAL GROUPS

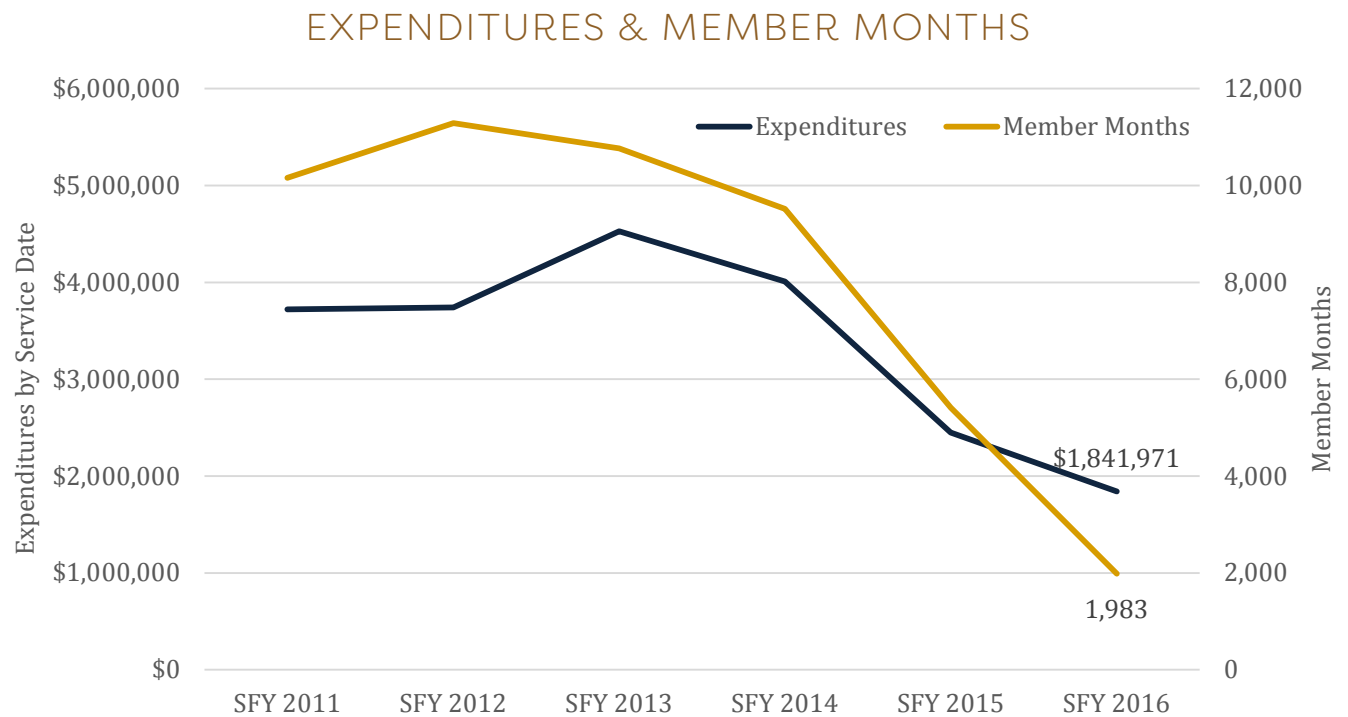


Figure 37. Special Groups Expenditures and Member Months History

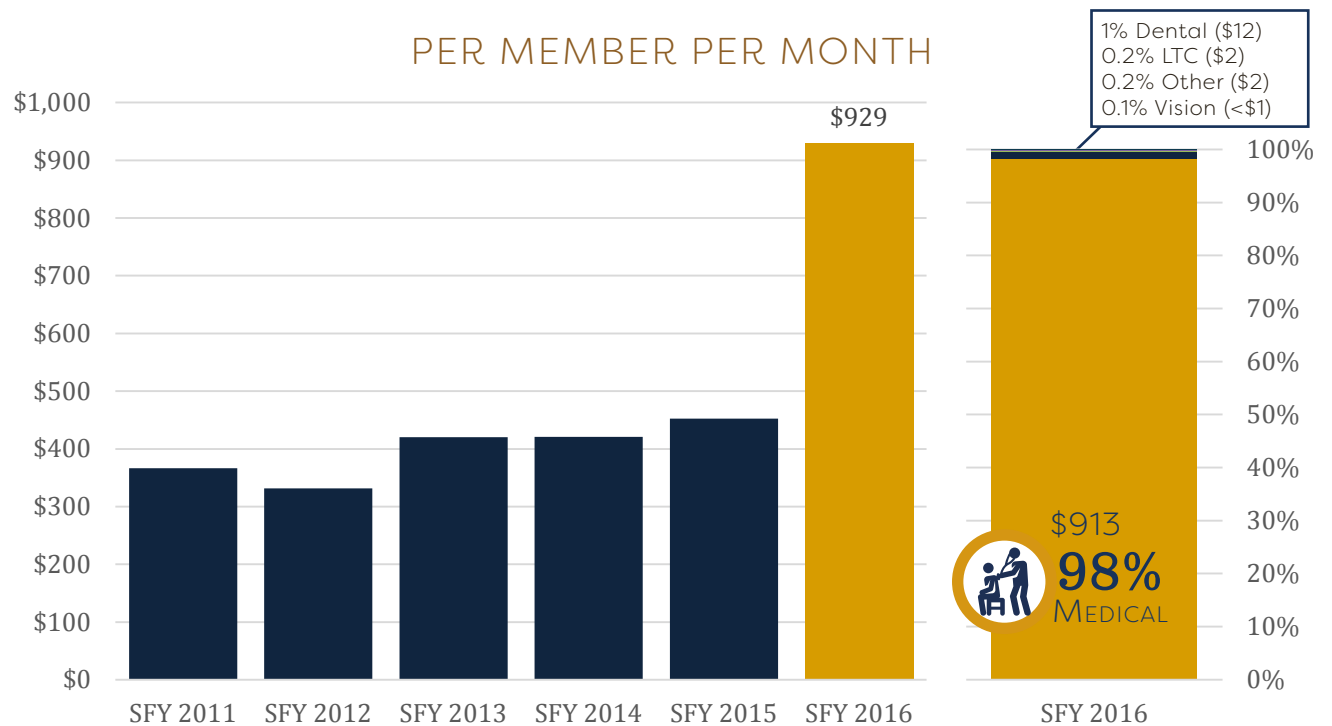


Figure 38. Special Groups Per Member Per Month History

CATEGORY OVERVIEW

Special Groups

SFY 2016

Unique Members 250	Average Length of Enrollment 8 months	PMPM \$929
Expenditures \$1,841,971	Member Months 1,983	

SPECIAL GROUPS UNIQUE ENROLLMENT HISTORY

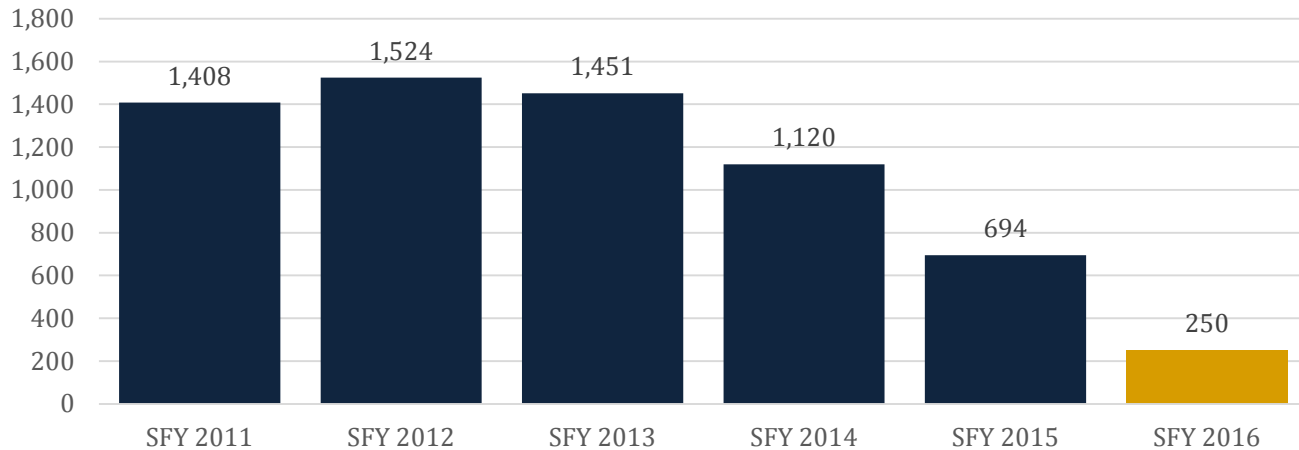


Figure 39. Special Groups Unique Enrollment History

Table 60. Special Groups Summary by Subgroup -SFY 2016

Eligibility Category	Eligibility Subgroup	Expenditures	Member Months	PMPM
Special Groups	Breast and Cervical	\$1,830,833	1,006	\$1,820
	Family Planning Waiver	\$7,963	966	\$8
	Tuberculosis	\$3,175	11	\$289
Overall		\$1,841,971	1,983	\$929

Table 61. Special Groups Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Special Groups	Breast and Cervical	\$1,796	\$1,678	\$2,148	\$2,043	\$1,591	\$1,820
	Family Planning Waiver	\$12	\$12	\$13	\$10	\$7	\$8
	Tuberculosis	--	--	--	--	--	\$289
Overall		\$367	\$331	\$420	\$421	\$453	\$929

