

SFY 2024

WYOMING MEDICAID

PMPM Report



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REPORT OVERVIEW

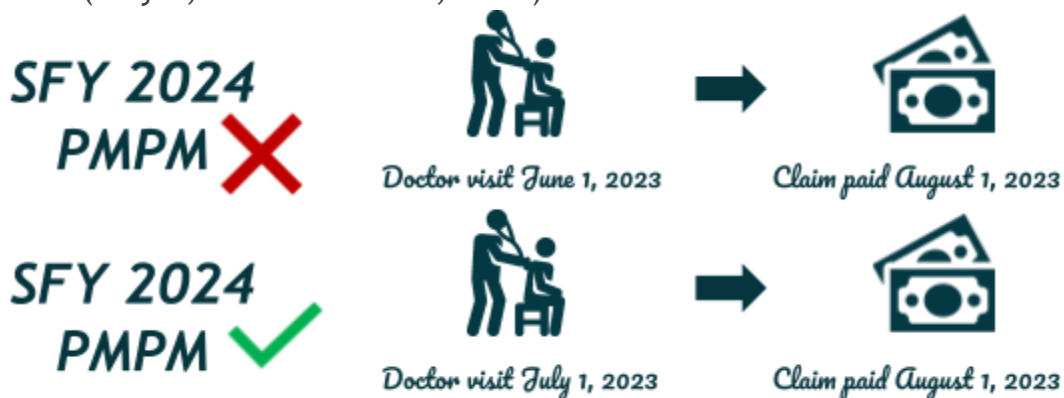


WHAT IS PER MEMBER PER MONTH?

The Per Member Per Month (PMPM) cost is the monthly cost of an enrolled member, calculated using the expenditures based on dates of service and the total enrollment for that month. This is similar to the method private insurers use as a basis 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 the claim payment date. For example, for a recipient who visited their doctor twice, once on June 1, 2023, and again on July 1, 2023, even if both claims were paid on August 1, 2023, only the second claim's expenditures are included in the calculation of the State Fiscal Year 2024 (July 1, 2023 - June 30, 2024) PMPM cost.



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

USING THIS REPORT

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

MEDICAID OVERALL

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

SECTION 1

Medicaid Summary

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

Population Comparison

How does the overall PMPM differ for different Medicaid Populations?

Services Overall

How does the PMPM differ between service types?

Service by Population

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

POPULATION DETAIL

A detailed look at cost performance for each eligibility population

SECTION 2

Eligibility Category Summary

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

Category Overview

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

Subgroup Details

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



MEDICAID OVERVIEW

MEMBER MONTHS



968,353

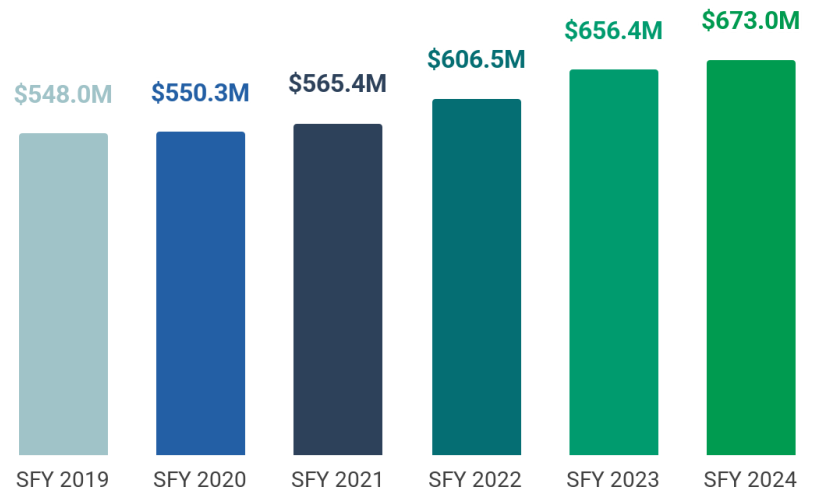
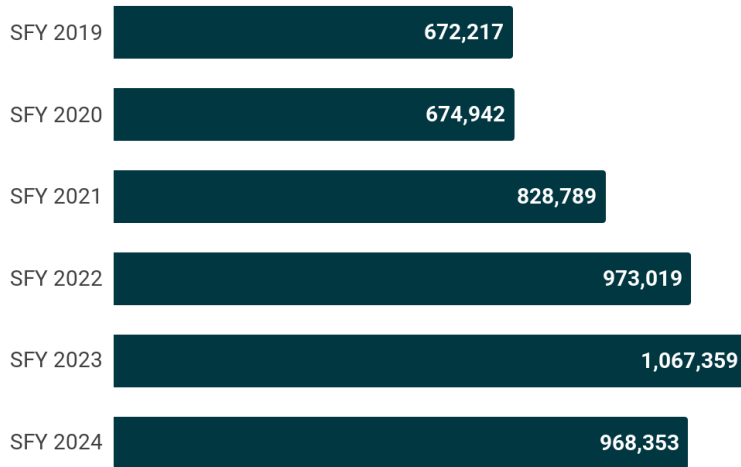
months members were enrolled during SFY 2024



EXPENDITURES

\$672,985,548

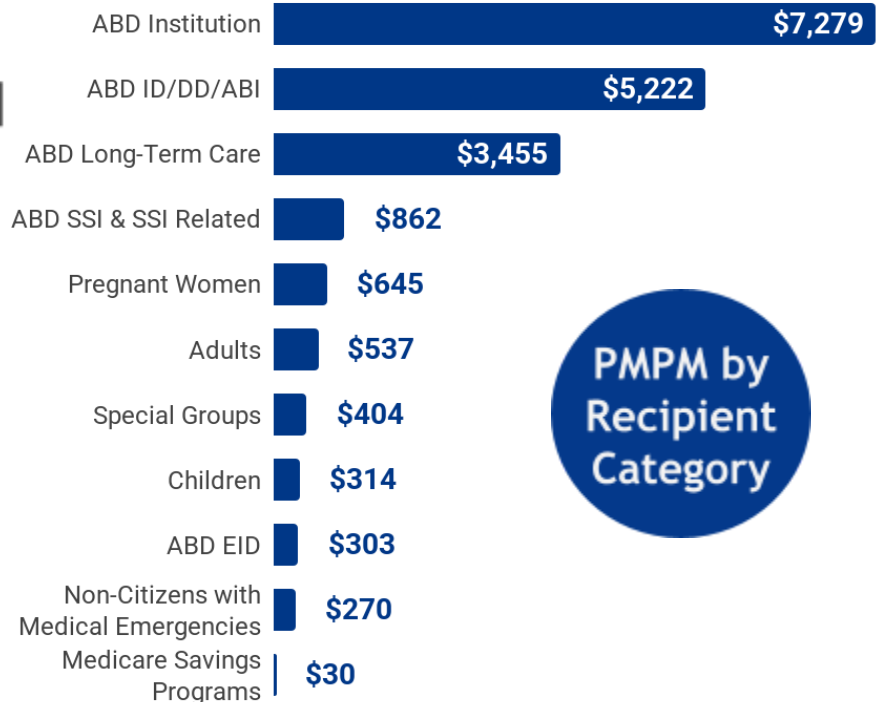
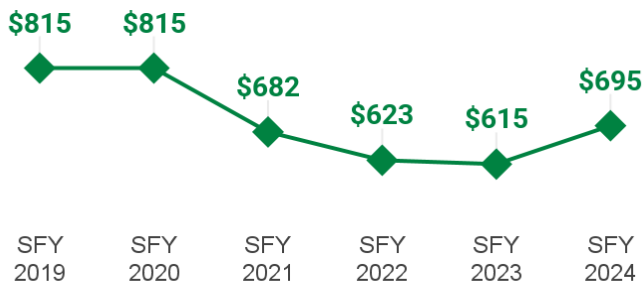
paid to providers for services rendered during SFY 2024



PER MEMBER PER MONTH

\$695

paid to providers for services rendered during SFY 2024



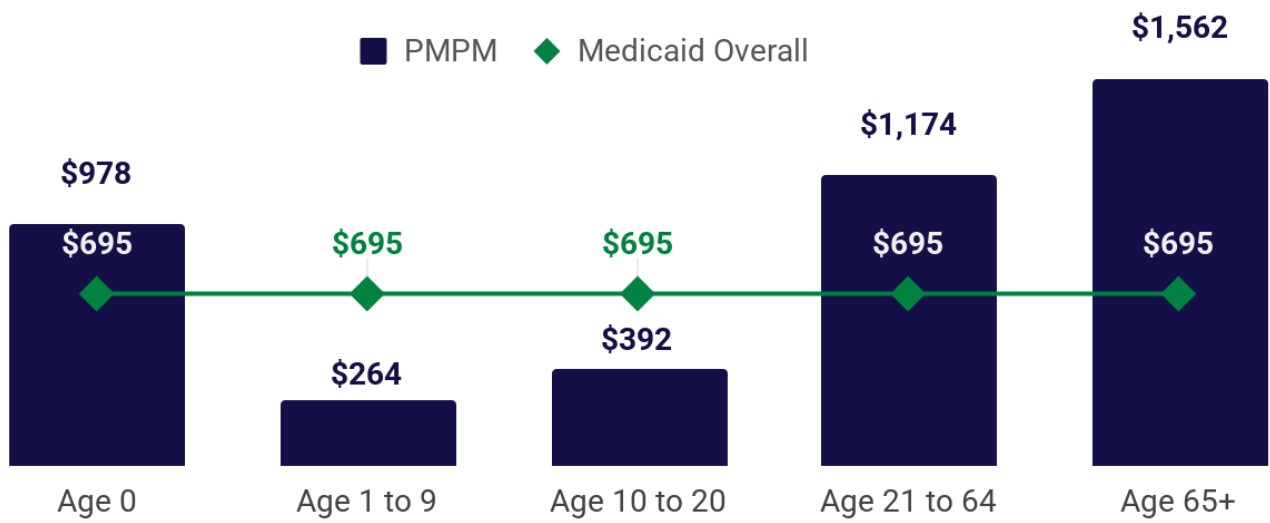


Figure 1. SFY 2024 PMPM by Age Band

73%
of Wyoming
counties have a
PMPM below the
State's overall
PMPM

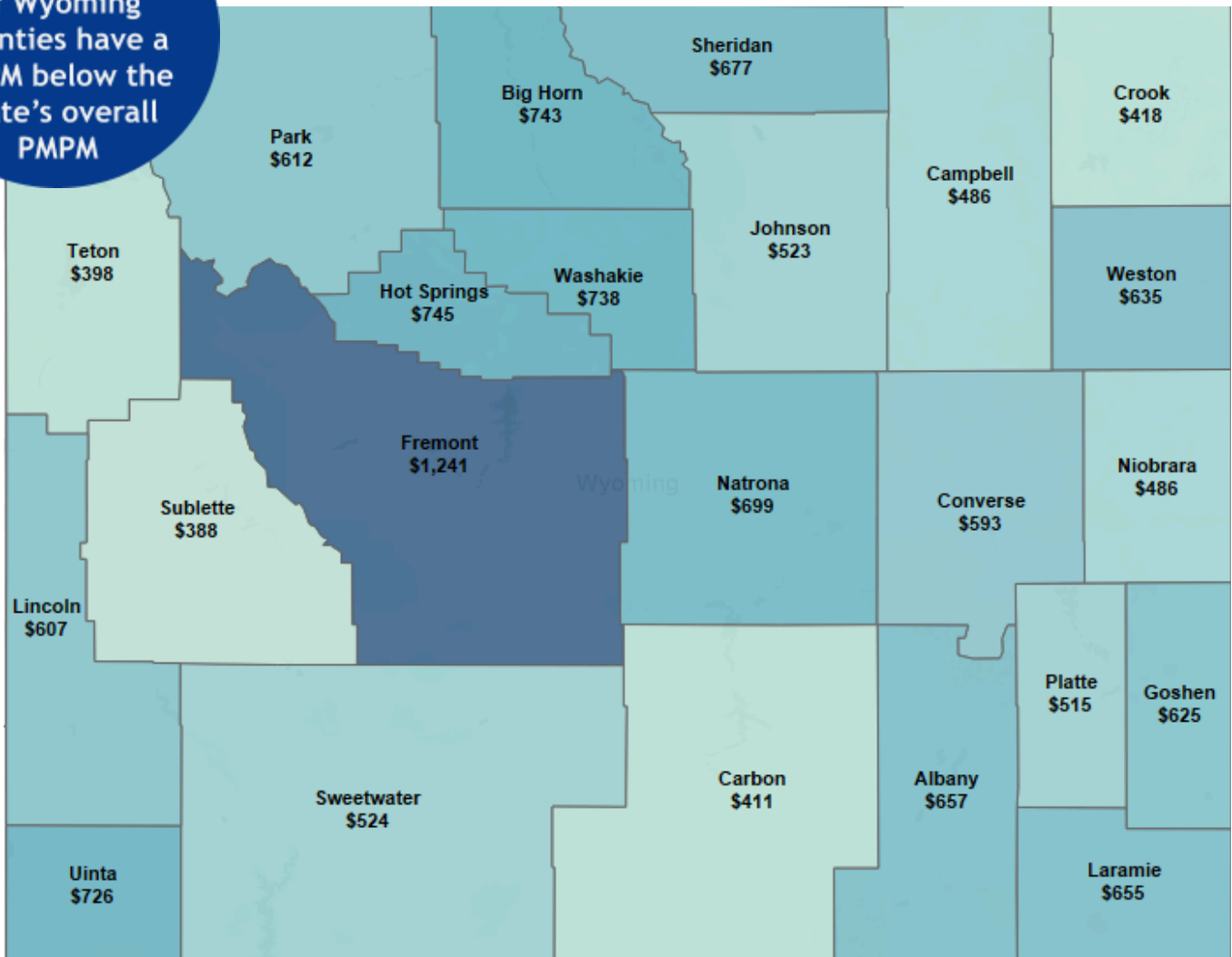


Figure 2. SFY 2024 PMPM by County



PMMPM BY POPULATION

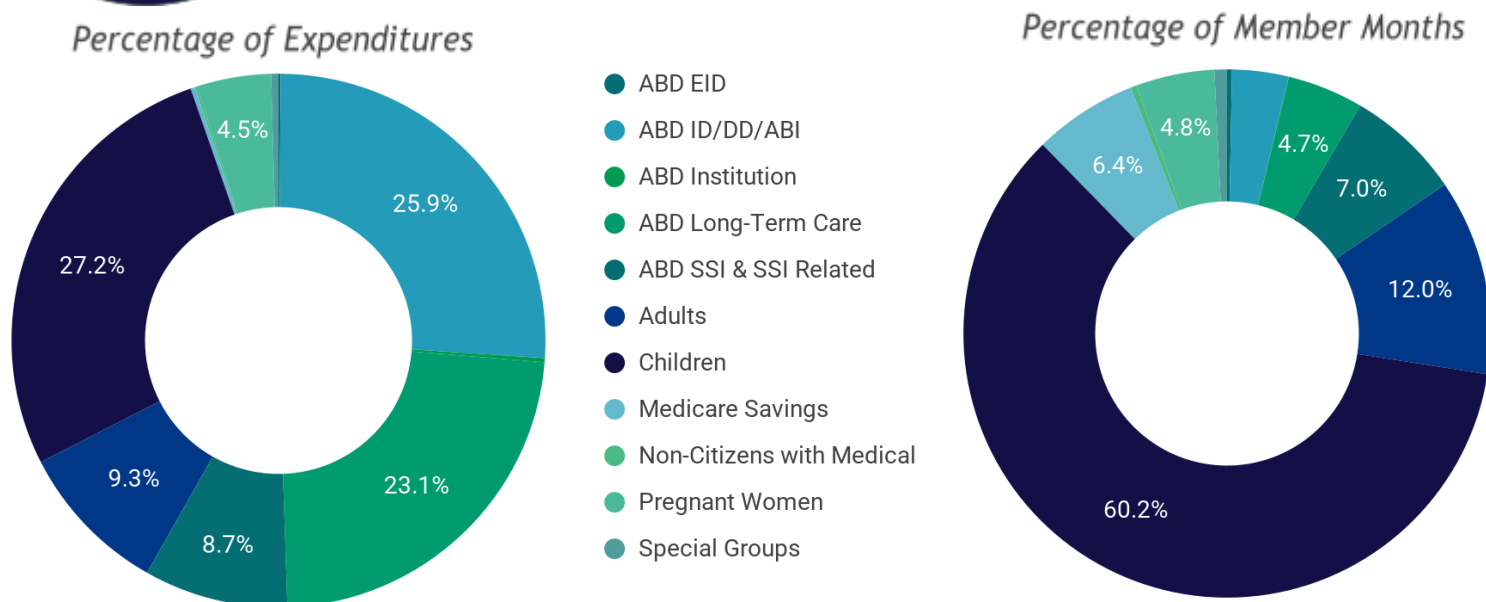


Figure 3. Eligibility Category Overview, Percentage of Expenditures vs. Member Months ~ SFY 2024

Table 1. Eligibility Category Overview ~ Percentage of Total ~ SFY 2024

Eligibility Category	% of Total Expenditures	% of Total Member Months
ABD EID	0.1%	0.3%
ABD ID/DD/ABI	25.9%	3.5%
ABD Institution	0.3%	0.02%
ABD Long-Term Care	23.1%	4.7%
ABD SSI & SSI Related	8.7%	7.0%
Adults	9.3%	12.0%
Children	27.2%	60.2%
Medicare Savings Programs	0.3%	6.4%
Non-Citizens with Medical Emergencies	0.1%	0.4%
Pregnant Women	4.5%	4.8%
Special Groups	0.4%	0.8%

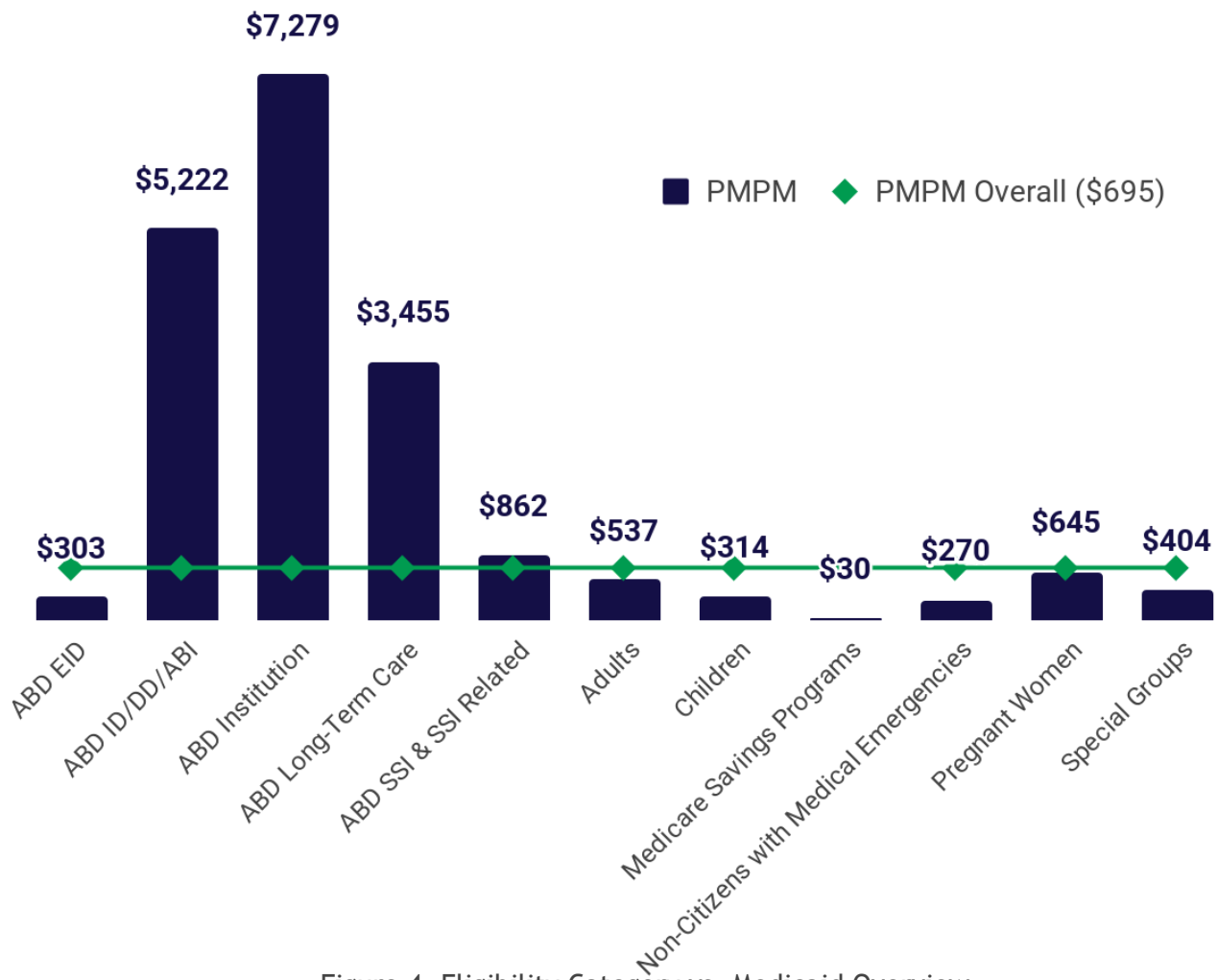


Figure 4. Eligibility Category vs. Medicaid Overview

Table 2. Eligibility Category Summary ~ SFY 2024

Eligibility Category	Average Enrollment Length (months)	Expenditures	Member Months	PMPM	Enrollment
ABD EID	6.9	\$879,792	2,901	\$303	422
ABD ID/DD/ABI	11.0	\$174,493,151	33,417	\$5,222	3,037
ABD Institution	3.8	\$1,725,020	237	\$7,279	62
ABD Long-Term Care	9.5	\$155,785,189	45,087	\$3,455	4,753
ABD SSI & SSI Related	9.8	\$58,755,696	68,140	\$862	6,933
Adults	8.0	\$62,446,996	116,200	\$537	14,536
Children	9.1	\$182,934,624	582,992	\$314	63,818
Medicare Savings Programs	9.5	\$1,852,299	61,635	\$30	6,519
Non-Citizens with Medical Emergencies	5.6	\$960,068	3,561	\$270	633
Pregnant Women	6.8	\$30,152,031	46,752	\$645	6,901
Special Groups	7.5	\$3,000,681	7,431	\$404	990
Overall	9.3	\$672,985,547	968,353	\$695	103,880

Table 3. One-Year Change in Expenditures, Member Months, and PMPM by Eligibility Category

Eligibility Category	SFY 2024 Expenditures	% Change from SFY 2023	SFY 2024 Member Months	% Change from SFY 2023	SFY 2024 PMPM	% Change from SFY 2023
ABD EID	\$879,792	-10.9	2,901	-23.9	\$303	17.0
ABD ID/DD/ABI	\$174,493,151	8.3	33,417	7.5	\$5,222	0.8
ABD Institution	\$1,725,020	-10.9	237	-20.2	\$7,279	11.7
ABD Long-Term Care	\$155,785,189	13.5	45,087	-1.0	\$3,455	14.6
ABD SSI & SSI Related	\$58,755,696	-9.8	68,140	-8.0	\$862	-1.9
Adults	\$62,446,996	-11.3	116,200	-12.8	\$537	1.7
Children	\$182,934,624	-1.2	582,992	-10.9	\$314	11.0
Medicare Savings Programs	\$1,852,299	-13.8	61,635	4.1	\$30	-16.7
Non-Citizens with Medical Emergencies	\$960,068	10.3	3,561	-19.9	\$270	37.8
Pregnant Women	\$30,152,031	6.3	46,752	-13.9	\$645	23.6
Special Groups	\$3,000,681	2.7	7,431	8.5	\$404	-5.2
Overall	\$672,985,547	2.5	968,353	-9.3	\$695	13.0

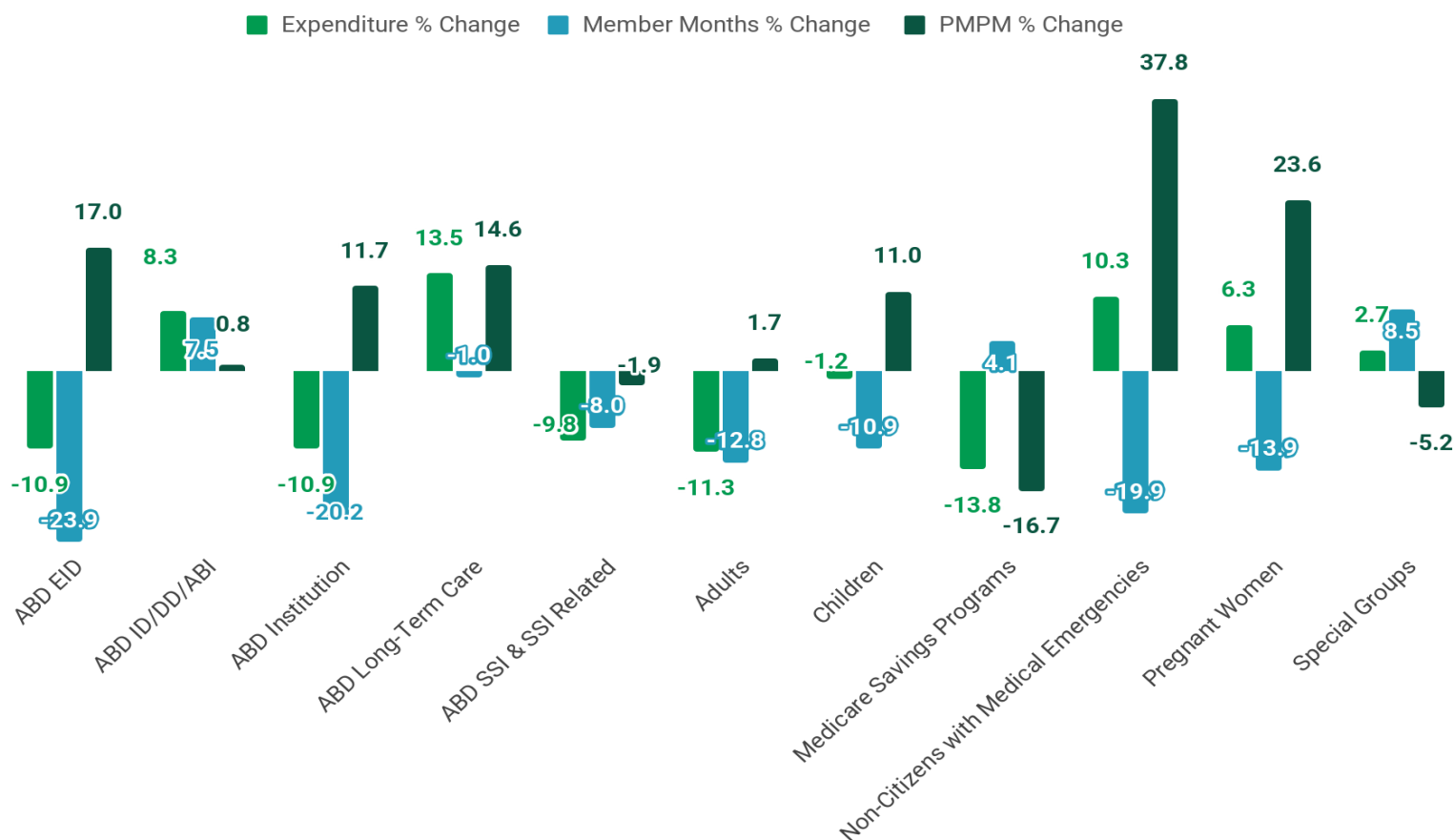


Figure 5. Expenditure, Member Months, and PMPM 1 Year Percent Change from SFY 2024

Table 4. Eligibility Subgroup Summary ~ SFY 2024

Eligibility Group	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Members	Member Months	PMPM
ABD EID	EID	6.9	\$879,792	422	2,901	\$303
ABD ID/DD/ABI	Comprehensive Waiver	11.7	\$136,116,095	1,806	21,103	\$6,450
	ICFIID	10.7	\$16,539,519	38	406	\$40,738
	Supports Waiver	9.8	\$21,837,537	1,209	11,908	\$1,834
ABD Institution	Hospital	3.8	\$1,725,020	62	237	\$7,279
ABD Long-Term Care	Community Choices Waiver	9.8	\$56,433,195	2,989	29,163	\$1,935
	Hospice	2.1	\$281,923	57	120	\$2,349
	Nursing Home	8.3	\$99,070,071	1,907	15,804	\$6,269
ABD SSI & SSI Related	SSI	9.8	\$58,686,157	6,919	68,042	\$862
	SSI Related	4.7	\$69,539	21	98	\$710
Adults	Family-Care Adults	8.0	\$61,798,939	14,322	114,278	\$541
	Former Foster Care	8.4	\$648,057	229	1,922	\$337
Children	Behavioral Health Care Management Entity	5.2	\$3,572,238	482	2,496	\$1,431
	Children	8.6	\$118,687,074	53,737	462,140	\$257
	Children's Mental Health Waiver	6.3	\$555,162	183	1,144	\$485
	Foster Care	8.8	\$19,114,259	3,839	33,827	\$565
	Kid Care CHIP	6.2	\$11,905,776	7,307	45,419	\$262
	Newborn	5.9	\$29,100,114	6,805	40,462	\$719
Medicare Savings Programs	Part A - Premiums Only	10.0	\$0	< 10	10	\$0
	Qualified Medicare Beneficiary	9.0	\$1,852,299	3,841	34,711	\$53
	Specified Low Income Medicare Beneficiary	8.6	\$0	3,129	26,914	\$0
Non-Citizens with Medical Emergencies	Non-Citizens	5.6	\$960,068	633	3,561	\$270
Pregnant Women	Pregnant Women	6.8	\$30,152,031	6,901	46,752	\$645
Special Groups	Breast and Cervical	7.8	\$2,952,777	121	944	\$3,128
	Family Planning Waiver	3.1	\$1,207	32	100	\$12
	Tuberculosis	2.0	\$353	< 10 ¹	4	\$88
Overall		9.3	\$672,985,548	103,880	968,353	\$695

¹ Values less than 10 are not shown in order to protect the privacy of recipients.

Table 5. Expenditure History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$2,037,404	\$1,695,834	\$1,713,644	\$1,292,069	\$987,119	\$879,792	-56.8
	Comprehensive Waiver	\$126,948,820	\$127,073,345	\$123,791,912	\$122,226,911	\$129,268,172	\$136,116,095	7.2
ABD ID/DD/ABI	ICF IID	\$12,985,188	\$17,038,857	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,519	27.4
	Supports Waiver	\$9,605,968	\$10,276,308	\$12,026,532	\$12,940,413	\$15,491,226	\$21,837,537	127.3
ABD Institution	Hospital	\$879,871	\$2,189,584	\$3,275,321	\$2,203,483	\$1,935,388	\$1,725,020	96.1
	Community Choices Waiver	\$44,614,306	\$47,508,168	\$49,020,479	\$52,927,929	\$55,126,309	\$56,433,195	26.5
ABD Long-Term Care	Hospice	\$360,118	\$253,399	\$433,312	\$309,010	\$350,172	\$281,923	-21.7
	Nursing Home	\$87,174,410	\$94,139,398	\$78,628,259	\$78,854,088	\$81,815,057	\$99,070,071	13.6
	PACE	3,885,399	3,689,689	\$1,784,714	\$0	\$0	\$0	-100.0
ABD SSI & SSI Related	SSI	\$56,618,263	\$55,199,892	\$57,817,906	\$63,661,014	\$64,979,695	\$58,686,157	3.7
	SSI Related	\$54,072	\$105,589	\$35,589	\$94,134	\$153,257	\$69,539	28.6
Adults	Family-Care Adults	\$40,829,212	\$39,062,751	\$51,849,569	\$59,911,173	\$69,774,099	\$61,798,939	51.4
	Former Foster Care	\$427,712	\$388,819	\$443,082	\$596,713	\$663,733	\$648,057	51.5
	Behavioral Health Care Management Entity	\$3,115,299	\$3,441,994	\$3,465,391	\$3,185,908	\$3,887,918	\$3,572,238	14.7
Children	Children	\$84,882,846	\$80,093,015	\$86,886,537	\$100,716,460	\$117,818,716	\$118,687,074	39.8
	Children's Mental Health Waiver	\$499,798	\$423,027	\$707,330	\$605,720	\$592,465	\$555,162	11.1
	Foster Care	\$20,985,717	\$19,385,561	\$17,328,460	\$17,222,258	\$17,375,582	\$19,114,259	-8.9
	Kid Care CHIP ²	N/A	N/A	N/A	\$9,286,786	\$9,413,791	\$11,905,776	100.0
	Newborn	\$25,033,422	\$22,752,379	\$26,143,877	\$32,597,960	\$36,089,196	\$29,100,114	16.2
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1,752,410	\$1,719,723	\$1,854,998	\$2,000,506	\$2,147,433	\$1,852,299	5.7
	Specified Low Income Medicare Beneficiary	\$18,409	\$19,795	\$13,055	\$3,374	\$329	\$0	-100.0
Non-Citizens with Medical Emergencies	Non-Citizens	\$827,777	\$548,077	\$712,723	\$815,903	\$870,802	\$960,068	16.0
Pregnant Women	Pregnant Women	\$22,858,702	\$21,387,846	\$22,516,721	\$23,707,989	\$28,359,881	\$30,152,031	31.9
	Breast and Cervical	\$1,582,515	\$1,894,998	\$2,313,161	\$2,682,328	\$2,872,954	\$2,952,777	86.6
	Family Planning Waiver	\$2,425	\$1,990	\$106	\$2,447	\$1,870	\$1,207	-50.2
Special Groups	Targeted Case Management	\$50,823	\$52,125	\$39,646	\$37,568	\$45,822	\$46,344	-8.8
	Tuberculosis	\$0	\$0	\$0	\$0	\$0	\$353	100.0
Overall		\$548,030,886	\$550,343,298	\$565,372,662	\$606,454,893	\$656,354,316	\$672,985,546	22.8

² Kid Care CHIP was transitioned from a managed care program contracted under Wyoming Blue Cross Blue Shield to be a fee-for-service program managed by Wyoming Medicaid on October 1, 2020.

Table 6. Member Months History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	2,837	3,067	3,460	3,626	3,810	2,901	2.3
ABD ID/DD/ABI	Comprehensive Waiver	21,191	21,469	21,649	21,734	21,680	21,103	-0.4
	ICF IID	611	597	589	571	484	406	-33.6
	Supports Waiver	5,471	6,114	7,302	7,952	8,924	11,908	117.7
ABD Institution	Hospital	72	107	162	238	297	237	229.2
ABD Long-Term Care	Community Choices Waiver	24,959	26,350	28,068	28,457	29,149	29,163	16.8
	Hospice	108	63	78	127	140	120	11.1
	Nursing Home	18,927	18,363	17,350	17,016	16,256	15,804	-16.5
	PACE	1,074	955	414	0	0	0	-100.0
ABD SSI & SSI Related	SSI	64,724	65,949	68,115	72,091	73,941	68,042	5.1
	SSI Related	116	121	120	132	148	98	-15.5
Adults	Family-Care Adults	72,791	70,359	96,195	118,205	131,352	114,278	57.0
	Former Foster Care	990	946	1,217	1,622	1,975	1,922	94.1
Children	Behavioral Health Care Management Entity	2,393	2,372	2,479	1,971	2,514	2,496	4.3
	Children	327,514	328,343	404,548	470,296	515,713	462,140	41.1
	Children's Mental Health Waiver	508	449	860	1,220	1,497	1,144	125.2
	Foster Care	26,141	25,610	28,546	35,174	37,131	33,827	29.4
	Kid Care CHIP	N/A	N/A	N/A	43,754	45,883	45,419	118.2
	Newborn	17,100	13,613	26,038	44,197	54,192	40,462	136.6
Medicare Savings Programs	Part A - Premiums Only	0	1	0	1	1	10	100.0
	Qualified Medicare Beneficiary	25,559	26,067	29,813	32,064	33,874	34,711	35.8
	Specified Low Income Medicare Beneficiary	17,680	18,571	21,671	24,152	25,330	26,914	52.2
Non-Citizens with Medical Emergencies	Non-Citizens	362	375	1,241	2,823	4,445	3,561	883.7
Pregnant Women	Pregnant Women	19,063	15,546	27,732	42,764	54,289	46,752	145.2
Special Groups	Breast and Cervical	594	637	746	996	1,213	944	58.9
	Family Planning Waiver	176	99	52	58	69	100	-43.2
	Targeted Case Management	2,829	3,132	3,127	3,753	5,566	6,383	125.6
	Tuberculosis	0	0	0	0	0	4	100.0
Overall		672,217	674,942	828,777	973,023	1,067,359	968,353	44.1

Table 7. Per Member Per Month History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$718	\$553	\$495	\$356	\$259	\$303	-57.8
ABD ID/DD/ABI	Comprehensive Waiver	\$5,991	\$5,919	\$5,718	\$5,624	\$5,963	\$6,450	7.7
	ICF IID	\$21,252	\$28,541	\$28,914	\$32,527	\$33,747	\$40,738	91.7
	Supports Waiver	\$1,756	\$1,681	\$1,647	\$1,627	\$1,736	\$1,834	4.4
ABD Institution	Hospital	\$12,220	\$20,463	\$20,218	\$9,258	\$6,516	\$7,279	-40.4
ABD Long-Term Care	Community Choices Waiver	\$1,788	\$1,803	\$1,746	\$1,860	\$1,891	\$1,935	8.2
	Hospice	\$3,334	\$4,022	\$5,555	\$2,433	\$2,501	\$2,349	-29.5
	Nursing Home	\$4,606	\$5,127	\$4,532	\$4,634	\$5,033	\$6,269	36.1
	PACE	\$3,618	\$3,864	\$4,311	--	--	--	-100.0
ABD SSI & SSI Related	SSI	\$875	\$837	\$849	\$883	\$879	\$862	-1.5
	SSI Related	\$466	\$873	\$297	\$713	\$1,036	\$710	52.4
Adults	Family-Care Adults	\$561	\$555	\$539	\$507	\$531	\$541	-3.6
	Former Foster Care	\$432	\$411	\$364	\$368	\$336	\$337	-22.0
Children	Behavioral Health Care Management Entity	\$1,302	\$1,451	\$1,398	\$1,616	\$1,547	\$1,431	9.9
	Children	\$259	\$244	\$215	\$214	\$228	\$257	-0.8
	Children's Mental Health Waiver	\$984	\$942	\$822	\$496	\$396	\$485	-50.7
	Foster Care	\$803	\$757	\$607	\$490	\$468	\$565	-29.6
	Kid Care CHIP	N/A	N/A	N/A	\$212	\$205	\$262	100.0
	Newborn	\$1,464	\$1,671	\$1,004	\$738	\$666	\$719	-50.9
Medicare Savings Programs	Qualified Medicare Beneficiary	\$69	\$66	\$62	\$62	\$63	\$53	-23.2
	Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$0	\$0	\$0	-100.0
Non-Citizens with Medical Emergencies		\$2,287	\$1,462	\$574	\$289	\$196	\$270	-88.2
Pregnant Women		\$1,199	\$1,376	\$812	\$554	\$522	\$645	-46.2
Special Groups	Breast and Cervical	\$2,664	\$2,975	\$3,101	\$2,693	\$2,368	\$3,128	17.4
	Family Planning Waiver	\$14	\$20	\$2	\$42	\$27	\$12	-14.3
	Targeted Case Management	\$18	\$17	\$13	\$10	\$8	\$7	-61.1
	Tuberculosis	--	--	--	--	--	\$88	100.0
Overall		\$815	\$815	\$682	\$623	\$615	\$695	-14.7



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.

SERVICE CATEGORIES

To better compare Medicaid costs to those of private insurance plans, this section reports the PMPM cost grouped by Medical, Dental, Vision, Long-Term Care, and Other service categories. While Medical coverage is generally equivalent to a private insurance plan, Medicaid also provides Dental, Vision, Long-Term Care, and “Other” Services. These additional benefits would generally only be available in private plans as supplemental plans or as a stand-alone insurance policy. Long-term care benefits are rarely covered by private or employer sponsored insurance plans.

MEDICAL

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

LONG-TERM CARE

Home Health | Nursing Facility | Waiver Services

DENTAL

VISION

OTHER

Services that fall outside service criteria ranges used in this report.

