

W · Y · O · M · I · N · G MEDICAID

S
F
Y

2019

P · M · P · M

PER MEMBER PER MONTH
report



Mark Gordon, Governor
Michael A. Ceballos, Director
Teri Green, State Medicaid Agent

Wyoming
Department
of Health



contents

Background	5
Using This Report	6
Medicaid Overview.....	7
PMPM by Population	8
PMPM by Service Type.....	14
Service Categories.....	14
Detailed Service Areas	15
Service PMPM by Population	16
Behavioral Health.....	17
Hospital.....	18
Nursing Facility.....	21
Physician and Other Practitioner.....	22
Prescription Drug.....	23
Population Detail.....	25
Aged, Blind, or Disabled Employed Individuals with Disabilities.....	25
Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury	27
Acquired Brain Injury	30
Adults with Intellectual/Developmental Disabilities	32
Children with Intellectual/Developmental Disabilities.....	34
Intermediate Care for Individuals with Intellectual Disabilities	36
Aged, Blind, or Disabled Institution	39
Aged, Blind, or Disabled Long-Term Care.....	41
Community Choices Waiver.....	43
Hospice	45
Nursing Home	47
Program for All-Inclusive Care of the Elderly.....	49
Aged, Blind, or Disabled Supplemental Security Income	51
Adults	53
Family-Care Adults	55
Former Foster Care	57
Children.....	59
Care Management Entity	61
Children	63
Children's Mental Health Waiver.....	65
Foster Care	67
Newborn.....	69
Medicare Savings Programs	71
Qualified Medicare Beneficiary	73
Specified Low Income Medicare Beneficiary.....	75
Non-Citizens with Medical Emergencies	77
Pregnant Women.....	79
Pregnant Women.....	81
Presumptive Eligibility.....	83
Special Groups.....	85
Breast and Cervical.....	87
Family Planning Waiver	89
Tuberculosis.....	90
Appendix A: Glossary & Acronyms	91
Appendix B: Data Methodology.....	97

list of figures

Figure 1. Eligibility Category Overview ~ SFY 2019.....	8
Figure 2. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category	8
Figure 3. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup.....	9
Figure 4. Per Member Per Month by Eligibility Subgroup ~ SFY 2019	10
Figure 5. Service Category Breakdown by Service Area	14
Figure 6. One-Year Change in Per Member Per Month by Service Category	14
Figure 7. Emergency Room Per Member Per Month by Eligibility Subgroup ~ SFY 2019	19
Figure 8. Inpatient Per Member Per Month by Eligibility Subgroup ~ SFY 2019	20
Figure 9. One-Year Percent Change by ABD ID/DD/ABI Eligibility Subgroup	28
Figure 10. Acquired Brain Injury Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	31
Figure 11. Adult ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	33
Figure 12. Child ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	35
Figure 13. ICF-IID Five-Year Annual Growth Rate for Select Services	37
Figure 14. One-Year Percent Change by Aged, Blind, or Disabled Long-Term Care Eligibility Subgroup	42
Figure 15. Community Choices Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	44
Figure 16. Hospice Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	46
Figure 17. Nursing Home Per Member Per Month Five-Year Annual Growth Rate for Select Services	48
Figure 18. Supplemental Security Income Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	52
Figure 19. One-Year Percent Change by Adult Eligibility Subgroup	54
Figure 20. Family-Care Adults Per Member Per Month Five-Year Annual Growth Rate for Select Services	56
Figure 21. Former Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	58
Figure 22. One-Year Percent Change by Children Eligibility Subgroup.....	60
Figure 23. Children Per Member Per Month Five-Year Annual Growth Rate for Select Services	64
Figure 24. Children's Mental Health Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	66
Figure 25. Children's Mental Health Waiver Per Member Per Month for Case Management Services.....	66
Figure 26. Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services.....	68
Figure 27. Newborn Per Member Per Month Five-Year Annual Growth Rate for Select Services	70
Figure 28. One-Year Percent Change by Medicare Savings Programs Eligibility Subgroup	72
Figure 29. One-Year Percent Change by Pregnant Women Eligibility Subgroup	80
Figure 30. Pregnant Women Per Member Per Month Five-Year Annual Growth Rate for Select Services	82
Figure 31. Presumptive Eligibility Per Member Per Month Five-Year Annual Growth Rate for Select Services	84
Figure 32. One-Year Percent Change by Special Groups Eligibility Subgroup	86
Figure 33. Breast and Cervical Per Member Per Month Five-Year Annual Growth Rate for Select Services	88

list of tables

Table 1. Eligibility Populations by Category and Subgroup	6
Table 2. Eligibility Category Summary ~ SFY 2019	8
Table 3. Eligibility Subgroup Summary ~ SFY 2019	9
Table 4. Expenditure History by Eligibility Subgroup.....	11
Table 5. Member Month History by Eligibility Subgroup.....	12
Table 6. Per Member Per Month History by Eligibility Subgroup	13
Table 7. Per Member Per Month History by Service Category	14
Table 8. Per Member Per Month History by Service Area	15
Table 9. Select Services Summary by Eligibility Subgroup ~ SFY 2019	16
Table 10. Behavioral Health Per Member Per Month History by Eligibility Subgroup	17
Table 11. Hospital Per Member Per Month History by Eligibility Subgroup	18
Table 12. Emergency Room Per Member Per Month History by Eligibility Subgroup	19
Table 13. Inpatient Per Member Per Month History by Eligibility Subgroup	20
Table 14. Nursing Facility Per Member Per Month History by Eligibility Subgroup	21
Table 15. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup.....	22
Table 16. Prescription Drug Per Member Per Month History by Eligibility Subgroup.....	23
Table 17. Employed Individuals with Disabilities Per Member Per Month History by Service Area	26
Table 18. Aged, Blind, or Disabled Employed Individuals with Disabilities Summary by Subgroup	26
Table 19. Aged, Blind, or Disabled Employed Individuals with Disabilities Per Member Per Month History by Subgroup	26
Table 20. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Summary by Subgroup ~SFY 2019	28
Table 21. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury History by Subgroup	28
Table 22. ABD ID/DD/ABI Per Member Per Month History for Waiver and Non-Waiver Services	29
Table 23. Acquired Brain Injury Per Member Per Month History by Service Area	31
Table 24. Adults with Intellectual/Developmental Disabilities Per Member Per Month History by Service Area	33
Table 25. Children with Intellectual/Developmental Disabilities Per Member Per Month History by Service Area	35
Table 26. ICF-IID Per Member Per Month History by Service Area	37
Table 27. Aged, Blind, or Disabled Institution Summary by Subgroup ~SFY 2019	40
Table 28. Aged, Blind, or Disabled Institution Per Member Per Month History by Subgroup	40
Table 29. Hospital Per Member Per Month History by Service Area	40
Table 30. Aged, Blind, or Disabled Long-Term Care Summary by Subgroup ~SFY 2019	42
Table 31. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History by Subgroup.....	42
Table 32. Aged, Blind, or Disabled Long-Term Care Community Choices Waiver Per Member Per Month History for Waiver and Non-Waiver Services.....	42
Table 33. Community Choices Waiver Per Member Per Month History by Service Area	44
Table 34. Hospice Per Member Per Month History by Service Area.....	46
Table 35. Nursing Home Per Member Per Month History by Service Area.....	48
Table 36. Aged, Blind, or Disabled Supplemental Security Income Summary by Subgroup ~SFY 2019	52
Table 37. Aged, Blind, or Disabled Supplemental Security Income History by Subgroup	52
Table 38. SSI & SSI Related Per Member Per Month History by Service Area.....	52
Table 39. Adults Summary by Subgroup ~SFY 2019.....	54
Table 40. Adults History by Subgroup	54
Table 41. Family-Care Adults Per Member Per Month History by Service Area	56
Table 42. Former Foster Care Per Member Per Month History by Service Area.....	58
Table 43. Children Summary by Subgroup ~SFY 2019	60
Table 44. Children Per Member Per Month History by Subgroup.....	60
Table 45. Per Member Per Month History by Service Area	62
Table 46. Children Per Member Per Month History by Service Area.....	64
Table 47. Children's Mental Health Waiver Per Member Per Month History by Service Area.....	66
Table 48. Foster Care Per Member Per Month History by Service Area.....	68
Table 49. Newborn Per Member Per Month History by Service Area	70

Table 50. Medicare Savings Programs Summary by Subgroup -SFY 2019	72
Table 51. Medicare Savings Programs Per Member Per Month History by Subgroup	72
Table 52. Qualified Medicare Beneficiary Per Member Per Month History by Service Area.....	74
Table 53. Specified Low Income Medicare Beneficiary Per Member Per Month History by Service Area.....	75
Table 54. Non-Citizens Per Member Per Month History by Service Area	77
Table 55. Pregnant Women Summary by Subgroup -SFY 2019	80
Table 56. Pregnant Women Per Member Per Month History by Subgroup	80
Table 57. Pregnant Women Per Member Per Month History by Service Area.....	82
Table 58. Presumptive Eligibility Per Member Per Month History by Service Area	84
Table 59. Special Groups Summary by Subgroup -SFY 2018	86
Table 60. Special Groups Per Member Per Month History by Subgroup	86
Table 61. Breast and Cervical Per Member Per Month History by Service Area.....	88
Table 62. Family Planning Waiver Per Member Per Month History by Service Area	89
Table 63. Tuberculosis Per Member Per Month History by Service Area	90
Table 64. Acronyms	95
Table 65. Data Definition and Methodology Summary	97
Table 66. Medicaid Chart A Eligibility Program Codes.....	97
Table 67. Data Parameters by Service Area.....	102

background

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.

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

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, 2018 and again on July 1, 2018, even if both claims were paid on August 1, 2018, only the second claim's expenditures are included in the calculation of the SFY 2019 PMPM cost.


Doctor visit June 1, 2018


Claim paid August 1, 2018




Doctor visit July 1, 2018


Claim paid August 1, 2018

SFY 2019
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.

Medicaid Overall

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

section 1

Medicaid Summary

How have expenditures, member months, and PMPM changed over the past 5 years?

Population Comparison

How does the overall PMPM differ for different Medicaid populations?

Services Overall

How does the PMPM differ between Service types?

Service by Population

How is the PMPM cost distributed across populations for Services of high interest?

Population Detail

A detailed look at cost performance for each eligibility population

section 2

Eligibility Category Summary

How have expenditures, member months, and PMPM changed over the past 5 years for the eligibility category?

Category Overview

How has enrollment changed? How do the subgroups within the category compare, and how has their PMPM changed?

Subgroup Details

How is the PMPM cost for this subgroup distributed across the Services? How has this changed over the past 5 years?

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

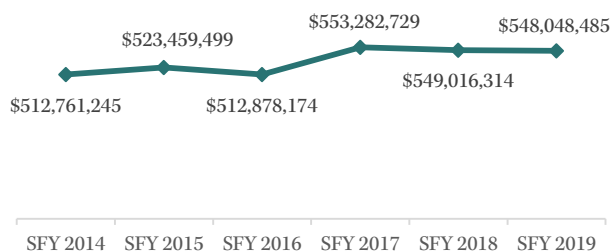
¹ Data for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid. Expenditures for SSI and SSI 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.

medicaid overview

expenditures

\$548 million

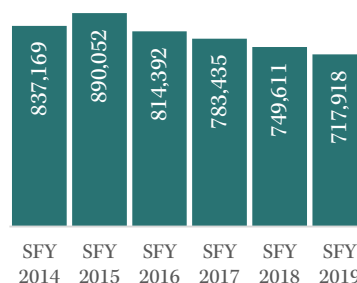
paid to providers for services rendered during the state fiscal year



member months

717,918

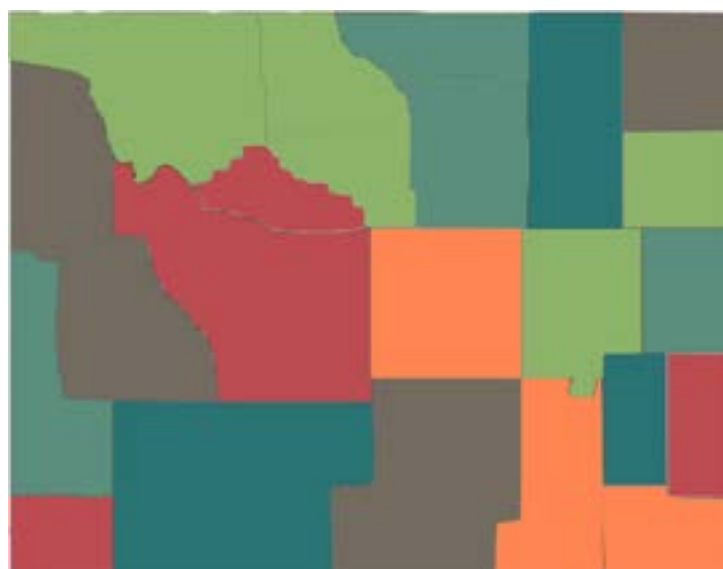
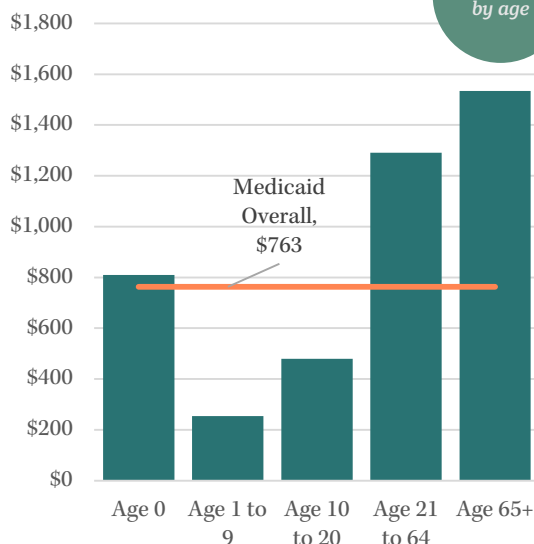
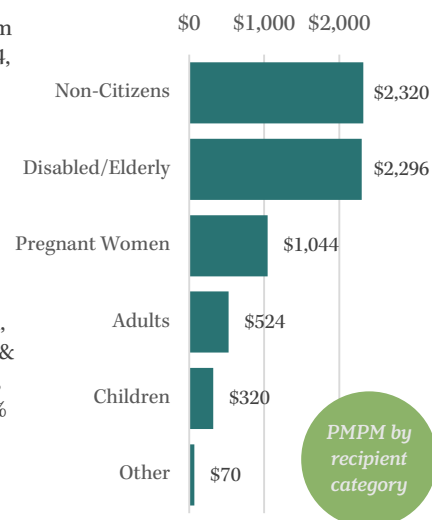
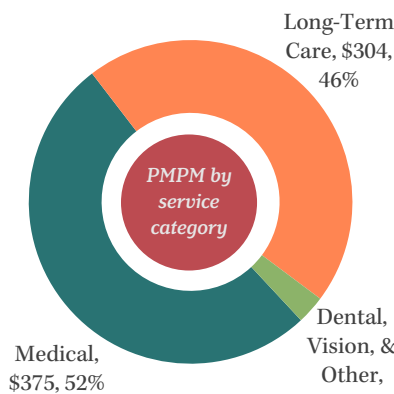
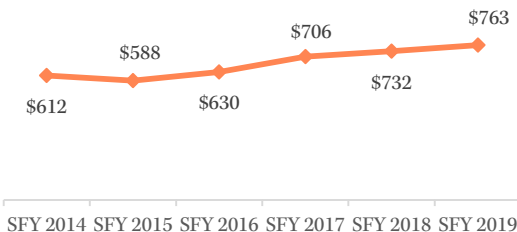
months members were enrolled during the state fiscal year



9.3
months average enrollment

per member per month

\$763



78% of Wyoming counties have a PMPM below Overall Medicaid

PMPM Range	Count
\$813-\$1081	1
\$756-768	1
\$718-\$749	1
\$639-\$685	1
\$621-\$629	1
\$500-\$593	1

pmpm by population

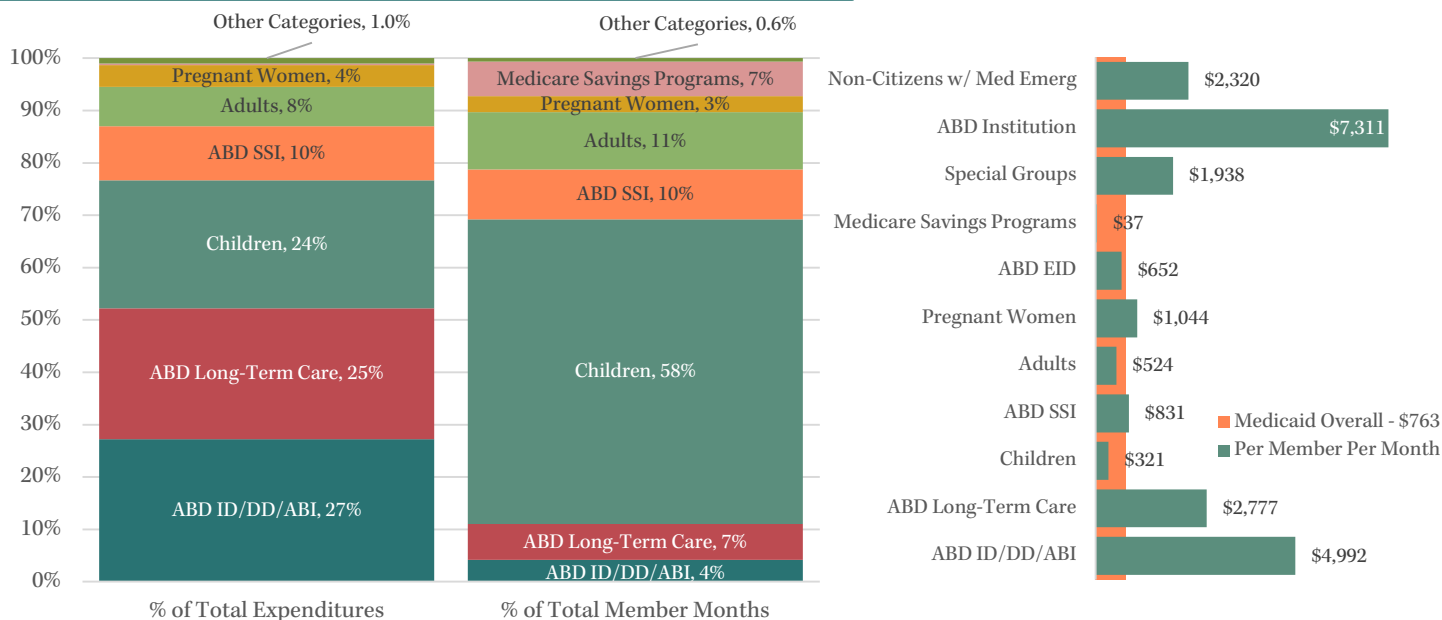


Figure 1. Eligibility Category Overview - SFY 2019

Table 2. Eligibility Category Summary - SFY 2019

Eligibility Category	Average Enrollment Length (Months)	Expenditures	Member Months	PMPM
ABD Employed Individuals w/ Disabilities	8.7	\$2,077,181	3,186	\$652
ABD ID/DD/ABI	11.7	\$149,292,000	29,906	\$4,992
ABD Institution	2.6	\$877,347	120	\$7,311
ABD Long-Term Care	9.7	\$136,887,578	49,294	\$2,777
ABD SSI	10.1	\$56,682,866	68,216	\$831
Adults	7.9	\$41,225,607	78,637	\$524
Children	9.2	\$133,990,332	417,825	\$321
Medicare Savings Programs	9.4	\$1,767,326	47,684	\$37
Non-Citizens with Medical Emergencies	2.2	\$837,400	361	\$2,320
Pregnant Women	5.3	\$22,827,135	21,872	\$1,044
Special Groups	8.4	\$1,583,714	817	\$1,938
Overall	9.3	\$548,048,485	717,918	\$763

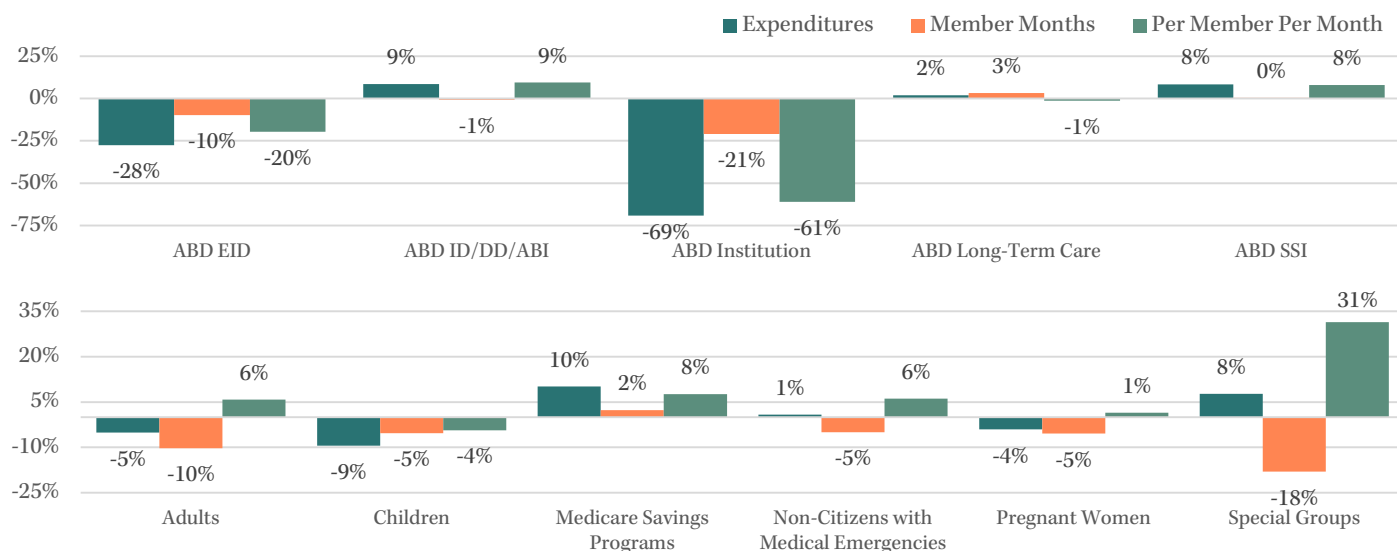


Figure 2. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category

Table 3. Eligibility Subgroup Summary - SFY 2019

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Member Months	PMPM
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	8.7	\$2,077,181	3,186	\$652
ABD ID/DD/ABI	Acquired Brain Injury	11.6	\$9,481,262	2,097	\$4,521
	Adult ID/DD	11.6	\$106,279,053	19,670	\$5,403
	Child ID/DD	11.3	\$20,546,446	7,473	\$2,749
	ICF-ID (WY Life Resource Center)	10.6	\$12,985,240	666	\$19,497
ABD Institution	Hospital	2.6	\$877,347	120	\$7,311
ABD Long-Term Care	Community Choices Waiver	9.7	\$44,990,777	26,882	\$1,674
	Hospice	2.9	\$346,328	212	\$1,634
	Nursing Home	8.6	\$87,654,188	20,541	\$4,267
	PACE	9.9	\$3,896,286	1,659	\$2,349
ABD SSI	SSI and SSI Related	10.1	\$56,986,596	68,216	\$835
Adults	Family-Care Adults	7.9	\$40,802,191	77,622	\$526
	Former Foster Care	8.3	\$423,415	1,015	\$417
Children	Care Management Entity (CME) ²	4.5	\$3,173,180	2,406	\$1,319
	Children	9.0	\$85,954,498	350,532	\$245
	Childrens Mental Health Waiver	7.6	\$1,226,986	795	\$1,543
	Foster Care	8.9	\$21,748,576	35,401	\$614
	Newborn	6.5	\$24,705,514	31,097	\$794
Medicare Savings Programs	Qualified Medicare Beneficiary	9.1	\$1,748,917	27,941	\$63
	Specified Low Income Medicare Beneficiary	8.8	\$18,409	19,743	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	2.2	\$837,400	361	\$2,320
Pregnant Women	Pregnant Women	5.4	\$22,465,519	20,714	\$1,085
	Presumptive Eligibility	1.3	\$372,107	1,158	\$321
Special Groups	Breast and Cervical	8.7	\$1,581,289	625	\$2,530
	Family Planning Waiver	7.7	\$2,425	192	\$13
Overall		9.3	\$548,048,485	717,918	\$763

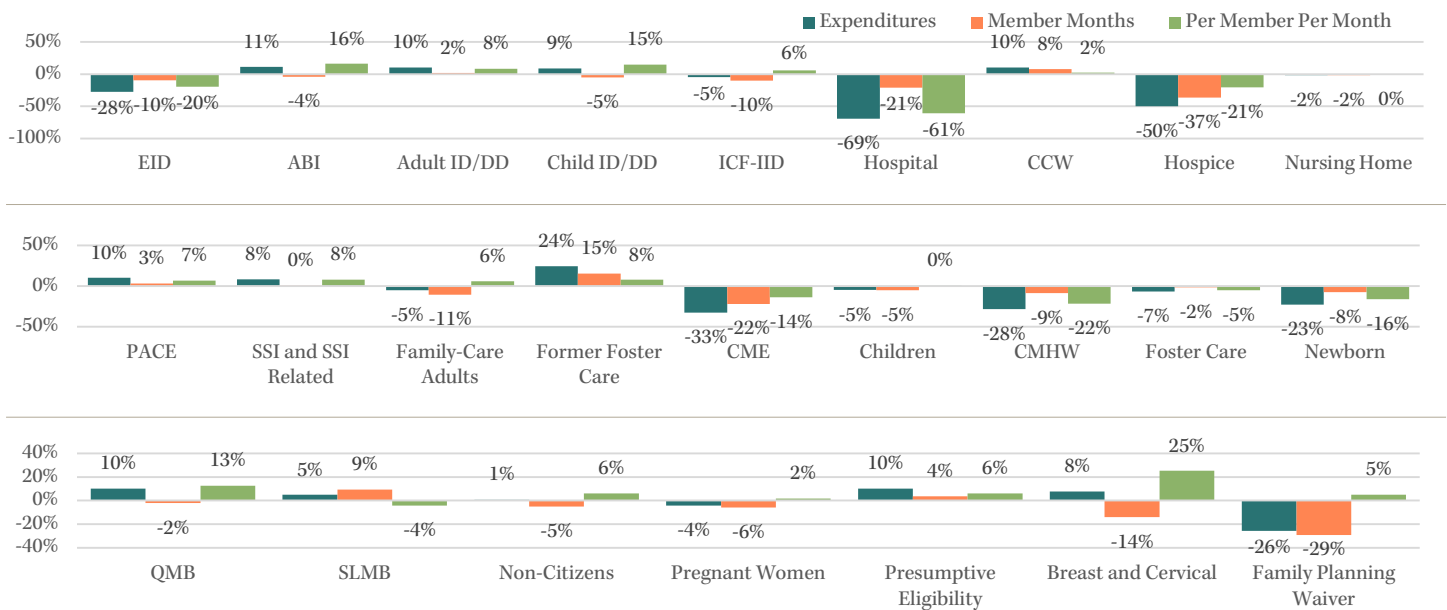


Figure 3. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup

² 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. Expenditures and PMPM have been adjusted for those Medicaid subgroups who have members also enrolled in the CME.

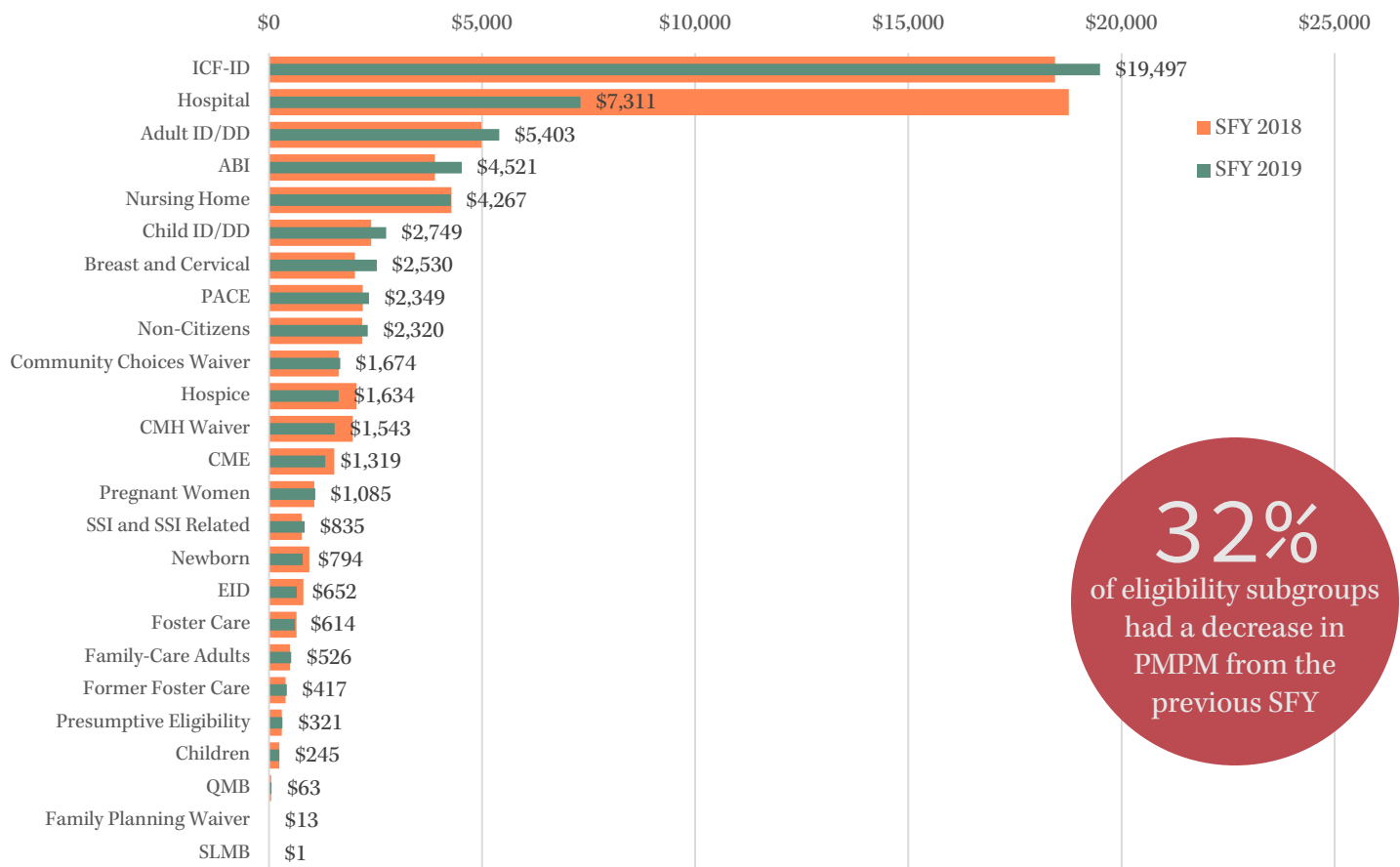


Figure 4. Per Member Per Month by Eligibility Subgroup - SFY 2019

Table 4. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities						
Employed Individuals w/ Disabilities	\$4,710,032	\$3,662,656	\$4,660,502	\$4,418,301	\$2,868,279	\$2,077,181
ABD ID/DD/ABI						
Acquired Brain Injury	\$8,546,896	\$8,101,517	\$8,498,357	\$8,708,890	\$8,537,705	\$9,481,262
Adult ID/DD	\$92,158,690	\$91,862,611	\$99,403,117	\$96,285,221	\$96,496,790	\$106,279,053
Child ID/DD	\$18,967,389	\$19,499,096	\$20,666,124	\$19,512,052	\$18,853,076	\$20,546,446
ICF-ID (WY Life Resource Center)	\$19,190,395	\$17,650,052	\$18,935,852	\$19,173,268	\$13,626,883	\$12,985,240
ABD Institution						
Hospital	\$5,541,567	\$3,623,601	\$4,199,537	\$2,349,813	\$2,851,827	\$877,347
ABD Long-Term Care						
Community Choices Waiver ³	\$30,170,899	\$32,535,782	\$36,989,523	\$38,722,929	\$40,828,378	\$44,990,777
Hospice	\$604,967	\$625,073	\$677,625	\$619,372	\$688,589	\$346,328
Nursing Home	\$74,974,399	\$73,417,768	\$87,226,944	\$89,659,137	\$89,343,291	\$87,654,188
PACE	\$1,281,845	\$2,241,044	\$2,893,443	\$3,442,663	\$3,539,247	\$3,896,286
ABD SSI						
SSI and SSI Related	\$54,218,032	\$55,639,671	\$55,083,153	\$58,287,869	\$52,656,409	\$56,986,596
Adults						
Family-Care Adults	\$29,306,824	\$39,072,196	\$42,552,468	\$42,442,380	\$43,118,788	\$40,802,191
Former Foster Care	\$2,429	\$114,685	\$201,083	\$247,090	\$341,083	\$423,415
Children						
Care Management Entity (CME) ⁴	\$0	\$0	\$5,846,060	\$4,708,411	\$4,731,209	\$3,173,180
Children	\$87,610,263	\$92,120,972	\$91,921,678	\$89,196,410	\$90,507,495	\$85,954,498
Children's Mental Health Waiver ⁵	\$1,380,653	\$1,672,927	\$2,479,897	\$1,885,828	\$1,715,973	\$1,226,986
Foster Care	\$23,827,673	\$22,554,789	\$22,329,561	\$22,307,811	\$23,298,791	\$21,748,576
Newborn	\$22,939,261	\$27,172,234	\$26,578,383	\$25,001,650	\$31,995,434	\$24,705,514
Medicare Savings Programs						
Part B - Partial AMB	\$120	\$240	\$120	\$120	\$0	\$0
Qualified Medicare Beneficiary	\$4,194,946	\$4,373,869	\$4,037,606	\$2,774,377	\$1,586,824	\$1,748,917
Specified Low Income Medicare Beneficiary	\$24,514	\$24,833	\$27,903	\$21,453	\$17,549	\$18,409
Non-Citizens with Medical Emergencies						
Non-Citizens	\$1,479,833	\$1,183,405	\$1,209,282	\$963,898	\$830,693	\$837,400
Pregnant Women						
Pregnant Women	\$27,347,314	\$23,454,355	\$25,033,114	\$25,511,301	\$23,460,583	\$22,465,519
Presumptive Eligibility	\$279,489	\$419,622	\$314,324	\$264,921	\$337,730	\$372,107
Special Groups						
Breast and Cervical	\$3,928,731	\$2,407,745	\$1,826,836	\$1,441,403	\$1,466,631	\$1,581,289
Family Planning Waiver	\$74,084	\$28,760	\$9,845	\$4,364	\$3,258	\$2,425
Tuberculosis	\$0	\$0	\$3,841	\$14	\$0	\$0
Total	\$512,761,245	\$523,459,499	\$557,962,213	\$553,282,729	\$549,016,314	\$548,048,485

³ SFY 2014 through SFY 2016 include the expenditures for both the Assisted Living Facility Waiver and Long-Term Care Waiver, now covered under the new Community Choices waiver.

⁴ SFY 2016 through SFY 2019 Expenditures 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.

⁵ 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.

