

Managed Care Organization Request for Proposal: Financial Bidder Packet

Rhode Island, Executive Office of Health and Human Services

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Introduction

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the procurement of Managed Care Organizations (MCOs) for the Rhode Island Medicaid managed care program. The MCO contract under this procurement is anticipated begin July 1, 2022, which represents the start of state fiscal year (SFY) 2023. The terms of the contract are outlined in the RFP corresponding to this informational document. This document provides information related to the financial components of the program and is intended to assist prospective MCOs in their bid to participate in the program.

The following information is provided within the financial bidder packet:

- **Covered Populations and Services.** This section provides an overview of the populations and services covered under the managed care program. Notable exclusions from the program are described as well.
- **Financial Mechanisms.** This section outlines changes in risk sharing and financial incentives between the current program and those that will be effective following the procurement.
- **Enclosure 1: SFY 2020 Medicaid Managed Care Certification.** Enclosure 1 contains documentation of the capitation rate development for the rates effective July 1, 2019 through June 30, 2020.
- **Enclosure 2: SFY 2021 Medicaid Managed Care Certification.** Enclosure 2 contains documentation of the capitation rate development for the rates effective July 1, 2020 through June 30, 2021.
- **Enclosure 3: SFY 2022 Medicaid Managed Care Certification.** Enclosure 3 contains documentation of the capitation rate development for the rates effective July 1, 2021 through June 30, 2022.
- **Enclosure 4: Emerging Experience.** Enclosure 4 contains a summary of claims experience and enrollment in the managed care program by rate cell and service category on a quarterly basis, from SFY 2019 through the first half of SFY 2021 (July 1, 2018 to December 31, 2020).

Covered Populations and Services

EOHHS operates the managed care program for its population covered by Medicaid who meet the state-defined criteria for enrollment in a risk-based MCO. The covered managed care populations are composed of low-income children, parents and caretakers, pregnant women, disabled children and adults, adoption subsidy and substitute care children, and the Affordable Care Act Medicaid expansion population.

The covered populations are grouped into four distinct populations for purposes of capitation rate development:

1. **Rlte Care:** Children, pregnant women, parents, and caretaker populations.
2. **Children with Special Healthcare Needs (CSHCN):** Children eligible for Supplemental Security Income (SSI), adoption subsidy, substitute care, and Katie Beckett populations.
3. **Medicaid Expansion:** Population eligible for Medicaid under the Affordable Care Act Medicaid expansion.
4. **Rhody Health Partners (RHP):** Non-dual disabled adults.

The Medicare-Medicaid Plan (CMS Financial Alignment Initiative / Dual Demonstration), Program of All-Inclusive Care for the Elderly (PACE), and Rlte Smiles (children's dental services) managed care programs are operated outside of this program. Figure 1 illustrates the corresponding rate cells and pay levels for the populations covered under the managed care program.

FIGURE 1: MANAGED CARE CAPITATION RATE CELLS

Population	Rate Cell	Pay Level
Rlte Care	MF <1	001
	MF 1-5	005
	MF 6-14	009
	M 15-44	013
	F 15-44	017
	MF 45+	021
	EFPP	028
	SOBRA	N/A
Children with Special Healthcare Needs	Adoption Subsidy	060 – 064
	Katie Beckett	050 – 054
	SSI < 15	040 – 042
	SSI >= 15	043 – 044
	Substitute Care	033 – 037
Medicaid Expansion	F 19-24	ME01
	F 25-29	ME02
	F 30-39	ME03
	F 40-49	ME04
	F 50-64	ME05
	M 19-24	ME06
	M 25-29	ME07
	M 30-39	ME08
	M 40-49	ME09
	M 50-64	ME10
	SOBRA	N/A
Rhody Health Partners	RHP – Intellectual Disability	RH40
	RHP – SPMI	RH30
	RHP – Other Disabled 21-44	RH10
	RHP – Other Disabled 45+	RH20

Currently, three MCOs cover all the populations with the exception of the CSHCN Substitute Care rate cell, which is solely covered by a single MCO. Partial capitation payments are made for the Rlte Care and Children with Special Healthcare Needs populations when a member is enrolled less than a full month. Partial payments are not made for the remaining populations.

Benefits covered under the Medicaid managed program are comprehensive in nature for all populations except for the Extended Family Planning rate cell, which covers a limited set of family planning services. Long-term services and supports are carved-out of the managed care program for the Children with Special Healthcare Needs and Rhody Health Partners population. In-lieu-of services may also be provided with written approval from EOHHS. The following figure outlines the core benefits covered under the managed care program.

FIGURE 2: MANAGED CARE BENEFIT PACKAGE

Inpatient and Outpatient Hospital	School-Based Clinic Services
Therapies	Services of Other Practitioners
Physician Services	Court Ordered Mental Health and Substance Use Services
Family Planning Services	Court Ordered Treatment for Children
Prescription and Non-Prescription Drugs	Podiatry Services
Laboratory, Radiology, and Diagnostic Services	Optometry Services
Mental Health and Substance Use Inpatient and Outpatient Services	Oral Health
Home Health and Home Care Services	Hospice Services
Preventive Services	Durable Medical Equipment
EPSDT Services	Case Management
Emergency Room Services	Transplant Services
Emergency Transportation	Rehabilitation services
Nursing Home and Skilled Nursing Facility Care	Other Miscellaneous Services

Note: COVID-19 vaccine administration professional charges are covered under a non-risk payment from EOHHS to the MCOs.

Financial Mechanisms

EOHHS is updating its risk mitigation strategy and financial incentive structure for the Medicaid managed care program as outlined in the *EOHHS Medicaid Managed Care 2021-2022 Procurement: Policy Report*. The following financial mechanisms are anticipated to be used for the managed care program with the MCO contract under the procurement.

- **Minimum Medical Loss Ratio:** EOHHS requires that each MCO calculate and report a medical loss ratio (MLR) as defined in 42 CFR §438.8. Effective with the new MCO contract anticipated to begin July 1, 2021 and under the authority outlined in 42 CFR 438.8(j), EOHHS will require an MLR remittance for MCOs with an MLR of less than 86%. The MLR utilized for purposes of calculating a remittance will be calculated in aggregate across all eligibility groups in the Medicaid Managed Care program.

Fifty percent of the calculated total remittance, up to a maximum of 2% of the capitation revenue, will be used for community reinvestment. The remaining remittance amount will be returned to EOHHS. Community reinvestment expenditures will not qualify as expenses reported in the numerator of the MLR calculation in subsequent MLR reporting periods.

- **Quality Withhold:** Effective with the new MCO contract, 1% of capitation revenue will be withheld and may be returned based on a combination of Healthcare Effectiveness Data and Information Set (HEDIS) measures and other performance measures as determined by EOHHS. The withhold is earned based on successful reporting of the measures in the first year of the contract. In subsequent years, the full withhold will be fully or partially returned based on achieving the specified number of measures.
- **Alternative Payment Methodology (APM) Withhold:** The current MCO contract includes a 0.5% withhold for meeting alternative payment methodology goals targeted for the Accountable Entity (AE) program. Effective with the new MCO contract, 0.5% of capitation revenue will be withheld and may be earned by meeting two distinct APM withhold criteria.
 - MCOs may earn 50% of the withhold amount (0.25% of capitation revenue) for meeting a target percentage of provider payments that are made for members attributed to an AE participating in a Total Cost of Care arrangement.
 - MCOs may earn 50% of the withhold amount (0.25% of capitation revenue) based on successful reporting of the APM reporting template in the first year of the contract. In subsequent years, the withhold may be earned by meeting the specified payment amounts under the Healthcare Payment Learning and Action Network category 2, 3, and 4 value-based payment categories. AE Total Cost of Care arrangements are excluded from calculations related to these targets.

Withhold amounts will be fully earned by the MCOs or retained by EOHHS; partial payments will not be made under the APM withhold.

In addition, the current MCO contract includes a risk corridor where expenses above or below the medical baseline are shared by EOHHS and MCOs. The risk corridor will not be continued in the new MCO contract.

Enclosure Descriptions

Rate Certifications

The capitation rate certification reports for the most recent three state fiscal years (SFY 2020, SFY 2021, SFY 2022) are included as enclosures to this report. The reports describe the data, methodology, and assumptions used in the capitation rate development and contain the actuarial certification of the actuarially sound capitation rates.

For each of the three most recent fiscal years, two years of historical base data was utilized in the capitation rate development. All data and adjustments utilized to develop the certified capitation rates are illustrated in the reports at a rate cell level. The capitation rate certifications illustrate the summarized historical base data, retrospective and prospective adjustments, and non-benefit expense loads.

Key program changes in the SFY 2020 to SFY 2022 managed care program periods include the following items:

- **General Assembly Budget Article Reimbursement Increases:** Hospital inpatient facility, hospital outpatient facility, and nursing home and hospice reimbursement trends are legislatively mandated in the State of Rhode Island General Assembly Budget Article Relating to Human Services. These reimbursement increases are considered in the capitation rate development process.
- **Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) Carve-In:** Effective July 1, 2019, MCOs were required to pay the full PPS rate to FQHCs. Prior to July 1, 2019, the MCOs paid FQHCs according to their negotiated reimbursement rates (or capitation arrangements), and EOHHS paid the FQHCs a wrap-around payment for the difference between the PPS rate and the MCO reimbursement amount.
- **CSHCN Respite:** EOHHS increased the number of hours of respite care available to the CSHCN population in response to COVID-19. EOHHS is anticipated to continue this program change.
- **Doula Services:** Effective July 1, 2021, EOHHS added coverage for doula services to the managed care benefit package.
- **Level IV Detoxification Directed Payment:** EOHHS implemented funding to increase Level IV alcohol and drug detoxification case management services effective July 1, 2019. This was subsequently transitioned to a directed payment to increase the per diem reimbursement for Level IV alcohol and drug detoxification services.
- **COVID-19 Vaccine Administration:** COVID-19 vaccine administration professional charges are covered under a non-risk payment from EOHHS to the MCOs.
- **Hepatitis C Stop Loss:** The stop loss arrangement where 100% of Hepatitis C-related treatments were reimbursed by EOHHS was terminated effective July 1, 2021.
- **Transplant Stop Loss:** The stop loss arrangement where 90% of transplant procedures for the RItE Care and CSHCN populations were reimbursed by EOHHS was terminated effective July 1, 2021.

These key program changes along with other adjustments used in the capitation rate development process are outlined in each of the enclosed capitation rate certification reports.

Emerging Experience

Recent claims experience and eligibility information for the program is summarized in Enclosure 4 and is intended to provide prospective bidders with an understanding of emerging experience in the Medicaid managed care program. The emerging experience is based on Financial Data Cost Reports (FDCRs) received from the MCOs for the first quarter (Q1) of calendar year (CY) 2021, which has a valuation date of March 31, 2021. Unless otherwise noted, the emerging experience is summarized from the Q1 CY 2021 FDCR without adjustment.

The enclosure contains claims and eligibility data by rate cell, quarter, and major service category for SFY 2019, SFY 2020, and the first half of SFY 2021. The illustrated expenditures include benefit expenses, MCO reserve estimates and other accruals, and offsetting recoveries. The specific expense components included in the emerging experience enclosure are further described within the enclosure.

Limitations and Qualifications

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide information related to the financial components of the Medicaid managed care program, specifically as they relate to the EOHHS request for proposal from managed care organizations (MCOs). The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with MCOs responding to a request for proposal to operate in the managed care program. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the emerging experience, capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to develop Medicaid managed care capitation rates and illustrate emerging experience in the Medicaid managed care program. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by EOHHS and the MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the data sources outlined in the body of this report and corresponding enclosures. The models, including all input, calculations, and output may not be appropriate for any other purpose.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated January 12, 2021.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Enclosure 1: SFY 2020 Medicaid Managed Care Certification

State Fiscal Year 2020 Medicaid Managed Care Capitation Rate Certification

July 1, 2019 through June 30, 2020

Rhode Island, Executive Office of Health and Human Services

July 15, 2019

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Introduction & Executive Summary

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of capitation rates for Rhode Island's Medicaid managed care program effective July 1, 2019 for state fiscal year (SFY) 2020. This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

To facilitate review, this document has been organized in the same manner as the 2019-2020 Medicaid Managed Care Rate Development Guide, released by the Center for Medicare and Medicaid Services in March 2019 (CMS guide).

FISCAL IMPACT ESTIMATE

The actuarially sound capitation rates for the Medicaid Managed Care Program are illustrated in Figure 1. These rates are effective from July 1, 2019 through June 30, 2020. Figure 1 provides a comparison of the July 1, 2019 rates relative to the rates effective July 1, 2018 for the Medicaid managed care program. The composite rates illustrated for both SFY 2019 and SFY 2020 were developed based on projected monthly enrollment for SFY 2020.

FIGURE 1: COMPARISON WITH SFY 2019 RATES (PMPM)

Population	Estimated SFY 2020 Average Monthly Enrollment	SFY 2019 Composite Rates	SFY 2020 Composite Rates	% Change
CSHCN	9,574	\$ 968.01	\$ 1,002.80	3.6%
Rlte Care	160,936	242.59	267.62	10.3%
Medicaid Expansion	70,989	499.27	548.88	9.9%
Rhody Health Partners	14,717	1,462.92	1,618.00	10.6%
SOBRA	407	11,316.00	12,469.27	10.2%
Composite	256,216	\$ 428.87	\$ 470.38	9.7%

Notes:

1. SFY 2019 and SFY 2020 composite rates were developed based on projected SFY 2020 average monthly enrollment.
2. Values shown in Figure 1 exclude amounts related to the Health Insurer Fee (HIF).
3. SOBRA enrollment reflects the estimated count of monthly deliveries.
4. The Rhody Health Partners and composite percentage rate change would be approximately 7.9% and 9.2%, respectively, absent the adjustment for Rhody Health Options Medicaid only members transitioning to the Rhody Health Partners population as of October 1, 2018.

Figure 2 compares the estimated state and federal expenditures under the SFY 2019 capitation rates relative to the SFY 2020 capitation rates, based on projected average monthly enrollment for SFY 2020.

FIGURE 2: COMPARISON WITH SFY 2019 EXPENDITURES (\$ MILLIONS)

Population	SFY 2019 Aggregate Expenditures	SFY 2020 Aggregate Expenditures	Expenditure Change
CSHCN	\$ 111.2	\$ 115.2	\$ 4.0
Rlte Care	468.5	516.8	48.3
Rhody Health Partners	258.4	285.7	27.3
Subtotal Medicaid	838.1	917.8	79.7
Federal	443.0	485.1	42.1
State	395.1	432.7	37.6
Medicaid Expansion	425.3	467.6	42.3
Federal	389.2	427.8	38.6
State	36.2	39.7	3.5
SOBRA	4.6	5.1	0.5
Federal	2.4	2.7	0.3
State	2.2	2.4	0.2
Total	\$ 1,268.0	\$ 1,390.4	\$ 122.4
Total Federal	\$ 834.6	\$ 915.6	\$ 81.0
Total State	\$ 433.4	\$ 474.8	\$ 41.4

Notes:

1. Values have been rounded.
2. SFY 2019 and SFY 2020 aggregate expenditures were developed based on projected SFY 2020 average monthly enrollment.
3. Values shown in Figure 2 exclude amounts related to the Health Insurer Fee (HIF).
4. State expenditures for populations other than Medicaid Expansion are based on Federal Fiscal Year (FFY) 2019 Federal Medical Assistance Percentage (FMAP) of 52.57% for three months and FFY 2020 FMAP of 52.95% for nine months. No adjustment was made for Children's Health Insurance Program (CHIP) or other enhanced FMAP rates.
5. State expenditures for the Medicaid Expansion population are based FMAP of 93.00% (CY 2019) for six months and FMAP of 90.00% for six months (CY 2020).

Section I. Medicaid managed care rates

1. General information

This section provides information listed under the General Information section of CMS guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care organization (MCO) for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the SFY 2020 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”¹

A. RATE DEVELOPMENT STANDARDS

i. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the one-year rate period from July 1, 2019 through June 30, 2020.

ii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Jason A. Clarkson, FSA, is in Appendix 1. Mr. Clarkson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2020 managed care program rating period.

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

(b) Certified capitation rates for each rate cell

The certified capitation rates by rate cell are illustrated in Appendix 5. Member months illustrated in Appendix 5 represent projected values for SFY 2020. These rates represent the contracted capitation rates prior to risk adjustment.

(c) Program information**(i) Managed Care program**

EOHHS operates the Medicaid managed care program for its population covered by Medicaid who meet the state-defined criteria for enrollment in a risk-based managed care organization (MCO). The managed care populations in this report are composed of low-income children, parents and caretakers, pregnant women, disabled children and adults, adoption subsidy and substitute care, and the Affordable Care Act (ACA) Medicaid expansion population.

Under the managed care program, comprehensive services are provided through the following three managed care organizations (MCOs) on a statewide basis:

- Neighborhood Health Plan of Rhode Island
- Tufts Health Public Plans
- UnitedHealthcare of New England

Benefits covered under the Medicaid managed program are comprehensive in nature for all populations except for the Extended Family Planning rate cell, which covers a limited set of family planning services. Long-term services and supports are covered on a fee-for-service basis for the Rhody Health Partners population. The following figure outlines the core benefits covered under the managed care capitation rate for the covered populations.

FIGURE 3: MANAGED CARE BENEFIT PACKAGE

Inpatient and Outpatient Hospital	School-Based Clinic Services
Therapies	Services of Other Practitioners
Physician Services	Court Ordered Mental Health and Substance Use Services
Family Planning Services	Court Ordered Treatment for Children
Prescription and Non-Prescription Drugs	Podiatry Services
Laboratory, Radiology, and Diagnostic Services	Optometry Services
Mental Health and Substance Use Inpatient and Outpatient Services	Oral Health
Home Health and Home Care Services	Hospice Services
Preventive Services	Durable Medical Equipment
EPSDT Services	Case Management
Emergency Room Services	Transplant Services
Emergency Transportation	Rehabilitation services
Nursing Home and Skilled Nursing Facility Care	Other Miscellaneous Services

Covered services are consistent with the SFY 2019 benefit package. Detailed benefit coverage information for all benefits listed in this figure can be found within Attachment A, "Schedule of In-Plan Benefits" in the MCO Medicaid Managed Care Services contracts. In-lieu-of services may also be provided with written approval from EOHHS.

(ii) Rating period

This actuarial certification is effective for the one-year rating period of July 1, 2019 through June 30, 2020.

(iii) Covered populations

The EOHHS Medicaid managed care programs covered in this report includes Medicaid beneficiaries in four distinct populations:

- Rlte Care: Children, pregnant women, parents, and caretaker populations.
- Children with Special Healthcare Needs (CSHCN): Children eligible for Supplemental Security Income (SSI), adoption subsidy, substitute care, and Katie Beckett populations.
- Medicaid Expansion: Population eligible for Medicaid under the Affordable Care Act (ACA) Medicaid expansion.
- Rhody Health Partners (RHP): Non-dual adults living in the community.

Note that the Medicare-Medicaid Plan (MMP) Demonstration / Rhody Health Options Integrity, PACE, and Rlte Smiles managed care programs are not included in this report.

The three MCOs cover all of the above populations with the exception of the CSHCN Substitute Care rate cell, which is solely covered by Neighborhood Health Plan of Rhode Island. Figure 4 illustrates the corresponding rate cells and pay levels for the populations covered in this certification.

FIGURE 4: MANAGED CARE CAPITATION RATE CELLS

Population	Rate Cell	Pay Level
Rlte Care	MF <1	001
	MF 1-5	005
	MF 6-14	009
	M 15-44	013
	F 15-44	017
	MF 45+	021
	EFP	028
	SOBRA	N/A
Children with Special Healthcare Needs	Adoption Subsidy	060 – 064
	Katie Beckett	050 – 054
	SSI < 15	040 – 042
	SSI ≥ 15	043 – 044
	Substitute Care	033 – 037
Medicaid Expansion	F 19-24	ME01
	F 25-29	ME02
	F 30-39	ME03
	F 40-49	ME04
	F 50-64	ME05
	M 19-24	ME06
	M 25-29	ME07
	M 30-39	ME08
	M 40-49	ME09
	M 50-64	ME10
	SOBRA	N/A
	RHP – ID	RH40
Rhody Health Partners	RHP – SPMI	RH30
	RHP – Other Disabled 21-44	RH10
	RHP – Other Disabled 45+	RH20

Enrollment values reflect partial months for the Rlte Care and Children with Special Healthcare Needs populations. Partial payments are not made for the remaining populations. The capitation amounts for SOBRA do not differ between the Rlte Care and Medicaid Expansion rate cells.

(iv) Eligibility criteria

Eligible Medicaid beneficiaries are required to enroll in managed care on a mandatory basis. Beneficiaries are covered under the fee-for-service program for an initial period as the managed care plan enrollment process occurs. Members may be excluded from managed care in circumstances, such as the presence of other insurance coverage.

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold metrics
- Incentive payments
- Risk sharing arrangement
- Stop loss programs

Please see Section I, item 4 for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report does not include a retroactive adjustment to the SFY 2019 capitation rates.

iii. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

iv. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

v. Effective dates

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2020 capitation rates.

vi. Medical loss ratio

Capitation rates were developed in such a way that a medical loss ratio, as calculated under 42 CFR 438.8, is projected to be greater than 85% for the rating year.

vii. Generally accepted actuarial practices and principles

(a) Reasonable, appropriate, and attainable

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs. To our knowledge, all reasonable, appropriate, and attainable costs have been included in the certification.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The SFY 2020 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment. Additionally, the SFY 2020 capitation rates will be adjusted based on the 2020 and 2021 Health Insurer Fee attributable to the 2019 and 2020 data years covered in this certification.

viii. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period of July 1, 2019 through June 30, 2020.

ix. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

1. A contract amendment that does not affect the rates.
2. An increase or decrease of up to 1.5% in the capitation rate per rate cell.
3. Risk adjustment, under a methodology described in the initial certification, changes the rates paid to the MCOs.

In case 1 and case 2 listed above, a contract amendment must still be submitted to CMS.

B. APPROPRIATE DOCUMENTATION

i. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

ii. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

iii. Different FMAP

The CSHCN, RHP, and Rlt Care populations receive the regular state FMAP. The Medicaid Expansion population receives the enhanced FMAP for ACA Medicaid expansion populations. The enhanced FMAP percentage for CHIP and family planning expenditures are not reflected in the values provided in Figure 2.

iv. Comparison to final certified rates in the previous rate certification.

The previous rate certification applied to SFY 2019 capitation rates. A comparison to SFY 2019 certified rates by rate cell is provided in Figure 1.

2. Data

This section provides information regarding the base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 2 and Appendix 3.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

Milliman requested base data files for the SFY 2016 through SFY 2018 time periods with runout through December 31, 2018 for the rate setting process. EOHHS provided eligibility, capitation, encounter, and fee-for-service claim files for the SFY 2016 through SFY 2018 time periods. The remainder of this section details the base data and validation processes utilized in the SFY 2020 capitation rate development. The SFY 2017 and SFY 2018 base experience is summarized in Appendix 2 and Appendix 3.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The following SFY 2017 and SFY 2018 experience serves as the primary data sources for the SFY 2020 capitation rate development:

- Encounter data submitted by the MCOs;
- Fee-for-service claims (for the Cedar Health Home program adjustment);
- Eligibility and capitation payment data provided by EOHHS;
- File Submission Reports provided by EOHHS;
- Risk Share Reports submitted by the MCOs;
- General Ledger Reports submitted by the MCOs; and,
- SFY 2020 Capitation Rate Development MCO Survey responses provided by the MCOs.

The base data is solely comprised of Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England experience. Experience of the third MCO, Tufts Health Plan, is excluded due to data quality concerns along with limited market share.

(ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2017 and SFY 2018. The MCO Survey responses reflect claims paid through December 31, 2018. The encounter data used in our rate development process reflected encounters paid through December 31, 2018, consistent with the basis of the MCO Survey.

For the purposes of trend development and analyzing emerging population enrollment patterns and claims experience, we also reviewed encounter experience from SFY 2016 through the SFY 2018. This additional encounter data was provided by EOHHS.

(iii) Data sources

The historical encounter data used for this certification is submitted by Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England. The encounter data, fee-for-service claims, eligibility and capitation payment data was provided to us by EOHHS for the purposes of developing the SFY 2020 capitation rates.

The File Submission Reports, Risk Share Reports, General Ledger Reports, MCO Surveys were submitted by the MCOs to EOHHS, and EOHHS transferred this information to Milliman.

(iv) Sub-capitation

The SFY 2017 and SFY 2018 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. Because of reporting inconsistencies with the shadow-priced encounters, the capitation expenditures were determined to be a more appropriate source for capitation rate development than the FQHC encounter data. The general ledger includes an adjustment to remove the reported FQHC encounter experience and add in the actual capitated payments made to the FQHCs. The total FQHC capitation spend is reviewed for reasonability during the FQHC payment reconciliation process performed by EOHHS.

In addition, encounter experience reflects sub-capitated behavioral health experience for one MCO. No adjustment was made for this arrangement; the sub-capitated encounters are utilized for purposes of the SFY 2020 rate development.

(b) Availability and quality of the data**(i) Steps taken to validate the data**

The base experience used in the capitation rates relies on encounter data and MCO surveys submitted to EOHHS by participating MCOs. Managed care eligibility is maintained by EOHHS. The actuary, the MCOs, and EOHHS all play a role in validating the quality of encounter data used in the development of the capitation rates. The MCOs play the initial role, collecting and summarizing data sent to the state. EOHHS focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. Additionally, we perform independent analysis of encounter data and MCO surveys to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area.

Completeness

The EOHHS Data Quality Team routinely reviews the completeness of the submitted encounter data:

- The MCOs are contractually required to submit claims for all billable services provided to Medicaid members.
- Plans submit a Financial Summary Report monthly that is stratified by fiscal year and line of business. This report is required to reconcile to the plan's financials. The submitted encounter data is then compared to the Financial Summary report for completeness.
- MCO's are contractually required to maintain their files with less than a 2% error rate in any submission cycle.

Additionally, Milliman applies several measures to the MCO-submitted encounter data used in rate setting to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population and service category;
- Comparison against the File Submission Reports by population and service category;
- Comparison against the Risk Share Reports by population and service category; and,
- Comparison against the MCO surveys by population and service category.

We also summarize the encounter data to assess month to month completeness of the encounter data. These measures are applied to identify any months where encounter data volume is unusually large or small, indicating a potential issue with the submitted encounter data.

In addition, we reviewed each submission of the MCO surveys to identify large data variances, incomplete data, and other reporting issues. These issues were provided to each MCO by EOHHS and the MCO surveys are re-submitted to EOHHS as necessary.

Accuracy

The EOHHS Data Quality Team performs multiple edits to ensure the accuracy of the submitted encounter data:

- MCO encounters are required to pass all the edit and load criteria set out in the encounter companion guide, which are similar to the edits required for fee-for-service claims.
- EOHHS maintains a monthly utilization tracking report that illustrates services provided to Medicaid beneficiaries and tracks trends by utilization category and line of business. This report is used to identify any gaps in MCO submissions.
- The Data Quality Team meets on a bi-weekly basis to identify more nuanced errors in the data, such as encounter submission issues with specific services or for fields not specifically addressed by the automated edits.

We review the accuracy of the encounter data by comparing expenditures to outside data sources including the File Submission Reports and MCO Survey submissions. We summarize the encounter data into an actuarial cost model format that is consistent with the format of the base experience illustrated in Appendix 2 and Appendix 3. Annual base period data summaries are created to ensure that the data for each service is consistent across the MCOs and with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies MCO and service category combinations that may have unreasonable reported data.

Consistency of data across data sources

We performed a detailed review of the encounter data used in the development of capitation rates effective July 1, 2019. Assessing the encounter data for consistency with the MCO survey was a critical part of the rate development process. We also reviewed the MCO survey against the File Submission Reports and Risk Share Reports for consistency of expenditures across various data sources.

We reviewed enrollment records against capitation payment records, EOHHS internal counts, and the membership provided in each MCO's Risk Share Report. The enrollment records were determined to be consistent across various data sources.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by EOHHS and their vendors. The values presented in this letter are dependent upon this reliance.

While there are areas for data improvement, as detailed in the Data concerns section below, we found the encounter data to be of appropriate quality for developing the SFY 2020 capitation rates. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for data missing from the EOHHS encounter data warehouse.

(iii) Data concerns

The experience from one MCO was excluded from the SFY 2020 capitation rate development. We were unable to fully validate and reconcile the data from the MCO excluded from the SFY 2020 rates base data. The MCO's experience represents approximately 0.5% to 1.5% of the expenditures for the populations it covers. While comparing MCO cost differences was difficult because of the data limitations, we reviewed the available information on the MCO costs and do not believe the cost variance for this MCO relative to the aggregate population would materially impact the composite managed care program costs.

As discussed further in the Data Adjustments section, the encounter data utilized in rate development was adjusted for completeness using the MCO Survey responses.

(c) Appropriate data**(i) Use of encounter and fee-for-service data**

Managed care encounter data was used in the development of the capitation rates. The base data reflects the historical experience and covered services used by the covered populations. We did not use fee-for-service data for the purpose of developing capitation rates, as the services provided under the contract are fully capitated.

(ii) Use of managed care encounter data

Managed care encounter data was the primary data source used in the development of the capitation rates.

(d) Reliance on a data book

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations.

iii. Data adjustments

Capitation rates were developed primarily from SFY 2017 and SFY 2018 encounter data. Adjustments were made to the base experience for data quality, completion, reimbursement changes, and other program adjustments. The following sections describe the adjustments made to the base data cost models presented in Appendix 2 and Appendix 3.

(a) Credibility adjustment

We reviewed MCO encounter data, File Submission Reports, Risk Share Report, General Ledger, and MCO Survey information for data quality issues. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for data missing from the EOHHS encounter data warehouse. We applied a missing data adjustment to the base encounter data to account for the services that were provided by the health plans but were not reported as an encounter at the time of the data extraction. Figure 5 illustrates the PMPM impact of making this adjustment for each population in SFY 2017 and SFY 2018.

FIGURE 5: STATE FISCAL YEAR 2017 AND 2018 MISSING DATA ADJUSTMENTS

Population	Member Months/Deliveries	Base Encounter Data PMPM	Adjusted for Missing Data	Percent Difference
SFY 2017				
Children with Special Healthcare Needs	109,697	\$ 815.33	\$ 846.67	3.8%
Medicaid Expansion	844,199	418.21	429.52	2.7%
Rite Care	1,806,371	193.61	199.82	3.2%
Rhody Health Partners	179,685	1,267.72	1,298.69	2.4%
SOBRA	4,761	9,884.44	10,211.95	3.3%
SFY 2018				
Children with Special Healthcare Needs	120,659	\$ 775.16	\$ 830.15	7.1%
Medicaid Expansion	863,753	415.78	431.79	3.9%
Rite Care	1,876,007	197.30	204.73	3.8%
Rhody Health Partners	176,986	1,265.96	1,322.29	4.4%
SOBRA	4,823	10,401.23	10,752.50	3.4%

(b) Completion adjustment

The data submitted by the MCOs was adjusted to reflect claims completion. Incurred But Not Paid (IBNP) adjustments were applied at the same level of detail as is reported in the MCO Survey (population and major service category). MCO reported IBNP was reviewed and determined to be reasonable for purposes of the SFY 2020 capitation rate development. As a result, the MCO reported amounts were utilized for the IBNP data adjustment.

Figure 6 illustrates the PMPM impact of IBNP adjustment for each population in SFY 2017 and SFY 2018.

FIGURE 6: STATE FISCAL YEAR 2017 AND 2018 IBNP ADJUSTMENTS

Population	Member Months/Deliveries	Adjusted for Missing Data	Adjusted for IBNP	Percent Difference
SFY 2017				
Children with Special Healthcare Needs	109,697	\$ 846.67	\$ 851.52	0.6%
Medicaid Expansion	844,199	429.52	430.10	0.1%
Rlte Care	1,806,371	199.82	200.14	0.2%
Rhody Health Partners	179,685	1,298.69	1,300.55	0.1%
SOBRA	4,761	10,211.95	10,214.61	0.0%
SFY 2018				
Children with Special Healthcare Needs	120,659	\$ 830.15	\$ 841.41	1.4%
Medicaid Expansion	863,753	431.79	438.11	1.5%
Rlte Care	1,876,007	204.73	207.61	1.4%
Rhody Health Partners	176,986	1,322.29	1,338.04	1.2%
SOBRA	4,823	10,752.50	10,973.72	2.1%

GENERAL LEDGER ADJUSTMENTS

The encounter data was supplemented with general ledger adjustments submitted by the MCOs as a part of the risk share reporting process. The general ledger reflects adjustments for medical expenses and recoupments paid or received outside of the MCO claims systems. Adjustments made utilizing General Ledger Reports are outlined below.

Net Reinsurance

MCOs participating in the managed care program carry reinsurance for high cost claimants. We adjusted encounter data expenses in the historical period for the net cost of this coverage (premiums less recoveries) as reported in the General Ledger Reports. These amounts were applied to all medical and pharmacy service categories.

Claim Recoveries and Claim Recovery Expenses

Based on reporting included in the general ledger reports, encounter claims were adjusted for third party liability (TPL) and the net impact of other recoveries not reflected in the base encounter data. These amounts were applied to all medical and pharmacy service categories.

Transplant Stop Loss

EOHHS will continue to provide stop loss coverage for transplant procedures for the Rlte Care and Children with Special Healthcare Needs populations in SFY 2020. Consistent with SFY 2017 and SFY 2018, EOHHS will reimburse MCOs for 90% of the incurred transplant costs. The transplant stop loss recoveries reported in SFY 2017 and SFY 2018 were netted against the base inpatient hospital experience.

The base expenditures fully reflect early intervention and skilled nursing facility services, as these stop loss programs were eliminated effective July 1, 2018. As a result, no adjustment was made for these historical stop loss programs.

Pharmacy Rebates and Spread Pricing

We reduced retail pharmacy expenditures by the reported supplemental rebates and pharmacy spread pricing for incurred dates during SFY 2017 and SFY 2018 through the use of MCO General Ledger Report submissions. These expenditures were removed from the pharmacy service category. Pharmacy benefit manager (PBM) administrative expenses were considered in the development of the non-benefit cost loads.

Medical Services Paid Outside Claims Systems

Medical services paid outside the claims systems were considered through a review of MCO general ledger submissions.

- **Out of State Transport:** This amount reflects non-emergency transportation services incurred out-of-state and paid on an invoicing basis rather than claims. These amounts were added to the transportation service category.
- **Interpreter Services Paid Outside Claims:** This amount reflects interpreter services paid on an invoicing basis rather than claims. These amounts were added to the other professional service category.
- **Pain Management:** This amount reflects subcontracted pain management services. These amounts were added to the professional service category.

Sub-Capitated Services Adjustment

As discussed in Section I.2.B.ii.a.iv, the SFY 2017 and SFY 2018 base encounter data for one MCO was adjusted to reflect the capitation amount paid to sub-capitated FQHCs (FQHC) experience for one MCO. This adjustment was developed utilizing reported sub-capitated payments and shadow-priced encounter amounts reflected in the MCO General Ledger Report.

Figure 7 illustrates the PMPM impact of the general ledger adjustments for each population in SFY 2017 and SFY 2018.

FIGURE 7: STATE FISCAL YEAR 2017 AND 2018 GENERAL LEDGER ADJUSTMENTS

Population	Member Months / Deliveries	Adjusted for IBNP	Adjusted for General Ledger	Percent Difference
SFY 2017				
Children with Special Healthcare Needs	109,697	\$ 851.52	\$ 844.20	(0.9%)
Medicaid Expansion	844,199	430.10	420.77	(2.2%)
Rlte Care	1,806,371	200.14	202.50	1.2%
Rhody Health Partners	179,685	1,300.55	1,266.00	(2.7%)
SOBRA	4,761	10,214.61	10,284.09	0.7%
SFY 2018				
Children with Special Healthcare Needs	120,659	\$ 841.41	\$ 832.26	(1.1%)
Medicaid Expansion	863,753	438.11	427.61	(2.4%)
Rlte Care	1,876,007	207.61	208.25	0.3%
Rhody Health Partners	176,986	1,338.04	1,298.07	(3.0%)
SOBRA	4,823	10,973.72	10,871.44	(0.9%)

(c) Errors found in the data

We did not find significant errors in the data other than the issues previously described.

(d) Program change adjustments

RATE CELL REASSIGNMENT

In developing the adjusted base data for the SFY 2020 capitation rates, rate cells were reassigned to reflect anticipated enrollment by rate cell in the SFY 2020 rating period. Rate cell reassignment was applied to account for non-dual individuals that were previously covered under the Rhody Health Options Phase 1 program Medicaid only rate cell in the base data period.

The Rhody Health Options Phase 1 program was terminated on September 30, 2018. Effective October 1, 2018, a subset of the Rhody Health Options Phase 1 Medicaid only rate cell was re-enrolled in various rate cells in the Rhody Health Partners program. SFY 2017 and SFY 2018 experience for members transitioned to the Rhody Health Partners on October 1, 2018 was reassigned to the corresponding Rhody Health Partners rate cell in the base data.

Member churn between from July 1, 2016 to October 1, 2018 was reviewed, and no durational impact was applied based on this review.

When this population was moved into the Rhody Health Partners population, LTSS services were no longer covered in-plan, and were provided by EOHHS on a fee-for-service basis. As a result, LTSS services were removed from the base experience for this population. Figure 8 illustrates the PMPM impact of including this population into the SFY 2017 and SFY 2018 base data.

FIGURE 8: STATE FISCAL YEAR 2017 AND 2018 RHO LTSS ADJUSTMENTS

Population	Member Months / Deliveries	Adjusted for General Ledger	Adjusted for RHO LTSS	Percent Difference
SFY 2017				
Children with Special Healthcare Needs	109,697	\$ 844.20	\$ 844.20	0.0%
Medicaid Expansion	844,199	420.77	420.77	0.0%
Rite Care	1,806,371	202.50	202.50	0.0%
Rhody Health Partners	179,685	1,266.00	1,295.93	2.4%
SOBRA	4,761	10,284.09	10,284.09	0.0%
SFY 2018				
Children with Special Healthcare Needs	120,659	\$ 832.26	\$ 832.26	0.0%
Medicaid Expansion	863,753	427.61	427.61	0.0%
Rite Care	1,876,007	208.25	208.25	0.0%
Rhody Health Partners	176,986	1,298.07	1,334.49	2.8%
SOBRA	4,823	10,871.44	10,871.44	0.0%

Note: The "Adjusted for RHO LTSS" column reflects additional membership for the RHP population. See Figure 9 for the RHP membership following this transition.

EXPENDITURE ADJUSTMENTS

Hepatitis C

Effective July 1, 2018, the hepatitis C stop loss program was revised to provide 100% reimbursement of hepatitis C pharmacy expenditures. Due to this program change, the full cost of hepatitis C pharmacy experience was removed from the adjusted base data. Hepatitis C drug treatments excluded from the SFY 2017 and SFY 2018 base data were identified using the EOHHS preferred drug list.

Non-State Plan Service

Based on an analysis of MCO Survey submissions, the base data was adjusted to remove non-state plan services (NSPS) offered by the MCOs. Based on MCO survey responses, these amounts were removed from the vision and other professional service categories.

Figure 9 illustrates the PMPM impact of the historical expenditure adjustments for each population in SFY 2017 and SFY 2018.

FIGURE 9: STATE FISCAL YEAR 2017 AND 2018 EXPENDITURE ADJUSTMENTS

Population	Member Months / Deliveries	Adjusted for RHO LTSS	Adjusted for NSPS and Hep C	Percent Difference
SFY 2017				
Children with Special Healthcare Needs	109,697	\$ 844.20	\$ 844.00	(0.0%)
Medicaid Expansion	844,199	420.77	407.27	(3.2%)
Rlte Care	1,806,371	202.50	202.02	(0.2%)
Rhody Health Partners	183,566	1,295.93	1,242.74	(4.1%)
SOBRA	4,761	10,284.09	10,284.07	(0.0%)
SFY 2018				
Children with Special Healthcare Needs	120,659	\$ 832.26	\$ 831.69	(0.1%)
Medicaid Expansion	863,753	427.61	421.30	(1.5%)
Rlte Care	1,876,007	208.25	207.78	(0.2%)
Rhody Health Partners	181,316	1,334.49	1,303.68	(2.3%)
SOBRA	4,823	10,871.44	10,871.42	(0.0%)

OUTLIER CLAIMS ADJUSTMENT

A data smoothing adjustment was applied to the Rlte Care and Expansion populations. Claims experience for the top 0.5% of members in each rate cell, excluding SOBRA payments, the Extended Family Planning (EFP), and Rlte Care < 1 rate cell, were aggregated to form the pooling adjustment. Pooled expenditures were removed from applicable rate cells, and then re-allocated within a population using a uniform percentage adjustment. This adjustment, in conjunction with blending multiple years of base experience, is intended to reduce year-over-year volatility for these populations. Note that the application adjustment results in no changes in aggregate expenditures.

RETROSPECTIVE PROGRAM ADJUSTMENTS

Due to the nature of the data adjustments described thus far, the adjustments were applied directly to the base data and not illustrated as separate adjustments. The SFY 2017 data included in Appendix 2 and SFY 2018 data included in Appendix 3 illustrate the base data after the application of the above-described adjustments. The remainder of the certification describes the adjustments applied to the base data.

Adjustments in this section represent program changes that occurred during the SFY 2017 and SFY 2018 base data period that are considered when developing the SFY 2020 adjusted base data. Figure 10 illustrates the fiscal impact of the retrospective program changes by SFY and is followed by a description of each adjustment.

FIGURE 10: STATE FISCAL YEAR 2017 AND 2018 RETROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	SFY 2017 / SFY 2018	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Home Care Wage Increase	Professional	SFY 2017	0.6%	0.0%	0.0%	0.1%	0.0%
Home Care Wage Increase	LTSS	SFY 2017	0.0%	0.0%	0.0%	0.0%	0.0%
Pediatric Rate Increase	Professional	SFY 2017	0.8%	1.4%	0.1%	0.0%	0.0%
Pediatric Rate Increase	Professional	SFY 2018	0.1%	0.2%	0.0%	0.0%	0.0%

Note: The home care wage increase for LTSS services illustrated in Appendix 2 rounds to 0.0%.

- **Home Care Wage Increase:** Effective October 1, 2016, wage increases for home care wage services (identified as procedure codes S5125, S5130, S9122) were mandated by Rhode Island General Law §40-8.9-9(f). The impact of this change is estimated to be a 7.5% increase on home care wage services. Additionally, approximately \$1.8 million was appropriated for increasing home care wages effective July 1, 2017, resulting in a 4.9% reimbursement increase for these services. The base data was adjusted to account for the impact of the home care reimbursement changes.

- **Pediatric Rate Increase:** Effective for the SFY 2018 capitation rates, additional funding was allocated to increase access to pediatric services. We reviewed historical reimbursement for pediatric services through June 2018 for increases in reimbursement for pediatric services. The base data was adjusted to reimbursement levels consistent with payment in June 2018.

Further detail of the impact of these adjustments on the SFY 2017 experience is illustrated in Appendix 2. No adjustment to the SFY 2018 base data was necessary for the home care wage increase. Adjusting the SFY 2018 pediatric service cost to June 2018 reimbursement levels had less than a 0.05% impact to the aggregate SFY 2018 base experience.

RETROSPECTIVE TREND ADJUSTMENTS

The SFY 2017 data was adjusted to an SFY 2018 basis using utilization and cost per unit medical trends. The trend adjustments utilized are consistent with the prospective trend adjustments outlined in Section I.3.B.iii.b. The trend development was normalized and adjusted to reflect the program changes outlined above.

The SFY 2017 trend adjustment is illustrated in Appendix 2.

(e) Exclusion of payments or services from the data

Non-state plan services and payment for hepatitis c drugs were excluded from the base data. This adjustment was described in Section I.2.B.iii.d to present the adjustments in the order in which they were applied.

3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates. The development of the projected benefit costs is illustrated in Appendix 4.

A. RATE DEVELOPMENT STANDARDS

i. Final Capitation Rate Compliance

The final capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-state plan services provided by the MCOs have been excluded from the capitation rate development process.

ii. Basis for Variation in Assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iii. Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iv. In Lieu Of Services

There were no in-lieu-of services provided in SFY 2017 or SFY 2018. Certain MCOs reported that they will start offering in-lieu-of services July 1, 2019. No adjustment was made to the base data for the provision of in-lieu-of services.

v. IMDs as an in-lieu-of service provider

The Rhode Island Medicaid managed care program historically used institutions of mental disease (IMDs) as an in-lieu-of service provider of substance use disorder services. EOHHS obtained an 1115 waiver of the IMD exclusion in section 1905(a)(29)(B) of the Social Security Act to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible individuals who have substance use disorders (SUD) and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs. Since these services are covered under the 1115 waiver, the cost of care based on the amount paid to the IMDs in the base period was utilized for the SFY 2020 capitation rate development. Based on our review of the data and conversations with EOHHS, Rhode Island IMD facilities primarily treat SUD.

(a) Costs associated with an IMD stay of more than 15 days

The 15 day in-lieu-of service limit does not apply, as described above. EOHHS must aim for a statewide average length of stay of less than 30 days under the waiver. The historical IMD average length of stay is less than 30 days, and therefore no adjustment is made for IMD stays of more than 15 days.

(b) Other costs for services during the time an enrollee is in an IMD for more than 15 days

As described above, no adjustment is made for IMD stays of more than 15 days.

B. APPROPRIATE DOCUMENTATION

i. Projected Benefit Costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of Projected Benefit Costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries

The capitation rates were developed from historical claims and enrollment data from the enrolled populations as described in Section I.2.B.ii of this report.

Step 2: Apply data adjustments

We applied data adjustments to the SFY 2017 and SFY 2018 incurred encounter data as described in Section I.2.B.iii of this report. This includes historical program adjustments and data exclusions.

Step 3: Blended base experience data

The SFY 2017 and SFY 2018 base experience period data was blended to represent the single data source for rate setting purposes and is illustrated in Appendix 3. Prior to blending the base experience data, the SFY 2017 experience was trended and adjustment to reflect a midpoint of January 1, 2018. The weight applied to each base data year varied by population and is illustrated in the following figure.

FIGURE 11: BASE EXPERIENCE BLENDING

Population	SFY 2017	SFY 2018
CSHCN	50.0%	50.0%
Substitute Care	0.0%	100.0%
Rlte Care	30.0%	70.0%
Medicaid Expansion	30.0%	70.0%
Rhody Health Partners	50.0%	50.0%
EFP	0.0%	100.0%
SOBRA	30.0%	70.0%

Weighting was determined based on our review of the volatility of the base data. For populations with less membership and more volatile claims experience (CSHCN and Rhody Health Partners), a 50%/50% weighting between SFY 2017 and SFY 2018 was used. For more stable populations, a 30%/70% weighting was used. For the Substitute Care and EFP rate cells, we observed changes from SFY 2017 to SFY 2018 experience not expected to continue into SFY 2020, and therefore fully relied on the SFY 2018 experience.

For Substitute Care, a material spike in mental health inpatient utilization was observed in SFY 2017. This increase was attributed to group homes closing, and the mental health inpatient utilization decreased in SFY 2018. We evaluated the change in experience and determined the SFY 2018 experience was the most appropriate data source for rate setting.

We observed a material decrease in expenditures for the EFP rate cell from SFY 2017 to SFY 2018, in particular for one MCO. The decrease in utilization brought the EFP costs in closer alignment with the population average. We evaluated the change in experience and determined the SFY 2018 experience was the most appropriate data source for rate setting.

Step 4: Adjust for prospective program and policy changes and trend to SFY 2020

The combined SFY 2017 and SFY 2018 base experience was adjusted for known policy and program changes that are expected to be implemented in SFY 2019 and SFY 2020.

Step 5: Adjust for managed care efficiencies

We targeted improvements in managed care efficiency that will impact projected SFY 2020 benefit expense.

Step 6: Trend to SFY 2020

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2020). The resulting PMPMs establish the adjusted claim cost by population rate cell for the contract period.

The remainder of this section outlines the adjustments described in Step 4 through Step 6.

Prospective Program and Policy Adjustments

Figure 12 illustrates the fiscal impact of the prospective program changes by SFY and is followed by a description of each adjustment.

FIGURE 12: STATE FISCAL YEAR 2017 AND 2018 PROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Cedar Health Home	Professional	0.8%	0.2%	0.0%	0.0%	0.0%
Cedar Health Home	LTSS	0.0%	0.0%	0.0%	0.0%	0.0%
Expansion Morbidity	All	0.0%	0.0%	2.7%	0.0%	0.0%

- **Cedar Health Home:** Effective July 1, 2018, Cedar Health Home services were added as an in-plan benefit as specified in SPA #18-009. The base data was adjusted to add in an equivalent of the SFY 2018 fee-for-service expenditures for these services, or approximately \$550,000. Further detail of the Cedar Health Home adjustment is illustrated in Appendix 4.
- **Medicaid Expansion Acuity:** The Medicaid Expansion population experienced material enrollment decreases during SFY 2019. It is our understanding that the enrollment changes are attributable to improvements in the eligibility redetermination process. We worked with EOHHS to understand the Medicaid Expansion enrollment decline. Based on an analysis of monthly churn, we estimated that approximately 5% of the Medicaid Expansion enrollment terminated based on these improvements in the redetermination process.

A morbidity adjustment was developed to account for this enrollment change assuming that leaving members had medical and pharmacy claims PMPM approximately 50% lower than average. This morbidity assumption is consistent with what we have observed in other state Medicaid programs where a similar eligibility system changes occurred. We applied morbidity adjustments to impacted rate cells based on observed enrollment decreases through May 2019. This morbidity adjustment was reviewed for reasonableness through the use of emerging MCO claims experience data.

Rlte Care Skilled Nursing Facility (SNF) and Early Intervention Stop Loss Programs: The Rlte Care Skilled Nursing Facility (SNF) and Early Intervention Stop Loss Programs were terminated. The cost for these services is fully reflected in the encounter data, and therefore an adjustment factor was not developed and is not illustrated in Figure 12.

- **Hepatitis C Drug Treatments:** The hepatitis C stop loss program was modified effective July 1, 2018 to provide 100% reimbursement of the pharmacy expenditure. Hepatitis C drug treatments were excluded from the SFY 2017 and SFY 2018 base data. Hepatitis C drug treatments excluded from the SFY 2017 and SFY 2018 base data were identified using the EOHHS preferred drug list.
- **Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) In-Plan:** Effective July 1, 2019, MCOs are required to pay the PPS rate to FQHCs. Prior to July 1, 2019, the MCOs paid FQHCs according to their negotiated rates (or capitation arrangements), and EOHHS paid the FQHCs a wrap-around payment for the difference between the PPS rate and the MCO reimbursement amount.

SFY 2018 payments made by EOHHS to the FQHCs were trended to SFY 2020 using a 2.6% annual trend rate, which was estimated using the observed total PPS rate trend (1.9% annually), the estimated MCO professional services trend (1.0% annually), and the percentage of MCO reimbursement relative to total FQHC reimbursement in SFY 2018 (43%). The FQHC PPS adjustment is illustrated in Figure 13 and is applied as a gross adjustment in Appendix 5.

FIGURE 13: FQHC Add On

Population	FQHC
CSHCN	\$ 10.79
Rlte Care	10.59
Medicaid Expansion	12.24
Rhody Health Partners	22.85
SOBRA	93.20

Adjustment factors were developed for policy and program changes estimated to materially affect the managed care program during SFY 2020 that are not fully reflected in the base experience. We defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following outlines program adjustments deemed immaterial based on our review of the experience data and policy change.

- **AAP Maternal Depression Screenings:** The American Academy of Pediatrics (AAP) released guidance for maternal depression screenings effective July 1, 2018. We reviewed historical utilization of this service relative to the AAP guidelines and estimated the cost of additional services attributable to this guidance to be immaterial.

Managed Care Adjustments

We calculated percentage adjustments to the experience data to reflect the utilization and cost per unit differential between the base experience and the levels targeted for the projection period managed care environment. We developed the targeted managed care efficiency adjustments through a review and analysis of the following:

- Agency for Healthcare Research and Quality (AHRQ) prevention quality indicators (PQI) for inpatient admissions
- Potentially avoidable emergency room utilization
- Mix of vaginal and cesarean section deliveries in the SFY 2017 and SFY 2018 base period utilization
- Polypharmacy savings for script reduction
- Fraud, Waste, and Abuse savings

INPATIENT HOSPITAL

We applied managed care efficiency adjustments to base year utilization to reflect higher levels of care management relative to the SFY 2017 and SFY 2018 experience period. We identified potentially avoidable admissions using the AHRQ prevention quality indicators (PQI). We also analyzed the frequency of re-admissions for the same DRG. Inpatient hospital managed care adjustments were developed by applying assumed reductions to potentially avoidable inpatient admissions and same-DRG readmissions. This analysis was completed at the rate cell level.

Our analysis was completed by first reducing readmissions within 30 days, and then reducing non-readmissions for select PQIs. Inpatient hospital managed care adjustments were developed by applying a 10% reduction to same-DRG readmissions and a 5% reduction to potentially avoidable inpatient admissions. In completing our analysis, we estimated inpatient hospital unit cost changes based on the utilization reductions outlined above. No adjustments were made to corresponding inpatient physician charges to account for the potential shift of these services to an ambulatory setting. Additionally, nursing facility claims were excluded from this analysis. The figure below outlines the PQIs included in our analysis.

FIGURE 14: AHRQ PREVENTION QUALITY INDICATORS

PQI NUMBER	DESCRIPTION
PQI #01	Diabetes Short-term Complications Admission Rate
PQI #02	Perforated Appendix Admission Rate
PQI #03	Diabetes Long-term Complications Admission Rate
PQI #05	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
PQI #07	Hypertension Admission Rate
PQI #08	Congestive Heart Failure (CHF) Admission Rate
PQI #10	Dehydration Admission Rate
PQI #11	Bacterial Pneumonia Admission Rate
PQI #12	Urinary Tract Infection Admission Rate
PQI #13	Angina without Procedure Admission Rate
PQI #14	Uncontrolled Diabetes Admission Rate
PQI #15	Adult Asthma Admission Rate
PQI #16	Rate of Lower-extremity Amputation among Patients with Diabetes

EMERGENCY ROOM

For the outpatient hospital emergency room service category, multiple potentially avoidable diagnosis groups were clinically developed using the primary diagnosis of each claim. The potentially avoidable diagnosis groups were stratified by severity to target potentially avoidable emergency room visits, starting with the lowest severity group. Additionally, potentially avoidable outpatient hospital emergency room visits were summarized by rate cell. Target utilization levels were developed by assuming a 20% decrease in potentially avoidable services.

When applying these adjustments, reductions were taken from level 1 emergency room claims first, followed by level 2, and level 3 claims up to an assumed cap for each level. This process was completed at a rate cell level. In coordination with determination of the managed care adjustments for hospital outpatient emergency room services, we assumed that 95% of emergency room visits reduced would be replaced with an office visit. Additionally, we reviewed historical data, along with data from other Medicaid states, to develop assumptions for additional services that may also be included with an office visit. Based on this review, additional services related to pathology/lab and radiology were included with the replacement office visit.

DELIVERY SERVICES

We reviewed the mix of vaginal and cesarean section deliveries by MCO to determine appropriate efficiency adjustments for SOBRA payments. Delivery managed care efficiency adjustments were developed by analyzing the percent of cesarean and vaginal deliveries by MCO. Vaginal delivery percentages were adjusted by assuming an additional 1.0% of deliveries in the rate setting period would shift from cesarean to vaginal. Managed care savings were estimated by evaluating the cost per delivery difference between cesarean and vaginal deliveries. No adjustments were made to the total number of deliveries.

PHARMACY SERVICES

We reviewed historical pharmacy experience for the number of monthly prescriptions that each member was taking during the SFY 2017 and SFY 2018 base experience period. The goal of this efficiency adjustment is to identify users with excessive prescriptions and identify opportunities for reduction. We separated the experience into two categories: 10-14 scripts per month and 15+ scripts per month. Based on clinical evaluation of this adjustment, we established thresholds of reduction of 2 scripts per month for those over 15 scripts per month and removal of 1 script for those in the 10-14 category. We developed pharmacy managed care efficiency adjustments by rate cell to reflect mix differences by therapeutic class due to the age, gender, and morbidity of the applicable rate cell. We assumed a reduction of scripts based on the median cost per script.

The composite impact of these adjustments by population and category of service is listed in Figure 15.

FIGURE 15: STATE FISCAL YEAR 2017 AND 2018 MANAGED CARE EFFICIENCIES

MCE Adjustment Category	Managed Care Utilization	Managed Care Cost	Managed Care Total
CSHCN			
Inpatient	0.9905	1.0004	0.9910
Emergency Room	0.9406	1.0310	0.9697
Office Visits	1.0105	1.0000	1.0105
Rad/Path/Lab	1.0054	1.0000	1.0054
Pharmacy	1.0000	0.9982	0.9982
Rlte Care			
Inpatient	0.9934	1.0009	0.9942
Emergency Room	0.9168	1.0400	0.9535
Office Visits	1.0126	1.0000	1.0126
Rad/Path/Lab	1.0054	1.0000	1.0054
Pharmacy	1.0000	0.9975	0.9975
Medicaid Expansion			
Inpatient	0.9886	1.0029	0.9915
Emergency Room	0.9419	1.0257	0.9661
Office Visits	1.0083	1.0000	1.0083
Rad/Path/Lab	1.0056	1.0000	1.0056
Pharmacy	1.0000	0.9953	0.9953
Rhody Health Partners			
Inpatient	0.9886	1.0010	0.9896
Emergency Room	0.9410	1.0272	0.9665
Office Visits	1.0096	1.0000	1.0096
Rad/Path/Lab	1.0058	1.0000	1.0058
Pharmacy	1.0000	0.9917	0.9917
SOBRA			
Inpatient	1.0000	0.9960	0.9960
Emergency Room	1.0000	1.0000	1.0000
Office Visits	1.0000	1.0000	1.0000
Rad/Path/Lab	1.0000	1.0000	1.0000

FRAUD, WASTE, AND ABUSE SAVINGS

In addition to the managed care efficiency savings identified by the processes outlined above, we assumed that savings could be generated by identifying opportunities to reduce fraud, waste, and abuse. This adjustment is reflective of opportunities for cost reductions available to the MCOs outside of the managed care efficiencies explicitly measured in the SFY 2020 capitation rate development.

Total medical expenses across all rate cells were reduced by 0.5% to account for potential Fraud, Waste, and Abuse savings. This adjustment reflects a decrease from the 1.0% reduction assumed in the SFY 2019 capitation rate development. The reduction is attributable to consideration for the introduction of the managed care efficiency adjustments outlined in Figure 15.

(b) Material changes to the data, assumptions, and methodologies

The data sources utilized in the developing the projected benefit costs for the SFY 2020 capitation rate setting is consistent with prior rate settings. The SFY 2019 capitation rates were certified by another actuarial firm and therefore the models and methodologies were changed based on different actuarial techniques and assumptions. This certification outlines the techniques and assumptions utilized in the SFY 2020 capitation rate development.

(c) Overpayments to providers

We did not observe nor are we aware of any overpayments to providers.

iii. Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2017 and SFY 2018) to the SFY 2020 rating period of this certification. We evaluated prospective trend rates using historical experience for the Medicaid managed care program, as well as external data sources.

(a) Required elements

(i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included three years of cost and utilization experience, from SFY 2016 through the base experience data period (SFY 2018).

External data sources that were referenced for evaluating trend rates developed from the base data include:

- *National Health Expenditure (NHE) projections* developed by the CMS office of the actuary², specifically those related to Medicaid. Please note that as these are expenditure projections, projected growth reflects not only unit cost and utilization, but also aggregate enrollment growth and enrollment mix changes such as aging. For trends used in this certification, we are interested only in unit cost and utilization trends, so in general, our combinations of unit cost and utilization trends should be lower than NHE trends.
- *2017 Actuarial Report on the Financial Outlook for Medicaid*: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2017.pdf>
- *Magellan Rx Medicaid Pharmacy Trend Report*³.
- *Other sources*: We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2020).

MEDICAL TRENDS

For medical trends, historical utilization and per member per month cost data was stratified by month, rate cell, and category of service. The data was adjusted for completion and normalized for historical population morbidity changes. Historical experience was adjusted for the retrospective program adjustments described in Section I.2.B.iii.d. The SFY 2016 experience was additionally adjusted for the coverage of integrated health home and opioid health home services under managed care. Both program changes were effective January 1, 2016.

We reviewed multiple regression models, month-over-month, and year-over-year trends when developing the prospective trend estimates. The resulting utilization per 1,000 and PMPM data points were compared to historical experience, internal sources from other managed care programs, and federal Medicaid cost projections. We used the resulting analysis, along with actuarial judgment, to estimate the prospective trend rates for the period from the midpoint of the base period to the midpoint of the rating period.

² <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>

³ https://www1.magellanrx.com/documents/2019/03/medicaid-trend-report_2018.pdf/

Prospective trend adjustments additionally included consideration for the mandated Article 9 price trends. Hospital inpatient facility, hospital outpatient facility, and nursing home reimbursement trends are specified in Rhode Island legislation *Article 9, relating to Health and Human Services*. The nursing home adjustment additionally impacts hospice services, which are included under the Ancillary category of service.

Hospital inpatient and outpatient facility are linked to either legislatively mandated changes or CMS market basket updates. CMS market basket updates for inpatient and outpatient services effective in October and January, respectively, of each year. Nursing home reimbursement inflation adjustments are also linked to CMS market basket updates (effective October of each year) and may include adjustments as specified in legislation.

PHARMACY TRENDS

We developed a Medicaid Pharmacy model (trend model) for the purposes of studying and projecting detailed pharmacy trend information. The trend model summarizes pharmacy claims data by month, drug type (brand, generic, specialty brand, and specialty generic), covered population, and therapeutic class (according to GPI-4 assignments). Projected values were estimated using the base period data as a starting point and applying anticipated shifts and trends. There are several areas for consideration.

Brand patent loss

When a brand drug loses patent, the utilization often shifts from the brand drug to the new generic alternatives. Our model assumes effective dates of patent expirations and a shift in utilization as a result of patent loss.

Cost per script trends

Projected costs per script in the first month of the projection period are based on the average costs per script in the most recent three months of the experience period, adjusted for any anomalies in the data. These costs are trended forward using separate cost trend assumptions by therapeutic class for brand, generic, and specialty products.

The cost per script trends were based on a study of historical data. We analyzed the annual trends over the past several quarters, using a fixed market basket of drugs from the State's pharmacy claims experience for all populations combined. We used public industry trend reports to validate these unit cost trends. Our cost trends accounted for a combination of anticipated price increases on existing products as well as the impact of new pipeline products entering the market up through the rating period.

Changes in utilization

Utilization levels for the first month of the projection period are based on the average utilization in the most recent six months of the experience period, adjusted for any anomalies in the data. We applied monthly utilization trends to this starting point to estimate the projection period utilization. To develop utilization trend assumptions, we relied on a combination of Milliman research, publicly available industry trend reports, and the historical utilization trends developed using encounter data. Monthly seasonality is accounted for in our trend development.

(iii) Comparisons

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not solely rely on the historical MCO encounter data trend experience due to anomalies observed in the historical trend data. We referred to the sources listed in the prior section as well as considered changing practice patterns and the impact of reimbursement changes on utilization.

(iv) Chosen trend rates

The trend rates selected are illustrated below in Section I.3.B.iii.(b), by population and service category. There were no outlier trends or negative trends.

(b) Benefit cost trend components

This section includes the projected benefit cost trends by population and category of service.

Figure 16 illustrates the price change component of the trend by rate cell and category of service.

FIGURE 16: ANNUALIZED UNIT COST TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	4.6%	4.6%	4.6%	1.0%	1.0%	1.3%	1.0%	3.0%
Rlte Care <15	4.6%	4.6%	4.6%	1.0%	1.0%	1.3%	1.5%	5.5%
Rlte Care 15+	4.6%	4.6%	4.6%	1.0%	1.0%	1.3%	1.5%	5.5%
EFP	N/A	4.6%	4.6%	1.0%	0.0%	N/A	N/A	2.0%
Medicaid Expansion	4.6%	4.6%	4.6%	1.0%	1.0%	1.3%	1.5%	5.5%
Rhody Health Partners	4.6%	4.6%	4.6%	1.0%	1.0%	1.3%	1.5%	5.5%
SOBRA	4.6%	4.6%	4.6%	1.0%	1.0%	N/A	0.5%	N/A

Figure 17 illustrates the utilization component of the trend, which includes the trend in number of units.

FIGURE 17: ANNUALIZED UTILIZATION TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	0.5%	1.5%	0.5%	1.0%	1.0%	0.5%	0.5%	1.0%
Rlte Care <15	1.0%	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%	1.0%
Rlte Care 15+	0.5%	1.0%	0.5%	1.0%	1.0%	0.5%	0.5%	2.0%
EFP	N/A	0.5%	0.5%	1.0%	0.0%	N/A	N/A	1.0%
Medicaid Expansion	0.5%	1.0%	0.5%	1.0%	1.0%	0.5%	0.5%	2.0%
Rhody Health Partners	1.0%	1.5%	0.5%	1.0%	1.0%	0.5%	1.0%	2.5%
SOBRA	0.0%	0.5%	0.0%	1.5%	1.0%	N/A	0.0%	N/A

A separate utilization adjustment not reflected in Figure 17 was applied for the additional calendar day in SFY 2020 due to the leap year. An adjustment factor of 1.0027 (366/365) was applied to all rate cells and service categories.

(c) Variation

(i) Medicaid populations

To limit the variation in benefit cost that is present across the Medicaid population as a whole, we developed trends by population category and major category of service. Trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

(ii) Rate cells

We split out several populations by rate cell, to appropriately reflect the material difference in rate cell morbidity. The Rite Care population was split into Rlte Care Children (up to age 15), Rlte Care Adults (over age 15), EFP, and SOBRA.

(iii) Subsets of benefits within a category of services

For the pharmacy trend assumption development, we further reviewed experience for specialty, brand and generic drugs, and combined this review with consideration of brand name drugs that have had or are anticipated to have generic launches during the time period encompassing the SFY 2017 and SFY 2018 base period through the projection period (SFY 2020). The variation that occurs between these high-level prescription drug stratifications and further within each major population category contributes to the variation in the pharmacy trend assumptions applied across the managed care program in the SFY 2020 capitation rate development.

(d) Material adjustments

We adjusted the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources. For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the sources identified to develop prospective trend.

As noted previously, the cost trend for the Inpatient Hospital, Outpatient Hospital, Emergency Room, and Nursing Home service categories were prescribed by Article 9. Additionally, a leap year adjustment was utilized to account for the additional covered day in SFY 2020.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost. The capitation rates have an explicit adjustment for the managed care efficiencies.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

iv. Mental Health Parity and Addiction Equity Act Service Adjustment

The projected benefit cost does not include any services deemed by the state necessary to accommodate parity compliance.

v. In Lieu of Services

As discussed in Section I.3.A.iv, the projected benefit costs do not include costs for in-lieu-of services defined at 42 CFR 438.3(e)(2).

vi. Retrospective Eligibility Periods

(a) MCO responsibility

The MCOs are not responsible for retrospective eligibility periods. Coverage in the managed care program does not begin until a member is enrolled in an MCO.

(b) Claims treatment

MCOs are not responsible for claims incurred before enrollment in the managed care program. The base data experience is consistent with this requirement.

(c) Enrollment treatment

Enrollment is treated consistently with claims. We have not included retrospective eligibility in the base experience period.

(d) Adjustments

No explicit adjustment was applied for the SFY 2020 rate setting.

vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the July 2018 through June 2019 rating period.

(a) Change to covered benefits

There were no material changes to covered benefits compared to the previous certification.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the MCOs in their survey responses, and an adjustment was applied to reflect any such recoveries.

(c) Change to payment requirements

There were no material changes to requirements for provider payment compared to the previous certification.

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of Material Changes

There were no material changes to covered benefits and services compared to the previous certification.

4. Special Contract Provisions Related to Payment

A. INCENTIVE ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the incentive payment structure in the Medicaid managed care program.

ii. Appropriate Documentation

Incentive payments under this plan are below 105% of the certified capitation rates paid under the contract. EOHHS operates the following incentive program for its MCOs.

- **Health System Transformation Program:** The Health System Transformation Program invests in the development of certified accountable entities through the approval of the Rhode Island 1115 waiver Special Terms and Conditions. Incentive payments for the development of accountable entities will be funded via an incentive payment to the MCOs with EOHHS approval. MCOs may be eligible for incentive payment under this program up to the PMPM illustrated in the figure below.

FIGURE 18: MAXIMUM INCENTIVE PAYMENT (PMPM)

Population	SFY 2020 Composite Rates	105% of Capitation Rates	Maximum Incentive Payment
CSHCN	\$ 1,002.80	\$ 1,052.94	\$ 50.14
Rltc Care	269.95	283.45	13.50
Medicaid Expansion	548.88	576.32	27.44
Rhody Health Partners	1,618.00	1,698.90	80.90

Note: Health System Transformation Program incentive payments do not include the SOBRA or extended family planning rate cells.

The sum of the incentive payments does not exceed 105% of the certified capitation rates.

B. WITHHOLD ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the withhold arrangement in the Medicaid managed care program.

ii. Appropriate Documentation

(a) Description of the Withhold Arrangement

(i) Time period and purpose

The Alternative Payment Methodology (APM) withhold will continue in SFY 2020. Withhold metrics will be reviewed and paid on a quarterly basis.

(ii) Description of total percentage withheld

The withhold will remain at 0.5% in SFY 2020 and be returned in accordance to the "Alternative Payment Methodology Requirements for Each Contract Period" (Section 2.01.01.01.02).

(iii) Estimate of percent to be returned

Based on discussion with EOHHS, we believe that a full withhold return is attainable by the MCOs.

(iv) Reasonableness of withhold arrangement

Our review of the total withhold percentage of 0.5% of capitation revenue indicates that it is reasonable within the context of the capitation rate development and the magnitude of the withhold does not have a detrimental impact on the MCO's financial operating needs and capital reserves. Our interpretation of financial operating needs relates to cash flow needs for the MCO to pay claims and administer benefits for its covered population. We evaluated the reasonableness of the withhold within this context by reviewing the MCO's cash available to cover operating expenses, as well as the capitation rate payment mechanism utilized by EOHHS.

(v) Effect on the capitation rates

The rate is certified as actuarially sound after adjustment for the amount of the withhold not expected to be earned back.

(b) Rate certification consideration of withhold

The rate certification, with consideration for the portion of the withhold that is not reasonably achievable, is included in Appendix 1.

C. RISK SHARING MECHANISMS**i. Rate Development Standards**

This section provides documentation of the risk-sharing mechanisms in the Medicaid managed care program.

ii. Appropriate Documentation**(a) Description of Risk-sharing Mechanism**

The Rhode Island Medicaid managed care program includes the following risk-sharing mechanisms in SFY 2020.

- Risk-sharing arrangement
- Hepatitis C and transplant stop loss programs

(i) Risk sharing rationale

The risk sharing mechanisms in the Rhode Island Medicaid managed care program address potential claims volatility and other risk for MCOs participating in the managed care program.

(ii) Risk sharing implementation

The risk-sharing arrangement will be maintained in SFY 2020. The risk corridors parameters for the SFY 2020 contract year are included in the figure below.

FIGURE 19: RISK CORRIDOR PARAMETERS

Risk Sharing Provisions	Plan Share of Expenses	EOHHS Share of Expenses
For Medical Expenses between 100% and 103% of Baseline	100%	0%
For Medical Expenses between 103% and 105% of Baseline	40%	60%
For Medical Expenses greater than 105% of Baseline	10%	90%
Gain Sharing Provisions	Plan Share of Gains	EOHHS Share of gains
For Medical Expenses between 97% and 100% of Baseline	100%	0%
For Medical Expenses between 97% and 95% of Baseline	40%	60%
For Medical Expenses less than 95% of Baseline	10%	90%

The baseline medical expenses consist of the base benefit expense, Care Transformation Collaborative adjustment, detoxification case management, and care coordination. Effective for the SFY 2020 risk-sharing arrangement, care coordination expenditures reported by the MCOs for purposes of the risk sharing calculation will be limited to the care coordination capitation revenue received by the MCO in SFY 2020.

Additionally, EOHHS will continue to provide stop loss coverage for transplant procedures for the RIte Care and Children with Special Healthcare Needs populations in SFY 2020. Consistent with SFY 2017 and SFY 2018, EOHHS will reimburse MCOs for 90% of the incurred transplant costs. The transplant stop loss recoveries reported in SFY 2017 and SFY 2018 were netted against the base experience, as described in Section I.2.B.iii.d.

The base expenditures fully include early intervention and skilled nursing facility services, as these stop loss programs were eliminated effective July 1, 2018. Finally, effective July 1, 2018, the hepatitis C stop loss program was revised to provide 100% reimbursement of hepatitis C pharmacy expenditures.

(iii) Impact on capitation rate development

The risk-sharing mechanisms incorporated in the Rhode Island Medicaid managed care program reduce the overall MCO financial volatility and risk. The aggregate impact of the risk-sharing mechanisms was considered when developing the non-benefit expense load as discussed in Section I.5.B.ii.

