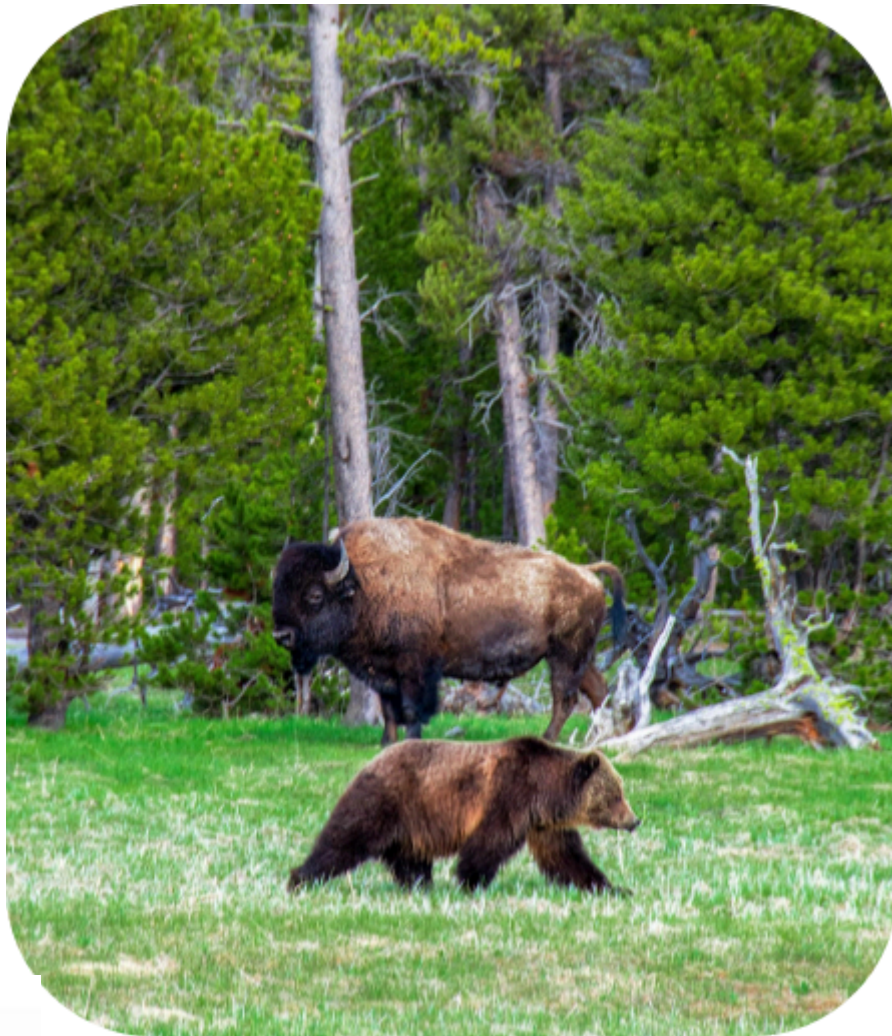


SFY 2025

WYOMING MEDICAID

PMPM Report



MARK GORDON *Governor*
STEFAN JOHANSSON *Director*
JESSE SPRINGER *State Medicaid Agent*



TABLE OF CONTENTS

<u>REPORT OVERVIEW</u>	<u>8</u>
<u>MEDICAID OVERVIEW</u>	<u>10</u>
<u>Figure 1. SFY 2025 PMPM by Age Band</u>	<u>11</u>
<u>Figure 2. SFY 2025 PMPM by County</u>	<u>11</u>
<u>Figure 3. Eligibility Category Overview. Percentage of Expenditures vs. Member Months ~ SFY 2025</u>	<u>12</u>
<u>Table 1. Eligibility Category Overview ~ Percentage of Total ~ SFY 2025</u>	<u>12</u>
<u>Figure 4. Eligibility Category vs. Medicaid Overview ~ SFY 2025</u>	<u>13</u>
<u>Table 2. Eligibility Category Summary ~ SFY 2025</u>	<u>13</u>
<u>Table 3. One-Year Change in Expenditures, Member Months, and PMPM by Eligibility Category</u>	<u>14</u>
<u>Figure 5. Expenditure, Member Months, and PMPM 1 Year Percent Change from SFY 2025</u>	<u>15</u>
<u>Table 4. Eligibility Subgroup Summary ~ SFY 2025</u>	<u>16</u>
<u>Table 5. Expenditure History by Eligibility Subgroup</u>	<u>17</u>
<u>Table 6. Member Months History by Eligibility Subgroup</u>	<u>18</u>
<u>Table 7. Per Member Per Month History by Eligibility Subgroup</u>	<u>19</u>
<u>PMPM BY SERVICE</u>	<u>20</u>
<u>Table 8. Per Member Per Month History by Service Category</u>	<u>21</u>
<u>Figure 6. SFY 2025 Service Category Expenditures & Per Member Per Month</u>	<u>21</u>
<u>Figure 7. SFY 2024 & SFY 2025 Per Member Per Month by Service Category</u>	<u>21</u>
<u>DETAILED SERVICE AREA</u>	<u>22</u>
<u>Table 9. Per Member Per Month by Service Area</u>	<u>22</u>
<u>SERVICE PMPM BY POPULATION</u>	<u>23</u>
<u>Table 10. Select Service Categories Summary by Eligibility Subgroup ~ SFY 2025</u>	<u>23</u>
<u>BEHAVIORAL HEALTH</u>	<u>24</u>
<u>Table 11. Behavioral Health Per Member Per Month History by Eligibility Subgroup</u>	<u>24</u>
<u>Figure 8. SFY 2025 Top 10 Behavioral Health PMPM by Eligibility Subgroup</u>	<u>24</u>
<u>HOSPITAL - INPATIENT</u>	<u>25</u>
<u>Table 12. Hospital Inpatient Per Member Per Month History by Eligibility Subgroup</u>	<u>25</u>
<u>Figure 9. SFY 2025 Top 10 Hospital Inpatient PMPM by Eligibility Subgroup</u>	<u>25</u>
<u>HOSPITAL - OUTPATIENT</u>	<u>26</u>
<u>Table 13. Outpatient Hospital Per Member Per Month History Eligibility by Subgroup</u>	<u>26</u>
<u>Figure 10. SFY 2025 Top 10 Hospital Outpatient PMPM by Eligibility Subgroup</u>	<u>26</u>
<u>EMERGENCY ROOM</u>	<u>27</u>
<u>Table 14. Emergency Room Per Member Per Month History by Eligibility Subgroup</u>	<u>27</u>
<u>Figure 11. SFY 2025 Top 10 Emergency Room PMPM by Eligibility Subgroup</u>	<u>27</u>
<u>NURSING FACILITY</u>	<u>28</u>
<u>Table 15. Nursing Facility Per Member Per Month History by Eligibility Subgroup</u>	<u>28</u>
<u>Figure 12. SFY 2025 Top 5 Nursing Facility PMPM by Eligibility Subgroup</u>	<u>28</u>
<u>PHYSICIAN</u>	<u>29</u>
<u>Table 16. Physician & Other Practitioner Per Member Per Month History by Eligibility</u>	<u>29</u>
<u>Figure 13. SFY 2025 Top 10 Physician PMPM by Eligibility Subgroup</u>	<u>29</u>
<u>Table 17. Prescription Drug Per Member Per Month History by Eligibility Subgroups</u>	<u>30</u>
<u>Figure 14. SFY 2025 Top 10 Prescription Drugs PMPM by Eligibility Subgroup</u>	<u>30</u>
<u>POPULATION DETAIL</u>	<u>31</u>

Aged, Blind, or Disabled	32
EMPLOYED INDIVIDUALS WITH DISABILITIES	32
Table 18. Employed Individuals with Disabilities PMPM History	32
Figure 15. Employed Individuals with Disabilities Per Member Per Month by Top 5 Service Area	33
Table 19. Employed Individuals with Disabilities Per Member Per Month Summary by Subgroup	33
Figure 16. Employed Individuals with Disabilities PMPM by Service Type	33
Figure 17. Employed Individuals with Disabilities PMPM by Emergency Room and Hospital - Inpatient Services Aged, Blind, or Disabled INTELLECTUAL/DEVELOPMENTAL	33
Table 20. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM Summary by Subgroup	34
Table 21. Intellectual/Developmental Disabilities and ABI PMPM History by Subgroup	35
Figure 18. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Top 5 Service Area	35
Figure 19. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Emergency Room and Hospital - Inpatient Services	35
Aged, Blind, or Disabled ID/DD/ABI	36
COMPREHENSIVE WAIVER	36
Table 22. Comprehensive Waiver PMPM History	36
Figure 20. Comprehensive Waiver PMPM by Top 5 Service Area	37
Table 23. Comprehensive Waiver Per Member Per Month Summary	37
Figure 21. Comprehensive Waiver PMPM by Service Type	37
Figure 22. Comprehensive Waiver PMPM by Emergency Room and Hospital - Inpatient Services	37
Table 24. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM History	38
Figure 23. Intermediate Care Facility for Intellectual Disabilities PMPM by Top 5 Service Area	39
Table 25. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM Summary	39
Figure 24. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Service Type	39
Figure 25. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Emergency Room and Hospital - Inpatient Services	39
SUPPORTS WAIVER	40
Table 26. Supports Waiver PMPM History	40
Figure 26. Supports Waiver PMPM by Top 5 Service Area	41
Table 27. Supports Waiver PMPM Summary	41
Figure 27. Supports Waiver PMPM by Service Type	41
Figure 28. Supports Waiver PMPM by Emergency Room and Hospital - Inpatient Services	41
HOSPITAL	42
Table 28. ABD Institution Hospital PMPM History	42
Figure 29. ABD Institution Hospital PMPM by Top 5 Service Area	43
Table 29. ABD Institution Hospital PMPM Summary	43
Figure 30. Hospital PMPM by Service Type	43
Figure 31. ABD Institution Hospital PMPM by Emergency Room and Hospital - Inpatient Services	43
LONG-TERM CARE	44
Table 30. ABD Long-Term Care PMPM Summary by Subgroup	44
Figure 32. ABD Long-Term Care PMPM by Top 5 Service Area	45
Table 31. ABD Long-Term Care History by Subgroup	45
Figure 33. ABD Long-Term Care PMPM by Emergency Room and Hospital - Inpatient Services	45

COMMUNITY CHOICES WAIVER	46
Table 32. Community Choices Waiver PMPM History	46
Figure 34. Community Choices Waiver PMPM by Top 5 Service Area	47
Table 33. Community Choices Waiver PMPM Summary by Subgroup	47
Figure 35. Community Choices Waiver PMPM by Service Type	47
Figure 36. Community Choices Waiver PMPM by Emergency Room and Hospital - Inpatient Services	47
HOSPICE	48
Table 34. Hospice PMPM History	48
Figure 37. Hospice PMPM by Top 5 Service Area	49
Table 35. Hospice PMPM Summary	49
Figure 38. Hospice PMPM by Emergency Room and Hospital - Inpatient Services	49
NURSING HOME	50
Table 36. Nursing Home PMPM History	50
Figure 39. Nursing Home PMPM by Top 5 Service Area	51
Table 37. Nursing Home PMPM Summary	51
Figure 40. Nursing Home PMPM by Service Type	51
Figure 41. Nursing Home PMPM by Emergency Room and Hospital - Inpatient Services	51
SSI & SSI RELATED	52
Table 38. SSI & SSI Related PMPM History	52
Figure 42. SSI & SSI Related PMPM by Top 5 Service Area	53
Table 39. SSI & SSI Related PMPM Summary	53
Figure 43. SSI & SSI Related PMPM by Service Type	53
Figure 44. SSI & SSI Related PMPM by Emergency Room and Hospital - Inpatient Services	53
ADULTS OVERALL	54
Table 40. Adult PMPM Summary by Subgroup	54
Figure 45. Adults PMPM by Top 5 Service Area	55
Table 41. Adult PMPM History by Subgroup	55
Figure 46. Adults PMPM by Emergency Room and Hospital - Inpatient Services	55
FAMILY CARE ADULTS	56
Table 42. Family Care Adults PMPM History	56
Figure 47. Family Care Adults PMPM by Top 5 Service Area	57
Table 43. Family Care Adults PMPM Summary	57
Figure 48. Family Care Adults PMPM by Service Type	57
Figure 49. Family Care Adults PMPM by Emergency Room and Hospital - Inpatient Services	57
FORMER FOSTER CARE	58
Table 44. Former Foster Care Adults PMPM History	58
Figure 50. Former Foster Care Adults PMPM by Top 5 Service Area	59
Table 45. Former Foster Care Adults PMPM Summary	59
Figure 51. Former Foster Care PMPM by Service Type	59
Figure 52. Former Foster Care Adults PMPM by Emergency Room and Hospital - Inpatient Services	59
CHILDREN - OVERALL	60
Table 46. Children PMPM Summary by Subgroup	60
Figure 53. Children PMPM by Top 5 Service Area	61
Table 47. Children PMPM History by Subgroup	61
Figure 54. Children Overall PMPM by Service Type	62

Figure 55. Children Overall PMPM by Emergency Room and Hospital - Inpatient Services	62
CARE MANAGEMENT ENTITY	63
Table 48. CME PMPM History	63
Figure 56. Percentage of CME Members and Expenditures by Primary Subgroup	64
Table 49. CME PMPM Summary	64
Figure 57. CME PMPM by Emergency Room Services	64
CHILDREN	65
Table 50. Children PMPM History	65
Figure 58. Children PMPM by Top 5 Service Area	66
Table 51. Children PMPM Summary	66
Figure 59. Children PMPM by Service Type	66
Figure 60. Children PMPM by Emergency Room and Hospital - Inpatient Services	66
CHILDREN'S MENTAL HEALTH WAIVER	67
Table 52. Children's Mental Health Waiver PMPM History	67
Figure 61. Children's Mental Health Waiver PMPM by Top 5 Service Area	68
Table 53. Children's Mental Health Waiver PMPM Summary	68
Figure 62. Children's Mental Health Waiver PMPM by Service Type	68
Figure 63. Children's Mental Health Waiver PMPM by Emergency Room and Hospital - Inpatient Services	68
FOSTER CARE	69
Table 54. Foster Care PMPM History	69
Figure 64. Foster Care PMPM by Top 5 Service Area	70
Table 55. Foster Care PMPM Summary	70
Figure 65. Foster Care PMPM by Service Type	70
Figure 66. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services	70
CHILDREN'S HEALTH INSURANCE PROGRAM	71
Table 56. CHIP PMPM History	71
Figure 67. CHIP PMPM by Top 5 Service Area	72
Table 57. CHIP PMPM Summary	72
Figure 68. CHIP PMPM by Service Type	72
Figure 69. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services	72
NEWBORN	73
Table 58. Newborn PMPM History	73
Figure 70. Newborn PMPM by Top 5 Service Area	74
Table 59. Newborn PMPM Summary	74
Figure 71. Newborn PMPM by Service Type	74
Figure 72. Newborn PMPM by Emergency Room and Hospital - Inpatient Services	74
MEDICARE SAVINGS PROGRAM OVERALL	75
Table 60. Medicare Savings Program PMPM Summary by Subgroup	75
Figure 73. Medicare Savings Program PMPM by Top 5 Service Area	76
Table 61. Medicare Savings Program PMPM History by Subgroup	76
Figure 74. Medicare Savings Program PMPM by Emergency Room and Hospital - Inpatient Services	76
QUALIFIED MEDICARE BENEFICIARY	77
Table 62. Qualified Medicare Beneficiary Program PMPM History	77
Figure 75. Qualified Medicare Savings Program PMPM by Top 5 Service Area	78

Table 63. Qualified Medicare Beneficiary Program PMPM Summary	78
Figure 76. Qualified Medicare Beneficiary PMPM by Service Type	78
Figure 77. Qualified Medicare Savings PMPM by Emergency Room and Hospital - Inpatient Services	78
SPECIFIED LOW INCOME MEDICARE BENEFICIARY	79
Table 64. Specified Low Income Medicare Beneficiary Program PMPM History	79
NON-CITIZENS WITH MEDICAL EMERGENCIES	80
Table 65. Non-Citizens with Medical Emergencies PMPM History	80
Figure 78. Non-Citizens with Medical Emergencies PMPM by Top 5 Service Area	81
Table 66. Non-Citizens with Medical Emergencies PMPM Summary	81
Figure 79. Non-Citizens with Medical Emergencies PMPM by Emergency Room and Hospital - Inpatient Services	81
PREGNANT WOMEN	82
Table 67. Pregnant Women PMPM History	82
Figure 80. Pregnant Women PMPM by Top 5 Service Area	83
Table 68. Pregnant Women PMPM Summary	83
Figure 81. Pregnant Women PMPM by Service Type	83
Figure 82. Pregnant Women PMPM by Emergency Room and Hospital - Inpatient Services	83
SPECIAL GROUPS OVERALL	84
Table 69. Special Groups PMPM Summary by Subgroup	84
Figure 83. Special Groups PMPM by Top 5 Service Area	85
Table 70. Special Groups PMPM History by Subgroup	85
Figure 84. Special Groups PMPM by Emergency Room and Hospital - Inpatient Services	85
BREAST & CERVICAL	86
Table 71. Breast and Cervical PMPM History	86
Figure 85. Breast and Cervical PMPM by Top 5 Service Area	87
Table 72. Breast and Cervical PMPM Summary	87
Figure 86. Breast and Cervical PMPM by Service Type	87
Figure 87. Breast and Cervical PMPM by Emergency Room and Hospital - Inpatient Services	87
FAMILY PLANNING WAIVER	88
Table 73. Family Planning Waiver PMPM History	88
Figure 88. Family Planning Waiver PMPM by Top 5 Service Area	89
Table 74. Family Planning Waiver PMPM Summary	89
TARGETED CASE MANAGEMENT	90
Table 75. Targeted Case Management PMPM History	90
APPENDIX A: GLOSSARY & ACRONYMS	91
GLOSSARY	91
Table 76. Glossary definitions	91
ACRONYMS	95
Table 77. Acronym definitions	95
APPENDIX B: DATA METHODOLOGY	97
Table 78. Data Definition and Methodology Summary	97
Table 79. Medicaid Chart A Eligibility Program Codes	97
Table 80. CHIP Chart C Eligibility Program Codes	103
Table 81. Data Parameters by Service Area	103

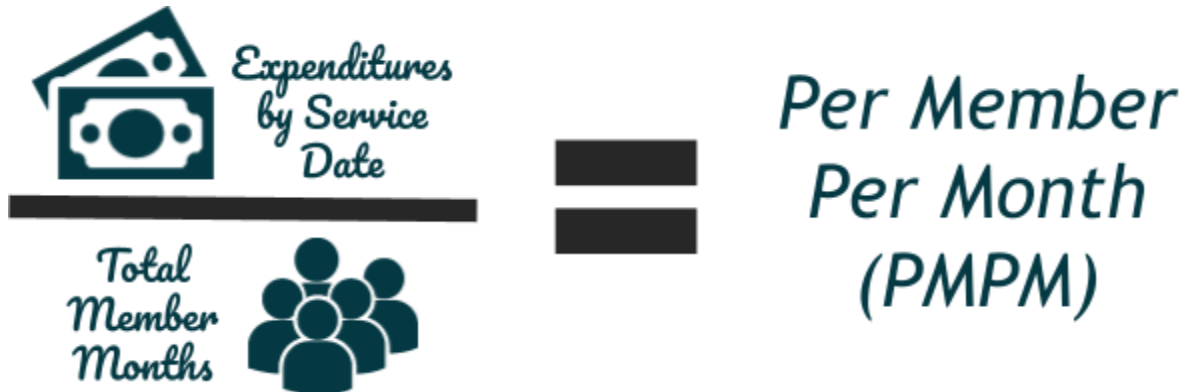


REPORT OVERVIEW

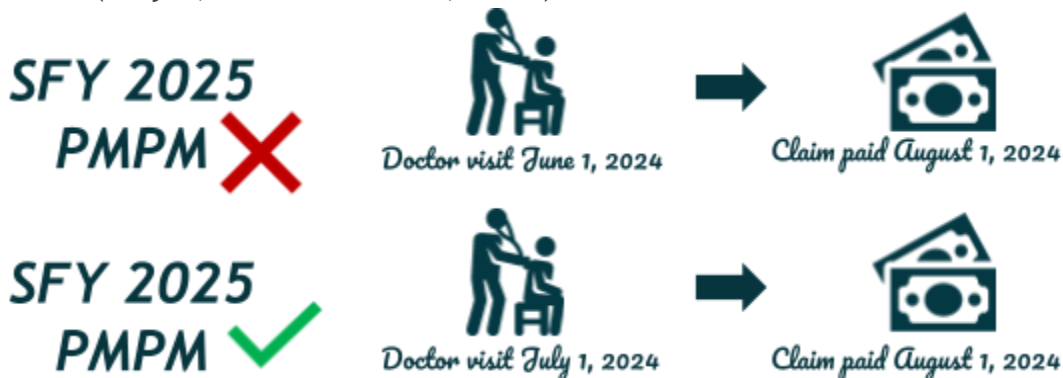


WHAT IS PER MEMBER PER MONTH?

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.



This report uses expenditures from claims data processed by the Medicaid Management Information System (MMIS) based on the dates the member received the service, regardless of the claim payment date. For example, for a recipient who visited their doctor twice, once on June 1, 2024, and again on July 1, 2024, even if both claims were paid on August 1, 2024, only the second claim's expenditures are included in the calculation of the State Fiscal Year 2025 (July 1, 2024 - June 30, 2025) 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



851,702

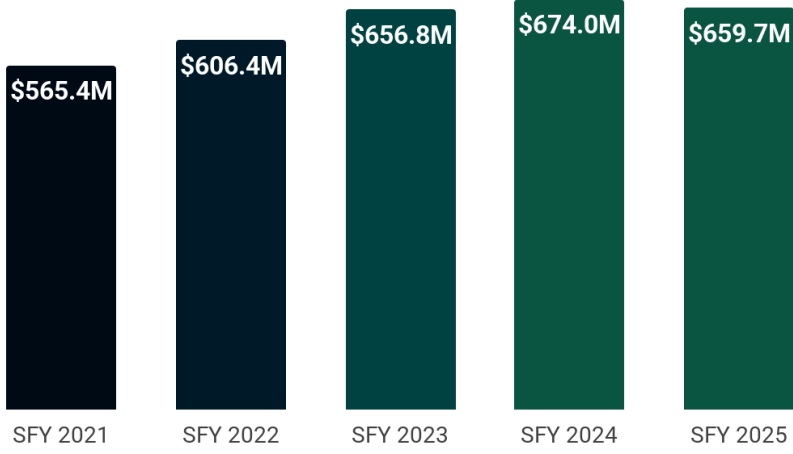
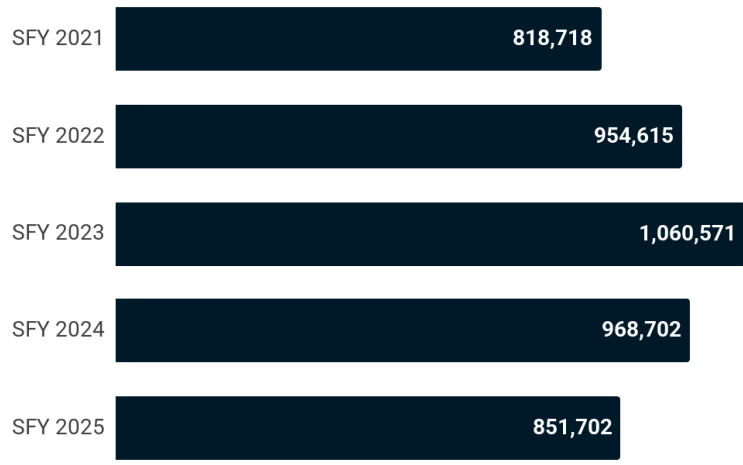
months members were enrolled during SFY 2025



EXPENDITURES

\$659,737,266

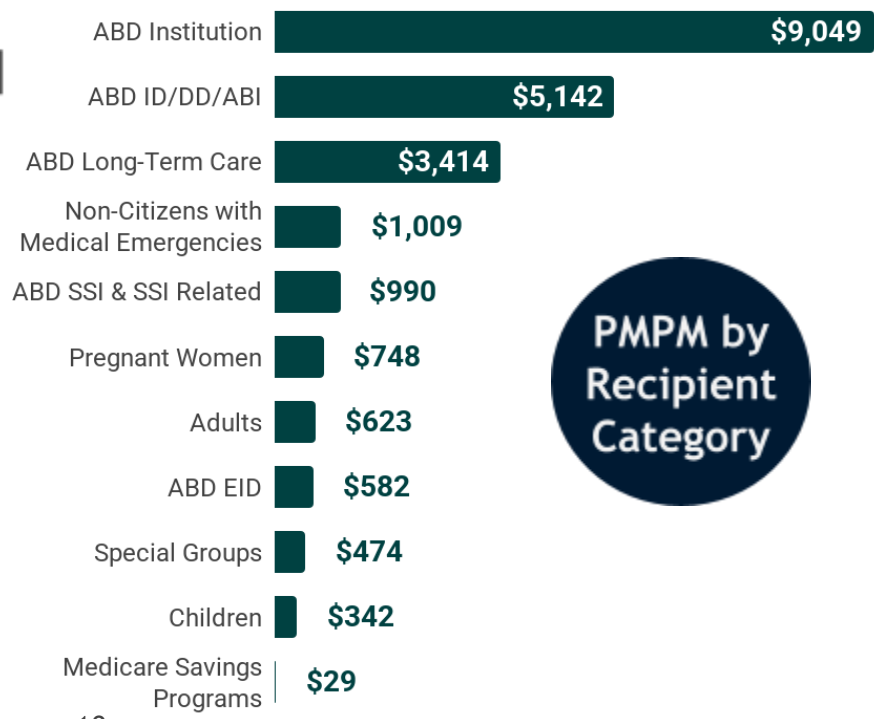
paid to providers for services rendered during SFY 2025



PER MEMBER PER MONTH

\$775

paid to providers for services rendered during SFY 2025



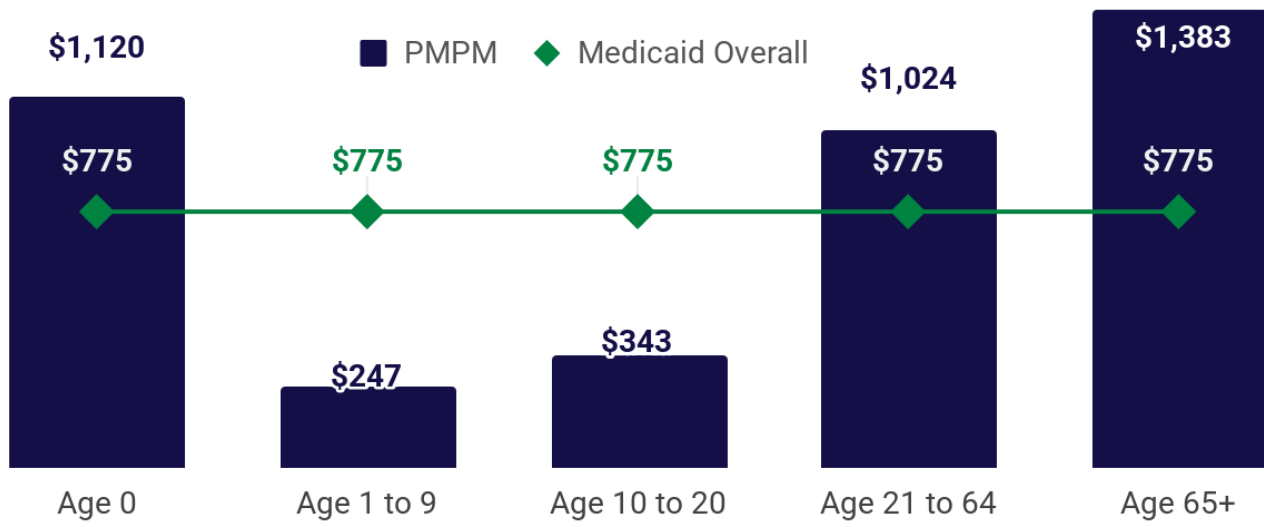


Figure 1. SFY 2025 PMPM by Age Band

74%
of Wyoming
counties have a
PMPM below the
State's overall
PMPM

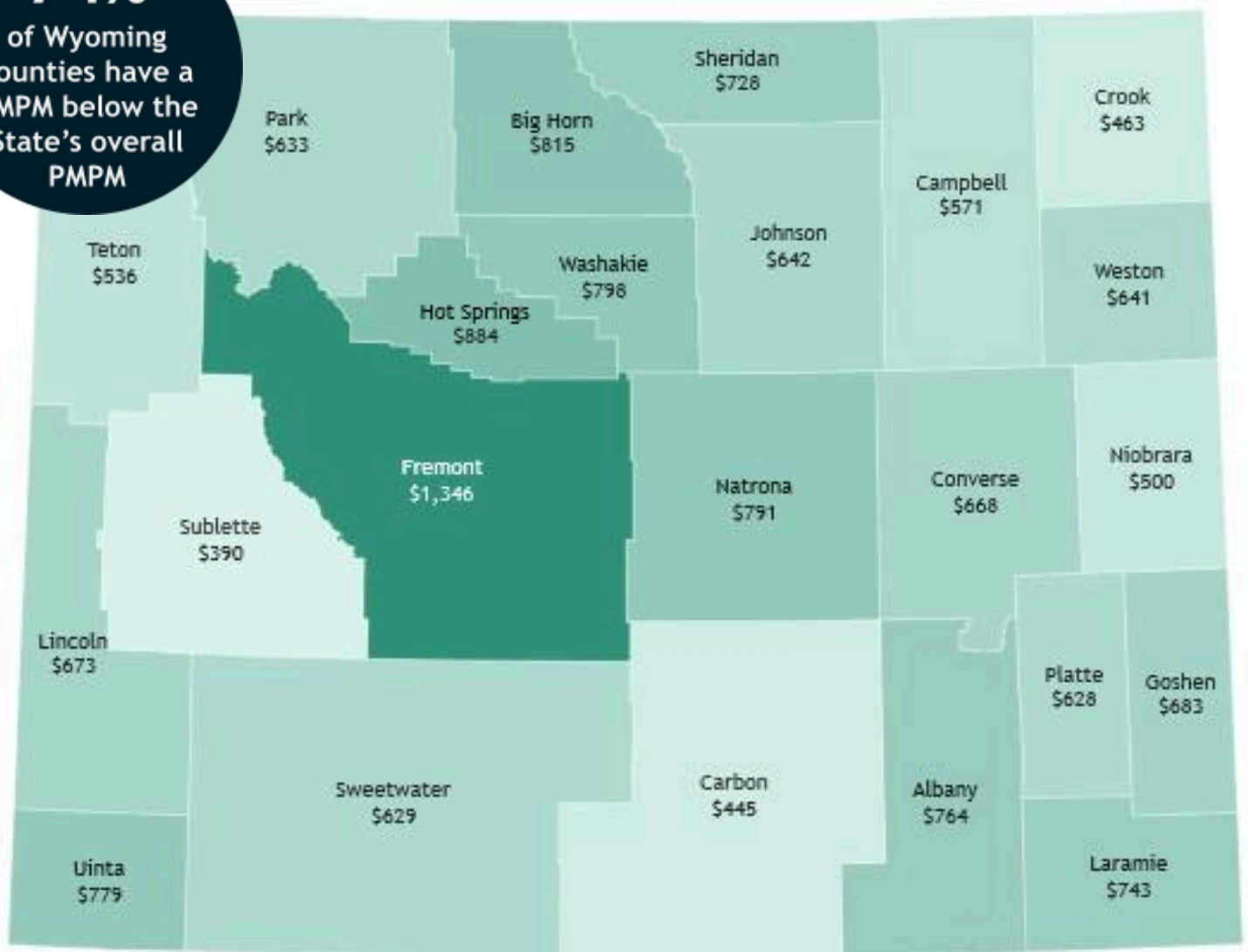


Figure 2. SFY 2025 PMPM by County



PMPM BY POPULATION

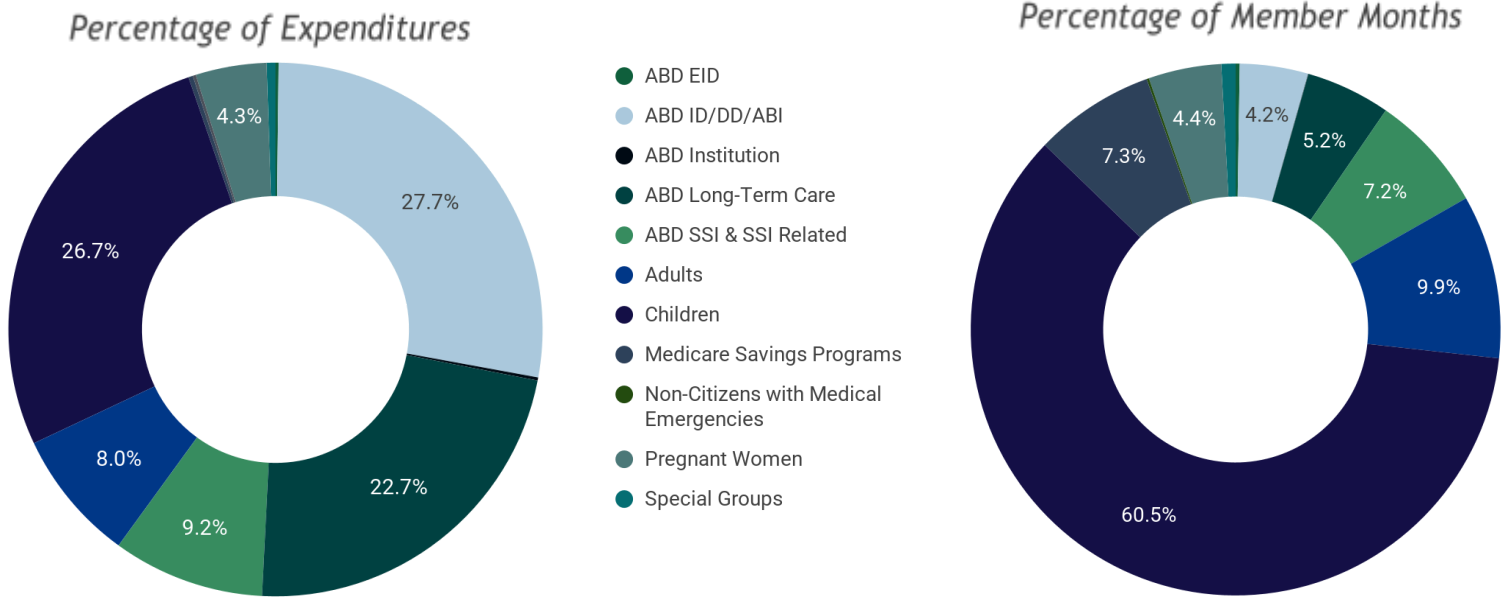


Figure 3. Eligibility Category Overview, Percentage of Expenditures vs. Member Months - SFY 2025

Table 1. Eligibility Category Overview - Percentage of Total - SFY 2025

Eligibility Category	% of Total Expenditures	% of Total Member Months
ABD EID	0.2%	0.2%
ABD ID/DD/ABI	27.7%	4.2%
ABD Institution	0.2%	0.02%
ABD Long-Term Care	22.7%	5.2%
ABD SSI & SSI Related	9.2%	7.2%
Adults	8.0%	9.9%
Children	26.7%	60.5%
Medicare Savings Programs	0.3%	7.3%
Non-Citizens with Medical Emergencies	0.2%	0.1%
Pregnant Women	4.3%	4.4%
Special Groups	0.5%	0.9%

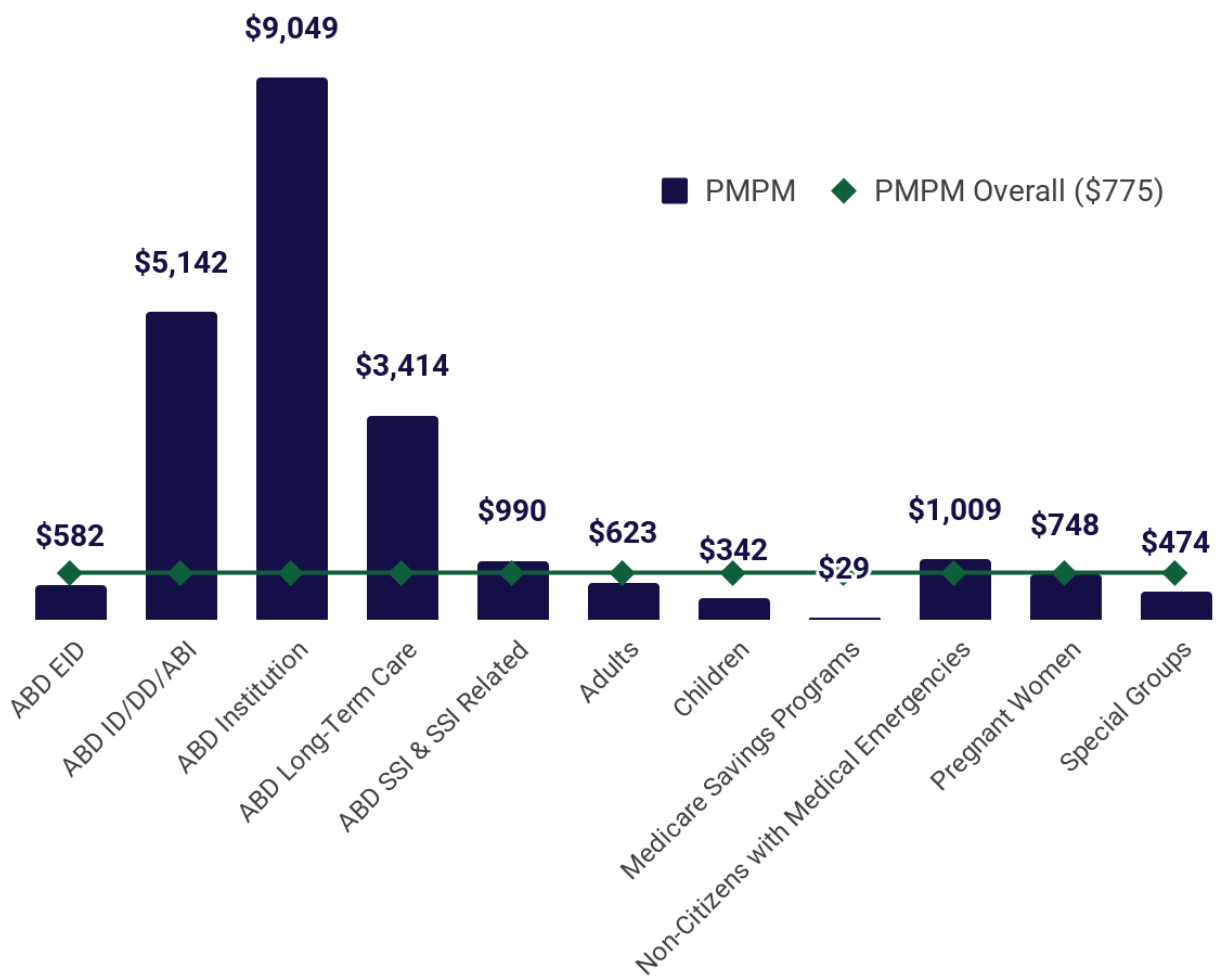


Figure 4. Eligibility Category vs. Medicaid Overview ~ SFY 2025

Table 2. Eligibility Category Summary ~ SFY 2025

Eligibility Category	Average Enrollment Length (months)	Expenditures	Member Months	PMPM	Enrollment
ABD EID	7.6	\$1,217,824	2,093	\$582	276
ABD ID/DD/ABI	11.4	\$182,706,586	35,530	\$5,142	3,104
ABD Institution	3.0	\$1,230,674	136	\$9,049	46
ABD Long-Term Care	9.7	\$150,030,820	43,941	\$3,414	4,533
ABD SSI & SSI Related	9.9	\$60,625,927	61,250	\$990	6,169
Adults	7.5	\$52,759,725	84,707	\$623	11,258
Children	9.7	\$176,296,733	514,991	\$342	53,171
Medicare Savings Programs	9.1	\$1,790,963	62,576	\$29	6,847
Non-Citizens with Medical Emergencies	3.3	\$1,243,472	1,232	\$1,009	377
Pregnant Women	7.5	\$28,331,989	37,853	\$748	5,055
Special Groups	7.6	\$3,502,553	7,393	\$474	971
Overall	9.6	\$659,737,266	851,702	\$775	88,432

