

Wyoming Medicaid

per member per month

PMPM

Report



state fiscal year

2017



Wyoming
Department
of Health

Matthew H. Mead, Governor
Thomas O. Forslund, Director
Teri Green, State Medicaid Agent



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PMPM REPORT OVERVIEW

WHAT IS PER MEMBER PER MONTH?

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



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

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

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



Doctor visit June 1, 2016



Claim paid August 1, 2016



Doctor visit July 1, 2016



Claim paid August 1, 2016

SFY 2017 PMPM ✓

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

USING THIS REPORT

This report looks at PMPM costs in a variety of ways to provide a more complete picture of Medicaid performance.

SECTION 1

MEDICAID OVERALL

Provides an overall view of Medicaid PMPM cost performance by looking at the following:

Medicaid Summary <i>How have expenditures, member months, and PMPM changed over the past 5 years?</i>	Population Comparison <i>How does the overall PMPM differ for different Medicaid populations?</i>	Services Overall <i>How does the PMPM differ between Service types?</i>	Service by Population <i>How is the PMPM cost distributed across populations for Services of high interest?</i>
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SECTION 2

POPULATION DETAIL

A detailed look at cost performance for each eligibility population

Eligibility Category Summary <i>How have expenditures, member months, and PMPM changed over the past 5 years for the eligibility category?</i>	Category Overview <i>How has enrollment changed? How do the subgroups within the category compare, and how has their PMPM changed?</i>	Subgroup Details <i>How is the PMPM cost for this subgroup distributed across the Services? How has this changed over the past 5 years?</i>
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Table 1. Eligibility Populations by Category and Subgroup

Eligibility Category	Eligibility Subgroup	
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	EID	
Aged, Blind, or Disabled Intellectually Disabled / Developmentally Disabled / Acquired Brain Injury (ABD ID/DD/ABI)	ABI Adult ID/DD Child ID/DD	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID) (WY Life Resource Center)
Aged, Blind, or Disabled Institution (ABD Institution)	Hospital	Institution for Mental Disease (IMD) (WY State Hospital)
Aged, Blind, or Disabled Long-Term Care (ABD LTC)	Community Choices Hospice	Nursing Home Program of All-Inclusive Care for the Elderly (PACE)
Aged, Blind, or Disabled Supplemental Security Income (ABD SSI)	SSI and SSI-Related	
Adults	Family-Care Adults	Former Foster Care
Children	Care Management Entity (CME) ¹ Children Children's Mental Health (CMH)	Foster Care Newborn
Medicare Savings Programs	Part B Partial Aged Medicare Beneficiary (AMB) Qualified Medicare Beneficiary (QMB)	Specified Low-Income Medicare Beneficiary (SLMB)
Non-Citizens with Medical Emergencies	Non-Citizens	
Pregnant Women	Pregnant Women	Presumptive Eligibility
Special Groups	Breast and Cervical Cancer Pregnant by Choice	Tuberculosis

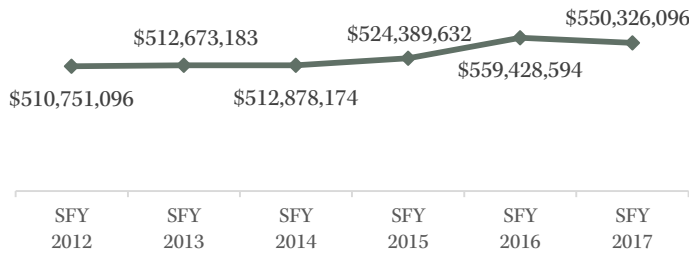
¹ The Care Management Entity (CME) subgroup consists of all members and claims with the P07 wraparound eligibility program code. Members served under the CME have a primary Medicaid or state-funded institutional foster care program code. For the purposes of this report, CME expenditures have been manually allocated to the clients' primary Medicaid category and subgroup based on the CME service date. Effected categories include ABD SSI, Children, and Pregnant Women. All CME expenditures for individuals enrolled in non-Medicaid state-funded programs have remained in the Children Category.

MEDICAID OVERVIEW

EXPENDITURES

\$550 million
paid to providers for
services rendered during
the state fiscal year

↓1.6%
from SFY 2016

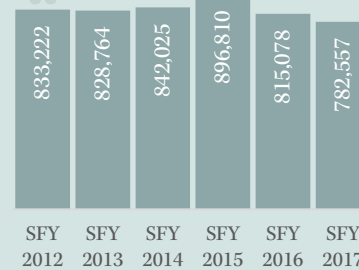


MEMBER MONTHS

782,557

months members were
enrolled during the
state fiscal year

↓4%
from SFY 2016

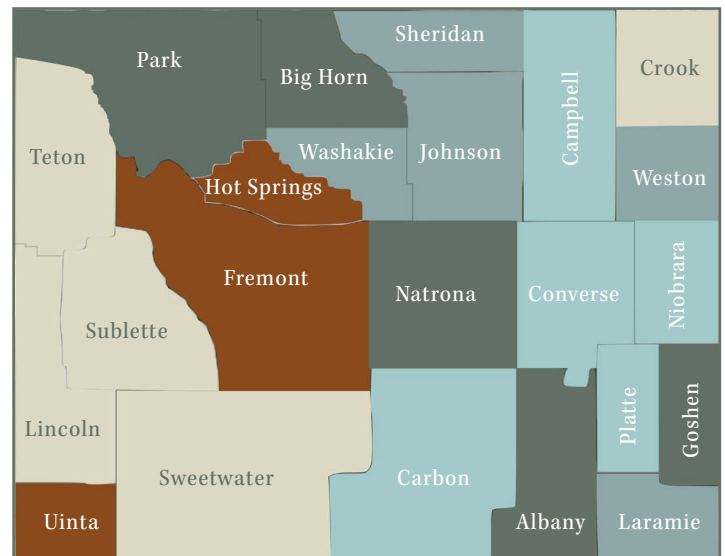
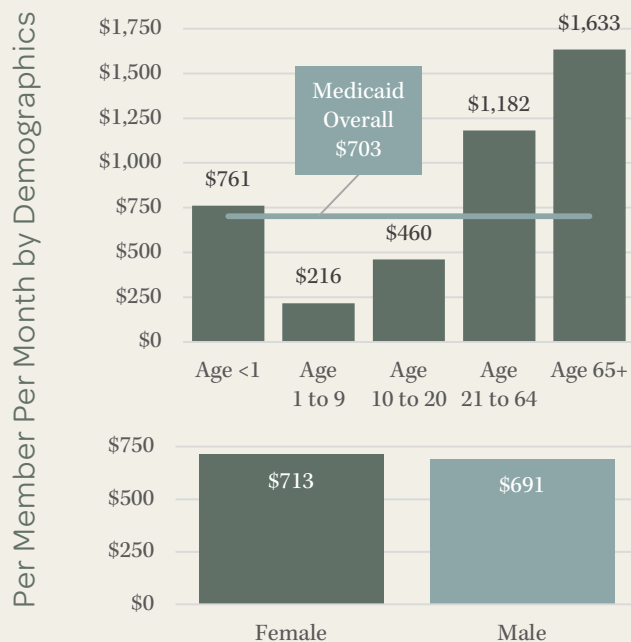
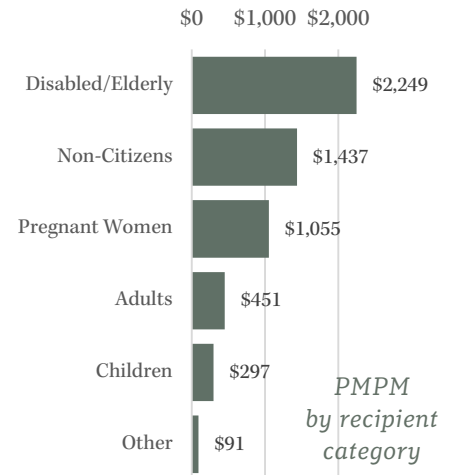
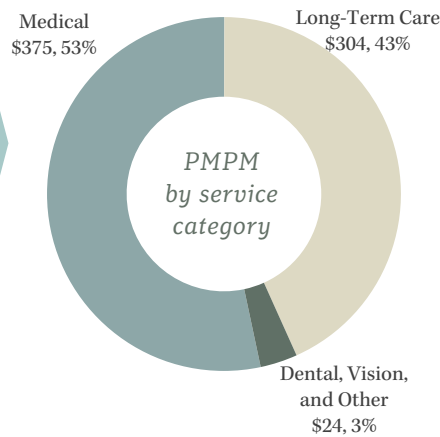
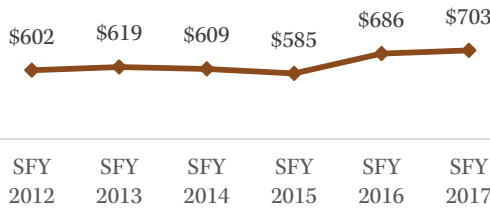


with average
enrollment
length of

9.2
months

PER MEMBER PER MONTH

\$703
↑2.5%
from SFY 2016



61% of Wyoming counties
have a PMPM below
the Overall Medicaid value

PMPPM BY POPULATION

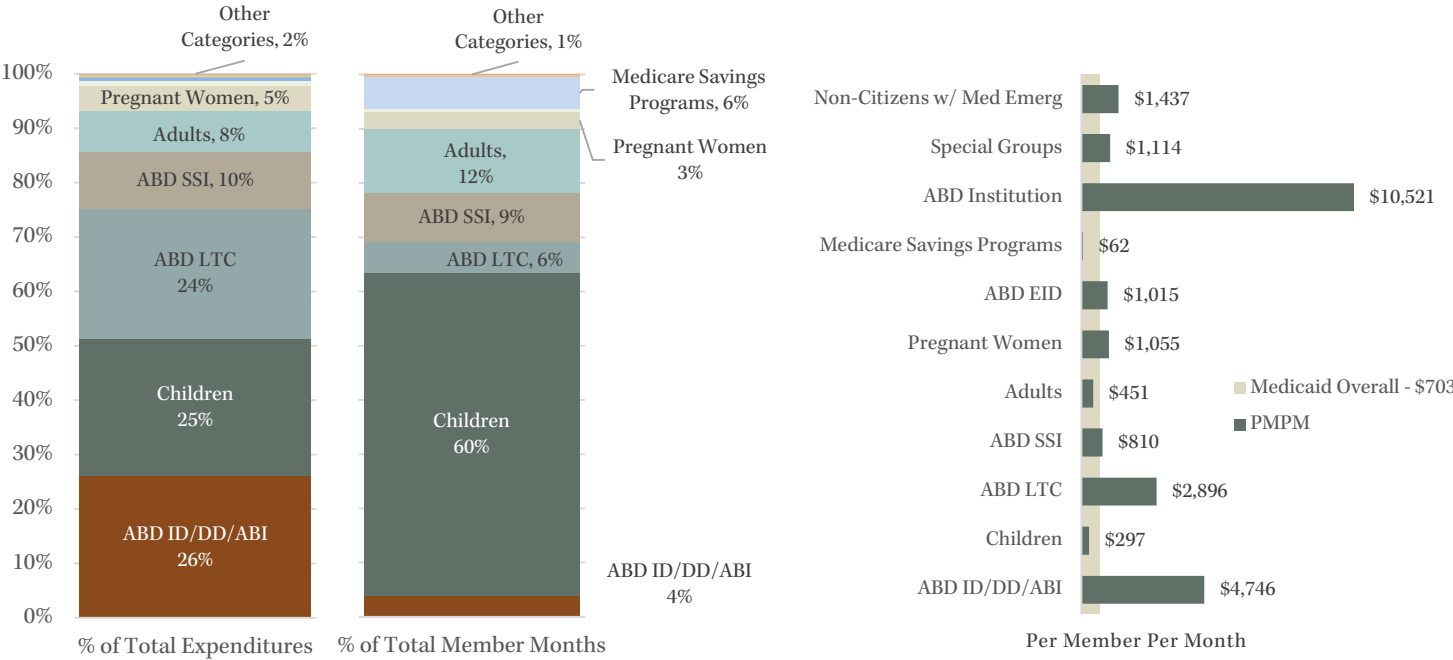


Figure 1. Eligibility Category Overview - SFY 2017

Table 2. Eligibility Category Summary - SFY 2017

Eligibility Category	Average Enrollment Length (Months)	Expenditures	Member Months	PMPM
ABD EID	8.4	\$4,240,725	4,178	\$1,015
ABD ID/DD/ABI	11.4	\$143,451,481	30,223	\$4,746
ABD Institution	2.4	\$2,041,060	194	\$10,521
ABD Long-Term Care	9.3	\$132,077,855	45,604	\$2,896
ABD SSI	9.9	\$56,802,440	70,110	\$810
Adults	7.9	\$41,900,599	92,888	\$451
Children	9.1	\$138,948,719	467,118	\$297
Medicare Savings Programs	9.2	\$2,869,811	46,009	\$62
Non-Citizens with Medical Emergencies	2.3	\$955,555	665	\$1,437
Pregnant Women	5.1	\$25,596,953	24,274	\$1,055
Special Groups	7.9	\$1,440,898	1,294	\$1,114
Overall	9.2	\$550,326,096	782,557	\$703

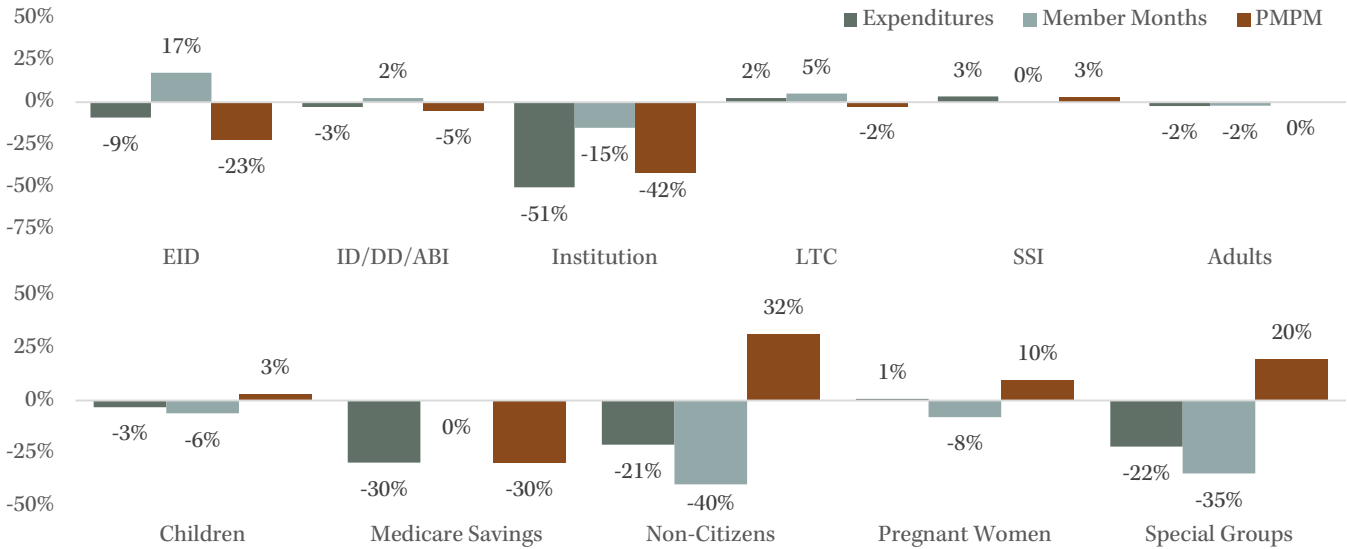


Figure 2. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category

Table 3. Eligibility Subgroup Summary - SFY 2017

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Member Months	PMPM
ABD EID	EID	8.4	\$4,240,725	4,178	\$1,015
ABD ID/DD/ABI	Acquired Brain Injury	11.2	\$8,691,501	2,317	\$3,751
	Adult ID/DD	11.5	\$96,132,683	18,958	\$5,071
	Child ID/DD	10.6	\$19,456,065	8,169	\$2,382
	ICF-ID (WY Life Resource Center)	11.0	\$19,171,232	779	\$24,610
ABD Institution	Hospital	2.4	\$2,041,060	194	\$10,521
ABD Long-Term Care	Community Choices Waiver	9.3	\$37,863,358	22,912	\$1,653
	Hospice	3.4	\$623,478	381	\$1,636
	Nursing Home	8.5	\$90,094,293	20,847	\$4,322
	PACE	10.0	\$3,496,727	1,464	\$2,388
ABD SSI	SSI and SSI Related	9.9	\$56,802,440	70,110	\$810
Adults	Family-Care Adults	7.9	\$41,657,425	92,118	\$452
	Former Foster Care	7.6	\$243,174	770	\$316
Children	Care Management Entity (CME) ²	6.5	\$7,072,920	2,979	\$2,374
	Children	8.9	\$89,107,545	393,827	\$226
	Childrens Mental Health Waiver	7.4	\$2,414,065	751	\$3,214
	Foster Care	8.7	\$22,662,523	35,864	\$632
	Newborn	6.4	\$24,682,878	36,676	\$673
Medicare Savings Programs	Part B - Partial AMB	--	\$120	--	--
	Qualified Medicare Beneficiary	8.9	\$2,848,238	27,889	\$102
	Specified Low Income Medicare Beneficiary	8.7	\$21,453	18,120	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	2.3	\$955,555	665	\$1,437
Pregnant Women	Pregnant Women	5.1	\$25,330,583	22,969	\$1,103
	Presumptive Eligibility	1.4	\$266,370	1,305	\$204
Special Groups	Breast and Cervical	8.2	\$1,436,520	871	\$1,649
	Family Planning Waiver	7.4	\$4,364	422	\$10
	Tuberculosis	1.0	\$14	1	\$14
Overall		9.2	\$550,326,096	782,557	\$703

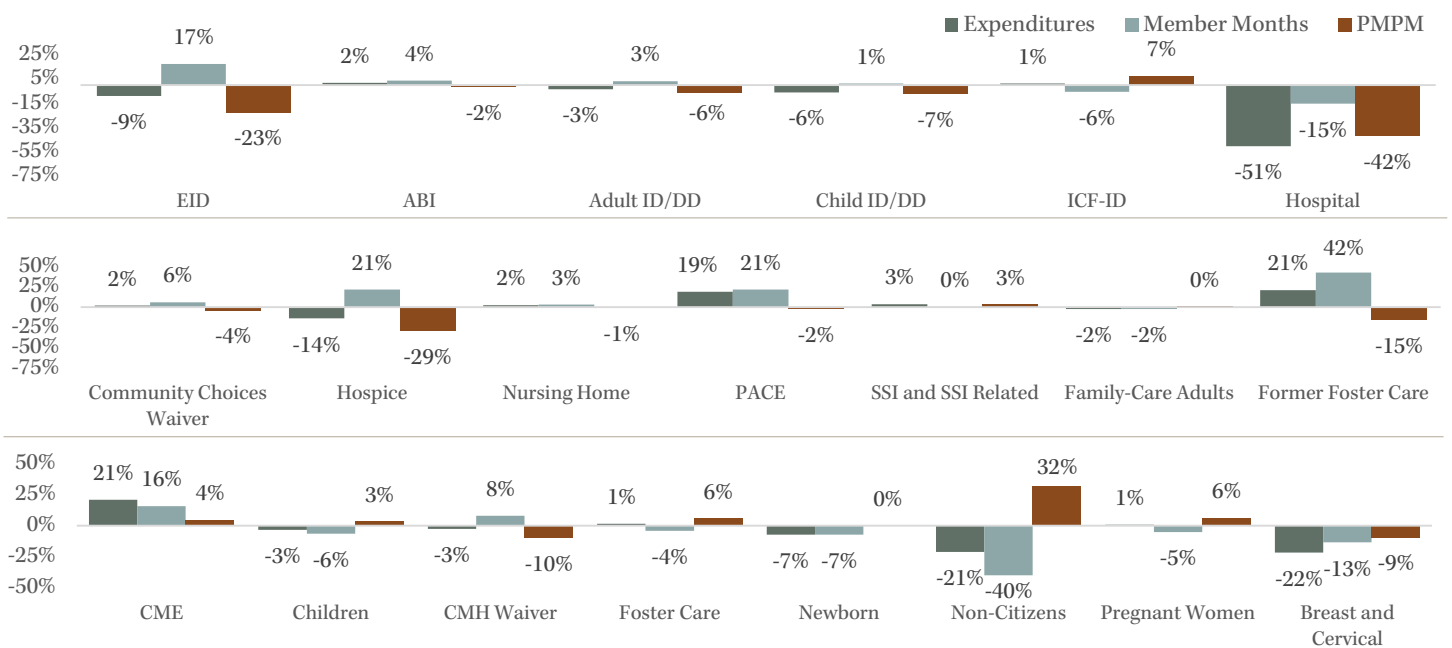


Figure 3. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup

² Data for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid. Expenditures for SSI and SSI Related, Children, Children's Mental Health Waiver, Foster Care, Pregnant Women, and Presumptive Eligibility have been manually adjusted to account for the corresponding CME expenditures incurred. CME also covers some children on non-Medicaid State-funded programs.

Over
58%
of eligibility subgroups
had a decrease in PMPM
from the previous SFY

32% increase for Non-Citizens largely due to a sharper decrease in member months than in expenditures as the Wyoming Eligibility System (WES) provides for prompt disenrollment of individuals per eligibility policy

Average length of enrollment for non-citizens has dropped from 6.5 months in SFY 2012 to 2.3 months in SFY 2017.

Hospital PMPM decrease is due in part to claim lag, as SFY 2016 data was gathered later in the year allowing for more claims to be processed.

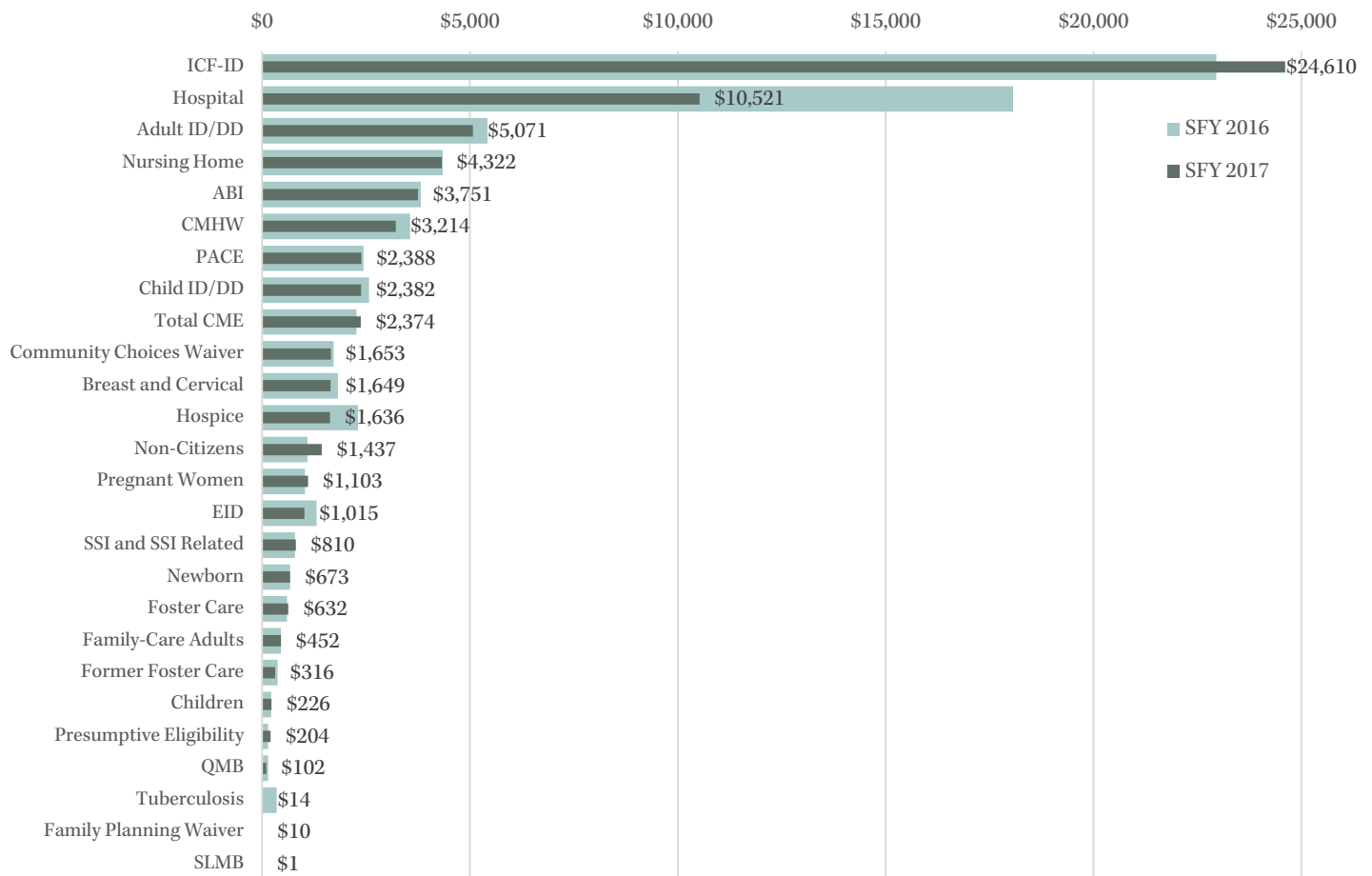


Figure 4. Per Member Per Month by Eligibility Subgroup - SFY 2017

Table 4. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID						
EID	\$3,115,090	\$4,819,001	\$4,710,032	\$3,681,288	\$4,664,330	\$4,240,725
ABD ID/DD/ABI						
Acquired Brain Injury	\$8,218,198	\$9,042,213	\$8,546,911	\$8,129,745	\$8,528,221	\$8,691,501
Adult ID/DD	\$93,806,504	\$94,122,053	\$92,158,948	\$91,865,692	\$99,550,694	\$96,132,683
Child ID/DD	\$20,734,319	\$21,038,204	\$18,967,389	\$19,499,800	\$20,709,281	\$19,456,065
ICF-ID (WY Life Resource Center) ³	\$17,979,516	\$16,778,614	\$19,190,395	\$17,650,052	\$18,935,852	\$19,171,232
ABD Institution						
Hospital	\$3,956,921	\$6,464,613	\$5,541,567	\$3,628,870	\$4,136,418	\$2,041,060
IMD (WY State Hospital)	\$120	\$0	\$0	\$0	\$0	\$0
ABD Long-Term Care						
Community Choices Waiver	\$33,816,161	\$30,373,421	\$30,209,597	\$32,671,770	\$37,199,161	\$37,863,358
Hospice	\$615,157	\$422,630	\$608,168	\$625,693	\$724,220	\$623,478
Nursing Home	\$79,165,936	\$76,956,903	\$75,095,592	\$73,947,304	\$88,009,978	\$90,094,293
PACE	-\$1,262	\$168,554	\$1,281,845	\$2,261,896	\$2,942,611	\$3,496,727
ABD SSI						
SSI and SSI Related	\$52,371,498	\$51,435,575	\$54,218,173	\$55,664,962	\$54,968,778	\$56,802,440
Adults						
Family-Care Adults	\$29,508,783	\$27,387,750	\$29,313,019	\$39,082,776	\$42,661,953	\$41,657,425
Former Foster Care	\$0	\$0	\$2,429	\$114,685	\$201,440	\$243,174
Children						
Care Management Entity (CME) ⁴	\$0	\$0	\$0	\$0	\$5,846,604	\$7,072,920
Children	\$79,262,673	\$84,216,809	\$87,616,314	\$92,220,279	\$92,065,507	\$89,107,545
Children's Mental Health Waiver	\$2,280,526	\$1,329,481	\$1,380,653	\$1,672,927	\$2,479,897	\$2,414,065
Foster Care	\$17,975,700	\$21,105,758	\$23,830,996	\$22,583,018	\$22,336,555	\$22,662,523
Newborn	\$26,775,998	\$25,507,555	\$22,939,261	\$27,172,251	\$26,587,213	\$24,682,878
Medicare Savings Programs						
Part B - Partial AMB	\$120	\$240	\$120	\$240	\$120	\$120
Qualified Medicare Beneficiary	\$3,355,766	\$3,543,664	\$4,194,975	\$4,383,431	\$4,045,830	\$2,848,238
Specified Low Income Medicare Beneficiary	\$29,650	\$20,035	\$24,514	\$24,833	\$27,903	\$21,453
Non-Citizens with Medical Emergencies						
Non-Citizens	\$1,993,612	\$1,831,630	\$1,479,833	\$1,183,405	\$1,209,282	\$955,555
Pregnant Women						
Pregnant Women	\$31,857,619	\$31,394,538	\$27,347,395	\$23,456,658	\$25,097,751	\$25,330,583
Presumptive Eligibility	\$191,065	\$186,686	\$279,489	\$419,622	\$314,780	\$266,370
Special Groups						
Breast and Cervical	\$3,635,114	\$4,411,985	\$3,933,483	\$2,419,676	\$1,831,663	\$1,436,520
Family Planning Waiver	\$106,312	\$115,272	\$74,084	\$28,760	\$9,845	\$4,364
Tuberculosis	\$0	\$0	\$0	\$0	\$3,841	\$14
Total	\$510,751,096	\$512,673,183	\$512,945,181	\$524,389,632	\$559,428,594	\$550,326,096

³ Expenditures for ICF-ID for SFY 2012 have been manually adjusted to reflect a CMS required accounting adjustment

⁴ CME Expenditures for SFY 2016 and SFY 2017 have been manually allocated to the appropriate eligibility subgroups to accurately reflect those populations' total expenses. Effected populations include SSI and SSI Related, Children, Children's Mental Health Waiver, Foster Care, Pregnant Women, and Presumptive Eligibility. Total CME is still shown as a separate subgroup to show its performance overall. As such, summing these years' expenditures across all subgroups will not match the total expenditures in the footer.

Table 5. Member Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID						
EID	2,675	3,089	3,096	2,907	3,559	4,178
ABD ID/DD/ABI						
Acquired Brain Injury	2,087	2,182	2,059	1,952	2,235	2,317
Adult ID/DD	16,377	16,674	16,794	17,522	18,366	18,958
Child ID/DD	8,755	8,536	7,902	7,831	8,062	8,169
ICF-ID (WY Life Resource Center)	810	867	910	863	825	779
ABD Institution						
Hospital	218	197	186	185	229	194
IMD (WY State Hospital)	--	--	--	--	--	--
ABD Long-Term Care						
Community Choices Waiver	18,812	18,152	18,369	19,776	21,643	22,912
Hospice	169	210	249	359	314	381
Nursing Home	20,569	20,232	20,092	19,667	20,255	20,847
PACE	--	67	512	911	1,206	1,464
ABD SSI						
SSI and SSI Related	74,315	75,090	73,967	76,264	69,853	70,110
Adults						
Family-Care Adults	60,708	58,841	63,927	89,509	94,392	92,118
Former Foster Care	0	0	40	247	542	770
Children						
Care Management Entity (CME) ⁵	0	0	0	0	2,572	2,979
Children	460,792	456,822	462,598	485,155	420,504	393,827
Childrens Mental Health Waiver	1,474	773	615	742	696	751
Foster Care	33,116	35,162	36,838	37,366	37,343	35,864
Newborn	38,661	36,381	35,602	41,237	39,537	36,676
Medicare Savings Programs						
Part B - Partial AMB	--	--	--	--	--	--
Qualified Medicare Beneficiary	25,390	26,979	29,217	30,455	27,143	27,889
Specified Low Income Medicare Beneficiary	20,233	21,326	22,814	20,969	18,890	18,120
Non-Citizens with Medical Emergencies						
Non-Citizens	5,067	5,437	5,579	4,349	1,107	665
Pregnant Women						
Pregnant Women	30,137	29,357	29,475	30,804	24,224	22,969
Presumptive Eligibility	1,616	1,690	1,732	2,335	2,170	1,305
Special Groups						
Breast and Cervical	2,118	1,990	1,870	1,518	1,006	871
Family Planning Waiver	9,123	8,710	7,582	3,887	966	422
Tuberculosis	0	0	0	0	11	1
Total	833,222	828,764	842,025	896,810	815,078	782,557

⁵ Member months for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid.

Table 6. Per Member Per Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID						
EID	\$1,165	\$1,560	\$1,521	\$1,266	\$1,311	\$1,015
ABD ID/DD/ABI						
Acquired Brain Injury	\$3,938	\$4,144	\$4,151	\$4,165	\$3,816	\$3,751
Adult ID/DD	\$5,728	\$5,645	\$5,488	\$5,243	\$5,420	\$5,071
Child ID/DD	\$2,368	\$2,465	\$2,400	\$2,490	\$2,569	\$2,382
ICF-ID (WY Life Resource Center) ⁶	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953	\$24,610
ABD Institution						
Hospital	\$18,151	\$32,815	\$29,793	\$19,616	\$18,063	\$10,521
IMD (WY State Hospital)	--	--	--	--	--	--
ABD Long-Term Care						
Community Choices Waiver	\$1,798	\$1,673	\$1,645	\$1,652	\$1,719	\$1,653
Hospice	\$3,640	\$2,013	\$2,442	\$1,743	\$2,306	\$1,636
Nursing Home	\$3,849	\$3,804	\$3,738	\$3,760	\$4,345	\$4,322
PACE	--	\$2,516	\$2,504	\$2,483	\$2,440	\$2,388
ABD SSI						
SSI and SSI Related	\$705	\$685	\$733	\$730	\$787	\$810
Adults						
Family-Care Adults	\$486	\$465	\$459	\$437	\$452	\$452
Former Foster Care	\$0	\$0	\$61	\$464	\$372	\$316
Children						
Care Management Entity (CME) ⁷	\$0	\$0	\$0	\$0	\$2,273	\$2,374
Children	\$172	\$184	\$189	\$190	\$219	\$226
Childrens Mental Health Waiver	\$1,547	\$1,720	\$2,245	\$2,255	\$3,563	\$3,214
Foster Care	\$543	\$600	\$647	\$604	\$598	\$632
Newborn	\$693	\$701	\$644	\$659	\$672	\$673
Medicare Savings Programs						
Part B - Partial AMB	--	--	--	--	--	--
Qualified Medicare Beneficiary	\$132	\$131	\$144	\$144	\$149	\$102
Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergencies						
Non-Citizens	\$393	\$337	\$265	\$272	\$1,092	\$1,437
Pregnant Women						
Pregnant Women	\$1,057	\$1,069	\$928	\$761	\$1,036	\$1,103
Presumptive Eligibility	\$118	\$110	\$161	\$180	\$145	\$204
Special Groups						
Breast and Cervical	\$1,716	\$2,217	\$2,103	\$1,594	\$1,821	\$1,649
Family Planning Waiver	\$12	\$13	\$10	\$7	\$10	\$10
Tuberculosis	\$0	\$0	\$0	\$0	\$349	\$14
Overall	\$602	\$619	\$609	\$585	\$686	\$703

6 Per Member Per Month for ICF-ID for SFY 2012 includes the manual adjustment to reflect a CMS required accounting adjustment

7 SFY 2016 and SFY 2017 Per Member Per Month have been manually adjusted to account for appropriate CME expenditures for the following populations: SSI and SSI Related, Children, Children's Mental Health Waiver, Foster Care, Pregnant Women, and Presumptive Eligibility.

PMPPM BY SERVICE TYPE

This section provides PMPPM data by various service breakdowns:

- high-level service categories
- detailed service areas

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

SERVICE CATEGORIES

To better compare Medicaid costs to those of private insurance plans, this section reports the PMPPM cost grouped by Medical, Dental, Vision, Long Term Care and Other service categories. While Medical coverage is generally equivalent to a private insurance plan, Medicaid also provides Dental, Vision, Long-Term Care and “Other” services. These additional benefits would generally only be available in private plans as supplemental plans or as stand-alone insurance policies. Long-term care benefits are rarely covered by private or employer-sponsored insurance plans.

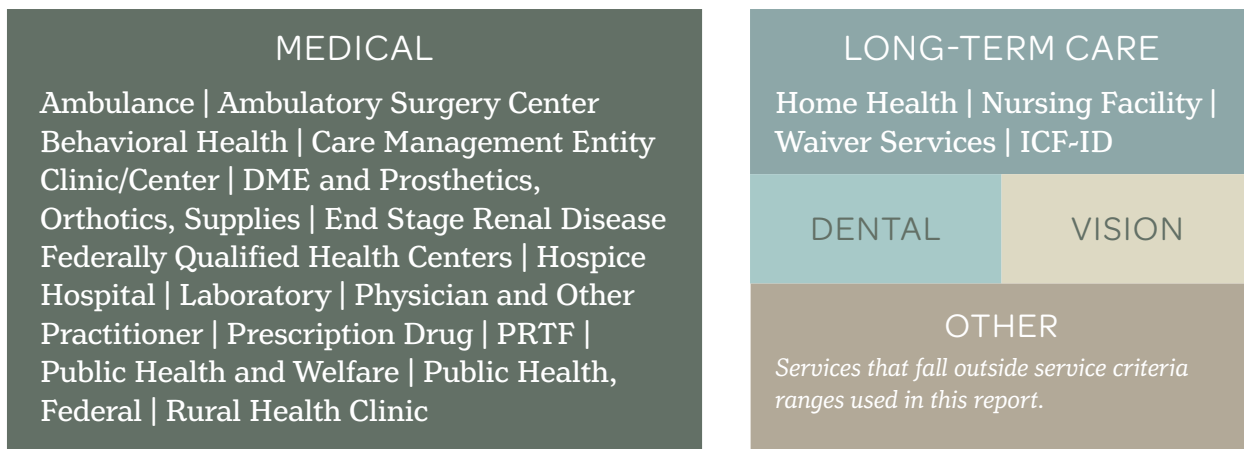


Figure 5. Service Category Breakdown by Service Area

Table 7. Per Member Per Month History by Service Category

Service Category	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Medical	\$330.62	\$339.09	\$336.05	\$331.93	\$375.14	\$375.35
Long-Term Care	\$261.35	\$258.78	\$252.50	\$231.95	\$286.60	\$304.01
Dental	\$16.06	\$16.01	\$15.97	\$16.06	\$18.94	\$17.85
Vision	\$3.85	\$4.04	\$4.07	\$4.03	\$4.50	\$4.85
Other	\$1.00	\$0.67	\$0.59	\$0.77	\$1.16	\$1.19
Total	\$613	\$619	\$609	\$585	\$686	\$703

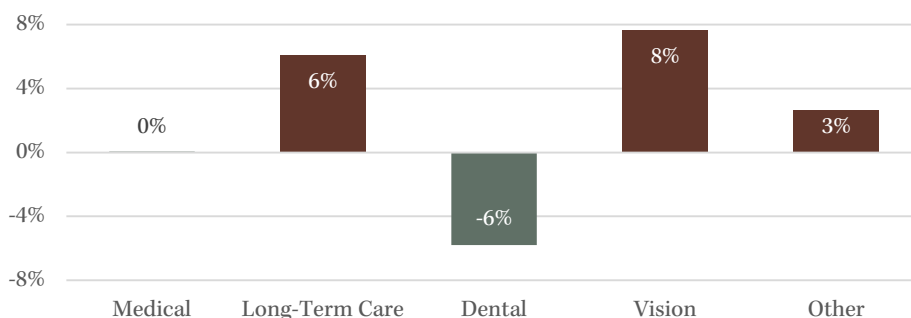


Figure 6. Change in Per Member Per Month by Service Category

While Medical PMPPM saw little change from SFY 2016, Long-Term Care PMPPM rose by 6% due to increases in each of the five service areas, which subsequently drove the increase in total Medicaid PMPPM.

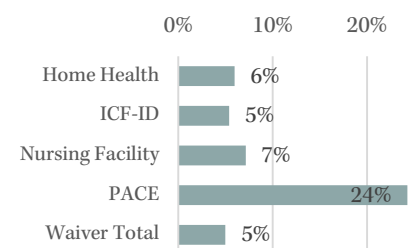


Figure 7. Change in Long-Term Care Per Member Per Month by Service Area

DETAILED SERVICE AREAS

Table 8. Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$4.23	\$4.34	\$4.53	\$4.58	\$4.47	\$3.93
Ambulatory Surgical Center	\$3.42	\$4.20	\$4.88	\$6.86	\$7.06	\$5.23
Behavioral Health	\$32.19	\$33.77	\$35.98	\$37.60	\$43.17	\$37.61
Care Management Entity	--	--	--	--	\$7.17	\$9.04
Clinic/Center	\$1.43	\$1.33	\$1.60	\$1.40	\$1.62	\$1.67
Dental	\$16.06	\$16.01	\$15.97	\$16.06	\$18.94	\$17.85
DME, Prosthetics/Orthotics/Supplies	\$8.77	\$9.34	\$9.02	\$9.12	\$10.66	\$10.67
End Stage Renal Disease	\$1.41	\$1.62	\$1.20	\$1.19	\$1.26	\$1.47
Federally Qualified Health Center	\$1.92	\$2.47	\$3.03	\$4.21	\$7.38	\$7.63
Home Health	\$3.63	\$3.63	\$4.15	\$5.63	\$12.10	\$12.82
Hospice	\$1.35	\$1.45	\$1.50	\$1.25	\$1.19	\$1.65
Hospital Total	\$127.84	\$129.24	\$121.33	\$116.50	\$129.58	\$120.50
<i>Inpatient</i>	\$93.28	\$93.66	\$87.17	\$83.04	\$93.61	\$87.11
<i>Outpatient</i>	\$34.79	\$35.94	\$34.47	\$33.61	\$35.99	\$33.40
<i>Other Hospital</i>	-\$0.23	-\$0.36	-\$0.31	-\$0.14	-\$0.02	-\$0.01
Intermediate Care Facility-ID ⁸	\$23.56	\$21.66	\$22.65	\$19.59	\$23.08	\$24.32
Laboratory	\$1.38	\$1.41	\$1.41	\$1.94	\$1.59	\$1.20
Nursing Facility	\$87.55	\$85.96	\$84.66	\$77.92	\$102.23	\$109.53
Other	\$1.00	\$0.67	\$0.59	\$0.77	\$1.16	\$1.19
PACE	--	\$0.20	\$1.53	\$2.52	\$3.59	\$4.46
Physician & Other Practitioner	\$74.77	\$75.32	\$72.22	\$66.71	\$72.70	\$74.27
Prescription Drug	\$50.36	\$47.32	\$49.29	\$53.34	\$59.55	\$63.75
PRTF	\$9.93	\$15.08	\$17.68	\$14.85	\$14.15	\$15.93
Public Health or Welfare	\$0.82	\$0.76	\$0.79	\$0.78	\$0.92	\$0.76
Public Health, Federal	\$8.80	\$9.38	\$9.69	\$9.87	\$10.84	\$18.17
Rural Health Clinic	\$2.01	\$2.07	\$1.90	\$1.72	\$1.82	\$1.88
Vision	\$3.85	\$4.04	\$4.07	\$4.03	\$4.50	\$4.85
Waiver Total	\$146.61	\$147.34	\$139.51	\$126.29	\$145.61	\$152.87
<i>Acquired Brain Injury</i>	\$8.28	\$9.33	\$8.67	\$7.41	\$8.26	\$8.86
<i>Adult ID/DD</i>	\$101.92	\$102.47	\$97.73	\$12.46	--	--
<i>Child ID/DD</i>	\$16.22	\$16.01	\$13.45	\$8.51	\$0.02	--
<i>Children's Mental Health</i> ⁹	\$1.05	\$0.75	\$0.68	\$0.76	--	--
<i>Community Choices</i> ¹⁰	\$19.14	\$18.79	\$18.73	\$18.72	\$24.85	\$26.21
<i>Comprehensive</i>	\$0.00	\$0.00	\$0.25	\$77.35	\$108.88	\$112.06
<i>Supports</i>	--	--	--	\$1.08	\$3.60	\$5.75
Total	\$613	\$619	\$609	\$585	\$686	\$703

The increase in overall PMPM cost is due in part to the recent policy changes for Indian Health Services (IHS) providers increasing the number of encounters and prescriptions allowed to be billed, resulting in an increase in the PMPM costs for both Public Health, Federal and Prescription Drug services. These services, however, are 100% federally funded, and thus did not result in an increase in State General Fund spending.

⁸ Per Member Per Month for ICF-ID for SFY 2012 includes the manual adjustment to reflect a CMS required accounting adjustment

⁹ Individuals enrolled in the Children's Mental Health Waiver started receiving case management services through the Care Management Entity (CME) taxonomy starting in SFY 2016.

¹⁰ SFY 2012 through SFY 2016 include the PMPM for both the Assisted Living Facility Waiver and Long-Term Care Waiver, now covered under the new Community Choices waiver.

SERVICE PMPM BY POPULATION

The data below provides a more in-depth comparison of Per Member Per Month costs across all Medicaid populations for six non-waiver services of high interest: Behavioral Health, Home Health, Hospital, Nursing Facility, Physician & Other Practitioner, and Prescription Drug.