(iv) Attestation of the use of generally accepted actuarial principles and practices

The SFY 2020 risk sharing and stop loss provisions were developed in accordance with generally accepted actuarial principles and practices.

(b) Medical Loss Ratio

(i) Methodology

The medical loss ratio for SFY 2020 will be reported to CMS in accordance with 42 CFR 438.8.

(ii) Formula for Remittance/Payment

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

(iii) Financial consequences

There are no financial consequences associated with MLR requirements.

(c) Reinsurance Requirements and Effect on Capitation Rates

(i) Description of reinsurance requirements

EOHHS requires the MCOs to obtain reinsurance coverage from a source other than EOHHS. The level at which the MCO establishes reinsurance must be consistent with sound business practices under the financial condition of the MCO. EOHHS reserves the right to review the reinsurance coverage and to require changes to that coverage in the form of lower thresholds if considered necessary based on the MCO's overall financial condition.

(ii) Effect on capitation rates

The SFY 2020 capitation rates were adjusted for the effect of reinsurance. Reinsurance premiums reported by the MCOs via the General Ledger Reports were included in the capitation rate development base data, and the base data was likewise reduced for reinsurance recoveries.

(iii) Attestation of the use of generally accepted actuarial principles and practices

The reinsurance arrangement was reflected in the capitation rate development in accordance with generally accepted actuarial principles and practices.

(iv) Reinsurance premium development

The reinsurance coverage is purchased by the MCOs from a source other than EOHHS. EOHHS is not responsible for the premium development.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

i. Rate Development Standards

There are no delivery system and provider payment initiatives assumed to impact the SFY 2020 capitation rate development.

ii. Appropriate Documentation

There are no delivery system and provider payment initiatives assumed to impact the SFY 2020 capitation rate development.

E. PASS-THROUGH PAYMENTS

i. Rate Development Standards

There are no pass-through payments reflected in the SFY 2020 capitation rates.

ii. Appropriate Documentation

There are no pass-through payments reflected in the SFY 2020 capitation rates.

5. Projected non-benefit costs

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to MCO operation of the Medicaid managed care program.

The remainder of Section I, item 5 provides documentation of the data, assumptions and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

ii. PMPM versus percentage

The non-benefit costs were developed as both a PMPM and a percentage of the capitation rate. The Care Transformation Collaborative adjustment, detoxification case management, and the State-Supplied Vaccine Program (vaccine assessment) were developed as PMPM amounts. The care coordination, administrative cost allowance, risk margin, and premium tax amounts were developed as a percentage of the base benefit costs.

iii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iv. Health insurance providers fee

Detail regarding the health insurance providers fee is provided in Section I, item 5.B.iii below.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

DATA

The following items were considered in determining the appropriate administrative payment to the MCOs:

- MCO administrative requirements as specified in the contract;
- MCO financial information reported to EOHHS;
- MCO-reported financial information contained in NAIC financial statement data;
- MCO historical administrative efficiency in relation to industry norms by expense category;
- Average administrative costs from the financial statements of Medicaid health plans nationally; and,
- Base claims cost.

We used historical program costs and projections provided by EOHHS to develop the PMPM amounts for Care Transformation Collaborative amounts and the vaccine assessment.

ASSUMPTIONS AND METHODOLOGY

In developing the administrative cost allowances, we reviewed historical administrative expenses for the program along with national Medicaid health plan administrative expenses. We considered the size of participating health plans and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of the population.

We did not develop administrative expenses from the ground up (based on individual components). However, individual components were reviewed within financial statement data. Care coordination expense was separately allocated from the general administrative cost allowance and is considered as a component of the baseline medical expense for purposes of risk share reporting.

In addition to care coordination and administrative costs, the development of actuarial sound capitation rates considers the following other program components:

- **Care Transformation Collaborative:** MCOs are required to participate in the Care Transformation Collaborative of Rhode Island (CTC) to promote accessible, comprehensive, coordinated care. The SFY 2020 PMPM add-on for CTC is based on SFY 2020 budget projections provided by CTC. The budget projections were reviewed for reasonability in their development and in total magnitude. The CTC amounts are included as a component of the baseline medical expense for purposes of risk share reporting.
- **Alcohol and Drug Detoxification Case Management:** MCOs are required to provide case management for beneficiaries discharged from Level IV alcohol and drug detoxification programs. Level IV alcohol and drug detoxification case management is estimated to total approximately \$1.5 million in SFY 2020 and is distributed by rate cell based on SFY 2018 substance abuse expenditures at Level IV alcohol and drug detoxification programs.
- **State-Supplied Vaccine Program (vaccine assessment):** Amounts for the vaccine assessment are included in the rate development as a PMPM add-on amount. The assessment is \$3.18 for adults ages 19 and over.
- **Premium Tax:** MCOs operating in the Rhode Island are subject to a 2.0% premium tax, which is included in the rate development.

Figure 20 illustrates the PMPM add-on amounts for CTC, detoxification case management, and the vaccine assessment.

FIGURE 20: PMPM ADD-ONS

Population	CTC	Detoxification Case Management	Vaccine Assessment
CSHCN	\$ 1.32	\$ 0.00	\$ 0.52
Rlte Care	0.93	0.12	1.10
Medicaid Expansion	0.97	1.06	3.18
Rhody Health Partners	0.79	2.04	3.18
SOBRA	0.00	0.00	0.00

Note: Amounts are composited based on estimated SFY 2020 enrollment.

(b) Material changes

There are no material changes to the data, assumptions, or methodology used to develop the projected non-benefit cost since the last rate certification. Assumptions are fully described within the rate certification reports in both SFY 2019 and SFY 2020. The SFY 2019 capitation rates were certified by another actuarial consultant, and our review of the SFY 2019 rate development was limited to the capitation rate certification documentation sent to CMS.

(c) Other material adjustments

In the SFY 2020 rate development, we relied on these financial statements and other sources of information, as outlined above, to develop the non-benefit expense load; however, the final assumptions were based on our actuarial judgement and not formulaically derived.

ii. Non-benefit costs, by cost category

Administrative expenses have not been developed from the ground up (based on individual components). However, individual components were reviewed within MCO cost reports and financial statement data. The care coordination, administrative cost, and risk margin are illustrated as a percentage of the benefit expense (less the CTC and detoxification case management PMPM add-ons). Premium tax is applied as a percentage of the total capitation. The SFY 2020 non-benefit expense percentages are illustrated in Figure 21 below.

FIGURE 21: NON-BENEFIT EXPENSE LOADS

Population	Care Coordination	Administrative Cost	Risk Margin	Premium Tax
CSHCN - Adoption/Sub Care	1.0%	9.0%	1.5%	2.0%
CSHCN - Other	1.0%	7.0%	1.5%	2.0%
Rlte Care – 15+	1.0%	7.0%	1.5%	2.0%
Rlte Care - <15	1.0%	8.0%	1.5%	2.0%
Rlte Care - EFP	1.0%	10.0%	1.5%	2.0%
Medicaid Expansion	1.0%	7.0%	1.5%	2.0%
Rhody Health Partners	1.0%	5.5%	1.5%	2.0%
SOBRA	0.5%	2.0%	1.5%	2.0%

iii. Health insurance providers fee

(a) Whether the fee is incorporated in the rates

EOHHS recognizes the need to fund payments related to the ACA health insurer fee for MCOs subject to the HIPF. To the extent a HIPF liability is incurred by the MCOs participating in the Rhode Island Medicaid managed care program, EOHHS intends to pay the assessment through a retroactive adjustment to the capitation rates. The capitation adjustment will be grossed up for the associated corporate income and state taxes. The amount of the adjustment will be calculated based on the applicable HIPF tax rate (as a percentage of earned premium reported on Form 8963) for the MCOs parent company, multiplied by the calculated SFY 2020 Rhode Island Medicaid premium revenue received by the MCO that is subject to the HIPF.

(b) Fee year or data year

The HIF for each insurer is calculated based on the data year. The adjusted SFY 2020 rates will be based on the 2020 HIF attributable to the 2019 data year.

(c) Determination of fee impact to rates

The calculation of the fee for each MCO subject to the HIF will be based on the final Form 8963 premium amounts reported by the insurer, aggregate HIF premium base, final IRS invoices provided to the MCOs subject to the HIF, Form 8963 premium amounts attributable to EOHHS, data year HIF tax percentage, and adjustments for premium revenue based on benefits described in 26 CFR 57.2(h)(2)(ix) such as nursing home and home health care. Final fee amounts are adjusted for applicable fees and taxes that are applied to EOHHS capitation rate revenue (documented in the non-benefit expense section of this report).

(d) Timing of adjustment for health insurance providers fee

Capitation rates will be amended based on the 2020 HIF attributable to the 2019 data year. We anticipate developing the rate adjustment in the last quarter of CY 2020.

(e) Identification of long-term care benefits

An estimated percentage of each capitation rate cell that is attributable to long-term care services as described in 26 CFR 57.2(h)(2)(ix) will be estimated for the purposes of the HIF payment.

(f) Application of health insurance providers fee in 2014, 2015, and 2016 capitation rates

The prior capitation rates were certified by another actuarial firm. The application of HIF in prior capitation rates can be found in prior certification materials.

6. Risk Adjustment and Acuity Adjustments

This section provides information on the risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(g), we will follow the rate development standards related to budget-neutral risk adjustment for the Medicaid managed care program. The composite will be prospectively risk adjusted by MCO to reflect estimated prospective morbidity differences in the underlying population enrolling with each MCO.

Risk adjustment was not performed prior to the SFY 2020 capitation rates. The remainder of this section outlines the intended approach to implementing risk adjustment to the SFY 2020 capitation rates. Certain issues such as data quality, MCO size, or risk differences not quantified by the approach outlined below may result in adjustments to the proposed methodology. All adjustments will be in accordance with our review of the risk adjustment data, results, and methodology and will be developed in accordance with generally accepted actuarial principles and practices.

ii. Risk adjustment model

Risk adjustment will be performed using CDPS + Rx version 6.3. Risk adjustment will be performed on a budget neutral basis at the rate cell level. Children less than one year old, the extended family planning population, and delivery kick payments will be excluded from the risk adjustment process.

iii. Acuity adjustments

Acuity adjustments are not applicable to the SFY 2020 capitation rates.

B. APPROPRIATE DOCUMENTATION

i. Prospective risk adjustment

(a) Data and adjustments

The SFY 2020 rate period will be risk adjusted based on a diagnosis and prescription drug collection period including incurred (dispensed) dates in SFY 2018, consistent with the base data used for capitation rate development. The risk adjustment diagnosis base data will exclude diagnosis codes associated with diagnostic testing and certain medical supply codes. Prospective risk scores will be applied to the SFY 2020 capitation rates in total. We will calculate normalized rates on a budget neutral basis for each MCO.

(b) Risk adjustment model

Populations will be risk-adjusted using CDPS+Rx risk scoring models. We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(c) Risk adjustment methodology

The risk adjustment is designed to be cost neutral for each population. Relative risk scores will be normalized to result in a composite risk score of 1.000 for each population group. The risk adjustment methodology uses generally accepted actuarial principles and practices.

(d) Magnitude of the adjustment

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(e) Assessment of predictive value

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(f) Any concerns the actuary has with the risk adjustment process

At this time, we have no concerns with the risk adjustment process. We will further vet the data and methodology during the risk adjustment process.

ii. Retrospective risk adjustment

Not applicable. The risk adjustment analysis will utilize a prospective methodology.

iii. Changes to risk adjustment model since last rating period

(a) Changes made since the last rating period

Risk adjustment was not performed on the SFY 2019 capitation rates.

(b) Budget neutrality

The risk adjustment is designed to be cost neutral for each population.

iv. Acuity adjustments

Acuity adjustments are not applicable to the SFY 2020 capitation rates.

Section II. Medicaid Managed care rates with long-term services and supports

Section II of the CMS Guide is not applicable to the populations covered under this rate certification. Managed long-term services and supports (MLTSS) populations are generally excluded from the program. The state operates a Medicare-Medicaid Plan (MMP) / Rhody Health Options Integrity program that is outlined in a separate capitation rate certification document.

Section III. New adult group capitation rates

EOHHS implemented the Affordable Care Act's Medicaid expansion on January 1, 2014. As of July 2018, approximately 75,000 individuals receive Medicaid benefits through MCOs through Rhode Island's Medicaid Expansion population.

1. Data

A. DATA USED IN CERTIFICATION

The source of data used to develop the Medicaid Expansion capitation rates for SFY 2020 was identical to the source of data used in the development of rates for the Rite Care, CSHCN, and Rhody Health Partners populations, as outlined in Section I.2.B.ii.

B. DESCRIPTION OF EMERGING DATA

i. New data available for rate setting

No new data sources were available for purposes of the SFY 2020 capitation rate development. Emerging Medicaid Expansion data, including a more complete set of encounter data, was used in the SFY 2020 capitation rate development.

ii. Monitoring of experience

EOHHS has monitored enrollment and costs in the Medicaid Expansion population on an on-going basis. MCOs routinely submit financial experience for purposes of the risk share reporting.

iii. Comparison to previous rate certifications

Figure 22 provides a comparison of actual SFY 2018 experience by rate cell used in the SFY 2020 capitation rate development relative to SFY 2018 projections in the SFY 2018 Medicaid Expansion capitation rates.

FIGURE 22: RECONCILIATION OF SFY 2018 ASSUMED BENEFIT EXPENSE TO ACTUAL BENEFIT EXPENSE

Rate Cell	Estimated Member Months	Actual Member Months	Difference	Estimated Benefit Expense PMPM	Actual Benefit Expense PMPM	Difference
ME - F 19-24	78,360	90,096	15.0%	\$ 272.81	\$ 197.61	(27.6%)
ME - F 25-29	46,824	53,675	14.6%	332.90	303.13	(8.9%)
ME - F 30-39	39,804	48,881	22.8%	497.00	439.46	(11.6%)
ME - F 40-49	51,000	53,468	4.8%	577.36	587.75	1.8%
ME - F 50-64	123,360	142,344	15.4%	594.12	554.02	(6.7%)
ME - M 19-24	85,236	96,429	13.1%	179.73	154.91	(13.8%)
ME - M 25-29	70,656	78,963	11.8%	284.23	276.38	(2.8%)
ME - M 30-39	88,380	104,583	18.3%	366.37	419.97	14.6%
ME - M 40-49	70,248	73,848	5.1%	532.76	559.79	5.1%
ME - M 50-64	104,280	121,466	16.5%	667.41	625.99	(6.2%)
Composite	758,148	863,753	13.9%	\$ 440.93	\$ 421.30	(4.5%)

As Figure 22 illustrates, actual MCO-covered member months were approximately 13.9% above values estimated in the development of the SFY 2018 rates. On an aggregate basis, actual benefit expense PMPM was approximately 4.5% lower than estimated benefit expense assumed in the capitation rate development.

iv. Adjustment to current rates

An explicit adjustment was not made for differences between projected and actual experience in previous rating periods; emerging experience was utilized to re-base the Medicaid Expansion rates for the SFY 2020 capitation rate development.

2. Projected Benefit Costs

A. DESCRIPTION OF PROJECTED BENEFIT COST ISSUES

SFY 2018 Medicaid Expansion population experience, in the form of adjusted encounter data, is used as the underlying data source for the development of the SFY 2020 capitation rates. In developing the adjusted base data for the SFY 2020 capitation rates, we also used SFY 2017 experience to bolster the credibility of the base data. We have documented this in Figure 11 of the report.

Discussion of other assumption changes is provided in the next section.

i. For states that covered the new adult group in previous rating periods

(a) Data specific to newly eligible adults

There was no data specific to newly eligible adults utilized in the capitation rate development.

(b) Changes in data sources, assumptions, or methodologies

There were no changes to the data sources, assumptions, or methodologies used to develop projected benefit costs that was specific to the Medicaid Expansion population that was not previously outlined in this report.

(c) Assumption changes from previous rating periods

(i) Acuity adjustments

Consistent with the SFY 2019 rate setting, an explicit acuity adjustment was not made for the Medicaid Expansion population.

(ii) Adjustments for pent-up demand

Consistent with the SFY 2019 rate setting, an explicit pent-up demand adjustment was not made for the Medicaid Expansion population.

(iii) Adjustment for adverse selection

Consistent with the SFY 2019 rate setting, an explicit adverse selection adjustment was not made for the Medicaid Expansion population.

(iv) Adjustment for demographics

Consistent with the SFY 2019 rate setting, an explicit demographic adjustment was not made for the Medicaid Expansion population. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the MCOs to the extent the demographic mix of the population changes significantly during the SFY 2020 rate period.

(v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2019 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

B. KEY ASSUMPTIONS

i. Acuity adjustments

An explicit acuity adjustment was not made for the Medicaid Expansion population.

ii. Adjustments for pent-up demand

An explicit pent-up demand adjustment was not made for the Medicaid Expansion population.

iii. Adjustments for adverse selection

An explicit adverse selection adjustment was not made for the Medicaid Expansion population.

iv. Adjustments for the demographics of the new adult group

An explicit demographic adjustment was not made for the Medicaid Expansion population. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the MCOs to the extent the demographic mix of the population changes significantly during the SFY 2020 rate period.

v. Differences in provider reimbursement rates or provider networks

Differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

vi. Other material adjustments

There are no other material adjustments not previously outlined in the report.

C. CHANGES TO BENEFIT PLAN

No benefit changes have been made to the Medicaid Expansion benefit plan.

D. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

We did not make any other adjustments in the Medicaid Expansion rate development process other than those previously outlined in the report.

3. Projected Non-Benefit Costs

A. DESCRIPTION OF ISSUES

i. Changes in data sources, assumptions, or methodologies

Changes in the data sources, assumptions, and methodologies utilized in the development of the non-benefit expense component of the capitation rates is outlined in Section I.5.B. The non-benefit expense percentage loads utilized for the Medicaid Expansion population is consistent with those used for the RItE Care adult population.

ii. Assumption changes for previous rating periods

Figure 23 illustrates the non-benefit expense assumptions for the SFY 2020 capitation rates relative to the SFY 2019 capitation rate development.

FIGURE 23: MEDICAID EXPANSION NON-BENEFIT EXPENSE ASSUMPTIONS

Non-Benefit Expenses	SFY 2019	SFY 2020
Admin	7.9%	7.0%
Care Coordination	0.6%	1.0%
Subtotal Non-Benefit Expense	8.5%	8.0%
Risk Margin	1.5%	1.5%
Total Non-Benefit Expense (Excluding Fees and Taxes)	10.0%	9.5%

Note: SFY 2019 non-benefit expense values were converted from PMPM values to percentages. Care coordination is identified as “Health Service Reclass” in the SFY 2019 capitation rate certification.

B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 21 provides the non-benefit expense assumptions for the Medicaid Expansion population and other populations administered by EOHHS. The non-benefit expense percentage loads utilized for the Medicaid Expansion population is consistent with those used for the Rlte Care adult population.

4. Final Certified Rates or Rate Ranges

A. CMS REQUESTS

i. Comparison to Previous Certification

Appendix 5 illustrates a comparison of the SFY 2019 and SFY 2020 capitation rates.

ii. Description of Other Material Changes to the Capitation Rates

All material changes to the Medicaid Expansion rate development methodology are outlined in this report.

5. Risk Mitigation Strategies

A. DESCRIPTION OF RISK MITIGATION STRATEGY

The Medicaid expansion population is included in the risk mitigation programs outlined in Section I.4 and Section I.6 consistently with all other populations. There are no risk mitigation strategies specific to the Medicaid Expansion population.

B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

There are no risk mitigation strategies specific to the Medicaid Expansion population.

Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the methodology and data sources anticipated to be used for developing the certified state fiscal year (SFY) 2020 capitation rates for the Rhode Island Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with managed care organizations (MCO) participating on the managed care program. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has relied upon certain data and information provided by EOHHS and the participating Medicaid MCOs in the development of the enclosures to this report. Milliman has relied upon EOHHS and the MCOs for the accuracy of the data and accept it without audit. To the extent that the data provided is not accurate, the capitation rate development would need to be modified to reflect revised information.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated June 10, 2019.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Appendix 1: Actuarial Certification

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2020 Capitation Rates
Medicaid Managed Care

Actuarial Certification

I, Jason A. Clarkson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been contracted by the State of Rhode Island, Executive Office of Health and Human Services to perform an actuarial review and certification regarding the development of capitation rates for the Medicaid Managed Care program effective July 1, 2019. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the MCO for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:

"Medicaid capitation rates are 'actuarially sound' if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."


The assumptions used in the development of the "actuarially sound" capitation rates have been documented in my correspondence with the State of Rhode Island. The "actuarially sound" capitation rates that are associated with this certification are effective for state fiscal year 2020.

The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned.

The "actuarially sound" capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the "actuarially sound" capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

The capitation rates developed may not be appropriate for any specific managed care plan. An individual managed care plan will need to review the rates in relation to the benefits that it will be obligated to provide. The managed care plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The managed care plan may require rates above, equal to, or below the "actuarially sound" capitation rates that are associated with this certification.



Jason A. Clarkson, FSA
Member, American Academy of Actuaries

July 15, 2019
Date

Appendix 2: SFY 2017 Base Data Development

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2020 Capitation Rate Development
Medicaid Managed Care Programs
Retrospective Rate Development Model - SFY2017

Rate Cell: RC - MF<1	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 63,795 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 115.64	\$ 0.00	\$ 0.00	\$ 1.16	\$ 2.53	\$ 119.33
Inpatient Well Newborn	74.15	-	-	0.74	1.63	76.52
Inpatient MH/SA	0.80	-	-	0.01	0.02	0.83
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	1.29	-	-	0.01	0.03	1.33
Subtotal Inpatient Hospital	\$ 191.88					\$ 198.01
Outpatient Hospital						
Outpatient Emergency Room	\$ 31.39	\$ 0.00	\$ 0.00	\$ 0.31	\$ 0.72	\$ 32.42
Outpatient Surgery	5.38	-	-	0.05	0.13	5.56
Outpatient Radiology	2.20	-	-	0.02	0.05	2.27
Outpatient Pathology/Lab	3.04	-	-	0.03	0.07	3.14
Outpatient Pharmacy	2.43	-	-	0.02	0.06	2.51
Outpatient MH/SA	0.57	-	-	0.01	0.01	0.59
Other Outpatient	7.67	-	-	0.08	0.17	7.92
Subtotal Outpatient Hospital	\$ 52.68					\$ 54.41
Professional						
Inpatient and Outpatient Surgery	\$ 10.26	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.11	\$ 10.47
Anesthesia	3.55	-	-	0.04	0.03	3.62
Inpatient Visits	15.02	-	0.45	0.15	0.16	15.78
MH/SA	4.67	-	-	0.05	0.04	4.76
Emergency Room	5.89	-	-	0.06	0.06	6.01
Office/Home Visits/Consults	34.55	-	2.19	0.37	0.37	37.48
Maternity	-	-	-	-	-	-
Pathology/Lab	1.07	-	-	0.01	0.01	1.09
Radiology	1.16	-	-	0.01	0.01	1.18
Office Administered Drugs	0.03	-	-	-	-	0.03
Physical Exams	40.40	-	1.76	0.42	0.43	43.01
Therapy	0.36	-	-	-	0.01	0.37
Vision	0.64	-	-	0.01	0.01	0.66
Other Professional	17.63	-	0.06	0.17	0.18	18.04
Subtotal Professional	\$ 135.23					\$ 142.50
Retail Pharmacy						
Retail Pharmacy	\$ 15.56	\$ 0.00	\$ 0.00	\$ 0.16	\$ 0.86	\$ 16.58
Subtotal Retail Pharmacy	\$ 15.56					\$ 16.58
Ancillary						
Transportation	\$ 0.94	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.96
DME/Prosthetics	4.70	-	-	0.05	0.04	4.79
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 5.64					\$ 5.75
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.85	-	-	-	0.02	0.87
Case Management	1.57	-	-	0.01	0.02	1.60
Subtotal LTSS	\$ 2.42					\$ 2.47
Total Medical Costs	\$ 403.41					\$ 419.72

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Rate Cell: RC - MF 1-5	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 342,915 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 10.44	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.23	\$ 10.77
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	0.98	-	-	0.01	0.02	1.01
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.20	-	-	-	0.01	0.21
Subtotal Inpatient Hospital	\$ 11.62					\$ 11.99
Outpatient Hospital						
Outpatient Emergency Room	\$ 18.90	\$ 0.00	\$ 0.00	\$ 0.19	\$ 0.43	\$ 19.52
Outpatient Surgery	7.92	-	-	0.08	0.18	8.18
Outpatient Radiology	0.86	-	-	0.01	0.02	0.89
Outpatient Pathology/Lab	2.19	-	-	0.02	0.05	2.26
Outpatient Pharmacy	2.53	-	-	0.03	0.05	2.61
Outpatient MH/SA	2.66	-	-	0.03	0.06	2.75
Other Outpatient	3.66	-	-	0.04	0.08	3.78
Subtotal Outpatient Hospital	\$ 38.72					\$ 39.99
Professional						
Inpatient and Outpatient Surgery	\$ 1.97	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 2.01
Anesthesia	1.13	-	-	0.01	0.01	1.15
Inpatient Visits	0.93	-	0.02	0.01	0.01	0.97
MH/SA	7.47	-	-	0.07	0.08	7.62
Emergency Room	2.80	-	-	0.03	0.03	2.86
Office/Home Visits/Consults	19.18	-	1.22	0.20	0.21	20.81
Maternity	-	-	-	-	-	-
Pathology/Lab	1.26	-	-	0.01	0.02	1.29
Radiology	0.34	-	-	-	0.01	0.35
Office Administered Drugs	0.08	-	-	-	-	0.08
Physical Exams	7.82	-	0.37	0.08	0.08	8.35
Therapy	0.30	-	-	-	0.01	0.31
Vision	1.33	-	-	0.02	0.01	1.36
Other Professional	16.41	-	0.05	0.17	0.17	16.80
Subtotal Professional	\$ 61.02					\$ 63.96
Retail Pharmacy						
Retail Pharmacy	\$ 11.95	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.66	\$ 12.73
Subtotal Retail Pharmacy	\$ 11.95					\$ 12.73
Ancillary						
Transportation	\$ 0.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.23
DME/Prosthetics	1.28	-	-	0.01	0.02	1.31
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 1.51					\$ 1.54
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.54	-	-	-	-	0.54
Case Management	1.96	-	-	-	-	1.96
Subtotal LTSS	\$ 2.50					\$ 2.50
Total Medical Costs	\$ 127.32					\$ 132.71

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Rate Cell: RC - MF 6-14	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 552,226 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 5.57	\$ 0.00	\$ 0.00	\$ 0.06	\$ 0.12	\$ 5.75
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	8.70	-	-	0.09	0.19	8.98
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.14	-	-	-	-	0.14
Subtotal Inpatient Hospital	\$ 14.41					\$ 14.87
Outpatient Hospital						
Outpatient Emergency Room	\$ 11.59	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.26	\$ 11.97
Outpatient Surgery	3.91	-	-	0.04	0.09	4.04
Outpatient Radiology	1.39	-	-	0.01	0.04	1.44
Outpatient Pathology/Lab	2.24	-	-	0.02	0.05	2.31
Outpatient Pharmacy	3.05	-	-	0.03	0.07	3.15
Outpatient MH/SA	4.24	-	-	0.04	0.10	4.38
Other Outpatient	2.87	-	-	0.03	0.06	2.96
Subtotal Outpatient Hospital	\$ 29.29					\$ 30.25
Professional						
Inpatient and Outpatient Surgery	\$ 1.87	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 1.91
Anesthesia	0.66	-	-	0.01	-	0.67
Inpatient Visits	0.84	-	-	0.01	0.01	0.86
MH/SA	15.12	-	-	0.15	0.15	15.42
Emergency Room	1.82	-	-	0.02	0.02	1.86
Office/Home Visits/Consults	17.73	-	1.11	0.19	0.19	19.22
Maternity	-	-	-	-	-	-
Pathology/Lab	1.21	-	-	0.01	0.01	1.23
Radiology	0.86	-	-	0.01	0.01	0.88
Office Administered Drugs	0.08	-	-	-	-	0.08
Physical Exams	4.60	-	0.24	0.05	0.05	4.94
Therapy	0.57	-	-	0.01	-	0.58
Vision	4.42	-	-	0.04	0.05	4.51
Other Professional	4.90	-	0.03	0.05	0.05	5.03
Subtotal Professional	\$ 54.68					\$ 57.19
Retail Pharmacy						
Retail Pharmacy	\$ 20.88	\$ 0.00	\$ 0.00	\$ 0.21	\$ 1.16	\$ 22.25
Subtotal Retail Pharmacy	\$ 20.88					\$ 22.25
Ancillary						
Transportation	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.29
DME/Prosthetics	1.43	-	-	0.01	0.02	1.46
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 1.71					\$ 1.75
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.24	-	-	-	-	2.24
Case Management	0.38	-	-	-	-	0.38
Subtotal LTSS	\$ 2.62					\$ 2.62
Total Medical Costs	\$ 123.59					\$ 128.93

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Rate Cell: RC - M 15-44	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 216,383 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 17.30	\$ 0.00	\$ 0.00	\$ 0.09	\$ 0.37	\$ 17.76
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	13.06	-	-	0.07	0.28	13.41
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.74	-	-	-	0.02	0.76
Subtotal Inpatient Hospital	\$ 31.10					\$ 31.93
Outpatient Hospital						
Outpatient Emergency Room	\$ 16.83	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.38	\$ 17.29
Outpatient Surgery	6.90	-	-	0.07	0.16	7.13
Outpatient Radiology	3.82	-	-	0.04	0.09	3.95
Outpatient Pathology/Lab	4.74	-	-	0.05	0.11	4.90
Outpatient Pharmacy	9.03	-	-	0.09	0.21	9.33
Outpatient MH/SA	2.91	-	-	0.03	0.07	3.01
Other Outpatient	2.86	-	-	0.03	0.06	2.95
Subtotal Outpatient Hospital	\$ 47.09					\$ 48.56
Professional						
Inpatient and Outpatient Surgery	\$ 4.59	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.04	\$ 4.68
Anesthesia	0.96	-	-	0.01	0.01	0.98
Inpatient Visits	1.68	-	-	0.02	0.01	1.71
MH/SA	17.21	-	-	0.17	0.18	17.56
Emergency Room	2.89	-	-	0.03	0.03	2.95
Office/Home Visits/Consults	18.53	-	0.53	0.19	0.19	19.44
Maternity	-	-	-	-	-	-
Pathology/Lab	4.00	-	-	0.04	0.04	4.08
Radiology	2.87	-	-	0.03	0.03	2.93
Office Administered Drugs	1.11	-	-	0.01	0.01	1.13
Physical Exams	2.76	-	0.11	0.03	0.03	2.93
Therapy	2.32	-	-	0.02	0.03	2.37
Vision	2.59	-	-	0.03	0.02	2.64
Other Professional	4.08	-	0.03	0.04	0.04	4.19
Subtotal Professional	\$ 65.59					\$ 67.59
Retail Pharmacy						
Retail Pharmacy	\$ 32.19	\$ 0.00	\$ 0.00	\$ 0.64	\$ 1.81	\$ 34.64
Subtotal Retail Pharmacy	\$ 32.19					\$ 34.64
Ancillary						
Transportation	\$ 0.61	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.62
DME/Prosthetics	2.49	-	-	0.02	0.03	2.54
Hospice	0.02	-	-	-	-	0.02
Subtotal Ancillary	\$ 3.12					\$ 3.18
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.25	-	-	-	-	2.25
Case Management	0.31	-	-	-	-	0.31
Subtotal LTSS	\$ 2.56					\$ 2.56
Total Medical Costs	\$ 181.65					\$ 188.46

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Rate Cell: RC - F 15-44	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 507,503 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 24.50	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.54	\$ 25.16
Inpatient Well Newborn	0.01	-	-	-	-	0.01
Inpatient MH/SA	15.83	-	-	0.08	0.34	16.25
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.81	-	-	-	0.02	0.83
Subtotal Inpatient Hospital	\$ 41.15					\$ 42.25
Outpatient Hospital						
Outpatient Emergency Room	\$ 29.92	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.68	\$ 30.75
Outpatient Surgery	14.57	-	-	0.15	0.33	15.05
Outpatient Radiology	6.19	-	-	0.06	0.14	6.39
Outpatient Pathology/Lab	16.17	-	-	0.16	0.37	16.70
Outpatient Pharmacy	10.08	-	-	0.10	0.23	10.41
Outpatient MH/SA	5.45	-	-	0.05	0.13	5.63
Other Outpatient	4.81	-	-	0.05	0.11	4.97
Subtotal Outpatient Hospital	\$ 87.19					\$ 89.90
Professional						
Inpatient and Outpatient Surgery	\$ 6.92	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.07	\$ 7.06
Anesthesia	1.65	-	-	0.02	0.01	1.68
Inpatient Visits	1.93	-	-	0.02	0.02	1.97
MH/SA	22.78	-	-	0.23	0.23	23.24
Emergency Room	4.77	-	-	0.05	0.05	4.87
Office/Home Visits/Consults	31.72	-	0.39	0.32	0.33	32.76
Maternity	0.03	-	-	-	-	0.03
Pathology/Lab	7.59	-	-	0.08	0.07	7.74
Radiology	5.50	-	-	0.06	0.05	5.61
Office Administered Drugs	3.09	-	-	0.03	0.03	3.15
Physical Exams	3.58	-	0.06	0.04	0.03	3.71
Therapy	3.03	-	-	0.03	0.03	3.09
Vision	3.18	-	-	0.03	0.03	3.24
Other Professional	8.60	-	-	0.09	0.09	8.78
Subtotal Professional	\$ 104.37					\$ 106.93
Retail Pharmacy						
Retail Pharmacy	\$ 43.28	\$ 0.00	\$ 0.00	\$ 0.87	\$ 2.42	\$ 46.57
Subtotal Retail Pharmacy	\$ 43.28					\$ 46.57
Ancillary						
Transportation	\$ 0.87	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.89
DME/Prosthetics	2.22	-	-	0.02	0.02	2.26
Hospice	0.14	-	-	-	-	0.14
Subtotal Ancillary	\$ 3.23					\$ 3.29
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.92	-	-	-	-	0.92
Case Management	0.22	-	-	-	-	0.22
Subtotal LTSS	\$ 1.14					\$ 1.14
Total Medical Costs	\$ 280.36					\$ 290.08

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Rate Cell: RC - MF 45+	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 110,573 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 61.90	\$ 0.00	\$ 0.00	\$ 0.31	\$ 1.35	\$ 63.56
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	7.18	-	-	0.04	0.15	7.37
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	2.55	-	-	0.01	0.06	2.62
Subtotal Inpatient Hospital	\$ 71.63					\$ 73.55
Outpatient Hospital						
Outpatient Emergency Room	\$ 22.64	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.52	\$ 23.27
Outpatient Surgery	27.90	-	-	0.28	0.63	28.81
Outpatient Radiology	14.19	-	-	0.14	0.32	14.65
Outpatient Pathology/Lab	13.37	-	-	0.13	0.31	13.81
Outpatient Pharmacy	19.18	-	-	0.19	0.44	19.81
Outpatient MH/SA	2.36	-	-	0.02	0.06	2.44
Other Outpatient	10.11	-	-	0.10	0.23	10.44
Subtotal Outpatient Hospital	\$ 109.75					\$ 113.23
Professional						
Inpatient and Outpatient Surgery	\$ 15.50	\$ 0.00	\$ 0.00	\$ 0.16	\$ 0.15	\$ 15.81
Anesthesia	2.50	-	-	0.03	0.02	2.55
Inpatient Visits	2.91	-	-	0.03	0.03	2.97
MH/SA	19.09	-	-	0.19	0.19	19.47
Emergency Room	3.95	-	-	0.04	0.04	4.03
Office/Home Visits/Consults	41.32	-	-	0.41	0.42	42.15
Maternity	-	-	-	-	-	-
Pathology/Lab	7.93	-	-	0.08	0.08	8.09
Radiology	11.17	-	-	0.11	0.11	11.39
Office Administered Drugs	5.69	-	-	0.06	0.05	5.80
Physical Exams	3.93	-	-	0.04	0.04	4.01
Therapy	6.54	-	-	0.07	0.06	6.67
Vision	3.51	-	-	0.04	0.03	3.58
Other Professional	9.77	-	-	0.10	0.10	9.97
Subtotal Professional	\$ 133.81					\$ 136.49
Retail Pharmacy						
Retail Pharmacy	\$ 88.20	\$ 0.00	\$ 0.00	\$ 1.76	\$ 4.95	\$ 94.91
Subtotal Retail Pharmacy	\$ 88.20					\$ 94.91
Ancillary						
Transportation	\$ 0.86	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.88
DME/Prosthetics	5.34	-	-	0.05	0.06	5.45
Hospice	0.21	-	-	-	0.01	0.22
Subtotal Ancillary	\$ 6.41					\$ 6.55
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.82	-	-	-	-	0.82
Case Management	0.50	-	-	-	-	0.50
Subtotal LTSS	\$ 1.32					\$ 1.32
Total Medical Costs	\$ 411.12					\$ 426.05

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Rate Cell: RC - EFP	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 12,977 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 0.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.67
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-
Subtotal Inpatient Hospital	\$ 0.66					\$ 0.67
Outpatient Hospital						
Outpatient Emergency Room	\$ 0.69	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.71
Outpatient Surgery	1.21	-	-	0.01	0.02	1.24
Outpatient Radiology	0.66	-	-	-	0.02	0.68
Outpatient Pathology/Lab	2.21	-	-	0.01	0.05	2.27
Outpatient Pharmacy	0.27	-	-	-	0.01	0.28
Outpatient MH/SA	0.17	-	-	-	-	0.17
Other Outpatient	0.54	-	-	-	0.01	0.55
Subtotal Outpatient Hospital	\$ 5.75					\$ 5.90
Professional						
Inpatient and Outpatient Surgery	\$ 0.41	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.42
Anesthesia	0.23	-	-	-	-	0.23
Inpatient Visits	0.01	-	-	-	-	0.01
MH/SA	0.18	-	-	-	-	0.18
Emergency Room	0.13	-	-	-	-	0.13
Office/Home Visits/Consults	1.35	-	-	0.02	0.01	1.38
Maternity	0.01	-	-	-	-	0.01
Pathology/Lab	1.24	-	-	0.01	0.01	1.26
Radiology	0.24	-	-	-	-	0.24
Office Administered Drugs	0.18	-	-	-	-	0.18
Physical Exams	0.68	-	-	0.01	-	0.69
Therapy	0.04	-	-	-	-	0.04
Vision	0.06	-	-	-	-	0.06
Other Professional	2.59	-	-	0.03	0.02	2.64
Subtotal Professional	\$ 7.35					\$ 7.47
Retail Pharmacy						
Retail Pharmacy	\$ 3.03	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.06	\$ 3.12
Subtotal Retail Pharmacy	\$ 3.03					\$ 3.12
Ancillary						
Transportation	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01
DME/Prosthetics	0.02	-	-	-	-	0.02
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 0.03					\$ 0.03
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-	-	-	-
Case Management	-	-	-	-	-	-
Subtotal LTSS	\$ 0.00					\$ 0.00
Total Medical Costs	\$ 16.82					\$ 17.19

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Rate Cell: RC - SOBRA	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 4,761 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 445.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9.68	\$ 455.61
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	-	-	-	-	-	-
Inpatient Maternity Delivery	3,782.39	-	-	-	82.08	3,864.47
Other Inpatient	116.08	-	-	-	2.52	118.60
Subtotal Inpatient Hospital	\$ 4,344.40					\$ 4,438.68
Outpatient Hospital						
Outpatient Emergency Room	\$ 1,427.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 32.12	\$ 1,459.61
Outpatient Surgery	152.63	-	-	0.76	3.45	156.84
Outpatient Radiology	526.30	-	-	2.63	11.90	540.83
Outpatient Pathology/Lab	695.54	-	-	3.48	15.73	714.75
Outpatient Pharmacy	51.15	-	-	0.26	1.15	52.56
Outpatient MH/SA	-	-	-	-	-	-
Other Outpatient	309.20	-	-	1.55	6.99	317.74
Subtotal Outpatient Hospital	\$ 3,162.31					\$ 3,242.33
Professional						
Inpatient and Outpatient Surgery	\$ 11.06	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.11	\$ 11.34
Anesthesia	422.33	-	-	6.33	4.29	432.95
Inpatient Visits	53.22	-	-	0.80	0.54	54.56
MH/SA	2.63	-	-	0.04	0.03	2.70
Emergency Room	147.71	-	-	2.22	1.49	151.42
Office/Home Visits/Consults	99.87	-	0.68	1.51	1.02	103.08
Maternity	1,479.02	-	-	22.19	15.01	1,516.22
Pathology/Lab	57.76	-	-	0.87	0.58	59.21
Radiology	265.91	-	-	3.99	2.70	272.60
Office Administered Drugs	10.64	-	-	0.16	0.11	10.91
Physical Exams	5.15	-	0.01	0.07	0.06	5.29
Therapy	1.77	-	-	0.03	0.01	1.81
Vision	0.06	-	-	-	-	0.06
Other Professional	98.93	-	-	1.48	1.01	101.42
Subtotal Professional	\$ 2,656.06					\$ 2,723.57
Retail Pharmacy						
Retail Pharmacy	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy	\$ 0.00					\$ 0.00
Ancillary						
Transportation	\$ 7.61	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.07	\$ 7.76
DME/Prosthetics	113.39	-	-	1.13	1.15	115.67
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 121.00					\$ 123.43
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.23	-	-	-	-	0.23
Case Management	0.05	-	-	-	-	0.05
Subtotal LTSS	\$ 0.28					\$ 0.28
Total Medical Costs	\$ 10,284.05					\$ 10,528.29

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Rate Cell:	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
CSHCN - Adoption Subsidy						
Member Months: 21,415		Utilization	Cost	Utilization	Cost	
Category of Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 14.16	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.31	\$ 14.54
Inpatient Well Newborn	0.69	-	-	-	0.02	0.71
Inpatient MH/SA	78.96	-	-	0.39	1.73	81.08
Inpatient Maternity Delivery	0.18	-	-	-	-	0.18
Other Inpatient	8.54	-	-	0.04	0.19	8.77
Subtotal Inpatient Hospital	\$ 102.53					\$ 105.28
Outpatient Hospital						
Outpatient Emergency Room	\$ 16.25	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.37	\$ 16.70
Outpatient Surgery	5.79	-	-	0.09	0.13	6.01
Outpatient Radiology	2.04	-	-	0.03	0.05	2.12
Outpatient Pathology/Lab	4.95	-	-	0.07	0.12	5.14
Outpatient Pharmacy	1.28	-	-	0.02	0.03	1.33
Outpatient MH/SA	18.54	-	-	0.28	0.42	19.24
Other Outpatient	9.21	-	-	0.14	0.21	9.56
Subtotal Outpatient Hospital	\$ 58.06					\$ 60.10
Professional						
Inpatient and Outpatient Surgery	\$ 2.68	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.02	\$ 2.73
Anesthesia	1.09	-	-	0.01	0.01	1.11
Inpatient Visits	2.86	-	0.03	0.02	0.03	2.94
MH/SA	49.95	-	-	0.50	0.50	50.95
Emergency Room	2.64	-	-	0.03	0.02	2.69
Office/Home Visits/Consults	21.24	-	1.29	0.22	0.23	22.98
Maternity	0.08	-	-	-	-	0.08
Pathology/Lab	2.13	-	-	0.02	0.02	2.17
Radiology	1.18	-	-	0.01	0.01	1.20
Office Administered Drugs	0.09	-	-	-	-	0.09
Physical Exams	5.94	-	0.31	0.06	0.07	6.38
Therapy	1.11	-	-	0.01	0.01	1.13
Vision	4.41	-	-	0.04	0.05	4.50
Other Professional	51.41	-	0.54	0.51	0.53	52.99
Subtotal Professional	\$ 146.81					\$ 151.94
Retail Pharmacy						
Retail Pharmacy	\$ 52.26	\$ 0.00	\$ 0.00	\$ 0.52	\$ 1.59	\$ 54.37
Subtotal Retail Pharmacy	\$ 52.26					\$ 54.37
Ancillary						
Transportation	\$ 0.78	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.80
DME/Prosthetics	14.06	-	-	0.14	0.14	14.34
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 14.84					\$ 15.14
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	36.07	-	-	-	-	36.07
Case Management	5.75	-	-	-	-	5.75
Subtotal LTSS	\$ 41.82					\$ 41.82
Total Medical Costs	\$ 416.32					\$ 428.65

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Retrospective Rate Development Model - SFY2017

Rate Cell: CSHCN - Katie Beckett	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 1,325 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 418.47	\$ 0.00	\$ 0.00	\$ 2.09	\$ 9.13	\$ 429.69
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	278.63	-	-	1.39	6.08	286.10
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-
Subtotal Inpatient Hospital	\$ 697.10					\$ 715.79
Outpatient Hospital						
Outpatient Emergency Room	\$ 33.88	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.77	\$ 34.82
Outpatient Surgery	29.31	-	-	0.44	0.67	30.42
Outpatient Radiology	11.96	-	-	0.18	0.27	12.41
Outpatient Pathology/Lab	10.36	-	-	0.16	0.23	10.75
Outpatient Pharmacy	4.60	-	-	0.07	0.10	4.77
Outpatient MH/SA	14.14	-	-	0.21	0.33	14.68
Other Outpatient	49.23	-	-	0.74	1.12	51.09
Subtotal Outpatient Hospital	\$ 153.48					\$ 158.94
Professional						
Inpatient and Outpatient Surgery	\$ 11.29	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.12	\$ 11.52
Anesthesia	3.34	-	-	0.03	0.04	3.41
Inpatient Visits	36.24	-	0.15	0.36	0.37	37.12
MH/SA	112.83	-	-	1.13	1.14	115.10
Emergency Room	7.60	-	-	0.08	0.07	7.75
Office/Home Visits/Consults	43.20	-	2.61	0.46	0.46	46.73
Maternity	-	-	-	-	-	-
Pathology/Lab	1.78	-	-	0.02	0.02	1.82
Radiology	4.05	-	-	0.04	0.04	4.13
Office Administered Drugs	0.02	-	-	-	-	0.02
Physical Exams	4.49	-	0.25	0.05	0.05	4.84
Therapy	10.48	-	-	0.10	0.11	10.69
Vision	3.23	-	-	0.03	0.04	3.30
Other Professional	461.85	-	7.62	4.70	4.74	478.91
Subtotal Professional	\$ 700.40					\$ 725.34
Retail Pharmacy						
Retail Pharmacy	\$ 318.68	\$ 0.00	\$ 0.00	\$ 3.19	\$ 9.65	\$ 331.52
Subtotal Retail Pharmacy	\$ 318.68					\$ 331.52
Ancillary						
Transportation	\$ 7.20	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.07	\$ 7.34
DME/Prosthetics	144.69	-	-	1.45	1.46	147.60
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 151.89					\$ 154.94
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	592.60	-	-	-	-	592.60
Case Management	61.63	-	-	-	-	61.63
Subtotal LTSS	\$ 654.23					\$ 654.23
Total Medical Costs	\$ 2,675.78					\$ 2,740.76

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Rate Cell: CSHCN - SSI < 15	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 37,783 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 201.70	\$ 0.00	\$ 0.00	\$ 1.01	\$ 4.40	\$ 207.11
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	156.42	-	-	0.78	3.41	160.61
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	4.79	-	-	0.02	0.11	4.92
Subtotal Inpatient Hospital	\$ 362.91					\$ 372.64
Outpatient Hospital						
Outpatient Emergency Room	\$ 28.84	\$ 0.00	\$ 0.00	\$ 0.14	\$ 0.66	\$ 29.64
Outpatient Surgery	20.86	-	-	0.31	0.48	21.65
Outpatient Radiology	7.50	-	-	0.11	0.17	7.78
Outpatient Pathology/Lab	9.09	-	-	0.14	0.20	9.43
Outpatient Pharmacy	12.08	-	-	0.18	0.28	12.54
Outpatient MH/SA	23.61	-	-	0.35	0.54	24.50
Other Outpatient	31.92	-	-	0.48	0.73	33.13
Subtotal Outpatient Hospital	\$ 133.90					\$ 138.67
Professional						
Inpatient and Outpatient Surgery	\$ 8.43	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.09	\$ 8.60
Anesthesia	4.76	-	-	0.05	0.05	4.86
Inpatient Visits	14.99	-	0.07	0.15	0.15	15.36
MH/SA	73.20	-	-	0.73	0.74	74.67
Emergency Room	4.94	-	-	0.05	0.05	5.04
Office/Home Visits/Consults	32.27	-	2.00	0.34	0.35	34.96
Maternity	-	-	-	-	-	-
Pathology/Lab	2.05	-	-	0.02	0.02	2.09
Radiology	2.49	-	-	0.02	0.03	2.54
Office Administered Drugs	10.23	-	-	0.10	0.11	10.44
Physical Exams	6.66	-	0.35	0.07	0.07	7.15
Therapy	2.11	-	-	0.02	0.02	2.15
Vision	5.02	-	-	0.05	0.05	5.12
Other Professional	190.87	-	2.42	1.94	1.95	197.18
Subtotal Professional	\$ 358.02					\$ 370.16
Retail Pharmacy						
Retail Pharmacy	\$ 144.03	\$ 0.00	\$ 0.00	\$ 1.44	\$ 4.36	\$ 149.83
Subtotal Retail Pharmacy	\$ 144.03					\$ 149.83
Ancillary						
Transportation	\$ 1.27	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 1.30
DME/Prosthetics	57.74	-	-	0.58	0.58	58.90
Hospice	0.02	-	-	-	-	0.02
Subtotal Ancillary	\$ 59.03					\$ 60.22
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	97.38	-	-	-	-	97.38
Case Management	17.81	-	-	-	-	17.81
Subtotal LTSS	\$ 115.19					\$ 115.19
Total Medical Costs	\$ 1,173.08					\$ 1,206.71

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Rate Cell: CSHCN - SSI >= 15	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 24,019 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 62.11	\$ 0.00	\$ 0.00	\$ 0.31	\$ 1.36	\$ 63.78
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	163.25	-	-	0.82	3.56	167.63
Inpatient Maternity Delivery	4.03	-	-	0.02	0.09	4.14
Other Inpatient	11.95	-	-	0.06	0.26	12.27
Subtotal Inpatient Hospital	\$ 241.34					\$ 247.82
Outpatient Hospital						
Outpatient Emergency Room	\$ 39.73	\$ 0.00	\$ 0.00	\$ 0.20	\$ 0.90	\$ 40.83
Outpatient Surgery	9.37	-	-	0.14	0.21	9.72
Outpatient Radiology	5.61	-	-	0.08	0.13	5.82
Outpatient Pathology/Lab	9.58	-	-	0.14	0.22	9.94
Outpatient Pharmacy	5.92	-	-	0.09	0.13	6.14
Outpatient MH/SA	11.65	-	-	0.17	0.27	12.09
Other Outpatient	8.58	-	-	0.13	0.19	8.90
Subtotal Outpatient Hospital	\$ 90.44					\$ 93.44
Professional						
Inpatient and Outpatient Surgery	\$ 7.47	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.08	\$ 7.62
Anesthesia	3.59	-	-	0.04	0.03	3.66
Inpatient Visits	9.07	-	-	0.09	0.09	9.25
MH/SA	61.86	-	-	0.62	0.62	63.10
Emergency Room	7.81	-	-	0.08	0.08	7.97
Office/Home Visits/Consults	27.98	-	1.64	0.30	0.29	30.21
Maternity	1.52	-	-	0.02	0.01	1.55
Pathology/Lab	4.61	-	-	0.05	0.04	4.70
Radiology	3.49	-	-	0.03	0.04	3.56
Office Administered Drugs	11.51	-	-	0.12	0.11	11.74
Physical Exams	4.54	-	0.24	0.04	0.05	4.87
Therapy	1.15	-	-	0.01	0.01	1.17
Vision	4.58	-	-	0.05	0.04	4.67
Other Professional	80.71	-	2.85	0.83	0.85	85.24
Subtotal Professional	\$ 229.89					\$ 239.31
Retail Pharmacy						
Retail Pharmacy	\$ 104.33	\$ 0.00	\$ 0.00	\$ 1.04	\$ 3.16	\$ 108.53
Subtotal Retail Pharmacy	\$ 104.33					\$ 108.53
Ancillary						
Transportation	\$ 1.99	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 2.03
DME/Prosthetics	19.81	-	-	0.20	0.20	20.21
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 21.80					\$ 22.24
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	90.63	-	-	-	-	90.63
Case Management	8.07	-	-	-	-	8.07
Subtotal LTSS	\$ 98.70					\$ 98.70
Total Medical Costs	\$ 786.50					\$ 810.04

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Rate Cell:	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
CSHCN - Substitute Care						
Member Months: 25,154		Utilization	Cost	Utilization	Cost	
Category of Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 54.60	\$ 0.00	\$ 0.00	\$ 0.27	\$ 1.19	\$ 56.06
Inpatient Well Newborn	1.76	-	-	0.01	0.04	1.81
Inpatient MH/SA	288.61	-	-	1.44	6.30	296.35
Inpatient Maternity Delivery	3.69	-	-	0.02	0.08	3.79
Other Inpatient	3.03	-	-	0.02	0.06	3.11
Subtotal Inpatient Hospital	\$ 351.69					\$ 361.12
Outpatient Hospital						
Outpatient Emergency Room	\$ 34.56	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.78	\$ 35.51
Outpatient Surgery	8.21	-	-	0.12	0.19	8.52
Outpatient Radiology	4.06	-	-	0.06	0.09	4.21
Outpatient Pathology/Lab	8.06	-	-	0.12	0.18	8.36
Outpatient Pharmacy	1.06	-	-	0.02	0.02	1.10
Outpatient MH/SA	14.32	-	-	0.21	0.33	14.86
Other Outpatient	5.63	-	-	0.08	0.13	5.84
Subtotal Outpatient Hospital	\$ 75.90					\$ 78.40
Professional						
Inpatient and Outpatient Surgery	\$ 5.01	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.05	\$ 5.11
Anesthesia	1.78	-	-	0.02	0.02	1.82
Inpatient Visits	7.22	-	0.09	0.07	0.07	7.45
MH/SA	74.09	-	-	0.74	0.75	75.58
Emergency Room	6.21	-	-	0.06	0.06	6.33
Office/Home Visits/Consults	33.55	-	1.76	0.35	0.36	36.02
Maternity	1.00	-	-	0.01	0.01	1.02
Pathology/Lab	8.07	-	-	0.08	0.08	8.23
Radiology	2.16	-	-	0.02	0.02	2.20
Office Administered Drugs	0.25	-	-	-	0.01	0.26
Physical Exams	8.07	-	0.32	0.09	0.08	8.56
Therapy	1.45	-	-	0.01	0.02	1.48
Vision	4.18	-	-	0.04	0.05	4.27
Other Professional	38.59	-	0.07	0.39	0.39	39.44
Subtotal Professional	\$ 191.63					\$ 197.77
Retail Pharmacy						
Retail Pharmacy	\$ 37.93	\$ 0.00	\$ 0.00	\$ 0.38	\$ 1.15	\$ 39.46
Subtotal Retail Pharmacy	\$ 37.93					\$ 39.46
Ancillary						
Transportation	\$ 1.75	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 1.79
DME/Prosthetics	4.46	-	-	0.04	0.05	4.55
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 6.21					\$ 6.34
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	3.77	-	-	-	-	3.77
Case Management	5.05	-	-	-	-	5.05
Subtotal LTSS	\$ 8.82					\$ 8.82
Total Medical Costs	\$ 672.18					\$ 691.91

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Rate Cell: ME - F 19-24	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 86,537 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 18.33	\$ 0.00	\$ 0.00	\$ 0.09	\$ 0.40	\$ 18.82
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	13.06	-	-	0.07	0.28	13.41
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.58	-	-	-	0.02	0.60
Subtotal Inpatient Hospital	\$ 31.97					\$ 32.83
Outpatient Hospital						
Outpatient Emergency Room	\$ 30.44	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.69	\$ 31.28
Outpatient Surgery	5.64	-	-	0.06	0.12	5.82
Outpatient Radiology	3.05	-	-	0.03	0.07	3.15
Outpatient Pathology/Lab	14.23	-	-	0.14	0.33	14.70
Outpatient Pharmacy	7.85	-	-	0.08	0.18	8.11
Outpatient MH/SA	5.20	-	-	0.05	0.12	5.37
Other Outpatient	2.79	-	-	0.03	0.06	2.88
Subtotal Outpatient Hospital	\$ 69.20					\$ 71.31
Professional						
Inpatient and Outpatient Surgery	\$ 3.55	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.03	\$ 3.62
Anesthesia	0.73	-	-	0.01	-	0.74
Inpatient Visits	1.81	-	-	0.02	0.02	1.85
MH/SA	16.35	-	-	0.16	0.17	16.68
Emergency Room	4.70	-	-	0.05	0.04	4.79
Office/Home Visits/Consults	17.52	-	0.40	0.18	0.18	18.28
Maternity	0.01	-	-	-	-	0.01
Pathology/Lab	5.72	-	-	0.06	0.05	5.83
Radiology	3.15	-	-	0.03	0.03	3.21
Office Administered Drugs	1.43	-	-	0.01	0.02	1.46
Physical Exams	3.13	-	0.07	0.03	0.03	3.26
Therapy	2.12	-	-	0.02	0.02	2.16
Vision	2.91	-	-	0.03	0.03	2.97
Other Professional	6.68	-	-	0.07	0.06	6.81
Subtotal Professional	\$ 69.81					\$ 71.67
Retail Pharmacy						
Retail Pharmacy	\$ 29.70	\$ 0.00	\$ 0.00	\$ 0.59	\$ 1.67	\$ 31.96
Subtotal Retail Pharmacy	\$ 29.70					\$ 31.96
Ancillary						
Transportation	\$ 0.97	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.99
DME/Prosthetics	1.19	-	-	0.01	0.01	1.21
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 2.16					\$ 2.20
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.48	-	-	-	-	0.48
Case Management	0.13	-	-	-	-	0.13
Subtotal LTSS	\$ 0.61					\$ 0.61
Total Medical Costs	\$ 203.45					\$ 210.58

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Rate Cell: ME - F 25-29	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 52,969 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 30.41	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.67	\$ 31.23
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	27.46	-	-	0.14	0.60	28.20
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.41	-	-	-	0.01	0.42
Subtotal Inpatient Hospital	\$ 58.28					\$ 59.85
Outpatient Hospital						
Outpatient Emergency Room	\$ 30.77	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.70	\$ 31.62
Outpatient Surgery	9.42	-	-	0.09	0.22	9.73
Outpatient Radiology	3.57	-	-	0.04	0.08	3.69
Outpatient Pathology/Lab	16.67	-	-	0.17	0.38	17.22
Outpatient Pharmacy	4.92	-	-	0.05	0.11	5.08
Outpatient MH/SA	11.71	-	-	0.12	0.26	12.09
Other Outpatient	5.28	-	-	0.05	0.12	5.45
Subtotal Outpatient Hospital	\$ 82.34					\$ 84.88
Professional						
Inpatient and Outpatient Surgery	\$ 4.94	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.05	\$ 5.04
Anesthesia	1.00	-	-	0.01	0.01	1.02
Inpatient Visits	3.28	-	-	0.03	0.04	3.35
MH/SA	39.72	-	-	0.40	0.40	40.52
Emergency Room	4.91	-	-	0.05	0.05	5.01
Office/Home Visits/Consults	19.92	-	-	0.20	0.20	20.32
Maternity	0.01	-	-	-	-	0.01
Pathology/Lab	9.60	-	-	0.10	0.09	9.79
Radiology	3.96	-	-	0.04	0.04	4.04
Office Administered Drugs	3.18	-	-	0.03	0.03	3.24
Physical Exams	3.17	-	-	0.03	0.03	3.23
Therapy	2.60	-	-	0.03	0.02	2.65
Vision	1.87	-	-	0.02	0.02	1.91
Other Professional	7.54	-	-	0.08	0.07	7.69
Subtotal Professional	\$ 105.70					\$ 107.82
Retail Pharmacy						
Retail Pharmacy	\$ 49.69	\$ 0.00	\$ 0.00	\$ 0.99	\$ 2.79	\$ 53.47
Subtotal Retail Pharmacy	\$ 49.69					\$ 53.47
Ancillary						
Transportation	\$ 1.57	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.01	\$ 1.60
DME/Prosthetics	1.80	-	-	0.02	0.02	1.84
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 3.37					\$ 3.44
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-	-	-	-
Case Management	0.31	-	-	-	-	0.31
Subtotal LTSS	\$ 0.31					\$ 0.31
Total Medical Costs	\$ 299.69					\$ 309.77

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Rate Cell: ME - F 30-39	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 46,240 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 48.53	\$ 0.00	\$ 0.00	\$ 0.24	\$ 1.06	\$ 49.83
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	54.53	-	-	0.27	1.19	55.99
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	2.81	-	-	0.01	0.07	2.89
Subtotal Inpatient Hospital	\$ 105.87					\$ 108.71
Outpatient Hospital						
Outpatient Emergency Room	\$ 37.49	\$ 0.00	\$ 0.00	\$ 0.19	\$ 0.85	\$ 38.53
Outpatient Surgery	17.28	-	-	0.17	0.40	17.85
Outpatient Radiology	7.60	-	-	0.08	0.17	7.85
Outpatient Pathology/Lab	19.64	-	-	0.20	0.44	20.28
Outpatient Pharmacy	12.33	-	-	0.12	0.28	12.73
Outpatient MH/SA	15.26	-	-	0.15	0.35	15.76
Other Outpatient	8.28	-	-	0.08	0.19	8.55
Subtotal Outpatient Hospital	\$ 117.88					\$ 121.55
Professional						
Inpatient and Outpatient Surgery	\$ 9.91	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.10	\$ 10.11
Anesthesia	2.00	-	-	0.02	0.02	2.04
Inpatient Visits	4.36	-	-	0.04	0.05	4.45
MH/SA	58.06	-	-	0.58	0.59	59.23
Emergency Room	6.42	-	-	0.06	0.07	6.55
Office/Home Visits/Consults	26.68	-	-	0.27	0.27	27.22
Maternity	0.04	-	-	-	-	0.04
Pathology/Lab	13.44	-	-	0.13	0.14	13.71
Radiology	6.34	-	-	0.06	0.07	6.47
Office Administered Drugs	3.34	-	-	0.03	0.04	3.41
Physical Exams	3.18	-	-	0.03	0.03	3.24
Therapy	4.73	-	-	0.05	0.05	4.83
Vision	1.85	-	-	0.02	0.02	1.89
Other Professional	8.66	-	-	0.09	0.08	8.83
Subtotal Professional	\$ 149.01					\$ 152.02
Retail Pharmacy						
Retail Pharmacy	\$ 76.99	\$ 0.00	\$ 0.00	\$ 1.54	\$ 4.32	\$ 82.85
Subtotal Retail Pharmacy	\$ 76.99					\$ 82.85
Ancillary						
Transportation	\$ 1.70	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.01	\$ 1.73
DME/Prosthetics	3.25	-	-	0.03	0.04	3.32
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 4.95					\$ 5.05
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.03	-	-	-	-	0.03
Case Management	0.56	-	-	-	-	0.56
Subtotal LTSS	\$ 0.59					\$ 0.59
Total Medical Costs	\$ 455.29					\$ 470.77

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Retrospective Rate Development Model - SFY2017

Rate Cell: ME - F 40-49	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 52,857 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 74.76	\$ 0.00	\$ 0.00	\$ 0.37	\$ 1.63	\$ 76.76
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	38.65	-	-	0.19	0.85	39.69
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	4.25	-	-	0.02	0.09	4.36
Subtotal Inpatient Hospital	\$ 117.66					\$ 120.81
Outpatient Hospital						
Outpatient Emergency Room	\$ 36.41	\$ 0.00	\$ 0.00	\$ 0.18	\$ 0.83	\$ 37.42
Outpatient Surgery	30.96	-	-	0.31	0.70	31.97
Outpatient Radiology	15.81	-	-	0.16	0.36	16.33
Outpatient Pathology/Lab	18.90	-	-	0.19	0.43	19.52
Outpatient Pharmacy	23.25	-	-	0.23	0.53	24.01
Outpatient MH/SA	9.11	-	-	0.09	0.21	9.41
Other Outpatient	12.12	-	-	0.12	0.28	12.52
Subtotal Outpatient Hospital	\$ 146.56					\$ 151.18
Professional						
Inpatient and Outpatient Surgery	\$ 16.91	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.17	\$ 17.25
Anesthesia	2.88	-	-	0.03	0.03	2.94
Inpatient Visits	5.43	-	-	0.05	0.06	5.54
MH/SA	46.94	-	-	0.47	0.47	47.88
Emergency Room	6.79	-	-	0.07	0.07	6.93
Office/Home Visits/Consults	34.70	-	-	0.35	0.35	35.40
Maternity	-	-	-	-	-	-
Pathology/Lab	12.48	-	-	0.12	0.13	12.73
Radiology	12.73	-	-	0.13	0.13	12.99
Office Administered Drugs	4.61	-	-	0.05	0.04	4.70
Physical Exams	3.90	-	-	0.04	0.04	3.98
Therapy	6.60	-	-	0.07	0.06	6.73
Vision	3.06	-	-	0.03	0.03	3.12
Other Professional	10.72	-	-	0.11	0.11	10.94
Subtotal Professional	\$ 167.75					\$ 171.13
Retail Pharmacy						
Retail Pharmacy	\$ 104.88	\$ 0.00	\$ 0.00	\$ 2.10	\$ 5.88	\$ 112.86
Subtotal Retail Pharmacy	\$ 104.88					\$ 112.86
Ancillary						
Transportation	\$ 1.79	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 1.83
DME/Prosthetics	5.06	-	-	0.05	0.05	5.16
Hospice	1.11	-	-	0.01	0.02	1.14
Subtotal Ancillary	\$ 7.96					\$ 8.13
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.01	-	-	-	-	0.01
Case Management	0.34	-	-	-	-	0.34
Subtotal LTSS	\$ 0.35					\$ 0.35
Total Medical Costs	\$ 545.16					\$ 564.46

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Rate Cell: ME - F 50-64	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 136,184 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 84.04	\$ 0.00	\$ 0.00	\$ 0.42	\$ 1.83	\$ 86.29
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	13.33	-	-	0.07	0.29	13.69
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	6.51	-	-	0.03	0.14	6.68
Subtotal Inpatient Hospital	\$ 103.88					\$ 106.66
Outpatient Hospital						
Outpatient Emergency Room	\$ 23.22	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.52	\$ 23.86
Outpatient Surgery	34.68	-	-	0.35	0.78	35.81
Outpatient Radiology	19.36	-	-	0.19	0.44	19.99
Outpatient Pathology/Lab	15.83	-	-	0.16	0.36	16.35
Outpatient Pharmacy	32.14	-	-	0.32	0.73	33.19
Outpatient MH/SA	4.20	-	-	0.04	0.10	4.34
Other Outpatient	16.58	-	-	0.17	0.37	17.12
Subtotal Outpatient Hospital	\$ 146.01					\$ 150.66
Professional						
Inpatient and Outpatient Surgery	\$ 21.08	\$ 0.00	\$ 0.00	\$ 0.21	\$ 0.21	\$ 21.50
Anesthesia	2.89	-	-	0.03	0.03	2.95
Inpatient Visits	4.71	-	-	0.05	0.04	4.80
MH/SA	25.15	-	-	0.25	0.26	25.66
Emergency Room	4.24	-	-	0.04	0.05	4.33
Office/Home Visits/Consults	35.06	-	-	0.35	0.35	35.76
Maternity	-	-	-	-	-	-
Pathology/Lab	9.53	-	-	0.10	0.09	9.72
Radiology	15.62	-	-	0.16	0.15	15.93
Office Administered Drugs	5.96	-	-	0.06	0.06	6.08
Physical Exams	4.38	-	-	0.04	0.05	4.47
Therapy	8.76	-	-	0.09	0.09	8.94
Vision	3.62	-	-	0.04	0.03	3.69
Other Professional	12.84	-	0.01	0.13	0.13	13.11
Subtotal Professional	\$ 153.84					\$ 156.94
Retail Pharmacy						
Retail Pharmacy	\$ 112.58	\$ 0.00	\$ 0.00	\$ 2.25	\$ 6.32	\$ 121.15
Subtotal Retail Pharmacy	\$ 112.58					\$ 121.15
Ancillary						
Transportation	\$ 1.14	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 1.16
DME/Prosthetics	6.24	-	-	0.06	0.07	6.37
Hospice	0.76	-	-	0.01	0.01	0.78
Subtotal Ancillary	\$ 8.14					\$ 8.31
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.10	-	-	-	-	0.10
Case Management	0.26	-	-	-	-	0.26
Subtotal LTSS	\$ 0.36					\$ 0.36
Total Medical Costs	\$ 524.81					\$ 544.08

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Rate Cell: ME - M 19-24	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 95,356 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 16.59	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.36	\$ 17.03
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	15.95	-	-	0.08	0.35	16.38
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.33	-	-	-	0.01	0.34
Subtotal Inpatient Hospital	\$ 32.87					\$ 33.75
Outpatient Hospital						
Outpatient Emergency Room	\$ 24.16	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.55	\$ 24.83
Outpatient Surgery	5.51	-	-	0.06	0.12	5.69
Outpatient Radiology	1.46	-	-	0.01	0.04	1.51
Outpatient Pathology/Lab	5.05	-	-	0.05	0.12	5.22
Outpatient Pharmacy	3.14	-	-	0.03	0.07	3.24
Outpatient MH/SA	5.33	-	-	0.05	0.12	5.50
Other Outpatient	2.76	-	-	0.03	0.06	2.85
Subtotal Outpatient Hospital	\$ 47.41					\$ 48.84
Professional						
Inpatient and Outpatient Surgery	\$ 3.45	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.04	\$ 3.52
Anesthesia	0.83	-	-	0.01	0.01	0.85
Inpatient Visits	1.73	-	-	0.02	0.01	1.76
MH/SA	16.28	-	-	0.16	0.17	16.61
Emergency Room	3.70	-	-	0.04	0.03	3.77
Office/Home Visits/Consults	9.15	-	0.18	0.10	0.09	9.52
Maternity	-	-	-	-	-	-
Pathology/Lab	3.77	-	-	0.04	0.04	3.85
Radiology	2.11	-	-	0.02	0.02	2.15
Office Administered Drugs	1.25	-	-	0.01	0.02	1.28
Physical Exams	1.32	-	0.03	0.01	0.02	1.38
Therapy	1.49	-	-	0.01	0.02	1.52
Vision	1.60	-	-	0.02	0.01	1.63
Other Professional	2.62	-	0.04	0.02	0.03	2.71
Subtotal Professional	\$ 49.30					\$ 50.55
Retail Pharmacy						
Retail Pharmacy	\$ 21.80	\$ 0.00	\$ 0.00	\$ 0.44	\$ 1.22	\$ 23.46
Subtotal Retail Pharmacy	\$ 21.80					\$ 23.46
Ancillary						
Transportation	\$ 0.74	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.75
DME/Prosthetics	1.43	-	-	0.01	0.02	1.46
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 2.17					\$ 2.21
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.35	-	-	-	-	0.35
Case Management	0.09	-	-	-	-	0.09
Subtotal LTSS	\$ 0.44					\$ 0.44
Total Medical Costs	\$ 153.99					\$ 159.25

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Rate Cell: ME - M 25-29	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 80,801 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 24.55	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.54	\$ 25.21
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	33.55	-	-	0.17	0.73	34.45
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	0.73	-	-	-	0.02	0.75
Subtotal Inpatient Hospital	\$ 58.83					\$ 60.41
Outpatient Hospital						
Outpatient Emergency Room	\$ 26.94	\$ 0.00	\$ 0.00	\$ 0.13	\$ 0.61	\$ 27.68
Outpatient Surgery	6.00	-	-	0.06	0.14	6.20
Outpatient Radiology	1.84	-	-	0.02	0.04	1.90
Outpatient Pathology/Lab	6.27	-	-	0.06	0.15	6.48
Outpatient Pharmacy	14.91	-	-	0.15	0.34	15.40
Outpatient MH/SA	10.22	-	-	0.10	0.23	10.55
Other Outpatient	3.22	-	-	0.03	0.08	3.33
Subtotal Outpatient Hospital	\$ 69.40					\$ 71.54
Professional						
Inpatient and Outpatient Surgery	\$ 4.40	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.05	\$ 4.49
Anesthesia	0.88	-	-	0.01	0.01	0.90
Inpatient Visits	2.87	-	-	0.03	0.03	2.93
MH/SA	34.02	-	-	0.34	0.34	34.70
Emergency Room	5.41	-	-	0.05	0.06	5.52
Office/Home Visits/Consults	11.64	-	-	0.12	0.11	11.87
Maternity	-	-	-	-	-	-
Pathology/Lab	7.78	-	-	0.08	0.08	7.94
Radiology	2.75	-	-	0.03	0.03	2.81
Office Administered Drugs	2.96	-	-	0.03	0.03	3.02
Physical Exams	1.20	-	-	0.01	0.01	1.22
Therapy	2.00	-	-	0.02	0.02	2.04
Vision	1.06	-	-	0.01	0.01	1.08
Other Professional	2.58	-	-	0.03	0.02	2.63
Subtotal Professional	\$ 79.55					\$ 81.15
Retail Pharmacy						
Retail Pharmacy	\$ 40.98	\$ 0.00	\$ 0.00	\$ 0.82	\$ 2.30	\$ 44.10
Subtotal Retail Pharmacy	\$ 40.98					\$ 44.10
Ancillary						
Transportation	\$ 1.24	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 1.26
DME/Prosthetics	1.86	-	-	0.02	0.02	1.90
Hospice	-	-	-	-	-	-
Subtotal Ancillary	\$ 3.10					\$ 3.16
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-	-	-	-
Case Management	0.27	-	-	-	-	0.27
Subtotal LTSS	\$ 0.27					\$ 0.27
Total Medical Costs	\$ 252.13					\$ 260.63

