

# *Nevada Medicaid Cost Driver Analysis*

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Department of Health and Human Services

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## Background and Purpose

The purpose of the “Nevada Medicaid Cost Driver Analysis” 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 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. The modifications put in place to accommodate the needs of the pandemic caused a significant reduction in overall utilization in calendar year (CY) 2020.

Furthermore, closure of non-essential businesses caused an increase in unemployment. As a result, significantly more Nevadans met the eligibility criteria for enrollment in Nevada Medicaid. In any given month of 2023, more than one in four Nevadans relied on Medicaid for their health care coverage, and of those 36% utilized health care monthly. Overall Medicaid claim cost was \$4.2 billion in 2023 (see Figure 2), with a year-over-year (YOY) average monthly caseload growth of 285,163 Nevadans from 2016, or 43.3%.

The sustained increase in enrollment from 2020 to 2023 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 through mid-2023 maintained Medicaid coverage, and individuals who became employed while on Medicaid were not required to undergo annual redetermination, creating a population of enrolled Medicaid members who may also have access to health care coverage through other payers. Because of these factors, per capita claims cost for 2020 through 2023 are distributed across a larger pool of enrolled Medicaid members, resulting in a low per member per month (PMPM) cost. However, in March 2023, the continuous enrollment requirement expired and two months later the federal government announced the end of the COVID-19 Public Health Emergency. States were granted a 14-month period to “unwind” and return to normal eligibility processes. Nevada reinstated the annual redetermination in April 2023 and completed the unwind in August 2024.

This report relies on Medicaid claims data — for fee-for-service (FFS) and Managed Care Organizations (MCO) — extracted from the Nevada Medicaid Data Warehouse for the years 2016 through 2023. Paid claims and encounters were used in this analysis, 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 cost has been analyzed at five levels: 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 2023, the overall claims cost increased by 51.5% from \$2.8 to \$4.2 billion, with an average annual increase of 5.9% per year for the most recent five years (2019-2023). During the same period, Medicaid enrollment increased substantially, by 43.3% overall and at an average annual rate of 6.5% each year for the most recent five years (2019-2023). From 2016 to 2019, PMPM claims cost increased from \$354 to a peak of \$416 before declining to \$358 in 2022, followed by a slight increase to \$374 in 2023 (see Figure 5).

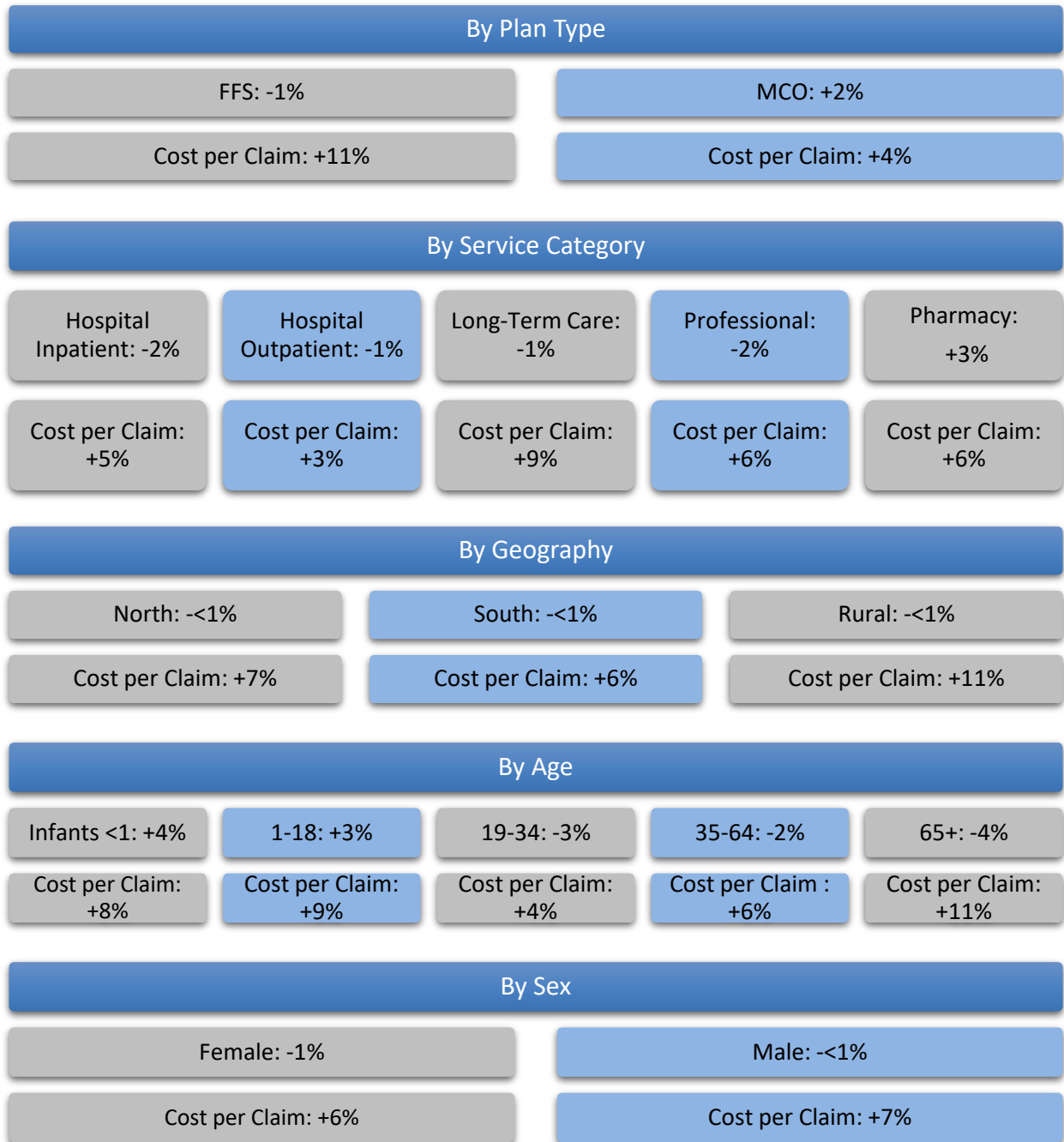
When considering the period from 2016 to 2023, it is important to consider both pre-pandemic and post-pandemic trends separately. The average annual per capita pre-pandemic cost growth from 2016 to 2019 was 5.5% YOY, while average annual per capita cost declined by 2.5% YOY from 2020 to 2023. In other 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 going down.

Cost growth was observed in 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 2023, and especially 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 have also been 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. This may cause future increases to Nevada Medicaid's average annual cost growth as the Medicaid caseload is reduced during the unwind 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 FFS population when compared to the MCO 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, excluding dental services.

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 pre-pandemic growth in both of those economic indicators 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 4.0% from 2017 to 2019 and 2.4% from 2020 to 2023. Comparatively, from 2017 to 2019 (pre-pandemic), Nevada's median wage had an average annual increase of 8.7%, followed by an annual average increase of 4.1% from 2020 to 2023 (post-pandemic).

Figure 1: 5-Year Average Percent Change (2019-2023) in PMPM and Cost per Claim in Nevada Medicaid



## Analysis

In 2023, \$4.2 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 (Figure 2). About 22.9 million claims were received in 2023 (Figure 3), and average monthly enrollment in the year was 943,040 (Figure 4).