Table 8. Per Member Per Month History by Service Category

Service Category	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Medical	\$421	\$404	\$365	\$351	\$354	\$375	-10.9
Long-Term Care	\$371	\$392	\$297	\$255	\$238	\$288	-22.4
Dental	\$17	\$15	\$15	\$13	\$13	\$17	0.0
Vision	\$5	\$4	\$4	\$4	\$4	\$4	-20.0
Other	\$1	\$1	\$1	\$1	\$6	\$11	1,000.0
Total	\$815	\$815	\$682	\$623	\$615	\$695	-14.7

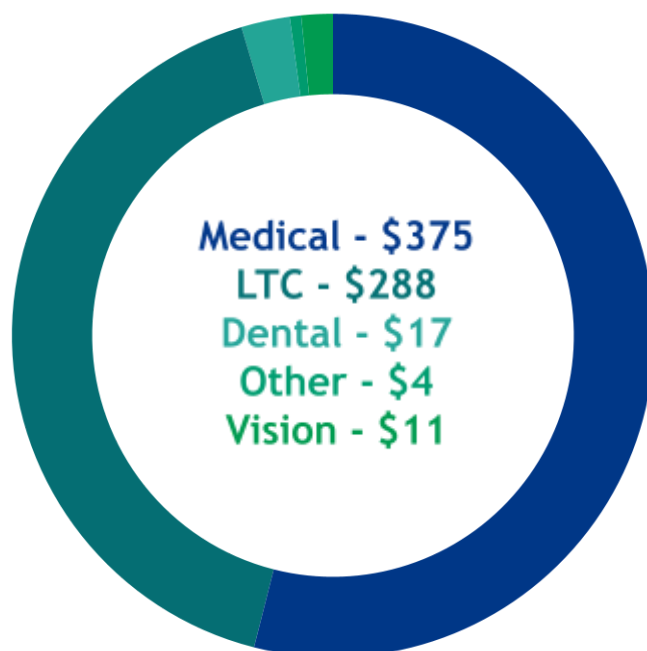
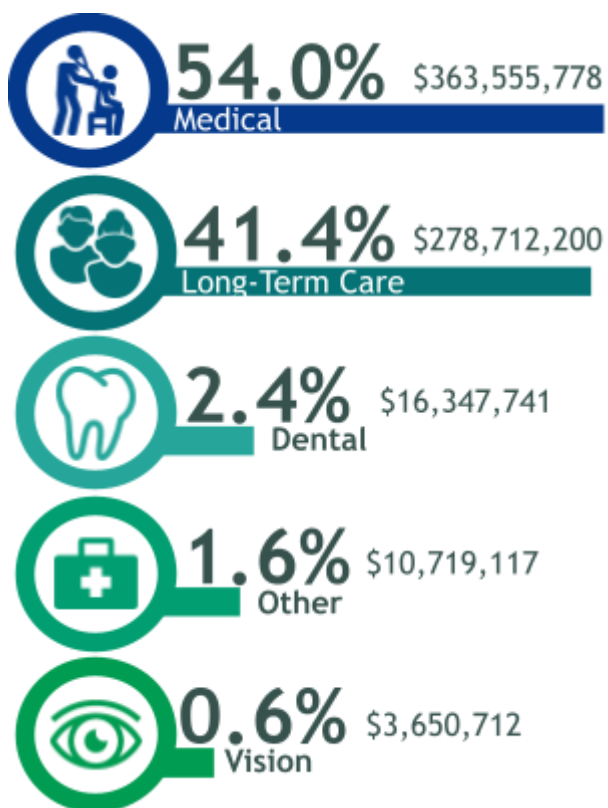


Figure 6. SFY 2024 Service Category Expenditures & Per Member Per Month

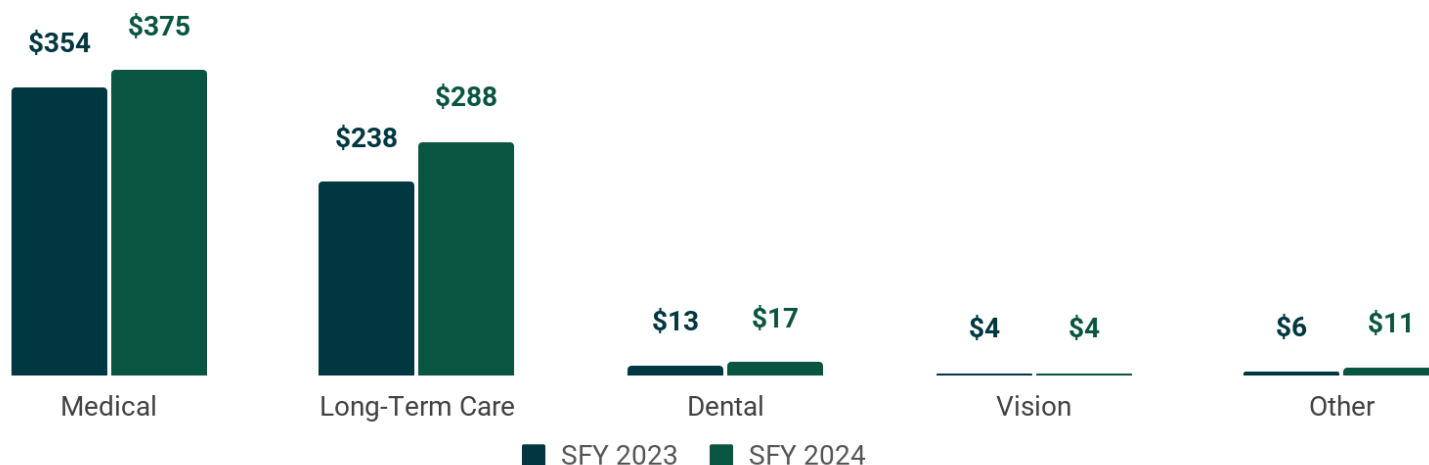


Figure 7. SFY 2023 & SFY 2024 Per Member Per Month by Service Category



DETAILED SERVICE AREA

Table 9. Per Member Per Month by Service Area

Service	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Ambulance	\$4.69	\$4.59	\$4.18	\$4.16	\$4.10	\$4.72	0.64
Ambulatory Surgery Center	\$5.17	\$4.73	\$5.24	\$5.95	\$6.03	\$6.51	25.92
Behavioral Health	\$34.35	\$31.73	\$24.45	\$18.57	\$17.17	\$18.88	-45.04
Care Management Entity	\$4.63	\$5.10	\$4.18	\$3.28	\$3.65	\$3.70	-20.09
Clinic / Center	\$1.19	\$0.60	\$0.93	\$0.92	\$1.01	\$1.02	-14.29
Dental	\$16.65	\$14.86	\$15.05	\$13.18	\$13.45	\$16.88	1.38
DME	\$13.42	\$14.05	\$12.02	\$10.57	\$10.83	\$12.43	-7.38
End-Stage Renal Disease	\$1.61	\$2.32	\$2.64	\$2.17	\$2.01	\$1.98	22.98
Federally Qualified Health Center	\$8.51	\$9.80	\$8.54	\$9.09	\$9.54	\$10.73	26.09
Home Health	\$0.90	\$1.51	\$1.18	\$0.98	\$0.62	\$0.46	-48.89
Hospice	\$1.76	\$1.66	\$1.71	\$1.15	\$1.27	\$2.29	30.11
Hospital Total	\$139.63	\$133.33	\$121.05	\$115.25	\$112.47	\$104.11	-25.44
Hospital Inpatient	\$102.05	\$98.95	\$87.25	\$84.23	\$80.36	\$71.03	-30.40
Hospital Outpatient	\$37.69	\$34.35	\$33.77	\$31.00	\$32.06	\$33.07	-12.26
Hospital-Other	-\$0.11	\$0.04	\$0.02	\$0.02	\$0.05	\$0.02	-118.18
ICF IID	\$19.20	\$24.82	\$20.36	\$19.02	\$15.25	\$17.06	-11.15
Laboratory	\$1.04	\$0.93	\$0.99	\$1.24	\$1.89	\$2.01	93.27
Nursing Facility	\$123.74	\$133.63	\$90.24	\$77.35	\$73.64	\$97.56	-21.16
Other	\$1.49	\$1.16	\$0.90	\$0.56	\$5.86	\$11.07	642.95
Physicians & Other Practitioners	\$75.14	\$69.39	\$62.27	\$59.61	\$57.92	\$59.76	-20.47
Prescription Drug	\$91.63	\$90.02	\$82.69	\$85.50	\$92.27	\$102.17	11.50
PACE	\$5.77	\$5.43	\$2.14	--	--	--	--
Psychiatric Residential Treatment Facility	\$14.39	\$11.11	\$8.97	\$6.22	\$6.43	\$12.56	-12.72
Public Health or Welfare	\$0.96	\$0.95	\$0.73	\$0.34	\$0.21	\$0.21	-78.13
Public Health, Federal	\$19.60	\$20.01	\$20.57	\$23.11	\$23.62	\$28.77	46.79
Rural Health Clinic	\$3.24	\$3.64	\$3.47	\$3.66	\$3.79	\$4.03	24.38
Vision	\$5.13	\$4.41	\$4.45	\$3.82	\$3.71	\$3.77	-26.51
Waiver Total	\$221.40	\$225.57	\$183.26	\$157.86	\$148.62	\$172.75	-21.97
Community Choices Waiver	\$42.06	\$45.08	\$38.70	\$36.27	\$28.93	\$29.19	-30.60
Comprehensive	\$169.66	\$170.16	\$134.93	\$112.94	\$110.22	\$129.03	-23.95
Supports	\$9.68	\$10.34	\$9.63	\$8.65	\$9.48	\$14.52	50.00
Total	\$815	\$815	\$682	\$623	\$615	\$695	-14.72



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 10. Select Service Categories Summary by Eligibility Subgroup ~ SFY 2024

Eligibility Group	Eligibility Subgroup	Behavioral Health	Hospital	Nursing Facility	Physician	Prescription Drugs
ABD EID	Employed Individuals with Disabilities	\$19.26	\$102.38	--	\$58.54	\$71.68
ABD ID/DD/ABI	Comprehensive Waiver	\$31.86	\$70.35	\$3.34	\$79.21	\$201.05
	ICF IID	\$0.18	\$15.98	--	\$34.78	\$2.33
	Supports Waiver	\$43.10	\$84.46	\$0.65	\$134.67	\$250.12
ABD Institution	Hospital	\$0.36	\$6,251.75	--	\$734.64	\$77.45
ABD Long-Term Care	Community Choices Waiver	\$15.51	\$128.15	\$46.15	\$100.11	\$198.83
	Hospice	\$0.00	\$59.79	--	\$92.74	\$76.30
	Nursing Home	\$5.44	\$121.19	\$5,886.82	\$44.12	\$40.42
ABD SSI & SSI Related	SSI	\$27.00	\$227.18	\$0.13	\$101.62	\$336.89
	SSI Related	\$2.50	\$154.67	--	\$277.05	\$151.26
Adults	Family-Care Adults	\$18.57	\$130.30	\$0.00	\$88.47	\$206.12
	Former Foster Care	\$17.85	\$120.67	--	\$54.58	\$73.46
Children	Children	\$16.86	\$46.59	--	\$35.40	\$57.48
	Children's Mental Health Waiver	\$88.77	\$43.19	--	\$45.48	\$46.44
	Foster Care	\$83.10	\$86.23	--	\$49.28	\$78.72
	Newborn	\$0.12	\$458.62	--	\$116.21	\$30.65
	Kid Care CHIP	\$15.69	\$58.39	--	\$38.73	\$62.15
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.82	\$12.55	\$0.00	\$24.62	\$0.16
Non-Citizens with Medical Emergencies		--	\$229.61	--	\$40.34	--
Pregnant Women		\$13.61	\$274.73	\$0.00	\$147.45	\$81.44
Special Groups	Breast and Cervical	\$9.88	\$581.15	--	\$1,070.56	\$1,321.25
	Family Planning Waiver	--	\$0.10	--	\$1.86	\$2.92
	Tuberculosis	--	--	--	\$88.18	--
Overall		\$18.88	\$104.11	\$97.56	\$59.76	\$102.17



BEHAVIORAL HEALTH

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$27.72	\$24.18	\$19.50	\$12.86	\$15.85	\$19.26	-30.5
ABD ID/DD/ABI	Comprehensive Waiver	\$37.10	\$33.84	\$30.57	\$28.84	\$30.53	\$31.86	-14.1
	ICF IID	\$0.28	--	--	\$1.58	\$4.44	\$0.18	-34.6
	Supports Waiver	\$51.71	\$44.43	\$76.21	\$57.27	\$41.10	\$43.10	-16.7
ABD Institution	Hospital	\$18.61	\$0.03	\$2.12	\$7.79	\$8.40	\$0.36	-98.1
ABD Long-Term Care	Community Choices Waiver	\$19.34	\$18.23	\$17.31	\$16.01	\$14.94	\$15.51	-19.8
	Hospice	\$0.74	--	--	\$1.73	--	\$0.00	-100.0
	Nursing Home	\$6.09	\$5.82	\$4.27	\$5.77	\$6.93	\$5.44	-10.6
	PACE	\$0.79	\$1.24	\$2.04	--	--	--	-100.0
ABD SSI & SSI Related	SSI	\$43.18	\$38.77	\$35.05	\$31.13	\$25.11	\$27.00	-37.5
	SSI Related	\$9.43	\$2.39	\$0.23	--	--	\$2.50	-73.5
Adults	Family-Care Adults	\$22.29	\$20.23	\$18.03	\$16.97	\$17.67	\$18.57	-16.7
	Former Foster Care	\$37.73	\$41.05	\$32.36	\$31.96	\$26.18	\$17.85	-52.7
Children	Children	\$31.62	\$29.49	\$22.05	\$15.76	\$15.31	\$16.86	-46.7
	Children's Mental Health Waiver	\$255.41	\$253.74	\$225.82	\$109.15	\$73.59	\$88.77	-65.2
	Foster Care	\$233.35	\$219.58	\$152.05	\$88.05	\$69.13	\$83.10	-64.4
	Newborn	\$1.27	\$1.73	\$0.20	\$0.09	\$0.21	\$0.12	-90.6
	Kid Care CHIP	N/A	N/A	N/A	\$15.61	\$14.50	\$15.69	100.0
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.98	\$1.69	\$1.41	\$1.08	\$1.06	\$0.82	-58.5
	Specified Low Income Medicare Beneficiary	\$0.01	\$0.04	\$0.02	\$0.02	\$0.01	--	-100.0
Pregnant Women		\$10.61	\$15.38	\$10.78	\$10.52	\$13.14	\$13.61	28.3
Special Groups	Breast and Cervical	\$26.66	\$13.72	\$19.53	\$14.38	\$8.24	\$9.88	-62.9
	Targeted Case Management	\$4.85	\$0.39	--	\$0.12	--	--	-100.0
Overall		\$34.35	\$31.73	\$24.45	\$18.57	\$17.17	\$18.88	-45.0



Figure 8. SFY 2024 Top 10 Behavioral Health PMPM by Eligibility Subgroup



HOSPITAL

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$256.80	\$185.31	\$156.09	\$120.05	\$66.85	\$102.38	-60.1
ABD ID/DD/ABI	Comprehensive Waiver	\$110.52	\$86.05	\$89.38	\$109.24	\$83.48	\$70.35	-36.3
	ICF IID	\$33.80	\$79.55	\$129.24	\$30.61	\$56.90	\$15.98	-52.7
	Supports Waiver	\$91.82	\$102.00	\$69.15	\$102.35	\$97.50	\$84.46	-8.0
ABD Institution	Hospital	\$9,540.25	\$18,090.33	\$17,915.40	\$7,797.69	\$5,426.10	\$6,251.75	-34.5
ABD Long-Term Care	Community Choices Waiver	\$221.49	\$200.12	\$174.21	\$178.77	\$149.72	\$128.15	-42.1
	Hospice	\$99.14	\$690.88	\$1,667.89	\$191.34	\$310.01	\$59.79	-39.7
	Nursing Home	\$73.34	\$70.75	\$75.77	\$90.50	\$102.41	\$121.19	65.2
ABD SSI & SSI Related	SSI	\$273.91	\$275.62	\$278.85	\$320.65	\$326.85	\$227.18	-17.1
	SSI Related	\$96.99	\$362.93	\$71.31	\$276.31	\$421.29	\$154.67	59.5
Adults	Family-Care Adults	\$188.37	\$179.26	\$167.94	\$150.54	\$141.93	\$130.30	-26.0
	Former Foster Care	\$155.57	\$120.15	\$117.85	\$105.39	\$91.67	\$120.67	-22.4
Children	Children	\$52.62	\$48.96	\$43.17	\$38.92	\$45.28	\$46.59	-11.5
	Children's Mental Health Waiver	\$77.69	\$128.66	\$167.69	\$31.55	\$42.51	\$43.19	-44.4
	Foster Care	\$112.69	\$116.52	\$91.84	\$105.04	\$95.27	\$86.23	-23.5
	Newborn	\$1,006.76	\$1,152.50	\$719.25	\$501.92	\$435.41	\$458.62	-54.4
	CHIP	N/A	N/A	N/A	\$53.33	\$39.11	\$58.39	100.0
Medicare Savings Programs	Qualified Medicare Beneficiary	\$18.33	\$18.15	\$18.95	\$18.67	\$20.93	\$12.55	-31.5
Non-Citizens with Medical Emergencies		\$1,908.63	\$1,141.24	\$481.00	\$240.09	\$160.28	\$229.61	-88.0
Pregnant Women		\$626.04	\$711.32	\$401.79	\$249.21	\$212.36	\$274.73	-56.1
Special Groups	Breast and Cervical	\$971.96	\$1,249.35	\$1,029.83	\$725.44	\$867.98	\$581.15	-40.2
	Family Planning Waiver	--	--	--	--	--	\$0.10	100.0
Overall		\$139.63	\$133.33	\$121.05	\$115.25	\$112.47	\$104.11	-25.4

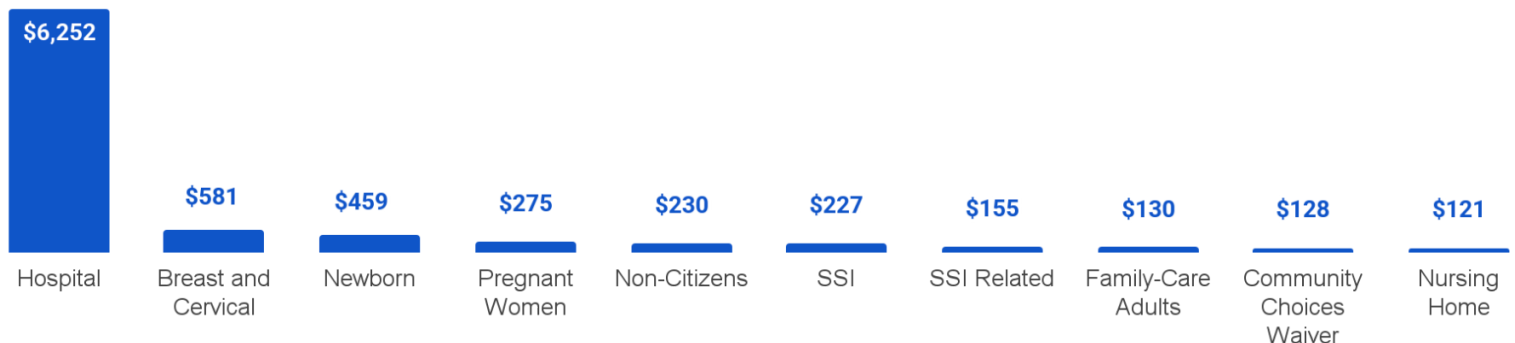


Figure 9. SFY 2024 Top 10 Hospital PMPM by Eligibility Subgroup



HOSPITAL - INPATIENT

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$107.40	\$101.66	\$104.79	\$70.94	\$16.15	\$30.64	-71.5
	Comprehensive Waiver	\$79.15	\$54.99	\$63.40	\$85.51	\$59.05	\$40.46	-48.9
ABD ID/DD/ABI	ICF IID	\$16.07	\$55.07	\$115.66	\$15.97	\$34.39	\$3.94	-75.5
	Supports Waiver	\$61.65	\$64.40	\$31.65	\$68.44	\$64.08	\$49.40	-19.9
ABD Institution	Hospital	\$9,316.71	\$17,983.69	\$17,720.27	\$7,711.07	\$5,222.37	\$6,010.58	-35.5
	Community Choices Waiver	\$152.40	\$149.18	\$115.46	\$128.89	\$104.20	\$70.27	-53.9
ABD Long-Term Care	Hospice	\$89.68	\$657.71	\$1,609.16	\$148.43	\$263.55	\$48.94	-45.4
	Nursing Home	\$60.82	\$53.09	\$57.26	\$73.98	\$82.53	\$98.28	61.6
ABD SSI & SSI Related	SSI	\$204.11	\$206.34	\$198.31	\$244.18	\$257.21	\$148.81	-27.1
	SSI Related	\$55.63	\$236.85	\$54.59	\$182.23	\$267.75	\$63.34	13.9
Adults	Family-Care Adults	\$96.03	\$99.89	\$91.17	\$85.99	\$73.27	\$64.41	-36.9
	Former Foster Care	\$96.94	\$65.28	\$66.64	\$49.69	\$61.48	\$81.77	-15.6
Children	Children	\$32.30	\$29.75	\$25.38	\$20.92	\$26.20	\$27.19	-15.8
	Children's Mental Health Waiver	\$54.86	\$105.50	\$122.93	\$14.57	\$25.43	\$30.18	-45.0
	Foster Care	\$83.07	\$87.12	\$60.67	\$81.67	\$68.95	\$54.92	-33.9
	Newborn	\$960.65	\$1,099.41	\$677.68	\$469.75	\$408.94	\$429.67	-55.3
	CHIP	N/A	N/A	N/A	\$37.27	\$22.59	\$37.35	100.0
Medicare Savings Programs	Specified Low Income Medicare Beneficiary	\$6.33	\$4.96	\$3.90	\$6.09	\$8.60	\$4.66	-26.3
Non-Citizens with Medical Emergencies		\$1,836.73	\$1,128.31	\$466.49	\$225.80	\$149.76	\$210.12	-88.6
Pregnant Women		\$536.85	\$610.27	\$340.84	\$200.86	\$159.02	\$214.69	-60.0
Special Groups	Breast and Cervical	\$115.64	\$336.10	\$359.35	\$89.34	\$145.06	\$83.63	-27.68
Overall		\$102.05	\$98.95	\$87.25	\$84.23	\$80.36	\$71.03	-30.4

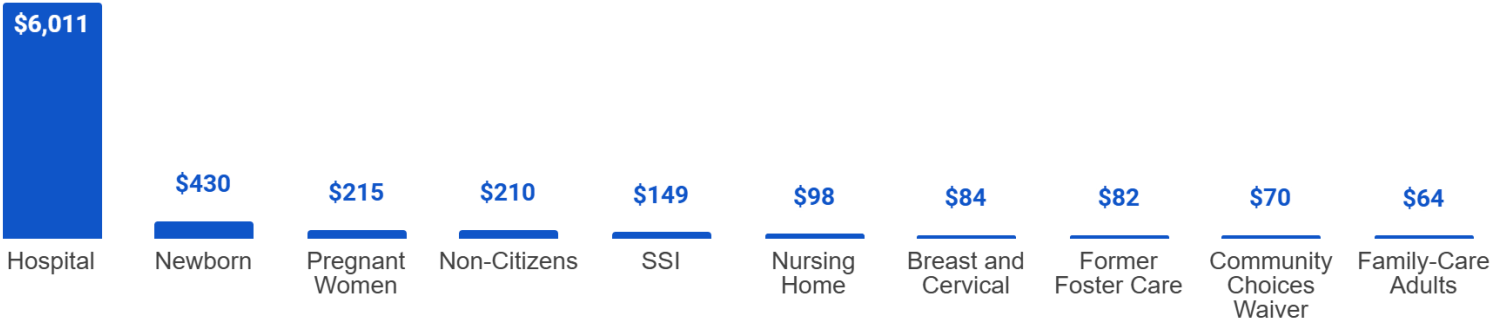


Figure 10. SFY 2024 Top 10 Hospital Inpatient PMPM by Eligibility Subgroup



HOSPITAL - OUTPATIENT

Table 14. Outpatient Hospital Per Member Per Month History Eligibility by Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$148.25	\$82.77	\$50.75	\$48.81	\$50.54	\$71.62	-51.7
ABD ID/DD/ABI	Comprehensive Waiver	\$31.31	\$30.93	\$25.90	\$23.67	\$24.34	\$29.82	-4.8
	ICF IID	\$17.73	\$24.48	\$13.58	\$14.64	\$22.51	\$12.04	-32.1
	Supports Waiver	\$29.32	\$36.66	\$36.92	\$33.31	\$33.37	\$35.07	19.6
ABD Institution	Hospital	\$223.54	\$106.64	\$195.13	\$86.62	\$203.72	\$240.52	7.6
ABD Long-Term Care	Community Choices Waiver	\$69.47	\$50.43	\$58.33	\$49.37	\$45.32	\$57.72	-16.9
	Hospice	\$9.46	\$33.17	\$58.74	\$42.90	\$46.46	\$10.86	14.8
	Nursing Home	\$12.09	\$17.30	\$18.34	\$16.42	\$19.63	\$22.93	89.7
ABD SSI & SSI Related	SSI	\$69.39	\$68.86	\$80.08	\$75.78	\$69.50	\$78.26	12.8
	SSI Related	\$41.37	\$126.09	\$16.72	\$94.08	\$153.55	\$90.38	118.5
Adults	Family-Care Adults	\$92.83	\$79.29	\$76.63	\$64.46	\$68.61	\$65.80	-29.1
	Former Foster Care	\$58.63	\$54.87	\$51.21	\$55.51	\$30.19	\$38.90	-33.6
Children	Children	\$20.34	\$19.20	\$17.78	\$17.98	\$19.06	\$19.29	-5.2
	Children's Mental Health Waiver	\$23.49	\$23.42	\$44.76	\$16.80	\$17.08	\$13.37	-43.1
	Foster Care	\$29.15	\$28.59	\$30.39	\$22.53	\$26.26	\$31.34	7.5
	Newborn	\$46.18	\$47.08	\$31.55	\$27.36	\$26.41	\$28.82	-37.6
	CHIP	N/A	N/A	N/A	\$15.96	\$16.51	\$21.08	100.0
Medicare Savings Programs	Qualified Medicare Beneficiary	\$11.73	\$12.90	\$14.80	\$12.49	\$12.13	\$7.80	-33.5
Non-Citizens with Medical Emergencies		\$71.90	\$12.92	\$12.19	\$13.20	\$10.09	\$13.45	-81.3
Pregnant Women		\$90.68	\$100.83	\$60.63	\$48.09	\$53.27	\$60.54	-33.2
Special Groups	Breast and Cervical	\$856.33	\$913.24	\$670.47	\$636.09	\$722.16	\$497.51	-41.9
	Family Planning Waiver	--	--	--	--	--	\$0.10	100.0
Overall		\$37.69	\$34.35	\$33.77	\$31.00	\$32.06	\$33.07	-12.3

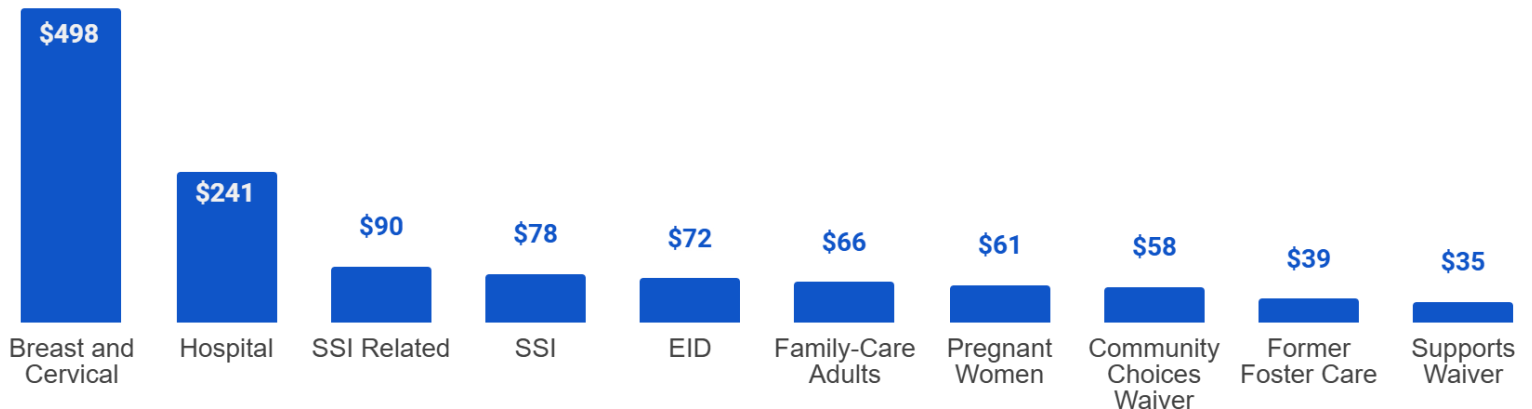


Figure 11. SFY 2024 Top 10 Hospital Outpatient PMPM by Eligibility Subgroup



EMERGENCY ROOM

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$20.66	\$21.82	\$11.64	\$14.96	\$15.00	\$9.10	-56.0
ABD ID/DD/ABI	Comprehensive Waiver	\$10.92	\$9.19	\$8.07	\$8.39	\$8.18	\$10.39	-4.9
	ICF IID	\$17.07	\$17.08	\$15.79	\$10.03	\$18.47	\$6.52	-61.8
	Supports Waiver	\$13.49	\$12.28	\$8.78	\$11.64	\$10.65	\$12.17	-9.8
ABD Institution	Hospital	\$52.98	\$74.41	\$54.88	\$25.28	\$13.14	\$29.32	-44.7
ABD Long-Term Care	Community Choices Waiver	\$21.65	\$19.50	\$16.58	\$18.54	\$17.18	\$18.34	-15.3
	Hospice	\$0.32	\$27.29	\$33.27	\$34.02	\$45.95	\$10.63	3,221.9
	Nursing Home	\$4.43	\$5.10	\$4.11	\$5.27	\$7.78	\$6.56	48.1
ABD SSI & SSI Related	SSI	\$35.94	\$33.32	\$29.75	\$29.34	\$28.84	\$31.80	-11.5
	SSI Related	\$22.98	\$68.42	\$7.49	\$16.52	\$43.34	\$17.23	-25.0
Adults	Family-Care Adults	\$43.37	\$38.77	\$32.27	\$30.68	\$29.75	\$30.92	-18.1
	Former Foster Care	\$48.64	\$37.52	\$37.53	\$44.44	\$25.63	\$31.14	-36.0
Children	Children	\$12.95	\$11.38	\$8.86	\$10.31	\$10.50	\$11.35	-12.4
	Children's Mental Health Waiver	\$19.13	\$17.76	\$10.05	\$6.74	\$8.96	\$11.86	-30.8
	Foster Care	\$16.51	\$16.10	\$13.73	\$13.44	\$13.25	\$13.31	-19.4
	Newborn	\$35.08	\$37.43	\$17.67	\$19.60	\$19.50	\$20.99	-46.9
	CHIP	N/A	N/A	N/A	\$7.78	\$8.22	\$9.01	100.0
Medicare Savings Programs	Qualified Medicare Beneficiary	\$5.16	\$4.95	\$4.23	\$4.06	\$3.45	\$2.84	-45.0
Non-Citizens with Medical Emergencies		\$65.69	\$16.36	\$13.26	\$12.48	\$9.95	\$13.52	-79.4
Pregnant Women		\$41.66	\$44.94	\$27.09	\$24.79	\$25.93	\$28.14	-32.5
Special Groups	Breast and Cervical	\$32.21	\$97.84	\$29.49	\$27.36	\$43.98	\$27.93	-13.3
Overall		\$18.92	\$16.93	\$13.90	\$14.88	\$14.95	\$15.63	-17.4

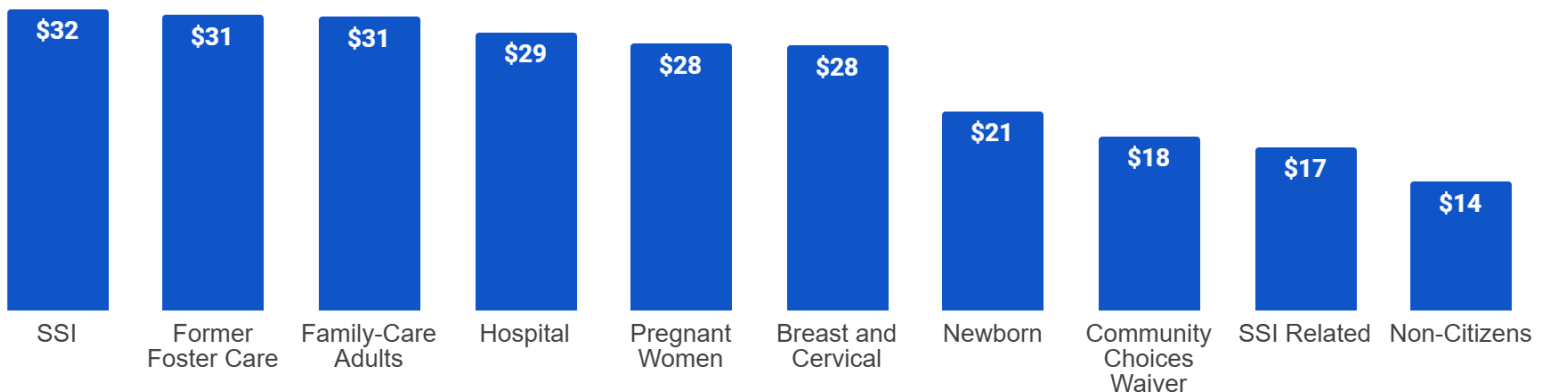


Figure 12. SFY 2024 Top 10 Emergency Room PMPM by Eligibility Subgroup



NURSING FACILITY

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	--	--	--	--	\$0.01	--	--
ABD ID/DD/ABI	Comprehensive Waiver	\$0.18	\$0.12	\$0.01	\$0.36	\$1.88	\$3.34	1,758.7
	Supports Waiver	--	\$0.04	\$0.00	\$0.81	\$0.82	\$0.65	100.0
ABD Institution	Hospital	\$271.16	\$9.03	--	--	--	--	-100.0
ABD Long-Term Care	Community Choices Waiver	\$4.23	\$5.17	\$4.73	\$19.67	\$53.56	\$46.15	989.9
	Nursing Home	\$4,382.97	\$4,903.29	\$4,301.99	\$4,389.38	\$4,736.33	\$5,886.82	34.3
ABD SSI & SSI Related	SSI	\$1.38	\$0.11	\$0.10	--	--	\$0.13	-90.8
Adults	Family-Care Adults	--	\$0.02	\$0.06	--	--	--	--
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.13	\$0.22	\$0.03	\$0.03	--	--	-100.0
Overall		\$123.74	\$133.63	\$90.24	\$77.35	\$73.64	\$97.56	-21.2



Figure 13. SFY 2024 Top 5 Nursing Facility PMPM by Eligibility Subgroup



PHYSICIAN

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$144.05	\$140.50	\$157.46	\$114.18	\$57.30	\$58.54	-59.4
ABD ID/DD/ABI	Comprehensive Waiver	\$108.19	\$99.39	\$93.24	\$84.72	\$80.02	\$79.21	-26.8
	ICF IID	\$37.32	\$42.29	\$51.42	\$27.32	\$41.71	\$34.78	-6.8
	Supports Waiver	\$169.18	\$144.26	\$141.00	\$131.91	\$122.23	\$134.67	-20.4
ABD Institution	Hospital	\$1,796.09	\$1,982.14	\$1,695.00	\$946.83	\$807.23	\$734.64	-59.1
ABD Long-Term Care	Community Choices Waiver	\$101.04	\$101.50	\$93.59	\$96.86	\$109.33	\$100.11	-0.9
	Hospice	\$19.90	\$121.90	\$135.62	\$55.68	\$87.96	\$92.74	366.0
	Nursing Home	\$35.06	\$32.23	\$27.35	\$34.39	\$41.92	\$44.12	25.8
	PACE	\$0.06	--	\$0.39	--	--	--	-100.0
ABD SSI & SSI Related	SSI	\$113.00	\$103.82	\$105.36	\$106.96	\$99.17	\$101.62	-10.1
	SSI Related	\$91.92	\$185.92	\$48.98	\$210.60	\$285.44	\$277.05	201.4
Adults	Family-Care Adults	\$102.85	\$99.14	\$94.50	\$93.09	\$93.59	\$88.47	-14.0
	Former Foster Care	\$120.11	\$77.55	\$83.89	\$68.31	\$58.67	\$54.58	-54.6
Children	Children	\$42.88	\$37.49	\$32.56	\$32.61	\$33.19	\$35.40	-17.4
	Children's Mental Health Waiver	\$43.66	\$63.46	\$59.09	\$38.76	\$50.92	\$45.48	4.2
	Foster Care	\$68.27	\$61.41	\$56.17	\$54.89	\$50.93	\$49.28	-27.8
	Newborn	\$267.26	\$295.97	\$167.85	\$117.09	\$98.05	\$116.21	-56.5
	CHIP	N/A	N/A	N/A	\$33.60	\$31.76	\$38.73	100.0
	Qualified Medicare Beneficiary	\$31.83	\$30.99	\$26.40	\$27.65	\$27.26	\$24.62	-22.7
Non-Citizens with Medical Emergencies		\$337.83	\$290.42	\$86.94	\$46.30	\$32.59	\$40.34	-88.1
Pregnant Women		\$348.73	\$408.32	\$219.91	\$138.43	\$124.82	\$147.45	-57.7
Special Groups	Breast and Cervical	\$1,025.31	\$1,184.21	\$1,578.16	\$1,357.20	\$950.48	\$1,070.56	4.4
	Family Planning Waiver	\$5.82	\$3.08	\$0.05	\$21.60	\$19.90	\$1.86	-68.0
	Targeted Case Management	\$0.40	--	\$0.04	--	--	--	-100.0
	Tuberculosis	--	--	--	--	--	\$88.18	100.0
Overall		\$75.14	\$69.39	\$62.27	\$59.61	\$57.92	\$59.76	-20.5

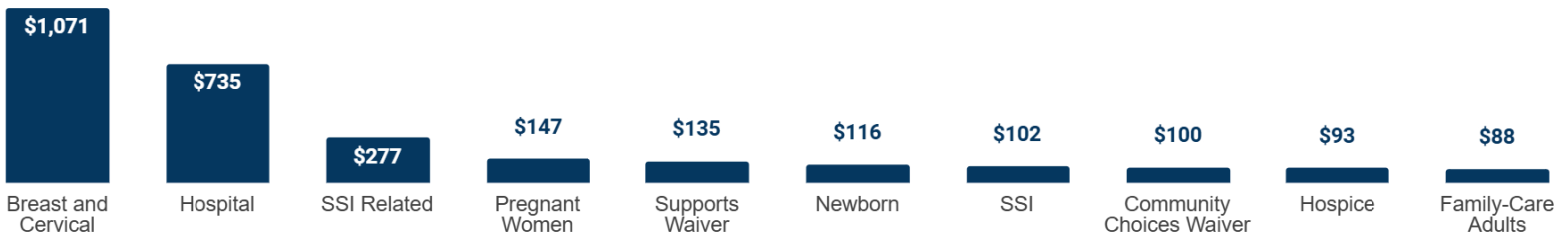


Figure 14. SFY 2024 Top 10 Physician PMPM by Eligibility Subgroup



PRESCRIPTION DRUGS

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

Eligibility Group	Eligibility Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
ABD EID	EID	\$220.04	\$130.74	\$81.21	\$65.95	\$66.80	\$71.68	-67.4
ABD ID/DD/ABI	Comprehensive Waiver	\$219.37	\$209.89	\$204.06	\$204.27	\$198.64	\$201.05	-8.4
	ICF IID	--	--	--	--	\$0.04	\$2.33	100.0
	Supports Waiver	\$149.16	\$156.86	\$154.67	\$160.16	\$214.53	\$250.12	67.7
ABD Institution	Hospital	\$361.54	\$27.61	\$57.86	\$176.25	\$102.15	\$77.45	-78.6
ABD Long-Term Care	Community Choices Waiver	\$156.42	\$165.93	\$157.89	\$169.95	\$175.81	\$198.83	27.1
	Hospice	\$1.93		\$8.44	\$15.82	\$38.86	\$76.30	3,853.4
	Nursing Home	\$42.95	\$36.82	\$31.46	\$35.49	\$45.41	\$40.42	-5.9
ABD SSI & SSI Related	SSI	\$310.37	\$288.05	\$292.09	\$292.50	\$295.00	\$336.89	8.5
	SSI Related	\$191.70	\$226.13	\$112.29	\$72.07	\$111.89	\$151.26	-21.1
Adults	Family-Care Adults	\$159.22	\$161.88	\$159.30	\$157.60	\$188.58	\$206.12	29.5
	Former Foster Care	\$59.50	\$88.42	\$51.66	\$92.48	\$90.80	\$73.46	23.5
Children	Children	\$43.15	\$45.56	\$39.92	\$48.35	\$52.99	\$57.48	33.2
	Children's Mental Health Waiver	\$117.17	\$179.37	\$112.61	\$69.61	\$51.88	\$46.44	-60.4
	Foster Care	\$88.59	\$90.43	\$77.18	\$72.62	\$81.28	\$78.72	-11.1
	Newborn	\$52.97	\$48.24	\$25.80	\$32.09	\$34.52	\$30.65	-42.1
	CHIP	N/A	N/A	N/A	\$48.37	\$51.06	\$62.15	100.0
Medicare Savings Programs	Qualified Medicare Beneficiary	--	--	\$0.01	\$0.20	\$0.16	\$0.16	100.0
Pregnant Women		\$66.74	\$66.97	\$56.16	--	\$76.48	\$81.44	22.0
Special Groups	Breast and Cervical	\$527.64	\$453.00	\$368.98	\$58.31	\$446.92	\$1,321.25	150.4
	Family Planning Waiver	\$2.35	\$17.02	\$1.99	\$475.36	\$7.19	\$2.92	24.3
Overall		\$91.63	\$90.02	\$82.69	\$85.50	\$92.27	\$102.17	11.5



Figure 15. SFY 2024 Top 10 Prescription Drugs PMPM by Eligibility Subgroup



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.

Eligibility Group	Eligibility Subgroup	
Aged, Blind, or Disabled Employed Individuals with Disabilities (<i>ABD EID</i>)	<ul style="list-style-type: none"> • EID 	
Aged, Blind, or Disabled Intellectually Disabled (<i>ABD ID/DD/ABI</i>)	<ul style="list-style-type: none"> • Comprehensive Waiver • Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFID/IID) (WY Life Resource Center) • Supports Waiver 	
Aged, Blind, or Disabled Long-Term Care (<i>LTC</i>)	<ul style="list-style-type: none"> • Community Choices Waiver • Hospice • Nursing Home • Program for All-Inclusive Elderly (<i>PACE</i>)³ 	
Aged, Blind, or Disabled Institution (<i>ABD Institution</i>)	<ul style="list-style-type: none"> • Hospital 	
Aged, Blind, or Disabled Supplemental Security Income (<i>ABD SSI</i>)	<ul style="list-style-type: none"> • SSI and SSI-Related 	
Adults	<ul style="list-style-type: none"> • Family-Care Adults • Former Foster Care 	
Children	<ul style="list-style-type: none"> • Care Management Entity (<i>CME</i>)⁴ • Children's Mental Health Waiver (<i>CMHW</i>) • Foster Care • Newborn • Children's Health Insurance Program 	
Medicare Savings Program	<ul style="list-style-type: none"> • Part B Partial Aged Medicare Beneficiary (<i>AMB</i>) • Qualified Medicare Beneficiary (<i>QMB</i>) • Specified Low-Income Medicare Beneficiary (<i>SLMB</i>) 	
Non-Citizens with Medical Emergencies	<ul style="list-style-type: none"> • Non-Citizens 	
Pregnant Women	<ul style="list-style-type: none"> • Pregnant Women 	
Special Groups	<ul style="list-style-type: none"> • Breast and Cervical Cancer • Family Planning Waiver • Targeted Case Management • Tuberculosis 	

³ The PACE program was discontinued in January 2021.

⁴ 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 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.