Table 9. Select Services Summary by Eligibility Subgroup - SFY 2017

Eligibility Category	Eligibility Subgroup	Behavioral Health	Home Health	Hospital	Nursing Facility	Physician	Prescription Drugs
<i>ABD EID</i>	<i>EID</i>	\$42.12	\$21.72	\$364.40	\$0.19	\$201.71	\$263.92
<i>ABD ID/DD/ABI</i>	<i>Acquired Brain Injury</i>	\$96.34	\$97.13	\$103.42	\$7.05	\$76.86	\$101.10
	<i>Adult ID/DD</i>	\$155.36	\$222.80	\$61.83	\$1.14	\$58.02	\$161.00
	<i>Child ID/DD</i>	\$37.56	\$47.85	\$189.85	--	\$442.25	\$312.70
	<i>ICF-ID (WY Life Resource Center)</i>	--	--	\$91.30	--	\$51.14	\$0.48
<i>ABD Institution</i>	<i>Hospital</i>	\$10.65	\$5.09	\$8,498.07	\$379.35	\$1,193.02	\$87.40
<i>ABD Long-Term Care</i>	<i>Community Choices Waiver</i>	\$40.58	\$140.77	\$184.98	\$7.54	\$102.20	\$111.91
	<i>Hospice</i>	--	\$0.34	\$144.19	-\$0.91	\$26.01	\$3.27
	<i>Nursing Home</i>	\$12.01	\$0.96	\$80.42	\$4,086.51	\$38.27	\$27.60
	<i>PACE</i>	--	--	--	--	\$0.74	--
<i>ABD SSI</i>	<i>SSI and SSI Related</i>	\$58.15	\$22.32	\$235.00	\$2.88	\$113.74	\$215.56
<i>Adults</i>	<i>Family-Care Adults</i>	\$32.51	\$1.82	\$137.20	--	\$93.00	\$90.98
	<i>Former Foster Care</i>	\$31.43	--	\$94.11	--	\$85.31	\$43.24
<i>Children</i>	<i>Children</i>	\$28.00	\$0.17	\$42.52	--	\$40.90	\$30.80
	<i>Childrens Mental Health Waiver</i>	\$178.62	\$4.05	\$185.70	--	\$65.65	\$122.94
	<i>Foster Care</i>	\$165.77	\$0.68	\$77.51	--	\$51.98	\$58.77
	<i>Newborn</i>	\$0.80	\$0.69	\$457.26	--	\$138.66	\$21.64
<i>Medicare Savings Programs</i>	<i>Qualified Medicare Beneficiary</i>	\$2.48	--	\$47.10	\$1.24	\$34.01	--
	<i>Specified Low Income Medicare Beneficiary</i>	\$0.04	--	--	--	--	--
<i>Non-Citizens with Medical Emergencies</i>	<i>Non-Citizens</i>	--	--	\$1,146.16	--	\$279.98	--
<i>Pregnant Women</i>	<i>Pregnant Women</i>	\$12.31	\$0.07	\$602.62	--	\$327.52	\$35.13
	<i>Presumptive Eligibility</i>	\$1.26	--	\$59.84	--	\$73.06	\$19.86
<i>Special Groups</i>	<i>Breast and Cervical</i>	\$18.12	\$3.16	\$584.42	--	\$572.25	\$340.55
	<i>Family Planning Waiver</i>	--	--	--	--	\$5.93	\$3.96
	<i>Tuberculosis</i>	--	--	--	--	--	\$13.65
Overall		\$37.61	\$12.82	\$120.50	\$109.53	\$74.27	\$63.75

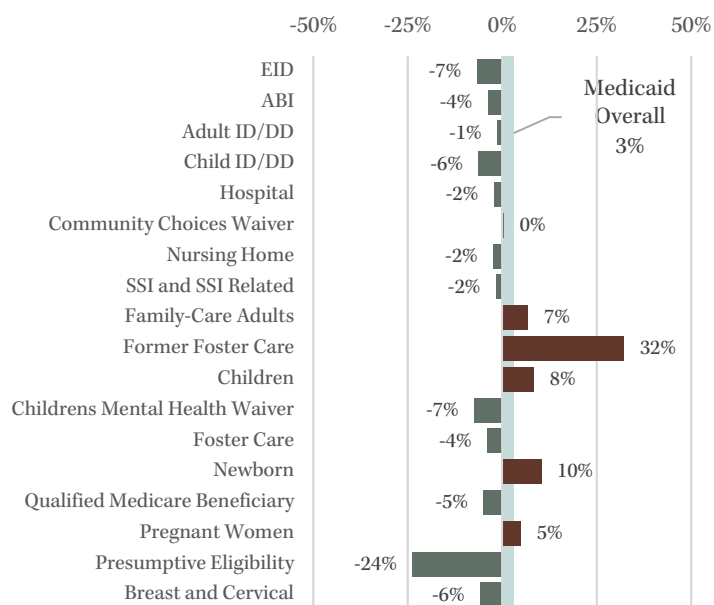


Figure 8. Five-Year Annual Growth Rate for Behavioral Health Services by Eligibility Subgroup

Behavioral Health

Policy changes instituting medical review and pre-authorization after twenty visits for adults has helped address the recent increase in Behavioral Health PMPM in the ABI and Adult ID/DD populations.

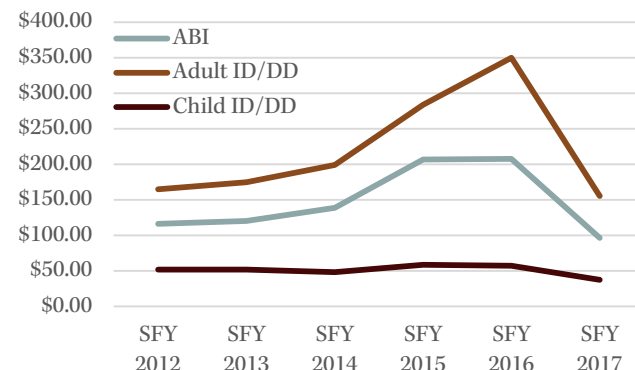


Figure 9. Behavioral Health Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$59.35	\$66.03	\$56.92	\$58.94	\$41.83	\$42.12
ABD ID/DD/ABI	Acquired Brain Injury	\$116.27	\$120.16	\$138.54	\$206.58	\$207.71	\$96.34
	Adult ID/DD	\$165.00	\$174.65	\$199.07	\$283.73	\$349.91	\$155.36
	Child ID/DD	\$51.69	\$51.98	\$48.19	\$58.68	\$57.01	\$37.56
	ICF-ID (WY Life Resource Center)	--	\$0.18	\$2.52	\$1.09	\$2.56	--
ABD Institution	Hospital	\$11.84	\$7.34	\$5.44	\$33.63	\$4.33	\$10.65
ABD Long-Term Care	Community Choices Waiver	\$39.77	\$37.96	\$41.86	\$46.11	\$46.79	\$40.58
	Hospice	--	--	\$0.31	\$0.26	\$0.03	--
	Nursing Home	\$13.45	\$12.71	\$11.50	\$14.40	\$14.09	\$12.01
	PACE	--	--	--	--	\$0.14	--
ABD SSI	SSI and SSI Related	\$62.82	\$61.63	\$63.30	\$57.18	\$66.88	\$58.15
Adults	Family-Care Adults	\$23.33	\$26.66	\$25.11	\$26.29	\$30.27	\$32.51
	Former Foster Care	--	--	\$13.59	\$103.43	\$77.52	\$31.43
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$18.74	\$19.83	\$22.95	\$24.82	\$27.23	\$28.00
	Childrens Mental Health Waiver	\$260.74	\$246.05	\$303.40	\$300.07	\$355.42	\$178.62
	Foster Care	\$201.89	\$208.28	\$205.22	\$188.94	\$176.94	\$165.77
	Newborn	\$0.49	\$0.59	\$0.12	\$1.18	\$0.45	\$0.80
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3.18	\$3.41	\$3.12	\$2.50	\$2.75	\$2.48
	Specified Low Income Medicare Beneficiary	\$0.04	\$0.02	\$0.02	\$0.03	\$0.01	\$0.04
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$9.68	\$9.10	\$10.74	\$9.64	\$16.25	\$12.31
	Presumptive Eligibility	\$4.85	\$0.89	--	--	--	--
Special Groups	Breast and Cervical	\$24.32	\$31.12	\$21.39	\$14.27	\$17.44	\$18.12
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$32.19	\$33.77	\$35.98	\$37.60	\$43.17	\$37.61

Home Health

New prior authorization requirement has helped address the recent increase in Home Health PMPM in the Adult ID/DD populations, though other populations continue to increase.

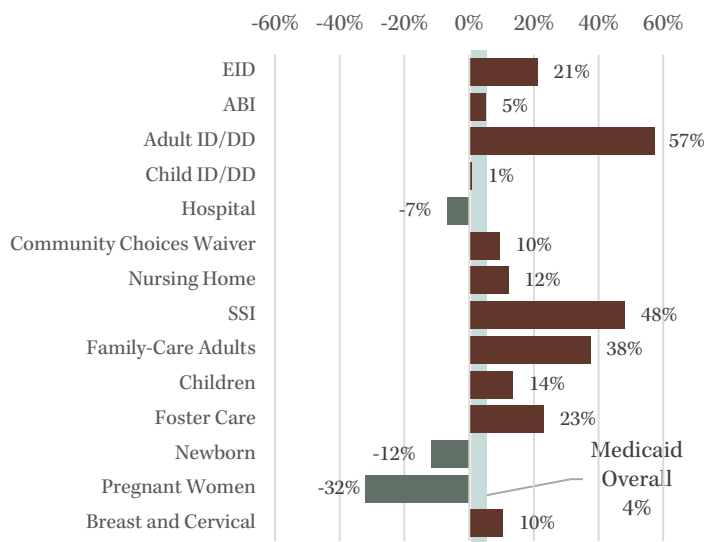


Figure 10. Five-Year Annual Growth Rate for Home Health by Eligibility Subgroup

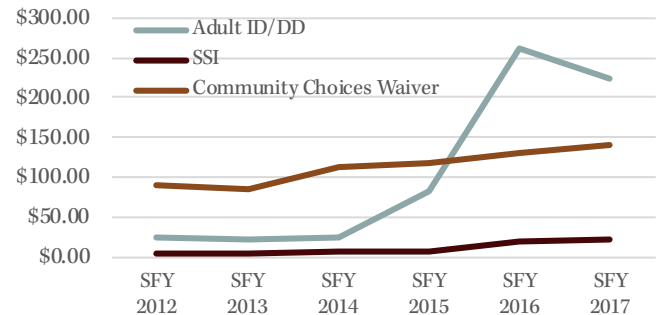


Figure 11. Home Health Per Member Per Month History for Select Eligibility Subgroups

Table 11. Home Health Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$8.28	\$5.68	\$12.20	\$4.36	\$8.70	\$21.72
ABD ID/DD/ABI	Acquired Brain Injury	\$75.19	\$67.38	\$68.08	\$56.55	\$101.13	\$97.13
	Adult ID/DD	\$23.11	\$21.84	\$23.23	\$81.75	\$260.33	\$222.80
	Child ID/DD	\$45.65	\$48.10	\$34.11	\$29.44	\$38.36	\$47.85
	ICF-ID (WY Life Resource Center)	--	--	--	--	--	--
ABD Institution	Hospital	\$7.22	\$31.38	\$57.83	\$5.94	\$27.05	\$5.09
ABD Long-Term Care	Community Choices Waiver	\$89.33	\$85.85	\$111.85	\$117.25	\$130.48	\$140.77
	Hospice	--	\$2.01	--	\$0.47	--	\$0.34
	Nursing Home	\$0.54	\$0.22	\$0.33	\$0.40	\$0.49	\$0.96
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$3.12	\$4.44	\$5.45	\$6.21	\$19.66	\$22.32
Adults	Family-Care Adults	\$0.37	\$0.84	\$0.62	\$0.77	\$0.92	\$1.82
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$0.09	\$0.07	\$0.11	\$0.18	\$0.27	\$0.17
	Childrens Mental Health Waiver	--	--	--	--	\$16.75	\$4.05
	Foster Care	\$0.24	\$0.11	\$0.42	\$1.02	\$1.50	\$0.68
	Newborn	\$1.28	\$1.21	\$1.47	\$6.06	\$0.68	\$0.69
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$0.48	\$0.75	\$0.39	\$0.31	\$0.08	\$0.07
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	\$1.92	\$5.34	\$5.42	\$3.68	\$2.90	\$3.16
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$3.63	\$3.63	\$4.15	\$5.63	\$12.10	\$12.82

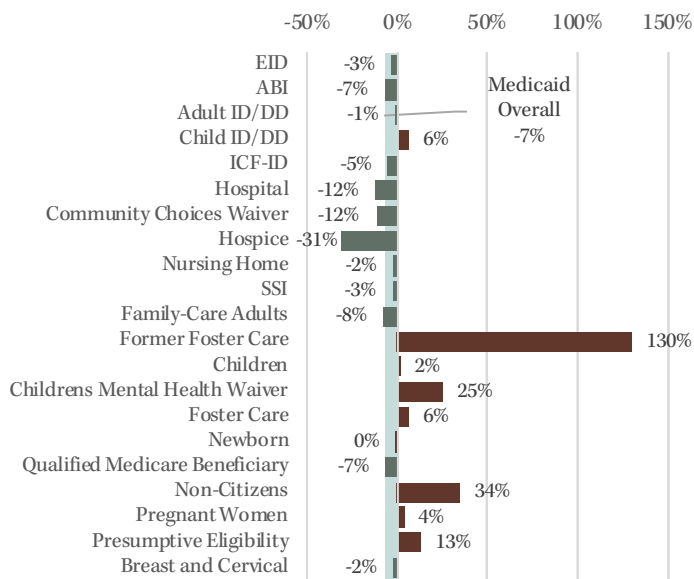


Figure 12. Five-Year Annual Growth Rate for Hospital by Eligibility Subgroup

Hospital

The decrease in the Hospital subgroup's decline in PMPM is likely due to claim lag, while the substantial increase for Non-Citizens is due primarily to the sharp decline in member months.

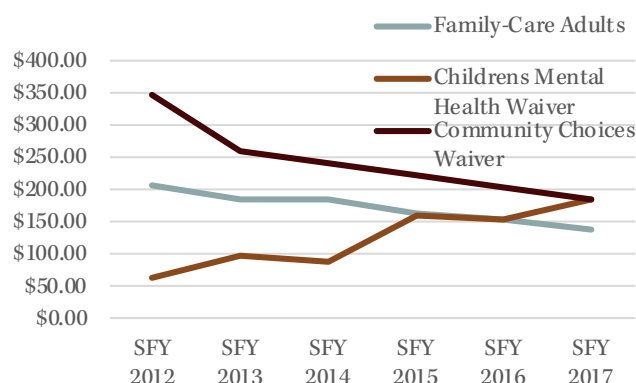


Figure 13. Hospital Per Member Per Month History for Select Eligibility Subgroups

Table 12. Hospital Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$433.65	\$668.32	\$597.62	\$457.12	\$527.30	\$364.40
ABD ID/DD/ABI	Acquired Brain Injury	\$151.58	\$128.38	\$122.16	\$202.16	\$128.68	\$103.42
	Adult ID/DD	\$66.37	\$73.31	\$82.96	\$75.40	\$73.41	\$61.83
	Child ID/DD	\$139.67	\$186.69	\$124.02	\$171.40	\$241.06	\$189.85
	ICF-ID (WY Life Resource Center) ⁸	\$119.24	\$70.68	\$79.07	\$42.73	\$71.65	\$91.30
ABD Institution	Hospital	\$16,029.01	\$29,619.30	\$26,202.52	17,400.7	\$15,643.51	\$8,498.07
ABD Long-Term Care	Community Choices Waiver	\$345.47	\$258.34	\$240.42	\$220.94	\$202.82	\$184.98
	Hospice	\$916.85	\$96.18	\$320.69	\$61.47	\$336.11	\$144.19
	Nursing Home	\$91.17	\$97.94	\$80.57	\$84.68	\$106.59	\$80.42
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$272.29	\$253.39	\$261.34	\$257.35	\$257.71	\$235.00
Adults	Family-Care Adults	\$206.01	\$185.85	\$183.16	\$164.05	\$154.46	\$137.20
	Former Foster Care	--	--	\$7.73	\$96.86	\$106.46	\$94.11
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$39.40	\$43.63	\$41.95	\$37.70	\$44.94	\$42.52
	Childrens Mental Health Waiver	\$61.78	\$98.07	\$86.82	\$159.31	\$154.05	\$185.70
	Foster Care	\$56.96	\$61.80	\$65.67	\$75.09	\$65.70	\$77.51
	Newborn	\$468.79	\$468.08	\$424.66	\$450.32	\$459.67	\$457.26
Medicare Savings Programs	Qualified Medicare Beneficiary	\$66.29	\$68.38	\$74.59	\$80.19	\$80.03	\$47.10
	Specified Low Income Medicare Beneficiary	--	--	--	--	\$0.00	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$262.32	\$227.16	\$195.04	\$215.59	\$900.04	\$1,146.16
Pregnant Women	Pregnant Women	\$504.16	\$507.56	\$462.27	\$385.83	\$556.79	\$602.62
	Presumptive Eligibility	\$33.16	\$31.91	\$40.28	-	\$41.80	\$59.84
Special Groups	Breast and Cervical	\$658.43	\$1,075.65	\$871.30	\$840.96	\$840.45	\$584.42
	Family Planning Waiver	\$0.53	\$1.52	\$0.31	\$0.65	\$0.01	--
	Tuberculosis	--	--	--	--	\$167.16	--
Overall		\$127.84	\$129.24	\$121.33	\$116.50	\$129.58	\$120.50

11 Per Member Per Month for ICF-ID for SFY 2012 includes the manual adjustment to reflect a CMS required accounting adjustment

Table 13. Emergency Room Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$21.56	\$21.62	\$31.93	\$24.29	\$27.22	\$23.96
ABD ID/DD/ABI	Acquired Brain Injury	\$5.40	\$4.68	\$6.25	\$12.26	\$10.08	\$7.08
	Adult ID/DD	\$5.89	\$5.69	\$6.30	\$5.55	\$6.05	\$6.44
	Child ID/DD	\$7.51	\$10.27	\$9.20	\$10.21	\$9.10	\$9.71
	ICF-ID (WY Life Resource Center)	\$2.01	\$3.35	\$1.35	\$3.07	\$5.03	\$8.31
ABD Institution	Hospital	\$76.69	\$79.04	\$91.57	\$77.07	\$58.97	\$36.03
ABD Long-Term Care	Community Choices Waiver	\$12.42	\$11.32	\$11.81	\$14.61	\$14.37	\$14.33
	Hospice	\$4.72	\$9.77	\$19.85	\$3.00	\$6.78	\$1.70
	Nursing Home	\$1.44	\$0.88	\$1.42	\$1.63	\$2.69	\$2.62
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$26.66	\$26.56	\$29.98	\$29.18	\$31.28	\$30.76
Adults	Family-Care Adults	\$44.02	\$44.42	\$42.99	\$38.09	\$39.23	\$37.17
	Former Foster Care	--	--	\$11.93	\$77.25	\$70.29	\$45.69
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$11.87	\$11.89	\$11.32	\$11.30	\$11.27	\$11.55
	Childrens Mental Health Waiver	\$8.23	\$12.08	\$12.69	\$28.38	\$50.09	\$12.93
	Foster Care	\$12.60	\$12.77	\$12.24	\$13.09	\$11.75	\$10.82
	Newborn	\$19.30	\$21.46	\$19.02	\$19.63	\$18.99	\$20.06
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$10.93	\$9.86	\$6.01	\$9.53	\$49.00	\$47.64
Pregnant Women	Pregnant Women	\$34.24	\$35.35	\$32.70	\$29.46	\$31.14	\$33.23
	Presumptive Eligibility	\$20.26	\$20.27	\$29.72	\$31.89	\$29.46	\$44.50
Special Groups	Breast and Cervical	\$32.44	\$37.78	\$32.63	\$37.29	\$41.37	\$28.36
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	\$161.44	--
Overall		\$15.60	\$15.67	\$15.45	\$15.78	\$16.56	\$16.47

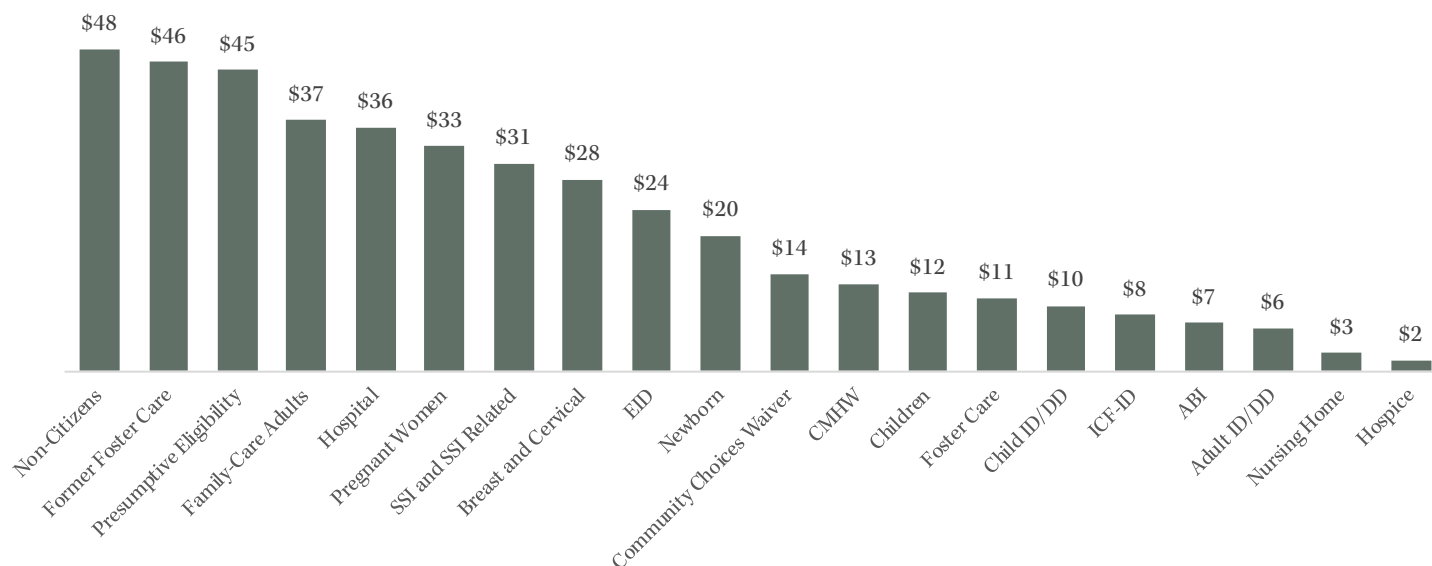


Figure 14. Emergency Room Per Member Per Month by Eligibility Subgroup - SFY 2017

Table 14. Inpatient Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$279.78	\$450.01	\$403.48	\$297.92	\$343.78	\$229.33
ABD ID/DD/ABI	Acquired Brain Injury	\$87.89	\$62.69	\$49.89	\$128.15	\$51.32	\$57.77
	Adult ID/DD	\$26.46	\$34.93	\$42.53	\$35.45	\$34.37	\$31.85
	Child ID/DD	\$90.40	\$126.75	\$72.48	\$102.58	\$175.34	\$115.45
	ICF-ID (WY Life Resource Center)	\$24.31	\$31.71	\$61.29	\$15.66	\$12.37	\$50.35
ABD Institution	Hospital	\$15,648.46	\$29,228.75	\$25,946.47	\$17,101.67	\$14,842.23	\$8,164.41
ABD Long-Term Care	Community Choices Waiver	\$210.10	\$126.30	\$110.14	\$96.13	\$69.57	\$93.60
	Hospice	\$877.19	\$59.71	\$367.80	\$43.81	\$303.33	\$118.79
	Nursing Home	\$40.16	\$45.65	\$30.32	\$30.16	\$55.30	\$45.61
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$191.83	\$174.40	\$173.64	\$174.61	\$172.89	\$159.78
Adults	Family-Care Adults	\$119.58	\$101.51	\$100.79	\$92.46	\$85.84	\$71.36
	Former Foster Care	--	--	\$0.00	\$21.90	\$20.43	\$41.26
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$21.44	\$25.78	\$25.53	\$21.29	\$27.20	\$24.85
	Childrens Mental Health Waiver	\$44.07	\$81.80	\$75.12	\$131.00	\$102.24	\$171.12
	Foster Care	\$36.05	\$37.61	\$46.13	\$56.38	\$47.66	\$59.22
	Newborn	\$442.60	\$440.77	\$400.21	\$425.72	\$434.69	\$431.59
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$247.62	\$213.20	\$187.52	\$206.40	\$854.04	\$1,105.04
Pregnant Women	Pregnant Women	\$421.34	\$420.55	\$387.91	\$324.48	\$488.53	\$534.78
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	\$329.35	\$442.64	\$332.78	\$484.41	\$368.99	\$173.28
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$89.93	\$90.32	\$83.65	\$79.78	\$89.97	\$84.66

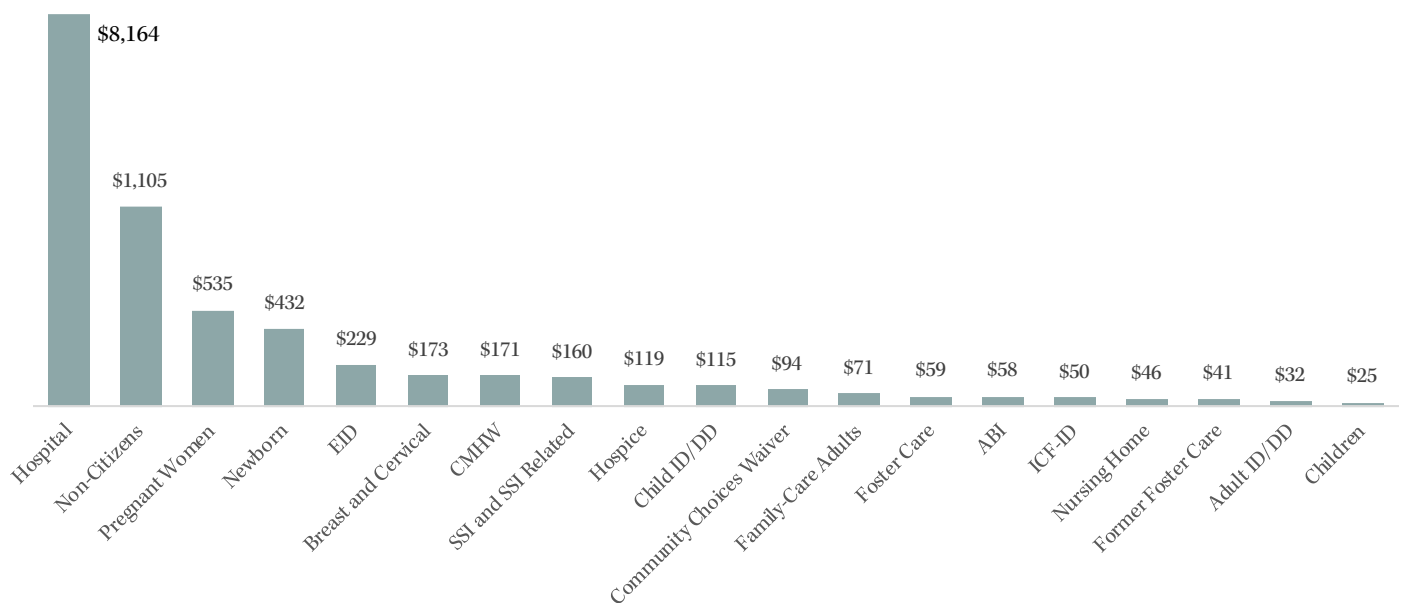


Figure 15. Inpatient Per Member Per Month by Eligibility Subgroup - SFY 2017

Nursing Facility

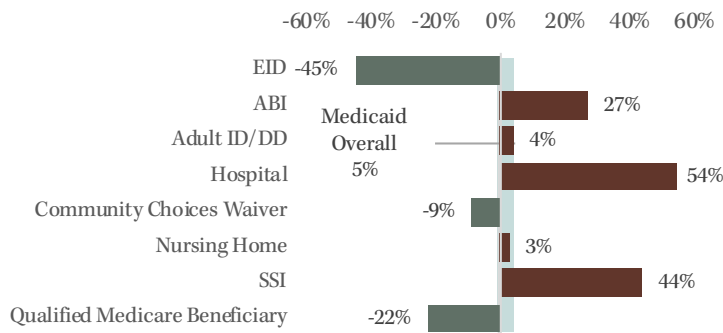


Figure 16. Five-Year Annual Growth Rate for Nursing Facility by Eligibility Subgroup

Table 15. Nursing Facility Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$3.74	\$0.00	\$1.17	\$0.04	\$0.09	\$0.19
ABD ID/DD/ABI	Acquired Brain Injury	\$2.15	\$4.24	\$0.38	\$4.95	\$12.57	\$7.05
	Adult ID/DD	\$0.93	\$1.88	\$0.60	\$1.56	\$1.17	\$1.14
	Child ID/DD	--	--	--	--	--	--
	ICF-ID (WY Life Resource Center)	\$1.55	--	--	--	--	--
ABD Institution	Hospital	\$43.37	\$42.93	\$152.29	\$113.72	\$51.66	\$379.35
ABD Long-Term Care	Community Choices Waiver	\$12.02	\$17.27	\$16.56	\$10.88	\$13.71	\$7.54
	Hospice	\$5.98	\$4.02	-\$0.78	\$0.36	\$3.61	-\$0.91
	Nursing Home	\$3,526.27	\$3,495.81	\$3,521.74	\$3,529.22	\$4,080.95	\$4,086.51
	PACE	--	--	--	-\$0.95	--	--
ABD SSI	SSI and SSI Related	\$0.47	\$0.99	\$1.06	\$1.72	\$3.44	\$2.88
Adults	Family-Care Adults	--	--	--	\$0.01	--	--
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	--	--	--	--	--	--
	Childrens Mental Health Waiver	--	--	--	--	--	--
	Foster Care	--	--	--	--	--	--
	Newborn	--	--	--	--	--	--
Medicare Savings Programs	Qualified Medicare Beneficiary	\$4.36	\$2.70	\$3.45	\$2.09	\$2.47	\$1.24
	Specified Low Income Medicare Beneficiary	\$0.27	-\$0.01	--	-\$0.01	\$0.03	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	--	--	-\$0.01	--	--	--
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	--	--	--	--	--	--
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$87.55	\$85.96	\$84.66	\$77.92	\$102.23	\$109.53

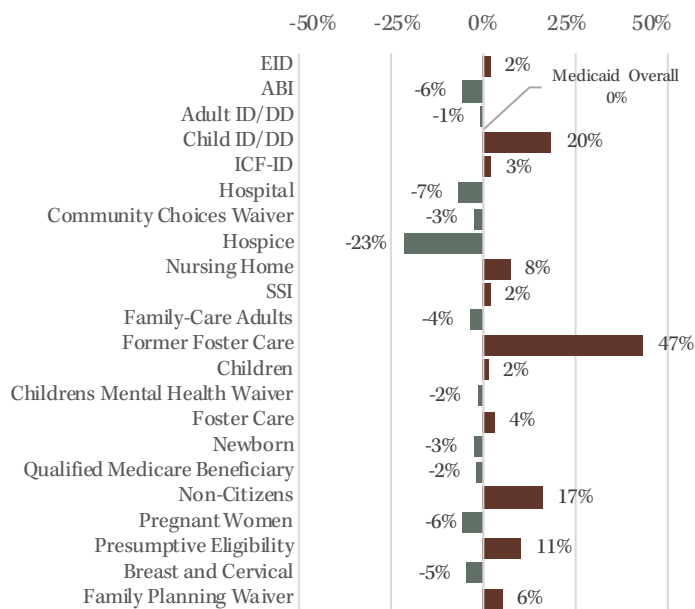


Figure 17. Five-Year Annual Growth Rate for Physician & Other Practitioner by Eligibility Subgroup

Physician and Other Practitioner

The Child ID/DD population has seen significant growth in Physician and Other Practitioner PMPM costs since SFY 2012. Further analysis on this trend is underway to identify the possible cause.

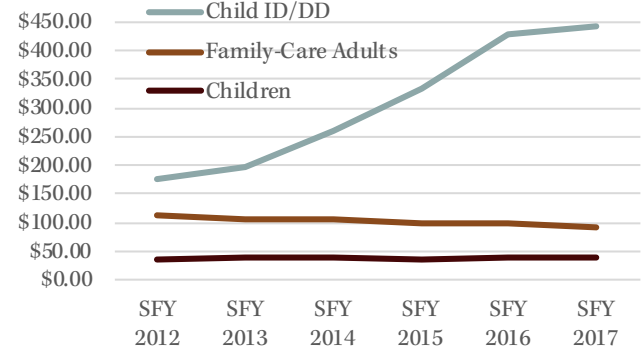
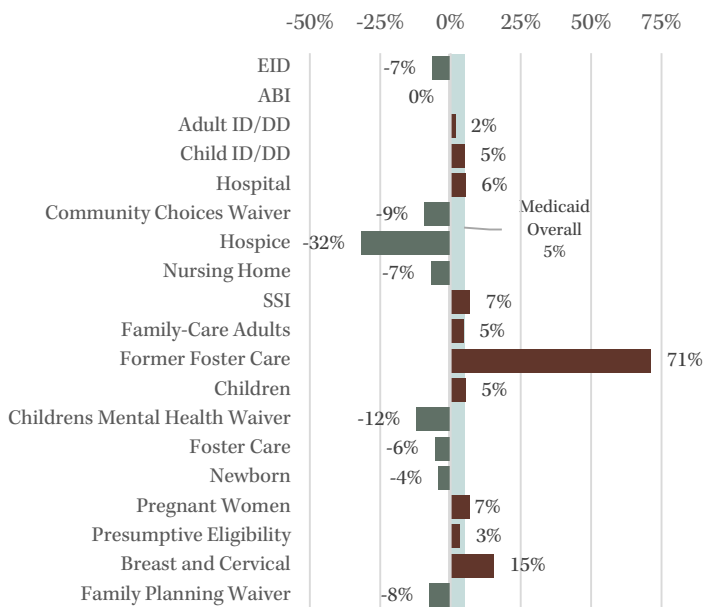


Figure 18. Physician & Other Practitioner Per Member Per Month History for Select Eligibility Subgroups

Table 16. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$181.08	\$388.33	\$496.47	\$414.47	\$362.63	\$201.71
ABD ID/DD/ABI	Acquired Brain Injury	\$103.87	\$96.91	\$100.13	\$88.91	\$71.52	\$76.86
	Adult ID/DD	\$59.50	\$60.29	\$61.74	\$67.78	\$65.27	\$58.02
	Child ID/DD	\$176.05	\$196.67	\$260.27	\$335.12	\$428.04	\$442.25
	ICF-ID (WY Life Resource Center) ⁹	\$45.02	\$19.18	\$17.98	\$17.62	\$36.80	\$51.14
ABD Institution	Hospital	\$1,705.70	\$2,462.52	\$2,561.34	\$1,498.36	\$1,822.70	\$1,193.02
ABD Long-Term Care	Community Choices Waiver	\$116.11	\$107.60	\$103.18	\$109.31	\$89.00	\$102.20
	Hospice	\$95.80	\$104.32	\$76.36	\$15.21	\$19.42	\$26.01
	Nursing Home	\$25.93	\$33.90	\$31.31	\$31.17	\$35.99	\$38.27
	PACE	--	\$0.53	--	\$0.75	\$2.54	\$0.74
ABD SSI	SSI and SSI Related	\$102.17	\$99.35	\$109.33	\$100.01	\$107.32	\$113.74
Adults	Family-Care Adults	\$112.15	\$107.43	\$104.81	\$100.06	\$99.47	\$93.00
	Former Foster Care	--	--	\$26.79	\$135.74	\$88.08	\$85.31
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$37.57	\$38.58	\$38.27	\$36.38	\$38.40	\$40.90
	Childrens Mental Health Waiver	\$70.86	\$100.81	\$87.72	\$80.75	\$94.14	\$65.65
	Foster Care	\$43.61	\$43.65	\$47.48	\$45.53	\$47.38	\$51.98
	Newborn	\$158.51	\$163.28	\$154.44	\$135.85	\$136.71	\$138.66
Medicare Savings Programs	Qualified Medicare Beneficiary	\$37.09	\$37.51	\$40.22	\$36.97	\$39.67	\$34.01
	Specified Low Income Medicare Beneficiary	-\$0.02	--	--	-\$0.07	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$125.40	\$100.59	\$59.93	\$52.15	\$181.57	\$279.98
Pregnant Women	Pregnant Women	\$442.92	\$441.92	\$337.32	\$253.46	\$323.79	\$327.52
	Presumptive Eligibility	\$43.09	\$45.26	\$61.10	\$55.00	\$51.20	\$73.06
Special Groups	Breast and Cervical	\$721.78	\$783.89	\$836.37	\$415.61	\$482.23	\$572.25
	Family Planning Waiver	\$4.46	\$4.66	\$2.52	\$2.31	\$3.72	\$5.93
	Tuberculosis	--	--	--	--	\$49.61	--
Overall		\$74.77	\$75.32	\$72.22	\$66.71	\$72.70	\$74.27



Prescription Drug

While some populations, such as SSI, have seen increases in Prescription Drug PMPM costs in the past five years, individuals on the Children's Mental Health Waiver have seen significant declines.

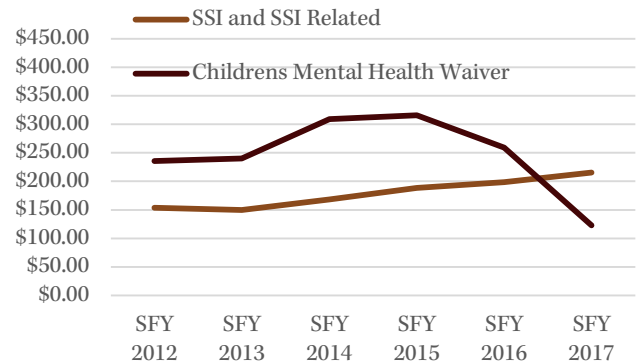


Figure 19. Five-Year Annual Growth Rate for Prescription Drug by Eligibility Subgroup

Figure 20. Prescription Drug Per Member Per Month History for Select Eligibility Subgroups

Table 17. Prescription Drug Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
ABD EID	EID	\$371.74	\$323.77	\$246.75	\$209.74	\$210.66	\$263.92
ABD ID/DD/ABI	Acquired Brain Injury	\$101.41	\$79.18	\$92.78	\$89.33	\$78.69	\$101.10
	Adult ID/DD	\$147.94	\$120.44	\$126.08	\$144.57	\$160.50	\$161.00
	Child ID/DD	\$244.98	\$223.26	\$275.78	\$331.45	\$325.88	\$312.70
	ICF-ID (WY Life Resource Center) ¹⁰	\$0.02	--	--	--	\$0.36	\$0.48
ABD Institution	Hospital	\$66.80	\$41.45	\$80.70	\$235.86	\$107.67	\$87.40
ABD Long-Term Care	Community Choices Waiver	\$181.96	\$137.14	\$104.70	\$123.14	\$123.57	\$111.91
	Hospice	\$22.16	\$16.58	\$4.32	\$1.30	\$3.12	\$3.27
	Nursing Home	\$39.70	\$34.21	\$28.23	\$30.44	\$31.94	\$27.60
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$153.79	\$149.83	\$168.36	\$188.40	\$198.64	\$215.56
Adults	Family-Care Adults	\$72.70	\$67.92	\$70.31	\$71.55	\$82.10	\$90.98
	Former Foster Care	--	--	\$8.58	\$64.47	\$51.64	\$43.24
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$23.68	\$23.75	\$25.23	\$27.27	\$29.45	\$30.80
	Childrens Mental Health Waiver	\$235.44	\$239.93	\$309.13	\$315.73	\$258.91	\$122.94
	Foster Care	\$78.30	\$67.49	\$75.37	\$77.04	\$69.74	\$58.77
	Newborn	\$26.96	\$28.19	\$25.35	\$16.20	\$21.00	\$21.64
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$25.28	\$26.67	\$27.35	\$23.25	\$27.44	\$35.13
	Presumptive Eligibility	\$16.78	\$14.42	\$17.63		\$11.92	\$19.86
Special Groups	Breast and Cervical	\$166.52	\$198.54	\$201.32	\$179.95	\$340.87	\$340.55
	Family Planning Waiver	\$5.85	\$6.05	\$6.07	\$3.93	\$5.75	\$3.96
	Tuberculosis	--	--	--	--	\$23.28	\$13.65
Overall		\$74.77	\$75.32	\$72.22	\$66.71	\$72.70	\$74.27

¹³ Per Member Per Month for ICF-ID for SFY 2012 includes the manual adjustment to reflect a CMS required accounting adjustment

POPULATION DETAIL

This section provides a detailed look at expenditures, member months, and per member per month cost history for each of the Medicaid populations as defined by Eligibility Category and Subgroup.

