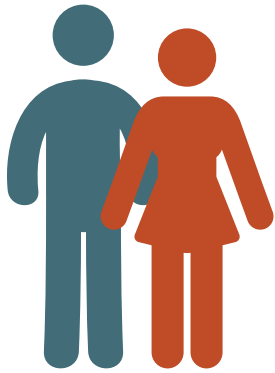


WYOMING MEDICAID

P.M.P.M. REPORT

PER MEMBER PER MONTH



2018



Wyoming Department of Health
Mark Gordon, Governor
Thomas O. Forslund, Director
Teri Green, State Medicaid Agent



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PMPPM 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, 2017 and again on July 1, 2017, even if both claims were paid on August 1, 2017, only the second claim's expenditures are included in the calculation of the SFY 2017 PMPM cost.



Doctor visit June 1, 2017



Doctor visit July 1, 2017



Claim paid August 1, 2017



Claim paid August 1, 2017



SFY 2018
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

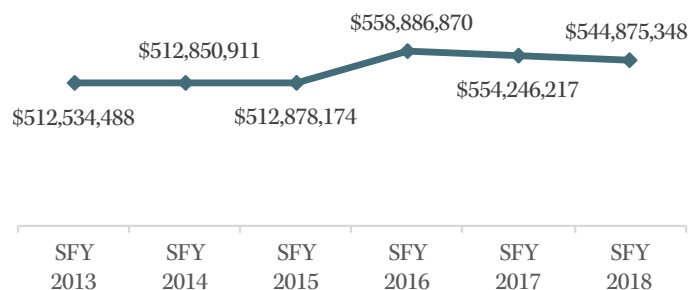
Eligibility Category	Eligibility Subgroup	
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	EID	
Aged, Blind, or Disabled Intellectually Disabled / Developmentally Disabled / Acquired Brain Injury (ABD ID/DD/ABI)	ABI Adult ID/DD Child ID/DD	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) (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

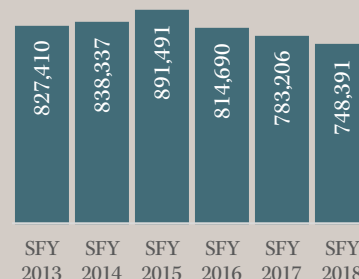
EXPENDITURES

\$545 million
paid to providers for
services rendered during
the state fiscal year **↓1.7%**
from SFY 2017



MEMBER MONTHS

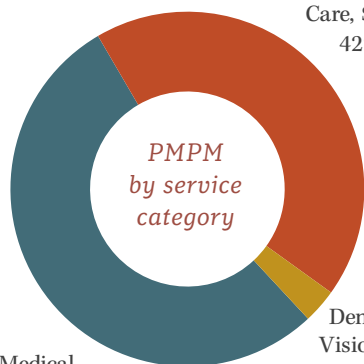
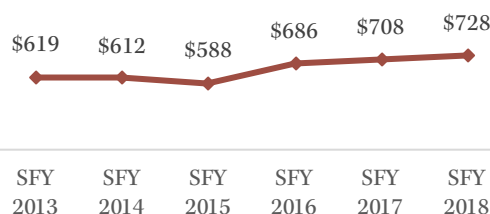
748,391
months members were
enrolled during the
state fiscal year **↓4%**
from SFY 2017



with average
enrollment
length of **9.3**
months

PER MEMBER PER MONTH

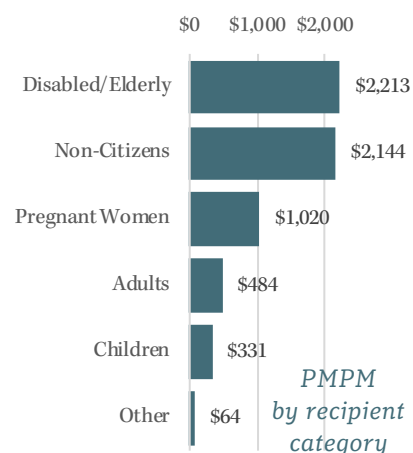
\$728 **↑2.9%**
from SFY 2017



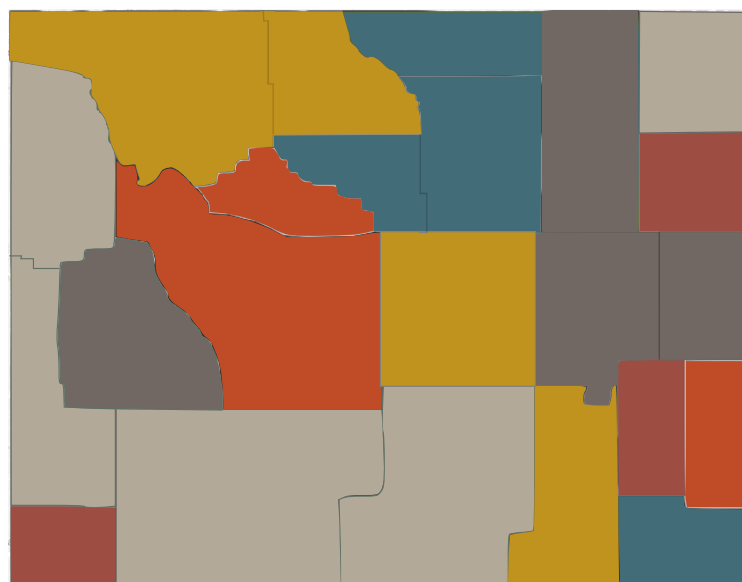
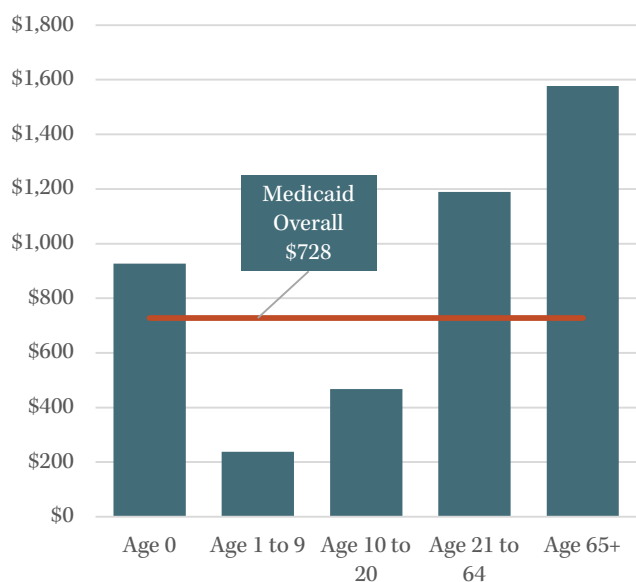
Medical,
\$375, 52%

Long-Term
Care, \$304,
42%

Dental,
Vision, &
Other,
\$22, 3%



Per Member Per Month by Age



61% of Wyoming counties have a PMPM below Overall Medicaid

PMPM Range	Count
\$873-\$981	1
\$785-\$855	1
\$705-\$775	1
\$654-\$696	1
\$604-\$647	1
\$464-\$594	1

PMPPM BY POPULATION

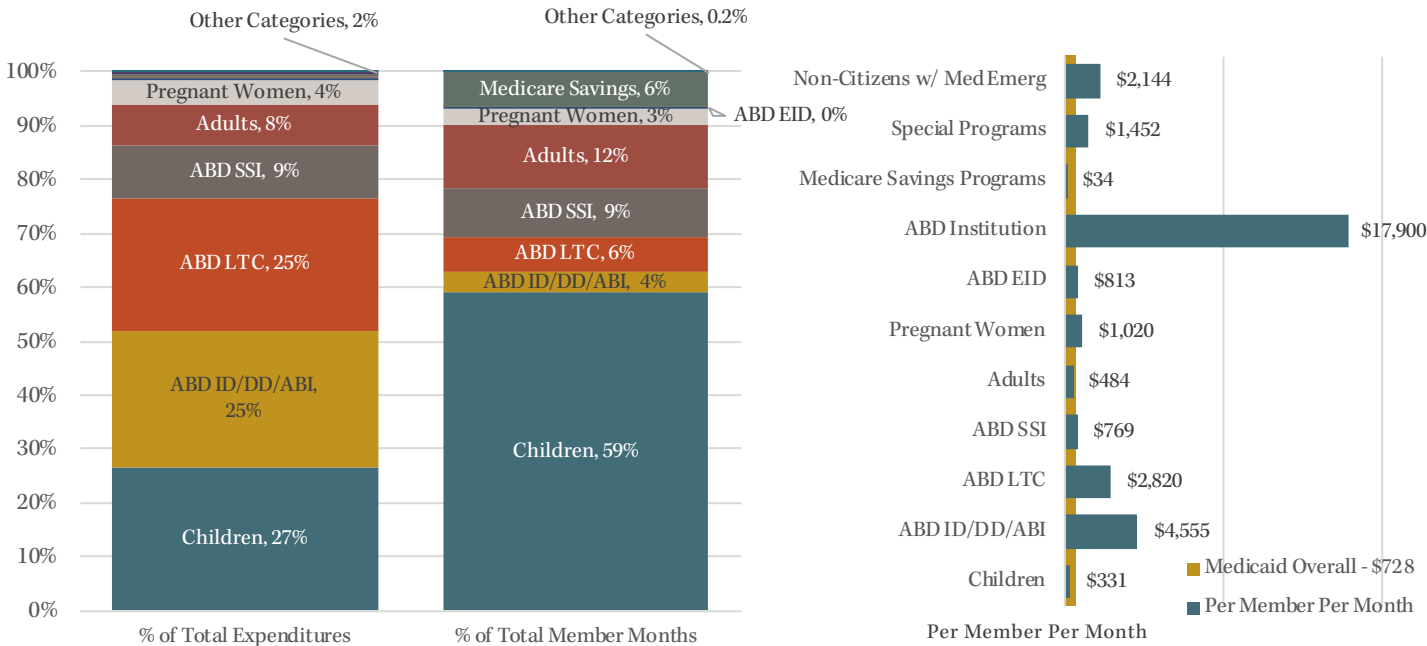


Figure 1. Eligibility Category Overview - SFY 2018

Table 2. Eligibility Category Summary - SFY 2018

Eligibility Category	Average Enrollment Length (Months)	Expenditures	Member Months	PMPM
ABD EID	8.7	\$2,869,284	3,528	\$813
ABD ID/DD/ABI	11.6	\$137,354,785	30,154	\$4,555
ABD Institution	2.7	\$2,667,149	149	\$17,900
ABD Long-Term Care	9.5	\$134,588,386	47,734	\$2,820
ABD SSI	10.2	\$51,680,773	67,195	\$769
Adults	8.0	\$42,404,997	87,634	\$484
Children	9.2	\$145,885,938	440,973	\$331
Medicare Savings Programs	9.3	\$1,593,547	46,539	\$34
Non-Citizens with Medical Emergencies	1.9	\$814,647	380	\$2,144
Pregnant Women	5.3	\$23,568,320	23,108	\$1,020
Special Groups	8.2	\$1,447,522	997	\$1,452
Overall	9.3	\$544,875,348	748,391	\$728

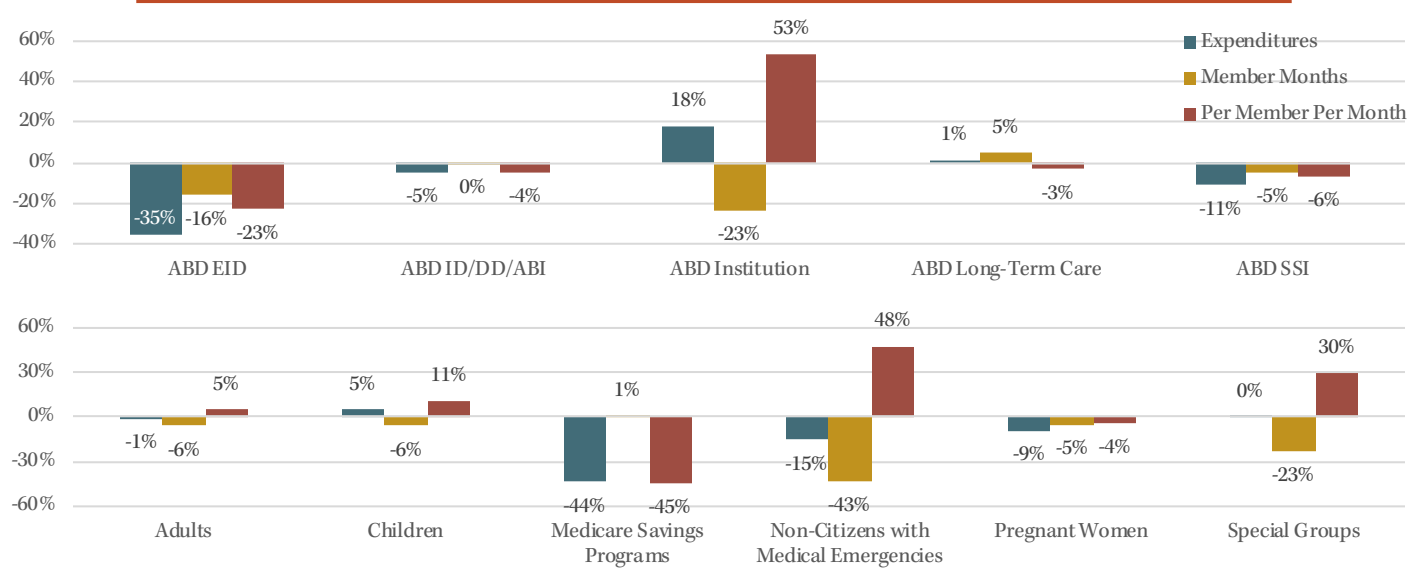


Figure 2. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category

Table 3. Eligibility Subgroup Summary - SFY 2018

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Member Months	PMPM
ABD EID	EID	8.7	\$2,869,284	3,528	\$813
ABD ID/DD/ABI	Acquired Brain Injury	11.2	\$8,521,394	2,191	\$3,889
	Adult ID/DD	11.5	\$96,422,782	19,355	\$4,982
	Child ID/DD	11.0	\$18,797,891	7,869	\$2,389
	ICF-ID (WY Life Resource Center)	10.9	\$13,612,718	739	\$18,420
	Hospital	2.7	\$2,667,149	149	\$17,900
ABD Long-Term Care	Community Choices Waiver	9.5	\$40,758,131	24,916	\$1,636
	Hospice	2.9	\$695,874	334	\$2,083
	Nursing Home	8.6	\$89,642,788	20,878	\$4,294
	PACE	9.5	\$3,491,593	1,606	\$2,174
ABD SSI	SSI and SSI Related	10.2	\$51,993,885	67,195	\$774
Adults	Family-Care Adults	8.0	\$42,076,138	86,754	\$485
	Former Foster Care	7.8	\$328,859	880	\$374
Children	Care Management Entity (CME) ²	5.7	\$4,450,430	3,088	\$1,441
	Children	9.0	\$89,680,464	370,458	\$242
	Childrens Mental Health Waiver	7.0	\$1,655,665	871	\$1,901
	Foster Care	8.6	\$23,138,738	35,958	\$643
	Newborn	6.4	\$31,055,482	33,686	\$922
	Qualified Medicare Beneficiary	9.2	\$1,575,999	28,520	\$55
Medicare Savings Programs	Specified Low Income Medicare Beneficiary	8.6	\$17,549	18,019	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	1.9	\$814,647	380	\$2,144
Pregnant Women	Pregnant Women	5.3	\$23,235,844	21,997	\$1,056
	Presumptive Eligibility	1.4	\$332,476	1,111	\$299
Special Groups	Breast and Cervical	8.2	\$1,444,263	726	\$1,989
	Family Planning Waiver	8.5	\$3,258	271	\$12
Overall		9.3	\$544,875,348	748,391	\$728

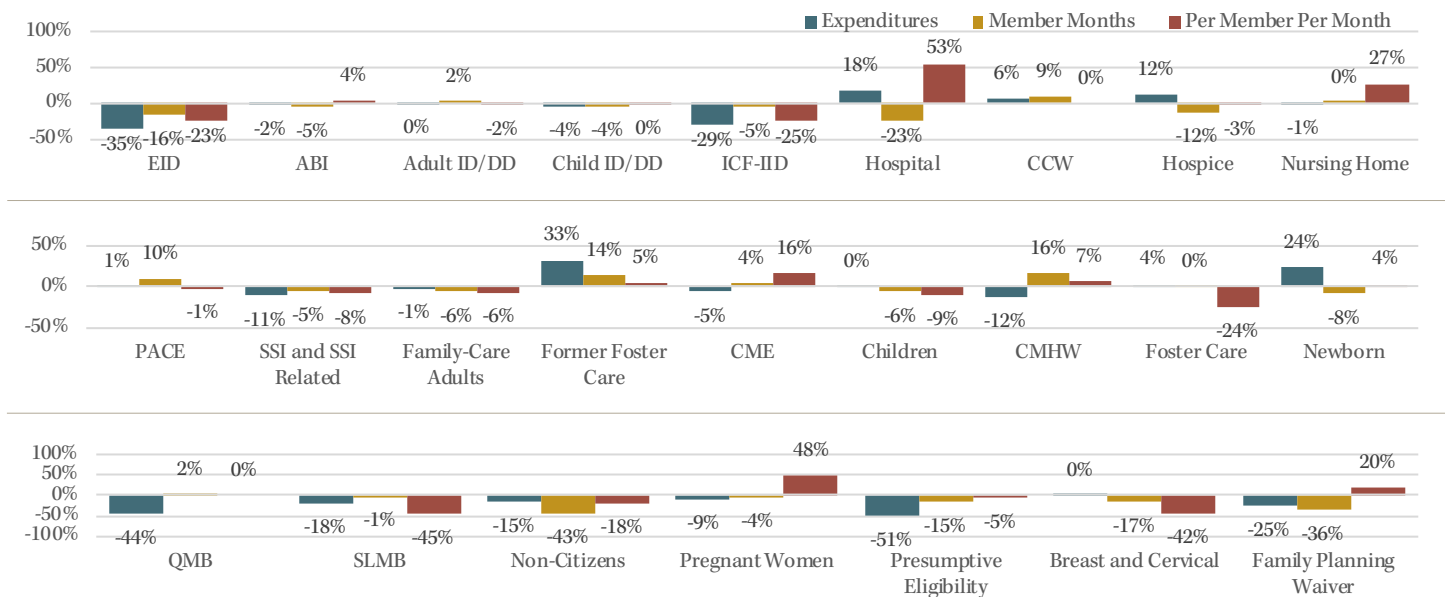


Figure 3. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup

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, and Foster Care have been manually adjusted to account for the corresponding CME expenditures incurred. CME also covers some children on non-Medicaid State-funded programs.

Over
52%
of eligibility subgroups
had a decrease in PMPM
from the previous SFY

48% 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 1.9 months in SFY 2018.

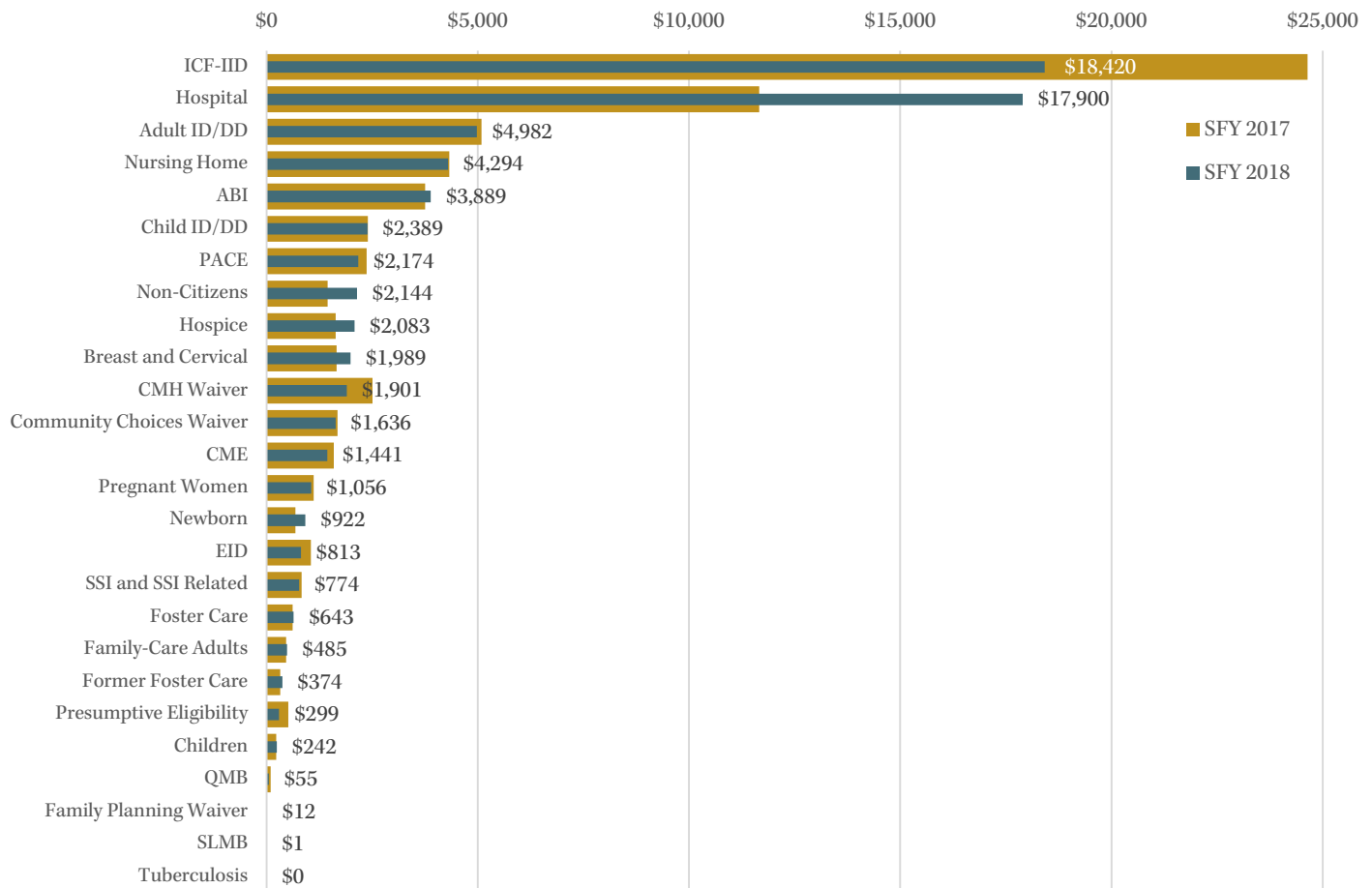


Figure 4. Per Member Per Month by Eligibility Subgroup - SFY 2018

Table 4. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID						
EID	\$4,819,001	\$4,710,032	\$3,662,830	\$4,651,233	\$4,418,944	\$2,869,284
ABD ID/DD/ABI						
Acquired Brain Injury	\$9,042,189	\$8,546,896	\$8,101,517	\$8,498,357	\$8,707,430	\$8,521,394
Adult ID/DD	\$94,122,053	\$92,158,773	\$91,863,216	\$99,551,523	\$96,509,183	\$96,422,782
Child ID/DD	\$21,038,204	\$18,967,389	\$19,499,096	\$20,696,878	\$19,585,511	\$18,797,891
ICF-ID (WY Life Resource Center)	\$16,778,613.71	\$19,190,395	\$17,650,052	\$18,935,852	\$19,173,268	\$13,612,718
ABD Institution						
Hospital	\$6,464,613	\$5,541,567	\$3,623,601	\$4,200,920	\$2,262,631	\$2,667,149
ABD Long-Term Care						
Community Choices Waiver	\$30,353,198	\$30,192,242	\$32,579,735	\$37,107,879	\$38,532,225	\$40,758,131
Hospice	\$422,630	\$608,168	\$625,693	\$678,471	\$622,098	\$695,874
Nursing Home	\$76,852,094	\$75,032,191	\$73,575,062	\$87,675,404	\$90,166,549	\$89,642,788
PACE	\$168,554	\$1,281,845	\$2,260,717	\$2,922,944	\$3,467,290	\$3,491,593
ABD SSI						
SSI and SSI Related	\$51,436,039	\$54,218,032	\$55,642,504	\$55,054,413	\$58,349,664	\$51,993,885
Adults						
Family-Care Adults	\$27,376,594	\$29,307,395	\$39,077,687	\$42,619,865	\$42,511,395	\$42,076,138
Former Foster Care	\$0	\$2,429	\$114,685	\$201,440	\$247,630	\$328,859
Children						
Care Management Entity (CME) ³	\$0	\$0	\$0	\$5,846,060	\$4,708,411	\$4,450,430
Children	\$84,215,779	\$87,613,270	\$92,213,613	\$92,010,105	\$89,300,493	\$89,680,464
Children's Mental Health Waiver	\$1,329,481	\$1,380,653	\$1,672,927	\$2,479,897	\$1,885,817	\$1,655,665
Foster Care	\$21,104,592	\$23,830,296	\$22,571,923	\$22,339,155	\$22,328,896	\$23,138,738
Newborn	\$25,507,555	\$22,939,261	\$27,172,251	\$26,581,563	\$25,010,666	\$31,055,482
Medicare Savings Programs						
Part B - Partial AMB	\$240	\$120	\$240	\$120	\$120	\$0
Qualified Medicare Beneficiary	\$3,543,598	\$4,194,946	\$4,373,876	\$4,037,915	\$2,824,431	\$1,575,999
Specified Low Income Medicare Beneficiary	\$20,035	\$24,514	\$24,833	\$27,903	\$21,453	\$17,549
Non-Citizens with Medical Emergencies						
Non-Citizens	\$1,831,630	\$1,479,833	\$1,183,405	\$1,209,282	\$963,898	\$814,647
Pregnant Women						
Pregnant Women	\$31,393,853	\$27,347,314	\$23,454,690	\$25,047,402	\$25,603,966	\$23,235,844
Presumptive Eligibility	\$186,686	\$279,489	\$419,372	\$314,643	\$672,036	\$332,476
Special Groups						
Breast and Cervical	\$4,411,985	\$3,929,776	\$2,418,290	\$1,827,926	\$1,443,010	\$1,444,263
Family Planning Waiver	\$115,272	\$74,084	\$28,760	\$9,845	\$4,364	\$3,258
Tuberculosis	\$0	\$0	\$0	\$3,841	\$14	\$0
Total	\$512,534,488	\$512,850,911	\$523,810,573	\$558,886,870	\$554,246,217	\$544,875,348

3 CME Expenditures for SFY 2016 through SFY 2018 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 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID						
EID	3,089	3,096	2,907	3,559	4,192	3,528
ABD ID/DD/ABI						
Acquired Brain Injury	2,182	2,059	1,949	2,235	2,318	2,191
Adult ID/DD	16,674	16,787	17,512	18,366	18,958	19,355
Child ID/DD	8,536	7,898	7,823	8,062	8,163	7,869
ICF-ID (WY Life Resource Center)	867	910	863	825	778	739
ABD Institution						
Hospital	197	186	183	229	194	149
ABD Long-Term Care						
Community Choices Waiver	18,152	18,369	19,776	21,643	22,912	24,916
Hospice	210	249	359	314	380	334
Nursing Home	20,232	20,092	19,667	20,255	20,854	20,878
PACE	67	512	911	1,206	1,464	1,606
ABD SSI						
SSI and SSI Related	75,090	73,961	76,289	70,017	70,515	67,195
Adults						
Family-Care Adults	58,841	63,927	89,511	94,394	92,134	86,754
Former Foster Care	--	40	247	542	770	880
Children						
Care Management Entity (CME) ⁴	--	--	--	2,550	2,959	3,088
Children	456,762	462,120	484,227	420,439	393,948	370,458
Childrens Mental Health Waiver	773	615	742	696	751	871
Foster Care	35,148	36,808	37,325	37,347	35,932	35,958
Newborn	36,044	33,802	38,237	39,172	36,691	33,686
Medicare Savings Programs						
Qualified Medicare Beneficiary	26,979	29,217	30,455	27,143	27,891	28,520
Specified Low Income Medicare Beneficiary	21,326	22,814	20,964	18,878	18,112	18,019
Non-Citizens with Medical Emergencies						
Non-Citizens	4,595	4,413	3,309	1,031	665	380
Pregnant Women						
Pregnant Women	29,351	29,458	30,770	24,209	22,987	21,997
Presumptive Eligibility	1,686	1,716	2,180	2,149	1,303	1,111
Special Groups						
Breast and Cervical	1,901	1,718	1,410	1,004	871	726
Family Planning Waiver	8,708	7,570	3,875	964	422	271
Tuberculosis	0	0	0	11	1	0
Total	827,410	838,337	891,491	814,690	783,206	748,391

⁴ 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 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID						
EID	\$1,560	\$1,521	\$1,260	\$1,307	\$1,054	\$813
ABD ID/DD/ABI						
Acquired Brain Injury	\$4,144	\$4,151	\$4,157	\$3,802	\$3,756	\$3,889
Adult ID/DD	\$5,645	\$5,490	\$5,246	\$5,420	\$5,091	\$4,982
Child ID/DD	\$2,465	\$2,402	\$2,493	\$2,567	\$2,399	\$2,389
ICF-ID (WY Life Resource Center)	\$19,352	\$21,088	\$20,452	\$22,953	\$24,644	\$18,420
ABD Institution						
Hospital	\$32,815	\$29,793	\$19,801	\$18,345	\$11,663	\$17,900
ABD Long-Term Care						
Community Choices Waiver	\$1,672	\$1,644	\$1,647	\$1,715	\$1,682	\$1,636
Hospice	\$2,013	\$2,442	\$1,743	\$2,161	\$1,637	\$2,083
Nursing Home	\$3,799	\$3,734	\$3,741	\$4,329	\$4,324	\$4,294
PACE	\$2,516	\$2,504	\$2,482	\$2,424	\$2,368	\$2,174
ABD SSI						
SSI and SSI Related	\$685	\$733	\$729	\$780	\$827	\$774
Adults						
Family-Care Adults	\$465	\$458	\$437	\$452	\$461	\$485
Former Foster Care	\$0	\$61	\$464	\$372	\$322	\$374
Children						
Care Management Entity (CME) ⁵	\$0	\$0	\$0	\$2,293	\$1,591	\$1,441
Children	\$184	\$190	\$190	\$213	\$227	\$242
Childrens Mental Health Waiver	\$1,720	\$2,245	\$2,255	\$1,280	\$2,511	\$1,901
Foster Care	\$600	\$647	\$605	\$565	\$621	\$643
Newborn	\$708	\$679	\$711	\$679	\$682	\$922
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$131	\$144	\$144	\$149	\$101	\$55
Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergencies						
Non-Citizens	\$399	\$335	\$358	\$1,173	\$1,449	\$2,144
Pregnant Women						
Pregnant Women	\$1,070	\$928	\$762	\$1,034	\$1,114	\$1,056
Presumptive Eligibility	\$111	\$163	\$192	\$145	\$516	\$299
Special Groups						
Breast and Cervical	\$2,321	\$2,287	\$1,715	\$1,821	\$1,657	\$1,989
Family Planning Waiver	\$13	\$10	\$7	\$10	\$10	\$12
Tuberculosis	\$0	\$0	\$0	\$349	\$14	\$0
Overall	\$619	\$612	\$588	\$686	\$708	\$728

⁵ SFY 2016 through SFY 2018 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.

PMPM BY SERVICE TYPE

This section provides PMPM data by various service breakdowns:

- high-level service categories
- detailed service areas

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

SERVICE CATEGORIES

To better compare Medicaid costs to those of private insurance plans, this section reports the PMPM cost grouped by Medical, Dental, Vision, Long Term Care and Other service categories. While Medical coverage is generally equivalent to a private insurance plan, Medicaid also provides Dental, Vision, Long-Term Care and “Other” services. 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.

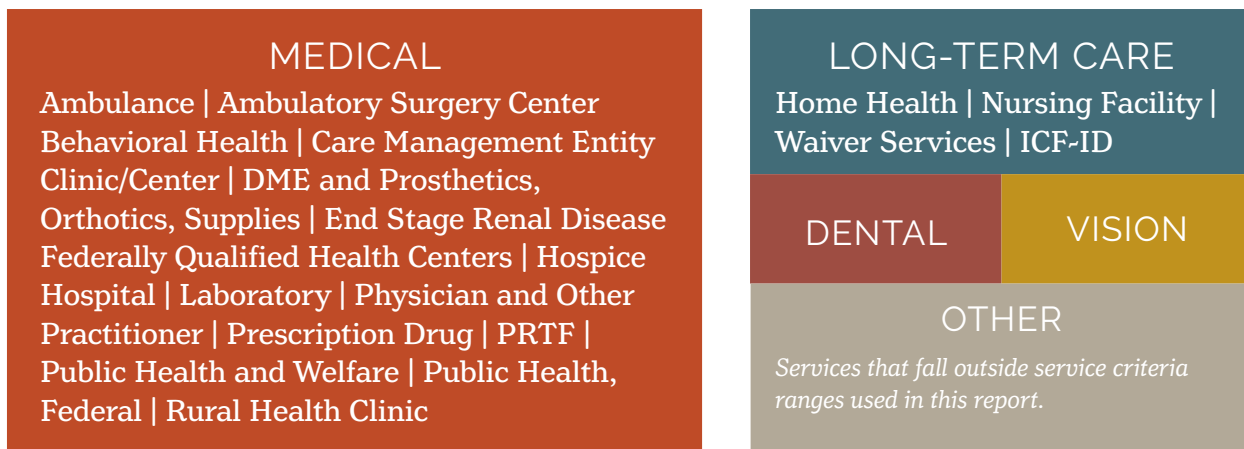


Figure 5. Service Category Breakdown by Service Area

Table 7. Per Member Per Month History by Service Category

Service Category	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Medical	\$339.63	\$337.51	\$333.79	\$375.18	\$378.54	\$388.68
Long-Term Care	\$259.06	\$253.51	\$232.81	\$286.22	\$305.18	\$317.35
Dental	\$16.04	\$16.04	\$16.15	\$18.95	\$17.86	\$15.83
Vision	\$4.05	\$4.08	\$4.05	\$4.50	\$4.87	\$4.90
Other	\$0.67	\$0.59	\$0.76	\$1.16	\$1.22	\$1.29
Total	\$619	\$612	\$588	\$686	\$708	\$728

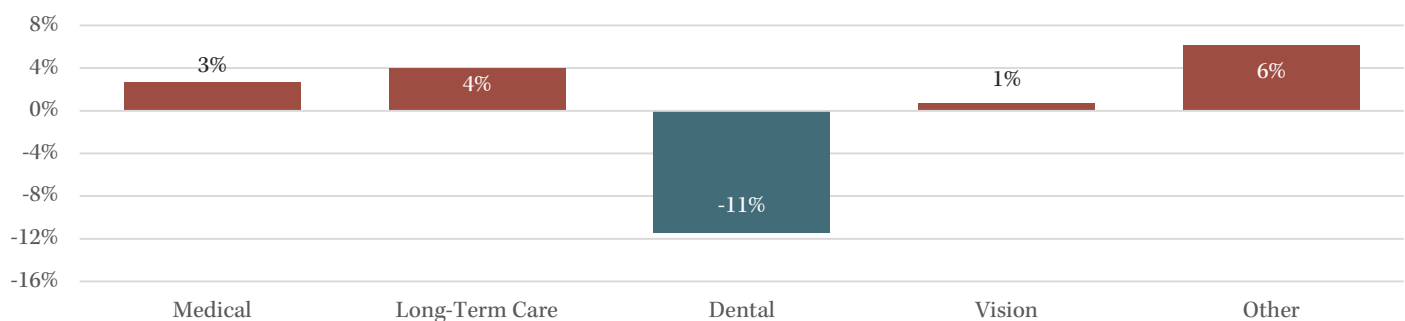


Figure 6. One-Year Change in Per Member Per Month by Service Category

DETAILED SERVICE AREAS

Table 8. Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$4.34	\$4.55	\$4.60	\$4.46	\$4.22	\$3.46
Ambulatory Surgical Center	\$4.21	\$4.90	\$6.90	\$7.07	\$5.23	\$5.01
Behavioral Health	\$33.82	\$36.14	\$37.81	\$43.20	\$37.80	\$34.07
Care Management Entity	--	--	--	\$7.18	\$6.01	\$5.95
Clinic/Center	\$1.33	\$1.61	\$1.41	\$1.62	\$1.68	\$1.24
Dental	\$16.04	\$16.04	\$16.15	\$18.95	\$17.86	\$15.83
DME, Prosthetics/Orthotics/Supplies	\$9.36	\$9.06	\$9.17	\$10.63	\$10.74	\$11.03
End Stage Renal Disease	\$1.62	\$1.20	\$1.20	\$1.25	\$1.45	\$1.32
Federally Qualified Health Center	\$2.47	\$3.04	\$4.23	\$7.38	\$7.65	\$8.10
Home Health	\$3.63	\$4.16	\$5.66	\$12.10	\$13.02	\$3.12
Hospice	\$1.45	\$1.51	\$1.26	\$1.19	\$1.65	\$1.80
Hospital Total	\$129.44	\$121.86	\$117.16	\$129.74	\$123.95	\$129.96
Inpatient	\$93.82	\$87.55	\$83.53	\$93.88	\$90.40	\$96.70
Outpatient	\$36.00	\$34.62	\$33.81	\$35.96	\$33.56	\$33.22
Other Hospital	-\$0.38	-\$0.32	-\$0.18	-\$0.10	-\$0.01	\$0.04
Intermediate Care Facility-IID	\$21.69	\$22.75	\$19.71	\$23.09	\$24.30	\$18.13
Laboratory	\$1.41	\$1.42	\$1.95	\$1.59	\$1.16	\$1.17
Nursing Facility	\$85.97	\$84.96	\$77.98	\$101.88	\$109.66	\$115.46
Other	\$0.67	\$0.59	\$0.76	\$1.16	\$1.22	\$1.29
PACE	\$0.20	\$1.54	\$2.54	\$3.57	\$4.42	\$4.64
Physician & Other Practitioner	\$75.44	\$72.53	\$67.06	\$72.60	\$74.88	\$72.23
Prescription Drug	\$47.40	\$49.51	\$53.66	\$59.56	\$65.29	\$77.72
PRTF	\$15.10	\$17.76	\$14.93	\$14.15	\$16.10	\$16.36
Public Health or Welfare	\$0.77	\$0.80	\$0.78	\$0.92	\$0.76	\$0.75
Public Health, Federal	\$9.40	\$9.73	\$9.93	\$10.84	\$18.08	\$15.94
Rural Health Clinic	\$2.08	\$1.91	\$1.73	\$1.82	\$1.89	\$2.57
Vision	\$4.05	\$4.08	\$4.05	\$4.50	\$4.87	\$4.90
Waiver Total	\$147.56	\$140.10	\$126.93	\$145.58	\$153.78	\$176.00
Acquired Brain Injury	\$9.35	\$8.71	\$7.43	\$8.23	\$8.81	\$6.11
Adult ID/DD	\$102.64	\$98.16	\$12.53	--	--	--
Child ID/DD	\$16.03	\$13.51	\$8.56	\$0.02	--	--
Children's Mental Health ⁶	\$0.75	\$0.69	\$0.77	--	--	--
Community Choices ⁷	\$18.80	\$18.79	\$18.76	\$24.80	\$27.08	\$34.99
Comprehensive	\$0.00	\$0.25	\$77.80	\$108.93	\$112.11	\$127.09
Supports	--	\$0.00	\$1.08	\$3.60	\$5.77	\$7.81
Total	\$619	\$612	\$588	\$686	\$708	\$728

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.

⁶ 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.

⁷ SFY 2013 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 2018

Eligibility Category	Eligibility Subgroup	Behavioral Health	Home Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD EID	EID	\$45.60	\$4.17	\$244.54	--	\$231.16	\$216.28
ABD ID/DD/ABI	Acquired Brain Injury	\$42.35	\$11.50	\$141.10	\$0.18	\$72.90	\$109.49
	Adult ID/DD	\$44.56	\$65.66	\$45.77	\$0.01	\$51.68	\$171.04
	Child ID/DD	\$44.09	\$32.11	\$192.67	--	\$342.72	\$274.61
	ICF-IID	--	--	\$16.05	--	\$28.64	\$0.02
ABD Institution	Hospital	\$13.63	\$13.96	\$15,633.73	\$28.69	\$1,897.93	\$63.55
ABD Long-Term Care	Community Choices Waiver	\$24.14	\$16.22	\$169.98	\$1.93	\$103.28	\$143.55
	Hospice	\$6.81	--	\$75.50	\$1.81	\$26.31	--
	Nursing Home	\$7.65	\$0.12	\$33.79	\$4,136.04	\$28.09	\$33.88
	PACE	\$0.74	--	--	--	\$0.28	--
ABD SSI	SSI and SSI Related	\$46.24	\$4.43	\$224.65	\$0.01	\$111.55	\$253.78
Adults	Family-Care Adults	\$23.64	\$0.57	\$145.26	--	\$97.03	\$134.50
	Former Foster Care	\$39.55	--	\$111.81	--	\$84.67	\$67.41
Children	Children	\$29.97	\$0.01	\$49.22	--	\$40.39	\$37.23
	Children's Mental Health Waiver	\$206.27	--	\$89.66	--	\$31.36	\$85.94
	Foster Care	\$179.36	\$0.02	\$76.87	--	\$49.52	\$70.23
	Newborn	\$0.66	\$0.21	\$699.57	--	\$137.18	\$21.21
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.69	--	\$13.99	\$0.04	\$27.71	--
	Specified Low Income Medicare Beneficiary	\$0.01	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	\$1,857.68	--	\$270.94	--
Pregnant Women	Pregnant Women	\$11.91	\$0.16	\$554.32	--	\$321.98	\$51.42
	Presumptive Eligibility	\$0.64	--	\$68.71	--	\$74.00	\$58.31
Special Groups	Breast and Cervical	\$13.94	\$1.28	\$782.04	--	\$650.56	\$432.77
	Family Planning Waiver	--	--	--	--	\$4.55	\$5.48
	Tuberculosis	--	--	--	--	--	--
Overall		\$34.07	\$3.12	\$129.96	\$115.46	\$72.23	\$77.72

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.