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Rate Cell: ME - M 30-39	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 102,400 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 52.98	\$ 0.00	\$ 0.00	\$ 0.26	\$ 1.16	\$ 54.40
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	58.84	-	-	0.29	1.29	60.42
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	1.99	-	-	0.01	0.04	2.04
Subtotal Inpatient Hospital	\$ 113.81					\$ 116.86
Outpatient Hospital						
Outpatient Emergency Room	\$ 36.79	\$ 0.00	\$ 0.00	\$ 0.18	\$ 0.84	\$ 37.81
Outpatient Surgery	10.04	-	-	0.10	0.23	10.37
Outpatient Radiology	5.66	-	-	0.06	0.13	5.85
Outpatient Pathology/Lab	9.67	-	-	0.10	0.22	9.99
Outpatient Pharmacy	12.45	-	-	0.12	0.29	12.86
Outpatient MH/SA	13.63	-	-	0.14	0.31	14.08
Other Outpatient	5.09	-	-	0.05	0.12	5.26
Subtotal Outpatient Hospital	\$ 93.33					\$ 96.22
Professional						
Inpatient and Outpatient Surgery	\$ 6.78	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.07	\$ 6.92
Anesthesia	1.27	-	-	0.01	0.02	1.30
Inpatient Visits	4.86	-	-	0.05	0.05	4.96
MH/SA	56.19	-	-	0.56	0.57	57.32
Emergency Room	6.93	-	-	0.07	0.07	7.07
Office/Home Visits/Consults	16.31	-	-	0.16	0.17	16.64
Maternity	-	-	-	-	-	-
Pathology/Lab	12.37	-	-	0.12	0.13	12.62
Radiology	4.13	-	-	0.04	0.04	4.21
Office Administered Drugs	4.67	-	-	0.05	0.04	4.76
Physical Exams	1.26	-	-	0.01	0.02	1.29
Therapy	2.73	-	-	0.03	0.02	2.78
Vision	1.08	-	-	0.01	0.01	1.10
Other Professional	4.81	-	-	0.05	0.05	4.91
Subtotal Professional	\$ 123.39					\$ 125.88
Retail Pharmacy						
Retail Pharmacy	\$ 71.35	\$ 0.00	\$ 0.00	\$ 1.43	\$ 4.00	\$ 76.78
Subtotal Retail Pharmacy	\$ 71.35					\$ 76.78
Ancillary						
Transportation	\$ 1.77	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	\$ 1.81
DME/Prosthetics	2.85	-	-	0.03	0.03	2.91
Hospice	0.37	-	-	-	0.01	0.38
Subtotal Ancillary	\$ 4.99					\$ 5.10
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.03	-	-	-	-	0.03
Case Management	0.47	-	-	-	-	0.47
Subtotal LTSS	\$ 0.50					\$ 0.50
Total Medical Costs	\$ 407.37					\$ 421.34

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Rate Cell: ME - M 40-49	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 74,941 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 93.76	\$ 0.00	\$ 0.00	\$ 0.47	\$ 2.04	\$ 96.27
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	76.92	-	-	0.38	1.68	78.98
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	5.64	-	-	0.03	0.12	5.79
Subtotal Inpatient Hospital	\$ 176.32					\$ 181.04
Outpatient Hospital						
Outpatient Emergency Room	\$ 41.62	\$ 0.00	\$ 0.00	\$ 0.21	\$ 0.94	\$ 42.77
Outpatient Surgery	18.82	-	-	0.19	0.43	19.44
Outpatient Radiology	7.28	-	-	0.07	0.17	7.52
Outpatient Pathology/Lab	11.93	-	-	0.12	0.27	12.32
Outpatient Pharmacy	15.01	-	-	0.15	0.34	15.50
Outpatient MH/SA	11.37	-	-	0.11	0.26	11.74
Other Outpatient	14.30	-	-	0.14	0.33	14.77
Subtotal Outpatient Hospital	\$ 120.33					\$ 124.06
Professional						
Inpatient and Outpatient Surgery	\$ 12.73	\$ 0.00	\$ 0.00	\$ 0.13	\$ 0.13	\$ 12.99
Anesthesia	2.34	-	-	0.02	0.03	2.39
Inpatient Visits	7.82	-	-	0.08	0.08	7.98
MH/SA	54.62	-	-	0.55	0.55	55.72
Emergency Room	8.13	-	-	0.08	0.08	8.29
Office/Home Visits/Consults	23.83	-	-	0.24	0.24	24.31
Maternity	-	-	-	-	-	-
Pathology/Lab	11.96	-	-	0.12	0.12	12.20
Radiology	7.72	-	-	0.08	0.08	7.88
Office Administered Drugs	3.07	-	-	0.03	0.03	3.13
Physical Exams	1.99	-	-	0.02	0.02	2.03
Therapy	4.23	-	-	0.04	0.05	4.32
Vision	1.98	-	-	0.02	0.02	2.02
Other Professional	7.61	-	-	0.08	0.07	7.76
Subtotal Professional	\$ 148.03					\$ 151.02
Retail Pharmacy						
Retail Pharmacy	\$ 101.08	\$ 0.00	\$ 0.00	\$ 2.02	\$ 5.67	\$ 108.77
Subtotal Retail Pharmacy	\$ 101.08					\$ 108.77
Ancillary						
Transportation	\$ 2.41	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	\$ 2.46
DME/Prosthetics	5.66	-	-	0.06	0.05	5.77
Hospice	0.18	-	-	-	0.01	0.19
Subtotal Ancillary	\$ 8.25					\$ 8.42
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.04	-	-	-	-	0.04
Case Management	0.51	-	-	-	-	0.51
Subtotal LTSS	\$ 0.55					\$ 0.55
Total Medical Costs	\$ 554.56					\$ 573.86

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Rate Cell: ME - M 50-64	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 115,914 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 137.20	\$ 0.00	\$ 0.00	\$ 0.69	\$ 2.99	\$ 140.88
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	33.79	-	-	0.17	0.74	34.70
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	11.42	-	-	0.06	0.25	11.73
Subtotal Inpatient Hospital	\$ 182.41					\$ 187.31
Outpatient Hospital						
Outpatient Emergency Room	\$ 29.13	\$ 0.00	\$ 0.00	\$ 0.15	\$ 0.65	\$ 29.93
Outpatient Surgery	33.25	-	-	0.33	0.76	34.34
Outpatient Radiology	16.66	-	-	0.17	0.38	17.21
Outpatient Pathology/Lab	12.85	-	-	0.13	0.29	13.27
Outpatient Pharmacy	31.66	-	-	0.32	0.72	32.70
Outpatient MH/SA	4.06	-	-	0.04	0.09	4.19
Other Outpatient	20.18	-	-	0.20	0.46	20.84
Subtotal Outpatient Hospital	\$ 147.79					\$ 152.48
Professional						
Inpatient and Outpatient Surgery	\$ 20.59	\$ 0.00	\$ 0.00	\$ 0.21	\$ 0.20	\$ 21.00
Anesthesia	3.41	-	-	0.03	0.04	3.48
Inpatient Visits	8.11	-	-	0.08	0.08	8.27
MH/SA	30.02	-	-	0.30	0.30	30.62
Emergency Room	5.89	-	-	0.06	0.06	6.01
Office/Home Visits/Consults	29.05	-	-	0.29	0.29	29.63
Maternity	-	-	-	-	-	-
Pathology/Lab	9.09	-	-	0.09	0.09	9.27
Radiology	11.83	-	-	0.12	0.12	12.07
Office Administered Drugs	8.13	-	-	0.08	0.08	8.29
Physical Exams	2.62	-	-	0.03	0.02	2.67
Therapy	5.97	-	-	0.06	0.06	6.09
Vision	2.70	-	-	0.03	0.02	2.75
Other Professional	13.49	-	0.01	0.14	0.13	13.77
Subtotal Professional	\$ 150.90					\$ 153.92
Retail Pharmacy						
Retail Pharmacy	\$ 117.42	\$ 0.00	\$ 0.00	\$ 2.35	\$ 6.59	\$ 126.36
Subtotal Retail Pharmacy	\$ 117.42					\$ 126.36
Ancillary						
Transportation	\$ 2.25	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	\$ 2.30
DME/Prosthetics	7.04	-	-	0.07	0.07	7.18
Hospice	1.21	-	-	0.01	0.03	1.25
Subtotal Ancillary	\$ 10.50					\$ 10.73
LTSS						
Nursing Home	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02
HCBS	0.08	-	-	-	-	0.08
Case Management	0.46	-	-	-	-	0.46
Subtotal LTSS	\$ 0.56					\$ 0.56
Total Medical Costs	\$ 609.58					\$ 631.36

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Rate Cell: RHP - ID	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 11,223 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 122.86	\$ 0.00	\$ 0.00	\$ 1.23	\$ 2.69	\$ 126.78
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	57.48	-	-	0.57	1.26	59.31
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	8.13	-	-	0.08	0.18	8.39
Subtotal Inpatient Hospital	\$ 188.47					\$ 194.48
Outpatient Hospital						
Outpatient Emergency Room	\$ 33.08	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.74	\$ 33.99
Outpatient Surgery	21.56	-	-	0.32	0.50	22.38
Outpatient Radiology	7.28	-	-	0.11	0.17	7.56
Outpatient Pathology/Lab	11.50	-	-	0.17	0.27	11.94
Outpatient Pharmacy	7.78	-	-	0.12	0.17	8.07
Outpatient MH/SA	2.49	-	-	0.04	0.05	2.58
Other Outpatient	19.57	-	-	0.29	0.45	20.31
Subtotal Outpatient Hospital	\$ 103.26					\$ 106.83
Professional						
Inpatient and Outpatient Surgery	\$ 10.72	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.11	\$ 10.94
Anesthesia	4.09	-	-	0.04	0.04	4.17
Inpatient Visits	14.63	-	-	0.15	0.14	14.92
MH/SA	42.93	-	-	0.43	0.43	43.79
Emergency Room	7.61	-	-	0.08	0.07	7.76
Office/Home Visits/Consults	32.03	-	-	0.32	0.32	32.67
Maternity	-	-	-	-	-	-
Pathology/Lab	7.37	-	-	0.07	0.08	7.52
Radiology	6.87	-	-	0.07	0.07	7.01
Office Administered Drugs	5.61	-	-	0.06	0.05	5.72
Physical Exams	4.74	-	-	0.05	0.05	4.84
Therapy	7.12	-	-	0.07	0.07	7.26
Vision	2.48	-	-	0.02	0.03	2.53
Other Professional	101.96	-	0.01	1.02	1.03	104.02
Subtotal Professional	\$ 248.16					\$ 253.15
Retail Pharmacy						
Retail Pharmacy	\$ 255.94	\$ 0.00	\$ 0.00	\$ 6.40	\$ 14.43	\$ 276.77
Subtotal Retail Pharmacy	\$ 255.94					\$ 276.77
Ancillary						
Transportation	\$ 3.44	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.04	\$ 3.51
DME/Prosthetics	72.93	-	-	0.73	0.74	74.40
Hospice	16.51	-	-	0.17	0.34	17.02
Subtotal Ancillary	\$ 92.88					\$ 94.93
LTSS						
Nursing Home	\$ 0.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.64
HCBS	11.15	-	0.01	-	-	11.16
Case Management	0.44	-	-	-	-	0.44
Subtotal LTSS	\$ 12.22					\$ 12.24
Total Medical Costs	\$ 900.93					\$ 938.40

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Rate Cell: RHP - SPMI	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
Member Months: 34,094 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 219.75	\$ 0.00	\$ 0.00	\$ 2.20	\$ 4.81	\$ 226.76
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	266.99	-	-	2.67	5.85	275.51
Inpatient Maternity Delivery	1.89	-	-	0.02	0.04	1.95
Other Inpatient	29.81	-	-	0.30	0.65	30.76
Subtotal Inpatient Hospital	\$ 518.44					\$ 534.98
Outpatient Hospital						
Outpatient Emergency Room	\$ 116.52	\$ 0.00	\$ 0.00	\$ 0.58	\$ 2.64	\$ 119.74
Outpatient Surgery	28.86	-	-	0.43	0.66	29.95
Outpatient Radiology	16.72	-	-	0.25	0.38	17.35
Outpatient Pathology/Lab	25.75	-	-	0.39	0.58	26.72
Outpatient Pharmacy	52.49	-	-	0.79	1.20	54.48
Outpatient MH/SA	21.90	-	-	0.33	0.50	22.73
Other Outpatient	36.11	-	-	0.54	0.83	37.48
Subtotal Outpatient Hospital	\$ 298.35					\$ 308.45
Professional						
Inpatient and Outpatient Surgery	\$ 19.78	\$ 0.00	\$ 0.00	\$ 0.20	\$ 0.20	\$ 20.18
Anesthesia	4.25	-	-	0.04	0.05	4.34
Inpatient Visits	28.95	-	-	0.29	0.29	29.53
MH/SA	536.94	-	-	5.37	5.42	547.73
Emergency Room	28.45	-	-	0.28	0.29	29.02
Office/Home Visits/Consults	61.17	-	-	0.61	0.62	62.40
Maternity	0.67	-	-	0.01	-	0.68
Pathology/Lab	22.20	-	-	0.22	0.23	22.65
Radiology	14.99	-	-	0.15	0.15	15.29
Office Administered Drugs	12.92	-	-	0.13	0.13	13.18
Physical Exams	2.85	-	-	0.03	0.03	2.91
Therapy	6.17	-	-	0.06	0.06	6.29
Vision	2.92	-	-	0.03	0.03	2.98
Other Professional	46.00	-	0.16	0.46	0.47	47.09
Subtotal Professional	\$ 788.26					\$ 804.27
Retail Pharmacy						
Retail Pharmacy	\$ 415.81	\$ 0.00	\$ 0.00	\$ 10.40	\$ 23.44	\$ 449.65
Subtotal Retail Pharmacy	\$ 415.81					\$ 449.65
Ancillary						
Transportation	\$ 10.27	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.11	\$ 10.48
DME/Prosthetics	13.35	-	-	0.13	0.14	13.62
Hospice	0.94	-	-	0.01	0.02	0.97
Subtotal Ancillary	\$ 24.56					\$ 25.07
LTSS						
Nursing Home	\$ 0.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.39
HCBS	0.27	-	-	-	-	0.27
Case Management	2.27	-	-	-	-	2.27
Subtotal LTSS	\$ 2.93					\$ 2.93
Total Medical Costs	\$ 2,048.35					\$ 2,125.35

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Rate Cell:	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
RHP - Other Disabled 21-44						
Member Months: 46,404						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 132.53	\$ 0.00	\$ 0.00	\$ 1.33	\$ 2.90	\$ 136.76
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	42.29	-	-	0.42	0.93	43.64
Inpatient Maternity Delivery	8.62	-	-	0.09	0.19	8.90
Other Inpatient	4.17	-	-	0.04	0.09	4.30
Subtotal Inpatient Hospital	\$ 187.61					\$ 193.60
Outpatient Hospital						
Outpatient Emergency Room	\$ 71.30	\$ 0.00	\$ 0.00	\$ 0.36	\$ 1.61	\$ 73.27
Outpatient Surgery	23.79	-	-	0.36	0.54	24.69
Outpatient Radiology	11.75	-	-	0.18	0.26	12.19
Outpatient Pathology/Lab	21.02	-	-	0.32	0.48	21.82
Outpatient Pharmacy	33.17	-	-	0.50	0.76	34.43
Outpatient MH/SA	5.65	-	-	0.08	0.13	5.86
Other Outpatient	32.46	-	-	0.49	0.74	33.69
Subtotal Outpatient Hospital	\$ 199.14					\$ 205.95
Professional						
Inpatient and Outpatient Surgery	\$ 13.74	\$ 0.00	\$ 0.00	\$ 0.14	\$ 0.14	\$ 14.02
Anesthesia	3.85	-	-	0.04	0.04	3.93
Inpatient Visits	9.13	-	-	0.09	0.09	9.31
MH/SA	58.49	-	-	0.58	0.60	59.67
Emergency Room	11.70	-	-	0.12	0.12	11.94
Office/Home Visits/Consults	30.52	-	-	0.31	0.30	31.13
Maternity	2.86	-	-	0.03	0.03	2.92
Pathology/Lab	10.19	-	-	0.10	0.10	10.39
Radiology	8.83	-	-	0.09	0.09	9.01
Office Administered Drugs	26.85	-	-	0.27	0.27	27.39
Physical Exams	2.44	-	-	0.02	0.03	2.49
Therapy	4.48	-	-	0.04	0.05	4.57
Vision	2.08	-	-	0.02	0.02	2.12
Other Professional	20.85	-	0.14	0.21	0.21	21.41
Subtotal Professional	\$ 206.01					\$ 210.30
Retail Pharmacy						
Retail Pharmacy	\$ 155.58	\$ 0.00	\$ 0.00	\$ 3.89	\$ 8.77	\$ 168.24
Subtotal Retail Pharmacy	\$ 155.58					\$ 168.24
Ancillary						
Transportation	\$ 2.68	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.02	\$ 2.73
DME/Prosthetics	12.51	-	-	0.13	0.12	12.76
Hospice	0.81	-	-	0.01	0.02	0.84
Subtotal Ancillary	\$ 16.00					\$ 16.33
LTSS						
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.04	-	-	-	-	0.04
Case Management	0.40	-	-	-	-	0.40
Subtotal LTSS	\$ 0.44					\$ 0.44
Total Medical Costs	\$ 764.78					\$ 794.86

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Rate Cell:	SFY 2017 Base Experience	Program Change Adjustments		Trend Adjustments		Adjusted Base Experience
RHP - Other Disabled 45+						
Member Months: 91,845						
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital						
Inpatient Medical/Surgical/Non-Delivery	\$ 257.82	\$ 0.00	\$ 0.00	\$ 2.58	\$ 5.65	\$ 266.05
Inpatient Well Newborn	-	-	-	-	-	-
Inpatient MH/SA	37.28	-	-	0.37	0.82	38.47
Inpatient Maternity Delivery	-	-	-	-	-	-
Other Inpatient	25.43	-	-	0.25	0.56	26.24
Subtotal Inpatient Hospital	\$ 320.53					\$ 330.76
Outpatient Hospital						
Outpatient Emergency Room	\$ 60.19	\$ 0.00	\$ 0.00	\$ 0.30	\$ 1.36	\$ 61.85
Outpatient Surgery	43.02	-	-	0.65	0.98	44.65
Outpatient Radiology	26.75	-	-	0.40	0.61	27.76
Outpatient Pathology/Lab	25.95	-	-	0.39	0.59	26.93
Outpatient Pharmacy	72.70	-	-	1.09	1.66	75.45
Outpatient MH/SA	4.15	-	-	0.06	0.10	4.31
Other Outpatient	55.95	-	-	0.84	1.28	58.07
Subtotal Outpatient Hospital	\$ 288.71					\$ 299.02
Professional						
Inpatient and Outpatient Surgery	\$ 29.58	\$ 0.00	\$ 0.00	\$ 0.30	\$ 0.29	\$ 30.17
Anesthesia	4.49	-	-	0.04	0.05	4.58
Inpatient Visits	15.27	-	-	0.15	0.16	15.58
MH/SA	59.06	-	-	0.59	0.60	60.25
Emergency Room	12.10	-	-	0.12	0.12	12.34
Office/Home Visits/Consults	49.14	-	-	0.49	0.50	50.13
Maternity	-	-	-	-	-	-
Pathology/Lab	13.40	-	-	0.13	0.14	13.67
Radiology	19.88	-	-	0.20	0.20	20.28
Office Administered Drugs	10.32	-	-	0.10	0.11	10.53
Physical Exams	3.07	-	-	0.03	0.03	3.13
Therapy	10.12	-	-	0.10	0.10	10.32
Vision	3.24	-	-	0.03	0.04	3.31
Other Professional	39.99	-	0.41	0.40	0.41	41.21
Subtotal Professional	\$ 269.66					\$ 275.50
Retail Pharmacy						
Retail Pharmacy	\$ 318.06	\$ 0.00	\$ 0.00	\$ 7.95	\$ 17.93	\$ 343.94
Subtotal Retail Pharmacy	\$ 318.06					\$ 343.94
Ancillary						
Transportation	\$ 4.18	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.04	\$ 4.26
DME/Prosthetics	20.65	-	-	0.21	0.21	21.07
Hospice	4.14	-	-	0.04	0.09	4.27
Subtotal Ancillary	\$ 28.97					\$ 29.60
LTSS						
Nursing Home	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.13
HCBS	0.17	-	-	-	-	0.17
Case Management	0.74	-	-	-	-	0.74
Subtotal LTSS	\$ 1.04					\$ 1.04
Total Medical Costs	\$ 1,226.97					\$ 1,279.86

Appendix 3: SFY 2017 and SFY 2018 Base Data Blending

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - MF<1	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 66,213			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 119.33	\$ 143.40	\$ 136.18
Inpatient Well Newborn	76.52	87.58	84.26
Inpatient MH/SA	0.83	0.91	0.89
Inpatient Maternity Delivery	-	-	-
Other Inpatient	1.33	0.27	0.59
Subtotal Inpatient Hospital	\$ 198.01	\$ 232.16	\$ 221.92
Outpatient Hospital			
Outpatient Emergency Room	\$ 32.42	\$ 30.31	\$ 30.94
Outpatient Surgery	5.56	4.59	4.88
Outpatient Radiology	2.27	2.39	2.35
Outpatient Pathology/Lab	3.14	6.49	5.48
Outpatient Pharmacy	2.51	1.74	1.97
Outpatient MH/SA	0.59	0.74	0.70
Other Outpatient	7.92	9.93	9.33
Subtotal Outpatient Hospital	\$ 54.41	\$ 56.19	\$ 55.65
Professional			
Inpatient and Outpatient Surgery	\$ 10.47	\$ 8.92	\$ 9.39
Anesthesia	3.62	3.25	3.36
Inpatient Visits	15.78	18.01	17.34
MH/SA	4.76	4.85	4.82
Emergency Room	6.01	6.38	6.27
Office/Home Visits/Consults	37.48	37.16	37.26
Maternity	-	-	-
Pathology/Lab	1.09	1.06	1.07
Radiology	1.18	1.22	1.21
Office Administered Drugs	0.03	0.05	0.04
Physical Exams	43.01	47.39	46.08
Therapy	0.37	0.38	0.38
Vision	0.66	0.50	0.55
Other Professional	18.04	18.84	18.60
Subtotal Professional	\$ 142.50	\$ 148.01	\$ 146.37
Retail Pharmacy			
Retail Pharmacy	\$ 16.58	\$ 11.55	\$ 13.06
Subtotal Retail Pharmacy	\$ 16.58	\$ 11.55	\$ 13.06
Ancillary			
Transportation	\$ 0.96	\$ 0.65	\$ 0.74
DME/Prosthetics	4.79	5.20	5.08
Hospice	-	0.01	0.01
Subtotal Ancillary	\$ 5.75	\$ 5.86	\$ 5.83
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.87	0.15	0.37
Case Management	1.60	1.35	1.43
Subtotal LTSS	\$ 2.47	\$ 1.50	\$ 1.80
Total Medical Costs	\$ 419.72	\$ 455.27	\$ 444.63

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - MF 1-5	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 355,874			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 10.77	\$ 11.99	\$ 11.62
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	1.01	1.00	1.00
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.21	0.03	0.08
Subtotal Inpatient Hospital	\$ 11.99	\$ 13.02	\$ 12.70
Outpatient Hospital			
Outpatient Emergency Room	\$ 19.52	\$ 18.31	\$ 18.67
Outpatient Surgery	8.18	7.77	7.89
Outpatient Radiology	0.89	1.24	1.14
Outpatient Pathology/Lab	2.26	3.10	2.85
Outpatient Pharmacy	2.61	2.09	2.25
Outpatient MH/SA	2.75	2.26	2.41
Other Outpatient	3.78	4.59	4.35
Subtotal Outpatient Hospital	\$ 39.99	\$ 39.36	\$ 39.56
Professional			
Inpatient and Outpatient Surgery	\$ 2.01	\$ 1.84	\$ 1.89
Anesthesia	1.15	1.11	1.12
Inpatient Visits	0.97	1.11	1.07
MH/SA	7.62	7.70	7.68
Emergency Room	2.86	2.94	2.92
Office/Home Visits/Consults	20.81	19.69	20.03
Maternity	-	-	-
Pathology/Lab	1.29	1.38	1.35
Radiology	0.35	0.35	0.35
Office Administered Drugs	0.08	0.03	0.05
Physical Exams	8.35	8.61	8.53
Therapy	0.31	0.44	0.40
Vision	1.36	1.33	1.34
Other Professional	16.80	17.09	17.00
Subtotal Professional	\$ 63.96	\$ 63.62	\$ 63.73
Retail Pharmacy			
Retail Pharmacy	\$ 12.73	\$ 12.91	\$ 12.86
Subtotal Retail Pharmacy	\$ 12.73	\$ 12.91	\$ 12.86
Ancillary			
Transportation	\$ 0.23	\$ 0.22	\$ 0.22
DME/Prosthetics	1.31	1.28	1.29
Hospice	-	-	-
Subtotal Ancillary	\$ 1.54	\$ 1.50	\$ 1.51
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.54	0.63	0.60
Case Management	1.96	2.05	2.02
Subtotal LTSS	\$ 2.50	\$ 2.68	\$ 2.62
Total Medical Costs	\$ 132.71	\$ 133.09	\$ 132.98

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - MF 6-14	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 578,824			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 5.75	\$ 5.64	\$ 5.67
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	8.98	9.09	9.06
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.14	0.06	0.08
Subtotal Inpatient Hospital	\$ 14.87	\$ 14.79	\$ 14.81
Outpatient Hospital			
Outpatient Emergency Room	\$ 11.97	\$ 11.71	\$ 11.79
Outpatient Surgery	4.04	3.68	3.79
Outpatient Radiology	1.44	1.43	1.43
Outpatient Pathology/Lab	2.31	2.96	2.77
Outpatient Pharmacy	3.15	2.87	2.95
Outpatient MH/SA	4.38	3.89	4.04
Other Outpatient	2.96	3.32	3.21
Subtotal Outpatient Hospital	\$ 30.25	\$ 29.86	\$ 29.98
Professional			
Inpatient and Outpatient Surgery	\$ 1.91	\$ 1.69	\$ 1.76
Anesthesia	0.67	0.65	0.66
Inpatient Visits	0.86	0.78	0.80
MH/SA	15.42	14.56	14.82
Emergency Room	1.86	1.86	1.86
Office/Home Visits/Consults	19.22	18.10	18.44
Maternity	-	-	-
Pathology/Lab	1.23	1.32	1.29
Radiology	0.88	0.86	0.87
Office Administered Drugs	0.08	0.67	0.49
Physical Exams	4.94	5.07	5.03
Therapy	0.58	0.58	0.58
Vision	4.51	4.42	4.45
Other Professional	5.03	5.24	5.18
Subtotal Professional	\$ 57.19	\$ 55.80	\$ 56.23
Retail Pharmacy			
Retail Pharmacy	\$ 22.25	\$ 21.13	\$ 21.47
Subtotal Retail Pharmacy	\$ 22.25	\$ 21.13	\$ 21.47
Ancillary			
Transportation	\$ 0.29	\$ 0.27	\$ 0.28
DME/Prosthetics	1.46	1.53	1.51
Hospice	-	-	-
Subtotal Ancillary	\$ 1.75	\$ 1.80	\$ 1.79
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.24	2.35	2.32
Case Management	0.38	0.47	0.44
Subtotal LTSS	\$ 2.62	\$ 2.82	\$ 2.76
Total Medical Costs	\$ 128.93	\$ 126.20	\$ 127.04

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - M 15-44	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 222,534			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 17.76	\$ 20.46	\$ 19.65
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	13.41	11.00	11.72
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.76	0.08	0.28
Subtotal Inpatient Hospital	\$ 31.93	\$ 31.54	\$ 31.65
Outpatient Hospital			
Outpatient Emergency Room	\$ 17.29	\$ 17.03	\$ 17.11
Outpatient Surgery	7.13	7.93	7.69
Outpatient Radiology	3.95	2.27	2.77
Outpatient Pathology/Lab	4.90	5.72	5.47
Outpatient Pharmacy	9.33	8.84	8.99
Outpatient MH/SA	3.01	2.89	2.93
Other Outpatient	2.95	3.39	3.26
Subtotal Outpatient Hospital	\$ 48.56	\$ 48.07	\$ 48.22
Professional			
Inpatient and Outpatient Surgery	\$ 4.68	\$ 4.43	\$ 4.51
Anesthesia	0.98	1.16	1.11
Inpatient Visits	1.71	1.91	1.85
MH/SA	17.56	15.90	16.40
Emergency Room	2.95	2.87	2.89
Office/Home Visits/Consults	19.44	17.67	18.20
Maternity	-	-	-
Pathology/Lab	4.08	3.98	4.01
Radiology	2.93	2.69	2.76
Office Administered Drugs	1.13	1.72	1.54
Physical Exams	2.93	2.92	2.92
Therapy	2.37	2.28	2.31
Vision	2.64	2.54	2.57
Other Professional	4.19	4.04	4.09
Subtotal Professional	\$ 67.59	\$ 64.11	\$ 65.16
Retail Pharmacy			
Retail Pharmacy	\$ 34.64	\$ 34.18	\$ 34.32
Subtotal Retail Pharmacy	\$ 34.64	\$ 34.18	\$ 34.32
Ancillary			
Transportation	\$ 0.62	\$ 0.53	\$ 0.56
DME/Prosthetics	2.54	2.63	2.60
Hospice	0.02	0.08	0.06
Subtotal Ancillary	\$ 3.18	\$ 3.24	\$ 3.22
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.25	2.15	2.18
Case Management	0.31	0.34	0.33
Subtotal LTSS	\$ 2.56	\$ 2.49	\$ 2.51
Total Medical Costs	\$ 188.46	\$ 183.63	\$ 185.08

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - F 15-44	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 526,460			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 25.16	\$ 26.74	\$ 26.27
Inpatient Well Newborn	0.01	-	-
Inpatient MH/SA	16.25	15.35	15.62
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.83	0.43	0.55
Subtotal Inpatient Hospital	\$ 42.25	\$ 42.52	\$ 42.44
Outpatient Hospital			
Outpatient Emergency Room	\$ 30.75	\$ 29.21	\$ 29.67
Outpatient Surgery	15.05	15.74	15.53
Outpatient Radiology	6.39	6.10	6.19
Outpatient Pathology/Lab	16.70	18.10	17.68
Outpatient Pharmacy	10.41	9.22	9.58
Outpatient MH/SA	5.63	4.92	5.13
Other Outpatient	4.97	5.97	5.67
Subtotal Outpatient Hospital	\$ 89.90	\$ 89.26	\$ 89.45
Professional			
Inpatient and Outpatient Surgery	\$ 7.06	\$ 6.71	\$ 6.82
Anesthesia	1.68	1.52	1.57
Inpatient Visits	1.97	2.06	2.03
MH/SA	23.24	21.26	21.85
Emergency Room	4.87	4.68	4.74
Office/Home Visits/Consults	32.76	31.51	31.89
Maternity	0.03	0.03	0.03
Pathology/Lab	7.74	7.87	7.83
Radiology	5.61	5.45	5.50
Office Administered Drugs	3.15	2.51	2.70
Physical Exams	3.71	3.70	3.70
Therapy	3.09	3.01	3.03
Vision	3.24	3.19	3.21
Other Professional	8.78	8.48	8.57
Subtotal Professional	\$ 106.93	\$ 101.98	\$ 103.47
Retail Pharmacy			
Retail Pharmacy	\$ 46.57	\$ 47.58	\$ 47.28
Subtotal Retail Pharmacy	\$ 46.57	\$ 47.58	\$ 47.28
Ancillary			
Transportation	\$ 0.89	\$ 0.82	\$ 0.84
DME/Prosthetics	2.26	2.28	2.27
Hospice	0.14	0.04	0.07
Subtotal Ancillary	\$ 3.29	\$ 3.14	\$ 3.18
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.92	0.87	0.89
Case Management	0.22	0.28	0.26
Subtotal LTSS	\$ 1.14	\$ 1.15	\$ 1.15
Total Medical Costs	\$ 290.08	\$ 285.63	\$ 286.97

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - MF 45+	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 114,170			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 63.56	\$ 61.93	\$ 62.42
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	7.37	5.65	6.17
Inpatient Maternity Delivery	-	-	-
Other Inpatient	2.62	1.61	1.91
Subtotal Inpatient Hospital	\$ 73.55	\$ 69.19	\$ 70.50
Outpatient Hospital			
Outpatient Emergency Room	\$ 23.27	\$ 22.92	\$ 23.03
Outpatient Surgery	28.81	29.29	29.15
Outpatient Radiology	14.65	13.08	13.55
Outpatient Pathology/Lab	13.81	14.51	14.30
Outpatient Pharmacy	19.81	21.20	20.78
Outpatient MH/SA	2.44	1.96	2.10
Other Outpatient	10.44	11.25	11.01
Subtotal Outpatient Hospital	\$ 113.23	\$ 114.21	\$ 113.92
Professional			
Inpatient and Outpatient Surgery	\$ 15.81	\$ 14.69	\$ 15.03
Anesthesia	2.55	2.56	2.56
Inpatient Visits	2.97	2.61	2.72
MH/SA	19.47	17.07	17.79
Emergency Room	4.03	3.95	3.97
Office/Home Visits/Consults	42.15	40.83	41.23
Maternity	-	-	-
Pathology/Lab	8.09	8.59	8.44
Radiology	11.39	11.81	11.68
Office Administered Drugs	5.80	4.31	4.76
Physical Exams	4.01	3.93	3.95
Therapy	6.67	6.84	6.79
Vision	3.58	3.67	3.64
Other Professional	9.97	9.31	9.51
Subtotal Professional	\$ 136.49	\$ 130.17	\$ 132.07
Retail Pharmacy			
Retail Pharmacy	\$ 94.91	\$ 99.67	\$ 98.24
Subtotal Retail Pharmacy	\$ 94.91	\$ 99.67	\$ 98.24
Ancillary			
Transportation	\$ 0.88	\$ 0.77	\$ 0.80
DME/Prosthetics	5.45	5.94	5.79
Hospice	0.22	0.28	0.26
Subtotal Ancillary	\$ 6.55	\$ 6.99	\$ 6.85
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.82	0.51	0.60
Case Management	0.50	0.68	0.63
Subtotal LTSS	\$ 1.32	\$ 1.19	\$ 1.23
Total Medical Costs	\$ 426.05	\$ 421.42	\$ 422.81

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - EFP	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 11,933			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 0.67	\$ 0.00	\$ 0.00
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	-	-	-
Inpatient Maternity Delivery	-	-	-
Other Inpatient	-	-	-
Subtotal Inpatient Hospital	\$ 0.67	\$ 0.00	\$ 0.00
Outpatient Hospital			
Outpatient Emergency Room	\$ 0.71	\$ 0.63	\$ 0.63
Outpatient Surgery	1.24	0.06	0.06
Outpatient Radiology	0.68	0.12	0.12
Outpatient Pathology/Lab	2.27	2.08	2.08
Outpatient Pharmacy	0.28	0.33	0.33
Outpatient MH/SA	0.17	-	-
Other Outpatient	0.55	0.72	0.72
Subtotal Outpatient Hospital	\$ 5.90	\$ 3.94	\$ 3.94
Professional			
Inpatient and Outpatient Surgery	\$ 0.42	\$ 0.21	\$ 0.21
Anesthesia	0.23	-	-
Inpatient Visits	0.01	-	-
MH/SA	0.18	-	-
Emergency Room	0.13	0.08	0.08
Office/Home Visits/Consults	1.38	0.99	0.99
Maternity	0.01	-	-
Pathology/Lab	1.26	0.93	0.93
Radiology	0.24	0.28	0.28
Office Administered Drugs	0.18	0.47	0.47
Physical Exams	0.69	0.58	0.58
Therapy	0.04	0.02	0.02
Vision	0.06	0.02	0.02
Other Professional	2.64	1.93	1.93
Subtotal Professional	\$ 7.47	\$ 5.51	\$ 5.51
Retail Pharmacy			
Retail Pharmacy	\$ 3.12	\$ 2.64	\$ 2.64
Subtotal Retail Pharmacy	\$ 3.12	\$ 2.64	\$ 2.64
Ancillary			
Transportation	\$ 0.01	\$ 0.05	\$ 0.05
DME/Prosthetics	0.02	-	-
Hospice	-	-	-
Subtotal Ancillary	\$ 0.03	\$ 0.05	\$ 0.05
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-
Case Management	-	-	-
Subtotal LTSS	\$ 0.00	\$ 0.00	\$ 0.00
Total Medical Costs	\$ 17.19	\$ 12.14	\$ 12.14

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RC - SOBRA	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 4,823			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 455.61	\$ 441.77	\$ 445.92
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	-	-	-
Inpatient Maternity Delivery	3,864.47	3,995.52	3,956.21
Other Inpatient	118.60	1.48	36.62
Subtotal Inpatient Hospital	\$ 4,438.68	\$ 4,438.77	\$ 4,438.75
Outpatient Hospital			
Outpatient Emergency Room	\$ 1,459.61	\$ 1,540.67	\$ 1,516.35
Outpatient Surgery	156.84	150.36	152.30
Outpatient Radiology	540.83	585.13	571.84
Outpatient Pathology/Lab	714.75	865.90	820.56
Outpatient Pharmacy	52.56	91.10	79.54
Outpatient MH/SA	-	4.75	3.33
Other Outpatient	317.74	402.52	377.09
Subtotal Outpatient Hospital	\$ 3,242.33	\$ 3,640.43	\$ 3,521.01
Professional			
Inpatient and Outpatient Surgery	\$ 11.34	\$ 8.59	\$ 9.42
Anesthesia	432.95	391.56	403.98
Inpatient Visits	54.56	61.04	59.10
MH/SA	2.70	0.94	1.47
Emergency Room	151.42	117.91	127.96
Office/Home Visits/Consults	103.08	101.57	102.02
Maternity	1,516.22	1,496.60	1,502.49
Pathology/Lab	59.21	78.40	72.64
Radiology	272.60	293.46	287.20
Office Administered Drugs	10.91	12.09	11.74
Physical Exams	5.29	5.16	5.20
Therapy	1.81	3.65	3.10
Vision	0.06	-	0.02
Other Professional	101.42	89.13	92.82
Subtotal Professional	\$ 2,723.57	\$ 2,660.10	\$ 2,679.16
Retail Pharmacy			
Retail Pharmacy	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy	\$ 0.00	\$ 0.00	\$ 0.00
Ancillary			
Transportation	\$ 7.76	\$ 6.96	\$ 7.20
DME/Prosthetics	115.67	125.17	122.32
Hospice	-	-	-
Subtotal Ancillary	\$ 123.43	\$ 132.13	\$ 129.52
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.23	0.04	0.10
Case Management	0.05	0.02	0.03
Subtotal LTSS	\$ 0.28	\$ 0.06	\$ 0.13
Total Medical Costs	\$ 10,528.29	\$ 10,871.49	\$ 10,768.57

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: CSHCN - Adoption Subsidy	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 23,290			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 14.54	\$ 21.23	\$ 17.88
Inpatient Well Newborn	0.71	-	0.36
Inpatient MH/SA	81.08	113.16	97.12
Inpatient Maternity Delivery	0.18	0.27	0.23
Other Inpatient	8.77	1.32	5.05
Subtotal Inpatient Hospital	\$ 105.28	\$ 135.98	\$ 120.64
Outpatient Hospital			
Outpatient Emergency Room	\$ 16.70	\$ 14.80	\$ 15.75
Outpatient Surgery	6.01	6.80	6.41
Outpatient Radiology	2.12	4.69	3.41
Outpatient Pathology/Lab	5.14	6.38	5.76
Outpatient Pharmacy	1.33	3.14	2.24
Outpatient MH/SA	19.24	17.24	18.24
Other Outpatient	9.56	8.30	8.93
Subtotal Outpatient Hospital	\$ 60.10	\$ 61.35	\$ 60.74
Professional			
Inpatient and Outpatient Surgery	\$ 2.73	\$ 2.72	\$ 2.73
Anesthesia	1.11	1.03	1.07
Inpatient Visits	2.94	3.63	3.29
MH/SA	50.95	45.50	48.22
Emergency Room	2.69	3.02	2.86
Office/Home Visits/Consults	22.98	22.30	22.64
Maternity	0.08	0.15	0.12
Pathology/Lab	2.17	2.10	2.13
Radiology	1.20	1.38	1.29
Office Administered Drugs	0.09	0.20	0.15
Physical Exams	6.38	6.37	6.38
Therapy	1.13	1.09	1.11
Vision	4.50	3.98	4.24
Other Professional	52.99	46.59	49.79
Subtotal Professional	\$ 151.94	\$ 140.06	\$ 146.02
Retail Pharmacy			
Retail Pharmacy	\$ 54.37	\$ 45.04	\$ 49.71
Subtotal Retail Pharmacy	\$ 54.37	\$ 45.04	\$ 49.71
Ancillary			
Transportation	\$ 0.80	\$ 0.86	\$ 0.83
DME/Prosthetics	14.34	16.03	15.19
Hospice	-	-	-
Subtotal Ancillary	\$ 15.14	\$ 16.89	\$ 16.02
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	36.07	33.94	35.00
Case Management	5.75	6.33	6.04
Subtotal LTSS	\$ 41.82	\$ 40.27	\$ 41.04
Total Medical Costs	\$ 428.65	\$ 439.59	\$ 434.17

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: CSHCN - Katie Beckett	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 1,303			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 429.69	\$ 441.53	\$ 435.61
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	286.10	394.82	340.46
Inpatient Maternity Delivery	-	-	-
Other Inpatient	-	-	-
Subtotal Inpatient Hospital	\$ 715.79	\$ 836.35	\$ 776.07
Outpatient Hospital			
Outpatient Emergency Room	\$ 34.82	\$ 22.41	\$ 28.62
Outpatient Surgery	30.42	43.93	37.17
Outpatient Radiology	12.41	10.67	11.54
Outpatient Pathology/Lab	10.75	17.88	14.31
Outpatient Pharmacy	4.77	3.60	4.18
Outpatient MH/SA	14.68	19.20	16.94
Other Outpatient	51.09	60.13	55.61
Subtotal Outpatient Hospital	\$ 158.94	\$ 177.82	\$ 168.37
Professional			
Inpatient and Outpatient Surgery	\$ 11.52	\$ 7.71	\$ 9.62
Anesthesia	3.41	3.69	3.55
Inpatient Visits	37.12	24.16	30.64
MH/SA	115.10	144.15	129.63
Emergency Room	7.75	4.98	6.36
Office/Home Visits/Consults	46.73	37.54	42.14
Maternity	-	-	-
Pathology/Lab	1.82	1.85	1.84
Radiology	4.13	5.83	4.98
Office Administered Drugs	0.02	-	0.01
Physical Exams	4.84	5.58	5.21
Therapy	10.69	10.19	10.44
Vision	3.30	3.67	3.48
Other Professional	478.91	473.82	476.37
Subtotal Professional	\$ 725.34	\$ 723.17	\$ 724.27
Retail Pharmacy			
Retail Pharmacy	\$ 331.52	\$ 351.27	\$ 341.40
Subtotal Retail Pharmacy	\$ 331.52	\$ 351.27	\$ 341.40
Ancillary			
Transportation	\$ 7.34	\$ 3.21	\$ 5.28
DME/Prosthetics	147.60	91.20	119.40
Hospice	-	-	-
Subtotal Ancillary	\$ 154.94	\$ 94.41	\$ 124.68
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	592.60	482.17	537.39
Case Management	61.63	52.67	57.15
Subtotal LTSS	\$ 654.23	\$ 534.84	\$ 594.54
Total Medical Costs	\$ 2,740.76	\$ 2,717.86	\$ 2,729.33

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: CSHCN - SSI < 15	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 38,563			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 207.11	\$ 118.21	\$ 162.66
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	160.61	157.86	159.24
Inpatient Maternity Delivery	-	-	-
Other Inpatient	4.92	-	2.46
Subtotal Inpatient Hospital	\$ 372.64	\$ 276.07	\$ 324.36
Outpatient Hospital			
Outpatient Emergency Room	\$ 29.64	\$ 30.05	\$ 29.85
Outpatient Surgery	21.65	28.18	24.92
Outpatient Radiology	7.78	10.08	8.93
Outpatient Pathology/Lab	9.43	15.78	12.61
Outpatient Pharmacy	12.54	55.08	33.81
Outpatient MH/SA	24.50	24.33	24.42
Other Outpatient	33.13	36.06	34.60
Subtotal Outpatient Hospital	\$ 138.67	\$ 199.56	\$ 169.14
Professional			
Inpatient and Outpatient Surgery	\$ 8.60	\$ 8.52	\$ 8.56
Anesthesia	4.86	6.11	5.49
Inpatient Visits	15.36	11.89	13.63
MH/SA	74.67	87.51	81.09
Emergency Room	5.04	5.61	5.33
Office/Home Visits/Consults	34.96	34.83	34.90
Maternity	-	-	-
Pathology/Lab	2.09	1.50	1.80
Radiology	2.54	2.45	2.50
Office Administered Drugs	10.44	10.01	10.23
Physical Exams	7.15	7.56	7.36
Therapy	2.15	2.94	2.55
Vision	5.12	5.21	5.17
Other Professional	197.18	206.33	201.76
Subtotal Professional	\$ 370.16	\$ 390.47	\$ 380.37
Retail Pharmacy			
Retail Pharmacy	\$ 149.83	\$ 146.33	\$ 148.08
Subtotal Retail Pharmacy	\$ 149.83	\$ 146.33	\$ 148.08
Ancillary			
Transportation	\$ 1.30	\$ 1.46	\$ 1.38
DME/Prosthetics	58.90	57.98	58.44
Hospice	0.02	-	0.01
Subtotal Ancillary	\$ 60.22	\$ 59.44	\$ 59.83
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	97.38	93.62	95.50
Case Management	17.81	19.37	18.59
Subtotal LTSS	\$ 115.19	\$ 112.99	\$ 114.09
Total Medical Costs	\$ 1,206.71	\$ 1,184.86	\$ 1,195.87

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: CSHCN - SSI >= 15	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 25,152			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 63.78	\$ 74.88	\$ 69.33
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	167.63	241.61	204.62
Inpatient Maternity Delivery	4.14	4.73	4.43
Other Inpatient	12.27	6.83	9.55
Subtotal Inpatient Hospital	\$ 247.82	\$ 328.05	\$ 287.93
Outpatient Hospital			
Outpatient Emergency Room	\$ 40.83	\$ 42.92	\$ 41.88
Outpatient Surgery	9.72	13.01	11.37
Outpatient Radiology	5.82	4.53	5.18
Outpatient Pathology/Lab	9.94	13.75	11.85
Outpatient Pharmacy	6.14	4.59	5.37
Outpatient MH/SA	12.09	8.17	10.13
Other Outpatient	8.90	12.29	10.60
Subtotal Outpatient Hospital	\$ 93.44	\$ 99.26	\$ 96.38
Professional			
Inpatient and Outpatient Surgery	\$ 7.62	\$ 4.02	\$ 5.82
Anesthesia	3.66	2.68	3.17
Inpatient Visits	9.25	11.23	10.24
MH/SA	63.10	61.06	62.08
Emergency Room	7.97	8.46	8.22
Office/Home Visits/Consults	30.21	28.18	29.20
Maternity	1.55	1.79	1.67
Pathology/Lab	4.70	4.85	4.78
Radiology	3.56	3.21	3.39
Office Administered Drugs	11.74	7.56	9.65
Physical Exams	4.87	4.75	4.81
Therapy	1.17	1.57	1.37
Vision	4.67	4.36	4.51
Other Professional	85.24	71.26	78.25
Subtotal Professional	\$ 239.31	\$ 214.98	\$ 227.16
Retail Pharmacy			
Retail Pharmacy	\$ 108.53	\$ 118.03	\$ 113.28
Subtotal Retail Pharmacy	\$ 108.53	\$ 118.03	\$ 113.28
Ancillary			
Transportation	\$ 2.03	\$ 2.63	\$ 2.33
DME/Prosthetics	20.21	19.82	20.02
Hospice	-	-	-
Subtotal Ancillary	\$ 22.24	\$ 22.45	\$ 22.35
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	90.63	79.26	84.95
Case Management	8.07	9.65	8.86
Subtotal LTSS	\$ 98.70	\$ 88.91	\$ 93.81
Total Medical Costs	\$ 810.04	\$ 871.68	\$ 840.91

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: CSHCN - Substitute Care	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 32,352			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 56.06	\$ 36.40	\$ 36.40
Inpatient Well Newborn	1.81	1.96	1.96
Inpatient MH/SA	296.35	215.63	215.63
Inpatient Maternity Delivery	3.79	6.52	6.52
Other Inpatient	3.11	5.59	5.59
Subtotal Inpatient Hospital	\$ 361.12	\$ 266.10	\$ 266.10
Outpatient Hospital			
Outpatient Emergency Room	\$ 35.51	\$ 39.41	\$ 39.41
Outpatient Surgery	8.52	6.40	6.40
Outpatient Radiology	4.21	2.68	2.68
Outpatient Pathology/Lab	8.36	10.53	10.53
Outpatient Pharmacy	1.10	3.01	3.01
Outpatient MH/SA	14.86	13.59	13.59
Other Outpatient	5.84	5.99	5.99
Subtotal Outpatient Hospital	\$ 78.40	\$ 81.61	\$ 81.61
Professional			
Inpatient and Outpatient Surgery	\$ 5.11	\$ 3.53	\$ 3.53
Anesthesia	1.82	1.78	1.78
Inpatient Visits	7.45	7.69	7.69
MH/SA	75.58	62.92	62.92
Emergency Room	6.33	7.52	7.52
Office/Home Visits/Consults	36.02	33.83	33.83
Maternity	1.02	2.06	2.06
Pathology/Lab	8.23	7.77	7.77
Radiology	2.20	2.19	2.19
Office Administered Drugs	0.26	0.30	0.30
Physical Exams	8.56	8.96	8.96
Therapy	1.48	1.11	1.11
Vision	4.27	4.10	4.10
Other Professional	39.44	39.69	39.69
Subtotal Professional	\$ 197.77	\$ 183.45	\$ 183.45
Retail Pharmacy			
Retail Pharmacy	\$ 39.46	\$ 37.88	\$ 37.88
Subtotal Retail Pharmacy	\$ 39.46	\$ 37.88	\$ 37.88
Ancillary			
Transportation	\$ 1.79	\$ 2.12	\$ 2.12
DME/Prosthetics	4.55	4.76	4.76
Hospice	-	-	-
Subtotal Ancillary	\$ 6.34	\$ 6.88	\$ 6.88
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	3.77	4.80	4.80
Case Management	5.05	5.85	5.85
Subtotal LTSS	\$ 8.82	\$ 10.65	\$ 10.65
Total Medical Costs	\$ 691.91	\$ 586.57	\$ 586.57

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - F 19-24	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 90,096			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 18.82	\$ 13.65	\$ 15.20
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	13.41	11.66	12.19
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.60	-	0.18
Subtotal Inpatient Hospital	\$ 32.83	\$ 25.31	\$ 27.57
Outpatient Hospital			
Outpatient Emergency Room	\$ 31.28	\$ 28.01	\$ 28.99
Outpatient Surgery	5.82	6.15	6.05
Outpatient Radiology	3.15	2.65	2.80
Outpatient Pathology/Lab	14.70	15.22	15.06
Outpatient Pharmacy	8.11	10.82	10.01
Outpatient MH/SA	5.37	4.66	4.87
Other Outpatient	2.88	3.46	3.29
Subtotal Outpatient Hospital	\$ 71.31	\$ 70.97	\$ 71.07
Professional			
Inpatient and Outpatient Surgery	\$ 3.62	\$ 3.32	\$ 3.41
Anesthesia	0.74	0.70	0.71
Inpatient Visits	1.85	1.38	1.52
MH/SA	16.68	15.49	15.85
Emergency Room	4.79	4.41	4.52
Office/Home Visits/Consults	18.28	17.51	17.74
Maternity	0.01	0.01	0.01
Pathology/Lab	5.83	5.76	5.78
Radiology	3.21	3.23	3.22
Office Administered Drugs	1.46	2.30	2.05
Physical Exams	3.26	3.22	3.23
Therapy	2.16	2.08	2.10
Vision	2.97	3.05	3.03
Other Professional	6.81	6.65	6.70
Subtotal Professional	\$ 71.67	\$ 69.11	\$ 69.87
Retail Pharmacy			
Retail Pharmacy	\$ 31.96	\$ 29.80	\$ 30.45
Subtotal Retail Pharmacy	\$ 31.96	\$ 29.80	\$ 30.45
Ancillary			
Transportation	\$ 0.99	\$ 0.82	\$ 0.87
DME/Prosthetics	1.21	1.20	1.20
Hospice	-	-	-
Subtotal Ancillary	\$ 2.20	\$ 2.02	\$ 2.07
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.48	0.40	0.42
Case Management	0.13	0.06	0.08
Subtotal LTSS	\$ 0.61	\$ 0.46	\$ 0.50
Total Medical Costs	\$ 210.58	\$ 197.67	\$ 201.53

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - F 25-29	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 53,675			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 31.23	\$ 26.88	\$ 28.19
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	28.20	25.26	26.14
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.42	0.37	0.39
Subtotal Inpatient Hospital	\$ 59.85	\$ 52.51	\$ 54.72
Outpatient Hospital			
Outpatient Emergency Room	\$ 31.62	\$ 28.91	\$ 29.72
Outpatient Surgery	9.73	10.02	9.93
Outpatient Radiology	3.69	4.98	4.59
Outpatient Pathology/Lab	17.22	17.43	17.37
Outpatient Pharmacy	5.08	10.64	8.97
Outpatient MH/SA	12.09	10.71	11.12
Other Outpatient	5.45	3.88	4.35
Subtotal Outpatient Hospital	\$ 84.88	\$ 86.57	\$ 86.05
Professional			
Inpatient and Outpatient Surgery	\$ 5.04	\$ 5.24	\$ 5.18
Anesthesia	1.02	1.11	1.08
Inpatient Visits	3.35	3.22	3.26
MH/SA	40.52	36.88	37.97
Emergency Room	5.01	4.63	4.74
Office/Home Visits/Consults	20.32	19.87	20.01
Maternity	0.01	0.03	0.02
Pathology/Lab	9.79	9.65	9.69
Radiology	4.04	4.35	4.26
Office Administered Drugs	3.24	3.07	3.12
Physical Exams	3.23	3.22	3.22
Therapy	2.65	2.98	2.88
Vision	1.91	1.90	1.90
Other Professional	7.69	6.35	6.75
Subtotal Professional	\$ 107.82	\$ 102.50	\$ 104.08
Retail Pharmacy			
Retail Pharmacy	\$ 53.47	\$ 58.25	\$ 56.82
Subtotal Retail Pharmacy	\$ 53.47	\$ 58.25	\$ 56.82
Ancillary			
Transportation	\$ 1.60	\$ 1.14	\$ 1.28
DME/Prosthetics	1.84	1.74	1.77
Hospice	-	0.10	0.07
Subtotal Ancillary	\$ 3.44	\$ 2.98	\$ 3.12
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	0.01	0.01
Case Management	0.31	0.31	0.31
Subtotal LTSS	\$ 0.31	\$ 0.32	\$ 0.32
Total Medical Costs	\$ 309.77	\$ 303.13	\$ 305.11

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - F 30-39	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 48,881			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 49.83	\$ 45.55	\$ 46.83
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	55.99	46.03	49.02
Inpatient Maternity Delivery	-	-	-
Other Inpatient	2.89	1.68	2.04
Subtotal Inpatient Hospital	\$ 108.71	\$ 93.26	\$ 97.89
Outpatient Hospital			
Outpatient Emergency Room	\$ 38.53	\$ 30.10	\$ 32.63
Outpatient Surgery	17.85	14.13	15.25
Outpatient Radiology	7.85	6.23	6.72
Outpatient Pathology/Lab	20.28	17.65	18.44
Outpatient Pharmacy	12.73	23.18	20.05
Outpatient MH/SA	15.76	9.44	11.34
Other Outpatient	8.55	10.41	9.85
Subtotal Outpatient Hospital	\$ 121.55	\$ 111.14	\$ 114.28
Professional			
Inpatient and Outpatient Surgery	\$ 10.11	\$ 8.02	\$ 8.65
Anesthesia	2.04	1.74	1.83
Inpatient Visits	4.45	4.54	4.51
MH/SA	59.23	56.41	57.26
Emergency Room	6.55	5.70	5.96
Office/Home Visits/Consults	27.22	25.12	25.75
Maternity	0.04	0.03	0.03
Pathology/Lab	13.71	14.19	14.05
Radiology	6.47	5.87	6.05
Office Administered Drugs	3.41	3.98	3.81
Physical Exams	3.24	3.17	3.19
Therapy	4.83	4.46	4.57
Vision	1.89	1.78	1.81
Other Professional	8.83	7.64	8.00
Subtotal Professional	\$ 152.02	\$ 142.65	\$ 145.47
Retail Pharmacy			
Retail Pharmacy	\$ 82.85	\$ 86.52	\$ 85.42
Subtotal Retail Pharmacy	\$ 82.85	\$ 86.52	\$ 85.42
Ancillary			
Transportation	\$ 1.73	\$ 1.66	\$ 1.68
DME/Prosthetics	3.32	3.58	3.50
Hospice	-	0.03	0.02
Subtotal Ancillary	\$ 5.05	\$ 5.27	\$ 5.20
LTSS			
Nursing Home	\$ 0.00	\$ 0.08	\$ 0.06
HCBS	0.03	-	0.01
Case Management	0.56	0.54	0.55
Subtotal LTSS	\$ 0.59	\$ 0.62	\$ 0.62
Total Medical Costs	\$ 470.77	\$ 439.46	\$ 448.88

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - F 40-49	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 53,468			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 76.76	\$ 71.45	\$ 73.04
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	39.69	46.27	44.30
Inpatient Maternity Delivery	-	-	-
Other Inpatient	4.36	2.01	2.72
Subtotal Inpatient Hospital	\$ 120.81	\$ 119.73	\$ 120.06
Outpatient Hospital			
Outpatient Emergency Room	\$ 37.42	\$ 40.89	\$ 39.85
Outpatient Surgery	31.97	35.39	34.36
Outpatient Radiology	16.33	16.75	16.62
Outpatient Pathology/Lab	19.52	22.65	21.71
Outpatient Pharmacy	24.01	22.50	22.95
Outpatient MH/SA	9.41	10.14	9.92
Other Outpatient	12.52	13.61	13.28
Subtotal Outpatient Hospital	\$ 151.18	\$ 161.93	\$ 158.69
Professional			
Inpatient and Outpatient Surgery	\$ 17.25	\$ 16.03	\$ 16.40
Anesthesia	2.94	2.89	2.91
Inpatient Visits	5.54	5.71	5.66
MH/SA	47.88	48.48	48.30
Emergency Room	6.93	6.83	6.86
Office/Home Visits/Consults	35.40	35.26	35.30
Maternity	-	-	-
Pathology/Lab	12.73	12.92	12.86
Radiology	12.99	14.37	13.96
Office Administered Drugs	4.70	9.39	7.98
Physical Exams	3.98	4.26	4.18
Therapy	6.73	7.70	7.41
Vision	3.12	3.26	3.22
Other Professional	10.94	9.34	9.82
Subtotal Professional	\$ 171.13	\$ 176.44	\$ 174.86
Retail Pharmacy			
Retail Pharmacy	\$ 112.86	\$ 121.64	\$ 119.01
Subtotal Retail Pharmacy	\$ 112.86	\$ 121.64	\$ 119.01
Ancillary			
Transportation	\$ 1.83	\$ 1.82	\$ 1.82
DME/Prosthetics	5.16	5.56	5.44
Hospice	1.14	0.15	0.45
Subtotal Ancillary	\$ 8.13	\$ 7.53	\$ 7.71
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.01	0.04	0.03
Case Management	0.34	0.44	0.41
Subtotal LTSS	\$ 0.35	\$ 0.48	\$ 0.44
Total Medical Costs	\$ 564.46	\$ 587.75	\$ 580.77

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - F 50-64	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 142,344			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 86.29	\$ 92.55	\$ 90.67
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	13.69	12.86	13.11
Inpatient Maternity Delivery	-	-	-
Other Inpatient	6.68	5.41	5.79
Subtotal Inpatient Hospital	\$ 106.66	\$ 110.82	\$ 109.57
Outpatient Hospital			
Outpatient Emergency Room	\$ 23.86	\$ 22.94	\$ 23.22
Outpatient Surgery	35.81	37.97	37.32
Outpatient Radiology	19.99	19.74	19.82
Outpatient Pathology/Lab	16.35	17.74	17.32
Outpatient Pharmacy	33.19	33.12	33.14
Outpatient MH/SA	4.34	2.62	3.14
Other Outpatient	17.12	16.94	16.99
Subtotal Outpatient Hospital	\$ 150.66	\$ 151.07	\$ 150.95
Professional			
Inpatient and Outpatient Surgery	\$ 21.50	\$ 21.30	\$ 21.36
Anesthesia	2.95	3.10	3.05
Inpatient Visits	4.80	5.04	4.97
MH/SA	25.66	22.45	23.41
Emergency Room	4.33	4.28	4.30
Office/Home Visits/Consults	35.76	35.54	35.61
Maternity	-	-	-
Pathology/Lab	9.72	9.76	9.75
Radiology	15.93	16.02	15.99
Office Administered Drugs	6.08	5.70	5.81
Physical Exams	4.47	4.49	4.48
Therapy	8.94	9.48	9.32
Vision	3.69	3.51	3.56
Other Professional	13.11	12.22	12.49
Subtotal Professional	\$ 156.94	\$ 152.89	\$ 154.10
Retail Pharmacy			
Retail Pharmacy	\$ 121.15	\$ 130.00	\$ 127.35
Subtotal Retail Pharmacy	\$ 121.15	\$ 130.00	\$ 127.35
Ancillary			
Transportation	\$ 1.16	\$ 1.23	\$ 1.21
DME/Prosthetics	6.37	6.31	6.33
Hospice	0.78	0.74	0.75
Subtotal Ancillary	\$ 8.31	\$ 8.28	\$ 8.29
LTSS			
Nursing Home	\$ 0.00	\$ 0.16	\$ 0.11
HCBS	0.10	0.16	0.14
Case Management	0.26	0.64	0.53
Subtotal LTSS	\$ 0.36	\$ 0.96	\$ 0.78
Total Medical Costs	\$ 544.08	\$ 554.02	\$ 551.04

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - M 19-24	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 96,429			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 17.03	\$ 19.77	\$ 18.95
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	16.38	14.90	15.34
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.34	0.15	0.21
Subtotal Inpatient Hospital	\$ 33.75	\$ 34.82	\$ 34.50
Outpatient Hospital			
Outpatient Emergency Room	\$ 24.83	\$ 22.35	\$ 23.09
Outpatient Surgery	5.69	4.29	4.71
Outpatient Radiology	1.51	1.59	1.57
Outpatient Pathology/Lab	5.22	4.86	4.97
Outpatient Pharmacy	3.24	5.24	4.64
Outpatient MH/SA	5.50	2.89	3.67
Other Outpatient	2.85	2.49	2.60
Subtotal Outpatient Hospital	\$ 48.84	\$ 43.71	\$ 45.25
Professional			
Inpatient and Outpatient Surgery	\$ 3.52	\$ 3.00	\$ 3.16
Anesthesia	0.85	0.71	0.75
Inpatient Visits	1.76	2.01	1.94
MH/SA	16.61	14.18	14.91
Emergency Room	3.77	3.65	3.69
Office/Home Visits/Consults	9.52	9.11	9.23
Maternity	-	-	-
Pathology/Lab	3.85	3.60	3.68
Radiology	2.15	2.17	2.16
Office Administered Drugs	1.28	2.40	2.06
Physical Exams	1.38	1.37	1.37
Therapy	1.52	1.83	1.74
Vision	1.63	1.67	1.66
Other Professional	2.71	2.49	2.56
Subtotal Professional	\$ 50.55	\$ 48.19	\$ 48.91
Retail Pharmacy			
Retail Pharmacy	\$ 23.46	\$ 25.10	\$ 24.61
Subtotal Retail Pharmacy	\$ 23.46	\$ 25.10	\$ 24.61
Ancillary			
Transportation	\$ 0.75	\$ 0.64	\$ 0.67
DME/Prosthetics	1.46	2.13	1.93
Hospice	-	0.04	0.03
Subtotal Ancillary	\$ 2.21	\$ 2.81	\$ 2.63
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.35	0.21	0.25
Case Management	0.09	0.10	0.10
Subtotal LTSS	\$ 0.44	\$ 0.31	\$ 0.35
Total Medical Costs	\$ 159.25	\$ 154.94	\$ 156.25

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - M 25-29	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 78,963			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 25.21	\$ 29.40	\$ 28.14
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	34.45	39.39	37.91
Inpatient Maternity Delivery	-	-	-
Other Inpatient	0.75	1.16	1.04
Subtotal Inpatient Hospital	\$ 60.41	\$ 69.95	\$ 67.09
Outpatient Hospital			
Outpatient Emergency Room	\$ 27.68	\$ 27.30	\$ 27.41
Outpatient Surgery	6.20	5.17	5.48
Outpatient Radiology	1.90	2.14	2.07
Outpatient Pathology/Lab	6.48	7.67	7.31
Outpatient Pharmacy	15.40	16.15	15.92
Outpatient MH/SA	10.55	6.88	7.98
Other Outpatient	3.33	3.88	3.72
Subtotal Outpatient Hospital	\$ 71.54	\$ 69.19	\$ 69.89
Professional			
Inpatient and Outpatient Surgery	\$ 4.49	\$ 3.72	\$ 3.95
Anesthesia	0.90	0.82	0.84
Inpatient Visits	2.93	3.54	3.36
MH/SA	34.70	36.64	36.06
Emergency Room	5.52	5.07	5.21
Office/Home Visits/Consults	11.87	11.44	11.57
Maternity	-	-	-
Pathology/Lab	7.94	8.82	8.56
Radiology	2.81	2.65	2.70
Office Administered Drugs	3.02	3.53	3.38
Physical Exams	1.22	1.21	1.21
Therapy	2.04	2.19	2.15
Vision	1.08	0.99	1.02
Other Professional	2.63	2.29	2.39
Subtotal Professional	\$ 81.15	\$ 82.91	\$ 82.40
Retail Pharmacy			
Retail Pharmacy	\$ 44.10	\$ 50.35	\$ 48.47
Subtotal Retail Pharmacy	\$ 44.10	\$ 50.35	\$ 48.47
Ancillary			
Transportation	\$ 1.26	\$ 1.40	\$ 1.36
DME/Prosthetics	1.90	2.05	2.00
Hospice	-	-	-
Subtotal Ancillary	\$ 3.16	\$ 3.45	\$ 3.36
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-
Case Management	0.27	0.53	0.45
Subtotal LTSS	\$ 0.27	\$ 0.53	\$ 0.45
Total Medical Costs	\$ 260.63	\$ 276.38	\$ 271.66

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - M 30-39	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 104,583			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 54.40	\$ 49.31	\$ 50.84
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	60.42	54.15	56.03
Inpatient Maternity Delivery	-	-	-
Other Inpatient	2.04	1.68	1.79
Subtotal Inpatient Hospital	\$ 116.86	\$ 105.14	\$ 108.66
Outpatient Hospital			
Outpatient Emergency Room	\$ 37.81	\$ 39.08	\$ 38.70
Outpatient Surgery	10.37	11.66	11.27
Outpatient Radiology	5.85	3.92	4.50
Outpatient Pathology/Lab	9.99	10.81	10.56
Outpatient Pharmacy	12.86	8.76	9.99
Outpatient MH/SA	14.08	11.22	12.08
Other Outpatient	5.26	6.26	5.96
Subtotal Outpatient Hospital	\$ 96.22	\$ 91.71	\$ 93.06
Professional			
Inpatient and Outpatient Surgery	\$ 6.92	\$ 6.36	\$ 6.53
Anesthesia	1.30	1.17	1.21
Inpatient Visits	4.96	4.59	4.70
MH/SA	57.32	58.69	58.28
Emergency Room	7.07	6.36	6.57
Office/Home Visits/Consults	16.64	16.30	16.40
Maternity	-	-	-
Pathology/Lab	12.62	13.16	13.00
Radiology	4.21	4.09	4.13
Office Administered Drugs	4.76	6.38	5.89
Physical Exams	1.29	1.32	1.31
Therapy	2.78	2.41	2.52
Vision	1.10	1.02	1.04
Other Professional	4.91	4.35	4.52
Subtotal Professional	\$ 125.88	\$ 126.20	\$ 126.10
Retail Pharmacy			
Retail Pharmacy	\$ 76.78	\$ 91.41	\$ 87.02
Subtotal Retail Pharmacy	\$ 76.78	\$ 91.41	\$ 87.02
Ancillary			
Transportation	\$ 1.81	\$ 1.78	\$ 1.79
DME/Prosthetics	2.91	3.23	3.13
Hospice	0.38	0.04	0.14
Subtotal Ancillary	\$ 5.10	\$ 5.05	\$ 5.06
LTSS			
Nursing Home	\$ 0.00	\$ 0.06	\$ 0.04
HCBS	0.03	0.01	0.02
Case Management	0.47	0.39	0.41
Subtotal LTSS	\$ 0.50	\$ 0.46	\$ 0.47
Total Medical Costs	\$ 421.34	\$ 419.97	\$ 420.37

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - M 40-49	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 73,848			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 96.27	\$ 82.90	\$ 86.91
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	78.98	68.83	71.88
Inpatient Maternity Delivery	-	-	-
Other Inpatient	5.79	4.19	4.67
Subtotal Inpatient Hospital	\$ 181.04	\$ 155.92	\$ 163.46
Outpatient Hospital			
Outpatient Emergency Room	\$ 42.77	\$ 42.08	\$ 42.29
Outpatient Surgery	19.44	18.96	19.10
Outpatient Radiology	7.52	7.23	7.32
Outpatient Pathology/Lab	12.32	12.93	12.75
Outpatient Pharmacy	15.50	10.77	12.19
Outpatient MH/SA	11.74	12.10	11.99
Other Outpatient	14.77	16.93	16.28
Subtotal Outpatient Hospital	\$ 124.06	\$ 121.00	\$ 121.92
Professional			
Inpatient and Outpatient Surgery	\$ 12.99	\$ 11.93	\$ 12.25
Anesthesia	2.39	2.33	2.35
Inpatient Visits	7.98	6.85	7.19
MH/SA	55.72	57.72	57.12
Emergency Room	8.29	7.54	7.77
Office/Home Visits/Consults	24.31	22.85	23.29
Maternity	-	-	-
Pathology/Lab	12.20	14.83	14.04
Radiology	7.88	6.78	7.11
Office Administered Drugs	3.13	4.04	3.77
Physical Exams	2.03	1.95	1.97
Therapy	4.32	4.00	4.10
Vision	2.02	1.81	1.87
Other Professional	7.76	6.79	7.08
Subtotal Professional	\$ 151.02	\$ 149.42	\$ 149.91
Retail Pharmacy			
Retail Pharmacy	\$ 108.77	\$ 124.63	\$ 119.87
Subtotal Retail Pharmacy	\$ 108.77	\$ 124.63	\$ 119.87
Ancillary			
Transportation	\$ 2.46	\$ 2.26	\$ 2.32
DME/Prosthetics	5.77	5.65	5.69
Hospice	0.19	0.10	0.13
Subtotal Ancillary	\$ 8.42	\$ 8.01	\$ 8.14
LTSS			
Nursing Home	\$ 0.00	\$ 0.18	\$ 0.13
HCBS	0.04	0.05	0.05
Case Management	0.51	0.58	0.56
Subtotal LTSS	\$ 0.55	\$ 0.81	\$ 0.74
Total Medical Costs	\$ 573.86	\$ 559.79	\$ 564.04

