

Wyoming
Medicaid **PMPM** *State Fiscal Year*



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Per Member Per Month Report

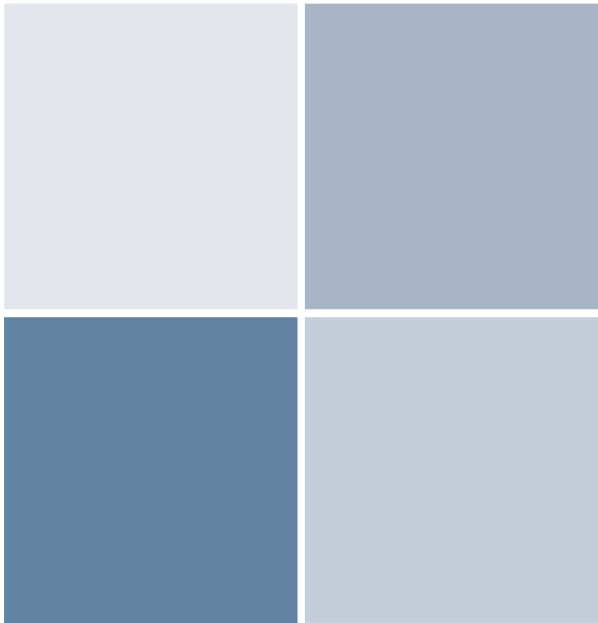




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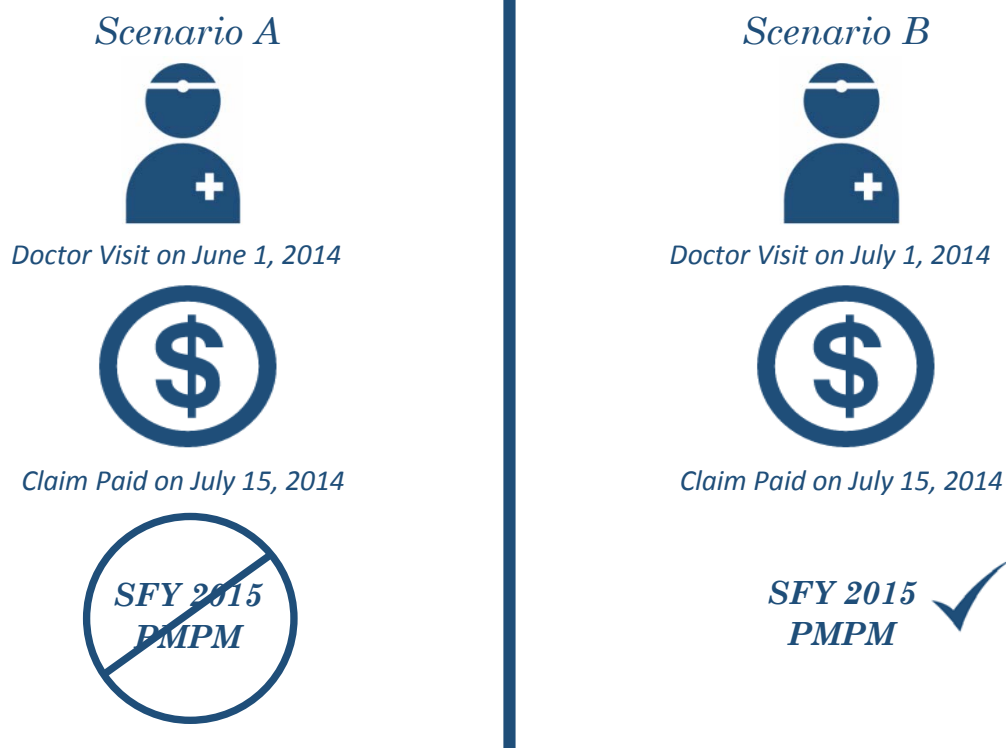
Report Overview

What is Per Member Per Month?

The Per Member Per Month (PMPM) cost represents the monthly cost of an enrolled member. Using expenditures based on dates of service and the total enrollment for that month, the PMPM is calculated as such:

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

Claims data processed by the Medicaid Management Information System (MMIS) is collected using the dates the client received the service, regardless of when the claim was paid. To illustrate this better, let us consider two scenarios:



While both claims were paid on the same date, the expenditures for the doctor visit in Scenario A are *not* included for State Fiscal Year (SFY) 2015, as the date of service – June 1, 2014 – falls outside the SFY dates of July 1, 2014 to June 30, 2015; however, the expenditures for Scenario B are included for SFY 2015.

Member Months are calculated using the eligibility information for each Medicaid enrolled member based on the last day of each month. For example, if a member is enrolled for Medicaid as of 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 will not be counted toward total member months.

Using this Report

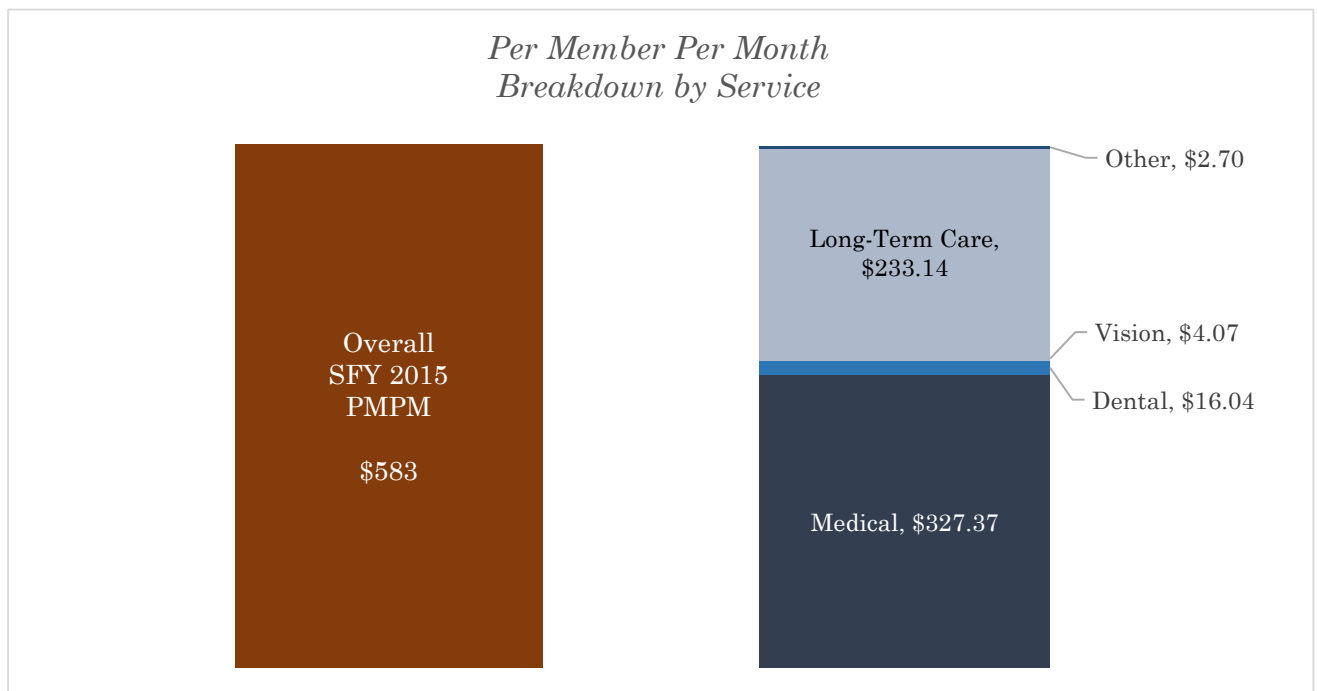
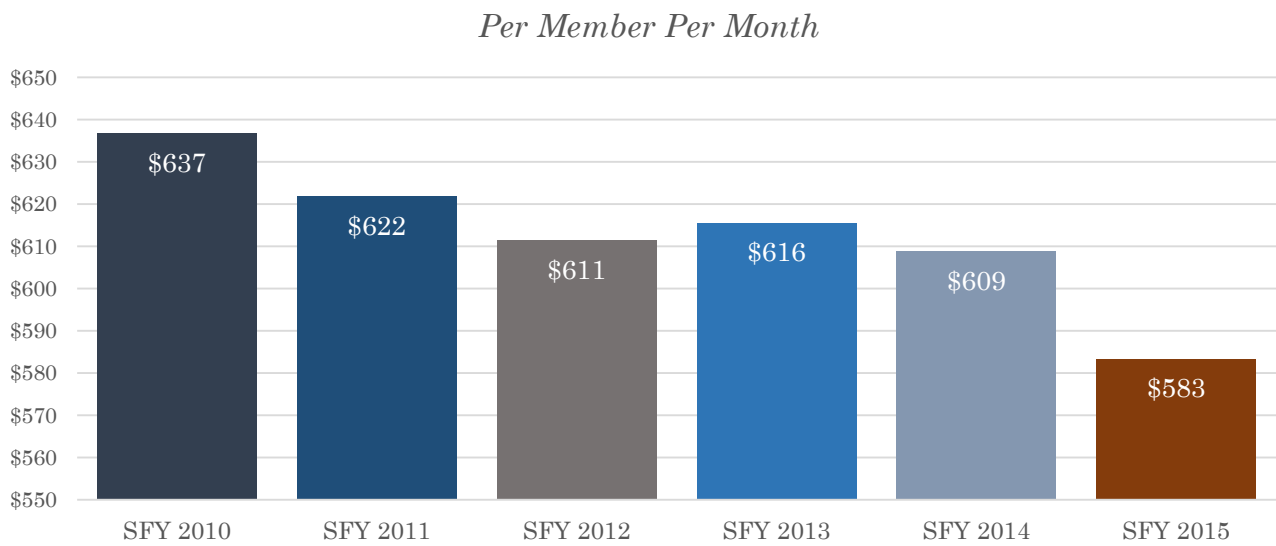
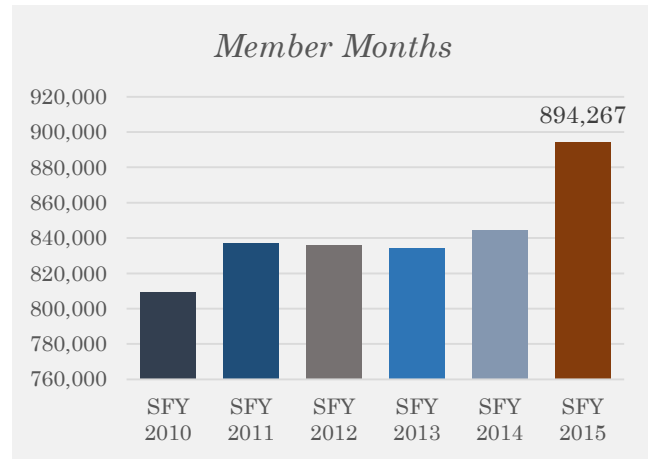
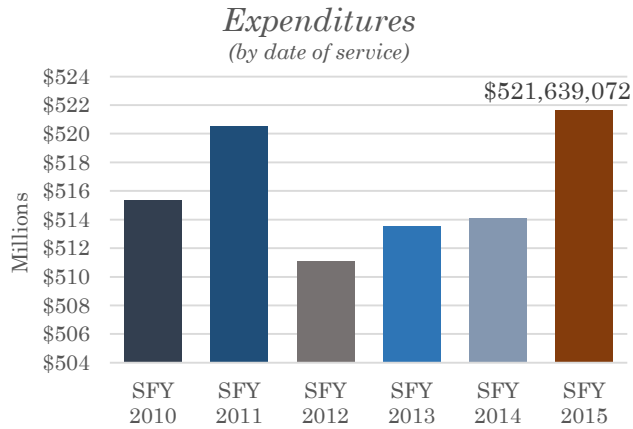
This report first provides PMPM costs for the overall Medicaid population, including historic trends and service breakdown. New to the report for SFY 2015 is information regarding Per Member Per Month utilization of emergency room (by number of days of service) and hospital inpatient (by number of admissions) services.

The report then provides a detailed look into the PMPM costs for various populations of enrolled members as defined by the eligibility categories and sub-groups shown in Table 1. For space and presentation reasons, the names of groups and sub-groups are abbreviated in this report. If you are interested in more detail regarding these populations, please see Appendix C.

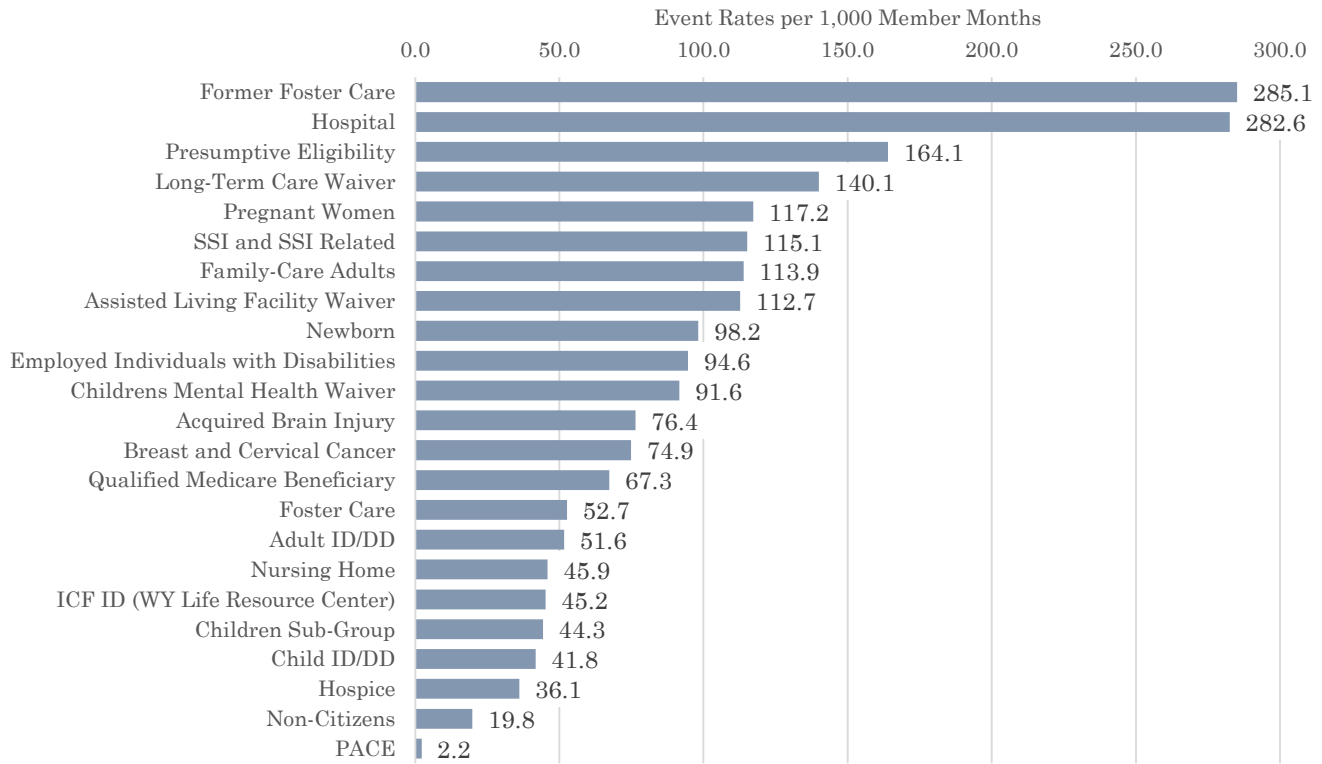
Table 1: Eligibility Categories and Sub-Groups

Eligibility Category	Eligibility Sub-Group	
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	<ul style="list-style-type: none"> EID 	
Aged, Blind, or Disabled Intellectual Disabilities, Developmental Disabilities, Acquired Brain Injury (ABD ID/DD/ABI)	<ul style="list-style-type: none"> ABI Adult ID/DD Child ID/DD 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Former Foster Care
Children	<ul style="list-style-type: none"> Children Children's Mental Health (CMH) 	<ul style="list-style-type: none"> Foster Care Newborn
Medicare Savings Programs	<ul style="list-style-type: none"> Part B Partial Aged Medicare Beneficiary (AMB) Qualified Medicare Beneficiary (QMB) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Presumptive Eligibility
Special Groups	<ul style="list-style-type: none"> Breast and Cervical Cancer 	<ul style="list-style-type: none"> Pregnant by Choice

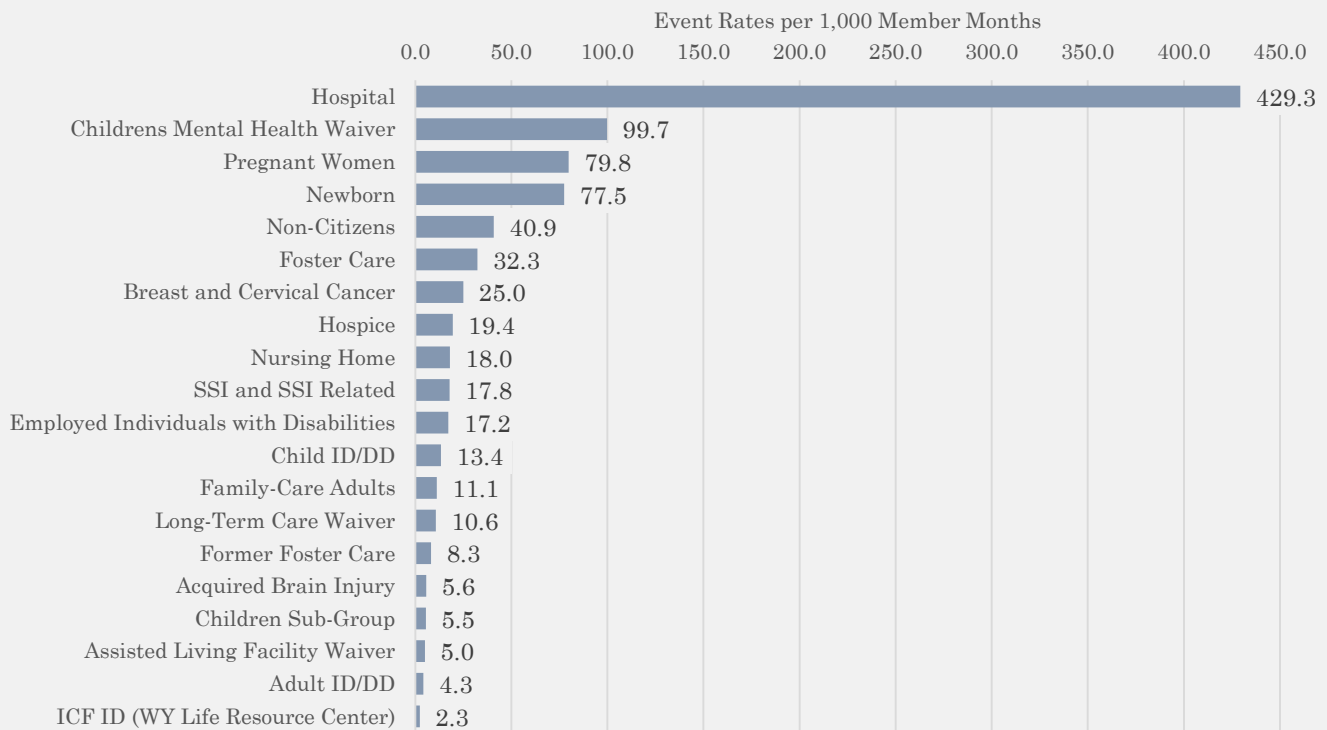
Medicaid Summary



Emergency Room Event Rates by Eligibility Sub-Group - SFY 2015



Hospital Inpatient Event Rates by Eligibility Sub-Group - SFY 2015



Expenditures

In SFY 2015, the total expenditures were \$521,639,072, an increase of 1.5 percent from the previous year.

\$521,639,072
Total Expenditures SFY 2015

↑ 1.5%
From SFY 2014

As explained earlier in the report, PMPM calculations use expenditures based on service date. Service date expenditures are used in actuarial reports and this internal non-actuarial PMPM report emulates the approaches taken in previous independent actuarial studies. Expenditures in this report will not match expenditures in the Medicaid Annual report and other financial reports, which primarily focus on expenditures based on paid date.

Throughout this report the expenditures for SFY 2010 through SFY 2012 may include manual adjustments to account for Wyoming Life Resource Center (WLRC) costs. This adjustment reflects an accounting adjustment required by Centers for Medicare and Medicaid Services (CMS) that began in SFY 2013 to account for the State General Fund match in the WLRC Medicaid budget unit (0472) rather than the WLRC facility budget unit (2512). Prior to SFY 2013, the State General Fund match was shown in budget unit 2512 in the State's Financial System, WOLFS, and was not captured in the Medicaid MMIS data warehouse.

This manual adjustment allows for a valid comparison of WLRC Medicaid total costs, PMPM costs, overall Medicaid costs, and overall Medicaid PMPM between SFY 2010 and SFY 2015. This approach differs from the Medicaid Annual Report methodology, which uses only unadjusted Medicaid MMIS data warehouse information.

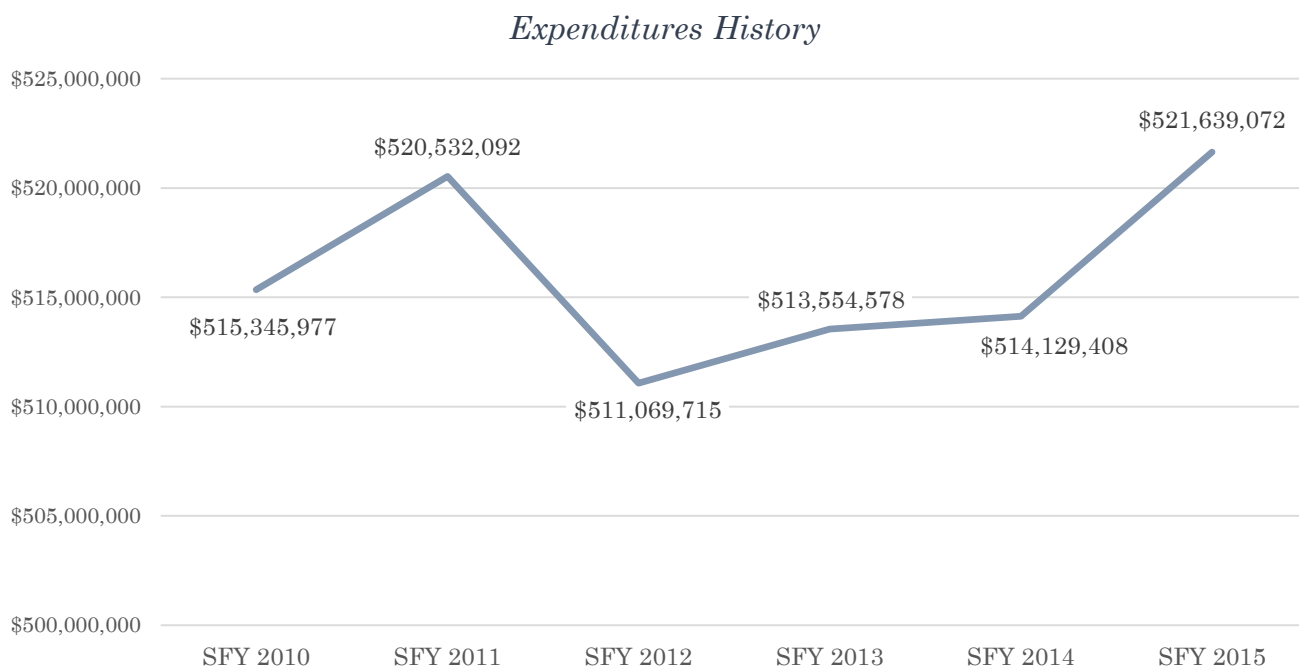


Figure 1: Expenditures History

Member Months

In SFY 2015, total member months were 894,267, an increase of 5.9 percent from the previous year.

894,267
Total Member Months SFY 2015

↑ 5.9%
From SFY 2014

Enrolled Medicaid members may be enrolled at various points in time, or may retain continuous enrollment throughout the year, as they may gain and lose eligibility several times in one SFY. As such, a member month is a count of each month a member is enrolled in Medicaid, based on the last day of the month.

Member Months History

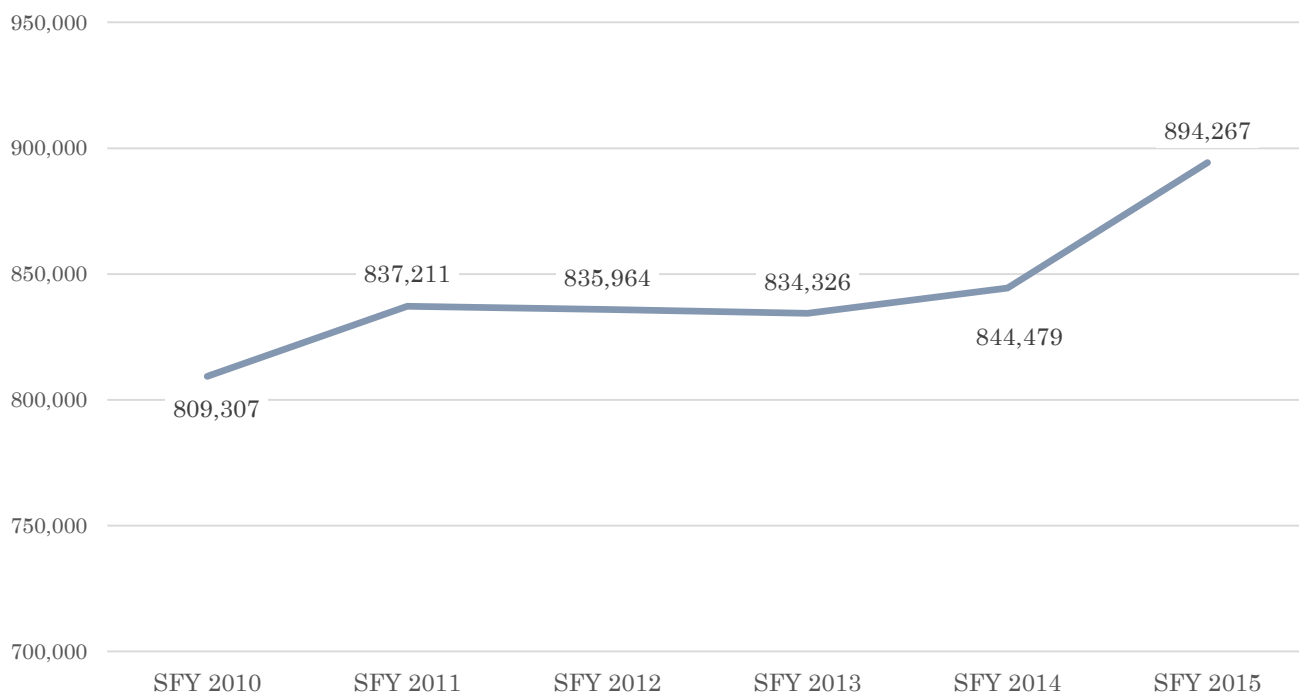


Figure 2: Member Months History

Per Member Per Month

In SFY 2015, the PMPM cost was \$583, a decrease of 4.2 percent from the previous year.

\$583 <i>Total PMPM SFY 2015</i>	↓ 4.2% <i>From SFY 2014</i>
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The PMPM costs for SFY 2010 through SFY 2012 have been manually adjusted to account for the state Medicaid share of expenditures to the Wyoming Life Resource Center as discussed in the Expenditures section earlier in this Report. For this reason, these amounts will not match the unadjusted amounts in the Annual Report SFY 2015.

Per Member Per Month History

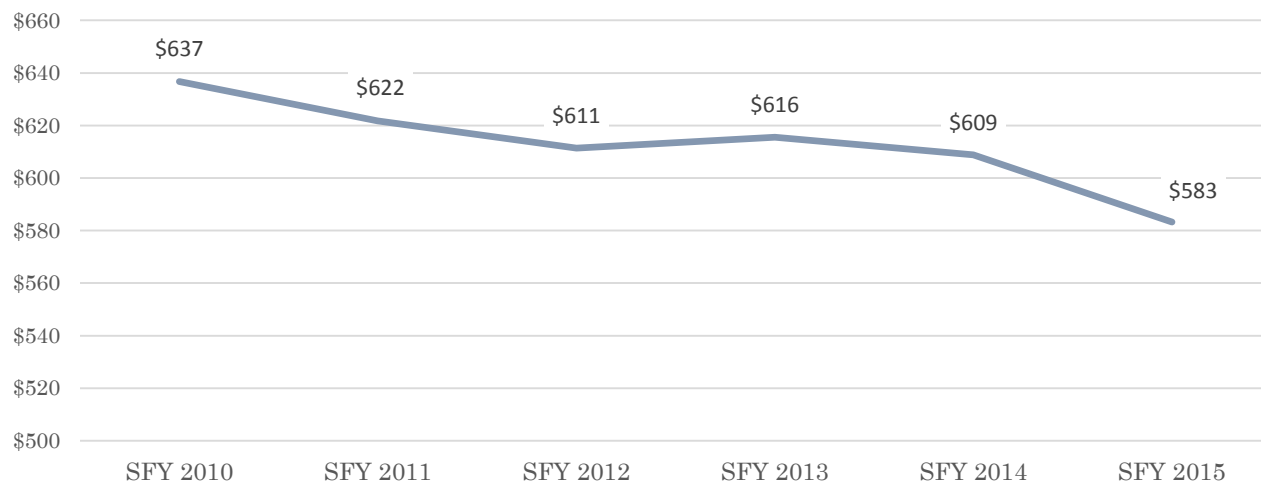


Figure 3: Per Member Per Month History

The decline in PMPM costs is due to member months increasing at a greater rate than expenditures over the same time period – 10.5 percent versus 1.2 percent since SFY 2010, respectively.

Expenditures and Member Months

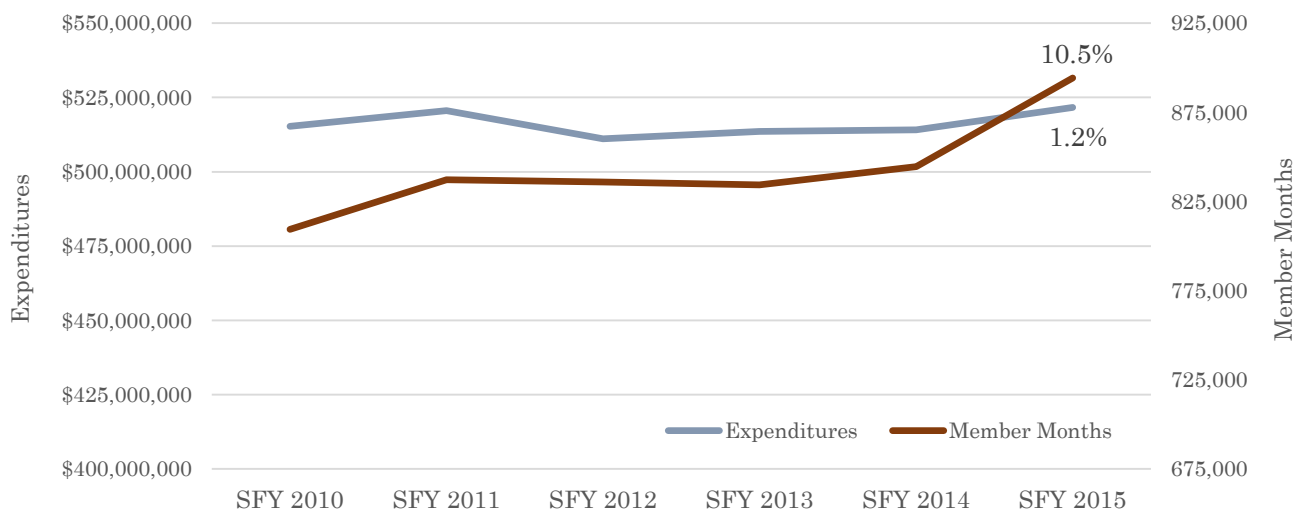


Figure 4: Expenditures and Member Months

Table 2: Eligibility Category Summary – SFY 2015

Eligibility Category	Expenditures	Member Months	PMPM
ABD EID	\$3,520,853	2,906	\$1,212
ABD ID/DD/ABI	\$137,164,998	28,172	\$4,869
ABD Institution	\$3,513,955	184	\$19,098
ABD Long-Term Care	\$109,734,500	40,703	\$2,696
ABD SSI	\$54,874,152	74,884	\$733
Adults	\$38,845,677	89,546	\$434
Children	\$142,391,362	563,399	\$253
Medicare Savings Programs	\$4,387,825	51,414	\$85
Non-Citizens with Medical Emergencies	\$1,172,170	4,547	\$258
Pregnant Women	\$23,579,735	33,121	\$712
Special Groups	\$2,453,846	5,391	\$455
Overall	\$521,639,072	894,267	\$583

Table 3: Eligibility Sub-Group Summary – SFY 2015

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	PMPM
ABD EID	Employed Individuals with Disabilities	\$3,520,853	2,906	\$1,212
ABD ID/DD/ABI	Acquired Brain Injury	\$8,010,841	1,950	\$4,108
	Adult ID/DD	\$91,664,843	17,528	\$5,230
	Child ID/DD	\$19,427,627	7,831	\$2,481
	ICF ID (WY Life Resource Center)	\$18,061,686	863	\$20,929
ABD Institution	Hospital	\$3,513,955	184	\$19,098
ABD Long-Term Care	Assisted Living Facility Waiver	\$3,647,661	2,014	\$1,811
	Hospice	\$629,509	360	\$1,749
	Long-Term Care Waiver	\$28,996,396	17,761	\$1,633
	Nursing Home	\$74,194,055	19,657	\$3,774
	PACE	\$2,266,879	911	\$2,488
ABD SSI	SSI and SSI Related	\$54,874,152	74,884	\$733
Adults	Family-Care Adults	\$38,731,239	89,304	\$434
	Former Foster Care	\$114,438	242	\$473
Children	Children	\$91,687,172	483,950	\$189
	Children's Mental Health Waiver	\$1,662,125	742	\$2,240
	Foster Care	\$22,443,108	37,360	\$601
	Newborn	\$26,598,957	41,347	\$643
Medicare Savings Programs	Part B - Partial AMB	\$240	--	--
	Qualified Medicare Beneficiary	\$4,361,151	30,455	\$143
	Specified Low Income Medicare Beneficiary	\$26,434	20,959	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,172,170	4,547	\$258
Pregnant Women	Pregnant Women	\$23,164,924	30,756	\$753
	Presumptive Eligibility	\$414,811	2,365	\$175
Special Groups	Breast and Cervical Cancer	\$2,425,303	1,523	\$1,592
	Pregnant by Choice	\$28,542	3,868	\$7
Overall		\$521,639,072	894,267	\$583

When broken out by eligibility sub-group, PMPM costs range from \$1.26 per month for the Specified Low Income Medicare Beneficiary sub-group¹ to \$20,929 per month for the ICF-ID (WY Life Resource Center).

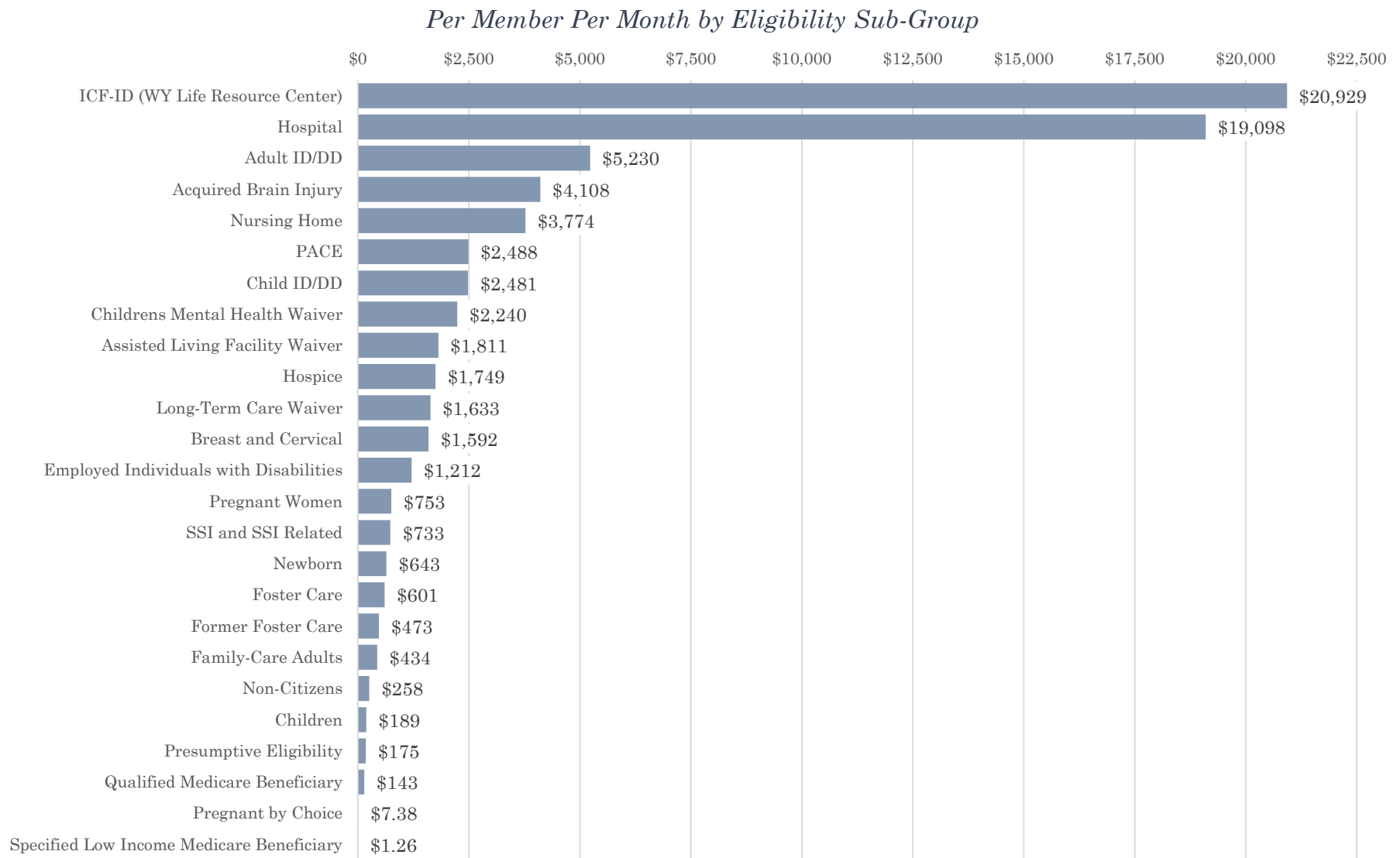


Figure 5: Per Member Per Month Costs by Eligibility Sub-Group – SFY 2015

¹ Excludes Medicare premium payments.