SUBGROUP DETAILS

Breast and Cervical

Table 62. Breast and Cervical Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	\$4.37	\$7.45	\$6.02	\$21.76	\$11.14	\$15.14
Ambulatory Surgical Center	\$9.36	\$7.39	\$3.42	\$6.89	\$7.76	\$12.06
Behavioral Health	\$15.82	\$23.78	\$30.15	\$20.78	\$14.22	\$17.44
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	\$15.87	\$31.16	\$14.73	\$13.29	\$16.85	\$24.16
DME, Prosthetics/Orthotics/ Supplies	\$11.80	\$13.00	\$14.48	\$20.24	\$22.27	\$17.68
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$8.69	\$5.53	\$6.96	\$6.41	\$6.86	\$14.73
Home Health	\$1.59	\$1.87	\$5.17	\$5.26	\$3.89	\$2.99
Hospice	\$7.48	\$10.20	\$16.22	\$24.53	\$8.14	--
Hospital Total	\$873.54	\$643.84	\$1,042.13	\$846.41	\$840.91	\$852.62
<i>Inpatient</i>	\$397.72	\$323.12	\$428.85	\$323.90	\$482.82	\$368.99
<i>Outpatient</i>	\$481.74	\$325.33	\$640.45	\$520.80	\$357.48	\$483.63
<i>Other Hospital</i>	-\$5.92	-\$4.60	-\$27.16	\$1.70	\$0.61	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$25.73	\$27.63	\$21.28	\$20.70	\$18.64	\$15.00
Nursing Facility	--	--	--	--	--	--
Other	\$5.78	\$3.58	\$0.35	\$1.49	\$4.58	\$2.73
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$602.70	\$705.79	\$759.47	\$812.47	\$414.25	\$481.35
Prescription Drug	\$180.84	\$162.83	\$192.35	\$195.56	\$179.36	\$340.87
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.16	\$0.20	\$0.36	\$0.50	\$0.29	\$0.24
Public Health, Federal	\$27.90	\$30.30	\$32.14	\$43.73	\$38.97	\$20.97
Rural Health Clinic	\$2.78	\$1.89	\$1.36	\$1.95	\$1.03	\$0.83
Vision	\$1.18	\$1.81	\$1.42	\$1.40	\$1.54	\$1.11
Waiver Total	--	--	--	--	--	--
Total	\$1,796	\$1,678	\$2,148	\$2,043	\$1,591	\$1,820

Family Planning Waiver

Table 63. Family Planning Waiver Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	-\$0.04	--	--	--	--	--
Ambulatory Surgical Center	\$0.23	\$0.10	--	\$0.06	--	--
Behavioral Health	--	--	--	--	--	--
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$0.41	\$0.09	\$0.22	\$0.16	\$0.22	\$0.15
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	-\$0.87	\$0.53	\$1.52	\$0.31	\$0.64	\$0.01
<i>Inpatient</i>	--	--	--	--	--	--
<i>Outpatient</i>	\$0.05	\$0.53	\$1.90	\$0.31	\$0.64	\$0.01
<i>Other Hospital</i>	-\$0.91	\$0.00	-\$0.38	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.08	\$0.05	\$0.09	--	--	--
Nursing Facility	--	--	--	--	--	--
Other	\$0.19	\$0.26	\$0.37	\$0.44	\$0.15	\$0.33
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$6.35	\$4.46	\$4.66	\$2.52	\$2.30	\$2.00
Prescription Drug	\$5.54	\$5.85	\$6.04	\$6.06	\$3.93	\$5.75
PRTF	--	--	--	--	--	--
Public Health or Welfare	\$0.02	--	\$0.02	\$0.03	--	--
Public Health, Federal	\$0.11	\$0.24	\$0.26	\$0.18	\$0.09	--
Rural Health Clinic	--	\$0.07	\$0.04	--	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$12	\$12	\$13	\$10	\$7	\$8

Tuberculosis

Table 64. Tuberculosis Per Member Per Month History by Service Area

Service Area	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Ambulance	--	--	--	--	--	--
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	--	--	--
Care Management Entity	--	--	--	--	--	--
Clinic/Center	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/ Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	\$38.59
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	--	--	--	--	--	\$167.16
<i>Inpatient</i>	--	--	--	--	--	--
<i>Outpatient</i>	--	--	--	--	--	\$167.16
<i>Other Hospital</i>	--	--	--	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	\$9.95
Nursing Facility	--	--	--	--	--	--
Other	--	--	--	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	--	--	--	--	--	\$49.61
Prescription Drug	--	--	--	--	--	\$23.28
PRTF	--	--	--	--	--	--
Public Health or Welfare	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	--	--	--	--	--	\$289



Appendix *A* Glossary & ACRONYMS

GLOSSARY

Acquired Brain Injury (ABI) – Damage to the brain that occurs after birth and is not related to a congenital or degenerative disorder.

Ambulatory Surgical Center (ASC) – A free-standing facility, other than a physician's office or a hospital, where surgical and diagnostic services are provided on an ambulatory basis. The facility operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours.

Centers for Medicare and Medicaid Services (CMS) – The government agency within the Department of Health and Human Services that administers the Medicare program, and works with states to administer Medicaid. In addition to Medicare and Medicaid, CMS oversees the Children's Health Insurance Program.

Cognos – The reporting tool used to extract data from the Medicaid Management Information System (MMIS).

Co-payment – A fixed amount of money paid by the enrolled member at the time of service.

Council on Accreditation – An organization that accredits healthcare organizations.

Current Procedural Terminology (CPT) – A code set developed by the American Medical Association for standardizing the terminology and coding used to report medical procedures and services. CPT codes are Level I of the HCPCS code set.

