CardinalCare
Virginia's Medicaid Program

External Finance Review Committee (EFRC) Meeting

October 29, 2026

DMAS

Agenda

- Budget & Enrollment Review
- Key Program & Policy Updates
- MCO Claims Expense and Utilization Review

EFRC Meeting Requirements
2026 Appropriation Act

Item 295.C.4. The Department of Medical Assistance Services (DMAS) shall convene a meeting three times each fiscal year with the Secretary of Finance, Secretary of Health and Human Resources, or their designees, and appropriate staff from the Department of Planning and Budget, House Appropriations and Senate Finance and Appropriations Committees, and Joint Legislative Audit and Review Commission, to monitor Medicaid expenditures and enrollment growth to determine the program's financial status. At each meeting, DMAS shall report on expenditures (at the service level of detail) and enrollment in the Medicaid and children's health insurance programs to explain any material differences in expenditures compared to the official Medicaid forecast or children's health insurance programs forecasts, adjusted to reflect budget actions from each General Assembly Session. In addition, DMAS shall report on enrollment trends by eligibility category and indicate differences in actual enrollment as compared to the most recent forecast of enrollment. If expenditures are exceeding the budget for Medicaid or the children's health insurance programs, the department shall provide options to bring expenditures in line with available resources. At each meeting, DMAS shall provide an update on any changes to the managed care programs, or contracts with managed care organizations, that includes detailed information and analysis on any such changes that may have an impact on the capitation rates or overall fiscal impact of the programs, including changes that may result in savings. In addition, DMAS shall provide an analysis at each meeting on spending and utilization trends within the managed care programs with a focus on trends that indicate higher growth than was anticipated in the capitation rates. During each fiscal year, the meetings shall be held in April, July, and October of each year to review the time period since the last meeting.

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Budget & Enrollment Review

Cat Pelletier

Chief Financial Officer

DMAS

FY27 Budget to YTD Actuals Through 9/30/26 by Service Level

Expenditures	FY 2027 Appropriation	FY 2027 YTD Actuals	Appropriation Remaining	% Remaining
Pre-Trial, Trial and Appellate Processes (32100)	12,547,113	3,836,140	8,710,973	69.0%
Children's Health Insurance Program Delivery (44600)	504,290,099	152,993,761	351,296,339	69.7%
Medicaid Program Services (45600)	29,142,935,410	8,092,659,431	21,050,275,979	72.2%
Medical Assistance Services (Non-Medicaid) (46400)	821,702	17,889	803,813	97.8%
Medical Assistance Services for Low Income Children (46600)	322,834,597	106,697,661	216,136,936	66.9%
Total Expenditures	**29,983,428,921**	**8,356,204,882**	**21,627,224,040**	**72.1%**

Funding Sources				
General Funds	8,540,135,777	2,547,889,835	5,992,245,942	70.2%
Special	9,512,946	292,480	9,220,466	96.9%
Dedicated Special Revenue	2,904,412,768	588,472,438	2,315,940,331	79.7%
Federal Funds	18,529,367,430	5,219,550,129	13,309,817,301	71.8%
Total Funding Sources	**29,983,428,921**	**8,356,204,882**	**21,627,224,040**	**72.1%**

FY27 Budget to YTD Actuals Through 9/30/26
Base Medicaid

Expenditures	FY 2027 Appropriation	FY 2027 YTD Actuals	Appropriation Remaining	% Remaining
General Medical Care: Managed Care	10,670,608,817	3,509,523,520	7,161,085,297	67.1%
General Medical Care: Fee-For-Service (FFS)	1,966,510,456	446,058,433	1,520,452,023	77.3%
Behavioral Health & Rehab Services: FFS	42,539,788	8,817,857	33,721,931	79.3%
Long-term Care Services: FFS	3,357,776,605	852,969,653	2,504,806,952	75.0%
Supplemental Payments	1,029,287,007	251,388,405	777,898,602	75.6%
Private Hospital Enhanced Supplemental Payments	3,146,415,131	469,935,238	2,676,479,893	85.1%
Total Forecasted Medicaid Expenditures	**20,213,137,804**	**5,538,693,106**	**14,674,444,698**	**72.6%**

FY27 Budget to YTD Actuals Through 9/30/26 Medicaid Expansion

Expenditures	FY 2027 Appropriation	FY 2027 YTD Actuals	Appropriation Remaining	% Remaining
General Medical Care: Managed Care	5,278,263,514	1,871,146,482	3,407,117,032	64.6%
General Medical Care: Fee-For-Service (FFS)	582,472,902	138,950,834	443,522,068	76.1%
Behavioral Health & Rehab Services: FFS	17,196,708	6,903,056	10,293,652	59.9%
Long-term Care Services: FFS	157,622,989	36,353,901	121,269,088	76.9%
Supplemental Payments	287,218,375	38,435,044	248,783,331	86.6%
Private Hospital Enhanced Supplemental Payments	2,439,078,969	500,395,865	1,938,683,104	79.5%
Total Forecasted Medicaid Expenditures	**8,761,853,457**	**2,592,185,181**	**6,169,668,275**	**70.4%**