Figure 2: Total Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2023

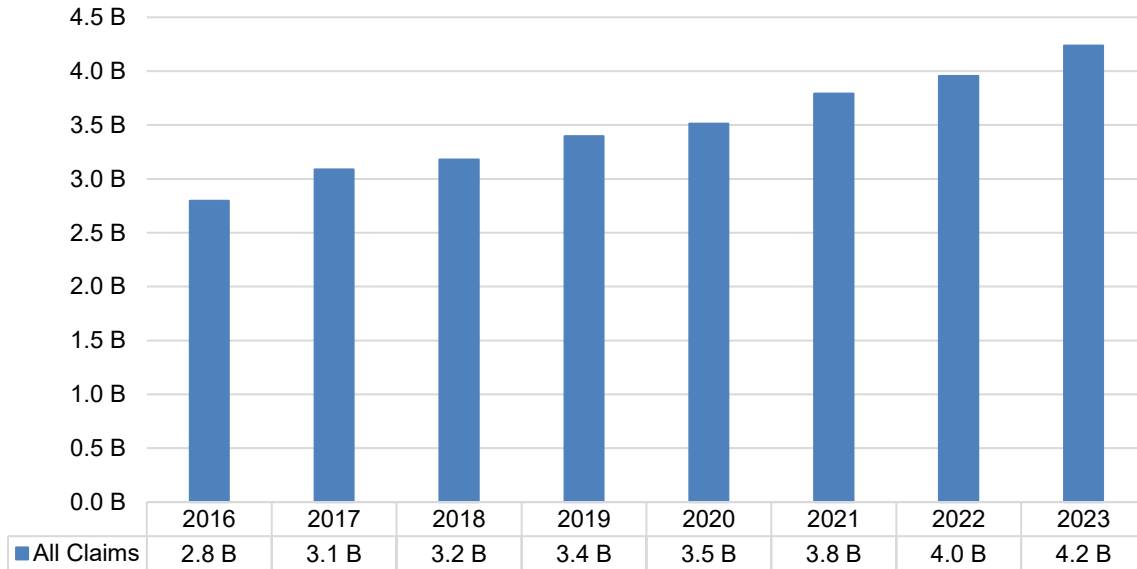


Figure 3: Total Claim Counts, Nevada Medicaid (FFS/MCO), CY 2016-2023

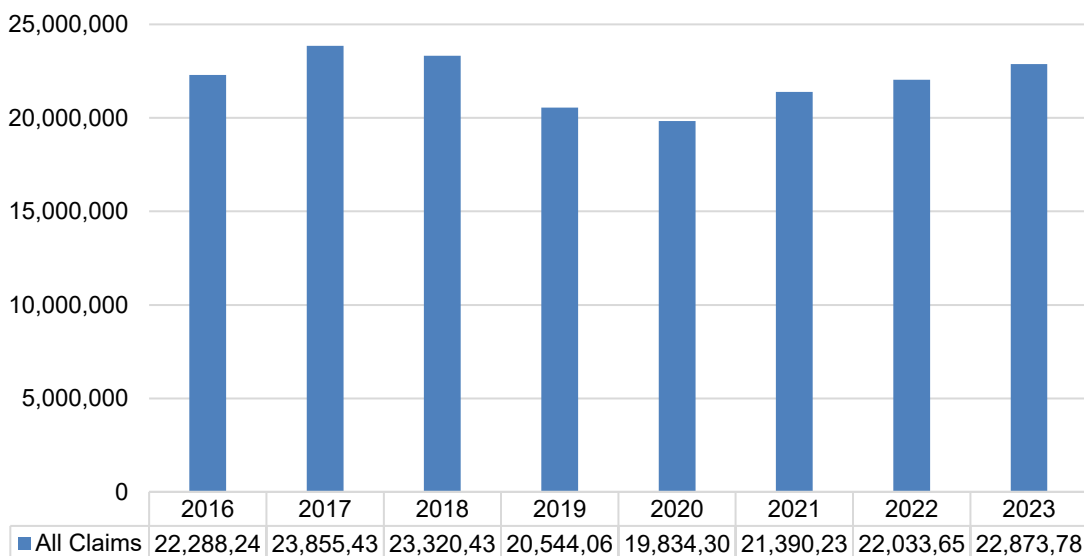
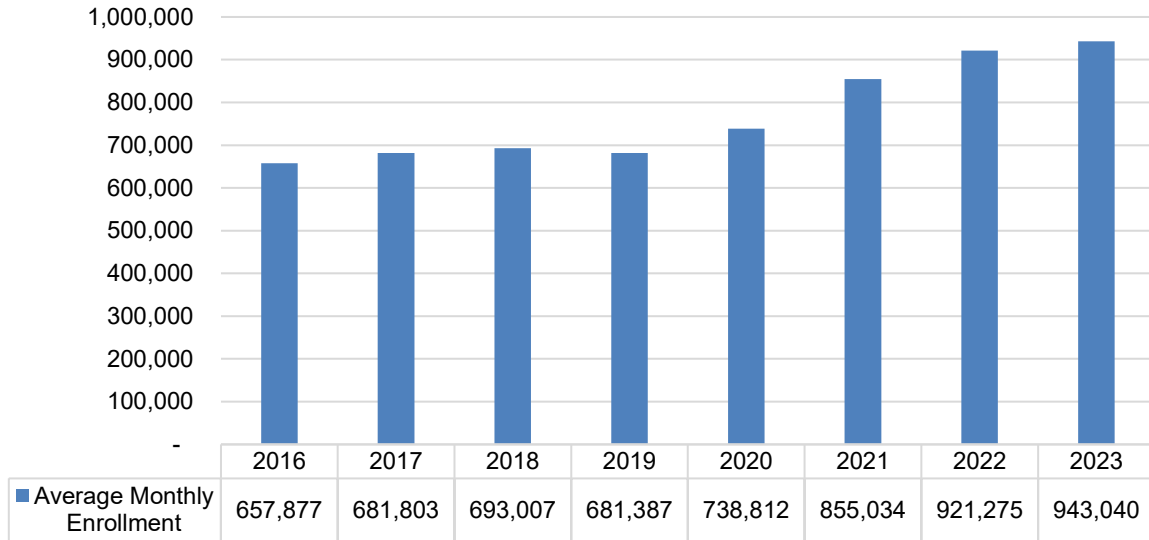




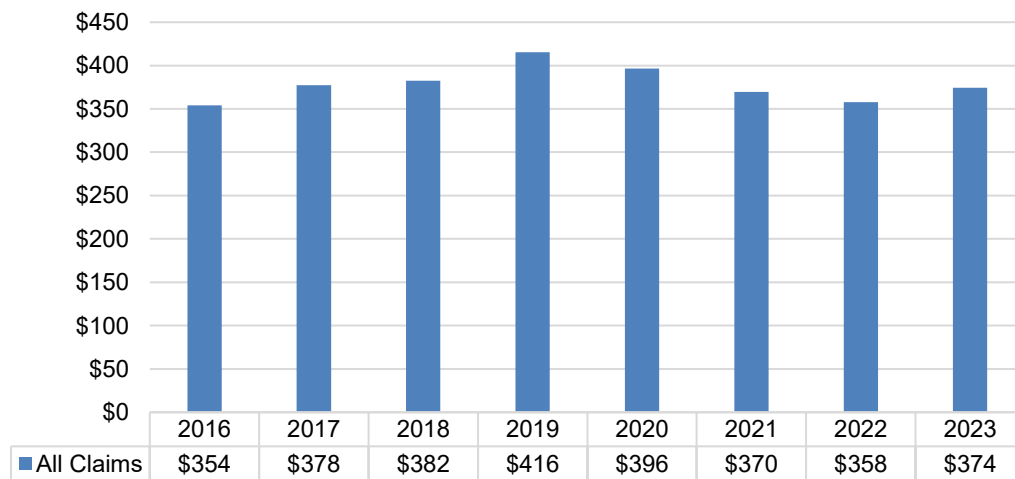
Figure 4: Average Monthly Enrollment, Nevada Medicaid (FFS/MCO), CY 2016-2023



### 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 increased 5.6% overall from 2016 through 2023. As shown in Figure 5, the average annual PMPM cost increased from 2016 through 2019, with the highest PMPM cost occurring in 2019 when it reached a peak of \$416, before declining to \$374 in 2023.