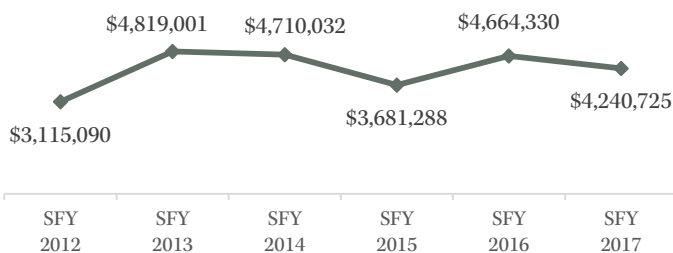
Aged, Blind, or Disabled Employed Individuals with Disabilities

EXPENDITURES

\$4.24 million

paid to providers for services rendered during the state fiscal year

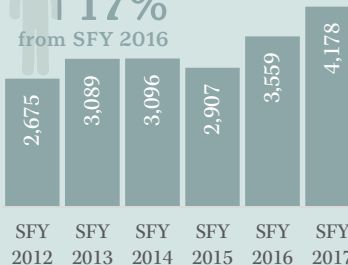
↓ 9%
from SFY 2016



MEMBER MONTHS



↑ 17%
from SFY 2016

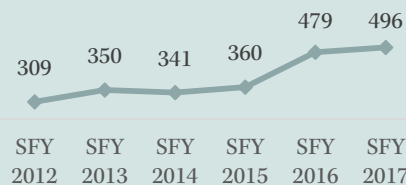


4,178

months members were enrolled during the state fiscal year with average enrollment length of **8.4** months

496

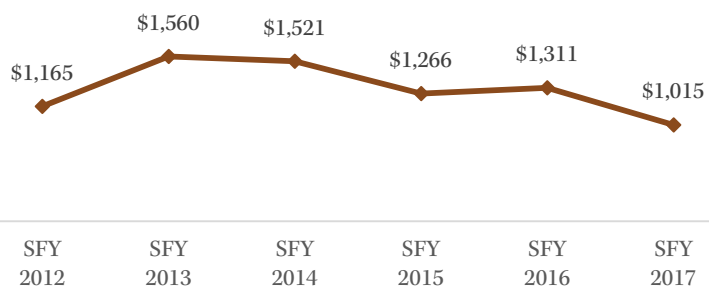
unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

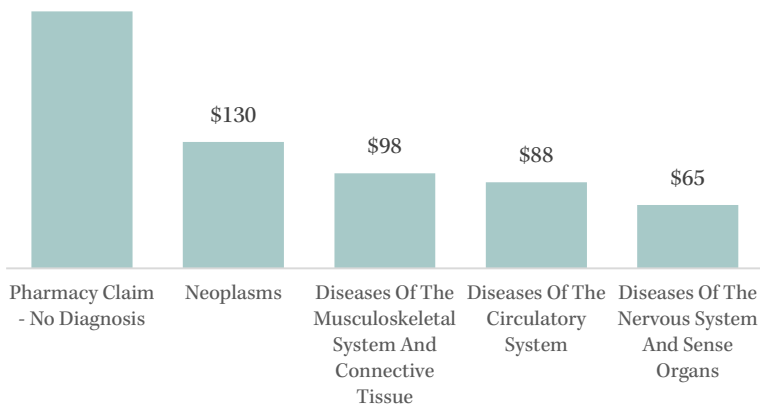
\$1,015

↓ 23%
from SFY 2016

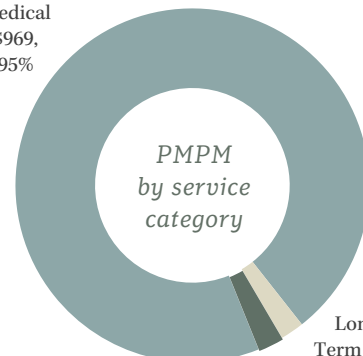


PMPM by Primary Diagnosis

\$264



Medical
\$969,
95%



Dental, Vision, and Other, \$24, 2%

Long-Term Care
\$22, 2%

Emergency Room PMPM



Hospital Inpatient PMPM

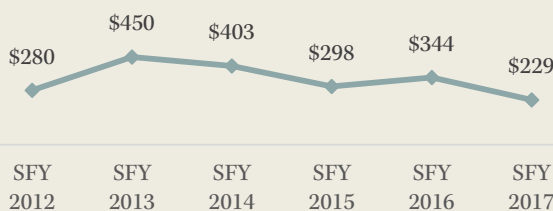


Table 20. Aged, Blind, or Disabled Employed Individuals with Disabilities Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
<i>EID</i>	\$4,240,725	-9	4,178	17	\$1,015	-23

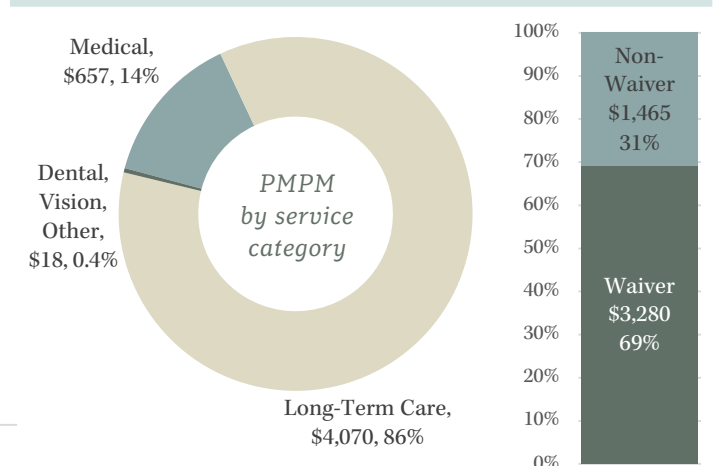
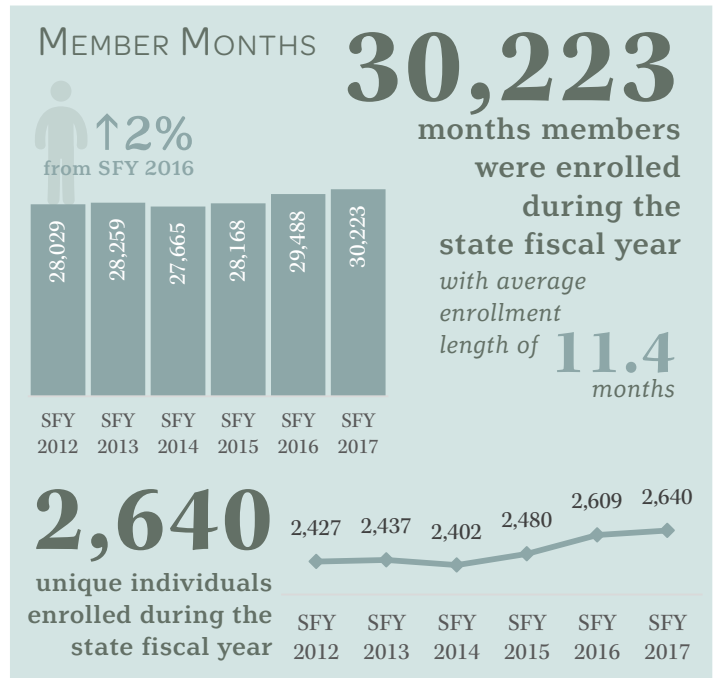
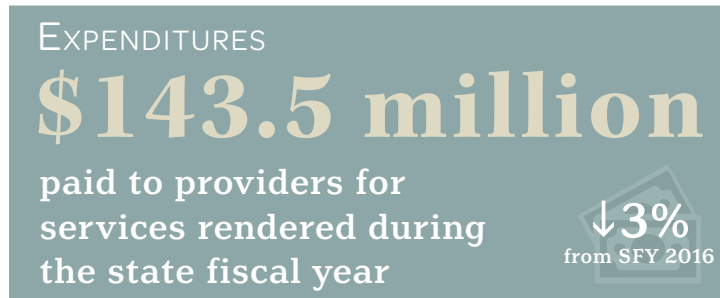
**Table 18. Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month History by Subgroup**

Eligibility Category	Eligibility Subgroup	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	5 Year % Change
Expenditures								
ABD EID	EID	\$3,115,090	\$4,819,001	\$4,710,032	\$3,681,288	\$4,664,330	\$4,240,725	36
Member Months								
ABD EID	EID	2,675	3,089	3,096	2,907	3,559	4,178	56
Per Member Per Month								
ABD EID	EID	\$1,165	\$1,560	\$1,521	\$1,266	\$1,311	\$1,015	-13

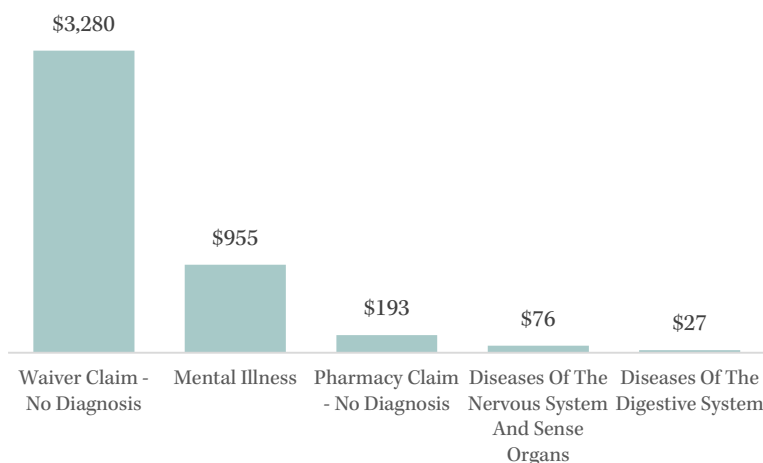
Table 19. Employed Individuals with Disabilities Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$10.51	\$11.50	\$12.80	\$9.55	\$11.42	\$9.20
Ambulatory Surgical Center	\$6.21	\$4.47	\$3.71	\$7.91	\$4.87	\$6.19
Behavioral Health	\$59.35	\$66.03	\$56.92	\$58.94	\$41.83	\$42.12
Dental	\$14.84	\$22.34	\$17.31	\$16.90	\$24.71	\$20.98
DME, Prosthetics/Orthotics/Supplies	\$42.38	\$38.07	\$38.79	\$52.75	\$69.95	\$55.14
End Stage Renal Disease	\$6.42	\$6.64	\$8.71	\$8.40	\$11.17	\$9.09
Federally Qualified Health Center	\$8.14	\$8.86	\$5.82	\$7.81	\$16.38	\$11.36
Home Health	\$8.28	\$5.68	\$12.20	\$4.36	\$8.70	\$21.72
Hospice	\$10.30	\$2.58	\$12.12	\$8.98	\$7.11	\$1.97
Hospital Total	\$433.65	\$668.32	\$597.62	\$457.12	\$527.30	\$364.40
<i>Inpatient</i>	\$292.51	\$471.79	\$421.97	\$322.25	\$361.89	\$243.90
<i>Outpatient</i>	\$141.98	\$196.65	\$177.03	\$135.10	\$165.38	\$120.41
<i>Other Hospital</i>	-\$0.85	-\$0.12	-\$1.38	-\$0.23	\$0.04	\$0.09
Laboratory	\$2.29	\$6.91	\$3.94	\$2.92	\$4.53	\$1.52
Nursing Facility	\$3.74	--	\$1.17	\$0.04	\$0.09	\$0.19
Other	\$2.15	\$1.44	\$2.34	\$1.26	\$1.05	\$1.25
Physician & Other Practitioner	\$181.08	\$388.33	\$496.47	\$414.47	\$362.63	\$201.71
Prescription Drug	\$371.74	\$323.77	\$246.75	\$209.74	\$210.66	\$263.92
Public Health or Welfare	\$0.57	\$0.46	\$1.28	\$0.59	\$0.80	\$0.73
Public Health, Federal	--	--	\$0.01	\$0.01	\$3.31	\$0.09
Rural Health Clinic	\$1.54	\$3.09	\$1.73	\$3.01	\$2.02	\$1.83
Vision	\$1.32	\$1.55	\$1.63	\$1.58	\$2.03	\$1.60
Total	\$1,165	\$1,560	\$1,521	\$1,266	\$1,311	\$1,015

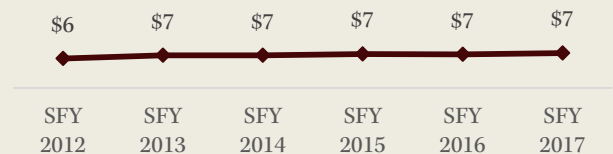
Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

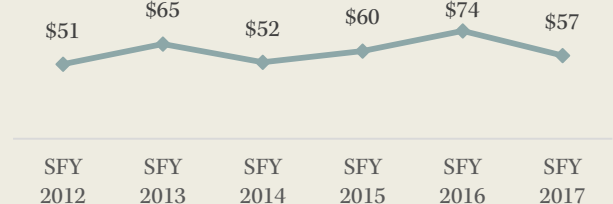


Table 21. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD						
Acquired Brain Injury	\$8,691,501	2%	2,317	4%	\$3,751	-2%
Adult ID/DD	\$96,132,683	-3%	18,958	3%	\$5,071	-6%
Child ID/DD	\$19,456,065	-6%	8,169	1%	\$2,382	-7%
ICF-ID (WY Life Resource Center)	\$19,171,232	1%	779	-6%	\$24,610	7%

Table 22. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
ABD ID/DD/ABI	Acquired Brain Injury	\$8,218,198	\$9,042,213	\$8,546,911	\$8,129,745	\$8,528,221	\$8,691,501
	Adult ID/DD	\$93,806,504	\$94,122,053	\$92,158,948	\$91,865,692	\$99,550,694	\$96,132,683
	Child ID/DD	\$20,734,319	\$21,038,204	\$18,967,389	\$19,499,800	\$20,709,281	\$19,456,065
	ICF-ID (WY Life Resource Center)	\$17,979,516	\$16,778,614	\$19,190,395	\$17,650,052	\$18,935,852	\$19,171,232
Total Expenditures		\$140,738,538	\$140,981,084	\$138,863,644	\$137,145,290	\$147,724,048	\$143,451,481
Member Months							
ABD ID/DD/ABI	Acquired Brain Injury	2,087	2,182	2,059	1,952	2,235	2,317
	Adult ID/DD	16,377	16,674	16,794	17,522	18,366	18,958
	Child ID/DD	8,755	8,536	7,902	7,831	8,062	8,169
	ICF-ID (WY Life Resource Center)	810	867	910	863	825	779
Total Member Months		28,029	28,259	27,665	28,168	29,488	30,223
Per Member Per Month							
ABD ID/DD/ABI	Acquired Brain Injury	\$4,012	\$3,915	\$4,121	\$4,133	\$4,172	\$3,805
	Adult ID/DD	\$5,604	\$5,728	\$5,645	\$5,488	\$5,243	\$5,418
	Child ID/DD	\$2,447	\$2,368	\$2,465	\$2,401	\$2,491	\$2,559
	ICF-ID (WY Life Resource Center)	\$23,280	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953
Overall Per Member Per Month		\$5,014	\$5,019	\$4,987	\$5,018	\$4,870	\$5,004

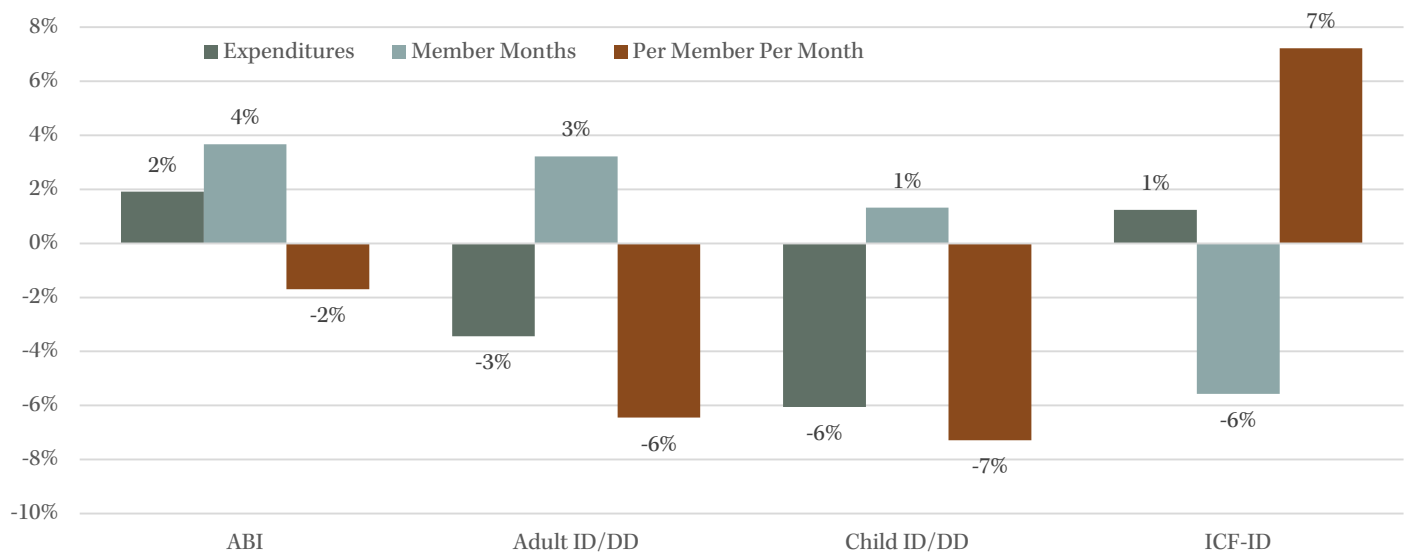


Figure 21. One-Year Percent Change by ABD ID/DD/ABI Eligibility Subgroup

Table 23. ABD ID/DD/ABI Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	5 year % change
Waiver-Only Services								
ABD ID/DD/ABI	ABI	\$3,304	\$3,544	\$3,545	\$3,406	\$3,115	\$3,185	-4%
	Adult ID/DD	\$5,185	\$5,093	\$4,912	\$4,494	\$4,416	\$4,330	-17%
	Child ID/DD	\$1,544	\$1,554	\$1,434	\$1,327	\$1,287	\$1,183	-23%
Waiver-Only Services Overall		\$3,870	\$3,867	\$3,780	\$3,508	\$3,434	\$3,366	-13%
Non-Waiver Services								
ABD ID/DD/ABI	ABI	\$634	\$600	\$606	\$759	\$701	\$566	-11%
	Adult ID/DD	\$543	\$552	\$575	\$749	\$1,005	\$741	37%
	Child ID/DD	\$825	\$911	\$967	\$1,163	\$1,282	\$1,199	45%
Non-Waiver Services Overall		\$640	\$667	\$693	\$868	\$1,059	\$854	33%

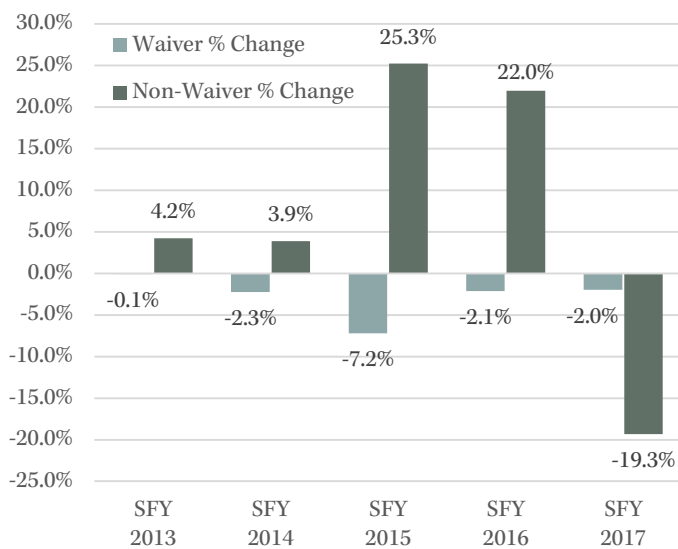


Figure 22. ABD ID/DD/ABI Annual Change in Per Member Per Month by Service Type

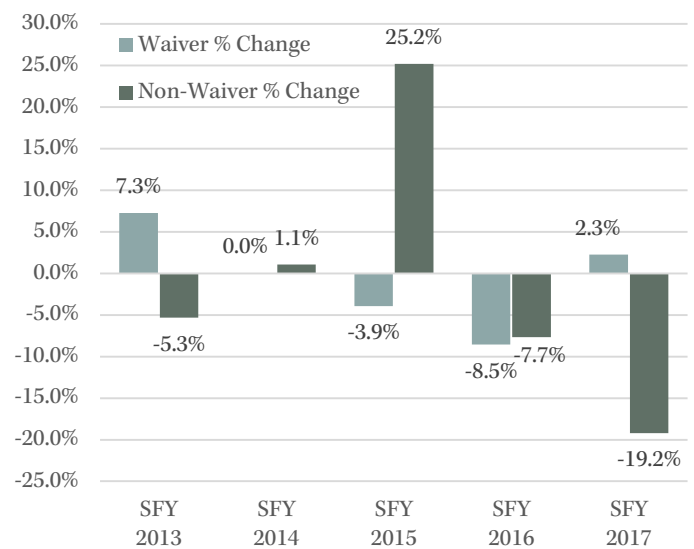


Figure 23. Acquired Brain Injury Annual Change in Per Member Per Month by Service Type

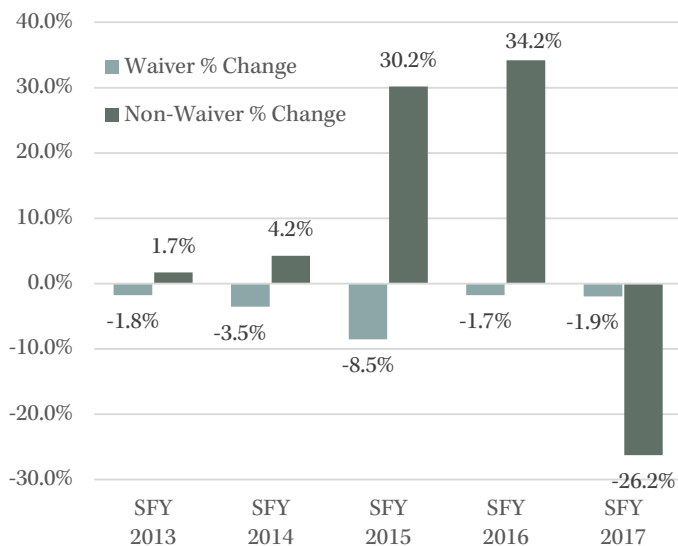


Figure 24. Adult ID/DD Annual Change in Per Member Per Month by Service Type

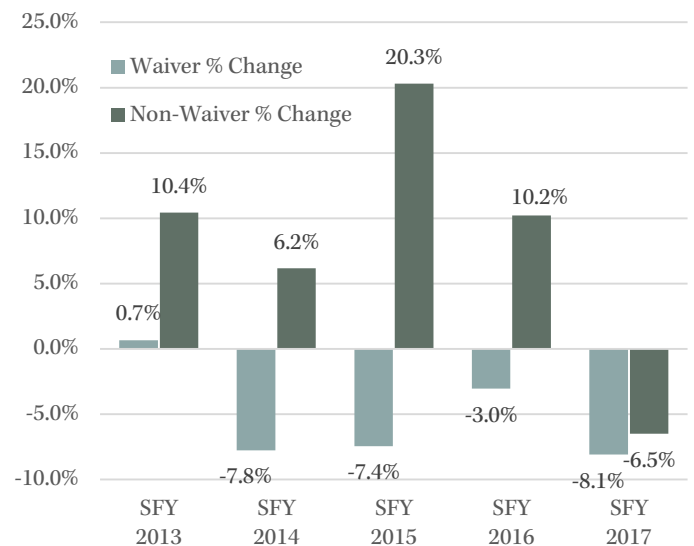


Figure 25. Child ID/DD Annual Change in Per Member Per Month by Service Type

Acquired Brain Injury

Subgroup detail

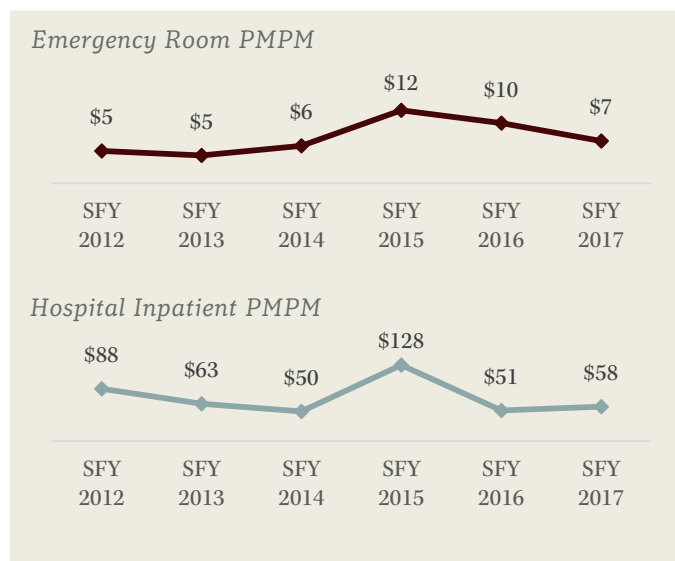
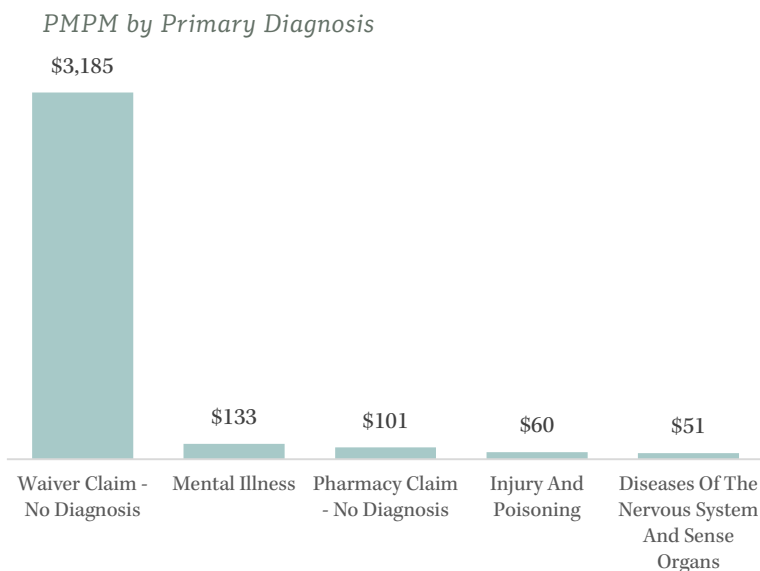
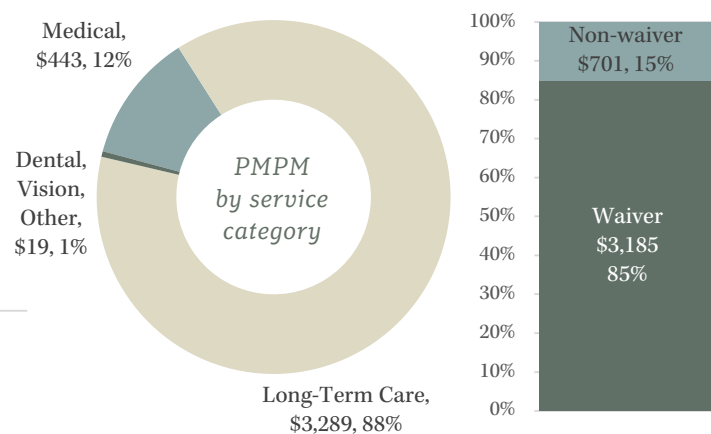
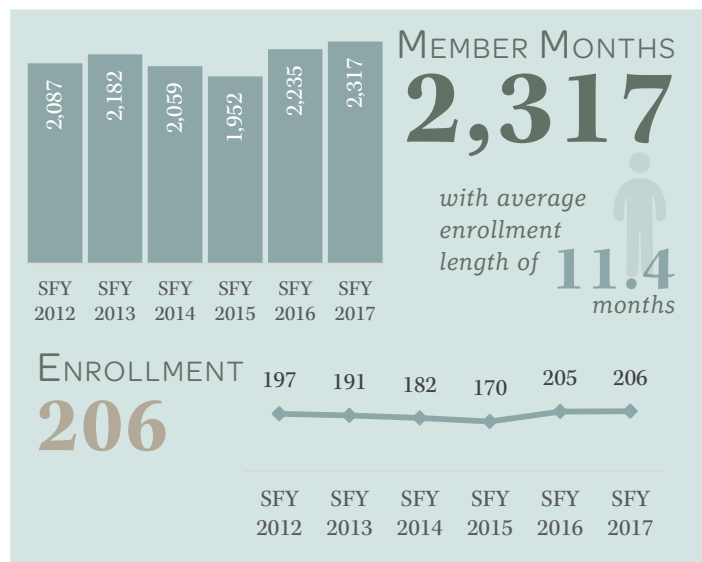
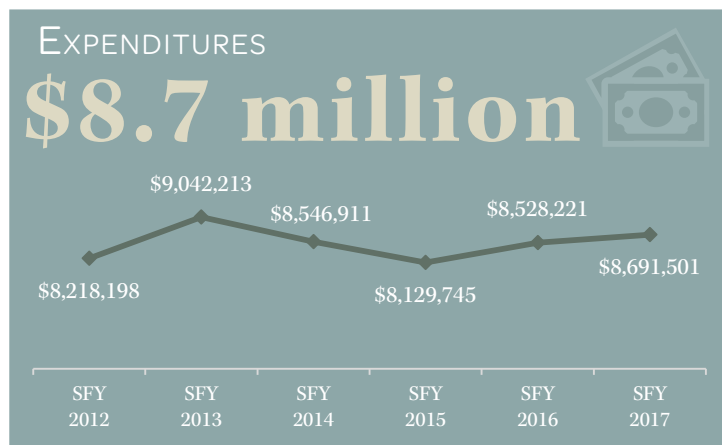


Table 24. Acquired Brain Injury Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$3.74	\$6.83	\$4.38	\$10.53	\$10.94	\$4.72
Ambulatory Surgical Center	\$1.80	\$2.85	\$2.41	\$1.11	\$1.22	\$3.19
Behavioral Health	\$116.27	\$120.16	\$138.54	\$206.58	\$207.71	\$96.34
Dental	\$25.45	\$24.24	\$24.74	\$22.31	\$19.47	\$18.71
DME, Prosthetics/Orthotics/ Supplies	\$32.14	\$35.49	\$55.44	\$45.88	\$65.58	\$60.76
End Stage Renal Disease	--	--	--	--	--	\$7.24
Federally Qualified Health Center	\$1.41	\$1.15	\$1.90	\$1.59	\$2.81	\$1.82
Home Health	\$75.19	\$67.38	\$68.08	\$56.55	\$101.13	\$97.13
Hospice	--	--	--	--	\$0.57	\$0.98
Hospital Total	\$151.58	\$128.38	\$122.16	\$202.16	\$128.68	\$103.42
Inpatient	\$106.20	\$75.53	\$69.34	\$152.30	\$72.18	\$68.18
Outpatient	\$45.38	\$52.82	\$52.79	\$49.87	\$56.49	\$35.18
Other Hospital	\$0.00	\$0.02	\$0.03	--	\$0.02	\$0.06
Laboratory	\$0.75	\$0.97	\$0.40	\$0.47	\$1.89	\$0.60
Nursing Facility	\$2.15	\$4.24	\$0.38	\$4.95	\$12.57	\$7.05
Other	\$0.98	\$0.19	\$1.10	\$0.27	\$0.27	\$1.06
Physician & Other Practitioner	\$103.87	\$96.91	\$100.13	\$88.91	\$71.52	\$76.86
Prescription Drug	\$101.41	\$79.18	\$92.78	\$89.33	\$78.69	\$101.10
Public Health or Welfare	\$0.56	\$0.45	\$0.48	\$0.15	\$0.65	\$0.38
Public Health, Federal	\$10.46	\$7.83	\$2.62	\$9.52	\$0.02	\$2.32
Rural Health Clinic	\$1.03	\$0.99	\$0.56	\$0.49	\$0.36	\$0.40
Vision	\$2.27	\$1.72	\$1.75	\$1.55	\$2.06	\$1.77
Waiver Total	\$3,304.26	\$3,544.15	\$3,544.74	\$3,405.71	\$3,114.92	\$3,185.08
Acquired Brain Injury	\$3,304.26	\$3,544.15	\$3,544.74	\$3,405.56	\$3,013.13	\$2,991.04
Comprehensive	--	--	--	--	--	\$1.30
Supports	--	--	--	--	\$101.78	\$192.74
Total	\$3,938	\$4,144	\$4,151	\$4,165	\$3,816	\$3,751

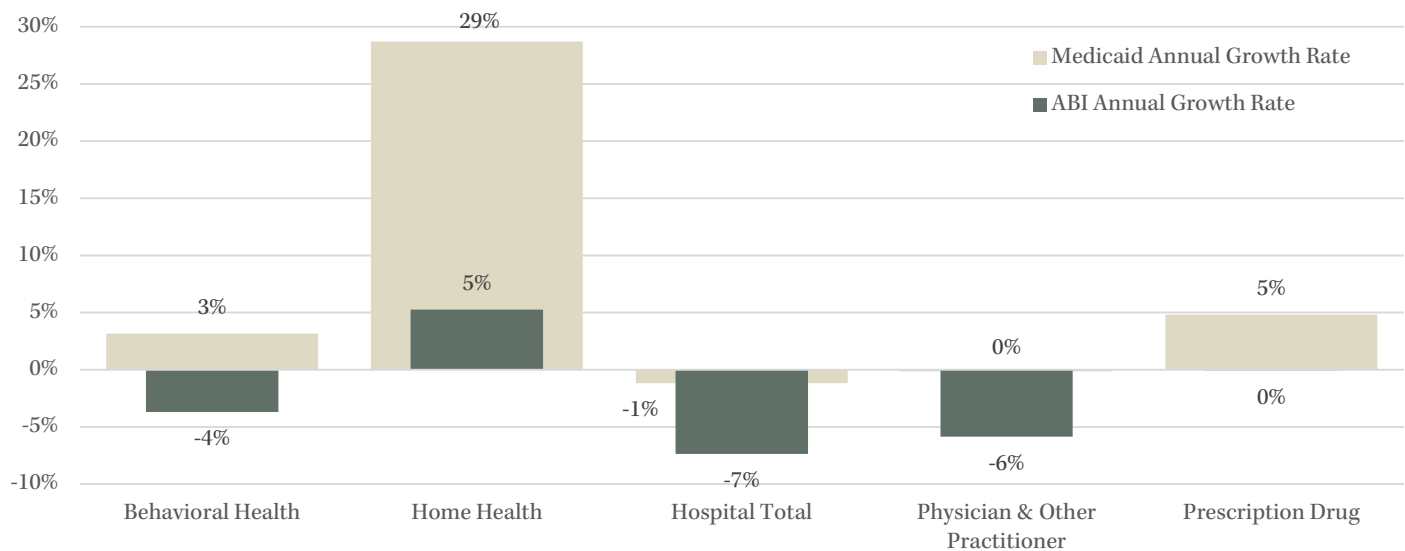
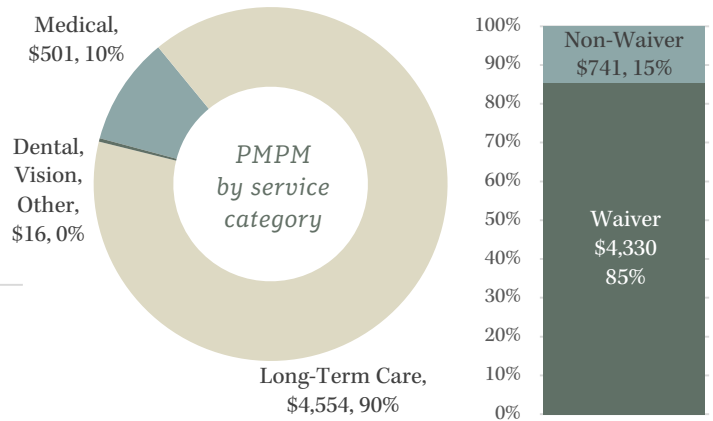
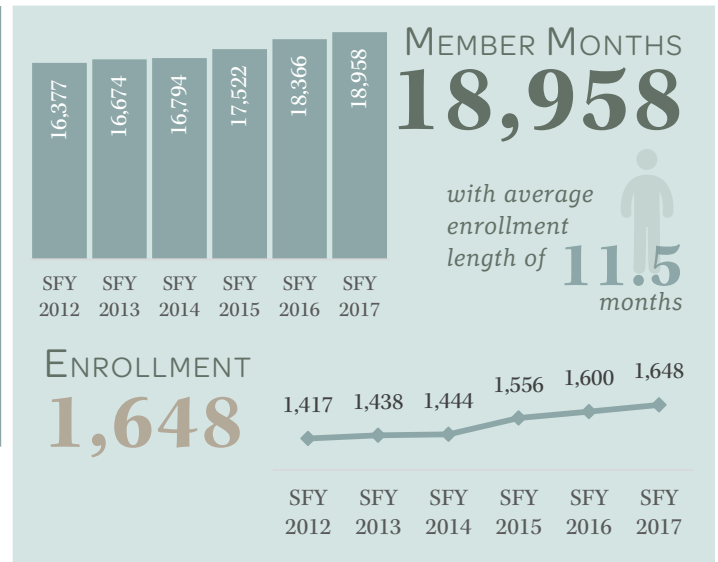
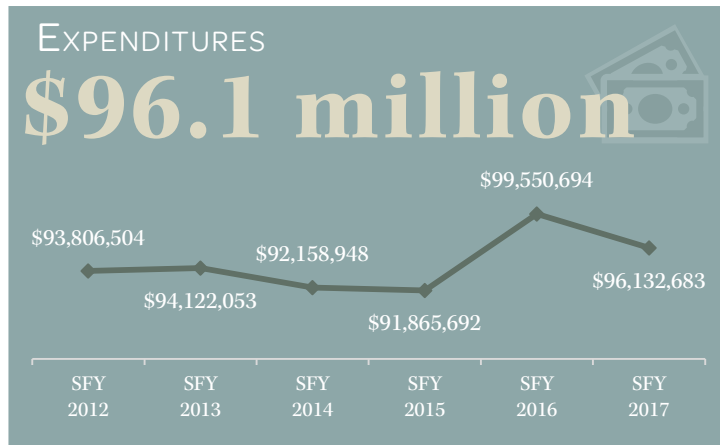


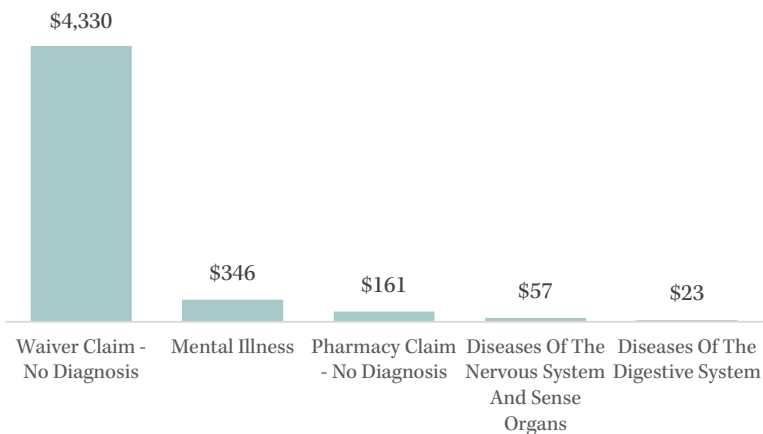
Figure 26. Acquired Brain Injury Per Member Per Month Five-Year Annual Growth Rate for Select Services

Adults with Intellectual/Development Disabilities

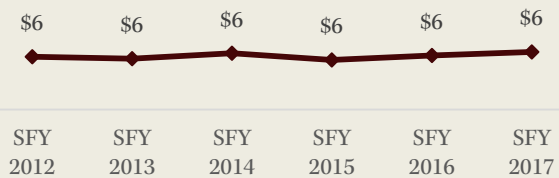
Subgroup detail



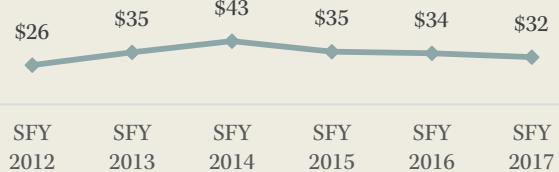
PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM



**Table 25. Adults with Intellectual/Developmental Disabilities
Per Member Per Month History by Service Area**

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$2.19	\$3.69	\$3.79	\$4.23	\$2.43	\$1.50
Ambulatory Surgical Center	\$4.18	\$2.66	\$4.35	\$6.02	\$6.28	\$3.33
Behavioral Health	\$165.00	\$174.65	\$199.07	\$283.73	\$349.91	\$155.36
Dental	\$16.56	\$15.86	\$14.67	\$19.08	\$17.70	\$13.14
DME, Prosthetics/Orthotics/ Supplies	\$43.04	\$56.62	\$45.43	\$50.18	\$54.45	\$49.40
End Stage Renal Disease	\$4.55	\$11.98	\$4.40	\$4.50	\$2.21	\$0.16
Federally Qualified Health Center	\$1.36	\$1.47	\$1.26	\$1.67	\$2.03	\$2.95
Home Health	\$23.11	\$21.84	\$23.23	\$81.75	\$260.33	\$222.80
Hospice	\$0.02	\$0.24	\$0.80	\$0.60	\$0.50	\$0.85
Hospital Total	\$66.37	\$73.31	\$82.96	\$75.40	\$73.41	\$61.83
Inpatient	\$34.48	\$43.69	\$50.68	\$43.87	\$42.69	\$37.28
Outpatient	\$32.00	\$29.69	\$32.27	\$31.53	\$30.70	\$24.52
Other Hospital	-\$0.10	-\$0.07	\$0.00	\$0.01	\$0.02	\$0.03
Laboratory	\$0.82	\$0.79	\$0.66	\$0.96	\$1.49	\$0.51
Nursing Facility	\$0.93	\$1.88	\$0.60	\$1.56	\$1.17	\$1.14
Other	\$0.79	\$0.51	\$0.35	\$0.39	\$0.61	\$0.46
Physician & Other Practitioner	\$59.50	\$60.29	\$61.74	\$67.78	\$65.27	\$58.02
Prescription Drug	\$147.94	\$120.44	\$126.08	\$144.57	\$160.50	\$161.00
Public Health or Welfare	\$0.19	\$0.24	\$0.21	\$0.19	\$0.23	\$0.16
Public Health, Federal	\$2.82	\$2.27	\$2.56	\$2.56	\$2.97	\$5.07
Rural Health Clinic	\$1.35	\$1.29	\$1.24	\$1.23	\$0.87	\$1.26
Vision	\$1.94	\$1.83	\$1.87	\$2.41	\$2.50	\$2.28
Waiver Total	\$5,185.28	\$5,093.00	\$4,912.34	\$4,494.05	\$4,415.53	\$4,329.62
Adult ID/DD	\$5,185.31	\$5,093.12	\$4,899.85	\$637.53	--	--
Comprehensive	--	-\$0.12	\$12.35	\$3,813.38	\$4,321.92	\$4,205.68
Supports	-\$0.02	--	\$0.14	\$43.15	\$93.61	\$123.94
Total	\$5,728	\$5,645	\$5,488	\$5,243	\$5,420	\$5,071

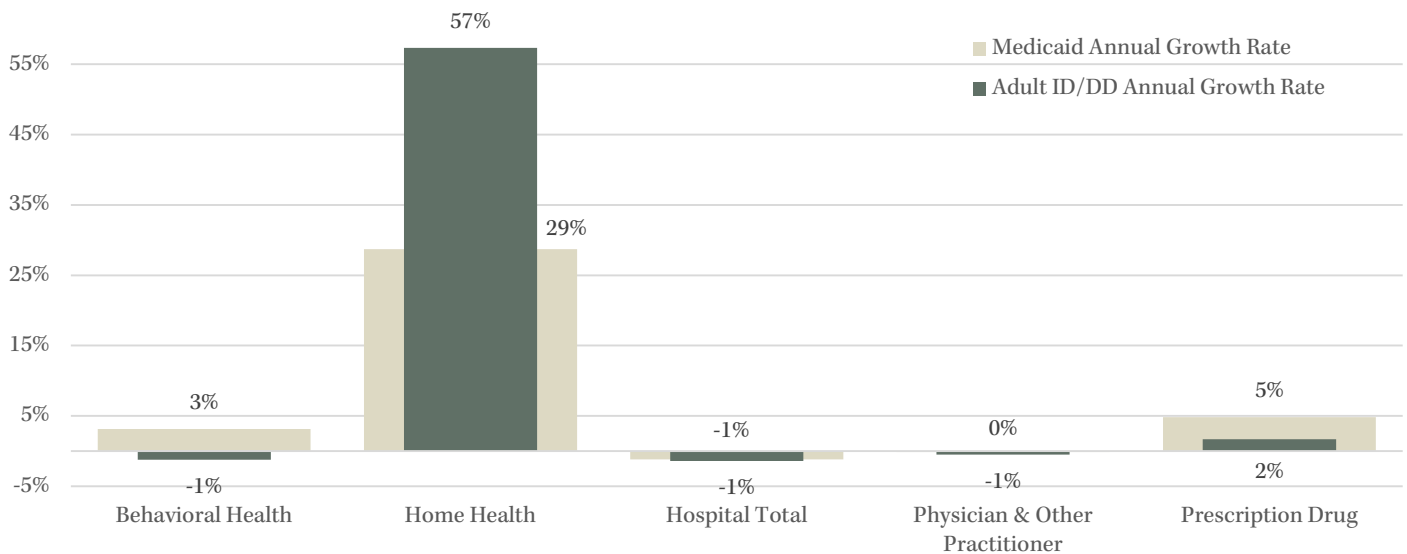
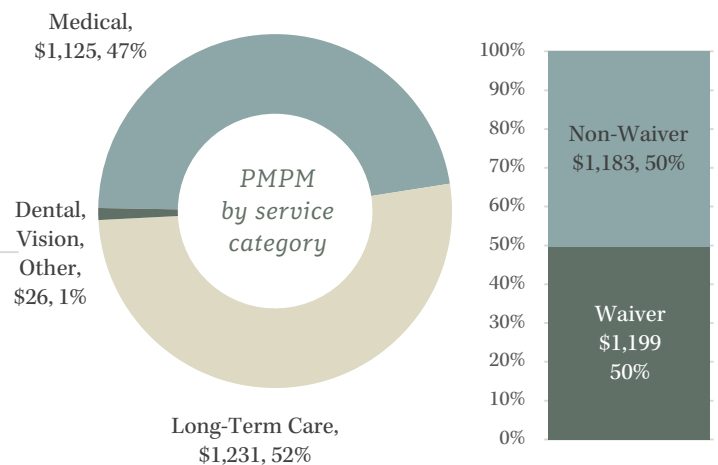
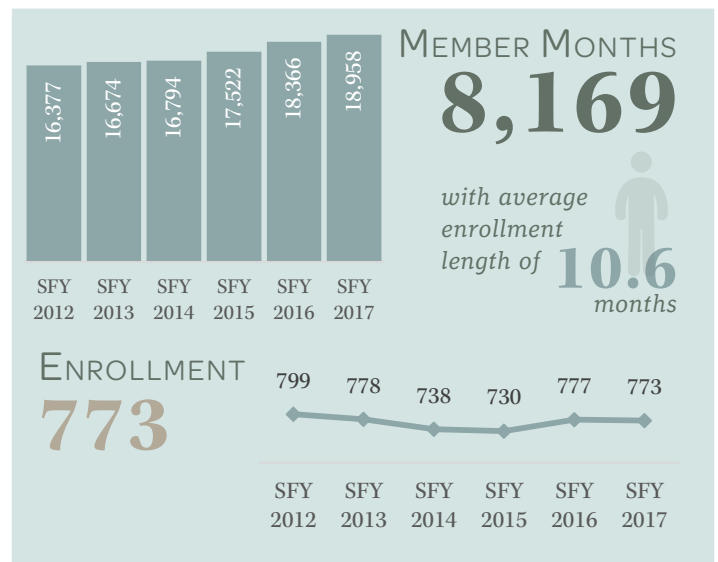
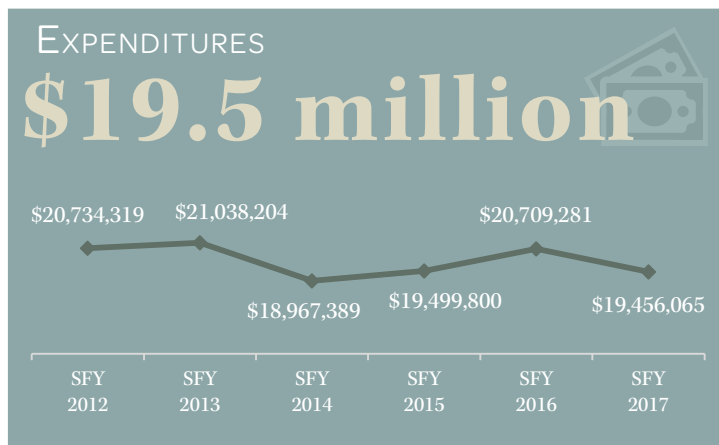