Enrollment as of 10/01/2026

		Last Year's Forecast	Actual Enrollment	Variance
Medicaid	Non-Long Term Care (LTC)	149,501	147,197	(2,304)
	LTC Nursing Facilities	17,918	17,900	(18)
	LTC HCBS + DD	67,301	66,199	(1,102)
	Caretaker Adults	115,343	106,024	(9,319)
	Pregnant Women	27,889	28,358	469
	Children	506,130	494,860	(11,270)
	Expansion – Caretaker	102,320	98,758	(3,562)
	Expansion – Non-Caretaker	354,370	350,830	(3,540)
	Title XIX Total	**1,570,004**	**1,542,421**	**(27,583)**
CHIP	MCHIP	87,405	85,618	(1,787)
	FAMIS Children	95,915	87,152	(8,763)
	FAMIS MOMS	5,129	4,551	(578)
	Title XXI Total	**192,995**	**181604**	**(11,391)**
	Total Enrollment	**1,762,999**	**1,724,025**	**(38,974)**



- Total enrollment is decreasing
- Enrollment is continuing to shift to higher acuity members

CardinalCare
Virginia's Medicaid Program

Key Program & Policy Updates

Tammy Whitlock, Deputy for Complex Care

DMAS

Agenda

Deputy Whitlock: Key Program & Policy Updates

- Behavioral Health
- HCBS Waiver & LTSS
- July 2026 Managed Care Contract Changes
- Maternal & Child Health
- Provider Enrollment Revalidation

Behavioral Health Updates

Behavioral Health Implementation Updates

- Behavioral Health Redesign
- 5121 Re-Entry Targeted Case Management
- ASAM 4th Edition
- ABA Provisional Diagnosis
- 4-hour Mobile Crisis Limit and Elimination of Community Stabilization
- 1115 Waiver
- CCBHC Study

Behavioral Health Redesign Update/Timeline

- DBHDS regulation for all new licenses are final and licensing applications are open
  - Over 50 applications have been received and are in review
- Final policy changes based on additional stakeholder input are being finalized
- Providers can plan for July 1, 2027 ”Go-Live” with all steps communicated in a memo in September
- FFS/Systems and Managed Care Implementations are in progress
- Over 200 licensed or license-eligible staff have been trained in the core Evidence Based Practices (264 completed or in progress). The modules for QMHP training are nearing completion.

ASAM 4th edition

- DMAS is planning a phased implementation of the 4th Edition of the ASAM Criteria beginning on July 1, 2027. ASAM 4 incorporates significant changes that will be incorporated into the Addiction and Recovery Treatment Services benefit
  - Only budget neutral changes or changes expected to result in savings will be implemented under existing authority
- Changes in ASAM 4 include incorporating Office-Based Addiction Treatment programs into the continuum of care, an updated Multidimensional Assessment that should be easier to use for determining the most appropriate level of care, and a clinical services requirement for level of care 3.1 that ends the concurrent billing allowance for 3.1 along with 2.5/2.1 (PHP/IOP)

Mobile Crisis and Community Stabilization: Update/Timeline

Initial Member & Provider Outreach about service reduction *(CMS Requirement)*

July **2026**

Second Notice Upon CMS Approval with Actual Effective Date

SPA Changes Submitted to CMS
August 2026

SPA Under Review by CMS
Additional data requested and an implementation date. DMAS is responding.
September – October 2026

Policy Manual Changes, Posting
November 2026

Anticipated implementation

Community Stabilization January 1, 2027

Mobile Crisis January 1, 2027

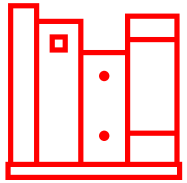
ABA Changes and Workgroup: Update/Timeline

- SPA Changes
  - SPA update for GA-directed changes has been submitted and are currently under review
  - Workgroup in progress, which could inform future potential changes or the details within the GA-directed changes



July 2026: Initial Member outreach about service reduction (CMS Requirement)

Second Notice Upon CMS Approval with Actual Effective Date



September **2026: Policy Manual & Communicate date for implementation**

Policy manual currently posted for 30- day formal public comment which closes soon



September 2026: Launched **ABA Workgroup (291 WW.3)**

Will meet 6 times prior to the end of the calendar year

1115 Waiver- Renewal and New SMI Program

- Virginia received approval for the 1115 waiver which covers:
  - ARTS Residential Services
  - Former Foster Youth
  - NEW Serious Mental Illness (SMI) Waiver
    - Provides coverage of residential Crisis Stabilization and inpatient hospitalization for adults 21-64 when provided in Institutes of Mental Disease (IMDs)
    - Current status: Waiver approved; draft implementation plan submitted to CMS; tentative goal to begin coverage in January, 2027

HCBS Waiver & LTSS Updates

2026 General Assembly Mandates: HCBS Waiver Amendments

- Standardize Hourly HCBS Waiver Limits: ***291.MMMMM***
- Remove Caregiver Exemption for Electronic Visit Verification: ***291.NNNNN***
- Incorporate Service Facilitation into fiscal agent contract: ***295.PP***
- Implement specific LTSS Screening tool for Children- ***295.OO***

HCBS Waiver: Implementation Dependencies

Steps to implement Waiver items following budget approval:

- **Public Comment Period**:
  - DMAS published the draft waiver amendments to the Virginia Regulatory Town Hall for a mandatory 30-day public comment window from September 17, 2026 to October 17, 2026.
  - Mandatory 30-day tribal comment period for draft waiver amendments started October 1, 2026 and runs through October 31, 2026.

- **CMS Submission and Review:**
  - Following comment periods, Waiver Amendments are submitted to the Centers for Medicare & Medicaid Services (CMS). CMS has up 90-days to review. If CMS requests more information, this extends time for approval.