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

Eligibility Category	SFY 2025 Expenditures	Expenditure % Change from SFY 2024	SFY 2025 Member Months	Member Month % Change from SFY 2024	SFY 2025 PMPM	PMPM % Change from SFY 2024
ABD EID	\$1,217,824	37.9	2,093	-28.0	\$582	91.5
ABD ID/DD/ABI	\$182,706,586	4.6	35,530	6.4	\$5,142	-1.6
ABD Institution	\$1,230,674	-28.7	136	-42.6	\$9,049	24.3
ABD Long-Term Care	\$150,030,820	-3.9	43,941	-2.5	\$3,414	-1.4
ABD SSI & SSI Related	\$60,625,927	2.8	61,250	-10.5	\$990	14.8
Adults	\$52,759,725	-15.8	84,707	-27.1	\$623	15.5
Children	\$176,296,733	-3.6	514,991	-11.7	\$342	9.1
Medicare Savings Programs	\$1,790,963	-5.1	62,576	1.4	\$29	-6.5
Non-Citizens with Medical Emergencies	\$1,243,472	26.4	1,232	-65.4	\$1,009	265.1
Pregnant Women	\$28,331,989	-6.2	37,853	-19.0	\$748	15.8
Special Groups	\$3,502,553	16.7	7,393	-0.9	\$474	17.8
Overall	\$659,737,266	-2.1	851,702	-12.1	\$775	11.3

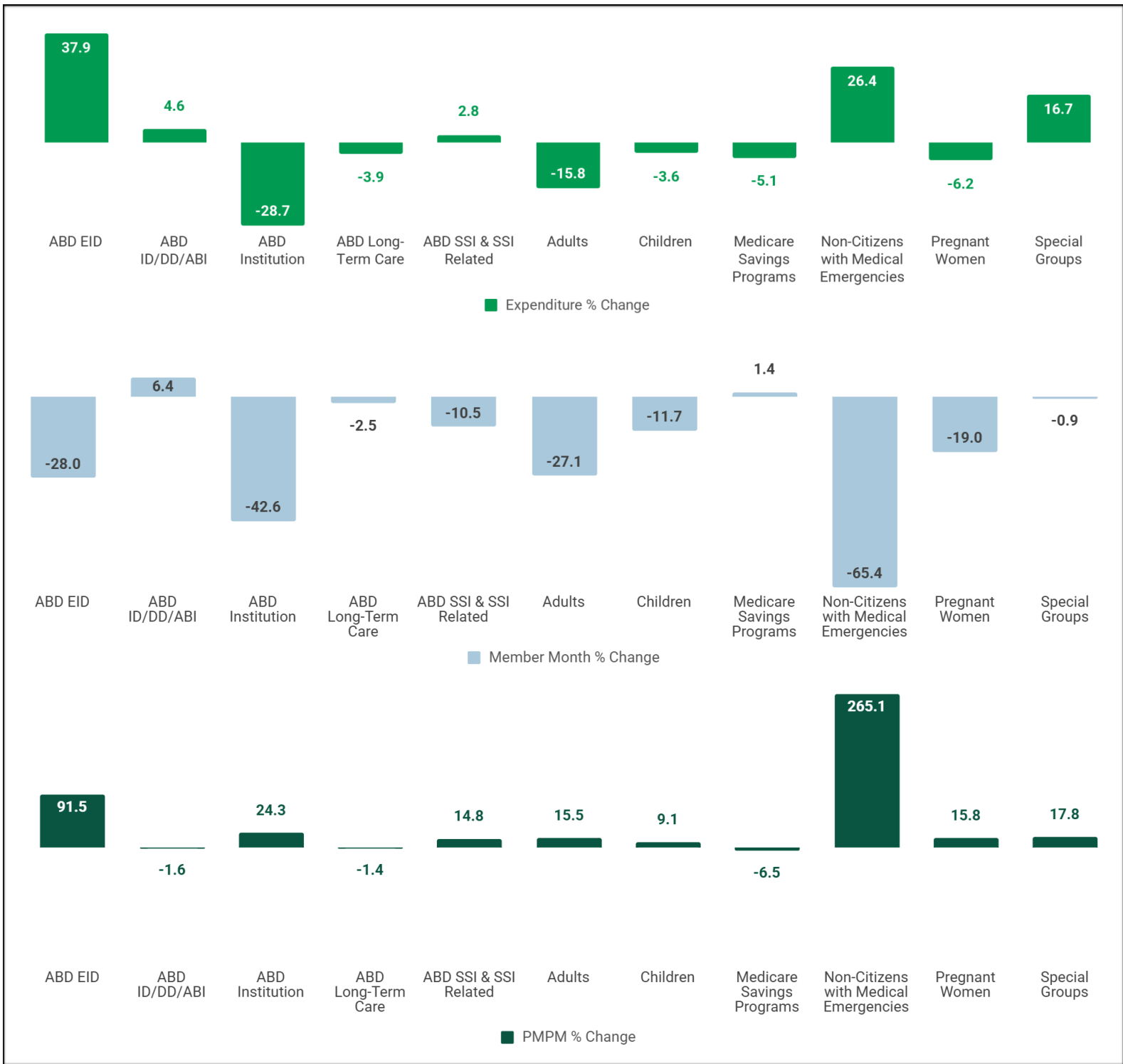


Figure 5. Expenditure, Member Months, and PMPM 1 Year Percent Change from SFY 2025

Table 4. Eligibility Subgroup Summary - SFY 2025

Eligibility Group	Eligibility Subgroup	Average Enrollment Length (months)	Expenditures	Members	Member Months	PMPM
ABD EID	EID	7.6	\$1,217,824.35	276	2,093	\$582
ABD ID/DD/ABI	Comprehensive Waiver	11.6	\$139,354,099.93	1,771	20,623	\$6,757
	ICF/IID	10.6	\$14,223,251.42	38	404	\$35,206
ABD Institution	Supports Waiver	11.0	\$29,129,234.72	1,322	14,503	\$2,008
	Hospital	3.0	\$1,230,673.82	46	136	\$9,049
ABD Long-Term Care	Community Choices Waiver	10.0	\$56,196,413.12	2,884	28,841	\$1,948
	Hospice	2.1	\$499,039.37	61	129	\$3,869
	Nursing Home	8.4	\$93,335,367.01	1,777	14,971	\$6,234
ABD SSI & SSI Related	SSI	9.9	\$60,579,093.07	6,157	61,175	\$990
	SSI Related	4.4	\$46,834.05	17	75	\$624
Adults	Family-Care Adults	7.5	\$52,117,670.59	11,052	82,993	\$628
	Former Foster Care	8.0	\$642,054.68	213	1,714	\$375
Children	Behavioral Health Care Management Entity	5.5	\$3,992,650.94	475	2,609	\$1,530
	Children	9.1	\$114,571,707.21	44,384	404,209	\$283
	Children's Mental Health Waiver	7.5	\$459,087.31	117	883	\$520
	Foster Care	8.7	\$19,214,935.63	3,343	29,049	\$661
	Kid Care CHIP	6.9	\$13,504,423.96	7,853	53,862	\$251
	Newborn	6.4	\$24,553,928.00	4,191	26,988	\$910
Medicare Savings Programs	Part A - Premiums Only	N/A	\$0.00	< 10 ¹	17	\$0
	Qualified Medicare Beneficiary	8.8	\$1,790,963.23	3,936	34,568	\$52
	Specified Low Income Medicare Beneficiary	8.6	\$0.00	3,272	27,991	\$0
Non-Citizens with Medical Emergencies	Non-Citizens	3.3	\$1,243,471.74	377	1,232	\$1,009
Pregnant Women	Pregnant Women	7.5	\$28,331,988.63	5,055	37,853	\$748
Special Groups	Breast and Cervical	8.0	\$3,446,694.31	73	585	\$5,892
	Family Planning Waiver	3.7	\$2,040.47	44	161	\$13
	Targeted Case Management	--	\$53,818.00	--	6,647	\$8
Overall		9.6	\$659,737,265.56	88,432	851,702	\$775

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

Table 5. Expenditure History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$1,713,644	\$1,291,952	\$987,177	\$883,037	\$1,217,824	-28.9
ABD ID/DD/ABI	Comprehensive Waiver	\$123,791,912	\$122,225,472	\$129,291,767	\$136,179,280	\$139,354,100	12.6
	ICF/IID	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,650	\$14,223,251	-16.5
ABD Institution	Supports Waiver	\$12,026,532	\$12,939,130	\$15,516,548	\$21,884,378	\$29,129,235	142.2
	Hospital	\$3,275,321	\$2,203,483	\$1,935,388	\$1,725,884	\$1,230,674	-62.4
ABD Long-Term Care	Community Choices Waiver	\$49,020,051	\$52,927,218	\$55,132,659	\$56,631,387	\$56,196,413	14.6
	Hospice	\$433,312	\$309,010	\$350,172	\$286,941	\$499,039	15.2
	Nursing Home	\$78,626,981	\$78,855,807	\$82,204,893	\$99,148,224	\$93,335,367	18.7
	PACE	\$1,784,714	--	--	--	--	--
ABD SSI & SSI Related	SSI	\$57,812,661	\$63,621,115	\$65,010,763	\$58,928,363	\$60,579,093	4.8
	SSI Related	\$35,589	\$94,134	\$153,257	\$69,622	\$46,834	31.6
Adults	Family-Care Adults	\$51,849,224	\$59,906,210	\$69,762,475	\$62,024,303	\$52,117,671	0.5
	Former Foster Care	\$443,082	\$596,713	\$663,605	\$648,698	\$642,055	44.9
Children	Behavioral Health Care Management Entity	\$3,465,391	\$3,185,908	\$3,890,718	\$3,572,394	\$3,992,651	15.2
	Children	\$86,883,981	\$100,706,769	\$117,816,142	\$118,864,748	\$114,571,707	31.9
	Children's Mental Health Waiver	\$707,330	\$605,720	\$592,465	\$562,635	\$459,087	-35.1
	Foster Care	\$17,328,460	\$17,216,308	\$17,369,311	\$18,923,355	\$19,214,936	10.9
	Kid Care CHIP ²	\$5,539,762	\$9,286,449	\$9,413,086	\$11,922,688	\$13,504,424	143.8
	Newborn	\$26,135,988	\$32,595,959	\$36,096,857	\$29,109,499	\$24,553,928	-6.1
Medicare Savings Program	Qualified Medicare Beneficiary	\$1,854,707	\$2,000,438	\$2,147,830	\$1,887,945	\$1,790,963	-3.4
	Specified Low Income Medicare Beneficiary	\$13,055	\$3,374	\$329	--	--	--
Non-Citizens with Medical Emergencies	Non-Citizens	\$712,723	\$815,903	\$870,802	\$983,626	\$1,243,472	74.5
Pregnant Women	Pregnant Women	\$22,516,601	\$23,690,993	\$28,362,704	\$30,201,031	\$28,331,989	25.8
Special Groups	Breast and Cervical	\$2,313,161	\$2,681,919	\$2,874,434	\$2,953,330	\$3,446,694	49.0
	Family Planning Waiver	\$106	\$2,447	\$1,870	\$1,207	\$2,040	1,827.0
	Targeted Case Management	\$39,646	\$37,568	\$45,822	\$46,584	\$53,818	35.7
	Tuberculosis	--	--	--	\$353	--	--
Overall		\$565,354,464	\$606,372,746	\$656,824,406	\$673,979,164	\$659,737,266	16.7

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 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	3,424	3,585	3,807	2,906	2,093	-38.9
	Comprehensive Waiver	21,274	21,297	21,498	21,086	20,623	-3.1
ABD ID/DD/ABI	ICF/IID	556	524	461	406	404	-27.3
	Supports Waiver	7,067	7,677	8,812	11,908	14,503	105.2
ABD Institution	Hospital	162	217	280	237	136	-16.0
	Community Choices Waiver	27,704	27,821	28,848	29,171	28,841	4.1
ABD Long-Term Care	Hospice	78	126	135	121	129	65.4
	Nursing Home	17,273	16,859	16,138	15,793	14,971	-13.3
	PACE	414	--	--	--	--	--
ABD SSI & SSI Related	SSI	67,013	70,551	73,248	68,328	61,175	-8.7
	SSI Related	120	132	148	98	75	-37.5
Adults	Family-Care Adults	95,763	117,439	131,127	114,314	82,993	-13.3
	Former Foster Care	1,217	1,622	1,923	1,914	1,714	40.8
	Behavioral Health Care Management Entity	2,479	1,971	2,514	2,496	2,609	5.2
Children	Children	402,833	467,537	514,520	462,134	404,209	0.3
	Children's Mental Health Waiver	846	1,177	1,452	1,132	883	4.4
	Foster Care	27,168	32,460	36,215	33,836	29,049	6.9
	Kid Care CHIP	39,441	42,830	45,516	45,416	53,862	36.6
	Newborn	23,099	37,894	52,325	40,452	26,988	16.8
	Part A - Premiums Only	0	1	1	10	17	--
Medicare Savings Programs	Qualified Medicare Beneficiary	29,244	31,308	33,581	34,718	34,568	18.2
	Specified Low Income Medicare Beneficiary	21,242	23,528	25,123	26,957	27,991	31.8
Non-Citizens with Medical Emergencies	Non-Citizens	1,235	2,810	4,429	3,558	1,232	-0.2
Pregnant Women	Pregnant Women	27,620	42,434	54,155	46,745	37,853	37.0
	Breast and Cervical	746	975	1,192	944	585	-21.6
Special Groups	Family Planning Waiver	52	58	69	100	161	209.6
	Targeted Case Management	3,127	3,753	5,568	6,414	6,647	112.6
	Tuberculosis	--	--	--	4	--	--
Overall		818,718	954,615	1,060,571	968,702	851,702	4.0

Table 7. Per Member Per Month History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$500	\$360	\$259	\$304	\$582	16.3
ABD ID/DD/ABI	Comprehensive Waiver	\$5,819	\$5,739	\$6,014	\$6,458	\$6,757	16.1
	ICF/IID	\$30,630	\$35,444	\$35,430	\$40,738	\$35,206	14.9
ABD Institution	Supports Waiver	\$1,702	\$1,685	\$1,761	\$1,838	\$2,008	18.0
	Hospital	\$20,218	\$10,154	\$6,912	\$7,282	\$9,049	-55.2
ABD Long-Term Care	Community Choices Waiver	\$1,769	\$1,902	\$1,911	\$1,941	\$1,948	10.1
	Hospice	\$5,555	\$2,452	\$2,594	\$2,371	\$3,869	-30.4
	Nursing Home	\$4,552	\$4,677	\$5,094	\$6,278	\$6,234	37.0
	PACE	\$4,311	--	--	--	--	-100.0
ABD SSI & SSI Related	SSI	\$863	\$902	\$888	\$862	\$990	14.8
	SSI Related	\$297	\$713	\$1,036	\$710	\$624	110.6
Adults	Family-Care Adults	\$541	\$510	\$532	\$543	\$628	16.0
	Former Foster Care	\$364	\$368	\$345	\$339	\$375	2.9
Children	Behavioral Health Care Management Entity	\$1,398	\$1,616	\$1,548	\$1,431	\$1,530	9.5
	Children	\$216	\$215	\$229	\$257	\$283	31.4
	Children's Mental Health Waiver	\$836	\$515	\$408	\$497	\$520	-37.8
	Foster Care	\$638	\$530	\$480	\$559	\$661	3.7
	Kid Care CHIP	\$140	\$217	\$207	\$263	\$251	78.5
	Newborn	\$1,131	\$860	\$690	\$720	\$910	-19.6
Medicare Savings Programs	Part A - Premiums Only	--	--	--	--	--	--
	Qualified Medicare Beneficiary	\$63	\$64	\$64	\$54	\$52	-18.3
	Specified Low Income Medicare Beneficiary	\$1	--	--	--	--	-100.0
Non-Citizens with Medical Emergencies		\$577	\$290	\$197	\$276	\$1,009	74.9
Pregnant Women		\$815	\$558	\$524	\$646	\$748	-8.2
Special Groups	Breast and Cervical	\$3,101	\$2,751	\$2,411	\$3,129	\$5,892	90.0
	Family Planning Waiver	\$2	\$42	\$27	\$12	\$13	522.4
	Targeted Case Management	\$13	\$10	\$8	\$7	\$8	-36.1
	Tuberculosis	--	--	--	--	\$88	100.0
Overall		\$691	\$635	\$619	\$696	\$775	12.2



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 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Medical	\$370	\$357	\$356	\$376	\$412	11.5
Long-Term Care	\$260	\$246	\$298	\$339	\$339	30.4
Dental	\$15	\$13	\$14	\$17	\$19	22.0
Vision	\$4	\$4	\$4	\$4	\$4	-6.0
Other	\$0.25	\$0.24	\$0.28	\$0.29	\$0.29	15.6
Total	\$691	\$635	\$619	\$696	\$775	12.2

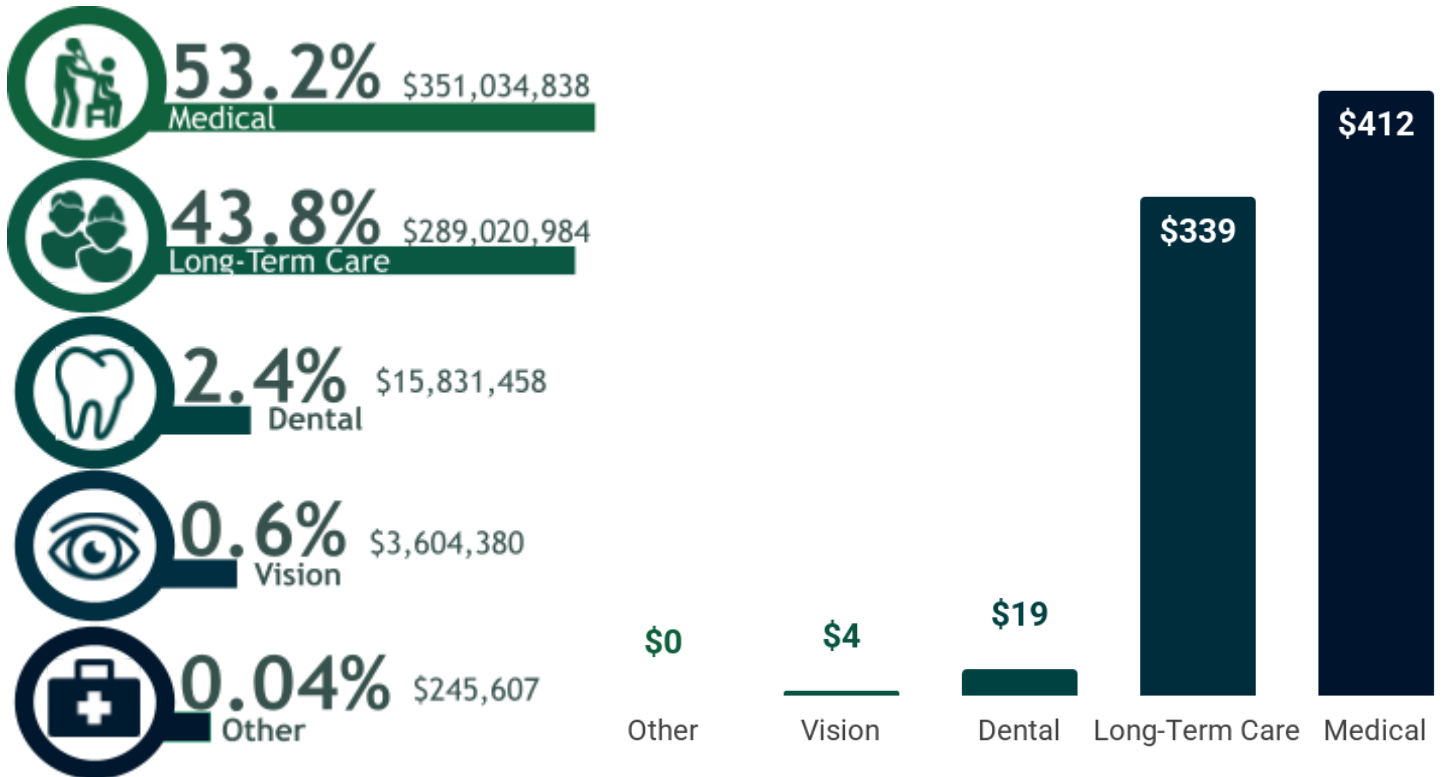


Figure 6. SFY 2025 Service Category Expenditures & Per Member Per Month

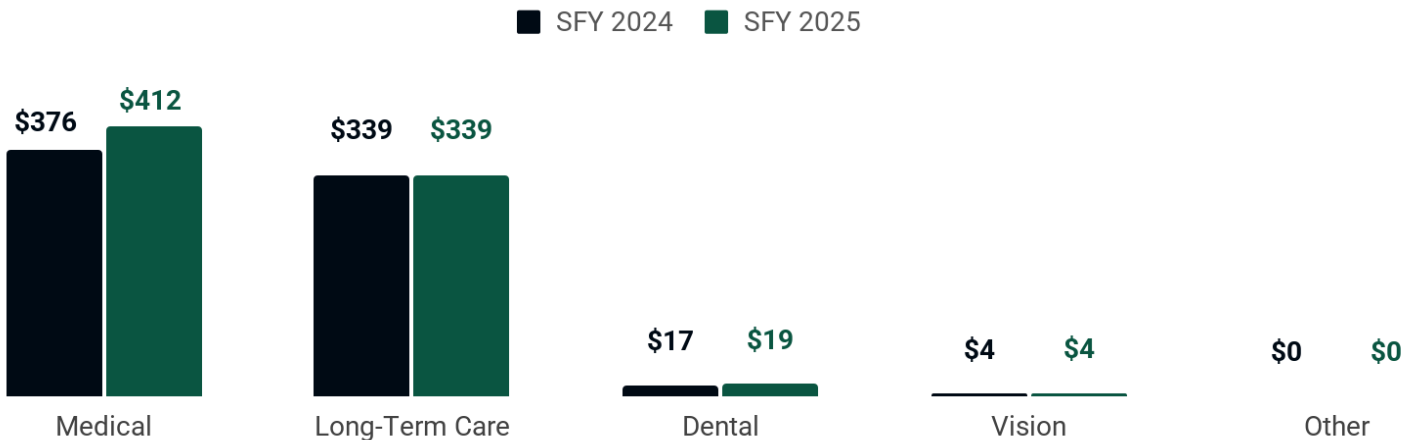


Figure 7. SFY 2024 & SFY 2025 Per Member Per Month by Service Category



DETAILED SERVICE AREA

Table 9. Per Member Per Month by Service Area

Service	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Ambulance	\$4.23	\$4.25	\$4.16	\$4.79	\$5.14	21.51
Ambulatory Surgery Center	\$5.30	\$6.06	\$6.07	\$6.51	\$7.00	32.08
Behavioral Health	\$24.75	\$18.93	\$17.28	\$19.05	\$22.15	-10.51
Care Management Entity	\$4.23	\$3.34	\$3.67	\$3.70	\$4.70	11.11
Clinic / Center	\$0.94	\$0.93	\$1.02	\$1.02	\$1.27	35.11
Dental	\$15.23	\$13.43	\$13.54	\$16.91	\$18.59	22.06
DME	\$12.16	\$10.76	\$10.90	\$12.47	\$13.75	13.08
End-Stage Renal Disease	\$2.67	\$2.19	\$2.01	\$1.96	\$1.92	-28.09
Federally Qualified Health Center	\$8.64	\$9.27	\$9.60	\$10.82	\$10.98	27.08
Home Health	\$1.20	\$1.00	\$0.63	\$0.47	\$0.57	-52.50
Hospice	\$1.73	\$1.17	\$1.28	\$2.31	\$3.62	109.25
Hospital Total	\$122.64	\$117.53	\$113.30	\$104.37	\$113.56	-7.40
Hospital Inpatient	\$88.32	\$85.82	\$80.90	\$71.26	\$77.74	-11.98
Hospital Outpatient	\$34.29	\$31.69	\$32.35	\$33.09	\$35.81	4.43
Hospital-Other	\$0.02	\$0.02	\$0.05	\$0.02	\$0.00	-100.00
ICF/IID	\$20.61	\$19.38	\$15.35	\$17.05	\$16.56	-19.65
Laboratory	\$1.00	\$1.27	\$1.90	\$2.02	\$2.50	150.00
Nursing Facility	\$91.34	\$78.85	\$74.48	\$97.58	\$104.90	14.85
Other	\$0.36	\$0.35	\$0.41	\$0.41	\$0.43	19.44
Physicians & Other Practitioners	\$63.45	\$60.84	\$58.35	\$59.86	\$63.09	-0.57
Prescription Drug	\$83.71	\$87.16	\$92.87	\$102.35	\$114.08	36.28
PACE	\$2.17	--	--	--	--	-100.00
Psychiatric Residential Treatment Facility	\$9.08	\$6.34	\$6.47	\$12.54	\$14.94	64.54
Public Health or Welfare	\$0.74	\$0.34	\$0.21	\$0.22	\$0.28	-62.16
Public Health, Federal	\$20.83	\$23.56	\$23.78	\$28.78	\$29.44	41.33
Rural Health Clinic	\$3.51	\$3.73	\$3.81	\$4.03	\$4.27	21.65
Vision	\$4.50	\$3.90	\$3.73	\$3.78	\$4.23	-6.00
Waiver Total	\$185.51	\$160.90	\$154.93	\$183.18	\$217.18	17.07
Community Choices Waiver	\$39.18	\$36.97	\$34.42	\$39.62	\$45.13	15.19
Comprehensive	\$136.59	\$115.12	\$110.94	\$129.04	\$150.31	10.04
Supports	\$9.75	\$8.81	\$9.57	\$14.53	\$21.74	122.97
Total	\$691	\$635	\$619	\$696	\$775	12.18



SERVICE PMPM BY POPULATION

1

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 2025

Eligibility Group	Eligibility Subgroup	Behavioral Health	Hospital Inpatient	Hospital Outpatient	Nursing Facility	Physician & Other Practitioner	Prescription Drugs
ABD EID	Employed Individuals with Disabilities	\$13.34	\$44.68	\$93.38	--	\$110.75	\$231.61
	Comprehensive Waiver	\$31.37	\$44.77	\$28.44	\$1.65	\$82.10	\$224.87
ABD ID/DD/ABI	ICF/IID	--	\$126.88	\$30.01	--	\$45.89	\$0.19
	Supports Waiver	\$63.04	\$54.67	\$50.93	\$0.69	\$142.80	\$264.28
ABD Institution	Hospital	--	\$8,213.08	\$35.82	--	\$604.08	\$56.61
ABD Long-Term Care	Community Choices Waiver	\$15.31	\$72.20	\$56.29	\$46.78	\$101.22	\$191.35
	Hospice	--	\$12.65	\$15.13	--	\$39.38	\$10.52
	Nursing Home	\$4.02	\$57.22	\$26.76	\$5,874.48	\$46.13	\$42.59
ABD SSI & SSI Related	SSI	\$31.99	\$190.43	\$81.76	--	\$107.20	\$406.67
	SSI Related	\$3.81	--	\$84.67	--	\$186.25	\$244.35
Adults	Family-Care Adults	\$21.43	\$73.95	\$82.68	\$0.08	\$96.60	\$243.06
	Former Foster Care	\$18.71	\$48.35	\$49.45	--	\$54.91	\$103.71
Children	Children	\$20.64	\$31.64	\$21.32	--	\$37.91	\$61.41
	Children's Mental Health Waiver	\$99.05	\$29.77	\$18.34	--	\$28.84	\$127.53
	Foster Care	\$96.05	\$55.14	\$29.98	--	\$53.06	\$90.41
	Newborn	--	\$573.80	\$36.52	--	\$140.21	\$28.15
	CHIP	\$14.75	\$20.41	\$20.62	--	\$38.34	\$61.03
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.94	\$4.59	\$9.32	--	\$23.14	\$0.18
Non-Citizens with Medical Emergencies		--	\$799.68	\$48.73	--	\$133.03	--
Pregnant Women		\$13.33	\$263.87	\$66.60	--	\$174.26	\$97.21
Special Groups	Breast and Cervical	\$9.53	\$490.62	\$816.44	--	\$1,768.22	\$2,558.05
	Family Planning Waiver	--	--	\$0.53	--	\$8.62	\$0.80
	Targeted Case Management	--	--	--	--	--	--
Overall		\$22.15	\$77.74	\$35.81	\$104.90	\$63.09	\$114.08



BEHAVIORAL HEALTH

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

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$19.71	\$13.00	\$15.87	\$19.26	\$13.34	-32.3
	Comprehensive Waiver	\$31.11	\$29.43	\$30.79	\$32.40	\$31.37	0.8
ABD ID/DD/ABI	ICF/IID	--	\$1.72	\$4.66	\$0.18	--	--
	Supports Waiver	\$78.74	\$59.32	\$41.62	\$44.14	\$63.04	-19.9
ABD Institution	Hospital	\$18.61	\$2.12	\$7.79	\$8.40	\$0.36	-98.1
	Community Choices Waiver	\$17.54	\$16.37	\$15.10	\$15.62	\$15.31	-12.7
ABD Long-Term Care	Hospice	--	\$1.74	--	--	--	--
	Nursing Home	\$4.29	\$5.82	\$6.98	\$5.45	\$4.02	-6.3
	PACE	\$2.04	--	--	--	--	-100.0
ABD SSI & SSI Related	SSI	\$35.62	\$31.81	\$25.35	\$27.40	\$31.99	-10.2
	SSI Related	\$0.23	--	--	\$2.50	\$3.81	1,556.5
Adults	Family-Care Adults	\$18.11	\$17.07	\$17.70	\$18.72	\$21.43	18.3
	Former Foster Care	\$32.36	\$31.96	\$26.89	\$17.93	\$18.71	-42.2
	Children	\$22.14	\$15.85	\$15.35	\$16.98	\$20.64	-6.8
	Children's Mental Health Waiver	\$229.56	\$113.14	\$75.88	\$89.74	\$99.05	-56.9
Children	Foster Care	\$159.76	\$95.41	\$70.89	\$83.79	\$96.05	-39.9
	Newborn	\$0.23	\$0.10	\$0.21	\$0.12	--	-100.0
	CHIP	\$10.82	\$15.95	\$14.61	\$15.75	\$14.75	36.3
Medicare Savings Programs	Qualified Medicare Beneficiary	\$1.44	\$1.11	\$1.07	\$0.83	\$0.94	-34.7
	Specified Low Income Medicare Beneficiary	\$0.02	\$0.02	\$0.01	--	--	-100.0
Pregnant Women		\$10.82	\$10.60	\$13.17	\$13.74	\$13.33	23.2
Special Groups	Breast and Cervical	\$19.53	\$14.69	\$8.39	\$9.88	\$9.53	-51.2
	Targeted Case Management	--	\$0.12	--	--	--	-100.0
Overall		\$24.75	\$18.93	\$17.28	\$19.05	\$22.15	-10.5

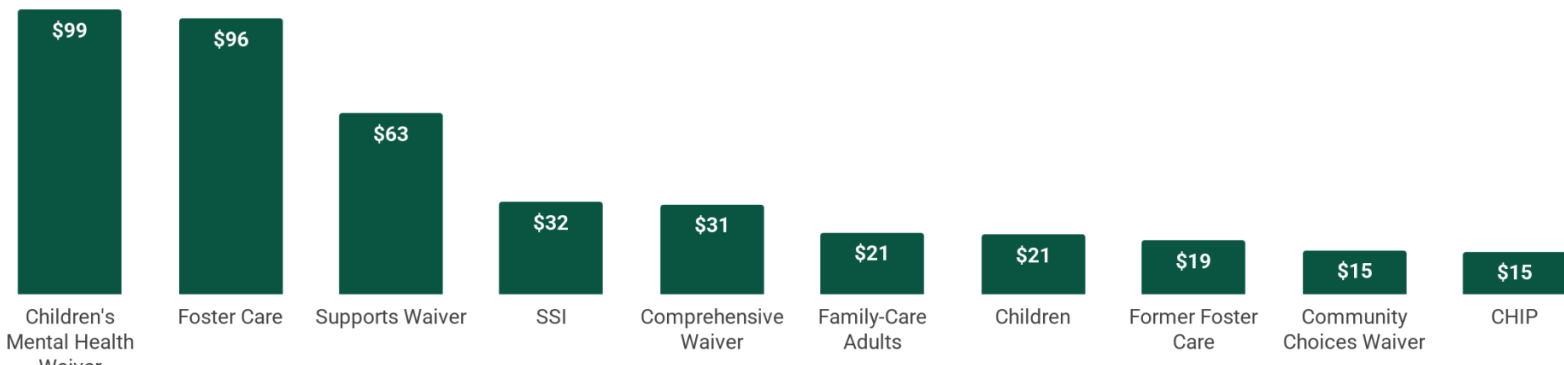


Figure 8. SFY 2025 Top 10 Behavioral Health PMPM by Eligibility Subgroup



HOSPITAL - INPATIENT

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

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$105.89	\$71.75	\$16.17	\$30.59	\$44.68	-57.8
	Comprehensive Waiver	\$64.52	\$87.25	\$59.55	\$39.88	\$44.77	-30.6
ABD ID/DD/ABI	ICF/IID	\$122.53	\$17.40	\$36.11	\$3.94	\$126.88	3.6
	Supports Waiver	\$32.70	\$70.89	\$64.89	\$49.40	\$54.67	67.2
ABD Institution	Hospital	\$17,720.27	\$8,457.30	\$5,539.45	\$6,010.58	\$8,213.08	-53.7
	Community Choices Waiver	\$116.97	\$131.83	\$105.23	\$70.32	\$72.20	-38.3
ABD Long-Term Care	Hospice	\$1,609.16	\$149.61	\$273.31	\$48.53	\$12.65	-99.2
	Nursing Home	\$57.52	\$74.67	\$83.57	\$98.45	\$57.22	-0.5
ABD SSI & SSI Related	SSI	\$201.57	\$249.23	\$260.06	\$149.37	\$190.43	-5.5
	SSI Related	\$54.59	\$182.23	\$267.75	\$63.34	--	-100.0
Adults	Family-Care Adults	\$91.58	\$86.55	\$73.34	\$65.19	\$73.95	-19.3
	Former Foster Care	\$66.64	\$49.69	\$63.14	\$82.11	\$48.35	-27.4
Children	Children	\$25.48	\$21.04	\$26.26	\$27.37	\$31.64	24.2
	Children's Mental Health Waiver	\$124.96	\$15.11	\$26.22	\$30.50	\$29.77	-76.2
	Foster Care	\$63.75	\$88.30	\$70.52	\$54.92	\$55.14	-13.5
	Newborn	\$763.91	\$547.89	\$423.57	\$429.22	\$573.80	-24.9
	CHIP	\$13.14	\$38.08	\$22.77	\$37.45	\$20.41	--
Medicare Savings Programs	Qualified Medicare Beneficiary	\$3.98	\$6.24	\$8.68	\$4.59	\$4.59	15.3
Non-Citizens with Medical Emergencies		\$468.76	\$226.84	\$150.30	\$216.41	\$799.68	70.6
Pregnant Women		\$342.22	\$202.18	\$159.42	\$214.64	\$263.87	-22.9
Special Groups	Breast and Cervical	\$359.35	\$91.27	\$147.62	\$83.63	\$490.62	\$36.53
Overall		\$88.32	\$85.82	\$80.90	\$71.26	\$77.74	-12.0

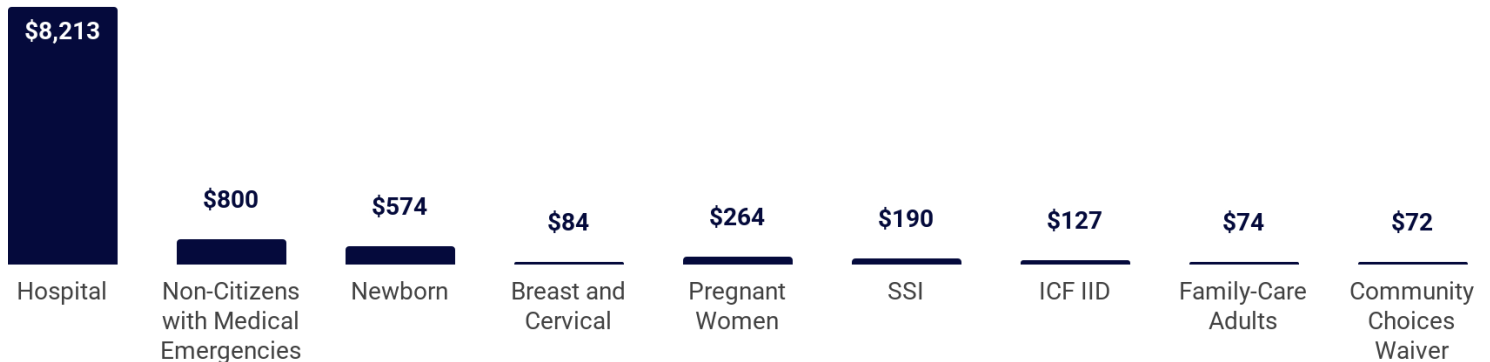


Figure 9. SFY 2025 Top 10 Hospital Inpatient PMPM by Eligibility Subgroup



HOSPITAL - OUTPATIENT

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

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$51.30	\$49.34	\$50.62	\$71.98	\$93.38	82.0
	Comprehensive Waiver	\$26.43	\$24.20	\$24.85	\$30.00	\$28.44	7.6
ABD ID/DD/ABI	ICF/IID	\$14.38	\$15.96	\$23.63	\$12.04	\$30.01	108.7
	Supports Waiver	\$38.28	\$34.31	\$33.88	\$35.11	\$50.93	33.0
ABD Institution	Hospital	\$195.13	\$95.00	\$216.09	\$243.41	\$35.82	-81.6
	Community Choices Waiver	\$59.31	\$50.93	\$46.03	\$58.00	\$56.29	-5.1
ABD Long-Term Care	Hospice	\$58.74	\$43.24	\$48.18	\$10.77	\$15.13	-74.2
	Nursing Home	\$18.44	\$16.58	\$19.78	\$22.71	\$26.76	45.1
ABD SSI & SSI Related	SSI	\$81.49	\$77.48	\$70.26	\$78.31	\$81.76	0.3
	SSI Related	\$16.72	\$94.08	\$153.55	\$90.38	\$84.67	406.4
Adults	Family-Care Adults	\$77.27	\$65.09	\$68.84	\$66.44	\$82.68	7.0
	Former Foster Care	\$51.93	\$55.72	\$31.01	\$39.47	\$49.45	-4.8
Children	Children	\$17.92	\$18.17	\$19.18	\$19.50	\$21.32	19.0
	Children's Mental Health Waiver	\$45.50	\$17.41	\$17.66	\$13.14	\$18.34	-59.7
	Foster Care	\$31.96	\$24.56	\$27.09	\$25.11	\$29.98	-6.2
	Newborn	\$35.57	\$31.73	\$27.37	\$28.85	\$36.52	2.7
	CHIP	\$13.77	\$16.46	\$16.72	\$21.20	\$20.62	49.7
Medicare Savings Programs	Qualified Medicare Beneficiary	\$15.13	\$12.83	\$12.28	\$7.88	\$9.32	-38.4
Non-Citizens with Medical Emergencies		\$12.25	\$13.26	\$10.13	\$13.57	\$48.73	297.8
Pregnant Women		\$61.08	\$48.59	\$53.58	\$61.04	\$66.60	9.0
Special Groups	Breast and Cervical	\$670.91	\$649.56	\$735.38	\$499.03	\$816.44	21.7
	Family Planning Waiver	--	--	--	\$0.10	\$0.53	100.0
Overall		\$34.29	\$31.69	\$32.35	\$33.09	\$35.81	4.4

