SFY 2021

Per Member Per Month REPORT

WYOMING DEPARTMENT OF HEALTH WYOMING MEDICAID

GOVERNOR MARK GORDON DIRECTOR STEFAN JOHANSSON INTERIM STATE MEDICAID AGENT JAN STALL



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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.

Expenditures by Service Date

Total Member Months 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, 2020, and again on July 1, 2020, even if both claims were paid on August 1, 2020, only the second claim's expenditures are included in the calculation of the SFY 2021 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.

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?

 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)1
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)2 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.} The PACE program was discontinued due to budget cuts in January 2021.

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

VEDICAID OVERVIEW

\$553 million

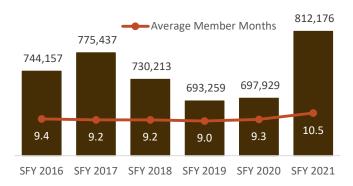
paid to providers for services rendered during the state fiscal year

MEMBER MONTHS 812,176

months members were enrolled during the state fiscal year

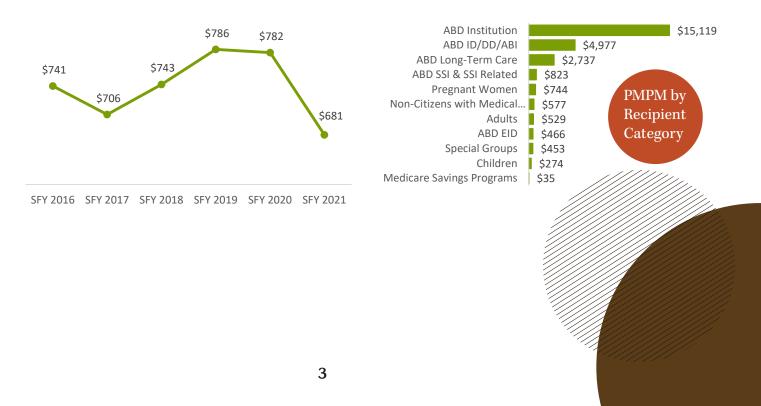


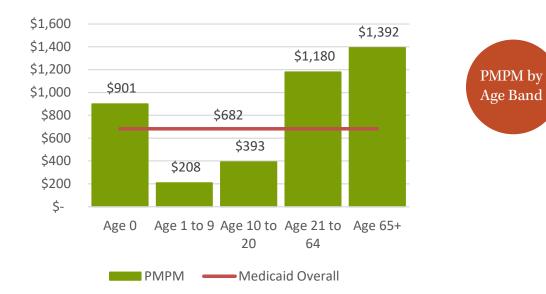
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021



\$681

PER MEMBER PER MONTH





78%

of Wyoming counties

have a PMPM below

the state's overall value.

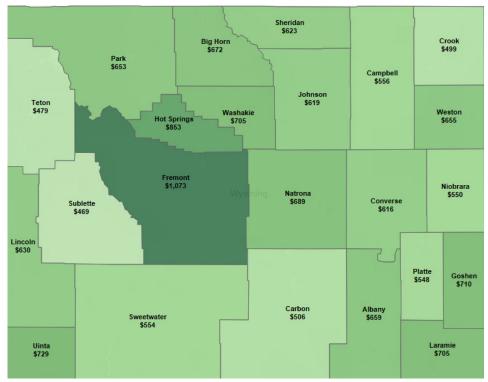


Figure 1. SFY 2021 Per Member Per Month (PMPM) County Map

MPM BY POPULATION

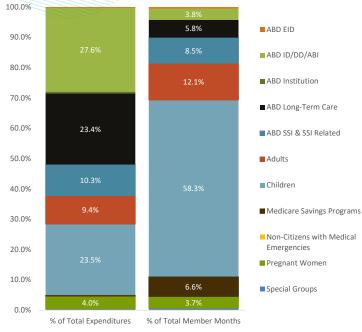


Figure 2. Eligibility Category Overview - SFY 2021

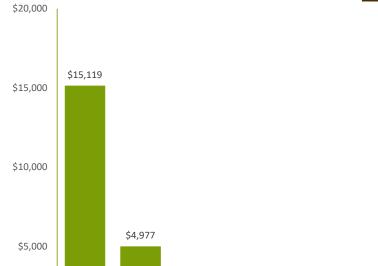


Table 2. Eligibility Category Overview - % of Total

Eligibility Category	% of Total Expenditures	% of Total Member Months
ABD EID	0.3%	0.4%
ABD ID/DD/ABI	27.6%	3.8%
ABD Institution	0.6%	0.0%
ABD Long-Term Care	23.4%	5.8%
ABD SSI & SSI Related	10.3%	8.5%
Adults	9.4%	12.1%
Children	23.5%	58.3%
Medicare Savings Programs	0.3%	6.6%
Non-Citizens with Medical Emergencies	0.1%	0.2%
Pregnant Women	4.0%	3.7%
Special Groups	0.4%	0.6%
Overall	100.0%	100.0%

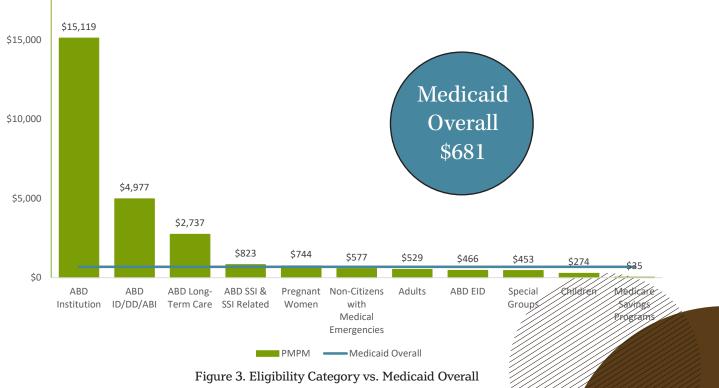


Table 3. Eligibility Category Summary - SFY 2021

Eligibility Category	Average Enrollment Length (months)	Expenditures ³	Member Months	РМРМ
ABD EID	10.5	\$1,643,486	3,526	\$466
ABD ID/DD/ABI	11.7	\$152,763,924	30,699	\$4,977
ABD Institution	3.7	\$3,193,571	213	\$15,119
ABD Long-Term Care	9.8	\$129,585,657	47,359	\$2,737
ABD SSI & SSI Related	10.5	\$56,813,745	69,067	\$823
Adults	9.7	\$51,978,179	9,8381	\$529
Children	10.5	\$129,496,227	473,146	\$274
Medicare Savings Programs	10.3	\$1,842,464	53,373	\$35
Non-Citizens with Medical Emergencies	6.4	\$707,522	1,226	\$577
Pregnant Women	7.7	\$22,382,586	30,119	\$744
Special Groups	9.1	\$2,293,069	5,067	\$453
Overall	10.5	\$553,071,896	812,176	\$681

Table 4. One-Year Change in Expenditures, Member Months, and Per Member Per Month by Eligibility Category

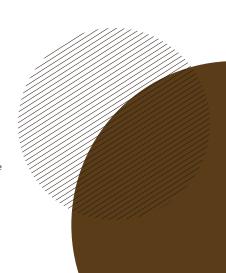
Eligibility Category	Expenditures ³	% Change from SFY 2020	Member Months	% Change from SFY 2020	РМРМ	% Change from SFY 2020
ABD EID	\$1,644,455	-3%	3,526	8%	\$466	-11%
ABD ID/DD/ABI	\$152,784,571	-1%	30,699	3%	\$4,977	-4%
ABD Institution	\$3,220,294	47%	213	36%	\$15,119	8%
ABD Long-Term Care	\$129,599,573	-11%	47,359	-2%	\$2,737	-10%
ABD SSI & SSI Related	\$56,862,739	5%	69,067	1%	\$823	5%
Adults	\$52,008,559	32%	9,8381	30%	\$529	2%
Children	\$129,705,581	5%	473,146	19%	\$274	-11%
Medicare Savings Programs	\$1,845,483	6%	53,373	11%	\$35	-5%
Non-Citizens with Medical Emergencies	\$707,522	29%	1,226	222%	\$577	-60%
Pregnant Women	\$22,398,886	5%	30,119	45%	\$744	-28%
Special Groups	\$2,294,233	21%	5,067	14%	\$453	6%
Overall	\$553,071,896	1%	812,176	16%	\$681	-13%

^{3.} Expenditures have been manually adjusted to account for appropriate CME expenditures for the following categories: ABD SSI and SSI Related, Children, and Pregnant Women

Table 5. Eligibility Subgroup Summary - SFY 2021

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Member Months	РМРМ
ABD EID	EID	10.5	\$1,644,455	3,526	\$467
	Comprehensive Waiver	11.8	\$123,756,353	22,379	\$4,453
ABD ID/DD/ABI	ICF-ID (WY Life Resource Center)	11.0	\$17,030,440	594	\$28,671
	Supports Waiver	11.4	\$11,997,778	7,726	\$2,393
ABD Institution	Hospital	3.7	\$3,220,273	213	\$14,993
	Community Choices Waiver	10.0	\$48,893,744	28,964	\$1,688
	Hospice	2.5	\$422,343	87	\$4,845
ABD Long-Term Care	Nursing Home	8.3	\$78,498,772	17,553	\$4,472
	PACE	5.4	\$1,784,714	755	\$2,364
ABD SSI	SSI & SSI-Related	10.5	\$56,862,739	69,067	\$816
	Family-Care Adults	9.7	\$51,567,611	97,168	\$276
Adults	Former Foster Care	9.4	\$440,949	1,213	\$531
	Care Management Entity (CME)4				
	Children	10.4	\$86,436,794	40,3715	\$214
Children	Childrens Mental Health Waiver	9.0	\$701,151	1,012	\$693
	Foster Care	9.4	\$17,291,323	33,761	\$512
	Newborn	7.8	\$25,276,314	34,658	\$729
M. I' C. '	Qualified Medicare Beneficiary	10.2	\$1,832,429	30,966	\$59
Medicare Savings Programs	Specified Low Income Medicare Beneficiary	10.0	\$13,055	22,407	\$1
Non-Citizens with Medical Emergencies	Non-Citizens	6.4	\$707,522	1226	\$577
Pregnant Women	Pregnant Women	7.7	\$22,398,886	30,119	\$744
Sanadal Carry	Breast and Cervical	8.9	\$2,294,127	738	\$3,109
Special Groups	Family Planning Waiver	6.8	\$106	75	\$1
Overall		10.4	\$553,071,896	812,176	\$681

4. Member months for Care Management Entity (CME) are based on the P07 wraparound eligibility program code which is assigned to a member in addition to their primary Medicaid program code. As such, the CME member months are not included in the total member months for all of Medicaid. Expenditures and PMPM have been adjusted for those Medicaid subgroups who have members also enrolled in the CME.





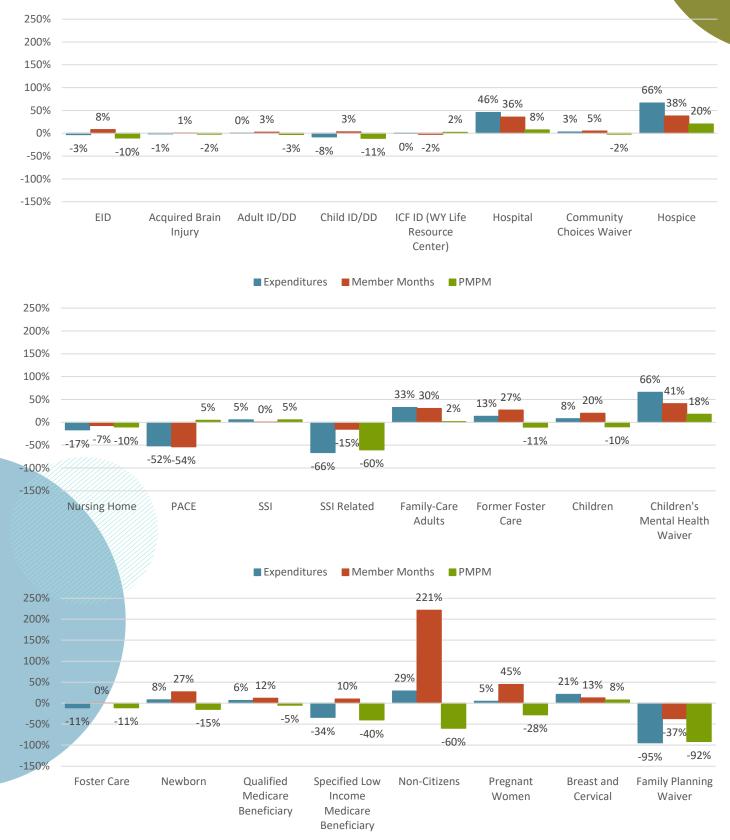


Figure 4. One-Year Change in Expenditures, Member Months, Per Member Per Month by Eligibility Subgroup

Table 6. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID						
EID	\$4,658,902	\$4,380,238	\$2,811,061	\$2,038,557	\$1,695,924	\$1,644,455
ABD ID/DD/ABI ⁵	¢ (/000//01	\$ 1,000,200	\$2,011,001	<i>42/000/00/</i>	<i><i><i>q ijojiz i</i></i></i>	\$ 170 1 17 100
Acquired Brain Injury	\$8,147,895	\$8,011,606	\$4,961,167			
Adult ID/DD	\$695	\$120	• .,,,			
Child ID/DD	\$39,661	¢120				
Comprehensive Waiver	\$114,971,528	\$108,170,281	\$109,350,754	\$126,950,836	\$127,077,976	\$123,756,353
ICF-IID (WY Life Resource Center)	\$18,935,852	\$19,173,268	\$13,613,841	\$12,985,188	\$17,038,857	\$17,030,440
Supports Waiver	\$5,408,032	\$8,233,031	\$9,452,672	\$9,606,278	\$10,276,418	\$11,997,778
ABD Institution	\$0,400,002	\$0,200,001	ψ <i>1,</i> 432,072	\$7,000,270	φ10,270,410	ψΠ,777,770
Hospital	\$4,118,852	\$2,349,813	\$2,850,073	\$879,871	\$2,189,584	\$3,220,273
ABD Long-Term Care	φ+,110,002	ψ <u>2</u> ,0 4 7,010	\$2,030,073	ψ0/ 7,0/ I	ψ2,107,504	ψ 0 ,220,270
Community Choices Waiver ⁶	\$36,921,757	\$38,546,435	\$40,442,652	\$44,617,436	\$47,507,781	\$48,893,744
Hospice	\$677,625	\$619,372	\$681,318	\$368,388	\$253,303	\$422,343
Nursing Home	\$86,946,980	\$89,249,239	\$88,245,514	\$87,178,360	\$94,184,437	\$78,498,772
PACE	\$2,893,443	\$3,426,553	\$3,515,171	\$3,885,399	\$3,689,689	\$1,784,714
ABD SSI	\$2,073,443	φ 3,420, 333	\$3,513,171	ψ0,000,077	\$3,007,007	φ1,/04,/14
SSI & SSI Related	¢ = 4 400 410	¢ E7 / 00 010	¢ 50, 221,005	¢ E / /70 000	¢ E 2 0 4 2 2 9 9	¢ E / 0 / 0 700
	\$54,623,413	\$57,689,219	\$52,331,905	\$56,672,888	\$53,942,388	\$56,862,739
Adults	¢ 40 EE1 04 0	¢ 40.040.007	¢ 42.040.502	¢ 40 924 4 49	¢20.07520	¢ E1 E / 7 / 11
Family-Care Adults	\$42,551,960	\$42,349,927	\$43,069,503	\$40,836,648	\$38,867,538	\$51,567,611
Former Foster Care Children	\$201,083	\$246,275	\$341,083	\$427,712	\$388,819	\$440,949
Care Management Entity (CME) ⁷	\$9,723,888	¢ 9 570 541	\$8,053,521	\$5,774,596	\$6,348,163	\$5,944,889
		\$8,579,561				
Children	\$89,562,321	\$86,993,561	\$88,178,235	\$84,889,254	\$80,078,281	\$86,436,794
Children's Mental Health Waiver ⁸	\$890,828	\$754,123	\$684,245	\$499,798	\$423,027	\$701,151
Foster Care	\$21,103,989	\$21,251,297	\$22,118,661	\$20,988,106	\$19,383,538	\$17,291,323
Newborn	\$26,578,363	\$24,997,341	\$31,977,754	\$25,034,502	\$23,227,107	\$25,276,314
Medicare Savings Programs Part B - Partial AMB	\$120	\$120				
			 ¢1 594 004	 ¢1 752 077	 ¢1 710 700	 ¢1 022 420
Qualified Medicare Beneficiary Specified Low Income Medicare	\$4,037,535	\$2,774,127	\$1,586,094	\$1,753,077	\$1,718,709	\$1,832,429
Beneficiary	\$27,903	\$21,453	\$17,549	\$18,409	\$19,795	\$13,055
Non-Citizens with Medical Emergencies						
Non-Citizens	\$1,209,282	\$963,898	\$830,693	\$827,777	\$548,077	\$707,522
Pregnant Women						
Pregnant Women	\$25,331,075	\$25,762,842	\$23,775,130	\$22,860,476	\$21,385,484	\$22,398,886
Special Groups						
Breast and Cervical	\$1,826,836	\$1,440,578	\$1,466,631	\$1,582,515	\$1,895,022	\$2,294,127
Family Planning Waiver	\$9,845	\$4,364	\$3,258	\$2,425	\$1,990	\$106
Tuberculosis	\$3,841	\$14				
Total	\$551,679,616	\$547,409,094	\$542,304,963	\$544,895,631	\$545,793,855	\$553,071,896

See page Table 6 footnotes.

Table 7. Member Month History by Eligibility Subgroup

ligibility Category / Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
BD EID						
EID	3,260	4,102	3,406	3,086	3,254	3,520
BD ID/DD/ABI		·				·
Acquired Brain Injury	1,885	1,772	2,190			
Adult ID/DD	5					
Child ID/DD	14					
Comprehensive Waiver	22,027	21,635	21,540	22,594	22,645	22,37
ICF-IID (WY Life Resource Center)	804	754	684	636	608	59
Supports Waiver	3,776	5,285	5,855	5,985	6,637	7,72
BD Institution						
Hospital	172	182	140	97	157	2
BD Long-Term Care						
Community Choices Waiver	20,433	22,408	24,202	26,091	27,582	28,96
Hospice	160	241	221	108	63	8
Nursing Home	18,664	19,999	19,961	19,302	18,864	17,55
PACE	1,153	1,447	1,572	1,613	1,632	75
BD SSI						
SSI & SSI Related	66,651	69,563	66,699	67,455	68,652	69,00
dults						
Family-Care Adults	82,433	91,821	85,988	76,445	74,542	97,16
Former Foster Care	525	770	889	1,015	956	1,2
hildren						
Care Management Entity (CME) ⁹	2,321	3,008	3,176	2,4384	2,448	2,60
Children	387,569	389,511	362,297	339,144	336,978	403,7
Children's Mental Health Waiver	622	737	830	712	719	1,0
Foster Care	34,349	34,281	32,962	32,653	33,688	33,7
Newborn	33,405	36,678	29,528	25,254	27,277	34,65
edicare Savings Programs						
Qualified Medicare Beneficiary	25,230	27,384	27,757	27,068	27,644	30,96
Specified Low Income Medicare Beneficiary	17,319	17,750	17,529	19,107	20,365	22,40
on-Citizens with Medical Emergenc						
Non-Citizens	552	663	376	362	381	1,22
regnant Women						
Pregnant Women	18,830	24,290	22,691	20,629	20,832	30,1
oecial Groups						
Breast and Cervical	936	867	717	607	656	73
Family Planning Waiver	734	410	259	180	119	-
Tuberculosis	11	1				

See page 13 for footnotes from Table 7.

Table 8. Per Member Per Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID						
EID	\$1,429	\$1,086	\$825	\$662	\$521	\$466
ABD ID/DD/ABI						
Acquired Brain Injury	\$4,322	\$4,521	\$4,406			
Adult ID/DD	\$139					
Child ID/DD	\$2,833					
Comprehensive Waiver	\$5,220	\$5,000	\$5,077	\$5,619	\$5,612	\$5,530
ICF-IID (WY Life Resource Center)	\$23,552	\$25,429	\$19,903	\$20,417	\$28,024	\$28,671
Supports Waiver	\$1,432	\$1,558	\$1,614	\$1,605	\$1,548	\$1,553
ABD Institution						
Hospital	\$23,947	\$12,911	\$20,358	\$9,071	\$13,946	\$15,119
ABD Long-Term Care						
Community Choices Waiver	\$1,807	\$1,720	\$1,671	\$1,710	\$1,722	\$1,688
Hospice	\$4,235	\$2,570	\$3,083	\$3,334	\$4,021	\$4,855
Nursing Home	\$4,659	\$4,463	\$4,421	\$4,517	\$4,993	\$4,472
PACE	\$2,509	\$2,368	\$2,236	\$2,409	\$2,261	\$2,364
ABD SSI						
SSI & SSI Related	\$820	\$829	\$785	\$840	\$786	\$823
Adults						
Family-Care Adults	\$516	\$461	\$501	\$534	\$521	\$531
Former Foster Care	\$383	\$320	\$384	\$421	\$407	\$364
Children						
Care Management Entity (CME) ¹⁰	\$4,079	\$2,823	\$2,479	\$2,340	\$2,446	\$2,252
Children	\$231	\$223	\$243	\$250	\$238	\$214
Children's Mental Health Waiver	\$1,432	\$1,023	\$824	\$702	\$588	\$693
Foster Care	\$614	\$620	\$671	\$643	\$575	\$512
Newborn	\$796	\$682	\$1,083	\$991	\$852	\$729
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$160	\$101	\$57	\$65	\$62	\$59
Specified Low Income Medicare Beneficiary	\$2	\$1	\$1	\$1	\$1	\$1
Non-Citizens with Medical Emergence	ies					
Non-Citizens	\$2,191	\$1,454	\$2,209	\$2,287	\$1,439	\$577
Pregnant Women						
Pregnant Women	\$1,345	\$1,061	\$1,048	\$1,108	\$1,027	\$744
Special Groups						
Breast and Cervical	\$1,952	\$1,662	\$2,046	\$2,607	\$2,889	\$3,109
Family Planning Waiver	\$13	\$11	\$13	\$13	\$17	\$1
Tuberculosis	\$349	\$14				
Total	\$744	\$709	\$746	\$790	\$786	\$681

See page 13 for footnotes from Table 8.