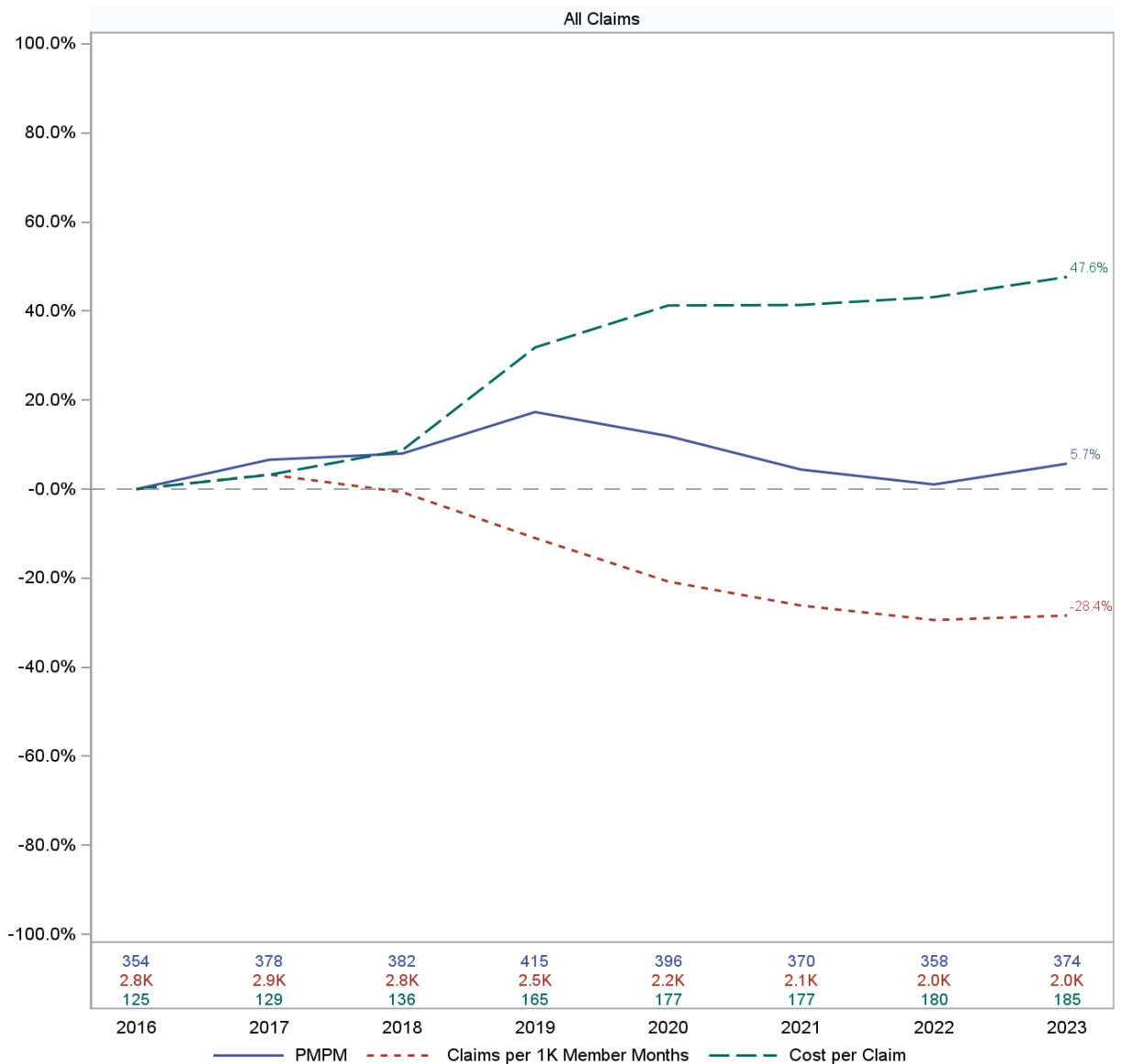
Figure 5: PMPM Claims Cost, Nevada Medicaid (FFS/MCO), CY 2016-2023



Changes to PMPM cost are typically driven either by changes to utilization or by 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 2023 is driven by increases in the average cost per claim. The average cost per claim increased 47.6% overall from 2016 to 2023, with an average annual increase of 6.6% for the most recent five years (2019-2023). Simultaneously, the average number of claims per 1,000 member months declined by 28.4% overall, or at an average annual rate of -6.2% for the most recent five years (2019-2023).

Figure 6: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM, Nevada Medicaid (FFS/MCO), CY 2016-2023



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 Organization (MCO). Nevadans who live in rural and frontier counties are placed in FFS while most urban Nevadans are placed in MCO, with some exceptions. Some Medicaid enrollees, defined as the “carved out” population, are eligible due to being aged (65 years and older), blind, and/or disabled (ABD); members in the home and community-based waiver program; in child welfare; or in the county match program are placed in FFS regardless of where they live.

FFS had a smaller monthly average share of the Medicaid population (26%) compared to members enrolled into an MCO benefit (74%) in 2023. However, FFS members are almost three times more costly on a PMPM basis, with a PMPM claims cost of \$727 in 2023 compared to \$251 for individuals in managed care (Figure 7). This is largely driven by those who are eligible under the carved out population because they are a high-cost subgroup. When excluding those eligible under the carved out population, the FFS PMPM was almost 36% lower in 2023, at \$466 (Figure 8). Even when excluding carved out FFS members, the FFS PMPM is almost double the PMPM cost for MCO members.

PMPM claims cost increased for both FFS and MCO members from 2016 to 2023 but has been consistently decreasing from 2020 to 2023 for FFS. The FFS PMPM, excluding the carved out population, increased by 4.3% from 2016 to 2023, with an average annual decrease of 2.8% for the most recent five years (2019-2023), while the carved out population increased by 7.6% from 2016 to 2023, with an average annual increase of 0.9% for the most recent five years (2019-2023). The MCO PMPM increased by 21.8% over the observed period, with an average annual increase of 1.8% for the most recent five years (2019-2023).

Figure 7: PMPM Claims Cost by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2023

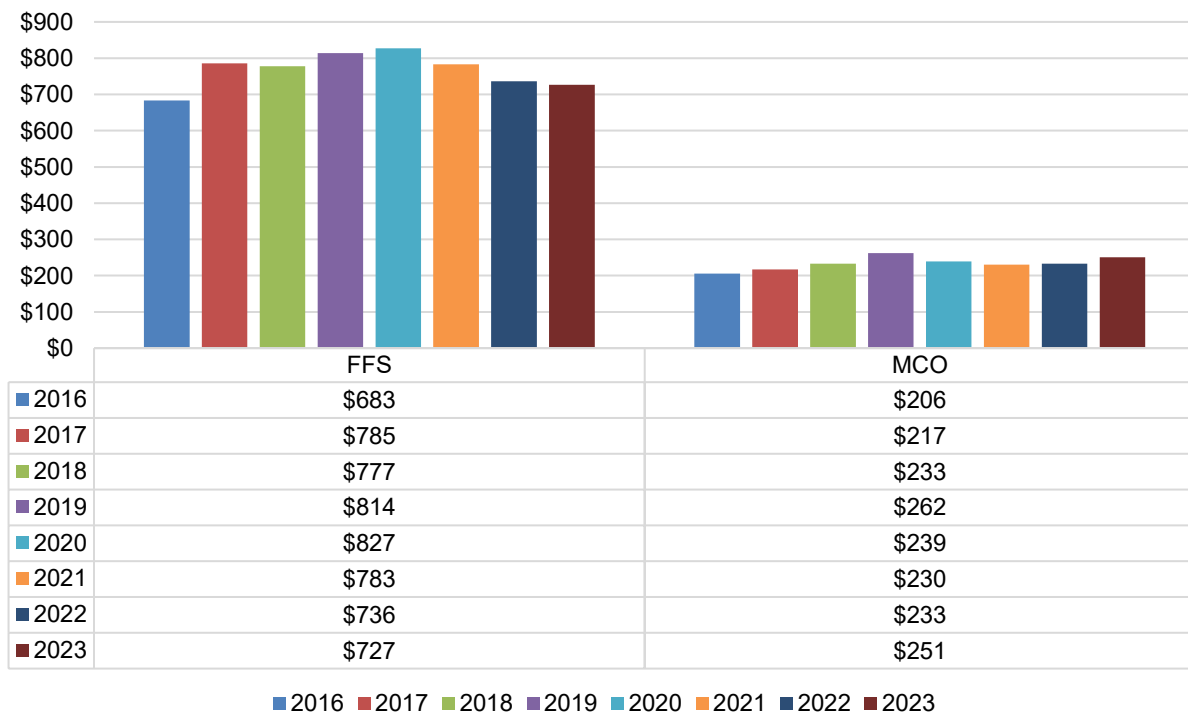
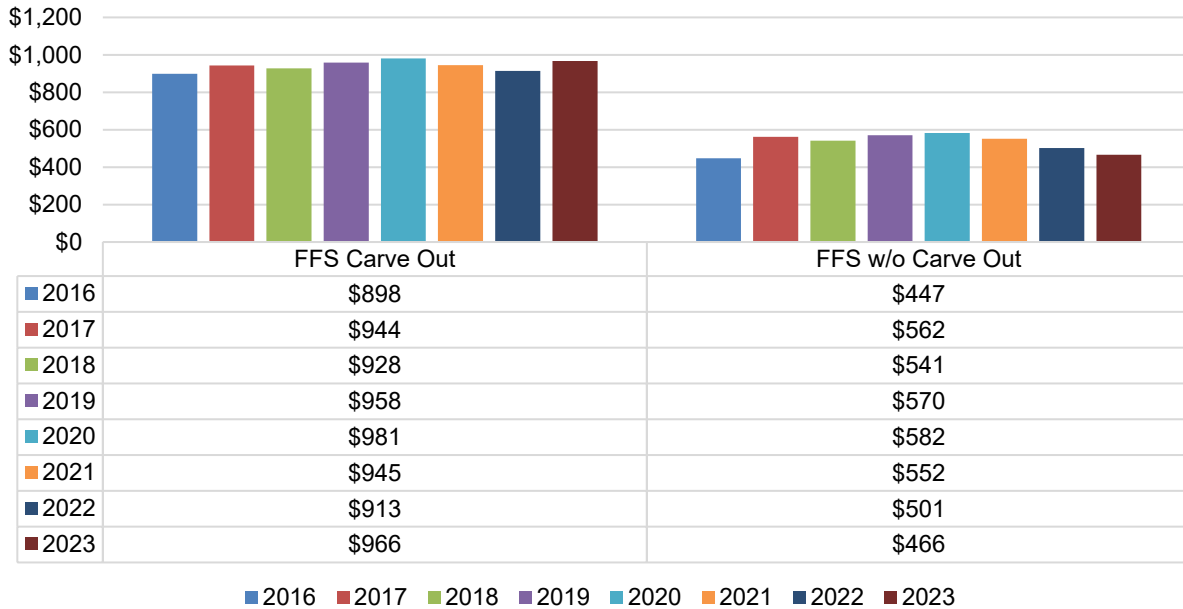


Figure 8: FFS PMPM Claims Cost by Carved Out Status, Nevada Medicaid (FFS Only), CY 2016-2023



Growth in PMPM claims cost in the FFS population, as illustrated in Figure 9, is driven by increases in cost per claim to the magnitude of 74.9% cumulatively from 2016 to 2023, or an average annual increase of 11.0% for the most recent five years (2019-2023). During that same period, the number of claims per 1,000 member months declined by 39.2% overall, with an average annual change of -9.7% for the most recent five years (2019-2023).