Department of Health and Human Services (HHS) – The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Durable Medical Equipment (DME), Prosthetics, Orthotics and Supplies – Medical equipment and other supplies that are intended to reduce an individual's physical disability and restore the individual to his or her functional level.

Dual Individual – For the purposes of this Report, an individual enrolled in Medicare and Medicaid who is eligible to receive Medicaid services.

Eligibility – Criteria that establish an individual as qualified to enroll in Medicaid. The federal government establishes minimum eligibility standards and requires states to cover certain population groups. States have the flexibility to cover other population groups within federal guidelines.

Enrollment – A unique count of members enrolled in Medicaid. Enrollment may be reported at a point in time (e.g., as of June 30) or over a time-frame (e.g., SFY 2015).

End Stage Renal Disease (ESRD) – The complete, or almost complete, failure of the kidneys to function. The only treatments for ESRD are dialysis or kidney transplantation.

Expenditure – Funds or money spent to liquidate an expense regardless of when the service was provided or the expense was incurred.

Family Planning Waiver – A Section 1115 waiver that provides family planning services and birth control options to women who have received Medicaid benefits under the Pregnant Women program and who would otherwise lose Medicaid eligibility 60 days after giving birth. Sometimes referred to as the Pregnant by Choice Waiver.

Federal Fiscal Year (FFY) – The 12 month accounting period, for which the federal government plans its budget, usually running from October 1 through September 30. The FFY is named for the end date of the year (e.g., FFY 2009 ends on September 30 2009).

Federal Medical Assistance Percentage (FMAP) – The percentage rates used to determine the federal matching funds allocated to the Medicaid program. The FMAP is the portion of the Medicaid program that is paid by the federal government.

Federal Poverty Level (FPL) – The amount of income determined by the Department of Health and Human Services that is needed to provide a minimum for living necessities.

Federally Qualified Health Center (FQHC) – A designated health center in a medically underserved area that is eligible to receive cost-based Medicare and Medicaid reimbursement.

Fee Schedule – A complete listing of fees used by health plans to pay medical care professionals.

Healthcare Common Procedure Coding System (HCPCS) – A standardized coding system used to report procedures, specific items, equipment, supplies, and services provided in the delivery of healthcare. There are two principal subsystems, Level I and Level II. Level I codes are comprised of CPT codes which are identified by five numeric digits. Level II codes are used primarily to identify equipment, supplies and services not included in the CPT code set. Level II codes are alphanumeric codes.

Home and Community Based Services (HCBS) – Care provided in the home and community to individuals eligible for Medicaid. The HCBS programs help the elderly and disabled, intellectually disabled, developmentally disabled and certain other disabled adults.

HCBS Acquired Brain Injury (ABI) Waiver – A HCBS waiver developed to assist adults from ages 21 to 65 with acquired brain injuries to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Being replaced by the Comprehensive and Supports Waiver starting in SFY 2016.

HCBS Adult Developmental Disabilities (DD) Waiver – A HCBS waiver developed to assist adults with developmental disabilities to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Replaced by the Comprehensive and Supports Waiver starting in April 2014.

HCBS Assisted Living Facility (ALF) Waiver – A HCBS waiver that allows participants ages 19 and older who require services equivalent to a nursing facility level of care to receive services in an ALF.

HCBS Child Developmental Disabilities (DD) Waiver – A HCBS waiver developed to assist children under age 21 with developmental disabilities to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Replaced by the Comprehensive and Supports Waiver starting in April 2014.

HCBS Children's Mental Health (CMH) Waiver – A HCBS waiver developed to allow youth with serious emotional disturbances who need mental health treatment to remain in their home

communities.

HCBS Comprehensive Waiver – A HCBS waiver developed to replace the former DD waivers for with people with a developmental disability.

HCBS Long-Term Care (LTC) Waiver – A HCBS waiver that provides in-home services to participants ages 19 and older who require services equivalent to a nursing facility level of care.

HCBS Supports Waiver – A HCBS waiver developed to replace the former DD waivers for with people with a developmental disability. Provides more flexible service than the Comprehensive Waiver, but with a lower cap on benefits.

Intermediate Care Facility for people with Intellectual Disabilities (ICF-ID) – A facility that primarily provides comprehensive and individualized healthcare and rehabilitation services above the level of custodial care to intellectually disabled individuals but does not provide the level of care available in a hospital or skilled nursing facility.

Medicaid – A joint federal-state program authorized by Title XIX of the Social Security Act that provides medical coverage for certain low-income and other categorically related individuals who meet eligibility requirements. A portion of the Medicaid program is funded by the federal government using the Federal Medical Assistance Percentage.

Medicaid Management Information System (MMIS) – An integrated group of procedures and computer processing operations (subsystems) that supports the Medicaid program operations. The functional areas of the MMIS include recipients, providers, claims processing, reference files, surveillance and utilization review, management and administration reporting, and third party liability. The MMIS is certified by the Centers for Medicare and Medicaid Services.

Medicare – A federal program, authorized by Title XVIII of the Social Security Act, that provides medical coverage for individuals age 65 or older, individuals under age 65 with certain disabilities, and individuals of all ages with end stage renal disease.