- **Operational Readiness and Go-Live**:
  - Upon receiving CMS approval, DMAS will issue official provider communications, update policy manuals/bulletins, execute necessary system modifications, and finalize contract revisions with Fiscal/Employer Agents (F/EAs). Policy changes will formally take effect once system testing is complete.

HCBS Waiver - Implementation Updates

Remove Caregiver Exemption for EVV

Mandate EVV for all caregivers: Went into effect on October 1, 2026

Technical Assistance Period until December 31, 2026.

LTSS Screening for Children

Launch child assessment tool by **January 2027**

- DMAS & VDH Collaborating and Exploring other LTSS tools

Standardize Hourly HCBS Waiver Limits

Integrate soft caps by **January 2027** pending CMS Waiver Amendment Approval

- Aligning DD waivers with the Commonwealth Coordinated Care Plus waiver by implementing a 56-hour soft limit on personal care and assistance services.

Incorporating **SF into service broker**

Consolidate service facilitation and start service brokers. Proposing a regional rollout to start service brokers on March 1, 2027 pending CMS waiver amendment approval.

Program for All-Inclusive Care for the Elderly (PACE)

- Current enrollment 2,425
- Seven (7) PACE providers provide services in 15 PACE locations across Virginia.

PACE Provider	Site(s)
Appalachian Agency for Senior Citizens	Cedar Bluff (AllCare), Marion and Bristol (Mount Rogers)
Blue Ridge Independence at Home	Winchester
Cherry Blossom	Alexandria
Centra	Lynchburg, Farmville and Gretna
InnovAge	Salem (Roanoke Valley), Charlottesville (Blue Ridge), Richmond and Peninsula
Mountain Empire	Big Stone Gap
Sentara	Norfolk and Portsmouth

- Work is currently underway to expand PACE to the Shenandoah region via a competitive procurement of a new PACE provider (2026 Budget Item 295 UU)

Managed Care Contract Updates

July 1, 2026 Managed Care Contract: Key Changes

- Updated HR1 Related CCMC Contract Language.
  - Updates include incorporating Final Rule and updating MCO member outreach expectations and requirements.
- Added General Assembly Required Language.
  - Cell & Gene Therapy for Sickle Cell Disease;
  - Laboratory and X-Ray Services prohibited restrictions on in-network referrals; and
  - Placeholder language for Support Broker Services (pending CMS approval of 1915(c) Waiver approval)

Maternal & Child Health

2026 General Assembly Mandates Maternal Health Updates

Midwifery Workgroup (Item 295 XX)

- First workgroup meeting held on October 5, 2026. The General Assembly report is due December 1, 2027.

Remote Patient Monitoring (HB 425)

- DMAS is developing implementation guidance for remote patient monitoring for members of advanced maternal age. Draft report is in progress. The General Assembly report is due November 1, 2026.

Foster Care Specialty Plan Update

First Year Highlights & Findings:

- **19,208 distinct members**, with an active census of approximately 16,500 members.
- Anthem completed **targeted in-person engagement** with 90% of LDSS offices, including 100% of localities serving the most youth.
- Across FCSP populations, **follow-up after behavioral health events** reached 56.5% within 7 days and 73.4% within 30 days. Low-acuity emergency department utilization declined from 8.3% to 4.7% from January through August 2026.
- **Embedded FCSP care management** within selected LDSS offices and **interdisciplinary care team meetings** have shown promise as best practice models for earlier and real-time collaboration, problem solving, and coordinated care planning.
- First-Line Psychosocial Care for Children and Adolescents on Antipsychotics reached 81.7% in 2026 FCSP quality reporting, indicating **strong psychosocial-care use** among members receiving antipsychotic medication.

Provider Enrollment & Revalidation

Provider Enrollment Revalidation Update

- CMS is requiring states to increase oversight of high-risk Medicaid providers.
- Accelerating revalidation for 808 high-risk providers
  - Transitioning from a **5-year to a 3-year** revalidation cycle.
- Operational Readiness
  - Coordinating MES system configuration, provider enrollment vendor activities, and implementation planning.
  - System changes planned **to be in place no later than December 2026.**
  - First CMS Provider Revalidation Quarterly Report submitted October 2026.
  - DMAS Provider Bulletin forthcoming.

New 3-year revalidation cycle for the following high-risk provider types:
1. Nursing Facilities (NF)
2. Durable Medical Equipment (DME)
3. Hospice
4. Home Health
5. Orthopedic and Prosthetic Devices
6. Doula Services

CardinalCare
Virginia's Medicaid Program

Analytic Insights

Rich Rosendahl

Chief Analytics Officer

Updated with Claims data through June 30, 2026

DMAS

Quick Takeaways

1. Compared to FY25, FY26 PMPM up 11% due mostly to increases in claim volume
   - Utilization up (+8%), Cost per claim up (+2%)
   - Second half of FY26 was stable as previously reported FY25 vs. FY26 (with paid claims through December 2025) PMPM was up 10%

2. Agency Directed Personal Care services, $1.2B in FY26, continues to be the number one service by cost and is up 11.8% from FY25
   - Same service raw cost increased 25% from FY24 to FY25