Similarly, growth in PMPM claims cost in the MCO population, also illustrated in Figure 9, is driven by increases in cost per claim to the magnitude of 35.7% cumulatively from 2016 to 2023, or an average annual increase of 4.3% for the most recent five years (2019-2023). The number of claims per 1,000 member months declined by 10.1% overall from 2016 to 2023, with an average annual change of -2.4% for the most recent five years (2019-2023).

Figure 9: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Plan, Nevada Medicaid (FFS/MCO), CY 2016-2023



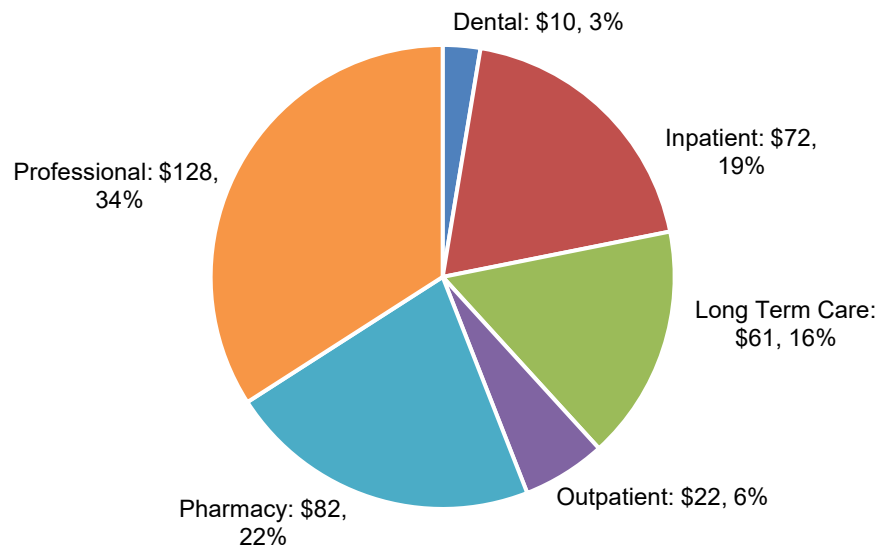
Data Source: Nevada Medicaid Data Warehouse DDM and DSS

## PMPM Claims Cost by Service Type

There are six general categories of health care claims: 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 (34%: \$128 in 2023), followed by retail pharmacy (22%: \$82), inpatient hospital care (19%: \$72), long-term care (16%: \$61), outpatient hospital care (6%: \$22), and dental services (3%: \$10) (see Figure 10).

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 2023



Across all service categories, PMPM claims cost followed an increasing trend until 2019, subsequently declined through 2022, and increased again in 2023 (Figure 11). Figure 12 once more illustrates 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 2016-2023

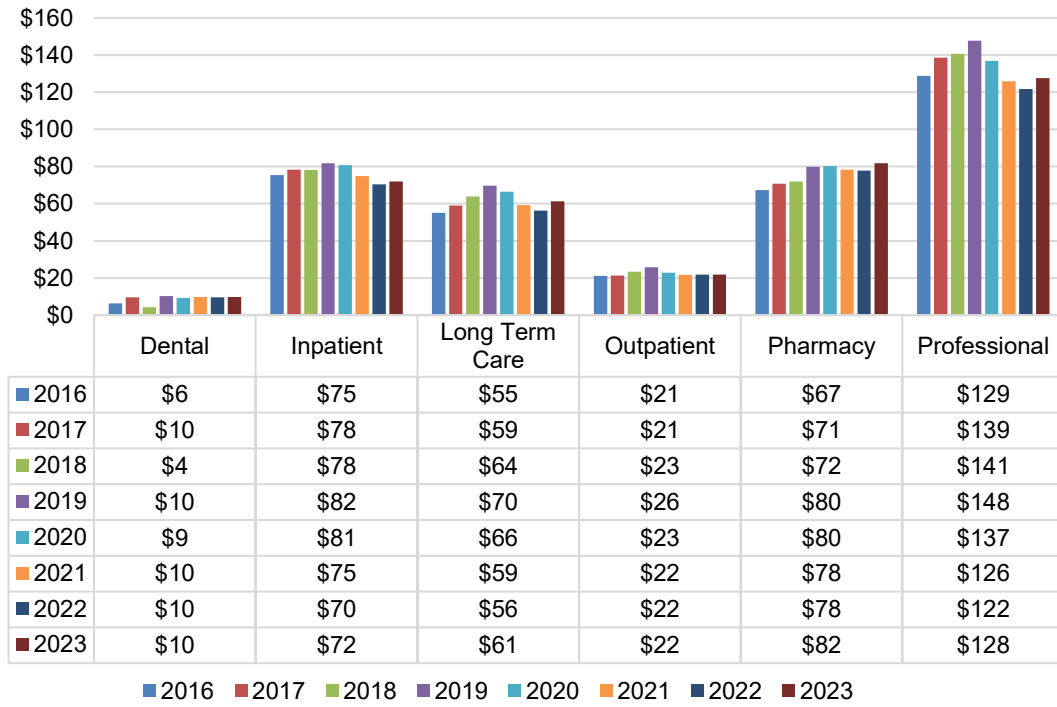


Figure 12: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Service Type, Nevada Medicaid (FFS/MCO), CY 2016-2023



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

Note that the percent change shown in Figure 12 in the dental claim service category is due to a change in billing policy and does not represent a price increase.

## PMPM Claims Cost by Demographics

### Geography

Due to the unique social characteristics of Nevada’s population, reporting is split into the following regions: Washoe County, Clark County, and the rural region, comprised of all other Nevada counties (Carson City, Douglas, Storey, Lyon, Humboldt, Pershing, Churchill, Mineral, Esmeralda, Nye, Elko, Lander, Eureka, White Pine, and Lincoln).

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 81.4% from 2016 to 2023 in rural Nevada,



compared to 50.4% growth in the northern region and 42.9% growth in the southern region. This equates to average annual growth of 11.1%, 7.2%, and 5.8%, respectively for the most recent five-year period (2019-2023).

From 2016 to 2023, 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 40.0% from 2016 to 2023, or an annual decrease of 9.1%. Nevada’s urban regions observed more modest declines in utilization, as shown in Figure 14.

Figure 13: PMPM Claims Cost by Region, Nevada Medicaid (FFS/MCO), CY 2016-2023

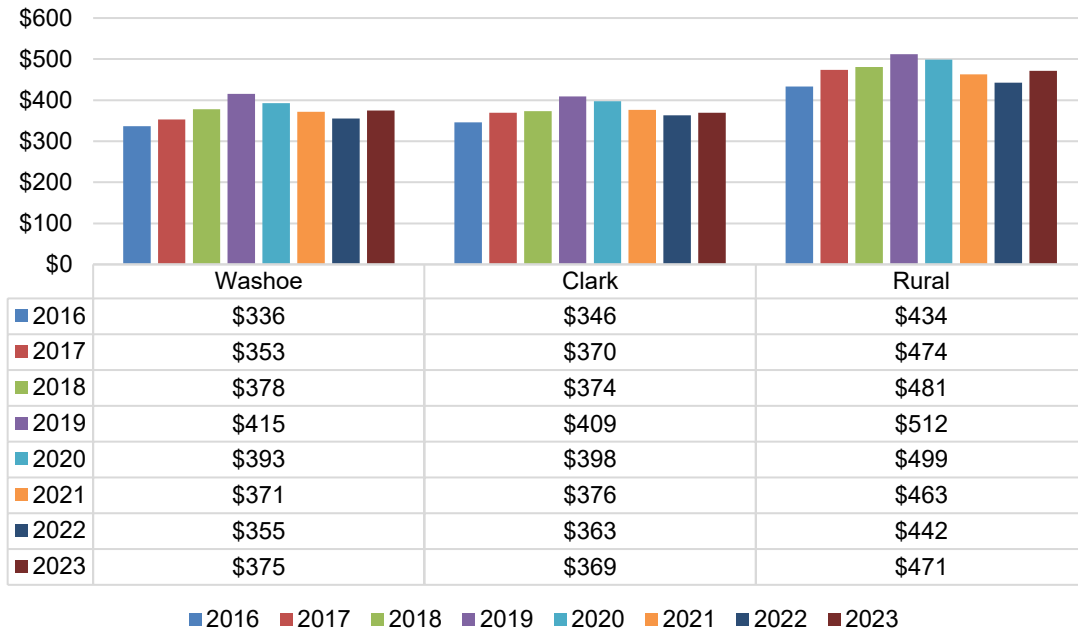


Figure 14: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Region, Nevada Medicaid (FFS/MCO), CY 2016-2023