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: ME - M 50-64	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 121,466			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 140.88	\$ 123.34	\$ 128.60
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	34.70	41.62	39.54
Inpatient Maternity Delivery	-	-	-
Other Inpatient	11.73	8.86	9.72
Subtotal Inpatient Hospital	\$ 187.31	\$ 173.82	\$ 177.86
Outpatient Hospital			
Outpatient Emergency Room	\$ 29.93	\$ 29.05	\$ 29.31
Outpatient Surgery	34.34	31.28	32.20
Outpatient Radiology	17.21	14.69	15.45
Outpatient Pathology/Lab	13.27	14.52	14.15
Outpatient Pharmacy	32.70	34.76	34.14
Outpatient MH/SA	4.19	4.54	4.44
Other Outpatient	20.84	21.40	21.23
Subtotal Outpatient Hospital	\$ 152.48	\$ 150.24	\$ 150.92
Professional			
Inpatient and Outpatient Surgery	\$ 21.00	\$ 18.90	\$ 19.53
Anesthesia	3.48	3.11	3.22
Inpatient Visits	8.27	7.46	7.70
MH/SA	30.62	29.77	30.03
Emergency Room	6.01	6.05	6.04
Office/Home Visits/Consults	29.63	28.86	29.09
Maternity	-	-	-
Pathology/Lab	9.27	11.13	10.57
Radiology	12.07	13.13	12.81
Office Administered Drugs	8.29	7.46	7.71
Physical Exams	2.67	2.65	2.66
Therapy	6.09	5.83	5.91
Vision	2.75	2.58	2.63
Other Professional	13.77	11.89	12.45
Subtotal Professional	\$ 153.92	\$ 148.82	\$ 150.35
Retail Pharmacy			
Retail Pharmacy	\$ 126.36	\$ 141.07	\$ 136.66
Subtotal Retail Pharmacy	\$ 126.36	\$ 141.07	\$ 136.66
Ancillary			
Transportation	\$ 2.30	\$ 2.07	\$ 2.14
DME/Prosthetics	7.18	7.67	7.52
Hospice	1.25	0.73	0.89
Subtotal Ancillary	\$ 10.73	\$ 10.47	\$ 10.55
LTSS			
Nursing Home	\$ 0.02	\$ 1.10	\$ 0.78
HCBS	0.08	0.07	0.07
Case Management	0.46	0.40	0.42
Subtotal LTSS	\$ 0.56	\$ 1.57	\$ 1.27
Total Medical Costs	\$ 631.36	\$ 625.99	\$ 627.61

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RHP - ID	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 11,281			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 126.78	\$ 164.58	\$ 145.68
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	59.31	67.75	63.53
Inpatient Maternity Delivery	-	1.61	0.81
Other Inpatient	8.39	12.80	10.59
Subtotal Inpatient Hospital	\$ 194.48	\$ 246.74	\$ 220.61
Outpatient Hospital			
Outpatient Emergency Room	\$ 33.99	\$ 32.91	\$ 33.45
Outpatient Surgery	22.38	23.52	22.95
Outpatient Radiology	7.56	5.24	6.40
Outpatient Pathology/Lab	11.94	14.25	13.09
Outpatient Pharmacy	8.07	7.47	7.77
Outpatient MH/SA	2.58	2.04	2.31
Other Outpatient	20.31	20.59	20.45
Subtotal Outpatient Hospital	\$ 106.83	\$ 106.02	\$ 106.42
Professional			
Inpatient and Outpatient Surgery	\$ 10.94	\$ 13.48	\$ 12.21
Anesthesia	4.17	4.91	4.54
Inpatient Visits	14.92	19.70	17.31
MH/SA	43.79	44.41	44.10
Emergency Room	7.76	7.63	7.70
Office/Home Visits/Consults	32.67	32.09	32.38
Maternity	-	0.38	0.19
Pathology/Lab	7.52	7.14	7.33
Radiology	7.01	6.12	6.56
Office Administered Drugs	5.72	9.44	7.58
Physical Exams	4.84	4.77	4.80
Therapy	7.26	7.80	7.53
Vision	2.53	2.83	2.68
Other Professional	104.02	105.13	104.57
Subtotal Professional	\$ 253.15	\$ 265.83	\$ 259.48
Retail Pharmacy			
Retail Pharmacy	\$ 276.77	\$ 280.86	\$ 278.82
Subtotal Retail Pharmacy	\$ 276.77	\$ 280.86	\$ 278.82
Ancillary			
Transportation	\$ 3.51	\$ 3.97	\$ 3.74
DME/Prosthetics	74.40	75.41	74.91
Hospice	17.02	26.69	21.86
Subtotal Ancillary	\$ 94.93	\$ 106.07	\$ 100.51
LTSS			
Nursing Home	\$ 0.64	\$ 0.77	\$ 0.71
HCBS	11.16	7.93	9.55
Case Management	0.44	0.32	0.38
Subtotal LTSS	\$ 12.24	\$ 9.02	\$ 10.64
Total Medical Costs	\$ 938.40	\$ 1,014.54	\$ 976.48

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RHP - SPMI	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 34,328			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 226.76	\$ 235.25	\$ 231.01
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	275.51	290.35	282.93
Inpatient Maternity Delivery	1.95	2.73	2.34
Other Inpatient	30.76	26.66	28.71
Subtotal Inpatient Hospital	\$ 534.98	\$ 554.99	\$ 544.99
Outpatient Hospital			
Outpatient Emergency Room	\$ 119.74	\$ 111.52	\$ 115.63
Outpatient Surgery	29.95	29.99	29.97
Outpatient Radiology	17.35	21.17	19.26
Outpatient Pathology/Lab	26.72	29.91	28.32
Outpatient Pharmacy	54.48	57.00	55.74
Outpatient MH/SA	22.73	19.56	21.15
Other Outpatient	37.48	50.05	43.77
Subtotal Outpatient Hospital	\$ 308.45	\$ 319.20	\$ 313.84
Professional			
Inpatient and Outpatient Surgery	\$ 20.18	\$ 20.42	\$ 20.30
Anesthesia	4.34	6.68	5.51
Inpatient Visits	29.53	32.57	31.05
MH/SA	547.73	513.99	530.86
Emergency Room	29.02	25.86	27.44
Office/Home Visits/Consults	62.40	58.15	60.28
Maternity	0.68	1.03	0.86
Pathology/Lab	22.65	32.91	27.78
Radiology	15.29	14.23	14.76
Office Administered Drugs	13.18	7.58	10.38
Physical Exams	2.91	3.11	3.01
Therapy	6.29	8.09	7.19
Vision	2.98	3.09	3.04
Other Professional	47.09	55.05	51.07
Subtotal Professional	\$ 804.27	\$ 782.76	\$ 793.53
Retail Pharmacy			
Retail Pharmacy	\$ 449.65	\$ 463.34	\$ 456.50
Subtotal Retail Pharmacy	\$ 449.65	\$ 463.34	\$ 456.50
Ancillary			
Transportation	\$ 10.48	\$ 10.07	\$ 10.28
DME/Prosthetics	13.62	16.04	14.83
Hospice	0.97	2.76	1.87
Subtotal Ancillary	\$ 25.07	\$ 28.87	\$ 26.98
LTSS			
Nursing Home	\$ 0.39	\$ 1.55	\$ 0.97
HCBS	0.27	0.54	0.41
Case Management	2.27	5.27	3.77
Subtotal LTSS	\$ 2.93	\$ 7.36	\$ 5.15
Total Medical Costs	\$ 2,125.35	\$ 2,156.52	\$ 2,140.99

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RHP - Other Disabled 21-44	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 44,457			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 136.76	\$ 131.59	\$ 134.18
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	43.64	38.05	40.85
Inpatient Maternity Delivery	8.90	7.40	8.15
Other Inpatient	4.30	3.08	3.69
Subtotal Inpatient Hospital	\$ 193.60	\$ 180.12	\$ 186.87
Outpatient Hospital			
Outpatient Emergency Room	\$ 73.27	\$ 71.99	\$ 72.63
Outpatient Surgery	24.69	28.10	26.40
Outpatient Radiology	12.19	13.55	12.87
Outpatient Pathology/Lab	21.82	23.98	22.90
Outpatient Pharmacy	34.43	41.23	37.83
Outpatient MH/SA	5.86	8.26	7.06
Other Outpatient	33.69	36.01	34.85
Subtotal Outpatient Hospital	\$ 205.95	\$ 223.12	\$ 214.54
Professional			
Inpatient and Outpatient Surgery	\$ 14.02	\$ 11.90	\$ 12.96
Anesthesia	3.93	4.02	3.97
Inpatient Visits	9.31	9.25	9.28
MH/SA	59.67	55.63	57.65
Emergency Room	11.94	11.40	11.67
Office/Home Visits/Consults	31.13	30.69	30.91
Maternity	2.92	2.46	2.69
Pathology/Lab	10.39	11.77	11.08
Radiology	9.01	9.52	9.27
Office Administered Drugs	27.39	26.36	26.88
Physical Exams	2.49	2.55	2.52
Therapy	4.57	4.55	4.56
Vision	2.12	2.16	2.14
Other Professional	21.41	21.27	21.34
Subtotal Professional	\$ 210.30	\$ 203.53	\$ 206.92
Retail Pharmacy			
Retail Pharmacy	\$ 168.24	\$ 175.58	\$ 171.91
Subtotal Retail Pharmacy	\$ 168.24	\$ 175.58	\$ 171.91
Ancillary			
Transportation	\$ 2.73	\$ 3.02	\$ 2.88
DME/Prosthetics	12.76	11.86	12.31
Hospice	0.84	0.17	0.51
Subtotal Ancillary	\$ 16.33	\$ 15.05	\$ 15.70
LTSS			
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.04	0.37	0.21
Case Management	0.40	0.54	0.47
Subtotal LTSS	\$ 0.44	\$ 0.91	\$ 0.68
Total Medical Costs	\$ 794.86	\$ 798.31	\$ 796.62

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Programs Base Data Blending			
Rate Cell: RHP - Other Disabled 45+	SFY 2017 Adjusted Base Experience	SFY 2018 Adjusted Base Experience	Blended Base Experience
SFY 2018 Member Months: 91,250			
Category of Service	PMPM	PMPM	PMPM
Inpatient Hospital			
Inpatient Medical/Surgical/Non-Delivery	\$ 266.05	\$ 253.27	\$ 259.66
Inpatient Well Newborn	-	-	-
Inpatient MH/SA	38.47	35.69	37.08
Inpatient Maternity Delivery	-	-	-
Other Inpatient	26.24	24.69	25.47
Subtotal Inpatient Hospital	\$ 330.76	\$ 313.65	\$ 322.21
Outpatient Hospital			
Outpatient Emergency Room	\$ 61.85	\$ 58.31	\$ 60.08
Outpatient Surgery	44.65	45.09	44.87
Outpatient Radiology	27.76	26.76	27.26
Outpatient Pathology/Lab	26.93	28.53	27.73
Outpatient Pharmacy	75.45	63.37	69.41
Outpatient MH/SA	4.31	3.50	3.91
Other Outpatient	58.07	57.88	57.98
Subtotal Outpatient Hospital	\$ 299.02	\$ 283.44	\$ 291.24
Professional			
Inpatient and Outpatient Surgery	\$ 30.17	\$ 27.99	\$ 29.08
Anesthesia	4.58	4.72	4.65
Inpatient Visits	15.58	15.65	15.62
MH/SA	60.25	55.57	57.91
Emergency Room	12.34	11.71	12.03
Office/Home Visits/Consults	50.13	50.56	50.35
Maternity	-	-	-
Pathology/Lab	13.67	15.51	14.59
Radiology	20.28	17.99	19.13
Office Administered Drugs	10.53	9.67	10.10
Physical Exams	3.13	3.10	3.12
Therapy	10.32	11.00	10.66
Vision	3.31	3.47	3.39
Other Professional	41.21	45.35	43.28
Subtotal Professional	\$ 275.50	\$ 272.29	\$ 273.91
Retail Pharmacy			
Retail Pharmacy	\$ 343.94	\$ 360.33	\$ 352.14
Subtotal Retail Pharmacy	\$ 343.94	\$ 360.33	\$ 352.14
Ancillary			
Transportation	\$ 4.26	\$ 4.27	\$ 4.26
DME/Prosthetics	21.07	23.84	22.46
Hospice	4.27	4.58	4.43
Subtotal Ancillary	\$ 29.60	\$ 32.69	\$ 31.15
LTSS			
Nursing Home	\$ 0.13	\$ 0.56	\$ 0.35
HCBS	0.17	0.71	0.44
Case Management	0.74	1.17	0.96
Subtotal LTSS	\$ 1.04	\$ 2.44	\$ 1.75
Total Medical Costs	\$ 1,279.86	\$ 1,264.84	\$ 1,272.40

Appendix 4: SFY 2020 Projected Benefit Expense Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - MF-1	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 73,023								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 136.18	\$ 0.00	\$ 0.00	\$ (0.86)	\$ (0.09)	\$ 3.09	\$ 13.07	\$ 151.39
Inpatient Well Newborn	84.26	-	-	(0.53)	(0.06)	1.91	8.09	93.67
Inpatient MH/SA	0.89	-	-	(0.01)	-	0.02	0.09	0.99
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.59	-	-	-	-	0.01	0.06	0.66
Subtotal Inpatient Hospital	\$ 221.92							\$ 246.71
Outpatient Hospital								
Outpatient Emergency Room	\$ 30.94	\$ 0.00	\$ 0.00	\$ (3.91)	\$ 2.15	\$ 0.67	\$ 2.82	\$ 32.67
Outpatient Surgery	4.88	-	-	(0.02)	-	0.11	0.47	5.44
Outpatient Radiology	2.35	-	-	(0.01)	-	0.05	0.23	2.62
Outpatient Pathology/Lab	5.48	-	-	(0.03)	-	0.13	0.52	6.10
Outpatient Pharmacy	1.97	-	-	(0.01)	-	0.04	0.19	2.19
Outpatient MH/SA	0.70	-	-	-	-	0.01	0.07	0.78
Other Outpatient	9.33	-	-	(0.05)	-	0.22	0.89	10.39
Subtotal Outpatient Hospital	\$ 55.65							\$ 60.19
Professional								
Inpatient and Outpatient Surgery	\$ 9.39	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.22	\$ 0.19	\$ 9.75
Anesthesia	3.36	-	-	(0.02)	-	0.08	0.07	3.49
Inpatient Visits	17.34	-	-	(0.09)	-	0.40	0.35	18.00
MH/SA	4.82	-	-	(0.02)	-	0.11	0.09	5.00
Emergency Room	6.27	-	-	(0.79)	0.15	0.13	0.11	5.87
Office/Home Visits/Consults	37.26	-	-	0.68	-	0.87	0.78	39.59
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	1.07	-	-	-	-	0.02	0.02	1.11
Radiology	1.21	-	-	-	-	0.03	0.03	1.27
Office Administered Drugs	0.04	-	-	-	-	-	-	0.04
Physical Exams	46.08	-	-	(0.23)	-	1.05	0.94	47.84
Therapy	0.38	-	-	-	-	0.01	-	0.39
Vision	0.55	-	-	-	-	0.01	0.01	0.57
Other Professional	18.60	-	-	(0.09)	-	0.42	0.38	19.31
Subtotal Professional	\$ 146.37							\$ 152.23
Retail Pharmacy								
Retail Pharmacy	\$ 13.06	\$ 0.00	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.30	\$ 1.50	\$ 14.79
Subtotal Retail Pharmacy	\$ 13.06							\$ 14.79
Ancillary								
Transportation	\$ 0.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.77
DME/Prosthetics	5.08	-	-	(0.03)	-	0.12	0.10	5.27
Hospice	0.01	-	-	-	-	-	-	0.01
Subtotal Ancillary	\$ 5.83							\$ 6.05
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.37	-	-	-	-	-	0.01	0.38
Case Management	1.43	-	-	(0.01)	-	0.02	0.04	1.48
Subtotal LTSS	\$ 1.80							\$ 1.86
Total Medical Costs	\$ 444.63							\$ 481.83

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2020 Capitation Rate Development
Medicaid Managed Care Programs
Prospective Rate Development Model

Rate Cell: RC - MF 1-5	Blended Base Experience	Program Change Adjustments	Managed Care Adjustments	Trend Adjustments	Projected Experience			
Member Months: 369,246								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 11.62	\$ 0.00	\$ 0.00	\$ (0.16)	\$ 0.02	\$ 0.26	\$ 1.11	\$ 12.85
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	1.00	-	-	(0.01)	-	0.02	0.10	1.11
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.08	-	-	-	-	-	0.01	0.09
Subtotal Inpatient Hospital	\$ 12.70							\$ 14.05
Outpatient Hospital								
Outpatient Emergency Room	\$ 18.67	\$ 0.00	\$ 0.00	\$ (2.07)	\$ 1.16	\$ 0.40	\$ 1.72	\$ 19.88
Outpatient Surgery	7.89	-	-	(0.04)	-	0.18	0.76	8.79
Outpatient Radiology	1.14	-	-	(0.01)	-	0.03	0.11	1.27
Outpatient Pathology/Lab	2.85	-	-	(0.01)	-	0.06	0.27	3.17
Outpatient Pharmacy	2.25	-	-	(0.01)	-	0.05	0.22	2.51
Outpatient MH/SA	2.41	-	-	(0.01)	-	0.05	0.23	2.68
Other Outpatient	4.35	-	-	(0.02)	-	0.10	0.42	4.85
Subtotal Outpatient Hospital	\$ 39.56							\$ 43.15
Professional								
Inpatient and Outpatient Surgery	\$ 1.89	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	\$ 1.96
Anesthesia	1.12	-	-	(0.01)	-	0.03	0.02	1.16
Inpatient Visits	1.07	-	-	(0.01)	-	0.03	0.02	1.11
MH/SA	7.68	-	-	(0.04)	-	0.18	0.15	7.97
Emergency Room	2.92	-	-	(0.32)	0.05	0.06	0.05	2.76
Office/Home Visits/Consults	20.03	-	-	0.30	-	0.47	0.42	21.22
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	1.35	-	-	-	-	0.03	0.03	1.41
Radiology	0.35	-	-	-	-	0.01	0.01	0.37
Office Administered Drugs	0.05	-	-	-	-	-	-	0.05
Physical Exams	8.53	-	-	(0.04)	-	0.19	0.18	8.86
Therapy	0.40	-	-	-	-	0.01	0.01	0.42
Vision	1.34	-	-	(0.01)	-	0.03	0.03	1.39
Other Professional	17.00	-	0.40	(0.08)	-	0.39	0.36	18.07
Subtotal Professional	\$ 63.73							\$ 66.75
Retail Pharmacy								
Retail Pharmacy	\$ 12.86	\$ 0.00	\$ 0.00	\$ (0.06)	\$ (0.01)	\$ 0.29	\$ 1.48	\$ 14.56
Subtotal Retail Pharmacy	\$ 12.86							\$ 14.56
Ancillary								
Transportation	\$ 0.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.23
DME/Prosthetics	1.29	-	-	(0.01)	-	0.03	0.03	1.34
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 1.51							\$ 1.57
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.60	-	-	-	-	-	0.02	0.62
Case Management	2.02	-	-	(0.01)	-	0.03	0.06	2.10
Subtotal LTSS	\$ 2.62							\$ 2.72
Total Medical Costs	\$ 132.98							\$ 142.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - MF 6-14	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 610,504								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 5.67	\$ 0.00	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.13	\$ 0.54	\$ 6.26
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	9.06	-	-	(0.13)	0.01	0.20	0.86	10.00
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.08	-	-	-	-	-	0.01	0.09
Subtotal Inpatient Hospital	\$ 14.81							\$ 16.35
Outpatient Hospital								
Outpatient Emergency Room	\$ 11.79	\$ 0.00	\$ 0.00	\$ (0.95)	\$ 0.47	\$ 0.26	\$ 1.09	\$ 12.66
Outpatient Surgery	3.79	-	-	(0.02)	-	0.09	0.36	4.22
Outpatient Radiology	1.43	-	-	(0.01)	-	0.04	0.13	1.59
Outpatient Pathology/Lab	2.77	-	-	(0.01)	-	0.06	0.27	3.09
Outpatient Pharmacy	2.95	-	-	(0.01)	-	0.06	0.29	3.29
Outpatient MH/SA	4.04	-	-	(0.02)	-	0.09	0.39	4.50
Other Outpatient	3.21	-	-	(0.02)	-	0.08	0.31	3.58
Subtotal Outpatient Hospital	\$ 29.98							\$ 32.93
Professional								
Inpatient and Outpatient Surgery	\$ 1.76	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	\$ 1.83
Anesthesia	0.66	-	-	-	-	0.01	0.02	0.69
Inpatient Visits	0.80	-	-	-	-	0.01	0.02	0.83
MH/SA	14.82	-	-	(0.07)	-	0.33	0.31	15.39
Emergency Room	1.86	-	-	(0.15)	0.03	0.04	0.04	1.82
Office/Home Visits/Consults	18.44	-	-	0.08	-	0.43	0.38	19.33
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	1.29	-	-	-	-	0.03	0.02	1.34
Radiology	0.87	-	-	-	-	0.02	0.02	0.91
Office Administered Drugs	0.49	-	-	-	-	0.01	0.01	0.51
Physical Exams	5.03	-	-	(0.03)	-	0.12	0.10	5.22
Therapy	0.58	-	-	-	-	0.01	0.01	0.60
Vision	4.45	-	-	(0.02)	-	0.10	0.09	4.62
Other Professional	5.18	-	0.26	(0.03)	-	0.13	0.11	5.65
Subtotal Professional	\$ 56.23							\$ 58.74
Retail Pharmacy								
Retail Pharmacy	\$ 21.47	\$ 0.00	\$ 0.00	\$ (0.11)	\$ (0.01)	\$ 0.49	\$ 2.47	\$ 24.31
Subtotal Retail Pharmacy	\$ 21.47							\$ 24.31
Ancillary								
Transportation	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.29
DME/Prosthetics	1.51	-	-	(0.01)	-	0.04	0.03	1.57
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 1.79							\$ 1.86
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.32	-	-	(0.01)	-	0.03	0.07	2.41
Case Management	0.44	-	-	-	-	0.01	0.01	0.46
Subtotal LTSS	\$ 2.76							\$ 2.87
Total Medical Costs	\$ 127.04							\$ 137.06

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - M 15-44	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 218,736								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 19.65	\$ 0.00	\$ 0.00	\$ (0.25)	\$ (0.01)	\$ 0.25	\$ 1.86	\$ 21.50
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	11.72	-	-	(0.15)	-	0.14	1.11	12.82
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.28	-	-	-	-	-	0.03	0.31
Subtotal Inpatient Hospital	\$ 31.65							\$ 34.63
Outpatient Hospital								
Outpatient Emergency Room	\$ 17.11	\$ 0.00	\$ 0.00	\$ (1.13)	\$ 0.43	\$ 0.21	\$ 1.57	\$ 18.19
Outpatient Surgery	7.69	-	-	(0.04)	-	0.18	0.74	8.57
Outpatient Radiology	2.77	-	-	(0.01)	-	0.06	0.27	3.09
Outpatient Pathology/Lab	5.47	-	-	(0.03)	-	0.13	0.52	6.09
Outpatient Pharmacy	8.99	-	-	(0.04)	-	0.20	0.86	10.01
Outpatient MH/SA	2.93	-	-	(0.01)	-	0.06	0.28	3.26
Other Outpatient	3.26	-	-	(0.02)	-	0.08	0.31	3.63
Subtotal Outpatient Hospital	\$ 48.22							\$ 52.84
Professional								
Inpatient and Outpatient Surgery	\$ 4.51	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.10	\$ 0.09	\$ 4.68
Anesthesia	1.11	-	-	(0.01)	-	0.03	0.02	1.15
Inpatient Visits	1.85	-	-	(0.01)	-	0.04	0.04	1.92
MH/SA	16.40	-	-	(0.08)	-	0.37	0.34	17.03
Emergency Room	2.89	-	-	(0.19)	0.05	0.06	0.05	2.86
Office/Home Visits/Consults	18.20	-	-	0.10	-	0.42	0.37	19.09
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	4.01	-	-	(0.01)	-	0.09	0.09	4.18
Radiology	2.76	-	-	0.01	-	0.06	0.06	2.89
Office Administered Drugs	1.54	-	-	(0.01)	-	0.04	0.03	1.60
Physical Exams	2.92	-	-	(0.01)	-	0.06	0.06	3.03
Therapy	2.31	-	-	(0.01)	-	0.05	0.05	2.40
Vision	2.57	-	-	(0.01)	-	0.06	0.05	2.67
Other Professional	4.09	-	0.06	(0.02)	-	0.09	0.09	4.31
Subtotal Professional	\$ 65.16							\$ 67.81
Retail Pharmacy								
Retail Pharmacy	\$ 34.32	\$ 0.00	\$ 0.00	\$ (0.17)	\$ (0.06)	\$ 1.47	\$ 4.02	\$ 39.58
Subtotal Retail Pharmacy	\$ 34.32							\$ 39.58
Ancillary								
Transportation	\$ 0.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.58
DME/Prosthetics	2.60	-	-	(0.01)	-	0.06	0.05	2.70
Hospice	0.06	-	-	-	-	-	-	0.06
Subtotal Ancillary	\$ 3.22							\$ 3.34
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	2.18	-	-	(0.01)	-	0.03	0.06	2.26
Case Management	0.33	-	-	-	-	-	0.01	0.34
Subtotal LTSS	\$ 2.51							\$ 2.60
Total Medical Costs	\$ 185.08							\$ 200.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - F 15-44	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 529,750								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 26.27	\$ 0.00	\$ 0.00	\$ (0.36)	\$ 0.06	\$ 0.33	\$ 2.49	\$ 28.79
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	15.62	-	-	(0.22)	0.04	0.20	1.48	17.12
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.55	-	-	(0.01)	-	0.01	0.05	0.60
Subtotal Inpatient Hospital	\$ 42.44							\$ 46.51
Outpatient Hospital								
Outpatient Emergency Room	\$ 29.67	\$ 0.00	\$ 0.00	\$ (2.44)	\$ 0.86	\$ 0.35	\$ 2.69	\$ 31.13
Outpatient Surgery	15.53	-	-	(0.08)	-	0.36	1.49	17.30
Outpatient Radiology	6.19	-	-	(0.03)	-	0.14	0.60	6.90
Outpatient Pathology/Lab	17.68	-	-	(0.09)	-	0.40	1.70	19.69
Outpatient Pharmacy	9.58	-	-	(0.05)	-	0.22	0.92	10.67
Outpatient MH/SA	5.13	-	-	(0.03)	-	0.12	0.49	5.71
Other Outpatient	5.67	-	-	(0.03)	-	0.13	0.55	6.32
Subtotal Outpatient Hospital	\$ 89.45							\$ 97.72
Professional								
Inpatient and Outpatient Surgery	\$ 6.82	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.15	\$ 0.14	\$ 7.08
Anesthesia	1.57	-	-	(0.01)	-	0.04	0.03	1.63
Inpatient Visits	2.03	-	-	(0.01)	-	0.05	0.04	2.11
MH/SA	21.85	-	-	(0.11)	-	0.50	0.44	22.68
Emergency Room	4.74	-	-	(0.39)	0.10	0.10	0.10	4.65
Office/Home Visits/Consults	31.89	-	-	0.21	-	0.74	0.66	33.50
Maternity	0.03	-	-	-	-	-	-	0.03
Pathology/Lab	7.83	-	-	(0.01)	-	0.18	0.16	8.16
Radiology	5.50	-	-	0.02	-	0.12	0.12	5.76
Office Administered Drugs	2.70	-	-	(0.01)	-	0.06	0.05	2.80
Physical Exams	3.70	-	-	(0.02)	-	0.09	0.07	3.84
Therapy	3.03	-	-	(0.02)	-	0.07	0.07	3.15
Vision	3.21	-	-	(0.02)	-	0.08	0.06	3.33
Other Professional	8.57	-	0.02	(0.05)	-	0.20	0.17	8.91
Subtotal Professional	\$ 103.47							\$ 107.63
Retail Pharmacy								
Retail Pharmacy	\$ 47.28	\$ 0.00	\$ 0.00	\$ (0.24)	\$ (0.14)	\$ 2.02	\$ 5.53	\$ 54.45
Subtotal Retail Pharmacy	\$ 47.28							\$ 54.45
Ancillary								
Transportation	\$ 0.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.87
DME/Prosthetics	2.27	-	-	(0.01)	-	0.05	0.05	2.36
Hospice	0.07	-	-	-	-	-	-	0.07
Subtotal Ancillary	\$ 3.18							\$ 3.30
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.89	-	-	-	-	0.01	0.02	0.92
Case Management	0.26	-	-	-	-	-	0.01	0.27
Subtotal LTSS	\$ 1.15							\$ 1.19
Total Medical Costs	\$ 286.97							\$ 310.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - MF 45+	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 112,213								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 62.42	\$ 0.00	\$ 0.00	\$ (0.70)	\$ 0.03	\$ 0.79	\$ 5.91	\$ 68.45
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	6.17	-	-	(0.07)	-	0.08	0.59	6.77
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	1.91	-	-	(0.02)	-	0.02	0.18	2.09
Subtotal Inpatient Hospital	\$ 70.50							\$ 77.31
Outpatient Hospital								
Outpatient Emergency Room	\$ 23.03	\$ 0.00	\$ 0.00	\$ (1.80)	\$ 0.77	\$ 0.28	\$ 2.11	\$ 24.39
Outpatient Surgery	29.15	-	-	(0.15)	-	0.67	2.80	32.47
Outpatient Radiology	13.55	-	-	(0.07)	-	0.31	1.30	15.09
Outpatient Pathology/Lab	14.30	-	-	(0.07)	-	0.32	1.38	15.93
Outpatient Pharmacy	20.78	-	-	(0.10)	-	0.47	2.00	23.15
Outpatient MH/SA	2.10	-	-	(0.01)	-	0.05	0.20	2.34
Other Outpatient	11.01	-	-	(0.06)	-	0.26	1.05	12.26
Subtotal Outpatient Hospital	\$ 113.92							\$ 125.63
Professional								
Inpatient and Outpatient Surgery	\$ 15.03	\$ 0.00	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.35	\$ 0.30	\$ 15.60
Anesthesia	2.56	-	-	(0.01)	-	0.06	0.05	2.66
Inpatient Visits	2.72	-	-	(0.01)	-	0.06	0.05	2.82
MH/SA	17.79	-	-	(0.09)	-	0.41	0.36	18.47
Emergency Room	3.97	-	-	(0.31)	0.09	0.08	0.08	3.91
Office/Home Visits/Consults	41.23	-	-	0.05	-	0.94	0.85	43.07
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	8.44	-	-	(0.01)	-	0.19	0.17	8.79
Radiology	11.68	-	-	0.04	-	0.26	0.25	12.23
Office Administered Drugs	4.76	-	-	(0.02)	-	0.10	0.10	4.94
Physical Exams	3.95	-	-	(0.02)	-	0.09	0.08	4.10
Therapy	6.79	-	-	(0.03)	-	0.15	0.14	7.05
Vision	3.64	-	-	(0.02)	-	0.08	0.08	3.78
Other Professional	9.51	-	-	(0.05)	-	0.22	0.19	9.87
Subtotal Professional	\$ 132.07							\$ 137.29
Retail Pharmacy								
Retail Pharmacy	\$ 98.24	\$ 0.00	\$ 0.00	\$ (0.49)	\$ (0.54)	\$ 4.20	\$ 11.46	\$ 112.87
Subtotal Retail Pharmacy	\$ 98.24							\$ 112.87
Ancillary								
Transportation	\$ 0.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.83
DME/Prosthetics	5.79	-	-	(0.03)	-	0.13	0.12	6.01
Hospice	0.26	-	-	-	-	-	0.01	0.27
Subtotal Ancillary	\$ 6.85							\$ 7.11
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.60	-	-	-	-	-	0.02	0.62
Case Management	0.63	-	-	-	-	-	0.02	0.65
Subtotal LTSS	\$ 1.23							\$ 1.27
Total Medical Costs	\$ 422.81							\$ 461.48

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - EFP	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 17,760								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital	\$ 0.00							\$ 0.00
Outpatient Hospital								
Outpatient Emergency Room	\$ 0.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.06	\$ 0.69
Outpatient Surgery	0.06	-	-	-	-	-	0.01	0.07
Outpatient Radiology	0.12	-	-	-	-	-	0.01	0.13
Outpatient Pathology/Lab	2.08	-	-	(0.01)	-	0.03	0.19	2.29
Outpatient Pharmacy	0.33	-	-	-	-	-	0.03	0.36
Outpatient MH/SA	-	-	-	-	-	-	-	-
Other Outpatient	0.72	-	-	-	-	0.01	0.06	0.79
Subtotal Outpatient Hospital	\$ 3.94							\$ 4.33
Professional								
Inpatient and Outpatient Surgery	\$ 0.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.22
Anesthesia	-	-	-	-	-	-	-	-
Inpatient Visits	-	-	-	-	-	-	-	-
MH/SA	-	-	-	-	-	-	-	-
Emergency Room	0.08	-	-	-	-	-	-	0.08
Office/Home Visits/Consults	0.99	-	-	-	-	0.02	0.02	1.03
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	0.93	-	-	-	-	0.02	0.02	0.97
Radiology	0.28	-	-	-	-	-	0.01	0.29
Office Administered Drugs	0.47	-	-	-	-	0.01	0.01	0.49
Physical Exams	0.58	-	-	-	-	0.01	0.01	0.60
Therapy	0.02	-	-	-	-	-	-	0.02
Vision	0.02	-	-	-	-	-	-	0.02
Other Professional	1.93	-	-	(0.01)	-	0.04	0.04	2.00
Subtotal Professional	\$ 5.51							\$ 5.72
Retail Pharmacy								
Retail Pharmacy	\$ 2.64	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.11	\$ 2.80
Subtotal Retail Pharmacy	\$ 2.64							\$ 2.80
Ancillary								
Transportation	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.05
DME/Prosthetics	-	-	-	-	-	-	-	-
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 0.05							\$ 0.05
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-	-	-	-	-	-
Case Management	-	-	-	-	-	-	-	-
Subtotal LTSS	\$ 0.00							\$ 0.00
Total Medical Costs	\$ 12.14							\$ 12.90

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RC - SOBRA	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 4,208								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 445.92	\$ 0.00	\$ 0.00	\$ (2.23)	\$ 0.00	\$ 1.20	\$ 42.04	\$ 486.93
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	3,956.21	-	-	(19.78)	(17.71)	10.58	371.31	4,300.61
Other Inpatient	36.62	-	-	(0.18)	-	0.10	3.45	39.99
Subtotal Inpatient Hospital	\$ 4,438.75							\$ 4,827.53
Outpatient Hospital								
Outpatient Emergency Room	\$ 1,516.35	\$ 0.00	\$ 0.00	\$ (7.58)	\$ 0.00	\$ 4.07	\$ 142.97	\$ 1,655.81
Outpatient Surgery	152.30	-	-	(0.76)	-	1.93	14.50	167.97
Outpatient Radiology	571.84	-	-	(2.86)	-	7.24	54.46	630.68
Outpatient Pathology/Lab	820.56	-	-	(4.10)	-	10.39	78.14	904.99
Outpatient Pharmacy	79.54	-	-	(0.40)	-	1.01	7.57	87.72
Outpatient MH/SA	3.33	-	-	(0.02)	-	0.05	0.31	3.67
Other Outpatient	377.09	-	-	(1.89)	-	4.78	35.91	415.89
Subtotal Outpatient Hospital	\$ 3,521.01							\$ 3,866.73
Professional								
Inpatient and Outpatient Surgery	\$ 9.42	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.31	\$ 0.20	\$ 9.88
Anesthesia	403.98	-	-	(2.02)	-	13.26	8.34	423.56
Inpatient Visits	59.10	-	-	(0.30)	-	1.94	1.22	61.96
MH/SA	1.47	-	-	(0.01)	-	0.05	0.03	1.54
Emergency Room	127.96	-	-	(0.64)	-	4.20	2.64	134.16
Office/Home Visits/Consults	102.02	-	-	(0.51)	-	3.35	2.11	106.97
Maternity	1,502.49	-	-	(7.51)	-	49.30	31.04	1,575.32
Pathology/Lab	72.64	-	-	(0.36)	-	2.38	1.50	76.16
Radiology	287.20	-	-	(1.44)	-	9.43	5.93	301.12
Office Administered Drugs	11.74	-	-	(0.06)	-	0.39	0.24	12.31
Physical Exams	5.20	-	-	(0.03)	-	0.17	0.11	5.45
Therapy	3.10	-	-	(0.02)	-	0.11	0.06	3.25
Vision	0.02	-	-	-	-	-	-	0.02
Other Professional	92.82	-	-	(0.46)	-	3.04	1.92	97.32
Subtotal Professional	\$ 2,679.16							\$ 2,809.02
Retail Pharmacy								
Retail Pharmacy	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy	\$ 0.00							\$ 0.00
Ancillary								
Transportation	\$ 7.20	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.17	\$ 0.15	\$ 7.48
DME/Prosthetics	122.32	-	-	(0.61)	-	2.78	2.50	126.99
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 129.52							\$ 134.47
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.10	-	-	-	-	-	-	0.10
Case Management	0.03	-	-	-	-	-	-	0.03
Subtotal LTSS	\$ 0.13							\$ 0.13
Total Medical Costs	\$ 10,768.57							\$ 11,637.88

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: CSHCN - Adoption Subsidy	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 24,786 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 17.88	\$ 0.00	\$ 0.00	\$ (0.28)	\$ 0.00	\$ 0.23	\$ 1.68	\$ 19.51
Inpatient Well Newborn	0.36	-	-	(0.01)	-	0.01	0.03	0.39
Inpatient MH/SA	97.12	-	-	(1.50)	-	1.22	9.15	105.99
Inpatient Maternity Delivery	0.23	-	-	-	-	-	0.02	0.25
Other Inpatient	5.05	-	-	(0.08)	-	0.07	0.47	5.51
Subtotal Inpatient Hospital	\$ 120.64							\$ 131.65
Outpatient Hospital								
Outpatient Emergency Room	\$ 15.75	\$ 0.00	\$ 0.00	\$ (0.93)	\$ 0.47	\$ 0.20	\$ 1.46	\$ 16.95
Outpatient Surgery	6.41	-	-	(0.03)	-	0.21	0.62	7.21
Outpatient Radiology	3.41	-	-	(0.02)	-	0.11	0.34	3.84
Outpatient Pathology/Lab	5.76	-	-	(0.03)	-	0.19	0.56	6.48
Outpatient Pharmacy	2.24	-	-	(0.01)	-	0.07	0.22	2.52
Outpatient MH/SA	18.24	-	-	(0.09)	-	0.60	1.77	20.52
Other Outpatient	8.93	-	-	(0.04)	-	0.29	0.87	10.05
Subtotal Outpatient Hospital	\$ 60.74							\$ 67.57
Professional								
Inpatient and Outpatient Surgery	\$ 2.73	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.05	\$ 2.83
Anesthesia	1.07	-	-	(0.01)	-	0.03	0.02	1.11
Inpatient Visits	3.29	-	-	(0.02)	-	0.08	0.07	3.42
MH/SA	48.22	-	-	(0.24)	-	1.10	0.98	50.06
Emergency Room	2.86	-	-	(0.17)	0.06	0.06	0.06	2.87
Office/Home Visits/Consults	22.64	-	-	0.01	-	0.51	0.47	23.63
Maternity	0.12	-	-	-	-	-	-	0.12
Pathology/Lab	2.13	-	-	-	-	0.04	0.05	2.22
Radiology	1.29	-	-	-	-	0.03	0.03	1.35
Office Administered Drugs	0.15	-	-	-	-	-	0.01	0.16
Physical Exams	6.38	-	-	(0.03)	-	0.14	0.13	6.62
Therapy	1.11	-	-	(0.01)	-	0.03	0.02	1.15
Vision	4.24	-	-	(0.02)	-	0.10	0.08	4.40
Other Professional	49.79	-	1.16	(0.26)	-	1.16	1.04	52.89
Subtotal Professional	\$ 146.02							\$ 152.83
Retail Pharmacy								
Retail Pharmacy	\$ 49.71	\$ 0.00	\$ 0.00	\$ (0.25)	\$ (0.09)	\$ 1.13	\$ 3.07	\$ 53.57
Subtotal Retail Pharmacy	\$ 49.71							\$ 53.57
Ancillary								
Transportation	\$ 0.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.86
DME/Prosthetics	15.19	-	-	(0.08)	-	0.35	0.31	15.77
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 16.02							\$ 16.63
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	35.00	-	-	(0.18)	-	0.45	0.71	35.98
Case Management	6.04	-	0.02	(0.03)	-	0.08	0.12	6.23
Subtotal LTSS	\$ 41.04							\$ 42.21
Total Medical Costs	\$ 434.17							\$ 464.46

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: CSHCN - Katie Beckett	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 1,212								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 435.61	\$ 0.00	\$ 0.00	\$ (2.22)	\$ (0.04)	\$ 5.51	\$ 41.47	\$ 480.33
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	340.46	-	-	(1.74)	(0.03)	4.31	32.41	375.41
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital	\$ 776.07							\$ 855.74
Outpatient Hospital								
Outpatient Emergency Room	\$ 28.62	\$ 0.00	\$ 0.00	\$ (1.55)	\$ 0.87	\$ 0.36	\$ 2.67	\$ 30.97
Outpatient Surgery	37.17	-	-	(0.19)	-	1.22	3.61	41.81
Outpatient Radiology	11.54	-	-	(0.06)	-	0.38	1.12	12.98
Outpatient Pathology/Lab	14.31	-	-	(0.07)	-	0.47	1.39	16.10
Outpatient Pharmacy	4.18	-	-	(0.02)	-	0.14	0.40	4.70
Outpatient MH/SA	16.94	-	-	(0.08)	-	0.55	1.65	19.06
Other Outpatient	55.61	-	-	(0.28)	-	1.83	5.40	62.56
Subtotal Outpatient Hospital	\$ 168.37							\$ 188.18
Professional								
Inpatient and Outpatient Surgery	\$ 9.62	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.22	\$ 0.20	\$ 9.99
Anesthesia	3.55	-	-	(0.02)	-	0.08	0.08	3.69
Inpatient Visits	30.64	-	-	(0.15)	-	0.69	0.63	31.81
MH/SA	129.63	-	-	(0.65)	-	2.95	2.65	134.58
Emergency Room	6.36	-	-	(0.34)	0.09	0.14	0.13	6.38
Office/Home Visits/Consults	42.14	-	-	0.01	-	0.96	0.87	43.98
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	1.84	-	-	-	-	0.04	0.04	1.92
Radiology	4.98	-	-	0.02	-	0.11	0.10	5.21
Office Administered Drugs	0.01	-	-	-	-	-	-	0.01
Physical Exams	5.21	-	-	(0.03)	-	0.12	0.11	5.41
Therapy	10.44	-	-	(0.05)	-	0.24	0.21	10.84
Vision	3.48	-	-	(0.02)	-	0.08	0.07	3.61
Other Professional	476.37	-	4.86	(2.41)	-	10.95	9.84	499.61
Subtotal Professional	\$ 724.27							\$ 757.04
Retail Pharmacy								
Retail Pharmacy	\$ 341.40	\$ 0.00	\$ 0.00	\$ (1.71)	\$ (1.80)	\$ 7.72	\$ 21.05	\$ 366.66
Subtotal Retail Pharmacy	\$ 341.40							\$ 366.66
Ancillary								
Transportation	\$ 5.28	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.12	\$ 0.11	\$ 5.48
DME/Prosthetics	119.40	-	-	(0.60)	-	2.72	2.44	123.96
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 124.68							\$ 129.44
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	537.39	-	-	(2.69)	-	6.81	10.88	552.39
Case Management	57.15	-	-	(0.29)	-	0.73	1.16	58.75
Subtotal LTSS	\$ 594.54							\$ 611.14
Total Medical Costs	\$ 2,729.33							\$ 2,908.20

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: CSHCN - SSI < 15	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 35,280								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 162.66	\$ 0.00	\$ 0.00	\$ (2.25)	\$ 0.25	\$ 2.05	\$ 15.37	\$ 178.08
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	159.24	-	-	(2.21)	0.25	2.01	15.05	174.34
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	2.46	-	-	(0.03)	-	0.03	0.23	2.69
Subtotal Inpatient Hospital	\$ 324.36							\$ 355.11
Outpatient Hospital								
Outpatient Emergency Room	\$ 29.85	\$ 0.00	\$ 0.00	\$ (2.22)	\$ 1.30	\$ 0.36	\$ 2.77	\$ 32.06
Outpatient Surgery	24.92	-	-	(0.12)	-	0.81	2.42	28.03
Outpatient Radiology	8.93	-	-	(0.04)	-	0.29	0.87	10.05
Outpatient Pathology/Lab	12.61	-	-	(0.06)	-	0.41	1.23	14.19
Outpatient Pharmacy	33.81	-	-	(0.17)	-	1.11	3.28	38.03
Outpatient MH/SA	24.42	-	-	(0.12)	-	0.80	2.37	27.47
Other Outpatient	34.60	-	-	(0.17)	-	1.13	3.36	38.92
Subtotal Outpatient Hospital	\$ 169.14							\$ 188.75
Professional								
Inpatient and Outpatient Surgery	\$ 8.56	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.19	\$ 0.18	\$ 8.89
Anesthesia	5.49	-	-	(0.03)	-	0.13	0.11	5.70
Inpatient Visits	13.63	-	-	(0.07)	-	0.31	0.28	14.15
MH/SA	81.09	-	-	(0.41)	-	1.85	1.66	84.19
Emergency Room	5.33	-	-	(0.40)	0.13	0.11	0.11	5.28
Office/Home Visits/Consults	34.90	-	-	0.16	-	0.80	0.72	36.58
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	1.80	-	-	-	-	0.04	0.03	1.87
Radiology	2.50	-	-	0.01	-	0.05	0.06	2.62
Office Administered Drugs	10.23	-	-	(0.05)	-	0.23	0.21	10.62
Physical Exams	7.36	-	-	(0.04)	-	0.17	0.15	7.64
Therapy	2.55	-	-	(0.01)	-	0.06	0.05	2.65
Vision	5.17	-	-	(0.03)	-	0.12	0.11	5.37
Other Professional	201.76	-	4.28	(1.03)	-	4.68	4.22	213.91
Subtotal Professional	\$ 380.37							\$ 399.47
Retail Pharmacy								
Retail Pharmacy	\$ 148.08	\$ 0.00	\$ 0.00	\$ (0.74)	\$ (0.19)	\$ 3.36	\$ 9.17	\$ 159.68
Subtotal Retail Pharmacy	\$ 148.08							\$ 159.68
Ancillary								
Transportation	\$ 1.38	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	\$ 1.43
DME/Prosthetics	58.44	-	-	(0.29)	-	1.33	1.19	60.67
Hospice	0.01	-	-	-	-	-	-	0.01
Subtotal Ancillary	\$ 59.83							\$ 62.11
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	95.50	-	-	(0.48)	-	1.21	1.94	98.17
Case Management	18.59	-	0.06	(0.10)	-	0.24	0.38	19.17
Subtotal LTSS	\$ 114.09							\$ 117.34
Total Medical Costs	\$ 1,195.87							\$ 1,282.46

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: CSHCN - SSI >= 15	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 22,230								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 69.33	\$ 0.00	\$ 0.00	\$ (1.25)	\$ 0.06	\$ 0.87	\$ 6.52	\$ 75.53
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	204.62	-	-	(3.69)	0.18	2.56	19.25	222.92
Inpatient Maternity Delivery	4.43	-	-	(0.08)	-	0.06	0.42	4.83
Other Inpatient	9.55	-	-	(0.17)	0.01	0.12	0.89	10.40
Subtotal Inpatient Hospital	\$ 287.93							\$ 313.68
Outpatient Hospital								
Outpatient Emergency Room	\$ 41.88	\$ 0.00	\$ 0.00	\$ (2.36)	\$ 0.85	\$ 0.51	\$ 3.86	\$ 44.74
Outpatient Surgery	11.37	-	-	(0.06)	-	0.38	1.10	12.79
Outpatient Radiology	5.18	-	-	(0.03)	-	0.17	0.51	5.83
Outpatient Pathology/Lab	11.85	-	-	(0.06)	-	0.39	1.15	13.33
Outpatient Pharmacy	5.37	-	-	(0.03)	-	0.18	0.52	6.04
Outpatient MH/SA	10.13	-	-	(0.05)	-	0.33	0.99	11.40
Other Outpatient	10.60	-	-	(0.05)	-	0.34	1.03	11.92
Subtotal Outpatient Hospital	\$ 96.38							\$ 106.05
Professional								
Inpatient and Outpatient Surgery	\$ 5.82	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.13	\$ 0.12	\$ 6.04
Anesthesia	3.17	-	-	(0.02)	-	0.08	0.06	3.29
Inpatient Visits	10.24	-	-	(0.05)	-	0.23	0.21	10.63
MH/SA	62.08	-	-	(0.31)	-	1.41	1.27	64.45
Emergency Room	8.22	-	-	(0.46)	0.16	0.18	0.16	8.26
Office/Home Visits/Consults	29.20	-	-	0.19	-	0.68	0.60	30.67
Maternity	1.67	-	-	(0.01)	-	0.04	0.03	1.73
Pathology/Lab	4.78	-	-	(0.01)	-	0.11	0.10	4.98
Radiology	3.39	-	-	0.01	-	0.08	0.07	3.55
Office Administered Drugs	9.65	-	-	(0.05)	-	0.22	0.20	10.02
Physical Exams	4.81	-	-	(0.02)	-	0.11	0.09	4.99
Therapy	1.37	-	-	(0.01)	-	0.03	0.03	1.42
Vision	4.51	-	-	(0.02)	-	0.10	0.09	4.68
Other Professional	78.25	-	0.78	(0.39)	-	1.79	1.62	82.05
Subtotal Professional	\$ 227.16							\$ 236.76
Retail Pharmacy								
Retail Pharmacy	\$ 113.28	\$ 0.00	\$ 0.00	\$ (0.57)	\$ (0.26)	\$ 2.57	\$ 7.01	\$ 122.03
Subtotal Retail Pharmacy	\$ 113.28							\$ 122.03
Ancillary								
Transportation	\$ 2.33	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.05	\$ 2.42
DME/Prosthetics	20.02	-	-	(0.10)	-	0.46	0.40	20.78
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 22.35							\$ 23.20
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	84.95	-	-	(0.42)	-	1.07	1.72	87.32
Case Management	8.86	-	0.02	(0.05)	-	0.12	0.18	9.13
Subtotal LTSS	\$ 93.81							\$ 96.45
Total Medical Costs	\$ 840.91							\$ 898.17

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2020 Capitation Rate Development
Medicaid Managed Care Programs
Prospective Rate Development Model

Rate Cell: CSHCN - Substitute Care	Blended Base Experience	Program Change Adjustments	Managed Care Adjustments	Trend Adjustments	Projected Experience			
Member Months: 31,380								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 36.40	\$ 0.00	\$ 0.00	\$ (0.48)	\$ (0.04)	\$ 0.45	\$ 3.44	\$ 39.77
Inpatient Well Newborn	1.96	-	-	(0.03)	-	0.03	0.18	2.14
Inpatient MH/SA	215.63	-	-	(2.82)	(0.27)	2.70	20.34	235.58
Inpatient Maternity Delivery	6.52	-	-	(0.09)	-	0.08	0.61	7.12
Other Inpatient	5.59	-	-	(0.07)	(0.01)	0.07	0.53	6.11
Subtotal Inpatient Hospital	\$ 266.10							\$ 290.72
Outpatient Hospital								
Outpatient Emergency Room	\$ 39.41	\$ 0.00	\$ 0.00	\$ (2.48)	\$ 1.09	\$ 0.48	\$ 3.64	\$ 42.14
Outpatient Surgery	6.40	-	-	(0.03)	-	0.21	0.62	7.20
Outpatient Radiology	2.68	-	-	(0.01)	-	0.08	0.26	3.01
Outpatient Pathology/Lab	10.53	-	-	(0.05)	-	0.34	1.03	11.85
Outpatient Pharmacy	3.01	-	-	(0.02)	-	0.10	0.30	3.39
Outpatient MH/SA	13.59	-	-	(0.07)	-	0.45	1.32	15.29
Other Outpatient	5.99	-	-	(0.03)	-	0.20	0.58	6.74
Subtotal Outpatient Hospital	\$ 81.61							\$ 89.62
Professional								
Inpatient and Outpatient Surgery	\$ 3.53	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.08	\$ 0.07	\$ 3.66
Anesthesia	1.78	-	-	(0.01)	-	0.04	0.04	1.85
Inpatient Visits	7.69	-	-	(0.04)	-	0.18	0.15	7.98
MH/SA	62.92	-	-	(0.31)	-	1.43	1.28	65.32
Emergency Room	7.52	-	-	(0.47)	0.13	0.16	0.15	7.49
Office/Home Visits/Consults	33.83	-	-	0.30	-	0.78	0.70	35.61
Maternity	2.06	-	-	(0.01)	-	0.05	0.04	2.14
Pathology/Lab	7.77	-	-	(0.01)	-	0.17	0.16	8.09
Radiology	2.19	-	-	0.01	-	0.05	0.04	2.29
Office Administered Drugs	0.30	-	-	-	-	0.01	-	0.31
Physical Exams	8.96	-	-	(0.04)	-	0.20	0.18	9.30
Therapy	1.11	-	-	(0.01)	-	0.03	0.02	1.15
Vision	4.10	-	-	(0.02)	-	0.09	0.09	4.26
Other Professional	39.69	-	0.42	(0.20)	-	0.91	0.82	41.64
Subtotal Professional	\$ 183.45							\$ 191.09
Retail Pharmacy								
Retail Pharmacy	\$ 37.88	\$ 0.00	\$ 0.00	\$ (0.19)	\$ (0.07)	\$ 0.85	\$ 2.35	\$ 40.82
Subtotal Retail Pharmacy	\$ 37.88							\$ 40.82
Ancillary								
Transportation	\$ 2.12	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	\$ 2.20
DME/Prosthetics	4.76	-	-	(0.02)	-	0.10	0.10	4.94
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 6.88							\$ 7.14
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	4.80	-	-	(0.02)	-	0.06	0.09	4.93
Case Management	5.85	-	-	(0.03)	-	0.08	0.12	6.02
Subtotal LTSS	\$ 10.65							\$ 10.95
Total Medical Costs	\$ 586.57							\$ 630.34

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - F 19-24	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 92,640								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 15.20	\$ 0.00	\$ 0.14	\$ (0.26)	\$ 0.07	\$ 0.19	\$ 1.45	\$ 16.79
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	12.19	-	0.11	(0.20)	0.05	0.15	1.16	13.46
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.18	-	-	-	-	-	0.02	0.20
Subtotal Inpatient Hospital	\$ 27.57							\$ 30.45
Outpatient Hospital								
Outpatient Emergency Room	\$ 28.99	\$ 0.00	\$ 0.26	\$ (2.49)	\$ 0.81	\$ 0.35	\$ 2.64	\$ 30.56
Outpatient Surgery	6.05	-	0.05	(0.03)	-	0.14	0.59	6.80
Outpatient Radiology	2.80	-	0.03	(0.02)	-	0.07	0.27	3.15
Outpatient Pathology/Lab	15.06	-	0.14	(0.08)	-	0.35	1.46	16.93
Outpatient Pharmacy	10.01	-	0.09	(0.05)	-	0.23	0.97	11.25
Outpatient MH/SA	4.87	-	0.04	(0.02)	-	0.11	0.47	5.47
Other Outpatient	3.29	-	0.03	(0.02)	-	0.08	0.32	3.70
Subtotal Outpatient Hospital	\$ 71.07							\$ 77.86
Professional								
Inpatient and Outpatient Surgery	\$ 3.41	\$ 0.00	\$ 0.03	\$ (0.02)	\$ 0.00	\$ 0.08	\$ 0.07	\$ 3.57
Anesthesia	0.71	-	0.01	(0.01)	-	0.02	0.01	0.74
Inpatient Visits	1.52	-	0.01	-	-	0.03	0.03	1.59
MH/SA	15.85	-	0.14	(0.08)	-	0.37	0.32	16.60
Emergency Room	4.52	-	0.04	(0.39)	0.10	0.10	0.09	4.46
Office/Home Visits/Consults	17.74	-	0.16	0.18	-	0.42	0.37	18.87
Maternity	0.01	-	-	-	-	-	-	0.01
Pathology/Lab	5.78	-	0.05	(0.01)	-	0.14	0.11	6.07
Radiology	3.22	-	0.03	0.01	-	0.07	0.07	3.40
Office Administered Drugs	2.05	-	0.02	(0.01)	-	0.05	0.04	2.15
Physical Exams	3.23	-	0.03	(0.02)	-	0.08	0.06	3.38
Therapy	2.10	-	0.02	(0.01)	-	0.05	0.04	2.20
Vision	3.03	-	0.03	(0.02)	-	0.07	0.06	3.17
Other Professional	6.70	-	0.06	(0.03)	-	0.15	0.14	7.02
Subtotal Professional	\$ 69.87							\$ 73.23
Retail Pharmacy								
Retail Pharmacy	\$ 30.45	\$ 0.00	\$ 0.27	\$ (0.15)	\$ (0.03)	\$ 1.32	\$ 3.60	\$ 35.46
Subtotal Retail Pharmacy	\$ 30.45							\$ 35.46
Ancillary								
Transportation	\$ 0.87	\$ 0.00	\$ 0.01	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.02	\$ 0.91
DME/Prosthetics	1.20	-	0.01	(0.01)	-	0.03	0.03	1.26
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 2.07							\$ 2.17
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.42	-	-	-	-	0.01	0.01	0.44
Case Management	0.08	-	-	-	-	-	-	0.08
Subtotal LTSS	\$ 0.50							\$ 0.52
Total Medical Costs	\$ 201.53							\$ 219.69

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - F 25-29	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 50,282								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 28.19	\$ 0.00	\$ 1.66	\$ (0.47)	\$ 0.09	\$ 0.37	\$ 2.82	\$ 32.66
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	26.14	-	1.54	(0.44)	0.09	0.34	2.62	30.29
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.39	-	0.02	-	-	-	0.04	0.45
Subtotal Inpatient Hospital	\$ 54.72							\$ 63.40
Outpatient Hospital								
Outpatient Emergency Room	\$ 29.72	\$ 0.00	\$ 1.75	\$ (2.21)	\$ 0.79	\$ 0.39	\$ 2.87	\$ 33.31
Outpatient Surgery	9.93	-	0.58	(0.05)	-	0.24	1.01	11.71
Outpatient Radiology	4.59	-	0.27	(0.02)	-	0.11	0.46	5.41
Outpatient Pathology/Lab	17.37	-	1.02	(0.09)	-	0.42	1.77	20.49
Outpatient Pharmacy	8.97	-	0.53	(0.05)	-	0.22	0.91	10.58
Outpatient MH/SA	11.12	-	0.65	(0.06)	-	0.27	1.14	13.12
Other Outpatient	4.35	-	0.26	(0.03)	-	0.11	0.44	5.13
Subtotal Outpatient Hospital	\$ 86.05							\$ 99.75
Professional								
Inpatient and Outpatient Surgery	\$ 5.18	\$ 0.00	\$ 0.30	\$ (0.02)	\$ 0.00	\$ 0.12	\$ 0.11	\$ 5.69
Anesthesia	1.08	-	0.06	-	-	0.02	0.03	1.19
Inpatient Visits	3.26	-	0.19	(0.02)	-	0.08	0.07	3.58
MH/SA	37.97	-	2.23	(0.20)	-	0.92	0.82	41.74
Emergency Room	4.74	-	0.28	(0.35)	0.11	0.11	0.10	4.99
Office/Home Visits/Consults	20.01	-	1.18	0.11	-	0.48	0.44	22.22
Maternity	0.02	-	-	-	-	-	-	0.02
Pathology/Lab	9.69	-	0.57	(0.02)	-	0.24	0.21	10.69
Radiology	4.26	-	0.25	0.01	-	0.11	0.09	4.72
Office Administered Drugs	3.12	-	0.18	(0.01)	-	0.07	0.07	3.43
Physical Exams	3.22	-	0.19	(0.02)	-	0.08	0.07	3.54
Therapy	2.88	-	0.17	(0.02)	-	0.07	0.07	3.17
Vision	1.90	-	0.11	(0.01)	-	0.05	0.04	2.09
Other Professional	6.75	-	0.40	(0.04)	-	0.16	0.15	7.42
Subtotal Professional	\$ 104.08							\$ 114.49
Retail Pharmacy								
Retail Pharmacy	\$ 56.82	\$ 0.00	\$ 3.34	\$ (0.30)	\$ (0.17)	\$ 2.58	\$ 7.04	\$ 69.31
Subtotal Retail Pharmacy	\$ 56.82							\$ 69.31
Ancillary								
Transportation	\$ 1.28	\$ 0.00	\$ 0.08	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	\$ 1.41
DME/Prosthetics	1.77	-	0.10	(0.01)	-	0.05	0.04	1.95
Hospice	0.07	-	-	-	-	-	0.01	0.08
Subtotal Ancillary	\$ 3.12							\$ 3.44
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.01	-	-	-	-	-	-	0.01
Case Management	0.31	-	0.02	-	-	-	0.01	0.34
Subtotal LTSS	\$ 0.32							\$ 0.35
Total Medical Costs	\$ 305.11							\$ 350.74

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - F 30-39	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 49,278								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 46.83	\$ 0.00	\$ 0.71	\$ (0.97)	\$ 0.19	\$ 0.59	\$ 4.48	\$ 51.83
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	49.02	-	0.75	(1.02)	0.19	0.63	4.68	54.25
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	2.04	-	0.03	(0.04)	0.01	0.02	0.20	2.26
Subtotal Inpatient Hospital	\$ 97.89							\$ 108.34
Outpatient Hospital								
Outpatient Emergency Room	\$ 32.63	\$ 0.00	\$ 0.50	\$ (2.19)	\$ 0.84	\$ 0.40	\$ 3.04	\$ 35.22
Outpatient Surgery	15.25	-	0.23	(0.08)	-	0.36	1.49	17.25
Outpatient Radiology	6.72	-	0.10	(0.03)	-	0.15	0.66	7.60
Outpatient Pathology/Lab	18.44	-	0.28	(0.09)	-	0.42	1.80	20.85
Outpatient Pharmacy	20.05	-	0.30	(0.10)	-	0.47	1.95	22.67
Outpatient MH/SA	11.34	-	0.17	(0.06)	-	0.27	1.10	12.82
Other Outpatient	9.85	-	0.15	(0.05)	-	0.23	0.96	11.14
Subtotal Outpatient Hospital	\$ 114.28							\$ 127.55
Professional								
Inpatient and Outpatient Surgery	\$ 8.65	\$ 0.00	\$ 0.13	\$ (0.04)	\$ 0.00	\$ 0.20	\$ 0.18	\$ 9.12
Anesthesia	1.83	-	0.03	(0.01)	-	0.04	0.04	1.93
Inpatient Visits	4.51	-	0.07	(0.02)	-	0.10	0.09	4.75
MH/SA	57.26	-	0.87	(0.29)	-	1.32	1.19	60.35
Emergency Room	5.96	-	0.09	(0.40)	0.12	0.13	0.12	6.02
Office/Home Visits/Consults	25.75	-	0.39	0.10	-	0.60	0.54	27.38
Maternity	0.03	-	-	-	-	-	-	0.03
Pathology/Lab	14.05	-	0.21	(0.02)	-	0.32	0.30	14.86
Radiology	6.05	-	0.09	0.02	-	0.14	0.13	6.43
Office Administered Drugs	3.81	-	0.06	(0.02)	-	0.09	0.08	4.02
Physical Exams	3.19	-	0.05	(0.02)	-	0.08	0.06	3.36
Therapy	4.57	-	0.07	(0.02)	-	0.10	0.10	4.82
Vision	1.81	-	0.03	(0.01)	-	0.04	0.04	1.91
Other Professional	8.00	-	0.12	(0.04)	-	0.19	0.16	8.43
Subtotal Professional	\$ 145.47							\$ 153.41
Retail Pharmacy								
Retail Pharmacy	\$ 85.42	\$ 0.00	\$ 1.30	\$ (0.44)	\$ (0.46)	\$ 3.71	\$ 10.11	\$ 99.64
Subtotal Retail Pharmacy	\$ 85.42							\$ 99.64
Ancillary								
Transportation	\$ 1.68	\$ 0.00	\$ 0.03	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.03	\$ 1.77
DME/Prosthetics	3.50	-	0.05	(0.01)	-	0.08	0.07	3.69
Hospice	0.02	-	-	-	-	-	-	0.02
Subtotal Ancillary	\$ 5.20							\$ 5.48
LTSS								
Nursing Home	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.06
HCBS	0.01	-	-	-	-	-	-	0.01
Case Management	0.55	-	0.01	-	-	-	0.02	0.58
Subtotal LTSS	\$ 0.62							\$ 0.65
Total Medical Costs	\$ 448.88							\$ 495.07

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - F 40-49	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 52,896								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 73.04	\$ 0.00	\$ 1.99	\$ (1.39)	\$ 0.31	\$ 0.94	\$ 7.07	\$ 81.96
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	44.30	-	1.21	(0.85)	0.19	0.57	4.29	49.71
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	2.72	-	0.07	(0.05)	0.01	0.04	0.26	3.05
Subtotal Inpatient Hospital	\$ 120.06							\$ 134.72
Outpatient Hospital								
Outpatient Emergency Room	\$ 39.85	\$ 0.00	\$ 1.09	\$ (2.80)	\$ 1.09	\$ 0.50	\$ 3.75	\$ 43.48
Outpatient Surgery	34.36	-	0.94	(0.18)	-	0.80	3.40	39.32
Outpatient Radiology	16.62	-	0.45	(0.08)	-	0.39	1.64	19.02
Outpatient Pathology/Lab	21.71	-	0.59	(0.11)	-	0.51	2.14	24.84
Outpatient Pharmacy	22.95	-	0.63	(0.12)	-	0.53	2.27	26.26
Outpatient MH/SA	9.92	-	0.27	(0.05)	-	0.23	0.98	11.35
Other Outpatient	13.28	-	0.36	(0.07)	-	0.31	1.32	15.20
Subtotal Outpatient Hospital	\$ 158.69							\$ 179.47
Professional								
Inpatient and Outpatient Surgery	\$ 16.40	\$ 0.00	\$ 0.45	\$ (0.09)	\$ 0.00	\$ 0.39	\$ 0.34	\$ 17.49
Anesthesia	2.91	-	0.08	(0.02)	-	0.07	0.06	3.10
Inpatient Visits	5.66	-	0.15	(0.02)	-	0.13	0.12	6.04
MH/SA	48.30	-	1.32	(0.25)	-	1.13	1.01	51.51
Emergency Room	6.86	-	0.19	(0.48)	0.14	0.16	0.14	7.01
Office/Home Visits/Consults	35.30	-	0.96	0.09	-	0.83	0.74	37.92
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	12.86	-	0.35	(0.02)	-	0.30	0.27	13.76
Radiology	13.96	-	0.38	0.05	-	0.33	0.29	15.01
Office Administered Drugs	7.98	-	0.22	(0.04)	-	0.18	0.17	8.51
Physical Exams	4.18	-	0.11	(0.02)	-	0.10	0.09	4.46
Therapy	7.41	-	0.20	(0.04)	-	0.18	0.15	7.90
Vision	3.22	-	0.09	(0.02)	-	0.08	0.06	3.43
Other Professional	9.82	-	0.27	(0.05)	-	0.23	0.20	10.47
Subtotal Professional	\$ 174.86							\$ 186.61
Retail Pharmacy								
Retail Pharmacy	\$ 119.01	\$ 0.00	\$ 3.25	\$ (0.61)	\$ (0.91)	\$ 5.21	\$ 14.23	\$ 140.18
Subtotal Retail Pharmacy	\$ 119.01							\$ 140.18
Ancillary								
Transportation	\$ 1.82	\$ 0.00	\$ 0.05	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	\$ 1.94
DME/Prosthetics	5.44	-	0.15	(0.03)	-	0.13	0.11	5.80
Hospice	0.45	-	0.01	-	-	0.01	0.01	0.48
Subtotal Ancillary	\$ 7.71							\$ 8.22
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.03	-	-	-	-	-	-	0.03
Case Management	0.41	-	0.01	-	-	-	0.02	0.44
Subtotal LTSS	\$ 0.44							\$ 0.47
Total Medical Costs	\$ 580.77							\$ 649.67

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - F 50-64	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 138,786		Utilization	Cost	Utilization	Cost	Utilization	Cost	
Category of Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 90.67	\$ 0.00	\$ 2.79	\$ (1.04)	\$ 0.08	\$ 1.18	\$ 8.85	\$ 102.53
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	13.11	-	0.40	(0.15)	0.01	0.18	1.28	14.83
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	5.79	-	0.18	(0.07)	0.01	0.07	0.57	6.55
Subtotal Inpatient Hospital	\$ 109.57							\$ 123.91
Outpatient Hospital								
Outpatient Emergency Room	\$ 23.22	\$ 0.00	\$ 0.72	\$ (1.73)	\$ 0.74	\$ 0.29	\$ 2.20	\$ 25.44
Outpatient Surgery	37.32	-	1.15	(0.19)	-	0.87	3.70	42.85
Outpatient Radiology	19.82	-	0.61	(0.10)	-	0.46	1.97	22.76
Outpatient Pathology/Lab	17.32	-	0.53	(0.09)	-	0.41	1.72	19.89
Outpatient Pharmacy	33.14	-	1.02	(0.17)	-	0.78	3.28	38.05
Outpatient MH/SA	3.14	-	0.10	(0.02)	-	0.07	0.32	3.61
Other Outpatient	16.99	-	0.52	(0.08)	-	0.39	1.69	19.51
Subtotal Outpatient Hospital	\$ 150.95							\$ 172.11
Professional								
Inpatient and Outpatient Surgery	\$ 21.36	\$ 0.00	\$ 0.66	\$ (0.11)	\$ 0.00	\$ 0.50	\$ 0.45	\$ 22.86
Anesthesia	3.05	-	0.09	(0.01)	-	0.07	0.06	3.26
Inpatient Visits	4.97	-	0.15	(0.02)	-	0.11	0.11	5.32
MH/SA	23.41	-	0.72	(0.12)	-	0.55	0.49	25.05
Emergency Room	4.30	-	0.13	(0.32)	0.10	0.09	0.09	4.39
Office/Home Visits/Consults	35.61	-	1.10	(0.03)	-	0.84	0.76	38.28
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	9.75	-	0.30	(0.02)	-	0.23	0.21	10.47
Radiology	15.99	-	0.49	0.05	-	0.38	0.34	17.25
Office Administered Drugs	5.81	-	0.18	(0.03)	-	0.14	0.12	6.22
Physical Exams	4.48	-	0.14	(0.03)	-	0.11	0.09	4.79
Therapy	9.32	-	0.29	(0.05)	-	0.22	0.19	9.97
Vision	3.56	-	0.11	(0.02)	-	0.08	0.08	3.81
Other Professional	12.49	-	0.38	(0.06)	-	0.29	0.27	13.37
Subtotal Professional	\$ 154.10							\$ 165.04
Retail Pharmacy								
Retail Pharmacy	\$ 127.35	\$ 0.00	\$ 3.92	\$ (0.65)	\$ (0.92)	\$ 5.61	\$ 15.29	\$ 150.60
Subtotal Retail Pharmacy	\$ 127.35							\$ 150.60
Ancillary								
Transportation	\$ 1.21	\$ 0.00	\$ 0.04	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.02	\$ 1.29
DME/Prosthetics	6.33	-	0.19	(0.03)	-	0.15	0.13	6.77
Hospice	0.75	-	0.02	-	-	0.01	0.02	0.80
Subtotal Ancillary	\$ 8.29							\$ 8.86
LTSS								
Nursing Home	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.12
HCBS	0.14	-	-	-	-	0.01	-	0.15
Case Management	0.53	-	0.02	(0.01)	-	0.01	0.02	0.57
Subtotal LTSS	\$ 0.78							\$ 0.84
Total Medical Costs	\$ 551.04							\$ 621.36