Table 4: Expenditures by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$2,718,747	\$2,942,391	\$3,115,090	\$4,819,840	\$4,798,884	\$3,520,853
ABD ID/DD/ABI	ABI	\$7,627,649	\$8,458,289	\$8,218,198	\$9,042,213	\$8,560,461	\$8,010,841
	Adult ID/DD	\$82,239,356	\$89,859,569	\$93,808,747	\$94,124,028	\$92,174,534	\$91,664,843
	Child ID/DD	\$21,923,386	\$21,361,530	\$20,734,606	\$21,045,703	\$18,976,251	\$19,427,627
	ICF-ID ²	\$18,216,788	\$19,205,952	\$17,979,836	\$16,824,702	\$19,190,435	\$18,061,686
ABD Institution	Hospital	\$7,948,970	\$6,884,944	\$3,956,921	\$6,464,613	\$5,541,567	\$3,513,955
	IMD (State Hospital)	--	\$120	\$120	--	--	--
ABD Long-Term Care	ALF	\$3,223,886	\$3,368,814	\$3,072,964	\$2,947,961	\$3,260,142	\$3,647,661
	Hospice	\$505,779	\$278,851	\$615,157	\$422,630	\$627,390	\$629,509
	LTC	\$27,455,817	\$28,302,971	\$30,787,093	\$27,510,755	\$27,181,276	\$28,996,396
	Nursing Home	\$79,978,975	\$80,037,270	\$79,370,997	\$77,554,559	\$75,811,595	\$74,194,055
	PACE	-\$13	--	-\$1,262	\$168,554	\$1,281,845	\$2,266,879
ABD SSI	SSI and SSI Related	\$50,533,610	\$50,420,277	\$52,409,156	\$51,471,058	\$54,164,257	\$54,874,152
Adults	Family-Care Adults	\$28,038,464	\$28,908,528	\$29,513,466	\$27,435,757	\$29,340,004	\$38,731,239
	Former Foster Care	--	--	--	--	\$2,429	\$114,438
Children	Children	\$81,672,179	\$82,404,001	\$79,279,955	\$84,228,598	\$87,686,181	\$91,687,172
	CMH	\$1,802,756	\$2,713,570	\$2,280,613	\$1,329,481	\$1,380,606	\$1,662,125
	Foster Care	\$27,907,355	\$21,626,293	\$17,976,660	\$21,136,940	\$23,861,724	\$22,443,108
	Newborns	\$30,434,478	\$29,606,756	\$26,774,432	\$25,518,571	\$22,921,277	\$26,598,957
Medicare Savings Programs	Part B – Partial AMB	\$240	\$240	\$120	\$240	\$120	\$240
	QMB	\$2,474,214	\$2,976,947	\$3,362,277	\$3,546,917	\$4,200,929	\$4,361,151
	SLMB	\$19,030	\$25,879	\$29,877	\$20,035	\$24,514	\$26,434
Non-Citizens with Medical Emergencies	Non-Citizens	\$2,206,717	\$1,906,178	\$1,993,874	\$1,831,630	\$1,487,568	\$1,172,170
Pregnant Women	Pregnant Women	\$35,777,462	\$35,308,556	\$31,858,194	\$31,395,851	\$27,367,227	\$23,164,924
	Presumptive Eligibility	\$164,715	\$211,189	\$191,065	\$186,686	\$279,535	\$414,811
Special Groups	Breast and Cervical Cancer	\$2,399,682	\$3,625,253	\$3,635,114	\$4,411,985	\$3,934,573	\$2,425,303
	Pregnant by Choice	\$75,736	\$97,726	\$106,446	\$115,272	\$74,084	\$28,542
Total		\$515,345,977	\$520,532,092	\$511,069,715	\$513,554,578	\$514,129,408	\$521,639,072

² Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 5: Member Months by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	1,867	2,203	2,675	3,089	3,096	2,906
ABD ID/DD/ABI	ABI	2,154	2,108	2,099	2,194	2,071	1,950
	Adult ID/DD	15,831	16,045	16,389	16,686	16,806	17,528
	Child ID/DD	8,930	8,729	8,755	8,536	7,902	7,831
	ICF-ID	837	825	810	867	910	863
	Hospital	314	311	218	197	186	184
ABD Institution	IMD (State Hospital)	10	--	--	--	--	--
ABD Long-Term Care	ALF	1,952	1,979	1,794	1,743	1,869	2,014
	Hospice	199	157	169	210	249	360
	LTC	17,384	17,224	17,018	16,413	16,502	17,761
	Nursing Home	20,702	20,307	20,569	20,232	20,092	19,657
	PACE	--	--	--	67	512	911
	SSI and SSI Related	70,408	72,464	74,315	75,061	73,704	74,884
ABD SSI	Family-Care Adults	60,011	62,668	60,708	58,852	63,944	89,304
Adults	Former Foster Care	--	--	--	--	40	242
Children	Children	446,925	462,476	460,885	457,336	462,785	483,950
	CMH	892	1,593	1,474	773	615	742
	Foster Care	31,285	32,459	33,123	35,202	36,854	37,360
	Newborns	45,320	43,560	39,704	39,063	36,731	41,347
	Part B – Partial AMB	--	--	--	--	--	--
Medicare Savings Programs	QMB	20,984	23,529	25,390	26,980	29,227	30,455
	SLMB	16,269	18,344	20,233	21,326	22,814	20,959
	Non-Citizens	4,539	5,378	6,443	7,483	6,776	4,547
Non-Citizens with Medical Emergencies	Pregnant Women	33,693	32,794	30,142	29,372	29,469	30,756
Pregnant Women	Presumptive Eligibility	2,048	1,837	1,623	1,739	1,790	2,365
Special Groups	Breast and Cervical Cancer	1,849	2,084	2,305	2,192	1,943	1,523
	Pregnant by Choice	4,904	8,137	9,123	8,713	7,592	3,868
Total		809,307	837,211	835,964	834,326	844,479	894,267

Table 6: Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$1,456.21	\$1,335.63	\$1,164.52	\$1,560.32	\$1,550.03	\$1,211.58
ABD ID/DD/ABI	ABI	\$3,541.16	\$4,012.47	\$3,915.29	\$4,121.34	\$4,133.49	\$4,108.12
	Adult ID/DD	\$5,194.83	\$5,600.47	\$5,723.88	\$5,640.90	\$5,484.62	\$5,229.62
	Child ID/DD	\$2,455.03	\$2,447.19	\$2,368.32	\$2,465.52	\$2,401.45	\$2,480.86
	ICF-ID ³	\$21,764.38	\$23,279.94	\$22,197.33	\$19,405.65	\$21,088.39	\$20,928.95
ABD Institution	Hospital	\$25,315.19	\$22,138.08	\$18,151.01	\$32,815.30	\$29,793.37	\$19,097.58
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$1,651.58	\$1,702.28	\$1,712.91	\$1,691.31	\$1,744.32	\$1,811.15
	Hospice	\$2,541.60	\$1,776.12	\$3,639.98	\$2,012.52	\$2,519.64	\$1,748.64
	LTC	\$1,579.37	\$1,643.23	\$1,809.09	\$1,676.16	\$1,647.15	\$1,632.59
	Nursing Home	\$3,863.35	\$3,941.36	\$3,858.77	\$3,833.26	\$3,773.22	\$3,774.43
	PACE	--	--	--	\$2,515.73	\$2,503.60	\$2,488.34
ABD SSI	SSI and SSI-Related	\$717.73	\$695.80	\$705.23	\$685.72	\$734.89	\$732.79
Adults	Family-Care Adults	\$467.22	\$461.30	\$486.15	\$466.18	\$458.84	\$433.70
	Former Foster Care	--	--	--	--	\$60.72	\$472.89
Children	Children	\$182.74	\$178.18	\$172.02	\$184.17	\$189.47	\$189.46
	CMH	\$2,021.03	\$1,703.43	\$1,547.23	\$1,719.90	\$2,244.89	\$2,240.06
	Foster Care	\$892.04	\$666.26	\$542.72	\$600.45	\$647.47	\$600.73
	Newborns	\$671.55	\$679.68	\$674.35	\$653.27	\$624.03	\$643.31
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	\$117.91	\$126.52	\$132.43	\$131.46	\$143.73	\$143.20
	SLMB	\$1.17	\$1.41	\$1.48	\$0.94	\$1.07	\$1.26
Non-Citizens with Medical Emergencies	Non-Citizens	\$486.17	\$354.44	\$309.46	\$244.77	\$219.53	\$257.79
Pregnant Women	Pregnant Women	\$1,061.87	\$1,076.68	\$1,056.94	\$1,068.90	\$928.68	\$753.18
	Presumptive Eligibility	\$80.43	\$114.96	\$117.72	\$107.35	\$156.16	\$175.40
Special Groups	Breast and Cervical Cancer	\$1,297.83	\$1,739.56	\$1,577.06	\$2,012.77	\$2,025.00	\$1,592.45
	Pregnant by Choice	\$15.44	\$12.01	\$11.67	\$13.23	\$9.76	\$7.38
Overall		\$637	\$622	\$611	\$616	\$609	\$583

³ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Service Breakdown

This section provides PMPM data by various service breakdowns: high-level service categories, detailed service areas, and select service utilization. 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.

Per Member Per Month by 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 groups. 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 are rarely covered by private or employer-sponsored insurance plans.

Table 7: Service Category Breakdown

Service Category	Services				
Medical	Ambulance	Ambulatory Surgical Center	Behavioral Health	DME, Prosthetics, Orthotics, Supplies	
	End Stage Renal Disease	Federally Qualified Health Center	Hospice	Hospital Total	
	Laboratory	Physician & Other Practitioner	Prescription Drug	PRTF	
	Public Health, Federal	Rural Health Clinic			
Dental	Dental				
Vision	Vision				
Long-Term Care	Home Health	Nursing Facility	Waiver Services (All)	ICF-ID	PACE
Other	Other ⁴				

Table 8: Per Member Per Month by Service Category

Service Category	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Medical	\$349.30	\$339.90	\$327.64	\$335.11	\$333.37	\$327.37
Dental	\$15.66	\$16.18	\$16.02	\$15.91	\$15.93	\$16.04
Vision	\$4.01	\$3.90	\$3.89	\$4.07	\$4.11	\$4.07
Long-Term Care ⁵	\$258.22	\$260.57	\$262.93	\$257.82	\$252.59	\$233.14
Other	\$11.69	\$3.32	\$2.96	\$2.63	\$2.81	\$2.70
Overall	\$639	\$624	\$613	\$616	\$609	\$583

Per Member Per Month by Service Category

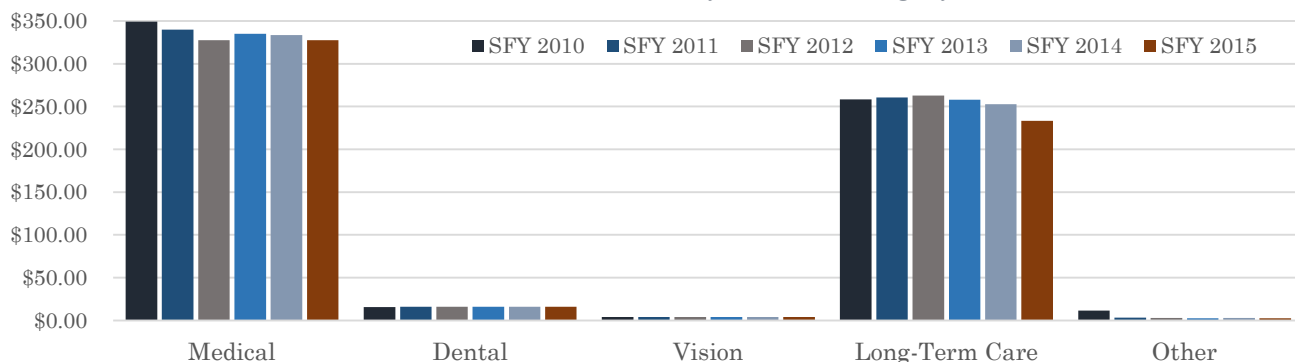


Figure 6: Per Member Per Month by Service Category

⁴ The Other service is comprised of services that fall outside the criteria ranges used for this report.

⁵ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Per Member Per Month by Detailed Service

The table below shows the PMPM by individual services.

Table 9: Per Member Per Month by Service

Services	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$4.37	\$3.93	\$4.22	\$4.32	\$4.53	\$4.38
Ambulatory Surgical Center	\$4.06	\$3.48	\$3.43	\$4.17	\$4.87	\$6.84
Behavioral Health	\$30.36	\$30.67	\$33.86	\$35.13	\$37.55	\$38.84
Dental	\$15.66	\$16.18	\$16.02	\$15.91	\$15.93	\$16.04
DME, Prosthetics/Orthotics/Supplies	\$8.13	\$8.58	\$8.75	\$9.29	\$9.06	\$9.08
End Stage Renal Disease	\$1.51	\$0.99	\$1.40	\$1.61	\$1.20	\$1.19
Federally Qualified Health Center	\$3.59	\$3.42	\$1.91	\$2.45	\$3.02	\$3.89
Home Health	\$2.50	\$3.09	\$3.62	\$3.60	\$4.14	\$5.63
Hospice	\$1.80	\$1.05	\$1.34	\$1.44	\$1.51	\$1.25
Hospital Total ⁶	\$137.47	\$133.42	\$127.45	\$128.51	\$121.09	\$114.90
<i>Hospital-Inpatient</i>	<i>\$105.41</i>	<i>\$98.68</i>	<i>\$92.97</i>	<i>\$93.03</i>	<i>\$86.76</i>	<i>\$81.37</i>
<i>Hospital-Outpatient</i>	<i>\$32.69</i>	<i>\$35.08</i>	<i>\$34.68</i>	<i>\$35.70</i>	<i>\$34.40</i>	<i>\$33.53</i>
Intermediate Care Facility-ID ⁷	\$26.73	\$27.18	\$25.67	\$21.57	\$22.59	\$20.11
Laboratory	\$1.36	\$1.35	\$1.38	\$1.40	\$1.41	\$1.91
Nursing Facility	\$91.05	\$86.58	\$87.49	\$86.00	\$85.05	\$78.39
Other	\$11.69	\$3.32	\$2.96	\$2.63	\$2.81	\$2.70
PACE	\$0.00	\$0.00	\$0.00	\$0.20	\$1.53	\$2.54
Physician & Other Practitioner	\$77.51	\$75.02	\$73.03	\$73.43	\$70.73	\$65.34
Prescription Drug	\$47.91	\$49.62	\$50.20	\$47.00	\$49.20	\$53.49
PRTF	\$19.51	\$16.65	\$9.90	\$14.98	\$17.64	\$14.81
Public Health, Federal	\$9.60	\$9.47	\$8.77	\$9.32	\$9.66	\$9.75
Rural Health Clinic	\$2.13	\$2.26	\$2.00	\$2.06	\$1.89	\$1.72
Vision	\$4.01	\$3.90	\$3.89	\$4.07	\$4.11	\$4.07
Waiver Total	\$137.94	\$143.72	\$146.16	\$146.44	\$139.28	\$126.48
Overall	\$639	\$624	\$613	\$616	\$609	\$583

⁶ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

⁷ PMPM for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Five non-waiver services – Behavioral Health, Hospital, Nursing Facility, Physician & Other Practitioner, and Prescription Drug – are shown in detail below to provide a better look at their historical trend and their PMPM costs by eligibility sub-group. Waiver services are explored in detail by waiver in later sections of the report.

Table 10: Per Member Per Month for Select Services

Services	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	5 Year Percent Change
Behavioral Health	\$30.36	\$30.67	\$33.86	\$35.13	\$37.55	\$38.84	28%
Hospital Total	\$137.47	\$133.42	\$127.45	\$128.51	\$121.09	\$114.90	-16%
Nursing Facility	\$91.05	\$86.58	\$87.49	\$86.00	\$85.05	\$78.39	-14%
Physician & Other Practitioner	\$77.51	\$75.02	\$73.03	\$73.43	\$70.73	\$65.34	-16%
Prescription Drug	\$47.91	\$49.62	\$50.20	\$47.00	\$49.20	\$53.49	12%

Per Member Per Month for Select Services

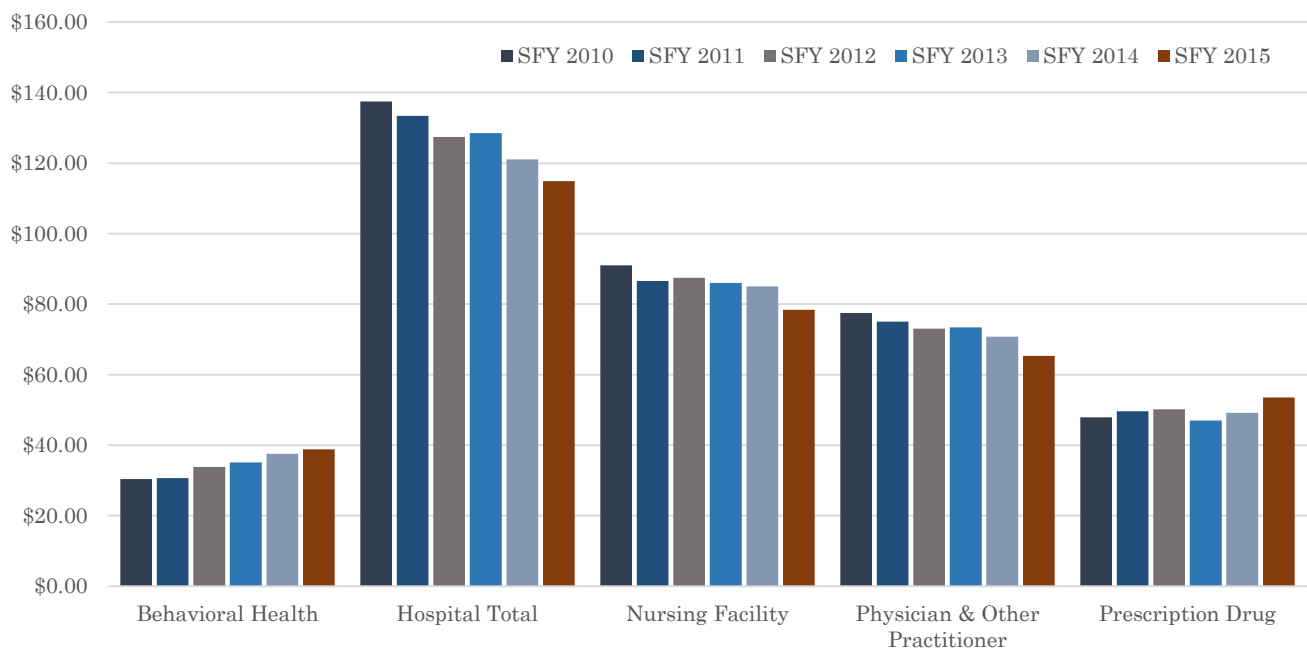


Figure 7: Per Member Per Month for Select Services

Table 11: Behavioral Health Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$90.40	\$48.35	\$60.41	\$69.51	\$65.25	\$61.94
ABD ID/DD/ABI	ABI	\$118.57	\$131.75	\$119.72	\$123.14	\$141.28	\$209.47
	Adult ID/DD	\$137.13	\$142.76	\$168.00	\$177.23	\$201.68	\$285.77
	Child ID/DD	\$53.79	\$55.63	\$54.96	\$53.70	\$50.10	\$60.10
	ICF-ID ⁸	\$1.29	\$3.21	--	\$0.18	\$2.52	\$1.09
ABD Institution	Hospital	\$21.66	\$29.35	\$13.63	\$7.34	\$35.54	\$52.29
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$14.71	\$15.01	\$14.71	\$20.51	\$38.74	\$32.68
	Hospice	--	--	--	--	\$0.76	\$3.28
	LTC	\$42.13	\$40.65	\$43.31	\$40.54	\$44.65	\$51.17
	Nursing Home	\$14.14	\$15.98	\$15.24	\$14.75	\$14.96	\$19.61
	PACE	--	--	--	--	--	\$0.27
ABD SSI	SSI and SSI-Related	\$61.80	\$57.42	\$65.97	\$64.56	\$66.63	\$59.44
Adults	Family-Care Adults	\$23.62	\$21.54	\$24.98	\$28.50	\$26.77	\$27.50
	Former Foster Care	--	--	--	--	\$13.59	\$106.78
Children	Children	\$18.39	\$18.93	\$20.11	\$21.15	\$24.30	\$25.77
	CMH	\$359.74	\$330.34	\$278.09	\$265.64	\$332.84	\$309.32
	Foster Care	\$183.35	\$192.01	\$210.95	\$213.52	\$209.64	\$191.69
	Newborns	\$0.52	\$0.70	\$0.57	\$0.65	\$0.33	\$1.36
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	\$3.35	\$4.01	\$3.73	\$4.06	\$3.74	\$3.01
	SLMB	\$0.06	\$0.06	\$0.04	\$0.02	\$0.02	\$0.03
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$8.12	\$8.08	\$10.24	\$9.79	\$11.57	\$10.00
	Presumptive Eligibility	\$0.28	\$0.75	\$4.83	\$0.87	\$3.02	\$2.81
Special Groups	Breast and Cervical Cancer	\$10.75	\$16.55	\$24.39	\$30.86	\$21.94	\$19.66
	Pregnant by Choice	--	--	--	--	--	--
Medicaid Overall		\$30.36	\$30.67	\$33.86	\$35.13	\$37.55	\$38.84

⁸ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 12: Hospital Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$673.29	\$617.11	\$433.65	\$668.32	\$599.38	\$408.42
ABD ID/DD/ABI	ABI	\$216.64	\$185.79	\$150.71	\$127.68	\$121.46	\$147.35
	Adult ID/DD	\$58.14	\$67.25	\$66.32	\$73.26	\$82.90	\$75.16
	Child ID/DD	\$214.21	\$136.69	\$139.67	\$186.88	\$124.07	\$170.03
	ICF-ID ⁹	\$50.90	\$95.79	\$119.25	\$72.05	\$79.11	\$42.73
ABD Institution	Hospital	\$21,341.67	\$19,381.31	\$16,029.01	\$29,619.30	\$26,202.52	\$16,971.04
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$86.64	\$134.57	\$105.48	\$92.68	\$81.45	\$80.78
	Hospice	\$352.66	\$263.51	\$916.85	\$96.18	\$397.23	\$75.35
	LTC	\$286.40	\$287.01	\$371.13	\$276.46	\$260.88	\$235.77
	Nursing Home	\$83.66	\$137.61	\$91.23	\$98.13	\$83.86	\$83.62
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI-Related	\$282.84	\$257.46	\$272.43	\$253.58	\$261.16	\$254.85
Adults	Family-Care Adults	\$189.45	\$198.24	\$206.02	\$186.54	\$183.32	\$163.60
	Former Foster Care	--	--	--	--	\$7.73	\$98.86
Children	Children	\$41.62	\$40.80	\$39.41	\$43.60	\$42.00	\$37.52
	CMH	\$155.25	\$170.73	\$61.78	\$98.07	\$86.82	\$147.14
	Foster Care	\$76.12	\$61.82	\$56.94	\$62.35	\$65.93	\$73.64
	Newborns	\$450.47	\$465.33	\$456.42	\$436.20	\$410.78	\$440.19
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	\$59.89	\$63.85	\$66.42	\$68.45	\$74.64	\$79.99
	SLMB	-\$0.14	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$320.15	\$226.30	\$206.34	\$165.05	\$161.17	\$205.58
Pregnant Women	Pregnant Women	\$489.70	\$504.05	\$504.08	\$507.31	\$462.72	\$381.79
	Presumptive Eligibility	\$15.55	\$35.62	\$33.02	\$31.01	\$38.98	\$49.64
Special Groups	Breast and Cervical	\$522.05	\$846.29	\$605.01	\$976.53	\$838.57	\$838.42
	Pregnant by Choice	\$0.90	-\$0.87	\$0.53	\$1.52	\$0.31	\$0.65
Medicaid Overall		\$137.47	\$133.42	\$127.45	\$128.51	\$121.09	\$114.90

⁹ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 13: Nursing Facility Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	--	--	\$3.74	--	\$1.17	\$0.04
ABD ID/DD/ABI	ABI	\$0.54	\$0.32	\$2.14	\$4.21	\$0.38	\$4.68
	Adult ID/DD	\$1.19	\$0.58	\$0.93	\$1.88	\$0.60	\$1.56
	Child ID/DD	--	--	--	--	--	--
	ICF-ID ¹⁰	\$4.83	\$5.41	\$3.11	--	--	--
ABD Institution	Hospital	\$642.06	\$33.34	\$43.37	\$42.93	\$152.29	\$114.34
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$28.17	\$19.50	\$24.27	\$28.88	\$23.60	\$15.95
	Hospice	\$7.82	\$9.44	\$5.98	\$4.02	-\$0.13	\$0.36
	LTC	\$10.47	\$10.36	\$10.80	\$16.04	\$15.82	\$9.27
	Nursing Home	\$3,533.31	\$3,549.24	\$3,535.23	\$3,521.38	\$3,548.64	\$3,543.15
	PACE	--	--	--	--	--	-\$0.95
ABD SSI	SSI and SSI-Related	\$0.63	\$1.43	\$0.47	\$0.99	\$1.06	\$1.75
Adults	Family-Care Adults	--	--	--	--	--	\$0.01
	Former Foster Care	--	--	--	--	--	--
Children	Children	--	--	--	--	--	--
	CMH	--	--	--	--	--	--
	Foster Care	--	--	--	--	--	--
	Newborns	--	--	--	--	--	--
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	\$1.80	\$3.00	\$4.41	\$2.71	\$3.45	\$2.09
	SLMB	--	-\$0.06	\$0.27	-\$0.01	--	-\$0.01
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	--	--	--	--	--	--
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	--	--	--	--	--	--
	Pregnant by Choice	--	--	--	--	--	--
Medicaid Overall		\$91.05	\$86.58	\$87.49	\$86.00	\$85.05	\$78.39

¹⁰ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 14: Physician and Other Practitioner Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$295.70	\$242.48	\$180.02	\$385.16	\$501.77	\$412.27
ABD ID/DD/ABI	ABI	\$135.20	\$141.77	\$99.16	\$92.69	\$100.79	\$88.12
	Adult ID/DD	\$49.23	\$52.41	\$56.30	\$57.43	\$58.89	\$64.16
	Child ID/DD	\$139.71	\$160.93	\$173.86	\$194.95	\$259.39	\$332.98
	ICF-ID ¹¹	\$22.16	\$36.71	\$45.41	\$19.36	\$17.98	\$17.52
ABD Institution	Hospital	\$2,400.88	\$2,016.34	\$1,703.92	\$2,462.52	\$2,548.52	\$1,398.16
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$51.92	\$59.31	\$56.14	\$50.09	\$40.52	\$41.69
	Hospice	\$78.34	\$50.77	\$95.80	\$104.32	\$76.36	\$14.62
	LTC	\$107.20	\$108.56	\$121.93	\$113.15	\$109.79	\$116.20
	Nursing Home	\$28.54	\$34.60	\$24.97	\$35.32	\$35.15	\$33.09
	PACE	--	--	--	\$0.53	--	\$0.75
ABD SSI	SSI and SSI-Related	\$102.11	\$102.77	\$99.48	\$96.91	\$107.02	\$99.06
Adults	Family-Care Adults	\$108.55	\$101.35	\$110.53	\$105.63	\$103.32	\$97.14
	Former Foster Care	--	--	--	--	\$26.79	\$136.32
Children	Children	\$37.45	\$36.74	\$36.18	\$37.16	\$36.93	\$35.30
	CMH	\$51.47	\$72.76	\$57.86	\$83.98	\$60.27	\$71.45
	Foster Care	\$45.38	\$42.97	\$39.29	\$40.14	\$43.31	\$42.29
	Newborns	\$149.98	\$141.68	\$154.26	\$152.00	\$149.74	\$134.82
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	\$33.19	\$35.42	\$36.63	\$36.89	\$39.70	\$36.09
	SLMB	-\$0.03	-\$0.03	-\$0.01	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$160.78	\$118.43	\$98.62	\$73.09	\$49.34	\$48.37
Pregnant Women	Pregnant Women	\$456.87	\$460.38	\$442.29	\$441.03	\$336.82	\$252.03
	Presumptive Eligibility	\$29.94	\$45.71	\$42.90	\$43.98	\$59.02	\$53.35
Special Groups	Breast and Cervical	\$489.34	\$582.67	\$661.18	\$709.05	\$804.11	\$415.21
	Pregnant by Choice	\$7.20	\$6.35	\$4.48	\$4.66	\$2.52	\$2.32
Medicaid Overall		\$77.51	\$75.02	\$73.03	\$73.43	\$70.73	\$65.34

¹¹ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Table 15: Prescription Drugs Per Member Per Month by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$269.73	\$313.04	\$371.74	\$323.77	\$261.65	\$209.81
ABD ID/DD/ABI	ABI	\$112.73	\$119.38	\$100.83	\$78.75	\$92.24	\$89.42
	Adult ID/DD	\$129.16	\$143.21	\$147.83	\$120.35	\$125.99	\$144.52
	Child ID/DD	\$221.20	\$253.38	\$244.98	\$223.26	\$275.78	\$329.77
	ICF-ID ¹²	\$0.15	\$0.03	\$0.02	--	--	--
ABD Institution	Hospital	\$96.40	\$87.71	\$66.80	\$41.45	\$80.70	\$237.14
	IMD (State Hospital)	--	--	--	--	--	--
ABD Long-Term Care	ALF	\$21.35	\$17.55	\$20.83	\$21.80	\$24.91	\$66.55
	Hospice	\$4.50	\$2.24	\$22.16	\$16.58	\$4.32	\$1.29
	LTC	\$143.40	\$147.72	\$198.95	\$149.35	\$113.73	\$129.53
	Nursing Home	\$35.79	\$37.39	\$39.70	\$34.23	\$28.23	\$30.40
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI-Related	\$139.55	\$152.20	\$153.79	\$149.89	\$168.96	\$191.94
Adults	Family-Care Adults	\$64.81	\$64.37	\$72.70	\$67.91	\$70.29	\$71.71
	Former Foster Care	--	--	--	--	\$8.58	\$65.80
Children	Children	\$25.03	\$25.06	\$23.68	\$23.72	\$25.22	\$27.35
	CMH	\$181.65	\$240.17	\$235.44	\$239.93	\$309.13	\$315.73
	Foster Care	\$96.64	\$96.87	\$78.28	\$67.41	\$75.34	\$77.05
	Newborns	\$28.26	\$30.71	\$26.25	\$26.25	\$24.58	\$16.16
Medicare Savings Programs	Part B – Partial AMB	--	--	--	--	--	--
	QMB	--	--	--	--	--	--
	SLMB	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$28.35	\$23.44	\$25.27	\$26.65	\$27.36	\$23.37
	Presumptive Eligibility	\$17.52	\$14.71	\$16.71	\$14.02	\$17.06	\$16.88
Special Groups	Breast and Cervical	\$168.73	\$175.20	\$153.01	\$180.24	\$193.75	\$179.36
	Pregnant by Choice	\$6.19	\$5.54	\$5.85	\$6.04	\$6.06	\$3.95
Medicaid Overall		\$47.91	\$49.62	\$50.20	\$47.00	\$49.20	\$53.49

¹² Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Emergency Room and Hospital Inpatient Utilization

This section provides additional information for Emergency Room utilization and Hospital Inpatient utilization. The utilization of emergency room and hospital inpatient services by Medicaid members remains a topic of high interest.

For the purpose of this report, the rate of events per 1,000 member months has been used to show utilization both in the Medicaid population overall and in each eligibility sub-group, as applicable. An emergency room event is any unique date of service for emergency room services, as defined in Appendix C. A hospital inpatient event is any single admission – including readmissions.

Table 16: Rates of Emergency Room and Hospital Inpatient Utilization

Service	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization	75.1	72.3	70.3	68.1	65.2	64.9
Inpatient Utilization	21.7	18.0	16.2	16.8	16.2	14.6

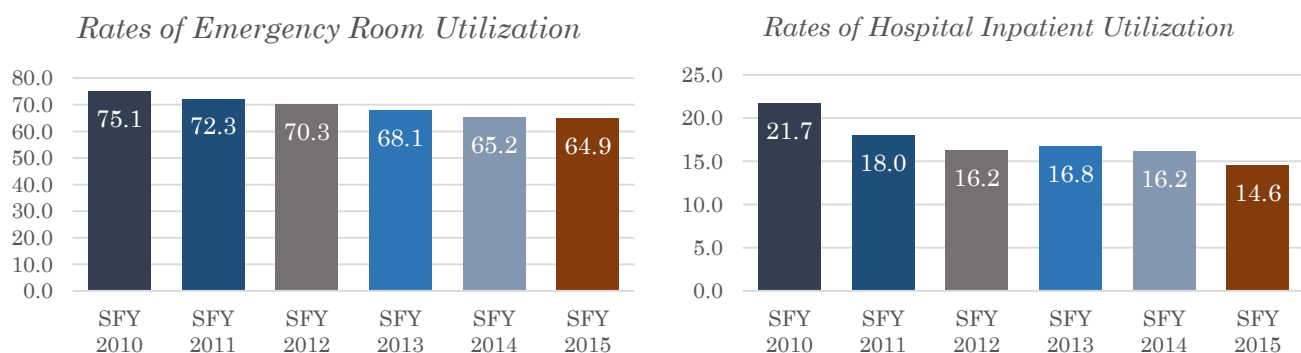


Figure 8: Rates of Emergency Room and Hospital Inpatient Utilization

Emergency Room Utilization

Emergency Room utilization data incorporates both professional and institutional claims, using the criteria set forth by CMS in the core quality measures. Duplicate claims for each recipient on the same service date are accounted for resulting in a unique count of emergency room visits.

Table 17: Emergency Room Utilization Summary

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Events	60,759	60,494	58,772	56,786	55,059	58,020
Member Months	809,307	837,211	835,964	834,326	844,479	894,267
Events Per 1,000 Member Months	75.1	72.3	70.3	68.1	65.2	64.9

Hospital Inpatient Utilization

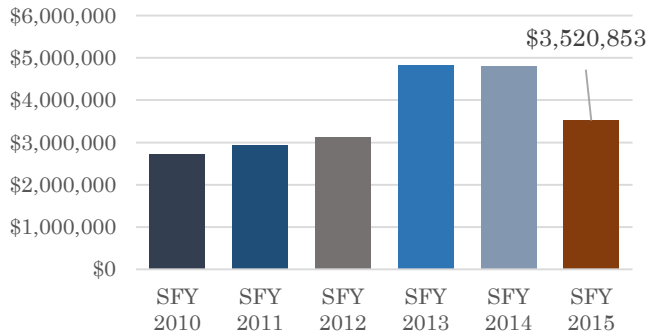
Table 18: Hospital Inpatient Utilization Summary

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Hospital Inpatient Events	17,565	15,109	13,582	13,995	13,663	13,025
Member Months	809,307	837,211	835,964	834,326	844,479	894,267
Events Per 1,000 Member Months	21.7	18.0	16.2	16.8	16.2	14.6

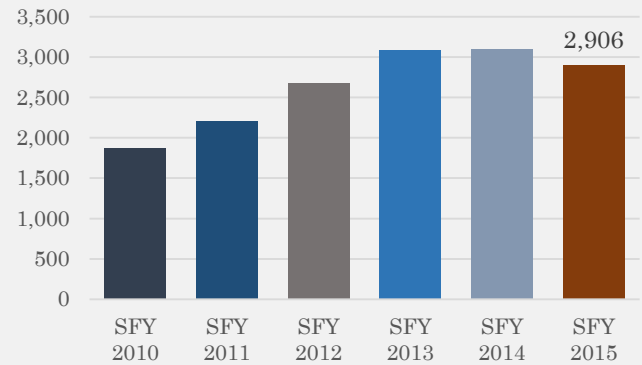


Aged, Blind, or Disabled Employed Individuals with Disabilities

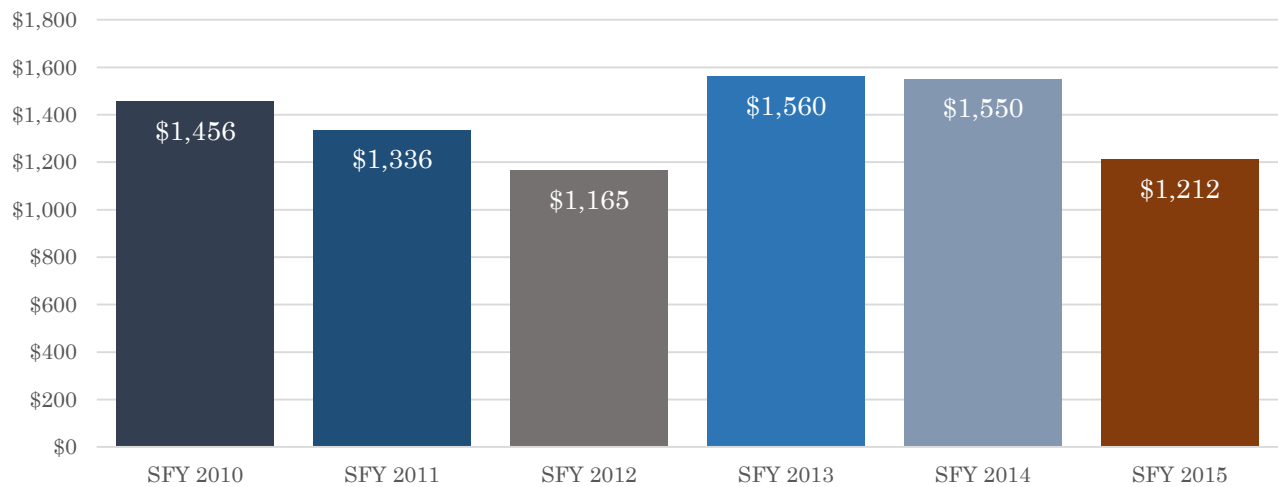
*Expenditures
(by date of service)*



Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Aged, Blind, or Disabled (ABD) Employed Individuals with Disabilities (EID) category had 297 unique members with individuals enrolled for an average of 11 months of the year.

\$1,212
Per Member Per Month

297
Enrolled Members

*Aged, Blind, or Disabled Employed Individuals with Disabilities
Unique Enrollment*

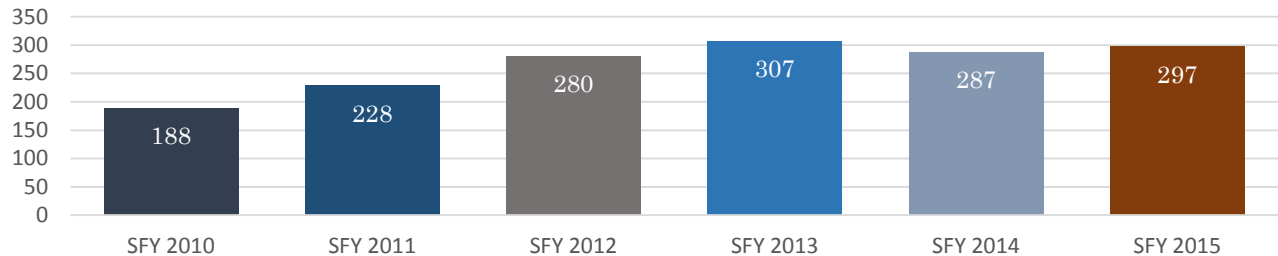


Figure 9: Aged, Blind, or Disabled Employed Individuals with Disabilities Unique Enrollment

Table 19: Aged, Blind, or Disabled Employed Individuals with Disabilities Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
ABD EID	EID	\$3,520,853	2,906	\$1,212

Table 20: Aged, Blind, or Disabled Employed Individuals with Disabilities Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	\$1,456	\$1,336	\$1,165	\$1,560	\$1,550	\$1,212

*Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month*

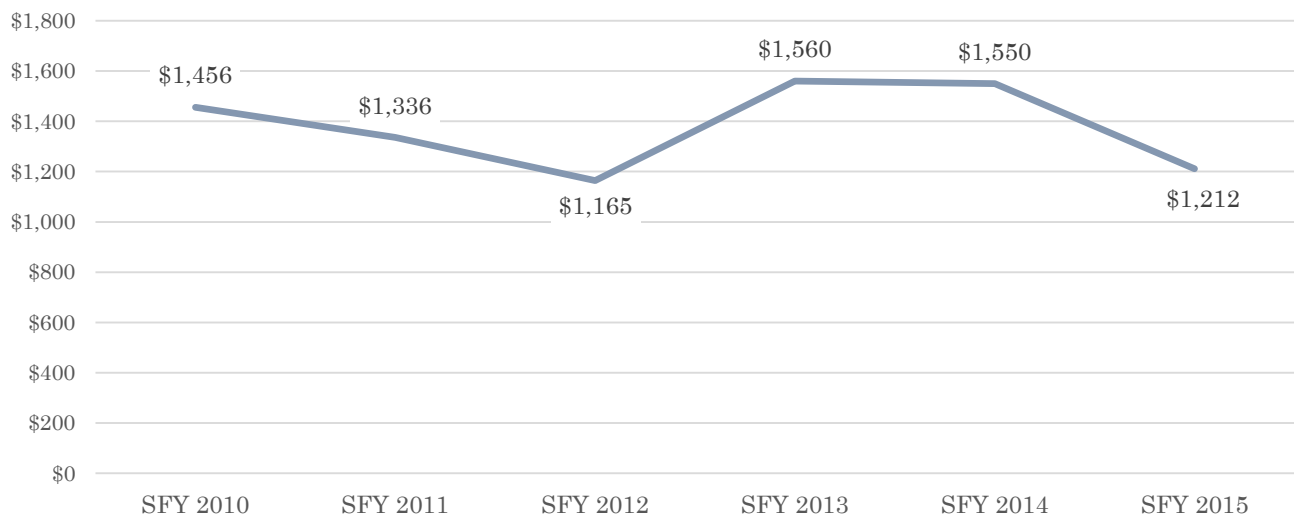


Figure 10: Aged, Blind, or Disabled Employed Individuals with Disabilities Per Member Per Month

Services

Table 21: Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$17.29	\$4.60	\$10.51	\$11.50	\$12.80	\$9.39
Ambulatory Surgical Center	\$6.30	\$6.68	\$6.21	\$4.47	\$3.71	\$7.92
Behavioral Health	\$90.40	\$48.35	\$60.41	\$69.51	\$65.25	\$61.94
Dental	\$16.34	\$15.12	\$14.84	\$22.34	\$17.31	\$16.84
DME, Prosthetics/Orthotics/Supplies	\$47.21	\$43.59	\$42.38	\$38.07	\$38.69	\$47.82
End Stage Renal Disease	\$1.28	\$2.89	\$6.42	\$6.64	\$8.71	\$8.40
Federally Qualified Health Center	\$15.13	\$16.33	\$8.14	\$8.86	\$5.82	\$7.43
Home Health	\$6.53	\$5.82	\$8.28	\$5.68	\$12.20	\$3.90
Hospice	\$0.91	\$6.08	\$10.30	\$2.58	\$12.12	\$8.98
Hospital Total ¹³	\$673.29	\$617.11	\$433.65	\$668.32	\$599.38	\$408.42
<i>Hospital-Inpatient</i>	\$487.24	\$416.66	\$292.51	\$471.79	\$421.97	\$278.33
<i>Hospital-Outpatient</i>	\$187.15	\$208.02	\$141.98	\$196.65	\$177.40	\$130.08
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$4.72	\$2.23	\$2.29	\$6.91	\$3.94	\$2.85
Nursing Facility	\$0.00	\$0.00	\$3.74	--	\$1.17	\$0.04
Other	\$7.21	\$7.07	\$2.72	\$1.91	\$2.11	\$0.97
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$295.70	\$242.48	\$180.02	\$385.16	\$501.77	\$412.27
Prescription Drug	\$269.73	\$313.04	\$371.74	\$323.77	\$261.65	\$209.81
PRTF	--	--	--	--	--	--
Public Health, Federal	--	\$1.60	--	--	\$0.01	\$0.01
Rural Health Clinic	\$2.36	\$1.67	\$1.54	\$3.09	\$1.73	\$3.01
Vision	\$1.81	\$0.99	\$1.32	\$1.51	\$1.63	\$1.58
Waiver Total	--	--	--	--	--	--
Overall	\$1,456	\$1,336	\$1,165	\$1,560	\$1,550	\$1,212

¹³ Claims adjustments for Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient do not equal Hospital Total.

*Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month for Select Services*

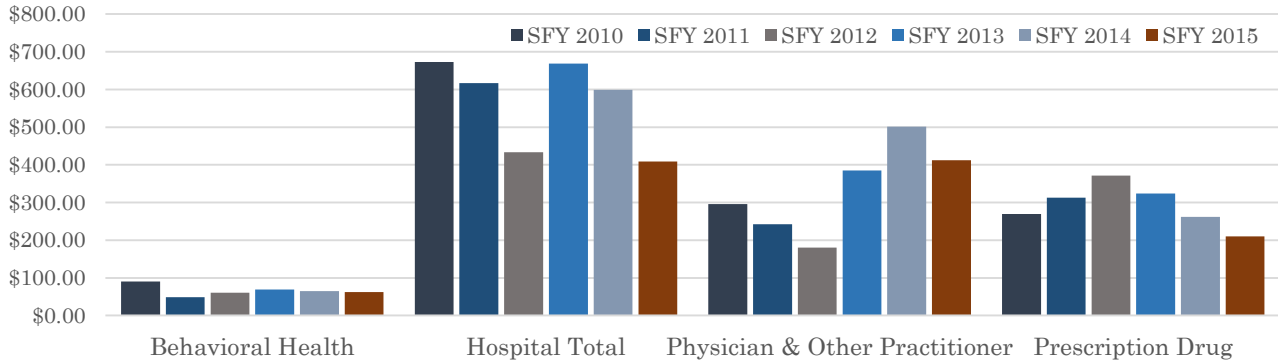


Figure 11: Aged, Blind, or Disabled Employed Individuals with Disabilities Per Member Per Month for Select Services

Table 22: Aged, Blind, or Disabled Employed Individuals with Disabilities
Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	195	193	259	319	370	275
Member Months	1,867	2,203	2,675	3,089	3,096	2,906
Events Per 1,000 Member Months	104.4	87.6	96.8	103.3	119.5	94.6
Hospital Inpatient Utilization						
Hospital Inpatient Events	74	70	56	98	91	50
Member Months	1,867	2,203	2,675	3,089	3,096	2,906
Events Per 1,000 Member Months	39.6	31.8	20.9	31.7	29.4	17.2

*Aged, Blind, or Disabled Employed Individuals with Disabilities
Rates of Emergency Room and Hospital Inpatient Utilization*

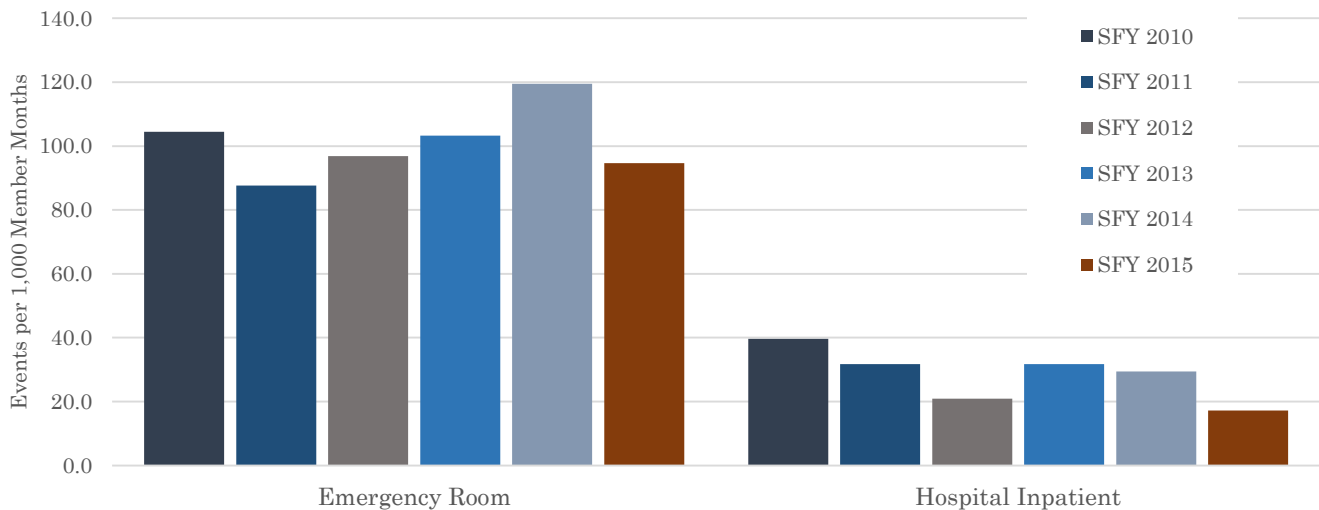
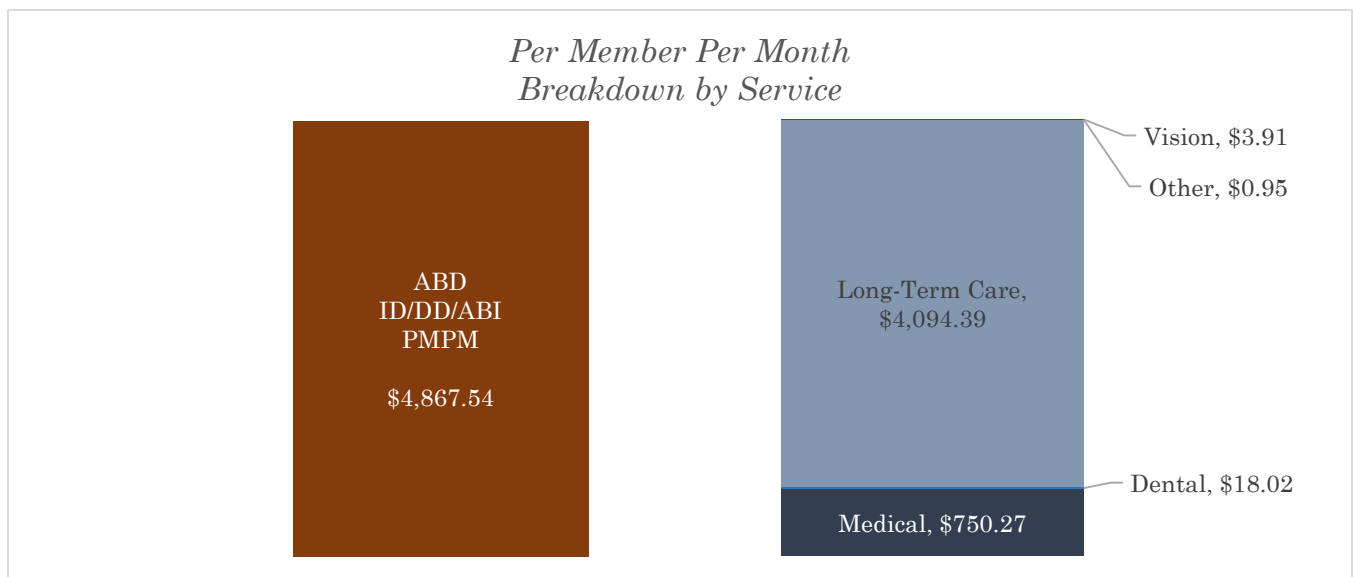
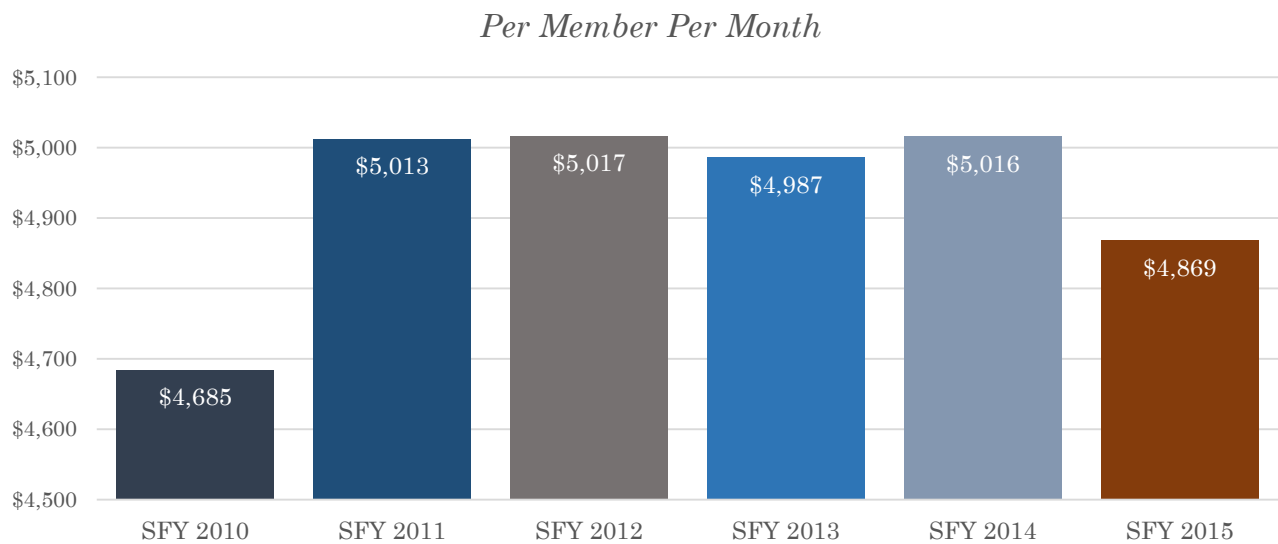
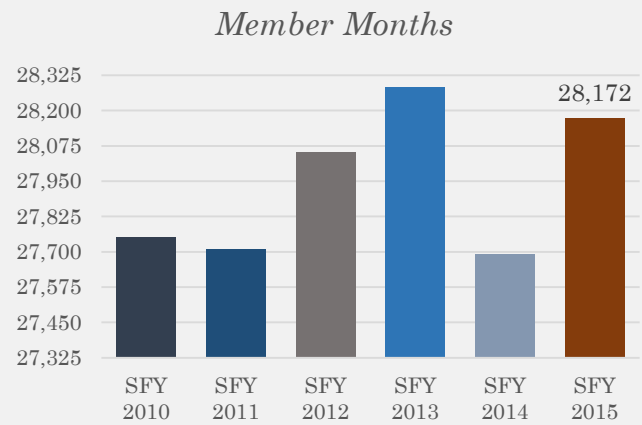
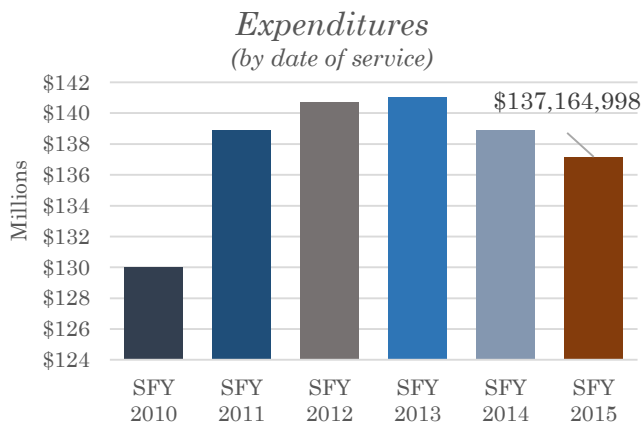


Figure 12: Aged, Blind, or Disabled Employed Individuals with Disabilities
Rates of Emergency Room and Hospital Inpatient Utilization

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



Overview

In SFY 2015 the Aged, Blind, or Disabled (ABD) Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury (ID/DD/ABI) category had 2,423 unique members with individuals enrolled for an average of 11 months of the year.

\$4,869 <i>Per Member Per Month</i>	2,423 <i>Enrolled Members</i>
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Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Unique Enrollment

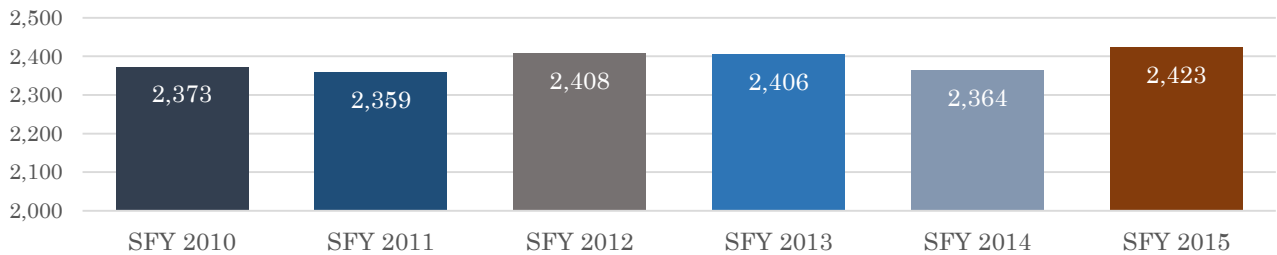


Figure 13: Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Unique Enrollment

Table 23: Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Summary

Eligibility Category	Eligibility Sub-Group ¹⁴	Expenditures	Member Months	Per Member Per Month
ABD ID/DD/ABI	ABI	\$8,010,841	1,950	\$4,108
	Adult ID/DD	\$91,664,843	17,528	\$5,230
	Child ID/DD	\$19,427,627	7,831	\$2,481
	ICF-ID (WY Life Resource Center)	\$18,061,686	863	\$20,929
Overall		\$137,164,998	28,172	\$4,869

Table 24: Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD ID/DD/ABI	ABI	\$3,541	\$4,012	\$3,915	\$4,121	\$4,133	\$4,108
	Adult ID/DD	\$5,195	\$5,600	\$5,724	\$5,641	\$5,485	\$5,230
	Child ID/DD	\$2,455	\$2,447	\$2,368	\$2,466	\$2,401	\$2,481
	ICF-ID (WY Life Resource Center) ¹⁵	\$21,764	\$23,280	\$22,197	\$19,406	\$21,088	\$20,929
Overall		\$4,356	\$4,666	\$4,697	\$4,987	\$5,016	\$4,869

¹⁴ The ABI, Adult ID/DD, and Child ID/DD sub-groups include both the original ABI, Adult DD, and Child DD waiver programs and the appropriate comprehensive and supports waiver programs. This allows for analysis of the overall populations, rather than the individual waiver programs alone.

¹⁵ Expenditures for the ICF-ID (WY Life Resource Center) for SFY 2010 through SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment.

Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Per Member Per Month



Figure 14: Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Per Member Per Month

Individuals enrolled in the waiver programs – ABI, Adult ID/DD, and Child ID/DD – can also receive the standard Medicaid benefits package. These services are identified as “non-waiver” services. The table and figures below show the PMPM costs for the Waiver-Only and Non-Waiver services for these populations.

Table 25: Aged, Blind, or Disabled Intellectual Disabilities / Developmental Disabilities / Acquired Brain Injury Per Member Per Month for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	5 Year Percent Change
Waiver Services								
ABD ID/DD/ABI	ABI	\$2,856	\$3,310	\$3,285	\$3,525	\$3,527	\$3,402	19%
	Adult ID/DD	\$4,734	\$5,104	\$5,181	\$5,089	\$4,910	\$4,483	-5%
	Child ID/DD	\$1,598	\$1,628	\$1,544	\$1,554	\$1,434	\$1,325	-17%
Waiver Services Overall		\$3,436	\$3,720	\$3,755	\$3,745	\$3,653	\$3,393	-1%
Non-Waiver Services								
ABD ID/DD/ABI	ABI	\$685	\$703	\$630	\$597	\$607	\$706	3%
	Adult ID/DD	\$461	\$497	\$542	\$552	\$575	\$747	62%
	Child ID/DD	\$858	\$819	\$825	\$912	\$968	\$1,155	35%
Non-Waiver Services Overall		\$1,249	\$1,292	\$1,262	\$1,242	\$1,364	\$1,476	41%

*Acquired Brain Injury Per Member Per Month
Waiver Services and Non-Waiver Services*

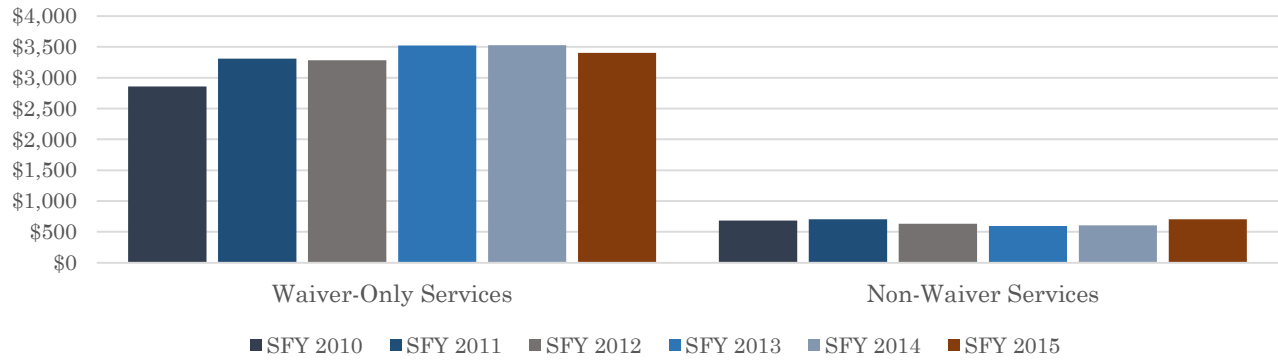


Figure 15: Acquired Brain Injury Per Member Per Month Waiver Services and Non-Waiver Services

*Adults with Intellectual Disabilities / Developmental Disabilities
Per Member Per Month Waiver Services and Non-Waiver Services*

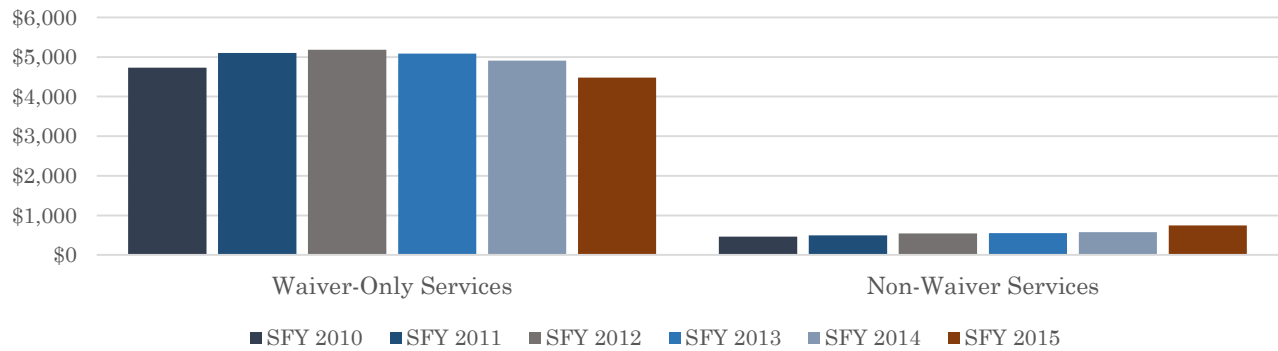


Figure 16: Adults with Intellectual Disabilities / Developmental Disabilities Per Member Per Month Waiver Services and Non-Waiver Services

*Children with Intellectual Disabilities / Developmental Disabilities
Per Member Per Month Waiver Services and Non-Waiver Services*

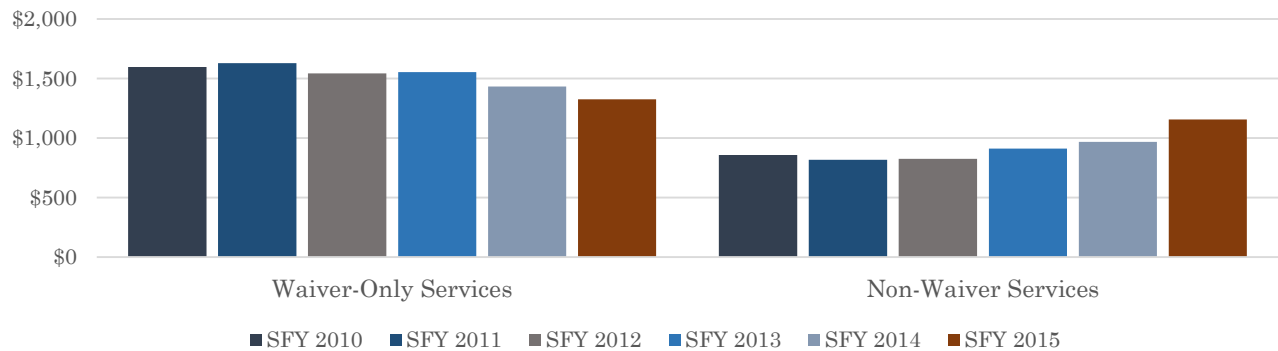


Figure 17: Children with Intellectual Disabilities / Developmental Disabilities Per Member Per Month Waiver Services and Non-Waiver Services

Services

Acquired Brain Injury

Table 26: Acquired Brain Injury Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$7.75	\$5.72	\$3.72	\$6.79	\$4.35	\$10.65
Ambulatory Surgical Center	\$1.45	\$3.20	\$1.79	\$2.84	\$2.39	\$1.11
Behavioral Health	\$118.57	\$131.75	\$119.72	\$123.14	\$141.28	\$209.47
Dental	\$24.98	\$25.45	\$24.24	\$24.74	\$22.31	\$19.36
DME, Prosthetics/Orthotics/Supplies	\$37.47	\$32.14	\$35.49	\$55.44	\$45.89	\$65.18
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$1.06	\$3.02	\$1.40	\$1.15	\$1.89	\$1.60
Home Health	\$15.05	\$43.12	\$74.76	\$67.01	\$67.68	\$56.58
Hospice	--	--	--	--	--	--
Hospital Total ¹⁶	\$216.64	\$185.79	\$150.71	\$127.68	\$121.46	\$147.35
<i>Hospital-Inpatient</i>	<i>\$187.43</i>	<i>\$114.03</i>	<i>\$105.59</i>	<i>\$75.12</i>	<i>\$68.94</i>	<i>\$102.78</i>
<i>Hospital-Outpatient</i>	<i>\$52.78</i>	<i>\$73.17</i>	<i>\$45.12</i>	<i>\$52.53</i>	<i>\$52.49</i>	<i>\$44.57</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.24	\$1.09	\$0.74	\$0.96	\$0.39	\$0.47
Nursing Facility	\$0.54	\$0.32	\$2.14	\$4.21	\$0.38	\$4.68
Other	\$3.58	\$1.28	\$1.53	\$0.64	\$0.93	\$0.32
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$135.20	\$141.77	\$99.16	\$92.69	\$100.79	\$88.12
Prescription Drug	\$112.73	\$119.38	\$100.83	\$78.75	\$92.24	\$89.42
PRTF	--	--	--	--	--	--
Public Health, Federal	\$6.45	\$6.28	\$10.40	\$7.79	\$2.60	\$9.53
Rural Health Clinic	\$0.54	\$0.67	\$1.02	\$0.98	\$0.56	\$0.49
Vision	\$3.10	\$1.80	\$2.26	\$1.76	\$1.78	\$1.50
Waiver Total	\$2,855.81	\$3,309.68	\$3,285.37	\$3,524.77	\$3,526.54	\$3,402.29
<i>Waiver-ABI</i>	<i>\$2,855.81</i>	<i>\$3,309.68</i>	<i>\$3,285.37</i>	<i>\$3,524.77</i>	<i>\$3,526.54</i>	<i>\$3,402.15</i>
<i>Waiver-Adult DD</i>	--	--	--	--	--	--
<i>Waiver-ALF</i>	--	--	--	--	--	--
<i>Waiver-Child DD</i>	--	--	--	--	--	--
<i>Waiver-Child Mental Health</i>	--	--	--	--	--	--
<i>Waiver-Comprehensive</i>	--	--	--	--	--	<i>\$0.01</i>
<i>Waiver-LTC</i>	--	--	--	--	--	--
<i>Waiver-Supports</i>	--	--	--	--	--	<i>\$0.14</i>
Total	\$3,541	\$4,012	\$3,915	\$4,121	\$4,133	\$4,108

¹⁶ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

*Acquired Brain Injury Per Member Per Month
for Select Non-Waiver Services*

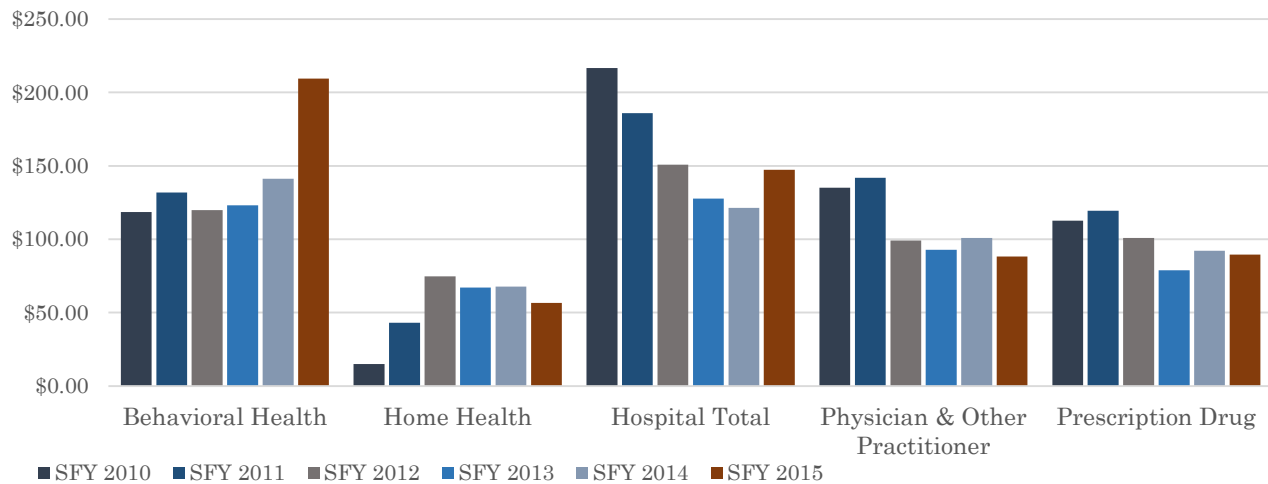


Figure 18: Acquired Brain Injury Per Member Per Month for Select Non-Waiver Services

Table 27: Acquired Brain Injury Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	199	188	192	182	154	149
Member Months	2,154	2,108	2,099	2,194	2,071	1,950
Events Per 1,000 Member Months	92.4	89.2	91.5	83.0	74.4	76.4
Hospital Inpatient Utilization						
Hospital Inpatient Events	41	18	20	15	9	11
Member Months	2,154	2,108	2,099	2,194	2,071	1,950
Events Per 1,000 Member Months	19.0	8.5	9.5	6.8	4.3	5.6

*Acquired Brain Injury
Rates of Emergency Room and Hospital Inpatient Utilization*

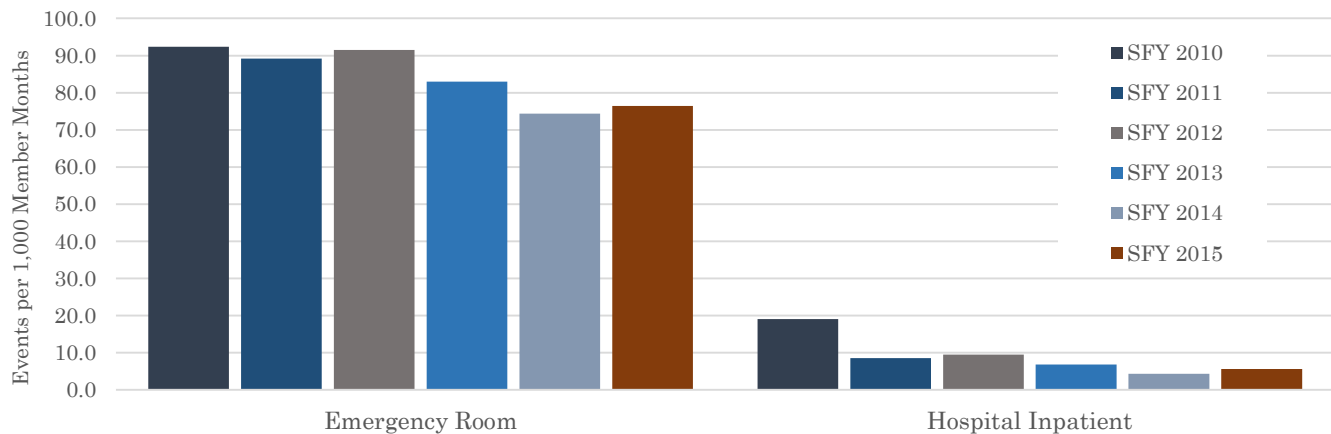


Figure 19: Acquired Brain Injury Rates of Emergency Room and Hospital Inpatient Utilization

Adults with Intellectual Disabilities / Developmental Disabilities

Table 28: Adults with Intellectual Disabilities / Developmental Disabilities Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$1.60	\$2.38	\$2.19	\$3.69	\$3.79	\$4.28
Ambulatory Surgical Center	\$3.10	\$3.28	\$4.18	\$2.65	\$4.35	\$6.02
Behavioral Health	\$137.13	\$142.76	\$168.00	\$177.23	\$201.68	\$285.77
Dental	\$14.90	\$15.11	\$16.65	\$15.90	\$14.66	\$19.05
DME, Prosthetics/Orthotics/Supplies	\$39.43	\$39.56	\$43.01	\$56.59	\$45.35	\$49.86
End Stage Renal Disease	\$0.07	--	\$4.54	\$11.97	\$4.40	\$4.46
Federally Qualified Health Center	\$1.92	\$1.77	\$1.36	\$1.47	\$1.26	\$1.64
Home Health	\$17.04	\$21.80	\$23.09	\$21.83	\$23.21	\$81.88
Hospice	\$1.45	--	\$0.02	\$0.24	\$0.80	\$0.60
Hospital Total ¹⁷	\$58.14	\$67.25	\$66.32	\$73.26	\$82.90	\$75.16
<i>Hospital-Inpatient</i>	<i>\$33.13</i>	<i>\$39.06</i>	<i>\$34.45</i>	<i>\$43.66</i>	<i>\$50.65</i>	<i>\$43.88</i>
<i>Hospital-Outpatient</i>	<i>\$25.53</i>	<i>\$28.61</i>	<i>\$31.97</i>	<i>\$29.67</i>	<i>\$32.25</i>	<i>\$31.27</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.62	\$0.69	\$0.82	\$0.79	\$0.66	\$0.96
Nursing Facility	\$1.19	\$0.58	\$0.93	\$1.88	\$0.60	\$1.56
Other	\$0.84	\$0.89	\$0.98	\$0.75	\$0.56	\$0.54
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$49.23	\$52.41	\$56.30	\$57.43	\$58.89	\$64.16
Prescription Drug	\$129.16	\$143.21	\$147.83	\$120.35	\$125.99	\$144.52
PRTF	--	--	--	--	--	--
Public Health, Federal	\$1.87	\$1.44	\$2.82	\$2.27	\$2.56	\$2.44
Rural Health Clinic	\$1.39	\$1.66	\$1.35	\$1.28	\$1.24	\$1.23
Vision	\$2.19	\$1.93	\$2.00	\$1.94	\$1.99	\$2.44
Waiver Total	\$4,733.54	\$5,103.77	\$5,181.49	\$5,089.39	\$4,909.74	\$4,483.05
<i>Waiver-ABI</i>	--	--	--	--	--	--
<i>Waiver-Adult DD</i>	\$4,733.54	\$5,103.95	\$5,181.51	\$5,089.51	\$4,897.25	\$637.31
<i>Waiver-ALF</i>	--	--	--	--	--	--
<i>Waiver-Child DD</i>	--	--	--	--	--	--
<i>Waiver-Child Mental Health</i>	--	--	--	--	--	--
<i>Waiver-Comprehensive</i>	--	<i>-\$0.19</i>	<i>-\$0.02</i>	<i>-\$0.12</i>	<i>\$12.34</i>	<i>\$3,802.77</i>
<i>Waiver-LTC</i>	--	--	--	--	--	--
<i>Waiver-Supports</i>	--	--	--	--	<i>\$0.14</i>	<i>\$42.98</i>
Total	\$5,195	\$5,600	\$5,724	\$5,641	\$5,485	\$5,230

¹⁷ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

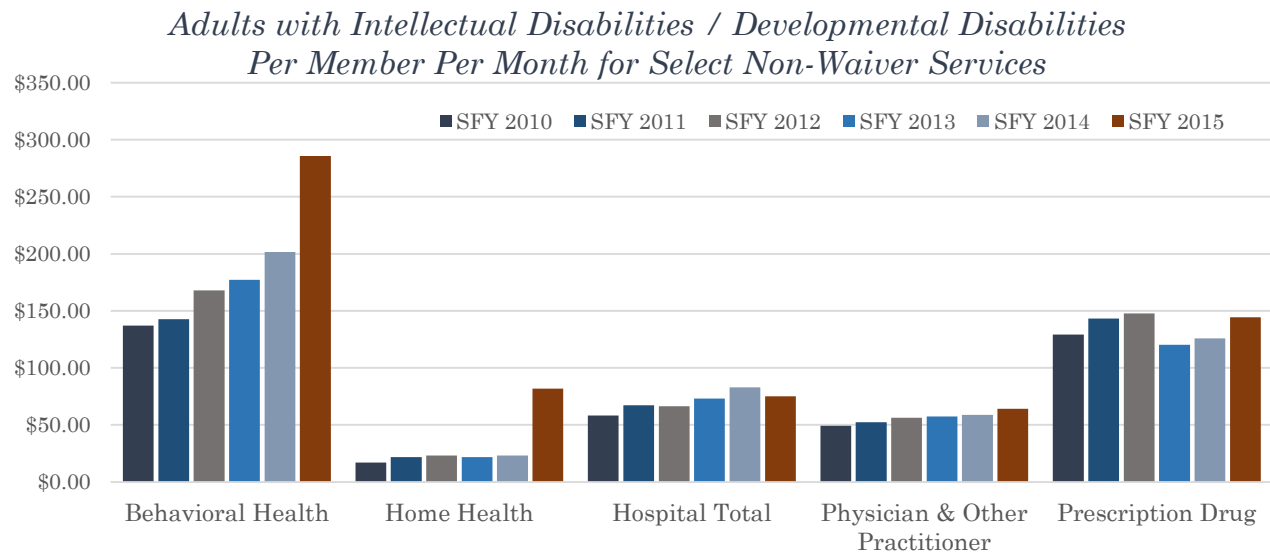


Figure 20: Adults with Intellectual Disabilities / Developmental Disabilities
Per Member Per Month for Select Non-Waiver Services

Table 29: Adults with Intellectual Disabilities / Developmental Disabilities
Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	796	780	865	792	829	905
Member Months	15,831	16,045	16,389	16,686	16,806	17,528
Events Per 1,000 Member Months	50.3	48.6	52.8	47.5	49.3	51.6
Hospital Inpatient Utilization						
Hospital Inpatient Events	43	53	46	65	74	75
Member Months	15,831	16,045	16,389	16,686	16,806	17,528
Events Per 1,000 Member Months	2.7	3.3	2.8	3.9	4.4	4.3

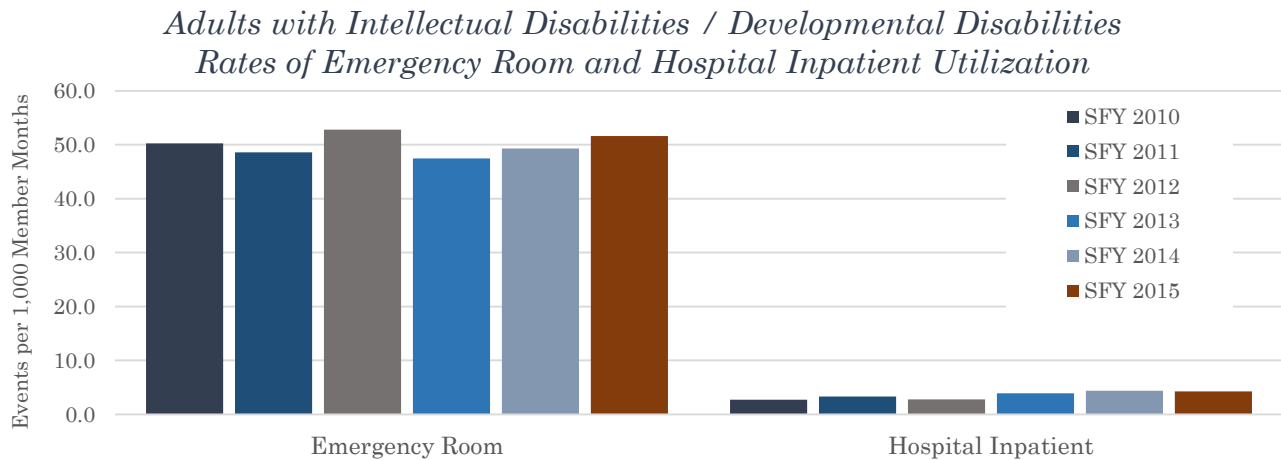


Figure 21: Adults with Intellectual Disabilities / Developmental Disabilities
Rates of Emergency Room and Hospital Inpatient Utilization

Children with Intellectual Disabilities / Developmental Disabilities

Table 30: Children with Intellectual Disabilities / Developmental Disabilities Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$7.29	\$5.03	\$2.56	\$5.58	\$7.83	\$9.07
Ambulatory Surgical Center	\$7.54	\$4.27	\$4.86	\$14.83	\$17.66	\$21.65
Behavioral Health	\$53.79	\$55.63	\$54.96	\$53.70	\$50.10	\$60.10
Dental	\$17.70	\$17.88	\$17.38	\$14.96	\$19.53	\$17.36
DME, Prosthetics/Orthotics/Supplies	\$81.20	\$88.72	\$96.05	\$119.59	\$120.67	\$137.03
End Stage Renal Disease	--	--	--	--	--	\$1.32
Federally Qualified Health Center	\$1.31	\$1.97	\$0.52	\$0.58	\$0.87	\$0.81
Home Health	\$38.38	\$49.07	\$45.65	\$48.10	\$34.11	\$29.13
Hospice	\$0.14	\$0.07	--	--	--	\$0.38
Hospital Total ¹⁸	\$214.21	\$136.69	\$139.67	\$186.88	\$124.07	\$170.03
<i>Hospital-Inpatient</i>	<i>\$162.98</i>	<i>\$79.21</i>	<i>\$90.53</i>	<i>\$126.89</i>	<i>\$72.48</i>	<i>\$101.42</i>
<i>Hospital-Outpatient</i>	<i>\$51.49</i>	<i>\$57.86</i>	<i>\$49.14</i>	<i>\$62.48</i>	<i>\$51.63</i>	<i>\$68.61</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.02	\$1.46	\$0.93	\$1.03	\$0.66	\$0.92
Nursing Facility	--	--	--	--	--	--
Other	\$34.49	\$7.67	\$7.38	\$4.01	\$2.78	\$2.14
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$139.71	\$160.93	\$173.86	\$194.95	\$259.39	\$332.98
Prescription Drug	\$221.20	\$253.38	\$244.98	\$223.26	\$275.78	\$329.77
PRTF	\$25.32	\$21.65	\$22.15	\$30.00	\$41.89	\$29.72
Public Health, Federal	\$3.80	\$3.96	\$3.98	\$4.83	\$3.94	\$3.48
Rural Health Clinic	\$2.31	\$2.74	\$2.35	\$1.71	\$1.38	\$1.66
Vision	\$8.10	\$7.65	\$7.31	\$7.57	\$7.27	\$7.87
Waiver Total	\$1,597.50	\$1,628.44	\$1,543.72	\$1,553.95	\$1,433.50	\$1,325.43
<i>Waiver-ABI</i>	--	--	--	--	--	--
<i>Waiver-Adult DD</i>	--	--	--	--	--	--
<i>Waiver-ALF</i>	--	--	--	--	--	--
<i>Waiver-Child DD</i>	<i>\$1,597.50</i>	<i>\$1,628.50</i>	<i>\$1,543.72</i>	<i>\$1,553.95</i>	<i>\$1,433.50</i>	<i>\$974.67</i>
<i>Waiver-Child Mental Health</i>	--	--	--	--	--	--
<i>Waiver-Comprehensive</i>	--	<i>-\$0.05</i>	<i>-\$0.01</i>	--	--	<i>\$324.04</i>
<i>Waiver-LTC</i>	--	--	--	--	--	--
<i>Waiver-Supports</i>	--	--	--	--	--	<i>\$26.73</i>
Total	\$2,455	\$2,447	\$2,368	\$2,466	\$2,401	\$2,481

¹⁸ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

*Children with Intellectual Disabilities / Developmental Disabilities
Per Member Per Month for Select Non-Waiver Services*

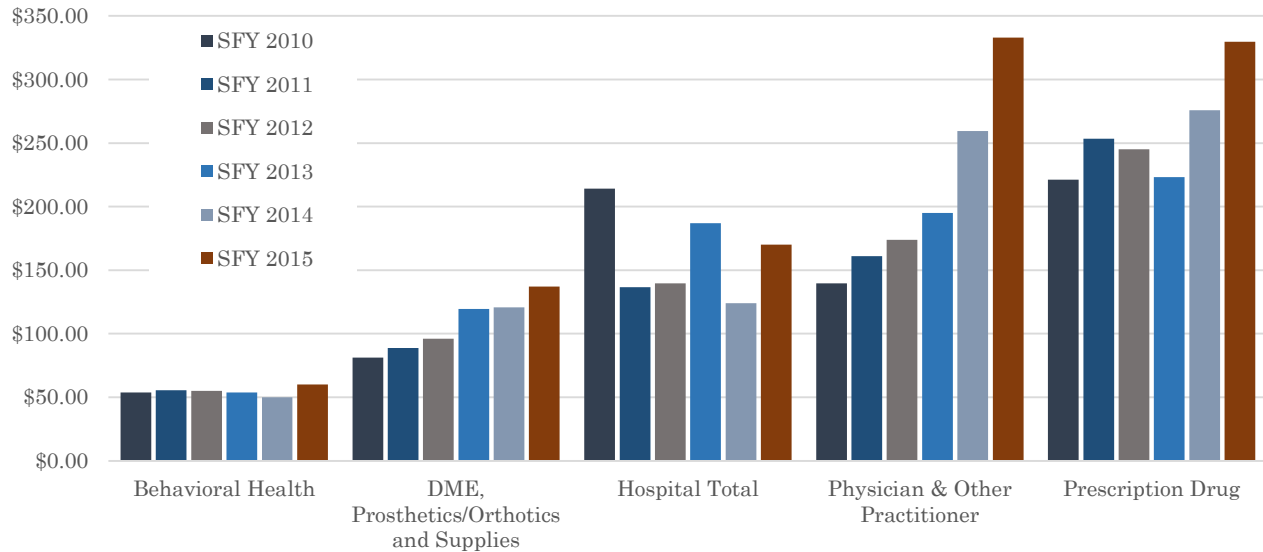


Figure 22: Children with Intellectual Disabilities / Developmental Disabilities
Per Member Per Month for Select Non-Waiver Services

Table 31: Children with Intellectual Disabilities / Developmental Disabilities
Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	363	383	333	339	300	327
Member Months	8,930	8,729	8,755	8,536	7,902	7,831
Events Per 1,000 Member Months	40.6	43.9	38.0	39.7	38.0	41.8
Hospital Inpatient Utilization						
Hospital Inpatient Events	160	114	122	171	124	105
Member Months	8,930	8,729	8,755	8,536	7,902	7,831
Events Per 1,000 Member Months	17.9	13.1	13.9	20.0	15.7	13.4

*Children with Intellectual Disabilities / Developmental Disabilities
Rates of Emergency Room and Hospital Inpatient Utilization*

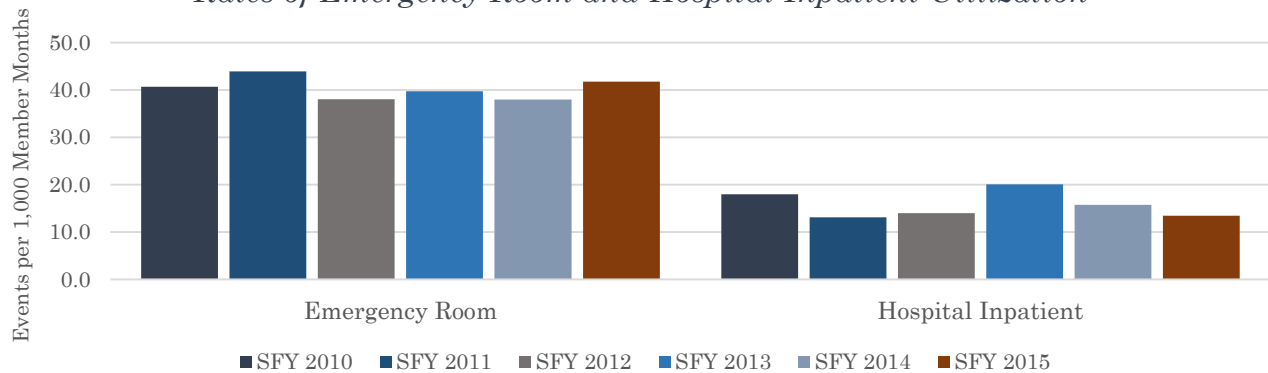


Figure 23: Children with Intellectual Disabilities / Developmental Disabilities
Rates of Emergency Room and Hospital Inpatient Utilization

Intermediate Care Facilities for Individuals with Intellectual Disabilities (WY Life Resource Center)

The PMPM costs for SFY 2010 through SFY 2012 below reflect the updates to expenditures per the CMS required accounting adjustment.