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 policy. Long-term care benefits are rarely covered by private or employer-sponsored insurance plans.

 Ambulatory Surgery Center Behavioral Health Care Management Entity Clinic/Center DME and Prosthetics, Federall Centers Federall Hospica Laborat Physicia 		Facility (PRTF) Public Health ar Public Health, F Rural Health Cli	ederal
LONG-TERM CARE Home Health Nursing Facility ICF-IID PACE 	DENTAL	VISION	OTHER

Table 9. Per Member Per Month History by Service Category

Service Category	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Medical	\$403.57	\$374.98	\$397.53	\$4043.73	\$384.19	\$358.23
Long-Term Care	\$311.85	\$306.78	\$322.59	\$359.75	\$378.15	\$303.10
Dental	\$20.73	\$18.02	\$16.19	\$16.15	\$14.36	\$14.50.
Vision	\$4.93	\$4.92	\$4.79	\$4.97	\$4.27	\$4.28
Other	\$1.27	\$1.23	\$1.33	\$1.39	\$1.05	\$0.84
Total	\$744	\$709	\$746	\$790	\$786	\$681

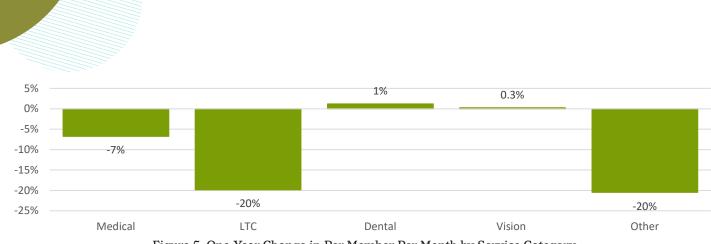


Figure 5. One-Year Change in Per Member Per Month by Service Category

Table 6 (p. 9)

^{5.} During SFY 2015, the ABD ID/DD/ABI subgroup of programs was changed. The Acquired Brain Injury and Adult and Child ID/DD waivers were discontinued and the program codes associated with these waivers were moved into the Comprehensive and Supports waivers. There is no one-to-one crosswalk as three waivers transitioned into two.

^{6.} SFY 2016 includes the expenditures for both the Assisted Living Facility Waiver and Long-Term Care Waiver, now covered under the new Community Choices waiver.

^{7.} SFY 2016 through SFY 2021 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 totaling across all populations will not equal the total Medicaid expenditures.

^{8.} 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 7 (p. 10)

^{9.} 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 8 (p. 11)

^{10.} PMPM shown for CME is calculated using expenditures for all services incurred for children while enrolled in the program.

DETAILED SERVICE AREAS

Table 10. Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$4.87	\$4.25	\$4.13	\$4.55	\$4.44	\$4.11
Ambulatory Surgical Center	\$7.73	\$5.28	\$5.15	\$5.01	\$4.57	\$5.11
Behavioral Health	\$47.40	\$38.30	\$35.52	\$33.29	\$30.68	\$24.29
Care Management Entity (CME)	\$4,078.61	\$2,823.18	\$2,479.40	\$2,339.99	\$2,446.33	\$2,251.50
Clinic/Center	\$1.77	\$1.70	\$1.27	\$1.15	\$0.58	\$0.93
Dental	\$20.73	\$18.02	\$16.19	\$16.15	\$14.36	\$14.53
DME, Prosthetics/Orthotics/ Supplies	\$11.62	\$10.79	\$11.40	\$13.02	\$13.60	\$12.11
End-Stage Renal Disease	\$1.36	\$1.45	\$1.34	\$1.56	\$2.24	\$2.69
Federally Qualified Health Center	\$8.07	\$7.73	\$8.37	\$8.27	\$9.48	\$8.54
Home Health	\$13.18	\$13.15	\$3.20	\$0.87	\$1.46	\$1.20
Hospice	\$1.30	\$1.65	\$1.85	\$1.71	\$1.60	\$1.70
Hospital Total	\$141.76	\$124.93	\$136.19	\$135.40	\$127.38	\$119.30
Inpatient	\$102.78	\$91.31	\$101.71	\$98.96	\$94.14	\$85.93
Outpatient	\$39.37	\$33.85	\$34.59	\$36.55	\$33.21	\$33.35
Other Hospital	(\$0.38)	(\$0.23)	(\$0.11)	(\$0.11)	\$0.03	\$0.02
Intermediate Care Facility-IID	\$25.28	\$24.54	\$18.58	\$18.62	\$24.00	\$20.78
Laboratory	\$1.74	\$1.17	\$1.21	\$1.01	\$0.60	\$0.98
Nursing Facility	\$110.57	\$109.64	\$116.34	\$119.98	\$129.29	\$91.96
Other	\$1.27	\$1.23	\$1.33	\$1.39	\$1.05	\$0.84
PACE	\$3.87	\$4.41	\$4.79	\$5.60	\$5.25	\$2.19
Physician & Other Practitioner	\$79.36	\$75.32	\$74.28	\$72.87	\$67.10	\$62.25
Prescription Drug	\$65.20	\$65.27	\$79.85	\$88.84	\$87.06	\$82.58
PRTF	\$15.49	\$16.26	\$16.81	\$13.96	\$10.74	\$9.06
Public Health or Welfare	\$1.01	\$0.77	\$0.77	\$0.93	\$0.92	\$0.74
Public Health, Federal	\$11.86	\$18.20	\$16.66	\$19.01	\$19.36	\$20.40
Rural Health Clinic	\$2.00	\$1.90	\$2.72	\$3.15	\$3.52	\$3.43
Vision	\$4.93	\$4.92	\$5.03	\$4.97	\$4.27	\$4.28
Waiver Total	\$158.97	\$155.04	\$179.67	\$214.68	\$218.14	\$186.96
Acquired Brain Injury	\$9.01	\$8.90	\$6.17			
Adult ID/DD						
Child ID/DD	\$0.02					
Children's Mental Health						
Community Choices	\$26.91	\$27.39	\$35.16	\$40.79	\$43.59	\$39.47
Comprehensive	\$119.08	\$112.93	\$130.32	\$164.51	\$164.55	\$137.67
Supports	\$3.94	\$5.82	\$8.03	\$9.39	\$10.00	\$9.82
Total	\$744	\$709	\$746	\$790	\$786	\$681

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 Drugs.

Eligibility Category	Eligibility Subgroup	Behavioral Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD EID	EID	\$18.87	\$133.97		\$154.34	\$79.69
	Comprehensive Waiver	\$29.10	\$87.32	\$0.01	\$90.06	\$197.38
ABD ID/DD/ABI	ICF-IID		\$128.15		\$50.83	
	Supports Waiver	\$70.76	\$65.04		\$133.02	\$146.24
ABD Institution	Hospital	\$1.61	\$13,392.90		\$1,268.36	\$44.01
	Community Choices Waiver	\$16.71	\$165.68	\$4.34	\$90.34	\$153.01
	Hospice		\$1506.00		\$121.59	\$7.57
ABD Long-Term Care	Nursing Home	\$4.18	\$74.59	\$4,246.89	\$27.00	\$31.13
	PACE	\$1.12			\$0.21	
ABD SSI	SSI & SSI Related	\$34.70	\$327.97	\$0.10	\$149.54	\$393.06
	Family-Care Adults	\$17.68	\$165.15	\$0.06	\$92.98	\$157.73
Adults	Former Foster Care	\$30.98	\$118.24		\$84.05	\$51.83
	Care Management Entity (CME)	\$318.44	\$169.10		\$71.06	\$171.78
	Children	\$22.04	\$42.61		\$32.50	\$40.01
Children	Children's Mental Health Waiver	\$190.91	\$137.66		\$50.05	\$95.70
	Foster Care	\$128.20	\$76.95		\$47.41	\$65.25
	Newborn	\$0.15	\$509.39		\$125.79	\$19.38
	Qualified Medicare Beneficiary	\$1.35	\$17.64	\$0.13	\$25.37	\$0.01
Medicare Savings Programs	Specified Low Income Medicare Beneficiary	\$0.02				
Non-Citizens with Medical Emergencies	Non-Citizens		\$484.54		\$83.76	
Pregnant Women	Pregnant Women	\$9.75	\$367.73		\$201.24	\$51.71
Second Comme	Breast and Cervical	\$19.74	\$1,018.46		\$1,592.67	\$372.98
Special Groups	Family Planning Waiver				\$0.03	\$1.38
Overall		\$24.29	\$119.30	\$91.96	\$62.25	\$82.58

Table 11. Select Services Summary by Eligibility Subgroup - SFY 2021



BEHAVIORAL HEALTH

Policy changes instituting medical review and pre-authorization after twenty visits for adults have helped address the past increase in Behavioral Health PMPM.

Table 12 Behavioral Health	Per Member Per Month	History by Eligibility Subgroup
	I FEI FIEIIDEI FEI FIOIIUI	instory by Englointy Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID	EID	\$48.68	\$43.90	\$50.62	\$25.55	\$22.81	\$18.87
	Acquired Brain Injury	\$227.54	\$105.74	\$46.68			
	Adult ID/DD						
ABD ID/DD/ABI	Child ID/DD	\$243.84					
ADD ID/DD/ABI	Comprehensive Waiver	\$285.88	\$131.04	\$47.20	\$34.80	\$32.08	\$29.10
	ICF-IID	\$2.62			\$0.26		
	Supports Waiver	\$163.14	\$94.93	\$44.91	\$47.27	\$40.93	\$70.76
ABD Institution	Hospital	\$5.76	\$11.35	\$14.51	\$13.82	\$0.02	\$1.61
	Community Choices Waiver	\$51.33	\$42.74	\$28.17	\$18.50	\$17.41	\$16.71
ABD Long-Term Care	Hospice	\$0.06		\$10.29	\$0.74		
U U	Nursing Home	\$15.23	\$12.65	\$8.09	\$5.97	\$5.67	\$4.18
	PACE	\$0.15		\$0.76	\$0.52	\$0.72	\$1.12
ABD SSI	SSI & SSI Related	\$98.91	\$83.00	\$54.52	\$48.62	\$39.23	\$34.70
٥	Family-Care Adults	\$34.63	\$32.99	\$24.79	\$21.23	\$19.09	\$17.68
Adults	Former Foster Care	\$79.80	\$32.92	\$46.54	\$36.80	\$40.62	\$30.98
	Care Management Entity (CME)	\$603.35	\$522.36	\$471.82	\$464.97	\$397.61	\$318.44
	Children	\$29.55	\$28.48	\$30.97	\$30.53	\$28.73	\$22.04
Children	Children's Mental Health Waiver	\$397.70	\$185.17	\$216.35	\$182.23	\$158.45	\$190.91
	Foster Care	\$192.49	\$174.12	\$195.03	\$186.81	\$166.80	\$128.20
	Newborn	\$0.53	\$0.81	\$0.76	\$0.86	\$0.86	\$0.15
Medicare Savings	Qualified Medicare Beneficiary	\$2.96	\$2.54	\$1.76	\$1.87	\$1.59	\$1.35
Programs	Specified Low Income Medicare Beneficiary	\$0.01	\$0.04	\$0.02	\$0.01	\$0.04	\$0.02
Non-Citizens with Medical Emergencies	Non-Citizens						
Pregnant Women	Pregnant Women	\$21.11	\$11.76	\$11.70	\$9.80	\$11.48	\$9.75
	Breast and Cervical	\$18.74	\$18.54	\$14.12	\$26.09	\$13.32	\$19.74
Special Groups	Family Planning Waiver						
	Tuberculosis						
Overall		\$47.40	\$38.30	\$35.52	\$33.29	\$30.68	\$24.29

HOSPITAL

Table 13, Hospital Per Member Per Month History by Eligibility Subgroup

Table 13. Hospital Per Member Per Month History by Eligibility Subgroup								
Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	
ABD EID	EID	\$574.82	\$404.18	\$233.80	\$235.70	\$173.97	\$133.97	
	Acquired Brain Injury	\$139.87	\$108.11	\$70.96				
	Adult ID/DD	\$59.88						
ABD ID/DD/ABI	Child ID/DD	\$247.52						
ADD ID/DD/ADI	Comprehensive Waiver	\$139.02	\$106.28	\$91.14	\$103.74	\$81.69	\$87.32	
	ICF-IID	\$73.52	\$102.45	\$16.61	\$32.47	\$78.11	\$128.15	
	Supports Waiver	\$65.16	\$108.92	\$119.81	\$83.20	\$93.15	\$65.04	
ABD Institution	Hospital	\$20,738.89	\$10,681.59	\$17,665.10	\$7,081.42	\$12,329.08	\$13,392.90	
	Community Choices Waiver	\$213.02	\$190.69	\$178.64	\$211.68	\$190.95	\$165.68	
ABD Long-Term Care	Hospice	\$434.92	\$231.12	\$114.10	\$99.14	\$689.36	\$1506.00	
	Nursing Home	\$115.30	\$86.34	\$35.80	\$71.91	\$68.87	\$74.59	
	PACE							
ABD SSI	SSI & SSI Related	\$587.97	\$370.29	\$243.31	\$336.14	\$543.13	\$327.97	
A -llt	Family-Care Adults	\$175.98	\$139.99	\$154.91	\$179.33	\$166.47	\$165.15	
Adults	Former Foster Care	\$109.81	\$93.53	\$113.19	\$151.74	\$118.89	\$118.24	
	Care Management Entity (CME)	\$158.35	\$155.03	\$123.12	\$149.34	\$154.13	\$169.87	
	Children	\$48.68	\$43.32	\$50.73	\$50.82	\$47.68	\$42.61	
Children	Children's Mental Health Waiver	\$172.37	\$188.87	\$94.09	\$55.43	\$80.35	\$137.66	
	Foster Care	\$71.63	\$82.42	\$84.26	\$89.89	\$87.97	\$76.95	
	Newborn	\$543.92	\$462.55	\$824.51	\$681.66	\$589.30	\$509.39	
Medicare Savings	Qualified Medicare Beneficiary	\$86.00	\$47.15	\$14.41	\$17.27	\$17.08	\$17.64	
Programs	Specified Low Income Medicare Beneficiary							
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,804.97	\$1,164.75	\$1,876.67	\$1,908.63	\$1,123.27	\$484.54	
Pregnant Women	Pregnant Women	\$720.21	\$576.38	\$544.57	\$578.52	\$530.62	\$367.73	
	Breast and Cervical	\$898.58	\$579.55	\$808.25	\$951.15	\$1,213.16	\$1,018.46	
Special Groups	Family Planning Waiver	\$0.01						
	Tuberculosis	\$167.16						
Overall		\$141.76	\$124.93	\$136.19	\$135.40	\$127.38	\$119.30	
\$13,393 \$485	\$368 \$261	\$165 \$	148 \$13	34 \$13	2 \$8:	3 \$79	\$10	
ABD Non-Citizens Institution with Medical Emergencies	Pregnant ABD SSI & SSI Women Related		ecial ABD oups	EID ABD Lo Term (n Medical Saving Progran	

Figure 6. Hospital Per Member Per Month by Eligibility Subgroup - SFY 2021 17

Table 14. Emergency Room Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID	EID	\$44.91	\$29.20	\$19.64	\$19.04	\$20.56	\$11.64
	Acquired Brain Injury	\$26.60	\$15.38	\$ 9.13			
	Adult ID/DD	\$72.51					
	Child ID/DD						
ABD ID/DD/ABI	Comprehensive Waiver	\$12.12	\$10.76	\$9.42	\$10.24	\$8.72	\$7.81
	ICF-IID	\$20.73	\$18.12	\$8.41	\$16.40	\$16.77	\$15.66
	Supports Waiver	\$9.31	\$9.02	\$9.44	\$12.33	\$11.32	\$8.32
ABD Institution	Hospital	\$83.94	\$33.96	\$37.86	\$39.32	\$50.71	\$42.14
	Community Choices Waiver	\$35.77	\$27.21	\$21.22	\$20.72	\$18.63	\$15.78
ABD Long-Term Care	Hospice	\$13.43	\$6.84	\$0.32	\$0.32	\$25.77	\$29.83
Ŭ	Nursing Home	\$13.47	\$8.72	\$4.54	\$4.35	\$4.98	\$3.88
	PACE	\$0.42		\$0.02			
ABD SSI	SSI & SSI-Related	\$94.07	\$51.71	\$34.36	\$51.88	\$86.53	\$36.16
Adults	Family-Care Adults	\$45.38	\$38.02	\$38.37	\$41.31	\$36.61	\$31.94
	Former Foster Care	\$73.06	\$45.86	\$62.82	\$47.44	\$37.13	\$37.67
	Children	\$12.02	\$11.55	\$12.49	\$12.51	\$11.08	\$8.87
Children	Children's Mental Health Waiver	\$52.46	\$12.02	\$8.97	\$13.65	\$11.09	\$8.54
	Foster Care	\$12.02	\$11.14	\$11.92	\$13.21	\$12.24	\$11.66
	Newborn	\$21.67	\$19.80	\$24.15	\$23.78	\$18.72	\$13.24
Medicare Savings	Qualified Medicare Beneficiary	\$19.35	\$11.25	\$4.60	\$4.87	\$4.66	\$3.89
Programs	Specified Low Income Medicare Beneficiary						
Non-Citizens with Medical Emergencies	Non-Citizens	\$103.70	\$48.76	\$53.71	\$65.69	\$16.10	\$13.43
Pregnant Women	Pregnant Women	\$43.63	\$33.93	\$35.54	\$38.51	\$33.53	\$24.87
	Breast and Cervical	\$43.05	\$34.93	\$34.90	\$31.52	\$95.01	\$29.81
Special Groups	Family Planning Waiver						
	Tuberculosis	\$161.44					
Overall		\$20.42	\$18.03	\$17.93	\$18.45	\$16.48	\$13.97



Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID	EID	\$395.08	\$267.39	\$162.76	\$102.35	\$95.81	\$83.87
	Acquired Brain Injury	\$79.33	\$76.71	\$57.34			
	Adult ID/DD						
	Child ID/DD	\$111.55					
ABD ID/DD/ABI	Comprehensive Waiver	\$94.52	\$64.41	\$61.27	\$74.23	\$52.14	\$61.90
	ICF-IID	\$36.62	\$72.32	\$9.54	\$15.44	\$54.08	\$114.69
	Supports Waiver	\$33.32	\$74.11	\$97.31	\$43.57	\$58.67	\$30.47
ABD Institution	Hospital	\$20,937.43	\$10,593.27	\$17,554.58	\$7,683.18	\$11,782.10	\$13,244.09
	Community Choices Waiver	\$114.38	\$125.74	\$117.64	\$145.79	\$142.51	\$108.93
ABD Long-Term Care	Hospice	\$626.96	\$214.63	\$113.21	\$89.68	\$657.71	\$1,442.69
	Nursing Home	\$80.31	\$66.06	\$25.15	\$59.64	\$51.68	\$56.60
	PACE						
ABD SSI	SSI & SSI Related	\$433.26	\$275.36	\$170.47	\$228.23	\$366.85	\$234.46
Adults	Family-Care Adults	\$99.10	\$74.13	\$78.07	\$91.30	\$91.90	\$89.94
	Former Foster Care	\$21.09	\$41.26	\$58.93	\$94.55	\$64.60	\$66.86
Adults	Care Management Entity (CME)	\$121.06	\$123.93	\$98.43	\$112.69	\$121.01	\$130.93
	Children	\$29.52	\$25.49	\$31.43	\$31.21	\$29.00	\$24.93
Children	Children's Mental Health Waiver	\$120.48	\$169.24	\$84.68	\$39.14	\$65.88	\$99.62
	Foster Care	\$52.34	\$63.02	\$61.72	\$66.50	\$66.23	\$51.30
	Newborn	\$514.44	\$436.89	\$793.32	\$651.20	\$576.00	\$481.22
Medicare Savings	Qualified Medicare Beneficiary	\$26.29	\$15.05	\$5.85	\$5.97	\$4.68	\$3.71
Programs	Specified Low Income Medicare Beneficiary						
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,712.72	\$1,123.50	\$1,825.26	\$1,836.73	\$1,110.55	\$472.20
Pregnant Women	Pregnant Women	\$628.38	\$511.37	\$462.85	\$496.26	\$455.63	\$313.86
	Breast and Cervical	\$396.59	\$163.97	\$256.75	\$113.16	\$326.37	\$363.25
Special Groups	Family Planning Waiver						
	Tuberculosis						
Overall		\$102.82	\$91.31	\$101.86	\$98.98	\$94.38	\$85.64