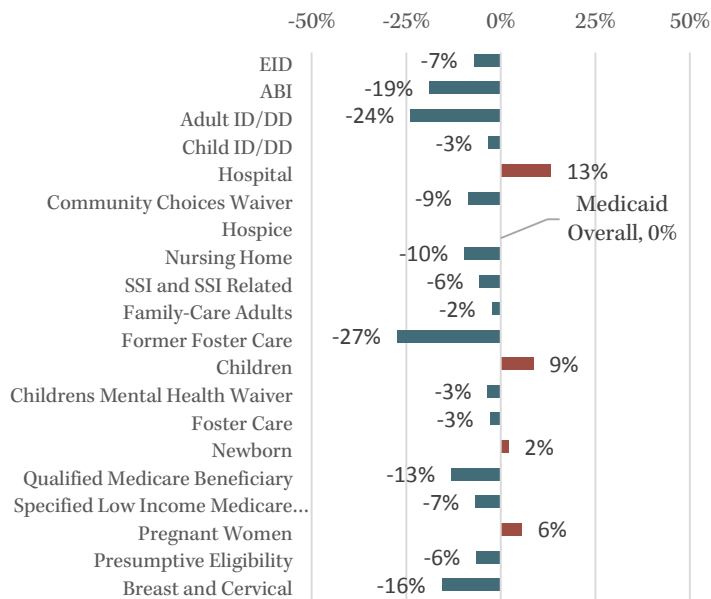


Figure 7. Five-Year Annual Growth Rate for Behavioral Health Services by Eligibility Subgroup

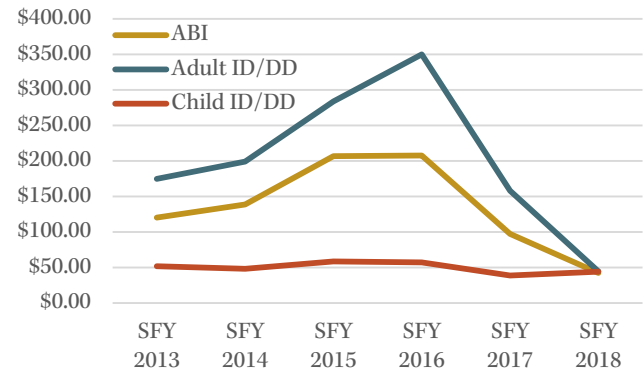


Figure 8. Behavioral Health Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$66.03	\$56.92	\$58.94	\$41.48	\$42.96	\$45.60
ABD ID/DD/ABI	Acquired Brain Injury	\$120.16	\$138.54	\$206.90	\$207.71	\$97.33	\$42.35
	Adult ID/DD	\$174.65	\$199.16	\$283.90	\$349.86	\$157.89	\$44.56
	Child ID/DD	\$51.98	\$48.21	\$58.74	\$57.01	\$38.57	\$44.09
	ICF-IID	\$0.18	\$2.52	\$1.09	\$2.56	--	--
ABD Institution	Hospital	\$7.34	\$5.44	\$34.00	\$4.33	\$10.65	\$13.63
ABD Long-Term Care	Community Choices Waiver	\$37.96	\$41.86	\$46.11	\$46.71	\$38.88	\$24.14
	Hospice	--	\$0.31	\$0.26	\$0.03	--	\$6.81
	Nursing Home	\$12.71	\$11.50	\$14.39	\$14.03	\$12.16	\$7.65
	PACE	--	--	--	\$0.14	--	\$0.74
ABD SSI	SSI and SSI Related	\$61.63	\$63.30	\$57.17	\$66.75	\$57.52	\$46.24
Adults	Family-Care Adults	\$26.66	\$25.11	\$26.29	\$30.23	\$32.89	\$23.64
	Former Foster Care	--	\$13.59	\$103.43	\$77.52	\$32.92	\$39.55
Children	Care Management Entity (CME)	\$19.84	\$22.97	\$24.86	\$27.25	\$28.20	\$29.97
	Children	\$246.05	\$303.40	\$300.07	\$355.42	\$181.72	\$206.27
	Children's Mental Health Waiver	--	--	--	--	--	--
	Foster Care	\$208.35	\$205.39	\$188.89	\$177.17	\$166.62	\$179.36
	Newborn	\$0.60	\$0.13	\$1.27	\$0.45	\$0.81	\$0.66
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

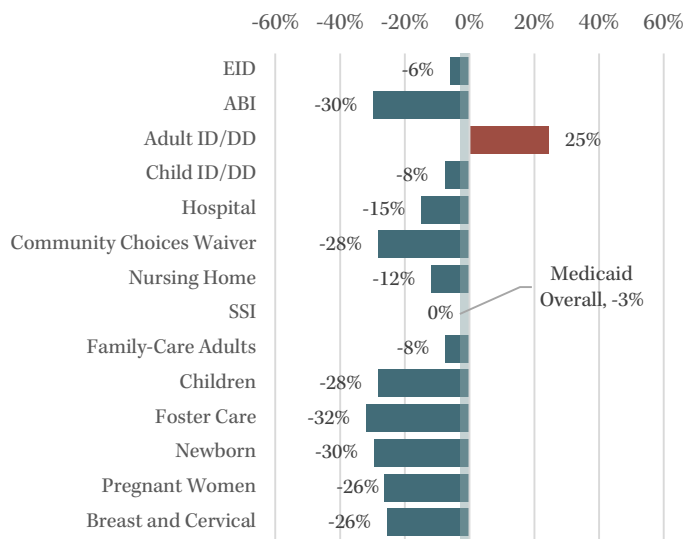


Figure 9. Five-Year Annual Growth Rate for Home Health by Eligibility Subgroup

Home Health

Prior authorization requirements have continued to show reductions in the Home Health PMPM for the Adult ID/DD populations.

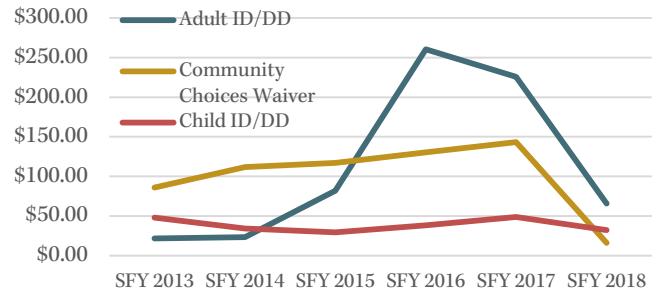


Figure 10. Home Health Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$5.68	\$12.20	\$4.36	\$8.70	\$21.91	\$4.17
ABD ID/DD/ABI	Acquired Brain Injury	\$67.38	\$68.08	\$56.63	\$101.13	\$104.56	\$11.50
	Adult ID/DD	\$21.84	\$23.24	\$81.80	\$260.33	\$225.54	\$65.66
	Child ID/DD	\$48.10	\$34.13	\$29.47	\$38.36	\$48.85	\$32.11
	ICF-IID	--	--	--	--	--	--
ABD Institution	Hospital	\$31.38	\$57.83	\$6.00	\$27.05	\$5.09	\$13.96
ABD Long-Term Care	Community Choices Waiver	\$85.85	\$111.85	\$117.16	\$130.48	\$143.36	\$16.22
	Hospice	\$2.01	--	\$0.47	--	\$0.34	--
	Nursing Home	\$0.22	\$0.33	\$0.40	\$0.49	\$0.96	\$0.12
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$4.44	\$5.45	\$6.21	\$19.61	\$22.55	\$4.43
Adults	Family-Care Adults	\$0.84	\$0.62	\$0.77	\$0.92	\$1.82	\$0.57
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$0.07	\$0.11	\$0.18	\$0.27	\$0.17	\$0.01
	Children's Mental Health Waiver	--	--	--	\$16.75	\$4.05	--
	Foster Care	\$0.11	\$0.42	\$1.02	\$1.50	\$0.68	\$0.02
	Newborn	\$1.22	\$1.54	\$6.54	\$0.68	\$0.69	\$0.21
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$0.75	\$0.39	\$0.31	\$0.08	\$0.07	\$0.16
	Presumptive Eligibility	--	--	\$0.23	--	--	--
Special Groups	Breast and Cervical	\$5.59	\$5.90	\$3.96	\$2.91	\$3.16	\$1.28
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$3.63	\$4.16	\$5.66	\$12.10	\$13.02	\$3.12

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.

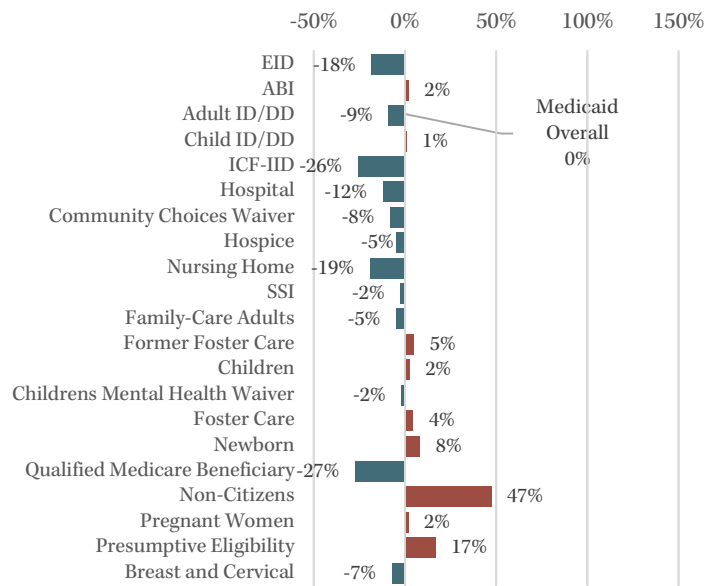


Figure 11. Five-Year Annual Growth Rate for Hospital by Eligibility Subgroup

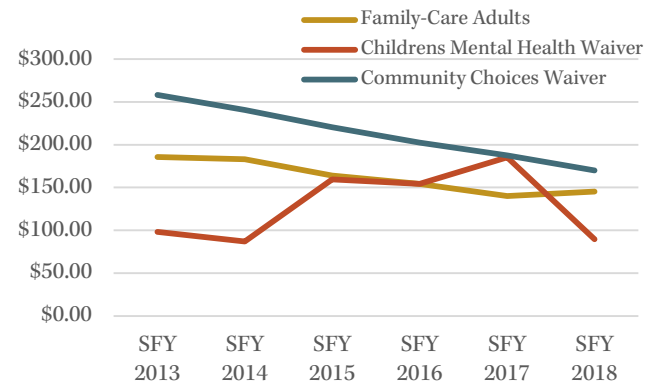


Figure 12. Hospital Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$668.32	\$597.62	\$456.94	\$526.53	\$395.87	\$244.54
ABD ID/DD/ABI	Acquired Brain Injury	\$128.38	\$122.16	\$202.47	\$128.68	\$105.65	\$141.10
	Adult ID/DD	\$73.31	\$82.99	\$75.45	\$73.41	\$67.20	\$45.77
	Child ID/DD	\$186.69	\$124.09	\$171.57	\$241.04	\$190.01	\$192.67
	ICF-IID	\$70.68	\$79.07	\$42.73	\$71.65	\$99.29	\$16.05
ABD Institution	Hospital	\$29,619.30	\$26,202.52	\$17,590.87	\$15,932.86	\$9,573.86	\$15,633.73
ABD Long-Term Care	Community Choices Waiver	\$258.34	\$240.42	\$220.57	\$202.38	\$187.55	\$169.98
	Hospice	\$96.18	\$320.69	\$61.47	\$221.62	\$146.58	\$75.50
	Nursing Home	\$97.94	\$80.57	\$84.09	\$106.48	\$83.66	\$33.79
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$253.40	\$261.36	\$257.13	\$258.72	\$253.59	\$224.65
Adults	Family-Care Adults	\$185.66	\$183.09	\$164.02	\$154.22	\$139.89	\$145.26
	Former Foster Care		\$7.73	\$96.86	\$106.46	\$94.23	\$111.81
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$43.64	\$41.99	\$37.77	\$44.91	\$42.90	\$49.22
	Children's Mental Health Waiver	\$98.07	\$86.82	\$159.31	\$154.05	\$185.35	\$89.66
	Foster Care	\$61.80	\$65.72	\$75.15	\$65.89	\$78.51	\$76.87
	Newborn	\$472.46	\$447.27	\$485.65	\$463.92	\$462.62	\$699.57
Medicare Savings Programs	Qualified Medicare Beneficiary	\$68.38	\$74.59	\$80.13	\$79.94	\$46.26	\$13.99
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$268.78	\$246.57	\$283.35	\$966.39	\$1,161.25	\$1,857.68
Pregnant Women	Pregnant Women	\$507.66	\$462.53	\$386.26	\$556.67	\$608.97	\$554.32
	Presumptive Eligibility	\$31.99	\$40.66	\$53.96	\$42.14	\$59.11	\$68.71
Special Groups	Breast and Cervical	\$1,126.01	\$946.91	\$904.39	\$838.41	\$578.73	\$782.04
	Family Planning Waiver	\$1.52	\$0.31	\$0.65	\$0.01	--	--
	Tuberculosis	--	--	--	\$167.16	--	--
Overall		\$129.44	\$121.86	\$117.16	\$129.74	\$123.95	\$129.96

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$21.41	\$33.65	\$20.07	\$25.97	\$24.37	\$16.74
ABD ID/DD/ABI	Acquired Brain Injury	\$6.44	\$8.14	\$12.59	\$11.02	\$8.10	\$8.26
	Adult ID/DD	\$6.42	\$7.14	\$6.62	\$7.18	\$7.64	\$7.00
	Child ID/DD	\$9.43	\$8.72	\$9.54	\$8.16	\$9.16	\$12.71
	ICF-IID	\$3.31	\$3.10	\$3.67	\$8.76	\$10.45	\$8.40
ABD Institution	Hospital	\$37.12	\$45.71	\$63.71	\$38.21	\$17.69	\$30.65
ABD Long-Term Care	Community Choices Waiver	\$13.74	\$14.47	\$17.11	\$16.58	\$17.03	\$18.63
	Hospice	\$12.60	\$13.24	\$3.43	\$3.30	\$2.80	\$0.40
	Nursing Home	\$2.08	\$2.43	\$2.80	\$3.53	\$3.76	\$3.09
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$27.35	\$30.82	\$29.66	\$31.54	\$30.88	\$31.16
Adults	Family-Care Adults	\$45.28	\$43.72	\$38.51	\$39.36	\$37.94	\$38.04
	Former Foster Care	--	--	\$77.99	\$70.77	\$46.56	\$58.91
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$11.81	\$11.25	\$11.13	\$11.13	\$11.48	\$12.24
	Children's Mental Health Waiver	\$11.43	\$12.52	\$25.93	\$46.88	\$12.28	\$8.59
	Foster Care	\$12.35	\$11.91	\$12.39	\$11.22	\$10.69	\$10.92
	Newborn	\$21.15	\$19.70	\$20.67	\$18.52	\$19.82	\$21.33
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.90	\$1.96	\$1.90	\$1.91	\$1.97	\$2.02
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$12.26	\$7.73	\$13.03	\$55.52	\$48.62	\$52.45
Pregnant Women	Pregnant Women	\$35.79	\$33.24	\$29.66	\$31.40	\$33.68	\$34.47
	Presumptive Eligibility	\$20.91	\$30.76	\$34.76	\$30.38	\$45.32	\$50.21
Special Groups	Breast and Cervical	\$39.45	\$33.46	\$37.63	\$39.90	\$30.00	\$34.11
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	\$161.44	--	--
Overall		\$15.90	\$15.75	\$15.95	\$16.64	\$16.75	\$17.20

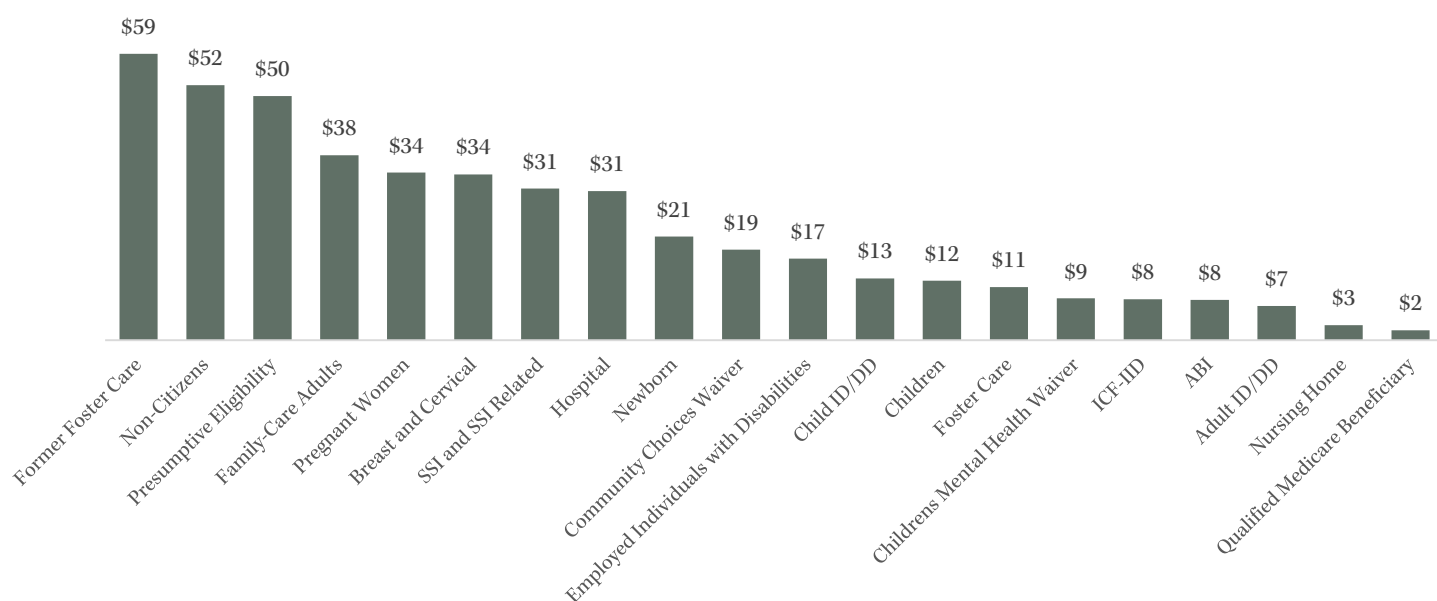


Figure 13. Emergency Room Per Member Per Month by Eligibility Subgroup - SFY 2018

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$450.01	\$403.48	\$420.89	\$343.78	\$247.13	\$160.51
ABD ID/DD/ABI	Acquired Brain Injury	\$62.69	\$49.89	\$58.85	\$51.32	\$60.25	\$121.30
	Adult ID/DD	\$34.93	\$42.54	\$36.05	\$34.37	\$37.13	\$25.66
	Child ID/DD	\$126.75	\$72.51	\$180.70	\$175.34	\$115.98	\$135.40
	ICF-IID	\$31.71	\$61.29	\$11.83	\$12.37	\$58.29	\$0.00
ABD Institution	Hospital	\$29,228.75	\$25,946.47	\$18,411.07	\$14,712.78	\$9,244.73	\$15,485.73
ABD Long-Term Care	Community Choices Waiver	\$126.30	\$110.14	\$76.14	\$69.57	\$96.48	\$100.19
	Hospice	\$59.71	\$367.80	\$265.31	\$303.33	\$119.10	\$74.08
	Nursing Home	\$45.65	\$30.32	\$56.96	\$55.30	\$49.01	\$17.33
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$174.40	\$173.65	\$160.13	\$174.47	\$178.43	\$155.21
Adults	Family-Care Adults	\$101.51	\$100.79	\$90.52	\$85.83	\$73.45	\$71.80
	Former Foster Care	--	--	\$44.83	\$20.43	\$41.26	\$59.53
Children	Care Management Entity (CME)	\$0.14	\$25.56	\$23.61	\$27.19	\$25.20	\$30.36
	Children	\$1,710.96	\$75.12	\$95.90	\$102.24	\$171.12	\$79.55
	Children's Mental Health Waiver	\$456.24	\$46.17	\$47.83	\$47.80	\$60.26	\$56.32
	Foster Care	\$0.00	\$421.52	\$449.43	\$438.70	\$436.84	\$672.27
	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	\$252.27	\$237.06	\$285.71	\$916.99	\$1,120.13	\$1,806.05
Pregnant Women	Pregnant Women	\$420.64	\$388.13	\$384.27	\$488.41	\$540.35	\$472.44
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	\$463.37	\$362.22	\$263.27	\$369.73	\$163.21	\$253.56
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$90.47	\$84.02	\$82.37	\$90.13	\$87.95	\$95.60

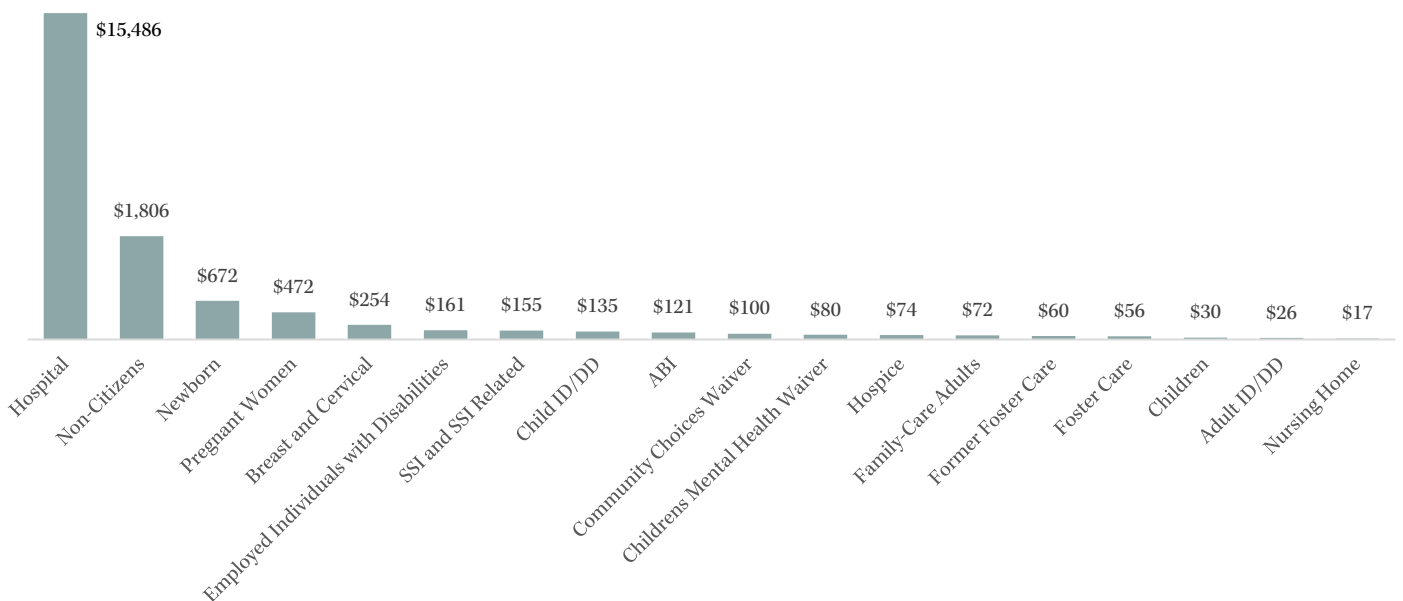


Figure 14. Inpatient Per Member Per Month by Eligibility Subgroup - SFY 2018

Nursing Facility

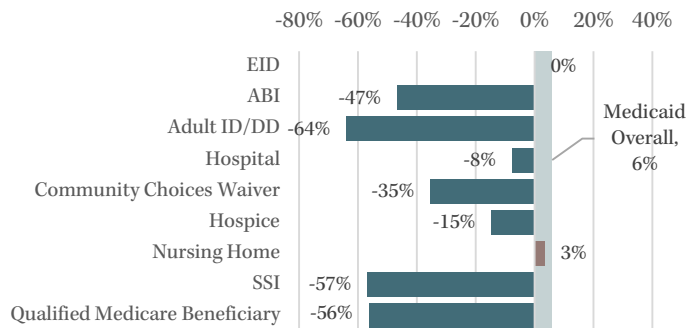


Figure 15. Five-Year Annual Growth Rate for Nursing Facility by Eligibility Subgroup

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	--	\$1.17	\$0.04	\$0.09	\$0.19	\$0.00
ABD ID/DD/ABI	Acquired Brain Injury	\$4.24	\$0.38	\$4.96	\$12.57	\$7.05	\$0.18
	Adult ID/DD	\$1.88	\$0.60	\$1.57	\$1.17	\$1.14	\$0.01
	Child ID/DD	--	--	--	--	--	--
	ICF-IID	--	--	--	--	--	--
ABD Institution	Hospital	\$42.93	\$152.29	\$87.52	\$51.66	\$391.85	\$28.69
ABD Long-Term Care	Community Choices Waiver	\$17.27	\$16.56	\$10.88	\$13.40	\$7.59	\$1.93
	Hospice	\$4.02	-\$0.78	\$0.36	\$3.61	-\$0.91	\$1.81
	Nursing Home	\$3,490.67	\$3,518.61	\$3,511.25	\$4,065.03	\$4,093.35	\$4,136.04
	PACE	--	--	-\$0.95	--	--	--
ABD SSI	SSI and SSI Related	\$0.99	\$1.06	\$1.72	\$3.43	\$2.86	\$0.01
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	\$2.70	\$3.45	\$2.09	\$2.46	\$1.25	\$0.04
	Specified Low Income Medicare Beneficiary	-\$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		\$85.97	\$84.96	\$77.98	\$101.88	\$109.66	\$115.46

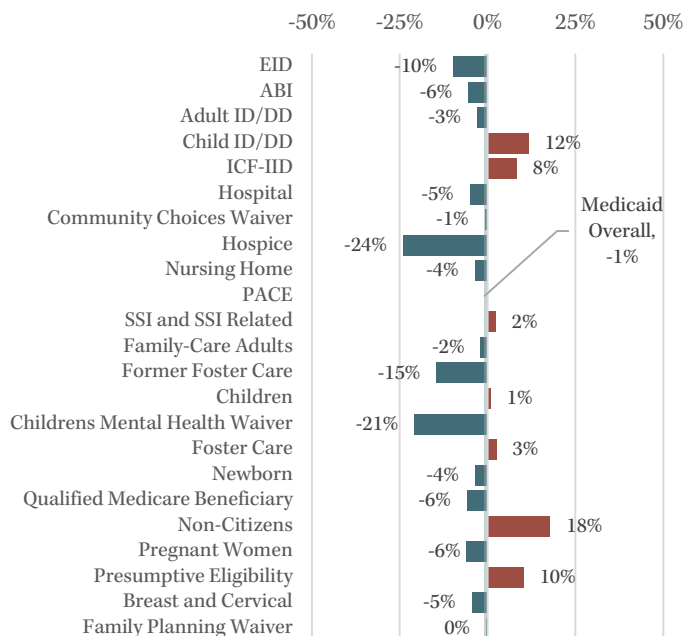


Figure 16. Five-Year Annual Growth Rate for Physician & Other Practitioner by Eligibility Subgroup

Physician and Other Practitioner

The Child ID/DD population has seen significant growth in Physician and Other Practitioner PMPM costs since SFY 2013. Further analysis on this trend is underway to identify the possible cause.

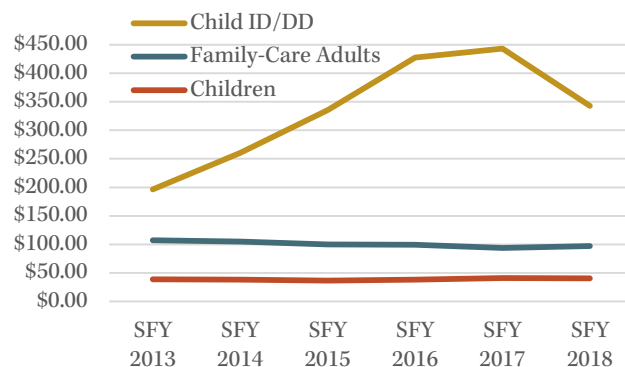


Figure 17. Physician & Other Practitioner Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$388.33	\$496.47	\$408.69	\$360.59	\$202.26	\$231.16
ABD ID/DD/ABI	Acquired Brain Injury	\$96.90	\$100.13	\$89.04	\$71.52	\$77.96	\$72.90
	Adult ID/DD	\$60.29	\$61.77	\$67.82	\$65.24	\$58.81	\$51.68
	Child ID/DD	\$196.67	\$260.40	\$335.46	\$427.52	\$442.96	\$342.72
	ICF-IID	\$19.18	\$17.98	\$17.62	\$36.80	\$51.45	\$28.64
ABD Institution	Hospital	\$2,462.52	\$2,561.34	\$1,513.39	\$1,816.23	\$1,199.93	\$1,897.93
ABD Long-Term Care	Community Choices Waiver	\$107.59	\$103.17	\$109.08	\$88.85	\$102.73	\$103.28
	Hospice	\$104.32	\$76.36	\$15.21	\$7.91	\$26.20	\$26.31
	Nursing Home	\$33.88	\$31.29	\$31.00	\$35.80	\$38.71	\$28.09
	PACE	\$0.53	--	\$0.75	\$2.54	\$0.88	\$0.28
ABD SSI	SSI and SSI Related	\$99.35	\$109.34	\$99.93	\$107.00	\$117.73	\$111.55
Adults	Family-Care Adults	\$107.43	\$104.80	\$100.04	\$99.33	\$93.73	\$97.03
	Former Foster Care	--	\$26.79	\$135.74	\$88.08	\$85.87	\$84.67
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$38.58	\$38.31	\$36.45	\$38.37	\$41.06	\$40.39
	Childrens Mental Health Waiver	\$100.81	\$87.72	\$80.75	\$94.14	\$65.40	\$31.36
	Foster Care	\$43.67	\$47.51	\$45.57	\$47.12	\$51.86	\$49.52
	Newborn	\$164.81	\$162.66	\$146.51	\$137.87	\$138.83	\$137.18
Medicare Savings Programs	Qualified Medicare Beneficiary	\$37.51	\$40.22	\$36.83	\$39.55	\$34.10	\$27.71
	Specified Low Income Medicare Beneficiary	--	--	-\$0.07	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$119.03	\$75.76	\$68.54	\$194.96	\$282.59	\$270.94
Pregnant Women	Pregnant Women	\$442.00	\$337.51	\$253.67	\$322.52	\$326.94	\$321.98
	Presumptive Eligibility	\$45.37	\$61.67	\$58.87	\$51.70	\$73.10	\$74.00
Special Groups	Breast and Cervical	\$820.59	\$909.68	\$447.44	\$483.19	\$574.34	\$650.56
	Family Planning Waiver	\$4.66	\$2.53	\$2.32	\$3.73	\$5.93	\$4.55
	Tuberculosis	--	--	--	\$49.61	--	--
Overall		\$75.44	\$72.53	\$67.06	\$72.60	\$74.88	\$72.23

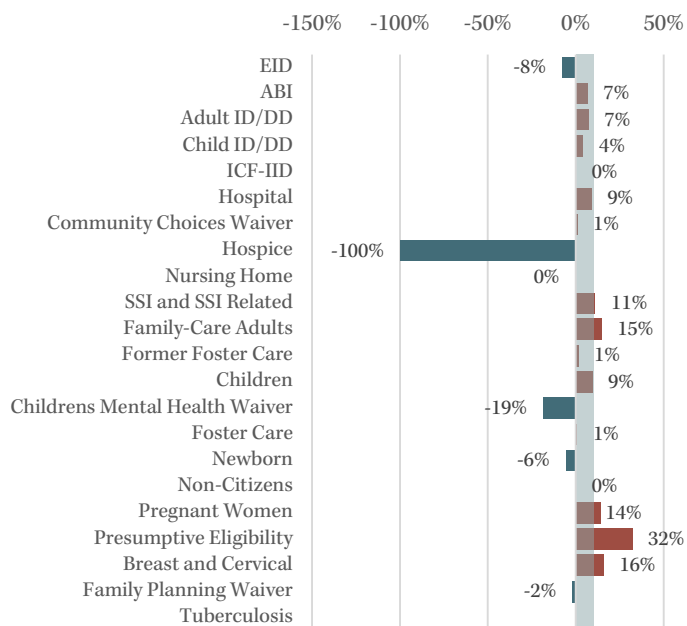


Figure 18. Five-Year Annual Growth Rate for Prescription Drug by Eligibility Subgroup

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.

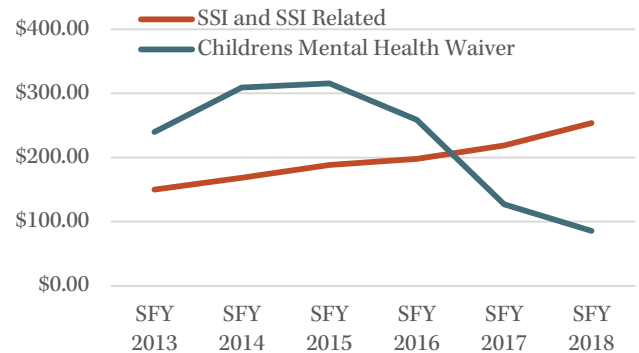


Figure 19. Prescription Drug Per Member Per Month History for Select Eligibility Subgroups

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
ABD EID	EID	\$323.77	\$246.75	\$209.74	\$210.66	\$271.37	\$216.28
ABD ID/DD/ABI	Acquired Brain Injury	\$79.18	\$92.78	\$89.47	\$78.69	\$104.59	\$109.49
	Adult ID/DD	\$120.44	\$126.13	\$144.65	\$160.50	\$166.12	\$171.04
	Child ID/DD	\$223.26	\$275.92	\$331.70	\$324.93	\$319.14	\$274.61
	ICF-IID	--	--	--	\$0.36	\$0.48	\$0.02
ABD Institution	Hospital	\$41.45	\$80.70	\$238.43	\$107.67	\$87.63	\$63.55
ABD Long-Term Care	Community Choices Waiver	\$137.14	\$104.70	\$123.14	\$123.57	\$116.03	\$143.55
	Hospice	\$16.58	\$4.32	\$1.30	\$3.12	\$3.28	--
	Nursing Home	\$34.21	\$28.23	\$30.44	\$31.94	\$27.89	\$33.88
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$149.83	\$168.37	\$188.33	\$198.09	\$219.00	\$253.78
Adults	Family-Care Adults	\$67.92	\$70.31	\$71.55	\$82.09	\$93.31	\$134.50
	Former Foster Care	--	\$8.58	\$64.47	\$51.64	\$45.17	\$67.41
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$23.75	\$25.26	\$27.33	\$29.46	\$31.63	\$37.23
	Childrens Mental Health Waiver	\$239.93	\$309.13	\$315.73	\$258.91	\$127.13	\$85.94
	Foster Care	\$67.52	\$75.44	\$77.12	\$69.74	\$59.84	\$70.23
	Newborn	\$28.45	\$26.70	\$17.47	\$21.20	\$21.86	\$21.21
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$26.67	\$27.37	\$23.28	\$27.45	\$36.05	\$51.42
	Presumptive Eligibility	\$14.46	\$17.80	\$18.31	\$12.04	\$20.16	\$58.31
Special Groups	Breast and Cervical	\$207.83	\$219.13	\$193.74	\$341.55	\$346.53	\$432.77
	Family Planning Waiver	\$6.05	\$6.08	\$3.94	\$5.77	\$3.96	\$5.48
	Tuberculosis	--	--	--	\$23.28	\$13.65	--
Overall		\$47.40	\$49.51	\$53.66	\$59.56	\$65.29	\$77.72

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.