Table 5. Member Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities						
Employed Individuals w/ Disabilities	3,096	2,907	3,559	4,192	3,533	3,186
ABD ID/DD/ABI						
Acquired Brain Injury	2,059	1,949	2,235	2,318	2,191	2,097
Adult ID/DD	16,787	17,512	18,368	18,957	19,355	19,670
Child ID/DD	7,898	7,823	8,068	8,162	7,869	7,473
ICF-ID (WY Life Resource Center)	910	863	825	778	739	666
ABD Institution						
Hospital	185	183	229	197	152	120
ABD Long-Term Care						
Community Choices Waiver	18,369	19,776	21,643	22,918	24,915	26,882
Hospice	249	359	314	380	335	212
Nursing Home	20,092	19,667	20,251	20,853	20,875	20,541
PACE	512	911	1,206	1,464	1,608	1,659
ABD SSI						
SSI and SSI Related	73,955	76,277	70,017	70,740	68,004	68,216
Adults						
Family-Care Adults	63,927	89,511	94,396	92,134	86,809	77,622
Former Foster Care	40	247	542	770	880	1,015
Children						
Care Management Entity (CME) ⁶	--	--	2,550	2,959	3,088	2,406
Children	462,053	484,116	420,408	393,957	370,696	350,532
Children's Mental Health Waiver	615	742	696	751	871	795
Foster Care	36,812	37,298	37,336	35,916	35,967	35,401
Newborn	33,620	37,776	39,028	36,701	33,716	31,097
Medicare Savings Programs						
Qualified Medicare Beneficiary	29,217	30,455	27,143	27,887	28,545	27,941
Specified Low Income Medicare Beneficiary	22,814	20,964	18,880	18,113	18,039	19,743
Non-Citizens with Medical Emergencies						
Non-Citizens	3,543	2,569	950	665	380	361
Pregnant Women						
Pregnant Women	29,458	30,765	24,202	22,987	22,019	20,714
Presumptive Eligibility	1,714	2,155	2,130	1,301	1,116	1,158
Special Groups						
Breast and Cervical	1,674	1,352	991	871	726	625
Family Planning Waiver	7,570	3,875	964	422	271	192
Tuberculosis	--	--	11	1	--	--
Total	837,169	890,052	814,392	783,435	749,611	717,918

⁶ 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 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities						
Employed Individuals w/ Disabilities	\$1,521	\$1,260	\$1,309	\$1,054	\$812	\$652
ABD ID/DD/ABI						
Acquired Brain Injury	\$4,151	\$4,157	\$3,802	\$3,757	\$3,897	\$4,521
Adult ID/DD	\$5,490	\$5,246	\$5,412	\$5,079	\$4,986	\$5,403
Child ID/DD	\$2,402	\$2,493	\$2,561	\$2,391	\$2,396	\$2,749
ICF-ID (WY Life Resource Center)	\$21,088	\$20,452	\$22,953	\$24,644	\$18,440	\$19,497
ABD Institution						
Hospital	\$29,954	\$19,801	\$18,339	\$11,928	\$18,762	\$7,311
ABD Long-Term Care						
Community Choices Waiver	\$1,642	\$1,645	\$1,709	\$1,690	\$1,639	\$1,674
Hospice	\$2,430	\$1,741	\$2,158	\$1,630	\$2,055	\$1,634
Nursing Home	\$3,732	\$3,733	\$4,307	\$4,300	\$4,280	\$4,267
PACE	\$2,504	\$2,460	\$2,399	\$2,352	\$2,201	\$2,349
ABD SSI						
SSI and SSI Related	\$733	\$729	\$787	\$824	\$774	\$835
Adults						
Family-Care Adults	\$458	\$437	\$451	\$461	\$497	\$526
Former Foster Care	\$61	\$464	\$371	\$321	\$388	\$417
Children						
Care Management Entity (CME)	\$0	\$0	\$2,293	\$1,591	\$1,532	\$1,319
Children	\$190	\$190	\$219	\$226	\$244	\$245
Children's Mental Health Waiver	\$2,245	\$2,255	\$3,563	\$2,511	\$1,970	\$1,543
Foster Care	\$647	\$605	\$598	\$621	\$648	\$614
Newborn	\$682	\$719	\$681	\$681	\$949	\$794
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$144	\$144	\$149	\$99	\$56	\$63
Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergencies						
Non-Citizens	\$418	\$461	\$1,273	\$1,449	\$2,186	\$2,320
Pregnant Women						
Pregnant Women	\$928	\$762	\$1,034	\$1,110	\$1,065	\$1,085
Presumptive Eligibility	\$163	\$195	\$148	\$204	\$303	\$321
Special Groups						
Breast and Cervical	\$2,347	\$1,781	\$1,843	\$1,655	\$2,020	\$2,530
Family Planning Waiver	\$10	\$7	\$10	\$10	\$12	\$13
Tuberculosis	\$0	\$0	\$349	\$14	\$0	\$0
Overall	\$612	\$588	\$685	\$706	\$732	\$763

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.

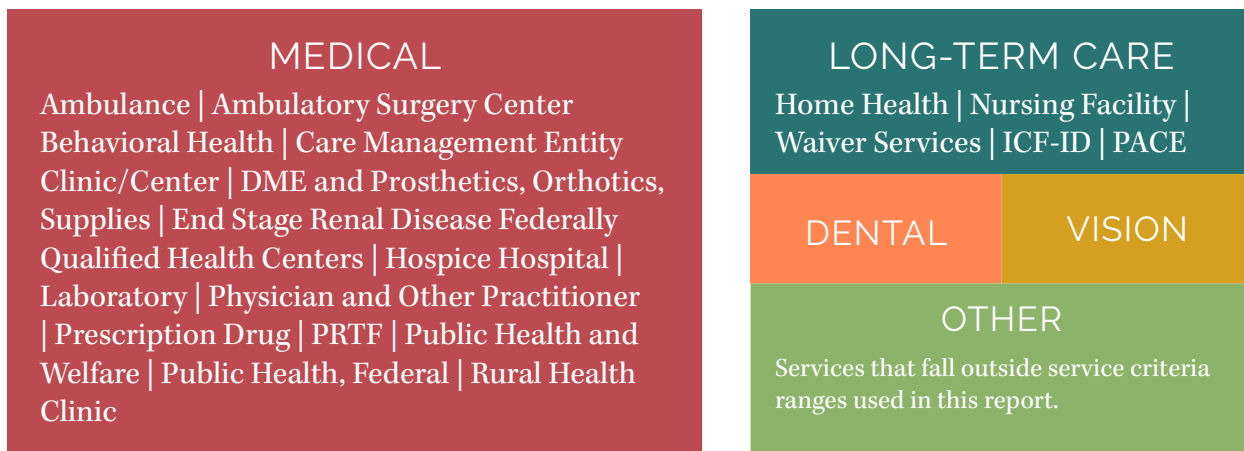


Figure 5. Service Category Breakdown by Service Area

Table 7. Per Member Per Month History by Service Category

Service Category	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Medical	\$337.97	\$334.18	\$375.14	\$377.87	\$394.04	\$393.23
Long-Term Care	\$253.78	\$232.94	\$285.38	\$304.42	\$316.38	\$348.45
Dental	\$16.06	\$16.18	\$18.95	\$17.84	\$15.78	\$15.58
Vision	\$4.09	\$4.06	\$4.51	\$4.87	\$4.90	\$4.80
Other	\$0.60	\$0.77	\$1.16	\$1.22	\$1.30	\$1.34
Total	\$612	\$588	\$685	\$706	\$732	\$763

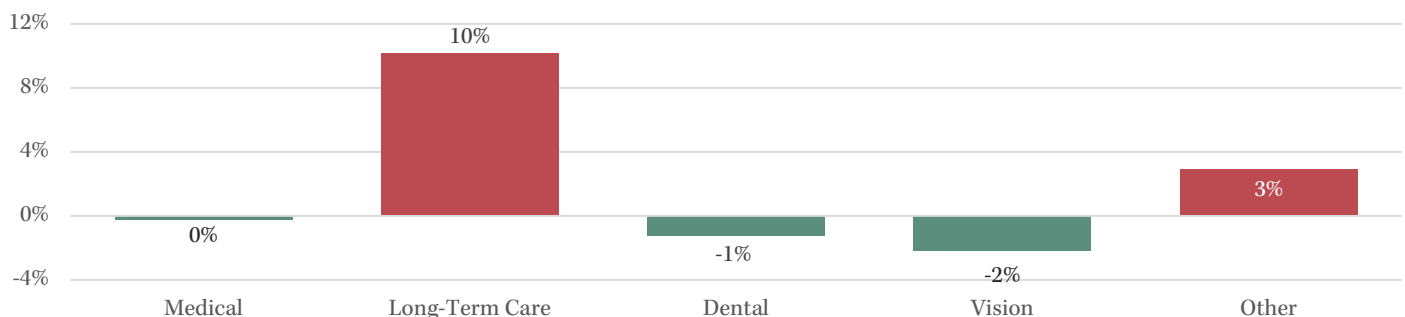


Figure 6. One-Year Change in Per Member Per Month by Service Category

Table 8. Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$4.55	\$4.60	\$4.45	\$4.21	\$4.02	\$4.31
Ambulatory Surgical Center	\$4.90	\$6.91	\$7.07	\$5.23	\$5.02	\$4.86
Behavioral Health	\$36.18	\$37.86	\$43.31	\$37.91	\$34.62	\$32.08
Care Management Entity	--	--	\$7.18	\$6.01	\$6.31	\$4.42
Clinic/Center	\$1.61	\$1.41	\$1.62	\$1.68	\$1.24	\$1.11
Dental	\$16.06	\$16.18	\$18.95	\$17.84	\$15.78	\$15.58
DME, Prosthetics/Orthotics/Supplies	\$9.07	\$9.20	\$10.62	\$10.69	\$11.13	\$12.50
End Stage Renal Disease	\$1.21	\$1.20	\$1.25	\$1.45	\$1.31	\$1.51
Federally Qualified Health Center	\$3.05	\$4.24	\$7.38	\$7.65	\$8.16	\$7.96
Home Health	\$4.17	\$5.67	\$12.04	\$13.01	\$3.13	\$0.82
Hospice	\$1.51	\$1.26	\$1.19	\$1.64	\$1.81	\$1.64
Hospital Total	\$122.02	\$117.22	\$129.64	\$123.66	\$132.95	\$129.66
Inpatient	\$87.68	\$83.67	\$93.92	\$90.37	\$99.22	\$94.54
Outpatient	\$34.67	\$33.86	\$35.97	\$33.51	\$33.69	\$35.09
Other Hospital	-\$0.33	-\$0.31	-\$0.25	-\$0.22	\$0.04	\$0.04
Intermediate Care Facility-IID	\$22.79	\$19.74	\$23.10	\$24.29	\$18.12	\$17.98
Laboratory	\$1.42	\$1.95	\$1.59	\$1.15	\$1.18	\$0.96
Nursing Facility	\$85.01	\$77.93	\$101.37	\$109.04	\$114.79	\$116.62
Other	\$0.60	\$0.77	\$1.16	\$1.22	\$1.30	\$1.34
PACE	\$1.54	\$2.52	\$3.53	\$4.39	\$4.70	\$5.42
Physician & Other Practitioner	\$72.63	\$67.16	\$72.52	\$74.58	\$72.47	\$70.29
Prescription Drug	\$49.58	\$53.74	\$59.58	\$65.27	\$77.80	\$86.60
PRTF	\$17.79	\$14.96	\$14.16	\$16.09	\$16.39	\$13.49
Public Health or Welfare	\$0.80	\$0.78	\$0.92	\$0.76	\$0.75	\$0.90
Public Health, Federal	\$9.74	\$9.95	\$10.84	\$18.01	\$16.23	\$17.90
Rural Health Clinic	\$1.91	\$1.73	\$1.82	\$1.88	\$2.65	\$3.04
Vision	\$4.09	\$4.06	\$4.51	\$4.87	\$4.90	\$4.80
Waiver Total	\$140.28	\$127.09	\$145.34	\$153.69	\$175.65	\$207.61
Acquired Brain Injury	\$8.72	\$7.44	\$8.23	\$8.81	\$6.10	--
Adult ID/DD	\$98.29	\$12.55	--	--	--	--
Child ID/DD	\$13.53	\$8.58	\$0.02	--	--	--
Children's Mental Health	\$0.75	\$0.69	\$0.77	--	--	--
Community Choices	\$18.80	\$18.74	\$24.67	\$27.30	\$34.74	\$39.83
Comprehensive	\$0.25	\$77.93	\$108.81	\$111.82	\$126.99	\$158.74
Supports	\$0.00	\$1.09	\$3.60	\$5.77	\$7.82	\$9.04
Total	\$612	\$588	\$685	\$706	\$732	\$763

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.

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, Hospital, Nursing Facility, Physician & Other Practitioner, and Prescription Drug.

Table 9. Select Services Summary by Eligibility Subgroup - SFY 2019

Eligibility Category	Eligibility Subgroup	Behavioral Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$24.60	\$232.47	--	\$129.80	\$202.50
ABD ID/DD/ABI	Acquired Brain Injury	\$40.47	\$74.22	\$0.39	\$64.20	\$103.52
	Adult ID/DD	\$28.45	\$58.12	\$0.15	\$56.59	\$158.63
	Child ID/DD	\$55.95	\$188.29	--	\$264.38	\$290.59
	ICF-IID	\$0.25	\$31.00	--	\$34.32	--
ABD Institution	Hospital	\$11.17	\$5,720.67	\$162.70	\$1,066.11	\$217.33
ABD Long-Term Care	Community Choices Waiver	\$17.71	\$207.05	\$3.69	\$93.72	\$145.61
	Hospice	\$0.38	\$50.51	\$0.00	\$10.02	\$0.98
	Nursing Home	\$5.61	\$64.73	\$4,065.45	\$32.14	\$39.73
	PACE	\$0.51	--	--	\$0.04	--
ABD SSI	SSI and SSI Related	\$40.38	\$257.99	\$1.31	\$106.57	\$299.06
Adults	Family-Care Adults	\$21.42	\$175.84	--	\$96.43	\$150.30
	Former Foster Care	\$36.50	\$151.93	--	\$113.98	\$58.11
Children	Care Management Entity (CME)	\$541.18	\$192.23		\$79.50	\$153.52
	Children	\$29.51	\$48.99	--	\$40.01	\$40.56
	Children's Mental Health Waiver	\$161.57	\$50.06	--	\$27.74	\$75.01
	Foster Care	\$171.62	\$82.50	--	\$50.35	\$65.70
	Newborn	\$0.70	\$543.21	--	\$147.21	\$29.21
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.80	\$16.60	\$0.12	\$29.06	--
	Specified Low Income Medicare Beneficiary	\$0.01	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	\$1,941.05	--	\$338.28	--
Pregnant Women	Pregnant Women	\$9.65	\$568.65	--	\$317.78	\$59.81
	Presumptive Eligibility	\$2.72	\$68.26	--	\$76.99	\$61.44
Special Groups	Breast and Cervical	\$25.34	\$923.04	--	\$972.23	\$502.44
	Family Planning Waiver	--	--	--	\$5.33	\$2.15
	Tuberculosis	--	--	--	--	--
Overall		\$32.08	\$129.66	\$116.62	\$70.29	\$86.60

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.

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	56.92	\$58.88	\$44.75	\$42.96	\$48.80	\$24.60
ABD ID/DD/ABI	Acquired Brain Injury	138.54	\$206.90	\$207.71	\$97.33	\$45.30	\$40.47
	Adult ID/DD	199.16	\$283.90	\$349.62	\$157.44	\$45.65	\$28.45
	Child ID/DD	48.21	\$58.74	\$56.95	\$38.55	\$44.61	\$55.95
	ICF-IID	2.52	\$1.09	\$2.56	--	--	\$0.25
ABD Institution	Hospital	5.47	\$34.00	\$4.33	\$10.49	\$13.36	\$11.17
ABD Long-Term Care	Community Choices Waiver	41.86	\$46.11	\$48.46	\$41.74	\$26.40	\$17.71
	Hospice	0.31	\$0.26	\$0.03	--	\$6.79	\$0.38
	Nursing Home	11.50	\$14.38	\$14.03	\$12.13	\$7.77	\$5.61
	PACE	--	--	\$0.14	--	\$0.74	\$0.51
ABD SSI	SSI and SSI Related	63.31	\$57.18	\$67.36	\$58.29	\$47.45	\$40.38
Adults	Family-Care Adults	25.11	\$26.29	\$30.24	\$32.87	\$24.60	\$21.42
	Former Foster Care	13.59	\$103.43	\$77.29	\$32.92	\$47.02	\$36.50
Children	Care Management Entity (CME)	--	--	\$875.71	\$619.67	\$588.51	\$541.18
	Children	\$22.97	\$24.87	\$27.24	\$28.16	\$30.32	\$29.51
	Children's Mental Health Waiver	\$303.40	\$300.07	\$355.42	\$181.72	\$206.63	\$161.57
	Foster Care	\$205.36	\$188.59	\$177.09	\$166.22	\$179.15	\$171.62
	Newborn	\$0.13	\$1.29	\$0.46	\$0.81	\$0.66	\$0.70
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3.12	\$2.50	\$2.75	\$2.49	\$1.72	\$1.80
	Specified Low Income Medicare Beneficiary	\$0.02	\$0.03	\$0.01	\$0.04	\$0.01	\$0.01
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$10.74	\$9.65	\$16.24	\$12.35	\$12.28	\$9.65
	Presumptive Eligibility	\$3.05	\$2.52	\$2.11	\$1.26	\$0.64	\$2.72
Special Groups	Breast and Cervical	\$23.89	\$16.02	\$17.70	\$18.46	\$13.94	\$25.34
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$36.18	\$37.86	\$43.31	\$37.91	\$34.62	\$32.08

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.

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$597.62	\$456.94	\$526.53	\$395.71	\$238.29	\$232.47
ABD ID/DD/ABI	Acquired Brain Injury	\$122.16	\$202.47	\$128.68	\$105.62	\$141.51	\$74.22
	Adult ID/DD	\$82.99	\$75.45	\$73.22	\$67.18	\$45.78	\$58.12
	Child ID/DD	\$124.09	\$171.57	\$240.86	\$189.69	\$196.90	\$188.29
	ICF-IID	\$79.07	\$42.73	\$71.65	\$99.29	\$15.37	\$31.00
ABD Institution	Hospital	\$26,344.15	\$17,590.87	\$15,929.14	\$9,868.27	\$16,270.48	\$5,720.67
ABD Long-Term Care	Community Choices Waiver	\$240.27	\$220.29	\$201.13	\$186.50	\$173.98	\$207.05
	Hospice	\$320.69	\$61.47	\$221.62	\$146.58	\$75.27	\$50.51
	Nursing Home	\$80.57	\$83.97	\$106.26	\$82.86	\$34.35	\$64.73
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$261.38	\$257.13	\$258.56	\$251.37	\$225.13	\$257.99
Adults	Family-Care Adults	\$183.09	\$163.97	\$153.68	\$139.53	\$153.77	\$175.84
	Former Foster Care	\$7.73	\$96.86	\$106.37	\$93.53	\$114.35	\$151.93
Children	Care Management Entity (CME)	--	--	\$410.61	\$209.24	\$164.65	\$192.23
	Children	\$42.00	\$37.60	\$44.89	\$42.83	\$49.86	\$48.99
	Children's Mental Health Waiver	\$86.82	\$159.31	\$154.05	\$185.35	\$89.66	\$50.06
	Foster Care	\$65.64	\$75.20	\$65.90	\$78.68	\$77.26	\$82.50
	Newborn	\$449.69	\$491.57	\$465.55	\$462.26	\$722.48	\$543.21
Medicare Savings Programs	Qualified Medicare Beneficiary	\$74.59	\$80.13	\$79.94	\$46.30	\$14.03	\$16.60
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$307.12	\$364.97	\$1,048.78	\$1,161.25	\$1,856.92	\$1,941.05
Pregnant Women	Pregnant Women	\$462.53	\$386.32	\$556.61	\$605.70	\$558.26	\$568.65
	Presumptive Eligibility	\$40.71	\$54.66	\$42.52	\$59.20	\$67.50	\$68.26
Special Groups	Breast and Cervical	\$971.18	\$935.39	\$848.71	\$576.89	\$798.23	\$923.04
	Family Planning Waiver	\$0.31	\$0.65	\$0.01	--	--	--
	Tuberculosis	--	--	--	\$167.16	--	--
Overall		\$122.02	\$117.22	\$129.64	\$123.66	\$132.95	\$129.66

Table 12. Emergency Room Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$46.08	\$32.67	\$41.18	\$28.57	\$18.94	\$18.04
ABD ID/DD/ABI	Acquired Brain Injury	\$16.51	\$22.63	\$25.81	\$14.32	\$10.02	\$16.81
	Adult ID/DD	\$11.09	\$10.96	\$12.49	\$10.55	\$7.64	\$8.26
	Child ID/DD	\$8.71	\$9.30	\$8.13	\$9.13	\$12.55	\$13.96
	ICF-IID	\$5.35	\$8.77	\$20.20	\$17.56	\$7.78	\$15.75
ABD Institution	Hospital	\$45.49	\$64.86	\$63.05	\$31.37	\$34.87	\$31.79
ABD Long-Term Care	Community Choices Waiver	\$30.13	\$32.83	\$33.77	\$26.61	\$20.61	\$19.91
	Hospice	\$13.47	\$4.48	\$6.84	\$4.34	\$0.21	\$0.16
	Nursing Home	\$9.58	\$11.09	\$12.49	\$8.36	\$4.34	\$4.03
	PACE	--	\$0.41	\$0.40	--	\$0.02	--
ABD SSI	SSI and SSI Related	\$36.18	\$35.52	\$38.06	\$34.15	\$31.92	\$34.44
Adults	Family-Care Adults	\$43.74	\$38.68	\$39.62	\$37.89	\$37.99	\$36.40
	Former Foster Care	\$18.02	\$77.99	\$70.77	\$45.86	\$61.45	\$54.19
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$11.17	\$11.05	\$11.08	\$11.41	\$12.21	\$11.41
	Children's Mental Health Waiver	\$11.45	\$25.60	\$46.88	\$11.79	\$8.55	\$11.16
	Foster Care	\$11.66	\$12.21	\$11.06	\$10.63	\$10.92	\$11.95
	Newborn	\$19.72	\$20.90	\$18.55	\$19.78	\$21.15	\$17.80
Medicare Savings Programs	Qualified Medicare Beneficiary	\$14.73	\$16.91	\$17.99	\$11.05	\$4.47	\$4.59
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$9.63	\$16.72	\$60.26	\$48.62	\$53.15	\$61.59
Pregnant Women	Pregnant Women	\$33.17	\$29.57	\$31.25	\$33.31	\$34.17	\$33.18
	Presumptive Eligibility	\$30.84	\$34.74	\$30.65	\$45.01	\$49.13	\$53.07
Special Groups	Breast and Cervical	\$33.67	\$38.88	\$40.66	\$34.77	\$34.47	\$26.35
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	\$161.44	--	--	--
Overall		\$17.29	\$17.63	\$18.66	\$17.85	\$17.47	\$17.74



Figure 7. Emergency Room Per Member Per Month by Eligibility Subgroup - SFY 2019

Table 13. Inpatient Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$421.97	\$322.25	\$361.89	\$261.65	\$159.83	\$100.89
ABD ID/DD/ABI	Acquired Brain Injury	\$69.34	\$152.53	\$72.18	\$70.66	\$124.69	\$50.03
	Adult ID/DD	\$50.70	\$43.89	\$42.69	\$42.69	\$27.84	\$40.05
	Child ID/DD	\$72.51	\$102.68	\$175.37	\$116.00	\$135.42	\$132.34
	ICF-IID	\$67.90	\$25.68	\$35.69	\$70.09	\$8.83	\$14.74
ABD Institution	Hospital	\$26,167.50	\$17,385.73	\$15,752.97	\$9,786.68	\$16,168.69	\$5,601.39
ABD Long-Term Care	Community Choices Waiver	\$150.26	\$133.60	\$107.99	\$122.94	\$114.33	\$142.51
	Hospice	\$372.68	\$53.83	\$319.47	\$136.12	\$74.68	\$45.69
	Nursing Home	\$53.42	\$53.57	\$73.95	\$63.42	\$24.08	\$53.52
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$183.43	\$182.95	\$182.84	\$181.14	\$157.93	\$195.77
Adults	Family-Care Adults	\$101.02	\$92.78	\$86.53	\$73.70	\$77.63	\$79.57
	Former Foster Care	--	\$21.90	\$20.43	\$41.26	\$59.53	\$109.06
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	\$25.56	\$21.34	\$27.19	\$25.21	\$31.00	\$28.47
	Children's Mental Health Waiver	\$75.12	\$131.00	\$102.24	\$171.12	\$80.69	\$32.00
	Foster Care	\$46.20	\$56.49	\$47.85	\$60.46	\$56.56	\$60.06
	Newborn	\$423.80	\$464.75	\$440.32	\$436.62	\$694.99	\$478.13
Medicare Savings Programs	Qualified Medicare Beneficiary	\$25.72	\$24.62	\$24.39	\$14.83	\$5.64	\$5.67
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$295.27	\$349.41	\$995.18	\$1,120.13	\$1,806.05	\$1,776.04
Pregnant Women	Pregnant Women	\$388.61	\$325.17	\$488.76	\$540.35	\$476.95	\$461.18
	Presumptive Eligibility	--	--	--	--	--	--
Special Groups	Breast and Cervical	\$372.47	\$543.88	\$374.58	\$163.21	\$253.56	\$94.61
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$87.68	\$83.67	\$93.92	\$90.37	\$99.22	\$94.54

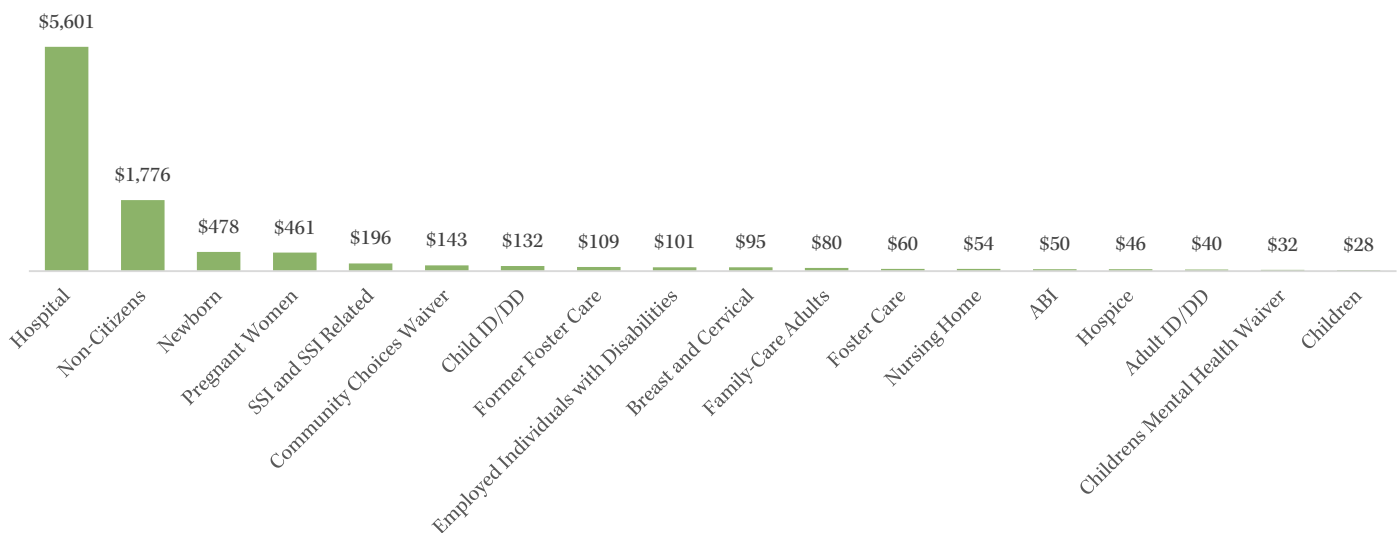


Figure 8. Inpatient Per Member Per Month by Eligibility Subgroup - SFY 2019

Table 14. Nursing Facility Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$1.17	\$0.04	\$0.09	\$0.19	\$0.00	\$0.00
ABD ID/DD/ABI	Acquired Brain Injury	\$0.38	\$4.96	\$12.57	\$7.05	\$0.18	\$0.39
	Adult ID/DD	\$0.60	\$1.57	\$1.17	\$1.14	\$0.02	\$0.15
	Child ID/DD	--	--	--	--	--	--
	ICF-IID	--	--	--	--	--	--
ABD Institution	Hospital	\$153.11	\$87.52	\$51.66	\$385.89	\$28.13	\$162.70
ABD Long-Term Care	Community Choices Waiver	\$16.56	\$10.75	\$13.28	\$7.59	\$1.89	\$3.69
	Hospice	-\$0.78	\$0.36	\$3.61	-\$0.91	\$1.54	\$0.00
	Nursing Home	\$3,515.76	\$3,503.54	\$4,044.25	\$4,071.32	\$4,119.30	\$4,065.45
	PACE	--	-\$0.95	--	--	--	--
ABD SSI	SSI and SSI Related	\$1.06	\$1.72	\$3.42	\$2.85	\$0.01	\$1.31
Adults	Family-Care Adults	--	\$0.01	--	--	--	--
	Former Foster Care	--	--	--	--	--	--
Children	Care Management Entity (CME)	--	--	--	--	--	--
	Children	--	--	--	--	--	--
	Children's Mental Health Waiver	--	--	--	--	--	--
	Foster Care	--	--	--	--	--	--
	Newborn	--	--	--	--	--	--
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3.45	\$2.09	\$2.46	\$1.25	\$0.04	\$0.12
	Specified Low Income Medicare Beneficiary	--	-\$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		\$85.01	\$77.93	\$101.37	\$109.04	\$114.79	\$116.62

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.

Table 15. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$496.47	\$408.69	\$359.95	\$202.27	\$231.39	\$129.80
ABD ID/DD/ABI	Acquired Brain Injury	\$100.13	\$89.04	\$71.52	\$77.96	\$73.11	\$64.20
	Adult ID/DD	\$61.77	\$67.82	\$65.00	\$58.75	\$51.74	\$56.59
	Child ID/DD	\$260.40	\$335.46	\$423.62	\$434.51	\$336.40	\$264.38
	ICF-IID	\$17.98	\$17.62	\$36.80	\$51.45	\$28.72	\$34.32
ABD Institution	Hospital	\$2,575.19	\$1,513.39	\$1,815.46	\$1,184.01	\$1,988.95	\$1,066.11
ABD Long-Term Care	Community Choices Waiver	\$103.07	\$108.70	\$88.35	\$102.70	\$104.06	\$93.72
	Hospice	\$76.36	\$15.21	\$7.91	\$26.20	\$26.23	\$10.02
	Nursing Home	\$31.27	\$30.98	\$35.73	\$38.45	\$28.57	\$32.14
	PACE	--	\$0.75	\$2.54	\$0.88	\$0.28	\$0.04
ABD SSI	SSI and SSI Related	\$109.35	\$99.95	\$106.98	\$117.18	\$111.41	\$106.57
Adults	Family-Care Adults	\$104.79	\$100.03	\$99.18	\$93.57	\$97.16	\$96.43
	Former Foster Care	\$26.79	\$135.74	\$87.80	\$85.87	\$85.55	\$113.98
Children	Care Management Entity (CME)	--	--	\$182.77	\$104.46	\$76.12	\$79.50
	Children	\$38.31	\$36.46	\$38.35	\$40.96	\$40.55	\$40.01
	Children's Mental Health Waiver	\$87.72	\$80.75	\$94.14	\$65.42	\$31.36	\$27.74
	Foster Care	\$47.50	\$45.58	\$47.03	\$51.76	\$49.46	\$50.35
	Newborn	\$163.54	\$148.30	\$138.37	\$138.77	\$137.86	\$147.21
Medicare Savings Programs	Qualified Medicare Beneficiary	\$40.22	\$36.83	\$39.54	\$32.20	\$27.82	\$29.06
	Specified Low Income Medicare Beneficiary	--	-\$0.07	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$94.37	\$88.29	\$211.58	\$282.59	\$279.12	\$338.28
Pregnant Women	Pregnant Women	\$337.51	\$253.70	\$322.30	\$326.30	\$324.58	\$317.78
	Presumptive Eligibility	\$61.74	\$59.60	\$52.01	\$73.21	\$74.32	\$76.99
Special Groups	Breast and Cervical	\$933.59	\$466.64	\$489.13	\$574.34	\$652.27	\$972.23
	Family Planning Waiver	\$2.53	\$2.32	\$3.73	\$5.93	\$4.55	\$5.33
	Tuberculosis	--	--	\$49.61	--	--	--
Overall		\$72.63	\$67.16	\$72.52	\$74.58	\$72.47	\$70.29

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.

Table 16. Prescription Drug Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
ABD Employed Individuals w/ Disabilities	Employed Individuals w/ Disabilities	\$246.75	\$209.74	\$210.64	\$271.37	\$215.98	\$202.50
ABD ID/DD/ABI	Acquired Brain Injury	\$92.78	\$89.47	\$78.69	\$104.59	\$109.87	\$103.52
	Adult ID/DD	\$126.13	\$144.65	\$160.48	\$166.08	\$170.24	\$158.63
	Child ID/DD	\$275.92	\$331.70	\$324.61	\$319.00	\$274.62	\$290.59
	ICF-IID	--	--	\$0.36	\$0.48	\$0.02	--
ABD Institution	Hospital	\$81.13	\$238.43	\$107.67	\$86.29	\$62.29	\$217.33
ABD Long-Term Care	Community Choices Waiver	\$104.70	\$123.14	\$123.55	\$116.00	\$143.58	\$145.61
	Hospice	\$4.32	\$1.30	\$3.12	\$3.28	--	\$0.98
	Nursing Home	\$28.23	\$30.44	\$31.94	\$27.89	\$33.85	\$39.73
	PACE	--	--	--	--	--	--
ABD SSI	SSI and SSI Related	\$168.39	\$188.36	\$198.08	\$218.29	\$251.46	\$299.06
Adults	Family-Care Adults	\$70.31	\$71.55	\$82.09	\$93.31	\$134.77	\$150.30
	Former Foster Care	\$8.58	\$64.47	\$51.64	\$45.17	\$70.32	\$58.11
Children	Care Management Entity (CME)	--	--	\$352.17	\$200.57	\$162.68	\$153.52
	Children	\$25.26	\$27.33	\$29.46	\$31.63	\$37.36	\$40.56
	Children's Mental Health Waiver	\$309.13	\$315.73	\$258.91	\$127.13	\$85.95	\$75.01
	Foster Care	\$75.43	\$77.18	\$69.76	\$59.86	\$70.35	\$65.70
	Newborn	\$26.85	\$17.68	\$21.28	\$21.86	\$21.36	\$29.21
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$27.37	\$23.28	\$27.46	\$36.04	\$52.05	\$59.81
	Presumptive Eligibility	\$17.82	\$18.52	\$12.15	\$20.19	\$61.14	\$61.44
Special Groups	Breast and Cervical	\$224.89	\$202.05	\$346.03	\$346.53	\$432.77	\$502.44
	Family Planning Waiver	\$6.08	\$3.94	\$5.77	\$3.96	\$5.48	\$2.15
	Tuberculosis	--	--	\$23.28	\$13.65	--	--
Overall		\$49.58	\$53.74	\$59.58	\$65.27	\$77.80	\$86.60



population detail

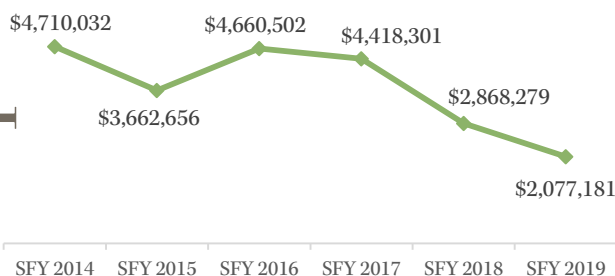
This section provides a detailed look at expenditures, member months, and per member per month cost history for each of the Medicaid populations as defined by Eligibility Category and Subgroup.

aged, blind, or disabled employed individuals with disabilities

expenditures

\$2.1 million

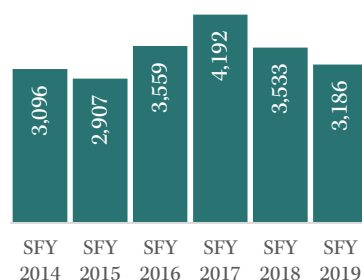
paid to providers for services rendered during the state fiscal year



member months

3,186

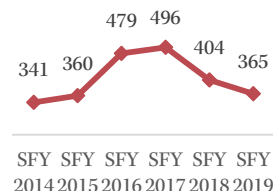
months members were enrolled during the state fiscal year



8.7
months average enrollment

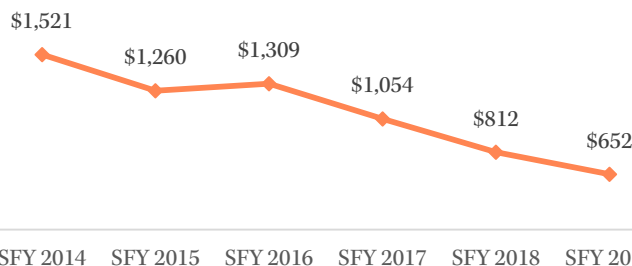
365

unique individuals enrolled during the state fiscal year

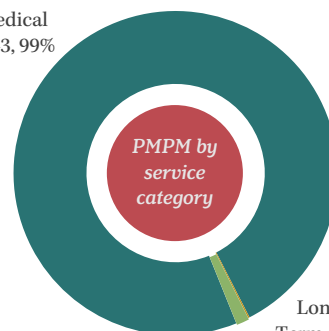


per member per month

\$652



Medical
\$643, 99%



Long-Term Care
\$1, 0%

Dental, Vision, & Other, \$8, 1%

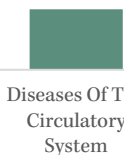
\$202



\$114



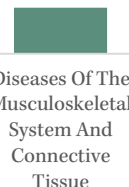
\$53



\$45



\$40



PMPM by primary diagnosis

Emergency Room PMPM



SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

Hospital Inpatient PMPM



SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

Table 17. 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>	\$2,077,181	-28	3,186	-10	\$652	-20

Table 18. Aged, Blind, or Disabled Employed Individuals with Disabilities Summary by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	5 Year % Change
Expenditures								
ABD EID	EID	\$4,710,032	\$3,662,656	\$4,660,502	\$4,418,301	\$2,868,279	\$2,077,181	-56
Member Months								
ABD EID	EID	3,096	2,907	3,559	4,192	3,533	3,186	3
Per Member Per Month								
ABD EID	EID	\$1,521	\$1,260	\$1,309	\$1,054	\$812	\$652	-57

Table 19. Aged, Blind, or Disabled Employed Individuals with Disabilities Per Member Per Month History by Subgroup