Table 32: Intermediate Care Facilities for Individuals with Intellectual Disabilities
Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$1.60	\$3.54	\$6.79	\$6.68	\$4.10	\$8.37
Ambulatory Surgical Center	\$0.58	\$0.35	--	\$0.43	\$0.96	--
Behavioral Health	\$1.29	\$3.21	--	\$0.18	\$2.52	\$1.09
Dental	--	\$0.11	\$2.06	\$0.10	\$0.50	\$0.13
DME, Prosthetics/Orthotics/Supplies	\$1.00	\$44.01	\$43.10	\$25.26	\$17.71	\$20.85
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ¹⁹	\$50.90	\$95.79	\$119.25	\$72.05	\$79.11	\$42.73
<i>Hospital-Inpatient</i>	<i>\$20.10</i>	<i>\$55.36</i>	<i>\$74.14</i>	<i>\$38.47</i>	<i>\$67.90</i>	<i>\$25.68</i>
<i>Hospital-Outpatient</i>	<i>\$30.79</i>	<i>\$40.44</i>	<i>\$45.11</i>	<i>\$33.58</i>	<i>\$11.21</i>	<i>\$17.06</i>
Intermediate Care Facility-ID	\$21,673.01	\$23,085.91	\$21,973.95	\$19,278.38	\$20,961.63	\$20,834.86
Laboratory	\$0.65	--	\$0.41	--	\$0.06	--
Nursing Facility	\$4.83	\$5.41	\$3.11	--	--	--
Other	--	--	-\$1.72	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$22.16	\$36.71	\$45.41	\$19.36	\$17.98	\$17.52
Prescription Drug	\$0.15	\$0.03	\$0.02	--	--	--
PRTF	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	\$8.21	\$4.87	\$4.96	\$3.21	\$3.80	\$3.39
Waiver Total	--	--	--	--	--	--
Total	\$2,455	\$2,447	\$2,368	\$2,466	\$2,401	\$2,481

¹⁹ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Table 33: Intermediate Care Facility for Individuals with Intellectual Disability
Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	19	27	26	20	22	39
Member Months	837	825	810	867	910	863
Events Per 1,000 Member Months	22.7	32.7	32.1	23.1	24.2	45.2
Hospital Inpatient Utilization						
Hospital Inpatient Events	1	1	2	2	3	2
Member Months	837	825	810	867	910	863
Events Per 1,000 Member Months	1.2	1.2	2.5	2.3	3.3	2.3

*Intermediate Care Facility for Individuals with Intellectual Disability
Rates of Emergency Room and Hospital Inpatient Utilization*

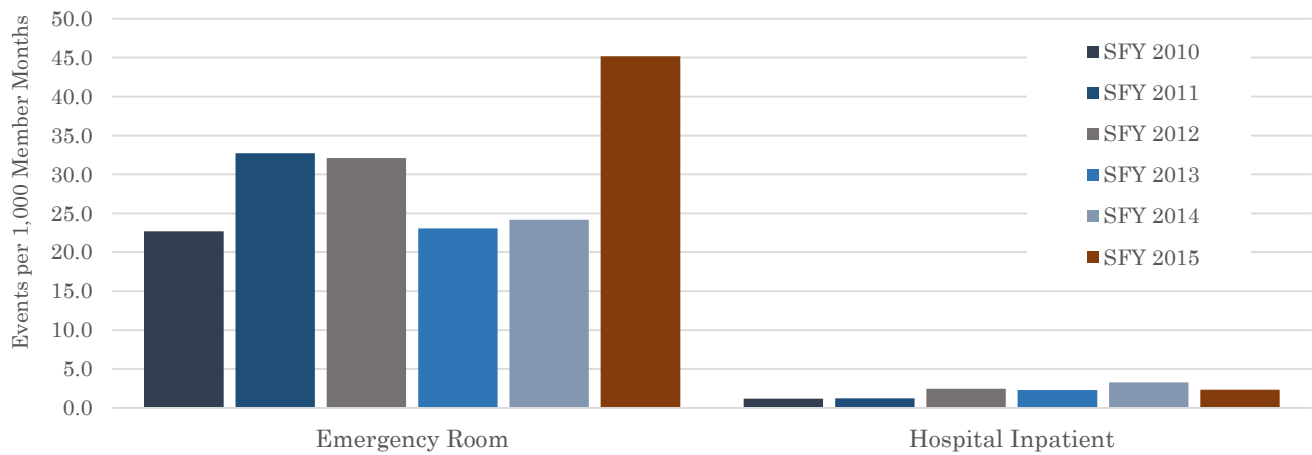
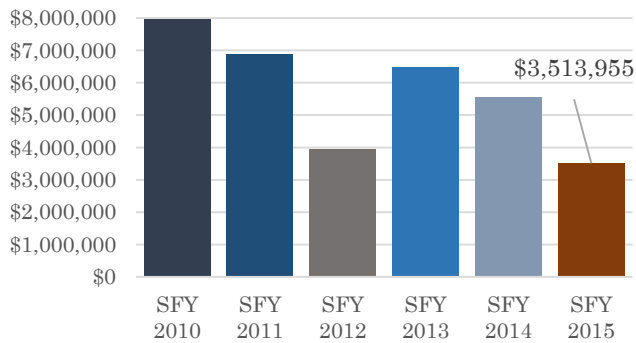


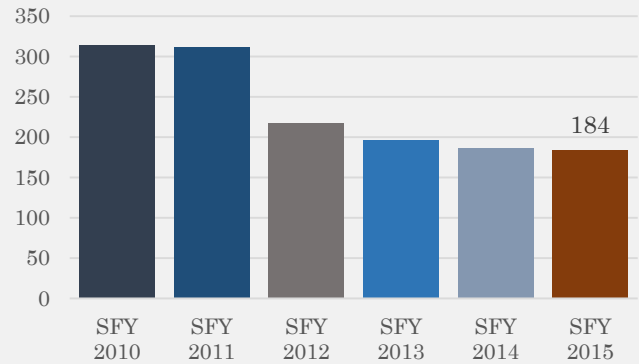
Figure 24: Intermediate Care Facility for Individuals with Intellectual Disability
Rates of Emergency Room and Hospital Inpatient Utilization

Aged, Blind, or Disabled Institution

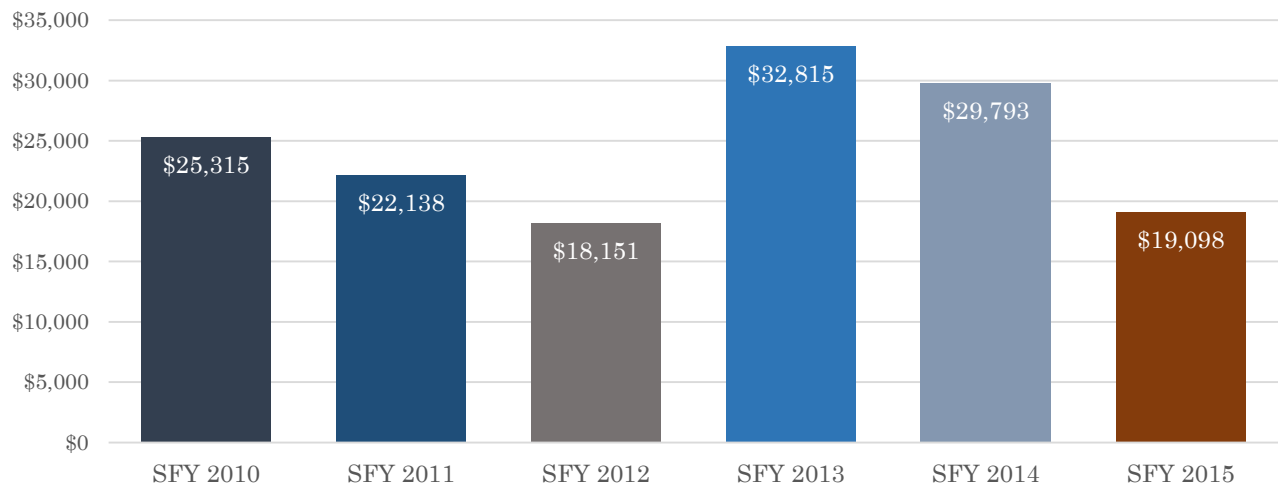
*Expenditures
(by date of service)*



Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Aged, Blind, or Disabled (ABD) Institution category had 18 unique members with individuals enrolled for an average of 10 months of the year.

\$19,098

Per Member Per Month

18

Enrolled Members

Aged, Blind, or Disabled Institution Unique Enrollment

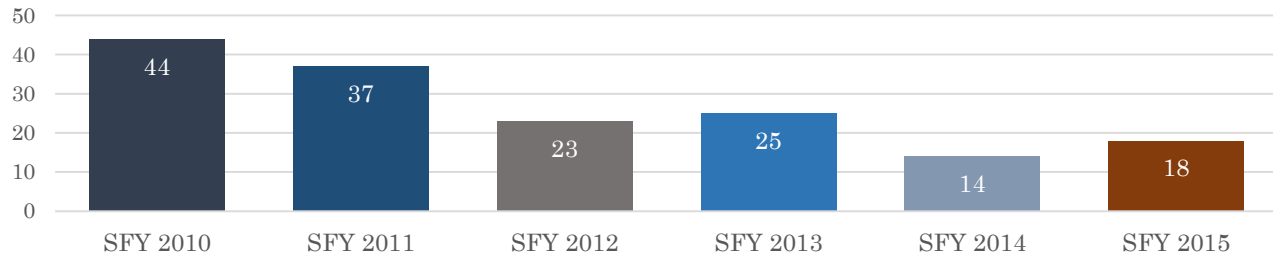


Figure 25: Aged, Blind, or Disabled Institution Unique Enrollment

Table 34: Aged, Blind, or Disabled Institution Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
ABD Institution	Hospital	\$3,513,955	184	\$19,098

Table 35: Aged, Blind, or Disabled Institution Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD Institution	Hospital	\$25,315	\$22,138	\$18,151	\$32,815	\$29,793	\$19,098

Aged, Blind, or Disabled Institution Per Member Per Month

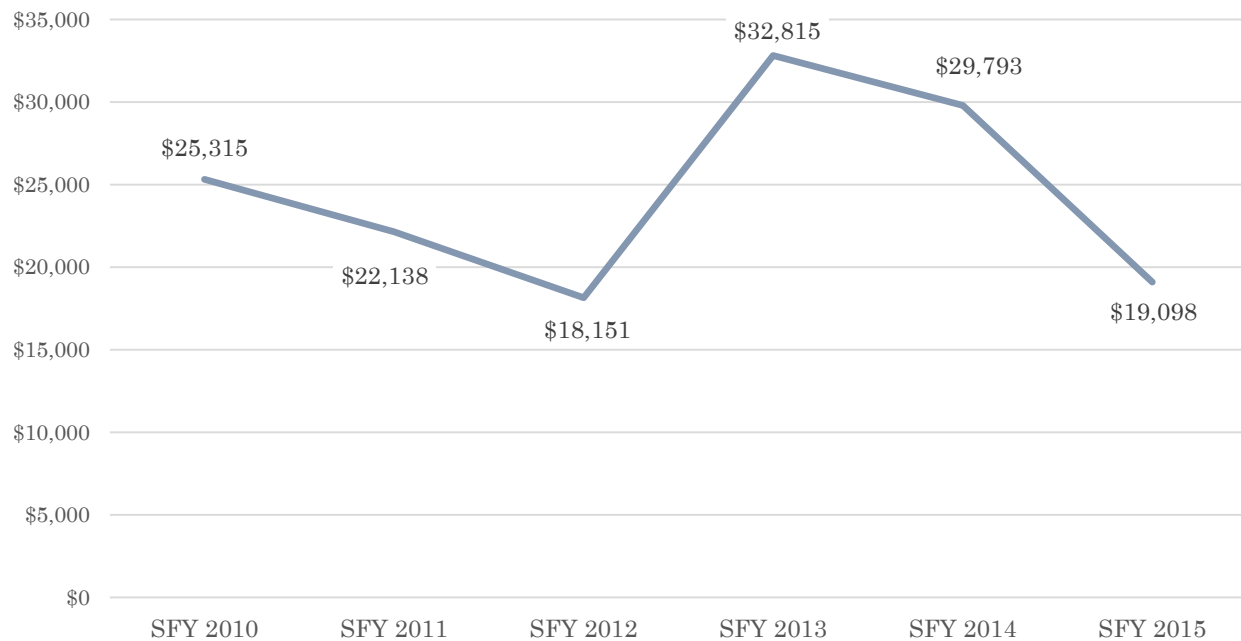


Figure 26: Aged, Blind, or Disabled Institution Per Member Per Month

Services

Table 36: Aged, Blind, or Disabled Institution Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$506.09	\$271.13	\$112.89	\$364.73	\$454.82	\$216.65
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	\$21.66	\$29.35	\$13.63	\$7.34	\$35.54	\$52.29
Dental	\$5.53	\$3.65	\$4.79	--	--	\$8.19
DME, Prosthetics/Orthotics/Supplies	\$120.55	\$132.00	\$58.70	\$133.22	\$152.39	\$46.29
End Stage Renal Disease	--	\$43.89	--	\$1.41	\$1.62	\$1.95
Federally Qualified Health Center	\$17.66	\$3.47	\$9.66	\$4.46	\$1.87	\$0.13
Home Health	\$17.99	\$40.36	\$7.22	\$31.38	\$57.83	\$5.97
Hospice	\$63.80	\$15.38	\$15.96	\$4.38	\$21.82	\$14.43
Hospital Total ²⁰	\$21,341.67	\$19,381.31	\$16,029.01	\$29,619.30	\$26,202.52	\$16,971.04
<i>Hospital-Inpatient</i>	<i>\$21,232.08</i>	<i>\$19,269.02</i>	<i>\$15,844.50</i>	<i>\$29,453.31</i>	<i>\$26,026.81</i>	<i>\$16,766.17</i>
<i>Hospital-Outpatient</i>	<i>\$152.03</i>	<i>\$167.44</i>	<i>\$184.51</i>	<i>\$293.24</i>	<i>\$175.61</i>	<i>\$204.86</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$17.19	\$4.14	\$2.65	\$37.22	\$37.87	\$16.37
Nursing Facility	\$642.06	\$33.34	\$43.37	\$42.93	\$152.29	\$114.34
Other	\$44.40	\$40.58	\$23.92	\$21.37	\$43.31	\$12.96
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$2,400.88	\$2,016.34	\$1,703.92	\$2,462.52	\$2,548.52	\$1,398.16
Prescription Drug	\$96.40	\$87.71	\$66.80	\$41.45	\$80.70	\$237.14
PRTF	--	--	--	--	--	--
Public Health, Federal	\$17.96	\$34.32	\$57.61	\$41.21	--	--
Rural Health Clinic	\$1.36	--	\$0.32	\$1.93	\$0.90	--
Vision	--	\$1.11	\$0.56	\$0.44	\$1.38	\$1.68
Waiver Total	--	--	--	--	--	--
Overall	\$25,315	\$22,138	\$18,151	\$32,815	\$29,793	\$19,098

Table 37: Aged, Blind, or Disabled Institution Emergency Room and Hospital Inpatient Utilization

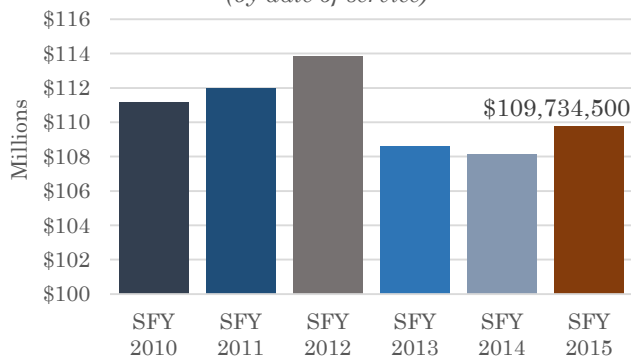
	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	96	118	110	51	52	52
Member Months	314	311	218	197	186	184
Events Per 1,000 Member Months	305.7	379.4	504.6	258.9	279.6	282.6
Hospital Inpatient Utilization						
Hospital Inpatient Events	184	144	87	80	91	79
Member Months	314	311	218	197	186	184
Events Per 1,000 Member Months	586.0	463.0	399.1	406.1	489.2	429.3

²⁰ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

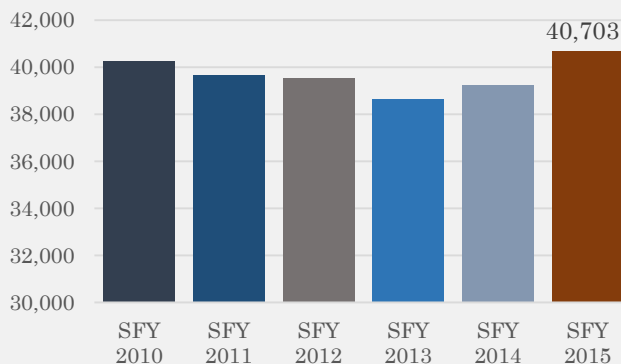


Aged, Blind, or Disabled Long-Term Care

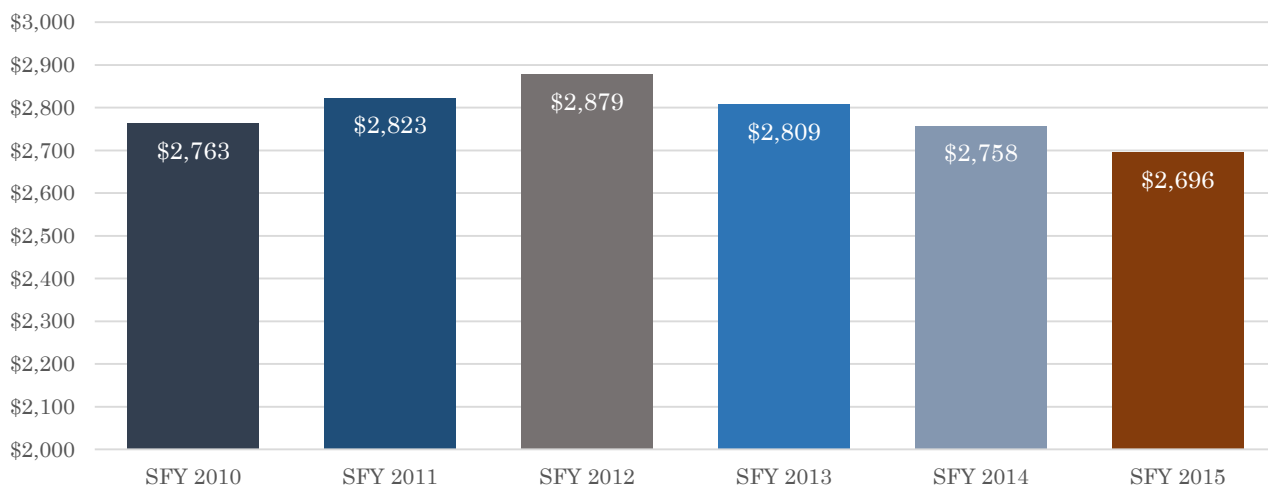
*Expenditures
(by date of service)*



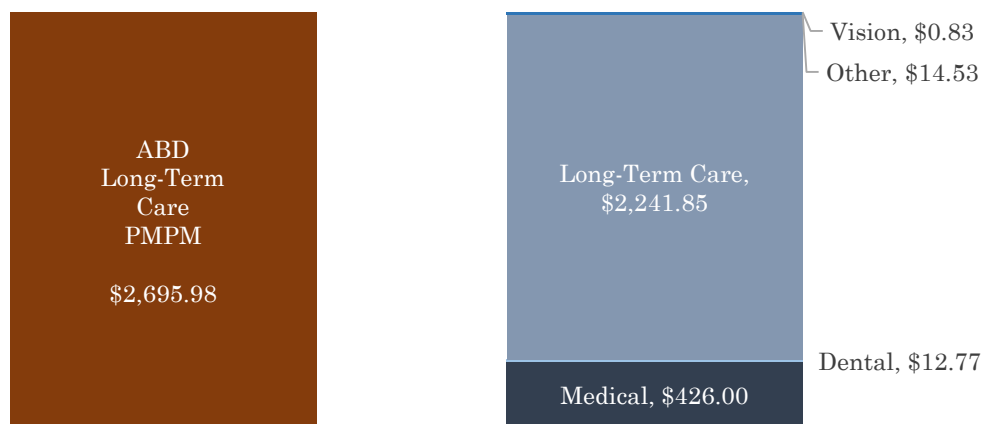
Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Aged, Blind, or Disabled (ABD) Long-Term Care (LTC) category had 4,183 unique members with individuals enrolled for an average of 9 months of the year.

\$2,696
Per Member Per Month

4,183
Enrolled Members

Aged, Blind, or Disabled Long-Term Care Unique Enrollment

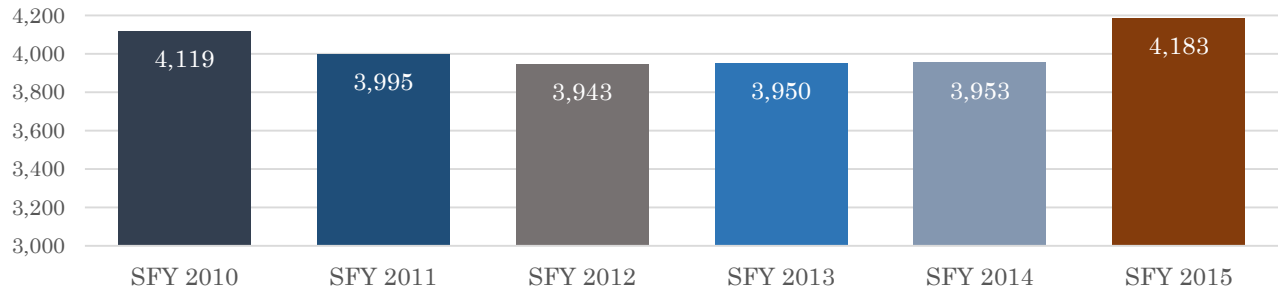


Figure 27: Aged, Blind, or Disabled Long-Term Care Unique Enrollment

Table 38: Aged, Blind, or Disabled Long-Term Care Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
ABD Long-Term Care	Assisted Living Facility Waiver	\$3,647,661	2,014	\$1,811
	Hospice	\$629,509	360	\$1,749
	Long-Term Care Waiver	\$28,996,396	17,761	\$1,633
	Nursing Home	\$74,194,055	19,657	\$3,774
	PACE	\$2,266,879	911	\$2,488
Overall		\$109,734,500	40,703	\$2,696

Table 39: Aged, Blind, or Disabled Long-Term Care Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD Long-Term Care	Assisted Living Facility Waiver	\$1,652	\$1,702	\$1,713	\$1,691	\$1,744	\$1,811
	Hospice	\$2,542	\$1,776	\$3,640	\$2,013	\$2,520	\$1,749
	Long-Term Care Waiver	\$1,579	\$1,643	\$1,809	\$1,676	\$1,647	\$1,633
	Nursing Home	\$3,863	\$3,941	\$3,859	\$3,833	\$3,773	\$3,774
	PACE	--	--	--	\$2,516	\$2,504	\$2,488
Overall		\$2,763	\$2,823	\$2,879	\$2,809	\$2,758	\$2,696

Aged, Blind, or Disabled Long-Term Care Per Member Per Month



Figure 28: Aged, Blind, or Disabled Long-Term Care Per Member Per Month

Individuals enrolled in the waiver programs – Assisted Living Facility Waiver and Long-Term Care Waiver – can also receive the standard Medicaid benefits package. These services are identified as “non-waiver” services. The table and figures below show the PMPM costs for the Waiver-Only and Non-Waiver services for these populations.

Table 40: Aged, Blind, or Disabled Long-Term Care Per Member Per Month for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	5 Year Percent Change
Waiver Services								
ABD Long-Term Care	Assisted Living Facility Waiver	\$1,334	\$1,339	\$1,375	\$1,364	\$1,381	\$1,413	6%
	Long-Term Care Waiver	\$761	\$787	\$794	\$808	\$807	\$787	3%
Waiver Services Overall		\$819	\$844	\$849	\$862	\$866	\$851	4%
Non-Waiver Services								
ABD Long-Term Care	Assisted Living Facility Waiver	\$318	\$363	\$338	\$327	\$364	\$398	25%
	Long-Term Care Waiver	\$818	\$856	\$1,015	\$868	\$840	\$845	3%
Non-Waiver Services Overall		\$768	\$805	\$951	\$816	\$791	\$800	4%

*Assisted Living Facility Waiver Per Member Per Month
Waiver Services and Non-Waiver Services*

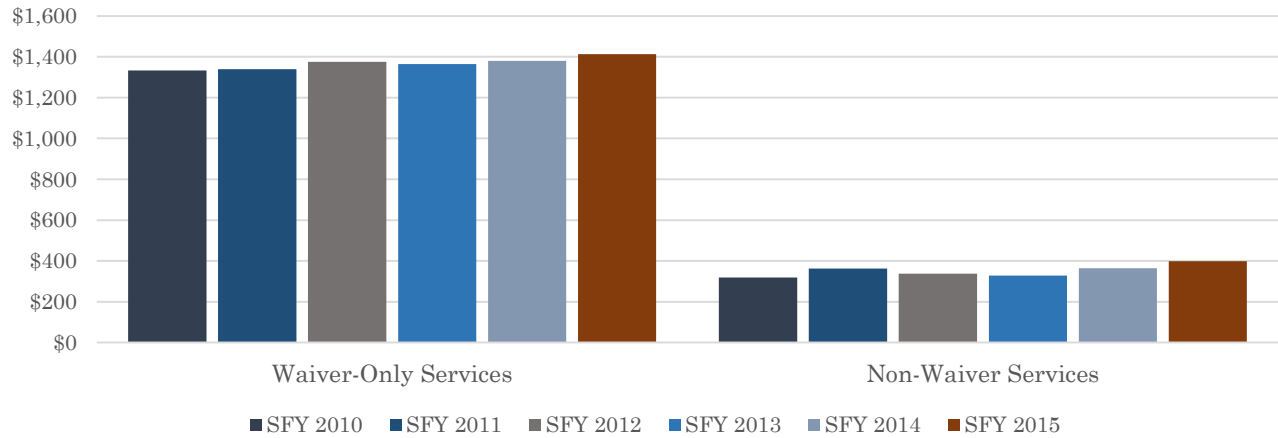


Figure 29: Assisted Living Facility Waiver Per Member Per Month Waiver Services and Non-Waiver Services

*Long-Term Care Waiver Per Member Per Month
Waiver Services and Non-Waiver Services*

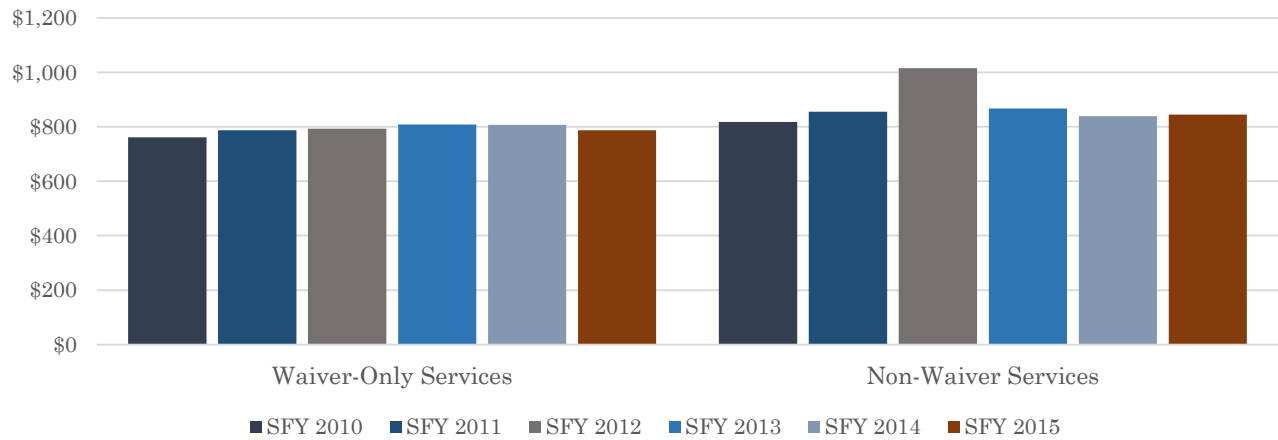


Figure 30: Long-Term Care Waiver Per Member Per Month Waiver Services and Non-Waiver Services

Services

Assisted Living Facility Waiver

Table 41: Assisted Living Facility Waiver Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$5.62	\$11.39	\$8.51	\$11.22	\$7.54	\$9.73
Ambulatory Surgical Center	\$1.18	\$1.02	\$0.65	\$0.96	\$0.63	\$0.99
Behavioral Health	\$14.71	\$15.01	\$14.71	\$20.51	\$38.74	\$32.68
Dental	\$11.25	\$12.00	\$12.47	\$10.75	\$7.91	\$13.62
DME, Prosthetics/Orthotics/Supplies	\$24.33	\$27.07	\$31.17	\$25.09	\$27.55	\$38.51
End Stage Renal Disease	\$0.49	--	--	-\$0.29	\$0.19	\$1.29
Federally Qualified Health Center	\$1.90	\$2.08	\$1.02	\$2.95	\$2.87	\$2.03
Home Health	\$12.50	\$28.81	\$16.47	\$8.58	\$62.44	\$59.70
Hospice	\$19.83	\$1.78	\$4.41	\$6.67	\$5.23	--
Hospital Total ²¹	\$86.64	\$134.57	\$105.48	\$92.68	\$81.45	\$80.78
<i>Hospital-Inpatient</i>	<i>\$63.78</i>	<i>\$106.33</i>	<i>\$77.17</i>	<i>\$69.39</i>	<i>\$52.26</i>	<i>\$45.05</i>
<i>Hospital-Outpatient</i>	<i>\$24.48</i>	<i>\$30.08</i>	<i>\$28.31</i>	<i>\$23.29</i>	<i>\$29.20</i>	<i>\$35.73</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.14	\$0.29	\$0.23	\$0.10	\$0.06	\$0.14
Nursing Facility	\$28.17	\$19.50	\$24.27	\$28.88	\$23.60	\$15.95
Other	\$17.97	\$16.04	\$19.43	\$14.35	\$12.67	\$13.05
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$51.92	\$59.31	\$56.14	\$50.09	\$40.52	\$41.69
Prescription Drug	\$21.35	\$17.55	\$20.83	\$21.80	\$24.91	\$66.55
PRTF	--	--	--	--	--	--
Public Health, Federal	\$19.15	\$15.32	\$20.82	\$32.09	\$25.93	\$20.33
Rural Health Clinic	\$0.29	\$0.15	\$0.24	\$0.25	\$0.20	\$0.19
Vision	\$0.62	\$0.95	\$0.76	\$0.58	\$1.11	\$0.98
Waiver-ALF	\$1,333.52	\$1,339.46	\$1,375.33	\$1,364.07	\$1,380.76	\$1,412.96
Overall	\$1,652	\$1,702	\$1,713	\$1,691	\$1,744	\$1,811

²¹ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

*Assisted Living Facility Waiver
Per Member Per Month for Select Services*

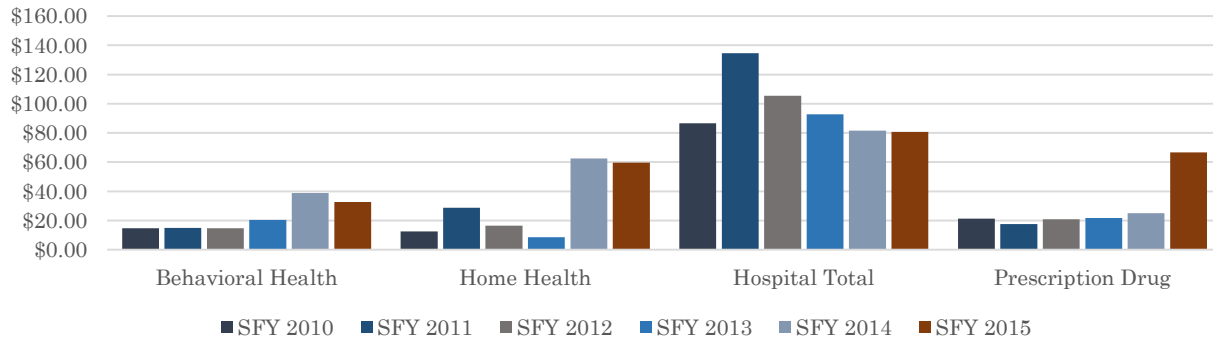


Figure 31: Assisted Living Facility Waiver Per Member Per Month for Select Services

Table 42: Assisted Living Facility Waiver Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	256	270	249	267	224	227
Member Months	1,952	1,979	1,794	1,743	1,869	2,014
Events Per 1,000 Member Months	131.1	136.4	138.8	153.2	119.9	112.7
Hospital Inpatient Utilization						
Hospital Inpatient Events	7	9	10	8	4	10
Member Months	1,952	1,979	1,794	1,743	1,869	2,014
Events Per 1,000 Member Months	3.6	4.5	5.6	4.6	2.1	5.0

*Assisted Living Facility Waiver
Rates of Emergency Room and Hospital Inpatient Utilization*

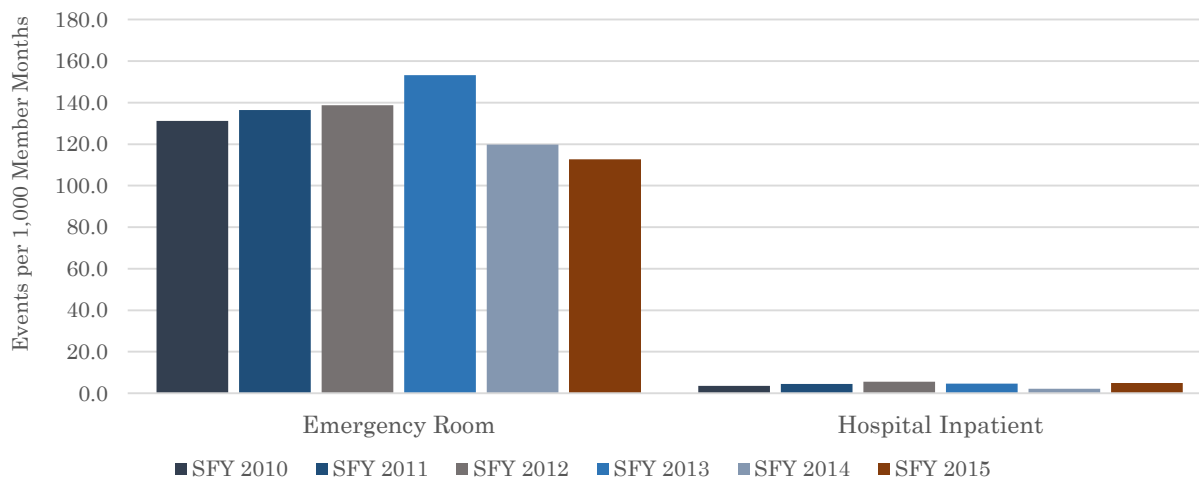


Figure 32: Assisted Living Facility Waiver Rate of Emergency Room and Hospital Inpatient Utilization

Table 43: Hospice Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$5.80	\$13.41	\$28.03	\$4.16	\$31.63	\$2.29
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	--	\$0.76	\$3.28
Dental	\$6.32	--	\$0.56	\$0.93	\$0.88	--
DME, Prosthetics/Orthotics/Supplies	\$1.54	\$54.95	\$1.00	\$1.69	\$0.05	\$0.67
End Stage Renal Disease	--	--	\$0.26	--	--	--
Federally Qualified Health Center	\$2.22	\$0.57	--	--	\$5.06	\$0.40
Home Health	--	--	--	\$2.01	--	\$0.47
Hospice	\$2,074.27	\$1,374.32	\$2,496.91	\$1,746.13	\$1,984.87	\$1,637.98
Hospital Total ²²	\$352.66	\$263.51	\$916.85	\$96.18	\$397.23	\$75.35
<i>Hospital-Inpatient</i>	<i>\$334.33</i>	<i>\$262.11</i>	<i>\$890.87</i>	<i>\$59.71</i>	<i>\$372.68</i>	<i>\$67.74</i>
<i>Hospital-Outpatient</i>	<i>\$18.32</i>	<i>\$8.41</i>	<i>\$25.98</i>	<i>\$36.47</i>	<i>\$24.55</i>	<i>\$7.62</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$2.76	--	--	--	\$0.09	--
Nursing Facility	\$7.82	\$9.44	\$5.98	\$4.02	-\$0.13	\$0.36
Other	\$4.72	\$3.06	\$7.59	\$14.76	\$4.34	\$3.82
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$78.34	\$50.77	\$95.80	\$104.32	\$76.36	\$14.62
Prescription Drug	\$4.50	\$2.24	\$22.16	\$16.58	\$4.32	\$1.29
PRTF	--	--	--	--	--	--
Public Health, Federal	--	\$3.84	\$64.84	\$21.75	\$12.37	\$8.00
Rural Health Clinic	--	--	--	--	\$1.80	--
Vision	\$0.66	--	--	--	--	\$0.10
Waiver-Total	--	--	--	--	--	--
Overall	\$2,542	\$1,776	\$3,640	\$2,013	\$2,520	\$1,749

Table 44: Hospice Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	19	22	39	28	45	13
Member Months	199	157	169	210	249	360
Events Per 1,000 Member Months	95.5	140.1	230.8	133.3	180.7	36.1
Hospital Inpatient Utilization						
Hospital Inpatient Events	10	7	7	5	16	7
Member Months	199	157	169	210	249	360
Events Per 1,000 Member Months	50.3	44.6	41.4	23.8	64.3	19.4

²² Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Long-Term Care Waiver

Table 45: Long-Term Care Waiver Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$8.91	\$10.97	\$14.15	\$16.15	\$12.73	\$16.31
Ambulatory Surgical Center	\$3.19	\$2.40	\$2.60	\$2.50	\$1.98	\$3.50
Behavioral Health	\$42.13	\$40.65	\$43.31	\$40.54	\$44.65	\$51.17
Dental	\$14.76	\$15.90	\$16.64	\$14.66	\$13.65	\$16.29
DME, Prosthetics/Orthotics/Supplies	\$75.62	\$88.88	\$84.42	\$82.29	\$88.05	\$84.86
End Stage Renal Disease	\$8.05	\$8.79	\$8.19	\$11.00	\$12.56	\$16.36
Federally Qualified Health Center	\$8.56	\$9.06	\$3.12	\$2.93	\$3.72	\$4.61
Home Health	\$53.75	\$76.30	\$97.01	\$94.03	\$117.44	\$123.75
Hospice	\$4.09	\$2.93	\$0.94	\$8.05	\$11.58	\$4.82
Hospital Total ²³	\$286.40	\$287.01	\$371.13	\$276.46	\$260.88	\$235.77
<i>Hospital-Inpatient</i>	<i>\$208.81</i>	<i>\$193.34</i>	<i>\$270.89</i>	<i>\$177.90</i>	<i>\$161.41</i>	<i>\$143.00</i>
<i>Hospital-Outpatient</i>	<i>\$82.44</i>	<i>\$95.19</i>	<i>\$100.64</i>	<i>\$98.63</i>	<i>\$99.47</i>	<i>\$92.75</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.52	\$1.62	\$1.79	\$1.49	\$1.10	\$1.66
Nursing Facility	\$10.47	\$10.36	\$10.80	\$16.04	\$15.82	\$9.27
Other	\$33.40	\$32.33	\$26.55	\$24.99	\$23.13	\$22.74
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$107.20	\$108.56	\$121.93	\$113.15	\$109.79	\$116.20
Prescription Drug	\$143.40	\$147.72	\$198.95	\$149.35	\$113.73	\$129.53
PRTF	--	--	--	--	--	--
Public Health, Federal	\$13.82	\$9.51	\$10.87	\$11.07	\$5.95	\$5.13
Rural Health Clinic	\$1.67	\$1.92	\$2.07	\$2.05	\$1.93	\$2.25
Vision	\$1.18	\$1.22	\$0.88	\$1.13	\$1.21	\$1.22
Waiver-LTC	\$761.24	\$787.09	\$793.74	\$808.26	\$807.23	\$787.17
Overall	\$2,542	\$1,776	\$3,640	\$2,013	\$2,520	\$1,749

²³ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Long-Term Care Waiver Per Member Per Month for Select Services

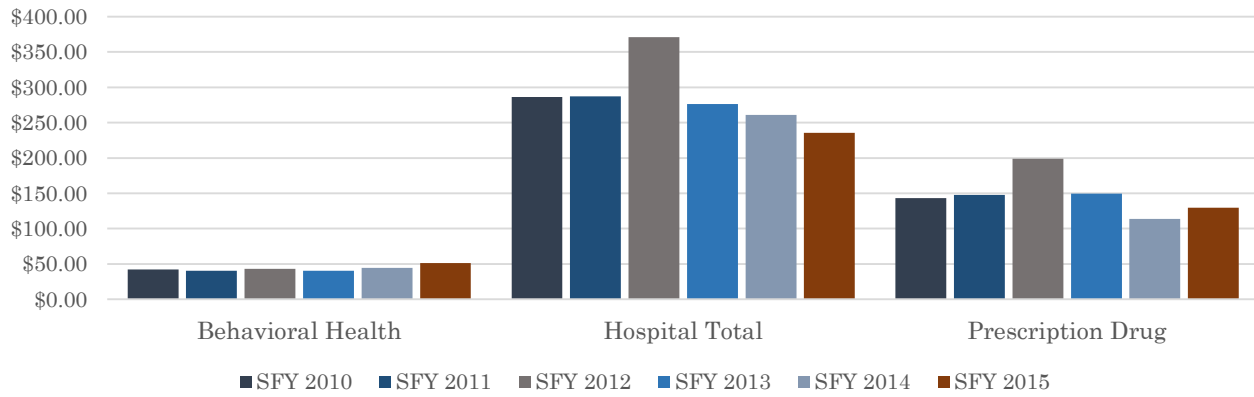


Figure 33: Long-Term Care Waiver Per Member Per Month for Select Services

Table 46: Long-Term Care Waiver Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	2,510	2,505	2,591	2,385	2,258	2,488
Member Months	17,384	17,224	17,018	16,413	16,502	17,761
Events Per 1,000 Member Months	144.4	145.4	152.3	145.3	136.8	140.1
Hospital Inpatient Utilization						
Hospital Inpatient Events	286	252	307	210	184	189
Member Months	17,384	17,224	17,018	16,413	16,502	17,761
Events Per 1,000 Member Months	16.5	14.6	18.0	12.8	11.2	10.6

Long-Term Care Waiver Rates of Emergency Room and Hospital Inpatient Utilization

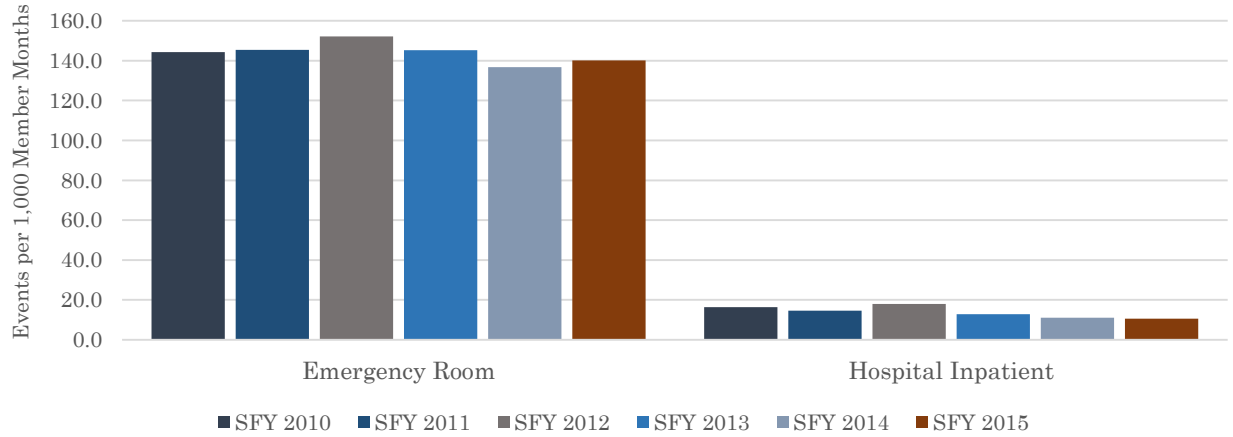


Figure 34: Long-Term Care Waiver Rates of Emergency Room and Hospital Inpatient Utilization