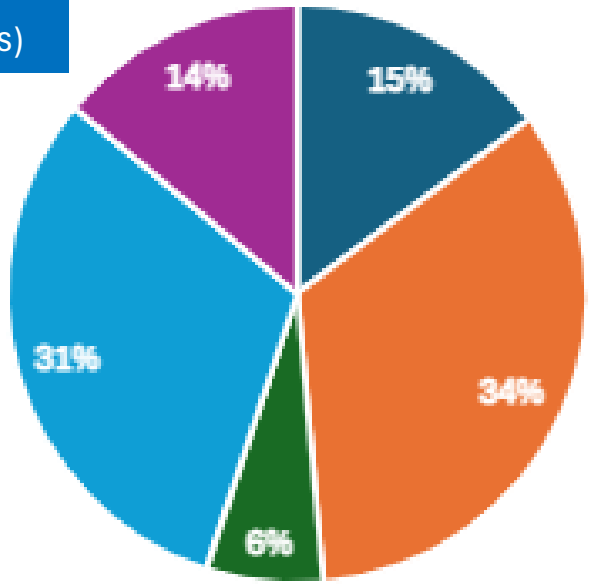
3. Already observing significant prescription drug expense decreases due to preferring biosimilar in two perennial top five drugs

MCO Enrollment (October 2026)

- October 1, 2026, enrollment at 1,874,863
  - 1,643,889 are enrolled in Managed Care
  - 230,974 are Fee for Service (Full or Limited Benefits)

Within United's population, they have a higher percentage of Aged Adults (12%), representing 29% of all Aged Adults in Managed Care

Sentara, the second largest MCO, has a higher percentage of children (48%) compared to the other MCOs (33-44%); Sentara covers 36% of all Children enrolled in Managed Care



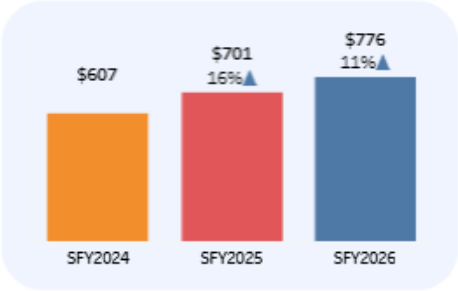
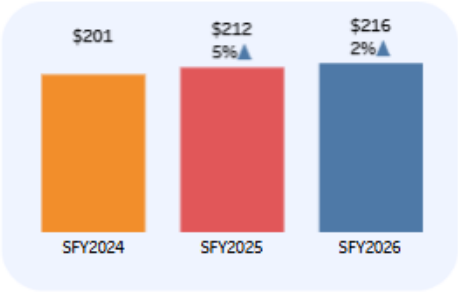
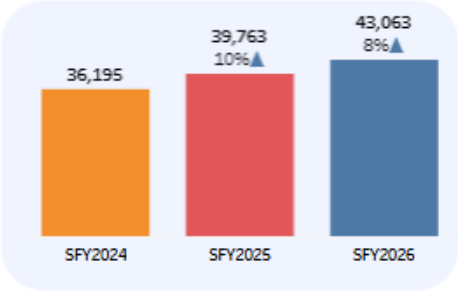
Aetna has the third highest number of Cardinal Care members, which has remained relatively stable over time

Anthem continues to have the highest number of Cardinal Care members and administers Virginia's Foster Care program

Humana is a new entrant into VA Medicaid as a result of the most recent 2024 CCMC RFP that went into effect July 2025; Humana's membership has a higher percentage of Expansion Adults (45%) compared to the other MCOs (30-39%)

Summary – All Programs

*SFY2026 reflects claims paid July 1, 2025 – June 30, 2026

	SFY 2026	
Per Member Per Month Cost	$776 11% YOY▲	
Cost Per Claim	$216 2% YOY▲	
Claims Per 1000 Members	43,063 8% YOY▲	

- PMPM for FY26 YTD up 11% compared to FY25
- Increase in PMPM driven by 8% increase in Utilization (standardized claim volume) and 2% increase in average cost counters
- FY25 was 16% higher PMPM compared to FY24 due to a 10% increase in Utilization and 5% increase in CPC