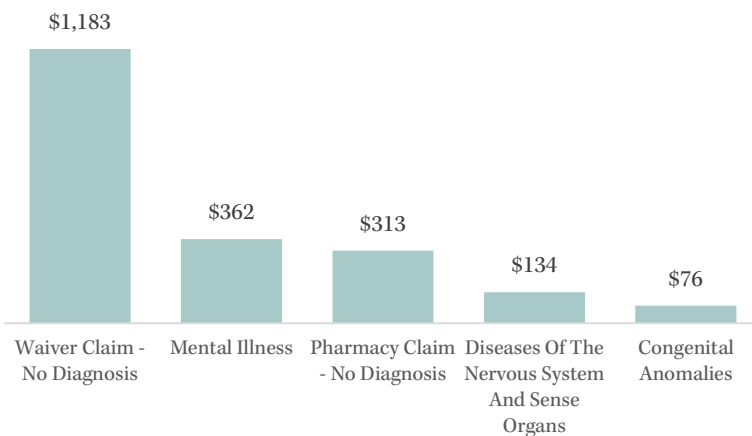
Figure 27. Adult ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

Children with Intellectual/Development Disabilities

Subgroup detail



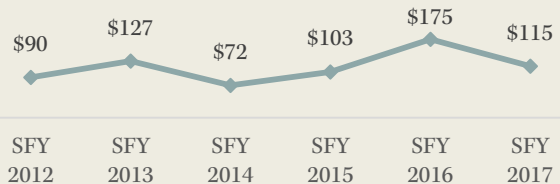
PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM



**Table 26. Children with Intellectual/Developmental Disabilities
Per Member Per Month History by Service Area**

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$2.56	\$4.91	\$7.83	\$9.03	\$6.89	\$4.82
Ambulatory Surgical Center	\$4.86	\$14.83	\$17.66	\$24.40	\$13.58	\$7.05
Behavioral Health	\$51.69	\$51.98	\$48.19	\$58.68	\$57.01	\$37.56
Clinic/Center	\$6.54	\$5.93	\$3.27	\$2.39	\$1.82	\$2.52
Dental	\$5.93	\$3.27	\$2.39	\$1.82	\$2.52	\$2.48
DME, Prosthetics/Orthotics/ Supplies	\$17.38	\$14.96	\$19.53	\$17.52	\$19.29	\$16.41
End Stage Renal Disease	\$96.03	\$119.59	\$120.67	\$137.39	\$111.47	\$114.59
Federally Qualified Health Center	\$0.52	\$0.58	\$0.87	\$0.86	\$1.65	\$2.86
Home Health	\$45.65	\$48.10	\$34.11	\$29.44	\$38.36	\$47.85
Hospice	--	--	--	\$0.38	--	--
Hospital Total	\$139.67	\$186.69	\$124.02	\$171.40	\$241.06	\$189.85
<i>Inpatient</i>	\$90.53	\$126.89	\$72.48	\$102.58	\$175.50	\$115.45
<i>Outpatient</i>	\$49.14	\$62.48	\$51.63	\$68.82	\$65.55	\$74.40
<i>Other Hospital</i>	\$0.00	-\$2.68	-\$0.09	\$0.00	\$0.00	--
Laboratory	\$0.93	\$1.03	\$0.66	\$1.16	\$1.00	\$0.57
Other	\$2.44	\$0.66	\$0.32	\$0.26	\$1.83	\$1.67
Physician & Other Practitioner	\$176.05	\$196.67	\$260.27	\$335.12	\$428.04	\$442.25
Prescription Drug	\$244.98	\$223.26	\$275.78	\$331.45	\$325.88	\$312.70
PRTF	\$22.15	\$30.00	\$41.89	\$29.72	\$19.66	\$4.72
Public Health or Welfare	\$0.10	\$0.07	\$0.08	\$0.08	\$0.09	\$0.10
Public Health, Federal	\$3.98	\$4.83	\$3.94	\$3.48	\$3.38	\$4.05
Rural Health Clinic	\$2.35	\$1.71	\$1.38	\$1.65	\$1.76	\$1.62
Vision	\$7.29	\$7.54	\$7.24	\$7.92	\$7.61	\$7.85
Waiver Total	\$1,543.72	\$1,553.95	\$1,433.50	\$1,326.83	\$1,286.71	\$1,182.69
<i>Child ID/DD</i>	\$1,543.72	\$1,553.95	\$1,433.50	\$974.85	\$2.05	--
<i>Comprehensive</i>	-\$0.01	--	--	\$325.22	\$1,162.01	\$974.56
<i>Supports</i>	--	--	--	\$26.76	\$122.65	\$208.13
Total	\$2,368	\$2,465	\$2,400	\$2,490	\$2,569	\$2,382

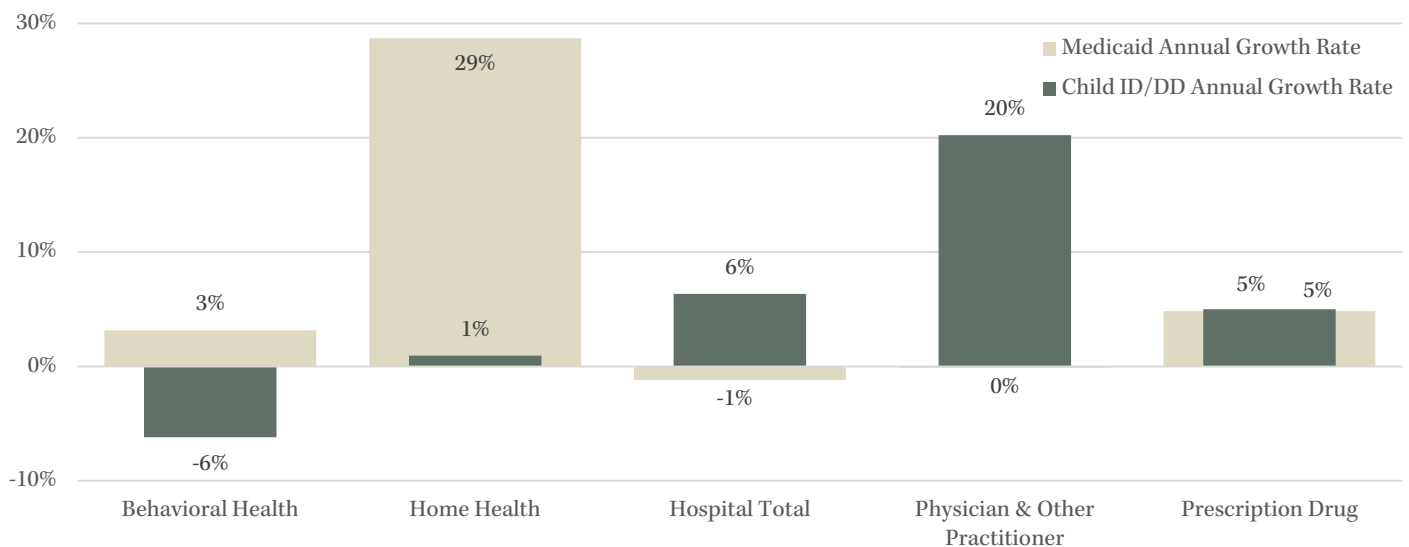
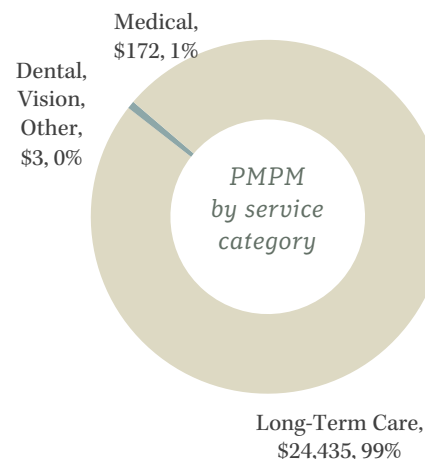
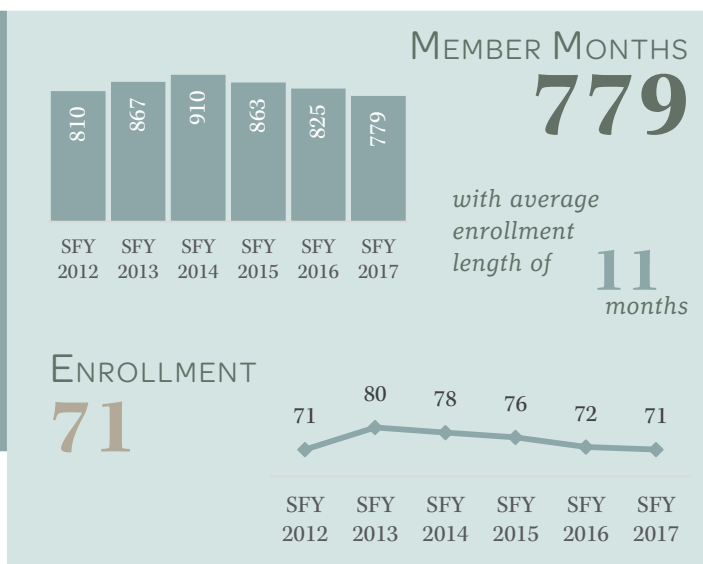
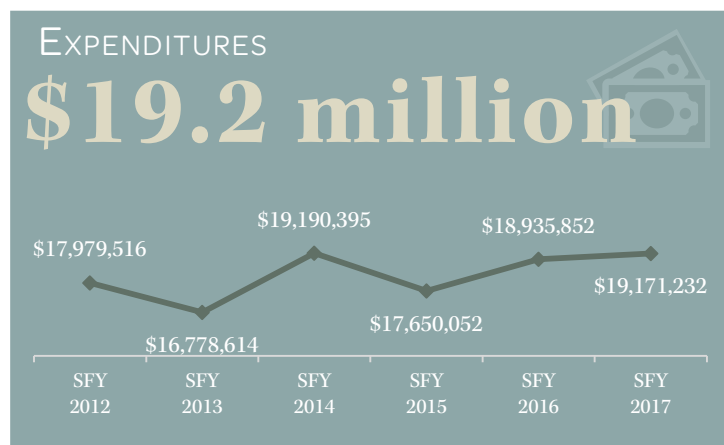


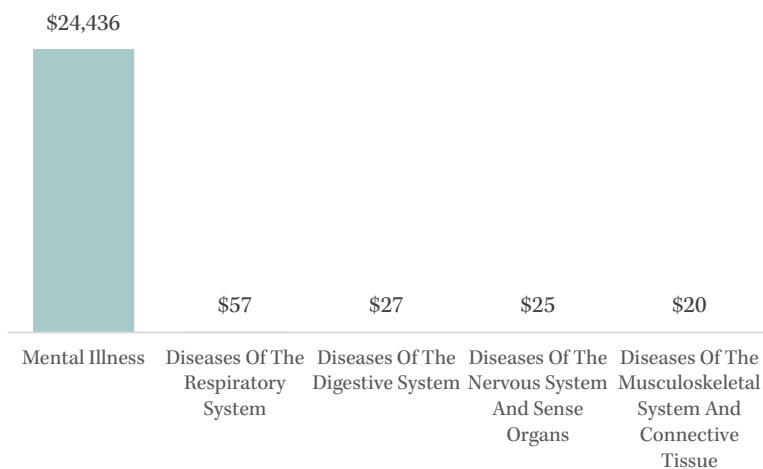
Figure 28. Child ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

Intermediate Care Facility for Individuals with Intellectual Disabilities

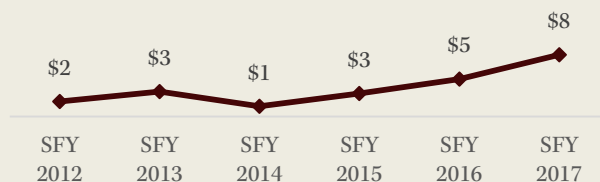
Subgroup detail



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

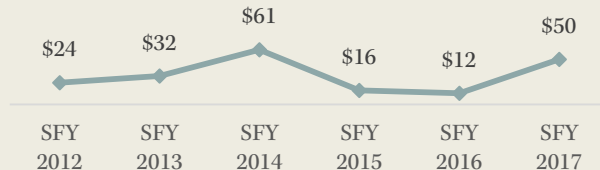


Table 27. ICF-ID Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$3.39	\$6.68	\$4.10	\$8.37	\$15.96	\$13.74
Ambulatory Surgical Center	--	\$0.43	\$0.96	--	--	\$0.89
Behavioral Health	--	\$0.18	\$2.52	\$1.09	\$2.56	--
Dental	\$1.03	\$0.10	\$0.50	\$0.13	\$0.09	\$0.08
DME, Prosthetics/Orthotics/ Supplies	\$21.55	\$24.89	\$17.71	\$22.99	\$21.27	\$14.79
Hospice	--	--	--	--	\$0.99	--
Hospital Total	\$59.62	\$70.68	\$79.07	\$42.73	\$71.65	\$91.30
<i>Inpatient</i>	\$37.07	\$38.47	\$67.90	\$25.68	\$35.69	\$62.13
<i>Outpatient</i>	\$22.55	\$33.58	\$11.21	\$17.06	\$35.96	\$29.16
<i>Other Hospital</i>	--	-\$1.37	-\$0.04	--	--	--
Intermediate Care Facility-ID	\$21,973.94	\$19,227.12	\$20,961.63	\$20,355.61	\$22,799.08	\$24,435.06
Laboratory	\$0.21	\$0.00	\$0.06	\$0.00	\$0.03	\$0.00
Nursing Facility	\$1.55	--	--	--	--	--
Other	-\$0.86	--	--	--	--	--
Physician & Other Practitioner	\$22.51	\$19.18	\$17.98	\$17.62	\$36.80	\$51.14
Prescription Drug	\$0.01	--	--	--	\$0.36	\$0.48
Vision	\$2.48	\$3.21	\$3.80	\$3.42	\$3.76	\$2.58
Total	\$22,197	\$19,352	\$21,088	\$20,452	\$22,953	\$24,610

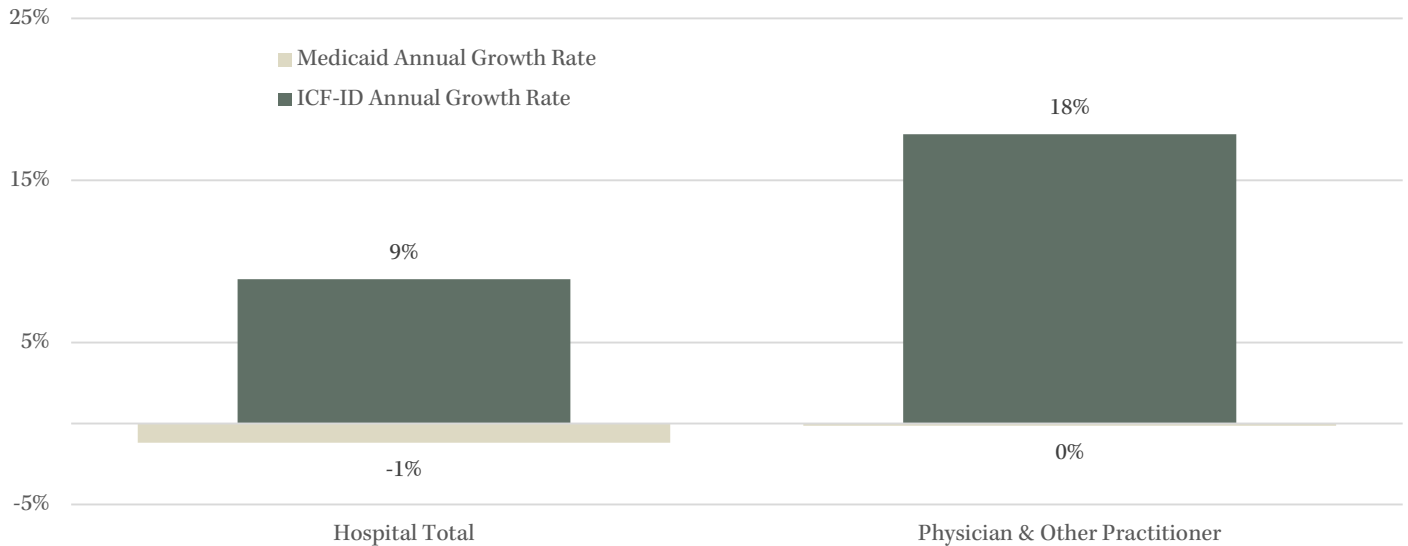
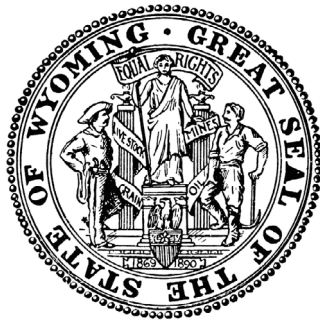


Figure 29. ICF-ID Five-Year Annual Growth Rate for Select Services



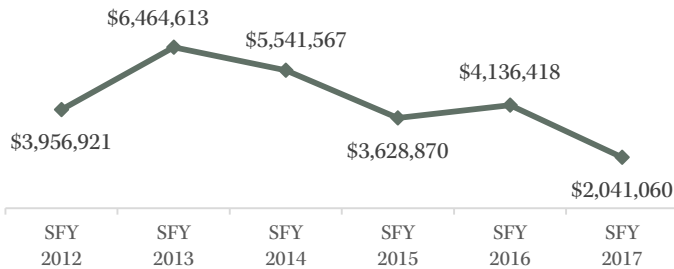
Aged, Blind, or Disabled Institution

EXPENDITURES

\$2 million

paid to providers for services rendered during the state fiscal year

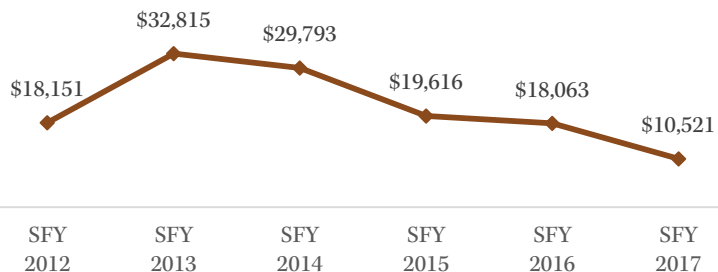
↓51%
from SFY 2016



PER MEMBER PER MONTH

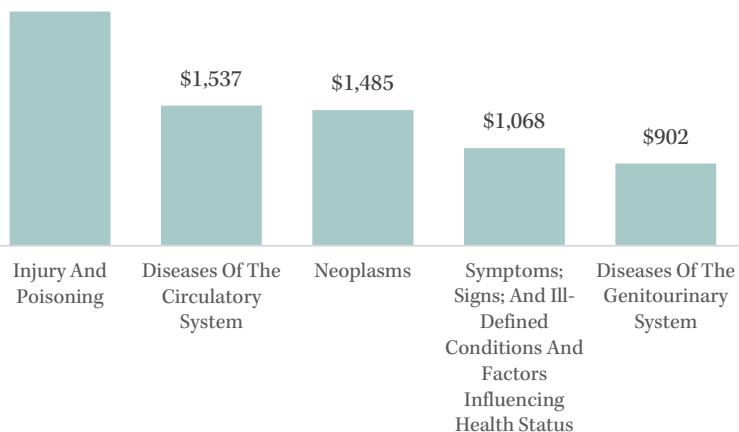
\$10,521

↓42%
from SFY 2016



PMPM by Primary Diagnosis

\$2,569

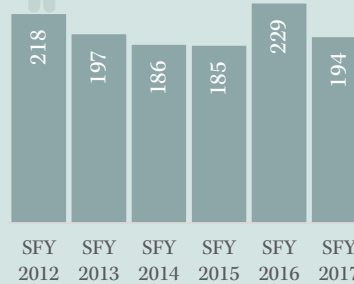


MEMBER MONTHS

↓15%
from SFY 2016

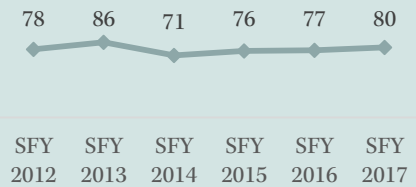
194

months members were enrolled during the state fiscal year with average enrollment length of **2.4** months



80

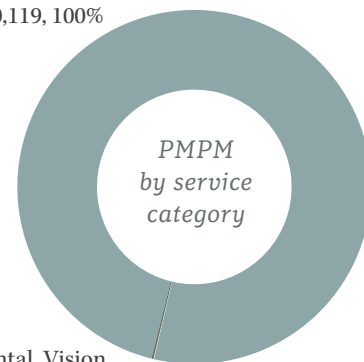
unique individuals enrolled during the state fiscal year



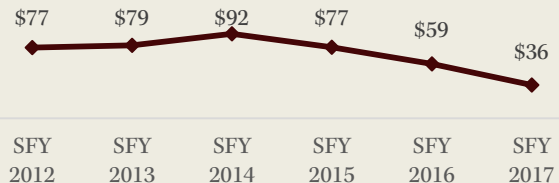
Medical,
\$10,119, 100%

Dental, Vision,
Other, \$17, 0%

Long-Term Care,
\$5, 0%



Emergency Room PMPM



Hospital Inpatient PMPM

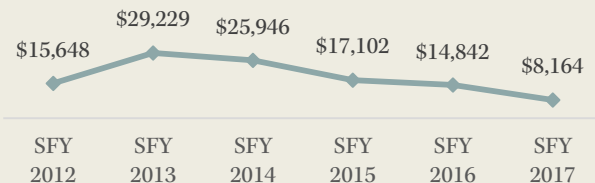


Table 29. Aged, Blind, or Disabled Institution Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
<i>Hospital</i>	\$2,041,060	-51%	194	-15%	\$10,521	-42%

Table 30. Aged, Blind, or Disabled Institution Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
ABD Institution	<i>Hospital</i>	\$3,956,921	\$6,464,613	\$5,541,567	\$3,628,870	\$4,136,418	\$2,041,060
Member Months							
ABD Institution	<i>Hospital</i>	218	197	186	185	229	194
Per Member Per Month							
ABD Institution	<i>Hospital</i>	\$18,151	\$32,815	\$29,793	\$19,616	\$18,063	\$10,521

Table 28. Hospital Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$112.89	\$364.73	\$454.82	\$220.86	\$118.91	\$159.07
Ambulatory Surgical Center	--	--	--	--	\$8.50	--
Behavioral Health	\$11.84	\$7.34	\$5.44	\$33.63	\$4.33	\$10.65
Dental	\$4.79	--	--	\$8.15	\$3.49	\$1.09
DME, Prosthetics/Orthotics/Supplies	\$58.70	\$133.22	\$152.39	\$46.04	\$59.90	\$140.99
End Stage Renal Disease	--	\$1.41	\$1.62	\$1.94	--	--
Federally Qualified Health Center	\$9.66	\$4.46	\$1.87	\$0.13	--	--
Home Health	\$7.22	\$31.38	\$57.83	\$5.94	\$27.05	\$5.09
Hospice	\$15.96	\$4.38	\$21.82	\$14.35	\$2.40	\$0.99
Hospital Total	\$16,029.01	\$29,619.30	\$26,202.52	\$17,400.70	\$15,643.51	\$8,498.07
<i>Inpatient</i>	\$15,844.50	\$29,453.31	\$26,026.81	\$17,197.77	\$15,463.62	\$8,401.06
<i>Outpatient</i>	\$184.51	\$293.24	\$175.61	\$202.92	\$179.53	\$96.71
<i>Other Hospital</i>		-\$127.25	\$0.09	\$0.00	\$0.35	\$0.29
Laboratory	\$2.65	\$37.22	\$37.87	\$16.28	\$23.26	\$19.01
Nursing Facility	\$43.37	\$42.93	\$152.29	\$113.72	\$51.66	\$379.35
Other	\$12.31	\$11.62	\$42.51	\$7.51	\$6.98	\$16.12
Physician & Other Practitioner	\$1,705.70	\$2,462.52	\$2,561.34	\$1,498.36	\$1,822.70	\$1,193.02
Prescription Drug	\$66.80	\$41.45	\$80.70	\$235.86	\$107.67	\$87.40
Public Health or Welfare	\$11.61	\$9.75	\$18.06	\$10.38	\$6.81	\$8.66
Public Health, Federal	\$57.61	\$41.21	--	--	\$172.76	--
Rural Health Clinic	\$0.32	\$1.93	\$0.90	--	\$1.79	\$1.27
Vision	\$0.56	\$0.44	\$1.38	\$1.67	\$1.25	\$0.16
Total	\$18,151	\$32,815	\$29,793	\$19,616	\$18,063	\$10,521

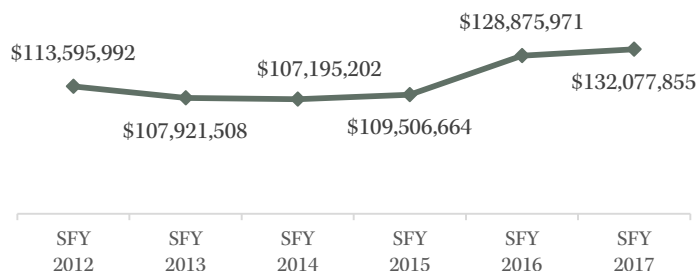
Aged, Blind, or Disabled Long-Term Care

EXPENDITURES

\$132.1 million

paid to providers for
services rendered during
the state fiscal year

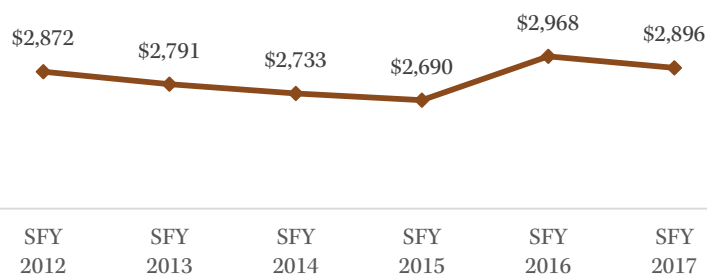
↑2%
from SFY 2016



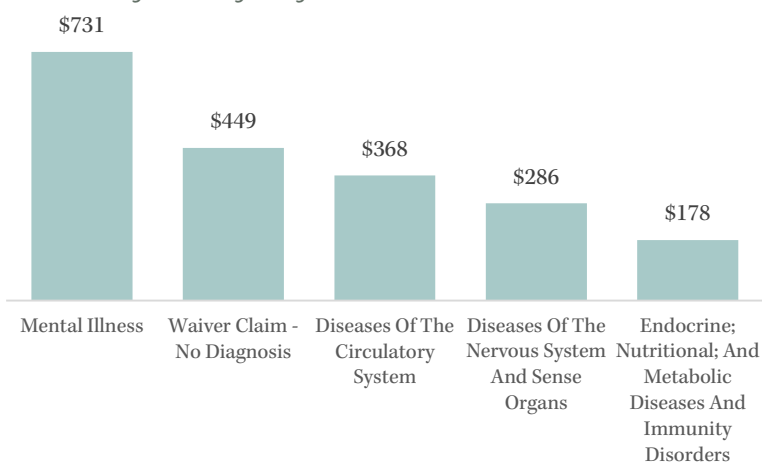
PER MEMBER PER MONTH

\$2,896

↓2%
from SFY 2016



PMPM by Primary Diagnosis

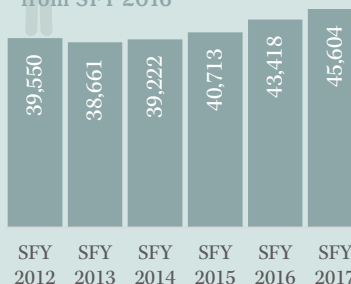


MEMBER MONTHS

↑5%
from SFY 2016

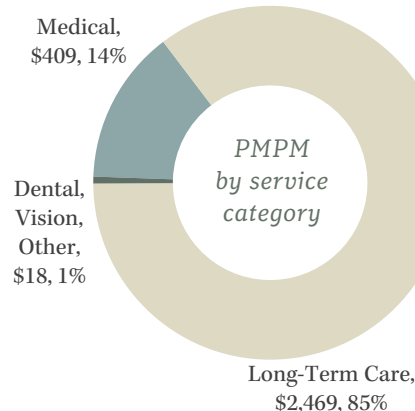
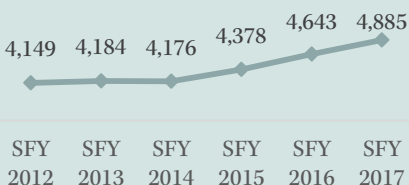
45,604

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **9.3**
months

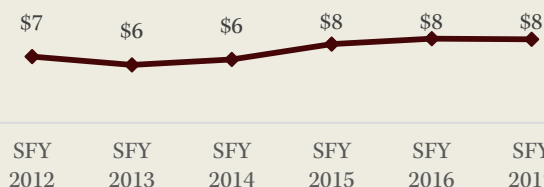


4,885

unique individuals
enrolled during the
state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM



Table 31. Aged, Blind, or Disabled Long-Term Care Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD LTC						
Community Choices	\$37,863,358	2%	22,912	6%	\$1,653	-4%
Hospice	\$623,478	-14%	381	21%	\$1,636	-29%
Nursing Home	\$90,094,293	2%	20,847	3%	\$4,322	-1%
PACE	\$3,496,727	19%	1,464	21%	\$2,388	-2%

Table 32. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
ABD LTC	Community Choices	\$33,816,161	\$30,373,421	\$30,209,597	\$32,671,770	\$37,199,161	\$37,863,358
	Hospice	\$615,157	\$422,630	\$608,168	\$625,693	\$724,220	\$623,478
	Nursing Home	\$79,165,936	\$76,956,903	\$75,095,592	\$73,947,304	\$88,009,978	\$90,094,293
	PACE	-\$1,262	\$168,554	\$1,281,845	\$2,261,896	\$2,942,611	\$3,496,727
Total Expenditures		\$113,595,992	\$107,921,508	\$107,195,202	\$109,506,664	\$128,875,971	\$132,077,855
Member Months							
ABD LTC	Community Choices	18,812	18,152	18,369	19,776	21,643	22,912
	Hospice	169	210	249	359	314	381
	Nursing Home	20,569	20,232	20,092	19,667	20,255	20,847
	PACE	--	67	512	911	1,206	1,464
Total Member Months		39,550	38,661	39,222	40,713	43,418	45,604
Per Member Per Month							
ABD LTC	Community Choices	\$1,798	\$1,673	\$1,645	\$1,652	\$1,719	\$1,653
	Hospice	\$3,640	\$2,013	\$2,442	\$1,743	\$2,306	\$1,636
	Nursing Home	\$3,849	\$3,804	\$3,738	\$3,760	\$4,345	\$4,322
	PACE	--	\$2,516	\$2,504	\$2,483	\$2,440	\$2,388
Overall Per Member Per Month		\$2,821	\$2,874	\$2,796	\$2,741	\$2,698	\$2,896

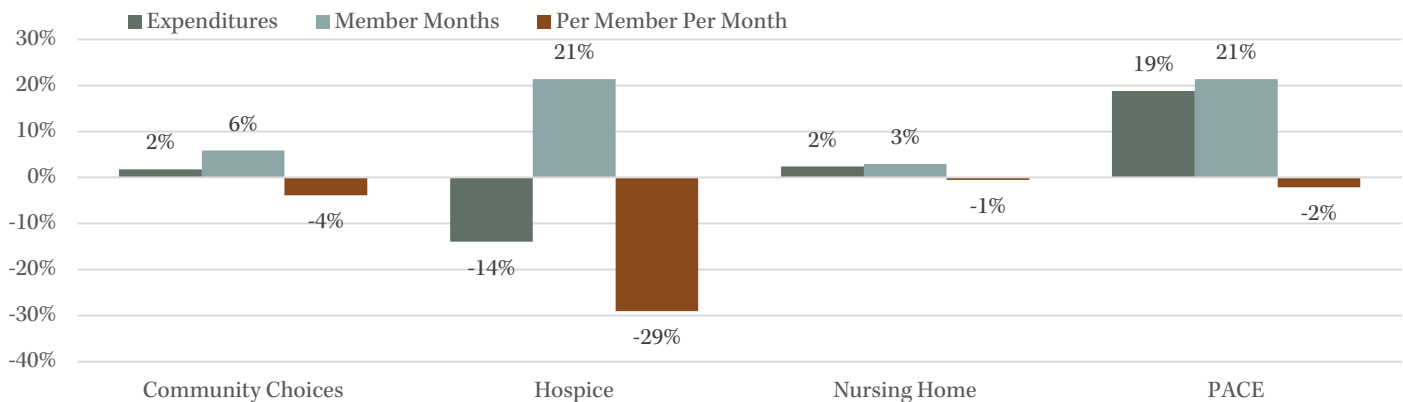


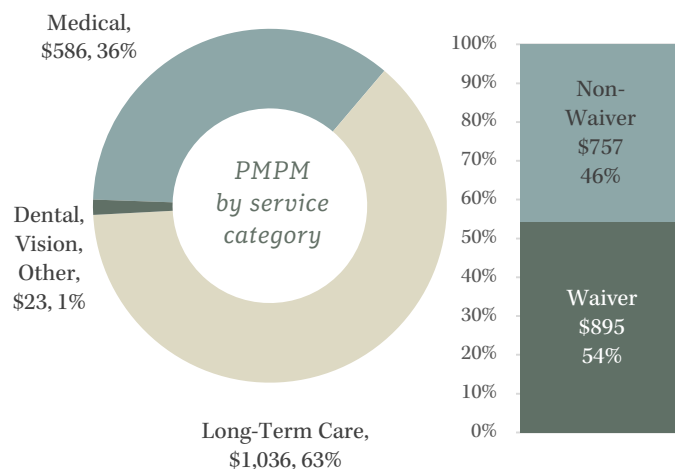
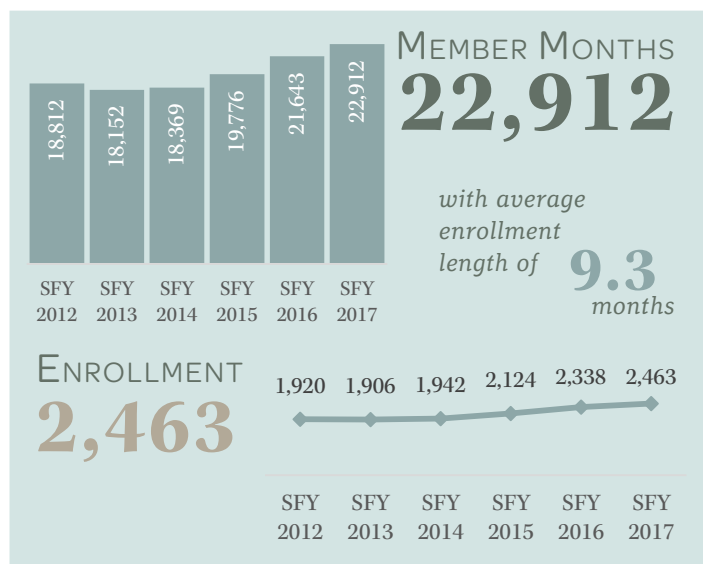
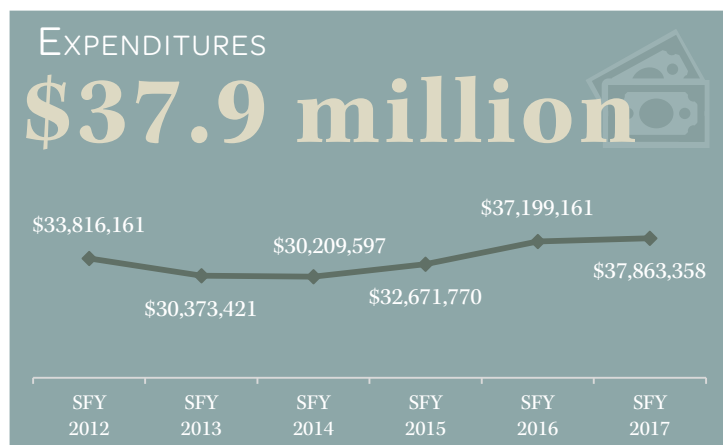
Figure 30. One-Year Percent Change by Aged, Blind, or Disabled Long-Term Care Eligibility Subgroup

Table 33. Aged, Blind, or Disabled Long-Term Care Community Choices Waiver Per Member Per Month History for Waiver and Non-Waiver Services

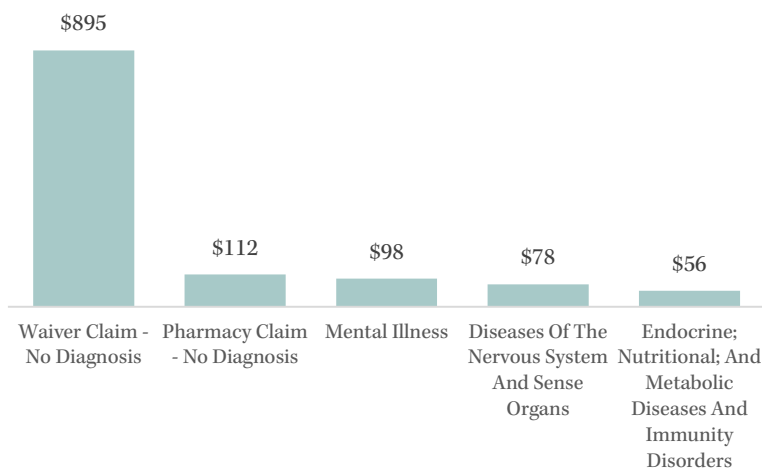
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Waiver-Only Services	\$848	\$858	\$859	\$849	\$936	\$895
Non-Waiver Services	\$950	\$815	\$786	\$803	\$783	\$757

Community Choices Waiver

Subgroup detail



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

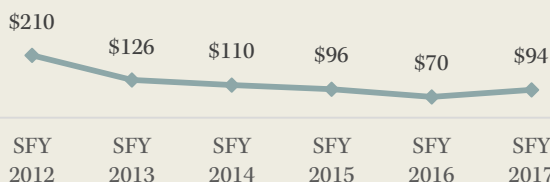


Table 34. Community Choices Waiver Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$13.61	\$15.66	\$12.18	\$15.79	\$16.06	\$10.26
Ambulatory Surgical Center	\$2.39	\$2.36	\$1.85	\$3.23	\$2.68	\$1.91
Behavioral Health	\$39.77	\$37.96	\$41.86	\$46.11	\$46.79	\$40.58
Dental	\$16.12	\$14.28	\$12.99	\$16.06	\$16.48	\$11.75
DME, Prosthetics/Orthotics/ Supplies	\$79.16	\$76.67	\$79.27	\$80.39	\$75.68	\$68.67
End Stage Renal Disease	\$7.41	\$9.92	\$11.30	\$14.82	\$13.57	\$8.75
Federally Qualified Health Center	\$2.92	\$2.93	\$3.63	\$4.57	\$8.89	\$8.05
Home Health	\$89.33	\$85.85	\$111.85	\$117.25	\$130.48	\$140.77
Hospice	\$1.27	\$7.92	\$10.93	\$4.33	\$4.82	\$6.64
Hospital Total	\$345.47	\$258.34	\$240.42	\$220.94	\$202.82	\$184.98
Inpatient	\$252.42	\$167.52	\$150.26	\$133.60	\$108.05	\$120.22
Outpatient	\$93.74	\$91.41	\$91.87	\$87.55	\$94.70	\$64.62
Other Hospital	-\$0.69	-\$0.59	-\$1.70	-\$0.21	\$0.08	\$0.15
Laboratory	\$1.64	\$1.36	\$0.99	\$1.56	\$1.21	\$0.74
Nursing Facility	\$12.02	\$17.27	\$16.56	\$10.88	\$13.71	\$7.54
Other	\$5.96	\$4.48	\$4.17	\$6.14	\$5.85	\$9.92
Physician & Other Practitioner	\$116.11	\$107.60	\$103.18	\$109.31	\$89.00	\$102.20
Prescription Drug	\$181.96	\$137.14	\$104.70	\$123.14	\$123.57	\$111.91
Public Health or Welfare	\$19.92	\$19.49	\$19.20	\$18.56	\$18.93	\$12.65
Public Health, Federal	\$11.82	\$13.09	\$7.99	\$6.66	\$9.01	\$26.82
Rural Health Clinic	\$1.89	\$1.87	\$1.75	\$2.03	\$2.32	\$2.21
Vision	\$0.87	\$1.08	\$1.19	\$1.20	\$1.20	\$1.10
Waiver Total	\$847.96	\$858.01	\$858.58	\$849.11	\$935.67	\$895.08
Total	\$1,798	\$1,673	\$1,645	\$1,652	\$1,719	\$1,653

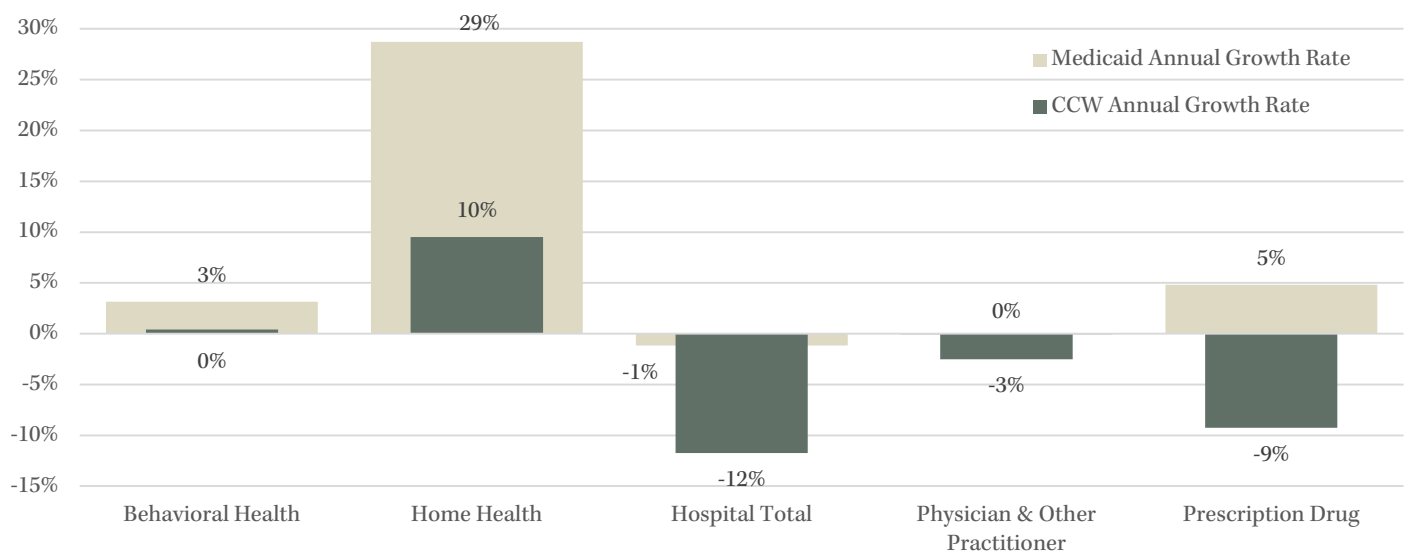


Figure 31. Community Choices Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services