Nursing Home

Table 47: Nursing Home Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$5.05	\$4.41	\$5.04	\$4.78	\$6.46	\$6.19
Ambulatory Surgical Center	\$0.33	\$0.33	\$0.41	\$0.36	\$0.40	\$0.34
Behavioral Health	\$14.14	\$15.98	\$15.24	\$14.75	\$14.96	\$19.61
Dental	\$5.38	\$8.26	\$8.33	\$9.03	\$8.68	\$10.33
DME, Prosthetics/Orthotics/Supplies	\$8.91	\$15.11	\$10.98	\$8.60	\$17.73	\$14.91
End Stage Renal Disease	\$4.64	\$2.30	\$2.95	\$3.01	\$2.51	\$3.80
Federally Qualified Health Center	\$2.21	\$1.94	\$0.15	\$0.14	\$0.16	\$0.91
Home Health	\$0.13	\$0.65	\$0.54	\$0.22	\$0.33	\$0.26
Hospice	\$39.51	\$25.41	\$19.43	\$25.28	\$14.87	\$12.45
Hospital Total ²⁴	\$83.66	\$137.61	\$91.23	\$98.13	\$83.86	\$83.62
<i>Hospital-Inpatient</i>	<i>\$59.09</i>	<i>\$105.04</i>	<i>\$61.63</i>	<i>\$68.34</i>	<i>\$53.48</i>	<i>\$52.44</i>
<i>Hospital-Outpatient</i>	<i>\$25.86</i>	<i>\$32.93</i>	<i>\$30.59</i>	<i>\$29.92</i>	<i>\$32.51</i>	<i>\$31.16</i>
Intermediate Care Facility-ID	\$84.38	\$91.31	\$88.90	\$63.18	--	--
Laboratory	\$0.41	\$0.42	\$0.24	\$0.31	\$0.29	\$0.15
Nursing Facility	\$3,533.31	\$3,549.24	\$3,535.23	\$3,521.38	\$3,548.64	\$3,543.15
Other	\$11.15	\$11.09	\$9.68	\$9.01	\$6.72	\$7.68
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$28.54	\$34.60	\$24.97	\$35.32	\$35.15	\$33.09
Prescription Drug	\$35.79	\$37.39	\$39.70	\$34.23	\$28.23	\$30.40
PRTF	--	--	--	--	--	--
Public Health, Federal	\$3.11	\$2.19	\$2.59	\$2.40	\$1.35	\$4.79
Rural Health Clinic	\$2.13	\$2.45	\$2.56	\$2.62	\$2.44	\$2.25
Vision	\$0.56	\$0.67	\$0.61	\$0.49	\$0.47	\$0.52
Waiver-Total	--	--	--	--	--	--
Overall	\$3,863	\$3,941	\$3,859	\$3,833	\$3,773	\$3,774

Table 48: Nursing Home Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	1,033	1,057	1,110	951	975	902
Member Months	20,702	20,307	20,569	20,232	20,092	19,657
Events Per 1,000 Member Months	49.9	52.1	54.0	47.0	48.5	45.9
Hospital Inpatient Utilization						
Hospital Inpatient Events	386	325	350	340	443	353
Member Months	20,702	20,307	20,569	20,232	20,092	19,657
Events Per 1,000 Member Months	18.6	16.0	17.0	16.8	22.0	18.0

²⁴ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

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

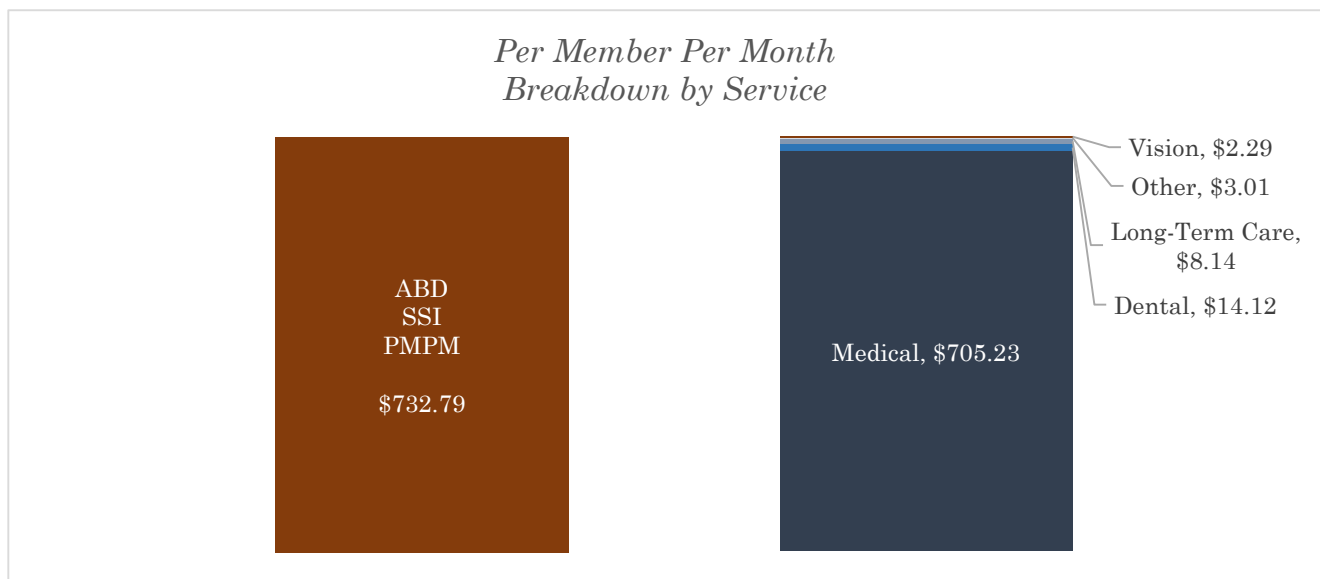
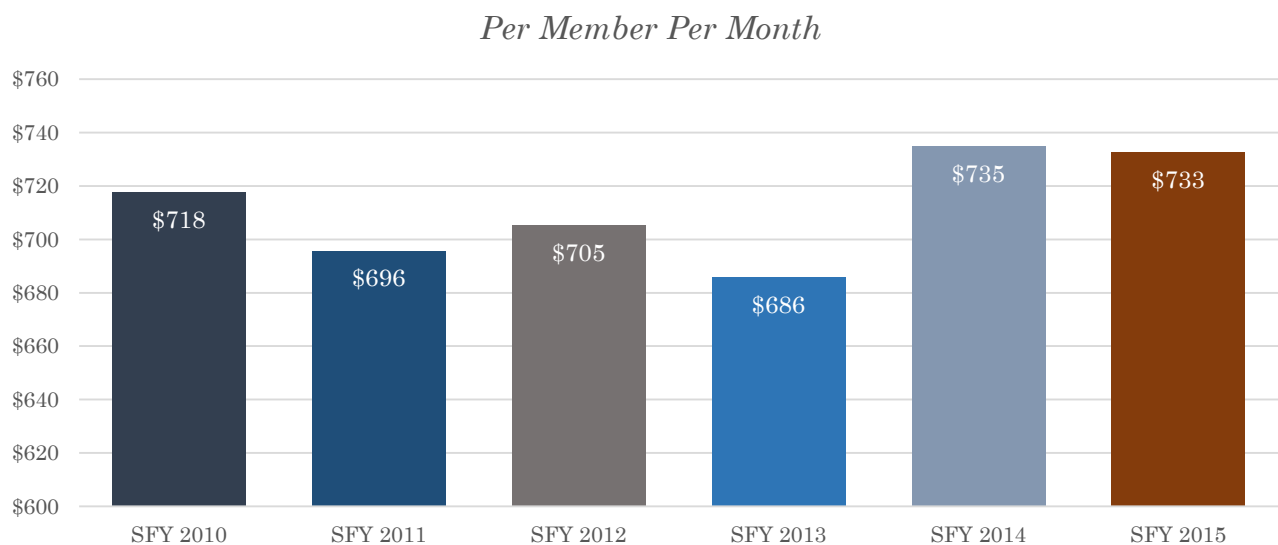
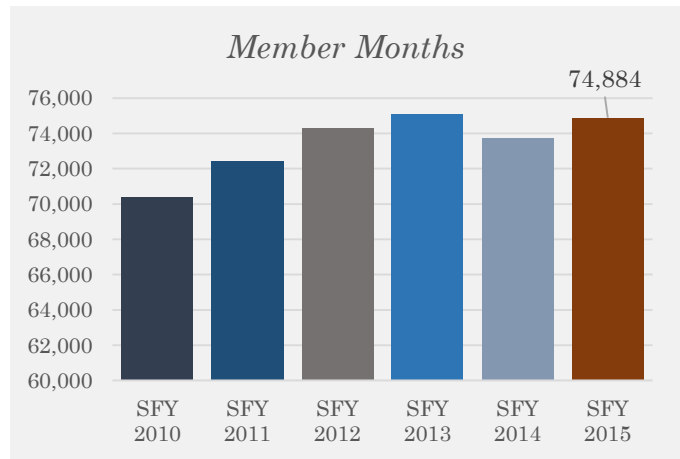
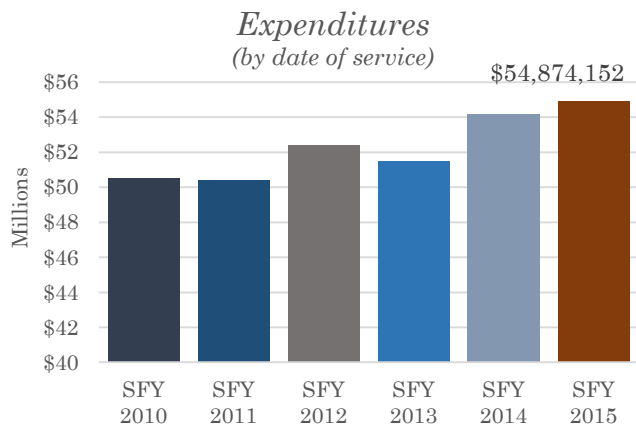
The Program of All-Inclusive Care for the Elderly (PACE) began in SFY 2013.

Table 49: PACE Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	--	--	--	--	--	--
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	--	--	\$0.27
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/Supplies	--	--	--	--	--	\$1.76
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	--	--	--	--	--	--
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	--
Nursing Facility	--	--	--	--	--	-\$0.95
Other	--	--	--	\$1.79	\$7.73	\$9.76
PACE	--	--	--	\$2,513.40	\$2,495.87	\$2,476.76
Physician & Other Practitioner	--	--	--	\$0.53	--	\$0.75
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	--	--	--	--	--	--
Waiver-Total	--	--	--	--	--	--
Overall	--	--	--	\$2,516	\$2,504	\$2,488



Aged, Blind, or Disabled Supplemental Security Income



Overview

In SFY 2015 the Aged, Blind, or Disabled (ABD) Supplemental Security Income (SSI) category had 6,503 unique members with individuals enrolled for an average of 11 months of the year.

\$733

Per Member Per Month

6,503

Enrolled Members

Aged, Blind, or Disabled Supplemental Security Income Unique Enrollment

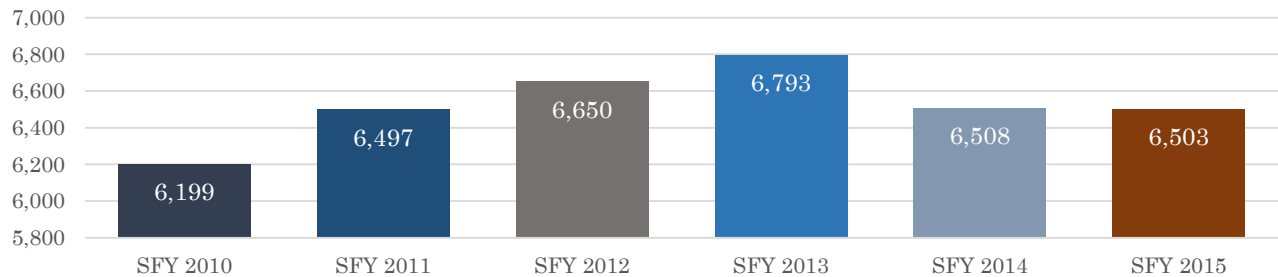


Figure 35: Aged, Blind, or Disabled Supplemental Security Income Unique Enrollment

Table 50: Aged, Blind, or Disabled Supplemental Security Income Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
ABD SSI	SSI and SSI-Related	\$54,874,152	74,844	\$733

Table 51: Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD SSI	SSI and SSI-Related	\$718	\$696	\$705	\$686	\$735	\$733

Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month

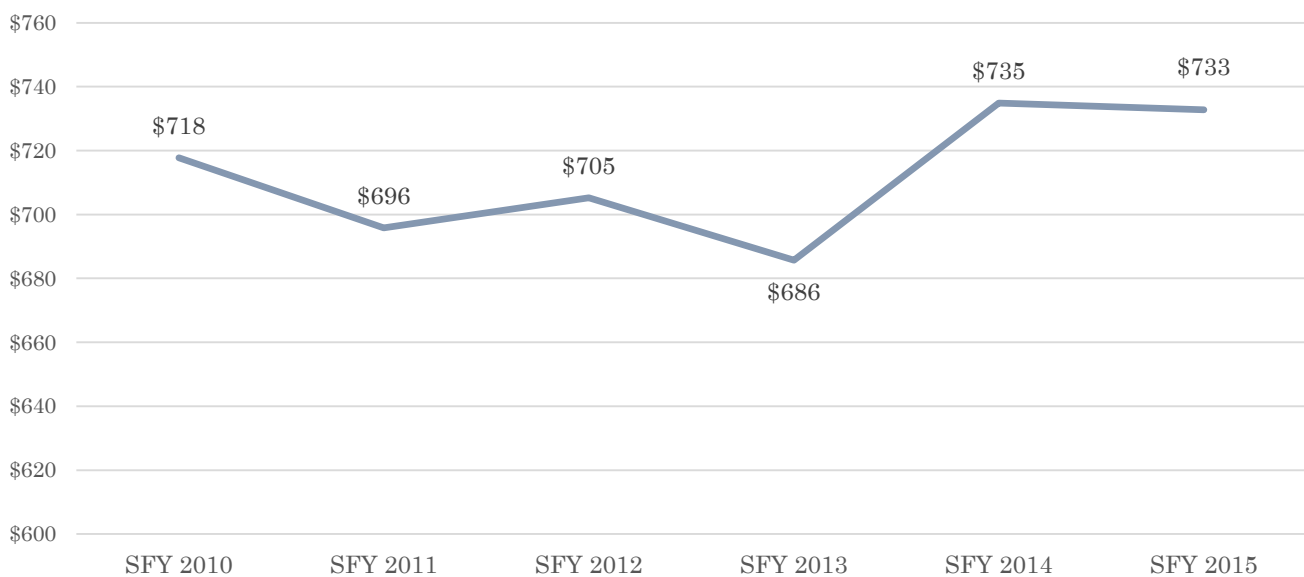


Figure 36: Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month

Services

Table 52: Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$8.76	\$8.84	\$9.28	\$9.61	\$11.72	\$10.74
Ambulatory Surgical Center	\$3.31	\$3.38	\$3.09	\$3.53	\$4.26	\$5.06
Behavioral Health	\$61.80	\$57.42	\$65.97	\$64.56	\$66.63	\$59.44
Dental	\$12.89	\$14.46	\$13.51	\$13.14	\$13.51	\$14.12
DME, Prosthetics/Orthotics/Supplies	\$27.14	\$28.06	\$28.67	\$26.79	\$26.79	\$25.99
End Stage Renal Disease	\$10.26	\$7.20	\$9.50	\$9.43	\$6.16	\$4.83
Federally Qualified Health Center	\$6.45	\$6.74	\$3.84	\$4.08	\$5.44	\$6.92
Home Health	\$2.89	\$2.54	\$3.12	\$4.45	\$5.52	\$6.27
Hospice	\$0.93	\$0.68	\$2.96	\$1.72	\$2.25	\$1.85
Hospital Total ²⁵	\$282.84	\$257.46	\$272.43	\$253.58	\$261.16	\$254.85
<i>Hospital-Inpatient</i>	<i>\$222.14</i>	<i>\$188.28</i>	<i>\$200.64</i>	<i>\$183.01</i>	<i>\$182.73</i>	<i>\$178.78</i>
<i>Hospital-Outpatient</i>	<i>\$62.51</i>	<i>\$69.51</i>	<i>\$72.02</i>	<i>\$71.00</i>	<i>\$78.42</i>	<i>\$76.09</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$2.33	\$2.16	\$2.79	\$2.76	\$2.94	\$2.57
Nursing Facility	\$0.63	\$1.43	\$0.47	\$0.99	\$1.06	\$1.75
Other	\$11.33	\$3.70	\$3.51	\$2.90	\$3.02	\$3.01
PACE	--	--	--	--	\$0.15	\$0.11
Physician & Other Practitioner	\$102.11	\$102.77	\$99.48	\$96.91	\$107.02	\$99.06
Prescription Drug	\$139.55	\$152.20	\$153.79	\$149.89	\$168.96	\$191.94
PRTF	\$16.17	\$22.68	\$9.93	\$15.45	\$23.54	\$18.61
Public Health, Federal	\$23.87	\$19.62	\$18.76	\$21.54	\$20.80	\$21.63
Rural Health Clinic	\$2.50	\$2.59	\$2.18	\$2.24	\$1.98	\$1.72
Vision	\$1.98	\$1.87	\$1.95	\$2.14	\$1.98	\$2.29
Waiver Total	--	--	--	--	--	--
Total	\$718	\$696	\$705	\$686	\$735	\$733

²⁵ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

*Aged, Blind, or Disabled Supplemental Security Income
Per Member Per Month for Select Services*

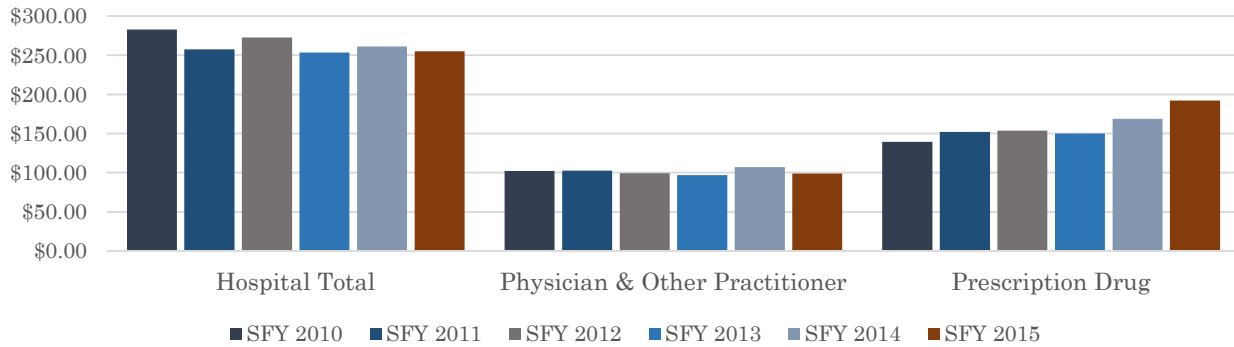


Figure 37: Aged, Blind, or Disabled Supplemental Security Income Per Member Per Month for Select Services

Table 53: Aged, Blind, or Disabled Supplemental Security Income Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	7,919	8,176	8,568	8,349	8,713	8,621
Member Months	70,408	72,464	74,315	75,061	73,704	74,884
Events Per 1,000 Member Months	112.5	112.8	115.3	111.2	118.2	115.1
Hospital Inpatient Utilization						
Hospital Inpatient Events	1,464	1,413	1,356	1,364	1,351	1,335
Member Months	70,408	72,464	74,315	75,061	73,704	74,884
Events Per 1,000 Member Months	20.8	19.5	18.2	18.2	18.3	17.8

*Aged, Blind, or Disabled Supplemental Security Income
Rates of Emergency Room and Hospital Inpatient Utilization*

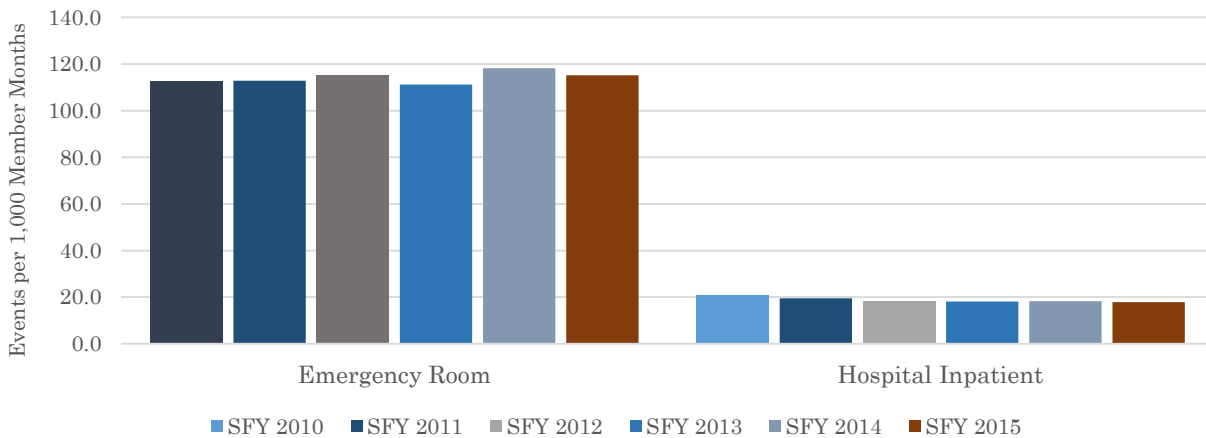
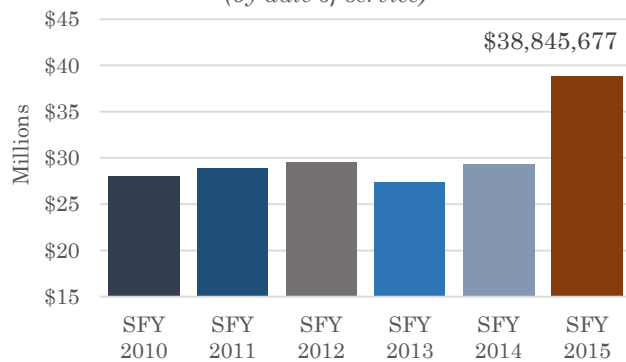


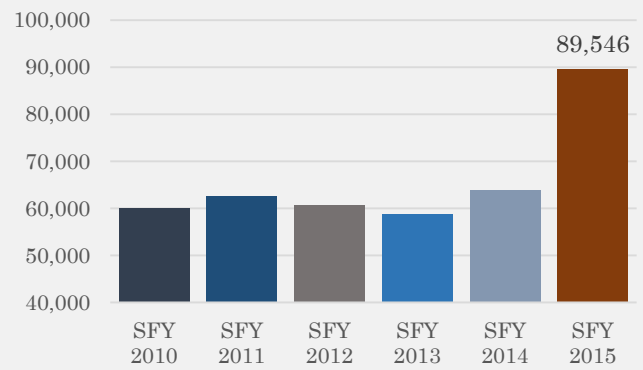
Figure 38: Aged, Blind, or Disabled Supplemental Security Income
Rates of Emergency Room and Hospital Inpatient Utilization

Adults

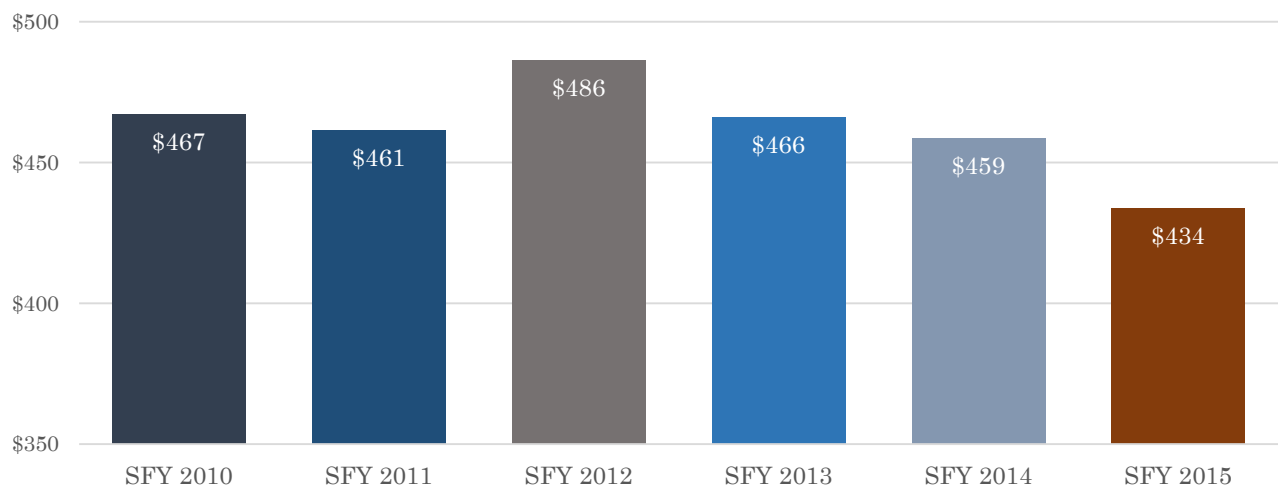
*Expenditures
(by date of service)*



Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Adults category had 10,274 unique members with individuals enrolled for an average of 8 months of the year.

\$434
Per Member Per Month

10,274
Enrolled Members

Adults Unique Enrollment

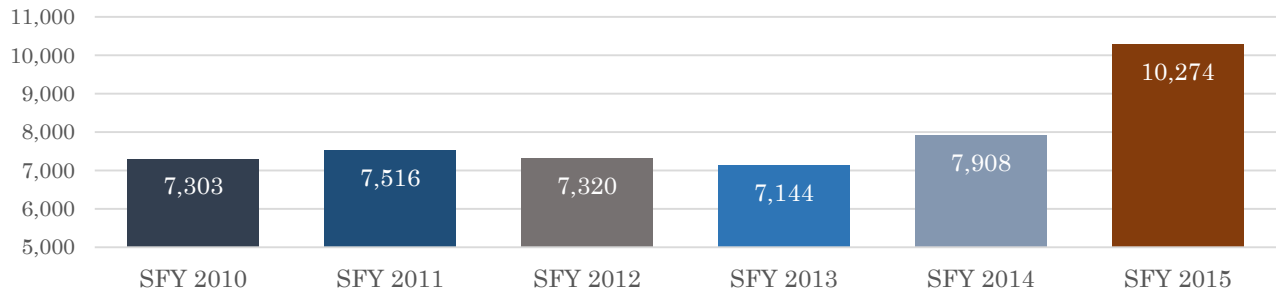


Figure 39: Adults Unique Enrollment

Table 54: Adults Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Adults	Family-Care Adults	\$38,731,239	89,304	\$434
	Former Foster Care	\$114,438	242	\$473
Overall		\$38,845,677	89,546	\$434

Table 55: Adults Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Adults	Family-Care Adults	\$467	\$461	\$486	\$466	\$459	\$434
	Former Foster Care	--	--	--	--	\$61	\$473
Overall		\$467	\$461	\$486	\$466	\$459	\$434

Adults Per Member Per Month

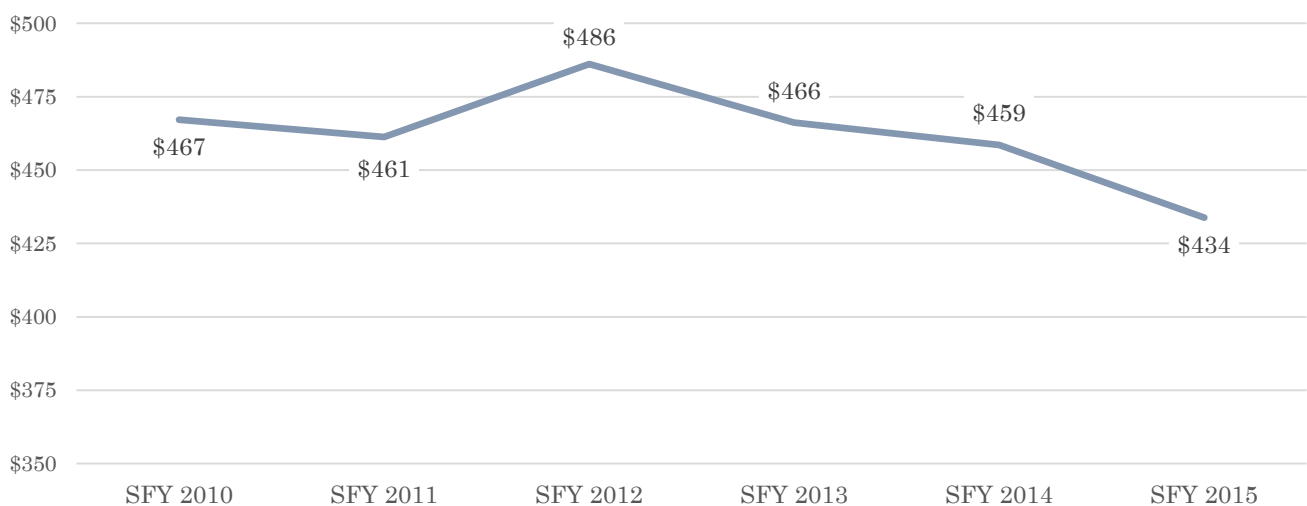


Figure 40: Adults Per Member Per Month

Services

Family-Care Adults

Table 56: Family-Care Adults Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$4.88	\$3.83	\$5.78	\$5.62	\$6.11	\$6.25
Ambulatory Surgical Center	\$3.25	\$2.80	\$3.15	\$2.82	\$2.98	\$5.08
Behavioral Health	\$23.62	\$21.54	\$24.98	\$28.50	\$26.77	\$27.50
Dental	\$18.45	\$20.39	\$18.09	\$19.34	\$17.58	\$17.21
DME, Prosthetics/Orthotics/Supplies	\$5.06	\$6.32	\$7.10	\$8.65	\$7.55	\$5.88
End Stage Renal Disease	\$3.50	\$0.04	\$0.42	\$0.68	\$1.58	\$1.15
Federally Qualified Health Center	\$5.80	\$5.50	\$3.59	\$4.96	\$5.66	\$7.41
Home Health	\$0.42	\$0.37	\$0.37	\$0.84	\$0.62	\$0.81
Hospice	\$0.01	\$0.13	\$0.05	\$0.10	\$0.15	\$0.02
Hospital Total ²⁶	\$189.45	\$198.24	\$206.02	\$186.54	\$183.32	\$163.60
<i>Hospital-Inpatient</i>	<i>\$109.14</i>	<i>\$114.02</i>	<i>\$119.66</i>	<i>\$101.53</i>	<i>\$101.00</i>	<i>\$92.63</i>
<i>Hospital-Outpatient</i>	<i>\$80.78</i>	<i>\$84.75</i>	<i>\$86.73</i>	<i>\$85.14</i>	<i>\$82.31</i>	<i>\$70.97</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$3.48	\$3.44	\$4.09	\$3.90	\$4.24	\$4.84
Nursing Facility	--	--	--	--	--	\$0.01
Other	\$1.52	\$1.71	\$1.14	\$1.10	\$0.76	\$0.63
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$108.55	\$101.35	\$110.53	\$105.63	\$103.32	\$97.14
Prescription Drug	\$64.81	\$64.37	\$72.70	\$67.91	\$70.29	\$71.71
PRTF	--	--	--	--	--	--
Public Health, Federal	\$30.43	\$27.39	\$24.48	\$25.90	\$24.65	\$21.85
Rural Health Clinic	\$3.12	\$3.09	\$2.82	\$2.93	\$2.36	\$1.76
Vision	\$0.87	\$0.78	\$0.84	\$0.75	\$0.91	\$0.84
Waiver Total	--	--	--	--	--	--
Total	\$467	\$461	\$486	\$466	\$459	\$434

²⁶ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Family-Care Adults Per Member Per Month for Select Services

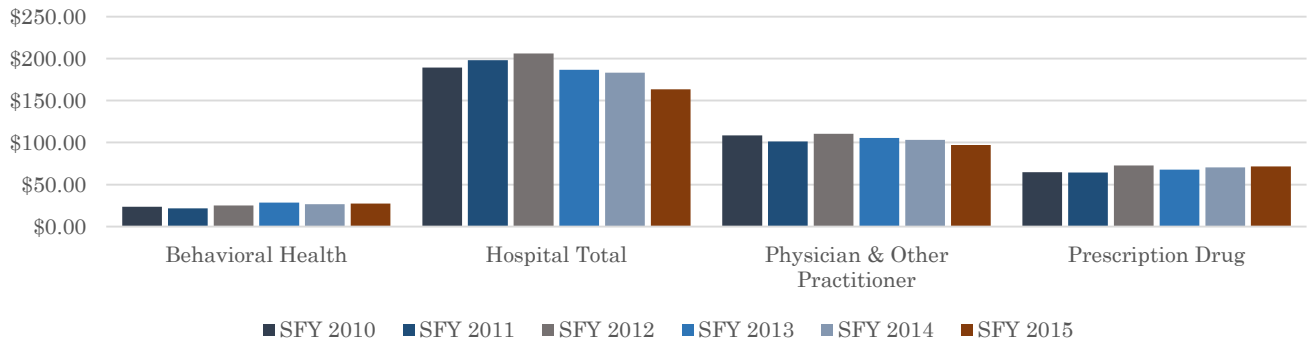


Figure 41: Family-Care Adults Per Member Per Month for Select Services

Table 57: Family-Care Adults Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	8,825	8,885	8,725	8,011	8,131	10,172
Member Months	60,011	62,668	60,708	58,852	63,944	89,304
Events Per 1,000 Member Months	147.1	141.8	143.7	136.1	127.2	113.9
Hospital Inpatient Utilization						
Hospital Inpatient Events	845	767	762	670	691	994
Member Months	60,011	62,668	60,708	58,852	63,944	89,304
Events Per 1,000 Member Months	14.1	12.2	12.6	11.4	10.8	11.1

Family-Care Adults Rates of Emergency Room and Hospital Inpatient Utilization

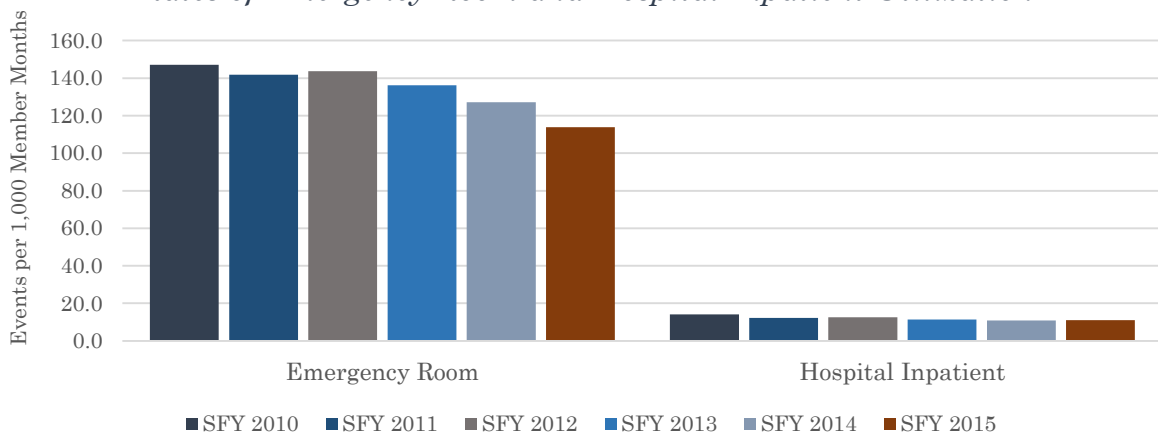


Figure 42: Family-Care Adults Rates of Emergency Room and Hospital Inpatient Utilization

Former Foster Care

Table 58: Former Foster Care Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	--	--	--	--	--	\$3.45
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	--	--	--	--	\$13.59	\$106.78
Dental	--	--	--	--	\$3.25	\$30.77
DME, Prosthetics/Orthotics/Supplies	--	--	--	--	\$0.76	\$1.55
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	\$8.69
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ²⁷	--	--	--	--	\$7.73	\$98.86
<i>Hospital-Inpatient</i>	--	--	--	--	--	<i>\$22.36</i>
<i>Hospital-Outpatient</i>	--	--	--	--	<i>\$7.73</i>	<i>\$76.50</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	\$14.29
Nursing Facility	--	--	--	--	--	--
Other	--	--	--	--	--	\$4.65
PACE	--	--	--	--	--	--
Physician & Other Practitioner	--	--	--	--	\$26.79	\$136.32
Prescription Drug	--	--	--	--	\$8.58	\$65.80
PRTF	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	\$0.57
Vision	--	--	--	--	--	\$1.16
Waiver Total	--	--	--	--	--	--
Total	--	--	--	--	\$61	\$473

Table 59: Former Foster Care Emergency Room and Hospital Inpatient Utilization

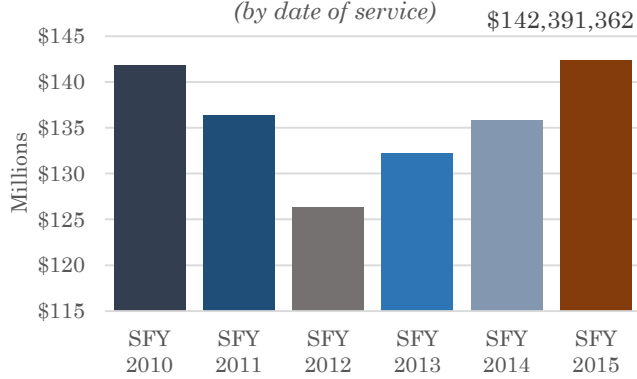
	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	--	--	--	--	20	69
Member Months	--	--	--	--	40	242
Events Per 1,000 Member Months	--	--	--	--	500.0	285.1
Hospital Inpatient Utilization						
Hospital Inpatient Events	--	--	--	--	--	2
Member Months	--	--	--	--	40	242
Events Per 1,000 Member Months	--	--	--	--	--	8.3

²⁷ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

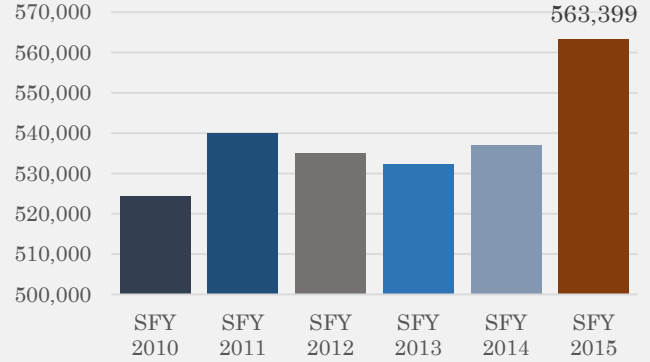


Children Category

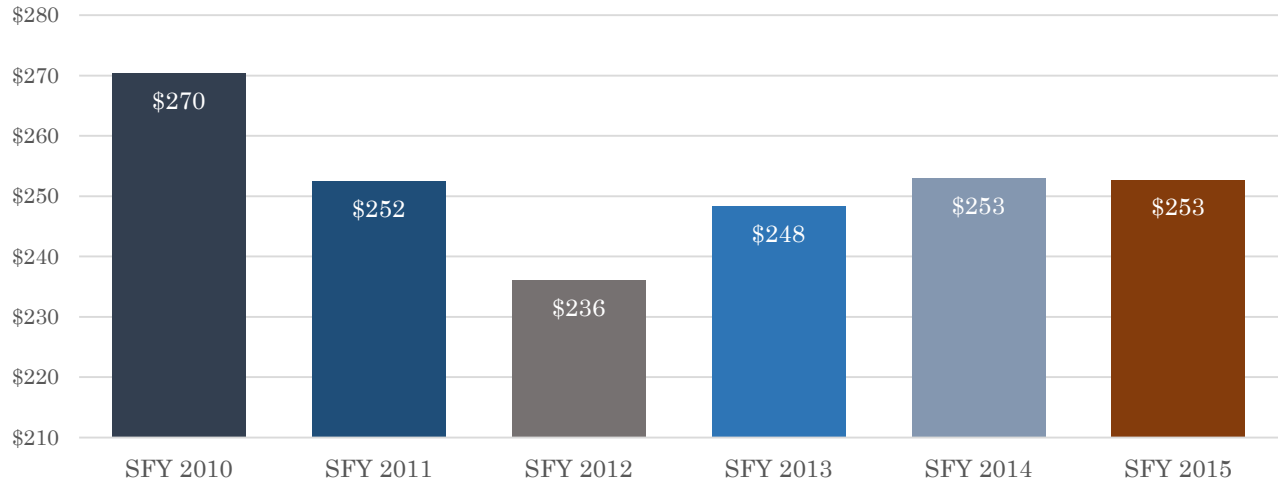
*Expenditures
(by date of service)*



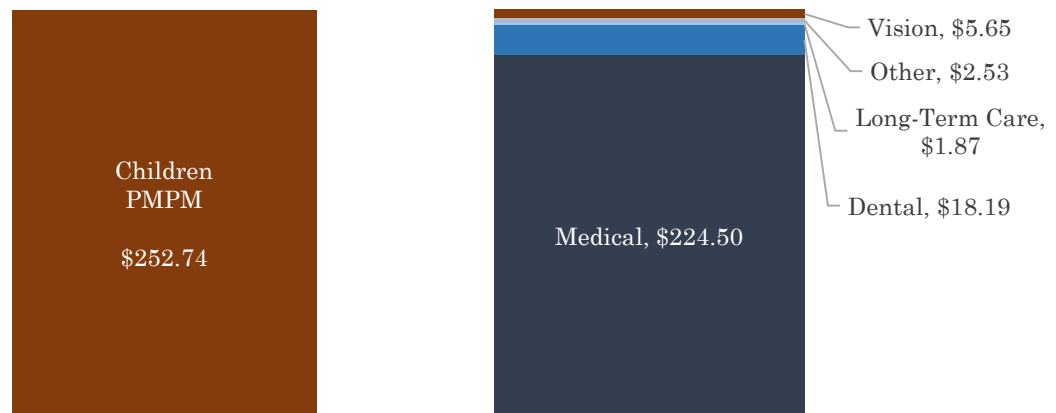
Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Children category had 55,589 unique members with individuals enrolled for an average of 10 months.

