

# *Nevada Medicaid Cost Driver Analysis*

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Department of Health and Human Services

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## Contents

Background and Purpose .....	4
Executive Summary.....	5
Figure 1: Summary of PMPM Cost Growth Drivers in Nevada Medicaid, with 5-year Average Annual Change .....	6
Analysis .....	7
Figure 2: Total Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	7
Figure 3: Total Claim Counts, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	7
Figure 4: Average Monthly Enrollment, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	8
Per Member Per Month (PMPM) Claims Cost .....	8
Figure 5: PMPM Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	8
Figure 6: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM, Nevada Medicaid (FFS/MCO), CY 2016-2022.....	9
PMPM Claims Cost by Plan Type.....	10
Figure 7: PMPM Claims Cost by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	10
Figure 8: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2022.....	11
Figure 9: FFS PMPM Claims Cost by ABD Status, Nevada Medicaid (FFS Only), CY 2016-2022.....	12
PMPM Claims Cost by Service Type .....	13
Figure 10: PMPM Claims Cost Distributed by Service Type, Nevada Medicaid (FFS/MCO), CY 2022	13
Figure 11: PMPM Claims Cost by Service Type, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	14
Figure 12: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Service Type, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	14
PMPM Claims Cost by Demographics .....	15
Geography.....	15
Figure 13: PMPM Claims Cost by Region, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	15
Figure 14: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Region, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	16
Age .....	16
Figure 15: PMPM Claims Cost by Age, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	17
Figure 16: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Age, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	17
Gender .....	18
Figure 17: PMPM Claims Cost by Sex, Nevada Medicaid (FFS/MCO), CY 2016-2022 .....	18

Figure 18: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by sex, Nevada Medicaid (FFS/MCO), CY 2016-2022 ..... 19

Appendix ..... 1

Table 1: Total Medicaid Cost and Utilization Statistics, 2016-2022..... 1

Table 2: Medicaid Cost and Utilization Statistics by Plan Type (FFS/MCO), 2016-2022..... 1

Table 3: FFS Medicaid Cost and Utilization Statistics by ABD Status, 2016-2022..... 2

Table 4: Medicaid Cost and Utilization Statistics by Service Category, 2016-2022 ..... 3

Table 5: Medicaid Cost and Utilization Statistics by Region, 2016-2022 ..... 4

Table 6: Medicaid Cost and Utilization Statistics by Age Group, 2016-2022 ..... 5

Table 7: Medicaid Cost and Utilization Statistics by Sex, 2016-2022 ..... 6

## Background and Purpose

The purpose of this report is to identify drivers of health care cost, to monitor per capita health care cost growth, and to inform policy makers on specific areas that are experiencing the fastest cost growth trends in Nevada’s Medicaid population.

In March of 2020, Nevada declared a state of emergency in response to the COVID-19 pandemic. While essential health care services remained available, many health care providers made changes to the delivery of services. Some non-urgent and/or routine services were postponed, cancelled, or moved to telehealth during this time. The modifications put in place to accommodate the needs of the pandemic cause a significant reduction in overall utilization in calendar year (CY) 2020.

Furthermore, non-essential businesses were closed, causing an increase in unemployment and significantly more Nevadans meeting the eligibility criteria for enrollment in Nevada Medicaid. In any given month of 2022, more than one in four Nevadans relied on Medicaid for their health care coverage, and of those approximately 37% utilized health care monthly. Medicaid accounted for 30% of state expenditures in state fiscal year 2022, with a year-over-year (YOY) average monthly caseload growth of 264,072 Nevadans, or 40.1%.

The sustained increase in enrollment carrying over to 2022 is largely due to continuous enrollment requirements set forth by the Families First Coronavirus Response Act (FFCRA) in response to the COVID-19 pandemic. The continuous coverage requirement of FFCRA allowed the Division of Welfare and Supportive Services (DWSS) to discontinue the termination of eligibility, except under very limited circumstances. All members deemed eligible since the start of the pandemic have maintained Medicaid coverage, and individuals who became employed while on Medicaid were not required to undergo annual redetermination, creating a population of Medicaid enrolled members who may also have access to health care coverage through other payers. Because of these factors, per capita claims cost for 2020 through 2022 are distributed across a larger pool of enrolled Medicaid members resulting in a low per member per month (PMPM) cost and YOY cost growth trend.

This report relies on Medicaid claims data (for Fee-for-Services (FFS) and Managed Care Organizations (MCO)) extracted from the Nevada Medicaid Data Warehouse for the years 2016 through 2022. Paid claims and encounters were used in this analysis and therefore the MCO claims cost included in this report is reflective of the cost of care experienced by the MCOs and not the direct capitation cost to the State of Nevada. In addition to a comprehensive market analysis, claims have been analyzed at five levels, including claims cost by: plan type, service category, geography, age, and sex.

Plan Type	Service Category	Geography	Age	Sex
<ul style="list-style-type: none"><li>•MCO</li><li>•FFS</li></ul>	<ul style="list-style-type: none"><li>•Inpatient Hospital</li><li>•Outpatient Hospital</li><li>•Long Term Care</li><li>•Professional</li><li>•Dental</li><li>•Pharmacy</li></ul>	<ul style="list-style-type: none"><li>•North (Washoe)</li><li>•South (Clark)</li><li>•Rural (all other counties)</li></ul>	<ul style="list-style-type: none"><li>•Infants &lt; 1</li><li>•Adolescents 1-18</li><li>•Adults 19-34</li><li>•Adults 35-64</li><li>•Adults 65+</li></ul>	<ul style="list-style-type: none"><li>•Female</li><li>•Male</li></ul>

In future years, and as data become available for additional payers through the development of Nevada’s All Payer Claims Database, this report will be expanded to encompass additional insurance market data to measure statewide claims-based health care spending across all payers and markets. The data in this report are fluid and may fluctuate due to claim recycling and adjustments.

## Executive Summary

From 2016 to 2022, as overall claims cost increased from \$2.7 to \$3.6 billion, a total increase of 33% and at an annual rate of 3.5% each year, utilization declined (see figure 3). During the same period, Medicaid enrollment increased substantially, by 40% overall and at an annual rate of 6.4% each year. From 2016 to 2019 PMPM claims cost increased from \$344 to a peak of \$414 before declining to \$327 in 2022.

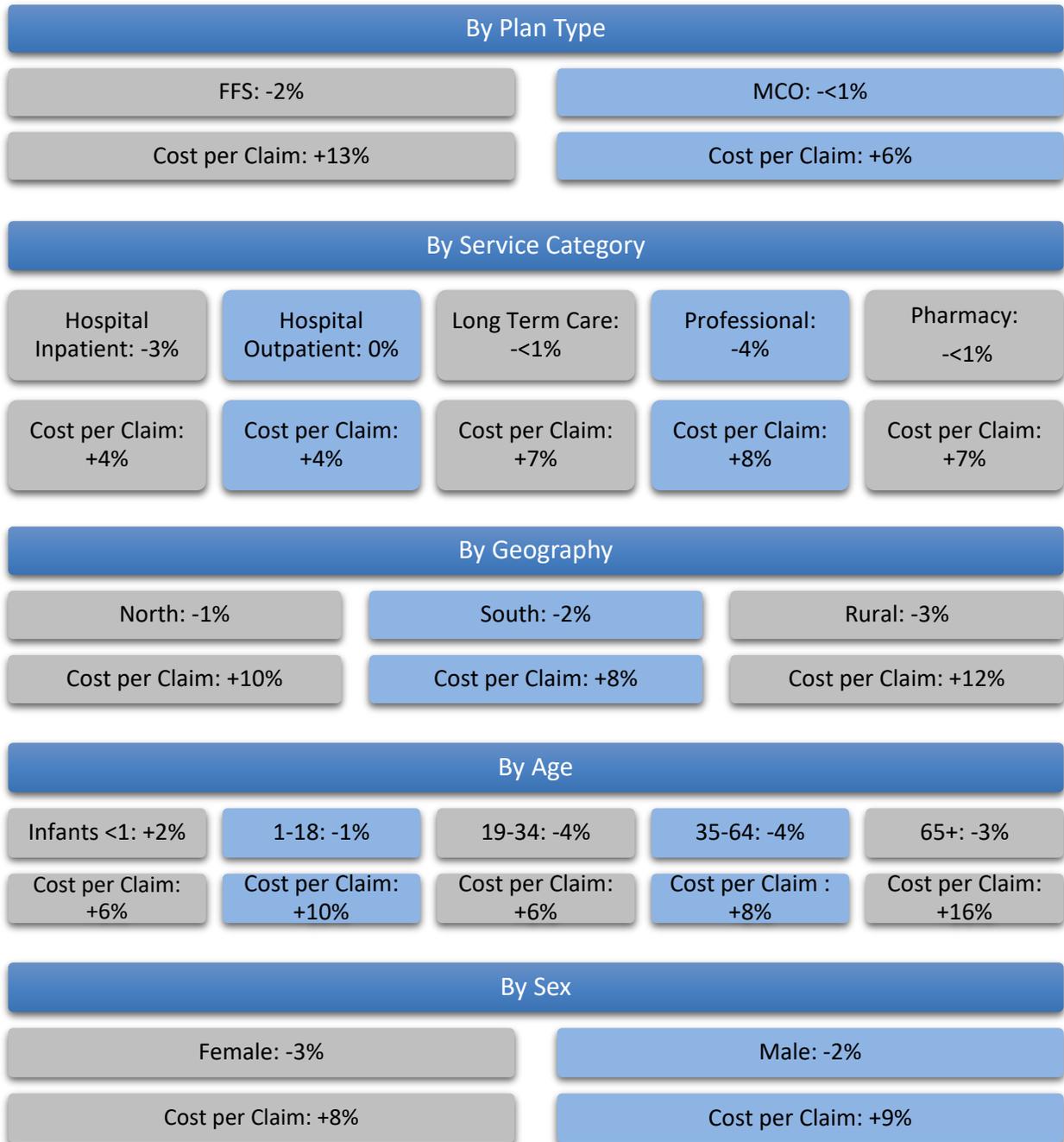
When considering the period from 2016 to 2022, it is important to consider both pre-pandemic and post-pandemic trends separately. The average annual per capita pre-pandemic cost growth from 2016 to 2019 was 6.5% YOY, while average annual per capita cost declined by 7.5% YOY post-pandemic. In other words, per capita health care costs among Nevada's Medicaid enrolled population have declined since 2019, which effectively negates the increases observed in previous years. However, this is not because the cost of providing health care is becoming cheaper.