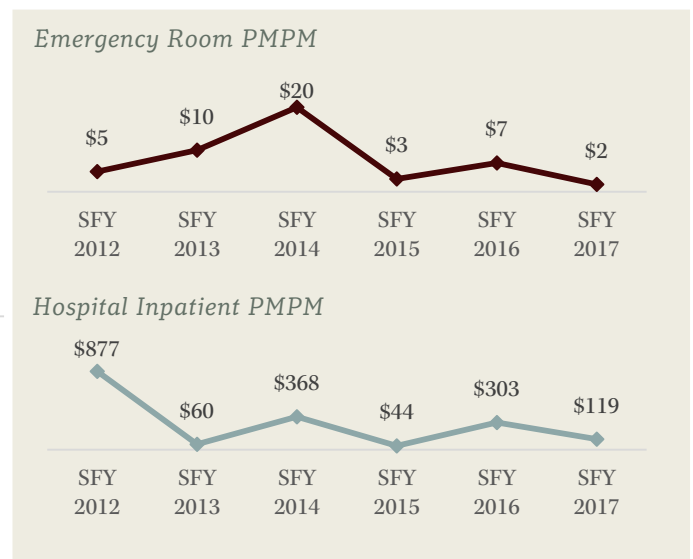
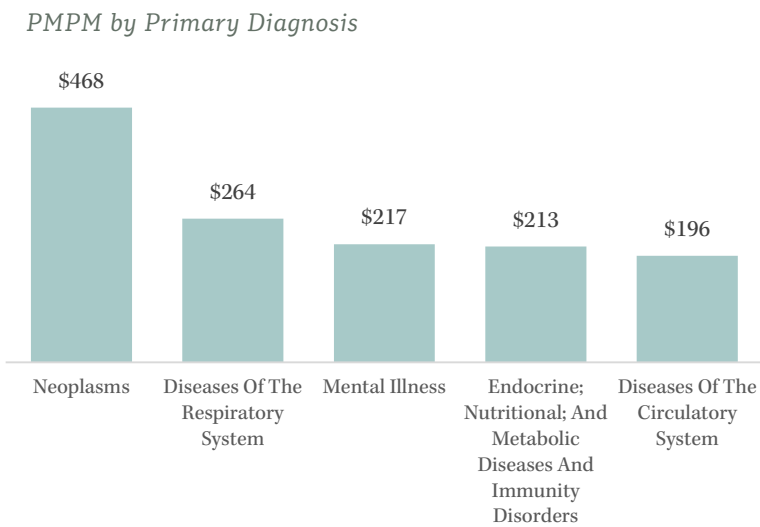
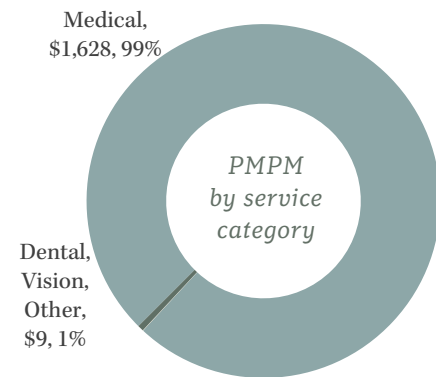
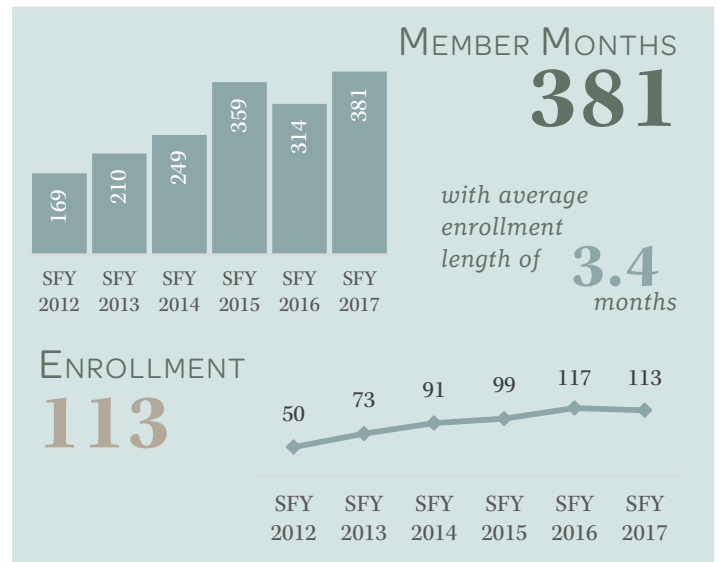
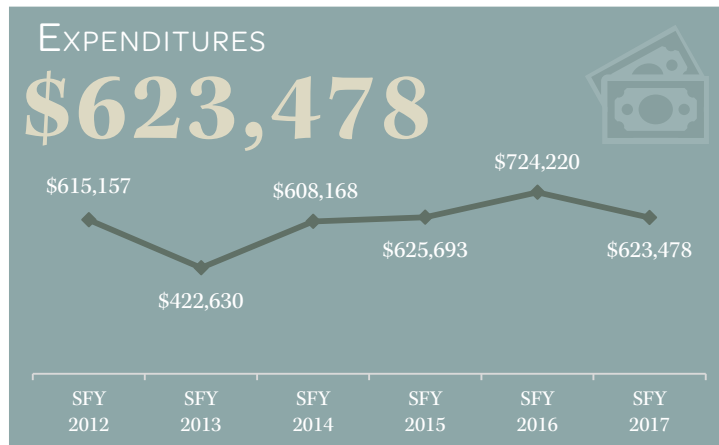


Table 35. Hospice Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$28.03	\$4.16	\$31.63	\$2.30	\$37.73	\$0.25
Behavioral Health	--	--	\$0.31	\$0.26	\$0.03	--
Dental	\$0.56	\$0.93	\$0.88	--	\$4.22	\$8.05
DME, Prosthetics/Orthotics/ Supplies	\$1.00	\$1.69	\$0.05	\$0.67	--	--
End Stage Renal Disease	\$0.26	--	--	--	--	\$0.47
Federally Qualified Health Center	--	--	\$5.06	\$0.40	\$0.31	\$0.17
Home Health	--	\$2.01	--	\$0.47	--	\$0.34
Hospice	\$2,496.91	\$1,746.13	\$1,984.87	\$1,645.46	\$1,889.09	\$1,451.79
Hospital Total	\$916.85	\$96.18	\$320.69	\$61.47	\$336.11	\$144.19
<i>Inpatient</i>	\$890.87	\$59.71	\$372.68	\$53.83	\$319.47	\$135.76
<i>Outpatient</i>	\$25.98	\$36.47	\$24.55	\$7.64	\$16.64	\$8.37
<i>Other Hospital</i>	--	--	-\$76.54	--	--	\$0.05
Laboratory	--	\$0.00	\$0.09	--	--	--
Nursing Facility	\$5.98	\$4.02	-\$0.78	\$0.36	\$3.61	-\$0.91
Other	\$1.91	\$11.90	\$0.45	\$3.85	--	\$0.92
Physician & Other Practitioner	\$95.80	\$104.32	\$76.36	\$15.21	\$19.42	\$26.01
Prescription Drug	\$22.16	\$16.58	\$4.32	\$1.30	\$3.12	\$3.27
Public Health or Welfare	\$5.68	\$2.86	\$4.34	\$3.01	\$4.20	\$1.89
Public Health, Federal	\$64.84	\$21.75	\$12.37	\$8.03	\$8.58	--
Rural Health Clinic	--	--	\$1.80	--	--	--
Vision	--	--	--	\$0.10	--	--
Total	\$3,640	\$2,013	\$2,442	\$1,743	\$2,306	\$1,636

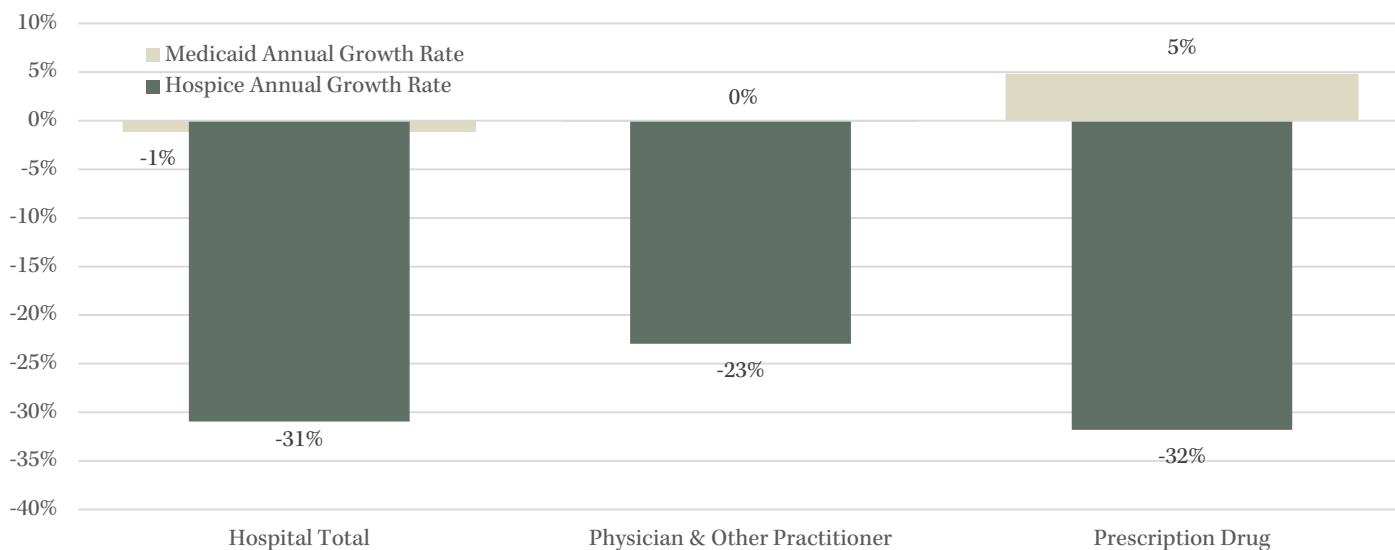
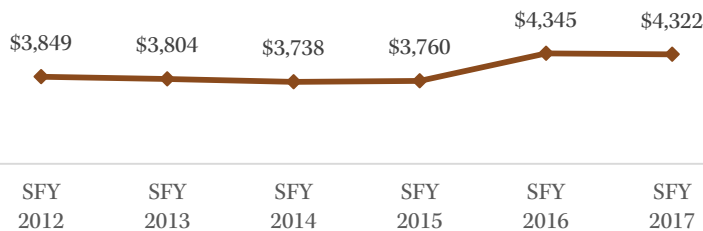
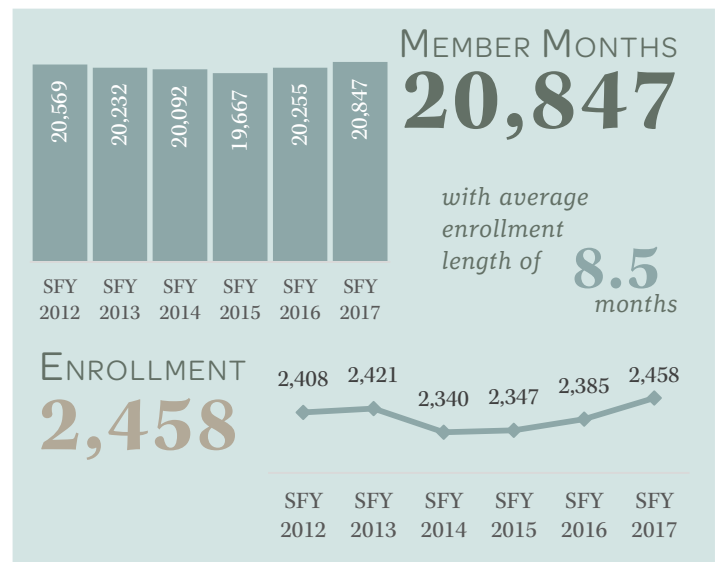
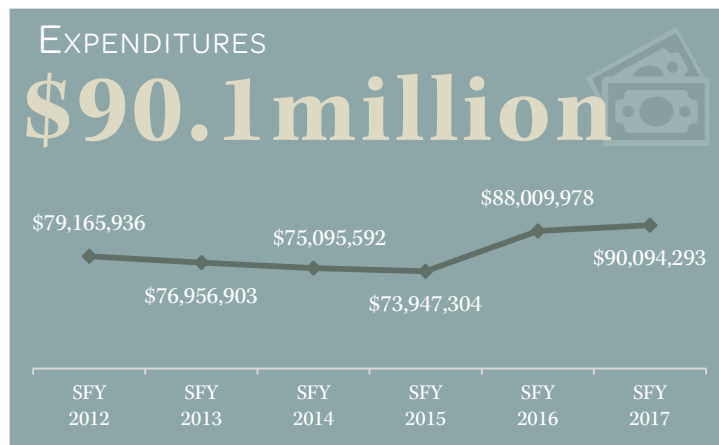
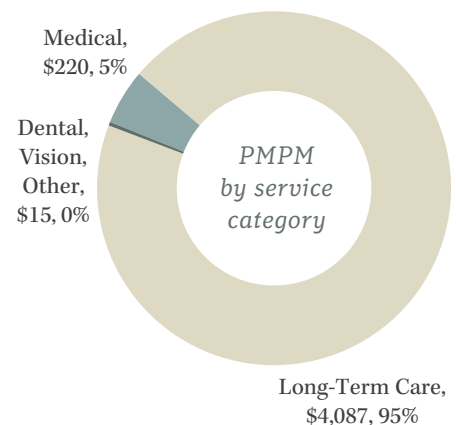
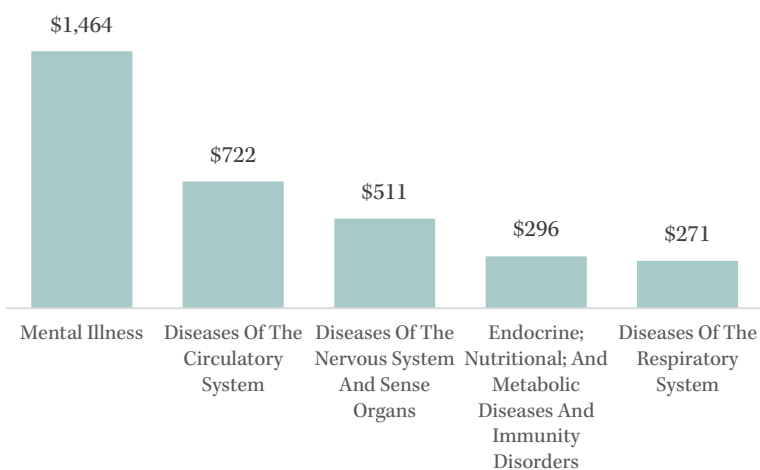


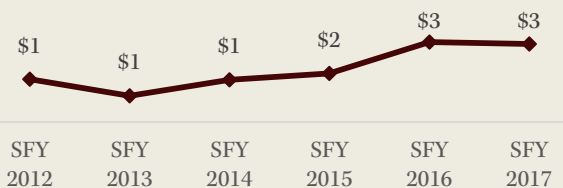
Figure 32. Hospice Per Member Per Month Five-Year Annual Growth Rate for Select Services



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

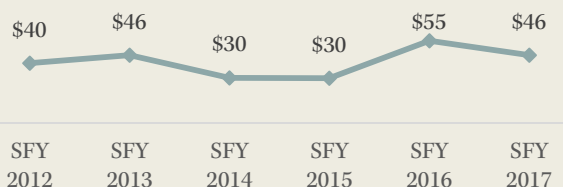


Table 36. Nursing Home Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$5.04	\$4.78	\$6.42	\$6.40	\$6.63	\$4.35
Ambulatory Surgical Center	\$0.40	\$0.36	\$0.16	\$0.10	\$0.86	\$0.72
Behavioral Health	\$13.45	\$12.71	\$11.50	\$14.40	\$14.09	\$12.01
Dental	\$8.22	\$9.03	\$8.61	\$10.28	\$10.87	\$6.68
DME, Prosthetics/Orthotics/ Supplies	\$10.98	\$8.59	\$17.72	\$14.95	\$23.43	\$14.91
End Stage Renal Disease	\$2.95	\$3.01	\$2.51	\$3.87	\$4.17	\$3.19
Federally Qualified Health Center	\$0.15	\$0.14	\$0.16	\$0.93	\$1.62	\$1.57
Home Health	\$0.54	\$0.22	\$0.33	\$0.40	\$0.49	\$0.96
Hospice	\$19.43	\$25.00	\$14.59	\$12.58	\$7.12	\$10.64
Hospital Total	\$91.17	\$97.94	\$80.57	\$84.68	\$106.59	\$80.42
Inpatient	\$61.63	\$68.34	\$53.42	\$53.57	\$74.12	\$60.06
Outpatient	\$30.59	\$29.92	\$32.37	\$31.45	\$32.48	\$20.20
Other Hospital	-\$1.05	-\$0.32	-\$5.21	-\$0.34	-\$0.01	\$0.16
Intermediate Care Facility-ID	\$88.90	\$63.18	--	--	--	--
Laboratory	\$0.24	\$0.31	\$0.29	\$0.15	\$0.22	\$0.15
Nursing Facility	\$3,526.27	\$3,495.81	\$3,521.74	\$3,529.22	\$4,080.95	\$4,086.51
Other	\$4.77	\$4.73	\$4.52	\$7.75	\$6.67	\$7.27
Physician & Other Practitioner	\$25.93	\$33.90	\$31.31	\$31.17	\$35.99	\$38.27
Prescription Drug	\$39.70	\$34.21	\$28.23	\$30.44	\$31.94	\$27.60
Public Health or Welfare	\$4.91	\$4.28	\$4.67	\$5.06	\$5.20	\$4.12
Public Health, Federal	\$2.59	\$2.40	\$1.35	\$4.78	\$5.44	\$19.85
Rural Health Clinic	\$2.56	\$2.61	\$2.44	\$2.27	\$2.03	\$1.91
Vision	\$0.61	\$0.49	\$0.47	\$0.52	\$0.79	\$0.57
Total	\$3,849	\$3,804	\$3,738	\$3,760	\$4,345	\$4,322

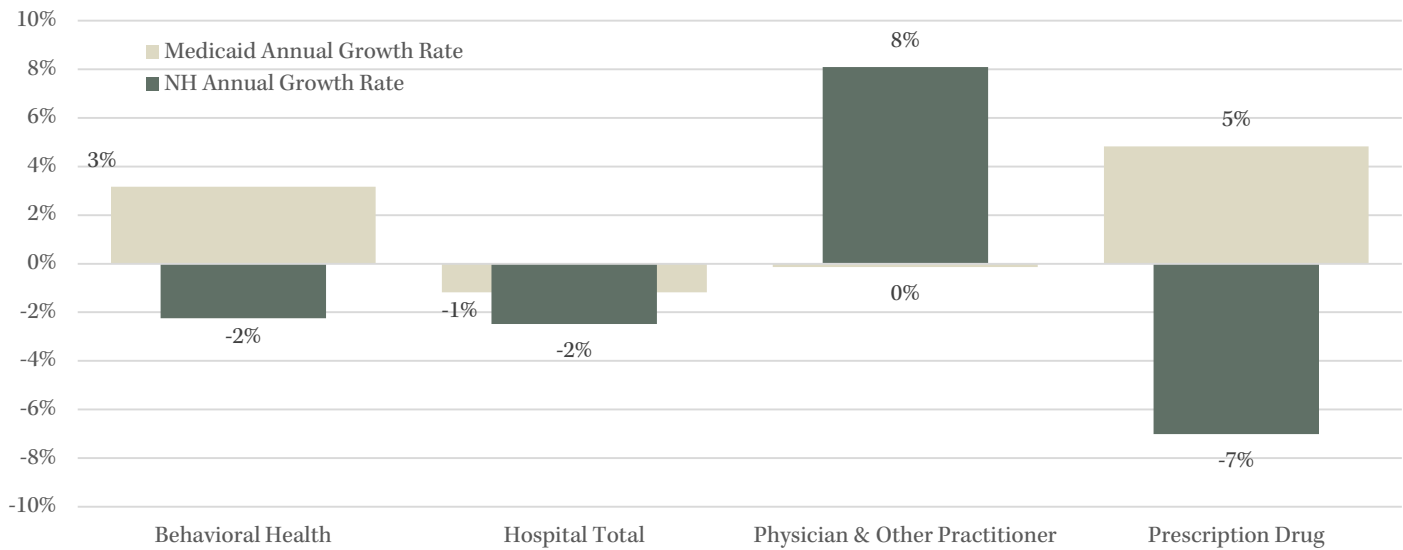
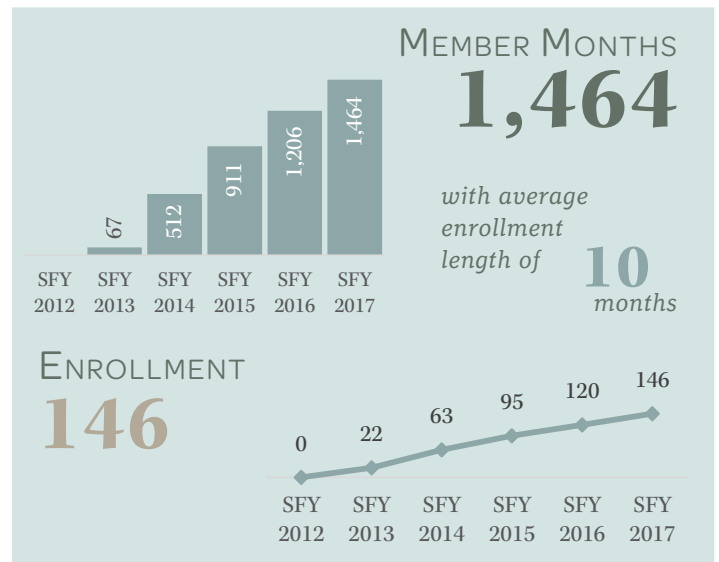
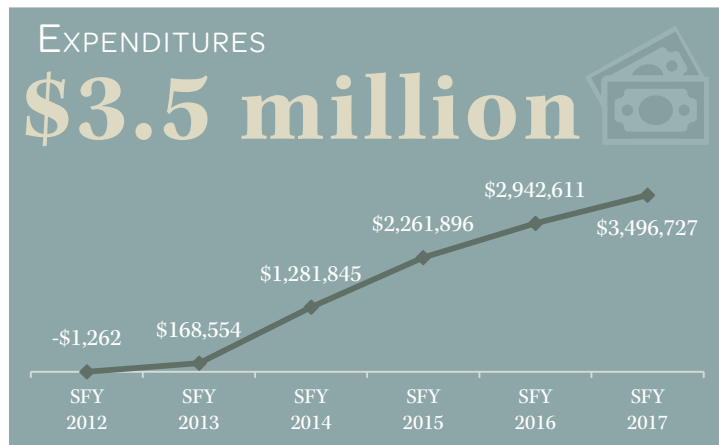


Figure 33. Nursing Home Per Member Per Month Five-Year Annual Growth Rate for Select Services



PER MEMBER PER MONTH

\$2,388

PMPM by Primary Diagnosis

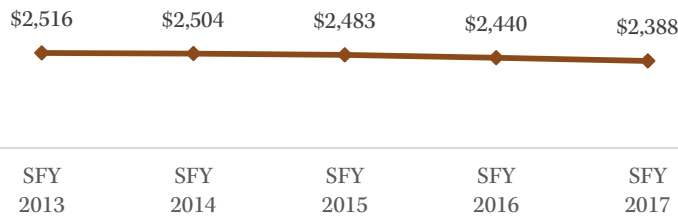
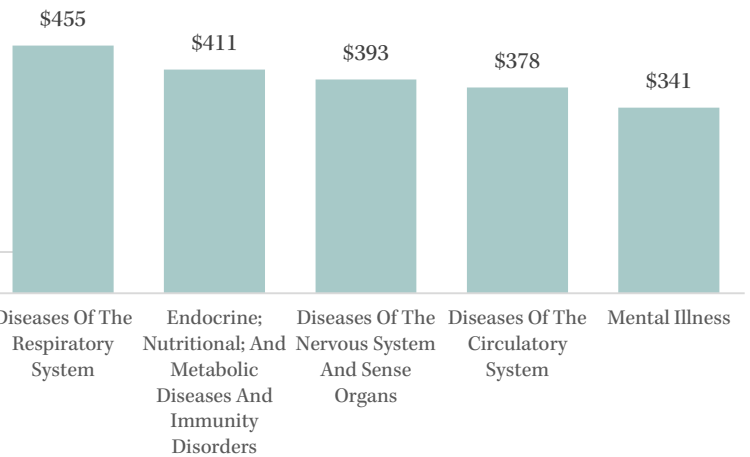


Table 37. PACE Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Behavioral Health	--	--	--	--	\$0.14	--
DME, Prosthetics/Orthotics/Supplies	--	--	--	\$1.76	\$0.03	--
Nursing Facility	--	--	--	-\$0.95	--	\$0.00
Other	--	--	--	\$0.29	--	\$0.08
PACE	--	\$2,513.40	\$2,495.87	\$2,471.28	\$2,427.02	\$2,385.45
Physician & Other Practitioner	--	\$0.53		\$0.75	\$2.54	\$0.74
Public Health or Welfare	--	\$1.79	\$7.73	\$9.75	\$10.25	\$2.21
Total	--	\$2,516	\$2,504	\$2,483	\$2,440	\$2,388



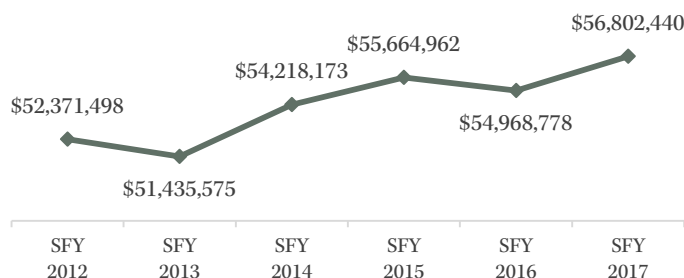
Aged, Blind, or Disabled Supplemental Security Income

EXPENDITURES

\$56.8 million

paid to providers for
services rendered during
the state fiscal year

↑3%
from SFY 2016



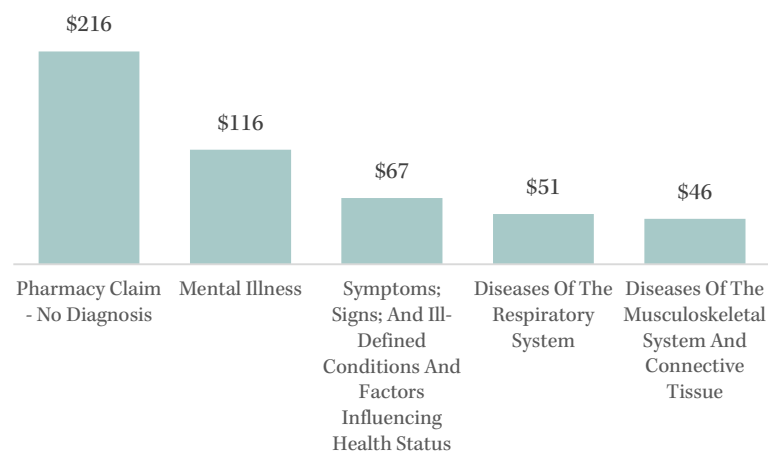
PER MEMBER PER MONTH

\$810

↑3%
from SFY 2016



PMPM by Primary Diagnosis¹⁴

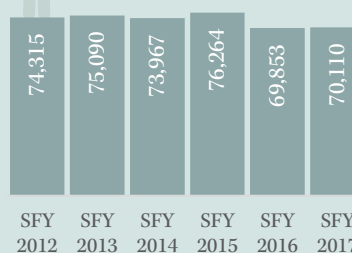


MEMBER MONTHS

70,110

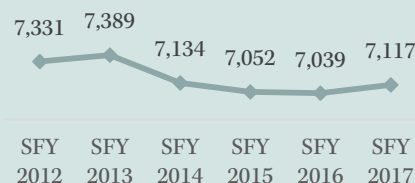
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **9.9**
months

↑0.4%
from SFY 2016



7,117

unique individuals
enrolled during the
state fiscal year



Medical,
\$769, 95%

Dental,
Vision,
Other,
\$16, 2%

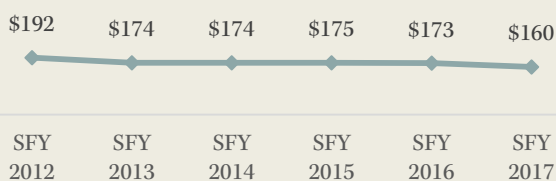
Long-
Term
Care,
\$25, 3%

PMPM
by service
category

Emergency Room PMPM



Hospital Inpatient PMPM



¹⁴ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Table 38. Aged, Blind, or Disabled Supplemental Security Income Summary by Subgroup -SFY 2017

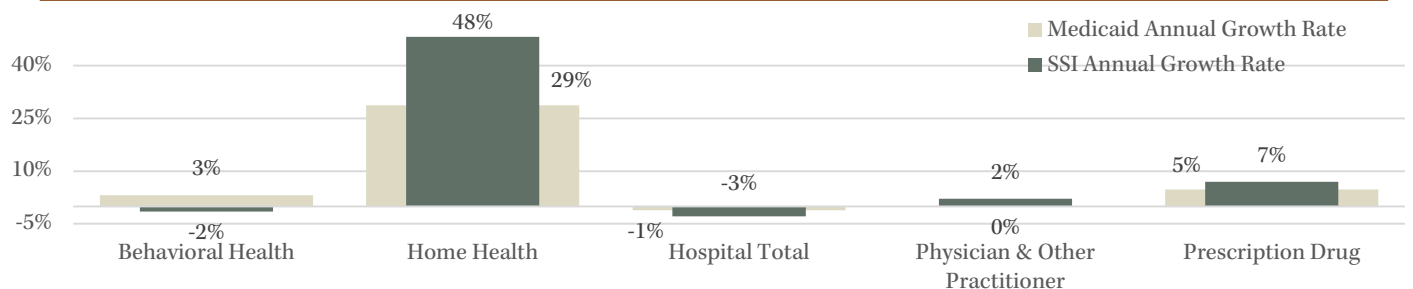
Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD SSI / SSI & SSI Related	\$56,802,440	3%	70,110	0.4%	\$810	3%

Table 39. Aged, Blind, or Disabled Supplemental Security Income History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
ABD SSI	SSI & SSI Related	\$52,371,498	\$51,435,575	\$54,218,173	\$55,664,962	\$54,966,445	\$56,802,440
Member Months							
ABD SSI	SSI & SSI Related	74,315	75,090	73,967	76,264	69,853	70,110
Per Member Per Month							
ABD SSI	SSI & SSI Related	\$705	\$685	\$733	\$730	\$787	\$810

Table 40. SSI & SSI Related Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$9.28	\$9.60	\$11.65	\$10.71	\$10.52	\$9.98
Ambulatory Surgical Center	\$2.85	\$3.53	\$4.25	\$5.06	\$4.38	\$4.46
Behavioral Health	\$62.82	\$61.63	\$63.30	\$57.18	\$66.88	\$58.15
Care Management Entity (CME)	--	--	--	--	\$6.55	\$8.47
Clinic/Center	\$1.31	\$1.34	\$1.38	\$1.17	\$1.52	\$2.14
Dental	\$13.51	\$13.11	\$13.45	\$13.92	\$14.55	\$11.68
DME, Prosthetics/Orthotics/Supplies	\$28.67	\$26.76	\$26.64	\$25.66	\$30.25	\$28.90
End Stage Renal Disease	\$9.50	\$9.43	\$6.09	\$4.78	\$5.18	\$8.79
Federally Qualified Health Center	\$3.84	\$4.08	\$5.42	\$7.19	\$12.63	\$12.58
Home Health	\$3.12	\$4.44	\$5.45	\$6.21	\$19.66	\$22.32
Hospice	\$2.96	\$1.72	\$2.24	\$1.88	\$1.30	\$4.72
Hospital Total	\$272.29	\$253.39	\$261.34	\$257.35	\$257.71	\$235.00
Inpatient	\$200.64	\$183.03	\$183.40	\$182.98	\$181.32	\$164.37
Outpatient	\$72.03	\$70.99	\$78.13	\$75.07	\$76.38	\$70.59
Other Hospital	-\$0.38	-\$0.63	-\$0.20	-\$0.70	\$0.02	\$0.03
Laboratory	\$2.79	\$2.76	\$2.92	\$2.62	\$2.31	\$1.83
Nursing Facility	\$0.47	\$0.99	\$1.06	\$1.72	\$3.44	\$2.88
Other	\$1.99	\$1.15	\$1.25	\$1.61	\$1.58	\$1.72
PACE	--	--	\$0.15	\$0.11	--	--
Physician & Other Practitioner	\$102.17	\$99.35	\$109.33	\$100.01	\$107.32	\$113.74
Prescription Drug	\$153.79	\$149.83	\$168.36	\$188.40	\$198.64	\$215.56
PRTF	\$9.93	\$15.44	\$23.46	\$18.34	\$13.34	\$12.58
Public Health or Welfare	\$0.57	\$0.53	\$0.61	\$0.50	\$0.55	\$0.51
Public Health, Federal	\$18.76	\$21.53	\$20.73	\$21.55	\$24.32	\$49.79
Rural Health Clinic	\$2.18	\$2.24	\$1.97	\$1.69	\$1.79	\$1.82
Vision	\$1.94	\$2.12	\$1.95	\$2.23	\$2.46	\$2.57
Total	\$705	\$685	\$733	\$730	\$780	\$802

**Figure 34. Supplemental Security Income Per Member Per Month Five-Year Annual Growth Rate for Select Services**

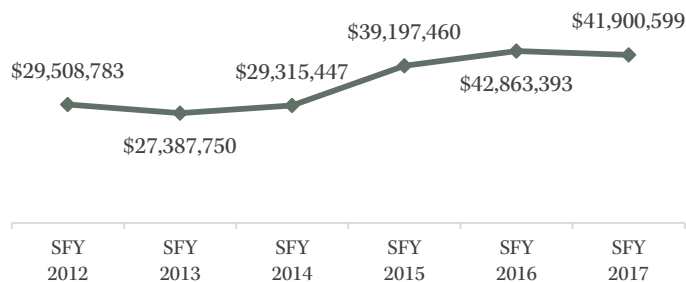
Adults

EXPENDITURES

\$41.9 million

paid to providers for services rendered during the state fiscal year

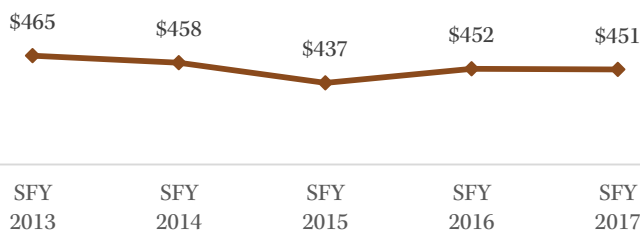
↓2%
from SFY 2016



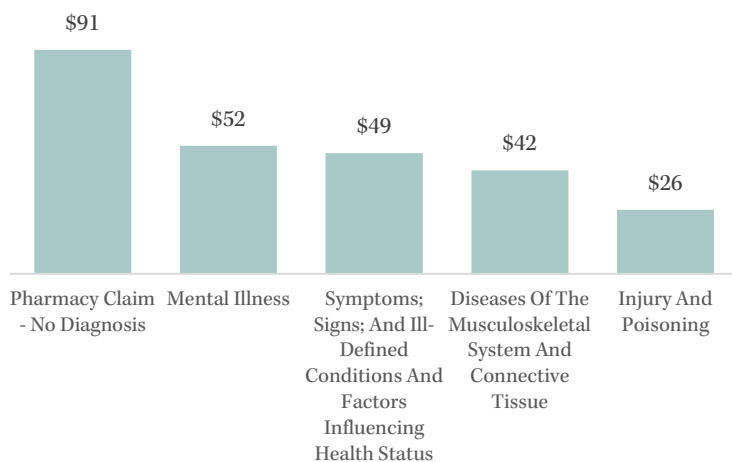
PER MEMBER PER MONTH

\$451

↓0.1%
from SFY 2016



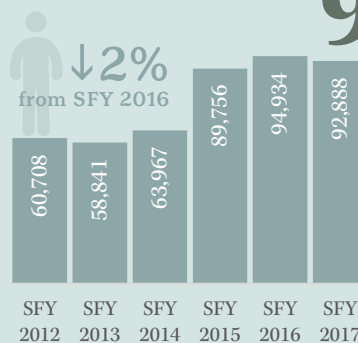
PMPM by Primary Diagnosis



MEMBER MONTHS

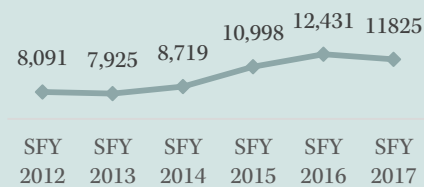
92,888

months members were enrolled during the state fiscal year with average enrollment length of **7.9** months



11,825

unique individuals enrolled during the state fiscal year



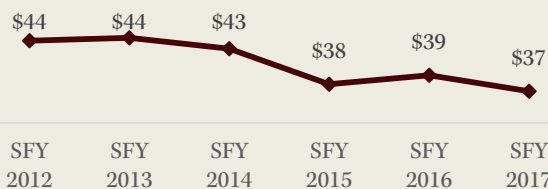
Medical,
\$433, 96%

Dental,
Vision,
Other,
\$17, 4%

Long-
Term
Care,
\$2, 0%

PMPM
by service
category

Emergency Room PMPM



Hospital Inpatient PMPM

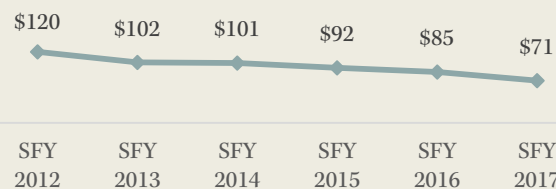


Table 41. Adults Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$41,657,425	-2%	92,118	-2%	\$452	0%
Former Foster Care	\$243,174	21%	770	42%	\$316	-15%

Table 42. Adults History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
Adults	Family-Care Adults	\$29,508,783	\$27,387,750	\$29,313,019	\$39,082,776	\$42,661,953	\$41,657,425
	Former Foster Care	--	--	\$2,429	\$114,685	\$201,440	\$243,174
Total Expenditures							
Member Months							
Adults	Family-Care Adults	60,708	58,841	63,927	89,509	94,392	92,118
	Former Foster Care	--	--	40	247	542	770
Total Member Months							
Per Member Per Month							
Adults	Family-Care Adults	\$486	\$465	\$459	\$437	\$452	\$452
	Former Foster Care	--	--	\$61	\$464	\$372	\$316
Overall Per Member Per Month		\$486	\$465	\$458	\$437	\$452	\$451

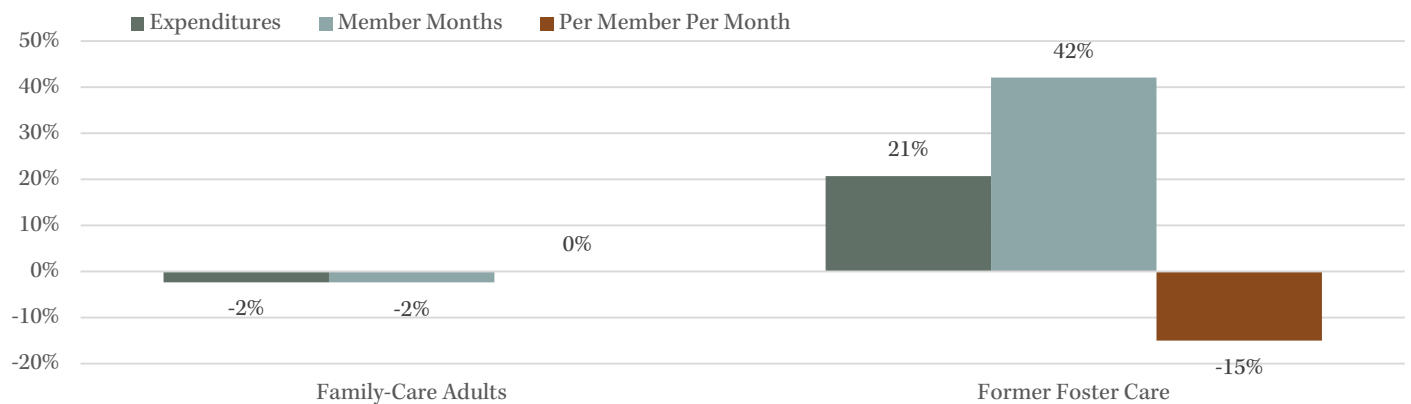
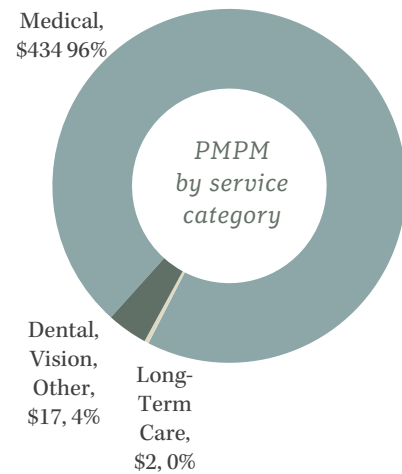
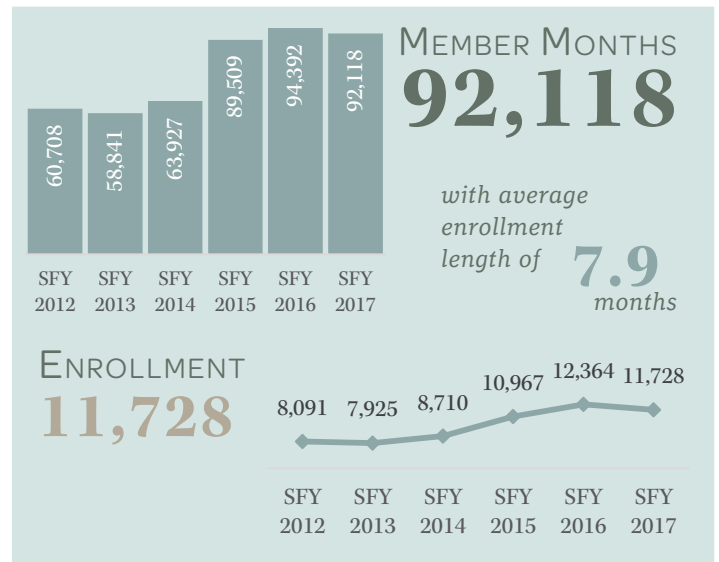
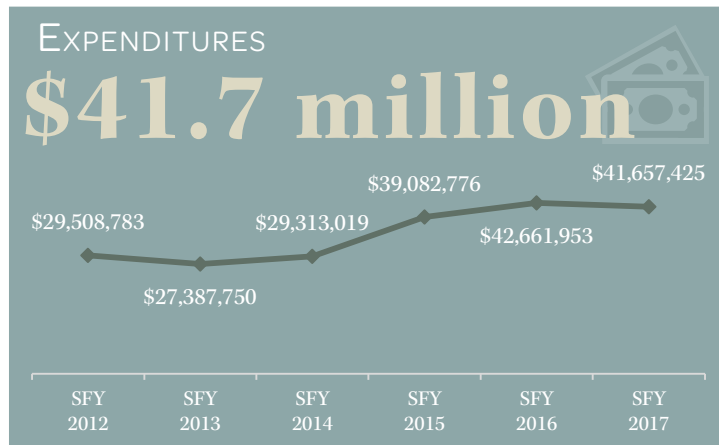


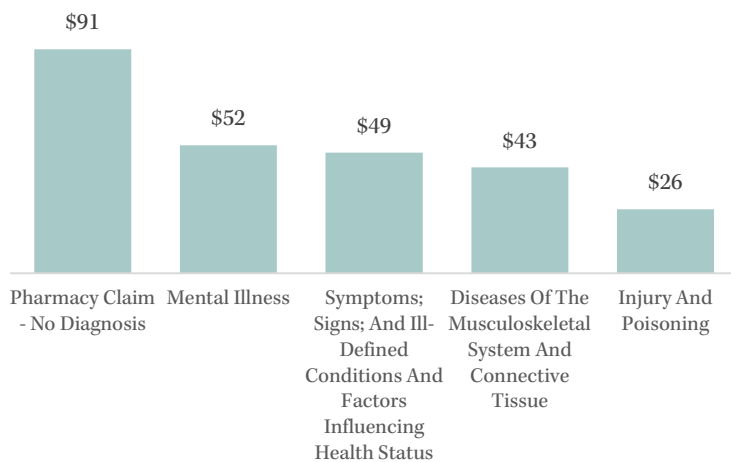
Figure 35. One-Year Percent Change by Adult Eligibility Subgroup

Family-Care Adults

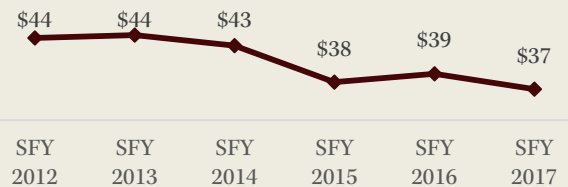
Subgroup detail



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

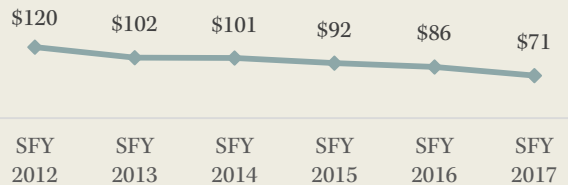


Table 43. Family-Care Adults Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$3.83	\$5.77	\$5.61	\$6.11	\$6.22	\$4.78
Ambulatory Surgical Center	\$2.80	\$3.15	\$2.82	\$2.98	\$5.06	\$5.06
Behavioral Health	\$20.09	\$23.33	\$26.66	\$25.10	\$26.29	\$30.17
Dental	\$20.39	\$18.07	\$19.34	\$17.58	\$17.31	\$21.78
DME, Prosthetics/Orthotics/ Supplies	\$6.32	\$7.10	\$8.64	\$7.53	\$5.83	\$6.05
End Stage Renal Disease	\$0.04	\$0.42	\$0.68	\$1.58	\$1.15	\$0.50
Federally Qualified Health Center	\$5.51	\$3.59	\$4.96	\$5.66	\$7.42	\$8.97
Home Health	\$0.28	\$0.37	\$0.84	\$0.62	\$0.77	\$0.92
Hospice	\$0.13	\$0.05	\$0.10	\$0.15	\$0.02	\$0.02
Hospital Total	\$198.24	\$206.01	\$186.00	\$183.17	\$164.03	\$154.16
Inpatient	\$114.02	\$119.66	\$101.55	\$100.99	\$92.77	\$86.46
Outpatient	\$84.75	\$86.73	\$85.15	\$82.30	\$71.35	\$67.73
Other Hospital	-\$0.54	-\$0.38	-\$0.70	-\$0.13	-\$0.08	-\$0.03
Laboratory	\$3.44	\$4.09	\$3.90	\$4.23	\$4.94	\$4.72
Nursing Facility	--	--	--	--	\$0.01	--
Other	\$1.62	\$1.06	\$1.03	\$0.70	\$0.53	\$1.22
Physician & Other Practitioner	\$102.78	\$112.16	\$107.47	\$104.82	\$100.06	\$99.46
Prescription Drug	\$64.37	\$72.70	\$67.92	\$70.29	\$71.55	\$82.14
Public Health or Welfare	\$0.10	\$0.09	\$0.08	\$0.09	\$0.11	\$0.10
Public Health, Federal	\$27.39	\$24.48	\$25.91	\$24.65	\$22.32	\$24.18
Rural Health Clinic	\$3.09	\$2.82	\$2.93	\$2.36	\$1.77	\$2.20
Vision	\$0.78	\$0.84	\$0.75	\$0.91	\$0.84	\$0.94
Total	\$461	\$486	\$466	\$459	\$436	\$447