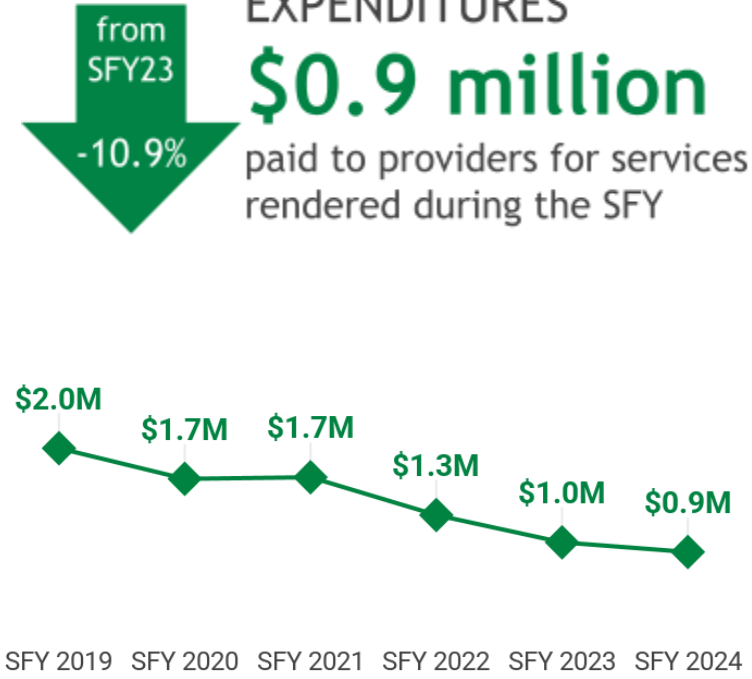
Aged, Blind, or Disabled

EMPLOYED INDIVIDUALS WITH DISABILITIES

EXPENDITURES

\$0.9 million

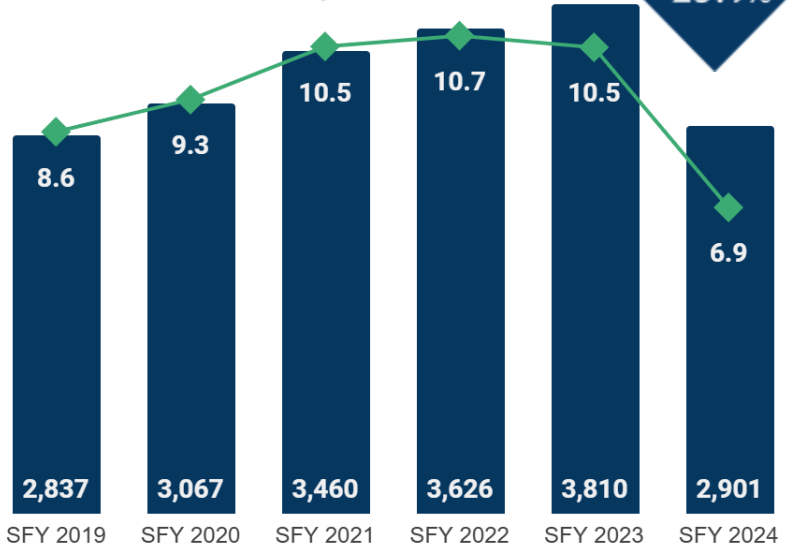
paid to providers for services rendered during the SFY



MEMBER MONTHS

2,901

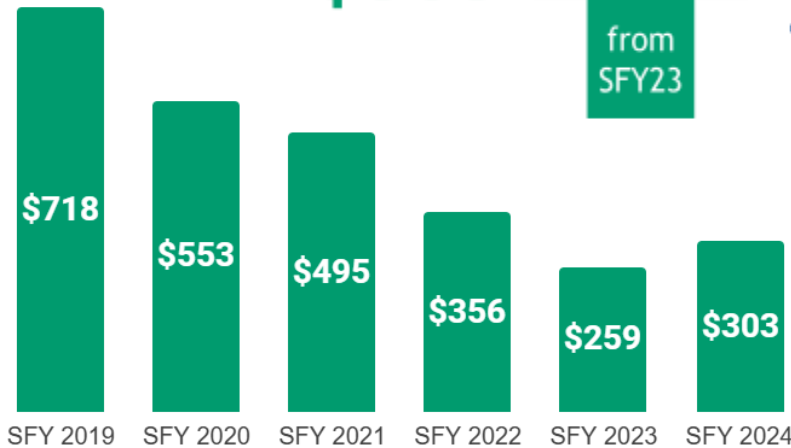
from SFY23
-23.9%



PER MEMBER PER MONTH

\$303

16.7%
from SFY23



422

unique individuals enrolled during the SFY

with an average enrollment length of **6.9** months

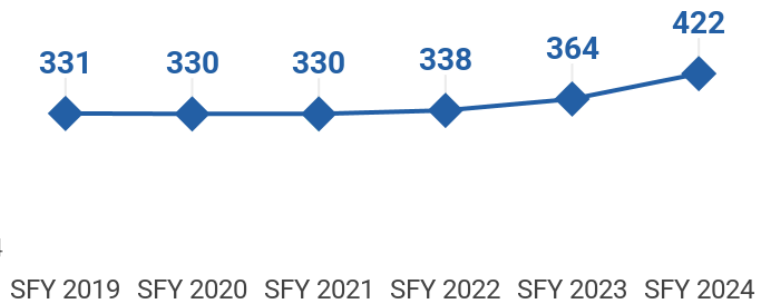


Table 19. Employed Individuals with Disabilities PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$2,037,404	\$1,695,834	\$1,713,644	\$1,292,069	\$987,119	\$879,792	-56.8
Member Months	2,837	3,067	3,460	3,626	3,810	2,901	2.3
PMPM	\$718	\$553	\$495	\$356	\$259	\$303	-57.8



Aged, Blind, or Disabled
EMPLOYED INDIVIDUALS WITH DISABILITIES

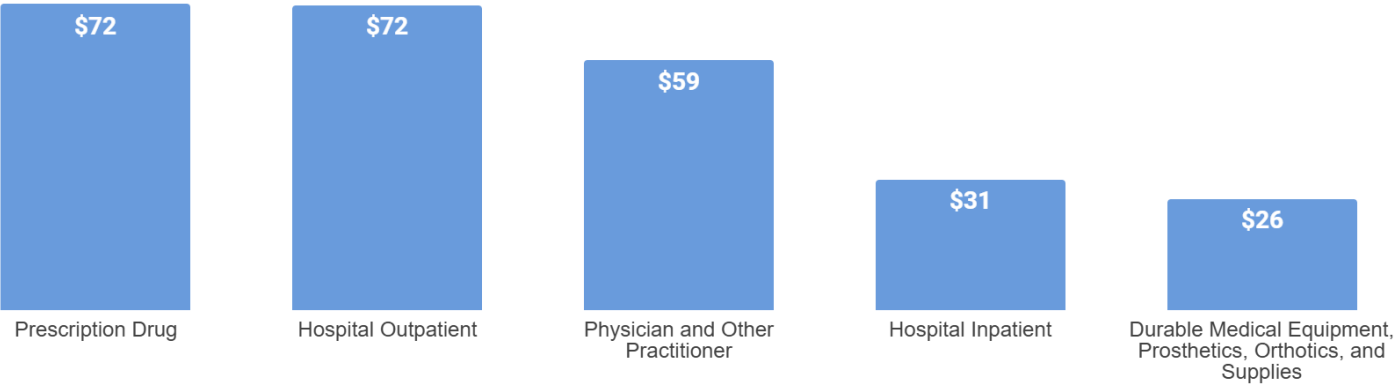


Figure 16. Employed Individuals with Disabilities Per Member Per Month by Top 5 Service Area

Table 20. Employed Individuals with Disabilities Per Member Per Month Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
EID	\$878,144	-11.2	2,901	-23.9	\$303	16.7



Figure 17. SFY 2024 Employed Individuals with Disabilities PMPM by Service Type

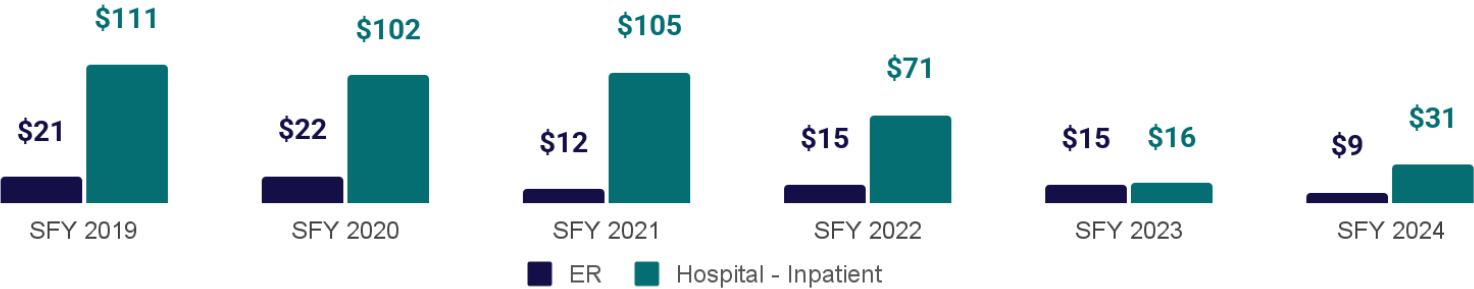


Figure 18. Employed Individuals with Disabilities PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled INTELLECTUAL/DEVELOPMENTAL DISABILITIES & ACQUIRED BRAIN INJURY

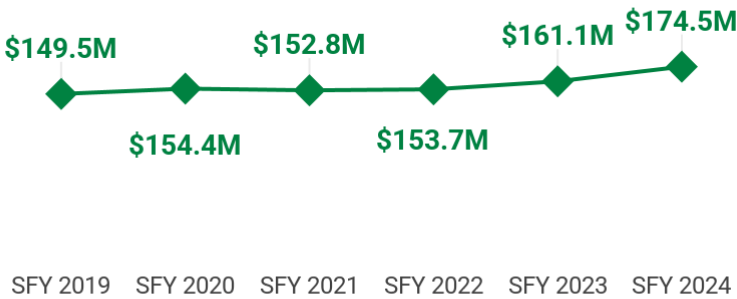
EXPENDITURES

\$174.5 million

paid to providers for services rendered during the SFY

8.3%

from SFY23

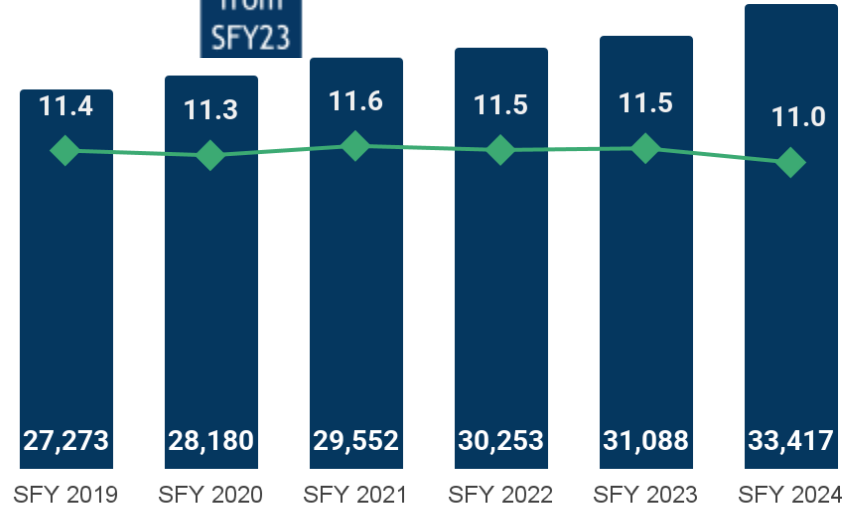


MEMBER MONTHS

33,417

7.5%

from SFY23



Member Months ◆ Average Months

with an average enrollment length of

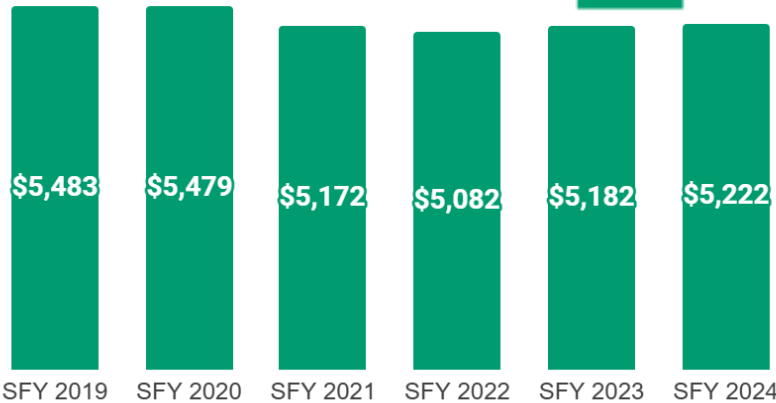
11 months

PER MEMBER PER MONTH

\$5,222

7.5%

from SFY23



3,037 unique individuals enrolled during the SFY

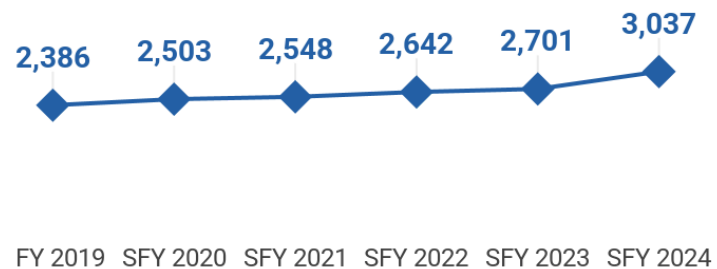


Table 21. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD EID						
Comprehensive Waiver	\$136,116,095	5.3	21,103	-2.7	\$6,450	8.2
ICFIID	\$16,539,519	1.3	406	-16.1	\$40,738	20.7
Supports Waiver	\$21,837,537	41.0	11,908	33.4	\$1,834	5.6
Overall	\$174,493,151	8.3	33,417	7.5	\$5,222	0.8



Table 22. Intellectual/Developmental Disabilities and ABI PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Comprehensive Waiver	\$126,948,820	\$127,073,345	\$123,791,912	\$12,941,339	\$129,268,172	\$136,116,095	7.2
ICFIID	\$12,985,188	\$17,038,857	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,519	27.4
Supports Waiver	\$9,605,968	\$10,276,308	\$12,026,532	\$122,227,967	\$15,491,226	\$21,837,537	127.3
Overall	\$149,539,976	\$154,388,510	\$152,848,977	\$153,742,055	\$161,092,728	\$174,493,151	16.7
Member Months							
Comprehensive Waiver	21,191	21,469	21,649	7,952	21,680	21,103	-0.4
ICFIID	611	597	589	571	484	406	-33.6
Supports Waiver	5,471	6,114	7,302	21,730	8,924	11,908	117.7
Overall	27,273	28,180	29,540	30,253	31,088	33,417	22.5
PMPM							
Comprehensive Waiver	\$5,991	\$5,919	\$5,718	\$1,627	\$5,963	\$6,450	7.7
ICFIID	\$21,252	\$28,541	\$28,914	\$32,527	\$33,747	\$40,738	91.7
Supports Waiver	\$1,756	\$1,681	\$1,647	\$5,625	\$1,736	\$1,834	4.4
Overall	\$5,483	\$5,479	\$5,174	\$5,082	\$5,182	\$5,222	-4.8

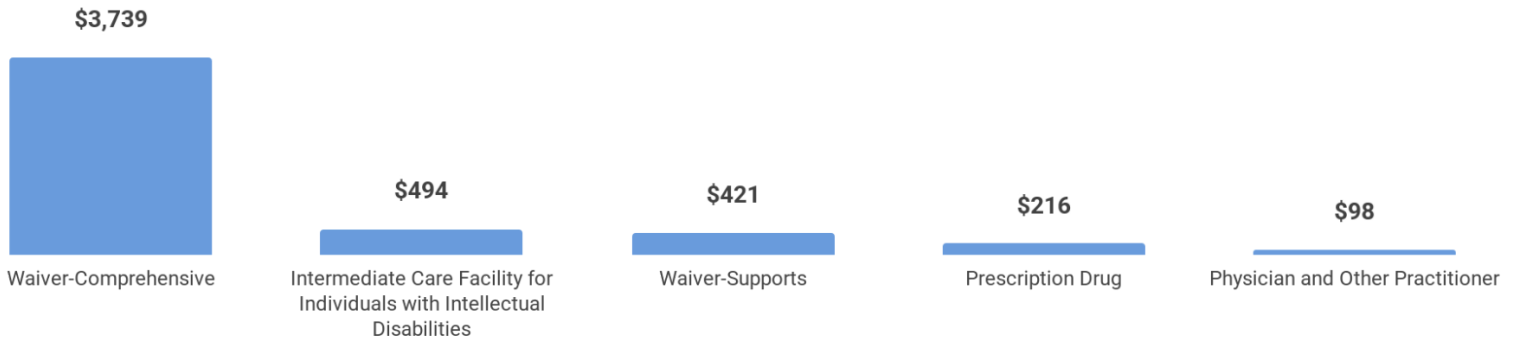


Figure 19. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Top 5 Service Area

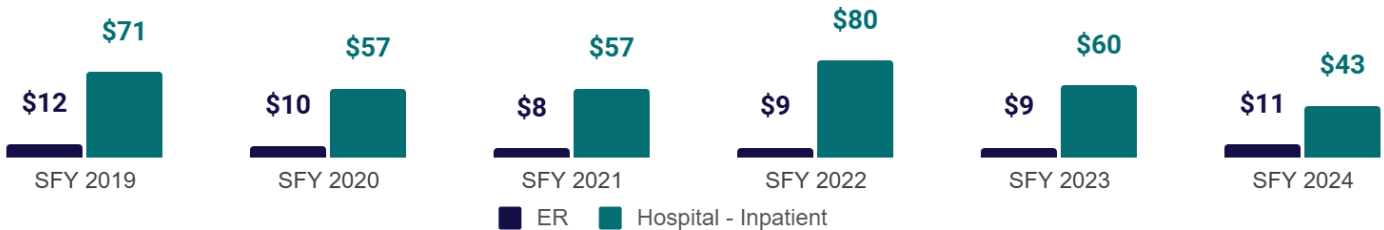


Figure 20. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled ID/DD/ABI COMPREHENSIVE WAIVER

EXPENDITURES

\$136.1 million

paid to providers for services rendered during the SFY

5.3%

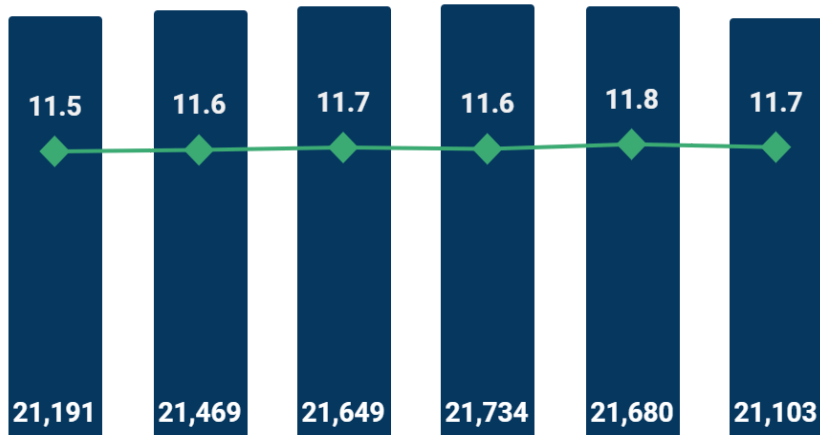
from SFY23

MEMBER MONTHS

21,103

from SFY23

-2.7%



Member Months

Average Months

with an average enrollment length of

11.7 months

PER MEMBER PER MONTH

\$6,450

8.2%

from SFY23



1,806

unique individuals enrolled during the SFY



Table 23. Comprehensive Waiver PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$126,948,820	\$127,073,345	\$123,791,912	\$122,226,911	\$129,268,172	\$136,116,095	7.2
Member Months	21,191	21,469	21,649	21,734	21,680	21,103	-0.4
PMPM	\$5,991	\$5,919	\$5,718	\$5,624	\$5,963	\$6,450	7.7



Aged, Blind, or Disabled ID/DD/ABI COMPREHENSIVE WAIVER

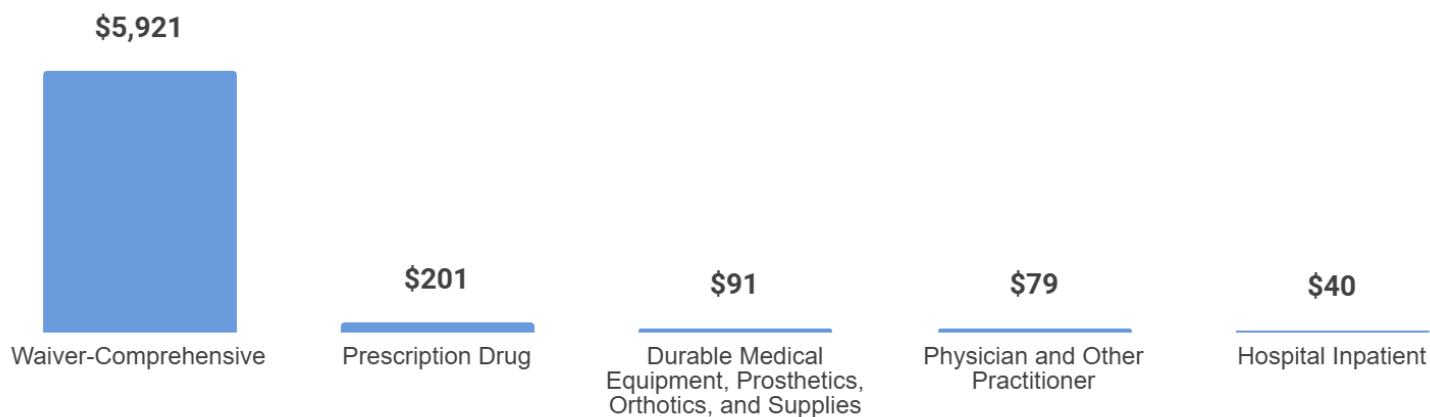


Figure 21. Comprehensive Waiver PMPM by Top 5 Service Area

Table 24. Comprehensive Waiver Per Member Per Month Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Comprehensive Waiver	\$136,116,095	5.3	21,103	-2.7	\$6,450	8.2

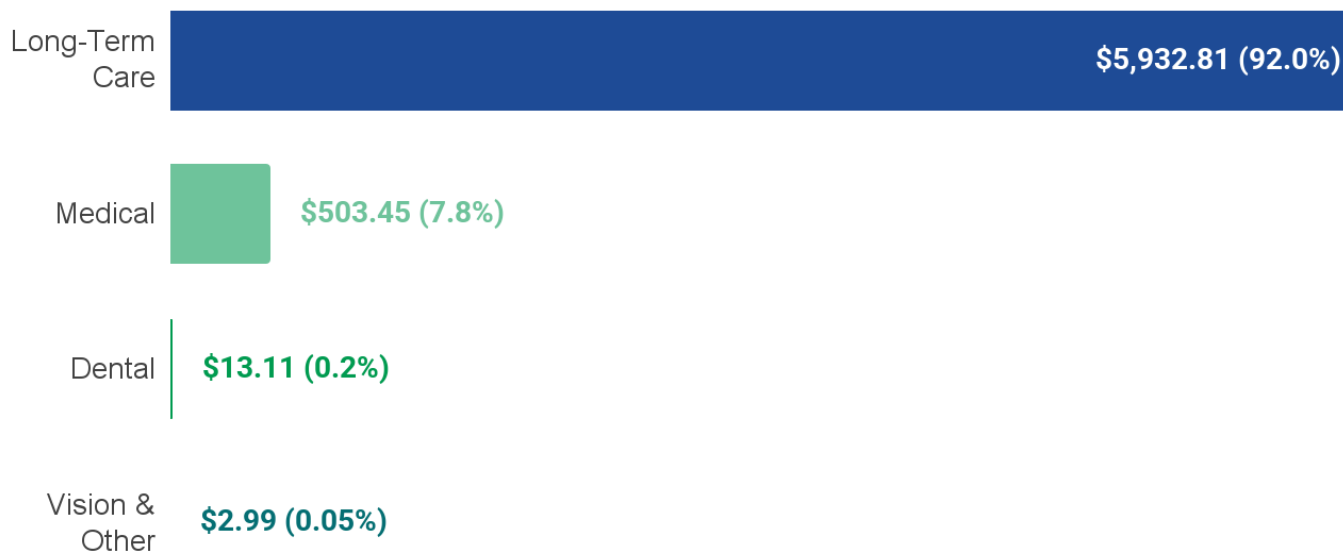


Figure 22. SFY 2024 Comprehensive Waiver PMPM by Service Type

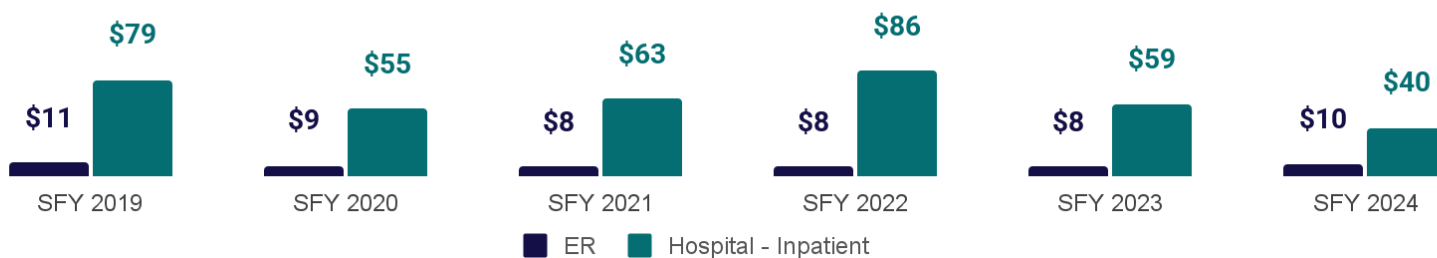


Figure 23. Comprehensive Waiver PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled ID/DD/ABI INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

EXPENDITURES

\$16.5 million

paid to providers for services rendered during the SFY

1.3%

from SFY23

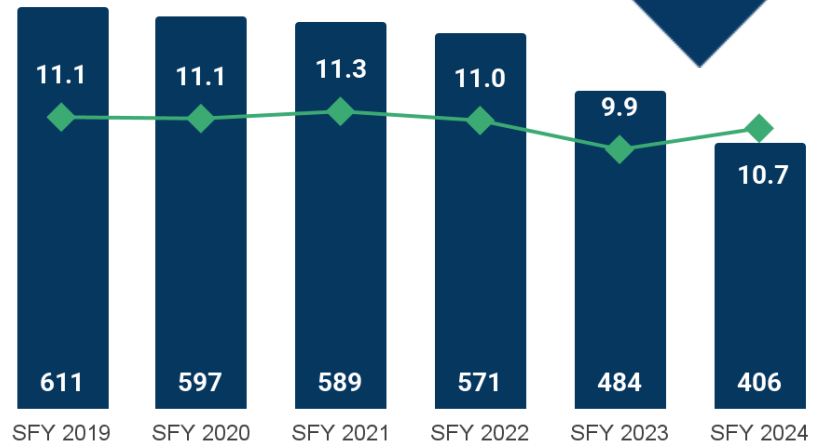


SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

406

from SFY23
-16.1%



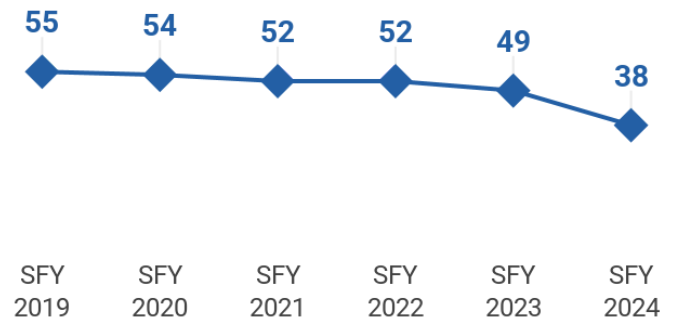
Member Months Average Months

with an average enrollment length of

38

unique individuals enrolled during the SFY

10.7 months



20.7%
from SFY23

PER MEMBER PER MONTH

\$40,738

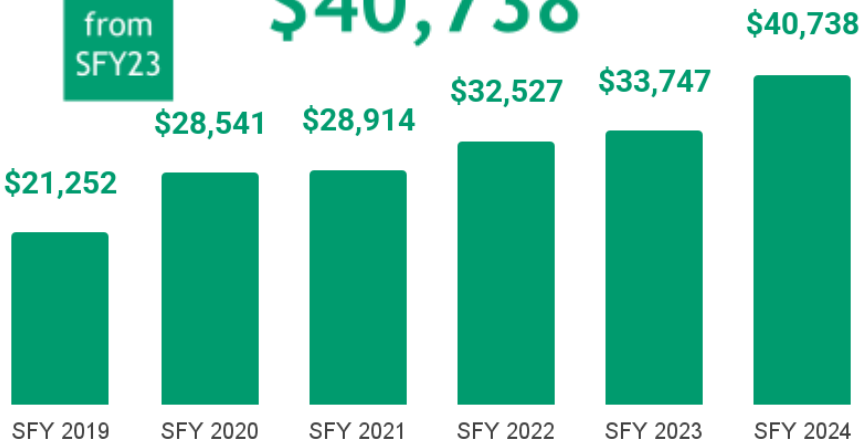


Table 25. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
ICF ID	\$12,985,188	\$17,038,857	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,519	27.4
Member Months							
ICF ID	611	597	589	571	484	406	-33.6
PMPM							
ICF ID	\$21,252	\$28,541	\$28,914	\$32,527	\$33,747	\$40,738	91.7



Aged, Blind, or Disabled ID/DD/ABI INTERMEDIATE CARE FACILITY FOR INTELLECTUAL DISABILITIES



Figure 24. Intermediate Care Facility for Intellectual Disabilities PMPM by Top 5 Service Area

Table 26. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
ICF ID	\$16,539,519	1.3	406	-16.1	\$40,738	20.7

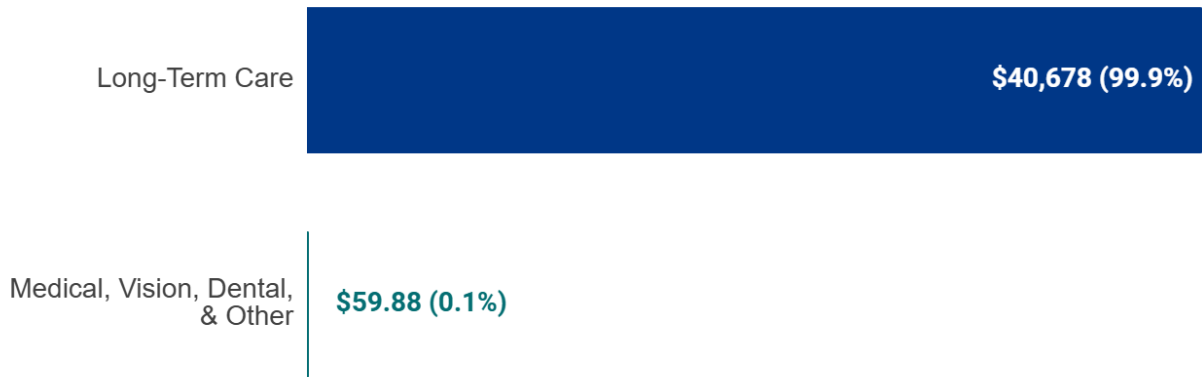


Figure 25. SFY 2024 Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Service Type

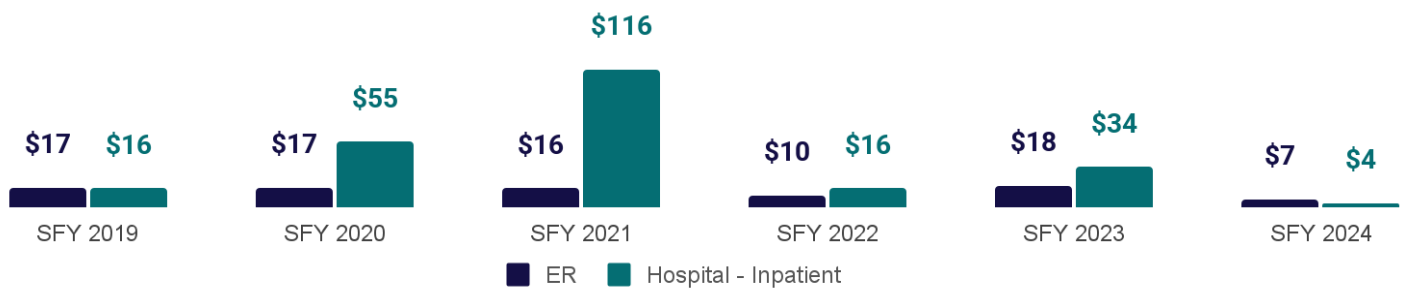


Figure 26. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Emergency Room and Hospital - Inpatient Services



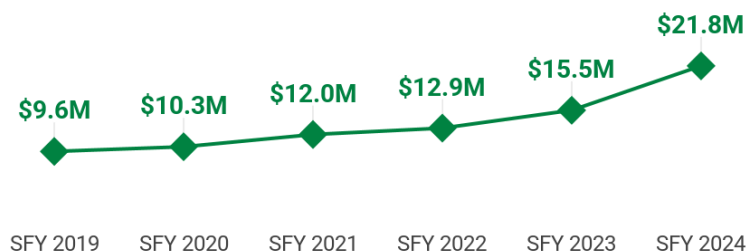
Aged, Blind, or Disabled ID/DD/ABI SUPPORTS WAIVER

EXPENDITURES



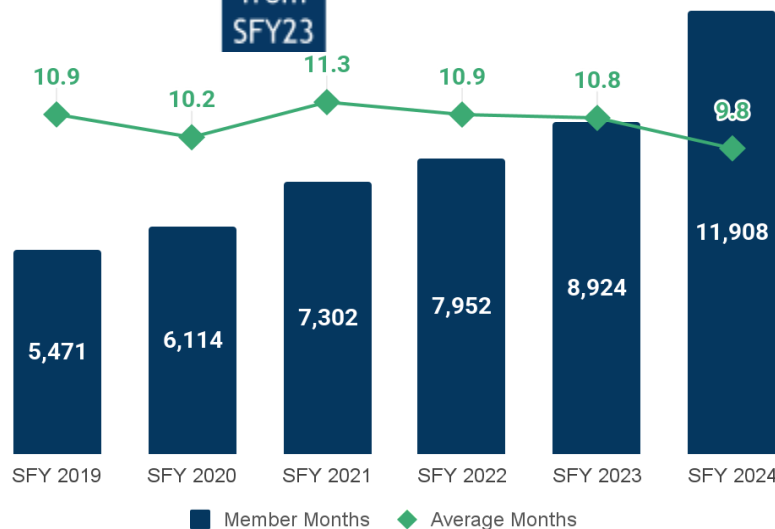
\$21.8 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

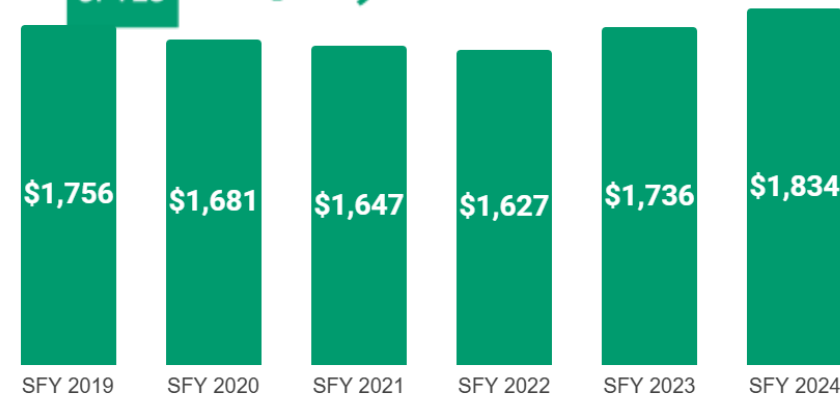
11,908



PER MEMBER PER MONTH



\$1,834



with an average enrollment length of

9.8 months

1,209 unique individuals enrolled during the SFY



Table 27. Supports Waiver PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$9,605,968	\$10,276,308	\$12,026,532	\$12,940,413	\$15,491,226	\$21,837,537	127.3
Member Months	5,471	6,114	7,302	7,952	8,924	11,908	117.7
PMPM	\$1,756	\$1,681	\$1,647	\$1,627	\$1,736	\$1,834	4.4



Aged, Blind, or Disabled ID/DD/ABI SUPPORTS WAIVER

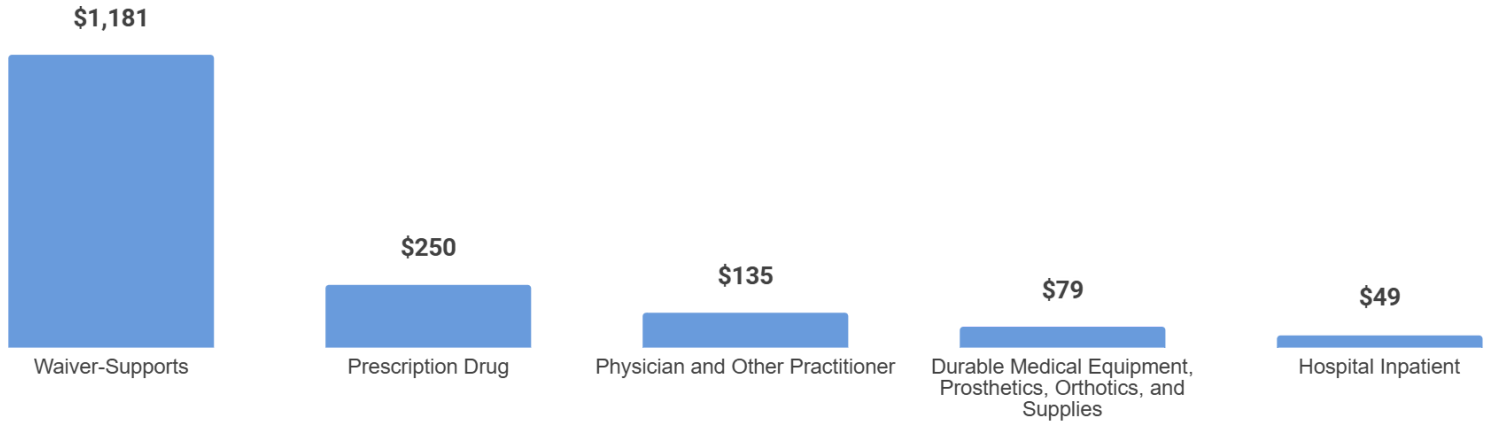


Figure 27. Supports Waiver PMPM by Top 5 Service Area

Table 28. Supports Waiver PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Supports Waiver	\$21,837,537	41.0	11,908	33.4	\$1,834	5.6

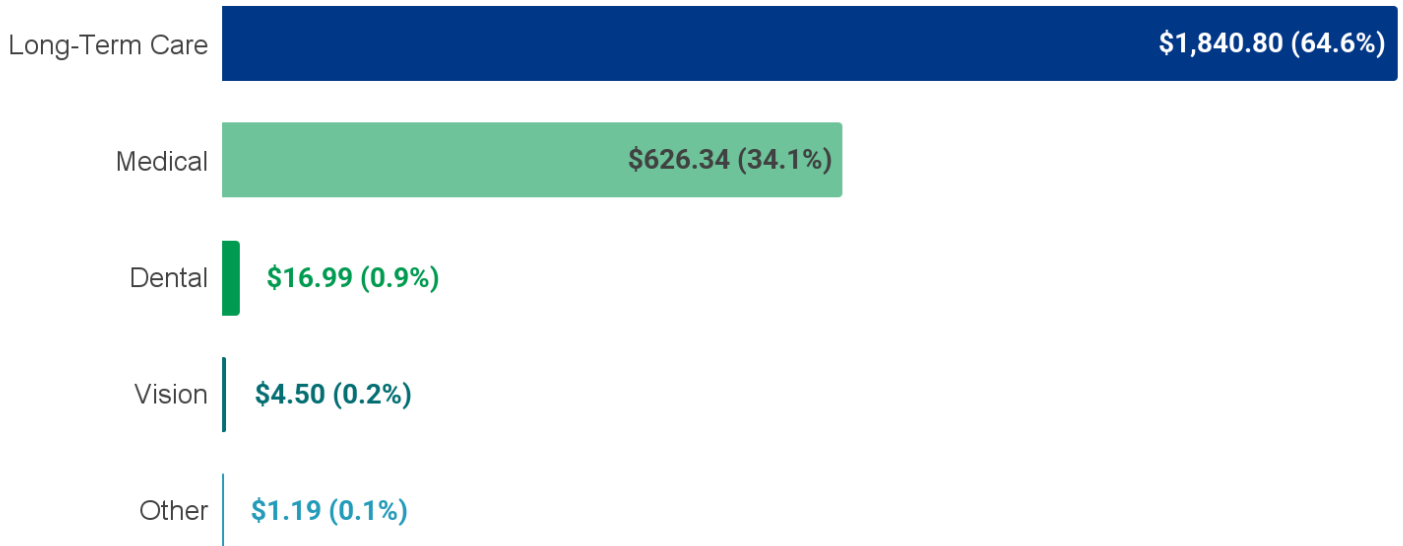


Figure 28. SFY 2024 Supports Waiver PMPM by Service Type

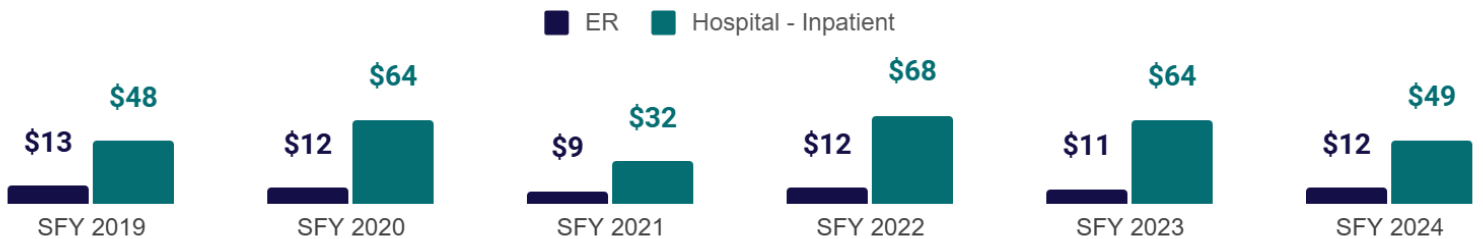


Figure 29. Supports Waiver PMPM by Emergency Room and Hospital - Inpatient Services



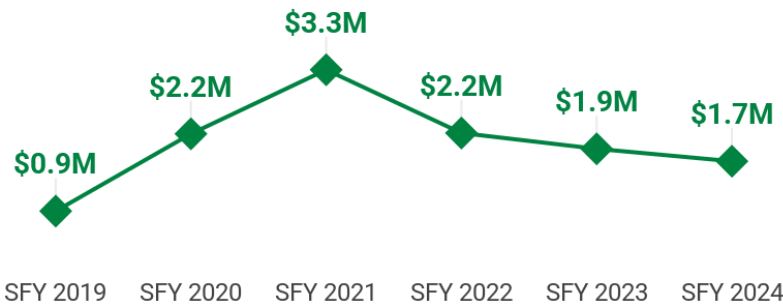
Aged, Blind, or Disabled Institution HOSPITAL

EXPENDITURES

\$1.7 million

paid to providers for services rendered during the SFY

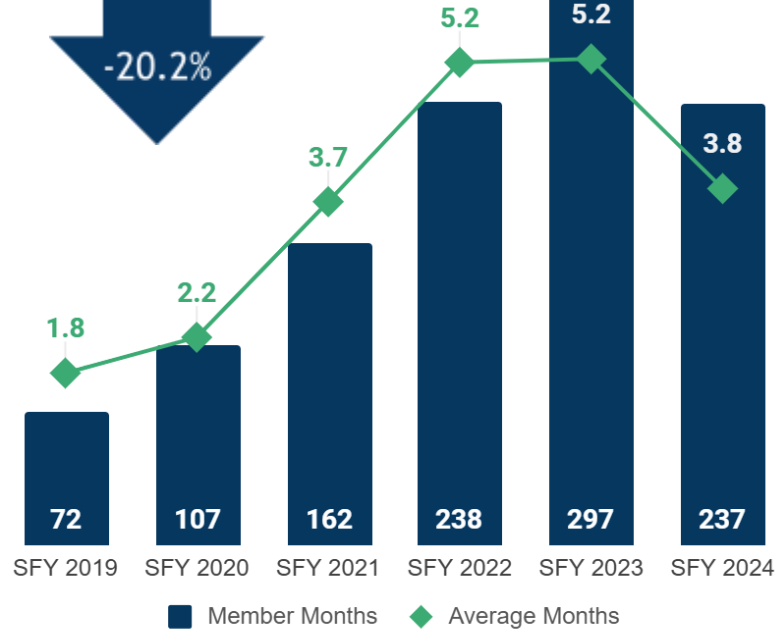
from
SFY23
-10.9%



MEMBER MONTHS

237

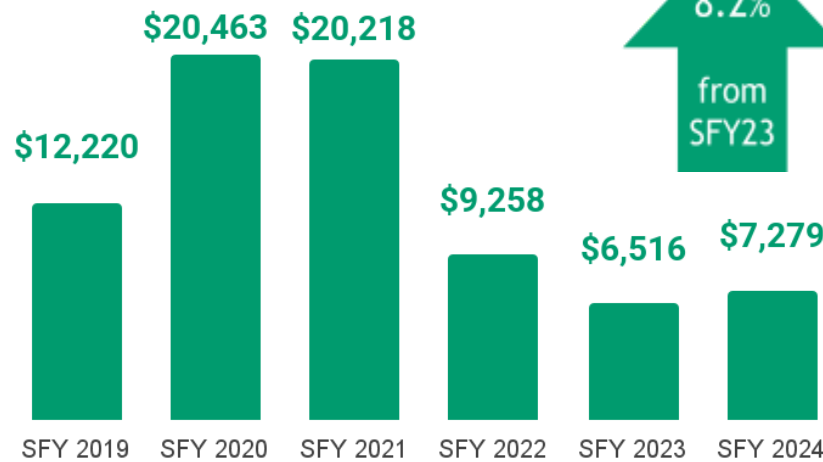
from
SFY23
-20.2%



PER MEMBER PER MONTH

\$7,279

with an average enrollment length of
3.8 months



62 unique individuals enrolled during the SFY

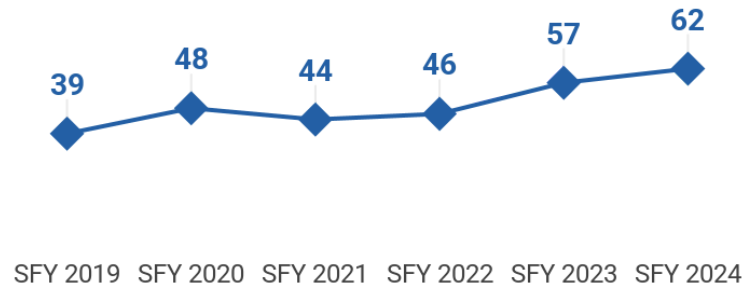


Table 29. ABD Institution Hospital PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$879,871	\$2,189,584	\$3,275,321	\$2,203,483	\$1,935,388	\$1,725,020	96.1
Member Months	72	107	162	238	297	237	229.2
PMPM	\$12,220	\$20,463	\$20,218	\$9,258	\$6,516	\$7,279	-40.4



Aged, Blind, or Disabled Institution HOSPITAL



Figure 30. ABD Institution Hospital PMPM by Top 5 Service Area

Table 30. ABD Institution Hospital PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
Hospital	\$1,725,020	-10.9	237	-20.2	\$7,279	11.7