\$253

Per Member Per Month

55,589

Enrolled Members

Children Unique Enrollment

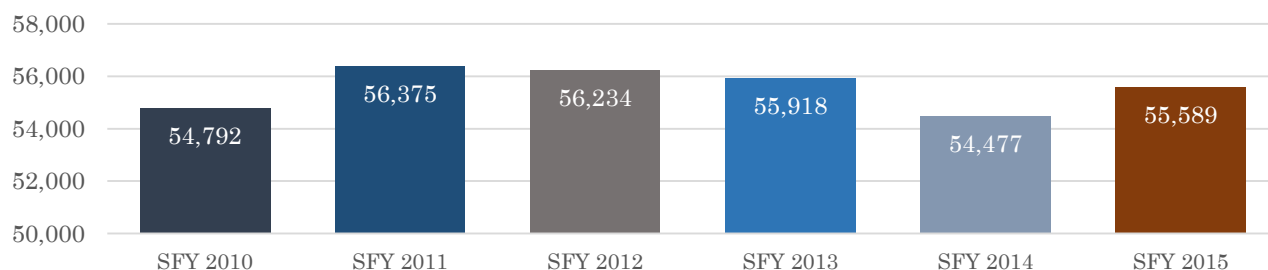


Figure 43: Children Unique Enrollment

Table 60: Children Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Children	Children	\$91,687,172	483,950	\$189
	Foster Care	\$1,662,125	742	\$2,240
	Newborn	\$22,443,108	37,360	\$601
	Children's Mental Health Waiver	\$26,598,957	41,347	\$643
Overall		\$142,391,362	563,399	\$253

Table 61: Children Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Children	Children	\$183	\$178	\$172	\$184	\$189	\$189
	Foster Care	\$2,021	\$1,703	\$1,547	\$1,720	\$2,245	\$2,240
	Newborn	\$892	\$666	\$543	\$600	\$647	\$601
	Children's Mental Health Waiver	\$672	\$680	\$674	\$653	\$624	\$643
Overall		\$270	\$252	\$236	\$248	\$253	\$253

Children Per Member Per Month

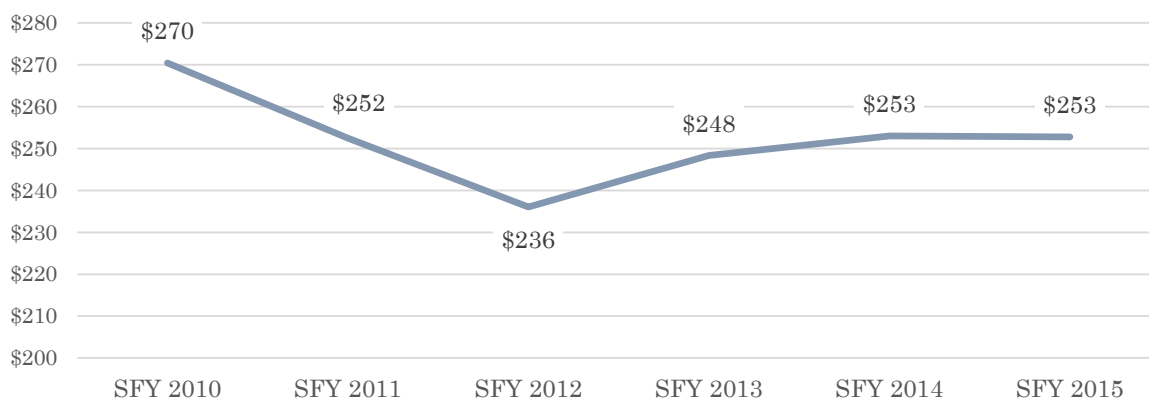


Figure 44: Children Per Member Per Month

Services

Children Sub-Group

Table 62: Children Sub-Group Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$1.31	\$1.34	\$1.37	\$1.54	\$1.64	\$1.51
Ambulatory Surgical Center	\$5.45	\$4.45	\$4.36	\$5.55	\$6.47	\$9.28
Behavioral Health	\$18.39	\$18.93	\$20.11	\$21.15	\$24.30	\$25.77
Dental	\$19.06	\$19.28	\$19.53	\$19.56	\$19.86	\$19.52
DME, Prosthetics/Orthotics/Supplies	\$1.59	\$1.47	\$1.43	\$1.61	\$1.52	\$1.83
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$2.23	\$2.08	\$1.45	\$1.59	\$1.80	\$2.26
Home Health	\$0.13	\$0.09	\$0.09	\$0.07	\$0.11	\$0.17
Hospice	--	--	--	--	--	--
Hospital Total ²⁸	\$41.62	\$40.80	\$39.41	\$43.60	\$42.00	\$37.52
<i>Hospital-Inpatient</i>	<i>\$24.16</i>	<i>\$22.65</i>	<i>\$21.44</i>	<i>\$25.75</i>	<i>\$25.51</i>	<i>\$21.01</i>
<i>Hospital-Outpatient</i>	<i>\$17.68</i>	<i>\$18.34</i>	<i>\$18.08</i>	<i>\$17.83</i>	<i>\$16.51</i>	<i>\$16.52</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.43	\$0.47	\$0.38	\$0.38	\$0.31	\$0.61
Nursing Facility	--	--	--	--	--	--
Other	\$5.79	\$2.44	\$2.30	\$2.08	\$2.57	\$2.39
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$37.45	\$36.74	\$36.18	\$37.16	\$36.93	\$35.30
Prescription Drug	\$25.03	\$25.06	\$23.68	\$23.72	\$25.22	\$27.35
PRTF	\$10.67	\$10.89	\$8.32	\$11.93	\$11.94	\$11.60
Public Health, Federal	\$5.97	\$6.47	\$5.95	\$6.41	\$7.04	\$6.80
Rural Health Clinic	\$2.03	\$2.19	\$1.98	\$2.06	\$1.88	\$1.65
Vision	\$5.61	\$5.47	\$5.47	\$5.76	\$5.88	\$5.90
Waiver Total	--	--	--	--	--	--
Total	\$183	\$178	\$172	\$184	\$189	\$189

²⁸ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Children Sub-Group Per Member Per Month for Select Services

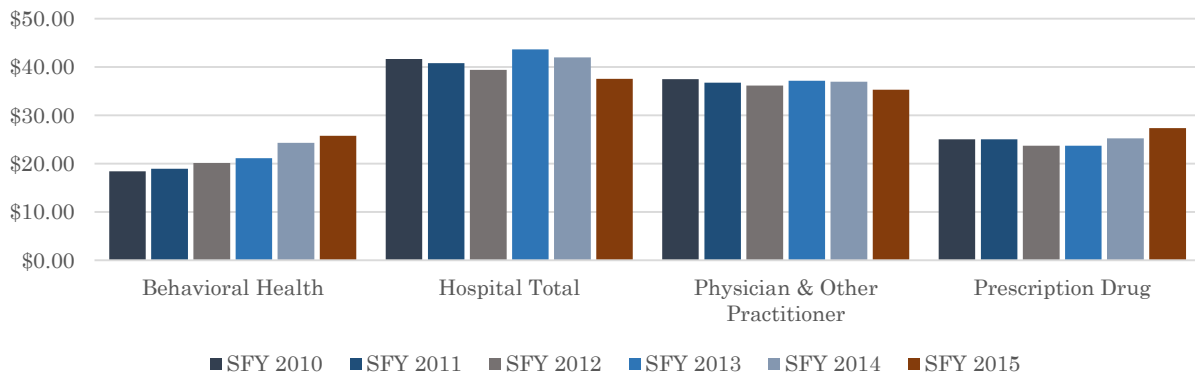


Figure 45: Children Sub-Group Per Member Per Month for Select Services

Table 63: Children Sub-Group Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	24,467	24,110	22,950	22,466	21,045	21,433
Member Months	446,925	462,476	460,885	457,336	462,785	483,950
Events Per 1,000 Member Months	54.7	52.1	49.8	49.1	45.5	44.3
Hospital Inpatient Utilization						
Hospital Inpatient Events	3,145	2,738	2,399	2,824	2,823	2,646
Member Months	446,925	462,476	460,885	457,336	462,785	483,950
Events Per 1,000 Member Months	7.0	5.9	5.2	6.2	6.1	5.5

Children Sub-Group Rate of Emergency Room and Hospital Inpatient Utilization

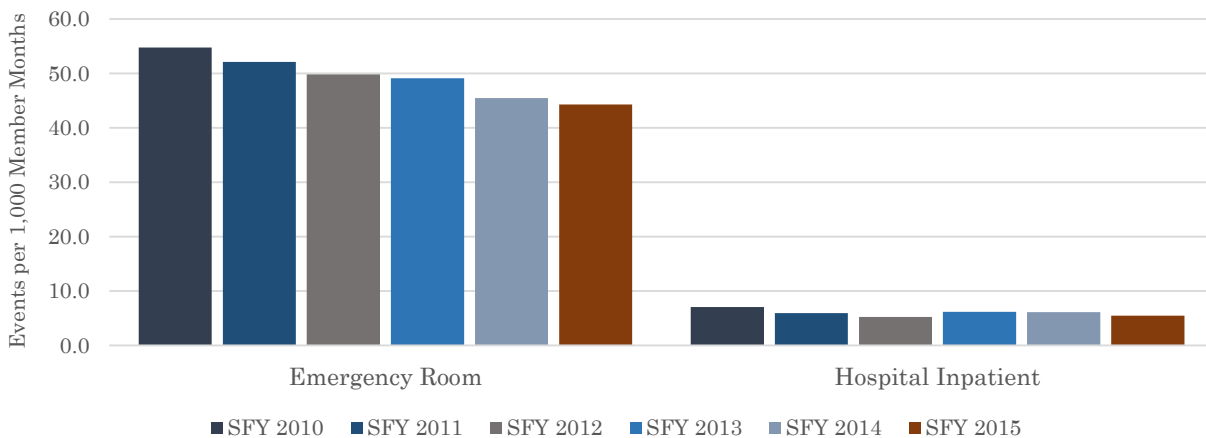


Figure 46: Children Sub-Group Rate of Emergency Room and Hospital Inpatient Utilization

Children's Mental Health Waiver

Table 64: Children's Mental Health Waiver Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$0.38	\$6.01	\$1.19	\$0.85	\$0.01	\$2.43
Ambulatory Surgical Center	--	\$5.60	\$1.14	\$7.12	\$1.05	\$7.07
Behavioral Health	\$359.74	\$330.34	\$278.09	\$265.64	\$332.84	\$309.32
Dental	\$11.42	\$16.49	\$18.44	\$23.37	\$16.90	\$20.32
DME, Prosthetics/Orthotics/Supplies	\$2.98	\$2.82	\$14.07	\$4.74	\$4.49	\$4.66
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$2.98	\$1.90	\$1.39	\$0.55	\$1.16	\$0.87
Home Health	\$13.72	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ²⁹	\$155.25	\$170.73	\$61.78	\$98.07	\$86.82	\$147.14
<i>Hospital-Inpatient</i>	<i>\$137.18</i>	<i>\$147.29</i>	<i>\$44.07</i>	<i>\$81.80</i>	<i>\$75.12</i>	<i>\$118.84</i>
<i>Hospital-Outpatient</i>	<i>\$18.06</i>	<i>\$23.47</i>	<i>\$17.71</i>	<i>\$16.27</i>	<i>\$12.39</i>	<i>\$28.30</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$1.69	\$1.37	\$0.67	\$0.84	\$1.44	\$6.21
Nursing Facility	--	--	--	--	--	--
Other	\$148.29	\$3.20	\$1.55	\$0.67	\$1.52	\$0.46
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$51.47	\$72.76	\$57.86	\$83.98	\$60.27	\$71.45
Prescription Drug	\$181.65	\$240.17	\$235.44	\$239.93	\$309.13	\$315.73
PRTF	\$585.83	\$188.80	\$272.45	\$186.98	\$486.29	\$425.89
Public Health, Federal	\$3.56	\$2.54	--	--	--	--
Rural Health Clinic	\$0.14	\$0.23	\$0.11	--	\$0.09	\$1.18
Vision	\$4.71	\$12.58	\$8.43	\$7.90	\$7.01	\$6.59
Waiver-Children's Mental Health	\$497.21	\$647.88	\$594.63	\$799.25	\$935.88	\$920.74
Total	\$2,021	\$1,703	\$1,547	\$1,720	\$2,245	\$2,240

²⁹ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

*Children's Mental Health Waiver
Per Member Per Month for Select Services*

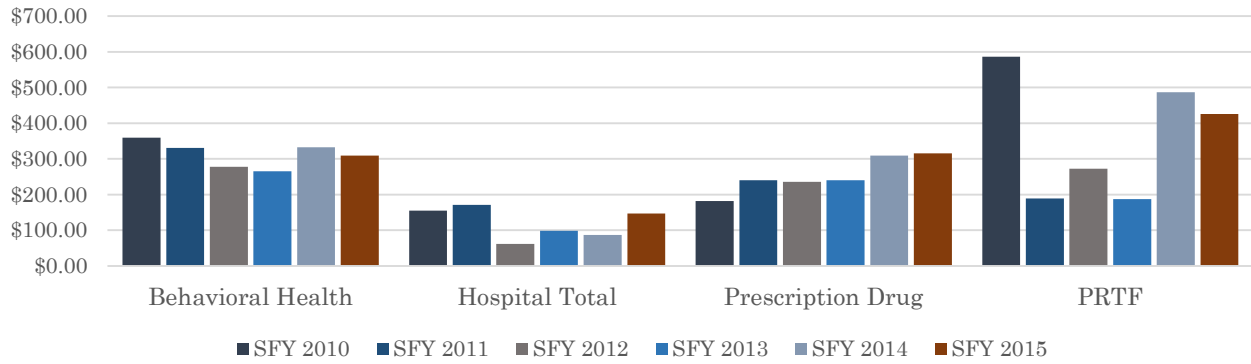


Figure 47: Children's Mental Health Waiver Per Member Per Month for Select Services

Table 65: Children's Mental Health Waiver Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	60	103	67	57	40	68
Member Months	892	1,593	1,474	773	615	742
Events Per 1,000 Member Months	67.3	64.7	45.5	73.7	65.0	91.6
Hospital Inpatient Utilization						
Hospital Inpatient Events	161	136	80	34	81	74
Member Months	892	1,593	1,474	773	615	742
Events Per 1,000 Member Months	180.5	85.4	54.3	44.0	131.7	99.7

*Children's Mental Health Waiver
Rates of Emergency Room and Hospital Inpatient Utilization*

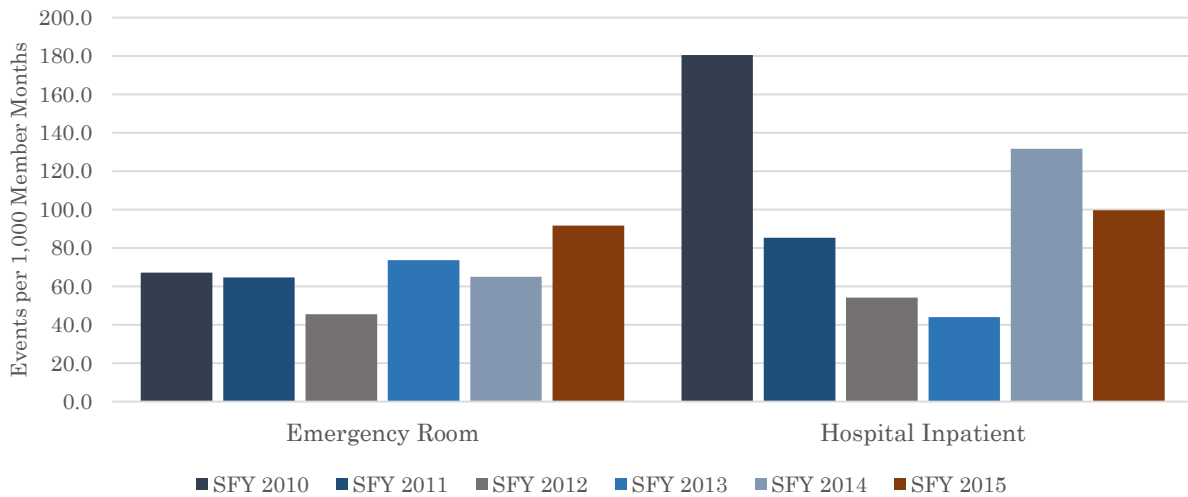


Figure 48: Children's Mental Health Waiver Rates of Emergency Room and Hospital Inpatient Utilization

Table 66: Foster Care Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$2.98	\$2.55	\$3.35	\$3.41	\$2.49	\$3.37
Ambulatory Surgical Center	\$3.52	\$3.30	\$3.56	\$4.27	\$5.41	\$5.61
Behavioral Health	\$183.35	\$192.01	\$210.95	\$213.52	\$209.64	\$191.69
Dental	\$24.59	\$23.61	\$23.95	\$21.56	\$21.68	\$20.43
DME, Prosthetics/Orthotics/Supplies	\$2.28	\$3.55	\$3.36	\$3.36	\$3.44	\$2.50
End Stage Renal Disease	--	\$1.02	\$2.34	\$1.65	\$0.31	\$0.21
Federally Qualified Health Center	\$3.02	\$2.87	\$1.72	\$2.04	\$2.80	\$2.33
Home Health	\$0.82	\$0.11	\$0.24	\$0.11	\$0.42	\$1.02
Hospice	--	--	--	--	--	--
Hospital Total ³⁰	\$76.12	\$61.82	\$56.94	\$62.35	\$65.93	\$73.64
<i>Hospital-Inpatient</i>	<i>\$55.79</i>	<i>\$42.37</i>	<i>\$36.05</i>	<i>\$37.57</i>	<i>\$46.25</i>	<i>\$54.71</i>
<i>Hospital-Outpatient</i>	<i>\$20.54</i>	<i>\$19.71</i>	<i>\$20.94</i>	<i>\$24.83</i>	<i>\$19.86</i>	<i>\$18.92</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.94	\$0.79	\$0.71	\$0.70	\$0.69	\$1.68
Nursing Facility	--	--	--	--	--	--
Other	\$141.65	\$4.92	\$3.95	\$3.65	\$4.48	\$5.21
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$45.38	\$42.97	\$39.29	\$40.14	\$43.31	\$42.29
Prescription Drug	\$96.64	\$96.87	\$78.28	\$67.41	\$75.34	\$77.05
PRTF	\$291.93	\$208.57	\$93.84	\$155.67	\$190.21	\$152.21
Public Health, Federal	\$6.82	\$9.05	\$8.41	\$8.80	\$9.89	\$10.58
Rural Health Clinic	\$2.62	\$2.92	\$2.57	\$2.29	\$2.43	\$2.53
Vision	\$9.38	\$9.32	\$9.25	\$9.51	\$8.99	\$8.37
Waiver-Total	--	--	--	--	--	--
Total	\$892	\$666	\$543	\$600	\$647	\$601

³⁰ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Foster Care Per Member Per Month for Select Services

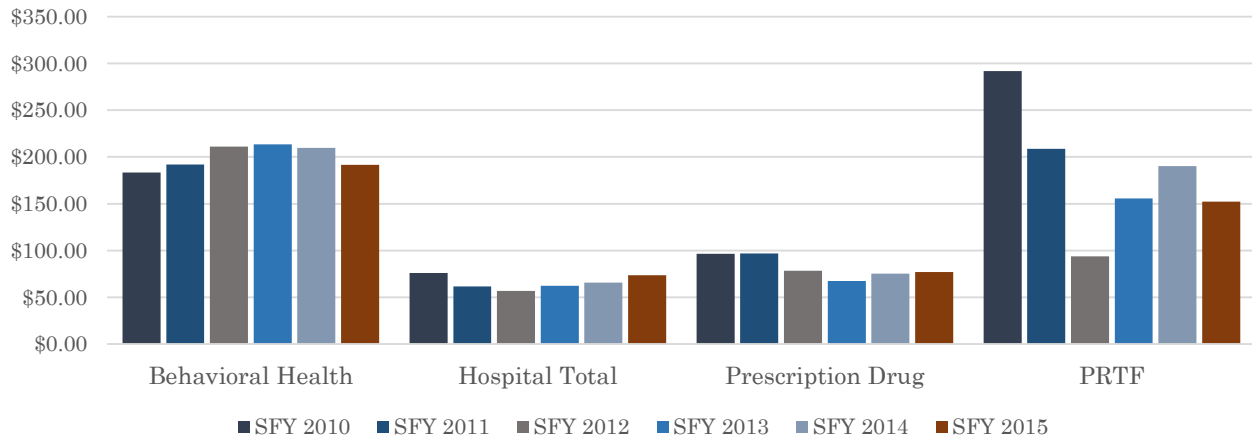


Figure 49: Foster Care Per Member Per Month for Select Services

Table 67: Foster Care Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	1,858	1,798	1,700	1,807	1,813	1,968
Member Months	31,285	32,459	33,123	35,202	36,854	37,360
Events Per 1,000 Member Months	59.4	55.4	51.3	51.3	49.2	52.7
Hospital Inpatient Utilization						
Hospital Inpatient Events	2,606	1,442	848	1,220	1,447	1,208
Member Months	31,285	32,459	33,123	35,202	36,854	37,360
Events Per 1,000 Member Months	83.3	44.4	25.6	34.7	39.3	32.3

Foster Care Rates of Emergency Room and Hospital Inpatient Utilization

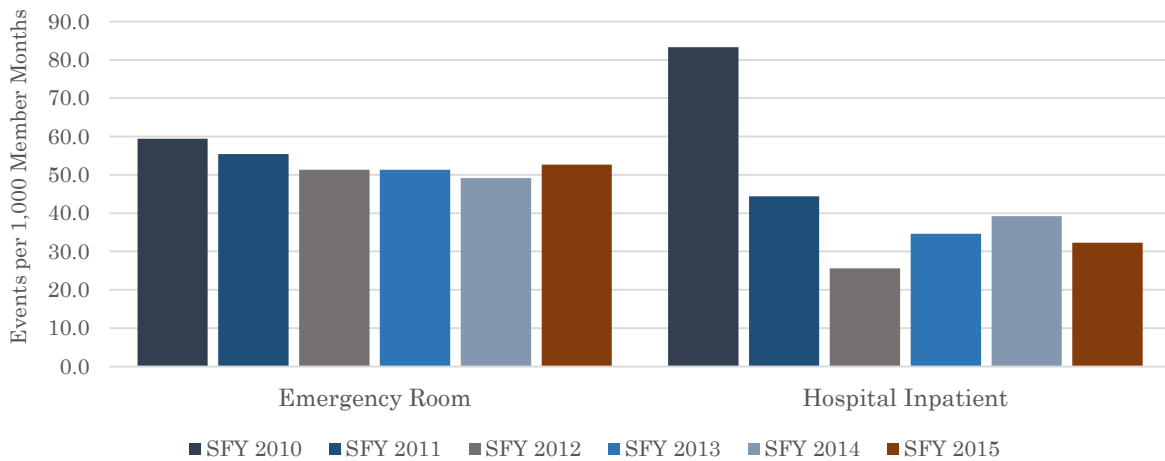


Figure 50: Foster Care Rates of Emergency Room and Hospital Inpatient Utilization

Table 68: Newborn Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$15.66	\$12.69	\$14.80	\$11.48	\$12.42	\$13.02
Ambulatory Surgical Center	\$1.25	\$1.49	\$0.98	\$1.25	\$1.22	\$2.48
Behavioral Health	\$0.52	\$0.70	\$0.57	\$0.65	\$0.33	\$1.36
Dental	\$0.30	\$0.39	\$0.12	\$0.14	\$0.30	\$0.55
DME, Prosthetics/Orthotics/Supplies	\$4.16	\$3.21	\$3.67	\$6.28	\$4.60	\$4.13
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$5.76	\$5.48	\$2.21	\$2.99	\$3.23	\$7.36
Home Health	\$1.07	\$0.82	\$1.25	\$1.12	\$1.44	\$6.03
Hospice	\$0.02	--	--	--	--	--
Hospital Total ³¹	\$450.47	\$465.33	\$456.42	\$436.20	\$410.78	\$440.19
<i>Hospital-Inpatient</i>	<i>\$424.41</i>	<i>\$439.82</i>	<i>\$430.95</i>	<i>\$410.51</i>	<i>\$386.97</i>	<i>\$415.32</i>
<i>Hospital-Outpatient</i>	<i>\$26.51</i>	<i>\$25.76</i>	<i>\$25.54</i>	<i>\$25.84</i>	<i>\$23.84</i>	<i>\$24.87</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.26	\$0.33	\$0.29	\$0.28	\$0.19	\$0.26
Nursing Facility	--	--	--	--	--	--
Other	\$2.40	\$2.00	\$1.95	\$1.99	\$2.10	\$1.73
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$149.98	\$141.68	\$154.26	\$152.00	\$149.74	\$134.82
Prescription Drug	\$28.26	\$30.71	\$26.25	\$26.25	\$24.58	\$16.16
PRTF	--	--	--	--	--	--
Public Health, Federal	\$7.22	\$10.23	\$7.77	\$8.64	\$9.25	\$11.57
Rural Health Clinic	\$4.04	\$4.38	\$3.61	\$3.77	\$3.70	\$3.43
Vision	\$0.18	\$0.23	\$0.21	\$0.23	\$0.15	\$0.24
Waiver-Total	--	--	--	--	--	--
Total	\$672	\$680	\$674	\$653	\$624	\$643

³¹ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Newborn Per Member Per Month for Select Services

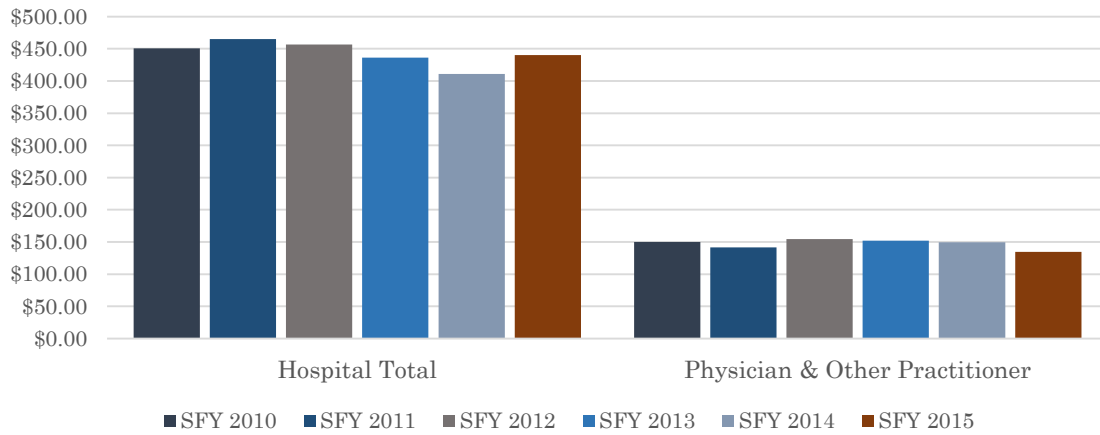


Figure 51: Newborn Per Member Per Month for Select Services

Table 69: Newborn Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	5,540	5,218	4,605	4,504	3,902	4,061
Member Months	45,320	43,560	39,704	39,063	36,731	41,347
Events Per 1,000 Member Months	122.2	119.8	116.0	115.3	106.2	98.2
Hospital Inpatient Utilization						
Hospital Inpatient Events	4,253	3,910	3,649	3,597	3,091	3,206
Member Months	45,320	43,560	39,704	39,063	36,731	41,347
Events Per 1,000 Member Months	93.8	89.8	91.9	92.1	84.2	77.5

Newborn Rates of Emergency Room and Hospital Inpatient Utilization

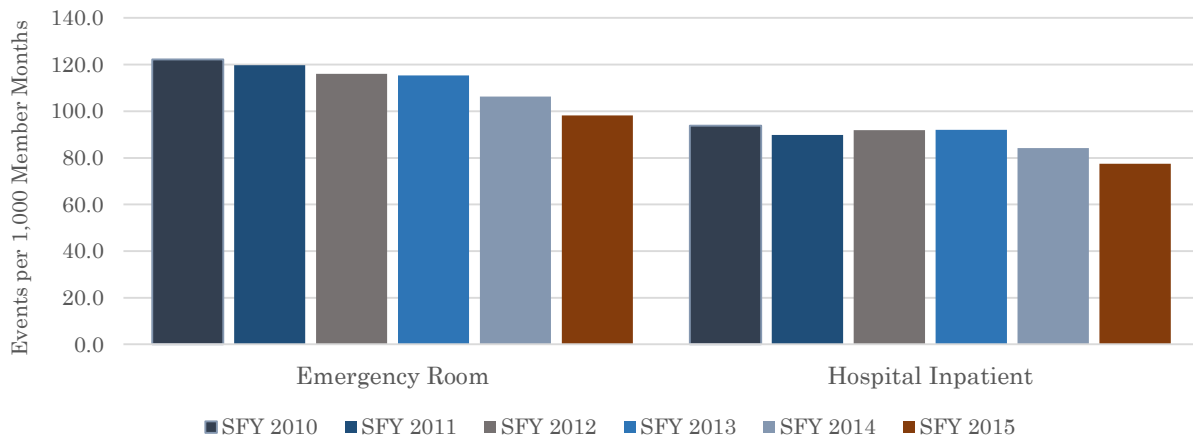
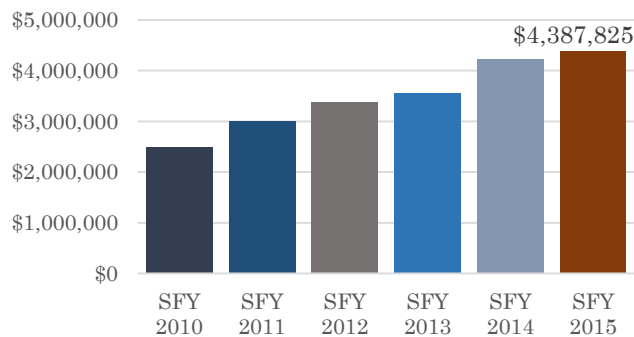


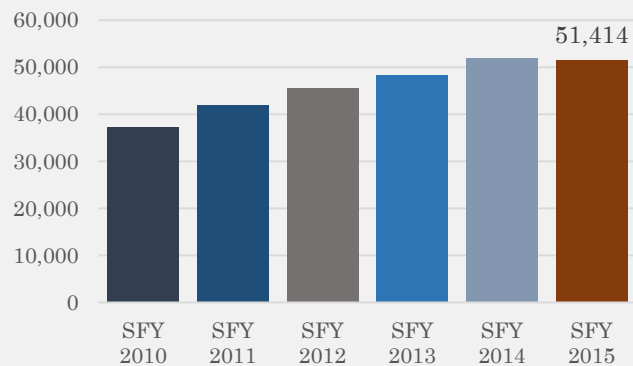
Figure 52: Newborn Rates of Emergency Room and Hospital Inpatient Utilization

Medicare Savings Program

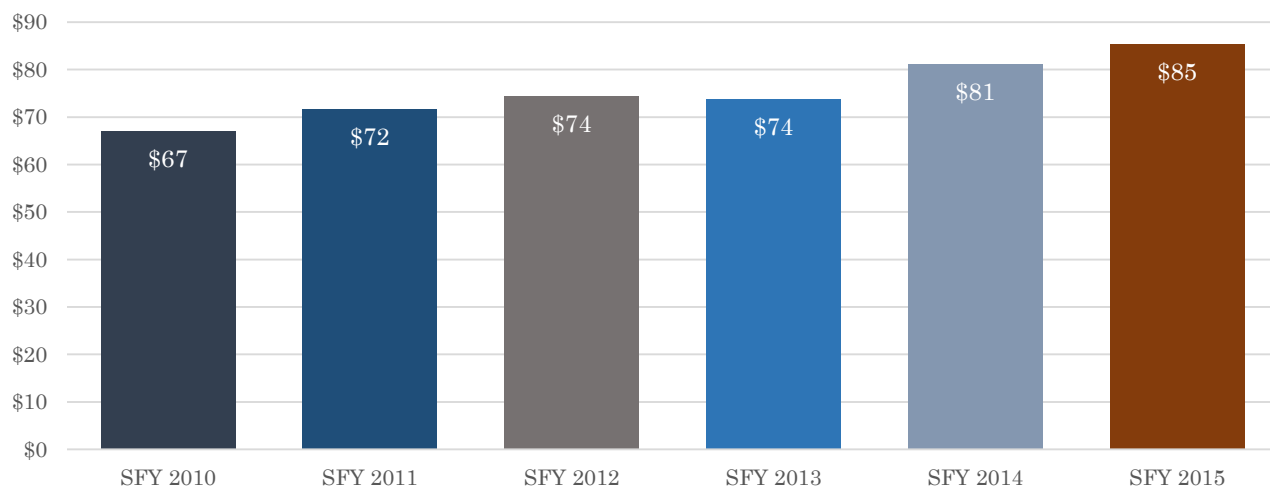
*Expenditures
(by date of service)*



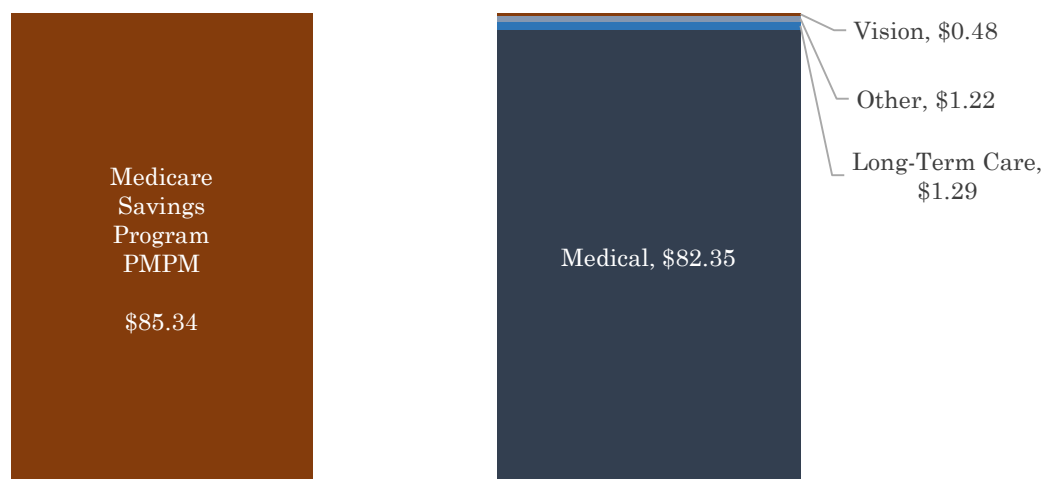
Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Medicare Savings Program category had 4,918 unique members with individuals enrolled for an average of 10 months of the year.

\$85
Per Member Per Month

4,918
Enrolled Members

Medicare Savings Program Unique Enrollment

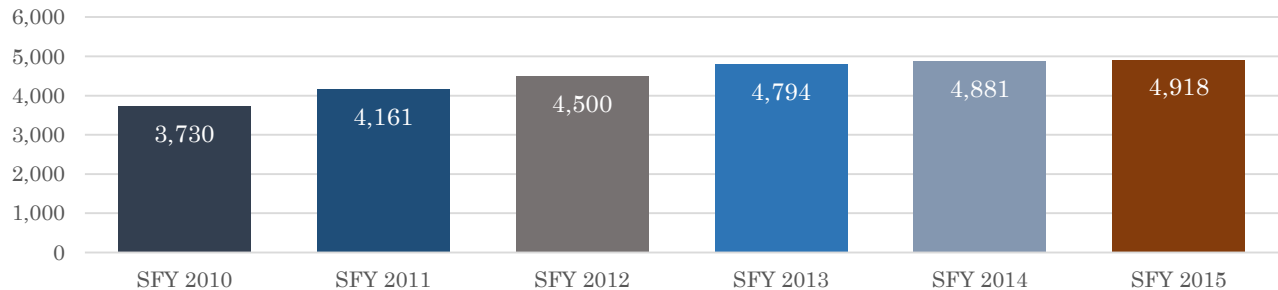


Figure 53: Medicare Savings Program Unique Enrollment

Table 70: Medicare Savings Program Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Medicare Savings Program	Qualified Medicare Beneficiary	\$4,361,151	30,455	\$143
	Specified Low Income Medicare Beneficiary	\$26,434	20,959	\$1
	Part B – Partial AMB	\$240	--	--
Overall		\$4,387,825	51,414	\$85

Table 71: Medicare Savings Program Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Medicare Savings Program	Qualified Medicare Beneficiary	\$118	\$127	\$132	\$131	\$144	\$143
	Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
	Part B – Partial AMB	--	--	--	--	--	--
Overall		\$67	\$72	\$74	\$74	\$81	\$85

Medicare Savings Program Per Member Per Month

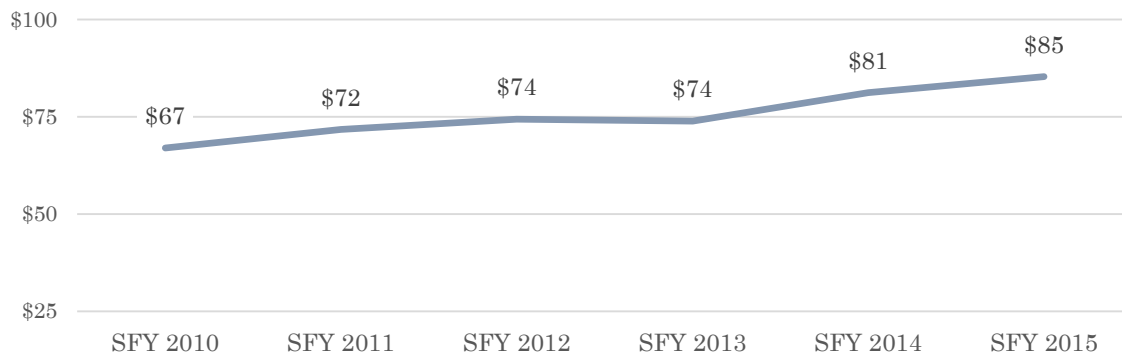


Figure 54: Medicare Savings Program Per Member Per Month

Services

Qualified Medicare Beneficiary

Table 72: Qualified Medicare Beneficiary Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$1.79	\$1.80	\$2.13	\$2.05	\$4.30	\$2.80
Ambulatory Surgical Center	\$1.36	\$1.84	\$2.12	\$1.76	\$2.02	\$1.86
Behavioral Health	\$3.35	\$4.01	\$3.73	\$4.06	\$3.74	\$3.01
Dental	--	\$0.01	--	--	--	--
DME, Prosthetics/Orthotics/Supplies	\$9.65	\$9.22	\$9.60	\$8.60	\$8.88	\$9.09
End Stage Renal Disease	\$2.05	\$2.32	\$2.79	\$2.65	\$3.01	\$3.67
Federally Qualified Health Center	\$0.95	\$1.10	\$0.51	\$0.76	\$0.78	\$1.19
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ³²	\$59.89	\$63.85	\$66.42	\$68.45	\$74.64	\$79.99
<i>Hospital-Inpatient</i>	<i>\$24.33</i>	<i>\$24.27</i>	<i>\$24.32</i>	<i>\$22.47</i>	<i>\$25.71</i>	<i>\$24.55</i>
<i>Hospital-Outpatient</i>	<i>\$36.08</i>	<i>\$40.03</i>	<i>\$42.29</i>	<i>\$46.27</i>	<i>\$48.96</i>	<i>\$55.42</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.21	\$0.30	\$0.37	\$0.19	\$0.24	\$0.20
Nursing Facility	\$1.80	\$3.00	\$4.41	\$2.71	\$3.45	\$2.09
Other	\$1.54	\$1.50	\$1.73	\$1.30	\$1.15	\$1.21
PACE	--	--	--	--	--	\$0.08
Physician & Other Practitioner	\$33.19	\$35.42	\$36.63	\$36.89	\$39.70	\$36.09
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health, Federal	\$0.24	\$0.21	\$0.15	\$0.17	\$0.13	\$0.16
Rural Health Clinic	\$1.18	\$1.24	\$1.11	\$1.20	\$0.90	\$0.97
Vision	\$0.71	\$0.71	\$0.74	\$0.69	\$0.79	\$0.81
Waiver Total	--	--	--	--	--	--
Total	\$118	\$127	\$132	\$131	\$144	\$143

³² Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

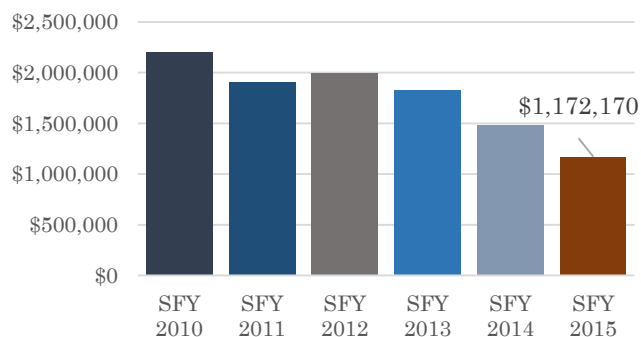
Specified Low Income Medicare Beneficiary

Table 73: Specified Low Income Medicare Beneficiary Per Member Per Month by Service Area

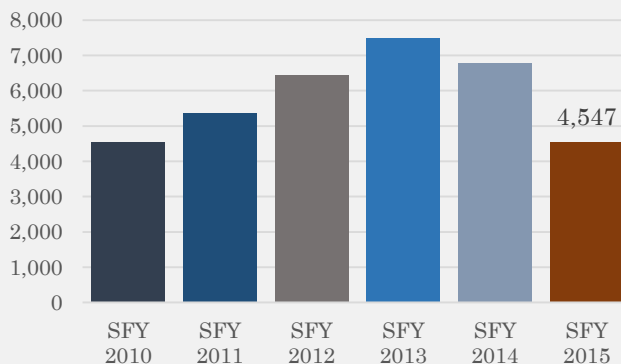
Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	--	--	--	--	--	--
Ambulatory Surgical Center	--	--	--	--	--	--
Behavioral Health	\$0.06	\$0.06	\$0.04	\$0.02	\$0.02	\$0.03
Dental						
DME, Prosthetics/Orthotics/Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	--	--	--	--	--	--
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total	-\$0.14			\$0.00		
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	--	--	--	--	--	--
Nursing Facility		-\$0.06	\$0.27	-\$0.01		-\$0.01
Other	\$1.28	\$1.44	\$1.18	\$0.93	\$1.06	\$1.24
PACE	--	--	--	--	--	--
Physician & Other Practitioner	-\$0.03	-\$0.03	-\$0.01	--	--	--
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	--	--	--	--	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$1	\$1	\$1	\$1	\$1	\$1

Non-Citizens with Medical Emergencies

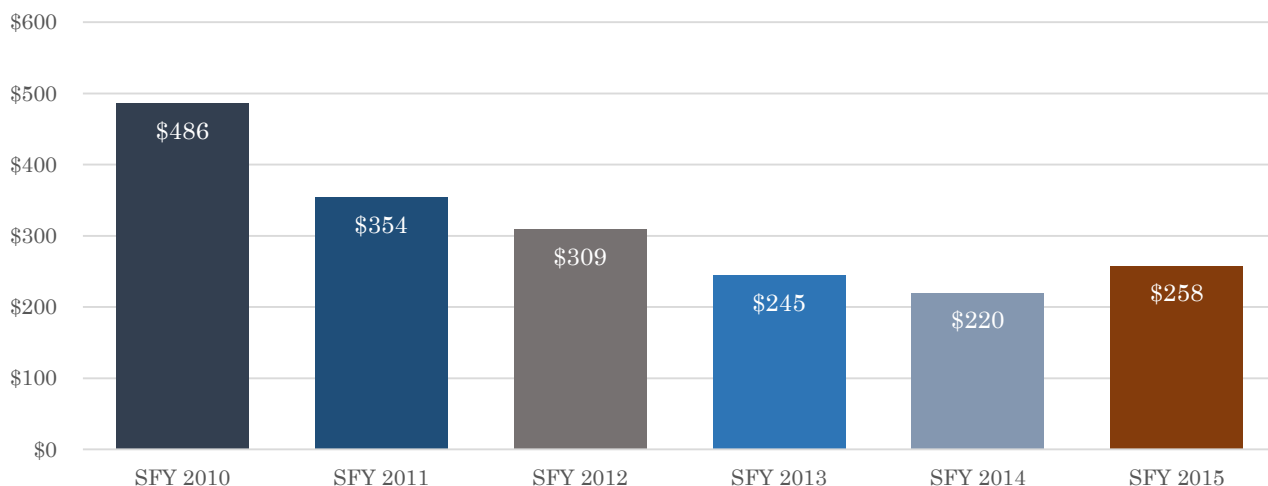
*Expenditures
(by date of service)*



Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Non-Citizens with Medical Emergencies category had 724 unique members with individuals enrolled for an average of 6 months of the year.