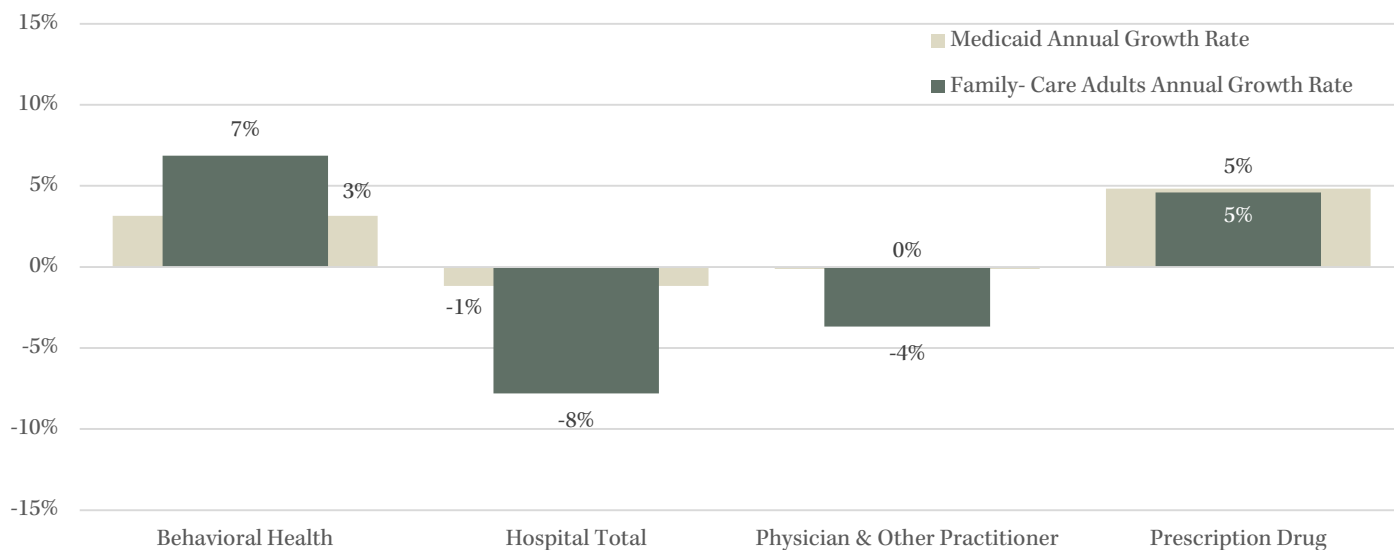
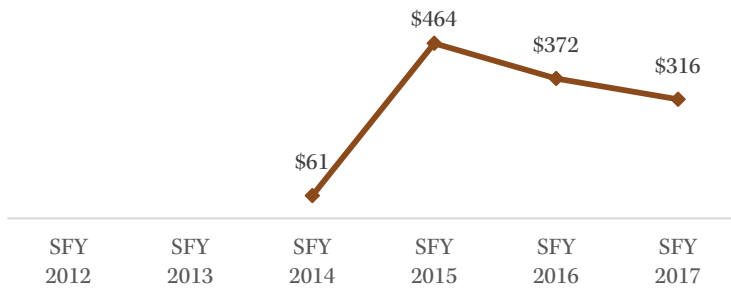
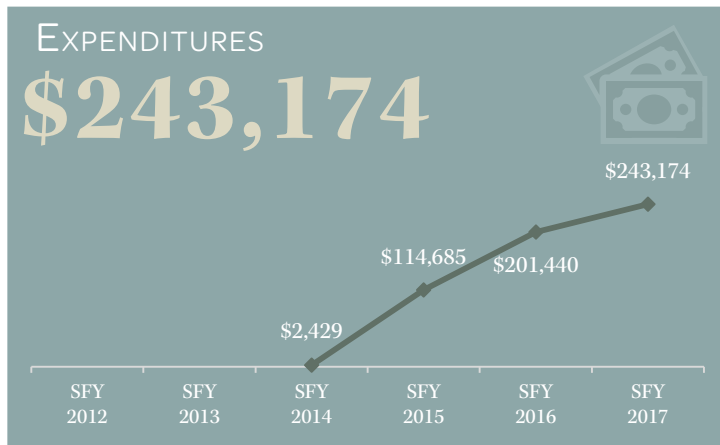


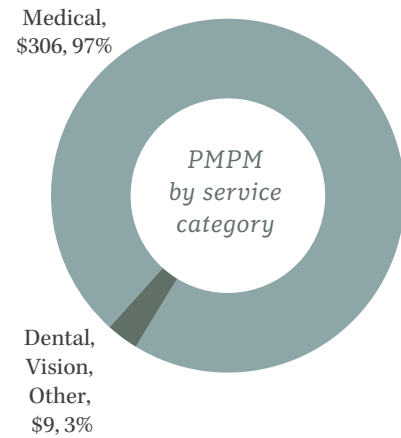
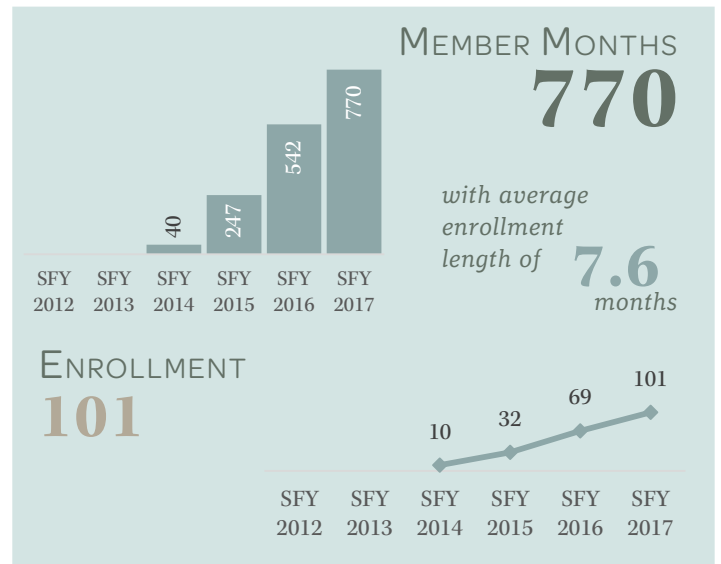
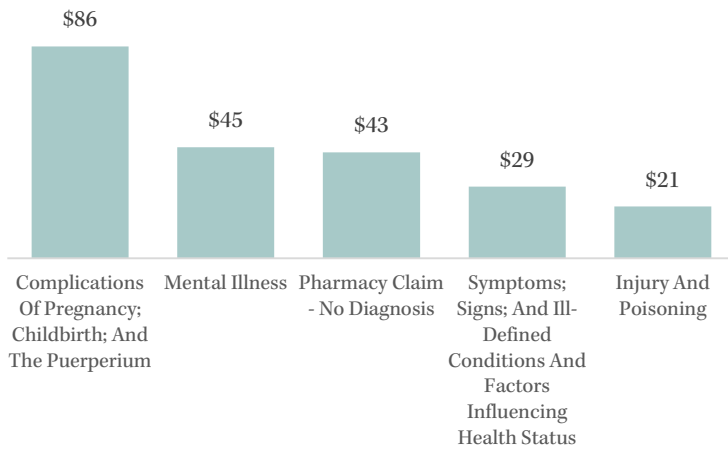
Figure 36. Family-Care Adults Per Member Per Month Five-Year Annual Growth Rate for Select Services

Former Foster Care

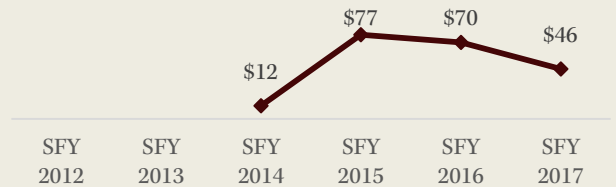
Subgroup detail



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

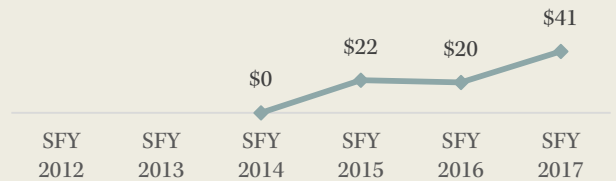
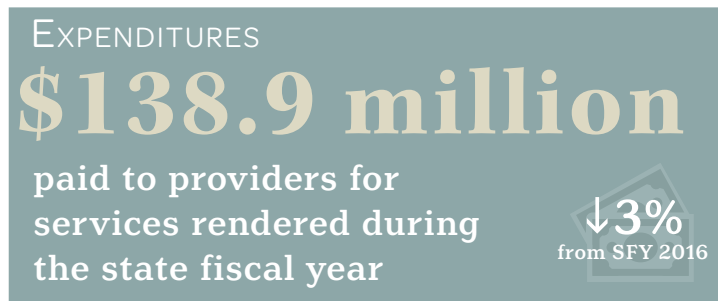


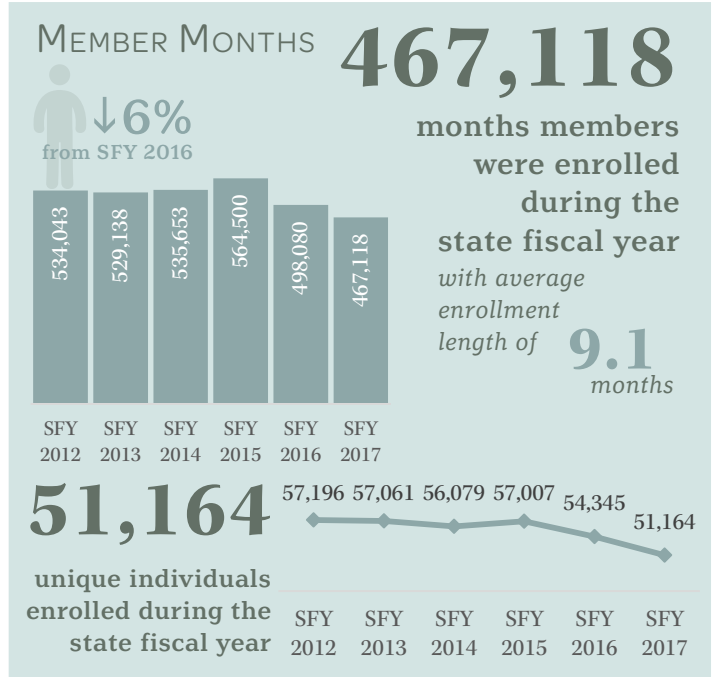
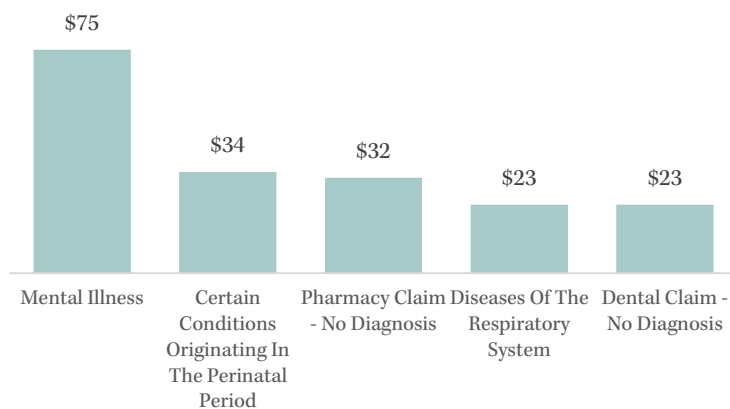
Table 44. Former Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	--	--	--	\$3.38	\$1.12	\$3.08
Ambulatory Surgical Center	--	--	--	--	\$0.67	\$8.89
Behavioral Health	--	--	\$13.59	\$103.43	\$77.52	\$31.43
Dental	--	--	\$3.25	\$30.15	\$15.23	\$7.34
DME, Prosthetics/Orthotics/ Supplies	--	--	\$0.76	\$1.52	\$2.42	\$9.57
Federally Qualified Health Center	--	--	--	\$8.51	\$17.98	\$14.16
Hospital Total	--	--	\$7.73	\$96.86	\$106.46	\$94.11
<i>Inpatient</i>	--	--	--	\$21.90	\$20.43	\$41.26
<i>Outpatient</i>	--	--	\$7.73	\$74.95	\$86.03	\$52.85
Laboratory	--	--	--	\$14.00	\$3.79	\$4.02
Other	--	--	--	\$4.25	\$2.77	\$0.36
Physician & Other Practitioner	--	--	\$26.79	\$135.74	\$88.08	\$85.31
Prescription Drug	--	--	\$8.58	\$64.47	\$51.64	\$43.24
Public Health or Welfare	--	--	\$0.31	\$0.04	\$0.09	\$0.04
Public Health, Federal	--	--	--	\$1.29	\$11.74	\$1.29
Rural Health Clinic	--	--	\$0.55	--	\$0.84	--
Vision	--	--	\$1.14	\$2.63	\$1.63	\$2.63
Total	--	--	--	\$61	\$464	\$366

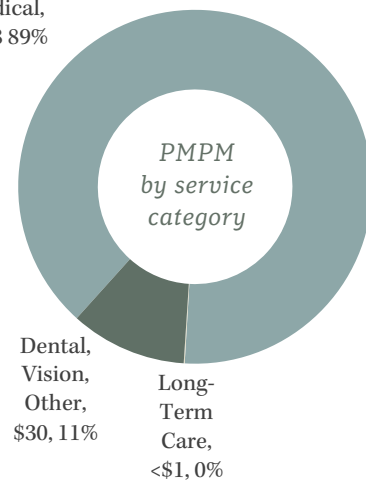
Children



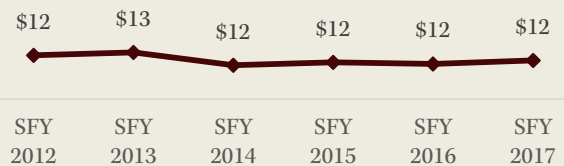
PMPM by Primary Diagnosis



Medical, \$268 89%



Emergency Room PMPM



Hospital Inpatient PMPM



Table 45. Children Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity (CME) ¹⁶	\$7,072,920	21%	2,979	16%	\$2,374	4%
Children	\$89,107,545	-3%	393,827	-6%	\$226	3%
Childrens Mental Health Waiver	\$2,414,065	-3%	751	8%	\$3,214	-10%
Foster Care	\$22,662,523	1%	35,864	-4%	\$632	6%
Newborn	\$24,682,878	-7%	36,676	-7%	\$673	0%

Table 46. Children Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
Children	CME	\$0	\$0	\$0	\$0	\$5,846,604	\$7,072,920
	Children	\$79,262,673	\$84,216,809	\$87,616,314	\$92,220,279	\$92,055,942	\$89,107,545
	CMHW	\$2,280,526	\$1,329,481	\$1,380,653	\$1,672,927	\$2,479,897	\$2,414,065
	Foster Care	\$17,975,700	\$21,105,758	\$23,830,996	\$22,583,018	\$22,331,825	\$22,662,523
	Newborn	\$26,775,998	\$25,507,555	\$22,939,261	\$27,172,251	\$26,587,213	\$24,682,878
Total Expenditures		\$126,294,897	\$132,159,602	\$135,767,223	\$143,648,476	\$143,656,973	\$138,948,719
Member Months							
Children	CME	0	0	0	0	2,572	2,979
	Children	460,792	456,822	462,598	485,155	420,504	393,827
	CMHW	1,474	773	615	742	696	751
	Foster Care	33,116	35,162	36,838	37,366	37,343	35,864
	Newborn	38,661	36,381	35,602	41,237	39,537	36,676
Total Member Months		534,043	529,138	535,653	564,500	498,080	467,118
Per Member Per Month							
Children	CME	--	--	--	--	\$2,273	\$2,374
	Children	\$172	\$184	\$189	\$190	\$219	\$226
	CMHW	\$1,547	\$1,720	\$2,245	\$2,255	\$3,563	\$3,214
	Foster Care	\$543	\$600	\$647	\$604	\$598	\$632
	Newborn	\$693	\$701	\$644	\$659	\$672	\$673
Overall Per Member Per Month		\$236	\$250	\$253	\$254	\$289	\$299

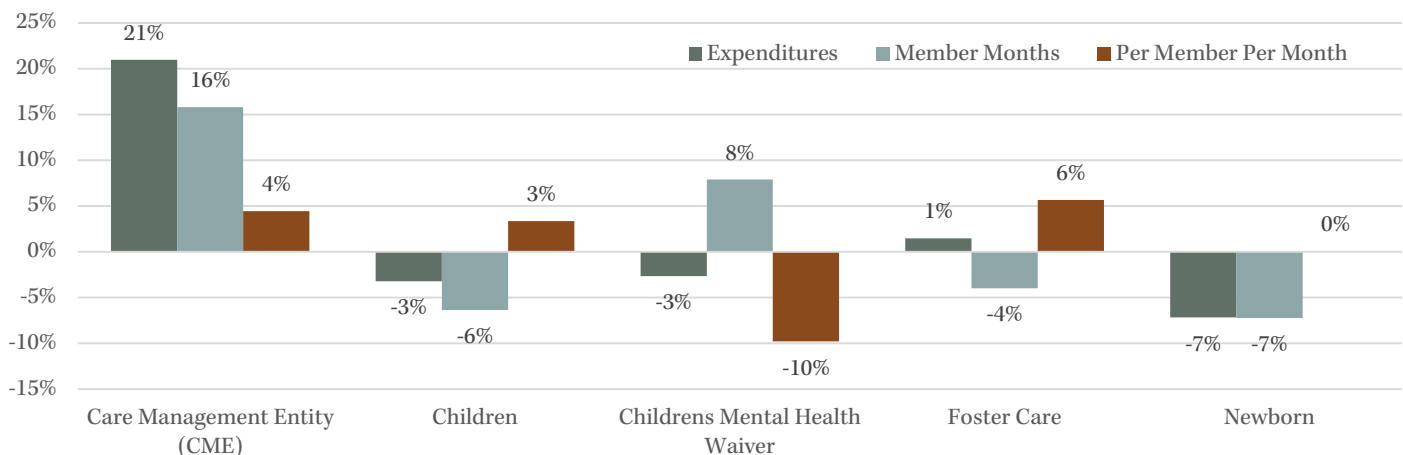


Figure 37. One-Year Percent Change by Children Eligibility Subgroup

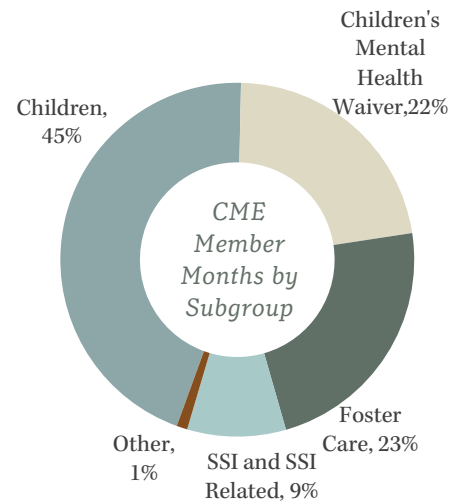
¹⁵ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Care Management Entity

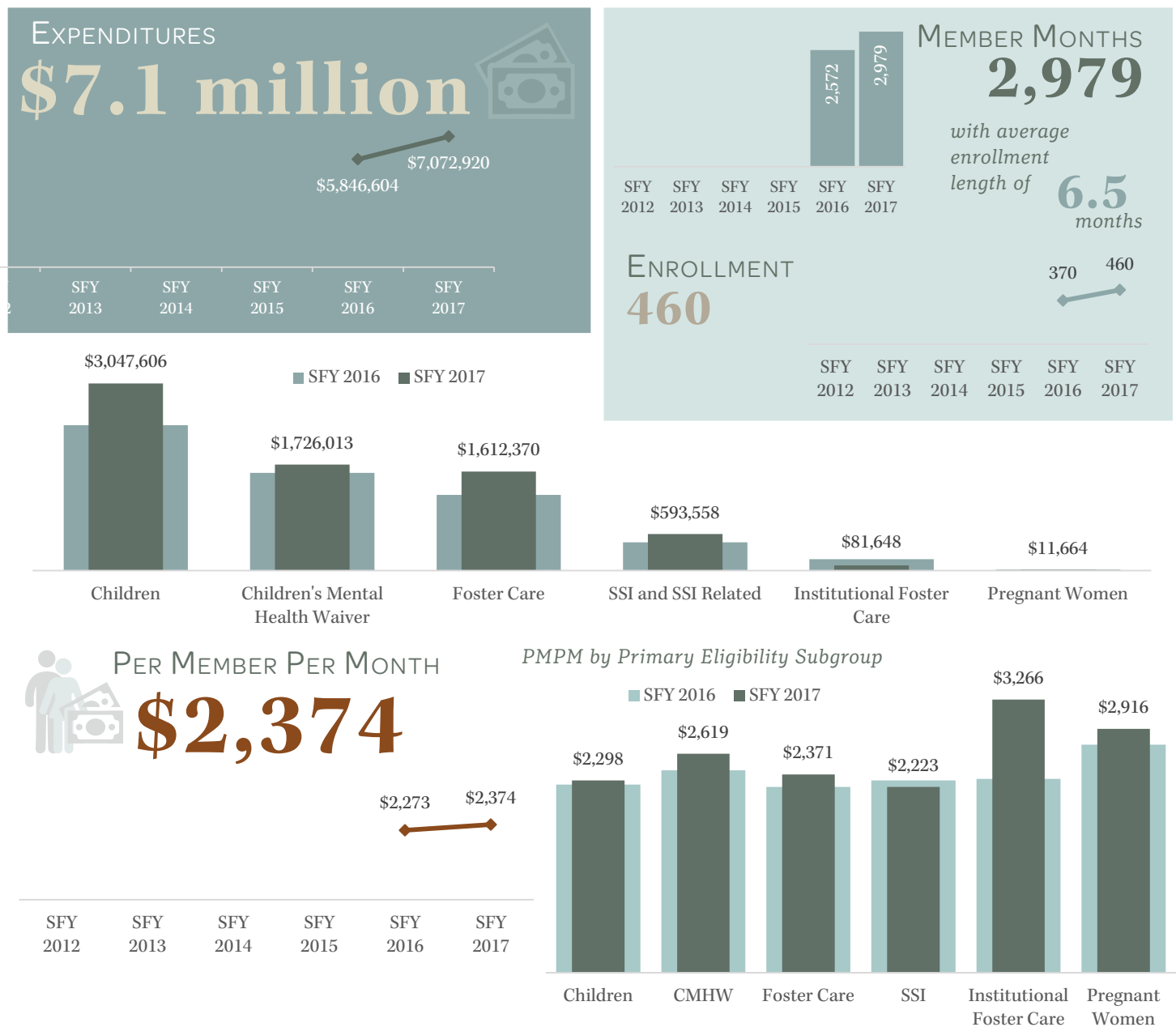
Subgroup detail

The Care Management Entity subgroup, started in SFY 2016, includes children and youth who have complex behavioral health conditions and need intensive care coordination. This subgroup only covers the Care Management Entity service area.

The children enrolled in this eligibility subgroup have primary enrollment in another Medicaid or state-funded program, such as Children, Foster Care, Children's Mental Health Waiver, Supplemental Security Income, or state-funded Institutional Foster Care. For this reason, their Care Management Entity member months are not included in the total member months for the Children eligibility category or Medicaid overall.

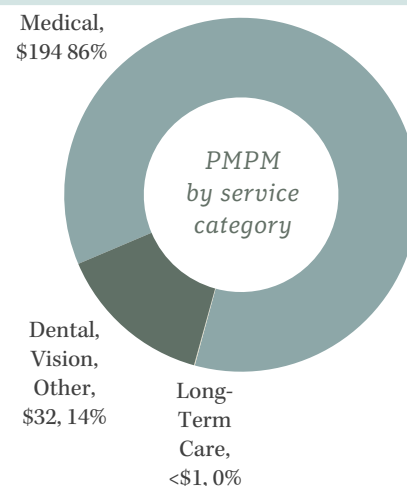
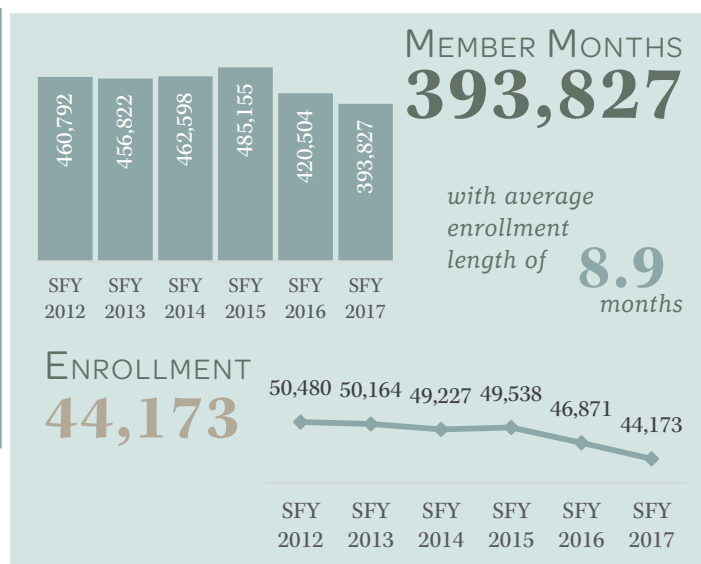
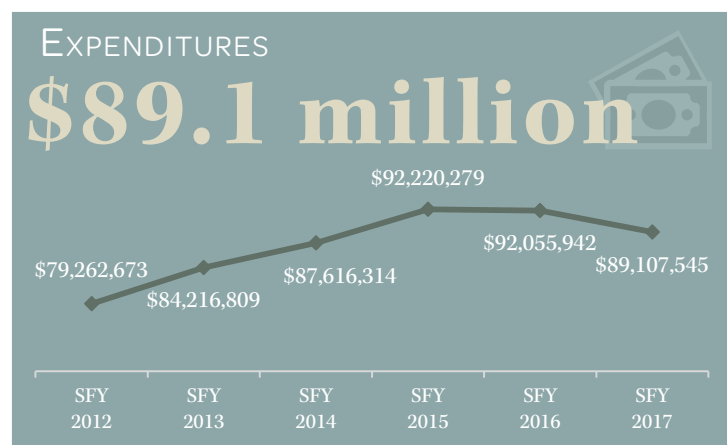


Data below shows the total CME expenses and PMPM for that population, these expenses are also shown in the detailed sections for the recipients' primary subgroups.

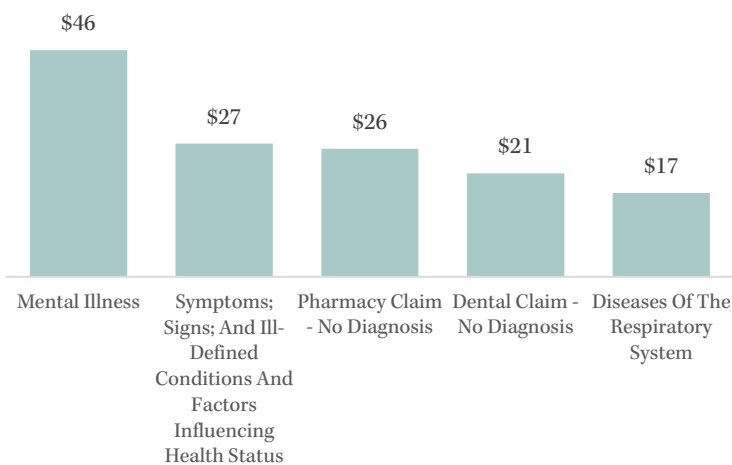


Children

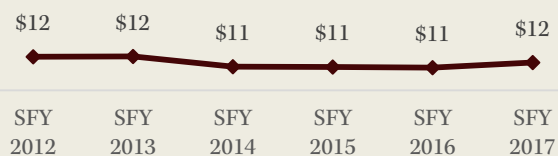
Subgroup detail



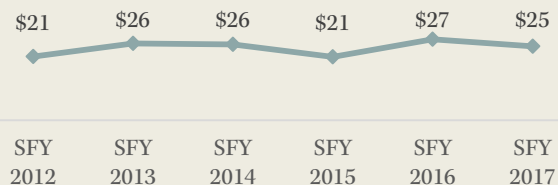
PMPM by Primary Diagnosis¹⁶



Emergency Room PMPM



Hospital Inpatient PMPM



¹⁶ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Table 47. Children Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$1.37	\$1.54	\$1.63	\$1.58	\$1.62	\$1.45
Ambulatory Surgical Center	\$4.36	\$5.55	\$6.48	\$9.26	\$9.92	\$7.17
Behavioral Health	\$18.74	\$19.83	\$22.95	\$24.82	\$27.23	\$28.00
Care Management Entity (CME)	--	--	--	--	\$5.62	\$7.74
Clinic/Center	\$1.96	\$1.79	\$2.21	\$2.04	\$2.39	\$2.45
Dental	\$19.53	\$19.58	\$19.86	\$19.54	\$23.32	\$24.48
DME, Prosthetics/Orthotics/ Supplies	\$1.43	\$1.61	\$1.52	\$1.85	\$2.19	\$2.68
End Stage Renal Disease	--	--	--	--	\$0.01	--
Federally Qualified Health Center	\$1.45	\$1.59	\$1.80	\$2.41	\$4.12	\$4.80
Home Health	\$0.09	\$0.07	\$0.11	\$0.18	\$0.27	\$0.17
Hospital Total	\$39.40	\$43.63	\$41.95	\$37.70	\$44.94	\$42.52
<i>Inpatient</i>	\$21.44	\$25.78	\$25.53	\$21.29	\$27.20	\$24.85
<i>Outpatient</i>	\$18.09	\$17.85	\$16.50	\$16.45	\$17.75	\$17.67
<i>Other Hospital</i>	-\$0.13	\$0.01	-\$0.08	-\$0.03	\$0.00	\$0.00
Laboratory	\$0.38	\$0.39	\$0.31	\$0.62	\$0.54	\$0.37
Other	\$0.26	\$0.20	\$0.26	\$0.25	\$0.40	\$0.42
Physician & Other Practitioner	\$37.57	\$38.58	\$38.27	\$36.38	\$38.40	\$40.90
Prescription Drug	\$23.68	\$23.75	\$25.23	\$27.27	\$29.45	\$30.80
PRTF	\$8.32	\$11.95	\$11.94	\$11.69	\$12.90	\$13.91
Public Health or Welfare	\$0.13	\$0.12	\$0.15	\$0.14	\$0.14	\$0.16
Public Health, Federal	\$5.95	\$6.41	\$7.04	\$6.86	\$6.95	\$8.91
Rural Health Clinic	\$1.98	\$2.06	\$1.88	\$1.64	\$1.75	\$1.84
Vision	\$5.40	\$5.69	\$5.80	\$5.83	\$6.77	\$7.49
Total	\$172	\$184	\$189	\$190	\$219	\$226

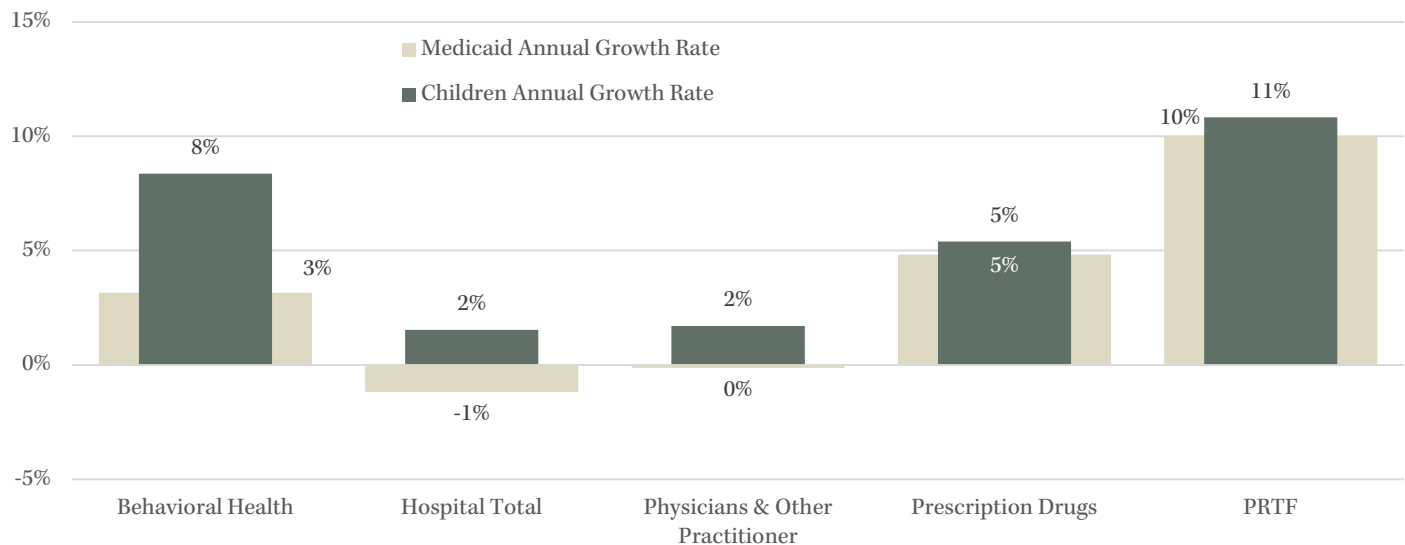
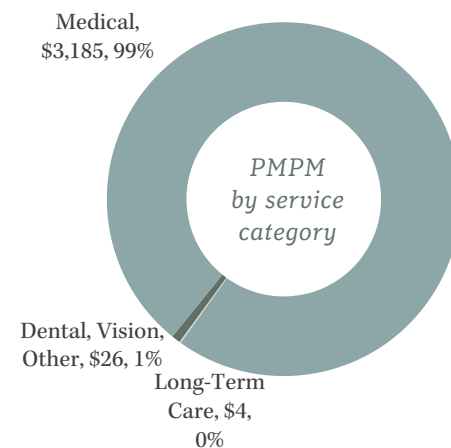
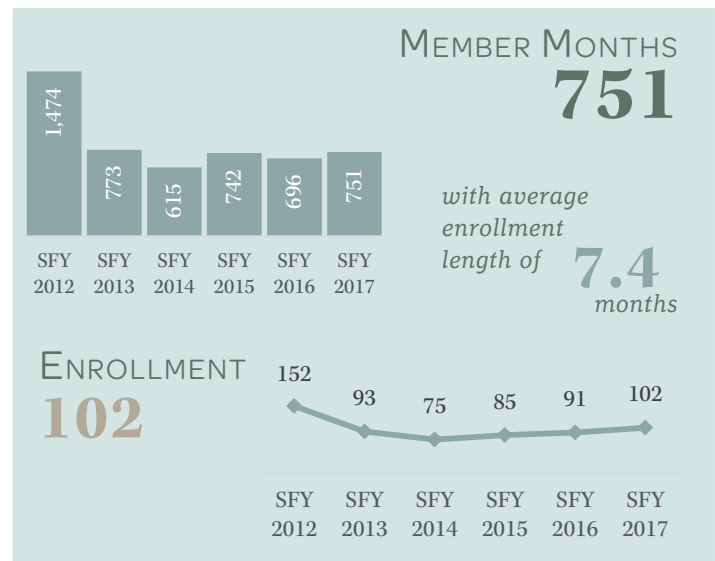
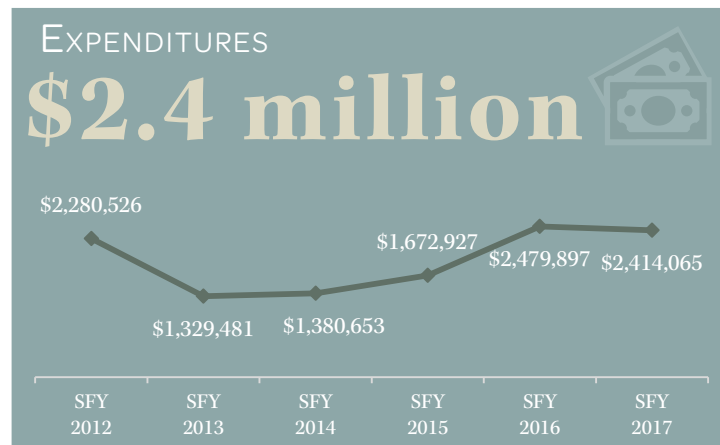


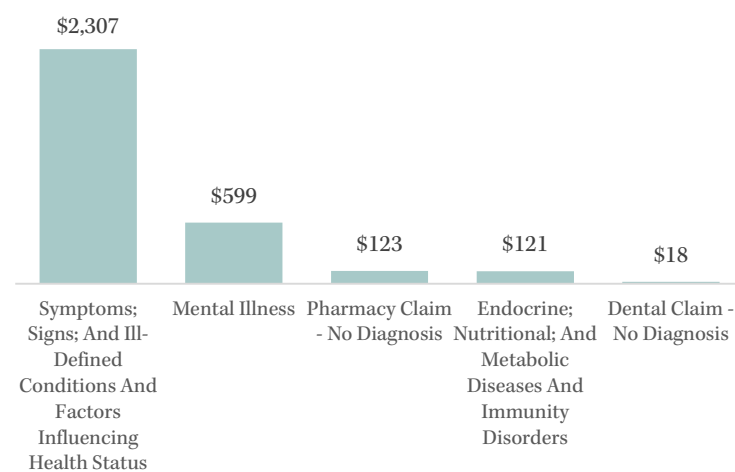
Figure 38. Children Per Member Per Month Five-Year Annual Growth Rate for Select Services

Children's Mental Health Waiver

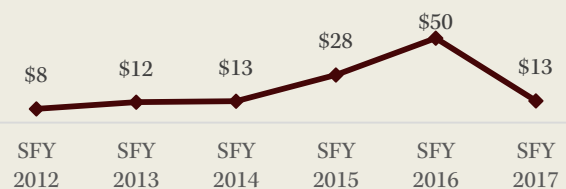
Subgroup detail



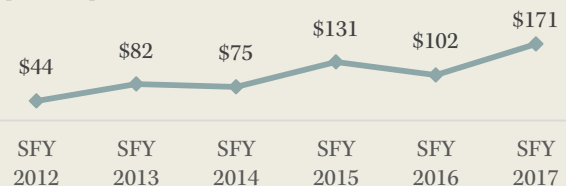
PMPM by Primary Diagnosis¹⁷



Emergency Room PMPM



Hospital Inpatient PMPM



¹⁷ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Table 48. Children's Mental Health Waiver Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$1.19	\$0.85	\$0.01	\$2.43	\$6.10	\$4.54
Ambulatory Surgical Center	\$1.14	\$7.12	\$1.05	\$7.07	\$0.81	\$1.61
Behavioral Health	\$260.74	\$246.05	\$303.40	\$300.07	\$355.42	\$178.62
Care Management Entity	--	--	--	--	\$2,283.82	\$2,298.29
Dental	\$18.44	\$23.37	\$16.90	\$20.32	\$17.43	\$17.64
DME, Prosthetics/Orthotics/ Supplies	\$14.07	\$4.74	\$4.49	\$4.66	\$1.86	\$0.44
Federally Qualified Health Center	\$1.39	\$0.55	\$1.16	\$0.87	\$2.07	\$7.50
Home Health	--	--	--	--	\$16.75	\$4.05
Hospital Total	\$61.78	\$98.07	\$86.82	\$159.31	\$154.05	\$185.70
Inpatient	\$44.07	\$81.80	\$75.12	\$131.00	\$102.24	\$171.12
Outpatient	\$17.71	\$16.27	\$12.39	\$28.30	\$51.80	\$14.58
Other Hospital	\$0.00	--	-\$0.69	--	--	--
Laboratory	\$0.67	\$0.84	\$1.44	\$6.21	\$1.53	\$7.84
Other	\$5.80	\$3.43	\$4.00	\$2.78	\$3.85	\$1.51
Physician & Other Practitioner	\$70.86	\$100.81	\$87.72	\$80.75	\$94.14	\$65.65
Prescription Drug	\$235.44	\$239.93	\$309.13	\$315.73	\$258.91	\$122.94
PRTF	\$272.45	\$186.98	\$486.29	\$425.89	\$355.99	\$308.96
Public Health or Welfare	\$0.06	--	\$0.10	\$0.03	\$0.14	\$0.07
Rural Health Clinic	\$0.11	--	\$0.09	\$1.18	\$2.15	\$2.67
Vision	\$8.40	\$7.90	\$6.49	\$6.59	\$8.06	\$6.44
Waiver - Children's Mental Health	\$594.63	\$799.25	\$935.88	\$920.74	--	--
Total	\$1,547	\$1,720	\$2,245	\$2,255	\$3,563	\$3,214

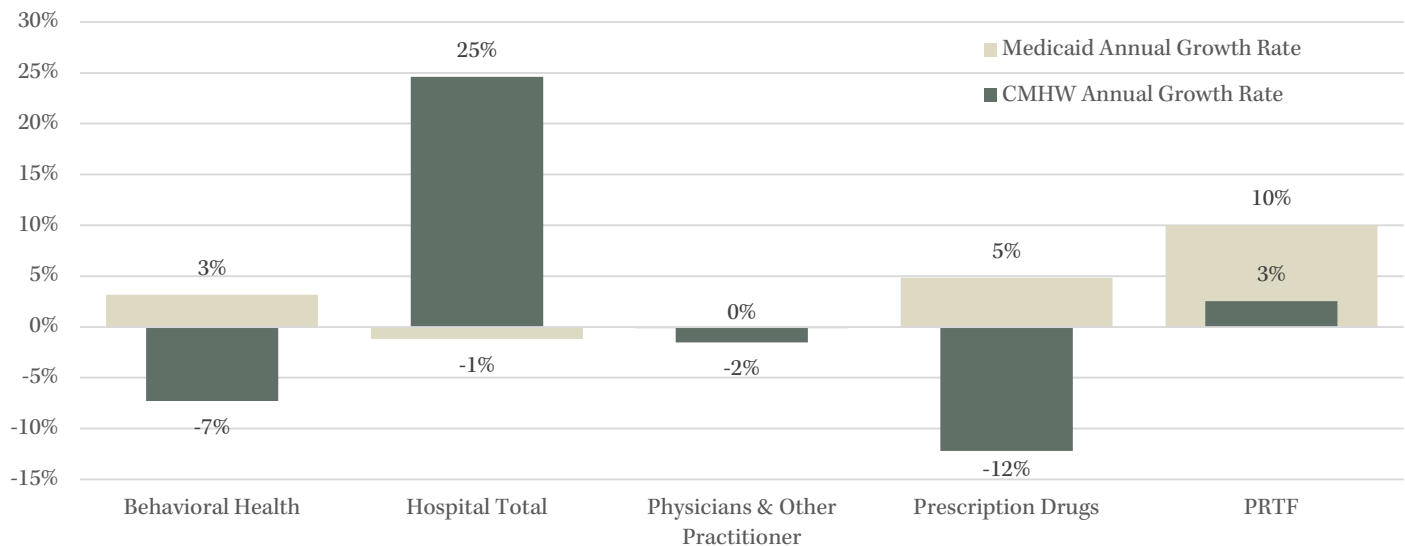


Figure 39. Children's Mental Health Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services

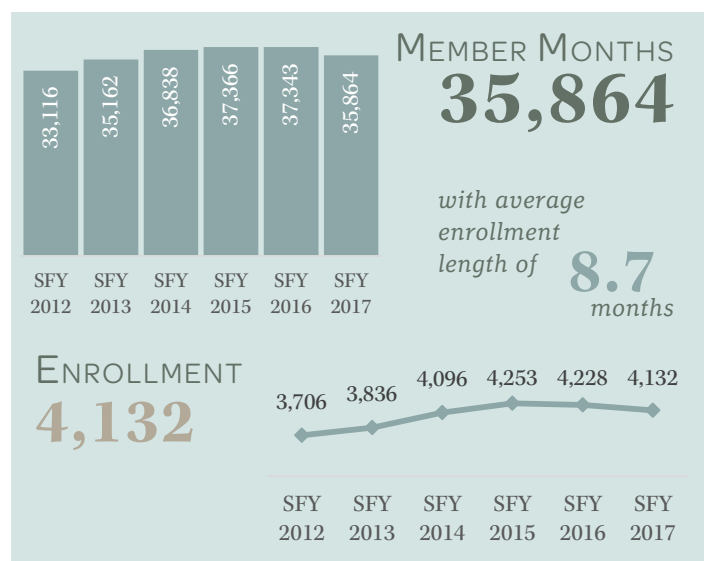
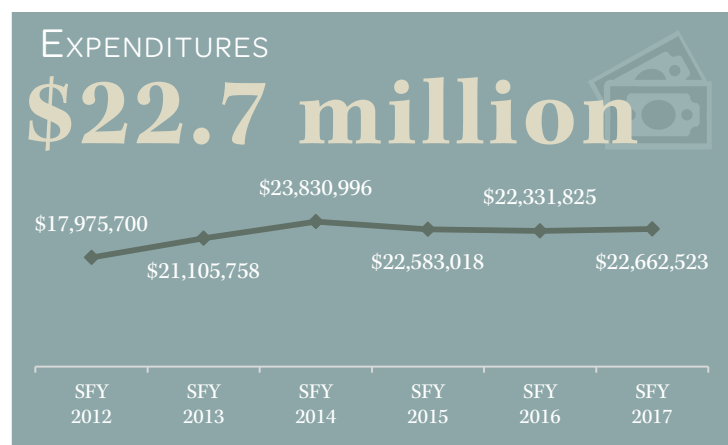


Figure 40. Children's Mental Health Waiver Per Member Per Month for Case Management Services

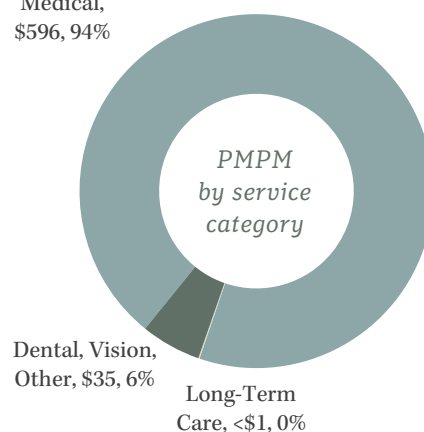
In SFY 2016, case management services for children enrolled in the Children's Mental Health Waiver transitioned to the Care Management Entity (CME). Figure 40 shows how the PMPM for these services has changed over the past six years.