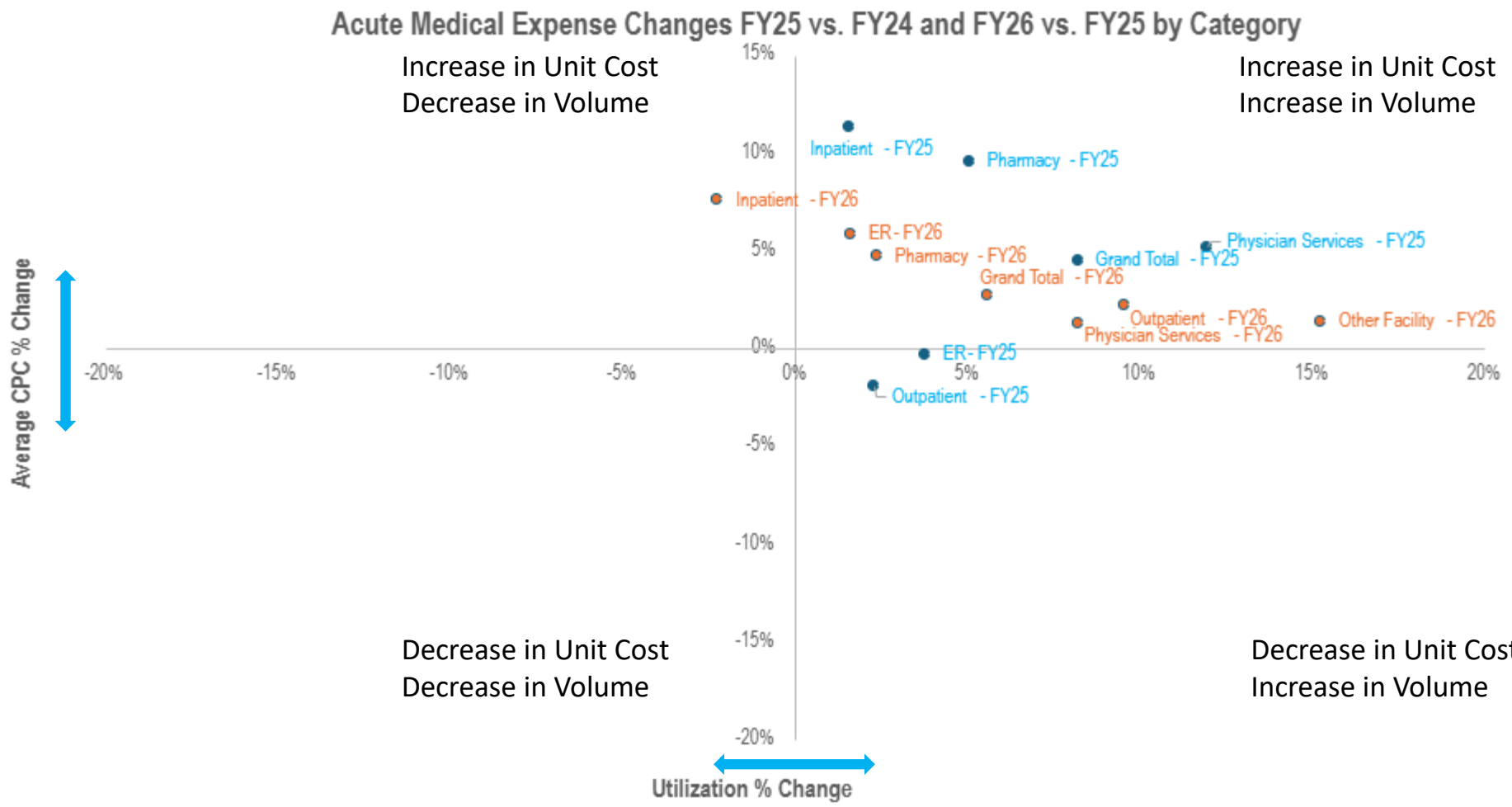
Cardinal Care Acute Overview (Managed Care)

		SFY2024	SFY2025	SFY2026	% Difference SFY24- 25	% Difference SFY25- 26
Grand Total	PMPM	$343	$389	$422	13.5%	8.5%
	Cost Per Claim	$186	$195	$200	4.8%	2.8%
	Claims Per 12K Members	22,122	23,960	25,294	8.3%	5.6%
ER	PMPM	$22	$22	$24	3.4%	7.6%
	Cost Per Claim	$163	$163	$172	-0.5%	5.9%
	Claims Per 12K Members	1,589	1,652	1,678	3.9%	1.6%
Inpatient	PMPM	$64	$73	$77	15.2%	5.2%
	Cost Per Claim	$7,960	$9,011	$9,699	13.2%	7.6%
	Claims Per 12K Members	96	97	95	1.8%	-2.3%
Other Facility	PMPM	$6	$7	$8	27.1%	16.9%
	Cost Per Claim	$1,259	$1,215	$1,233	-3.5%	1.4%
	Claims Per 12K Members	53	70	81	31.8%	15.2%
Outpatient	PMPM	$47	$48	$53	0.5%	12.0%
	Cost Per Claim	$550	$540	$553	-1.8%	2.3%
	Claims Per 12K Members	1,035	1,059	1,160	2.3%	9.6%
Pharmacy	PMPM	$85	$97	$104	14.8%	7.2%
	Cost Per Claim	$118	$129	$135	9.6%	4.8%
	Claims Per 12K Members	8,630	9,039	9,253	4.7%	2.4%
Physician Services	PMPM	$120	$142	$155	18.1%	9.7%
	Cost Per Claim	$134	$141	$143	5.1%	1.4%
	Claims Per 12K Members	10,720	12,043	13,027	12.3%	8.2%

- Acute program PMPM up 8.5% with about 2/3 of the increase due to Utilization
- Outpatient only category of spend with double-digit PMPM percent increase from FY25 (nearly all due to Utilization)
- Physician Services up 9.7% also nearly all due to Utilization
  - Physician is largest category of spend at 36.7% of total for Acute

*SFY2026 reflects claims paid July 1, 2025 – June 30, 2026
Pharmacy data does not include rebates

Cardinal Care Acute PMPM Drivers (Managed Care)



- Overall, nearly all Acute medical expense categories' PMPM experienced increases in unit cost and volume (top right quadrant)
  - Increases in larger categories of spend at a smaller magnitude compared to FY25 vs. FY24

- **FY25 vs. FY24 Percent changes**
- **FY26 vs. FY25 Percent changes**

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Pharmacy data does not include rebates