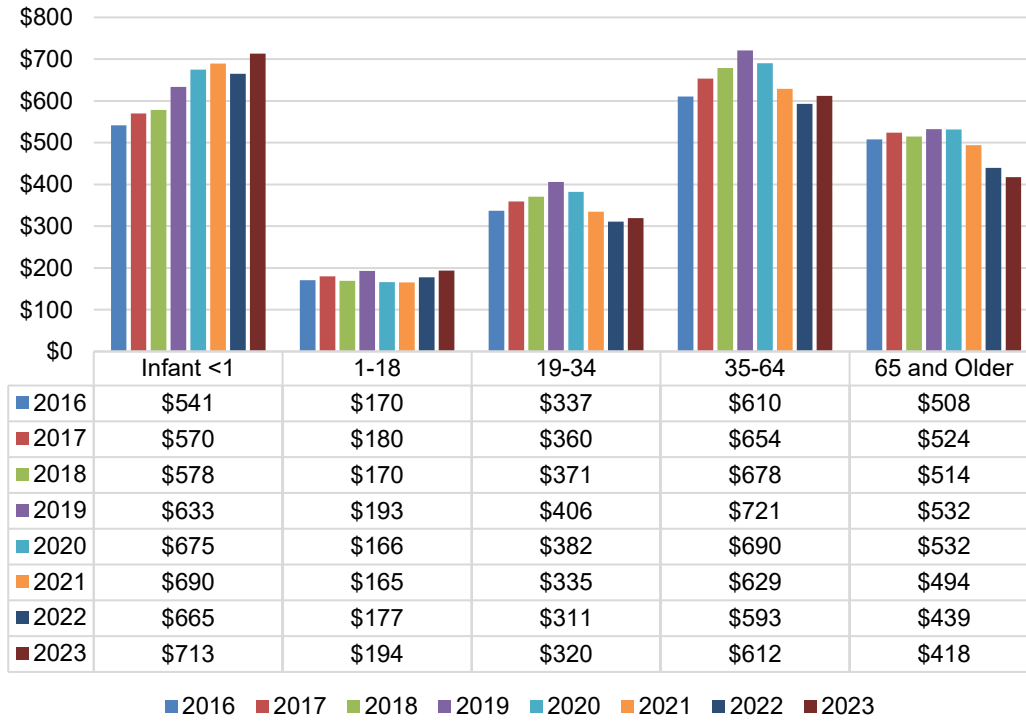


Data Source: Nevada Medicaid Data Warehouse DDM and DSS

### Age

Medicaid claims cost varies by age. Medicaid recipients aged 1-18 had the lowest PMPM claims cost in 2023 (\$194) while infants (younger than 1 year old) had the highest PMPM costs (\$713), followed by adults aged 35 to 64 (\$612) (Figure 15). PMPM claims cost grew from 2016 through 2019 for all age groups, subsequently declined from 2020 to 2022, and then increased in 2023 for all except infants and adults 65 and older. In the infant age group, PMPM claims cost increased from 2016 to 2021 at an average annual rate of 5.0% or a cumulative increase of 27.4% before decreasing in 2022, and then increasing again in 2023.

Figure 15: PMPM Claims Cost by Age, Nevada Medicaid (FFS/MCO), CY 2016-2023



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 16: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim and PMPM by Age, Nevada Medicaid (FFS/MCO), CY 2016-2023



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 \$389 in 2023, compared to \$356 for women (Figure 17). From 2016 to 2023 the PMPM claims cost for Nevada’s male Medicaid members increased by 7.1%, while Nevada’s female Medicaid members’ PMPM cost increased by 2.8%. This equated to average annual decreases of 0.6% and 0.2% respectively, for the most recent five-year period (2019-2023). Like other demographic subdivisions, the average cost per claim is driving increasing PMPM costs (Figure 18).

Figure 17: PMPM Claims Cost by Sex, Nevada Medicaid (FFS/MCO), CY 2016-2023

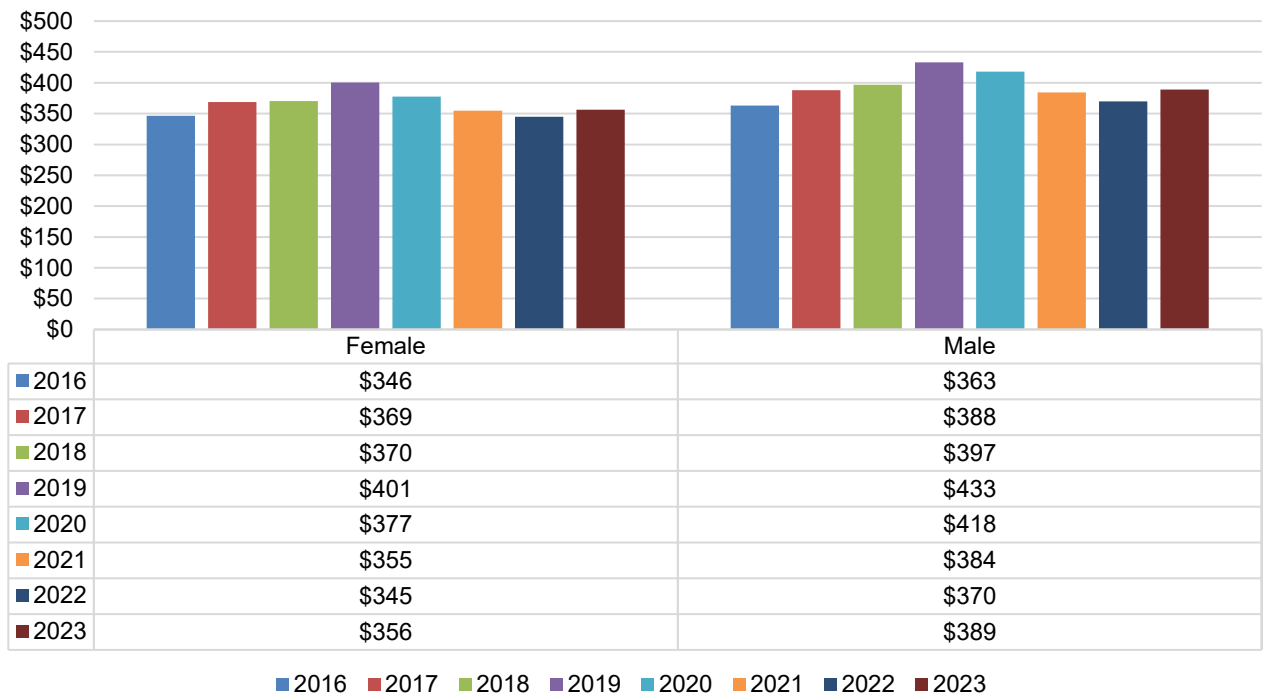
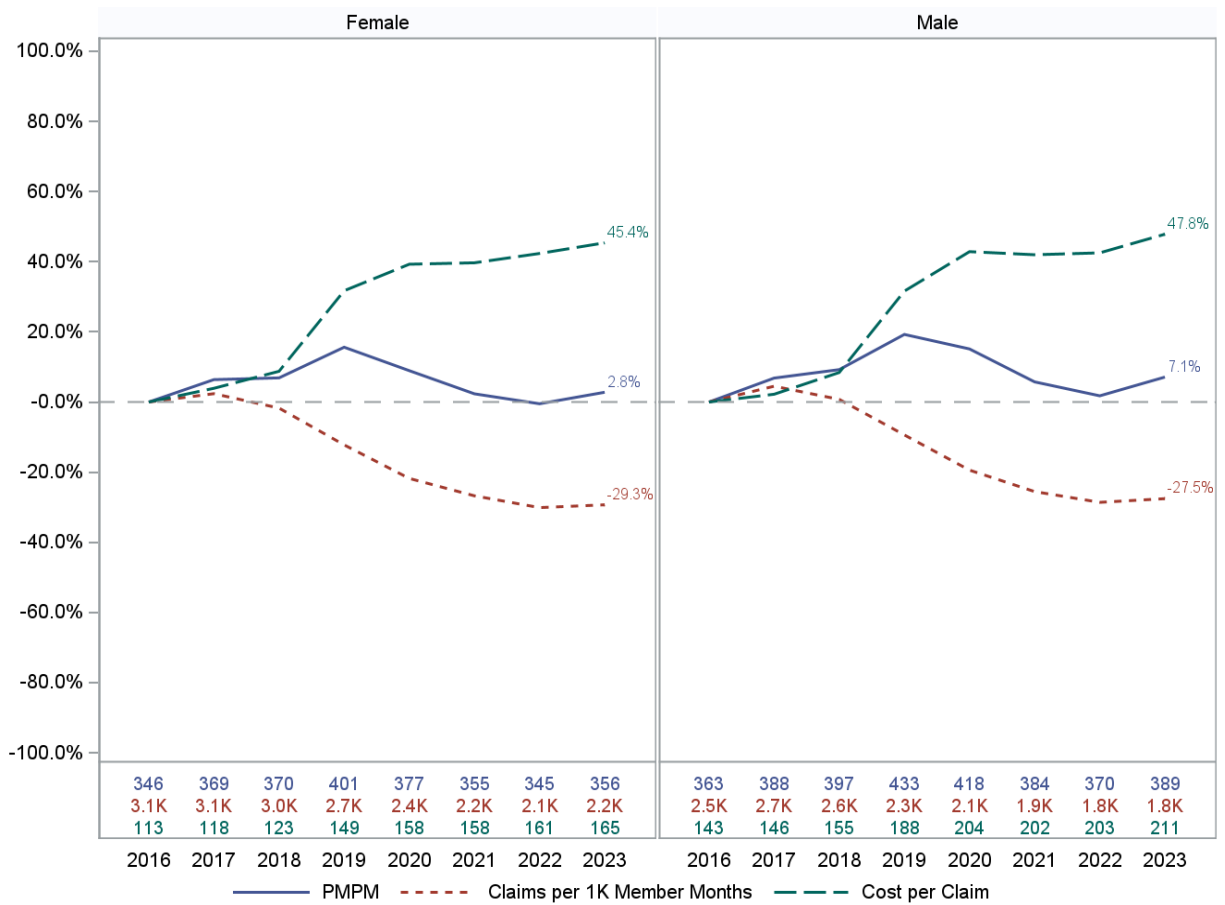