Cost growth was observed in nearly every subdivision analyzed and was consistently found to be driven by significant YOY increases in the cost of services provided. Simultaneously, average monthly utilization per 1,000 member months declined from 2016 to 2022, and most significantly after 2020. This is due to the continuous eligibility requirements. It is assumed that some portion of individuals enrolled in Nevada Medicaid during this time may also be covered under alternative health care coverage options through employers or otherwise, and therefore the measures of PMPM and utilization per 1,000 member months may be artificially suppressed and are expected to increase as of the end of federal continuous coverage requirement on March 31, 2023. This may also cause future increases to Nevada Medicaid's average annual cost growth as the Medicaid caseload is reduced to individuals and families who rely exclusively on Medicaid for their health care coverage. A full analysis of the long-term effects of the pandemic, net of underlying trends, is outside of the scope of this report.

Higher PMPM claims cost was observed consistently among the fee-for-service (FFS) population when compared to the managed care population. Professional services consistently accounted for the largest share of PMPM spend, although the cost of pharmacy claims is increasing at the fastest rate over time.

When comparing increases in Nevada Medicaid health care costs to increases in per-capita real gross domestic product (GDP) and median wage, it was identified that the increasing cost of health care outpaced growth in both economic indicators pre-pandemic but declined post-pandemic. Per capita real GDP is a measure of a state's output per person, and in Nevada it increased at an annual average rate of 3.9% from 2016 to 2019 and 2.0% from 2019 to 2022. Comparatively, from 2016 to 2019 Nevada's median wage had an average annual increase of 8.7% pre pandemic, followed by an annual average decrease of 4.3% from 2019 to 2021.

Figure 1: Summary of PMPM Cost Growth Drivers in Nevada Medicaid, with 5-year Average Annual Change



## Analysis

In 2022, \$3.6 billion was spent providing health care to Nevadans on Medicaid. This represents the direct cost of coverage, or what was paid for health care claims, not capitation or other non-claims-based payments.

During that same time, as total cost increased by a total of 33%, at an annual rate of 3.5% each year, utilization declined but enrollment also increased substantially, by 40% overall and at an annual rate of 6.4% each year.

Figure 2: Total Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2022

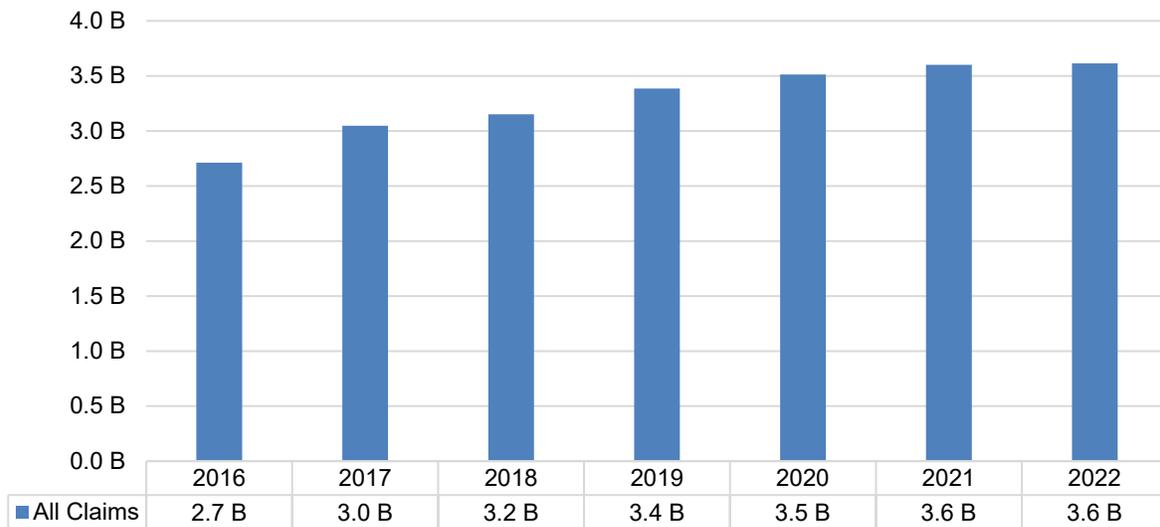


Figure 3: Total Claim Counts, Nevada Medicaid (FFS/MCO), CY 2016-2022

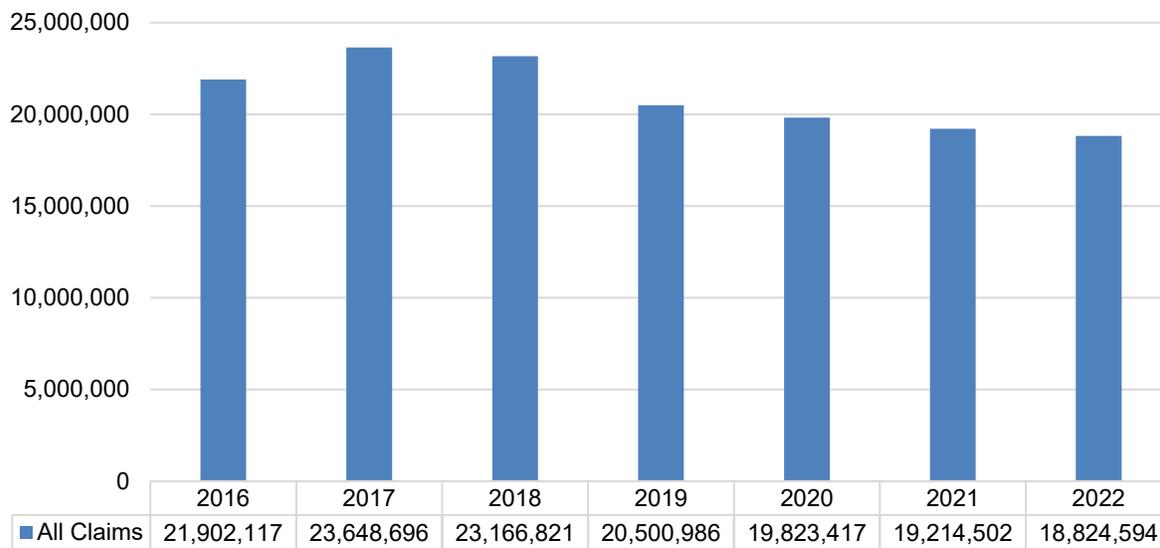
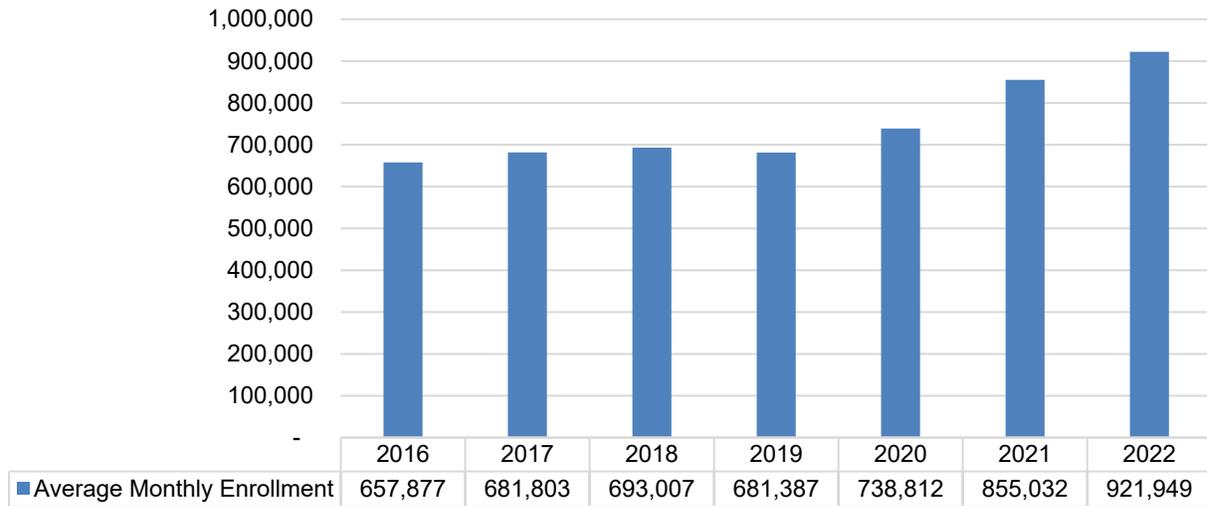


