

WYOMING DEPARTMENT OF HEALTH

WYOMING MEDICAID SFY 2020



PER MEMBER PER MONTH REPORT

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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.

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

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

For example, for a recipient who visited their doctor twice, once on June 1, 2019 and again on July 1, 2019, even if both claims were paid on August 1, 2019, only the second claim's expenditures are included in the calculation of the SFY 2020 PMPM cost.

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

USING THIS REPORT

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

SECTION 1

- **Medicaid 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 services?
- **Services by Population**
How is the PMPM cost distributed across populations for Services of high interest?

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 Long-Term Care (LTC)	Community Choices Hospice	Nursing Home Program for All-Inclusive Care of the Elderly (PACE)
Aged, Blind, or Disabled Institution (ABD Institution)	Hospital	Institution for Mental Disease (IMD) (WY State Hospital)
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 Program	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	
Special Groups	Breast and Cervical Cancer Pregnant by Choice	Tuberculosis

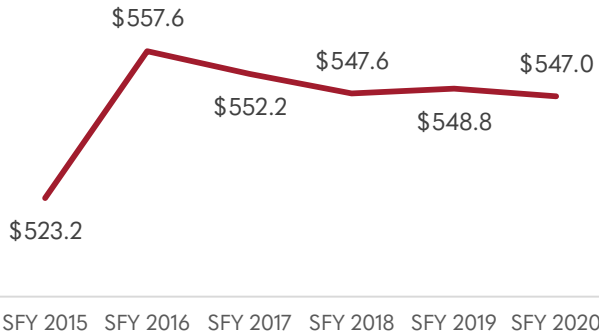
¹ Data for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid. Expenditures for SSI and SSI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

\$546 million

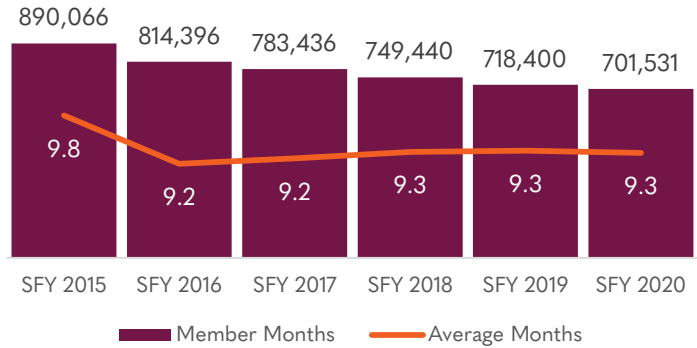
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

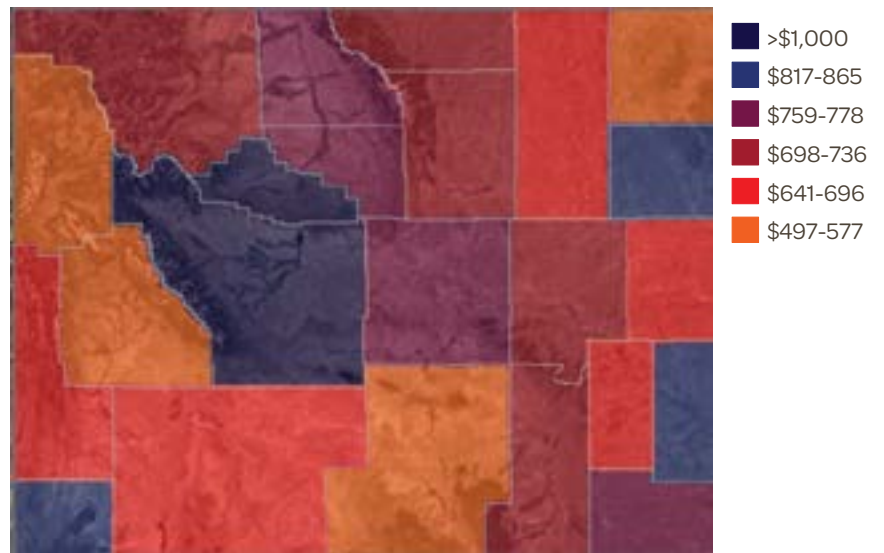
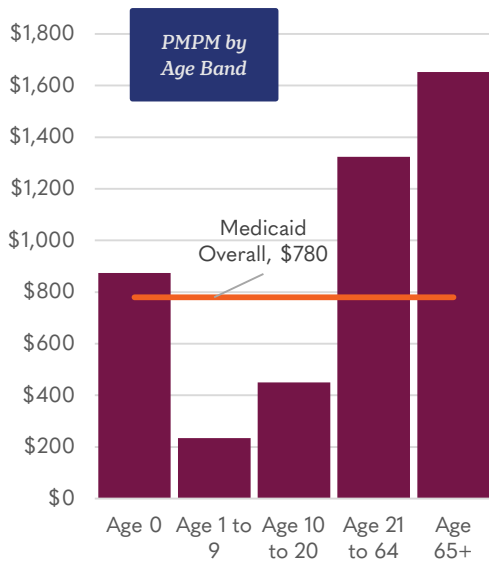
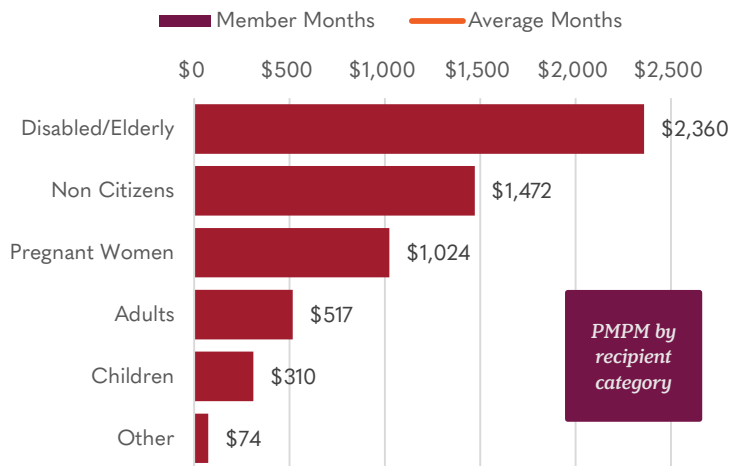
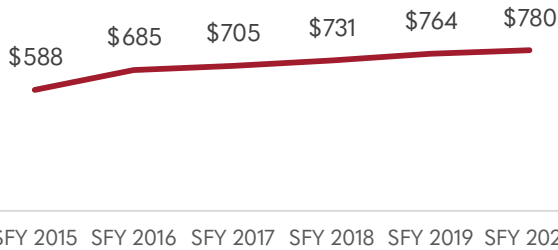
701,335

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$780



75% of Wyoming counties have a PMPM below the state's overall value

PMPPM BY POPULATION

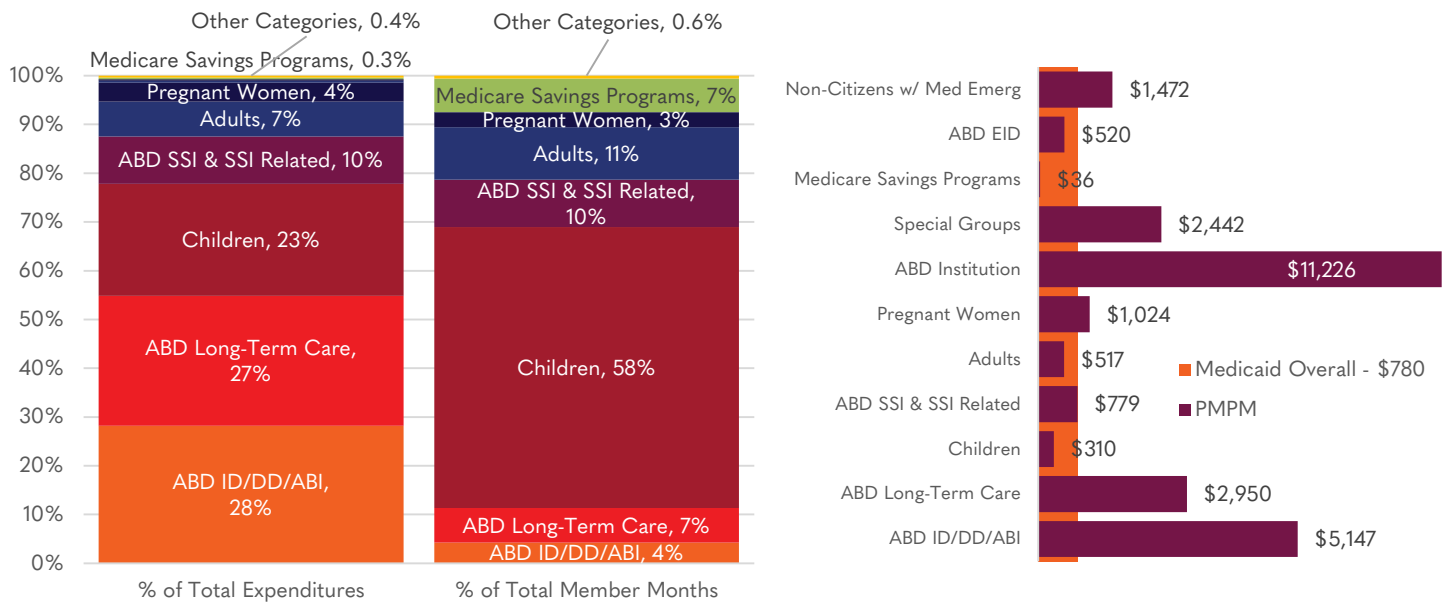


Figure 1. Eligibility Category Overview - SFY 2020

Table 2. Eligibility Category Summary - SFY 2020

Eligibility Category	Average Enrollment Length (months)	Expenditures ²	Member Months	PMPM
ABD EID	9.2	\$1,695,724	3,262	\$520
ABD ID/DD/ABI	11.4	\$154,253,531	29,968	\$5,147
ABD Institution	2.7	\$1,942,128	173	\$11,226
ABD Long-Term Care	9.7	\$145,886,421	49,453	\$2,950
ABD SSI & SSI Related	10.3	\$53,671,643	68,455	\$784
Adults	7.8	\$38,988,904	75,483	\$517
Children	9.2	\$125,107,248	404,634	\$309
Medicare Savings Programs	9.4	\$1,733,613	48,184	\$36
Non-Citizens with Medical Emergencies	2.3	\$543,034	369	\$1,472
Pregnant Women	5.3	\$21,274,729	20,774	\$1,024
Special Groups	8.8	\$1,894,902	776	\$2,442
Overall	9.3	\$546,991,877	701,531	\$780

² Expenditures have been manually adjusted to account for appropriate CME expenditures for the following categories: ABD SSI and SSI Related, Children, and Pregnant Women

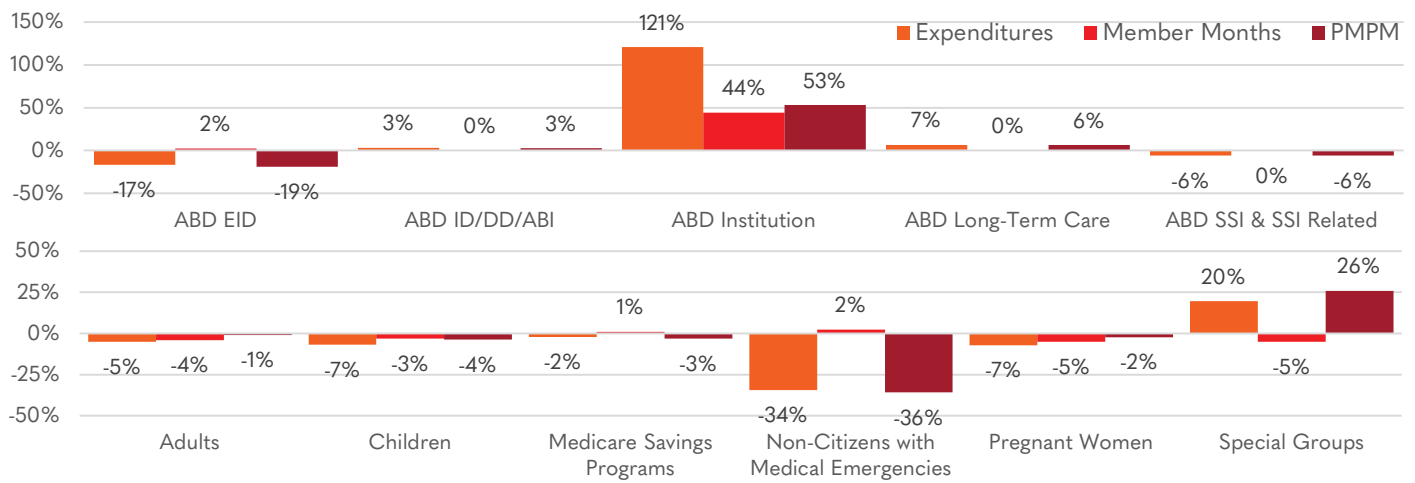


Figure 2. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category

Table 3. Eligibility Subgroup Summary - SFY 2020

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Member Months	PMPM
ABD EID	EID	9.0	\$1,695,724	3,262	\$652
ABD ID/DD/ABI	Acquired Brain Injury	11.3	\$9,247,763	2,045	\$4,521
	Adult ID/DD	11.5	\$108,248,721	19,922	\$5,403
	Child ID/DD	10.7	\$19,718,220	7,381	\$2,749
	ICF-ID (WY Life Resource Center)	11.1	\$17,038,826	620	\$19,497
ABD Institution	Hospital	2.4	\$1,942,016	173	\$7,311
ABD Long-Term Care	Community Choices Waiver	9.7	\$47,349,476	27,916	\$1,674
	Hospice	2.5	\$270,025	121	\$1,634
	Nursing Home	8.7	\$94,577,231	19,758	\$4,267
	PACE	9.9	\$3,689,689	1,658	\$2,349
ABD SSI	SSI & SSI Related	10.3	\$53,671,643	68,455	\$784
Adults	Family-Care Adults	7.7	\$38,594,298	74,549	\$518
	Former Foster Care	7.4	\$394,605	934	\$422
Children	Care Management Entity (CME) ³	5.9	\$3,530,925	2,416	\$1,461
	Children	8.9	\$81,225,514	341,717	\$238
	Childrens Mental Health Waiver	6.6	\$1,137,322	741	\$1,535
	Foster Care	8.7	\$20,191,274	34,015	\$594
	Newborn	6.3	\$22,517,531	28,161	\$800
Medicare Savings Programs	Qualified Medicare Beneficiary	9.1	\$1,713,818	27,745	\$62
	Specified Low Income Medicare Beneficiary	8.9	\$19,795	20,439	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	2.3	\$543,034	369	\$1,472
Pregnant Women	Pregnant Women	5.2	\$21,274,729	20,774	\$1,024
Special Groups	Breast and Cervical	8.9	\$1,892,913	657	\$2,881
	Family Planning Waiver	8.5	\$1,990	119	\$17
Overall		9.3	\$546,991,877	701,531	\$780

³ 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.

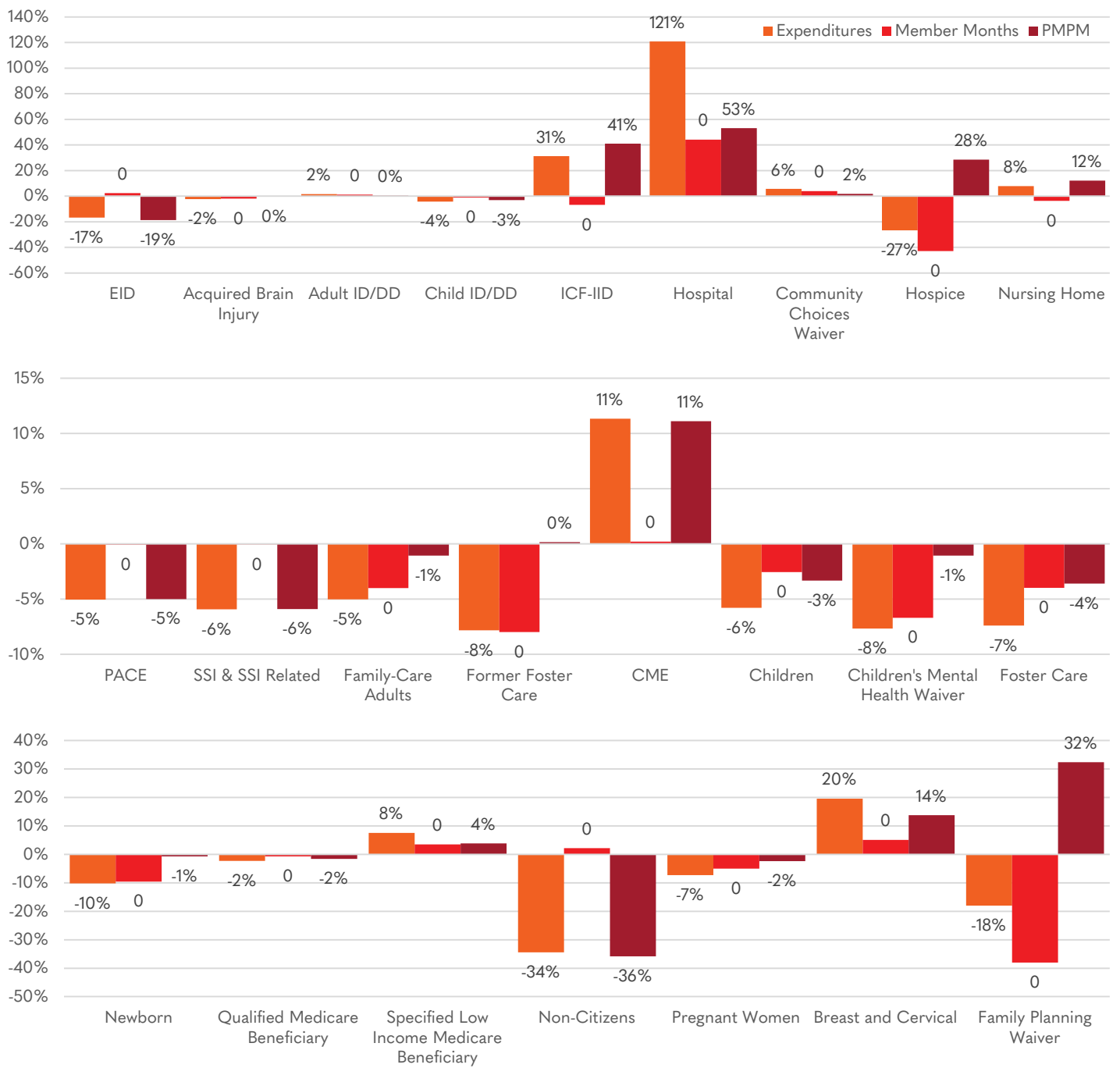


Figure 3. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup

Table 4. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID						
EID	\$3,661,972	\$4,658,902	\$4,380,238	\$2,811,061	\$2,038,518	\$1,695,724
ABD ID/DD/ABI						
Acquired Brain Injury	\$8,101,494	\$8,498,357	\$8,704,085	\$8,494,066	\$9,488,525	\$9,247,763
Adult ID/DD	\$91,850,575	\$99,403,220	\$96,217,581	\$96,473,385	\$106,487,430	\$108,248,721
Child ID/DD	\$19,498,149	\$20,666,235	\$19,497,966	\$18,849,715	\$20,607,211	\$19,718,220
ICF-IID (WY Life Resource Center)	\$17,650,052	\$18,935,852	\$19,173,268	\$13,613,841	\$12,985,188	\$17,038,826
ABD Institution						
Hospital	\$3,623,601	\$4,118,852	\$2,349,813	\$2,850,073	\$879,871	\$1,942,016
ABD Long-Term Care						
Community Choices Waiver ⁴	\$32,496,895	\$36,921,757	\$38,607,745	\$40,611,395	\$44,849,102	\$47,349,476
Hospice	\$625,073	\$677,625	\$619,372	\$683,227	\$368,388	\$270,025
Nursing Home	\$73,187,557	\$87,001,310	\$89,265,260	\$88,603,592	\$87,656,109	\$94,577,231
PACE	\$2,241,044	\$2,893,443	\$3,426,553	\$3,515,730	\$3,885,399	\$3,689,689
ABD SSI						
SSI & SSI Related	\$55,418,000	\$54,559,409	\$57,962,232	\$52,617,881	\$56,942,135	\$53,567,359
Adults						
Family-Care Adults	\$39,066,801	\$42,552,359	\$42,350,379	\$43,074,392	\$40,630,119	\$38,594,298
Former Foster Care	\$114,685	\$201,083	\$246,275	\$341,083	\$428,083	\$394,605
Children						
Care Management Entity (CME) ⁵	--	\$9,723,888	\$8,579,561	\$8,053,521	\$5,774,596	\$6,348,163
Children	\$92,111,584	\$91,904,314	\$89,065,711	\$90,357,550	\$86,213,790	\$81,225,514
Children's Mental Health Waiver ⁶	\$1,672,927	\$2,479,897	\$1,882,607	\$1,715,683	\$1,231,644	\$1,137,322
Foster Care	\$22,554,429	\$22,329,561	\$22,297,404	\$23,283,259	\$21,804,501	\$20,191,274
Newborn	\$27,172,139	\$26,578,363	\$24,997,796	\$31,985,378	\$25,063,908	\$22,517,531
Medicare Savings Programs						
Part B - Partial AMB	\$240	\$120	\$120	--	--	--
Qualified Medicare Beneficiary	\$4,373,747	\$4,037,606	\$2,774,377	\$1,586,273	\$1,753,924	\$1,713,818
Specified Low Income Medicare Beneficiary	\$24,833	\$27,903	\$21,453	\$17,549	\$18,409	\$19,795
Non-Citizens with Medical Emergencies						
Non-Citizens	\$1,183,405	\$1,209,282	\$963,898	\$830,693	\$827,777	\$543,034
Pregnant Women						
Pregnant Women	\$23,873,775	\$25,347,438	\$25,771,598	\$23,783,072	\$22,941,426	\$21,274,729
Special Groups						
Breast and Cervical	\$2,407,735	\$1,826,836	\$1,440,578	\$1,466,631	\$1,582,515	\$1,892,913
Family Planning Waiver	\$28,760	\$9,845	\$4,364	\$3,258	\$2,425	\$1,990
Tuberculosis	--	\$3,841	\$14	--	--	--
Total	\$523,152,085	\$557,582,175	\$552,235,927	\$547,645,249	\$548,779,181	\$546,991,877

⁴ SFY 2015-2016 include the expenditures for both the Assisted Living Facility Waiver and Long-Term Care Waiver, now covered under the new Community Choices waiver.

⁵ SFY 2016 through SFY 2020 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, and Pregnant Women. Expenditures shown for CME include all services incurred for children while enrolled in the program. For this reason, totaling across all populations will not equal the total Medicaid expenditures.

⁶ Individuals enrolled in the Children's Mental Health Waiver started receiving case management services through the Care Management Entity (CME) taxonomy starting in SFY 2016.

Table 5. Member Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID						
EID	2,907	3,559	4,192	3,533	3,186	3,262
ABD ID/DD/ABI						
Acquired Brain Injury	1,949	2,235	2,318	2,190	2,087	2,045
Adult ID/DD	17,512	18,368	18,957	19,361	19,682	19,922
Child ID/DD	7,823	8,068	8,162	7,869	7,470	7,381
ICF-IID (WY Life Resource Center)	863	825	778	739	666	620
ABD Institution						
Hospital	183	229	197	152	120	173
ABD Long-Term Care						
Community Choices Waiver	19,776	21,643	22,918	24,915	26,883	27,916
Hospice	359	314	380	335	212	121
Nursing Home	19,667	20,251	20,853	20,875	20,536	19,758
PACE	911	1,206	1,464	1,608	1,659	1,658
ABD SSI						
SSI & SSI Related	76,277	70,017	70,732	68,061	68,487	68,455
Adults						
Family-Care Adults	89,514	94,396	92,136	86,808	77,656	74,549
Former Foster Care	247	542	770	880	1,015	934
Children						
Care Management Entity (CME) ⁶	--	2,549	2,959	3,088	2,411	2,416
Children	484,115	420,400	393,948	370,465	350,647	341,717
Children's Mental Health Waiver	742	696	751	871	794	741
Foster Care	37,298	37,336	35,920	35,972	35,418	34,015
Newborn	37,776	39,028	36,701	33,711	31,133	28,161
Medicare Savings Programs						
Qualified Medicare Beneficiary	30,455	27,143	27,887	28,545	27,945	27,745
Specified Low Income Medicare Beneficiary	20,964	18,880	18,113	18,039	19,744	20,439
Non-Citizens with Medical Emergencies						
Non-Citizens	2,569	950	665	380	361	369
Pregnant Women						
Pregnant Women	32,932	26,344	24,300	23,133	21,872	20,774
Special Groups						
Breast and Cervical	1,352	991	871	726	625	657
Family Planning Waiver	3,875	964	422	271	192	119
Tuberculosis	--	11	1	--	--	--
Total	890,066	814,396	783,436	749,440	718,400	701,531

⁷ 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 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID						
EID	\$1,260	\$1,309	\$1,045	\$796	\$640	\$520
ABD ID/DD/ABI						
Acquired Brain Injury	\$4,157	\$3,802	\$3,755	\$3,880	\$4,546	\$4,522
Adult ID/DD	\$5,245	\$5,412	\$5,076	\$4,983	\$5,410	\$5,434
Child ID/DD	\$2,492	\$2,562	\$2,389	\$2,395	\$2,759	\$2,671
ICF-IID (WY Life Resource Center)	\$20,452	\$22,953	\$24,644	\$18,422	\$19,497	\$27,482
ABD Institution						
Hospital	\$19,801	\$17,986	\$11,928	\$18,750	\$7,332	\$11,226
ABD Long-Term Care						
Community Choices Waiver	\$1,643	\$1,706	\$1,685	\$1,630	\$1,668	\$1,696
Hospice	\$1,741	\$2,158	\$1,630	\$2,039	\$1,738	\$2,232
Nursing Home	\$3,721	\$4,296	\$4,281	\$4,244	\$4,268	\$4,787
PACE	\$2,460	\$2,399	\$2,341	\$2,186	\$2,342	\$2,225
ABD SSI						
SSI & SSI Related	\$729	\$787	\$822	\$774	\$832	\$784
Adults						
Family-Care Adults	\$436	\$451	\$460	\$496	\$523	\$518
Former Foster Care	\$464	\$371	\$320	\$388	\$422	\$422
Children						
Care Management Entity (CME) ⁸	--	\$3,815	\$2,899	\$2,608	\$2,395	\$2,628
Children	\$190	\$219	\$226	\$244	\$246	\$238
Children's Mental Health Waiver	\$2,255	\$3,563	\$2,507	\$1,970	\$1,551	\$1,535
Foster Care	\$605	\$598	\$621	\$647	\$616	\$594
Newborn	\$719	\$681	\$681	\$949	\$805	\$800
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$144	\$149	\$99	\$56	\$63	\$62
Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergencies						
Non-Citizens	\$461	\$1,273	\$1,449	\$2,186	\$2,293	\$1,472
Pregnant Women						
Pregnant Women	\$725	\$962	\$1,061	\$1,028	\$1,049	\$1,024
Special Groups						
Breast and Cervical	\$1,781	\$1,843	\$1,654	\$2,020	\$2,532	\$2,881
Family Planning Waiver	\$7	\$10	\$10	\$12	\$13	\$17
Tuberculosis	--	\$349	\$14	--	--	--
Total	\$588	\$685	\$705	\$731	\$764	\$780

⁸ PMPM shown for CME is calculated using expenditures for all services incurred for children while enrolled in the program.

PMPM BY SERVICE

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 a stand-alone insurance policies. Long-term care benefits are rarely covered by private or employer-sponsored insurance plans.