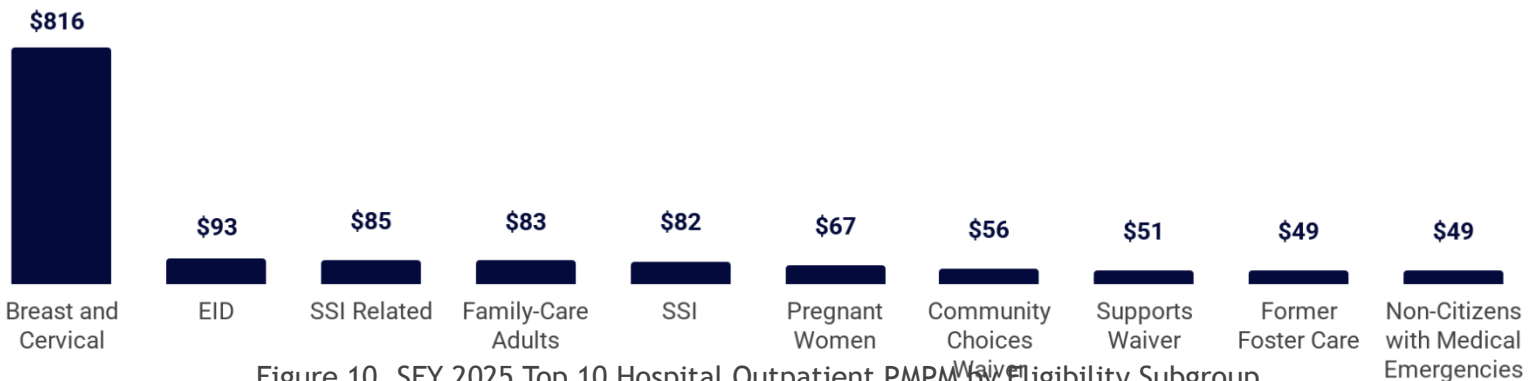


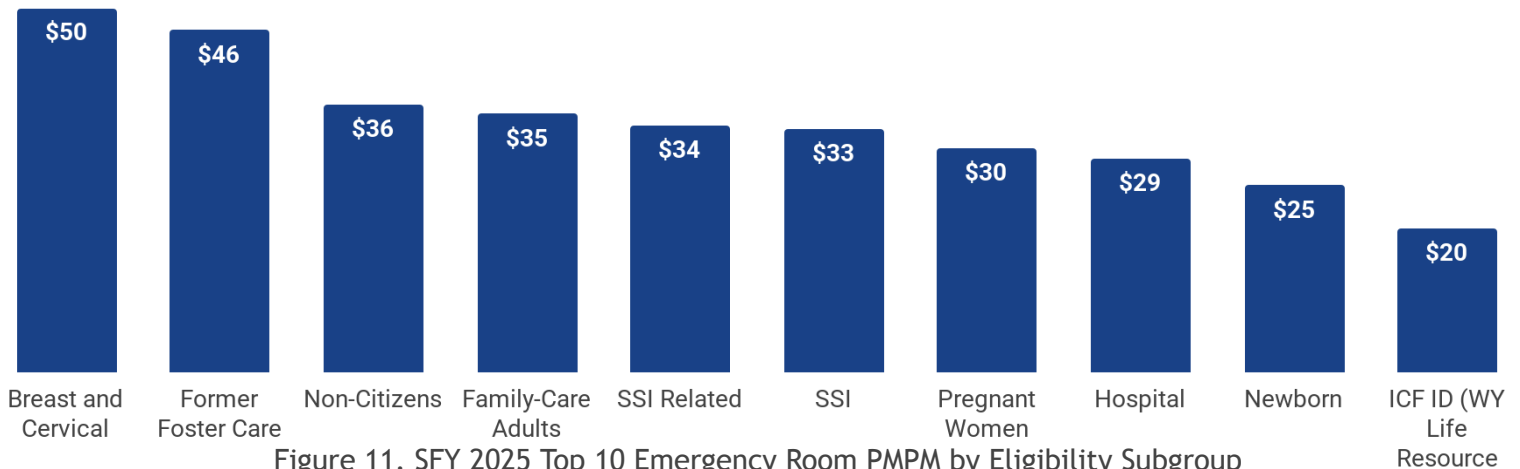
Figure 10. SFY 2025 Top 10 Hospital Outpatient PMPM by Eligibility Subgroup



EMERGENCY ROOM

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

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
ABD EID	EID	\$11.76	\$15.13	\$15.01	\$9.20	\$8.52	-27.6
	Comprehensive Waiver	\$8.19	\$8.54	\$8.23	\$10.38	\$11.09	35.4
ABD ID/DD/ABI	ICF/IID	\$16.73	\$10.93	\$19.40	\$6.52	\$19.54	16.8
	Supports Waiver	\$9.06	\$12.04	\$10.75	\$12.17	\$13.60	50.1
ABD Institution	Hospital	\$54.88	\$27.73	\$13.94	\$29.98	\$29.09	-47.0
	Community Choices Waiver	\$16.76	\$18.90	\$17.30	\$18.38	\$16.71	-0.3
ABD Long-Term Care	Hospice	\$33.27	\$34.29	\$47.66	\$10.54	\$11.10	-66.6
	Nursing Home	\$4.13	\$5.32	\$7.83	\$6.56	\$8.89	115.3
ABD SSI & SSI Related	SSI	\$30.19	\$29.92	\$29.07	\$31.75	\$33.13	9.7
	SSI Related	\$7.49	\$16.52	\$43.34	\$17.23	\$33.60	348.6
Adults	Family-Care Adults	\$32.41	\$30.85	\$29.81	\$30.94	\$35.09	8.3
	Former Foster Care	\$37.53	\$44.44	\$26.16	\$31.23	\$46.46	23.8
Children	Children	\$8.90	\$10.35	\$10.51	\$11.36	\$12.30	38.2
	Children's Mental Health Waiver	\$10.22	\$6.96	\$9.10	\$11.61	\$6.16	-39.7
	Foster Care	\$14.37	\$14.47	\$13.52	\$13.30	\$16.08	11.9
	Kid Care CHIP	\$5.41	\$7.93	\$8.28	\$9.01	\$10.20	88.5
	Newborn	\$19.82	\$22.65	\$20.07	\$20.99	\$25.42	28.3
Medicare Savings Programs	Qualified Medicare Beneficiary	\$4.31	\$4.15	\$3.48	\$2.84	\$2.96	-31.3
Non-Citizens with Medical Emergencies		\$13.33	\$12.54	\$9.99	\$13.60	\$36.40	173.1
Pregnant Women		\$27.20	\$24.97	\$25.99	\$28.31	\$30.47	12.0
Special Groups	Breast and Cervical	\$29.49	\$27.31	\$44.42	\$27.93	\$49.50	67.9
Overall		\$14.14	\$15.23	\$15.12	\$15.77	\$16.56	17.1





NURSING FACILITY

Table 15. Nursing Facility Per Member Per Month History by Eligibility Subgroup

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 -SFY25)
ABD EID	EID	--	--	--	\$0.01	--	--
ABD ID/DD/ABI	Comprehensive Waiver	\$0.01	\$0.37	\$1.90	\$3.34	\$1.65	16400.0
	Supports Waiver	--	\$0.84	\$0.83	\$0.65	\$0.69	100.0
ABD Institution	Hospital	\$271.16	--	--	--	--	-100.0
ABD Long-Term Care	Community Choices Waiver	\$4.79	\$20.12	\$54.12	\$46.14	\$46.78	876.6
	Nursing Home	\$4,321.10	\$4,430.43	\$4,794.85	\$5,894.80	\$5,874.48	35.9
ABD SSI & SSI Related	SSI	\$0.10	--	--	\$0.13	--	-100.0
Adults	Family-Care Adults	\$0.06	--	--	--	\$0.08	33.3
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.03	\$0.03	--	--	--	-100.0
Overall		\$91.34	\$78.85	\$74.48	\$97.58	\$104.90	14.8

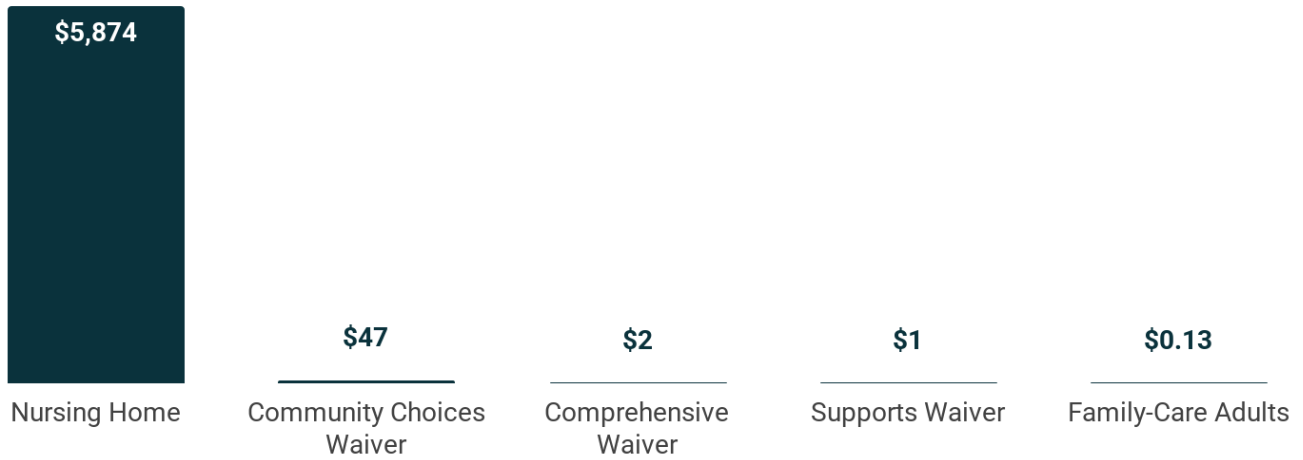


Figure 12. SFY 2025 Top 5 Nursing Facility PMPM by Eligibility Subgroup



PHYSICIAN

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

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 -SFY25)
ABD EID	EID	\$159.62	\$115.56	\$57.57	\$58.77	\$110.75	-30.6
ABD ID/DD/ABI	Comprehensive Waiver	\$95.22	\$86.58	\$80.84	\$79.54	\$82.10	-13.8
	ICF/IID	\$54.47	\$29.77	\$43.79	\$35.10	\$45.89	-15.8
	Supports Waiver	\$146.47	\$136.76	\$123.94	\$135.21	\$142.80	-2.5
ABD Institution	Hospital	\$1,695.00	\$1,038.46	\$856.24	\$735.39	\$604.08	-64.4
ABD Long-Term Care	Community Choices Waiver	\$94.95	\$99.11	\$110.60	\$102.79	\$101.22	6.6
	Hospice	\$135.62	\$56.12	\$91.21	\$92.27	\$39.38	-71.0
	Nursing Home	\$27.48	\$34.67	\$42.23	\$44.33	\$46.13	67.9
	PACE	\$0.39	--	--	--	--	--
ABD SSI & SSI Related	SSI	\$107.42	\$109.35	\$100.20	\$101.74	\$107.20	-0.2
	SSI Related	\$48.98	\$210.60	\$285.44	\$277.05	\$186.25	280.3
Adults	Family-Care Adults	\$96.14	\$93.73	\$93.80	\$88.44	\$96.60	0.5
	Former Foster Care	\$84.29	\$68.31	\$60.19	\$54.80	\$54.91	-34.9
Children	Children	\$32.95	\$32.83	\$33.29	\$35.13	\$37.91	15.1
	Children's Mental Health Waiver	\$60.06	\$40.17	\$52.54	\$46.55	\$28.84	-52.0
	Foster Care	\$59.32	\$59.49	\$52.27	\$49.52	\$53.06	-10.6
	Newborn	\$189.53	\$136.72	\$101.61	\$116.78	\$140.21	-26.0
	CHIP	\$21.81	\$34.41	\$32.04	\$38.92	\$38.34	75.8
Medicare Savings Programs	Qualified Medicare Beneficiary	\$27.10	\$28.44	\$27.64	\$25.56	\$23.14	-14.6
Non-Citizens with Medical Emergencies		\$87.36	\$46.51	\$32.71	\$40.77	\$133.03	52.3
Pregnant Women		\$222.65	\$140.37	\$125.41	\$148.40	\$174.26	-21.7
Special Groups	Breast and Cervical	\$1,579.46	\$1,386.37	\$968.52	\$1,071.19	\$1,768.22	12.0
	Family Planning Waiver	\$0.05	\$21.60	\$19.90	\$1.86	\$8.62	17140.0
	Targeted Case Management	\$0.04	--	--	--	--	--
	Tuberculosis	--	--	--	\$88.18	--	--
Overall		\$63.45	\$60.84	\$58.35	\$59.86	\$63.09	-0.6

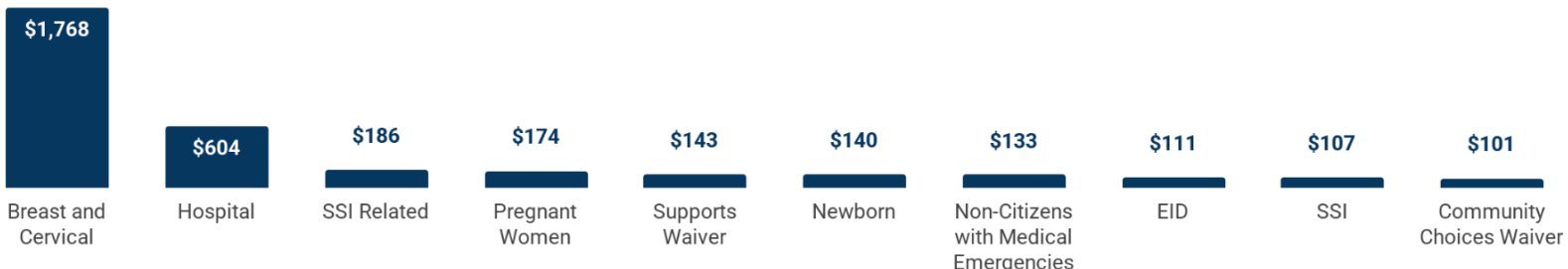


Figure 13. SFY 2025 Top 10 Physician PMPM by Eligibility Subgroup



PRESCRIPTION DRUGS

Table 17. Prescription Drug Per Member Per Month History by Eligibility Subgroups

Eligibility Group	Eligibility Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 -SFY25)
ABD EID	EID	\$82.06	\$66.70	\$66.85	\$71.56	\$231.61	182.2
	Comprehensive Waiver	\$207.66	\$208.43	\$200.56	\$201.47	\$224.87	8.3
ABD ID/DD/ABI	ICF/IID	--	--	\$0.04	\$2.33	\$0.19	--
	Supports Waiver	\$159.81	\$165.92	\$217.30	\$250.21	\$264.28	65.4
ABD Institution	Hospital	\$57.86	\$193.31	\$108.36	\$77.45	\$56.61	-2.2
	Community Choices Waiver	\$159.96	\$173.83	\$177.67	\$201.23	\$191.35	19.6
ABD Long-Term Care	Hospice	\$8.44	\$15.94	\$40.30	\$75.67	\$10.52	24.6
	Nursing Home	\$31.60	\$35.82	\$45.74	\$40.44	\$42.59	34.8
ABD SSI & SSI Related	SSI	\$296.89	\$299.08	\$297.78	\$335.93	\$406.67	37.0
	SSI Related	\$112.29	\$72.07	\$111.89	\$151.26	\$244.35	117.6
Adults	Family-Care Adults	\$160.02	\$158.63	\$188.91	\$206.46	\$243.06	51.9
	Former Foster Care	\$51.66	\$92.48	\$93.26	\$73.74	\$103.71	100.8
Children	Children	\$40.09	\$48.63	\$53.10	\$57.59	\$61.41	53.2
	Children's Mental Health Waiver	\$114.47	\$72.15	\$53.48	\$46.93	\$127.53	11.4
	Foster Care	\$81.09	\$78.69	\$83.33	\$79.07	\$90.41	11.5
	Newborn	\$29.08	\$37.43	\$35.75	\$30.69	\$28.15	-3.2
	CHIP	\$37.23	\$49.41	\$51.47	\$62.10	\$61.03	63.9
Medicare Savings Programs	Qualified Medicare Beneficiary	\$0.01	\$0.20	\$0.35	\$0.30	\$0.18	--
Pregnant Women		\$56.38	\$58.76	\$76.59	\$81.35	\$97.21	72.4
Special Groups	Breast and Cervical	\$368.98	\$485.60	\$454.80	\$1,321.25	\$2,558.05	593.3
	Family Planning Waiver	\$1.99	--	\$7.19	\$2.92	\$0.80	-59.8
Overall		\$83.71	\$87.16	\$92.87	\$102.35	\$114.08	36.3

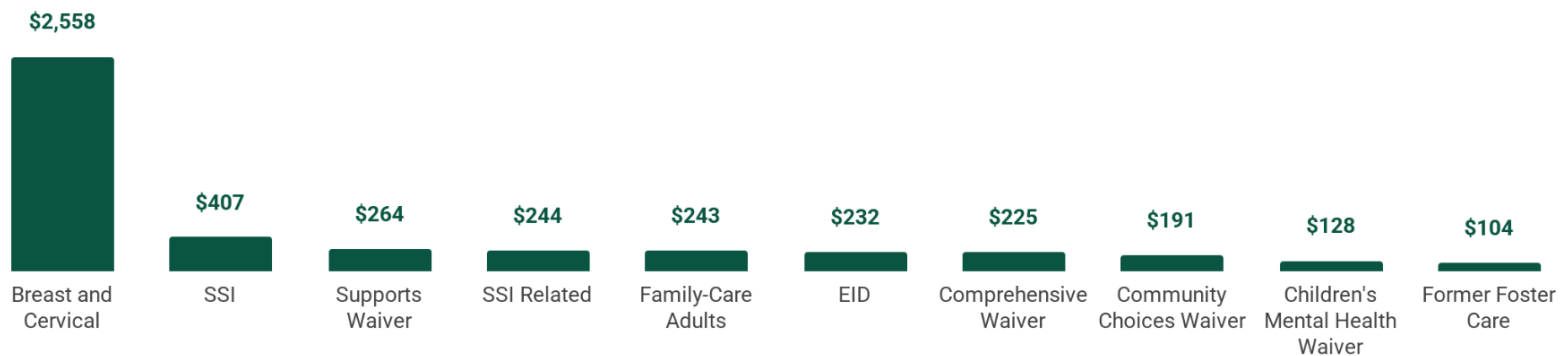


Figure 14. SFY 2025 Top 10 Prescription Drugs PMPM by Eligibility Subgroup



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 (ICF/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

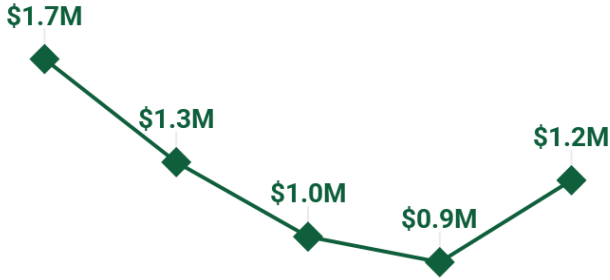
EXPENDITURES

37.9%

from SFY24

\$1.2 million

paid to providers for services rendered during the SFY

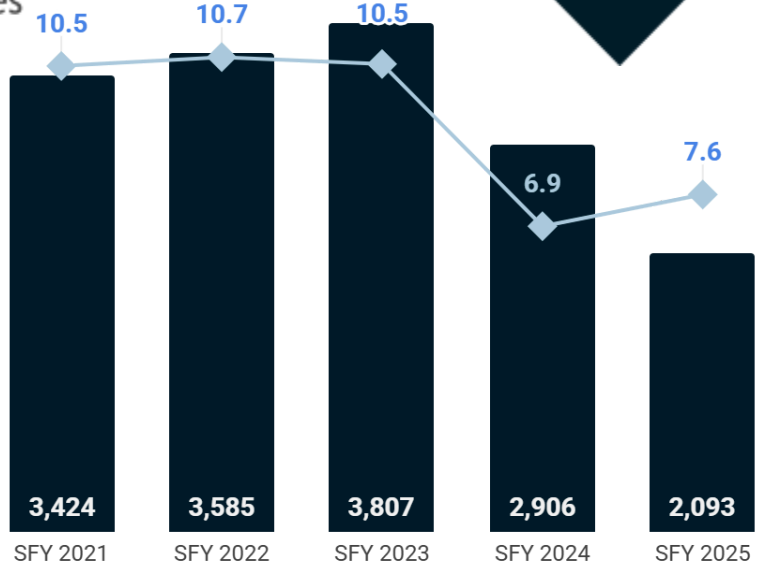


MEMBER MONTHS

2,093

from SFY24

-28.0%



Member Months Average Months

with an average enrollment length of **7.6** months

PER MEMBER PER MONTH

91.5%

from SFY24

\$582



276 unique individuals enrolled during the SFY

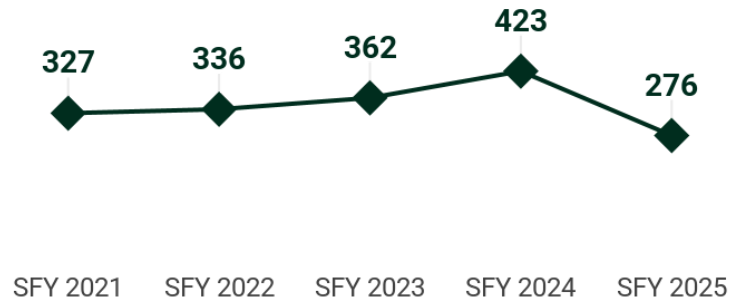


Table 18. Employed Individuals with Disabilities PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$1,713,644	\$1,291,952	\$987,177	\$883,037	\$1,217,824	-28.9
Member Months	3,424	3,585	3,807	2,906	2,093	-38.9
PMPM	\$500	\$360	\$259	\$304	\$582	16.3



Aged, Blind, or Disabled EMPLOYED INDIVIDUALS WITH DISABILITIES



Figure 15. Employed Individuals with Disabilities Per Member Per Month by Top 5 Service Area

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

Eligibility Group / Subgroup	2025 Expenditures	1 Year % Change	2025 Member Months	1 Year % Change	2025 PMPM	1 Year % Change
ABD EID						
EID	\$1,217,824	37.9	2,093	-28.0	\$582	91.5

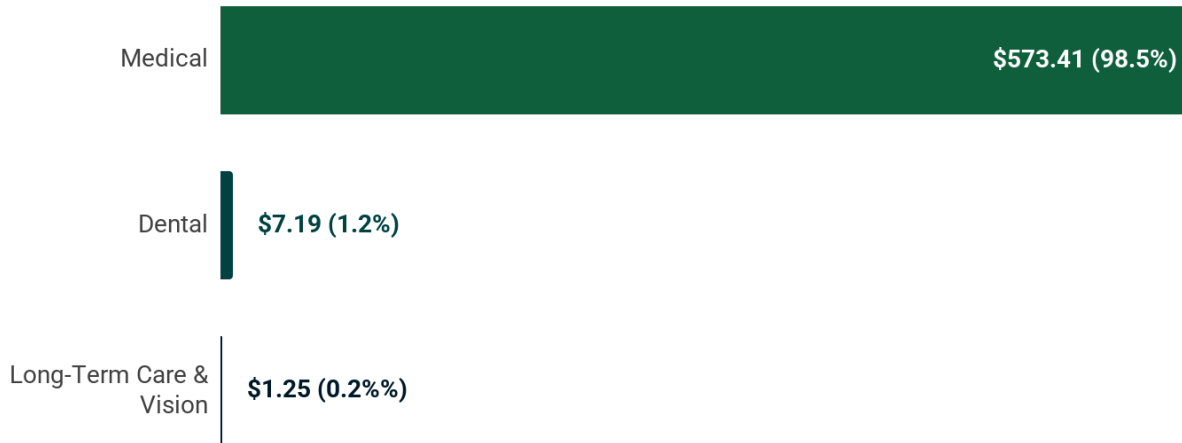


Figure 16. Employed Individuals with Disabilities PMPM by Service Type



Figure 17. Employed Individuals with Disabilities PMPM by Emergency Room and Hospital - Inpatient Services



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

EXPENDITURES

\$182.7 million

paid to providers for services rendered during the SFY

4.6%
from SFY24



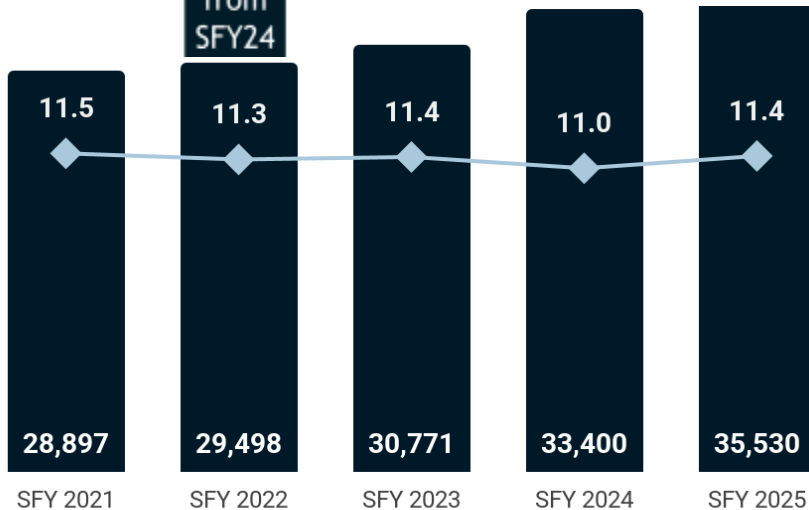
SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

35,530

6.4%

from SFY24



Member Months Average Months

with an average enrollment length of

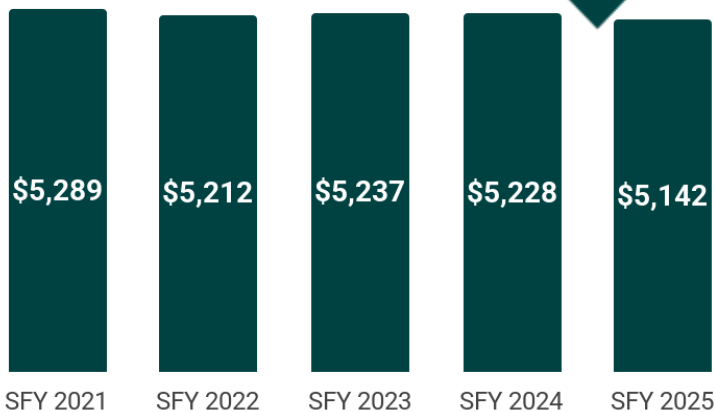
11.4 months

PER MEMBER PER MONTH

\$5,142

from SFY24

-1.6%



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

3,104 unique individuals enrolled during the SFY



Table 20. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM Summary by Subgroup

Eligibility Group / Subgroup	2025 Expenditures	1 Year % Change	2025 Member Months	1 Year % Change	2025 PMPM	1 Year % Change
ABD EID						
Comprehensive Waiver	\$139,354,100	2.3	20,623	-2.2	\$6,757	4.6
ICF/IID	\$14,223,251	-14.0	404	-0.5	\$35,206	-13.6
Supports Waiver	\$29,129,235	33.1	14,503	21.8	\$2,008	9.3
Overall	\$182,706,586	4.6	35,530		\$5,142	-1.6



Aged, Blind, or Disabled

INTELLECTUAL/DEVELOPMENTAL DISABILITIES & ACQUIRED BRAIN INJURY

Table 21. Intellectual/Developmental Disabilities and ABI PMPM History by Subgroup

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Comprehensive Waiver	\$123,791,912	\$122,225,472	\$129,291,767	\$136,179,280	\$139,354,100	12.6
ICF/IID	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,650	\$14,223,251	-16.5
Supports Waiver	\$12,026,532	\$12,939,130	\$15,516,548	\$21,884,378	\$29,129,235	142.2
Overall	\$152,848,977	\$153,737,351	\$161,141,645	\$174,603,309	\$182,706,586	19.5
Member Months						
Comprehensive Waiver	21,274	21,297	21,498	21,086	20,623	-3.1
ICF/IID	556	524	461	406	404	-27.3
Supports Waiver	7,067	7,677	8,812	11,908	14,503	105.2
Overall	28,897	29,498	30,771	33,400	35,530	23.0
PMPM						
Comprehensive Waiver	\$5,819	\$5,739	\$6,014	\$6,458	\$6,757	16.1
ICF/IID	\$30,630	\$35,444	\$35,430	\$40,738	\$35,206	14.9
Supports Waiver	\$1,702	\$1,685	\$1,761	\$1,838	\$2,008	18.0
Overall	\$5,289	\$5,212	\$5,237	\$5,228	\$5,142	-2.8



Figure 18. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Top 5 Service Area



Figure 19. Intellectual/Developmental Disabilities and Acquired Brain Injury PMPM by Emergency Room and Hospital - Inpatient Services



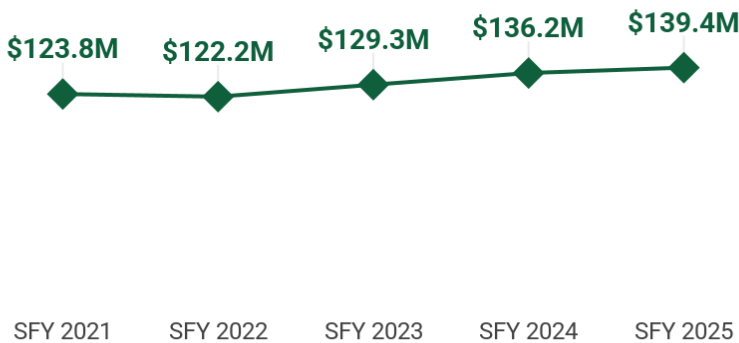
Aged, Blind, or Disabled ID/DD/ABI COMPREHENSIVE WAIVER

EXPENDITURES

\$139.4 million

paid to providers for services rendered during the SFY

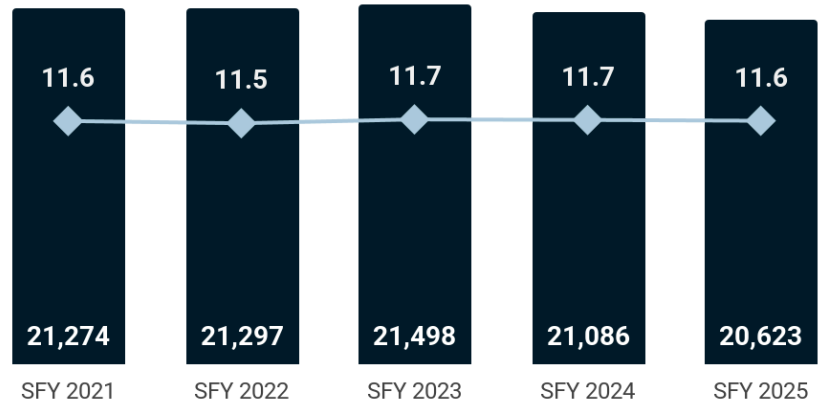
4.6%
from SFY24



MEMBER MONTHS

20,623

from SFY24
-2.2%



Member Months ◆ Average Months

with an average enrollment length of

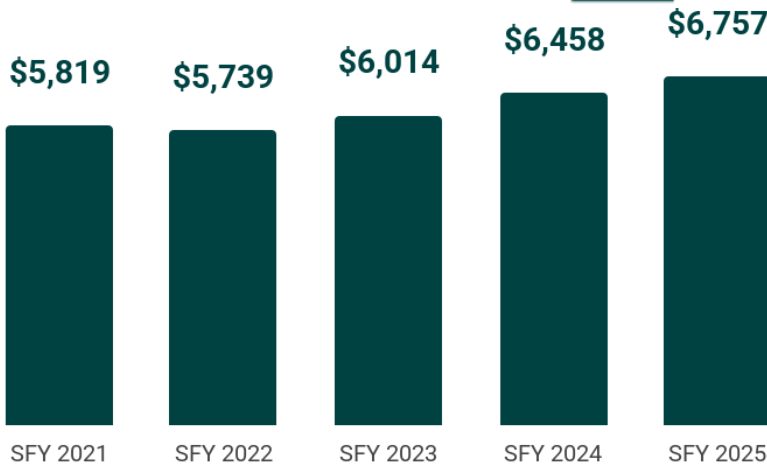
11.6 months

PER MEMBER PER MONTH

\$6,757

4.6%

from SFY24



1,771 unique individuals enrolled during the SFY

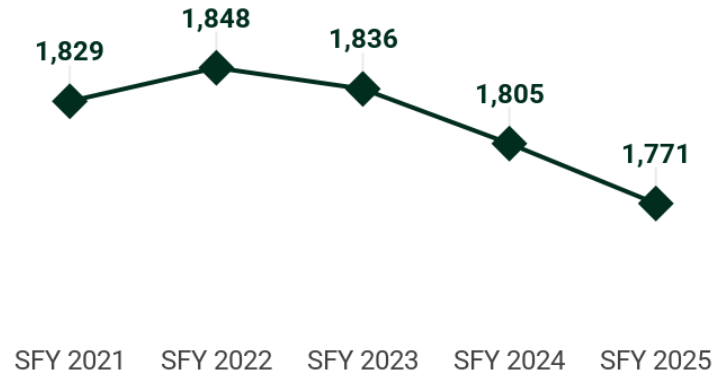


Table 22. Comprehensive Waiver PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$123,791,912	\$122,225,472	\$129,291,767	\$136,179,280	\$139,354,100	14.0
Member Months	21,274	21,297	21,498	21,086	20,623	-3.2
PMPM	\$5,819	\$5,739	\$6,014	\$6,458	\$6,757	17.7



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

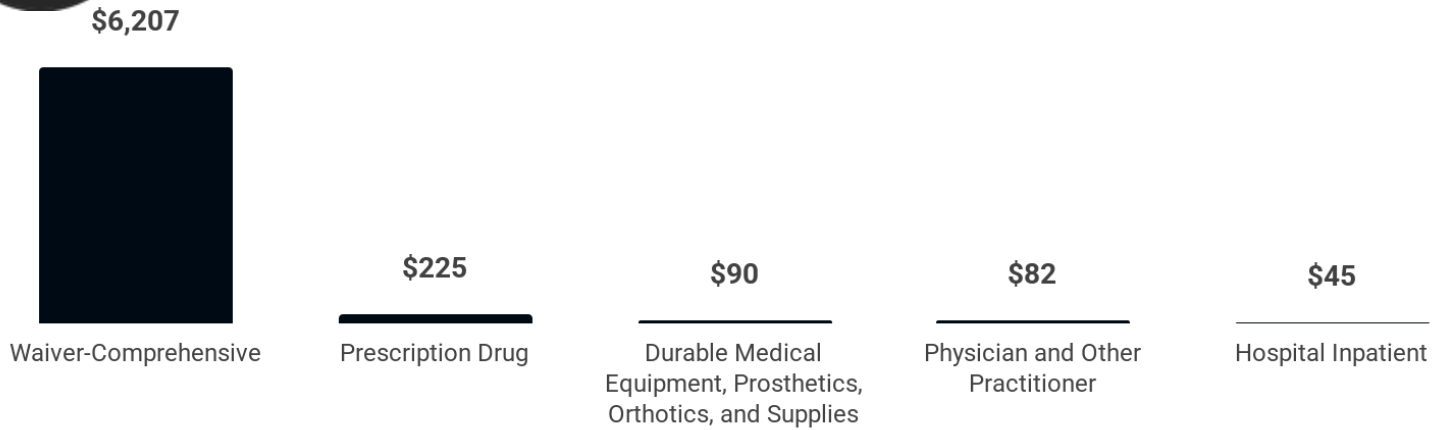


Figure 20. Comprehensive Waiver PMPM by Top 5 Service Area

Table 23. Comprehensive Waiver Per Member Per Month Summary

Eligibility Group / Subgroup	2025 Expenditures	1 Year % Change	2025 Member Months	1 Year % Change	PMPM	1 Year % Change
ABD ID/DD/ABI						
Comprehensive Waiver	\$139,354,100	2.3	20,623	-2.2	\$6,757	4.6

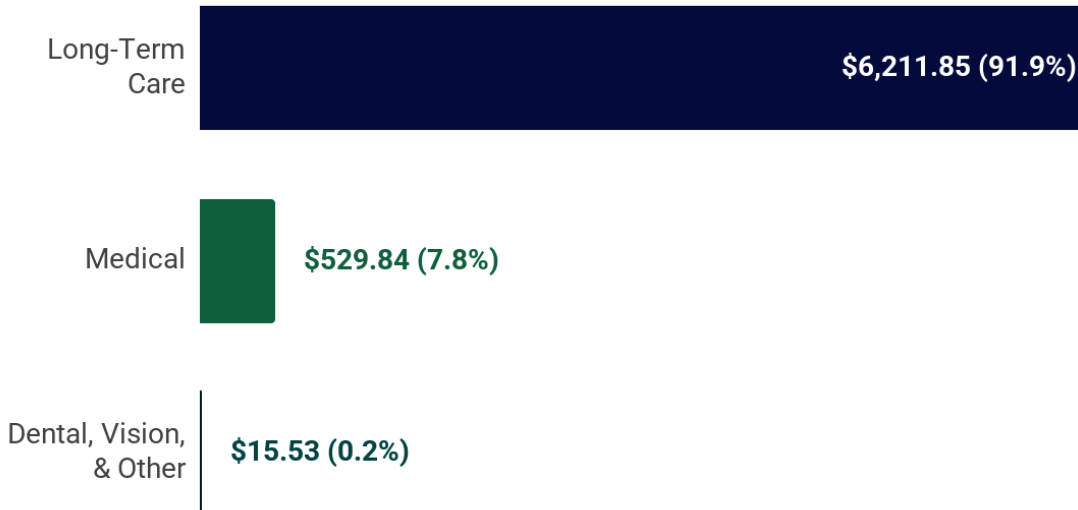


Figure 21. Comprehensive Waiver PMPM by Service Type



Figure 22. 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

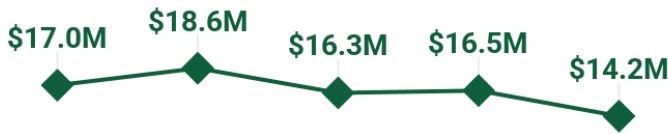
EXPENDITURES

\$14.2 million

paid to providers for services rendered during the SFY

from SFY24

-14.0%



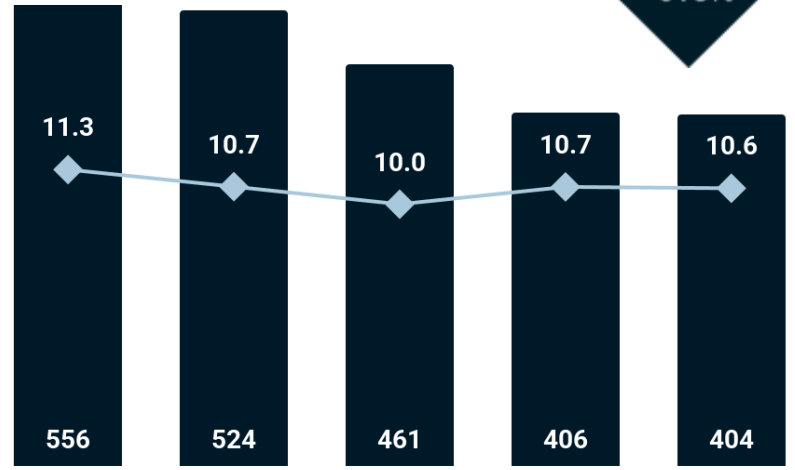
SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