Figure 31. SFY 2024 Hospital PMPM by Service Type

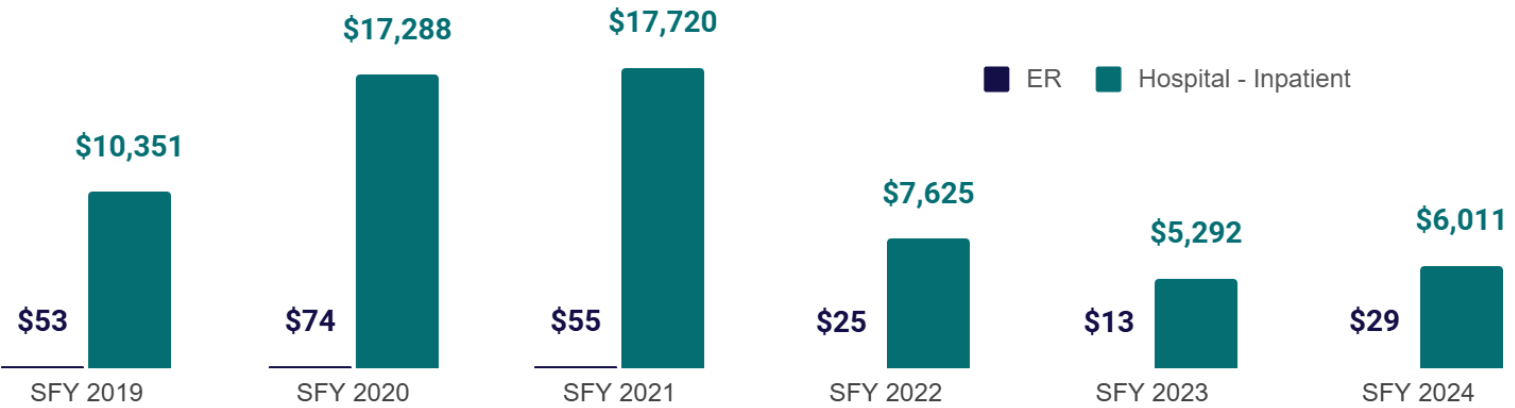


Figure 32. ABD Institution Hospital PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled LONG-TERM CARE

EXPENDITURES



\$155.8 million

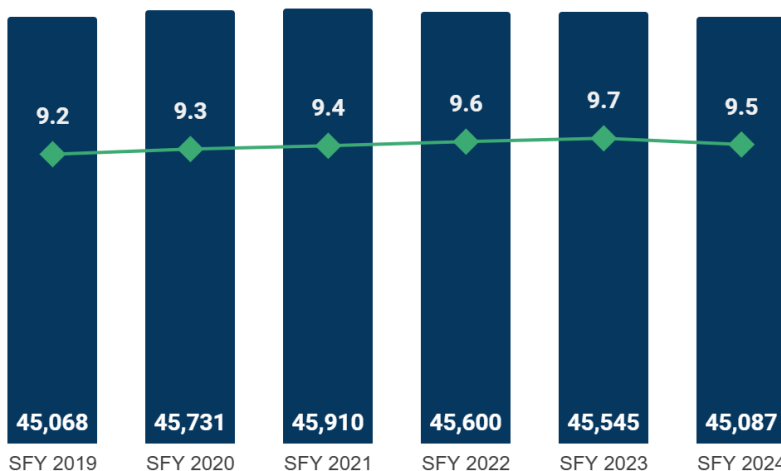
paid to providers for services rendered during the SFY

MEMBER MONTHS

45,087



■ Member Months ◆ Average Months



with an average enrollment length of

9.5 months

4,753 unique individuals enrolled during the SFY

PER MEMBER PER MONTH

\$3,455

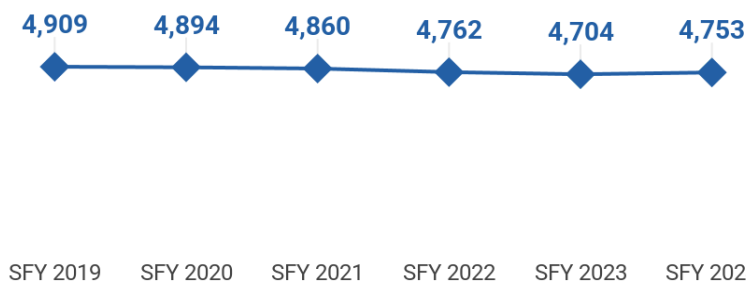
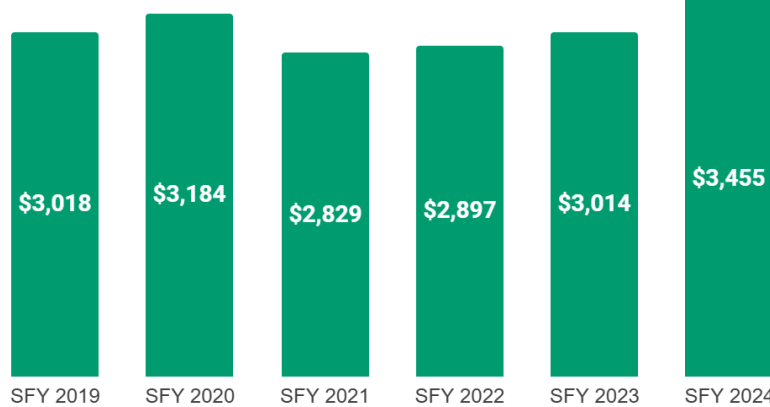


Table 31. ABD Long-Term Care PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Community Choices Waiver	\$56,433,195	2.4	29,163	0.0	\$1,935	2.3
Hospice	\$281,923	-19.5	120	-14.3	\$2,349	-6.1
Nursing Home	\$99,070,071	21.1	15,804	-2.8	\$6,269	24.6
Overall	\$155,785,189	13.5	45,087	-1.0	\$3,455	14.6



Aged, Blind, or Disabled LONG-TERM CARE

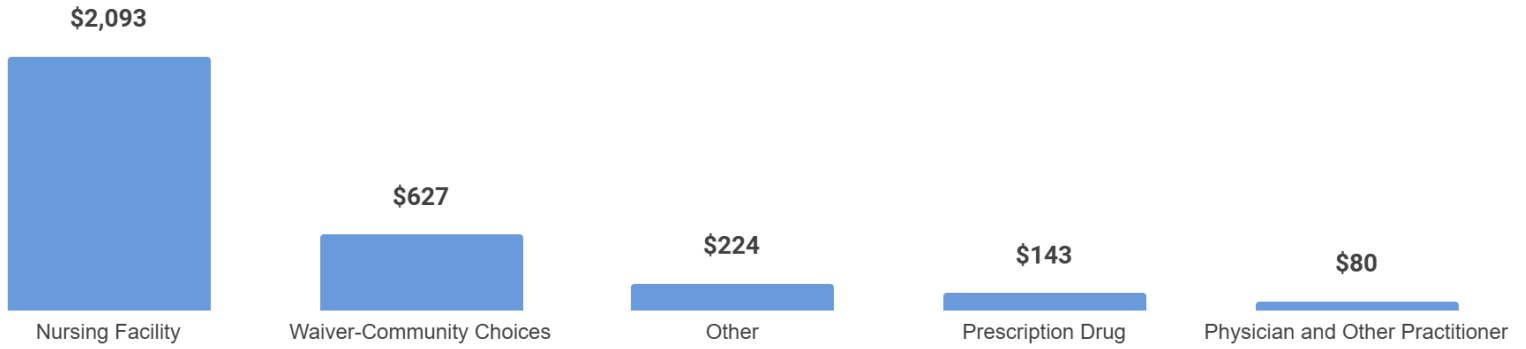


Figure 33. ABD Long-Term Care PMPM by Top 5 Service Area

Table 32. ABD Long-Term Care History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Community Choices Waiver	\$44,614,306	\$47,508,168	\$49,020,479	\$52,927,929	\$55,126,309	\$56,433,195	26.5
Hospice	\$360,118	\$253,399	\$433,312	\$309,010	\$350,172	\$281,923	-21.7
Nursing Home	\$87,174,410	\$94,139,398	\$78,628,259	\$78,854,088	\$81,815,057	\$99,070,071	13.6
PACE	\$3,885,399	\$3,689,689	\$1,784,714	--	--	--	--
Overall	\$136,034,233	\$145,590,654	\$129,866,764	\$132,091,027	\$137,291,538	\$155,785,189	14.5
Member Months							
Community Choices Waiver	24,959	26,350	28,068	28,457	29,149	29,163	16.8
Hospice	108	63	78	127	140	120	11.1
Nursing Home	18,927	18,363	17,350	17,016	16,256	15,804	-16.5
PACE	1,074	955	414	--	--	--	--
Overall	45,068	45,731	45,910	45,600	45,545	45,087	0.0
PMPM							
Community Choices Waiver	\$1,788	\$1,803	\$1,746	\$1,860	\$1,891	\$1,935	8.3
Hospice	\$3,334	\$4,022	\$5,555	\$2,433	\$2,501	\$2,349	-29.5
Nursing Home	\$4,606	\$5,127	\$4,532	\$4,634	\$5,033	\$6,269	36.1
PACE	\$3,618	\$3,864	\$4,311	--	--	--	--
Overall	\$3,018	\$3,184	\$2,829	\$2,897	\$3,014	\$3,455	14.5

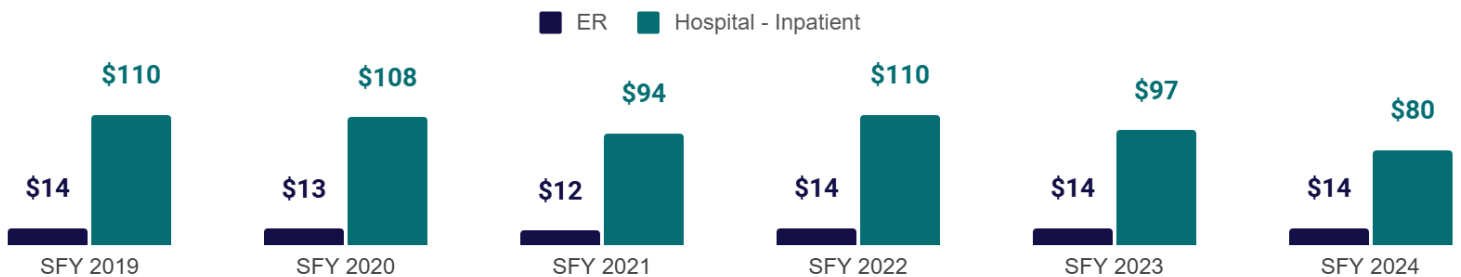


Figure 34. ABD Long-Term Care PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled Long-Term Care COMMUNITY CHOICES WAIVER

EXPENDITURES

\$56.4 million

paid to providers for services rendered during the SFY

2.4%

from
SFY23



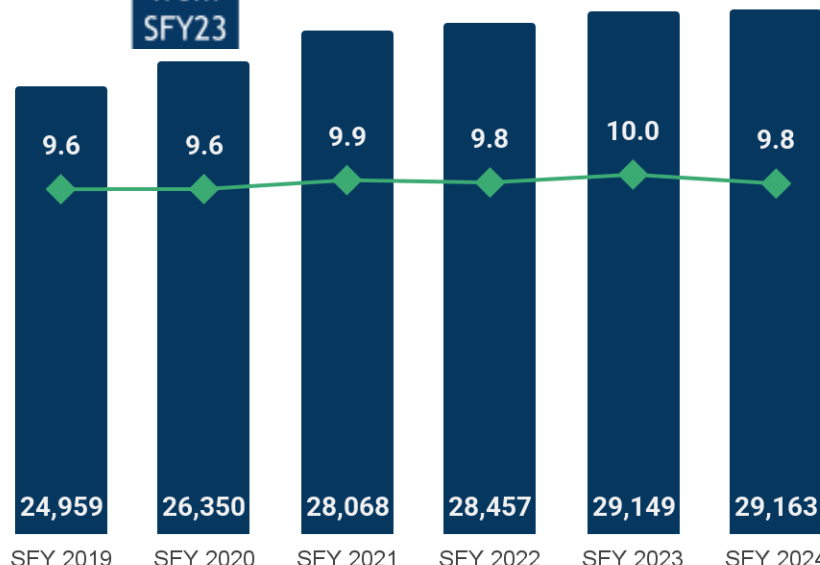
SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

29,163

0.05%

from
SFY23



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

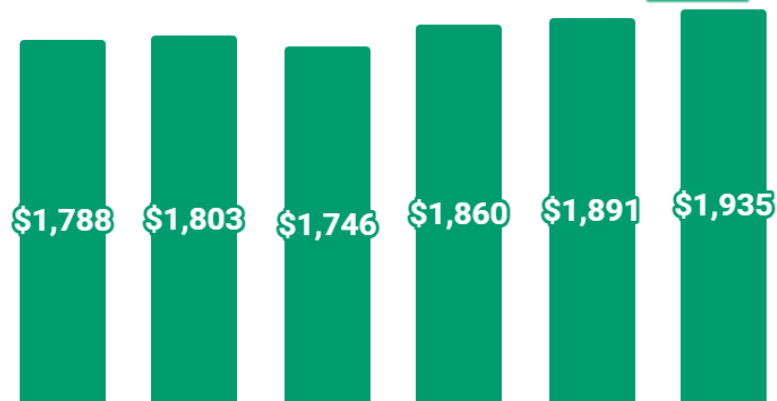
Member Months ◆ Average Months
with an average enrollment length of
9.8 months

PER MEMBER PER MONTH

\$1,935

2.3%

from
SFY23



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

2,989 unique individuals enrolled
during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Table 33. Community Choices Waiver PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$44,614,306	\$47,508,168	\$49,020,479	\$52,927,929	\$55,126,309	\$56,433,195	26.5
Member Months	24,959	26,350	28,068	28,457	29,149	29,163	16.8
PMPM	\$1,788	\$1,803	\$1,746	\$1,860	\$1,891	\$1,935	8.3



Aged, Blind, or Disabled Long-Term Care COMMUNITY CHOICES WAIVER

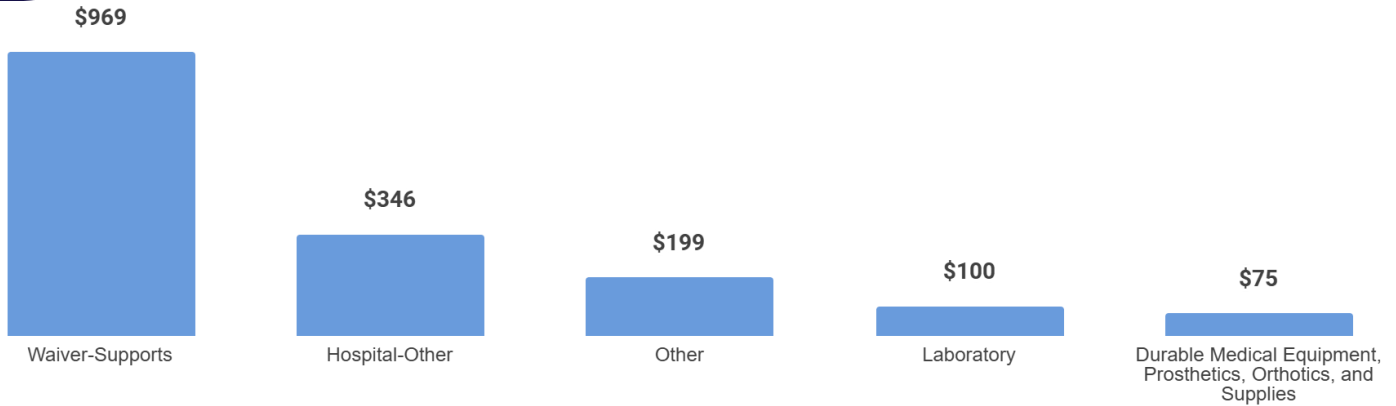


Figure 35. Community Choices Waiver PMPM by Top 5 Service Area

Table 34. Community Choices Waiver PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Community Choices Waiver	\$56,433,195	2.4	29,163	0.0	\$1,935	2.3

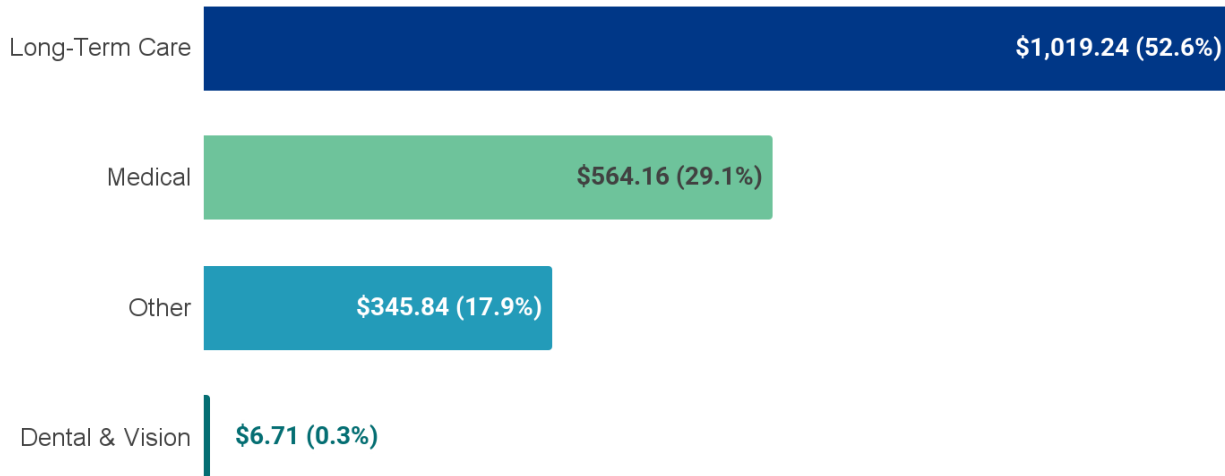


Figure 36. SFY 2024 Community Choices Waiver PMPM by Service Type

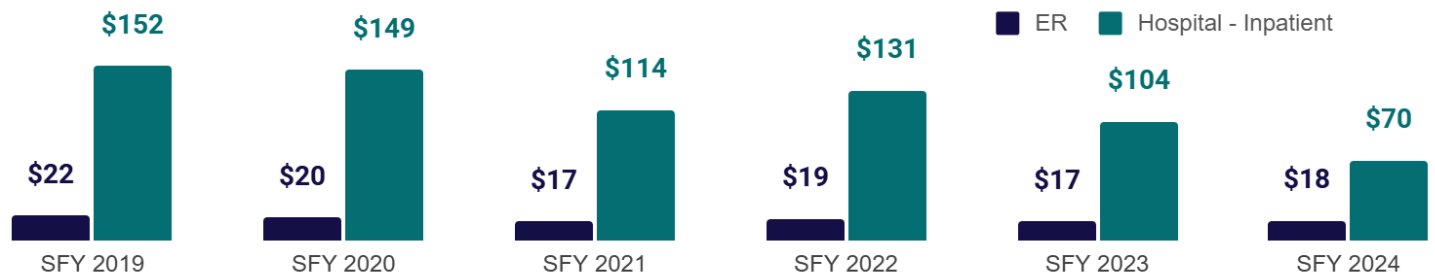


Figure 37. Community Choices Waiver PMPM by Emergency Room and Hospital - Inpatient Services



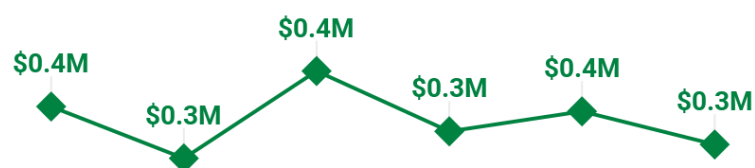
Aged, Blind, or Disabled Long-Term Care HOSPICE



EXPENDITURES

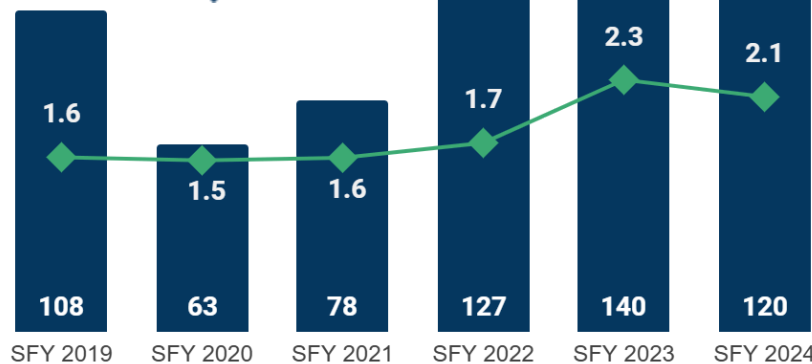
\$0.3 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

120



Member Months

Average Months

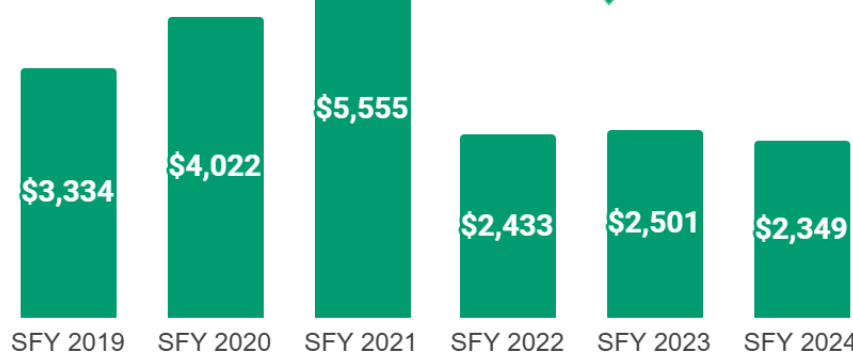
SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

with an average enrollment length of

2.1 months

PER MEMBER PER MONTH

\$2,349



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

57 unique individuals enrolled during the SFY

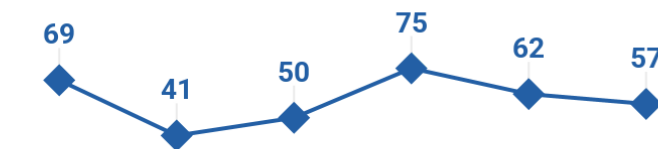


Table 35. Hospice PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$360,118	\$253,399	\$433,312	\$309,010	\$350,172	\$281,923	-21.7
Member Months	108	63	78	127	140	120	11.1
PMPM	\$3,334	\$4,022	\$5,555	\$2,433	\$2,501	\$2,349	-29.5



Aged, Blind, or Disabled Long-Term Care HOSPICE

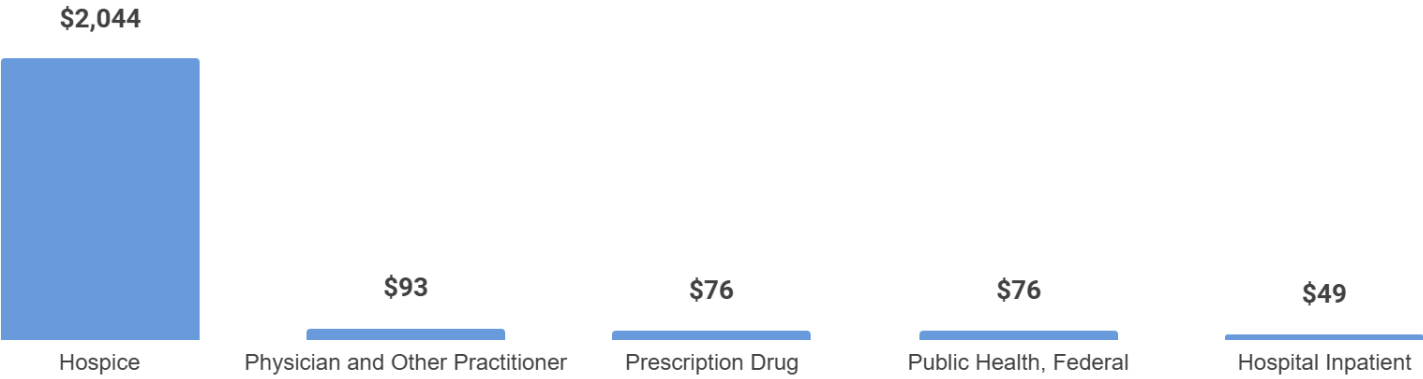


Figure 38. Hospice PMPM by Top 5 Service Area

Table 36. Hospice PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Hospice	\$281,923	-19.5	120	-14.3	\$2,349	-6.1

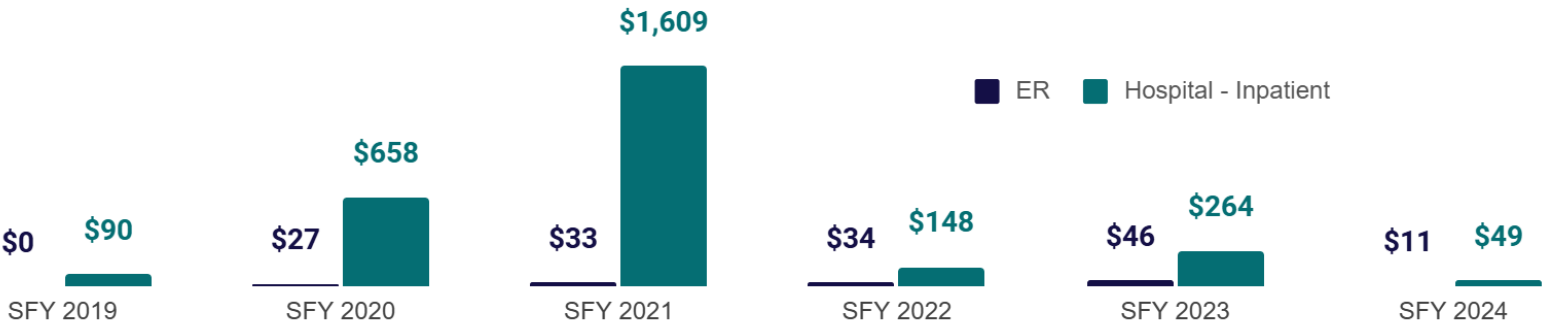


Figure 39. Hospice PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled Long-Term Care NURSING HOME

EXPENDITURES

\$99.1 million

paid to providers for services rendered during the SFY

21.1%

from
SFY23

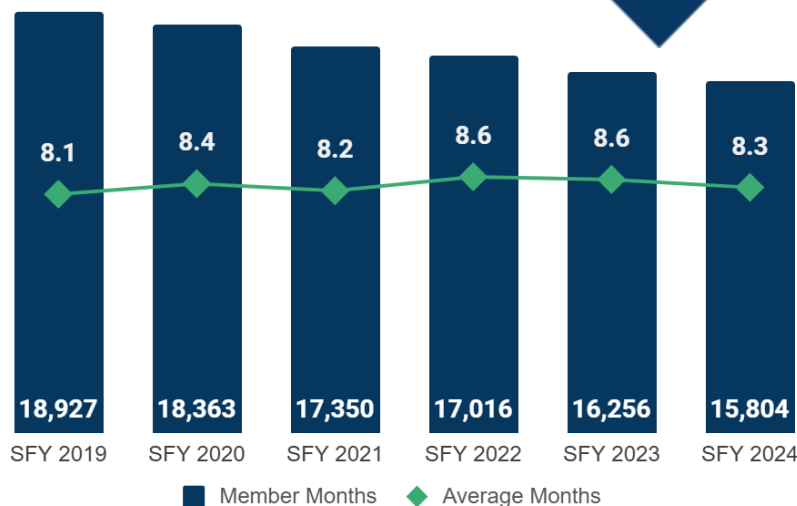


MEMBER MONTHS

15,804

from
SFY23

-2.8%



with an average enrollment length of
8.3 months

1,907 unique individuals
enrolled during the SFY

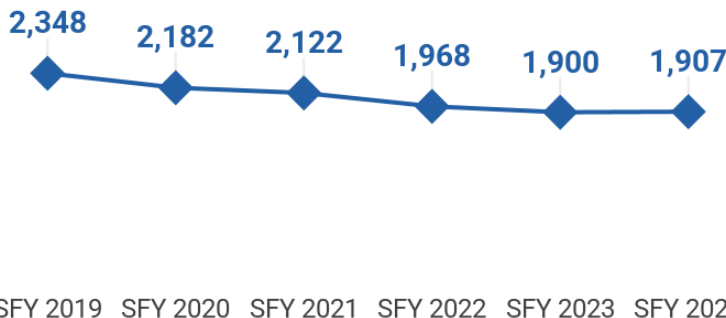
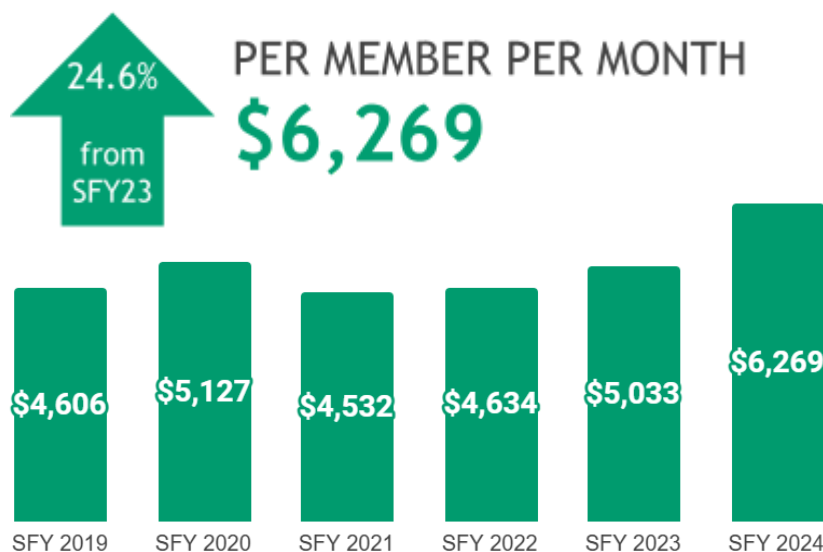


Table 37. Nursing Home PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$87,174,410	\$94,139,398	\$78,628,259	\$78,854,088	\$81,815,057	\$99,070,071	13.6
Member Months	18,927	18,363	17,350	17,016	16,256	15,804	-16.5
PMPM	\$4,606	\$5,127	\$4,532	\$4,634	\$5,033	\$6,269	36.1



Aged, Blind, or Disabled Long-Term Care NURSING HOME

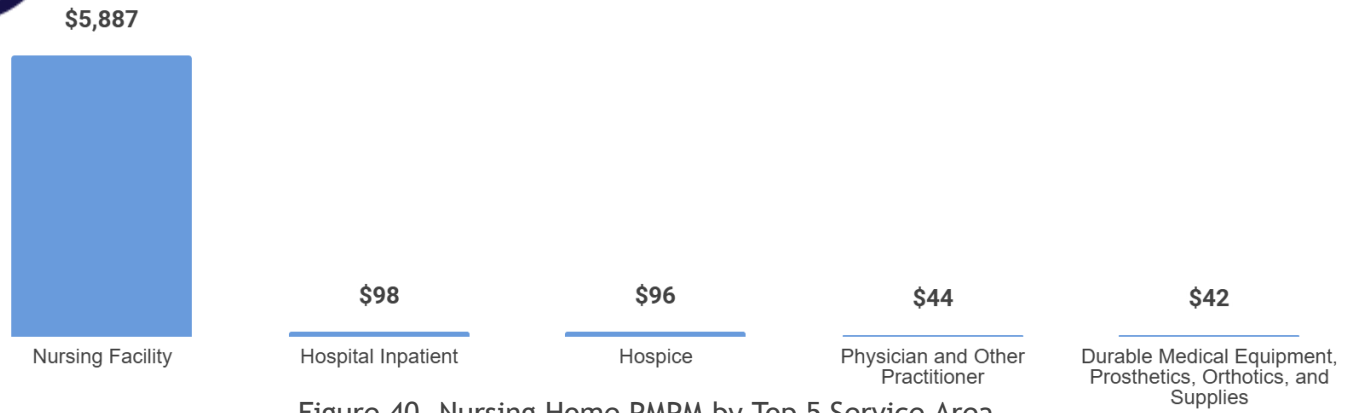


Figure 40. Nursing Home PMPM by Top 5 Service Area

Table 38. Nursing Home PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Nursing Home	\$99,070,071	21.1	15,804	-2.8	\$6,269	24.6



Figure 41. SFY 2024 Nursing Home PMPM by Service Type

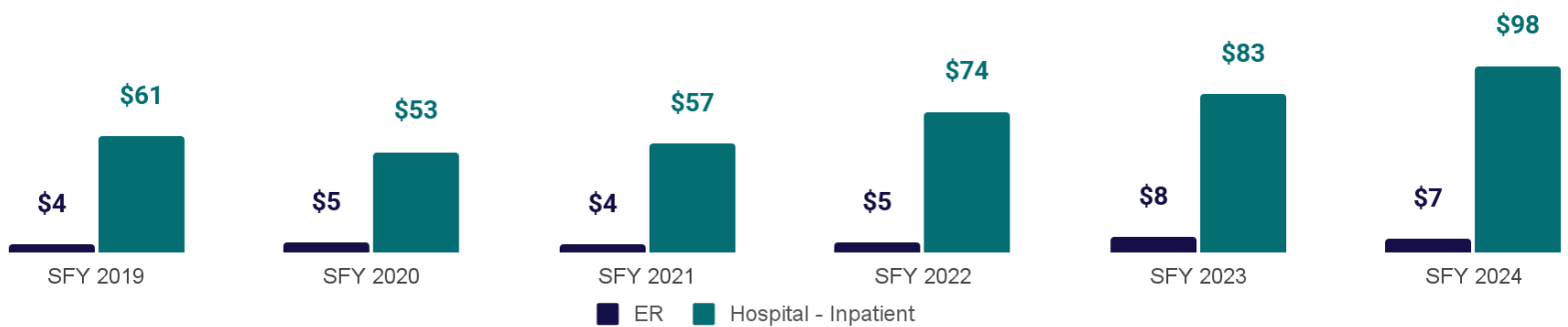


Figure 42. Nursing Home PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled Long-Term Care

PROGRAM FOR ALL-INCLUSIVE CARE OF ELDERLY⁵

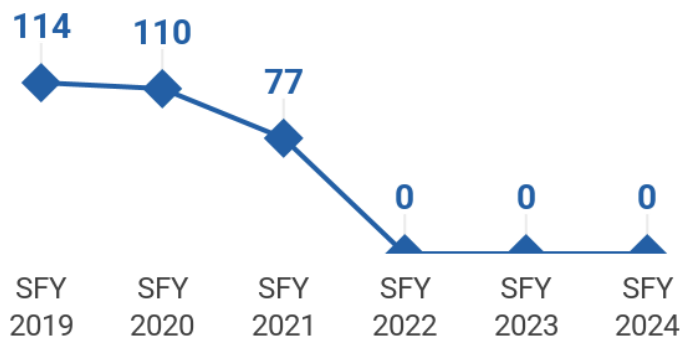
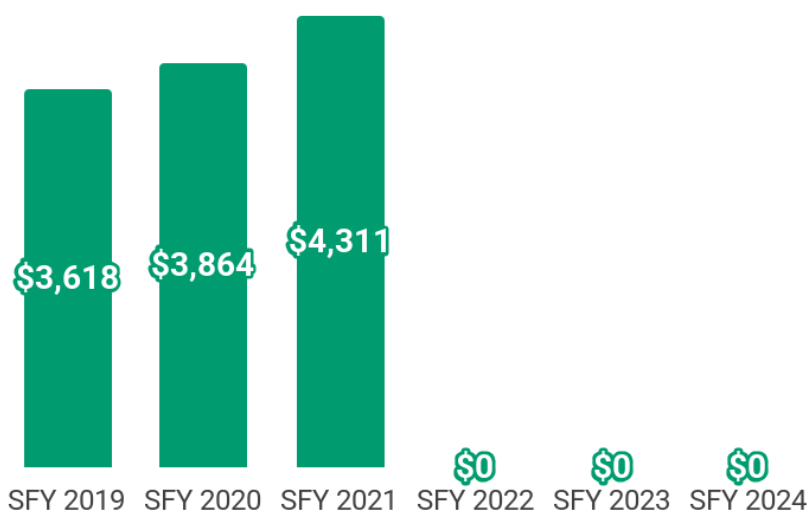
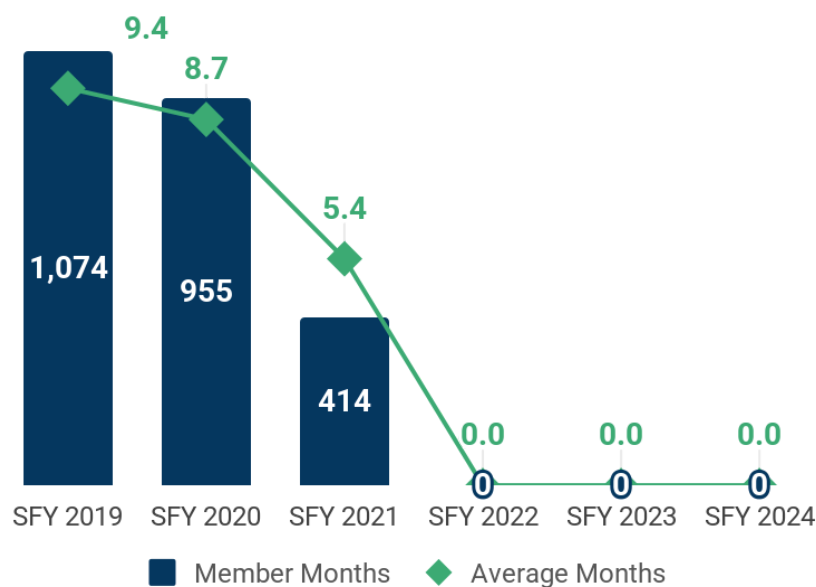
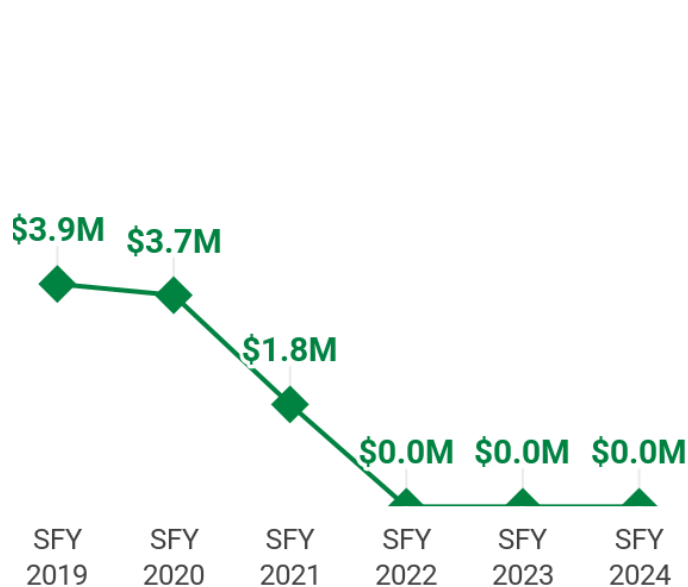


Table 39. PACE PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$3,885,399	\$3,689,689	\$1,784,714	\$0	\$0	\$0	-100.0
Member Months	1,074	955	414	0	0	0	-100.0
PMPM	\$3,618	\$3,864	\$4,311	\$0	\$0	\$0	-100.0

⁵ The PACE program was discontinued in January 2021.