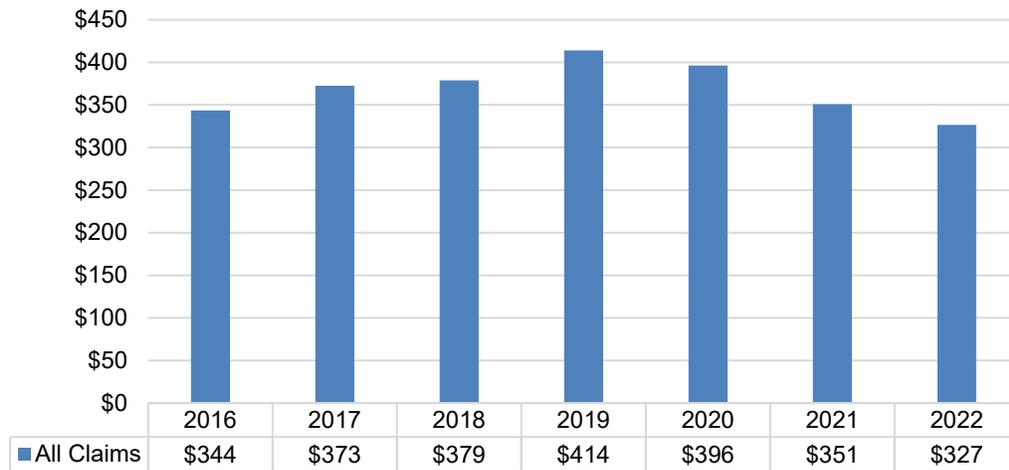
Figure 4: Average Monthly Enrollment, Nevada Medicaid (FFS/MCO), CY 2016-2022



### Per Member Per Month (PMPM) Claims Cost

Claims cost is often considered on a PMPM basis. PMPM claims cost is the average amount paid on claims each month for each person enrolled in Medicaid. Average annual PMPM claims cost decreased 5% overall from 2016 to 2022. As shown in Figure 5, the average annual PMPM cost increased from 2016 to 2019, with the highest PMPM cost occurring in 2019 when it reached a peak of \$414, before declining to \$327 in 2022.

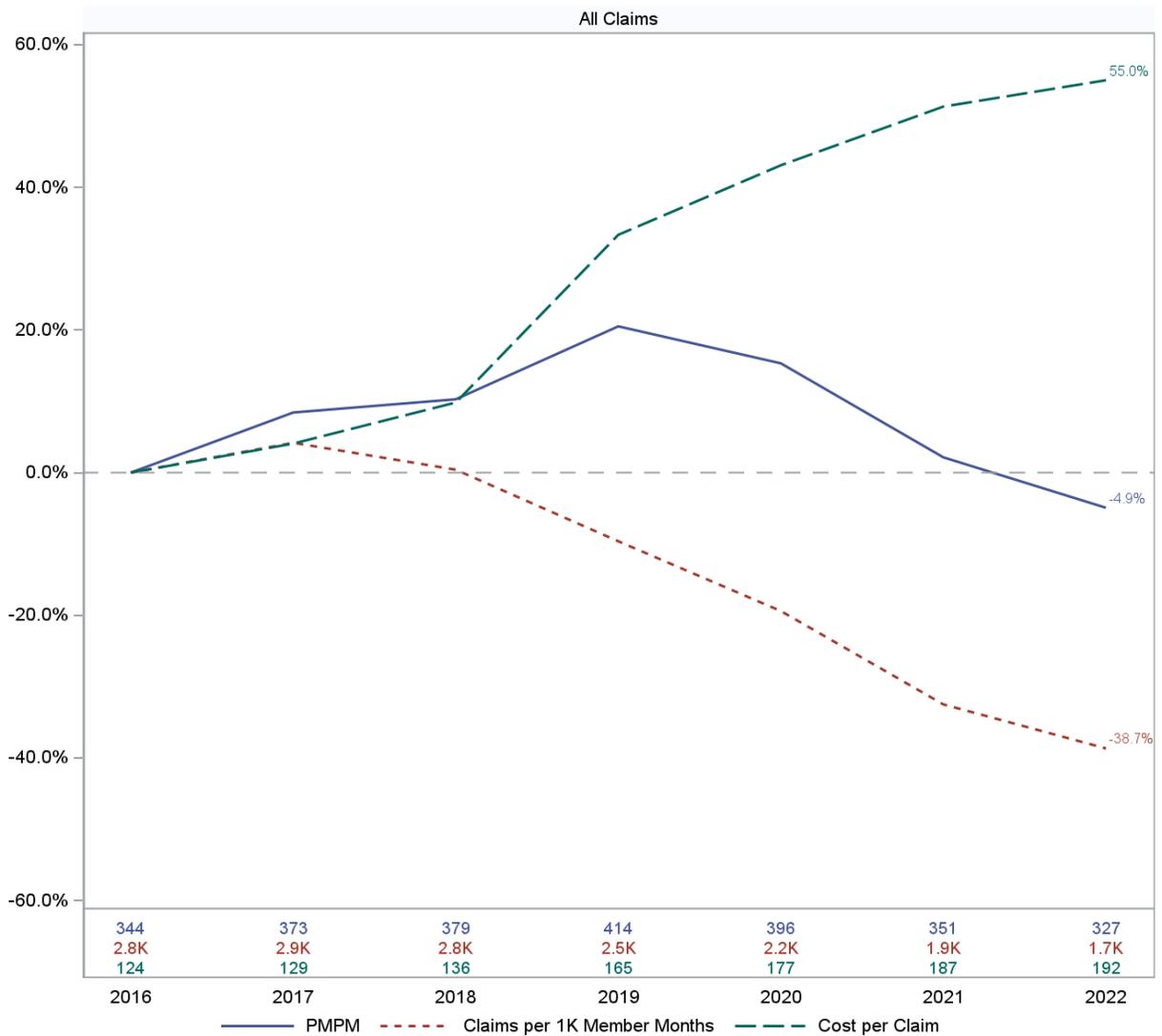
Figure 5: PMPM Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2022



Changes to PMPM cost are typically driven by either changes to utilization or changes to the cost of providing care. Figure 6 illustrates the cumulative change in these three measures: PMPM, utilization, and cost of care, where utilization is represented by the number of claims per 1,000 member months and cost of care is represented by the average cost per claim.

Figure 6 shows that increases to PMPM claims cost for Nevada Medicaid members from 2016 to 2022 is driven by increases in the average cost per claim. The average monthly cost per claim increased 55% overall from 2016 to 2022, with an average annual increase of 8.5%. Simultaneously, the average number of claims per 1,000 member months declined by 38.7% overall, or at an average annual rate of -10.0%.

Figure 6: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

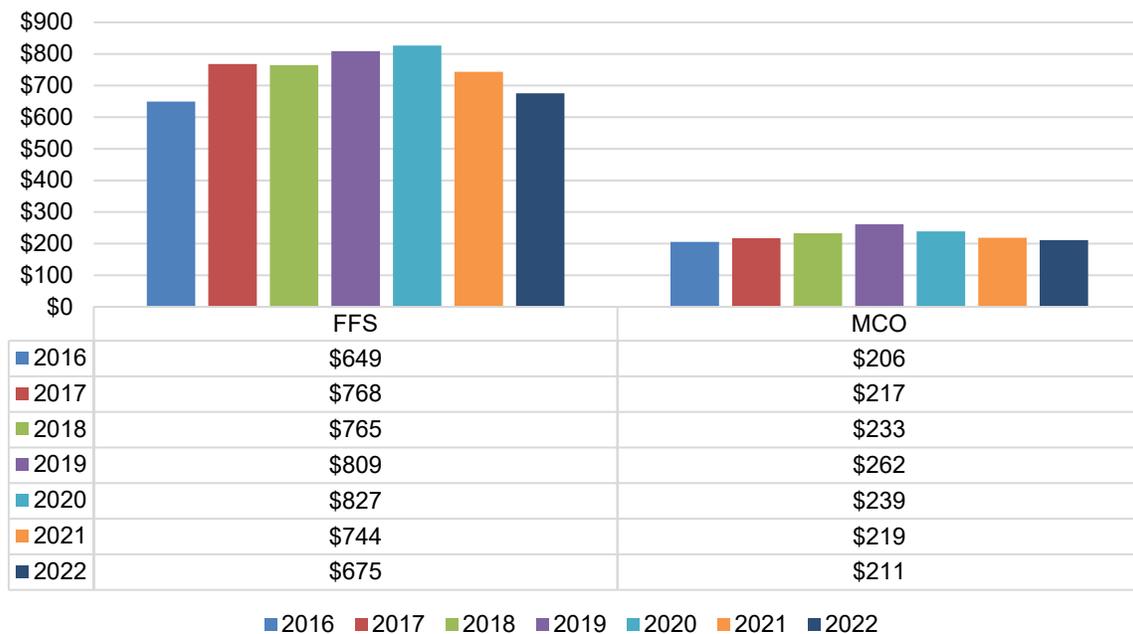
## PMPM Claims Cost by Plan Type

Nevada Medicaid has two plan types, Fee-for-Service (FFS) and Managed Care (MCO). Nevadans who live in rural and frontier counties are placed in FFS while most urban Nevadans are placed in managed care, with some exceptions. Medicaid enrollees who are eligible due to being aged (65 years and older), blind, and/or disabled (ABD) are placed in FFS regardless of where they live.