Figure 18: Cumulative Change in Claims per 1,000 Member Months, Cost per Claim, and PMPM by Gender, Nevada Medicaid (FFS/MCO), CY 2016-2023



Data Source: Nevada Medicaid Data Warehouse DDM and DSS

# Appendix

Table 1: Total Medicaid Cost and Utilization Statistics, 2016-2023

Total Medicaid	2016	2017	2018	2019	2020	2021	2022	2023	Cumulative Percent Change	2019-2023 5Y Avg Percent	2021-2023 3Y Avg Percent
	<b>Average Monthly Enrollment</b>	657,877	681,803	693,007	681,387	738,812	855,034	921,275	943,040	43.3%	6.5%
<b>Total Member Months</b>	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
<b>Claim Frequency</b>	22,288,246	23,855,430	23,320,433	20,544,060	19,834,300	21,390,239	22,033,655	22,873,786	2.6%	-0.1%	4.9%
<b>Claims Cost (Paid)</b>	2.8 B	3.1 B	3.2 B	3.4 B	3.5 B	3.8 B	4.0 B	4.2 B	51.5%	5.9%	6.4%
<b>Cost (Paid) per Claim</b>	\$125	\$129	\$136	\$165	\$177	\$177	\$180	\$185	47.6%	6.6%	1.5%
<b>Claims per 1000 Member Months</b>	2,823	2,916	2,804	2,513	2,237	2,085	1,993	2,021	-28.4%	-6.2%	-3.3%
<b>PMPM</b>	\$354	\$378	\$382	\$416	\$396	\$370	\$358	\$374	5.7%	-0.3%	-1.8%

Table 2: Medicaid Cost and Utilization Statistics by Plan Type (FFS/MCO), 2016-2023

Member Months											
	Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	2,454,966	2,305,795	2,285,066	2,277,026	2,372,974	2,586,369	2,750,821	2,934,076	19.5%	5.2%	7.3%
<b>MCO</b>	5,439,560	5,875,846	6,031,014	5,899,614	6,492,774	7,674,034	8,304,483	8,382,399	54.1%	7.0%	9.1%

Claim Frequency											
	Claim Count								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	12,171,785	13,080,809	11,776,656	8,520,961	8,297,136	8,418,526	8,506,322	8,851,161	-27.3%	-4.7%	2.2%
<b>MCO</b>	10,116,461	10,774,621	11,543,777	12,023,099	11,537,164	12,971,713	13,527,333	14,022,625	38.6%	4.1%	6.8%

Claims Cost (Paid)											
	Paid Amount								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	\$1,677,010,666	\$1,810,995,935	\$1,776,503,547	\$1,852,554,889	\$1,963,116,729	\$2,024,798,366	\$2,024,716,636	\$2,132,735,352	27.2%	3.7%	2.8%
<b>MCO</b>	\$1,118,959,147	\$1,277,630,381	\$1,403,784,851	\$1,544,812,347	\$1,551,229,832	\$1,768,573,044	\$1,931,541,224	\$2,103,952,230	88.0%	8.5%	10.7%

Cost (Paid) per Claim											
	Cost Per Claim								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	\$137.78	\$138.45	\$150.85	\$217.41	\$236.60	\$240.52	\$238.02	\$240.96	74.9%	11.0%	0.6%
<b>MCO</b>	\$110.61	\$118.58	\$121.61	\$128.49	\$134.46	\$136.34	\$142.79	\$150.04	35.7%	4.3%	3.7%

Claims per 1000 Member Months											
	Claims per 1,000 Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	4,958.03	5,673.01	5,153.75	3,742.14	3,496.51	3,254.96	3,092.28	3,016.68	-39.2%	-9.7%	-4.8%
<b>MCO</b>	1,859.79	1,833.71	1,914.07	2,037.95	1,776.92	1,690.34	1,628.92	1,672.87	-10.1%	-2.4%	-1.9%

PMPMs											
	PMPM								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
<b>FFS</b>	\$683	\$785	\$777	\$814	\$827	\$783	\$736	\$727	6.4%	-1.3%	-4.2%
<b>MCO</b>	\$206	\$217	\$233	\$262	\$239	\$230	\$233	\$251	22.0%	1.8%	1.8%

Table 3: FFS Medicaid Cost and Utilization Statistics by Carve Out Status, 2016-2023

Member Months											
	Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	1,284,957	1,348,240	1,396,258	1,428,294	1,457,118	1,519,061	1,567,100	1,531,367	19.2%	1.9%	1.7%
FFS w/o Carve Out	1,170,009	957,555	888,808	848,732	915,856	1,067,308	1,183,721	1,402,709	19.9%	9.9%	15.3%

Claim Frequency											
	Claim Count								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	8,751,412	9,159,631	9,050,180	6,587,758	6,345,930	6,231,130	6,140,917	6,227,106	-28.8%	-6.5%	-0.6%
FFS w/o Carve Out	3,420,373	3,921,178	2,726,476	1,933,203	1,951,206	2,187,396	2,365,405	2,624,055	-23.3%	0.6%	10.4%

Claims Cost (Paid)											
	Paid Amount								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	\$1,153,921,287	\$1,272,612,264	\$1,295,519,919	\$1,368,662,773	\$1,429,855,981	\$1,435,231,264	\$1,431,151,756	\$1,479,635,778	28.2%	2.7%	1.2%
FFS w/o Carve Out	\$523,089,379	\$538,383,672	\$480,983,628	\$483,892,116	\$533,260,748	\$589,567,102	\$593,564,880	\$653,099,573	24.9%	6.4%	7.1%

Cost (Paid) per Claim											
	Cost Per Claim								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	\$131.86	\$138.94	\$143.15	\$207.76	\$225.32	\$230.33	\$233.05	\$237.61	80.2%	11.8%	1.8%
FFS w/o Carve Out	\$152.93	\$137.30	\$176.41	\$250.31	\$273.30	\$269.53	\$250.94	\$248.89	62.7%	8.4%	-3.0%

Claims per 1000 Member Months											
	Claims per 1,000 Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	6,810.67	6,793.77	6,481.74	4,612.33	4,355.12	4,101.96	3,918.65	4,066.37	-40.3%	-8.2%	-2.2%
FFS w/o Carve Out	2,923.37	4,094.99	3,067.56	2,277.75	2,130.47	2,049.45	1,998.28	1,870.71	-36.0%	-9.0%	-4.2%