Table 15. Inpatient Per Member Per Month History by Eligibility Subgroup



Figure 8. Inpatient Per Member Per Month by Eligibility Subgroup - SFY 2021 19

NURSING FACILITY

Table 16. Nursing Facility Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID	EID	\$0.10	\$0.20				
	Acquired Brain Injury	\$11.23	\$4.62	\$0.35			
	Adult ID/DD						
	Child ID/DD						
ABD ID/DD/ABI	Comprehensive Waiver	\$0.94	\$1.10	\$0.02	\$0.17	\$0.12	\$0.01
	ICF-IID						
	Supports Waiver	-\$2.05-	\$1.13			\$0.03	
ABD Institution	Hospital	\$68.78	\$417.69	\$19.14	\$201.28	\$6.15	
	Community Choices Waiver	\$14.07	\$7.76	\$1.95	\$4.05	\$4.94	\$4.34
	Hospice	\$7.08	(\$1.44)	\$2.33			
ABD Long-Term Care	Nursing Home	\$4,373.26	\$4,224.87	\$4,253.38	\$4,297.91	\$4,775.31	\$42.46.89
	PACE						
ABD SSI	SSI & SSI Related	\$15.04	\$2.91	\$0.01	\$1.33	\$0.11	\$0.10
Adults	Family-Care Adults					\$0.02	\$0.06
Aduits	Former Foster Care					 7 \$0.12 7 \$0.03 3 \$6.15 5 \$4.94 1 \$4,775.31 3 \$0.02 3 \$0.02 4 \$0.02 5 \$1,4,775 5 \$1,4,	
	Care Management Entity (CME)						
	Children						
Children	Children's Mental Health Waiver						
	Foster Care						
	Newborn						
Medicare Savings	Qualified Medicare Beneficiary	\$2.65	\$1.27	\$0.04	\$0.12	\$0.20	\$0.13
Programs	Specified Low Income Medicare Beneficiary	\$0.03					
Non-Citizens with Medical Emergencies	Non-Citizens						
Pregnant Women	Pregnant Women						
	Breast and Cervical						
Special Groups	Family Planning Waiver						
	Tuberculosis						
Overall		\$110.57	\$109.64	\$116.34	\$119.98	\$129.29	\$91.96

PHYSICIAN AND OTHER PRACTITIONER

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
ABD EID	EID	\$392.96	\$205.99	\$237.49	\$133.15	\$132.42	\$154.34
	Acquired Brain Injury	\$73.88	\$64.32	\$68.71			
ABD ID/DD/ABI	Adult ID/DD	\$33.08					
	Child ID/DD	\$656.36					
	Comprehensive Waiver	\$177.85	\$156.14	\$119.13	\$101.48	\$94.24	\$90.06
	ICF-IID	\$36.76	\$53.09	\$31.03	\$35.85	\$41.53	\$50.83
	Supports Waiver	\$186.83	\$254.81	\$197.20	\$154.67	\$132.87	\$133.02
ABD Institution	Hospital	\$2,417.09	\$1,281.59	\$2,158.30	\$1,333.18	\$1,350.89	\$1,268.36
	Community Choices Waiver	\$93.57	\$104.92	\$106.86	\$96.77	\$96.98	\$90.34
ABD Long-Term Care	Hospice	\$15.52	\$41.31	\$39.76	\$19.90	\$121.90	\$121.59
ADD Long-term Care	Nursing Home	\$38.76	\$40.07	\$29.78	\$34.47	\$31.34	\$27.00
	PACE	\$2.65	\$0.89	\$0.29	\$0.04		\$0.21
ABD SSI	SSI & SSI Related	\$188.82	\$184.56	\$169.59	\$177.92	\$247.85	\$149.54
Adulta	Family-Care Adults	\$113.58	\$93.86	\$97.94	\$97.95	\$93.56	\$92.98
Adults	Former Foster Care	\$90.64	\$85.87	\$84.68	\$117.15	\$76.74	\$84.05
	Care Management Entity (CME)	\$84.50	\$80.50	\$56.39	\$63.21	\$73.74	\$71.43
	Children	\$41.60	\$41.41	\$41.41	\$41.41	\$36.53	\$32.50
Children	Children's Mental Health Waiver	\$105.34	\$66.66	\$32.56	\$31.15	\$39.63	\$50.05
	Foster Care	\$51.12	\$54.22	\$53.94	\$54.65	\$46.67	\$47.41
	Newborn	\$161.66	\$138.83	\$157.27	\$180.97	\$147.98	\$125.79
Medicare Savings	Qualified Medicare Beneficiary	\$42.53	\$32.78	\$28.61	\$30.06	\$29.24	\$25.37
Programs	Specified Low Income Medicare Beneficiary						
Non-Citizens with Medical Emergencies	Non-Citizens	\$364.13	\$283.45	\$282.09	\$337.83	\$285.85	\$83.76
Pregnant Women	Pregnant Women	\$420.14	\$312.72	\$318.39	\$322.26	\$304.64	\$201.24
	Breast and Cervical	\$517.87	\$576.99	\$660.45	\$1,003.35	\$1,149.94	\$1,592.67
Special Groups	Family Planning Waiver	\$4.90	\$6.11	\$4.76	\$5.69	\$2.56	\$0.03
	Tuberculosis	\$49.61					
Overall		\$79.36	\$75.32	\$74.28	\$72.87	\$67.10	\$62.25

Table 17. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup



PRESCRIPTION DRUG

Table 18. Physician & Other Practitioner Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018		SFY 2020	
ABD EID	EID	\$229.96	\$269.53	\$224.03	\$202.81	\$123.22	\$79.69
	Acquired Brain Injury	\$87.67	\$117.21	\$122.30			-
	Adult ID/DD	\$16.55					-
ABD ID/DD/ABI	Child ID/DD	\$266.40					-
	Comprehensive Waiver	\$228.64	\$232.17	\$218.33	\$205.75	\$198.99	\$197.38
	ICF-IID	\$0.37	\$0.50	\$0.02			-
	Supports Waiver	\$142.28	\$135.64	\$146.12	\$136.35	\$144.50	\$146.24
ABD Institution	Hospital	\$143.35	\$93.41	\$67.63	\$268.36	\$18.82	\$44.0
	Community Choices Waiver	\$130.87	\$117.75	\$147.80	\$149.63	\$158.52	\$153.0
	Hospice	\$6.13	\$5.17		\$1.93		\$7.5
ABD Long-Term Care	Nursing Home	\$34.64	\$29.25	\$35.36	\$42.11	\$35.98	\$31.13
	PACE						-
ABD SSI	SSI & SSI Related	\$1,049.32	\$370.40	\$314.54	\$442.88	\$457.34	\$393.0
	Family-Care Adults	\$94.00	\$92.66	\$136.05	\$151.61	\$152.80	\$157.73
Adults	Former Foster Care	\$53.31	\$44.11	\$69.61	\$58.04	\$87.49	\$51.83
	Care Management Entity (CME)	\$205.02	\$147.51	\$117.07	\$127.03	\$136.96	\$171.08
	Children	\$31.95	\$31.68	\$38.22	\$41.67	\$44.40	\$40.0
Children	Children's Mental Health Waiver	\$289.72	\$128.73	\$90.19	\$83.60	\$112.01	\$95.7
	Foster Care	\$75.82	\$62.52	\$76.76	\$70.92	\$68.74	\$65.2
	Newborn	\$24.86	\$21.78	\$24.39	\$35.87	\$24.07	\$19.3
Medicare Savings	Qualified Medicare Beneficiary						\$0.0
Programs	Specified Low Income Medicare Beneficiary						
Non-Citizens with Medical Emergencies	Non-Citizens						
Pregnant Women	Pregnant Women	\$36.67	\$35.01	\$53.52	\$61.67	\$49.98	\$51.7
	Breast and Cervical	\$366.36	\$347.17	\$438.21	\$516.33	\$439.88	\$372.9
Special Groups	Family Planning Waiver	\$7.57	\$4.07	\$5.73	\$2.30	\$14.16	\$1.3
	Tuberculosis	\$23.28	\$13.65				
Overall		\$65.20	\$65.27	\$79.85	\$88.84	\$87.06	\$82.5

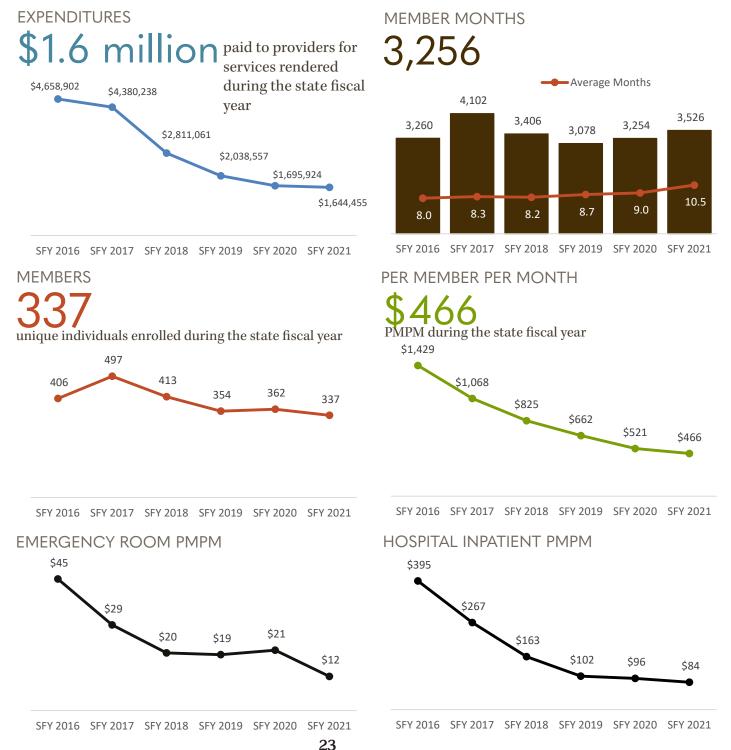
POPULATION DETAIL

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



PMPM FOR TOP SERVICE AREAS



Table 19. Employed Individuals with Disabilities Per Member Per Month Summary by Subgroup

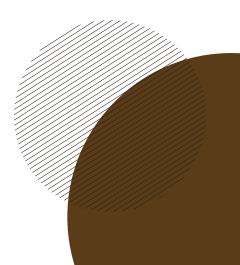
Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
EID	\$1,644,455	-3	3,526	8	\$466	-11

Table 20. Employed Individuals with Disabilities History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
ABD EID	EID	\$4,658,902	\$4,380,238	\$2,811,061	\$2,038,557	\$1,695,924	\$1,644,455	-65
Member Months								
ABD EID	EID	3,260	4,102	3,406	3,078	3,254	3,526	8
Per Member Per M	onth							
ABD EID	EID	\$1,429	\$1,068	\$825	\$662	\$521	\$466	-67

Table 21. Employed Individuals with Disabilities Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$12.47	\$9.56	\$10.86	\$1.56	\$3.12	\$9.85
Ambulatory Surgical Center	\$5.31	\$6.21	\$4.21	\$1.55	\$3.20	\$2.46
Behavioral Health	\$48.86	\$43.90	\$50.62	\$25.55	\$22.81	\$18.87
Dental	\$26.48	\$21.37	\$7.10	\$5.56	\$6.17	\$5.89
DME, Prosthetics/Orthotics/Supplies	\$76.29	\$54.77	\$31.10	\$28.37	\$26.62	\$42.88
End-Stage Renal Disease	\$11.96	\$9.08	\$1.13	\$3.77	\$3.96	\$0.85
Federally Qualified Health Center	\$17.64	\$11.47	\$8.68	\$11.75	\$12.37	\$10.95
Home Health	\$9.50	\$22.39	\$4.17	\$0.77	\$1.58	\$0.71
Hospice	\$7.76	\$2.01	\$3.30	\$1.51	\$4.85	-
Hospital Total	\$574.82	\$404.18	\$233.80	\$235.70	\$173.97	\$133.97
Inpatient	\$395.08	\$267.39	\$165.79	\$98.99	\$95.81	\$83.87
Outpatient	\$180.31	\$137.08	\$81.14	\$136.64	\$78.01	\$50.08
Other Hospital	\$(0.57)	\$(0.29)	\$(13.13)	\$0.06	\$0.15	\$0.01
Laboratory	\$4.95	\$1.55	\$0.95	\$0.59	\$0.66	\$0.55
Nursing Facility	\$0.10	\$0.20	-	-		-
Other	\$1.14	\$1.27	\$1.42	\$2.09	\$1.28	\$0.71
Physician & Other Practitioner	\$392.96	\$205.99	\$237.49	\$133.15	\$132.42	\$154.34
Prescription Drug	\$229.96	\$269.53	\$224.03	\$202.81	\$123.22	\$79.69
Public Health or Welfare	\$0.87	\$0.77	\$0.66	\$0.35	\$0.39	\$0.39
Public Health, Federal	\$3.61	\$0.10	\$0.41	\$1.83	\$0.73	\$0.58
Rural Health Clinic	\$2.21	\$1.86	\$3.81	\$4.39	\$2.24	\$2.65
Vision	\$2.22	\$1.62	\$1.59	\$1.01	\$1.57	\$1.05
Total	\$1,429	\$1,068	\$825	\$662	\$521	\$466



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

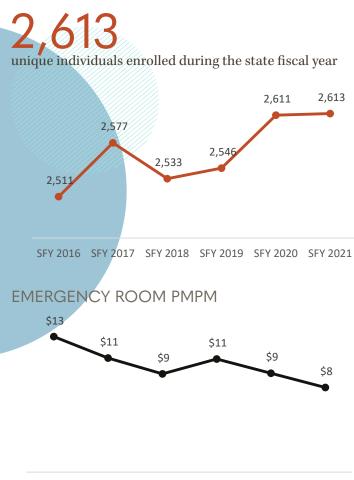
EXPENDITURES

paid to providers for services rendered during the state fiscal year



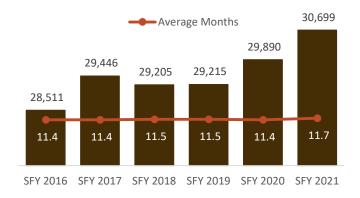
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS **30,699**



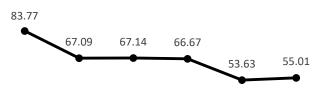
PER MEMBER PER MONTH

\$4,977 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

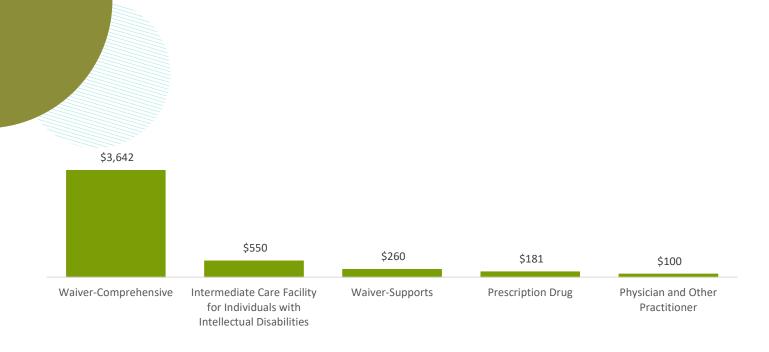


Table 22. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Comprehensive Waiver	\$123,756,353	-3	22,379	-1	\$5,530	-1
ICF-ID	\$17,030,440	-1	594	-2	\$28,671	13
Supports Waiver	\$11,997,778	-1	7,726	28	\$1,553	0.3

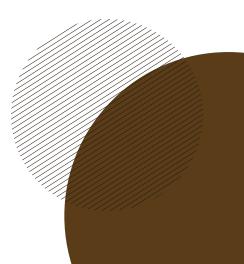


Table 23. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditure	s							
ABD ID/	ABI Waiver	\$8,147,895	\$4,380,238	\$4,961,167				
DD/ABI	Adult ID/DD Waiver	\$695	\$8,011,606					
	Child ID/DD Waiver	\$39,661						
	Comprehensive Waiver	\$114,971,528	\$108,170,281	\$109,350,754	\$126,950,836	\$127,077,976	\$123,756,353	14
	ICF-ID	\$18,935,852	\$19,173,268	\$13,613,841	\$12,985,188	\$17,038,857	\$17,030,440	-11
	Supports Waiver	\$5,408,032	\$8,233,031	\$9,452,672	\$9,606,278	\$10,276,418	\$11,997,778	46
Member Me	onths							
ABD ID/	ABI Waiver	1885	4,102	1.126				
DD/ABI	Adult ID/DD Waiver	5	1,772					
	Child ID/DD Waiver	14						
	Comprehensive Waiver	22,027	21,635	21,540	22,594	22,645	22,379	3
	ICF-ID	804	754	684	636	608	594	-21
	Supports Waiver	3,776	5,285	5,855	5,985	6,637	7,726	46
Per Membe	r Per Month							
ABD ID/	ABI Waiver	\$4,322	\$1,068	\$4,406				
DD/ABI	Adult ID/DD Waiver	\$139	\$4,521					
	Child ID/DD Waiver	\$2,833						
	Comprehensive Waiver	\$5,220	\$5,000	\$5,077	\$5,619	\$5,612	\$5,530	11
	ICF-ID	\$23,552	\$25,429	\$19,903	\$20,417	\$28,024	\$28,671	13
	Supports Waiver	\$1,432	\$1,558	\$1,614	\$1,605	\$1,548	\$1,553	-0.3

Table 24. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Waiver-Only	v Services							
ABD ID/	ABI Waiver	\$3,556.76	\$3,894.35	\$3,982.20				
DD/ABI	Adult ID/DD Waiver							
	Child ID/DD Waiver	\$1,180.84						
	Comprehensive Waiver	\$4,023.00	\$4,047.51	\$4,417.83	\$5,047.63	\$5,071.62	\$4,996.32	24
	ICF-ID							
	Supports Waiver	\$777.43	\$854.04	\$1,001.00	\$1,087.21	\$1,051.39	\$1,032.20	33
Non-Waiver	Services							
ABD ID/	ABI Waiver	\$765.73	\$626.88	\$407.81				
DD/ABI	Adult ID/DD Waiver	\$139.08						
	Child ID/DD Waiver	\$1,652.12						
	Comprehensive Waiver	\$1,196.58	\$626.88	\$658.81	\$571.15	\$538.28	\$553.70	-54
	ICF-ID	\$23,552.05	\$25,428.74	\$19,903.28	\$20,416.96	\$28,007.02	\$28,670.77	22
	Supports Waiver	\$654.78	\$703.77	\$613.46	\$517.85	\$493.17	\$520.71	-20

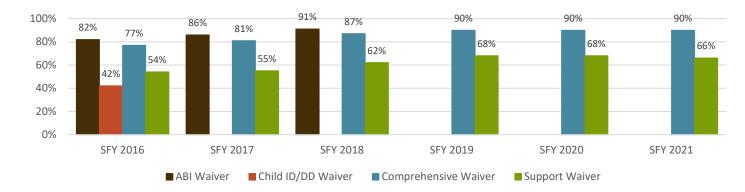
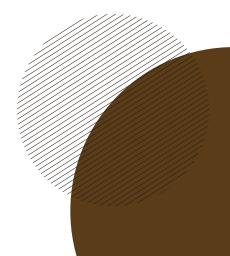


Figure 9. Percent Waiver Services History for Intellectual/Developmental Disabilities Populations



COMPREHENSIVE WAIVER

EXPENDITURES \$115 million

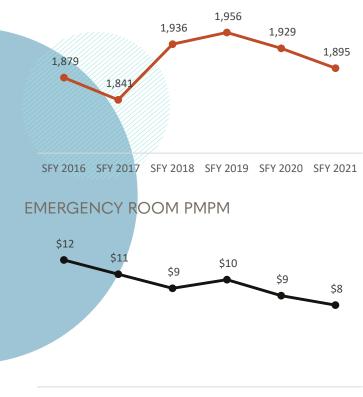
paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

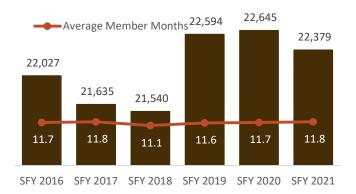
MEMBERS

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS 22,379



PER MEMBER PER MONTH

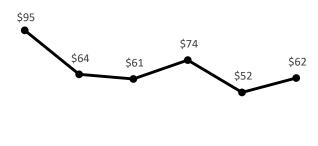
\$5,530

PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

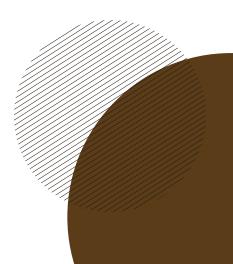
HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

Table 25. Comprehensive Waiver Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$4.05	\$3.16	\$4.60	\$2.59	\$1.85	\$2.27
Ambulatory Surgical Center	\$8.63	\$4.33	\$4.12	\$4.43	\$3.50	\$5.61
Behavioral Health	\$285.88	\$131.04	\$47.20	\$34.80	\$32.08	\$29.10
Clinic/Center	\$0.08					
Dental	\$18.94	\$14.30	\$13.37	\$12.13	\$10.11	\$11.10
DME, Prosthetics/Orthotics/Supplies	\$79.90	\$78.59	\$72.55	\$76.73	\$79.95	\$82.69
End-Stage Renal Disease	\$2.20	\$0.14	\$1.13	\$2.22	\$1.69	\$1.94
Federally Qualified Health Center	\$1.94	\$3.17	\$3.27	\$2.68	\$2.32	\$2.88
Home Health	\$229.70	\$210.76	\$70.31	\$15.77	\$25.25	\$12.79
Hospice	\$0.41	\$0.74	\$0.86	\$0.20	\$0.05	\$0.78
Hospital Total	\$139.02	\$106.28	\$91.14	\$103.74	\$81.69	\$87.32
Inpatient	\$94.58	\$64.35	\$61.27	\$74.23	\$52.14	\$61.90
Outpatient	\$44.51	\$41.93	\$29.78	\$29.45	\$29.48	\$25.40
Other Hospital	\$(0.08)	\$(0.01)	\$0.09	\$0.05	\$0.07	\$0.03
Laboratory	\$1.56	\$0.56	\$0.56	\$0.51	\$0.42	\$0.48
Nursing Facility	\$0.94	\$1.10	\$0.02	\$0.17	\$0.12	\$0.01
Other	\$0.97	\$0.50	\$0.31	\$0.44	\$0.48	\$0.42
Physician & Other Practitioner	\$177.85	\$156.14	\$119.13	\$101.48	\$94.24	\$90.06
Prescription Drug	\$228.64	\$232.17	\$218.33	\$205.75	\$198.99	\$197.38
PRTF	\$7.19		\$5.03			
Public Health or Welfare	\$0.18	\$0.15	\$0.21	\$0.39	\$0.86	\$0.84
Public Health, Federal	\$3.45	\$4.07	\$1.83	\$2.48	\$2.25	\$3.44
Rural Health Clinic	\$1.16	\$1.30	\$1.64	\$1.67	\$1.61	\$1.99
Vision	\$3.88	\$3.77	\$3.19	\$3.00	\$2.69	\$2.62
Total	\$5,220	\$5,000	\$5,220	\$5,619	\$5,612	\$5,530



INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DIFFICULTIES

\$17.0 million

paid to providers for services rendered during the state fiscal year

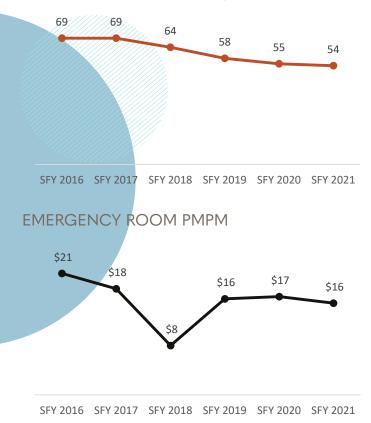


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

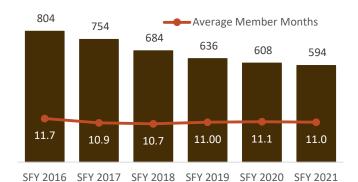
MEMBERS

54

unique individuals enrolled during the state fiscal year



MEMBER MONTHS



PER MEMBER PER MONTH

\$28,671

PMPM during the state fiscal year



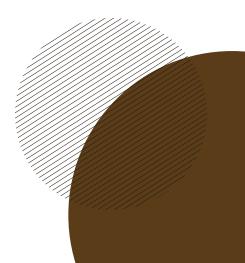
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



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

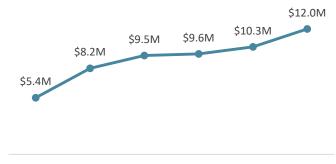
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$16.37	\$14.19	\$1.83	\$18.69	\$17.42	\$29.84
Ambulatory Surgical Center		\$0.89	\$0.09	\$0.24	\$0.20	
Behavioral Health	\$2.62			\$0.26		
Dental	\$0.09	\$0.08	\$0.49	\$5.23	\$0.83	\$0.54
DME, Prosthetics/Orthotics/Supplies	\$21.82	\$15.28	\$11.13	\$23.77	\$331.10	\$45.07
Hospice	\$1.02					
Hospital Total	\$73.52	\$102.45	\$16.61	\$32.47	\$78.11	\$128.15
Inpatient	\$36.62	\$72.32	\$9.54	\$15.44	\$54.08	\$114.69
Outpatient	\$36.90	\$30.13	\$7.07	\$17.03	\$24.03	\$13.46
Other Hospital						
ICF-IID	\$23,394.58	\$25,239.59	\$19,839.08	\$20,297.19	\$27,552.92	\$28,413.60
Laboratory	\$0.03		\$0.04			
Physician & Other Practitioner	\$37.76	\$53.09	\$31.03	\$35.85	\$41.53	\$50.83
Prescription Drug	\$0.37	\$0.50	\$0.02			
Vision	\$3.886	\$2.67	\$2.96	\$3.25	\$0.76	\$2.74
Total	\$23,5520	\$25,429	\$19,903	\$20,417	\$28,024	\$28,671



SUPPORTS WAIVER

EXPENDITURES \$12.0 million

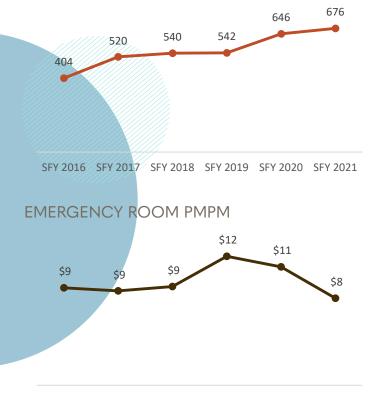
paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

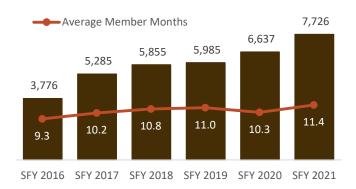
MEMBERS

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS 7,726



PER MEMBER PER MONTH

\$1,553 PMPM during the state fiscal year



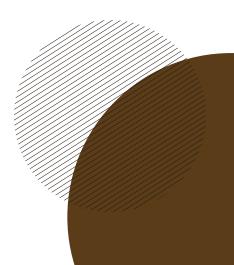
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



Table 27. Supports Waiver Per Member Per Month History by Service Area

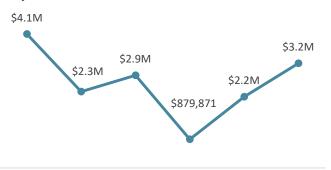
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$3.95	\$1.41	\$3.10	\$3.43	\$3.80	\$2.11
Ambulatory Surgical Center	\$9.44	\$5.67	\$5.44	\$3.79	\$5.37	\$5.09
Behavioral Health	\$163.14	\$94.93	\$44.91	\$47.27	\$40.93	\$70.76
Clinic/Center	\$4.93	\$3.87	\$1.38	\$0.91	\$0.18	\$1.79
Dental	\$18.69	\$15.21	\$12.51	\$13.65	\$11.12	\$12.68
DME, Prosthetics/Orthotics/Supplies	\$35.02	\$38.28	\$55.66	\$54.61	\$45.63	\$62.92
Federally Qualified Health Center	\$2.77	\$2.63	\$5.06	\$4.50	\$3.27	\$4.78
Home Health	\$9.97	\$22.62	\$1.95		\$0.66	\$0.35
Hospice			\$0.03			
Hospital Total	\$65.16	\$108.92	\$119.81	\$83.20	\$93.15	\$65.04
Inpatient	\$33.32	\$74.11	\$84.25	\$56.35	\$59.32	\$29.91
Outpatient	\$32.21	\$34.77	\$35.70	\$26.80	\$33.77	\$35.11
Other Hospital	-\$0.37	\$0.04	-\$0.14	\$0.05	\$0.05	\$0.02
Laboratory	\$0.40	\$0.46	\$0.33	\$0.76	\$0.40	\$0.42
Nursing Facility	\$2.05	\$1.13			\$0.03	-
Other	\$1.31	\$0.94	\$1.03	\$0.94	\$0.84	\$0.84
Physician & Other Practitioner	\$186.83	\$254.81	\$197.20	\$154.67	\$132.87	\$133.02
Prescription Drug	\$142.28	\$135.64	\$146.12	\$136.35	\$144.50	\$146.24
PRTF	\$0.31	\$7.29	\$9.45	\$3.00	\$2.54	\$0.84
Public Health or Welfare	\$1.52	\$0.12	\$0.13	\$0.55	\$0.91	\$4.17
Public Health, Federal	\$1.20	\$2.76	\$1.37	\$2.05	\$3.93	\$1.97
Rural Health Clinic	\$5.81	\$1.80	\$3.15	\$3.16	\$2.62	\$3.06
Vision	\$3.88	\$5.28	\$4.82	\$5.01	\$4.22	\$4.62
Total	\$1,432	\$1,558	\$1,614	\$1,605	\$1,548	\$1,553



AGED, BLIND, OR DISABLED INSTITUTION

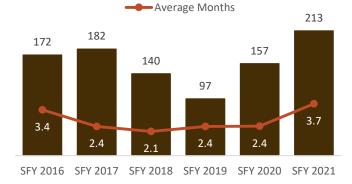
\$3.2 million

paid to providers for services rendered during the state fiscal year



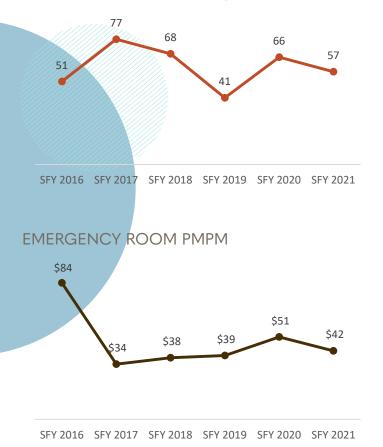
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS



MEMBERS

57 unique individuals enrolled during the state fiscal year

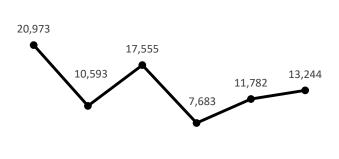


PER MEMBER PER MONTH

\$15,119 PMPM during the state fiscal year



HOSPITAL INPATIENT PMPM



PMPM FOR TOP SERVICE AREAS

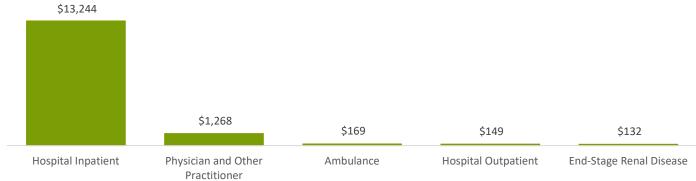


Table 28. Institution Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	РМРМ	1 Year % Change
ABD Institution						
Hospital	\$3,220,273	47	213	36	\$15,119	8

Table 29. Institution History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
Hospital	EID	\$4,118,852	\$2,349,813	\$2,850,073	\$898,871	\$2,189,584	\$3,220,273	-22
Member Months								
Hospital	EID	172	182	140	97	157	213	24
Per Member Per N	Month							
Hospital	EID	\$23,947	\$12,911	\$20,358	\$9,071	\$13,946	\$15,199	-37

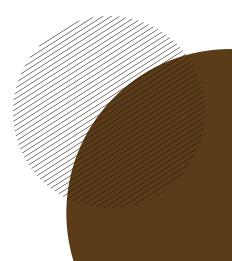


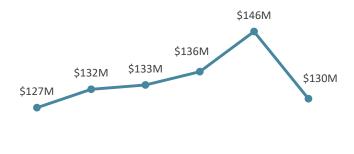
Table 30. Institution Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$154.78	\$219.30	\$176.63	\$85.39	\$119.15	\$169.25
Ambulatory Surgical Center	\$11.32					
Behavioral Health	\$5.76	\$11.35	\$14.51	\$13.82	\$0.02	\$1.61
Dental	\$4.65	\$1.16	\$4.00		\$0.57	
DME, Prosthetics/Orthotics/Supplies	\$79.59	\$150.28	\$125.57	\$33.28	\$10.58	\$38.45
End-Stage Renal Disease					\$14.05	\$131.51
Federally Qualified Health Center			\$2.55		\$2.85	\$8.30
Home Health	\$36.01	\$5.42	\$14.86	\$10.45		\$14.21
Hospice	\$3.20	\$1.05	\$15.83		\$1.15	\$33.71
Hospital Total	\$20,738.89	\$10,681.59	\$17,665.10	\$7,081.42	\$12,329.08	\$13,392.90
Inpatient	\$20,973.43	\$10,593.27	\$17,554.58	\$6,915.50	\$12,256.40	13,244.09
Outpatient	\$239.03	\$88.00	\$110.52	\$165.93	\$72.68	\$148.81
Other Hospital	-\$473.58	\$0.31				
Laboratory	\$30.97	\$20.26	\$46.04	\$0.28	\$0.89	
Nursing Facility	\$68.78	\$417.69	\$19.14	\$201.28	\$6.15	
Other	\$9.30	\$17.19	\$32.09	\$32.32	\$1.58	
Physician & Other Practitioner	\$2,417.09	\$1,281.59	\$2,158.30	\$1,333.18	\$1,350.89	\$1,268.36
Prescription Drug	\$143.35	\$93.41	\$67.63	\$268.36	\$18.82	\$44.01
Public Health or Welfare	\$9.07	\$9.23	\$11.14	\$9.90	\$10.70	\$0.39
Public Health, Federal	\$230.01				\$78.83	\$9.01
Rural Health Clinic	\$2.38	\$1.35	\$4.28	\$1.16	\$0.53	\$7.31
Vision	\$1.67	\$0.18			\$0.54	
Total	\$23,947	\$12,911	\$20,358	\$9,071	\$13,946	\$15,199

AGED, BLIND, OR DISABLED LONG-TERM CARE

\$130 million

paid to providers for services rendered during the state fiscal year

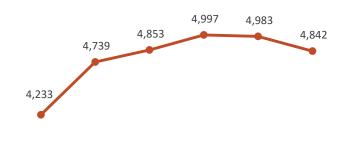


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

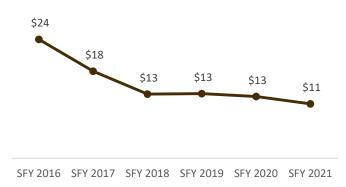
4,842

unique individuals enrolled during the state fiscal year

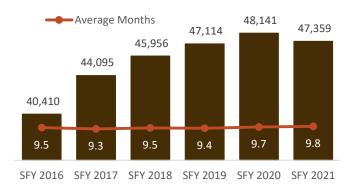


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

EMERGENCY ROOM PMPM



MEMBER MONTHS **47,359**



PER MEMBER PER MONTH

\$2,737 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



PMPM FOR TOP SERVICE AREAS

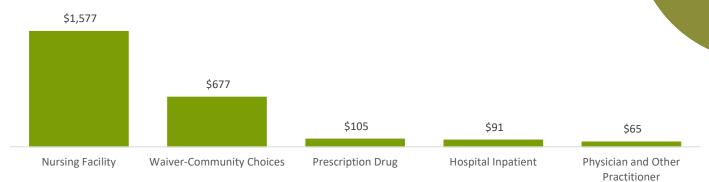
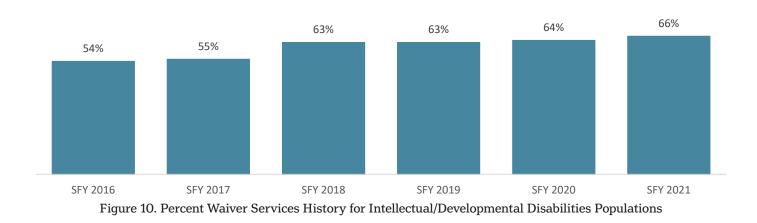


Table 31. Long-Term Care Per Member Per Month Summary by Subgroup

	Category / I group	Expenditures	1 Year % Change	Member Months	1 Year % Change	РМРМ	1 Year % Change	
ABD LTC								
Commun Waiver	ity Choices	\$48,893,744	3	28,964	5	\$5,530	-2	
ABD LTC								
Hospice		\$422,343	67	87	38	\$4,855	21	
ABD LTC								
Nursing H	Home	\$78,498,772	-17	17,553	-7	\$4,472	-10	
ABD LTC								
PACE		\$1,784,714	-52	755	-54	\$2,364	5	
Table 32. Lon	ng-Term Care His	tory by Subgrou	ıp					
Eligibility Category	Eligibility SubgroupL	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
ABD LTC	Community Choices Waive	\$36,921,757	\$38,546,435	\$40,442,652	2 \$44,617,436	\$47,507,781	\$48,893,744	32
	Hospice	\$677,625	\$619,372	\$681,318	3 \$360,118	\$253,303	\$422,343	-38
	Nursing Home	\$86,946,980	\$89,249,239	\$88,245,514	4 \$87,178,360	\$94,184,437	\$78,498,772	-10
	PACE	\$2,893,443	\$3,426,553	\$3,515,17	1 \$3,885,399	\$3,689,689	\$1,784,714	-38
Member Mon	nths							
ABD LTC	Community Choices Waive	er 20,433	22,408	24,202	2 26,091	27,582	28,964	42
	Hospice	160	241	22	1 108	63	87	-46
	Nursing Home	18,664	19,999	19,96	1 19,302	18,864	17,553	-6
	PACE	1,153	1,447	1,572	2 1,613	1,632	755	-35
Per Member	Per Month							
ABD LTC	Community Choices Waive	er \$1,807	\$1,720	\$1,67	1 \$1,710	\$1,722	\$1,688	-7
	Hospice	\$4,235	\$2,570	\$3,083	3 \$3,334	\$4,021	\$4,855	15
	Nursing Home	\$4,659	\$4,463	\$4,42	1 \$4,517	\$4,993	\$4,472	-4
	PACE	\$2,509	\$2,368	\$2,230	5 \$2,409	\$2,261	\$2,364	-6

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Waiver-Only Se	rvices							
ABD LTC	Community Choices Waiver	\$980.00	\$947.98	\$1,060.82	\$1,083.71	\$1,103	\$1,106.89	13
Non-Waiver Ser	rvices							
ABD LTC	Community Choices Waiver	\$826.97	\$777.23	\$610.23	\$626.36	\$619.39	\$581.19	-30

Table 33. Long-Term Care Per Member Per Month History for Waiver and Non-Waiver Services



COMMUNITY CHOICES WAIVER

EXPENDITURES MEMBER MONTHS \$48.9 million 28,964 paid to providers for services rendered during the state fiscal year Average Member Months \$48.9M \$47.5M 27,582 \$44.6M 26.091 \$40.4M 24,202 \$38.5M 22,408 \$36.9M 20,433 9.7 9.7 9.7 9.3 9.4 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 **MEMBERS** PER MEMBER PER MONTH \$1,688 2,9 PMPM during the state fiscal year unique individuals enrolled during the state fiscal year 2,908 \$1,807 2,841 2,693 2.563 2.421 2,098 \$1.722 \$1,720 \$1.710 \$1,671 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 EMERGENCY ROOM PMPM HOSPITAL INPATIENT PMPM \$146 \$36 \$143 \$126 \$118 \$114 \$27 \$21 \$21 \$19 \$16

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

28,964

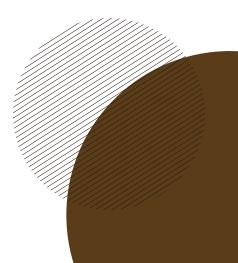
10.0

\$1,688

\$109

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

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$17.01	\$10.85	\$7.30	\$7.99	\$8.56	\$7.78
Ambulatory Surgical Center	\$2.83	\$1.92	\$1.70	\$1.06	\$1.28	\$1.90
Behavioral Health	\$51.33	\$42.74	\$28.17	\$18.50	\$17.41	\$16.71
Dental	\$17.40	\$11.94	\$4.84	\$4.95	\$4.19	\$4.38
DME, Prosthetics/Orthotics/Supplies	\$79.43	\$70.30	\$65.50	\$72.39	\$79.35	\$69.95
End-Stage Renal Disease	\$14.05	\$8.48	\$4.86	\$14.32	\$20.28	\$24.95
Federally Qualified Health Center	\$9.40	\$8.26	\$8.31	\$8.41	\$6.65	\$7.52
Home Health	\$138.07	\$146.53	\$16.87	\$2.94	\$4.01	\$6.20
Hospice	\$5.11	\$6.80	\$5.91	\$6.83	\$3.31	\$4.61
Hospital Total	\$213.02	\$190.69	\$178.64	\$211.68	\$190.95	\$165.68
Inpatient	\$114.38	\$125.74	\$117.64	\$145.79	\$142.51	\$110.56
Outpatient	\$100.15	\$65.74	\$61.31	\$66.46	\$48.17	\$54.99
Other Hospital	-\$1.51	-\$0.79	-\$0.31	-\$0.57	\$0.27	\$0.13
Laboratory	\$1.28	\$0.75	\$0.83	\$0.74	\$0.63	\$0.88
Nursing Facility	\$14.07	\$7.76	\$1.95	\$4.05	\$4.94	\$4.34
Other	\$6.19	\$10.26	\$7.35	\$5.52	\$1.87	\$1.29
Physician & Other Practitioner	\$93.57	\$104.92	\$106.86	\$96.77	\$96.98	\$90.34
Prescription Drug	\$130.87	\$117.75	\$147.80	\$149.63	\$158.52	\$153.01
Public Health or Welfare	\$20.06	\$12.93	\$10.43	\$10.35	\$10.07	\$10.19
Public Health, Federal	\$9.55	\$15.91	\$9.23	\$6.61	\$7.08	\$8.40
Rural Health Clinic	\$2.46	\$2.29	\$2.61	\$2.70	\$2.52	\$2.12
Vision	\$1.27	\$1.13	\$1.06	\$0.92	\$0.78	\$0.96
Waiver Total	\$980.00	\$947.98	\$1,060.82	\$1,083.71	\$1,103.03	\$1,106.89
Community Choices Waiver	\$980.00	\$947.98	\$1,060.82	\$1,083.71	\$1,103.03	\$1,106.89
Total	\$1,807	\$1,720	\$1,671	\$1,710	\$1,722	\$1,688



HOSPICE

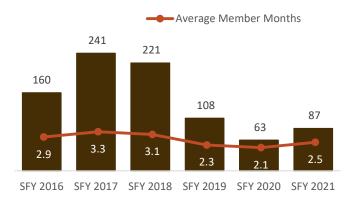
EXPENDITURES \$422,343

paid to providers for services rendered during the state fiscal year

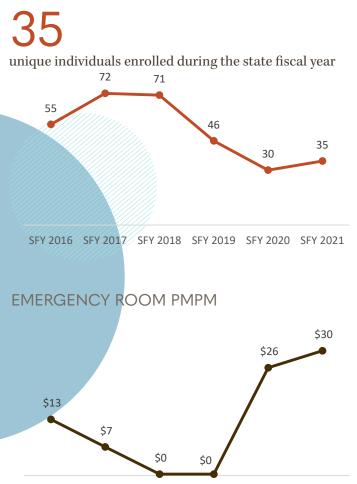


MEMBER MONTHS





MEMBERS



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

\$4,855 PMPM during the state f

PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM

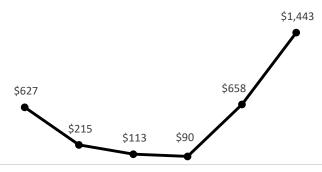
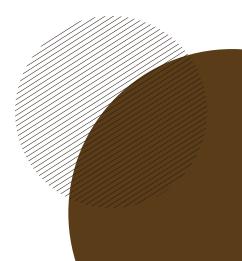