Supplemental Security Income SSI & SSI RELATED

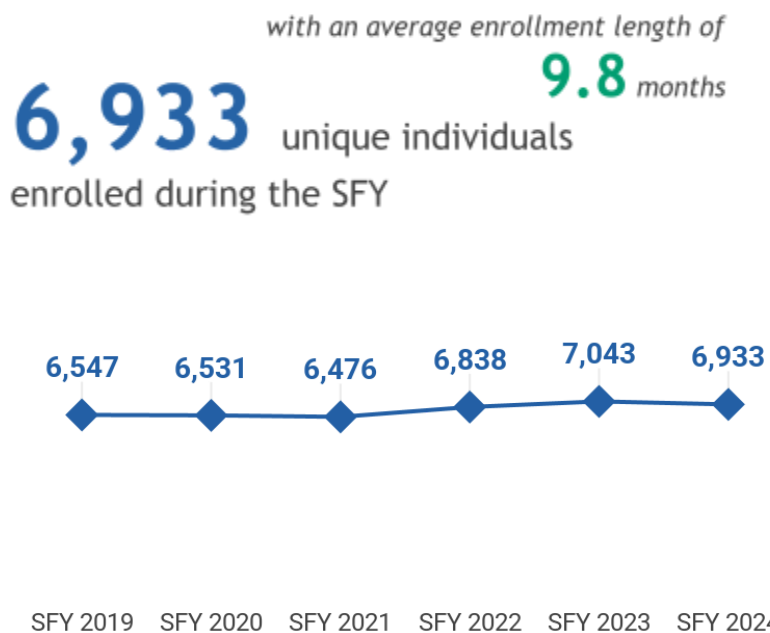
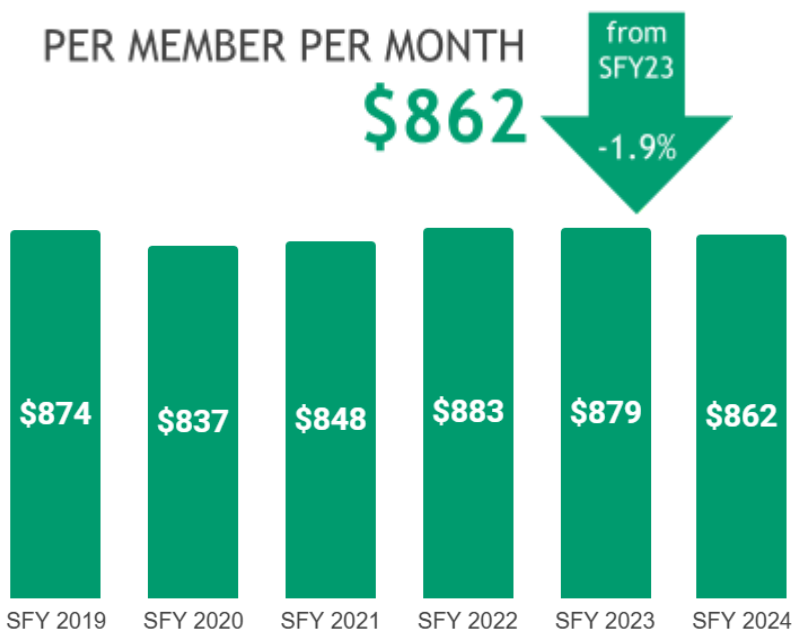
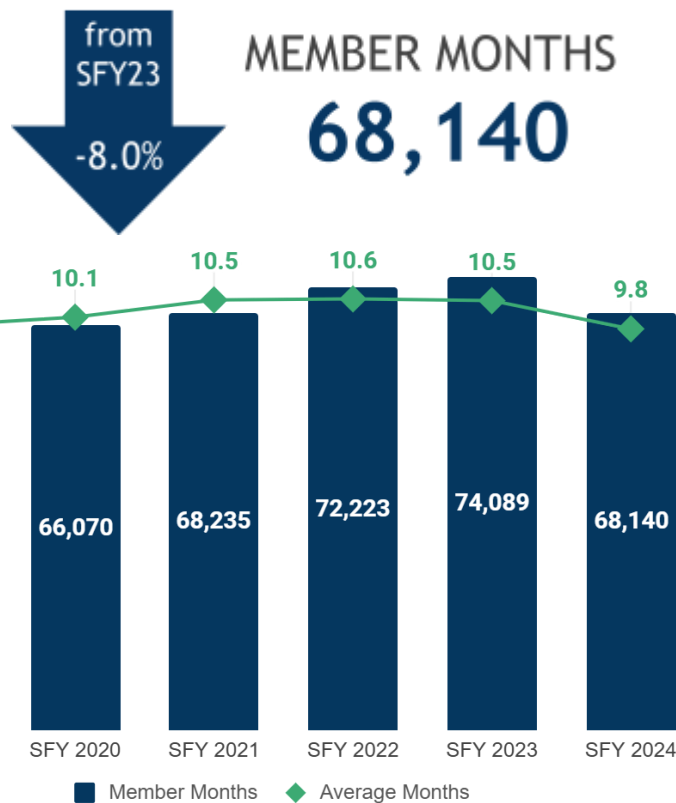


Table 40. SI & SSI Related PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$56,672,335	\$55,305,481	\$57,853,495	\$63,755,148	\$65,132,952	\$58,755,696	3.7
Member Months	64,840	66,070	68,235	72,223	74,089	68,140	5.1
PMPM	\$874	\$837	\$848	\$883	\$879	\$862	-1.3



Supplemental Security Income SSI & SSI RELATED

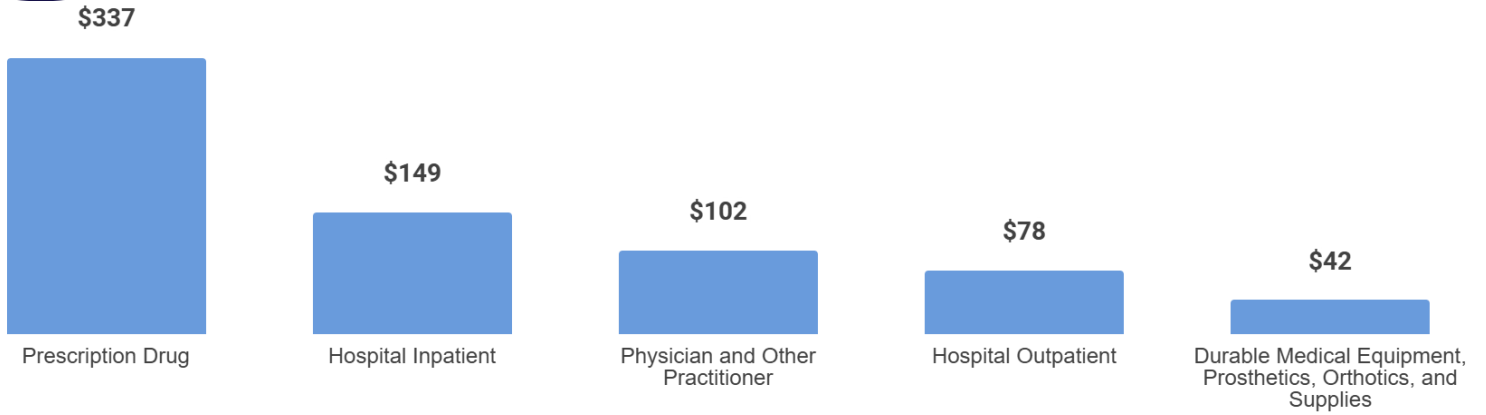


Figure 43. SSI & SSI Related PMPM by Top 5 Service Area

Table 41. SSI & SSI Related PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
SSI & SSI Related						
SSI & SSI Related	\$58,755,696	-9.8	68,140	-8.0	\$862	-1.9

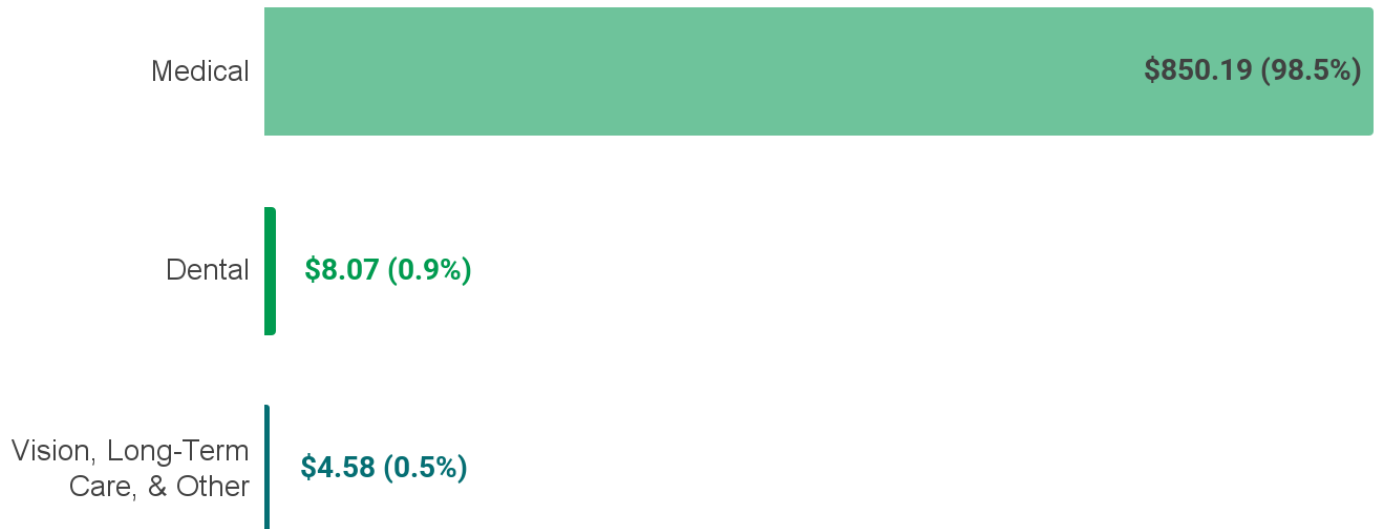


Figure 44. SFY 2024 SSI & SSI Related PMPM by Service Type

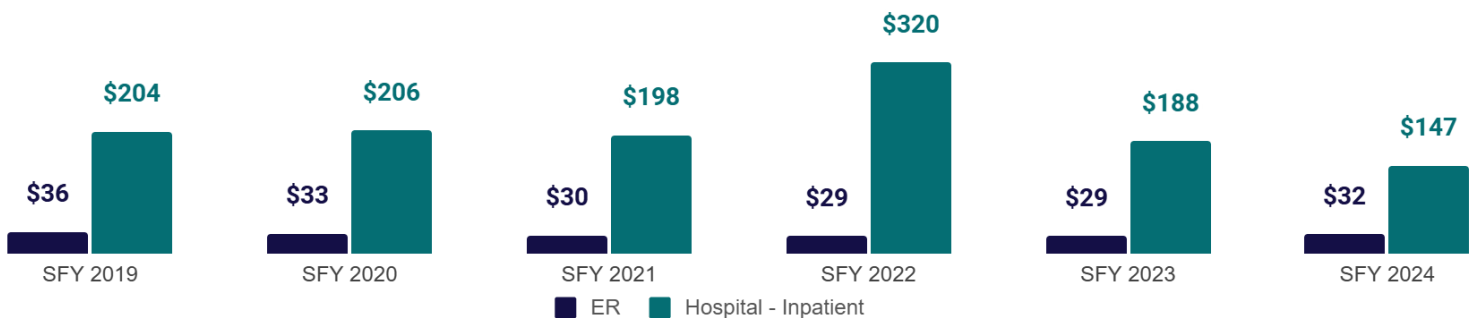


Figure 45. SSI & SSI Related PMPM by Emergency Room and Hospital - Inpatient Services

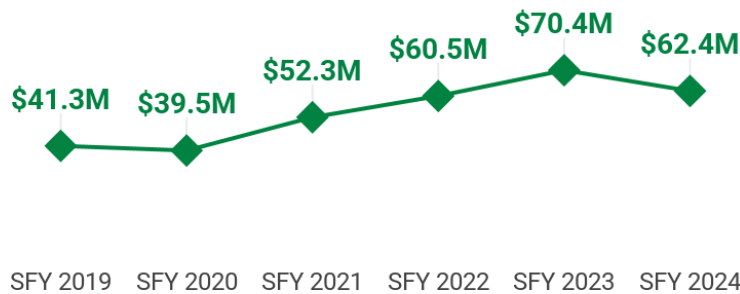


Adults ADULTS OVERALL

EXPENDITURES

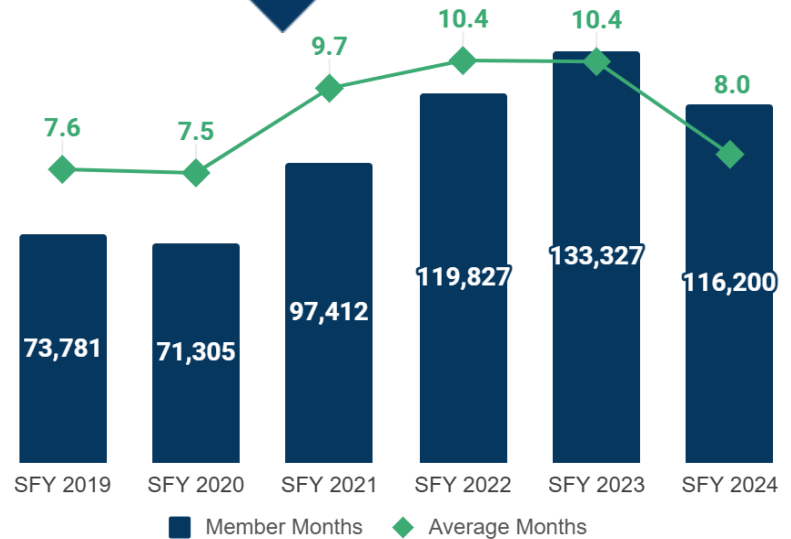
\$62.4 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

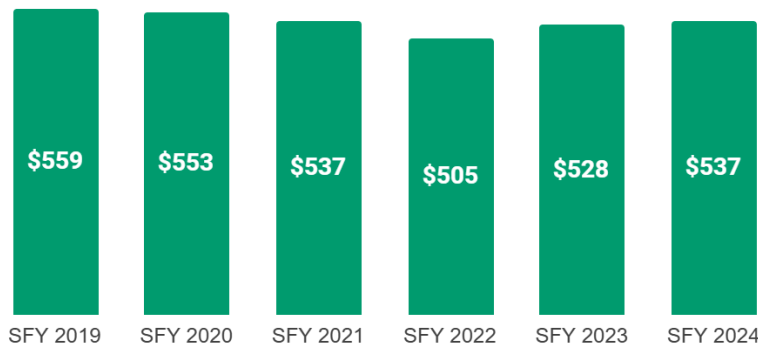
116,200



with an average enrollment length of
8.0 months

PER MEMBER PER MONTH

\$537



14,536 unique individuals
enrolled during the SFY



Table 42. Adult PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$61,798,939	-11.4	114,278	-13.0	\$541	1.8
Former Foster Care	\$648,057	-2.4	1,922	-2.7	\$337	0.3
Overall	\$62,446,996	-11.3	116,200	-12.8	\$537	1.7



Adults ADULTS OVERALL

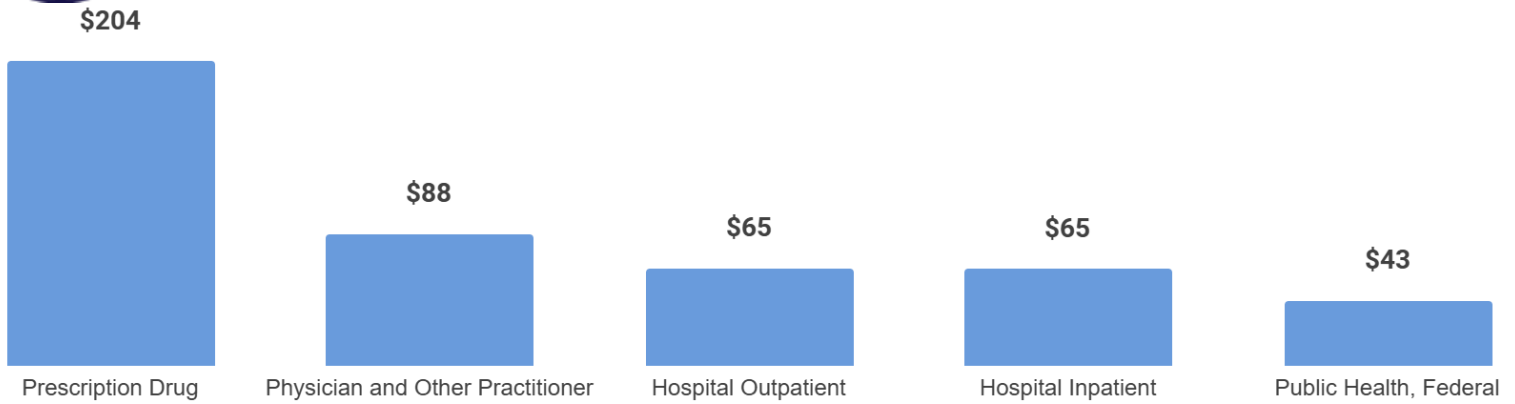


Figure 46. Adults PMPM by Top 5 Service Area

Table 43. Adult PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Family-Care Adults	\$40,829,212	\$39,062,751	\$51,849,569	\$59,911,173	\$69,774,099	\$61,798,939	51.4
Former Foster Care	\$427,712	\$388,819	\$443,082	\$596,713	\$663,733	\$648,057	51.5
Overall	\$41,256,924	\$39,451,570	\$52,292,651	\$60,507,886	\$70,437,832	\$62,446,996	51.4
Member Months							
Family-Care Adults	72,791	70,359	96,195	118,205	131,352	114,278	57.0
Former Foster Care	990	946	1,217	1,622	1,975	1,922	94.1
Overall	73,781	71,305	97,412	119,827	133,327	116,200	57.5
PMPM							
Family-Care Adults	\$561	\$555	\$539	\$507	\$531	\$541	-3.6
Former Foster Care	\$432	\$411	\$364	\$368	\$336	\$337	-22.0
Overall	\$559	\$553	\$537	\$505	\$528	\$537	-3.9

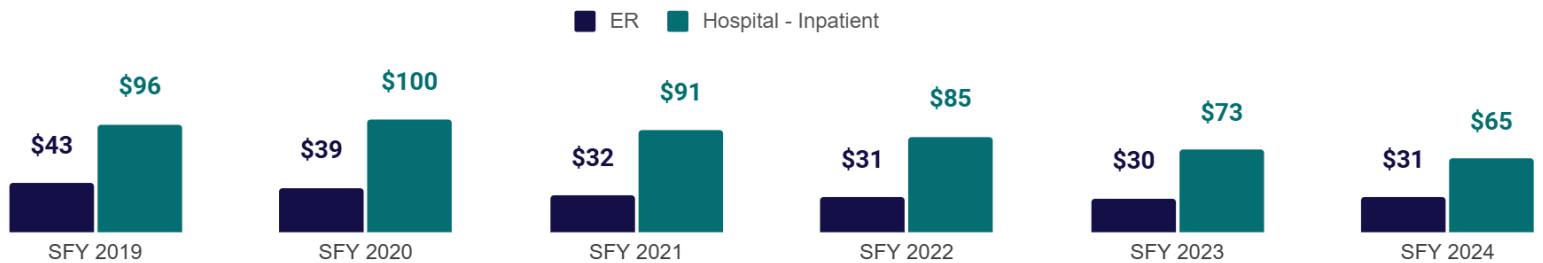


Figure 47. Adults PMPM by Emergency Room and Hospital - Inpatient Services

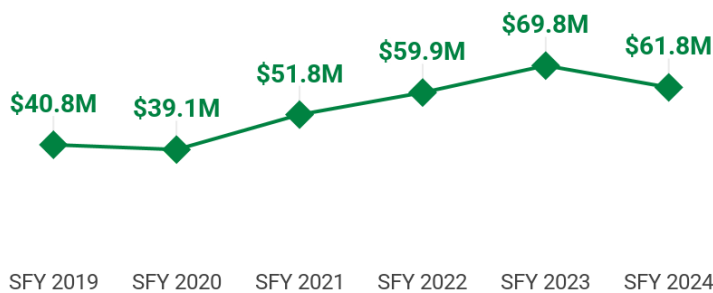


Adults FAMILY CARE ADULTS

EXPENDITURES

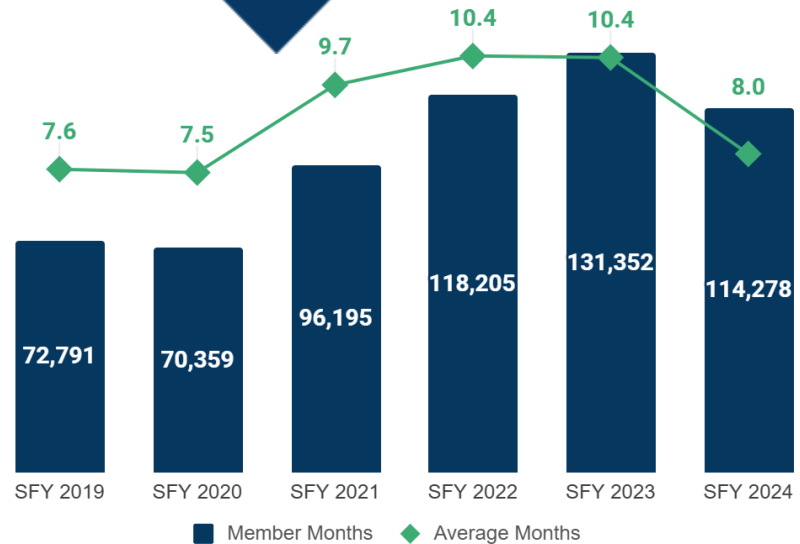
\$61.8 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

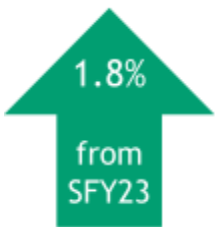
114,278



with an average enrollment length of

8.0 months

14,322 unique individuals
enrolled during the SFY



PER MEMBER PER MONTH

\$541

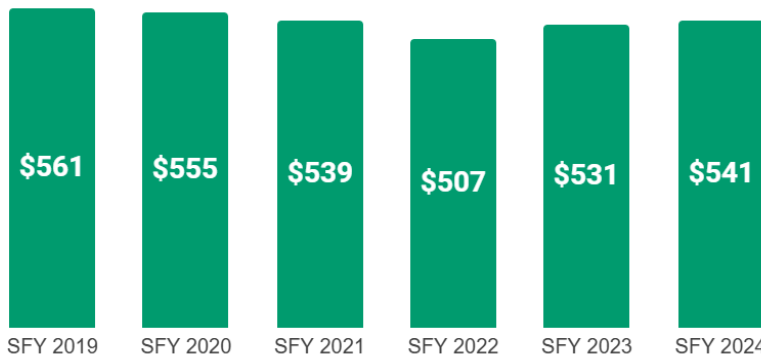


Table 44. Family Care Adults PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$40,829,212	\$39,062,751	\$51,849,569	\$59,911,173	\$69,774,099	\$61,798,939	51.4
Member Months	72,791	70,359	96,195	118,205	131,352	114,278	57.0
PMPM	\$561	\$555	\$539	\$507	\$531	\$541	-3.6



Adults FAMILY CARE ADULTS

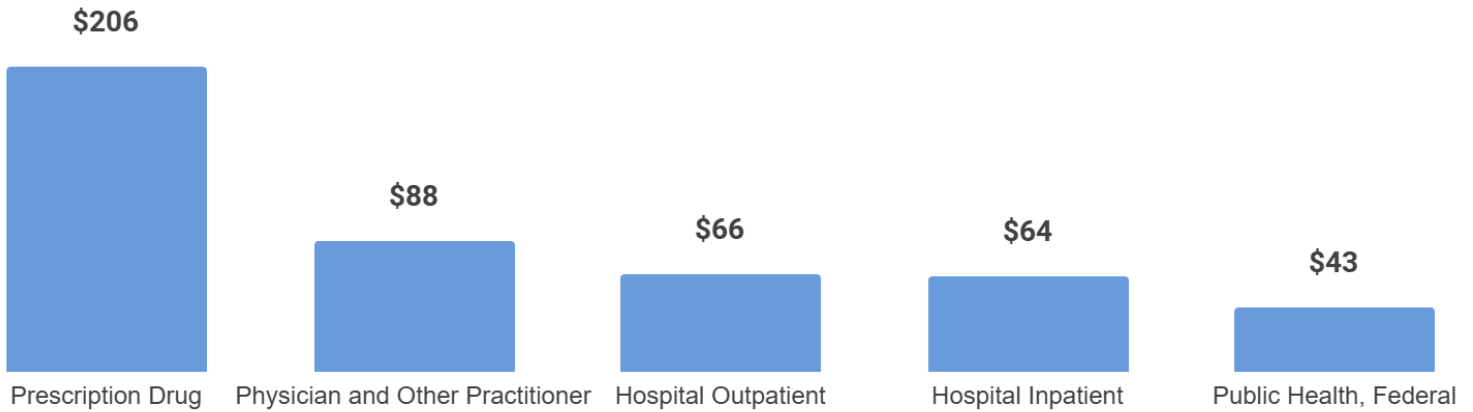


Figure 48. Family Care Adults PMPM by Top 5 Service Area

Table 45. Family Care Adults PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Family-Care Adults	\$61,798,939	-11.4	114,278	-13.0	\$541	1.8



Figure 49. SFY 2024 Family Care Adults PMPM by Service Type

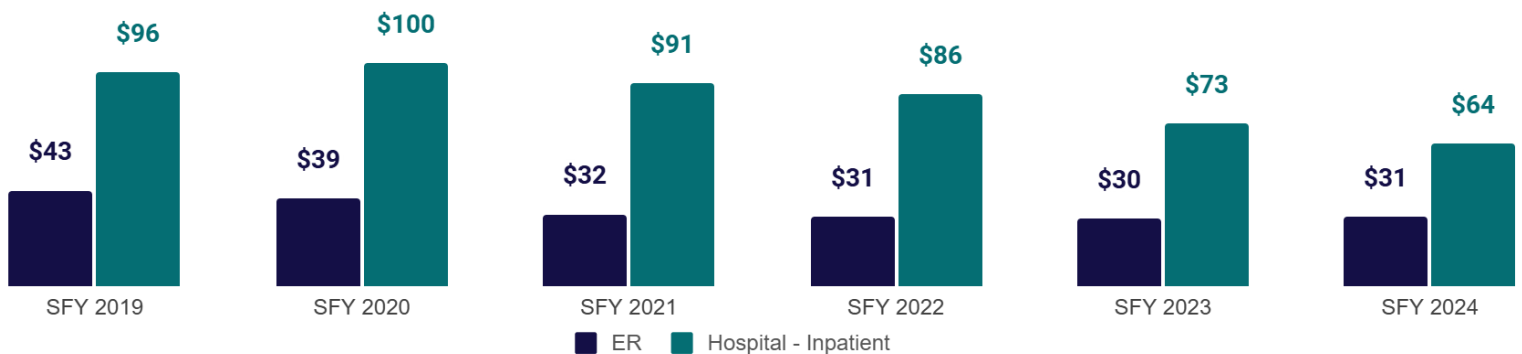


Figure 50. Family Care Adults PMPM by Emergency Room and Hospital - Inpatient Services



Adults FORMER FOSTER CARE

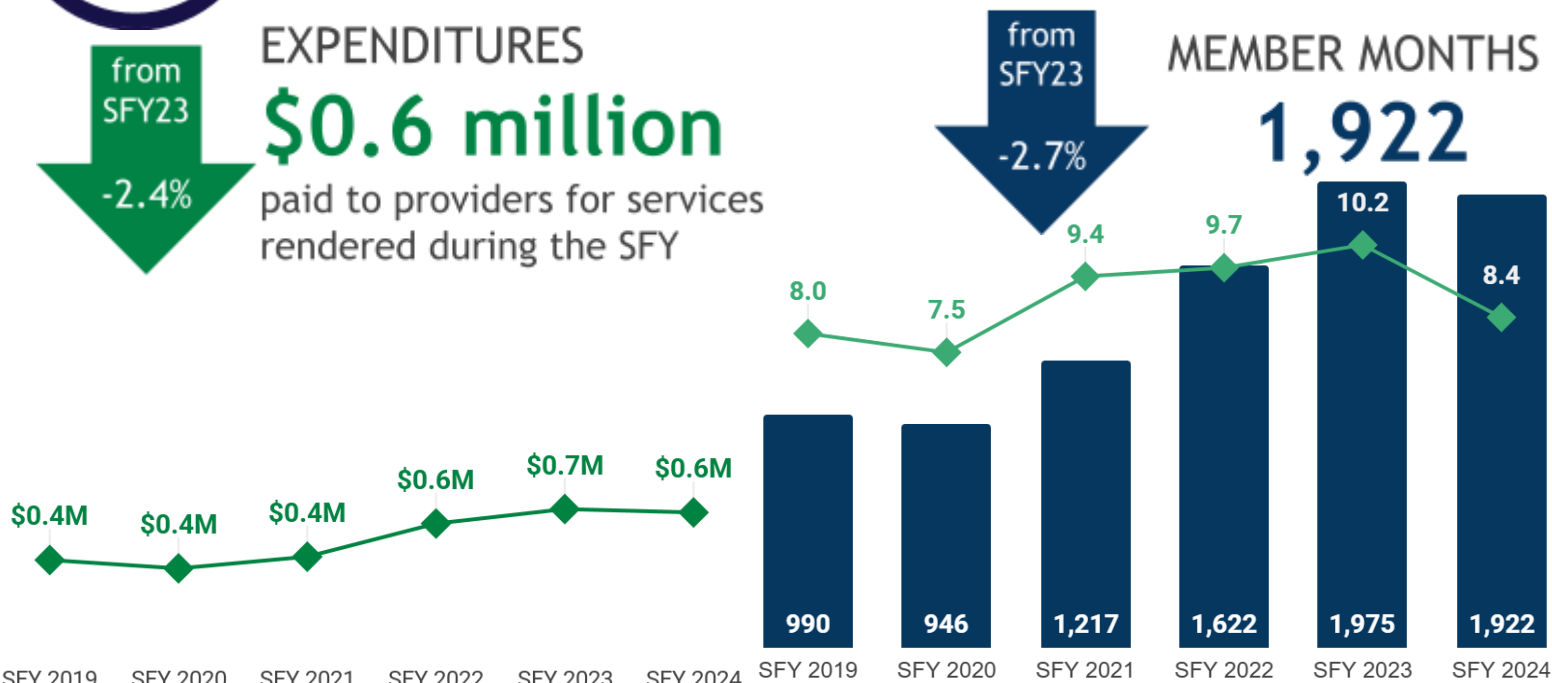
EXPENDITURES

\$0.6 million

paid to providers for services rendered during the SFY

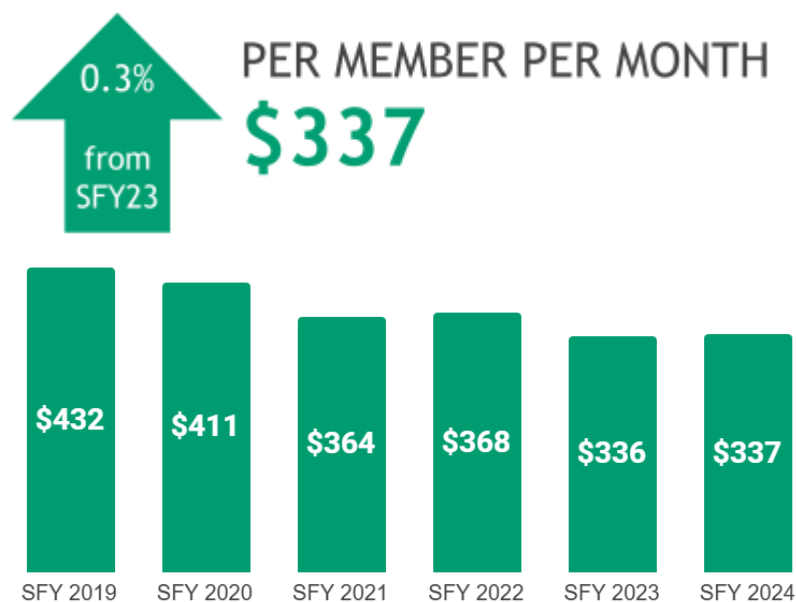
MEMBER MONTHS

1,922



PER MEMBER PER MONTH

\$337



229 unique individuals enrolled during the SFY

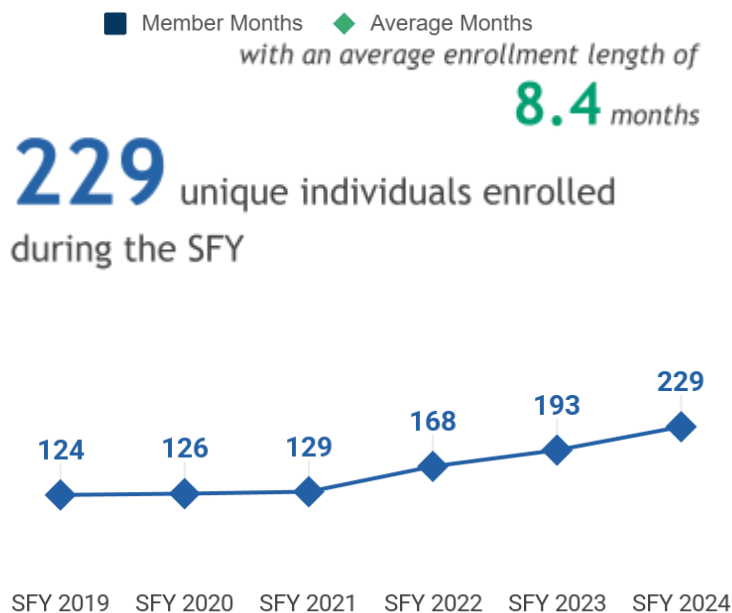


Table 46. Former Foster Care Adults PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$427,712	\$388,819	\$443,082	\$596,713	\$663,733	\$648,057	51.5
Member Months	990	946	1,217	1,622	1,975	1,922	94.1
PMPM	\$432	\$411	\$364	\$368	\$336	\$337	-22.0



Adults FORMER FOSTER CARE

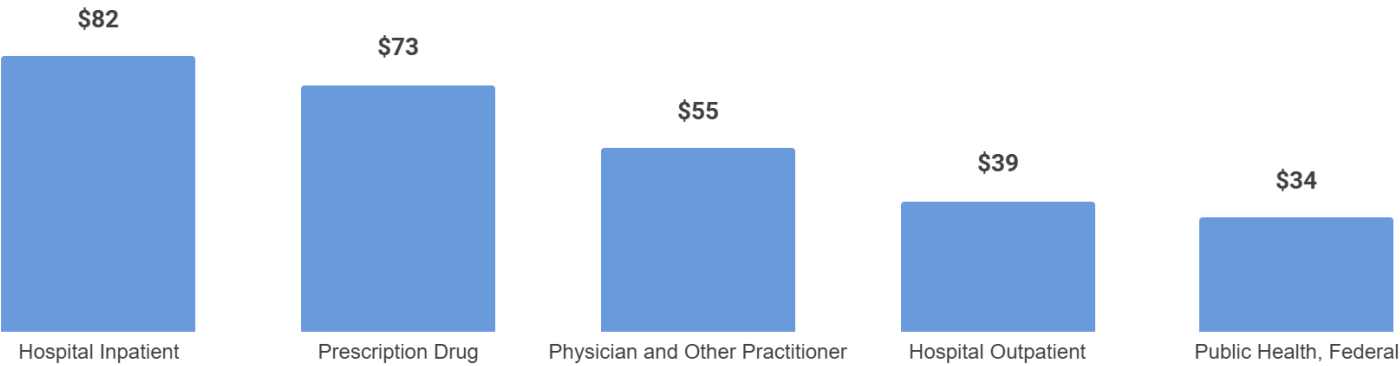


Figure 51. Former Foster Care Adults PMPM by Top 5 Service Area

Table 47. Former Foster Care Adults PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Adults						
Former Foster Care	\$648,057	-2.4	1,922	-2.7	\$337	0.3



Figure 52. SFY 2024 Former Foster Care PMPM by Service Type

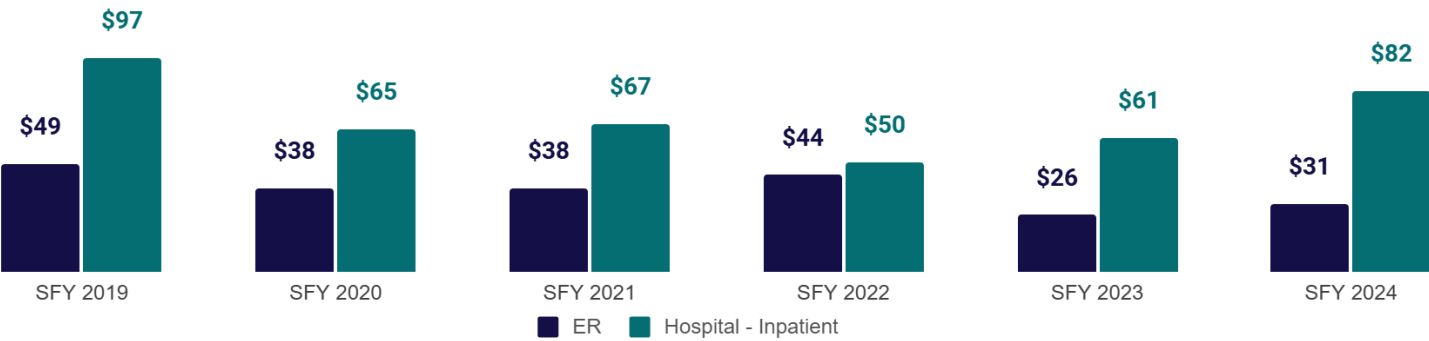


Figure 53. Former Foster Care Adults PMPM by Emergency Room and Hospital - Inpatient Services

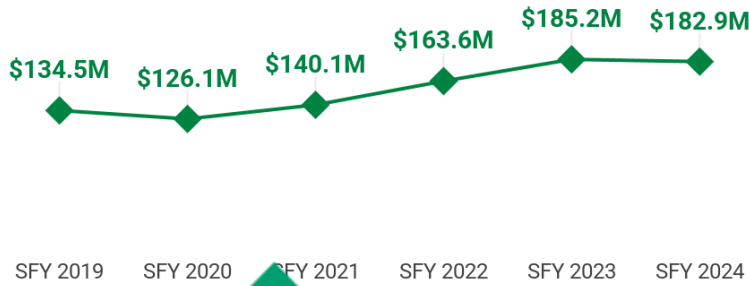


Children CHILDREN - OVERALL

EXPENDITURES

\$182.9 million

paid to providers for services rendered during the SFY



PER MEMBER
PER MONTH
\$314

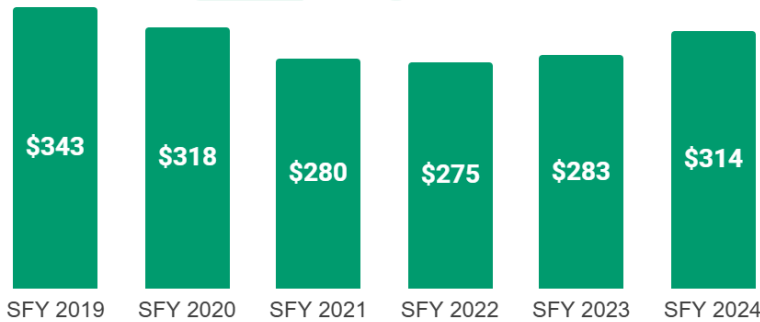
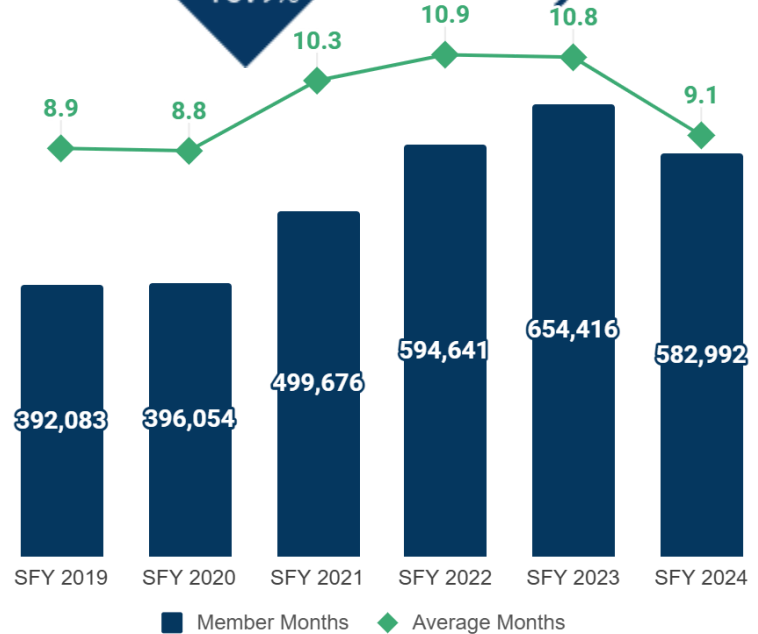


Table 48. Children PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Behavioral Health Care Management Entity	\$3,572,238	-8.1	2,496	-0.7	\$1,431	-7.5
Children	\$118,687,074	0.7	462,140	-10.4	\$257	12.4
Children's Mental Health Waiver	\$555,162	-6.3	1,144	-23.6	\$485	22.6
Foster Care	\$19,114,259	10.0	33,827	-8.9	\$565	20.8
Kid Care CHIP	\$11,905,776	26.5	45,419	-1.0	\$262	27.8
Newborn	\$29,100,114	-19.4	40,462	-25.3	\$719	8.0
Overall	\$182,934,623	-1.2	582,992	-10.9	\$314	10.9

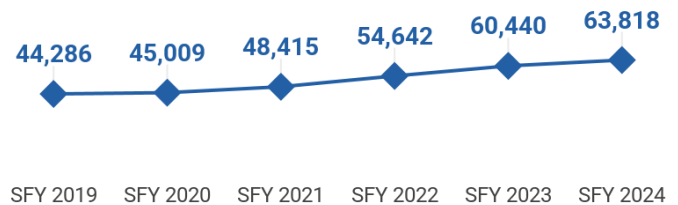
MEMBER MONTHS

582,992



with an average enrollment length of
9.1 months

63,818 unique individuals
enrolled during the SFY





Children CHILDREN OVERALL

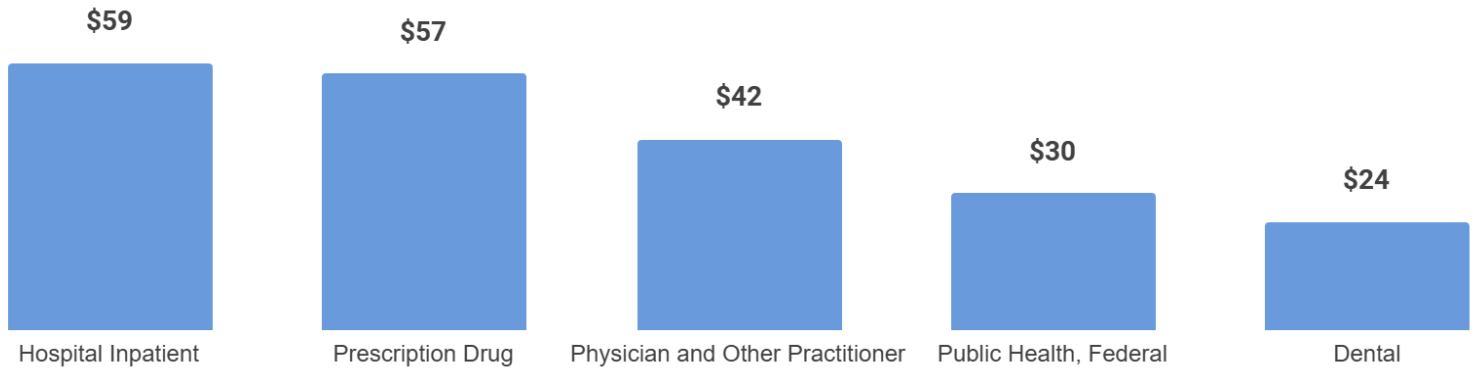


Figure 54. Children PMPM by Top 5 Service Area

Table 49. Children PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Care Management Entity	\$3,115,299	\$3,441,994	\$3,465,391	\$3,185,908	\$3,887,918	\$3,572,238	14.7
Children	\$84,882,846	\$80,093,015	\$86,886,537	\$100,716,460	\$117,818,716	\$118,687,074	39.8
Children's Mental Health Waiver	\$499,798	\$423,027	\$707,330	\$605,720	\$592,465	\$555,162	11.1
Foster Care	\$20,985,717	\$19,385,561	\$17,328,460	\$17,222,258	\$17,375,582	\$19,114,259	-8.9
Kid Care CHIP	\$0	\$1,135	\$5,539,805	\$9,286,786	\$9,413,791	\$11,905,776	100.0
Newborn	\$25,033,422	\$22,752,379	\$26,143,877	\$32,597,960	\$36,089,196	\$29,100,114	16.2
Overall	\$134,517,081	\$126,097,112	\$140,071,399	\$163,615,092	\$185,177,670	\$182,934,624	36.0
Member Months							
Care Management Entity	2,393	2,372	2,479	1,971	2,514	2,496	4.3
Children	327,514	328,343	404,548	470,296	515,713	462,140	41.1
Children's Mental Health Waiver	508	449	860	1,220	1,497	1,144	125.2
Foster Care	26,141	25,610	28,546	35,174	37,131	33,827	29.4
Kid Care CHIP	20,820	28,039	39,684	43,754	45,883	45,419	118.2
Newborn	17,100	13,613	26,038	44,197	54,192	40,462	136.6
Overall	392,083	396,054	499,676	594,641	654,416	582,992	48.7
PMPM							
Care Management Entity	\$1,302	\$1,451	\$1,398	\$1,616	\$1,547	\$1,431	9.9
Children	\$259	\$244	\$215	\$214	\$228	\$257	-0.9
Children's Mental Health Waiver	\$984	\$942	\$822	\$496	\$396	\$485	-50.7
Foster Care	\$803	\$757	\$607	\$490	\$468	\$565	-29.6
Kid Care CHIP	\$0	\$0	\$140	\$212	\$205	\$262	100.0
Newborn	\$1,464	\$1,671	\$1,004	\$738	\$666	\$719	-50.9
Overall	\$343	\$318	\$280	\$275	\$283	\$314	-8.5



Children
CHILDREN OVERALL

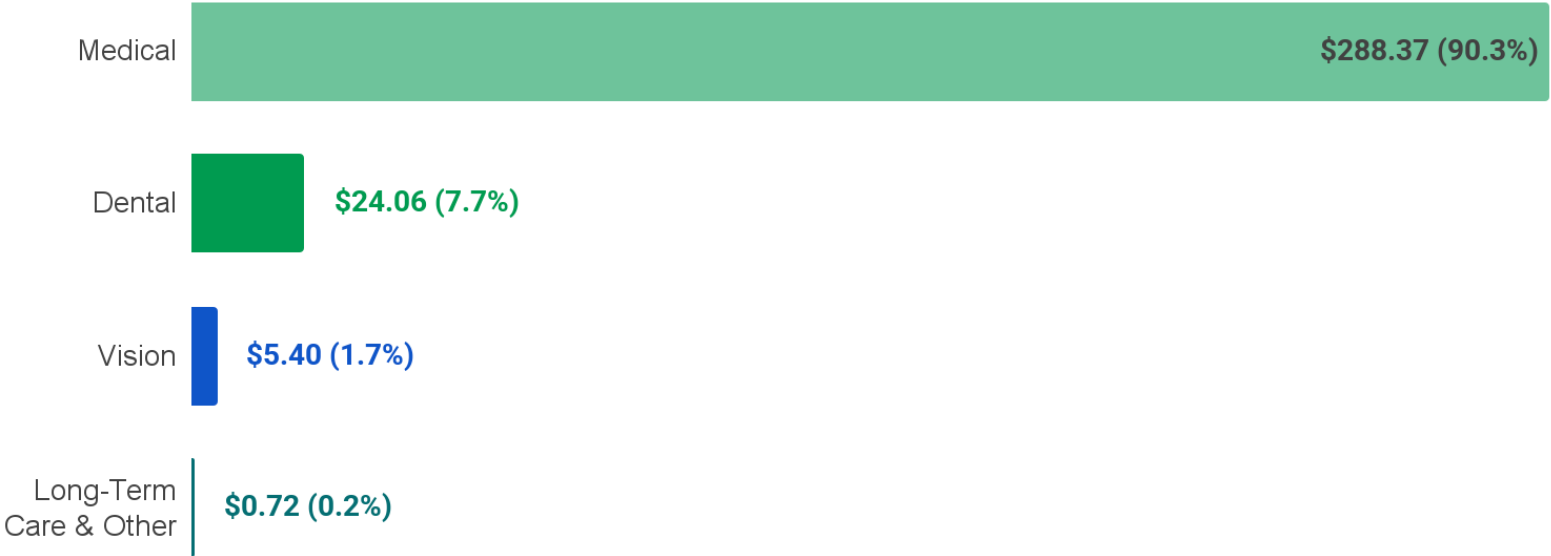


Figure 55. SFY 2024 Children Overall PMPM by Service Type

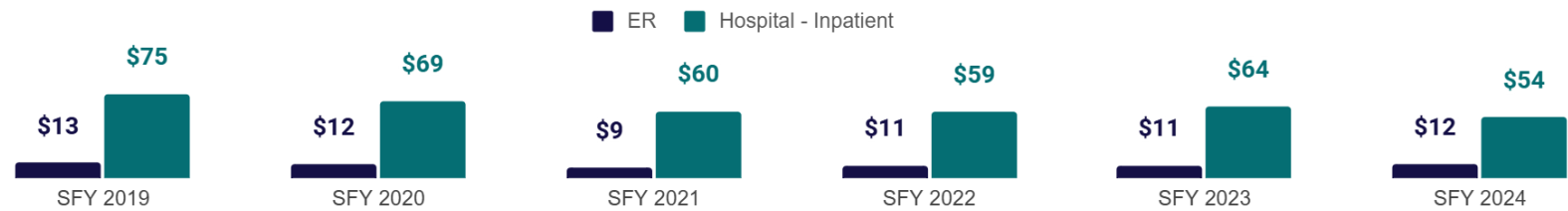


Figure 56. Children Overall PMPM by Emergency Room and Hospital - Inpatient Services



Children CARE MANAGEMENT ENTITY

EXPENDITURES

\$3.6 million

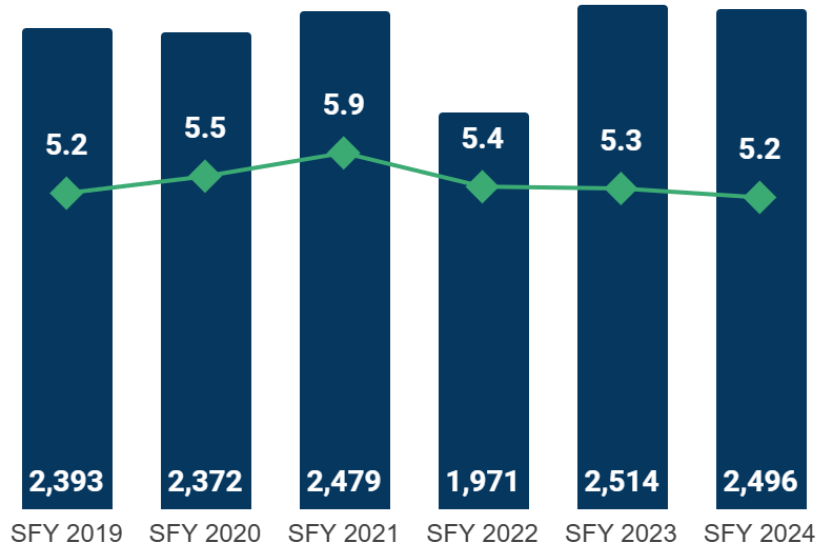
paid to providers for services rendered during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

2,496



Member Months Average Months

with an average enrollment length of

482 unique individuals enrolled during the SFY

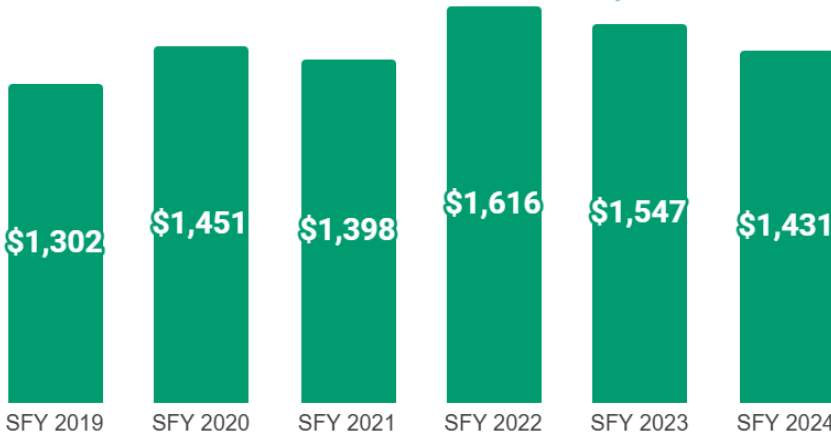
5.2 months



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

PER MEMBER PER MONTH

\$1,431



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Table 50. CME PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$3,115,299	\$3,441,994	\$3,465,391	\$3,185,908	\$3,887,918	\$3,572,238	14.7
Member Months	2,393	2,372	2,479	1,971	2,514	2,496	4.3
PMPM	\$1,302	\$1,451	\$1,398	\$1,616	\$1,547	\$1,431	9.9



Children CARE MANAGEMENT ENTITY

Care Management Entity uses a High Fidelity wrap-around model to support youth and their families with complex behavioral health conditions. The children enrolled in this eligibility subgroup have primary enrollment in another Medicaid or state-funded program. All CME claims are Medical and do not cover other types of service.