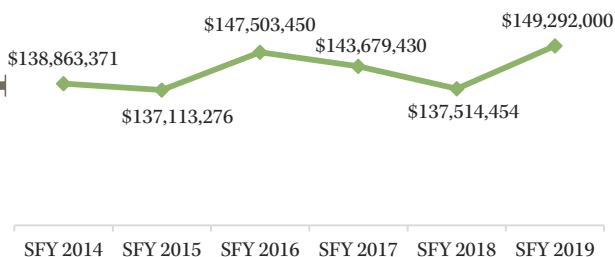
Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$12.80	\$9.55	\$11.42	\$9.35	\$10.47	\$1.50
Ambulatory Surgical Center	\$3.71	\$7.88	\$4.87	\$6.17	\$4.06	\$1.50
Behavioral Health	\$56.92	\$58.88	\$44.75	\$42.96	\$48.80	\$24.60
Dental	\$17.31	\$16.90	\$24.71	\$20.91	\$6.84	\$5.38
DME, Prosthetics/Orthotics/Supplies	\$38.79	\$52.69	\$69.88	\$53.96	\$30.67	\$26.66
End Stage Renal Disease	\$8.71	\$8.40	\$10.95	\$8.89	\$1.09	\$3.94
Federally Qualified Health Center	\$5.82	\$7.51	\$16.15	\$11.29	\$8.37	\$11.34
Home Health	\$12.20	\$4.36	\$8.70	\$21.91	\$4.16	\$0.94
Hospice	\$12.12	\$8.98	\$7.11	\$1.96	\$3.18	\$1.45
Hospital Total	\$597.62	\$456.94	\$526.53	\$395.71	\$238.29	\$232.47
<i>Inpatient</i>	\$421.97	\$322.25	\$361.89	\$261.65	\$159.83	\$100.89
<i>Outpatient</i>	\$177.03	\$135.10	\$165.16	\$134.13	\$78.25	\$131.45
<i>Other Hospital</i>	-\$1.38	-\$0.41	-\$0.52	-\$0.07	\$0.21	\$0.12
Laboratory	\$3.94	\$2.92	\$4.53	\$1.52	\$0.92	\$0.57
Nursing Facility	\$1.17	\$0.04	\$0.09	\$0.19	\$0.00	\$0.00
Other	\$2.34	\$1.26	\$1.05	\$1.25	\$1.37	\$2.00
Physician & Other Practitioner	\$496.47	\$408.69	\$359.95	\$202.27	\$231.39	\$129.80
Prescription Drug	\$246.75	\$209.74	\$210.64	\$271.37	\$215.98	\$202.50
Public Health or Welfare	\$1.28	\$0.59	\$0.80	\$0.76	\$0.64	\$0.34
Public Health, Federal	\$0.01	\$0.01	\$3.31	\$0.09	\$0.39	\$1.76
Rural Health Clinic	\$1.73	\$3.01	\$2.02	\$1.82	\$3.67	\$4.24
Vision	\$1.63	\$1.58	\$2.03	\$1.61	\$1.57	\$0.98
Total	\$1,521	\$1,260	\$1,309	\$1,054	\$812	\$652

aged, blind, or disabled intellectual/developmental disabilities and acquired brain injury

expenditures

\$149.3 million

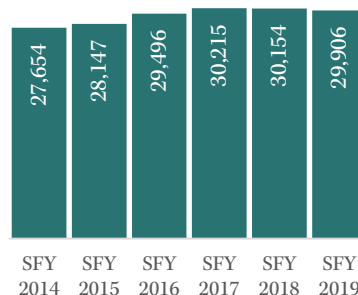
paid to providers for services rendered during the state fiscal year



member months

29,906

months members were enrolled during the state fiscal year

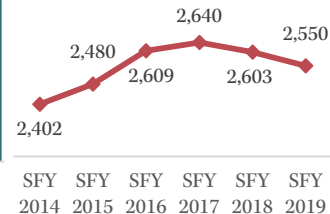


11.7

months average enrollment

2,550

unique individuals enrolled during the state fiscal year

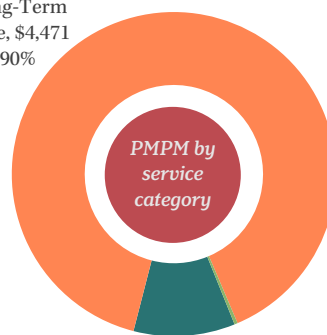


per member per month

\$4,992



Long-Term Care, \$4,471 90%



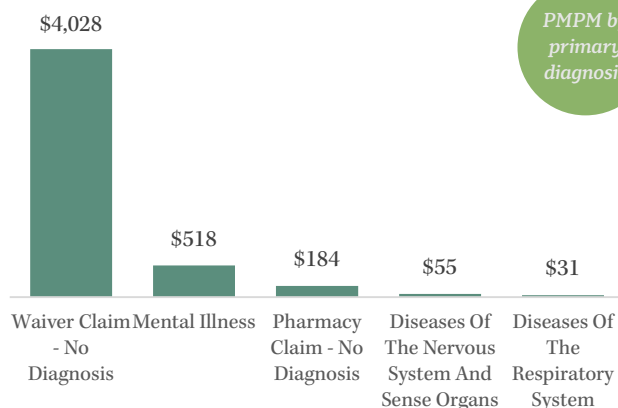
Medical, \$505, 10%

Dental, Vision, and Other, \$16,0%

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

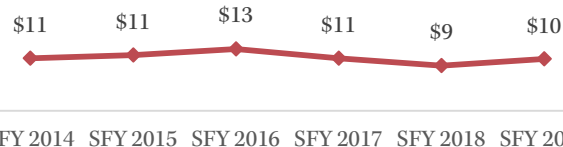
Non-Waiver \$964, 19%

Waiver \$4,028 81%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

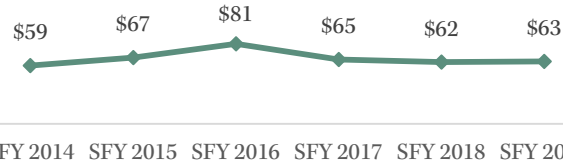


Table 20. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Acquired Brain Injury	\$9,481,262	11%	2,097	-4%	\$4,521	16%
Adult ID/DD	\$106,279,053	10%	19,670	2%	\$5,403	8%
Child ID/DD	\$20,546,446	9%	7,473	-5%	\$2,749	15%
ICF-IID	\$12,985,240	-5%	666	-10%	\$19,497	6%

Table 21. Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
ABD ID/DD/ABI	Acquired Brain Injury	\$8,546,896	\$8,101,517	\$8,498,357	\$8,708,890	\$8,537,705	\$9,481,262
	Adult ID/DD	\$92,158,690	\$91,862,611	\$99,403,117	\$96,285,221	\$96,496,790	\$106,279,053
	Child ID/DD	\$18,967,389	\$19,499,096	\$20,666,124	\$19,512,052	\$18,853,076	\$20,546,446
	ICF-IID	\$19,190,395	\$17,650,052	\$18,935,852	\$19,173,268	\$13,626,883	\$12,985,240
Total Expenditures		\$138,863,371	\$137,113,276	\$147,503,450	\$143,679,430	\$137,514,454	\$149,292,000
Member Months							
ABD ID/DD/ABI	Acquired Brain Injury	2,059	1,949	2,235	2,318	2,191	2,097
	Adult ID/DD	16,787	17,512	18,368	18,957	19,355	19,670
	Child ID/DD	7,898	7,823	8,068	8,162	7,869	7,473
	ICF-IID	910	863	825	778	739	666
Total Member Months		27,654	28,147	29,496	30,215	30,154	29,906
Per Member Per Month							
ABD ID/DD/ABI	Acquired Brain Injury	\$4,151	\$4,157	\$3,802	\$3,757	\$3,897	\$4,521
	Adult ID/DD	\$5,490	\$5,246	\$5,412	\$5,079	\$4,986	\$5,403
	Child ID/DD	\$2,402	\$2,493	\$2,561	\$2,391	\$2,396	\$2,749
	ICF-IID	\$21,088	\$20,452	\$22,953	\$24,644	\$18,440	\$19,497
Overall Per Member Per Month		\$5,021	\$4,871	\$5,001	\$4,755	\$4,560	\$4,992

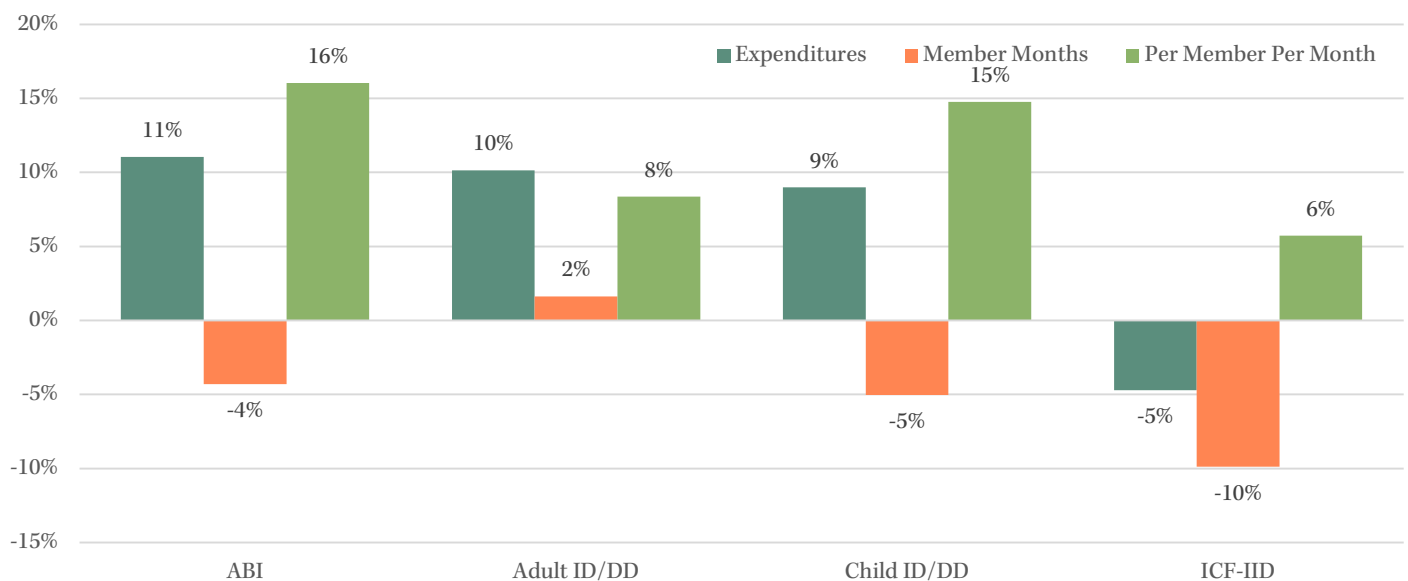


Figure 9. One-Year Percent Change by ABD ID/DD/ABI Eligibility Subgroup

Table 22. ABD ID/DD/ABI Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-Group	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	5 year % change
Waiver-Only Services								
ABD ID/DD/ABI	ABI	\$3,545	\$3,396	\$3,102	\$3,174	\$3,426	\$4,131	17%
	Adult ID/DD	\$4,914	\$4,496	\$4,408	\$4,323	\$4,537	\$5,029	2%
	Child ID/DD	\$1,434	\$1,328	\$1,286	\$1,189	\$1,311	\$1,723	20%
Waiver-Only Services Overall		\$3,657	\$3,402	\$3,332	\$3,277	\$3,503	\$4,028	10%
Non-Waiver Services								
ABD ID/DD/ABI	ABI	\$606	\$760	\$701	\$583	\$470	\$390	-36%
	Adult ID/DD	\$575	\$749	\$1,004	\$756	\$449	\$374	-35%
	Child ID/DD	\$967	\$1,164	\$1,276	\$1,201	\$1,085	\$1,026	6%
Non-Waiver Services Overall		\$694	\$869	\$1,057	\$866	\$621	\$542	-22%

acquired brain injury

expenditures

\$9.5 million

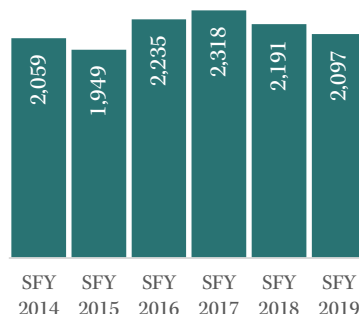
paid to providers for services rendered during the state fiscal year



member months

2,097

months members were enrolled during the state fiscal year



11.6

months average enrollment

181

unique individuals enrolled during the state fiscal year

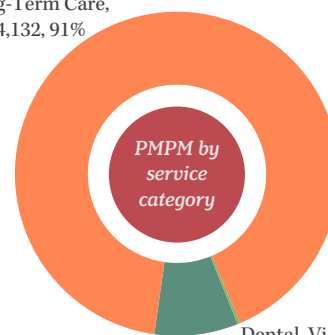


per member per month

\$4,521

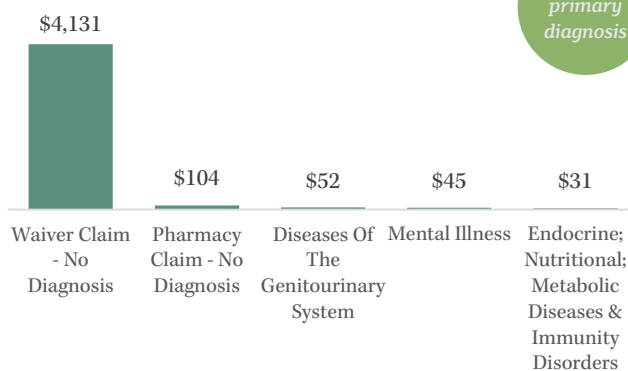


Long-Term Care, \$4,132, 91%



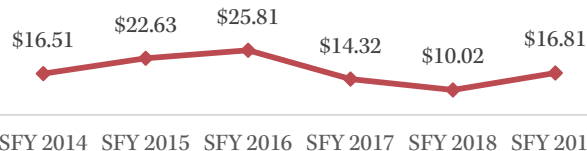
Medical, \$378, 8%

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



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

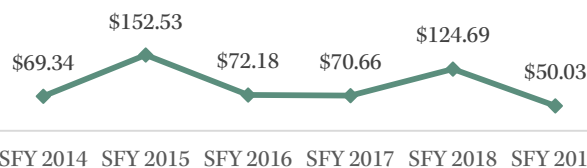


Table 23. Acquired Brain Injury Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$4.38	\$10.54	\$10.94	\$4.72	\$6.18	\$3.41
Ambulatory Surgical Center	\$2.41	\$1.11	\$1.22	\$3.19	\$1.49	\$0.95
Behavioral Health	\$138.54	\$206.90	\$207.71	\$97.33	\$45.30	\$40.47
Dental	\$22.44	\$19.48	\$18.75	\$16.09	\$8.21	\$9.86
DME, Prosthetics/Orthotics/ Supplies	\$46.14	\$65.61	\$60.99	\$43.83	\$50.49	\$69.02
End Stage Renal Disease	--	--	--	\$8.75	\$13.70	\$14.36
Federally Qualified Health Center	\$1.90	\$1.60	\$2.81	\$1.83	\$2.87	\$2.09
Home Health	\$68.08	\$56.63	\$101.13	\$104.56	\$11.54	\$0.44
Hospice	--	--	\$0.57	\$0.98	--	--
Hospital Total	\$122.16	\$202.47	\$128.68	\$105.62	\$141.51	\$74.22
Inpatient	\$69.34	\$152.53	\$72.18	\$70.66	\$124.69	\$50.03
Outpatient	\$52.79	\$49.94	\$56.49	\$34.90	\$16.45	\$23.92
Other Hospital	\$0.03	--	\$0.02	\$0.06	\$0.37	\$0.27
Laboratory	\$0.40	\$0.47	\$1.89	\$0.60	\$0.41	\$0.45
Nursing Facility	\$0.38	\$4.96	\$12.57	\$7.05	\$0.18	\$0.39
Other	\$1.10	\$0.27	\$0.27	\$1.06	\$0.70	\$0.84
Physician & Other Practitioner	\$100.13	\$89.04	\$71.52	\$77.96	\$73.11	\$64.20
Prescription Drug	\$92.78	\$89.47	\$78.69	\$104.59	\$109.87	\$103.52
Public Health or Welfare	\$0.48	\$0.15	\$0.65	\$0.38	\$0.57	\$2.59
Public Health, Federal	\$2.62	\$9.53	\$0.02	\$2.49	\$1.87	\$1.13
Rural Health Clinic	\$0.56	\$0.49	\$0.36	\$0.40	\$0.91	\$1.17
Vision	\$1.75	\$1.56	\$2.06	\$1.80	\$1.49	\$1.38
Waiver Total	\$3,544.74	\$3,396.47	\$3,101.56	\$3,173.84	\$3,426.29	\$4,130.86
Acquired Brain Injury	\$3,544.74	\$3,396.32	\$2,999.77	\$2,978.80	\$2,087.70	--
Comprehensive	--	--	--	\$1.30	\$1,102.10	\$3,851.45
Supports	--	--	\$101.78	\$193.74	\$236.49	\$279.41
Total	\$4,151	\$4,157	\$3,802	\$3,757	\$3,897	\$4,521

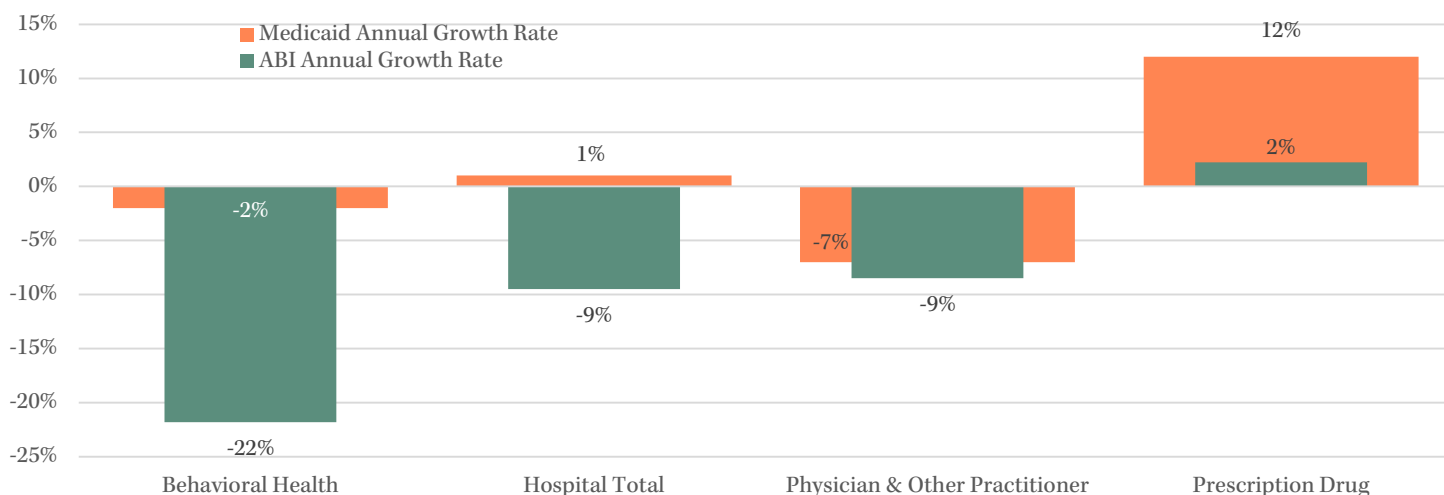


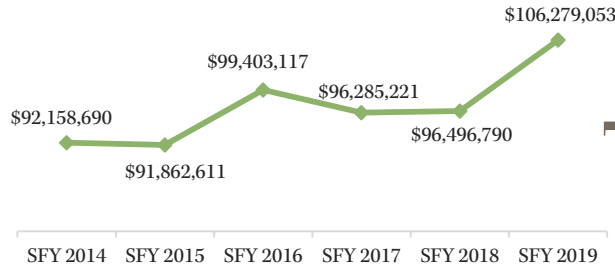
Figure 10. Acquired Brain Injury Per Member Per Month Five-Year Annual Growth Rate for Select Services

adults with intellectual/developmental disabilities

expenditures

\$106.3 million

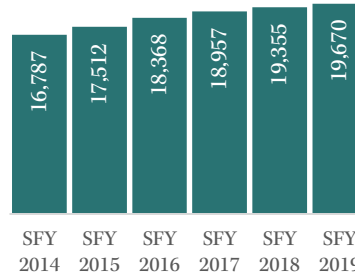
paid to providers for services rendered during the state fiscal year



member months

19,670

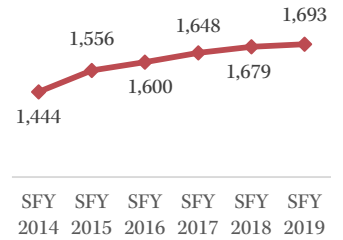
months members were enrolled during the state fiscal year



11.6
months average enrollment

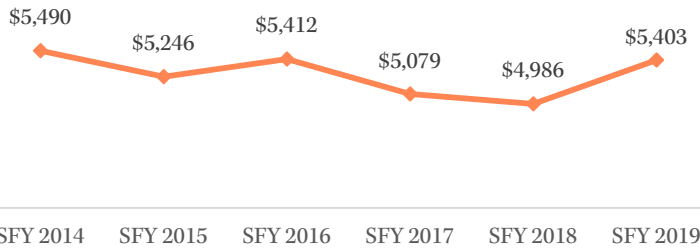
1,693

unique individuals enrolled during the state fiscal year

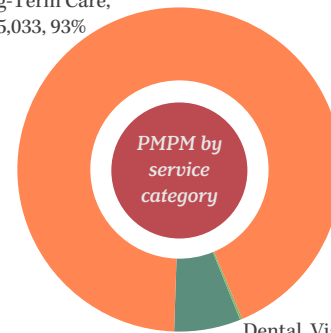


per member per month

\$5,403



Long-Term Care,
\$5,033, 93%



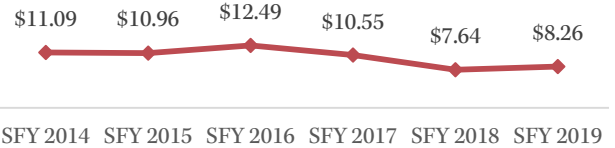
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%



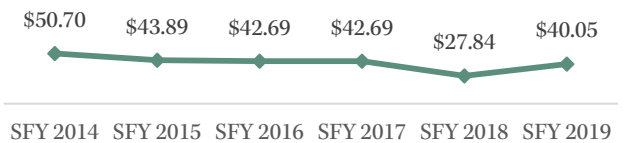
PMPM by
primary
diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM



**Table 24. Adults with Intellectual/Developmental Disabilities
Per Member Per Month History by Service Area**

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$3.79	\$4.23	\$2.43	\$1.61	\$2.36	\$1.51
Ambulatory Surgical Center	\$4.35	\$6.03	\$6.28	\$3.33	\$2.59	\$3.61
Behavioral Health	\$199.16	\$283.90	\$349.62	\$157.44	\$45.65	\$28.45
Dental	\$14.66	\$19.05	\$17.70	\$13.13	\$10.14	\$9.83
DME, Prosthetics/Orthotics/ Supplies	\$45.44	\$50.20	\$54.19	\$49.49	\$43.98	\$43.93
End Stage Renal Disease	\$4.40	\$4.50	\$2.21	\$0.16	\$0.78	\$0.01
Federally Qualified Health Center	\$1.26	\$1.67	\$2.03	\$3.00	\$3.35	\$3.04
Home Health	\$23.24	\$81.80	\$260.30	\$225.56	\$65.66	\$3.78
Hospice	\$0.80	\$0.60	\$0.50	\$0.85	\$0.97	\$0.23
Hospital Total	\$82.99	\$75.45	\$73.22	\$67.18	\$45.78	\$58.12
Inpatient	\$50.70	\$43.89	\$42.69	\$42.69	\$27.84	\$40.05
Outpatient	\$32.28	\$31.55	\$30.69	\$24.47	\$17.85	\$18.02
Other Hospital	\$0.00	\$0.01	-\$0.16	\$0.02	\$0.09	\$0.05
Laboratory	\$0.66	\$0.96	\$1.49	\$0.49	\$0.48	\$0.43
Nursing Facility	\$0.60	\$1.57	\$1.17	\$1.14	\$0.02	\$0.15
Other	\$0.35	\$0.39	\$0.61	\$0.46	\$0.34	\$0.38
Physician & Other Practitioner	\$61.77	\$67.82	\$65.00	\$58.75	\$51.74	\$56.59
Prescription Drug	\$126.13	\$144.65	\$160.48	\$166.08	\$170.24	\$158.63
Public Health or Welfare	\$0.21	\$0.19	\$0.23	\$0.16	\$0.20	\$0.25
Public Health, Federal	\$2.56	\$2.56	\$2.97	\$3.36	\$1.16	\$1.88
Rural Health Clinic	\$1.24	\$1.23	\$0.87	\$1.26	\$1.59	\$1.83
Vision	\$1.88	\$2.42	\$2.50	\$2.31	\$2.07	\$1.78
Waiver Total	\$4,914.39	\$4,496.48	\$4,407.97	\$4,323.37	\$4,536.51	\$5,028.68
Adult ID/DD	\$4,901.89	\$637.89	--	--	--	--
Comprehensive	\$12.36	\$3,815.41	\$4,314.37	\$4,198.80	\$4,383.87	\$4,871.84
Supports	\$0.14	\$43.18	\$93.60	\$124.58	\$152.64	\$156.83
Total	\$5,021	\$4,871	\$5,001	\$4,755	\$4,560	\$4,992

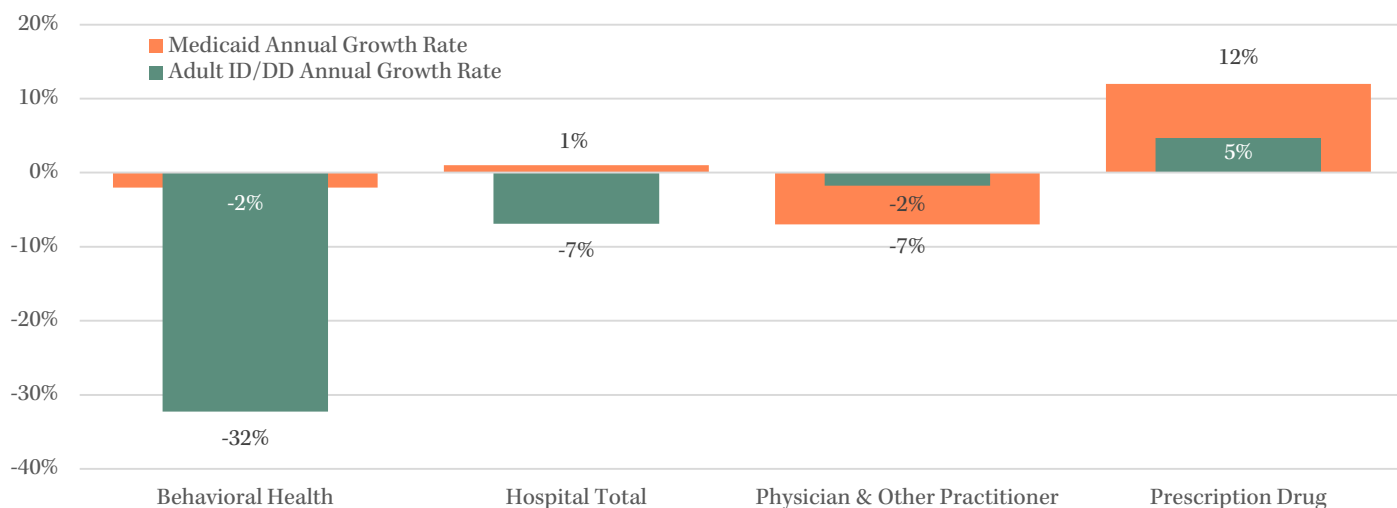


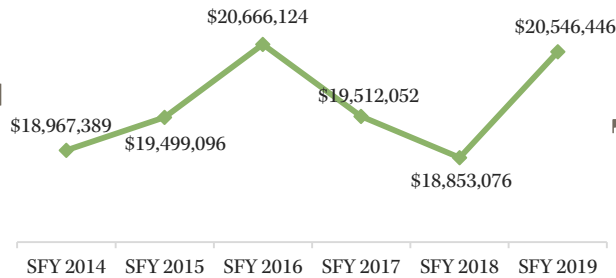
Figure 11. Adult ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

children with intellectual/developmental disabilities

expenditures

\$20.5 million

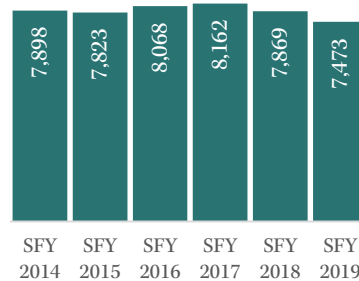
paid to providers for services rendered during the state fiscal year



member months

7,473

months members were enrolled during the state fiscal year

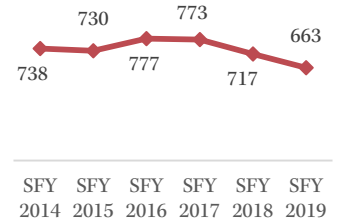


11.3

months average enrollment

663

unique individuals enrolled during the state fiscal year

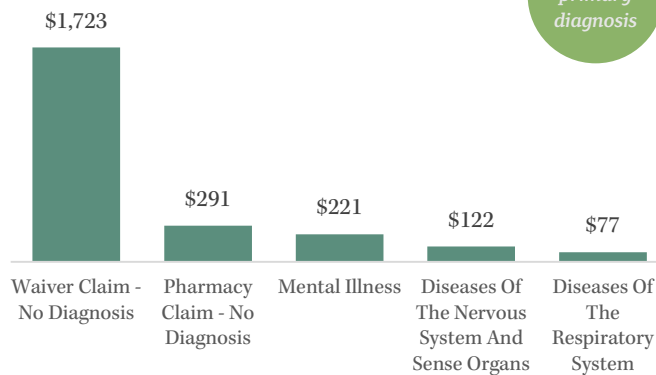
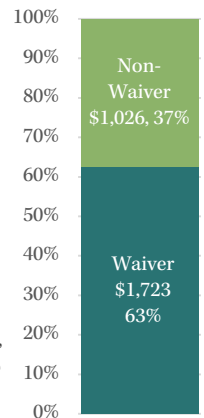
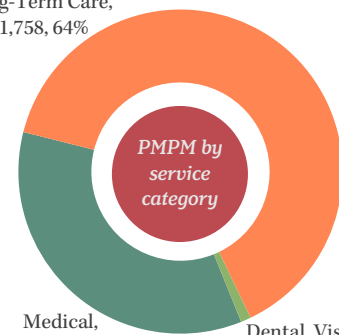


per member per month

\$2,749



Long-Term Care, \$1,758, 64%

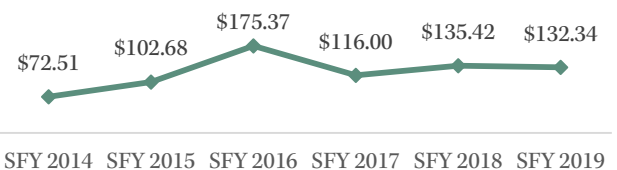


PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM



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

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$7.83	\$9.04	\$6.89	\$5.01	\$7.82	\$5.38
Ambulatory Surgical Center	\$17.67	\$24.43	\$13.57	\$7.06	\$8.88	\$6.65
Behavioral Health	\$48.21	\$58.74	\$56.95	\$38.55	\$44.61	\$55.95
Clinic/Center	\$2.39	\$1.83	\$2.52	\$2.51	\$1.02	\$0.73
Dental	\$19.54	\$17.54	\$19.23	\$16.54	\$19.97	\$18.85
DME, Prosthetics/Orthotics/ Supplies	\$120.73	\$137.53	\$111.28	\$116.84	\$124.36	\$136.08
End Stage Renal Disease	--	\$1.47	\$0.97	--	--	\$2.65
Federally Qualified Health Center	\$0.87	\$0.86	\$1.65	\$2.88	\$3.96	\$2.96
Home Health	\$34.13	\$29.47	\$38.33	\$48.82	\$32.11	\$35.40
Hospice	--	\$0.38	--	--	--	--
Hospital Total	\$124.09	\$171.57	\$240.86	\$189.69	\$196.90	\$188.29
<i>Inpatient</i>	\$72.51	\$102.68	\$175.37	\$116.00	\$135.42	\$132.34
<i>Outpatient</i>	\$51.66	\$68.89	\$65.50	\$73.73	\$61.48	\$55.94
<i>Other Hospital</i>	-\$0.09	\$0.00	-\$0.02	-\$0.03	--	--
Laboratory	\$0.66	\$1.17	\$0.99	\$0.57	\$0.54	\$0.88
Other	\$0.32	\$0.26	\$1.82	\$0.78	\$0.67	\$0.85
Physician & Other Practitioner	\$260.40	\$335.46	\$423.62	\$434.51	\$336.40	\$264.38
Prescription Drug	\$275.92	\$331.70	\$324.61	\$319.00	\$274.62	\$290.59
PRTF	\$41.91	\$29.75	\$19.64	\$4.72	\$20.80	\$2.40
Public Health or Welfare	\$0.08	\$0.08	\$0.09	\$0.10	\$0.10	\$0.26
Public Health, Federal	\$3.94	\$3.49	\$3.38	\$4.05	\$2.72	\$3.78
Rural Health Clinic	\$1.39	\$1.65	\$1.76	\$1.65	\$2.75	\$2.46
Vision	\$7.24	\$7.93	\$7.58	\$7.87	\$7.02	\$7.90
Waiver Total	\$1,434.23	\$1,328.19	\$1,285.76	\$1,189.46	\$1,310.62	\$1,722.99
<i>Child ID/DD</i>	\$1,434.23	\$975.85	\$2.05	--	--	--
<i>Comprehensive</i>	--	\$325.55	\$1,161.15	\$980.35	\$1,007.18	\$1,345.70
<i>Supports</i>	--	\$26.79	\$122.56	\$209.11	\$303.44	\$377.29
Total	\$2,402	\$2,493	\$2,561	\$2,391	\$2,396	\$2,749

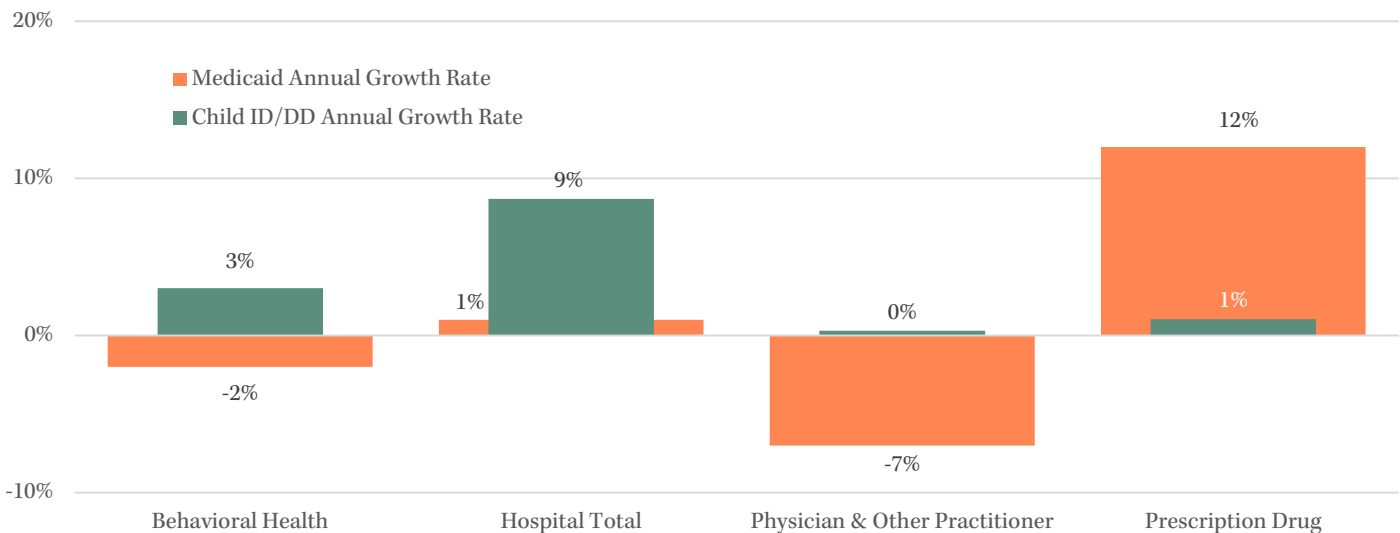
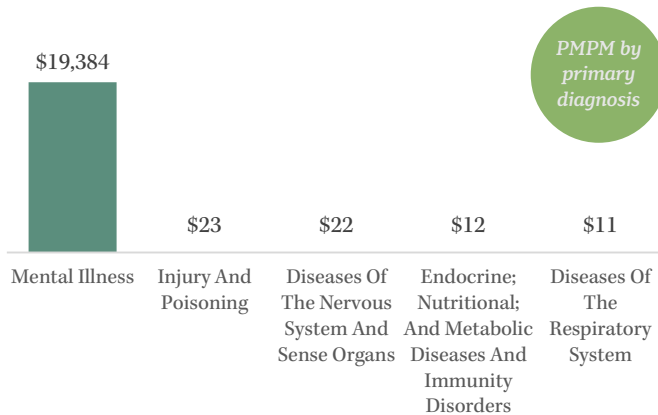
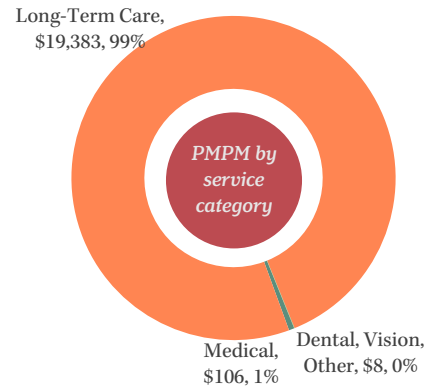
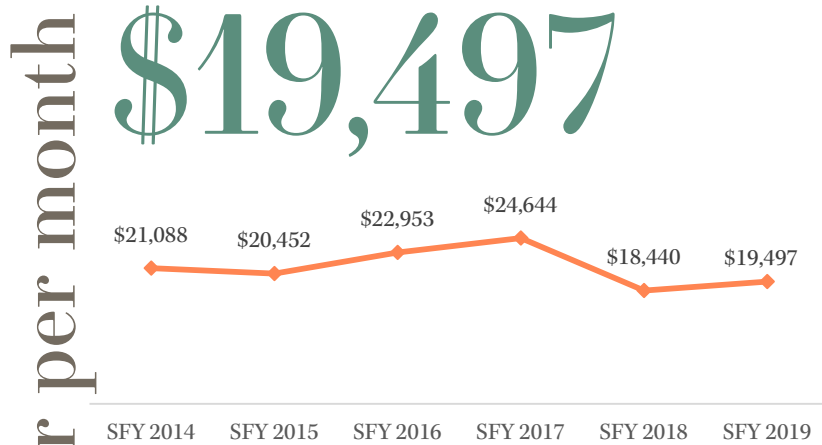
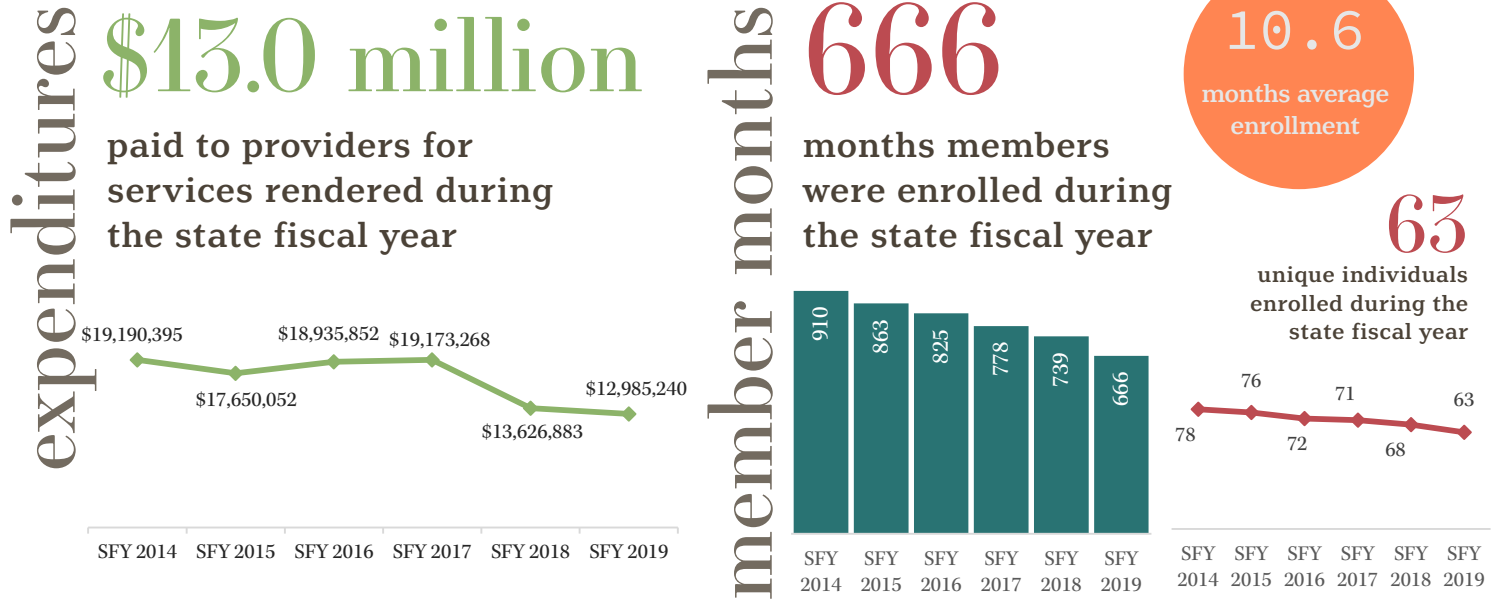
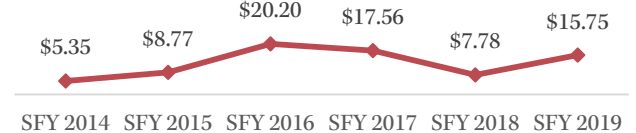