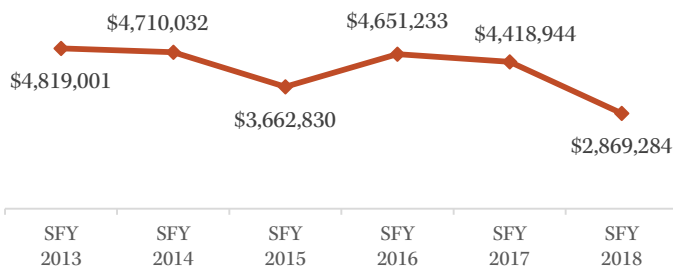
Aged, Blind, or Disabled Employed Individuals with Disabilities

EXPENDITURES

\$2.9 million

paid to providers for services rendered during the state fiscal year

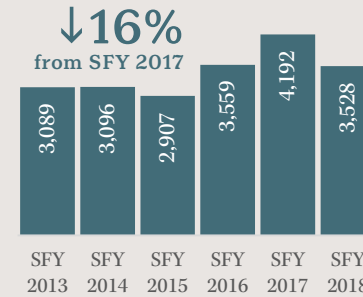
↓35%
from SFY 2017



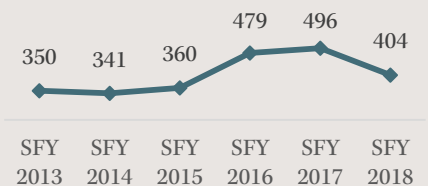
MEMBER MONTHS

3,528

months members were enrolled during the state fiscal year with average enrollment length of **8.7** months



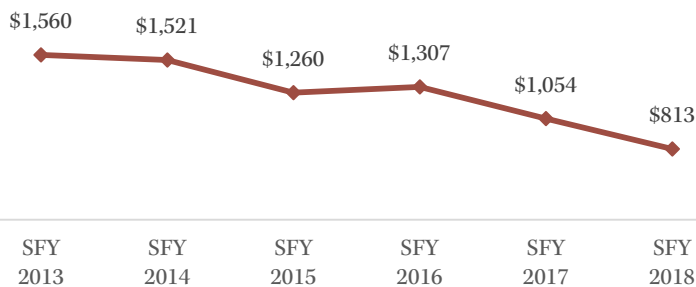
404
unique individuals enrolled during the state fiscal year



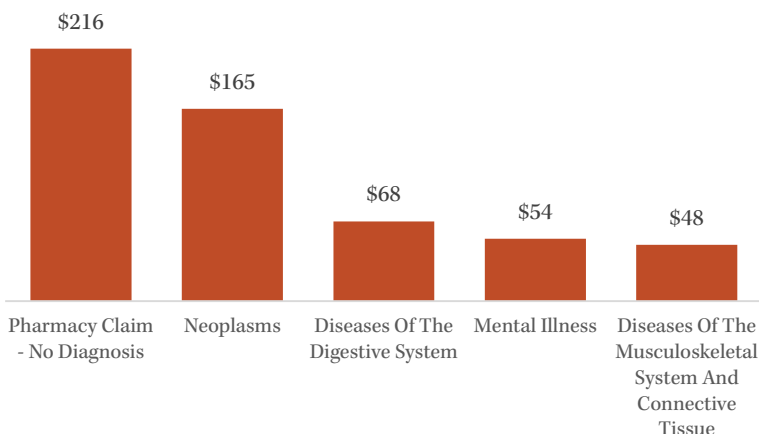
PER MEMBER PER MONTH

\$813

↓23%
from SFY 2017

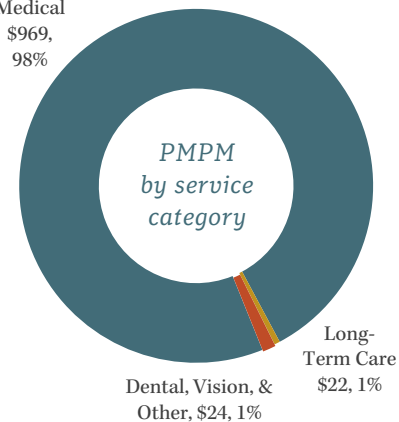


PMPM by Primary Diagnosis

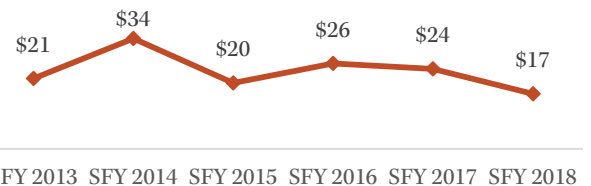


Medical

\$969, 98%



Emergency Room PMPM



Hospital Inpatient PMPM

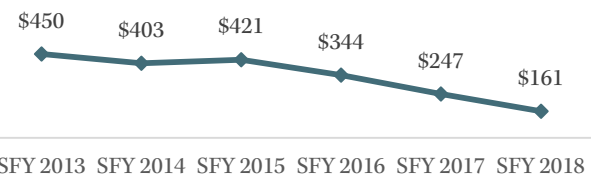


Table 18. Employed Individuals with Disabilities Per Member Per Month History by Service Area

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
<i>EID</i>	\$2,869,284	-35	3,528	-16	\$813	-23

Table 19. Aged, Blind, or Disabled Employed Individuals with Disabilities Summary by Subgroup

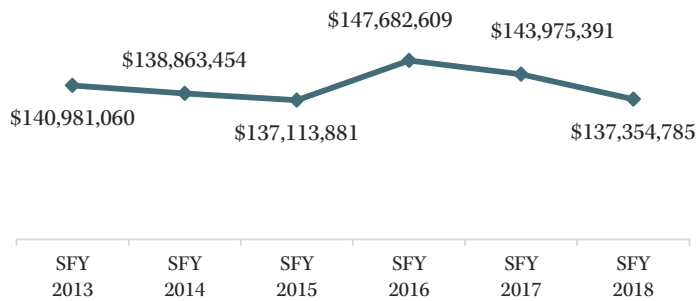
Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	5 Year % Change
Expenditures								
ABD EID	EID	\$4,819,001	\$4,710,032	\$3,662,830	\$4,651,233	\$4,418,944	\$2,869,284	-35
Member Months								
ABD EID	EID	3,089	3,096	2,907	3,559	4,192	3,528	-16
Per Member Per Month								
ABD EID	EID	\$1,560	\$1,521	\$1,260	\$1,307	\$1,054	\$813	-23

**Table 20. Aged, Blind, or Disabled Employed Individuals with Disabilities
Per Member Per Month History by Subgroup**

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$11.50	\$12.80	\$9.55	\$11.42	\$9.35	\$8.79
Ambulatory Surgical Center	\$4.47	\$3.71	\$7.88	\$4.87	\$6.17	\$4.33
Behavioral Health	\$66.03	\$56.92	\$58.94	\$41.48	\$42.96	\$45.60
Dental	\$22.34	\$17.31	\$16.90	\$24.71	\$20.91	\$6.85
DME, Prosthetics/Orthotics/Supplies	\$38.07	\$38.79	\$52.69	\$69.88	\$53.96	\$30.44
End Stage Renal Disease	\$6.64	\$8.71	\$8.40	\$10.95	\$8.89	\$1.09
Federally Qualified Health Center	\$8.86	\$5.82	\$7.51	\$16.15	\$11.29	\$8.52
Home Health	\$5.68	\$12.20	\$4.36	\$8.70	\$21.91	\$4.17
Hospice	\$2.58	\$12.12	\$8.98	\$7.11	\$1.96	\$3.18
Hospital Total	\$668.32	\$597.62	\$456.94	\$526.53	\$395.87	\$244.54
<i>Inpatient</i>	\$471.79	\$421.97	\$322.25	\$361.89	\$261.65	\$163.77
<i>Outpatient</i>	\$196.65	\$177.03	\$135.10	\$165.16	\$134.13	\$80.56
<i>Other Hospital</i>	-\$0.12	-\$1.38	-\$0.41	-\$0.52	\$0.09	\$0.21
Laboratory	\$6.91	\$3.94	\$2.92	\$4.53	\$1.52	\$0.92
Nursing Facility	--	\$1.17	\$0.04	\$0.09	\$0.19	\$0.00
Other	\$1.44	\$2.34	\$1.26	\$1.05	\$1.25	\$1.37
Physician & Other Practitioner	\$388.33	\$496.47	\$408.69	\$360.59	\$202.26	\$231.16
Prescription Drug	\$323.77	\$246.75	\$209.74	\$210.66	\$271.37	\$216.28
Public Health or Welfare	\$0.46	\$1.28	\$0.59	\$0.80	\$0.76	\$0.61
Public Health, Federal	--	\$0.01	\$0.01	\$3.31	\$0.09	\$0.39
Rural Health Clinic	\$3.09	\$1.73	\$3.01	\$2.02	\$1.82	\$3.47
Vision	\$1.55	\$1.63	\$1.58	\$2.03	\$1.61	\$1.57
Total	\$1,560	\$1,521	\$1,260	\$1,307	\$1,054	\$813

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

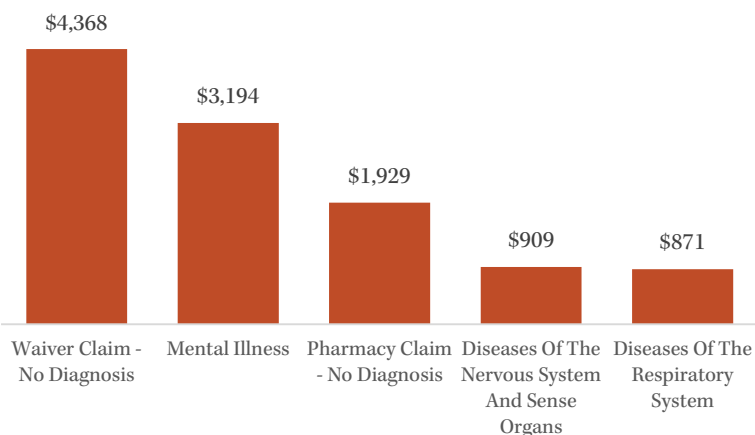
EXPENDITURES
\$137.4 million
 paid to providers for
 services rendered during
 the state fiscal year
 ↓5%
 from SFY 2017



PER MEMBER PER MONTH
\$4,746
 ↓4%
 from SFY 2017

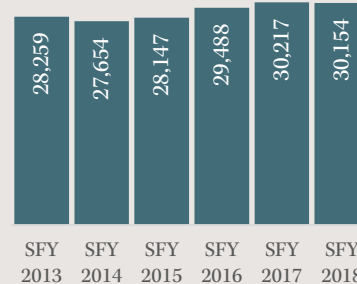


PMPM by Primary Diagnosis



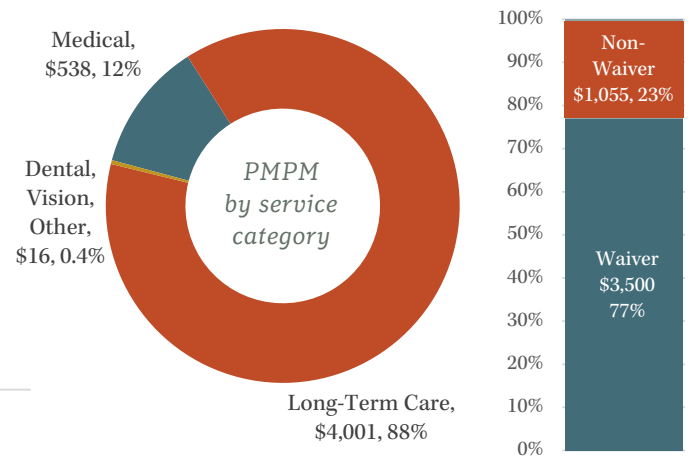
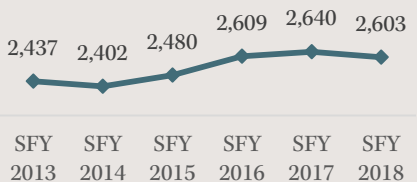
MEMBER MONTHS **30,154**

↓0.2%
 from SFY 2017

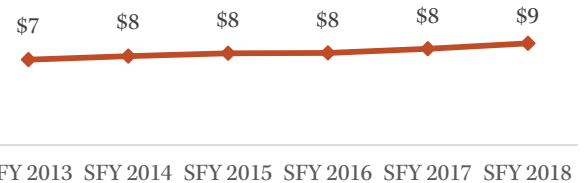


months members
 were enrolled
 during the
 state fiscal year
 with average
 enrollment
 length of **11.6**
 months

2,603
 unique individuals
 enrolled during the
 state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM

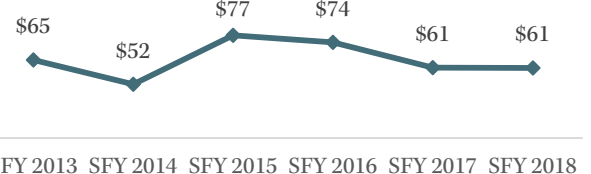


Table 21. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Acquired Brain Injury	\$8,521,394	-2%	2,191	-5%	\$3,889	4%
Adult ID/DD	\$96,422,782	0%	19,355	2%	\$4,982	-2%
Child ID/DD	\$18,797,891	-4%	7,869	-4%	\$2,389	0%
ICF-IID	\$13,612,718	-29%	739	-5%	\$18,420	-25%

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
ABD ID/DD/ABI	Acquired Brain Injury	\$9,042,189	\$8,546,896	\$8,101,517	\$8,498,357	\$8,707,430	\$8,521,394
	Adult ID/DD	\$94,122,053	\$92,158,773	\$91,863,216	\$99,551,523	\$96,509,183	\$96,422,782
	Child ID/DD	\$21,038,204	\$18,967,389	\$19,499,096	\$20,696,878	\$19,585,511	\$18,797,891
	ICF-IID	\$16,778,614	\$19,190,395	\$17,650,052	\$18,935,852	\$19,173,268	\$13,612,718
Total Expenditures		\$140,981,060	\$138,863,454	\$137,113,881	\$147,682,609	\$143,975,391	\$137,354,785
Member Months							
ABD ID/DD/ABI	Acquired Brain Injury	2,182	2,059	1,949	2,235	2,318	2,191
	Adult ID/DD	16,674	16,787	17,512	18,366	18,958	19,355
	Child ID/DD	8,536	7,898	7,823	8,062	8,163	7,869
	ICF-IID	867	910	863	825	778	739
Total Member Months		28,259	27,654	28,147	29,488	30,217	30,154
Per Member Per Month							
ABD ID/DD/ABI	Acquired Brain Injury	\$4,144	\$4,151	\$4,157	\$3,802	\$3,756	\$3,889
	Adult ID/DD	\$5,645	\$5,490	\$5,246	\$5,420	\$5,091	\$4,982
	Child ID/DD	\$2,465	\$2,402	\$2,493	\$2,567	\$2,399	\$2,389
	ICF-IID	\$19,352	\$21,088	\$20,452	\$22,953	\$24,644	\$18,420
Overall Per Member Per Month		\$4,989	\$5,021	\$4,871	\$5,008	\$4,765	\$4,555

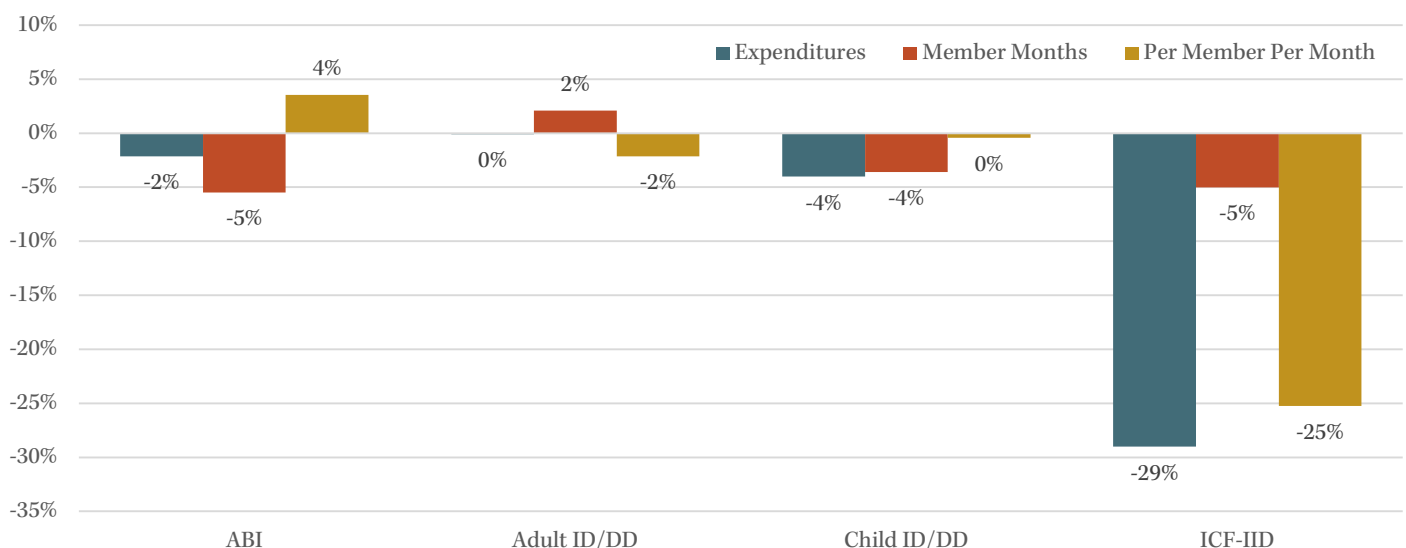


Figure 20. One-Year Percent Change by ABD ID/DD/ABI Eligibility Subgroup

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

Eligibility Category	Eligibility Sub-Group	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	5 year % change
Waiver-Only Services								
ABD ID/DD/ABI	ABI	\$3,544	\$3,545	\$3,396	\$3,102	\$3,173	\$3,423	-3%
	Adult ID/DD	\$5,093	\$4,914	\$4,496	\$4,416	\$4,334	\$4,534	-11%
	Child ID/DD	\$1,554	\$1,434	\$1,328	\$1,287	\$1,189	\$1,307	-16%
Waiver-Only Services Overall		\$3,867	\$3,781	\$3,509	\$3,433	\$3,371	\$3,588	-7%
Non-Waiver Services								
ABD ID/DD/ABI	ABI	\$627	\$572	\$720	\$802	\$605	\$441	-30%
	Adult ID/DD	\$562	\$579	\$781	\$1,053	\$781	\$458	-19%
	Child ID/DD	\$888	\$895	\$1,153	\$1,318	\$1,226	\$1,042	17%
Non-Waiver Services Overall		\$672	\$677	\$886	\$1,111	\$892	\$618	-8%

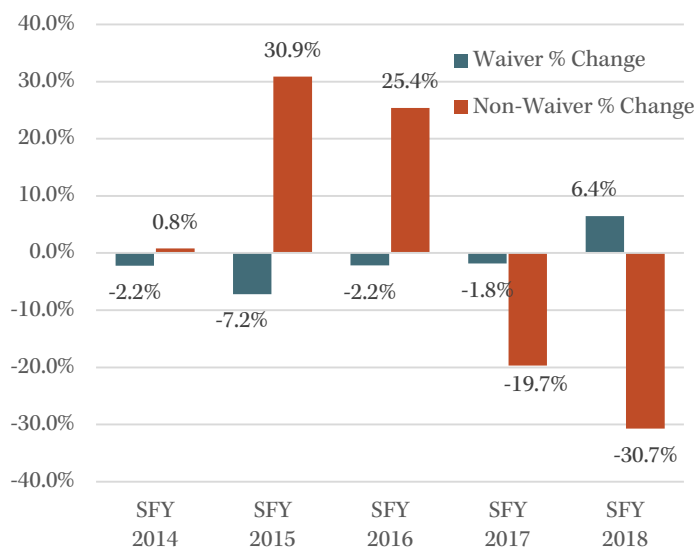


Figure 21. ABD ID/DD/ABI Annual Change in Per Member Per Month by Service Type

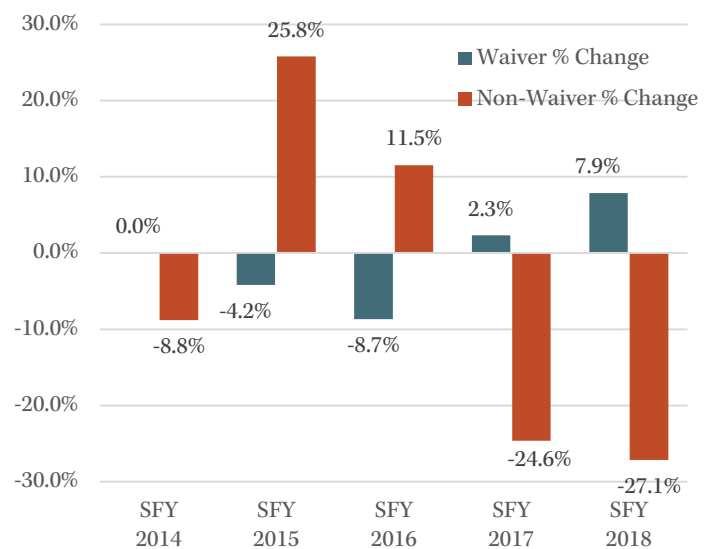


Figure 22. Acquired Brain Injury Annual Change in Per Member Per Month by Service Type

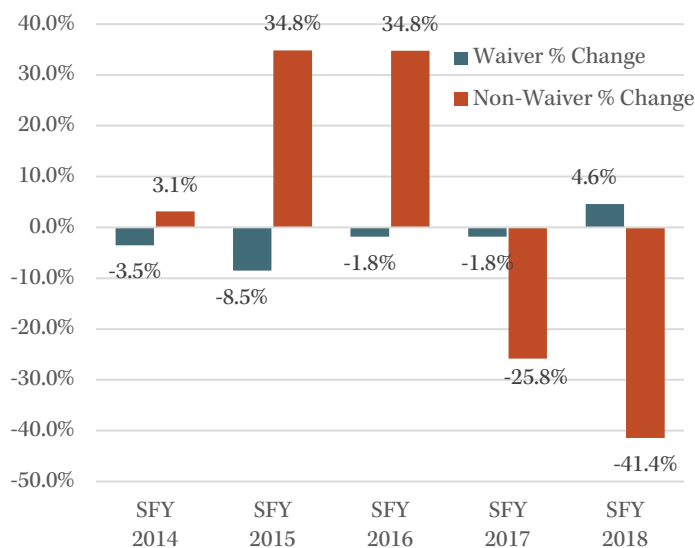


Figure 23. Adult ID/DD Annual Change in Per Member Per Month by Service Type

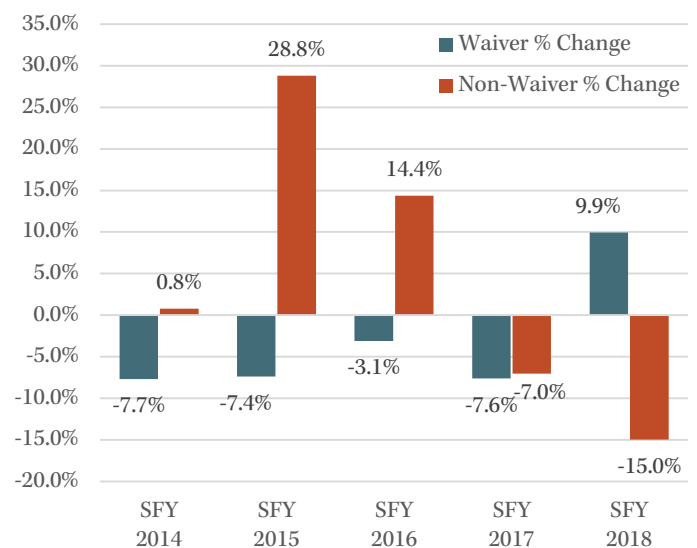


Figure 24. Child ID/DD Annual Change in Per Member Per Month by Service Type

Acquired Brain Injury

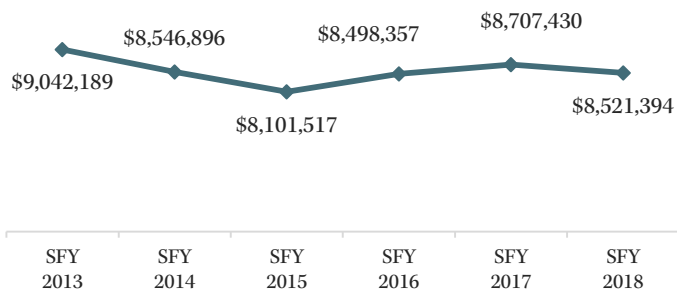
Subgroup detail

EXPENDITURES

\$8.5 million

paid to providers for
services rendered during
the state fiscal year

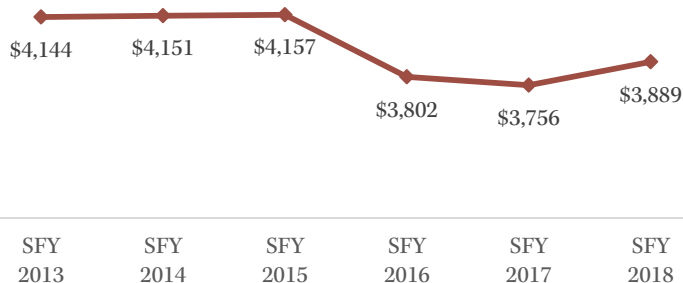
↓2%
from SFY 2017



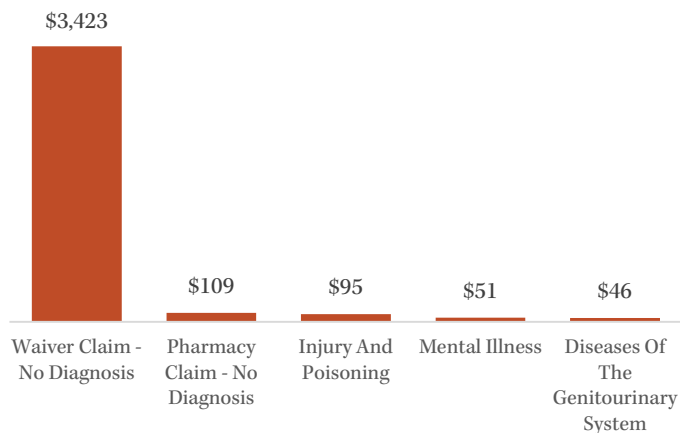
PER MEMBER PER MONTH

\$3,889

↑4%
from SFY 2017



PMPM by Primary Diagnosis

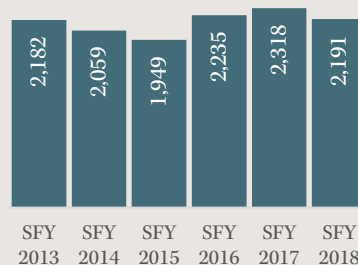


MEMBER MONTHS

↓0.2%
from SFY 2017

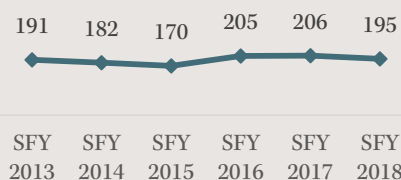
2,191

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **11.2**
months



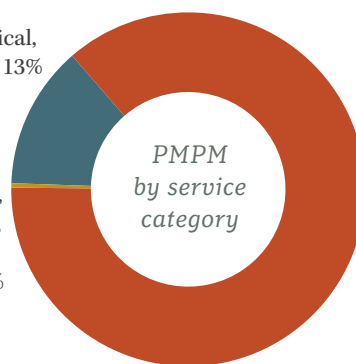
195

unique individuals
enrolled during the
state fiscal year



Medical,
\$368, 13%

Dental,
Vision,
Other,
\$11, 0%



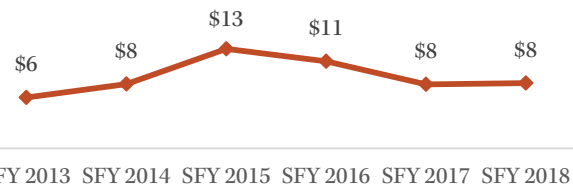
Long-Term Care,
\$2,440, 87%

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Non-Waiver
\$441
11%

Waiver
\$3,423
88%

Emergency Room PMPM



Hospital Inpatient PMPM

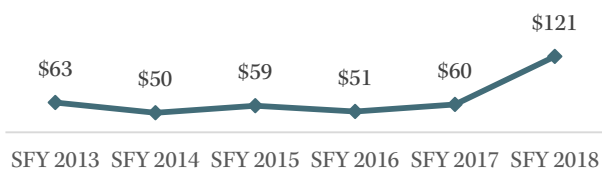


Table 24. Acquired Brain Injury Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$6.83	\$4.38	\$10.54	\$10.94	\$4.72	\$6.18
Ambulatory Surgical Center	\$2.85	\$2.41	\$1.11	\$1.22	\$3.19	\$1.49
Behavioral Health	\$120.16	\$138.54	\$206.90	\$207.71	\$97.33	\$42.35
Dental	\$24.87	\$22.44	\$19.48	\$18.75	\$16.09	\$8.21
DME, Prosthetics/Orthotics/ Supplies	\$55.75	\$46.14	\$65.61	\$60.99	\$43.83	\$50.35
End Stage Renal Disease	--	--	--	--	\$8.75	\$13.70
Federally Qualified Health Center	\$1.15	\$1.90	\$1.60	\$2.81	\$1.83	\$2.86
Home Health	\$67.38	\$68.08	\$56.63	\$101.13	\$104.56	\$11.50
Hospice	--	--	--	\$0.57	\$0.98	--
Hospital Total	\$128.38	\$122.16	\$202.47	\$128.68	\$105.65	\$141.10
Inpatient	\$75.53	\$69.34	\$152.53	\$72.18	\$70.66	\$124.69
Outpatient	\$52.82	\$52.79	\$49.94	\$56.49	\$34.93	\$16.04
Other Hospital	\$0.02	\$0.03	--	\$0.02	\$0.06	\$0.37
Laboratory	\$0.97	\$0.40	\$0.47	\$1.89	\$0.60	\$0.41
Nursing Facility	\$4.24	\$0.38	\$4.96	\$12.57	\$7.05	\$0.18
Other	\$0.19	\$1.10	\$0.27	\$0.27	\$1.06	\$0.70
Physician & Other Practitioner	\$96.90	\$100.13	\$89.04	\$71.52	\$77.96	\$72.90
Prescription Drug	\$79.18	\$92.78	\$89.47	\$78.69	\$104.59	\$109.49
Public Health or Welfare	\$0.45	\$0.48	\$0.15	\$0.65	\$0.38	\$0.57
Public Health, Federal	\$7.83	\$2.62	\$9.53	\$0.02	\$2.49	\$1.87
Rural Health Clinic	\$0.99	\$0.56	\$0.49	\$0.36	\$0.40	\$0.76
Vision	\$1.72	\$1.75	\$1.56	\$2.06	\$1.80	\$1.48
Waiver Total	\$3,544.15	\$3,544.74	\$3,396.47	\$3,101.56	\$3,173.17	\$3,423.17
Acquired Brain Injury	\$3,544.15	\$3,544.74	\$3,396.32	\$2,999.77	\$2,978.14	\$2,087.05
Comprehensive	--	--	\$0.01	--	\$1.30	\$1,100.56
Supports	--	--	\$0.14	\$101.78	\$193.74	\$235.55
Total	\$4,144	\$4,151	\$4,157	\$3,802	\$3,756	\$3,889

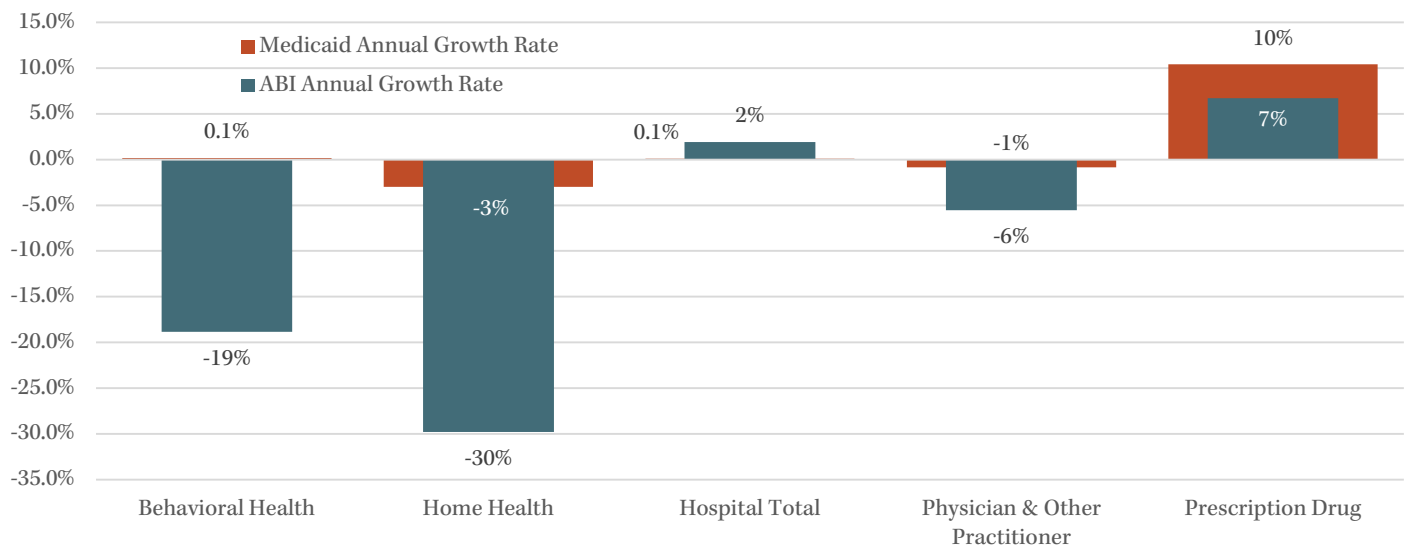


Figure 25. Acquired Brain Injury Per Member Per Month Five-Year Annual Growth Rate for Select Services

Adults with Intellectual/Development Disabilities

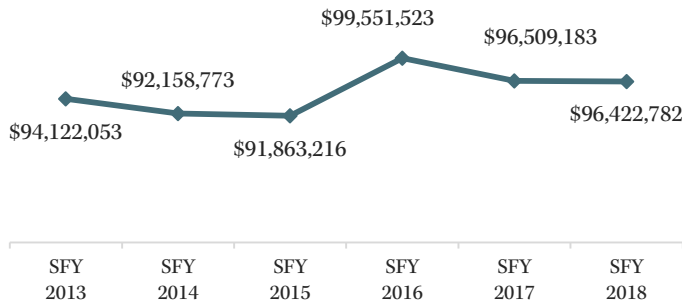
Subgroup detail

EXPENDITURES

\$96.4 million

paid to providers for
services rendered during
the state fiscal year

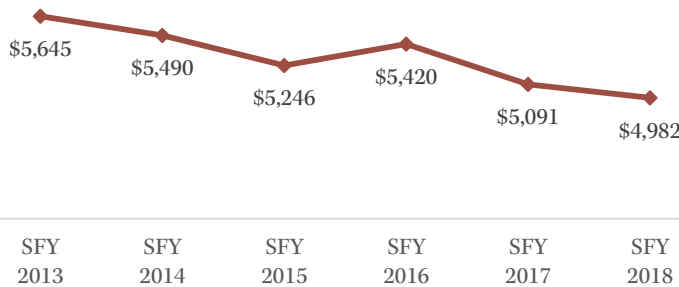
↓0.1%
from SFY 2017



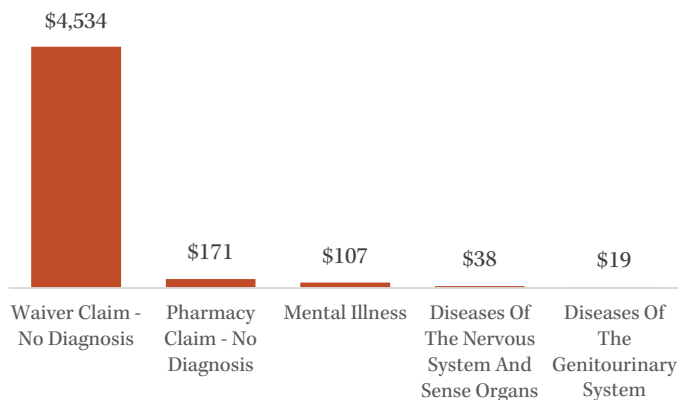
PER MEMBER PER MONTH

\$4,982

↓2%
from SFY 2017



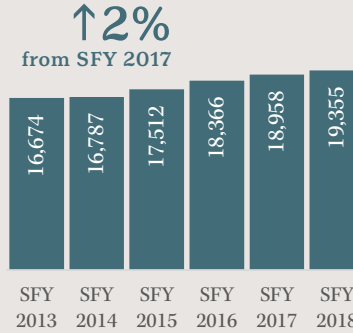
PMPM by Primary Diagnosis



MEMBER MONTHS

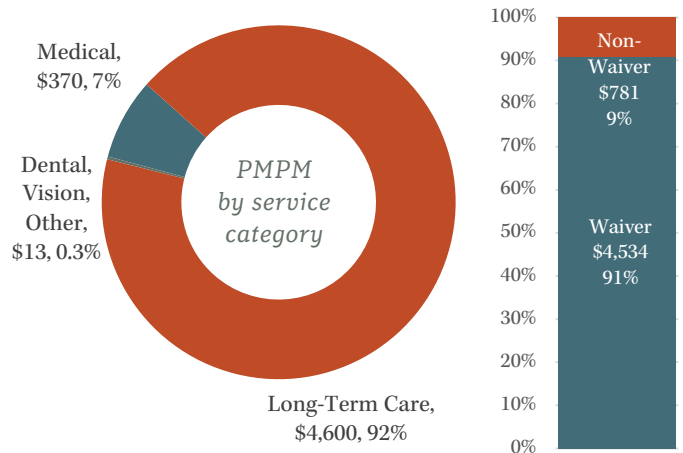
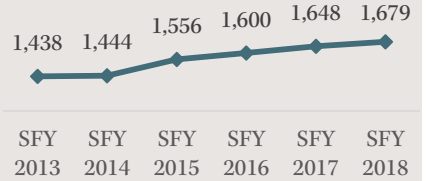
19,355

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **11.5**
months

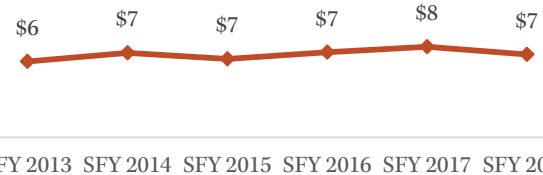


1,679

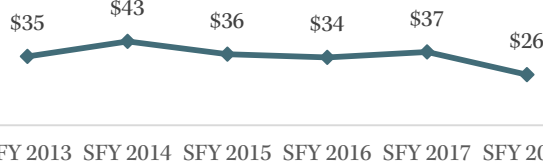
unique individuals
enrolled during the
state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM



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

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$3.69	\$3.79	\$4.23	\$2.43	\$1.61	\$2.12
Ambulatory Surgical Center	\$2.66	\$4.35	\$6.03	\$6.28	\$3.33	\$2.58
Behavioral Health	\$174.65	\$199.16	\$283.90	\$349.86	\$157.89	\$44.56
Dental	\$15.86	\$14.66	\$19.09	\$17.70	\$13.13	\$10.13
DME, Prosthetics/Orthotics/ Supplies	\$56.62	\$45.45	\$50.20	\$54.42	\$49.73	\$43.67
End Stage Renal Disease	\$11.98	\$4.40	\$4.50	\$2.21	\$0.16	\$0.78
Federally Qualified Health Center	\$1.47	\$1.26	\$1.67	\$2.03	\$3.00	\$3.43
Home Health	\$21.84	\$23.24	\$81.80	\$260.33	\$225.54	\$65.66
Hospice	\$0.24	\$0.80	\$0.60	\$0.50	\$0.85	\$0.97
Hospital Total	\$73.31	\$82.99	\$75.45	\$73.41	\$67.20	\$45.77
Inpatient	\$43.69	\$50.70	\$43.89	\$42.69	\$42.69	\$27.77
Outpatient	\$29.69	\$32.28	\$31.55	\$30.70	\$24.48	\$17.90
Other Hospital	-\$0.07	\$0.00	\$0.01	\$0.02	\$0.03	\$0.09
Laboratory	\$0.79	\$0.66	\$0.96	\$1.49	\$0.49	\$0.48
Nursing Facility	\$1.88	\$0.60	\$1.57	\$1.17	\$1.14	\$0.01
Other	\$0.51	\$0.35	\$0.39	\$0.61	\$0.46	\$0.34
Physician & Other Practitioner	\$60.29	\$61.77	\$67.82	\$65.24	\$58.81	\$51.68
Prescription Drug	\$120.44	\$126.13	\$144.65	\$160.50	\$166.12	\$171.04
Public Health or Welfare	\$0.24	\$0.21	\$0.19	\$0.23	\$0.16	\$0.20
Public Health, Federal	\$2.27	\$2.56	\$2.56	\$2.97	\$3.36	\$1.14
Rural Health Clinic	\$1.29	\$1.24	\$1.23	\$0.87	\$1.26	\$1.52
Vision	\$1.83	\$1.88	\$2.42	\$2.50	\$2.31	\$2.07
Waiver Total	\$5,093.00	\$4,914.39	\$4,496.48	\$4,415.68	\$4,334.13	\$4,533.67
Adult ID/DD	\$5,093.12	\$4,901.89	\$637.89	--	--	--
Comprehensive	-\$0.12	\$12.36	\$3,815.41	\$4,322.07	\$4,209.56	\$4,381.39
Supports	--	\$0.14	\$43.18	\$93.61	\$124.57	\$152.28
Total	\$5,645	\$5,490	\$5,246	\$5,420	\$5,091	\$4,982

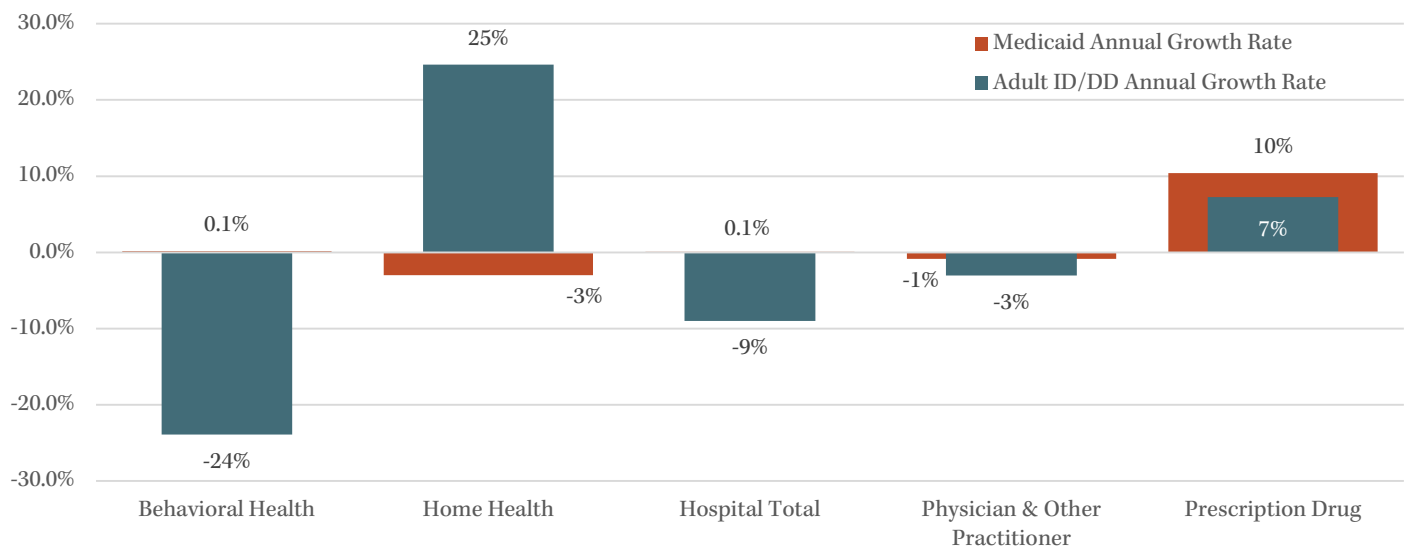


Figure 26. Adult ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

Children with Intellectual/Development Disabilities

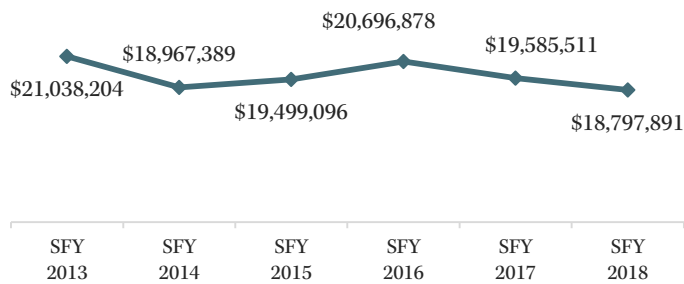
Subgroup detail

EXPENDITURES

\$18.8 million

paid to providers for
services rendered during
the state fiscal year

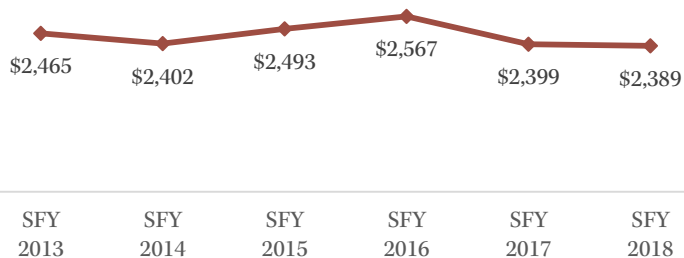
↓4%
from SFY 2017



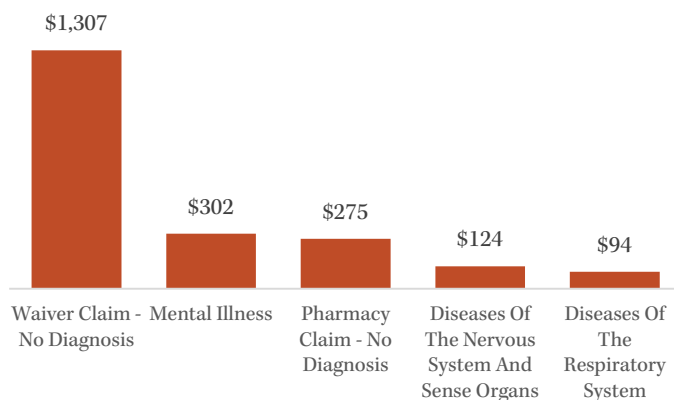
PER MEMBER PER MONTH

\$2,389

↓0.4%
from SFY 2017



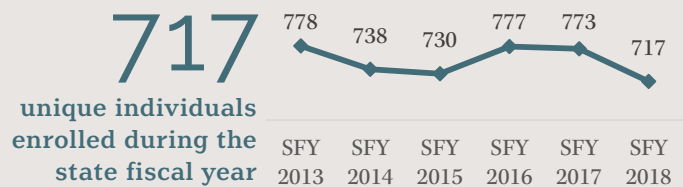
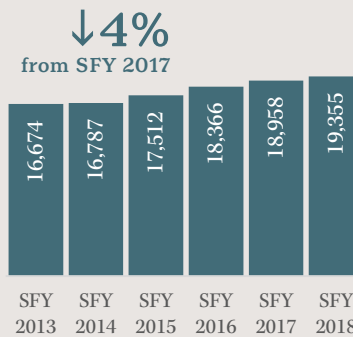
PMPM by Primary Diagnosis