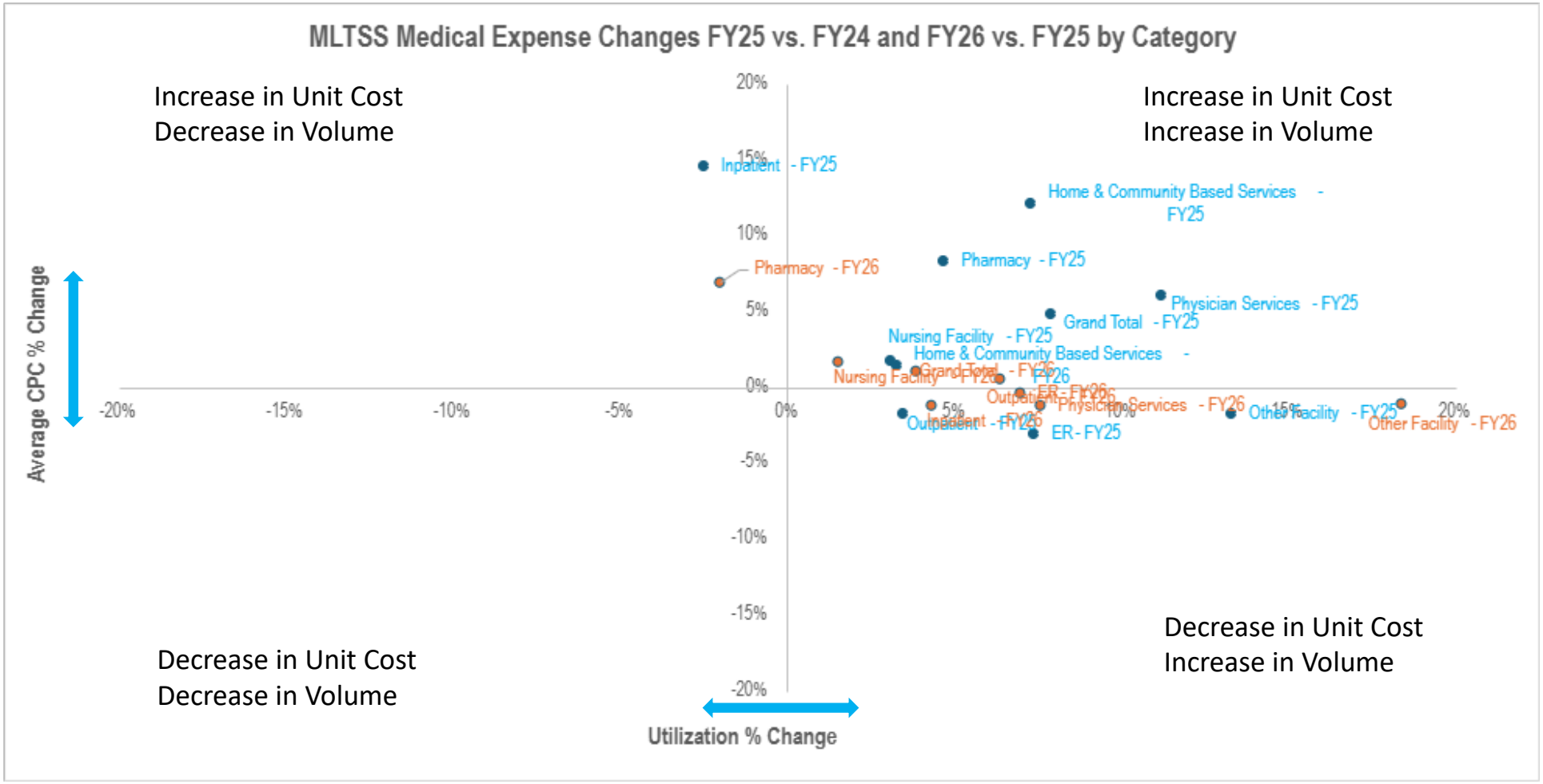
Cardinal Care Complex Overview (Managed Care)

		SFY2024	SFY2025	SFY2026	% Difference SFY24- 25	% Difference SFY25- 26
Grand Total	PMPM	$2,011	$2,271	$2,384	12.9%	5.0%
	Cost Per Claim	$217	$228	$231	5.1%	1.1%
	Claims Per 12K Members	111,025	119,323	123,938	7.5%	3.9%
ER	PMPM	$31	$32	$34	3.9%	6.6%
	Cost Per Claim	$112	$108	$108	-3.3%	-0.4%
	Claims Per 12K Members	3,284	3,531	3,777	7.5%	7.0%
Home & Community Based Services	PMPM	$494	$593	$622	20.1%	4.8%
	Cost Per Claim	$146	$165	$167	12.6%	1.5%
	Claims Per 12K Members	40,497	43,164	44,579	6.6%	3.3%
Inpatient	PMPM	$209	$234	$241	11.9%	3.1%
	Cost Per Claim	$6,737	$7,620	$7,532	13.1%	-1.2%
	Claims Per 12K Members	372	368	384	-1.1%	4.3%
Nursing Facility	PMPM	$434	$455	$469	4.7%	3.2%
	Cost Per Claim	$5,777	$5,865	$5,965	1.5%	1.7%
	Claims Per 12K Members	902	930	944	3.1%	1.5%
Other Facility	PMPM	$31	$35	$41	13.6%	17.2%
	Cost Per Claim	$617	$595	$589	-3.6%	-1.0%
	Claims Per 12K Members	602	709	839	17.8%	18.4%
Outpatient	PMPM	$121	$124	$133	2.5%	7.1%
	Cost Per Claim	$492	$483	$486	-1.9%	0.6%
	Claims Per 12K Members	2,951	3,082	3,279	4.5%	6.4%
Pharmacy	PMPM	$291	$328	$344	12.8%	4.8%
	Cost Per Claim	$138	$149	$160	8.4%	7.0%
	Claims Per 12K Members	25,358	26,376	25,848	4.0%	-2.0%
Physician Services	PMPM	$400	$471	$500	17.5%	6.3%
	Cost Per Claim	$130	$137	$136	5.8%	-1.2%
	Claims Per 12K Members	37,058	41,163	44,288	11.1%	7.6%