404

from SFY24

-0.5%



SFY 2021

SFY 2022

SFY 2023

SFY 2024

SFY 2025

Member Months Average Months

with an average enrollment length of

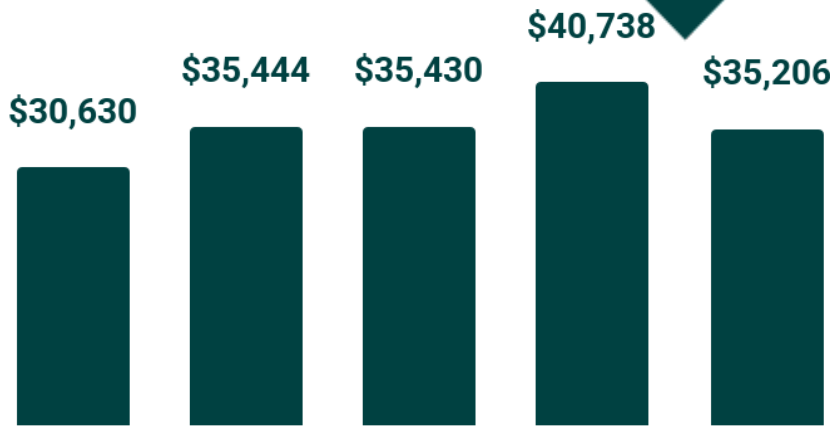
10.6 months

PER MEMBER PER MONTH

\$35,206

from SFY24

-13.6%



SFY 2021

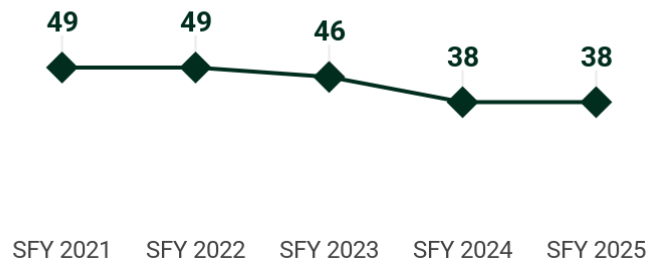
SFY 2022

SFY 2023

SFY 2024

SFY 2025

38 unique individuals enrolled during the SFY



SFY 2021

SFY 2022

SFY 2023

SFY 2024

SFY 2025

Table 24. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$17,030,533	\$18,572,749	\$16,333,330	\$16,539,650	\$14,223,251	-16.5
Member Months	556	524	461	406	404	-27.3
PMPM	\$30,630	\$35,444	\$35,430	\$40,738	\$35,206	14.9



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



Figure 23. Intermediate Care Facility for Intellectual Disabilities PMPM by Top 5 Service Area

Table 25. 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/IID	\$14,223,251	-14.0	404	-0.5	\$35,206	-13.6

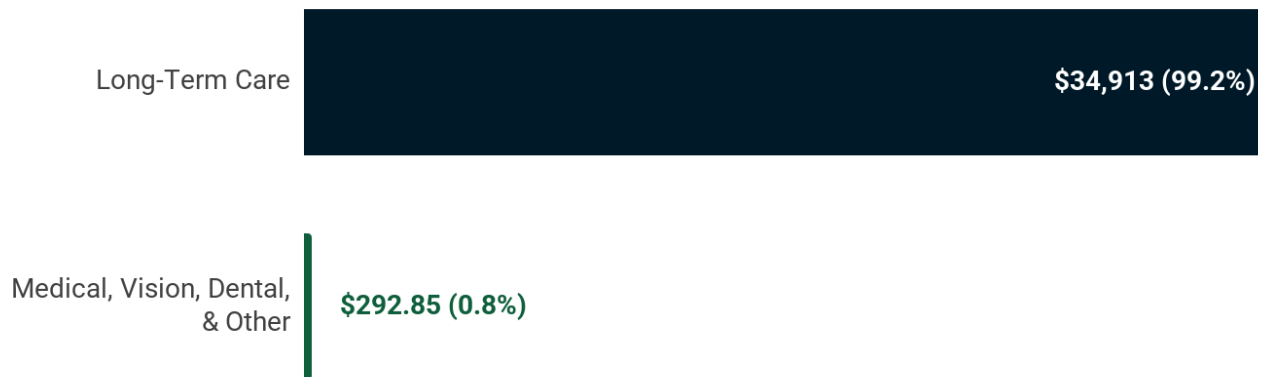


Figure 24. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Service Type

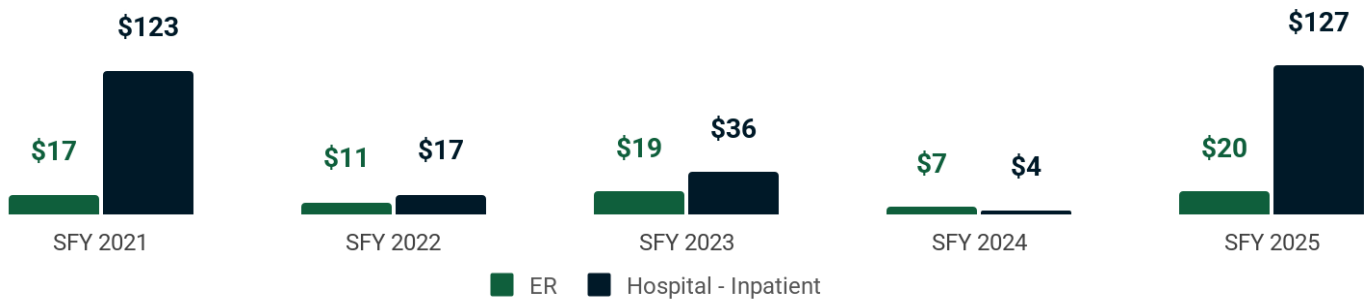
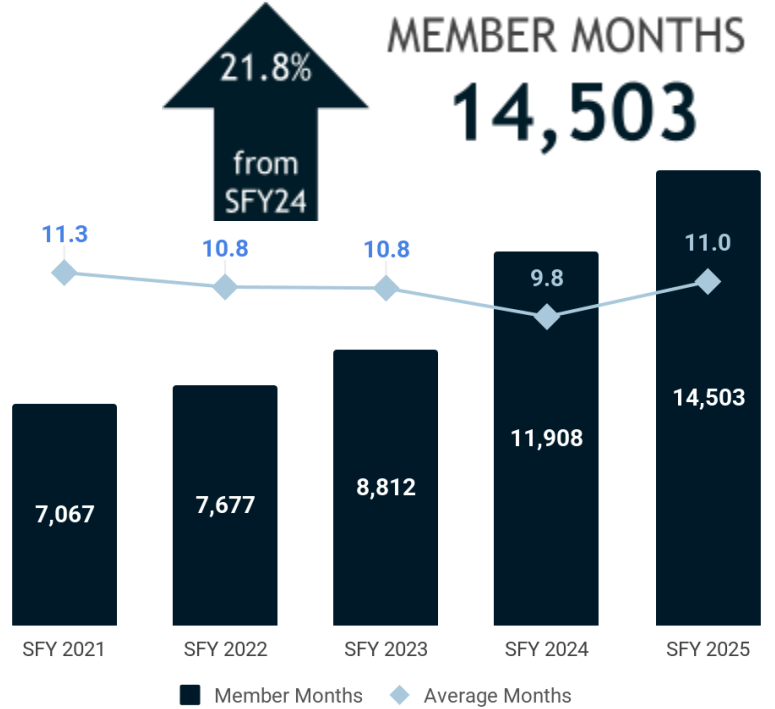


Figure 25. Intermediate Care Facility for Individuals with Intellectual Disabilities PMPM by Emergency Room and Hospital - Inpatient Services



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



with an average enrollment length of **11.0 months**

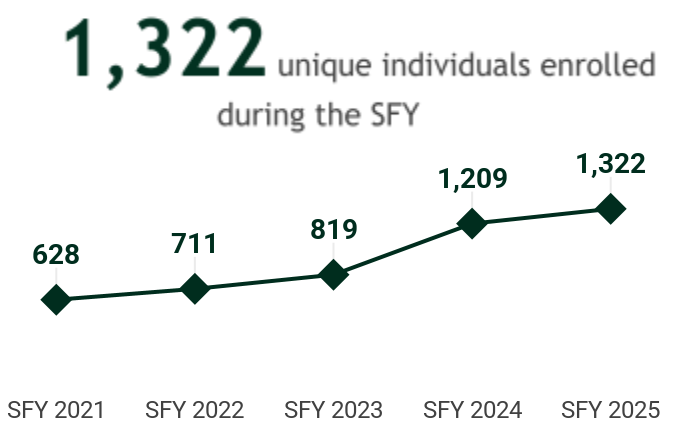


Table 26. Supports Waiver PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$12,026,532	\$12,939,130	\$15,516,548	\$21,884,378	\$29,129,235	142.2
Member Months	7,067	7,677	8,812	11,908	14,503	105.2
PMPM	\$1,702	\$1,685	\$1,761	\$1,838	\$2,008	18.0



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



Figure 26. Supports Waiver PMPM by Top 5 Service Area

Table 27. 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	\$29,129,235	33.1	14,503	21.8	\$2,008	9.3

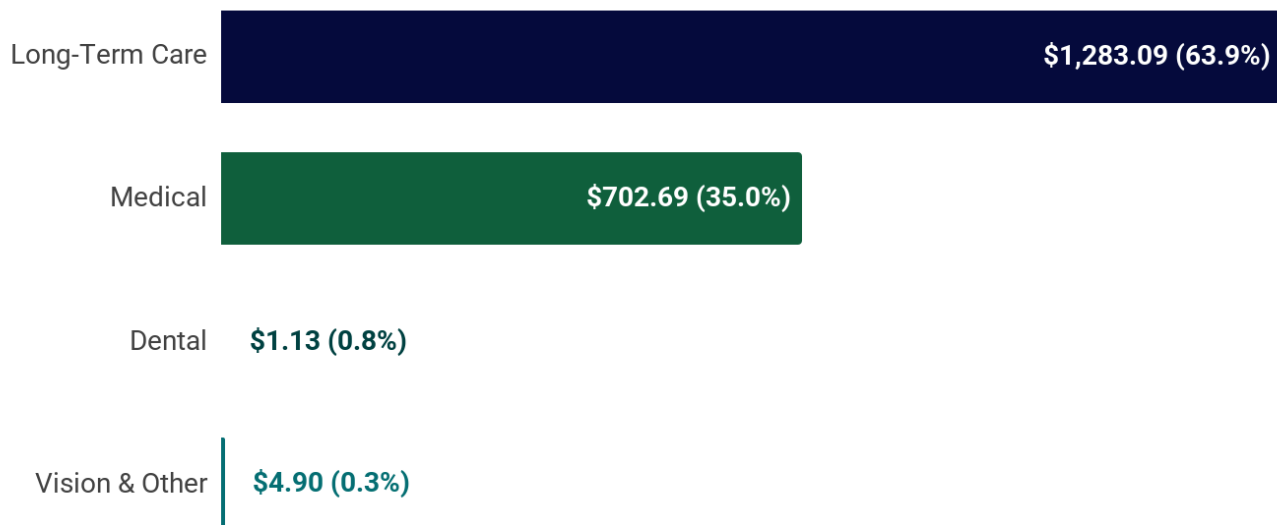


Figure 27. Supports Waiver PMPM by Service Type

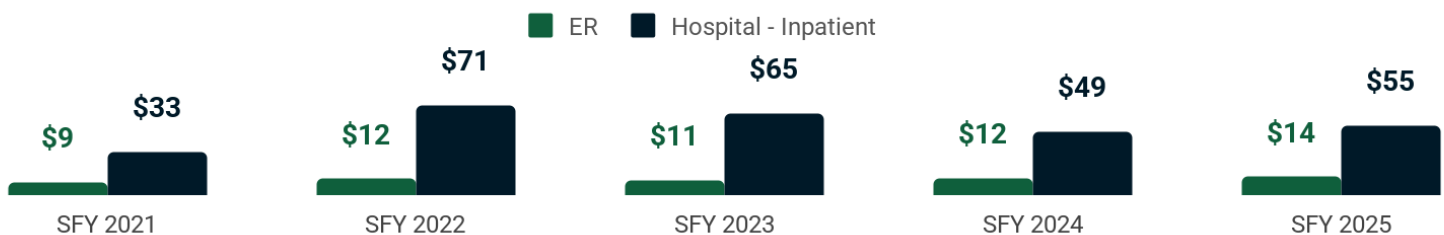
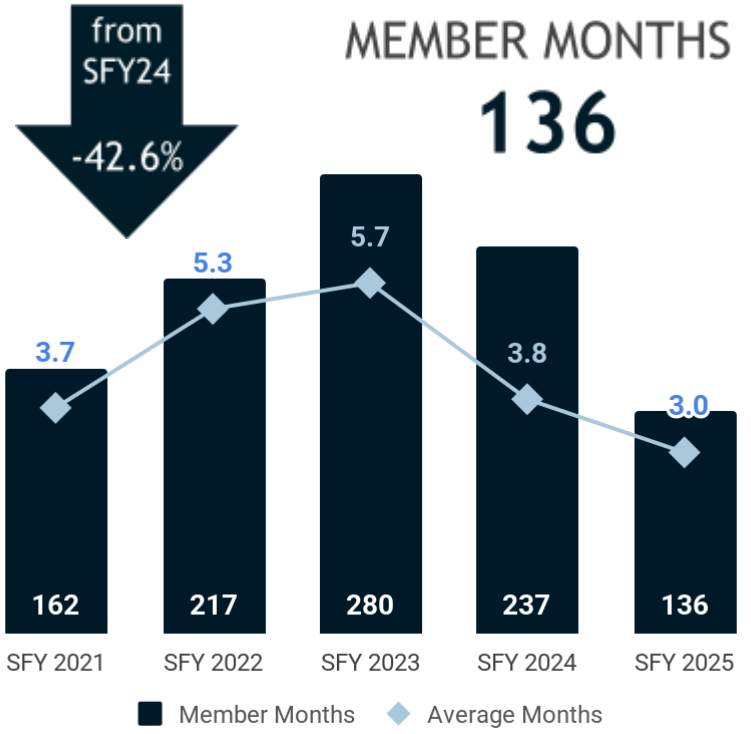


Figure 28. Supports Waiver PMPM by Emergency Room and Hospital - Inpatient Services

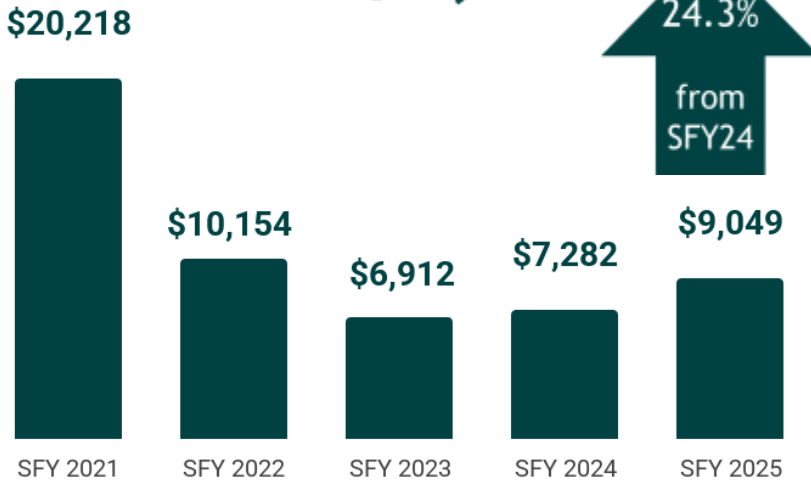


Aged, Blind, or Disabled Institution HOSPITAL



PER MEMBER PER MONTH

\$9,049



with an average enrollment length of
3.0 months

46 unique individuals enrolled during the SFY

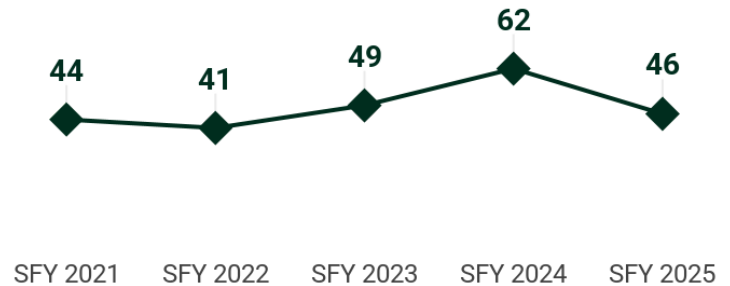


Table 28. ABD Institution Hospital PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$3,275,321	\$2,203,483	\$1,935,388	\$1,725,884	\$1,230,674	-62.4
Member Months	162	217	280	237	136	-16.0
PMPM	\$20,218	\$10,154	\$6,912	\$7,282	\$9,049	-55.2



Aged, Blind, or Disabled Institution HOSPITAL



Figure 29. ABD Institution Hospital PMPM by Top 5 Service Area

Table 29. ABD Institution Hospital PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Institution						
Hospital	\$1,230,674	-28.7	136	-42.6	\$9,049	24.3

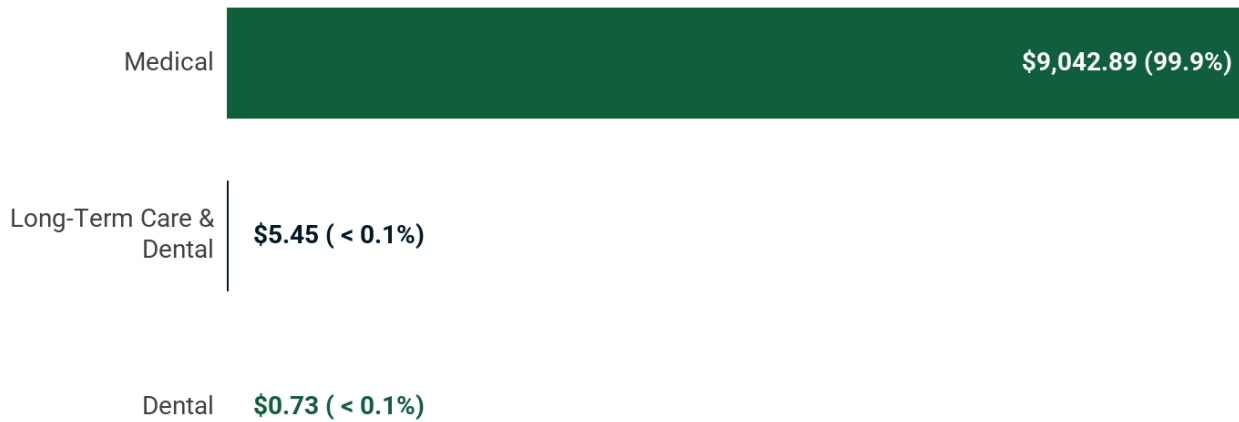


Figure 30. Hospital PMPM by Service Type

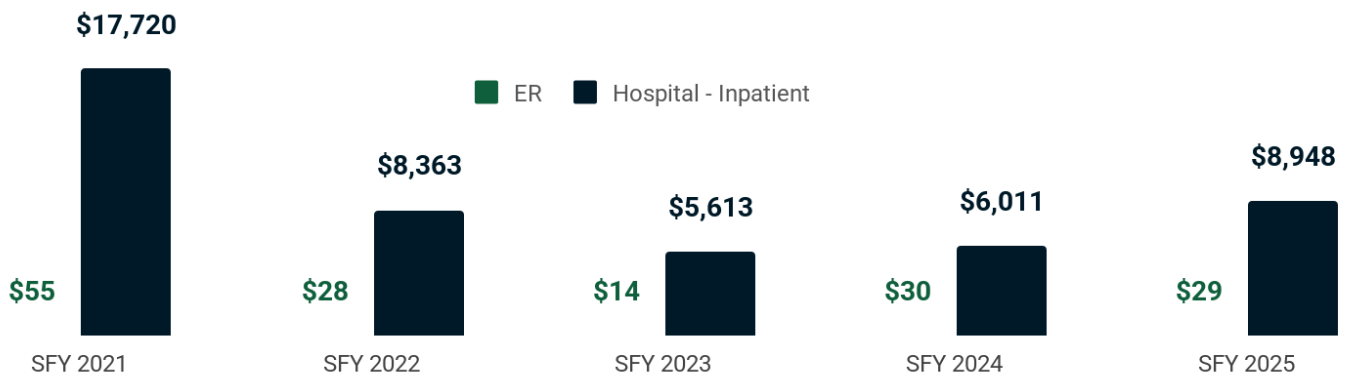


Figure 31. ABD Institution Hospital PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled LONG-TERM CARE

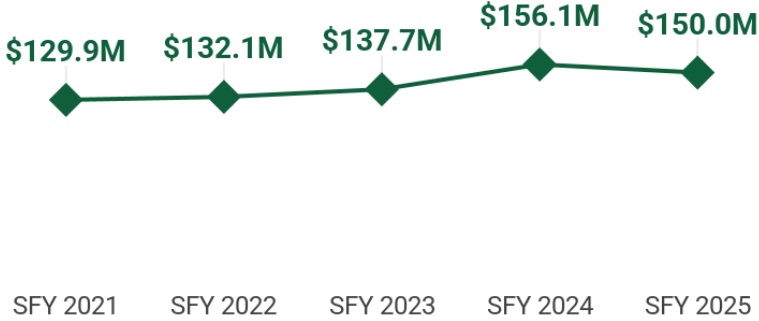
EXPENDITURES

\$150.0 million

paid to providers for services rendered during the SFY

from SFY24

-3.9%

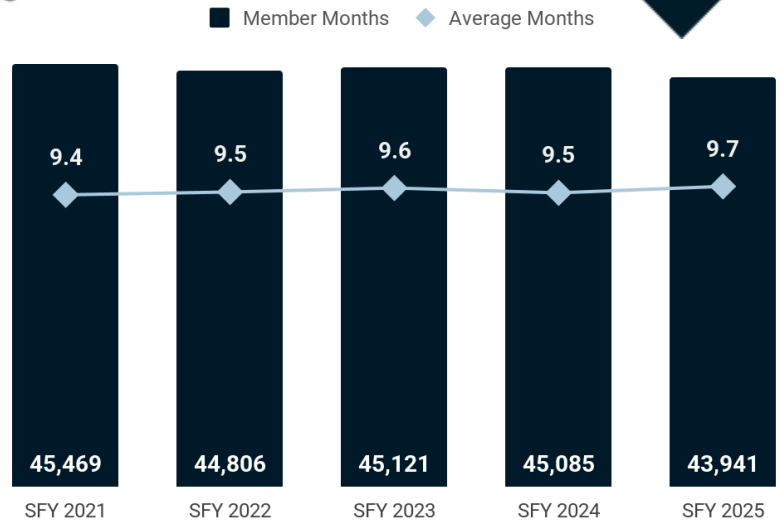


MEMBER MONTHS

43,941

from SFY24

-2.5%



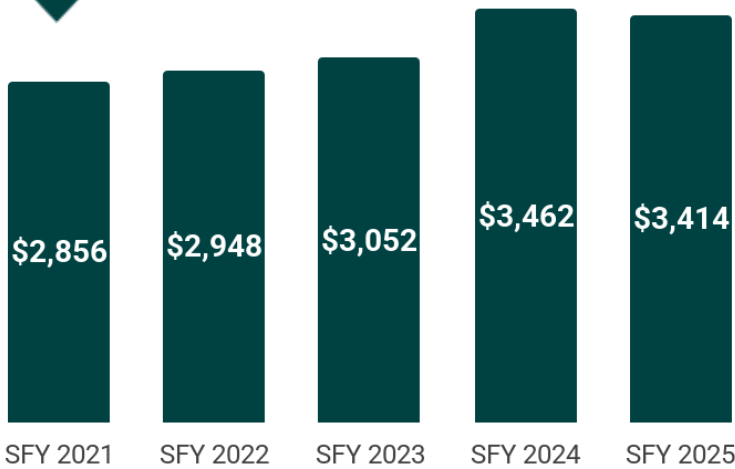
with an average enrollment length of **9.7 months**

PER MEMBER PER MONTH

\$3,414

from SFY24

-6.1%



4,533 unique individuals enrolled during the SFY

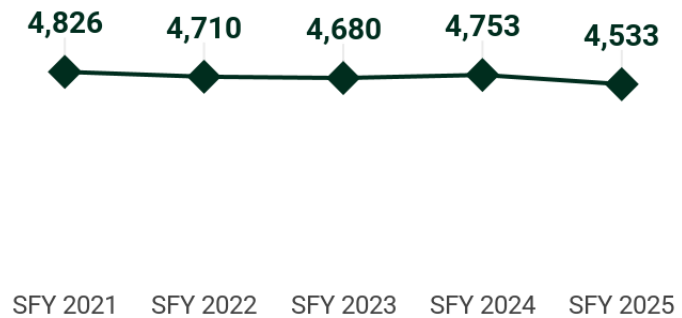


Table 30. ABD Long-Term Care PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Community Choices Waiver	\$56,196,413	-0.8	28,841	-1.1	\$1,935	0.4
Hospice	\$499,039	73.9	129	-14.3	\$3,869	63.1
Nursing Home	\$93,335,367	-5.9	14,971	-2.8	\$6,234	-0.7
Overall	\$150,030,820	13.5	43,941	-1.0	\$3,414	-1.4



Aged, Blind, or Disabled LONG-TERM CARE



Figure 32. ABD Long-Term Care PMPM by Top 5 Service Area

Table 31. ABD Long-Term Care History by Subgroup

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Community Choices Waiver	\$49,020,051	\$52,927,218	\$55,132,659	\$56,631,387	\$56,196,413	14.6
Hospice	\$433,312	\$309,010	\$350,172	\$286,941	\$499,039	15.2
Nursing Home	\$78,626,981	\$78,855,807	\$82,204,893	\$99,148,224	\$93,335,367	18.7
PACE	\$1,784,714	--	--	--	--	-100.0
Overall	\$129,865,057	\$132,092,035	\$137,687,724	\$156,066,552	\$150,030,820	15.5
Member Months						
Community Choices Waiver	27,704	27,821	28,848	29,171	28,841	4.1
Hospice	78	126	135	121	129	65.4
Nursing Home	17,273	16,859	16,138	15,793	14,971	-13.3
PACE	414	--	--	--	--	-100.0
Overall	45,469	44,806	45,121	45,085	43,941	-3.4
PMPM						
Community Choices Waiver	\$1,769	\$1,902	\$1,911	\$1,941	\$1,948	10.1
Hospice	\$5,555	\$2,452	\$2,594	\$2,371	\$3,869	-30.4
Nursing Home	\$4,552	\$4,677	\$5,094	\$6,278	\$6,234	37.0
PACE	\$4,311	--	--	--	--	-100.0
Overall	\$2,856	\$2,948	\$3,052	\$3,462	\$3,414	19.5

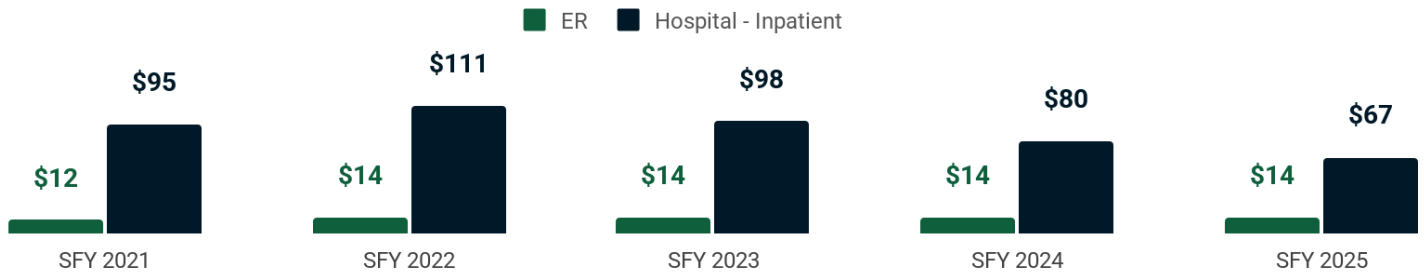


Figure 33. ABD Long-Term Care PMPM by Emergency Room and Hospital - Inpatient Services



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

EXPENDITURES

\$56.2 million

paid to providers for services rendered during the SFY

from SFY24

-0.8%



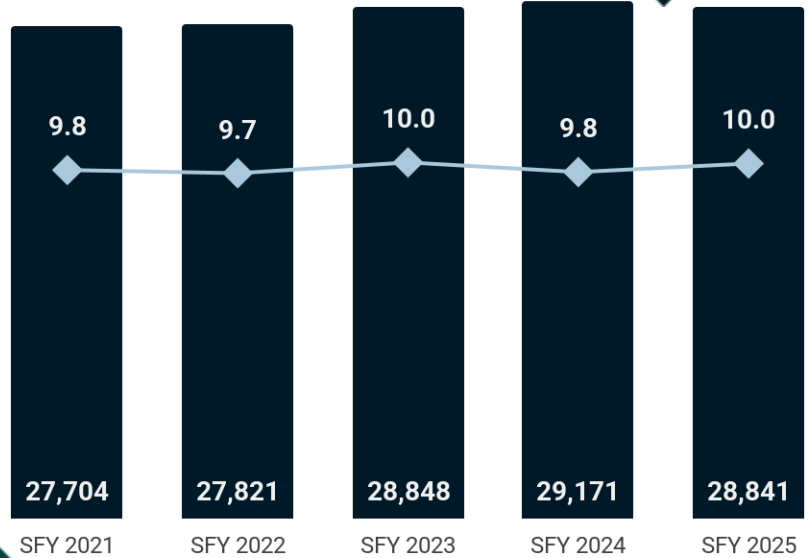
SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

28,841

from SFY24

-1.1%



Member Months Average Months

PER MEMBER PER MONTH

\$1,948

0.4%

from SFY24



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

with an average enrollment length of

10.0 months

2,884 unique individuals enrolled during the SFY



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Table 32. Community Choices Waiver PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$49,020,051	\$52,927,218	\$55,132,659	\$56,631,387	\$56,196,413	14.6
Member Months	27,704	27,821	28,848	29,171	28,841	4.1
PMPM	\$1,769	\$1,902	\$1,911	\$1,941	\$1,948	10.1



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

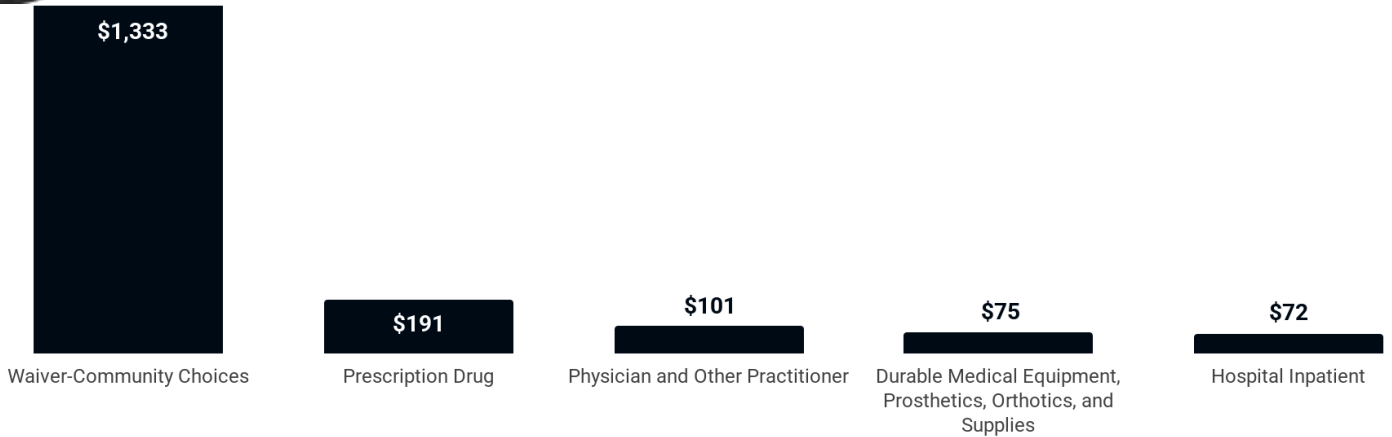


Figure 34. Community Choices Waiver PMPM by Top 5 Service Area

Table 33. 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	\$1,948	0.4

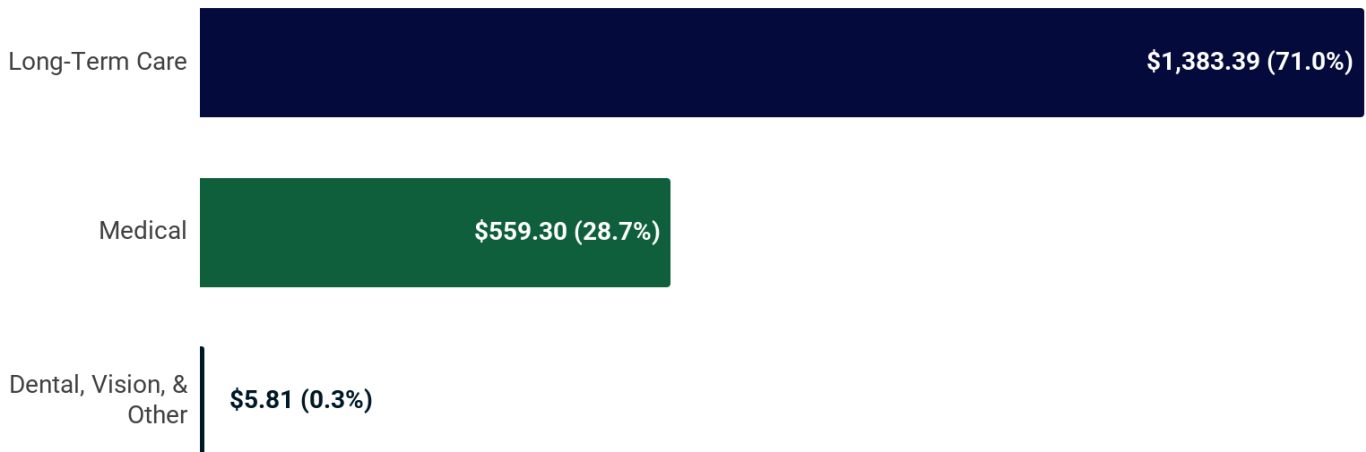


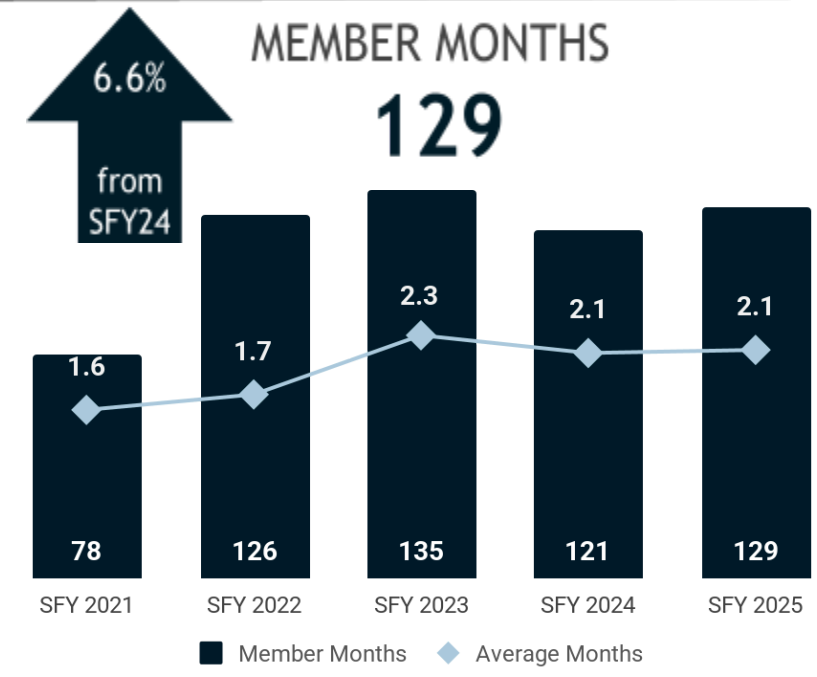
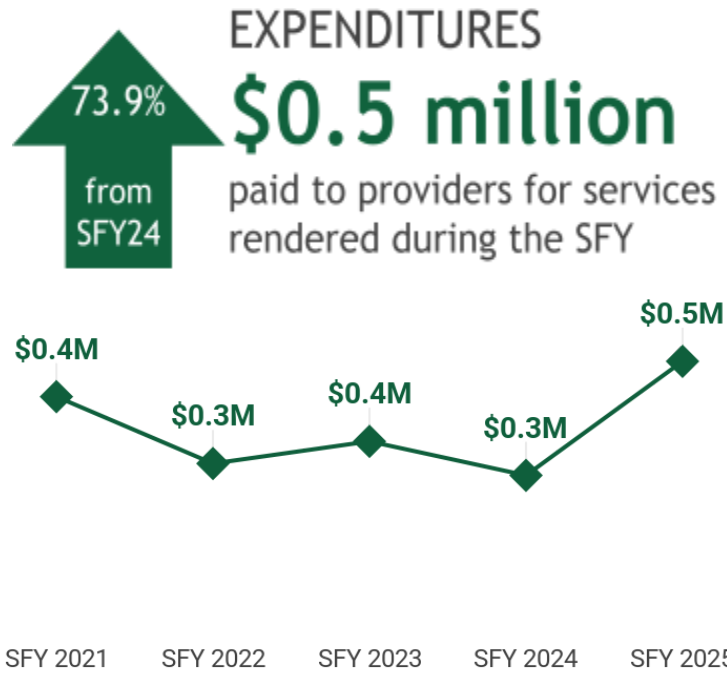
Figure 35. Community Choices Waiver PMPM by Service Type



Figure 36. Community Choices Waiver PMPM by Emergency Room and Hospital - Inpatient Services