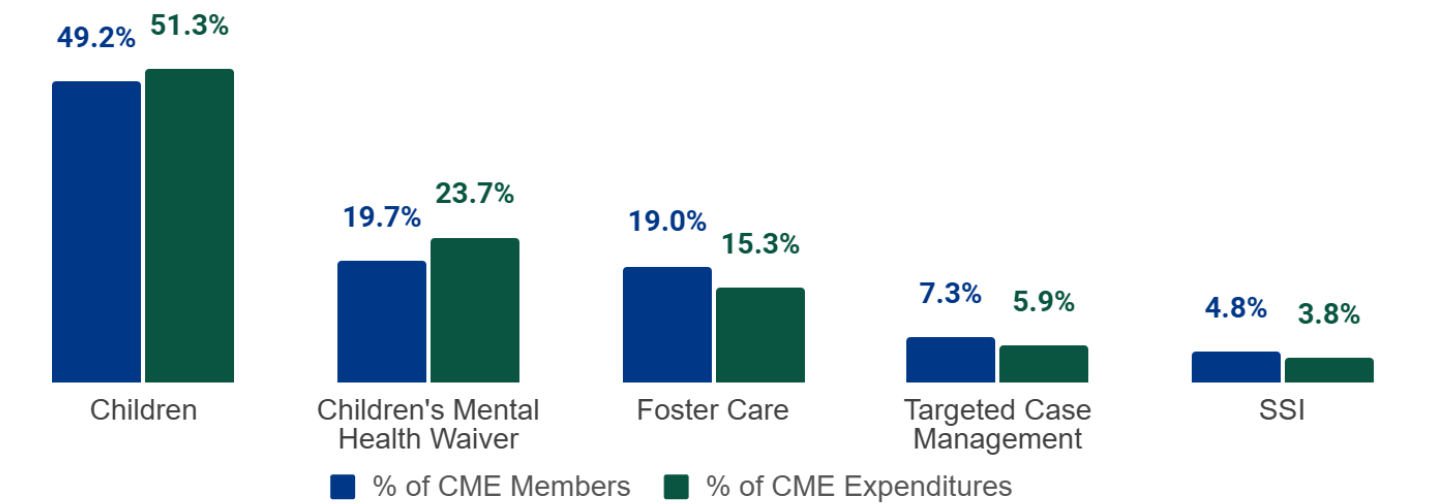


Figure 57. Percentage of CME Members and Expenditures by Primary Subgroup ~ SFY 2024

Table 51. CME PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity	\$3,572,238	-8.1	2,496	-0.7	\$1,431	-7.5



Figure 58. CME PMPM by Emergency Room Services



Children CHILDREN

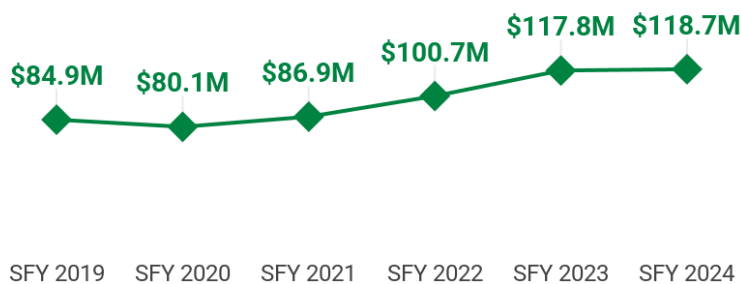
EXPENDITURES

0.7%

from
SFY23

\$118.7 million

paid to providers for services rendered during the SFY

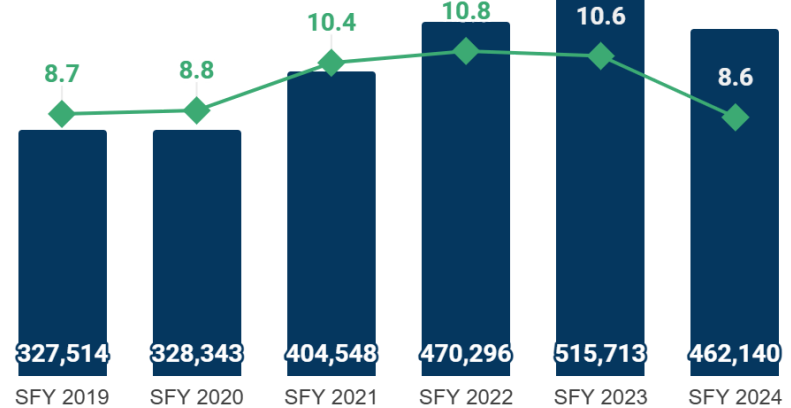


MEMBER MONTHS

462,140

from
SFY23
-10.4%

Member Months (dark blue bar) Average Months (green line with diamond)



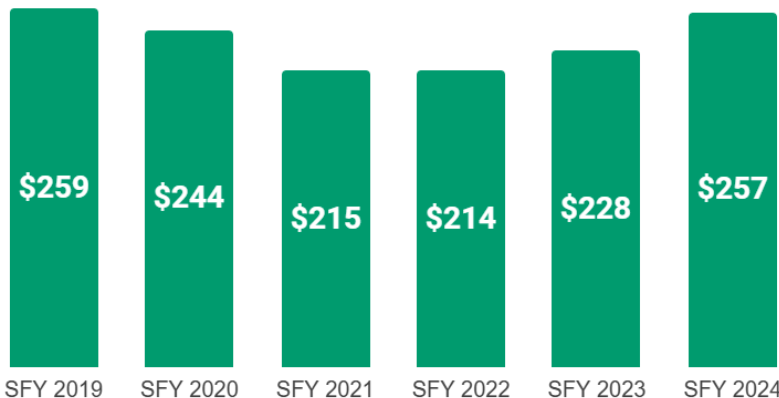
with an average enrollment length of
8.6 months

PER MEMBER PER MONTH

0.3%

from
SFY23

\$257



53,737

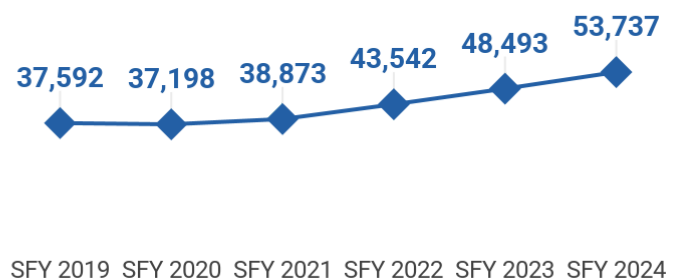
 unique individuals enrolled during the SFY

Table 52. Children PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$84,882,846	\$80,093,015	\$86,886,537	\$100,716,460	\$117,818,716	\$118,687,074	39.8
Member Months	327,514	328,343	404,548	470,296	515,713	462,140	41.1
PMPM	\$259	\$244	\$215	\$214	\$228	\$257	-0.9



Children CHILDREN

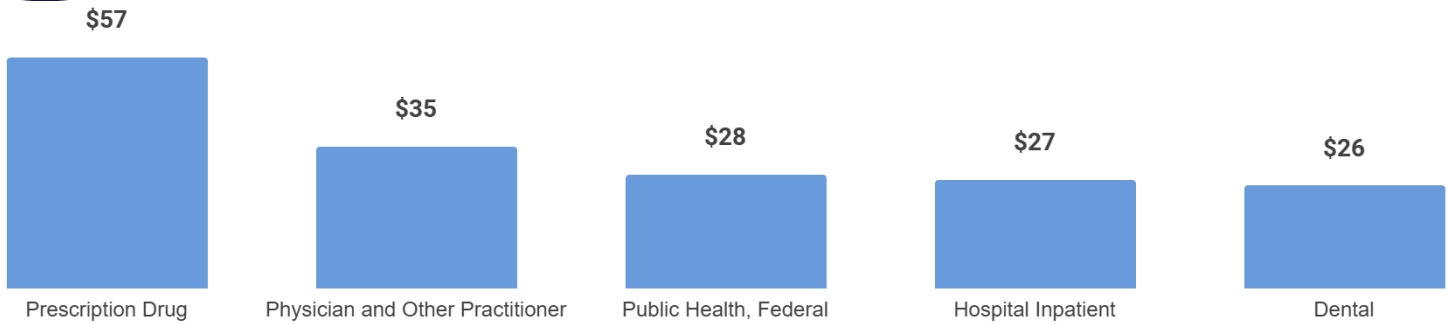


Figure 59. Children PMPM by Top 5 Service Area

Table 53. Children PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Children	\$118,687,074	0.7	462,140	-10.4	\$257	12.4

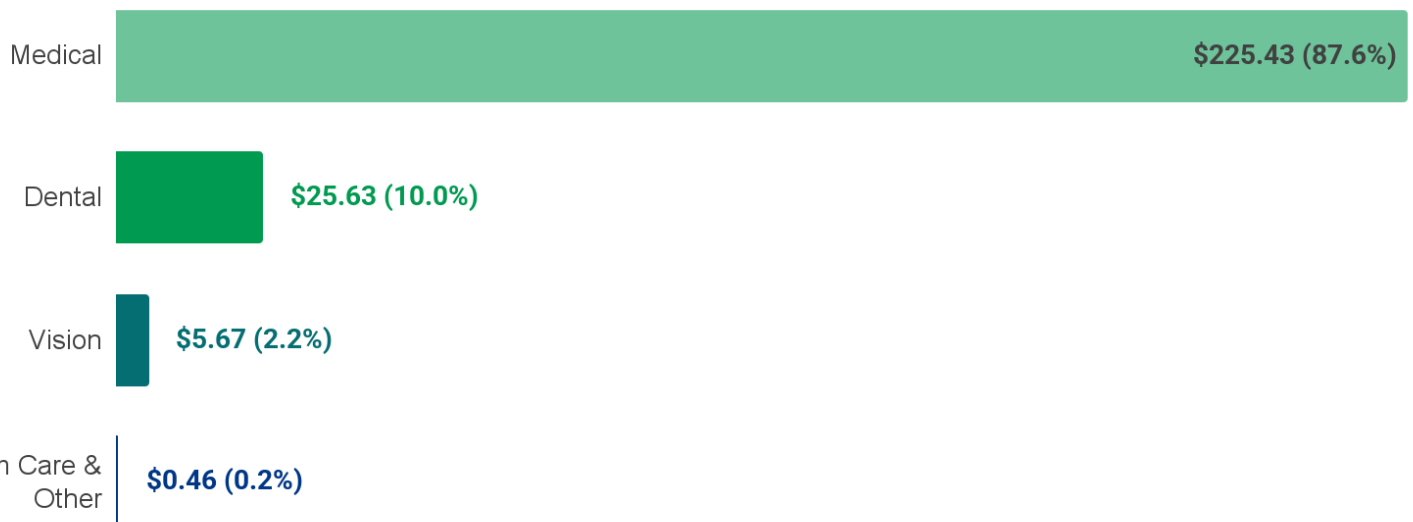


Figure 60. SFY 2024 Children PMPM by Service Type

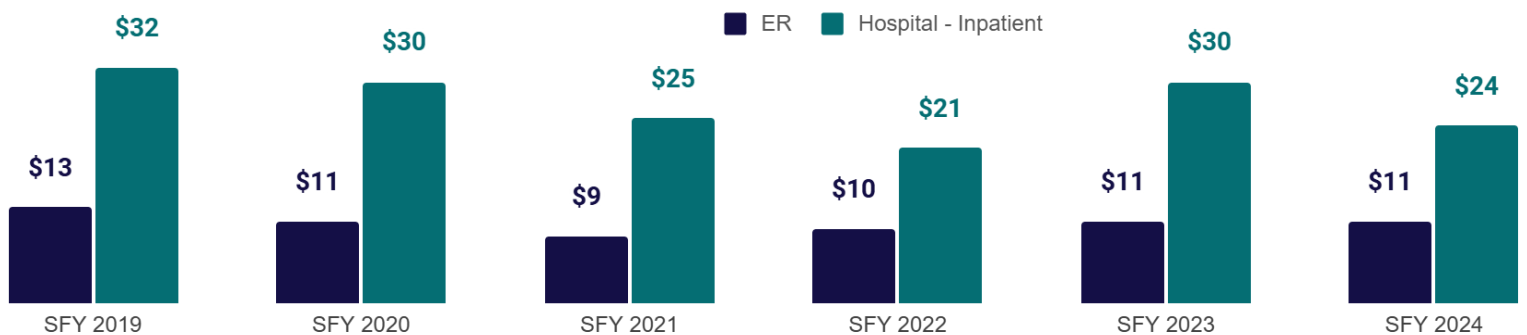


Figure 61. Children PMPM by Emergency Room and Hospital - Inpatient Services



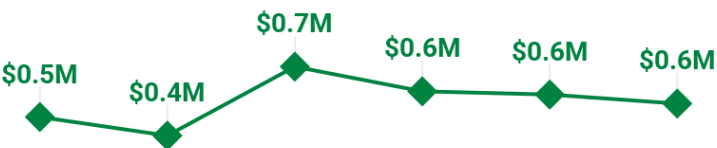
Children

CHILDREN'S MENTAL HEALTH WAIVER

EXPENDITURES

\$0.6 million

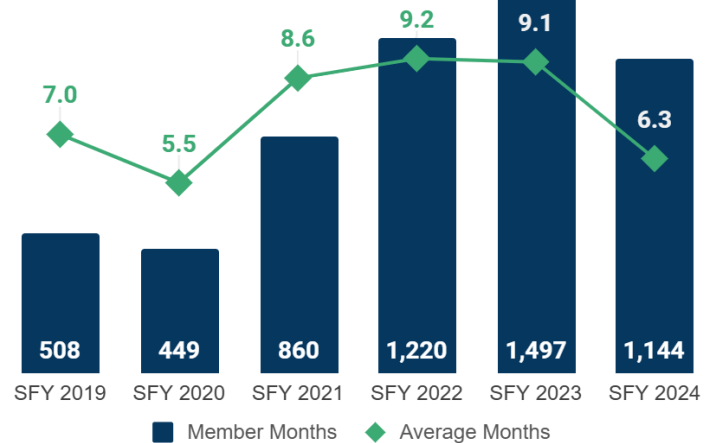
paid to providers for services rendered during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

1,144



with an average enrollment length of

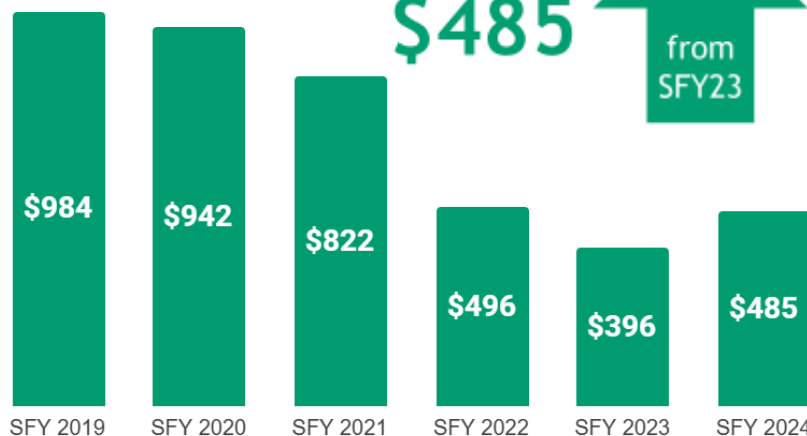
6.3 months

PER MEMBER PER MONTH

\$485

22.6%

from SFY23



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

183 unique individuals enrolled during the SFY



Table 54. Children's Mental Health Waiver PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$499,798	\$423,027	\$707,330	\$605,720	\$592,465	\$555,162	11.1
Member Months	508	449	860	1,220	1,497	1,144	125.2
PMPM	\$984	\$942	\$822	\$496	\$396	\$485	-50.7



Children CHILDREN'S MENTAL HEALTH WAIVER

\$191

\$89

\$46

\$45

\$30

Psychiatric Residential Treatment Facility

Behavioral Health

Prescription Drug

Physician and Other Practitioner

Hospital Inpatient

Figure 62. Children's Mental Health Waiver PMPM by Top 5 Service Area

Table 55. Children's Mental Health Waiver PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
CMHW	\$555,162	-6.3	1,144	-23.6	\$485	22.6

Medical

\$446.64 (92.1%)

Dental

\$25.94 (5.3%)

Vision &
Other

\$12.34 (2.5%)

Figure 63. SFY 2024 Children's Mental Health Waiver PMPM by Service Type

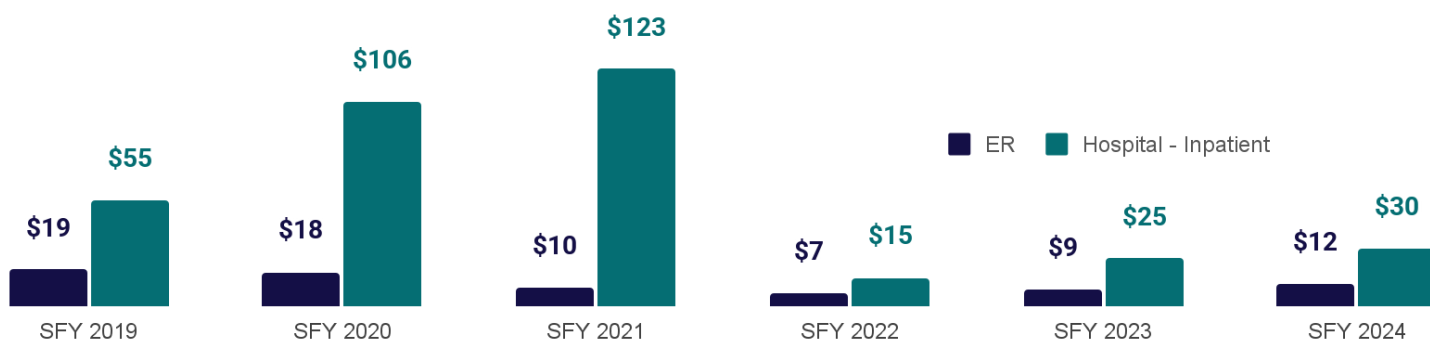


Figure 64. Children's Mental Health Waiver PMPM by Emergency Room and Hospital - Inpatient Services



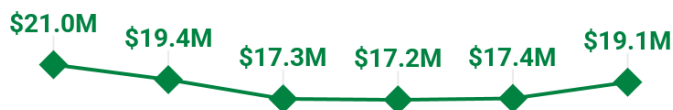
Children FOSTER CARE

EXPENDITURES



\$19.1 million

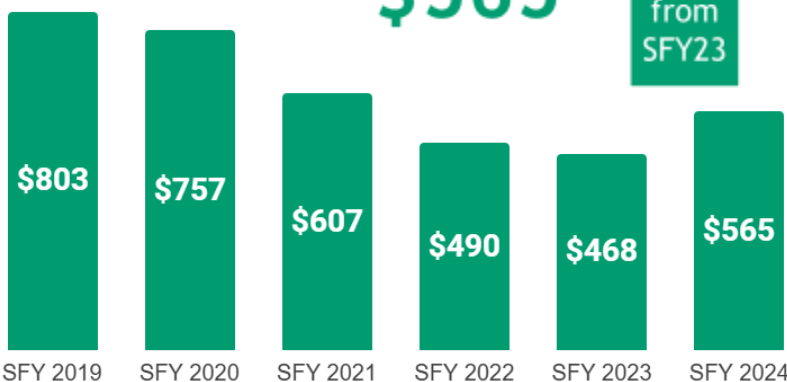
paid to providers for services rendered during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

PER MEMBER PER MONTH

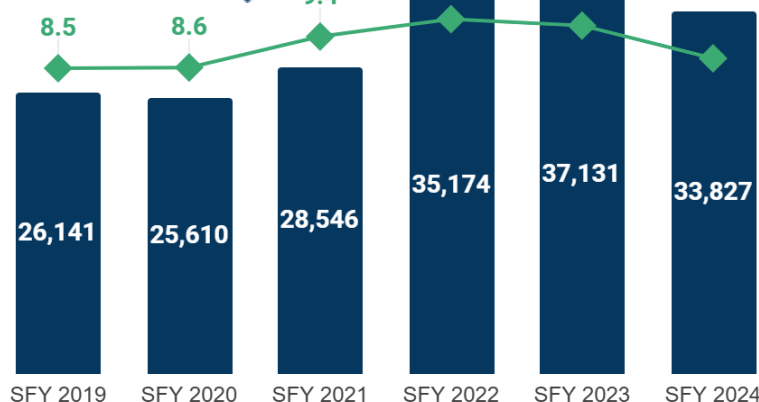
\$565



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

33,827



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Member Months Average Months

with an average enrollment length of

8.8 months

3,839 unique individuals enrolled during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Table 56. Foster Care PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$20,985,717	\$19,385,561	\$17,328,460	\$17,222,258	\$17,375,582	\$19,114,259	-8.9
Member Months	26,141	25,610	28,546	35,174	37,131	33,827	29.4
PMPM	\$803	\$757	\$607	\$490	\$468	\$565	-29.6



Children FOSTER CARE

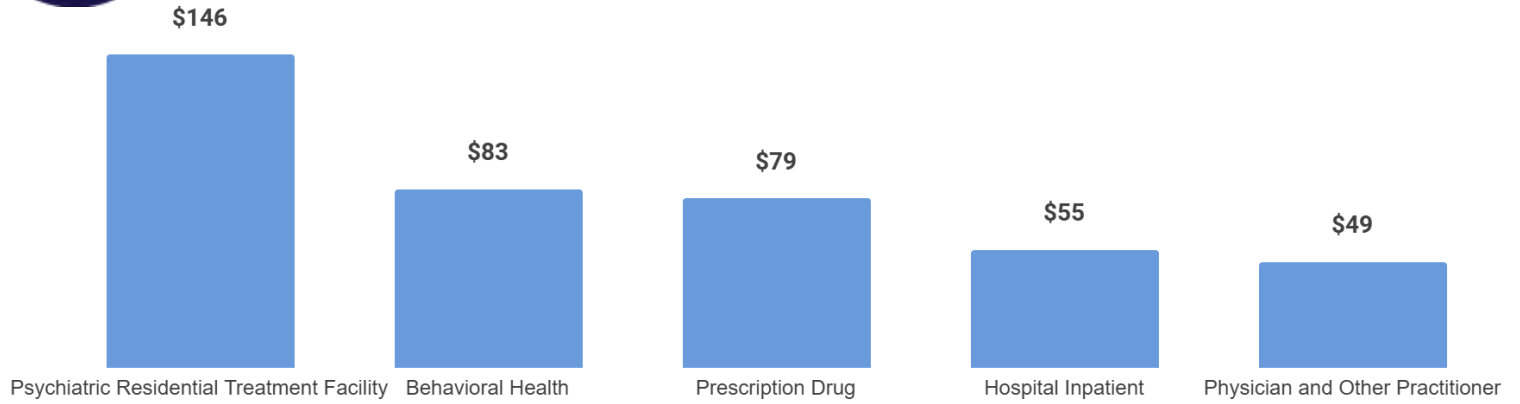


Figure 65. Foster Care PMPM by Top 5 Service Area

Table 57. Foster Care PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Foster Care	\$19,114,259	10.0	33,827	-8.9	\$565	20.8

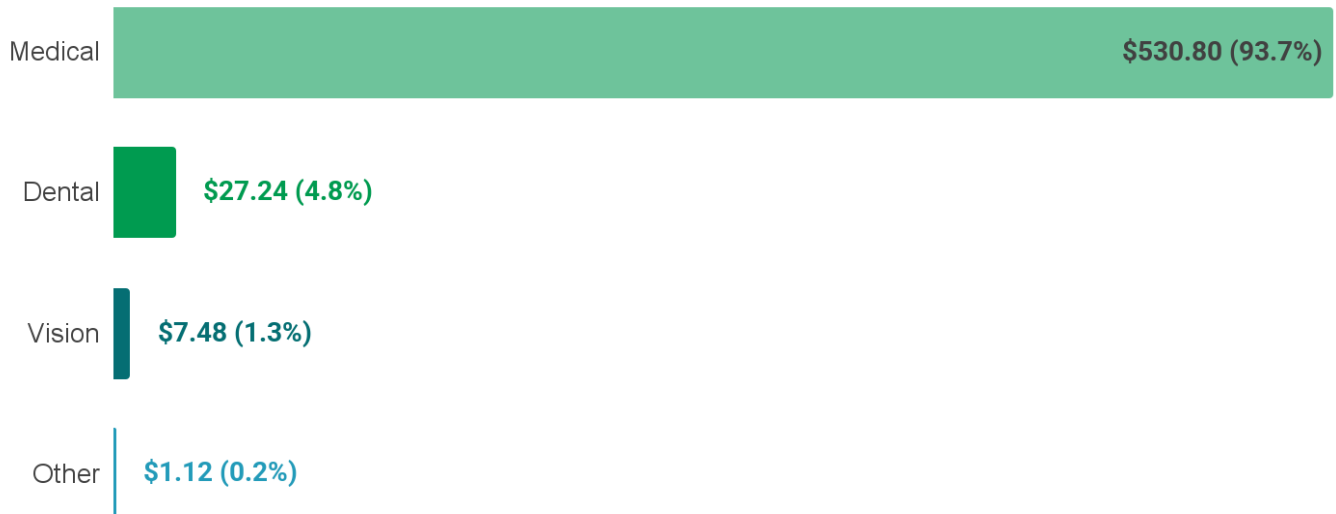


Figure 66. SFY 2024 Foster Care PMPM by Service Type

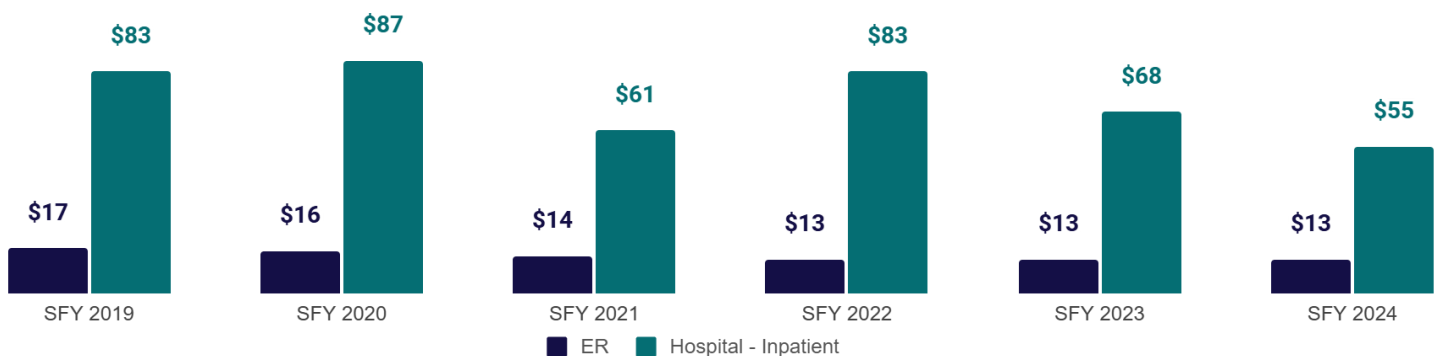


Figure 67. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services



Children

CHILDREN'S HEALTH INSURANCE PROGRAM

EXPENDITURES

\$11.9 million

paid to providers for services rendered during the SFY

26.5%

from
SFY23

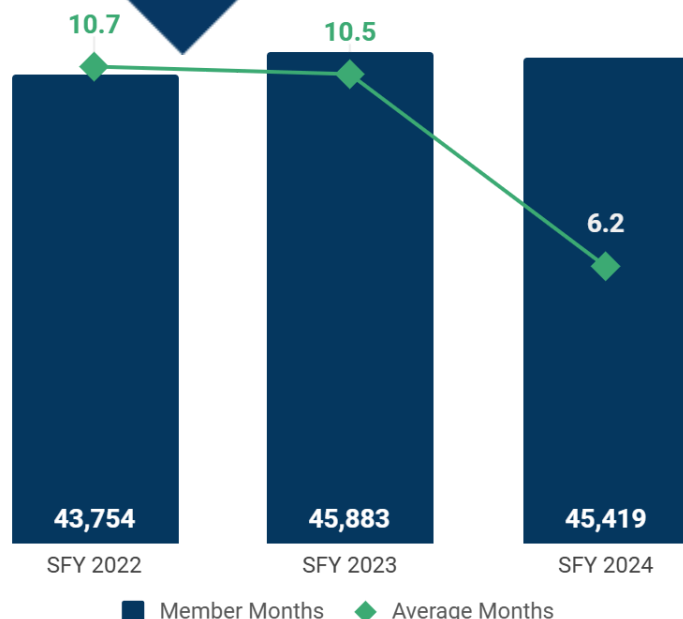


MEMBER MONTHS

45,419

from
SFY23

-1.0%



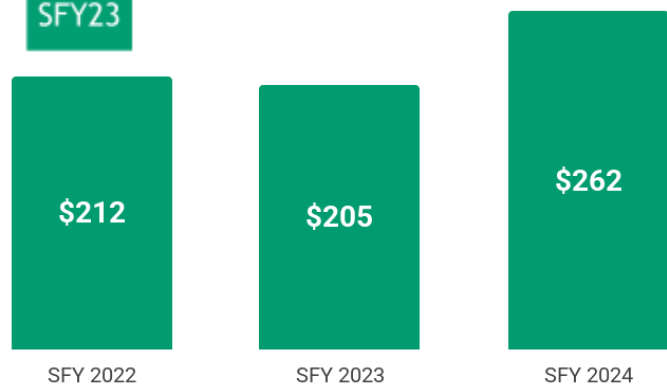
with an average enrollment length of
6.2 months

PER MEMBER PER MONTH

\$262

20.8%

from
SFY23



7,307 unique individuals
enrolled during the SFY



Table 58. CHIP PMPM History

Eligibility Group / Subgroup	SFY 2022	SFY 2023	SFY 2024	3 Year % Change
Expenditures	\$9,286,786	\$9,413,791	\$11,905,776	28.2
Member Months	43,754	45,883	45,419	3.8
PMPM	\$212	\$205	\$262	23.5



Children CHILDREN'S HEALTH INSURANCE PROGRAM

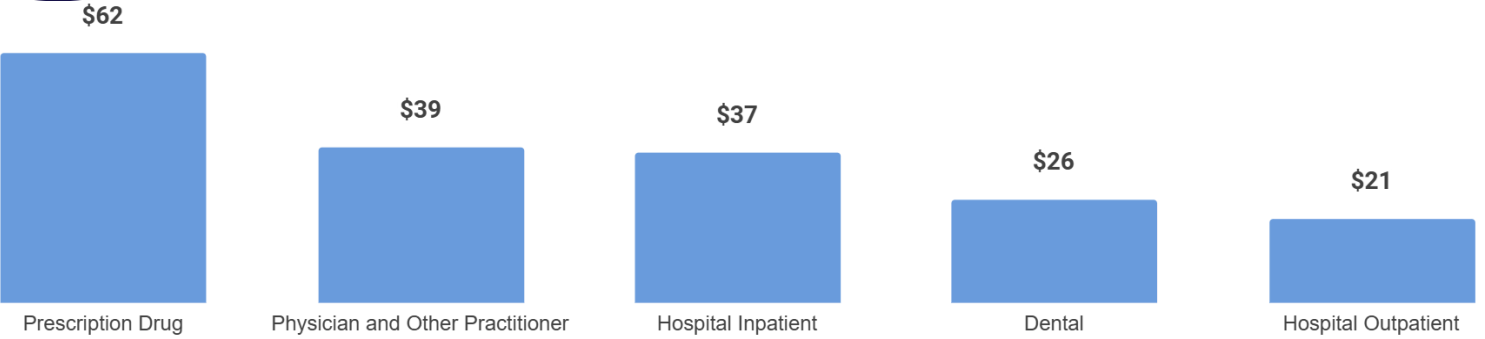


Figure 68. CHIP PMPM by Top 5 Service Area

Table 59. CHIP PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
CHIP	\$11,905,776	26.5	45,419	-1.0	\$262	27.8

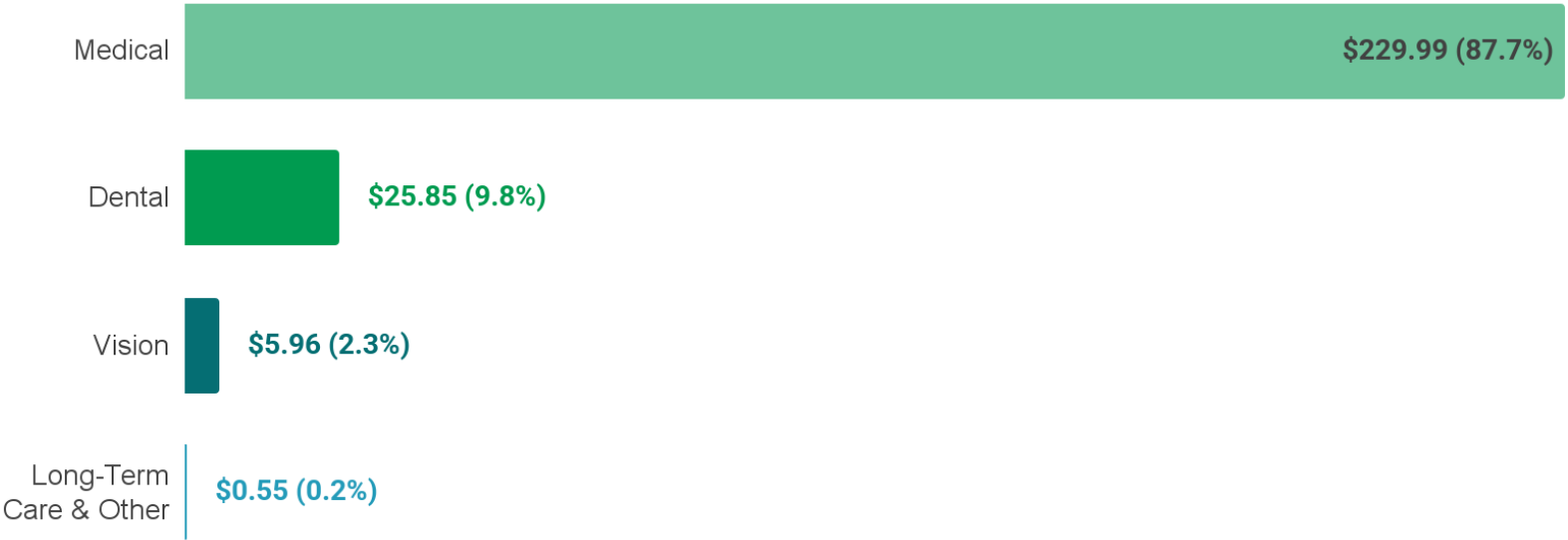


Figure 69. SFY 2024 CHIP PMPM by Service Type

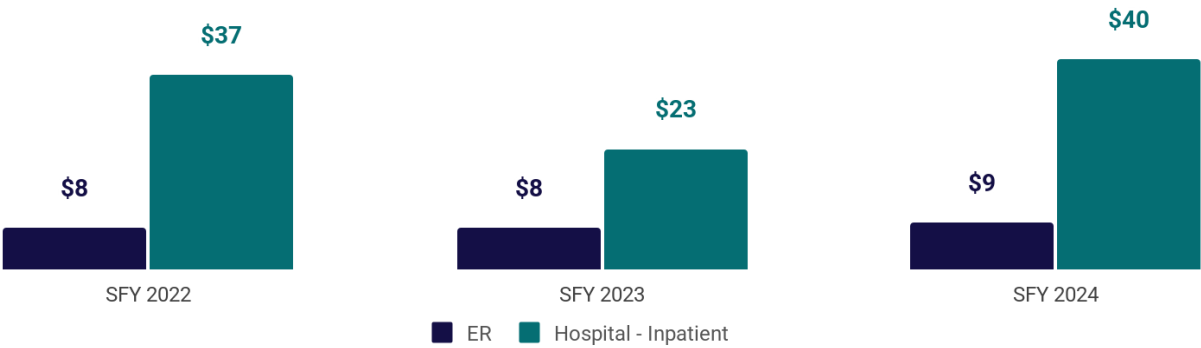


Figure 70. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services

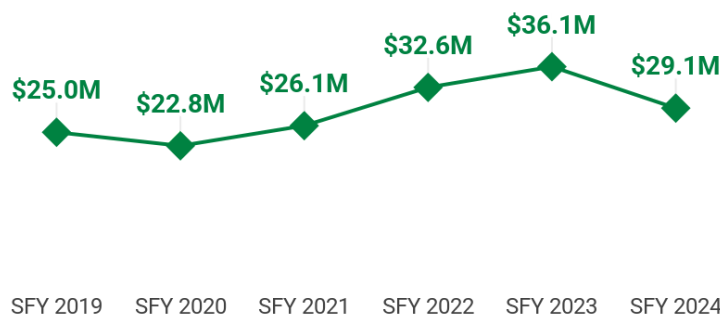


Children NEWBORN

EXPENDITURES

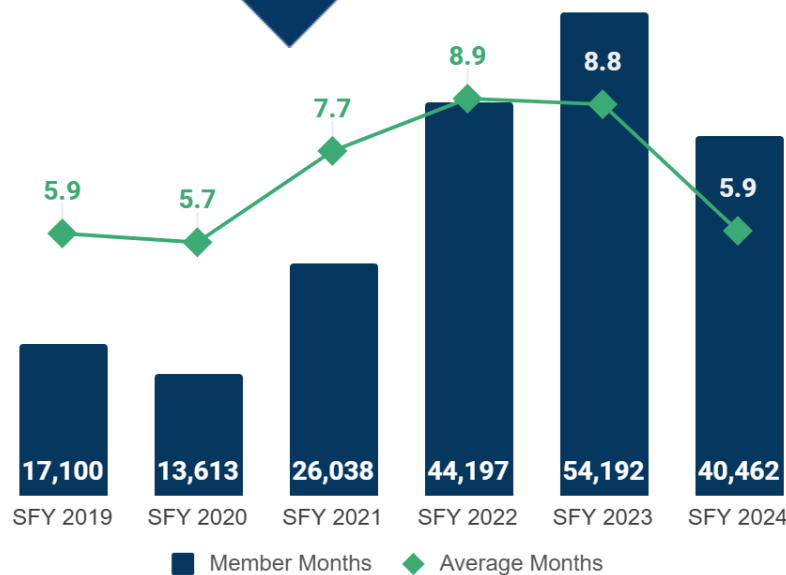
\$29.1 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

