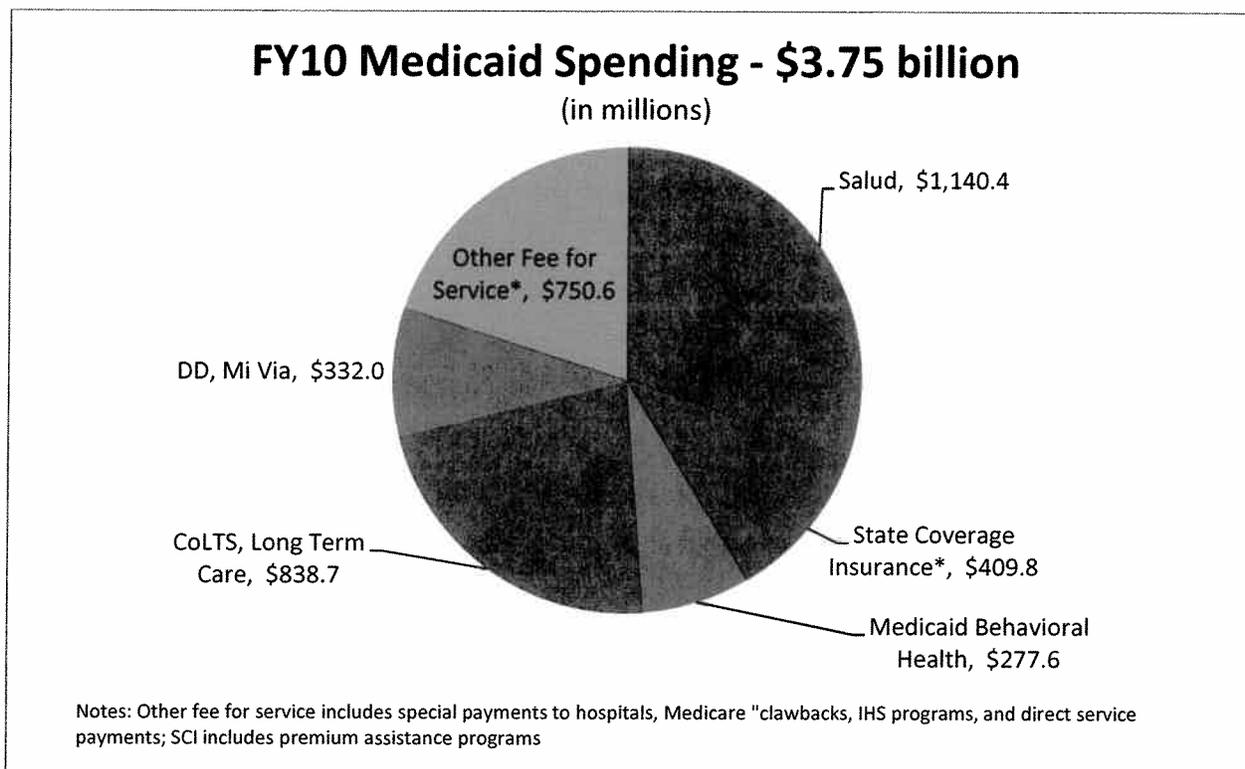


FY10 Medicaid Spending, Enrollment and Cost per Client



Salud! – Physical Health Managed Care, \$1.14 billion in FY10

- **Average monthly enrollment of 320,000 individuals, most of whom are children age 19 or under.**
- **HSD contracts with four managed care organizations (MCOs) to coordinate health care services for this population. HSD negotiates with MCOs and pays a per-member per-month (PMPM) rate – or capitated payment – to assume risk and pay for medical services. The MCOs contract with doctors, hospitals and other providers as “network” providers in their system.**
 - **Presbyterian Health Plan, Lovelace Community Health Plan, Molina Healthcare, and Blue Cross/Blue Shield manage separate IT, claims processing, medical review, outreach and other functions. MCOs ‘compete’ for clients.**
- **Cost per client is approximately \$3,600 per year**

Medicaid Behavioral Health, \$277.6 million in FY10

- **Behavioral health services for Medicaid-eligible clients, operated by OptumHealth NM, an MCO responsible for statewide coordination of behavioral health care**
- **Average monthly enrollment of 355,600, but about 80,000 Medicaid clients access behavioral health services each year**
- **Cost per client is approximately \$781 per year.**

State Coverage Insurance (SCI), \$410 million in FY10

- Also operated through MCOs and University of New Mexico Hospital.
- Provides health care coverage to adults who are not otherwise eligible for Medicaid.
- Offers a more limited benefit package than regular Medicaid, and will be significantly impacted by federal health care reform
- Average monthly enrollment of 50,700
- Cost per client is approximately \$8,100 per year

Coordination of Long Term Services (and other Long Term Care), \$839 million in FY10

- A managed care program designed to provide services to the disabled and elderly covered under the program known as the D&E waiver, personal care option consumers, nursing facility residents, eligible individuals with brain injuries, Medicare recipients eligible for Medicaid, and clients approved for waiver services under the Mi Via program.
- Spending includes PACE program and fee for service spending on nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICMF-MR)
- Federal reform carries opportunities for new long term care structures
- Average monthly enrollment of 37,500
- Cost per client is approximately \$22,400 per year