MEMBER MONTHS

7,869

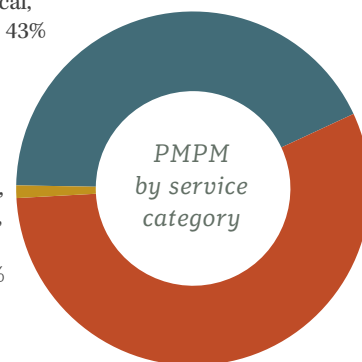
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
11
months



Medical,
\$1,125, 43%

Dental,
Vision,
Other,
\$26, 1%

Long-Term Care,
\$1,231, 56%

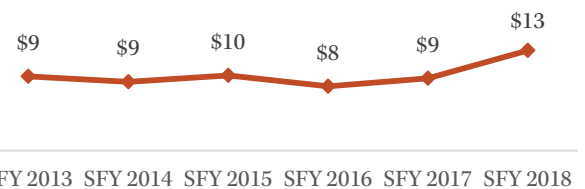


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

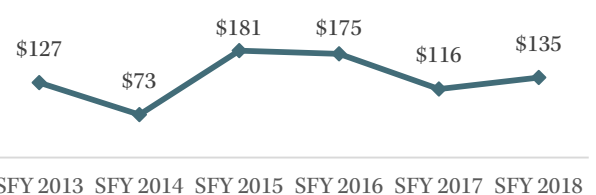
Non-
Waiver
\$1,042
44%

Waiver
\$1,307
55%

Emergency Room PMPM



Hospital Inpatient PMPM



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

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$4.91	\$7.83	\$9.04	\$6.89	\$5.00	\$6.52
Ambulatory Surgical Center	\$14.83	\$17.67	\$24.43	\$13.58	\$7.06	\$8.88
Behavioral Health	\$51.98	\$48.21	\$58.74	\$57.01	\$38.57	\$44.09
Clinic/Center	\$3.27	\$2.39	\$1.83	\$2.52	\$2.51	\$1.02
Dental	\$14.96	\$19.54	\$17.54	\$19.34	\$16.53	\$19.79
DME, Prosthetics/Orthotics/ Supplies	\$119.59	\$120.73	\$137.53	\$111.36	\$117.27	\$121.18
End Stage Renal Disease	--	--	\$1.47	\$0.97	--	--
Federally Qualified Health Center	\$0.58	\$0.87	\$0.86	\$1.65	\$2.88	\$3.84
Home Health	\$48.10	\$34.13	\$29.47	\$38.36	\$48.85	\$32.11
Hospice	--	--	\$0.38	--	--	--
Hospital Total	\$186.69	\$124.09	\$171.57	\$241.04	\$190.01	\$192.67
<i>Inpatient</i>	\$126.89	\$72.51	\$102.68	\$175.50	\$115.98	\$135.40
<i>Outpatient</i>	\$62.48	\$51.66	\$68.89	\$65.55	\$74.03	\$57.27
<i>Other Hospital</i>	-\$2.68	-\$0.09	\$0.00	-\$0.01	--	--
Laboratory	\$1.03	\$0.66	\$1.17	\$1.00	\$0.57	\$0.55
Other	\$0.66	\$0.32	\$0.26	\$1.83	\$0.78	\$0.64
Physician & Other Practitioner	\$196.67	\$260.40	\$335.46	\$427.52	\$442.96	\$342.72
Prescription Drug	\$223.26	\$275.92	\$331.70	\$324.93	\$319.14	\$274.61
PRTF	\$30.00	\$41.91	\$29.75	\$19.66	\$4.72	\$20.80
Public Health or Welfare	\$0.07	\$0.08	\$0.08	\$0.09	\$0.10	\$0.10
Public Health, Federal	\$4.83	\$3.94	\$3.49	\$3.38	\$4.05	\$2.72
Rural Health Clinic	\$1.71	\$1.39	\$1.65	\$1.76	\$1.64	\$2.72
Vision	\$7.54	\$7.24	\$7.93	\$7.61	\$7.86	\$6.97
Waiver Total	\$1,553.95	\$1,434.23	\$1,328.19	\$1,286.71	\$1,188.79	\$1,306.93
<i>Child ID/DD</i>	\$1,553.95	\$1,434.23	--	\$2.05	--	--
<i>Comprehensive</i>	--	--	--	\$1,162.01	\$979.80	\$1,004.07
<i>Supports</i>	--	--	--	\$122.65	\$208.99	\$302.86
Total	\$2,465	\$2,402	\$2,493	\$2,567	\$2,399	\$2,389

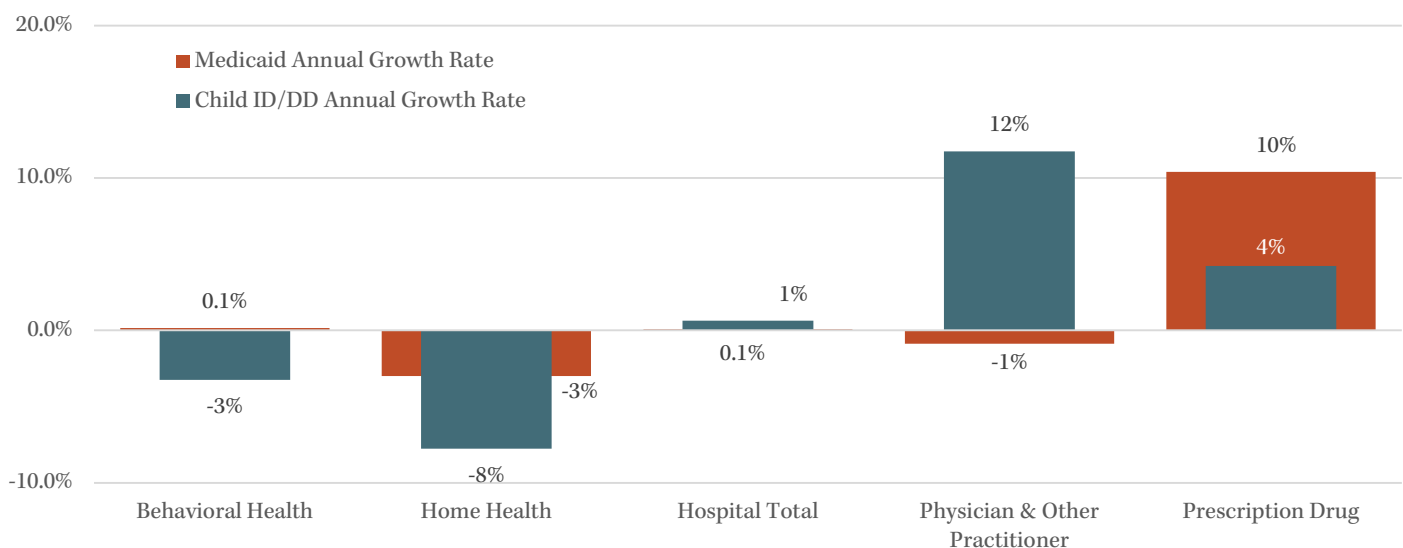


Figure 27. Child ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

Intermediate Care Facility for Individuals with Intellectual Disabilities

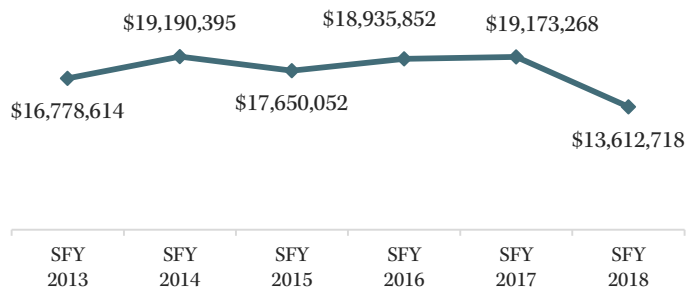
Subgroup detail

EXPENDITURES

\$13.6 million

paid to providers for
services rendered during
the state fiscal year

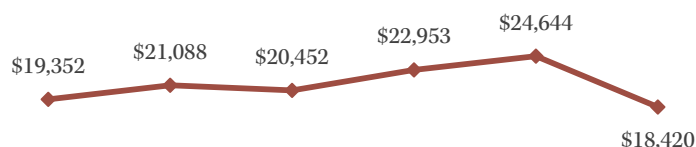
↓29%
from SFY 2017



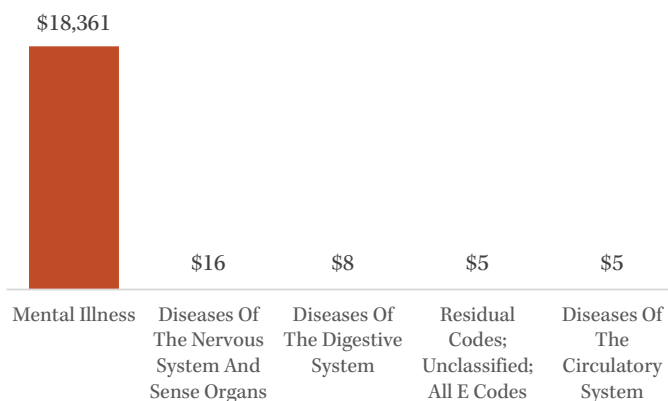
PER MEMBER PER MONTH

\$18,420

↓25%
from SFY 2017

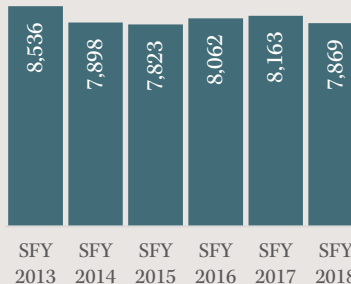


PMPM by Primary Diagnosis

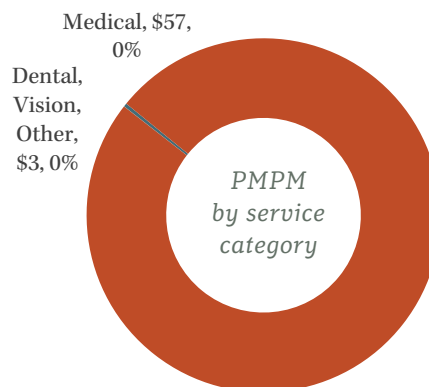
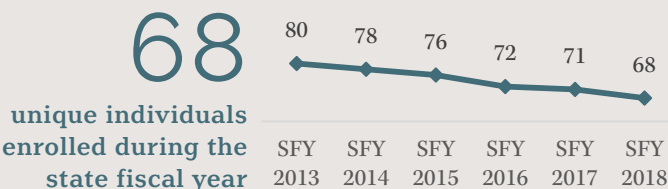


MEMBER MONTHS

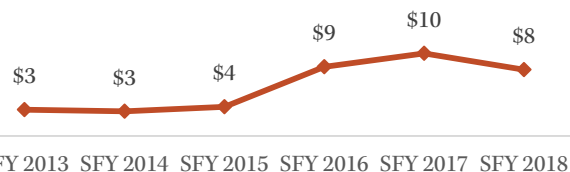
↓5%
from SFY 2017



739
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **10.9**
months



Emergency Room PMPM



Hospital Inpatient PMPM

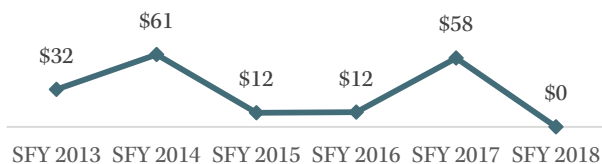


Table 27. ICF-ID Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$6.68	\$4.10	\$8.37	\$15.96	\$13.75	\$1.77
Ambulatory Surgical Center	\$0.43	\$0.96	--	--	\$0.86	--
Behavioral Health	\$0.18	\$2.52	\$1.09	\$2.56	--	--
Dental	\$0.10	\$0.50	\$0.13	\$0.09	\$0.08	\$0.45
DME, Prosthetics/Orthotics/ Supplies	\$24.89	\$17.71	\$22.99	\$21.27	\$14.81	\$10.30
Hospice	--	--	--	\$0.99	--	--
Hospital Total	\$70.68	\$79.07	\$42.73	\$71.65	\$99.29	\$16.05
<i>Inpatient</i>	\$38.47	\$67.90	\$25.68	\$35.69	\$70.09	\$8.83
<i>Outpatient</i>	\$33.58	\$11.21	\$17.06	\$35.96	\$29.20	\$7.22
<i>Other Hospital</i>	-\$1.37	-\$0.04	--	--	--	--
Intermediate Care Facility-IID	\$19,227.12	\$20,961.63	\$20,355.61	\$22,799.08	\$24,460.99	\$18,360.45
Laboratory	\$0.00	\$0.06	\$0.00	\$0.03	\$0.00	\$0.04
Physician & Other Practitioner	\$19.18	\$17.98	\$17.62	\$36.80	\$51.45	\$28.64
Prescription Drug	--	--	--	\$0.36	\$0.48	\$0.02
Vision	\$3.21	\$3.80	\$3.42	\$3.76	\$2.58	\$2.74
Total	\$19,352	\$21,088	\$20,452	\$22,953	\$24,644	\$18,420

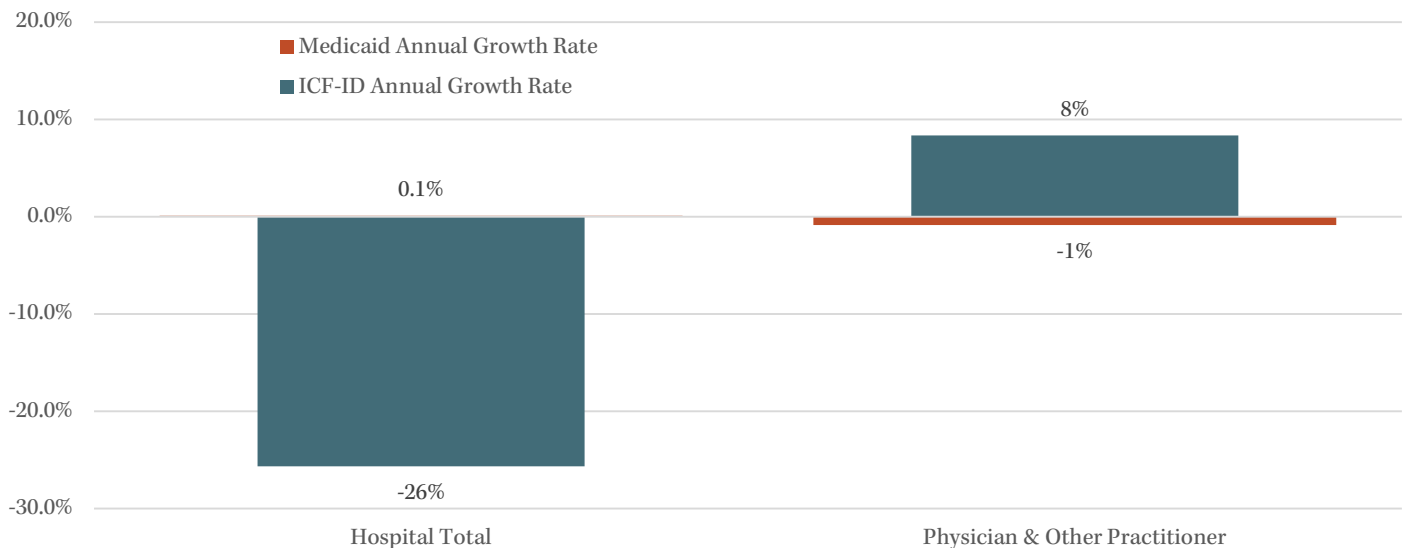


Figure 28. ICF-IID Five-Year Annual Growth Rate for Select Services



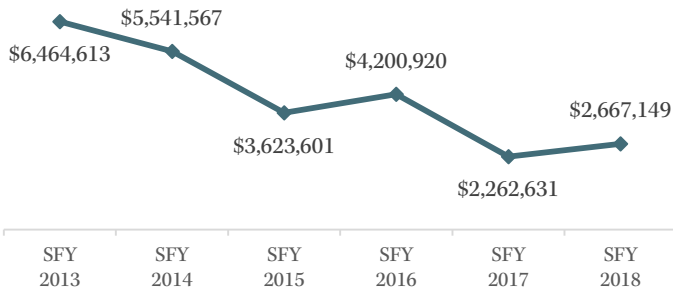
Aged, Blind, or Disabled Institution

EXPENDITURES

\$2.7 million

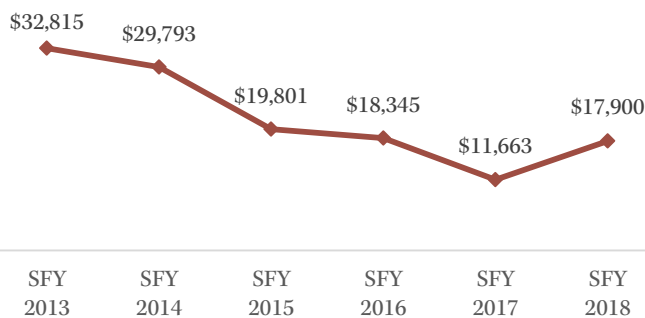
paid to providers for
services rendered during
the state fiscal year

↑18%
from SFY 2017

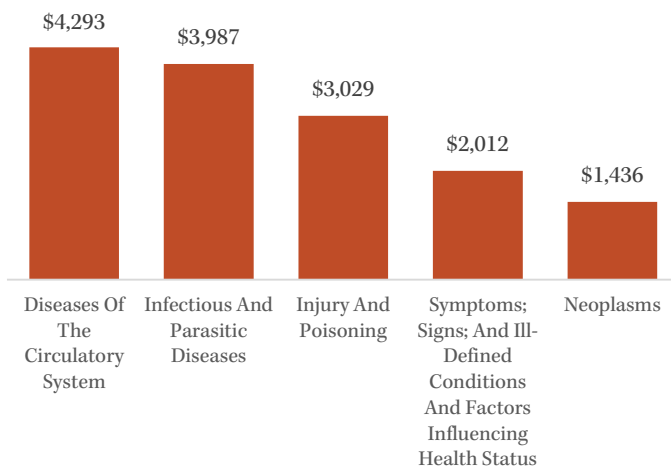


PER MEMBER PER MONTH

\$17,900 **↑53%**
from SFY 2017

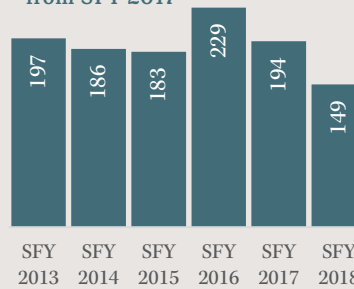


PMPM by Primary Diagnosis



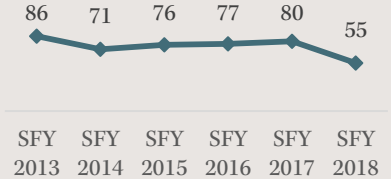
MEMBER MONTHS

↓23%
from SFY 2017



149
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **2.7**
months

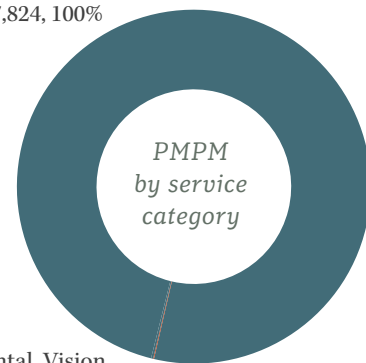
55
unique individuals
enrolled during the
state fiscal year



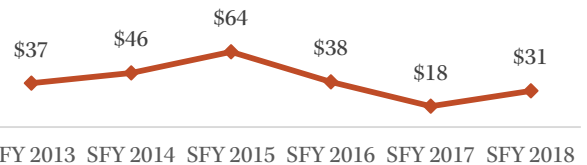
Medical,
\$17,824, 100%

Dental, Vision,
Other, \$34, 0%

Long-Term Care,
\$14, 0%



Emergency Room PMPM



Hospital Inpatient PMPM

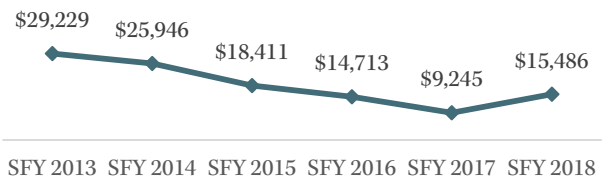


Table 28. Aged, Blind, or Disabled Institution Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
<i>Hospital</i>	\$2,667,149	18%	149	-23%	\$17,900	53%

Table 29. Aged, Blind, or Disabled Institution Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
ABD Institution	<i>Hospital</i>	\$6,464,613	\$5,541,567	\$3,623,601	\$4,200,920	\$2,262,631	\$2,667,149
Member Months							
ABD Institution	<i>Hospital</i>	197	186	183	229	194	149
Per Member Per Month							
ABD Institution	<i>Hospital</i>	\$32,815	\$29,793	\$19,801	\$18,345	\$11,663	\$17,900

Table 30. Hospital Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$364.73	\$454.82	\$223.27	\$117.81	\$205.73	\$23.47
Ambulatory Surgical Center	--	--	--	\$8.50	--	--
Behavioral Health	\$7.34	\$5.44	\$34.00	\$4.33	\$10.65	\$13.63
Dental	--	--	\$8.23	\$3.49	\$1.09	\$3.76
DME, Prosthetics/Orthotics/Supplies	\$133.22	\$152.39	\$46.55	\$59.78	\$140.99	\$117.99
End Stage Renal Disease	\$1.41	\$1.62	\$1.96	--	--	--
Federally Qualified Health Center	\$4.46	\$1.87	\$0.13	--	--	\$2.40
Home Health	\$31.38	\$57.83	\$6.00	\$27.05	\$5.09	\$13.96
Hospice	\$4.38	\$21.82	\$14.51	\$2.40	\$0.99	\$14.87
Hospital Total	\$29,619.30	\$26,202.52	\$17,590.87	\$15,932.86	\$9,573.86	\$15,633.73
<i>Inpatient</i>	\$29,453.31	\$26,026.81	\$17,385.73	\$15,752.97	\$9,488.17	\$15,547.50
<i>Outpatient</i>	\$293.24	\$175.61	\$205.14	\$179.53	\$85.40	\$86.23
<i>Other Hospital</i>	-\$127.25	\$0.09	\$0.00	\$0.35	\$0.29	--
Laboratory	\$37.22	\$37.87	\$16.45	\$23.26	\$19.01	\$42.38
Nursing Facility	\$42.93	\$152.29	\$87.52	\$51.66	\$391.85	\$28.69
Other	\$11.62	\$42.51	\$7.59	\$6.98	\$16.12	\$30.15
Physician & Other Practitioner	\$2,462.52	\$2,561.34	\$1,513.39	\$1,816.23	\$1,199.93	\$1,897.93
Prescription Drug	\$41.45	\$80.70	\$238.43	\$107.67	\$87.63	\$63.55
Public Health or Welfare	\$9.75	\$18.06	\$10.49	\$6.81	\$8.66	\$10.47
Public Health, Federal	\$41.21	--	--	\$172.76	--	--
Rural Health Clinic	\$1.93	\$0.90	--	\$1.79	\$1.27	\$3.34
Vision	\$0.44	\$1.38	\$1.69	\$1.25	\$0.17	--
Total	\$32,815	\$29,793	\$19,801	\$18,345	\$11,663	\$17,900

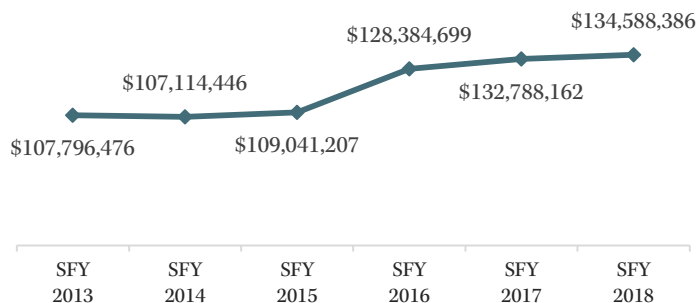
Aged, Blind, or Disabled Long-Term Care

EXPENDITURES

\$135 million

paid to providers for
services rendered during
the state fiscal year

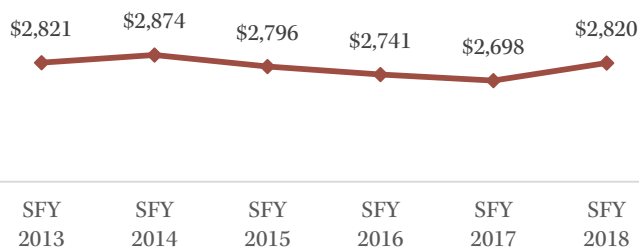
↑1%
from SFY 2017



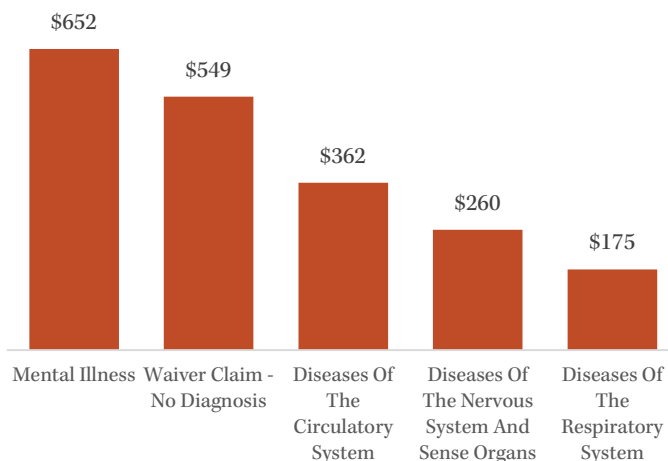
PER MEMBER PER MONTH

\$2,820

↑5%
from SFY 2017



PMPM by Primary Diagnosis

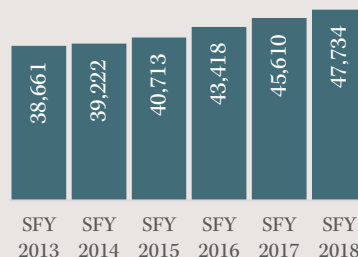


MEMBER MONTHS

47,734

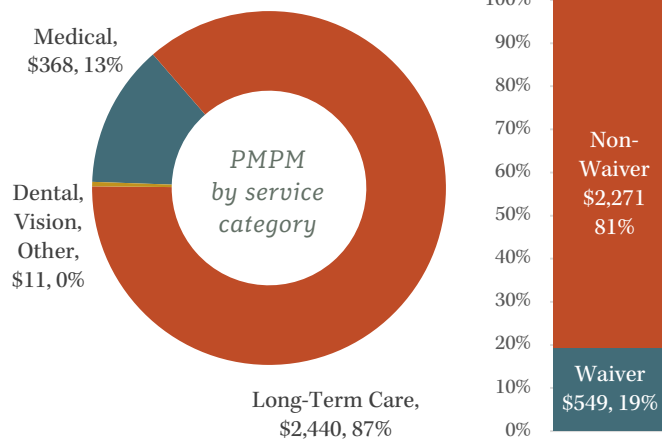
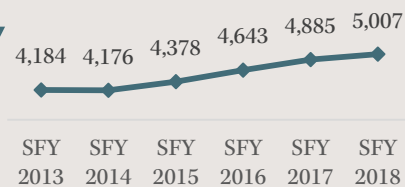
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
9.5
months

↑5%
from SFY 2017

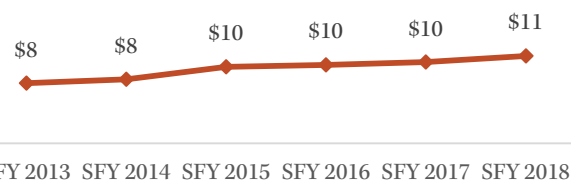


5,007

unique individuals
enrolled during the
state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM

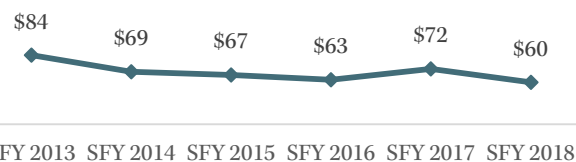


Table 31. Aged, Blind, or Disabled Long-Term Care Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD LTC						
Community Choices	\$40,758,131	6%	24,916	9%	\$1,636	-3%
Hospice	\$695,874	12%	334	-12%	\$2,083	27%
Nursing Home	\$89,642,788	-1%	20,878	0%	\$4,294	-1%
PACE	\$3,491,593	1%	1,606	10%	\$2,174	-8%

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

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
ABD LTC	Community Choices	\$30,353,198	\$30,192,242	\$32,579,735	\$37,107,879	\$38,532,225	\$40,758,131
	Hospice	\$422,630	\$608,168	\$625,693	\$678,471	\$622,098	\$695,874
	Nursing Home	\$76,852,094	\$75,032,191	\$73,575,062	\$87,675,404	\$90,166,549	\$89,642,788
	PACE	\$168,554	\$1,281,845	\$2,260,717	\$2,922,944	\$3,467,290	\$3,491,593
Total Expenditures		\$107,796,476	\$107,114,446	\$109,041,207	\$128,384,699	\$132,788,162	\$134,588,386
Member Months							
ABD LTC	Community Choices	18,152	18,369	19,776	21,643	22,912	24,916
	Hospice	210	249	359	314	380	334
	Nursing Home	20,232	20,092	19,667	20,255	20,854	20,878
	PACE	67	512	911	1,206	1,464	1,606
Total Member Months		38,661	39,222	40,713	43,418	45,610	47,734
Per Member Per Month							
ABD LTC	Community Choices	\$1,672	\$1,644	\$1,647	\$1,715	\$1,682	\$1,636
	Hospice	\$2,013	\$2,442	\$1,743	\$2,161	\$1,637	\$2,083
	Nursing Home	\$3,799	\$3,734	\$3,741	\$4,329	\$4,324	\$4,294
	PACE	\$2,516	\$2,504	\$2,482	\$2,424	\$2,368	\$2,174
Overall Per Member Per Month		\$2,821	\$2,874	\$2,796	\$2,741	\$2,698	\$2,820

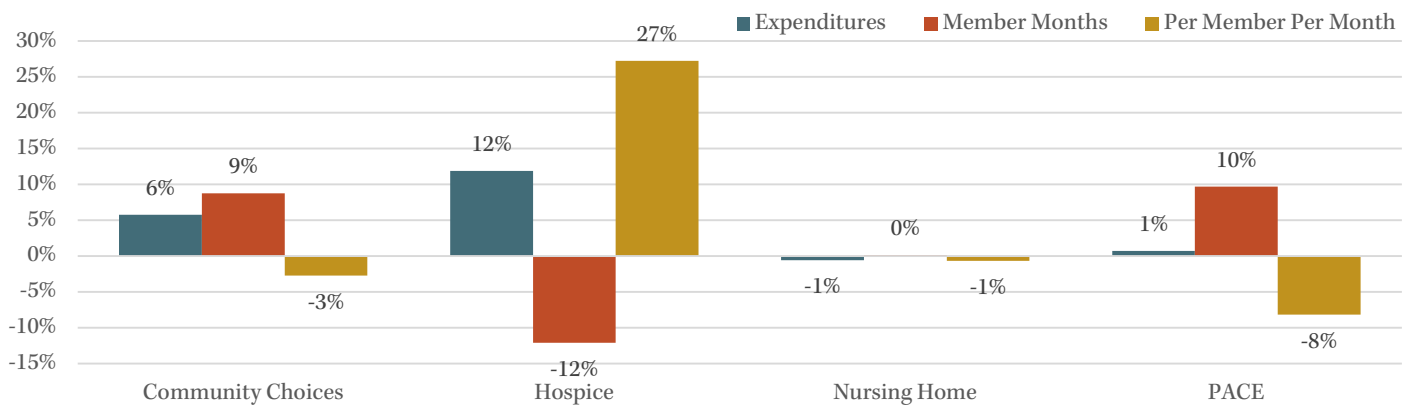


Figure 29. One-Year Percent Change by Aged, Blind, or Disabled Long-Term Care Eligibility Subgroup

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

	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Waiver-Only Services	\$857	\$858	\$846	\$933	\$926	\$1,051
Non-Waiver Services	\$815	\$786	\$802	\$781	\$756	\$585

Community Choices Waiver

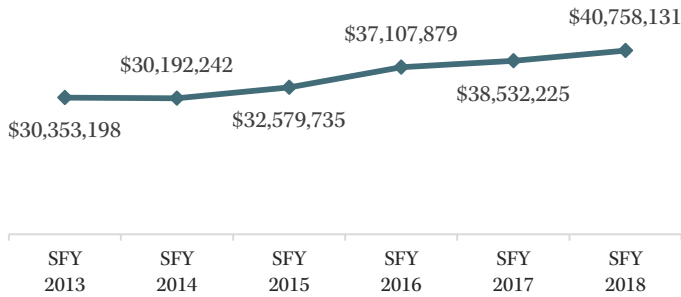
Subgroup detail

EXPENDITURES

\$40.8 million

paid to providers for
services rendered during
the state fiscal year

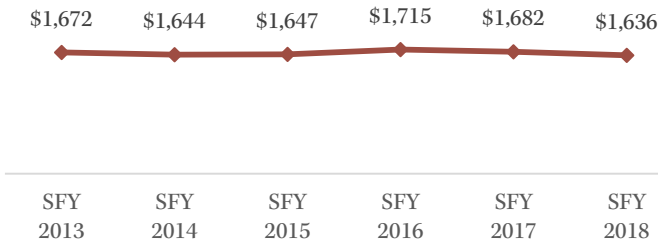
↑6%
from SFY 2017



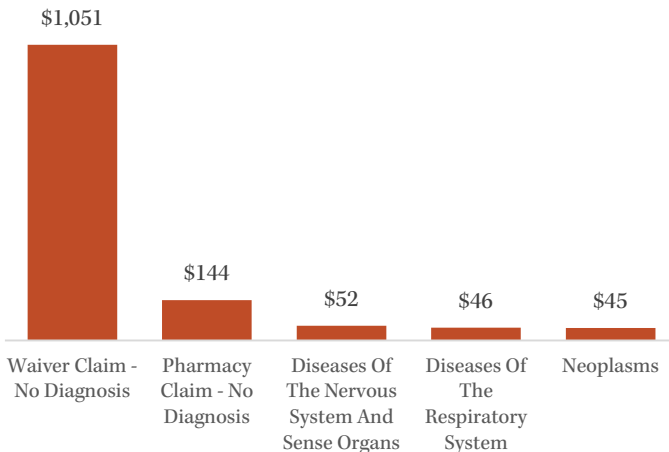
PER MEMBER PER MONTH

\$1,636

↓3%
from SFY 2017



PMPM by Primary Diagnosis

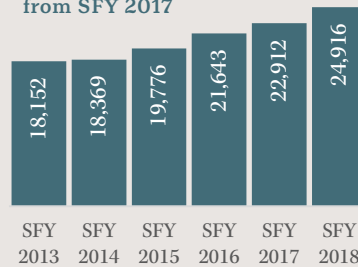


MEMBER MONTHS

24,916

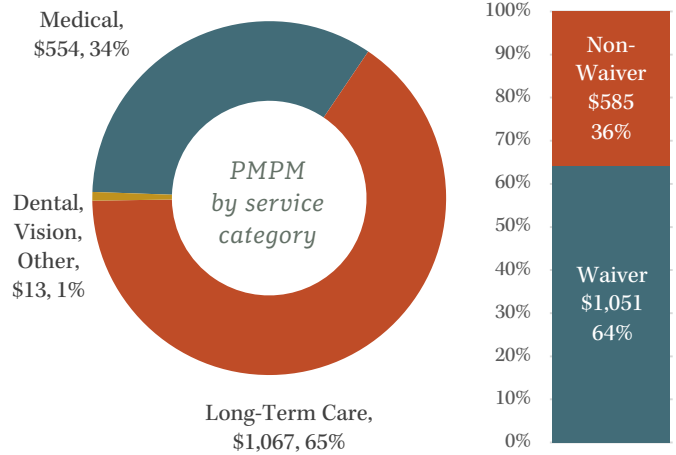
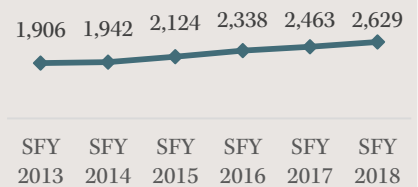
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
9.5
months

↑9%
from SFY 2017

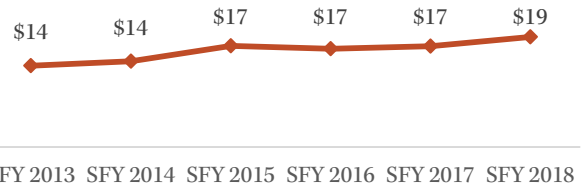


2,629

unique individuals
enrolled during the
state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM

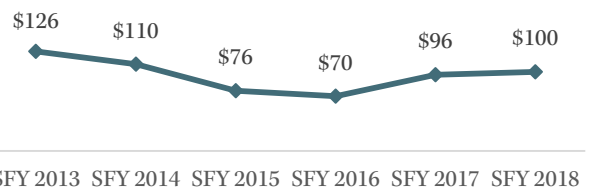


Table 34. Community Choices Waiver Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$15.62	\$12.18	\$15.78	\$16.06	\$10.63	\$6.95
Ambulatory Surgical Center	\$2.36	\$1.85	\$3.23	\$2.68	\$1.89	\$1.66
Behavioral Health	\$37.96	\$41.86	\$46.11	\$46.71	\$38.88	\$24.14
Dental	\$14.28	\$13.01	\$16.06	\$16.45	\$11.70	\$4.76
DME, Prosthetics/Orthotics/ Supplies	\$76.64	\$79.23	\$80.04	\$75.04	\$69.00	\$63.82
End Stage Renal Disease	\$9.92	\$11.30	\$14.82	\$13.27	\$8.56	\$4.93
Federally Qualified Health Center	\$2.93	\$3.63	\$4.57	\$8.87	\$8.10	\$8.07
Home Health	\$85.85	\$111.85	\$117.16	\$130.48	\$143.36	\$16.22
Hospice	\$7.92	\$10.93	\$4.33	\$4.82	\$6.67	\$5.67
Hospital Total	\$258.34	\$240.42	\$220.57	\$202.38	\$187.55	\$169.98
Inpatient	\$167.52	\$150.26	\$133.60	\$107.99	\$123.09	\$110.88
Outpatient	\$91.41	\$91.87	\$87.55	\$94.55	\$64.32	\$58.59
Other Hospital	-\$0.59	-\$1.71	-\$0.58	-\$0.15	\$0.14	\$0.51
Laboratory	\$1.36	\$0.99	\$1.56	\$1.21	\$0.74	\$0.81
Nursing Facility	\$17.27	\$16.56	\$10.88	\$13.40	\$7.59	\$1.93
Other	\$4.48	\$4.17	\$6.14	\$5.85	\$10.03	\$7.10
Physician & Other Practitioner	\$107.59	\$103.17	\$109.08	\$88.85	\$102.73	\$103.28
Prescription Drug	\$137.14	\$104.70	\$123.14	\$123.57	\$116.03	\$143.55
Public Health or Welfare	\$19.49	\$19.20	\$18.56	\$18.93	\$12.65	\$10.13
Public Health, Federal	\$13.09	\$7.99	\$6.66	\$9.01	\$16.46	\$8.59
Rural Health Clinic	\$1.87	\$1.75	\$2.03	\$2.32	\$2.25	\$2.31
Vision	\$1.07	\$1.19	\$1.20	\$1.20	\$1.11	\$1.03
Waiver Total	\$856.99	\$857.66	\$845.52	\$933.44	\$925.81	\$1,050.88
Total	\$1,672	\$1,644	\$1,647	\$1,715	\$1,682	\$1,636