Figure 12. Child ID/DD Per Member Per Month Five-Year Annual Growth Rate for Select Services

intermediate care for individuals with intellectual disabilities



Emergency Room PMPM



Hospital Inpatient PMPM

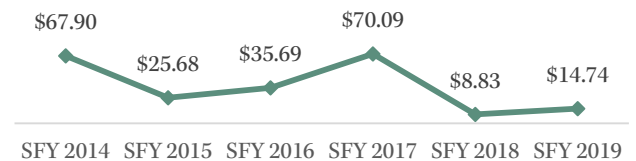


Table 26. ICF-IID Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$4.10	\$8.37	\$15.96	\$13.75	\$1.69	\$17.85
Ambulatory Surgical Center	\$0.96	--	--	\$0.86	\$0.08	\$0.23
Behavioral Health	\$2.52	\$1.09	\$2.56	--	--	\$0.25
Dental	\$0.50	\$0.13	\$0.09	\$0.08	\$0.45	\$5.00
DME, Prosthetics/Orthotics/ Supplies	\$17.71	\$22.99	\$21.27	\$14.81	\$10.30	\$22.70
Hospice			\$0.99			
Hospital Total	\$79.07	\$42.73	\$71.65	\$99.29	\$15.37	\$31.00
<i>Inpatient</i>	\$67.90	\$25.68	\$35.69	\$70.09	\$8.83	\$14.74
<i>Outpatient</i>	\$11.21	\$17.06	\$35.96	\$29.20	\$6.55	\$16.26
<i>Other Hospital</i>	-\$0.04					
Intermediate Care Facility-IID	\$20,961.63	\$20,355.61	\$22,799.08	\$24,460.99	\$18,380.21	\$19,382.91
Laboratory	\$0.06	\$0.00	\$0.03	\$0.00	\$0.04	
Physician & Other Practitioner	\$17.98	\$17.62	\$36.80	\$51.45	\$28.72	\$34.32
Prescription Drug			\$0.36	\$0.48	\$0.02	
Vision	\$3.80	\$3.42	\$3.76	\$2.58	\$2.74	\$3.11
Total	\$21,088	\$20,452	\$22,953	\$24,644	\$18,440	\$19,497

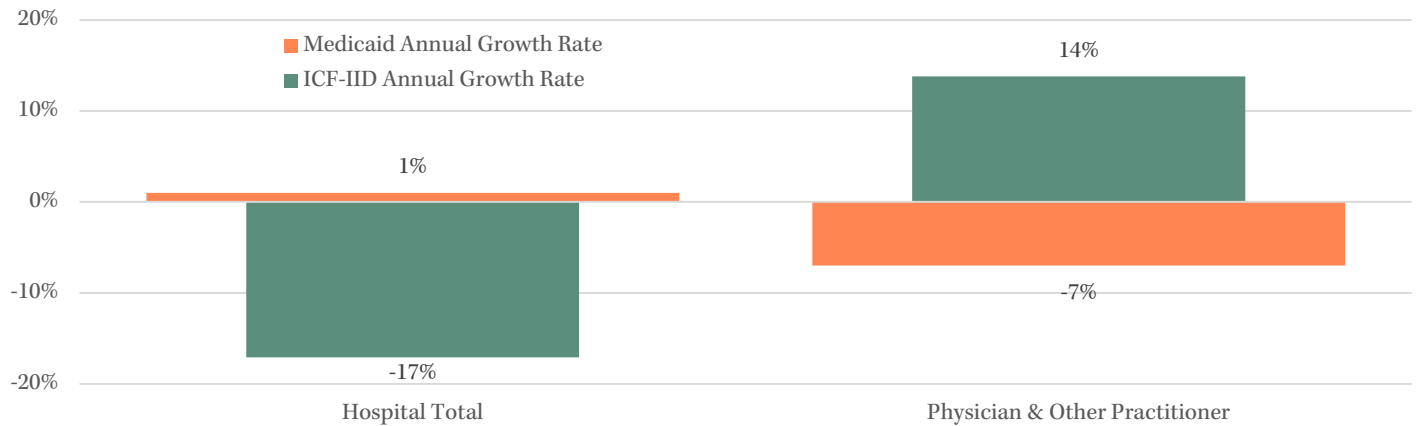


Figure 13. ICF-IID Five-Year Annual Growth Rate for Select Services



expenditures

\$0.9 million

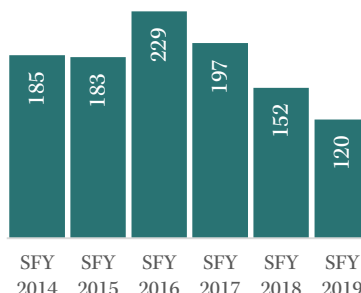
paid to providers for services rendered during the state fiscal year



member months

120

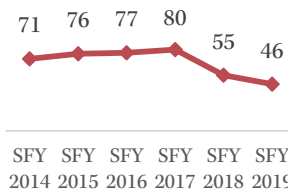
months members were enrolled during the state fiscal year



2.6
months average enrollment

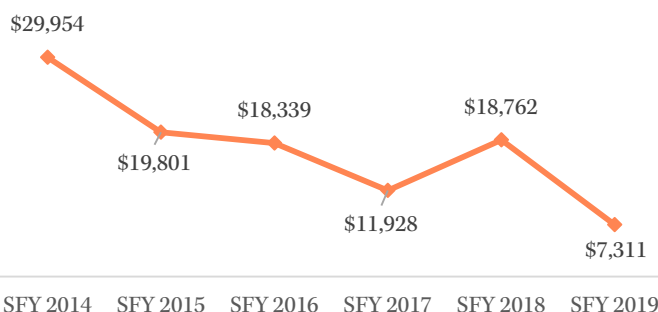
46

unique individuals enrolled during the state fiscal year

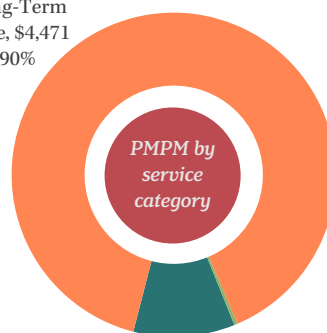


per member per month

\$7,311

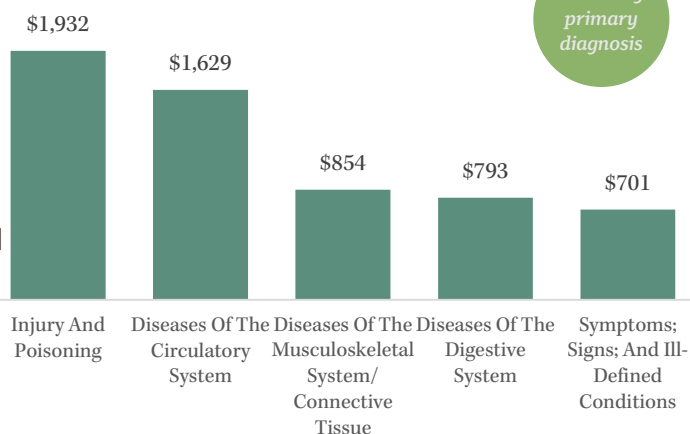


Long-Term Care, \$4,471
90%

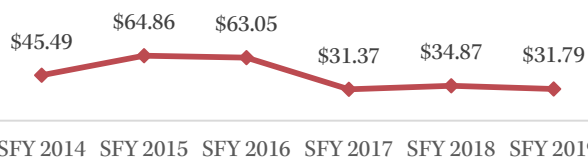


Medical, \$505, 10%
Dental, Vision, and Other, \$16,000, 16.0%

PMPM by primary diagnosis



Emergency Room PMPM



Hospital Inpatient PMPM

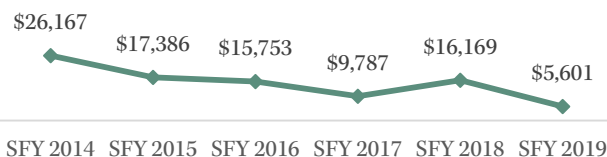


Table 27. Aged, Blind, or Disabled Institution Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
<i>Hospital</i>	\$877,437	-69%	120	-21%	\$7,311	-61%

Table 28. Aged, Blind, or Disabled Institution Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
ABD Institution	<i>Hospital</i>	\$5,541,567	\$3,623,601	\$4,199,537	\$2,349,813	\$2,851,827	\$877,347
Member Months							
ABD Institution	<i>Hospital</i>	185	183	229	197	152	120
Per Member Per Month							
ABD Institution	<i>Hospital</i>	\$29,954	\$19,801	\$18,339	\$11,928	\$18,762	\$7,311

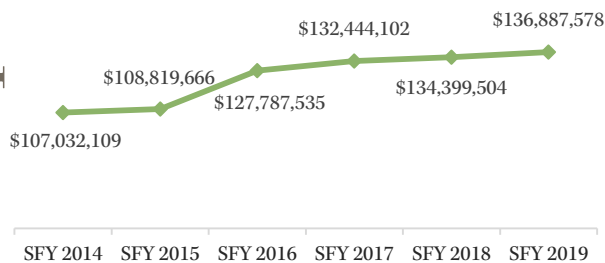
Table 29. Hospital Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$457.28	\$223.27	\$116.25	\$202.60	\$162.68	\$61.53
Ambulatory Surgical Center	--	--	\$8.50	--	--	--
Behavioral Health	\$5.47	\$34.00	\$4.33	\$10.49	\$13.36	\$11.17
Dental	--	\$8.23	\$3.49	\$1.08	\$3.68	--
DME, Prosthetics/Orthotics/Supplies	\$153.22	\$46.55	\$59.78	\$138.84	\$115.66	\$26.90
End Stage Renal Disease	\$1.63	\$1.96	--	--	--	--
Federally Qualified Health Center	\$1.88	\$0.13	--	--	\$2.35	\$1.07
Home Health	\$58.14	\$6.00	\$27.05	\$5.01	\$13.68	\$8.45
Hospice	\$21.93	\$14.51	\$2.40	\$0.97	\$14.58	--
Hospital Total	\$26,344.15	\$17,590.87	\$15,929.14	\$9,868.27	\$16,270.48	\$5,720.67
<i>Inpatient</i>	\$26,167.50	\$17,385.73	\$15,752.97	\$9,786.68	\$16,168.69	\$5,601.39
<i>Outpatient</i>	\$176.56	\$205.14	\$179.53	\$81.30	\$101.79	\$119.28
<i>Other Hospital</i>	\$0.09	\$0.00	-\$3.36	\$0.29	--	--
Laboratory	\$38.08	\$16.45	\$23.26	\$18.72	\$42.40	\$0.23
Nursing Facility	\$153.11	\$87.52	\$51.66	\$385.89	\$28.13	\$162.70
Other	\$42.74	\$7.59	\$6.98	\$15.88	\$29.56	\$26.13
Physician & Other Practitioner	\$2,575.19	\$1,513.39	\$1,815.46	\$1,184.01	\$1,988.95	\$1,066.11
Prescription Drug	\$81.13	\$238.43	\$107.67	\$86.29	\$62.29	\$217.33
Public Health or Welfare	\$18.16	\$10.49	\$6.81	\$8.53	\$10.26	\$8.00
Public Health, Federal	--	--	\$172.76	--	--	--
Rural Health Clinic	\$0.91	--	\$1.79	\$1.25	\$3.94	\$0.94
Vision	\$1.38	\$1.69	\$1.25	\$0.17	--	--
Total	\$29,954	\$19,801	\$18,339	\$11,928	\$18,762	\$7,311

expenditures

\$136.9 million

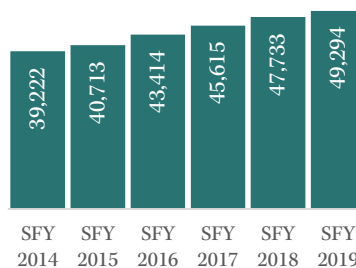
paid to providers for services rendered during the state fiscal year



member months

49,294

months members were enrolled during the state fiscal year



9.7

months average enrollment

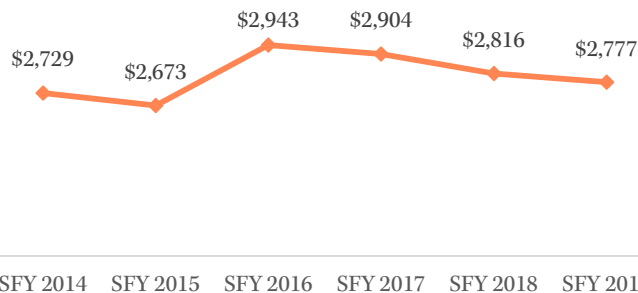
5,105

unique individuals enrolled during the state fiscal year

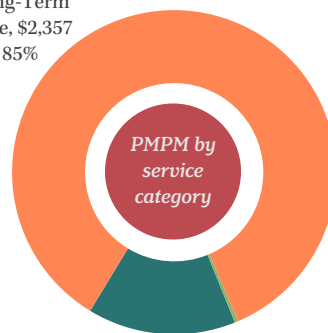


per member per month

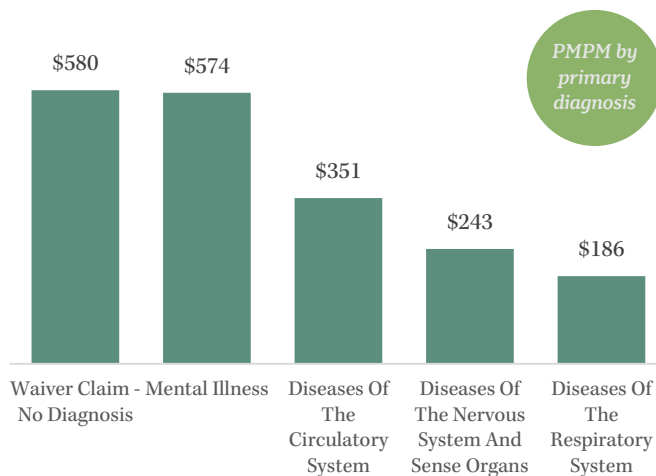
\$2,777



Long-Term Care, \$2,357 85%



Medical, \$411, 15%
Dental, Vision, and Other, \$10, 0.3%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

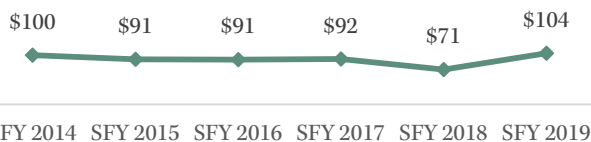


Table 30. Aged, Blind, or Disabled Long-Term Care Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD LTC						
Community Choices	\$44,990,777	10%	26,882	8%	\$1,674	2%
Hospice	\$346,328	-50%	212	-37%	\$1,634	-21%
Nursing Home	\$87,654,188	-2%	20,541	-2%	\$4,267	0%
PACE	\$3,896,286	10%	1,659	3%	\$2,349	7%

Table 31. Aged, Blind, or Disabled Long-Term Care Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
ABD LTC	Community Choices	\$30,170,899	\$32,535,782	\$36,989,523	\$38,722,929	\$40,828,378	\$44,990,777
	Hospice	\$604,967	\$625,073	\$677,625	\$619,372	\$688,589	\$346,328
	Nursing Home	\$74,974,399	\$73,417,768	\$87,226,944	\$89,659,137	\$89,343,291	\$87,654,188
	PACE	\$1,281,845	\$2,241,044	\$2,893,443	\$3,442,663	\$3,539,247	\$3,896,286
Total Expenditures		\$107,032,109	\$108,819,666	\$127,787,535	\$132,444,102	\$134,399,504	\$136,887,578
Member Months							
ABD LTC	Community Choices	18,369	19,776	21,643	22,918	24,915	26,882
	Hospice	249	359	314	380	335	212
	Nursing Home	20,092	19,667	20,251	20,853	20,875	20,541
	PACE	512	911	1,206	1,464	1,608	1,659
Total Member Months		39,222	40,713	43,414	45,615	47,733	49,294
Per Member Per Month							
ABD LTC	Community Choices	\$1,642	\$1,645	\$1,709	\$1,690	\$1,639	\$1,674
	Hospice	\$2,430	\$1,741	\$2,158	\$1,630	\$2,055	\$1,634
	Nursing Home	\$3,732	\$3,733	\$4,307	\$4,300	\$4,280	\$4,267
	PACE	\$2,504	\$2,460	\$2,399	\$2,352	\$2,201	\$2,349
Overall Per Member Per Month		\$2,729	\$2,673	\$2,943	\$2,904	\$2,816	\$2,777

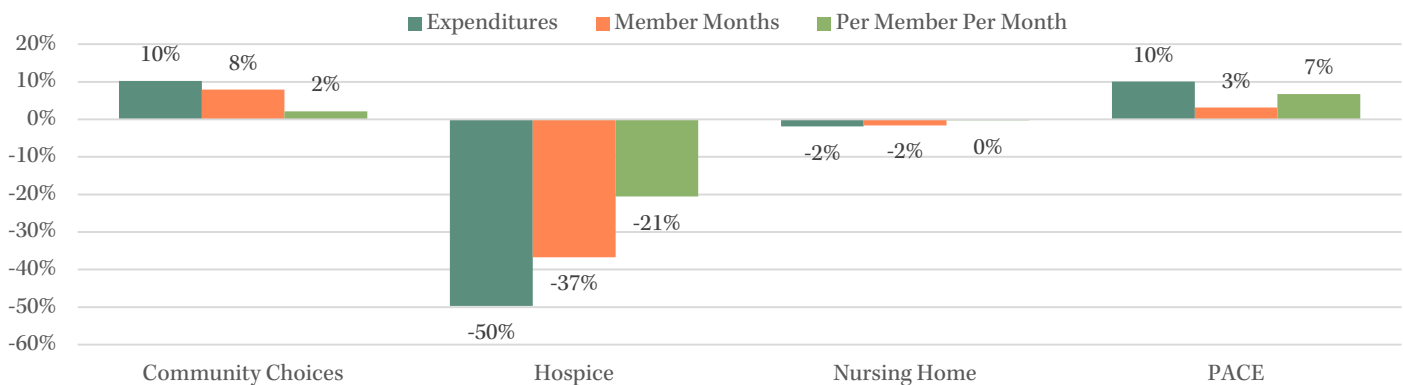


Figure 14. One-Year Percent Change by Aged, Blind, or Disabled Long-Term Care Eligibility Subgroup

Table 32. Aged, Blind, or Disabled Long-Term Care Community Choices Waiver Per Member Per Month History for Waiver and Non-Waiver Services

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Waiver-Only Services	\$857	\$843	\$928	\$933	\$1,045	\$1,064
Non-Waiver Services	\$786	\$802	\$781	\$757	\$593	\$610

expenditures

\$45 million

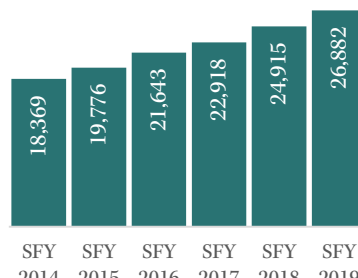
paid to providers for services rendered during the state fiscal year



member months

26,882

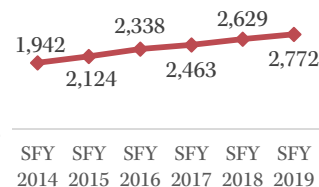
months members were enrolled during the state fiscal year



9.7 months average enrollment

2,772

unique individuals enrolled during the state fiscal year

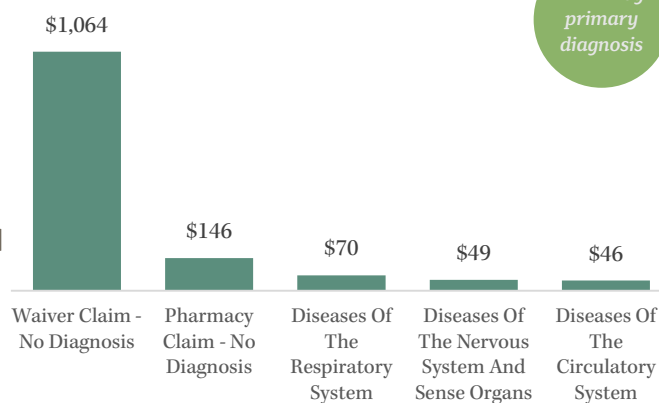
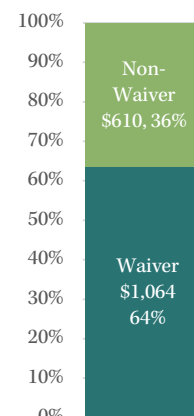
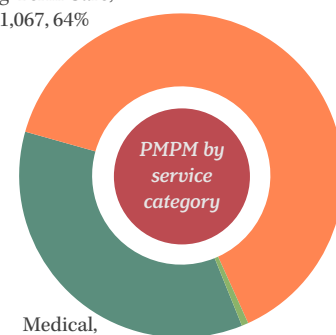


per member per month

\$1,674



Long-Term Care, \$1,067, 64%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM



Table 33. Community Choices Waiver Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$12.18	\$15.80	\$16.06	\$10.63	\$7.09	\$7.59
Ambulatory Surgical Center	\$1.85	\$3.23	\$2.68	\$1.88	\$1.65	\$1.22
Behavioral Health	\$41.86	\$46.11	\$48.46	\$41.74	\$26.40	\$17.71
Dental	\$12.99	\$16.04	\$16.43	\$11.69	\$4.77	\$4.84
DME, Prosthetics/Orthotics/ Supplies	\$79.24	\$80.73	\$74.99	\$68.91	\$64.13	\$71.27
End Stage Renal Disease	\$11.30	\$14.82	\$13.27	\$8.56	\$4.97	\$13.64
Federally Qualified Health Center	\$3.63	\$4.57	\$8.87	\$8.08	\$8.17	\$8.22
Home Health	\$111.85	\$117.16	\$130.35	\$143.27	\$16.40	\$2.88
Hospice	\$10.93	\$4.33	\$4.82	\$6.65	\$5.74	\$6.63
Hospital Total	\$240.27	\$220.29	\$201.13	\$186.50	\$173.98	\$207.05
Inpatient	\$150.26	\$133.60	\$107.99	\$122.94	\$114.33	\$142.51
Outpatient	\$91.87	\$87.55	\$94.55	\$64.25	\$59.15	\$64.13
Other Hospital	-\$1.86	-\$0.86	-\$1.41	-\$0.70	\$0.50	\$0.40
Laboratory	\$0.99	\$1.56	\$1.21	\$0.74	\$0.81	\$0.72
Nursing Facility	\$16.56	\$10.75	\$13.28	\$7.59	\$1.89	\$3.69
Other	\$4.17	\$6.14	\$5.85	\$10.03	\$7.14	\$5.35
Physician & Other Practitioner	\$103.07	\$108.70	\$88.35	\$102.70	\$104.06	\$93.72
Prescription Drug	\$104.70	\$123.14	\$123.55	\$116.00	\$143.58	\$145.61
Public Health or Welfare	\$19.20	\$18.56	\$18.93	\$12.65	\$10.13	\$10.05
Public Health, Federal	\$7.99	\$6.66	\$9.01	\$15.56	\$8.97	\$6.28
Rural Health Clinic	\$1.75	\$2.03	\$2.32	\$2.24	\$2.53	\$2.61
Vision	\$1.19	\$1.19	\$1.20	\$1.11	\$1.03	\$0.91
Waiver Total	\$856.77	\$843.40	\$928.31	\$933.10	\$1,045.28	\$1,063.64
Total	\$1,642	\$1,645	\$1,709	\$1,690	\$1,639	\$1,674

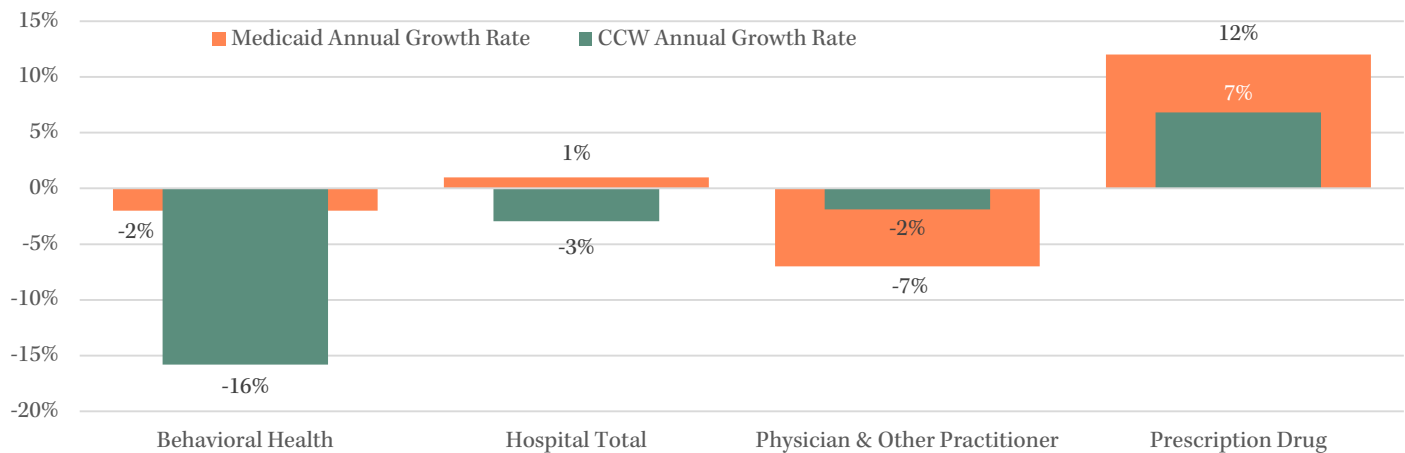
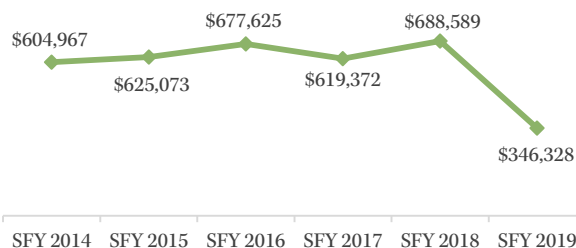


Figure 15. Community Choices Waiver Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$0.3 million

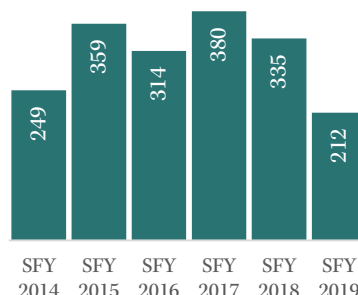
paid to providers for services rendered during the state fiscal year



member months

212

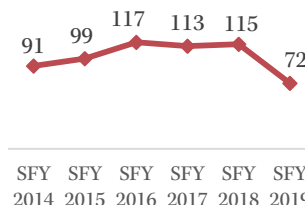
months members were enrolled during the state fiscal year



2.9
months average enrollment

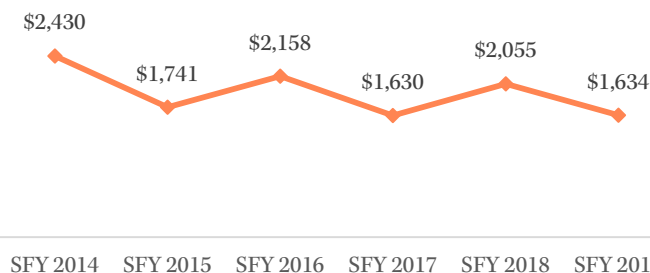
72

unique individuals enrolled during the state fiscal year

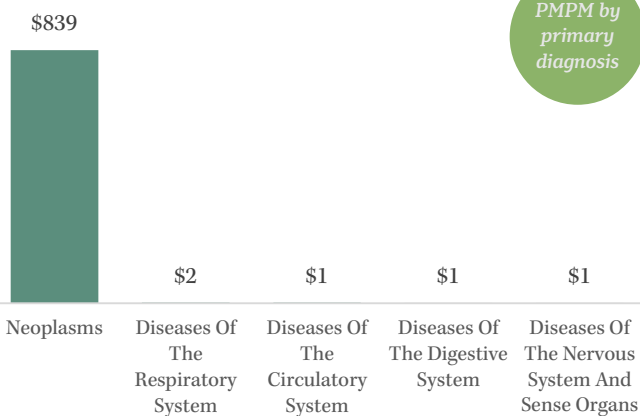
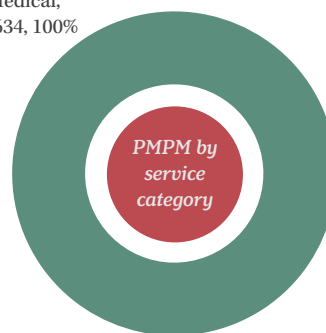


per member per month

\$1,634



Medical,
\$1,634, 100%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

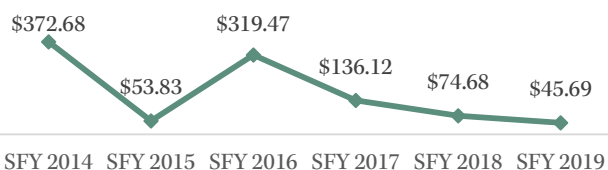


Table 34. Hospice Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$31.63	\$2.30	\$20.97	\$0.25	--	\$2.72
Behavioral Health	\$0.31	\$0.26	\$0.03	--	\$6.79	\$0.38
Dental	\$0.88	--	\$1.53	\$8.07	--	--
DME, Prosthetics/Orthotics/ Supplies	\$0.05	\$0.67	--	--	\$1.12	\$0.37
End Stage Renal Disease	--	--	--	\$0.47	--	--
Federally Qualified Health Center	\$5.06	\$0.40	\$0.31	\$0.17	\$2.22	--
Home Health	--	\$0.47	--	\$0.34	--	--
Hospice	\$1,972.02	\$1,643.73	\$1,886.16	\$1,442.67	\$1,940.53	\$1,567.97
Hospital Total	\$320.69	\$61.47	\$221.62	\$146.58	\$75.27	\$50.51
<i>Inpatient</i>	\$372.68	\$53.83	\$319.47	\$136.12	\$74.68	\$45.69
<i>Outpatient</i>	\$24.55	\$7.64	\$16.64	\$10.40	\$0.37	\$4.82
<i>Other Hospital</i>	-\$76.54	--	-\$114.49	\$0.05	\$0.22	--
Laboratory	\$0.09	--	--	--	--	--
Nursing Facility	-\$0.78	\$0.36	\$3.61	-\$0.91	\$1.54	\$0.00
Other	\$0.45	\$3.85	--	\$0.92	--	--
Physician & Other Practitioner	\$76.36	\$15.21	\$7.91	\$26.20	\$26.23	\$10.02
Prescription Drug	\$4.32	\$1.30	\$3.12	\$3.28	--	\$0.98
Public Health or Welfare	\$4.34	\$3.01	\$4.20	\$1.89	\$1.79	\$0.57
Public Health, Federal	\$12.37	\$8.03	\$8.58	--	--	\$0.11
Rural Health Clinic	\$1.80	--	--	--	--	--
Vision	--	\$0.10	--	--	--	--
Total	\$2,430	\$1,741	\$2,158	\$1,630	\$2,055	\$1,634

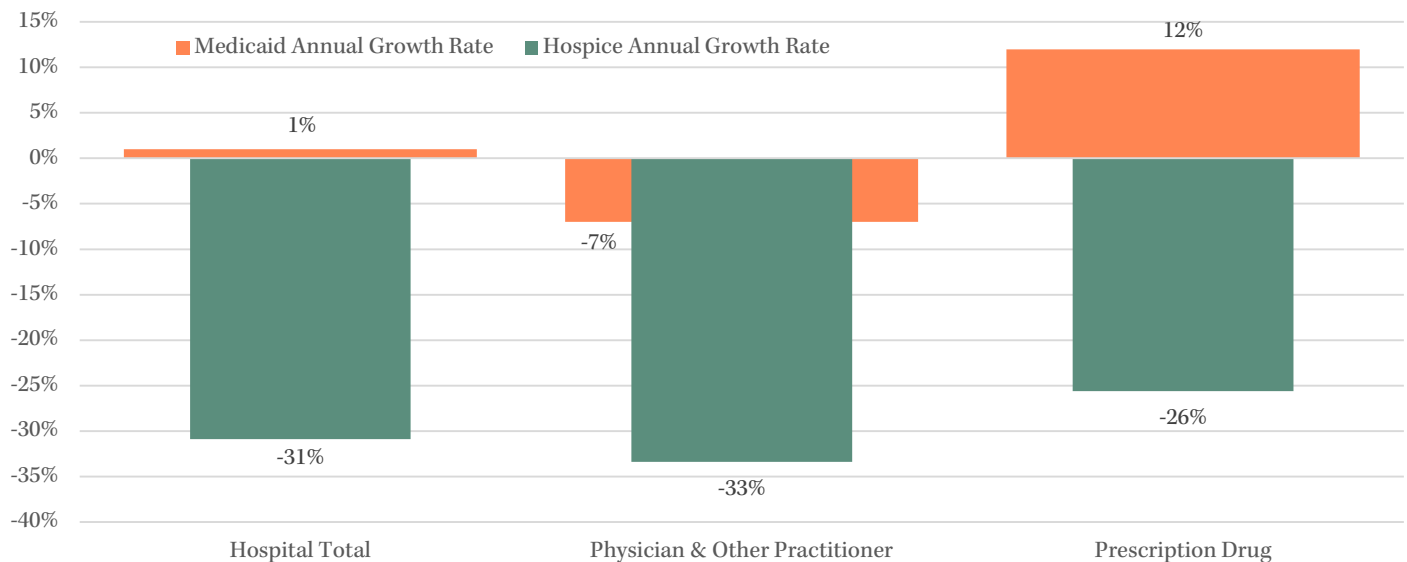


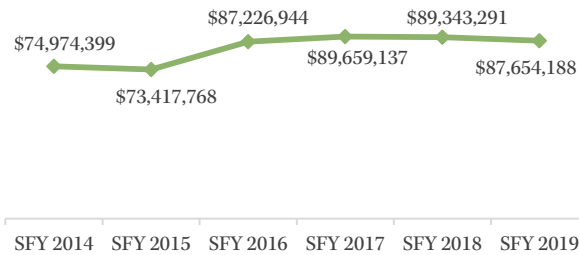
Figure 16. Hospice Per Member Per Month Five-Year Annual Growth Rate for Select Services

nursing home

expenditures

\$87.7 million

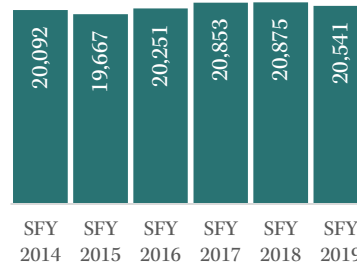
paid to providers for services rendered during the state fiscal year



member months

20,541

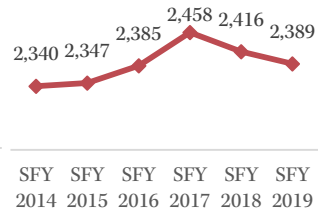
months members were enrolled during the state fiscal year