Foster Care

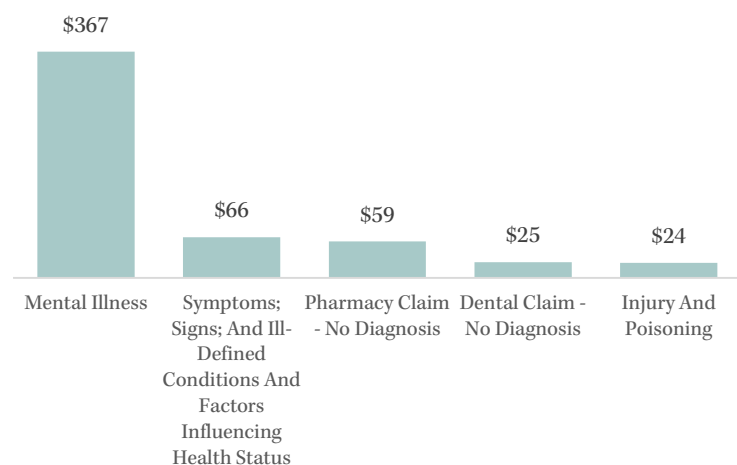
Subgroup detail



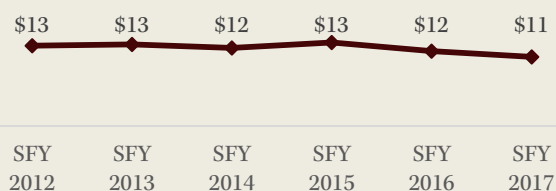
Medical,
\$596, 94%



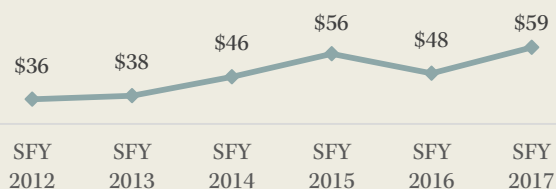
PMPM by Primary Diagnosis¹⁸



Emergency Room PMPM



Hospital Inpatient PMPM



¹⁸ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Table 49. Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$3.36	\$3.28	\$2.48	\$3.70	\$2.50	\$2.39
Ambulatory Surgical Center	\$3.56	\$4.27	\$5.41	\$6.04	\$8.30	\$4.80
Behavioral Health	\$201.89	\$208.28	\$205.22	\$188.94	\$176.94	\$165.77
Care Management Entity	--	--	--	--	\$32.95	\$44.96
Clinic/Center	\$3.06	\$3.07	\$4.21	\$3.37	\$3.66	\$3.56
Dental	\$23.96	\$21.58	\$21.65	\$20.65	\$24.65	\$24.74
DME, Prosthetics/Orthotics/ Supplies	\$3.37	\$3.37	\$3.44	\$2.58	\$3.83	\$3.55
End Stage Renal Disease	\$2.34	\$1.65	\$0.31	\$0.21	\$0.21	\$0.08
Federally Qualified Health Center	\$1.72	\$2.05	\$2.80	\$2.50	\$4.79	\$4.64
Home Health	\$0.24	\$0.11	\$0.42	\$1.02	\$1.50	\$0.68
Hospital Total	\$56.96	\$61.80	\$65.67	\$75.09	\$65.70	\$77.51
Inpatient	\$36.05	\$37.61	\$46.17	\$56.38	\$47.69	\$59.26
Outpatient	\$20.95	\$24.86	\$19.87	\$18.87	\$18.11	\$18.25
Other Hospital	-\$0.04	-\$0.68	-\$0.36	-\$0.16	-\$0.10	\$0.00
Laboratory	\$0.71	\$0.70	\$0.68	\$1.70	\$0.98	\$0.46
Other	\$5.59	\$2.44	\$0.39	\$1.86	\$5.70	\$0.54
Physician & Other Practitioner	\$43.61	\$43.65	\$47.48	\$45.53	\$47.38	\$51.98
Prescription Drug	\$78.30	\$67.49	\$75.37	\$77.04	\$69.74	\$58.77
PRTF	\$93.86	\$155.85	\$190.04	\$152.36	\$127.60	\$162.83
Public Health or Welfare	\$0.18	\$0.13	\$0.15	\$0.21	\$0.20	\$0.16
Public Health, Federal	\$8.41	\$8.81	\$9.89	\$10.66	\$11.09	\$13.14
Rural Health Clinic	\$2.57	\$2.30	\$2.43	\$2.53	\$1.89	\$1.81
Vision	\$9.14	\$9.41	\$8.85	\$8.38	\$8.54	\$9.50
Total	\$543	\$600	\$647	\$604	\$598	\$632

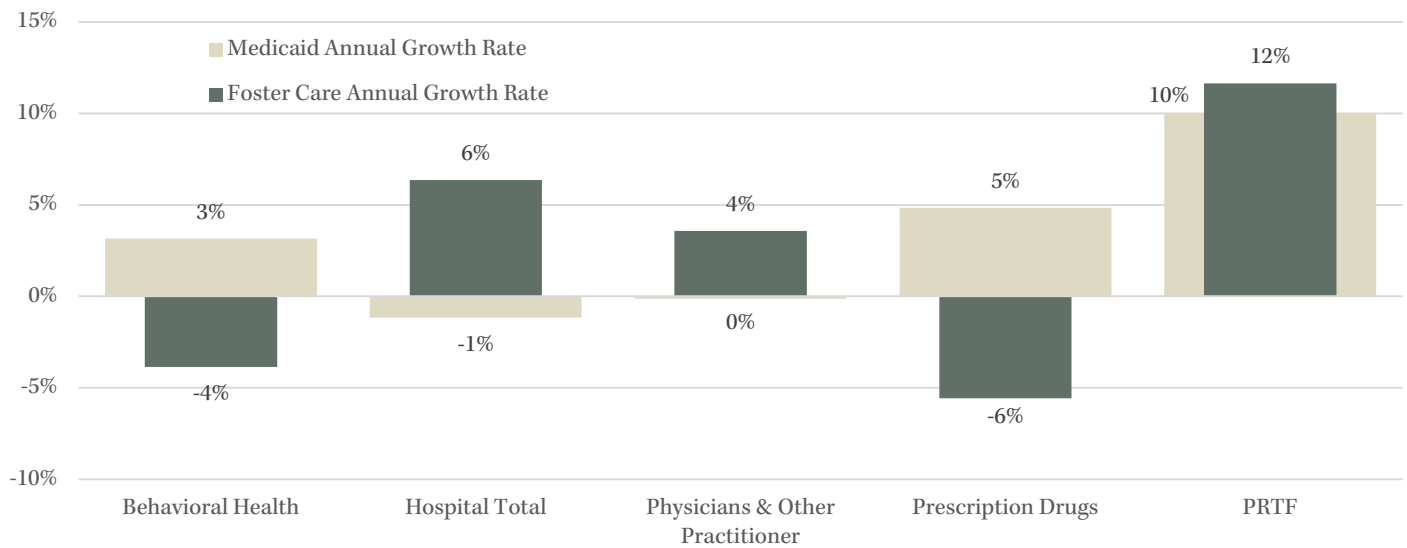
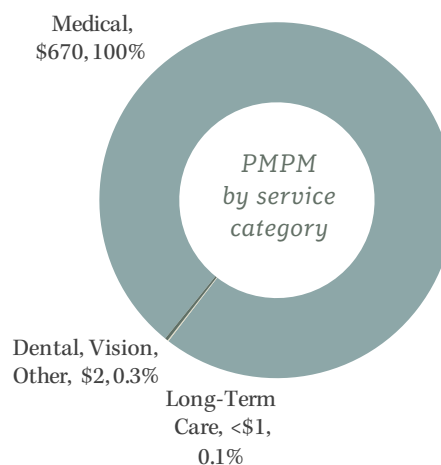
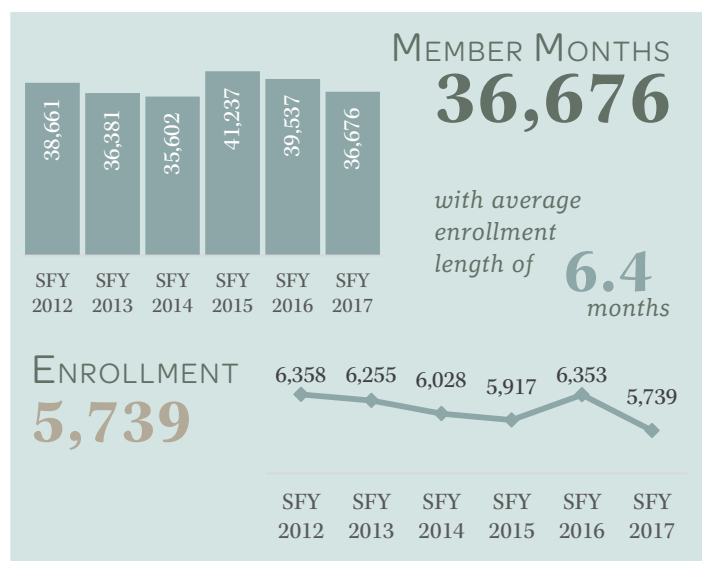
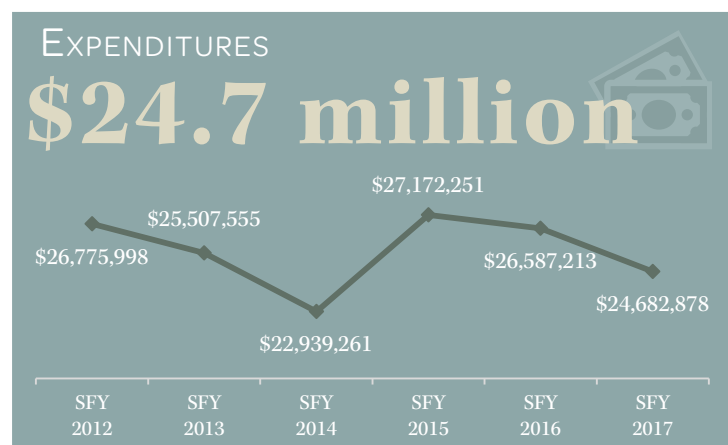
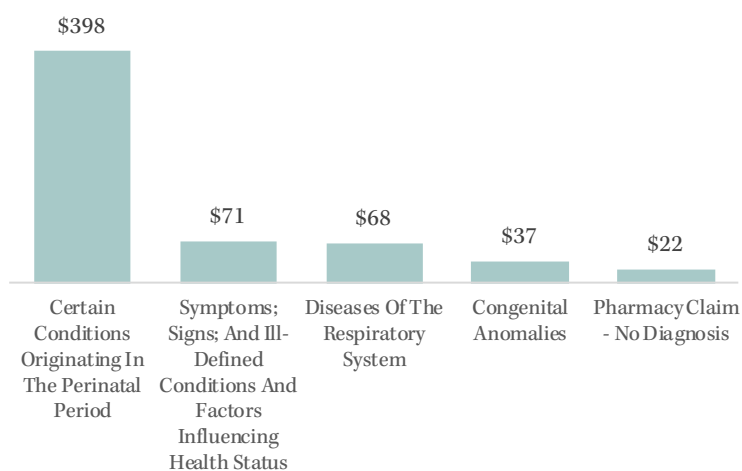


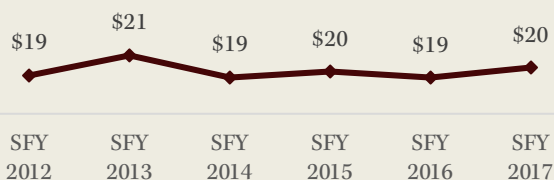
Figure 41. Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

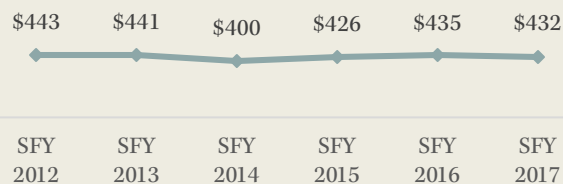


Table 50. Newborn Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$15.19	\$12.32	\$12.81	\$14.95	\$12.84	\$10.95
Ambulatory Surgical Center	\$1.01	\$1.34	\$1.26	\$2.48	\$1.54	\$1.24
Behavioral Health	\$0.49	\$0.59	\$0.12	\$1.18	\$0.45	\$0.80
Clinic/Center	\$0.98	\$1.15	\$1.27	\$0.90	\$1.29	\$1.23
Dental	\$0.12	\$0.15	\$0.31	\$0.56	\$0.39	\$0.25
DME, Prosthetics/Orthotics/ Supplies	\$3.77	\$6.73	\$4.68	\$4.25	\$5.36	\$5.32
Federally Qualified Health Center	\$2.27	\$3.21	\$3.34	\$9.20	\$17.33	\$17.60
Home Health	\$1.28	\$1.21	\$1.47	\$6.06	\$0.68	\$0.69
Hospital Total	\$468.79	\$468.08	\$424.66	\$450.32	\$459.67	\$457.26
<i>Inpatient</i>	\$442.63	\$440.77	\$400.21	\$425.75	\$434.69	\$431.59
<i>Outpatient</i>	\$26.23	\$27.74	\$24.59	\$25.11	\$25.00	\$25.66
<i>Other Hospital</i>	-\$0.07	-\$0.43	-\$0.15	-\$0.54	-\$0.01	\$0.00
Laboratory	\$0.29	\$0.30	\$0.20	\$0.26	\$0.12	\$0.13
Other	\$0.37	\$0.27	\$0.19	\$0.20	\$0.28	\$1.24
Physician & Other Practitioner	\$158.51	\$163.28	\$154.44	\$135.85	\$136.71	\$138.66
Prescription Drug	\$26.96	\$28.19	\$25.35	\$16.20	\$21.00	\$21.64
Public Health or Welfare	\$0.65	\$0.72	\$0.71	\$0.65	\$0.90	\$0.84
Public Health, Federal	\$7.98	\$9.27	\$9.54	\$12.20	\$9.90	\$11.13
Rural Health Clinic	\$3.70	\$4.05	\$3.82	\$3.44	\$3.68	\$3.67
Vision	\$0.21	\$0.24	\$0.16	\$0.22	\$0.32	\$0.33
Total	\$693	\$701	\$644	\$659	\$672	\$673

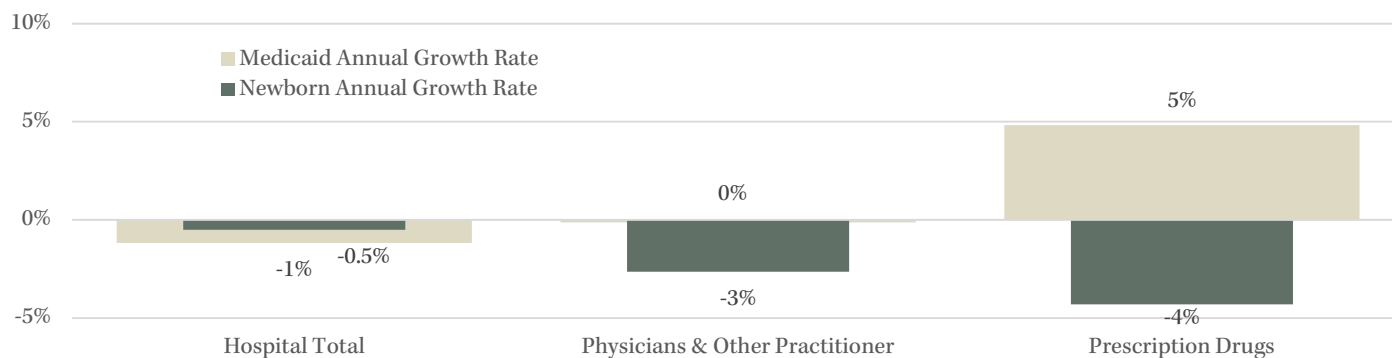


Figure 42. Newborn Per Member Per Month Five-Year Annual Growth Rate for Select Services



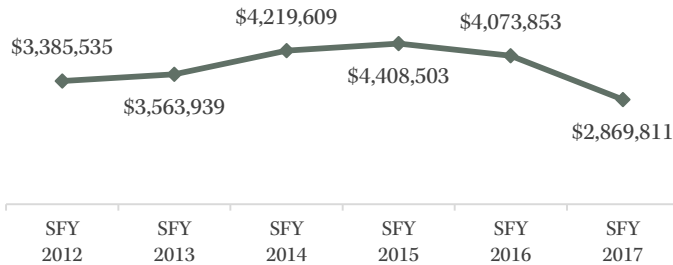
Medicare Savings Programs

EXPENDITURES

\$2.9 million

paid to providers for
services rendered during
the state fiscal year

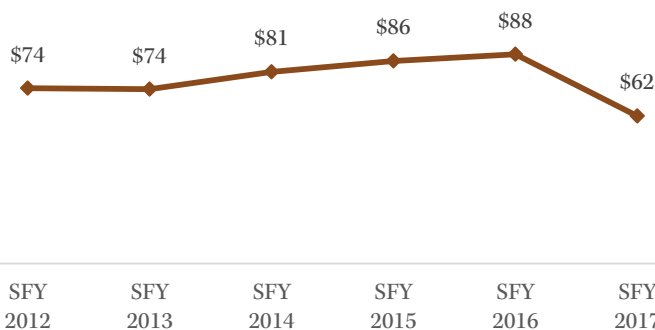
↓30%
from SFY 2016



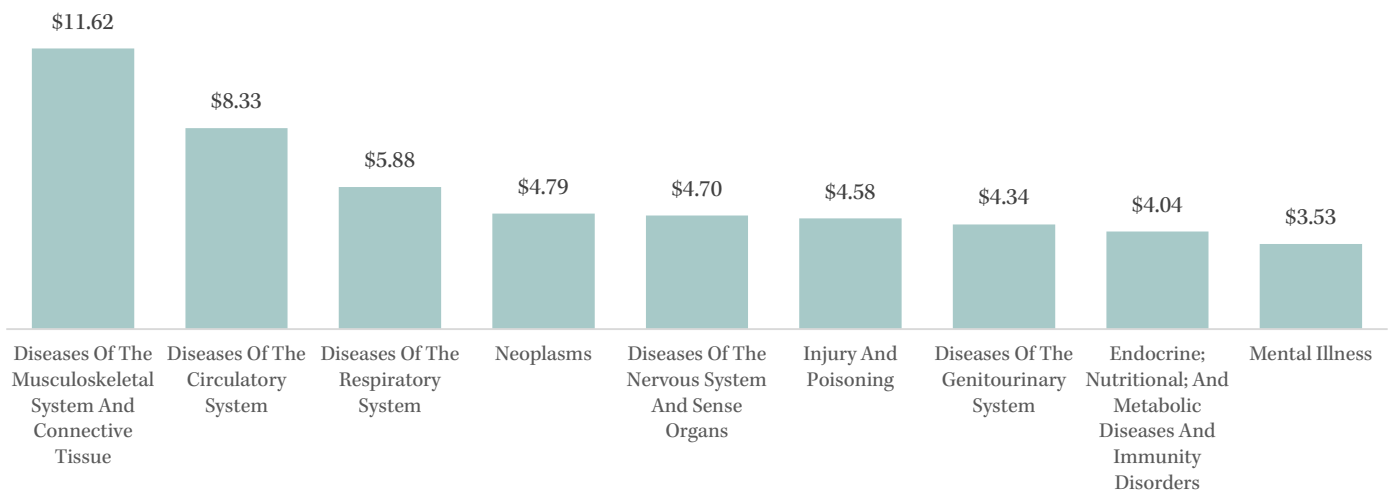
PER MEMBER PER MONTH

\$62

↓30%
from SFY 2016



PMPM by Primary Diagnosis

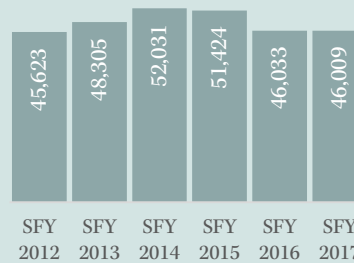


MEMBER MONTHS

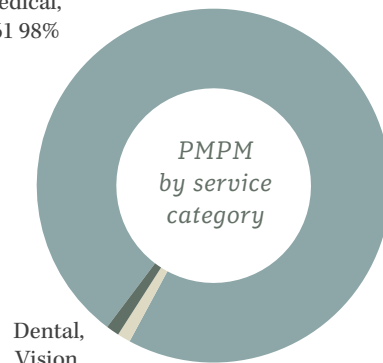
↓0.1%
from SFY 2016

46,009

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **9.2**
months



Medical,
\$61 98%



Dental,
Vision,
Other,
<\$1, 1%

Long-
Term
Care,
<\$1, 1%

Table 51. Medicare Savings Programs Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$2,848,238	-30%	27,889	3%	\$102	-31%
Specified Low-Income Medicare Beneficiary	\$21,453	-23%	18,120	-4%	\$1.18	-20%
Part B-Partial AMB	\$120	0%	--	--	--	--

Table 52. Medicare Savings Programs Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3,355,766	3,543,664	\$4,194,975	\$4,383,431	\$4,045,830	\$2,848,238
	Specified Low-Income Medicare Beneficiary	\$29,650	20,035	\$24,514	\$24,833	\$27,903	\$21,453
	Part B - Partial AMB	\$120	\$240	\$120	\$240	\$120	\$120
Total Expenditures		\$3,385,535	\$3,563,939	\$4,219,609	\$4,408,503	\$4,073,853	\$2,869,811
Member Months							
Medicare Savings Programs	Qualified Medicare Beneficiary	25,390	26,979	29,217	30,455	27,143	27,889
	Specified Low-Income Medicare Beneficiary	20,233	21,326	22,814	20,969	18,890	18,120
	Part B - Partial AMB	--	--	--	--	--	--
Total Member Months		45,623	48,305	52,031	51,424	46,033	46,009
Per Member Per Month							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$132	\$131	\$144	\$144	\$149	\$102
	Specified Low-Income Medicare Beneficiary	\$1.47	\$0.94	\$1.07	\$1.18	\$1.48	\$1.18
	Part B - Partial AMB	--	--	--	--	--	--
Overall Per Member Per Month		\$72	\$74	\$74	\$81	\$86	\$88

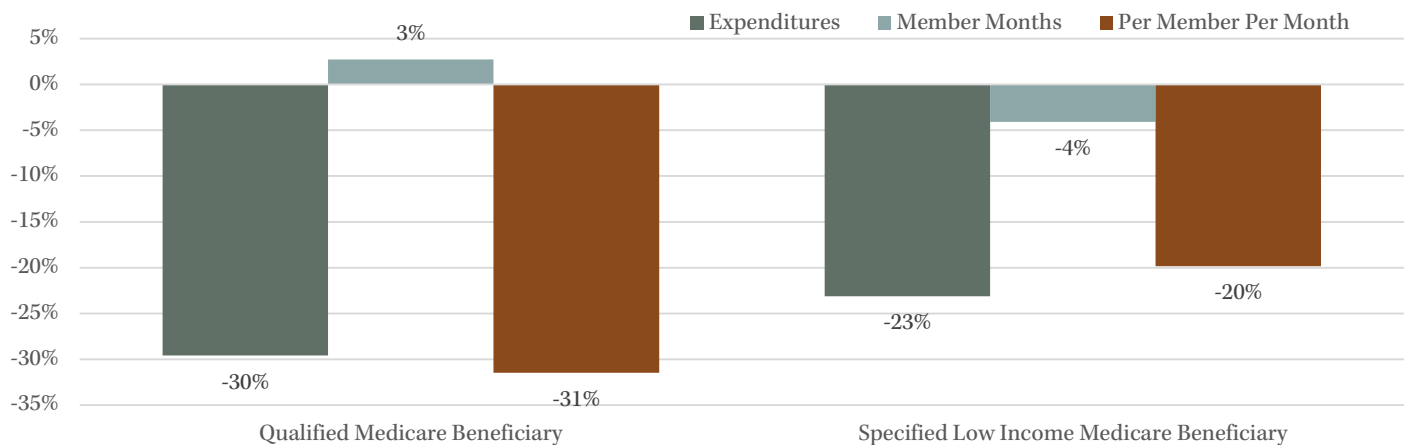


Figure 43. One-Year Percent Change by Medicare Savings Programs Eligibility Subgroup

Qualified Medicare Beneficiary

Subgroup detail

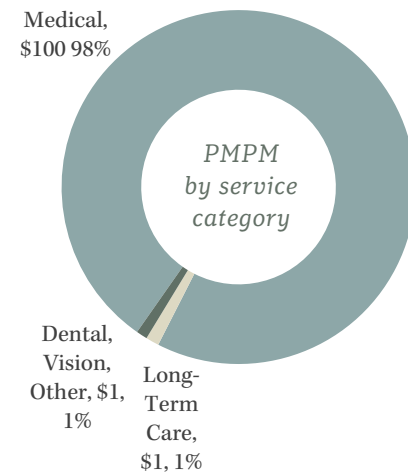
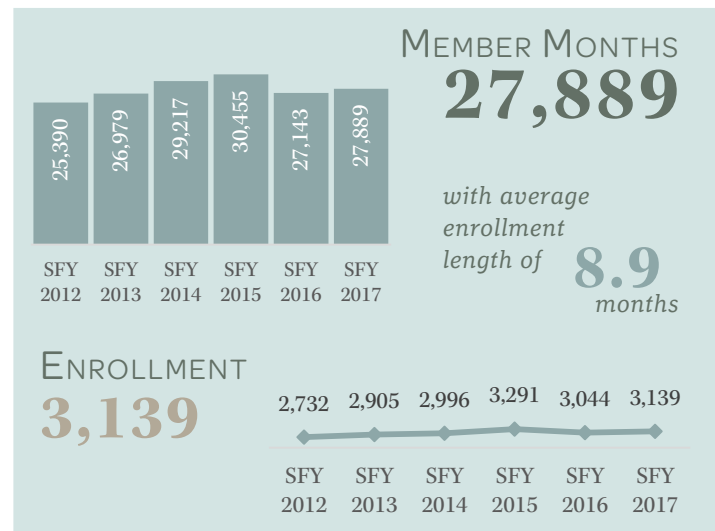
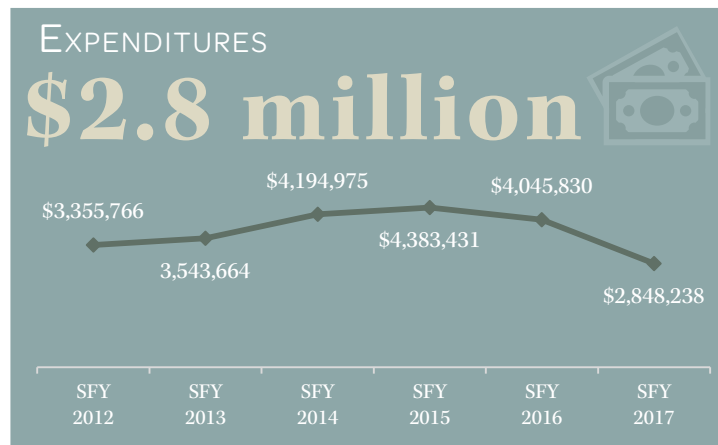


Table 53. Qualified Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$2.13	\$2.05	\$4.30	\$2.80	\$3.97	\$1.88
Ambulatory Surgical Center	\$2.12	\$1.76	\$2.00	\$1.85	\$1.82	\$1.21
Behavioral Health	\$3.18	\$3.41	\$3.12	\$2.50	\$2.75	\$2.48
DME, Prosthetics/Orthotics/Supplies	\$9.60	\$8.59	\$8.88	\$9.21	\$8.32	\$5.63
End Stage Renal Disease	\$2.79	\$2.65	\$3.01	\$3.66	\$5.04	\$3.66
Federally Qualified Health Center	\$0.51	\$0.76	\$0.78	\$1.22	\$1.74	\$1.63
Hospital Total	\$66.29	\$68.38	\$74.59	\$80.19	\$80.03	\$47.10
Inpatient	\$24.32	\$22.47	\$25.72	\$24.62	\$24.39	\$14.81
Outpatient	\$42.28	\$46.27	\$48.96	\$55.56	\$55.59	\$32.26
Other Hospital	-\$0.32	-\$0.36	-\$0.09	\$0.02	\$0.05	\$0.03
Laboratory	\$0.37	\$0.19	\$0.24	\$0.20	\$0.11	\$0.11
Nursing Facility	\$4.36	\$2.70	\$3.45	\$2.09	\$2.47	\$1.24
Other	\$0.62	\$0.31	\$0.27	\$0.29	\$0.21	\$0.16
Physician & Other Practitioner	\$37.09	\$37.51	\$40.22	\$36.97	\$39.67	\$34.01
Public Health or Welfare	\$1.11	\$0.98	\$0.88	\$0.92	\$1.07	\$1.10
Public Health, Federal	\$0.15	\$0.17	\$0.13	\$0.16	\$0.10	\$0.12
Rural Health Clinic	\$1.11	\$1.20	\$0.90	\$0.97	\$0.81	\$0.92
Vision	\$0.74	\$0.69	\$0.80	\$0.81	\$0.96	\$0.87
Total	\$132	\$131	\$144	\$144	\$149	\$102

Specified Low-Income Medicare Beneficiary

Subgroup detail

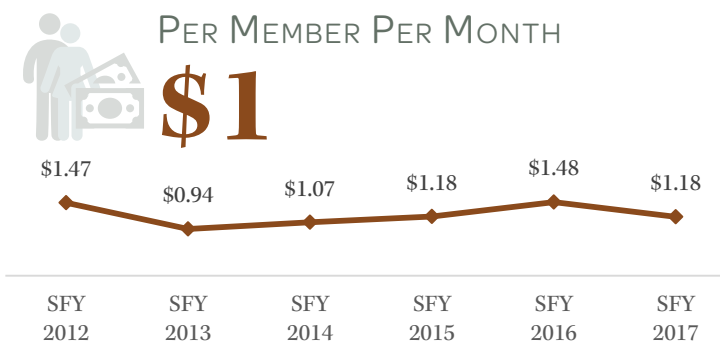
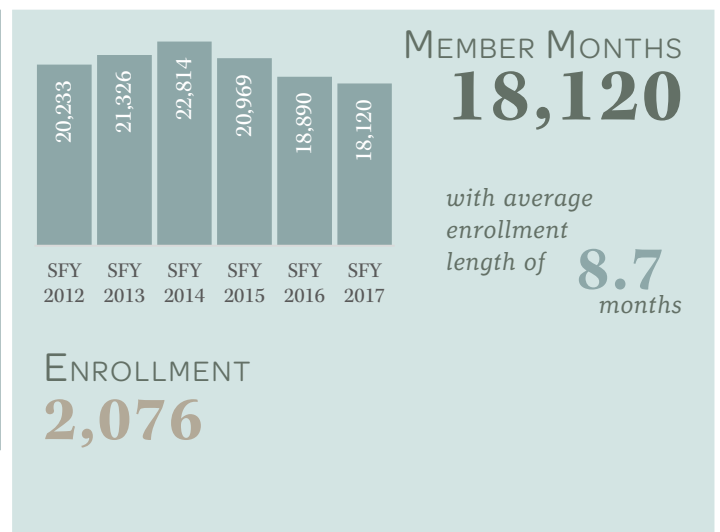
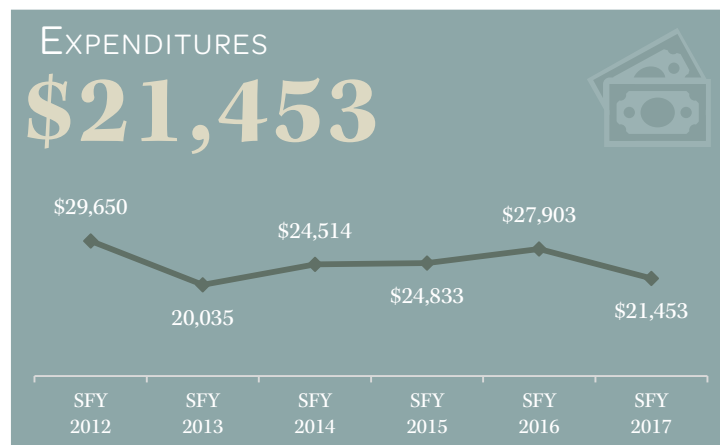


Table 54. Specified Low Income Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Behavioral Health	\$0.04	\$0.02	\$0.02	\$0.03	\$0.01	\$0.04
Nursing Facility	\$0.27	-\$0.01	--	-\$0.01	\$0.03	--
Other	-\$0.02	--	--	--	--	--
Physician & Other Practitioner	-\$0.02	--	--	-\$0.07	--	--
Public Health or Welfare	\$1.20	\$0.93	\$1.06	\$1.24	\$1.44	\$1.15
Total	\$1.47	\$0.94	\$1.07	\$1.18	\$1.48	\$1.18

Non-Citizens with Medical Emergencies

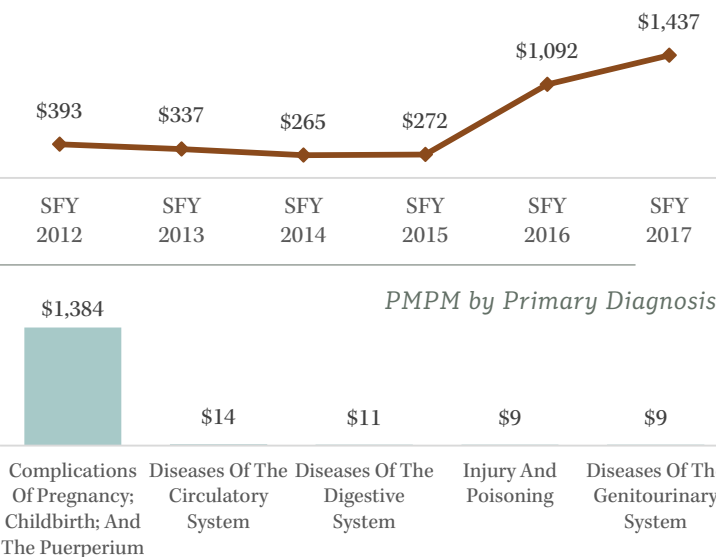
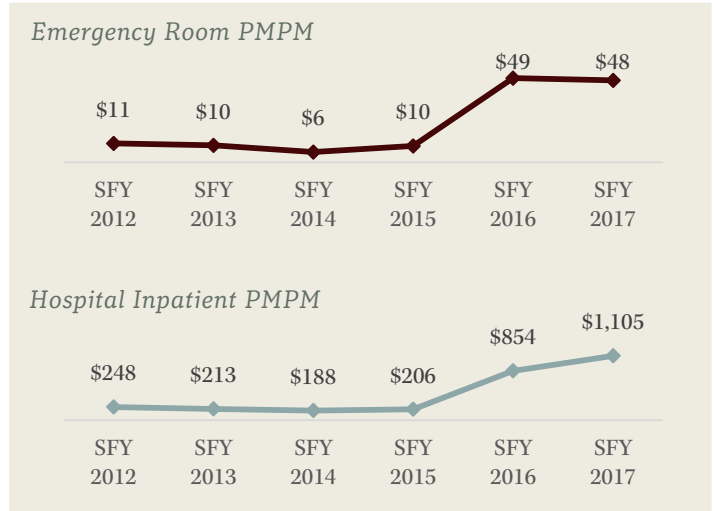
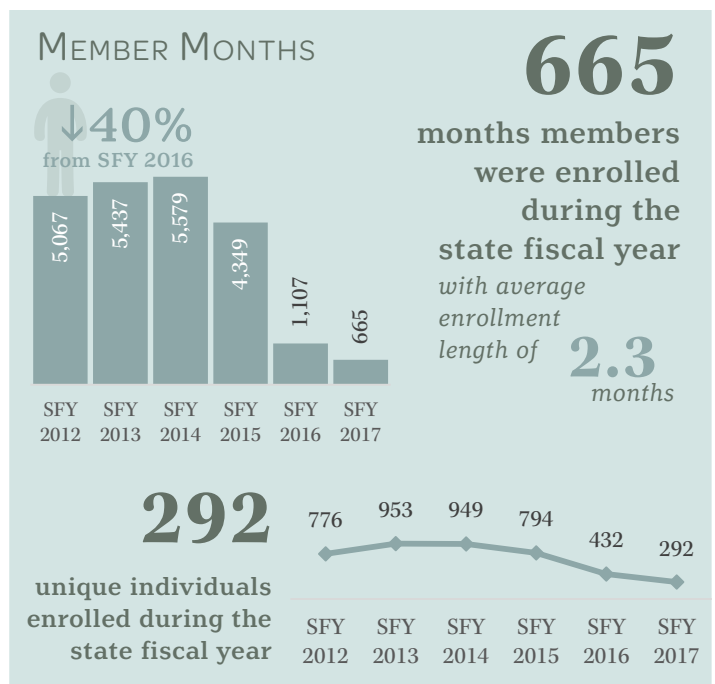


Table 55. Non-Citizens Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$4.49	\$8.02	\$10.15	\$3.74	\$8.81	\$5.61
Ambulatory Surgical Center	\$0.13	--	\$0.05	--	--	\$5.17
Federally Qualified Health Center	--	\$0.09	--	\$0.53	\$1.97	--
Hospital Total	\$262.32	\$227.16	\$195.04	\$215.59	\$900.04	\$1,146.16
Inpatient	\$247.62	\$213.20	\$187.52	\$206.40	\$854.04	\$1,105.04
Outpatient	\$14.77	\$13.96	\$8.23	\$9.19	\$46.00	\$41.12
Other Hospital	-\$0.07	--	-\$0.71	--	--	--
Laboratory	\$1.01	\$0.98	\$0.03	\$0.04	--	--
Other	\$0.01	--	--	--	--	--
Physician & Other Practitioner	\$125.40	\$100.59	\$59.93	\$52.15	\$181.57	\$279.98
Public Health or Welfare	\$0.02	--	--	--	--	--
Rural Health Clinic	\$0.07	\$0.04	\$0.05	\$0.05	--	--
Total	\$393	\$337	\$265	\$272	\$1,092	\$1,437



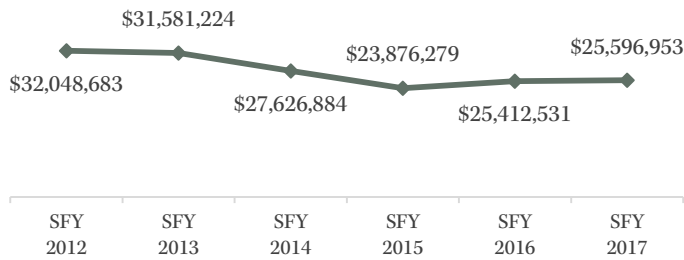
Pregnant Women

EXPENDITURES

\$25.6 million

paid to providers for services rendered during the state fiscal year

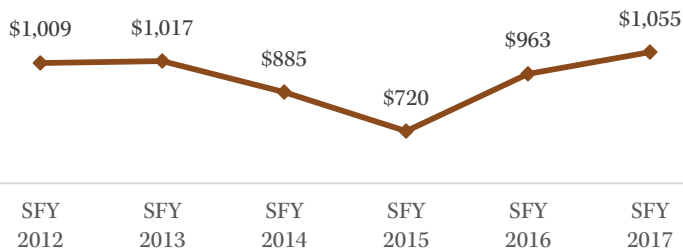
↑1%
from SFY 2016



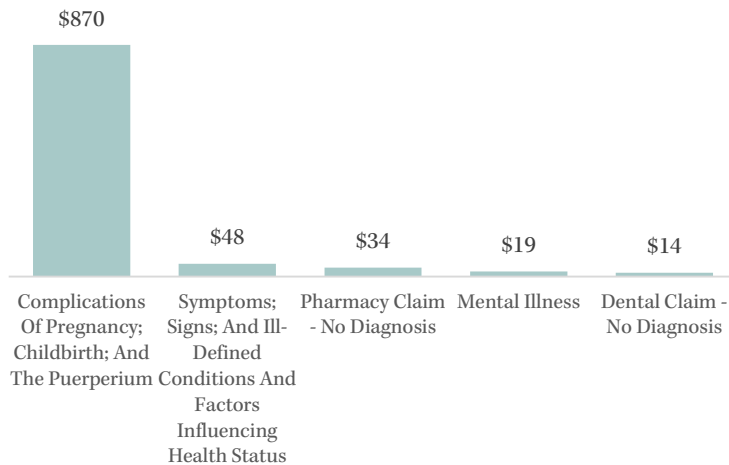
PER MEMBER PER MONTH

\$1,055

↑10%
from SFY 2016



PMPM by Primary Diagnosis¹⁹

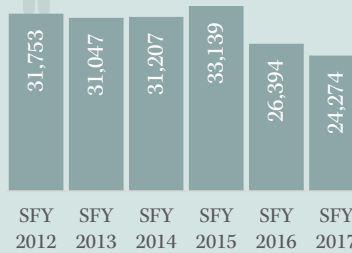


MEMBER MONTHS

↓8%
from SFY 2016

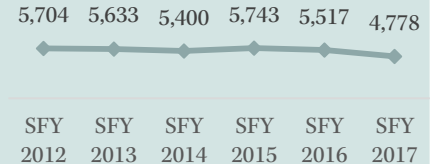
24,274

months members were enrolled during the state fiscal year with average enrollment length of **5.1** months

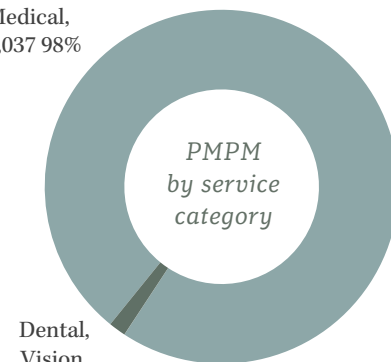


4,778

unique individuals enrolled during the state fiscal year



Medical,
\$1,037 98%

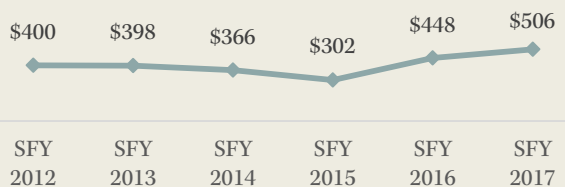


Dental, Vision, Other, Long-Term Care, \$16, 2%
<\$1, 0%

Emergency Room PMPM



Hospital Inpatient PMPM



¹⁹ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

Table 56. Pregnant Women Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$25,330,583	1%	22,969	-5%	\$1,103	6%
Presumptive Eligibility	\$266,370	-15%	1,305	-40%	\$204	41%