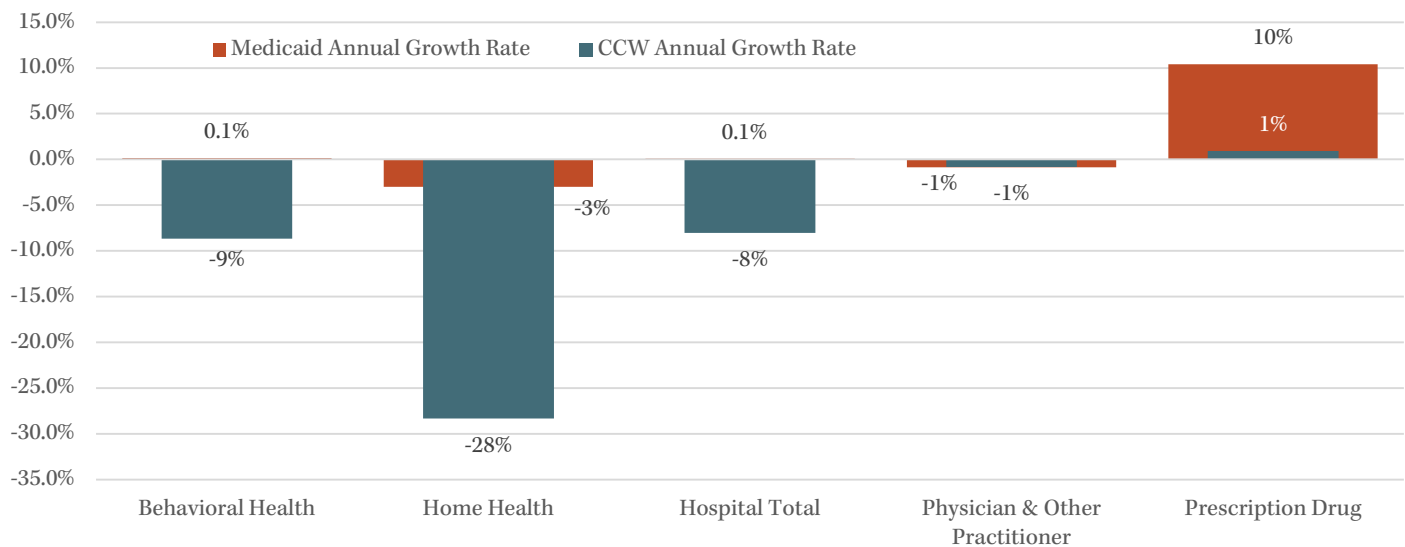


Figure 30. Community Choices Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services

Hospice

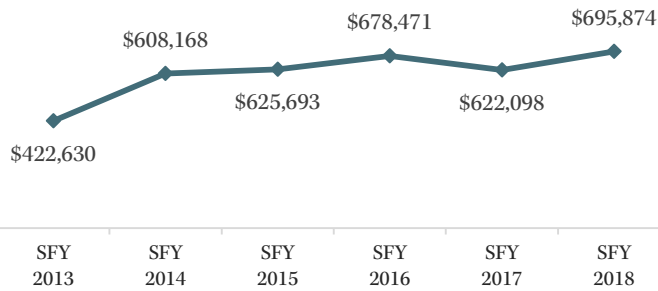
Subgroup detail

EXPENDITURES

\$695,874

paid to providers for
services rendered during
the state fiscal year

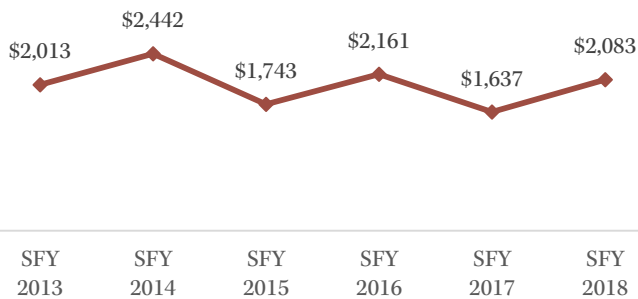
↑12%
from SFY 2017



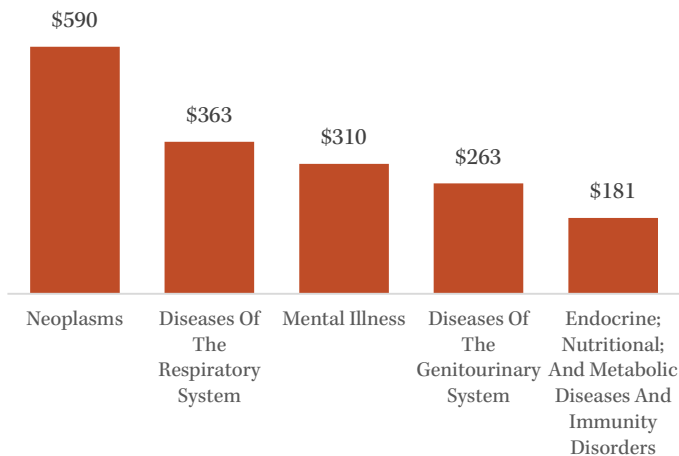
PER MEMBER PER MONTH

\$2,083

↑27%
from SFY 2017

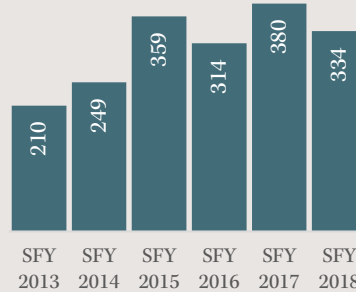


PMPM by Primary Diagnosis

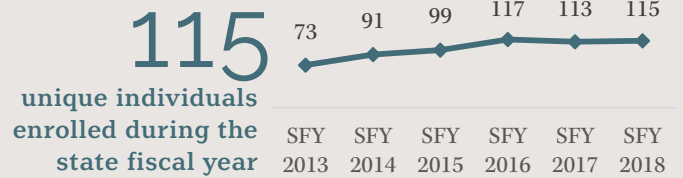


MEMBER MONTHS

↓12%
from SFY 2017

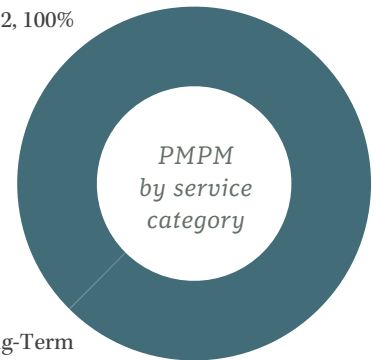


334
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
2.9
months

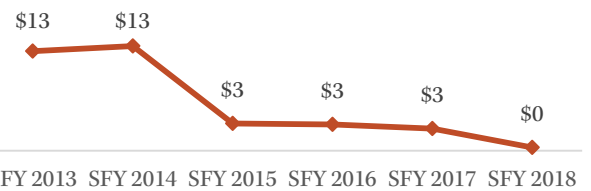


Medical
\$2,082, 100%

Long-Term
Care, \$2, 0.1%



Emergency Room PMPM



Hospital Inpatient PMPM

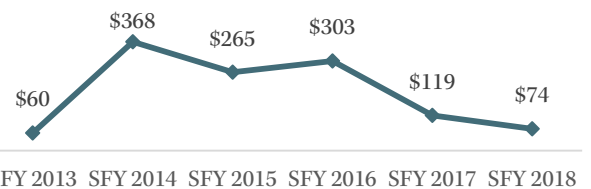


Table 35. Hospice Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$4.16	\$31.63	\$2.30	\$20.97	\$0.25	--
Behavioral Health	--	\$0.31	\$0.26	\$0.03	--	\$6.81
Dental	\$0.93	\$0.88	--	\$4.22	\$8.07	--
DME, Prosthetics/Orthotics/ Supplies	\$1.69	\$0.05	\$0.67	--	--	\$0.08
End Stage Renal Disease	--	--	--	--	\$0.47	--
Federally Qualified Health Center	--	\$5.06	\$0.40	\$0.31	\$0.17	\$2.23
Home Health	\$2.01	--	\$0.47	--	\$0.34	--
Hospice	\$1,746.13	\$1,984.87	\$1,645.46	\$1,886.16	\$1,449.84	\$1,968.92
Hospital Total	\$96.18	\$320.69	\$61.47	\$221.62	\$146.58	\$75.50
<i>Inpatient</i>	\$59.71	\$372.68	\$53.83	\$319.47	\$136.12	\$74.91
<i>Outpatient</i>	\$36.47	\$24.55	\$7.64	\$16.64	\$10.40	\$0.37
<i>Other Hospital</i>	--	-\$76.54	--	-\$114.49	\$0.05	\$0.22
Laboratory	\$0.00	\$0.09	--	--	--	--
Nursing Facility	\$4.02	-\$0.78	\$0.36	\$3.61	-\$0.91	\$1.81
Other	\$11.90	\$0.45	\$3.85	--	\$0.92	--
Physician & Other Practitioner	\$104.32	\$76.36	\$15.21	\$7.91	\$26.20	\$26.31
Prescription Drug	\$16.58	\$4.32	\$1.30	\$3.12	\$3.28	--
Public Health or Welfare	\$2.86	\$4.34	\$3.01	\$4.20	\$1.89	\$1.80
Public Health, Federal	\$21.75	\$12.37	\$8.03	\$8.58	--	--
Rural Health Clinic	--	\$1.80	--	--	--	--
Vision	--	--	\$0.10	--	--	--
Total	\$2,013	\$2,442	\$1,743	\$2,161	\$1,637	\$2,083

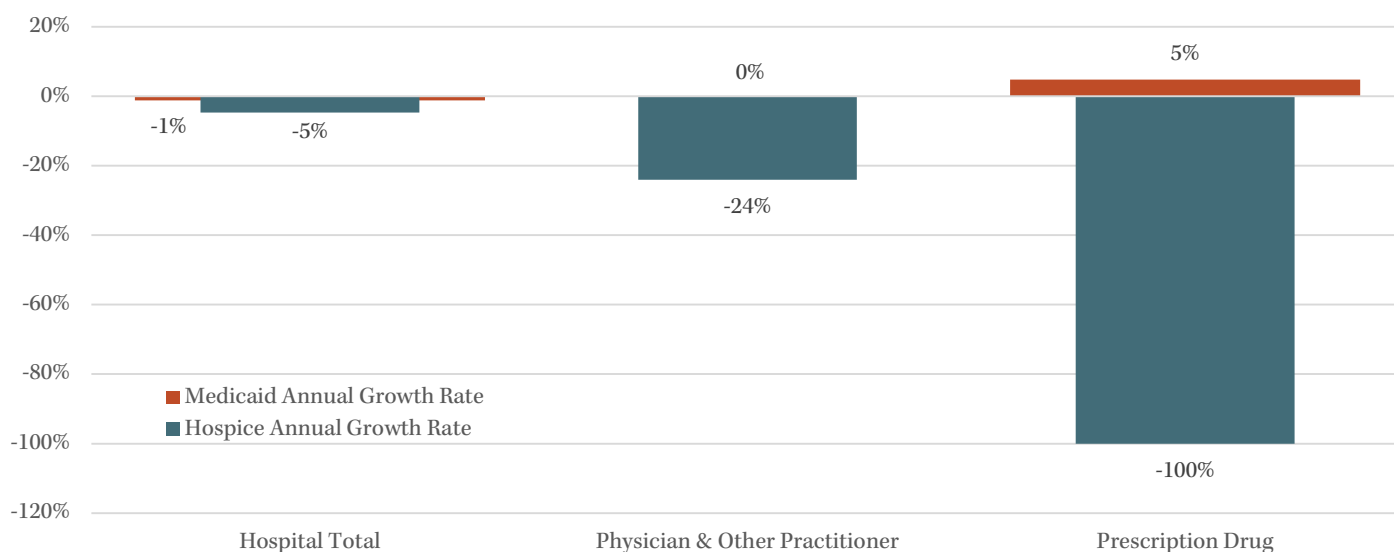


Figure 31. Hospice Per Member Per Month Five-Year Annual Growth Rate for Select Services

Nursing Home

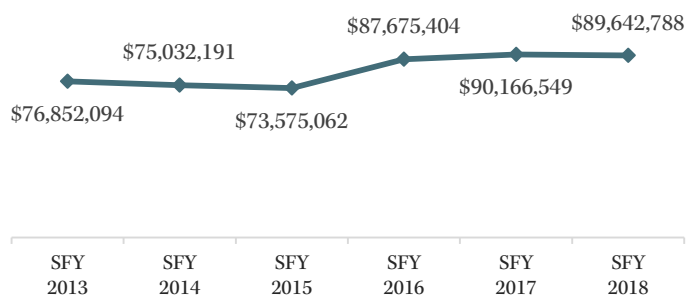
Subgroup detail

EXPENDITURES

\$89,642,788

paid to providers for
services rendered during
the state fiscal year

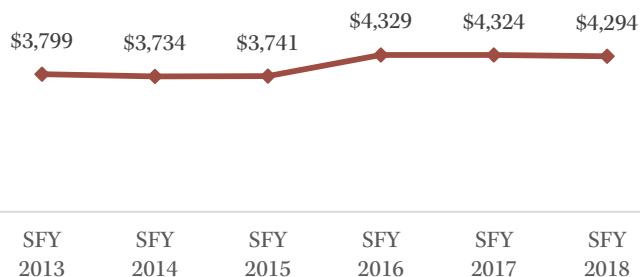
↓1%
from SFY 2017



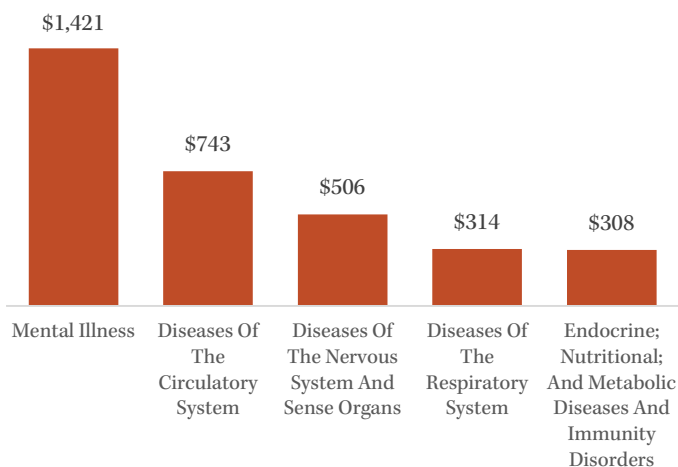
PER MEMBER PER MONTH

\$4,294

↓1%
from SFY 2017



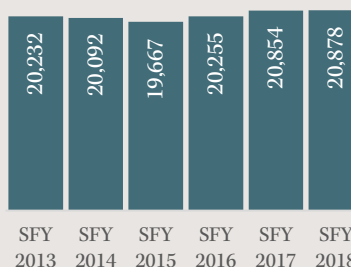
PMPM by Primary Diagnosis



MEMBER MONTHS **20,878**

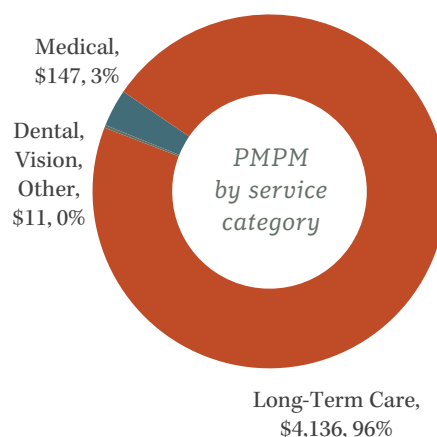
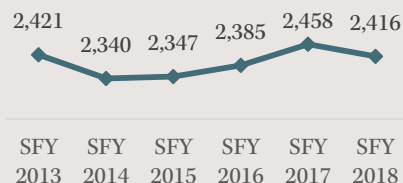
↑0.1%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **8.6**
months

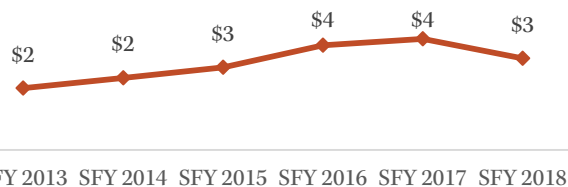


2,416

unique individuals
enrolled during the
state fiscal year



Emergency Room PMPM



Hospital Inpatient PMPM

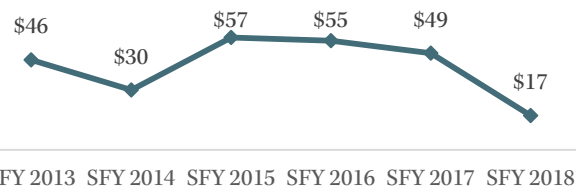


Table 36. Nursing Home Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$4.78	\$6.42	\$6.39	\$6.63	\$4.44	\$1.66
Ambulatory Surgical Center	\$0.36	\$0.16	\$0.10	\$0.86	\$0.75	\$0.31
Behavioral Health	\$12.71	\$11.50	\$14.39	\$14.03	\$12.16	\$7.65
Dental	\$9.03	\$8.60	\$10.16	\$10.78	\$6.67	\$3.58
DME, Prosthetics/Orthotics/ Supplies	\$8.59	\$17.72	\$14.95	\$23.42	\$16.00	\$13.08
End Stage Renal Disease	\$3.01	\$2.51	\$3.87	\$4.13	\$3.12	\$1.88
Federally Qualified Health Center	\$0.14	\$0.16	\$0.93	\$1.62	\$1.55	\$1.72
Home Health	\$0.22	\$0.33	\$0.40	\$0.49	\$0.96	\$0.12
Hospice	\$25.00	\$14.59	\$12.58	\$7.06	\$10.62	\$14.34
Hospital Total	\$97.94	\$80.57	\$84.09	\$106.48	\$83.66	\$33.79
Inpatient	\$68.34	\$53.42	\$53.57	\$73.94	\$63.41	\$23.77
Outpatient	\$29.92	\$32.37	\$31.45	\$32.45	\$20.06	\$9.59
Other Hospital	-\$0.32	-\$5.22	-\$0.94	\$0.09	\$0.18	\$0.44
Intermediate Care Facility-ID	\$63.18	--	--	--	--	--
Laboratory	\$0.31	\$0.29	\$0.15	\$0.22	\$0.15	\$0.04
Nursing Facility	\$3,490.67	\$3,518.61	\$3,511.25	\$4,065.03	\$4,093.35	\$4,136.04
Other	\$4.73	\$4.52	\$7.73	\$6.67	\$7.29	\$6.47
Physician & Other Practitioner	\$33.88	\$31.29	\$31.00	\$35.80	\$38.71	\$28.09
Prescription Drug	\$34.21	\$28.23	\$30.44	\$31.94	\$27.89	\$33.88
Public Health or Welfare	\$4.28	\$4.67	\$5.06	\$5.20	\$4.13	\$4.44
Public Health, Federal	\$2.40	\$1.35	\$4.78	\$5.44	\$9.76	\$3.84
Rural Health Clinic	\$2.61	\$2.44	\$2.26	\$2.01	\$1.94	\$2.20
Vision	\$0.49	\$0.47	\$0.52	\$0.78	\$0.57	\$0.52
Total	\$3,799	\$3,734	\$3,741	\$4,329	\$4,324	\$4,294

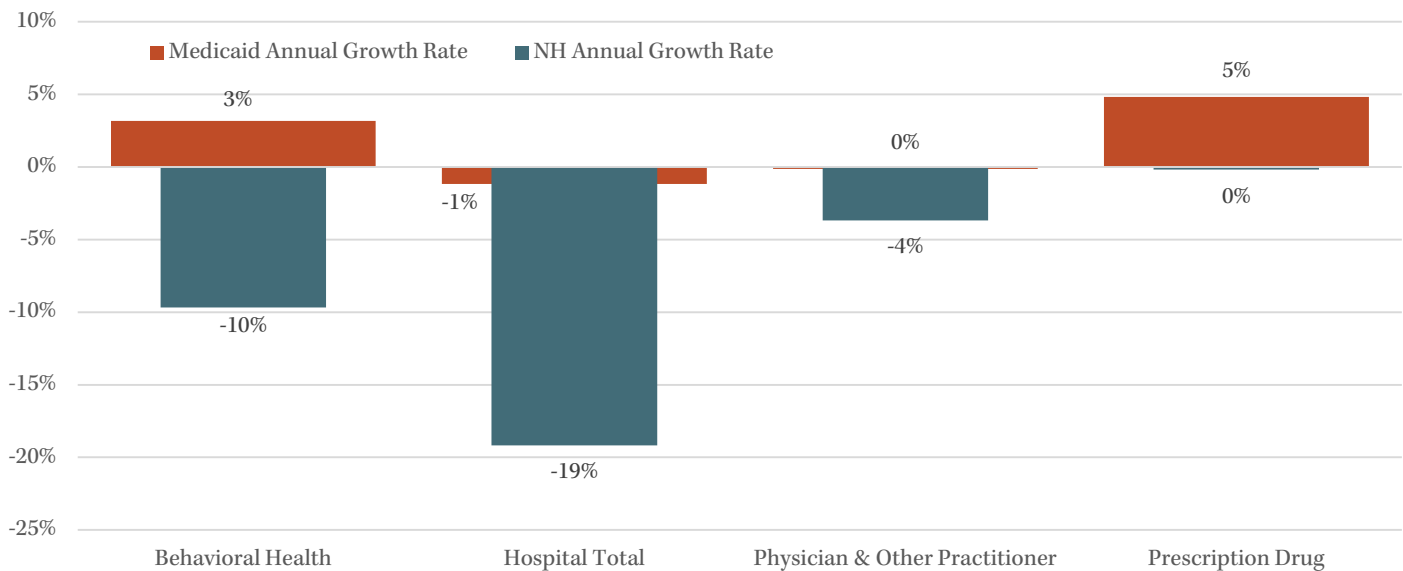


Figure 32. Nursing Home Per Member Per Month Five-Year Annual Growth Rate for Select Services

Program for All-Inclusive Care for the Elderly

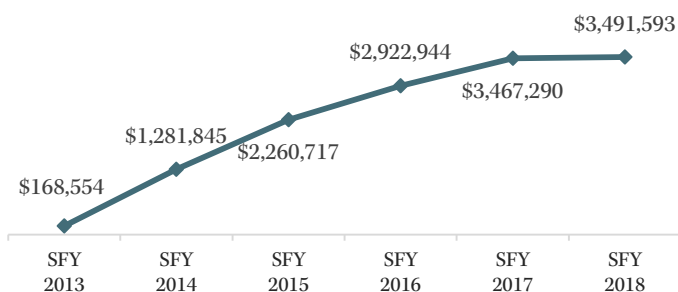
Subgroup detail

EXPENDITURES

\$3,491,593

paid to providers for
services rendered during
the state fiscal year

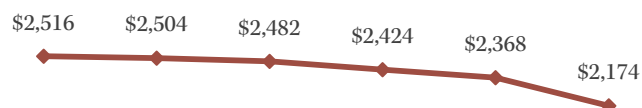
↑1%
from SFY 2017



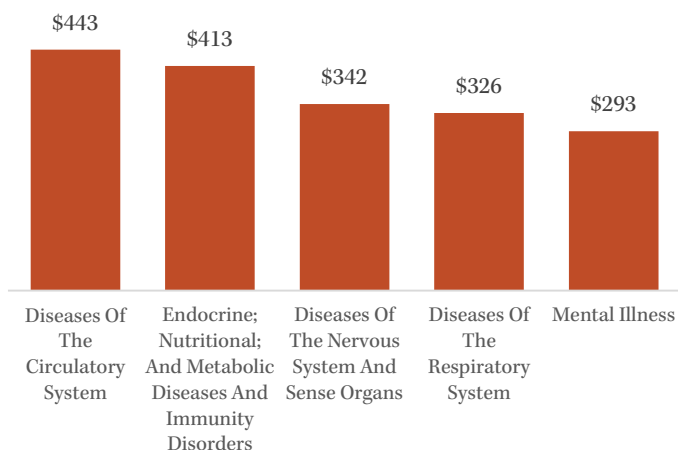
PER MEMBER PER MONTH

\$2,174

↓8%
from SFY 2017



PMPM by Primary Diagnosis



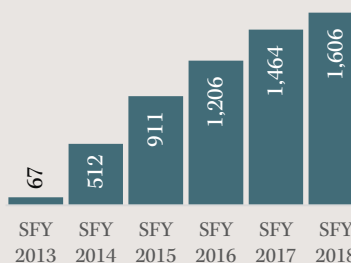
MEMBER MONTHS

↑10%
from SFY 2017

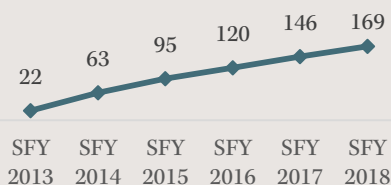
1,606

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

9.5
months

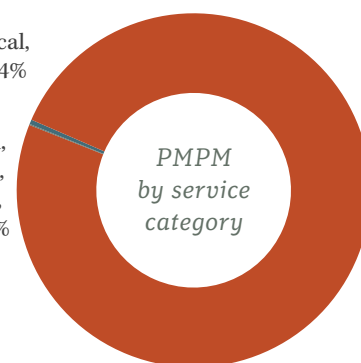


169
unique individuals
enrolled during the
state fiscal year



Medical,
\$9, 0.4%

Dental,
Vision,
Other,
\$2, 0.1%



Long-Term Care,
\$2,163, 99.5%



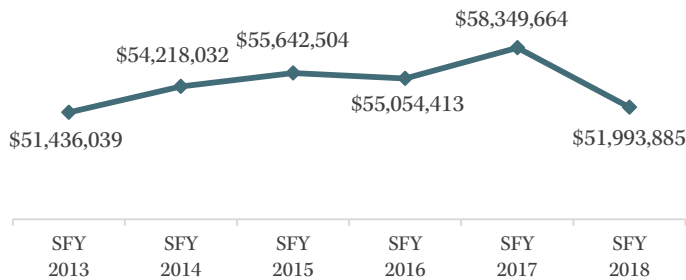
Aged, Blind, or Disabled Supplemental Security Income

EXPENDITURES

\$51,993,885

paid to providers for
services rendered during
the state fiscal year

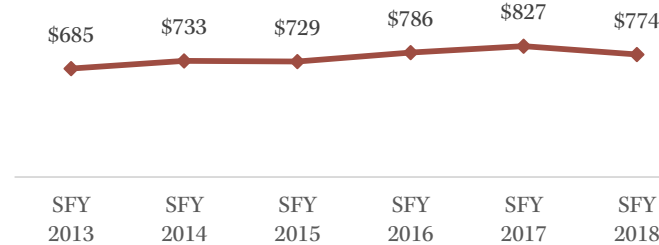
↓11%
from SFY 2017



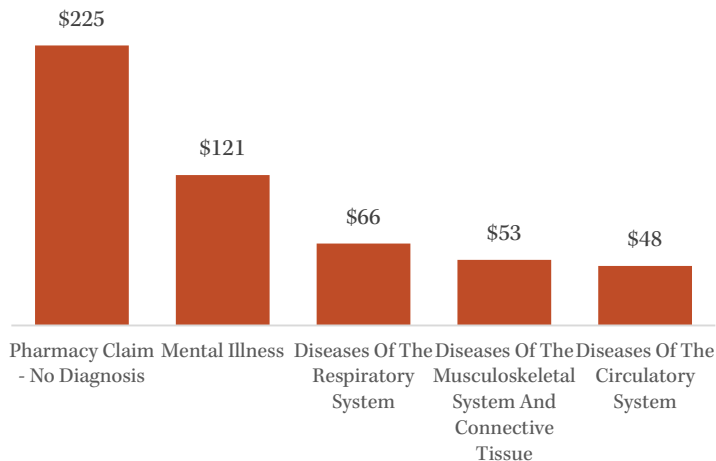
PER MEMBER PER MONTH

\$774

↓6%
from SFY 2017



PMPM by Primary Diagnosis

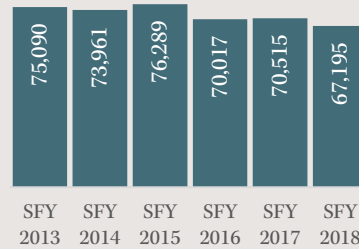


MEMBER MONTHS

67,195

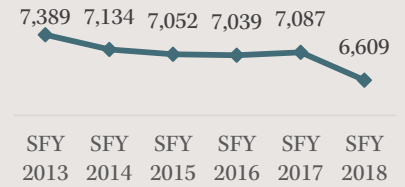
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **10.2**
months

↓5%
from SFY 2017

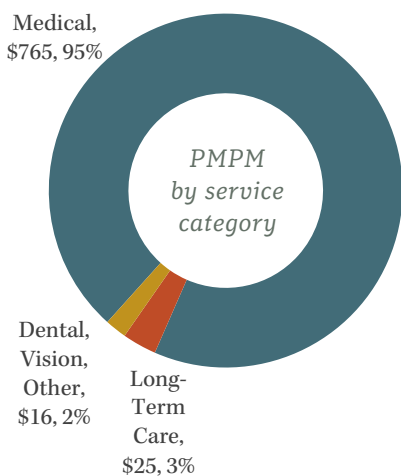


6,609

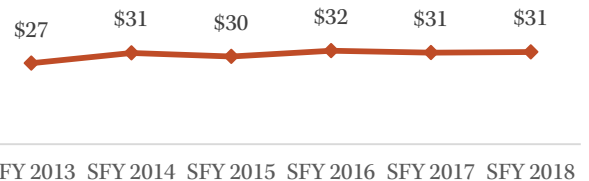
unique individuals
enrolled during the
state fiscal year



Medical,
\$765, 95%



Emergency Room PMPM



Hospital Inpatient PMPM

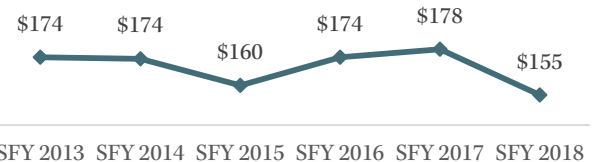


Table 37. Aged, Blind, or Disabled Supplemental Security Income Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD SSI / SSI & SSI Related	\$51,993,885	-11%	67,195	-4.7%	\$774	-6%

Table 38. Aged, Blind, or Disabled Supplemental Security Income History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
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 39. SSI & SSI Related Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$9.60	\$11.65	\$10.70	\$10.48	\$10.55	\$8.27
Ambulatory Surgical Center	\$3.53	\$4.25	\$5.06	\$4.37	\$4.43	\$3.55
Behavioral Health	\$61.63	\$63.30	\$57.17	\$66.75	\$57.52	\$46.24
Care Management Entity (CME)	--	--	--	\$6.54	\$5.77	\$4.66
Clinic/Center	\$1.34	\$1.38	\$1.17	\$1.51	\$2.14	\$1.34
Dental	\$13.11	\$13.45	\$13.92	\$14.52	\$11.67	\$8.58
DME, Prosthetics/Orthotics/Supplies	\$26.76	\$26.65	\$25.63	\$30.13	\$28.60	\$31.68
End Stage Renal Disease	\$9.43	\$6.09	\$4.78	\$5.16	\$8.70	\$8.57
Federally Qualified Health Center	\$4.08	\$5.42	\$7.19	\$12.60	\$12.62	\$14.10
Home Health	\$4.44	\$5.45	\$6.21	\$19.61	\$22.55	\$4.43
Hospice	\$1.72	\$2.24	\$1.88	\$1.30	\$4.70	\$3.09
Hospital Total	\$253.40	\$261.36	\$257.13	\$258.72	\$253.59	\$224.65
Inpatient	\$183.03	\$183.42	\$182.92	\$182.84	\$182.94	\$157.76
Outpatient	\$71.00	\$78.14	\$75.04	\$76.06	\$70.62	\$66.79
Other Hospital	-\$0.63	-\$0.20	-\$0.84	-\$0.18	\$0.03	\$0.10
Laboratory	\$2.76	\$2.92	\$2.62	\$2.30	\$1.79	\$1.91
Nursing Facility	\$0.99	\$1.06	\$1.72	\$3.43	\$2.86	\$0.01
Other	\$1.15	\$1.25	\$1.51	\$1.52	\$1.73	\$1.50
PACE	--	\$0.15	\$0.11	--	--	--
Physician & Other Practitioner	\$99.35	\$109.34	\$99.93	\$107.00	\$117.73	\$111.55
Prescription Drug	\$149.83	\$168.37	\$188.33	\$198.09	\$219.00	\$253.78
PRTF	\$15.44	\$23.46	\$18.34	\$13.31	\$12.52	\$15.87
Public Health or Welfare	\$0.53	\$0.61	\$0.50	\$0.55	\$0.51	\$0.55
Public Health, Federal	\$21.53	\$20.73	\$21.54	\$24.19	\$44.12	\$24.10
Rural Health Clinic	\$2.24	\$1.97	\$1.69	\$1.78	\$1.81	\$2.72
Vision	\$2.12	\$1.95	\$2.23	\$2.45	\$2.57	\$2.61
Total	\$685	\$733	\$729	\$786	\$827	\$774

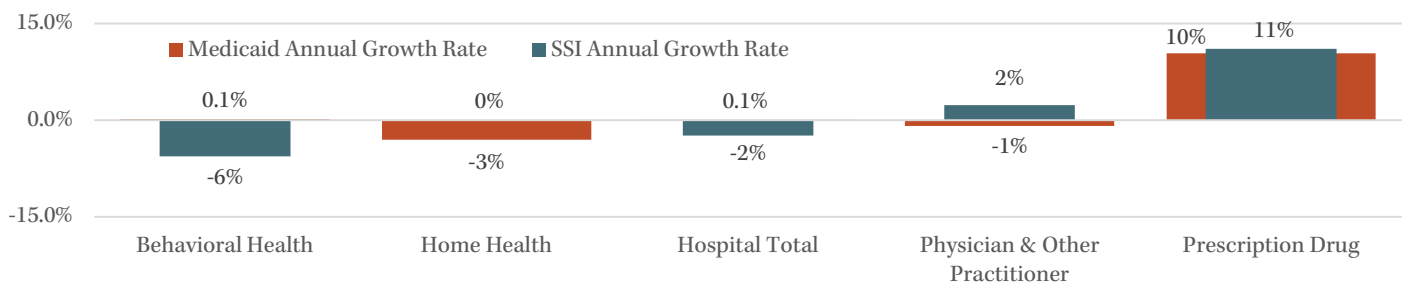


Figure 33. Supplemental Security Income Per Member Per Month Five-Year Annual Growth Rate for Select Services

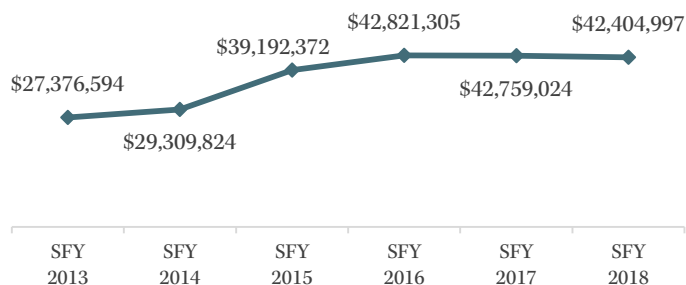
Adults

EXPENDITURES

\$42,404,997

paid to providers for
services rendered during
the state fiscal year

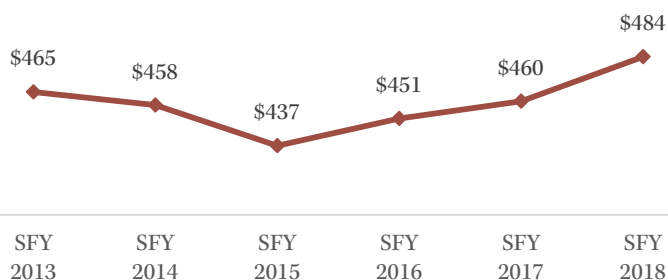
↓1%
from SFY 2017



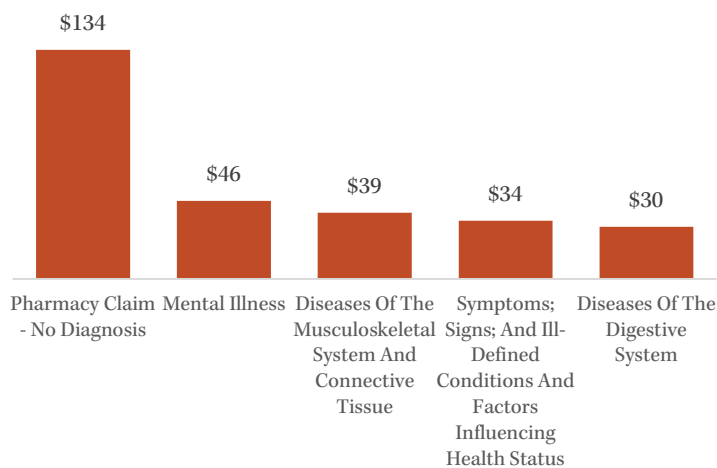
PER MEMBER PER MONTH

\$484

↑5%
from SFY 2017



PMPM by Primary Diagnosis

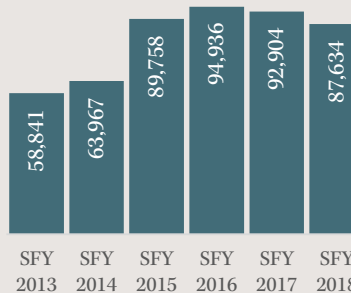


MEMBER MONTHS

87,634

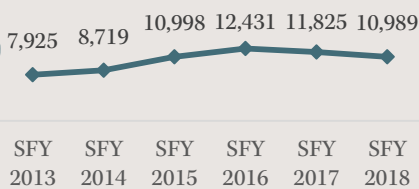
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
8.0
months

↓6%
from SFY 2017



10,989

unique individuals
enrolled during the
state fiscal year



Medical,
\$474, 98%

Dental,
Vision,
Other,
\$10, 2%

Long-
Term
Care,
\$1, 0%

PMPM
by service
category

Emergency Room PMPM



Hospital Inpatient PMPM

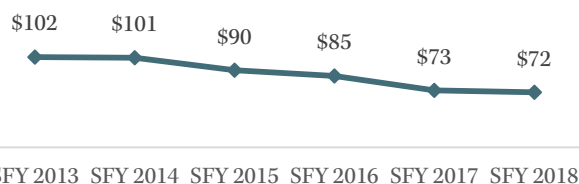


Table 40. Adults Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$42,076,138	-1%	86,754	-6%	\$485	5%
Former Foster Care	\$328,859	33%	880	14%	\$374	16%

Table 41. Adults History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
Adults	Family-Care Adults	\$27,376,594	\$29,307,395	\$39,077,687	\$42,619,865	\$42,511,395	\$42,076,138
	Former Foster Care	--	\$2,429	\$114,685	\$201,440	\$247,630	\$328,859
Total Expenditures		\$27,376,594	\$29,309,824	\$39,192,372	\$42,821,305	\$42,759,024	\$42,404,997
Member Months							
Adults	Family-Care Adults	58,841	63,927	89,511	94,394	92,134	86,754
	Former Foster Care	0	40	247	542	770	880
Total Member Months		58,841	63,967	89,758	94,936	92,904	87,634
Per Member Per Month							
Adults	Family-Care Adults	\$465	\$458	\$437	\$452	\$461	\$485
	Former Foster Care	--	\$61	\$464	\$372	\$322	\$374
Overall Per Member Per Month		\$465	\$458	\$437	\$451	\$460	\$484

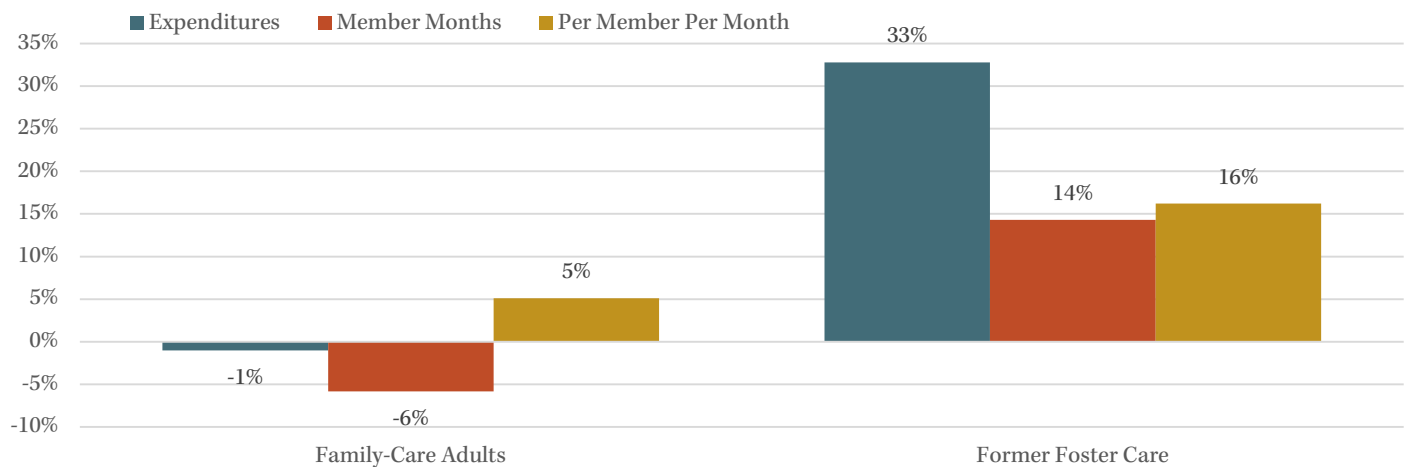


Figure 34. One-Year Percent Change by Adult Eligibility Subgroup

Family-Care Adults

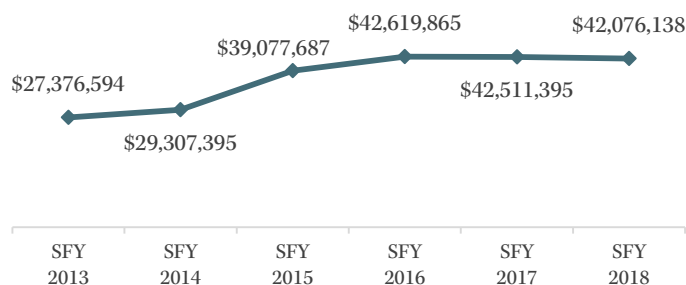
Subgroup detail

EXPENDITURES

\$42,076,138

paid to providers for
services rendered during
the state fiscal year

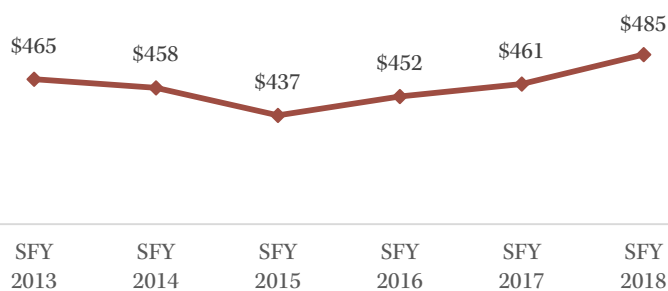
↓1%
from SFY 2017



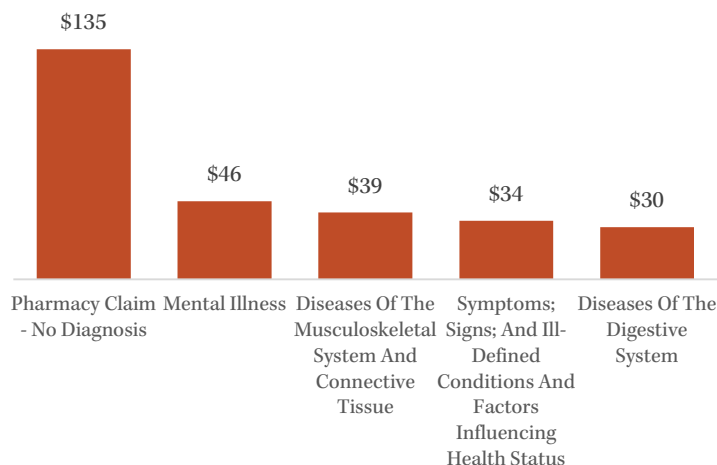
PER MEMBER PER MONTH

\$485

↑5%
from SFY 2017



PMPM by Primary Diagnosis

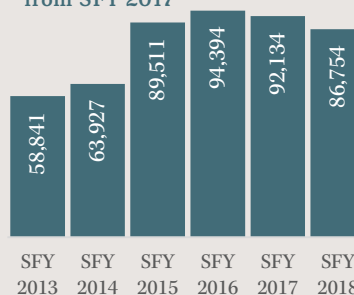


MEMBER MONTHS

86,754

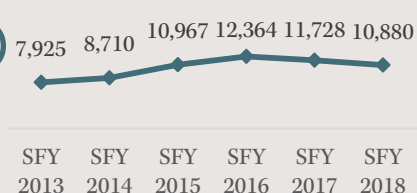
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
8.0
months