Table 35. Hospice Per Member Per Month History by Service Area

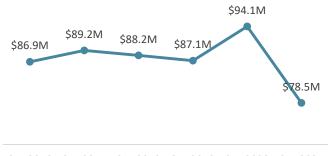
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$41.15	\$0.39		\$5.34	\$85.88	\$72.35
Ambulatory Surgical Center						
Behavioral Health	\$0.06		\$10.29	\$0.74		
Dental	\$3.00	\$12.73				
DME, Prosthetics/Orthotics/Supplies			\$1.70	\$0.73		\$0.94
End-Stage Renal Disease		\$0.74				
Federally Qualified Health Center	\$0.60	\$0.27	\$3.36			
Home Health		\$0.54				
Hospice	\$3,701.60	\$2,274.75	\$2,908.63	\$3,205.31	\$3,085.52	\$1.94
Hospital Total	\$434.92	\$231.12	\$114.10	\$99.14	\$689.86	\$1,506.00
Inpatient	\$626.96	\$214.63	\$113.21	\$89.68	\$657.71	\$1,442.69
Outpatient	\$32.65	\$16.40	\$0.57	\$9.46	\$31.65	\$63.31
Other Hospital	\$(224.69)	\$0.09	\$0.33			
Laboratory						\$0.30
Nursing Facility	\$7.08	-\$1.44	\$2.33			
Other		\$1.45				
Physician & Other Practitioner	\$15.52	\$41.31	\$39.76	\$19.90	\$121.90	\$121.59
Prescription Drug	\$6.13	\$5.17		\$1.93		\$7.57
Public Health or Welfare	\$8.25	\$2.99	\$2.71	\$1.11	\$1.90	\$5.52
Public Health, Federal	\$16.85			\$0.22	\$36.11	\$29.09
Rural Health Clinic						
Vision						
Total	\$4,235	\$2,570	\$3,083	\$3,334	\$4,021	\$4,855



NURSING HOME

\$78.5 million

paid to providers for services rendered during the state fiscal year

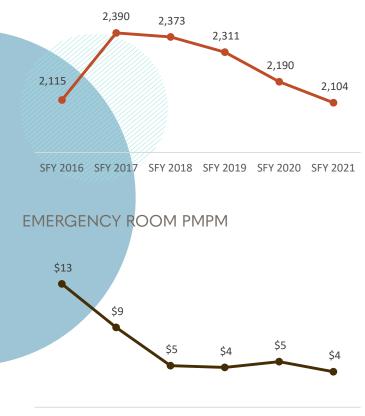


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

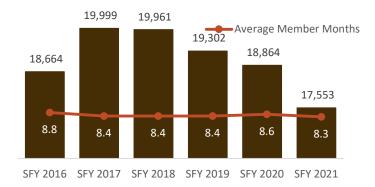
2,104

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS **17,553**



PER MEMBER PER MONTH

\$4,472 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM

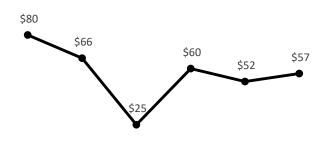
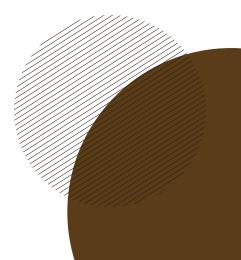


Table 36. Nursing Home Per Member Per Month History by Service Area

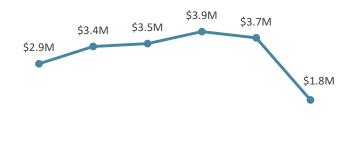
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$7.20	\$4.63	\$1.93	\$2.54	\$2.68	\$2.83
Ambulatory Surgical Center	\$0.93	\$0.79	\$0.32	\$0.43	\$0.10	\$0.72
Behavioral Health	\$15.23	\$12.65	\$8.09	\$5.97	\$5.67	\$4.18
Dental	\$11.57	\$6.90	\$3.72	\$3.34	\$3.43	\$4.02
DME, Prosthetics/Orthotics/Supplies	\$25.35	\$15.61	\$13.83	\$8.96	\$14.62	\$13.70
End-Stage Renal Disease	\$4.48	\$3.25	\$2.07	\$3.80	\$12.16	\$16.31
Federally Qualified Health Center	\$1.76	\$1.62	\$1.74	\$1.73	\$1.11	\$2.33
Home Health	\$0.53	\$0.99	\$0.12	\$0.26	\$0.57	\$0.18
Hospice	\$7.66	\$10.86	\$15.73	\$25.84	\$31.85	\$39.54
Hospital Total	\$115.30	\$86.34	\$35.80	\$71.91	\$68.87	\$74.59
Inpatient	\$80.24	\$66.12	\$25.15	\$59.64	\$51.68	\$56.60
Outpatient	\$35.22	\$20.90	\$10.28	\$11.85	\$16.85	\$17.87
Other Hospital	-\$0.16	-\$0.68	\$0.38	\$0.42	\$0.33	\$0.12
Laboratory	\$0.24	\$0.15	\$0.05	\$0.07	\$0.22	\$0.67
Nursing Facility	\$4,373.26	\$4,224.87	\$4,253.38	\$4,297.91	\$4,775.31	\$4,246.89
Other	\$7.08	\$7.60	\$6.71	\$4.89	\$0.11	\$0.06
Physician & Other Practitioner	\$38.76	\$40.07	\$29.78	\$34.47	\$31.34	\$27.00
Prescription Drug	\$34.64	\$29.25	\$35.36	\$42.11	\$35.98	\$31.13
Public Health or Welfare	\$5.64	\$4.30	\$4.64	\$4.47	\$4.20	\$4.40
Public Health, Federal	\$5.90	\$10.18	\$4.39	\$4.07	\$2.03	\$1.23
Rural Health Clinic	\$2.18	\$2.03	\$2.71	\$3.15	\$2.23	\$1.91
Vision	\$0.85	\$0.59	\$0.54	\$0.60	\$0.32	\$0.39
Total	\$4,669	\$4,463	\$4,421	\$4,514	\$4,993	\$4,472



PROGRAM FOR ALL-INCLUSIVE CARE OF ELDERLY

\$1.8 million

paid to providers for services rendered during the state fiscal year



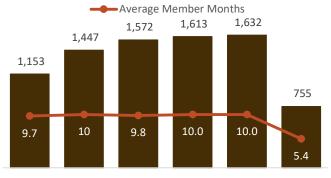
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

\$2,364 PMPM during the state fiscal year unique individuals enrolled during the state fiscal year \$2,509 161 161 164 144 140 \$2,409 119 \$2,368 \$2,364 \$2,261 \$2,236 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 PMPM FOR TOP SERVICE AREAS \$2,354 \$9 \$1 \$0.2 Program for All-Inclusive Care of Public Health or Welfare **Behavioral Health** Physician and Other Practitioner Elderly (PACE)

MEMBER MONTHS

755

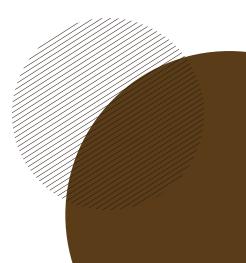




PER MEMBER PER MONTH

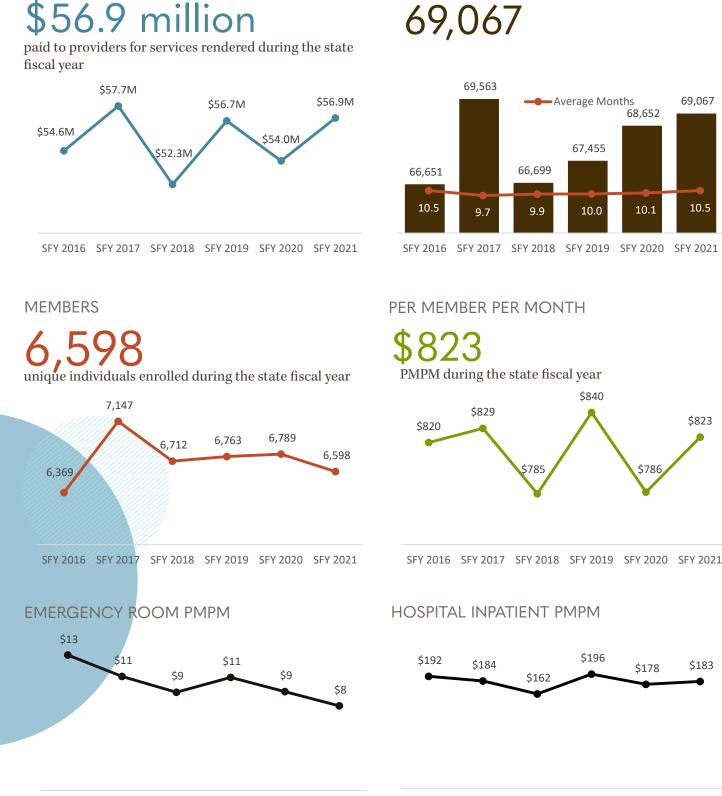
Table 37. Program for All-Inclusive Care of Elderly (PACE) Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance			\$0.20		\$3.00	
Behavioral Health	\$0.15		\$0.76	\$0.52		\$1.12
DME, Prosthetics/Orthotics/Supplies	\$0.03			\$0.05	\$0.70	
Other		\$0.08	\$1.97		\$0.02	
PACE	\$2,495.94	\$2,364.83	\$2,224.86	\$2,405.59	\$2,246.61	\$2,353.79
Physician & Other Practitioner	\$2.65	\$0.89	\$0.29	\$0.04		\$0.21
Public Health or Welfare	\$10.72	\$2.24	\$8.03	\$2.60	\$9.78	\$8.74
Total	\$2,509	\$2,368	\$2,236	\$2,409	\$2,261	\$2,364



SUPPLEMENTAL SECURITY INCOME

EXPENDITURES



MEMBER MONTHS



PMPM FOR TOP SERVICE AREAS

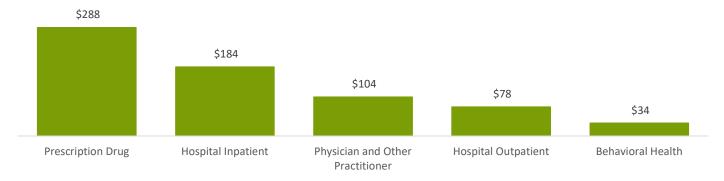


Table 38. Supplemental Security Income Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD SSI						
SSI & SSI-Related	\$56,862,739	5	69,067	1	\$823	5

Table 39. Supplemental Security Income History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
ABD SSI	SSI & SSI- Related	\$54,623,413	\$57,689,219	\$52,331,905	\$56,672,888	\$53,942,388	\$56,862,739	4
Member Mon	ths							
ABD SSI	SSI & SSI- Related	66,651	69,563	66,699	67,455	68,652	69,067	4
Per Member I	Per Month							
ABD SSI	SSI & SSI- Related	\$820	\$829	\$785	\$840	\$786	\$823	0.5



Table 40. Supplemental Security Income Per Member Per Month History by Service Area

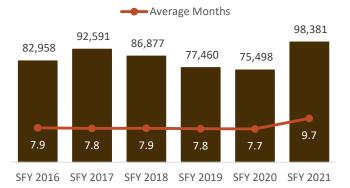
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$11.00	\$10.67	\$9.68	\$11.42	\$10.99	\$11.63
Ambulatory Surgical Center	\$4.59	\$4.49	\$3.59	\$3.32	\$3.64	\$4.50
Behavioral Health	\$70.76	\$59.34	\$48.54	\$41.44	\$37.25	\$34.41
Clinic/Center	\$1.59	\$2.17	\$1.38	\$1.25	\$0.58	\$0.82
End-State Renal Disease	\$15.25	\$11.83	\$8.61	\$7.95	\$6.97	\$7.52
Dental	\$31.65	\$28.94	\$32.12	\$34.27	\$34.43	\$33.99
DME, Prosthetics/Orthotics/Supplies	\$5.42	\$8.82	\$8.67	\$7.50	\$9.86	\$12.86
Federally Qualified Health Center	\$13.23	\$12.80	\$14.38	\$12.95	\$14.15	\$14.57
Home Health	\$20.60	\$22.85	\$4.49	\$2.01	\$1.78	\$2.82
Hospice	\$1.37	\$4.76	\$3.12	\$2.11	\$2.32	\$3.37
Hospital Total	\$271.62	\$255.61	\$229.67	\$262.65	\$245.32	\$261.27
Inpatient	\$192.08	\$184.21	\$161.35	\$195.94	\$178.93	\$183.56
Outpatient	\$79.90	\$71.55	\$68.43	\$66.65	\$66.33	\$77.67
Other Hospital	-\$0.36	-\$0.15	-\$0.11	\$0.06	\$0.06	\$0.04
Laboratory	\$2.42	\$1.81	\$1.94	\$1.58	\$1.31	\$1.66
Nursing Facility	\$3.59	\$2.90	\$0.01	\$1.32	\$0.11	\$0.10
Other	\$1.60	\$1.76	\$1.55	\$1.75	\$1.68	\$1.22
Physician & Other Practitioner	\$112.38	\$119.16	\$113.50	\$108.59	\$99.95	\$103.87
Prescription Drug	\$208.07	\$219.19	\$256.31	\$298.14	\$277.11	\$288.26
PRTF	\$13.98	\$12.69	\$15.99	\$12.46	\$6.98	\$6.11
Public Health or Welfare	\$0.58	\$0.52	\$0.55	\$0.69	\$0.51	\$0.50
Public Health, Federal	\$25.41	\$44.56	\$25.08	\$22.76	\$24.79	\$27.58
Rural Health Clinic	\$1.87	\$1.84	\$2.79	\$3.49	\$3.89	\$4.04
Vision	\$2.58	\$2.61	\$2.63	\$2.50	\$2.14	\$2.19
Total	\$820	\$829	\$785	\$840	\$786	\$823

paid to providers for services rendered during the state fiscal year

52.0 million



MEMBER MONTHS 98,381



MEMBERS

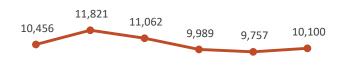
ADULTS

\$

ENDITURES

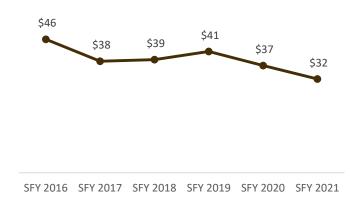
10,100

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

EMERGENCY ROOM PMPM



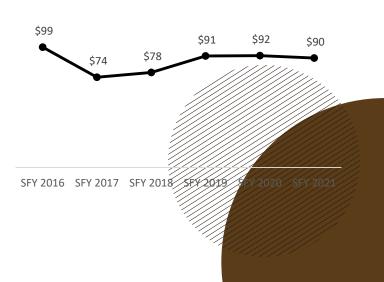
PER MEMBER PER MONTH

\$460

\$ 529 PMPM during the state fiscal year \$515 \$500 \$520 \$529

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



PMPM FOR TOP SERVICE AREAS

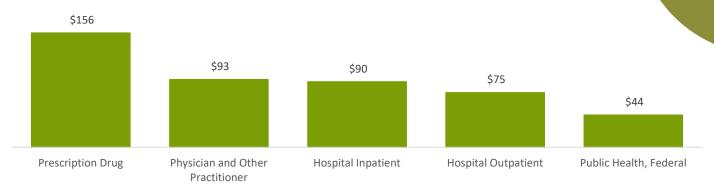


Table 41. Adults Per Member Per Month Summary by Subgroup

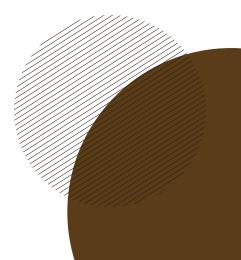
Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$51,567,611	33	97,168	30	\$531	2
Adults						
Former Foster Care	\$440,949	13	1,213	27	\$364	-11

Table 42. Adults History by Subgroup

Eligibility Category	Eligibility SubgroupL	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change			
Expenditur	Expenditures										
Adults	Family-Care Adults	\$42,551,960	\$42,349,927	\$43,069,503	\$40,836,648	\$38,867,538	\$51,567,611	21			
	Former Foster Care	\$201,083	\$246,275	\$341,083	\$3,885,399	\$388,819	\$440,949	119			
Member M	Member Months										
Adults	Family-Care Adults	82,433	91,821	85,988	76,445	74,542	97,168	18			
	Former Foster Care	525	770	889	1,015	956	1,213	131			
Per Memb	Per Member Per Month										
Adults	Family-Care Adults	\$516	\$461	\$501	\$534	\$521	\$531	3			
	Former Foster Care	\$383	\$320	\$384	\$421	\$407	\$364	-5			

Table 43. Adults Per Member Per Month History by Service Area

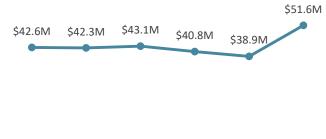
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$5.40	\$4.66	\$6.38	\$5.83	\$6.16	\$5.95
Ambulatory Surgical Center	\$5.76	\$4.84	\$5.00	\$5.08	\$5.27	\$6.16
Behavioral Health	\$34.91	\$32.98	\$25.01	\$21.43	\$19.36	\$17.84
Dental	\$24.99	\$14.51	\$7.20	\$6.79	\$6.56	\$6.07
DME, Prosthetics/Orthotics/Supplies	\$6.93	\$6.65	\$7.31	\$8.15	\$8.63	\$9.29
End-State Renal Disease	\$0.56	\$1.07	\$1.79	\$0.34	\$0.09	\$1.46
Federally Qualified Health Center	\$14.87	\$12.76	\$13.32	\$13.58	\$13.10	\$13.29
Home Health	\$1.05	\$1.81	\$0.57	\$0.11	\$0.14	\$0.62
Hospice	\$0.02	\$0.02	\$0.12		\$0.38	\$0.23
Hospital Total	\$175.56	\$139.61	\$154.48	\$178.97	\$165.87	\$164.57
Inpatient	\$98.59	\$73.68	\$77.90	\$91.48	\$91.32	\$89.67
Outpatient	\$77.77	\$66.25	\$76.62	\$88.00	\$74.57	\$74.90
Other Hospital	-\$0.80	-\$0.33	-\$0.04	-\$0.51	-\$0.03	
Laboratory	\$5.40	\$3.51	\$3.76	\$3.20	\$2.71	\$2.72
Nursing Facility					\$0.02	\$0.06
Other	\$1.42	\$1.47	\$1.60	\$2.06	\$1.95	\$1.45
Physician & Other Practitioner	\$113.43	\$93.80	\$97.80	\$98.20	\$93.35	\$92.87
Prescription Drug	\$93.74	\$92.26	\$135.37	\$150.39	\$151.97	\$156.42
Public Health or Welfare	\$0.12	\$0.08	\$0.10	\$0.14	\$0.15	\$0.15
Public Health, Federal	\$27.60	\$46.89	\$35.82	\$33.90	\$38.80	\$44.16
Rural Health Clinic	\$2.50	\$2.26	\$3.18	\$3.64	\$4.49	\$4.42
Vision	\$1.08	\$0.88	\$0.87	\$0.90	\$0.97	\$0.90
Total	\$515	\$460	\$500	\$533	\$520	\$529



FAMILY-CARE ADULTS

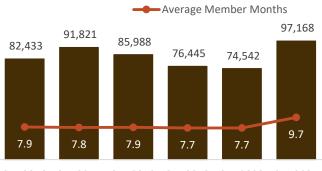
EXPENDITURES \$51.6 million

paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

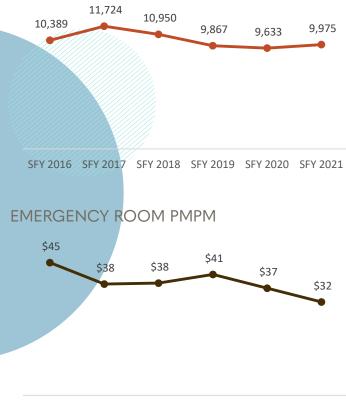
MEMBER MONTHS 97,168



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

\$531 PMPM during the state fiscal year



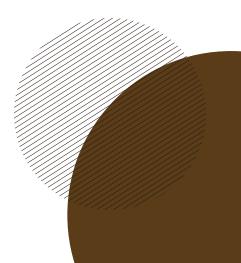
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



Table 44. Family-Care Adults Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$5.43	\$4.67	\$6.33	\$5.89	\$6.20	\$5.91
Ambulatory Surgical Center	\$5.79	\$4.81	\$5.05	\$5.13	\$5.30	\$6.21
Behavioral Health	\$34.63	\$32.99	\$24.79	\$21.23	\$19.09	\$17.68
Dental	\$25.05	\$14.57	\$7.23	\$6.80	\$6.49	\$6.08
DME, Prosthetics/Orthotics/Supplies	\$6.96	\$6.63	\$7.26	\$8.11	\$8.51	\$9.25
End-Stage Renal Disease	\$0.57	\$1.08	\$1.81	\$0.35	\$0.09	\$1.47
Federally Qualified Health Center	\$14.85	\$12.75	\$13.37	\$13.66	\$13.14	\$13.40
Home Health	\$1.05	\$1.82	\$0.57	\$0.11	\$0.14	\$0.63
Hospice	\$0.02	\$0.02	\$0.12		\$0.39	\$0.24
Hospital Total	\$175.98	\$139.99	\$154.91	\$179.33	\$166.47	\$165.15
Inpatient	\$99.09	\$73.95	\$78.10	\$91.44	\$91.66	\$89.96
Outpatient	\$77.70	\$66.37	\$76.85	\$88.41	\$74.83	\$75.19
Other Hospital	-\$0.81	-\$0.33	-\$0.04	-\$0.51	-\$0.03	
Laboratory	\$5.41	\$3.51	\$3.73	\$3.15	\$2.69	\$2.73
Nursing Facility					\$0.02	\$0.06
Other	\$1.41	\$1.47	\$1.59	\$2.06	\$1.96	\$1.45
Physician & Other Practitioner	\$113.58	\$93.86	\$97.94	\$97.95	\$93.56	\$92.98
Prescription Drug	\$94.00	\$92.66	\$136.05	\$151.61	\$152.80	\$157.73
Public Health or Welfare	\$0.12	\$0.08	\$0.09	\$0.14	\$0.15	\$0.15
Public Health, Federal	\$27.77	\$47.17	\$36.00	\$34.11	\$38.96	\$44.26
Rural Health Clinic	\$2.51	\$2.27	\$3.18	\$3.65	\$4.50	\$4.43
Vision	\$1.07	\$0.88	\$0.86	\$0.90	\$0.97	\$0.90
Total	\$516	\$461	\$501	\$534	\$521	\$531