Member – An individual enrolled in Medicaid and eligible to receive services.

Modified Adjusted Gross Income (MAGI) – A new income methodology implemented in SFY 2013.

Per Member per Month – The monthly average cost for each enrolled member.

Pregnant by Choice Waiver – A Section 1115 waiver that provides family planning services and birth control options to women who have received Medicaid benefits under the Pregnant Women program and who would otherwise lose Medicaid eligibility 60 days after giving birth. For the purposes of this report, this is referred to as the Family Planning Waiver.

Prescription Drug Assistance Program (PDAP) – A state-funded program administered by the Healthcare Financing Division providing up to three prescriptions per month to Wyoming residents with income at or below 100 percent of the FPL.

Prior Authorization (PA) – The requirement of a prescriber to obtain permission to prescribe a medication prior to prescribing it. In the context of a PBM plan, a program that requires physicians to obtain certification of medical necessity prior to drug dispensing.

Procedure Code – A HCPCS Level I or Level II code used to report the delivery of healthcare for reimbursement purposes.

Psychiatric Residential Treatment Facility (PRTF) – A facility that provides services to individuals who require extended care beyond acute psychiatric stabilization or extended

psychiatric services. These services address long-standing behavioral disturbances, which are not usually responsive to shorter-term care.

Recipient – For the purposes of this Report, an individual enrolled in Medicaid who received Medicaid services.

Rural Health Clinic (RHC) – A designated health clinic in a medically under-served area that is non-urbanized as defined by the U.S. Bureau of Census and that is eligible to receive cost-based Medicare and Medicaid reimbursement.

Section 1115 Waiver – An experimental, pilot or demonstration project authorized by Section 1115 of the Social Security Act. Section 1115 projects allow states the flexibility to test new or existing approaches to financing and delivering the Medicaid program.

State Fiscal Year (SFY) – The 12 month accounting period for which the state plans its budget, usually running from July 1 through June 30. The SFY is named for the end date of the year (e.g., SFY 2009 ends on June 30 2009).

State Funds – For the purposes of this Report, funds that do not receive any Medicaid Federal Medical Assistance Percentage.

Supplemental Security Income (SSI) – A federal income supplement program administered by the Social Security Administration. It is designed to assist the aged, blind, or disabled individuals who have little or no income and provides cash to meet basic needs for food, clothing and shelter.

ACRONYMS

Table 65. Acronyms

Acronym	Meaning
ABD	Aged, Blind, or Disabled
ABI	Acquired Brain Injury
ALF	Assisted Living Facility
AMB	Aged Medicare Beneficiary
ASC	Ambulatory Surgery Center
CME	Care Management Entity
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DD	Developmental Disabilities
DME	Durable Medical Equipment
EID	Employed Individuals with Disabilities
ESRD	End Stage Renal Disease
FQHC	Federally Qualified Health Center
HCBS	Home and Community Based Services
ICF-ID	Intermediate Care Facility for the Intellectually Disabled (WY Life Resource Center)
ID	Intellectual Disabilities
IMD	Institution for Mental Disease (WY State Hospital)
LTC	Long-Term Care
MAGI	Modified Adjusted Gross Income

Acronyms (continued)	Meaning
MMIS	Medicaid Management Information System
PACE	Program of All-Inclusive Care for the Elderly
PA	Prior Authorization
PMPM	Per Member Per Month
POS	Prosthetics, Orthotics, and Supplies
PRTF	Psychiatric Residential Treatment Facility
QMB	Qualified Medicare Beneficiaries
RHC	Rural Health Clinic
SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiaries
SSI	Supplemental Security Income
TB	Tuberculosis
WDH	Wyoming Department of Health
WES	Wyoming Eligibility System



Appendix B DATA METHODOLOGY

Table 66. Data Definition and Methodology Summary

Data	Definition	Methodology
Expenditures	Claim payment processed through the MMIS	Extracted based on the first date of service on claims that were never voided/adjusted and final adjusted claims
Enrolled Member	Individual enrolled in Medicaid	Unduplicated count extracted from Wyoming Data Warehouse using the Cognos tool
Member Months	Total months individuals are enrolled in Medicaid	Extracted from Cognos at program code level based on enrollment status on the last day of each month
Per Member Per Month (PMPM)	Monthly average cost for each enrolled member	Equal to expenditures divided by member months
Eligibility Category	Defined population of enrolled members; consists of one or more Eligibility Sub-Groups	Based on eligibility program codes per Medicaid Eligibility Program Chart A
Eligibility Sub-Group	More specific designations for populations of enrolled members within the eligibility categories	Based on eligibility program codes per Medicaid Eligibility Program Chart A
Service Area	Type of service provided	Based on taxonomy of the provider paid for the service
Service Category	High-level grouping of service areas	Based on the service breakdown shown in the Services section of this report