↓6%
from SFY 2017



10,880

unique individuals
enrolled during the
state fiscal year



Medical,
\$474 98%

Dental, Vision,
Other, \$10, 2%

Long-Term
Care, \$1, 0%

PMPM
by service
category

Emergency Room PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Hospital Inpatient PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Table 42. Family-Care Adults Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
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

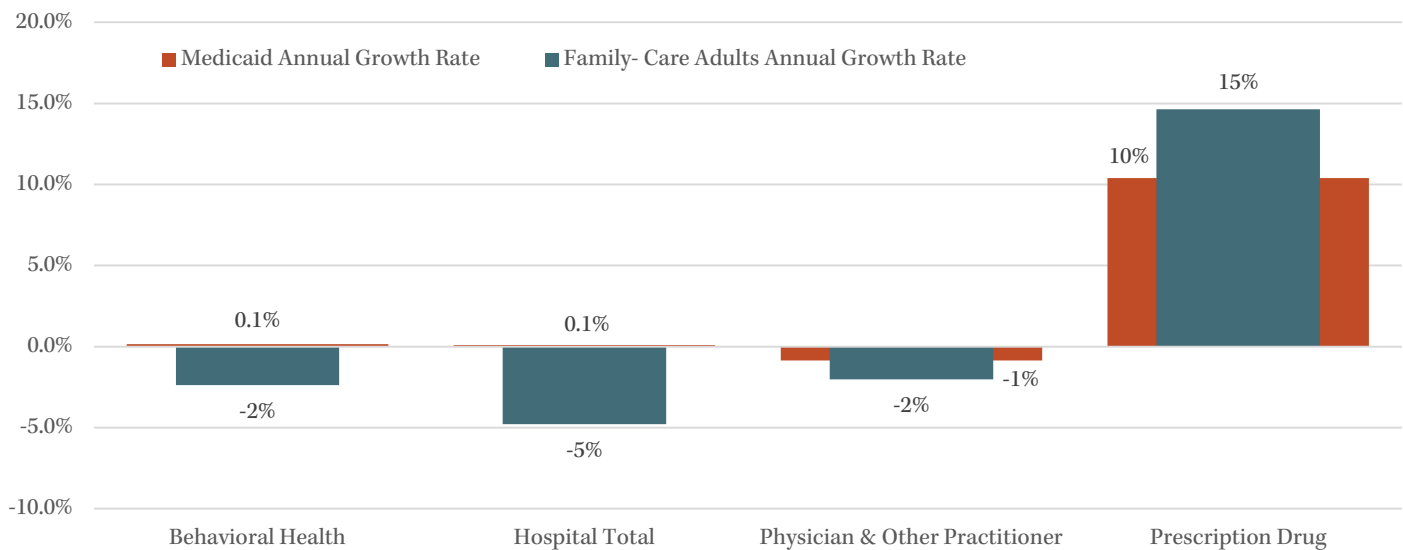


Figure 35. Family-Care Adults Per Member Per Month Five-Year Annual Growth Rate for Select Services

Former Foster Care

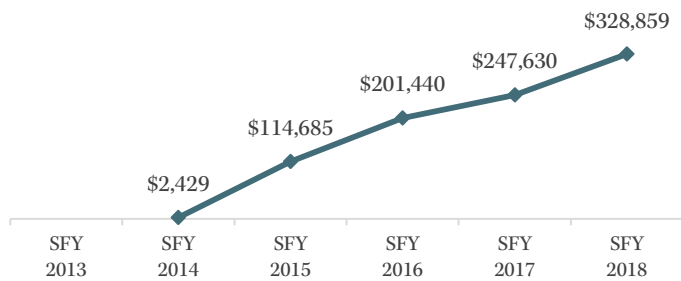
Subgroup detail

EXPENDITURES

\$328,859

paid to providers for
services rendered during
the state fiscal year

↑33%
from SFY 2017



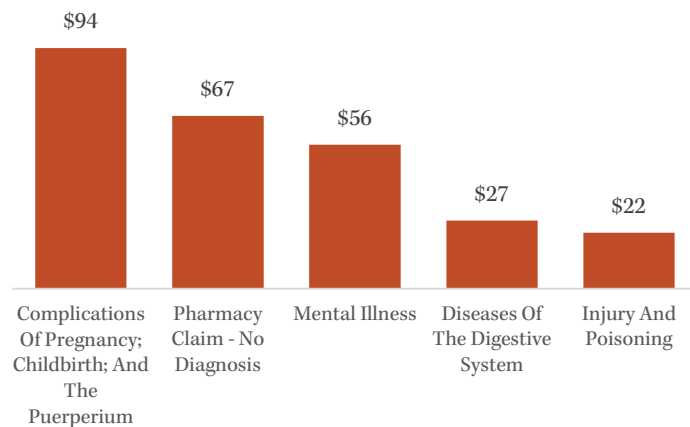
PER MEMBER PER MONTH

\$374

↑16%
from SFY 2017



PMPM by Primary Diagnosis

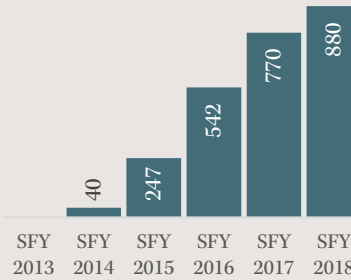


MEMBER MONTHS

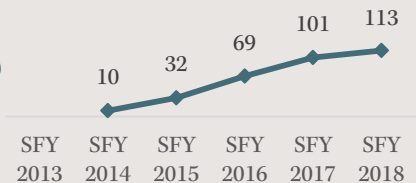
880

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **7.8**
months

↑14%
from SFY 2017



113
unique individuals
enrolled during the
state fiscal year

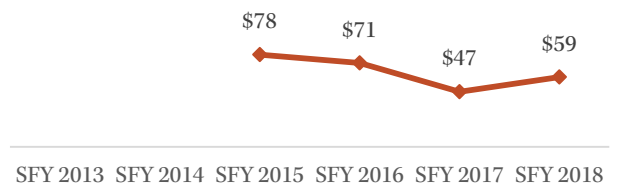


Medical,
\$364, 97%

Dental,
Vision,
Other,
\$9, 3%

PMPM
by service
category

Emergency Room PMPM



Hospital Inpatient PMPM

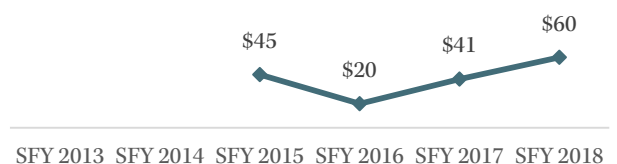


Table 43. Former Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	--	--	\$3.38	\$1.12	\$3.49	\$11.07
Ambulatory Surgical Center	--	--	--	\$0.67	\$8.89	\$0.38
Behavioral Health	--	\$13.59	\$103.43	\$77.52	\$32.92	\$39.55
Dental	--	\$3.25	\$30.15	\$15.23	\$7.34	\$4.48
DME, Prosthetics/Orthotics/ Supplies	--	\$0.76	\$1.52	\$2.42	\$9.57	\$11.91
Federally Qualified Health Center	--	--	\$8.51	\$17.98	\$14.31	\$8.81
Hospital Total	--	\$7.73	\$96.86	\$106.46	\$94.23	\$111.81
<i>Inpatient</i>	--	--	\$21.90	\$20.43	\$41.26	\$59.53
<i>Outpatient</i>	--	\$7.73	\$74.95	\$86.03	\$52.96	\$52.28
Laboratory	--	--	\$14.00	\$3.79	\$3.56	\$6.76
Other	--	--	\$4.25	\$2.77	\$0.36	\$3.10
Physician & Other Practitioner	--	\$26.79	\$135.74	\$88.08	\$85.87	\$84.67
Prescription Drug	--	\$8.58	\$64.47	\$51.64	\$45.17	\$67.41
Public Health or Welfare	--	--	\$0.31	\$0.04	\$0.16	\$0.20
Public Health, Federal	--	--	--	\$1.29	\$13.26	\$18.69
Rural Health Clinic	--	--	\$0.55	--	\$0.84	\$3.09
Vision	--	--	\$1.14	\$2.63	\$1.63	\$1.77
Total	--	\$61	\$464	\$372	\$322	\$374

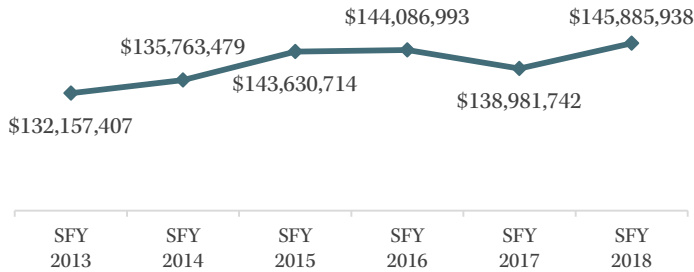
Children

EXPENDITURES

\$145,885,938

paid to providers for
services rendered during
the state fiscal year

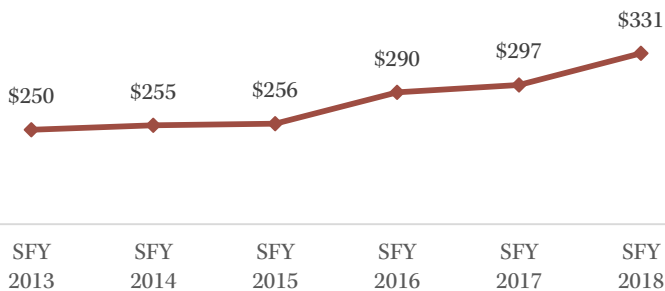
↑5%
from SFY 2017



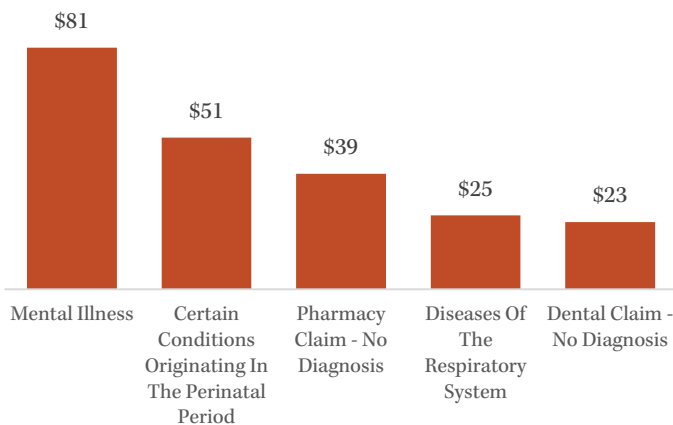
PER MEMBER PER MONTH

\$331

↑11%
from SFY 2017



PMPM by Primary Diagnosis

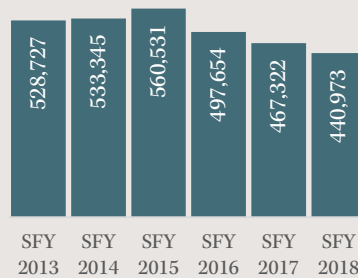


MEMBER MONTHS

440,973

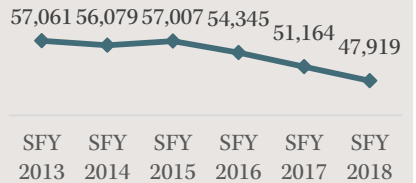
↓6%
from SFY 2017

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

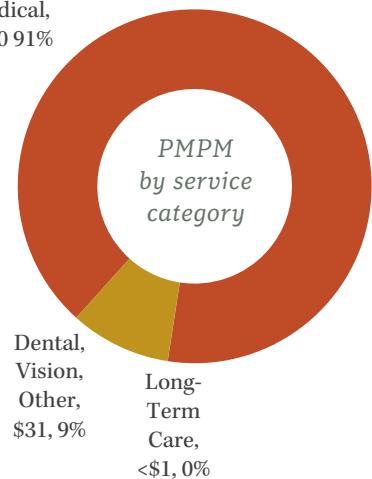


47,919

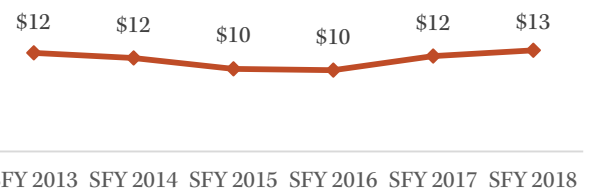
unique individuals
enrolled during the
state fiscal year



Medical,
\$300 91%



Emergency Room PMPM



Hospital Inpatient PMPM

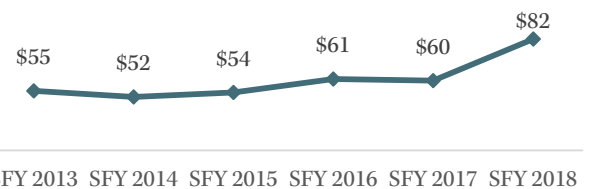


Table 44. Children Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures ⁹	1 Year % Change	Member Months	1 Year % Change	PMPM ⁹	1 Year % Change
Children						
Care Management Entity (CME) ⁸	\$4,450,430	-5%	3,088	4%	\$1,441	-9%
Children	\$89,680,464	0%	370,458	-6%	\$242	7%
Childrens Mental Health Waiver	\$1,655,665	-12%	871	16%	\$1,901	-24%
Foster Care	\$23,138,738	4%	35,958	0%	\$643	4%
Newborn	\$31,055,482	24%	33,686	-8%	\$922	35%

Table 45. Children Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures ⁹							
Children	CME	--	--	--	\$5,846,060	\$4,708,411	\$4,450,430
	Children	\$84,215,779	\$87,613,270	\$92,213,613	\$92,010,105	\$89,300,493	\$89,680,464
	CMHW	\$1,329,481	\$1,380,653	\$1,672,927	\$2,479,897	\$1,885,817	\$1,655,665
	Foster Care	\$21,104,592	\$23,830,296	\$22,571,923	\$22,339,155	\$22,328,896	\$23,138,738
	Newborn	\$25,507,555	\$22,939,261	\$27,172,251	\$26,581,563	\$25,010,666	\$31,055,482
Total Expenditures		\$132,157,407	\$135,763,479	\$143,630,714	\$144,086,993	\$138,981,742	\$145,885,938
Member Months ⁸							
Children	CME	--	--	--	2,550	2,959	3,088
	Children	456,762	462,120	484,227	420,439	393,948	370,458
	CMHW	773	615	742	696	751	871
	Foster Care	35,148	36,808	37,325	37,347	35,932	35,958
	Newborn	36,044	33,802	38,237	39,172	36,691	33,686
Total Member Months		528,727	533,345	560,531	497,654	467,322	440,973
Per Member Per Month ⁹							
Children	CME	--	--	--	\$2,293	\$1,591	\$1,441
	Children	\$184	\$190	\$190	\$213	\$227	\$242
	CMHW	\$1,720	\$2,245	\$2,255	\$1,280	\$2,511	\$1,901
	Foster Care	\$600	\$647	\$605	\$565	\$621	\$643
	Newborn	\$708	\$679	\$711	\$679	\$682	\$922
Overall Per Member Per Month		\$250	\$255	\$256	\$290	\$297	\$331

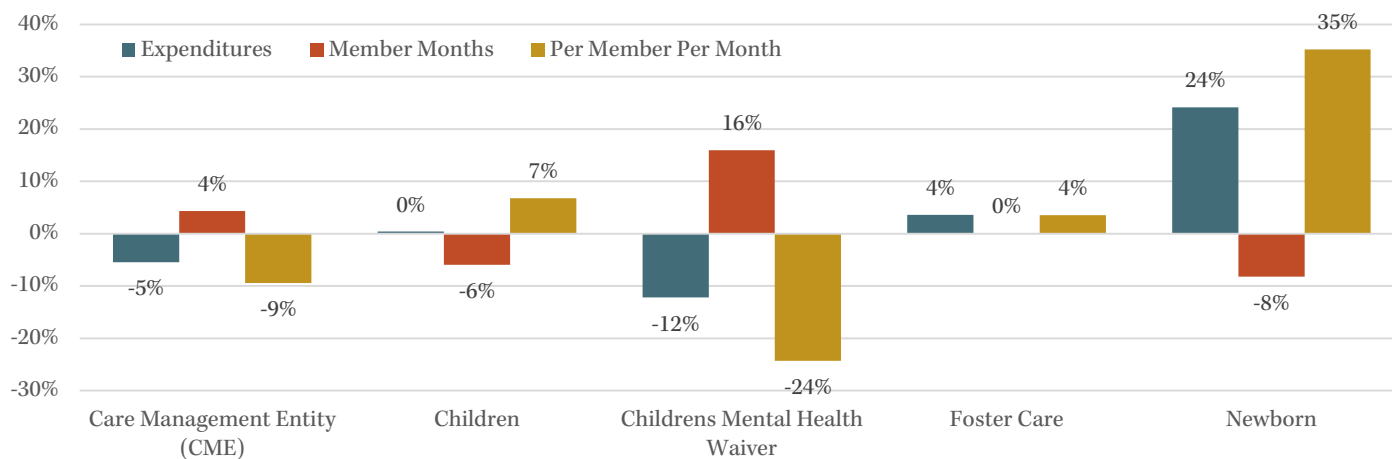


Figure 36. One-Year Percent Change by Children Eligibility Subgroup

⁸ 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.

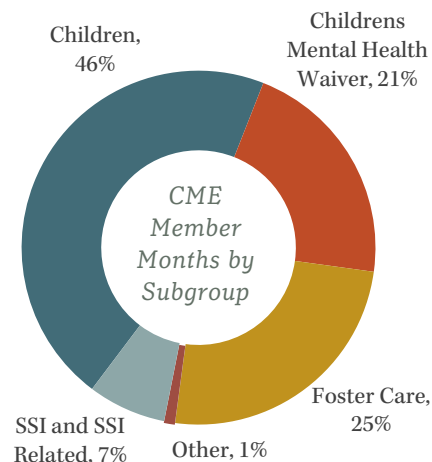
⁹ Expenditures and Per Member Per Month have been manually adjusted to account for appropriate CME expenditures for the following populations: Children, Children's Mental Health Waiver, and Foster Care. Total CME is still shown as a separate subgroup to show its performance overall. As such, summing these years' expenditures across all subgroups will not match the total expenditures in the footer.

Care Management Entity

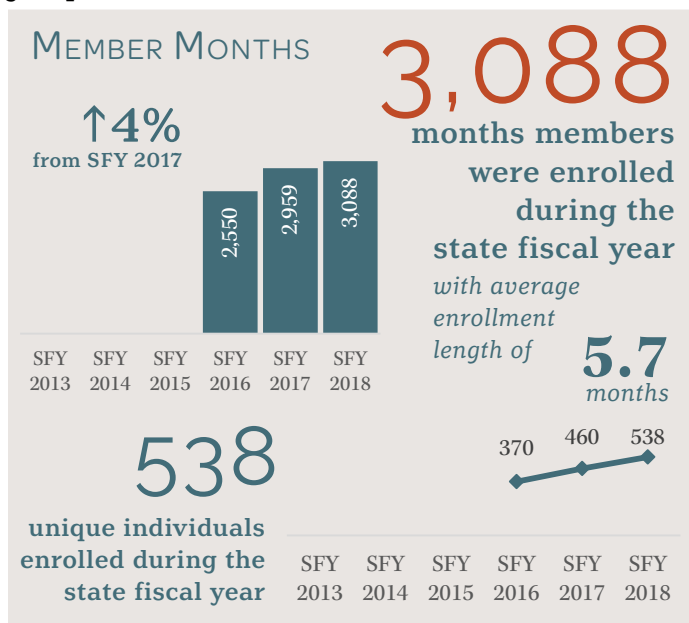
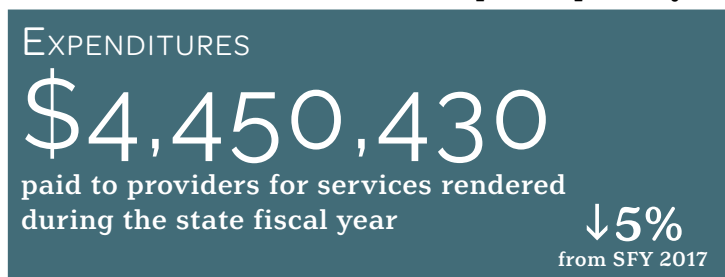
Subgroup detail

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

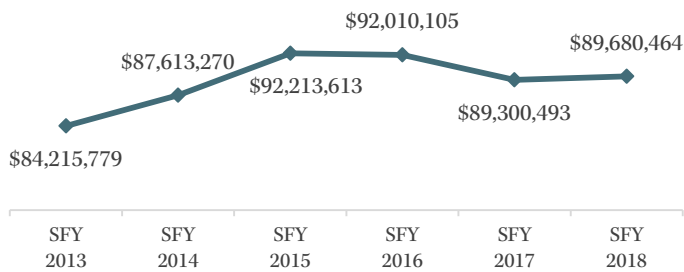
Subgroup detail

EXPENDITURES

\$89,680,464

paid to providers for
services rendered during
the state fiscal year

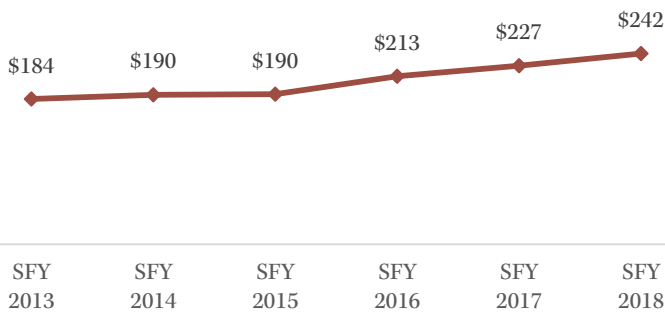
↑0.4%
from SFY 2017



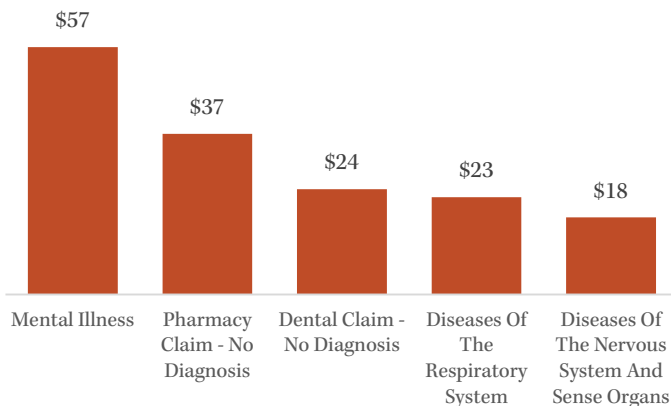
PER MEMBER PER MONTH

\$242

↑7%
from SFY 2017



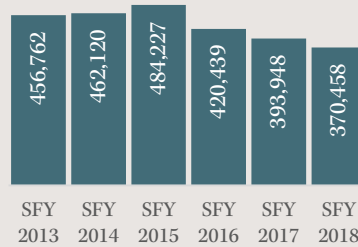
PMPM by Primary Diagnosis



MEMBER MONTHS **370,458**

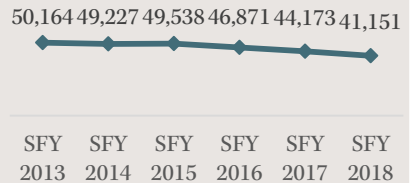
↓6%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **9.0**
months



41,151

unique individuals
enrolled during the
state fiscal year



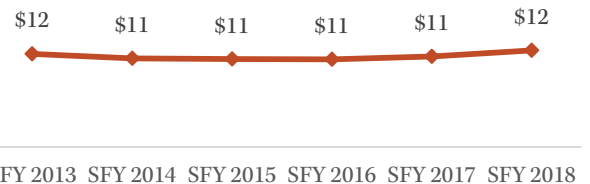
Medical,
\$209, 87%

Dental,
Vision,
Other,
\$33, 13%

PMPM
by service
category

Long-
Term
Care,
<\$1, 0%

Emergency Room PMPM



Hospital Inpatient PMPM

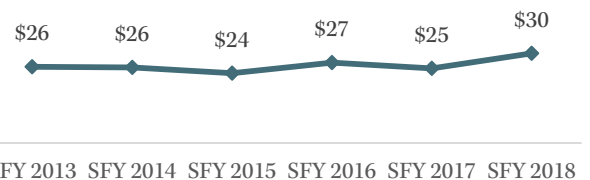


Table 46. Children Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$1.54	\$1.63	\$1.58	\$1.60	\$1.57	\$1.48
Ambulatory Surgical Center	\$5.56	\$6.48	\$9.28	\$9.92	\$7.18	\$6.96
Behavioral Health	\$19.84	\$22.97	\$24.86	\$27.25	\$28.20	\$29.97
Care Management Entity (CME)	--	--	--	\$5.60	\$5.26	\$5.48
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	\$184	\$190	\$190	\$213	\$227	\$242

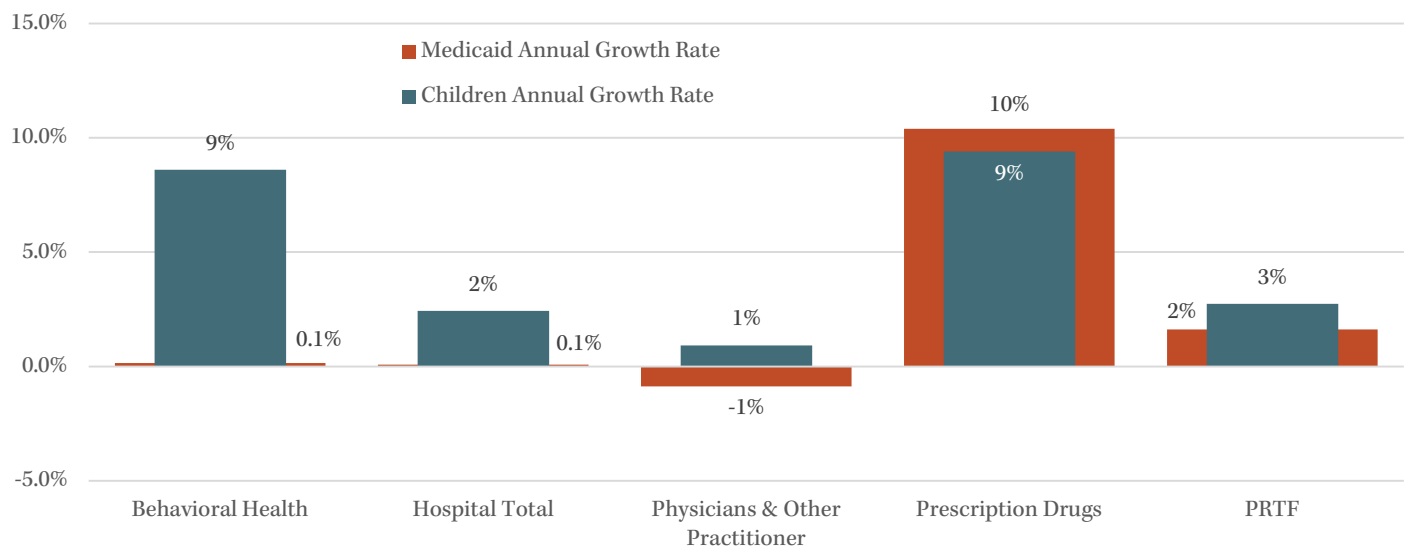


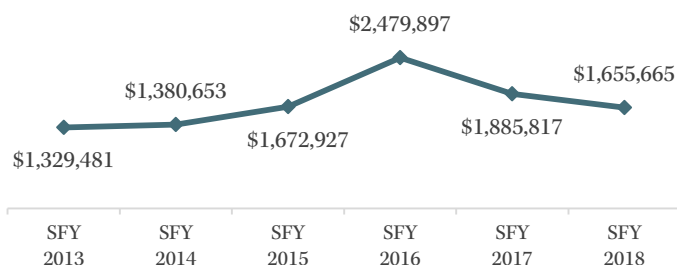
Figure 37. Children Per Member Per Month Five-Year Annual Growth Rate for Select Services

EXPENDITURES

1,655,665

paid to providers for
services rendered during
the state fiscal year

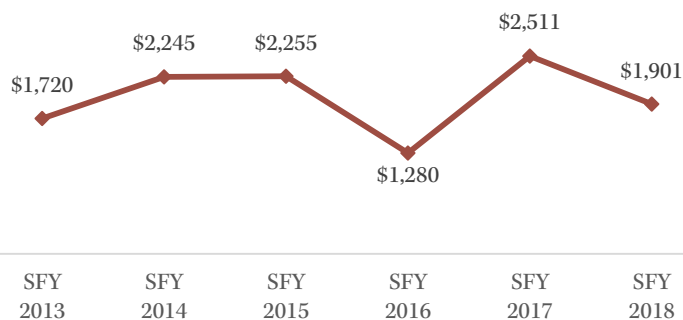
↓12%
from SFY 2017



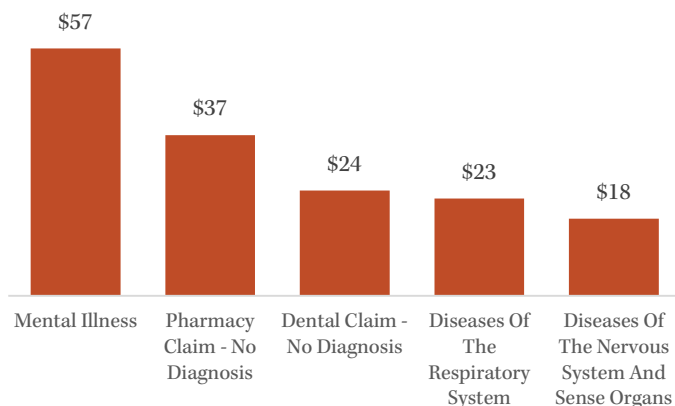
PER MEMBER PER MONTH

\$1,901

↓24%
from SFY 2017



PMPM by Primary Diagnosis

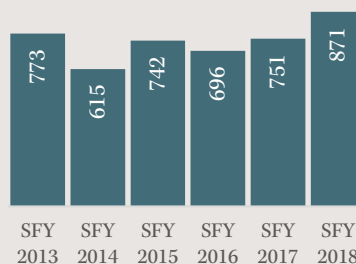


MEMBER MONTHS

871

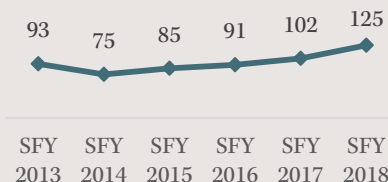
↑16%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
7.0
months



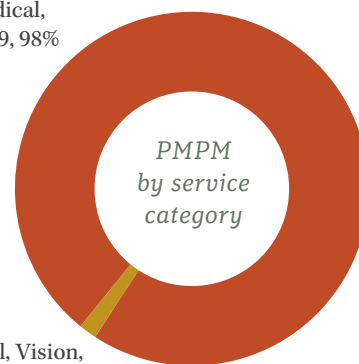
125

unique individuals
enrolled during the
state fiscal year

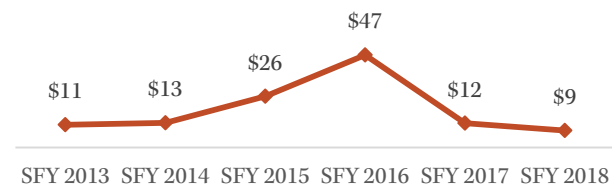


Medical,
\$1,869, 98%

Dental, Vision,
Other, \$31, 2%



Emergency Room PMPM



Hospital Inpatient PMPM

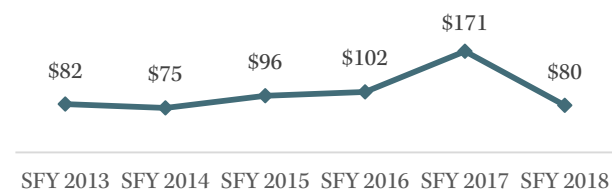


Table 47. Children's Mental Health Waiver Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$0.85	\$0.01	\$2.43	\$6.10	\$4.54	\$0.00
Ambulatory Surgical Center	\$7.12	\$1.05	\$7.07	\$0.81	\$1.61	\$4.17
Behavioral Health	\$246.05	\$303.40	\$300.07	\$355.42	\$181.72	\$206.27
Care Management Entity	--	--	--	\$2,283.15	\$1,506.13	\$1,114.66
Dental	\$23.37	\$16.90	\$20.32	\$17.43	\$17.64	\$20.14
DME, Prosthetics/Orthotics/ Supplies	\$4.74	\$4.49	\$4.66	\$1.86	\$0.44	\$0.11
Federally Qualified Health Center	\$0.55	\$1.16	\$0.87	\$2.07	\$7.85	\$8.03
Home Health	--	--	--	\$16.75	\$4.05	--
Hospital Total	\$98.07	\$86.82	\$159.31	\$154.05	\$185.35	\$89.66
Inpatient	\$81.80	\$75.12	\$131.00	\$102.24	\$171.12	\$80.69
Outpatient	\$16.27	\$12.39	\$28.30	\$51.80	\$14.24	\$8.97
Other Hospital	--	-\$0.69	--	--	--	--
Laboratory	\$0.84	\$1.44	\$6.21	\$1.53	\$0.99	\$1.17
Other	\$3.43	\$4.00	\$2.78	\$3.85	\$3.04	\$4.44
Physician & Other Practitioner	\$100.81	\$87.72	\$80.75	\$94.14	\$65.40	\$31.36
Prescription Drug	\$239.93	\$309.13	\$315.73	\$258.91	\$127.13	\$85.94
PRTF	\$186.98	\$486.29	\$425.89	\$355.99	\$396.01	\$320.88
Public Health or Welfare	--	\$0.10	\$0.03	\$0.14	\$0.07	--
Rural Health Clinic	--	\$0.09	\$1.18	\$2.15	\$2.67	\$6.63
Vision	\$7.90	\$6.49	\$6.59	\$8.06	\$6.44	\$6.37
Waiver - Children's Mental Health	\$799.25	\$935.88	\$920.74	--	--	--
Total	\$1,720	\$2,245	\$2,255	\$1,280	\$2,511	\$1,901

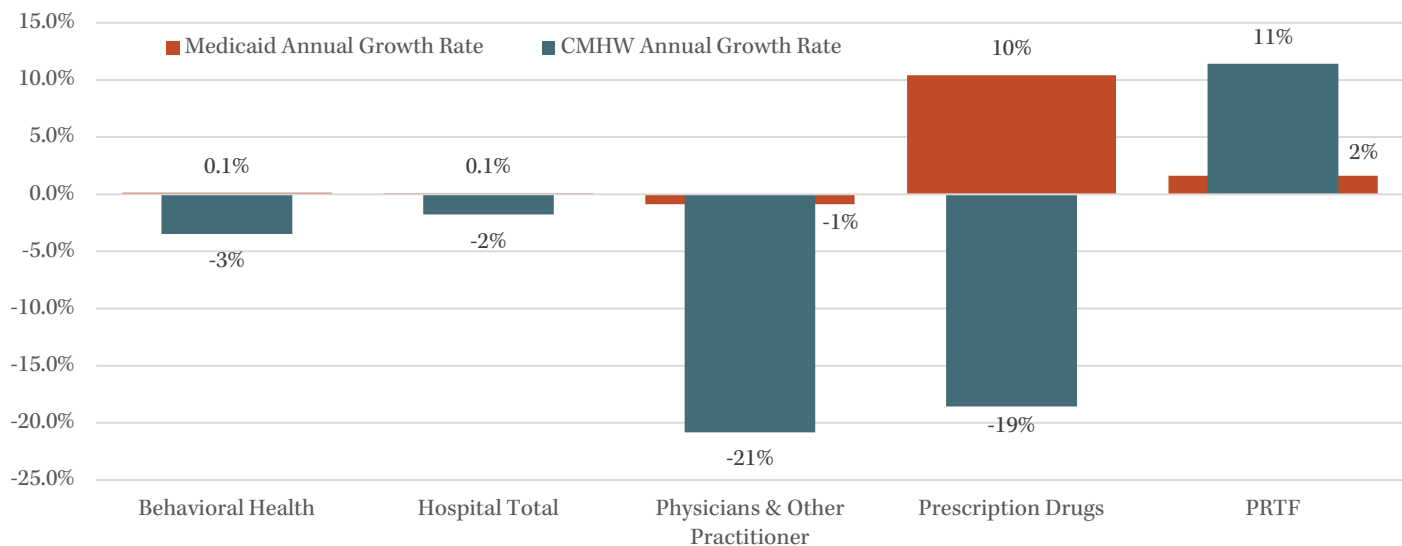


Figure 38. Children's Mental Health Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services

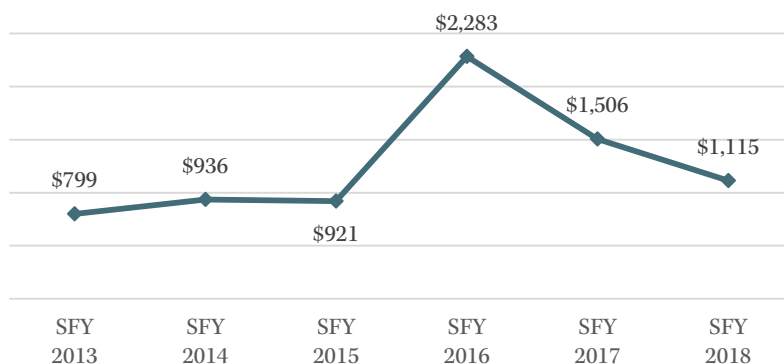
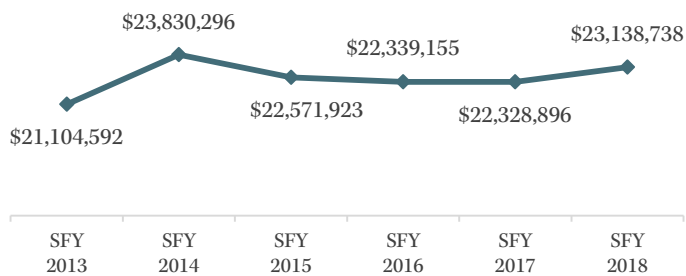


Figure 39. Children's Mental Health Waiver Per Member Per Month for Case Management Services

In SFY 2016, case management services for children enrolled in the Children's Mental Health Waiver transitioned to the Care Management Entity (CME). Figure 39 shows how the PMPM for these services has changed over the past six years.

