

A circular inset image showing several bright red flowers, likely Indian paintbrush, against a blurred green background. The flowers are in various stages of bloom, with some showing distinct yellow centers.

**SFY 2023**

# **PMPM REPORT**

**WYOMING DEPARTMENT OF HEALTH  
WYOMING MEDICAID**

A decorative graphic consisting of a series of parallel white diagonal lines on a dark background, located in the bottom left corner of the page.

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# BACKGROUND

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

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

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

For example, for a recipient who visited their doctor twice, once on June 1, 2022, and again on July 1, 2022, even if both claims were paid on August 1, 2022, only the second claim's expenditures are included in the calculation of the SFY 2023 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 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.

<ul style="list-style-type: none"><li>• <b>Medicaid Summary</b> How have expenditures, member months, and PMPM changed over the past 5 years?</li> <li>• <b>Population Comparison</b> How does the overall PMPM differ for different Medicaid populations?</li> <li>• <b>Services Overall</b> How does the PMPM differ between services?</li> <li>• <b>Services by Population</b> How is the PMPM cost distributed across populations for Services of high interest?</li></ul>	<ul style="list-style-type: none"><li>• <b>Eligibility Category Summary</b> How have expenditures, member months, and PMPM changed over the past 5 years for the eligibility category?</li> <li>• <b>Category Overview</b> How has enrollment changed? How do the subgroups within the category compare, and how has their PMPM changed?</li> <li>• <b>Subgroup Details</b> How is the PMPM cost for this subgroup distributed across the Services? How has this changed over the past 5 years?</li></ul>
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Table 1. Eligibility Populations by Category and Subgroup

Eligibility Category	Eligibility Subgroup	
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	EID	
Aged, Blind, or Disabled Intellectually Disabled / Developmentally Disabled / Acquired Brain Injury (ABD ID/DD/ABI)	ABI Adult ID/DD Child ID/DD	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) (WY Life Resource Center)
Aged, Blind, or Disabled Long-Term Care (LTC)	Community Choices Hospice	Nursing Home Program for All-Inclusive Care of the Elderly (PACE) <sup>1</sup>
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) <sup>2</sup> 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 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.

# MEDICAID OVERVIEW

## EXPENDITURES

# \$647.7 MILLION

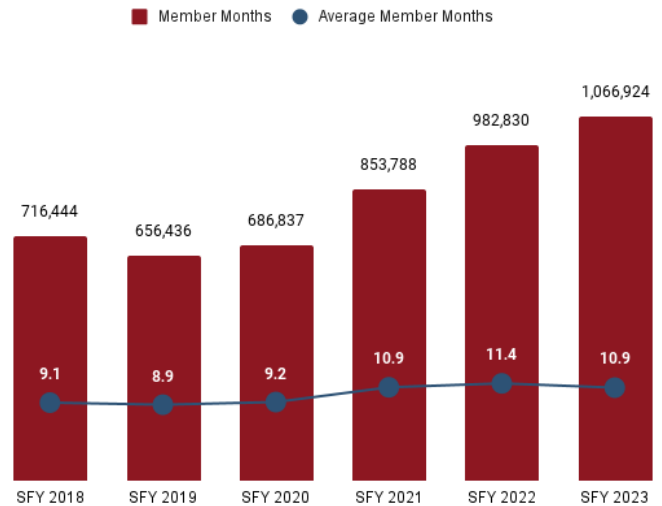
paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

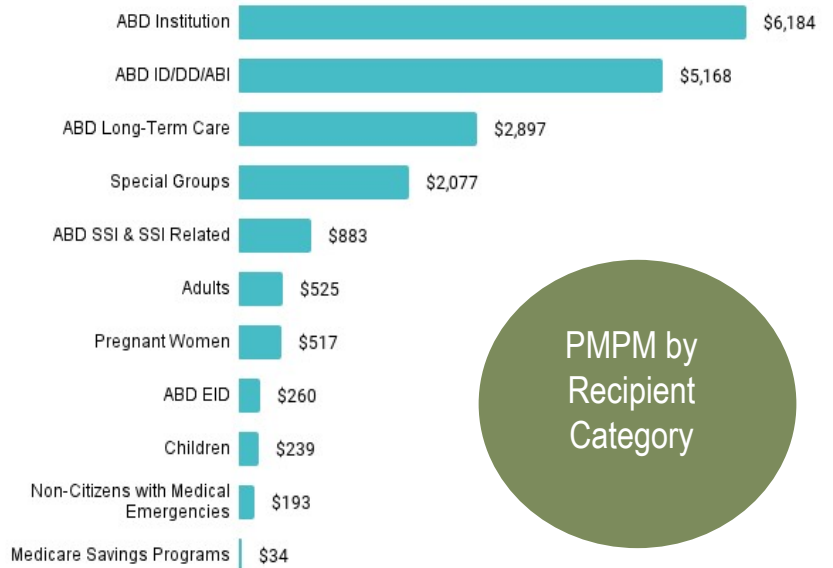
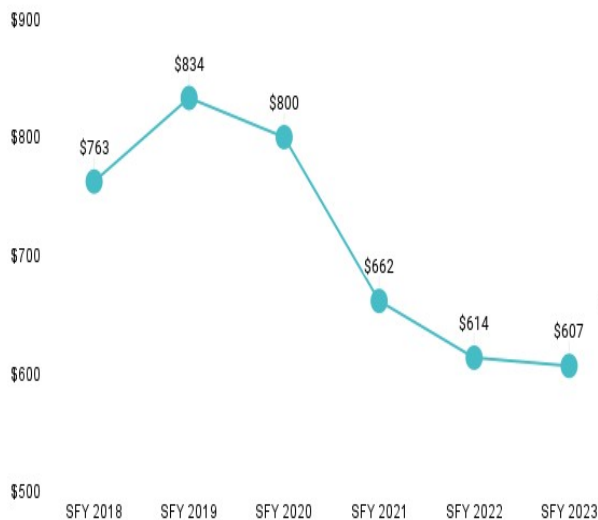
# 1,066,924

months members were enrolled during the state fiscal year



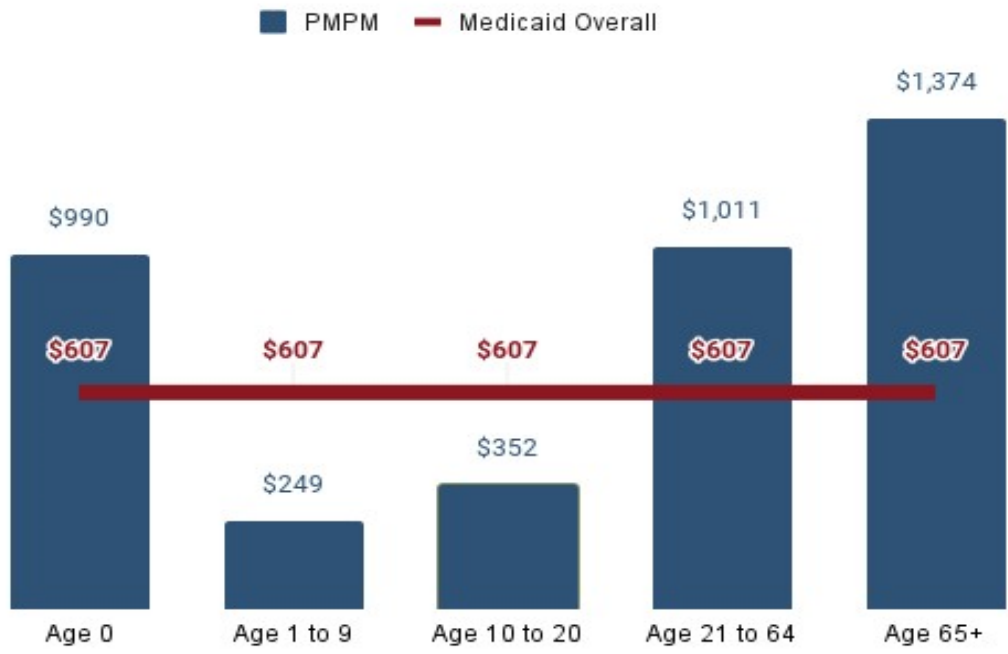
# \$607

## PER MEMBER PER MONTH





PMPM by Age Band



74%  
of Wyoming counties  
have a PMPM below the  
state's overall value.

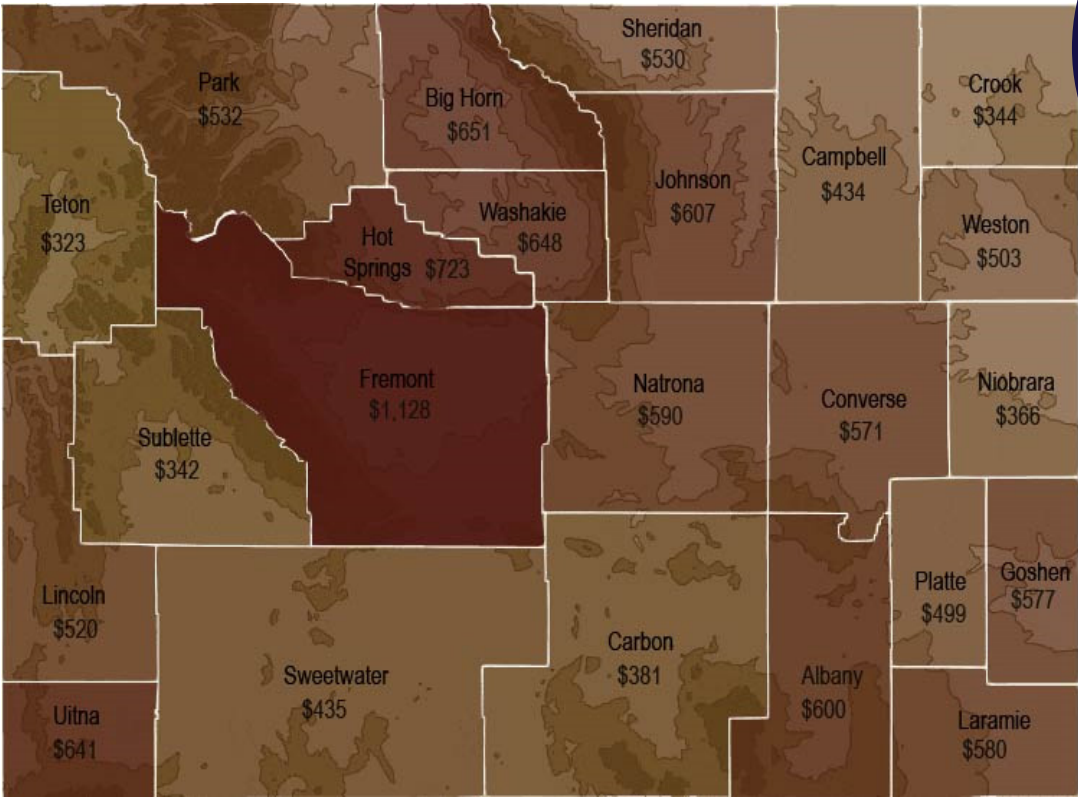


Figure 1. SFY 2023 Per Member Per Month (PMPM) County Map

# PMPM BY POPULATION

Figure 2. Eligibility Category Overview ~ SFY 2023

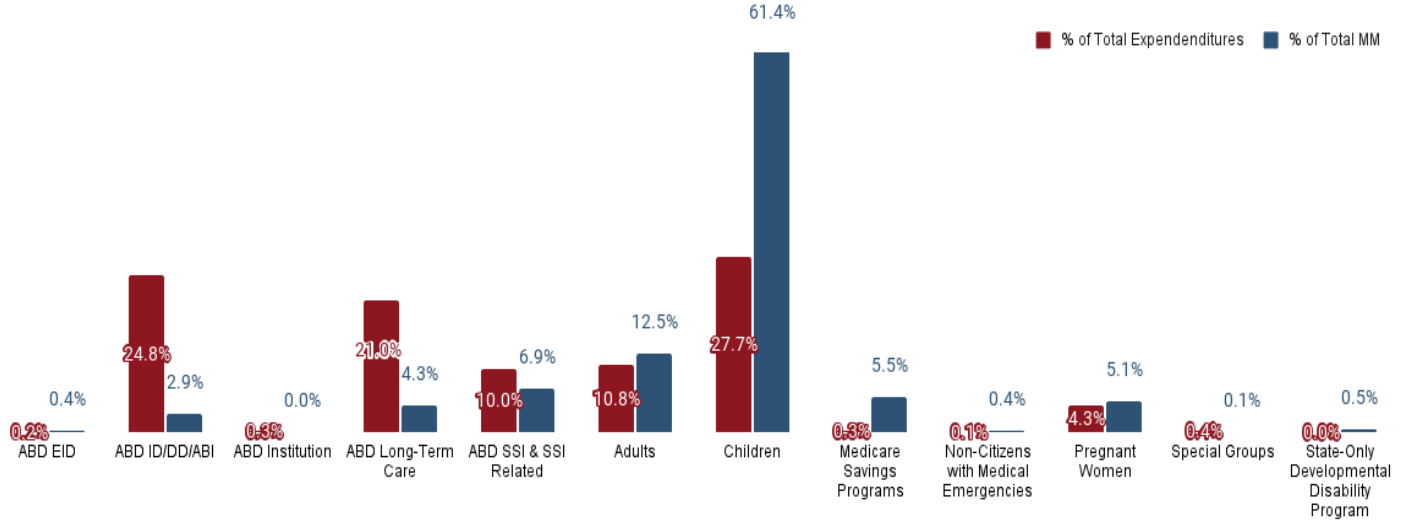


Table 2. Eligibility Category Overview ~ % of Total

Program Group	ABD EID	ABD ID/DD/ABI	ABD Institution	ABD Long-Term Care	ABD SSI & SSI Related	Adults	Children	Medicare Savings Programs	Non-Citizens with Medical Emergencies	Pregnant Women	Special Groups	State-Only Developmental Disability Program
% of Total Expenditures	0.2%	24.8%	0.3%	21.0%	10.0%	10.8%	27.7%	0.3%	0.1%	4.3%	0.4%	0.0%
% of Total MM	0.4%	2.9%	0.0%	4.3%	6.9%	12.5%	61.4%	5.5%	0.4%	5.1%	0.1%	0.5%

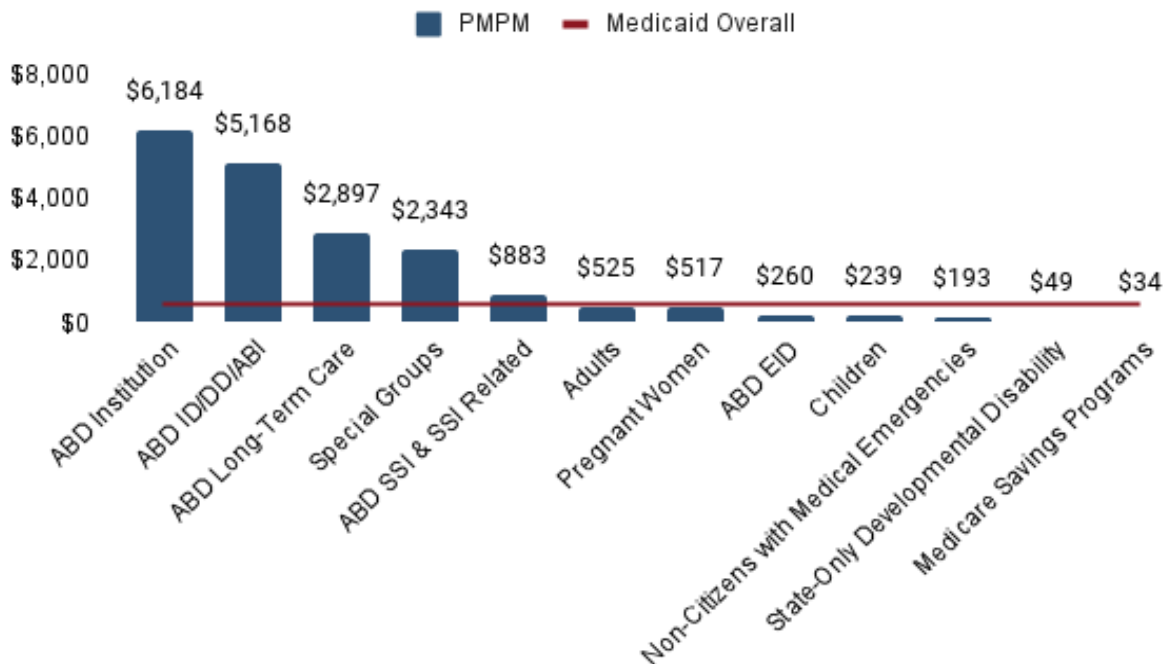


Figure 3. Eligibility Category vs. Medicaid Overall

Table 3. Eligibility Category Summary ~ SFY 2023

Eligibility Category	Average Enrollment Length (months)	Expenditures <sup>3</sup>	Member Months	PMPM
ABD EID	10.8	\$992,094	3,820	\$260
ABD ID/DD/ABI	11.6	\$160,795,493	31,116	\$5,168
ABD Institution	4.8	\$1,824,246	295	\$6,184
ABD Long-Term Care	9.7	\$135,903,037	45,542	\$2,984
ABD SSI & SSI Related	10.5	\$64,885,290	73,521	\$883
Adults	10.4	\$69,936,661	133,327	\$525
Children	10.9	\$179,231,670	654,631	\$274
Medicare Savings Programs	10.3	\$2,164,846	59,189	\$37
Non-Citizens with Medical Emergencies	8.8	\$855,604	4,444	\$193
Pregnant Women	9.2	\$28,027,910	54,224	\$517
Special Groups	8.8	\$2,844,431	1,282	\$2,219
Other	10.2	\$268,573	5,533	\$49
<b>Overall</b>	<b>9.7</b>	<b>\$647,729,855</b>	<b>1,066,924</b>	<b>\$607</b>

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

Program Group	Expenditures	% Change from SFY 2022	Member Months	% Change from SFY 2022	PMPM	% Change from 2022
ABD EID	\$992,094	-23%	3,820	5%	\$260	-27%
ABD ID/DD/ABI	\$160,795,493	5%	31,116	2%	\$5,168	3%
ABD Institution	\$1,824,246	-17%	295	17%	\$6,184	-29%
ABD Long-Term Care	\$135,903,037	3%	45,542	-1%	\$2,984	4%
ABD SSI & SSI Related	\$64,885,290	5%	73,521	1%	\$883	4%
Adults	\$69,936,661	16%	133,327	11%	\$525	4%
Children	\$179,231,670	10%	654,631	9%	\$274	1%
Medicare Savings Programs	\$2,164,846	7%	59,189	4%	\$37	2%
Non-Citizens with Medical Emergencies	\$855,604	5%	4,444	57%	\$193	-33%
Pregnant Women	\$28,027,910	18%	54,224	26%	\$517	-6%
Special Groups	\$2,844,431	6%	1,282	-66%	\$2,219	-12%
Other	\$268,573	617%	5,533	48%	\$49	385%
<b>Overall</b>	<b>\$647,729,855</b>	<b>7%</b>	<b>1,066,924</b>	<b>9%</b>	<b>\$607</b>	<b>-1%</b>

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 2023

Eligibility Category	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Members	Member Months
ABD EID	Employed Individuals with Disabilities	10.7	\$992,094	341	3,820
ABD ID/DD/ABI	Comprehensive Waiver	11.7	\$129,109,922	1,876	21,707
	ICF ID (WY Life Resource Center)	11.0	\$16,333,672	52	484
	Supports Waiver	10.9	\$15,351,899	740	8,925
ABD Institution	Hospital	4.8	\$1,824,246	53	295
ABD Long-Term Care	Community Choices Waiver	9.7	\$55,040,570	2,949	29,164
	Hospice	1.8	\$330,990	76	139
	Nursing Home	8.6	\$80,531,477	1,987	16,239
ABD SSI & SSI Related	SSI & SSI Related	10.5	\$64,885,290	6,889	73,521
Adults	Family-Care Adults	10.4	\$69,273,716	11,373	131,349
	Former Foster Care	9.8	\$662,945	167	1,978
Children	Children	11.6	\$116,610,115	48,491	561,961
	Care Management Entity <sup>4</sup>	5.4	\$4,090,812	469	2,514
	CHIP	10.5	\$9,340,526	4,362	45,892
	Children's Mental Health Waiver	9.7	\$1,564,627	165	1,606
	Foster Care	9.9	\$17,954,281	3,687	36,772
	Newborn	8.5	\$31,860,277	5,397	54,292
Medicare Savings Programs	Qualified Medicare Beneficiary	10.0	\$2,164,517	3,219	33,855
	Specified Low Income Medicare Beneficiary	10.1	\$329	2,402	25,334
Non-Citizens with Medical Emergencies	Non-Citizens	8.8	\$855,604	320	4,444
Pregnant Women	Pregnant Women	9.2	\$28,027,910	4,709	54,224
Special Groups	Breast and Cervical	9.9	\$2,842,561	101	1,213
	Family Planning Waiver	8.0	\$1,870	8	69
Other	Targeted Case Management- ID/DD	8.2	\$268,573	458	5,533
<b>Overall</b>		<b>9.3</b>	<b>\$647,729,855</b>	<b>90,639</b>	<b>1,066,924</b>

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 that have members also enrolled in CME.