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - M 19-24	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 97,866								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 18.95	\$ 0.00	\$ 0.33	\$ (0.36)	\$ 0.09	\$ 0.24	\$ 1.82	\$ 21.07
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	15.34	-	0.27	(0.29)	0.07	0.19	1.47	17.05
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	0.21	-	-	-	-	-	0.02	0.23
Subtotal Inpatient Hospital	\$ 34.50							\$ 38.35
Outpatient Hospital								
Outpatient Emergency Room	\$ 23.09	\$ 0.00	\$ 0.40	\$ (1.60)	\$ 0.63	\$ 0.28	\$ 2.16	\$ 24.96
Outpatient Surgery	4.71	-	0.08	(0.02)	-	0.11	0.46	5.34
Outpatient Radiology	1.57	-	0.03	(0.01)	-	0.04	0.15	1.78
Outpatient Pathology/Lab	4.97	-	0.09	(0.03)	-	0.12	0.48	5.63
Outpatient Pharmacy	4.64	-	0.08	(0.02)	-	0.10	0.46	5.26
Outpatient MH/SA	3.67	-	0.06	(0.02)	-	0.09	0.36	4.16
Other Outpatient	2.60	-	0.04	(0.01)	-	0.06	0.26	2.95
Subtotal Outpatient Hospital	\$ 45.25							\$ 50.08
Professional								
Inpatient and Outpatient Surgery	\$ 3.16	\$ 0.00	\$ 0.05	\$ (0.01)	\$ 0.00	\$ 0.07	\$ 0.07	\$ 3.34
Anesthesia	0.75	-	0.01	-	-	0.02	0.01	0.79
Inpatient Visits	1.94	-	0.03	(0.01)	-	0.05	0.04	2.05
MH/SA	14.91	-	0.26	(0.08)	-	0.35	0.31	15.75
Emergency Room	3.69	-	0.06	(0.25)	0.07	0.08	0.08	3.73
Office/Home Visits/Consults	9.23	-	0.16	0.13	-	0.21	0.20	9.93
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	3.68	-	0.06	-	-	0.08	0.08	3.90
Radiology	2.16	-	0.04	-	-	0.05	0.05	2.30
Office Administered Drugs	2.06	-	0.04	(0.01)	-	0.04	0.05	2.18
Physical Exams	1.37	-	0.02	-	-	0.03	0.03	1.45
Therapy	1.74	-	0.03	(0.01)	-	0.04	0.04	1.84
Vision	1.66	-	0.03	(0.01)	-	0.04	0.03	1.75
Other Professional	2.56	-	0.06	(0.01)	-	0.06	0.05	2.72
Subtotal Professional	\$ 48.91							\$ 51.73
Retail Pharmacy								
Retail Pharmacy	\$ 24.61	\$ 0.00	\$ 0.43	\$ (0.13)	\$ (0.02)	\$ 1.08	\$ 2.93	\$ 28.90
Subtotal Retail Pharmacy	\$ 24.61							\$ 28.90
Ancillary								
Transportation	\$ 0.67	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.71
DME/Prosthetics	1.93	-	0.03	(0.01)	-	0.05	0.04	2.04
Hospice	0.03	-	-	-	-	-	-	0.03
Subtotal Ancillary	\$ 2.63							\$ 2.78
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.25	-	-	-	-	0.01	-	0.26
Case Management	0.10	-	-	-	-	-	0.01	0.11
Subtotal LTSS	\$ 0.35							\$ 0.37
Total Medical Costs	\$ 156.25							\$ 172.21

State of Rhode Island
Executive Office of Health and Human Services
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Medicaid Managed Care Programs
Prospective Rate Development Model

Rate Cell: ME - M 25-29	Blended Base Experience	Program Change Adjustments	Managed Care Adjustments	Trend Adjustments	Projected Experience			
Member Months: 76,905		Utilization	Cost	Utilization	Cost			
Category of Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment			
					PMPM			
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 28.14	\$ 0.00	\$ 1.21	\$ (0.55)	\$ 0.13	\$ 0.37	\$ 2.77	\$ 32.07
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	37.91	-	1.63	(0.74)	0.17	0.50	3.73	43.20
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	1.04	-	0.04	(0.02)	0.01	0.01	0.11	1.19
Subtotal Inpatient Hospital	\$ 67.09							\$ 76.46
Outpatient Hospital								
Outpatient Emergency Room	\$ 27.41	\$ 0.00	\$ 1.18	\$ (1.62)	\$ 0.65	\$ 0.35	\$ 2.64	\$ 30.61
Outpatient Surgery	5.48	-	0.24	(0.03)	-	0.13	0.55	6.37
Outpatient Radiology	2.07	-	0.09	(0.01)	-	0.05	0.20	2.40
Outpatient Pathology/Lab	7.31	-	0.31	(0.03)	-	0.17	0.73	8.49
Outpatient Pharmacy	15.92	-	0.68	(0.08)	-	0.38	1.59	18.49
Outpatient MH/SA	7.98	-	0.34	(0.04)	-	0.19	0.80	9.27
Other Outpatient	3.72	-	0.16	(0.02)	-	0.09	0.37	4.32
Subtotal Outpatient Hospital	\$ 69.89							\$ 79.95
Professional								
Inpatient and Outpatient Surgery	\$ 3.95	\$ 0.00	\$ 0.17	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.09	\$ 4.28
Anesthesia	0.84	-	0.04	(0.01)	-	0.02	0.02	0.91
Inpatient Visits	3.36	-	0.14	(0.01)	-	0.08	0.07	3.64
MH/SA	36.06	-	1.55	(0.19)	-	0.85	0.77	39.04
Emergency Room	5.21	-	0.22	(0.30)	0.10	0.12	0.10	5.45
Office/Home Visits/Consults	11.57	-	0.50	0.11	-	0.28	0.25	12.71
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	8.56	-	0.37	(0.02)	-	0.20	0.19	9.30
Radiology	2.70	-	0.12	-	-	0.07	0.06	2.95
Office Administered Drugs	3.38	-	0.15	(0.02)	-	0.08	0.07	3.66
Physical Exams	1.21	-	0.05	-	-	0.02	0.03	1.31
Therapy	2.15	-	0.09	(0.01)	-	0.05	0.05	2.33
Vision	1.02	-	0.04	-	-	0.02	0.02	1.10
Other Professional	2.39	-	0.10	(0.01)	-	0.06	0.05	2.59
Subtotal Professional	\$ 82.40							\$ 89.27
Retail Pharmacy								
Retail Pharmacy	\$ 48.47	\$ 0.00	\$ 2.08	\$ (0.25)	\$ (0.06)	\$ 2.17	\$ 5.92	\$ 58.33
Subtotal Retail Pharmacy	\$ 48.47							\$ 58.33
Ancillary								
Transportation	\$ 1.36	\$ 0.00	\$ 0.06	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	\$ 1.47
DME/Prosthetics	2.00	-	0.09	(0.01)	-	0.04	0.05	2.17
Hospice	-	-	-	-	-	-	-	-
Subtotal Ancillary	\$ 3.36							\$ 3.64
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	-	-	-	-	-	-	-	-
Case Management	0.45	-	0.02	-	-	-	0.02	0.49
Subtotal LTSS	\$ 0.45							\$ 0.49
Total Medical Costs	\$ 271.66							\$ 308.14

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - M 30-39	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 105,108								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 50.84	\$ 0.00	\$ 0.68	\$ (0.96)	\$ 0.13	\$ 0.64	\$ 4.85	\$ 56.18
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	56.03	-	0.75	(1.06)	0.14	0.71	5.35	61.92
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	1.79	-	0.02	(0.03)	-	0.03	0.17	1.98
Subtotal Inpatient Hospital	\$ 108.66							\$ 120.08
Outpatient Hospital								
Outpatient Emergency Room	\$ 38.70	\$ 0.00	\$ 0.51	\$ (2.05)	\$ 0.83	\$ 0.48	\$ 3.64	\$ 42.11
Outpatient Surgery	11.27	-	0.15	(0.06)	-	0.26	1.10	12.72
Outpatient Radiology	4.50	-	0.06	(0.02)	-	0.10	0.44	5.08
Outpatient Pathology/Lab	10.56	-	0.14	(0.05)	-	0.24	1.03	11.92
Outpatient Pharmacy	9.99	-	0.13	(0.05)	-	0.23	0.98	11.28
Outpatient MH/SA	12.08	-	0.16	(0.06)	-	0.28	1.18	13.64
Other Outpatient	5.96	-	0.08	(0.03)	-	0.14	0.58	6.73
Subtotal Outpatient Hospital	\$ 93.06							\$ 103.48
Professional								
Inpatient and Outpatient Surgery	\$ 6.53	\$ 0.00	\$ 0.09	\$ (0.04)	\$ 0.00	\$ 0.15	\$ 0.14	\$ 6.87
Anesthesia	1.21	-	0.02	(0.01)	-	0.03	0.02	1.27
Inpatient Visits	4.70	-	0.06	(0.02)	-	0.11	0.09	4.94
MH/SA	58.28	-	0.78	(0.30)	-	1.34	1.21	61.31
Emergency Room	6.57	-	0.09	(0.35)	0.11	0.15	0.13	6.70
Office/Home Visits/Consults	16.40	-	0.22	0.11	-	0.38	0.35	17.46
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	13.00	-	0.17	(0.02)	-	0.30	0.27	13.72
Radiology	4.13	-	0.05	0.02	-	0.09	0.09	4.38
Office Administered Drugs	5.89	-	0.08	(0.03)	-	0.13	0.13	6.20
Physical Exams	1.31	-	0.02	(0.01)	-	0.03	0.03	1.38
Therapy	2.52	-	0.03	(0.01)	-	0.06	0.05	2.65
Vision	1.04	-	0.01	-	-	0.02	0.02	1.09
Other Professional	4.52	-	0.06	(0.02)	-	0.10	0.10	4.76
Subtotal Professional	\$ 126.10							\$ 132.73
Retail Pharmacy								
Retail Pharmacy	\$ 87.02	\$ 0.00	\$ 1.16	\$ (0.44)	\$ (0.18)	\$ 3.78	\$ 10.33	\$ 101.67
Subtotal Retail Pharmacy	\$ 87.02							\$ 101.67
Ancillary								
Transportation	\$ 1.79	\$ 0.00	\$ 0.02	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.03	\$ 1.88
DME/Prosthetics	3.13	-	0.04	(0.01)	-	0.07	0.06	3.29
Hospice	0.14	-	-	-	-	-	0.01	0.15
Subtotal Ancillary	\$ 5.06							\$ 5.32
LTSS								
Nursing Home	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.04
HCBS	0.02	-	-	-	-	-	-	0.02
Case Management	0.41	-	0.01	(0.01)	-	0.01	0.01	0.43
Subtotal LTSS	\$ 0.47							\$ 0.49
Total Medical Costs	\$ 420.37							\$ 463.77

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: ME - M 40-49	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 71,412								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 86.91	\$ 0.00	\$ 2.47	\$ (1.81)	\$ 0.49	\$ 1.12	\$ 8.43	\$ 97.61
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	71.88	-	2.04	(1.49)	0.40	0.93	6.97	80.73
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	4.67	-	0.13	(0.09)	0.02	0.06	0.45	5.24
Subtotal Inpatient Hospital	\$ 163.46							\$ 183.58
Outpatient Hospital								
Outpatient Emergency Room	\$ 42.29	\$ 0.00	\$ 1.20	\$ (2.34)	\$ 0.97	\$ 0.54	\$ 4.03	\$ 46.69
Outpatient Surgery	19.10	-	0.54	(0.10)	-	0.45	1.89	21.88
Outpatient Radiology	7.32	-	0.21	(0.04)	-	0.17	0.73	8.39
Outpatient Pathology/Lab	12.75	-	0.36	(0.06)	-	0.29	1.27	14.61
Outpatient Pharmacy	12.19	-	0.35	(0.07)	-	0.29	1.20	13.96
Outpatient MH/SA	11.99	-	0.34	(0.06)	-	0.28	1.19	13.74
Other Outpatient	16.28	-	0.46	(0.08)	-	0.38	1.61	18.65
Subtotal Outpatient Hospital	\$ 121.92							\$ 137.92
Professional								
Inpatient and Outpatient Surgery	\$ 12.25	\$ 0.00	\$ 0.35	\$ (0.07)	\$ 0.00	\$ 0.29	\$ 0.26	\$ 13.08
Anesthesia	2.35	-	0.07	(0.02)	-	0.06	0.05	2.51
Inpatient Visits	7.19	-	0.20	(0.03)	-	0.17	0.15	7.68
MH/SA	57.12	-	1.62	(0.29)	-	1.33	1.21	60.99
Emergency Room	7.77	-	0.22	(0.43)	0.16	0.17	0.16	8.05
Office/Home Visits/Consults	23.29	-	0.66	0.09	-	0.55	0.50	25.09
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	14.04	-	0.40	(0.03)	-	0.33	0.30	15.04
Radiology	7.11	-	0.20	0.02	-	0.17	0.15	7.65
Office Administered Drugs	3.77	-	0.11	(0.02)	-	0.09	0.08	4.03
Physical Exams	1.97	-	0.06	(0.01)	-	0.04	0.04	2.10
Therapy	4.10	-	0.12	(0.02)	-	0.09	0.09	4.38
Vision	1.87	-	0.05	(0.01)	-	0.05	0.04	2.00
Other Professional	7.08	-	0.20	(0.04)	-	0.17	0.15	7.56
Subtotal Professional	\$ 149.91							\$ 160.16
Retail Pharmacy								
Retail Pharmacy	\$ 119.87	\$ 0.00	\$ 3.40	\$ (0.61)	\$ (0.53)	\$ 5.28	\$ 14.39	\$ 141.80
Subtotal Retail Pharmacy	\$ 119.87							\$ 141.80
Ancillary								
Transportation	\$ 2.32	\$ 0.00	\$ 0.07	\$ (0.02)	\$ 0.00	\$ 0.06	\$ 0.05	\$ 2.48
DME/Prosthetics	5.69	-	0.16	(0.03)	-	0.14	0.12	6.08
Hospice	0.13	-	-	-	-	-	0.01	0.14
Subtotal Ancillary	\$ 8.14							\$ 8.70
LTSS								
Nursing Home	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.14
HCBS	0.05	-	-	-	-	-	-	0.05
Case Management	0.56	-	0.02	(0.01)	-	0.01	0.02	0.60
Subtotal LTSS	\$ 0.74							\$ 0.79
Total Medical Costs	\$ 564.04							\$ 632.95

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Rate Cell: ME - M 50-64	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 116,692		Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	
Category of Service	PMPM							PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 128.60	\$ 0.00	\$ 4.10	\$ (1.86)	\$ 0.21	\$ 1.66	\$ 12.55	\$ 145.26
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	39.54	-	1.26	(0.57)	0.06	0.52	3.85	44.66
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	9.72	-	0.31	(0.14)	0.01	0.13	0.95	10.98
Subtotal Inpatient Hospital	\$ 177.86							\$ 200.90
Outpatient Hospital								
Outpatient Emergency Room	\$ 29.31	\$ 0.00	\$ 0.93	\$ (1.51)	\$ 0.67	\$ 0.37	\$ 2.81	\$ 32.58
Outpatient Surgery	32.20	-	1.03	(0.17)	-	0.76	3.19	37.01
Outpatient Radiology	15.45	-	0.49	(0.08)	-	0.37	1.53	17.76
Outpatient Pathology/Lab	14.15	-	0.45	(0.07)	-	0.33	1.40	16.26
Outpatient Pharmacy	34.14	-	1.09	(0.18)	-	0.80	3.39	39.24
Outpatient MH/SA	4.44	-	0.14	(0.02)	-	0.10	0.44	5.10
Other Outpatient	21.23	-	0.68	(0.11)	-	0.50	2.10	24.40
Subtotal Outpatient Hospital	\$ 150.92							\$ 172.35
Professional								
Inpatient and Outpatient Surgery	\$ 19.53	\$ 0.00	\$ 0.62	\$ (0.10)	\$ 0.00	\$ 0.46	\$ 0.41	\$ 20.92
Anesthesia	3.22	-	0.10	(0.01)	-	0.07	0.07	3.45
Inpatient Visits	7.70	-	0.25	(0.04)	-	0.18	0.16	8.25
MH/SA	30.03	-	0.96	(0.16)	-	0.71	0.63	32.17
Emergency Room	6.04	-	0.19	(0.31)	0.11	0.13	0.13	6.29
Office/Home Visits/Consults	29.09	-	0.93	(0.01)	-	0.69	0.61	31.31
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	10.57	-	0.34	(0.02)	-	0.25	0.22	11.36
Radiology	12.81	-	0.41	0.04	-	0.30	0.28	13.84
Office Administered Drugs	7.71	-	0.25	(0.04)	-	0.18	0.16	8.26
Physical Exams	2.66	-	0.08	(0.01)	-	0.06	0.06	2.85
Therapy	5.91	-	0.19	(0.03)	-	0.14	0.12	6.33
Vision	2.63	-	0.08	(0.01)	-	0.06	0.06	2.82
Other Professional	12.45	-	0.40	(0.07)	-	0.30	0.26	13.34
Subtotal Professional	\$ 150.35							\$ 161.19
Retail Pharmacy								
Retail Pharmacy	\$ 136.66	\$ 0.00	\$ 4.36	\$ (0.71)	\$ (0.71)	\$ 6.03	\$ 16.46	\$ 162.09
Subtotal Retail Pharmacy	\$ 136.66							\$ 162.09
Ancillary								
Transportation	\$ 2.14	\$ 0.00	\$ 0.07	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	\$ 2.29
DME/Prosthetics	7.52	-	0.24	(0.04)	-	0.18	0.16	8.06
Hospice	0.89	-	0.03	(0.01)	-	0.02	0.02	0.95
Subtotal Ancillary	\$ 10.55							\$ 11.30
LTSS								
Nursing Home	\$ 0.78	\$ 0.00	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 0.83
HCBS	0.07	-	-	-	-	-	-	0.07
Case Management	0.42	-	0.01	-	-	0.01	0.01	0.45
Subtotal LTSS	\$ 1.27							\$ 1.35
Total Medical Costs	\$ 627.61							\$ 709.18

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RHP - ID	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 11,442 Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 145.68	\$ 0.00	\$ 0.00	\$ (2.19)	\$ 0.03	\$ 3.28	\$ 13.87	\$ 160.67
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	63.53	-	-	(0.96)	0.02	1.43	6.05	70.07
Inpatient Maternity Delivery	0.81	-	-	(0.01)	-	0.02	0.07	0.89
Other Inpatient	10.59	-	-	(0.16)	-	0.24	1.01	11.68
Subtotal Inpatient Hospital	\$ 220.61							\$ 243.31
Outpatient Hospital								
Outpatient Emergency Room	\$ 33.45	\$ 0.00	\$ 0.00	\$ (1.56)	\$ 0.58	\$ 0.42	\$ 3.10	\$ 35.99
Outpatient Surgery	22.95	-	-	(0.11)	-	0.75	2.23	25.82
Outpatient Radiology	6.40	-	-	(0.03)	-	0.21	0.62	7.20
Outpatient Pathology/Lab	13.09	-	-	(0.07)	-	0.43	1.28	14.73
Outpatient Pharmacy	7.77	-	-	(0.04)	-	0.26	0.75	8.74
Outpatient MH/SA	2.31	-	-	(0.01)	-	0.07	0.23	2.60
Other Outpatient	20.45	-	-	(0.10)	-	0.67	1.99	23.01
Subtotal Outpatient Hospital	\$ 106.42							\$ 118.09
Professional								
Inpatient and Outpatient Surgery	\$ 12.21	\$ 0.00	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.28	\$ 0.25	\$ 12.68
Anesthesia	4.54	-	-	(0.02)	-	0.10	0.09	4.71
Inpatient Visits	17.31	-	-	(0.09)	-	0.40	0.35	17.97
MH/SA	44.10	-	-	(0.22)	-	1.00	0.90	45.78
Emergency Room	7.70	-	-	(0.36)	0.12	0.17	0.16	7.79
Office/Home Visits/Consults	32.38	-	-	-	-	0.74	0.66	33.78
Maternity	0.19	-	-	-	-	-	0.01	0.20
Pathology/Lab	7.33	-	-	(0.01)	-	0.16	0.16	7.64
Radiology	6.56	-	-	0.02	-	0.15	0.14	6.87
Office Administered Drugs	7.58	-	-	(0.04)	-	0.17	0.16	7.87
Physical Exams	4.80	-	-	(0.02)	-	0.11	0.09	4.98
Therapy	7.53	-	-	(0.04)	-	0.17	0.16	7.82
Vision	2.68	-	-	(0.01)	-	0.06	0.05	2.78
Other Professional	104.57	-	-	(0.52)	-	2.38	2.13	108.56
Subtotal Professional	\$ 259.48							\$ 269.43
Retail Pharmacy								
Retail Pharmacy	\$ 278.82	\$ 0.00	\$ 0.00	\$ (1.39)	\$ (2.67)	\$ 14.68	\$ 32.71	\$ 322.15
Subtotal Retail Pharmacy	\$ 278.82							\$ 322.15
Ancillary								
Transportation	\$ 3.74	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.07	\$ 3.88
DME/Prosthetics	74.91	-	-	(0.37)	-	1.70	1.53	77.77
Hospice	21.86	-	-	(0.11)	-	0.28	0.55	22.58
Subtotal Ancillary	\$ 100.51							\$ 104.23
LTSS								
Nursing Home	\$ 0.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.73
HCBS	9.55	-	-	(0.05)	-	0.22	0.29	10.01
Case Management	0.38	-	-	-	-	0.01	0.01	0.40
Subtotal LTSS	\$ 10.64							\$ 11.14
Total Medical Costs	\$ 976.48							\$ 1,068.35

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell: RHP - SPMI	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
Member Months: 33,876								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 231.01	\$ 0.00	\$ 0.00	\$ (4.42)	\$ 0.27	\$ 5.19	\$ 21.93	\$ 253.98
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	282.93	-	-	(5.41)	0.33	6.35	26.86	311.06
Inpatient Maternity Delivery	2.34	-	-	(0.04)	-	0.05	0.22	2.57
Other Inpatient	28.71	-	-	(0.55)	0.03	0.65	2.72	31.56
Subtotal Inpatient Hospital	\$ 544.99							\$ 599.17
Outpatient Hospital								
Outpatient Emergency Room	\$ 115.63	\$ 0.00	\$ 0.00	\$ (6.35)	\$ 2.63	\$ 1.42	\$ 10.71	\$ 124.04
Outpatient Surgery	29.97	-	-	(0.15)	-	0.98	2.91	33.71
Outpatient Radiology	19.26	-	-	(0.10)	-	0.64	1.87	21.67
Outpatient Pathology/Lab	28.32	-	-	(0.14)	-	0.93	2.75	31.86
Outpatient Pharmacy	55.74	-	-	(0.28)	-	1.83	5.41	62.70
Outpatient MH/SA	21.15	-	-	(0.11)	-	0.70	2.05	23.79
Other Outpatient	43.77	-	-	(0.22)	-	1.44	4.25	49.24
Subtotal Outpatient Hospital	\$ 313.84							\$ 347.01
Professional								
Inpatient and Outpatient Surgery	\$ 20.30	\$ 0.00	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.46	\$ 0.42	\$ 21.08
Anesthesia	5.51	-	-	(0.03)	-	0.13	0.11	5.72
Inpatient Visits	31.05	-	-	(0.16)	-	0.71	0.64	32.24
MH/SA	530.86	-	-	(2.65)	-	12.07	10.86	551.14
Emergency Room	27.44	-	-	(1.51)	0.66	0.61	0.54	27.74
Office/Home Visits/Consults	60.28	-	-	0.33	-	1.39	1.25	63.25
Maternity	0.86	-	-	-	-	0.02	0.01	0.89
Pathology/Lab	27.78	-	-	(0.05)	-	0.64	0.57	28.94
Radiology	14.76	-	-	0.05	-	0.34	0.30	15.45
Office Administered Drugs	10.38	-	-	(0.05)	-	0.23	0.22	10.78
Physical Exams	3.01	-	-	(0.02)	-	0.07	0.06	3.12
Therapy	7.19	-	-	(0.04)	-	0.17	0.14	7.46
Vision	3.04	-	-	(0.02)	-	0.07	0.07	3.16
Other Professional	51.07	-	-	(0.26)	-	1.17	1.04	53.02
Subtotal Professional	\$ 793.53							\$ 823.99
Retail Pharmacy								
Retail Pharmacy	\$ 456.50	\$ 0.00	\$ 0.00	\$ (2.28)	\$ (3.68)	\$ 24.07	\$ 53.63	\$ 528.24
Subtotal Retail Pharmacy	\$ 456.50							\$ 528.24
Ancillary								
Transportation	\$ 10.28	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.23	\$ 0.21	\$ 10.67
DME/Prosthetics	14.83	-	-	(0.07)	-	0.33	0.31	15.40
Hospice	1.87	-	-	(0.01)	-	0.02	0.05	1.93
Subtotal Ancillary	\$ 26.98							\$ 28.00
LTSS								
Nursing Home	\$ 0.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	\$ 1.00
HCBS	0.41	-	-	-	-	0.01	0.01	0.43
Case Management	3.77	-	-	(0.02)	-	0.09	0.11	3.95
Subtotal LTSS	\$ 5.15							\$ 5.38
Total Medical Costs	\$ 2,140.99							\$ 2,331.79

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell:	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
RHP - Other Disabled 21-44								
Member Months: 43,506								
Category of Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 134.18	\$ 0.00	\$ 0.00	\$ (2.17)	\$ 0.08	\$ 3.02	\$ 12.77	\$ 147.88
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	40.85	-	-	(0.66)	0.02	0.92	3.89	45.02
Inpatient Maternity Delivery	8.15	-	-	(0.13)	-	0.19	0.77	8.98
Other Inpatient	3.69	-	-	(0.06)	-	0.09	0.35	4.07
Subtotal Inpatient Hospital	\$ 186.87							\$ 205.95
Outpatient Hospital								
Outpatient Emergency Room	\$ 72.63	\$ 0.00	\$ 0.00	\$ (4.99)	\$ 1.80	\$ 0.88	\$ 6.65	\$ 76.97
Outpatient Surgery	26.40	-	-	(0.13)	-	0.86	2.57	29.70
Outpatient Radiology	12.87	-	-	(0.06)	-	0.42	1.25	14.48
Outpatient Pathology/Lab	22.90	-	-	(0.11)	-	0.75	2.22	25.76
Outpatient Pharmacy	37.83	-	-	(0.19)	-	1.24	3.68	42.56
Outpatient MH/SA	7.06	-	-	(0.04)	-	0.24	0.68	7.94
Other Outpatient	34.85	-	-	(0.17)	-	1.14	3.38	39.20
Subtotal Outpatient Hospital	\$ 214.54							\$ 236.61
Professional								
Inpatient and Outpatient Surgery	\$ 12.96	\$ 0.00	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.29	\$ 0.27	\$ 13.46
Anesthesia	3.97	-	-	(0.02)	-	0.09	0.08	4.12
Inpatient Visits	9.28	-	-	(0.05)	-	0.21	0.19	9.63
MH/SA	57.65	-	-	(0.29)	-	1.31	1.18	59.85
Emergency Room	11.67	-	-	(0.80)	0.24	0.25	0.23	11.59
Office/Home Visits/Consults	30.91	-	-	0.32	-	0.71	0.64	32.58
Maternity	2.69	-	-	(0.01)	-	0.06	0.05	2.79
Pathology/Lab	11.08	-	-	(0.02)	-	0.25	0.23	11.54
Radiology	9.27	-	-	0.03	-	0.21	0.19	9.70
Office Administered Drugs	26.88	-	-	(0.13)	-	0.61	0.55	27.91
Physical Exams	2.52	-	-	(0.01)	-	0.05	0.06	2.62
Therapy	4.56	-	-	(0.02)	-	0.10	0.09	4.73
Vision	2.14	-	-	(0.01)	-	0.05	0.04	2.22
Other Professional	21.34	-	-	(0.11)	-	0.49	0.44	22.16
Subtotal Professional	\$ 206.92							\$ 214.90
Retail Pharmacy								
Retail Pharmacy	\$ 171.91	\$ 0.00	\$ 0.00	\$ (0.86)	\$ (1.01)	\$ 9.09	\$ 20.24	\$ 199.37
Subtotal Retail Pharmacy	\$ 171.91							\$ 199.37
Ancillary								
Transportation	\$ 2.88	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.06	\$ 2.99
DME/Prosthetics	12.31	-	-	(0.06)	-	0.28	0.25	12.78
Hospice	0.51	-	-	-	-	-	0.02	0.53
Subtotal Ancillary	\$ 15.70							\$ 16.30
LTSS								
Nursing Home	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HCBS	0.21	-	-	-	-	-	0.01	0.22
Case Management	0.47	-	-	-	-	0.01	0.01	0.49
Subtotal LTSS	\$ 0.68							\$ 0.71
Total Medical Costs	\$ 796.62							\$ 873.84

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Prospective Rate Development Model								
Rate Cell:	Blended Base Experience	Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience
RHP - Other Disabled 45+								
Member Months: 87,782		Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	
Category of Service	PMPM							PMPM
Inpatient Hospital								
Inpatient Medical/Surgical/Non-Delivery	\$ 259.66	\$ 0.00	\$ 0.00	\$ (3.83)	\$ 0.28	\$ 5.85	\$ 24.76	\$ 286.72
Inpatient Well Newborn	-	-	-	-	-	-	-	-
Inpatient MH/SA	37.08	-	-	(0.55)	0.04	0.84	3.53	40.94
Inpatient Maternity Delivery	-	-	-	-	-	-	-	-
Other Inpatient	25.47	-	-	(0.38)	0.03	0.58	2.42	28.12
Subtotal Inpatient Hospital	\$ 322.21							\$ 355.78
Outpatient Hospital								
Outpatient Emergency Room	\$ 60.08	\$ 0.00	\$ 0.00	\$ (4.14)	\$ 1.79	\$ 0.74	\$ 5.52	\$ 63.99
Outpatient Surgery	44.87	-	-	(0.22)	-	1.47	4.36	50.48
Outpatient Radiology	27.26	-	-	(0.14)	-	0.90	2.65	30.67
Outpatient Pathology/Lab	27.73	-	-	(0.14)	-	0.91	2.69	31.19
Outpatient Pharmacy	69.41	-	-	(0.35)	-	2.28	6.74	78.08
Outpatient MH/SA	3.91	-	-	(0.02)	-	0.13	0.38	4.40
Other Outpatient	57.98	-	-	(0.29)	-	1.90	5.63	65.22
Subtotal Outpatient Hospital	\$ 291.24							\$ 324.03
Professional								
Inpatient and Outpatient Surgery	\$ 29.08	\$ 0.00	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.67	\$ 0.59	\$ 30.19
Anesthesia	4.65	-	-	(0.02)	-	0.10	0.10	4.83
Inpatient Visits	15.62	-	-	(0.08)	-	0.36	0.32	16.22
MH/SA	57.91	-	-	(0.29)	-	1.32	1.18	60.12
Emergency Room	12.03	-	-	(0.83)	0.28	0.27	0.23	11.98
Office/Home Visits/Consults	50.35	-	-	0.13	-	1.16	1.04	52.68
Maternity	-	-	-	-	-	-	-	-
Pathology/Lab	14.59	-	-	(0.03)	-	0.34	0.30	15.20
Radiology	19.13	-	-	0.06	-	0.44	0.39	20.02
Office Administered Drugs	10.10	-	-	(0.05)	-	0.23	0.21	10.49
Physical Exams	3.12	-	-	(0.02)	-	0.08	0.06	3.24
Therapy	10.66	-	-	(0.05)	-	0.24	0.22	11.07
Vision	3.39	-	-	(0.02)	-	0.08	0.07	3.52
Other Professional	43.28	-	-	(0.22)	-	0.99	0.88	44.93
Subtotal Professional	\$ 273.91							\$ 284.49
Retail Pharmacy								
Retail Pharmacy	\$ 352.14	\$ 0.00	\$ 0.00	\$ (1.76)	\$ (3.12)	\$ 18.56	\$ 41.33	\$ 407.15
Subtotal Retail Pharmacy	\$ 352.14							\$ 407.15
Ancillary								
Transportation	\$ 4.26	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.10	\$ 0.08	\$ 4.42
DME/Prosthetics	22.46	-	-	(0.11)	-	0.51	0.46	23.32
Hospice	4.43	-	-	(0.02)	-	0.05	0.12	4.58
Subtotal Ancillary	\$ 31.15							\$ 32.32
LTSS								
Nursing Home	\$ 0.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.36
HCBS	0.44	-	-	-	-	0.01	0.01	0.46
Case Management	0.96	-	-	-	-	0.02	0.03	1.01
Subtotal LTSS	\$ 1.75							\$ 1.83
Total Medical Costs	\$ 1,272.40							\$ 1,405.60

Appendix 5: SFY 2020 Capitation Rate Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Rate Change Summary												
Region: Statewide	Projected Exposure	Base Benefit Expense Before FQHC Adjustment	FQHC Adjustment	Base Benefit Expense	CTC Adjustment	Detoxification Case Management	Care Coordination	Administrative Cost Allowance	Risk Margin	SFY 2020 Effective Rate	Prior Effective Rate	% Change
Rite Care												
RC - MF<1	73,023	\$ 481.83	\$ 28.54	\$ 510.37	\$ 0.93	\$ 0.00	\$ 5.70	\$ 45.62	\$ 8.56	\$ 571.18	\$ 485.01	17.8%
RC - MF 1-5	369,246	142.80	9.50	152.30	0.93	-	1.70	13.61	2.56	171.10	148.57	15.2%
RC - MF 6-14	610,504	137.06	7.17	144.23	0.93	-	1.61	12.89	2.42	162.08	151.35	7.1%
RC - M 15-44	218,736	200.80	6.66	207.46	0.93	0.30	2.29	16.05	3.44	230.47	222.84	3.4%
RC - F 15-44	529,750	310.80	14.09	324.89	0.93	0.24	3.59	25.13	5.38	360.16	326.01	10.5%
RC - MF 45+	112,213	461.48	13.67	475.15	0.93	0.36	5.25	36.75	7.88	526.32	467.92	12.5%
RC - EFP	17,760	12.90	1.17	14.07	-	-	0.16	1.61	0.24	16.08	21.43	(25.0%)
RC - SOBRA	4,208	11,637.88	93.20	11,731.08	-	-	61.10	244.40	183.30	12,219.88	11,090.00	10.2%
Subtotal Rite Care	1,931,232	\$ 249.14	\$ 10.79	\$ 259.93	\$ 0.92	\$ 0.12	\$ 2.73	\$ 19.80	\$ 4.30	\$ 287.80	\$ 260.81	10.4%
Children with Special Healthcare Needs												
CSHCN - Adoption Subsidy	24,786	\$ 464.46	\$ 5.33	\$ 469.79	\$ 1.32	\$ 0.00	\$ 5.31	\$ 47.78	\$ 7.96	\$ 532.16	\$ 514.93	3.3%
CSHCN - Katie Beckett	1,212	2,908.20	2.08	2,910.28	1.32	-	32.16	225.10	48.24	3,217.10	2,899.21	11.0%
CSHCN - SSI < 15	35,280	1,282.46	11.88	1,294.34	1.32	-	14.30	100.11	21.46	1,431.53	1,321.71	8.3%
CSHCN - SSI >= 15	22,230	898.17	12.47	910.64	1.32	-	10.06	70.44	15.09	1,007.55	949.29	6.1%
CSHCN - Substitute Care	31,380	630.34	13.03	643.37	1.32	-	7.27	65.43	10.90	728.29	794.31	(8.3%)
Subtotal Children with Special Healthcare Needs	114,888	\$ 870.66	\$ 10.79	\$ 881.45	\$ 1.32	\$ 0.00	\$ 9.81	\$ 74.93	\$ 14.71	\$ 982.22	\$ 948.18	3.6%
Medicaid Expansion												
ME - F 19-24	92,640	\$ 219.69	\$ 11.81	\$ 231.50	\$ 0.97	\$ 0.14	\$ 2.56	\$ 17.91	\$ 3.83	\$ 256.91	\$ 258.52	(0.6%)
ME - F 25-29	50,282	350.74	12.65	363.39	0.97	1.09	4.02	28.11	6.02	403.60	360.60	11.9%
ME - F 30-39	49,278	495.07	15.20	510.27	0.97	0.74	5.64	39.47	8.45	565.54	562.95	0.5%
ME - F 40-49	52,896	649.67	18.87	668.54	0.97	0.66	7.39	51.71	11.08	740.35	643.03	15.1%
ME - F 50-64	138,786	621.36	18.00	639.36	0.97	0.58	7.06	49.45	10.61	708.03	630.97	12.2%
ME - M 19-24	97,866	172.21	4.99	177.20	0.97	0.63	1.96	13.71	2.93	197.40	195.26	1.1%
ME - M 25-29	76,905	308.14	6.62	314.76	0.97	0.91	3.48	24.35	5.21	349.68	332.81	5.1%
ME - M 30-39	105,108	463.77	8.98	472.75	0.97	1.62	5.22	36.57	7.84	524.97	475.91	10.3%
ME - M 40-49	71,412	632.95	13.08	646.03	0.97	2.80	7.14	49.97	10.71	717.62	643.76	11.5%
ME - M 50-64	116,692	709.18	13.54	722.72	0.97	1.58	7.99	55.90	11.98	801.14	703.62	13.9%
ME - SOBRA	672	11,637.88	93.20	11,731.08	-	-	61.10	244.40	183.30	12,219.88	11,090.00	10.2%
Subtotal Medicaid Expansion	851,865	\$ 479.02	\$ 12.32	\$ 491.34	\$ 0.97	\$ 1.06	\$ 5.38	\$ 37.48	\$ 8.14	\$ 544.36	\$ 494.99	10.0%
Rhody Health Partners												
RHP - ID	11,442	\$ 1,068.35	\$ 8.97	\$ 1,077.32	\$ 0.79	\$ 0.33	\$ 11.71	\$ 64.41	\$ 17.56	\$ 1,172.12	\$ 1,024.42	14.4%
RHP - SPMI	33,876	2,331.79	27.43	2,359.22	0.79	4.88	25.64	141.04	38.47	2,570.04	2,330.01	10.3%
RHP - Other Disabled 21-44	43,506	873.84	17.84	891.68	0.79	0.98	9.69	53.31	14.54	970.99	917.73	5.8%
RHP - Other Disabled 45+	87,782	1,405.60	25.37	1,430.97	0.79	1.69	15.55	85.55	23.33	1,557.88	1,390.71	12.0%
Subtotal Rhody Health Partners	176,606	\$ 1,430.41	\$ 22.85	\$ 1,453.26	\$ 0.79	\$ 2.04	\$ 15.79	\$ 86.88	\$ 23.69	\$ 1,582.46	\$ 1,430.64	10.6%
Total	3,074,591	\$ 403.91	\$ 11.91	\$ 415.81	\$ 0.94	\$ 0.49	\$ 4.48	\$ 30.61	\$ 6.87	\$ 459.20	\$ 418.57	9.7%

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, detoxification case management, and care coordination.

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2020 Capitation Rate Development Medicaid Managed Care Programs Rate Change Summary									
Region: Statewide	SFY 2020 Effective Rate	Vaccine Assessment	Premium Tax	SFY 2020 Capitation Rate	Prior Capitation Rate	% Change	Withhold	SFY 2020 Net Capitation Rate	Baseline Medical Expense for Risk Corridor
Rite Care									
RC - MF<1	\$ 571.18	\$ 0.00	\$ 11.66	\$ 582.84	\$ 494.91	17.8%	\$ (2.91)	\$ 579.93	\$ 517.00
RC - MF 1-5	171.10	-	3.49	174.59	151.60	15.2%	(0.87)	173.72	154.93
RC - MF 6-14	162.08	-	3.31	165.39	154.44	7.1%	(0.83)	164.56	146.77
RC - M 15-44	230.47	1.79	4.74	237.00	229.38	3.3%	(1.19)	235.81	210.98
RC - F 15-44	360.16	2.58	7.40	370.14	335.27	10.4%	(1.85)	368.29	329.65
RC - MF 45+	526.32	3.18	10.81	540.31	480.56	12.4%	(2.70)	537.61	481.69
RC - EFP	16.08	-	0.33	16.41	21.87	(25.0%)	-	16.41	14.23
RC - SOBRA	12,219.88	-	249.39	12,469.27	11,316.00	10.2%	-	12,469.27	11,792.18
Subtotal Rite Care	\$ 287.80	\$ 1.10	\$ 5.90	\$ 294.79	\$ 267.25	10.3%	\$ (1.34)	\$ 293.45	\$ 263.70
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	\$ 532.16	\$ 0.11	\$ 10.86	\$ 543.13	\$ 525.60	3.3%	\$ (2.72)	\$ 540.41	\$ 476.42
CSHCN - Katie Beckett	3,217.10	0.14	65.66	3,282.90	2,958.53	11.0%	(16.41)	3,266.49	2,943.76
CSHCN - SSI < 15	1,431.53	-	29.21	1,460.74	1,348.68	8.3%	(7.30)	1,453.44	1,309.96
CSHCN - SSI >= 15	1,007.55	1.52	20.59	1,029.66	970.16	6.1%	(5.15)	1,024.51	922.02
CSHCN - Substitute Care	728.29	0.75	14.88	743.92	811.07	(8.3%)	(3.72)	740.20	651.96
Subtotal Children with Special Healthcare	\$ 982.22	\$ 0.52	\$ 20.05	\$ 1,002.80	\$ 968.01	3.6%	\$ (5.01)	\$ 997.78	\$ 892.58
Medicaid Expansion									
ME - F 19-24	\$ 256.91	\$ 3.18	\$ 5.31	\$ 265.40	\$ 266.86	(0.5%)	\$ (1.33)	\$ 264.07	\$ 235.17
ME - F 25-29	403.60	3.18	8.30	415.08	371.04	11.9%	(2.08)	413.00	369.47
ME - F 30-39	565.54	3.18	11.61	580.33	577.55	0.5%	(2.90)	577.43	517.62
ME - F 40-49	740.35	3.18	15.17	758.70	659.27	15.1%	(3.79)	754.91	677.56
ME - F 50-64	708.03	3.18	14.51	725.72	646.96	12.2%	(3.63)	722.09	647.97
ME - M 19-24	197.40	3.18	4.09	204.67	202.30	1.2%	(1.02)	203.65	180.76
ME - M 25-29	349.68	3.18	7.20	360.06	342.68	5.1%	(1.80)	358.26	320.12
ME - M 30-39	524.97	3.18	10.78	538.93	488.72	10.3%	(2.69)	536.24	480.56
ME - M 40-49	717.62	3.18	14.71	735.51	660.02	11.4%	(3.68)	731.83	656.94
ME - M 50-64	801.14	3.18	16.41	820.73	721.11	13.8%	(4.10)	816.63	733.26
ME - SOBRA	12,219.88	-	249.39	12,469.27	11,316.00	10.2%	-	12,469.27	11,792.18
Subtotal Medicaid Expansion	\$ 544.36	\$ 3.18	\$ 11.17	\$ 558.72	\$ 508.19	9.9%	\$ (2.74)	\$ 555.97	\$ 498.75
Rhody Health Partners									
RHP - ID	\$ 1,172.12	\$ 3.18	\$ 23.99	\$ 1,199.29	\$ 1,048.42	14.4%	\$ (6.00)	\$ 1,193.29	\$ 1,090.15
RHP - SPMI	2,570.04	3.18	52.51	2,625.73	2,380.65	10.3%	(13.13)	2,612.60	2,390.53
RHP - Other Disabled 21-44	970.99	3.18	19.88	994.05	939.55	5.8%	(4.97)	989.08	903.14
RHP - Other Disabled 45+	1,557.88	3.18	31.86	1,592.92	1,422.18	12.0%	(7.96)	1,584.96	1,449.00
Subtotal Rhody Health Partners	\$ 1,582.46	\$ 3.18	\$ 32.36	\$ 1,618.00	\$ 1,462.92	10.6%	\$ (8.09)	\$ 1,609.91	\$ 1,471.88
Total	\$ 459.20	\$ 1.77	\$ 9.41	\$ 470.38	\$ 428.87	9.7%	\$ (2.25)	\$ 468.13	\$ 421.72

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, detoxification case management, and care coordination



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Enclosure 2: SFY 2021 Medicaid Managed Care Certification

State Fiscal Year 2021 Medicaid Managed Care Capitation Rate Certification

July 1, 2020 through June 30, 2021

Rhode Island, Executive Office of Health and Human Services

February 5, 2021

[Jason A. Clarkson](#), FSA, MAAA
Principal and Consulting Actuary

[Ian M. McCulla](#), FSA, MAAA
Principal and Consulting Actuary





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LIMITATIONS 43**APPENDIX 1: ACTUARIAL CERTIFICATION****APPENDIX 2: SFY 2018 BASE DATA DEVELOPMENT****APPENDIX 3: SFY 2019 BASE DATA DEVELOPMENT****APPENDIX 4: SFY 2018 AND SFY 2019 BASE DATA BLENDING****APPENDIX 5: SFY 2021 PROJECTED BENEFIT EXPENSE DEVELOPMENT****APPENDIX 6: SFY 2021 CAPITATION RATE DEVELOPMENT**

Introduction & Executive Summary

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of capitation rates for Rhode Island's Medicaid managed care program effective July 1, 2020 for state fiscal year (SFY) 2021. This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

At the time of this report, we acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report. The SFY 2021 rate development includes adjustments for the cost of COVID-19 diagnostic testing. While the COVID-19 impact on utilization for other services was considered, no explicit adjustment was applied. This consideration is discussed further in Section 3, Projected Benefit Cost and Trends.

To facilitate review, this document has been organized in the same manner as the 2019-2020 Medicaid Managed Care Rate Development Guide, released by the Center for Medicare and Medicaid Services in March 2019 (CMS guide). At the time the initial draft of the SFY 2021 Medicaid managed care capitation rate documentation was written, this was the most recent guidance available from CMS.

FISCAL IMPACT ESTIMATE

The actuarially sound capitation rates for the Medicaid Managed Care Program are illustrated in Figure 1. These rates are effective from July 1, 2020 through June 30, 2021. Figure 1 provides a comparison of the July 1, 2020 rates relative to the rates effective July 1, 2019 for the Medicaid managed care program. The composite rates illustrated for both SFY 2020 and SFY 2021 were developed based on projected monthly enrollment for SFY 2021 and are illustrated on a per member per month (PMPM) basis.

FIGURE 1: COMPARISON WITH SFY 2020 RATES (PMPM)

Population	Estimated SFY 2021 Average Monthly Enrollment	SFY 2020 Composite Rates	SFY 2021 Composite Rates	% Change
CSHCN	9,930	\$ 994.42	\$ 1,119.26	12.6%
RIte Care	157,588	269.48	289.64	7.5%
Medicaid Expansion	85,048	545.48	612.79	12.3%
Rhody Health Partners	14,898	1,606.02	1,801.21	12.2%
SOBRA	405	12,469.27	13,303.88	6.7%
Composite	267,464	\$ 477.49	\$ 527.54	10.5%

Notes:

1. SFY 2020 and SFY 2021 composite rates were developed based on projected SFY 2021 average monthly enrollment.
2. SOBRA enrollment reflects the estimated count of monthly deliveries.

Figure 2 compares the estimated state and federal expenditures under the SFY 2020 capitation rates relative to the SFY 2021 capitation rates, based on projected average monthly enrollment for SFY 2021.

FIGURE 2: COMPARISON WITH SFY 2020 EXPENDITURES (\$ MILLIONS)

Population	SFY 2020 Aggregate Expenditures	SFY 2021 Aggregate Expenditures	Expenditure Change
CSHCN	\$ 118.5	\$ 133.4	\$ 14.9
Rlte Care	509.6	547.7	38.1
Rhody Health Partners	287.1	322.0	34.9
Subtotal Medicaid	915.2	1,003.1	87.9
Federal	492.4	539.7	47.3
State	422.8	463.4	40.6
Medicaid Expansion	556.7	625.4	68.7
Federal	501.0	562.9	61.9
State	55.7	62.5	6.8
SOBRA	60.6	64.7	4.1
Federal	32.6	34.8	2.2
State	28.0	29.9	1.9
Total	\$ 1,532.5	\$ 1,693.2	\$ 160.7
Total Federal	\$ 1,026.1	\$ 1,137.4	\$ 111.3
Total State	\$ 506.5	\$ 555.8	\$ 49.3

Notes:

1. Values have been rounded.
2. SFY 2020 and SFY 2021 aggregate expenditures were developed based on projected SFY 2021 average monthly enrollment.
3. State expenditures for populations other than Medicaid Expansion are based on Federal Fiscal Year (FFY) 2020 Federal Medical Assistance Percentage (FMAP) of 52.95% for three months and FFY 2021 FMAP of 54.09% for nine months. No adjustment was made for Families First Coronavirus Response Act enhanced FMAP, Children's Health Insurance Program (CHIP), or other enhanced FMAP rates.
4. State expenditures for the Medicaid Expansion population are based FMAP of 90.00%.

Section I. Medicaid managed care rates

1. General information

This section provides information listed under the General Information section of CMS guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care organization (MCO) for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the SFY 2020 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”¹

A. RATE DEVELOPMENT STANDARDS

i. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the one-year rate period from July 1, 2020 through June 30, 2021.

ii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Jason A. Clarkson, FSA, is in Appendix 1. Mr. Clarkson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2021 managed care program rating period.

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

(b) Certified capitation rates for each rate cell

The certified capitation rates by rate cell are illustrated in Appendix 6. Member months illustrated in Appendix 6 represent projected values for SFY 2021. These rates represent the contracted capitation rates prior to risk adjustment.

(c) Program information**(i) Managed Care program**

EOHHS operates the Medicaid managed care program for its population covered by Medicaid who meet the state-defined criteria for enrollment in a risk-based managed care organization (MCO). The managed care populations in this report are composed of low-income children, parents and caretakers, pregnant women, disabled children and adults, adoption subsidy and substitute care, and the Affordable Care Act (ACA) Medicaid expansion population.

Under the managed care program, comprehensive services are provided through the following three managed care organizations (MCOs) on a statewide basis:

- Neighborhood Health Plan of Rhode Island
- Tufts Health Public Plans
- UnitedHealthcare of New England

Benefits covered under the Medicaid managed program are comprehensive in nature for all populations except for the Extended Family Planning rate cell, which covers a limited set of family planning services. Long-term services and supports are covered on a fee-for-service basis for the Rhody Health Partners population. The following figure outlines the core benefits covered under the managed care capitation rate for the covered populations.

FIGURE 3: MANAGED CARE BENEFIT PACKAGE

Inpatient and Outpatient Hospital	School-Based Clinic Services
Therapies	Services of Other Practitioners
Physician Services	Court Ordered Mental Health and Substance Use Services
Family Planning Services	Court Ordered Treatment for Children
Prescription and Non-Prescription Drugs	Podiatry Services
Laboratory, Radiology, and Diagnostic Services	Optometry Services
Mental Health and Substance Use Inpatient and Outpatient Services	Oral Health
Home Health and Home Care Services	Hospice Services
Preventive Services	Durable Medical Equipment
EPSDT Services	Case Management
Emergency Room Services	Transplant Services
Emergency Transportation	Rehabilitation services
Nursing Home and Skilled Nursing Facility Care	Other Miscellaneous Services

Note: Hepatitis C drugs and COVID-19 vaccine administration professional charges are covered under a non-risk payment from EOHHS to the MCOs.

Covered services are consistent with the SFY 2020 benefit package. Detailed benefit coverage information for all benefits listed in this figure can be found within Attachment A, "Schedule of In-Plan Benefits" in the MCO Medicaid Managed Care Services contracts. In-lieu-of services may also be provided with written approval from EOHHS.

(ii) Rating period

This actuarial certification is effective for the one-year rating period of July 1, 2020 through June 30, 2021.

(iii) Covered populations

The EOHHS Medicaid managed care programs covered in this report includes Medicaid beneficiaries in four distinct populations:

- Rlte Care: Children, pregnant women, parents, and caretaker populations.
- Children with Special Healthcare Needs (CSHCN): Children eligible for Supplemental Security Income (SSI), adoption subsidy, substitute care, and Katie Beckett populations.
- Medicaid Expansion: Population eligible for Medicaid under the Affordable Care Act (ACA) Medicaid expansion.
- Rhody Health Partners (RHP): Non-dual disabled adults.

Note that the Medicare-Medicaid Plan (MMP) Demonstration / Rhody Health Options Integrity, PACE, and Rlte Smiles managed care programs are not included in this report.

The three MCOs cover all of the above populations with the exception of the CSHCN Substitute Care rate cell, which is solely covered by Neighborhood Health Plan of Rhode Island. Figure 4 illustrates the corresponding rate cells and pay levels for the populations covered in this certification.

FIGURE 4: MANAGED CARE CAPITATION RATE CELLS

Population	Rate Cell	Pay Level
Rlte Care	MF <1	001
	MF 1-5	005
	MF 6-14	009
	M 15-44	013
	F 15-44	017
	MF 45+	021
	EFP	028
	SOBRA	N/A
Children with Special Healthcare Needs	Adoption Subsidy	060 – 064
	Katie Beckett	050 – 054
	SSI < 15	040 – 042
	SSI >= 15	043 – 044
	Substitute Care	033 – 037
Medicaid Expansion	F 19-24	ME01
	F 25-29	ME02
	F 30-39	ME03
	F 40-49	ME04
	F 50-64	ME05
	M 19-24	ME06
	M 25-29	ME07
	M 30-39	ME08
	M 40-49	ME09
	M 50-64	ME10
	SOBRA	N/A
Rhody Health Partners	RHP – ID	RH40
	RHP – SPMI	RH30
	RHP – Other Disabled 21-44	RH10
	RHP – Other Disabled 45+	RH20

Enrollment values reflect partial months for the Rlte Care and Children with Special Healthcare Needs populations. Partial payments are not made for the remaining populations. The SOBRA capitation rate does not differ between the Rlte Care and Medicaid Expansion rate cells, and as a result, the composite experience for SOBRA is illustrated in this report.

(iv) Eligibility criteria

Eligible Medicaid beneficiaries are required to enroll in managed care on a mandatory basis. Beneficiaries are covered under the fee-for-service program for an initial period as the managed care plan enrollment process occurs. Members may be excluded from managed care in circumstances, such as the presence of other insurance coverage.

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold metrics
- Incentive payments
- Risk sharing arrangement
- Stop loss programs

Please see Section I, item 4 for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report does not include a retroactive adjustment to the SFY 2020 capitation rates.

iii. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

iv. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

v. Effective dates

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2021 capitation rates.

vi. Medical loss ratio

Capitation rates were developed in such a way that a medical loss ratio, as calculated under 42 CFR 438.8, is projected to be greater than 85% for the rating year.

vii. Generally accepted actuarial practices and principles**(a) Reasonable, appropriate, and attainable**

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs. To our knowledge, all reasonable, appropriate, and attainable costs have been included in the certification.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The SFY 2021 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment.

viii. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period of July 1, 2020 through June 30, 2021.

ix. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

1. A contract amendment that does not affect the rates.
2. An increase or decrease of up to 1.5% in the capitation rate per rate cell.
3. Risk adjustment, under a methodology described in the initial certification, changes the rates paid to the MCOs.

In case 1 and case 2 listed above, a contract amendment must still be submitted to CMS.

B. APPROPRIATE DOCUMENTATION

i. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

ii. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

iii. Different FMAP

The CSHCN, RHP, and Rite Care populations receive the regular state FMAP. The Medicaid Expansion population receives the enhanced FMAP for ACA Medicaid expansion populations. The enhanced FMAP percentage for CHIP and family planning expenditures are not reflected in the values provided in Figure 2.

iv. Comparison to final certified rates in the previous rate certification.

The previous rate certification applied to SFY 2020 capitation rates. A comparison to SFY 2020 certified rates by rate cell is provided in Appendix 2.

2. Data

This section provides information regarding the base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 2 and Appendix 3.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

Milliman receives eligibility, capitation, encounter, and fee-for-service claim files from EOHHS on a monthly basis. Milliman reviewed SFY 2017 through SFY 2019 experience with runout through December 31, 2019 for the rate setting process. Emerging experience beyond SFY 2019 was reviewed for certain analyses (e.g., reviewing emerging retail pharmacy experience). The remainder of this section details the base data and validation processes utilized in the SFY 2021 capitation rate development. The SFY 2018 and SFY 2019 base experience is summarized in Appendix 2 and Appendix 3.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The following SFY 2018 and SFY 2019 experience serves as the primary data sources for the SFY 2021 capitation rate development:

- Encounter data submitted by the MCOs;
- Fee-for-service claims (for the Cedar Health Home program adjustment);
- Eligibility and capitation payment data provided by EOHHS;
- Calendar Year 2020 Quarter 1 (CY 2020 Q1) Financial Data Cost Reports (FDCR) submitted by the MCOs;
- File Submission Reports provided by EOHHS;
- Risk Share Reports submitted by the MCOs; and,
- MCO Survey responses provided by the MCOs.

The base data is solely comprised of Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England experience. Experience of the third MCO, Tufts Health Plan, is excluded due to data quality concerns along with limited market share.

(ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2018 and SFY 2019. The CY 2020 Q1 FDCR submissions reflect claims paid through December 31, 2019. The encounter data used in our rate development process reflected encounters paid through December 31, 2019, consistent with the FDCR submissions.

For the purposes of trend development and analyzing emerging population enrollment patterns and claims experience, we also reviewed encounter experience from SFY 2017 through the SFY 2019.

(iii) Data sources

The historical encounter data used for this certification was submitted by Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England. The encounter data, fee-for-service claims, eligibility and capitation payment data was provided to Milliman by EOHHS.

The FDCRs, File Submission Reports, Risk Share Reports, and MCO Surveys were submitted by the MCOs to EOHHS, and EOHHS transferred this information to Milliman.

(iv) Sub-capitation

The SFY 2018 and SFY 2019 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. As described later in this report, FQHC prospective payment system (PPS) services were repriced to the PPS rate since the MCOs are responsible for the full PPS amount effective July 1, 2019. In addition, encounter experience reflects sub-capitated behavioral health experience for one MCO. The behavioral health sub-capitated encounters are utilized for purposes of the SFY 2021 rate development.

(b) Availability and quality of the data

(i) Steps taken to validate the data

The base experience used in the capitation rates relies on encounter data and CY 2020 Q1 FDCRs submitted to EOHHS by participating MCOs. Managed care eligibility is maintained by EOHHS. The actuary, the MCOs, and EOHHS all play a role in validating the quality of encounter data used in the development of the capitation rates. The MCOs play the initial role, collecting and summarizing data sent to the state. EOHHS focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. Additionally, we perform independent analysis of encounter data and FDCRs to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area.

Completeness

The EOHHS Data Quality Team routinely reviews the completeness of the submitted encounter data:

- The MCOs are contractually required to submit claims for all billable services provided to Medicaid members.
- Plans submit a monthly Financial Summary Report that is stratified by fiscal year and population. This report is required to reconcile to the MCO's financials. The submitted encounter data is then compared to the Financial Summary report for completeness.
- MCO's are contractually required to maintain their files with less than a 2% error rate in any submission cycle.

Additionally, Milliman applies several measures to the MCO-submitted encounter data used in rate setting to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population and service category;
- Comparison against the FDCRs by population and service category;
- Comparison against the File Submission Reports by population and service category; and,
- Comparison against the Risk Share Reports by population and service category.

We also summarize the encounter data to assess month to month completeness of the encounter data. These measures are applied to identify any months where encounter data volume is unusually large or small, indicating a potential issue with the submitted encounter data.

In addition, we reviewed each submission of the FDCRs to identify large data variances, incomplete data, and other reporting issues. These issues were provided to each MCO by EOHHS and the FDCRs are re-submitted to EOHHS as necessary.

Accuracy

The EOHHS Data Quality Team performs multiple edits to ensure the accuracy of the submitted encounter data:

- MCO encounters are required to pass all the edit and load criteria set out in the encounter companion guide, which are similar to the edits required for fee-for-service claims.
- EOHHS maintains a monthly utilization tracking report that illustrates services provided to Medicaid beneficiaries and tracks trends by utilization category and line of business. This report is used to identify any gaps in MCO submissions.
- The Data Quality Team meets on a bi-weekly basis to identify more nuanced errors in the data, such as encounter submission issues with specific services or for fields not specifically addressed by the automated edits.

We review the accuracy of the encounter data by comparing expenditures to outside data sources including the File Submission Reports and FDCR submissions. We summarize the encounter data into an actuarial cost model format that is consistent with the format of the base experience illustrated in Appendix 2 and Appendix 3. The MCOs were provided with their specific experience contributing to the base data in Appendix 2 and Appendix 3 to verify its accuracy.

Annual base period data summaries are created to ensure that the data for each service is consistent across the MCOs and with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies MCO and service category combinations that may have unreasonable reported data.

Consistency of data across data sources

We performed a detailed review of the encounter data used in the development of capitation rates effective July 1, 2020. Assessing the encounter data for consistency with the FDCR was a critical part of the rate development process. We also reviewed the FDCR against the File Submission Reports and Risk Share Reports for consistency of expenditures across various data sources.

We reviewed enrollment records against capitation payment records, EOHHS internal counts, and the membership provided in each MCO's Risk Share Report. The enrollment records were determined to be consistent across various data sources.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by EOHHS and their vendors. The values presented in this letter are dependent upon this reliance.

While there are areas for data improvement, as detailed in the Data concerns section below, we found the encounter data to be of appropriate quality for developing the SFY 2021 capitation rates. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for data missing from the EOHHS encounter data warehouse.

(iii) Data concerns

The experience from one MCO was excluded from the SFY 2021 capitation rate development. We were unable to fully validate and reconcile the data from the MCO excluded from the SFY 2021 rates base data. The MCO's experience represents approximately 2.5% of the expenditures for the populations it covers. While comparing MCO cost differences was difficult because of the data limitations, we reviewed the available information on the MCO costs and do not believe the cost variance for this MCO relative to the aggregate population would materially impact the composite managed care program costs.

As discussed further in the Data Adjustments section, the encounter data utilized in rate development was adjusted for completeness using the FDCR submissions. Additionally, a material portion of one MCO's institutional encounter data was incomplete for three months of SFY 2019. We worked with EOHHS and the MCO to obtain an ad-hoc detailed claims extract to resolve the encounter data completeness issue. The MCO's supplemental file was used in place of the encounter data for the three-month span. We reviewed the supplemental file, including total paid amounts and detailed claims elements, relative to the other data sources outlined above and do not have any concerns with its inclusion.

(c) Appropriate data

Managed care encounter data was the primary data source used in the development of the capitation rates.

(d) Reliance on a data book

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations.

iii. Data adjustments

Capitation rates were developed primarily from SFY 2018 and SFY 2019 encounter data. Adjustments were made to the base experience for data quality, completion, payments not captured in the MCOs' claim systems, recoveries, and other program adjustments. The following sections describe the adjustments made to the base data cost models presented in Appendix 2 and Appendix 3.

(a) Credibility adjustment

DATA QUALITY ADJUSTMENT

We reviewed MCO encounter data, FSR, RSR, MCO Survey, and FDCR information for consistency of reported benefit expense across data sources. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for encounter data quality issues. A data quality adjustment was applied at the population and service category level (with professional, ancillary, and LTSS combined) to the base encounter data to account encounter data quality issues, such as services that were provided by the health plans but were not reported as an encounter at the time of data extraction.

Certain rate cells and service categories were adjusted at a more granular level to reflect encounter data reporting that differed materially relative to the rest of the population or major service category:

Rate Cells Adjusted Separately

- Rlte Care Children <1
- Medicaid Expansion Females Ages 19-49 combined with Medicaid Expansion SOBRA (expenditures were adjusted consistently)
- Rlte Care Females Ages 15-44 combined with Rlte Care SOBRA (expenditures were adjusted consistently)

Service Categories Adjusted Separately

- Outpatient Pharmacy
- Professional Office Administered Drugs

Figure 5 illustrates the PMPM impact of data quality adjustments for each population in SFY 2018 and SFY 2019.

FIGURE 5: STATE FISCAL YEAR 2018 AND 2019 DATA QUALITY ADJUSTMENT

Population	Member Months / Deliveries	Base Encounter Data PMPM	Adjusted for Data Quality	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 800.87	\$ 831.94	3.9%
Medicaid Expansion	863,658	415.35	430.38	3.6%
Rlte Care	1,875,863	198.21	208.07	5.0%
Rhody Health Partners	176,902	1,277.59	1,317.75	3.1%
SOBRA	4,831	10,526.41	10,795.79	2.6%
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 835.11	\$ 897.43	7.5%
Medicaid Expansion	804,590	468.67	487.57	4.0%
Rlte Care	1,835,924	207.27	212.44	2.5%
Rhody Health Partners	170,018	1,444.47	1,495.67	3.5%
SOBRA	4,595	10,895.14	11,152.98	2.4%

Note: Values have been rounded.

(b) Completion adjustment

COMPLETION ADJUSTMENT

The data submitted by the MCOs was adjusted to reflect claims completion. Incurred But Not Paid (IBNP) adjustments were applied at the population and service category level (with professional, ancillary, and LTSS combined).

MCO-reported IBNP in the FDCR was reviewed and determined to be reasonable for purposes of the SFY 2021 capitation rate development, and as a result, the MCO reported amounts were utilized for the completion adjustment. Provision for adverse deviation (PAD) was removed from the MCO reported IBNP.

Figure 6 illustrates the PMPM impact of completion adjustment for each population in SFY 2018 and SFY 2019.

FIGURE 6: STATE FISCAL YEAR 2018 AND 2019 COMPLETION ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Data Quality	Adjusted for Completion	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 831.94	\$ 832.14	0.0%
Medicaid Expansion	863,658	430.38	430.24	(0.0%)
Rlte Care	1,875,863	208.07	208.17	0.0%
Rhody Health Partners	176,902	1,317.75	1,318.41	0.0%
SOBRA	4,831	10,795.79	10,798.57	0.0%
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 897.43	\$ 904.06	0.7%
Medicaid Expansion	804,590	487.57	490.48	0.6%
Rlte Care	1,835,924	212.44	213.79	0.6%
Rhody Health Partners	170,018	1,495.67	1,501.82	0.4%
SOBRA	4,595	11,152.98	11,252.93	0.9%

Note: Values have been rounded.

SUB-CAPITATED AND NON-ENCOUNTERABLE SERVICES ADJUSTMENT

Sub-capitated Services

The SFY 2018 and SFY 2019 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. The base experience was adjusted to reflect the actual capitated payments made to the FQHCs, as reported in the FDCR. This allows the base experience to reflect the actual historical payments to FQHCs, while the PPS adjustment (described with the prospective program changes) reflects the additional amount of funding included in the managed care program attributable to carving the full FQHC PPS reimbursement into the managed care program.

Non-Encounterable Services

The base data was adjusted to include benefit expense that is unable to be submitted to the EOHHS encounter data warehouse. These non-encounterable expenses are reported in the FDCR and include the following:

- Services paid outside the MCO's claims payment system
- Subrogation expenses
- Provider settlements

Figure 7 illustrates the PMPM impact of the sub-capitated and non-encounterable services for each population in SFY 2018 and SFY 2019.

FIGURE 7: STATE FISCAL YEAR 2018 AND 2019 NON-ENCOUNTERABLE ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Completion	Adjusted for Sub-cap / Non-Encounterable	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 832.14	\$ 845.04	1.6%
Medicaid Expansion	863,658	430.24	433.25	0.7%
Rlte Care	1,875,863	208.17	213.22	2.4%
Rhody Health Partners	176,902	1,318.41	1,327.89	0.7%
SOBRA	4,831	10,798.57	10,903.44	1.0%
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 904.06	\$ 917.59	1.5%
Medicaid Expansion	804,590	490.48	493.69	0.7%
Rlte Care	1,835,924	213.79	219.22	2.5%
Rhody Health Partners	170,018	1,501.82	1,514.52	0.8%
SOBRA	4,595	11,252.93	11,402.83	1.3%

Note: Values have been rounded.

RECOVERIES ADJUSTMENT

The base experience was adjusted for recoupments made outside the MCO claims payment system. Individual adjustment items are described below:

- **Transplant Stop Loss:** Recoveries from the transplant stop loss reported in the FDCR were removed from the base experience. The base expenditures appropriately reflect early intervention and skilled nursing facility services, as these stop loss programs were eliminated in effective July 1, 2018. As a result, no adjustment was made for these historical stop loss programs.
- **Reinsurance Premiums Paid and Reinsurance Recoveries:** MCOs participating in the managed care program carry reinsurance for high cost claimants. We adjusted encounter data expenses in the base data period for the net cost of coverage (premiums less recoveries) as reported in the FDCR.
- **Other Overpayments:** An adjustment was made for provider overpayments recouped outside the MCO's claims payment system as reported in the FDCR.

Figure 8 illustrates the PMPM impact of the recoveries adjustment for each population in SFY 2018 and SFY 2019.

FIGURE 8: STATE FISCAL YEAR 2018 AND 2019 RECOVERIES ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Sub-cap / Non-Encounterable	Adjusted for Recoveries	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 845.04	\$ 842.45	(0.3%)
Medicaid Expansion	863,658	433.25	434.20	0.2%
Rlte Care	1,875,863	213.22	211.63	(0.7%)
Rhody Health Partners	176,902	1,327.89	1,324.80	(0.2%)
SOBRA	4,831	10,903.44	10,877.22	(0.2%)
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 917.59	\$ 918.57	0.1%
Medicaid Expansion	804,590	493.69	494.55	0.2%
Rlte Care	1,835,924	219.22	218.42	(0.4%)
Rhody Health Partners	170,018	1,514.52	1,514.36	(0.0%)
SOBRA	4,595	11,402.83	11,378.46	(0.2%)

Note: Values have been rounded.

(c) Errors found in the data

We did not find significant errors in the data other than the issues previously described.

(d) Program change adjustments**HEPATITIS C DRUGS**

Effective July 1, 2018, the hepatitis C pharmacy expenditures are covered under a non-risk payment to the MCOs. Due to this program change, the full cost of hepatitis C pharmacy experience was removed from the adjusted base data. Hepatitis C drug treatments excluded from the SFY 2018 and SFY 2019 base data were identified using the EOHHS preferred drug list.

Figure 9 illustrates the PMPM impact of removing hepatitis C drug costs for each population in SFY 2018 and SFY 2019.

FIGURE 9: STATE FISCAL YEAR 2018 AND 2019 HEPATITIS C ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Recoveries	Adjusted for Hep C Removal	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 842.45	\$ 841.93	(0.1%)
Medicaid Expansion	863,658	434.20	427.74	(1.5%)
Rite Care	1,875,863	211.63	211.15	(0.2%)
Rhody Health Partners	176,902	1,324.80	1,292.66	(2.4%)
SOBRA	4,831	10,877.22	10,877.22	0.0%
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 918.57	\$ 917.48	(0.1%)
Medicaid Expansion	804,590	494.55	483.77	(2.2%)
Rite Care	1,835,924	218.42	217.27	(0.5%)
Rhody Health Partners	170,018	1,514.36	1,475.51	(2.6%)
SOBRA	4,595	11,378.46	11,378.46	0.0%

Note: Values have been rounded.

RATE CELL REASSIGNMENT

In developing the adjusted base data for the SFY 2021 capitation rates, rate cells were reassigned to reflect anticipated enrollment by rate cell in the SFY 2021 rating period. Specifically, rate cell reassignment was applied to account for non-dual individuals that were previously covered under the Rhody Health Options Phase 1 program Medicaid only rate cell in the base data period.

The Rhody Health Options Phase 1 program was terminated on September 30, 2018. Effective October 1, 2018, a subset of the Rhody Health Options Phase 1 Medicaid only rate cell was re-enrolled in various rate cells in the Rhody Health Partners program. SFY 2018 and SFY 2019 experience for members transitioned to the Rhody Health Partners on October 1, 2018 was reassigned to the corresponding Rhody Health Partners rate cell in the base data.

When this population was moved into the Rhody Health Partners population, LTSS was no longer covered in-plan and were provided by EOHHS on a fee-for-service basis. As a result, LTSS was removed from the base experience for this population.

Figure 10 illustrates the PMPM impact of including this population in the SFY 2018 and SFY 2019 base data.

FIGURE 10: STATE FISCAL YEAR 2018 AND 2019 RATE CELL REASSIGNMENT

Population	Adjusted Member Months / Deliveries	Adjusted for Hep C Removal	Adjusted for RHO Movement	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,313	\$ 841.93	\$ 841.93	0.0%
Medicaid Expansion	863,658	427.74	427.74	0.0%
Rlte Care	1,875,863	211.15	211.15	0.0%
Rhody Health Partners	181,221	1,292.66	1,333.92	3.2%
SOBRA	4,831	10,877.22	10,877.22	0.0%
SFY 2019				
Children with Special Healthcare Needs	115,010	\$ 917.48	\$ 917.48	0.0%
Medicaid Expansion	804,590	483.77	483.77	0.0%
Rlte Care	1,835,924	217.27	217.27	0.0%
Rhody Health Partners	171,312	1,475.51	1,485.88	0.7%
SOBRA	4,595	11,378.46	11,378.46	0.0%

Note: Values have been rounded. Member months in Figure 10 are adjusted for transitioned Rhody Health Options members. The “Adjusted for Hep C Removal” column PMPM uses member months prior to rate cell reassignment.

OUTLIER CLAIMS ADJUSTMENT

A data smoothing adjustment was applied to the Rlte Care and Expansion populations. Claims experience for the top 0.5% of members in each rate cell, excluding SOBRA payments, the Extended Family Planning (EFP), and Rlte Care < 1 rate cell, were aggregated to form a pooling adjustment. Pooled expenditures were removed from applicable rate cells, and then re-allocated within a population using a uniform percentage adjustment. This adjustment, in conjunction with blending multiple years of base experience, is intended to reduce year-over-year volatility for these populations. Note that the application of this adjustment resulted in no changes in aggregate expenditures.

RETROSPECTIVE PROGRAM ADJUSTMENTS

Due to the nature of the data adjustments described thus far, the adjustments were applied directly to the base data and not illustrated as separate adjustments. The SFY 2018 data included in Appendix 2 and SFY 2019 data included in Appendix 3 illustrate the base data after the application of the above-described adjustments. The remainder of the certification describes the adjustments applied to the base data.

Adjustments in this section represent program changes that occurred during the SFY 2018 and SFY 2019 base data period that were considered when developing the SFY 2021 adjusted base data. Figure 11 illustrates the fiscal impact of the retrospective program changes by SFY and is followed by a description of each adjustment.