FFS is the smaller share of the Medicaid population (25%) compared to members enrolled into an MCO benefit (75%). However, FFS members are 3.2 times more costly on a PMPM basis, with a PMPM claims cost of \$675 in 2022 compared to \$211 for individuals in managed care. This is largely driven by those who are eligible under the ABD aid category because they are a high-cost subgroup. When excluding those eligible under ABD, the FFS PMPM was almost 24% lower in 2022, at \$512. Even when excluding ABD FFS members, the FFS PMPM is more than double the PMPM cost for MCO members and is growing at a faster rate.

PMPM claims cost increased for both FFS and MCO members from 2016 to 2022 but have been consistently decreasing since 2020. The FFS PMPM excluding the ABD population, increased by 6.3% from 2016 to 2022, with an average annual decrease of 2.5%; while the FFS PMPM including the ABD population decreased by 1.4%, with an average annual decrease of 2.2%. The MCO PMPM increased by 2.7% over the observed period, with an average annual decrease of less than 1%.

Figure 7: PMPM Claims Cost by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2022



Growth in PMPM claims cost in the FFS population, as illustrated in Figure 8, is driven by increases in cost per claim to the magnitude of 81.8% cumulatively from 2016 to 2022, or an average annual increase of 13.3%. During that same period, the number of claims per 1,000 member months declined by 42.8% overall, with an average annual change of -12.9%.

Growth in PMPM claims cost in the MCO population, as illustrated in Figure 8, is driven by increases in cost per claim to the magnitude of 40.9% cumulatively from 2016 to 2022, or an average annual increase

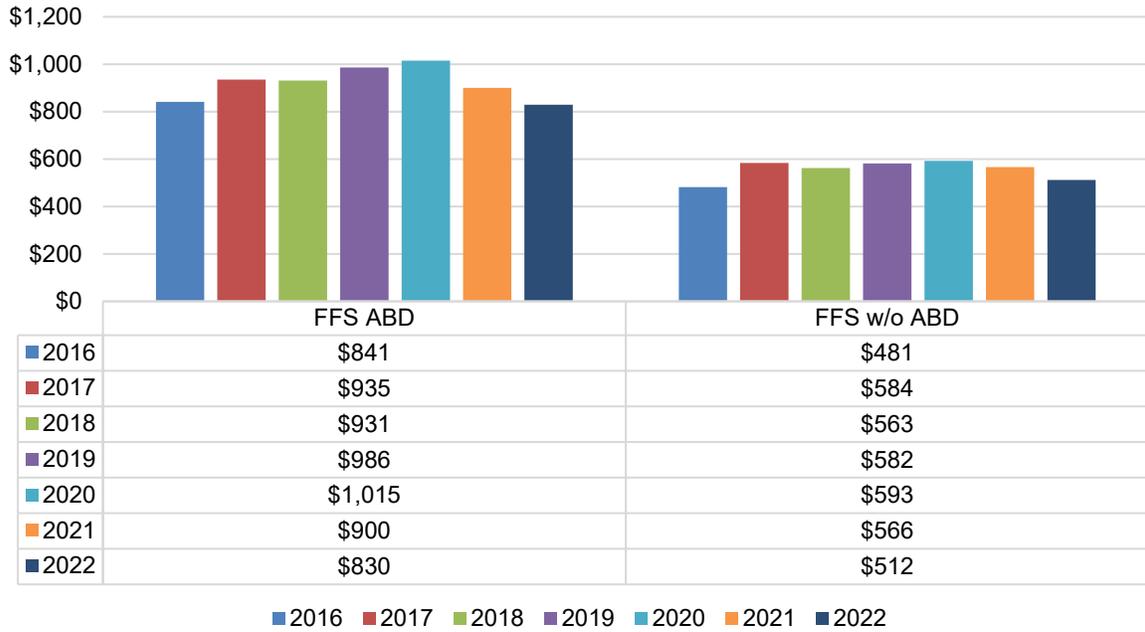
of 5.6%. During that same period, the number of claims per 1,000 member months declined by 27.1% overall, with an average annual change of -5.4%.

Figure 8: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

Figure 9: FFS PMPM Claims Cost by ABD Status, Nevada Medicaid (FFS Only), CY 2016-2022

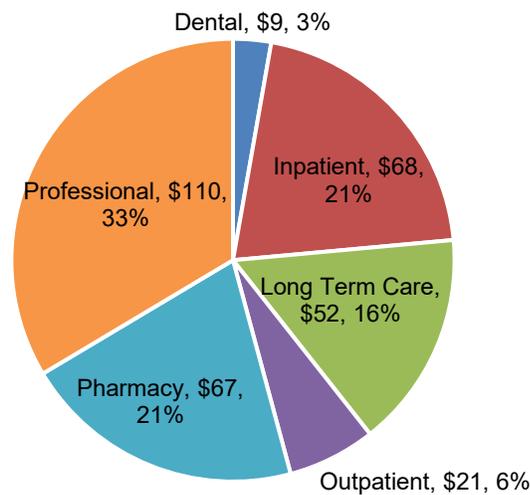


## PMPM Claims Cost by Service Type

Health care claims can generally be categorized into six categories: Inpatient Hospital, Outpatient Hospital, Long-Term Care, Professional, Dental, and Pharmacy. Among Nevada Medicaid members, the highest share of PMPM claims cost is for professional services (33%: \$110 in 2022), followed by inpatient hospital care (21%: \$68), retail pharmacy (21%: \$67), long term care (16%: \$52), outpatient hospital care (6%: \$21), and dental services (3%: \$9).

The pharmacy claims cost below does not incorporate manufacturer rebates, which occur in later transactions.

Figure 10: PMPM Claims Cost Distributed by Service Type, Nevada Medicaid (FFS/MCO), CY 2022



Across all service categories, PMPM claims cost followed an increasing trend until 2019 and subsequently declined through 2022. Figure 12 illustrates again that the average cost per claim is driving increases to PMPM cost. Simultaneously, utilization per 1,000 members has declined for all service categories.

Figure 11: PMPM Claims Cost by Service Type, Nevada Medicaid (FFS/MCO), CY 2016-2022

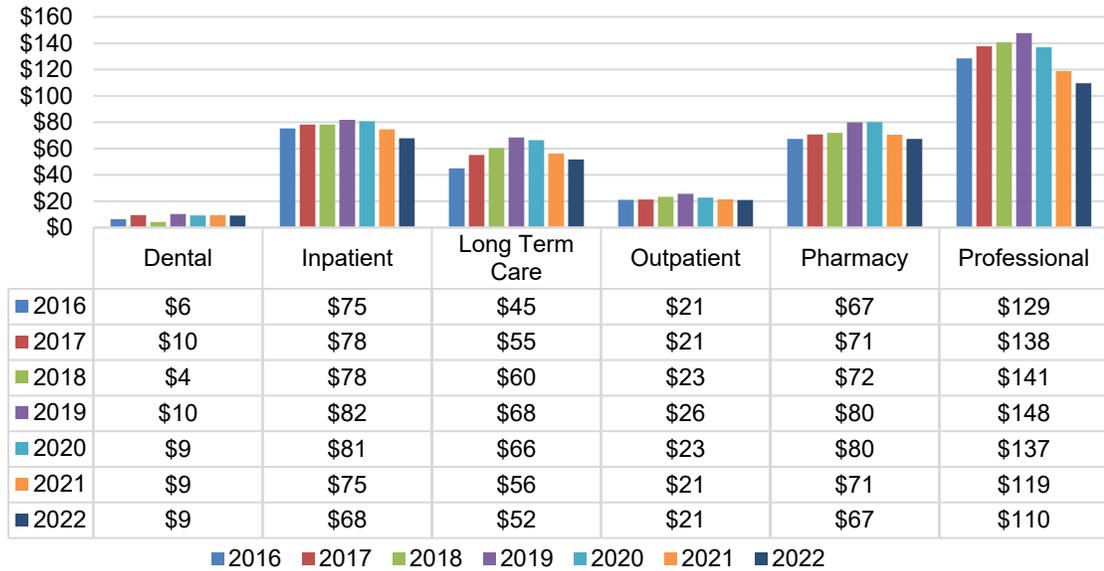
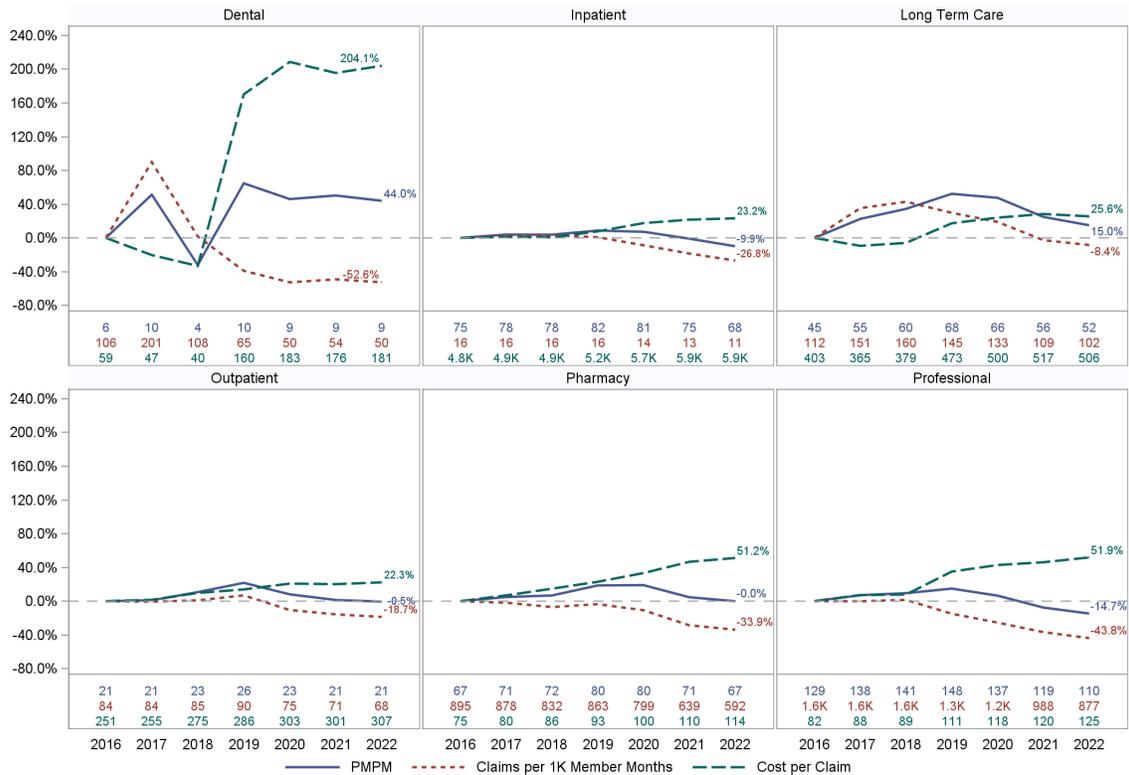