Aged, Blind, or Disabled Long-Term Care HOSPICE



with an average enrollment length of **2.1 months**

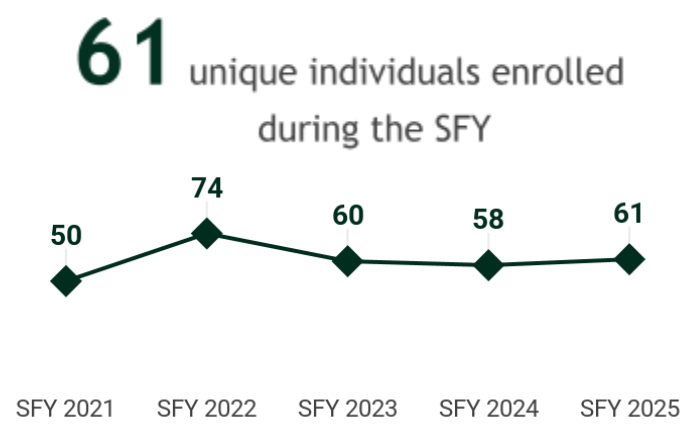
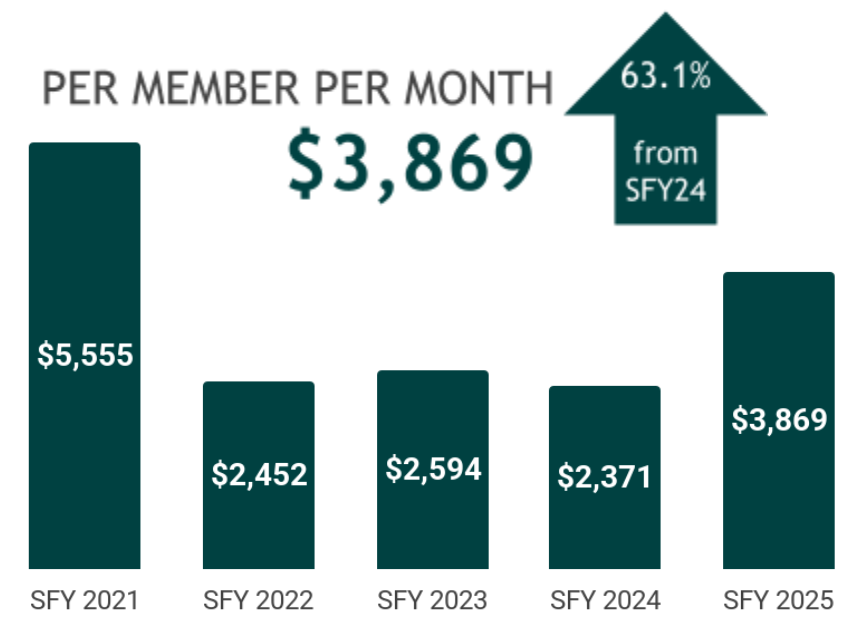


Table 34. Hospice PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$433,312	\$309,010	\$350,172	\$286,941	\$499,039	15.2
Member Months	78	126	135	121	129	65.4
PMPM	\$5,555	\$2,452	\$2,594	\$2,371	\$3,869	-30.4



Aged, Blind, or Disabled Long-Term Care HOSPICE



Figure 37. Hospice PMPM by Top 5 Service Area

Table 35. Hospice PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
ABD Long-Term Care						
Hospice	\$499,039	42.5	129	6.6	\$3,869	63.1



Figure 38. Hospice PMPM by Emergency Room and Hospital - Inpatient Services



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

EXPENDITURES

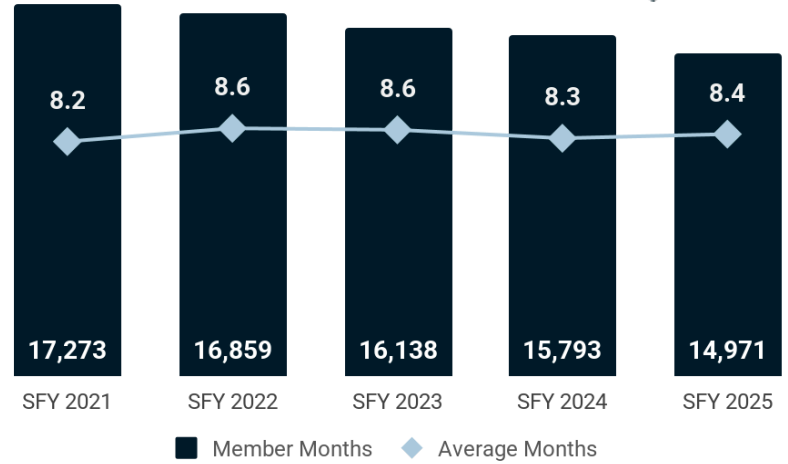
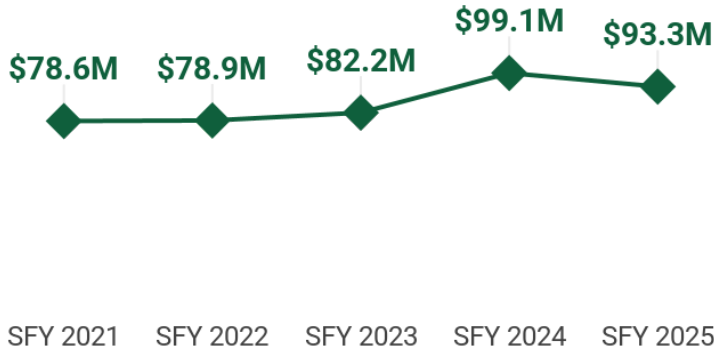
\$93.3 million

paid to providers for services rendered during the SFY

MEMBER MONTHS

14,971

from SFY24
-5.2%



PER MEMBER PER MONTH

\$6,234

from SFY24
-0.7%

with an average enrollment length of

8.4 months

1,777 unique individuals enrolled during the SFY

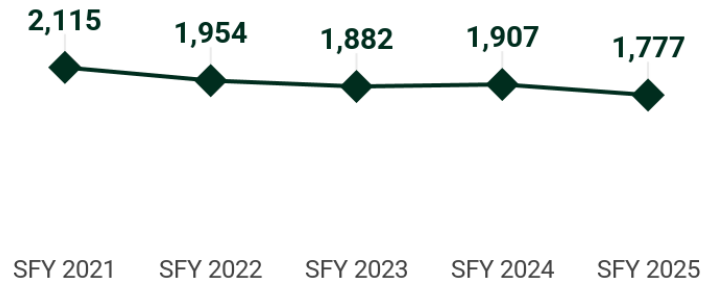
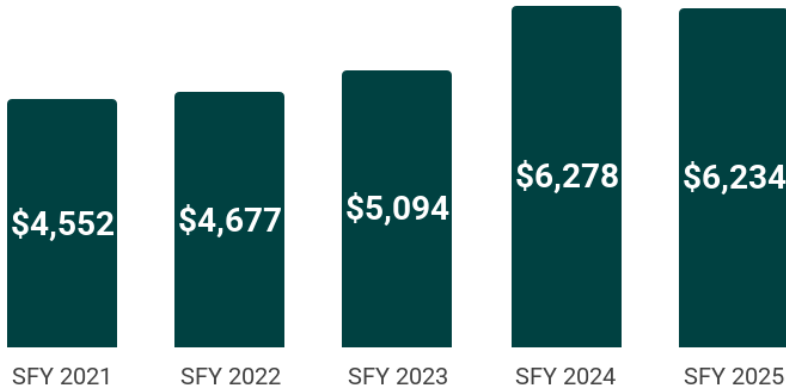


Table 36. Nursing Home PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$78,626,981	\$78,855,807	\$82,204,893	\$99,148,224	\$93,335,367	18.7
Member Months	17,273	16,859	16,138	15,793	14,971	-13.3
PMPM	\$4,552	\$4,677	\$5,094	\$6,278	\$6,234	37.0



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

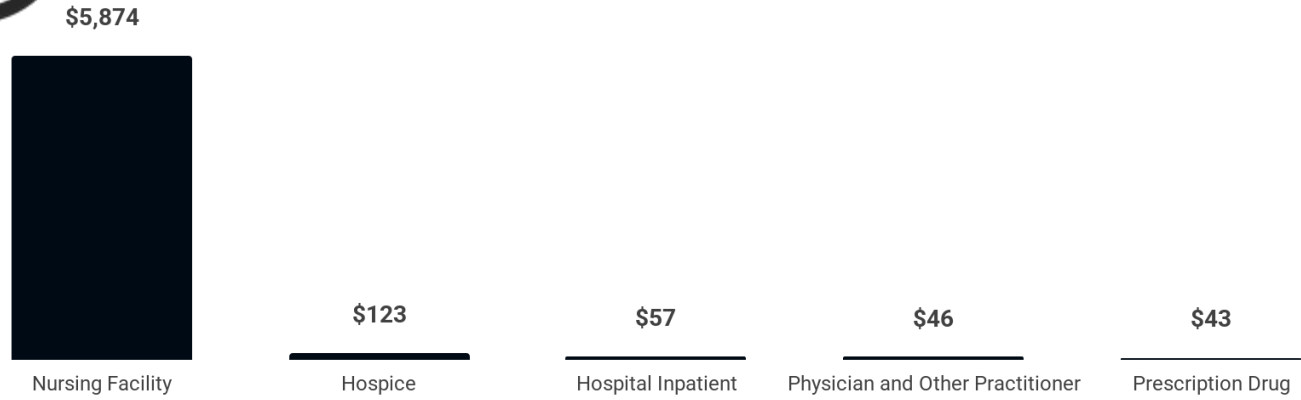


Figure 39. Nursing Home PMPM by Top 5 Service Area

Table 37. 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	\$93,335,367	-5.9	14,971	-5.2	\$6,234	-0.7

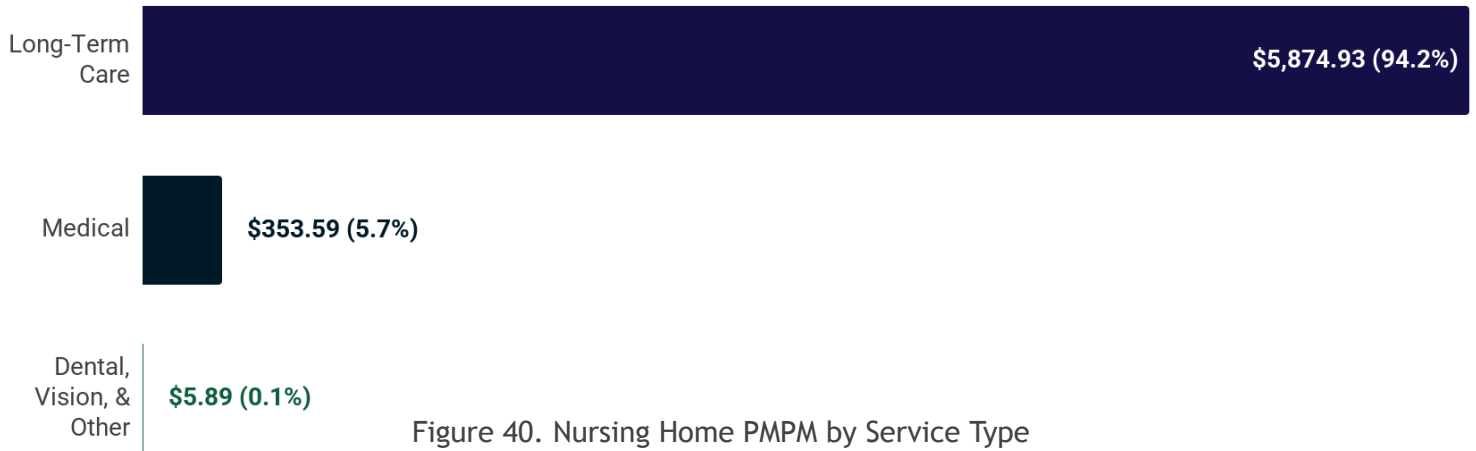


Figure 40. Nursing Home PMPM by Service Type

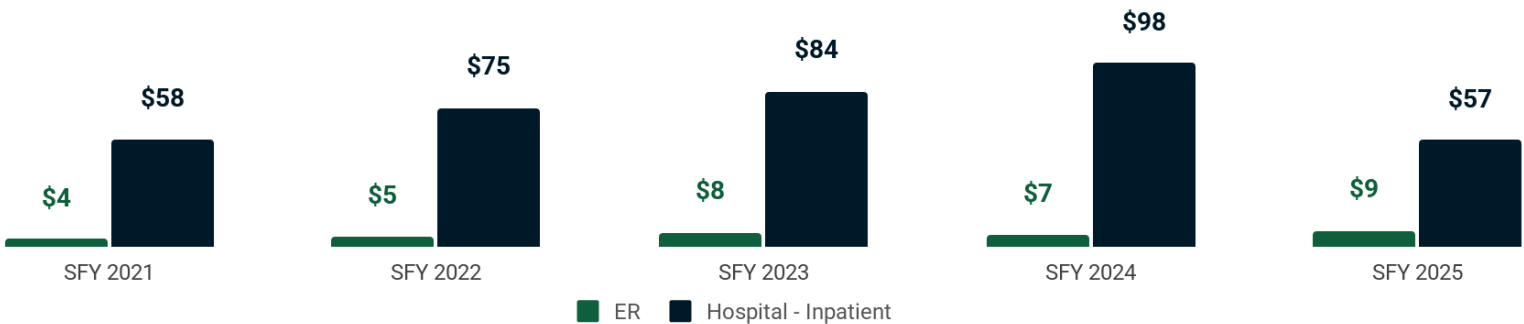


Figure 41. Nursing Home PMPM by Emergency Room and Hospital - Inpatient Services



Supplemental Security Income SSI & SSI RELATED

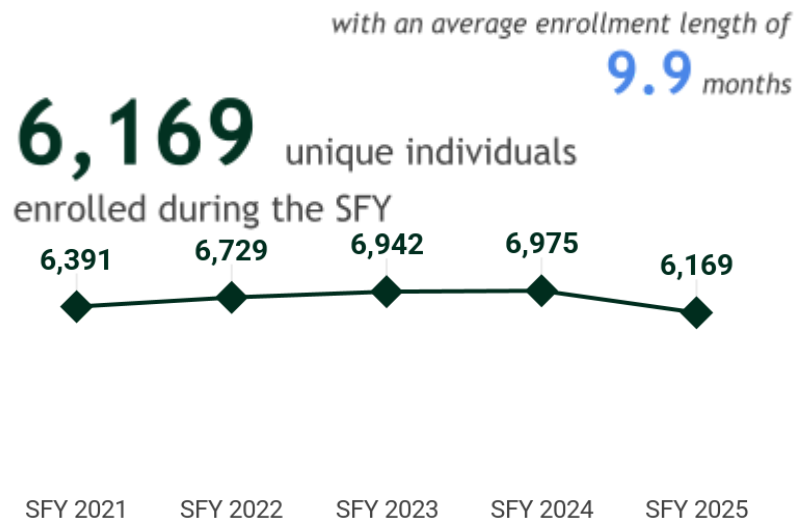
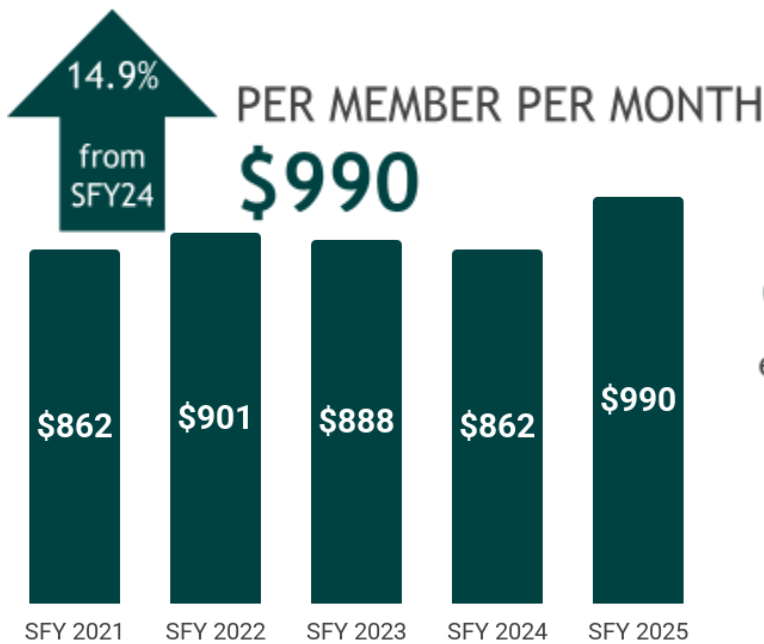
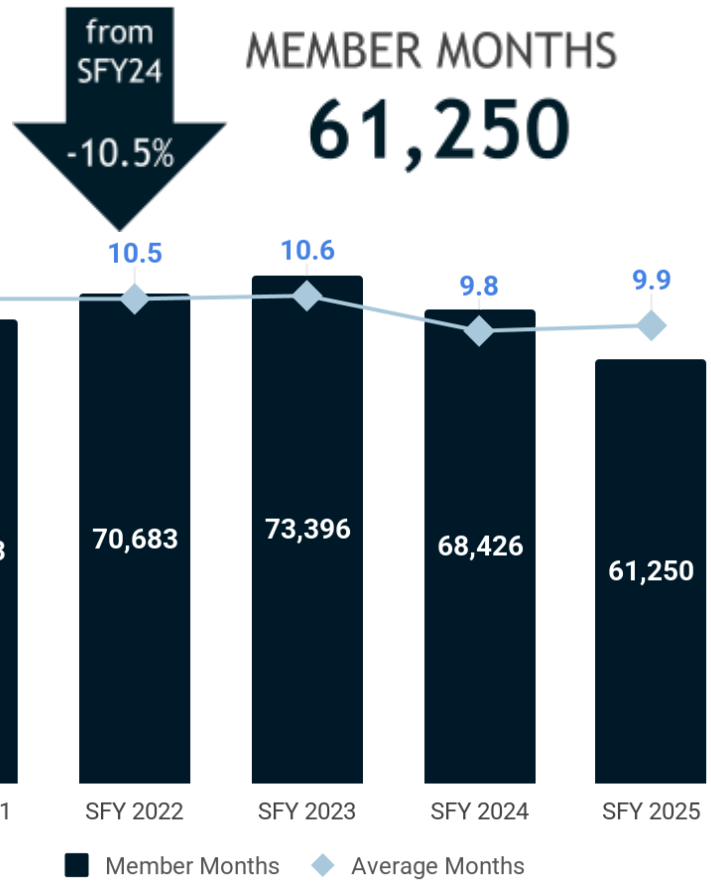


Table 38. SSI & SSI Related PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$57,848,250	\$63,715,248	\$65,164,020	\$58,997,985	\$60,625,927	4.8
Member Months	67,133	70,683	73,396	68,426	61,250	-8.8
PMPM	\$862	\$901	\$888	\$862	\$990	14.9



Supplemental Security Income SSI & SSI RELATED

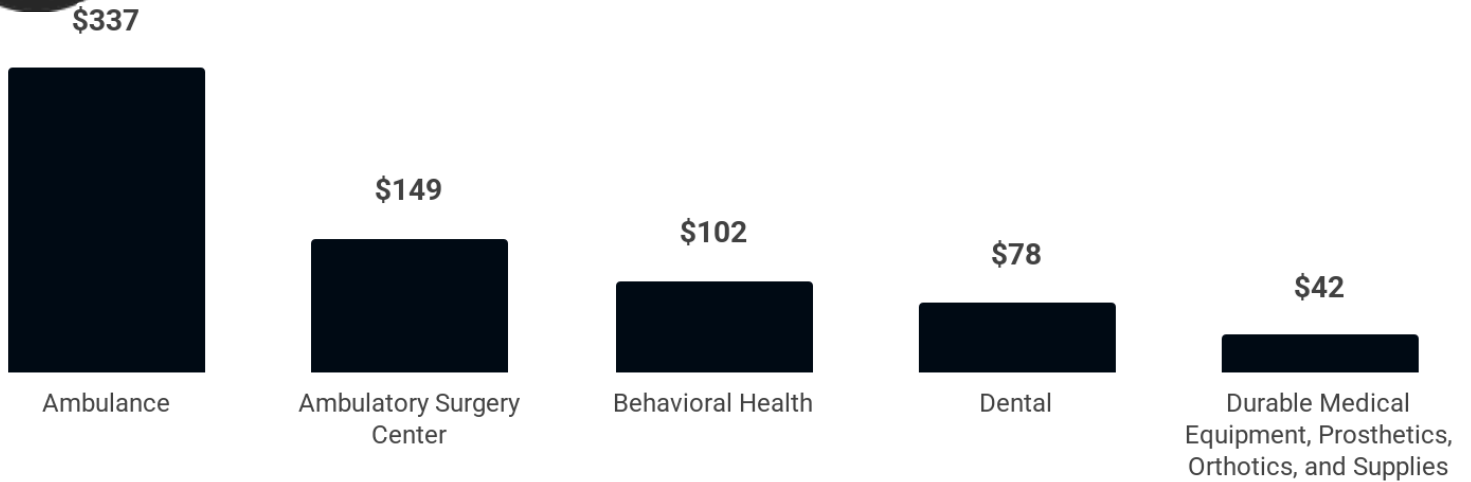


Figure 42. SSI & SSI Related PMPM by Top 5 Service Area

Table 39. 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	\$60,625,927	2.8	61,250	-10.5	\$990	14.8

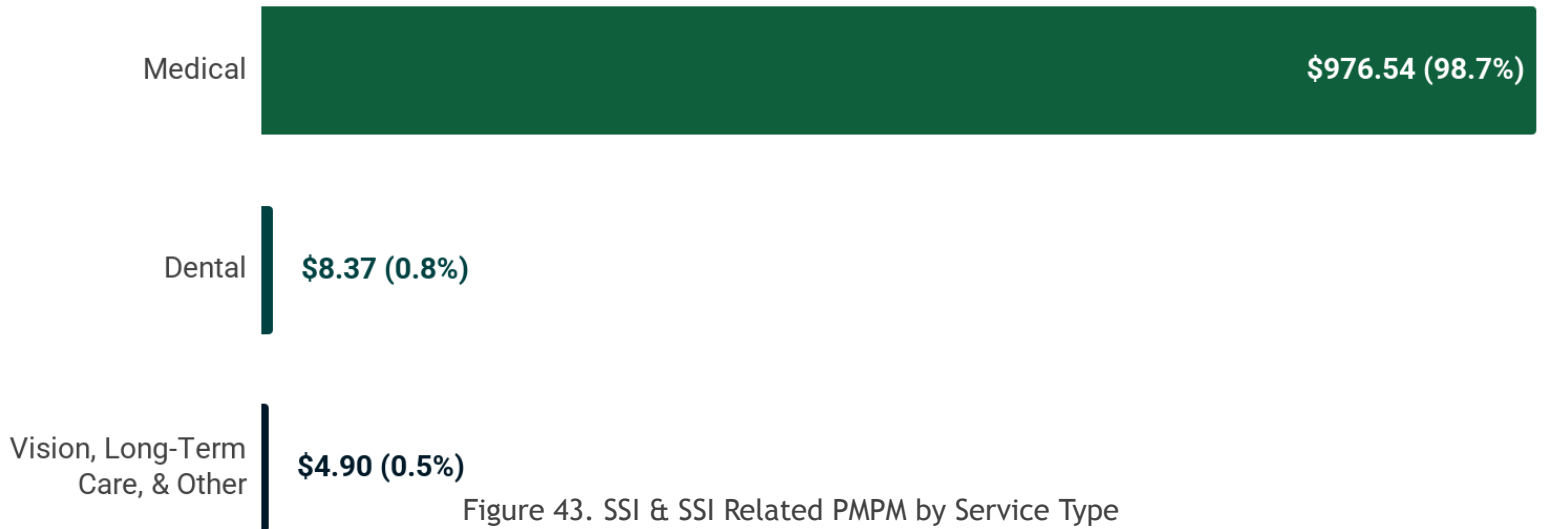


Figure 43. SSI & SSI Related PMPM by Service Type



Figure 44. SSI & SSI Related PMPM by Emergency Room and Hospital - Inpatient Services

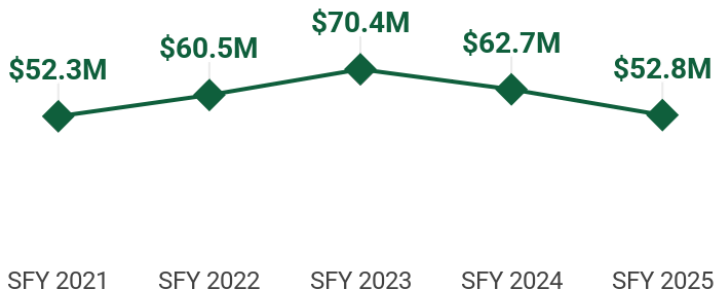


Adults ADULTS OVERALL

EXPENDITURES

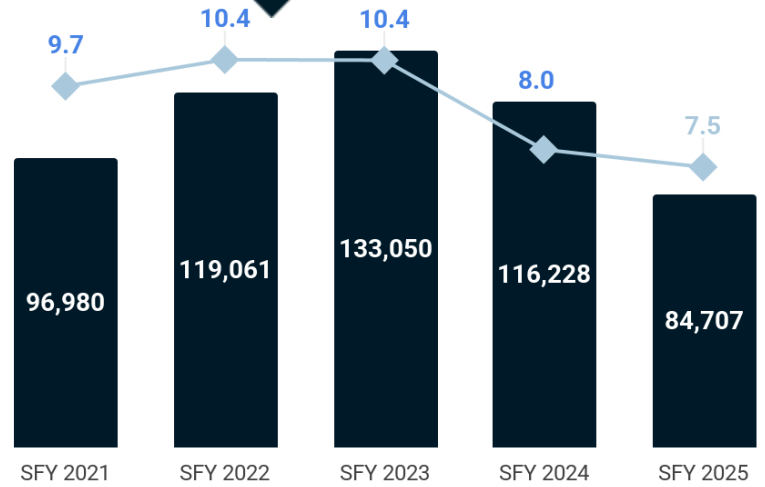
\$52.8 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

84,707

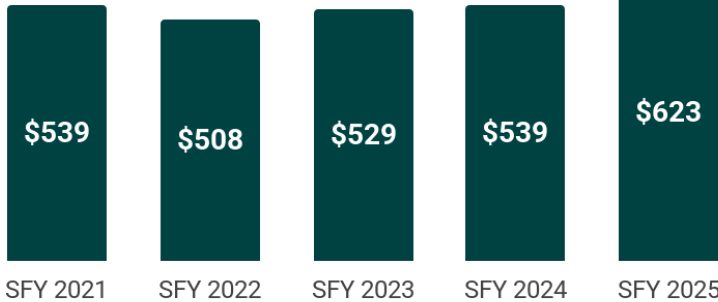


■ Member Months ◆ Average Months

with an average enrollment length of **6.6 months**

PER MEMBER PER MONTH

\$623



11,258 unique individuals enrolled during the SFY

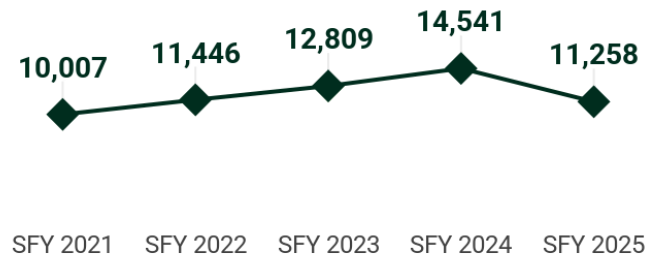


Table 40. Adult PMPM Summary by Subgroup

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

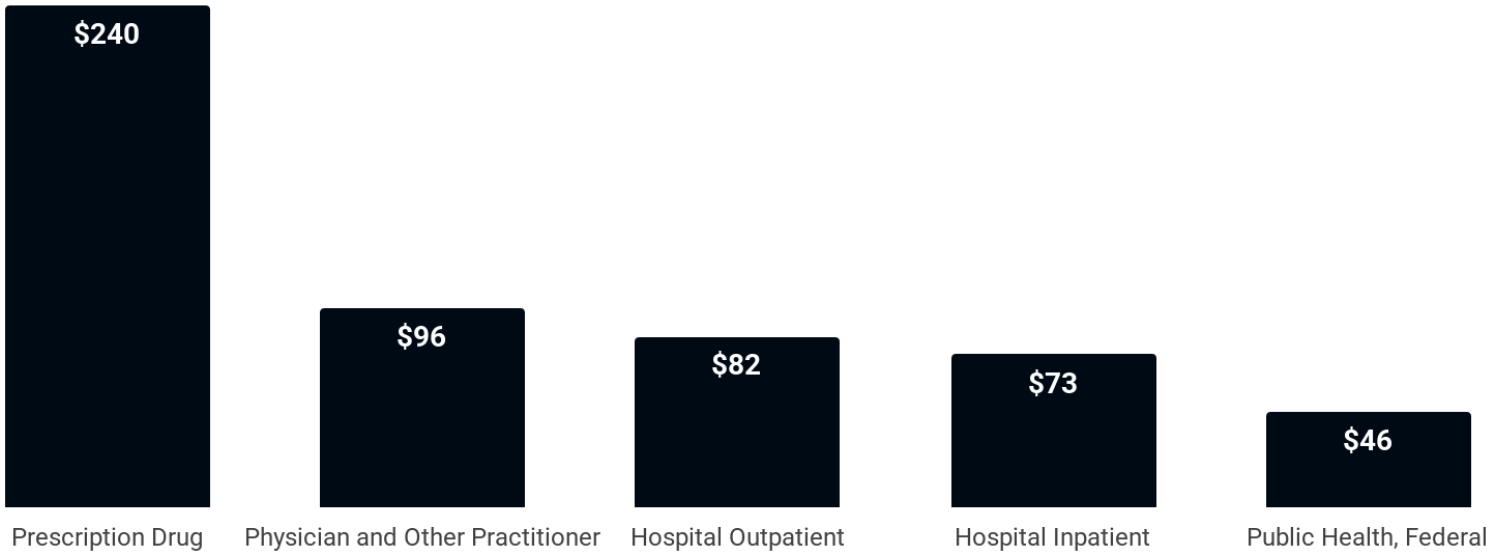


Figure 45. Adults PMPM by Top 5 Service Area

Table 41. Adult PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Family-Care Adults	\$51,849,224	\$59,906,210	\$69,762,475	\$62,024,303	\$52,117,671	0.5
Former Foster Care	\$443,082	\$596,713	\$663,605	\$648,698	\$642,055	44.9
Overall	\$52,292,306	\$60,502,923	\$70,426,079	\$62,673,001	\$52,759,725	0.9
Member Months						
Family-Care Adults	95,763	117,439	131,127	114,314	82,993	-13.3
Former Foster Care	1,217	1,622	1,923	1,914	1,714	40.8
Overall	96,980	119,061	133,050	116,228	84,707	-12.7
PMPM						
Family-Care Adults	\$541	\$510	\$532	\$543	\$628	16.0
Former Foster Care	\$364	\$368	\$345	\$339	\$375	2.9
Overall	\$539	\$508	\$529	\$539	\$623	15.5

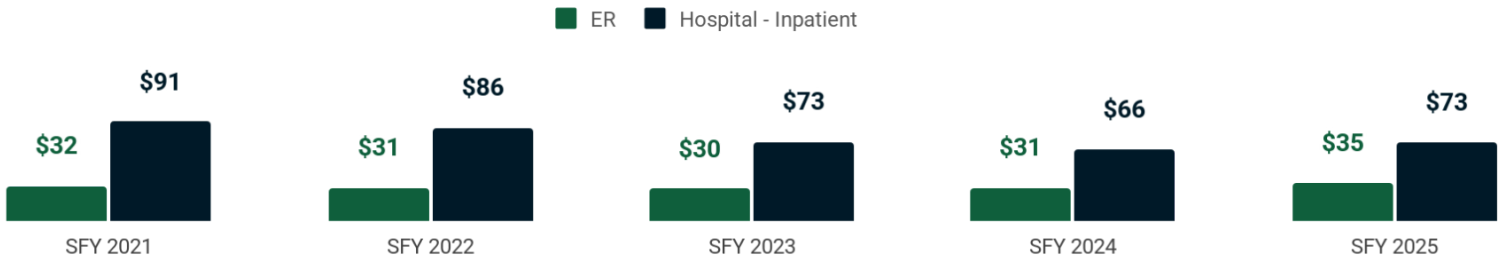


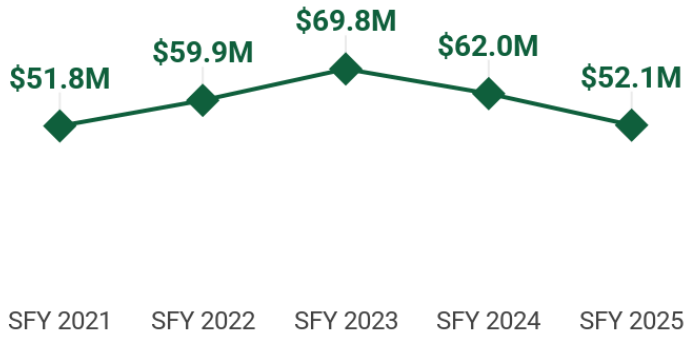
Figure 46. Adults PMPM by Emergency Room and Hospital - Inpatient Services



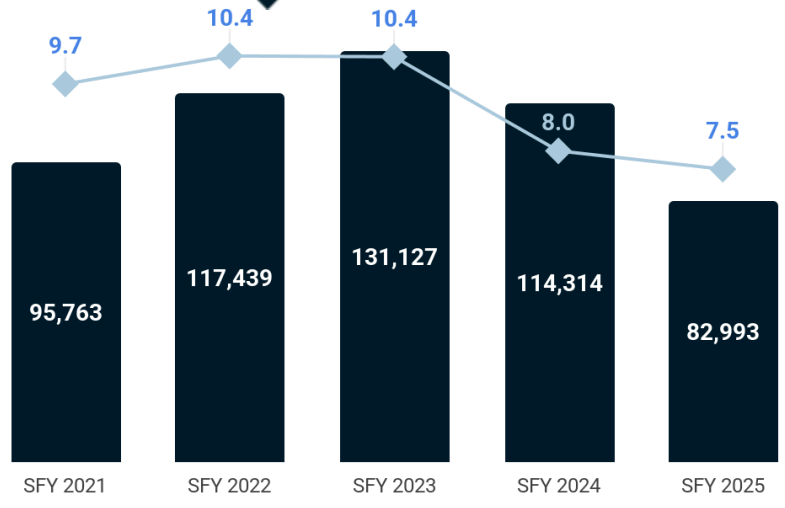
Adults FAMILY CARE ADULTS



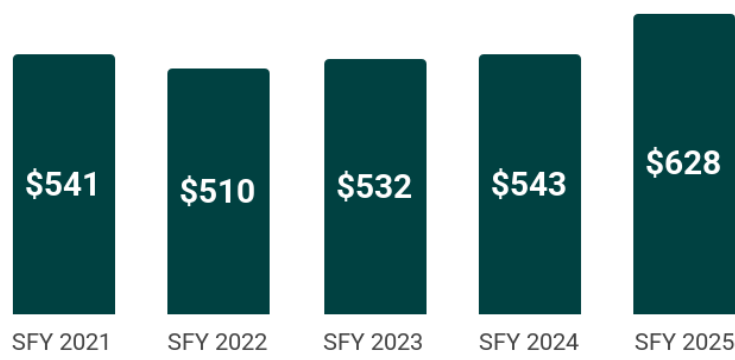
EXPENDITURES
\$52.1 million
paid to providers for services rendered during the SFY



MEMBER MONTHS
82,993



PER MEMBER PER MONTH
\$628



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

11,052 unique individuals enrolled during the SFY

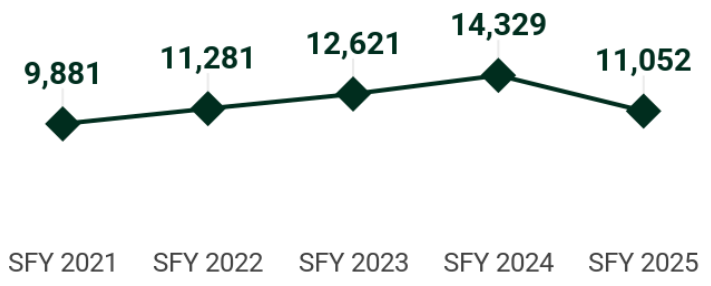


Table 42. Family Care Adults PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$51,849,224	\$59,906,210	\$69,762,475	\$62,024,303	\$52,117,671	0.5
Member Months	95,763	117,439	131,127	114,314	82,993	-13.3
PMPM	\$541	\$510	\$532	\$543	\$628	16.0



Adults
FAMILY CARE ADULTS

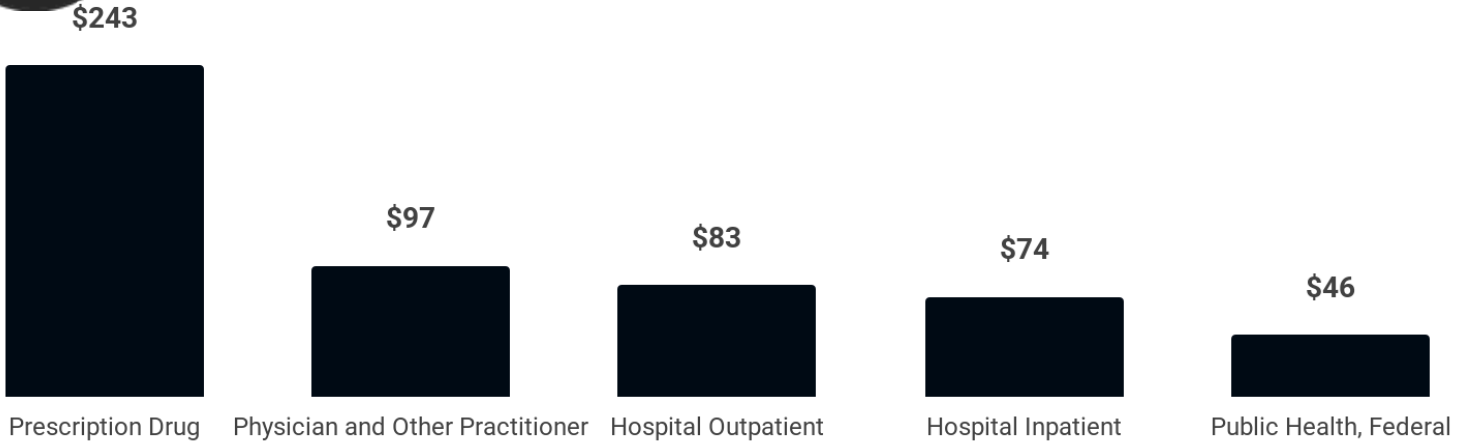


Figure 47. Family Care Adults PMPM by Top 5 Service Area

Table 43. 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	\$52,117,671	-16.0	82,993	-27.4	\$628	15.7

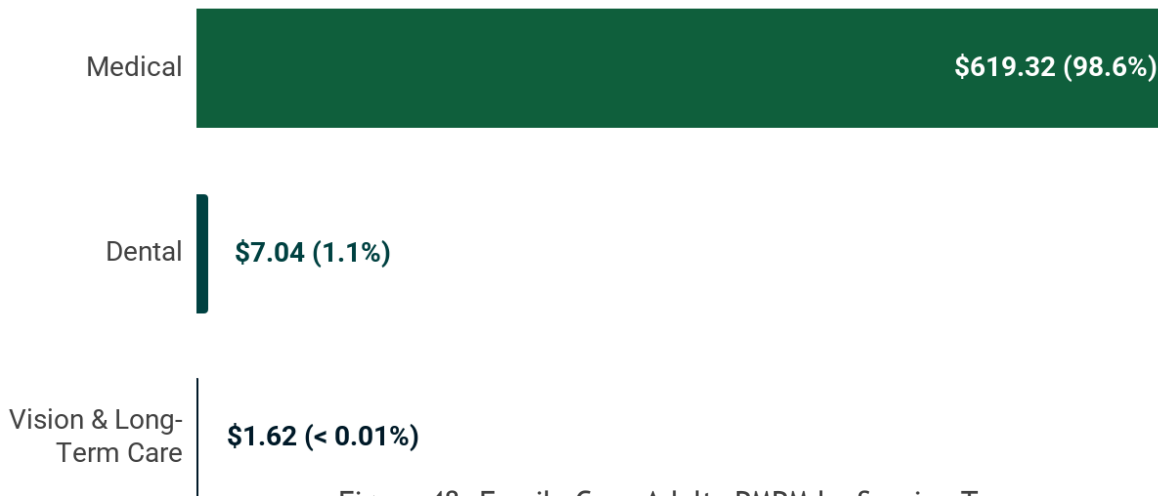


Figure 48. Family Care Adults PMPM by Service Type



Figure 49. Family Care Adults PMPM by Emergency Room and Hospital - Inpatient Services