\$258

Per Member Per Month

724

Enrolled Members

Non-Citizens with Medical Emergencies Unique Enrollment

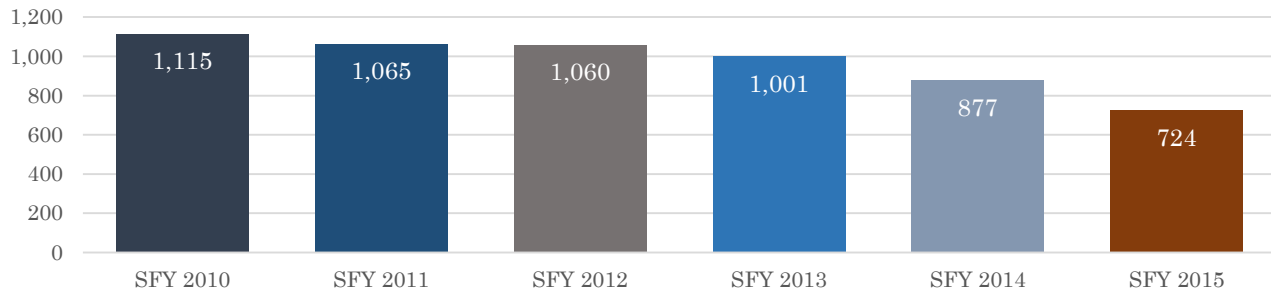


Figure 55: Non-Citizens with Medical Emergencies Unique Enrollment

Table 74: Non-Citizens with Medical Emergencies Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Non-Citizens with Medical Emergencies	Non-Citizens with Medical Emergencies	\$1,172,170	4,547	\$258

Table 75: Non-Citizens with Medical Emergencies Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Non-Citizens with Medical Emergencies	Non-Citizens with Medical Emergencies	\$486	\$354	\$309	\$245	\$220	\$258

*Non-Citizens with Medical Emergencies
Per Member Per Month*

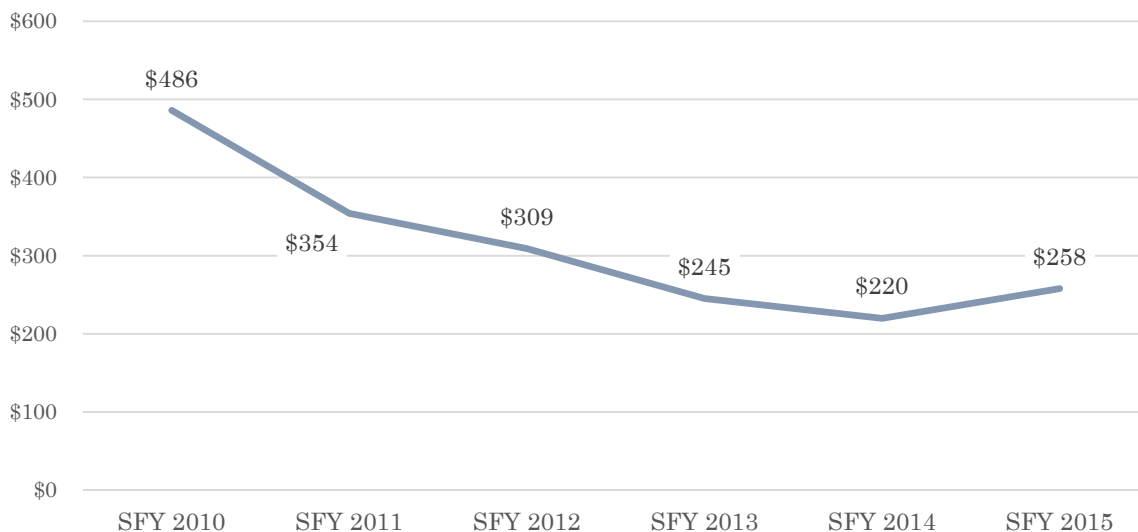


Figure 56: Non-Citizens with Medical Emergencies Per Member Per Month

Services

Table 76: Non-Citizens with Medical Emergencies Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$4.84	\$9.01	\$3.53	\$5.83	\$8.92	\$3.52
Ambulatory Surgical Center	--	\$0.12	\$0.10	--	\$0.04	--
Behavioral Health	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$0.08	\$0.08	--	\$0.07	--	\$0.22
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ³³	\$320.15	\$226.30	\$206.34	\$165.05	\$161.17	\$205.58
<i>Hospital-Inpatient</i>	<i>\$311.78</i>	<i>\$214.52</i>	<i>\$194.74</i>	<i>\$154.91</i>	<i>\$154.39</i>	<i>\$196.76</i>
<i>Hospital-Outpatient</i>	<i>\$11.36</i>	<i>\$11.79</i>	<i>\$11.62</i>	<i>\$10.14</i>	<i>\$6.78</i>	<i>\$8.82</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.14	\$0.29	\$0.79	\$0.71	\$0.02	\$0.04
Nursing Facility	--	--	--	--	--	--
Other	\$0.03	\$0.02	\$0.03	--	--	--
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$160.78	\$118.43	\$98.62	\$73.09	\$49.34	\$48.37
Prescription Drug	--	--	--	--	--	--
PRTF	--	--	--	--	--	--
Public Health, Federal	--	--	--	--	--	--
Rural Health Clinic	\$0.16	\$0.18	\$0.06	\$0.03	\$0.04	\$0.05
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$486	\$354	\$309	\$245	\$220	\$258

Table 77: Non-Citizens with Medical Emergencies Emergency Room and Hospital Inpatient Utilization

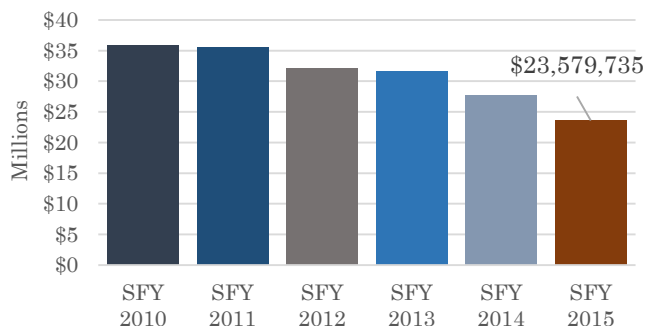
	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	126	125	125	161	110	90
Member Months	4,539	5,378	6,443	7,483	6,776	4,547
Events Per 1,000 Member Months	27.8	23.2	19.4	21.5	16.2	19.8
Hospital Inpatient Utilization						
Hospital Inpatient Events	318	259	279	249	226	186
Member Months	4,539	5,378	6,443	7,483	6,776	4,547
Events Per 1,000 Member Months	70.1	48.2	43.3	33.3	33.4	40.9

³³ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

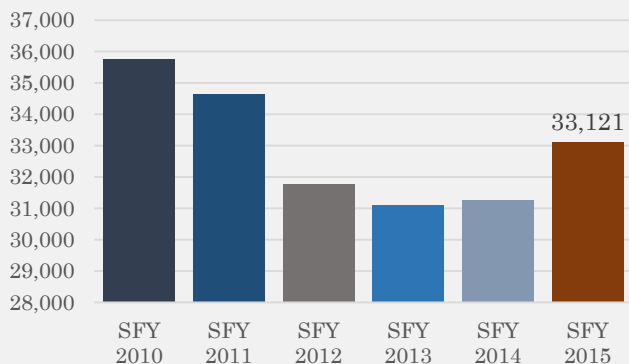


Pregnant Women Category

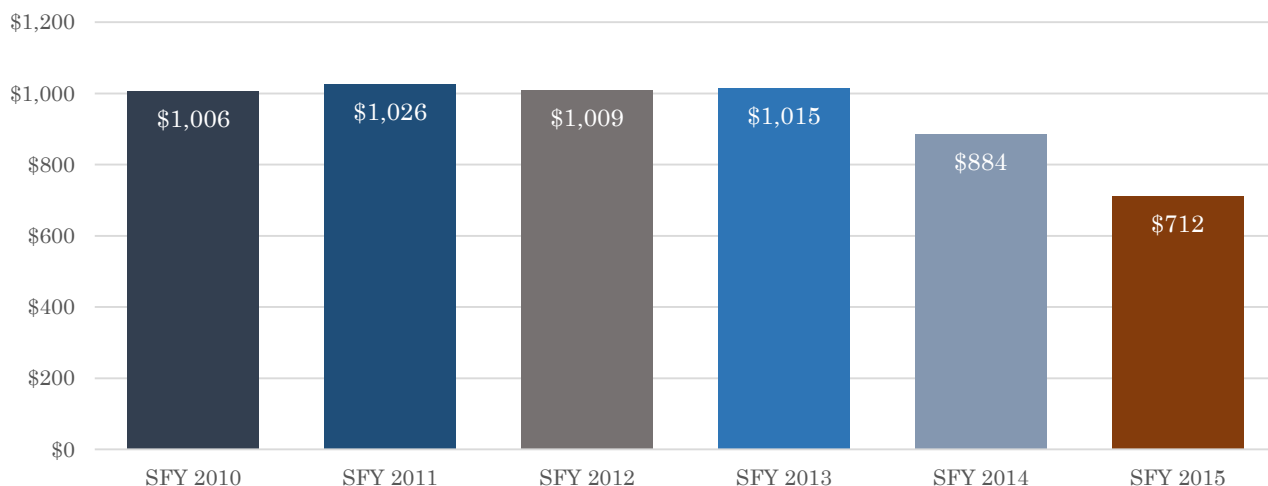
*Expenditures
(by date of service)*



Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Pregnant Women category had 3,795 unique members with individuals enrolled for an average of 8 months of the year.

\$712

Per Member Per Month

3,795

Enrolled Members

Pregnant Women Unique Enrollment

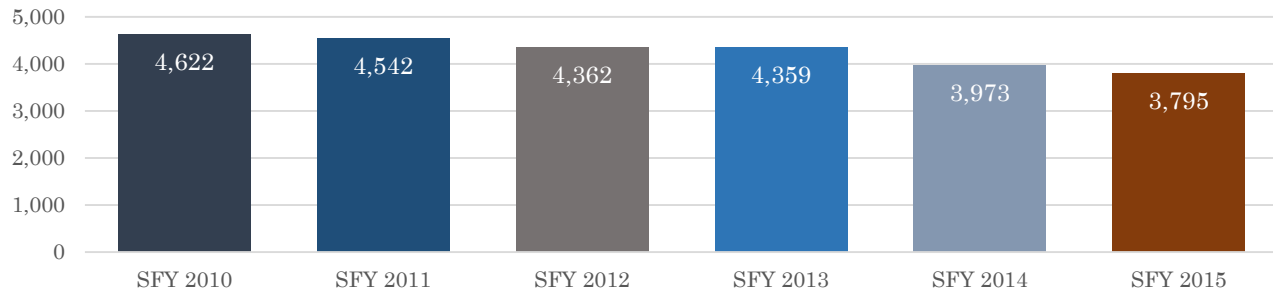


Table 78: Pregnant Women Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Pregnant Women	Pregnant Women	\$23,164,924	30,756	\$753
	Presumptive Eligibility	\$414,811	2,365	\$175
Overall		\$23,579,735	33,121	\$712

Table 79: Pregnant Women Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Pregnant Women	Pregnant Women	\$1,062	\$1,077	\$1,057	\$1,069	\$929	\$753
	Presumptive Eligibility	\$80	\$115	\$118	\$107	\$156	\$175
Overall		\$1,006	\$1,026	\$1,009	\$1,015	\$884	\$712

Pregnant Women Per Member Per Month

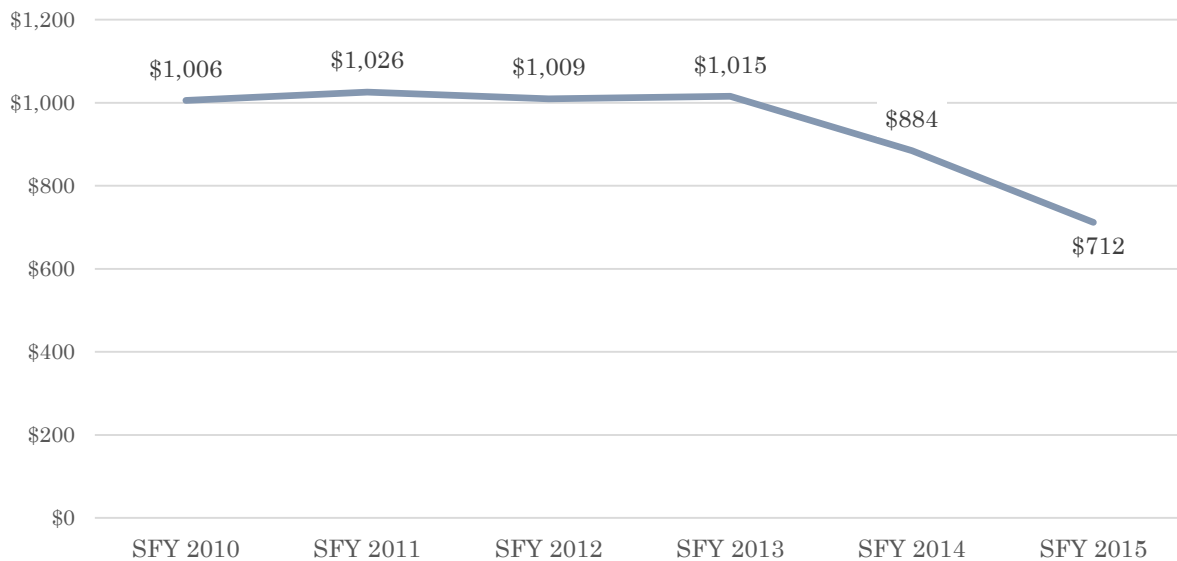


Figure 57: Pregnant Women Per Member Per Month

Pregnant Women

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Services

Pregnant Women Sub-Group

Table 80: Pregnant Women Sub-Group Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$17.70	\$16.85	\$18.82	\$18.70	\$13.79	\$11.43
Ambulatory Surgical Center	\$0.62	\$0.70	\$0.64	\$0.44	\$0.68	\$1.02
Behavioral Health	\$8.12	\$8.08	\$10.24	\$9.79	\$11.57	\$10.00
Dental	\$13.68	\$15.41	\$13.22	\$14.66	\$12.97	\$12.60
DME, Prosthetics/Orthotics/Supplies	\$2.23	\$1.37	\$2.02	\$1.47	\$2.03	\$2.06
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$12.48	\$11.80	\$4.67	\$12.54	\$18.91	\$18.11
Home Health	\$0.52	\$0.56	\$0.48	\$0.75	\$0.39	\$0.31
Hospice	--	--	--	--	--	--
Hospital Total ³⁴	\$489.70	\$504.05	\$504.08	\$507.31	\$462.72	\$381.79
<i>Hospital-Inpatient</i>	<i>\$410.15</i>	<i>\$422.41</i>	<i>\$421.68</i>	<i>\$420.63</i>	<i>\$388.46</i>	<i>\$321.43</i>
<i>Hospital-Outpatient</i>	<i>\$79.63</i>	<i>\$81.85</i>	<i>\$83.15</i>	<i>\$87.70</i>	<i>\$74.38</i>	<i>\$60.41</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$10.86	\$10.67	\$11.03	\$12.43	\$12.94	\$18.07
Nursing Facility	--	--	--	--	--	--
Other	\$0.72	\$0.53	\$0.36	\$0.34	\$0.32	\$0.28
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$456.87	\$460.38	\$442.29	\$441.03	\$336.82	\$252.03
Prescription Drug	\$28.35	\$23.44	\$25.27	\$26.65	\$27.36	\$23.37
PRTF	--	--	--	--	--	--
Public Health, Federal	\$17.06	\$20.21	\$21.31	\$20.03	\$24.91	\$19.18
Rural Health Clinic	\$0.90	\$1.09	\$0.97	\$1.22	\$1.82	\$1.88
Vision	\$2.06	\$1.54	\$1.55	\$1.55	\$1.46	\$1.06
Waiver Total	--	--	--	--	--	--
Total	\$1,062	\$1,077	\$1,057	\$1,069	\$929	\$753

³⁴ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Pregnant Women Per Member Per Month for Select Services

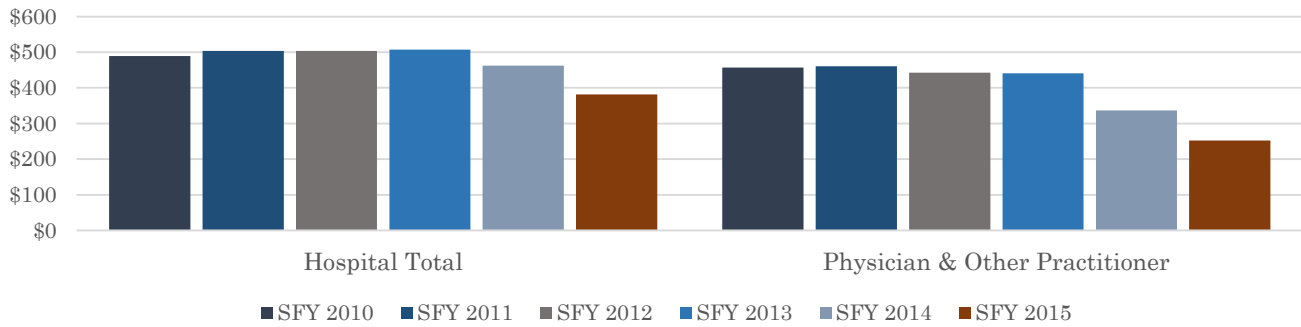


Figure 58: Pregnant Women Per Member Per Month for Select Services

Table 81: Pregnant Women Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	4,613	4,360	3,972	3,865	3,584	3,606
Member Months	33,693	32,794	30,142	29,372	29,469	30,756
Events Per 1,000 Member Months	136.9	133.0	131.8	131.6	121.6	117.2
Hospital Inpatient Utilization						
Hospital Inpatient Events	3,524	3,357	3,127	2,968	2,854	2,455
Member Months	33,693	32,794	30,142	29,372	29,469	30,756
Events Per 1,000 Member Months	104.6	102.4	103.7	101.0	96.8	79.8

Pregnant Women Rates of Emergency Room and Hospital Inpatient Utilization

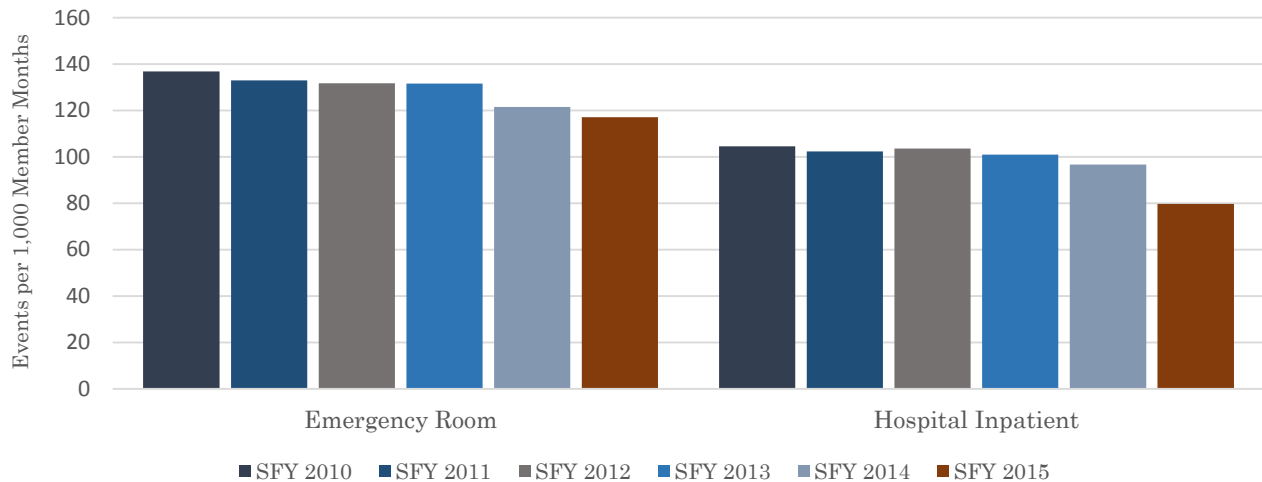


Figure 59: Pregnant Women Rates of Emergency Room and Hospital Inpatient Utilization

Presumptive Eligibility (Pregnant Women)

Table 82: Presumptive Eligibility Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$0.19	--	\$3.44	\$0.19	\$1.84	\$6.35
Ambulatory Surgical Center	--	\$0.35	\$0.79	--	--	\$0.64
Behavioral Health	\$0.28	\$0.75	\$4.83	\$0.87	\$3.02	\$2.81
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/Supplies	\$0.04	\$0.02	\$0.10	--	\$0.28	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$6.38	\$5.17	\$1.21	\$5.78	\$9.87	\$18.58
Home Health	--	--	--	--	--	\$0.21
Hospice	--	--	--	--	--	--
Hospital Total ³⁵	\$15.55	\$35.62	\$33.02	\$31.01	\$38.98	\$49.64
<i>Hospital-Inpatient</i>	--	--	--	--	--	--
<i>Hospital-Outpatient</i>	<i>\$15.66</i>	<i>\$35.63</i>	<i>\$33.02</i>	<i>\$30.95</i>	<i>\$39.10</i>	<i>\$50.17</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$8.07	\$9.34	\$7.20	\$7.83	\$20.72	\$20.94
Nursing Facility	--	--	--	--	--	--
Other	\$2.20	\$1.92	\$1.69	\$1.79	\$1.28	\$1.31
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$29.94	\$45.71	\$42.90	\$43.98	\$59.02	\$53.35
Prescription Drug	\$17.52	\$14.71	\$16.71	\$14.02	\$17.06	\$16.88
PRTF	--	--	--	--	--	--
Public Health, Federal	\$0.13	\$0.96	\$5.01	\$1.10	\$3.02	\$3.49
Rural Health Clinic	\$0.14	\$0.11	\$0.44	\$0.41	\$0.66	\$0.82
Vision	--	\$0.32	\$0.38	\$0.38	\$0.42	\$0.38
Waiver Total	--	--	--	--	--	--
Total	\$80	\$115	\$118	\$107	\$156	\$175

³⁵ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Presumptive Eligibility Per Member Per Month for Select Services

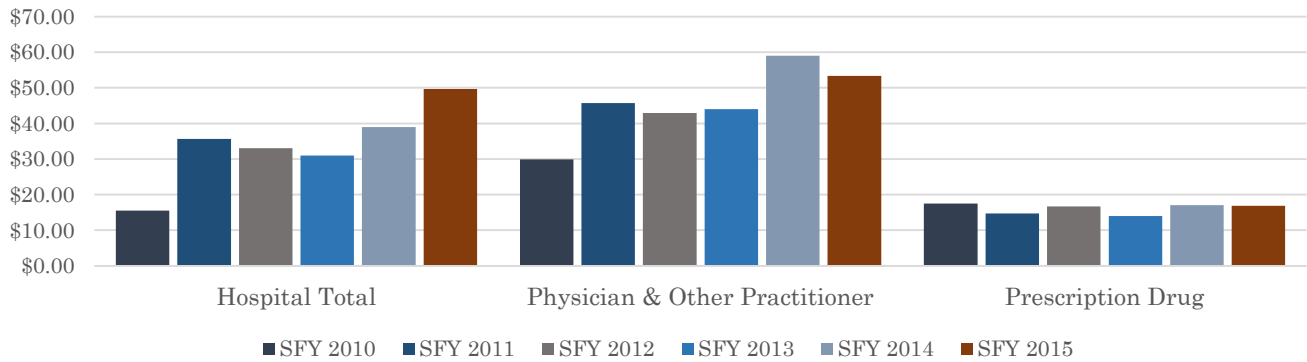


Figure 60: Presumptive Eligibility Per Member Per Month for Select Services

Table 83: Pregnant Women Emergency Room Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	183	186	206	175	246	388
Member Months	2,048	1,837	1,623	1,739	1,790	2,365
Events Per 1,000 Member Months	89.4	101.3	126.9	100.6	137.4	164.1

Presumptive Eligibility Rates of Emergency Room Utilization

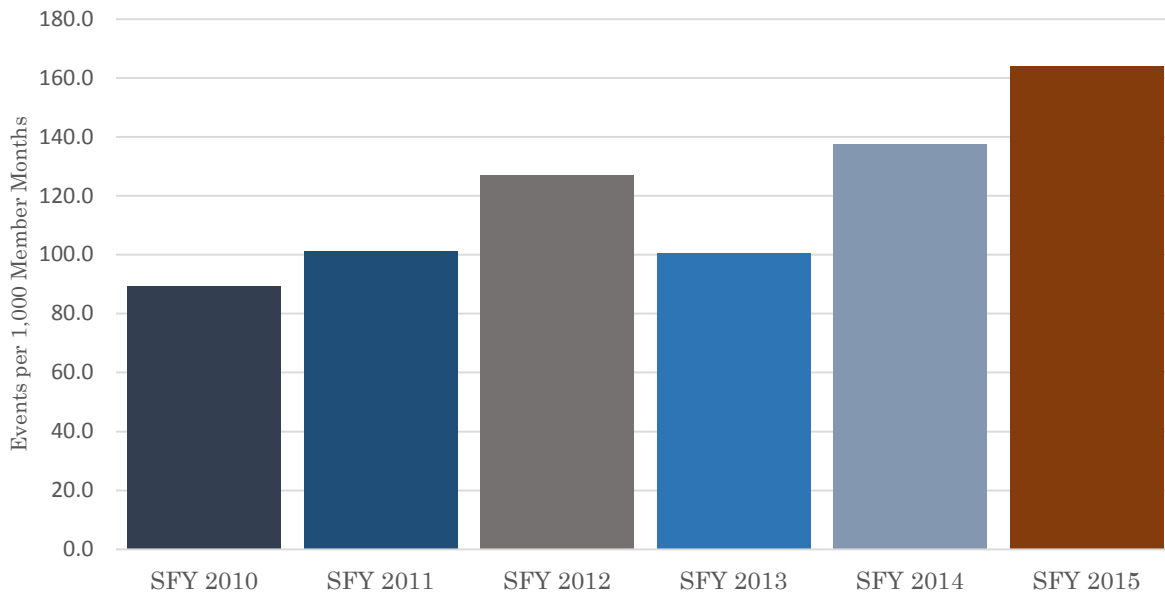
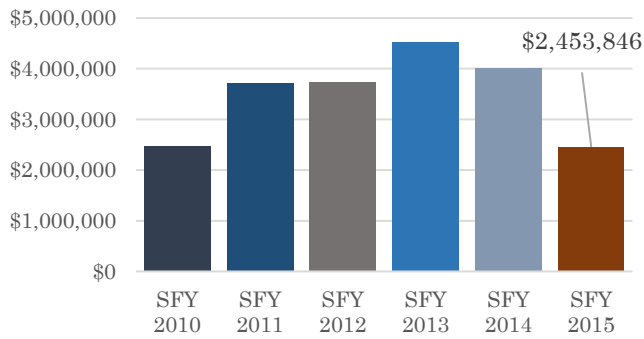


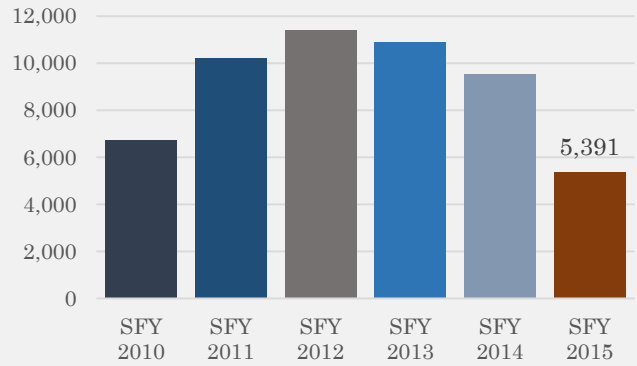
Figure 61: Presumptive Eligibility Rates of Emergency Room Utilization

Special Groups

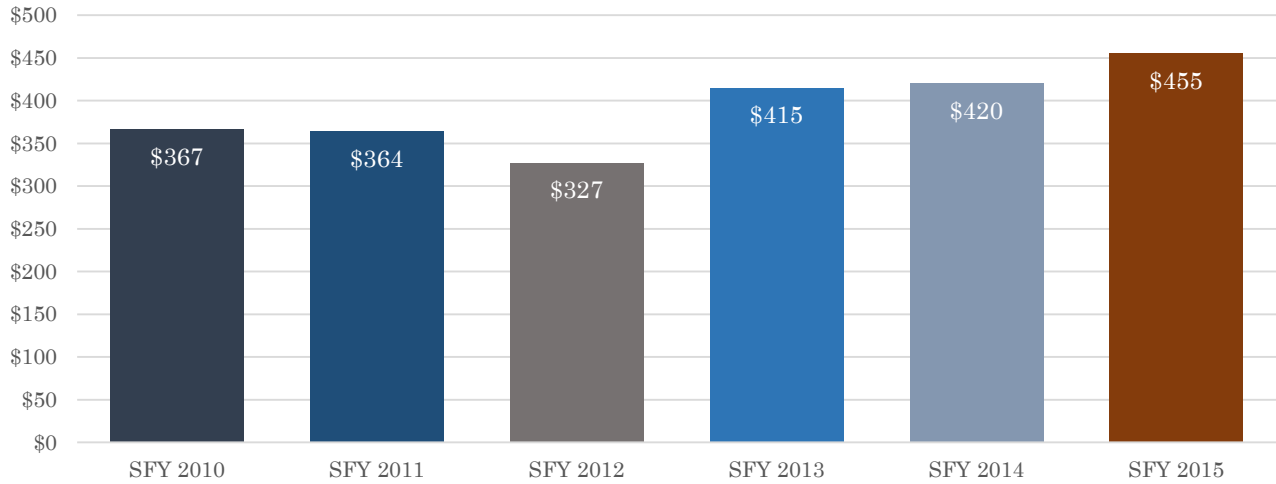
*Expenditures
(by date of service)*



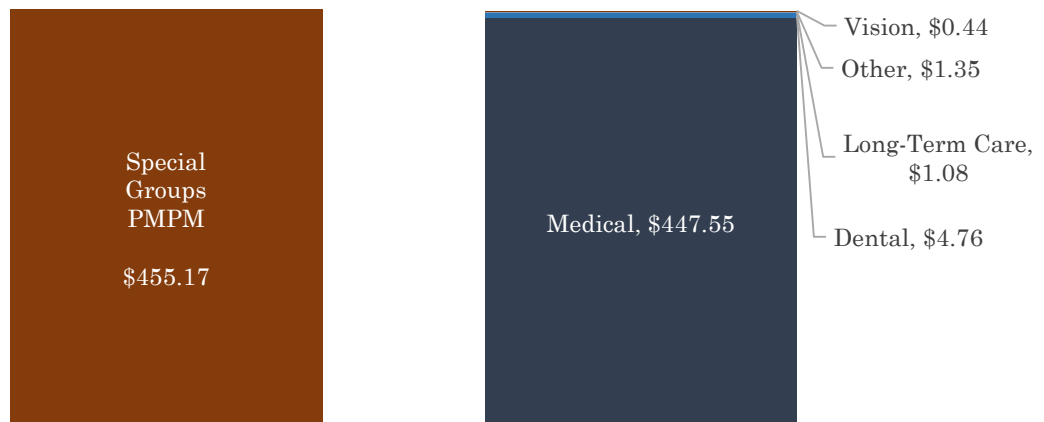
Member Months



Per Member Per Month



*Per Member Per Month
Breakdown by Service*



Overview

In SFY 2015 the Special Groups category had 528 unique members with individuals enrolled for an average of 10 months of the year.

\$455

Per Member Per Month

528

Enrolled Members

Special Groups Unique Enrollment

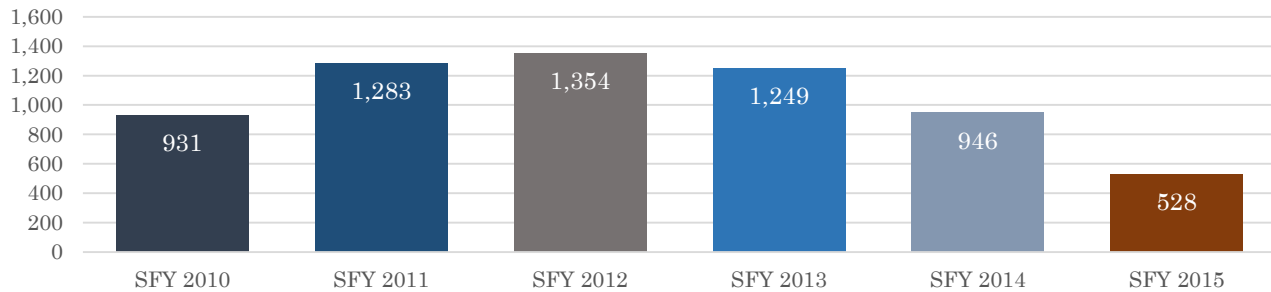


Figure 62: Special Groups Unique Enrollment

Table 84: Special Groups Summary

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
Special Groups	Breast and Cervical Cancer	\$2,425,303	1,523	\$1,592
	Pregnant by Choice	\$28,542	3,868	\$7
Overall		\$2,453,846	5,391	\$455

Table 85: Special Groups Per Member Per Month

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Special Groups	Breast and Cervical Cancer	\$1,298	\$1,740	\$1,577	\$2,013	\$2,025	\$1,592
	Pregnant by Choice	\$15	\$12	\$12	\$13	\$10	\$7
Overall		\$367	\$364	\$327	\$415	\$420	\$455

Special Groups Per Member Per Month

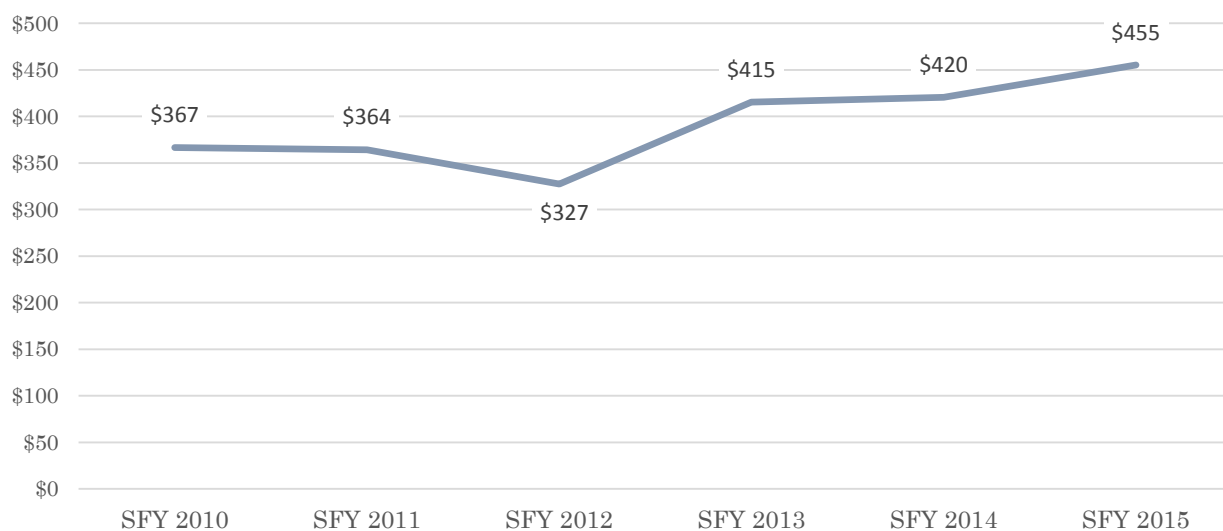


Figure 63: Special Groups Per Member Per Month

Special Groups

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Services

Breast and Cervical Cancer

Table 86: Breast and Cervical Cancer Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	\$5.31	\$4.23	\$7.00	\$5.64	\$21.56	\$11.14
Ambulatory Surgical Center	\$4.40	\$9.07	\$6.95	\$3.20	\$6.83	\$7.76
Behavioral Health	\$10.75	\$16.55	\$24.39	\$30.86	\$21.94	\$19.66
Dental	\$11.69	\$15.37	\$29.28	\$13.81	\$13.17	\$16.85
DME, Prosthetics/Orthotics/Supplies	\$8.96	\$11.43	\$12.22	\$13.57	\$20.21	\$22.27
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$8.20	\$8.42	\$5.19	\$6.52	\$6.35	\$6.86
Home Health	\$2.24	\$1.54	\$1.76	\$4.85	\$5.21	\$3.83
Hospice	\$3.58	\$7.24	\$9.59	\$15.20	\$24.30	\$8.14
Hospital Total ³⁶	\$522.05	\$846.29	\$605.01	\$976.53	\$838.57	\$838.42
<i>Hospital-Inpatient</i>	<i>\$247.97</i>	<i>\$385.32</i>	<i>\$303.63</i>	<i>\$401.85</i>	<i>\$320.90</i>	<i>\$482.82</i>
<i>Hospital-Outpatient</i>	<i>\$274.13</i>	<i>\$466.71</i>	<i>\$305.71</i>	<i>\$600.13</i>	<i>\$515.98</i>	<i>\$354.99</i>
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$21.30	\$24.93	\$25.97	\$19.94	\$20.51	\$17.03
Nursing Facility	--	--	--	--	--	--
Other	\$12.25	\$5.75	\$3.56	\$0.66	\$1.85	\$4.39
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$489.34	\$582.67	\$661.18	\$709.05	\$804.11	\$415.21
Prescription Drug	\$168.73	\$175.20	\$153.01	\$180.24	\$193.75	\$179.36
PRTF	--	--	--	--	--	--
Public Health, Federal	\$25.25	\$27.03	\$28.47	\$30.11	\$43.33	\$38.97
Rural Health Clinic	\$3.14	\$2.69	\$1.77	\$1.27	\$1.93	\$1.03
Vision	\$0.64	\$1.14	\$1.70	\$1.33	\$1.38	\$1.54
Waiver Total	--	--	--	--	--	--
Total	\$1,298	\$1,740	\$1,577	\$2,013	\$2,025	\$1,592

³⁶ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.

Breast and Cervical Cancer Per Member Per Month for Select Services

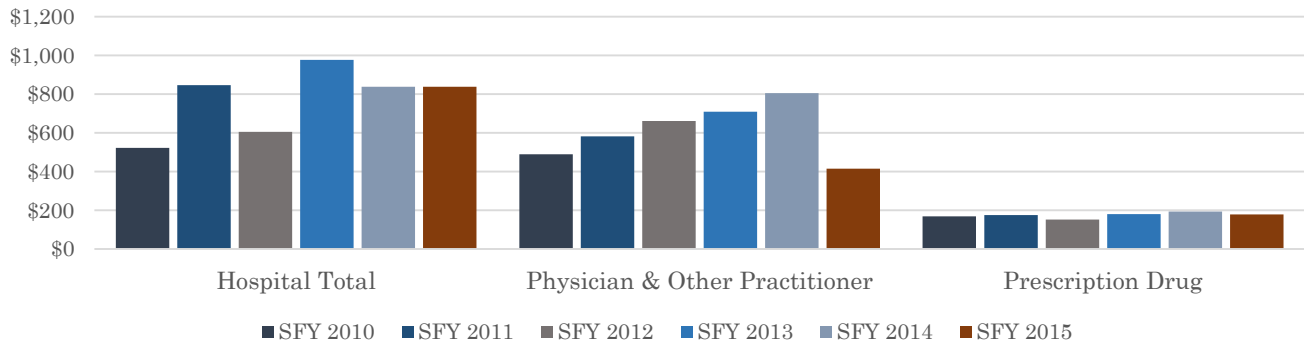


Figure 64: Breast and Cervical Cancer Per Member Per Month for Select Services

Table 87: Breast and Cervical Cancer Emergency Room and Hospital Inpatient Utilization

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Emergency Room Utilization						
Emergency Room Events	181	230	181	164	165	114
Member Months	1,849	2,084	2,305	2,192	1,943	1,523
Events Per 1,000 Member Months	97.9	110.4	78.5	74.8	84.9	74.9
Hospital Inpatient Utilization						
Hospital Inpatient Events	57	94	75	75	60	38
Member Months	1,849	2,084	2,305	2,192	1,943	1,523
Events Per 1,000 Member Months	30.8	45.1	32.5	34.2	30.9	25.0

Breast and Cervical Cancer Rates of Emergency Room and Hospital Inpatient Utilization

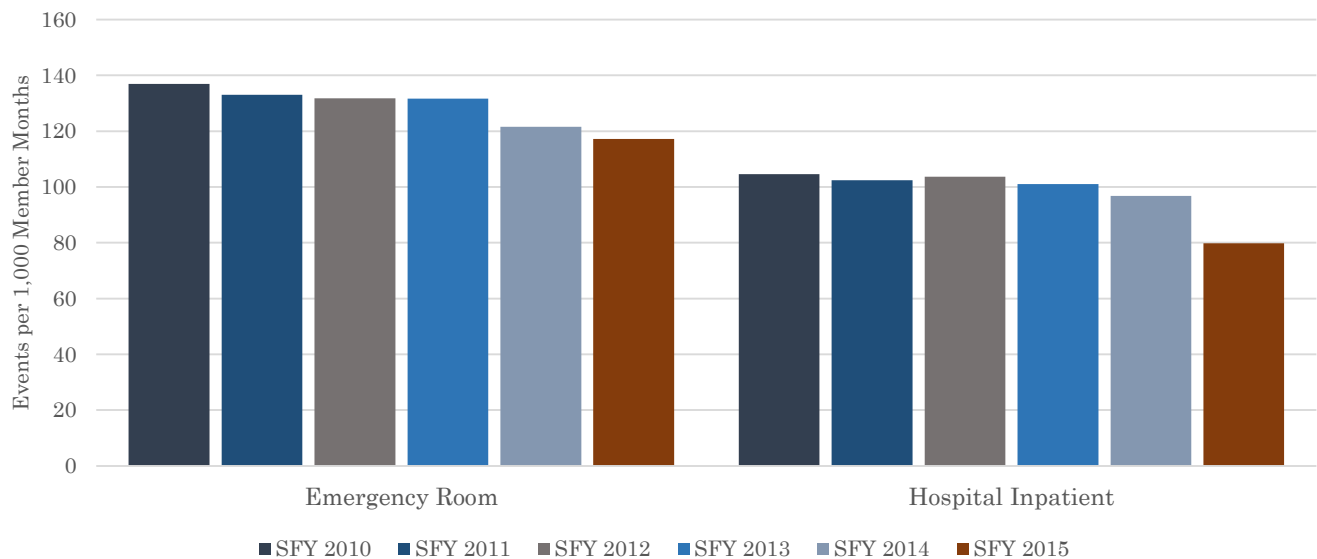


Figure 65: Breast and Cervical Cancer Rates of Emergency Room and Hospital Inpatient Utilization

Table 88: Pregnant by Choice Per Member Per Month by Service Area

Service Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Ambulance	--	-\$0.04	--	--	--	--
Ambulatory Surgical Center	--	\$0.23	\$0.10	--	\$0.06	--
Behavioral Health	--	--	--	--	--	--
Dental	--	--	--	--	--	--
DME, Prosthetics/Orthotics/Supplies	--	--	--	--	--	--
End Stage Renal Disease	--	--	--	--	--	--
Federally Qualified Health Center	\$0.32	\$0.41	\$0.09	\$0.22	\$0.16	\$0.22
Home Health	--	--	--	--	--	--
Hospice	--	--	--	--	--	--
Hospital Total ³⁷	\$0.90	-\$0.87	\$0.53	\$1.52	\$0.31	\$0.65
<i>Hospital-Inpatient</i>	--	--	--	--	--	--
<i>Hospital-Outpatient</i>	\$0.90	\$0.05	\$0.53	\$1.90	\$0.31	\$0.65
Intermediate Care Facility-ID	--	--	--	--	--	--
Laboratory	\$0.06	\$0.08	\$0.05	\$0.09	--	--
Nursing Facility	--	--	--	--	--	--
Other	\$0.47	\$0.21	\$0.26	\$0.39	\$0.47	\$0.15
PACE	--	--	--	--	--	--
Physician & Other Practitioner	\$7.20	\$6.35	\$4.48	\$4.66	\$2.52	\$2.32
Prescription Drug	\$6.19	\$5.54	\$5.85	\$6.04	\$6.06	\$3.95
PRTF	--	--	--	--	--	--
Public Health, Federal	\$0.24	\$0.11	\$0.24	\$0.26	\$0.18	\$0.09
Rural Health Clinic	\$0.06	--	\$0.07	\$0.04	--	--
Vision	--	--	--	--	--	--
Waiver Total	--	--	--	--	--	--
Total	\$15	\$12	\$12	\$13	\$10	\$7

³⁷ Adjustments to Hospital services are not included in this table; as such, summing Hospital-Inpatient and Hospital-Outpatient will not equal Hospital Total.