Table 67. Medicaid Chart A Eligibility Program Codes

Eligibility Category	Eligibility Sub-Group	Program Codes
Aged, Blind, Disabled Employed Individuals with Disabilities	Employed Individuals with Disabilities	S56 Emp Ind w/ Disabilities > 21
		S57 Emp Ind w/ Disabilities < 21
		S61 Continuous EID <19
Aged, Blind, Disabled Intellectual/ Developmental Disabilities and Acquired Brain Injury	Acquired Brain Injury	B01 Acq Brain Injury Wvr SSI
		B02 Acq Brain Injury Wvr 300%
		S60 Acq Brain Injury Wvr w/ EID <65
		W17 EID Support ABI Waiver Adult > 21
		W18 SSI Support ABI Waiver Adult > 21
		W19 SSI Support ABI Waiver Aged > 65
		W20 300% Support ABI Waiver Adult > 21
		W21 300% Support ABI Waiver Aged > 65
		W22 EID Comp ABI Waiver Adult > 21
		W23 SSI Comp ABI Waiver Adult > 21
		W24 SSI Comp ABI Waiver Aged > 65
		W25 300% Comp ABI Waiver Adult > 21
		W26 300% Comp ABI Waiver Aged > 65

Eligibility Category (Continued)	Eligibility Sub-Group	Program Codes	
Aged, Blind, Disabled Intellectual/ Developmental Disabilities and Acquired Brain Injury (continued)	Adult ID/DD	S22	DD Waiver SSI > 65 (inactive)
		S23	DD Waiver 300% Cap > 65 (inactive)
		S44	DD Wvr SSI Between 21 & 65 Yrs (inactive)
		S45	DD Wvr 300% Between 21 & 65 Yrs (inactive)
		S59	DD Waiver w/ EID > 21 (inactive)
		W03	EID Comp Waiver Adult > 21
		W08	SSI Comp Waiver Adult > 21
		W10	SSI Comp Waiver Aged > 65
		W14	300% Comp Waiver Adult > 21
		W16	300% Comp Waiver Aged > 65
		W01	EID Support Waiver Adult > 21
		W05	SSI Support Waiver Adult > 21
		W07	SSI Support Waiver Aged > 65
		W11	300% Support Waiver Adult > 21
		W13	300% Support Waiver Aged > 65
	Child ID/DD	S58	DD Waiver w/ EID < 21 (inactive)
		S64	Continuous DD < 19 (inactive)
		S93	DD Waiver SSI <21 (inactive)
		S94	DD Waiver 300% Cap <21 (inactive)
		W04	EID Comp Waiver Child < 21
		W09	SSI Comp Waiver Child < 21
		W15	300% Comp Waiver Child < 21
		W02	EID Support Waiver Child < 21
	ICF-ID (WY Life Resource Center)	W06	SSI Support Waiver Child < 21
		W12	300% Support Waiver Child < 21
		S03	ICF-MR SSI > 65
		S04	ICF-MR 300% Cap > 65
Aged, Blind, Disabled Institution	Hospital	S05	ICF-MR SSI < 65
		S06	ICF-MR 300% Cap < 65
		S14	Institutional (Hosp) Aged - Inactive
		S15	Inpatient Hospital 300% Cap > 65
	IMD (WY State Hospital - Age 65+)	S34	Institutional (Hosp) Disabled - Inactive
		S35	Inpatient Hospital 300% Cap < 65
Aged, Blind, Disabled, Long-Term Care	Assisted Living Facility	S13	Inpat-Psych > 65
		R01	Asst Living Fac Wvr SSI < 65
		R02	Asst Living Fac Wvr 300% < 65
		R03	Asst Living Fac Wvr SSI > 65
	Hospice	R04	Asst Living Fac Wvr 300% > 65
		S50	Hospice Care > 65
	Long-Term Care	S51	Hospice Care < 65
		N98	WLTC Temp Services
		S24	LTC Waiver SSI > 65
		S25	LTC Waiver 300% Cap > 65
		S46	LTC Waiver SSI < 65
		S47	LTC Waiver 300% Cap < 65

Eligibility Category (Continued)		Eligibility Sub-Group	Program Codes
Aged, Blind, Disabled, Long-Term Care (continued)	Nursing Home	N97	NH Temp Services
		S01	NH-SSI & Ssa Blend >65
		S02	NH-SSI & Ssa Blend <65
		S10	Nursing Home SSI >65
		S11	Nursing Home 300% Cap >65
		S17	Retro Medicaid-"Pr" Aged (inactive)
		S18	Retro Medicaid-"Rm" Aged (inactive)
		S30	Retro Medicaid-"Pr" Disabled (inactive)
		S32	Nursing Home SSI <65
		S33	Nursing Home 300% Cap <65
		S54	Medicaid Only-No Rm & Brd >65
		S55	Medicaid Only-No Rm & Brd <65
		S90	Retro Medicaid-"Rm" Disabled
	PACE	P11	PACE < 65
		P12	PCMR < 65
		P13	PACE SSI Disabled < 65
		P14	PACE Mcare SSI Disabled < 65
		P15	PACE NF < 65
		P16	PACE NF SSI Disabled < 65
		P17	PACE NF Mcare Disabled < 65
		P18	PACE NF Mcare SSI Disable < 65
		P21	PACE > 65
		P22	PCMR > 65
		P23	PACE SSI Aged > 65
		P24	PACE Mcare SSI Aged > 65
		P25	PACE NF > 65
		P26	PACE NF SSI Aged > 65
		P27	PACE NF Mcare Aged > 65
		P28	PACE NF Mcare SSI Aged > 65
Aged, Blind, Disabled SSI & SSI Related	SSI & SSI Related	S12	SSI Eligible >65
		S20	Blind SSI - Receiving Payment
		S21	Blind SSI - Not Receiving Pymt
		S31	SSI Eligible <65
		S36	Disabled Adult Child (DAC)
		S37	Goldberg-Kelly
		S39	1619 Disabled
		S40	Aptd Essent. Person Med Only (inactive)
		S48	Zebley >21
		S49	Zebley <21
		S92	Widow-Widowers SDX
		S98	Pseudo SSI Aged (inactive)
		S99	Pseudo SSI Disabled (inactive)
		S09	SSI-Disabled Child Definition
		S16	Pickle >65
		S38	Pickle <65
		S42	Widow-Widowers
		S43	Qual Disabled Working Ind