PMPMs											
	PMPM								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
FFS w Carve Out	\$898	\$944	\$928	\$958	\$981	\$945	\$913	\$966	7.6%	0.9%	-0.4%
FFS w/o Carve Out	\$447	\$562	\$541	\$570	\$582	\$552	\$501	\$466	4.1%	-2.8%	-7.2%



Table 4: Medicaid Cost and Utilization Statistics by Service Category, 2016-2023

Member Months											
	Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
Inpatient	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
Long Term Care	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
Outpatient	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
Pharmacy	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%
Professional	7,894,526	8,181,641	8,316,080	8,176,640	8,865,748	10,260,403	11,055,304	11,316,475	43.3%	6.5%	8.6%

Claim Frequency											
	Claim Count								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	838,784	1,648,719	896,421	528,432	444,229	577,622	591,419	580,109	-30.8%	-5.3%	10.2%
Inpatient	123,658	131,387	133,945	128,773	126,308	131,737	131,885	133,102	7.6%	-0.1%	1.8%
Long Term Care	1,234,193	1,403,879	1,476,364	1,219,373	1,180,669	1,159,137	1,198,230	1,276,191	3.4%	-2.5%	2.7%
Outpatient	665,616	686,207	706,295	735,991	668,039	743,608	798,985	792,872	19.1%	2.6%	6.0%
Pharmacy	7,066,664	7,187,347	6,920,420	7,058,455	7,081,304	7,608,823	7,887,574	7,943,148	12.4%	2.8%	3.9%
Professional	12,359,331	12,797,891	13,186,988	10,873,036	10,333,751	11,169,312	11,425,562	12,148,364	-1.7%	-1.2%	5.6%

Claims Cost (Paid)											
	Paid Amount								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	\$49,759,050	\$77,978,038	\$35,568,600	\$84,804,310	\$81,440,985	\$100,232,849	\$106,015,534	\$110,901,104	122.9%	33.6%	11.2%
Inpatient	\$594,955,368	\$640,400,108	\$650,013,747	\$669,068,654	\$715,630,405	\$769,224,737	\$778,840,468	\$815,394,631	37.1%	4.7%	4.5%
Long Term Care	\$434,792,713	\$482,488,076	\$531,607,080	\$570,726,487	\$589,440,150	\$606,755,507	\$623,136,689	\$693,718,377	59.6%	5.5%	5.7%
Outpatient	\$166,877,479	\$174,594,270	\$194,313,110	\$210,283,134	\$202,375,682	\$222,892,910	\$242,372,294	\$246,665,589	47.8%	5.0%	6.9%
Pharmacy	\$532,075,536	\$578,286,184	\$598,263,976	\$653,888,140	\$710,972,633	\$803,396,453	\$860,260,985	\$926,497,392	74.1%	9.2%	9.3%
Professional	\$1,017,509,668	\$1,134,879,641	\$1,170,521,885	\$1,208,596,511	\$1,214,486,707	\$1,290,868,954	\$1,345,631,890	\$1,443,510,488	41.9%	4.3%	5.9%

Cost (Paid) per Claim											
	Cost Per Claim								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	\$59.32	\$47.30	\$39.68	\$160.48	\$183.33	\$173.53	\$179.26	\$191.17	222.3%	64.7%	1.5%
Inpatient	\$4,811.30	\$4,874.15	\$4,852.84	\$5,195.72	\$5,665.76	\$5,839.09	\$5,905.45	\$6,126.09	27.3%	4.8%	2.6%
Long Term Care	\$352.29	\$343.68	\$360.08	\$468.05	\$499.24	\$523.45	\$520.05	\$543.59	54.3%	9.1%	2.9%
Outpatient	\$250.71	\$254.43	\$275.12	\$285.71	\$302.94	\$299.75	\$303.35	\$311.10	24.1%	2.5%	0.9%
Pharmacy	\$75.29	\$80.46	\$86.45	\$92.64	\$100.40	\$105.59	\$109.07	\$116.64	54.9%	6.2%	5.1%
Professional	\$82.33	\$88.68	\$88.76	\$111.16	\$117.53	\$115.57	\$117.77	\$118.82	44.3%	6.4%	0.4%

Claims per 1000 Member Months											
	Claims per 1,000 Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	106.25	201.51	107.79	64.63	50.11	56.30	53.50	51.26	-51.8%	-11.9%	1.1%
Inpatient	15.66	16.06	16.11	15.75	14.25	12.84	11.93	11.76	-24.9%	-6.0%	-6.1%
Long Term Care	156.34	171.59	177.53	149.13	133.17	112.97	108.39	112.77	-27.9%	-8.4%	-5.1%
Outpatient	84.31	83.87	84.93	90.01	75.35	72.47	72.27	70.06	-16.9%	-3.5%	-2.4%
Pharmacy	895.13	878.47	832.17	863.25	798.73	741.57	713.47	701.91	-21.6%	-3.3%	-4.2%
Professional	1,565.56	1,564.22	1,585.72	1,329.77	1,165.58	1,088.58	1,033.49	1,073.51	-31.4%	-7.3%	-2.6%

PMPMs											
	PMPM								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
Dental	\$6	\$10	\$4	\$10	\$9	\$10	\$10	\$10	55.5%	27.6%	2.2%
Inpatient	\$75	\$78	\$78	\$82	\$81	\$75	\$70	\$72	-4.4%	-1.5%	-3.6%
Long Term Care	\$55	\$59	\$64	\$70	\$66	\$59	\$56	\$61	11.3%	-0.5%	-2.3%
Outpatient	\$21	\$21	\$23	\$26	\$23	\$22	\$22	\$22	3.1%	-1.1%	-1.5%
Pharmacy	\$67	\$71	\$72	\$80	\$80	\$78	\$78	\$82	21.5%	2.7%	0.7%
Professional	\$129	\$139	\$141	\$148	\$137	\$126	\$122	\$128	-1.0%	-1.8%	-2.2%

Table 5: Medicaid Cost and Utilization Statistics by Region, 2016-2023

Member Months												
	Member Months									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	997,267	984,135	965,452	939,271	992,329	1,116,395	1,199,819	1,237,758	24.1%	5.2%	7.7%	
02 Clark	5,754,205	6,084,322	6,308,939	6,282,688	6,787,339	7,764,423	8,415,601	8,751,210	52.1%	6.9%	8.9%	
03 Rural	786,681	796,835	799,038	789,539	826,112	916,235	986,660	1,018,000	29.4%	5.0%	7.3%	

Claim Frequency												
	Claim Count									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	2,521,532	2,649,844	2,557,637	2,249,868	2,091,372	2,191,624	2,223,502	2,319,106	-8.0%	-1.7%	3.5%	
02 Clark	16,167,017	17,717,354	17,604,135	16,186,403	15,874,077	17,261,235	17,782,653	18,347,952	13.5%	1.0%	5.0%	
03 Rural	2,619,804	2,664,514	2,640,082	1,956,301	1,839,445	1,891,192	1,936,741	2,032,481	-22.4%	-4.3%	3.4%	

Claims Cost (Paid)												
	Paid Amount									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	\$335,463,837	\$347,634,509	\$364,951,020	\$389,934,340	\$389,927,200	\$414,706,620	\$425,894,506	\$464,100,063	38.3%	5.0%	6.0%	
02 Clark	\$1,992,498,495	\$2,249,138,246	\$2,357,013,714	\$2,569,681,698	\$2,698,123,801	\$2,921,291,934	\$3,056,872,305	\$3,230,597,496	62.1%	6.5%	6.2%	
03 Rural	\$341,049,924	\$377,515,605	\$384,265,343	\$403,910,882	\$412,268,267	\$423,784,576	\$436,404,014	\$479,878,639	40.7%	4.6%	5.2%	

Cost (Paid) per Claim												
	Cost Per Claim									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	\$133.04	\$131.19	\$142.69	\$173.31	\$186.45	\$189.22	\$191.54	\$200.12	50.4%	7.2%	2.4%	
02 Clark	\$123.24	\$126.95	\$133.89	\$158.76	\$169.97	\$169.24	\$171.90	\$176.07	42.9%	5.8%	1.2%	
03 Rural	\$130.18	\$141.68	\$145.55	\$206.47	\$224.13	\$224.08	\$225.33	\$236.10	81.4%	11.1%	1.8%	

Claims per 1000 Member Months												
	Claims per 1,000 Member Months									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	2,528.44	2,692.56	2,649.16	2,395.33	2,107.54	1,963.13	1,853.20	1,873.63	-25.9%	-6.6%	-3.8%	
02 Clark	2,809.60	2,911.97	2,790.35	2,576.35	2,338.78	2,223.12	2,113.06	2,096.62	-25.4%	-5.5%	-3.6%	
03 Rural	3,330.20	3,343.87	3,304.08	2,477.78	2,226.63	2,064.09	1,962.93	1,996.54	-40.0%	-9.1%	-3.5%	