Appendix A: Supplementary Tables

Table 89: Per Member Per Month by County³⁸ - SFY 2015

Eligibility Category	Expenditures	Member Months	PMPM
Albany	\$23,887,314	39,755	\$601
Big Horn	\$12,948,715	20,247	\$640
Campbell	\$30,643,204	63,263	\$484
Carbon	\$11,727,827	22,685	\$517
Converse	\$11,245,348	19,703	\$571
Crook	\$3,617,214	8,610	\$420
Fremont	\$79,366,946	100,596	\$789
Goshen	\$13,227,313	22,618	\$585
Hot Springs	\$7,365,662	9,485	\$777
Johnson	\$4,546,745	9,644	\$471
Laramie	\$93,594,920	155,100	\$603
Lincoln	\$10,210,609	21,913	\$466
Natrona	\$79,189,320	132,014	\$600
Niobrara	\$2,854,307	4,465	\$639
Other	\$9,727,371	26,663	\$365
Park	\$26,745,533	39,440	\$678
Platte	\$6,618,315	13,714	\$483
Sheridan	\$23,372,139	40,178	\$582
Sublette	\$3,105,075	7,535	\$412
Sweetwater	\$25,616,675	60,823	\$421
Teton	\$7,041,839	17,122	\$411
Uinta	\$23,342,369	36,559	\$638
Washakie	\$7,080,590	12,781	\$554
Weston	\$4,563,722	9,354	\$488
Total	\$521,639,072	894,267	\$583

³⁸ Expenditures and member months are based on the recipient county.

Table 90: Per Member Per Month History by County

Eligibility Category	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Albany	\$761	\$769	\$727	\$520	\$637	\$601
Big Horn	\$521	\$496	\$509	\$549	\$622	\$640
Campbell	\$602	\$560	\$493	\$421	\$512	\$484
Carbon	\$514	\$543	\$531	\$827	\$559	\$517
Converse	\$669	\$602	\$594	\$592	\$653	\$571
Crook	\$804	\$602	\$744	\$1,225	\$361	\$420
Fremont	\$750	\$735	\$715	\$744	\$803	\$789
Goshen	\$745	\$699	\$687	\$571	\$621	\$585
Hot Springs	\$967	\$1,035	\$938	\$948	\$828	\$777
Johnson	\$606	\$645	\$575	\$586	\$516	\$471
Laramie	\$684	\$673	\$656	\$781	\$623	\$603
Lincoln	\$701	\$721	\$738	\$598	\$549	\$466
Natrona	\$671	\$670	\$656	\$640	\$647	\$600
Niobrara	\$613	\$641	\$579	\$642	\$669	\$639
Other	\$0	-\$1	\$2	\$118	\$261	\$365
Park	\$731	\$743	\$731	\$738	\$698	\$678
Platte	\$644	\$615	\$572	\$379	\$488	\$483
Sheridan	\$700	\$685	\$709	\$675	\$646	\$582
Sublette	\$443	\$382	\$375	\$396	\$505	\$412
Sweetwater	\$654	\$558	\$495	\$467	\$465	\$421
Teton	\$386	\$343	\$366	\$355	\$383	\$411
Uinta	\$734	\$684	\$706	\$608	\$698	\$638
Washakie	\$622	\$648	\$654	\$615	\$566	\$554
Weston	\$352	\$623	\$696	\$684	\$510	\$488
Total	\$626	\$610	\$601	\$616	\$609	\$583

Table 91: Emergency Room Events per 1,000 Member Months by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	104.4	87.6	96.8	103.3	119.5	94.6
ABD ID/DD/ABI	ABI	92.4	89.2	91.5	83.0	74.4	76.4
	Adult ID/DD	50.3	48.6	52.8	47.5	49.3	51.6
	Child ID/DD	40.6	43.9	38.0	39.7	38.0	41.8
	ICF-ID	22.7	32.7	32.1	23.1	24.2	45.2
ABD Institution	Hospital	305.7	379.4	504.6	258.9	279.6	282.6
ABD Long-Term Care	ALF	131.1	136.4	138.8	153.2	119.9	112.7
	Hospice	95.5	140.1	230.8	133.3	180.7	36.1
	LTC	144.4	145.4	152.3	145.3	136.8	140.1
	Nursing Home	49.9	52.1	54.0	47.0	48.5	45.9
	PACE	--	--	--	59.7	--	2.2
ABD SSI	SSI and SSI-Related	112.5	112.8	115.3	111.2	118.2	115.1
Adults	Family-Care Adults	147.1	141.8	143.7	136.1	127.2	113.9
	Former Foster Care	--	--	--	--	500.0	285.1
Children	Children	54.7	52.1	49.8	49.1	45.5	44.3
	CMH	67.3	64.7	45.5	73.7	65.0	91.6
	Foster Care	59.4	55.4	51.3	51.3	49.2	52.7
	Newborns	122.2	119.8	116.0	115.3	106.2	98.2
Medicare Savings Programs	QMB	71.5	74.8	74.8	70.0	70.5	67.3
Non-Citizens with Medical Emergencies	Non-Citizens	27.8	23.2	19.4	21.5	16.2	19.8
Pregnant Women	Pregnant Women	136.9	133.0	131.8	131.6	121.6	117.2
	Presumptive Eligibility	89.4	101.3	126.9	100.6	137.4	164.1
Special Groups	Breast and Cervical	97.9	110.4	78.5	74.8	84.9	74.9
Overall		75.1	72.3	70.3	68.1	65.2	64.9

Emergency Room Event Rates by Eligibility Sub-Group - SFY 2015

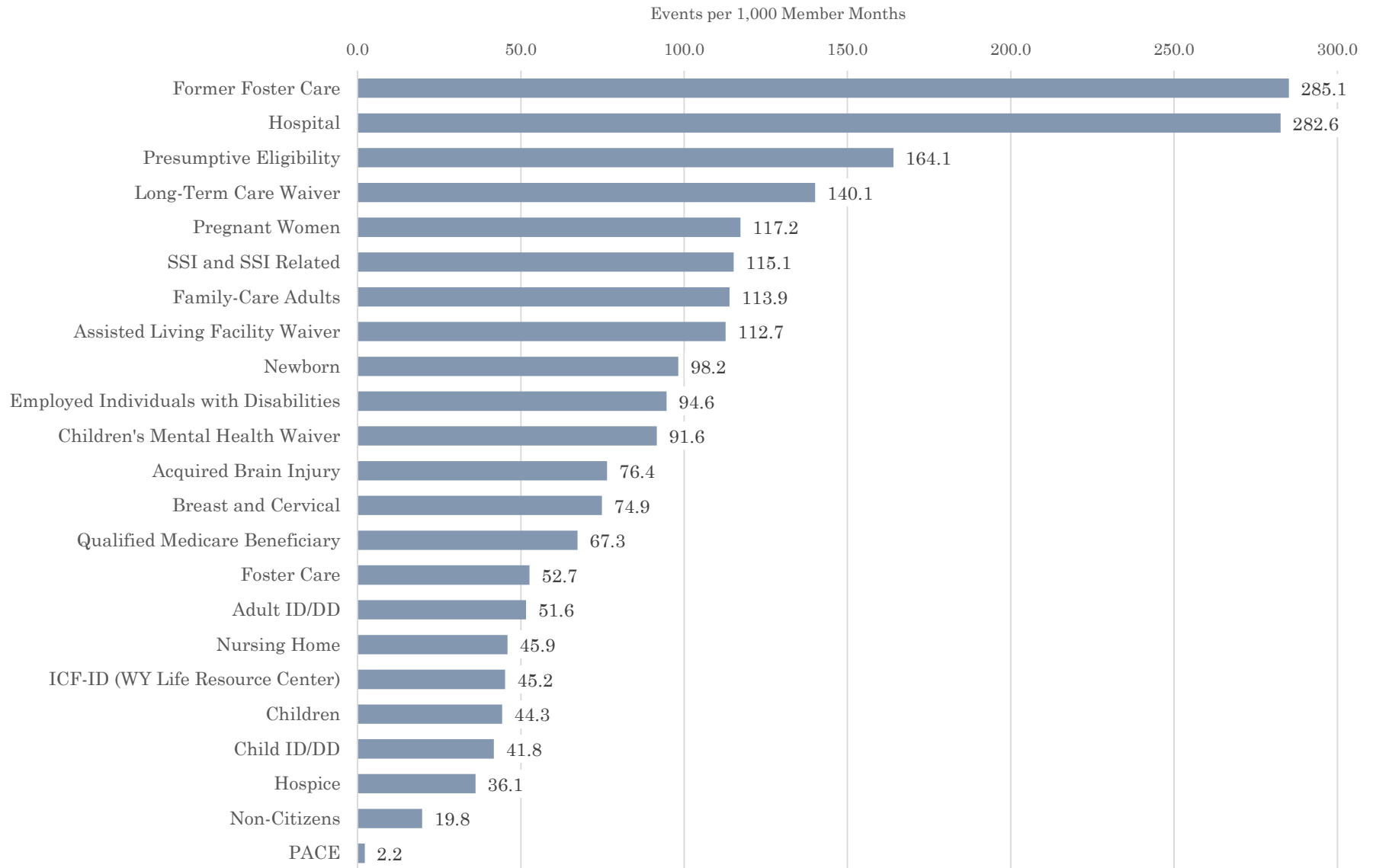


Figure 66: Emergency Room Event Rates by Eligibility Sub-Group – SFY 2015

Table 92: Hospital Inpatient Events per 1,000 Member Months by Eligibility Sub-Group

Eligibility Category	Eligibility Sub-Group	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
ABD EID	EID	39.6	31.8	20.9	31.7	29.4	17.2
ABD ID/DD/ABI	ABI	19.0	8.5	9.5	6.8	4.3	5.6
	Adult ID/DD	2.7	3.3	2.8	3.9	4.4	4.3
	Child ID/DD	17.9	13.1	13.9	20.0	15.7	13.4
	ICF-ID	1.2	1.2	2.5	2.3	3.3	2.3
ABD Institution	Hospital	586.0	463.0	399.1	406.1	489.2	429.3
ABD Long-Term Care	ALF	3.6	4.5	5.6	4.6	2.1	5.0
	Hospice	50.3	44.6	41.4	23.8	64.3	19.4
	LTC	16.5	14.6	18.0	12.8	11.2	10.6
	Nursing Home	18.6	16.0	17.0	16.8	22.0	18.0
ABD SSI	SSI and SSI-Related	20.8	19.5	18.2	18.2	18.3	17.8
Adults	Family-Care Adults	14.1	12.2	12.6	11.4	10.8	11.1
	Former Foster Care	--	--	--	--	--	8.3
Children	Children	7.0	5.9	5.2	6.2	6.1	5.5
	CMH	180.5	85.4	54.3	44.0	131.7	99.7
	Foster Care	83.3	44.4	25.6	34.7	39.3	32.3
	Newborns	93.8	89.8	91.9	92.1	84.2	77.5
Medicare Savings Programs	QMB	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	70.1	48.2	43.3	33.3	33.4	40.9
Pregnant Women	Pregnant Women	104.6	102.4	103.7	101.0	96.8	79.8
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	30.8	45.1	32.5	34.2	30.9	25.0
Overall		21.7	18.0	16.2	16.8	16.2	14.6

Hospital Inpatient Event Rates by Eligibility Sub-Group - SFY 2015

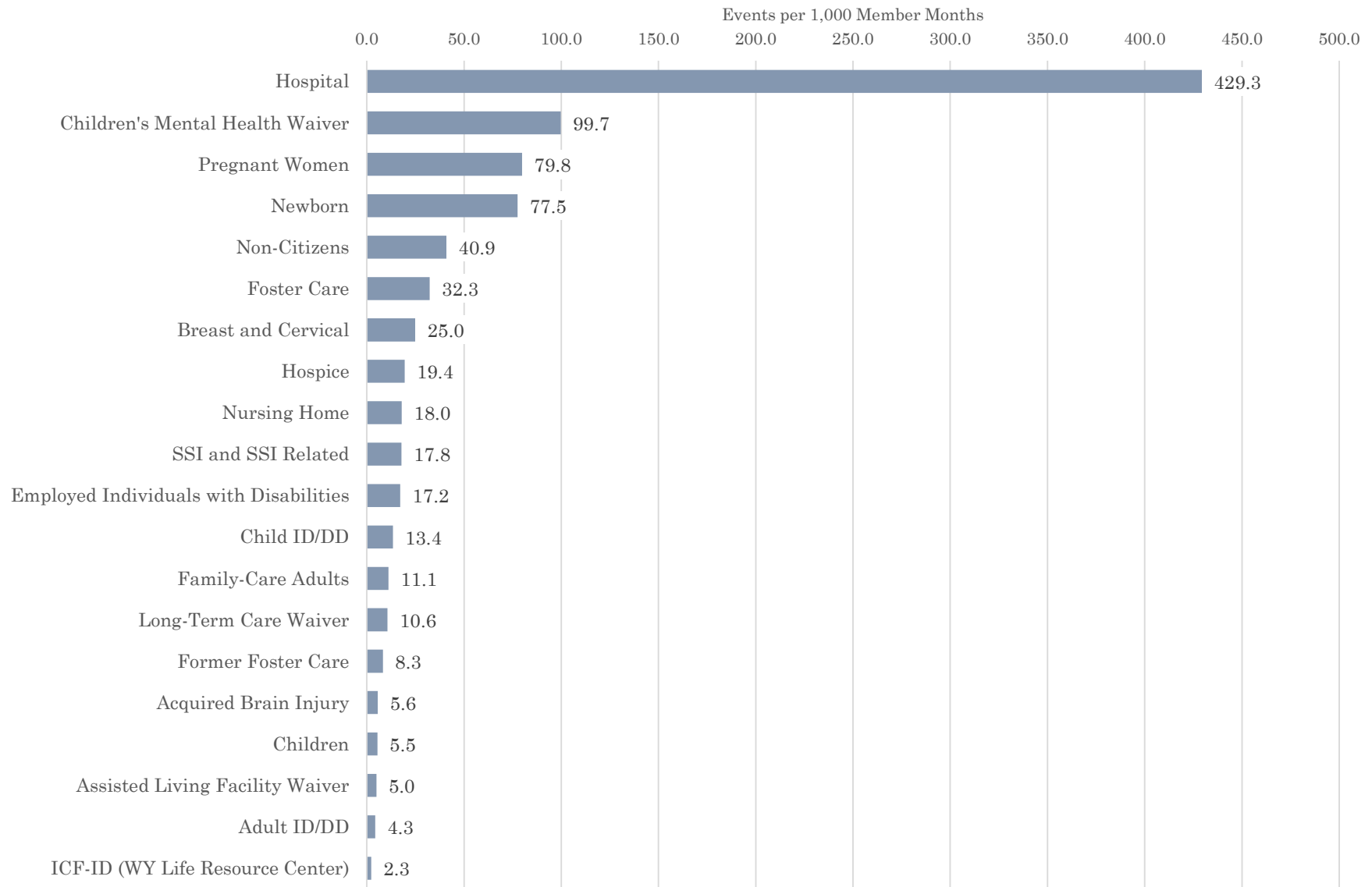


Figure 67: Hospital Inpatient Event Rates by Eligibility Sub-Group – SFY 2015

Appendix B: Glossary and 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.

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.

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.

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.

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 timeframe (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.

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.

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.

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.

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.

Rural Health Clinic (RHC) – A designated health clinic in a medically underserved 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).

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.

Table 93: Acronyms

Acronym	Meaning
ABD	Aged, Blind, or Disabled
ABI	Acquired Brain Injury
ALF	Assisted Living Facility
AMB	Aged Medicare Beneficiary
ASC	Ambulatory Surgery Center
CMH	Children's Mental Health
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DD	Developmental Disabilities
DME	Durable Medical Equipment
DSH	Disproportionate Share Hospital
EID	Employed Individuals with Disabilities
ESRD	End Stage Renal Disease
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
HCBS	Home and Community Based Services
HCPCS	Healthcare Common Procedure Coding System
ICF-ID	Intermediate Care Facility for the Intellectually Disabled
ID	Intellectual Disabilities
IMD	Institution for Mental Disease
LTC	Long-Term Care
MMIS	Medicaid Management Information System
PACE	Program of All-Inclusive Care for the Elderly
PMPM	Per Member Per Month
PRTF	Psychiatric Residential Treatment Facility
QMB	Qualified Medicare Beneficiary
QRA	Qualified Rate Adjustment
RHC	Rural Health Clinic
SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiary
SSI	Supplemental Security Income
WLRC	Wyoming Life Resource Center

Appendix C: Methodology and Data Sources

Report Overview

Claims data is extracted based on the first date of service in the SFY.

For most services, data was identified by taxonomy using paid claims data from Medicaid's claims processing system. Table 96 at the end of this appendix details the data parameters used to extract data through the Cognos tool. For all data extracts for the service areas, except behavioral health and the waivers, the behavioral health procedure code lines were excluded.

For all data extracts, third-party payments, co-payments, Provider Assessment, Qualified Rate Adjustment (QRA) and Disproportionate Share Hospital (DSH) payments, as well as history-only adjustments, were excluded. Data extracts do not include expenditures for premium or cost-sharing assistance for Medicare individuals.

The two ways to count are to use either "count" or "distinct count". A "count" counts the number of individuals. A "distinct count" counts the number of unique individuals. A distinct count provides an unduplicated count. For the purposes of this Report, distinct count has been used.

Table 94: Data Definition and Methodology Summary

Data	Definition	Methodology
Expenditure	Claim payment processed through the MMIS	<ul style="list-style-type: none">• Extracted based on claim first date of service• Only extracted from claims that were never voided/adjusted and final adjust claims
Enrolled Member	Individual enrolled in Medicaid and eligible to receive services at any point during the SFY	<ul style="list-style-type: none">• Extracted from MMIS generated reports• Counts provided in this report are of unduplicated individuals at the program code level
Member Months	Count of each month an individual is enrolled in Medicaid	<ul style="list-style-type: none">• Extracted based on program code level
Per Member Per Month	Monthly average cost for each enrolled member	<ul style="list-style-type: none">• Equal to expenditures divided by member months
Eligibility Category	Defined population of individuals eligible for Medicaid; consists of one or more Eligibility Sub-Groups	<ul style="list-style-type: none">• Defined in the Medicaid Eligibility Program Chart A• Based on eligibility program codes
Eligibility Sub-Group	More specific designations for populations of individuals eligible for Medicaid within given Eligibility Categories	<ul style="list-style-type: none">• Defined in the Medicaid Eligibility Program Chart A• Based on eligibility program codes• For the purpose of this report some eligibility sub-groups were combined to portray desired population sets
Service Area	Type of service provided to Medicaid recipients	<ul style="list-style-type: none">• Based primarily on provider taxonomy, but may take into account other data, such as claim type, diagnosis code or procedure codes• Some service areas require adjustments to data to accurately represent expenditures
Service Category	High-level grouping of service areas	<ul style="list-style-type: none">• Based on service breakdown in Table 7

Table 95: Eligibility Category and Sub-Group Descriptions

Eligibility Category	Eligibility Sub-Group	Description
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	EID	<ul style="list-style-type: none"> • Employed individuals with disabilities • Must pay a premium • No requirement to be eligible for Supplemental Security Income (SSI) • Income requirement based on SSI Standards
Aged, Blind, or Disabled Intellectually Disabled, Developmentally Disabled, Acquired Brain Injury (ABD ID/DD/ABI)	ABI Adult ID/DD Child ID/DD ICF-ID (WY Life Resource Center)	<ul style="list-style-type: none"> • Children and adults with an intellectual or developmental disability or acquired brain injury • Residents of the Intermediate Care Facility for the Intellectually Disabled (ICF-ID) (State training school/Wyoming Life Resource Center) • Resources are taken into consideration • No requirement to be eligible for SSI • Income requirement based on SSI Standards • For the purposes of this report ABI, Adult ID/DD, and Child ID/DD include the appropriate Comprehensive and Support Waiver programs
Aged, Blind, or Disabled Institution (ABD Institution)	Hospital IMD (WY State Hospital)	<ul style="list-style-type: none"> • Residents of a hospital or the WY State Hospital • Resources are taken into consideration • No requirement to be eligible for SSI • Income requirement based on SSI Standards
Aged, Blind, or Disabled Long-Term Care (Elderly/Physically Disabled) (ABD LTC)	Assisted Living Facility (ALF) Hospice Long-Term Care (LTC) Nursing Home PACE	<ul style="list-style-type: none"> • Adults in need of nursing facility level of care who reside in a nursing facility or have elected to receive services and supports in their home or community • Resources are taken into consideration • No requirement to be eligible for SSI • Income requirement based on SSI Standards
Aged, Blind, or Disabled Supplemental Security Income (ABD SSI)	SSI SSI-Related	<ul style="list-style-type: none"> • Disabled individuals receiving SSI automatically qualify • SSI Related – an individual no longer receiving SSI payment may be eligible using SSI criteria • For the purpose of this report SSI and SSI-Related have been combined into one sub-group
Adults	Family-Care Adults Former Foster Care	<ul style="list-style-type: none"> • Family Care – Adult caretaker relatives with a dependent child; must cooperate with child support enforcement; Income requirement based on Federal Poverty Level (FPL) • Former Foster Care – covers individuals who age out of foster care when they become 18 years old. Remain eligible until age 26

Eligibility Category	Eligibility Sub-Group	Description
Children	Children Foster Care Newborn Children's Mental Health (CMH)	<ul style="list-style-type: none"> Children – includes children whose caretaker is eligible for Medicaid, income requirement based on Federal Poverty Level (FPL), and is dependent upon age of the child Newborn – automatically eligible if the mother is eligible for Medicaid at the time of birth Foster Care – automatically eligible when in the Department of Family Services (DFS) custody, including some children who enter subsidized adoption or who age out of foster care when they become 18 years old. Department of Health also covers medical services for children in foster care who are not eligible for Medicaid; these expenditures are state-funded and tracked separately. CMH – children with severe mental health needs
Medicare Savings Programs	Qualified Medicare Beneficiary (QMB) Specified Low Income Medicare Beneficiary (SLMB) Part B Partial Aged Medicare Beneficiary (AMB)	<ul style="list-style-type: none"> Individuals not eligible in another category and eligible for Medicare Provides premium assistance and, depending on income, cost-sharing assistance QMB – resources are taken into consideration; Medicaid pays for Medicare premiums, deductibles, and cost-shares SLMB – Medicaid pays for Medicare premiums only Income requirements based on FPL
Non-Citizens with Medical Emergencies	Non-Citizens	<ul style="list-style-type: none"> Non-citizens who meet all eligibility factors of a Medicaid group except citizenship and social security number Emergency services only
Pregnant Women	Pregnant Women Presumptive Eligibility	<ul style="list-style-type: none"> Pregnant women Women with income below the 1996 Family Care Standard must cooperate in establishing paternity for the baby, so Medicaid can pursue medical support. Presumptive eligibility allows for coverage of outpatient services for up to 60 days pending Medicaid eligibility determination Income requirement based on FPL
Special Groups	Breast and Cervical Pregnant by Choice	<ul style="list-style-type: none"> Breast and Cervical Cancer Treatment program for uninsured women diagnosed with breast or cervical cancer; income requirement based on FPL Pregnant by Choice provides family planning services for individuals who received Medicaid benefits through the Pregnant Women program

Behavioral Health Service Area Claims Allocation

Behavioral health procedure codes billed by non behavioral health providers are excluded from the individual service areas and allocated in the behavioral health service area. These include Evaluation and Management (EM) procedure codes when billed with certain Behavioral Health procedure codes and performed by the same treating provider.

The following steps are used to allocate expenditures and recipients data appropriately to service areas:

- 1) Identify all claims for the particular service areas. (claim set A)
- 2) Identify all claims with behavioral health procedure codes that are provided by non behavioral health providers (claim set B)
- 3) Claim set B is removed from claim set A. (claim set C)
- 4) Identify individual claim lines from claim set B that should be included in behavioral health or another particular service area. This involves identifying which EM procedure code lines should be allocated to behavioral health using the following steps:
 - a) Identify all claims with EM procedure codes that are provided by non behavioral health providers (claim set D)
 - b) Isolate the lines from claim set D that have the EM procedure codes to ignore non-EM procedure codes on these claims (claim set E)
 - c) Compare claim set D to claim set E and return only claims which have the same treating provider for both the EM procedure code and behavioral health procedure codes. (claim set F)
 - d) Identify final claims for a particular service area by merging claim set C with only those claim lines from claim set B of the particular service area. For behavioral health services, this includes identifying lines in claim set B that have the EM procedure code and a claim TCN found in claim set F.
- 5) The resulting data represents the claims and claim lines for that particular service area.

Data Parameters

Table 96: Data Parameters

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Ambulance	341600000X: Ambulance					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures – Chart A Counts – Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Ambulatory Surgery Center	261QA1903X: Ambulatory Surgery Center					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures – Chart A Counts – Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Behavioral Health	Behavioral Health Providers:					
	101Y00000X: Professional Counselor; Certified Mental Health Worker 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 172V00000X: Community Health Worker; Peer Specialist; Certified Addictions	Expenditures – Chart A Counts – Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W on non-behavioral health providers	All Paid and All Medical

³⁹ Chart A is defined as Chart A version 20

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
	Practitioner Assistant 2084P0800X: Psychiatrist 261QM0801X: Mental Health - including Community Mental Health Center 261QR0405X: Rehabilitation, Substance Use Disorder 364SP0808X: NP, APN Psychiatric/Mental Health					
	AND					
	Behavioral Health Services provided by non- behavioral health providers: Exclude behavioral health providers: 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X, 103TC0700X, 1041C0700X, 106H00000X, 163W00000X, 164W00000X, 171M00000X, 172V00000X, 2084P0800X, 261QM0801X, 261QR0405X, 364SP0808X Exclude federal public health: 261QP0904X Procedure Codes: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 					

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Dental	122300000X: Dentist 1223D0001X: Dental Public Health 1223E0200X: Endodontics 1223G0001X: General Practice Dentist 1223P0221X: Pedodontics 1223P0300X: Periodontics 1223S0112X: Surgery, Oral and Maxillofacial 1223X0400X: Orthodontics Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
DME, Prosthetics/Orthotics and Supplies	332B00000X: DME 332S00000X: Hearing Aid Equipment 335E00000X: POS Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude P	All Paid and All Medical
End-Stage Renal Disease	261QE0700X: End-Stage Renal Disease Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Federally Qualified Health Center	261QF0400X: Federally Qualified Health Center					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Home Health	251E00000X: Home Health					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Hospice	251G00000X: Hospice Care, Community Based					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Hospital – Total	261QR0400X: Rehabilitation 282N00000X: General Acute Care Hospital 282NR1301X: General Acute Care Hospital - Rural 283Q00000X: Psychiatric Hospital 283X00000X: Rehabilitation Hospital Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Hospital – Inpatient	282N00000X: General Acute Care Hospital 282NR1301X: General Acute Care Hospital - Rural 283Q00000X: Psychiatric Hospital 283X00000X: Rehabilitation Hospital Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> • G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 • H0001 through H2037 • 90801 through 90899 • 96101 through 96125 • 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	I,X	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Hospital – Outpatient	261QR0400X: Rehabilitation 282N00000X: General Acute Care Hospital 282NR1301X: General Acute Care Hospital - Rural 283X00000X: Rehabilitation Hospital Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P06	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	O, V	All Paid and All Medical
	291U00000X: Clinical Medical Laboratory					
Laboratory	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Nursing Facility	275N00000X: Medicare Defined Swing Bed 314000000X: Skilled Nursing Facility Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
PACE	251T00000X: PACE Organization					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Physician and Other Practitioner	207W00000X: Ophthalmologist, excluding diagnosis V72.0 (routine vision services) All taxonomies starting with '20', except 2084P0800X: Psychiatrists 363A00000X: Physician Assistant 225X00000X: Occupational Therapist 225100000X: Physical Therapist 213E00000X: Podiatrist					
	363L00000X, 363LA2200X, 363LF0000X, 363LG0600X, 363LX0001X, 363LP0200X: Nurse Practitioner 367A00000X: Nurse Midwife 367500000X: Nurse Anesthetist 231H00000X: Audiologist 235Z00000X: Speech-Language Pathologist Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Prescription Drug	333600000X: Pharmacy					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	P	All Paid and All Medical
PRTF	323P00000X: Psychiatric Residential Treatment Facility					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	I, X	All Paid and All Medical
Public Health, Federal	261QP0904X: Public Health, Federal					
	Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Rural Health Clinic	261QR1300X: Rural Health Clinic Exclude Behavioral Health Procedures: G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Vision	152W00000X: Optometrist 156FX1800X: Optician 207W00000X: Ophthalmologist with diagnosis code V72.0 (routine vision) only Exclude Behavioral Health Procedures: <ul style="list-style-type: none"> G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792 H0001 through H2037 90801 through 90899 96101 through 96125 99201 and 99360 when paired with 90833, 90836, 90838, 90785 on same claim with same treating provider 	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid and All Medical
Waiver – Total	All	B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S65, S93, S94, N98, P11, P1, P13, P14, P21, P22, P23, P24, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
Waiver – Acquired Brain Injury (ABI) – Total	All	B01, B02, S60	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
ABI – Waiver Only	251C00000X: Day Training, DD 251X00000X: PACE PPL	B01, B02, S60	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
ABI – Non-Waiver Services	All	B01, B02, S60	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251C00000X	All Paid

Appendix C: Methodology and Data Sources

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Waiver – Adult with Intellectual Disabilities / Developmental Disabilities (ID/DD) – Total	All	S22, S23, S44, S45, S59	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
Adult ID/DD – Waiver Only	251C00000X: Day Training, DD 251X00000X: PACE PPL	S22, S23, S44, S45, S59	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
Adult ID/DD – Non-Waiver Services	All	S22, S23, S44, S45, S59	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251C00000X, 251X00000X	All Paid
Waiver –Assisted Living Facility (ALF) – Total	All	R01, R02, R03, R04	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
ALF – Waiver Only	251B00000X: Case Management	R01, R02, R03, R04	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
ALF – Non-Waiver Services	All	R01, R02, R03, R04	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251B00000X	All Paid
Waiver – Child with Intellectual Disabilities / Developmental Disabilities (ID/DD) – Total	All	S58, S93, S94, S64	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
Child ID/DD – Waiver Only	251C00000X: Day Training, DD 251X00000X: PACE PPL	S58, S93, S94, S64	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
Child ID/DD – Non-Waiver Services	All	S58, S93, S94, S64	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251C00000X, 251X00000X	All Paid
Waiver – Children's Mental Health (CMH) – Total	All	S95, S96, S65	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
CMH – Waiver Only	251B00000X: Case Management	S95, S96, S65	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
CMH – Non-Waiver Services	All	S95, S96, S65	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251B00000X	All Paid
Waiver – HCBS Comprehensive – Total	All	W03, W04, W08, W09, W10, W14, W15, W16	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
Comprehensive – Waiver Only	251B00000X: Case Management 251C00000X: Day Training, DD 251X00000X: PACE PPL	W03, W04, W08, W09, W10, W14, W15, W16	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
Comprehensive – Non-Waiver Services	All	W03, W04, W08, W09, W10, W14, W15, W16	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251B00000X, 251C00000X, 251X00000X	All Paid
Waiver – HCBS Long-Term Care (LTC) – Total	All	S24, S25, S46, S47, P11, P12, P13, P14, P21, P22, P23, P24, N98	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid

Appendix C: Methodology and Data Sources

Service Area	Provider Taxonomy and Procedure Codes	Recipient Program Code ³⁹	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
LTC – Waiver Only	251B00000X: Case Management	S24, S25, S46, S47, P11, P12, P13, P14, P21, P22, P23, P24, N98	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
LTC – Non-Waiver Services	All	S24, S25, S46, S47, P11, P12, P13, P14, P21, P22, P23, P24, N98	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251B00000X	All Paid
Waiver – HCBS Supports – Total	All	W01, W02, W05, W06, W07, W11, W12, W13	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Paid
Supports – Waiver Only	251B00000X: Case Management 251C00000X: Day Training, DD 251X00000X: PACE PPL	W01, W02, W05, W06, W07, W11, W12, W13	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	W, G	All Paid
Supports – Non-Waiver Services	All	W01, W02, W05, W06, W07, W11, W12, W13	Expenditures – ALL Counts – 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	Exclude W, G for 251B00000X, 251C00000X, 251X00000X	All Paid

Table 97: Data Parameters for Special Populations

Special Populations	Provider Taxonomy and Procedure Codes	Recipient Program Code	Claim Adjustment Status Code	Claim Accounting Code	Claim Type	Cognos Claims Path
Emergency Room Utilization	99281 thru 99285					
	OR					
	Place of Service: 23 AND Procedure Codes in Emergency Department Procedure Code Value Set (Table 98)	Expenditures - Chart A Counts - Chart A, excluding N96, N99, S97, ZZZ, P07	Expenditures - ALL Counts - 0, F only	Exclude History: 1, 6, 7, G, H, I, J, K, L	All	All Medical and Outpatient w/ Line Items
	OR Revenue Code: 0450, 0451, 0452, 0456, 0459, 0981					

Table 98: Emergency Department Procedure Code Value Set

Emergency Department Procedure Code Value Set													
10040	10060	10061	10080	10081	10120	10121	10140	10160	10180	11000	11001	11004	11005
11006	11008	11010	11011	11012	11042	11043	11044	11045	11046	11047	11055	11056	11057
11100	11101	11200	11201	11300	11301	11302	11303	11305	11306	11307	11308	11310	11311
11312	11313	11400	11401	11402	11403	11404	11406	11420	11421	11422	11423	11424	11426
11440	11441	11442	11443	11444	11446	11450	11451	11462	11463	11470	11471	11600	11601
11602	11603	11604	11606	11620	11621	11622	11623	11624	11626	11640	11641	11642	11643
11644	11646	11719	11720	11721	11730	11732	11740	11750	11752	11755	11760	11762	11765
11770	11771	11772	11900	11901	11920	11921	11922	11950	11951	11952	11954	11960	11970
11971	11976	11980	11981	11982	11983	12001	12002	12004	12005	12006	12007	12011	12013
12014	12015	12016	12017	12018	12020	12021	12031	12032	12034	12035	12036	12037	12041
12042	12044	12045	12046	12047	12051	12052	12053	12054	12055	12056	12057	13100	13101
13102	13120	13121	13122	13131	13132	13133	13150	13151	13152	13153	13160	14000	14001
14020	14021	14040	14041	14060	14061	14301	14302	14350	15002	15003	15004	15005	15040
15050	15100	15101	15110	15111	15115	15116	15120	15121	15130	15131	15135	15136	15150
15151	15152	15155	15156	15157	15200	15201	15220	15221	15240	15241	15260	15261	15271
15272	15273	15274	15275	15276	15277	15278	15570	15572	15574	15576	15600	15610	15620
15630	15650	15731	15732	15734	15736	15738	15740	15750	15756	15757	15758	15760	15770
15775	15776	15777	15780	15781	15782	15783	15786	15787	15788	15789	15792	15793	15819
15820	15821	15822	15823	15824	15825	15826	15828	15829	15830	15832	15833	15834	15835
15836	15837	15838	15839	15840	15841	15842	15845	15847	15850	15851	15852	15860	15876
15877	15878	15879	15920	15922	15931	15933	15934	15935	15936	15937	15940	15941	15944
15945	15946	15950	15951	15952	15953	15956	15958	15999	16000	16020	16025	16030	16035
16036	17000	17003	17004	17106	17107	17108	17110	17111	17250	17260	17261	17262	17263
17264	17266	17270	17271	17272	17273	17274	17276	17280	17281	17282	17283	17284	17286
17311	17312	17313	17314	17315	17340	17360	17380	17999	19000	19001	19020	19030	19100
19101	19102	19103	19105	19110	19112	19120	19125	19126	19260	19271	19272	19290	19291
19295	19296	19297	19298	19300	19301	19302	19303	19304	19305	19306	19307	19316	19318
19324	19325	19328	19330	19340	19342	19350	19355	19357	19361	19364	19366	19367	19368
19369	19370	19371	19380	19396	19499	20005	20100	20101	20102	20103	20150	20200	20205
20206	20220	20225	20240	20245	20250	20251	20500	20501	20520	20525	20526	20527	20550
20551	20552	20553	20555	20600	20605	20610	20612	20615	20650	20660	20661	20662	20663
20664	20665	20670	20680	20690	20692	20693	20694	20696	20697	20802	20805	20808	20816

Emergency Department Procedure Code Value Set													
20822	20824	20827	20838	20900	20902	20910	20912	20920	20922	20924	20926	20930	20931
20936	20937	20938	20950	20955	20956	20957	20962	20969	20970	20972	20973	20974	20975
20979	20982	20985	20999	21010	21011	21012	21013	21014	21015	21016	21025	21026	21029
21030	21031	21032	21034	21040	21044	21045	21046	21047	21048	21049	21050	21060	21070
21073	21076	21077	21079	21080	21081	21082	21083	21084	21085	21086	21087	21088	21089
21100	21110	21116	21120	21121	21122	21123	21125	21127	21137	21138	21139	21141	21142
21143	21145	21146	21147	21150	21151	21154	21155	21159	21160	21172	21175	21179	21180
21181	21182	21183	21184	21188	21193	21194	21195	21196	21198	21199	21206	21208	21209
21210	21215	21230	21235	21240	21242	21243	21244	21245	21246	21247	21248	21249	21255
21256	21260	21261	21263	21267	21268	21270	21275	21280	21282	21295	21296	21299	21310
21315	21320	21325	21330	21335	21336	21337	21338	21339	21340	21343	21344	21345	21346
21347	21348	21355	21356	21360	21365	21366	21385	21386	21387	21390	21395	21400	21401
21406	21407	21408	21421	21422	21423	21431	21432	21433	21435	21436	21440	21445	21450
21451	21452	21453	21454	21461	21462	21465	21470	21480	21485	21490	21495	21497	21499
21501	21502	21510	21550	21552	21554	21555	21556	21557	21558	21600	21610	21615	21616
21620	21627	21630	21632	21685	21700	21705	21720	21725	21740	21742	21743	21750	21800
21805	21810	21820	21825	21899	21920	21925	21930	21931	21932	21933	21935	21936	22010
22015	22100	22101	22102	22103	22110	22112	22114	22116	22206	22207	22208	22210	22212
22214	22216	22220	22222	22224	22226	22305	22310	22315	22318	22319	22325	22326	22327
22328	22505	22520	22521	22522	22523	22524	22525	22526	22527	22532	22533	22534	22548
22551	22552	22554	22556	22558	22585	22586	22590	22595	22600	22610	22612	22614	22630
22632	22633	22634	22800	22802	22804	22808	22810	22812	22818	22819	22830	22840	22841
22842	22843	22844	22845	22846	22847	22848	22849	22850	22851	22852	22855	22856	22857
22861	22862	22864	22865	22899	22900	22901	22902	22903	22904	22905	22999	23000	23020
23030	23031	23035	23040	23044	23065	23066	23071	23073	23075	23076	23077	23078	23100
23101	23105	23106	23107	23120	23125	23130	23140	23145	23146	23150	23155	23156	23170
23172	23174	23180	23182	23184	23190	23195	23200	23210	23220	23330	23331	23332	23350
23395	23397	23400	23405	23406	23410	23412	23415	23420	23430	23440	23450	23455	23460
23462	23465	23466	23470	23472	23473	23474	23480	23485	23490	23491	23500	23505	23515
23520	23525	23530	23532	23540	23545	23550	23552	23570	23575	23585	23600	23605	23615
23616	23620	23625	23630	23650	23655	23660	23665	23670	23675	23680	23700	23800	23802
23900	23920	23921	23929	23930	23931	23935	24000	24006	24065	24066	24071	24073	24075
24076	24077	24079	24100	24101	24102	24105	24110	24115	24116	24120	24125	24126	24130

Emergency Department Procedure Code Value Set													
24134	24136	24138	24140	24145	24147	24149	24150	24152	24155	24160	24164	24200	24201
24220	24300	24301	24305	24310	24320	24330	24331	24332	24340	24341	24342	24343	24344
24345	24346	24357	24358	24359	24360	24361	24362	24363	24365	24366	24370	24371	24400
24410	24420	24430	24435	24470	24495	24498	24500	24505	24515	24516	24530	24535	24538
24545	24546	24560	24565	24566	24575	24576	24577	24579	24582	24586	24587	24600	24605
24615	24620	24635	24640	24650	24655	24665	24666	24670	24675	24685	24800	24802	24900
24920	24925	24930	24931	24935	24940	24999	25000	25001	25020	25023	25024	25025	25028
25031	25035	25040	25065	25066	25071	25073	25075	25076	25077	25078	25085	25100	25101
25105	25107	25109	25110	25111	25112	25115	25116	25118	25119	25120	25125	25126	25130
25135	25136	25145	25150	25151	25170	25210	25215	25230	25240	25246	25248	25250	25251
25259	25260	25263	25265	25270	25272	25274	25275	25280	25290	25295	25300	25301	25310
25312	25315	25316	25320	25332	25335	25337	25350	25355	25360	25365	25370	25375	25390
25391	25392	25393	25394	25400	25405	25415	25420	25425	25426	25430	25431	25440	25441
25442	25443	25444	25445	25446	25447								