Adults FORMER FOSTER CARE

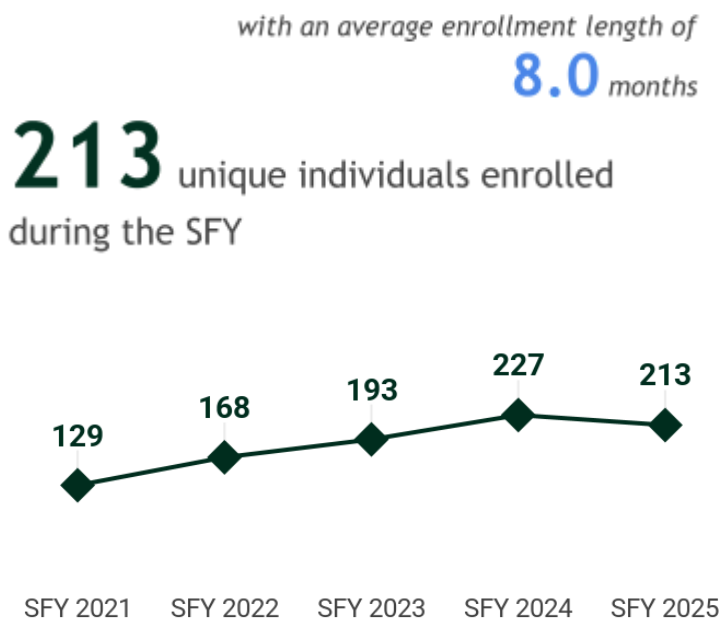
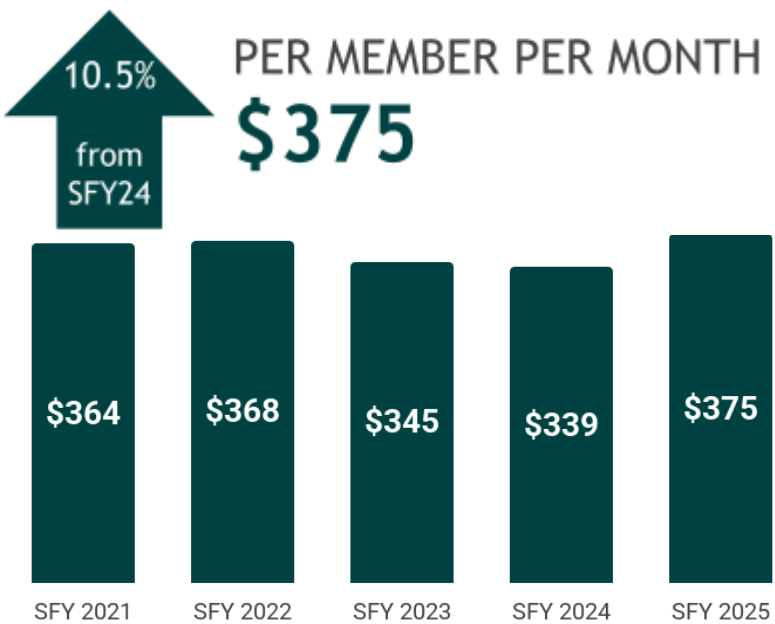
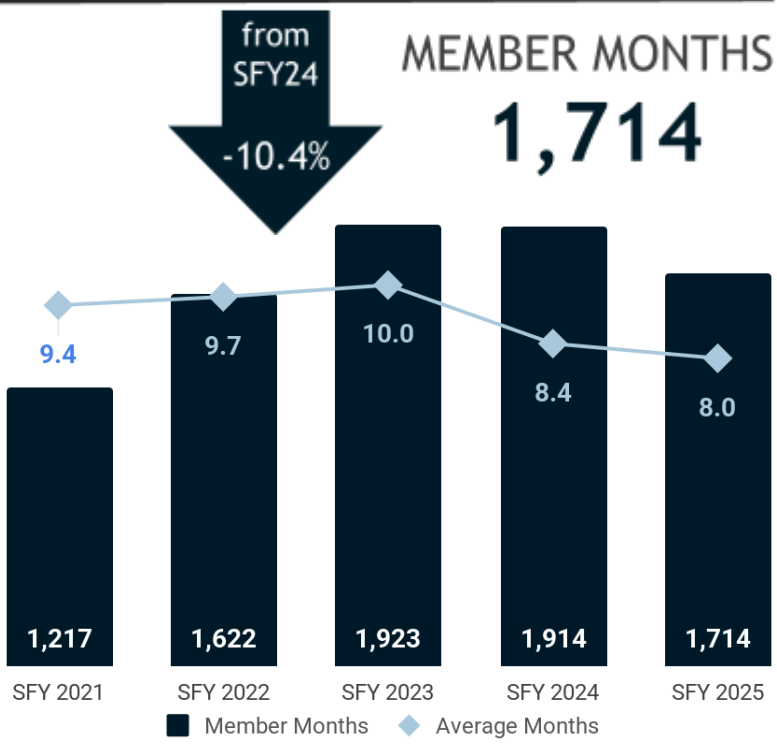
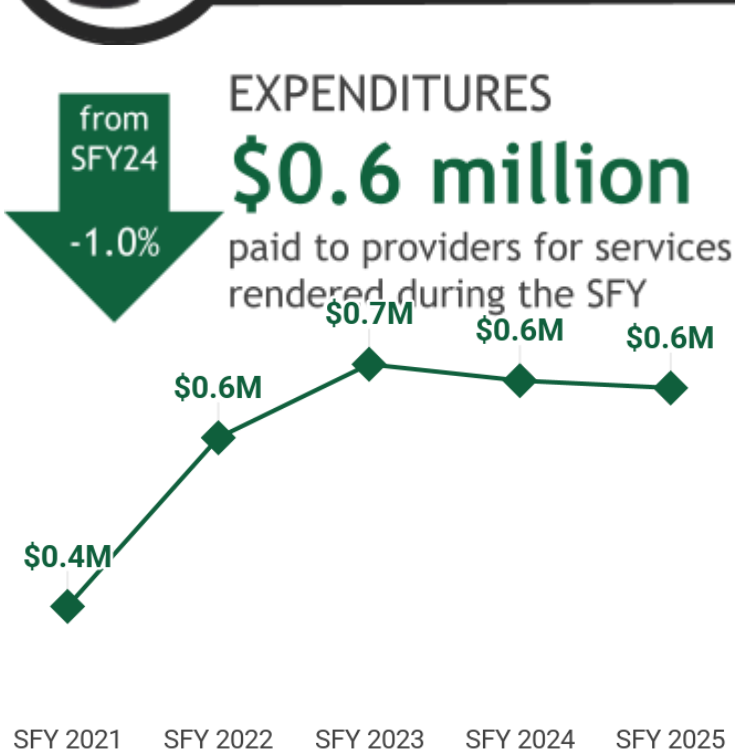


Table 44. Former Foster Care Adults PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$443,082	\$596,713	\$663,605	\$648,698	\$642,055	44.9
Member Months	1,217	1,622	1,923	1,914	1,714	40.8
PMPM	\$364	\$368	\$345	\$339	\$375	2.9



Adults
FORMER FOSTER CARE

\$104

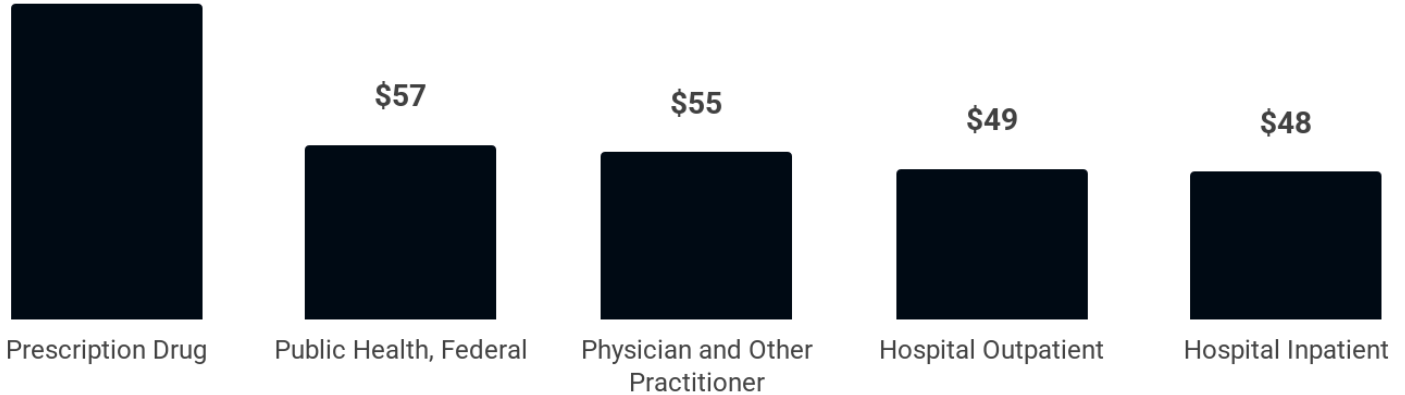


Figure 50. Former Foster Care Adults PMPM by Top 5 Service Area

Table 45. 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	\$642,055	-1.0	1,714	-10.4	\$375	10.5



Figure 51. Former Foster Care PMPM by Service Type



Figure 52. Former Foster Care Adults PMPM by Emergency Room and Hospital - Inpatient Services



Children CHILDREN - OVERALL

EXPENDITURES

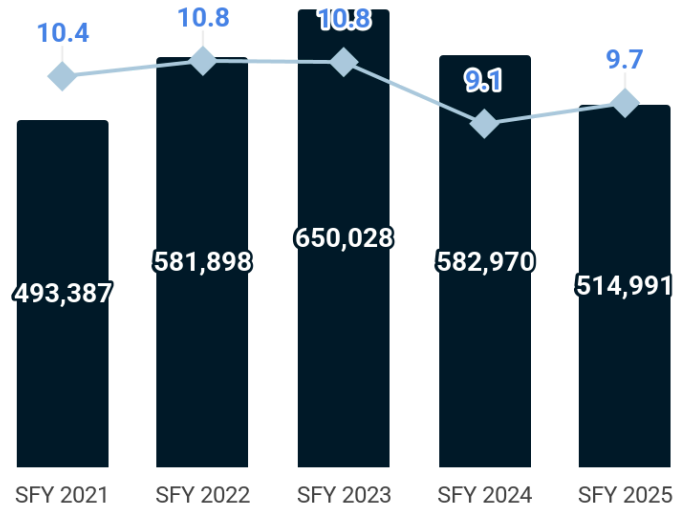
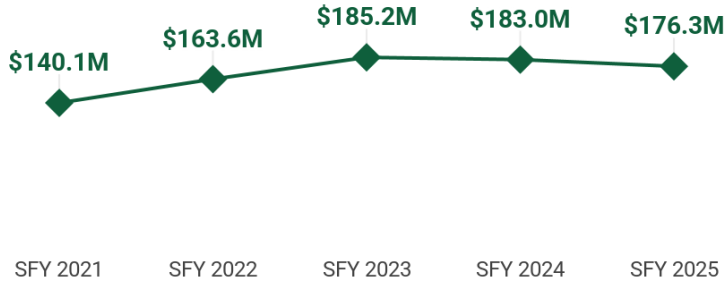
\$176.3 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

514,991



PER MEMBER PER MONTH
\$342



with an average enrollment length of **9.7 months**

53,171 unique individuals enrolled during the SFY

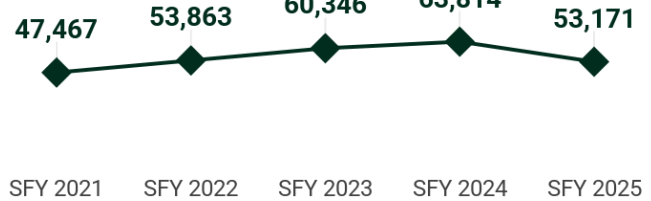


Table 46. Children PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity	\$3,992,651	11.8	2,609	4.5	\$1,530	6.9
Children	\$114,571,707	-3.6	404,209	-12.5	\$283	10.2
Children's Mental Health Waiver	\$459,087	-18.4	883	-22.0	\$520	4.6
Foster Care	\$19,214,936	1.5	29,049	-14.1	\$661	18.3
Kid Care CHIP	\$13,504,424	13.3	53,862	18.6	\$251	-4.5
Newborn	\$24,553,928	-15.6	26,988	-33.3	\$910	26.4
Overall	\$176,296,733	-3.6	514,991	-11.7	\$342	9.1



Children CHILDREN OVERALL



Figure 53. Children PMPM by Top 5 Service Area

Table 47. Children PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Care Management Entity	\$3,465,391	\$3,185,908	\$3,890,718	\$3,572,394	\$3,992,651	15.2
Children	\$86,883,981	\$100,706,769	\$117,816,142	\$118,864,748	\$114,571,707	31.9
Children's Mental Health Waiver	\$707,330	\$605,720	\$592,465	\$562,635	\$459,087	-35.1
Foster Care	\$17,328,460	\$17,216,308	\$17,369,311	\$18,923,355	\$19,214,936	10.9
Kid Care CHIP	\$5,539,762	\$9,286,449	\$9,413,086	\$11,922,688	\$13,504,424	100.0
Newborn	\$26,135,988	\$32,595,959	\$36,096,857	\$29,109,499	\$24,553,928	-6.1
Overall	\$140,060,911	\$163,597,113	\$185,178,580	\$182,955,319	\$176,296,733	25.9
Member Months						
Care Management Entity	2,479	1,971	2,514	2,496	2,609	5.2
Children	402,833	467,537	514,520	462,134	404,209	0.3
Children's Mental Health Waiver	846	1,177	1,452	1,132	883	4.4
Foster Care	27,168	32,460	36,215	33,836	29,049	6.9
Kid Care CHIP	39,441	42,830	45,516	45,416	53,862	36.6
Newborn	23,099	37,894	52,325	40,452	26,988	16.8
Overall	493,387	581,898	650,028	582,970	514,991	4.4
PMPM						
Care Management Entity	\$1,398	\$1,616	\$1,548	\$1,431	\$1,530	9.5
Children	\$216	\$215	\$229	\$257	\$283	31.4
Children's Mental Health Waiver	\$836	\$515	\$408	\$497	\$520	-37.8
Foster Care	\$638	\$530	\$480	\$559	\$661	3.7
Kid Care CHIP	\$140	\$217	\$207	\$263	\$251	100.0
Newborn	\$1,131	\$860	\$690	\$720	\$910	-19.6
Overall	\$284	\$281	\$285	\$314	\$342	20.6



Children CHILDREN OVERALL

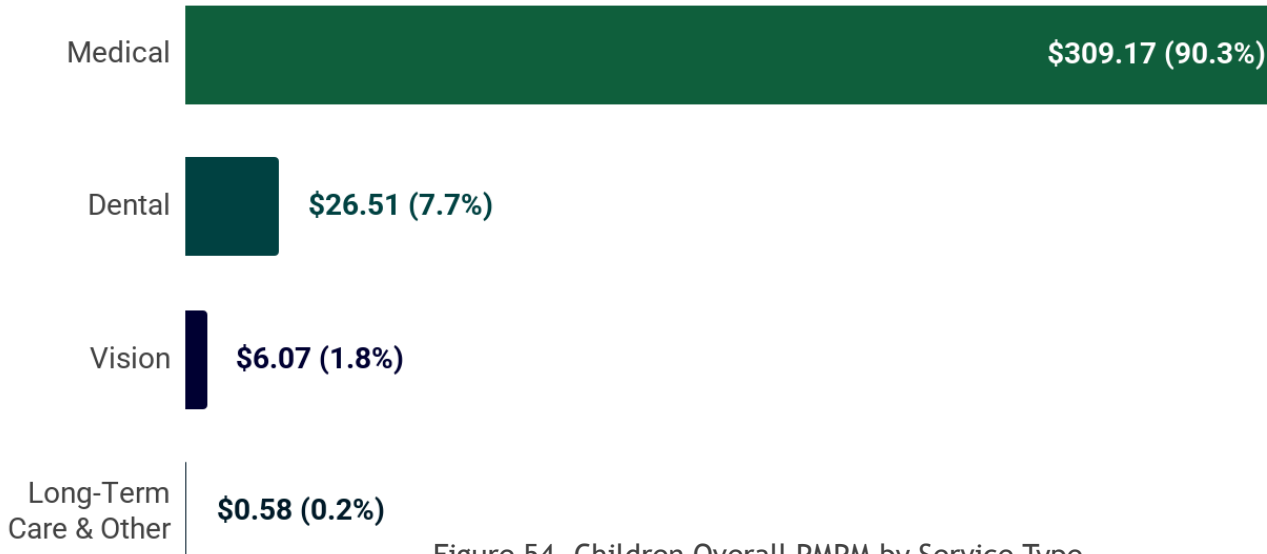


Figure 54. Children Overall PMPM by Service Type

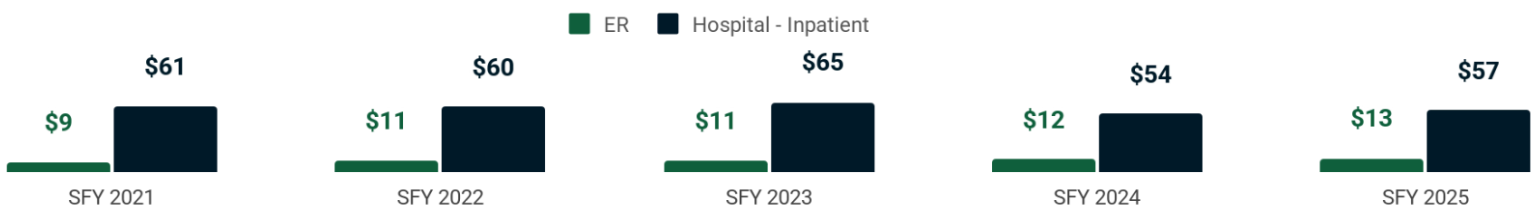


Figure 55. Children Overall PMPM by Emergency Room and Hospital - Inpatient Services



Children CARE MANAGEMENT ENTITY

EXPENDITURES



\$4.0 million

paid to providers for services rendered during the SFY

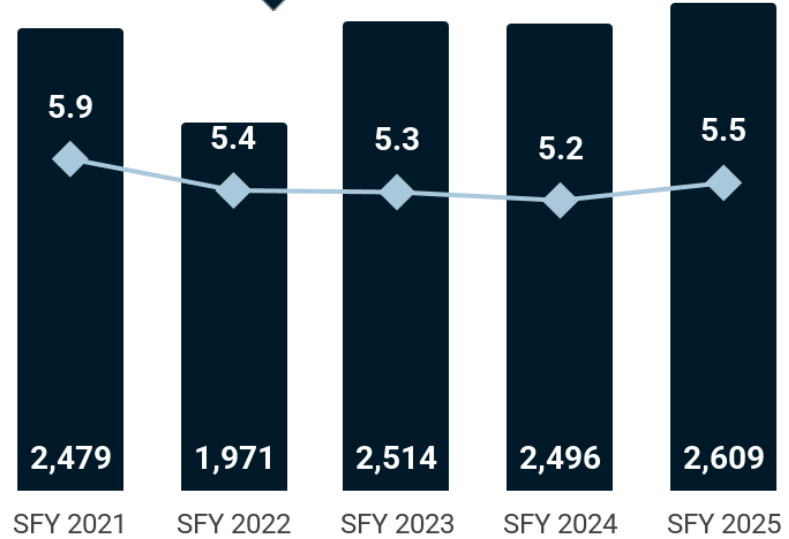


SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS



2,609



■ Member Months ◆ Average Months

with an average enrollment length of **5.5** months

475 unique individuals enrolled during the SFY



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

PER MEMBER PER MONTH

\$1,530



Table 48. CME PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$3,465,391	\$3,185,908	\$3,890,718	\$3,572,394	\$3,992,651	15.2
Member Months	2,479	1,971	2,514	2,496	2,609	5.2
PMPM	\$1,398	\$1,616	\$1,548	\$1,431	\$1,530	9.5



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.

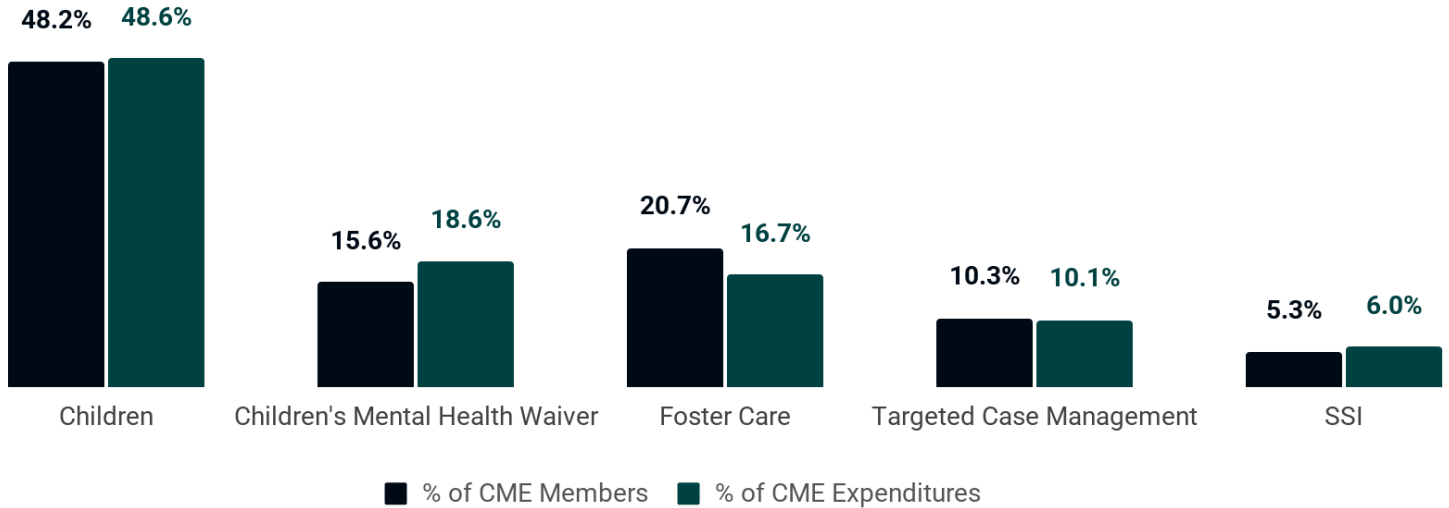


Figure 56. Percentage of CME Members and Expenditures by Primary Subgroup

Table 49. CME PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Care Management Entity	\$3,992,651	4.5	2,609	4.5	\$1,530	6.9

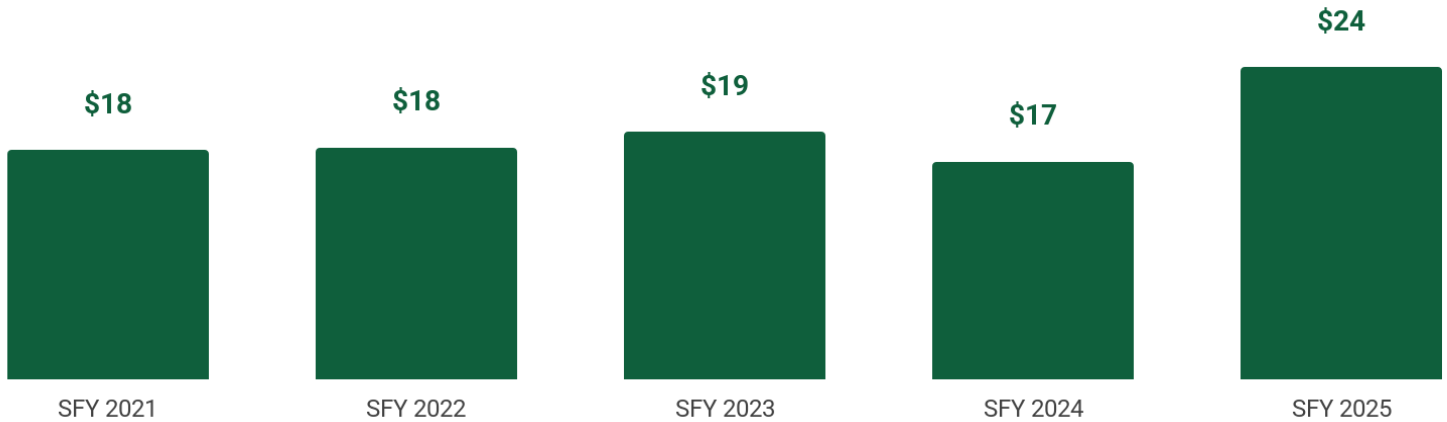


Figure 57. CME PMPM by Emergency Room Services

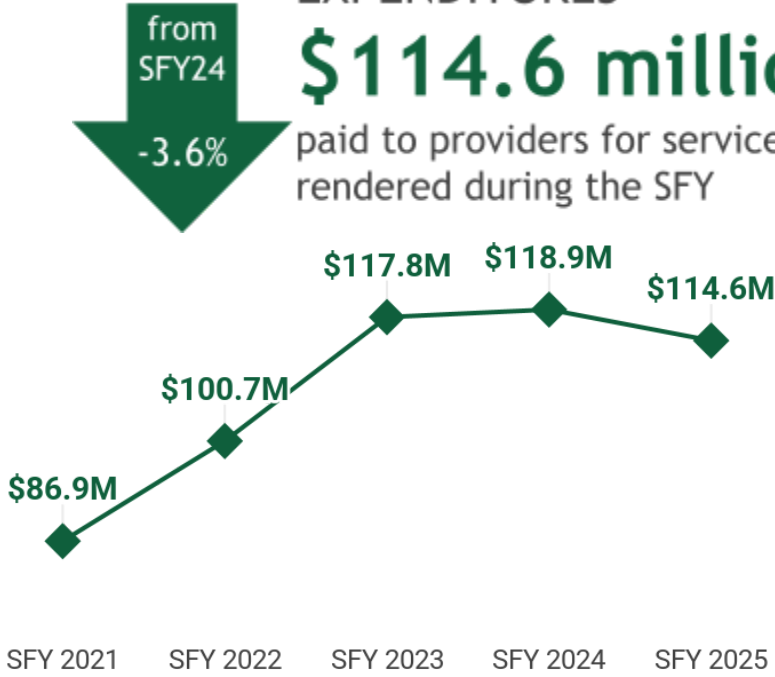


Children CHILDREN

EXPENDITURES

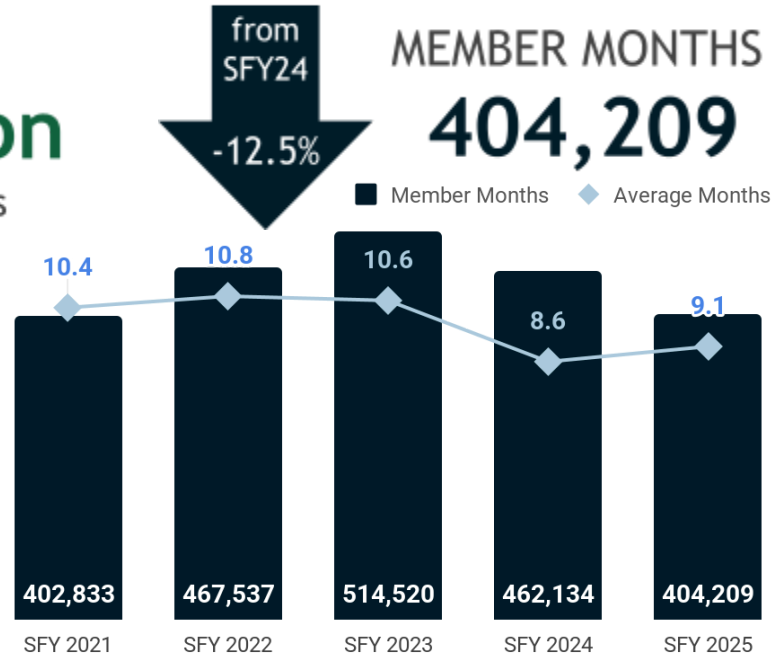
\$114.6 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

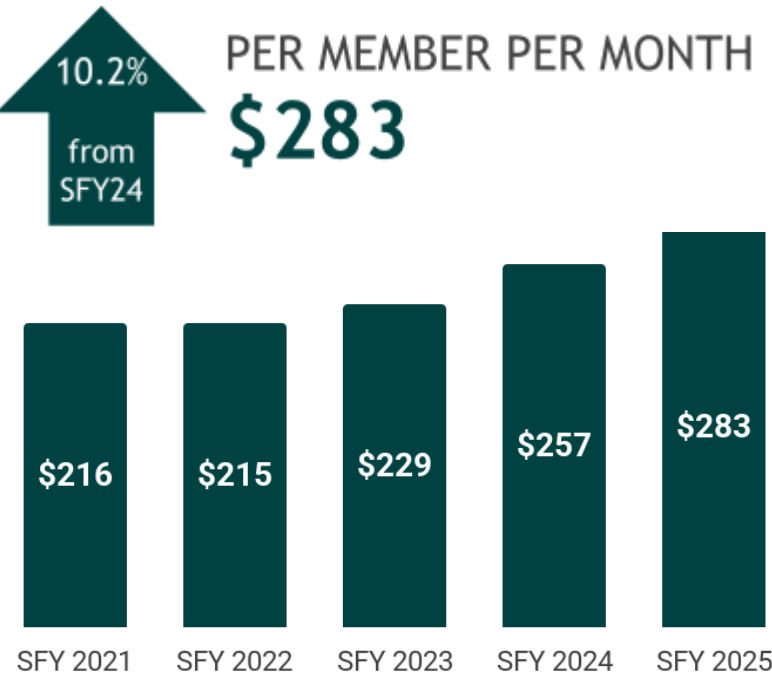
404,209



with an average enrollment length of **9.1 months**

PER MEMBER PER MONTH

\$283



44,384 unique individuals enrolled during the SFY

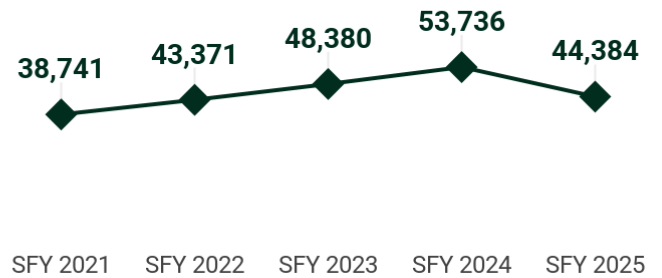


Table 50. Children PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 -SFY25)
Expenditures	\$86,883,981	\$100,706,769	\$117,816,142	\$118,864,748	\$114,571,707	31.9
Member Months	402,833	467,537	514,520	462,134	404,209	0.3
PMPM	\$216	\$215	\$229	\$257	\$283	31.4



**Children
CHILDREN**

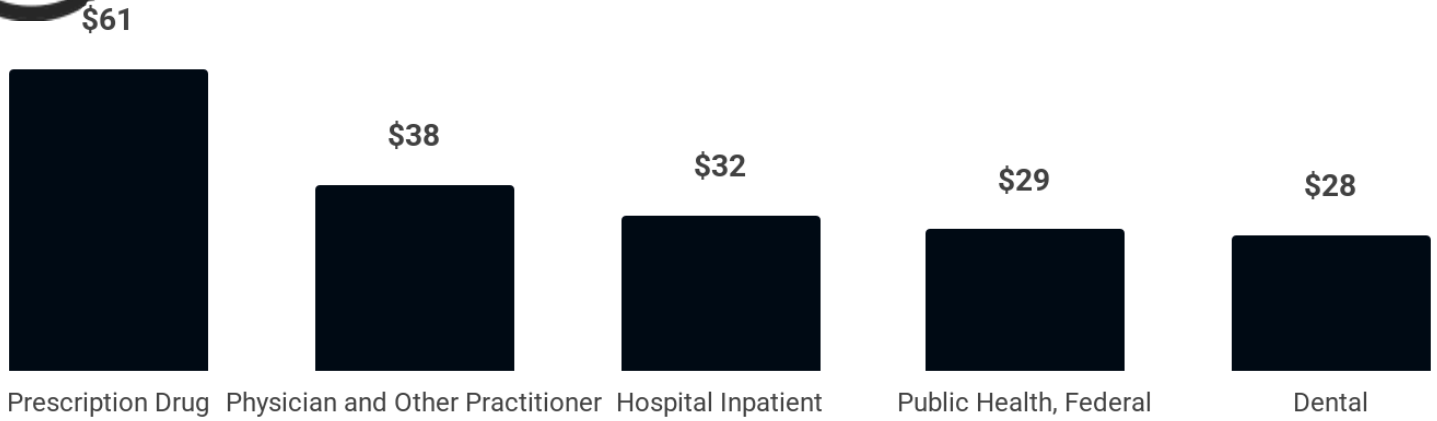


Figure 58. Children PMPM by Top 5 Service Area

Table 51. Children PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children	\$114,571,707	-3.6	404,209	-12.5	\$283	10.2



Figure 59. Children PMPM by Service Type

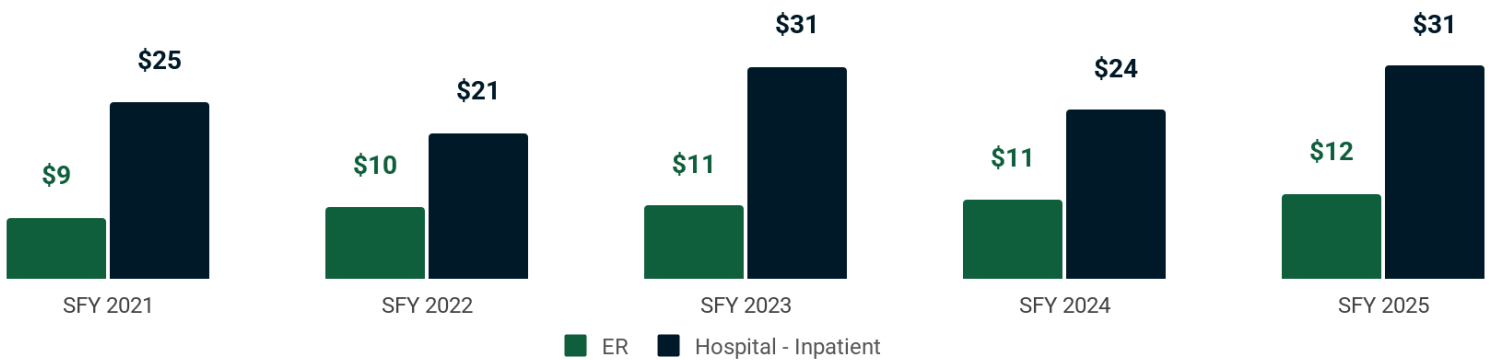


Figure 60. Children PMPM by Emergency Room and Hospital - Inpatient Services



Children

CHILDREN'S MENTAL HEALTH WAIVER

EXPENDITURES

\$0.5 million

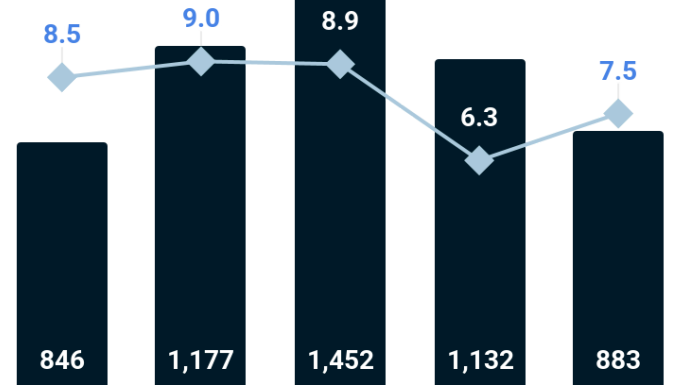
paid to providers for services rendered during the SFY



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

883



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Member Months Average Months

with an average enrollment length of

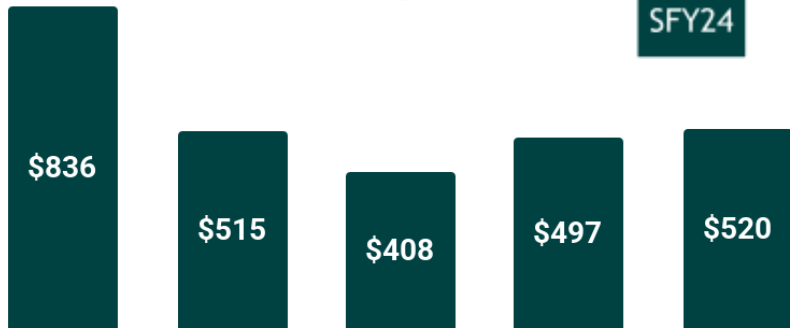
7.5 months

PER MEMBER PER MONTH

\$520

4.6%

from SFY24



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

117 unique individuals enrolled during the SFY

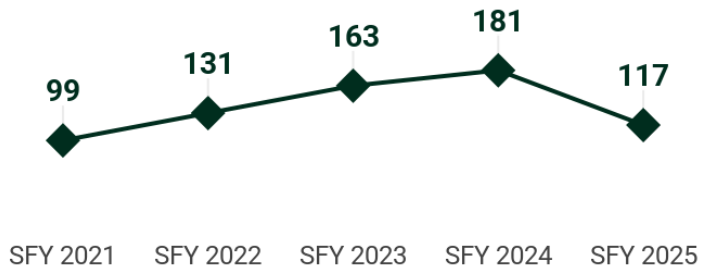


Table 52. Children's Mental Health Waiver PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$707,330	\$605,720	\$592,465	\$562,635	\$459,087	-35.1
Member Months	846	1,177	1,452	1,132	883	4.4
PMPM	\$836	\$515	\$408	\$497	\$520	-37.8



Children CHILDREN'S MENTAL HEALTH WAIVER

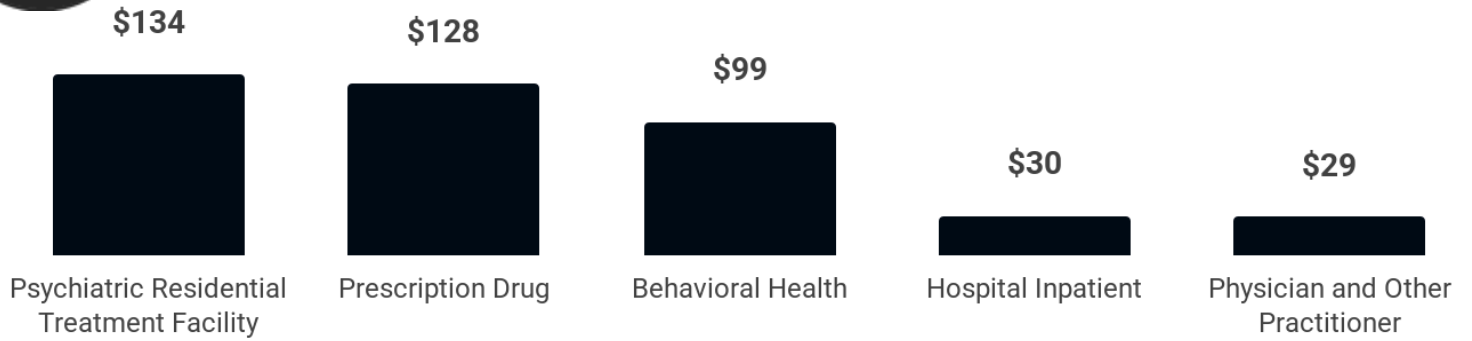


Figure 61. Children's Mental Health Waiver PMPM by Top 5 Service Area

Table 53. Children's Mental Health Waiver PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Children's Mental Health Waiver	\$459,087	-18.4	883	-22.0	\$520	4.6