Eligibility Category (Continued)		Eligibility Sub-Group	Program Codes
Adults	Family-Care Adults	A01	Family Care Past 5yr Limit >21 (inactive)
		A03	Family Care >21
		A68	12 Mo Extended Med >21
		A69	2nd-6mos. Trans Mcaid Adult (inactive)
		A75	Institutional (AFDC) Adult (inactive)
		A77	AFDC-Up Unemployed Parent Ad (inactive)
		A79	Retro Medicaid-"Rm" Adult (inactive)
		M11	Family MAGI PE >21
		A80	Refugee Adult (inactive)
		A82	Alien: 245 (IRCA) Adult (inactive)
		A83	Alien: 210 (IRCA) Adult (inactive)
		A70	AFDC Medicaid - Adult (inactive)
		A76	4 Mo Extended Med >21
		A78	Retro Medicaid-"Pr" Adult (inactive)
		M04	Family MAGI >21
	Former Foster Care	M08	Former Foster Youth > 21
		M18	Former Foster Youth PE > 21
	Newly Eligible Adults	M01	Adult MAGI > 21
		M13	Adult MAGI PE > 21
Children	Children	A02	Family Care Past 5yr Limit <21
		A04	Family Care <21
		A50	AFDC Medicaid (inactive)
		A54	2nd-6mos. Trans Mcaid Child (inactive)
		A56	Alien: 245 (IRCA) Child (inactive)
		A57	Baby <1 Yr, Mother SSI Elig (inactive)
		A59	Retro Medicaid-"Pr" Child (inactive)
		A60	4 Mo Extended Med <21
		A61	Institutional (AF-IV-E) (inactive)
		A62	Retro Medicaid-"Rm" Child (inactive)
		A63	Refugee Child (inactive)
		A64	Alien: 245 (IRCA) Child (inactive)
		A58	Child 6 Through 18 Yrs
		A65	AFDC-Up Unemployed Parent Ch (inactive)
		A67	12 Mo Extended Med <21
		A87	16+ Not In School AF HH (inactive)
		K03	Kidcare to Child Magi
		M02	Adult MAGI <21
		M03	Child MAGI
		M05	Family MAGI <21
		M10	Children's PE
		M12	Family MAGI PE <21
		M14	Adult MAGI PE <21
		S62	Continuous SSI Eligible <19
		A55	Child 0 Through 5 Yrs
	Children's Mental Health Waiver	S65	Cont Childrns Ment Health Wvr < 19
		S95	Childrens Ment Hlth Wvr SSI < 21
		S96	Childrens Ment Hlth Wvr 300% <21

Eligibility Category (Continued)	Eligibility Sub-Group	Program Codes	
Children (continued)	Foster Care	A51	IV-E Foster Care
		A52	IV-E Adoption
		A85	Foster Care Title 19
		A86	Subsidized Adoption Title 19
		A88	Aging Out Foster Care
		A97	Foster Care 0 Through 5
		A98	Foster Care 6 Through 18
		M09	Former Foster Youth <21
		M17	Former Foster Youth PE <21
		S63	Continuous Foster Care <19
	Newborn	A53	Newborn
Medicare Savings Programs	Qualified Medicare Beneficiary	Q17	QMB > 65
	Specified Low Income Medicare Beneficiary	Q41	QMB < 65
		Q94	SLMB 2 > 65
		Q95	SLMB 2 < 65
		Q96	SLMB 1 > 65
		Q97	SLMB 1 < 65
	Part B - Partial Aged Medicare Beneficiary	Q98	Part B-Partial Aged - Inactive
Non-Citizens with Medical Emergencies	Non-Citizens	Q99	Part B-Partial Disabled - Inactive
		A81	Emergency Svc < 21
Pregnant Women	Pregnant Women	A84	Emergency Svc > 21
		A71	Pregnant Woman < 21
		A72	Pregnant Woman > 21
		A73	Qualified Pregnant Woman > 21
		A74	Qualified Pregnant Woman < 21
		M06	Pregnancy MAGI > 21
		M07	Pregnancy MAGI < 21
	Presumptive Eligibility	A19	Presumptive Eligibility
Special Groups	Breast and Cervical	B03	Breast & Cervical > 21
		B04	Breast & Cervical < 21
		M15	Breast & Cervical PE > 21
		M16	Breast & Cervical PE < 21
	Tuberculosis	S52	Tuberculosis (Tb) > 65
		S53	Tuberculosis (Tb) < 65
	Family Planning Waiver	A20	Pregnant By Choice

DATA PARAMETERS

This section provides the parameters used for extracting data for each service area included in this report.