FORMER FOSTER CARE

440,949

\$246,275

paid to providers for services rendered during the state

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

\$341,083

\$427,712

\$388,819

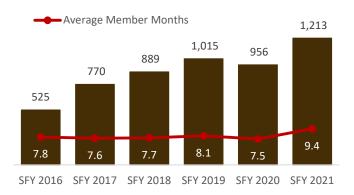
EXPENDITURES

S

fiscal year

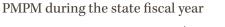
MEMBER MONTHS **1,213**

\$440,949



PER MEMBER PER MONTH

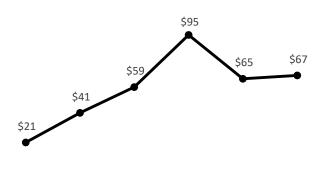
\$364 PMPM during the stat





SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

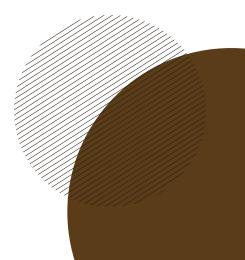
MEMBERS

\$201,083

129 unique individuals enrolled during the state fiscal year 126 128 129 100 57 5FY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 EMERGENCY ROOM PMPM

Table 45. Former Foster Care Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$1.16	\$3.49	\$10.96	\$1.54	\$3.15	\$9.55
Ambulatory Surgical Center	\$0.69	\$8.89	\$0.37	\$1.90	\$2.87	\$2.54
Behavioral Health	\$79.80	\$32.92	\$46.54	\$36.80	\$40.62	\$30.98
Dental	\$15.66	\$7.34	\$4.53	\$5.51	\$12.10	\$4.73
DME, Prosthetics/Orthotics/Supplies	\$2.50	\$9.57	\$11.79	\$11.12	\$18.28	\$12.73
Federally Qualified Health Center	\$18.57	\$14.31	\$8.72	\$7.12	\$10.36	\$5.09
Hospital Total	\$109.81	\$93.53	\$113.19	\$151.74	\$118.89	\$118.24
Inpatient	\$21.09	\$41.26	\$58.93	\$94.55	\$64.60	\$66.86
Outpatient	\$88.81	\$52.26	\$54.26	\$57.19	\$54.29	\$51.38
Other Hospital	-\$0.09					
Laboratory	\$3.92	\$3.56	\$6.69	\$7.38	\$4.51	\$2.45
Other	\$2.86	\$0.36	\$3.06	\$1.53	\$0.78	\$1.22
Physician & Other Practitioner	\$90.64	\$85.87	\$84.68	\$117.15	\$76.74	\$84.05
Prescription Drug	\$53.31	\$44.11	\$69.61	\$58.04	\$87.49	\$51.83
Public Health or Welfare	\$0.04	\$0.16	\$0.20	\$0.25	\$0.07	\$0.12
Public Health, Federal	\$1.33	\$13.26	\$18.50	\$17.96	\$27.00	\$36.15
Rural Health Clinic		\$0.84	\$3.06	\$2.49	\$3.36	\$3.12
Vision	\$2.72	\$1.63	\$1.75	\$0.86	\$0.50	\$0.70
Total	\$383	\$320	\$384	\$421	\$407	\$364



CHILDREN

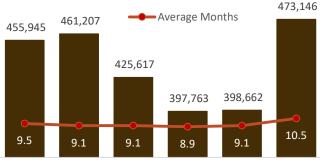
\$129.7 million

paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS **473,146**



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

\$274 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

5.235 unique individuals enrolled during the state fiscal year 50,771 48,112 46,820 45,235 44,818 43,911 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 **EMERGENCY ROOM PMPM** \$13 \$13 \$13 \$12 \$12 \$9

PMPM FOR TOP SERVICE AREAS

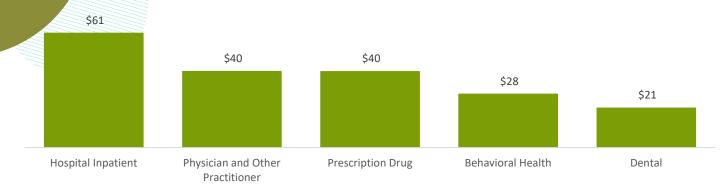
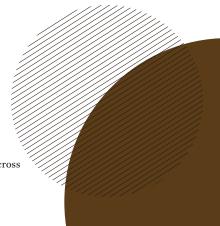


Table 46. Children Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity	\$5,862,913	-2	2,604	6	\$2,252	-8
Children						
Children	\$86,436,794	8	403,715	20	\$214	-10
Children						
Children's Mental Health Waiver	\$701,151	66	1,012	41	\$693	18
Children						
Foster Care	\$17,291,323	-11	33,761	0.2	\$512	-11
Children						
Newborn	\$25,276,314	9	34,658	27	\$729	-14



11. 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.

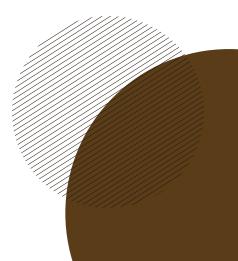
Table 47. Children History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
Children ¹²	Care Management Entity	\$9,466,461	\$8,492,131	\$7,874,576	\$5,578,542	\$5,988,616	\$5,862,913	-38%
	Children	\$89,562,321	\$86,993,561	\$88,178,235	\$84,889,254	\$80,078,281	\$86,436,794	-3%
	Children's Mental Health Waiver	\$890,828	\$754,123	\$684,245	\$499,798	\$423,027	\$701,151	-21%
	Foster Care	\$21,103,989	\$21,251,297	\$22,118,661	\$20,988,106	\$19,383,538	\$17,291,323	-18%
	Newborn	\$26,578,363	\$24,997,341	\$31,977,754	\$25,034,502	\$23,227,107	\$25,276,314	-5%
Member Mor	oths							
Children	Care Management Entity	2,231	3,008	3,176	2,384	2,448	2,604	17%
	Children	387,569	389,511	362,297	339,144	336,978	403,715	4%
	Children's Mental Health Waiver	622	737	830	712	719	1,012	63%
	Foster Care	34,349	34,281	32,962	32,653	33,688	33,761	-2%
	Newborn	33,405	36,678	29,528	25,254	27,277	34,658	4%
Per Member	Per Month							
Children	Care Management Entity	\$4,079	\$2,823	\$2,749	\$2,340	\$2,446	\$2,252	-45%
	Children	\$231	\$223	\$243	\$250	\$238	\$214	-7%
	Children's Mental Health Waiver	\$1,432	\$1,023	\$824	\$702	\$588	\$693	-52%
	Foster Care	\$614	\$620	\$671	\$643	\$575	\$512	-17%
	Newborn	\$796	\$682	\$1,083	\$991	\$852	\$729	-8%

^{12.} Expenditures for Children, CMHW, and Foster Care include CME expenditures.

Table 48. Children Group Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$2.79	\$2.55	\$2.69	\$3.17	\$3.03	\$2.44
Ambulatory Surgical Center	\$9.96	\$6.60	\$6.66	\$6.62	\$5.81	\$6.12
Behavioral Health	\$40.20	\$37.36	\$41.94	\$41.75	\$38.73	\$28.37
Care Management Entity						\$0.01
Clinic/Center	\$2.62	\$2.48	\$1.94	\$1.79	\$0.92	\$1.45
Dental	\$23.58	\$22.89	\$23.20	\$23.66	\$21.10	\$21.03
DME, Prosthetics/Orthotics/Supplies	\$2.78	\$2.97	\$3.27	\$4.06	\$3.41	\$3.13
End-State Renal Disease	\$0.03	\$0.01				
Federally Qualified Health Center	\$5.70	\$5.89	\$6.52	\$6.53	\$8.82	\$7.10
Home Health	\$0.34	\$0.26	\$0.03	\$0.03	\$0.45	\$0.49
Hospice					\$0.07	\$0.01
Hospital Total	\$86.87	\$79.79	\$107.09	\$94.08	\$88.20	\$79.46
Inpatient	\$66.84	\$61.26	\$86.77	\$73.42	\$68.93	\$60.79
Outpatient	\$20.08	\$18.58	\$20.37	\$20.69	\$19.28	\$18.67
Other Hospital	-\$0.05	-\$0.05	-\$0.04	-\$0.03		
Laboratory	\$0.59	\$0.35	\$0.40	\$0.33	\$0.36	\$0.44
Other	\$0.87	\$0.55	\$0.81	\$0.94	\$0.82	\$0.69
Physician & Other Practitioner	\$51.20	\$50.15	\$50.40	\$51.34	\$45.01	\$40.43
Prescription Drug	\$35.09	\$33.34	\$40.35	\$43.78	\$45.19	\$40.42
PRTF	\$22.90	\$25.34	\$25.95	\$22.17	\$17.57	\$14.60
Public Health or Welfare	\$0.22	\$0.22	\$0.24	\$0.37	\$0.32	\$0.20
Public Health, Federal	\$8.17	\$10.56	\$13.96	\$18.90	\$18.80	\$17.73
Rural Health Clinic	\$2.09	\$2.02	\$2.85	\$3.26	\$3.69	\$3.58
Vision	\$6.98	\$7.21	\$7.59	\$7.59	\$6.51	\$6.45
Total	\$303	\$291	\$336	\$330	\$309	\$274



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.

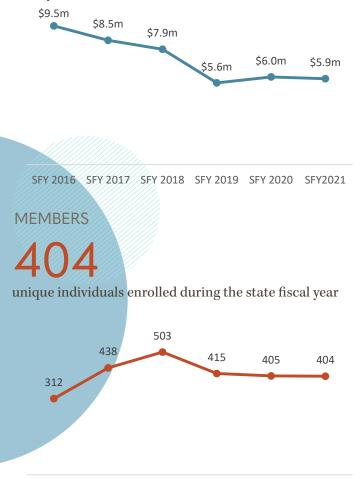
The children enrolled in this eligibility subgroup have primary enrollment in another Medicaid or statefunded program, such as Children, Foster Care, Children's Mental Health Waiver, Supplemental Security Income, or state-funded Institutional Foster Care. For this reason, their Care Management Entity 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

\$5.9 million

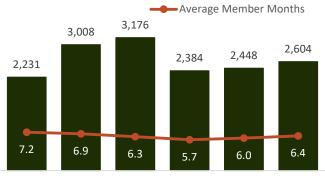
paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS

2,064



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY2021

PER MEMBER PER MONTH

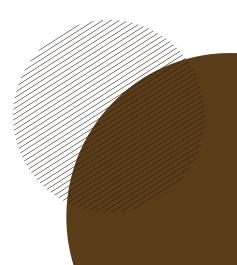
\$2,252 PMPM during the state fiscal year



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 49. Care Management Entity (CME) Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$4.06	\$5.21	\$3.42	\$4.47	\$4.05	\$4.46
Ambulatory Surgical Center	\$0.36	\$4.63	\$3.94	\$5.03	\$2.11	\$2.92
Behavioral Health	\$658.55	\$493.35	\$438.50	\$448.93	\$370.44	\$319.67
Care Management Entity	\$2,620.38	\$1,565.28	\$1,489.68	\$1,307.91	\$1,409.10	\$1,272.28
Clinic/Center	\$1.46	\$1.85	\$0.22	\$0.23	\$0.33	\$0.22
Dental	\$26.03	\$27.29	\$24.97	\$21.37	\$19.92	\$24.89
DME, Prosthetics/Orthotics/Supplies	\$4.70	\$4.48	\$2.72	\$2.40	\$2.97	\$3.59
Federally Qualified Health Center	\$2.76	\$10.62	\$14.85	\$15.42	\$12.15	\$14.46
Home Health	\$10.23	\$8.22				\$3.93
Hospital Total	\$164.74	\$155.03	\$123.12	\$149.34	\$154.13	\$169.87
Inpatient	\$125.95	\$123.93	\$98.43	\$112.69	\$121.01	\$130.93
Outpatient	\$39.01	\$31.16	\$24.70	\$36.79	\$33.16	
Other Hospital	-\$0.22	-\$0.05		-\$0.14	-\$0.05	\$38.94
Laboratory	\$1.53	\$1.05	\$1.16	\$0.92	\$1.30	\$0.91
Other	\$3.04	\$2.66	\$4.34	\$8.65	\$6.92	\$8.16
Physician & Other Practitioner	\$87.91	\$80.50	\$56.39	\$63.21	\$73.74	\$71.44
Prescription Drug	\$213.30	\$147.51	\$117.07	\$127.03	\$136.96	\$171.08
PRTF	\$432.56	\$302.29	\$179.77	\$170.31	\$229.34	\$159.65
Public Health or Welfare	\$0.12	\$0.09	\$0.14	\$0.13	\$0.37	\$0.21
Public Health, Federal		\$0.62	\$2.92	\$0.82	\$1.68	
Rural Health Clinic	\$1.60	\$2.05	\$4.80	\$5.27	\$10.74	\$11.20
Vision	\$9.84	\$10.44	\$11.36	\$8.55	\$10.08	\$12.57
Total	\$4,079	\$2,823	\$2,749	\$2,340	\$2,446	\$2,252



CHILDREN

EXPENDITURES

\$86.4 million

paid to providers for services rendered during the state fiscal year

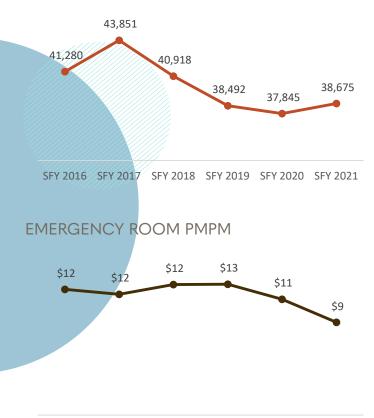


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

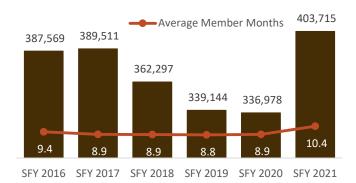
38,675

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS 403,715



PER MEMBER PER MONTH

\$214 PMPM during the state fiscal year



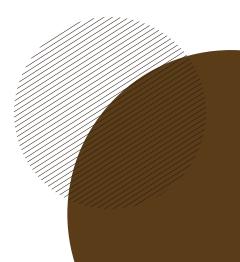
SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



Table 50. Children Subgroup Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$1.72	\$1.58	\$1.71	\$2.00	\$1.97	\$1.67
Ambulatory Surgical Center	\$10.76	\$7.25	\$7.14	\$7.06	\$6.39	\$6.66
Behavioral Health	\$29.55	\$28.48	\$30.97	\$30.53	\$28.73	\$22.04
Clinic/Center	\$2.60	\$2.48	\$1.79	\$1.58	\$0.82	\$1.28
Dental	\$25.29	\$24.77	\$24.78	\$25.00	\$22.68	\$22.61
DME, Prosthetics/Orthotics/Supplies	\$2.36	\$2.69	\$3.07	\$3.83	\$3.17	\$2.83
End-State Renal Disease	\$0.01					
Federally Qualified Health Center	\$4.47	\$4.87	\$5.38	\$5.37	\$7.40	\$6.06
Home Health	\$0.16	\$0.17	\$0.01	\$0.03	\$0.52	\$0.55
Hospice						\$0.01
Hospital Total	\$48.68	\$43.32	\$50.73	\$50.82	\$47.68	\$42.61
Inpatient	\$29.50	\$25.49	\$31.46	\$31.19	\$28.98	\$24.94
Outpatient	\$19.23	\$17.87	\$19.29	\$19.65	\$18.70	\$17.67
Other Hospital	-\$0.05	-\$0.05	-\$0.03	-\$0.02		
Laboratory	\$0.58	\$0.37	\$0.40	\$0.33	\$0.35	\$0.44
Other	\$0.44	\$0.46	\$0.61	\$0.71	\$0.65	\$0.52
Physician & Other Practitioner	\$41.60	\$41.41	\$41.41	\$41.41	\$36.53	\$32.50
Prescription Drug	\$31.95	\$31.68	\$38.22	\$41.67	\$44.40	\$40.01
PRTF	\$14.00	\$14.19	\$13.90	\$11.73	\$8.73	\$8.51
Public Health or Welfare	\$0.15	\$0.16	\$0.17	\$0.21	\$0.18	\$0.14
Public Health, Federal	\$7.54	\$9.96	\$12.58	\$17.24	\$17.48	\$15.80
Rural Health Clinic	\$1.90	\$1.87	\$2.58	\$2.91	\$3.15	\$3.11
Vision	\$7.34	\$7.61	\$7.92	\$7.86	\$6.81	\$6.75
Total	\$231	\$223	\$243	\$250	\$238	\$214



CHILDREN'S MENTAL HEALTH WAIVER

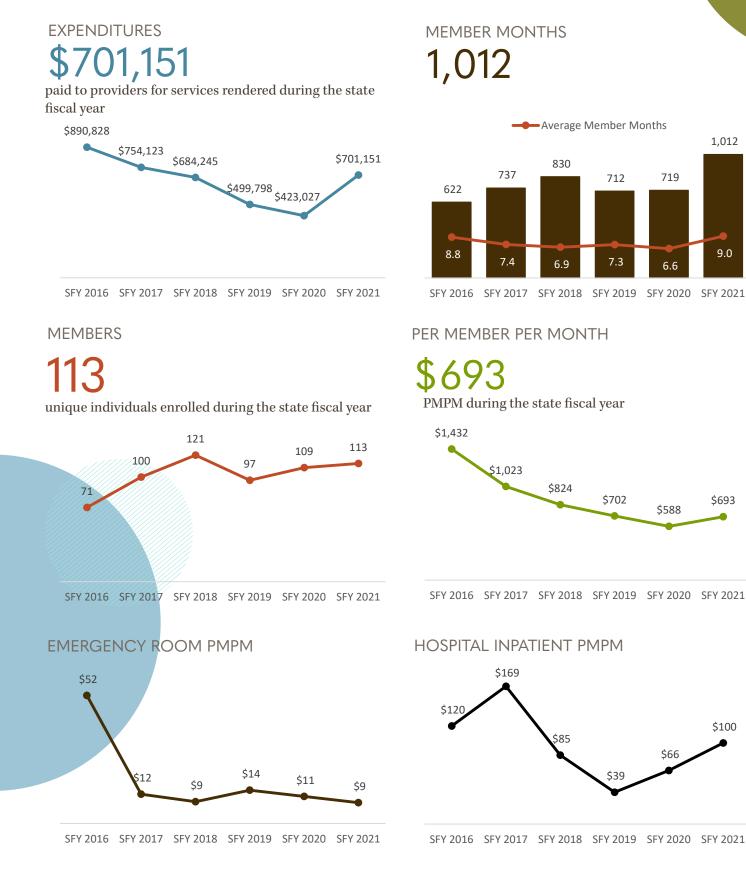
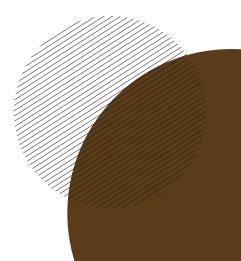


Table 51. Children's Mental Health Waiver Per Member Per Month History by Service Area

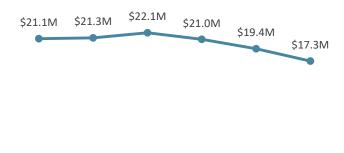
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$6.83	\$4.62		\$0.46	\$3.76	\$6.78
Ambulatory Surgical Center	\$0.90	\$1.65	\$4.37	\$9.69		\$2.34
Behavioral Health	\$397.70	\$185.17	\$216.35	\$182.23	\$158.45	\$190.91
Care Management Entity	\$0.75		\$1.17			\$0.34
Clinic/Center				\$0.78		\$1.31
Dental	\$19.50	\$17.97	\$21.13	\$20.55	\$11.57	\$16.67
DME, Prosthetics/Orthotics/Supplies	\$2.08	\$0.45	\$0.12	\$1.24	\$1.55	\$1.42
Federally Qualified Health Center	\$2.31	\$8.00	\$8.43	\$12.80	\$3.73	\$3.60
Home Health	\$18.75	\$4.13				
Hospital Total	\$172.37	\$188.87	\$94.09	\$55.43	\$80.35	\$137.66
Inpatient	\$114.41	\$174.37	\$84.68	\$39.14	\$65.88	\$99.62
Outpatient	\$57.97	\$14.51	\$9.41	\$16.76	\$14.63	\$38.04
Other Hospital				-\$0.47	-\$0.17	
Laboratory	\$1.71	\$1.01	\$1.22	\$0.39	\$0.11	\$0.40
Other	\$4.31	\$3.10	\$4.66	\$10.29	\$5.97	\$4.76
Physician & Other Practitioner	\$105.34	\$66.66	\$32.56	\$31.15	\$39.63	\$50.05
Prescription Drug	\$289.72	\$128.73	\$90.19	\$83.60	\$112.01	\$95.70
PRTF	\$398.35	\$403.53	\$336.44	\$279.32	\$158.11	\$165.79
Public Health or Welfare	\$0.16	\$0.07		\$0.07		
Public Health, Federal					\$0.73	
Rural Health Clinic	\$2.40	\$2.72	\$6.96	\$6.66	\$4.55	\$8.68
Vision	\$9.01	\$6.57	\$6.69	\$7.30	\$7.83	\$6.42
Total	\$1,432	\$1,023	\$824	\$702	\$588	\$693