8.6
months average enrollment

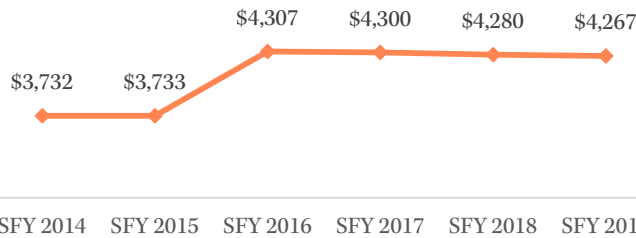
2,389

unique individuals enrolled during the state fiscal year

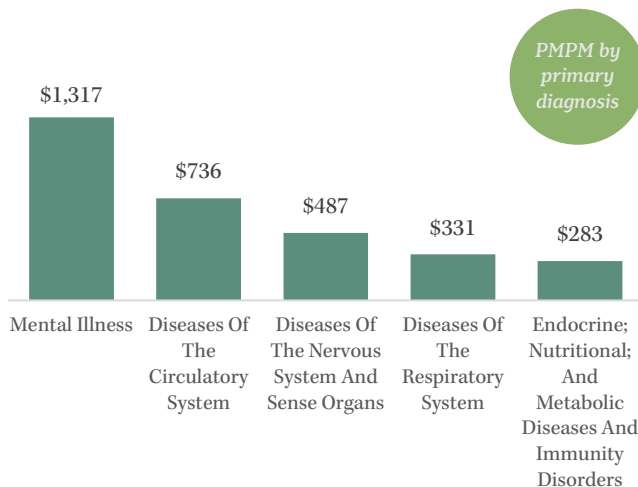
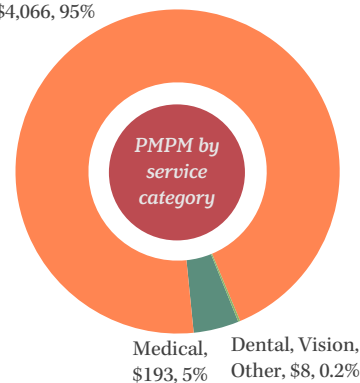


per member per month

\$4,267



Long-Term Care,
\$4,066, 95%



Emergency Room PMPM



Hospital Inpatient PMPM

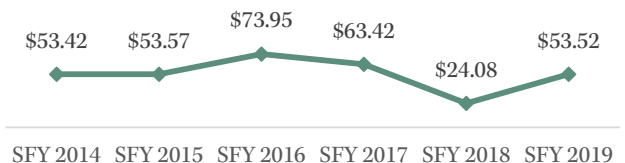


Table 35. Nursing Home Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$6.42	\$6.38	\$6.64	\$4.44	\$1.84	\$2.38
Ambulatory Surgical Center	\$0.16	\$0.10	\$0.86	\$0.75	\$0.31	\$0.40
Behavioral Health	\$11.50	\$14.38	\$14.03	\$12.13	\$7.77	\$5.61
Dental	\$8.60	\$10.03	\$10.68	\$6.66	\$3.57	\$3.20
DME, Prosthetics/Orthotics/ Supplies	\$17.72	\$14.95	\$23.43	\$15.01	\$13.27	\$7.31
End Stage Renal Disease	\$2.51	\$3.87	\$4.13	\$3.12	\$1.98	\$3.71
Federally Qualified Health Center	\$0.16	\$0.93	\$1.63	\$1.55	\$1.67	\$1.61
Home Health	\$0.33	\$0.40	\$0.49	\$0.95	\$0.12	\$0.28
Hospice	\$14.59	\$12.58	\$7.06	\$10.62	\$15.04	\$24.49
Hospital Total	\$80.57	\$83.97	\$106.26	\$82.86	\$34.35	\$64.73
<i>Inpatient</i>	\$53.42	\$53.57	\$73.95	\$63.42	\$24.08	\$53.52
<i>Outpatient</i>	\$32.37	\$31.45	\$32.46	\$20.04	\$9.83	\$10.83
<i>Other Hospital</i>	-\$5.22	-\$1.06	-\$0.15	-\$0.60	\$0.44	\$0.39
Laboratory	\$0.29	\$0.15	\$0.22	\$0.15	\$0.04	\$0.07
Nursing Facility	\$3,515.76	\$3,503.54	\$4,044.25	\$4,071.32	\$4,119.30	\$4,065.45
Other	\$4.52	\$7.73	\$6.52	\$7.29	\$6.48	\$4.60
Physician & Other Practitioner	\$31.27	\$30.98	\$35.73	\$38.45	\$28.57	\$32.14
Prescription Drug	\$28.23	\$30.44	\$31.94	\$27.89	\$33.85	\$39.73
Public Health or Welfare	\$4.67	\$5.06	\$5.20	\$4.13	\$4.44	\$4.20
Public Health, Federal	\$1.34	\$4.78	\$5.44	\$9.76	\$4.20	\$3.83
Rural Health Clinic	\$2.44	\$2.25	\$2.00	\$1.94	\$2.59	\$2.98
Vision	\$0.47	\$0.52	\$0.78	\$0.57	\$0.52	\$0.57
Total	\$3,732	\$3,733	\$4,307	\$4,300	\$4,280	\$4,267

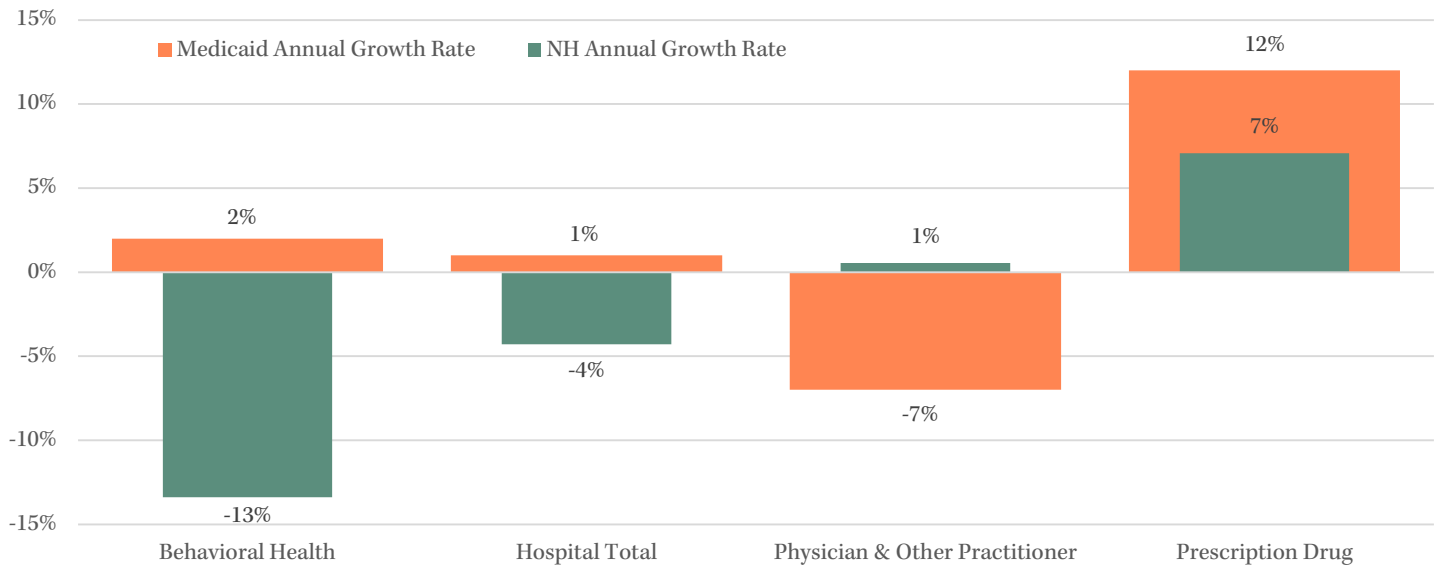
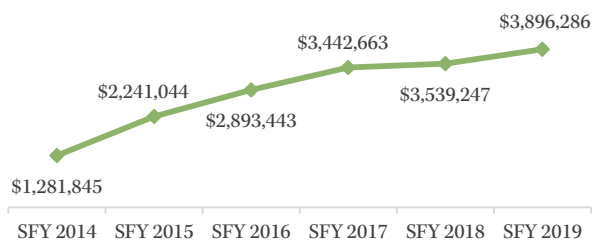


Figure 17. Nursing Home Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$3.9 million

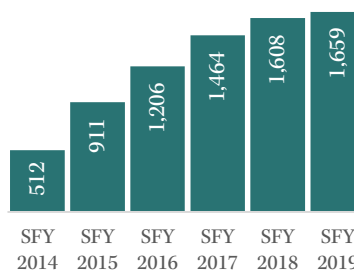
paid to providers for services rendered during the state fiscal year



member months

1,659

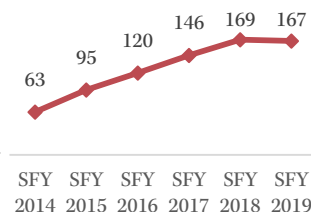
months members were enrolled during the state fiscal year



9.9
months average enrollment

167

unique individuals enrolled during the state fiscal year

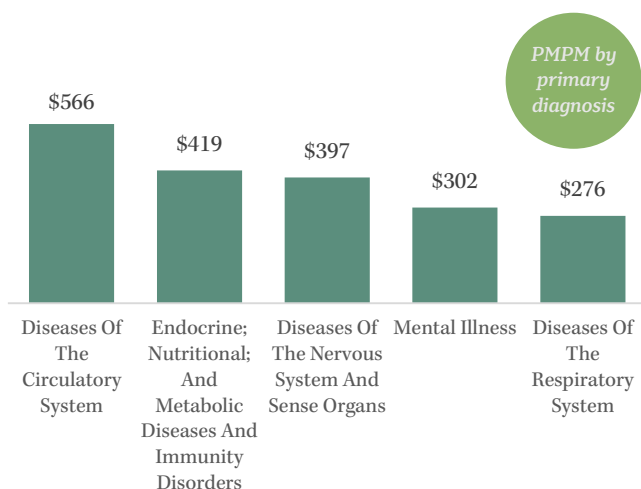
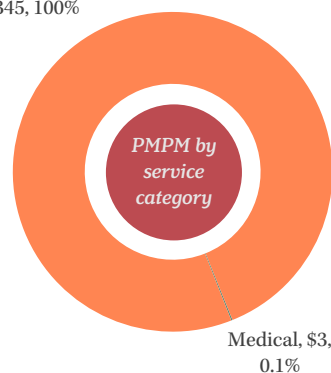


per member per month

\$2,349



Long-Term Care, \$2,345, 100%



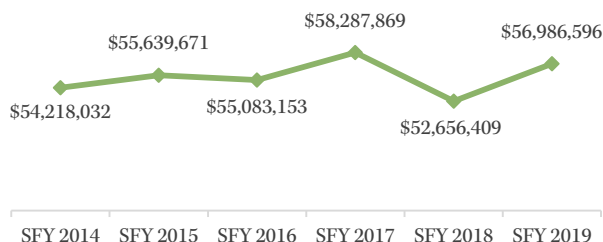


aged, blind, or disabled supplemental security income

expenditures

\$57 million

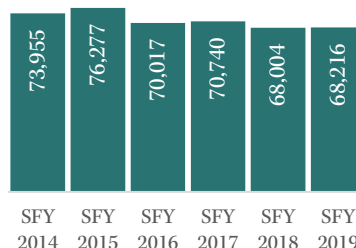
paid to providers for services rendered during the state fiscal year



member months

68,216

months members were enrolled during the state fiscal year



10.1

months average enrollment

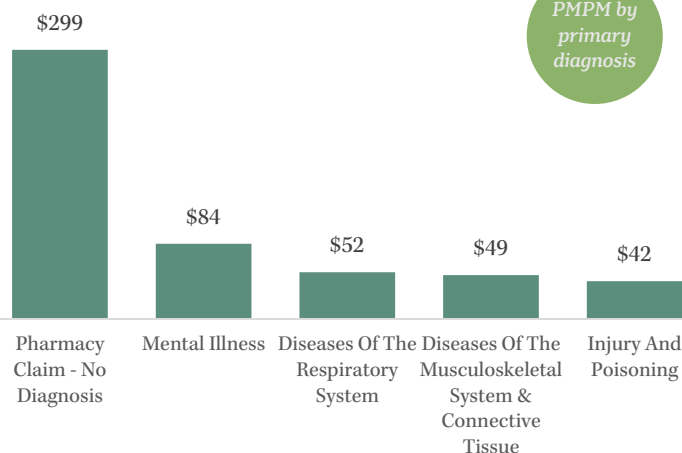
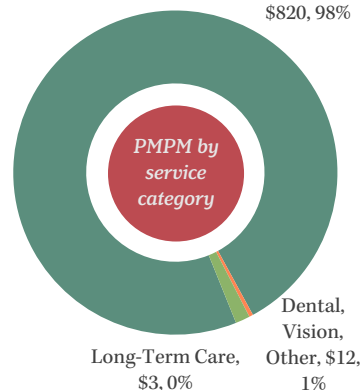
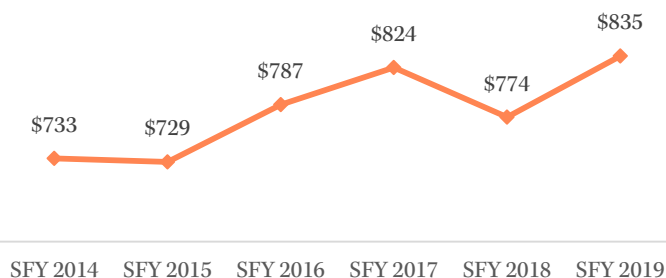
6,737

unique individuals enrolled during the state fiscal year



per member per month

\$835



Emergency Room PMPM

\$36.18 \$35.52 \$38.06 \$34.15 \$31.92 \$34.44

SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

Hospital Inpatient PMPM

\$183.43 \$182.95 \$182.84 \$181.14 \$157.93 \$195.77

SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

Table 36. Aged, Blind, or Disabled Supplemental Security Income Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD SSI / SSI & SSI Related	\$56,986,596	8%	68,216	0.3%	\$835	8%

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
ABD SSI	SSI & SSI Related	\$54,218,032	\$55,639,671	\$55,083,153	\$58,287,869	\$52,656,409	\$56,986,596
Member Months							
ABD SSI	SSI & SSI Related	73,955	76,277	70,017	70,740	68,004	68,216
Per Member Per Month							
ABD SSI	SSI & SSI Related	\$733	\$729	\$787	\$824	\$774	\$835

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

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$11.65	\$10.71	\$10.47	\$10.50	\$9.50	\$11.17
Ambulatory Surgical Center	\$4.25	\$5.06	\$4.37	\$4.41	\$3.52	\$3.35
Behavioral Health	\$63.31	\$57.18	\$67.36	\$58.29	\$47.45	\$40.38
Care Management Entity (CME)			\$6.54	\$5.75	\$4.90	\$4.45
Clinic/Center	\$1.38	\$1.17	\$1.51	\$2.13	\$1.35	\$1.23
Dental	\$13.45	\$13.92	\$14.52	\$11.63	\$8.44	\$7.86
DME, Prosthetics/Orthotics/Supplies	\$26.65	\$25.63	\$30.13	\$28.46	\$31.50	\$33.76
End Stage Renal Disease	\$6.09	\$4.78	\$5.16	\$8.67	\$8.50	\$7.45
Federally Qualified Health Center	\$5.42	\$7.19	\$12.60	\$12.58	\$14.10	\$12.75
Home Health	\$5.45	\$6.21	\$19.61	\$22.47	\$4.40	\$1.96
Hospice	\$2.24	\$1.88	\$1.30	\$4.69	\$3.06	\$2.09
Hospital Total	\$261.38	\$257.13	\$258.56	\$251.37	\$225.13	\$257.99
Inpatient	\$183.43	\$182.95	\$182.84	\$181.14	\$157.93	\$192.84
Outpatient	\$78.14	\$75.07	\$76.06	\$70.36	\$67.12	\$65.09
Other Hospital	-\$0.20	-\$0.89	-\$0.34	-\$0.14	\$0.08	\$0.07
Laboratory	\$2.93	\$2.62	\$2.30	\$1.78	\$1.90	\$1.54
Nursing Facility	\$1.06	\$1.72	\$3.42	\$2.85	\$0.01	\$1.31
Other	\$1.25	\$1.51	\$1.52	\$1.73	\$1.52	\$1.71
PACE	\$0.15	\$0.11	--	--	--	--
Physician & Other Practitioner	\$109.35	\$99.95	\$106.98	\$117.18	\$111.41	\$106.57
Prescription Drug	\$168.39	\$188.36	\$198.08	\$218.29	\$251.46	\$299.06
PRTF	\$23.46	\$18.34	\$13.31	\$12.48	\$15.69	\$12.32
Public Health or Welfare	\$0.61	\$0.50	\$0.55	\$0.51	\$0.54	\$0.68
Public Health, Federal	\$20.73	\$21.54	\$24.19	\$43.82	\$24.60	\$21.81
Rural Health Clinic	\$1.97	\$1.69	\$1.78	\$1.81	\$2.74	\$3.45
Vision	\$1.95	\$2.23	\$2.45	\$2.57	\$2.58	\$2.47
Total	\$733	\$729	\$787	\$824	\$774	\$835

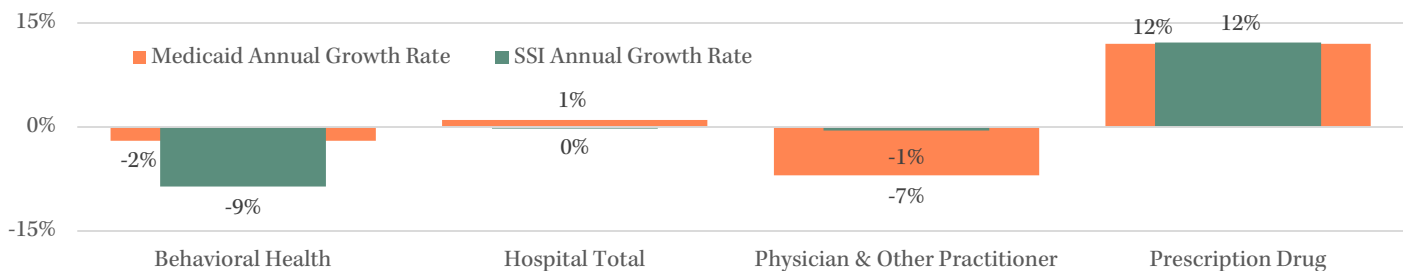
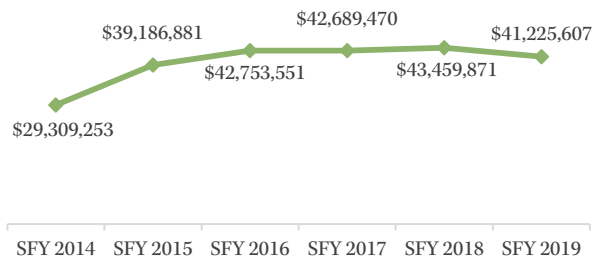


Figure 18. Supplemental Security Income Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$41.2 million

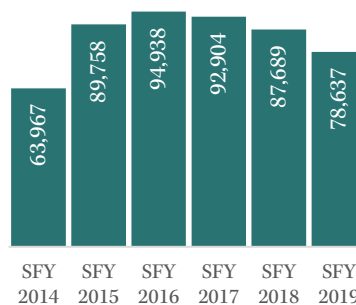
paid to providers for
services rendered during
the state fiscal year



member months

78,637

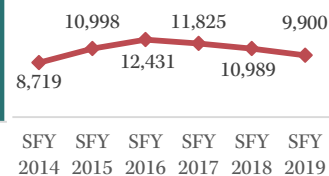
months members
were enrolled during
the state fiscal year



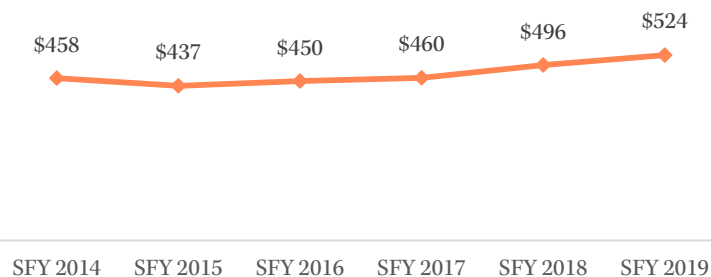
7.9
months average
enrollment

9,900

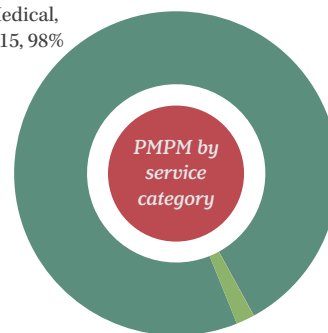
unique individuals
enrolled during the
state fiscal year



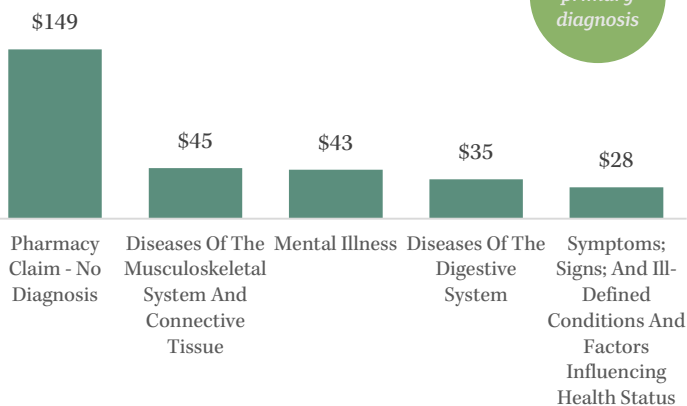
per member per month

\$524

Medical,
\$515, 98%



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



Emergency Room PMPM



Hospital Inpatient PMPM

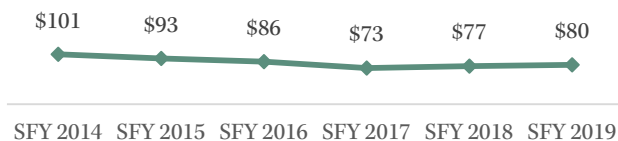


Table 39. Adults Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
<i>Family-Care Adults</i>	\$40,802,191	-5%	77,622	-11%	\$526	6%
<i>Former Foster Care</i>	\$423,415	24%	1,015	15%	\$417	8%

Table 40. Adults History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
Adults	Family-Care Adults	\$29,306,824	\$39,072,196	\$42,552,468	\$42,442,380	\$43,118,788	\$40,802,191
	Former Foster Care	\$2,429	\$114,685	\$201,083	\$247,090	\$341,083	\$423,415
Total Expenditures		\$29,309,253	\$39,186,881	\$42,753,551	\$42,689,470	\$43,459,871	\$41,225,607
Member Months							
Adults	Family-Care Adults	63,927	89,511	94,396	92,134	86,809	77,622
	Former Foster Care	40	247	542	770	880	1,015
Total Member Months		63,967	89,758	94,938	92,904	87,689	78,637
Per Member Per Month							
Adults	Family-Care Adults	\$458	\$437	\$451	\$461	\$497	\$526
	Former Foster Care	\$61	\$464	\$371	\$321	\$388	\$417
Overall Per Member Per Month		\$458	\$437	\$450	\$460	\$496	\$524

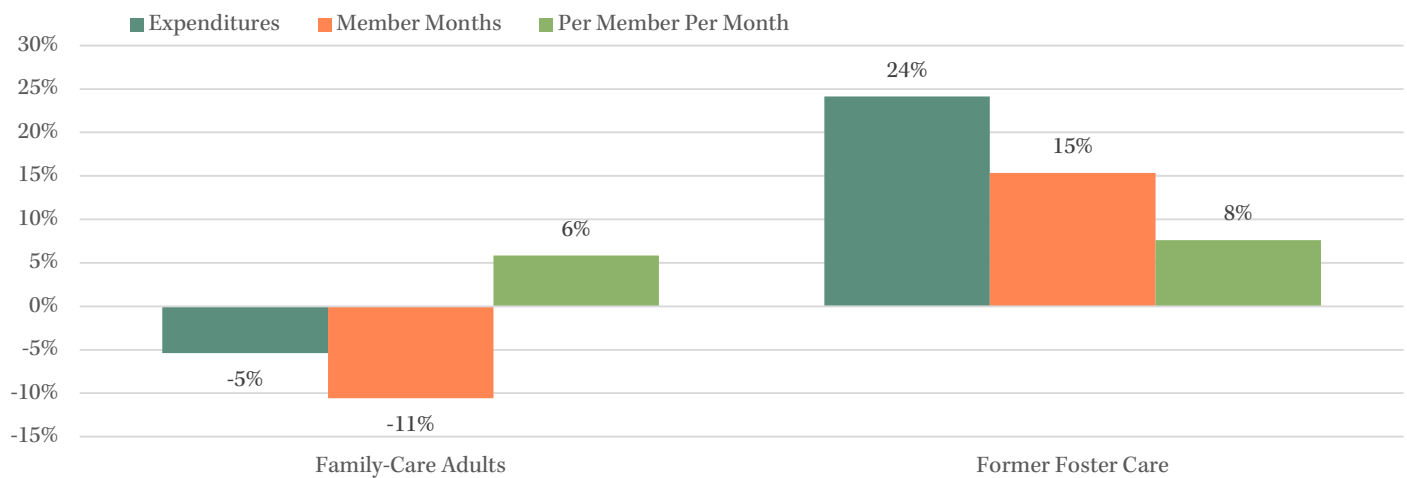


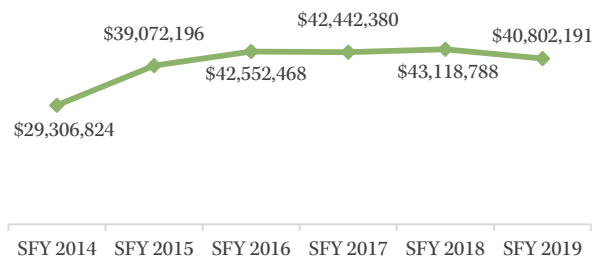
Figure 19. One-Year Percent Change by Adult Eligibility Subgroup

family-care adults

expenditures

\$40.8 million

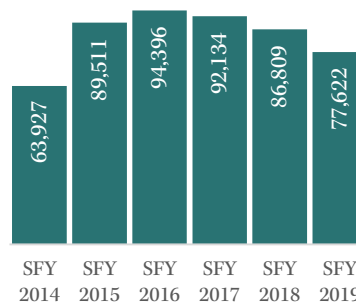
paid to providers for services rendered during the state fiscal year



member months

77,622

months members were enrolled during the state fiscal year



7.9
months average enrollment

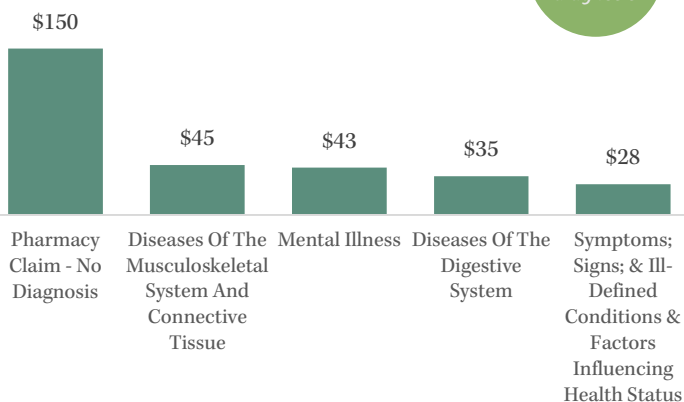
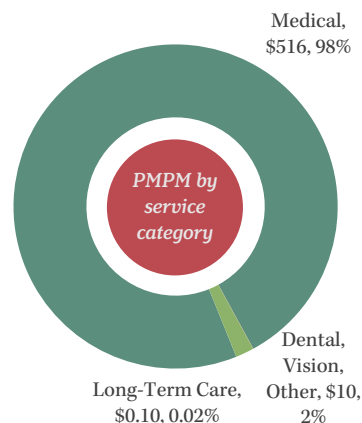
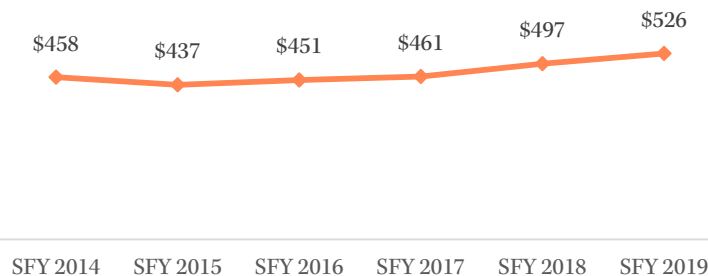
9,782

unique individuals enrolled during the state fiscal year



per member per month

\$526



Emergency Room PMPM



Hospital Inpatient PMPM

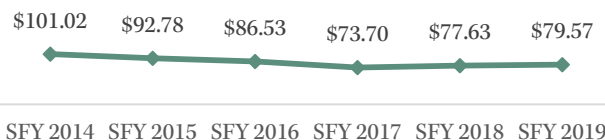


Table 41. Family-Care Adults Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$6.10	\$6.22	\$4.74	\$4.65	\$6.29	\$5.66
Ambulatory Surgical Center	\$2.98	\$5.05	\$5.06	\$4.79	\$5.01	\$5.09
Behavioral Health	\$25.11	\$26.29	\$30.24	\$32.87	\$24.60	\$21.42
Dental	\$17.58	\$17.31	\$21.87	\$14.52	\$7.16	\$6.69
DME, Prosthetics/Orthotics/ Supplies	\$7.53	\$5.85	\$6.08	\$6.60	\$7.19	\$7.90
End Stage Renal Disease	\$1.58	\$1.15	\$0.50	\$1.08	\$1.79	\$0.34
Federally Qualified Health Center	\$5.66	\$7.80	\$12.97	\$12.71	\$13.25	\$13.42
Home Health	\$0.62	\$0.77	\$0.92	\$1.82	\$0.57	\$0.10
Hospice	\$0.15	\$0.02	\$0.02	\$0.02	\$0.12	\$0.00
Hospital Total	\$183.09	\$163.97	\$153.68	\$139.53	\$153.77	\$175.84
Inpatient	\$101.02	\$92.78	\$86.53	\$73.70	\$77.63	\$88.93
Outpatient	\$82.33	\$71.36	\$67.86	\$66.15	\$76.15	\$86.91
Other Hospital	-\$0.26	-\$0.17	-\$0.70	-\$0.32	-\$0.01	\$0.00
Laboratory	\$4.23	\$4.94	\$4.72	\$3.50	\$3.69	\$3.08
Nursing Facility		\$0.01				
Other	\$0.70	\$0.53	\$1.23	\$1.47	\$1.57	\$2.03
Physician & Other Practitioner	\$104.79	\$100.03	\$99.18	\$93.57	\$97.16	\$96.43
Prescription Drug	\$70.31	\$71.55	\$82.09	\$93.31	\$134.77	\$150.30
Public Health or Welfare	\$0.09	\$0.11	\$0.10	\$0.08	\$0.09	\$0.14
Public Health, Federal	\$24.66	\$22.32	\$24.25	\$47.02	\$35.66	\$32.70
Rural Health Clinic	\$2.36	\$1.76	\$2.20	\$2.26	\$3.15	\$3.60
Vision	\$0.91	\$0.84	\$0.94	\$0.87	\$0.85	\$0.89
Total	\$458	\$437	\$451	\$461	\$497	\$526

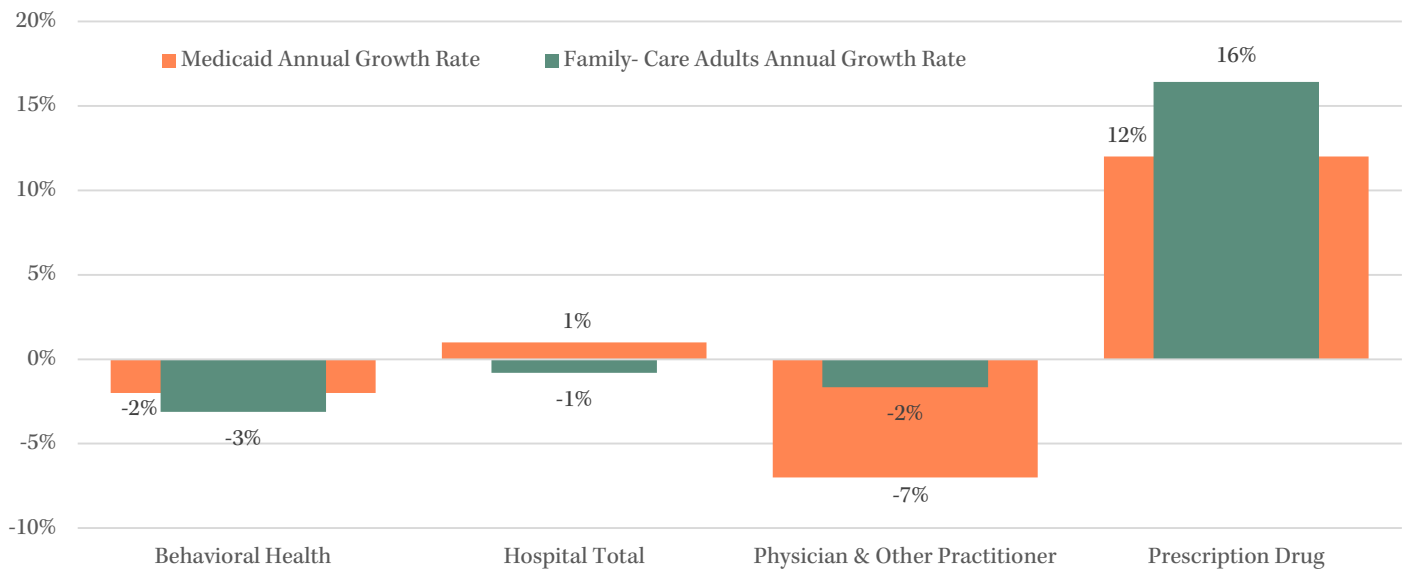
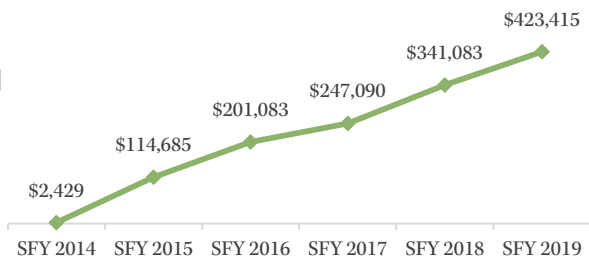


Figure 20. Family-Care Adults Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$0.4 million

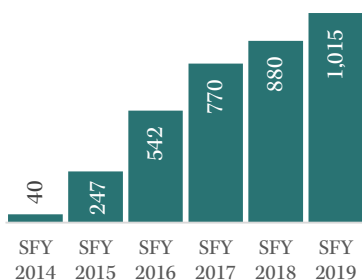
paid to providers for services rendered during the state fiscal year



member months

1,015

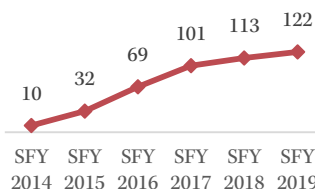
months members were enrolled during the state fiscal year