Table 6. Expenditure History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>ABD EID</b>						
EID	\$2,811,061	\$2,038,397	\$1,695,829	\$1,713,179	\$1,292,085	\$992,094
<b>ABD ID/DD/ABI<sup>5</sup></b>						
ABI Waiver	\$4,961,167	--	--	--	--	--
Adult ID/DD Waiver	--	--	--	--	--	--
Comprehensive Waiver	\$109,350,754	\$126,948,820	\$127,073,402	\$123,788,099	\$122,161,791	\$129,109,922
ICF ID (WY Life Resource Center)	\$13,613,841	\$12,985,188	\$17,038,857	\$17,030,531	\$18,574,214	\$16,333,672
Supports Waiver	\$9,452,672	\$9,605,968	\$10,276,442	\$12,026,373	\$12,955,742	\$15,351,899
<b>ABD Institution</b>						
Hospital	\$2,850,073	\$879,871	\$2,189,584	\$3,272,885	\$2,201,040	\$1,824,246
IMD (WY State Hospital - Age 65 & Over)	--	--	\$112	\$21	--	--
<b>ABD Long-Term Care</b>						
Community Choices Waiver	\$40,442,652	\$44,616,668	\$47,509,718	\$49,028,396	\$52,900,610	\$55,040,570
Hospice	\$681,318	\$360,118	\$253,399	\$433,312	\$309,317	\$330,990
Nursing Home	\$88,245,505	\$87,175,315	\$94,145,448	\$78,627,469	\$78,782,599	\$80,531,477
PACE	\$3,515,171	\$3,885,399	\$3,689,689	\$1,784,714	--	--
<b>ABD SSI &amp; SSI Related</b>						
SSI & SSI Related	\$52,659,387	\$56,967,524	\$55,645,941	\$58,080,799	\$61,838,088	\$64,885,290
<b>Adults</b>						
Family-Care Adults	\$43,069,503	\$40,831,220	\$39,064,509	\$51,856,563	\$59,730,827	\$69,273,716
Former Foster Care	\$341,083	\$427,712	\$388,819	\$442,921	\$596,346	\$662,945
<b>Children</b>						
Care Management Entity (CME) <sup>5</sup>	\$4,244,069	\$2,269,415	\$2,850,200	\$3,333,067	\$3,173,126	\$4,090,812
Children	\$90,227,292	\$85,965,400	\$81,514,806	\$88,511,161	\$101,958,638	\$118,511,959
CHIP	--	--	\$1,135	\$5,539,977	\$9,267,467	\$9,340,526
Children's Mental Health Waiver	\$1,630,804	\$908,955	\$895,499	\$1,475,071	\$1,470,096	\$1,564,627
Foster Care	\$23,038,480	\$21,458,383	\$20,003,992	\$17,995,827	\$17,757,109	\$17,954,281
Newborn	\$31,977,722	\$25,033,422	\$22,752,379	\$26,145,554	\$32,342,485	\$31,860,277
<b>Medicare Savings Programs</b>						
Qualified Medicare Beneficiary	\$1,586,071	\$1,752,441	\$1,719,927	\$1,849,411	\$2,021,483	\$2,164,517
Specified Low Income Medicare Beneficiary	\$17,549	\$18,409	\$19,795	\$13,055	\$3,374	\$329
<b>Non-Citizens with Medical Emergencies</b>						
Non-Citizens with Medical Emergencies	\$830,693	\$827,777	\$548,077	\$712,723	\$815,903	\$855,604
<b>Pregnant Women</b>						
Pregnant Women	\$23,771,326	\$22,869,194	\$21,387,884	\$22,508,347	\$23,779,071	\$28,027,910
<b>Special Groups</b>						
Breast and Cervical	\$1,466,631	\$1,582,515	\$1,895,022	\$2,313,161	\$2,669,957	\$2,842,561
Family Planning Waiver	\$3,258	\$2,425	\$1,990	\$106	\$2,447	\$1,870
Incarcerated Medicaid Member	--	--	--	--	\$6,177	--
Targeted Case Management	\$45,395	\$50,823	\$52,125	\$39,646	\$37,440	\$268,573
<b>Overall</b>	<b>\$546,589,407</b>	<b>\$547,191,944</b>	<b>\$549,764,380</b>	<b>\$565,189,300</b>	<b>\$603,474,306</b>	<b>\$647,729,854</b>

Table 7. Member Months History by Eligibility Subgroup

Program Sub Group	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>ABD EID</b>						
Employed Individuals with Disabilities	3,271	2,871	3,115	3,530	3,650	3,820
<b>ABD ID/DD/ABI</b>						
ABI Waiver	1,126	--	--	--	--	--
Adult ID/DD Waiver	--	--	--	--	--	--
Comprehensive Waiver	20,697	21,665	22,000	22,263	21,976	21,707
ICF ID (WY Life Resource Center)	663	611	597	591	573	484
Supports Waiver	5,607	5,659	6,372	7,700	8,085	8,925
<b>ABD Institution</b>						
Hospital	136	72	107	190	252	295
IMD (WY State Hospital - Age 65 & Over)	--	--	--	--	--	--
<b>ABD Long-Term Care</b>						
Community Choices Waiver	23,835	25,306	26,860	28,838	28,681	29,164
Hospice	221	108	63	80	127	139
Nursing Home	19,794	18,971	18,434	17,510	17,060	16,239
PACE	1,188	1,074	995	414	--	--
<b>ABD SSI</b>						
SSI & SSI Related	65,381	65,673	67,061	69,413	72,719	73,521
<b>Adults</b>						
Family-Care Adults	84,683	73,007	70,859	97,447	118,515	131,349
Former Foster Care	865	990	947	1,225	1,636	1,978
<b>Children</b>						
Care Management Entity (CME) <sup>6</sup>	3,084	2,393	2,372	2,479	1,971	2,514
Children	357,861	328,547	358,733	449,740	515,978	561,961
CHIP	--	--	28,048	40,577	44,149	45,892
Children's Mental Health Waiver	919	585	568	1,073	1,353	1,606
Foster Care	30,685	27,344	28,185	32,598	36,155	36,772
Newborn	29,417	17,134	16,339	33,766	45,942	54,292
<b>Medicare Savings Programs</b>						
Qualified Medicare Beneficiary	26,974	25,907	26,579	30,581	32,331	33,855
Specified Low Income Medicare Beneficiary	17,075	17,882	18,858	22,149	24,332	25,334
<b>Non-Citizens with Medical Emergencies</b>						
Non-Citizens	376	362	375	1,241	2,825	4,444
<b>Pregnant Women</b>						
Pregnant Women	22,685	19,065	15,890	29,481	43,105	54,224
<b>Special Groups</b>						
Breast and Cervical	717	594	637	746	996	1,213
Family Planning Waiver	259	180	119	73	64	69
Incarcerated Medicaid Member	--	--	--	--	2,733	--
Targeted Case Management- ID/DD	2,009	2,829	3,144	3,139	3,742	5,533
<b>Overall</b>	<b>716,444</b>	<b>656,436</b>	<b>686,837</b>	<b>853,788</b>	<b>982,830</b>	<b>1,066,924</b>

Table 8. Per Member Per Month History by Eligibility Subgroup

Eligibility Category / Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
<b>ABD ID</b>						
Employed Individuals with Disabilities	\$859	\$710	\$544	\$485	\$354	\$260
<b>ABD ID/DD/ABI</b>						
ABI Waiver	\$4,406	--	--	--	--	--
Adult ID/DD Waiver	--	--	--	--	--	--
Comprehensive Waiver	\$5,283	\$5,860	\$5,776	\$5,560	\$5,559	\$5,948
ICF ID (WY Life Resource Center)	\$20,534	\$21,252	\$28,541	\$28,816	\$32,416	\$33,747
Supports Waiver	\$1,686	\$1,697	\$1,613	\$1,562	\$1,602	\$1,720
<b>ABD Institution</b>						
Hospital	\$20,956	\$12,220	\$20,463	\$17,226	\$8,734	\$6,184
IMD (WY State Hospital - Age 65 & Over)	--	--	--	--	--	--
<b>ABD Long-Term Care</b>						
Community Choices Waiver	\$1,697	\$1,763	\$1,769	\$1,700	\$1,844	\$1,887
Hospice	\$3,083	\$3,334	\$4,022	\$5,416	\$2,436	\$2,381
Nursing Home	--	\$4,595	\$5,107	\$4,490	\$4,618	\$4,959
PACE	\$2,959	\$3,618	\$3,708	\$4,311	--	--
<b>ABD SSI</b>						
SSI & SSI Related	\$805	\$867	\$830	\$837	\$850	\$883
<b>Adults</b>						
Family-Care Adults	\$509	\$559	\$551	\$532	\$504	\$527
Former Foster Care	\$394	\$432	\$411	\$362	\$365	\$335
<b>Children</b>						
Behavioral Health Care Management Entity <sup>7</sup>	\$1,376	\$948	\$1,202	\$1,345	\$1,610	\$1,627
Children	\$252	\$262	\$247	\$216	\$216	\$230
CHIP	--	--	\$0.04	\$137	\$210	\$204
Children's Mental Health Waiver	\$1,775	\$1,554	\$1,577	\$1,375	\$1,087	\$974
Foster Care	\$751	\$785	\$710	\$552	\$491	\$488
Newborn	\$1,087	\$1,461	\$1,393	\$774	\$704	\$587
<b>Medicare Savings Program</b>						
Part B - Partial AMB	--	--	--	--	--	--
Qualified Medicare Beneficiary	\$59	\$68	\$65	\$60	\$63	\$64
Qualified Medicare Beneficiary Dual	--	--	--	--	--	--
Specified Low Income Medicare Beneficiary	\$1.03	\$1.03	\$1.05	\$0.59	\$0.14	\$0.01
Specified Low Income Medicare Beneficiary Dual	--	--	--	--	--	--
<b>Non-Citizens with Medical Emergencies</b>						
Non-Citizens	\$2,209	\$2,287	\$1,462	\$574	\$289	\$193
Pregnant Women	\$1,048	\$1,200	\$1,346	\$763	\$552	\$517
<b>Special Groups</b>						
Breast and Cervical	\$2,046	\$2,664	\$2,975	\$3,101	\$2,681	\$2,343
Family Planning Waiver	\$13	\$13	\$17	\$1	\$38	\$27
Targeted Case Management- ID/DD	\$23	\$18	\$17	\$13	\$10	\$49
<b>Overall</b>	<b>\$763</b>	<b>\$834</b>	<b>\$800</b>	<b>\$662</b>	<b>\$614</b>	<b>\$607</b>

# 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 dividing the total expenditures for the service by the total member months for the entire Medicaid program.

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.

MEDICAL

- Ambulance
- End-Stage Renal Disease
- Prescription Drug
- Ambulatory Surgery Center
- Federally Qualified Health Centers
- Psychiatric Residential Treatment Facility (PRTF)
- Behavioral Health
- Hospice
- Public Health and Welfare
- Care Management Entity
- Hospital
- Public Health, Federal
- Clinic/Center
- Laboratory
- Rural Health Clinic
- DME and Prosthetics,
- Physician & Other Practitioners

LONG-TERM

- Home Health
- Nursing Facility
- PACE
- Waiver Services

DENTAL

VISION

OTHER

Table 9. Per Member Per Month History by Service Category

Service Category	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Medical	\$402	\$417	\$398	\$356	\$344	\$348
Long-Term Care	\$321	\$368	\$385	\$290	\$252	\$237
Dental	\$16	\$16	\$15	\$15	\$13	\$13
Vision	\$5	\$5	\$4	\$4	\$4	\$4
Other	\$1	\$1	\$1	\$1	\$1	\$6
<b>Total</b>	<b>\$763</b>	<b>\$834</b>	<b>\$800</b>	<b>\$662</b>	<b>\$614</b>	<b>\$607</b>



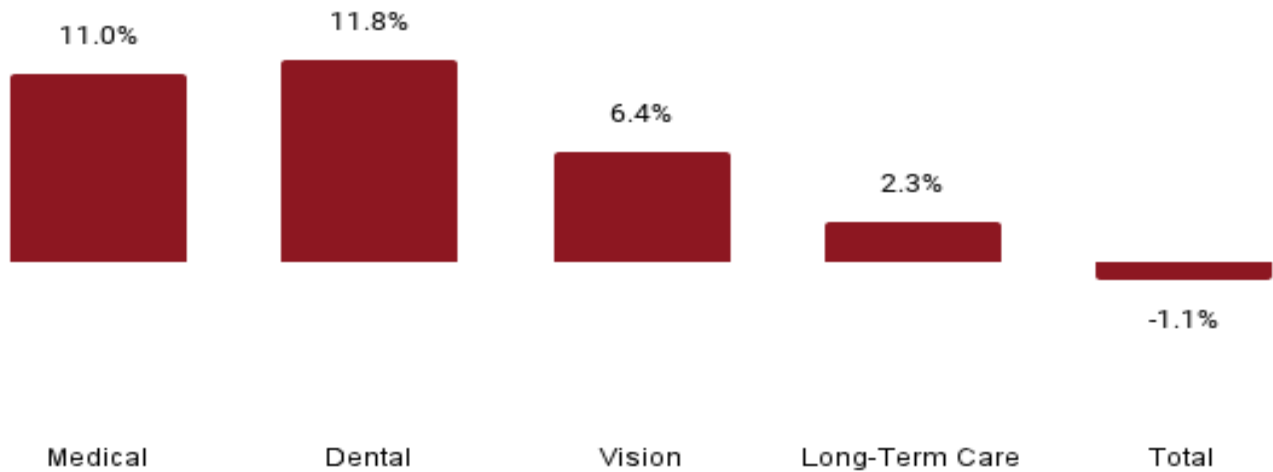


Figure 4. One-Year Change in Per Member Per Month by Service Category

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5. SFY 2018 through SFY 2023 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.

Table 6 (p 8)

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

Table 7 (p 8)

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

Table 8 (p 10)

# DETAILED SERVICE AREAS

Table 10. Per Member Per Month by Service Area

Service	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Ambulance	\$4.21	\$4.86	\$4.65	\$4.24	\$4.19	\$3.90
Ambulatory Surgery Center	\$4.33	\$5.25	\$4.79	\$4.75	\$5.94	\$6.02
Behavioral Health	\$36.74	\$36.21	\$32.77	\$24.71	\$18.83	\$17.29
Care Management Entity	\$6.61	\$4.74	\$5.22	\$4.25	\$3.40	\$3.75
Clinic/Center	\$1.29	\$1.22	\$0.62	\$0.93	\$0.92	\$1.01
Dental	\$16.51	\$17.04	\$15.20	\$14.51	\$12.72	\$13.02
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	\$11.66	\$13.68	\$14.37	\$12.13	\$10.82	\$11.10
End-Stage Renal Disease	\$1.35	\$1.65	\$2.38	\$2.71	\$2.25	\$2.05
Federally Qualified Health Center	\$8.53	\$8.71	\$10.02	\$8.52	\$9.15	\$9.74
Home Health	\$3.27	\$0.92	\$1.55	\$1.20	\$1.01	\$0.60
Hospice	\$1.89	\$1.81	\$1.69	\$1.73	\$1.19	\$1.19
Hospital	\$138.78	\$143.05	\$137.43	\$120.77	\$114.17	\$110.22
Intermediate Care Facility for Individuals with Intellectual Disabilities	\$18.97	\$19.62	\$25.39	\$20.70	\$19.72	\$15.90
Laboratory	\$1.25	\$1.05	\$0.94	\$0.98	\$1.26	\$1.90
Nursing Facility	\$118.60	\$126.53	\$136.76	\$91.68	\$80.12	\$75.58
Other	\$1.41	\$1.53	\$1.24	\$0.87	\$0.58	\$6.09
Physicians and Other Practitioners	\$75.70	\$76.83	\$70.99	\$62.24	\$61.00	\$58.35
Prescription Drug	\$81.40	\$93.78	\$92.08	\$82.27	\$86.45	\$93.85
PACE	\$4.88	\$5.91	\$5.56	\$2.18	--	--
Psychiatric Residential Treatment Facility	\$17.09	\$14.97	\$11.33	\$9.04	\$6.38	\$6.38
Public Health or Welfare	\$1.21	\$1.41	\$1.35	\$0.86	\$0.37	\$0.20
Public Health, Federal	\$16.98	\$20.06	\$20.47	\$20.48	\$23.20	\$23.67
Rural Health Clinic	\$2.77	\$3.32	\$3.73	\$3.43	\$3.64	\$3.76
Vision	\$5.13	\$5.25	\$4.52	\$4.26	\$3.71	\$3.59
<b>Waiver Total</b>	<b>\$183.14</b>	<b>\$226.60</b>	<b>\$230.71</b>	<b>\$186.25</b>	<b>\$163.66</b>	<b>\$154.81</b>
Acquired Brain Injury	\$6.28	--	--	--	--	--
Community Choices Waiver	\$35.84	\$43.05	\$46.10	\$39.33	\$37.61	\$30.13
Comprehensive	\$132.84	\$173.64	\$174.03	\$137.13	\$117.08	\$114.83
Supports	\$8.18	\$9.91	\$10.57	\$9.79	\$8.96	\$9.85
<b>Total</b>	<b>\$763</b>	<b>\$834</b>	<b>\$800</b>	<b>\$662</b>	<b>\$614</b>	<b>\$607</b>

# 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.

Table 11. Select Services Summary by Eligibility Subgroup ~ SFY 2023

Eligibility Category	Eligibility Subgroup	Behavioral Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD EID	Employed Individuals with Disabilities	\$12.71	\$113.00	--	\$112.43	\$65.28
ABD ID/DD/ABI	Comprehensive Waiver	\$28.52	\$107.59	\$0.32	\$83.67	\$202.09
	ICF ID (WY Life Resource Center)	\$1.57	\$31.50	--	\$27.05	--
	Supports Waiver	\$58.74	\$100.30	\$0.80	\$129.75	\$157.65
ABD Institution	Hospital	\$7.36	\$7,372.67	--	\$799.50	\$166.46
ABD Long-Term Care	Community Choices Waiver	\$15.87	\$172.55	--	\$95.84	\$168.57
	Hospice	\$1.58	\$166.82	--	\$50.87	\$14.45
	Nursing Home	\$5.76	\$88.23	\$4,375.98	\$34.24	\$35.42
	PACE	--	--	--	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$30.99	\$312.63	--	\$106.26	\$291.25
Adults	Family-Care Adults	\$16.92	\$148.12	--	\$92.99	\$157.19
	Former Foster Care	\$31.59	\$109.63	--	\$67.67	\$91.63
Children	Children	\$15.72	\$38.39	--	\$32.57	\$48.28
	CHIP	\$14.83	\$38.26	--	\$31.49	\$51.05
	Children's Mental Health Waiver	\$105.47	\$30.39	--	\$38.07	\$67.40
	Foster Care	\$86.21	\$102.17	--	\$53.65	\$70.91
	Newborn	\$0.08	\$468.66	-	\$112.71	\$33.39
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.07	\$19.54	\$0.03	\$27.24	\$0.20
	Specified Low Income Medicare Beneficiary	\$0.02	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	\$238.78	--	\$46.10	--
Pregnant Women	Pregnant Women	\$10.43	\$251.96	--	\$137.39	\$57.83
Special Groups	Breast and Cervical	\$14.38	\$701.47	--	\$1,353.28	\$475.36
	Family Planning Waiver	--	--	--	\$19.57	--
	Incarcerated Medicaid Member	--	\$2.85	--	--	--
<b>Overall</b>		<b>\$18.84</b>	<b>\$115.77</b>	<b>\$80.19</b>	<b>\$61.13</b>	<b>\$86.64</b>

# BEHAVIORAL HEALTH

Policy changes instituting medical review and pre-authorization after thirty 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

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$52.71	\$27.39	\$23.81	\$19.07	\$12.77	\$15.84
ABD ID/DD/ABI	ABI Waiver	\$46.68	--	--	--	--	--
	Comprehensive Waiver	\$49.12	\$36.29	\$33.02	\$29.71	\$28.54	\$29.72
	ICF ID (WY Life Resource Center)	--	\$0.28	--	--	\$1.57	\$4.44
	Supports Waiver	\$46.90	\$49.99	\$42.63	\$72.21	\$58.73	\$39.49
ABD Institution	Hospital	\$14.93	\$18.61	\$0.03	\$1.80	\$7.36	\$8.45
ABD Long-Term Care	Community Choices Waiver	\$28.61	\$19.07	\$17.88	\$16.85	\$15.88	\$14.68
	Hospice	\$10.29	\$0.74	--	--	\$1.73	--
	Nursing Home	\$8.16	\$6.07	\$5.80	\$4.23	\$5.76	\$6.81
	PACE	\$1.00	\$0.79	\$1.24	\$2.04	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$55.60	\$42.65	\$40.60	\$34.64	\$30.94	\$24.74
Adults	Family-Care Adults	\$25.17	\$31.65	\$20.09	\$17.79	\$16.93	\$17.52
	Former Foster Care	\$47.83	\$37.73	\$41.00	\$32.15	\$31.61	\$26.14
Children	Children	\$31.38	\$31.54	\$29.29	\$21.82	\$15.72	\$15.14
	Children's Mental Health Waiver	\$220.34	\$247.14	\$226.95	\$196.76	\$105.22	\$72.10
	Foster Care	\$210.35	\$223.86	\$200.23	\$133.53	\$86.12	\$69.10
	Newborn	\$0.76	\$1.27	\$1.44	\$0.16	\$0.08	\$0.21
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.81	\$1.95	\$1.66	\$1.37	\$1.07	\$14.38
	Specified Low Income Medicare Beneficiary	\$0.02	\$0.01	\$0.04	\$0.02	\$0.02	\$1.06
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	\$0.01
Pregnant Women	Pregnant Women	\$11.70	\$10.61	\$15.05	\$10.14	\$10.43	--
Special Groups	Breast and Cervical	\$14.12	\$26.66	\$13.72	\$19.53	\$14.38	\$12.99
	Family Planning Waiver	--	--	--	--	--	\$8.08
State-Only Developmental Disability Program	Targeted Case Management- ID/DD	\$8.98	\$4.85	\$0.39	--	\$0.12	--
<b>Overall</b>		<b>\$36.74</b>	<b>\$32.77</b>	<b>\$32.77</b>	<b>\$24.71</b>	<b>\$18.83</b>	<b>\$16.45</b>

# HOSPITAL

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

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$243.45	\$252.69	\$181.74	\$152.54	\$119.26	\$68.38
ABD ID/DD/ABI	ABI Waiver	\$70.96	--	--	--	--	--
	Comprehensive Waiver	\$94.85	\$108.10	\$83.92	\$86.87	\$107.83	\$82.62
	ICF ID (WY Life Resource Center)	\$17.13	\$33.80	\$79.55	\$128.80	\$33.10	\$56.68
	Supports Waiver	\$125.10	\$87.99	\$97.02	\$65.10	\$100.47	\$92.32
ABD Institution	Hospital	\$18,184.66	\$9,540.25	\$18,090.33	\$15,275.23	\$7,376.67	\$5,188.61
ABD Long-Term Care	Community Choices Waiver	\$181.39	\$218.24	\$196.09	\$169.48	\$176.28	\$150.67
	Hospice	\$114.10	\$99.14	\$690.88	\$1,626.20	\$191.34	\$297.14
	Nursing Home	\$36.11	\$73.17	\$70.47	\$75.03	\$90.39	\$103.42
	PACE	--	--	--	--	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$248.26	\$367.21	\$634.24	\$344.16	\$569.12	\$325.40
Adults	Family-Care Adults	\$157.30	\$187.77	\$177.88	\$165.63	\$148.80	\$421.26
	Former Foster Care	\$116.33	\$155.57	\$120.02	\$117.08	\$104.37	\$140.49
Children	Children	\$51.39	\$52.48	\$48.61	\$42.69	\$38.37	\$44.18
	Children's Mental Health Waiver	\$95.82	\$75.18	\$115.08	\$146.12	\$29.49	\$42.21
	Foster Care	\$90.88	\$107.63	\$105.52	\$79.80	\$101.44	\$97.71
	Newborn	\$827.62	\$1,004.71	\$955.21	\$546.97	\$473.32	\$359.31
Medicare Savings Programs	Qualified Medicare Beneficiary	\$14.83	\$18.05	\$17.75	\$18.23	\$19.43	\$21.67
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,876.67	\$1,908.63	\$1,141.24	\$478.68	\$238.90	\$157.24
Pregnant Women	Pregnant Women	\$544.55	\$626.01	\$695.70	\$377.38	\$248.78	\$208.70
Special Groups	Breast and Cervical	\$808.25	\$971.96	\$1,249.35	\$1,029.83	\$713.18	\$860.78
	Family Planning Waiver	--	--	--	--	--	--
	Incarcerated Medicaid Member	--	--	--	--	--	--
<b>Overall</b>		<b>\$138.78</b>	<b>\$143.05</b>	<b>\$137.43</b>	<b>\$120.77</b>	<b>\$114.17</b>	<b>\$106.84</b>