MEDICAL				
<ul style="list-style-type: none"> • Ambulance • Ambulatory Surgery Center • Behavioral Health • Care Management Entity • Clinic/Center • DME and Prosthetics, Orthotics, Supplies 	<ul style="list-style-type: none"> • End Stage Renal Disease • Federally Qualified Health Centers • Hospice • Hospital • Laboratory • Physician & Other Practitioners • Prescription Drug 	<ul style="list-style-type: none"> • Psychiatric Residential Treatment Facility (PRTF) • Public Health and Welfare • Public Health, Federal • Rural Health Clinic 		
LONG-TERM CARE	DENTAL	VISION	OTHER	
<ul style="list-style-type: none"> • Home Health • Nursing Facility • PACE • Waiver Services • ICF-IID 				

Table 7. Per Member Per Month History by Service Category

Service Category	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Medical	\$334.14	\$375.03	\$377.21	\$393.70	\$394.08	\$383.67
Long-Term Care	\$232.63	\$285.02	\$303.75	\$315.06	\$348.09	\$376.50
Dental	\$16.17	\$18.94	\$17.84	\$15.78	\$15.58	\$14.26
Vision	\$4.06	\$4.51	\$4.87	\$4.90	\$4.80	\$4.24
Other	\$0.77	\$1.16	\$1.22	\$1.30	\$1.34	\$1.03
Total	\$588	\$685	\$705	\$731	\$764	\$780

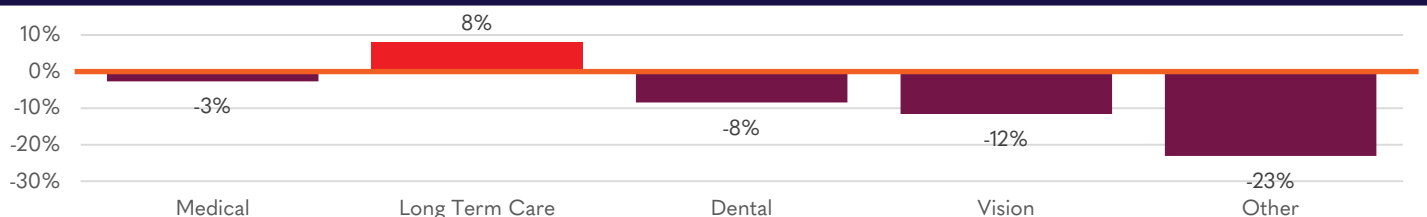


Figure 4. One-Year Change in Per Member Per Month by Service Category
PMPM by Service

DETAILED SERVICE AREAS

Table 8. Per Member Per Month History by Service Area

Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$4.60	\$4.45	\$4.21	\$4.02	\$4.40	\$4.38
Ambulatory Surgical Center	\$6.91	\$7.07	\$5.23	\$5.02	\$4.85	\$4.54
Behavioral Health	\$37.86	\$43.31	\$37.91	\$34.62	\$32.14	\$30.44
Care Management Entity (CME)	--	\$7.18	\$6.01	\$6.31	\$4.41	\$5.03
Clinic/Center	\$1.41	\$1.62	\$1.68	\$1.24	\$1.11	\$0.58
Dental	\$16.17	\$18.94	\$17.84	\$15.78	\$15.58	\$14.26
DME, Prosthetics/Orthotics/ Supplies	\$9.20	\$10.62	\$10.68	\$11.11	\$12.57	\$13.40
End Stage Renal Disease	\$1.20	\$1.25	\$1.44	\$1.30	\$1.51	\$2.22
Federally Qualified Health Center	\$4.24	\$7.38	\$7.65	\$8.16	\$7.98	\$9.37
Home Health	\$5.67	\$12.04	\$13.01	\$3.12	\$0.84	\$1.39
Hospice	\$1.26	\$1.19	\$1.64	\$1.81	\$1.67	\$1.62
Hospital Total	\$117.21	\$129.54	\$123.66	\$132.70	\$130.49	\$124.10
Inpatient	\$83.66	\$93.92	\$90.37	\$99.07	\$95.22	\$91.11
Outpatient	\$33.86	\$35.97	\$33.51	\$33.70	\$35.29	\$32.96
Other Hospital	(\$0.32)	(\$0.35)	(\$0.23)	(\$0.08)	(\$0.01)	\$0.04
Intermediate Care Facility-IID	\$19.74	\$23.10	\$24.29	\$18.11	\$17.97	\$23.88
Laboratory	\$1.95	\$1.59	\$1.15	\$1.18	\$0.97	\$0.89
Nursing Facility	\$77.68	\$101.10	\$108.54	\$113.83	\$116.44	\$129.16
Other	\$0.77	\$1.16	\$1.22	\$1.30	\$1.34	\$1.03
PACE	\$2.52	\$3.53	\$4.37	\$4.67	\$5.40	\$5.23
Physician & Other Practitioner	\$67.16	\$72.52	\$74.56	\$72.41	\$70.48	\$66.61
Prescription Drug	\$53.71	\$59.58	\$64.65	\$77.81	\$85.74	\$86.53
PRTF	\$14.95	\$14.16	\$16.09	\$16.38	\$13.47	\$10.63
Public Health or Welfare	\$0.78	\$0.92	\$0.76	\$0.75	\$0.90	\$0.91
Public Health, Federal	\$9.95	\$10.84	\$18.01	\$16.23	\$18.34	\$18.94
Rural Health Clinic	\$1.73	\$1.82	\$1.88	\$2.65	\$3.04	\$3.46
Vision	\$4.06	\$4.51	\$4.87	\$4.90	\$4.80	\$4.24
Waiver Total	\$127.03	\$145.26	\$171.46	\$187.31	\$212.42	\$216.85
Acquired Brain Injury	\$7.44	\$8.23	\$8.81	\$6.05	--	--
Adult ID/DD	\$12.55	--	--	--	--	--
Child ID/DD	\$8.58	\$0.02	--	--	--	--
Children's Mental Health	\$0.77	--	--	--	--	--
Community Choices	\$18.70	\$24.59	\$27.19	\$34.47	\$39.61	\$43.30
Comprehensive	\$77.92	\$108.81	\$111.77	\$126.99	\$158.76	\$163.62
Supports	\$1.09	\$3.60	\$5.76	\$7.82	\$9.06	\$9.93
Total	\$588	\$685	\$705	\$731	\$764	\$780

The increase in overall PMPM is partially due to policy changes for Indian Health Services providers increasing the number of encounters and prescriptions allowed to bill, resulting in an increase in PMPM for Public Health, Federal and Prescription Drug services. These IHS services are 100% federally funded.

PMPM by Service

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 2020

Eligibility Category	Eligibility Subgroup	Behavioral Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD EID	EID	\$22.77	\$173.69	--	\$131.93	\$122.92
ABD ID/DD/ABI	Acquired Brain Injury	\$24.37	\$89.91	\$0.23	\$57.94	\$113.76
	Adult ID/DD	\$25.66	\$53.99	\$0.12	\$53.53	\$153.65
	Child ID/DD	\$57.57	\$160.32	--	\$249.05	\$297.90
	ICF-IID	--	\$76.60	--	\$40.74	--
ABD Institution	Hospital	\$0.02	\$9,759.42	\$5.59	\$1,224.32	\$17.08
ABD Long-Term Care	Community Choices Waiver	\$17.16	\$186.00	\$4.88	\$95.52	\$156.15
	Hospice	--	\$358.92	--	\$63.47	--
	Nursing Home	\$5.36	\$66.16	\$4,578.25	\$30.12	\$34.33
	PACE	\$0.71	--	--	--	--
ABD SSI	SSI & SSI Related	\$37.26	\$240.41	\$0.11	\$98.93	\$277.22
Adults	Family-Care Adults	\$18.92	\$164.66	\$0.00	\$93.62	\$152.52
	Former Foster Care	\$41.57	\$127.84	--	\$78.31	\$89.55
Children	Care Management Entity (CME)	\$397.61	\$183.45	--	\$77.66	\$151.08
	Children	\$28.28	\$46.31	--	\$36.07	\$43.76
	Children's Mental Health Waiver	\$152.87	\$77.77	--	\$38.89	\$108.69
	Foster Care	\$165.20	\$86.73	--	\$45.61	\$68.09
	Newborn	\$0.84	\$547.11	--	\$143.52	\$23.23
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.59	\$17.18	\$0.20	\$29.08	--
	Specified Low Income Medicare Beneficiary	\$0.04	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	\$1,149.83	--	\$292.37	--
Pregnant Women	Pregnant Women	\$11.43	\$528.70	--	\$304.55	\$50.12
Special Groups	Breast and Cervical	\$13.17	\$1,211.52	--	\$1,144.94	\$439.30
	Family Planning Waiver	--	--	--	\$2.56	\$14.16
Overall		\$30.44	\$124.10	\$129.16	\$66.61	\$86.53

Behavioral Health

Policy changes instituting medical review and pre-authorization after twenty visits for adults has helped address the past 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 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$58.88	\$44.75	\$42.96	\$48.80	\$24.68	\$22.77
ABD ID/DD/ABI	Acquired Brain Injury	\$206.90	\$207.71	\$97.33	\$45.32	\$41.51	\$24.37
	Adult ID/DD	\$283.90	\$349.62	\$157.43	\$45.60	\$28.76	\$25.66
	Child ID/DD	\$58.74	\$56.95	\$38.55	\$44.54	\$55.86	\$57.57
	ICF-IID	\$1.09	\$2.56	--	--	\$0.25	--
ABD Institution	Hospital	\$34.00	\$4.33	\$10.49	\$13.36	\$11.17	\$0.02
ABD Long-Term Care	Community Choices Waiver	\$46.11	\$48.46	\$41.79	\$27.38	\$17.96	\$17.16
	Hospice	\$0.26	\$0.03	--	\$6.79	\$0.38	--
	Nursing Home	\$14.38	\$14.03	\$12.13	\$7.76	\$5.62	\$5.36
	PACE	--	\$0.14	--	\$0.74	\$0.51	\$0.71
ABD SSI	SSI & SSI Related	\$57.18	\$67.36	\$58.36	\$47.57	\$40.87	\$37.26
Adults	Family-Care Adults	\$26.29	\$30.24	\$32.87	\$24.55	\$20.90	\$18.92
	Former Foster Care	\$103.43	\$77.29	\$32.92	\$47.02	\$36.80	\$41.57
Children	Care Management Entity (CME)	--	\$603.35	\$522.36	\$471.82	\$464.97	\$397.61
	Children	\$24.87	\$27.24	\$28.16	\$30.29	\$29.54	\$28.28
	Children's Mental Health Waiver	\$300.07	\$355.42	\$181.72	\$206.63	\$164.91	\$152.87
	Foster Care	\$188.59	\$177.09	\$166.18	\$178.75	\$172.31	\$165.20
	Newborn	\$1.29	\$0.46	\$0.81	\$0.66	\$0.70	\$0.84
Medicare Savings Programs	Qualified Medicare Beneficiary	\$2.50	\$2.75	\$2.49	\$1.71	\$1.81	\$1.59
	Specified Low Income Medicare Beneficiary	\$0.03	\$0.01	\$0.04	\$0.01	\$0.01	\$0.04
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$9.18	\$15.09	\$11.75	\$11.47	\$9.25	\$11.43
Special Groups	Breast and Cervical	\$16.02	\$17.70	\$18.46	\$13.94	\$25.34	\$13.17
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$37.86	\$43.31	\$37.91	\$34.62	\$32.14	\$30.44

Hospital

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$456.94	\$526.53	\$395.50	\$225.40	\$227.71	\$173.69
ABD ID/DD/ABI	Acquired Brain Injury	\$202.47	\$128.68	\$105.62	\$141.58	\$71.96	\$89.91
	Adult ID/DD	\$75.45	\$73.22	\$67.18	\$45.77	\$64.68	\$53.99
	Child ID/DD	\$171.57	\$240.86	\$189.69	\$196.90	\$189.17	\$160.32
	ICF-IID	\$42.73	\$71.65	\$99.29	\$15.37	\$545.61	\$76.60
ABD Institution	Hospital	\$17,590.87	\$15,576.81	\$9,868.27	\$16,270.48	\$31.00	\$9,759.42
ABD Long-Term Care	Community Choices Waiver	\$220.29	\$201.11	\$186.45	\$173.54	\$5,724.15	\$186.00
	Hospice	\$61.47	\$221.62	\$146.58	\$75.27	\$206.72	\$358.92
	Nursing Home	\$83.96	\$106.26	\$82.81	\$34.31	\$50.51	\$66.16
	PACE	\$0.00	\$0.00	\$0.00	\$0.00	\$67.66	\$0.00
ABD SSI	SSI & SSI Related	\$257.13	\$258.56	\$251.38	\$224.78	\$258.79	\$240.41
Adults	Family-Care Adults	\$163.96	\$153.68	\$139.51	\$153.46	\$72.12	\$164.66
	Former Foster Care	\$96.86	\$106.37	\$93.53	\$114.35	\$173.53	\$127.84
Children	Care Management Entity (CME)	--	\$155.88	\$157.65	\$136.11	\$152.04	\$183.45
	Children	\$37.60	\$44.89	\$42.83	\$49.63	\$49.19	\$46.31
	Children's Mental Health Waiver	\$159.31	\$154.05	\$185.35	\$89.66	\$50.13	\$77.77
	Foster Care	\$75.20	\$65.90	\$78.66	\$77.22	\$82.89	\$86.73
	Newborn	\$491.57	\$465.55	\$462.26	\$722.36	\$553.02	\$547.11
Medicare Savings Programs	Qualified Medicare Beneficiary	\$80.13	\$79.94	\$46.30	\$14.01	\$16.73	\$17.18
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$364.97	\$1,048.78	\$1,161.25	\$1,856.92	\$1,913.91	\$1,149.83
Pregnant Women	Pregnant Women	\$364.48	\$514.79	\$576.14	\$534.37	\$547.88	\$528.70
Special Groups	Breast and Cervical	\$935.39	\$848.71	\$576.89	\$798.23	\$923.76	\$1,211.52
	Family Planning Waiver	\$0.65	\$0.01	--	--	--	--
	Tuberculosis	--	\$167.16	--	--	--	--
Overall		\$117.21	\$129.54	\$123.66	\$132.70	\$130.49	\$124.10

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$32.71	\$41.54	\$28.64	\$19.37	\$18.43	\$20.55
ABD ID/DD/ABI	Acquired Brain Injury	\$22.64	\$25.76	\$14.39	\$10.02	\$16.89	\$10.39
	Adult ID/DD	\$11.11	\$12.48	\$10.55	\$7.64	\$8.30	\$7.72
	Child ID/DD	\$9.40	\$8.14	\$9.13	\$12.57	\$14.31	\$13.27
	ICF-IID	\$8.27	\$19.26	\$16.55	\$7.75	\$14.63	\$15.41
ABD Institution	Hospital	\$59.41	\$63.05	\$31.37	\$35.12	\$31.79	\$44.33
ABD Long-Term Care	Community Choices Waiver	\$32.87	\$33.66	\$26.46	\$20.61	\$20.12	\$18.39
	Hospice	\$4.48	\$12.35	\$4.34	\$0.21	\$0.00	\$13.42
	Nursing Home	\$10.12	\$11.16	\$7.56	\$3.72	\$3.45	\$3.98
	PACE	\$0.41	\$0.40	--	\$0.02	--	--
ABD SSI	SSI & SSI Related	\$36.04	\$38.33	\$34.45	\$31.95	\$34.19	\$32.16
Adults	Family-Care Adults	\$39.19	\$39.74	\$38.00	\$38.13	\$40.84	\$36.67
	Former Foster Care	\$77.99	\$70.77	\$45.86	\$62.05	\$47.47	\$37.89
Children	Care Management Entity (CME)	--	\$31.09	\$19.70	\$19.82	\$27.71	\$25.47
	Children	\$11.13	\$11.15	\$11.45	\$12.29	\$12.13	\$10.97
	Children's Mental Health Waiver	\$25.60	\$47.92	\$11.79	\$8.57	\$13.73	\$10.93
	Foster Care	\$12.37	\$11.11	\$10.66	\$10.98	\$12.29	\$12.15
	Newborn	\$21.05	\$18.60	\$19.84	\$21.24	\$19.32	\$18.05
Medicare Savings Programs	Qualified Medicare Beneficiary	\$17.39	\$18.31	\$11.08	\$4.47	\$4.71	\$4.64
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$16.76	\$60.26	\$48.76	\$53.27	\$65.87	\$16.11
Pregnant Women	Pregnant Women	\$30.54	\$31.48	\$34.06	\$35.07	\$36.49	\$33.68
Special Groups	Breast and Cervical	\$39.93	\$41.57	\$34.77	\$34.47	\$31.10	\$94.86
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	\$161.44	--	--	--	--
Overall		\$17.81	\$18.73	\$17.89	\$17.52	\$17.85	\$16.39

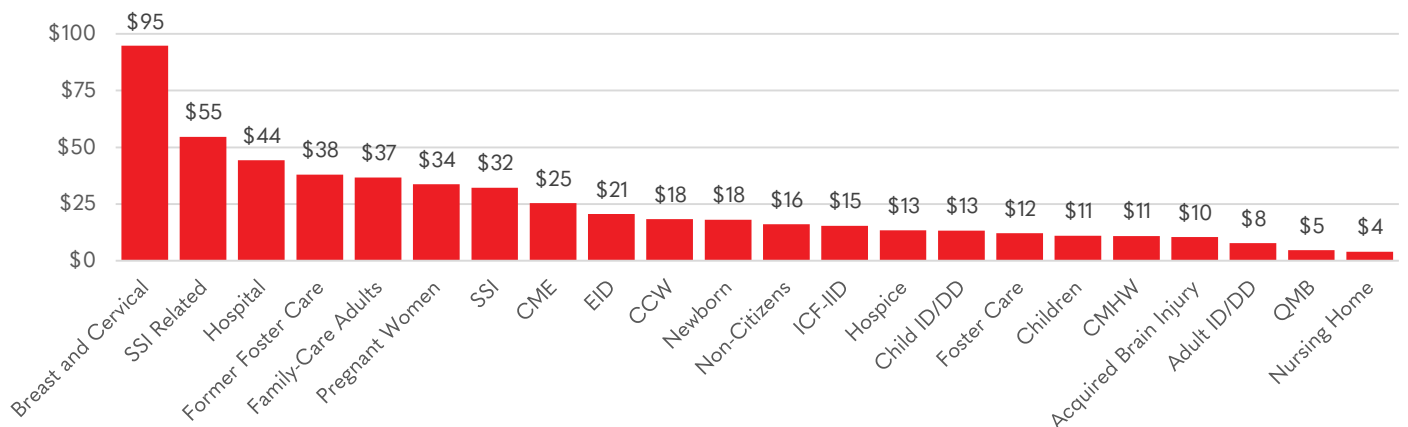


Figure 5. Emergency Room Per Member Per Month by Eligibility Subgroup - SFY 2020

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$322.25	\$361.89	\$261.65	\$159.83	\$95.64	\$95.58
ABD ID/DD/ABI	Acquired Brain Injury	\$152.53	\$72.18	\$70.66	\$124.75	\$47.66	\$73.60
	Adult ID/DD	\$43.89	\$42.69	\$42.69	\$27.83	\$46.61	\$28.52
	Child ID/DD	\$102.68	\$175.37	\$116.00	\$135.42	\$132.82	\$112.28
	ICF-IID	\$25.68	\$35.69	\$70.09	\$8.83	\$14.74	\$53.03
ABD Institution	Hospital	\$17,385.73	\$15,752.97	\$9,786.68	\$16,168.69	\$5,590.03	\$9,693.46
ABD Long-Term Care	Community Choices Waiver	\$133.60	\$107.99	\$122.94	\$114.27	\$141.86	\$138.30
	Hospice	\$53.83	\$319.47	\$136.12	\$74.68	\$45.69	\$342.44
	Nursing Home	\$53.57	\$73.95	\$63.42	\$24.04	\$56.12	\$49.35
	PACE	--	--	--	--	--	--
ABD SSI	SSI & SSI Related	\$182.95	\$182.84	\$181.17	\$157.80	\$193.13	\$174.33
Adults	Family-Care Adults	\$92.78	\$86.53	\$73.70	\$77.36	\$86.79	\$89.86
	Former Foster Care	\$21.90	\$20.43	\$41.26	\$59.53	\$94.55	\$73.31
Children	Care Management Entity (CME)	--	\$119.73	\$125.98	\$109.01	\$129.37	\$145.97
	Children	\$21.34	\$27.20	\$25.21	\$30.77	\$30.18	\$27.91
	Children's Mental Health Waiver	\$131.00	\$102.24	\$171.12	\$80.69	\$35.10	\$63.55
	Foster Care	\$56.49	\$47.85	\$60.46	\$56.55	\$61.31	\$65.27
	Newborn	\$464.75	\$440.32	\$436.62	\$694.88	\$527.65	\$524.43
Medicare Savings Programs	Qualified Medicare Beneficiary	\$24.62	\$24.39	\$14.83	\$5.64	\$5.79	\$4.81
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$349.41	\$995.18	\$1,120.13	\$1,806.05	\$1,841.82	\$1,136.89
Pregnant Women	Pregnant Women	\$303.77	\$449.02	\$511.16	\$453.98	\$469.11	\$453.86
Special Groups	Breast and Cervical	\$543.88	\$374.58	\$163.21	\$253.56	\$109.90	\$325.87
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$83.66	\$93.92	\$90.37	\$99.07	\$95.22	\$91.11

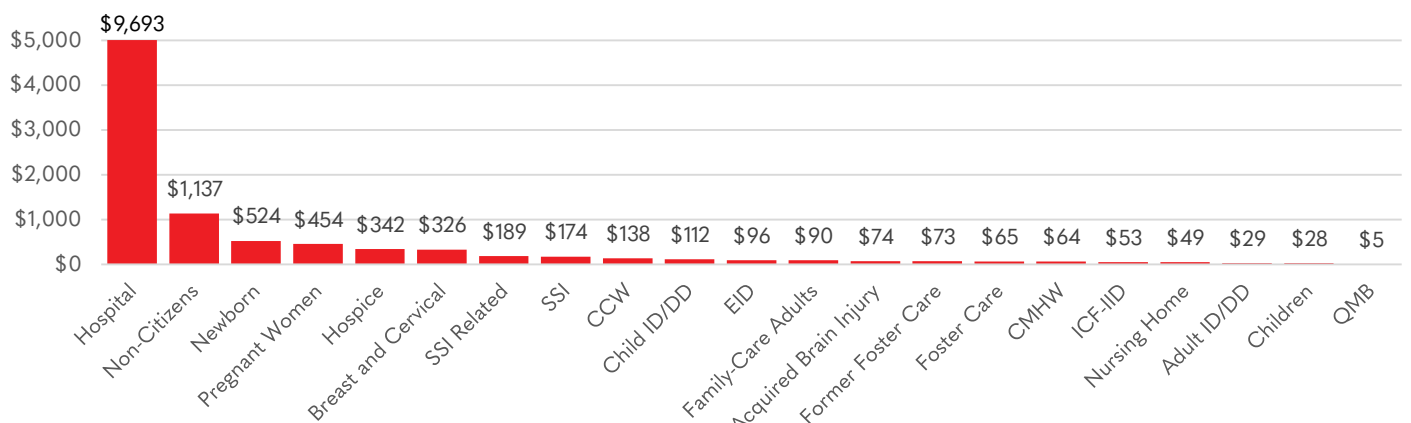


Figure 6. Inpatient Per Member Per Month by Eligibility Subgroup - SFY 2020

Nursing Facility

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$0.04	\$0.09	\$0.19	--	--	--
	Acquired Brain Injury	\$4.96	\$12.57	\$7.05	\$0.18	\$0.39	\$0.23
ABD ID/DD/ABI	Adult ID/DD	\$1.57	\$1.17	\$1.14	\$0.02	\$0.15	\$0.12
	Child ID/DD	--	--	--	--	--	--
	ICF-IID	--	--	--	--	--	--
ABD Institution	Hospital	\$87.52	\$51.66	\$385.89	\$17.62	\$162.70	\$5.59
	Community Choices Waiver	\$10.75	\$13.28	\$7.59	\$1.89	\$3.93	\$4.88
ABD Long-Term Care	Hospice	\$0.36	\$3.61	-\$0.91	\$1.54	--	--
	Nursing Home	\$3,492.08	\$4,033.22	\$4,052.61	\$4,084.08	\$4,062.46	\$4,578.25
	PACE	-\$0.95	--	--	--	--	--
ABD SSI	SSI & SSI Related	\$1.72	\$3.42	\$2.85	\$0.01	\$1.30	\$0.11
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	\$2.09	\$2.46	\$1.25	\$0.04	\$0.12	\$0.20
	Specified Low Income Medicare Beneficiary	-\$0.01	\$0.03	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	--	--	--	--	--	--
Special Groups	Breast and Cervical	--	--	--	--	--	--
	Family Planning Waiver	--	--	--	--	--	--
	Tuberculosis	--	--	--	--	--	--
Overall		\$77.68	\$101.10	\$108.54	\$113.83	\$116.44	\$129.16

Physician and Other Practitioner

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$408.69	\$359.95	\$201.57	\$228.95	\$128.62	\$131.93
ABD ID/DD/ABI	Acquired Brain Injury	\$89.04	\$71.52	\$77.89	\$73.14	\$64.15	\$57.94
	Adult ID/DD	\$67.82	\$65.00	\$58.72	\$51.72	\$56.61	\$53.53
	Child ID/DD	\$335.46	\$423.64	\$434.34	\$335.94	\$265.57	\$249.05
	ICF-IID	\$17.62	\$36.80	\$51.45	\$28.72	\$34.24	\$40.74
ABD Institution	Hospital	\$1,513.39	\$1,815.46	\$1,184.01	\$1,987.91	\$1,077.65	\$1,224.32
ABD Long-Term Care	Community Choices Waiver	\$108.70	\$88.34	\$102.61	\$103.88	\$94.14	\$95.52
	Hospice	\$15.21	\$7.91	\$26.20	\$26.23	\$10.14	\$63.47
	Nursing Home	\$30.90	\$35.72	\$38.43	\$28.52	\$32.48	\$30.12
	PACE	\$0.75	\$2.54	\$0.88	\$0.28	\$0.04	--
ABD SSI	SSI & SSI Related	\$99.95	\$106.98	\$117.19	\$111.26	\$107.01	\$98.93
Adults	Family-Care Adults	\$100.03	\$99.18	\$93.54	\$97.04	\$96.66	\$93.62
	Former Foster Care	\$135.74	\$87.80	\$85.87	\$85.55	\$117.21	\$78.31
Children	Care Management Entity (CME)	--	\$82.48	\$83.08	\$59.69	\$66.74	\$77.66
	Children	\$36.46	\$38.35	\$40.95	\$40.51	\$40.12	\$36.07
	Children's Mental Health Waiver	\$80.75	\$94.14	\$65.42	\$31.03	\$27.95	\$38.89
	Foster Care	\$45.58	\$47.03	\$51.75	\$49.45	\$50.42	\$45.61
	Newborn	\$148.30	\$138.37	\$138.75	\$137.82	\$147.65	\$143.52
Medicare Savings Programs	Qualified Medicare Beneficiary	\$36.83	\$39.54	\$32.20	\$27.82	\$29.13	\$29.08
	Specified Low Income Medicare Beneficiary	-\$0.07	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$88.29	\$211.58	\$282.59	\$279.12	\$338.76	\$292.37
Pregnant Women	Pregnant Women	\$240.91	\$300.30	\$312.59	\$312.42	\$304.91	\$304.55
Special Groups	Breast and Cervical	\$466.64	\$489.13	\$574.34	\$652.27	\$974.46	\$1,144.94
	Family Planning Waiver	\$2.32	\$3.73	\$5.93	\$4.55	\$5.33	\$2.56
	Tuberculosis	--	\$49.61	--	--	--	--
Overall		\$67.16	\$72.52	\$74.56	\$72.41	\$70.48	\$66.61

Prescription Drug

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

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
ABD EID	EID	\$209.55	\$210.64	\$263.75	\$215.98	\$195.93	\$122.92
ABD ID/DD/ABI	Acquired Brain Injury	\$89.46	\$78.69	\$104.25	\$109.92	\$103.89	\$113.76
	Adult ID/DD	\$144.53	\$160.48	\$164.30	\$170.19	\$157.16	\$153.65
	Child ID/DD	\$331.58	\$324.60	\$317.46	\$274.54	\$288.50	\$297.90
	ICF-IID	--	\$0.36	\$0.48	\$0.02	--	--
ABD Institution	Hospital	\$238.43	\$107.67	\$86.29	\$62.29	\$216.92	\$17.08
ABD Long-Term Care	Community Choices Waiver	\$123.11	\$123.55	\$115.13	\$143.57	\$145.23	\$156.15
	Hospice	\$1.30	\$3.12	\$3.28	--	\$0.98	--
	Nursing Home	\$30.41	\$31.93	\$28.05	\$33.81	\$39.59	\$34.33
	PACE	--	--	--	--	--	--
ABD SSI	SSI & SSI Related	\$188.25	\$198.06	\$216.05	\$251.18	\$293.66	\$277.22
Adults	Family-Care Adults	\$71.49	\$82.09	\$92.35	\$134.76	\$149.27	\$152.52
	Former Foster Care	\$64.47	\$51.64	\$44.11	\$70.32	\$58.04	\$89.55
Children	Care Management Entity (CME)	--	\$206.92	\$155.60	\$125.67	\$129.58	\$151.08
	Children	\$27.31	\$29.46	\$31.32	\$37.38	\$40.31	\$43.76
	Children's Mental Health Waiver	\$315.73	\$258.91	\$126.33	\$85.95	\$74.97	\$108.69
	Foster Care	\$77.17	\$69.76	\$59.67	\$70.34	\$65.38	\$68.09
	Newborn	\$17.68	\$21.28	\$21.77	\$21.37	\$29.09	\$23.23
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	--	--	--
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$22.96	\$26.21	\$35.00	\$52.49	\$58.17	\$50.12
Special Groups	Breast and Cervical	\$202.04	\$346.03	\$345.58	\$432.77	\$501.46	\$439.30
	Family Planning Waiver	\$3.94	\$5.77	\$3.96	\$5.48	\$2.15	\$14.16
	Tuberculosis	--	\$23.28	\$13.65	--	--	--
Overall		\$53.71	\$59.58	\$64.65	\$77.81	\$85.74	\$86.53

POPULATION DETAIL

This section provides PMPM data by various service breakdowns:

- high-level service categories
- detailed service areas

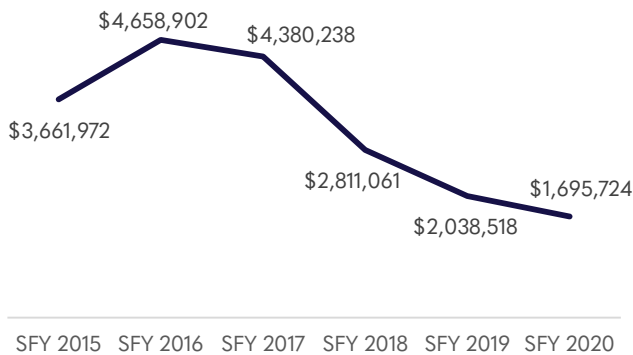
Service level PMPM costs are calculated by taking the total expenditures for the service and dividing by the total member months for the entire Medicaid program.