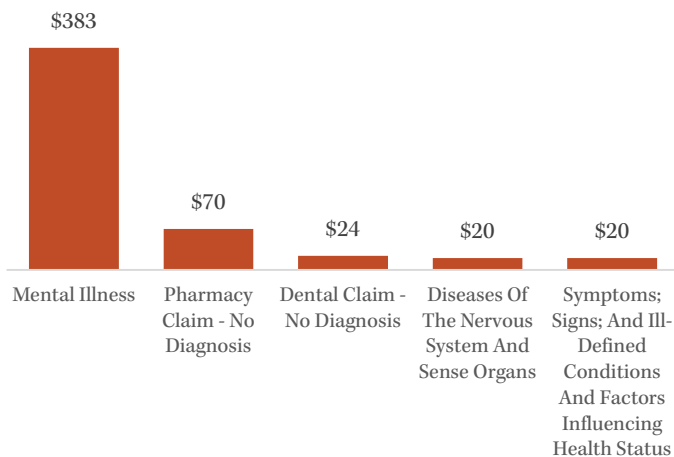
EXPENDITURES

\$23,138,738paid to providers for
services rendered during
the state fiscal year↑4%
from SFY 2017

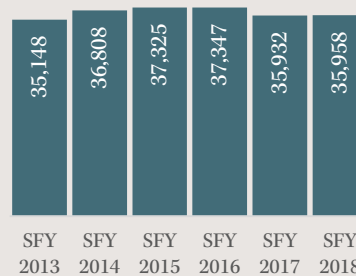
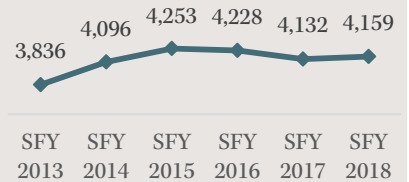
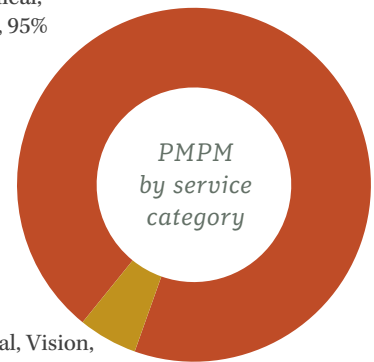
PER MEMBER PER MONTH

\$643↑4%
from SFY 2017

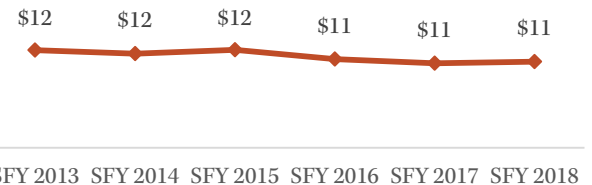
PMPM by Primary Diagnosis



MEMBER MONTHS

35,958↑0.1%
from SFY 2017months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **8.6**
months**4,159**
unique individuals
enrolled during the
state fiscal yearMedical,
\$609, 95%Dental, Vision,
Other, \$35, 5%Long-Term
Care, <\$1, 0%

Emergency Room PMPM



Hospital Inpatient PMPM

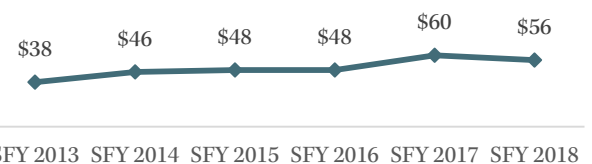


Table 48. Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$3.28	\$2.49	\$3.71	\$2.50	\$2.61	\$2.83
Ambulatory Surgical Center	\$4.28	\$5.42	\$6.05	\$8.30	\$4.80	\$5.48
Behavioral Health	\$208.35	\$205.39	\$188.89	\$177.17	\$166.62	\$179.36
Care Management Entity				\$32.82	\$29.17	\$30.38
Clinic/Center	\$3.07	\$4.22	\$3.37	\$3.66	\$3.63	\$3.52
Dental	\$21.59	\$21.67	\$20.67	\$24.63	\$24.79	\$24.17
DME, Prosthetics/Orthotics/ Supplies	\$3.37	\$3.45	\$2.58	\$3.82	\$3.64	\$3.58
End Stage Renal Disease	\$1.65	\$0.31	\$0.21	\$0.21	\$0.08	
Federally Qualified Health Center	\$2.05	\$2.80	\$2.51	\$4.79	\$4.64	\$5.28
Home Health	\$0.11	\$0.42	\$1.02	\$1.50	\$0.68	\$0.02
Hospital Total	\$61.80	\$65.72	\$75.15	\$65.89	\$78.51	\$76.87
Inpatient	\$37.63	\$46.20	\$56.44	\$47.84	\$60.30	\$56.36
Outpatient	\$24.87	\$19.88	\$18.89	\$18.10	\$18.21	\$20.51
Other Hospital	-\$0.70	-\$0.37	-\$0.18	-\$0.04	\$0.00	\$0.00
Laboratory	\$0.70	\$0.68	\$1.70	\$0.97	\$0.42	\$0.58
Other	\$2.44	\$0.39	\$1.86	\$5.73	\$0.65	\$1.04
Physician & Other Practitioner	\$43.67	\$47.51	\$45.57	\$47.12	\$51.86	\$49.52
Prescription Drug	\$67.52	\$75.44	\$77.12	\$69.74	\$59.84	\$70.23
PRTF	\$155.91	\$190.20	\$152.53	\$127.59	\$163.10	\$157.70
Public Health or Welfare	\$0.13	\$0.15	\$0.21	\$0.20	\$0.17	\$0.17
Public Health, Federal	\$8.81	\$9.90	\$10.67	\$11.09	\$14.86	\$20.58
Rural Health Clinic	\$2.30	\$2.43	\$2.53	\$1.89	\$1.82	\$2.67
Vision	\$9.41	\$8.86	\$8.39	\$8.54	\$9.54	\$9.51
Total	\$600	\$647	\$605	\$565	\$621	\$643

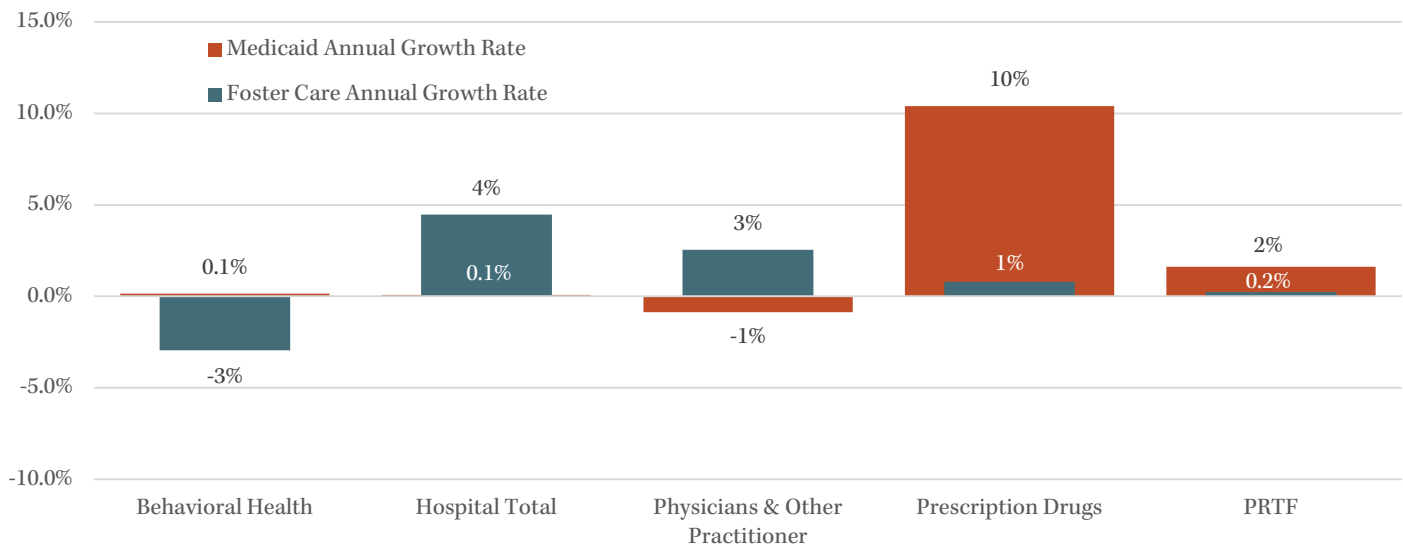
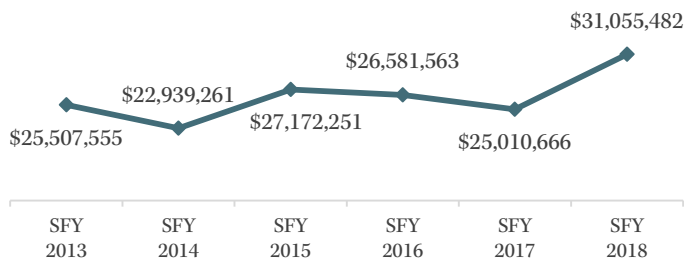
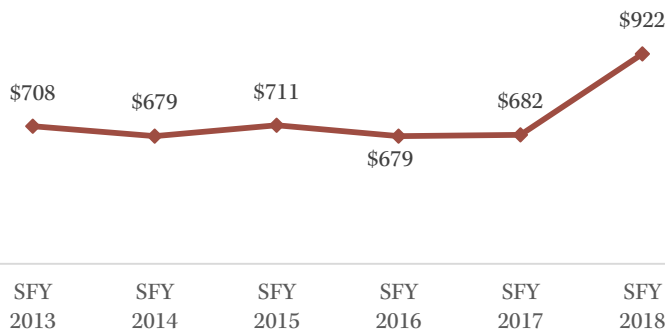


Figure 40. Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services

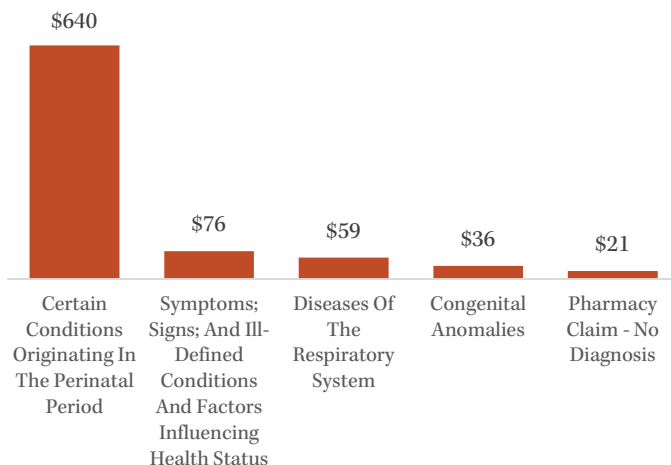
EXPENDITURES

\$31,055,482paid to providers for
services rendered during
the state fiscal year**↑24%**
from SFY 2017

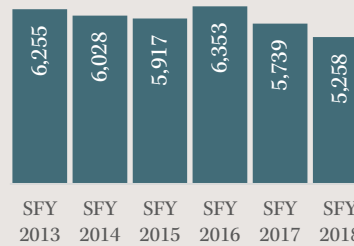
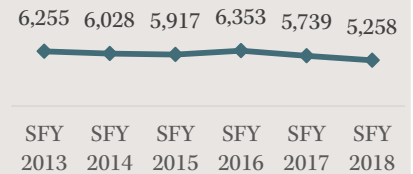
PER MEMBER PER MONTH

\$922**↑35%**
from SFY 2017

PMPM by Primary Diagnosis



MEMBER MONTHS

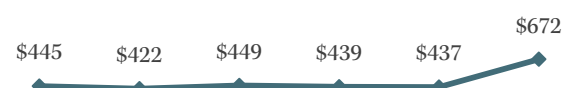
33,686**↓8%**
from SFY 2017months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **6.4**
months**5,258**unique individuals
enrolled during the
state fiscal yearMedical,
\$919, 100%Dental, Vision,
Other, \$3, 0.3%Long-Term
Care, <\$1,
0.0%PMPM
by service
category

Emergency Room PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Hospital Inpatient PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Table 49. Newborn Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$12.44	\$13.50	\$16.12	\$12.96	\$12.59	\$9.41
Ambulatory Surgical Center	\$1.36	\$1.33	\$2.68	\$1.56	\$1.26	\$1.51
Behavioral Health	\$0.60	\$0.13	\$1.27	\$0.45	\$0.81	\$0.66
Clinic/Center	\$1.16	\$1.34	\$0.97	\$1.31	\$1.23	\$1.43
Dental	\$0.16	\$0.32	\$0.60	\$0.40	\$0.26	\$0.37
DME, Prosthetics/Orthotics/ Supplies	\$6.80	\$4.93	\$4.59	\$5.41	\$5.21	\$4.39
Federally Qualified Health Center	\$3.24	\$3.51	\$9.92	\$17.49	\$17.61	\$18.52
Home Health	\$1.22	\$1.54	\$6.54	\$0.68	\$0.69	\$0.21
Hospital Total	\$472.46	\$447.27	\$485.65	\$463.92	\$462.62	\$699.57
<i>Inpatient</i>	\$444.89	\$421.52	\$459.15	\$438.70	\$436.84	\$672.27
<i>Outpatient</i>	\$28.00	\$25.90	\$27.08	\$25.23	\$25.78	\$27.31
<i>Other Hospital</i>	-\$0.44	-\$0.15	-\$0.58	-\$0.01	\$0.00	--
Laboratory	\$0.30	\$0.21	\$0.28	\$0.12	\$0.13	\$0.12
Other	\$0.27	\$0.20	\$0.21	\$0.28	\$1.26	\$2.36
Physician & Other Practitioner	\$164.81	\$162.66	\$146.51	\$137.87	\$138.83	\$137.18
Prescription Drug	\$28.45	\$26.70	\$17.47	\$21.20	\$21.86	\$21.21
Public Health or Welfare	\$0.73	\$0.75	\$0.70	\$0.91	\$0.84	\$0.96
Public Health, Federal	\$9.36	\$10.05	\$13.16	\$9.99	\$12.42	\$18.64
Rural Health Clinic	\$4.09	\$4.02	\$3.71	\$3.72	\$3.70	\$5.03
Vision	\$0.24	\$0.17	\$0.24	\$0.32	\$0.34	\$0.35
Total	\$708	\$679	\$711	\$679	\$682	\$922

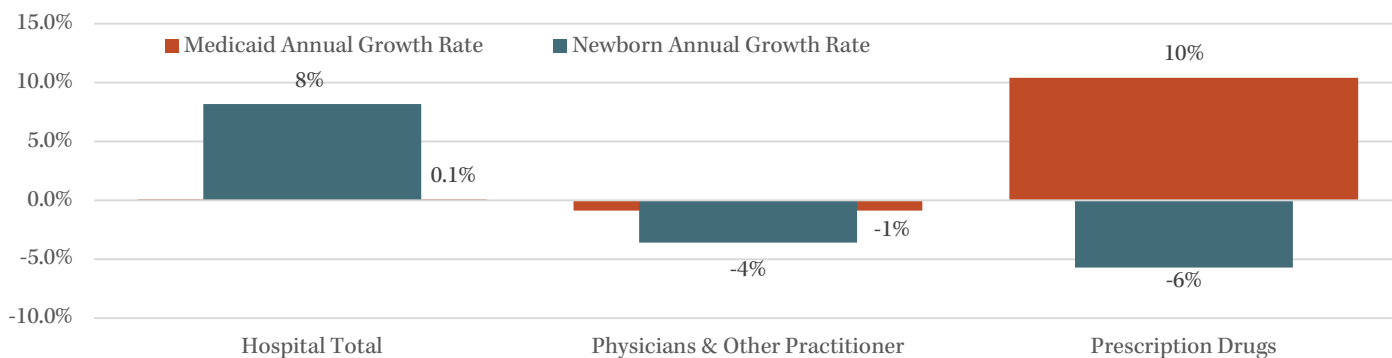


Figure 41. Newborn Per Member Per Month Five-Year Annual Growth Rate for Select Services



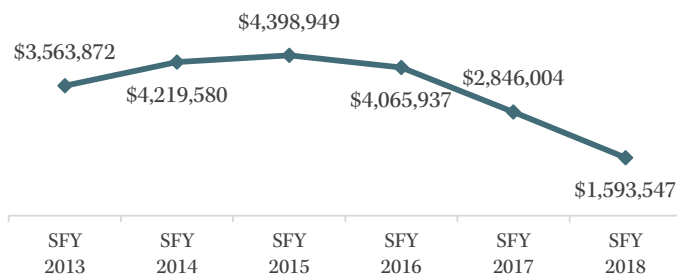
Medicare Savings Programs

EXPENDITURES

\$1,593,547

paid to providers for
services rendered during
the state fiscal year

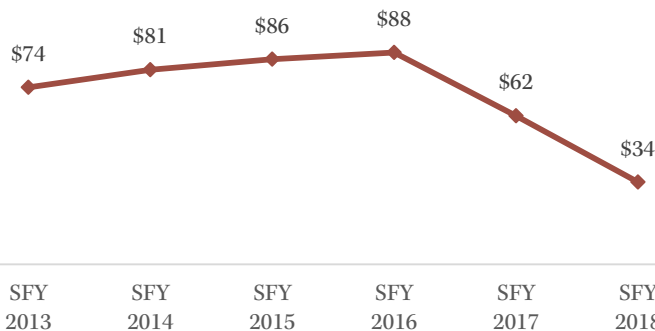
↓44%
from SFY 2017



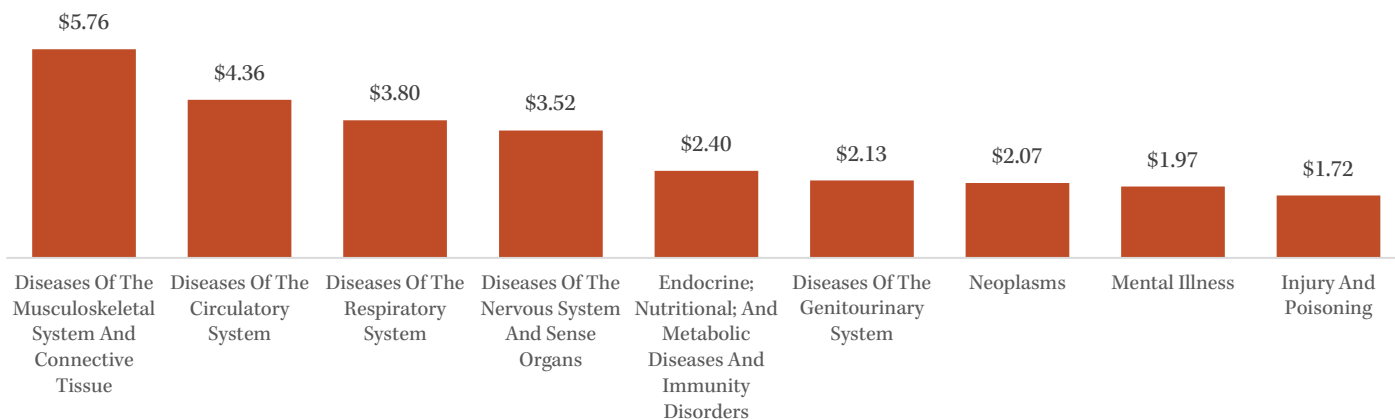
PER MEMBER PER MONTH

\$34

↓45%
from SFY 2017



PMPM by Primary Diagnosis

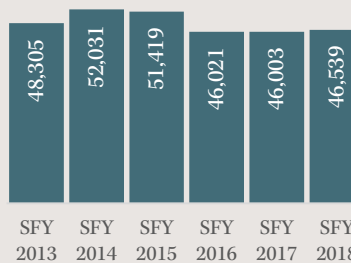


MEMBER MONTHS

46,539

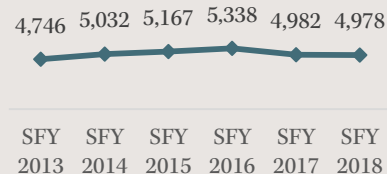
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **9.3**
months

↑1%
from SFY 2017

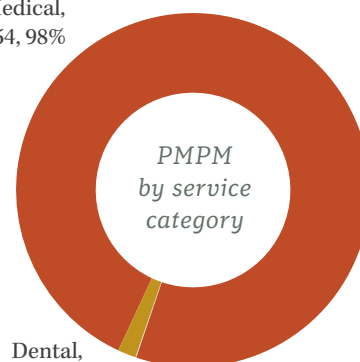


4,978

unique individuals
enrolled during the
state fiscal year



Medical,
\$54, 98%



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

Long-Term
Care, <\$1, 0%

Table 50. Medicare Savings Programs Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$1,575,999	-44%	28,520	2%	\$55	-45%
Specified Low-Income Medicare Beneficiary	\$17,549	-18%	18,019	-1%	\$0.97	-18%
Part B-Partial AMB	--	-100%	--	--	--	--

Table 51. Medicare Savings Programs Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3,543,598	\$4,194,946	\$4,373,876	\$4,037,915	\$2,824,431	\$1,575,999
	Specified Low-Income Medicare Beneficiary	\$20,035	\$24,514	\$24,833	\$27,903	\$21,453	\$17,549
	Part B - Partial AMB	\$240	\$120	\$240	\$120	\$120	--
Total Expenditures		\$3,563,872	\$4,219,580	\$4,398,949	\$4,065,937	\$2,846,004	\$1,593,547
Member Months							
Medicare Savings Programs	Qualified Medicare Beneficiary	26,979	29,217	30,455	27,143	27,891	28,520
	Specified Low-Income Medicare Beneficiary	21,326	22,814	20,964	18,878	18,112	18,019
	Part B - Partial AMB	--	--	--	--	--	--
Total Member Months		48,305	52,031	51,419	46,021	46,003	46,539
Per Member Per Month							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$131	\$144	\$144	\$149	\$101	\$55
	Specified Low-Income Medicare Beneficiary	\$0.94	\$1.07	\$1.18	\$1.48	\$1.18	\$0.97
	Part B - Partial AMB	--	--	--	--	--	--
Overall Per Member Per Month		\$74	\$81	\$86	\$88	\$62	\$34

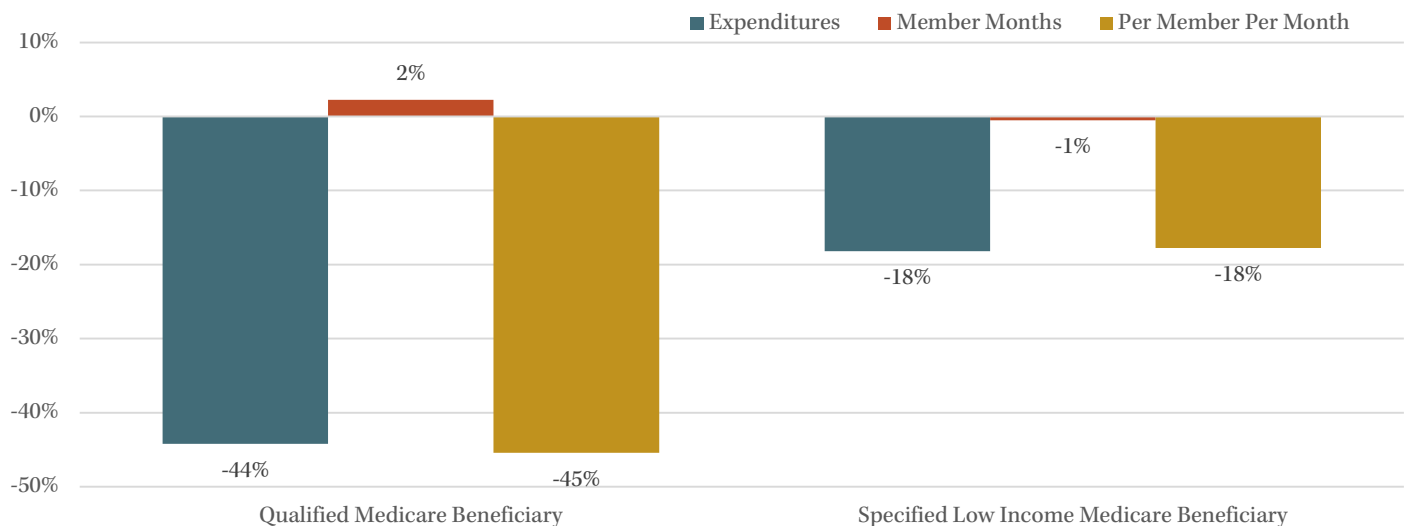


Figure 42. One-Year Percent Change by Medicare Savings Programs Eligibility Subgroup

Qualified Medicare Beneficiary

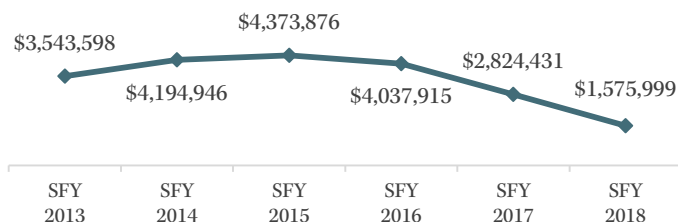
Subgroup detail

EXPENDITURES

\$1,575,999

paid to providers for
services rendered during
the state fiscal year

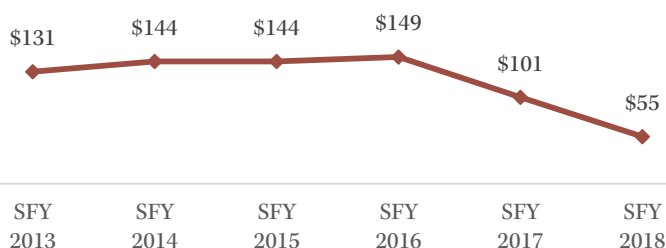
↓44%
from SFY 2017



PER MEMBER PER MONTH

\$55

↓45%
from SFY 2017

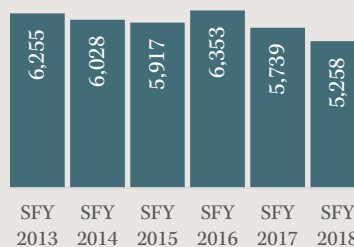


MEMBER MONTHS

↑2%
from SFY 2017

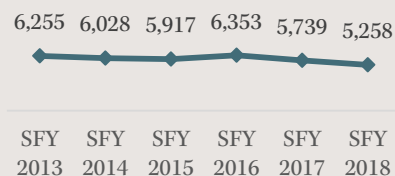
28,520

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

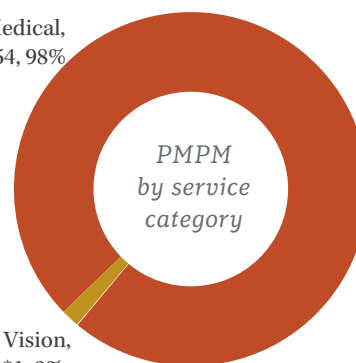


3,091

unique individuals
enrolled during the
state fiscal year



Medical,
\$54, 98%



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

Table 52. Qualified Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$2.05	\$4.30	\$2.69	\$3.96	\$1.92	\$0.16
Ambulatory Surgical Center	\$1.76	\$2.00	\$1.85	\$1.82	\$1.08	\$0.13
Behavioral Health	\$3.41	\$3.12	\$2.50	\$2.75	\$2.49	\$1.69
DME, Prosthetics/Orthotics/ Supplies	\$8.59	\$8.88	\$9.21	\$8.30	\$5.76	\$5.16
End Stage Renal Disease	\$2.65	\$3.01	\$3.66	\$4.98	\$3.45	\$1.17
Federally Qualified Health Center	\$0.76	\$0.78	\$1.22	\$1.74	\$1.66	\$1.86
Hospital Total	\$68.38	\$74.59	\$80.13	\$79.94	\$46.26	\$13.99
Inpatient	\$22.47	\$25.72	\$24.62	\$24.39	\$14.83	\$5.64
Outpatient	\$46.27	\$48.96	\$55.56	\$55.50	\$31.41	\$8.08
Other Hospital	-\$0.36	-\$0.09	-\$0.05	\$0.05	\$0.03	\$0.27
Laboratory	\$0.19	\$0.24	\$0.20	\$0.11	\$0.11	\$0.08
Nursing Facility	\$2.70	\$3.45	\$2.09	\$2.46	\$1.25	\$0.04
Other	\$0.31	\$0.27	\$0.29	\$0.21	\$0.17	\$0.21
Physician & Other Practitioner	\$37.51	\$40.22	\$36.83	\$39.55	\$34.10	\$27.71
Public Health or Welfare	\$0.98	\$0.88	\$0.92	\$1.07	\$1.10	\$0.75
Public Health, Federal	\$0.17	\$0.13	\$0.16	\$0.10	\$0.12	\$0.14
Rural Health Clinic	\$1.20	\$0.90	\$0.97	\$0.81	\$0.93	\$1.47
Vision	\$0.69	\$0.80	\$0.81	\$0.96	\$0.87	\$0.70
Total	\$131	\$144	\$144	\$149	\$101	\$55

Specified Low-Income Medicare Beneficiary

Subgroup detail

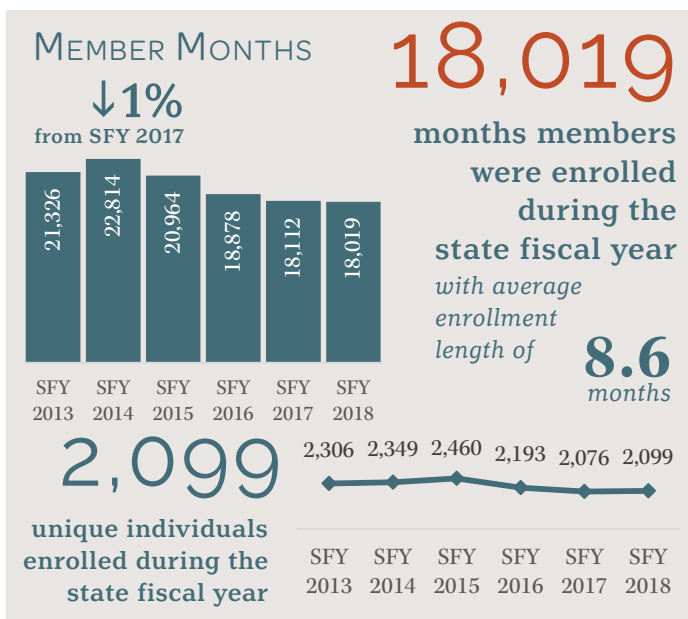
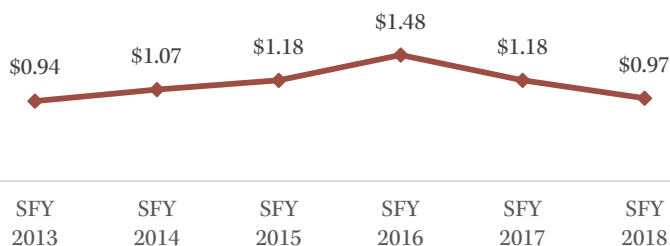
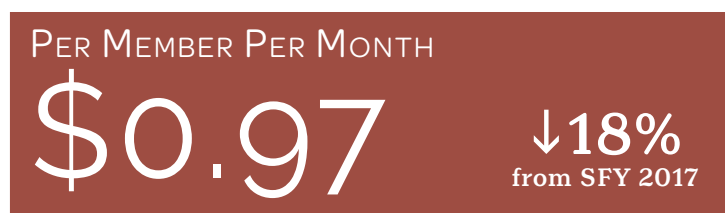
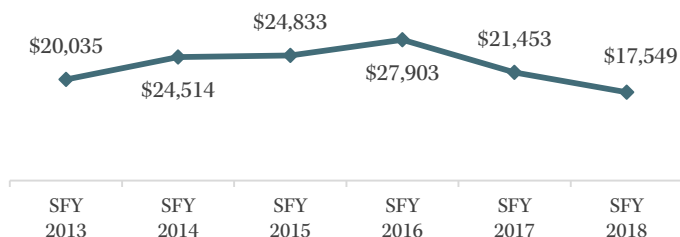
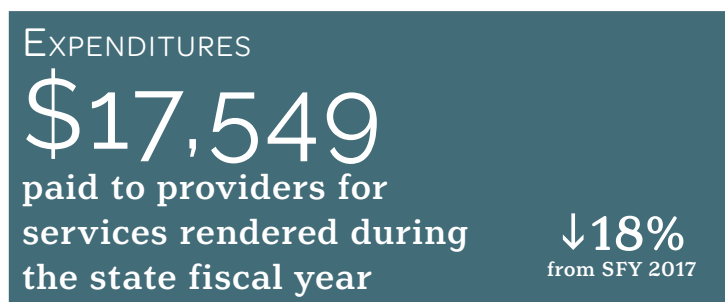


Table 53. Specified Low Income Medicare Beneficiary Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Behavioral Health	\$0.02	\$0.02	\$0.03	\$0.01	\$0.04	\$0.01
Nursing Facility	-\$0.01	--	-\$0.01	\$0.03	--	--
Physician & Other Practitioner	--	--	-\$0.07	--	--	--
Public Health or Welfare	\$0.93	\$1.06	\$1.24	\$1.44	\$1.15	\$0.96
Total	\$0.94	\$1.07	\$1.18	\$1.48	\$1.18	\$0.97

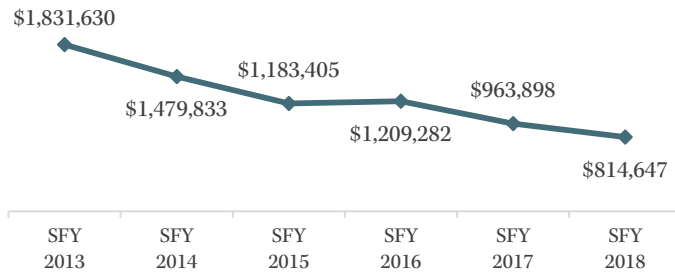
Non-Citizens with Medical Emergencies

EXPENDITURES

\$814,647

paid to providers for services rendered during the state fiscal year

↓15%
from SFY 2017

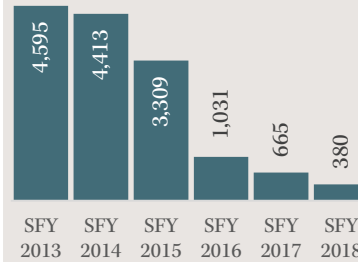


MEMBER MONTHS

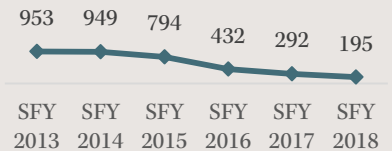
↓43%
from SFY 2017

380

months members were enrolled during the state fiscal year with average enrollment length of **1.9** months



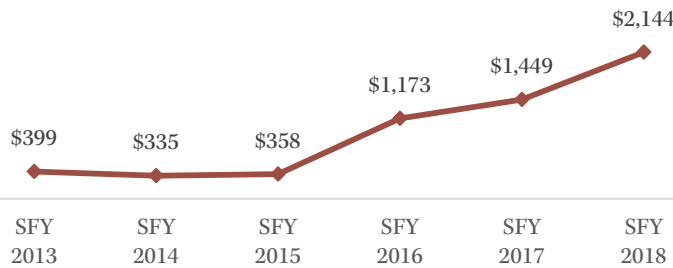
195
unique individuals enrolled during the state fiscal year



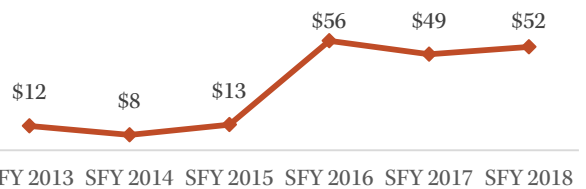
PER MEMBER PER MONTH

\$2,144

↑48%
from SFY 2017



Emergency Room PMPM



Hospital Inpatient PMPM

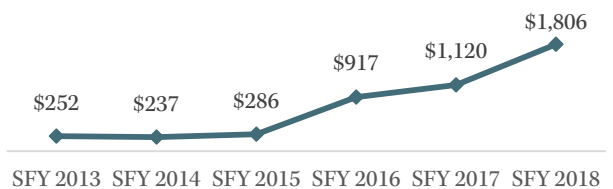


Table 54. Non-Citizens Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$9.49	\$12.83	\$4.92	\$9.46	\$0.46	\$15.18
Ambulatory Surgical Center	--	\$0.07	--	--	\$5.17	--
Federally Qualified Health Center	\$0.11	--	\$0.70	\$2.11	--	--
Hospital Total	\$268.78	\$246.57	\$283.35	\$966.39	\$1,161.25	\$1,857.68
Inpatient	\$252.27	\$237.06	\$271.27	\$916.99	\$1,120.13	\$1,806.05
Outpatient	\$16.51	\$10.41	\$12.07	\$49.39	\$41.12	\$51.63
Other Hospital	--	-\$0.90	--	--	--	--
Laboratory	\$1.15	\$0.03	\$0.05	--	--	--
Physician & Other Practitioner	\$119.03	\$75.76	\$68.54	\$194.96	\$282.59	\$270.94
Public Health or Welfare	\$0.02	--	--	--	--	--
Rural Health Clinic	\$0.05	\$0.06	\$0.07	--	--	--
Total	\$399	\$335	\$358	\$1,173	\$1,449	\$2,144



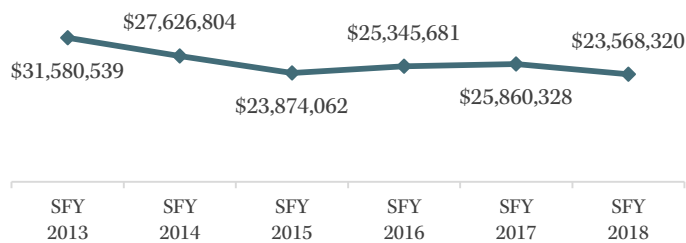
Pregnant Women

EXPENDITURES

\$23,568,320

paid to providers for
services rendered during
the state fiscal year

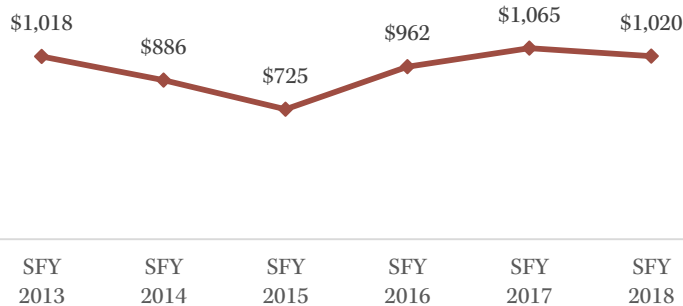
↓9%
from SFY 2017



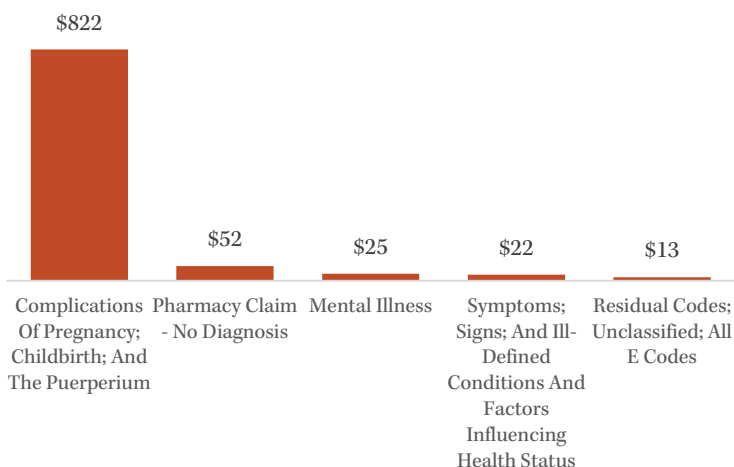
PER MEMBER PER MONTH

\$1,020

↓4%
from SFY 2017



PMPM by Primary Diagnosis

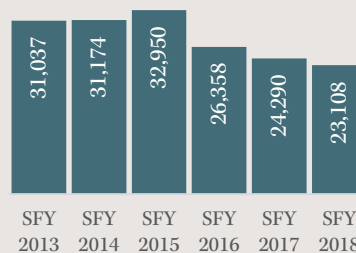


MEMBER MONTHS

23,108

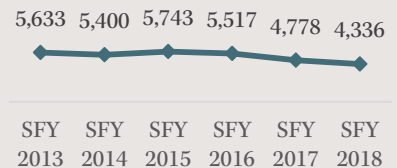
↓5%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
5.3
months

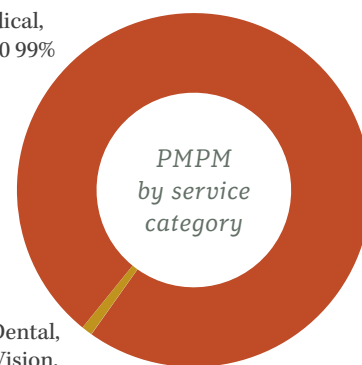


4,336

unique individuals
enrolled during the
state fiscal year

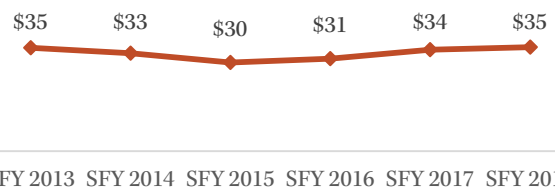


Medical,
\$1,010 99%



Dental,
Vision,
Other,
\$10, 1%
Long-
Term
Care,
<\$1, 0%

Emergency Room PMPM



Hospital Inpatient PMPM

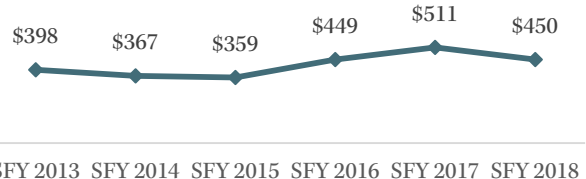


Table 55. Pregnant Women Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$23,235,844	-9%	21,997	-4%	\$1,056	-5%
Presumptive Eligibility	\$332,476	25%	1,111	-15%	\$299	-42%

Table 56. Pregnant Women Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
Pregnant Women	Pregnant Women	\$31,393,853	\$27,347,314	\$23,454,690	\$25,033,405	\$25,595,251	\$23,235,844
	Presumptive Eligibility	\$186,686	\$279,489	\$419,372	\$312,276	\$265,077	\$332,476
Total Expenditures		\$31,580,539	\$27,626,804	\$23,874,062	\$25,345,681	\$25,860,328	\$23,568,320
Member Months							
Pregnant Women	Pregnant Women	29,351	29,458	30,770	24,209	22,987	21,997
	Presumptive Eligibility	1,686	1,716	2,180	2,149	1,303	1,111
Total Member Months		31,037	31,174	32,950	26,358	24,290	23,108
Per Member Per Month							
Pregnant Women	Pregnant Women	\$1,070	\$928	\$762	\$1,034	\$1,114	\$1,056
	Presumptive Eligibility	\$111	\$163	\$192	\$145	\$516	\$299
Overall Per Member Per Month		\$1,018	\$886	\$725	\$962	\$1,065	\$1,020