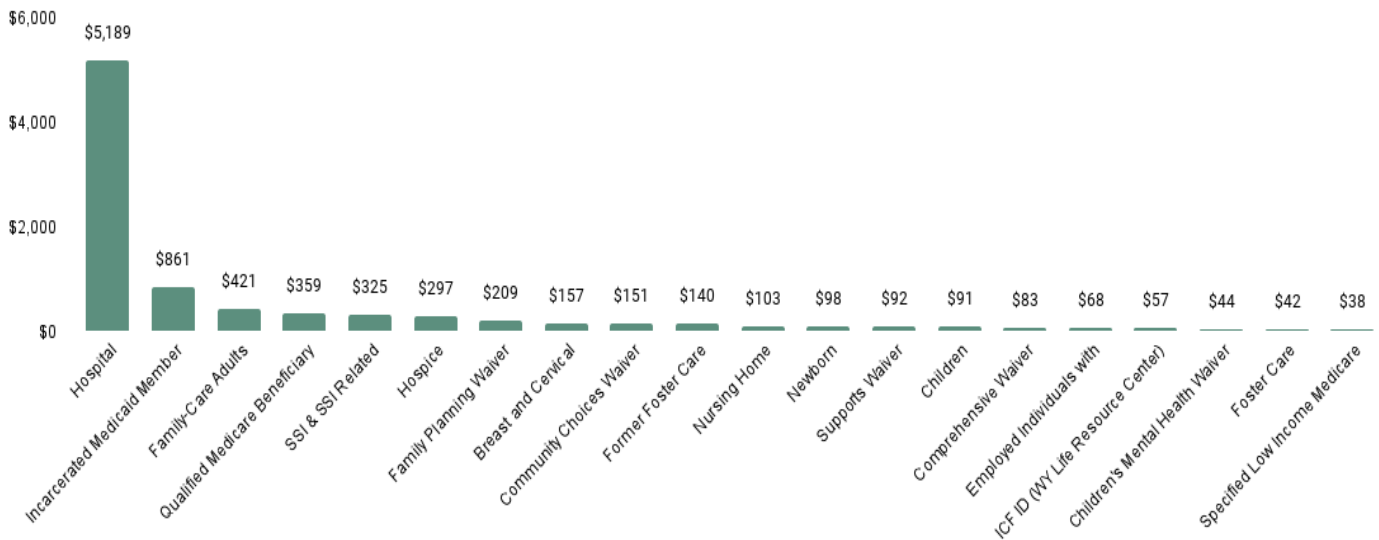


Figure 5. Hospital Per Member Per Month by Eligibility Subgroup ~ SFY 2023

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

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$170.10	\$110.58	\$101.26	\$104.36	\$70.71	\$16.16
ABD ID/DD/ABI	ABI Waiver	\$57.34	--	--	--	--	--
	Comprehensive Waiver	\$64.25	\$78.05	\$54.17	\$62.31	\$84.62	\$59.01
	ICF ID (WY Life Resource Center)	\$9.84	\$16.07	\$55.07	\$115.66	\$15.92	\$34.39
	Supports Waiver	\$102.72	\$46.77	\$62.15	\$31.24	\$67.36	\$59.46
ABD Institution	Hospital	\$18,070.89	\$10,350.95	\$17,287.76	\$16,787.62	\$7,201.11	\$5,291.58
ABD Long-Term Care	Community Choices Waiver	\$119.73	\$151.36	\$147.68	\$112.12	\$129.64	\$104.44
	Hospice	\$113.21	\$89.68	\$657.71	\$1,609.16	\$148.43	\$253.94
	Nursing Home	\$25.39	\$60.82	\$53.09	\$57.23	\$73.84	\$83.22
	PACE	--	--	--	--	--	--
ABD SSI & SSI Related	SSI	\$166.53	\$202.86	\$204.12	\$196.09	\$290.37	\$187.99
	SSI Related	\$8.17	\$55.63	\$236.85	\$54.59	\$180.86	\$267.75
Adults	Family-Care Adults	\$79.34	\$95.75	\$99.18	\$90.61	\$85.63	\$72.94
	Former Foster Care	\$60.56	\$96.94	\$65.21	\$66.64	\$49.59	\$61.38
Children	Children	\$31.86	\$32.28	\$29.68	\$25.26	\$20.70	\$28.43
	Children's Mental Health Waiver	\$86.24	\$53.08	\$97.07	\$110.93	\$14.13	\$25.31
	Foster Care	\$67.13	\$81.26	\$82.88	\$56.69	\$77.67	\$68.20
	Newborn	\$796.26	\$959.92	\$1,057.83	\$589.25	\$456.79	\$369.52
Medicare Savings Programs	Qualified Medicare Beneficiary	\$6.05	\$6.28	\$4.91	\$3.86	\$6.00	\$8.71
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$1,825.26	\$1,836.73	\$1,128.31	\$466.49	\$225.64	\$149.76
Pregnant Women	Pregnant Women	\$462.80	\$536.85	\$607.21	\$334.98	\$199.32	\$158.64
Special Groups	Beneficiary Monitoring Program	--	--	--	--	--	--
	Breast and Cervical	\$256.75	\$115.64	\$336.10	\$359.35	\$89.34	\$146.51
	Family Planning Waiver	--	--	--	--	--	--
	Incarcerated Medicaid Member	--	--	--	--	\$2.82	--
	Tuberculosis	--	--	--	--	--	--
<b>Overall</b>		<b>\$101.25</b>	<b>\$101.23</b>	<b>\$97.89</b>	<b>\$85.32</b>	<b>\$86.84</b>	<b>\$76.92</b>

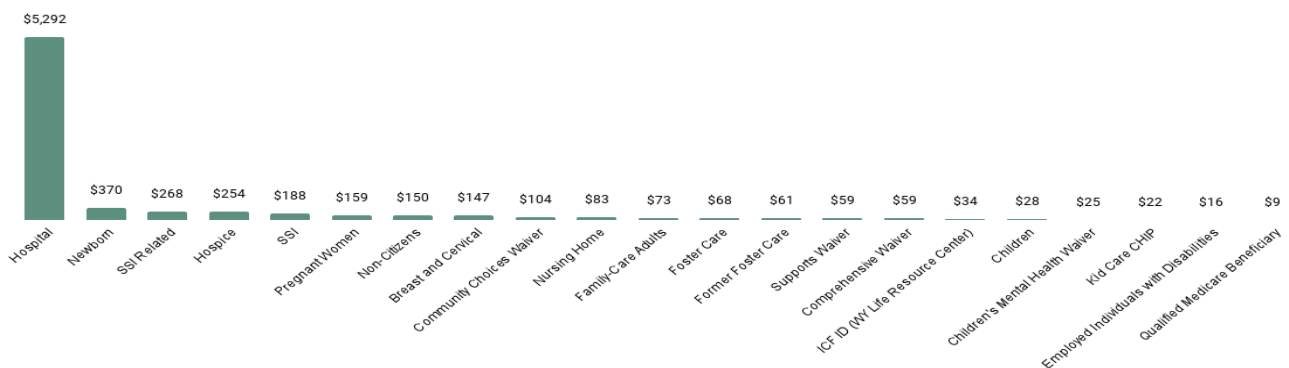


Figure 6. Inpatient Per Member Per Month by Eligibility Subgroup ~ SFY 2023

Table 15. Emergency Room Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$20.53	\$20.57	\$21.73	\$11.60	\$14.90	\$15.01
ABD ID/DD/ABI	ABI Waiver	\$9.13	--	--	--	--	--
	Comprehensive Waiver	\$9.85	\$10.80	\$9.06	\$7.93	\$8.31	\$8.17
	ICF ID (WY Life Resource Center)	\$8.68	\$17.07	\$17.08	\$15.79	\$9.99	\$18.47
	Supports Waiver	\$9.10	\$13.24	\$11.99	\$8.51	\$11.46	\$10.59
ABD Institution	Hospital	\$36.19	\$52.98	\$74.41	\$51.99	\$23.88	\$13.14
ABD Long-Term Care	Community Choices Waiver	\$21.60	\$21.51	\$19.30	\$16.35	\$18.41	\$17.12
	Hospice	\$0.32	\$0.33	\$27.29	\$33.27	\$34.02	\$46.06
	Nursing Home	\$4.58	\$4.43	\$5.10	\$4.11	\$5.27	\$7.81
	PACE	\$0.02	--	--	--	--	--
ABD SSI & SSI Related	SSI	\$33.45	\$35.72	\$33.07	\$29.46	\$29.17	\$28.75
	SSI Related	\$1.76	\$22.98	\$68.42	\$7.50	\$16.40	\$43.34
Adults	Family-Care Adults	\$38.99	\$43.32	\$38.69	\$32.12	\$30.60	\$29.63
	Former Foster Care	\$62.51	\$48.64	\$37.48	\$37.53	\$44.36	\$25.59
Children	Children	\$12.67	\$12.94	\$11.36	\$8.83	\$10.29	\$10.48
	Children's Mental Health Waiver	\$9.13	\$18.51	\$16.34	\$9.07	\$6.53	\$8.91
	Foster Care	\$12.97	\$16.15	\$15.40	\$12.89	\$13.03	\$13.37
	Newborn	\$24.24	\$35.06	\$35.45	\$15.57	\$18.92	\$19.42
Medicare Savings Programs	Qualified Medicare Beneficiary	\$4.76	\$5.12	\$4.90	\$4.19	\$4.03	\$3.46
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$53.71	\$65.69	\$16.36	\$13.26	\$12.47	\$9.95
Pregnant Women	Pregnant Women	\$35.55	\$41.66	\$44.73	\$26.62	\$24.65	\$25.92
Special Groups	Beneficiary Monitoring Program	--	--	--	--	--	--
	Breast and Cervical	\$34.90	\$32.21	\$97.84	\$29.49	\$27.36	\$44.37
<b>Overall</b>		<b>\$18.25</b>	<b>\$19.49</b>	<b>\$17.55</b>	<b>\$14.15</b>	<b>\$15.14</b>	<b>\$15.22</b>

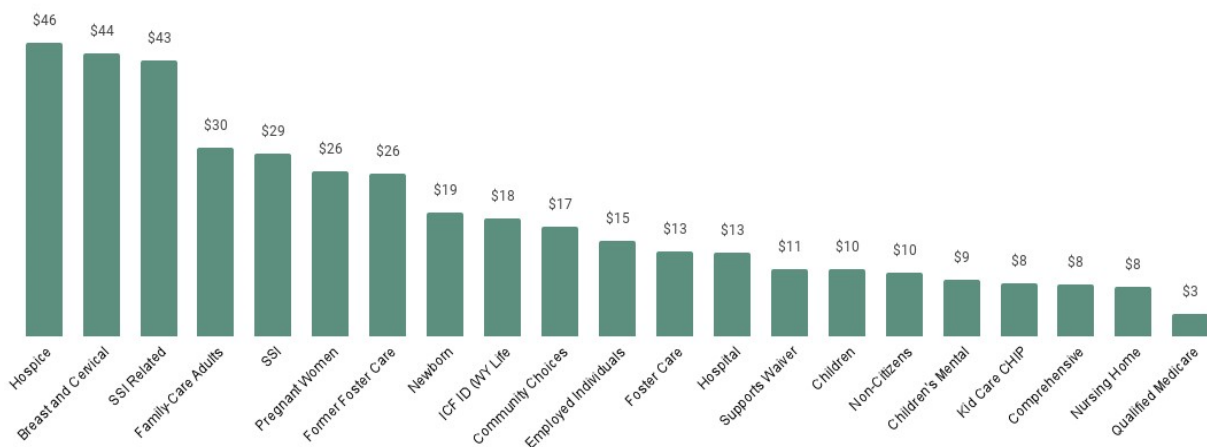


Figure 7. Emergency Room Per Member Per Month by Eligibility Subgroup ~ SFY 2023

# NURSING FACILITY

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

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	--	--	--	--	--	--
ABD ID/DD/ABI	ABI Waiver	\$0.35	--	--	--	--	--
	Comprehensive Waiver	\$0.02	\$0.18	\$0.12	\$0.01	\$0.36	\$1.87
	ICF ID (WY Life Resource Center)	--	--	--	--	--	--
	Supports Waiver	--	--	\$0.04	--	\$0.80	\$0.82
ABD Institution	Hospital	\$19.70	\$271.16	\$9.03	--	--	--
ABD Long-Term Care	Community Choices Waiver	\$1.98	\$4.18	\$5.08	\$4.61	\$19.72	\$53.24
	Hospice	\$2.33	--	--	--	--	--
	Nursing Home	\$4,289.16	\$4,372.80	\$4,884.72	\$4,262.57	\$4,373.80	\$4,666.67
	PACE	--	--	--	--	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$0.02	\$1.36	\$0.11	\$0.10	--	--
Adults	Family-Care Adults	--	--	\$0.02	\$0.06	--	--
	Former Foster Care	--	--	--	--	--	--
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.05	--	\$0.21	\$0.03	\$0.03	--
<b>Overall</b>		<b>\$118.60</b>	<b>\$126.53</b>	<b>\$136.76</b>	<b>\$91.68</b>	<b>\$80.12</b>	<b>\$72.14</b>



# PHYSICIAN

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

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$247.29	\$142.69	\$138.36	\$154.34	\$113.23	\$56.74
ABD ID/DD/ABI	ABI Waiver	\$68.71	--	--	--	--	--
	Comprehensive Waiver	\$122.48	--	\$97.00	\$90.62	\$83.57	\$79.21
	ICF ID (WY Life Resource Center)	\$32.02	\$37.32	\$42.29	\$51.24	\$27.23	\$41.71
	Supports Waiver	\$204.61	\$163.56	\$138.42	\$133.68	\$129.26	\$120.46
ABD Institution	Hospital	\$2,221.78	\$1,796.09	\$1,982.14	\$1,430.98	\$892.68	\$726.76
ABD Long-Term Care	Community Choices Waiver	\$108.22	\$99.57	\$99.57	\$91.18	\$95.90	\$108.56
	Hospice	\$39.76	\$19.90	\$121.90	\$132.23	\$55.68	\$87.18
	Nursing Home	\$30.00	\$35.01	\$32.11	\$27.11	\$34.26	\$41.59
	PACE	\$0.29	\$0.06	--	\$0.39	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$115.35	\$203.54	\$288.25	\$152.44	\$317.17	\$383.99
Adults	Family-Care Adults	\$99.23	\$102.54	\$98.44	\$93.29	\$92.70	\$92.64
	Former Foster Care	\$85.84	\$120.11	\$77.47	\$83.34	\$67.69	\$58.32
Children	Children	\$41.92	\$42.77	\$37.25	\$32.21	\$32.46	\$32.85
	Children's Mental Health Waiver	\$33.16	\$42.45	\$56.76	\$51.48	\$37.64	\$50.79
	Foster Care	\$57.49	\$65.60	\$56.00	\$49.33	\$53.45	\$51.16
	Newborn	\$157.86	\$266.72	\$246.59	\$129.43	\$112.48	\$97.37
Medicare Savings Programs	Qualified Medicare Beneficiary	\$29.26	\$31.40	\$30.40	\$25.76	\$27.25	\$27.10
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$282.09	\$337.83	\$290.42	\$86.94	\$46.27	\$31.89
Pregnant Women	Pregnant Women	\$318.47	\$348.71	\$399.49	\$206.84	\$137.30	\$123.74
Special Groups	Breast and Cervical	\$660.45	\$1,025.31	\$1,184.24	\$1,578.16	\$1,357.05	\$934.91
	Family Planning Waiver	\$4.76	\$5.69	\$2.56	\$0.03	\$19.57	\$19.90
<b>Overall</b>		<b>\$75.74</b>	<b>\$76.83</b>	<b>\$70.99</b>	<b>\$62.24</b>	<b>\$61.00</b>	<b>\$57.04</b>

# PRESCRIPTION DRUG

Table 18. Prescription Drug Per Member Per Month History by Eligibility Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
ABD EID	Employed Individuals with Disabilities	\$233.28	\$217.43	\$128.72	\$79.13	\$79.60	\$66.62
ABD ID/DD/ABI	ABI Waiver	\$122.30	--	--	--	--	--
	Comprehensive Waiver	\$227.22	\$214.57	\$204.82	\$197.35	\$198.43	\$198.40
	ICF ID (WY Life Resource Center)	\$0.02	--	--	--	--	\$0.04
	Supports Waiver	\$152.58	\$144.21	\$150.51	\$145.90	\$146.67	\$214.58
ABD Institution	Hospital	\$69.62	\$361.54	\$27.61	\$44.22	\$49.34	\$102.85
ABD Long-Term Care	Community Choices Waiver	\$150.07	\$154.27	\$162.78	\$152.78	\$153.67	\$175.66
	Hospice	--	\$1.93	--	\$7.57	\$8.23	\$39.14
	Nursing Home	\$35.66	\$42.85	\$36.68	\$31.05	\$31.17	\$45.46
	PACE	--	--	--	--	--	--
ABD SSI & SSI Related	SSI & SSI Related	\$320.59	\$498.28	\$510.05	\$285.89	\$399.07	\$408.89
Adults	Family-Care Adults	\$138.14	\$158.75	\$160.74	\$156.49	\$157.28	\$188.54
	Former Foster Care	\$71.54	\$59.50	\$88.32	\$50.90	\$51.32	\$90.67
Children	Children	\$38.72	\$43.04	\$45.27	\$39.36	\$39.49	\$52.96
	Children's Mental Health Waiver	\$91.85	\$113.38	\$160.42	\$95.70	\$98.12	\$51.60
	Foster Care	\$82.79	\$84.99	\$82.46	\$66.07	\$67.77	\$82.28
	Newborn	\$24.49	\$52.86	\$40.19	\$18.91	\$19.89	\$34.46
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	--	\$0.01	\$0.01	\$0.16
	Specified Low Income Medicare Beneficiary	--	--	--	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	--	--	--	--	--	--
Pregnant Women	Pregnant Women	\$53.53	\$66.74	\$65.52	\$51.18	\$52.82	\$76.58
Special Groups	Breast and Cervical	\$438.21	\$527.64	\$453.00	\$367.50	\$368.98	\$446.92
	Family Planning Waiver	\$5.73	\$2.30	\$14.16	\$1.38	\$1.42	\$7.19
	Tuberculosis	--	--	--	--	--	--
<b>Overall</b>		<b>\$81.10</b>	<b>\$93.78</b>	<b>\$92.08</b>	<b>\$82.27</b>	<b>\$86.45</b>	<b>\$91.77</b>

# 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.

## EMPLOYED INDIVIDUALS WITH DISABILITIES

### EXPENDITURES

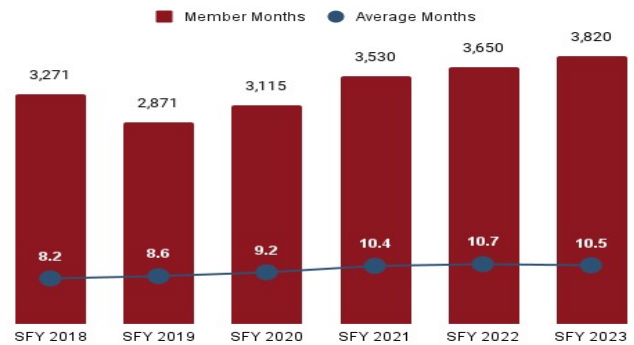
**\$1.0 million**

paid to providers for services rendered during the state fiscal year



### MEMBER MONTHS

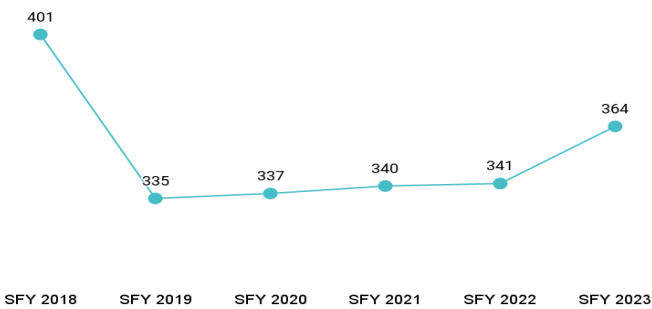
**3,820**



### MEMBERS

**364**

unique individuals enrolled during the state fiscal year



### PER MEMBER PER MONTH

**\$260**

PMPM during the state fiscal year



### EMERGENCY ROOM PMPM



### HOSPITAL INPATIENT PMPM



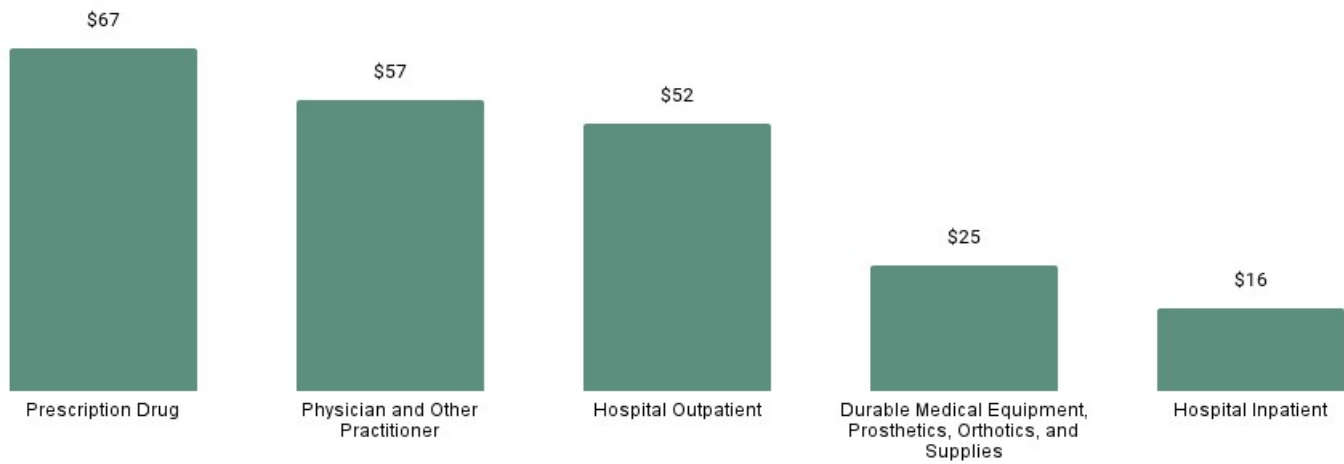


Figure 8. Employed Individuals with Disabilities Per Member Per Month by Service Area

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

Eligibility Category / Subcategory	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>ABD EID</b>						
EID	\$992,094	-23%	3,820	5%	\$260	-27%

Table 20. Employed Individuals with Disabilities History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
EID		\$2,811,061	\$2,038,397	\$1,695,829	\$1,713,179	\$1,292,085	\$992,094	-64.7%
<b>Member Months</b>								
EID		3,271	2,871	3,115	3,530	3,650	3,820	16.8%
<b>PMPM</b>								
EID		\$859	\$710	\$544	\$485	\$354	\$260	-69.7%

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

## EXPENDITURES

**\$160.8 million**

paid to providers for services rendered during the state fiscal year



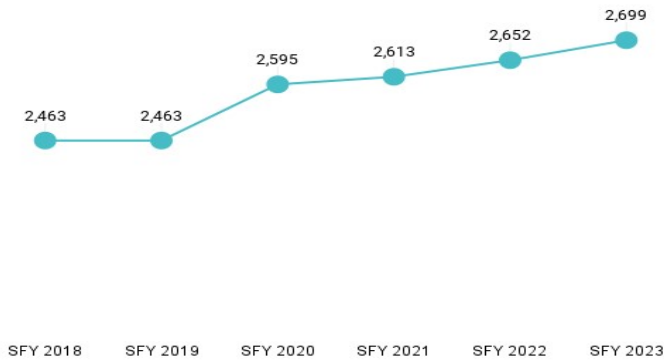
## MEMBER MONTHS

**31,116**



**MEMBERS**  
**2,699**

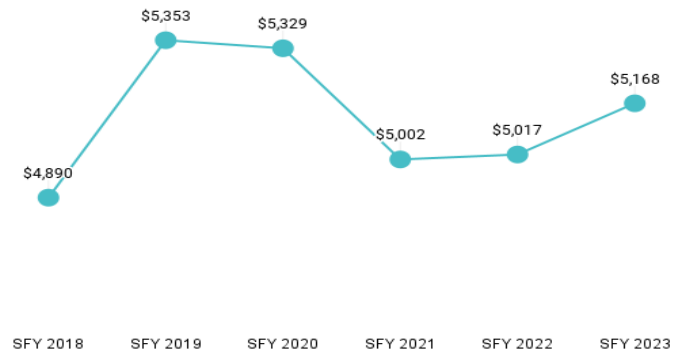
unique individuals enrolled during the state fiscal year



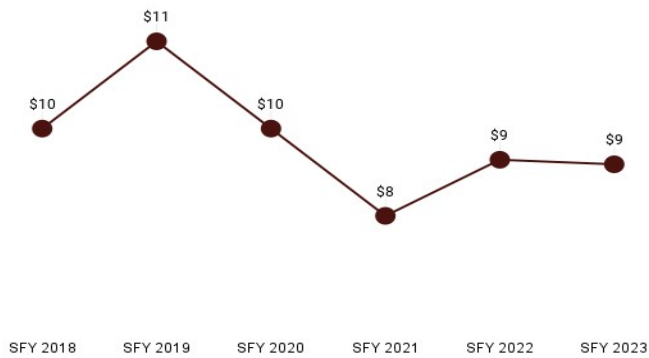
## PER MEMBER PER MONTH

**\$5,168**

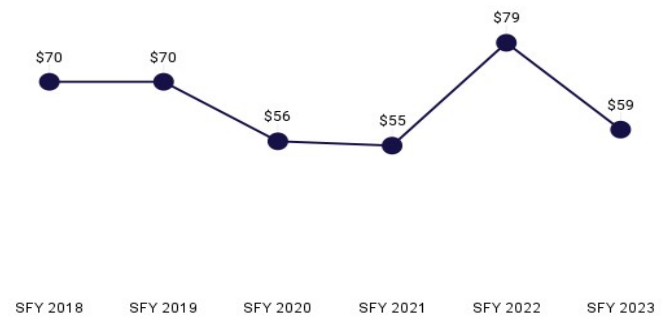
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