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

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
Pregnant Women	Pregnant Women	\$31,857,619	\$31,394,538	\$27,347,395	\$23,456,658	\$25,097,751	\$25,330,583
	Presumptive Eligibility	\$191,065	\$186,686	\$279,489	\$419,622	\$314,780	\$266,370
Total Expenditures		\$32,048,683	\$31,581,224	\$27,626,884	\$23,876,279	\$25,412,531	\$25,596,953
Member Months							
Pregnant Women	Pregnant Women	30,137	29,357	29,475	30,804	24,224	22,969
	Presumptive Eligibility	1,616	1,690	1,732	2,335	2,170	1,305
Total Member Months		31,753	31,047	31,207	33,139	26,394	24,274
Per Member Per Month							
Pregnant Women	Pregnant Women	\$1,057	\$1,069	\$928	\$761	\$1,036	\$1,103
	Presumptive Eligibility	\$118	\$110	\$161	\$180	\$145	\$204
Overall Per Member Per Month		\$1,009	\$1,017	\$885	\$720	\$963	\$1,055

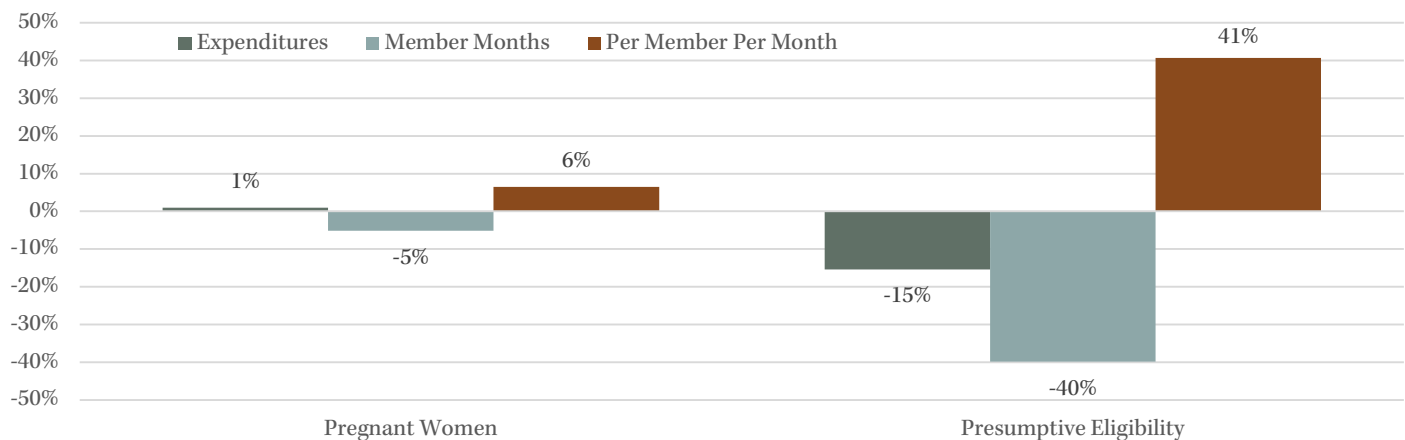
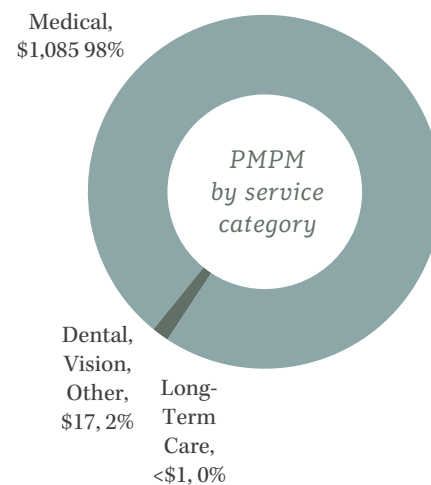
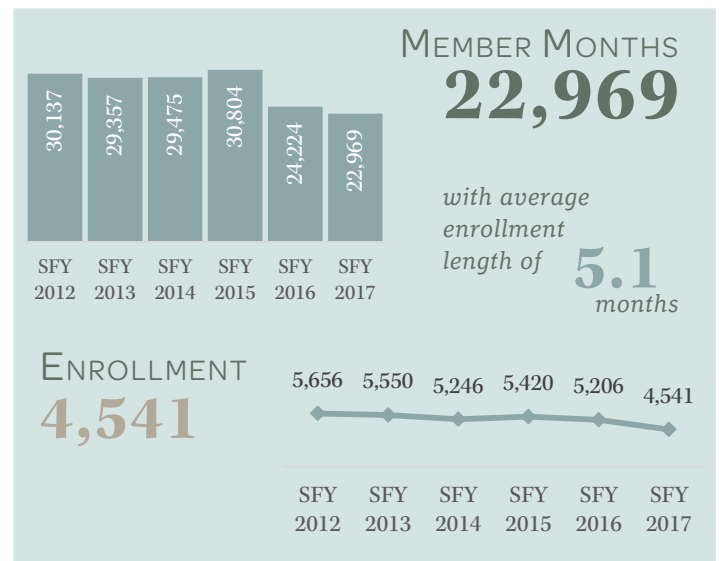
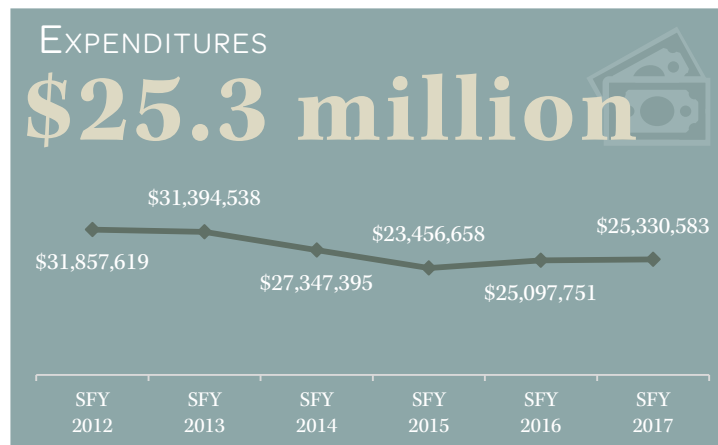


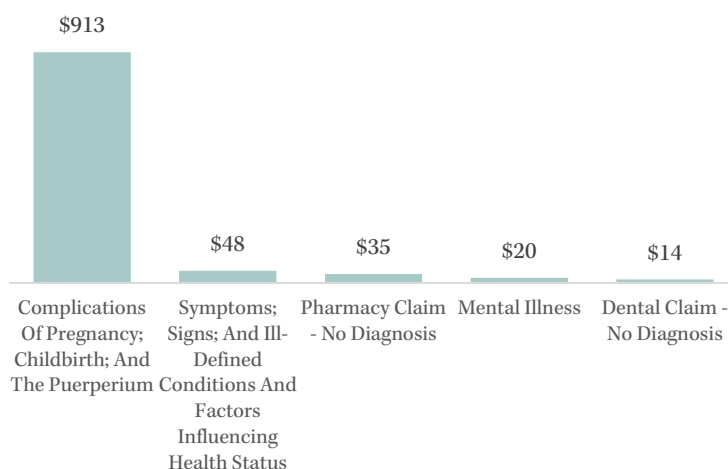
Figure 44. One-Year Percent Change by Pregnant Women Eligibility Subgroup

Pregnant Women

Subgroup detail



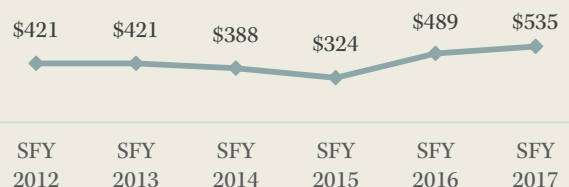
PMPM by Primary Diagnosis²⁰



Emergency Room PMPM



Hospital Inpatient PMPM



²⁰ Care Management Entity (CME) claims are billed within the Symptoms; signs; and ill-defined conditions and factors influencing health status diagnosis category.

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

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$18.82	\$18.71	\$13.76	\$12.73	\$14.14	\$14.80
Ambulatory Surgical Center	\$0.64	\$0.44	\$0.68	\$1.01	\$1.93	\$1.41
Behavioral Health	\$9.68	\$9.10	\$10.74	\$9.64	\$16.25	\$12.31
Care Management Entity	--	--	--	--	\$0.58	\$0.51
Dental	\$13.22	\$14.67	\$12.97	\$12.63	\$15.85	\$14.35
DME, Prosthetics/Orthotics/ Supplies	\$2.02	\$1.47	\$2.02	\$2.12	\$1.87	\$2.31
Federally Qualified Health Center	\$4.67	\$12.54	\$18.91	\$19.77	\$34.97	\$33.69
Home Health	\$0.48	\$0.75	\$0.39	\$0.31	\$0.08	\$0.07
Hospital Total	\$504.16	\$507.56	\$462.27	\$385.83	\$556.79	\$602.62
<i>Inpatient</i>	\$421.75	\$420.85	\$388.38	\$324.76	\$488.74	\$534.86
<i>Outpatient</i>	\$83.16	\$87.75	\$74.35	\$61.35	\$68.49	\$68.28
<i>Other Hospital</i>	-\$0.75	-\$1.03	-\$0.46	-\$0.27	-\$0.43	-\$0.52
Laboratory	\$11.03	\$12.43	\$12.93	\$18.21	\$11.53	\$9.21
Nursing Facility	--	--	-\$0.01	--	--	--
Other	\$0.25	\$0.16	\$0.20	\$0.18	\$0.73	\$1.28
Physician & Other Practitioner	\$442.92	\$441.92	\$337.32	\$253.46	\$323.79	\$327.52
Prescription Drug	\$25.28	\$26.67	\$27.35	\$23.25	\$27.44	\$35.13
Public Health or Welfare	\$0.11	\$0.18	\$0.12	\$0.18	\$0.18	\$0.24
Public Health, Federal	\$21.31	\$20.04	\$24.91	\$19.21	\$26.64	\$43.93
Rural Health Clinic	\$0.97	\$1.22	\$1.82	\$1.87	\$1.89	\$1.74
Vision	\$1.53	\$1.53	\$1.44	\$1.07	\$1.42	\$1.70
Total	\$1,057	\$1,069	\$928	\$761	\$1,036	\$1,103

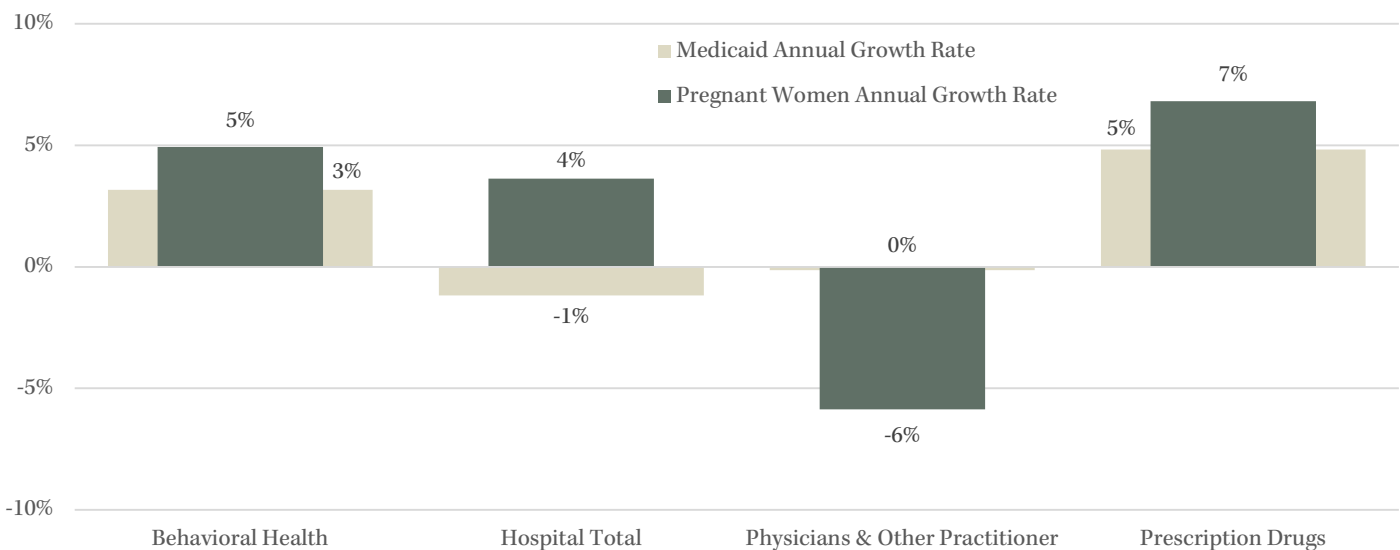
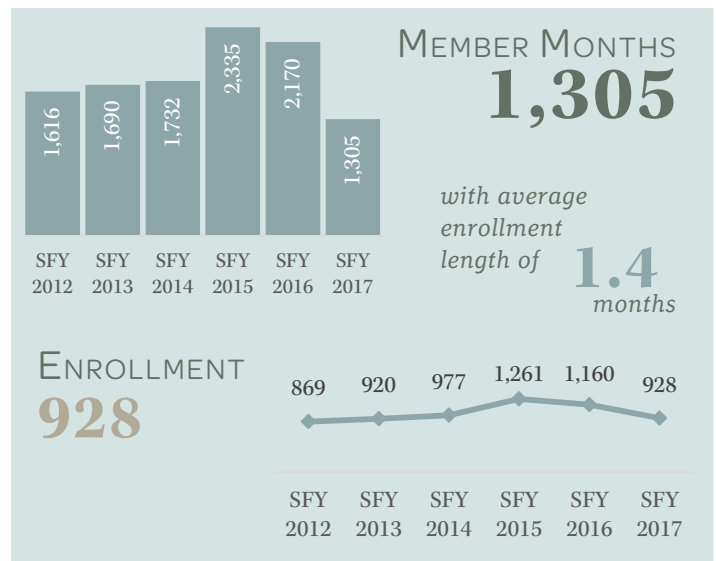
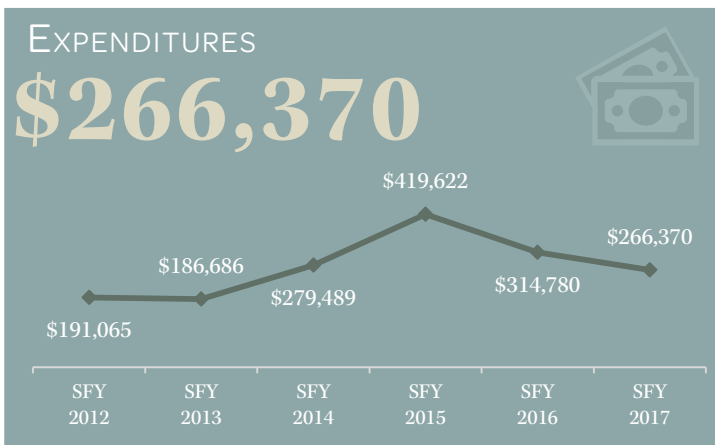


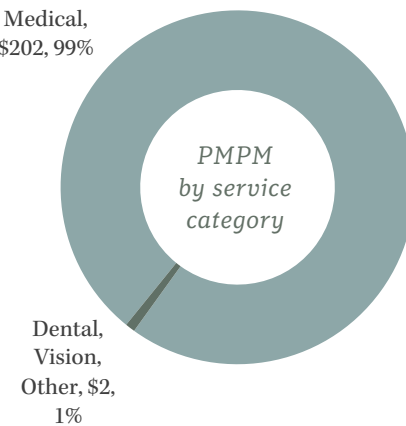
Figure 45. Pregnant Women Per Member Per Month Five-Year Annual Growth Rate for Select Services

Presumptive Eligibility

Subgroup detail

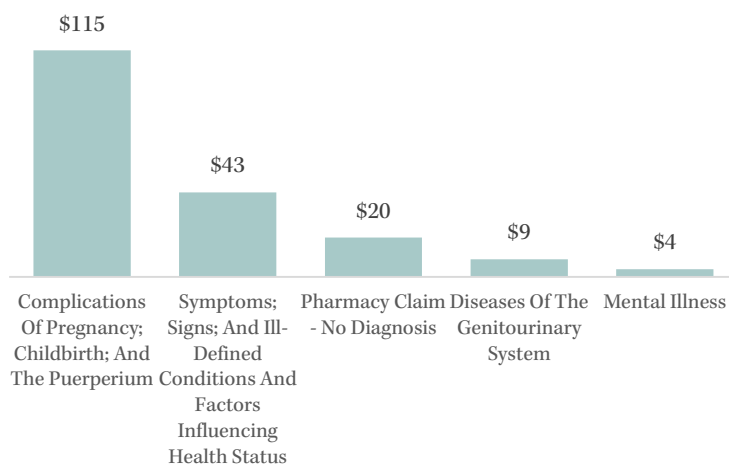


Medical,
\$202, 99%



Dental,
Vision,
Other, \$2,
1%

PMPM by Primary Diagnosis



Emergency Room PMPM

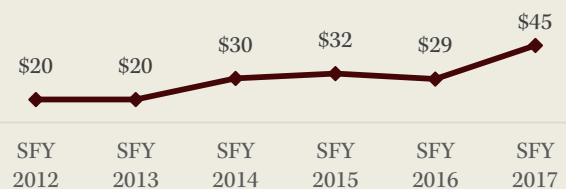


Table 59. Presumptive Eligibility Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$3.45	\$0.19	\$1.90	\$6.43	\$0.67	\$0.58
Ambulatory Surgical Center	\$0.80	--	--	\$0.65	\$0.43	--
Behavioral Health	\$4.85	\$0.89	\$3.02	\$2.33	\$2.07	\$1.26
Care Management Entity	--	--	--	--	\$1.81	--
DME, Prosthetics/Orthotics/ Supplies	\$0.10	--	\$0.29	--	\$0.05	\$0.17
Federally Qualified Health Center	\$1.21	\$5.95	\$10.20	\$19.86	\$14.47	\$11.68
Home Health	--	--	--	\$0.22	--	--
Hospital Total	\$33.16	\$31.91	\$40.28	\$50.45	\$41.80	\$59.84
<i>Outpatient</i>	\$33.16	\$31.85	\$40.41	\$51.19	\$41.82	\$59.84
<i>Other Hospital</i>	--	\$0.06	-\$0.12	-\$0.74	-\$0.03	--
Laboratory	\$7.23	\$8.05	\$21.39	\$21.21	\$13.99	\$17.48
Other	\$1.70	\$1.84	\$1.30	\$1.28	\$1.14	\$1.28
Physician & Other Practitioner	\$43.09	\$45.26	\$61.10	\$55.00	\$51.20	\$73.06
Prescription Drug	\$16.78	\$14.42	\$17.63	\$17.09	\$11.92	\$19.86
Public Health or Welfare	--	--	\$0.02	\$0.45	\$1.04	\$2.20
Public Health, Federal	\$5.03	\$1.13	\$3.12	\$3.53	\$4.08	\$14.28
Rural Health Clinic	\$0.45	\$0.42	\$0.68	\$0.83	\$0.77	\$1.87
Vision	\$0.38	\$0.39	\$0.43	\$0.38	\$0.34	\$0.55
Total	\$115	\$118	\$110	\$158	\$177	\$139

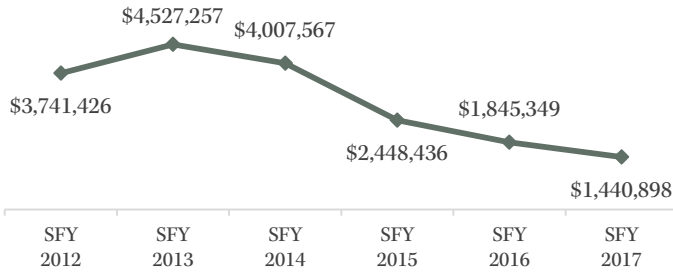
Special Groups

EXPENDITURES

\$1.4 million

paid to providers for services rendered during the state fiscal year

↓22%
from SFY 2016



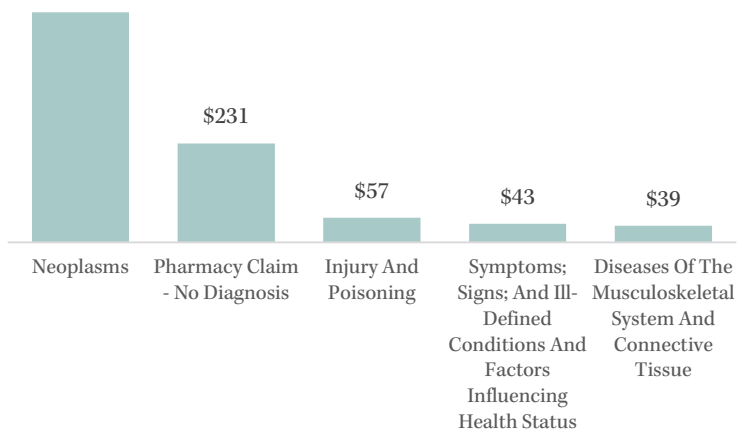
PER MEMBER PER MONTH

\$1,055

↑20%
from SFY 2016



PMPM by Primary Diagnosis

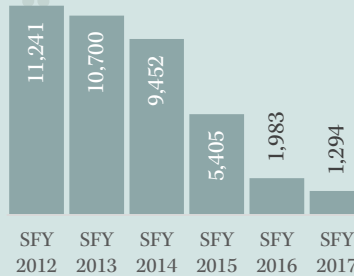


MEMBER MONTHS

↓35%
from SFY 2016

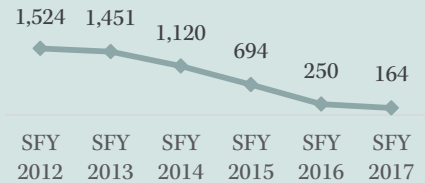
1,294

months members were enrolled during the state fiscal year with average enrollment length of **7.9** months

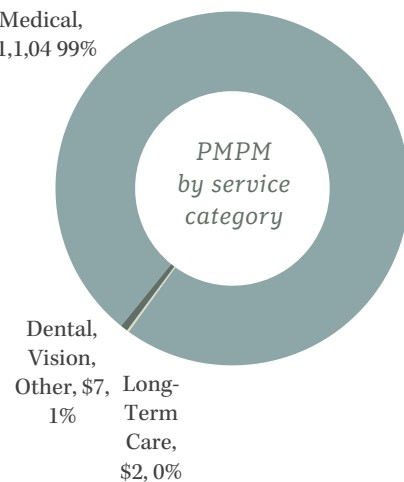


164

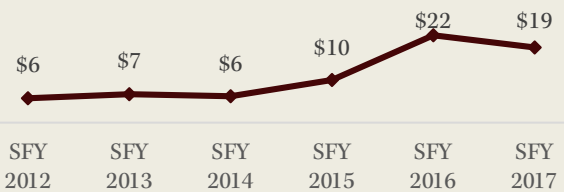
unique individuals enrolled during the state fiscal year



Medical,
\$1,104 99%



Emergency Room PMPM



Hospital Inpatient PMPM

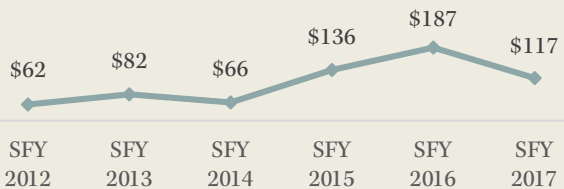


Table 60. Special Groups Summary by Subgroup -SFY 2017

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$1,436,520	-22%	871	-13%	\$1,649	-9%
Family Planning Waiver	\$4,364	-56%	422	-56%	\$10	1%
Tuberculosis	\$14	-100%	1	-91%	\$14	-96%

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

Eligibility Category	Eligibility Subgroup	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Expenditures							
Special Groups	Breast and Cervical	\$3,635,114	\$4,411,985	\$3,933,483	\$2,419,676	\$1,831,663	\$1,436,520
	Family Planning Waiver	\$106,312	\$115,272	\$74,084	\$28,760	\$9,845	\$4,364
	Tuberculosis	\$0	\$0	\$0	\$0	\$3,841	\$14
Total Expenditures		\$3,741,426	\$4,527,257	\$4,007,567	\$2,448,436	\$1,845,349	\$1,440,898
Member Months							
Special Groups	Breast and Cervical	2,118	1,990	1,870	1,518	1,006	871
	Family Planning Waiver	9,123	8,710	7,582	3,887	966	422
	Tuberculosis	0	0	0	0	11	1
Total Member Months		11,241	10,700	9,452	5,405	1,983	1,294
Per Member Per Month							
Special Groups	Breast and Cervical	\$1,716	\$2,217	\$2,103	\$1,594	\$1,821	\$1,649
	Family Planning Waiver	\$12	\$13	\$10	\$7	\$10	\$10
	Tuberculosis	\$0	\$0	\$0	\$0	\$349	\$14
Overall Per Member Per Month		\$333	\$423	\$424	\$453	\$931	\$1,114

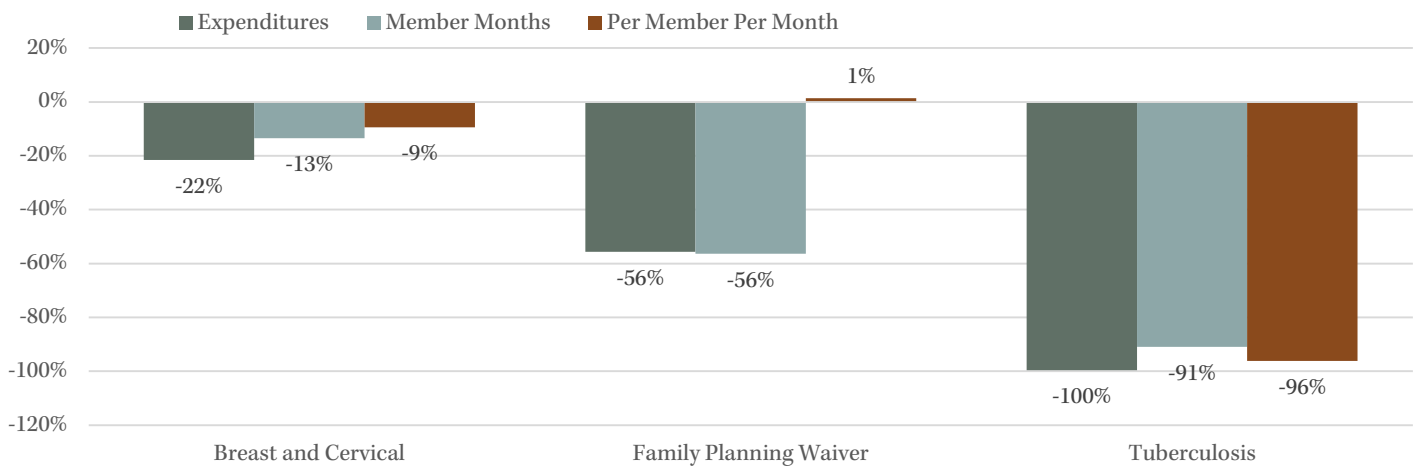
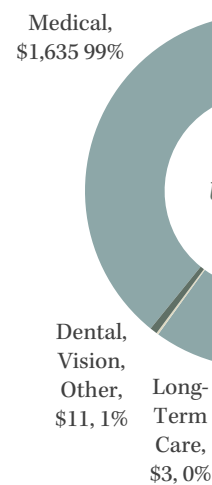
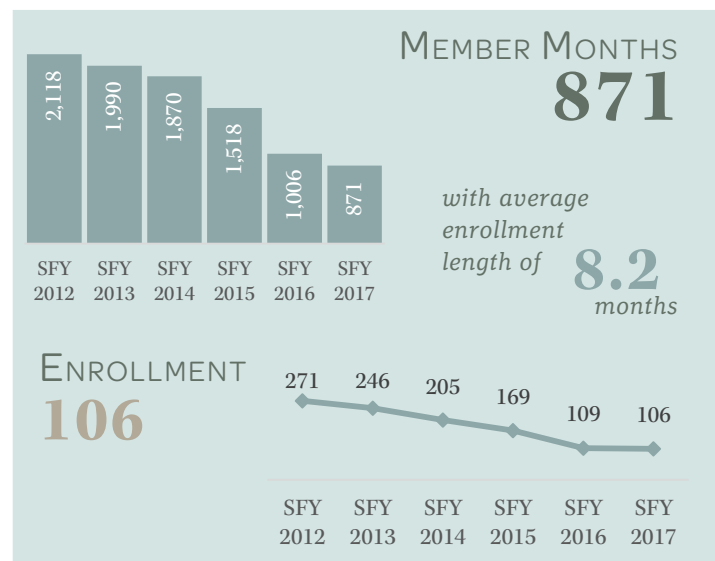
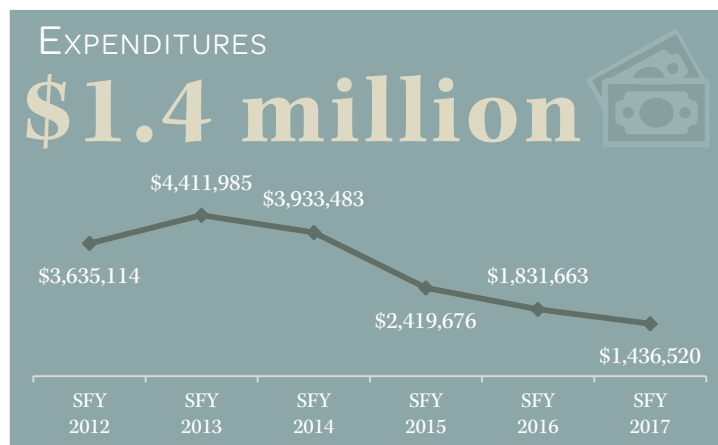


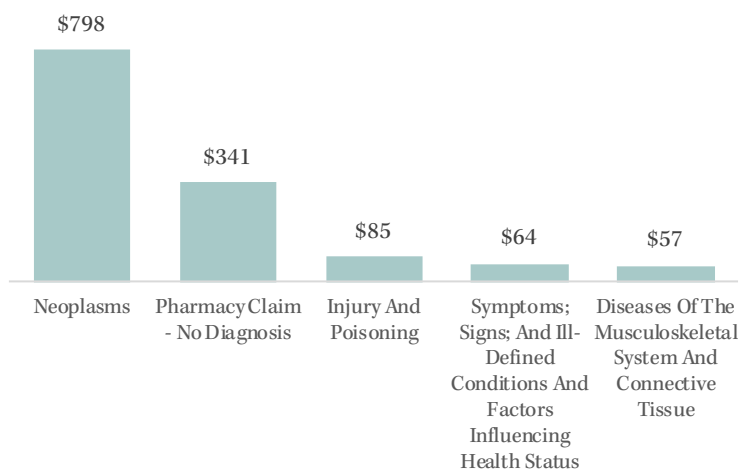
Figure 46. One-Year Percent Change by Special Groups Eligibility Subgroup

Breast and Cervical

Subgroup detail



PMPM by Primary Diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

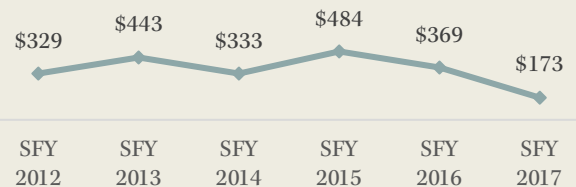


Table 62. Breast and Cervical Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulance	\$7.62	\$6.21	\$22.40	\$11.17	\$15.14	\$14.48
Ambulatory Surgical Center	\$7.56	\$3.52	\$7.09	\$7.79	\$12.06	\$13.22
Behavioral Health	\$24.32	\$31.12	\$21.39	\$14.27	\$17.44	\$18.12
Dental	\$31.87	\$15.21	\$13.68	\$16.90	\$24.16	\$6.66
DME, Prosthetics/Orthotics/ Supplies	\$13.30	\$14.95	\$20.83	\$22.34	\$17.68	\$11.62
Federally Qualified Health Center	\$5.65	\$7.18	\$6.60	\$7.89	\$26.80	\$20.25
Home Health	\$1.92	\$5.34	\$5.42	\$3.68	\$2.90	\$3.16
Hospice	\$10.44	\$16.74	\$25.25	\$8.17	--	\$4.64
Hospital Total	\$658.43	\$1,075.65	\$871.30	\$840.96	\$840.45	\$584.42
<i>Inpatient</i>	\$330.44	\$442.64	\$333.43	\$484.41	\$368.99	\$173.28
<i>Outpatient</i>	\$332.70	\$661.04	\$536.12	\$355.94	\$471.46	\$411.14
<i>Other Hospital</i>	-\$4.71	-\$28.04	\$1.75	\$0.61	--	--
Laboratory	\$28.26	\$21.96	\$21.31	\$18.70	\$15.08	\$15.73
Other	\$3.66	\$0.36	\$1.53	\$4.59	\$2.77	\$0.35
Physician & Other Practitioner	\$721.78	\$783.89	\$836.37	\$415.61	\$482.23	\$572.25
Prescription Drug	\$166.52	\$198.54	\$201.32	\$179.95	\$340.87	\$340.55
Public Health or Welfare	\$0.21	\$0.37	\$0.51	\$0.29	\$0.24	\$0.03
Public Health, Federal	\$30.98	\$33.17	\$45.02	\$39.10	\$20.97	\$39.38
Rural Health Clinic	\$1.93	\$1.40	\$2.00	\$1.03	\$0.83	\$0.50
Vision	\$1.85	\$1.46	\$1.44	\$1.55	\$1.11	\$3.91
Total	\$1,716	\$2,217	\$2,103	\$1,594	\$1,821	\$1,649

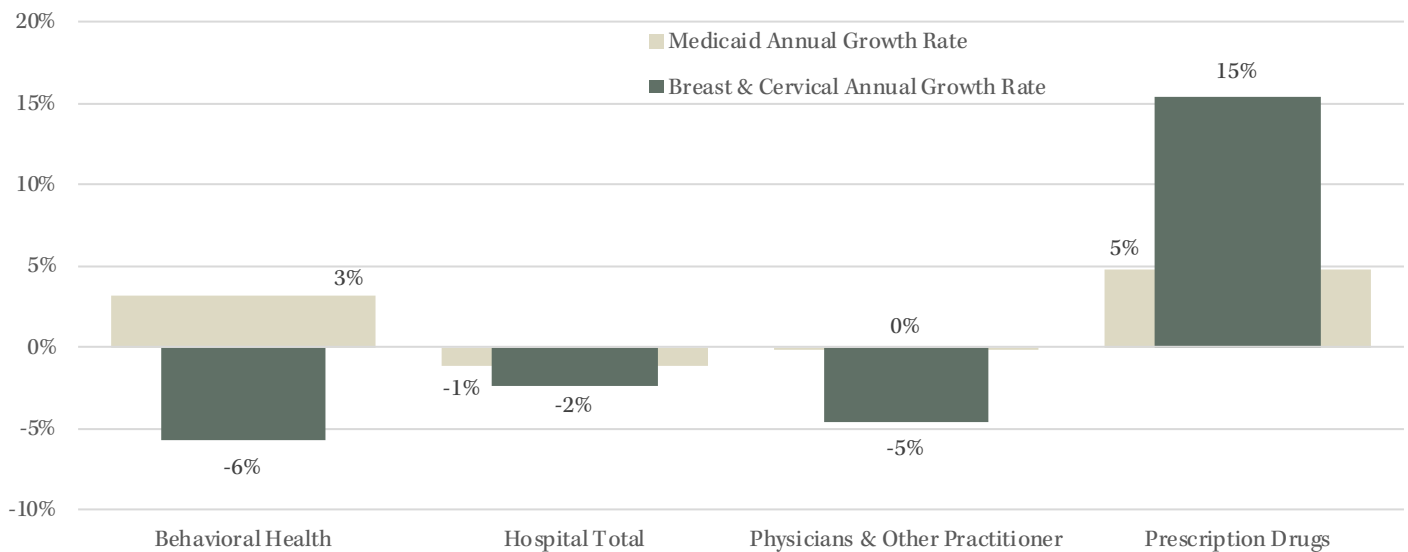


Figure 47. Breast and Cervical Per Member Per Month Five-Year Annual Growth Rate for Select Services

Family Planning Waiver

Subgroup detail

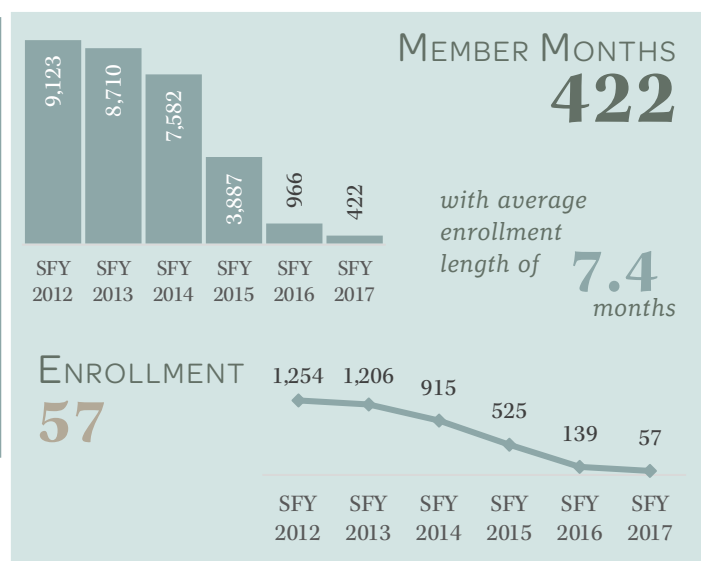
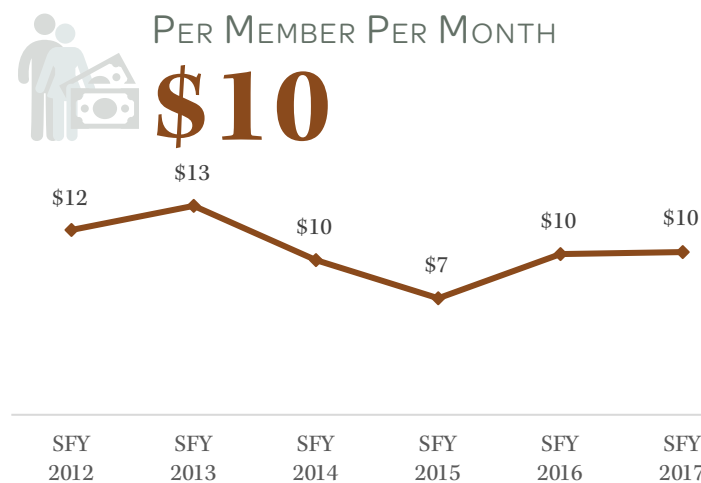
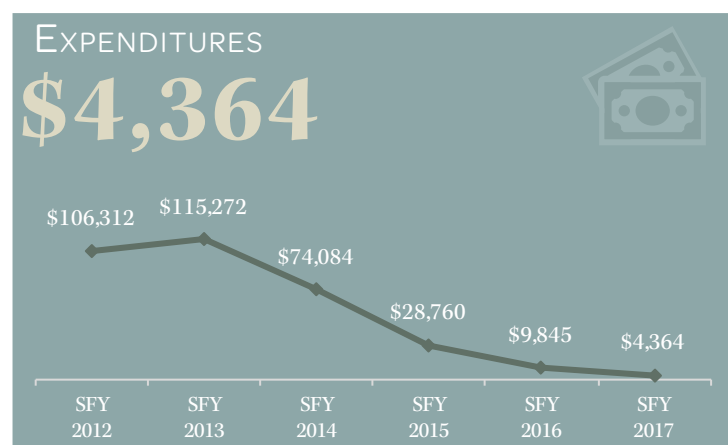


Table 63. Family Planning Waiver Per Member Per Month History by Service Area

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Ambulatory Surgical Center	\$0.10	--	\$0.06	--	--	--
Federally Qualified Health Center	\$0.09	\$0.22	\$0.16	\$0.28	\$0.38	\$0.15
Hospital Total	\$0.53	\$1.52	\$0.31	\$0.65	\$0.01	\$0.01
Outpatient	\$0.53	\$1.90	\$0.31	\$0.65	\$0.01	\$0.01
Other Hospital	\$0.00	-\$0.38	--	--	--	--
Laboratory	\$0.05	\$0.09				\$0.10
Other	\$0.26	\$0.37	\$0.44	\$0.15	\$0.33	\$0.35
Physician & Other Practitioner	\$4.46	\$4.66	\$2.52	\$2.31	\$3.72	\$5.93
Prescription Drug	\$5.85	\$6.05	\$6.07	\$3.93	\$5.75	\$3.96
Public Health or Welfare	--	\$0.02	\$0.03	--	--	--
Public Health, Federal	\$0.24	\$0.26	\$0.18	\$0.09	--	--
Rural Health Clinic	\$0.07	\$0.04	--	--	--	-
Total	\$12	\$13	\$10	\$7	\$10	\$10

Tuberculosis

Subgroup detail

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

Service Area	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Federally Qualified Health Center	--	--	--	--	\$99.15	--
Hospital Total	--	--	--	--	\$167.16	--
<i>Outpatient</i>	--	--	--	--	\$167.16	--
Laboratory	--	--	--	--	\$9.95	--
Physician & Other Practitioner	--	--	--	--	\$49.61	--
Prescription Drug	--	--	--	--	\$23.28	\$13.65
Total	--	--	--	--	\$349	\$14

APPENDIX A: GLOSSARY & ACRONYMS

Acquired Brain Injury (ABI)

Damage to the brain that occurs after birth and is not related to a congenital or degenerative disorder.

Ambulatory Surgical Center (ASC)

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

Centers for Medicare and Medicaid Services (CMS)

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

Cognos

Business Intelligence reporting tool used to extract data from the Medicaid Management Information System (MMIS).

Co-payment

A fixed amount of money paid by the enrolled member at the time of service.

Council on Accreditation

An organization that accredits healthcare organizations.

Current Procedural Terminology (CPT)

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

Department of Health and Human Services (HHS)

The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Durable Medical Equipment (DME), Prosthetics, Orthotics and Supplies

Medical equipment and other supplies that are intended to reduce an individual's physical disability and restore the individual to his or her functional level.

Dual Individual

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

Eligibility

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

Enrollment

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

End Stage Renal Disease (ESRD)

The complete, or almost complete, failure of the kidneys to function. The only treatments for ESRD are dialysis or kidney transplantation.

Expenditure

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

Family Planning Waiver

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

Federal Fiscal Year (FFY)

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

Federal Medical Assistance Percentage (FMAP)

The percentage rates used to determine the federal matching funds allocated to the Medicaid program. The FMAP is the portion of the Medicaid program that is paid by the federal government.

Federal Poverty Level (FPL)

The amount of income determined by the Department of Health and Human Services that is needed to provide a minimum for living necessities.

Federally Qualified Health Center (FQHC)

A designated health center in a medically under-served area that is eligible to receive cost-based Medicare and Medicaid reimbursement.

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 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 Community Choices (CC) 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. *For the purposes of this report, this is referred to as the Family Planning Waiver.*

Prior Authorization (PA)

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

Procedure Code

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

Psychiatric Residential Treatment Facility (PRTF)

A facility that provides services to individuals who require extended care beyond acute psychiatric stabilization or extended psychiatric services. These services address long-standing behavioral disturbances, which are not usually responsive to shorter-term care.

Recipient

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

Rural Health Clinic (RHC)

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

Section 1115 Waiver

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

State Fiscal Year (SFY)

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

State Funds

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

Supplemental Security Income (SSI)

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

Table 65. Acronyms

Acronym	Meaning
ABD	Aged, Blind, or Disabled
ABI	Acquired Brain Injury
ALF	Assisted Living Facility
AMB	Aged Medicare Beneficiary
ASC	Ambulatory Surgery Center
CME	Care Management Entity
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DD	Developmental Disabilities
DME	Durable Medical Equipment
EID	Employed Individuals with Disabilities
ESRD	End Stage Renal Disease
FGHC	Federally Qualified Health Center
HCBS	Home and Community Based Services
ICF-ID	Intermediate Care Facility for the Intellectually Disabled (WY Life Resource Center)
ID	Intellectual Disabilities
IMD	Institution for Mental Disease (WY State Hospital)
LTC	Long-Term Care
MAGI	Modified Adjusted Gross Income
MMIS	Medicaid Management Information System
PACE	Program of All-Inclusive Care for the Elderly
PA	Prior Authorization
PMPM	Per Member Per Month
POS	Prosthetics, Orthotics, and Supplies
PRTF	Psychiatric Residential Treatment Facility
QMB	Qualified Medicare Beneficiaries
RHC	Rural Health Clinic
SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiaries
SSI	Supplemental Security Income
TB	Tuberculosis
WDH	Wyoming Department of Health
WES	Wyoming Eligibility System



APPENDIX B: DATA METHODOLOGY

Table 66. Data Definition and Methodology Summary

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

Table 67. Medicaid Chart A Eligibility Program Codes

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

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

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

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

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

Table 68. Data Parameters by Service Area

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

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

Service Area (Continued)	Pay-to-Provider Taxonomy	Other Parameters
Supports Waiver	251C00000X Day Training, DD 251X00000X PACE PPL	Claim Type: W, G Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21