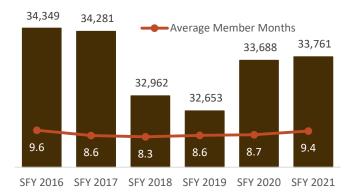
FOSTER CARE

\$17.3 million

paid to providers for services rendered during the state fiscal year



MEMBER MONTHS 33,761

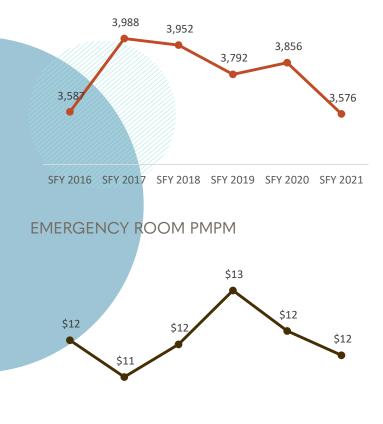


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

3,576

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

\$512 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

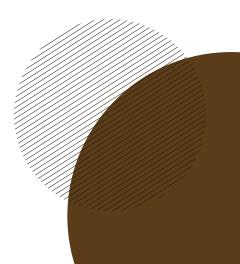
HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

Table 52. Foster Care Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$2.71	\$2.74	\$3.41	\$4.25	\$3.66	\$3.00
Ambulatory Surgical Center	\$9.02	\$5.03	\$5.92	\$5.82	\$4.06	\$4.87
Behavioral Health	\$192.49	\$174.12	\$195.03	\$186.81	\$166.88	\$128.20
Care Management Entity						\$0.03
Clinic/Center	\$3.98	\$3.81	\$3.87	\$3.74	\$2.05	\$3.37
Dental	\$26.78	\$25.84	\$26.30	\$27.52	\$22.07	\$22.54
DME, Prosthetics/Orthotics/Supplies	\$4.16	\$3.81	\$3.99	\$5.52	\$4.85	\$5.48
End-State Renal Disease	\$0.22	\$0.09				
Federally Qualified Health Center	\$5.20	\$4.86	\$5.86	\$6.71	\$9.09	\$7.52
Home Health	\$1.63	\$0.72	\$0.02	\$0.01	\$0.01	\$0.05
Hospital Total	\$71.63	\$82.42	\$84.262	\$89.89	\$87.97	\$76.95
Inpatient	\$52.01	\$63.35	\$61.72	\$66.50	\$66.23	\$51.30
Outpatient	\$19.68	\$19.09	\$22.59	\$23.40	\$21.74	\$25.63
Other Hospital	-\$0.06	-\$0.02	-\$0.04	-\$0.01		\$0.01
Laboratory	\$1.06	\$0.44	\$0.64	\$0.49	\$0.58	\$0.67
Other	\$6.24	\$0.68	\$1.12	\$1.45	\$1.31	\$0.99
Physician & Other Practitioner	\$51.12	\$54.22	\$53.94	\$54.66	\$46.67	\$47.41
Prescription Drug	\$75.82	\$62.52	\$76.76	\$70.92	\$68.74	\$65.25
PRTF	\$138.72	\$170.95	\$173.79	\$142.10	\$117.20	\$97.93
Public Health or Welfare	\$0.22	\$0.18	\$0.19	\$0.39	\$0.26	\$0.24
Public Health, Federal	\$12.05	\$15.57	\$22.60	\$28.65	\$26.75	\$34.47
Rural Health Clinic	\$2.06	\$1.90	\$2.96	\$3.59	\$4.67	\$4.21
Vision	\$9.29	\$10.01	\$10.38	\$10.25	\$8.56	\$9.01
Total	\$614	\$620	\$671	\$643	\$575	\$512



NEWBORN

EXPENDITURES

\$25.3 million

paid to providers for services rendered during the state fiscal year

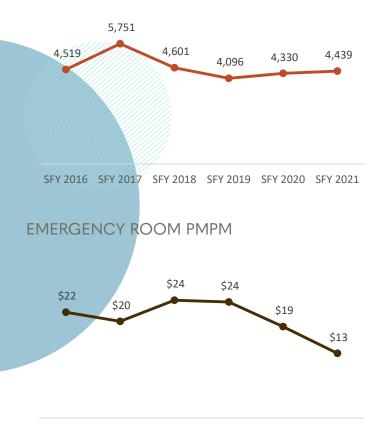


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

4,439

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBER MONTHS **34,658**



PER MEMBER PER MONTH

\$729 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

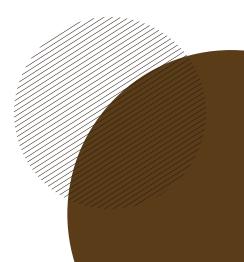
HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

Table 53. Newborn Per Member Per Month History by Service Area

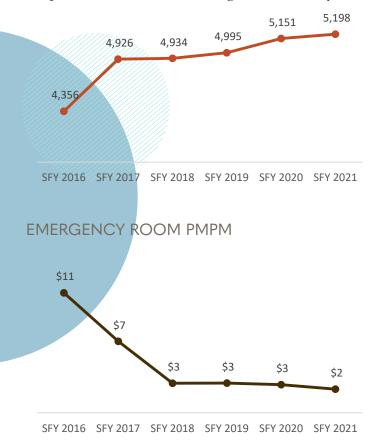
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$15.20	\$12.59	\$13.87	\$17.54	\$15.40	\$10.83
Ambulatory Surgical Center	\$1.83	\$1.26	\$1.72	\$1.61	\$0.92	\$1.26
Behavioral Health	\$0.53	\$0.81	\$0.76	\$0.86	\$0.86	\$0.15
Clinic/Center	\$1.53	\$1.23	\$1.64	\$2.01	\$0.77	\$1.47
Dental	\$0.47	\$0.26	\$0.42	\$0.79	\$0.60	\$1.23
DME, Prosthetics/Orthotics/Supplies	\$6.35	\$5.21	\$5.01	\$5.31	\$4.63	\$4.29
Federally Qualified Health Center	\$20.51	\$17.61	\$21.22	\$21.73	\$26.15	\$18.83
Home Health	\$0.80	\$0.69	\$0.24	\$0.08	\$0.12	\$0.27
Hospice					\$1.04	
Hospital Total	\$543.92	\$462.55	\$824.51	\$681.66	\$589.30	\$509.39
Inpatient	\$514.44	\$436.89	\$793.32	\$650.48	\$565.81	\$486.46
Outpatient	\$29.59	\$25.71	\$31.39	\$31.27	\$23.49	\$22.93
Other Hospital	-\$0.11	-\$0.05	-\$0.20	-\$0.09		\$0.01
Laboratory	\$0.14	\$0.13	\$0.14	\$0.11	\$0.29	\$0.19
Other	\$0.33	\$1.26	\$2.70	\$3.13	\$2.20	\$2.29
Physician & Other Practitioner	\$161.66	\$138.83	\$157.27	\$180.97	\$147.98	\$125.79
Prescription Drug	\$24.86	\$21.78	\$24.39	\$35.87	\$24.07	\$19.38
Public Health or Welfare	\$1.06	\$0.84	\$1.09	\$2.55	\$2.06	\$0.85
Public Health, Federal	\$11.72	\$12.42	\$21.66	\$29.17	\$25.69	\$24.40
Rural Health Clinic	\$4.36	\$3.70	\$5.92	\$7.49	\$9.22	\$8.30
Vision	\$0.38	\$0.34	\$0.40	\$0.43	\$0.22	\$0.38
Total	\$796	\$682	\$1,083	\$991	\$852	\$729



MEDICARE SAVINGS PROGRAMS

EXPENDITURES MEMBER MONTHS \$1.85 million 53,373 paid to providers for services rendered during the state fiscal year \$.407M Average Months 45,286 46,175 45,134 42,549 \$2.80M \$1.85M \$1.77M \$1.74M \$1.60M 9.8 9.2 9.2 9.2 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021 **MEMBERS** PER MEMBER PER MONTH

unique individuals enrolled during the state fiscal year



PMPM during the state fiscal year



53,373

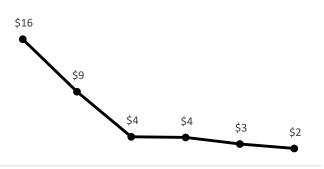
10.3

48,009

9.3

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

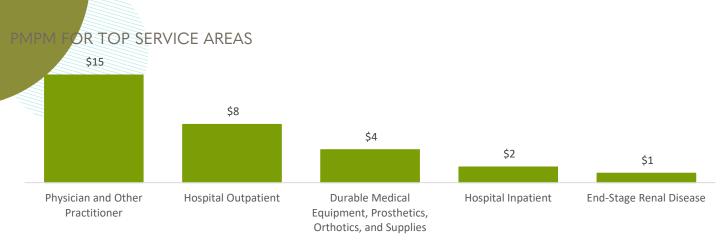


Table 54. Medicare Savings Programs Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Programs						
Qualified Medicare Beneficiary	\$1,832,429	7	30,966	12	\$59	-5
Medicare Savings Programs						
Specified Low-Income Medicare Beneficiary	\$13,055	-34	22,407	10	\$1	-40

Table 55. Medicare Savings Programs History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditure	es							
Medicare Savings	Qualified Medicare Beneficiary	\$4,037,535	\$2,774,127	\$1,586,094	\$1,753,077	\$1,718,709	\$1,832,429	-55%
Programs	Specified Low- Income Medicare Beneficiary	\$27,903	\$21,453	\$17,549	\$18,409	\$19,795	\$13,055	-53%
Member M	onths							
Medicare Savings	Qualified Medicare Beneficiary	25,230	27,384	27,757	27,068	27,644	30,966	23%
Programs	Specified Low- Income Medicare Beneficiary	17,319	17,750	17,529	19,107	20,365	22,407	29%
Per Membe	r Per Month							
Medicare Savings	Qualified Medicare Beneficiary	\$160	\$101	\$57	\$65	\$62	\$59	-63%
Programs	Specified Low- Income Medicare Beneficiary	\$2	\$1	\$1	\$1	\$1	\$	-64%

Table 56. Medicare Savings Programs Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$2.53	\$1.19	\$0.10	\$0.08	\$0.07	\$0.09
Ambulatory Surgical Center	\$1.16	\$0.67	\$0.10	\$0.16	\$0.22	\$0.25
Behavioral Health	\$1.76	\$1.55	\$1.09	\$1.10	\$0.93	\$0.79
Dental		\$0.00	\$0.00			
DME, Prosthetics/Orthotics/Supplies	\$5.29	\$3.61	\$3.29	\$4.07	\$4.08	\$4.50
End-State Renal Disease	\$3.18	\$2.13	\$0.76	\$0.89	\$0.77	\$1.29
Federally Qualified Health Center	\$1.11	\$1.02	\$1.09	\$1.38	\$1.09	\$0.93
Hospital Total	\$51.00	\$28.61	\$8.83	\$10.12	\$9.84	\$10.23
Inpatient	\$15.56	\$ 9.16	\$3.55	\$3.50	\$2.69	\$2.15
Outpatient	\$35.41	\$19.43	\$5.10	\$6.49	\$7.01	\$7.97
Other Hospital	\$0.03	\$0.02	\$0.18	\$0.13	\$0.13	\$0.11
Laboratory	\$0.07	\$0.07	\$0.05	\$0.02	\$0.02	\$0.02
Nursing Facility	\$1.58	\$0.77	\$0.03	\$0.07	\$0.12	\$0.07
Other	\$0.13	\$0.10	\$0.14	\$0.16	\$0.13	\$0.13
Physician & Other Practitioner	\$25.22	\$19.89	\$17.54	\$17.62	\$16.83	\$14.72
Prescription Drug						\$0.01
Public Health or Welfare	\$1.32	\$1.14	\$0.86	\$0.90	\$0.87	\$0.62
Public Health, Federal	\$0.06	\$0.07	\$0.09	\$0.07	\$0.01	
Rural Health Clinic	\$0.52	\$0.57	\$1.02	\$1.30	\$0.89	\$0.57
Vision	\$0.61	\$0.54	\$0.44	\$0.40	\$0.34	\$0.36
Total	\$96	\$62	\$35	\$38	\$36	\$35

QUALIFIED MEDICARE BENEFICIARY

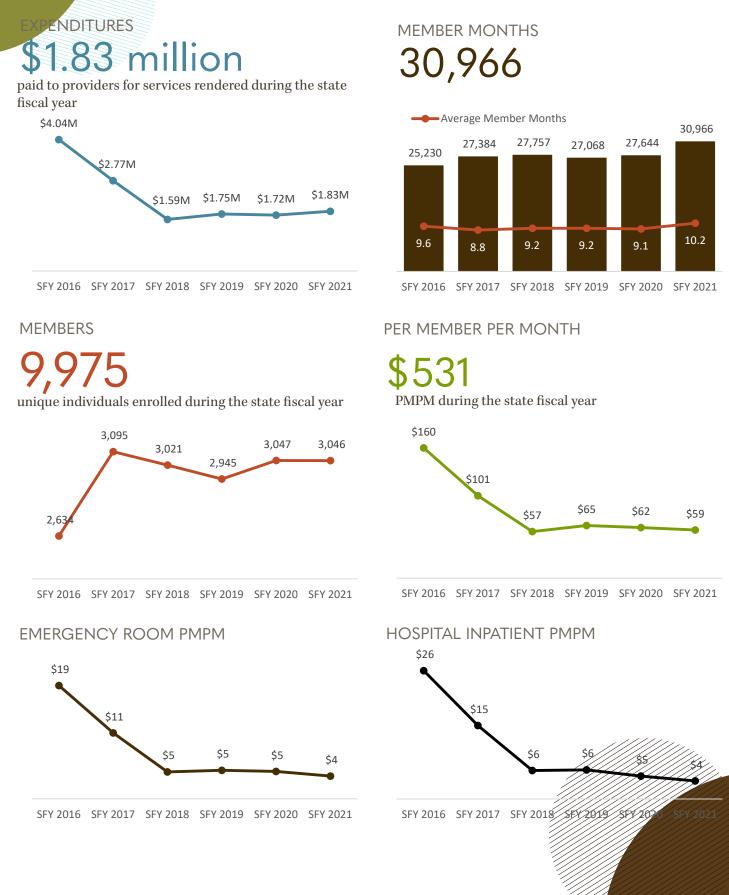


Table 57. Qualified Medicare Beneficiary Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$4.26	\$1.96	\$0.17	\$0.14	\$0.13	\$0.16
Ambulatory Surgical Center	\$1.96	\$1.10	\$0.16	\$0.28	\$0.38	\$0.43
Behavioral Health	\$2.96	\$2.54	\$1.76	\$1.87	\$1.59	\$1.35
DME, Prosthetics/Orthotics/Supplies	\$8.93	\$5.95	\$5.36	\$6.95	\$7.08	\$7.75
End-State Renal Disease	\$5.36	\$3.51	\$1.25	\$1.51	\$1.34	\$2.22
Federally Qualified Health Center	\$1.87	\$1.68	\$1.77	\$2.36	\$1.90	\$1.60
Hospital Total	\$86.00	\$47.15	\$14.41	\$17.27	\$17.08	\$17.64
Inpatient	\$26.24	\$15.10	\$5.80	\$5.97	\$4.68	\$3.71
Outpatient	\$59.71	\$32.02	\$8.32	\$11.07	\$12.17	\$13.73
Other Hospital	\$0.05	\$0.03	\$0.29	\$0.23	\$0.23	\$0.20
Laboratory	\$0.12	\$0.11	\$0.08	\$0.04	\$0.03	\$0.03
Nursing Facility	\$2.65	\$1.27	\$0.04	\$0.12	\$0.20	\$0.13
Other	\$0.22	\$0.17	\$0.22	\$0.28	\$0.22	\$0.23
Physician & Other Practitioner	\$42.53	\$32.78	\$28.61	\$30.06	\$29.24	\$25.37
Prescription Drug						\$0.01
Public Health or Welfare	\$1.15	\$1.12	\$0.77	\$0.87	\$0.83	\$0.66
Public Health, Federal	\$0.10	\$0.12	\$0.14	\$0.13	\$0.02	
Rural Health Clinic	\$0.88	\$0.94	\$1.67	\$2.22	\$1.55	\$0.97
Vision	\$1.03	\$0.89	\$0.72	\$0.68	\$0.59	\$0.62
Total	\$160	\$101	\$57	\$65	\$62	\$59

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY

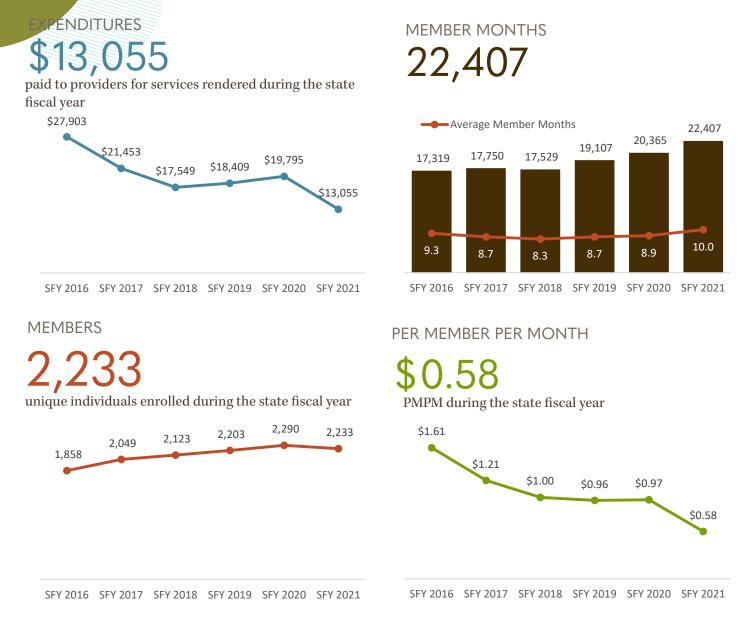


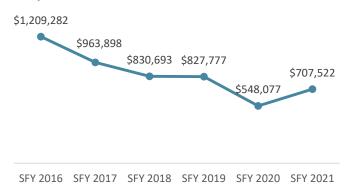
Table 58. Specified Low-Income Medicare Beneficiary Per Member Per Month History by Service Area

-		5		5 5		
Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Behavioral Health	\$0.01	\$0.04	\$0.02	\$0.01	\$0.04	\$0.02
Nursing Facility	\$0.03					
Public Health or Welfare	\$1.57	\$1.17	\$0.99	\$0.95	\$0.93	\$0.57
Total	\$1.61	\$1.21	\$1.00	\$0.96	\$0.97	\$0.58

NON-CITIZENS WITH MEDICAL EMERGENCIES

EXPENDITURES \$707,522

paid to providers for services rendered during the state fiscal year

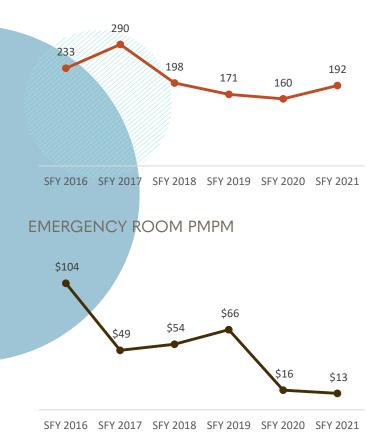


MEMBER MONTHS **1,226**



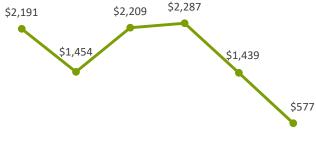
MEMBERS

192 unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH

\$577 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

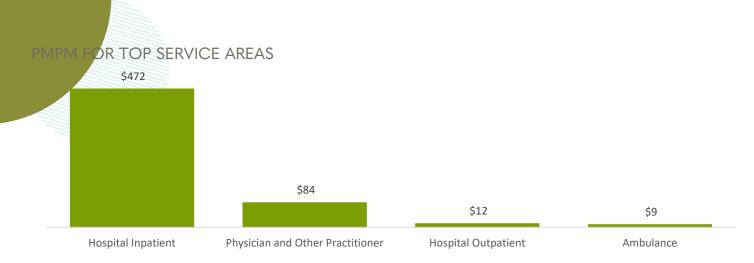


Table 59. Non-Citizens with Medical Emergencies Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures			1 Year % Change	РМРМ	1 Year % Change
Non-Citizens with Medical E	mergencies					
Non-Citizens	\$707,522	29	1,226	222	\$577	-60

Table 60. Non-Citizens with Medical Emergencies History by Subgroup

		J		J				
Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,209,282	\$963,898	\$830,693	\$827,777	\$548,077	\$707,522	-41%
Member Months								
Non-Citizens with Medical Emergencies	Non-Citizens	552	663	376	362	381	1,226	122%
Per Member Per	Month							
Non-Citizens with Medical Emergencies	Non-Citizens	\$2,191	\$1,454	\$2,209	\$2,287	\$1,439	\$577	-74%

Table 61. Non-Citizens with Medical Emergencies Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$17.67	\$0.46	\$50.53	\$36.38	\$26.73	\$8.80
Ambulatory Surgical Center		\$5.18				
Federally Qualified Health Center	\$3.95			\$2.11	\$2.01	
Hospital Total	\$1,804.97	\$1,164.75	\$1,876.67	\$1,908.63	\$1,123.27	\$484.54
Inpatient	\$1,712.72	\$1,123.50	\$1,825.26	\$1,836.73	\$1,110.55	\$472.20
Outpatient	\$92.25	\$41.25	\$51.41	\$71.90	\$12.72	\$12.34
Laboratory				\$0.09	\$0.32	
Physician & Other Practitioner	\$364.13	\$283.45	\$282.09	\$337.83	\$285.85	\$83.76
Prescription Drug						
Rural Health Clinic				\$1.64	\$0.35	
Total	\$2,191	\$1,454	\$2,209	\$2,287	\$1,439	\$577