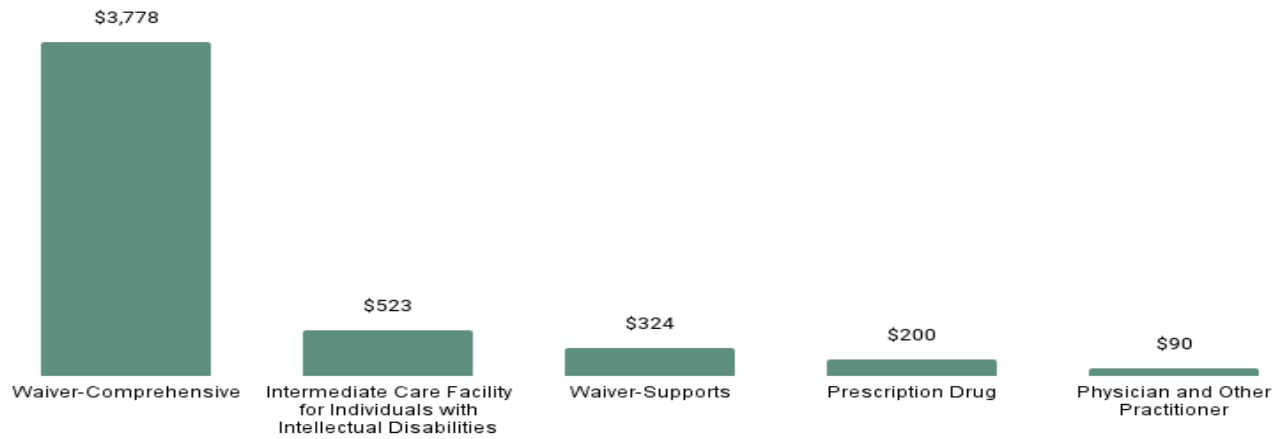


Figure 9. Intellectual/Developmental Disabilities and Acquired Brain Injury Per Member Per Month by Service Area

Table 21. 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
<b>ABD ID/DD/ABI</b>						
Comprehensive Waiver	\$129,109,922	6%	21,707	-1%	\$5,948	7%
ICF-ID	\$16,333,672	-12%	484	-16%	\$33,747	4%
Supports Waiver	\$15,351,899	18%	8,925	10%	\$1,720	7%

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

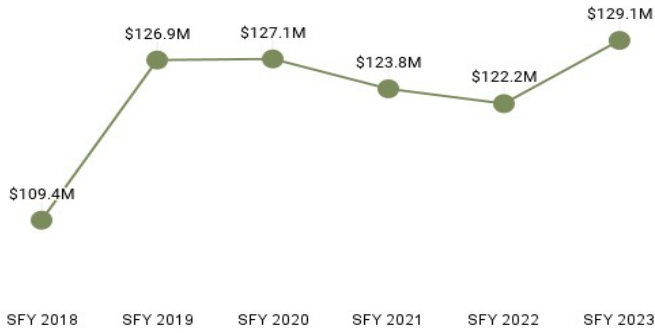
Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
ABD ID/DD/ABI	ABI Waiver	\$4,961,167	-	-	-	-	-	-100.0%
	Adult ID/DD Waiver	-	-	-	-	-	-	-100.0%
	Comprehensive Waiver	\$109,350,754	\$126,948,820	\$127,073,402	\$123,788,099	\$122,161,791	\$129,109,922	18.1%
	ICF ID (WY Life Resource Center)	\$13,613,841	\$12,985,188	\$17,038,857	\$17,030,531	\$18,574,214	\$16,333,672	20.0%
	Supports Waiver	\$9,452,672	\$9,605,968	\$10,276,442	\$12,026,373	\$12,955,742	\$15,351,899	62.4%
<b>Member Months</b>								
ABD ID/DD/ABI	ABI Waiver	1,126	-	-	-	-	-	-100%
	Comprehensive Waiver	20,697	21,665	22,000	22,263	21,976	21,707	4.9%
	ICF ID (WY Life Resource Center)	663	611	597	591	573	484	-27.0%
	Supports Waiver	5,607	5,659	6,372	7,700	8,085	8,925	59.2%
<b>PMPM</b>								
ABD ID/DD/ABI	ABI Waiver	\$4,406	--	---	--	--	--	-100%
	Comprehensive Waiver	\$5,283	\$5,860	\$5,776	\$5,560	\$5,559	\$5,948	12.6%
	ICF ID (WY Life Resource Center)	\$20,534	\$21,252	\$28,541	\$28,816	\$32,416	\$33,747	64.3%
	Supports Waiver	\$1,686	\$1,697	\$1,613	\$1,562	\$1,602	\$1,720	2.0%

# COMPREHENSIVE WAIVER

**EXPENDITURES**  
**\$129.1 million**

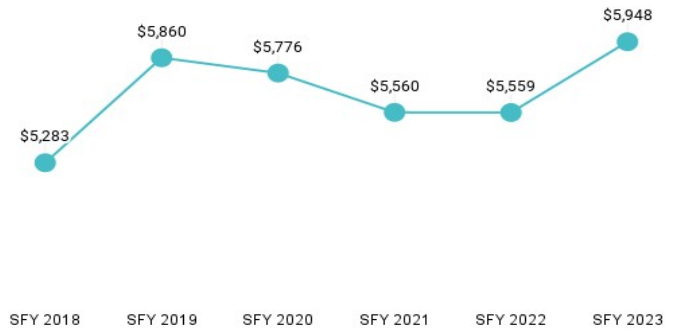
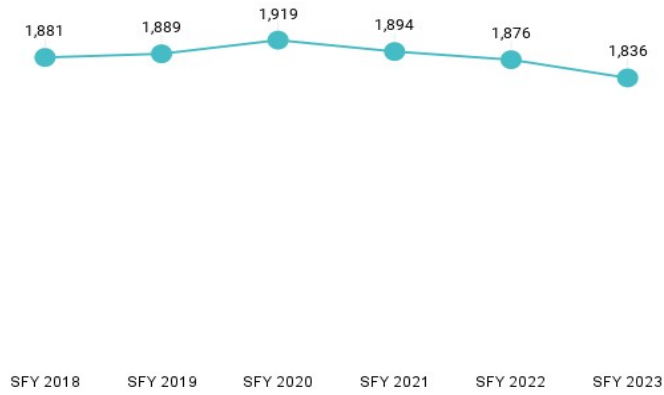
paid to providers for services rendered during the state fiscal year

**MEMBER MONTHS**  
**21,707**



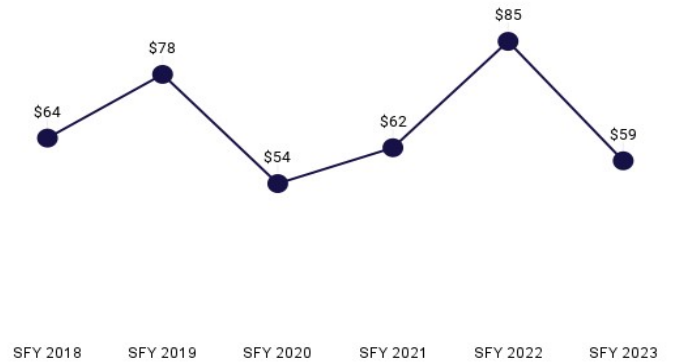
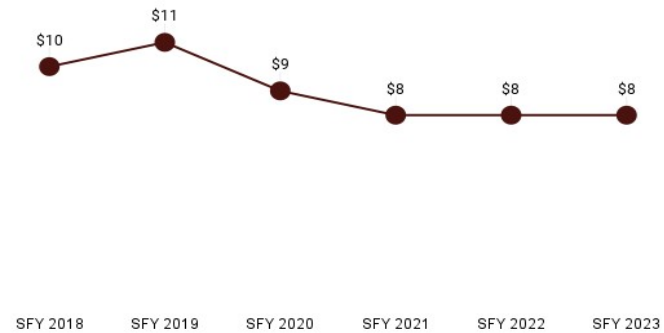
**MEMBERS**  
**1,836** unique individuals enrolled during the state fiscal year

**PER MEMBER PER MONTH**  
**\$5,948** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM

## HOSPITAL INPATIENT PMPM



# INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

EXPENDITURES  
\$16.3 million

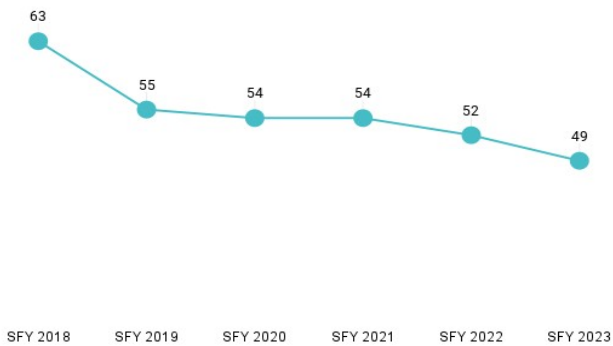
paid to providers for services rendered during the state fiscal year



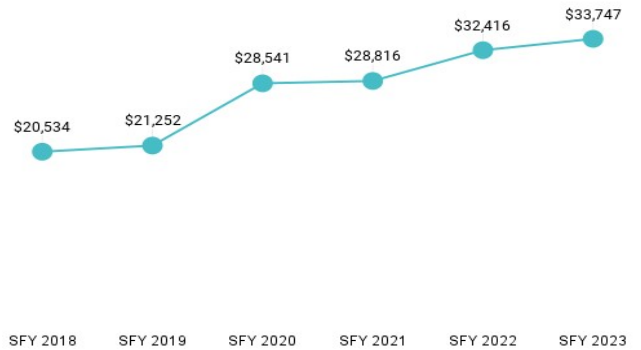
MEMBER MONTHS  
484



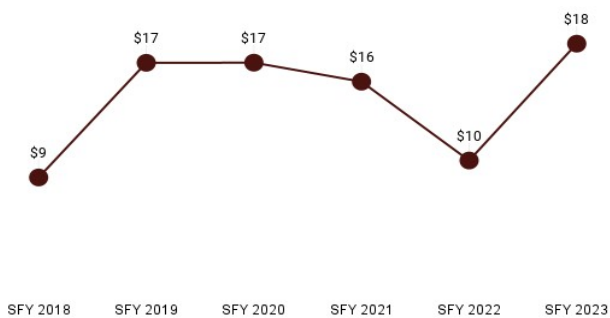
MEMBERS  
49 unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH  
\$33,747 PMPM during the state fiscal year



EMERGENCY ROOM PMPM



HOSPITAL INPATIENT PMPM

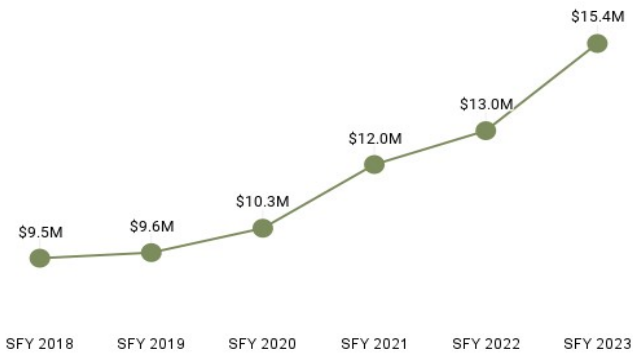




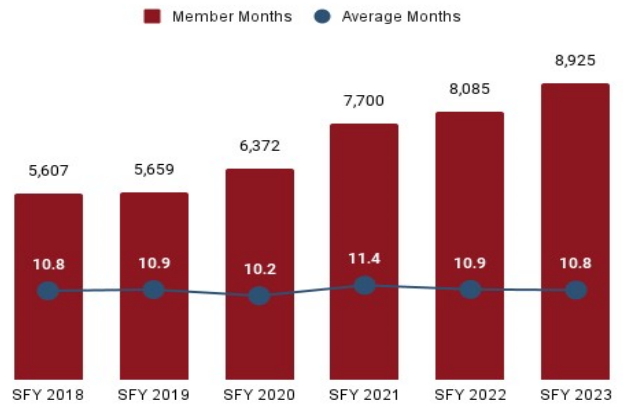
# SUPPORTS WAIVER

EXPENDITURES  
**\$15.4 million**

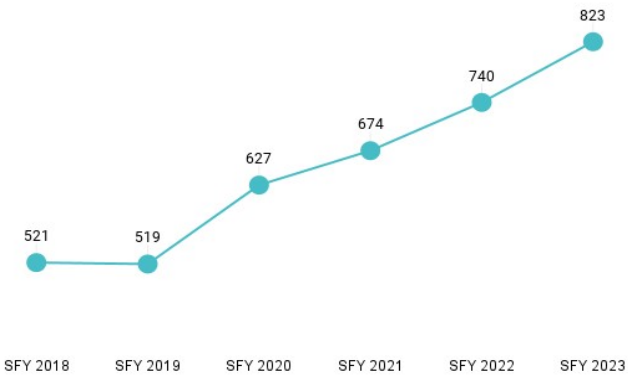
paid to providers for services rendered during the state fiscal year



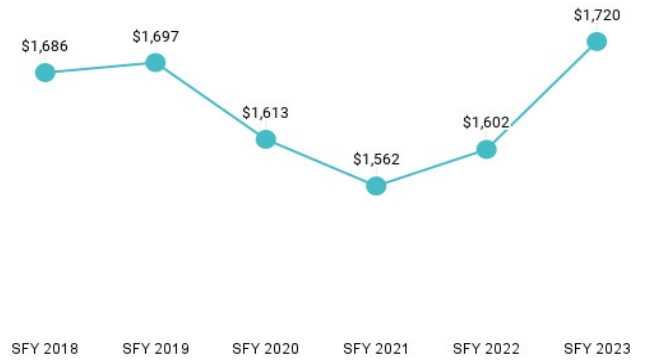
MEMBER MONTHS  
**8,925**



MEMBERS  
**823** unique individuals enrolled during the state fiscal year



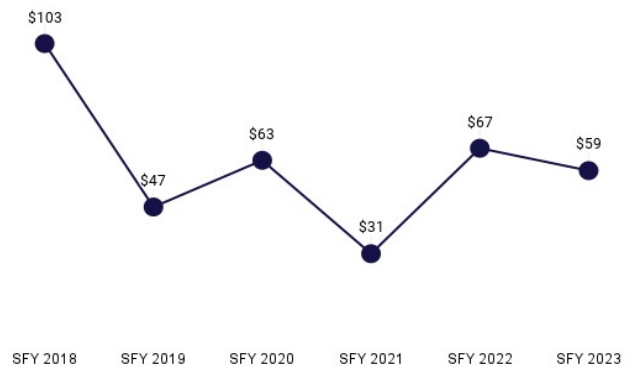
PER MEMBER PER MONTH  
**\$1,720** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# AGED, BLIND, OR DISABLED INSTITUTION

## EXPENDITURES

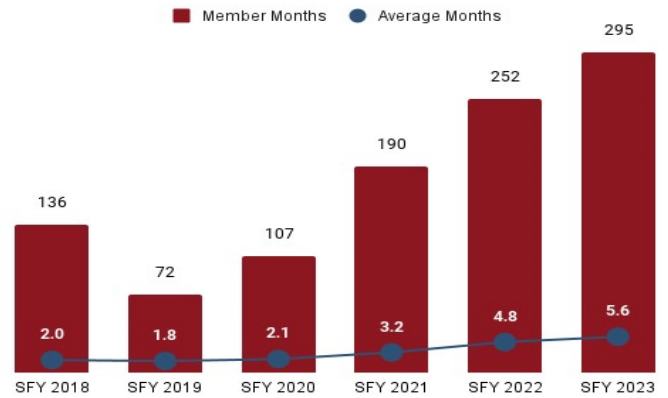
**\$1.8 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

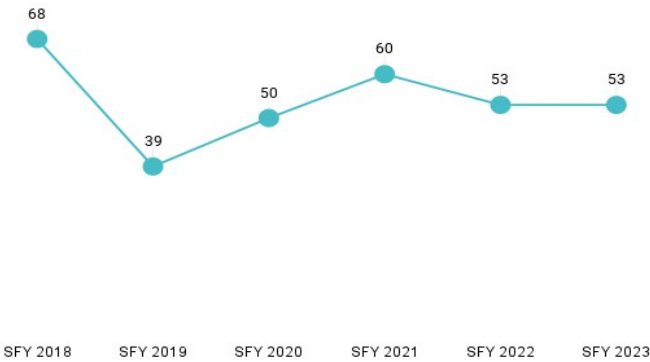
**295**



## MEMBERS

**53**

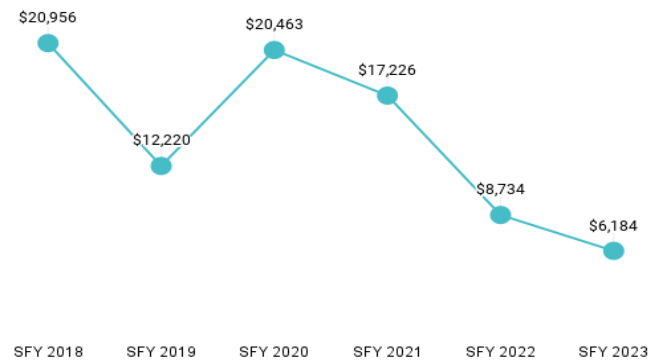
unique individuals enrolled during the state fiscal year



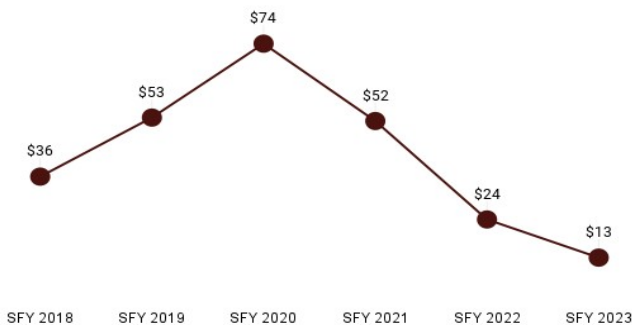
## PER MEMBER PER MONTH

**\$6,184**

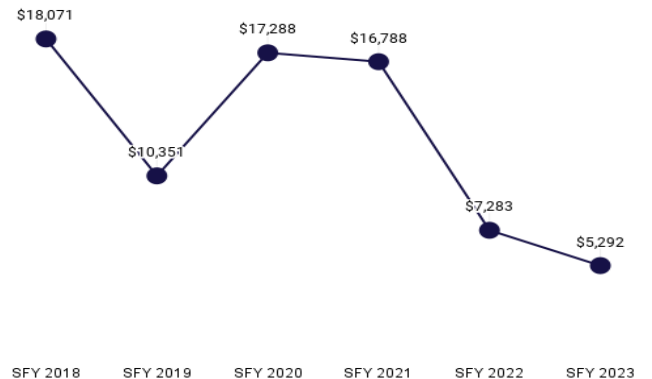
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# PMPM FOR TOP SERVICE AREAS

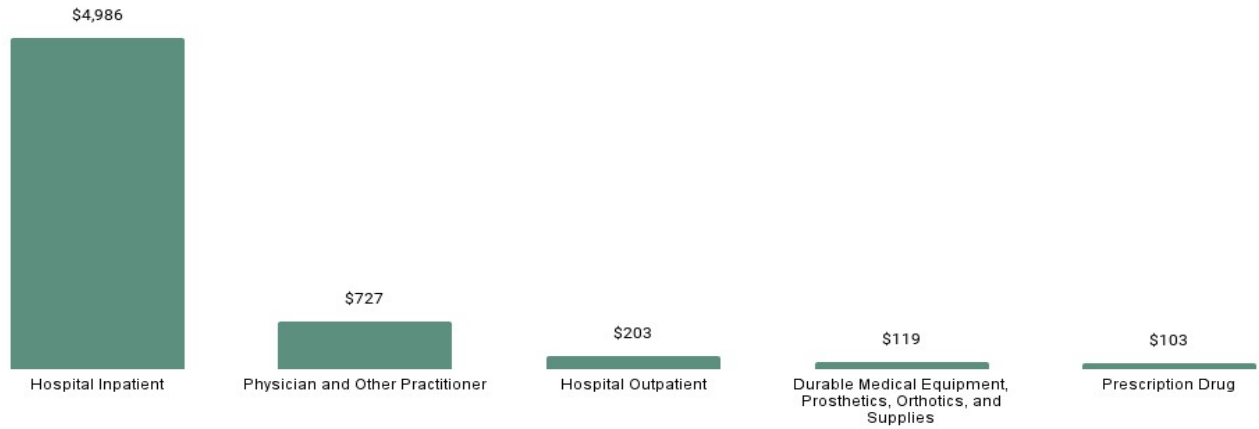


Figure 10. Institution Per Member Per Month by Service Area

Table 23. Institution Per Member Per Month Summary by Subgroup

Eligibility Category/ Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>ABD Institution</b>						
Hospital	\$1,824,246	-17%	295	17%	\$6,184	-29%
IMD (WY State Hospital - Age 65 & Over)	\$0	0%	--	--	--	--

Table 24. Institution History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
ABD Institution	Hospital	\$2,850,073	\$879,871	\$2,189,584	\$3,272,885	\$2,201,040	\$1,824,246	-36%
	IMD (WY State Hospital - Age 65 & Over)	--	\$112	\$21	--	--	--	--
<b>Member Months</b>								
ABD Institution	Hospital	136	72	107	190	252	295	117%
	IMD (WY State Hospital - Age 65 & Over)	--	--	--	--	--	--	--
<b>Per Member Per Month</b>								
ABD Institution	Hospital	\$20,956	\$12,220	\$20,463	\$17,226	\$8,734	\$6,184	-71%
	IMD (WY State Hospital - Age 65 & Over)	--	--	--	--	--	--	--

# AGED, BLIND, OR DISABLED LONG-TERM CARE

## EXPENDITURES

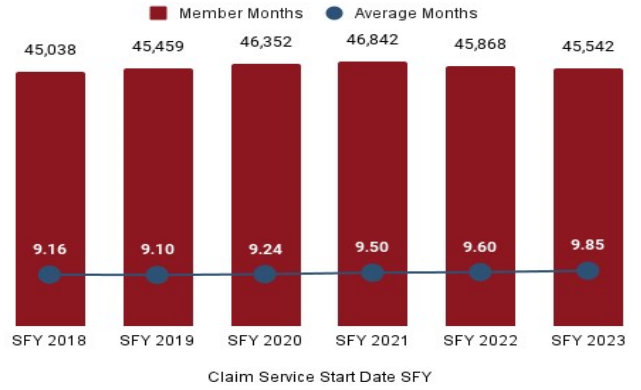
**\$135.9 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