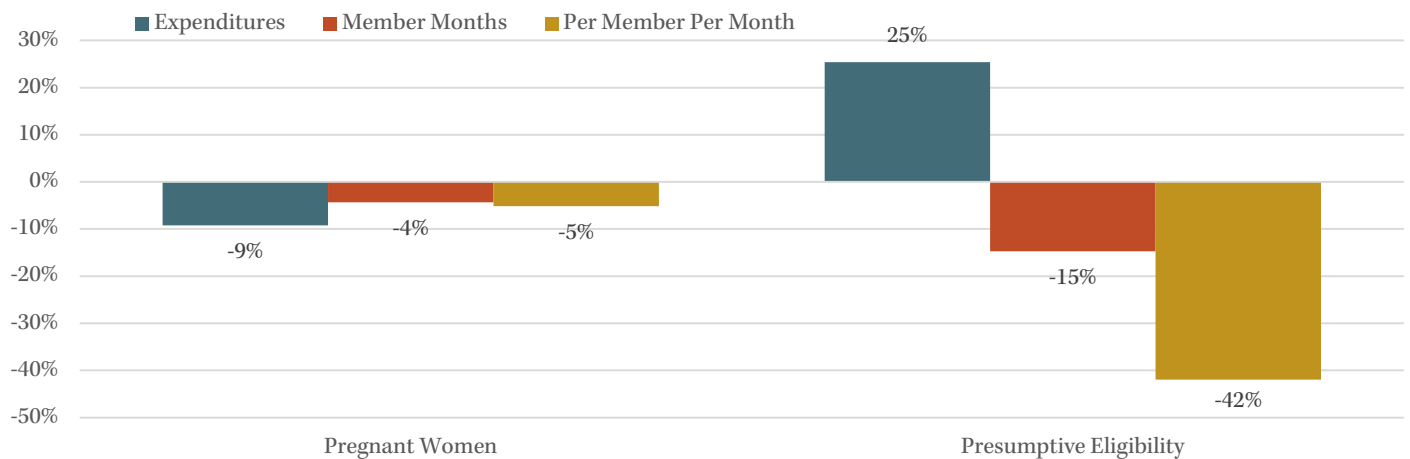


Figure 43. One-Year Percent Change by Pregnant Women Eligibility Subgroup

Pregnant Women

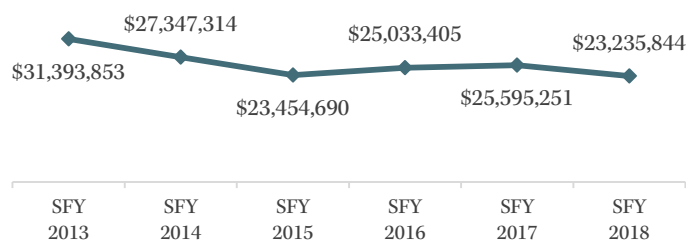
Subgroup detail

EXPENDITURES

\$23,235,844

paid to providers for
services rendered during
the state fiscal year

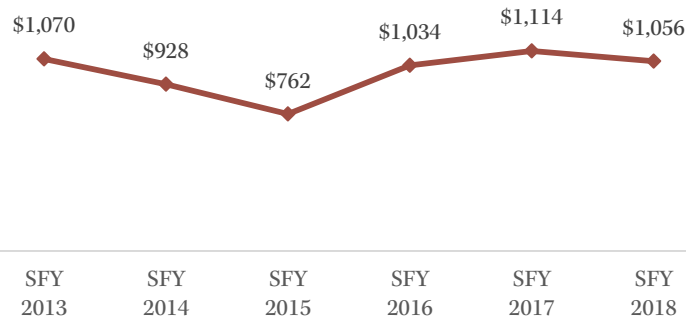
↓9%
from SFY 2017



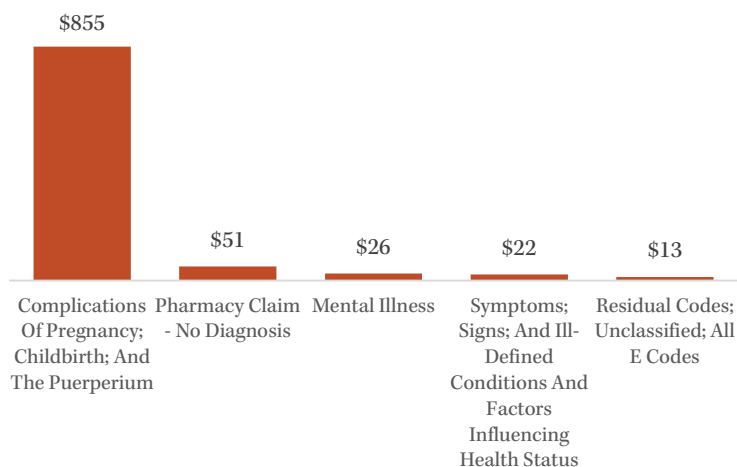
PER MEMBER PER MONTH

\$1,056

↓5%
from SFY 2017



PMPM by Primary Diagnosis

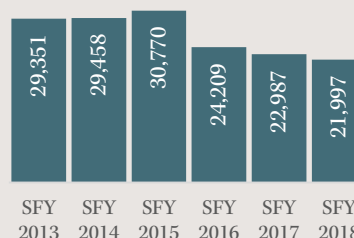


MEMBER MONTHS

21,997

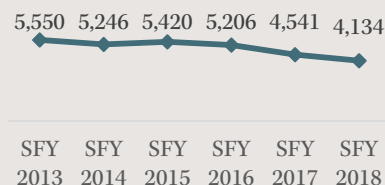
↓4%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
5.3
months

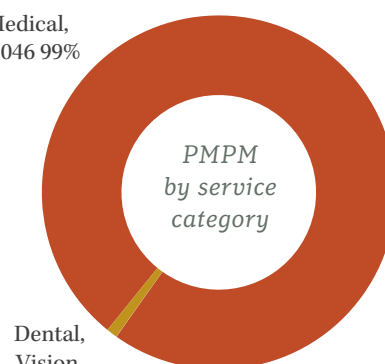


4,134

unique individuals
enrolled during the
state fiscal year



Medical,
\$1,046 99%



Dental,
Vision,
Other,
\$11, 1%
Long-
Term
Care,
<\$1, 0%

Emergency Room PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Hospital Inpatient PMPM



SFY 2013 SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018

Table 57. Pregnant Women Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$18.71	\$13.77	\$12.75	\$14.15	\$16.26	\$10.56
Ambulatory Surgical Center	\$0.44	\$0.68	\$1.01	\$1.93	\$1.40	\$1.89
Behavioral Health	\$9.10	\$10.74	\$9.65	\$16.23	\$12.36	\$11.91
Care Management Entity	--	--	--	\$0.58	\$0.38	--
Clinic/Center	--	--	--	--	--	\$0.02
Dental	\$14.67	\$12.98	\$12.64	\$15.86	\$14.35	\$7.29
DME, Prosthetics/Orthotics/ Supplies	\$1.47	\$2.03	\$2.12	\$1.87	\$2.33	\$2.51
Federally Qualified Health Center	\$12.55	\$18.92	\$19.80	\$34.99	\$33.86	\$34.56
Home Health	\$0.75	\$0.39	\$0.31	\$0.08	\$0.07	\$0.16
Hospital Total	\$507.66	\$462.53	\$386.26	\$556.67	\$608.97	\$554.32
<i>Inpatient</i>	\$420.93	\$388.61	\$325.12	\$488.62	\$540.44	\$472.44
<i>Outpatient</i>	\$87.76	\$74.39	\$61.41	\$68.49	\$69.06	\$82.22
<i>Other Hospital</i>	-\$1.04	-\$0.47	-\$0.27	-\$0.44	-\$0.52	-\$0.34
Laboratory	\$12.44	\$12.94	\$18.23	\$11.48	\$8.92	\$8.16
Nursing Facility	--	-\$0.01	--	--	--	--
Other	\$0.16	\$0.20	\$0.18	\$0.73	\$1.30	\$1.93
Physician & Other Practitioner	\$442.00	\$337.51	\$253.67	\$322.52	\$326.94	\$321.98
Prescription Drug	\$26.67	\$27.37	\$23.28	\$27.45	\$36.05	\$51.42
Public Health or Welfare	\$0.18	\$0.12	\$0.18	\$0.18	\$0.27	\$0.46
Public Health, Federal	\$20.04	\$24.92	\$19.23	\$26.59	\$46.93	\$44.30
Rural Health Clinic	\$1.22	\$1.82	\$1.88	\$1.89	\$1.75	\$3.49
Vision	\$1.53	\$1.44	\$1.07	\$1.42	\$1.71	\$1.35
Total	\$1,070	\$928	\$762	\$1,034	\$1,114	\$1,056

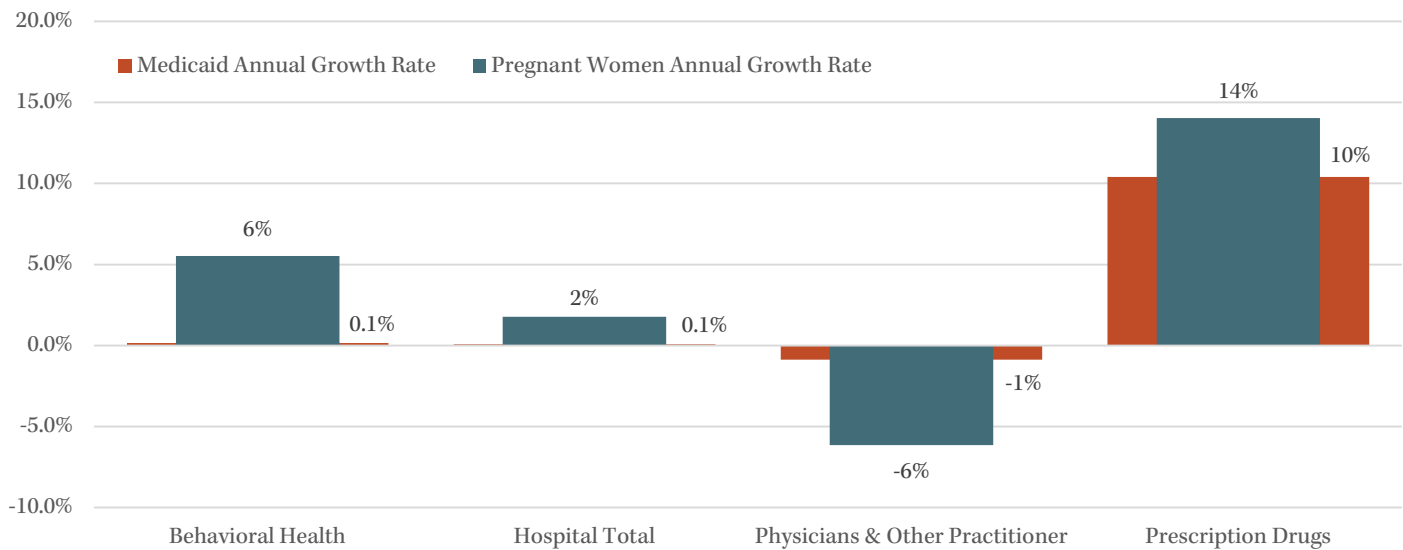


Figure 44. Pregnant Women Per Member Per Month Five-Year Annual Growth Rate for Select Services

Presumptive Eligibility

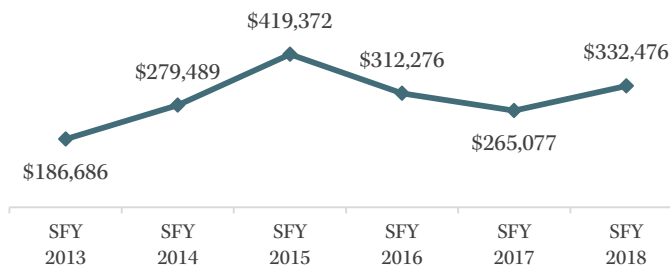
Subgroup detail

EXPENDITURES

\$332,476

paid to providers for
services rendered during
the state fiscal year

↑25%
from SFY 2017



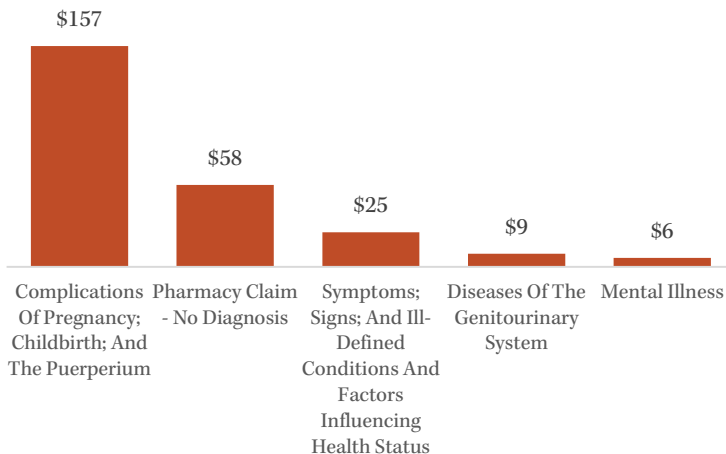
PER MEMBER PER MONTH

\$299

↓42%
from SFY 2017



PMPM by Primary Diagnosis



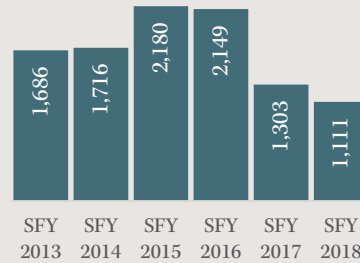
MEMBER MONTHS

1,111

↓15%
from SFY 2017

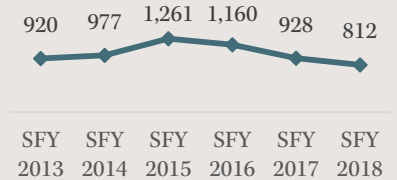
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of

1.4
months



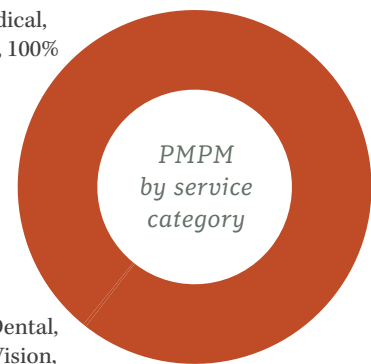
812

unique individuals
enrolled during the
state fiscal year



Medical,
\$298, 100%

Dental,
Vision,
Other,
<\$1, 0.3%



Emergency Room PMPM

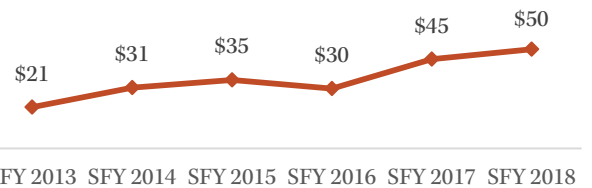


Table 58. Presumptive Eligibility Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$0.19	\$1.92	\$6.89	\$0.68	\$0.58	\$1.05
Ambulatory Surgical Center	--	--	\$0.69	\$0.43	--	\$2.69
Behavioral Health	\$0.89	\$3.05	\$2.50	\$2.09	\$1.26	\$0.64
Care Management Entity	--	--	--	\$1.10	--	--
DME, Prosthetics/Orthotics/ Supplies	--	\$0.29	--	\$0.05	\$0.17	--
Federally Qualified Health Center	\$5.97	\$10.29	\$21.27	\$14.61	\$11.99	\$19.00
Home Health	--	--	\$0.23	--	--	--
Hospital Total	\$31.99	\$40.66	\$53.96	\$42.14	\$59.11	\$68.71
<i>Outpatient</i>	\$31.92	\$40.79	\$54.83	\$42.17	\$59.11	\$69.61
<i>Other Hospital</i>	\$0.06	-\$0.13	-\$0.86	-\$0.03	--	-\$0.90
Laboratory	\$8.07	\$21.59	\$22.72	\$14.13	\$17.22	\$15.39
Other	\$1.84	\$1.31	\$1.37	\$1.15	\$1.28	\$0.85
Physician & Other Practitioner	\$45.37	\$61.67	\$58.87	\$51.70	\$73.10	\$74.00
Prescription Drug	\$14.46	\$17.80	\$18.31	\$12.04	\$20.16	\$58.31
Public Health or Welfare	--	\$0.02	\$0.48	\$1.05	\$2.22	\$1.12
Public Health, Federal	\$1.13	\$3.15	\$3.78	\$4.12	\$13.91	\$56.59
Rural Health Clinic	\$0.42	\$0.69	\$0.89	\$0.78	\$1.88	\$0.89
Vision	\$0.39	\$0.44	\$0.41	\$0.34	\$0.55	--
Total	\$111	\$163	\$192	\$145	\$516	\$299

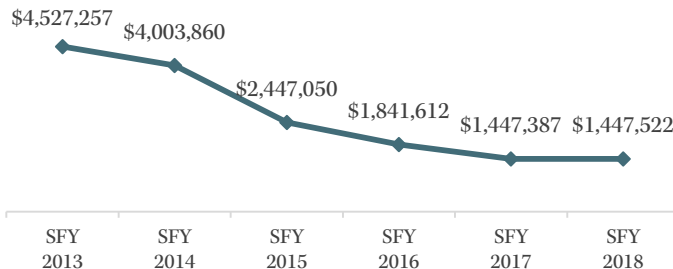
Special Groups

EXPENDITURES

\$1,447,522

paid to providers for
services rendered during
the state fiscal year

↑0.01%
from SFY 2017



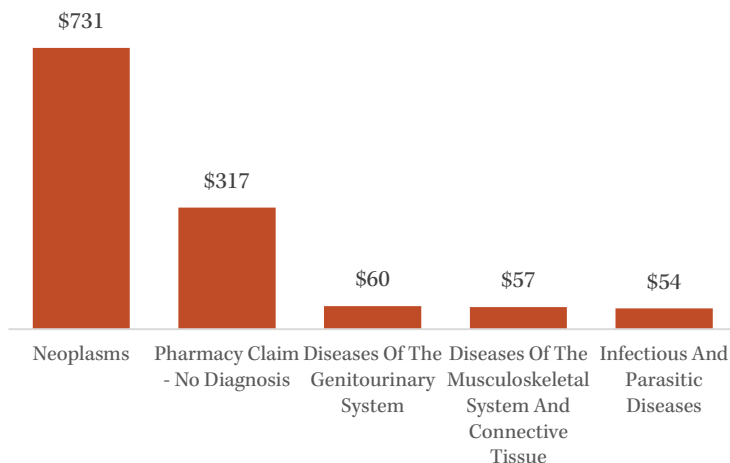
PER MEMBER PER MONTH

\$1,452

↑30%
from SFY 2017

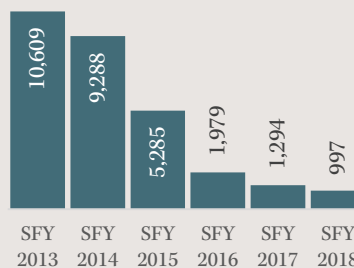


PMPM by Primary Diagnosis

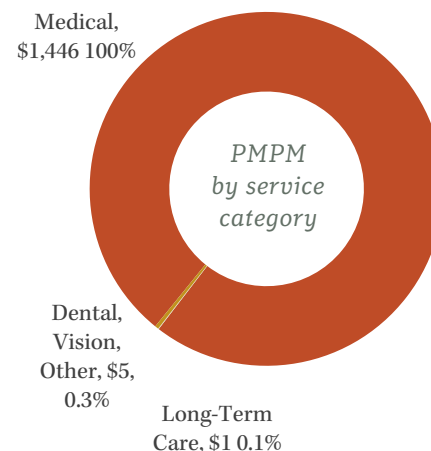


MEMBER MONTHS

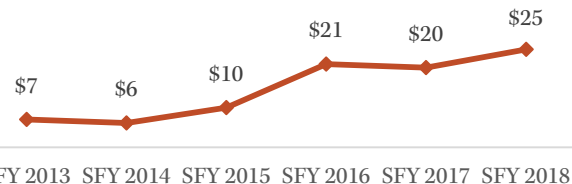
↓23%
from SFY 2017



997
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of
8.2
months



Emergency Room PMPM



Hospital Inpatient PMPM

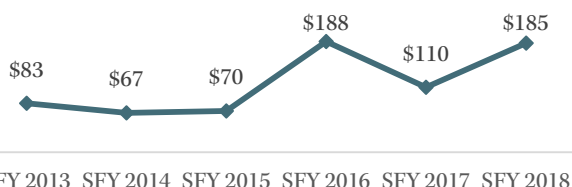


Table 59. Special Groups Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$1,444,263	0%	726	-17%	\$1,989	20%
Family Planning Waiver	\$3,258	-25%	271	-36%	\$12	16%
Tuberculosis	\$0	-100%	0	-100%	\$0	-100%

Table 60. Special Groups Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Expenditures							
Special Groups	Breast and Cervical	\$4,411,985	\$3,929,776	\$2,418,290	\$1,827,926	\$1,443,010	\$1,444,263
	Family Planning Waiver	\$115,272	\$74,084	\$28,760	\$9,845	\$4,364	\$3,258
	Tuberculosis	\$0	\$0	\$0	\$3,841	\$14	\$0
Total Expenditures		\$4,527,257	\$4,003,860	\$2,447,050	\$1,841,612	\$1,447,387	\$1,447,522
Member Months							
Special Groups	Breast and Cervical	1,901	1,718	1,410	1,004	871	726
	Family Planning Waiver	8,708	7,570	3,875	964	422	271
	Tuberculosis	0	0	0	11	1	0
Total Member Months		10,609	9,288	5,285	1,979	1,294	997
Per Member Per Month							
Special Groups	Breast and Cervical	\$2,321	\$2,287	\$1,715	\$1,821	\$1,657	\$1,989
	Family Planning Waiver	\$13	\$10	\$7	\$10	\$10	\$12
	Tuberculosis	\$0	\$0	\$0	\$349	\$14	\$0
Overall Per Member Per Month		\$427	\$431	\$463	\$931	\$1,119	\$1,452

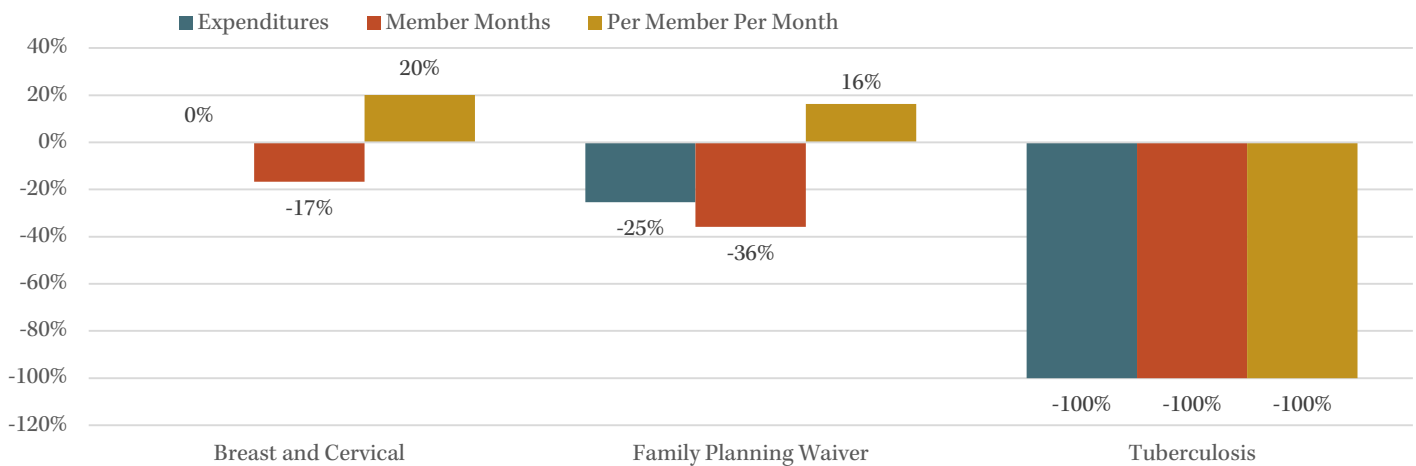


Figure 45. One-Year Percent Change by Special Groups Eligibility Subgroup

Breast and Cervical

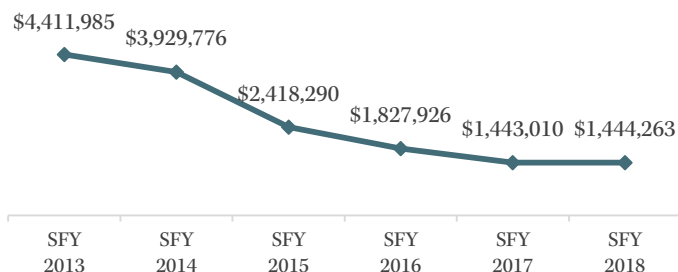
Subgroup detail

EXPENDITURES

\$1,444,263

paid to providers for
services rendered during
the state fiscal year

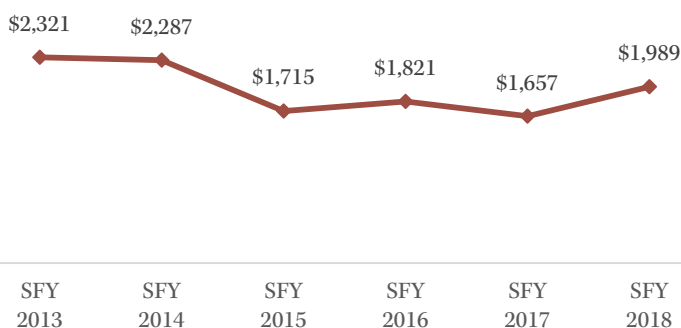
↑0.1%
from SFY 2017



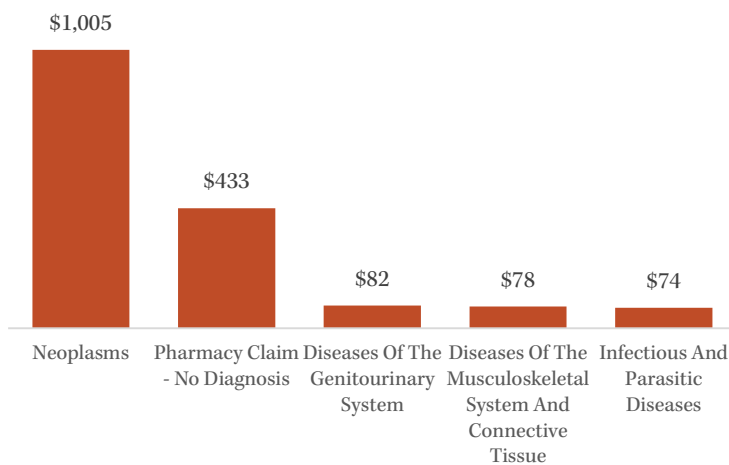
PER MEMBER PER MONTH

\$1,989

↑20%
from SFY 2017



PMPM by Primary Diagnosis

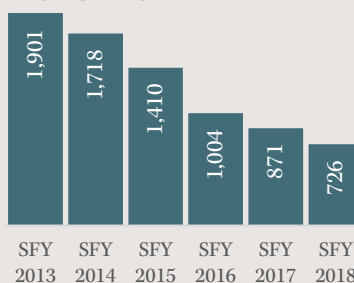


MEMBER MONTHS

726

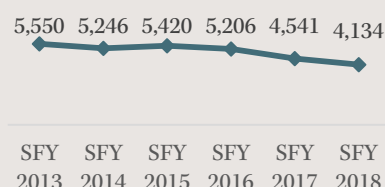
months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **8.2**
months

↓17%
from SFY 2017



89

unique individuals
enrolled during the
state fiscal year



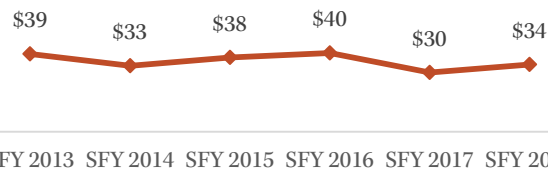
Medical,
\$1,981 100%

Dental,
Vision,
Other, \$7,
0.3%

Long-Term
Care, \$1, 0.1%

PMPM
by service
category

Emergency Room PMPM



Hospital Inpatient PMPM

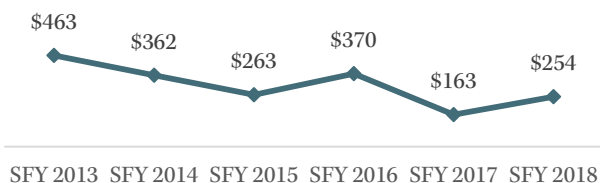


Table 61. Breast and Cervical Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulance	\$6.50	\$24.39	\$12.03	\$15.17	\$14.79	\$1.44
Ambulatory Surgical Center	\$3.69	\$7.72	\$8.38	\$12.08	\$13.22	\$14.16
Behavioral Health	\$32.58	\$23.28	\$15.36	\$17.47	\$18.46	\$13.94
Dental	\$15.92	\$14.90	\$18.20	\$24.21	\$6.66	\$2.94
DME, Prosthetics/Orthotics/ Supplies	\$15.65	\$22.67	\$24.05	\$17.72	\$12.34	\$27.52
Federally Qualified Health Center	\$7.52	\$7.18	\$8.50	\$26.85	\$21.24	\$21.09
Home Health	\$5.59	\$5.90	\$3.96	\$2.91	\$3.16	\$1.28
Hospice	\$17.52	\$27.49	\$8.80		\$4.64	\$1.50
Hospital Total	\$1,126.01	\$946.91	\$904.39	\$838.41	\$578.73	\$782.04
<i>Inpatient</i>	\$463.37	\$362.93	\$521.51	\$369.73	\$163.21	\$253.56
<i>Outpatient</i>	\$691.99	\$583.55	\$382.22	\$468.68	\$415.52	\$528.48
<i>Other Hospital</i>	-\$29.35	\$0.43	\$0.66	--	--	--
Laboratory	\$22.99	\$23.19	\$20.13	\$15.11	\$16.63	\$16.34
Other	\$0.38	\$1.67	\$4.95	\$2.78	\$0.35	\$0.99
Physician & Other Practitioner	\$820.59	\$909.68	\$447.44	\$483.19	\$574.34	\$650.56
Prescription Drug	\$207.83	\$219.13	\$193.74	\$341.55	\$346.53	\$432.77
Public Health or Welfare	\$0.39	\$0.56	\$0.31	\$0.24	\$0.03	\$0.00
Public Health, Federal	\$34.72	\$49.00	\$42.09	\$21.02	\$41.18	\$19.90
Rural Health Clinic	\$1.47	\$2.18	\$1.11	\$0.84	\$0.50	\$0.21
Vision	\$1.53	\$1.56	\$1.66	\$1.11	\$3.91	\$2.64
Total	\$2,321	\$2,287	\$1,715	\$1,821	\$1,657	\$1,989

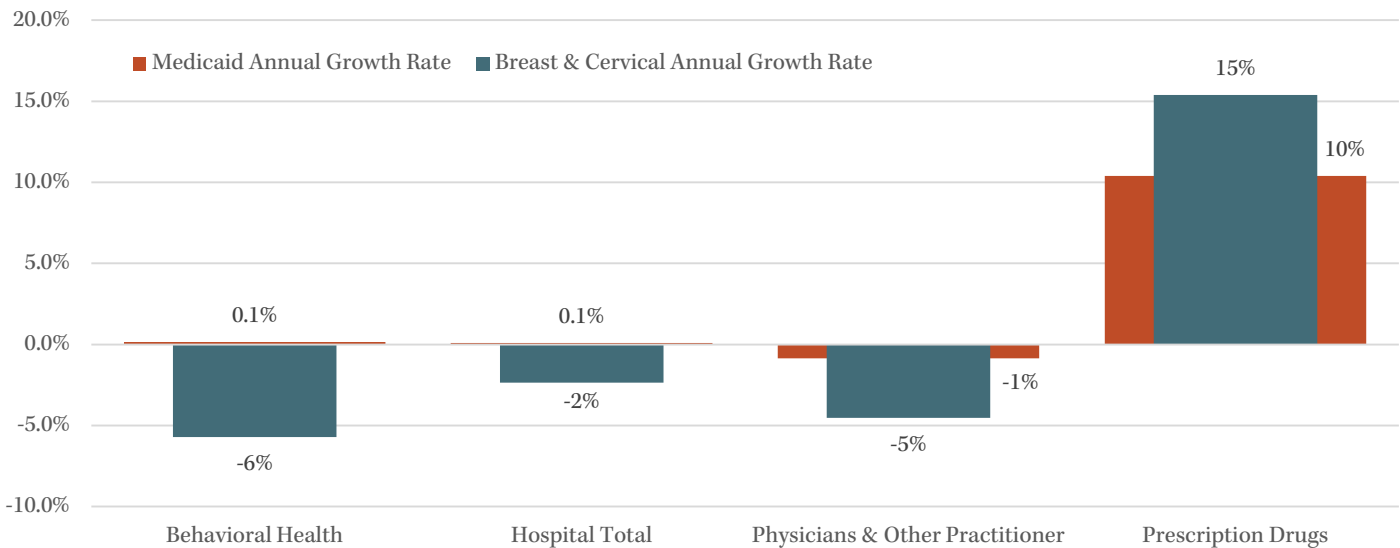


Figure 46. Breast and Cervical Per Member Per Month Five-Year Annual Growth Rate for Select Services

Family Planning Waiver

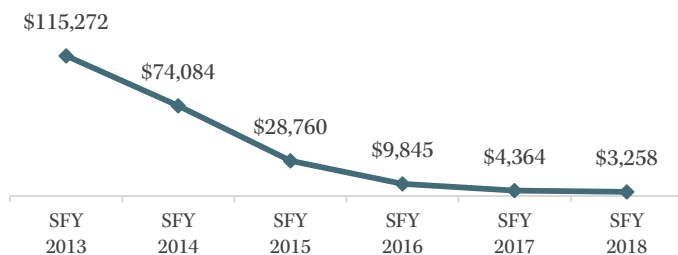
Subgroup detail

EXPENDITURES

\$3,258

paid to providers for
services rendered during
the state fiscal year

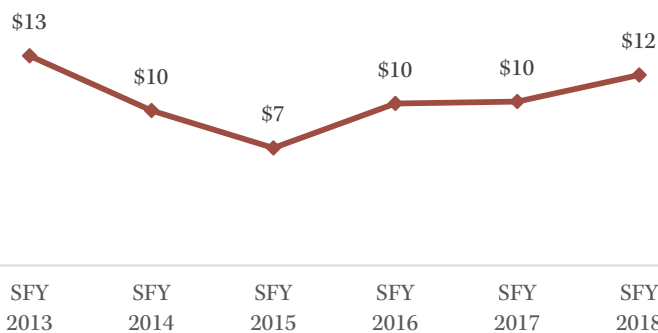
↓25%
from SFY 2017



PER MEMBER PER MONTH

\$12

↑16%
from SFY 2017



MEMBER MONTHS

271

↓36%
from SFY 2017

months members
were enrolled
during the
state fiscal year
with average
enrollment
length of **8.5**
months

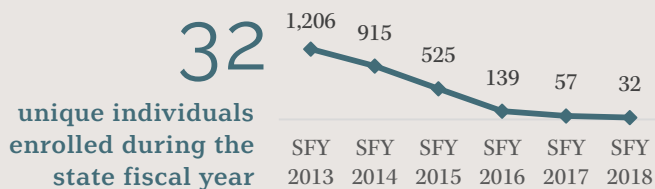
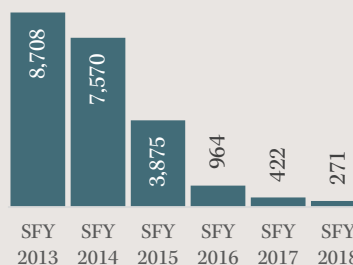


Table 62. Family Planning Waiver Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Ambulatory Surgical Center	--	\$0.06	--	--	--	--
Federally Qualified Health Center	\$0.22	\$0.16	\$0.28	\$0.38	--	\$1.39
Hospital Total	\$1.52	\$0.31	\$0.65	\$0.01	--	--
Outpatient	\$1.90	\$0.31	\$0.65	\$0.01	--	--
Other Hospital	-\$0.38	--	--	--	--	--
Laboratory	\$0.09	--	--	--	\$0.10	\$0.61
Other	\$0.37	\$0.44	\$0.15	\$0.33	\$0.35	--
Physician & Other Practitioner	\$4.66	\$2.53	\$2.32	\$3.73	\$5.93	\$4.55
Prescription Drug	\$6.05	\$6.08	\$3.94	\$5.77	\$3.96	\$5.48
Public Health or Welfare	\$0.02	\$0.03	--	--	--	--
Public Health, Federal	\$0.26	\$0.18	\$0.09	--	--	--
Rural Health Clinic	\$0.04	--	--	--	--	--
Total	\$13	\$10	\$7	\$10	\$10	\$12

Tuberculosis

Subgroup detail

Table 63. Tuberculosis Per Member Per Month History by Service Area

Service Area	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
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 Individuals with Intellectual Disabilities (ICF-IID)

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 64. 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-IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
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 65. 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 66. 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 67. Data Parameters by Service Area

Service Area	Pay-to-Provider Taxonomy		Other Parameters
Ambulance	341600000X	Ambulance	n/a
Ambulatory Surgery Center	261QA1903X	Ambulatory Surgery Center	n/a
Behavioral Health	101Y00000X	Professional Counselor; Certified Mental Health Worker	n/a
	101YA0400X	Addictions Therapist/Practitioner	
	101YP2500X	Professional Counselor	
	103G00000X	Neuropsychologist	
	103K00000X	Behavior Analyst	
	103TC0700X	Clinical Psychologist	
	1041C0700X	Social Worker	
	106E00000X	Assistant Behavior Analyst	
	106H00000X	Marriage and Family Therapist	
	106S00000X	Behavior Technician	
	163W00000X	RN	
	164W00000X	LPN	
	171M00000X	Case Worker	
		Community Health Worker; Peer Specialist; Certified	
	172V00000X	Addictions Practitioner Assistant	
	2084P0800X	Psychiatrist	
	261QM0801X	Mental Health - including Community Mental Health Center	
	261QR0405X	Rehabilitation, Substance Use Disorder	
	364SP0808X	NP, APN Psychiatric/Mental Health	
Care Management Entity	251S00000X	CHPR CME	n/a
Clinic/Center	261Q00000X	Clinic/Center	n/a
Dental	122300000X	Dentist	n/a
	1223D0001X	Dental Public Health	
	1223E0200X	Endodontics	
	1223G0001X	General Practice Dentist	
	1223P0221X	Pedodontics	
	1223P0300X	Periodontics	
	1223S0112X	Surgery, Oral and Maxillofacial	
	1223X0400X	Orthodontics	
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	332B00000X	DME	n/a
	332S00000X	Hearing Aid Equipment	
	335E00000X	POS	
End-Stage Renal Disease	261QE0700X	End-Stage Renal Disease	n/a
Federally Qualified Health Center	261QF0400X	Federally Qualified Health Center	n/a
Home Health	251E00000X	Home Health	n/a
Hospice	251G00000X	Hospice Care, Community Based	n/a
Hospital Total	261QR0400X	Rehabilitation	n/a
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Inpatient	282N00000X	General Acute Care Hospital	Claim Type: I, X
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Outpatient	261QR0400X	Rehabilitation	Claim Type: O, V
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283X00000X	Rehabilitation Hospital	
Laboratory	291U00000X	Clinical Medical Laboratory	n/a
Nursing Facility	275N00000X	Medicare Defined Swing Bed	n/a
	314000000X	Skilled Nursing Facility	
Program for All-Inclusive Care of Elderly (PACE)	251T00000X	PACE Organization	n/a

Service Area (Continued)	Pay-to-Provider Taxonomy		Other Parameters
Physician and Other Practitioner	All Taxonomies starting with '20'		n/a
	EXCLUDING 2084P0800X	Psychiatrists	
	363A00000X	Physician Assistant	
	225X00000X	Occupational Therapist	
	225100000X	Physical Therapist	
	213E00000X	Podiatrist	
	363L00000X	Nurse Practitioner	
	363LA2200X		
	363LF0000X		
	363LG0600X		
	363LX0001X		
	363LP0200X		
	367A00000X	Nurse Midwife	
	367500000X	Nurse Anesthetist	
	231H00000X	Audiologist	
	235Z00000X	Speech-Language Pathologist	
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X	Optometrist	n/a
	156FX1800X	Optician	
Waiver - Total	251B00000X	Case Management	Claim Type: W, G
	251C00000X	Day Training, DD	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
	251X00000X	PACE PPL	
Acquired Brain Injury Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: B01, B02, S60
Adult ID/DD Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: S22, S23, S44, S45, S59
Child ID/DD Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	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	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26
Community Choices Waiver	251B00000X	Case Management	Claim Type: W, G
			Recipient Program Codes: S24, S25, S46, S47, N98, R01, R02, R03, R04
Supports Waiver	251C00000X	Day Training, DD	Claim Type: W, G
	251X00000X	PACE PPL	Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21