Figure 12: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Service Type, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

Please note that the percent change shown in the dental claim service category is due to a change in billing policy and does not accurately represent a price increase.

## PMPM Claims Cost by Demographics

### Geography

The unique geography of Nevada calls for a regional split of the Northern region, comprised of Washoe County; the Southern region, comprised of Clark County; and the rural region, comprised of Carson City, Douglas, Storey, Lyon, Humboldt, Pershing, Churchill, Mineral, Esmeralda, Nye, Elko, Lander, Eureka, White Pine, and Lincoln counties.

Although PMPM claims costs are generally higher in rural Nevada than in Nevada’s two urban centers, cost growth is driven by increasing costs per claim for all regions, while the number of claims per 1,000 member months has declined across the state. Regional differences are observed in the rate of change, with the average cost per claim increasing by a cumulative 87% from 2016 to 2022 in rural Nevada, compared to 59% growth in the northern region and 51% growth in the southern region. This equates to average annual growth of 12.0%, 9.6%, and 7.9%, respectively.

From 2016 to 2022, as the increasing average cost per claim drove up PMPM claims cost, utilization declined. Rural Nevada observed the greatest decline in utilization, with a cumulative decline of 49% from 2016 to 2022, or an annual decrease of 12.5%. Nevada’s urban regions observed more modest declines in utilization, as shown in Figure 13.

Figure 13: PMPM Claims Cost by Region, Nevada Medicaid (FFS/MCO), CY 2016-2022

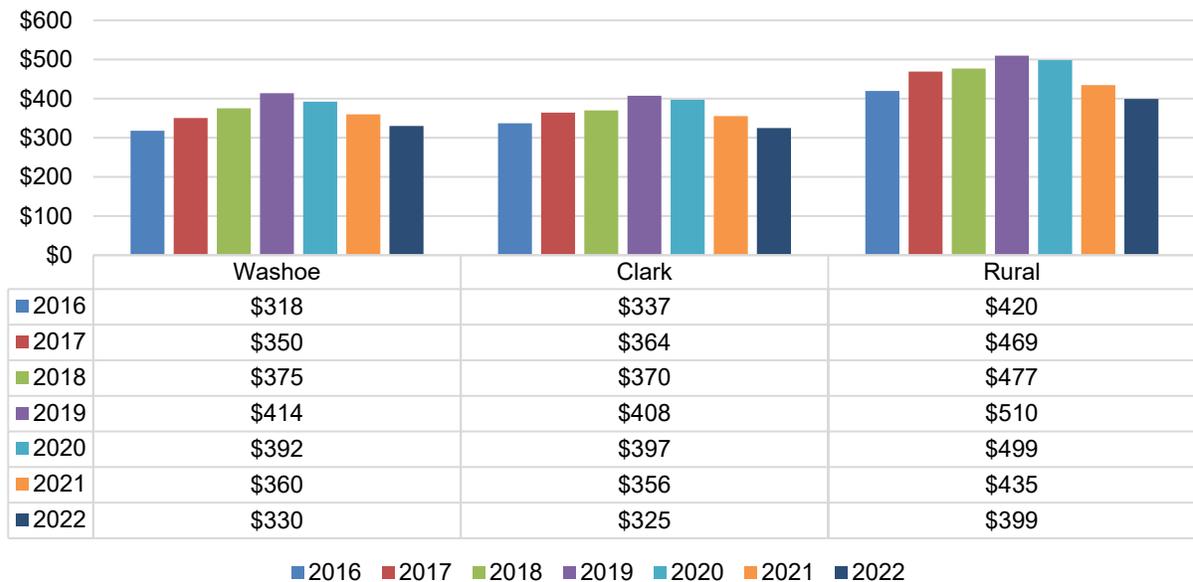
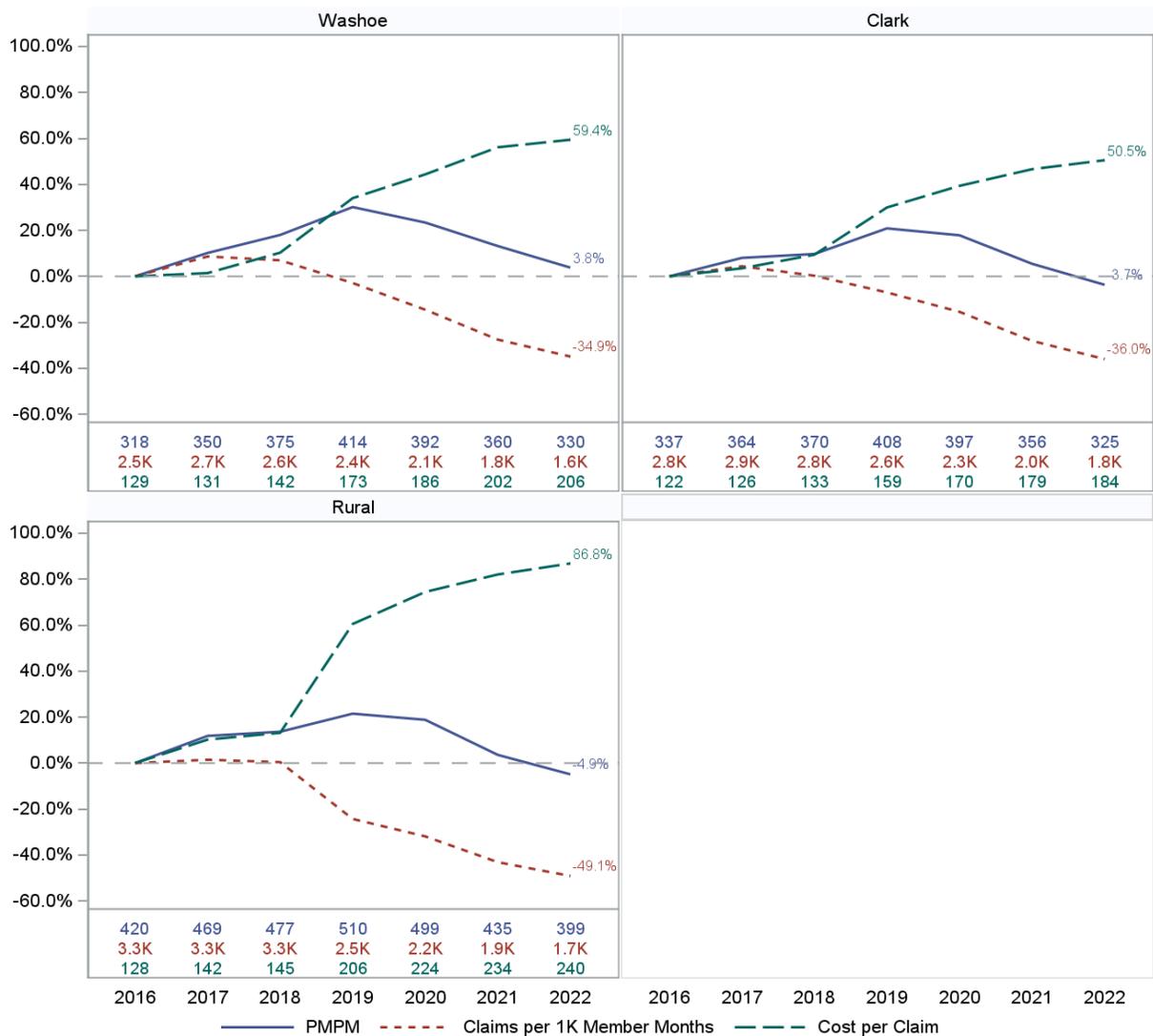


Figure 14: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Region, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

### Age

Medicaid claims cost varies by age. Medicaid recipients aged 1-18 had the lowest PMPM claims cost in 2022 (\$166) while infants less than 1 year old had the highest PMPM costs (\$638), followed by adults aged 35 to 64 (\$531). PMPM claims cost grew from 2016 through 2019 for all age groups, and subsequently declined from 2020 to 2022 for all except infants less than 1 year of age and adults 65 and older. In the infant age group, PMPM claims cost increase YOY from 2016 to 2021 at an average annual rate of 2.4% or a cumulative increase of 18% over the five-year period before increasing in 2022.