FIGURE 11: STATE FISCAL YEAR 2018 AND 2019 RETROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	SFY 2018 / SFY 2019	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Cedar Health Home	Professional	SFY 2018	0.8%	0.2%	0.0%	0.0%	0.0%
Cedar Health Home	Professional	SFY 2019	0.1%	0.0%	0.0%	0.0%	0.0%
Recoveries Adjustment	All	SFY 2018	(0.8%)	(1.3%)	(1.5%)	(1.5%)	(0.3%)
Recoveries Adjustment	All	SFY 2019	(0.6%)	(1.2%)	(1.4%)	(1.3%)	(0.2%)
Pediatric Rate Increase	Professional	SFY 2018	0.0%	0.1%	0.0%	0.0%	0.0%
Retrospective Acuity	All	SFY 2018	9.0%	2.3%	7.5%	6.0%	0.0%

Note: The percentages illustrated are specific to the category of service impacted.

- **Cedar Health Home:** Cedar Health Homes are designed to provide a structured system for facilitating the assessment of need for, and referral to, evidence based medically necessary service that may be available for children pursuant to federal early and periodic screening, diagnostic and treatment (EPSDT) requirements, and referrals to community-based services and supports that benefit the child and family.

Cedar Health Home services were added as an in-plan benefit as specified in SAP #18-009 and were fully transitioned to MCO payment by January 1, 2020. The SFY 2018 and SFY 2019 base experience was adjusted to reflect the cost of Cedar Health Home services paid by EOHHS on a fee-for-service basis in these time periods.

- **Recoveries Adjustment:** The SFY 2018 and SFY 2019 base data was reduced for third-party liability recoveries and pharmacy rebate recoveries. These recovery types were developed as targeted amounts and therefore not removed during the base data development process. These adjustments were developed with consideration of historical experience as well as the interaction with related adjustments, such as managed care efficiency and targeted pharmacy reimbursement adjustments. Supplemental hepatitis C drug rebates were not considered in this adjustment, as expenditures for these drugs were removed in the base data development.
- **Pediatric Rate Increase:** In SFY 2018, additional funding was allocated to increase access to pediatric services. We reviewed historical reimbursement through June 2018 for increases in reimbursement for pediatric services. The SFY 2018 base data was adjusted to reimbursement levels consistent with payment in June 2018, as the historical experience indicated that the provider fee schedules were adjusted throughout SFY 2018.
- **Retrospective Acuity:** We observed evidence of changing levels of acuity for Medicaid members between SFY 2018 and SFY 2020. We analyzed the change in acuity using various methodologies, which are described in Section 3, Projected benefit cost and trends. The retrospective acuity adjustment above reflects the estimated acuity change between SFY 2018 and SFY 2019. A 2.5% retrospective acuity adjustment was applied to all RIt Care populations except children <1 and the EFP rate cells, resulting in the composite 2.3% adjustment illustrated in Figure 11.

Further detail of the impact of these adjustments on the SFY 2018 and SFY 2019 experience is illustrated in Appendix 2 and Appendix 3.

RETROSPECTIVE TREND ADJUSTMENTS

The SFY 2018 data was adjusted to an SFY 2019 basis using utilization and cost per unit medical trends. The trend adjustments utilized are consistent with the prospective trend adjustments outlined in Section I.3.B.iii.b. The trend development was normalized and adjusted to reflect the program changes outlined above.

The SFY 2018 trend adjustment is illustrated in Appendix 2.

(e) Exclusion of payments or services from the data

Non-state plan services and payment for hepatitis C drugs were excluded from the base data. The MCOs report non-state plan expenditures separately from state plan services in the FDCR submissions.

3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates. The development of the projected benefit costs is illustrated in Appendix 5.

A. RATE DEVELOPMENT STANDARDS

i. Final Capitation Rate Compliance

The final capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-state plan services provided by the MCOs have been excluded from the capitation rate development process.

ii. Basis for Variation in Assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iii. Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions were developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends was historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iv. In Lieu Of Services

There were no in-lieu-of services provided in SFY 2018 or SFY 2019. Certain MCOs reported that they started offering in-lieu-of services January 1, 2020. No adjustment was made to the base data for the provision of in-lieu-of services.

v. IMDs as an in-lieu-of service provider

The Rhode Island Medicaid managed care program historically used institutions of mental disease (IMDs) as an in-lieu-of service provider of substance use disorder services. EOHHS obtained an 1115 waiver of the IMD exclusion in section 1905(a)(29)(B) of the Social Security Act to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible individuals who have substance use disorders (SUD) and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs. Since these services are covered under the 1115 waiver, the cost of care based on the amount paid to the IMDs in the base period was utilized for the SFY 2021 capitation rate development. Based on our review of the data and conversations with EOHHS, Rhode Island IMD facilities primarily treat SUD.

(a) Costs associated with an IMD stay of more than 15 days

The 15 day in-lieu-of service limit does not apply, as described above. EOHHS must aim for a statewide average length of stay of less than 30 days under the waiver. The historical IMD average length of stay is less than 30 days, and therefore no adjustment is made for IMD stays of more than 15 days.

(b) Other costs for services during the time an enrollee is in an IMD for more than 15 days

As described above, no adjustment is made for IMD stays of more than 15 days.

B. APPROPRIATE DOCUMENTATION

i. Projected Benefit Costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of Projected Benefit Costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries

The capitation rates were developed from historical claims and enrollment data from the enrolled populations as described in Section I.2.B.ii of this report.

Step 2: Apply data adjustments

We applied data adjustments to the SFY 2018 and SFY 2019 incurred encounter data as described in Section I.2.B.iii of this report. This includes historical program adjustments and data exclusions.

Step 3: Blended base experience data

The SFY 2018 and SFY 2019 base experience period data was blended to represent the single data source for rate setting purposes and is illustrated in Appendix 4. Prior to blending the base experience data, the SFY 2018 experience was trended and adjustment to reflect a midpoint of January 1, 2019. The weight applied to each base data year varied by population and is illustrated in the following figure.

FIGURE 12: BASE EXPERIENCE BLENDING

Population	SFY 2018	SFY 2019
CSHCN	50.0%	50.0%
Rlte Care	30.0%	70.0%
Medicaid Expansion	30.0%	70.0%
Rhody Health Partners	50.0%	50.0%
SOBRA	30.0%	70.0%

Weighting was determined based on our review of the volatility of the base data. For populations with less membership and more volatile claims experience (CSHCN and Rhody Health Partners), a 50%/50% weighting between SFY 2018 and SFY 2019 was used. For more stable populations, a 30%/70% weighting was used.

Step 4: Adjust for prospective program and policy changes and trend to SFY 2021

The combined SFY 2018 and SFY 2019 base experience was adjusted for known policy and program changes that are expected to be implemented in SFY 2020 and SFY 2021.

Step 5: Adjust for managed care efficiencies

We targeted improvements in managed care efficiency that will impact projected SFY 2021 benefit expense.

Step 6: Trend to SFY 2020

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2021). The resulting PMPMs establish the adjusted claim cost by population rate cell for the contract period.

The remainder of this section outlines the adjustments described in Step 4 through Step 6.

Prospective Program and Policy Adjustments

Figure 13 illustrates the fiscal impact of the prospective program changes applied in Appendix 5 of the rate development and is followed by a description of each adjustment.

FIGURE 13: STATE FISCAL YEAR 2018 AND 2019 PROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Prospective Acuity	All	0.0%	2.7%	2.0%	1.5%	0.0%
Pharmacy Repricing	Retail Pharmacy	(6.3%)	(7.0%)	(4.4%)	(3.9%)	0.0%
FQHC Adjustment	Professional / LTSS	3.0%	15.1%	12.5%	7.2%	12.2%
COVID Testing	Outpatient Hospital / Professional	0.4%	1.0%	0.9%	0.5%	0.0%

Note: The percentages illustrated are specific to the category of service impacted.

- **Prospective Acuity:** We observed evidence of changing levels of acuity for Medicaid members between SFY 2018 and SFY 2020. Estimated changes in acuity from SFY 2018 to SFY 2019 were applied as a retrospective acuity adjustment, as previously described. The prospective acuity adjustment above reflects the estimated acuity change between SFY 2019 and March 2020, prior to the COVID-19 public health emergency. Consideration of utilization changes attributable to the public health emergency period is discussed further in the Section I.3.B.iii, Projected Benefit Costs. The Rlte Care acuity adjustment impact reflects a blend of a 5.0% acuity adjustment for Rlte Care children ages 1 through 14 and 2.0% adjustment for Rlte Care adult rate cells. No adjustment was applied to the Rlte Care EFP or SOBRA rate cells.

Acuity changes estimated between SFY 2018 and March 2020 were analyzed using the following methodologies:

- **Longitudinal concurrent and prospective risk scores:** We reviewed the change in both concurrent and prospective risk scores on a quarterly interval from SFY 2018 Q1 to SFY 2020 Q2. We utilized the CDPS+MRx risk adjustment algorithm, limited to diagnoses from professional claims and NDCs from pharmacy scripts because of data issues with the institutional diagnosis data.
- **Historical claims expense:** We compared the actual claims expense in SFY 2018, SFY 2019, and the first six months of SFY 2020. Claims expense in each time period was adjusted for trend, program changes, and other data adjustments consistent with the SFY 2021 capitation rate development methodology. The resulting differential between time periods represented the estimated acuity change in this analysis. We additionally reviewed emerging experience in January 2020 through March 2020 relative to the first six months of SFY 2020.
- **Members without claims:** We reviewed the percent of members without a claim on a quarterly basis from SFY 2018 Q1 to SFY 2020 Q2. The time period reviewed to identify whether a member had a claim was varied between 1, 3, 6, and 12 months. If a time period contained more members with claim expenditures, it was assumed that morbidity had increased in this time period. Due to the less precise nature of this analysis, it was utilized as secondary information in combination with the above described analyses.

Figure 14 illustrates the estimated acuity factors used in the SFY 2021 capitation rate development.

FIGURE 14: SELECTED ACUITY FACTORS

Population	Retrospective Acuity	Prospective Acuity
CSHCN	1.0900	1.0000
Rlte Care Children	1.0250	1.0500
Rlte Care Adults	1.0250	1.0200
Medicaid Expansion	1.0750	1.0200
Rhody Health Partners	1.0600	1.0150
SOBRA	1.0000	1.0000

Note: Acuity adjustments were not applied to SOBRA, Rlte Care children <1, or the EFP rate cells.

- **Pharmacy Spread and Targeted Reimbursement:** Pharmacy experience was re-priced to benchmarks relative to average wholesale price (AWP). The target was based on our review of the AWP discounts in the Rhode Island Medicaid managed care and other state markets. Figure 15 illustrates the targeted AWP discount utilized for brand and generic drugs. Targets were developed separately for children and adults, which was determined at the rate cell level (Rite Care children in the age 15-44 rate cells were included with the adult group).

FIGURE 15: AWP DISCOUNT TARGET

Population	Generic	Brand
Child	76.50%	18.50%
Adult	87.00%	18.00%

No provision for pharmacy administrative spread was included in the AWP targets illustrated above. Administrative amounts attributable to spread pricing were excluded from pharmacy claims cost yet were considered in the administrative load development. Supplemental rebate targets are also considered in the factors illustrated in Figure 15. These targets are generally consistent with historical supplemental rebate experience of the MCOs reported in the FDCR submissions and were developed with consideration for the AWP discount target assumptions.

- **Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) In-Plan:** Effective July 1, 2019, MCOs are required to pay the PPS rate to FQHCs. Prior to July 1, 2019, the MCOs paid FQHCs according to their negotiated rates (or sub-capitation arrangements), and EOHHS paid the FQHCs a wrap-around payment for the difference between the PPS rate and the MCO reimbursement rate.

To estimate the additional cost of the PPS reimbursement in SFY 2021, the base encounter experience was repriced to the SFY 2021 PPS rate. An adjustment was applied to the base FQHC service utilization consistent with the encounter data quality and IBNR adjustments described in Section I.2.B.iii.

- **COVID-19 Testing Adjustment:** An adjustment was included to reflect the additional cost of COVID-19 testing incurred by the MCOs. The adjustment was estimated through a review of emerging encounter experience and includes funding of approximately \$3.00 PMPM in composite for the SFY 2021 rating period. Additional consideration of COVID-19 impacts is discussed in Section 3.B.iii, Projected Benefit Cost Trends.

Adjustment factors were developed for policy and program changes estimated to materially affect the managed care program during SFY 2021 that are not fully reflected in the base experience. We defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following outlines program adjustments deemed immaterial based on our review of the experience data and policy change.

- **Department of Children, Youth, & Families Custody Eligibility Pathway:** A limited number of children were enrolled in the substitute care rate cell through a new Medicaid eligibility pathway allowing children to obtain Medicaid eligibility without the parents relinquishing custody. We reviewed emerging experience for this population and determined any cost differential for members to be immaterial.
- **AAP Maternal Depression Screenings:** The American Academy of Pediatrics (AAP) released guidance for maternal depression screenings effective July 1, 2018. We reviewed historical utilization of this service relative to the AAP guidelines and estimated the cost of additional services attributable to this guidance to be immaterial.
- **Category 1 Terminations:** EOHHS suspended the termination of member eligibility as part of the Category 1 enrollment cleanup until the end of the COVID emergency period. This affects approximately 1,700 members that were originally expected to be terminated in April 2020. We reviewed the estimated acuity of this population relative to the remainder of the Medicaid population and determined the acuity differential to be immaterial.

Managed Care Adjustments

We calculated percentage adjustments to the experience data to reflect the utilization and cost per unit differential between the base experience and the levels targeted for the projection period managed care environment.

We developed the targeted managed care efficiency adjustments through a review and analysis of the following:

- Agency for Healthcare Research and Quality (AHRQ) prevention quality indicators (PQI) for inpatient admissions
- Inpatient hospital readmissions with the same DRG
- Potentially avoidable emergency room utilization
- Mix of vaginal and cesarean section deliveries in the SFY 2018 and SFY 2019 base period utilization
- Polypharmacy savings for script reduction
- Fraud, Waste, and Abuse savings

INPATIENT HOSPITAL

We applied managed care efficiency adjustments to base year utilization to reflect higher levels of care management relative to the SFY 2018 and SFY 2019 experience period. We identified potentially avoidable admissions using the AHRQ prevention quality indicators (PQI). We also analyzed the frequency of re-admissions for the same DRG. Inpatient hospital managed care adjustments were developed by applying assumed reductions to potentially avoidable inpatient admissions and same-DRG readmissions. This analysis was completed at the rate cell level.

Our analysis was completed by first reducing readmissions within 30 days, and then reducing non-readmissions for select PQIs. Inpatient hospital managed care adjustments were developed by applying a 10% reduction to same-DRG readmissions and a 5% reduction to potentially avoidable inpatient admissions. In completing our analysis, we estimated inpatient hospital unit cost changes based on the utilization reductions outlined above. No adjustments were made to corresponding inpatient physician charges to account for the potential shift of these services to an ambulatory setting. Additionally, nursing facility claims were excluded from this analysis. The figure below outlines the PQIs included in our analysis.

FIGURE 16: AHRQ PREVENTION QUALITY INDICATORS

PQI NUMBER	DESCRIPTION
PQI #01	Diabetes Short-term Complications Admission Rate
PQI #02	Perforated Appendix Admission Rate
PQI #03	Diabetes Long-term Complications Admission Rate
PQI #05	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
PQI #07	Hypertension Admission Rate
PQI #08	Congestive Heart Failure (CHF) Admission Rate
PQI #10	Dehydration Admission Rate
PQI #11	Bacterial Pneumonia Admission Rate
PQI #12	Urinary Tract Infection Admission Rate
PQI #13	Angina without Procedure Admission Rate
PQI #14	Uncontrolled Diabetes Admission Rate
PQI #15	Adult Asthma Admission Rate
PQI #16	Rate of Lower-extremity Amputation among Patients with Diabetes

EMERGENCY ROOM

For the outpatient hospital emergency room service category, multiple potentially avoidable diagnosis groups were clinically developed using the primary diagnosis of each claim. The potentially avoidable diagnosis groups were stratified by severity to target potentially avoidable emergency room visits, starting with the lowest severity group. Additionally, potentially avoidable outpatient hospital emergency room visits were summarized by rate cell. Target utilization levels were developed by assuming a 20% decrease in potentially avoidable services.

When applying these adjustments, reductions were taken from level 1 emergency room claims first, followed by level 2, and level 3 claims up to an assumed cap for each level. We assumed that 95% of emergency room visits reduced would be replaced with an office visit. This process was completed at a rate cell level.

Additionally, we reviewed historical Rhode Island experience, along with data from other Medicaid states, to develop assumptions for additional services that may also be included with an office visit. Based on this review, additional services related to pathology/lab and radiology were included with the replacement office visit.

DELIVERY SERVICES

We reviewed the mix of vaginal and cesarean section deliveries by MCO to determine appropriate efficiency adjustments for SOBRA payments. Delivery managed care efficiency adjustments were developed by analyzing the percent of cesarean and vaginal deliveries by MCO. We targeted a mix of approximately 72% / 28% of vaginal/cesarean section deliveries in the rating period. Managed care savings were estimated by evaluating the cost per delivery difference between cesarean and vaginal deliveries. No adjustment was made to the total number of deliveries.

PHARMACY SERVICES

We reviewed historical pharmacy experience for the number of monthly prescriptions that each member was taking during the SFY 2018 and SFY 2019 base experience period. The goal of this efficiency adjustment is to identify users with excessive prescriptions and identify opportunities for reduction. We separated the experience into two categories: 10-14 scripts per month and 15+ scripts per month. Based on clinical evaluation of this adjustment, we established thresholds of reduction of 2 scripts per month for those over 15 scripts per month and removal of 1 script for those in the 10-14 category. We developed pharmacy managed care efficiency adjustments by rate cell to reflect mix differences by therapeutic class due to the age, gender, and morbidity of the applicable rate cell. We assumed a reduction of scripts based on the median cost per script.

The composite impact of these adjustments by population and category of service is listed in Figure 17.

FIGURE 17: STATE FISCAL YEAR 2018 AND 2019 MANAGED CARE EFFICIENCIES

MCE Adjustment Category	Managed Care Utilization	Managed Care Cost	Managed Care Total
CSHCN			
Inpatient	0.9914	1.0007	0.9921
Emergency Room	0.9419	1.0317	0.9718
Office Visits	1.0096	1.0000	1.0096
Rad/Path/Lab	1.0053	1.0000	1.0053
Pharmacy	1.0000	0.9989	0.9989
Rlte Care			
Inpatient	0.9937	1.0015	0.9952
Emergency Room	0.9160	1.0436	0.9560
Office Visits	1.0119	1.0000	1.0119
Rad/Path/Lab	1.0043	1.0000	1.0043
Pharmacy	1.0000	0.9985	0.9985
Medicaid Expansion			
Inpatient	0.9886	1.0032	0.9918
Emergency Room	0.9429	1.0267	0.9680
Office Visits	1.0080	1.0000	1.0080
Rad/Path/Lab	1.0050	1.0000	1.0050
Pharmacy	1.0000	0.9976	0.9976
Rhody Health Partners			
Inpatient	0.9876	1.0012	0.9888
Emergency Room	0.9429	1.0275	0.9689
Office Visits	1.0090	1.0000	1.0090
Rad/Path/Lab	1.0054	1.0000	1.0054
Pharmacy	1.0000	0.9959	0.9959
SOBRA			
Inpatient	1.0000	0.9977	0.9977
Emergency Room	1.0000	1.0000	1.0000
Office Visits	1.0000	1.0000	1.0000
Rad/Path/Lab	1.0000	1.0000	1.0000

FRAUD, WASTE, AND ABUSE SAVINGS

In addition to the managed care efficiency savings identified by the processes outlined above, we estimated that savings could be generated by identifying opportunities to reduce fraud, waste, and abuse. This adjustment is reflective of opportunities for cost reductions available to the MCOs outside of the managed care efficiencies explicitly measured and described above. Total medical expenses across all rate cells were reduced by 0.5% to account for potential Fraud, Waste, and Abuse savings, consistent with the SFY 2020 capitation rate development. The fraud, waste, and abuse reduction is not included in the values in Figure 17.

(b) Material changes to the data, assumptions, and methodologies

The data, assumptions, and methodologies utilized in the developing the projected benefit costs for the SFY 2021 capitation rate setting is generally consistent with the SFY 2020 capitation rate development. Any changes relative to the SFY 2020 rate certification are described this document.

(c) Overpayments to providers

Overpayments to providers recouped outside the MCOs' claims system were removed from the base experience as previously described.

iii. Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2018 and SFY 2019) to the SFY 2021 rating period of this certification. We evaluated prospective trend rates using historical experience for the Medicaid managed care program, as well as external data sources.

(a) Required elements

(i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included three years of cost and utilization experience, from SFY 2017 through the base experience data period (SFY 2019).

External data sources that were referenced for evaluating trend rates developed from the base data include:

- *National Health Expenditure (NHE) projections* developed by the CMS office of the actuary², specifically those related to Medicaid.
- *2018 Actuarial Report on the Financial Outlook for Medicaid*³
- *Magellan Rx Medicaid Pharmacy Trend Report*⁴.
- *Other sources:* We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2021).

MEDICAL TRENDS

For medical trends, historical utilization and PMPM cost data was stratified by month, rate cell, and category of service. The data was adjusted for completion and normalized for historical population morbidity changes. Historical experience was adjusted for the retrospective program adjustments described in Section I.2.B.iii.d. The SFY 2017 experience was additionally adjusted for the home care wage increase effective July 1, 2017.

We reviewed multiple regression models, month-over-month, and year-over year trends when developing the prospective trend estimates. The resulting utilization per 1,000 and PMPM data points were compared to historical experience, internal sources from other managed care programs, and federal Medicaid cost projections. We used the resulting analysis, along with actuarial judgment, to estimate the prospective trend rates from the midpoint of the base period to the midpoint of the rating period.

Prospective trend adjustments included consideration for the mandated Article 9 price trends. Hospital inpatient facility, hospital outpatient facility, and nursing home reimbursement trends are specified in Rhode Island legislation *Article 9, relating to Health and Human Services*. Figure 18 illustrates the annual Article 9 price trends. The SFY 2018 factor was applied with the previously described retrospective trend, and the SFY 2019 and SFY 2020 factors are the basis of the prospective trends illustrated in Figure 19.

FIGURE 18: ANNUAL ARTICLE 9 PRICE TREND FACTORS

Service Category	SFY 2018	SFY 2019	SFY 2020
Inpatient Hospital	1.0210	1.0720	1.0260
Outpatient Hospital	1.0210	1.0720	1.0260
Nursing Home	1.0112	1.0100	1.0205
Hospice	1.0112	1.0100	1.0205

² <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccounprojected.html>

³ <https://www.cms.gov/files/document/2018-report.pdf>

⁴ <https://www.1.magellanrx.com/documents/2019/09/2019-medicaid-pharmacy-trend-report.pdf>

Article 9 price trends are linked to either CMS market basket updates or legislatively mandated changes.

In addition, we considered the impact of COVID-19 on the estimated utilization and service mix for the covered population in SFY 2021. While emerging experience the Rhode Island Medicaid managed care program is limited, we reviewed other data sources including The Commonwealth Fund analysis on outpatient care and the Kaiser Family Foundation analysis on hospital admissions. Based on this review, we estimated that SFY 2021 utilization and service cost was approaching consistency with pre-pandemic levels (although possibly with certain offsetting service type impacts within a major category of service) and did not include an explicit utilization or cost trend adjustment for the COVID-19 pandemic. We note that there continues to be significant uncertainty around the impact of COVID-19 on the capitation rates presented in this report.

In SFY 2021, COVID-19 vaccines will be paid for and provided by the federal government, and professional administration fees paid by the MCOs will be fully reimbursed through a non-risk payment for COVID-19 vaccine administration. As a result, no adjustment is made for the cost of COVID-19 vaccinations in SFY 2021.

PHARMACY TRENDS

We utilized a Medicaid pharmacy projection model (trend model) for the purposes of studying and estimating detailed pharmacy trend information. The trend model summarizes pharmacy claims data by month, drug type (brand, generic, specialty brand, and specialty generic), covered population, and therapeutic class (according to GPI-4 assignments). Projected values were estimated using the base period data as a starting point and applying anticipated shifts and trends. There are several areas for consideration.

Brand patent loss

When a brand drug loses patent, the utilization often shifts from the brand drug to the new generic alternatives. Our model assumes effective dates of patent expirations and a shift in utilization as a result of patent loss.

Cost per script trends

Projected cost per script in the first month of the projection period are based on the average cost per script in the most recent three months of the experience period, adjusted for any anomalies in the data. These costs are trended forward using separate cost trend assumptions by therapeutic class for brand, generic, and specialty products.

The cost per script trends were based on a study of historical data. We analyzed the annual trends over the past several quarters, using a fixed market basket of drugs from the managed care program's pharmacy claims experience for all populations combined. We used public industry trend reports to validate these unit cost trends. Our cost trends accounted for a combination of anticipated price increases on existing products as well as the impact of new pipeline products entering the market up through the rating period.

Changes in utilization

Utilization levels for the first month of the projection period are based on the average utilization in the most recent six months of the experience period, adjusted for any anomalies in the data. We applied monthly utilization trends to this starting point to estimate the projection period utilization. To develop utilization trend assumptions, we relied on a combination of Milliman research, publicly available industry trend reports, and the historical utilization trends developed using encounter data. Monthly seasonality is accounted for in our trend development.

(iii) Comparisons

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We did not solely rely on the historical MCO encounter data trend experience due to anomalies observed in the historical trend data. We referred to the sources listed in the prior section as well as considered changing practice patterns and the impact of reimbursement changes on utilization.

(iv) Chosen trend rates

The trend rates chosen are illustrated below in Section I.3.B.iii.(b), by population and service category. There were no outlier trends or negative trends.

(b) Benefit cost trend components

This section includes the projected benefit cost trends by population and category of service. Figure 19 illustrates the price change component of the trend by population and category of service.

FIGURE 19: ANNUALIZED UNIT COST TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	4.9%	4.9%	4.9%	1.0%	1.0%	1.5%	1.0%	3.0%
Rlte Care <15	4.9%	4.9%	4.9%	1.0%	1.0%	1.5%	1.5%	3.0%
Rlte Care 15+	4.9%	4.9%	4.9%	1.0%	1.0%	1.5%	1.5%	6.5%
EFP	4.9%	4.9%	4.9%	1.0%	1.0%	1.5%	1.5%	2.0%
Medicaid Expansion	4.9%	4.9%	4.9%	1.5%	1.0%	1.5%	1.5%	6.5%
Rhody Health Partners	4.9%	4.9%	4.9%	0.5%	1.5%	1.5%	1.5%	6.5%
SOBRA	4.9%	4.9%	4.9%	0.5%	2.0%	1.5%	1.5%	0.0%

Figure 20 illustrates the utilization component of the trend.

FIGURE 20: ANNUALIZED UTILIZATION TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	0.5%	1.5%	0.5%	1.5%	1.0%	0.5%	1.0%	1.5%
Rlte Care <15	0.5%	1.0%	0.5%	1.5%	1.0%	0.5%	1.0%	1.5%
Rlte Care 15+	1.0%	1.0%	1.0%	1.5%	1.0%	0.5%	1.0%	1.0%
EFP	0.0%	0.5%	0.5%	1.0%	1.0%	0.5%	1.0%	1.0%
Medicaid Expansion	0.5%	1.0%	0.5%	1.0%	1.0%	0.5%	1.0%	1.0%
Rhody Health Partners	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	1.0%	1.5%
SOBRA	0.0%	0.5%	0.5%	1.0%	0.5%	0.5%	1.0%	0.0%

(c) Variation

(i) Medicaid populations

To limit the variation in benefit cost that is present across the Medicaid population as a whole, we developed trends by population category and major category of service. Trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

(ii) Rate cells

We split out several populations by rate cell, to appropriately reflect the material difference in rate cell morbidity. The Rite Care population was split into Rlte Care Children (up to age 15), Rlte Care Adults (over age 15), EFP, and SOBRA.

(iii) Subsets of benefits within a category of services

For the pharmacy trend assumption development, we further reviewed experience for specialty, brand and generic drugs, and combined this review with consideration of brand name drugs that have had or are anticipated to have generic launches during the time period encompassing the SFY 2018 and SFY 2019 base period through the projection period (SFY 2021). The variation that occurs between these high-level prescription drug stratifications and further within each major population category contributes to the variation in the pharmacy trend assumptions applied across the managed care program in the SFY 2021 capitation rate development.

(d) Material adjustments

We adjusted the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources.

For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the sources identified to develop prospective trend.

As noted previously, the cost trend for the Inpatient Hospital, Outpatient Hospital, Emergency Room, and Nursing Home and Hospice service categories were prescribed by Article 9.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost. The capitation rates have an explicit adjustment for the managed care efficiencies.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than regular utilization or unit cost. Adjustments for prospective program adjustments described in Section I.3.B.ii.

iv. Mental Health Parity and Addiction Equity Act Service Adjustment

The projected benefit cost does not include any services deemed by the state necessary to accommodate parity compliance.

v. In Lieu of Services

As discussed in Section I.3.A.iv, the projected benefit costs do not include costs for in-lieu-of services defined at 42 CFR 438.3(e)(2).

vi. Retrospective Eligibility Periods

(a) MCO responsibility

The MCOs are not responsible for retrospective eligibility periods. Coverage in the managed care program does not begin until a member is enrolled in an MCO.

(b) Claims treatment

MCOs are not responsible for claims incurred before enrollment in the managed care program. The base data experience is consistent with this requirement.

(c) Enrollment treatment

Enrollment is treated consistently with claims. We have not included retrospective eligibility in the base experience period.

(d) Adjustments

No explicit retroactive enrollment adjustment was applied for the SFY 2021 rate setting.

vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the July 2019 through June 2020 rating period.

(a) Change to covered benefits

There were no material changes to covered benefits compared to the previous certification.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the MCOs in their FDCR responses, and an adjustment was applied to reflect any such recoveries.

(c) Change to payment requirements

There were no material changes to requirements for provider payment compared to the previous certification.

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of Material Changes

There were no material changes to covered benefits and services compared to the previous certification.

4. Special Contract Provisions Related to Payment

A. INCENTIVE ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the incentive payment structure in the Medicaid managed care program.

ii. Appropriate Documentation

Incentive payments under this plan are below 105% of the certified capitation rates paid under the contract. EOHHS operates the following incentive program for its MCOs.

- **Health System Transformation Program:** The Health System Transformation Program invests in the development of certified accountable entities through the approval of the Rhode Island 1115 waiver Special Terms and Conditions. Incentive payments for the development of accountable entities will be funded via an incentive payment to the MCOs with EOHHS approval. MCOs may be eligible for incentive payment under this program up to the PMPM illustrated in the figure below.

FIGURE 21: MAXIMUM INCENTIVE PAYMENT (PMPM)

Population	SFY 2021 Composite Rates	105% of Capitation Rates	Maximum Incentive Payment
CSHCN	\$ 1,119.26	\$ 1,175.22	\$ 55.96
Rlte Care	292.76	307.40	14.64
Medicaid Expansion	612.79	643.43	30.64
Rhody Health Partners	1,801.21	1,891.27	90.06

Note: Health System Transformation Program incentive payments do not include the SOBRA or extended family planning rate cells.

The sum of the incentive payments does not exceed 105% of the certified capitation rates.

B. WITHHOLD ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the withhold arrangement in the Medicaid managed care program.

ii. Appropriate Documentation

(a) Description of the Withhold Arrangement

(i) Time period and purpose

The Alternative Payment Methodology (APM) withhold will continue in SFY 2021. Withhold metrics will be reviewed and paid on a quarterly basis.

(ii) Description of total percentage withheld

The withhold will remain at 0.5% in SFY 2021 and be returned in accordance to the "Alternative Payment Methodology Requirements for Each Contract Period" of the MCO contract. The withhold does not apply to the Rlte Care Extended Family Planning or SOBRA capitation rates.

(iii) Estimate of percent to be returned

Based on discussion with EOHHS, we believe that a full withhold return is attainable by the MCOs.

(iv) Reasonableness of withhold arrangement

Our review of the total withhold percentage of 0.5% of capitation revenue indicates that it is reasonable within the context of the capitation rate development and the magnitude of the withhold does not have a detrimental impact on the MCO's financial operating needs and capital reserves. Our interpretation of financial operating needs relates to cash flow needs for the MCO to pay claims and administer benefits for its covered population.

(v) Effect on the capitation rates

The effect of the withhold was considered when developing and reviewing the overall adequacy of the capitation rates. No explicit adjustment was made to the capitation rates to reflect the impact of the withhold.

(b) Rate certification consideration of withhold

The rate certification, with consideration for the portion of the withhold that is not reasonably achievable, is included in Appendix 1.

C. RISK SHARING MECHANISMS**i. Rate Development Standards**

This section provides documentation of the risk-sharing mechanisms in the Medicaid managed care program.

ii. Appropriate Documentation**(a) Description of Risk-sharing Mechanism**

The Rhode Island Medicaid managed care program includes the following risk-sharing mechanisms in SFY 2021.

- Risk-sharing arrangement
- Transplant stop loss program

(i) Risk sharing rationale

The risk sharing mechanisms in the Rhode Island Medicaid managed care program address potential claims volatility and other risk for MCOs participating in the managed care program.

(ii) Risk sharing implementation

The risk-sharing arrangement will be maintained in SFY 2021. The risk corridors parameters for the SFY 2021 contract year are included in the figure below.

FIGURE 22: RISK CORRIDOR PARAMETERS

Risk Sharing Provisions	Plan Share of Expenses	EOHHS Share of Expenses
For Medical Expenses between 100% and 103% of Baseline	100%	0%
For Medical Expenses between 103% and 105% of Baseline	40%	60%
For Medical Expenses greater than 105% of Baseline	10%	90%
Gain Sharing Provisions	Plan Share of Gains	EOHHS Share of gains
For Medical Expenses between 97% and 100% of Baseline	100%	0%
For Medical Expenses between 97% and 95% of Baseline	40%	60%
For Medical Expenses less than 95% of Baseline	10%	90%

The baseline medical expenses consist of the base benefit expense, Care Transformation Collaborative adjustment, detoxification case management, and care coordination. Care coordination expenditures reported by the MCOs for purposes of the risk sharing calculation are limited to the care coordination capitation revenue received by the MCO.

Additionally, EOHHS will continue to provide stop loss coverage for transplant procedures for the Rte Care and Children with Special Healthcare Needs populations in SFY 2021.

Consistent with SFY 2018 and SFY 2019, EOHHS will reimburse MCOs for 90% of the incurred transplant costs. The transplant stop loss recoveries reported in SFY 2018 and SFY 2019 were netted against the base experience, as described in Section I.2.B.iii.b.

(iii) Impact on capitation rate development

The risk-sharing mechanisms incorporated in the Rhode Island Medicaid managed care program reduce the overall MCO financial volatility and risk. The aggregate impact of the risk-sharing mechanisms was considered when developing the non-benefit expense load as discussed in Section I.5.B.ii.

(iv) Attestation of the use of generally accepted actuarial principles and practices

The SFY 2021 risk sharing and stop loss provisions were developed in accordance with generally accepted actuarial principles and practices.

(b) Medical Loss Ratio

(i) Methodology

The medical loss ratio for SFY 2021 will be reported to CMS in accordance with 42 CFR 438.8.

(ii) Formula for Remittance/Payment

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

(iii) Financial consequences

There are no financial consequences associated with MLR requirements.

(c) Reinsurance Requirements and Effect on Capitation Rates

(i) Description of reinsurance requirements

EOHHS requires the MCOs to obtain reinsurance coverage from a source other than EOHHS. The level at which the MCO establishes reinsurance must be consistent with sound business practices under the financial condition of the MCO. EOHHS reserves the right to review the reinsurance coverage and to require changes to that coverage in the form of lower thresholds if considered necessary based on the MCO's overall financial condition.

(ii) Effect on capitation rates

The SFY 2021 capitation rates were adjusted for the effect of reinsurance. Reinsurance premiums reported by the MCOs via the FDCRs were included in the capitation rate development base data, and the base data was likewise reduced for reinsurance recoveries.

(iii) Attestation of the use of generally accepted actuarial principles and practices

The reinsurance arrangement was reflected in the capitation rate development in accordance with generally accepted actuarial principles and practices.

(iv) Reinsurance premium development

The reinsurance coverage is purchased by the MCOs from a source other than EOHHS. EOHHS is not responsible for the premium development.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES

i. Rate Development Standards

The capitation rates were developed consistent with the inpatient hospital and outpatient hospital directed payments arrangements outlined in preprint materials to be submitted by EOHHS.

ii. Appropriate Documentation

(a) Delivery system and provider payment initiatives

(i) Description delivery system and provider payment initiatives

The inpatient hospital and outpatient hospital directed payments are both uniform percentage increases. Reimbursement for inpatient and outpatient hospital services was increased by a uniform 2.6% effective July 1, 2020

(ii) Effect on capitation rates

The inpatient hospital and outpatient hospital directed payment increases affect all rate cells. The inpatient and outpatient hospital reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii.

The payment is made under a §438.6(c) directed payment arrangement under review by CMS. The payment arrangement was accounted for in the capitation rate development in a manner consistent with the preprint that will be submitted to CMS.

(iii) Separate payment term

The directed payments are not incorporated as a separate payment term.

E. PASS-THROUGH PAYMENTS

i. Rate Development Standards

There are no pass-through payments reflected in the SFY 2021 capitation rates.

ii. Appropriate Documentation

There are no pass-through payments reflected in the SFY 2021 capitation rates.

5. Projected non-benefit costs

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to MCO operation of the Medicaid managed care program. Section I, item 5 provides documentation of the data, assumptions and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

ii. PMPM versus percentage

The non-benefit costs were developed as both a PMPM and a percentage of the capitation rate. The Care Transformation Collaborative adjustment, detoxification case management, and the State-Supplied Vaccine Program (vaccine assessment) were developed as PMPM amounts. The care coordination, administrative cost allowance, risk margin, and premium tax amounts were developed as a percentage of the capitation rate.

iii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iv. Health insurance providers fee

Detail regarding the health insurance providers fee is provided in Section I, item 5.B.iii below.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

DATA

The following items were considered in determining the appropriate administrative payment to the MCOs:

- MCO administrative requirements as specified in the contract;
- MCO financial information contained in NAIC financial statement data;
- MCO administrative costs and financial considerations reported in the FDCR and MCO Survey;
- MCO historical administrative efficiency in relation to industry norms by expense category;
- Average administrative costs from the financial statements of Medicaid health plans nationally; and,
- Base claims cost.

We used historical program costs and projections provided by EOHHS to develop the PMPM amounts for Care Transformation Collaborative, detoxification case management, and the vaccine assessment.

ASSUMPTIONS AND METHODOLOGY

In developing the administrative cost allowances, we reviewed historical administrative expenses for the program along with national Medicaid health plan administrative expenses. We considered the size of the health plans and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of the population. The final assumptions were based on our actuarial judgement and not formulaically derived

We did not develop administrative expenses from the ground up (based on individual components). However, individual components were reviewed within financial statement data. Care coordination expense was separately allocated from the general administrative cost allowance and is considered as a component of the baseline medical expense for purposes of risk share reporting.

In addition to care coordination and administrative costs, the development of actuarial sound capitation rates considers the following other program components:

- **Care Transformation Collaborative:** MCOs are required to participate in the Care Transformation Collaborative of Rhode Island (CTC) to promote accessible, comprehensive, coordinated care. The SFY 2021 PMPM add-on for CTC is based on SFY 2021 projections provided by CTC. The projections were reviewed for reasonability in their development and in total magnitude. The CTC amounts are included as a component of the baseline medical expense for purposes of risk share reporting.
- **Alcohol and Drug Detoxification Case Management:** MCOs are required to provide case management for beneficiaries discharged from Level IV alcohol and drug detoxification programs. Level IV alcohol and drug detoxification case management is estimated to total approximately \$1.5 million in SFY 2021 and is distributed by rate cell based on SFY 2018 and SFY 2019 substance abuse expenditures at Level IV alcohol and drug detoxification programs.
- **State-Supplied Vaccine Program (vaccine assessment):** Amounts for the vaccine assessment are included in the rate development as a PMPM add-on amount. The assessment is \$3.34 for adults ages 19 and over.
- **Premium Tax:** MCOs operating in the Rhode Island are subject to a 2.0% premium tax, which is included in the rate development.

Figure 23 illustrates the PMPM add-on amounts for CTC, detoxification case management, and the vaccine assessment.

FIGURE 23: PMPM ADD-ONS

Population	CTC	Detoxification Case Management	Vaccine Assessment
CSHCN	\$ 1.29	\$ 0.00	\$ 0.52
Rlte Care	0.99	0.09	1.11
Medicaid Expansion	0.00	0.91	3.18
Rhody Health Partners	0.00	2.31	3.18
SOBRA	0.00	0.00	0.00

Note: Amounts are composited based on estimated SFY 2021 enrollment.

(b) Material changes

The data, assumptions, and methodology used to develop the projected non-benefit cost are generally consistent with the SFY 2020 rate development. The non-benefit costs collected through the FDCR represent a new data source for the development of the SFY 2021 capitation rates. Non-benefit costs reported in the FDCR are stratified by population and high-level expense type. We modified the administrative cost load percentages based on this additional level of granularity. Prior non-benefit expense assumptions are fully described within the SFY 2020 rate certification report.

(c) Other material adjustments

There are no other material non-benefit expense adjustments not described within this section.

ii. Non-benefit costs, by cost category

Administrative expenses have not been developed from the ground up (based on individual components). However, individual components were reviewed within MCO cost reports and financial statement data. The care coordination, administrative cost, and risk margin are illustrated as a percentage of the capitation effective rate (less the CTC and detoxification case management PMPM add-ons). Premium tax is applied as a percentage of the total capitation. The SFY 2020 non-benefit expense percentages are illustrated in Figure 24 below.

FIGURE 24: NON-BENEFIT EXPENSE LOADS

Population	Care Coordination	Administrative Cost	Risk Margin	Premium Tax
CSHCN - Adoption/Sub Care	1.0%	9.0%	1.5%	2.0%
CSHCN - Other	1.0%	7.0%	1.5%	2.0%
Rlte Care – 15+	1.0%	6.5%	1.5%	2.0%
Rlte Care - <15	1.0%	7.5%	1.5%	2.0%
Rlte Care - EFP	1.0%	10.0%	1.5%	2.0%
Medicaid Expansion	1.0%	7.0%	1.5%	2.0%
Rhody Health Partners	1.0%	6.0%	1.5%	2.0%
SOBRA	0.5%	2.0%	1.5%	2.0%

iii. Health insurance providers fee

(a) Whether the fee is incorporated in the rates

No health insurance provider fee is anticipated to be owed for the SFY 2021 rating period following the repeal of the health insurance provider fee starting in fee year 2021, per the Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502.

6. Risk Adjustment and Acuity Adjustments

This section provides information on the risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(g), we will follow the rate development standards related to budget-neutral risk adjustment for the Medicaid managed care program. The capitation rates will be prospectively risk adjusted by MCO to reflect estimated prospective morbidity differences in the underlying population enrolling with each MCO.

The remainder of this section outlines the intended approach to risk adjusting the SFY 2021 capitation rates. Certain issues such as data quality, MCO size, or risk differences not quantified by the approach outlined below may result in adjustments to the proposed methodology. All adjustments will be in accordance with our review of the risk adjustment data, results, and methodology and will be developed in accordance with generally accepted actuarial principles and practices.

ii. Risk adjustment model

Risk adjustment will be performed using CDPS + Rx version 6.4. Risk adjustment will be performed on a budget neutral basis at the rate cell level. Children less than one year old, the extended family planning population, delivery kick payments, and the CSHCN substitute care rate cell will be excluded from the risk adjustment process.

iii. Acuity adjustments

All acuity adjustments are applied on a prospective basis and are described in Section I.3.B.ii.(a) "Prospective Program and Policy Adjustments". These acuity adjustments are included in the certified capitation rates documented in this report.

B. APPROPRIATE DOCUMENTATION

i. Prospective risk adjustment

(a) Data and adjustments

The SFY 2021 rate period will be risk adjusted based on a diagnosis and prescription drug collection period including incurred (dispensed) dates in SFY 2019, consistent with the base data used for capitation rate development. The risk adjustment diagnosis base data will exclude diagnosis codes associated with diagnostic testing and certain medical supply codes. An adjustment will be made to reflect the exclusion of hepatitis C drug costs due to these drugs being covered under a non-risk payment. Prospective risk scores will be applied to the SFY 2021 capitation rates in total. We will calculate normalized rates on a budget neutral basis for each MCO.

(b) Risk adjustment model

The capitation rates will be risk-adjusted using CDPS+Rx risk scoring models. We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(c) Risk adjustment methodology

Risk adjustment is designed to be cost neutral for each population. Relative risk scores will be normalized to result in a composite risk score of 1.000 for each population group. The risk adjustment methodology uses generally accepted actuarial principles and practices.

(d) Magnitude of the adjustment

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(e) Assessment of predictive value

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(f) Any concerns the actuary has with the risk adjustment process

At this time, we have no concerns with the risk adjustment process. We will further vet the data and methodology during the risk adjustment process.

ii. Retrospective risk adjustment

Not applicable. The risk adjustment analysis will utilize a prospective methodology.

iii. Changes to risk adjustment model since last rating period

(a) Changes made since the last rating period

Risk adjustment was performed on the SFY 2020 capitation rates using the MedicaidRx (MRx) risk adjustment model. MRx was selected for use due to the completeness of pharmacy claims data as compared to medical diagnosis data. We observed inconsistencies in the reporting of diagnosis codes on medical claims, which we believed would influence risk adjustment results using the Chronic Illness & Disability Payment System (CDPS). We are working with EOHHS and the MCOs to resolve these data inconsistencies so that the CDPS + Rx model may be used for the SFY 2021 rating period.

(b) Budget neutrality

Risk adjustment is designed to be cost neutral for each population.

iv. Acuity adjustments

A retrospective acuity adjustment is not planned for the SFY 2021 rating year.

Section II. Medicaid Managed care rates with long-term services and supports

Section II of the CMS Guide is not applicable to the populations covered under this rate certification. Managed long-term services and supports (MLTSS) populations are generally excluded from the program. The state operates a Rhody Health Options Medicare-Medicaid Plan (MMP) that is outlined in a separate capitation rate certification document. Long-term services and supports for the Rhody Health Partners population are reimbursed by EOHHS on a fee-for-service basis.

Section III. New adult group capitation rates

EOHHS implemented the Affordable Care Act's Medicaid expansion on January 1, 2014. As of July 2019, approximately 71,000 individuals receive Medicaid benefits through MCOs in Rhode Island's Medicaid Expansion population.

1. Data

A. DATA USED IN CERTIFICATION

The source of data used to develop the Medicaid Expansion capitation rates for SFY 2021 the same source of data used in the development of rates for the Rite Care, CSHCN, and Rhody Health Partners populations, as outlined in Section I.2.B.ii.

B. DESCRIPTION OF EMERGING DATA

i. New data available for rate setting

No new data sources were available for purposes of the SFY 2021 capitation rate development, with exception of the FDCR submissions. The FDCR submissions largely replaced information previously provided through the MCO survey and risk share general ledger reports. Emerging Medicaid Expansion data was used in the SFY 2021 capitation rate development.

ii. Monitoring of experience

EOHHS has monitored enrollment and costs in the Medicaid Expansion population on an on-going basis. MCOs routinely submit financial experience for purposes of the risk share reporting.

iii. Comparison to previous rate certifications

Figure 25 provides a comparison of actual SFY 2019 experience by rate cell used in the SFY 2021 capitation rate development relative to SFY 2019 projections in the SFY 2019 Medicaid Expansion capitation rates.

FIGURE 25: RECONCILIATION OF SFY 2019 ASSUMED BENEFIT EXPENSE TO ACTUAL BENEFIT EXPENSE

Rate Cell	Estimated Member Months	Actual Member Months	Difference	Estimated Benefit Expense PMPM	Actual Benefit Expense PMPM	Difference
ME - F 19-24	97,512	86,726	(11.1%)	\$ 234.22	\$ 240.65	2.7%
ME - F 25-29	55,992	47,175	(15.7%)	326.67	349.67	7.0%
ME - F 30-39	49,848	46,738	(6.2%)	509.98	530.73	4.1%
ME - F 40-49	55,836	50,458	(9.6%)	582.53	689.35	18.3%
ME - F 50-64	148,908	132,679	(10.9%)	571.60	638.92	11.8%
ME - M 19-24	103,692	91,011	(12.2%)	176.91	164.70	(6.9%)
ME - M 25-29	81,348	70,040	(13.9%)	301.50	315.94	4.8%
ME - M 30-39	106,104	98,032	(7.6%)	431.13	467.34	8.4%
ME - M 40-49	74,328	68,940	(7.2%)	583.19	606.27	4.0%
ME - M 50-64	125,196	112,791	(9.9%)	637.42	684.91	7.5%
Composite	898,764	804,590	(10.5%)	\$ 440.56	\$ 476.90	8.2%

Note: Actual benefit expense PMPMs are inclusive of pharmacy administrative spread amounts, as administrative spread is removed via repricing of the pharmacy experience to AWP discounts in the SFY 2021 rate development. These amounts are not included in the estimated benefit expense PMPMs utilized in the SFY 2019 rate development.

As Figure 25 illustrates, actual MCO-covered member months were approximately 10.5% below values estimated in the development of the SFY 2019 rates. On an aggregate basis, actual benefit expense PMPM was approximately 8.2% higher than estimated benefit expense assumed in the capitation rate development.

iv. Adjustment to current rates

An explicit adjustment was not made for differences between projected and actual experience in previous rating periods; emerging experience was utilized to re-base the Medicaid Expansion rates for the SFY 2021 capitation rate development.

2. Projected Benefit Costs

A. DESCRIPTION OF PROJECTED BENEFIT COST ISSUES

SFY 2019 Medicaid Expansion population experience, in the form of adjusted encounter data, is used as the underlying data source for the development of the SFY 2021 capitation rates. In developing the adjusted base data for the SFY 2021 capitation rates, we also used SFY 2018 experience to strengthen the credibility of the base data. We have documented this in Figure 12 of the report.

Discussion of other assumption changes is provided in the next section.

i. For states that covered the new adult group in previous rating periods

(a) Data specific to newly eligible adults

There was no data specific to newly eligible adults utilized in the capitation rate development other than the FDCR submissions.

(b) Changes in data sources, assumptions, or methodologies

There were no changes to the data sources, assumptions, or methodologies used to develop projected benefit costs that was specific to the Medicaid Expansion population that was not previously outlined in this report.

(c) Assumption changes from previous rating periods

(i) Acuity adjustments

An adjustment was made for changing expansion morbidity associated with decreased enrollment in the SFY 2020 rate development. All SFY 2021 acuity adjustments are applied on a prospective basis and are described in Section I.3.B.ii.(a) "Prospective Program and Policy Adjustments" with the Medicaid Expansion population separately illustrated. These acuity adjustments are included in the certified capitation rates documented in this report.

(ii) Adjustments for pent-up demand

Consistent with the SFY 2020 rate setting, an explicit pent-up demand adjustment was not made for the Medicaid Expansion population.

(iii) Adjustment for adverse selection

Consistent with the SFY 2020 rate setting, an explicit adverse selection adjustment was not made for the Medicaid Expansion population.

(iv) Adjustment for demographics

Consistent with the SFY 2020 rate setting, an explicit demographic adjustment was not made for the Medicaid Expansion population. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the MCOs to the extent the demographic mix of the population changes significantly during the SFY 2021 rate period.

(v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2020 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

(vi) Other material adjustments

Consistent with the SFY 2020 rate setting, there are no other material adjustments.

B. KEY ASSUMPTIONS

All key assumptions are described within this report.

C. CHANGES TO BENEFIT PLAN

No benefit changes have been made to the Medicaid Expansion benefit plan.

D. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

We did not make any other adjustments in the Medicaid Expansion rate development process other than those previously outlined in the report.

3. Projected Non-Benefit Costs

A. DESCRIPTION OF ISSUES

i. Changes in data sources, assumptions, or methodologies

The data sources, assumptions, and methodologies utilized in the development of the non-benefit expense component of the capitation rates is outlined in Section I.5.B.

ii. Assumption changes for previous rating periods

Figure 26 illustrates the non-benefit expense assumptions for the SFY 2021 capitation rates relative to the SFY 2020 capitation rate development.

FIGURE 26: MEDICAID EXPANSION NON-BENEFIT EXPENSE ASSUMPTIONS

Non-Benefit Expenses	SFY 2020	SFY 2021
Admin	7.0%	7.0%
Care Coordination	1.0%	1.0%
Subtotal Non-Benefit Expense	8.0%	8.0%
Risk Margin	1.5%	1.5%
Total Non-Benefit Expense (Excluding Fees and Taxes)	9.5%	9.5%

B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 24 provides the non-benefit expense assumptions for the Medicaid Expansion population and other populations administered by EOHHS. Any differences among assumptions according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

4. Final Certified Rates or Rate Ranges

A. CMS REQUESTS

i. Comparison to Previous Certification

Appendix 6 illustrates a comparison of the SFY 2020 and SFY 2021 capitation rates.

ii. Description of Other Material Changes to the Capitation Rates

All material changes to the Medicaid Expansion rate development methodology are outlined in this report.

5. Risk Mitigation Strategies

A. DESCRIPTION OF RISK MITIGATION STRATEGY

The Medicaid expansion population is included in the risk mitigation programs outlined in Section I.4 and Section I.6 consistently with all other populations. There are no risk mitigation strategies specific to the Medicaid Expansion population.

B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

There are no risk mitigation strategies specific to the Medicaid Expansion population.

Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the methodology and data sources anticipated to be used for developing the certified state fiscal year (SFY) 2021 capitation rates for the Rhode Island Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with managed care organizations (MCO) participating in the managed care program and the Centers for Medicare and Medicaid Services (CMS). Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to develop the SFY 2021 Medicaid managed care capitation rates. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by EOHHS and the MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the data sources outlined in the body of this report. The models, including all input, calculations, and output may not be appropriate for any other purpose.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

At the time of this report, we acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated January 12, 2021.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Appendix 1: Actuarial Certification

**State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rates
Medicaid Managed Care**

Actuarial Certification

I, Jason A. Clarkson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been contracted by the State of Rhode Island, Executive Office of Health and Human Services to perform an actuarial review and certification regarding the development of capitation rates for the Medicaid Managed Care program effective July 1, 2020. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the MCO for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:


"Medicaid capitation rates are 'actuarially sound' if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."

The assumptions used in the development of the "actuarially sound" capitation rates have been documented in my correspondence with the State of Rhode Island. The "actuarially sound" capitation rates that are associated with this certification are effective for state fiscal year 2021. The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned.

The "actuarially sound" capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the "actuarially sound" capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

I acknowledge that the state may elect to amend the capitation rates in accordance with 42 CFR 438.7(c)(3), which indicates that a capitation rate certification is not required for adjustments that increase or decrease capitation rates by 1.5% or less. The capitation rates developed may not be appropriate for any specific managed care plan. An individual managed care plan will need to review the rates in relation to the benefits that it will be obligated to provide. The managed care plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The managed care plan may require rates above, equal to, or below the "actuarially sound" capitation rates that are associated with this certification.



Jason A. Clarkson, FSA
Member, American Academy of Actuaries

February 5, 2021
Date

Appendix 2: SFY 2018 Base Data Development

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rate Development
Medicaid Managed Care Program
Retrospective Rate Development Model - SFY 2018

Rate Cell: RC - MF<1											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 66,599	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	995.8	\$ 2,058.83	\$ 170.85	\$ 0.00	\$ (1.28)	\$ 0.85	\$ 3.58	1,000.8	\$ 2,086.41	\$ 174.00
Inpatient Well Newborn	Days	1,652.9	760.26	104.72	-	(0.79)	0.52	2.20	1,661.1	770.44	106.65
Inpatient MH/SA	Days	10.1	1,288.52	1.08	-	(0.01)	0.01	0.02	10.2	1,300.34	1.10
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.3	614.54	0.22	-	-	-	-	4.3	614.54	0.22
Subtotal Inpatient Hospital				\$ 276.87							\$ 281.97
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,031.9	\$ 358.98	\$ 30.87	\$ 0.00	\$ (0.02)	\$ 0.16	\$ 0.65	1,037.3	\$ 366.27	\$ 31.66
Outpatient Surgery	Visits	38.0	1,466.80	4.65	-	-	0.04	0.10	38.4	1,498.08	4.79
Outpatient Radiology	Procedures	196.9	148.72	2.44	-	-	0.02	0.05	198.5	151.75	2.51
Outpatient Pathology/Lab	Procedures	1,402.8	59.71	6.98	-	-	0.07	0.14	1,416.9	60.89	7.19
Outpatient Pharmacy	Procedures	112.6	199.37	1.87	-	-	0.02	0.04	113.8	203.59	1.93
Outpatient MH/SA	Visits	64.6	144.87	0.78	-	-	0.01	0.01	65.4	146.70	0.80
Other Outpatient	Procedures	901.4	133.25	10.01	-	(0.01)	0.11	0.21	911.4	135.89	10.32
Subtotal Outpatient Hospital				\$ 57.60							\$ 59.20
Professional											
Inpatient and Outpatient Surgery	Procedures	506.8	\$ 228.51	\$ 9.65	\$ 0.00	\$ 0.00	\$ 0.14	\$ 0.10	514.1	\$ 230.84	\$ 9.89
Anesthesia	Procedures	96.3	420.15	3.37	-	-	0.05	0.03	97.7	423.83	3.45
Inpatient Visits	Visits	1,600.3	142.85	19.05	-	-	0.29	0.19	1,624.7	144.25	19.53
MH/SA	Visits	101.6	567.00	4.80	-	-	0.07	0.05	103.1	572.82	4.92
Emergency Room	Visits	1,128.4	68.17	6.41	-	-	0.09	0.07	1,144.3	68.90	6.57
Office/Home Visits/Consults	Visits	6,037.5	62.19	31.29	-	0.16	0.47	0.32	6,128.2	63.13	32.24
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,161.1	12.20	1.18	-	-	0.02	0.01	1,180.7	12.30	1.21
Radiology	Procedures	927.0	16.31	1.26	-	-	0.02	0.01	941.7	16.44	1.29
Office Administered Drugs	Procedures	44.3	5.42	0.02	-	-	-	-	44.3	5.42	0.02
Physical Exams	Visits	8,538.5	79.95	56.89	-	0.23	0.85	0.58	8,666.1	81.07	58.55
Therapy	Visits	61.0	76.75	0.39	-	-	0.01	-	62.5	76.75	0.40
Vision	Visits	130.3	48.80	0.53	-	-	0.01	-	132.8	48.80	0.54
Other Professional	Procedures	3,171.8	67.42	17.82	-	-	0.27	0.18	3,219.9	68.09	18.27
Subtotal Professional				\$ 152.66							\$ 156.88
Retail Pharmacy											
Retail Pharmacy	Scripts	6,462.5	\$ 23.42	\$ 12.61	\$ 0.00	\$ (0.83)	\$ 0.18	\$ 0.36	6,554.7	\$ 22.55	\$ 12.32
Subtotal Retail Pharmacy				\$ 12.61							\$ 12.32
Ancillary											
Transportation	Trips	73.4	\$ 109.48	\$ 0.67	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	74.5	\$ 109.48	\$ 0.68
DME/Prosthetics	Procedures	362.5	174.79	5.28	-	-	0.05	0.05	365.9	176.43	5.38
Hospice	Days	1.4	261.73	0.03	-	-	-	-	1.4	261.73	0.03
Subtotal Ancillary				\$ 5.98							\$ 6.09
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	5.3	338.31	0.15	-	-	-	-	5.3	338.31	0.15
Case Management	Procedures	320.3	50.58	1.35	-	-	0.01	0.02	322.7	51.32	1.38
Subtotal LTSS				\$ 1.50							\$ 1.53
Total Medical Costs				\$ 507.22							\$ 517.99

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rate Development
Medicaid Managed Care Program
Retrospective Rate Development Model - SFY 2018

Rate Cell: RC - MF 1-5											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 355,184 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	47.5	\$ 2,528.99	\$ 10.01	\$ 0.25	\$ (0.08)	\$ 0.05	\$ 0.22	48.9	\$ 2,563.33	\$ 10.45
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	9.5	1,220.53	0.97	0.02	-	-	0.02	9.7	1,245.19	1.01
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.1	2,847.03	0.02	-	-	-	-	0.1	2,847.03	0.02
Subtotal Inpatient Hospital				\$ 11.00							\$ 11.48
Outpatient Hospital											
Outpatient Emergency Room	Visits	567.6	\$ 381.59	\$ 18.05	\$ 0.45	\$ (0.01)	\$ 0.09	\$ 0.39	584.6	\$ 389.39	\$ 18.97
Outpatient Surgery	Visits	54.5	1,708.81	7.76	0.19	-	0.08	0.17	56.4	1,744.99	8.20
Outpatient Radiology	Procedures	73.5	177.96	1.09	0.03	-	0.01	0.02	76.2	181.11	1.15
Outpatient Pathology/Lab	Procedures	990.1	37.45	3.09	0.08	-	0.03	0.06	1,025.3	38.15	3.26
Outpatient Pharmacy	Procedures	59.7	594.56	2.96	0.07	-	0.03	0.07	61.8	608.16	3.13
Outpatient MH/SA	Visits	109.8	250.17	2.29	0.06	-	0.02	0.05	113.7	255.45	2.42
Other Outpatient	Procedures	416.3	129.70	4.50	0.11	-	0.05	0.09	431.2	132.20	4.75
Subtotal Outpatient Hospital				\$ 39.74							\$ 41.88
Professional											
Inpatient and Outpatient Surgery	Procedures	145.0	\$ 158.08	\$ 1.91	\$ 0.05	\$ 0.00	\$ 0.03	\$ 0.02	151.1	\$ 159.67	\$ 2.01
Anesthesia	Procedures	96.6	136.67	1.10	0.03	-	0.01	0.02	100.1	139.07	1.16
Inpatient Visits	Visits	72.7	183.32	1.11	0.03	-	0.02	0.01	75.9	184.90	1.17
MH/SA	Visits	591.3	152.60	7.52	0.19	-	0.11	0.08	614.9	154.16	7.90
Emergency Room	Visits	523.9	64.36	2.81	0.07	-	0.04	0.03	544.4	65.03	2.95
Office/Home Visits/Consults	Visits	3,081.8	61.76	15.86	0.40	0.07	0.25	0.16	3,208.1	62.62	16.74
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,395.0	12.65	1.47	0.04	-	0.02	0.01	1,451.9	12.73	1.54
Radiology	Procedures	260.6	15.65	0.34	0.01	-	-	0.01	268.3	16.10	0.36
Office Administered Drugs	Procedures	23.7	15.22	0.03	-	-	-	-	23.7	15.22	0.03
Physical Exams	Visits	1,748.2	70.22	10.23	0.26	0.04	0.16	0.11	1,819.9	71.21	10.80
Therapy	Visits	65.5	76.91	0.42	0.01	-	0.01	-	68.6	76.91	0.44
Vision	Visits	244.6	64.28	1.31	0.03	-	0.02	0.02	253.9	65.23	1.38
Other Professional	Procedures	2,377.5	78.28	15.51	0.80	-	0.25	0.16	2,538.4	79.04	16.72
Subtotal Professional				\$ 59.62							\$ 63.20
Retail Pharmacy											
Retail Pharmacy	Scripts	5,972.0	\$ 27.91	\$ 13.89	\$ 0.35	\$ (0.94)	\$ 0.20	\$ 0.41	6,208.5	\$ 26.89	\$ 13.91
Subtotal Retail Pharmacy				\$ 13.89							\$ 13.91
Ancillary											
Transportation	Trips	32.7	\$ 77.17	\$ 0.21	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	34.2	\$ 77.17	\$ 0.22
DME/Prosthetics	Procedures	149.3	99.65	1.24	0.03	-	0.01	0.02	154.1	101.20	1.30
Hospice	Days	0.2	520.56	0.01	-	-	-	-	0.2	520.56	0.01
Subtotal Ancillary				\$ 1.46							\$ 1.53
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	19.9	373.41	0.62	0.02	-	-	0.01	20.6	379.25	0.65
Case Management	Procedures	531.6	44.47	1.97	0.05	-	0.02	0.03	550.5	45.13	2.07
Subtotal LTSS				\$ 2.59							\$ 2.72
Total Medical Costs				\$ 128.30							\$ 134.72

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Rate Cell: RC - MF 6-14											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 578,682	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	29.4	\$ 2,754.36	\$ 6.74	\$ 0.17	\$ (0.05)	\$ 0.03	\$ 0.15	30.2	\$ 2,794.04	\$ 7.04
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	115.4	1,175.21	11.30	0.28	(0.08)	0.05	0.25	118.8	1,192.39	11.80
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.7	2,142.78	0.12	-	-	-	0.01	0.7	2,321.35	0.13
Subtotal Inpatient Hospital				\$ 18.16							\$ 18.97
Outpatient Hospital											
Outpatient Emergency Room	Visits	312.5	\$ 443.91	\$ 11.56	\$ 0.29	\$ (0.01)	\$ 0.06	\$ 0.25	322.0	\$ 452.86	\$ 12.15
Outpatient Surgery	Visits	28.6	1,507.26	3.59	0.09	-	0.03	0.08	29.5	1,539.76	3.79
Outpatient Radiology	Procedures	101.0	168.64	1.42	0.04	(0.01)	0.02	0.03	105.3	170.92	1.50
Outpatient Pathology/Lab	Procedures	924.1	37.92	2.92	0.07	-	0.03	0.06	955.7	38.67	3.08
Outpatient Pharmacy	Procedures	48.0	881.70	3.53	0.09	-	0.03	0.08	49.7	901.03	3.73
Outpatient MH/SA	Visits	88.2	537.37	3.95	0.10	-	0.04	0.08	91.3	547.88	4.17
Other Outpatient	Procedures	275.4	142.47	3.27	0.08	-	0.03	0.07	284.7	145.42	3.45
Subtotal Outpatient Hospital				\$ 30.24							\$ 31.87
Professional											
Inpatient and Outpatient Surgery	Procedures	145.3	\$ 146.97	\$ 1.78	\$ 0.04	\$ 0.00	\$ 0.03	\$ 0.02	151.0	\$ 148.56	\$ 1.87
Anesthesia	Procedures	57.0	136.85	0.65	0.02	-	0.01	-	59.6	136.85	0.68
Inpatient Visits	Visits	82.0	111.20	0.76	0.02	-	0.01	0.01	85.2	112.61	0.80
MH/SA	Visits	1,805.4	97.77	14.71	0.37	(0.01)	0.23	0.15	1,879.1	98.67	15.45
Emergency Room	Visits	308.6	69.21	1.78	0.04	-	0.03	0.02	320.7	69.96	1.87
Office/Home Visits/Consults	Visits	2,648.5	63.89	14.10	0.35	0.07	0.22	0.15	2,755.5	64.84	14.89
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,188.1	13.94	1.38	0.03	-	0.03	0.01	1,239.7	14.04	1.45
Radiology	Procedures	403.2	24.70	0.83	0.02	-	0.01	0.01	417.8	24.99	0.87
Office Administered Drugs	Procedures	18.3	510.25	0.78	0.02	-	0.01	0.01	19.0	516.55	0.82
Physical Exams	Visits	1,167.3	61.89	6.02	0.15	0.04	0.09	0.06	1,213.8	62.88	6.36
Therapy	Visits	125.4	53.60	0.56	0.01	-	0.01	0.01	129.8	54.53	0.59
Vision	Visits	604.8	84.93	4.28	0.11	-	0.06	0.05	628.8	85.88	4.50
Other Professional	Procedures	1,709.9	34.25	4.88	0.39	-	0.08	0.05	1,874.6	34.57	5.40
Subtotal Professional				\$ 52.51							\$ 55.55
Retail Pharmacy											
Retail Pharmacy	Scripts	4,699.3	\$ 60.16	\$ 23.56	\$ 0.59	\$ (1.58)	\$ 0.34	\$ 0.68	4,884.8	\$ 57.95	\$ 23.59
Subtotal Retail Pharmacy				\$ 23.56							\$ 23.59
Ancillary											
Transportation	Trips	37.6	\$ 82.89	\$ 0.26	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	39.1	\$ 82.89	\$ 0.27
DME/Prosthetics	Procedures	168.4	106.21	1.49	0.04	-	0.01	0.02	174.0	107.59	1.56
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.75							\$ 1.83
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	284.0	98.03	2.32	0.06	-	0.02	0.04	293.8	99.67	2.44
Case Management	Procedures	230.5	24.47	0.47	0.02	(0.01)	0.01	0.01	245.2	24.47	0.50
Subtotal LTSS				\$ 2.79							\$ 2.94
Total Medical Costs				\$ 129.01							\$ 134.75

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Rate Cell: RC - M 15-44											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 222,571	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	104.1	\$ 2,358.61	\$ 20.46	\$ 0.51	\$ (0.16)	\$ 0.21	\$ 0.44	107.8	\$ 2,389.79	\$ 21.46
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	164.7	826.24	11.34	0.28	(0.08)	0.11	0.25	170.4	838.22	11.90
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.2	817.14	0.22	0.01	(0.01)	0.01	-	3.5	783.09	0.23
Subtotal Inpatient Hospital				\$ 32.02							\$ 33.59
Outpatient Hospital											
Outpatient Emergency Room	Visits	422.6	\$ 493.24	\$ 17.37	\$ 0.43	\$ 0.00	\$ 0.17	\$ 0.38	437.2	\$ 503.67	\$ 18.35
Outpatient Surgery	Visits	55.7	1,691.23	7.85	0.20	(0.01)	0.08	0.17	57.7	1,724.52	8.29
Outpatient Radiology	Procedures	130.1	215.82	2.34	0.06	-	0.02	0.05	134.6	220.28	2.47
Outpatient Pathology/Lab	Procedures	1,744.7	39.75	5.78	0.14	-	0.06	0.13	1,805.1	40.62	6.11
Outpatient Pharmacy	Procedures	97.8	1,044.59	8.51	0.21	-	0.09	0.18	101.2	1,065.93	8.99
Outpatient MH/SA	Visits	96.3	398.70	3.20	0.08	-	0.03	0.07	99.6	407.13	3.38
Other Outpatient	Procedures	293.4	141.94	3.47	0.09	(0.01)	0.04	0.08	304.4	144.70	3.67
Subtotal Outpatient Hospital				\$ 48.52							\$ 51.26
Professional											
Inpatient and Outpatient Surgery	Procedures	268.8	\$ 205.35	\$ 4.60	\$ 0.12	\$ (0.01)	\$ 0.07	\$ 0.05	279.9	\$ 207.07	\$ 4.83
Anesthesia	Procedures	83.0	173.41	1.20	0.03	-	0.02	0.01	86.5	174.80	1.26
Inpatient Visits	Visits	215.3	109.24	1.96	0.05	-	0.03	0.02	224.1	110.31	2.06
MH/SA	Visits	3,021.7	63.54	16.00	0.40	-	0.24	0.17	3,142.5	64.19	16.81
Emergency Room	Visits	426.0	78.03	2.77	0.07	-	0.04	0.03	442.9	78.84	2.91
Office/Home Visits/Consults	Visits	2,612.1	63.95	13.92	0.35	0.04	0.21	0.15	2,717.2	64.79	14.67
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,852.3	25.65	3.96	0.10	-	0.06	0.04	1,927.2	25.90	4.16
Radiology	Procedures	822.2	38.24	2.62	0.07	(0.01)	0.04	0.03	856.7	38.52	2.75
Office Administered Drugs	Procedures	116.9	153.92	1.50	0.04	-	0.02	0.02	121.6	155.89	1.58
Physical Exams	Visits	695.5	60.39	3.50	0.09	0.02	0.05	0.04	723.3	61.38	3.70
Therapy	Visits	445.3	59.02	2.19	0.05	-	0.04	0.02	463.6	59.54	2.30
Vision	Visits	375.6	78.91	2.47	0.06	-	0.04	0.02	390.8	79.52	2.59
Other Professional	Procedures	1,483.1	30.67	3.79	0.15	-	0.06	0.04	1,565.2	30.97	4.04
Subtotal Professional				\$ 60.48							\$ 63.66
Retail Pharmacy											
Retail Pharmacy	Scripts	6,929.6	\$ 66.69	\$ 38.51	\$ 0.96	\$ (2.58)	\$ 0.37	\$ 2.42	7,169.0	\$ 66.42	\$ 39.68
Subtotal Retail Pharmacy				\$ 38.51							\$ 39.68
Ancillary											
Transportation	Trips	76.3	\$ 78.67	\$ 0.50	\$ 0.01	\$ 0.00	\$ 0.01	\$ 0.00	79.3	\$ 78.67	\$ 0.52
DME/Prosthetics	Procedures	328.9	94.49	2.59	0.06	-	0.03	0.03	340.4	95.55	2.71
Hospice	Days	5.8	144.92	0.07	-	-	-	-	5.8	144.92	0.07
Subtotal Ancillary				\$ 3.16							\$ 3.30
LTSS											
Nursing Home	Days	2.1	\$ 290.64	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.1	\$ 290.64	\$ 0.05
HCBS	Procedures	298.9	87.11	2.17	0.05	-	0.03	0.03	310.0	88.27	2.28
Case Management	Procedures	192.9	21.15	0.34	0.01	-	-	0.01	198.6	21.76	0.36
Subtotal LTSS				\$ 2.56							\$ 2.69
Total Medical Costs				\$ 185.25							\$ 194.18