PMPMs												
	PMPM									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
01 Washoe	\$336	\$353	\$378	\$415	\$393	\$371	\$355	\$375	11.5%	0.0%	-1.4%	
02 Clark	\$346	\$370	\$374	\$409	\$398	\$376	\$363	\$369	6.6%	-0.1%	-2.4%	
03 Rural	\$434	\$474	\$481	\$512	\$499	\$463	\$442	\$471	8.7%	-0.2%	-1.7%	

Table 6: Medicaid Cost and Utilization Statistics by Age Group, 2016-2023

Member Months											
	Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	267,643	270,495	266,176	255,098	250,092	245,438	241,685	236,550	-11.6%	-2.3%	-1.8%
02 1-18	3,416,145	3,514,014	3,560,228	3,478,647	3,660,387	4,086,278	4,259,545	4,249,851	24.4%	3.7%	5.2%
03 19-34	1,659,993	1,727,074	1,740,686	1,686,497	1,907,867	2,347,123	2,592,499	2,660,981	60.3%	9.2%	12.0%
04 35-64	2,088,548	2,171,101	2,214,009	2,191,448	2,440,058	2,908,961	3,213,307	3,353,431	60.6%	8.9%	11.3%
05 65 and Older	462,197	498,957	534,981	564,950	607,344	672,603	748,268	815,662	76.5%	8.8%	10.3%

Claim Frequency											
	Claim Count								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	496,393	486,380	487,835	461,721	385,675	384,124	389,531	374,656	-24.5%	-4.9%	-0.9%
02 1-18	5,017,111	5,819,585	5,069,465	4,349,261	3,548,551	4,105,177	4,538,882	4,630,847	-7.7%	-0.9%	9.4%
03 19-34	3,892,827	4,078,769	4,079,454	3,826,040	3,866,515	4,257,049	4,273,410	4,411,961	13.3%	1.7%	4.6%
04 35-64	10,269,762	10,746,573	10,868,133	9,798,726	9,962,162	10,599,092	10,753,966	11,280,259	9.8%	0.9%	4.2%
05 65 and Older	2,612,153	2,724,123	2,815,546	2,108,312	2,071,397	2,044,797	2,077,866	2,176,063	-16.7%	-4.4%	1.7%

Claims Cost (Paid)											
	Paid Amount								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	\$144,918,578	\$154,187,562	\$153,853,553	\$161,556,909	\$168,857,408	\$169,276,616	\$160,718,458	\$168,718,615	16.4%	1.9%	0.1%
02 1-18	\$581,889,438	\$633,091,266	\$603,653,727	\$671,174,670	\$608,744,718	\$675,917,433	\$755,981,337	\$823,085,887	41.5%	6.7%	10.6%
03 19-34	\$559,378,426	\$621,001,389	\$645,701,279	\$684,034,559	\$729,068,012	\$785,700,971	\$805,892,421	\$850,290,109	52.0%	5.7%	5.3%
04 35-64	\$1,275,046,650	\$1,419,002,930	\$1,501,898,774	\$1,579,926,916	\$1,684,702,411	\$1,830,378,986	\$1,904,883,676	\$2,053,813,572	61.1%	6.5%	6.8%
05 65 and Older	\$234,736,721	\$261,343,170	\$275,181,064	\$300,674,181	\$322,974,012	\$332,097,404	\$328,781,967	\$340,779,399	45.2%	4.4%	1.8%

Cost (Paid) per Claim											
	Cost Per Claim								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	\$291.94	\$317.01	\$315.38	\$349.90	\$437.82	\$440.68	\$412.59	\$450.33	54.3%	7.9%	1.1%
02 1-18	\$115.98	\$108.79	\$119.08	\$154.32	\$171.55	\$164.65	\$166.56	\$177.74	53.2%	8.9%	1.3%
03 19-34	\$143.69	\$152.25	\$158.28	\$178.78	\$188.56	\$184.56	\$188.58	\$192.72	34.1%	4.1%	0.8%
04 35-64	\$124.16	\$132.04	\$138.19	\$161.24	\$169.11	\$172.69	\$177.13	\$182.07	46.6%	5.8%	2.5%
05 65 and Older	\$89.86	\$95.94	\$97.74	\$142.61	\$155.92	\$162.41	\$158.23	\$156.60	74.3%	11.2%	0.2%

Claims per 1000 Member Months											
	Claims per 1,000 Member Months								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	1,854.68	1,798.11	1,832.75	1,809.97	1,542.13	1,565.06	1,611.73	1,583.83	-14.6%	-2.7%	0.9%
02 1-18	1,468.65	1,656.11	1,423.92	1,250.27	969.45	1,004.62	1,065.58	1,089.65	-25.8%	-4.5%	4.0%
03 19-34	2,345.09	2,361.66	2,343.59	2,268.63	2,026.62	1,813.73	1,648.37	1,658.02	-29.3%	-6.6%	-6.3%
04 35-64	4,917.18	4,949.83	4,908.80	4,471.35	4,082.76	3,643.60	3,346.70	3,363.80	-31.6%	-7.2%	-6.1%
05 65 and Older	5,651.60	5,459.63	5,262.89	3,731.86	3,410.58	3,040.12	2,776.90	2,667.85	-52.8%	-12.2%	-7.8%

PMPMs											
	PMPM								Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023			
01 Infant <1	\$541	\$570	\$578	\$633	\$675	\$690	\$665	\$713	31.7%	4.4%	1.9%
02 1-18	\$170	\$180	\$170	\$193	\$166	\$165	\$177	\$194	13.7%	3.2%	5.3%
03 19-34	\$337	\$360	\$371	\$406	\$382	\$335	\$311	\$320	-5.2%	-2.6%	-5.6%
04 35-64	\$610	\$654	\$678	\$721	\$690	\$629	\$593	\$612	0.3%	-1.9%	-3.8%
05 65 and Older	\$508	\$524	\$514	\$532	\$532	\$494	\$439	\$418	-17.7%	-3.9%	-7.7%

Table 7: Medicaid Cost and Utilization Statistics by Sex, 2016-2023

Member Months												
	Member Months									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	4,274,255	4,436,928	4,517,923	4,450,621	4,823,096	5,548,466	5,940,443	6,042,912		41.4%	6.1%	7.9%
<b>Male</b>	3,620,254	3,744,709	3,798,152	3,726,018	4,042,651	4,711,927	5,114,855	5,273,563		45.7%	7.0%	9.4%

Claim Frequency												
	Claim Count									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	13,059,573	13,879,393	13,565,243	11,936,864	11,526,375	12,420,021	12,687,151	13,053,426		-0.0%	-0.5%	4.3%
<b>Male</b>	9,228,514	9,975,885	9,755,055	8,607,052	8,304,727	8,944,890	9,309,937	9,739,621		5.5%	0.2%	5.5%

Claims Cost (Paid)												
	Paid Amount									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	\$1,480,798,270	\$1,635,350,915	\$1,672,967,241	\$1,782,917,063	\$1,820,396,193	\$1,967,283,601	\$2,047,906,072	\$2,151,904,570		45.3%	5.2%	5.7%
<b>Male</b>	\$1,315,153,806	\$1,453,238,195	\$1,507,286,455	\$1,614,397,400	\$1,690,901,022	\$1,809,992,010	\$1,891,039,801	\$2,052,059,030		56.0%	6.4%	6.7%

Cost (Paid) per Claim												
	Cost Per Claim									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	\$113.39	\$117.83	\$123.33	\$149.36	\$157.93	\$158.40	\$161.42	\$164.85		45.4%	6.2%	1.4%
<b>Male</b>	\$142.51	\$145.68	\$154.51	\$187.57	\$203.61	\$202.35	\$203.12	\$210.69		47.8%	6.7%	1.2%

Claims per 1000 Member Months												
	Claims per 1,000 Member Months									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	3,055.40	3,128.15	3,002.54	2,682.07	2,389.83	2,238.46	2,135.72	2,160.12		-29.3%	-6.3%	-3.3%
<b>Male</b>	2,549.13	2,663.99	2,568.37	2,309.99	2,054.28	1,898.35	1,820.18	1,846.88		-27.5%	-6.3%	-3.4%

PMPMs												
	PMPM									Cumulative Percent Change	2019-2023 5Y Avg Percent Change	2021-2023 3Y Avg Percent Change
	2016	2017	2018	2019	2020	2021	2022	2023				
<b>Female</b>	\$346	\$369	\$370	\$401	\$377	\$355	\$345	\$356		2.8%	-0.6%	-1.8%
<b>Male</b>	\$363	\$388	\$397	\$433	\$418	\$384	\$370	\$389		7.1%	-0.2%	-2.2%