As with all drilldowns considered in this report, Figure 16 indicates that PMPM cost increases are driven by significant growth in the average cost per claim, paired with a moderate decline in utilization per 1,000 members.

Figure 15: PMPM Claims Cost by Age, Nevada Medicaid (FFS/MCO), CY 2016-2022

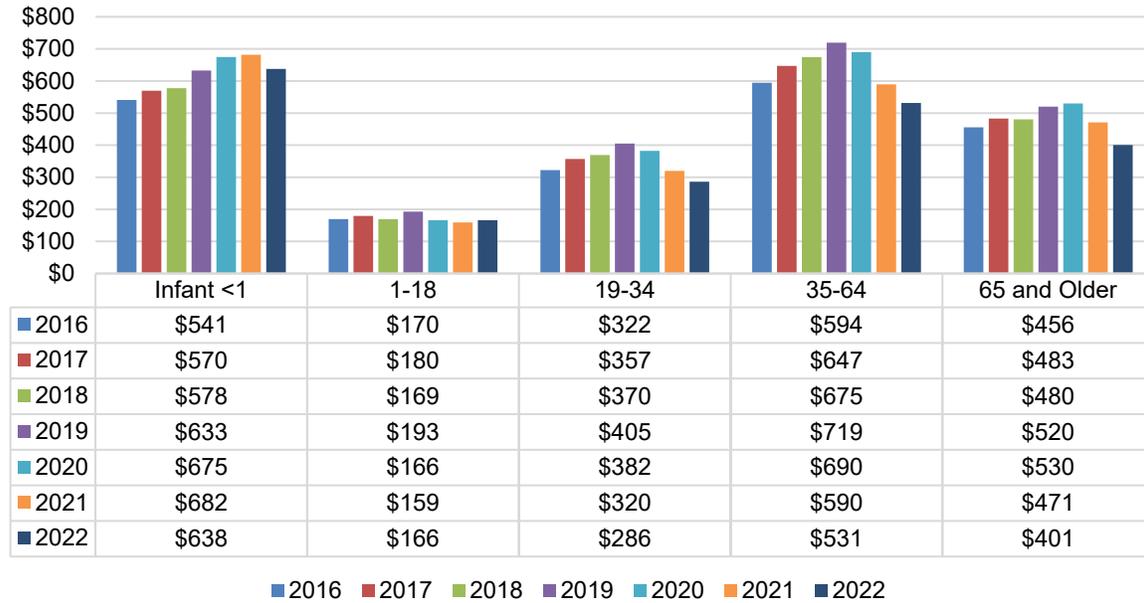
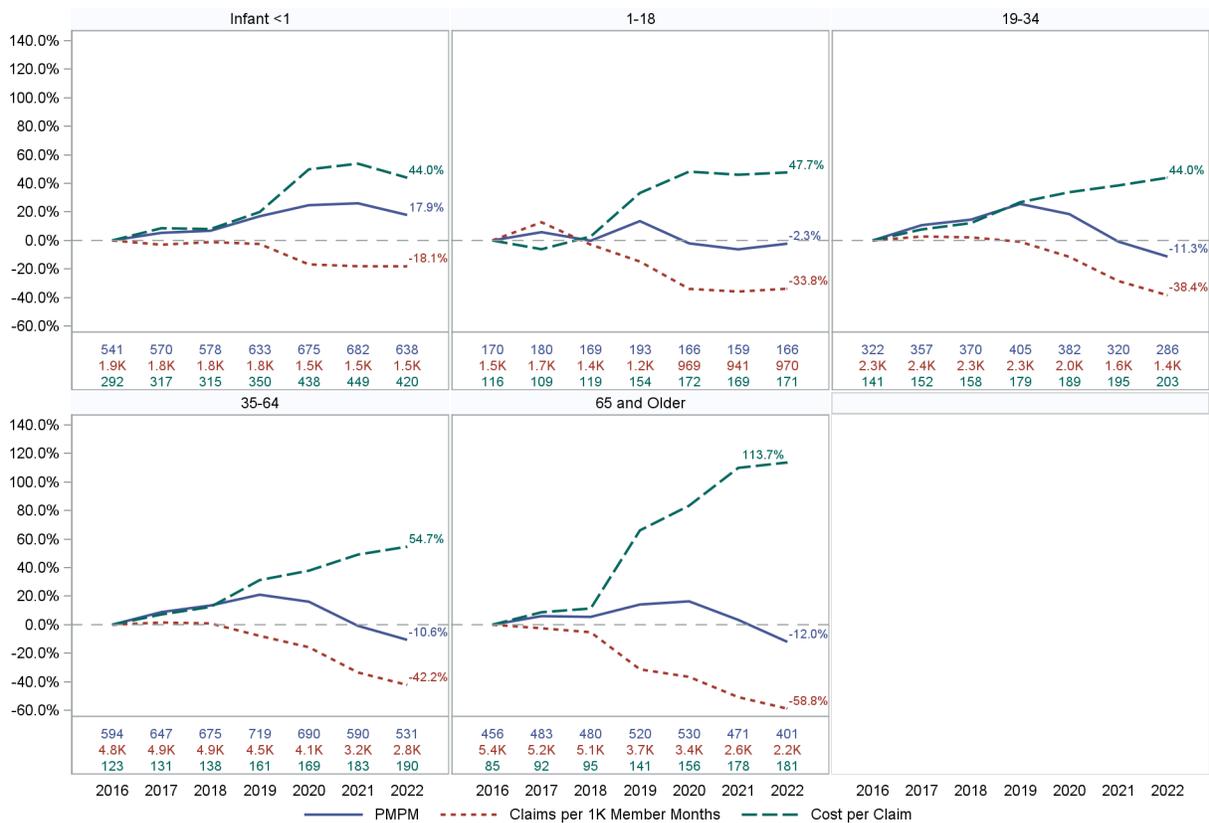


Figure 16: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Age, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

## Gender

Nevada’s male Medicaid members utilize their health benefits less frequently than their female counterparts, but tend to have more expensive claims. The PMPM claims cost for men was \$338 in 2022, compared to \$314 for women. From 2016 to 2022 Nevada’s male Medicaid members observed a 4.3% decrease in PMPM claims cost, while Nevada’s female Medicaid members decreased by 6.4%. This equated to average annual decreases of 2.3% and 2.6%, respectively. Like other demographic subdivisions, the average cost per claim is driving increasing PMPM costs.

Figure 17: PMPM Claims Cost by Sex, Nevada Medicaid (FFS/MCO), CY 2016-2022

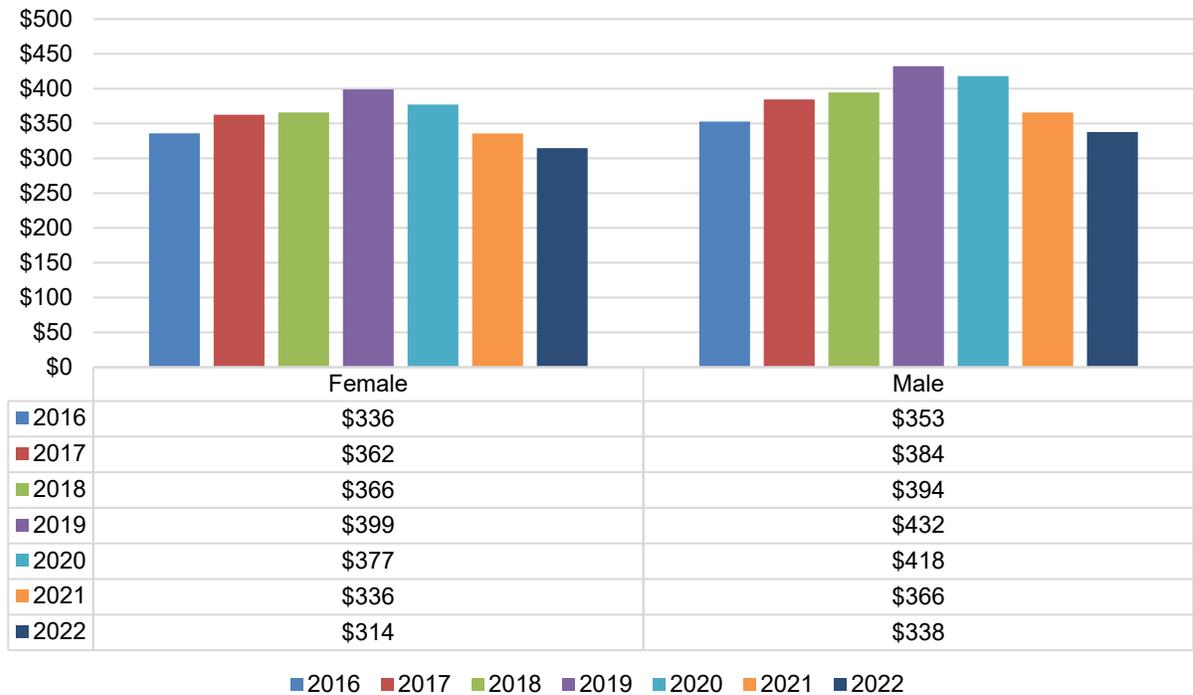


Figure 18: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by sex, Nevada Medicaid (FFS/MCO), CY 2016-2022