40,462



PER MEMBER PER MONTH

\$719

20.8%

from SFY23

with an average enrollment length of **5.9 months**

6,805 unique individuals enrolled during the SFY

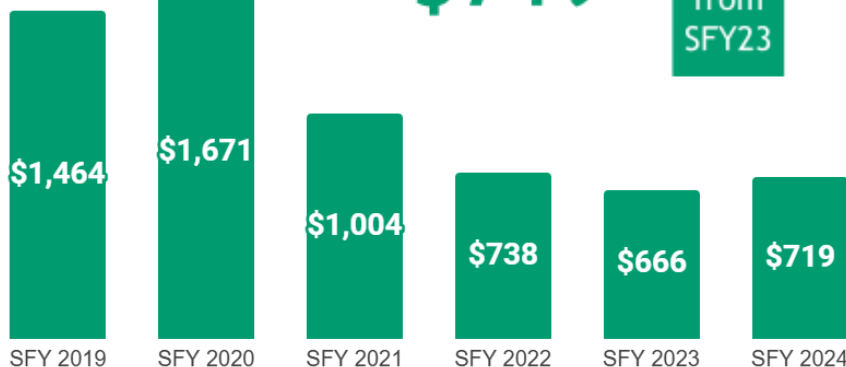


Table 60. Newborn PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$25,033,422	\$22,752,379	\$26,143,877	\$32,597,960	\$36,089,196	\$29,100,114	16.2
Member Months	17,100	13,613	26,038	44,197	54,192	40,462	136.6
PMPM	\$1,464	\$1,671	\$1,004	\$738	\$666	\$719	-50.9



Children NEWBORN

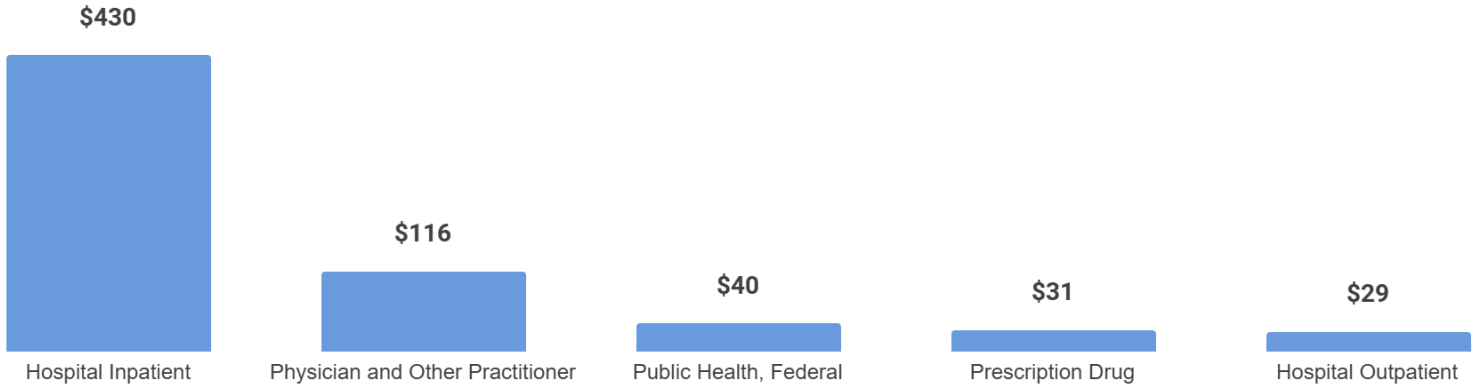


Figure 71. Newborn PMPM by Top 5 Service Area

Table 61. Newborn PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Newborn	\$29,100,114	-19.4	40,462	-25.3	\$719	8.0



Figure 72. SFY 2024 Newborn PMPM by Service Type

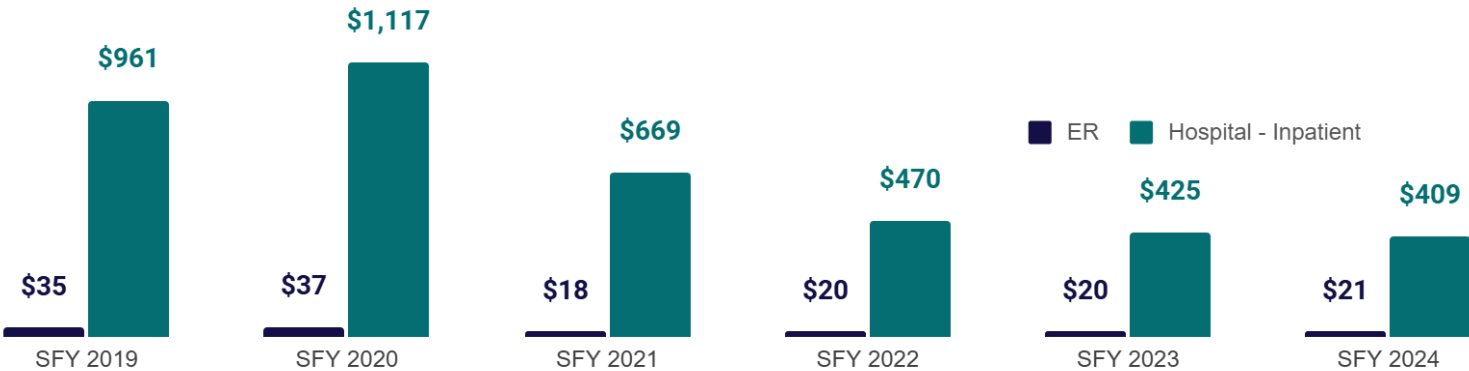


Figure 73. Newborn PMPM by Emergency Room and Hospital - Inpatient Services



Medicare Savings Program

MEDICARE SAVINGS PROGRAM OVERALL

EXPENDITURES

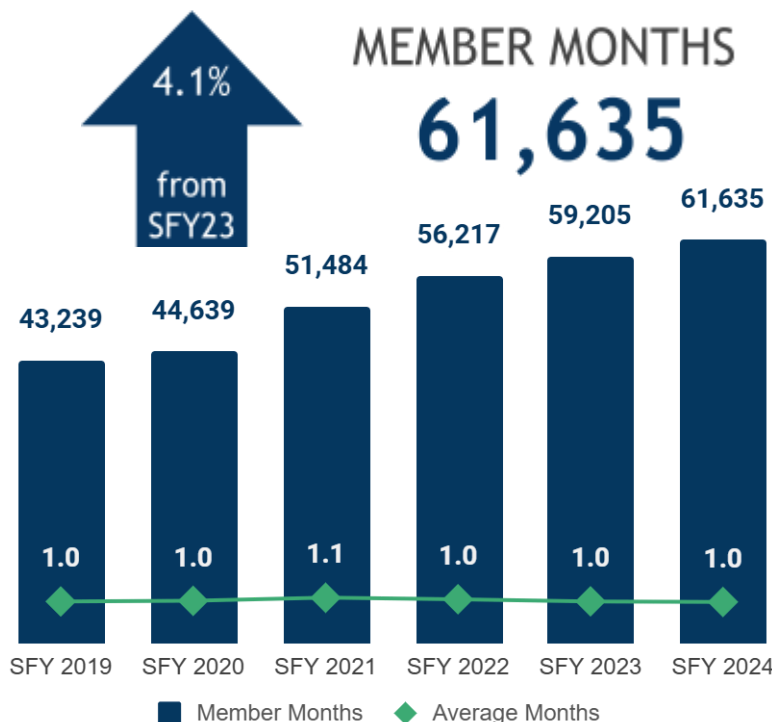
\$1.9 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

61,635



with an average enrollment length of

1.0 months

SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

PER MEMBER PER MONTH

\$30

from SFY23

-17.2%

63,818 unique individuals enrolled during the SFY

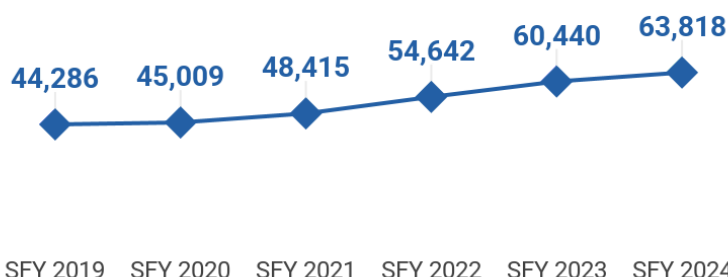
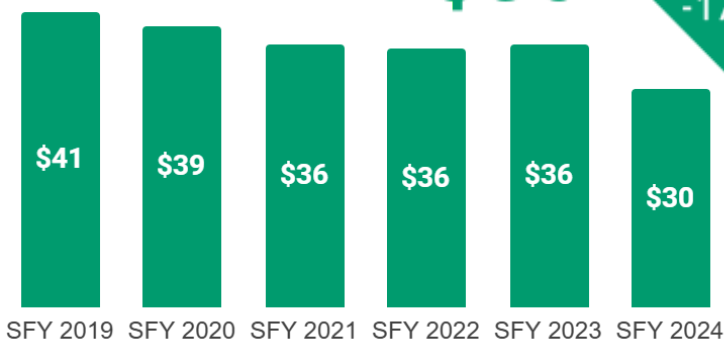


Table 62. Medicare Savings Program PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Program						
Part A - Premiums Only	\$0	--	10	900.0	\$0	--
Qualified Medicare Beneficiary	\$1,852,299	-13.7	34,711	2.5	\$53	-15.8
Specified Low Income Medicare Beneficiary	\$0	-100.0	26,914	6.3	\$0	-100.0
Overall	\$1,852,299	-13.8	61,625	4.1	\$30	-17.1



Medicare Savings Program MEDICARE SAVINGS PROGRAM OVERALL

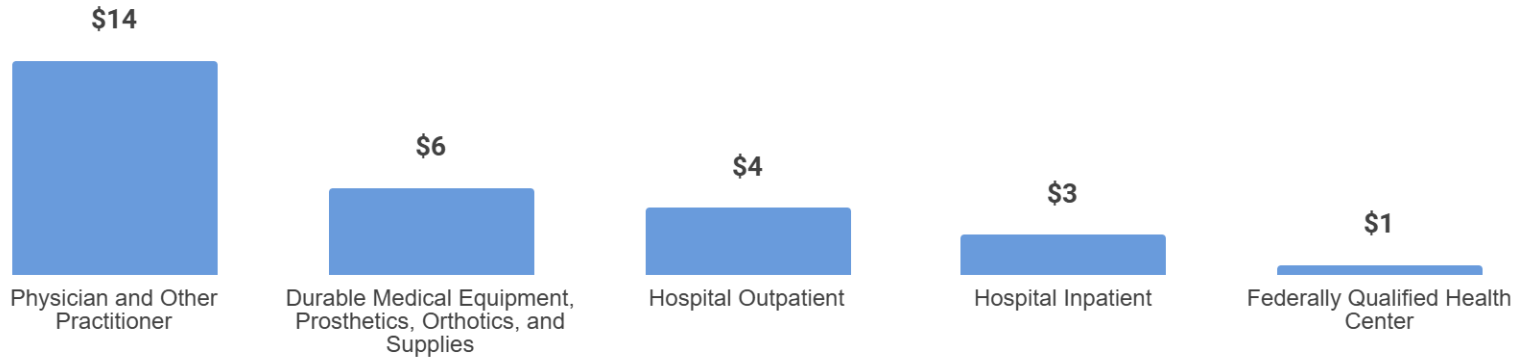


Figure 74. Medicare Savings Program PMPM by Top 5 Service Area

Table 63. Medicare Savings Program PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Part A - Premiums Only	\$0	\$0	\$0	\$0	\$0	\$0	--
Qualified Medicare Beneficiary	\$1,752,410	\$1,719,723	\$1,854,998	\$2,000,506	\$2,147,433	\$1,852,299	5.7
Specified Low Income Medicare Beneficiary	\$18,409	\$19,795	\$13,055	\$3,374	\$329	\$0	-100.0
Overall	\$1,770,819	\$1,739,518	\$1,868,053	\$2,003,880	\$2,147,762	\$1,852,299	4.6
Member Months							
Part A - Premiums Only	0	1	0	1	1	10	--
Qualified Medicare Beneficiary	25,559	26,067	29,813	32,064	33,874	34,711	35.8
Specified Low Income Medicare Beneficiary	17,680	18,571	21,671	24,152	25,330	26,914	52.2
Overall	43,239	44,639	51,484	56,217	59,205	61,635	42.5
PMPM							
Part A - Premiums Only	\$0	\$0	\$0	\$0	\$0	\$0	--
Qualified Medicare Beneficiary	\$69	\$66	\$62	\$62	\$63	\$53	-22.2
Specified Low Income Medicare Beneficiary	\$1	\$1	\$1	\$0	\$0	\$0	-100.0
Overall	\$41	\$39	\$36	\$36	\$36	\$30	-26.6

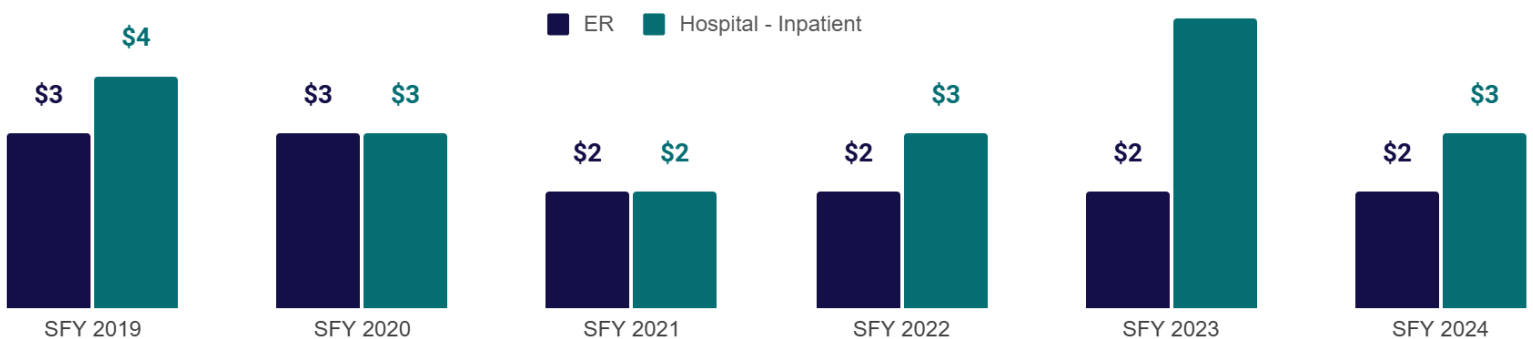


Figure 75. Medicare Savings Program PMPM by Emergency Room and Hospital - Inpatient Services



Medicare Savings Program

QUALIFIED MEDICARE BENEFICIARY

EXPENDITURES

\$1.9 million

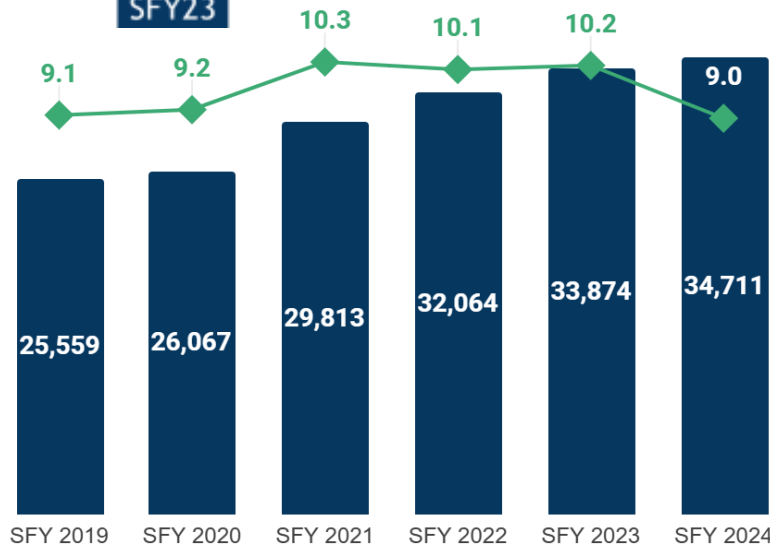
paid to providers for services rendered during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS

34,711



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Member Months Average Months

with an average enrollment length of

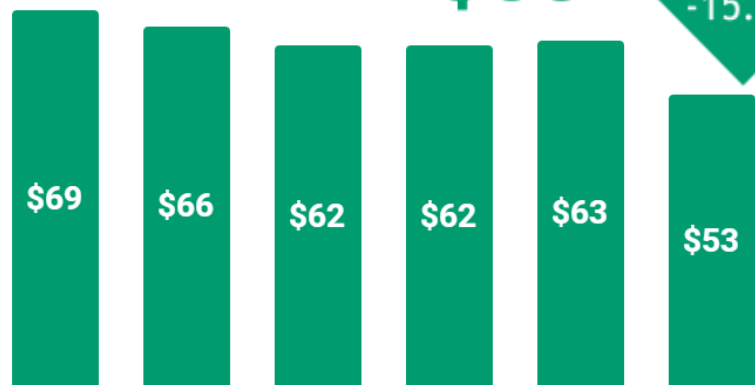
9.0 months

PER MEMBER PER MONTH

\$53

from SFY23

-15.8%



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

3,841 unique individuals enrolled during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

Table 64. Qualified Medicare Beneficiary Program PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$1,752,410	\$1,719,723	\$1,854,998	\$2,000,506	\$2,147,433	\$1,852,299	5.7
Member Months	25,559	26,067	29,813	32,064	33,874	34,711	35.8
PMPM	\$69	\$66	\$62	\$62	\$63	\$53	-22.2



Medicare Savings Program

QUALIFIED MEDICARE BENEFICIARY

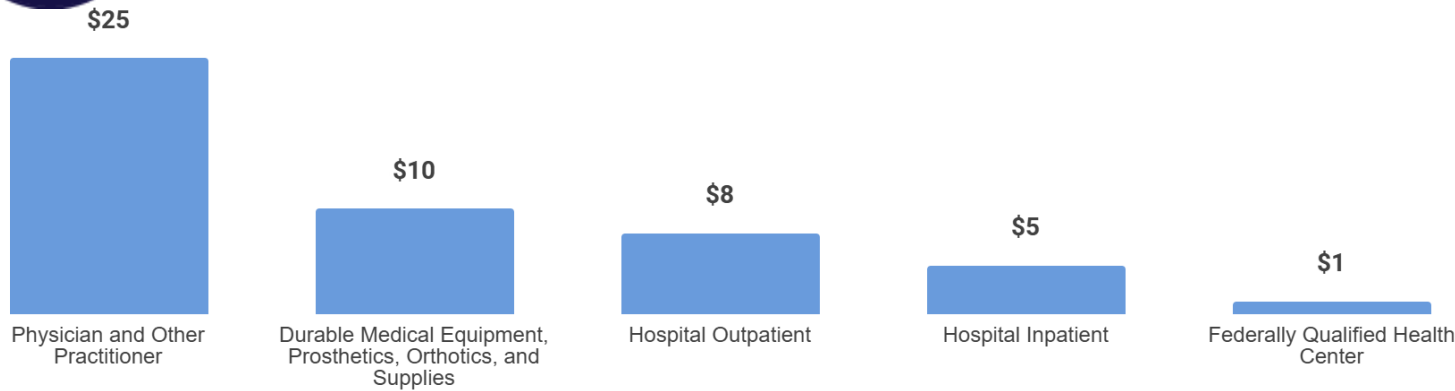


Figure 76. Qualified Medicare Savings Program PMPM by Top 5 Service Area

Table 65. Qualified Medicare Beneficiary Program PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Medicare Savings Program						
Qualified Medicare Beneficiary	\$1,852,299	-13.7	34,711	2.5	\$53	-15.8
Medical	\$52.50 (98.2%)					
Vision	\$0.59 (1.1%)					
Dental, Long-Term Care, & Other	\$0.38 (0.7%)					

Figure 77. SFY 2024 Qualified Medicare Beneficiary PMPM by Service Type

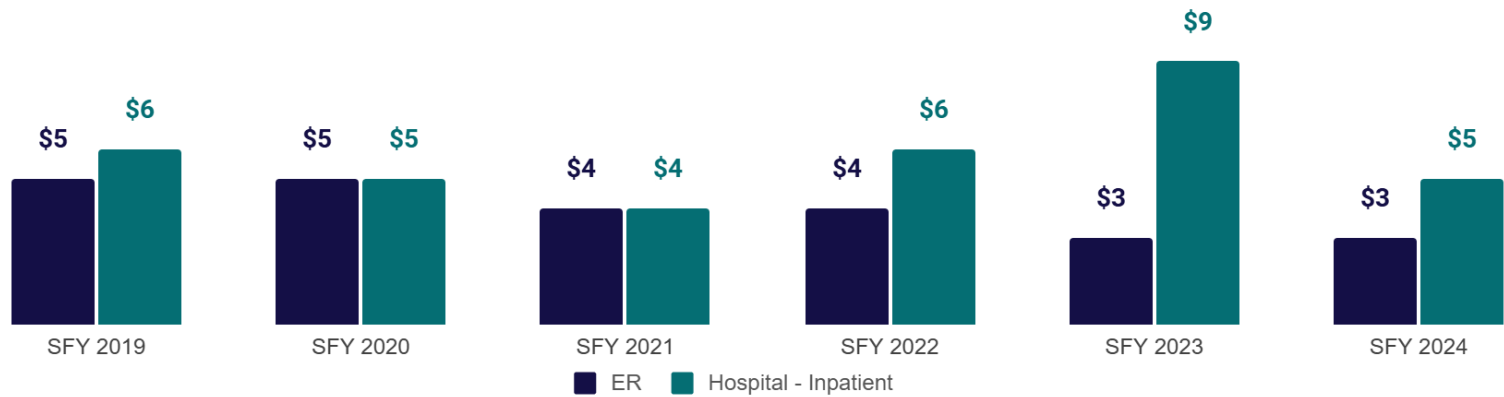


Figure 78. Qualified Medicare Savings PMPM by Emergency Room and Hospital - Inpatient Services

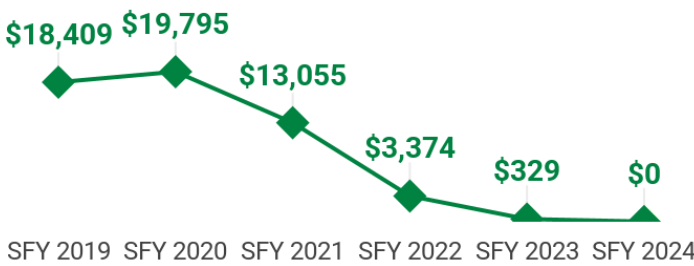


Medicare Savings Program SPECIFIED LOW INCOME MEDICARE BENEFICIARY

EXPENDITURES

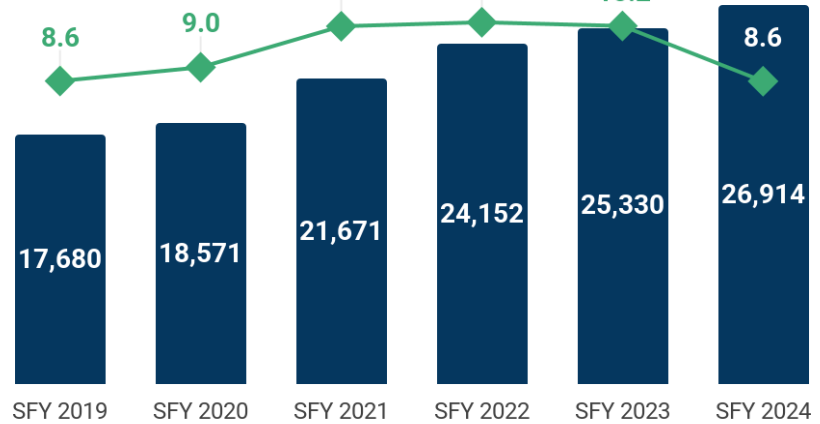
\$0

paid to providers for services rendered during the SFY



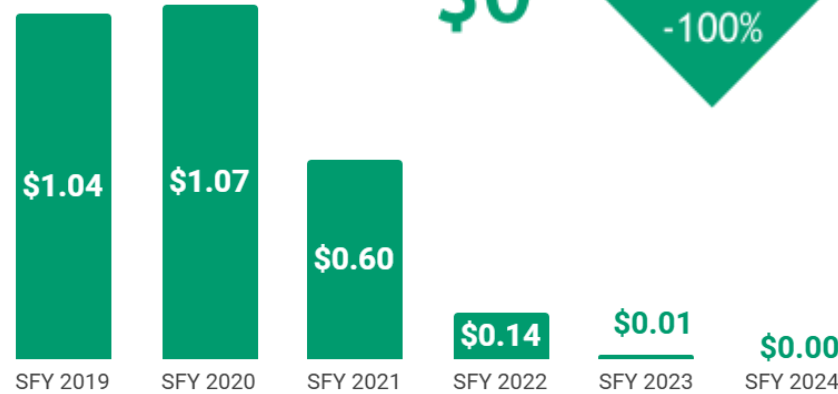
MEMBER MONTHS

26,914



PER MEMBER PER MONTH

\$0



with an average enrollment length of **8.6 months**

3,129 unique individuals enrolled during the SFY

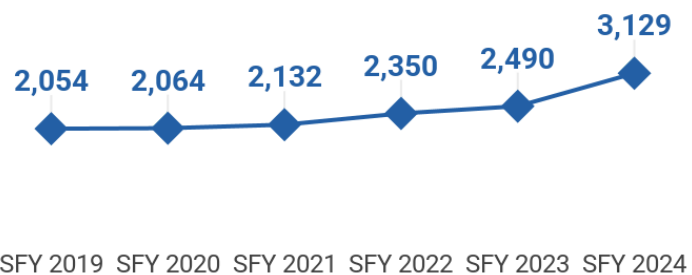


Table 66. Specified Low Income Medicare Beneficiary Program PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$18,409	\$19,795	\$13,055	\$3,374	\$329	\$0	-100.0
Member Months	17,680	18,571	21,671	24,152	25,330	26,914	52.2
PMPM	\$1.04	\$1.07	\$0.60	\$0.14	\$0.01	\$0.00	-100.0



Non-Citizens

NON-CITIZENS WITH MEDICAL EMERGENCIES

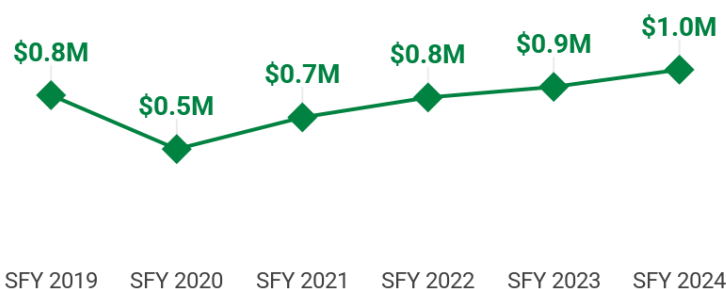
EXPENDITURES

10.3%

from
SFY23

\$1.0 million

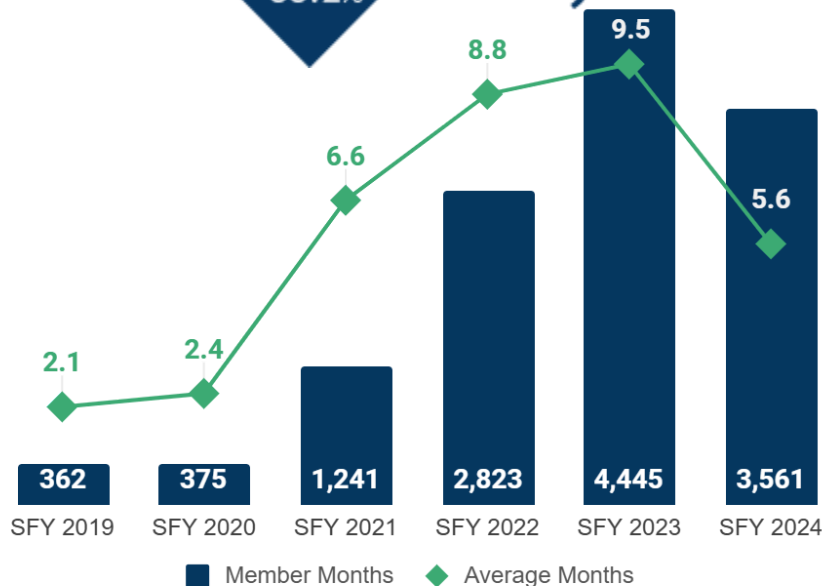
paid to providers for services rendered during the SFY



MEMBER MONTHS

from
SFY23
-88.2%

3,561

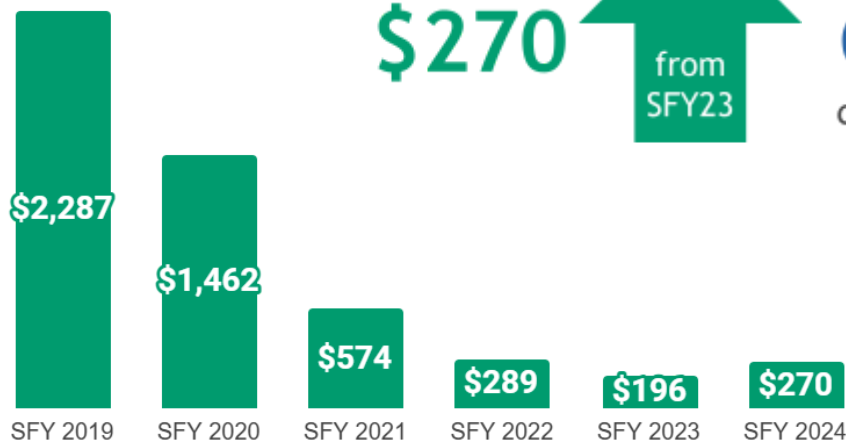


PER MEMBER PER MONTH

10.3%

from
SFY23

\$270



633

unique individuals enrolled during the SFY

with an average enrollment length of

5.6 months

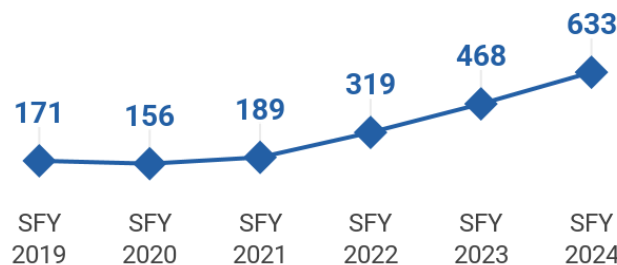


Table 66. Non-Citizens with Medical Emergencies PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$827,777	\$548,077	\$712,723	\$815,903	\$870,802	\$960,068	16.0
Member Months	362	375	1,241	2,823	4,445	3,561	883.7
PMPM	\$2,287	\$1,462	\$574	\$289	\$196	\$270	-88.2



Non-Citizens

NON-CITIZENS WITH MEDICAL EMERGENCIES



Figure 79. Non-Citizens with Medical Emergencies PMPM by Top 5 Service Area

Table 67. Non-Citizens with Medical Emergencies PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Non-Citizens						
Non-Citizens with Medical Emergencies	\$960,068	10.3	3,561	-19.9	\$270	37.6

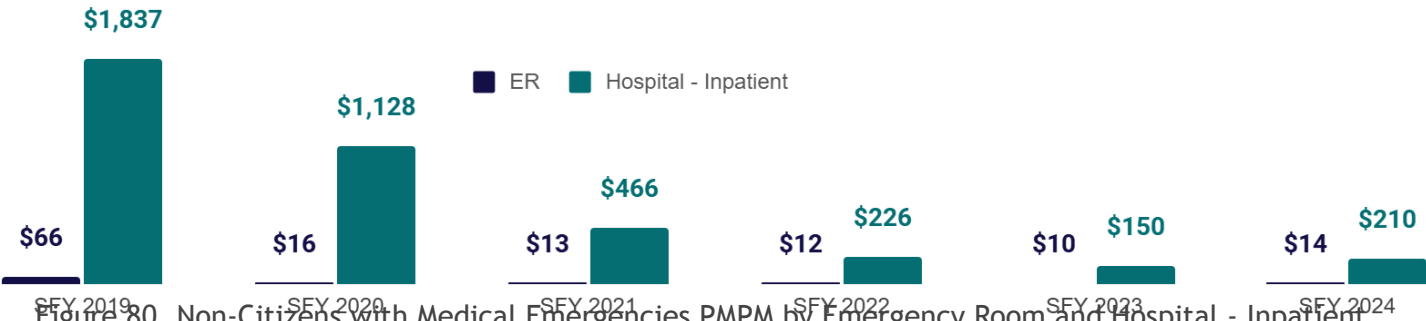


Figure 80. Non-Citizens with Medical Emergencies PMPM by Emergency Room and Hospital - Inpatient Services



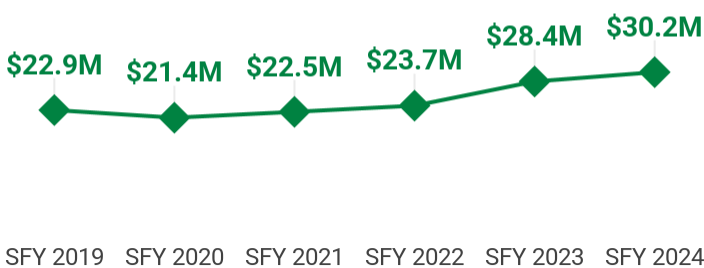
PREGNANT WOMEN

EXPENDITURES



\$30.2 million

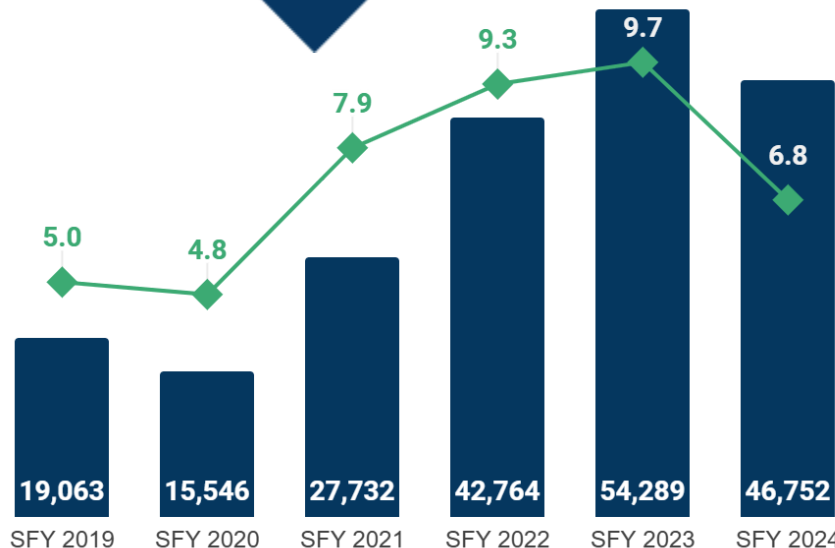
paid to providers for services rendered during the SFY



MEMBER MONTHS



46,752

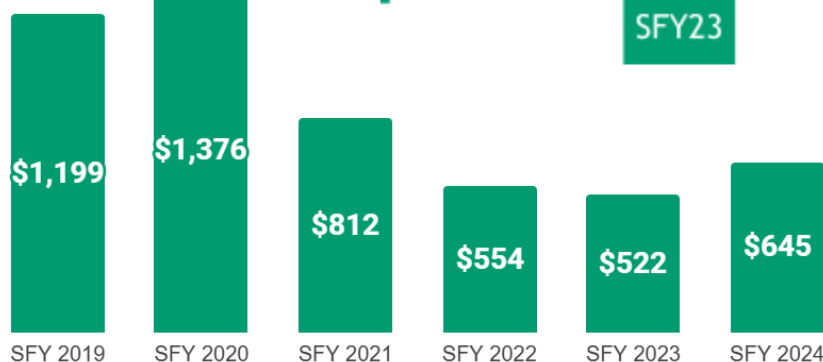
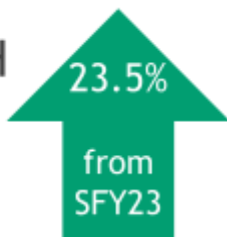


Member Months Average Months

with an average enrollment length of **6.8 months**

PER MEMBER PER MONTH

\$645



6,901 unique individuals enrolled during the SFY



Table 68. Pregnant Women PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$22,858,702	\$21,387,846	\$22,516,721	\$23,707,989	\$28,359,881	\$30,152,031	31.9
Member Months	19,063	15,546	27,732	42,764	54,289	46,752	145.2
PMPM	\$1,199	\$1,376	\$812	\$554	\$522	\$645	-46.2



Pregnant Women
PREGNANT WOMEN

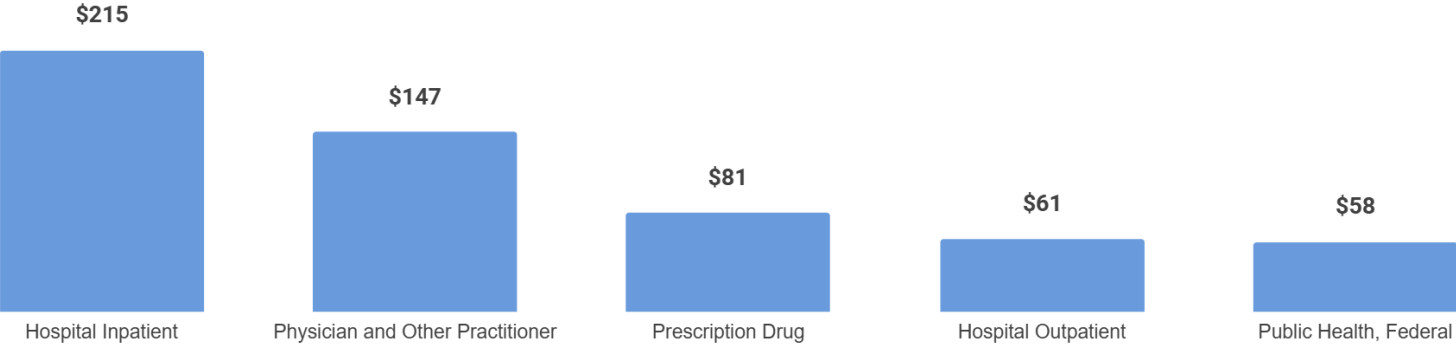


Figure 81. Pregnant Women PMPM by Top 5 Service Area

Table 69. Pregnant Women PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$30,152,031	6.3	46,752	-13.9	\$645	23.5

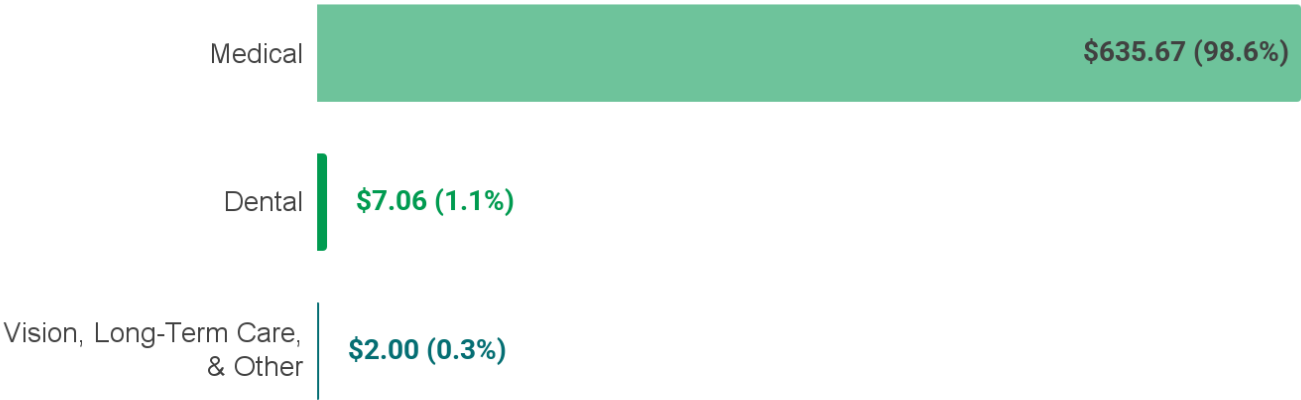


Figure 82. SFY 2024 Pregnant Women PMPM by Service Type

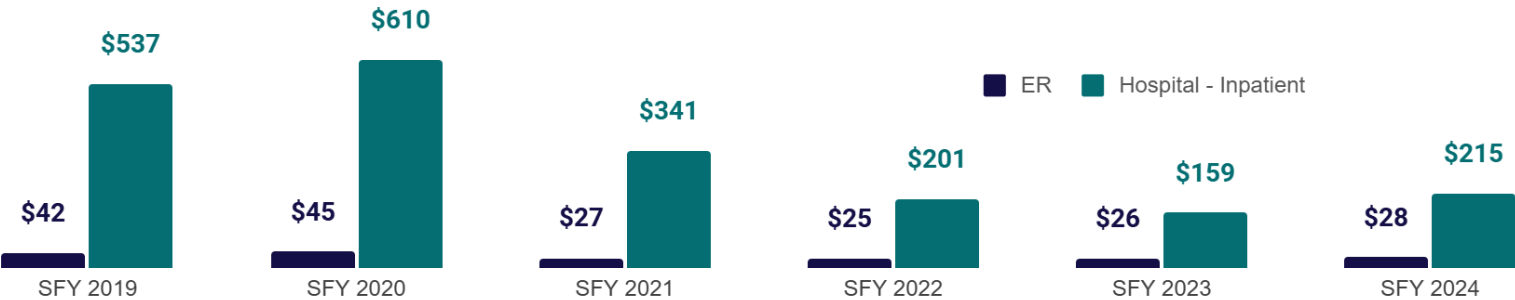


Figure 83. Pregnant Women PMPM by Emergency Room and Hospital - Inpatient Services



Special Groups

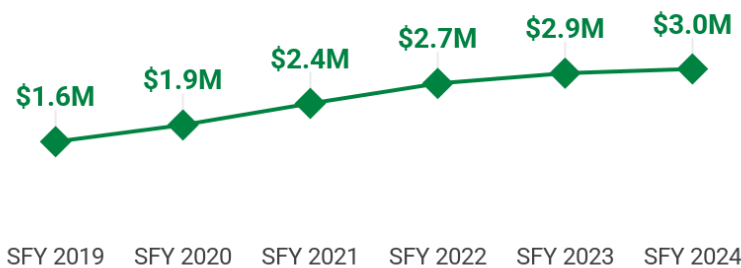
SPECIAL GROUPS OVERALL

EXPENDITURES



\$3.0 million

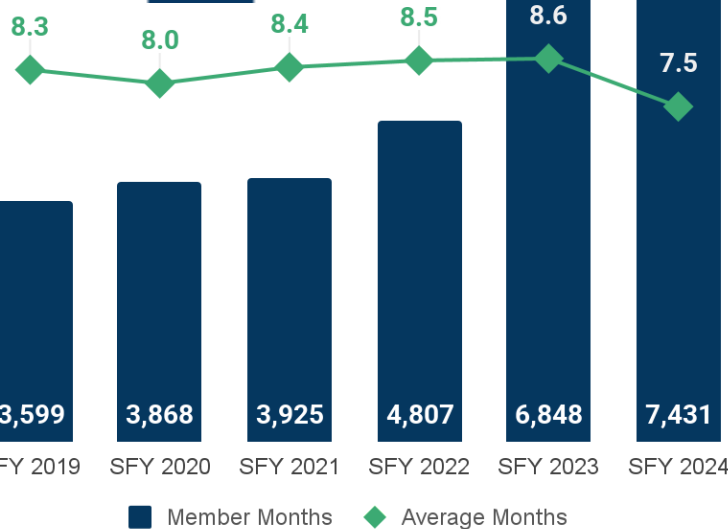
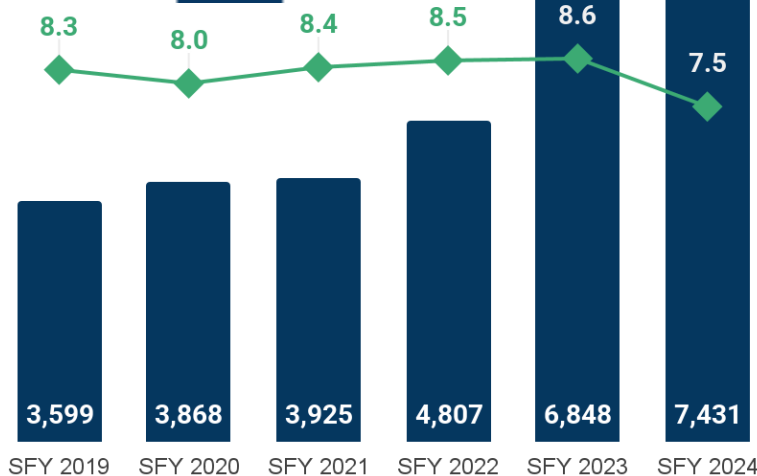
paid to providers for services rendered during the SFY