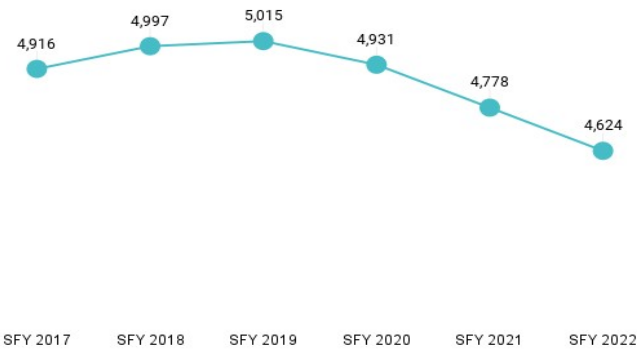
**45,542**



## MEMBERS

**4,624**

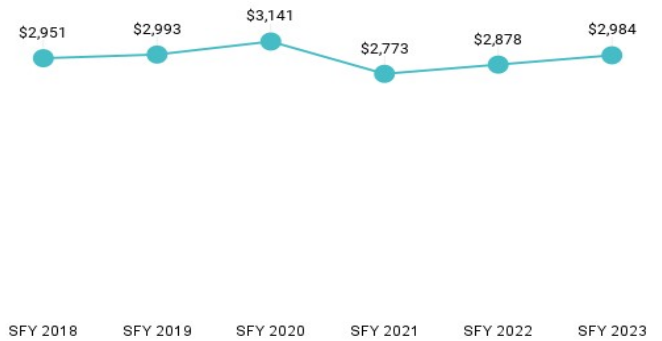
unique individuals enrolled during the state fiscal year



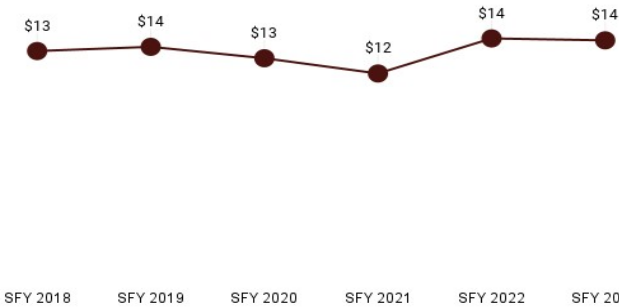
## PER MEMBER PER MONTH

**\$2,894**

PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



## PMPM FOR TOP SERVICE AREAS

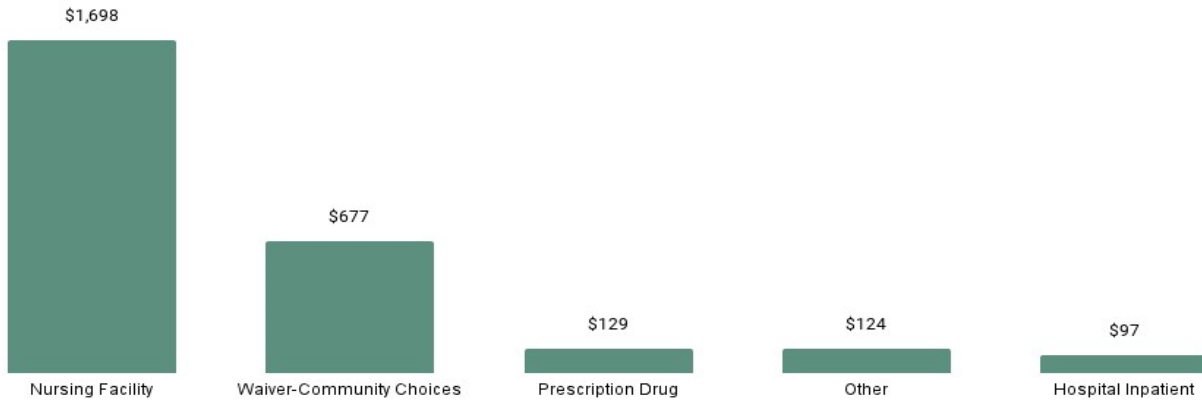


Figure 11. Long-Term Care Per Member Per Month by Service Area

Table 25. Long-Term Care Per Member Per Month Summary by Subgroup

Eligibility Category / Sub-group	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>ABD LTC</b>						
Community Choices Waiver	\$55,040,570	4.0%	29,164	1.7%	\$1,887	2.3%
Hospice	\$330,990	7.0%	139	9.4%	\$2,381	-2.3%
Nursing Home	\$80,531,477	2.2%	16,239	-4.8%	\$4,959	7.4%
PACE	--	--	--	--	--	--

Table 26. Long-Term Care History by Subgroup

Eligibility Category/ Sub-group		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
ABD LTC	Community Choices Waiver	\$40,442,652	\$44,616,668	\$47,509,718	\$49,028,396	\$52,900,610	\$55,040,570	36.1%
	Hospice	\$681,318	\$360,118	\$253,399	\$433,312	\$309,317	\$330,990	-51.4%
	Nursing Home	\$88,245,505	\$87,175,315	\$94,145,448	\$78,627,469	\$78,782,599	\$80,531,477	-8.7%
	PACE	\$3,515,171	\$3,885,399	\$3,689,689	\$1,784,714	--	--	-100%
<b>Member Months</b>								
ABD LTC	Community Choices Waiver	23,835	25,306	26,860	28,838	28,681	29,164	22.4%
	Hospice	221	108	63	80	127	139	-37.1%
	Nursing Home	19,794	18,971	18,434	17,510	17,060	16,239	-18.0%
	PACE	1,188	1,074	995	414	--	--	-100%
<b>Per Member Per Month</b>								
ABD LTC	Community Choices Waiver	\$1,697	\$1,763	\$1,769	\$1,700	\$1,844	\$1,887	11.2%
	Hospice	\$3,083	\$3,334	\$4,022	\$5,416	\$2,436	\$2,381	-22.8%
	Nursing Home	\$4,458	\$4,595	\$5,107	\$4,490	\$4,618	\$4,959	11%
	PACE	\$2,959	\$3,618	\$3,708	\$4,311	--	--	-100%

# COMMUNITY CHOICES WAIVER

## EXPENDITURES

**\$55.0 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

**29,164**



**MEMBERS**  
**2,884**

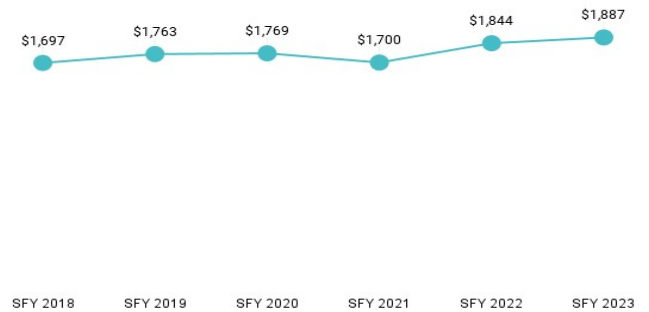
unique individuals enrolled during the state fiscal year



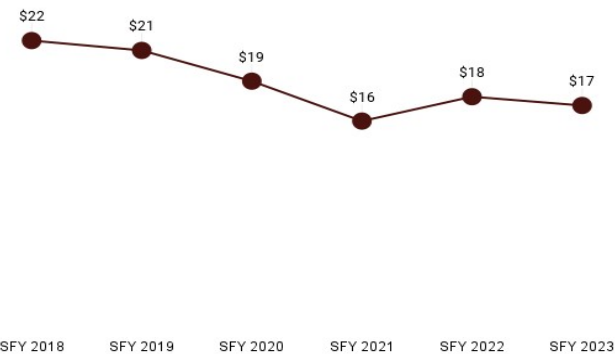
## PER MEMBER PER MONTH

**\$1,887**

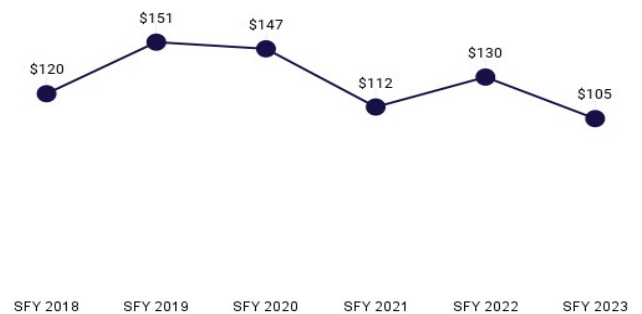
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



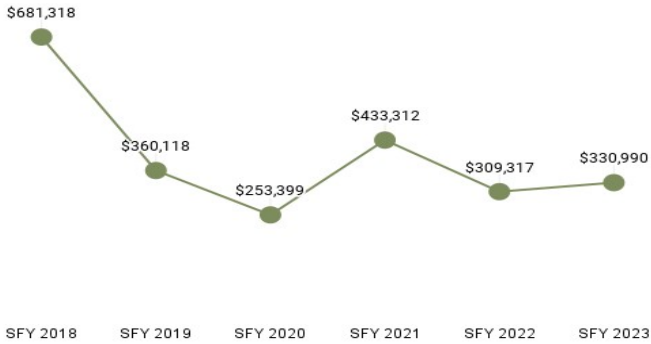
## HOSPITAL INPATIENT PMPM



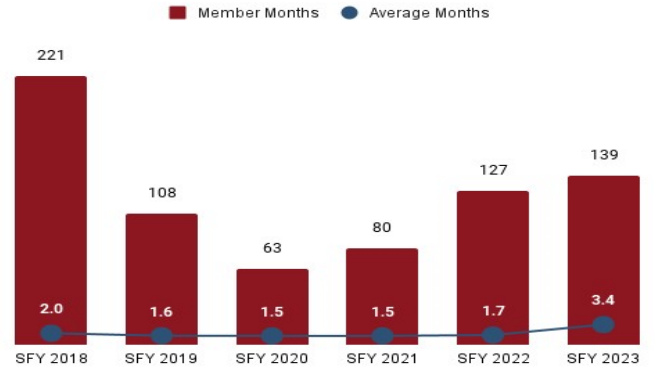
# HOSPICE

**EXPENDITURES**  
**\$330,990**

paid to providers for services rendered during the state fiscal year



**MEMBER MONTHS**  
**139**



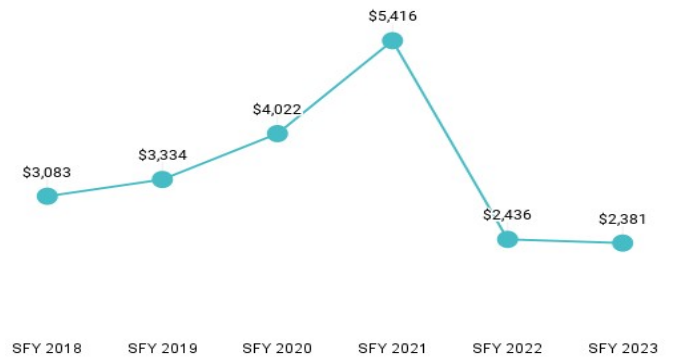
## MEMBERS

**41** unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$2,381** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



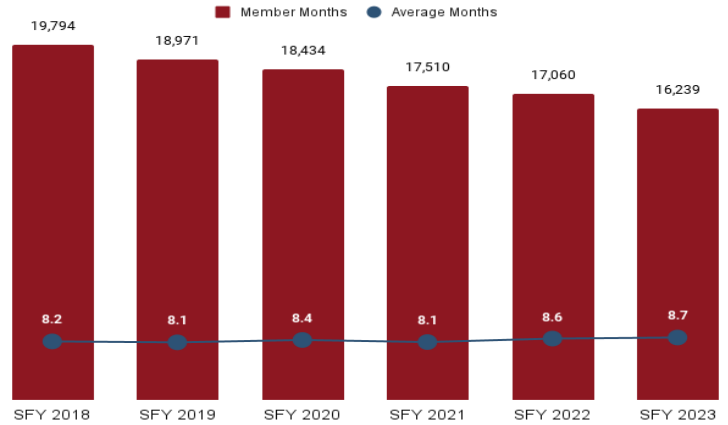
# NURSING HOME

**EXPENDITURES**  
**\$80.5 million**

paid to providers for services rendered during the state fiscal year

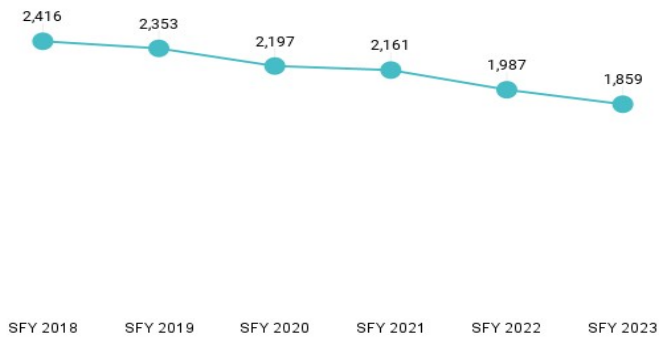


**MEMBER MONTHS**  
**16,239**



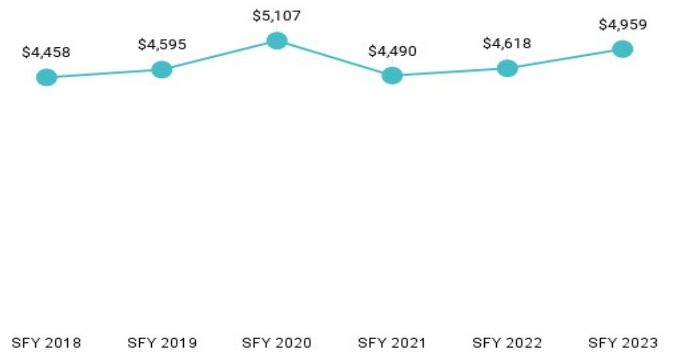
## MEMBERS

**1,859** unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

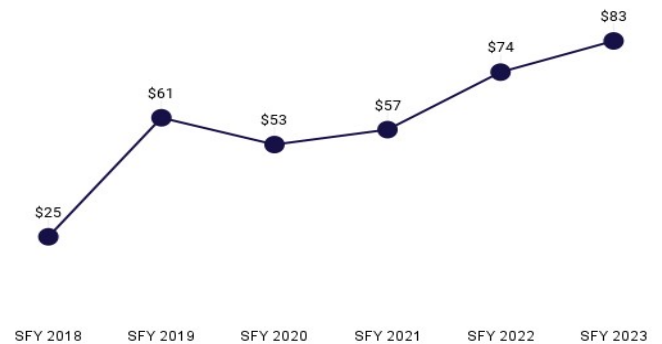
**\$4,959** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM





# PROGRAM FOR ALL-INCLUSIVE CARE OF ELDERLY

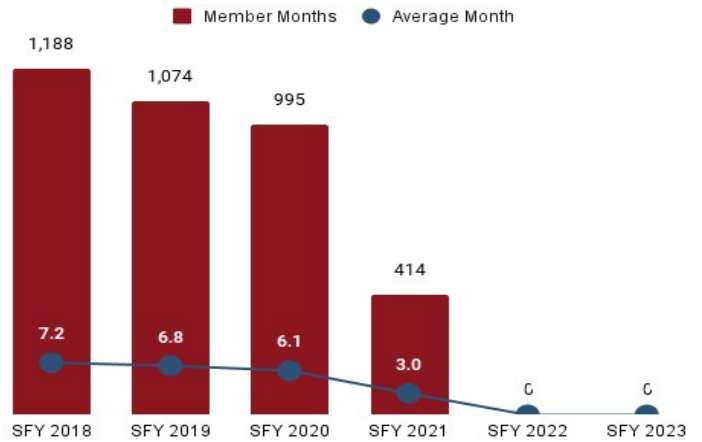
## EXPENDITURES

**\$0** paid to providers for services rendered during the state fiscal year



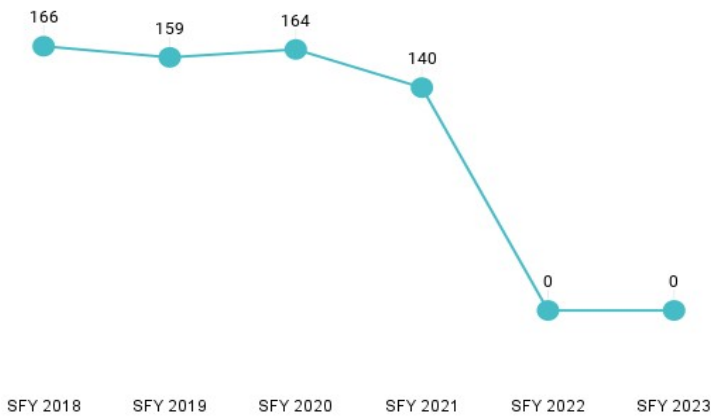
## MEMBER MONTHS

**0**



## MEMBERS

**0** unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$0** PMPM during the state fiscal year

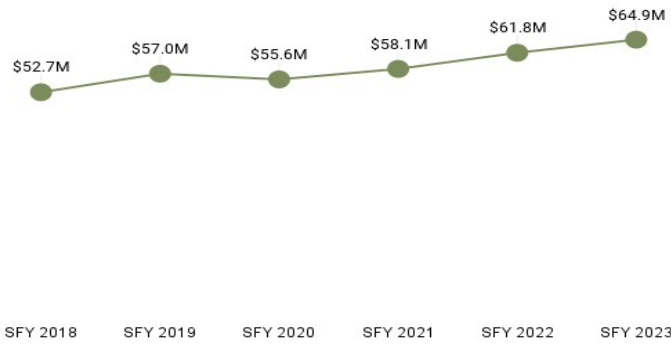


# SUPPLEMENTAL SECURITY INCOME

## EXPENDITURES

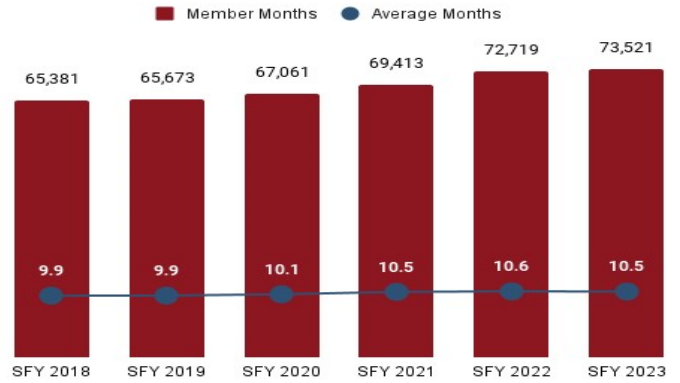
**\$64.9 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

**73,521**



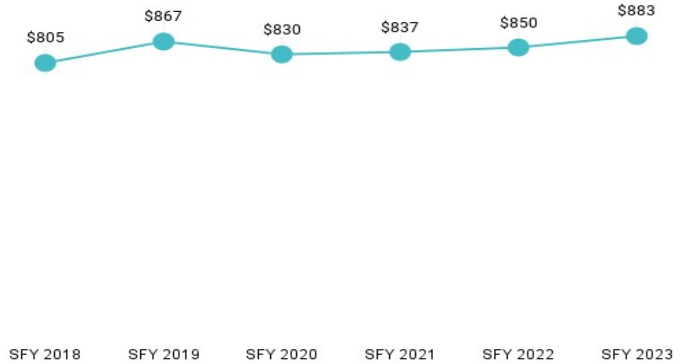
## MEMBERS

**6,987** unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

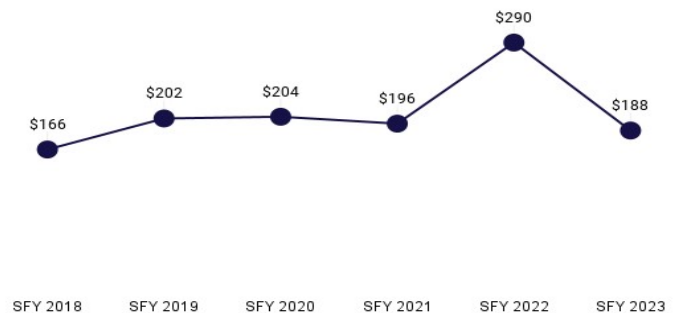
**\$883** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



## PMPM FOR TOP SERVICE AREAS

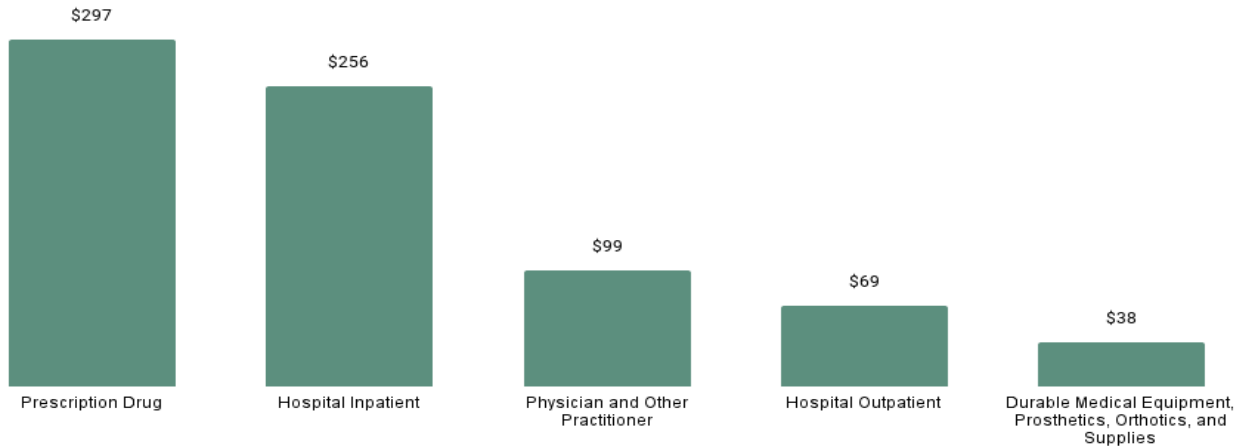


Figure 12. Supplemental Security Income Per Member Per Month by Service Area

Table 27. Supplemental Security Income Per Member Per Month Summary by Subgroup

Eligibility Category / Sub-group	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>ABD SSI</b>						
SSI & SSI Related	\$64,885,290	4.9%	73,521	1.1%	\$883	3.9%

Table 28. Supplemental Security Income History by Subgroup

Eligibility Category	Eligibility Sub-group	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
ABD SSI	SSI & SSI Related	\$52,659,387	\$56,967,524	\$55,645,941	\$58,080,799	\$61,838,088	\$64,885,290	23.2%
<b>Member Months</b>								
ABD SSI	SSI & SSI Related	65,381	65,673	67,061	69,413	72,719	73,521	12.5%
<b>Per Member Per Month</b>								
ABD SSI	SSI & SSI Related	\$805	\$867	\$830	\$837	\$850	\$883	9.7%

# ADULTS

## EXPENDITURES

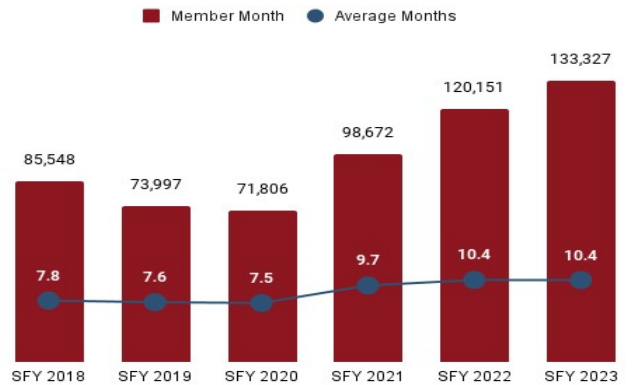
**\$69.9 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