AGED, BLIND, OR DISABLED EMPLOYED INDIVIDUALS WITH DISABILITIES

EXPENDITURES

\$1.7 million

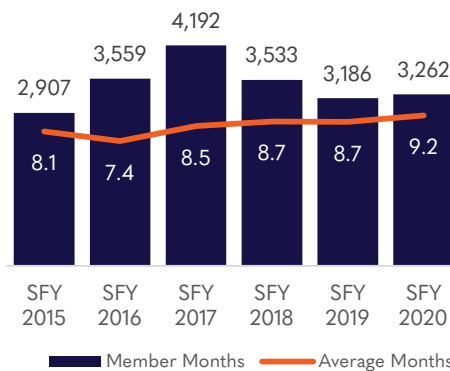
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

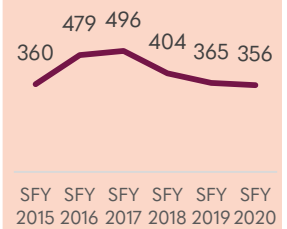
3,262

months members were enrolled during the state fiscal year



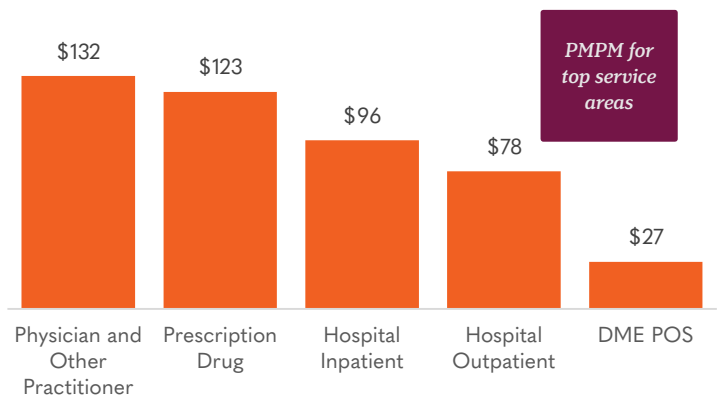
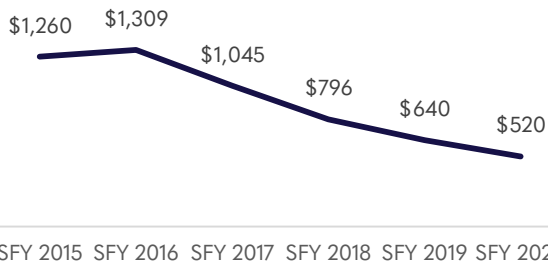
356

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$520



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

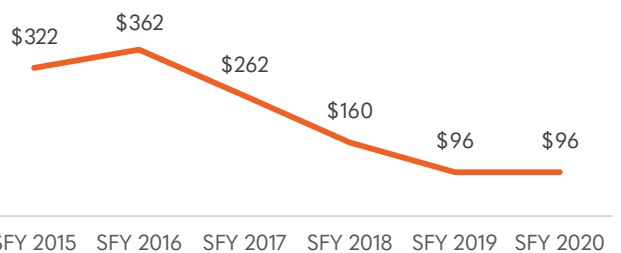


Table 17. Employed Individuals with Disabilities Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
EID	\$1,695,724	-17	3,262	2	\$520	-19

Table 18. Employed Individuals with Disabilities History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
ABD EID	EID	\$3,661,972	\$4,658,902	\$4,380,238	\$2,811,061	\$2,038,518	\$1,695,724	-54
Member Months								
ABD EID	EID	2,907	3,559	4,192	3,533	3,186	3,262	6
Per Member Per Month								
ABD EID	EID	\$1,260	\$1,309	\$1,045	\$796	\$640	\$520	-59

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

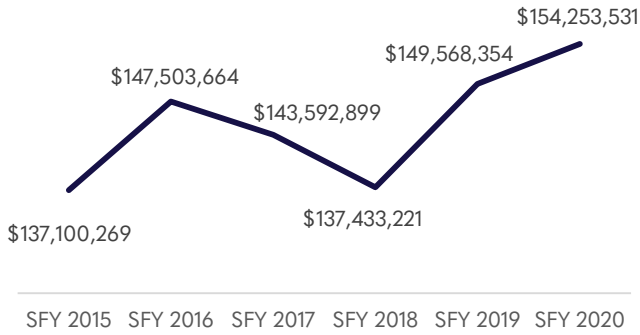
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$9.55	\$11.42	\$9.35	\$10.47	\$1.50	\$3.12
Ambulatory Surgical Center	\$7.88	\$4.87	\$6.08	\$4.06	\$1.50	\$3.11
Behavioral Health	\$58.88	\$44.75	\$42.96	\$48.80	\$24.68	\$22.77
Dental	\$16.86	\$24.26	\$20.91	\$6.84	\$5.37	\$6.16
DME, Prosthetics/Orthotics/Supplies	\$52.69	\$69.88	\$53.60	\$29.98	\$27.41	\$26.60
End Stage Renal Disease	\$8.40	\$10.95	\$8.89	\$1.09	\$3.64	\$3.95
Federally Qualified Health Center	\$7.51	\$16.15	\$11.23	\$8.37	\$11.36	\$12.34
Home Health	\$4.36	\$8.70	\$21.91	\$4.02	\$0.74	\$1.58
Hospice	\$8.98	\$7.11	\$1.96	\$3.18	\$1.45	\$4.84
Hospital Total	\$456.94	\$526.53	\$395.50	\$225.40	\$227.71	\$173.69
Inpatient	\$322.25	\$361.89	\$261.65	\$159.83	\$95.64	\$95.58
Outpatient	\$135.10	\$165.16	\$134.13	\$78.23	\$132.01	\$77.96
Other Hospital	-\$0.41	-\$0.52	-\$0.28	-\$12.66	\$0.06	\$0.15
Laboratory	\$2.92	\$4.53	\$1.52	\$0.92	\$0.57	\$0.66
Nursing Facility	\$0.04	\$0.09	\$0.19	\$0.00	\$0.00	--
Other	\$1.26	\$1.05	\$1.25	\$1.37	\$2.02	\$1.28
Physician & Other Practitioner	\$408.69	\$359.95	\$201.57	\$228.95	\$128.62	\$131.93
Prescription Drug	\$209.55	\$210.64	\$263.75	\$215.98	\$195.93	\$122.92
Public Health or Welfare	\$0.59	\$0.80	\$0.76	\$0.64	\$0.34	\$0.38
Public Health, Federal	\$0.01	\$3.31	\$0.09	\$0.39	\$1.76	\$0.73
Rural Health Clinic	\$3.01	\$2.02	\$1.82	\$3.67	\$4.24	\$2.23
Vision	\$1.58	\$2.03	\$1.59	\$1.54	\$0.98	\$1.57
Total	\$1,260	\$1,309	\$1,045	\$796	\$640	\$520

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

EXPENDITURES

\$154.3 million

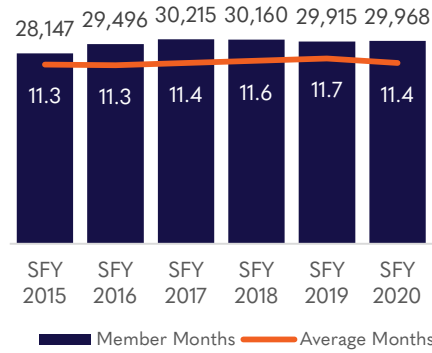
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

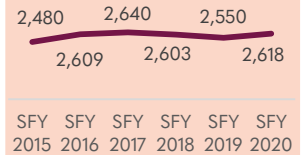
29,968

months members were enrolled during the state fiscal year



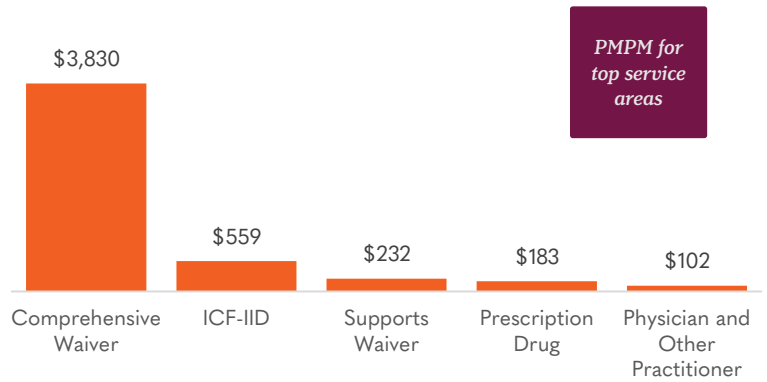
2,618

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$5,147



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



Table 20. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Acquired Brain Injury	\$9,247,763	-3	2,045	-2	\$4,522	-1
Adult ID/DD	\$108,248,721	2	19,922	1	\$5,434	0
Child ID/DD	\$19,718,220	-4	7,381	-1	\$2,671	-3
ICF-IID (WY Life Resource Center)	\$17,038,826	31	620	-7	\$27,482	41

Table 21. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
ABD ID/DD/ABI	Acquired Brain Injury	\$8,101,494	\$8,498,357	\$8,704,085	\$8,494,066	\$9,488,525	\$9,247,763	14
	Adult ID/DD	\$91,850,575	\$99,403,220	\$96,217,581	\$96,473,385	\$106,487,430	\$108,248,721	18
	Child ID/DD	\$19,498,149	\$20,666,235	\$19,497,966	\$18,849,715	\$20,607,211	\$19,718,220	1
	ICF-IID	\$17,650,052	\$18,935,852	\$19,173,268	\$13,613,841	\$12,985,188	\$17,038,826	-3
Member Months								
ABD ID/DD/ABI	Acquired Brain Injury	1,949	2,235	2,318	2,190	2,087	2,045	5
	Adult ID/DD	17,512	18,368	18,957	19,361	19,682	19,922	14
	Child ID/DD	7,823	8,068	8,162	7,869	7,470	7,381	-6
	ICF-IID	863	825	778	739	666	620	-28
Per Member Per Month								
ABD ID/DD/ABI	Acquired Brain Injury	\$4,157	\$3,802	\$3,755	\$3,880	\$4,546	\$4,522	9
	Adult ID/DD	\$5,245	\$5,412	\$5,076	\$4,983	\$5,410	\$5,434	4
	Child ID/DD	\$2,492	\$2,562	\$2,389	\$2,395	\$2,759	\$2,671	7
	ICF-IID	\$20,452	\$22,953	\$24,644	\$18,422	\$19,497	\$27,482	34

Table 22. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Waiver-Only Services								
ABD ID/DD/ABI	Acquired Brain Injury	\$3,396	\$3,102	\$3,172	\$3,408	\$4,146	\$4,146	22
	Adult ID/DD	\$4,496	\$4,408	\$4,322	\$4,534	\$5,030	\$5,070	13
	Child ID/DD	\$1,328	\$1,286	\$1,189	\$1,311	\$1,727	\$1,662	25
Non-Waiver Services								
ABD ID/DD/ABI	Acquired Brain Injury	\$760	\$701	\$583	\$470	\$389	\$376	-51
	Adult ID/DD	\$749	\$1,004	\$754	\$449	\$381	\$364	-51
	Child ID/DD	\$1,164	\$1,276	\$1,199	\$1,085	\$1,032	\$1,010	-13

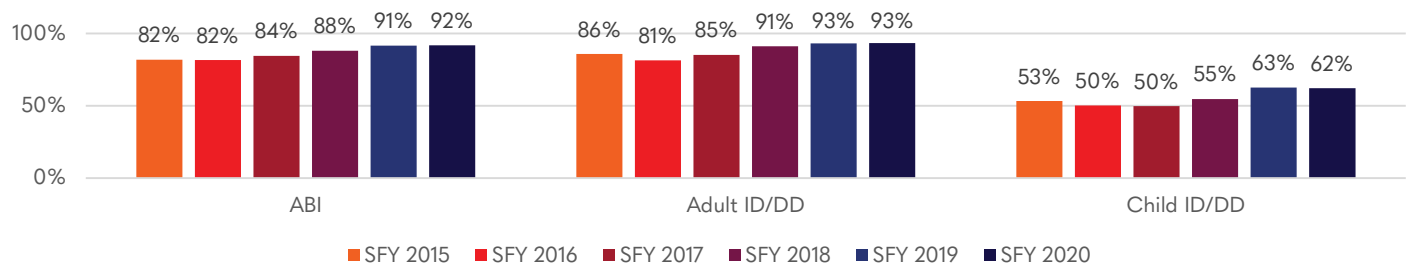


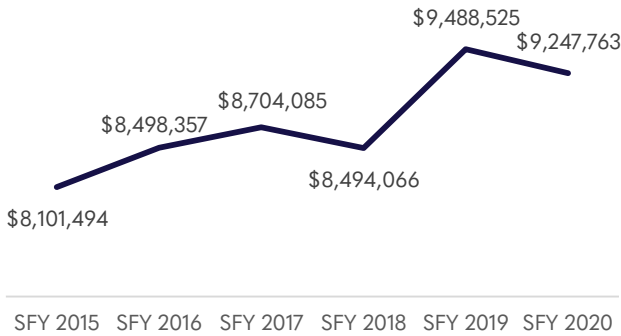
Figure 7. Percent Waiver Services History for Intellectual/Developmental Disabilities Populations Aged, Blind, or Disabled Intellectual/Developmental Disabilities and Acquired Brain Injury

ACQUIRED BRAIN INJURY

EXPENDITURES

\$9.2 million

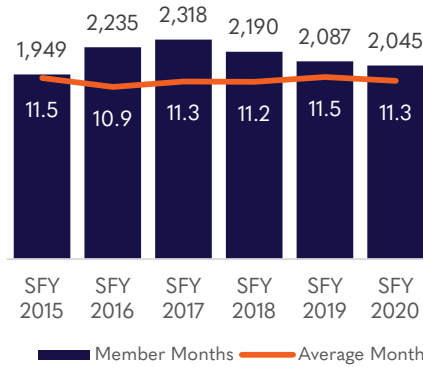
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

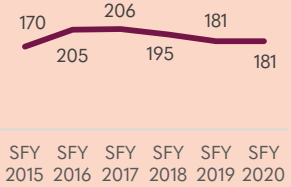
2,045

months members were enrolled during the state fiscal year



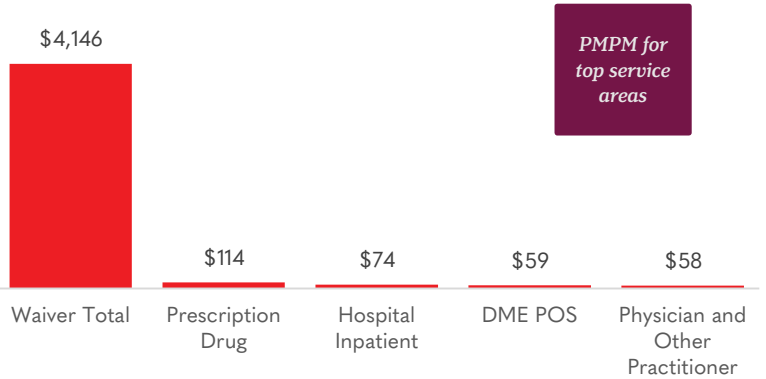
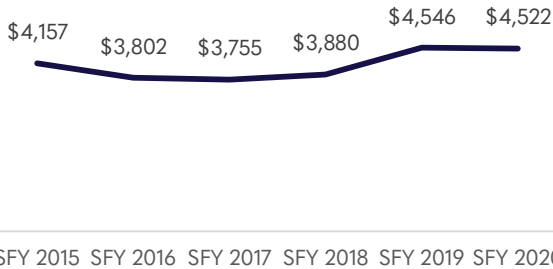
181

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$4,522



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

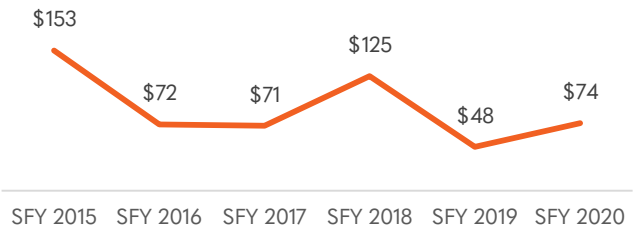


Table 23. Acquired Brain Injury Per Member Per Month History by Service Area

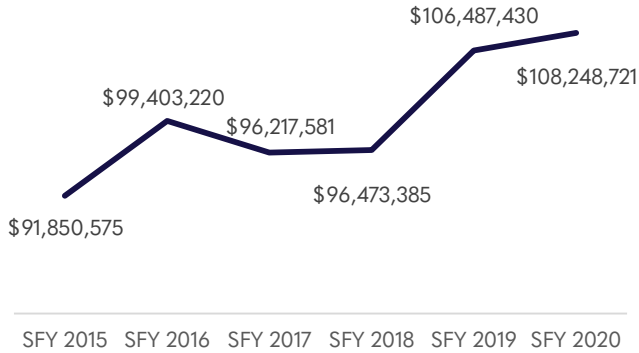
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$10.54	\$10.94	\$4.72	\$6.18	\$3.42	\$2.58
Ambulatory Surgical Center	\$1.11	\$1.22	\$3.19	\$1.49	\$0.95	\$0.10
Behavioral Health	\$206.90	\$207.71	\$97.33	\$45.32	\$41.51	\$24.37
Dental	\$19.48	\$18.75	\$16.09	\$8.21	\$9.91	\$5.93
DME, Prosthetics/Orthotics/ Supplies	\$65.61	\$60.99	\$43.83	\$50.17	\$68.22	\$59.14
End Stage Renal Disease	--	--	\$8.75	\$13.71	\$14.43	\$0.15
Federally Qualified Health Center	\$1.60	\$2.81	\$1.83	\$2.87	\$2.11	\$1.99
Home Health	\$56.63	\$101.13	\$104.56	\$11.55	\$0.45	\$1.86
Hospice	--	\$0.57	\$0.98	--	--	\$0.09
Hospital Total	\$202.47	\$128.68	\$105.62	\$141.58	\$71.96	\$89.91
Inpatient	\$152.53	\$72.18	\$70.66	\$124.75	\$47.66	\$73.60
Outpatient	\$49.94	\$56.49	\$34.90	\$16.46	\$24.03	\$16.22
Other Hospital	--	\$0.02	\$0.06	\$0.37	\$0.27	\$0.09
Laboratory	\$0.47	\$1.89	\$0.60	\$0.41	\$0.45	\$0.76
Nursing Facility	\$4.96	\$12.57	\$7.05	\$0.18	\$0.39	\$0.23
Other	\$0.27	\$0.27	\$1.06	\$0.70	\$0.84	\$0.89
Physician & Other Practitioner	\$89.04	\$71.52	\$77.89	\$73.14	\$64.15	\$57.94
Prescription Drug	\$89.46	\$78.69	\$104.25	\$109.92	\$103.89	\$113.76
Public Health or Welfare	\$0.15	\$0.65	\$0.38	\$0.58	\$2.60	\$10.22
Public Health, Federal	\$9.53	\$0.02	\$2.49	\$1.87	\$1.13	\$3.87
Rural Health Clinic	\$0.49	\$0.36	\$0.40	\$0.91	\$1.17	\$1.13
Vision	\$1.56	\$2.06	\$1.80	\$1.49	\$1.38	\$1.35
Waiver Total	\$3,396.47	\$3,101.56	\$3,172.18	\$3,408.28	\$4,146.43	\$4,145.87
Acquired Brain Injury	\$3,396.32	\$2,999.77	\$2,978.80	--	--	--
Comprehensive	\$0.01	--	\$1.30	\$1,101.68	\$3,865.68	\$3,851.83
Supports	\$0.14	\$101.78	\$192.09	\$236.60	\$280.75	\$294.04
Total	\$4,157	\$3,802	\$3,755	\$3,880	\$4,546	\$4,522

ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

EXPENDITURES

\$108.2 million

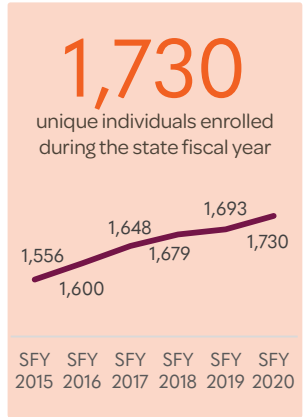
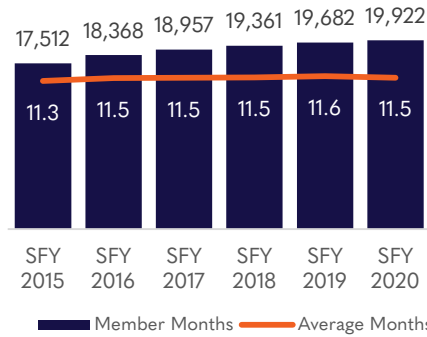
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

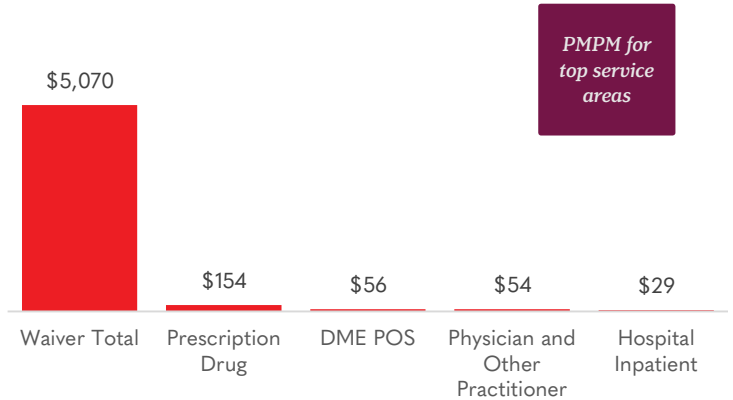
19,922

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$5,434



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

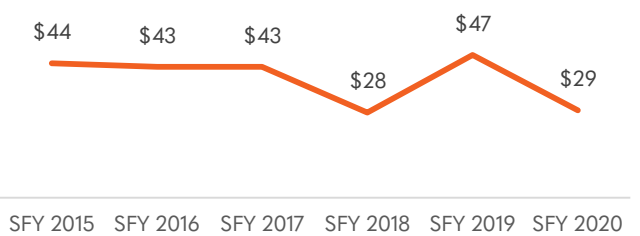


Table 24. Adults with Intellectual/Developmental Disabilities Per Member Per Month History by Service Area

Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$4.23	\$2.43	\$1.61	\$2.36	\$1.57	\$1.06
Ambulatory Surgical Center	\$6.03	\$6.28	\$3.33	\$2.59	\$3.61	\$2.24
Behavioral Health	\$283.90	\$349.62	\$157.43	\$45.60	\$28.76	\$25.66
Dental	\$19.05	\$17.70	\$13.13	\$10.14	\$9.83	\$8.73
DME, Prosthetics/Orthotics/ Supplies	\$50.20	\$54.19	\$49.49	\$43.81	\$44.74	\$56.19
End Stage Renal Disease	\$4.50	\$2.21	\$0.16	\$0.78	\$0.01	\$0.21
Federally Qualified Health Center	\$1.67	\$2.03	\$3.00	\$3.35	\$3.06	\$2.15
Home Health	\$81.80	\$260.30	\$225.56	\$65.41	\$3.78	\$0.17
Hospice	\$0.60	\$0.50	\$0.85	\$0.97	\$0.23	\$0.05
Hospital Total	\$75.45	\$73.22	\$67.18	\$45.77	\$64.68	\$53.99
Inpatient	\$43.89	\$42.69	\$42.69	\$27.83	\$46.61	\$28.52
Outpatient	\$31.55	\$30.69	\$24.47	\$17.84	\$18.03	\$25.38
Other Hospital	\$0.01	-\$0.16	\$0.02	\$0.09	\$0.05	\$0.09
Laboratory	\$0.96	\$1.49	\$0.49	\$0.48	\$0.44	\$0.34
Nursing Facility	\$1.57	\$1.17	\$1.14	\$0.02	\$0.15	\$0.12
Other	\$0.39	\$0.61	\$0.46	\$0.33	\$0.38	\$0.35
Physician & Other Practitioner	\$67.82	\$65.00	\$58.72	\$51.72	\$56.61	\$53.53
Prescription Drug	\$144.53	\$160.48	\$164.30	\$170.19	\$157.16	\$153.65
Public Health or Welfare	\$0.19	\$0.23	\$0.16	\$0.20	\$0.25	\$0.19
Public Health, Federal	\$2.56	\$2.97	\$3.36	\$1.16	\$1.91	\$1.45
Rural Health Clinic	\$1.23	\$0.87	\$1.26	\$1.59	\$1.82	\$1.74
Vision	\$2.42	\$2.50	\$2.31	\$2.07	\$1.82	\$1.69
Waiver Total	\$4,495.91	\$4,407.97	\$4,321.62	\$4,534.33	\$5,029.59	\$5,070.12
Acquired Brain Injury	\$3,396.32	\$2,999.77	\$2,978.80	--	--	--
Comprehensive	\$0.01	--	\$1.30	\$1,101.68	\$3,865.68	\$3,851.83
Supports	\$0.14	\$101.78	\$192.09	\$236.60	\$280.75	\$294.04
Total	\$5,245	\$5,412	\$5,076	\$4,983	\$5,410	\$5,434

CHILDREN WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

EXPENDITURES

\$19.7 million

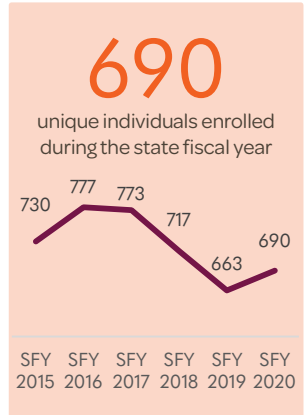
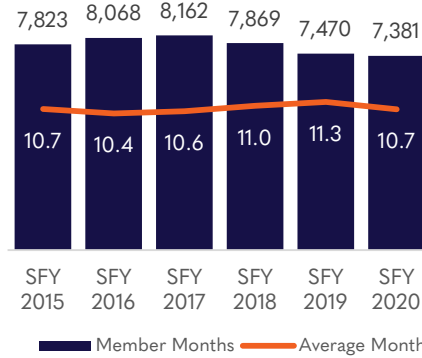
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