PREGNANT WOMEN

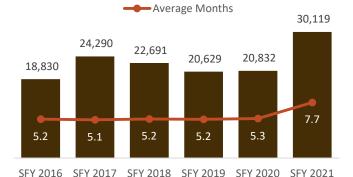
EXPENDITURES

\$22.4 million

paid to providers for services rendered during the state fiscal year



MEMBER MONTHS 30,119



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

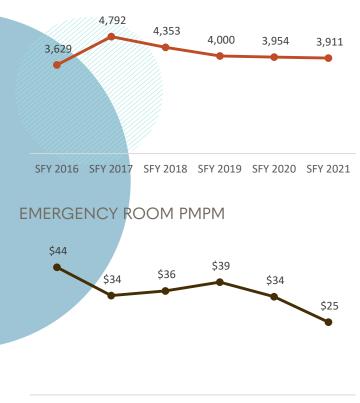
HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

unique individuals enrolled during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

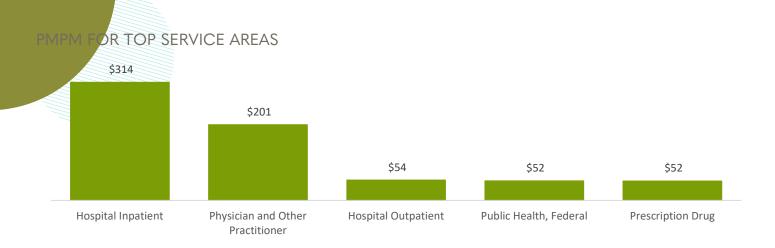


Table 62. Pregnant Women Per Member Per Month Summary by Subgroup

Eligibility C Subgr	• •	Expend	ditures	1 Year % Change	Member Months	1 Year % Change	PMPM	l 1 Yea Cha		
Pregnant Wom	en									
Pregnant V	Vomen	\$22,	398,886	5	30,119	45	\$	744	-28	
Table 63. Pregna	ant Women H	listory by	- Subgrou	р						
Eligibility Category	Eligibility Suk	ogroupL	SFY 2016	SFY 20	17 SFY 20	18 SFY :	2019 SF	Y 2020	SFY 2021	5 Yea % Chang
Expenditures										
Pregnant Women	Pregnant	Women	\$25,331,0	75 \$25,762	,842 \$23,77	5,130 \$22,8	860,476 \$21	,385,484	\$22,398,886	,) -
Member Months										
Pregnant Women	Pregnant	Women	18,8	30 24	,290 22	2,691	20,629	20,832	30,119) (
Per Member Per I	Month									
Pregnant Women	Pregnant	Women	\$1,3	45 \$1	1,061 \$1	,048	\$1,108	\$1,027	\$744	ļ _/

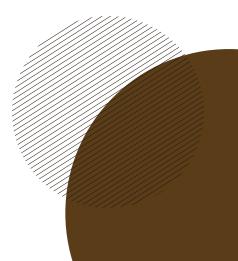


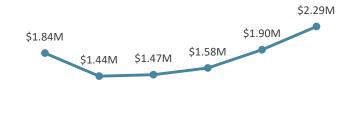
Table 64. Pregnant Women Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$18.27	\$15.41	\$10.62	\$14.31	\$12.17	\$11.06
Ambulatory Surgical Center	\$2.53	\$1.33	\$2.23	\$2.26	\$2.41	\$2.47
Behavioral Health	\$21.11	\$11.76	\$11.70	\$9.80	\$11.48	\$9.75
Clinic/Center			\$0.02	\$0.01		
Dental	\$20.40	\$13.55	\$6.87	\$7.10	\$6.20	\$5.58
DME, Prosthetics/Orthotics/Supplies	\$2.40	\$2.21	\$2.46	\$1.81	\$1.85	\$1.61
Federally Qualified Health Center	\$46.60	\$32.68	\$34.62	\$36.32	\$36.31	\$26.45
Home Health	\$0.11	\$0.07	\$0.17	\$0.32	\$0.24	\$0.22
Hospital Total	\$720.21	\$576.38	\$544.57	\$578.52	\$530.62	\$367.73
Inpatient	\$628.20	\$511.37	\$462.83	\$496.10	\$455.42	\$313.62
Outpatient	\$92.87	\$68.46	\$82.50	\$83.79	\$75.20	\$54.11
Other Hospital	-\$0.86	-\$3.45	-\$0.76	-\$1.37	-\$0.01	
Laboratory	\$16.36	\$9.32	\$8.68	\$8.11	\$7.18	\$4.90
Other	\$1.07	\$1.30	\$1.91	\$1.81	\$3.04	\$2.04
Physician & Other Practitioner	\$420.14	\$312.72	\$318.39	\$322.26	\$304.64	\$201.24
Prescription Drug	\$36.67	\$35.01	\$53.52	\$61.67	\$49.98	\$51.71
Public Health or Welfare	\$0.35	\$0.37	\$0.50	\$1.17	\$1.10	\$0.37
Public Health, Federal	\$34.66	\$45.13	\$46.70	\$56.17	\$50.32	\$51.93
Rural Health Clinic	\$2.52	\$1.75	\$3.51	\$4.93	\$7.75	\$5.59
Vision	\$1.87	\$1.65	\$1.31	\$1.60	\$1.29	\$1.04
Total	\$1,345	\$1,061	\$1,048	\$1,108	\$1,027	\$744

SPECIAL GROUPS

\$2.29 million

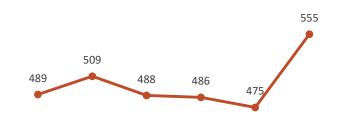
paid to providers for services rendered during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

MEMBERS

555 unique individuals enrolled during the state fiscal year

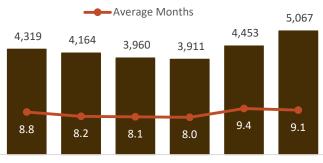


SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

member months **5,067**



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

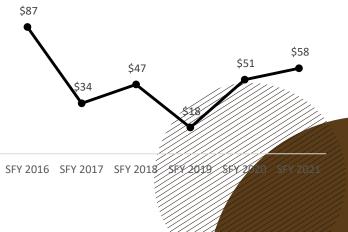
\$543 PMPM during th

PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

HOSPITAL INPATIENT PMPM



PMPM FOR TOP SERVICE AREAS

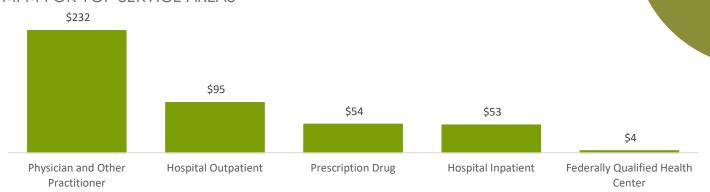


Table 65. Special Groups Per Member Per Month Summary by Subgroup

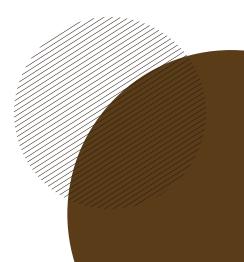
Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$2,294,127	21	738	13	\$3,109	8
Family Planning Waiver	\$106	-95	75	-37	\$1	-92

Table 66. Special Groups Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Subgroup	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	5 Year % Change
Expenditures								
Special Groups	Breast and Cervical	\$1,826,836	\$1,440,578	\$1,466,631	\$1,582,515	\$1,895,022	\$2,294,127	26%
	Family Planning Waiver	\$9,845	\$4,364	\$3,258	\$2,425	\$1,990	\$106	-99%
	Tuberculosis	\$3,841	\$14					
Member Months								
Special Groups	Breast and Cervical	936	867	717	607	656	738	-21%
	Family Planning Waiver	734	410	259	180	119	75	-90%
	Tuberculosis	11	1					
Per Member Per I	Month							
Special Groups	Breast and Cervical	\$1,952	\$1,662	\$2,046	\$2,607	\$2,889	\$3,109	59%
	Family Planning Waiver	\$13	\$11	\$13	\$13	\$17	\$1	-89%
	Tuberculosis	\$349	\$14					

Table 67. Special Groups Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$3.53	\$3.09	\$1.80	\$0.08	\$0.28	\$0.69
Ambulatory Surgical Center	\$2.81	\$2.76	\$2.60	\$1.42	\$1.02	\$1.26
Behavioral Health	\$4.06	\$3.86	\$2.56	\$4.05	\$1.96	\$2.88
Dental	\$5.63	\$1.39	\$0.58	\$0.60	\$0.62	\$1.10
DME, Prosthetics/Orthotics/Supplies	\$4.12	\$2.58	\$5.04	\$3.46	\$2.75	\$3.08
Federally Qualified Health Center	\$6.58	\$4.44	\$4.33	\$4.95	\$2.72	\$4.05
Home Health	\$0.68	\$0.66	\$0.23	\$0.06		\$0.91
Hospice		\$0.97	\$0.65	\$2.48		
Hospital Total	\$195.16	\$120.67	\$146.34	\$147.62	\$178.72	\$148.34
Inpatient	\$85.95	\$34.14	\$46.49	\$17.56	\$48.08	\$52.91
Outpatient	\$109.38	\$86.59	\$99.86	\$130.06	\$130.64	\$95.43
Other Hospital	-\$0.16	-\$0.06	-\$0.01			
Laboratory	\$3.54	\$3.49	\$3.09	\$1.03	\$0.56	\$1.46
Other	\$0.72	\$0.11	\$0.18	\$0.36	\$0.34	\$0.26
Physician & Other Practitioner	\$113.19	\$120.74	\$119.89	\$155.99	\$169.47	\$231.97
Prescription Drug	\$80.74	\$72.69	\$79.72	\$80.24	\$65.18	\$54.34
Public Health or Welfare	\$0.06	\$0.11	\$0.00	\$0.03		\$0.05
Public Health, Federal	\$4.89	\$120.74	\$3.65	\$2.35	\$1.54	\$1.31
Rural Health Clinic	\$0.19	\$72.69	\$0.04	\$0.35	\$0.79	\$0.73
Vision	\$0.26		\$0.48	\$0.19	\$0.06	\$0.34
Total	\$426	\$347	\$371	\$405	\$426	\$453



BREAST AND CERVICAL

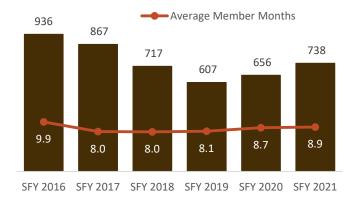
\$2.29 million

paid to providers for services rendered during the state fiscal year



MEMBER MONTHS

738



MEMBERS

unique individuals enrolled during the state fiscal year 108 95 90 83 75 75 SFY 2018 SFY 2019 SFY 2020 SFY 2021 SFY 2016 SFY 2017 EMERGENCY ROOM PMPM \$95 \$43 \$35 \$35 \$32 30

SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

PER MEMBER PER MONTH

\$3,109 PMPM during the state fiscal year



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

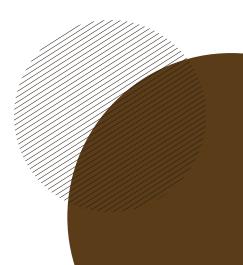
HOSPITAL INPATIENT PMPM



SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

Table 68. Breast and Cervical Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Ambulance	\$16.27	\$14.86	\$9.92	\$0.53	\$1.91	\$4.72
Ambulatory Surgical Center	\$12.96	\$13.28	\$14.34	\$9.12	\$6.93	\$8.64
Behavioral Health	\$18.74	\$18.54	\$14.12	\$26.09	\$13.32	\$19.74
Dental	\$25.97	\$6.69	\$3.21	\$3.88	\$4.21	\$7.58
DME, Prosthetics/Orthotics/Supplies	\$19.00	\$12.40	\$27.83	\$22.28	\$18.66	\$21.17
Federally Qualified Health Center	\$28.81	\$21.34	\$23.39	\$30.67	\$18.46	\$27.81
Home Health	\$3.12	\$3.18	\$1.30	\$0.37		\$6.26
Hospice		\$4.66	\$3.60	\$15.98		
Hospital Total	\$898.58	\$579.55	\$808.25	\$951.45	\$1,213.16	\$1,018.46
Inpatient	\$396.59	\$163.97	\$256.75	\$113.16	\$326.37	\$363.25
Outpatient	\$502.73	\$415.87	\$551.55	\$837.99	\$886.79	\$655.21
Other Hospital	\$0.74	-\$0.29	-\$0.05			
Laboratory	\$16.20	\$16.71	\$16.86	\$6.62	\$3.77	\$10.05
Other	\$2.98	\$0.35	\$1.00	\$2.14	\$2.29	\$1.76
Physician & Other Practitioner	\$517.87	\$576.99	\$660.45	\$1,003.35	\$1,149.94	\$1,592.67
Prescription Drug	\$366.36	\$347.17	\$438.21	\$516.33	\$439.88	\$372.98
Public Health or Welfare	\$0.26	\$0.03		\$0.17		\$0.35
Public Health, Federal	\$22.54	\$41.37	\$20.15	\$15.16	\$10.43	\$9.01
Rural Health Clinic	\$0.90	\$0.51	\$0.21	\$2.06	\$5.38	\$5.01
Vision	\$1.19	\$3.93	\$2.67	\$1.21	\$0.40	\$2.35
Total	\$1,952	\$1,662	\$2,046	\$2,607	\$2,889	\$3,109



FAMILY PLANNING WAIVER

EXPENDITURES

\$106

paid to providers for services rendered during the state fiscal year



MEMBERS

11

unique individuals enrolled during the state fiscal year



MEMBER MONTHS





PER MEMBER PER MONTH





SFY 2016 SFY 2017 SFY 2018 SFY 2019 SFY 2020 SFY 2021

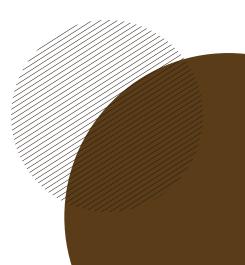
Table 69. Family Planning Waiver Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Federally Qualified Health Center	\$0.49		\$1.45	\$4.19		
Hospital Total	\$0.01					
Outpatient	\$0.01					
Laboratory		\$0.11	\$0.64			
Other	\$0.43	\$0.36		\$0.55		
Physician & Other Practitioner	\$4.90	\$6.11	\$4.76	\$5.69	\$2.56	\$0.03
Prescription Drug	\$7.57	\$4.07	\$5.73	\$2.30	\$14.16	\$1.38
Rural Health Clinic				\$0.75		
Vision						
Total	\$13.41	\$10.64	\$12.58	\$13.47	\$16.72	\$1.41

TUBERCULOSIS

Table 70. Tuberculosis Per Member Per Month History by Service Area

Service	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021
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 AND ACRONYMS

GLOSSARY

Acquired Brain Injury (ABI)

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

Ambulatory Surgical Center (ASC)

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

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 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 people with a developmental disability. Provides a 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 2021 ends on June 30, 2021).

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.

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
СМНС	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
СРТ	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
РМРМ	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
ТВ	Tuberculosis
WDH	Wyoming Department of Health
WES	Wyoming Eligibility System

APPENDIX B: DATA METHODOLOGY

Table 71. Data Definition and Methodology Summary

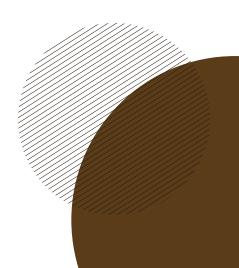
Data	Definition	Methodology
Expenditures	Claim payment processed through the MMIS	Extracted based on the first date of service on claims that were never voided/adjusted and final adjusted claims
Enrolled Member	Individual enrolled in Medicaid	Unduplicated count extracted from Wyoming Data Warehouse using 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 72. Medicaid Chart A Eligibility Program Codes

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

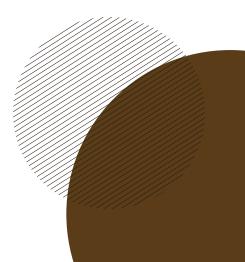
Eligibility Category	Eligibility Sub-Group		Program Codes
Intellectual/ Developmental Disabilities and Acquired Brain		S23	DD Waiver 300% Cap > 65 (inactive)
Injury (continued)		S44	DD Wvr SSI Between 21 & 65 Yrs (inactive)
		S45	DD Wvr 300% Between 21 & 65 Yrs (inactive)
		S59	DD Waiver w/ EID > 21 (inactive)
		W03	EID Comp Waiver Adult > 21
		W08	SSI Comp Waiver Adult > 21
		W10	SSI Comp Waiver Aged > 65
		W14	300% Comp Waiver Adult > 21
		W16	300% Comp Waiver Aged > 65
		W01	EID Support Waiver Adult > 21
		W05	SSI Support Waiver Adult > 21
		W07	SSI Support Waiver Aged > 65
		W11	300% Support Waiver Adult > 21
		W13	300% Support Waiver Aged > 65
	Child ID/DD	S58	DD Waiver w/ EID < 21 (inactive)
		S64	Continuous DD < 19 (inactive)
		S93	DD Waiver SSI <21 (inactive)
		S94	DD Waiver 300% Cap <21 (inactive)
		W04	EID Comp Waiver Child < 21
			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	Hospital	S14	Institutional (Hosp) Aged - Inactive
Institution		S15	Inpatient Hospital 300% Cap > 65
		S34	Institutional (Hosp) Disabled - Inactive
		S35	Inpatient Hospital 300% Cap < 65
	IMD (WY State Hospital - Age 65+)	S13	Inpat-Psych > 65

Eligibility Category	Eligibility Sub-Group		Program Codes
Aged, Blind, Disabled, Long-	Nursing Home	N97	NH Temp Services
Term Care (continued)		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	Eligibility Sub-Group		Program Codes
Aged, Blind, Disabled SSI & SSI Related	SSI & SSI Related		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-	Community Choices Waiver	R01	Asst Living Fac Wvr SSI < 65
Term Care			Asst Living Fac Wvr 300% < 65
			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	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	Eligibility Sub-Group		Program Codes
Children	Children	A02	Family Care Past 5yr Limit <21
		A04	Family Care <21
		A50	AFDC Medicaid (inactive)
		A54	2nd-6mos. Trans Mcaid Child (inactive)
		A56	Alien: 245 (IRCA) Child (inactive)
		A57	Baby <1 Yr, Mother SSI Elig (inactive)
		A59	Retro Medicaid-"Pr" Child (inactive)
		A60	4 Mo Extended Med <21
		A61	Institutional (AF-IV-E) (inactive)
		A62	Retro Medicaid-"Rm" Child (inactive)
		A63	Refugee Child (inactive)
		A64	Alien: 245 (IRCA) Child (inactive)
		A58	Child 6 Through 18 Yrs
		A65	AFDC-Up Unemployed Parent Ch (inactive)
		A67	12 Mo Extended Med <21
		A87	16+ Not In School AF HH (inactive)
		К03	Kidcare to Child Magi
		M02	Adult MAGI <21
		M03	Child MAGI
		M05	Family MAGI <21
		M10	Children's PE
		M12	Family MAGI PE <21
		M14	Adult MAGI PE <21
		S62	Continuous SSI Eligible <19
		A55	Child 0 Through 5 Yrs
	Children's Mental Health Waiver	S65	Cont Childrns Ment Health Wvr < 19
		S95	Childrens Ment Hlth Wvr SSI < 21
		S96	Childrens Ment Hlth Wvr 300% <21
	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	Eligibility Sub-Group		Program Codes
Medicare Savings Programs	Qualified Medicare Beneficiary	Q17	QMB > 65
			QMB < 65
	Specified Low Income Medicare Beneficiary	Q94	SLMB 2 > 65
		Q95	SLMB 2 < 65
		Q96	SLMB 1 > 65
		Q97	SLMB 1 < 65
	Part B - Partial Aged Medicare Beneficiary	Q98	Part B-Partial Aged - Inactive
		Q99	Part B-Partial Disabled - Inactive
Non-Citizens with Medical	Non-Citizens		Emergency Svc < 21
Emergencies			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
			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	A20	Pregnant By Choice

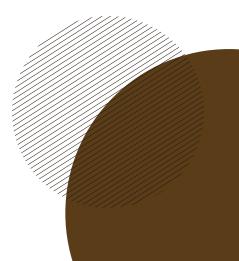


Table 73. Data Parameters by Service Area

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

Service Area		Pay-to-Provider Taxonomy	Other Parameters
Physician and Other Practitioner	All Taxonomies starting with '20' EXCLUDING 2084P0800X 363A00000X 225X00000X 225100000X 363L00000X 363LA2200X 363LF0000X 363LF0000X 363LF0000X 367A00000X 231H00000X 235Z00000X	Physician Assistant Occupational Therapist Physical Therapist Podiatrist Nurse Practitioner Nurse Midwife Nurse Anesthetist Audiologist	n/a
Prescription Drug	333600000X		Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X 156FX1800X	Optometrist Optician	n/a
Waiver - Total	251B00000X 251C00000X 251X00000X	/ 8,	Claim Type: W, G Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S6 S95, S96, S22, S23, S44, S45, S5 S58, S64, S93, S94, N98, S24, S2 S46, S47, W03, W04, W08, W09 W10, W14, W15, W16, W01, W02 W05, W06, W07, W11, W12, W13 W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Acquired Brain Injury Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: B01, B02, S60
Adult ID/DD Waiver	251C00000X 251X00000X	,	Claim Type: W, G Recipient Program Codes: S22, S23, S44, S45, S59
Child ID/DD Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: S58, S93, S94, S64
Children's Mental Health Waiver	251C00000X	Day Training, DD	Claim Type: W, G Recipient Program Codes: \$95, \$96, \$65
Comprehensive Waiver	251C00000X 251X00000X		Claim Type: W, G Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15 W16, W22, W23, W24, W25, W26

Service Area		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 251X00000X		Claim Type: W, G Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21