MEMBER MONTHS



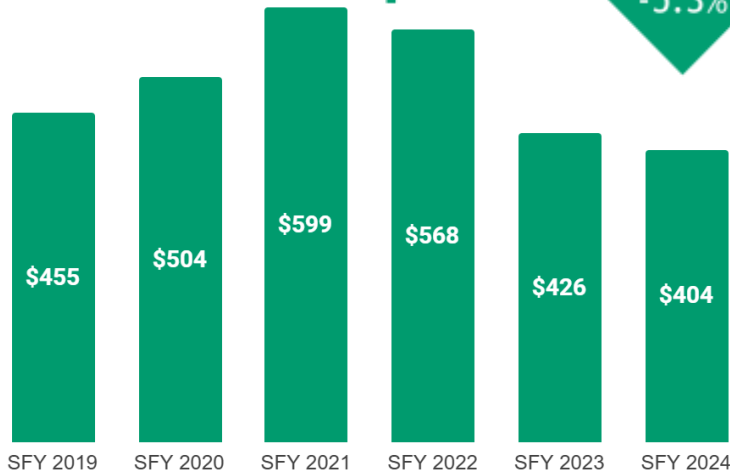
7,431



PER MEMBER PER MONTH



\$404



990 unique individuals enrolled during the SFY



with an average enrollment length of **7.5** months

Table 70. Special Groups PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$2,952,777	2.8	944	-22.2	\$3,128	32.1
Family Planning Waiver	\$1,207	-35.5	100	44.9	\$12	-55.5
Targeted Case Management	\$46,344	1.1	6,383	14.7	\$7	-11.8
Tuberculosis	\$353	100.0	4	100.0	\$88	100.0
Overall	\$3,000,681	2.7	7,431	8.5	\$404	-5.3



Special Groups SPECIAL GROUPS OVERALL

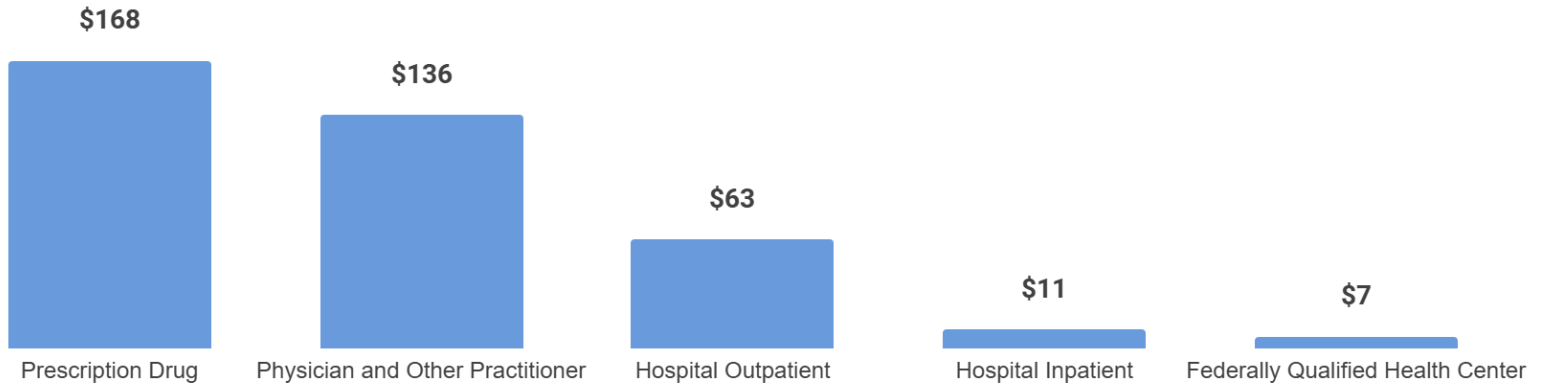


Figure 84. Special Groups PMPM by Top 5 Service Area

Table 71. Special Groups PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures							
Breast and Cervical	\$1,582,515	\$1,894,998	\$2,313,161	\$2,682,328	\$2,872,954	\$2,952,777	86.6
Family Planning Waiver	\$2,425	\$1,990	\$106	\$2,447	\$1,870	\$1,207	-50.2
Targeted Case Management	\$50,823	\$52,125	\$39,646	\$37,568	\$45,822	\$46,344	-8.8
Tuberculosis	\$0	\$0	\$0	\$0	\$0	\$353	100.0
Overall	\$1,635,763	\$1,949,113	\$2,352,913	\$2,722,343	\$2,920,646	\$3,000,681	83.4
Member Months							
Breast and Cervical	594	637	746	996	1,213	944	58.9
Family Planning Waiver	176	99	52	58	69	100	-43.2
Targeted Case Management	2,829	3,132	3,127	3,753	5,566	6,383	125.6
Tuberculosis	0	0	0	0	0	4	100.0
Overall	3,599	3,868	3,925	4,807	6,848	7,431	106.5
PMPM							
Breast and Cervical	\$2,664	\$2,975	\$3,101	\$2,693	\$2,368	\$3,128	17.4
Family Planning Waiver	\$14	\$20	\$2	\$42	\$27	\$12	-12.4
Targeted Case Management	\$18	\$17	\$13	\$10	\$8	\$7	-59.6
Tuberculosis	\$0	\$0	\$0	\$0	\$0	\$88	100.0
Overall	\$455	\$504	\$599	\$566	\$426	\$404	-11.2

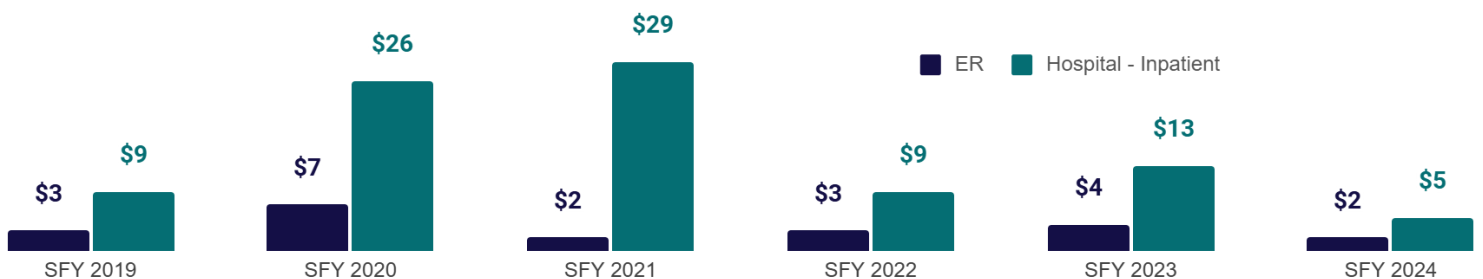


Figure 85. Special Groups PMPM by Emergency Room and Hospital - Inpatient Services



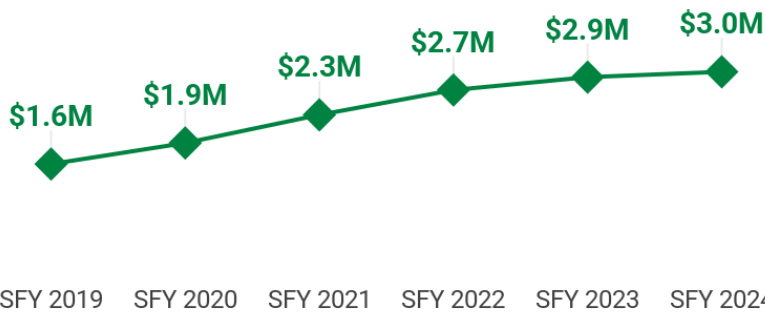
Special Groups BREAST & CERVICAL

EXPENDITURES



\$3.0 million

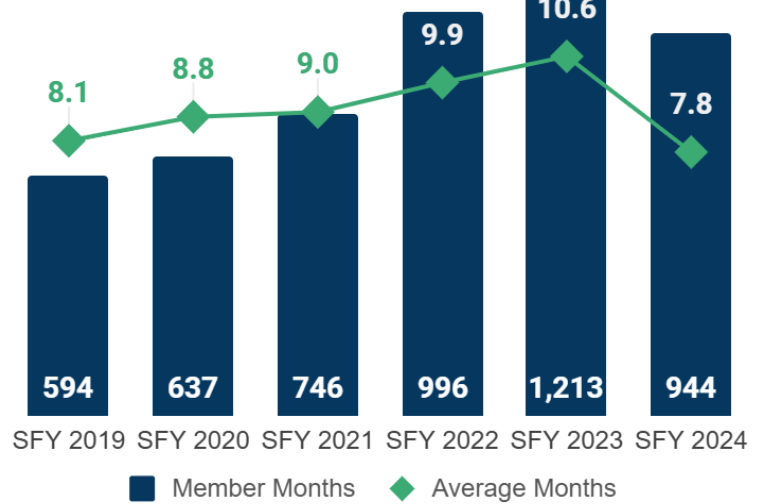
paid to providers for services rendered during the SFY



MEMBER MONTHS



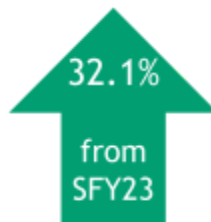
944



with an average enrollment length of
7.8 months

PER MEMBER PER MONTH

\$3,128



121 unique individuals enrolled during the SFY

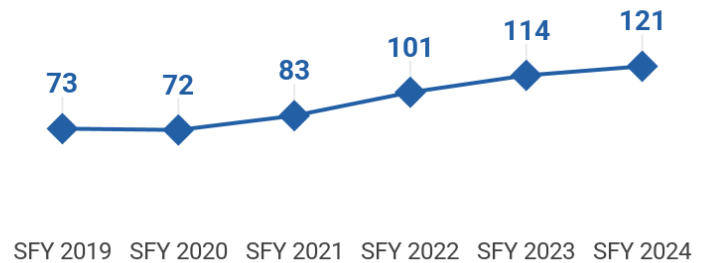
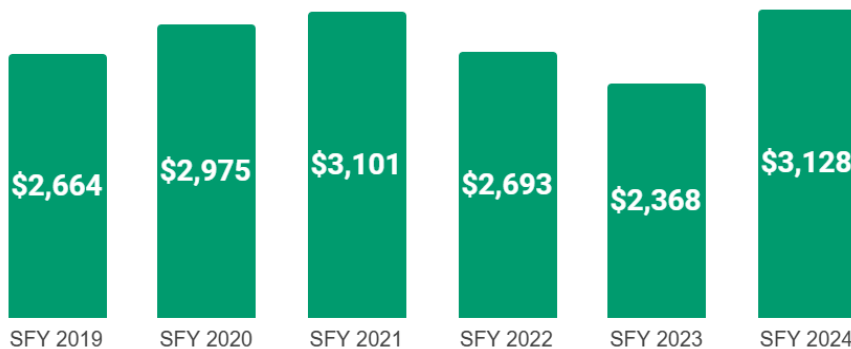


Table 74. Breast and Cervical PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$1,582,515	\$1,894,998	\$2,313,161	\$2,682,328	\$2,872,954	\$2,952,777	86.6
Member Months	594	637	746	996	1,213	944	58.9
PMPM	\$2,664	\$2,975	\$3,101	\$2,693	\$2,368	\$3,128	17.4



Special Groups BREAST & CERVICAL

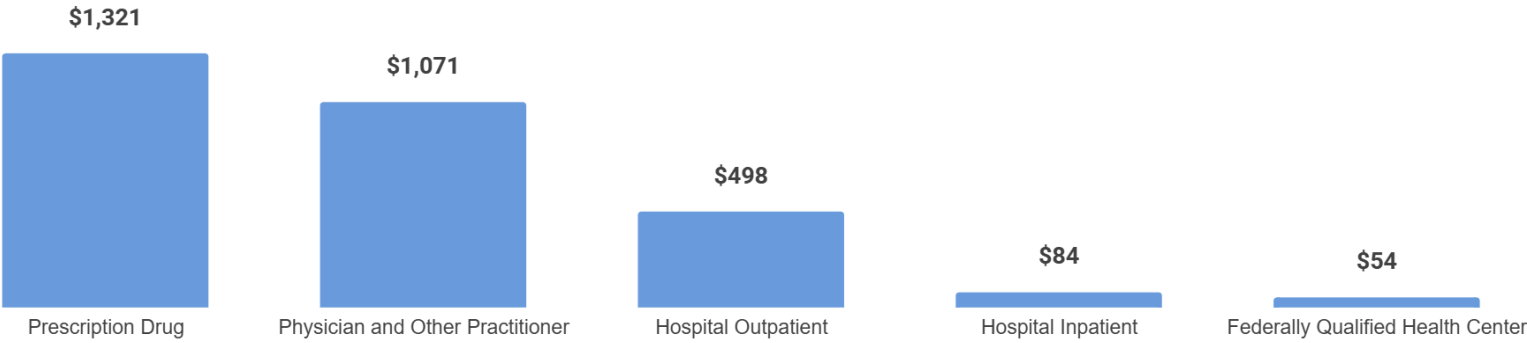


Figure 86. Breast and Cervical PMPM by Top 5 Service Area

Table 75. Breast and Cervical PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$2,952,777	2.8	944	-22.2	\$3,128	32.1

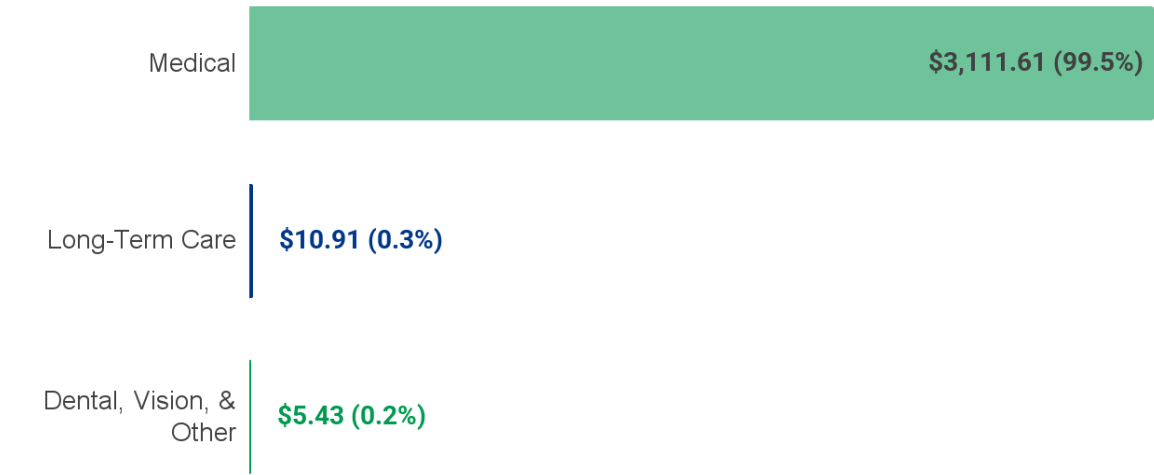


Figure 87. SFY 2024 Breast and Cervical PMPM by Service Type

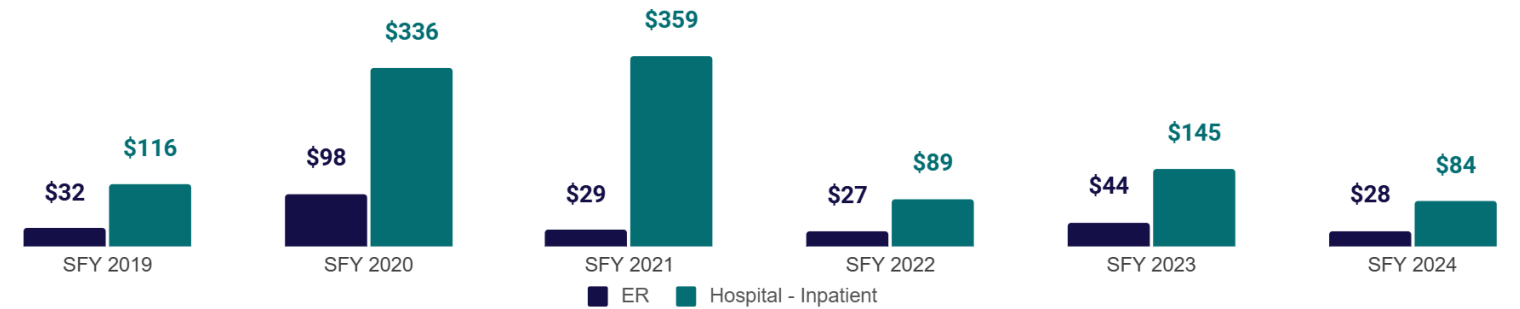


Figure 88. Breast and Cervical PMPM by Emergency Room and Hospital - Inpatient Services

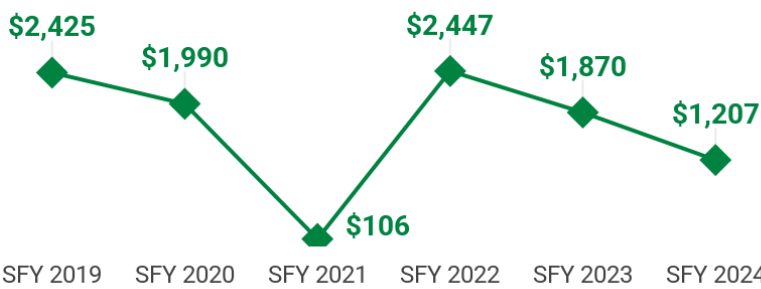


Special Groups FAMILY PLANNING WAIVER⁶

EXPENDITURES

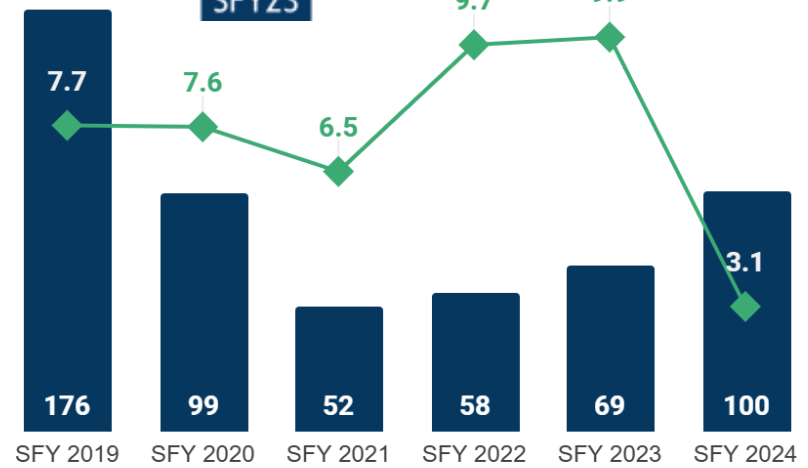
\$1,207

paid to providers for services rendered during the SFY



MEMBER MONTHS

100



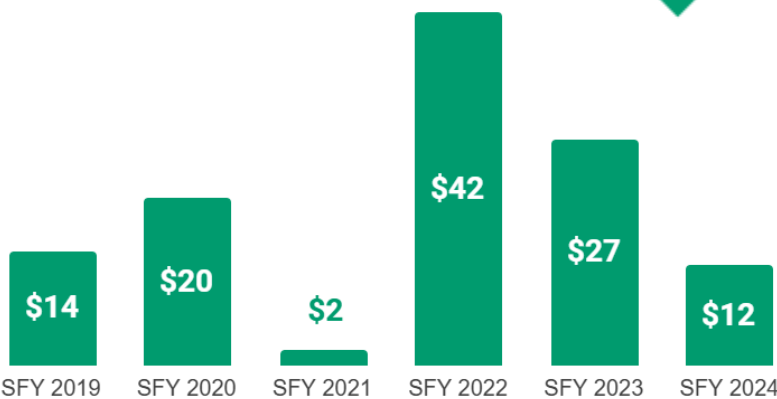
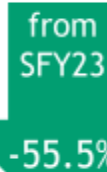
Member Months (blue bar) Average Months (green line)

with an average enrollment length of

3.1 months

PER MEMBER PER MONTH

\$12



32 unique individuals enrolled during the SFY

Table 76. Family Planning Waiver PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$2,425	\$1,990	\$106	\$2,447	\$1,870	\$1,207	-50.2
Member Months	176	99	52	58	69	100	-43.2
PMPM	\$14	\$20	\$2	\$42	\$27	\$12	-12.4

⁶ Values less than 10 are not shown in order to protect the privacy of members.



Special Groups
FAMILY PLANNING WAIVER

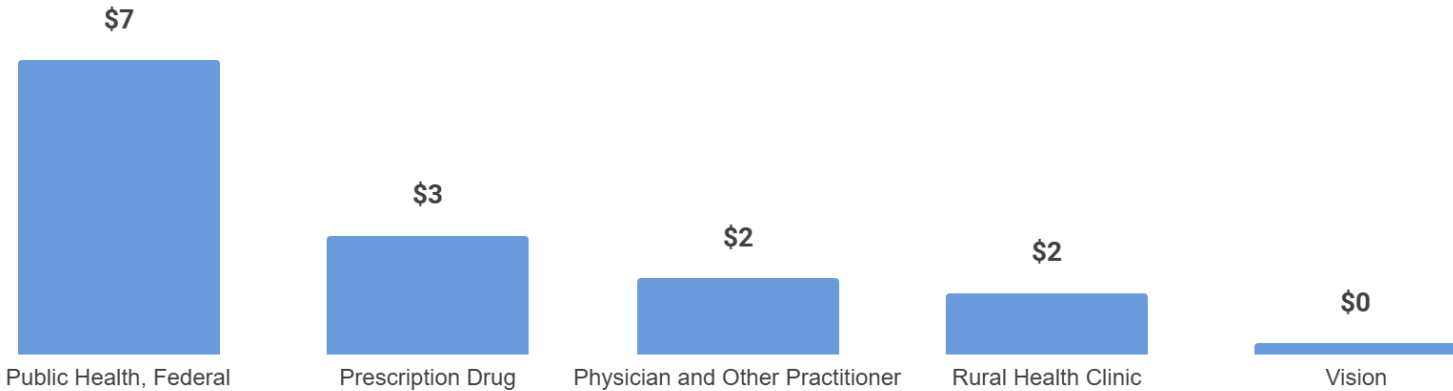


Figure 89. Family Planning Waiver PMPM by Top 5 Service Area

Table 77. Family Planning Waiver PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Family Planning Waiver	\$1,207	-35.5	100	44.9	\$12	-55.5



Special Groups TARGETED CASE MANAGEMENT

EXPENDITURES



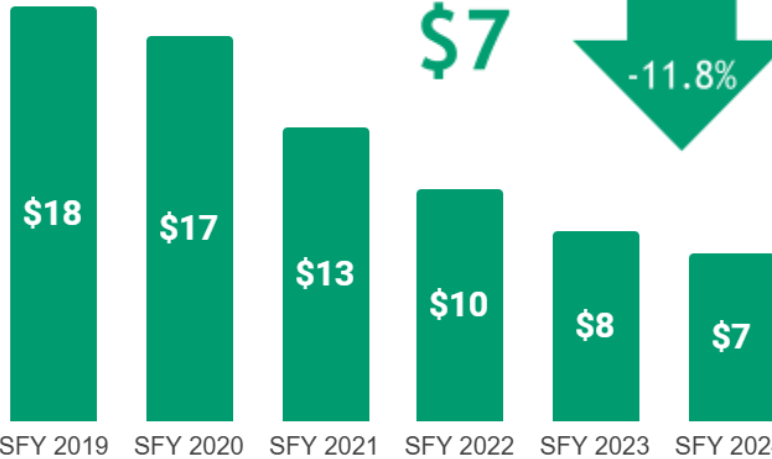
\$46,344

paid to providers for services rendered during the SFY



SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

PER MEMBER PER MONTH

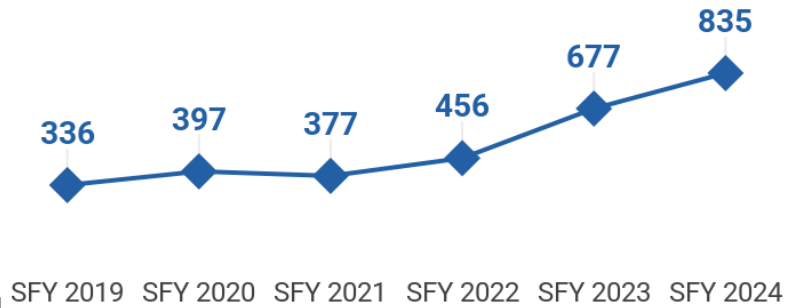


SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024



\$7

835 unique individuals enrolled during the SFY

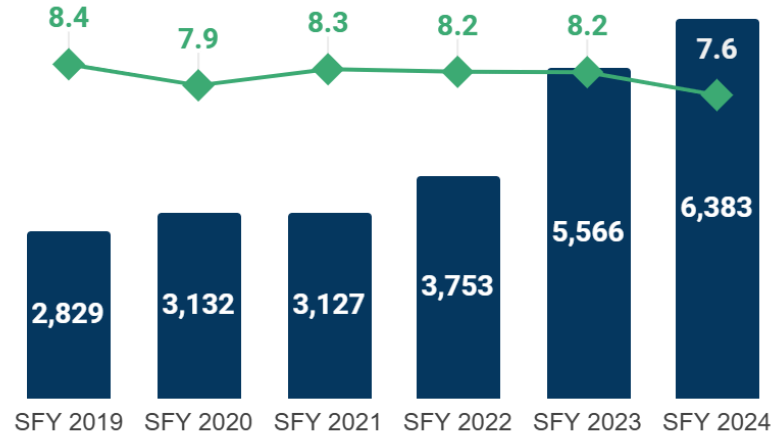


SFY 2019 SFY 2020 SFY 2021 SFY 2022 SFY 2023 SFY 2024

MEMBER MONTHS



6,383



Member Months Average Months

with an average enrollment length of

7.6 months

Table 78. Targeted Case Management PMPM History

Eligibility Group / Subgroup	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	5 Year % Change
Expenditures	\$50,823	\$52,125	\$39,646	\$37,568	\$45,822	\$46,344	-8.8
Member Months	2,829	3,132	3,127	3,753	5,566	6,383	125.6
PMPM	\$18	\$17	\$13	\$10	\$8	\$7	-59.6

APPENDIX A: GLOSSARY & ACRONYMS

GLOSSARY

Table 79. Glossary definitions

Term	Definition
Acquired Brain Injury (ABI)	Damage to the brain that occurs after birth and is not related to a congenital or degenerative disorder.
Affordable Care Act (ACA)	The Patient Protection and Affordable Care Act as well as the Healthcare and Education Reconciliation Act was signed into law in March 2010. These laws are collectively known as the Affordable Care Act legislation and represent a significant overhaul to the healthcare system.
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.
American Recovery and Reinvestment Act of 2009 (ARPA)	Legislation signed into law in February 2009 in response to the economic crisis. The Act specified funding for a wide range of federal programs, including certain benefits under Medicaid.
APR DRG	All Patient Refined Diagnosis Related Group is a classification system used to group hospitalized patients based on their 1) Reason for Admission: the primary diagnosis that led to hospitalization, 2) Severity of illness: factors such as complications, co-morbidities, and procedures, and 3) Risk of Mortality: the likelihood of the patient dying during their hospital stay.
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.
Children's Health Insurance Program (CHIP)	A federal-state partnership program to provide free or low-cost health insurance for uninsured children under age 19. The CHIP is intended for uninsured children whose families earn too much to qualify for Medicaid, but not enough to get private coverage.
Cognos	Business Intelligence reporting tool used to extract data from the Medicaid Management Information System (MMIS).
Commission on Accreditation of Rehabilitation Facilities (CARF)	An organization that accredits rehabilitation facilities.
Community Mental Health Center (CMHC)	A community-based healthcare facility that provides comprehensive mental health services to individuals residing or employed in the facility service area.
Comprehensive Outpatient Rehabilitation Facility (CORF)	A facility that provides coordinated, comprehensive outpatient rehabilitation services under the supervision of a physician. At a minimum, a CORF must provide physician supervision and physical therapy and social or psychological services to be certified as a CORF.

Term	Definition
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.
Crossover Claim	Services for Medicaid and Medicare dual individuals in which Medicare is the primary payer and forwards the claim to Medicaid for additional payments.
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.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	The comprehensive and preventive child health component of Medicaid for individuals under age 21. Medicaid's EPSDT services are operated under the Health Check program. All medically necessary diagnostic and treatment services within the federal definition of Medicaid medical assistance must be covered, regardless of whether or not such services are otherwise covered under the state Medicaid plan for adults ages 21 and older.
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.
Explanation of Benefits (EOB)	An itemized statement of services from an insurance company detailing what services were paid for on the behalf of an individual. The EOB informs an individual what portion of a claim was paid to the healthcare provider and what portion of the payment, if any, the individual is responsible for.
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 2024 ends on September 30, 2024).
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.

Term	Definition
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.
Federal Upper Limit (FUL)	The maximum price pharmacies receive as reimbursement for providing multiple-source generic prescription drugs. The FUL is established by the Centers for Medicare and Medicaid Services in order to achieve savings by taking advantage of current market pricing. Not all drugs have FULs and states may establish reimbursement limits for non-FUL drugs using other pricing methodologies.
Fee Schedule	A complete listing of fees used by health plans to pay medical care professionals.
Healthcare Common Procedure Coding System (HCPCS)	A standardized coding system used to report procedures, specific items, equipment, supplies, and services provided in the delivery of healthcare. There are two principal subsystems, Level I and Level II. Level I codes are comprised of CPT codes which are identified by five numeric digits. Level II codes are used primarily to identify equipment, supplies, and services not included in the CPT code set. Level II codes are alphanumeric codes.
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 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.
Individualized Budget Amount (IBA)	In the developmental disability and acquired brain injury waiver programs, the amount of funding allocated to each participant based on individual characteristics and his or her service utilization. For the Comprehensive and Supports Waivers, the amount of funding allocated to an individual.
Joint Commission	An organization that accredits healthcare organizations.
Level of Care (LOC)	Medicaid's prospective payment system for inpatient hospital services. Medicaid reimburses an amount per discharge. Each discharge is classified into a LOC based on the diagnosis, procedure, or revenue codes that hospitals report on the inpatient claim. This model ended in 2019.

Term	Definition
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.
Medicare Economic Index (MEI)	An index often used in the calculation of the increases in the prevailing charge levels that help to determine allowed charges for physician services. In 1992 and later, this index is considered in connection with the update factor for the physician fee schedule. Medicaid uses the index as an update factor for FQHC and RHC reimbursement rates.
Member	An individual enrolled in Medicaid and eligible to receive services.
Modified Adjusted Gross Income (MAGI)	A new income methodology implemented in SFY 2013.
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.
Qualified Rate Adjustment (QRA)	Medicaid's annual lump sum supplemental payment equal to a portion of the difference between a qualifying hospital's Medicaid allowable costs for the payment period and its pre-QRA Medicaid payments for the same period, minus amounts payable by other third parties and beneficiaries. The QRA payments are only available to in-state hospitals for inpatient and outpatient services.
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.

Term	Definition
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 2024 ends on June 30, 2024).
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.
Third-Party Liability (TPL)	The legal obligation of a third party to pay part or all of the expenditures for medical assistance under Medicaid.

ACRONYMS

Table 80. Acronym definitions

Acronym	Meaning
ABD	Age, 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
DRA	Deficit Reduction Act
DRG	Diagnosis Related Group
EHR	Electronic Health Record
EID	Employed Individuals with Disabilities
ESRD	End-Stage Renal Disease
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FQHC	Federally Qualified Health Center
HCBS	Home and Community Based Services
HHS	Department of Health and Human Services
HIE	Health Information Exchange
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
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
NPI	National Provider Identifier
PACE	Program of All-Inclusive Care for the Elderly
PA	Prior Authorization
PMPM	Per Member Per Month
POS	Prosthetics, Orthotics, and Supplies
PRTF	Psychiatric Residential Treatment Facility
QMB	Qualified Medicare Beneficiaries
RHC	Rural Health Clinic
SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiaries
SSI	Supplemental Security Income
TB	Tuberculosis
WDH	Wyoming Department of Health
WES	Wyoming Eligibility System

APPENDIX B: DATA METHODOLOGY

Table 81. 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 82. Medicaid Chart A Eligibility Program Codes

Eligibility Group / Sub-Group		Program Codes
Aged, Blind, Disabled Employed Individuals with Disabilities		
	S56	Emp Ind w/ Disabilities > 21
Employed Individuals with Disabilities	S57	Emp Ind w/ Disabilities < 21
	S61	Continuous EID <19
Aged, Blind, Disabled Intellectual / Developmental Disabilities and Acquired Brain Injury		
Comprehensive Waiver	W03	EID Comp Waiver Adult > 21
	W04	EID Comp Waiver Child < 21
	W08	SSI Comp Waiver Adult > 21
	W09	SSI Comp Waiver Child < 21
	W10	SSI Comp Waiver Aged > 65
	W14	300% Comp Waiver Adult > 21
	W15	300% Comp Waiver Child < 21
	W16	300% Comp Waiver Aged > 65

Eligibility Group / Sub-Group		Program Codes
Aged, Blind, Disabled Intellectual / Developmental Disabilities and Acquired Brain Injury		
Comprehensive Waiver	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
ICF-IID (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
Supports Waiver	W01	EID Support Waiver Adult > 21
	W02	EID Support Waiver Child < 21
	W05	SSI Support Waiver Adult > 21
	W06	SSI Support Waiver Child < 21
	W07	SSI Support Waiver Aged > 65
	W11	300% Support Waiver Adult > 21
	W12	300% Support Waiver Child < 21
	W13	300% Support Waiver Aged > 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
Aged, Blind, Disabled Institution		
Hospital	S15	Inpatient Hospital 300% Cap > 65
	S35	Inpatient Hospital 300% Cap 21 - 65
IMD (WY State Hospital - Age 65+)	S13	Inpat-Psych > 65
ABD Long-Term Care		
Community Choices Waiver	N98	WLTC Temp Services
	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
	S24	LTC Waiver SSI > 65
	S25	LTC Waiver 300% Cap > 65
	S46	LTC Waiver SSI 21 - 65
	S47	LTC Waiver 300% Cap 21 - 65

Eligibility Group / Sub-Group		Program Codes
ABD Long-Term Care		
Hospice	S50	Hospice Care > 65
	S51	Hospice Care < 65
	S71	Hospice Care < 21
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
	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
PACE	P11	PACE < 65
	P12	PCMR < 65
	P13	PACE SSI Disabled < 65
	P14	PACE Mcare SSI Disabled < 65
	P15	PACE NF < 65
	P16	PACE NF SSI Disabled < 65
	P17	PACE NF Mcare Disabled < 65
	P18	PACE NF Mcare SSI Disable < 65
	P21	PACE > 65
	P22	PCMR > 65
	P23	PACE SSI Aged > 65
	P24	PACE Mcare SSI Aged > 65
	P25	PACE NF > 65
	P26	PACE NF SSI Aged > 65
	P27	PACE NF Mcare Aged > 65
	P28	PACE NF Mcare SSI Aged > 65
Aged, Blind, Disabled SSI & SSI Related		
SSI	S12	SSI Eligible >65
	S20	Blind SSI - Receiving Payment
	S21	Blind SSI - Not Receiving Pymt
	S31	SSI Eligible Between 21 & 65 Yrs
	S36	Disabled Adult Child (DAC)
	S37	Goldberg-Kelly >21
	S39	1619 Disabled >21

Eligibility Group / Sub-Group		Program Codes
Aged, Blind, Disabled SSI & SSI Related		
SSI	S48	Zebley >21
	S71	SSI Eligible <21
	S73	1619 Disabled <21
	S74	Goldberg-Kelly <21
	S92	Widow-Widowers SDX
SSI Related	S09	SSI-Disabled Child Definition
	S16	Pickle >65
	S38	Pickle 21-65
	S42	Widow-Widowers
	S72	Pickle <21
Adults		
Family-Care Adults	A03	Family Care >21
	A68	12 Mo Extended Med >21
	A76	4 Mo Extended Med >21
	M04	Family MAGI >21
	M11	Family MAGI PE >21
	A77	AFDC-Up Unemployed Parent Ad (inactive)
	A79	Retro Medicaid-"Rm" Adult (inactive)
	M11	Family MAGI PE >21
	A80	Refugee Adult (inactive)
	A82	Alien: 245 (IRCA) Adult (inactive)
	A83	Alien: 210 (IRCA) Adult (inactive)
	A70	AFDC Medicaid - Adult (inactive)
	A76	4 Mo Extended Med >21
	A78	Retro Medicaid-"Pr" Adult (inactive)
	M04	Family MAGI >21
Former Foster Care	M08	Former Foster Youth > 21
	M18	Former Foster Youth PE > 21
Newly Eligible Adults	M01	Adult MAGI > 21
	M13	Adult MAGI PE > 21
Children		
Behavioral Health Care Management Entity	P07	CHIPRA CME
Children	A02	Family Care Past 5yr Limit <21
	A04	Family Care <21
	A50	AFDC Medicaid (inactive)
	A54	2nd-6mos. Trans Mcaid Child (inactive)

Eligibility Group / Sub-Group		Program Codes
Children		
Children	A56	Alien: 245 (IRCA) Child (inactive)
	A57	Baby <1 Yr, Mother SSI Elig (inactive)
	A59	Retro Medicaid-"Pr" Child (inactive)
	A60	4 Mo Extended Med <21
	A61	Institutional (AF-IV-E) (inactive)
	A62	Retro Medicaid-"Rm" Child (inactive)
	A63	Refugee Child (inactive)
	A64	Alien: 245 (IRCA) Child (inactive)
	A58	Child 6 Through 18 Yrs
	A65	AFDC-Up Unemployed Parent Ch (inactive)
	A67	12 Mo Extended Med <21
	A87	16+ Not In School AF HH (inactive)
	K03	Kidcare to Child Magi
	M02	Adult MAGI <21
	M03	Child MAGI
	M05	Family MAGI <21
	M10	Children's PE
	M12	Family MAGI PE <21
	M14	Adult MAGI PE <21
	S62	Continuous SSI Eligible <19
	A55	Child 0 Through 5 Yrs
Children's Mental Health Waiver	S65	Cont Childrns Ment Health Wvr < 19
	S95	Childrens Ment Hlth Wvr SSI < 21
	S96	Childrens Ment Hlth Wvr 300% <21
Foster Care	A51	IV-E Foster Care
	A52	IV-E Adoption
	A85	Foster Care Title 19
	A86	Subsidized Adoption Title 19
	A88	Aging Out Foster Care
	A97	Foster Care 0 Through 5
	A98	Foster Care 6 Through 18
	M09	Former Foster Youth <21
	M17	Former Foster Youth PE <21
	S63	Continuous Foster Care <19
Newborn	A53	Newborn

Eligibility Group / 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	Emergency Svc < 21
	A84	Emergency Svc > 21
Pregnant Women		
Pregnant Women	A71	Pregnant Woman < 21
	A72	Pregnant Woman > 21
	A73	Qualified Pregnant Woman > 21
	A74	Qualified Pregnant Woman < 21
	M06	Pregnancy MAGI > 21
	M07	Pregnancy MAGI < 21
	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
Targeted Case Management	D99	Targeted Case Management on Waitlist
Tuberculosis	S52	Tuberculosis (Tb) > 65
	S53	Tuberculosis (Tb) < 65
Family Planning Waiver	A20	Pregnant By Choice

Table 83. CHIP Chart C Eligibility Program Codes

Eligibility Group / Sub-Group	Program Codes
Children's Health Insurance Program (CHIP)	
CHIP	K01 CHIP - A - American Indian - Native American
	K02 CHIP - B - 134% to 150% FPL
	K04 CHIP - C - 151% to 200% FPL
	K05 CHIP - A PE
	K06 CHIP - B&C PE

Table 84. Data Parameters by Service Area

Service Area	Pay-to-Provider Taxonomy	Other Parameters
Ambulance	341600000X Ambulance	n/a
Ambulatory Surgery Center	261QA1903X Ambulatory Surgery Center	n/a
Behavioral Health	101Y00000X Professional Counselor; Certified Mental Health Worker	n/a
	101YA0400X Addictions Therapist/Practitioner	
	101YP2500X Professional Counselor	
	103G00000X Neuropsychologist	
	103K00000X Behavior Analyst	
	103TC0700X Clinical Psychologist	
	1041C0700X Social Worker	
	106E00000X Assistant Behavior Analyst	
	106H00000X Marriage and Family Therapist	
	106S00000X Behavior Technician	
	163W00000X RN	
	164W00000X LPN	
	171M00000X Case Worker	
	Community Health Worker; Peer Specialist; Certified	
	172V00000X Addictions Practitioner Assistant	
	2084P0800X Psychiatrist	
	261QM0801X Mental Health - including Community Mental Health Center	
	261QR0405X Rehabilitation, Substance Use Disorder	
	364SP0808X NP, APN Psychiatric/Mental Health	
Care Management Entity	251S00000X CHPR CME	n/a
Clinic/Center	261Q00000X Clinic/Center	n/a

Service Area		Pay-to-Provider Taxonomy	Other Parameters
Dental	122300000X	Dentist	n/a
	1223D0001X	Dental Public Health	
	1223E0200X	Endodontics	
	1223G0001X	General Practice Dentist	
	1223P0221X	Pedodontics	
	1223P0300X	Periodontics	
	1223S0112X	Surgery, Oral and Maxillofacial	
	1223X0400X	Orthodontics	
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	332B00000X	DME	n/a
	332S00000X	Hearing Aid Equipment	
	335E00000X	POS	
End-Stage Renal Disease	261QE0700X	End-Stage Renal Disease	n/a
Federally Qualified Health Center	261QF0400X	Federally Qualified Health Center	n/a
Home Health	251E00000X	Home Health	n/a
Hospice	251G00000X	Hospice Care, Community Based	n/a
Hospital Total	261QR0400X	Rehabilitation	n/a
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Inpatient	282N00000X	General Acute Care Hospital	Claim Type: I, X
	282NR1301X	General Acute Care Hospital - Rural	
	283Q00000X	Psychiatric Hospital	
	283X00000X	Rehabilitation Hospital	
Hospital Outpatient	261QR0400X	Rehabilitation	Claim Type: O, V
	282N00000X	General Acute Care Hospital	
	282NR1301X	General Acute Care Hospital - Rural	
	283X00000X	Rehabilitation Hospital	
Laboratory	291U00000X	Clinical Medical Laboratory	n/a
Nursing Facility	275N00000X	Medicare Defined Swing Bed	n/a
	314000000X	Skilled Nursing Facility	
Program for All-Inclusive Care of Elderly (PACE)	251T00000X	PACE Organization	n/a

Service Area	Pay-to-Provider Taxonomy		Other Parameters
Physician and Other Practitioner	All Taxonomies starting with '20' EXCLUDING 2084P0800X	Psychiatrists	n/a
	363A00000X	Physician Assistant	
	225X00000X	Occupational Therapist	
	225100000X	Physical Therapist	
	213E00000X	Podiatrist	
	363L00000X	Nurse Practitioner	
	363LA2200X		
	363LF0000X		
	363LG0600X		
	363LX0001X		
	363LP0200X		
	367A00000X	Nurse Midwife	
	367500000X	Nurse Anesthetist	
	231H00000X	Audiologist	
	235Z00000X	Speech-Language Pathologist	
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X	Optometrist	n/a
	156FX1800X	Optician	
Claim Type: W, G			
Waiver - Total	251B00000X	Case Management	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
	251C00000X	Day Training, DD	
	251X00000X	PACE PPL	

Service Area		Pay-to-Provider Taxonomy		Other Parameters	
Acquired Brain Injury Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
	251X00000X	PACE PPL		Recipient Program Codes: B01, B02, S60	
Adult ID/DD Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
	251X00000X	PACE PPL		Recipient Program Codes: S22, S23, S44, S45, S59	
Child ID/DD Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
	251X00000X	PACE PPL		Recipient Program Codes: S58, S93, S94, S64	
Children's Mental Health Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
				ent Program Codes: S95, S9	
Comprehensive Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
	251X00000X	PACE PPL		Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26	
Community Choices Waiver	251B00000X	Case Management		Claim Type: W, G	
				des: S24, S25, S46, S47, N9	
Supports Waiver	251C00000X	Day Training, DD		Claim Type: W, G	
				Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21	