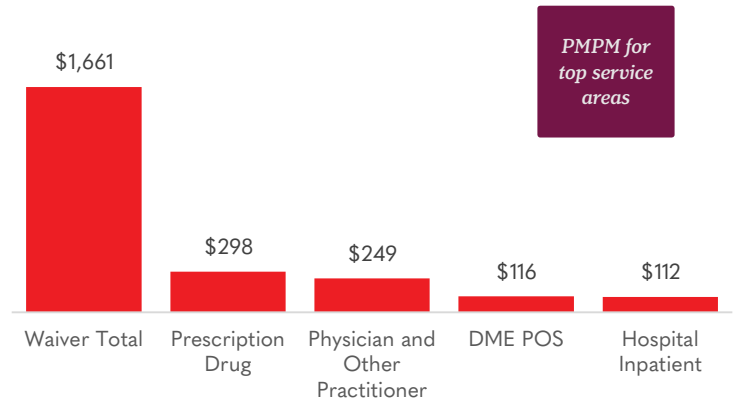
7,381

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,671



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

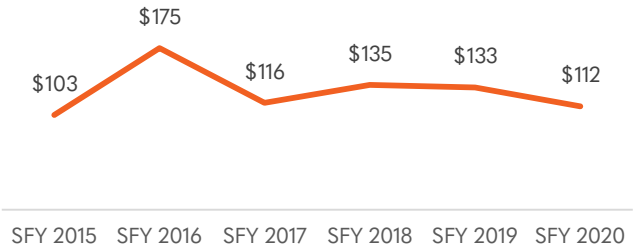


Table 25. Children with Intellectual/Developmental Disabilities Per Member Per Month History by Service Area

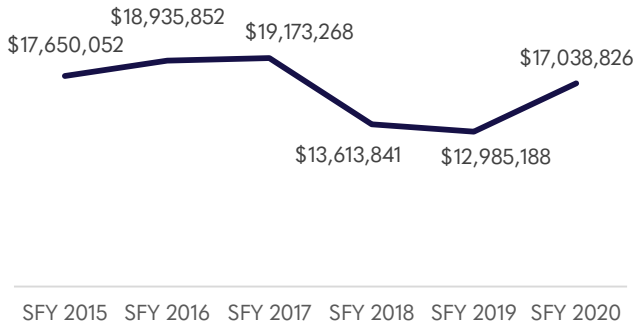
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$9.04	\$6.89	\$5.01	\$7.82	\$5.49	\$5.51
Ambulatory Surgical Center	\$24.43	\$13.57	\$7.06	\$8.88	\$6.65	\$9.31
Behavioral Health	\$58.74	\$56.95	\$38.55	\$44.54	\$55.86	\$57.57
Clinic/Center	\$1.83	\$2.52	\$2.51	\$1.02	\$0.73	\$0.16
Dental	\$17.54	\$19.23	\$16.54	\$20.08	\$18.96	\$15.75
DME, Prosthetics/Orthotics/ Supplies	\$137.53	\$111.28	\$116.82	\$124.35	\$138.75	\$116.41
End Stage Renal Disease	\$1.47	\$0.97	--	--	\$2.65	\$4.38
Federally Qualified Health Center	\$0.86	\$1.65	\$2.88	\$3.96	\$3.04	\$3.56
Home Health	\$29.47	\$38.33	\$48.82	\$32.11	\$37.61	\$71.32
Hospice	\$0.38	--	--	--	--	--
Hospital Total	\$171.57	\$240.86	\$189.69	\$196.90	\$189.17	\$160.32
Inpatient	\$102.68	\$175.37	\$116.00	\$135.42	\$132.82	\$112.28
Outpatient	\$68.89	\$65.50	\$73.73	\$61.48	\$56.35	\$48.04
Other Hospital	\$0.00	-\$0.02	-\$0.03	--	--	--
Laboratory	\$1.17	\$0.99	\$0.57	\$0.54	\$0.88	\$0.51
Other	\$0.26	\$1.82	\$0.78	\$0.67	\$0.84	\$1.02
Physician & Other Practitioner	\$335.46	\$423.64	\$434.34	\$335.94	\$265.57	\$249.05
Prescription Drug	\$331.58	\$324.60	\$317.46	\$274.54	\$288.50	\$297.90
Psychiatric Residential Treatment Facility	\$29.75	\$19.64	\$4.72	\$20.80	\$2.40	\$2.28
Public Health or Welfare	\$0.08	\$0.09	\$0.10	\$0.10	\$0.25	\$0.10
Public Health, Federal	\$3.49	\$3.38	\$4.05	\$2.72	\$3.78	\$5.45
Rural Health Clinic	\$1.65	\$1.76	\$1.65	\$2.75	\$2.46	\$2.07
Vision	\$7.93	\$7.58	\$7.87	\$7.02	\$7.90	\$7.12
Waiver Total	\$1,328.19	\$1,285.76	\$1,189.46	\$1,310.69	\$1,727.15	\$1,661.70
Child ID/DD	\$975.85	\$2.05	--	--	--	--
Comprehensive	\$325.55	\$1,161.15	\$980.35	\$1,007.18	\$1,348.73	\$1,247.50
Supports	\$26.79	\$122.56	\$209.11	\$303.51	\$378.42	\$414.20
Total	\$2,492	\$2,562	\$2,389	\$2,395	\$2,759	\$2,671

INTERMEDIATE CARE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

EXPENDITURES

\$17 million

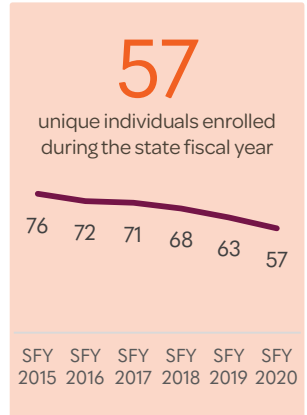
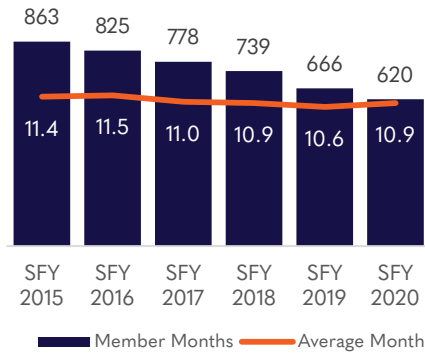
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

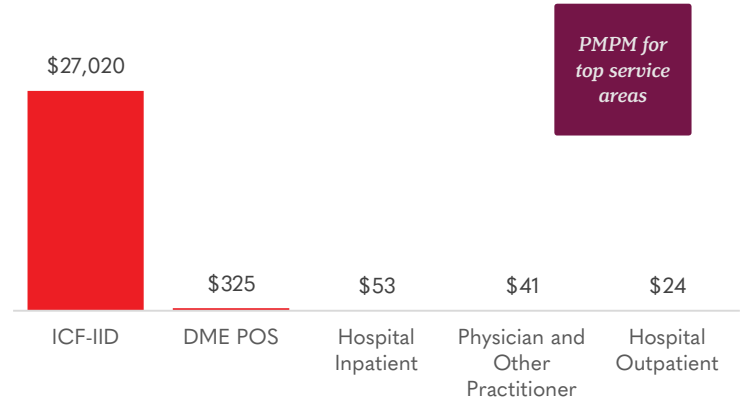
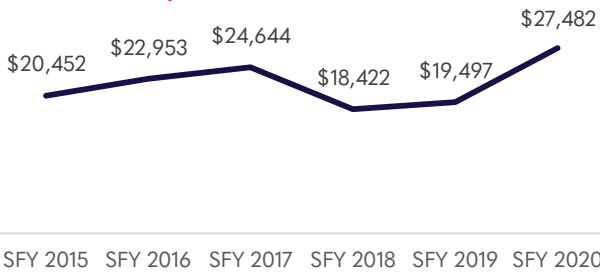
620

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

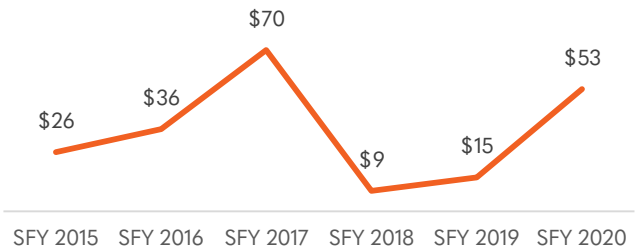
\$27,482



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



**Table 26. Intermediate Care for Individuals with Intellectual Disabilities
Per Member Per Month History by Service Area**

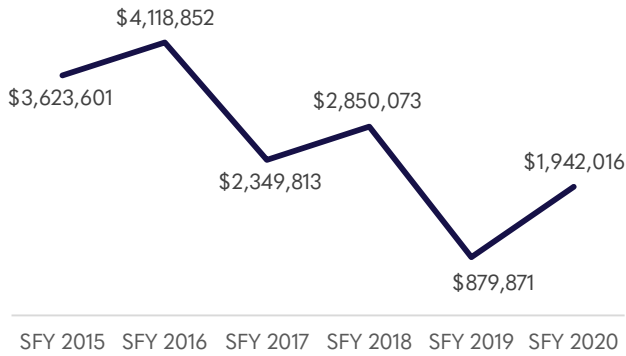
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$8.37	\$15.96	\$13.75	\$1.69	\$17.85	\$17.08
Ambulatory Surgical Center	--	--	\$0.86	\$0.08	\$0.23	\$0.20
Behavioral Health	\$1.09	\$2.56	--	--	\$0.25	--
Dental	\$0.13	\$0.09	\$0.08	\$0.45	\$5.00	\$0.81
DME, Prosthetics/Orthotics/ Supplies	\$22.99	\$21.27	\$14.81	\$10.30	\$22.70	\$324.62
Hospice	--	\$0.99	--	--	--	--
Hospital Total	\$42.73	\$71.65	\$99.29	\$15.37	\$31.00	\$76.60
Inpatient	\$25.68	\$35.69	\$70.09	\$8.83	\$14.74	\$53.03
Outpatient	\$17.06	\$35.96	\$29.20	\$6.55	\$16.26	\$23.57
ICF-IID	\$20,355.61	\$22,799.08	\$24,460.99	\$18,362.56	\$19,382.91	\$27,019.64
Laboratory	\$0.00	\$0.03	\$0.00	\$0.04	--	\$0.00
Physician & Other Practitioner	\$17.62	\$36.80	\$51.45	\$28.72	\$34.24	\$40.74
Prescription Drug	--	\$0.36	\$0.48	\$0.02	--	--
Vision	\$3.42	\$3.76	\$2.58	\$2.74	\$3.11	\$0.74
Total	\$20,452	\$22,953	\$24,644	\$18,422	\$19,497	\$27,482

AGED, BLIND, OR DISABLED INSTITUTION

EXPENDITURES

\$1.9 million

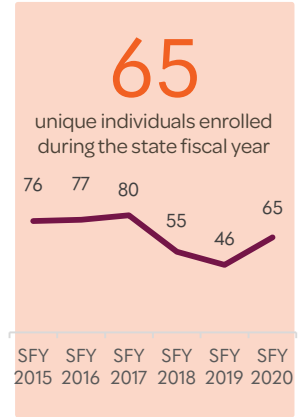
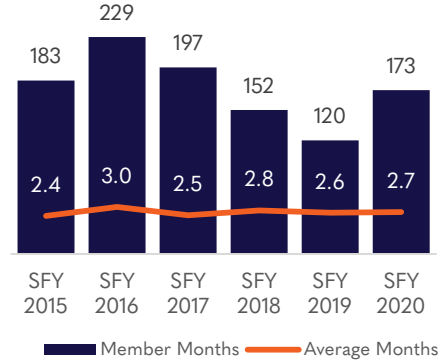
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

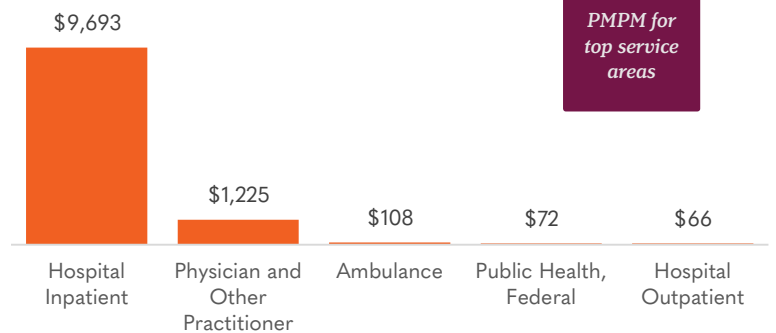
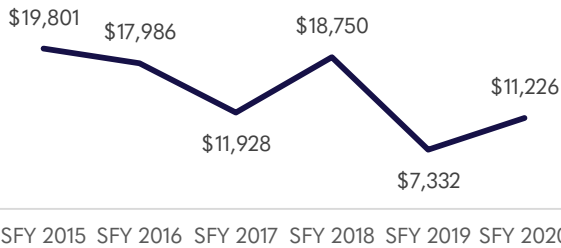
173

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$11,226



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

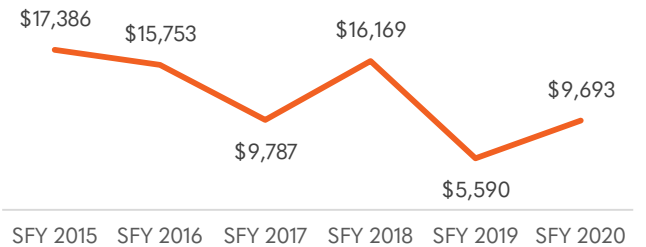


Table 27. Institution Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
Hospital	\$1,942,128	121	173	44	\$11,226	53

Table 28. Institution History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
ABD Institution	Hospital	\$3,623,601	\$4,118,852	\$2,349,813	\$2,850,073	\$879,871	\$1,942,128	-46
Member Months								
ABD Institution	Hospital	183	229	197	152	120	173	-5
Per Member Per Month								
ABD Institution	Hospital	\$19,801	\$17,986	\$11,928	\$18,750	\$7,332	\$11,226	-43

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

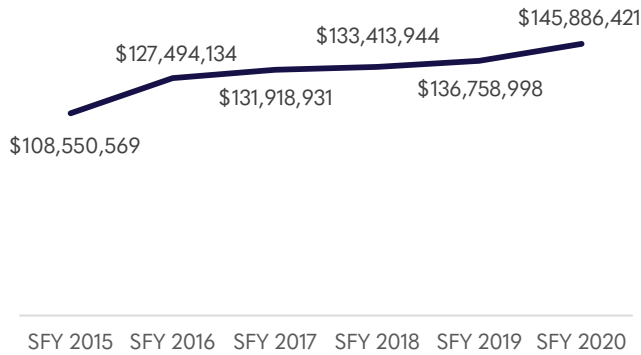
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$223.27	\$116.25	\$202.60	\$162.68	\$69.02	\$108.13
Ambulatory Surgical Center	--	\$8.50	--	--	--	--
Behavioral Health	\$34.00	\$4.33	\$10.49	\$13.36	\$11.17	\$0.02
Dental	\$8.23	\$3.49	\$1.08	\$3.68	--	\$0.52
DME, Prosthetics/Orthotics/Supplies	\$46.55	\$59.78	\$138.84	\$115.66	\$26.90	\$9.60
End Stage Renal Disease	\$1.96	--	--	--	--	\$12.75
Federally Qualified Health Center	\$0.13	--	--	\$2.35	\$0.00	\$2.58
Home Health	\$6.00	\$27.05	\$5.01	\$13.68	\$8.45	--
Hospice	\$14.51	\$2.40	\$0.97	\$14.58	--	\$1.05
Hospital Total	\$17,590.87	\$15,576.81	\$9,868.27	\$16,270.48	\$5,724.15	\$9,759.42
Inpatient	\$17,385.73	\$15,752.97	\$9,786.68	\$16,168.69	\$5,590.03	\$9,693.46
Outpatient	\$205.14	\$179.53	\$81.30	\$101.79	\$134.13	\$65.95
Other Hospital	\$0.00	-\$355.70	\$0.29	--	--	--
Laboratory	\$16.45	\$23.26	\$18.72	\$42.40	\$0.23	\$0.81
Nursing Facility	\$87.52	\$51.66	\$385.89	\$17.62	\$162.70	\$5.59
Other	\$7.59	\$6.98	\$15.88	\$29.56	\$26.13	\$1.43
Physician & Other Practitioner	\$1,513.39	\$1,815.46	\$1,184.01	\$1,987.91	\$1,077.65	\$1,224.97
Prescription Drug	\$238.43	\$107.67	\$86.29	\$62.29	\$216.92	\$17.08
Public Health or Welfare	\$10.49	\$6.81	\$8.53	\$10.26	\$8.00	\$9.71
Public Health, Federal	--	\$172.76	--	--	--	\$71.54
Rural Health Clinic	--	\$1.79	\$1.25	\$3.94	\$0.94	\$0.48
Vision	\$1.69	\$1.25	\$0.17	--	--	\$0.49
Total	\$19,801	\$17,986	\$11,928	\$18,750	\$7,332	\$11,226

AGED, BLIND, OR DISABLED LONG-TERM CARE

EXPENDITURES

\$145.9 million

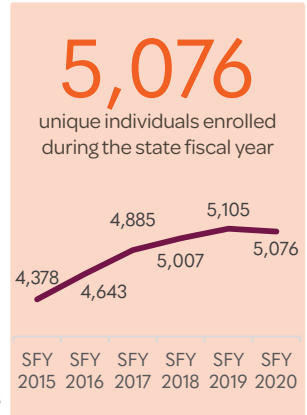
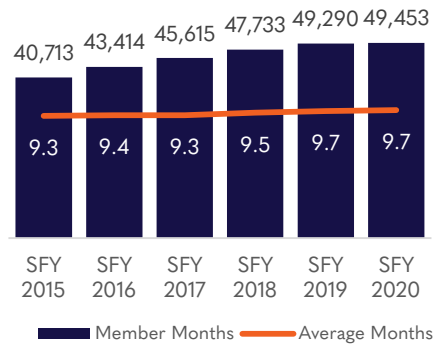
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

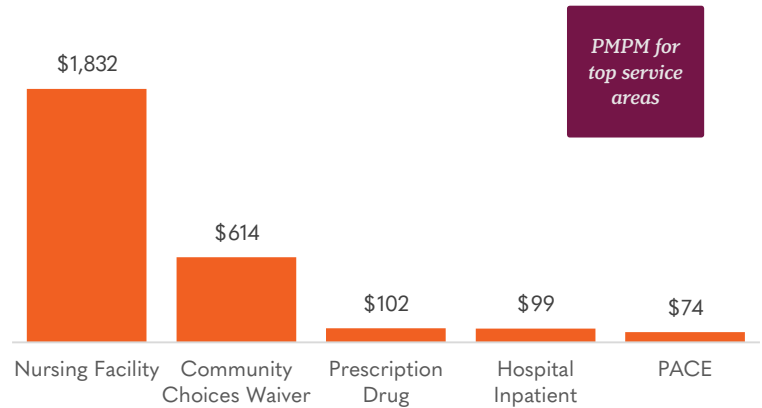
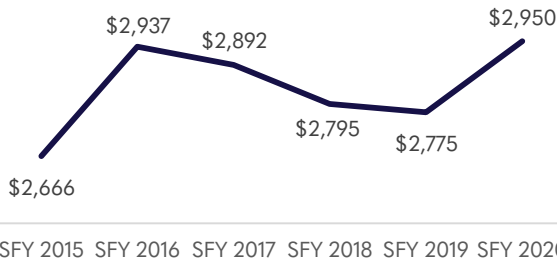
49,453

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,950



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



Table 30. Long-Term Care Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Community Choices Waiver	\$47,349,476	6	27,916	4	\$1,696	2
Hospice	\$270,025	-27	121	-43	\$2,232	28
Nursing Home	\$94,577,231	8	19,758	-4	\$4,787	12
PACE	\$3,689,689	-5	1,658	0	\$2,225	-5

Table 31. Long-Term Care Per Member Per Month History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
ABD Long-Term Care	Community Choices	\$32,496,895	\$36,921,757	\$38,607,745	\$40,611,395	\$44,849,102	\$47,349,476	46
	Hospice	\$625,073	\$677,625	\$619,372	\$683,227	\$368,388	\$270,025	-57
	Nursing Home	\$73,187,557	\$87,001,310	\$89,265,260	\$88,603,592	\$87,656,109	\$94,577,231	29
	PACE	\$2,241,044	\$2,893,443	\$3,426,553	\$3,515,730	\$3,885,399	\$3,689,689	65
Member Months								
ABD Long-Term Care	Community Choices	19,776	21,643	22,918	24,915	26,883	27,916	41
	Hospice	359	314	380	335	212	121	-66
	Nursing Home	19,667	20,251	20,853	20,875	20,536	19,758	0
	PACE	911	1,206	1,464	1,608	1,659	1,658	82
Per Member Per Month								
ABD Long-Term Care	Community Choices	\$1,643	\$1,706	\$1,685	\$1,630	\$1,668	\$1,696	3
	Hospice	\$1,741	\$2,158	\$1,630	\$2,039	\$1,738	\$2,232	28
	Nursing Home	\$3,721	\$4,296	\$4,281	\$4,244	\$4,268	\$4,787	19
	PACE	\$2,460	\$2,399	\$2,341	\$2,186	\$2,342	\$2,225	-10

Table 32. Long-Term Care Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Waiver-Only Services								
ABD ID/DD/ABI	Community Choices	\$841.46	\$925.21	\$929.40	\$1,036.91	\$1,058.58	\$1,088.14	29
Non-Waiver Services								
ABD ID/DD/ABI	Community Choices	\$801.79	\$780.73	\$755.20	\$593.09	\$609.73	\$608.00	24

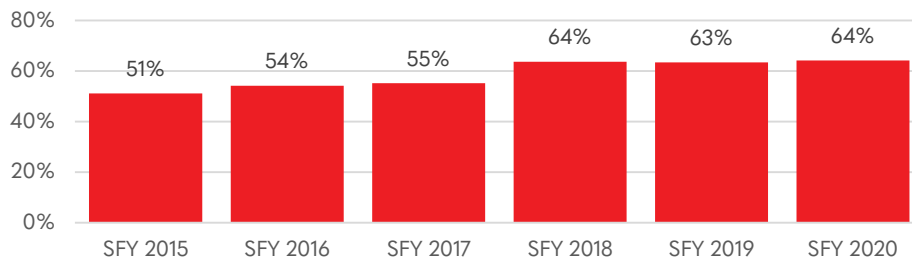


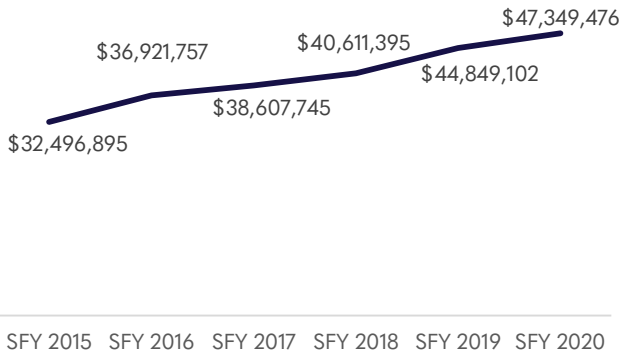
Figure 8. Percent Waiver Services History for Long-Term Care Populations

COMMUNITY CHOICES WAIVER

EXPENDITURES

\$47.3 million

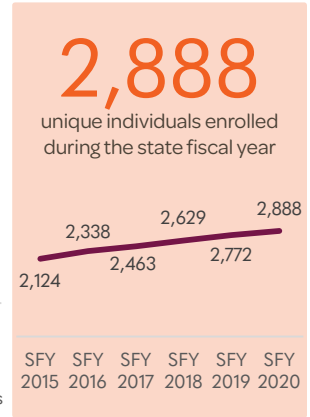
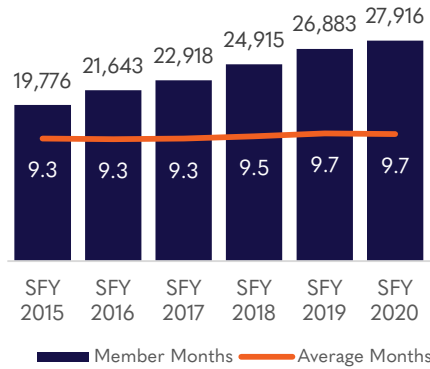
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

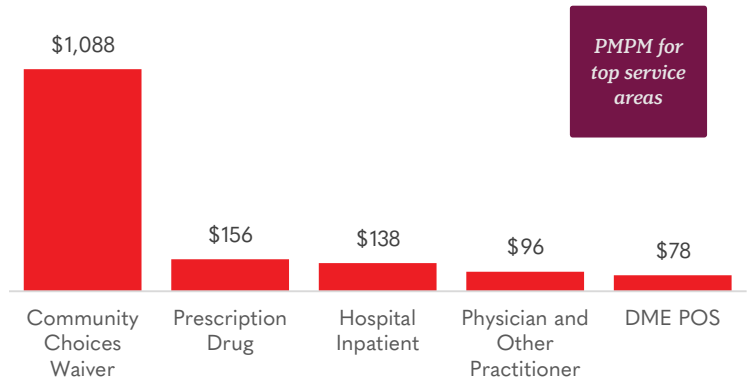
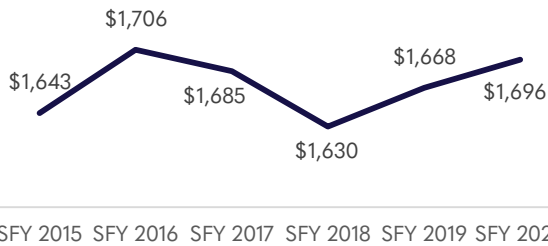
27,916

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$1,696



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

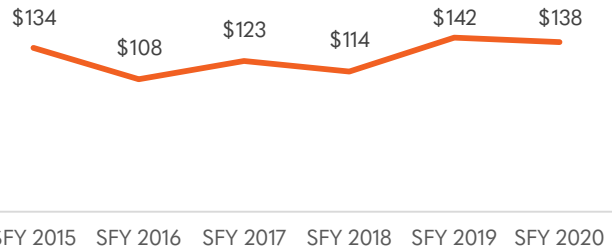


Table 33. Community Choices Waiver Per Member Per Month History by Service Area

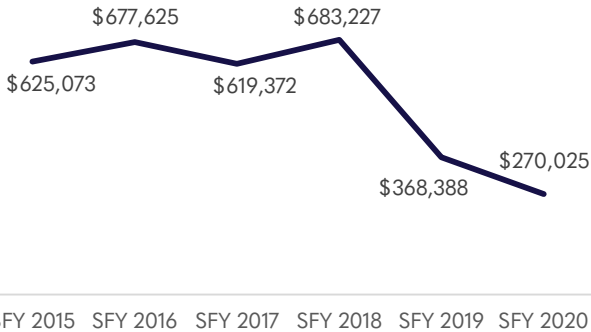
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$15.80	\$16.06	\$10.61	\$7.10	\$7.77	\$8.45
Ambulatory Surgical Center	\$3.23	\$2.68	\$1.88	\$1.65	\$1.03	\$1.26
Behavioral Health	\$46.11	\$48.46	\$41.79	\$27.38	\$17.96	\$17.16
Dental	\$16.04	\$16.43	\$11.67	\$4.72	\$4.81	\$4.14
DME, Prosthetics/Orthotics/ Supplies	\$80.73	\$74.99	\$68.76	\$63.73	\$70.40	\$78.15
End Stage Renal Disease	\$14.82	\$13.27	\$8.38	\$4.76	\$14.01	\$19.96
Federally Qualified Health Center	\$4.57	\$8.87	\$8.08	\$8.12	\$8.17	\$6.54
Home Health	\$117.16	\$130.35	\$143.27	\$16.40	\$2.86	\$3.96
Hospice	\$4.33	\$4.82	\$6.65	\$5.74	\$6.63	\$3.27
Hospital Total	\$220.29	\$201.11	\$186.45	\$173.54	\$206.72	\$186.00
Inpatient	\$133.60	\$107.99	\$122.94	\$114.27	\$141.86	\$138.30
Outpatient	\$87.55	\$94.55	\$64.28	\$59.55	\$64.45	\$47.43
Other Hospital	-\$0.86	-\$1.43	-\$0.77	-\$0.28	\$0.40	\$0.27
Laboratory	\$1.56	\$1.21	\$0.74	\$0.81	\$0.72	\$0.63
Nursing Facility	\$10.75	\$13.28	\$7.59	\$1.89	\$3.93	\$4.88
Other	\$6.14	\$5.85	\$10.03	\$7.14	\$5.36	\$1.84
Physician & Other Practitioner	\$108.70	\$88.34	\$102.61	\$103.88	\$94.14	\$95.52
Prescription Drug	\$123.11	\$123.55	\$115.13	\$143.57	\$145.23	\$156.15
Public Health or Welfare	\$18.56	\$18.93	\$12.65	\$10.13	\$10.05	\$9.95
Public Health, Federal	\$6.66	\$9.01	\$15.56	\$8.97	\$6.41	\$6.89
Rural Health Clinic	\$2.03	\$2.32	\$2.24	\$2.53	\$2.63	\$2.48
Vision	\$1.19	\$1.20	\$1.11	\$1.03	\$0.89	\$0.77
Waiver Total	\$841.46	\$925.21	\$929.40	\$1,036.91	\$1,058.58	\$1,088.14
Community Choices Waiver	\$841.46	\$925.21	\$929.40	\$1,036.91	\$1,058.58	\$1,088.14
Total	\$1,643	\$1,706	\$1,685	\$1,630	\$1,668	\$1,696