Figure 62. Children's Mental Health Waiver PMPM by Service Type



Figure 63. Children's Mental Health Waiver PMPM by Emergency Room and Hospital - Inpatient Services



Children FOSTER CARE

EXPENDITURES

1.5%

from
SFY24

\$19.2 million

paid to providers for services rendered during the SFY

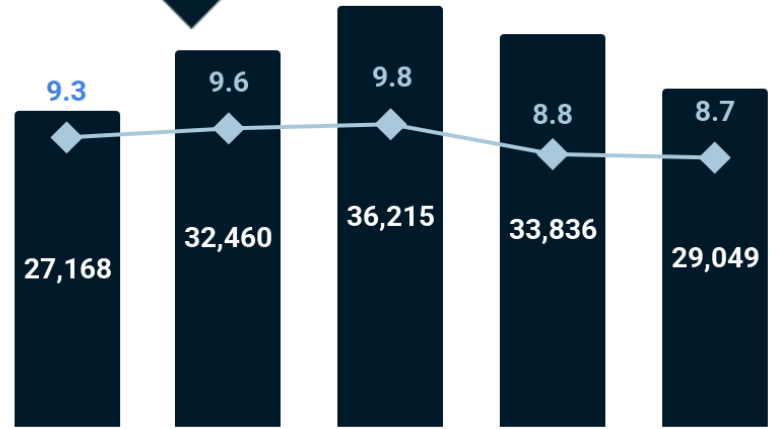


SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

29,049

from
SFY24
-14.1%



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

■ Member Months ◆ Average Months

with an average enrollment length of

8.7 months

PER MEMBER PER MONTH

\$661

18.3%

from
SFY24



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

3,343

 unique individuals
enrolled during the SFY


SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Table 54. Foster Care PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$17,328,460	\$17,216,308	\$17,369,311	\$18,923,355	\$19,214,936	10.9
Member Months	27,168	32,460	36,215	33,836	29,049	6.9
PMPM	\$638	\$530	\$480	\$559	\$661	3.7



Children FOSTER CARE

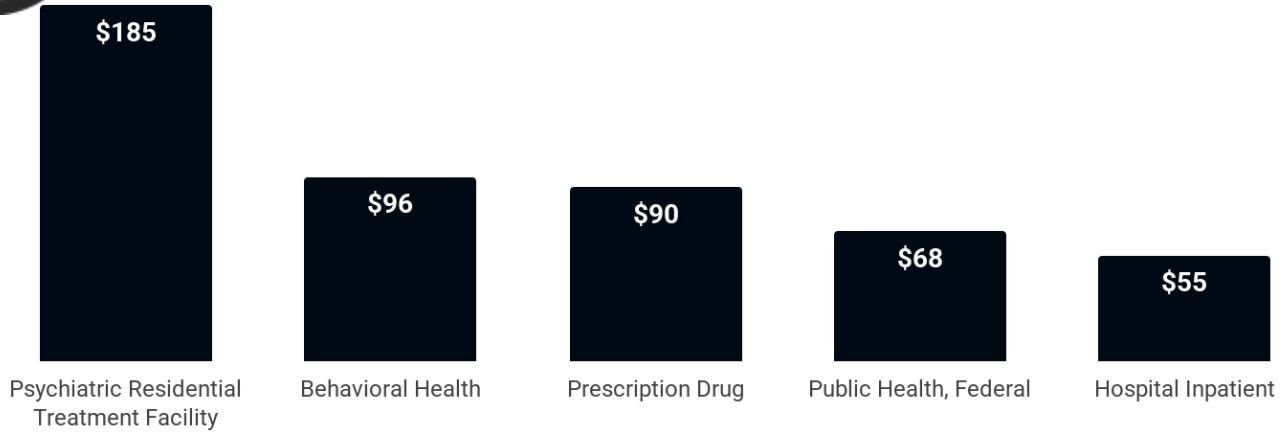


Figure 64. Foster Care PMPM by Top 5 Service Area

Table 55. Foster Care PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Foster Care	\$19,214,936	1.5	29,049	-14.1	\$661	18.3
Medical	\$620.23 (93.7%)					
Dental	\$30.76 (4.8%)					
Vision	\$9.48 (1.3%)					
Long-Term Care & Other	\$1.00 (0.2%)					

Figure 65. Foster Care PMPM by Service Type



Figure 66. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services



Children

CHILDREN'S HEALTH INSURANCE PROGRAM

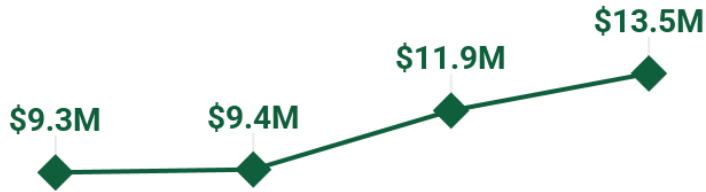
EXPENDITURES

\$13.5 million

paid to providers for services rendered during the SFY

13.3%

from SFY24



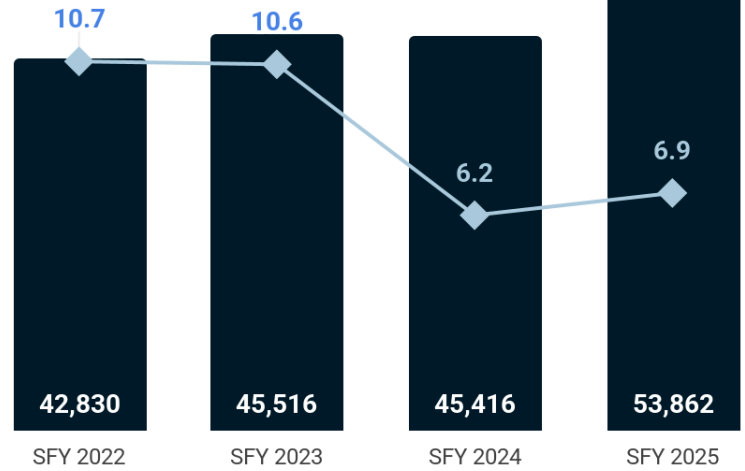
SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

53,862

18.6%

from SFY24



■ Member Months ◆ Average Months

with an average enrollment length of

6.9 months

PER MEMBER PER MONTH

\$251

from SFY24

-4.5%



SFY 2022 SFY 2023 SFY 2024 SFY 2025

7,853 unique individuals enrolled during the SFY

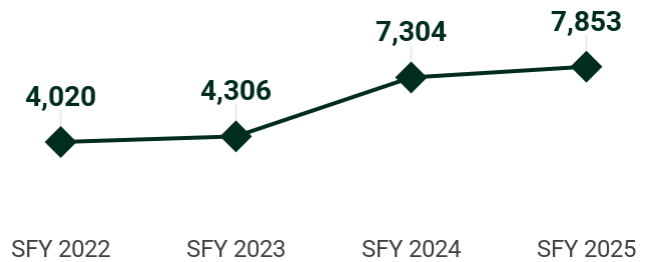


Table 56. CHIP PMPM History

Claim Service Date SFY	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$5,539,762	\$9,286,449	\$9,413,086	\$11,922,688	\$13,504,424	143.8
Member Months	39,441	42,830	45,516	45,416	53,862	36.6
PMPM	\$140	\$217	\$207	\$263	\$251	78.5



Children
CHILDREN'S HEALTH INSURANCE PROGRAM



Figure 67. CHIP PMPM by Top 5 Service Area

Table 57. CHIP PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
CHIP	\$13,504,424	13.3	53,862	18.6	\$251	-4.5

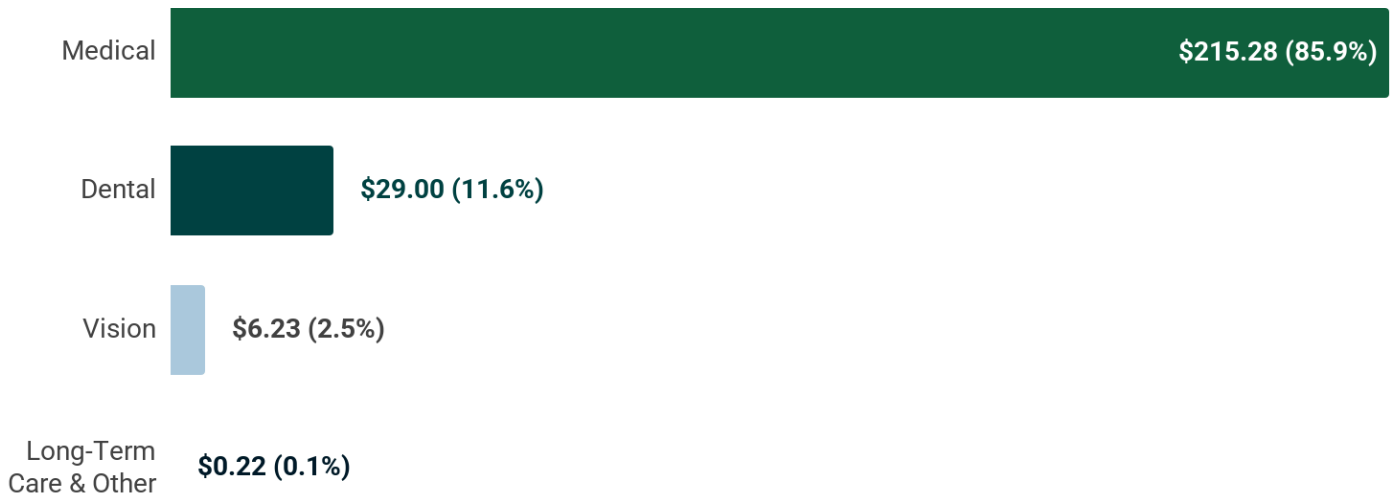


Figure 68. CHIP PMPM by Service Type

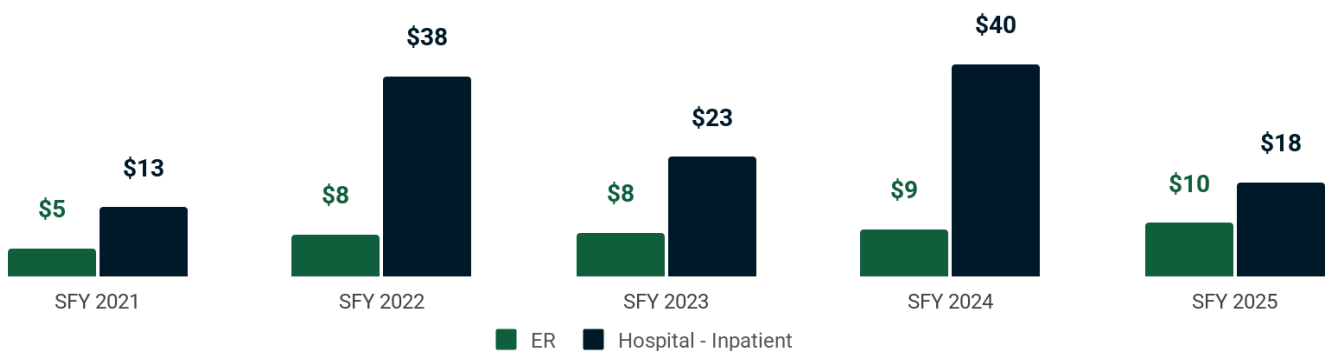


Figure 69. Foster Care PMPM by Emergency Room and Hospital - Inpatient Services



Children NEWBORN

EXPENDITURES

\$24.6 million

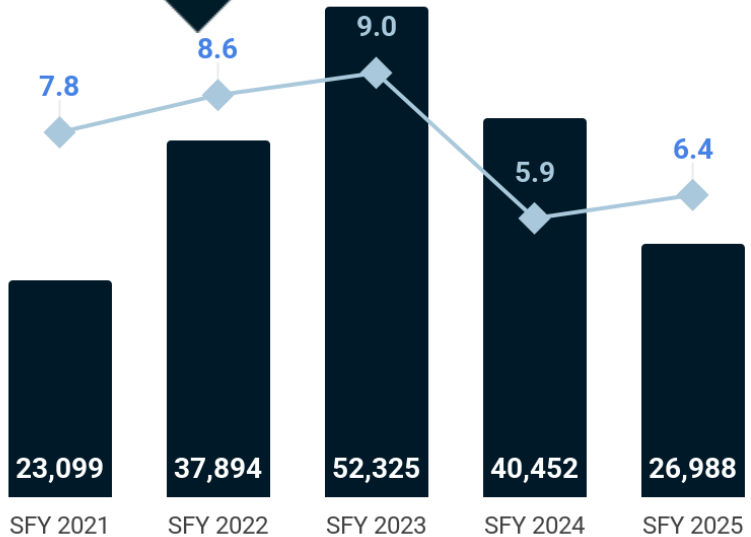
paid to providers for services rendered during the SFY



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

MEMBER MONTHS

26,988

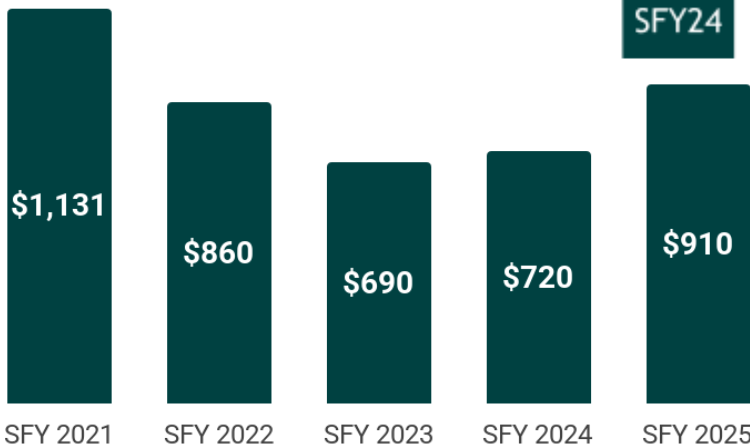
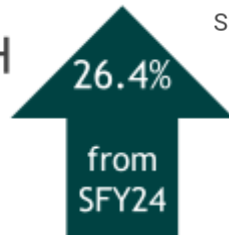


Member Months Average Months

with an average enrollment length of **6.4 months**

PER MEMBER PER MONTH

\$910



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

4,191 unique individuals enrolled during the SFY

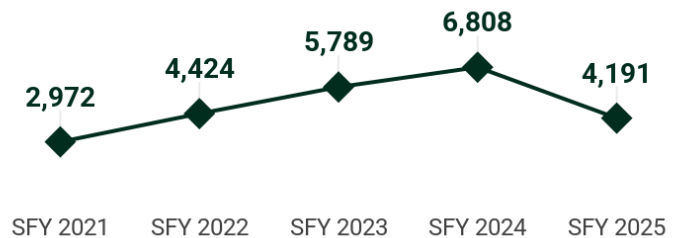


Table 58. Newborn PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$26,135,988	\$32,595,959	\$36,096,857	\$29,109,499	\$24,553,928	-6.1
Member Months	23,099	37,894	52,325	40,452	26,988	16.8
PMPM	\$1,131	\$860	\$690	\$720	\$910	-19.6



Children
NEWBORN

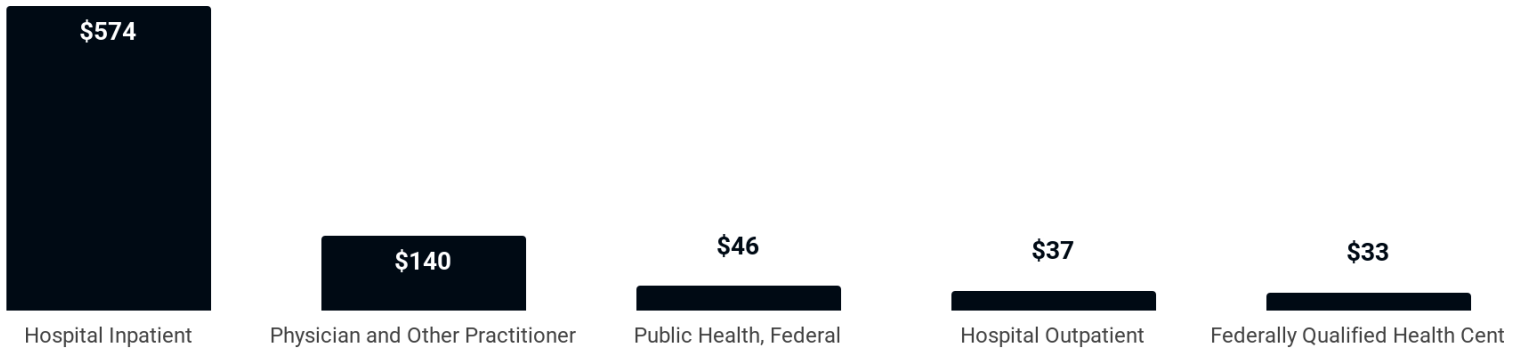


Figure 70. Newborn PMPM by Top 5 Service Area

Table 59. Newborn PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Children						
Newborn	\$24,553,928	-15.6	26,988	-33.3	\$910	26.4



Figure 71. Newborn PMPM by Service Type

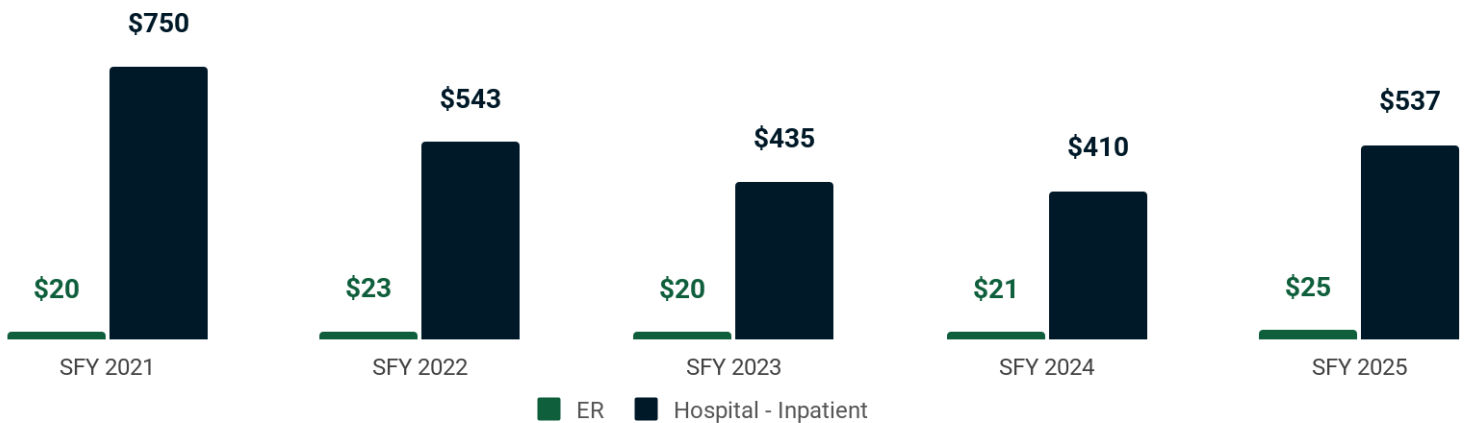


Figure 72. Newborn PMPM by Emergency Room and Hospital - Inpatient Services



Medicare Savings Program

MEDICARE SAVINGS PROGRAM OVERALL

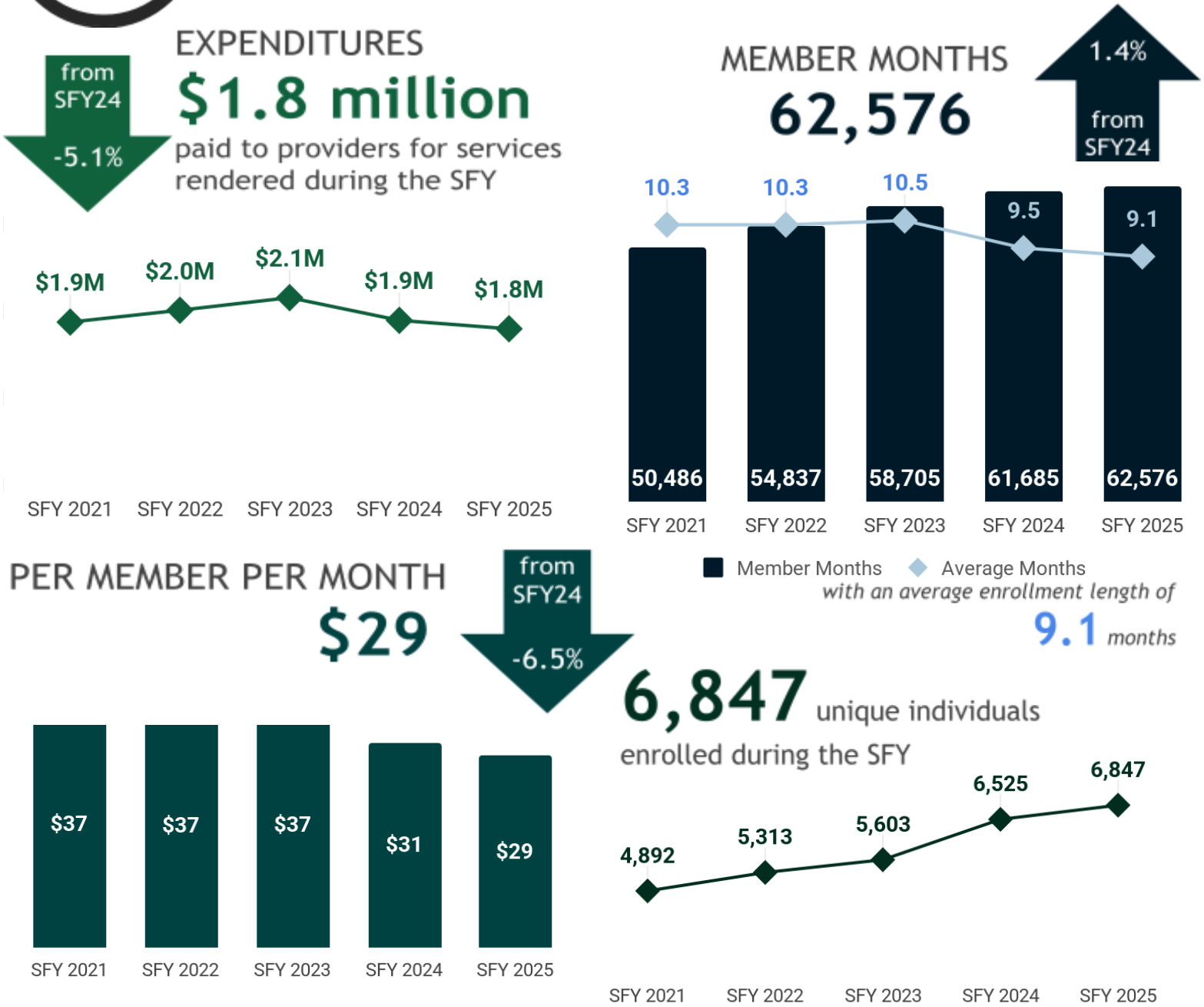


Table 60. Medicare Savings Program PMPM Summary by Subgroup

Eligibility Group / Subgroup	2025 Expenditures	1 Year % Change	2025 Member Months	1 Year % Change	2025 PMPM	1 Year % Change
Medicare Savings Program						
Part A - Premiums Only	\$0	0.0	17	70.0	\$0	0.0
Qualified Medicare Beneficiary	\$1,790,963	-5.1	34,568	-0.4	\$52	-4.7
Specified Low Income Medicare Beneficiary	\$0	0.0	27,991	3.8	\$0	0.0
Overall	\$1,790,963	-13.8	62,576	1.4	\$29	-6.5



Medicare Savings Program MEDICARE SAVINGS PROGRAM OVERALL

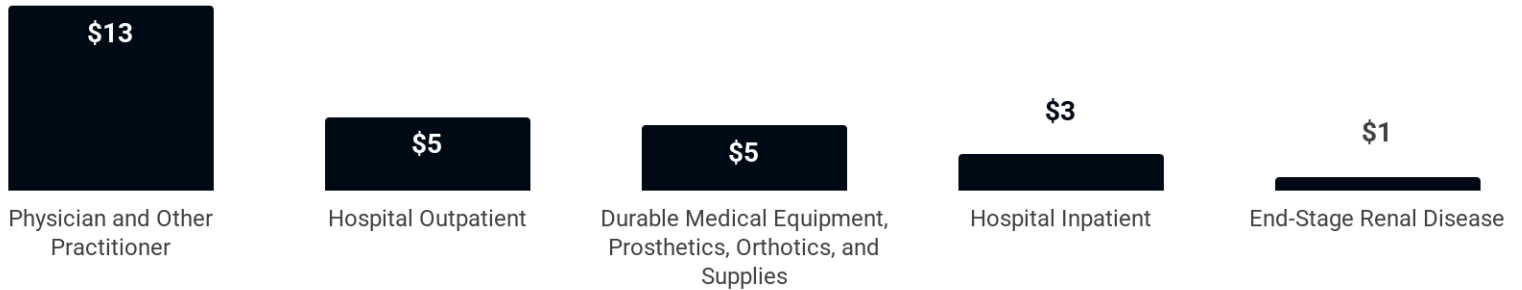


Figure 73. Medicare Savings Program PMPM by Top 5 Service Area

Table 61. Medicare Savings Program PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Part A - Premiums Only	\$0	\$0	\$0	\$0	\$0	0.0
Qualified Medicare Beneficiary	\$1,854,707	\$2,000,438	\$2,147,830	\$1,887,945	\$1,790,963	-3.4
Specified Low Income Medicare Beneficiary	\$13,055	\$3,374	\$329	\$0	\$0	-100.0
Overall	\$1,867,761	\$2,003,812	\$2,148,159	\$1,887,945	\$1,790,963	-4.1
Member Months						
Part A - Premiums Only	0	1	1	10	17	100.0
Qualified Medicare Beneficiary	29,244	31,308	33,581	34,718	34,568	18
Specified Low Income Medicare Beneficiary	21,242	23,528	25,123	26,957	27,991	32
Overall	50,486	54,837	58,705	61,685	62,576	23.9
PMPM						
Part A - Premiums Only	--	\$0	--	\$0	\$0	--
Qualified Medicare Beneficiary	\$63	\$64	\$64	\$54	\$52	-18.3
Specified Low Income Medicare Beneficiary	\$1	\$0	\$0	\$0	\$0	-100.0
Overall	\$37	\$37	\$37	\$31	\$29	-22.6



Figure 74. Medicare Savings Program PMPM by Emergency Room and Hospital - Inpatient Services

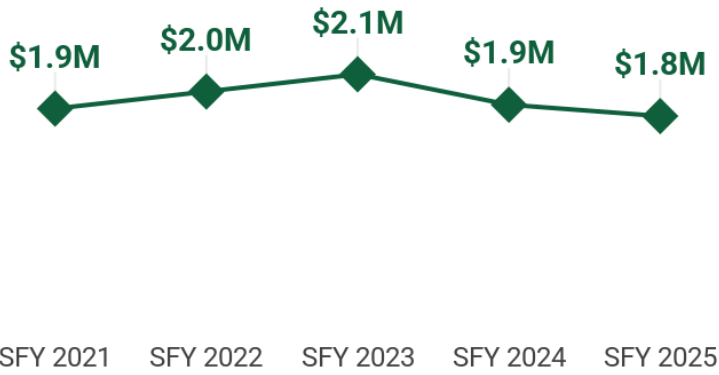


Medicare Savings Program QUALIFIED MEDICARE BENEFICIARY

EXPENDITURES

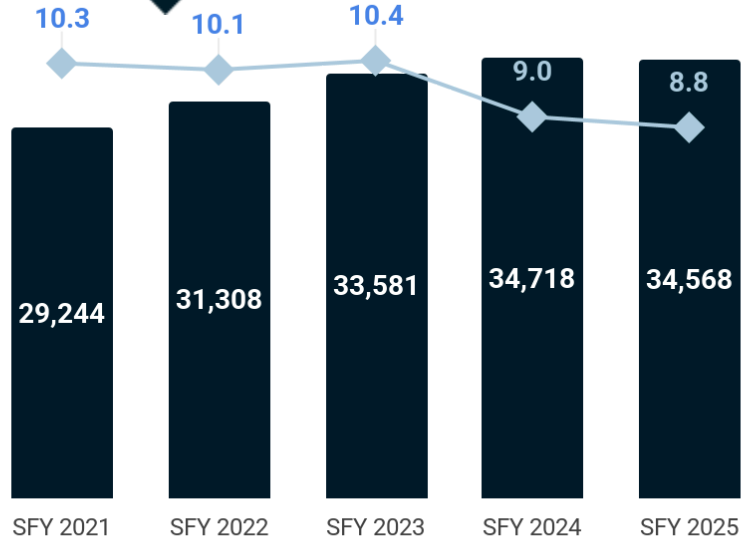
\$1.8 million

paid to providers for services rendered during the SFY



MEMBER MONTHS

34,568

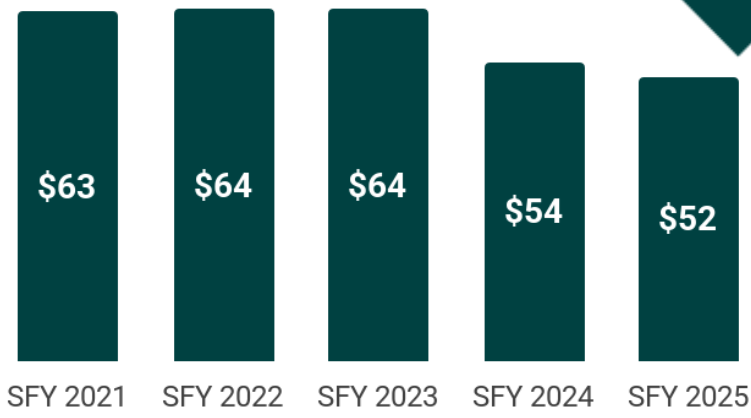


PER MEMBER PER MONTH

\$52

from SFY24

-4.7%



Member Months (dark blue square) Average Months (light blue diamond) with an average enrollment length of **8.8 months**

3,936 unique individuals enrolled during the SFY

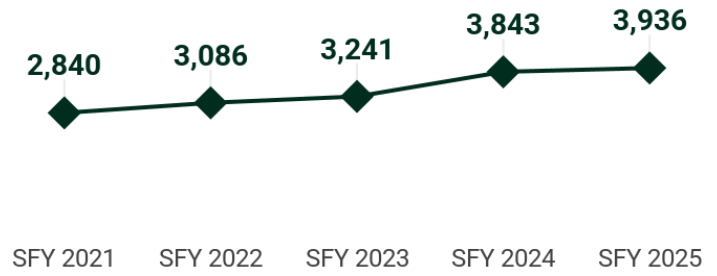


Table 62. Qualified Medicare Beneficiary Program PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$1,854,707	\$2,000,438	\$2,147,830	\$1,887,945	\$1,790,963	-3.4
Member Months	29,244	31,308	33,581	34,718	34,568	18.2
PMPM	\$63	\$64	\$64	\$54	\$52	-18.3



Medicare Savings Program QUALIFIED MEDICARE BENEFICIARY

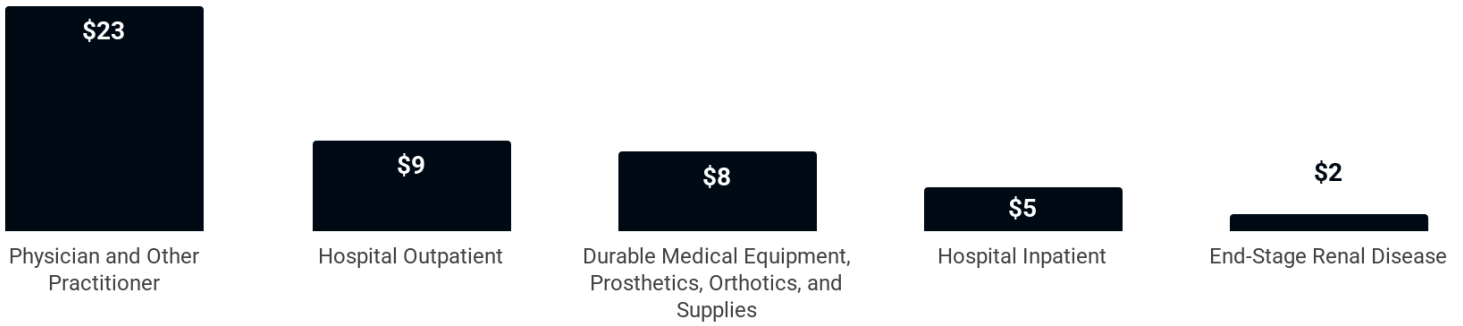


Figure 75. Qualified Medicare Savings Program PMPM by Top 5 Service Area

Table 63. Qualified Medicare Beneficiary Program PMPM Summary

Eligibility Group / Subgroup	2025 Expenditures	1 Year % Change	2025 Member Months	1 Year % Change	2025 PMPM	1 Year % Change
Medicare Savings Program						
Qualified Medicare Beneficiary	\$1,790,963	-5.1	34,568	-0.4	\$52	-4.7



Figure 76. Qualified Medicare Beneficiary PMPM by Service Type

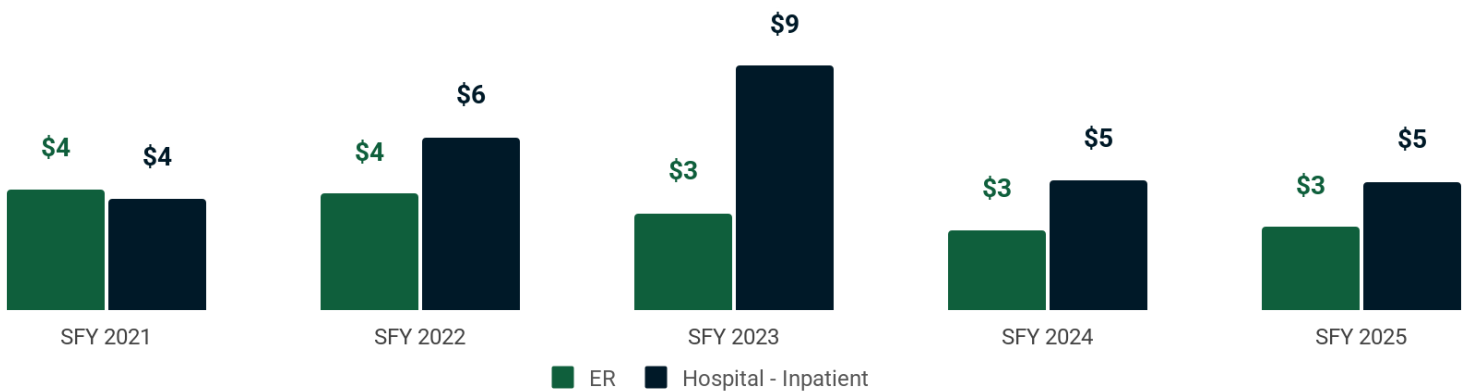
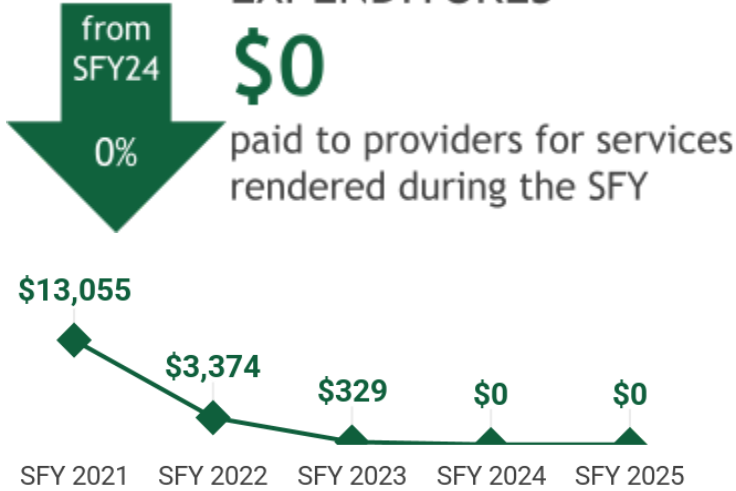


Figure 77. Qualified Medicare Savings PMPM by Emergency Room and Hospital - Inpatient Services

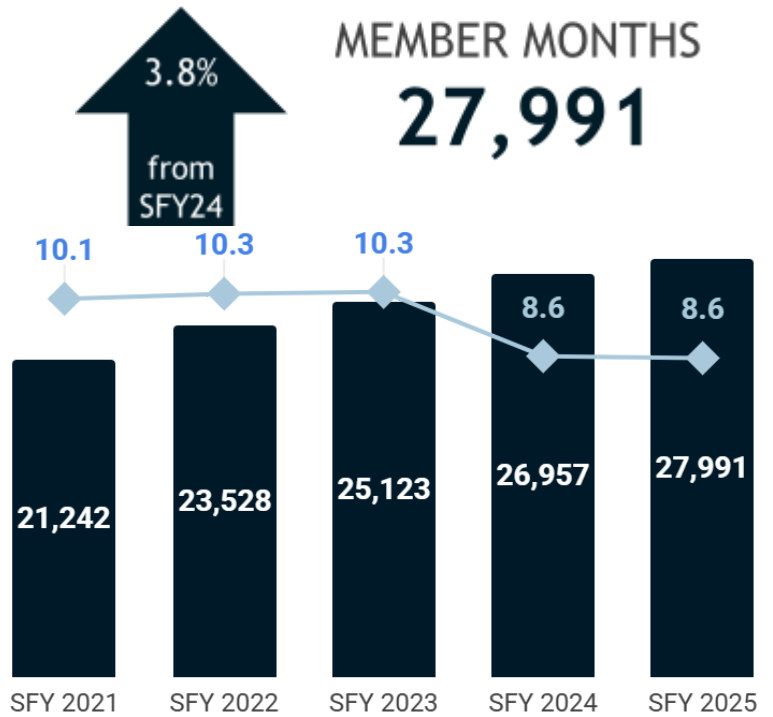


Medicare Savings Program SPECIFIED LOW INCOME MEDICARE BENEFICIARY

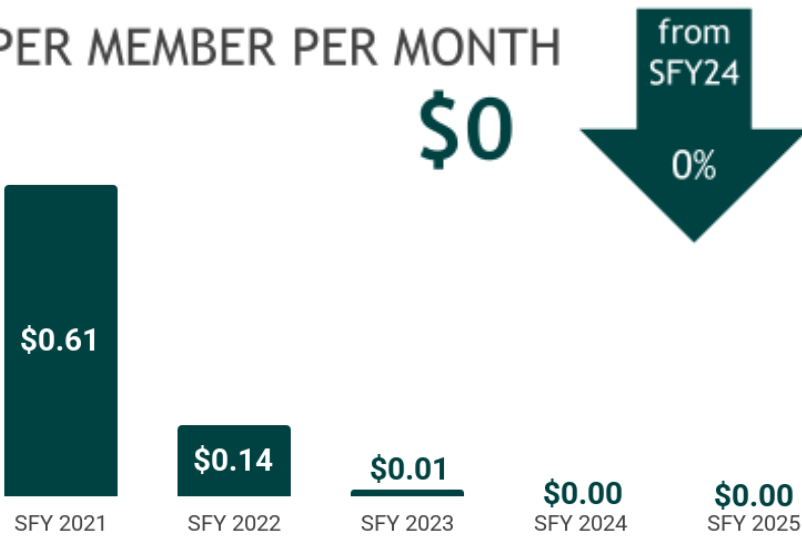
EXPENDITURES



MEMBER MONTHS



PER MEMBER PER MONTH



Member Months ◆ Average Months
with an average enrollment length of **8.6 months**