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Rate Cell: RC - F 15-44											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 526,512 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	127.2	\$ 2,452.33	\$ 25.99	\$ 0.65	\$ (0.20)	\$ 0.26	\$ 0.57	131.6	\$ 2,486.07	\$ 27.27
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	267.9	695.51	15.53	0.39	(0.12)	0.16	0.33	277.4	704.60	16.29
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	13.4	583.76	0.65	0.02	(0.01)	0.01	0.01	14.0	583.76	0.68
Subtotal Inpatient Hospital				\$ 42.17							\$ 44.24
Outpatient Hospital											
Outpatient Emergency Room	Visits	651.5	\$ 513.16	\$ 27.86	\$ 0.70	\$ (0.02)	\$ 0.29	\$ 0.60	674.6	\$ 523.48	\$ 29.43
Outpatient Surgery	Visits	95.4	1,856.70	14.76	0.37	(0.01)	0.15	0.32	98.8	1,894.37	15.59
Outpatient Radiology	Procedures	276.2	247.24	5.69	0.14	-	0.06	0.12	285.9	252.28	6.01
Outpatient Pathology/Lab	Procedures	4,817.0	42.77	17.17	0.43	(0.01)	0.18	0.37	4,988.2	43.64	18.14
Outpatient Pharmacy	Procedures	269.2	412.30	9.25	0.23	-	0.09	0.20	278.5	420.91	9.77
Outpatient MH/SA	Visits	144.6	429.75	5.18	0.13	-	0.05	0.11	149.7	438.57	5.47
Other Outpatient	Procedures	559.4	122.48	5.71	0.14	-	0.06	0.12	579.0	124.97	6.03
Subtotal Outpatient Hospital				\$ 85.62							\$ 90.44
Professional											
Inpatient and Outpatient Surgery	Procedures	448.9	\$ 200.24	\$ 7.49	\$ 0.19	\$ (0.01)	\$ 0.12	\$ 0.08	467.4	\$ 202.04	\$ 7.87
Anesthesia	Procedures	141.8	140.46	1.66	0.04	-	0.03	0.01	147.8	141.27	1.74
Inpatient Visits	Visits	286.5	92.97	2.22	0.06	(0.01)	0.04	0.02	299.5	93.37	2.33
MH/SA	Visits	3,830.7	70.61	22.54	0.56	-	0.34	0.24	3,983.7	71.33	23.68
Emergency Room	Visits	714.9	79.39	4.73	0.12	-	0.07	0.05	743.6	80.20	4.97
Office/Home Visits/Consults	Visits	5,107.9	62.02	26.40	0.66	0.03	0.41	0.27	5,314.9	62.70	27.77
Maternity	Procedures	7.8	46.09	0.03	-	-	-	-	7.8	46.09	0.03
Pathology/Lab	Procedures	4,290.1	22.82	8.16	0.20	-	0.13	0.08	4,463.6	23.04	8.57
Radiology	Procedures	1,474.9	45.40	5.58	0.14	-	0.08	0.06	1,533.1	45.87	5.86
Office Administered Drugs	Procedures	348.4	108.51	3.15	0.08	-	0.05	0.03	362.7	109.50	3.31
Physical Exams	Visits	970.7	55.87	4.52	0.11	0.01	0.07	0.05	1,009.4	56.59	4.76
Therapy	Visits	651.0	56.04	3.04	0.08	-	0.04	0.03	676.7	56.57	3.19
Vision	Visits	497.7	78.36	3.25	0.08	-	0.05	0.03	517.6	79.06	3.41
Other Professional	Procedures	1,333.2	75.70	8.41	0.23	(0.01)	0.13	0.09	1,390.3	76.39	8.85
Subtotal Professional				\$ 101.18							\$ 106.34
Retail Pharmacy											
Retail Pharmacy	Scripts	14,436.1	\$ 44.60	\$ 53.65	\$ 1.34	\$ (3.60)	\$ 0.51	\$ 3.38	14,933.9	\$ 44.42	\$ 55.28
Subtotal Retail Pharmacy				\$ 53.65							\$ 55.28
Ancillary											
Transportation	Trips	132.8	\$ 74.12	\$ 0.82	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.01	137.6	\$ 74.99	\$ 0.86
DME/Prosthetics	Procedures	268.5	105.48	2.36	0.06	-	0.02	0.03	277.6	106.77	2.47
Hospice	Days	2.3	205.64	0.04	-	-	-	-	2.3	205.64	0.04
Subtotal Ancillary				\$ 3.22							\$ 3.37
LTSS											
Nursing Home	Days	8.3	\$ 288.90	\$ 0.20	\$ 0.01	\$ (0.01)	\$ 0.01	\$ 0.00	9.1	\$ 275.77	\$ 0.21
HCBS	Procedures	112.1	87.80	0.82	0.02	-	0.01	0.01	116.2	88.84	0.86
Case Management	Procedures	112.0	28.93	0.27	0.01	-	-	-	116.1	28.93	0.28
Subtotal LTSS				\$ 1.29							\$ 1.35
Total Medical Costs				\$ 287.13							\$ 301.02

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Rate Cell: RC - MF 45+											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 114,274 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	363.2	\$ 2,269.56	\$ 68.69	\$ 1.72	\$ (0.53)	\$ 0.70	\$ 1.48	376.0	\$ 2,299.88	\$ 72.06
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	119.7	715.06	7.13	0.18	(0.06)	0.08	0.15	124.0	723.76	7.48
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	31.5	388.74	1.02	0.03	(0.01)	0.01	0.02	32.7	392.41	1.07
Subtotal Inpatient Hospital				\$ 76.84							\$ 80.61
Outpatient Hospital											
Outpatient Emergency Room	Visits	484.8	\$ 576.54	\$ 23.29	\$ 0.58	\$ (0.01)	\$ 0.24	\$ 0.50	501.8	\$ 588.26	\$ 24.60
Outpatient Surgery	Visits	246.9	1,440.74	29.64	0.74	(0.01)	0.30	0.64	255.5	1,470.32	31.31
Outpatient Radiology	Procedures	600.7	267.68	13.40	0.33	-	0.14	0.29	621.8	273.27	14.16
Outpatient Pathology/Lab	Procedures	5,507.8	32.38	14.86	0.37	(0.01)	0.16	0.32	5,704.3	33.03	15.70
Outpatient Pharmacy	Procedures	460.7	438.10	16.82	0.42	(0.01)	0.17	0.37	476.9	447.16	17.77
Outpatient MH/SA	Visits	78.2	336.26	2.19	0.05	-	0.03	0.04	81.0	342.19	2.31
Other Outpatient	Procedures	1,130.1	123.81	11.66	0.29	-	0.11	0.26	1,168.9	126.48	12.32
Subtotal Outpatient Hospital				\$ 111.86							\$ 118.17
Professional											
Inpatient and Outpatient Surgery	Procedures	903.3	\$ 208.84	\$ 15.72	\$ 0.39	\$ 0.00	\$ 0.24	\$ 0.16	939.5	\$ 210.88	\$ 16.51
Anesthesia	Procedures	255.5	125.41	2.67	0.07	-	0.04	0.02	266.0	126.31	2.80
Inpatient Visits	Visits	405.1	82.64	2.79	0.07	-	0.04	0.03	421.1	83.50	2.93
MH/SA	Visits	2,847.6	75.05	17.81	0.45	(0.01)	0.27	0.19	2,962.7	75.78	18.71
Emergency Room	Visits	543.2	85.27	3.86	0.10	-	0.05	0.04	564.3	86.12	4.05
Office/Home Visits/Consults	Visits	6,229.9	64.22	33.34	0.83	(0.01)	0.52	0.34	6,482.2	64.83	35.02
Maternity	Procedures	0.2	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,091.7	20.39	8.65	0.22	(0.01)	0.14	0.09	5,303.6	20.57	9.09
Radiology	Procedures	2,399.9	57.70	11.54	0.29	(0.01)	0.18	0.12	2,497.6	58.23	12.12
Office Administered Drugs	Procedures	335.2	179.37	5.01	0.13	(0.01)	0.08	0.05	349.2	180.75	5.26
Physical Exams	Visits	941.9	58.73	4.61	0.12	(0.01)	0.07	0.05	980.8	59.22	4.84
Therapy	Visits	1,429.3	55.75	6.64	0.17	(0.01)	0.11	0.07	1,489.5	56.23	6.98
Vision	Visits	604.0	70.93	3.57	0.09	-	0.05	0.04	627.7	71.70	3.75
Other Professional	Procedures	2,082.6	51.05	8.86	0.22	-	0.13	0.10	2,164.8	51.61	9.31
Subtotal Professional				\$ 125.07							\$ 131.37
Retail Pharmacy											
Retail Pharmacy	Scripts	26,291.4	\$ 50.69	\$ 111.06	\$ 2.78	\$ (7.46)	\$ 1.06	\$ 6.99	27,200.5	\$ 50.48	\$ 114.43
Subtotal Retail Pharmacy				\$ 111.06							\$ 114.43
Ancillary											
Transportation	Trips	114.4	\$ 77.65	\$ 0.74	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.00	119.0	\$ 77.65	\$ 0.77
DME/Prosthetics	Procedures	791.4	89.46	5.90	0.15	-	0.06	0.06	819.6	90.34	6.17
Hospice	Days	19.0	158.26	0.25	0.01	-	-	-	19.7	158.26	0.26
Subtotal Ancillary				\$ 6.89							\$ 7.20
LTSS											
Nursing Home	Days	51.9	\$ 295.89	\$ 1.28	\$ 0.03	\$ 0.00	\$ 0.01	\$ 0.01	53.5	\$ 298.14	\$ 1.33
HCBS	Procedures	27.8	64.77	0.15	-	-	0.01	-	29.6	64.77	0.16
Case Management	Procedures	64.2	37.38	0.20	0.01	(0.01)	0.01	-	70.6	35.68	0.21
Subtotal LTSS				\$ 1.63							\$ 1.70
Total Medical Costs				\$ 433.35							\$ 453.48

State of Rhode Island
Executive Office of Health and Human Services
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Retrospective Rate Development Model - SFY 2018

Rate Cell: RC - EFP											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 12,041	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00							\$ 0.00
Outpatient Hospital											
Outpatient Emergency Room	Visits	14.8	\$ 696.18	\$ 0.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	14.8	\$ 712.37	\$ 0.88
Outpatient Surgery	Visits	1.7	709.16	0.10	-	-	-	-	1.7	709.16	0.10
Outpatient Radiology	Procedures	9.5	163.55	0.13	-	-	-	-	9.5	163.55	0.13
Outpatient Pathology/Lab	Procedures	581.9	53.00	2.57	-	-	0.01	0.06	584.2	54.23	2.64
Outpatient Pharmacy	Procedures	52.7	131.98	0.58	-	-	-	0.01	52.7	134.26	0.59
Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	71.8	177.16	1.06	-	-	-	0.03	71.8	182.18	1.09
Subtotal Outpatient Hospital				\$ 5.30							\$ 5.43
Professional											
Inpatient and Outpatient Surgery	Procedures	40.8	\$ 85.31	\$ 0.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	40.8	\$ 88.25	\$ 0.30
Anesthesia	Procedures	1.6	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	6.8	105.87	0.06	-	-	-	-	6.8	105.87	0.06
Emergency Room	Visits	15.6	92.40	0.12	-	-	-	-	15.6	92.40	0.12
Office/Home Visits/Consults	Visits	254.2	52.40	1.11	-	-	0.01	0.01	256.5	52.87	1.13
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	615.1	21.07	1.08	-	-	0.01	0.01	620.8	21.26	1.10
Radiology	Procedures	62.8	76.44	0.40	-	-	-	0.01	62.8	78.36	0.41
Office Administered Drugs	Procedures	137.4	46.29	0.53	-	-	0.01	-	140.0	46.29	0.54
Physical Exams	Visits	170.9	53.37	0.76	-	-	0.01	0.01	173.1	54.06	0.78
Therapy	Visits	8.9	53.83	0.04	-	-	-	-	8.9	53.83	0.04
Vision	Visits	4.9	73.74	0.03	-	-	-	-	4.9	73.74	0.03
Other Professional	Procedures	103.7	259.14	2.24	-	-	0.02	0.02	104.7	261.43	2.28
Subtotal Professional				\$ 6.66							\$ 6.79
Retail Pharmacy											
Retail Pharmacy	Scripts	1,093.1	\$ 33.92	\$ 3.09	\$ 0.00	\$ (0.20)	\$ 0.03	\$ 0.05	1,103.7	\$ 32.29	\$ 2.97
Subtotal Retail Pharmacy				\$ 3.09							\$ 2.97
Ancillary											
Transportation	Trips	1.0	\$ 592.70	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.0	\$ 592.70	\$ 0.05
DME/Prosthetics	Procedures	1.0	-	-	-	-	-	-	-	-	-
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.05							\$ 0.05
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00							\$ 0.00
Total Medical Costs				\$ 15.10							\$ 15.24

State of Rhode Island
Executive Office of Health and Human Services
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Retrospective Rate Development Model - SFY 2018

Rate Cell: CSHCN - Adoption Subsidy											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 23,286	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	100.8	\$ 2,577.42	\$ 21.66	\$ 1.95	\$ (0.03)	\$ 0.12	\$ 0.49	110.5	\$ 2,627.39	\$ 24.19
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,246.4	1,161.82	120.67	10.86	(0.17)	0.66	2.77	1,365.3	1,184.67	134.79
Inpatient Maternity Delivery	Days	3.7	920.30	0.28	0.03	(0.01)	0.01	-	4.2	891.54	0.31
Other Inpatient	Days	50.8	822.13	3.48	0.31	-	0.02	0.08	55.6	839.39	3.89
Subtotal Inpatient Hospital				\$ 146.09							\$ 163.18
Outpatient Hospital											
Outpatient Emergency Room	Visits	324.2	\$ 517.89	\$ 13.99	\$ 1.26	\$ (0.01)	\$ 0.08	\$ 0.32	355.2	\$ 528.37	\$ 15.64
Outpatient Surgery	Visits	45.2	1,802.42	6.79	0.61	-	0.11	0.16	50.0	1,840.82	7.67
Outpatient Radiology	Procedures	161.1	319.60	4.29	0.39	(0.01)	0.07	0.10	178.3	325.65	4.84
Outpatient Pathology/Lab	Procedures	1,631.1	45.98	6.25	0.56	-	0.10	0.15	1,803.3	46.98	7.06
Outpatient Pharmacy	Procedures	105.9	522.32	4.61	0.41	-	0.08	0.11	117.2	533.59	5.21
Outpatient MH/SA	Visits	466.1	433.53	16.84	1.52	(0.01)	0.27	0.39	515.7	442.37	19.01
Other Outpatient	Procedures	794.0	115.46	7.64	0.69	(0.01)	0.13	0.18	879.3	117.78	8.63
Subtotal Outpatient Hospital				\$ 60.41							\$ 68.06
Professional											
Inpatient and Outpatient Surgery	Procedures	191.4	\$ 202.48	\$ 3.23	\$ 0.29	\$ 0.00	\$ 0.05	\$ 0.04	211.6	\$ 204.75	\$ 3.61
Anesthesia	Procedures	82.7	149.37	1.03	0.09	-	0.02	0.01	91.6	150.68	1.15
Inpatient Visits	Visits	321.7	127.56	3.42	0.31	-	0.05	0.04	355.6	128.91	3.82
MH/SA	Visits	5,856.7	93.80	45.78	4.12	-	0.74	0.51	6,478.5	94.74	51.15
Emergency Room	Visits	357.8	95.24	2.84	0.26	-	0.04	0.03	395.6	96.15	3.17
Office/Home Visits/Consults	Visits	3,380.9	73.47	20.70	1.86	0.06	0.34	0.23	3,740.2	74.40	23.19
Maternity	Procedures	5.8	290.06	0.14	0.01	-	-	0.01	6.2	309.40	0.16
Pathology/Lab	Procedures	1,341.5	18.16	2.03	0.18	-	0.04	0.02	1,486.8	18.32	2.27
Radiology	Procedures	511.0	30.29	1.29	0.12	-	0.02	0.01	566.5	30.51	1.44
Office Administered Drugs	Procedures	65.7	41.99	0.23	0.02	-	-	0.01	71.4	43.67	0.26
Physical Exams	Visits	965.9	73.92	5.95	0.54	0.02	0.10	0.06	1,069.8	74.82	6.67
Therapy	Visits	209.9	57.73	1.01	0.09	-	0.02	0.01	232.8	58.25	1.13
Vision	Visits	535.6	84.91	3.79	0.34	-	0.06	0.04	592.1	85.72	4.23
Other Professional	Procedures	15,649.5	35.95	46.88	5.40	(0.01)	0.79	0.53	17,715.8	36.30	53.59
Subtotal Professional				\$ 138.32							\$ 155.84
Retail Pharmacy											
Retail Pharmacy	Scripts	11,389.6	\$ 51.82	\$ 49.18	\$ 4.43	\$ (3.46)	\$ 0.75	\$ 1.53	12,589.3	\$ 49.98	\$ 52.43
Subtotal Retail Pharmacy				\$ 49.18							\$ 52.43
Ancillary											
Transportation	Trips	114.6	\$ 85.84	\$ 0.82	\$ 0.07	\$ 0.00	\$ 0.01	\$ 0.01	125.8	\$ 86.79	\$ 0.91
DME/Prosthetics	Procedures	922.4	208.68	16.04	1.44	-	0.17	0.18	1,015.0	210.80	17.83
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 16.86							\$ 18.74
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	3,967.3	104.41	34.52	3.11	(0.01)	0.37	0.38	4,367.2	105.43	38.37
Case Management	Procedures	3,665.5	20.79	6.35	0.59	-	0.07	0.07	4,046.4	21.00	7.08
Subtotal LTSS				\$ 40.87							\$ 45.45
Total Medical Costs				\$ 451.73							\$ 503.70

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Rate Cell: CSHCN - Katie Beckett											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 1,311	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	878.4	\$ 5,295.41	\$ 387.61	\$ 34.88	\$ (0.54)	\$ 2.11	\$ 8.90	962.2	\$ 5,399.67	\$ 432.96
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,434.9	1,517.79	434.46	39.10	(0.61)	2.36	9.98	3,762.7	1,547.68	485.29
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 822.07							\$ 918.25
Outpatient Hospital											
Outpatient Emergency Room	Visits	413.7	\$ 630.82	\$ 21.75	\$ 1.96	\$ (0.01)	\$ 0.12	\$ 0.50	453.3	\$ 643.79	\$ 24.32
Outpatient Surgery	Visits	231.8	2,248.42	43.43	3.91	(0.02)	0.71	1.01	256.4	2,294.74	49.04
Outpatient Radiology	Procedures	562.8	214.28	10.05	0.90	-	0.16	0.24	622.2	218.91	11.35
Outpatient Pathology/Lab	Procedures	3,942.3	53.02	17.42	1.57	(0.01)	0.28	0.41	4,361.0	54.13	19.67
Outpatient Pharmacy	Procedures	212.5	347.31	6.15	0.55	-	0.10	0.14	235.0	354.46	6.94
Outpatient MH/SA	Visits	353.8	683.75	20.16	1.81	-	0.33	0.46	391.4	697.86	22.76
Other Outpatient	Procedures	5,530.6	127.13	58.59	5.27	(0.02)	0.96	1.36	6,118.6	129.75	66.16
Subtotal Outpatient Hospital				\$ 177.55							\$ 200.24
Professional											
Inpatient and Outpatient Surgery	Procedures	466.5	\$ 196.26	\$ 7.63	\$ 0.69	\$ 0.00	\$ 0.12	\$ 0.09	516.1	\$ 198.35	\$ 8.53
Anesthesia	Procedures	304.0	139.73	3.54	0.32	-	0.06	0.04	336.6	141.16	3.96
Inpatient Visits	Visits	1,381.6	196.47	22.62	2.04	(0.01)	0.37	0.25	1,528.8	198.35	25.27
MH/SA	Visits	17,464.4	100.44	146.17	13.16	(0.02)	2.39	1.62	19,322.3	101.43	163.32
Emergency Room	Visits	627.7	86.22	4.51	0.41	-	0.07	0.05	694.5	87.09	5.04
Office/Home Visits/Consults	Visits	5,071.8	82.57	34.90	3.14	0.27	0.57	0.39	5,610.9	83.99	39.27
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,726.2	11.75	1.69	0.15	-	0.03	0.02	1,910.1	11.87	1.89
Radiology	Procedures	1,805.7	36.48	5.49	0.49	-	0.09	0.06	1,996.4	36.85	6.13
Office Administered Drugs	Procedures	23.2	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	865.4	71.97	5.19	0.47	0.04	0.09	0.06	958.8	73.22	5.85
Therapy	Visits	2,093.2	57.79	10.08	0.91	-	0.16	0.11	2,315.4	58.36	11.26
Vision	Visits	497.4	85.16	3.53	0.32	-	0.06	0.03	551.0	85.81	3.94
Other Professional	Procedures	134,997.2	40.53	455.94	46.25	(0.05)	7.53	5.10	150,920.6	40.93	514.77
Subtotal Professional				\$ 701.29							\$ 789.23
Retail Pharmacy											
Retail Pharmacy	Scripts	25,398.1	\$ 183.52	\$ 388.42	\$ 34.96	\$ (27.31)	\$ 5.94	\$ 12.06	28,072.5	\$ 177.00	\$ 414.07
Subtotal Retail Pharmacy				\$ 388.42							\$ 414.07
Ancillary											
Transportation	Trips	255.0	\$ 178.84	\$ 3.80	\$ 0.34	\$ 0.00	\$ 0.04	\$ 0.04	280.5	\$ 180.56	\$ 4.22
DME/Prosthetics	Procedures	16,744.4	133.90	186.84	16.82	(0.07)	2.04	2.06	18,434.6	135.20	207.69
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 190.64							\$ 211.91
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	49,131.1	116.95	478.83	43.09	(0.15)	5.22	5.27	54,088.0	118.09	532.26
Case Management	Procedures	28,763.2	21.28	51.01	4.59	(0.02)	0.56	0.56	31,667.2	21.49	56.70
Subtotal LTSS				\$ 529.84							\$ 588.96
Total Medical Costs				\$ 2,809.81							\$ 3,122.66

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Rate Cell: CSHCN - SSI < 15											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 38,753 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	496.9	\$ 2,803.27	\$ 116.09	\$ 10.45	\$ (0.17)	\$ 0.64	\$ 2.66	544.4	\$ 2,858.15	\$ 129.67
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,394.5	1,346.68	156.50	14.09	(0.23)	0.86	3.59	1,527.8	1,373.07	174.81
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 272.59							\$ 304.48
Outpatient Hospital											
Outpatient Emergency Room	Visits	657.9	\$ 508.55	\$ 27.88	\$ 2.51	\$ (0.01)	\$ 0.15	\$ 0.64	720.6	\$ 519.04	\$ 31.17
Outpatient Surgery	Visits	127.6	2,417.21	25.71	2.31	(0.01)	0.42	0.60	141.2	2,467.35	29.03
Outpatient Radiology	Procedures	350.0	315.77	9.21	0.83	(0.01)	0.16	0.21	387.6	321.96	10.40
Outpatient Pathology/Lab	Procedures	3,216.1	56.53	15.15	1.36	-	0.24	0.36	3,555.7	57.74	17.11
Outpatient Pharmacy	Procedures	741.7	927.93	57.35	5.16	(0.02)	0.93	1.34	820.4	947.24	64.76
Outpatient MH/SA	Visits	482.7	586.16	23.58	2.12	(0.01)	0.39	0.54	534.1	598.07	26.62
Other Outpatient	Procedures	2,796.2	145.44	33.89	3.05	(0.01)	0.55	0.79	3,093.2	148.47	38.27
Subtotal Outpatient Hospital				\$ 192.77							\$ 217.36
Professional											
Inpatient and Outpatient Surgery	Procedures	366.4	\$ 317.07	\$ 9.68	\$ 0.87	\$ 0.00	\$ 0.16	\$ 0.11	405.3	\$ 320.32	\$ 10.82
Anesthesia	Procedures	290.0	256.99	6.21	0.56	-	0.10	0.07	320.8	259.61	6.94
Inpatient Visits	Visits	946.2	148.25	11.69	1.05	-	0.19	0.13	1,046.6	149.74	13.06
MH/SA	Visits	10,028.9	105.28	87.99	7.92	(0.01)	1.44	0.97	11,095.7	106.32	98.31
Emergency Room	Visits	753.1	83.49	5.24	0.47	-	0.09	0.05	833.6	84.21	5.85
Office/Home Visits/Consults	Visits	4,641.3	84.78	32.79	2.95	0.13	0.54	0.37	5,135.3	85.95	36.78
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,057.4	16.23	1.43	0.13	-	0.02	0.02	1,168.3	16.43	1.60
Radiology	Procedures	989.3	28.38	2.34	0.21	-	0.04	0.02	1,095.0	28.60	2.61
Office Administered Drugs	Procedures	89.8	1,906.41	14.26	1.28	-	0.23	0.16	99.3	1,925.75	15.93
Physical Exams	Visits	1,006.9	84.37	7.08	0.64	0.03	0.12	0.07	1,115.0	85.45	7.94
Therapy	Visits	437.2	74.38	2.71	0.24	-	0.05	0.03	484.0	75.13	3.03
Vision	Visits	659.7	90.04	4.95	0.45	(0.01)	0.09	0.05	731.7	90.70	5.53
Other Professional	Procedures	36,916.5	63.13	194.21	22.24	(0.02)	3.25	2.19	41,761.7	63.75	221.87
Subtotal Professional				\$ 380.58							\$ 430.27
Retail Pharmacy											
Retail Pharmacy	Scripts	17,019.0	\$ 110.16	\$ 156.24	\$ 14.06	\$ (10.98)	\$ 2.39	\$ 4.85	18,810.9	\$ 106.25	\$ 166.56
Subtotal Retail Pharmacy				\$ 156.24							\$ 166.56
Ancillary											
Transportation	Trips	226.7	\$ 73.57	\$ 1.39	\$ 0.13	\$ (0.01)	\$ 0.02	\$ 0.02	251.2	\$ 74.04	\$ 1.55
DME/Prosthetics	Procedures	3,594.9	185.70	55.63	5.01	(0.02)	0.60	0.62	3,957.4	187.52	61.84
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 57.02							\$ 63.39
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	8,772.5	125.93	92.06	8.29	(0.03)	1.00	1.01	9,657.8	127.15	102.33
Case Management	Procedures	8,607.6	26.63	19.10	1.79	(0.01)	0.21	0.21	9,509.0	26.88	21.30
Subtotal LTSS				\$ 111.16							\$ 123.63
Total Medical Costs				\$ 1,170.36							\$ 1,305.69

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Rate Cell: CSHCN - SSI >= 15											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 25,276	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	424.2	\$ 2,202.06	\$ 77.84	\$ 7.01	\$ (0.11)	\$ 0.42	\$ 1.79	464.7	\$ 2,245.45	\$ 86.95
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,433.8	1,270.93	257.77	23.20	(0.37)	1.41	5.92	2,666.2	1,295.91	287.93
Inpatient Maternity Delivery	Days	40.4	1,361.13	4.58	0.41	-	0.02	0.11	44.2	1,391.01	5.12
Other Inpatient	Days	180.7	516.62	7.78	0.70	(0.01)	0.04	0.18	197.9	526.92	8.69
Subtotal Inpatient Hospital				\$ 347.97							\$ 388.69
Outpatient Hospital											
Outpatient Emergency Room	Visits	972.4	\$ 496.96	\$ 40.27	\$ 3.62	\$ (0.01)	\$ 0.22	\$ 0.92	1,065.1	\$ 507.21	\$ 45.02
Outpatient Surgery	Visits	61.8	2,094.66	10.78	0.97	-	0.17	0.25	68.3	2,138.59	12.17
Outpatient Radiology	Procedures	268.7	188.46	4.22	0.38	-	0.07	0.09	297.4	192.10	4.76
Outpatient Pathology/Lab	Procedures	3,258.4	46.92	12.74	1.15	(0.01)	0.21	0.30	3,606.2	47.88	14.39
Outpatient Pharmacy	Procedures	174.3	389.78	5.66	0.51	-	0.09	0.13	192.7	397.87	6.39
Outpatient MH/SA	Visits	313.6	314.12	8.21	0.74	-	0.13	0.19	346.9	320.70	9.27
Other Outpatient	Procedures	839.7	162.06	11.34	1.02	-	0.18	0.26	928.5	165.42	12.80
Subtotal Outpatient Hospital				\$ 93.22							\$ 104.80
Professional											
Inpatient and Outpatient Surgery	Procedures	248.1	\$ 210.36	\$ 4.35	\$ 0.39	\$ 0.00	\$ 0.07	\$ 0.05	274.4	\$ 212.54	\$ 4.86
Anesthesia	Procedures	160.8	190.27	2.55	0.23	-	0.04	0.03	177.9	192.29	2.85
Inpatient Visits	Visits	1,214.7	106.30	10.76	0.97	-	0.17	0.12	1,343.4	107.37	12.02
MH/SA	Visits	6,940.5	108.74	62.89	5.66	(0.01)	1.03	0.70	7,678.8	109.81	70.27
Emergency Room	Visits	1,068.1	88.65	7.89	0.71	-	0.13	0.09	1,181.8	89.56	8.82
Office/Home Visits/Consults	Visits	4,071.3	78.20	26.53	2.39	0.09	0.44	0.29	4,505.6	79.21	29.74
Maternity	Procedures	72.6	284.15	1.72	0.15	-	0.03	0.02	80.2	287.14	1.92
Pathology/Lab	Procedures	2,145.8	25.61	4.58	0.41	-	0.08	0.05	2,375.3	25.87	5.12
Radiology	Procedures	1,223.8	29.91	3.05	0.27	-	0.05	0.04	1,352.2	30.26	3.41
Office Administered Drugs	Procedures	179.5	667.06	9.98	0.90	-	0.16	0.11	198.6	673.71	11.15
Physical Exams	Visits	699.8	75.80	4.42	0.40	0.02	0.07	0.05	774.2	76.88	4.96
Therapy	Visits	266.7	66.13	1.47	0.13	-	0.03	0.01	295.8	66.54	1.64
Vision	Visits	556.2	88.67	4.11	0.37	-	0.07	0.04	615.8	89.44	4.59
Other Professional	Procedures	27,618.3	28.99	66.71	6.78	(0.01)	1.11	0.74	30,884.8	29.27	75.33
Subtotal Professional				\$ 211.01							\$ 236.68
Retail Pharmacy											
Retail Pharmacy	Scripts	18,842.9	\$ 83.10	\$ 130.48	\$ 11.74	\$ (9.17)	\$ 2.00	\$ 4.05	20,827.1	\$ 80.15	\$ 139.10
Subtotal Retail Pharmacy				\$ 130.48							\$ 139.10
Ancillary											
Transportation	Trips	447.6	\$ 69.98	\$ 2.61	\$ 0.23	\$ 0.00	\$ 0.03	\$ 0.03	492.1	\$ 70.71	\$ 2.90
DME/Prosthetics	Procedures	1,556.8	158.17	20.52	1.85	(0.01)	0.22	0.23	1,713.9	159.71	22.81
Hospice	Days	0.5	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 23.13							\$ 25.71
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	10,249.2	90.14	76.99	6.93	(0.03)	0.84	0.85	11,283.6	91.01	85.58
Case Management	Procedures	4,645.7	24.49	9.48	0.87	-	0.11	0.10	5,125.9	24.72	10.56
Subtotal LTSS				\$ 86.47							\$ 96.14
Total Medical Costs				\$ 892.28							\$ 991.12

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Executive Office of Health and Human Services
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Rate Cell:											
CSHCN - Substitute Care											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 32,687	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	319.0	\$ 1,467.56	\$ 39.01	\$ 3.51	\$ (0.05)	\$ 0.21	\$ 0.89	349.4	\$ 1,496.41	\$ 43.57
Inpatient Well Newborn	Days	38.6	649.06	2.09	0.19	-	0.01	0.04	42.3	660.40	2.33
Inpatient MH/SA	Days	2,843.7	1,044.42	247.50	22.28	(0.36)	1.35	5.69	3,115.2	1,064.95	276.46
Inpatient Maternity Delivery	Days	66.1	1,220.30	6.72	0.60	-	0.03	0.16	72.3	1,246.86	7.51
Other Inpatient	Days	70.8	960.55	5.67	0.51	(0.01)	0.03	0.13	77.6	979.11	6.33
Subtotal Inpatient Hospital				\$ 300.99							\$ 336.20
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,066.1	\$ 426.06	\$ 37.85	\$ 3.41	\$ (0.02)	\$ 0.21	\$ 0.87	1,168.0	\$ 434.79	\$ 42.32
Outpatient Surgery	Visits	54.0	1,387.20	6.24	0.56	-	0.10	0.15	59.7	1,417.36	7.05
Outpatient Radiology	Procedures	189.0	161.92	2.55	0.23	-	0.04	0.06	209.0	165.36	2.88
Outpatient Pathology/Lab	Procedures	2,822.8	41.92	9.86	0.89	(0.01)	0.16	0.23	3,123.4	42.76	11.13
Outpatient Pharmacy	Procedures	106.3	224.72	1.99	0.18	-	0.03	0.05	117.5	229.83	2.25
Outpatient MH/SA	Visits	586.8	276.66	13.53	1.22	(0.01)	0.32	0.32	649.3	282.39	15.28
Other Outpatient	Procedures	633.6	109.86	5.80	0.52	-	0.09	0.14	700.2	112.26	6.55
Subtotal Outpatient Hospital				\$ 77.82							\$ 87.46
Professional											
Inpatient and Outpatient Surgery	Procedures	245.3	\$ 180.05	\$ 3.68	\$ 0.33	\$ 0.00	\$ 0.06	\$ 0.04	271.3	\$ 181.82	\$ 4.11
Anesthesia	Procedures	118.0	174.93	1.72	0.15	-	0.03	0.02	130.3	176.77	1.92
Inpatient Visits	Visits	789.2	116.33	7.65	0.69	-	0.12	0.09	872.7	117.56	8.55
MH/SA	Visits	7,684.1	101.23	64.82	5.83	-	1.06	0.71	8,500.9	102.23	72.42
Emergency Room	Visits	1,051.1	80.83	7.08	0.64	-	0.11	0.08	1,162.4	81.66	7.91
Office/Home Visits/Consults	Visits	5,048.8	66.31	27.90	2.51	-	0.45	0.31	5,584.5	66.98	31.17
Maternity	Procedures	53.6	532.66	2.38	0.21	-	0.04	0.03	59.3	538.73	2.66
Pathology/Lab	Procedures	3,056.2	29.41	7.49	0.67	-	0.13	0.08	3,382.6	29.69	8.37
Radiology	Procedures	931.8	28.33	2.20	0.20	-	0.03	0.03	1,029.3	28.68	2.46
Office Administered Drugs	Procedures	163.0	21.35	0.29	0.03	-	-	-	179.9	21.35	0.32
Physical Exams	Visits	2,054.5	65.54	11.22	1.01	-	0.18	0.13	2,272.4	66.22	12.54
Therapy	Visits	171.7	73.40	1.05	0.09	-	0.02	0.01	189.7	74.03	1.17
Vision	Visits	527.4	89.88	3.95	0.36	-	0.06	0.04	583.4	90.70	4.41
Other Professional	Procedures	5,901.6	76.58	37.66	3.87	-	0.62	0.42	6,605.2	77.34	42.57
Subtotal Professional				\$ 179.09							\$ 200.58
Retail Pharmacy											
Retail Pharmacy	Scripts	11,394.8	\$ 39.98	\$ 37.96	\$ 3.42	\$ (2.67)	\$ 0.58	\$ 1.18	12,595.5	\$ 38.56	\$ 40.47
Subtotal Retail Pharmacy				\$ 37.96							\$ 40.47
Ancillary											
Transportation	Trips	346.2	\$ 69.33	\$ 2.00	\$ 0.18	\$ 0.00	\$ 0.02	\$ 0.02	380.8	\$ 69.96	\$ 2.22
DME/Prosthetics	Procedures	461.5	120.66	4.64	0.42	-	0.05	0.05	508.2	121.84	5.16
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 6.64							\$ 7.38
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	608.4	94.67	4.80	0.43	-	0.05	0.06	669.3	95.74	5.34
Case Management	Procedures	1,779.1	36.76	5.45	0.49	-	0.06	0.06	1,958.7	37.13	6.06
Subtotal LTSS				\$ 10.25							\$ 11.40
Total Medical Costs				\$ 612.75							\$ 683.49

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Rate Cell: ME - F 19-24											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 90,099	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	95.5	\$ 2,062.88	\$ 16.41	\$ 1.23	\$ (0.10)	\$ 0.09	\$ 0.37	103.1	\$ 2,094.30	\$ 18.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	233.3	691.38	13.44	1.01	(0.09)	0.08	0.30	252.2	701.37	14.74
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 29.85							\$ 32.74
Outpatient Hospital											
Outpatient Emergency Room	Visits	644.2	\$ 497.54	\$ 26.71	\$ 2.00	\$ (0.01)	\$ 0.14	\$ 0.61	695.8	\$ 507.89	\$ 29.45
Outpatient Surgery	Visits	46.0	1,511.20	5.79	0.43	-	0.06	0.13	49.9	1,542.49	6.41
Outpatient Radiology	Procedures	125.0	238.17	2.48	0.19	(0.01)	0.03	0.06	136.0	242.58	2.75
Outpatient Pathology/Lab	Procedures	3,956.6	43.80	14.44	1.08	(0.01)	0.16	0.33	4,296.4	44.69	16.00
Outpatient Pharmacy	Procedures	154.3	975.12	12.54	0.94	(0.01)	0.14	0.28	167.6	994.45	13.89
Outpatient MH/SA	Visits	111.7	499.45	4.65	0.35	-	0.05	0.10	121.3	509.34	5.15
Other Outpatient	Procedures	297.5	134.32	3.33	0.25	-	0.03	0.08	322.5	137.29	3.69
Subtotal Outpatient Hospital				\$ 69.94							\$ 77.34
Professional											
Inpatient and Outpatient Surgery	Procedures	253.3	\$ 176.71	\$ 3.73	\$ 0.28	\$ 0.00	\$ 0.04	\$ 0.06	275.0	\$ 179.33	\$ 4.11
Anesthesia	Procedures	65.2	137.93	0.75	0.06	-	-	0.02	70.5	141.34	0.83
Inpatient Visits	Visits	188.8	93.45	1.47	0.11	-	0.02	0.02	205.5	94.61	1.62
MH/SA	Visits	2,315.4	83.03	16.02	1.20	(0.01)	0.18	0.26	2,514.9	84.22	17.65
Emergency Room	Visits	698.6	76.44	4.45	0.33	-	0.05	0.07	758.3	77.54	4.90
Office/Home Visits/Consults	Visits	3,526.2	60.85	17.88	1.34	0.04	0.19	0.29	3,827.9	61.88	19.74
Maternity	Procedures	4.7	25.72	0.01	-	-	-	-	4.7	25.72	0.01
Pathology/Lab	Procedures	3,506.0	20.16	5.89	0.44	-	0.06	0.10	3,803.6	20.48	6.49
Radiology	Procedures	999.5	39.14	3.26	0.24	-	0.04	0.05	1,085.3	39.69	3.59
Office Administered Drugs	Procedures	348.0	75.87	2.20	0.16	-	0.03	0.03	378.0	76.82	2.42
Physical Exams	Visits	665.3	59.16	3.28	0.25	-	0.04	0.05	724.1	59.99	3.62
Therapy	Visits	461.2	54.38	2.09	0.16	-	0.02	0.03	500.9	55.10	2.30
Vision	Visits	459.7	80.66	3.09	0.23	-	0.03	0.05	498.4	81.86	3.40
Other Professional	Procedures	906.0	85.56	6.46	0.48	-	0.07	0.11	983.2	86.90	7.12
Subtotal Professional				\$ 70.58							\$ 77.80
Retail Pharmacy											
Retail Pharmacy	Scripts	8,242.0	\$ 47.83	\$ 32.85	\$ 2.46	\$ (2.07)	\$ 0.33	\$ 2.19	8,942.0	\$ 47.99	\$ 35.76
Subtotal Retail Pharmacy				\$ 32.85							\$ 35.76
Ancillary											
Transportation	Trips	167.4	\$ 70.97	\$ 0.99	\$ 0.07	\$ 0.00	\$ 0.01	\$ 0.01	180.9	\$ 71.63	\$ 1.08
DME/Prosthetics	Procedures	174.4	104.56	1.52	0.11	-	0.02	0.02	189.4	105.83	1.67
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 2.51							\$ 2.75
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	57.7	112.35	0.54	0.04	-	0.01	-	63.0	112.35	0.59
Case Management	Procedures	36.9	26.04	0.08	0.01	-	-	-	41.5	26.04	0.09
Subtotal LTSS				\$ 0.62							\$ 0.68
Total Medical Costs				\$ 206.35							\$ 227.07

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Rate Cell: ME - F 25-29											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 53,667	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	186.4	\$ 1,929.01	\$ 29.97	\$ 2.25	\$ (0.19)	\$ 0.16	\$ 0.68	201.4	\$ 1,958.20	\$ 32.87
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	612.1	581.24	29.65	2.22	(0.18)	0.16	0.67	661.3	590.13	32.52
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	10.9	209.19	0.19	0.01	-	-	0.01	11.5	219.65	0.21
Subtotal Inpatient Hospital				\$ 59.81							\$ 65.60
Outpatient Hospital											
Outpatient Emergency Room	Visits	633.1	\$ 524.08	\$ 27.65	\$ 2.07	\$ (0.01)	\$ 0.14	\$ 0.63	683.7	\$ 534.96	\$ 30.48
Outpatient Surgery	Visits	69.0	1,658.37	9.53	0.71	-	0.10	0.22	74.8	1,693.66	10.56
Outpatient Radiology	Procedures	173.9	329.15	4.77	0.36	(0.01)	0.06	0.10	189.2	334.86	5.28
Outpatient Pathology/Lab	Procedures	4,386.5	45.11	16.49	1.24	(0.01)	0.17	0.38	4,761.5	46.04	18.27
Outpatient Pharmacy	Procedures	172.9	671.06	9.67	0.73	(0.01)	0.10	0.22	187.8	684.49	10.71
Outpatient MH/SA	Visits	319.8	427.36	11.39	0.85	-	0.12	0.26	347.1	436.35	12.62
Other Outpatient	Procedures	357.8	125.76	3.75	0.28	-	0.04	0.08	388.4	128.23	4.15
Subtotal Outpatient Hospital				\$ 83.25							\$ 92.07
Professional											
Inpatient and Outpatient Surgery	Procedures	394.8	\$ 183.90	\$ 6.05	\$ 0.45	\$ 0.00	\$ 0.07	\$ 0.09	428.7	\$ 186.42	\$ 6.66
Anesthesia	Procedures	91.9	159.36	1.22	0.09	-	0.01	0.02	99.4	161.77	1.34
Inpatient Visits	Visits	433.2	92.52	3.34	0.25	-	0.03	0.06	469.5	94.05	3.68
MH/SA	Visits	6,478.1	70.00	37.79	2.83	(0.01)	0.40	0.62	7,031.7	71.04	41.63
Emergency Room	Visits	662.3	84.43	4.66	0.35	-	0.05	0.07	719.2	85.60	5.13
Office/Home Visits/Consults	Visits	3,922.0	62.17	20.32	1.52	-	0.21	0.33	4,255.9	63.10	22.38
Maternity	Procedures	2.4	152.09	0.03	-	-	-	-	2.4	152.09	0.03
Pathology/Lab	Procedures	4,062.0	28.63	9.69	0.73	(0.01)	0.11	0.15	4,414.1	29.01	10.67
Radiology	Procedures	1,152.0	46.14	4.43	0.33	-	0.05	0.07	1,250.9	46.82	4.88
Office Administered Drugs	Procedures	284.6	126.06	2.99	0.22	-	0.04	0.04	309.4	127.61	3.29
Physical Exams	Visits	631.0	62.37	3.28	0.25	(0.01)	0.04	0.05	686.8	63.07	3.61
Therapy	Visits	693.5	51.39	2.97	0.22	-	0.03	0.05	751.8	52.19	3.27
Vision	Visits	321.2	71.73	1.92	0.14	-	0.02	0.04	347.9	73.11	2.12
Other Professional	Procedures	887.3	81.96	6.06	0.45	-	0.07	0.10	963.4	83.20	6.68
Subtotal Professional				\$ 104.75							\$ 115.37
Retail Pharmacy											
Retail Pharmacy	Scripts	14,940.5	\$ 50.96	\$ 63.45	\$ 4.76	\$ (4.01)	\$ 0.65	\$ 4.21	16,214.4	\$ 51.11	\$ 69.06
Subtotal Retail Pharmacy				\$ 63.45							\$ 69.06
Ancillary											
Transportation	Trips	204.2	\$ 85.81	\$ 1.46	\$ 0.11	\$ 0.00	\$ 0.01	\$ 0.02	221.0	\$ 86.90	\$ 1.60
DME/Prosthetics	Procedures	250.8	107.66	2.25	0.17	-	0.02	0.03	272.0	108.99	2.47
Hospice	Days	12.6	142.88	0.15	0.01	-	-	-	13.4	142.88	0.16
Subtotal Ancillary				\$ 3.86							\$ 4.23
LTSS											
Nursing Home	Days	7.8	\$ 307.99	\$ 0.20	\$ 0.02	\$ (0.01)	\$ 0.01	\$ 0.00	9.0	\$ 294.60	\$ 0.22
HCBS	Procedures	1.5	79.03	0.01	-	-	-	-	1.5	79.03	0.01
Case Management	Procedures	114.5	48.22	0.46	0.03	-	0.01	0.01	124.4	49.19	0.51
Subtotal LTSS				\$ 0.67							\$ 0.74
Total Medical Costs				\$ 315.79							\$ 347.07

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Rate Cell: ME - F 30-39											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 48,880	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	274.0	\$ 2,187.07	\$ 49.94	\$ 3.75	\$ (0.32)	\$ 0.27	\$ 1.13	296.1	\$ 2,219.90	\$ 54.77
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,115.7	558.21	51.90	3.89	(0.32)	0.28	1.17	1,205.3	566.67	56.92
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	29.5	289.28	0.71	0.05	-	-	0.02	31.5	296.89	0.78
Subtotal Inpatient Hospital				\$ 102.55							\$ 112.47
Outpatient Hospital											
Outpatient Emergency Room	Visits	612.8	\$ 546.54	\$ 27.91	\$ 2.09	\$ (0.01)	\$ 0.15	\$ 0.63	662.0	\$ 557.78	\$ 30.77
Outpatient Surgery	Visits	100.4	1,567.78	13.12	0.98	-	0.14	0.30	109.0	1,600.81	14.54
Outpatient Radiology	Procedures	262.8	263.48	5.77	0.43	-	0.06	0.13	285.1	268.95	6.39
Outpatient Pathology/Lab	Procedures	4,421.5	44.37	16.35	1.23	(0.01)	0.17	0.37	4,800.1	45.27	18.11
Outpatient Pharmacy	Procedures	358.5	986.80	29.48	2.21	(0.02)	0.32	0.67	389.3	1,006.83	32.66
Outpatient MH/SA	Visits	285.6	392.83	9.35	0.70	-	0.10	0.21	310.1	400.96	10.36
Other Outpatient	Procedures	612.4	193.00	9.85	0.74	(0.01)	0.11	0.22	665.3	196.79	10.91
Subtotal Outpatient Hospital				\$ 111.83							\$ 123.74
Professional											
Inpatient and Outpatient Surgery	Procedures	552.5	\$ 192.87	\$ 8.88	\$ 0.67	\$ (0.01)	\$ 0.10	\$ 0.14	600.4	\$ 195.47	\$ 9.78
Anesthesia	Procedures	158.0	141.26	1.86	0.14	-	0.02	0.03	171.6	143.36	2.05
Inpatient Visits	Visits	673.7	83.71	4.70	0.35	-	0.05	0.08	731.1	85.03	5.18
MH/SA	Visits	9,969.8	69.33	57.60	4.32	(0.02)	0.61	0.94	10,823.1	70.35	63.45
Emergency Room	Visits	813.5	85.55	5.80	0.44	(0.01)	0.06	0.10	883.7	86.78	6.39
Office/Home Visits/Consults	Visits	5,003.0	62.15	25.91	1.94	(0.01)	0.28	0.42	5,431.7	63.05	28.54
Maternity	Procedures	4.2	85.63	0.03	-	-	-	-	4.2	85.63	0.03
Pathology/Lab	Procedures	4,899.4	34.49	14.08	1.06	(0.01)	0.15	0.23	5,320.5	34.98	15.51
Radiology	Procedures	1,602.9	44.54	5.95	0.45	(0.01)	0.07	0.09	1,743.0	45.10	6.55
Office Administered Drugs	Procedures	335.3	182.18	5.09	0.38	-	0.05	0.09	363.6	185.15	5.61
Physical Exams	Visits	624.9	62.41	3.25	0.24	-	0.04	0.05	678.8	63.29	3.58
Therapy	Visits	984.6	54.72	4.49	0.34	(0.01)	0.05	0.08	1,070.2	55.51	4.95
Vision	Visits	304.8	70.88	1.80	0.14	(0.01)	0.02	0.03	331.8	71.60	1.98
Other Professional	Procedures	1,351.3	64.83	7.30	0.55	(0.01)	0.08	0.12	1,467.9	65.72	8.04
Subtotal Professional				\$ 146.74							\$ 161.64
Retail Pharmacy											
Retail Pharmacy	Scripts	22,206.6	\$ 52.11	\$ 96.44	\$ 7.23	\$ (6.08)	\$ 0.97	\$ 6.41	24,094.7	\$ 52.28	\$ 104.97
Subtotal Retail Pharmacy				\$ 96.44							\$ 104.97
Ancillary											
Transportation	Trips	247.2	\$ 83.97	\$ 1.73	\$ 0.13	\$ 0.00	\$ 0.02	\$ 0.02	268.7	\$ 84.87	\$ 1.90
DME/Prosthetics	Procedures	388.3	118.99	3.85	0.29	-	0.04	0.04	421.6	120.12	4.22
Hospice	Days	0.6	649.73	0.03	-	-	-	-	0.6	649.73	0.03
Subtotal Ancillary				\$ 5.61							\$ 6.15
LTSS											
Nursing Home	Days	61.7	\$ 297.51	\$ 1.53	\$ 0.11	\$ 0.00	\$ 0.01	\$ 0.02	66.6	\$ 301.12	\$ 1.67
HCBS	Procedures	0.7	-	-	-	-	-	-	-	-	-
Case Management	Procedures	205.6	35.61	0.61	0.05	-	-	0.01	222.4	36.15	0.67
Subtotal LTSS				\$ 2.14							\$ 2.34
Total Medical Costs				\$ 465.31							\$ 511.31

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Rate Cell: ME - F 40-49											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 53,469	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	419.6	\$ 2,302.79	\$ 80.52	\$ 6.04	\$ (0.50)	\$ 0.43	\$ 1.81	453.3	\$ 2,337.47	\$ 88.30
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	905.3	688.34	51.93	3.89	(0.32)	0.28	1.17	978.0	698.77	56.95
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	78.6	315.99	2.07	0.16	(0.02)	0.01	0.05	85.1	320.22	2.27
Subtotal Inpatient Hospital				\$ 134.52							\$ 147.52
Outpatient Hospital											
Outpatient Emergency Room	Visits	809.5	\$ 563.47	\$ 38.01	\$ 2.85	\$ (0.02)	\$ 0.20	\$ 0.86	874.4	\$ 575.00	\$ 41.90
Outpatient Surgery	Visits	239.7	1,627.65	32.51	2.44	(0.02)	0.35	0.74	260.3	1,660.85	36.02
Outpatient Radiology	Procedures	785.7	238.87	15.64	1.17	(0.01)	0.17	0.36	853.0	243.80	17.33
Outpatient Pathology/Lab	Procedures	6,867.8	36.95	21.15	1.59	(0.02)	0.23	0.48	7,458.8	37.70	23.43
Outpatient Pharmacy	Procedures	528.9	538.66	23.74	1.78	(0.01)	0.25	0.54	574.1	549.74	26.30
Outpatient MH/SA	Visits	311.9	390.92	10.16	0.76	-	0.10	0.24	338.3	399.43	11.26
Other Outpatient	Procedures	1,143.8	133.76	12.75	0.96	(0.01)	0.14	0.29	1,242.5	136.47	14.13
Subtotal Outpatient Hospital				\$ 153.96							\$ 170.37
Professional											
Inpatient and Outpatient Surgery	Procedures	1,037.9	\$ 204.42	\$ 17.68	\$ 1.33	\$ (0.01)	\$ 0.19	\$ 0.29	1,127.1	\$ 207.40	\$ 19.48
Anesthesia	Procedures	256.0	150.95	3.22	0.24	-	0.03	0.06	277.4	153.54	3.55
Inpatient Visits	Visits	795.9	91.37	6.06	0.45	-	0.07	0.10	864.2	92.76	6.68
MH/SA	Visits	7,661.2	77.55	49.51	3.71	(0.02)	0.53	0.81	8,317.3	78.69	54.54
Emergency Room	Visits	919.5	89.00	6.82	0.51	-	0.07	0.11	997.7	90.33	7.51
Office/Home Visits/Consults	Visits	6,752.0	63.93	35.97	2.70	(0.02)	0.39	0.58	7,332.1	64.84	39.62
Maternity	Procedures	0.2	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,510.1	28.33	13.01	0.98	(0.01)	0.14	0.21	5,984.5	28.73	14.33
Radiology	Procedures	3,084.3	56.26	14.46	1.08	-	0.15	0.24	3,346.6	57.12	15.93
Office Administered Drugs	Procedures	453.2	282.23	10.66	0.80	(0.01)	0.12	0.17	492.4	286.13	11.74
Physical Exams	Visits	767.8	67.36	4.31	0.32	-	0.05	0.07	833.7	68.37	4.75
Therapy	Visits	1,635.0	56.51	7.70	0.58	(0.01)	0.09	0.12	1,777.3	57.26	8.48
Vision	Visits	538.9	72.82	3.27	0.25	(0.01)	0.04	0.05	586.7	73.64	3.60
Other Professional	Procedures	1,930.7	55.82	8.98	0.67	-	0.10	0.14	2,096.2	56.62	9.89
Subtotal Professional				\$ 181.65							\$ 200.10
Retail Pharmacy											
Retail Pharmacy	Scripts	31,057.1	\$ 52.24	\$ 135.20	\$ 10.14	\$ (8.53)	\$ 1.37	\$ 8.98	33,701.1	\$ 52.40	\$ 147.16
Subtotal Retail Pharmacy				\$ 135.20							\$ 147.16
Ancillary											
Transportation	Trips	285.5	\$ 78.18	\$ 1.86	\$ 0.14	\$ 0.00	\$ 0.02	\$ 0.02	310.0	\$ 78.96	\$ 2.04
DME/Prosthetics	Procedures	715.7	94.90	5.66	0.42	-	0.06	0.06	776.4	95.83	6.20
Hospice	Days	10.5	171.89	0.15	0.01	-	-	-	11.2	171.89	0.16
Subtotal Ancillary				\$ 7.67							\$ 8.40
LTSS											
Nursing Home	Days	19.1	\$ 270.08	\$ 0.43	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.01	20.4	\$ 275.96	\$ 0.47
HCBS	Procedures	18.9	38.13	0.06	-	-	0.01	-	22.0	38.13	0.07
Case Management	Procedures	219.2	38.86	0.71	0.05	-	0.01	0.01	237.8	39.37	0.78
Subtotal LTSS				\$ 1.20							\$ 1.32
Total Medical Costs				\$ 614.20							\$ 674.87

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Rate Cell: ME - F 50-64											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 142,317	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	528.8	\$ 2,256.03	\$ 99.42	\$ 7.46	\$ (0.62)	\$ 0.53	\$ 2.24	571.3	\$ 2,290.06	\$ 109.03
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	216.6	782.09	14.12	1.06	(0.09)	0.08	0.31	234.1	793.37	15.48
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	114.6	294.22	2.81	0.21	(0.02)	0.02	0.06	124.0	298.09	3.08
Subtotal Inpatient Hospital				\$ 116.35							\$ 127.59
Outpatient Hospital											
Outpatient Emergency Room	Visits	446.9	\$ 612.00	\$ 22.79	\$ 1.71	\$ (0.02)	\$ 0.13	\$ 0.51	482.9	\$ 624.17	\$ 25.12
Outpatient Surgery	Visits	316.0	1,381.68	36.39	2.73	(0.02)	0.39	0.83	343.1	1,410.01	40.32
Outpatient Radiology	Procedures	912.9	256.71	19.53	1.46	(0.01)	0.21	0.45	991.0	262.04	21.64
Outpatient Pathology/Lab	Procedures	6,719.7	30.97	17.34	1.30	(0.01)	0.19	0.39	7,297.1	31.59	19.21
Outpatient Pharmacy	Procedures	759.5	456.13	28.87	2.17	(0.02)	0.31	0.65	824.8	465.30	31.98
Outpatient MH/SA	Visits	94.9	374.45	2.96	0.22	-	0.03	0.07	102.9	382.61	3.28
Other Outpatient	Procedures	1,571.4	130.28	17.06	1.28	(0.01)	0.18	0.39	1,705.9	132.95	18.90
Subtotal Outpatient Hospital				\$ 144.94							\$ 160.45
Professional											
Inpatient and Outpatient Surgery	Procedures	1,308.5	\$ 208.27	\$ 22.71	\$ 1.70	\$ (0.01)	\$ 0.25	\$ 0.37	1,420.8	\$ 211.31	\$ 25.02
Anesthesia	Procedures	324.6	126.45	3.42	0.26	-	0.03	0.06	352.1	128.49	3.77
Inpatient Visits	Visits	810.1	83.70	5.65	0.42	-	0.06	0.09	878.9	84.93	6.22
MH/SA	Visits	3,306.6	84.88	23.39	1.75	(0.01)	0.26	0.38	3,590.8	86.12	25.77
Emergency Room	Visits	581.9	89.92	4.36	0.33	-	0.04	0.07	631.2	91.25	4.80
Office/Home Visits/Consults	Visits	6,821.9	64.31	36.56	2.74	(0.01)	0.39	0.59	7,406.0	65.25	40.27
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,457.1	21.97	9.99	0.75	(0.01)	0.11	0.16	5,926.9	22.27	11.00
Radiology	Procedures	3,445.7	56.45	16.21	1.22	(0.01)	0.17	0.27	3,741.2	57.29	17.86
Office Administered Drugs	Procedures	411.4	176.18	6.04	0.45	-	0.07	0.09	446.8	178.60	6.65
Physical Exams	Visits	852.1	64.64	4.59	0.34	-	0.05	0.08	924.5	65.68	5.06
Therapy	Visits	1,994.2	57.35	9.53	0.71	-	0.10	0.16	2,163.7	58.23	10.50
Vision	Visits	628.8	67.75	3.55	0.27	(0.01)	0.04	0.06	683.7	68.63	3.91
Other Professional	Procedures	2,726.4	51.80	11.77	0.88	-	0.12	0.20	2,958.1	52.62	12.97
Subtotal Professional				\$ 157.77							\$ 173.80
Retail Pharmacy											
Retail Pharmacy	Scripts	36,612.3	\$ 47.01	\$ 143.42	\$ 10.76	\$ (9.05)	\$ 1.45	\$ 9.53	39,729.2	\$ 47.15	\$ 156.11
Subtotal Retail Pharmacy				\$ 143.42							\$ 156.11
Ancillary											
Transportation	Trips	182.7	\$ 81.47	\$ 1.24	\$ 0.09	\$ 0.00	\$ 0.02	\$ 0.01	198.9	\$ 82.07	\$ 1.36
DME/Prosthetics	Procedures	939.3	81.77	6.40	0.48	-	0.06	0.07	1,018.5	82.59	7.01
Hospice	Days	39.5	243.26	0.80	0.06	-	-	0.01	42.4	246.09	0.87
Subtotal Ancillary				\$ 8.44							\$ 9.24
LTSS											
Nursing Home	Days	135.6	\$ 269.97	\$ 3.05	\$ 0.23	\$ 0.00	\$ 0.01	\$ 0.04	146.2	\$ 273.25	\$ 3.33
HCBS	Procedures	30.3	51.55	0.13	0.01	-	-	-	32.6	51.55	0.14
Case Management	Procedures	91.1	79.05	0.60	0.05	(0.01)	0.01	0.01	100.2	79.05	0.66
Subtotal LTSS				\$ 3.78							\$ 4.13
Total Medical Costs				\$ 574.70							\$ 631.32

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Rate Cell: ME - M 19-24											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 96,428	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	110.7	\$ 2,114.93	\$ 19.51	\$ 1.46	\$ (0.12)	\$ 0.11	\$ 0.44	119.6	\$ 2,147.03	\$ 21.40
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	309.2	610.80	15.74	1.18	(0.10)	0.09	0.35	334.2	619.78	17.26
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.7	393.68	0.12	0.01	-	-	-	4.0	393.68	0.13
Subtotal Inpatient Hospital				\$ 35.37							\$ 38.79
Outpatient Hospital											
Outpatient Emergency Room	Visits	473.9	\$ 513.23	\$ 20.27	\$ 1.52	\$ (0.01)	\$ 0.11	\$ 0.46	512.0	\$ 523.78	\$ 22.35
Outpatient Surgery	Visits	29.7	1,524.46	3.77	0.28	-	0.04	0.09	32.2	1,558.00	4.18
Outpatient Radiology	Procedures	72.8	237.41	1.44	0.11	-	0.01	0.04	78.9	243.50	1.60
Outpatient Pathology/Lab	Procedures	1,334.4	39.39	4.38	0.33	-	0.04	0.10	1,447.1	40.22	4.85
Outpatient Pharmacy	Procedures	79.9	1,023.38	6.81	0.51	-	0.07	0.15	86.7	1,044.15	7.54
Outpatient MH/SA	Visits	97.0	353.70	2.86	0.21	-	0.03	0.07	105.2	361.69	3.17
Other Outpatient	Procedures	196.9	138.93	2.28	0.17	-	0.02	0.06	213.3	142.30	2.53
Subtotal Outpatient Hospital				\$ 41.81							\$ 46.22
Professional											
Inpatient and Outpatient Surgery	Procedures	185.7	\$ 191.24	\$ 2.96	\$ 0.22	\$ 0.00	\$ 0.03	\$ 0.05	201.4	\$ 194.22	\$ 3.26
Anesthesia	Procedures	49.6	171.64	0.71	0.05	-	0.01	0.01	53.8	173.87	0.78
Inpatient Visits	Visits	252.0	95.23	2.00	0.15	-	0.02	0.03	273.4	96.55	2.20
MH/SA	Visits	1,815.4	89.96	13.61	1.02	(0.01)	0.15	0.22	1,971.5	91.24	14.99
Emergency Room	Visits	519.0	79.31	3.43	0.26	-	0.03	0.06	562.8	80.59	3.78
Office/Home Visits/Consults	Visits	1,654.7	62.95	8.68	0.65	0.02	0.09	0.14	1,795.8	64.02	9.58
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,389.8	29.53	3.42	0.26	-	0.03	0.06	1,507.7	30.01	3.77
Radiology	Procedures	728.7	33.92	2.06	0.15	-	0.03	0.03	792.3	34.38	2.27
Office Administered Drugs	Procedures	91.2	298.67	2.27	0.17	-	0.02	0.04	98.8	303.52	2.50
Physical Exams	Visits	254.5	60.83	1.29	0.10	-	0.01	0.03	276.2	62.14	1.43
Therapy	Visits	342.4	60.63	1.73	0.13	-	0.02	0.03	372.1	61.59	1.91
Vision	Visits	246.3	76.98	1.58	0.12	-	0.01	0.03	266.6	78.33	1.74
Other Professional	Procedures	531.3	51.05	2.26	0.19	-	0.02	0.04	580.6	51.88	2.51
Subtotal Professional				\$ 46.00							\$ 50.72
Retail Pharmacy											
Retail Pharmacy	Scripts	3,820.5	\$ 86.88	\$ 27.66	\$ 2.07	\$ (1.74)	\$ 0.28	\$ 1.84	4,145.1	\$ 87.17	\$ 30.11
Subtotal Retail Pharmacy				\$ 27.66							\$ 30.11
Ancillary											
Transportation	Trips	96.9	\$ 76.77	\$ 0.62	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.01	104.7	\$ 77.92	\$ 0.68
DME/Prosthetics	Procedures	114.4	207.70	1.98	0.15	-	0.02	0.02	124.2	209.63	2.17
Hospice	Days	0.7	676.55	0.04	-	-	-	-	0.7	676.55	0.04
Subtotal Ancillary				\$ 2.64							\$ 2.89
LTSS											
Nursing Home	Days	2.5	\$ 336.95	\$ 0.07	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	2.8	\$ 336.95	\$ 0.08
HCBS	Procedures	55.4	69.25	0.32	0.02	-	0.01	-	60.6	69.25	0.35
Case Management	Procedures	59.7	26.14	0.13	0.01	-	-	-	64.3	26.14	0.14
Subtotal LTSS				\$ 0.52							\$ 0.57
Total Medical Costs				\$ 154.00							\$ 169.30

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Rate Cell: ME - M 25-29											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 78,961 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	157.9	\$ 2,226.94	\$ 29.31	\$ 2.20	\$ (0.18)	\$ 0.15	\$ 0.66	170.6	\$ 2,260.70	\$ 32.14
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	975.4	497.40	40.43	3.03	(0.25)	0.22	0.91	1,053.8	504.92	44.34
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	42.7	249.89	0.89	0.07	(0.01)	0.01	0.02	46.6	252.47	0.98
Subtotal Inpatient Hospital				\$ 70.63							\$ 77.46
Outpatient Hospital											
Outpatient Emergency Room	Visits	563.6	\$ 509.96	\$ 23.95	\$ 1.80	\$ (0.02)	\$ 0.13	\$ 0.54	609.0	\$ 520.20	\$ 26.40
Outpatient Surgery	Visits	34.8	1,557.38	4.51	0.34	-	0.04	0.11	37.7	1,592.41	5.00
Outpatient Radiology	Procedures	92.5	241.39	1.86	0.14	-	0.02	0.04	100.4	246.17	2.06
Outpatient Pathology/Lab	Procedures	1,798.9	44.69	6.70	0.50	-	0.07	0.15	1,951.9	45.62	7.42
Outpatient Pharmacy	Procedures	148.7	1,667.92	20.67	1.55	(0.01)	0.22	0.47	161.4	1,702.11	22.90
Outpatient MH/SA	Visits	248.2	335.11	6.93	0.52	-	0.07	0.16	269.3	342.24	7.68
Other Outpatient	Procedures	233.4	178.92	3.48	0.26	-	0.04	0.08	253.5	182.71	3.86
Subtotal Outpatient Hospital				\$ 68.10							\$ 75.32
Professional											
Inpatient and Outpatient Surgery	Procedures	231.4	\$ 187.70	\$ 3.62	\$ 0.27	\$ 0.00	\$ 0.04	\$ 0.06	251.3	\$ 190.57	\$ 3.99
Anesthesia	Procedures	67.9	143.25	0.81	0.06	-	0.01	0.01	73.7	144.87	0.89
Inpatient Visits	Visits	425.6	97.00	3.44	0.26	-	0.03	0.06	461.4	98.56	3.79
MH/SA	Visits	5,583.9	73.93	34.40	2.58	(0.01)	0.36	0.56	6,061.1	75.02	37.89
Emergency Room	Visits	654.1	86.95	4.74	0.36	(0.01)	0.05	0.08	710.7	88.14	5.22
Office/Home Visits/Consults	Visits	2,119.9	62.15	10.98	0.82	-	0.12	0.18	2,301.4	63.09	12.10
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,409.2	40.69	8.17	0.61	-	0.09	0.13	2,615.6	41.29	9.00
Radiology	Procedures	872.2	34.26	2.49	0.19	-	0.02	0.04	945.8	34.76	2.74
Office Administered Drugs	Procedures	195.4	264.66	4.31	0.32	-	0.05	0.07	212.2	268.62	4.75
Physical Exams	Visits	240.6	57.86	1.16	0.09	-	0.01	0.02	261.3	58.78	1.28
Therapy	Visits	393.2	61.34	2.01	0.15	-	0.02	0.03	426.5	62.18	2.21
Vision	Visits	159.2	70.09	0.93	0.07	-	0.01	0.01	172.9	70.78	1.02
Other Professional	Procedures	532.7	47.76	2.12	0.16	-	0.02	0.04	577.9	48.59	2.34
Subtotal Professional				\$ 79.18							\$ 87.22
Retail Pharmacy											
Retail Pharmacy	Scripts	6,200.7	\$ 110.00	\$ 56.84	\$ 4.26	\$ (3.58)	\$ 0.57	\$ 3.78	6,727.6	\$ 110.36	\$ 61.87
Subtotal Retail Pharmacy				\$ 56.84							\$ 61.87
Ancillary											
Transportation	Trips	202.3	\$ 80.69	\$ 1.36	\$ 0.10	\$ 0.00	\$ 0.02	\$ 0.01	220.1	\$ 81.23	\$ 1.49
DME/Prosthetics	Procedures	183.9	128.56	1.97	0.15	-	0.02	0.02	199.7	129.76	2.16
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.33							\$ 3.65
LTSS											
Nursing Home	Days	12.3	\$ 301.94	\$ 0.31	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.01	13.1	\$ 311.09	\$ 0.34
HCBS	Procedures	0.9	-	-	-	-	-	-	-	-	-
Case Management	Procedures	119.5	62.26	0.62	0.05	-	-	0.01	129.1	63.18	0.68
Subtotal LTSS				\$ 0.93							\$ 1.02
Total Medical Costs				\$ 279.01							\$ 306.54

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Rate Cell: ME - M 30-39											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 104,546	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	273.4	\$ 2,155.16	\$ 49.10	\$ 3.68	\$ (0.30)	\$ 0.26	\$ 1.11	295.3	\$ 2,188.07	\$ 53.85
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,399.6	481.51	56.16	4.21	(0.35)	0.30	1.27	1,512.0	488.82	61.59
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	26.4	286.47	0.63	0.05	(0.01)	0.01	0.01	28.9	286.47	0.69
Subtotal Inpatient Hospital				\$ 105.89							\$ 116.13
Outpatient Hospital											
Outpatient Emergency Room	Visits	787.9	\$ 531.09	\$ 34.87	\$ 2.62	\$ (0.03)	\$ 0.19	\$ 0.79	851.4	\$ 541.80	\$ 38.44
Outpatient Surgery	Visits	73.2	1,671.60	10.19	0.76	-	0.11	0.23	79.4	1,706.36	11.29
Outpatient Radiology	Procedures	143.0	287.01	3.42	0.26	(0.01)	0.04	0.08	155.5	292.41	3.79
Outpatient Pathology/Lab	Procedures	2,539.6	44.79	9.48	0.71	(0.01)	0.11	0.21	2,759.3	45.66	10.50
Outpatient Pharmacy	Procedures	159.3	690.14	9.16	0.69	(0.01)	0.10	0.21	173.0	704.01	10.15
Outpatient MH/SA	Visits	451.9	301.14	11.34	0.85	(0.01)	0.13	0.25	490.9	307.00	12.56
Other Outpatient	Procedures	409.4	168.26	5.74	0.43	-	0.06	0.13	444.3	171.77	6.36
Subtotal Outpatient Hospital				\$ 84.20							\$ 93.09
Professional											
Inpatient and Outpatient Surgery	Procedures	372.5	\$ 206.81	\$ 6.42	\$ 0.48	\$ 0.00	\$ 0.07	\$ 0.10	404.4	\$ 209.78	\$ 7.07
Anesthesia	Procedures	95.1	148.95	1.18	0.09	-	0.01	0.02	103.1	151.27	1.30
Inpatient Visits	Visits	610.8	89.99	4.58	0.34	-	0.05	0.08	662.8	91.43	5.05
MH/SA	Visits	10,441.4	63.85	55.56	4.17	(0.03)	0.60	0.90	11,337.8	64.77	61.20
Emergency Room	Visits	824.9	87.28	6.00	0.45	-	0.06	0.10	895.0	88.63	6.61
Office/Home Visits/Consults	Visits	3,029.1	62.24	15.71	1.18	(0.01)	0.17	0.26	3,289.4	63.15	17.31
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,404.4	43.32	12.29	0.92	-	0.13	0.20	3,695.2	43.97	13.54
Radiology	Procedures	1,178.4	39.51	3.88	0.29	-	0.04	0.06	1,278.6	40.08	4.27
Office Administered Drugs	Procedures	339.5	213.50	6.04	0.45	-	0.07	0.09	368.7	216.43	6.65
Physical Exams	Visits	265.9	56.42	1.25	0.09	-	0.02	0.02	289.3	57.25	1.38
Therapy	Visits	493.7	55.66	2.29	0.17	-	0.03	0.03	536.8	56.33	2.52
Vision	Visits	164.4	70.82	0.97	0.07	-	0.01	0.02	177.9	72.17	1.07
Other Professional	Procedures	850.3	55.32	3.92	0.29	-	0.04	0.07	921.9	56.23	4.32
Subtotal Professional				\$ 120.09							\$ 132.29
Retail Pharmacy											
Retail Pharmacy	Scripts	12,495.1	\$ 96.15	\$ 100.12	\$ 7.51	\$ (6.32)	\$ 1.01	\$ 6.66	13,558.5	\$ 96.45	\$ 108.98
Subtotal Retail Pharmacy				\$ 100.12							\$ 108.98
Ancillary											
Transportation	Trips	248.8	\$ 79.58	\$ 1.65	\$ 0.12	\$ 0.00	\$ 0.02	\$ 0.02	269.9	\$ 80.47	\$ 1.81
DME/Prosthetics	Procedures	335.2	107.04	2.99	0.22	-	0.03	0.04	363.2	108.36	3.28
Hospice	Days	0.8	607.91	0.04	-	-	-	-	0.8	607.91	0.04
Subtotal Ancillary				\$ 4.68							\$ 5.13
LTSS											
Nursing Home	Days	43.5	\$ 278.42	\$ 1.01	\$ 0.08	\$ (0.01)	\$ 0.01	\$ 0.01	47.4	\$ 278.42	\$ 1.10
HCBS	Procedures	1.4	87.07	0.01	-	-	-	-	1.4	87.07	0.01
Case Management	Procedures	128.0	33.75	0.36	0.03	-	-	0.01	138.7	34.62	0.40
Subtotal LTSS				\$ 1.38							\$ 1.51
Total Medical Costs				\$ 416.36							\$ 457.13