HOSPICE

EXPENDITURES

\$0.3 million

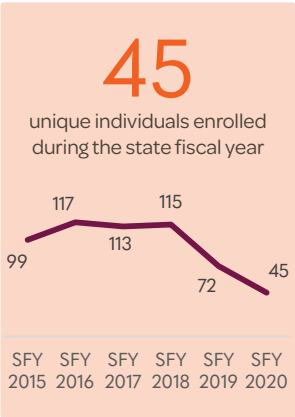
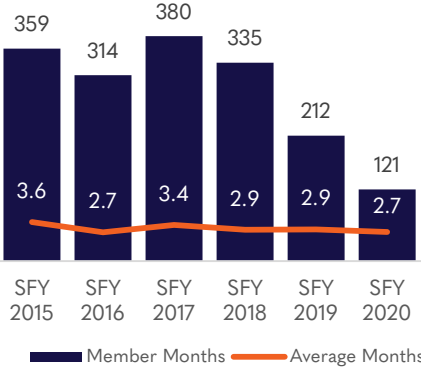
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

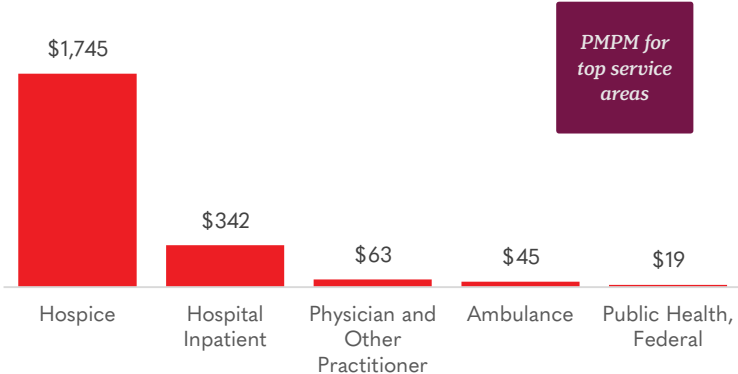
121

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,232



EMERGENCY ROOM PMPM

SFY	Emergency Room PMPM
SFY 2015	\$4
SFY 2016	\$12
SFY 2017	\$4
SFY 2018	\$0
SFY 2019	\$0
SFY 2020	\$13

HOSPITAL INPATIENT PMPM

SFY	Hospital Inpatient PMPM
SFY 2015	\$54
SFY 2016	\$319
SFY 2017	\$136
SFY 2018	\$75
SFY 2019	\$46
SFY 2020	\$342

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

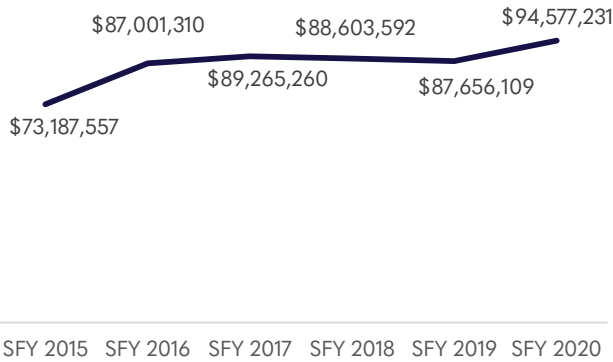
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$2.30	\$20.97	\$0.25	--	\$2.72	\$44.72
Behavioral Health	\$0.26	\$0.03	--	\$6.79	\$0.38	--
Dental	--	\$1.53	\$8.07	--	--	--
DME, Prosthetics/Orthotics/ Supplies	\$0.67	--	--	\$1.12	\$0.37	--
End Stage Renal Disease	--	--	\$0.47	--	--	--
Federally Qualified Health Center	\$0.40	\$0.31	\$0.17	\$2.22	--	--
Home Health	\$0.47	--	\$0.34	--	--	--
Hospice	\$1,643.73	\$1,886.16	\$1,442.67	\$1,924.52	\$1,671.90	\$1,744.71
Hospital Total	\$61.47	\$221.62	\$146.58	\$75.27	\$50.51	\$358.92
Inpatient	\$53.83	\$319.47	\$136.12	\$74.68	\$45.69	\$342.44
Outpatient	\$7.64	\$16.64	\$10.40	\$0.37	\$4.82	\$16.48
Other Hospital	--	-\$114.49	\$0.05	\$0.22	--	--
Nursing Facility	\$0.36	\$3.61	-\$0.91	\$1.54	\$0.00	--
Other	\$3.85	--	\$0.92	--	--	--
Physician & Other Practitioner	\$15.21	\$7.91	\$26.20	\$26.23	\$10.14	\$63.47
Prescription Drug	\$1.30	\$3.12	\$3.28	--	\$0.98	--
Public Health or Welfare	\$3.01	\$4.20	\$1.89	\$1.79	\$0.57	\$0.99
Public Health, Federal	\$8.03	\$8.58	--	--	\$0.11	\$18.80
Vision	\$0.10	--	--	--	--	--
Total	\$1,741	\$2,158	\$1,630	\$2,039	\$1,738	\$2,232

NURSING HOME

EXPENDITURES

\$94.6 million

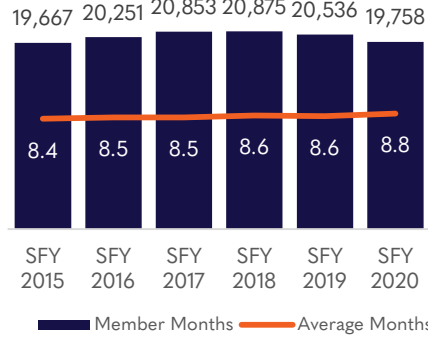
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

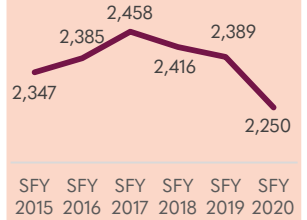
19,758

months members were enrolled during the state fiscal year



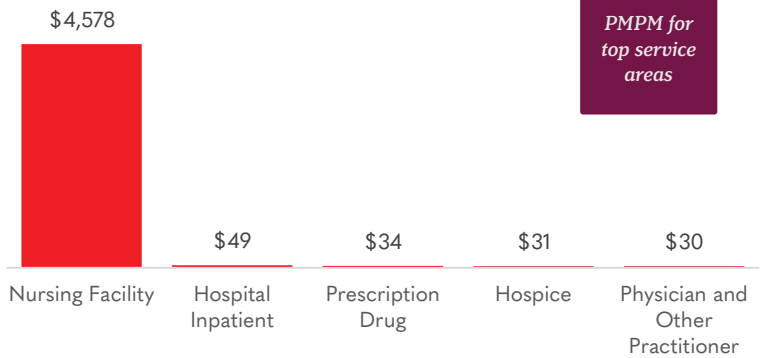
2,250

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$4,787



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

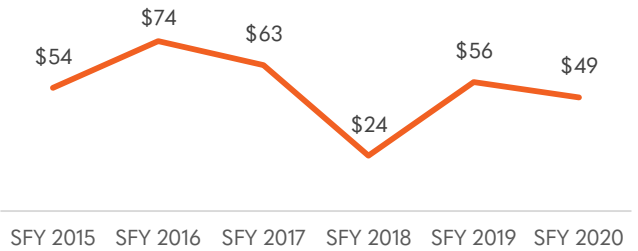


Table 35. Nursing Home Per Member Per Month History by Service Area

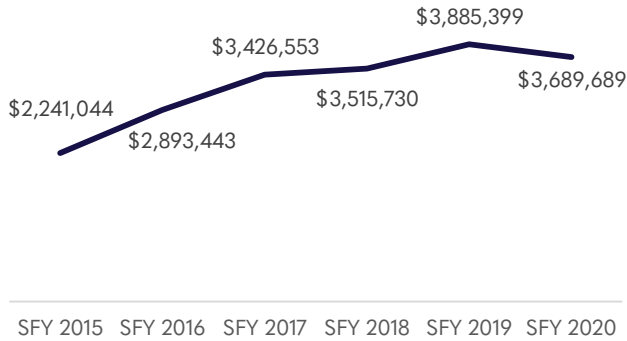
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$6.38	\$6.63	\$4.44	\$1.84	\$2.41	\$2.72
Ambulatory Surgical Center	\$0.10	\$0.86	\$0.75	\$0.31	\$0.40	\$0.09
Behavioral Health	\$14.38	\$14.03	\$12.13	\$7.76	\$5.62	\$5.36
Dental	\$9.95	\$10.66	\$6.62	\$3.57	\$3.18	\$3.29
DME, Prosthetics/Orthotics/ Supplies	\$14.95	\$23.36	\$14.97	\$13.27	\$8.43	\$13.67
End Stage Renal Disease	\$3.87	\$4.13	\$3.12	\$1.98	\$3.58	\$12.05
Federally Qualified Health Center	\$0.93	\$1.63	\$1.55	\$1.67	\$1.64	\$0.97
Home Health	\$0.40	\$0.49	\$0.95	\$0.12	\$0.28	\$0.52
Hospice	\$12.58	\$7.06	\$10.42	\$15.04	\$24.46	\$30.57
Hospital Total	\$83.96	\$106.26	\$82.81	\$34.31	\$67.66	\$66.16
Inpatient	\$53.57	\$73.95	\$63.42	\$24.04	\$56.12	\$49.35
Outpatient	\$31.45	\$32.46	\$20.04	\$9.83	\$11.14	\$16.49
Other Hospital	-\$1.06	-\$0.15	-\$0.65	\$0.44	\$0.39	\$0.32
Laboratory	\$0.15	\$0.22	\$0.15	\$0.04	\$0.07	\$0.23
Nursing Facility	\$3,492.08	\$4,033.22	\$4,052.61	\$4,084.08	\$4,062.46	\$4,578.25
Other	\$7.69	\$6.52	\$7.29	\$6.41	\$4.60	\$0.11
Physician & Other Practitioner	\$30.90	\$35.72	\$38.43	\$28.52	\$32.48	\$30.12
Prescription Drug	\$30.41	\$31.93	\$28.05	\$33.81	\$39.59	\$34.33
Public Health or Welfare	\$5.06	\$5.20	\$4.13	\$4.44	\$4.20	\$4.01
Public Health, Federal	\$4.78	\$5.44	\$9.76	\$4.20	\$3.83	\$1.93
Rural Health Clinic	\$2.25	\$2.00	\$1.94	\$2.59	\$2.96	\$2.09
Vision	\$0.52	\$0.78	\$0.57	\$0.52	\$0.57	\$0.30
Total	\$3,721	\$4,296	\$4,281	\$4,244	\$4,268	\$4,787

PROGRAM FOR ALL-INCLUSIVE CARE OF ELDERLY

EXPENDITURES

\$3.7 million

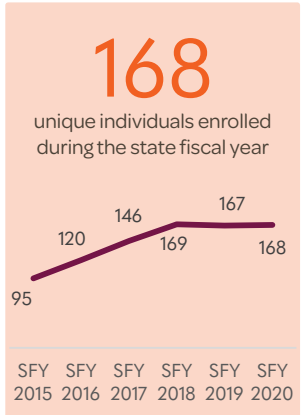
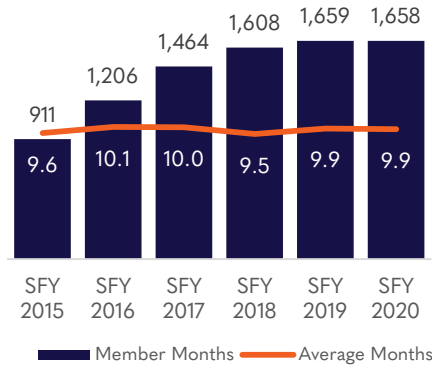
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

1,658

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,225

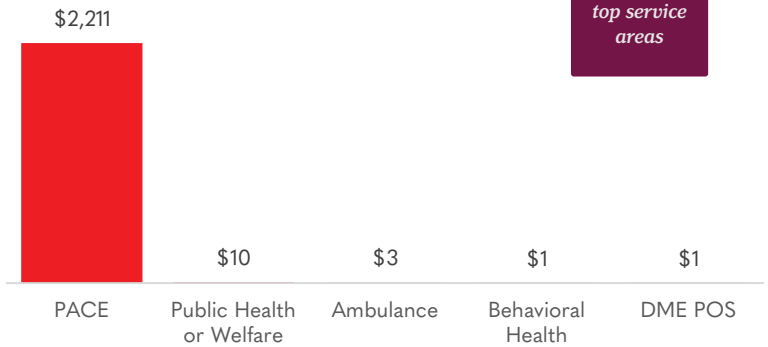
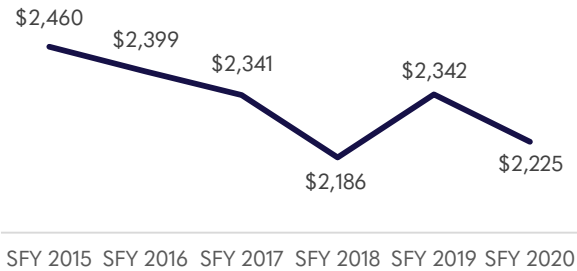


Table 36. Program for All-Inclusive Care of Elderly Per Member Per Month History by Service Area

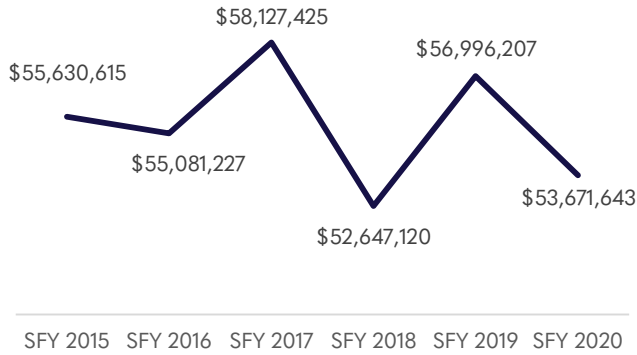
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	--	--	--	\$0.20	--	\$2.95
Behavioral Health	--	\$0.14	--	\$0.74	\$0.51	\$0.71
DME, Prosthetics/Orthotics/Supplies	\$1.76	\$0.03	--	--	\$0.05	\$0.69
Nursing Facility	-\$0.95	--	\$0.00	--	--	--
Other	\$0.29	--	\$0.08	\$1.93	--	\$0.02
Physician & Other Practitioner	\$0.75	\$2.54	\$0.88	\$0.28	\$0.04	--
PACE	\$2,448.39	\$2,386.25	\$2,337.37	\$2,175.40	\$2,338.89	\$2,211.38
Public Health or Welfare	\$9.75	\$10.25	\$2.21	\$7.85	\$2.53	\$9.63
Total	\$2,460	\$2,399	\$2,341	\$2,186	\$2,342	\$2,225

SUPPLEMENTAL SECURITY INCOME

EXPENDITURES

\$53.7 million

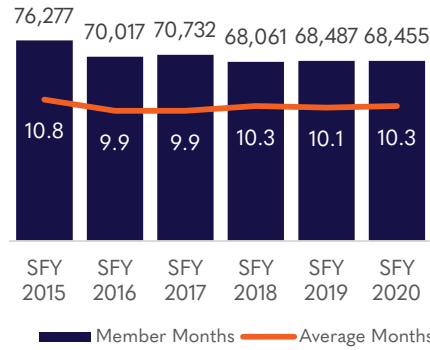
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

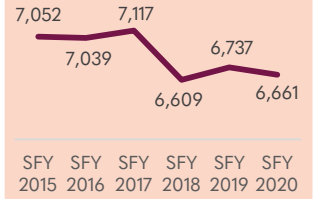
68,455

months members were enrolled during the state fiscal year



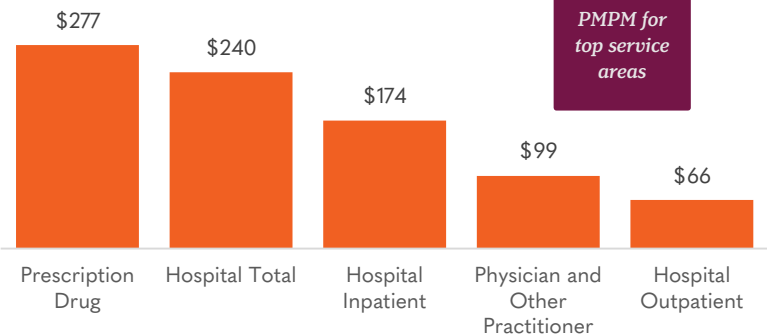
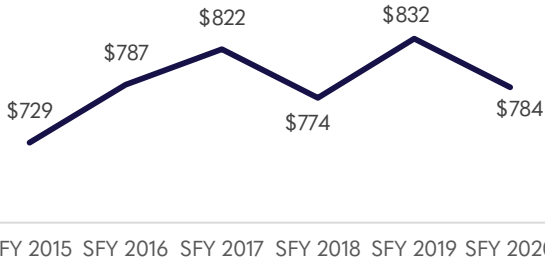
6,661

unique individuals enrolled during the state fiscal year

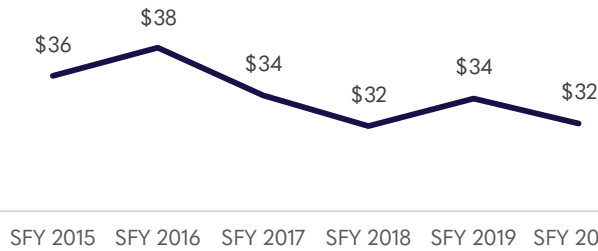


PER MEMBER PER MONTH

\$784



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

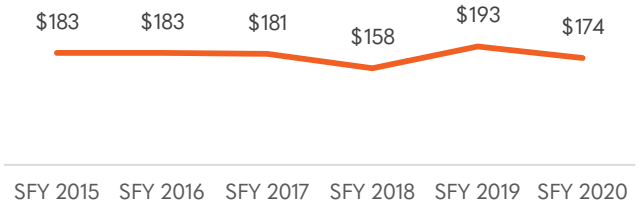


Table 37. Supplemental Security Income Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD SSI						
SSI & SSI Related	\$53,671,643	-6	68,455	0	\$784	-6

Table 38. Supplemental Security Income History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
ABD SSI	SSI & SSI Related	\$55,630,615	\$55,081,227	\$58,127,425	\$52,647,120	\$56,996,207	\$53,671,643	-4
Member Months								
ABD SSI	SSI & SSI Related	76,277	70,017	70,732	68,061	68,487	68,455	-10
Per Member Per Month								
ABD SSI	SSI & SSI Related	\$729	\$787	\$822	\$774	\$832	\$784	8

Table 39. Supplemental Security Income Per Member Per Month History by Service Area

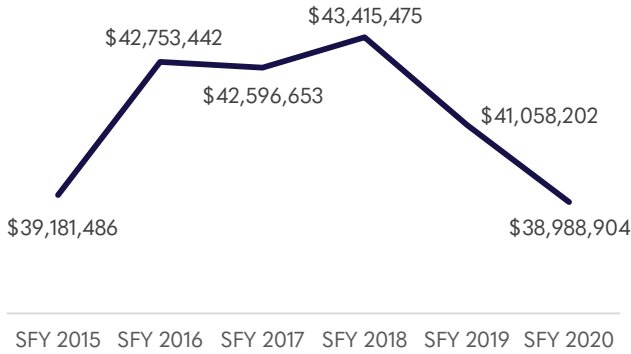
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$10.71	\$10.47	\$10.49	\$9.49	\$11.25	\$10.95
Ambulatory Surgical Center	\$5.06	\$4.37	\$4.41	\$3.52	\$3.34	\$3.62
Behavioral Health	\$57.18	\$67.36	\$58.36	\$47.57	\$40.87	\$37.26
Care Management Entity	--	\$6.54	\$5.75	\$4.90	\$4.42	\$5.01
Clinic/Center	\$1.17	\$1.51	\$2.13	\$1.35	\$1.23	\$0.58
Dental	\$13.92	\$14.52	\$11.63	\$8.43	\$7.83	\$6.98
DME, Prosthetics/Orthotics/Supplies	\$25.63	\$30.13	\$28.46	\$31.48	\$33.76	\$34.23
End Stage Renal Disease	\$4.78	\$5.16	\$8.67	\$8.49	\$7.39	\$9.85
Federally Qualified Health Center	\$7.19	\$12.60	\$12.59	\$14.09	\$12.76	\$14.12
Home Health	\$6.21	\$19.61	\$22.48	\$4.40	\$1.98	\$1.76
Hospice	\$1.88	\$1.30	\$4.69	\$3.05	\$2.08	\$2.33
Hospital Total	\$257.13	\$258.56	\$251.38	\$224.78	\$258.79	\$240.41
Inpatient	\$183	\$183	\$181	\$158	\$193	\$174
Outpatient	\$75.07	\$76.06	\$70.37	\$67.06	\$65.59	\$66.02
Other Hospital	-\$0.89	-\$0.34	-\$0.15	-\$0.09	\$0.07	\$0.06
Laboratory	\$2.62	\$2.30	\$1.78	\$1.90	\$1.56	\$1.31
Nursing Facility	\$1.72	\$3.42	\$2.85	\$0.01	\$1.30	\$0.11
Other	\$1.51	\$1.52	\$1.73	\$1.52	\$1.73	\$1.64
Physician & Other Practitioner	\$99.95	\$106.98	\$117.19	\$111.26	\$107.01	\$98.93
Prescription Drug	\$188.25	\$198.06	\$216.05	\$251.18	\$293.66	\$277.22
PACE	\$0.11	--	--	--	--	--
PRTF	\$18.34	\$13.31	\$12.48	\$15.67	\$12.27	\$6.92
Public Health or Welfare	\$0.50	\$0.55	\$0.51	\$0.54	\$0.68	\$0.51
Public Health, Federal	\$21.54	\$24.19	\$43.82	\$24.58	\$22.41	\$24.34
Rural Health Clinic	\$1.69	\$1.78	\$1.81	\$2.74	\$3.44	\$3.83
Vision	\$2.23	\$2.45	\$2.57	\$2.58	\$2.46	\$2.14
Total	\$729	\$787	\$822	\$774	\$832	\$784

ADULTS

EXPENDITURES

\$39.0 million

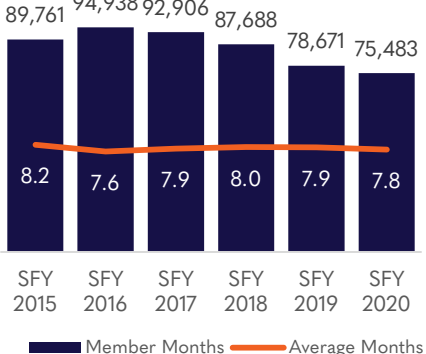
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

75,483

months members were enrolled during the state fiscal year

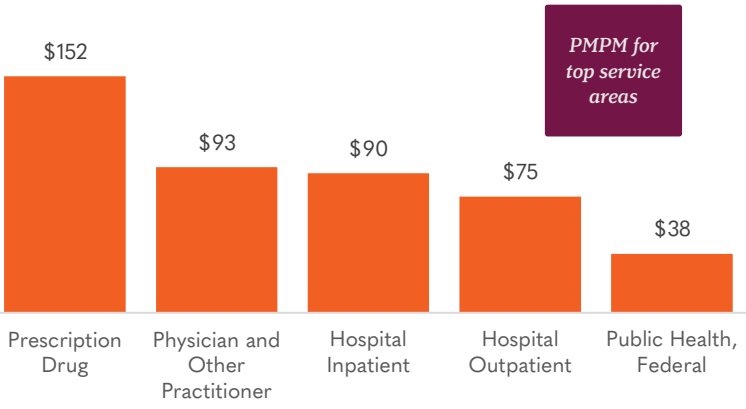
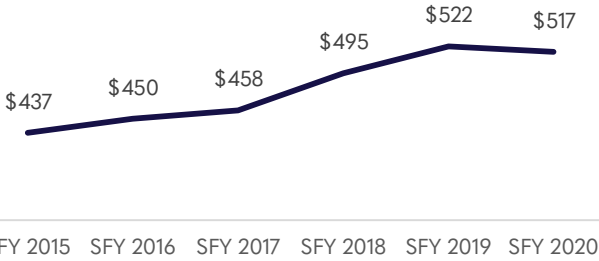


9,692
unique individuals enrolled during the state fiscal year

SFY	Unique Individuals
2015	10,998
2016	12,431
2017	11,825
2018	10,989
2019	9,900
2020	9,692

PER MEMBER PER MONTH

\$517



EMERGENCY ROOM PMPM

SFY	ER PMPM
2015	\$39
2016	\$40
2017	\$38
2018	\$38
2019	\$41
2020	\$37

HOSPITAL INPATIENT PMPM

SFY	Hospital Inpatient PMPM
2015	\$93
2016	\$86
2017	\$77
2018	\$77
2019	\$87
2020	\$90

Table 40. Adults Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$38,594,298	-5	74,549	-4	\$518	-1
Former Foster Care	\$394,605	-8	934	-8	\$422	0

Table 41. Adults Per Member Per Month History by Subgroup

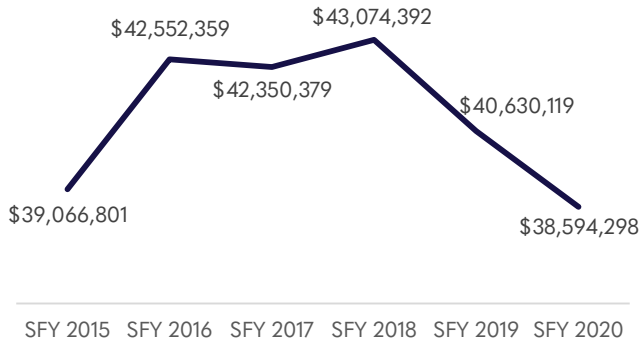
Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Adults	Family-Care Adults	\$39,066,801	\$42,552,359	\$42,350,379	\$43,074,392	\$40,630,119	\$38,594,298	-1
	Former Foster Care	\$114,685	\$201,083	\$246,275	\$341,083	\$428,083	\$394,605	244
Member Months								
Adults	Family-Care Adults	89,514	94,396	92,136	86,808	77,656	74,549	-17
	Former Foster Care	247	542	770	880	1,015	934	278
Per Member Per Month								
Adults	Family-Care Adults	\$436	\$451	\$460	\$496	\$523	\$518	19
	Former Foster Care	\$464	\$371	\$320	\$388	\$422	\$422	-9

FAMILY-CARE ADULTS

EXPENDITURES

\$38.6 million

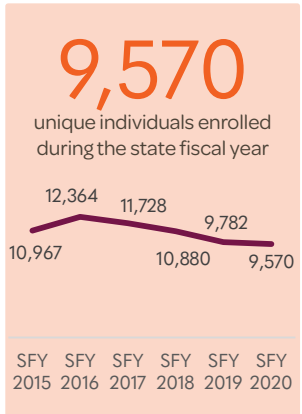
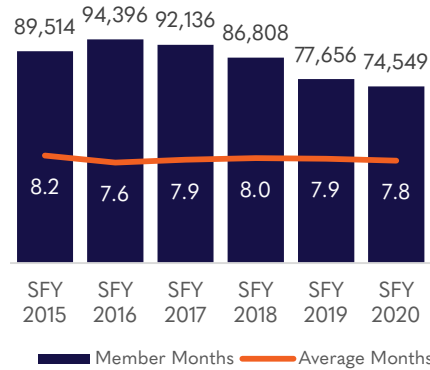
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

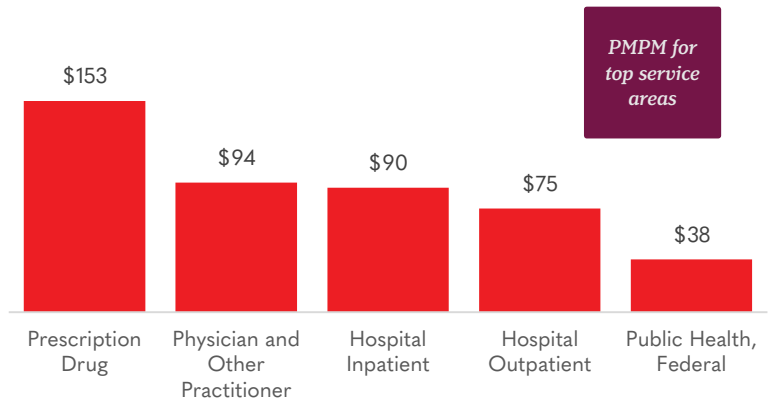
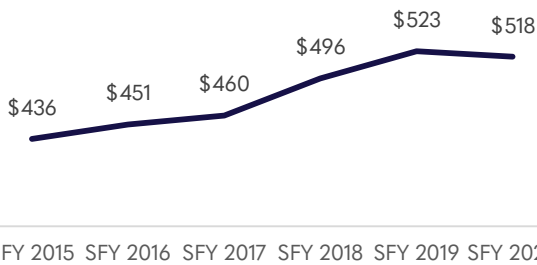
74,549