8.3
months average enrollment

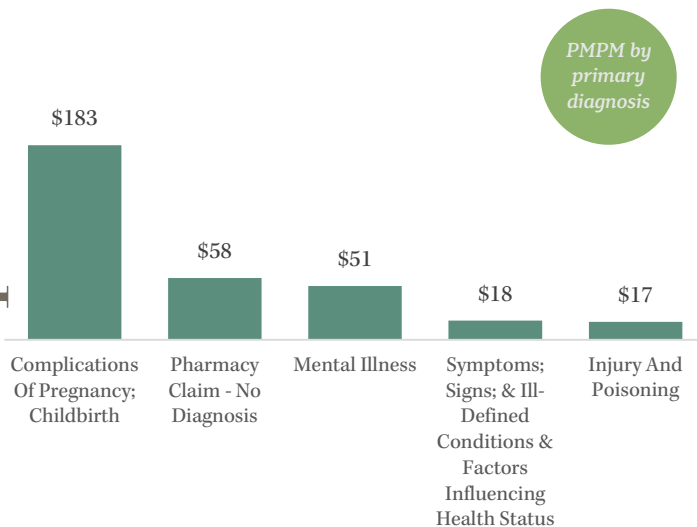
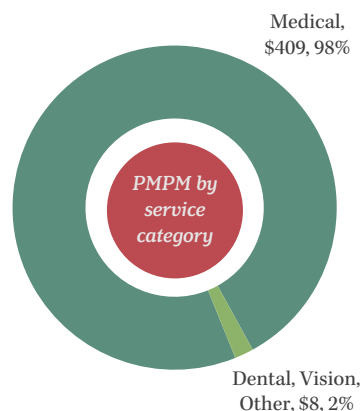
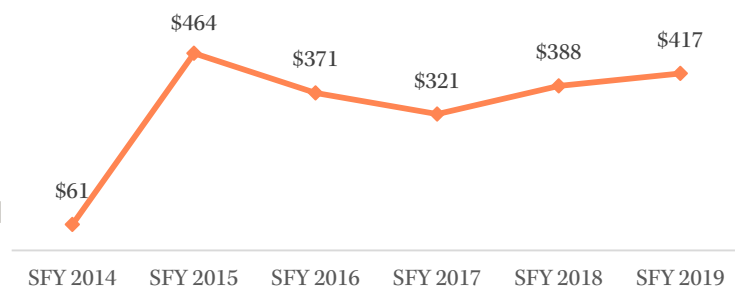
122

unique individuals enrolled during the state fiscal year

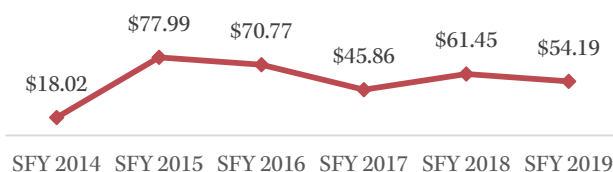


per member per month

\$417



Emergency Room PMPM



Hospital Inpatient PMPM

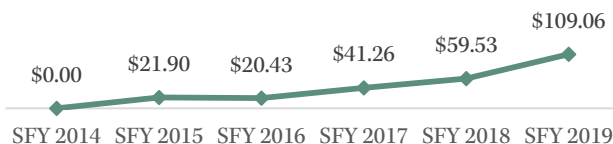


Table 42. Former Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	--	\$3.38	\$1.12	\$3.49	\$11.07	\$1.54
Ambulatory Surgical Center	--	--	\$0.67	\$8.89	\$0.38	\$1.90
Behavioral Health	\$13.59	\$103.43	\$77.29	\$32.92	\$47.02	\$36.50
Dental	\$3.25	\$30.15	\$15.17	\$7.34	\$4.58	\$5.51
DME, Prosthetics/Orthotics/ Supplies	\$0.76	\$1.52	\$2.42	\$9.57	\$11.91	\$11.12
Federally Qualified Health Center	--	\$8.51	\$17.98	\$14.31	\$8.81	\$7.12
Hospital Total	\$7.73	\$96.86	\$106.37	\$93.53	\$114.35	\$151.93
Inpatient	--	\$21.90	\$20.43	\$41.26	\$59.53	\$94.55
Outpatient	\$7.73	\$74.95	\$86.03	\$52.26	\$54.82	\$57.38
Laboratory	--	\$14.00	\$3.79	\$3.56	\$6.76	\$7.35
Other	--	\$4.25	\$2.77	\$0.36	\$3.10	\$1.53
Physician & Other Practitioner	\$26.79	\$135.74	\$87.80	\$85.87	\$85.55	\$113.98
Prescription Drug	\$8.58	\$64.47	\$51.64	\$45.17	\$70.32	\$58.11
Public Health or Welfare	--	\$0.31	\$0.04	\$0.16	\$0.20	\$0.25
Public Health, Federal	--	--	\$1.29	\$13.26	\$18.69	\$16.97
Rural Health Clinic	--	\$0.55	--	\$0.84	\$3.09	\$2.49
Vision	--	\$1.14	\$2.63	\$1.63	\$1.77	\$0.86
Total	\$61	\$464	\$371	\$321	\$388	\$417

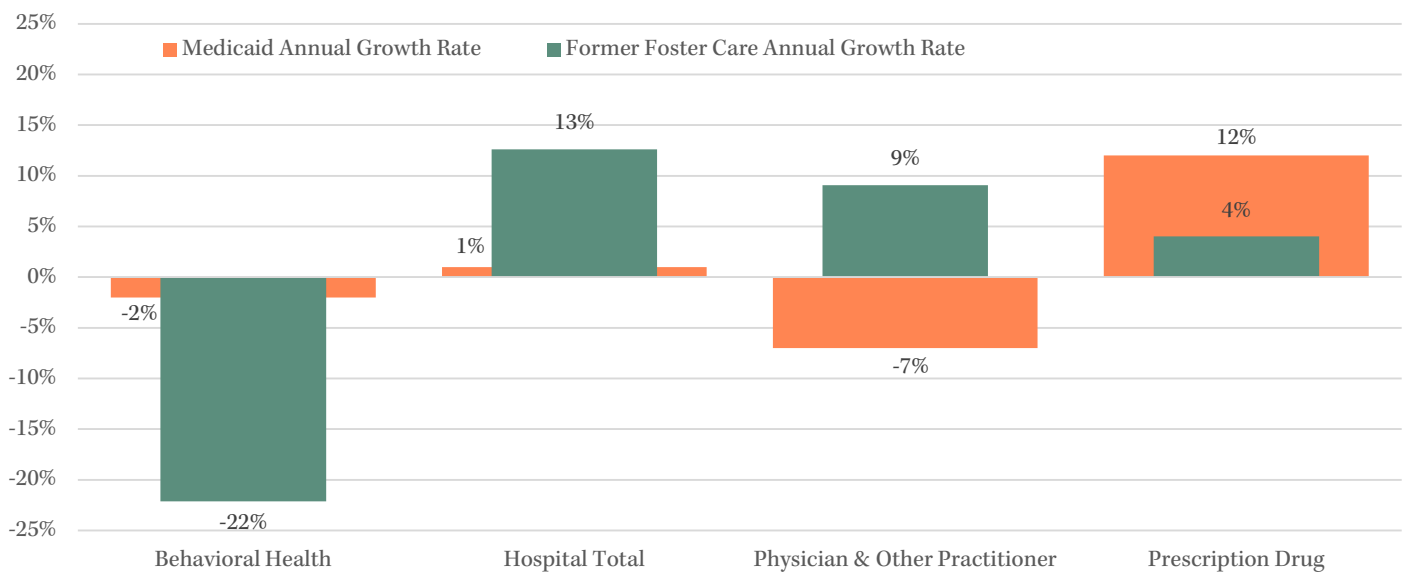
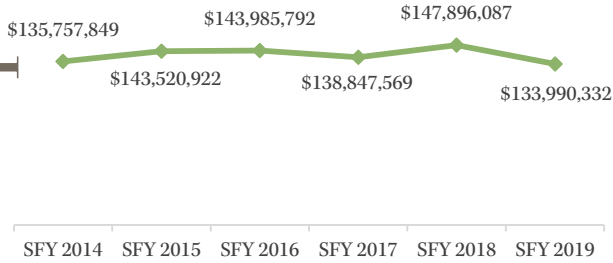


Figure 21. Former Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$134 million

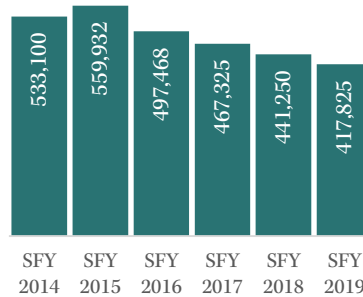
paid to providers for services rendered during the state fiscal year



member months

417,825

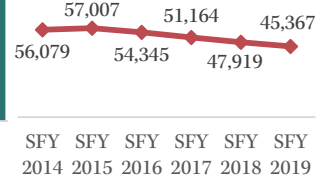
months members were enrolled during the state fiscal year



9.2
months average enrollment

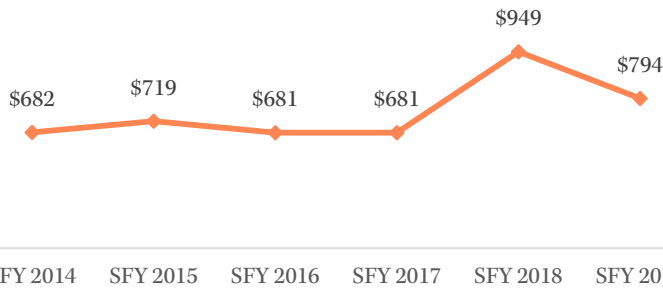
45,367

unique individuals enrolled during the state fiscal year

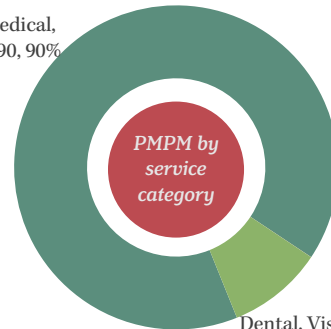


per member per month

\$321

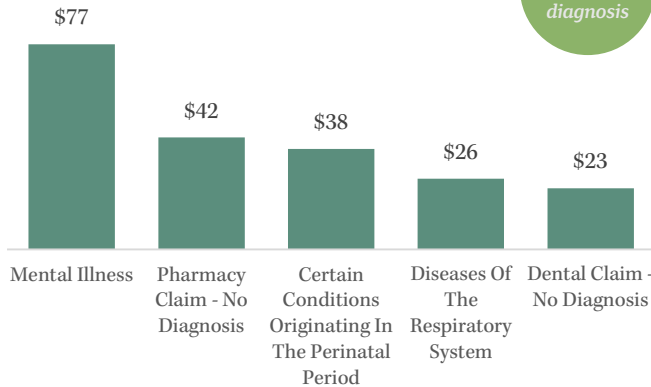


Medical,
\$290, 90%

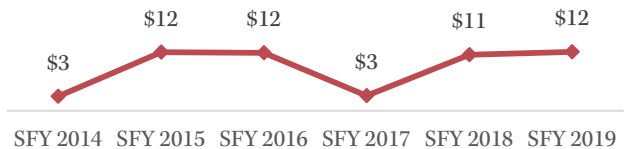


Dental, Vision,
and Other, \$31,
10%

SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019



Emergency Room PMPM



Hospital Inpatient PMPM

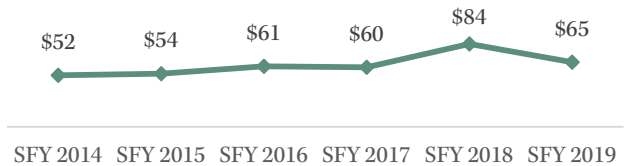


Table 43. Children Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity (CME) ⁷	\$3,173,180	-33%	2,406	-22%	\$1,319	-14%
Children	\$85,954,498	-5.0%	350,532	-5%	\$245	0%
Childrens Mental Health Waiver	\$1,226,986	-28%	795	-9%	\$1,543	-22%
Foster Care	\$21,748,576	-7%	35,401	-2%	\$614	-5%
Newborn	\$24,705,514	-23%	31,097	-8%	\$794	-16%

Table 44. Children Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures ⁷							
Children	CME	--	--	\$5,846,060	\$4,708,411	\$4,731,209	\$3,173,180
	Children	\$87,610,263	\$92,120,972	\$91,921,678	\$89,196,410	\$90,507,495	\$85,954,498
	CMHW	\$1,380,653	\$1,672,927	\$2,479,897	\$1,885,828	\$1,715,973	\$1,226,986
	Foster Care	\$23,827,673	\$22,554,789	\$22,329,561	\$22,307,811	\$23,298,791	\$21,748,576
	Newborn	\$22,939,261	\$27,172,234	\$26,578,383	\$25,001,650	\$31,995,434	\$24,705,514
Total Expenditures		\$135,757,849	\$143,520,922	\$143,985,792	\$138,847,569	\$147,896,087	\$133,990,332
Member Months ⁸							
Children	CME	--	--	2,550	2,959	3,088	2,406
	Children	462,053	484,116	420,408	393,957	370,696	350,532
	CMHW	615	742	696	751	871	795
	Foster Care	36,812	37,298	37,336	35,916	35,967	35,401
	Newborn	33,620	37,776	39,028	36,701	33,716	31,097
Total Member Months		533,100	559,932	497,468	467,325	441,250	417,825
Per Member Per Month ⁷							
Children	CME	--	--	\$2,293	\$1,591	\$1,532	\$1,319
	Children	\$190	\$190	\$219	\$226	\$244	\$245
	CMHW	\$2,245	\$2,255	\$3,563	\$2,511	\$1,970	\$1,543
	Foster Care	\$647	\$605	\$598	\$621	\$648	\$614
	Newborn	\$682	\$719	\$681	\$681	\$949	\$794
Overall Per Member Per Month		\$255	\$256	\$289	\$297	\$335	\$321

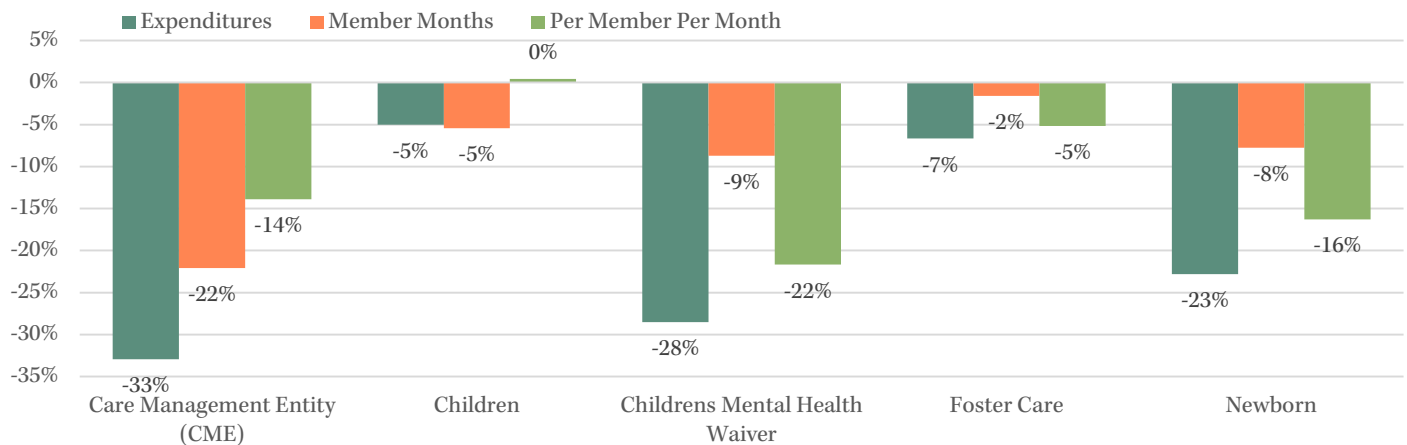


Figure 22. One-Year Percent Change by Children Eligibility Subgroup

⁷ 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.

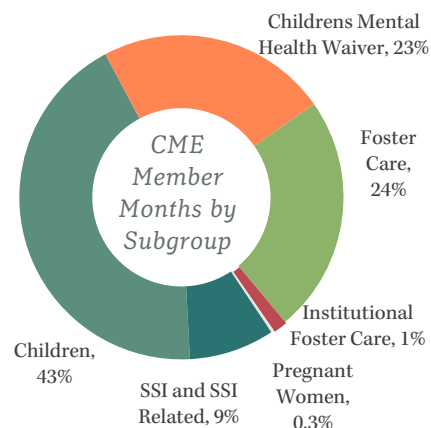
⁸ Member months for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid.

Care Management Entity

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.

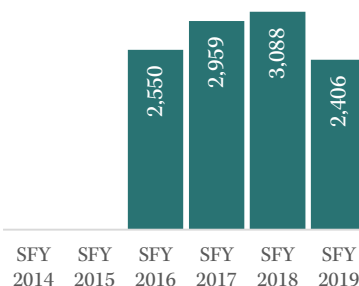
Data below shows the expenses and PMPM for the population's care management entity services, these expenses are also shown in the detailed sections for the recipients' primary subgroups.



\$3.2 million
paid to providers for services rendered during the state fiscal year

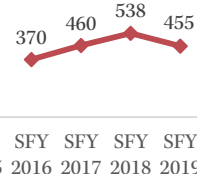


2,406
months members were enrolled during the state fiscal year



5.3
months average enrollment

455
unique individuals enrolled during the state fiscal year



\$1,319
per member per month



The following table shows the other services utilized by the CME population while enrolled in the CME. These are also included in the service area PMPM calculations for their primary Medicaid subgroup (i.e. children, foster care, SSI, etc). Note the values on the previous page were for CME services only, so the total PMPM shown below will not match.

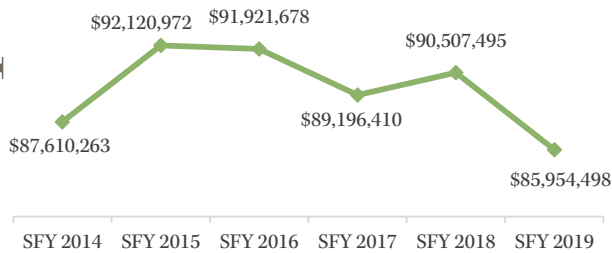
Table 45. Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	--	--	\$7.16	\$5.62	\$4.29	\$5.17
Ambulatory Surgical Center	--	--	\$22.20	\$4.46	\$4.16	\$5.06
Behavioral Health	--	--	\$875.71	\$619.67	\$588.51	\$541.18
Care Management Entity	--	--	\$2,293	\$1,591.20	\$1,532.13	\$1,318.86
Clinic/Center	--	--	\$2.75	\$2.39	\$0.23	\$0.23
Dental	--	--	\$2.24	\$34.50	\$33.00	\$26.74
DME, Prosthetics/Orthotics/Supplies	--	--	\$55.17	\$6.16	\$4.69	\$2.53
Federally Qualified Health Center	--	--	\$3.20	\$13.18	\$19.11	\$16.77
Home Health	--	--		\$8.36	--	--
Hospital Total	--	--	\$410.61	\$209.24	\$164.65	\$192.23
Laboratory	--	--	\$2.86	\$1.32	\$1.29	\$0.98
Other	--	--	\$2.98	\$3.61	\$5.96	\$11.87
Physician & Other Practitioner	--	--	\$182.77	\$104.46	\$76.12	\$79.50
Prescription Drug	--	--	\$352.17	\$200.57	\$162.68	\$153.52
PRTF	--	--	\$1,389.87	\$343.02	\$295.84	\$183.12
Public Health or Welfare	--	--	\$0.21	\$0.09	\$0.15	\$0.19
Public Health, Federal	--	--	\$0.53	\$0.63	\$8.75	\$1.80
Rural Health Clinic	--	--	\$21.69	\$2.74	\$5.75	\$7.83
Vision	--	--	\$2.48	\$14.07	\$14.97	\$10.36
Total	--	--	\$3,335	\$3,165	\$2,922	\$2,558

expenditures

\$86 million

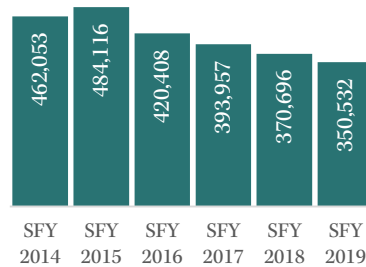
paid to providers for services rendered during the state fiscal year



member months

350,532

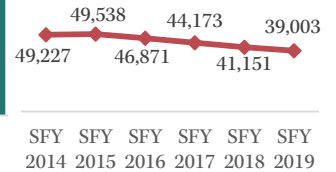
months members were enrolled during the state fiscal year



9.0
months average enrollment

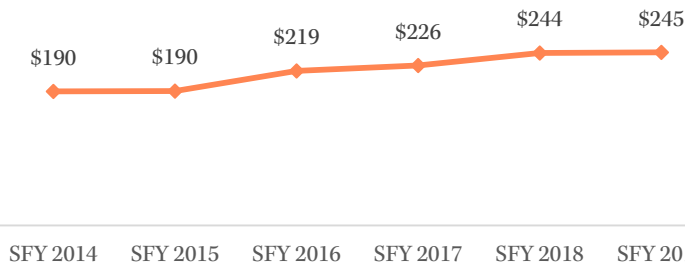
39,003

unique individuals enrolled during the state fiscal year

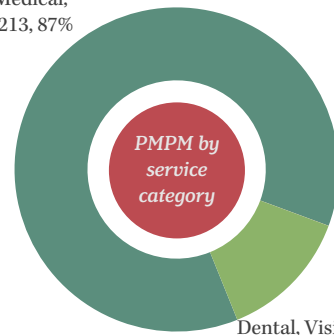


per member per month

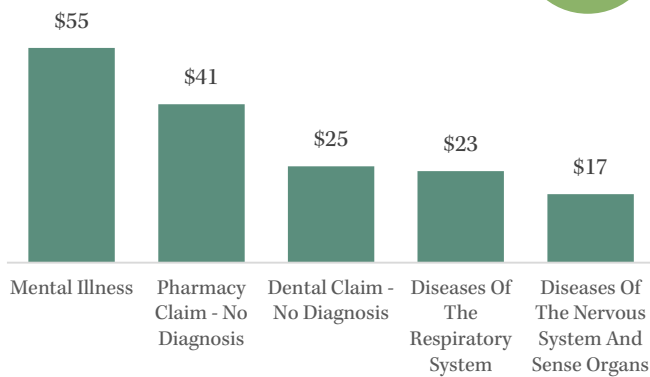
\$245



Medical,
\$213, 87%

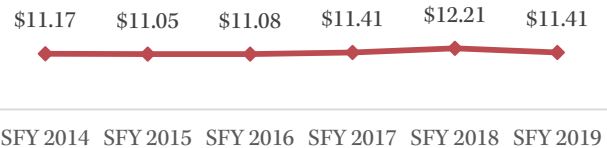


Dental, Vision,
Other, \$32,
13%



PMPM by
primary
diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

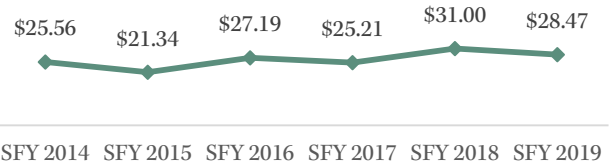


Table 46. Children Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$1.63	\$1.58	\$1.59	\$1.56	\$1.68	\$1.88
Ambulatory Surgical Center	\$6.48	\$9.28	\$9.92	\$7.17	\$6.97	\$6.83
Behavioral Health	\$22.97	\$24.87	\$27.24	\$28.16	\$30.32	\$29.51
Care Management Entity (CME)			\$5.60	\$5.26	\$5.83	\$3.65
Clinic/Center	\$2.22	\$2.05	\$2.39	\$2.46	\$1.75	\$1.52
Dental	\$19.89	\$19.58	\$23.31	\$24.49	\$24.23	\$24.16
DME, Prosthetics/Orthotics/ Supplies	\$1.52	\$1.85	\$2.17	\$2.66	\$3.01	\$3.69
End Stage Renal Disease			\$0.01			\$0.00
Federally Qualified Health Center	\$1.80	\$2.42	\$4.12	\$4.81	\$5.26	\$5.18
Home Health	\$0.11	\$0.18	\$0.14	\$0.17	\$0.01	\$0.03
Hospital Total	\$42.00	\$37.60	\$44.89	\$42.83	\$49.86	\$48.99
Inpatient	\$25.56	\$21.34	\$27.19	\$25.21	\$31.00	\$30.09
Outpatient	\$16.52	\$16.48	\$17.73	\$17.67	\$18.86	\$18.90
Other Hospital	-\$0.09	-\$0.22	-\$0.04	-\$0.05	\$0.00	\$0.00
Laboratory	\$0.31	\$0.62	\$0.54	\$0.36	\$0.39	\$0.32
Other	\$0.27	\$0.25	\$0.40	\$0.46	\$0.60	\$0.69
Physician & Other Practitioner	\$38.31	\$36.46	\$38.35	\$40.96	\$40.55	\$40.01
Prescription Drug	\$25.26	\$27.33	\$29.46	\$31.63	\$37.36	\$40.56
PRTF	\$11.96	\$11.72	\$12.91	\$14.03	\$13.61	\$11.36
Public Health or Welfare	\$0.15	\$0.14	\$0.14	\$0.16	\$0.17	\$0.20
Public Health, Federal	\$7.05	\$6.88	\$6.95	\$9.85	\$12.30	\$16.22
Rural Health Clinic	\$1.88	\$1.65	\$1.75	\$1.85	\$2.52	\$2.82
Vision	\$5.81	\$5.84	\$6.77	\$7.52	\$7.74	\$7.60
Total	\$190	\$190	\$219	\$226	\$244	\$245

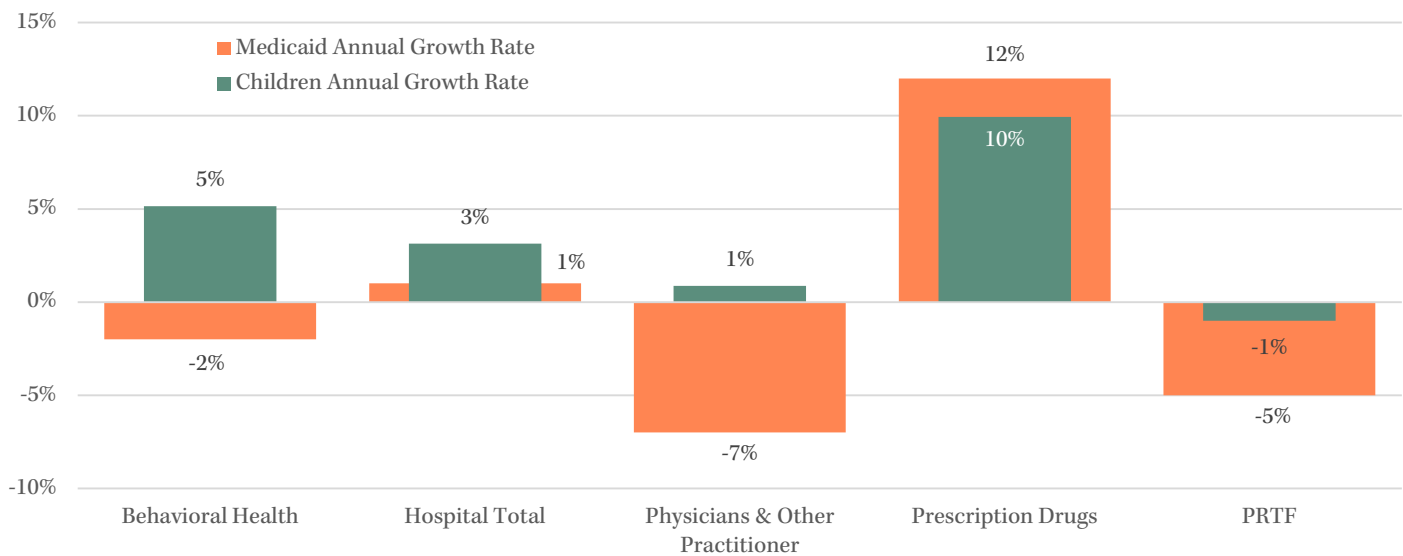
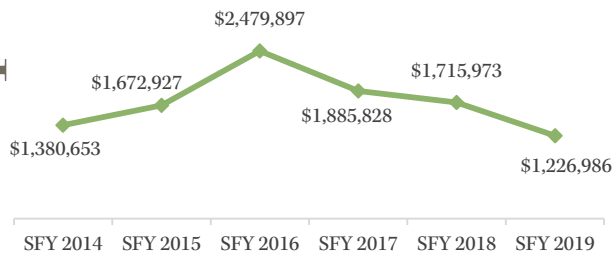


Figure 23. Children Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$1.2 million

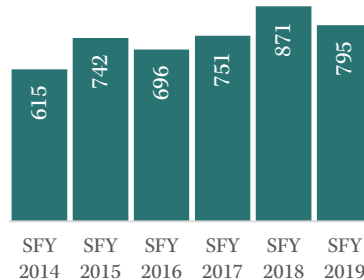
paid to providers for services rendered during the state fiscal year



member months

795

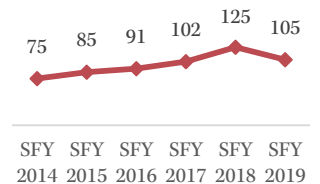
months members were enrolled during the state fiscal year



7.6
months average enrollment

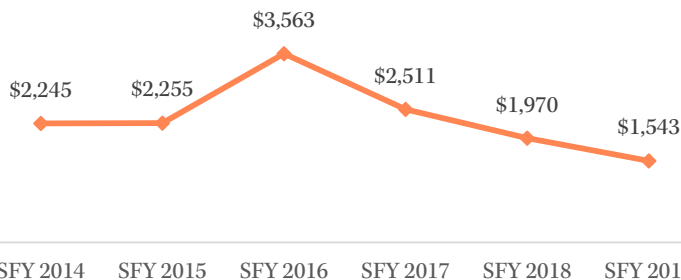
105

unique individuals enrolled during the state fiscal year

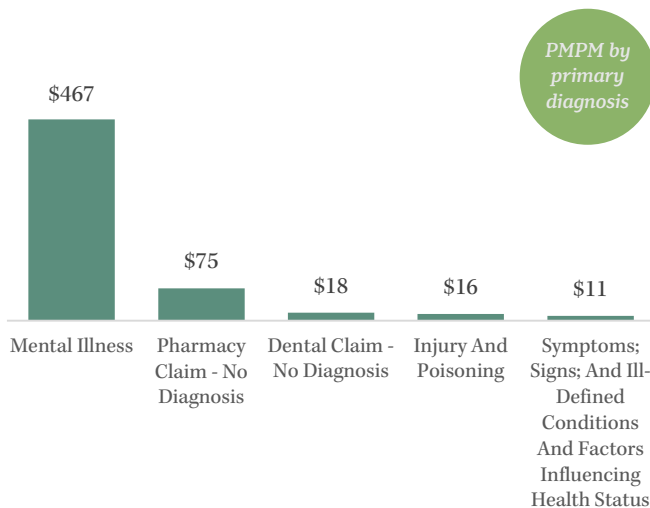
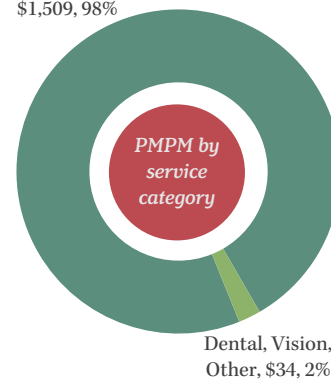


per member per month

\$1,543



Medical,
\$1,509, 98%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

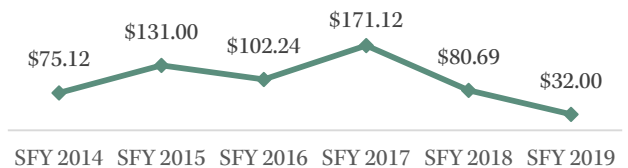
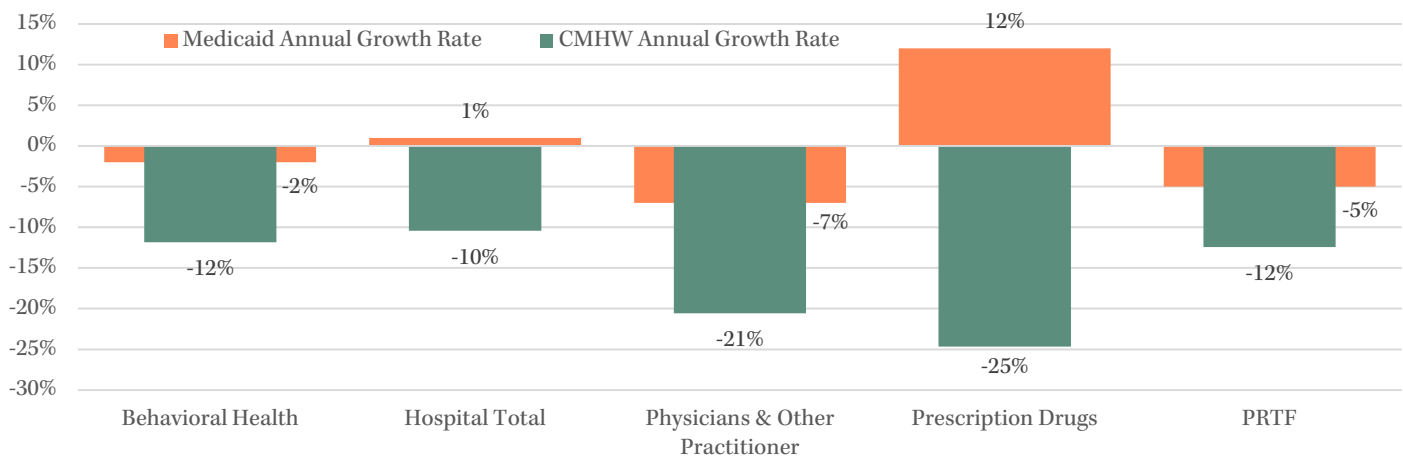
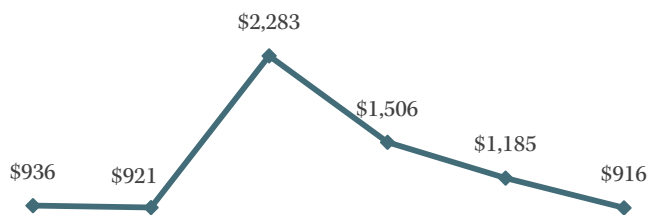


Table 47. Children's Mental Health Waiver Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$0.01	\$2.43	\$6.10	\$4.54	\$0.00	\$0.42
Ambulatory Surgical Center	\$1.05	\$7.07	\$0.81	\$1.61	\$4.17	\$8.68
Behavioral Health	\$303.40	\$300.07	\$355.42	\$181.72	\$206.63	\$161.57
Care Management Entity	--	--	\$2,283.15	\$1,506.13	\$1,184.85	\$915.69
Clinic/Center	--	--	--	--	--	\$0.69
Dental	\$16.90	\$20.32	\$17.43	\$17.64	\$20.14	\$18.41
DME, Prosthetics/Orthotics/ Supplies	\$4.49	\$4.66	\$1.86	\$0.44	\$0.11	\$1.11
Federally Qualified Health Center	\$1.16	\$0.87	\$2.07	\$7.85	\$8.03	\$11.46
Home Health	--	--	\$16.75	\$4.05	--	--
Hospital Total	\$86.82	\$159.31	\$154.05	\$185.35	\$89.66	\$50.06
<i>Inpatient</i>	\$75.12	\$131.00	\$102.24	\$171.12	\$80.69	\$35.06
<i>Outpatient</i>	\$12.39	\$28.30	\$51.80	\$14.24	\$8.97	\$15.01
<i>Other Hospital</i>	-\$0.69	--	--	--	--	--
Laboratory	\$1.44	\$6.21	\$1.53	\$0.99	\$1.17	\$0.35
Other	\$4.00	\$2.78	\$3.85	\$3.04	\$4.44	\$9.47
Physician & Other Practitioner	\$87.72	\$80.75	\$94.14	\$65.42	\$31.36	\$27.74
Prescription Drug	\$309.13	\$315.73	\$258.91	\$127.13	\$85.95	\$75.01
PRTF	\$486.29	\$425.89	\$355.99	\$396.01	\$320.61	\$250.16
Public Health or Welfare	\$0.10	\$0.03	\$0.14	\$0.07	--	\$0.06
Rural Health Clinic	\$0.09	\$1.18	\$2.15	\$2.67	\$6.63	\$5.97
Vision	\$6.49	\$6.59	\$8.06	\$6.44	\$6.37	\$6.54
Waiver - Children's Mental Health	\$935.88	\$920.74	--	--	--	--
Total	\$2,245	\$2,255	\$3,563	\$2,511	\$1,970	\$1,543



**Figure 24. Children's Mental Health Waiver Per Member Per Month
Five-Year Annual Growth Rate for Select Services**



SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

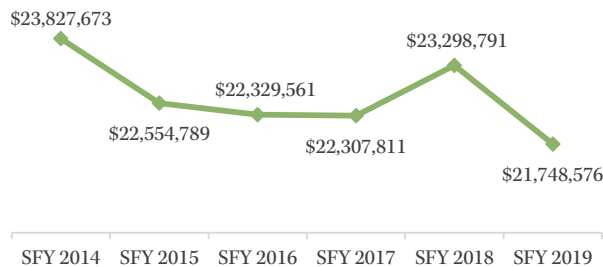
**Figure 25. Children's Mental Health Waiver
Per Member Per Month for Case Management Services**

In SFY 2016, case management services for children enrolled in the Children's Mental Health Waiver transitioned to the Care Management Entity (CME). Figure 25 shows how the PMPM for these services has changed over the past six years.