3,272 unique individuals enrolled during the SFY

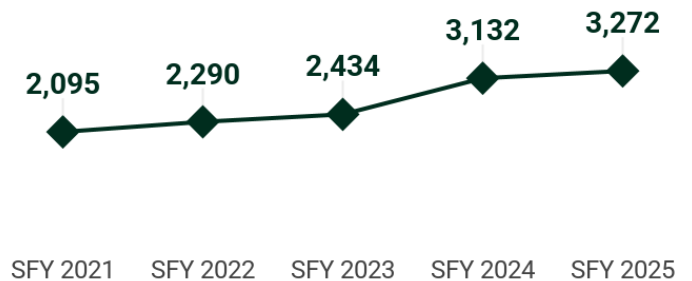


Table 64. Specified Low Income Medicare Beneficiary Program PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$13,055	\$3,374	\$329	\$0	\$0	-100.0
Member Months	21,242	23,528	25,123	26,957	27,991	31.8
PMPM	\$1	\$0	\$0	\$0	\$0	-100.0



Non-Citizens

NON-CITIZENS WITH MEDICAL EMERGENCIES

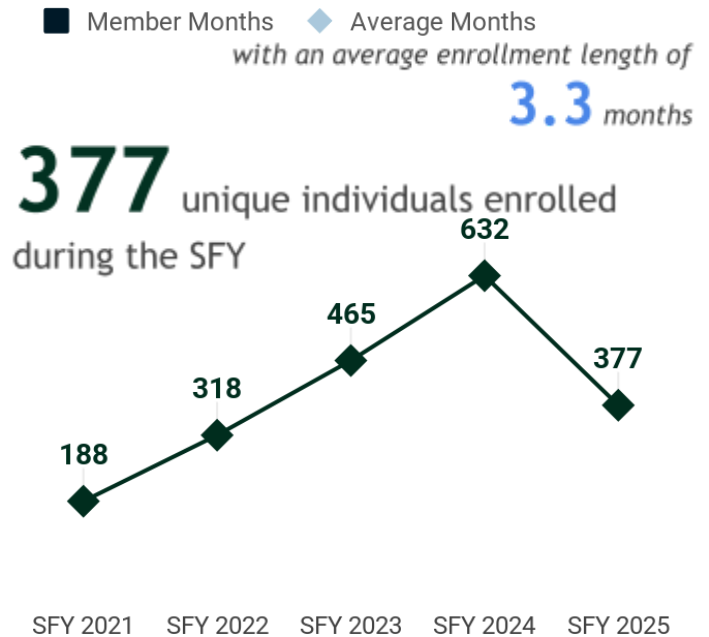
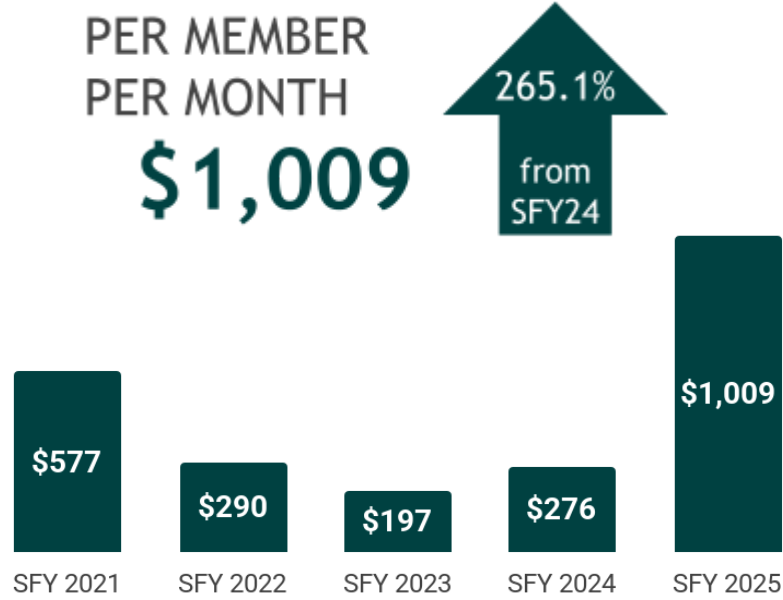
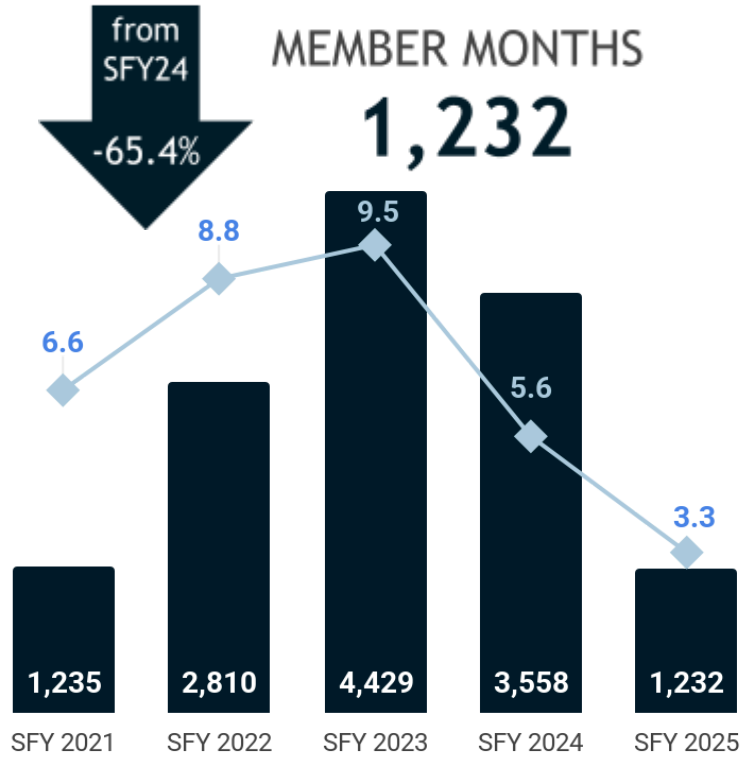


Table 65. Non-Citizens with Medical Emergencies PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$712,723	\$815,903	\$870,802	\$983,626	\$1,243,472	74.5
Member Months	1,235	2,810	4,429	3,558	1,232	-0.2
PMPM	\$577	\$290	\$197	\$276	\$1,009	74.9



Non-Citizens NON-CITIZENS WITH MEDICAL EMERGENCIES



Figure 78. Non-Citizens with Medical Emergencies PMPM by Top 5 Service Area

Table 66. 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	\$1,243,472	26.4	1,232	-65.4	\$1,009	265.1



Figure 79. Non-Citizens with Medical Emergencies PMPM by Emergency Room and Hospital - Inpatient Services

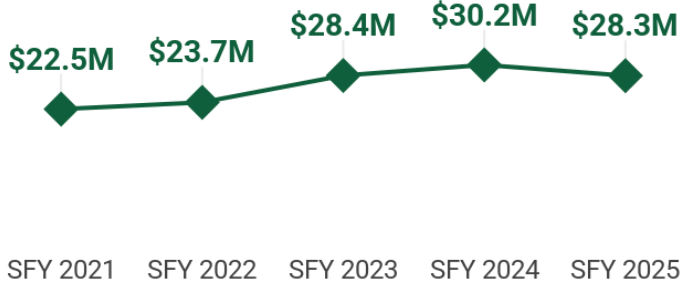


PREGNANT WOMEN

EXPENDITURES

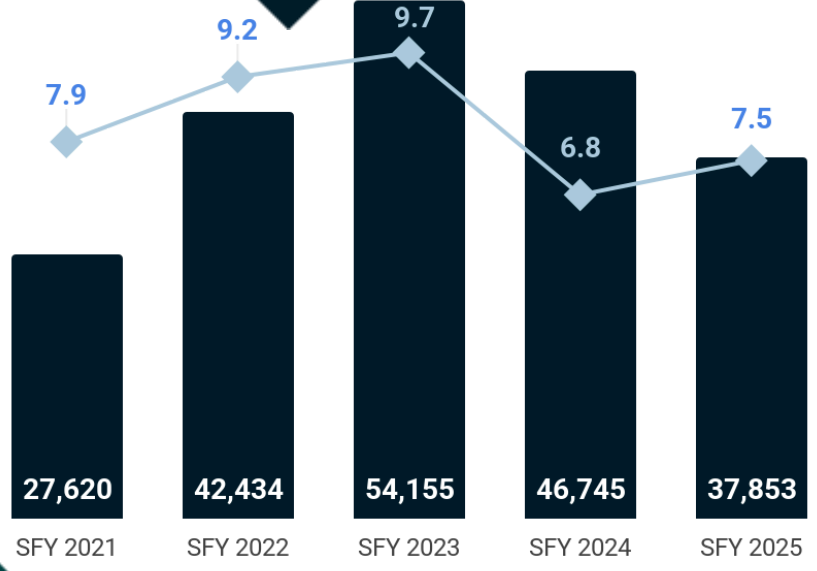
\$28.3 million

paid to providers for services rendered during the SFY



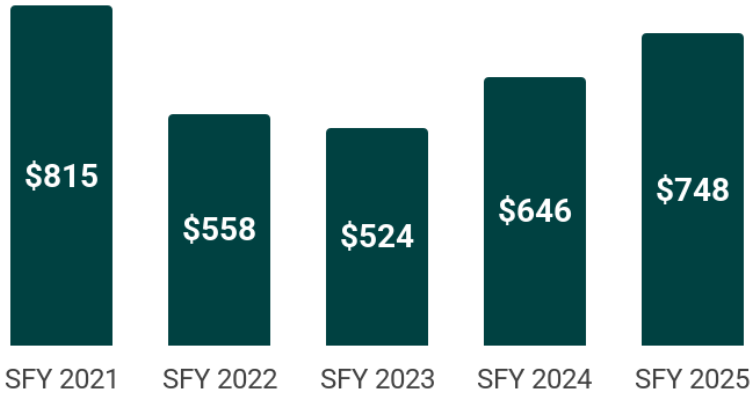
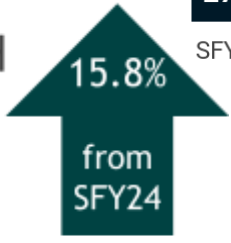
MEMBER MONTHS

37,853



PER MEMBER PER MONTH

\$748



Member Months (dark blue bar) Average Months (light blue diamond)

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

5,055 unique individuals enrolled during the SFY

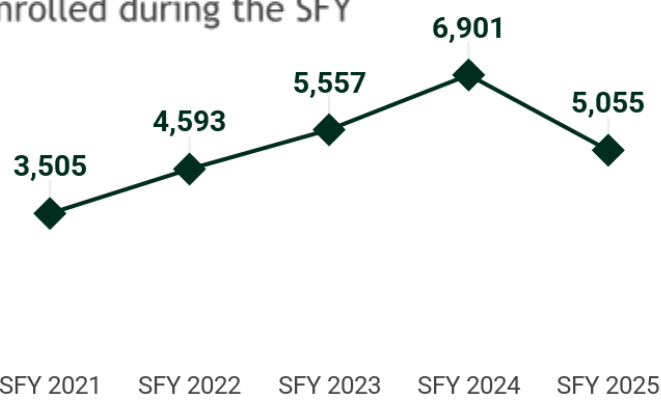


Table 67. Pregnant Women PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$22,516,601	\$23,690,993	\$28,362,704	\$30,201,031	\$28,331,989	25.8
Member Months	27,620	42,434	54,155	46,745	37,853	37.0
PMPM	\$815	\$558	\$524	\$646	\$748	-8.2



Pregnant Women
PREGNANT WOMEN



Figure 80. Pregnant Women PMPM by Top 5 Service Area

Table 68. Pregnant Women PMPM Summary

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Pregnant Women						
Pregnant Women	\$28,331,989	-6.2	37,853	-19.0	\$748	15.8



Figure 81. Pregnant Women PMPM by Service Type

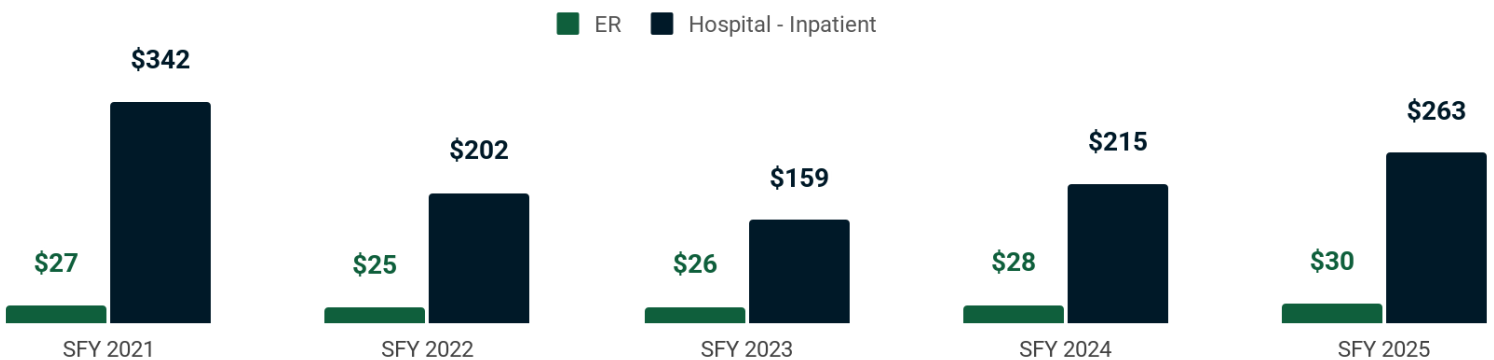


Figure 82. Pregnant Women PMPM by Emergency Room and Hospital - Inpatient Services



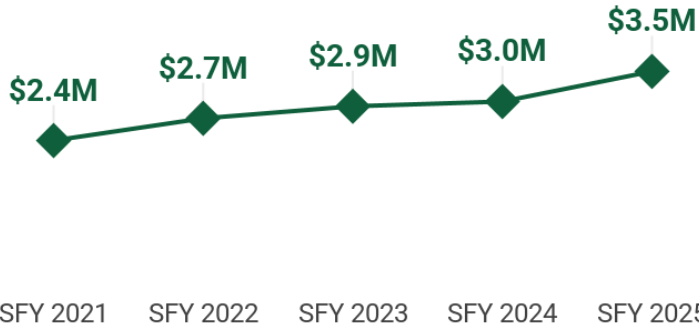
Special Groups

SPECIAL GROUPS OVERALL

16.7%
from SFY24

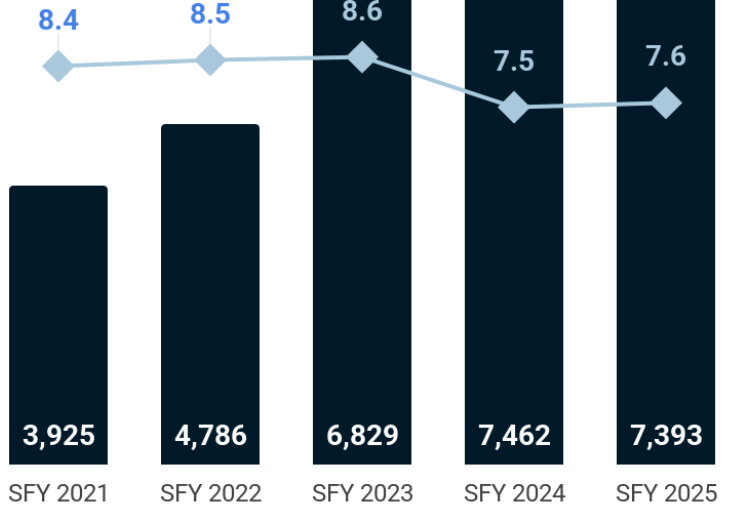
EXPENDITURES
\$3.4 million

paid to providers for services rendered during the SFY



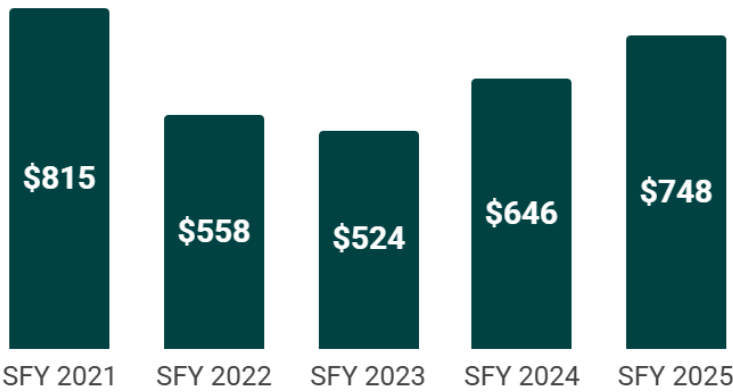
from SFY24
-0.9%

MEMBER MONTHS
7,393



PER MEMBER PER MONTH
\$748

17.8%
from SFY24



Member Months ◆ Average Months
with an average enrollment length of **7.6 months**

971 unique individuals enrolled during the SFY

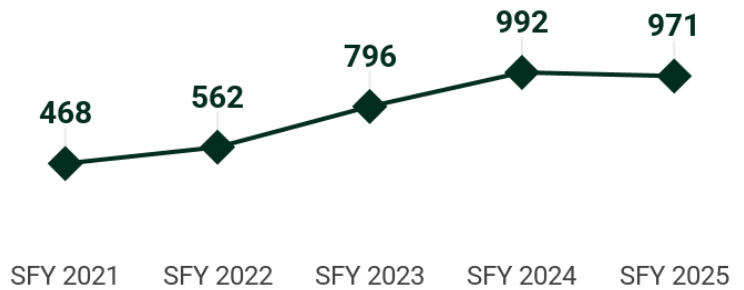


Table 69. Special Groups PMPM Summary by Subgroup

Eligibility Group / Subgroup	Expenditures	1 Year % Change	Member Months	1 Year % Change	PMPM	1 Year % Change
Special Groups						
Breast and Cervical	\$3,446,694	16.7	585	-38.0	\$3,128	32.1
Family Planning Waiver	\$2,040	69.1	161	61.0	\$12	-55.5
Targeted Case Management	\$53,818	15.5	6,647	3.6	\$7	-11.8
Tuberculosis	--	-100.0	--	-100.0	--	-100.0
Overall	\$3,502,553	16.7	7,393	-0.9	\$474	17.8



Special Groups SPECIAL GROUPS OVERALL

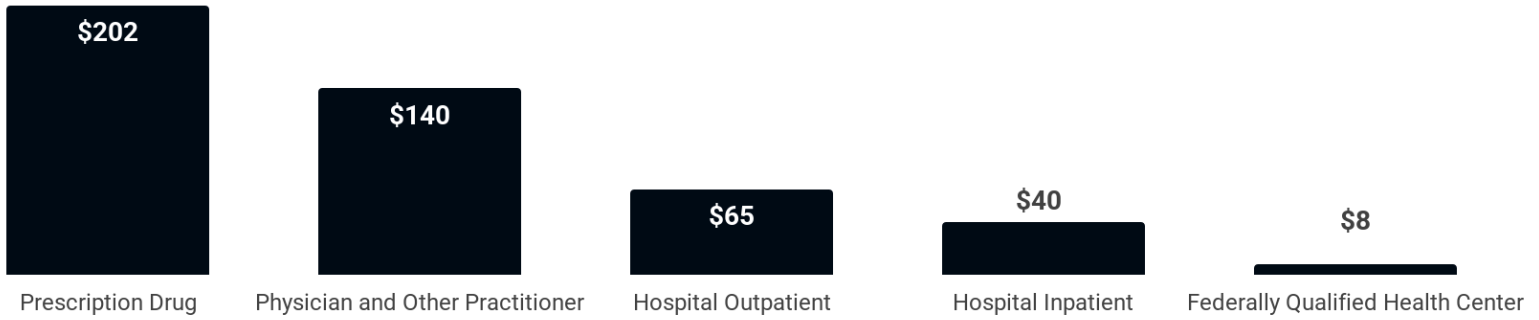


Figure 83. Special Groups PMPM by Top 5 Service Area

Table 70. Special Groups PMPM History by Subgroup

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures						
Breast and Cervical	\$2,313,161	\$2,681,919	\$2,874,434	\$2,953,330	\$3,446,694	49.0
Family Planning Waiver	\$106	\$2,447	\$1,870	\$1,207	\$2,040	1827.0
Targeted Case Management	\$39,646	\$37,568	\$45,822	\$46,584	\$53,818	35.7
Tuberculosis	--	--	--	\$353	--	--
Overall	\$2,352,913	\$2,721,934	\$2,922,126	\$3,001,474	\$3,502,553	48.9
Member Months						
Breast and Cervical	746	975	1,192	944	585	-21.6
Family Planning Waiver	52	58	69	100	161	209.6
Targeted Case Management	3,127	3,753	5,568	6,414	6,647	112.6
Tuberculosis	--	--	--	4	--	--
Overall	3,925	4,786	6,829	7,462	7,393	88.4
PMPM						
Breast and Cervical	\$3,101	\$2,751	\$2,411	\$3,129	\$5,892	90.0
Family Planning Waiver	\$2	\$42	\$27	\$12	\$13	522.4
Targeted Case Management	\$13	\$10	\$8	\$7	\$8	-36.1
Tuberculosis	--	--	--	\$88	--	--
Overall	\$599	\$569	\$428	\$402	\$474	-21.0



Figure 84. Special Groups PMPM by Emergency Room and Hospital - Inpatient Services

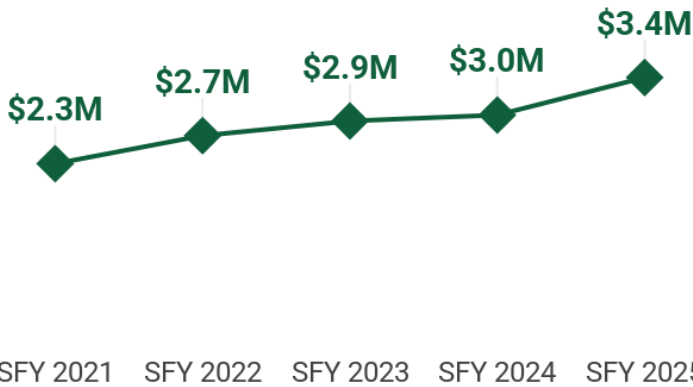


Special Groups BREAST & CERVICAL

16.7%
from SFY24

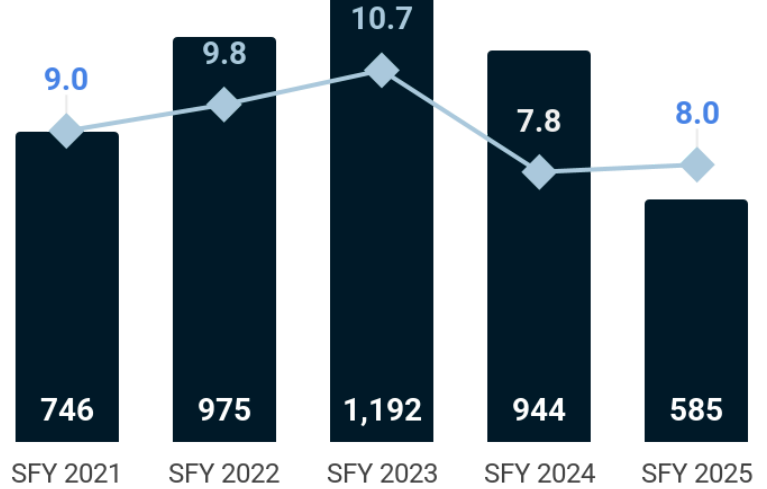
EXPENDITURES
\$3.4 million

paid to providers for services rendered during the SFY



from SFY24
-38.0%

MEMBER MONTHS
585



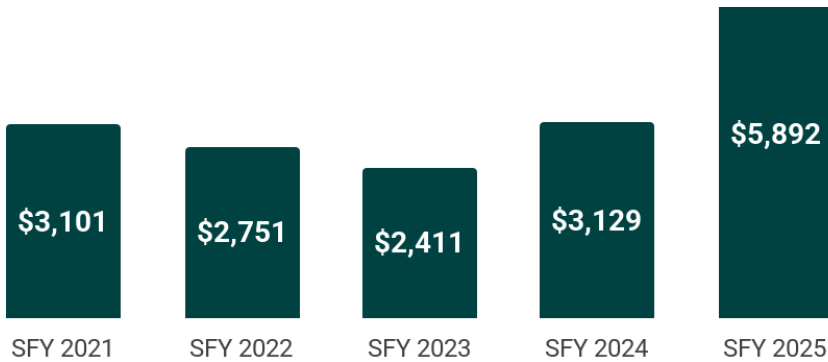
SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Member Months Average Months

with an average enrollment length of **8.0** months

PER MEMBER PER MONTH
\$5,892

88.3%
from SFY24



73 unique individuals enrolled during the SFY

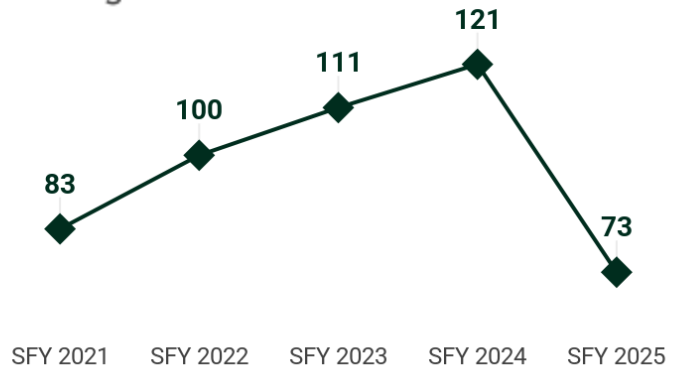


Table 71. Breast and Cervical PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$2,313,161	\$2,681,919	\$2,874,434	\$2,953,330	\$3,446,694	49.0
Member Months	746	975	1,192	944	585	-21.6
PMPM	\$3,101	\$2,751	\$2,411	\$3,129	\$5,892	90.0



Special Groups BREAST & CERVICAL

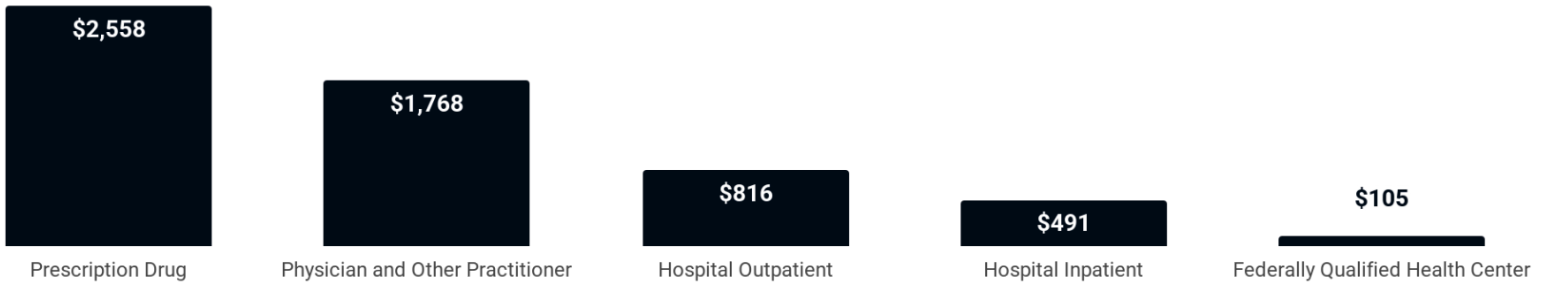


Figure 85. Breast and Cervical PMPM by Top 5 Service Area

Table 72. 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	\$3,446,694	16.7	585	-38.0	\$5,892	-46.9

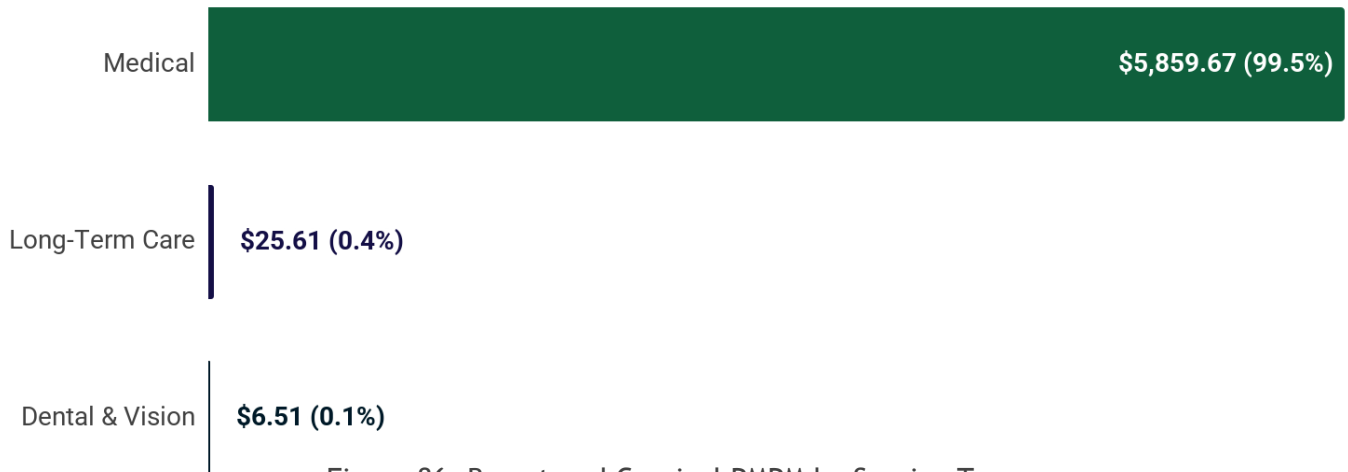


Figure 86. Breast and Cervical PMPM by Service Type



Figure 87. Breast and Cervical PMPM by Emergency Room and Hospital - Inpatient Services



Special Groups FAMILY PLANNING WAIVER⁵

EXPENDITURES

\$2,040

paid to providers for services rendered during the SFY

\$2,447

\$1,870

\$1,207

\$2,040

\$106

SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

PER MEMBER PER MONTH

\$13

5.0%

from SFY24

\$42

\$27

\$12

\$13

SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

\$2

61.0%

from SFY24

MEMBER MONTHS

161

6.5

9.7

9.9

52

58

69

100

161

SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Member Months ◆ Average Months

with an average enrollment length of

3.7 months

44 unique individuals enrolled during the SFY

37.5% increase in member enrollment over SFY 2024

Table 73. Family Planning Waiver PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$106	\$2,447	\$1,870	\$1,207	\$2,040	1,827.0
Member Months	52	58	69	100	161	209.6
PMPM	\$2	\$42	\$27	\$12	\$13	522.4

⁵ Values less than 10 are not shown in order to protect the privacy of members.



Special Groups
FAMILY PLANNING WAIVER

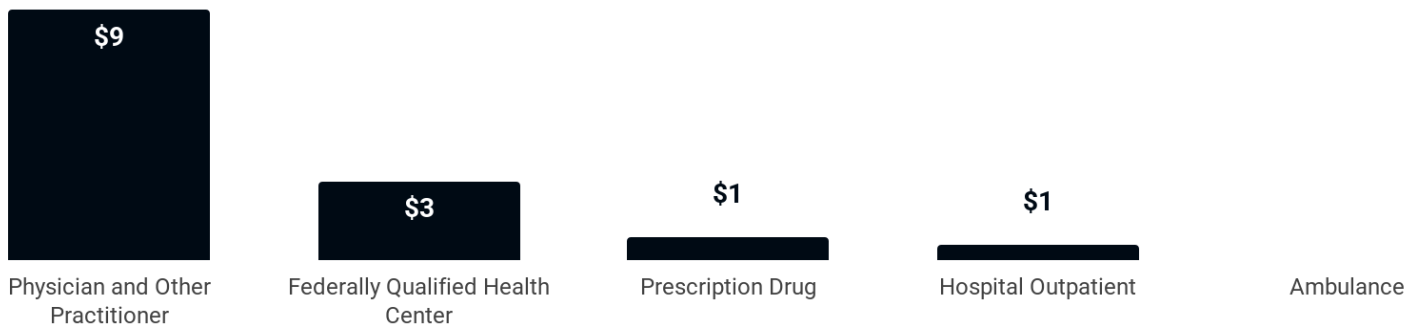


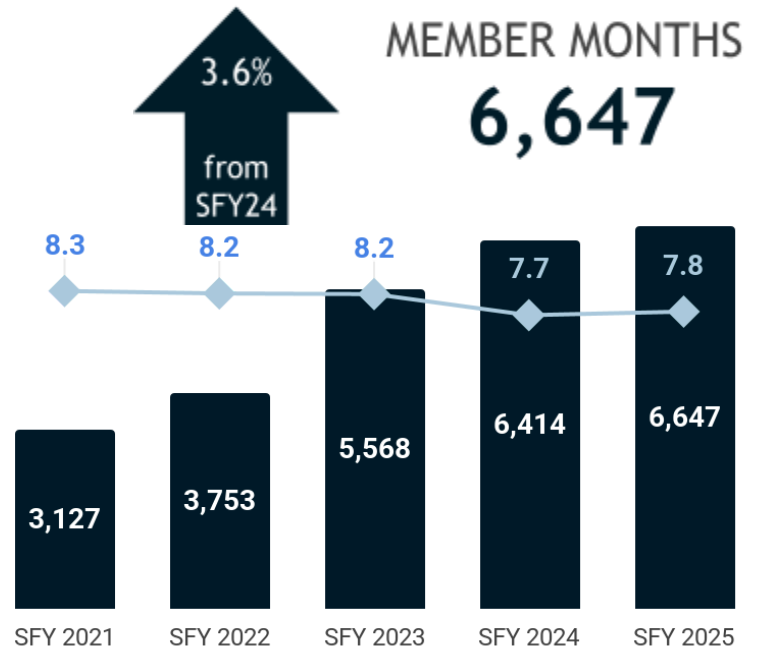
Figure 88. Family Planning Waiver PMPM by Top 5 Service Area

Table 74. 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	\$2,040	69.1	161	61.0	\$13	5.0

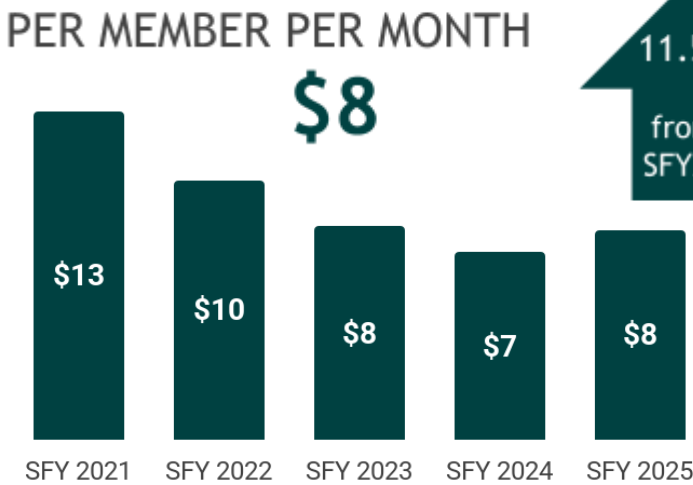


Special Groups TARGETED CASE MANAGEMENT



SFY 2021 SFY 2022 SFY 2023 SFY 2024 SFY 2025

Member Months Average Months



857 unique individuals enrolled during the SFY

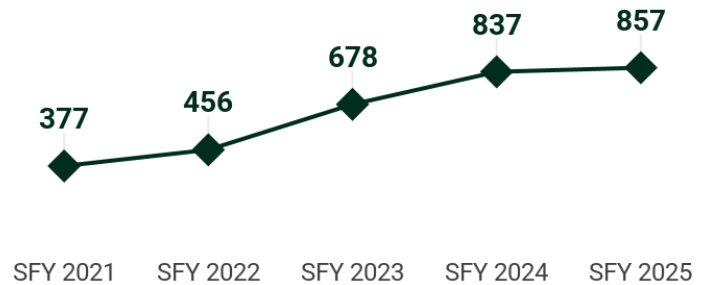


Table 75. Targeted Case Management PMPM History

Eligibility Group / Subgroup	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	% Change (SFY21 - SFY25)
Expenditures	\$39,646	\$37,568	\$45,822	\$46,584	\$53,818	35.7
Member Months	3,127	3,753	5,568	6,414	6,647	112.6
PMPM	\$13	\$10	\$8	\$7	\$8	-36.1

APPENDIX A: GLOSSARY & ACRONYMS

GLOSSARY

Table 76. 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 Groups 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 after Pregnant Women full coverage benefits end. 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 after Pregnant Women full coverage benefits end. 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 or the requirement for a provider to obtain permission prior to rendering treatment for certain Medicaid covered services. 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.

Term	Definition
Section 1115 Waiver	An experimental, pilot, or demonstration project authorized by Section 1115 of the Social Security Act. Section 1115 projects allow states the flexibility to test new or existing approaches to financing and delivering the Medicaid program.
State Fiscal Year (SFY)	The 12-month accounting period for which the state plans its budget, usually runs from July 1 through June 30. The SFY is named for the end date of the year (e.g., SFY 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 77. 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 Groups
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

Acronym	Meaning
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 78. 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		Based on the service breakdown shown in the Services section of this report

Table 79. 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		
	W03	EID Comp Waiver Adult > 21
	W04	EID Comp Waiver Child < 21
	W08	SSI Comp Waiver Adult > 21
	W09	SSI Comp Waiver Child < 21
Comprehensive Waiver	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	
	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)
Children	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
	S65 Cont Childrns Ment Health Wvr < 19
Children's Mental Health Waiver	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 80. CHIP Chart C Eligibility Program Codes

Eligibility Group / Sub-Group	Program Codes	
Children's Health Insurance Program (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
	CHIP	

Table 81. Data Parameters by Service Area

Service Area	Pay-to-Provider Taxonomy	Other Parameters	
Ambulance	341600000X	Ambulance	n/a
Ambulatory Surgery Center	261QA1903X	Ambulatory Surgery Center	n/a
Behavioral Health	101Y00000X	Professional Counselor; Certified Mental Health Worker	
	101YA0400X	Addictions Therapist/Practitioner	
	101YP2500X	Professional Counselor	
	103G00000X	Neuropsychologist	
	103K00000X	Behavior Analyst	
	103TC0700X	Clinical Psychologist	
	1041C0700X	Social Worker	
	106E00000X	Assistant Behavior Analyst	
	106H00000X	Marriage and Family Therapist	
	106S00000X	Behavior Technician	n/a
	163W00000X	RN	
	164W00000X	LPN	
	171M00000X	Case Worker	
	175T00000X	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

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	
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	
	363A00000X	Physician Assistant	
	225X00000X	Occupational Therapist	
	225100000X	Physical Therapist	
	213E00000X	Podiatrist	
	363L00000X	Nurse Practitioner	
	363LA2200X		n/a
	363LF0000X		
	363LG0600X		
	363LX0001X		
	363LP0200X		
	367A00000X	Nurse Midwife	
	367500000X	Nurse Anesthetist	
	231H00000X	Audiologist	
235Z00000X	Speech-Language Pathologist		
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a
Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X	Optometrist	
	156FX1800X	Optician	n/a
			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
			Recipient 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
			Recipient Program Codes: 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