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$518



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

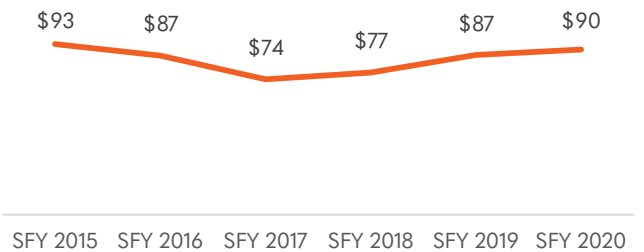


Table 42. Family-Care Adults Per Member Per Month History by Service Area

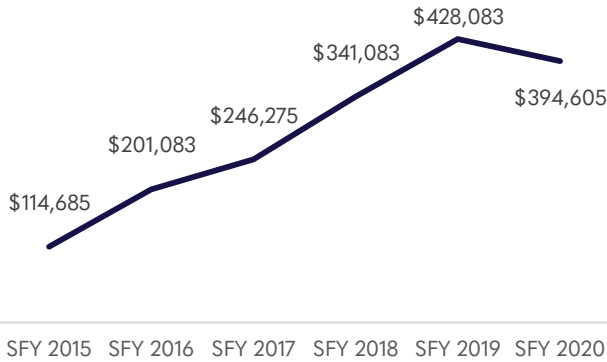
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$6.22	\$4.74	\$4.65	\$6.27	\$5.81	\$5.93
Ambulatory Surgical Center	\$5.05	\$5.06	\$4.79	\$5.01	\$5.09	\$5.26
Behavioral Health	\$26.29	\$30.24	\$32.87	\$24.55	\$20.90	\$18.92
Dental	\$17.31	\$21.87	\$14.52	\$7.16	\$6.70	\$6.47
DME, Prosthetics/Orthotics/Supplies	\$5.85	\$6.08	\$6.60	\$7.19	\$7.99	\$8.42
End Stage Renal Disease	\$1.15	\$0.50	\$1.08	\$1.79	\$0.34	\$0.09
Federally Qualified Health Center	\$7.80	\$12.97	\$12.71	\$13.25	\$13.47	\$13.05
Home Health	\$0.77	\$0.92	\$1.82	\$0.57	\$0.11	\$0.13
Hospice	\$0.02	\$0.02	\$0.02	\$0.12	\$0.00	\$0.39
Hospital Total	\$163.96	\$153.68	\$139.51	\$153.46	\$173.53	\$164.66
Inpatient	\$92.78	\$86.53	\$73.70	\$77.36	\$86.79	\$89.86
Outpatient	\$71.35	\$67.86	\$66.14	\$76.12	\$87.16	\$74.81
Other Hospital	-\$0.18	-\$0.70	-\$0.33	-\$0.03	-\$0.42	\$0.00
Laboratory	\$4.94	\$4.72	\$3.50	\$3.69	\$3.10	\$2.69
Nursing Facility	\$0.01	--	--	--	--	\$0.00
Other	\$0.53	\$1.23	\$1.47	\$1.57	\$2.03	\$1.96
Physician & Other Practitioner	\$100.03	\$99.18	\$93.54	\$97.04	\$96.66	\$93.62
Prescription Drug	\$71.49	\$82.09	\$92.35	\$134.76	\$149.27	\$152.52
Public Health or Welfare	\$0.11	\$0.10	\$0.08	\$0.09	\$0.14	\$0.15
Public Health, Federal	\$22.32	\$24.25	\$47.02	\$35.66	\$33.58	\$38.05
Rural Health Clinic	\$1.76	\$2.20	\$2.26	\$3.15	\$3.60	\$4.42
Vision	\$0.84	\$0.94	\$0.87	\$0.85	\$0.89	\$0.97
Total	\$436	\$451	\$460	\$496	\$523	\$518

FORMER FOSTER CARE

EXPENDITURES

\$0.4 million

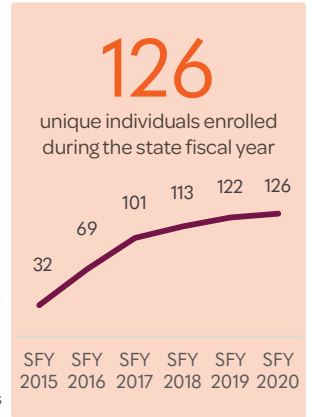
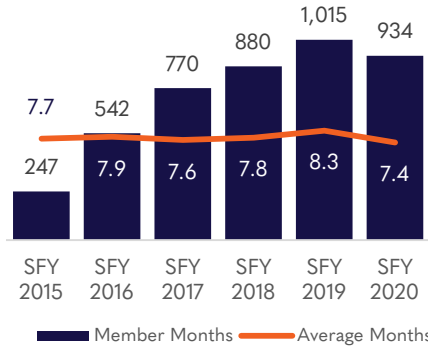
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

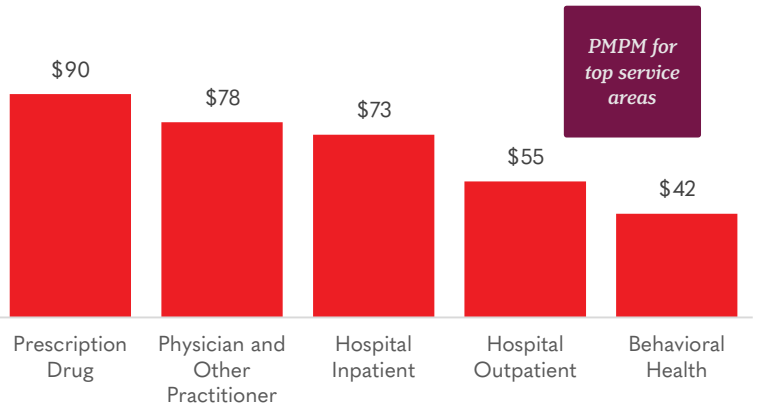
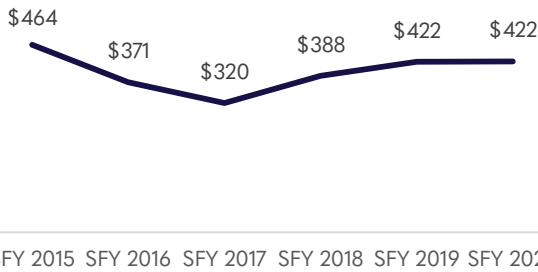
934

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$422



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



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

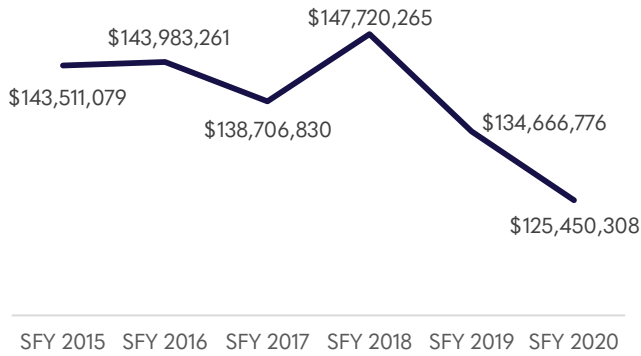
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$3.38	\$1.12	\$3.49	\$11.07	\$1.54	\$3.50
Ambulatory Surgical Center	--	\$0.67	\$8.89	\$0.38	\$1.90	\$2.94
Behavioral Health	\$103.43	\$77.29	\$32.92	\$47.02	\$36.80	\$41.57
Dental	\$30.15	\$15.17	\$7.34	\$4.58	\$5.51	\$12.38
DME, Prosthetics/Orthotics/Supplies	\$1.52	\$2.42	\$9.57	\$11.91	\$11.12	\$18.71
Federally Qualified Health Center	\$8.51	\$17.98	\$14.31	\$8.81	\$7.12	\$10.60
Hospital Total	\$96.86	\$106.37	\$93.53	\$114.35	\$152.04	\$127.84
Inpatient	\$21.90	\$20.43	\$41.26	\$59.53	\$94.55	\$73.31
Outpatient	\$74.95	\$86.03	\$52.26	\$54.82	\$57.49	\$54.54
Other Hospital	--	-\$0.09	--	--	--	--
Laboratory	\$14.00	\$3.79	\$3.56	\$6.76	\$7.38	\$4.62
Other	\$4.25	\$2.77	\$0.36	\$3.10	\$1.53	\$0.80
Physician & Other Practitioner	\$135.74	\$87.80	\$85.87	\$85.55	\$117.21	\$78.31
Prescription Drug	\$64.47	\$51.64	\$44.11	\$70.32	\$58.04	\$89.55
Public Health or Welfare	\$0.31	\$0.04	\$0.16	\$0.20	\$0.25	\$0.08
Public Health, Federal	--	\$1.29	\$13.26	\$18.69	\$17.96	\$27.64
Rural Health Clinic	\$0.55	--	\$0.84	\$3.09	\$2.49	\$3.44
Vision	\$1.14	\$2.63	\$1.63	\$1.77	\$0.86	\$0.51
Total	\$464	\$371	\$320	\$388	\$422	\$422

CHILDREN

EXPENDITURES

\$125 million

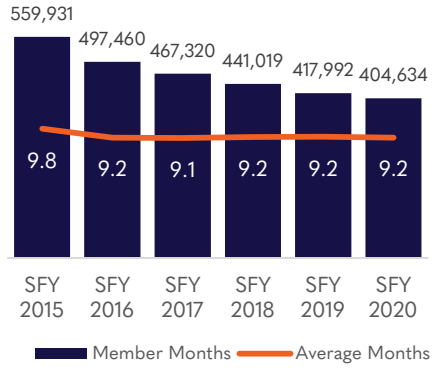
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

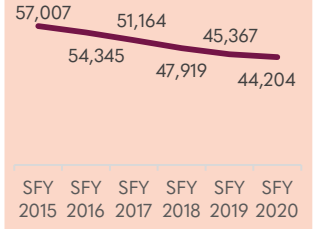
404,634

months members were enrolled during the state fiscal year



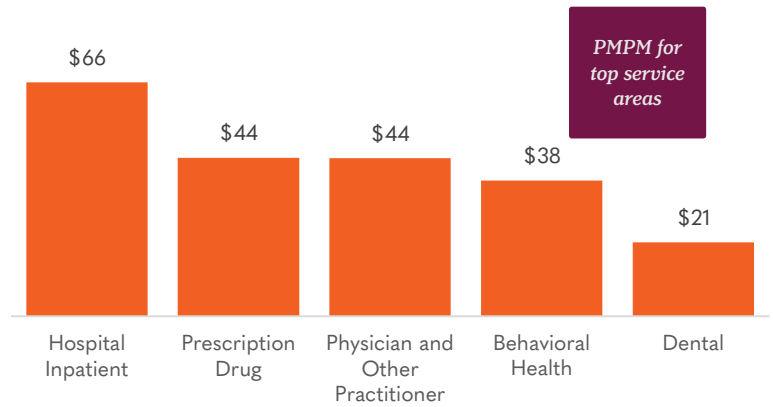
44,204

unique individuals enrolled during the state fiscal year

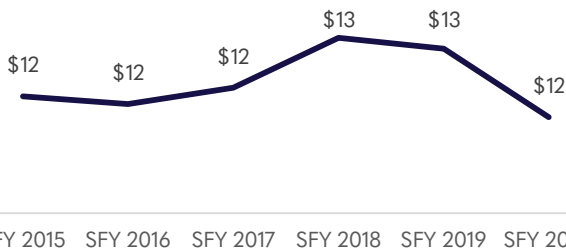


PER MEMBER PER MONTH

\$310



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

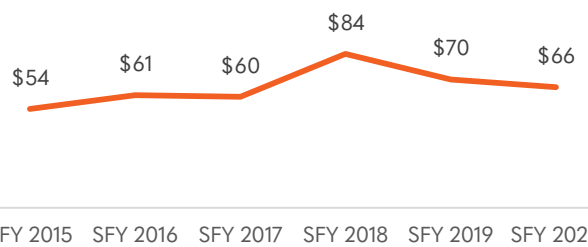


Table 44. Children Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity (CME) ⁹	\$6,348,163	10	2,416	0	\$2,628	10
Children	\$81,225,514	-6	341,717	-3	\$238	-3
Children's Mental Health Waiver (CMHW)	\$1,137,322	-8	741	-7	\$1,535	-1
Foster Care	\$20,191,274	-7	34,015	-4	\$594	-4
Newborn	\$22,517,531	-10	28,161	-10	\$800	-1

Table 45. Children Per Member Per Month History by Subgroup¹⁰

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Children	CME	--	\$9,723,888	\$8,579,561	\$8,053,521	\$5,774,596	\$6,348,163	--
	Children	\$92,111,584	\$91,904,314	\$89,065,711	\$90,357,550	\$86,213,790	\$81,225,514	-12
	CMHW	\$1,672,927	\$2,479,897	\$1,882,607	\$1,715,683	\$1,231,644	\$1,137,322	-32
	Foster Care	\$22,554,429	\$22,329,561	\$22,297,404	\$23,283,259	\$21,804,501	\$20,191,274	-10
	Newborn	\$27,172,139	\$26,578,363	\$24,997,796	\$31,985,378	\$25,063,908	\$22,517,531	-17
Member Months								
Children	CME	--	2,549	2,959	3,088	2,411	2,416	--
	Children	484,115	420,400	393,948	370,465	350,647	341,717	-29
	CMHW	742	696	751	871	794	741	0
	Foster Care	37,298	37,336	35,920	35,972	35,418	34,015	-9
	Newborn	37,776	39,028	36,701	33,711	31,133	28,161	-25
Per Member Per Month								
Children	CME	--	\$3,815	\$2,899	\$2,608	\$2,395	\$2,628	--
	Children	\$190	\$219	\$226	\$244	\$246	\$238	25
	CMHW	\$2,255	\$3,563	\$2,507	\$1,970	\$1,551	\$1,535	-32
	Foster Care	\$605	\$598	\$621	\$647	\$616	\$594	-2
	Newborn	\$719	\$681	\$681	\$949	\$805	\$800	11

⁹ Data for CME include all services incurred for children while enrolled in the program. For this reason, totaling across all populations will not equal the total expenditures for children.

¹⁰ Expenditures for Children, CMHW, and Foster Care include CME expenditures.

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.

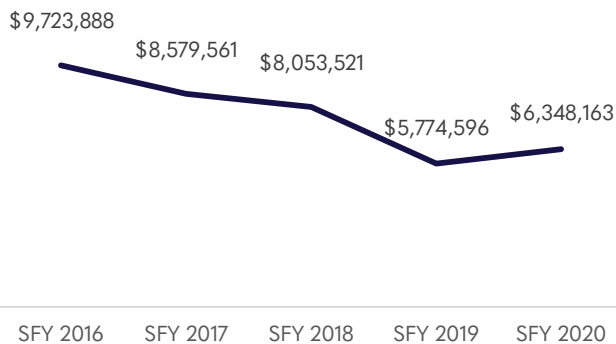
The children enrolled in this eligibility subgroup have primary enrollment in another Medicaid or state-funded program, such as Children, Foster Care, Children's Mental Health Waiver, Supplemental Security Income, or state-funded Institutional Foster Care. For this reason, their Care Management Entity 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 total services, including both CME services as well as Medicaid services incurred while enrolled in the program. These expenses are also included in the detailed sections for the recipients' primary subgroups.

EXPENDITURES

\$6.3 million

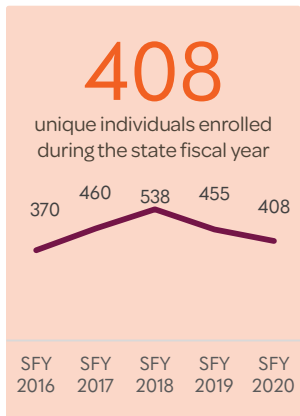
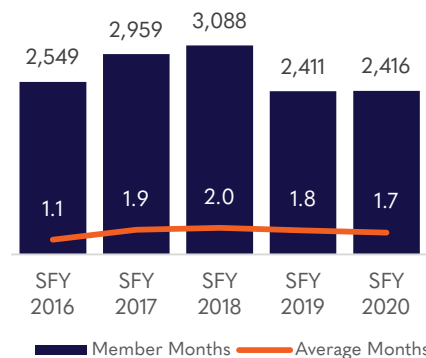
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

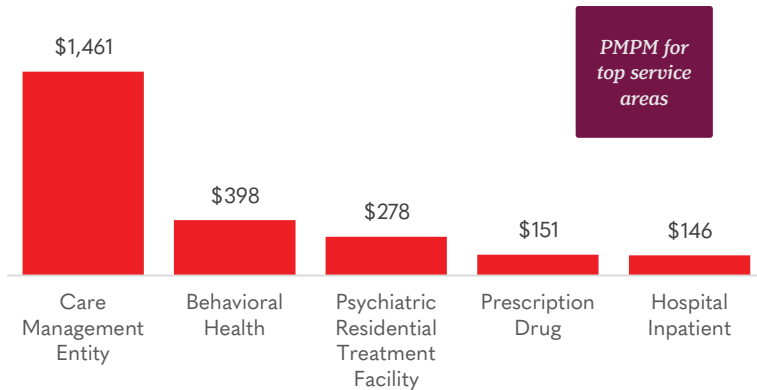
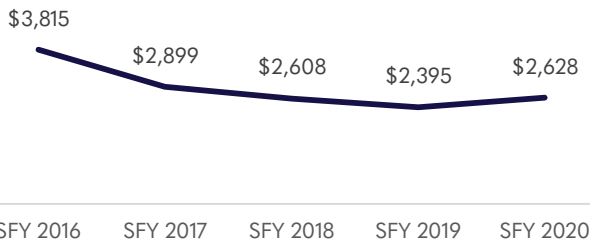
2,416

months members were enrolled during the state fiscal year

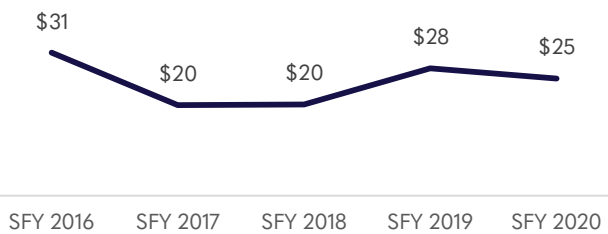


PER MEMBER PER MONTH

\$2,628



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



The following table shows all 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).

Table 46. Care Management Entity Per Member Per Month History by Service Area

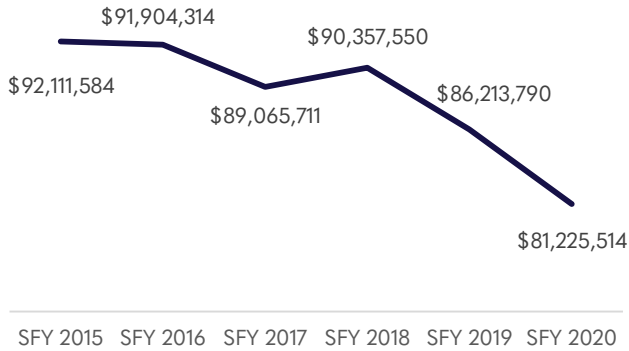
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance		\$3.66	\$5.29	\$3.52	\$4.42	\$4.64
Ambulatory Surgical Center		\$0.39	\$4.70	\$4.06	\$4.97	\$2.14
Behavioral Health		\$603.35	\$522.36	\$471.82	\$464.97	\$397.61
Care Management Entity (CME)		\$2,293.47	\$1,591.20	\$1,532.13	\$1,315.35	\$1,461.48
Clinic/Center		\$1.28	\$1.88	\$0.23	\$0.23	\$0.34
Dental		\$25.05	\$28.69	\$26.31	\$22.16	\$20.60
DME, Prosthetics/Orthotics/Supplies		\$4.32	\$4.57	\$2.80	\$2.52	\$3.04
Federally Qualified Health Center		\$3.04	\$10.95	\$17.85	\$16.40	\$13.26
Home Health		\$8.95	\$8.36	--	--	--
Hospital Total		\$155.88	\$157.65	\$134.92	\$167.07	\$183.45
Inpatient		\$119.73	\$125.98	\$109.01	\$129.37	\$145.97
Outpatient		\$36.34	\$31.72	\$25.91	\$37.70	\$37.53
Other Hospital		-\$0.19	-\$0.05	--	--	-\$0.05
Laboratory		\$1.48	\$1.07	\$1.20	\$0.93	\$1.44
Other		\$2.92	\$2.95	\$4.80	\$8.76	\$7.45
Physician & Other Practitioner		\$82.48	\$83.08	\$59.69	\$66.74	\$77.66
Prescription Drug		\$206.92	\$155.60	\$125.67	\$129.58	\$151.08
PRTF		\$410.99	\$307.29	\$198.45	\$175.65	\$278.46
Public Health or Welfare		\$0.13	\$0.09	\$0.15	\$0.14	\$0.19
Public Health, Federal		--	\$0.63	\$7.29	\$0.81	\$1.70
Rural Health Clinic		\$1.40	\$2.08	\$5.09	\$5.64	\$11.98
Vision		\$9.08	\$11.02	\$12.06	\$8.76	\$11.02
Total		\$3,815	\$2,899	\$2,608	\$2,395	\$2,628

CHILDREN

EXPENDITURES

\$81.2 million

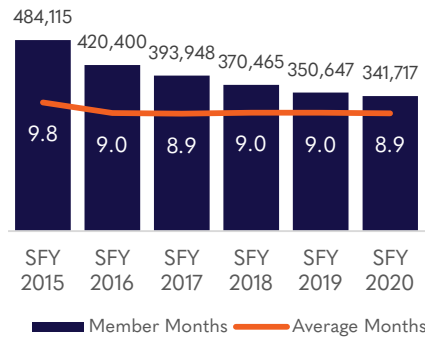
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

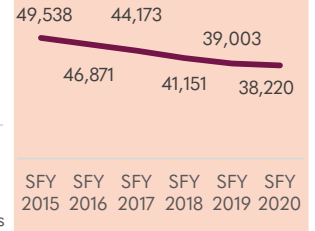
341,717

months members were enrolled during the state fiscal year



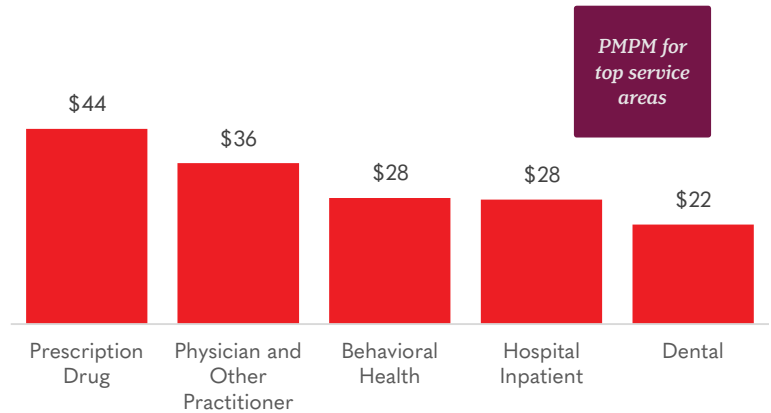
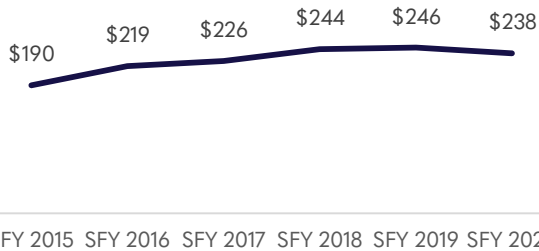
38,220

unique individuals enrolled during the state fiscal year

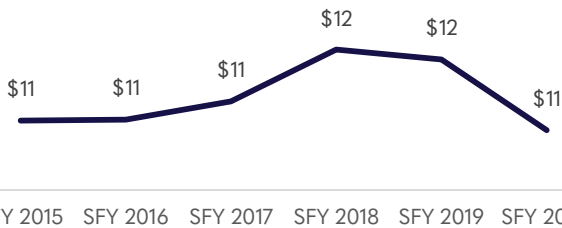


PER MEMBER PER MONTH

\$238



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



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

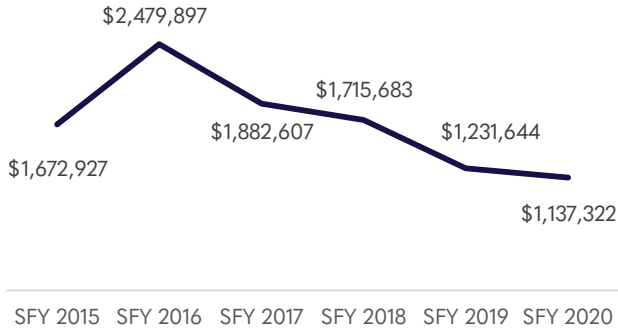
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$1.58	\$1.59	\$1.56	\$1.68	\$1.93	\$1.94
Ambulatory Surgical Center	\$9.28	\$9.92	\$7.17	\$6.98	\$6.83	\$6.31
Behavioral Health	\$24.87	\$27.24	\$28.16	\$30.29	\$29.54	\$28.28
Care Management Entity (CME)	--	\$5.57	\$5.26	\$5.83	\$3.64	\$4.55
Clinic/Center	\$2.05	\$2.39	\$2.46	\$1.75	\$1.53	\$0.81
Dental	\$19.58	\$23.31	\$24.49	\$24.24	\$24.18	\$22.33
DME, Prosthetics/Orthotics/Supplies	\$1.85	\$2.17	\$2.66	\$3.01	\$3.70	\$3.11
End Stage Renal Disease	--	\$0.01	--	--	\$0.00	\$0.00
Federally Qualified Health Center	\$2.42	\$4.12	\$4.81	\$5.26	\$5.20	\$7.27
Home Health	\$0.18	\$0.14	\$0.17	\$0.01	\$0.03	\$0.51
Hospital Total	\$37.60	\$44.89	\$42.83	\$49.63	\$49.19	\$46.31
Inpatient	\$21	\$27	\$25	\$31	\$30	\$28
Outpatient	\$16.48	\$17.73	\$17.67	\$18.87	\$19.01	\$18.40
Other Hospital	-\$0.22	-\$0.04	-\$0.05	-\$0.01	\$0.00	\$0.00
Laboratory	\$0.62	\$0.54	\$0.36	\$0.39	\$0.32	\$0.34
Other	\$0.26	\$0.40	\$0.46	\$0.60	\$0.69	\$0.64
Physician & Other Practitioner	\$36.46	\$38.35	\$40.95	\$40.51	\$40.12	\$36.07
Prescription Drug	\$27.31	\$29.46	\$31.32	\$37.38	\$40.31	\$43.76
PRTF	\$11.71	\$12.91	\$14.03	\$13.59	\$11.35	\$8.56
Public Health or Welfare	\$0.14	\$0.14	\$0.16	\$0.17	\$0.20	\$0.18
Public Health, Federal	\$6.88	\$6.95	\$9.85	\$12.31	\$16.67	\$16.93
Rural Health Clinic	\$1.65	\$1.75	\$1.85	\$2.52	\$2.82	\$3.08
Vision	\$5.84	\$6.77	\$7.52	\$7.75	\$7.61	\$6.71
Total	\$190	\$219	\$226	\$244	\$246	\$238

CHILDREN'S MENTAL HEALTH WAIVER

EXPENDITURES

\$1.1 million

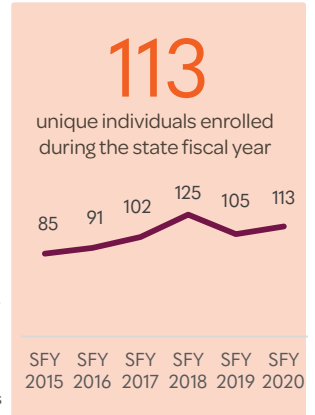
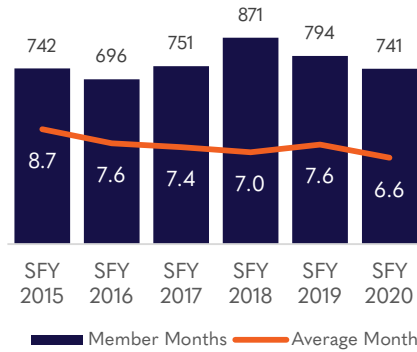
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