expenditures

\$21.7 million

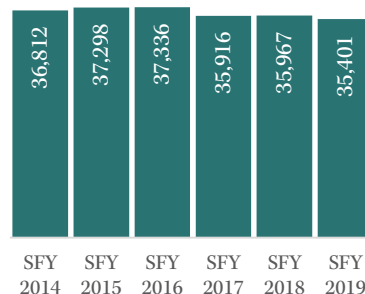
paid to providers for services rendered during the state fiscal year



member months

35,401

months members were enrolled during the state fiscal year



8.9
months average enrollment

3,995

unique individuals enrolled during the state fiscal year

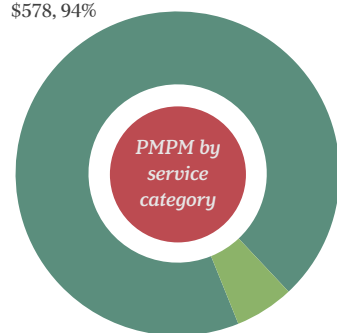


per member per month

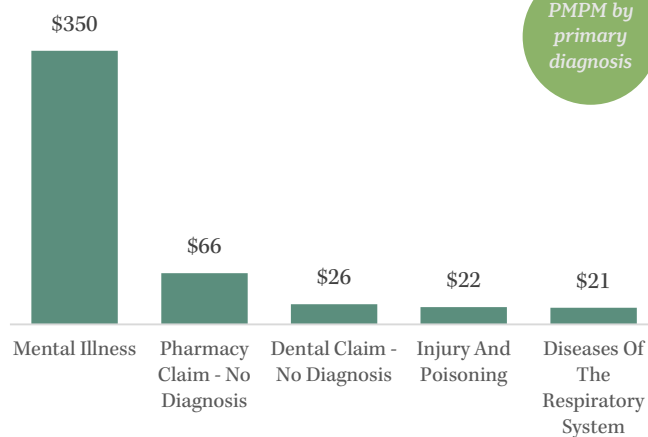
\$614



Medical,
\$578, 94%

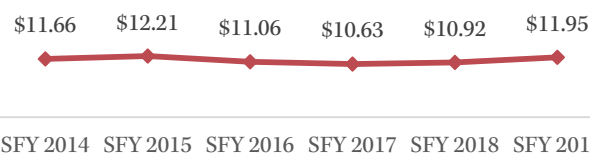


Dental, Vision,
Other, \$36, 6%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

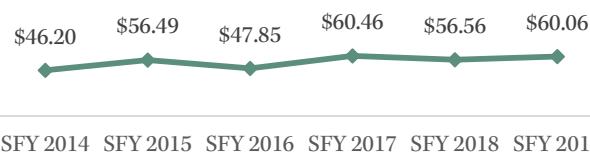


Table 48. Foster Care Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$2.49	\$3.71	\$2.50	\$2.61	\$3.14	\$3.86
Ambulatory Surgical Center	\$5.42	\$6.05	\$8.30	\$4.80	\$5.42	\$5.37
Behavioral Health	\$205.36	\$188.59	\$177.09	\$166.22	\$179.15	\$171.62
Care Management Entity			\$32.82	\$29.19	\$32.30	\$22.94
Clinic/Center	\$4.22	\$3.37	\$3.66	\$3.63	\$3.54	\$3.48
Dental	\$21.66	\$20.68	\$24.63	\$24.67	\$24.10	\$25.38
DME, Prosthetics/Orthotics/ Supplies	\$3.45	\$2.59	\$3.82	\$3.64	\$3.66	\$5.11
End Stage Renal Disease	\$0.31	\$0.21	\$0.21	\$0.08		
Federally Qualified Health Center	\$2.80	\$2.51	\$4.79	\$4.64	\$5.37	\$6.16
Home Health	\$0.42	\$1.02	\$1.50	\$0.68	\$0.02	\$0.01
Hospital Total	\$65.64	\$75.20	\$65.90	\$78.68	\$77.26	\$82.50
<i>Inpatient</i>	\$46.20	\$56.49	\$47.85	\$60.46	\$56.56	\$61.01
<i>Outpatient</i>	\$19.89	\$18.90	\$18.11	\$18.22	\$20.71	\$21.49
<i>Other Hospital</i>	-\$0.44	-\$0.18	-\$0.05	-\$0.01	\$0.00	
Laboratory	\$0.68	\$1.70	\$0.97	\$0.42	\$0.58	\$0.45
Other	\$0.39	\$1.86	\$5.73	\$0.65	\$1.04	\$1.35
Physician & Other Practitioner	\$47.50	\$45.58	\$47.03	\$51.76	\$49.46	\$50.35
Prescription Drug	\$75.43	\$77.18	\$69.76	\$59.86	\$70.35	\$65.70
PRTF	\$190.18	\$152.64	\$127.63	\$163.17	\$159.27	\$131.26
Public Health or Welfare	\$0.15	\$0.21	\$0.20	\$0.17	\$0.17	\$0.36
Public Health, Federal	\$9.90	\$10.68	\$11.09	\$14.86	\$20.72	\$25.68
Rural Health Clinic	\$2.43	\$2.53	\$1.89	\$1.82	\$2.71	\$3.32
Vision	\$8.86	\$8.39	\$8.54	\$9.56	\$9.52	\$9.45
Total	\$647	\$605	\$598	\$621	\$648	\$614

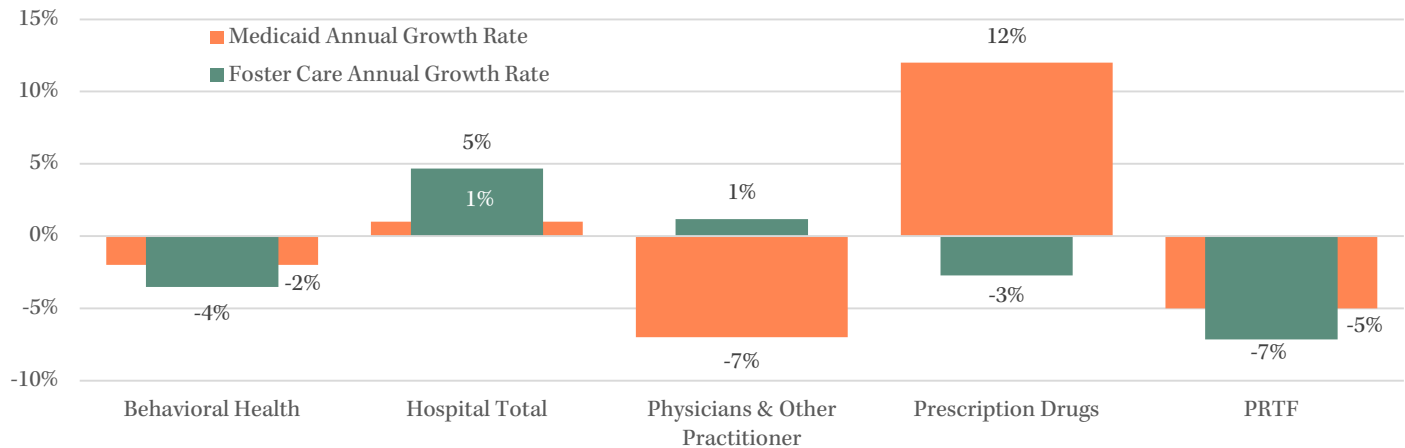
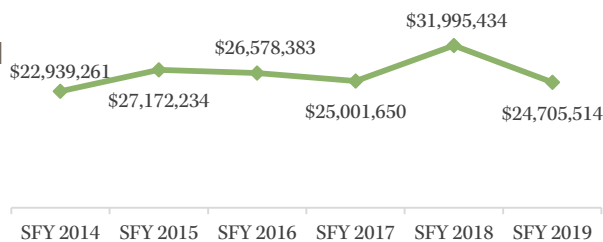


Figure 26. Foster Care Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$24.7 million

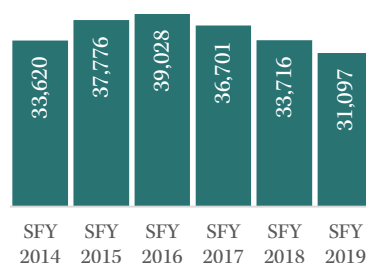
paid to providers for services rendered during the state fiscal year



member months

31,097

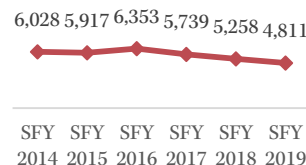
months members were enrolled during the state fiscal year



6.5
months average enrollment

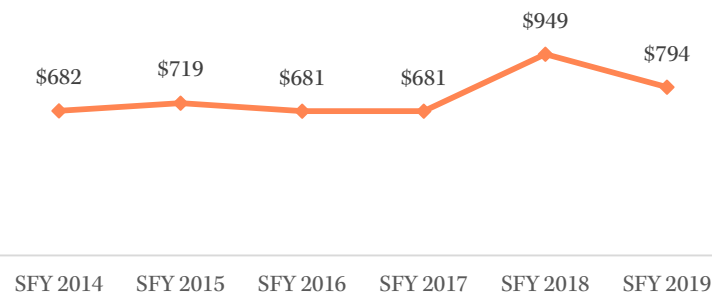
4,811

unique individuals enrolled during the state fiscal year

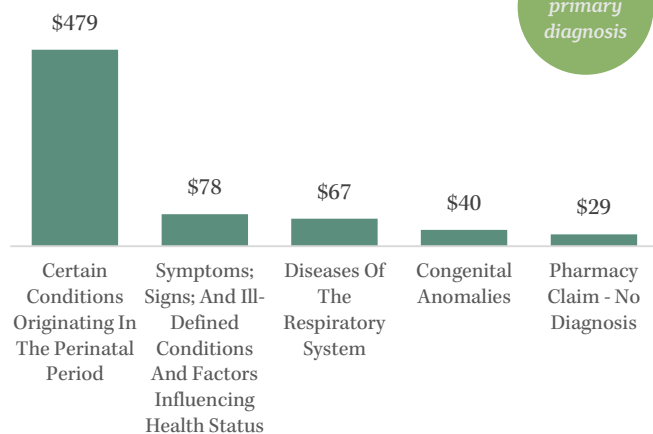
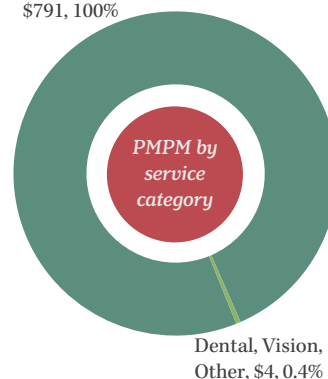


per member per month

\$794



Medical,
\$791, 100%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

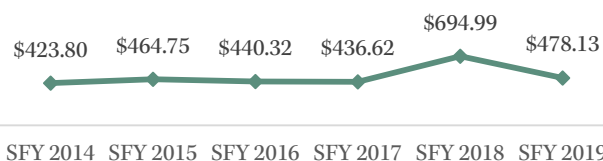


Table 49. Newborn Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$13.57	\$16.32	\$13.01	\$12.58	\$12.15	\$14.07
Ambulatory Surgical Center	\$1.34	\$2.71	\$1.56	\$1.26	\$1.50	\$1.31
Behavioral Health	\$0.13	\$1.29	\$0.46	\$0.81	\$0.66	\$0.70
Clinic/Center	\$1.35	\$0.99	\$1.31	\$1.23	\$1.43	\$1.63
Dental	\$0.33	\$0.61	\$0.40	\$0.26	\$0.37	\$0.64
DME, Prosthetics/Orthotics/ Supplies	\$4.96	\$4.64	\$5.44	\$5.21	\$4.39	\$4.31
Federally Qualified Health Center	\$3.53	\$10.04	\$17.56	\$17.60	\$18.58	\$17.58
Home Health	\$1.55	\$6.62	\$0.69	\$0.69	\$0.21	\$0.07
Hospital Total	\$449.69	\$491.57	\$465.55	\$462.26	\$722.48	\$543.21
<i>Inpatient</i>	\$423.80	\$464.75	\$440.32	\$436.62	\$694.99	\$517.94
<i>Outpatient</i>	\$26.04	\$27.41	\$25.33	\$25.69	\$27.50	\$25.27
<i>Other Hospital</i>	-\$0.16	-\$0.59	-\$0.09	-\$0.05		
Laboratory	\$0.21	\$0.29	\$0.12	\$0.13	\$0.12	\$0.09
Other	\$0.20	\$0.22	\$0.28	\$1.26	\$2.36	\$2.55
Physician & Other Practitioner	\$163.54	\$148.30	\$138.37	\$138.77	\$137.86	\$147.21
Prescription Drug	\$26.85	\$17.68	\$21.28	\$21.86	\$21.36	\$29.21
Public Health or Welfare	\$0.75	\$0.71	\$0.91	\$0.84	\$0.96	\$2.08
Public Health, Federal	\$10.11	\$13.32	\$10.03	\$12.41	\$18.97	\$23.39
Rural Health Clinic	\$4.04	\$3.76	\$3.73	\$3.70	\$5.19	\$6.07
Vision	\$0.17	\$0.24	\$0.32	\$0.34	\$0.35	\$0.35
Total	\$682	\$719	\$681	\$681	\$949	\$794

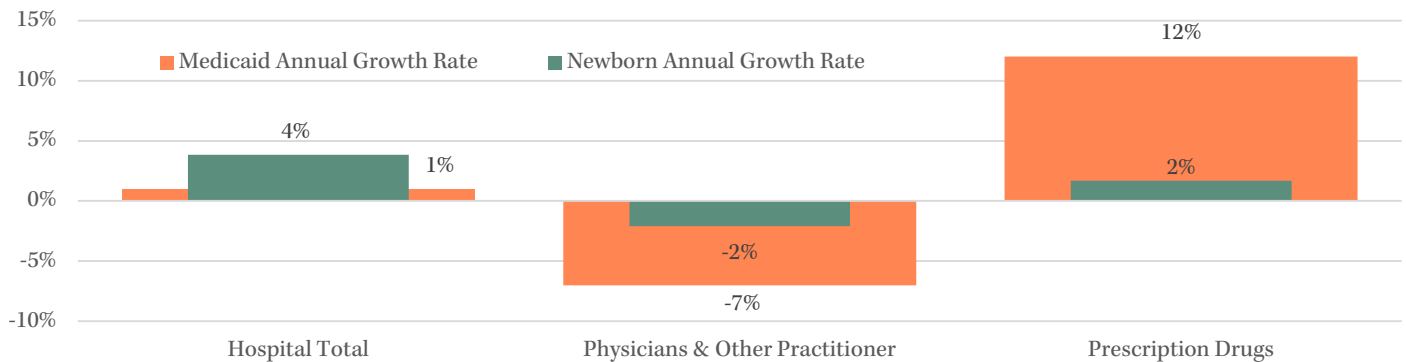
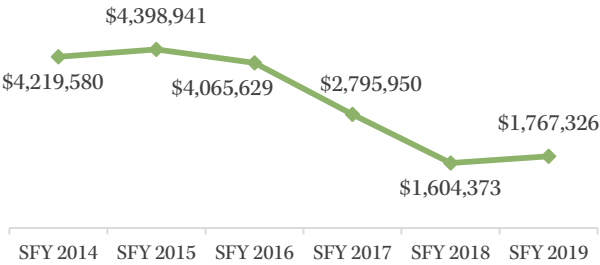


Figure 27. Newborn Per Member Per Month Five-Year Annual Growth Rate for Select Services

medicare savings programs

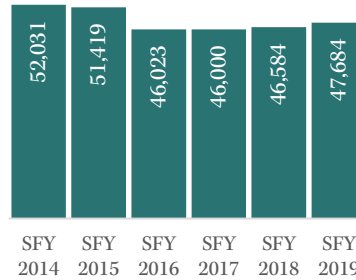
expenditures **\$1.8 million**

paid to providers for services rendered during the state fiscal year



member months **47,684**

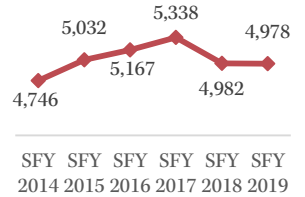
months members were enrolled during the state fiscal year



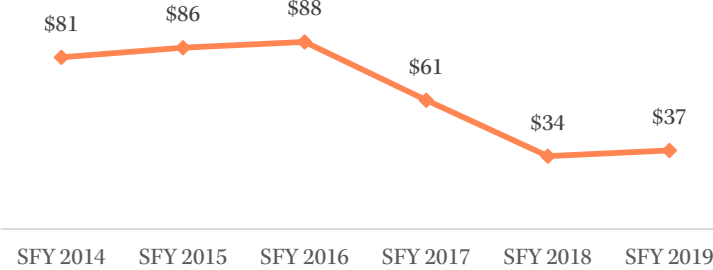
9.6
months average enrollment

4,978

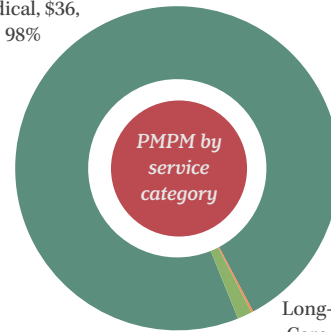
unique individuals enrolled during the state fiscal year



per member per month **\$37**



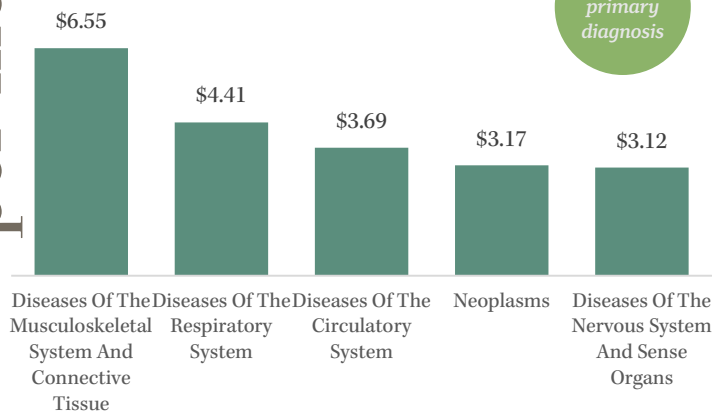
Medical, \$36, 98%



Long-Term Care, < \$1, 0.2%

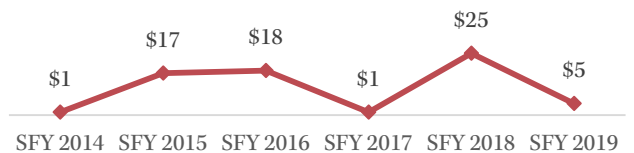
Dental, Vision, and Other, \$1, 1%

per member per month



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

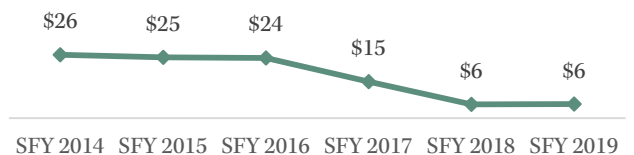


Table 50. Medicare Savings Programs Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$1,748,917	10%	27,941	-2%	\$63	13%
Specified Low-Income Medicare Beneficiary	\$18,409	5%	19,743	9%	\$0.93	-4%

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$4,194,946	\$4,373,869	\$4,037,606	\$2,774,377	\$1,586,824	\$1,748,917
	Specified Low-Income Medicare Beneficiary	\$24,514	\$24,833	\$27,903	\$21,453	\$17,549	\$18,409
	Part B - Partial AMB	\$120	\$240	\$120	\$120	--	--
Total Expenditures		\$4,219,580	\$4,398,941	\$4,065,629	\$2,795,950	\$1,604,373	\$1,767,326
Member Months							
Medicare Savings Programs	Qualified Medicare Beneficiary	29,217	30,455	27,143	27,887	28,545	27,941
	Specified Low-Income Medicare Beneficiary	22,814	20,964	18,880	18,113	18,039	19,743
	Part B - Partial AMB	--	--	--	--	--	--
Total Member Months		52,031	51,419	46,023	46,000	46,584	47,684
Per Member Per Month							
Medicare Savings Programs	Qualified Medicare Beneficiary	\$144	\$144	\$149	\$99	\$56	\$63
	Specified Low-Income Medicare Beneficiary	\$1.07	\$1.18	\$1.48	\$1.18	\$0.97	\$0.93
	Part B - Partial AMB	--	--	--	--	--	--
Overall Per Member Per Month		\$81	\$86	\$88	\$61	\$34	\$37

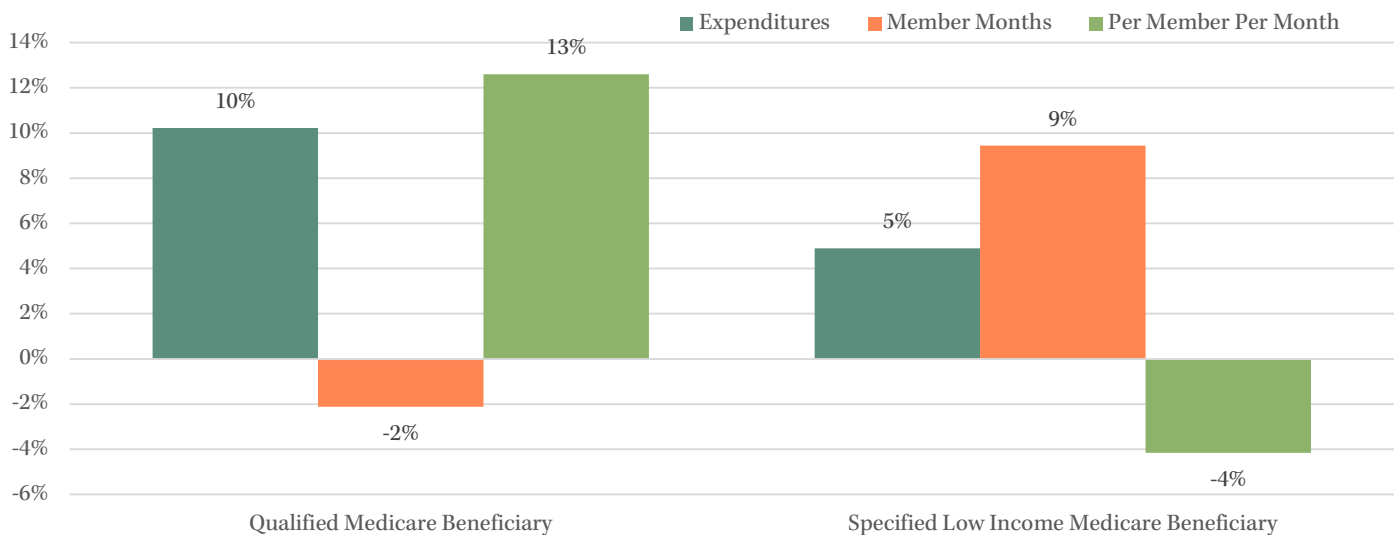
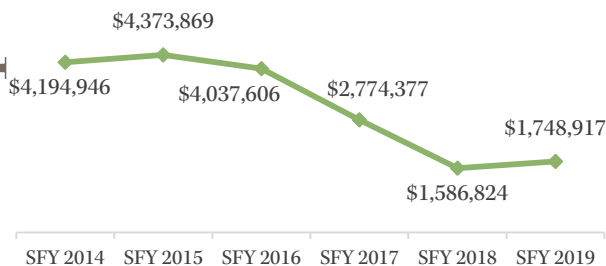


Figure 28. One-Year Percent Change by Medicare Savings Programs Eligibility Subgroup

expenditures

\$1.7 million

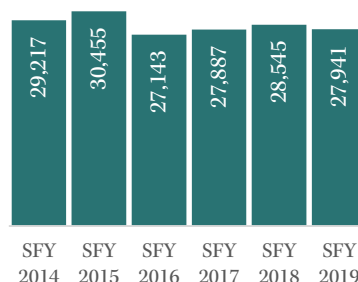
paid to providers for services rendered during the state fiscal year



member months

27,941

months members were enrolled during the state fiscal year



9.0
months average enrollment

3,091

unique individuals enrolled during the state fiscal year

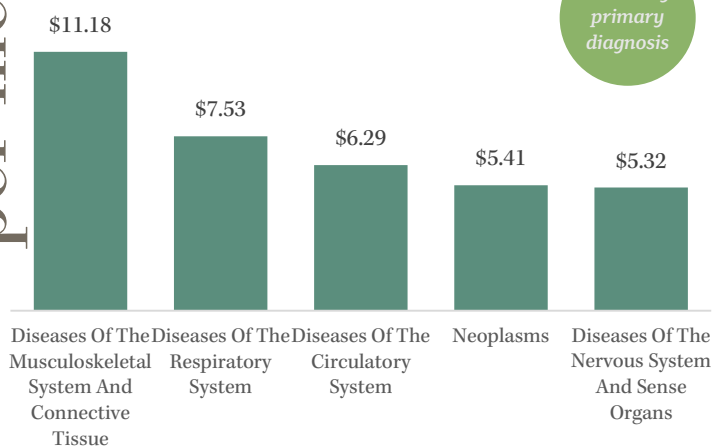
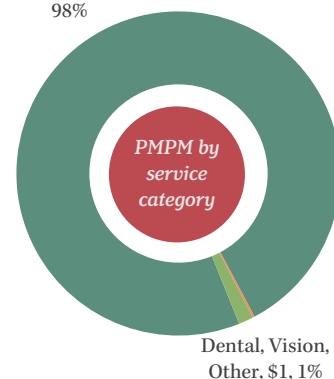


per member per month

\$63



Medical, \$62, 98%



Emergency Room PMPM



Hospital Inpatient PMPM



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

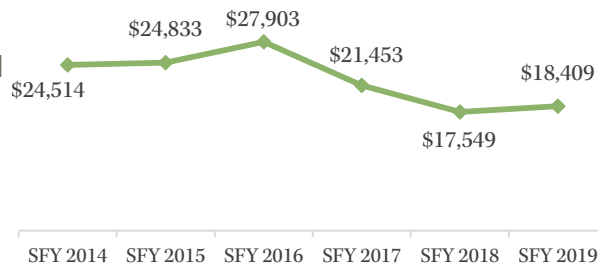
Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$4.30	\$2.69	\$3.96	\$1.92	\$0.16	\$0.14
Ambulatory Surgical Center	\$2.00	\$1.85	\$1.82	\$1.08	\$0.15	\$0.26
Behavioral Health	\$3.12	\$2.50	\$2.75	\$2.49	\$1.72	\$1.80
DME, Prosthetics/Orthotics and Supplies	\$8.88	\$9.21	\$8.30	\$5.84	\$5.21	\$6.71
End Stage Renal Disease	\$3.01	\$3.66	\$4.98	\$3.45	\$1.21	\$1.59
Federally Qualified Health Centers	\$0.78	\$1.22	\$1.74	\$1.66	\$1.73	\$2.25
Hospital Total	\$74.59	\$80.13	\$79.94	\$46.30	\$14.03	\$16.60
<i>Inpatient</i>	\$25.72	\$24.62	\$24.39	\$14.83	\$5.64	\$5.79
<i>Outpatient</i>	\$48.96	\$55.56	\$55.50	\$31.44	\$8.11	\$10.59
<i>Other Hospital</i>	-\$0.09	-\$0.05	\$0.05	\$0.03	\$0.28	\$0.22
Laboratory	\$0.24	\$0.20	\$0.11	\$0.11	\$0.08	\$0.04
Nursing Facility	\$3.45	\$2.09	\$2.46	\$1.25	\$0.04	\$0.12
Other	\$0.27	\$0.29	\$0.21	\$0.17	\$0.21	\$0.27
PACE	--	\$0.08	--	--	--	--
Physician & Other Practitioner	\$40.22	\$36.83	\$39.54	\$32.20	\$27.82	\$29.06
Public Health or Welfare	\$0.88	\$0.92	\$1.07	\$1.10	\$0.75	\$0.84
Public Health, Federal	\$0.13	\$0.16	\$0.10	\$0.12	\$0.14	\$0.12
Rural Health Clinic	\$0.90	\$0.97	\$0.81	\$0.92	\$1.63	\$2.14
Vision	\$0.80	\$0.81	\$0.96	\$0.87	\$0.70	\$0.65
Total	\$144	\$144	\$149	\$99	\$56	\$63

specified low income medicare beneficiary

expenditures

\$18,409

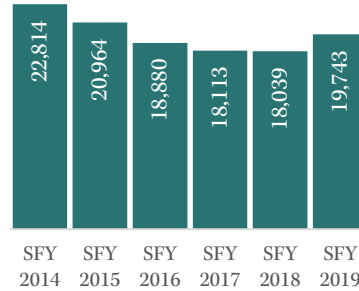
paid to providers for services rendered during the state fiscal year



member months

19,743

months members were enrolled during the state fiscal year

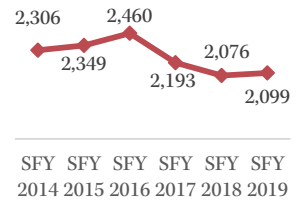


9.4

months average enrollment

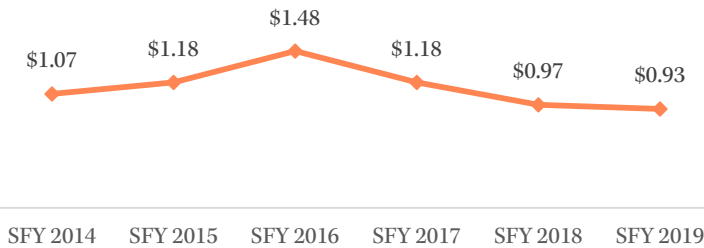
2,099

unique individuals enrolled during the state fiscal year



per member per month

\$0.93



Medical, \$62, 98%

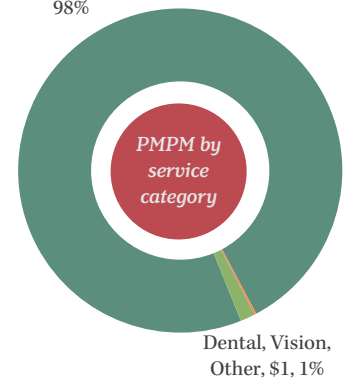


Table 53. Specified Low Income Medicare Beneficiary Per Member Per Month History by Service Area

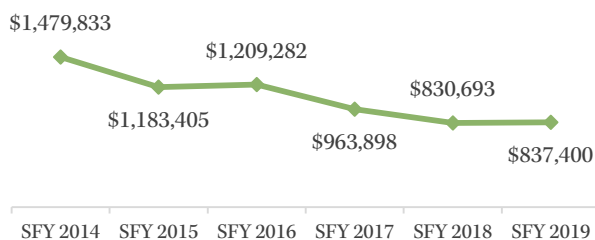
Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Behavioral Health	\$0.02	\$0.03	\$0.01	\$0.04	\$0.01	\$0.01
Nursing Facility	--	-\$0.01	\$0.03	--	--	--
Physician & Other Practitioner	--	-\$0.07	--	--	--	--
Public Health or Welfare	\$1.06	\$1.24	\$1.44	\$1.15	\$0.96	\$0.92
Total	\$1.07	\$1.18	\$1.48	\$1.18	\$0.97	\$0.93



non-citizens with medical emergencies

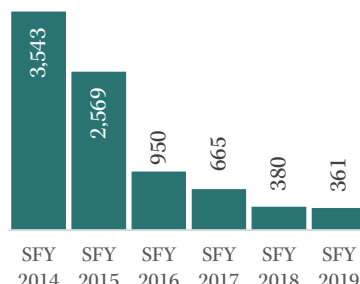
expenditures **\$0.8 million**

paid to providers for services rendered during the state fiscal year



member months **361**

months members were enrolled during the state fiscal year



2.2

months average enrollment

167

unique individuals enrolled during the state fiscal year



per member per month **\$2,320**



Emergency Room PMPM



Hospital Inpatient PMPM



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

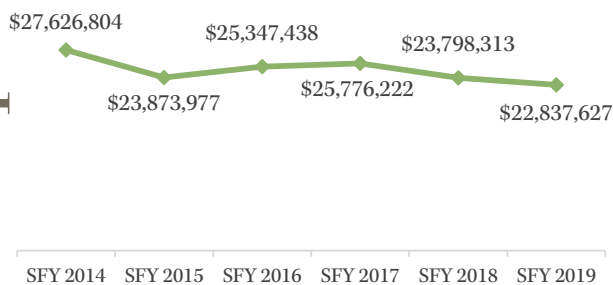
Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$15.99	\$6.34	\$10.27	\$0.46	\$49.99	\$36.48
Ambulatory Surgical Center	\$0.08	--	--	\$5.17	--	--
Federally Qualified Health Center	--	\$0.90	\$2.29	--	--	\$2.12
Hospital Total	\$307.12	\$364.97	\$1,048.78	\$1,161.25	\$1,856.92	\$1,941.05
Inpatient	\$295.27	\$349.41	\$995.18	\$1,120.13	\$1,806.05	\$1,869.52
Outpatient	\$12.96	\$15.55	\$53.60	\$41.12	\$50.87	\$71.53
Other Hospital	-\$1.12	--	--	--	--	--
Laboratory	\$0.04	\$0.07	--	--	--	\$0.09
Physician & Other Practitioner	\$94.37	\$88.29	\$211.58	\$282.59	\$279.12	\$338.28
Rural Health Clinic	\$0.08	\$0.09	--	--	--	\$1.64
Total	\$418	\$461	\$1,273	\$1,449	\$2,186	\$2,320



expenditures

\$22.8 million

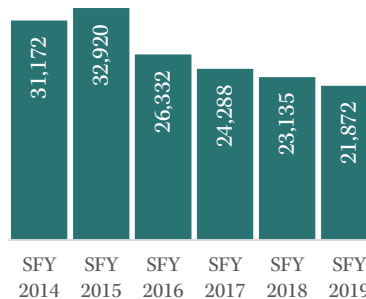
paid to providers for services rendered during the state fiscal year



member months

21,872

months members were enrolled during the state fiscal year



5.0
months average enrollment

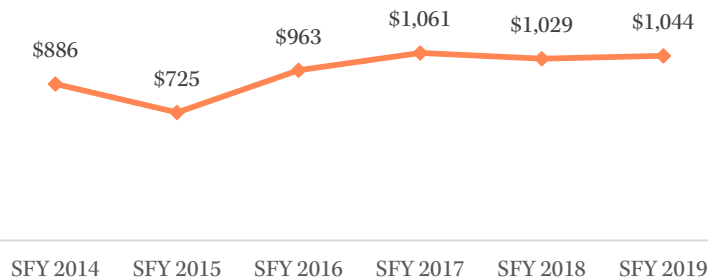
4,336

unique individuals enrolled during the state fiscal year

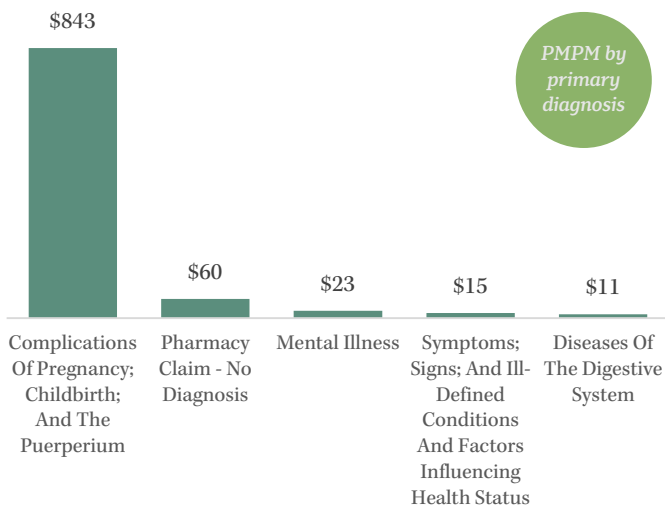
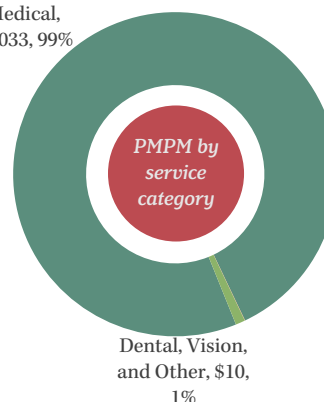


per member per month

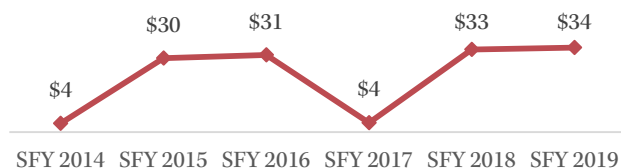
\$1,044



Medical,
\$1,033, 99%



Emergency Room PMPM



Hospital Inpatient PMPM

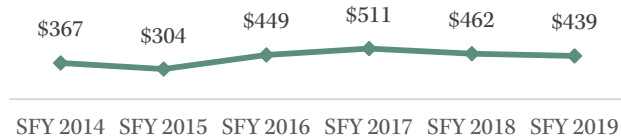


Table 55. Pregnant Women Summary by Subgroup -SFY 2019

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$22,465,519	-4%	20,714	-6%	\$1,085	2%
Presumptive Eligibility	\$372,107	10%	1,158	4%	\$321	6%

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
Pregnant Women	Pregnant Women	\$27,347,314	\$23,454,355	\$25,033,114	\$25,511,301	\$23,460,583	\$22,465,519
	Presumptive Eligibility	\$279,489	\$419,622	\$314,324	\$264,921	\$337,730	\$372,107
Total Expenditures		\$27,626,804	\$23,873,977	\$25,347,438	\$25,776,222	\$23,798,313	\$22,837,627
Member Months							
Pregnant Women	Pregnant Women	29,458	30,765	24,202	22,987	22,019	20,714
	Presumptive Eligibility	1,714	2,155	2,130	1,301	1,116	1,158
Total Member Months		31,172	32,920	26,332	24,288	23,135	21,872
Per Member Per Month							
Pregnant Women	Pregnant Women	\$928	\$762	\$1,034	\$1,110	\$1,065	\$1,085
	Presumptive Eligibility	\$163	\$195	\$148	\$204	\$303	\$321
Overall Per Member Per Month		\$886	\$725	\$963	\$1,061	\$1,029	\$1,044