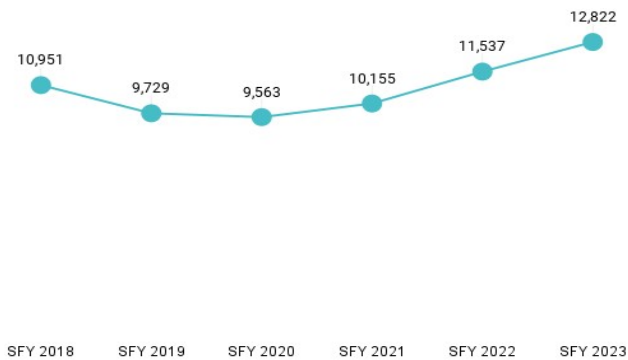
**133,327**



## MEMBERS

**12,822**

unique individuals enrolled during the state fiscal year



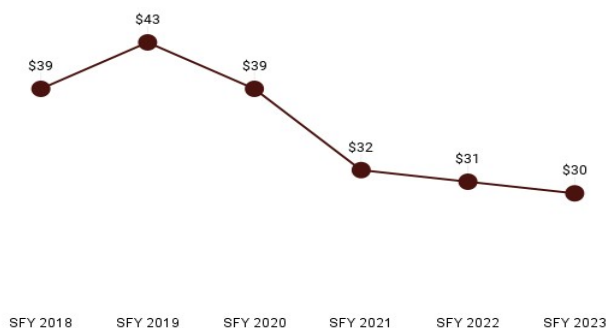
## PER MEMBER PER MONTH

**\$525**

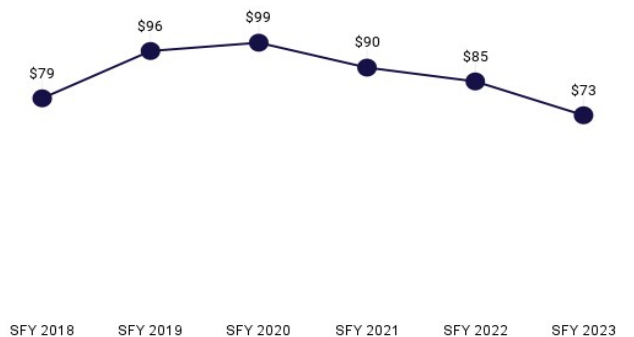
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# PMPM FOR TOP SERVICE AREAS

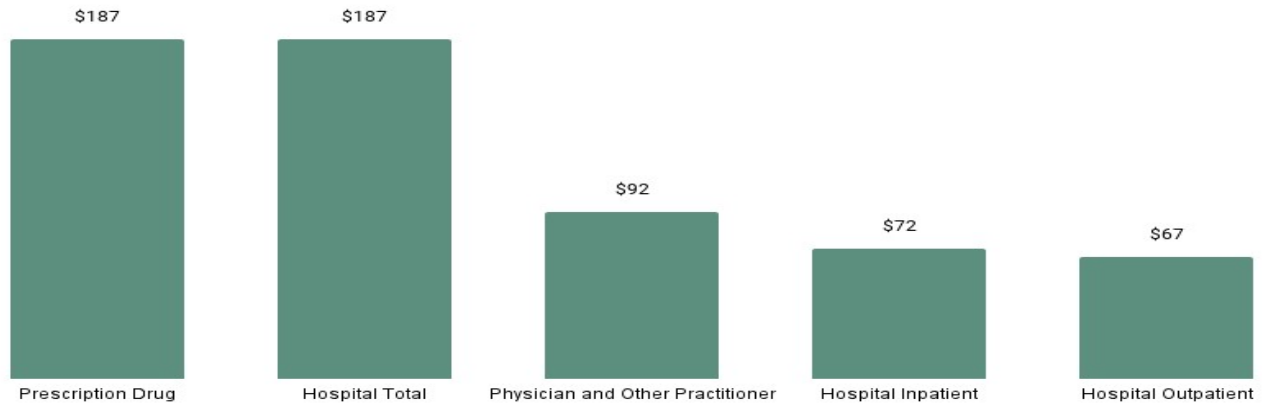


Figure 13. Adults Per Member Per Month by Service Area

Table 29. Adults Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>Adults</b>						
Family-Care Adults	\$69,273,716	16.0%	131,349	10.8%	\$527	4.6%
Former Foster Care	\$662,945	11.2%	1,978	20.9%	\$335	-8.2%

Table 30. Adults History by Subgroup

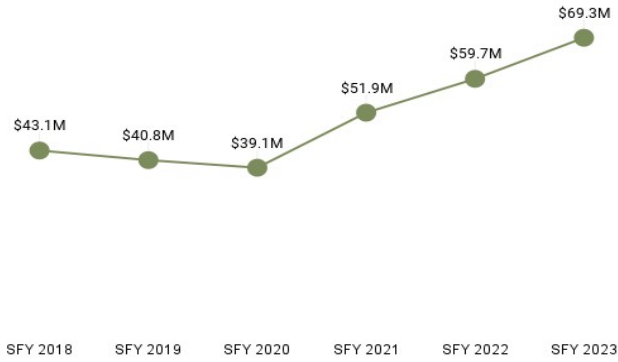
Eligibility Category / Subgroup		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
Adults	Family-Care Adults	\$43,069,503	\$40,831,220	\$39,064,509	\$51,856,563	\$59,730,827	\$69,273,716	60.8%
	Former Foster Care	\$341,083	\$427,712	\$388,819	\$442,921	\$596,346	\$662,945	94.4%
<b>Member Months</b>								
Adults	Family-Care Adults	84,683	73,007	70,859	97,447	118,515	131,349	55.1%
	Former Foster Care	865	990	947	1,225	1,636	1,978	128.7%
<b>Per Member Per Month</b>								
Adults	Family-Care Adults	\$509	\$559	\$551	\$532	\$504	\$527	3.5%
	Former Foster Care	\$394	\$432	\$411	\$362	\$365	\$335	-15%

# FAMILY-CARE ADULTS

## EXPENDITURES

**\$69.3 million**

paid to providers for services rendered during the state fiscal year



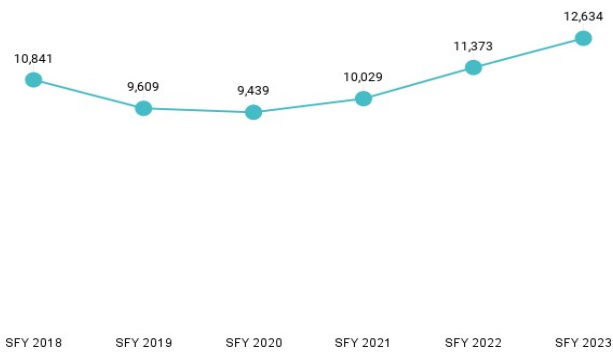
## MEMBER MONTHS

**131,349**



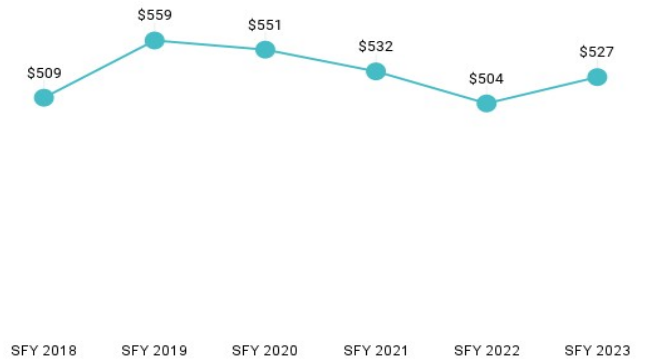
## MEMBERS

**12,634** unique individuals enrolled during the state fiscal year

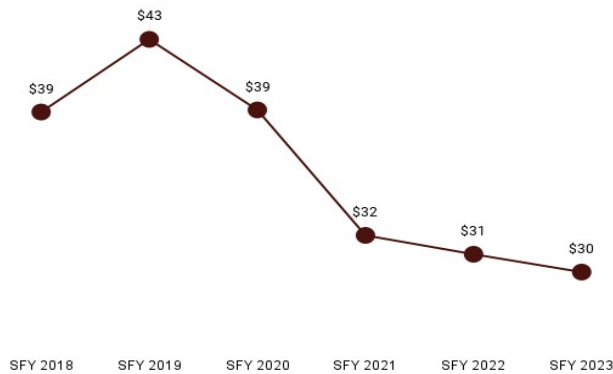


## PER MEMBER PER MONTH

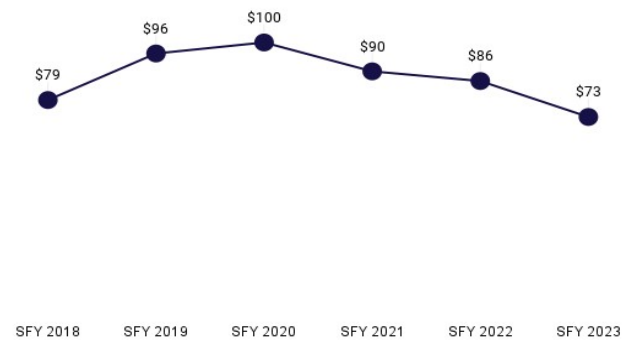
**\$527** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# FORMER FOSTER CARE

**EXPENDITURES**  
**\$662,945**

paid to providers for services rendered during the state fiscal year

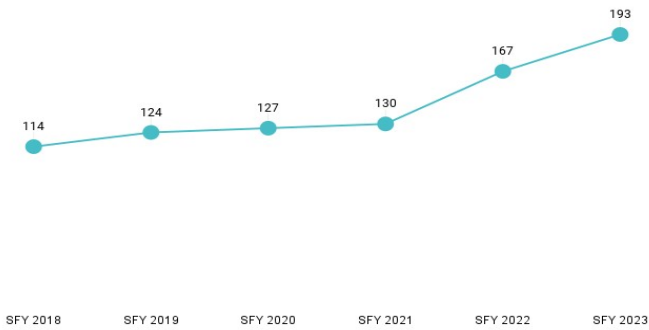


**MEMBER MONTHS**  
**1,978**



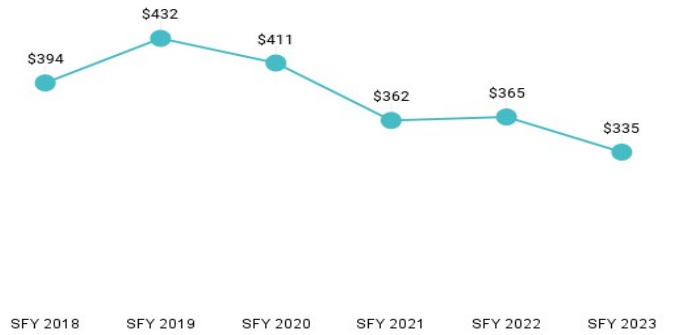
**MEMBERS**  
**193**

unique individuals enrolled during the state fiscal year



**PER MEMBER PER MONTH**  
**\$335**

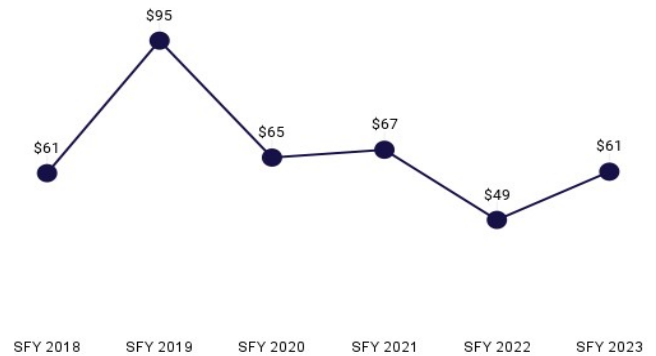
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM

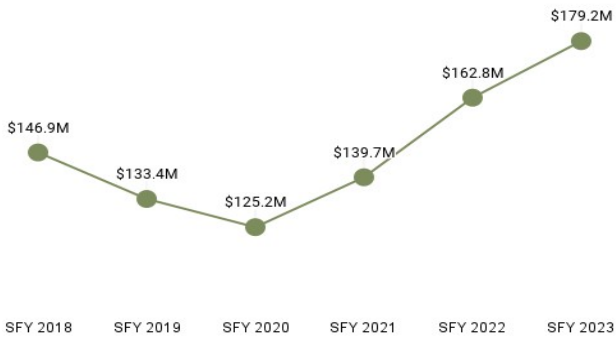


# CHILDREN

## EXPENDITURES

**\$179.2 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

**654,631**



## MEMBERS

**56,620**

unique individuals enrolled during the state fiscal year



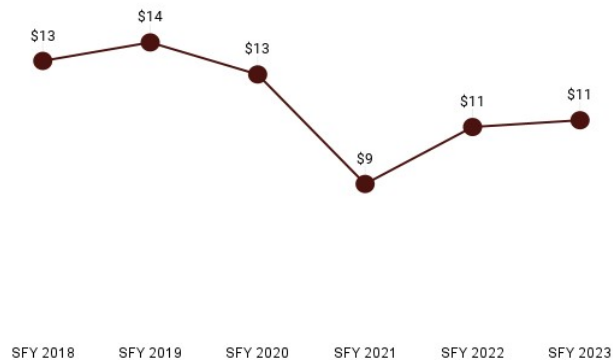
## PER MEMBER PER MONTH

**\$274**

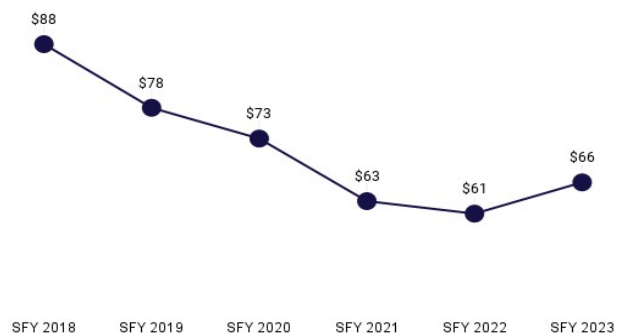
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM





## PMPM FOR TOP SERVICE AREAS

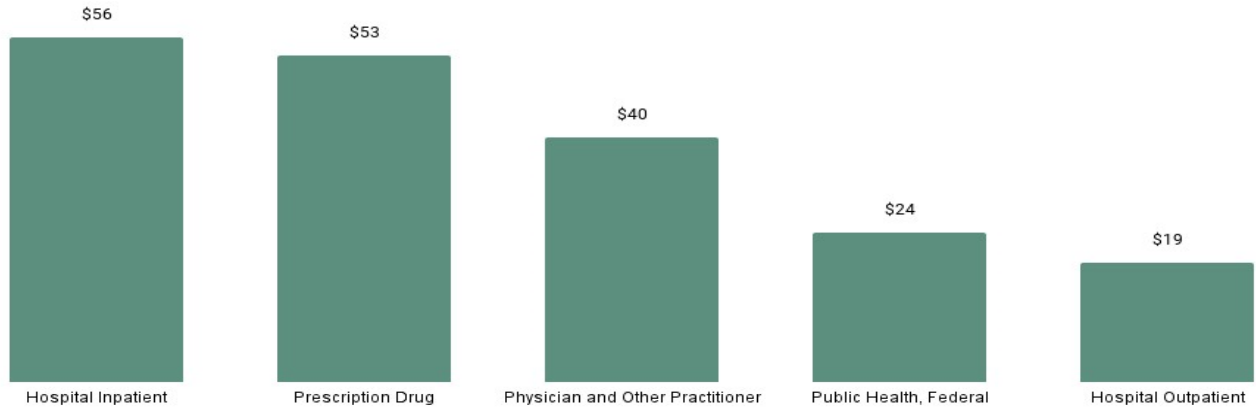


Figure 14. Children Per Member Per Month by Service Area

Table 31. Children Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>Children</b>						
Care Management Entity <sup>8</sup>	\$4,090,812	19.4%	2,514	27.5%	\$1,627	1.1%
Children	\$116,610,115	4.8%	561,961	8.9%	\$228	5.6%
CHIP	\$9,340,526	0.8%	45,892	3.9%	\$204	-2.9%
Children's Mental Health Waiver	\$1,564,627	6.4%	1,606	18.7%	\$974	-10.4%
Foster Care	\$17,954,281	1.1%	36,772	1.7%	\$488	-0.6%
Newborn	\$31,860,277	-1.5%	54,292	18.2%	\$587	-16.6%

8. 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 32. Children History by Subgroup

Eligibility Category	Eligibility Sub-group	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
Children <sup>9</sup>	Care Management Entity	\$4,244,069	\$2,269,415	\$2,850,200	\$3,333,067	\$3,173,126	\$4,090,812	-3.6%
	Children	\$88,177,751	\$84,883,419	\$80,094,582	\$86,884,481	\$100,448,504	\$116,610,115	32.2%
	CHIP	--	--	\$1,135	\$5,539,977	\$9,267,467	\$9,340,526	--
	Children's Mental Health Waiver	\$1,630,804	\$908,955	\$895,499	\$1,475,071	\$1,470,096	\$1,564,627	-4.1%
	Foster Care	\$23,038,480	\$21,458,383	\$20,003,992	\$17,995,827	\$17,757,109	\$17,954,281	-22.1%
	Newborn	\$31,977,722	\$25,033,422	\$22,752,379	\$26,145,554	\$32,342,485	\$31,860,277	-0.4%
<b>Member Months</b>								
Children	Care Management Entity	3,084	2,393	2,372	2,479	1,971	2,514	-18.5%
	Children	357,611	328,354	358,554	449,529	471,639	515,812	44.2%
	CHIP	--	--	28,048	40,577	44,149	45,892	--
	Children's Mental Health Waiver	919	585	568	1,073	1,353	1,606	74.8%
	Foster Care	30,685	27,344	28,185	32,598	36,155	36,772	19.8%
	Newborn	29,417	17,134	16,339	33,766	45,942	54,292	84.6%
<b>Per Member Per Month</b>								
Children	Care Management Entity	\$1,376	\$948	\$1,202	\$1,345	\$1,610	\$1,627	18.2%
	Children	\$247	\$259	\$223	\$193	\$213	\$226	-8.3%
	CHIP	--	--	\$0.04	\$137	\$210	\$204	--
	Children's Mental Health Waiver	\$1,775	\$1,554	\$1,577	\$1,375	\$1,087	\$974	-45%
	Foster Care	\$751	\$785	\$710	\$552	\$491	\$488	-35%
	Newborn	\$1,087	\$1,461	\$1,393	\$774	\$704	\$587	-46%

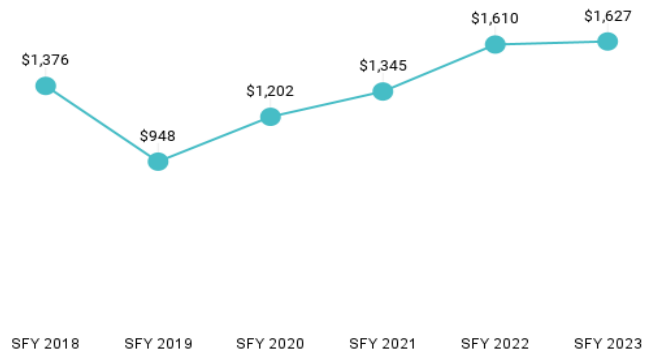
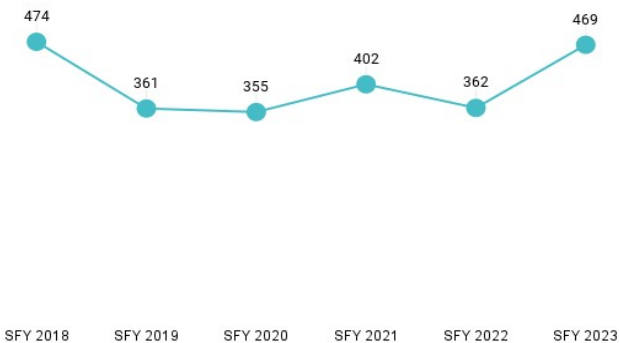
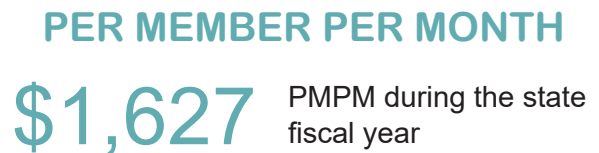
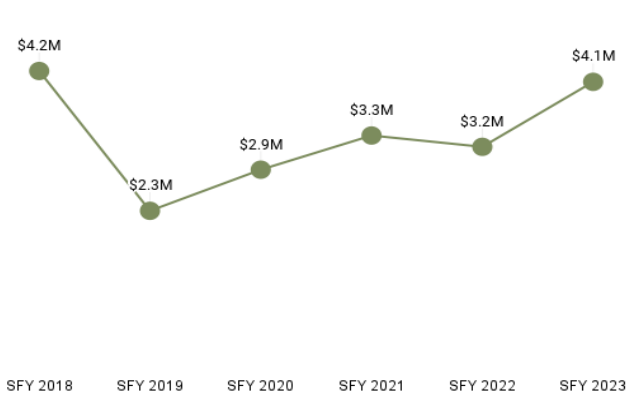
9. Expenditures for Children, CMHW, and Foster Care include CME expenditures.

# CARE MANAGEMENT ENTITY

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

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

The 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.

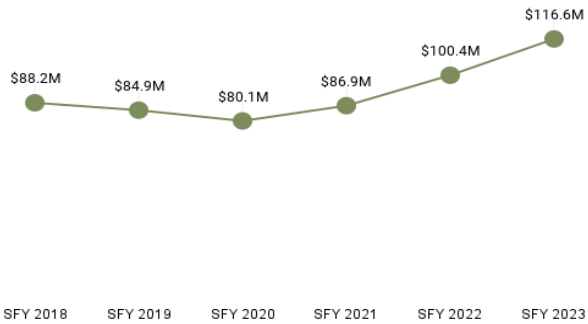


# CHILDREN

## EXPENDITURES

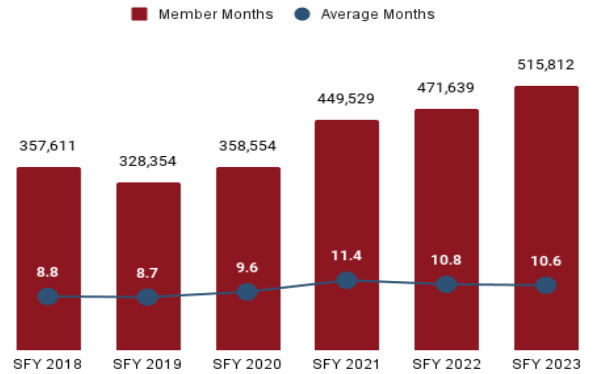
**\$116.6 million**

paid to providers for services rendered during the state fiscal year



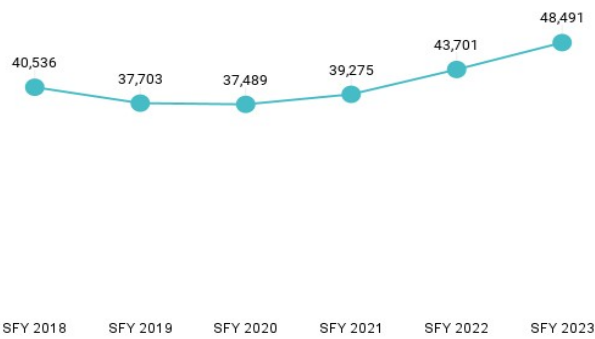
## MEMBER MONTHS

**515,812**



**MEMBERS**  
**48,491**

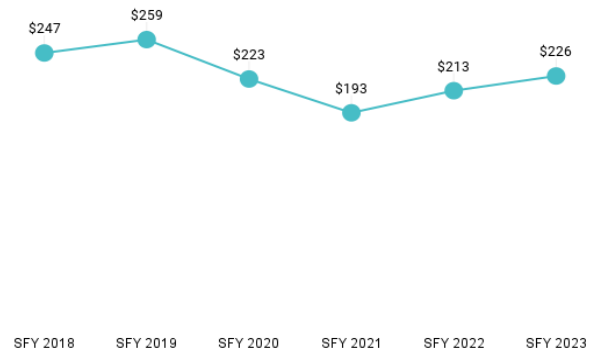
unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$226**

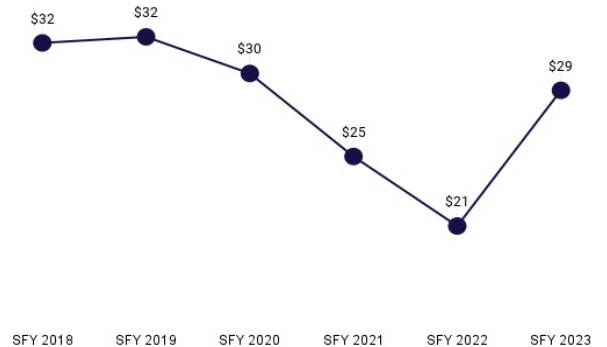
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# CHIP