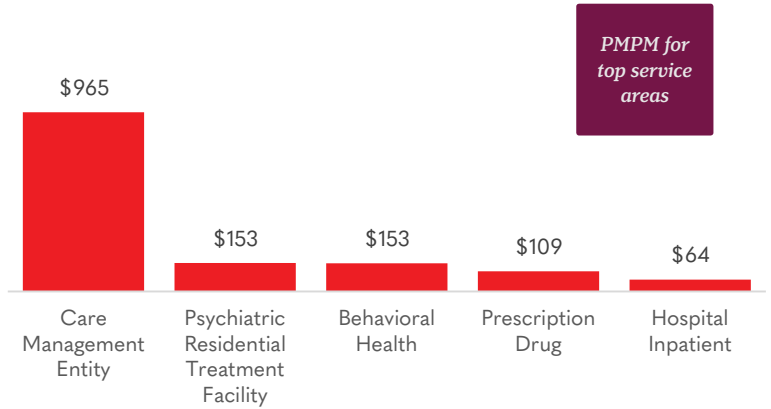
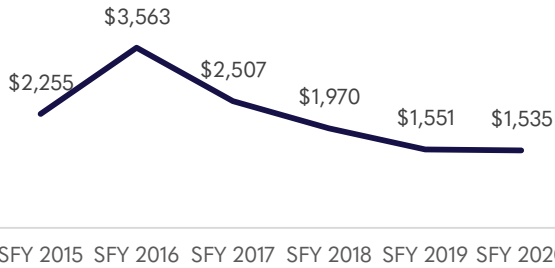
741

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$1,535



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

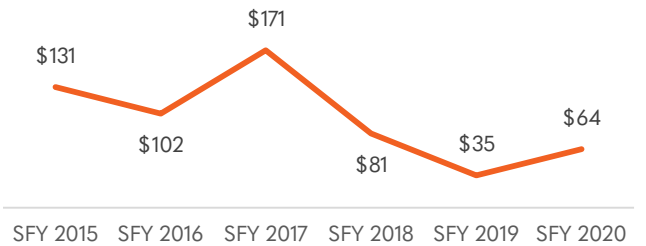


Table 48. Children's Mental Health Waiver Per Member Per Month History by Service Area

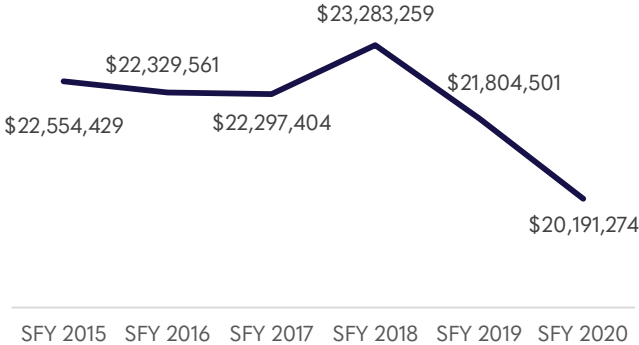
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$2.43	\$6.10	\$4.54	\$0.00	\$0.42	\$3.65
Ambulatory Surgical Center	\$7.07	\$0.81	\$1.61	\$4.17	\$8.69	\$0.00
Behavioral Health	\$300.07	\$355.42	\$181.72	\$206.63	\$164.91	\$152.87
Care Management Entity (CME)	--	\$2,283.82	\$1,502.64	\$1,184.85	\$919.54	\$964.83
Clinic/Center	--	--	--	--	\$0.70	--
Dental	\$20.32	\$17.43	\$17.64	\$20.14	\$18.43	\$11.00
DME, Prosthetics/Orthotics/Supplies	\$4.66	\$1.86	\$0.44	\$0.11	\$1.11	\$1.51
Federally Qualified Health Center	\$0.87	\$2.07	\$7.85	\$8.03	\$11.48	\$3.62
Home Health	--	\$16.75	\$4.05	--	--	--
Hospital Total	\$159.31	\$154.05	\$185.35	\$89.66	\$50.13	\$77.77
Inpatient	\$131.00	\$102.24	\$171.12	\$80.69	\$35.10	\$63.55
Outpatient	\$28.30	\$51.80	\$14.24	\$8.97	\$15.03	\$14.38
Other Hospital	--	--	--	--	--	-\$0.16
Laboratory	\$6.21	\$1.53	\$0.99	\$1.17	\$0.35	\$0.10
Other	\$2.78	\$3.85	\$3.04	\$4.44	\$9.48	\$5.79
Physician & Other Practitioner	\$80.75	\$94.14	\$65.42	\$31.03	\$27.95	\$38.89
Prescription Drug	\$315.73	\$258.91	\$126.33	\$85.95	\$74.97	\$108.69
PRTF	\$425.89	\$355.99	\$396.01	\$320.61	\$250.47	\$153.41
Public Health or Welfare	\$0.03	\$0.14	\$0.07	--	\$0.06	--
Public Health, Federal	--	--	--	--	--	\$0.71
Rural Health Clinic	\$1.18	\$2.15	\$2.67	\$6.63	\$5.98	\$4.42
Vision	\$6.59	\$8.06	\$6.44	\$6.37	\$6.54	\$7.60
Children's Mental Health Waiver	\$920.74	--	--	--	--	--
Total	\$2,255	\$3,563	\$2,507	\$1,970	\$1,551	\$1,535

FOSTER CARE

EXPENDITURES

\$20.2 million

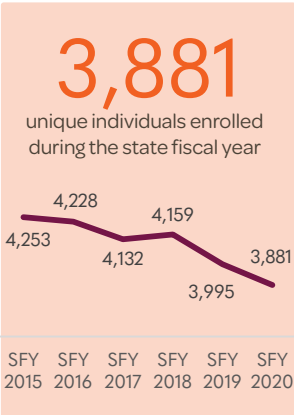
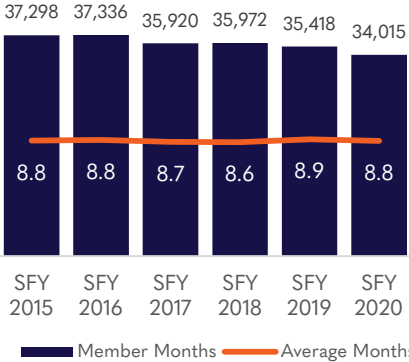
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

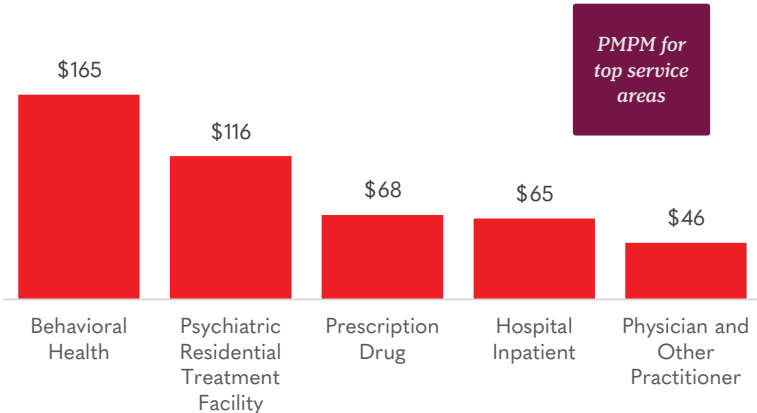
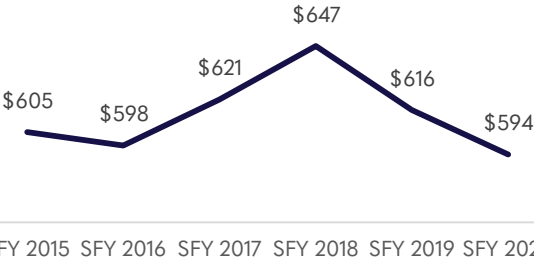
34,015

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$594



EMERGENCY ROOM PMPM

SFY	ER PMPM
2015	\$12
2016	\$11
2017	\$11
2018	\$11
2019	\$12
2020	\$12

HOSPITAL INPATIENT PMPM

SFY	Hospital Inpatient PMPM
2015	\$56
2016	\$48
2017	\$60
2018	\$57
2019	\$61
2020	\$65

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

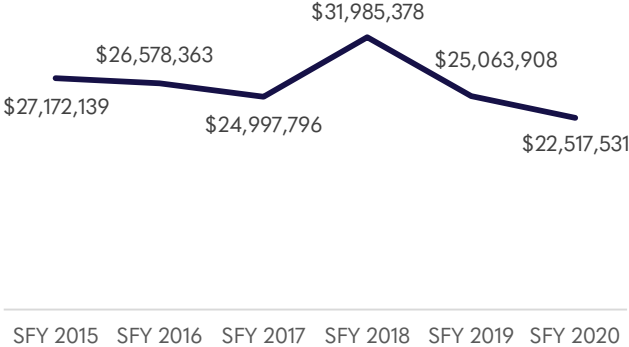
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$3.71	\$2.50	\$2.61	\$3.13	\$3.91	\$3.75
Ambulatory Surgical Center	\$6.05	\$8.30	\$4.80	\$5.42	\$5.36	\$4.02
Behavioral Health	\$188.59	\$177.09	\$166.18	\$178.75	\$172.31	\$165.20
Care Management Entity (CME)	--	\$32.82	\$29.12	\$32.30	\$22.91	\$25.90
Clinic/Center	\$3.37	\$3.66	\$3.63	\$3.54	\$3.45	\$2.02
Dental	\$20.68	\$24.63	\$24.66	\$24.10	\$25.37	\$21.83
DME, Prosthetics/Orthotics/Supplies	\$2.59	\$3.82	\$3.64	\$3.66	\$5.09	\$4.38
End-Stage Renal Disease	\$0.21	\$0.21	\$0.08	--	--	--
Federally Qualified Health Center	\$2.51	\$4.79	\$4.64	\$5.37	\$6.19	\$8.97
Home Health	\$1.02	\$1.50	\$0.68	\$0.02	\$0.01	\$0.01
Hospital Total	\$75.20	\$65.90	\$78.66	\$77.22	\$82.89	\$86.73
Inpatient	\$56.49	\$47.85	\$60.46	\$56.55	\$61.31	\$65.27
Outpatient	\$18.90	\$18.11	\$18.22	\$20.70	\$21.58	\$21.46
Other Hospital	-\$0.18	-\$0.05	-\$0.02	-\$0.03	\$0.00	--
Laboratory	\$1.70	\$0.97	\$0.42	\$0.58	\$0.45	\$0.58
Other	\$1.86	\$5.74	\$0.65	\$1.02	\$1.33	\$1.30
Physician & Other Practitioner	\$45.58	\$47.03	\$51.75	\$49.45	\$50.42	\$45.61
Prescription Drug	\$77.17	\$69.76	\$59.67	\$70.34	\$65.38	\$68.09
PRTF	\$152.64	\$127.62	\$163.15	\$159.25	\$131.00	\$115.51
Public Health or Welfare	\$0.21	\$0.20	\$0.17	\$0.17	\$0.36	\$0.26
Public Health, Federal	\$10.68	\$11.09	\$14.86	\$20.71	\$26.41	\$26.37
Rural Health Clinic	\$2.53	\$1.89	\$1.82	\$2.71	\$3.31	\$4.60
Vision	\$8.39	\$8.54	\$9.56	\$9.52	\$9.46	\$8.47
Total	\$2,255	\$3,563	\$2,507	\$1,970	\$1,551	\$1,535

NEWBORN

EXPENDITURES

\$22.5 million

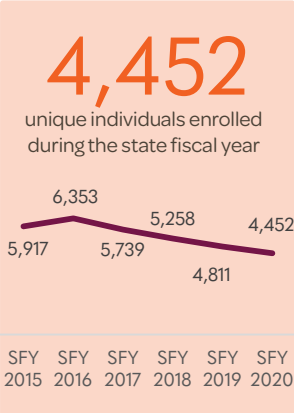
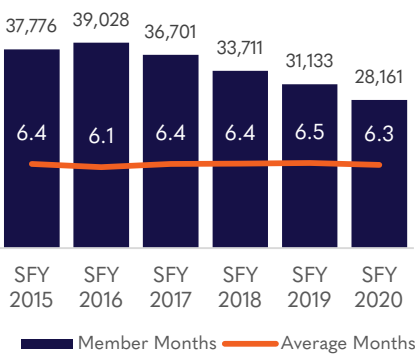
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

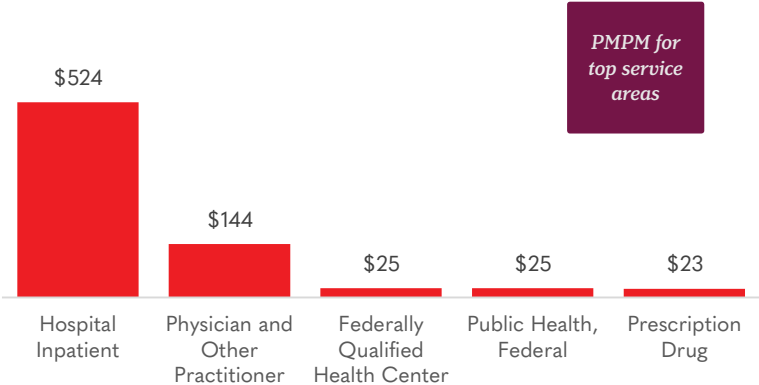
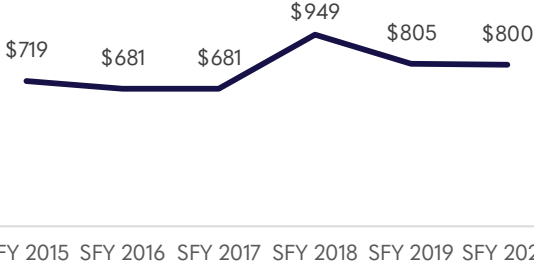
28,161

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$800



EMERGENCY ROOM PMPM

SFY	PMPM (\$)
SFY 2015	\$21
SFY 2016	\$19
SFY 2017	\$20
SFY 2018	\$21
SFY 2019	\$19
SFY 2020	\$18

HOSPITAL INPATIENT PMPM

SFY	PMPM (\$)
SFY 2015	\$465
SFY 2016	\$440
SFY 2017	\$437
SFY 2018	\$695
SFY 2019	\$528
SFY 2020	\$524

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

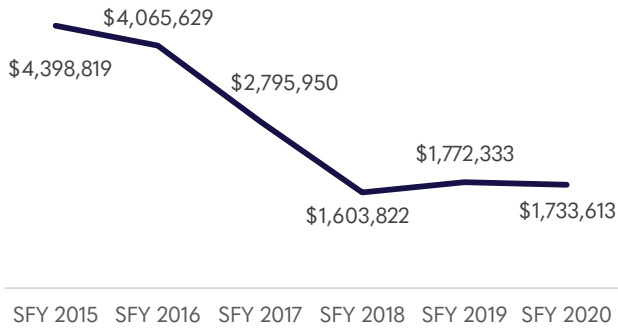
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$16.32	\$13.01	\$12.58	\$12.15	\$14.23	\$14.67
Ambulatory Surgical Center	\$2.71	\$1.56	\$1.26	\$1.50	\$1.30	\$0.89
Behavioral Health	\$1.29	\$0.46	\$0.81	\$0.66	\$0.70	\$0.84
Clinic/Center	\$0.99	\$1.31	\$1.23	\$1.43	\$1.63	\$0.74
Dental	\$0.61	\$0.40	\$0.26	\$0.37	\$0.64	\$0.58
DME, Prosthetics/Orthotics/Supplies	\$4.64	\$5.44	\$5.21	\$4.39	\$4.31	\$4.01
Federally Qualified Health Center	\$10.04	\$17.56	\$17.60	\$18.59	\$17.63	\$24.97
Home Health	\$6.62	\$0.69	\$0.69	\$0.21	\$0.07	\$0.12
Hospice	--	--	--	--	--	\$1.01
Hospital Total	\$491.57	\$465.55	\$462.26	\$722.36	\$553.02	\$547.11
Inpatient	\$464.75	\$440.32	\$436.62	\$694.88	\$527.65	\$524.43
Outpatient	\$27.41	\$25.33	\$25.69	\$27.50	\$25.37	\$22.67
Other Hospital	-\$0.59	-\$0.09	-\$0.05	-\$0.01	\$0.00	--
Laboratory	\$0.29	\$0.12	\$0.13	\$0.12	\$0.09	\$0.28
Other	\$0.22	\$0.28	\$1.26	\$2.36	\$2.54	\$2.00
Physician & Other Practitioner	\$148.30	\$138.37	\$138.75	\$137.82	\$147.65	\$143.52
Prescription Drug	\$17.68	\$21.28	\$21.77	\$21.37	\$29.09	\$23.23
Public Health or Welfare	\$0.71	\$0.91	\$0.84	\$0.96	\$2.08	\$2.00
Public Health, Federal	\$13.32	\$10.03	\$12.41	\$18.97	\$23.66	\$24.74
Rural Health Clinic	\$3.76	\$3.73	\$3.70	\$5.19	\$6.07	\$8.67
Vision	\$0.24	\$0.32	\$0.34	\$0.35	\$0.35	\$0.22
Total	\$719	\$681	\$681	\$949	\$805	\$800

MEDICARE SAVINGS PROGRAMS

EXPENDITURES

\$1.7 million

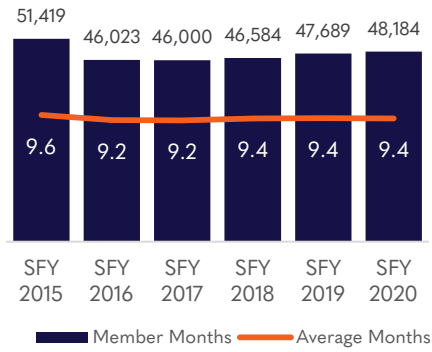
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

48,184

months members were enrolled during the state fiscal year



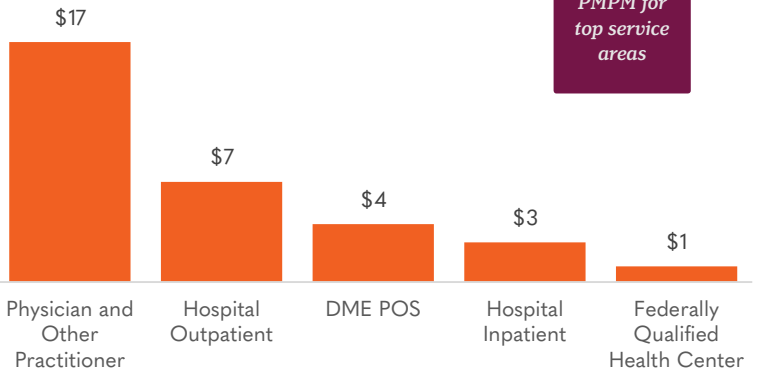
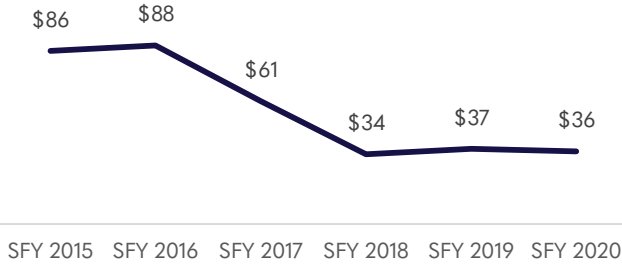
5,150

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$36



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM



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

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$1,713,818	-2	27,745	-1	\$62	-2
Specified Low Income Medicare Beneficiary	\$19,795	8	20,439	4	\$1	4

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

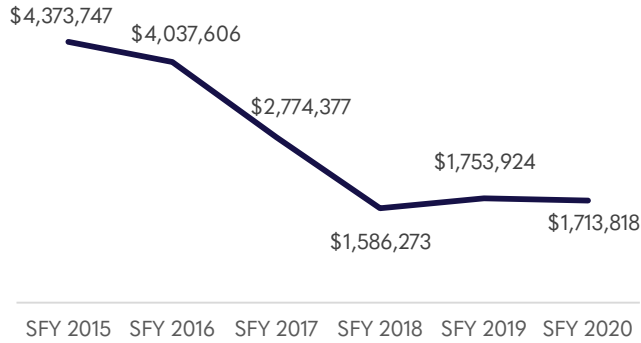
Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Medicare Savings Programs	QMB	\$4,373,747	\$4,037,606	\$2,774,377	\$1,586,273	\$1,753,924	\$1,713,818	-61
	SLMB	\$24,833	\$27,903	\$21,453	\$17,549	\$18,409	\$19,795	-20
Member Months								
Medicare Savings Programs	QMB	30,455	27,143	27,887	28,545	27,945	27,745	-9
	SLMB	20,964	18,880	18,113	18,039	19,744	20,439	-3
Per Member Per Month								
Medicare Savings Programs	QMB	\$144	\$149	\$99	\$56	\$63	\$62	-57
	SLMB	\$1	\$1	\$1	\$1	\$1	\$1	-18

QUALIFIED MEDICARE BENEFICIARY

EXPENDITURES

\$1.7 million

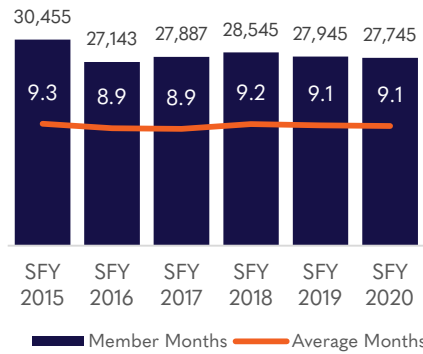
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

27,745

months members were enrolled during the state fiscal year



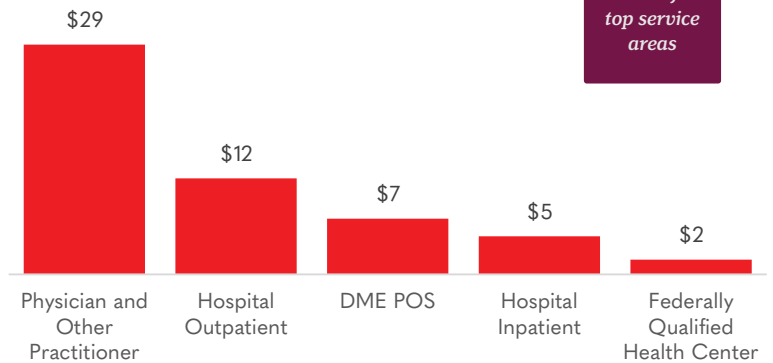
3,052

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$62



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

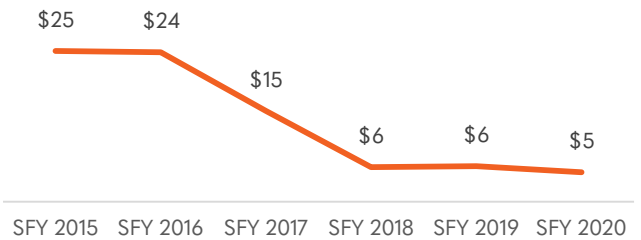


Table 53. Qualified Medicare Beneficiary Per Member Per Month History by Service Area

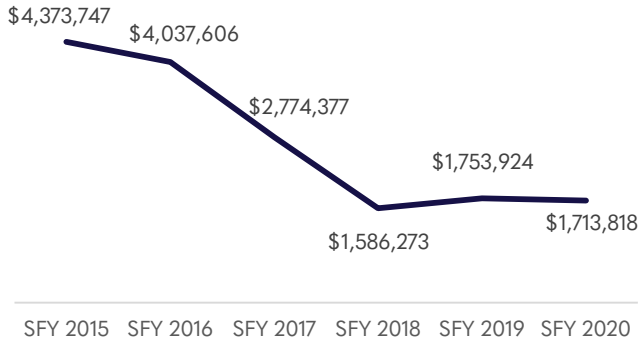
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$2.69	\$3.96	\$1.92	\$0.16	\$0.14	\$0.13
Ambulatory Surgical Center	\$1.85	\$1.82	\$1.08	\$0.15	\$0.27	\$0.36
Behavioral Health	\$2.50	\$2.75	\$2.49	\$1.71	\$1.81	\$1.59
DME, Prosthetics/Orthotics/Supplies	\$9.21	\$8.30	\$5.84	\$5.22	\$6.74	\$7.03
End-Stage Renal Disease	\$3.66	\$4.98	\$3.45	\$1.21	\$1.48	\$1.13
Federally Qualified Health Center	\$1.22	\$1.74	\$1.66	\$1.73	\$2.28	\$1.87
Hospital Total	\$80.13	\$79.94	\$46.30	\$14.01	\$16.73	\$17.18
Inpatient	\$24.62	\$24.39	\$14.83	\$5.64	\$5.79	\$4.81
Outpatient	\$55.56	\$55.50	\$31.44	\$8.09	\$10.72	\$12.14
Other Hospital	-\$0.05	\$0.05	\$0.03	\$0.28	\$0.22	\$0.23
Laboratory	\$0.20	\$0.11	\$0.11	\$0.08	\$0.04	\$0.03
Nursing Facility	\$2.09	\$2.46	\$1.25	\$0.04	\$0.12	\$0.20
Other	\$0.29	\$0.21	\$0.17	\$0.21	\$0.27	\$0.22
PACE	\$0.08	--	--	--	--	--
Physician & Other Practitioner	\$36.83	\$39.54	\$32.20	\$27.82	\$29.13	\$29.08
Public Health or Welfare	\$0.92	\$1.07	\$1.10	\$0.75	\$0.84	\$0.83
Public Health, Federal	\$0.16	\$0.10	\$0.12	\$0.14	\$0.12	\$0.02
Rural Health Clinic	\$0.97	\$0.81	\$0.92	\$1.63	\$2.15	\$1.53
Vision	\$0.81	\$0.96	\$0.87	\$0.70	\$0.66	\$0.58
Total	\$144	\$149	\$99	\$56	\$63	\$62

SPECIFIED LOW INCOME MEDICARE BENEFICIARY

EXPENDITURES

\$19,795

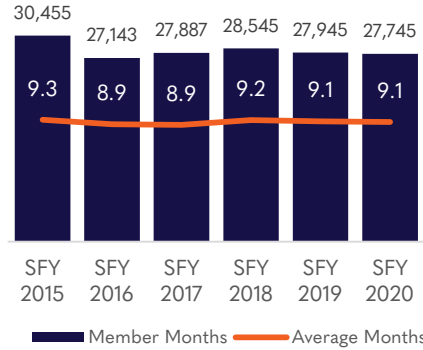
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

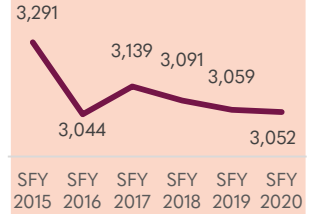
20,439

months members were enrolled during the state fiscal year



3,052

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$0.97



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

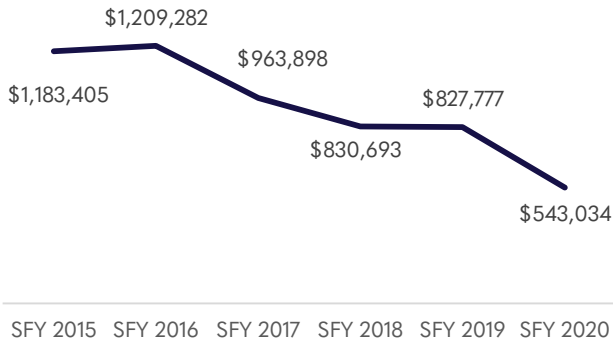
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Behavioral Health	\$0.03	\$0.01	\$0.04	\$0.01	\$0.01	\$0.04
Nursing Facility	-\$0.01	\$0.03	--	--	--	--
Physician & Other Practitioner	-\$0.07	--	--	--	--	--
Public Health or Welfare	\$1.24	\$1.44	\$1.15	\$0.96	\$0.92	\$0.93
Total	\$1.18	\$1.48	\$1.18	\$0.97	\$0.93	\$0.97

NON-CITIZENS WITH MEDICAL EMERGENCIES

EXPENDITURES

\$0.5 million

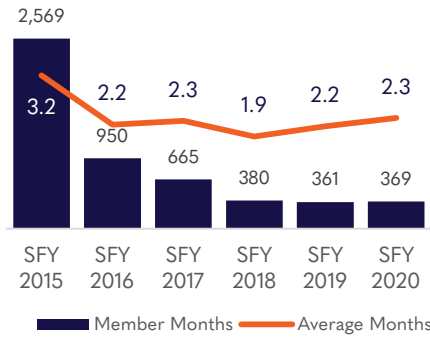
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