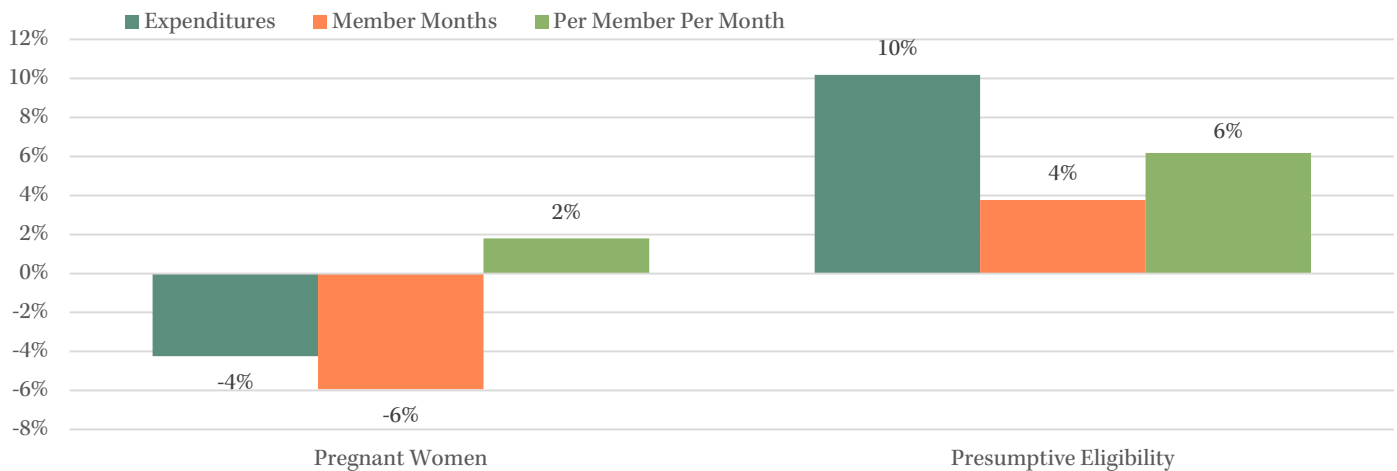
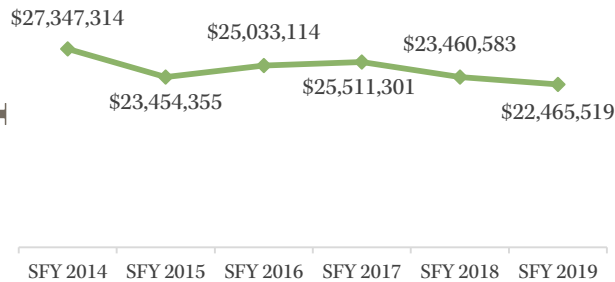


Figure 29. One-Year Percent Change by Pregnant Women Eligibility Subgroup

expenditures

\$22.5 million

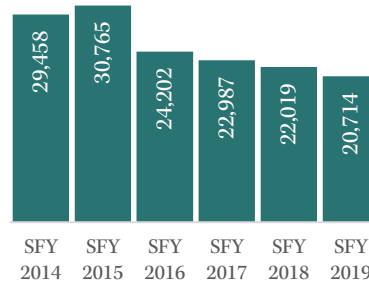
paid to providers for services rendered during the state fiscal year



member months

20,714

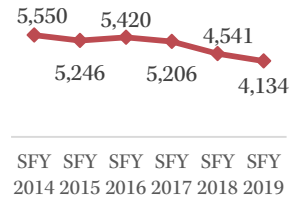
months members were enrolled during the state fiscal year



5.0
months average enrollment

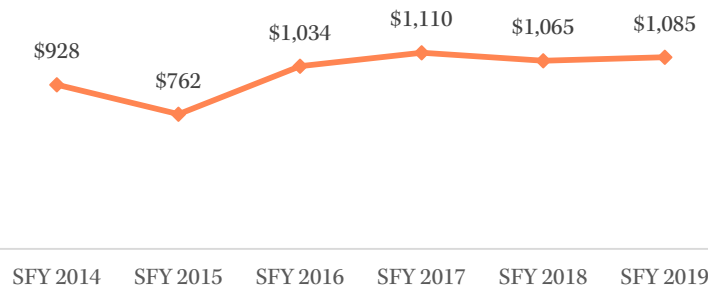
4,134

unique individuals enrolled during the state fiscal year

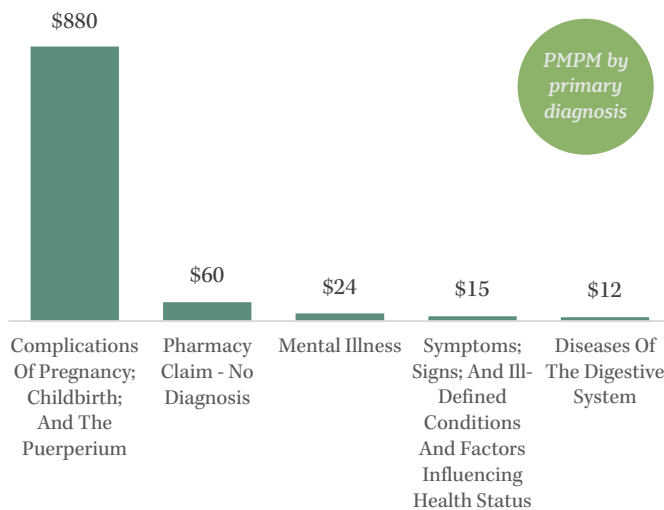
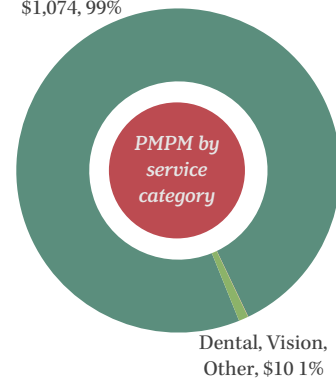


per member per month

\$1,085



Medical, \$1,074, 99%



Emergency Room PMPM



Hospital Inpatient PMPM

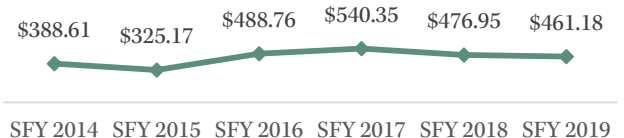


Table 57. Pregnant Women Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$13.77	\$12.75	\$14.15	\$16.26	\$10.89	\$13.36
Ambulatory Surgical Center	\$0.68	\$1.01	\$1.93	\$1.40	\$2.16	\$2.20
Behavioral Health	\$10.74	\$9.65	\$16.24	\$12.35	\$12.28	\$9.65
Care Management Entity	--	--	\$0.58	\$0.38	\$0.00	\$0.51
Clinic/Center	--	--	--	--	\$0.02	\$0.01
Dental	\$12.98	\$12.64	\$15.87	\$14.32	\$7.11	\$7.07
DME, Prosthetics/Orthotics/ Supplies	\$2.03	\$2.12	\$1.87	\$2.32	\$2.54	\$1.96
Federally Qualified Health Center	\$18.92	\$19.80	\$34.96	\$33.86	\$34.72	\$35.17
Home Health	\$0.39	\$0.31	\$0.08	\$0.07	\$0.17	\$0.31
Hospital Total	\$462.53	\$386.32	\$556.61	\$605.70	\$558.26	\$568.65
Inpatient	\$388.61	\$325.17	\$488.76	\$540.35	\$476.95	\$489.75
Outpatient	\$74.39	\$61.42	\$68.51	\$68.99	\$81.68	\$79.20
Other Hospital	-\$1.04	-\$0.47	-\$0.27	-\$0.44	-\$0.52	-\$0.34
Laboratory	\$12.94	\$18.23	\$11.47	\$8.88	\$8.17	\$7.18
Nursing Facility	-\$0.01	--	--	--	--	--
Other	\$0.20	\$0.18	\$0.73	\$1.30	\$1.93	\$1.77
Physician & Other Practitioner	\$337.51	\$253.70	\$322.30	\$326.30	\$324.58	\$317.78
Prescription Drug	\$27.37	\$23.28	\$27.46	\$36.04	\$52.05	\$59.81
Public Health or Welfare	\$0.12	\$0.18	\$0.18	\$0.27	\$0.46	\$1.09
Public Health, Federal	\$24.92	\$19.23	\$26.60	\$46.90	\$45.21	\$51.77
Rural Health Clinic	\$1.82	\$1.88	\$1.89	\$1.75	\$3.58	\$4.71
Vision	\$1.44	\$1.07	\$1.42	\$1.71	\$1.35	\$1.54
Total	\$928	\$762	\$1,034	\$1,110	\$1,065	\$1,085

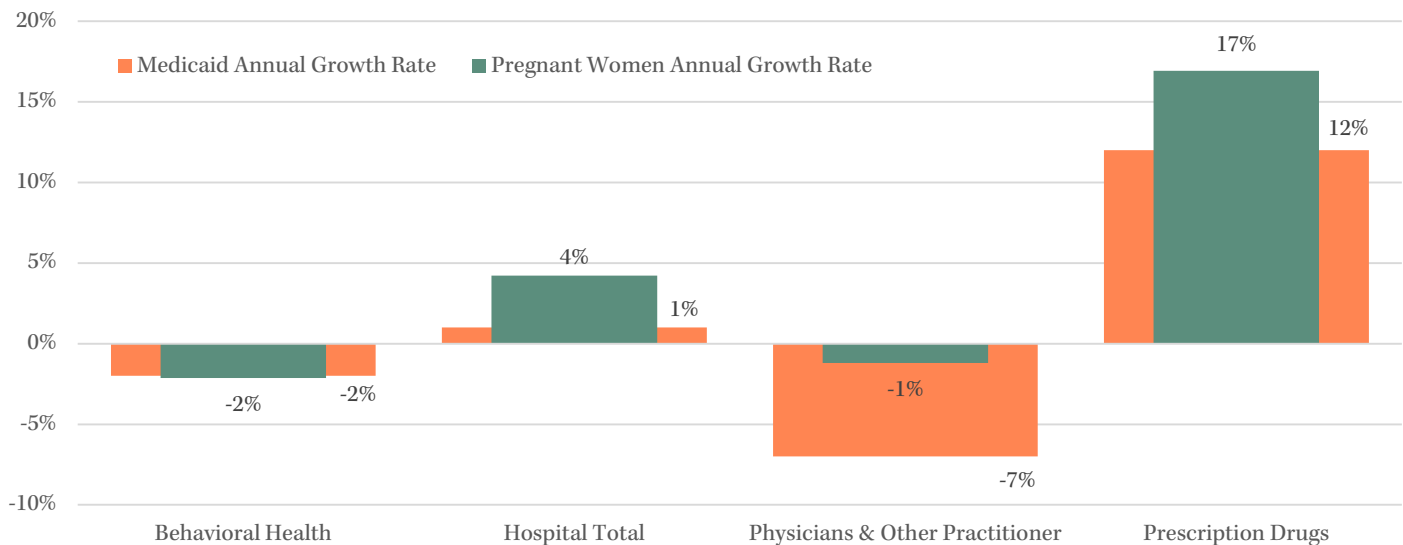
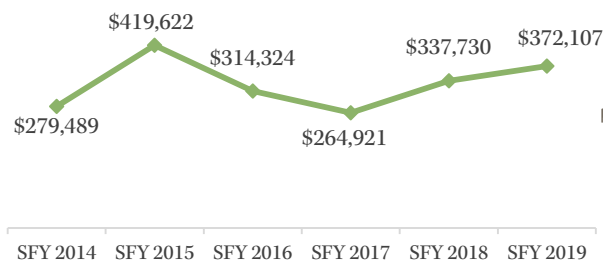


Figure 30. Pregnant Women Per Member Per Month Five-Year Annual Growth Rate for Select Services

expenditures

\$0.4 million

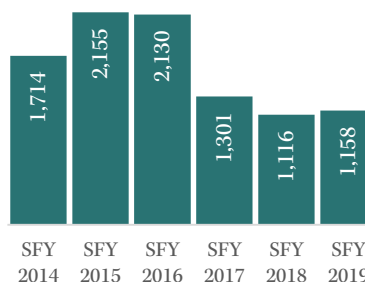
paid to providers for services rendered during the state fiscal year



member months

1,158

months members were enrolled during the state fiscal year



1.4
months average enrollment

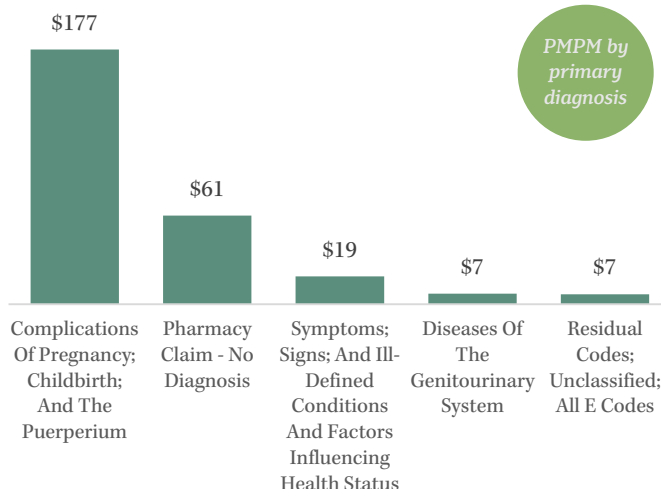
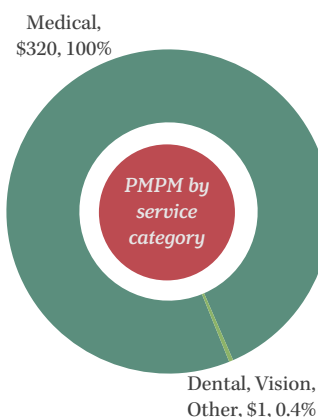
812

unique individuals enrolled during the state fiscal year



per member per month

\$321



Emergency Room PMPM



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

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$1.92	\$6.97	\$0.68	\$0.58	\$1.04	\$6.24
Ambulatory Surgical Center	--	\$0.70	\$0.44	--	\$2.68	\$0.87
Behavioral Health	\$3.05	\$2.52	\$2.11	\$1.26	\$0.64	\$2.72
Care Management Entity	--	--	\$1.11	\$0.00	--	--
DME, Prosthetics/Orthotics/ Supplies	\$0.29	--	\$0.05	\$0.17	--	\$0.12
Federally Qualified Health Center	\$10.31	\$21.51	\$14.75	\$12.00	\$19.18	\$18.30
Home Health	--	\$0.24	--	--	--	--
Hospital Total	\$40.71	\$54.66	\$42.52	\$59.20	\$67.50	\$68.26
<i>Outpatient</i>	\$40.83	\$55.46	\$42.54	\$59.20	\$68.40	\$68.26
<i>Other Hospital</i>	-\$0.13	-\$0.81	-\$0.03	--	-\$0.90	--
Laboratory	\$21.61	\$22.99	\$14.26	\$17.13	\$15.32	\$13.76
Other	\$1.31	\$1.38	\$1.16	\$1.28	\$0.85	\$0.58
Physician & Other Practitioner	\$61.74	\$59.60	\$52.01	\$73.21	\$74.32	\$76.99
Prescription Drug	\$17.82	\$18.52	\$12.15	\$20.19	\$61.14	\$61.44
Public Health or Welfare	\$0.02	\$0.49	\$1.06	\$2.23	\$1.12	\$1.21
Public Health, Federal	\$3.16	\$3.83	\$4.15	\$13.93	\$57.94	\$67.04
Rural Health Clinic	\$0.69	\$0.90	\$0.79	\$1.88	\$0.89	\$3.06
Vision	\$0.44	\$0.42	\$0.35	\$0.55	--	\$0.75
Total	\$163	\$195	\$148	\$204	\$303	\$321

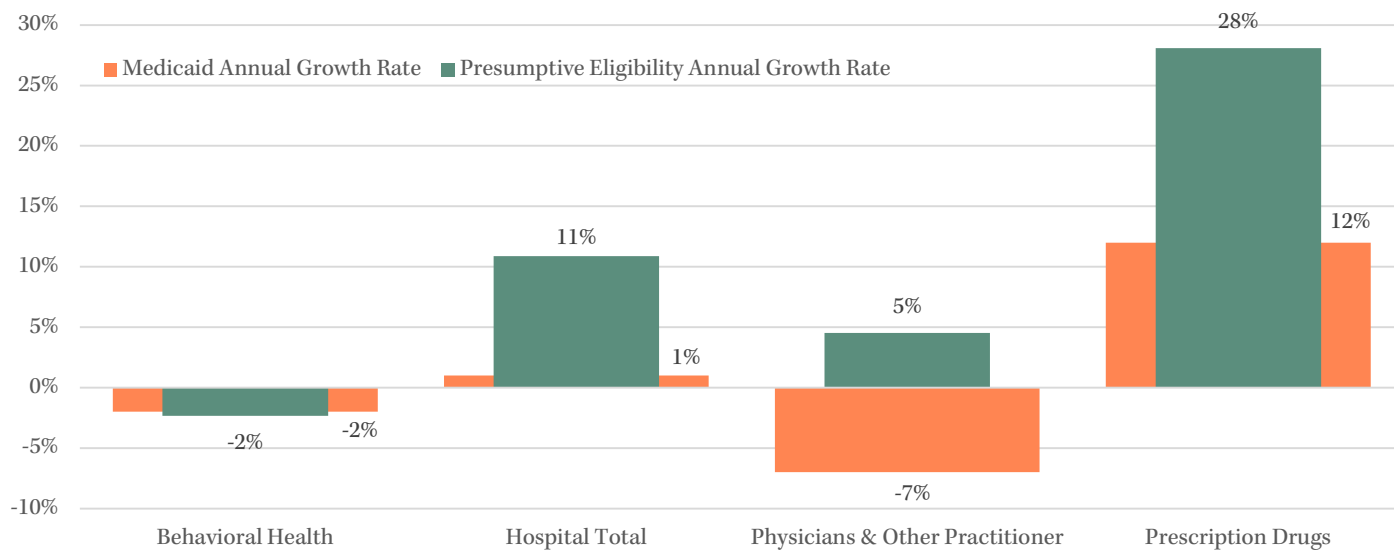


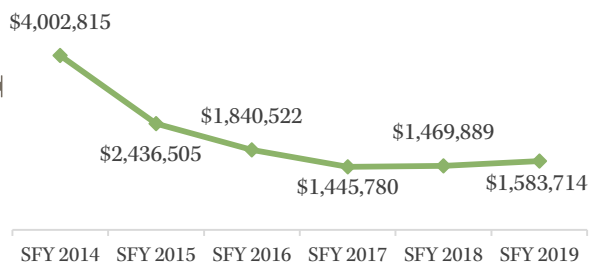
Figure 31. Presumptive Eligibility Per Member Per Month Five-Year Annual Growth Rate for Select Services

special groups

expenditures

\$1.6 million

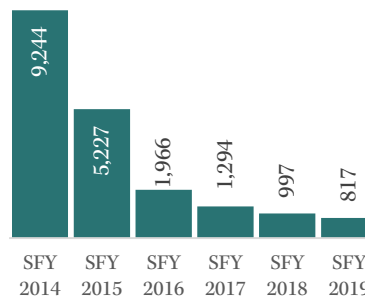
paid to providers for services rendered during the state fiscal year



member months

817

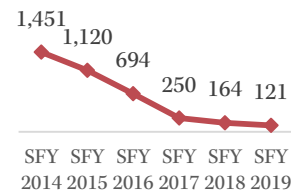
months members were enrolled during the state fiscal year



6.8
months average enrollment

121

unique individuals enrolled during the state fiscal year

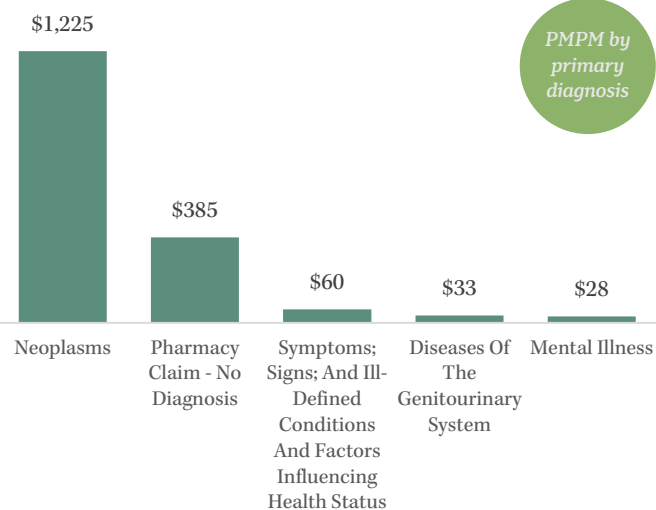
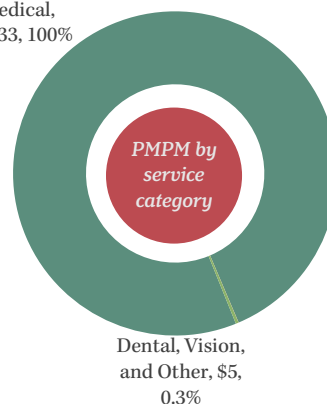


per member per month

\$1,938

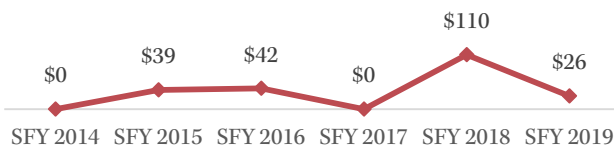


Medical,
\$1,933, 100%



PMPM by
primary
diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

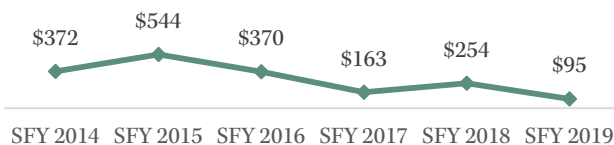


Table 59. Special Groups Summary by Subgroup -SFY 2018

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$1,581,289	8%	625	-14%	\$2,530	25%
Family Planning Waiver	\$2,425	-26%	192	-29%	\$13	5%

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

Eligibility Category	Eligibility Subgroup	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Expenditures							
Special Groups	Breast and Cervical	\$3,928,731	\$2,407,745	\$1,826,836	\$1,441,403	\$1,466,631	\$1,581,289
	Family Planning Waiver	\$74,084	\$28,760	\$9,845	\$4,364	\$3,258	\$2,425
	Tuberculosis	\$0	\$0	\$3,841	\$14	\$0	\$0
Total Expenditures		\$4,002,815	\$2,436,505	\$1,840,522	\$1,445,780	\$1,469,889	\$1,583,714
Member Months							
Special Groups	Breast and Cervical	1,674	1,352	991	871	726	625
	Family Planning Waiver	7,570	3,875	964	422	271	192
	Tuberculosis			11	1		
Total Member Months		9,244	5,227	1,966	1,294	997	817
Per Member Per Month							
Special Groups	Breast and Cervical	\$2,347	\$1,781	\$1,843	\$1,655	\$2,020	\$2,530
	Family Planning Waiver	\$10	\$7	\$10	\$10	\$12	\$13
	Tuberculosis	\$0	\$0	\$349	\$14	\$0	\$0
Overall Per Member Per Month		\$433	\$466	\$936	\$1,117	\$1,474	\$1,938

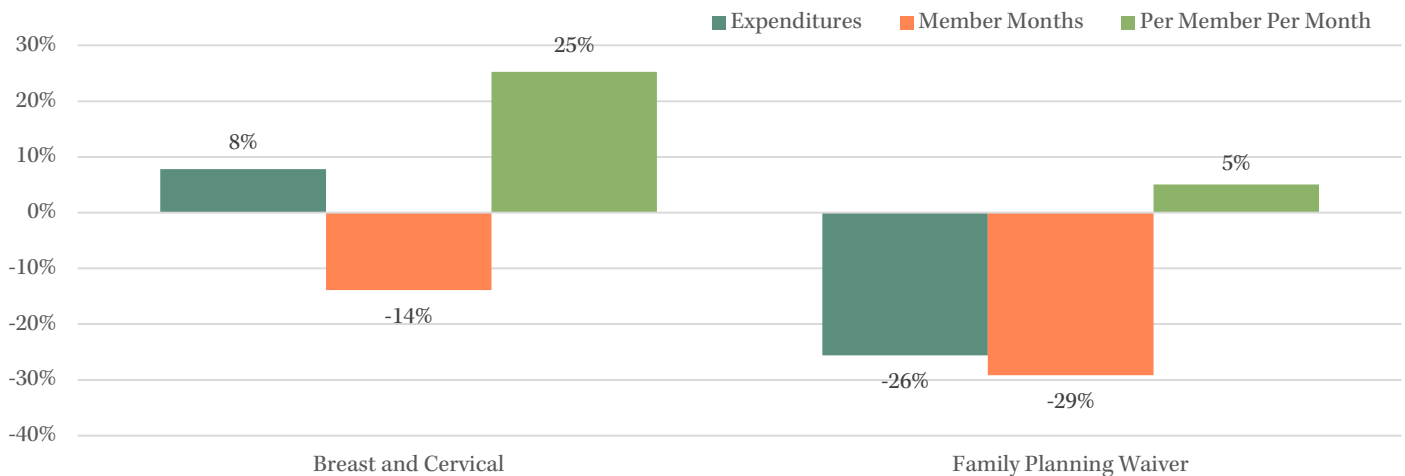
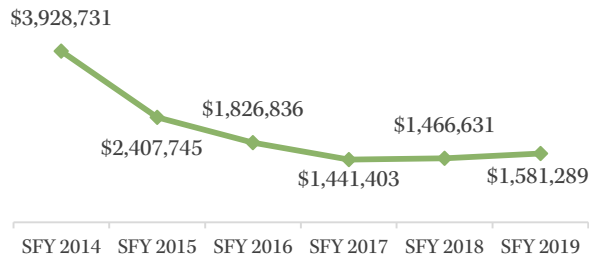


Figure 32. One-Year Percent Change by Special Groups Eligibility Subgroup

expenditures

\$1.6 million

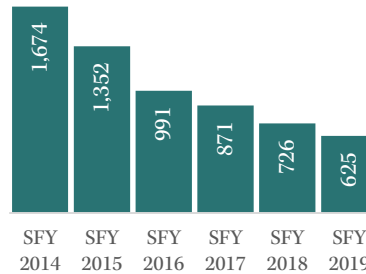
paid to providers for services rendered during the state fiscal year



member months

625

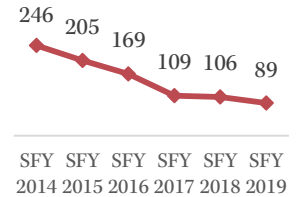
months members were enrolled during the state fiscal year



7.0
months average enrollment

89

unique individuals enrolled during the state fiscal year

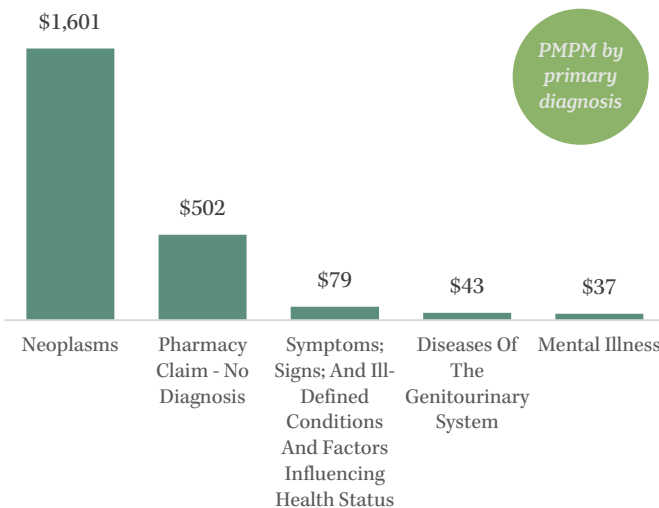
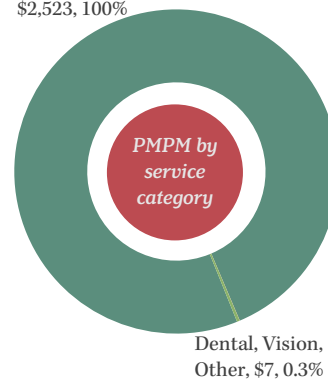


per member per month

\$2,530

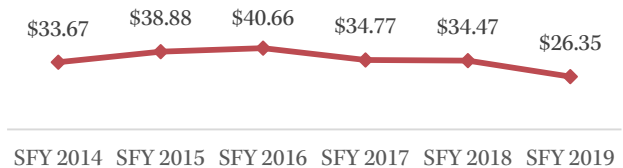


Medical,
\$2,523, 100%



PMPM by primary diagnosis

Emergency Room PMPM



Hospital Inpatient PMPM

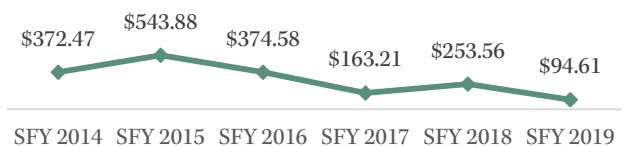


Table 61. Breast and Cervical Per Member Per Month History by Service Area

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulance	\$25.03	\$12.54	\$15.37	\$14.79	\$9.80	\$0.51
Ambulatory Surgical Center	\$7.92	\$8.74	\$12.24	\$13.22	\$14.16	\$8.86
Behavioral Health	\$23.89	\$16.02	\$17.70	\$18.46	\$13.94	\$25.34
Dental	\$15.29	\$18.98	\$24.53	\$6.66	\$3.17	\$3.77
DME, Prosthetics/Orthotics/ Supplies	\$23.27	\$25.08	\$17.95	\$12.34	\$27.48	\$21.64
Federally Qualified Health Center	\$7.37	\$8.86	\$27.21	\$21.24	\$23.10	\$29.78
Home Health	\$6.05	\$4.13	\$2.95	\$3.16	\$1.28	\$0.36
Hospice	\$28.21	\$9.17		\$4.64	\$3.55	\$15.52
Hospital Total	\$971.18	\$935.39	\$848.71	\$576.89	\$798.23	\$923.04
Inpatient	\$372.47	\$543.88	\$374.58	\$163.21	\$253.56	\$109.90
Outpatient	\$598.89	\$398.62	\$474.83	\$413.96	\$544.71	\$813.14
Other Hospital	-\$0.19	-\$7.11	-\$0.70	-\$0.29	-\$0.05	
Laboratory	\$23.80	\$21.00	\$15.30	\$16.63	\$16.65	\$6.43
Other	\$1.71	\$5.16	\$2.81	\$0.35	\$0.99	\$2.07
Physician & Other Practitioner	\$933.59	\$466.64	\$489.13	\$574.34	\$652.27	\$972.23
Prescription Drug	\$224.89	\$202.05	\$346.03	\$346.53	\$432.77	\$502.44
Public Health or Welfare	\$0.57	\$0.33	\$0.24	\$0.03	\$0.00	\$0.17
Public Health, Federal	\$50.29	\$43.90	\$21.29	\$41.18	\$19.90	\$14.73
Rural Health Clinic	\$2.24	\$1.16	\$0.85	\$0.50	\$0.21	\$2.00
Vision	\$1.61	\$1.74	\$1.13	\$3.91	\$2.64	\$1.17
Total	\$2,347	\$1,781	\$1,843	\$1,655	\$2,020	\$2,530

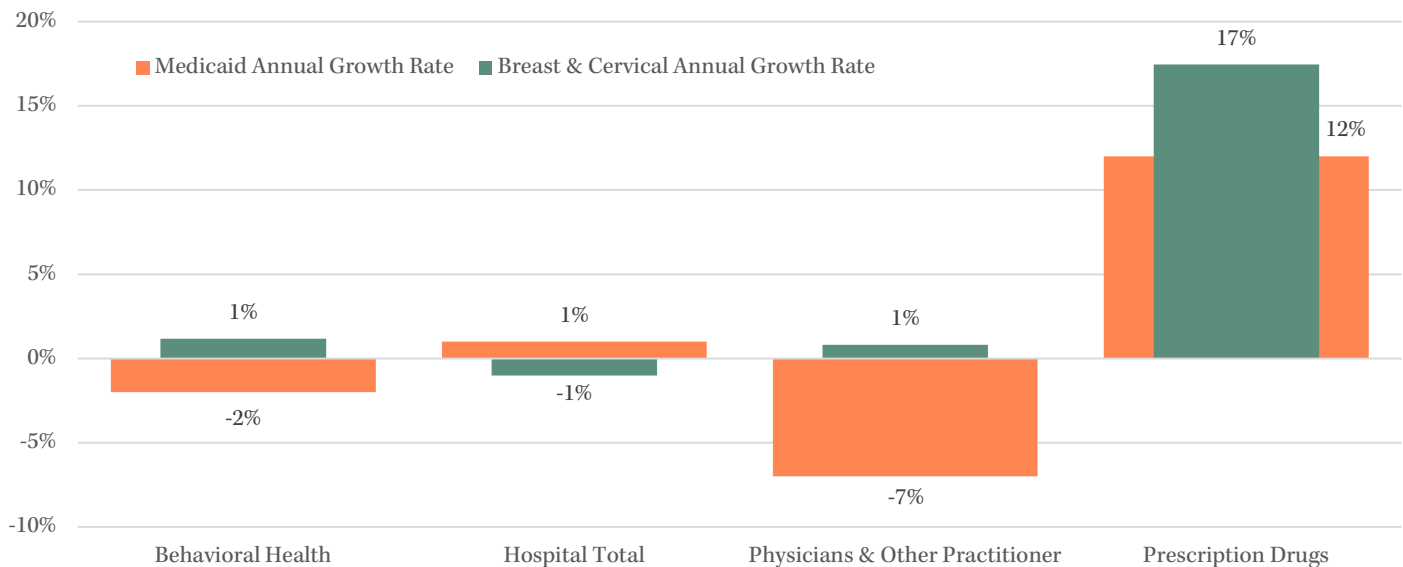


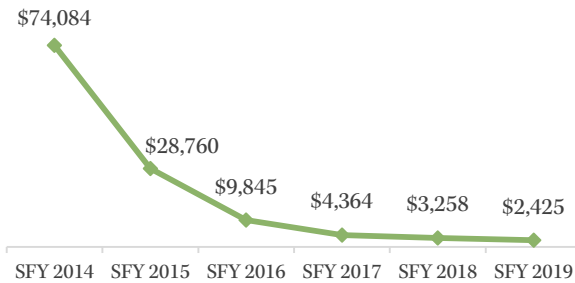
Figure 33. Breast and Cervical Per Member Per Month Five-Year Annual Growth Rate for Select Services

family planning waiver

expenditures

\$2,425

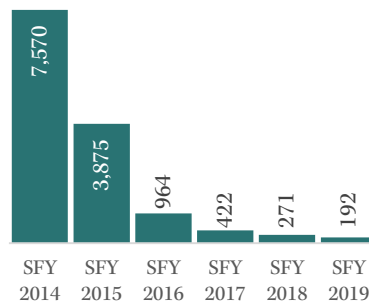
paid to providers for services rendered during the state fiscal year



member months

192

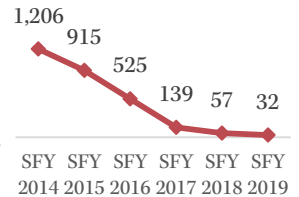
months members were enrolled during the state fiscal year



6.0
months average enrollment

32

unique individuals enrolled during the state fiscal year



per member per month

\$13



SFY 2014 SFY 2015 SFY 2016 SFY 2017 SFY 2018 SFY 2019

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

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Ambulatory Surgical Center	\$0.06	--	--	--	--	--
Federally Qualified Health Center	\$0.16	\$0.28	\$0.38	--	\$1.39	\$3.93
Hospital Total	\$0.31	\$0.65	\$0.01	--	--	--
Outpatient	\$0.31	\$0.65	\$0.01	--	--	--
Laboratory	--	--	--	\$0.10	\$0.61	--
Other	\$0.44	\$0.15	\$0.33	\$0.35	--	\$0.52
Physician & Other Practitioner	\$2.53	\$2.32	\$3.73	\$5.93	\$4.55	\$5.33
Prescription Drug	\$6.08	\$3.94	\$5.77	\$3.96	\$5.48	\$2.15
Public Health or Welfare	\$0.03	--	--	--	--	--
Public Health, Federal	\$0.18	\$0.09	--	--	--	--
Rural Health Clinic	--	--	--	--	--	\$0.70
Total	\$10	\$7	\$10	\$10	\$12	\$13

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

Service Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
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
FQHC	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' EXCLUDING 2084P0800X	Psychiatrists	n/a
	363A00000X	Physician Assistant	
	225X00000X	Occupational Therapist	
	225I00000X	Physical Therapist	
	213E00000X	Podiatrist	
	363L00000X	Nurse Practitioner	
	363LA2200X		
	363LF0000X		
	363LG0600X		
	363LX0001X		
	363LP0200X		
	367A00000X	Nurse Midwife	
	367500000X	Nurse Anesthetist	
	231H00000X	Audiologist	
	235Z00000X	Speech-Language Pathologist	
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X	Optometrist	n/a
	156FX1800X	Optician	
Waiver - Total	251B00000X	Case Management	Claim Type: W, G
	251C00000X	Day Training, DD	
	251X00000X	PACE PPL	Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Acquired Brain Injury Waiver	251C00000X	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