- Complex program PMPM up 5.0% with most of the increase due to Utilization
- Home & Community Based Services up 4.8% but is largest category of spend (26% of total)
  - HCBS has the highest raw dollar services in program due to claim volume (36% of Complex program claims)
- Physician Services (+6.3% PMPM YoY) and Pharmacy (+4.8% PMPM YoY) with modest increases but also contribute a combined 35% of total spend

***SFY2026 reflects claims paid July 1, 2025 – June 30, 2026**
Pharmacy data does not include rebates

Cardinal Care MLTSS PMPM Drivers (Managed Care)



- While hard to literally see, FY26 vs. FY25 show decreased magnitudes in increases in cost and utilization with many orange points at or near 0% for increase in average cost

- **FY25 vs. FY24 Percent changes**
- **FY26 vs. FY25 Percent changes**

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Pharmacy data does not include rebates

Top 15 Services by Fiscal Year – All Programs

SFY 24 Top 15 Services

Rank	Proc Code with Description	SFY2024
1	T1019 (AGENCY DIRECTED PERSONAL CARE)	$907,757,623
2	S5126 (CONSUMER DIRECTED PERSONAL ASSISTANCE/ATTENDANT..	$586,866,434
3	99214 (OUTPATIENT PSYCHIATRIC SERVICES)	$238,607,284
4	H0046 (MENTAL HEALTH SKILL BUILDING)	$200,906,908
5	99213 (OUTPATIENT PSYCHIATRIC SERVICES)	$172,327,606
6	99284 (ED E&M- MODERATE COMPLEXITY MDM)	$149,802,603
7	99283 (ED E&M- LOW COMPLEXITY MDM FOR LOW-SEVERITY PRESENTI..	$136,145,689
8	97153 (APPLIED BEHAVIOR ANALYSIS)	$130,819,912
9	T1005 (AGENCY DIRECTED RESPITE CARE)	$126,733,411
10	H2011 (MOBILE CRISIS RESPONSE)	$117,249,312
11	90837 (OUTPATIENT PSYCHOTHERAPY)	$116,006,750
12	H0023 (MENTAL HEALTH CASE MANAGEMENT)	$108,191,810
13	S0201 (ARTS PARTIAL HOSPITALIZATION)	$107,741,522
14	S9482 (COMMUNITY STABILIZATION)	$105,835,578
15	S5150 (CONSUMER DIRECTED RESPITE CARE)	$105,091,615

SFY 25 Top 15 Services

Rank	Proc Code with Description	SFY2025
1	T1019 (AGENCY DIRECTED PERSONAL CARE)	$1,136,710,917
2	S5126 (CONSUMER DIRECTED PERSONAL ASSISTANCE/ATTEN..	$617,774,766
3	99214 (OUTPATIENT PSYCHIATRIC SERVICES)	$241,969,840
4	H0046 (MENTAL HEALTH SKILL BUILDING)	$198,602,046
5	H2011 (MOBILE CRISIS RESPONSE)	$175,279,755
6	97153 (APPLIED BEHAVIOR ANALYSIS)	$166,767,943
7	S0201 (ARTS PARTIAL HOSPITALIZATION)	$165,560,359
8	99213 (OUTPATIENT PSYCHIATRIC SERVICES)	$159,893,796
9	T1005 (AGENCY DIRECTED RESPITE CARE)	$153,322,837
10	99284 (ED E&M- MODERATE COMPLEXITY MDM)	$150,523,957
11	99283 (ED E&M- LOW COMPLEXITY MDM FOR LOW-SE..	$135,463,735
12	90837 (OUTPATIENT PSYCHOTHERAPY)	$134,132,074
13	S9482 (COMMUNITY STABILIZATION)	$132,335,503
14	H0010 (ARTS RESIDENTIAL TREATMENT ASAM LEVEL 3.3 A..	$108,939,080
15	H0023 (MENTAL HEALTH CASE MANAGEMENT)	$107,452,846

SFY 26 Top 15 Services

Rank	Proc Code with Description	SFY2026
1	T1019 (AGENCY DIRECTED PERSONAL CARE)	$1,270,279,754
2	S5126 (CONSUMER DIRECTED PERSONAL ASSISTANCE/ATTENDANT CARE)	$582,661,812
3	99214 (OUTPATIENT PSYCHIATRIC SERVICES)	$246,455,918
4	H2011 (MOBILE CRISIS RESPONSE)	$226,716,726
5	S0201 (ARTS PARTIAL HOSPITALIZATION)	$219,239,396
6	97153 (APPLIED BEHAVIOR ANALYSIS)	$200,271,670
7	T1005 (AGENCY DIRECTED RESPITE CARE)	$187,424,385
8	H0046 (MENTAL HEALTH SKILL BUILDING)	$171,182,346
9	90837 (OUTPATIENT PSYCHOTHERAPY)	$150,861,019
10	99213 (OUTPATIENT PSYCHIATRIC SERVICES)	$146,897,812
11	99284 (ED E&M- MODERATE COMPLEXITY MDM)	$146,538,811
12	99283 (ED E&M- LOW COMPLEXITY MDM FOR LOW-SEVERITY PRESENTING PROBL..	$130,151,795
13	H0010 (ARTS RESIDENTIAL TREATMENT ASAM LEVEL 3.3 AND 3.5)	$127,520,925
14	H0023 (MENTAL HEALTH CASE MANAGEMENT)	$107,040,481
15	99285 (ED E&M- HIGH COMPLEXITY MDM)	$103,066,234