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

# Appendix

Table 1: Total Medicaid Cost and Utilization Statistics, 2016-2022

Total Medicaid	2016	2017	2018	2019	2020	2021	2022	Percent Change	Ave Percent Change
	<b>Average Monthly</b>	657,877	681,803	693,007	681,387	738,812	855,032		
<b>Total Member Months</b>	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,378	11,063,384	40.1%	6.40%
<b>Claim Frequency</b>	21,902,117	23,648,696	23,166,821	20,500,986	19,823,417	19,214,502	18,824,594	-14.1%	-4.40%
<b>Claims Cost (Paid)</b>	2.7 B	3.0 B	3.2 B	3.4 B	3.5 B	3.6 B	3.6 B	33.2%	3.50%
<b>Cost (Paid) per Claim</b>	\$124	\$129	\$136	\$165	\$177	\$187	\$192	55.0%	8.50%
<b>Claims per 1000 Member Months</b>	2,774	2,890	2,786	2,507	2,236	1,873	1,702	-38.7%	-10.00%
<b>PMPM</b>	\$344	\$373	\$379	\$414	\$396	\$351	\$327	-4.9%	-2.30%

Table 2: Medicaid Cost and Utilization Statistics by Plan Type (FFS/MCO), 2016-2022

Member Months

	Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	2,454,966	2,305,795	2,285,066	2,277,026	2,372,974	2,586,118	2,754,470	12.2%	3.7%
<b>MCO</b>	5,439,560	5,875,846	6,031,014	5,899,614	6,492,774	7,674,111	8,308,363	52.7%	7.4%

Claim Frequency

	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	11,792,876	12,882,443	11,625,597	8,485,059	8,292,754	7,802,982	7,570,716	-35.8%	-9.6%
<b>MCO</b>	10,109,241	10,766,253	11,541,224	12,015,927	11,530,663	11,411,520	11,253,878	11.3%	1.0%

Claims Cost (Paid)

	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	\$1,594,264,486	\$1,771,022,456	\$1,747,471,698	\$1,841,510,776	\$1,961,658,921	\$1,923,329,617	\$1,860,451,307	16.7%	1.1%
<b>MCO</b>	\$1,117,834,628	\$1,276,705,669	\$1,403,329,373	\$1,543,759,531	\$1,550,990,180	\$1,677,259,342	\$1,753,201,961	56.8%	6.6%

Cost (Paid) per Claim

	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	\$135	\$137	\$150	\$217	\$237	\$246	\$246	81.8%	13.3%
<b>MCO</b>	\$111	\$119	\$122	\$128	\$135	\$147	\$156	40.9%	5.6%

Claims per 1,000 Member Months

	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	4,804	5,587	5,088	3,726	3,495	3,017	2,749	-42.8%	-12.9%
<b>MCO</b>	1,858	1,832	1,914	2,037	1,776	1,487	1,355	-27.1%	-5.4%

PMPMs

	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>FFS</b>	\$649	\$768	\$765	\$809	\$827	\$744	\$675	4.0%	-2.3%
<b>MCO</b>	\$206	\$217	\$233	\$262	\$239	\$219	\$211	2.7%	-0.2%

Table 3: FFS Medicaid Cost and Utilization Statistics by ABD Status, 2016-2022

Member Months									
	Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	1,145,741	1,209,202	1,252,952	1,278,710	1,313,848	1,373,819	1,418,738	23.8%	3.3%
FFS w/o ABD	1,309,225	1,096,593	1,032,114	998,316	1,059,126	1,212,299	1,335,732	2.0%	4.3%

Claim Frequency									
	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	7,661,517	8,270,361	8,247,371	6,132,122	5,963,635	5,201,558	4,815,667	-37.1%	-9.8%
FFS w/o ABD	4,131,359	4,612,082	3,378,226	2,352,937	2,329,119	2,601,424	2,755,049	-33.3%	-8.1%

Claims Cost (Paid)									
	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	\$963,977,326	\$1,130,886,757	\$1,166,863,394	\$1,260,867,119	\$1,333,883,214	\$1,236,785,779	\$1,176,954,909	22.1%	1.0%
FFS w/o ABD	\$630,287,160	\$640,135,699	\$580,608,304	\$580,643,657	\$627,775,707	\$686,543,838	\$683,496,398	8.4%	1.5%

Cost (Paid) per Claim									
	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	\$126	\$137	\$141	\$206	\$224	\$238	\$244	94.2%	13.3%
FFS w/o ABD	\$153	\$139	\$172	\$247	\$270	\$264	\$248	62.6%	13.7%

Claims per 1,000 Member Months									
	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	6,687	6,840	6,582	4,796	4,539	3,786	3,394	-49.2%	-12.6%
FFS w/o ABD	3,156	4,206	3,273	2,357	2,199	2,146	2,063	-34.6%	-12.6%

PMPMs									
	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
FFS ABD	\$841	\$935	\$931	\$986	\$1,015	\$900	\$830	-1.4%	-2.2%
FFS w/o ABD	\$481	\$584	\$563	\$582	\$593	\$566	\$512	6.3%	-2.5%

Table 4: Medicaid Cost and Utilization Statistics by Service Category, 2016-2022

Claim Frequency									
	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Dental	836,200	1,645,914	896,331	528,054	444,233	552,562	555,006	-33.6%	-15.5%
Inpatient	123,259	131,354	133,926	128,768	126,316	130,516	126,359	2.5%	-0.7%
Long Term Care	881,215	1,235,272	1,326,745	1,184,274	1,177,499	1,114,558	1,130,792	28.3%	-1.6%
Outpatient	664,566	685,116	706,220	735,571	667,681	728,611	757,435	14.0%	2.2%
Pharmacy	7,065,562	7,187,161	6,920,421	7,058,414	7,081,247	6,552,579	6,548,060	-7.3%	-1.8%
Professional	12,331,315	12,763,879	13,183,178	10,865,905	10,326,441	10,135,676	9,706,942	-21.3%	-5.1%

Claims Cost (Paid)									
	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Dental	\$49,663,921	\$77,865,926	\$35,531,271	\$84,751,684	\$81,449,916	\$97,026,336	\$100,244,570	101.8%	20.5%
Inpatient	\$594,122,277	\$640,247,829	\$649,953,162	\$669,101,088	\$715,753,292	\$765,257,834	\$750,539,081	26.3%	3.3%
Long Term Care	\$354,988,664	\$450,772,833	\$502,689,465	\$559,996,576	\$588,322,090	\$576,367,207	\$572,207,005	61.2%	5.0%
Outpatient	\$166,599,312	\$174,419,766	\$194,304,126	\$210,042,759	\$202,263,104	\$219,514,384	\$232,238,007	39.4%	6.0%
Pharmacy	\$532,031,385	\$578,280,373	\$598,264,433	\$653,789,371	\$710,972,678	\$723,605,360	\$745,484,947	40.1%	5.3%
Professional	\$1,014,693,555	\$1,126,141,399	\$1,170,058,613	\$1,207,588,828	\$1,213,888,021	\$1,218,817,838	\$1,212,939,659	19.5%	1.5%

Cost (Paid) per Claim									
	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Dental	\$59	\$47	\$40	\$161	\$183	\$176	\$181	204.1%	60.3%
Inpatient	\$4,820	\$4,874	\$4,853	\$5,196	\$5,666	\$5,863	\$5,940	23.2%	4.1%
Long Term Care	\$403	\$365	\$379	\$473	\$500	\$517	\$506	25.6%	7.1%
Outpatient	\$251	\$255	\$275	\$286	\$303	\$301	\$307	22.3%	3.8%
Pharmacy	\$75	\$80	\$86	\$93	\$100	\$110	\$114	51.2%	7.2%
Professional	\$82	\$88	\$89	\$111	\$118	\$120	\$125	51.9%	7.6%

Claims per 1,000 Member Months									
	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Dental	106	201	108	65	50	54	50	-52.6%	-21.7%
Inpatient	16	16	16	16	14	13	11	-26.8%	-6.5%
Long Term Care	112	151	160	145	133	109	102	-8.4%	-7.2%
Outpatient	84	84	85	90	75	71	68	-18.7%	-3.6%
Pharmacy	895	878	832	863	799	639	592	-33.9%	-7.3%
Professional	1,562	1,560	1,585	1,329	1,165	988	877	-43.8%	-10.7%

PMPMs									
	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Dental	\$6	\$10	\$4	\$10	\$9	\$9	\$9	44.0%	15.0%
Inpatient	\$75	\$78	\$78	\$82	\$81	\$75	\$68	-9.9%	-2.7%
Long Term Care	\$45	\$55	\$60	\$68	\$66	\$56	\$52	15.0%	-0.7%
Outpatient	\$21	\$21	\$23	\$26	\$23	\$21	\$21	-0.5%	0.0%
Pharmacy	\$67	\$71	\$72	\$80	\$80	\$71	\$67	0.0%	-0.7%
Professional	\$129	\$138	\$141	\$148	\$137	\$119	\$110	-14.7%	-4.2%