## EXPENDITURES

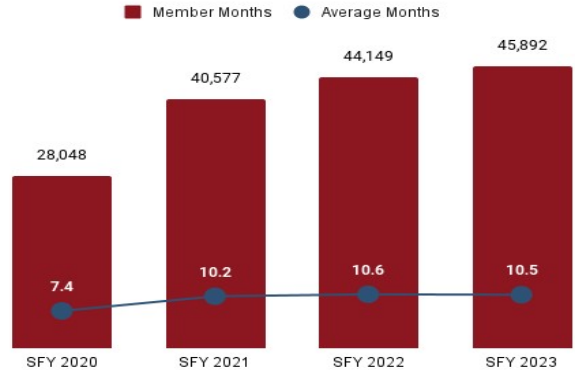
**\$9.3 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

**45,892**



**MEMBERS**  
**4,363**

unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$204**

PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM

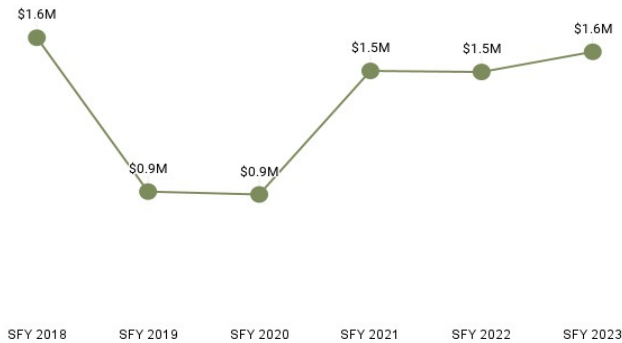


# CHILDREN'S MENTAL HEALTH WAIVER

## EXPENDITURES

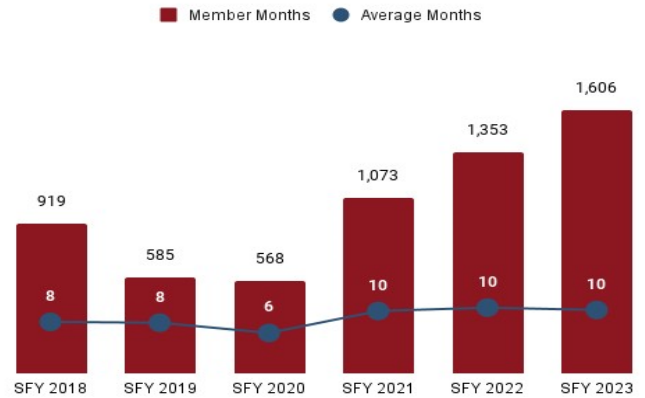
**\$1.6 million**

paid to providers for services rendered during the state fiscal year



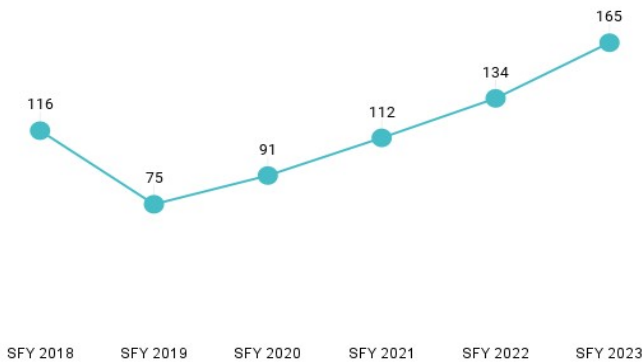
## MEMBER MONTHS

**1,606**



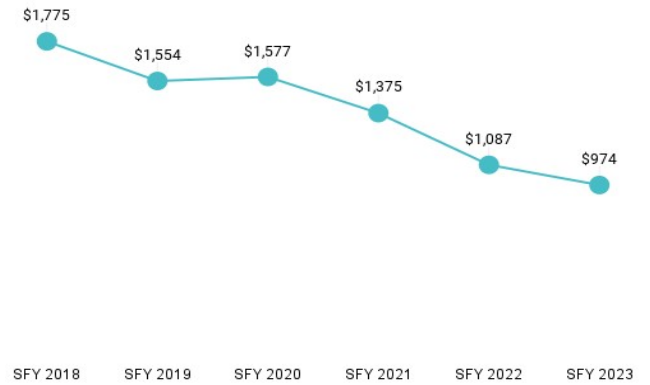
## MEMBERS

**165** unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$974** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



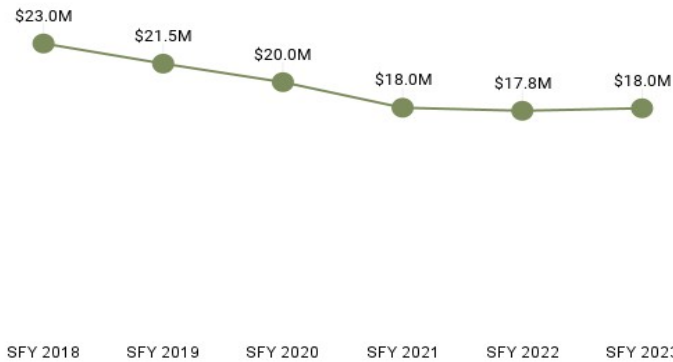
## HOSPITAL INPATIENT PMPM



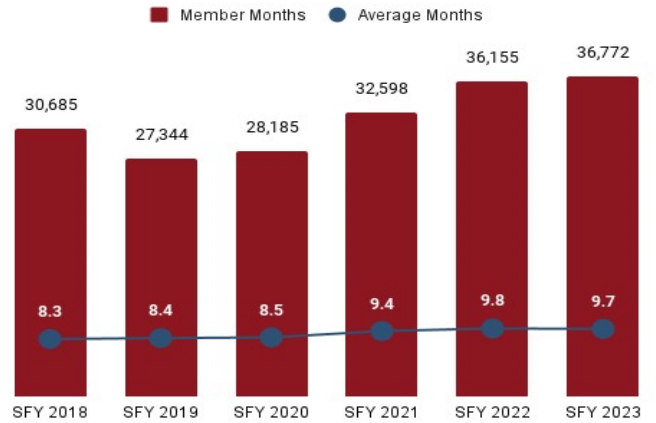
# FOSTER CARE

EXPENDITURES  
\$18.0 million

paid to providers for services rendered during the state fiscal year

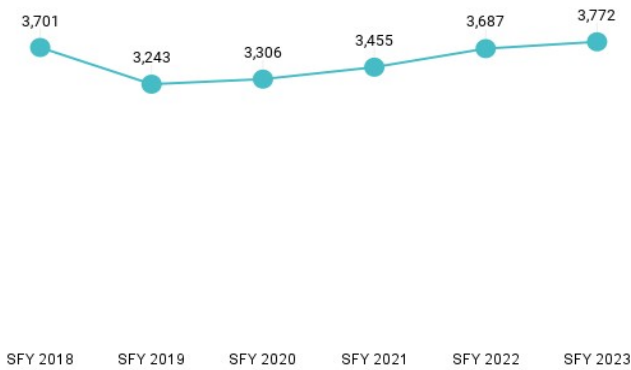


MEMBER MONTHS  
36,772



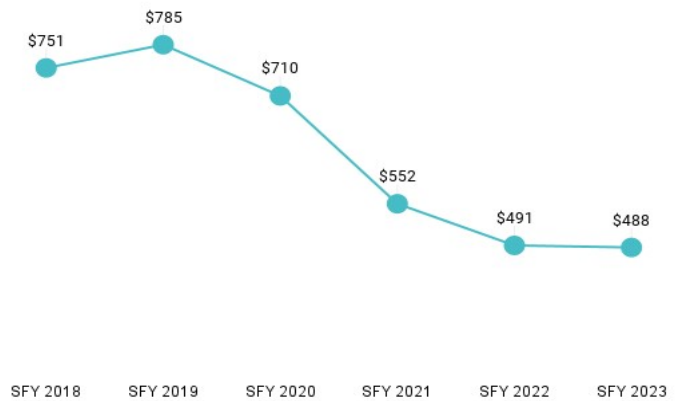
MEMBERS  
3,772

unique individuals enrolled during the state fiscal year



PER MEMBER PER MONTH  
\$488

PMPM during the state fiscal year

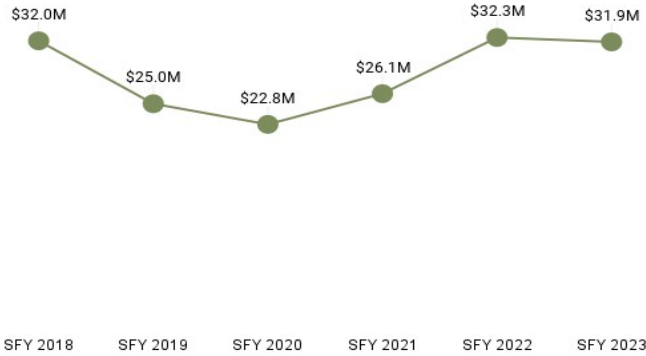


# NEWBORN

## EXPENDITURES

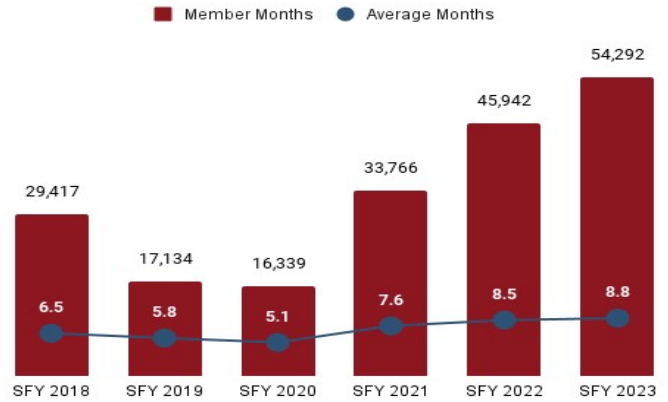
**\$31.9 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

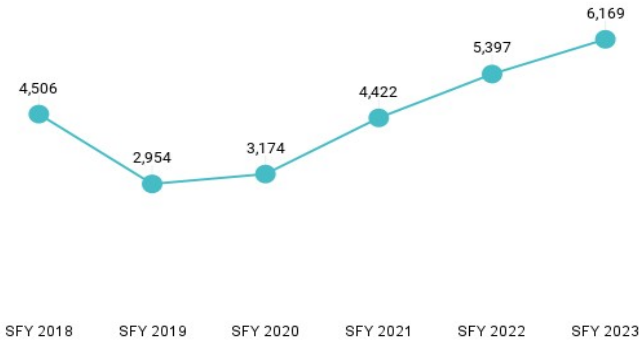
**54,292**



## MEMBERS

**6,169**

unique individuals enrolled during the state fiscal year



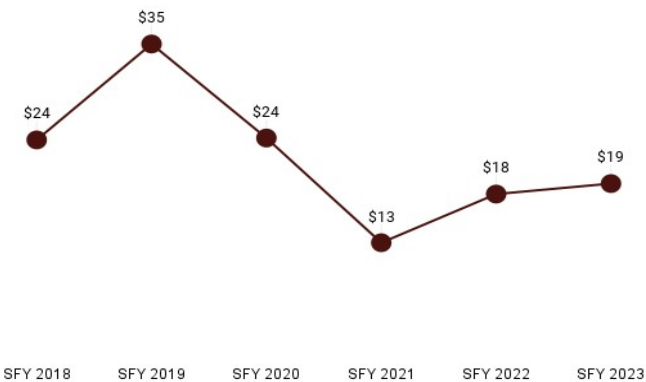
## PER MEMBER PER MONTH

**\$587**

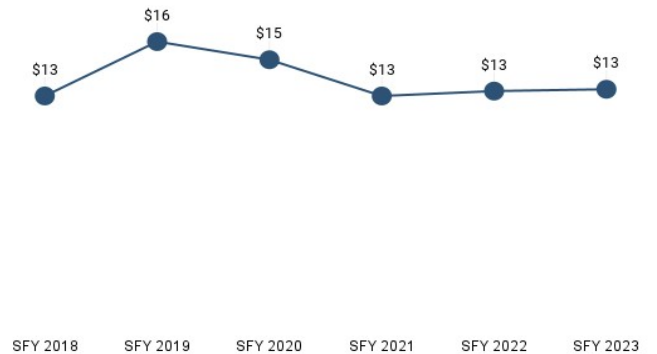
PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



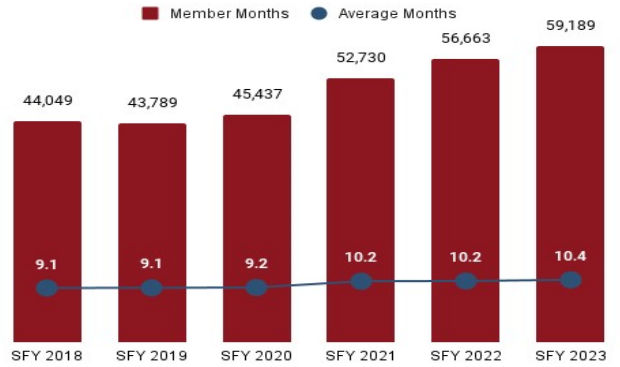


# MEDICARE SAVINGS PROGRAMS

**EXPENDITURES**  
**\$2.2 million**  
 paid to providers for services rendered during the state fiscal year



**MEMBER MONTHS**  
**59,189**

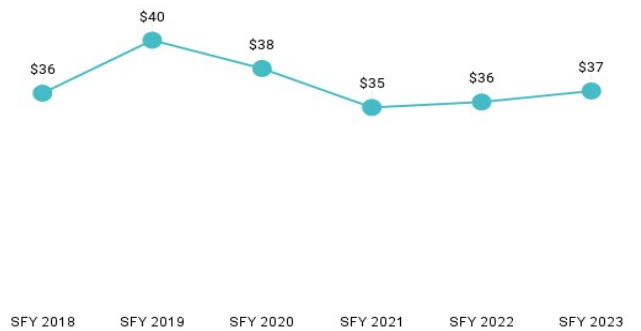


**MEMBERS**  
**5,674** unique individuals enrolled during the state fiscal year

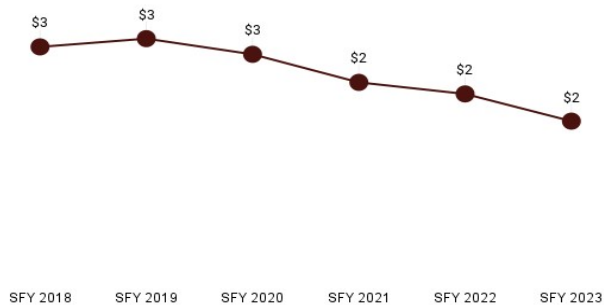


## PER MEMBER PER MONTH

**\$37** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



# PMPM FOR TOP SERVICE AREAS

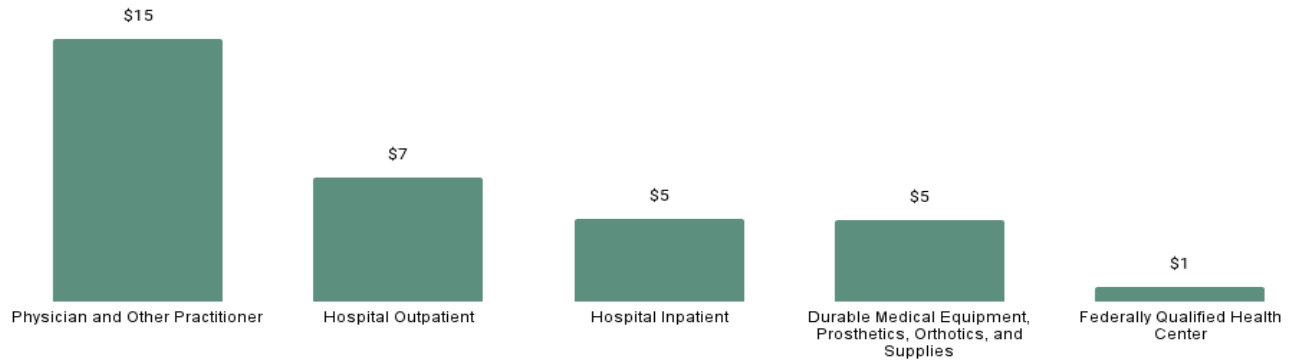


Figure 15. Medicare Savings Programs Per Member Per Month by Service Area

Table 33. 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
<b>Medicare Savings Programs</b>						
Qualified Medicare Beneficiary	\$2,164,517	7.1%	33,855	4.7%	\$64	1.6%
Specified Low-Income Medicare Beneficiary	\$329	-90.2%	25,334	4.1%	\$0.01	-92.9%

Table 34. Medicare Savings Program History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1,586,071	\$1,752,441	\$1,719,927	\$1,849,411	\$2,021,483	\$2,164,517	36.5%
	Specified Low-Income Medicare Beneficiary	\$17,549	\$18,409	\$19,795	\$13,055	\$3,374	\$329	-98.1%
<b>Member Months</b>								
Medicare Savings Programs	Qualified Medicare Beneficiary	26,974	25,907	26,579	30,581	32,331	33,855	25.5%
	Specified Low Income Medicare Beneficiary	17,075	17,882	18,858	22,149	24,332	25,334	48.4%
<b>Per Member Per Month</b>								
Medicare Savings Programs	Qualified Medicare Beneficiary	\$59	\$68	\$65	\$60	\$63	\$64	8.5%
	Specified Low Income Medicare Beneficiary	\$1.03	\$1.03	\$1.05	\$0.59	\$0.14	\$0.01	-99.0%

# QUALIFIED MEDICARE BENEFICIARY

## EXPENDITURES

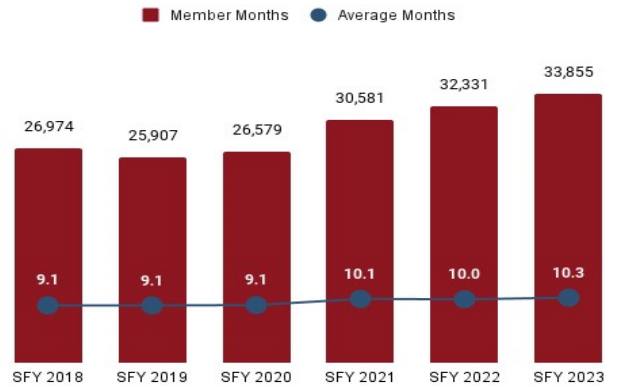
**\$2.2 million**

paid to providers for services rendered during the state fiscal year



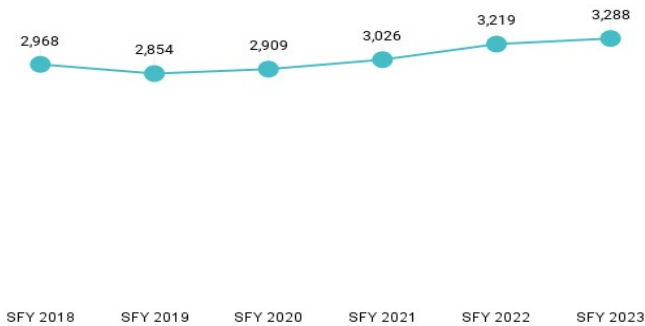
## MEMBER MONTHS

**33,855**



## MEMBERS

**3,288** unique individuals enrolled during the state fiscal year

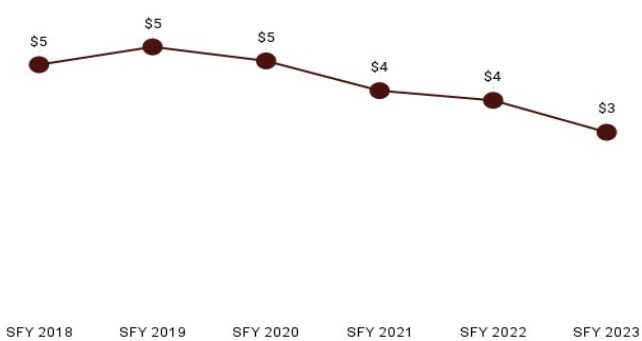


## PER MEMBER PER MONTH

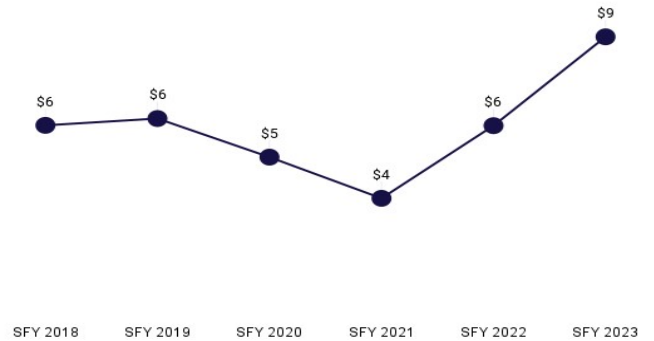
**\$64** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



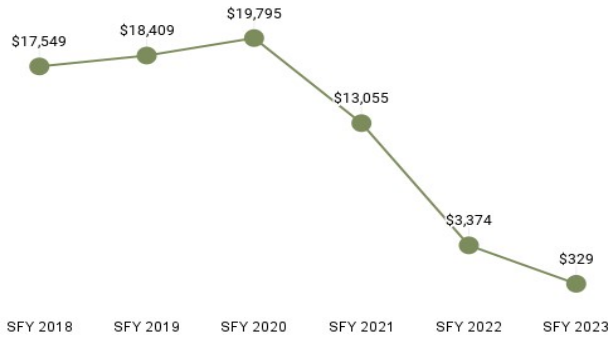
# SPECIFIED LOW-INCOME MEDICARE BENEFICIARY

This program provides assistance with Medicare Part B premiums (not included in PMPM totals) and assessments supporting application to long-term care or HCBS waivers.