- FY26 values are for entire 12 month period; however, claims will continue to come in (at a slower rate) over the next 3-9 months due to claim lag
  - Insights are still appropriate but dollar amounts will change with future reporting

- Agency Directed Personal Care—the top Medicaid service across all programs every year—up 25% from FY24 to FY25 and 11.8% from FY25 to FY26
- Consumer Directed Personal Care—the second highest Medicaid service across all programs every year—up 5.3% from FY24 to FY25 and 11.8% from FY25 to FY26

***SFY2026 reflects claims paid July 1, 2025 – June 30, 2026**
Pharmacy data does not include rebates

Top 15 Prescription Drugs by Fiscal Year – All Programs

SFY24 Top 15 Drugs

Rank	Brand Name	SFY2024
1	HUMIRA(CF) PEN 40MG/0.4MLPEN I	$123,468,187
2	BIKTARVY 50-200-25 TABLET	$98,776,981
3	SUBOXONE 8 MG-2 MG FILM	$58,342,079
4	STELARA 90 MG/ML SYRINGE	$44,316,996
5	DUPIXENT PEN 300 MG/2MLPEN INJ	$43,655,228
6	TRULICITY 0.75MG/0.5PEN INJCTR	$39,623,313
7	ELIQUIS 5 MG TABLET	$33,999,018
8	HUMIRA(CF) PEN 80MG/0.8MLPEN I	$33,651,590
9	TRULICITY 1.5 MG/0.5PEN INJCTR	$30,336,498
10	JARDIANCE 25 MG TABLET	$27,921,084
11	ENBREL SURECLICK 50MG/ML(1)PEN	$26,746,039
12	INVEGA SUSTENNA 234MG/1.5 SYRI	$26,102,660
13	JARDIANCE 10 MG TABLET	$24,954,041
14	TRIKAFTA 100-50-75 TABLET SEQ	$24,212,764
15	TRULICITY 3 MG/0.5MLPEN INJCTR	$22,936,530

SFY25 Top 15 Drugs

Rank	Brand Name	SFY2025
1	HUMIRA(CF) PEN 40MG/0.4MLPEN I	$117,214,150
2	BIKTARVY 50-200-25 TABLET	$107,204,217
3	DUPIXENT PEN 300 MG/2MLPEN INJ	$63,133,376
4	SUBOXONE 8 MG-2 MG FILM	$58,573,205
5	STELARA 90 MG/ML SYRINGE	$42,697,428
6	TRULICITY 0.75MG/0.5PEN INJCTR	$38,859,081
7	TRULICITY 1.5 MG/0.5PEN INJCTR	$36,787,629
8	ELIQUIS 5 MG TABLET	$36,708,944
9	JARDIANCE 25 MG TABLET	$32,394,183
10	HUMIRA(CF) PEN 80MG/0.8MLPEN I	$31,669,730
11	VRAYLAR 1.5 MG CAPSULE	$29,843,076
12	JARDIANCE 10 MG TABLET	$29,196,750
13	ENBREL SURECLICK 50MG/ML(1)PEN	$27,998,315
14	INVEGA SUSTENNA 234MG/1.5 SYRI	$27,471,727
15	TRULICITY 3 MG/0.5MLPEN INJCTR	$25,931,391

SFY26 Top 15 Drugs

Rank	Brand Name	SFY2026
1	BIKTARVY 50-200-25 TABLET	$110,242,660
2	DUPIXENT PEN 300 MG/2MLPEN INJ	$79,245,660
3	SUBOXONE 8 MG-2 MG FILM	$58,404,609
4	HUMIRA(CF) PEN 40MG/0.4MLPEN I	$54,398,163
5	TRULICITY 1.5 MG/0.5PEN INJCTR	$35,822,995
6	TRULICITY 0.75MG/0.5PEN INJCTR	$34,926,818
7	VRAYLAR 1.5 MG CAPSULE	$31,525,440
8	ENBREL SURECLICK 50MG/ML(1)PEN	$31,315,906
9	ELIQUIS 5 MG TABLET	$30,791,059
10	TRULICITY 3 MG/0.5MLPEN INJCTR	$28,895,722
11	JARDIANCE 25 MG TABLET	$26,903,962
12	INVEGA SUSTENNA 234MG/1.5 SYRI	$26,472,227
13	TRULICITY 4.5 MG/0.5PEN INJCTR	$25,902,391
14	JARDIANCE 10 MG TABLET	$24,782,646
15	SKYRIZI PEN 150 MG/ML PEN INJC	$24,334,392

- In January 2026, DMAS began preferring biosimilars within the *Cytokine and CAM Antagonists* class
  - We expected and to see Humira and Stelara drop as members are switched to biosimilar versions
  - Humira 40 mg costs cut by more than half; Humira 80 mg not in top 15
  - Stelara no longer in top 15 after being top 5 drug previous two years
  - Biktarvy 5-200-25 tablet rose from second position in FY25 to the first position in SFY26

***SFY2026 reflects claims paid July 1, 2025 – June 30, 2026**
Pharmacy data does not include rebates