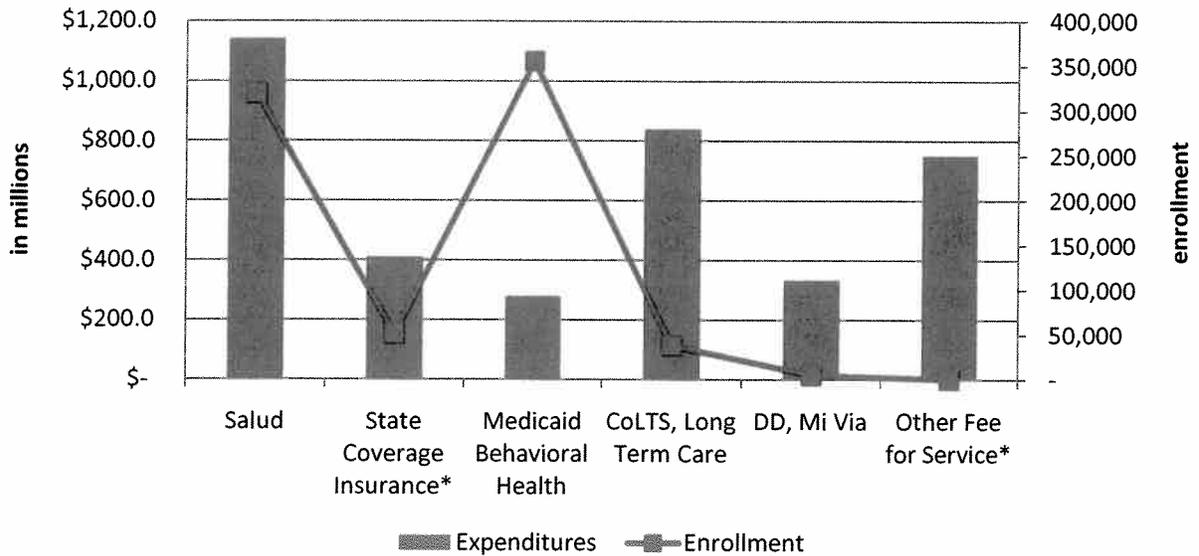
Developmentally Disabled and Mi Via Waivers, \$332 million in FY10

- The DD waiver program is designed to provide community and home based services to individuals with a severe, chronic disability attributable to a mental or physical impairment, including brain trauma. To be eligible, the disability must manifest itself before the age of 22, continue indefinitely, result in substantial functional limitations in three or more areas of major life activity, and reflect the need for a combination and sequence of special care treatment or other services that are long-term and individually planned and coordinated.
- Enrollment of 3,848 clients on the DD waiver, some in the Mi Via Program, and about 4,988 individuals on the waiting list; enrollment of 774 in Mi Via from other waivers
- Cost per client is an average for both programs of about \$71,800 per year

Other Fee for Service, \$750.6 million in FY10

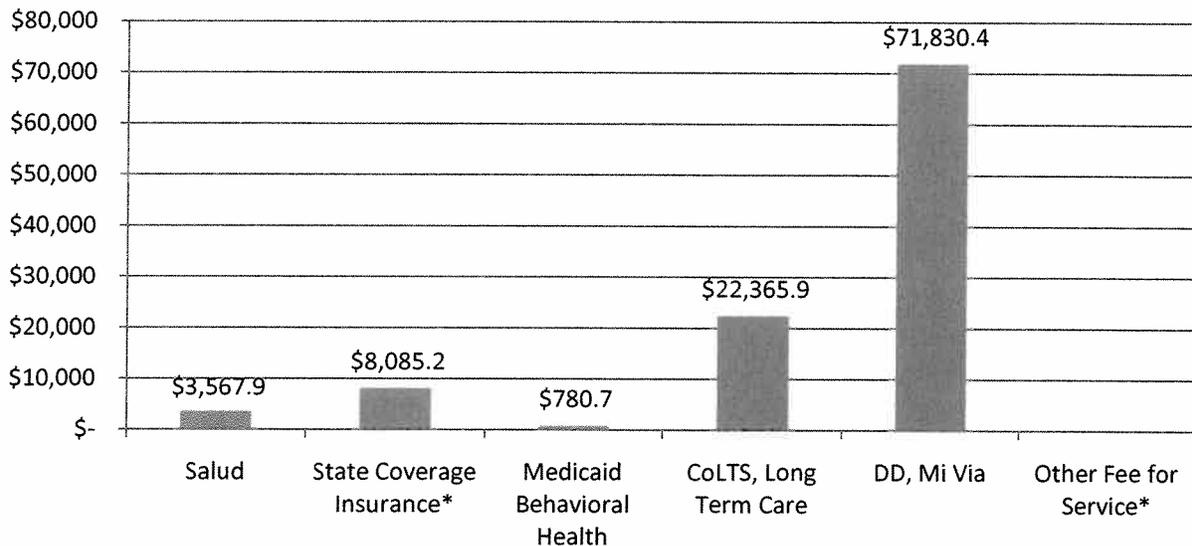
- Includes all other fee-for-service spending, such as services for native Americans not enrolled in managed care and Indian Health Service reimbursements
- Includes spending on special hospital payments -- Sole Community Provider Program (\$260 million), Disproportionate Share Hospital (DSH) (\$30 million), Graduate Medical Education and Indirect Medical Education (IME) payments (\$37 million)
- Few others individuals remain in fee for service programs.

FY10 Medicaid Spending and Enrollment



Notes: Other Fee for Service includes special payments to hospital, Medicare clawback, Indian Health Service reimbursements, and payments for direct services; FFS enrollment is not estimated; SCI spending includes premium assistance programs

FY10 Medicaid - Cost per Client



Notes: Other Fee for Service includes special payments to hospital, Medicare clawback, Indian Health Service reimbursements, and payments for direct services, enrollment could not be estimated; SCI spending includes premium assistance programs