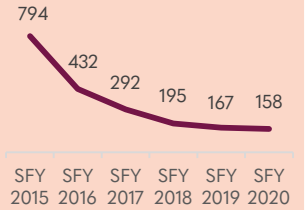
369

months members were enrolled during the state fiscal year



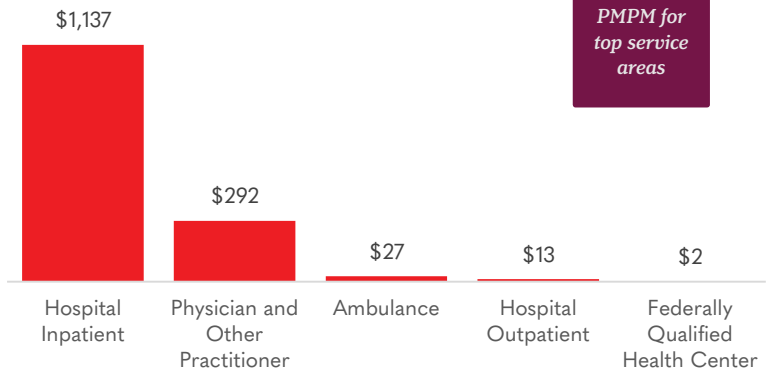
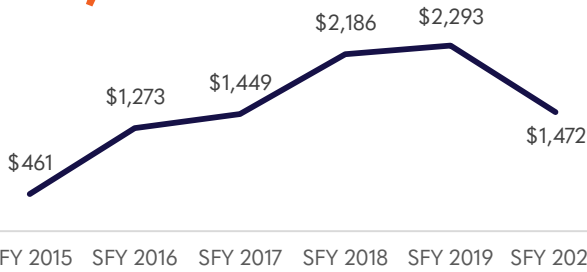
158

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$1,472



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

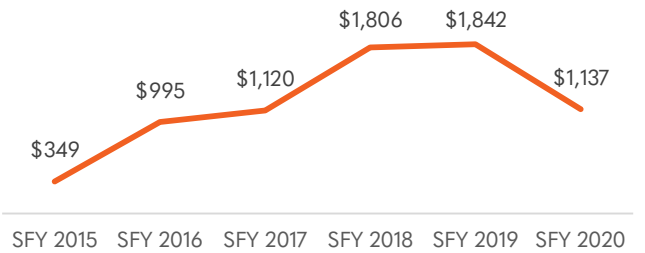


Table 55. Non-Citizens with Medical Emergencies Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Non-Citizens with Medical Emergencies						
Non-Citizens	\$543,034	-34	369	2	\$1,472	-36

Table 56. Non-Citizens with Medical Emergencies History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,183,405	\$1,209,282	\$963,898	\$830,693	\$827,777	\$543,034	-54
Member Months								
Non-Citizens with Medical Emergencies	Non-Citizens	2,569	950	665	380	361	369	-86
Per Member Per Month								
Non-Citizens with Medical Emergencies	Non-Citizens	\$461	\$1,273	\$1,449	\$2,186	\$2,293	\$1,472	219

Table 57. Non-Citizens with Medical Emergencies Per Member Per Month History by Service Area

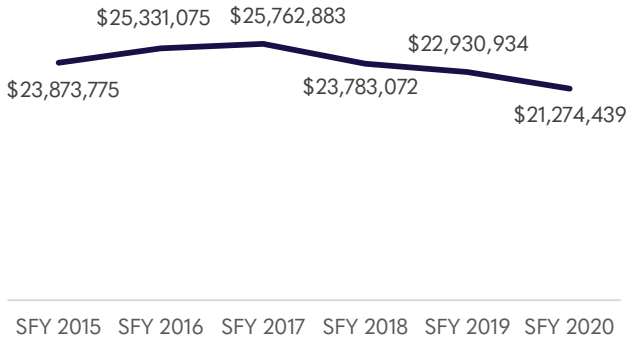
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$6.34	\$10.27	\$0.46	\$49.99	\$36.48	\$26.67
Ambulatory Surgical Center	--	--	\$5.17	--	--	--
Federally Qualified Health Center	\$0.90	\$2.29	--	--	\$2.12	\$2.07
Hospital Total	\$364.97	\$1,048.78	\$1,161.25	\$1,856.92	\$1,913.91	\$1,149.83
Inpatient	\$349.41	\$995.18	\$1,120.13	\$1,806.05	\$1,841.82	\$1,136.89
Outpatient	\$15.55	\$53.60	\$41.12	\$50.87	\$72.10	\$12.94
Laboratory	\$0.07	--	--	--	\$0.09	\$0.33
Physician & Other Practitioner	\$88.29	\$211.58	\$282.59	\$279.12	\$338.76	\$292.37
Rural Health Clinic	\$0.09	--	--	--	\$1.64	\$0.36
Total	\$144	\$149	\$99	\$56	\$63	\$62

PREGNANT WOMEN

EXPENDITURES

\$21.3 million

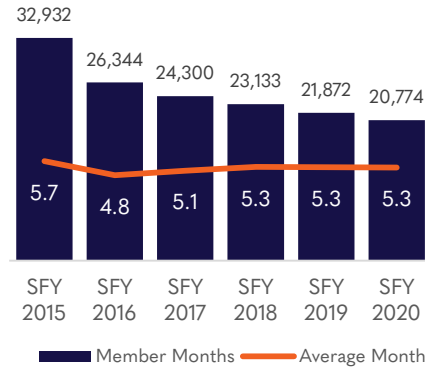
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

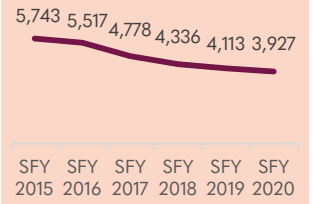
20,774

months members were enrolled during the state fiscal year



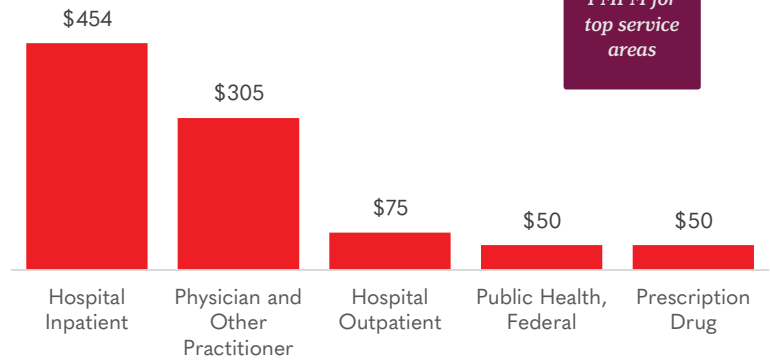
3,927

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$1,024



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

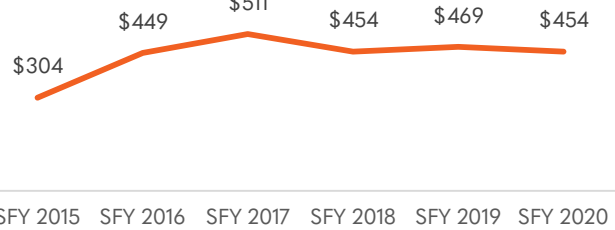


Table 58. Pregnant Women Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$21,274,439	-7	20,774	-5	\$1,024	-2

Table 59. Pregnant Women History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Pregnant Women	Pregnant Women	\$23,873,775	\$25,331,075	\$25,762,883	\$23,783,072	\$22,930,934	\$21,274,439	-11
Member Months								
Pregnant Women	Pregnant Women	32,932	26,344	24,300	23,133	21,872	20,774	-37
Per Member Per Month								
Pregnant Women	Pregnant Women	\$725	\$962	\$1,060	\$1,028	\$1,048	\$1,024	41

Table 60. Pregnant Women Per Member Per Month History by Service Area

Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$12.37	\$13.06	\$15.41	\$10.42	\$13.50	\$11.96
Ambulatory Surgical Center	\$0.99	\$1.81	\$1.33	\$2.19	\$2.13	\$2.41
Behavioral Health	\$9.18	\$15.09	\$11.75	\$11.47	\$9.25	\$11.43
CME	--	\$0.62	\$0.36	--	\$0.48	\$0.01
Clinic/Center	--	--	--	\$0.02	\$0.01	--
Dental	\$11.81	\$14.58	\$13.54	\$6.74	\$6.70	\$6.20
DME, Prosthetics/Orthotics/Supplies	\$1.98	\$1.72	\$2.21	\$2.42	\$1.71	\$1.84
Federally Qualified Health Center	\$19.90	\$33.31	\$32.67	\$33.96	\$34.26	\$36.17
Home Health	\$0.30	\$0.08	\$0.07	\$0.17	\$0.30	\$0.24
Hospital Total	\$364.48	\$514.79	\$576.14	\$534.37	\$547.88	\$528.70
Inpatient	\$303.77	\$449.02	\$511.16	\$453.98	\$469.11	\$453.86
Outpatient	\$61.01	\$66.38	\$68.43	\$80.93	\$79.09	\$74.85
Other	-\$0.31	-\$0.61	-\$3.45	-\$0.54	-\$0.32	
Laboratory	\$18.54	\$11.69	\$9.32	\$8.51	\$7.66	\$7.19
Other	\$0.26	\$0.76	\$1.30	\$1.88	\$1.72	\$3.01
Physician & Other Practitioner	\$240.91	\$300.30	\$312.59	\$312.42	\$304.91	\$304.55
Prescription Drug	\$22.96	\$26.21	\$35.00	\$52.49	\$58.17	\$50.12
Public Health or Welfare	\$0.20	\$0.25	\$0.37	\$0.49	\$1.10	\$1.11
Public Health, Federal	\$18.22	\$24.77	\$45.11	\$45.82	\$52.98	\$50.31
Rural Health Clinic	\$1.81	\$1.80	\$1.75	\$3.45	\$4.65	\$7.56
Vision	\$1.03	\$1.34	\$1.65	\$1.29	\$1.51	\$1.30
Total	\$725	\$962	\$1,060	\$1,028	\$1,048	\$1,024

SPECIAL GROUPS

EXPENDITURES

\$1.9 million

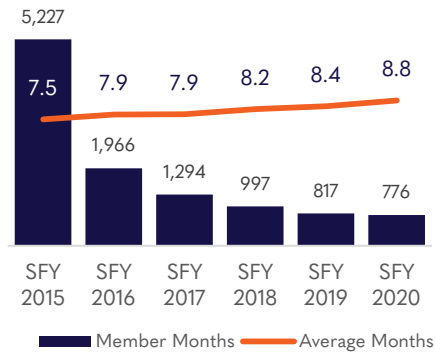
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

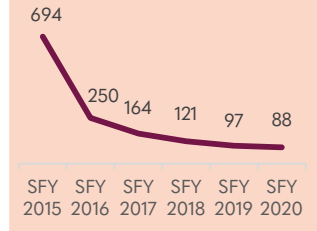
776

months members were enrolled during the state fiscal year



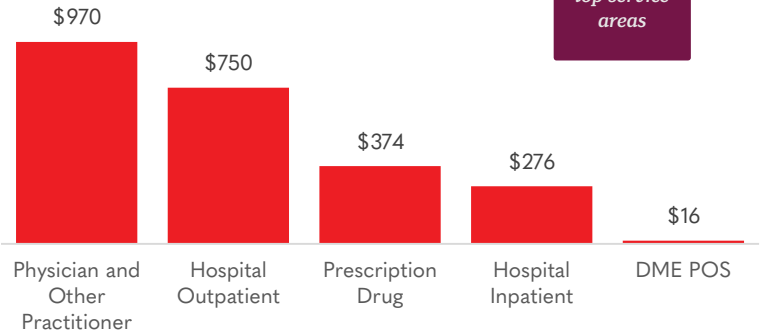
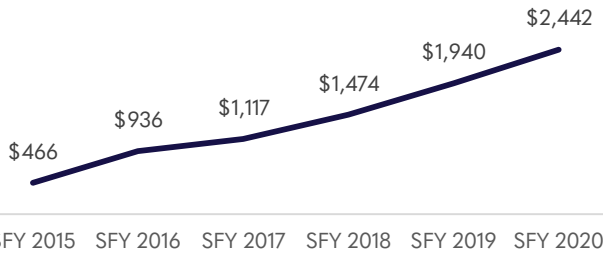
88

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,442



PMPM for top service areas

EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

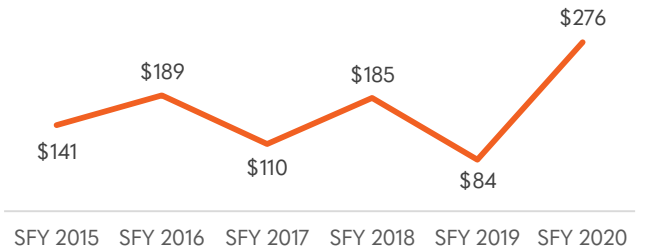


Table 61. Special Groups Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$1,892,913	20	657	5	\$2,881	-2
Family Planning Waiver	\$1,990	-18	119	-97	\$17	125

Table 62. Special Groups History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	5 Year % Change
Expenditures								
Special Groups	Breast & Cervical	\$2,407,735	\$1,826,836	\$1,440,578	\$1,466,631	\$1,582,515	\$1,892,913	-21
	Family Planning Waiver	\$28,760	\$9,845	\$4,364	\$3,258	\$2,425	\$1,990	-93
	Tuberculosis	--	\$3,841	\$14	--	--	--	--
Member Months								
Special Groups	Breast & Cervical	1,352	991	871	726	625	657	-51
	Family Planning Waiver	3,875	964	422	271	192	119	-97
	Tuberculosis	--	11	1	--	--	--	--
Per Member Per Month								
Special Groups	Breast & Cervical	\$1,781	\$1,843	\$1,654	\$2,020	\$2,532	\$2,881	62
	Family Planning Waiver	\$7	\$10	\$10	\$12	\$13	\$17	125
	Tuberculosis	--	\$349	\$14	--	--	--	--

Table 63. Special Groups Per Member Per Month History by Service Area

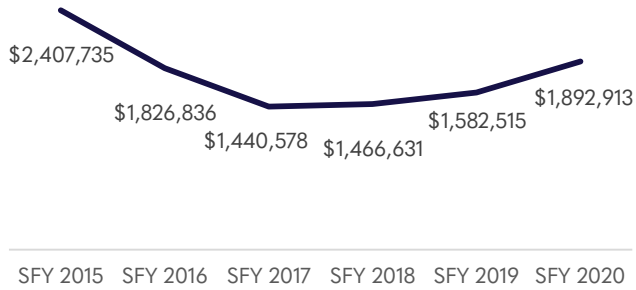
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$3.24	\$7.75	\$9.95	\$7.13	\$0.39	\$1.62
Ambulatory Surgical Center	\$2.26	\$6.17	\$8.90	\$10.31	\$6.78	\$5.86
Behavioral Health	\$4.14	\$8.92	\$12.42	\$10.15	\$19.38	\$11.15
Dental	\$4.91	\$12.37	\$4.48	\$2.31	\$2.88	\$3.56
DME, Prosthetics/Orthotics/Supplies	\$6.49	\$9.05	\$8.31	\$20.01	\$16.55	\$15.68
Federally Qualified Health Center	\$2.50	\$14.45	\$14.30	\$17.20	\$23.71	\$15.61
Home Health	\$1.07	\$1.48	\$2.13	\$0.93	\$0.27	--
Hospice	\$2.37	--	\$3.13	\$2.59	\$11.87	--
Hospital Total	\$242.42	\$428.75	\$388.31	\$581.26	\$706.67	\$1,025.73
Inpatient	\$140.68	\$188.81	\$109.86	\$184.64	\$84.07	\$275.90
Outpatient	\$103.58	\$240.29	\$278.64	\$396.65	\$622.59	\$749.83
Other	-\$1.84	-\$0.35	-\$0.20	-\$0.03	--	--
Laboratory	\$5.43	\$7.77	\$11.23	\$12.29	\$4.92	\$3.19
Other	\$1.44	\$1.58	\$0.35	\$0.72	\$1.71	\$1.94
Physician & Other Practitioner	\$122.42	\$248.66	\$388.53	\$476.21	\$746.71	\$969.75
Prescription Drug	\$55.18	\$177.38	\$233.91	\$316.63	\$384.12	\$374.10
Public Health or Welfare	\$0.08	\$0.12	\$0.02	\$0.00	\$0.13	--
Public Health, Federal	\$11.42	\$10.73	\$27.72	\$14.49	\$11.27	\$8.82
Rural Health Clinic	\$0.30	\$0.43	\$0.34	\$0.15	\$1.70	\$4.55
Vision	\$0.45	\$0.57	\$2.63	\$1.92	\$0.90	\$0.34
Total	\$466	\$936	\$1,117	\$1,474	\$1,940	\$2,442

BREAST & CERVICAL

EXPENDITURES

\$1.9 million

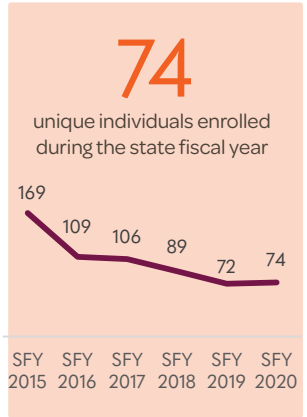
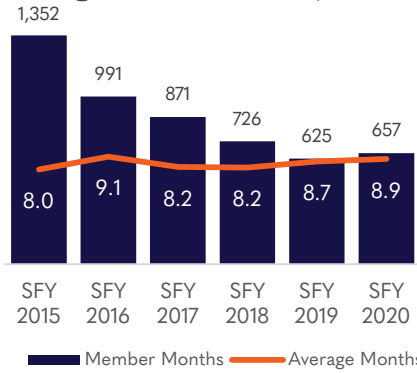
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

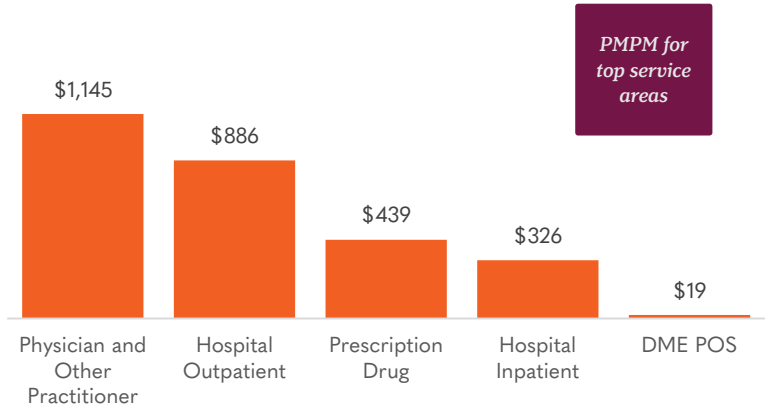
657

months members were enrolled during the state fiscal year



PER MEMBER PER MONTH

\$2,881



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

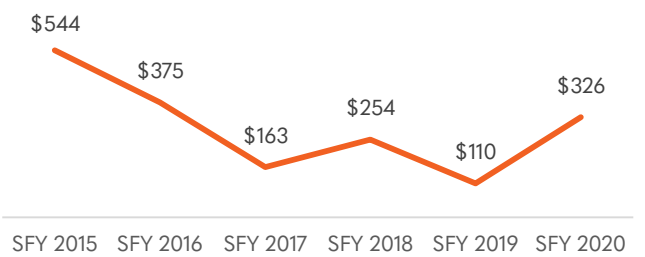


Table 64. Breast and Cervical Per Member Per Month History by Service Area

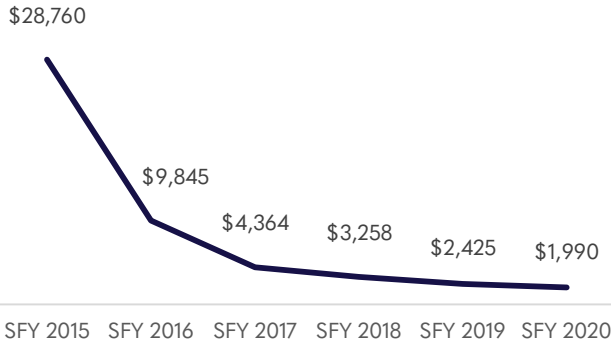
Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Ambulance	\$12.54	\$15.37	\$14.79	\$9.80	\$0.51	\$1.91
Ambulatory Surgical Center	\$8.74	\$12.24	\$13.22	\$14.16	\$8.86	\$6.92
Behavioral Health	\$16.02	\$17.70	\$18.46	\$13.94	\$25.34	\$13.17
Dental	\$18.98	\$24.53	\$6.66	\$3.17	\$3.77	\$4.21
DME, Prosthetics/Orthotics/Supplies	\$25.08	\$17.95	\$12.34	\$27.48	\$21.64	\$18.52
Federally Qualified Health Center	\$8.86	\$27.21	\$21.24	\$23.10	\$29.78	\$18.43
Home Health	\$4.13	\$2.95	\$3.16	\$1.28	\$0.36	--
Hospice	\$9.17	--	\$4.64	\$3.55	\$15.52	--
Hospital Total	\$935.39	\$848.71	\$576.89	\$798.23	\$923.76	\$1,211.52
Inpatient	\$543.88	\$374.58	\$163.21	\$253.56	\$109.90	\$325.87
Outpatient	\$398.62	\$474.83	\$413.96	\$544.71	\$813.86	\$885.64
Other	-\$7.11	-\$0.70	-\$0.29	-\$0.05	--	--
Laboratory	\$21.00	\$15.30	\$16.63	\$16.65	\$6.43	\$3.77
Other	\$5.16	\$2.81	\$0.35	\$0.99	\$2.07	\$2.29
Physician & Other Practitioner	\$466.64	\$489.13	\$574.34	\$652.27	\$974.46	\$1,144.94
Prescription Drug	\$202.04	\$346.03	\$345.58	\$432.77	\$501.46	\$439.30
Public Health or Welfare	\$0.33	\$0.24	\$0.03	\$0.00	\$0.17	--
Public Health, Federal	\$43.90	\$21.29	\$41.18	\$19.90	\$14.73	\$10.41
Rural Health Clinic	\$1.16	\$0.85	\$0.50	\$0.21	\$2.00	\$5.37
Vision	\$1.74	\$1.13	\$3.91	\$2.64	\$1.17	\$0.40
Total	\$1,781	\$1,843	\$1,654	\$2,020	\$2,532	\$2,881

FAMILY PLANNING WAIVER

EXPENDITURES

\$1,990

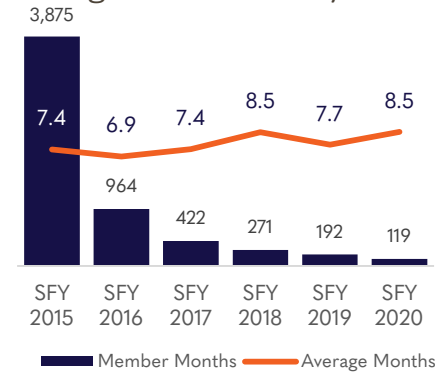
paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

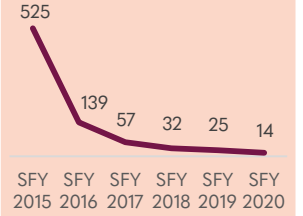
119

months members were enrolled during the state fiscal year



14

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$17



Table 65. Family Planning Waiver Per Member Per Month History by Service Area

Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Federally Qualified Health Center	\$0.28	\$0.38	--	\$1.39	\$3.93	--
Hospital Total	\$0.65	\$0.01	--	--	--	--
Outpatient	\$0.65	\$0.01	--	--	--	--
Laboratory	--	--	\$0.10	\$0.61	--	--
Other	\$0.15	\$0.33	\$0.35	--	\$0.52	--
Physician & Other Practitioner	\$2.32	\$3.73	\$5.93	\$4.55	\$5.33	\$2.56
Prescription Drug	\$3.94	\$5.77	\$3.96	\$5.48	\$2.15	\$14.16
Public Health, Federal	\$0.09	--	--	--	--	--
Rural Health Clinic	--	--	--	--	\$0.70	--
Total	\$7	\$10	\$10	\$12	\$13	\$17

TUBERCULOSIS

Table 66. Tuberculosis Per Member Per Month History by Service Area

Service	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Federally Qualified Health Center	--	\$99.15	--	--	--	--
Hospital Total	--	\$167.16	--	--	--	--
Outpatient	--	\$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 67. 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 68. 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 69. 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
		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)
		S94 DD Waiver 300% Cap <21 (inactive)
Child ID/DD	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+)

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		

Eligibility Category (Continued)	Eligibility Sub-Group	Program Codes		
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		
		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	
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		

Eligibility Category (Continued)	Eligibility Sub-Group	Program Codes
		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)
	Children	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
Children		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
	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

Eligibility Category (Continued)	Eligibility Sub-Group	Program Codes
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
	Q99 Part B-Partial Disabled - Inactive	
	Non-Citizens with Medical Emergencies	Non-Citizens
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
		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	

Table 70. 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 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 172V00000X Community Health Worker; Peer Specialist; Certified Addictions Practitioner Assistant 2084P0800X Psychiatrist 261QM0801X Mental Health - including Community Mental Health Center 261QR0405X Rehabilitation, Substance Use Disorder 364SP0808X NP, APN Psychiatric/Mental Health	n/a
Care Management Entity	251S00000X CHPR CME	n/a
Clinic/Center	261Q00000X Clinic/Center	n/a
Dental	122300000X Dentist 1223D0001X Dental Public Health 1223E0200X Endodontics 1223G0001X General Practice Dentist 1223P0221X Pedodontics 1223P0300X Periodontics 1223S0112X Surgery, Oral and Maxillofacial 1223X0400X Orthodontics	n/a
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	332B00000X DME 332S00000X Hearing Aid Equipment 335E00000X POS	n/a
End-Stage Renal Disease	261QE0700X End-Stage Renal Disease	n/a
Federally Qualified Health Center	261QF0400X Federally Qualified Health Center	n/a
Home Health	251E00000X Home Health	n/a
Hospice	251G00000X Hospice Care, Community Based	n/a
Hospital Total	261QR0400X Rehabilitation 282N00000X General Acute Care Hospital 282NR1301X General Acute Care Hospital - Rural 283Q00000X Psychiatric Hospital 283X00000X Rehabilitation Hospital	n/a
Hospital Inpatient	282N00000X General Acute Care Hospital 282NR1301X General Acute Care Hospital - Rural 283Q00000X Psychiatric Hospital 283X00000X Rehabilitation Hospital	Claim Type: I, X
Hospital Outpatient	261QR0400X Rehabilitation 282N00000X General Acute Care Hospital 282NR1301X General Acute Care Hospital - Rural 283X00000X Rehabilitation Hospital	Claim Type: O, V
Laboratory	291U00000X Clinical Medical Laboratory	n/a
Nursing Facility	275N00000X Medicare Defined Swing Bed 314000000X Skilled Nursing Facility	n/a
Program for All-Inclusive Care of Elderly (PACE)	251T00000X PACE Organization	n/a

Service Area (Continued)	Pay-to-Provider Taxonomy	Other Parameters
Physician and Other Practitioner	All Taxonomies starting with '20' EXCLUDING 2084P0800X	Psychiatrists
	363A00000X	Physician Assistant
	225X00000X	Occupational Therapist
	225100000X	Physical Therapist
	213E00000X	Podiatrist
	363L00000X	Nurse Practitioner
	363LA2200X	
	363LF0000X	
	363LG0600X	
	363LX0001X	
	363LP0200X	
	367A00000X	Nurse Midwife
	367500000X	Nurse Anesthetist
	231H00000X	Audiologist
235Z00000X	Speech-Language Pathologist	
Prescription Drug	333600000X	Pharmacy
		Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility
		Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal
		n/a
Public Health or Welfare	251K00000X	Public Health or Welfare
		n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic
		n/a
Vision	152W00000X	Optometrist
	156FX1800X	Optician
		n/a
Waiver - Total		
	251B00000X	Case Management
	251C00000X	Day Training, DD
251X00000X	PACE PPL	
		Claim Type: W, G
		Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Acquired Brain Injury Waiver	251C00000X	Day Training, DD
	251X00000X	PACE PPL
		Claim Type: W, G
		Recipient Program Codes: B01, B02, S60
Adult ID/DD Waiver	251C00000X	Day Training, DD
	251X00000X	PACE PPL
		Claim Type: W, G
		Recipient Program Codes: S22, S23, S44, S45, S59
Child ID/DD Waiver	251C00000X	Day Training, DD
	251X00000X	PACE PPL
		Claim Type: W, G
		Recipient Program Codes: S58, S93, S94, S64
Children's Mental Health Waiver	251C00000X	Day Training, DD
		Claim Type: W, G
		Recipient Program Codes: S95, S96, S65
Comprehensive Waiver	251C00000X	Day Training, DD
	251X00000X	PACE PPL
		Claim Type: W, G
		Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26

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