Table 68. Data Parameters by Service Area

Service Area	Pay-to-Provider Taxonomy		Other Parameters
Ambulance	341600000X	Ambulance	n/a
Ambulatory Surgery Center	261QA1903X	Ambulatory Surgery Center	n/a
Behavioral Health	101Y00000X	Professional Counselor; Certified Mental Health Worker	n/a
	101YA0400X	Addictions Therapist/Practitioner	
	101YP2500X	Professional Counselor	
	103G00000X	Neuropsychologist	
	103TC0700X	Clinical Psychologist	
	1041C0700X	Social Worker	
	106H00000X	Marriage and Family Therapist	
	163W00000X	RN	
	164W00000X	LPN	
	171M00000X	Case Worker	
		Community Health Worker; Peer Specialist; Certified	
	172V00000X	Addictions Practitioner Assistant	
Care Management Entity	2084P0800X	Psychiatrist	n/a
	261QM0801X	Mental Health - including Community Mental Health Center	
Clinic/Center	261QR0405X	Rehabilitation, Substance Use Disorder	n/a
	364SP0808X	NP, APN Psychiatric/Mental Health	
Clinic/Center	251S00000X	CHPR CME	n/a
Dental	261Q00000X	Clinic/Center	n/a
	122300000X	Dentist	n/a
	1223D0001X	Dental Public Health	
	1223E0200X	Endodontics	
	1223G0001X	General Practice Dentist	
	1223P0221X	Pedodontics	
	1223P0300X	Periodontics	
	1223S0112X	Surgery, Oral and Maxillofacial	
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	1223X0400X	Orthodontics	
	332B00000X	DME	n/a
	332S00000X	Hearing Aid Equipment	
End-Stage Renal Disease	335E00000X	POS	
End-Stage Renal Disease	261QE0700X	End-Stage Renal Disease	n/a
Federally Qualified Health Center	261QF0400X	Federally Qualified Health Center	n/a
Home Health	251E00000X	Home Health	n/a
Hospice	251G00000X	Hospice Care, Community Based	n/a
Hospital Total	261QR0400X	Rehabilitation	n/a
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Inpatient	282N00000X	General Acute Care Hospital	Claim Type: I, X
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Outpatient	261QR0400X	Rehabilitation	Claim Type: O, V
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283X00000X	Rehabilitation Hospital	
Laboratory	291U00000X	Clinical Medical Laboratory	n/a
Nursing Facility	275N00000X	Medicare Defined Swing Bed	n/a
	314000000X	Skilled Nursing Facility	
Program for All-Inclusive Care of Elderly (PACE)	251T00000X	PACE Organization	n/a

Service Area (Continued)	Pay-to-Provider Taxonomy		Other Parameters
Physician and Other Practitioner	All Taxonomies starting with '20' EXCLUDING 2084P0800X	Psychiatrists	n/a
	363A00000X	Physician Assistant	
	225X00000X	Occupational Therapist	
	225I00000X	Physical Therapist	
	213E00000X	Podiatrist	
	363L00000X	Nurse Practitioner	
	363LA2200X		
	363LF0000X		
	363LG0600X		
	363LX0001X		
	363LP0200X		
	367A00000X	Nurse Midwife	
	367500000X	Nurse Anesthetist	
	231H00000X	Audiologist	
	235Z00000X	Speech-Language Pathologist	
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X	Optometrist	n/a
	156FX1800X	Optician	
Waiver - Total			Claim Type: W, G
			Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
	251B00000X	Case Management	
	251C00000X	Day Training, DD	
Acquired Brain Injury Waiver	251X00000X	PACE PPL	Claim Type: W, G
			Recipient Program Codes: B01, B02, S60
Adult ID/DD Waiver			Claim Type: W, G
	251C00000X	Day Training, DD	Recipient Program Codes: S22, S23, S44, S45, S59
251X00000X		PACE PPL	Claim Type: W, G
			Recipient Program Codes: R01, R02, R03, R04
Assisted Living Facility Waiver	251B00000X	Case Management	Claim Type: W, G
Child ID/DD Waiver			Recipient Program Codes: S58, S93, S94, S64
	251C00000X	Day Training, DD	Claim Type: W, G
251X00000X		PACE PPL	Recipient Program Codes: S95, S96, S65
Children's Mental Health Waiver	251C00000X	Day Training, DD	

Service Area (Continued)	Pay-to-Provider Taxonomy		Other Parameters
Comprehensive Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26
Long-Term Care Waiver	251B00000X	Case Management	Claim Type: W, G
			Recipient Program Codes: S24, S25, S46, S47, N98
Supports Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21