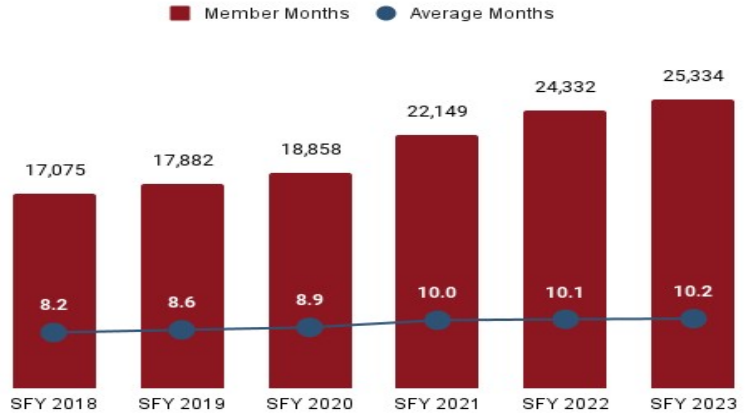
## EXPENDITURES

**\$329**

paid to providers for services rendered during the state fiscal year



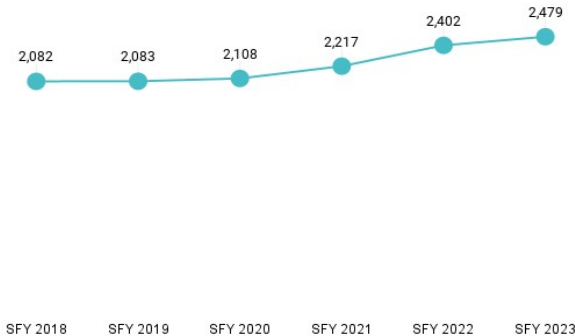
**MEMBER MONTHS**  
**25,334**



## MEMBERS

**2,479**

unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

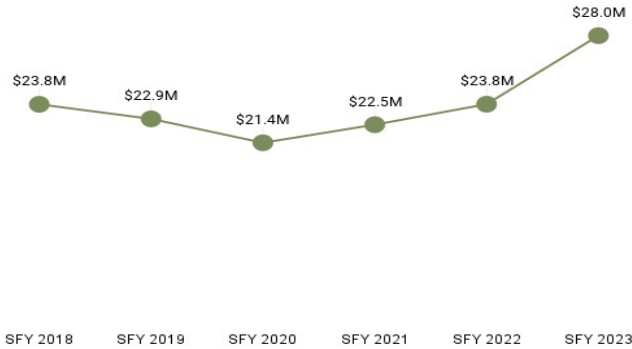
**\$0.01**

PMPM during the state fiscal year

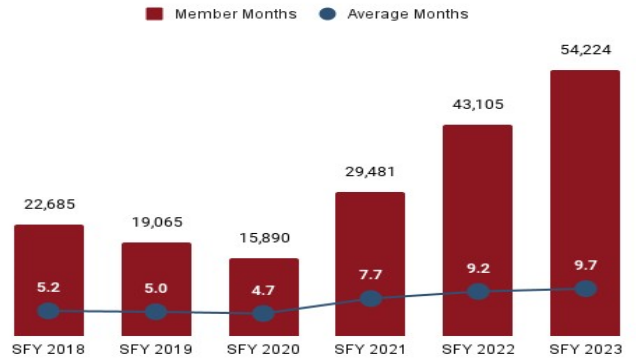


# PREGNANT WOMEN

**EXPENDITURES**  
**\$28.0 million**  
 paid to providers for services rendered during the state fiscal year



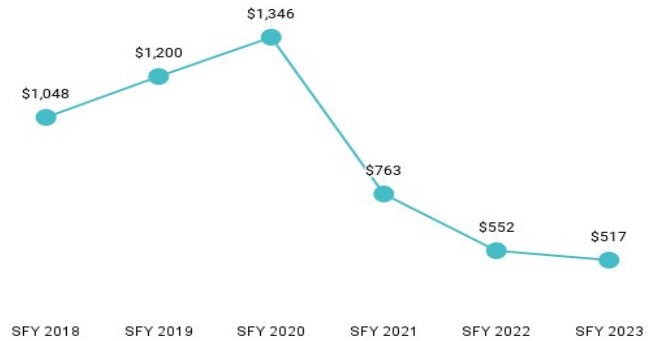
**MEMBER MONTHS**  
**54,224**



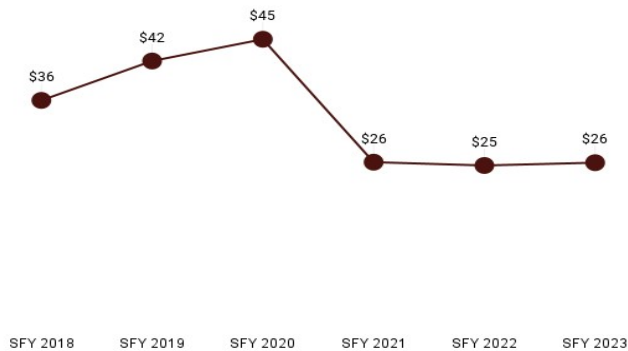
**MEMBERS**  
**5,575** unique individuals enrolled during the state fiscal year



**PER MEMBER PER MONTH**  
**\$517** PMPM during the state fiscal year



**EMERGENCY ROOM PMPM**



**HOSPITAL INPATIENT PMPM**



Table 35. Pregnant Women Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>Pregnant Women</b>						
Pregnant Women	\$28,027,910	17.9%	54,224	25.8%	\$517	-6.3%

Table 36. Pregnant Women History by Subgroup

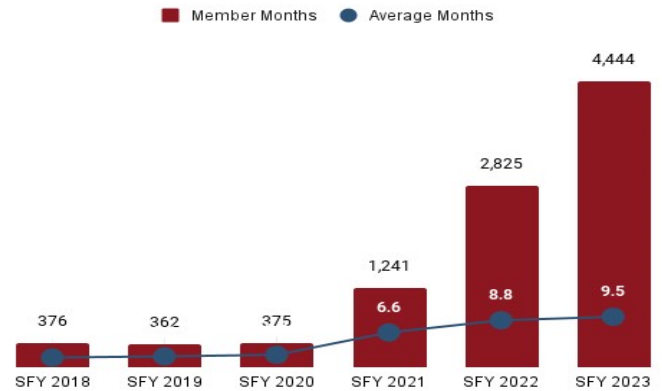
Eligibility Category / Subgroup	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>							
Pregnant Women	\$23,771,326	\$22,869,194	\$21,387,884	\$22,508,347	\$23,779,071	\$28,027,910	17.9%
<b>Member Months</b>							
Pregnant Women	22,685	19,065	15,890	29,481	43,105	54,224	139.0%
<b>Per Member Per Month</b>							
Pregnant Women	\$1,048	\$1,200	\$1,346	\$763	\$552	\$517	-50.7%

# NON-CITIZENS WITH MEDICAL EMERGENCIES

**EXPENDITURES**  
**\$855,604** paid to providers for services rendered during the state fiscal year



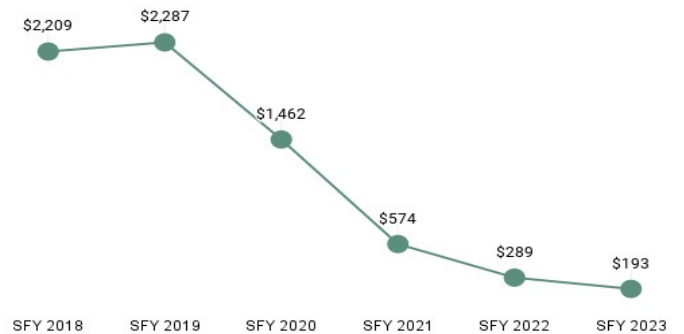
**MEMBER MONTHS**  
**4,444**



**MEMBERS**  
**468** unique individuals enrolled during the state fiscal year



**PER MEMBER PER MONTH**  
**\$193** PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



## HOSPITAL INPATIENT PMPM



Table 37. Non-Citizens with Medical Emergencies Per Member Per Month Summary by Subgroup

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>Non-Citizens with Medical Emergencies</b>						
Non-Citizens	\$855,604	4.9%	4,444	57.3%	\$193	-33.2%

Table 38. Non-Citizens with Medical Emergencies History by Subgroup

Eligibility Category	Eligibility Subgroup	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	5 Year % Change
<b>Expenditures</b>								
Non-Citizens with Medical Emergencies	Non-Citizens	\$830,693	\$827,777	\$548,077	\$712,723	\$815,903	\$855,604	3.0%
<b>Member Months</b>								
Non-Citizens with Medical Emergencies	Non-Citizens	376	362	375	1,241	2,825	4,444	1081.9%
<b>Per Member Per Month</b>								
Non-Citizens with Medical Emergencies	Non-Citizens	\$2,209	\$2,287	\$1,462	\$574	\$289	\$193	-91.3%

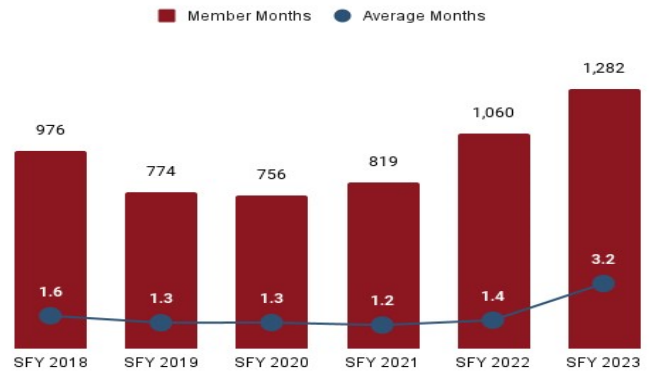


# SPECIAL GROUPS

**EXPENDITURES**  
**\$2.8 million**  
 paid to providers for services rendered during the state fiscal year



**MEMBER MONTHS**  
**1,282**



**MEMBERS**  
**397** unique individuals enrolled during the state fiscal year



**PER MEMBER PER MONTH**  
**\$2,219** PMPM during the state fiscal year



**EMERGENCY ROOM PMPM**



**HOSPITAL INPATIENT PMPM**



## PMPM FOR TOP SERVICE AREAS

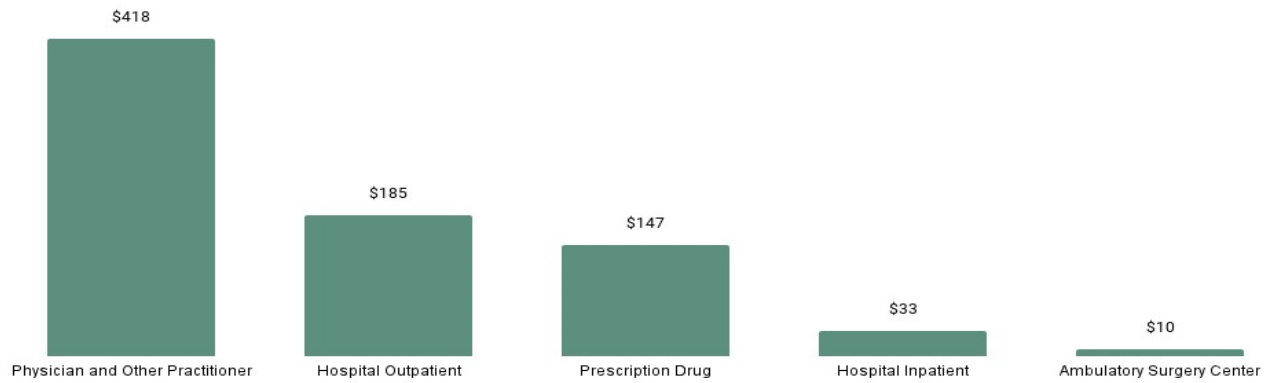


Figure 16. Special Groups Per Member Per Month by Service Area

Table 39. Special Groups Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
<b>Special Groups</b>						
Breast and Cervical	\$2,842,561	6.5%	1,213	21.8%	\$2,343	-12.6%
Family Planning Waiver	\$1,870	-23.6%	69	7.8%	\$27	-28.9%
Incarcerated Medicaid Member	--	-100%	--	-100%	--	-100%

Table 40. Special Groups Per Member Per Month History for Waiver and Non-Waiver Services

Eligibility Category	Eligibility Sub-group	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
<b>Expenditures</b>								
Special Groups	Breast and Cervical	\$1,466,631	\$1,582,515	\$1,895,022	\$2,313,161	\$2,669,957	\$2,842,561	93.8%
	Family Planning Waiver	\$3,258	\$2,425	\$1,990	\$106	\$2,447	\$1,870	-42.6%
	Tuberculosis	-	-	-	-	-	-	
	Incarcerated Medicaid Member	-	-	-	-	\$6,177		
<b>Member Months</b>								
Special Groups	Breast and Cervical	717	594	637	746	996	1,213	69.2%
	Family Planning Waiver	259	180	119	73	64	69	-73.4%
	Tuberculosis	-	-	-	-	-	-	
	Incarcerated Medicaid Member	-	-	-	-	2,733	-	
<b>Per Member Per Month</b>								
Special Groups	Breast and Cervical	\$2,046	\$2,664	\$2,975	\$3,101	\$2,681	\$2,343	14.5%
	Family Planning Waiver	\$13	\$13	\$17	\$1	\$38	\$27	107.7%
	Tuberculosis	-	-	-	-	-	-	
	Incarcerated Medicaid Member	-	-	-	-	-	-	

# BREAST AND CERVICAL

## EXPENDITURES

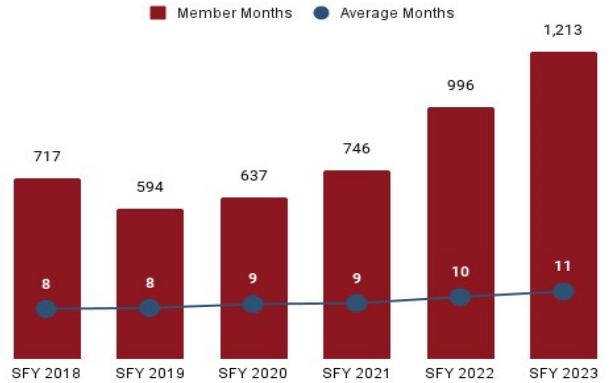
**\$2.8 million**

paid to providers for services rendered during the state fiscal year



## MEMBER MONTHS

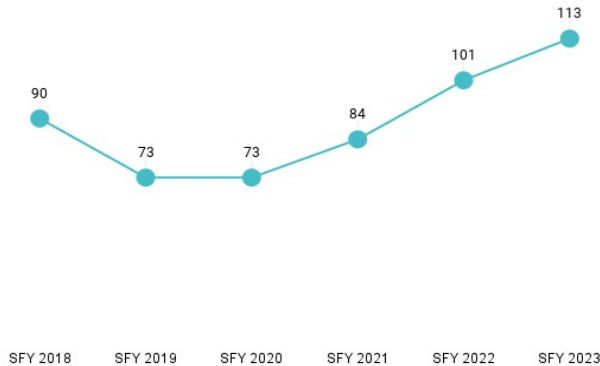
**1,213**



## MEMBERS

**113**

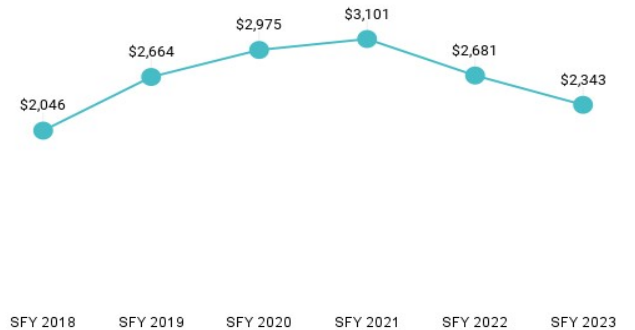
unique individuals enrolled during the state fiscal year



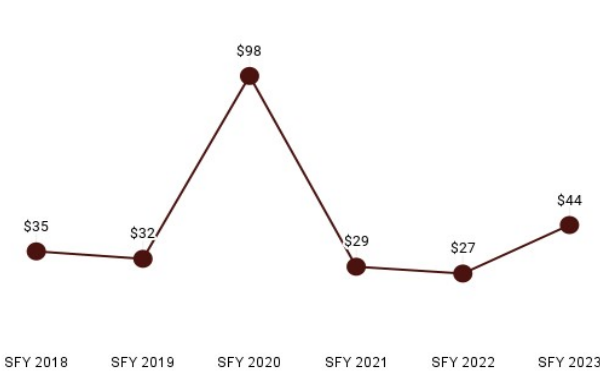
## PER MEMBER PER MONTH

**\$2,343**

PMPM during the state fiscal year



## EMERGENCY ROOM PMPM



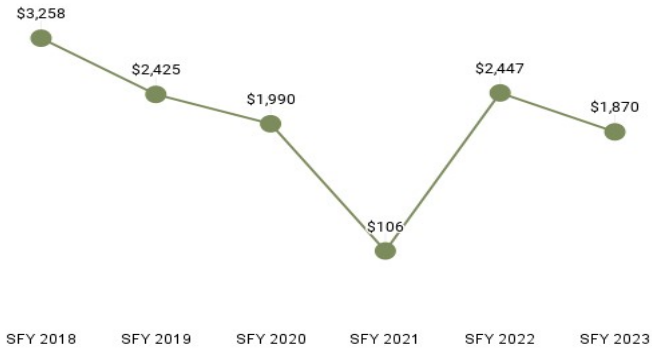
## HOSPITAL INPATIENT PMPM



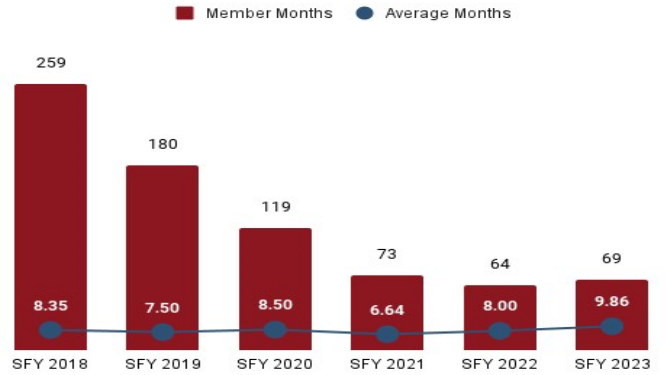
# FAMILY PLANNING WAIVER

**EXPENDITURES**  
**\$1,870**

paid to providers for services rendered during the state fiscal year



**MEMBER MONTHS**  
**69**



## MEMBERS

**7**

unique individuals enrolled during the state fiscal year



## PER MEMBER PER MONTH

**\$27**

PMPM during the state fiscal year



# 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 runs 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**

An 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**

An 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.



**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 runs from July 1 through June 30. The SFY is named for the end date of the year (e.g., SFY 2022 ends on June 30, 2022).

**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

Table 41. Acronym Definitions

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

# APPENDIX B: DATA METHODOLOGY

Table 42. 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 43. Medicaid Chart A Eligibility Program Codes

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

Eligibility Category	Eligibility Sub-Group	Program Codes	
Aged, Blind, Disabled Intellectual/ Developmental Disabilities and Acquired Brain Injury (continued)	Adult ID/DD	S22	DD Waiver SSI > 65 (inactive)
		S23	DD Waiver 300% Cap > 65 (inactive)
		S44	DD Wvr SSI Between 21 & 65 Yrs (inactive)
		S45	DD Wvr 300% Between 21 & 65 Yrs (inactive)
		S59	DD Waiver w/ EID > 21 (inactive)
		W03	EID Comp Waiver Adult > 21
		W08	SSI Comp Waiver Adult > 21
		W10	SSI Comp Waiver Aged > 65
		W14	300% Comp Waiver Adult > 21
		W16	300% Comp Waiver Aged > 65
		W01	EID Support Waiver Adult > 21
		W05	SSI Support Waiver Adult > 21
		W07	SSI Support Waiver Aged > 65
		W11	300% Support Waiver Adult > 21
		W13	300% Support Waiver Aged > 65
		Child ID/DD	S58
	S64		Continuous DD < 19 (inactive)
	S93		DD Waiver SSI <21 (inactive)
	S94		DD Waiver 300% Cap <21 (inactive)
	W04		EID Comp Waiver Child < 21
	W09		SSI Comp Waiver Child < 21
	W15		300% Comp Waiver Child < 21
	W02		EID Support Waiver Child < 21
	W06		SSI Support Waiver Child < 21
	W12		300% Support Waiver Child < 21
	ICF-ID (WY Life Resource Center)	S03	ICF-MR SSI > 65
		S04	ICF-MR 300% Cap > 65
		S05	ICF-MR SSI < 65
S06		ICF-MR 300% Cap < 65	
Aged, Blind, Disabled Institution	Hospital	S14	Institutional (Hosp) Aged - Inactive
		S15	Inpatient Hospital 300% Cap > 65
		S34	Institutional (Hosp) Disabled - Inactive
		S35	Inpatient Hospital 300% Cap < 65
	IMD (WY State Hospital - Age 65+)	S13	Inpat-Psych > 65

Eligibility Category	Eligibility Sub-Group	Program Codes	
Aged, Blind, Disabled, Long-Term Care (continued)	Nursing Home	N97	NH Temp Services
		S01	NH-SSI & Ssa Blend >65
		S02	NH-SSI & Ssa Blend <65
		S10	Nursing Home SSI >65
		S11	Nursing Home 300% Cap >65
		S17	Retro Medicaid-"Pr" Aged (inactive)
		S18	Retro Medicaid-"Rm" Aged (inactive)
		S30	Retro Medicaid-"Pr" Disabled (inactive)
		S32	Nursing Home SSI <65
		S33	Nursing Home 300% Cap <65
		S54	Medicaid Only-No Rm & Brd >65
		S55	Medicaid Only-No Rm & Brd <65
		S90	Retro Medicaid-"Rm" Disabled
		PACE	P11
	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	S12	SSI Eligible >65		
		S20	Blind SSI - Receiving Payment		
		S21	Blind SSI - Not Receiving Pymt		
		S31	SSI Eligible <65		
		S36	Disabled Adult Child (DAC)		
		S37	Goldberg-Kelly		
		S39	1619 Disabled		
		S40	Aptd Essent. Person Med Only (inactive)		
		S48	Zebley >21		
		S49	Zebley <21		
		S92	Widow-Widowers SDX		
		S98	Pseudo SSI Aged (inactive)		
		S99	Pseudo SSI Disabled (inactive)		
		S09	SSI-Disabled Child Definition		
		S16	Pickle >65		
		S38	Pickle <65		
		S42	Widow-Widowers		
		S43	Qual Disabled Working Ind		
		Aged, Blind, Disabled, Long-Term Care	Community Choices Waiver	R01	Asst Living Fac Wvr SSI < 65
				R02	Asst Living Fac Wvr 300% < 65
R03	Asst Living Fac Wvr SSI > 65				
R04	Asst Living Fac Wvr 300% > 65				
N98	WLTC Temp Services				
S24	LTC Waiver SSI > 65				
S25	LTC Waiver 300% Cap > 65				
S46	LTC Waiver SSI < 65				
S47	LTC Waiver 300% Cap < 65				
Hospice	S50			Hospice Care > 65	
Hospice	S51			Hospice Care < 65	
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	
		Former Foster Care	M18	Former Foster Youth PE > 21	
	Newly Eligible Adults	M01	Adult MAGI > 21		
	Newly Eligible Adults	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)	
		K03	Kidcare to Child Magi	
		M02	Adult MAGI <21	
		M03	Child MAGI	
		M05	Family MAGI <21	
		M10	Children's PE	
		M12	Family MAGI PE <21	
		M14	Adult MAGI PE <21	
		S62	Continuous SSI Eligible <19	
		Children's Mental Health Waiver	A55	Child 0 Through 5 Yrs
			S65	Cont Childrns Ment Health Wvr < 19
			S95	Childrens Ment Hlth Wvr SSI < 21
		Foster Care	S96	Childrens Ment Hlth Wvr 300% <21
			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	
	Newborn	S63	Continuous Foster Care <19	
		A53	Newborn	

Eligibility Category	Eligibility Sub-Group	Program Codes	
Medicare Savings Programs	Qualified Medicare Beneficiary	Q17	QMB > 65
		Q41	QMB < 65
	Specified Low Income Medicare Beneficiary	Q94	SLMB 2 > 65
		Q95	SLMB 2 < 65
		Q96	SLMB 1 > 65
		Q97	SLMB 1 < 65
	Part B - Partial Aged Medicare Beneficiary	Q98	Part B-Partial Aged - Inactive
		Q99	Part B-Partial Disabled - Inactive
	Non-Citizens with Medical Emergencies	Non-Citizens	A81
A84			Emergency Svc > 21
Pregnant Women	Pregnant Women	A71	Pregnant Woman < 21
		A72	Pregnant Woman > 21
		A73	Qualified Pregnant Woman > 21
		A74	Qualified Pregnant Woman < 21
		M06	Pregnancy MAGI > 21
		M07	Pregnancy MAGI < 21
		A19	Presumptive Eligibility
Special Groups	Breast and Cervical	B03	Breast & Cervical > 21
		B04	Breast & Cervical < 21
		M15	Breast & Cervical PE > 21
		M16	Breast & Cervical PE < 21
	Tuberculosis	S52	Tuberculosis (Tb) > 65
		S53	Tuberculosis (Tb) < 65
	Family Planning Waiver	A20	Pregnant By Choice



Table 44. 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 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 213E00000X 363L00000X 363LA2200X 363LF0000X 363LG0600X 363LX0001X 363LP0200X 367A00000X 367500000X 231H00000X 235Z00000X	Psychiatrists  Physician Assistant Occupational Therapist Physical Therapist Podiatrist Nurse Practitioner  Nurse Midwife Nurse Anesthetist Audiologist Speech-Language Pathologist	n/a
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X 156FX1800X	Optometrist Optician	n/a
Waiver - Total	251B00000X 251C00000X 251X00000X	Case Management Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Acquired Brain Injury Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: B01, B02, S60
Adult ID/DD Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: S22, S23, S44, S45, S59
Child ID/DD Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: S58, S93, S94, S64
Children's Mental Health Waiver	251C00000X	Day Training, DD	Claim Type: W, G  Recipient Program Codes: S95, S96, S65
Comprehensive Waiver	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26

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	Day Training, DD PACE PPL	Claim Type: W, G  Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21