Table 5: Medicaid Cost and Utilization Statistics by Region, 2016-2022

Member Months									
	Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Washoe	997,267	984,135	965,452	939,271	992,329	1,117,868	1,214,134	21.7%	4.5%
02 Clark	5,754,205	6,084,322	6,308,939	6,282,688	6,787,339	7,780,057	8,558,337	48.7%	7.2%
03 Rural	786,681	796,835	799,038	789,539	826,112	917,201	995,829	26.6%	4.7%

Claim Frequency									
	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Washoe	2,455,863	2,632,941	2,543,646	2,246,035	2,088,838	1,995,496	1,946,667	-20.7%	-5.8%
02 Clark	15,906,071	17,556,955	17,485,686	16,151,067	15,866,416	15,469,722	15,140,053	-4.8%	-2.9%
03 Rural	2,570,749	2,642,099	2,622,001	1,952,976	1,838,769	1,705,110	1,656,506	-35.6%	-8.4%

Claims Cost (Paid)									
	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Washoe	\$317,144,394	\$344,839,232	\$362,321,169	\$388,701,771	\$389,428,437	\$402,386,751	\$400,787,115	26.4%	3.1%
02 Clark	\$1,940,076,528	\$2,216,211,142	\$2,333,928,642	\$2,560,298,545	\$2,697,132,665	\$2,766,430,073	\$2,779,724,783	43.3%	4.7%
03 Rural	\$330,164,579	\$373,975,583	\$381,075,881	\$402,595,899	\$411,991,909	\$398,680,396	\$397,502,205	20.4%	1.3%

Cost (Paid) per Claim									
	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Washoe	\$129	\$131	\$142	\$173	\$186	\$202	\$206	59.4%	9.6%
02 Clark	\$122	\$126	\$133	\$159	\$170	\$179	\$184	50.5%	7.9%
03 Rural	\$128	\$142	\$145	\$206	\$224	\$234	\$240	86.8%	12.0%

Claims per 1,000 Member Months									
	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Washoe	2,463	2,675	2,635	2,391	2,105	1,785	1,603	-34.9%	-9.6%
02 Clark	2,764	2,886	2,772	2,571	2,338	1,988	1,769	-36.0%	-9.2%
03 Rural	3,268	3,316	3,281	2,474	2,226	1,859	1,663	-49.1%	-12.5%

PMPMs									
	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Washoe	\$318	\$350	\$375	\$414	\$392	\$360	\$330	3.8%	-0.9%
Clark	\$337	\$364	\$370	\$408	\$397	\$356	\$325	-3.7%	-2.0%
Rural	\$420	\$469	\$477	\$510	\$499	\$435	\$399	-4.9%	-2.9%

Table 6: Medicaid Cost and Utilization Statistics by Age Group, 2016-2022

Member Months									
	Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Infant <1	267,643	270,495	266,176	255,098	250,092	245,409	241,492	-9.8%	-2.2%
02 1-18	3,416,145	3,514,014	3,560,228	3,478,647	3,660,387	4,086,109	4,258,208	24.6%	4.0%
03 19-34	1,659,993	1,727,074	1,740,686	1,686,497	1,907,867	2,347,089	2,593,102	56.2%	8.9%
04 35-64	2,088,548	2,171,101	2,214,009	2,191,448	2,440,058	2,908,980	3,217,039	54.0%	8.4%
05 65 and Older	462,197	498,957	534,981	564,950	607,344	672,642	752,992	62.9%	8.6%

Claim Frequency									
	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Infant <1	495,825	486,147	487,581	460,837	385,644	372,577	366,216	-26.1%	-5.3%
02 1-18	5,008,307	5,808,192	5,067,713	4,345,837	3,546,275	3,845,545	4,132,062	-17.5%	-5.9%
03 19-34	3,797,787	4,060,790	4,068,573	3,823,009	3,864,556	3,843,084	3,654,603	-3.8%	-2.0%
04 35-64	10,119,287	10,682,303	10,823,193	9,787,072	9,958,055	9,374,758	9,007,886	-11.0%	-3.3%
05 65 and Older	2,480,931	2,611,264	2,719,761	2,084,231	2,068,887	1,778,538	1,663,827	-32.9%	-8.1%

Claims Cost (Paid)									
	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Infant <1	\$144,793,753	\$154,129,343	\$153,789,092	\$161,406,265	\$168,753,715	\$167,347,781	\$153,969,821	6.3%	0.1%
02 1-18	\$580,031,421	\$631,329,431	\$603,352,877	\$670,750,106	\$608,800,246	\$650,557,821	\$706,687,510	21.8%	2.6%
03 19-34	\$535,328,334	\$616,725,959	\$643,246,876	\$683,095,785	\$728,984,386	\$750,578,344	\$741,744,445	38.6%	3.8%
04 35-64	\$1,241,410,655	\$1,404,607,832	\$1,493,360,384	\$1,576,258,810	\$1,684,125,045	\$1,715,320,297	\$1,709,538,495	37.7%	4.0%
05 65 and Older	\$210,534,950	\$240,935,559	\$257,051,842	\$293,759,340	\$321,985,708	\$316,784,716	\$301,712,998	43.3%	4.8%

Cost (Paid) per Claim									
	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Infant <1	\$292	\$317	\$315	\$350	\$438	\$449	\$420	44.0%	6.3%
02 1-18	\$116	\$109	\$119	\$154	\$172	\$169	\$171	47.7%	10.0%
03 19-34	\$141	\$152	\$158	\$179	\$189	\$195	\$203	44.0%	6.0%
04 35-64	\$123	\$131	\$138	\$161	\$169	\$183	\$190	54.7%	7.7%
05 65 and Older	\$85	\$92	\$95	\$141	\$156	\$178	\$181	113.7%	15.6%

Claims per 1,000 Member Months									
	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
01 Infant <1	1,853	1,797	1,832	1,807	1,542	1,518	1,516	-18.1%	-3.2%
02 1-18	1,466	1,653	1,423	1,249	969	941	970	-33.8%	-9.7%
03 19-34	2,288	2,351	2,337	2,267	2,026	1,637	1,409	-38.4%	-9.5%
04 35-64	4,845	4,920	4,889	4,466	4,081	3,223	2,800	-42.2%	-10.4%
05 65 and Older	5,368	5,233	5,084	3,689	3,406	2,644	2,210	-58.8%	-15.4%

PMPMs									
	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
Infant <1	\$541	\$570	\$578	\$633	\$675	\$682	\$638	17.9%	2.4%
1-18	\$170	\$180	\$169	\$193	\$166	\$159	\$166	-2.3%	-1.1%
19-34	\$322	\$357	\$370	\$405	\$382	\$320	\$286	-11.3%	-3.9%
35-64	\$594	\$647	\$675	\$719	\$690	\$590	\$531	-10.6%	-3.5%
65 and Older	\$456	\$483	\$480	\$520	\$530	\$471	\$401	-12.0%	-3.3%

Table 7: Medicaid Cost and Utilization Statistics by Sex, 2016-2022

Member Months									
	Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	4,274,255	4,436,928	4,517,923	4,450,621	4,823,096	5,548,385	5,943,254	39.0%	6.2%
<b>Male</b>	3,620,254	3,744,709	3,798,152	3,726,018	4,042,651	4,711,834	5,119,560	41.4%	6.6%

Claim Frequency									
	Claim Count							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	12,838,280	13,740,946	13,458,646	11,908,106	11,520,201	11,153,096	10,862,754	-15.4%	-4.5%
<b>Male</b>	9,063,680	9,907,598	9,708,040	8,592,736	8,300,018	8,037,342	7,927,803	-12.5%	-4.3%

Claims Cost (Paid)									
	Paid Amount							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	\$1,435,375,292	\$1,608,238,901	\$1,652,432,421	\$1,774,936,038	\$1,819,166,224	\$1,861,891,901	\$1,869,036,164	30.2%	3.1%
<b>Male</b>	\$1,276,706,466	\$1,439,452,016	\$1,498,333,949	\$1,610,281,495	\$1,690,432,423	\$1,722,869,671	\$1,728,221,723	35.4%	3.8%

Cost (Paid) per Claim									
	Cost Per Claim							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	\$112	\$117	\$123	\$149	\$158	\$167	\$172	53.9%	8.2%
<b>Male</b>	\$141	\$145	\$154	\$187	\$204	\$214	\$218	54.8%	8.7%

Claims per 1,000 Member Months									
	Claims per 1,000 Member Months							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	3,004	3,097	2,979	2,676	2,389	2,010	1,828	-39.1%	-9.9%
<b>Male</b>	2,504	2,646	2,556	2,306	2,053	1,706	1,549	-38.1%	-10.1%

PMPMs									
	PMPM							Cumulative Percent Change	2018-2022 5Y Ave Percent Change
	2016	2017	2018	2019	2020	2021	2022		
<b>Female</b>	\$336	\$362	\$366	\$399	\$377	\$336	\$314	-6.4%	-2.6%
<b>Male</b>	\$353	\$384	\$394	\$432	\$418	\$366	\$338	-4.3%	-2.3%