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Rate Cell: ME - M 40-49											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 73,848	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	510.7	\$ 1,945.27	\$ 82.78	\$ 6.21	\$ (0.52)	\$ 0.44	\$ 1.87	551.7	\$ 1,974.64	\$ 90.78
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,862.6	451.95	70.15	5.26	(0.44)	0.38	1.58	2,012.3	458.75	76.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	116.7	282.74	2.75	0.21	(0.02)	0.01	0.07	126.1	287.50	3.02
Subtotal Inpatient Hospital				\$ 155.68							\$ 170.73
Outpatient Hospital											
Outpatient Emergency Room	Visits	775.8	\$ 578.67	\$ 37.41	\$ 2.81	\$ (0.03)	\$ 0.20	\$ 0.85	838.2	\$ 590.41	\$ 41.24
Outpatient Surgery	Visits	132.9	1,483.26	16.43	1.23	(0.01)	0.18	0.37	144.3	1,513.19	18.20
Outpatient Radiology	Procedures	251.5	303.46	6.36	0.48	(0.01)	0.07	0.15	273.2	309.61	7.05
Outpatient Pathology/Lab	Procedures	3,680.4	36.88	11.31	0.85	(0.01)	0.12	0.26	3,996.0	37.63	12.53
Outpatient Pharmacy	Procedures	303.6	488.13	12.35	0.93	(0.01)	0.13	0.28	329.7	497.96	13.68
Outpatient MH/SA	Visits	403.1	328.66	11.04	0.83	(0.01)	0.12	0.25	437.8	335.24	12.23
Other Outpatient	Procedures	932.0	202.39	15.72	1.18	(0.01)	0.17	0.36	1,012.1	206.54	17.42
Subtotal Outpatient Hospital				\$ 110.62							\$ 122.35
Professional											
Inpatient and Outpatient Surgery	Procedures	690.6	\$ 209.38	\$ 12.05	\$ 0.90	\$ 0.00	\$ 0.13	\$ 0.19	749.7	\$ 212.42	\$ 13.27
Anesthesia	Procedures	195.8	144.63	2.36	0.18	-	0.02	0.04	212.4	146.89	2.60
Inpatient Visits	Visits	959.1	87.83	7.02	0.53	(0.01)	0.08	0.11	1,042.4	88.98	7.73
MH/SA	Visits	9,273.2	71.21	55.03	4.13	(0.03)	0.59	0.90	10,068.6	72.25	60.62
Emergency Room	Visits	912.0	93.95	7.14	0.54	(0.01)	0.08	0.12	991.2	95.28	7.87
Office/Home Visits/Consults	Visits	4,194.8	63.31	22.13	1.66	(0.01)	0.24	0.36	4,555.0	64.23	24.38
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,319.4	38.45	13.84	1.04	(0.01)	0.15	0.23	4,690.8	39.01	15.25
Radiology	Procedures	1,692.4	45.38	6.40	0.48	-	0.07	0.10	1,837.9	46.03	7.05
Office Administered Drugs	Procedures	466.0	105.32	4.09	0.31	(0.01)	0.05	0.07	507.0	106.74	4.51
Physical Exams	Visits	371.8	60.35	1.87	0.14	-	0.02	0.03	403.7	61.24	2.06
Therapy	Visits	842.3	54.14	3.80	0.29	(0.01)	0.04	0.07	915.5	54.92	4.19
Vision	Visits	293.1	70.00	1.71	0.13	-	0.02	0.02	318.9	70.75	1.88
Other Professional	Procedures	1,492.2	51.31	6.38	0.48	-	0.06	0.11	1,618.5	52.12	7.03
Subtotal Professional				\$ 143.82							\$ 158.44
Retail Pharmacy											
Retail Pharmacy	Scripts	22,270.3	\$ 73.44	\$ 136.30	\$ 10.22	\$ (8.60)	\$ 1.38	\$ 9.06	24,165.6	\$ 73.67	\$ 148.36
Subtotal Retail Pharmacy				\$ 136.30							\$ 148.36
Ancillary											
Transportation	Trips	311.7	\$ 82.78	\$ 2.15	\$ 0.16	\$ 0.00	\$ 0.02	\$ 0.03	337.7	\$ 83.85	\$ 2.36
DME/Prosthetics	Procedures	686.9	93.46	5.35	0.40	-	0.06	0.05	746.0	94.27	5.86
Hospice	Days	3.0	357.56	0.09	0.01	-	-	-	3.4	357.56	0.10
Subtotal Ancillary				\$ 7.59							\$ 8.32
LTSS											
Nursing Home	Days	58.6	\$ 280.58	\$ 1.37	\$ 0.10	\$ 0.00	\$ 0.01	\$ 0.02	63.3	\$ 284.37	\$ 1.50
HCBS	Procedures	10.0	72.07	0.06	-	-	0.01	-	11.7	72.07	0.07
Case Management	Procedures	146.9	50.66	0.62	0.05	-	-	0.01	158.7	51.41	0.68
Subtotal LTSS				\$ 2.05							\$ 2.25
Total Medical Costs				\$ 556.06							\$ 610.45

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Rate Cell: ME - M 50-64											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 121,443 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	639.8	\$ 2,201.28	\$ 117.36	\$ 8.80	\$ (0.73)	\$ 0.63	\$ 2.64	691.2	\$ 2,234.44	\$ 128.70
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	872.2	557.76	40.54	3.04	(0.25)	0.21	0.92	942.1	566.29	44.46
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	191.4	309.70	4.94	0.37	(0.03)	0.03	0.11	206.9	314.34	5.42
Subtotal Inpatient Hospital				\$ 162.84							\$ 178.58
Outpatient Hospital											
Outpatient Emergency Room	Visits	562.4	\$ 600.85	\$ 28.16	\$ 2.11	\$ (0.02)	\$ 0.16	\$ 0.63	607.7	\$ 612.90	\$ 31.04
Outpatient Surgery	Visits	260.3	1,342.08	29.11	2.18	(0.02)	0.32	0.66	282.6	1,369.25	32.25
Outpatient Radiology	Procedures	451.1	371.12	13.95	1.05	(0.01)	0.15	0.32	489.9	378.71	15.46
Outpatient Pathology/Lab	Procedures	5,503.7	30.63	14.05	1.05	(0.01)	0.16	0.32	5,977.6	31.26	15.57
Outpatient Pharmacy	Procedures	753.6	493.95	31.02	2.33	(0.02)	0.33	0.71	818.2	504.07	34.37
Outpatient MH/SA	Visits	190.2	288.97	4.58	0.34	-	0.05	0.10	206.4	294.78	5.07
Other Outpatient	Procedures	1,355.5	182.46	20.61	1.55	(0.02)	0.22	0.47	1,471.9	186.13	22.83
Subtotal Outpatient Hospital				\$ 141.48							\$ 156.59
Professional											
Inpatient and Outpatient Surgery	Procedures	1,205.6	\$ 189.02	\$ 18.99	\$ 1.42	\$ 0.00	\$ 0.20	\$ 0.31	1,308.4	\$ 191.87	\$ 20.92
Anesthesia	Procedures	279.5	133.54	3.11	0.23	-	0.04	0.05	303.7	135.51	3.43
Inpatient Visits	Visits	1,115.4	81.33	7.56	0.57	(0.01)	0.08	0.13	1,211.3	82.52	8.33
MH/SA	Visits	4,149.1	82.20	28.42	2.13	(0.01)	0.30	0.47	4,503.9	83.42	31.31
Emergency Room	Visits	741.0	93.12	5.75	0.43	-	0.06	0.09	804.1	94.46	6.33
Office/Home Visits/Consults	Visits	5,144.0	64.39	27.60	2.07	(0.01)	0.29	0.45	5,583.9	65.33	30.40
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,777.8	26.20	10.43	0.78	-	0.11	0.17	5,185.5	26.59	11.49
Radiology	Procedures	2,211.7	67.55	12.45	0.93	-	0.13	0.20	2,400.0	68.55	13.71
Office Administered Drugs	Procedures	481.1	175.59	7.04	0.53	(0.01)	0.08	0.12	522.8	178.11	7.76
Physical Exams	Visits	512.6	58.99	2.52	0.19	-	0.02	0.05	555.3	60.07	2.78
Therapy	Visits	1,136.9	57.73	5.47	0.41	-	0.06	0.09	1,234.6	58.61	6.03
Vision	Visits	426.3	68.40	2.43	0.18	-	0.03	0.04	463.2	69.43	2.68
Other Professional	Procedures	2,492.6	51.42	10.68	0.80	-	0.11	0.18	2,704.9	52.22	11.77
Subtotal Professional				\$ 142.45							\$ 156.94
Retail Pharmacy											
Retail Pharmacy	Scripts	30,747.5	\$ 60.94	\$ 156.15	\$ 11.71	\$ (9.85)	\$ 1.58	\$ 10.37	33,364.4	\$ 61.13	\$ 169.96
Subtotal Retail Pharmacy				\$ 156.15							\$ 169.96
Ancillary											
Transportation	Trips	294.1	\$ 79.17	\$ 1.94	\$ 0.15	\$ (0.01)	\$ 0.03	\$ 0.02	321.4	\$ 79.54	\$ 2.13
DME/Prosthetics	Procedures	969.3	88.27	7.13	0.53	-	0.08	0.07	1,052.3	89.07	7.81
Hospice	Days	40.1	239.55	0.80	0.06	-	-	0.01	43.1	242.34	0.87
Subtotal Ancillary				\$ 9.87							\$ 10.81
LTSS											
Nursing Home	Days	206.1	\$ 263.70	\$ 4.53	\$ 0.34	\$ 0.00	\$ 0.02	\$ 0.06	222.5	\$ 266.94	\$ 4.95
HCBS	Procedures	15.2	55.17	0.07	0.01	-	-	-	17.4	55.17	0.08
Case Management	Procedures	133.5	35.95	0.40	0.03	-	-	0.01	143.5	36.78	0.44
Subtotal LTSS				\$ 5.00							\$ 5.47
Total Medical Costs				\$ 617.79							\$ 678.35

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Rate Cell: RHP - ID											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 11,277	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,046.3	\$ 1,920.76	\$ 167.48	\$ 10.05	\$ (0.41)	\$ 0.89	\$ 3.73	1,114.7	\$ 1,956.51	\$ 181.74
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,046.9	919.88	80.25	4.82	(0.20)	0.42	1.79	1,115.2	936.98	87.08
Inpatient Maternity Delivery	Days	16.2	1,074.95	1.45	0.09	(0.01)	0.01	0.03	17.3	1,088.82	1.57
Other Inpatient	Days	261.1	312.03	6.79	0.41	(0.02)	0.04	0.15	278.4	317.64	7.37
Subtotal Inpatient Hospital				\$ 255.97							\$ 277.76
Outpatient Hospital											
Outpatient Emergency Room	Visits	665.5	\$ 559.68	\$ 31.04	\$ 1.86	\$ (0.02)	\$ 0.17	\$ 0.69	709.0	\$ 571.02	\$ 33.74
Outpatient Surgery	Visits	149.6	1,714.49	21.38	1.28	(0.01)	0.11	0.48	159.4	1,749.87	23.24
Outpatient Radiology	Procedures	308.7	192.40	4.95	0.30	(0.01)	0.03	0.11	329.3	196.05	5.38
Outpatient Pathology/Lab	Procedures	5,575.3	28.71	13.34	0.80	(0.01)	0.07	0.30	5,938.9	29.30	14.50
Outpatient Pharmacy	Procedures	386.9	219.90	7.09	0.43	(0.01)	0.04	0.16	412.5	224.27	7.71
Outpatient MH/SA	Visits	53.6	425.16	1.90	0.11	-	0.01	0.05	57.0	435.68	2.07
Other Outpatient	Procedures	1,501.6	155.91	19.51	1.17	(0.01)	0.10	0.44	1,599.4	159.14	21.21
Subtotal Outpatient Hospital				\$ 99.21							\$ 107.85
Professional											
Inpatient and Outpatient Surgery	Procedures	1,222.1	\$ 130.89	\$ 13.33	\$ 0.80	\$ 0.00	\$ 0.07	\$ 0.07	1,301.9	\$ 131.53	\$ 14.27
Anesthesia	Procedures	233.9	251.90	4.91	0.29	-	0.03	0.03	249.1	253.35	5.26
Inpatient Visits	Visits	2,516.1	94.81	19.88	1.19	-	0.10	0.11	2,679.4	95.30	21.28
MH/SA	Visits	4,502.3	125.30	47.01	2.82	(0.01)	0.24	0.26	4,795.4	125.92	50.32
Emergency Room	Visits	874.8	100.96	7.36	0.44	-	0.04	0.04	931.9	101.47	7.88
Office/Home Visits/Consults	Visits	5,767.8	65.58	31.52	1.89	(0.01)	0.17	0.17	6,144.8	65.89	33.74
Maternity	Procedures	15.4	288.90	0.37	0.02	-	-	0.01	16.2	296.30	0.40
Pathology/Lab	Procedures	5,258.8	15.70	6.88	0.41	-	0.04	0.03	5,602.8	15.76	7.36
Radiology	Procedures	1,941.5	36.28	5.87	0.35	-	0.03	0.03	2,067.1	36.46	6.28
Office Administered Drugs	Procedures	485.2	228.04	9.22	0.55	-	0.05	0.05	516.8	229.20	9.87
Physical Exams	Visits	879.2	63.47	4.65	0.28	-	0.02	0.03	935.9	63.85	4.98
Therapy	Visits	1,185.0	75.65	7.47	0.45	-	0.04	0.04	1,262.7	76.03	8.00
Vision	Visits	496.1	66.52	2.75	0.17	(0.01)	0.02	0.01	530.4	66.52	2.94
Other Professional	Procedures	10,146.8	112.37	95.02	5.70	(0.03)	0.50	0.51	10,808.9	112.91	101.70
Subtotal Professional				\$ 256.24							\$ 274.28
Retail Pharmacy											
Retail Pharmacy	Scripts	57,349.2	\$ 64.62	\$ 308.83	\$ 18.53	\$ (17.71)	\$ 4.64	\$ 20.43	61,651.8	\$ 65.15	\$ 334.72
Subtotal Retail Pharmacy				\$ 308.83							\$ 334.72
Ancillary											
Transportation	Trips	501.3	\$ 92.41	\$ 3.86	\$ 0.23	\$ 0.00	\$ 0.02	\$ 0.06	533.7	\$ 93.76	\$ 4.17
DME/Prosthetics	Procedures	6,778.0	130.83	73.90	4.43	(0.04)	0.40	1.18	7,221.0	132.73	79.87
Hospice	Days	2,063.3	149.29	25.67	1.54	(0.01)	0.13	0.31	2,197.6	150.93	27.64
Subtotal Ancillary				\$ 103.43							\$ 111.68
LTSS											
Nursing Home	Days	201.3	\$ 279.58	\$ 4.69	\$ 0.28	\$ 0.00	\$ 0.02	\$ 0.06	214.2	\$ 282.94	\$ 5.05
HCBS	Procedures	454.9	205.49	7.79	0.47	(0.01)	0.08	0.13	487.0	208.44	8.46
Case Management	Procedures	47.4	76.00	0.30	0.02	-	-	0.01	50.5	78.38	0.33
Subtotal LTSS				\$ 12.78							\$ 13.84
Total Medical Costs				\$ 1,036.46							\$ 1,120.13

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Rate Cell: RHP - SPMI											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 34,311	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	2,423.5	\$ 1,185.61	\$ 239.44	\$ 14.37	\$ (0.59)	\$ 1.27	\$ 5.34	2,581.8	\$ 1,207.69	\$ 259.83
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,419.8	822.47	302.93	18.18	(0.74)	1.60	6.76	4,708.4	837.81	328.73
Inpatient Maternity Delivery	Days	25.3	1,219.34	2.57	0.15	-	0.01	0.06	26.9	1,246.14	2.79
Other Inpatient	Days	782.4	250.62	16.34	0.98	(0.04)	0.09	0.36	833.6	255.22	17.73
Subtotal Inpatient Hospital				\$ 561.28							\$ 609.08
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,218.4	\$ 574.42	\$ 106.19	\$ 6.37	\$ (0.07)	\$ 0.57	\$ 2.37	2,363.3	\$ 586.10	\$ 115.43
Outpatient Surgery	Visits	243.3	1,379.07	27.96	1.68	(0.02)	0.15	0.62	259.2	1,406.85	30.39
Outpatient Radiology	Procedures	786.4	308.99	20.25	1.22	(0.02)	0.11	0.45	838.1	315.14	22.01
Outpatient Pathology/Lab	Procedures	8,458.4	40.26	28.38	1.70	(0.02)	0.16	0.63	9,012.7	41.08	30.85
Outpatient Pharmacy	Procedures	908.3	874.49	66.19	3.97	(0.04)	0.35	1.48	967.6	892.35	71.95
Outpatient MH/SA	Visits	657.8	377.46	20.69	1.24	(0.01)	0.11	0.46	700.7	385.17	22.49
Other Outpatient	Procedures	2,222.8	259.62	48.09	2.89	(0.04)	0.26	1.07	2,368.3	264.84	52.27
Subtotal Outpatient Hospital				\$ 317.75							\$ 345.39
Professional											
Inpatient and Outpatient Surgery	Procedures	1,400.4	\$ 179.17	\$ 20.91	\$ 1.25	\$ 0.00	\$ 0.11	\$ 0.11	1,491.5	\$ 180.06	\$ 22.38
Anesthesia	Procedures	454.1	182.60	6.91	0.41	-	0.04	0.04	483.7	183.59	7.40
Inpatient Visits	Visits	4,272.9	93.52	33.30	2.00	(0.01)	0.17	0.18	4,551.4	93.97	35.64
MH/SA	Visits	28,188.9	226.18	531.31	31.88	(0.17)	2.81	2.83	30,029.4	227.24	568.66
Emergency Room	Visits	2,853.1	105.87	25.17	1.51	(0.01)	0.14	0.13	3,040.1	106.34	26.94
Office/Home Visits/Consults	Visits	10,712.5	65.60	58.56	3.51	(0.02)	0.32	0.31	11,413.1	65.90	62.68
Maternity	Procedures	41.4	293.05	1.01	0.06	-	0.01	-	44.2	293.05	1.08
Pathology/Lab	Procedures	9,731.6	38.25	31.02	1.86	(0.01)	0.17	0.16	10,368.5	38.42	33.20
Radiology	Procedures	4,273.3	38.95	13.87	0.83	-	0.07	0.08	4,550.6	39.16	14.85
Office Administered Drugs	Procedures	634.7	149.17	7.89	0.47	-	0.04	0.04	675.7	149.88	8.44
Physical Exams	Visits	654.3	55.75	3.04	0.18	-	0.02	0.01	697.3	55.93	3.25
Therapy	Visits	1,407.6	66.24	7.77	0.47	(0.01)	0.04	0.05	1,499.9	66.56	8.32
Vision	Visits	513.8	69.84	2.99	0.18	-	0.01	0.02	546.4	70.28	3.20
Other Professional	Procedures	9,953.6	62.03	51.45	3.09	(0.02)	0.27	0.28	10,603.6	62.32	55.07
Subtotal Professional				\$ 795.20							\$ 851.11
Retail Pharmacy											
Retail Pharmacy	Scripts	74,898.5	\$ 81.85	\$ 510.87	\$ 30.65	\$ (29.29)	\$ 7.68	\$ 33.79	80,518.1	\$ 82.52	\$ 553.70
Subtotal Retail Pharmacy				\$ 510.87							\$ 553.70
Ancillary											
Transportation	Trips	1,592.2	\$ 74.46	\$ 9.88	\$ 0.59	\$ 0.00	\$ 0.05	\$ 0.16	1,695.4	\$ 75.59	\$ 10.68
DME/Prosthetics	Procedures	1,864.2	101.58	15.78	0.95	(0.01)	0.08	0.25	1,985.9	103.03	17.05
Hospice	Days	238.5	157.50	3.13	0.19	-	0.01	0.04	253.7	159.40	3.37
Subtotal Ancillary				\$ 28.79							\$ 31.10
LTSS											
Nursing Home	Days	511.9	\$ 278.50	\$ 11.88	\$ 0.71	\$ (0.01)	\$ 0.06	\$ 0.14	545.1	\$ 281.36	\$ 12.78
HCBS	Procedures	167.5	40.83	0.57	0.03	-	0.01	0.01	179.3	41.50	0.62
Case Management	Procedures	490.0	130.52	5.33	0.32	(0.01)	0.06	0.09	525.0	132.35	5.79
Subtotal LTSS				\$ 17.78							\$ 19.19
Total Medical Costs				\$ 2,231.67							\$ 2,409.57

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Rate Cell: RHP - Other Disabled 21-44											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 44,452	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	866.5	\$ 1,803.72	\$ 130.25	\$ 7.82	\$ (0.32)	\$ 0.69	\$ 2.90	923.2	\$ 1,837.26	\$ 141.34
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	677.2	694.32	39.18	2.35	(0.09)	0.20	0.88	721.2	707.46	42.52
Inpatient Maternity Delivery	Days	75.1	1,133.89	7.10	0.43	(0.02)	0.04	0.15	80.1	1,153.37	7.70
Other Inpatient	Days	71.2	286.50	1.70	0.10	-	0.01	0.03	75.8	291.25	1.84
Subtotal Inpatient Hospital				\$ 178.23							\$ 193.40
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,393.0	\$ 586.72	\$ 68.11	\$ 4.09	\$ (0.05)	\$ 0.36	\$ 1.53	1,484.0	\$ 598.69	\$ 74.04
Outpatient Surgery	Visits	163.6	1,913.38	26.08	1.56	(0.01)	0.14	0.58	174.2	1,952.64	28.35
Outpatient Radiology	Procedures	518.4	297.91	12.87	0.77	(0.01)	0.07	0.29	552.2	304.00	13.99
Outpatient Pathology/Lab	Procedures	6,911.5	39.73	22.88	1.37	(0.01)	0.12	0.51	7,361.6	40.54	24.87
Outpatient Pharmacy	Procedures	887.8	496.08	36.70	2.20	(0.02)	0.19	0.82	945.6	506.23	39.89
Outpatient MH/SA	Visits	271.3	386.20	8.73	0.52	-	0.04	0.20	288.7	394.52	9.49
Other Outpatient	Procedures	1,925.1	212.63	34.11	2.05	(0.03)	0.19	0.76	2,051.5	216.90	37.08
Subtotal Outpatient Hospital				\$ 209.48							\$ 227.71
Professional											
Inpatient and Outpatient Surgery	Procedures	716.6	\$ 216.69	\$ 12.94	\$ 0.78	\$ (0.01)	\$ 0.07	\$ 0.07	763.7	\$ 217.63	\$ 13.85
Anesthesia	Procedures	236.7	204.84	4.04	0.24	-	0.02	0.02	251.9	205.79	4.32
Inpatient Visits	Visits	1,373.2	81.18	9.29	0.56	(0.01)	0.05	0.05	1,463.4	81.51	9.94
MH/SA	Visits	7,942.6	86.98	57.57	3.45	(0.01)	0.30	0.31	8,460.0	87.40	61.62
Emergency Room	Visits	1,582.3	83.57	11.02	0.66	-	0.06	0.05	1,685.7	83.93	11.79
Office/Home Visits/Consults	Visits	5,752.8	63.25	30.32	1.82	(0.01)	0.16	0.16	6,128.5	63.54	32.45
Maternity	Procedures	86.8	331.66	2.40	0.14	-	0.02	0.01	92.6	332.95	2.57
Pathology/Lab	Procedures	4,599.4	29.98	11.49	0.69	-	0.06	0.06	4,899.6	30.12	12.30
Radiology	Procedures	2,689.5	41.54	9.31	0.56	-	0.04	0.05	2,862.8	41.75	9.96
Office Administered Drugs	Procedures	504.8	754.81	31.75	1.91	(0.02)	0.17	0.17	537.8	758.16	33.98
Physical Exams	Visits	524.3	56.54	2.47	0.15	-	0.01	0.01	558.2	56.75	2.64
Therapy	Visits	889.6	59.22	4.39	0.26	-	0.03	0.02	948.4	59.47	4.70
Vision	Visits	357.4	69.85	2.08	0.12	-	0.02	0.01	381.4	70.16	2.23
Other Professional	Procedures	3,393.8	73.05	20.66	1.24	(0.01)	0.11	0.11	3,615.6	73.38	22.11
Subtotal Professional				\$ 209.73							\$ 224.46
Retail Pharmacy											
Retail Pharmacy	Scripts	29,863.5	\$ 78.12	\$ 194.42	\$ 11.67	\$ (11.15)	\$ 2.92	\$ 12.86	32,104.5	\$ 78.76	\$ 210.72
Subtotal Retail Pharmacy				\$ 194.42							\$ 210.72
Ancillary											
Transportation	Trips	468.2	\$ 76.63	\$ 2.99	\$ 0.18	\$ 0.00	\$ 0.01	\$ 0.05	498.0	\$ 77.83	\$ 3.23
DME/Prosthetics	Procedures	1,197.5	119.05	11.88	0.71	-	0.06	0.19	1,275.1	120.84	12.84
Hospice	Days	14.2	143.37	0.17	0.01	-	-	-	15.1	143.37	0.18
Subtotal Ancillary				\$ 15.04							\$ 16.25
LTSS											
Nursing Home	Days	46.2	\$ 337.71	\$ 1.30	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.02	49.0	\$ 342.60	\$ 1.40
HCBS	Procedures	78.8	54.80	0.36	0.02	-	0.01	-	85.4	54.80	0.39
Case Management	Procedures	145.8	44.46	0.54	0.03	-	0.01	0.01	156.6	45.22	0.59
Subtotal LTSS				\$ 2.20							\$ 2.38
Total Medical Costs				\$ 809.10							\$ 874.92

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Rate Cell: RHP - Other Disabled 45+											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 91,181	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,673.1	\$ 1,818.16	\$ 253.49	\$ 15.21	\$ (0.62)	\$ 1.34	\$ 5.66	1,782.3	\$ 1,852.09	\$ 275.08
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	635.2	692.15	36.64	2.20	(0.09)	0.19	0.82	676.7	705.09	39.76
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	577.0	308.00	14.81	0.89	(0.04)	0.08	0.33	614.8	313.66	16.07
Subtotal Inpatient Hospital				\$ 304.94							\$ 330.91
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,098.4	\$ 604.68	\$ 55.35	\$ 3.32	\$ (0.03)	\$ 0.29	\$ 1.24	1,170.1	\$ 617.09	\$ 60.17
Outpatient Surgery	Visits	340.0	1,476.59	41.84	2.51	(0.03)	0.23	0.93	362.3	1,506.40	45.48
Outpatient Radiology	Procedures	972.6	310.92	25.20	1.51	(0.01)	0.13	0.56	1,035.9	317.29	27.39
Outpatient Pathology/Lab	Procedures	9,834.1	33.32	27.31	1.64	(0.02)	0.15	0.61	10,478.6	34.00	29.69
Outpatient Pharmacy	Procedures	1,326.0	563.08	62.22	3.73	(0.04)	0.33	1.39	1,412.5	574.55	67.63
Outpatient MH/SA	Visits	136.3	313.40	3.56	0.21	-	0.02	0.08	145.1	320.02	3.87
Other Outpatient	Procedures	3,091.4	214.70	55.31	3.32	(0.04)	0.30	1.23	3,293.7	219.04	60.12
Subtotal Outpatient Hospital				\$ 270.79							\$ 294.35
Professional											
Inpatient and Outpatient Surgery	Procedures	1,684.7	\$ 207.57	\$ 29.14	\$ 1.75	\$ (0.01)	\$ 0.15	\$ 0.16	1,794.5	\$ 208.57	\$ 31.19
Anesthesia	Procedures	415.2	144.80	5.01	0.30	-	0.03	0.02	442.5	145.35	5.36
Inpatient Visits	Visits	2,465.6	80.26	16.49	0.99	(0.01)	0.09	0.09	2,627.0	80.62	17.65
MH/SA	Visits	8,901.4	78.82	58.47	3.51	(0.02)	0.31	0.31	9,482.9	79.19	62.58
Emergency Room	Visits	1,488.1	91.77	11.38	0.68	-	0.06	0.06	1,584.8	92.23	12.18
Office/Home Visits/Consults	Visits	9,173.3	65.29	49.91	2.99	(0.01)	0.26	0.27	9,770.7	65.61	53.42
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,670.1	26.61	14.79	0.89	(0.01)	0.08	0.08	7,107.6	26.73	15.83
Radiology	Procedures	4,352.8	48.30	17.52	1.05	-	0.09	0.09	4,636.1	48.53	18.75
Office Administered Drugs	Procedures	593.3	235.84	11.66	0.70	-	0.06	0.06	631.9	236.98	12.48
Physical Exams	Visits	680.8	53.59	3.04	0.18	-	0.02	0.01	725.6	53.75	3.25
Therapy	Visits	1,875.8	67.81	10.60	0.64	(0.01)	0.06	0.06	1,999.6	68.11	11.35
Vision	Visits	596.0	67.45	3.35	0.20	-	0.02	0.02	635.1	67.83	3.59
Other Professional	Procedures	8,007.8	64.36	42.95	2.58	(0.02)	0.23	0.23	8,531.7	64.66	45.97
Subtotal Professional				\$ 274.31							\$ 293.60
Retail Pharmacy											
Retail Pharmacy	Scripts	67,045.7	\$ 70.50	\$ 393.91	\$ 23.63	\$ (22.58)	\$ 5.92	\$ 26.06	72,075.3	\$ 71.08	\$ 426.94
Subtotal Retail Pharmacy				\$ 393.91							\$ 426.94
Ancillary											
Transportation	Trips	675.2	\$ 73.40	\$ 4.13	\$ 0.25	\$ 0.00	\$ 0.02	\$ 0.06	719.4	\$ 74.40	\$ 4.46
DME/Prosthetics	Procedures	2,708.9	104.63	23.62	1.42	(0.02)	0.13	0.38	2,886.7	106.13	25.53
Hospice	Days	326.4	192.63	5.24	0.31	-	0.03	0.06	347.6	194.70	5.64
Subtotal Ancillary				\$ 32.99							\$ 35.63
LTSS											
Nursing Home	Days	427.5	\$ 279.57	\$ 9.96	\$ 0.60	\$ (0.01)	\$ 0.05	\$ 0.12	455.4	\$ 282.47	\$ 10.72
HCBS	Procedures	161.9	51.88	0.70	0.04	-	0.01	0.01	173.5	52.58	0.76
Case Management	Procedures	285.4	49.20	1.17	0.07	-	0.01	0.02	304.9	49.99	1.27
Subtotal LTSS				\$ 11.83							\$ 12.75
Total Medical Costs				\$ 1,288.77							\$ 1,394.18

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Rate Cell: SOBRA											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Deliveries: 4,831 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	242.1	\$ 1,825.06	\$ 441.92	\$ 0.00	\$ (3.31)	\$ 0.00	\$ 9.21	242.1	\$ 1,849.43	\$ 447.82
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	2,939.3	1,357.28	3,989.49	-	(29.92)	-	83.15	2,939.3	1,375.39	4,042.72
Other Inpatient	Days	0.8	1,076.89	0.89	-	(0.01)	-	0.02	0.8	1,088.99	0.90
Subtotal Inpatient Hospital				\$ 4,432.30							\$ 4,491.44
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,160.6	\$ 677.37	\$ 1,463.49	\$ 0.00	\$ (0.73)	\$ 7.31	\$ 30.87	2,171.3	\$ 691.25	\$ 1,500.94
Outpatient Surgery	Visits	45.9	3,159.39	145.14	-	(0.07)	0.72	3.06	46.2	3,224.16	148.85
Outpatient Radiology	Procedures	3,188.1	172.61	550.31	-	(0.28)	2.76	11.60	3,204.1	176.15	564.39
Outpatient Pathology/Lab	Procedures	17,960.8	45.64	819.64	-	(0.41)	4.10	17.29	18,050.6	46.57	840.62
Outpatient Pharmacy	Procedures	459.6	236.59	108.73	-	(0.05)	0.54	2.29	461.9	241.44	111.51
Outpatient MH/SA	Visits	18.1	242.43	4.39	-	-	0.02	0.09	18.2	247.38	4.50
Other Outpatient	Procedures	3,025.0	126.77	383.48	-	(0.19)	1.91	8.09	3,040.1	129.37	393.29
Subtotal Outpatient Hospital				\$ 3,475.18							\$ 3,564.10
Professional											
Inpatient and Outpatient Surgery	Procedures	83.5	\$ 123.13	\$ 10.28	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.05	84.3	\$ 123.72	\$ 10.43
Anesthesia	Procedures	1,021.9	407.70	416.63	-	(0.12)	4.16	2.10	1,032.1	409.61	422.77
Inpatient Visits	Visits	1,089.5	57.32	62.45	-	(0.02)	0.63	0.31	1,100.5	57.58	63.37
MH/SA	Visits	14.4	78.95	1.14	-	-	0.01	0.01	14.6	79.64	1.16
Emergency Room	Visits	1,920.7	62.34	119.73	-	(0.04)	1.20	0.61	1,939.9	62.63	121.50
Office/Home Visits/Consults	Visits	1,243.3	67.38	83.77	-	0.03	0.83	0.43	1,255.6	67.74	85.06
Maternity	Procedures	3,573.1	452.91	1,618.27	-	(0.49)	16.18	8.17	3,608.8	455.03	1,642.13
Pathology/Lab	Procedures	2,897.8	26.91	77.99	-	(0.02)	0.78	0.39	2,926.8	27.04	79.14
Radiology	Procedures	7,018.9	47.29	331.93	-	(0.10)	3.32	1.67	7,089.1	47.51	336.82
Office Administered Drugs	Procedures	336.9	36.95	12.45	-	-	0.12	0.06	340.2	37.13	12.63
Physical Exams	Visits	469.3	12.27	5.76	-	-	0.06	0.03	474.2	12.34	5.85
Therapy	Visits	49.8	71.27	3.55	-	-	0.03	0.02	50.2	71.67	3.60
Vision	Visits	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	652.6	139.48	91.02	-	(0.03)	0.91	0.46	659.1	140.13	92.36
Subtotal Professional				\$ 2,834.97							\$ 2,876.82
Retail Pharmacy											
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00							\$ 0.00
Ancillary											
Transportation	Trips	77.2	\$ 91.24	\$ 7.04	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.14	77.5	\$ 93.04	\$ 7.21
DME/Prosthetics	Procedures	847.6	150.61	127.66	-	(0.05)	0.64	2.56	851.9	153.55	130.81
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 134.70							\$ 138.02
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	0.6	63.57	0.04	-	-	-	-	0.6	63.57	0.04
Case Management	Procedures	0.7	30.70	0.02	-	-	-	-	0.7	30.70	0.02
Subtotal LTSS				\$ 0.06							\$ 0.06
Total Medical Costs				\$ 10,877.21							\$ 11,070.44

Appendix 3: SFY 2019 Base Data Development

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rate Development
Medicaid Managed Care Program
Retrospective Rate Development Model - SFY 2019

Rate Cell: RC - MF<1											
SFY 2019 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 67,827	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	758.6	\$ 1,874.39	\$ 118.50	\$ 0.00	\$ (0.70)	\$ 0.00	\$ 0.00	758.6	\$ 1,863.32	\$ 117.80
Inpatient Well Newborn	Days	1,859.4	771.21	119.50	-	(0.71)	-	-	1,859.4	766.63	118.79
Inpatient MH/SA	Days	81.0	851.89	5.75	-	(0.03)	-	-	81.0	847.45	5.72
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	43.6	1,856.17	6.74	-	(0.04)	-	-	43.6	1,845.15	6.70
Subtotal Inpatient Hospital				\$ 250.49							\$ 249.01
Outpatient Hospital											
Outpatient Emergency Room	Visits	985.3	\$ 442.82	\$ 36.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	985.3	\$ 442.82	\$ 36.36
Outpatient Surgery	Visits	29.4	1,465.57	3.59	-	-	-	-	29.4	1,465.57	3.59
Outpatient Radiology	Procedures	206.5	142.98	2.46	-	-	-	-	206.5	142.98	2.46
Outpatient Pathology/Lat	Procedures	1,565.0	37.73	4.92	-	-	-	-	1,565.0	37.73	4.92
Outpatient Pharmacy	Procedures	823.9	1.02	0.07	-	-	-	-	823.9	1.02	0.07
Outpatient MH/SA	Visits	89.5	198.37	1.48	-	-	-	-	89.5	198.37	1.48
Other Outpatient	Procedures	1,031.9	126.87	10.91	-	-	-	-	1,031.9	126.87	10.91
Subtotal Outpatient Hospital				\$ 59.79							\$ 59.79
Professional											
Inpatient and Outpatient Surgery	Procedures	468.1	\$ 209.70	\$ 8.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	468.1	\$ 209.70	\$ 8.18
Anesthesia	Procedures	90.6	292.74	2.21	-	-	-	-	90.6	292.74	2.21
Inpatient Visits	Visits	1,682.4	134.95	18.92	-	-	-	-	1,682.4	134.95	18.92
MH/SA	Visits	107.7	534.83	4.80	-	-	-	-	107.7	534.83	4.80
Emergency Room	Visits	1,070.2	70.64	6.30	-	-	-	-	1,070.2	70.64	6.30
Office/Home Visits/Consults	Visits	5,684.6	63.65	30.15	-	-	-	-	5,684.6	63.65	30.15
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,185.5	12.86	1.27	-	-	-	-	1,185.5	12.86	1.27
Radiology	Procedures	886.8	16.64	1.23	-	-	-	-	886.8	16.64	1.23
Office Administered Drugs	Procedures	531.4	1.13	0.05	-	-	-	-	531.4	1.13	0.05
Physical Exams	Visits	8,157.6	80.54	54.75	-	-	-	-	8,157.6	80.54	54.75
Therapy	Visits	69.1	92.03	0.53	-	-	-	-	69.1	92.03	0.53
Vision	Visits	158.6	44.65	0.59	-	-	-	-	158.6	44.65	0.59
Other Professional	Procedures	3,347.1	69.52	19.39	-	-	-	-	3,347.1	69.52	19.39
Subtotal Professional				\$ 148.37							\$ 148.37
Retail Pharmacy											
Retail Pharmacy	Scripts	5,966.8	\$ 24.76	\$ 12.31	\$ 0.00	\$ (0.74)	\$ 0.00	\$ 0.00	5,966.8	\$ 23.27	\$ 11.57
Subtotal Retail Pharmacy				\$ 12.31							\$ 11.57
Ancillary											
Transportation	Trips	76.2	\$ 127.63	\$ 0.81	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	76.2	\$ 127.63	\$ 0.81
DME/Prosthetics	Procedures	371.4	195.18	6.04	-	-	-	-	371.4	195.18	6.04
Hospice	Days	22.9	156.92	0.30	-	-	-	-	22.9	156.92	0.30
Subtotal Ancillary				\$ 7.15							\$ 7.15
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	12.7	369.23	0.39	-	-	-	-	12.7	369.23	0.39
Case Management	Procedures	327.1	45.13	1.23	-	-	-	-	327.1	45.13	1.23
Subtotal LTSS				\$ 1.62							\$ 1.62
Total Medical Costs				\$ 479.73							\$ 477.51

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rate Development
Medicaid Managed Care Program
Retrospective Rate Development Model - SFY 2019

Rate Cell: RC - MF 1-5											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 348,546	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	50.5	\$ 2,972.85	\$ 12.50	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.00	50.5	\$ 2,956.21	\$ 12.43
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	47.4	334.02	1.32	-	(0.01)	-	-	47.4	331.49	1.31
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.2	2,673.18	0.27	-	-	-	-	1.2	2,673.18	0.27
Subtotal Inpatient Hospital				\$ 14.09							\$ 14.01
Outpatient Hospital											
Outpatient Emergency Room	Visits	615.6	\$ 434.72	\$ 22.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	615.6	\$ 434.72	\$ 22.30
Outpatient Surgery	Visits	54.5	1,553.28	7.06	-	-	-	-	54.5	1,553.28	7.06
Outpatient Radiology	Procedures	79.2	144.00	0.95	-	-	-	-	79.2	144.00	0.95
Outpatient Pathology/Lab	Procedures	1,142.7	37.91	3.61	-	-	-	-	1,142.7	37.91	3.61
Outpatient Pharmacy	Procedures	67.0	419.14	2.34	-	-	-	-	67.0	419.14	2.34
Outpatient MH/SA	Visits	127.1	281.25	2.98	-	-	-	-	127.1	281.25	2.98
Other Outpatient	Procedures	555.1	115.66	5.35	-	-	-	-	555.1	115.66	5.35
Subtotal Outpatient Hospital				\$ 44.59							\$ 44.59
Professional											
Inpatient and Outpatient Surgery	Procedures	137.2	\$ 153.90	\$ 1.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	137.2	\$ 153.90	\$ 1.76
Anesthesia	Procedures	91.8	134.68	1.03	-	-	-	-	91.8	134.68	1.03
Inpatient Visits	Visits	102.9	220.41	1.89	-	-	-	-	102.9	220.41	1.89
MH/SA	Visits	674.3	144.86	8.14	-	-	-	-	674.3	144.86	8.14
Emergency Room	Visits	508.1	66.61	2.82	-	-	-	-	508.1	66.61	2.82
Office/Home Visits/Consults	Visits	3,034.5	62.32	15.76	-	-	-	-	3,034.5	62.32	15.76
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,442.9	13.14	1.58	-	-	-	-	1,442.9	13.14	1.58
Radiology	Procedures	266.0	16.24	0.36	-	-	-	-	266.0	16.24	0.36
Office Administered Drugs	Procedures	24.6	19.51	0.04	-	-	-	-	24.6	19.51	0.04
Physical Exams	Visits	1,676.6	70.36	9.83	-	-	-	-	1,676.6	70.36	9.83
Therapy	Visits	132.9	68.65	0.76	-	-	-	-	132.9	68.65	0.76
Vision	Visits	270.8	55.39	1.25	-	-	-	-	270.8	55.39	1.25
Other Professional	Procedures	2,604.2	80.87	17.55	0.11	-	-	-	2,620.5	80.87	17.66
Subtotal Professional				\$ 62.77							\$ 62.88
Retail Pharmacy											
Retail Pharmacy	Scripts	6,283.3	\$ 28.67	\$ 15.01	\$ 0.00	\$ (0.90)	\$ 0.00	\$ 0.00	6,283.3	\$ 26.95	\$ 14.11
Subtotal Retail Pharmacy				\$ 15.01							\$ 14.11
Ancillary											
Transportation	Trips	31.2	\$ 73.15	\$ 0.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	31.2	\$ 73.15	\$ 0.19
DME/Prosthetics	Procedures	139.4	108.47	1.26	-	-	-	-	139.4	108.47	1.26
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.45							\$ 1.45
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	28.1	320.70	0.75	-	-	-	-	28.1	320.70	0.75
Case Management	Procedures	568.1	41.19	1.95	-	-	-	-	568.1	41.19	1.95
Subtotal LTSS				\$ 2.70							\$ 2.70
Total Medical Costs				\$ 140.61							\$ 139.74

State of Rhode Island
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Retrospective Rate Development Model - SFY 2019

Rate Cell: RC - MF 6-14					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 582,286											
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	23.5	\$ 2,629.48	\$ 5.16	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	23.5	\$ 2,614.20	\$ 5.13
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	114.6	1,057.73	10.10	-	(0.06)	-	-	114.6	1,051.45	10.04
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.9	1,982.07	0.81	-	-	-	-	4.9	1,982.07	0.81
Subtotal Inpatient Hospital				\$ 16.07					\$ 15.98		
Outpatient Hospital											
Outpatient Emergency Room	Visits	331.6	\$ 475.88	\$ 13.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	331.6	\$ 475.88	\$ 13.15
Outpatient Surgery	Visits	28.4	1,649.92	3.90	-	-	-	-	28.4	1,649.92	3.90
Outpatient Radiology	Procedures	107.1	175.91	1.57	-	-	-	-	107.1	175.91	1.57
Outpatient Pathology/Lab	Procedures	1,114.2	37.91	3.52	-	-	-	-	1,114.2	37.91	3.52
Outpatient Pharmacy	Procedures	59.6	449.00	2.23	-	-	-	-	59.6	449.00	2.23
Outpatient MH/SA	Visits	75.3	573.60	3.60	-	-	-	-	75.3	573.60	3.60
Other Outpatient	Procedures	349.9	124.14	3.62	-	-	-	-	349.9	124.14	3.62
Subtotal Outpatient Hospital				\$ 31.59					\$ 31.59		
Professional											
Inpatient and Outpatient Surgen	Procedures	135.6	\$ 151.29	\$ 1.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	135.6	\$ 151.29	\$ 1.71
Anesthesia	Procedures	52.1	138.32	0.60	-	-	-	-	52.1	138.32	0.60
Inpatient Visits	Visits	80.0	117.06	0.78	-	-	-	-	80.0	117.06	0.78
MH/SA	Visits	1,784.8	98.97	14.72	-	-	-	-	1,784.8	98.97	14.72
Emergency Room	Visits	292.5	70.97	1.73	-	-	-	-	292.5	70.97	1.73
Office/Home Visits/Consults	Visits	2,601.3	65.14	14.12	-	-	-	-	2,601.3	65.14	14.12
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,238.1	14.05	1.45	-	-	-	-	1,238.1	14.05	1.45
Radiology	Procedures	394.8	25.53	0.84	-	-	-	-	394.8	25.53	0.84
Office Administered Drugs	Procedures	19.5	454.31	0.74	-	-	-	-	19.5	454.31	0.74
Physical Exams	Visits	1,129.0	62.28	5.86	-	-	-	-	1,129.0	62.28	5.86
Therapy	Visits	148.7	55.67	0.69	-	-	-	-	148.7	55.67	0.69
Vision	Visits	614.5	77.72	3.98	-	-	-	-	614.5	77.72	3.98
Other Professional	Procedures	1,765.2	37.46	5.51	0.04	-	-	-	1,778.0	37.46	5.55
Subtotal Professional				\$ 52.73					\$ 52.77		
Retail Pharmacy											
Retail Pharmacy	Scripts	4,386.5	\$ 63.99	\$ 23.39	\$ 0.00	\$ (1.41)	\$ 0.00	\$ 0.00	4,386.5	\$ 60.13	\$ 21.98
Subtotal Retail Pharmacy				\$ 23.39					\$ 21.98		
Ancillary											
Transportation	Trips	35.0	\$ 89.06	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	35.0	\$ 89.06	\$ 0.26
DME/Prosthetics	Procedures	169.9	111.59	1.58	-	-	-	-	169.9	111.59	1.58
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.84					\$ 1.84		
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	300.3	100.29	2.51	-	-	-	-	300.3	100.29	2.51
Case Management	Procedures	266.4	25.23	0.56	-	-	-	-	266.4	25.23	0.56
Subtotal LTSS				\$ 3.07					\$ 3.07		
Total Medical Costs				\$ 128.69					\$ 127.23		

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Rate Cell: RC - M 15-44		SFY 2019 Base Experience			Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 208,945 Category of Service		Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital												
Inpatient Medical/Surgical/Non-Delivery	Days	72.2	\$ 2,382.76	\$ 14.34	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.00		72.2	\$ 2,369.47	\$ 14.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	210.9	808.68	14.21	-	(0.08)	-	-	-	210.9	804.13	14.13
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	21.3	1,160.83	2.06	-	(0.01)	-	-	-	21.3	1,155.19	2.05
Subtotal Inpatient Hospital				\$ 30.61							\$ 30.44	
Outpatient Hospital												
Outpatient Emergency Room	Visits	434.8	\$ 528.78	\$ 19.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		434.8	\$ 528.78	\$ 19.16
Outpatient Surgery	Visits	58.0	1,629.02	7.87	-	-	-	-	-	58.0	1,629.02	7.87
Outpatient Radiology	Procedures	128.5	240.04	2.57	-	-	-	-	-	128.5	240.04	2.57
Outpatient Pathology/Lab	Procedures	1,951.6	37.38	6.08	-	-	-	-	-	1,951.6	37.38	6.08
Outpatient Pharmacy	Procedures	89.6	888.18	6.63	-	-	-	-	-	89.6	888.18	6.63
Outpatient MH/SA	Visits	82.6	369.03	2.54	-	-	-	-	-	82.6	369.03	2.54
Other Outpatient	Procedures	347.1	149.69	4.33	-	-	-	-	-	347.1	149.69	4.33
Subtotal Outpatient Hospital				\$ 49.18							\$ 49.18	
Professional												
Inpatient and Outpatient Surgen	Procedures	247.4	\$ 205.15	\$ 4.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		247.4	\$ 205.15	\$ 4.23
Anesthesia	Procedures	82.8	155.16	1.07	-	-	-	-	-	82.8	155.16	1.07
Inpatient Visits	Visits	181.6	99.79	1.51	-	-	-	-	-	181.6	99.79	1.51
MH/SA	Visits	2,510.6	77.81	16.28	-	-	-	-	-	2,510.6	77.81	16.28
Emergency Room	Visits	407.2	78.98	2.68	-	-	-	-	-	407.2	78.98	2.68
Office/Home Visits/Consults	Visits	2,613.0	65.17	14.19	-	-	-	-	-	2,613.0	65.17	14.19
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,833.3	24.41	3.73	-	-	-	-	-	1,833.3	24.41	3.73
Radiology	Procedures	761.6	41.59	2.64	-	-	-	-	-	761.6	41.59	2.64
Office Administered Drugs	Procedures	87.6	193.24	1.41	-	-	-	-	-	87.6	193.24	1.41
Physical Exams	Visits	730.2	60.14	3.66	-	-	-	-	-	730.2	60.14	3.66
Therapy	Visits	440.3	58.06	2.13	-	-	-	-	-	440.3	58.06	2.13
Vision	Visits	411.1	74.14	2.54	-	-	-	-	-	411.1	74.14	2.54
Other Professional	Procedures	1,696.2	29.57	4.18	0.02	-	-	-	-	1,704.3	29.57	4.20
Subtotal Professional				\$ 60.25							\$ 60.27	
Retail Pharmacy												
Retail Pharmacy	Scripts	6,620.9	\$ 68.55	\$ 37.82	\$ 0.00	\$ (2.28)	\$ 0.00	\$ 0.00		6,620.9	\$ 64.41	\$ 35.54
Subtotal Retail Pharmacy				\$ 37.82							\$ 35.54	
Ancillary												
Transportation	Trips	80.3	\$ 80.70	\$ 0.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		80.3	\$ 80.70	\$ 0.54
DME/Prosthetics	Procedures	347.6	91.13	2.64	-	-	-	-	-	347.6	91.13	2.64
Hospice	Days	1.5	164.25	0.02	-	-	-	-	-	1.5	164.25	0.02
Subtotal Ancillary				\$ 3.20							\$ 3.20	
LTSS												
Nursing Home	Days	2.1	\$ 285.26	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		2.1	\$ 285.26	\$ 0.05
HCBS	Procedures	336.5	93.42	2.62	-	-	-	-	-	336.5	93.42	2.62
Case Management	Procedures	177.8	22.95	0.34	-	-	-	-	-	177.8	22.95	0.34
Subtotal LTSS				\$ 3.01							\$ 3.01	
Total Medical Costs				\$ 184.07							\$ 181.64	

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Rate Cell: RC - F 15-44											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 506,823											
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	126.8	\$ 2,380.73	\$ 25.16	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.00	126.8	\$ 2,366.54	\$ 25.01
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	434.3	547.68	19.82	-	(0.12)	-	-	434.3	544.37	19.70
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	16.7	1,069.13	1.49	-	(0.01)	-	-	16.7	1,061.96	1.48
Subtotal Inpatient Hospital				\$ 46.47							\$ 46.19
Outpatient Hospital											
Outpatient Emergency Room	Visits	611.2	\$ 557.04	\$ 28.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	611.2	\$ 557.04	\$ 28.37
Outpatient Surgery	Visits	98.3	1,937.53	15.87	-	-	-	-	98.3	1,937.53	15.87
Outpatient Radiology	Procedures	290.5	232.99	5.64	-	-	-	-	290.5	232.99	5.64
Outpatient Pathology/Lab	Procedures	5,046.4	44.66	18.78	-	-	-	-	5,046.4	44.66	18.78
Outpatient Pharmacy	Procedures	273.2	445.91	10.15	-	-	-	-	273.2	445.91	10.15
Outpatient MH/SA	Visits	136.6	466.52	5.31	-	-	-	-	136.6	466.52	5.31
Other Outpatient	Procedures	589.6	138.39	6.80	-	-	-	-	589.6	138.39	6.80
Subtotal Outpatient Hospital				\$ 90.92							\$ 90.92
Professional											
Inpatient and Outpatient Surgery	Procedures	455.1	\$ 211.21	\$ 8.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	455.1	\$ 211.21	\$ 8.01
Anesthesia	Procedures	172.2	136.57	1.96	-	-	-	-	172.2	136.57	1.96
Inpatient Visits	Visits	316.1	111.21	2.93	-	-	-	-	316.1	111.21	2.93
MH/SA	Visits	3,433.9	83.66	23.94	-	-	-	-	3,433.9	83.66	23.94
Emergency Room	Visits	687.7	80.62	4.62	-	-	-	-	687.7	80.62	4.62
Office/Home Visits/Consults	Visits	5,112.3	63.35	26.99	-	-	-	-	5,112.3	63.35	26.99
Maternity	Procedures	5.6	42.62	0.02	-	-	-	-	5.6	42.62	0.02
Pathology/Lab	Procedures	4,534.6	22.20	8.39	-	-	-	-	4,534.6	22.20	8.39
Radiology	Procedures	1,536.6	45.22	5.79	-	-	-	-	1,536.6	45.22	5.79
Office Administered Drugs	Procedures	295.4	126.76	3.12	-	-	-	-	295.4	126.76	3.12
Physical Exams	Visits	1,005.5	54.78	4.59	-	-	-	-	1,005.5	54.78	4.59
Therapy	Visits	699.3	56.45	3.29	-	-	-	-	699.3	56.45	3.29
Vision	Visits	535.2	73.76	3.29	-	-	-	-	535.2	73.76	3.29
Other Professional	Procedures	1,508.6	71.98	9.05	-	-	-	-	1,508.6	71.98	9.05
Subtotal Professional				\$ 105.99							\$ 105.99
Retail Pharmacy											
Retail Pharmacy	Scripts	15,071.4	\$ 47.57	\$ 59.74	\$ 0.00	\$ (3.60)	\$ 0.00	\$ 0.00	15,071.4	\$ 44.70	\$ 56.14
Subtotal Retail Pharmacy				\$ 59.74							\$ 56.14
Ancillary											
Transportation	Trips	133.4	\$ 78.29	\$ 0.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	133.4	\$ 78.29	\$ 0.87
DME/Prosthetics	Procedures	296.7	118.08	2.92	-	-	-	-	296.7	118.08	2.92
Hospice	Days	3.1	419.31	0.11	-	-	-	-	3.1	419.31	0.11
Subtotal Ancillary				\$ 3.90							\$ 3.90
LTSS											
Nursing Home	Days	7.6	\$ 267.18	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	7.6	\$ 267.18	\$ 0.17
HCBS	Procedures	131.2	95.12	1.04	-	-	-	-	131.2	95.12	1.04
Case Management	Procedures	112.1	26.76	0.25	-	-	-	-	112.1	26.76	0.25
Subtotal LTSS				\$ 1.46							\$ 1.46
Total Medical Costs				\$ 308.48							\$ 304.60

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Rate Cell: RC - MF 45+											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 106,760	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	243.0	\$ 2,068.03	\$ 41.87	\$ 0.00	\$ (0.25)	\$ 0.00	\$ 0.00	243.0	\$ 2,055.68	\$ 41.62
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	193.0	665.35	10.70	-	(0.06)	-	-	193.0	661.62	10.64
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	34.7	1,202.32	3.48	-	(0.02)	-	-	34.7	1,195.41	3.46
Subtotal Inpatient Hospital				\$ 56.05							\$ 55.72
Outpatient Hospital											
Outpatient Emergency Room	Visits	476.1	\$ 630.06	\$ 25.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	476.1	\$ 630.06	\$ 25.00
Outpatient Surgery	Visits	238.1	1,612.69	32.00	-	-	-	-	238.1	1,612.69	32.00
Outpatient Radiology	Procedures	635.9	254.01	13.46	-	-	-	-	635.9	254.01	13.46
Outpatient Pathology/Lab	Procedures	6,445.9	32.15	17.27	-	-	-	-	6,445.9	32.15	17.27
Outpatient Pharmacy	Procedures	611.2	406.63	20.71	-	-	-	-	611.2	406.63	20.71
Outpatient MH/SA	Visits	79.6	482.62	3.20	-	-	-	-	79.6	482.62	3.20
Other Outpatient	Procedures	1,175.6	156.07	15.29	-	-	-	-	1,175.6	156.07	15.29
Subtotal Outpatient Hospital				\$ 126.93							\$ 126.93
Professional											
Inpatient and Outpatient Surgery	Procedures	892.7	\$ 217.49	\$ 16.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	892.7	\$ 217.49	\$ 16.18
Anesthesia	Procedures	275.3	136.42	3.13	-	-	-	-	275.3	136.42	3.13
Inpatient Visits	Visits	451.4	89.06	3.35	-	-	-	-	451.4	89.06	3.35
MH/SA	Visits	2,635.2	85.84	18.85	-	-	-	-	2,635.2	85.84	18.85
Emergency Room	Visits	516.0	88.14	3.79	-	-	-	-	516.0	88.14	3.79
Office/Home Visits/Consults	Visits	6,187.6	65.09	33.56	-	-	-	-	6,187.6	65.09	33.56
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,087.7	21.11	8.95	-	-	-	-	5,087.7	21.11	8.95
Radiology	Procedures	2,351.4	53.53	10.49	-	-	-	-	2,351.4	53.53	10.49
Office Administered Drugs	Procedures	333.7	208.57	5.80	-	-	-	-	333.7	208.57	5.80
Physical Exams	Visits	942.5	58.82	4.62	-	-	-	-	942.5	58.82	4.62
Therapy	Visits	1,474.6	56.56	6.95	-	-	-	-	1,474.6	56.56	6.95
Vision	Visits	592.9	67.19	3.32	-	-	-	-	592.9	67.19	3.32
Other Professional	Procedures	2,233.1	51.80	9.64	-	-	-	-	2,233.1	51.80	9.64
Subtotal Professional				\$ 128.63							\$ 128.63
Retail Pharmacy											
Retail Pharmacy	Scripts	26,751.4	\$ 55.25	\$ 123.16	\$ 0.00	\$ (7.41)	\$ 0.00	\$ 0.00	26,751.4	\$ 51.92	\$ 115.75
Subtotal Retail Pharmacy				\$ 123.16							\$ 115.75
Ancillary											
Transportation	Trips	109.6	\$ 81.04	\$ 0.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	109.6	\$ 81.04	\$ 0.74
DME/Prosthetics	Procedures	777.4	100.96	6.54	-	-	-	-	777.4	100.96	6.54
Hospice	Days	14.4	175.33	0.21	-	-	-	-	14.4	175.33	0.21
Subtotal Ancillary				\$ 7.49							\$ 7.49
LTSS											
Nursing Home	Days	32.1	\$ 261.77	\$ 0.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	32.1	\$ 261.77	\$ 0.70
HCBS	Procedures	136.0	81.16	0.92	-	-	-	-	136.0	81.16	0.92
Case Management	Procedures	82.6	40.67	0.28	-	-	-	-	82.6	40.67	0.28
Subtotal LTSS				\$ 1.90							\$ 1.90
Total Medical Costs				\$ 444.16							\$ 436.42

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Rate Cell: RC - EFP											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 14,737	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4.5	158.87	0.06	-	-	-	-	4.5	158.87	0.06
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.06							\$ 0.06
Outpatient Hospital											
Outpatient Emergency Room	Visits	15.4	\$ 654.48	\$ 0.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	15.4	\$ 654.48	\$ 0.84
Outpatient Surgery	Visits	4.6	1,815.14	0.69	-	-	-	-	4.6	1,815.14	0.69
Outpatient Radiology	Procedures	8.2	189.75	0.13	-	-	-	-	8.2	189.75	0.13
Outpatient Pathology/Lab	Procedures	465.1	51.08	1.98	-	-	-	-	465.1	51.08	1.98
Outpatient Pharmacy	Procedures	77.5	85.22	0.55	-	-	-	-	77.5	85.22	0.55
Outpatient MH/SA	Visits	1.3	834.64	0.09	-	-	-	-	1.3	834.64	0.09
Other Outpatient	Procedures	73.0	230.13	1.40	-	-	-	-	73.0	230.13	1.40
Subtotal Outpatient Hospital				\$ 5.68							\$ 5.68
Professional											
Inpatient and Outpatient Surgery	Procedures	16.8	\$ 121.33	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	16.8	\$ 121.33	\$ 0.17
Anesthesia	Procedures	7.7	141.12	0.09	-	-	-	-	7.7	141.12	0.09
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	13.5	97.45	0.11	-	-	-	-	13.5	97.45	0.11
Emergency Room	Visits	19.9	78.50	0.13	-	-	-	-	19.9	78.50	0.13
Office/Home Visits/Consults	Visits	231.0	54.02	1.04	-	-	-	-	231.0	54.02	1.04
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	344.7	14.27	0.41	-	-	-	-	344.7	14.27	0.41
Radiology	Procedures	32.2	48.43	0.13	-	-	-	-	32.2	48.43	0.13
Office Administered Drugs	Procedures	134.7	39.19	0.44	-	-	-	-	134.7	39.19	0.44
Physical Exams	Visits	155.6	48.58	0.63	-	-	-	-	155.6	48.58	0.63
Therapy	Visits	1.5	78.44	0.01	-	-	-	-	1.5	78.44	0.01
Vision	Visits	7.6	78.46	0.05	-	-	-	-	7.6	78.46	0.05
Other Professional	Procedures	93.2	203.33	1.58	-	-	-	-	93.2	203.33	1.58
Subtotal Professional				\$ 4.79							\$ 4.79
Retail Pharmacy											
Retail Pharmacy	Scripts	904.2	\$ 36.10	\$ 2.72	\$ 0.00	\$ (0.16)	\$ 0.00	\$ 0.00	904.2	\$ 33.97	\$ 2.56
Subtotal Retail Pharmacy				\$ 2.72							\$ 2.56
Ancillary											
Transportation	Trips	0.8	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	Procedures	0.8	-	-	-	-	-	-	-	-	-
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.00							\$ 0.00
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00							\$ 0.00
Total Medical Costs				\$ 13.25							\$ 13.09

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Rate Cell: CSHCN - Adoption Subsidy											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 23,979	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	194.5	\$ 2,275.55	\$ 36.88	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	194.5	\$ 2,274.32	\$ 36.86
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,214.1	1,218.35	123.27	-	(0.06)	-	-	1,214.1	1,217.75	123.21
Inpatient Maternity Delivery	Days	5.9	1,695.53	0.84	-	-	-	-	5.9	1,695.53	0.84
Other Inpatient	Days	9.0	1,617.56	1.21	-	-	-	-	9.0	1,617.56	1.21
Subtotal Inpatient Hospital				\$ 162.20							\$ 162.12
Outpatient Hospital											
Outpatient Emergency Room	Visits	402.5	\$ 563.41	\$ 18.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	402.5	\$ 563.41	\$ 18.90
Outpatient Surgery	Visits	60.7	1,397.39	7.07	-	-	-	-	60.7	1,397.39	7.07
Outpatient Radiology	Procedures	154.1	200.13	2.57	-	-	-	-	154.1	200.13	2.57
Outpatient Pathology/Lat	Procedures	2,064.1	40.81	7.02	-	-	-	-	2,064.1	40.81	7.02
Outpatient Pharmacy	Procedures	66.8	756.71	4.21	-	-	-	-	66.8	756.71	4.21
Outpatient MH/SA	Visits	370.9	661.26	20.44	-	-	-	-	370.9	661.26	20.44
Other Outpatient	Procedures	880.2	115.47	8.47	-	-	-	-	880.2	115.47	8.47
Subtotal Outpatient Hospital				\$ 68.68							\$ 68.68
Professional											
Inpatient and Outpatient Surgery	Procedures	226.1	\$ 232.42	\$ 4.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	226.1	\$ 232.42	\$ 4.38
Anesthesia	Procedures	117.1	143.42	1.40	-	-	-	-	117.1	143.42	1.40
Inpatient Visits	Visits	372.2	137.04	4.25	-	-	-	-	372.2	137.04	4.25
MH/SA	Visits	6,427.3	105.36	56.43	-	-	-	-	6,427.3	105.36	56.43
Emergency Room	Visits	384.6	86.73	2.78	-	-	-	-	384.6	86.73	2.78
Office/Home Visits/Consults	Visits	3,546.7	75.62	22.35	-	-	-	-	3,546.7	75.62	22.35
Maternity	Procedures	3.9	371.96	0.12	-	-	-	-	3.9	371.96	0.12
Pathology/Lab	Procedures	1,408.8	17.04	2.00	-	-	-	-	1,408.8	17.04	2.00
Radiology	Procedures	504.5	29.26	1.23	-	-	-	-	504.5	29.26	1.23
Office Administered Drugs	Procedures	35.3	91.87	0.27	-	-	-	-	35.3	91.87	0.27
Physical Exams	Visits	947.8	72.04	5.69	-	-	-	-	947.8	72.04	5.69
Therapy	Visits	247.6	58.65	1.21	-	-	-	-	247.6	58.65	1.21
Vision	Visits	611.2	78.93	4.02	-	-	-	-	611.2	78.93	4.02
Other Professional	Procedures	15,585.8	49.86	64.76	0.04	-	-	-	15,595.4	49.86	64.80
Subtotal Professional				\$ 170.89							\$ 170.93
Retail Pharmacy											
Retail Pharmacy	Scripts	12,388.1	\$ 53.93	\$ 55.67	\$ 0.00	\$ (2.65)	\$ 0.00	\$ 0.00	12,388.1	\$ 51.36	\$ 53.02
Subtotal Retail Pharmacy				\$ 55.67							\$ 53.02
Ancillary											
Transportation	Trips	141.3	\$ 98.49	\$ 1.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	141.3	\$ 98.49	\$ 1.16
DME/Prosthetics	Procedures	1,152.3	143.40	13.77	-	-	-	-	1,152.3	143.40	13.77
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 14.93							\$ 14.93
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	4,173.6	114.75	39.91	-	-	-	-	4,173.6	114.75	39.91
Case Management	Procedures	3,486.9	21.41	6.22	-	-	-	-	3,486.9	21.41	6.22
Subtotal LTSS				\$ 46.13							\$ 46.13
Total Medical Costs				\$ 518.50							\$ 515.81

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Rate Cell: CSHCN - Katie Beckett											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 1,200	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	723.1	\$ 4,005.89	\$ 241.38	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	723.1	\$ 4,003.90	\$ 241.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,347.6	1,671.23	605.48	-	(0.30)	-	-	4,347.6	1,670.40	605.18
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 846.86							\$ 846.44
Outpatient Hospital											
Outpatient Emergency Room	Visits	344.4	\$ 1,024.97	\$ 29.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	344.4	\$ 1,024.97	\$ 29.42
Outpatient Surgery	Visits	189.5	1,458.54	23.03	-	-	-	-	189.5	1,458.54	23.03
Outpatient Radiology	Procedures	385.3	275.61	8.85	-	-	-	-	385.3	275.61	8.85
Outpatient Pathology/Lat	Procedures	2,492.9	75.72	15.73	-	-	-	-	2,492.9	75.72	15.73
Outpatient Pharmacy	Procedures	120.5	16.93	0.17	-	-	-	-	120.5	16.93	0.17
Outpatient MH/SA	Visits	797.6	773.43	51.41	-	-	-	-	797.6	773.43	51.41
Other Outpatient	Procedures	5,707.3	131.45	62.52	-	-	-	-	5,707.3	131.45	62.52
Subtotal Outpatient Hospital				\$ 191.13							\$ 191.13
Professional											
Inpatient and Outpatient Surgery	Procedures	383.9	\$ 258.53	\$ 8.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	383.9	\$ 258.53	\$ 8.27
Anesthesia	Procedures	265.5	196.15	4.34	-	-	-	-	265.5	196.15	4.34
Inpatient Visits	Visits	1,042.3	210.00	18.24	-	-	-	-	1,042.3	210.00	18.24
MH/SA	Visits	18,526.3	114.30	176.46	-	-	-	-	18,526.3	114.30	176.46
Emergency Room	Visits	512.5	104.19	4.45	-	-	-	-	512.5	104.19	4.45
Office/Home Visits/Consults	Visits	4,153.3	85.67	29.65	-	-	-	-	4,153.3	85.67	29.65
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,022.0	13.38	1.14	-	-	-	-	1,022.0	13.38	1.14
Radiology	Procedures	906.6	23.82	1.80	-	-	-	-	906.6	23.82	1.80
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,085.1	69.78	6.31	-	-	-	-	1,085.1	69.78	6.31
Therapy	Visits	2,990.0	57.91	14.43	-	-	-	-	2,990.0	57.91	14.43
Vision	Visits	504.4	60.90	2.56	-	-	-	-	504.4	60.90	2.56
Other Professional	Procedures	150,686.9	36.66	460.31	2.26	-	-	-	151,426.7	36.66	462.57
Subtotal Professional				\$ 727.96							\$ 730.22
Retail Pharmacy											
Retail Pharmacy	Scripts	21,652.8	\$ 194.15	\$ 350.32	\$ 0.00	\$ (16.68)	\$ 0.00	\$ 0.00	21,652.8	\$ 184.90	\$ 333.64
Subtotal Retail Pharmacy				\$ 350.32							\$ 333.64
Ancillary											
Transportation	Trips	748.6	\$ 160.29	\$ 10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	748.6	\$ 160.29	\$ 10.00
DME/Prosthetics	Procedures	24,750.1	114.59	236.34	-	-	-	-	24,750.1	114.59	236.34
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 246.34							\$ 246.34
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	53,632.7	98.28	439.24	-	-	-	-	53,632.7	98.28	439.24
Case Management	Procedures	33,577.0	23.33	65.29	-	-	-	-	33,577.0	23.33	65.29
Subtotal LTSS				\$ 504.53							\$ 504.53
Total Medical Costs				\$ 2,867.14							\$ 2,852.30

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Rate Cell: CSHCN - SSI < 15											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 35,319	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	732.5	\$ 3,255.82	\$ 198.74	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.00	732.5	\$ 3,254.18	\$ 198.64
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,857.1	1,057.76	163.70	-	(0.08)	-	-	1,857.1	1,057.24	163.62
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	71.1	2,493.92	14.77	-	(0.01)	-	-	71.1	2,492.23	14.76
Subtotal Inpatient Hospital				\$ 377.21							\$ 377.02
Outpatient Hospital											
Outpatient Emergency Room	Visits	761.2	\$ 593.35	\$ 37.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	761.2	\$ 593.35	\$ 37.64
Outpatient Surgery	Visits	128.3	1,969.12	21.05	-	-	-	-	128.3	1,969.12	21.05
Outpatient Radiology	Procedures	352.5	277.43	8.15	-	-	-	-	352.5	277.43	8.15
Outpatient Pathology/Lab	Procedures	3,761.7	45.30	14.20	-	-	-	-	3,761.7	45.30	14.20
Outpatient Pharmacy	Procedures	579.1	301.93	14.57	-	-	-	-	579.1	301.93	14.57
Outpatient MH/SA	Visits	526.8	539.38	23.68	-	-	-	-	526.8	539.38	23.68
Other Outpatient	Procedures	3,289.9	132.19	36.24	-	-	-	-	3,289.9	132.19	36.24
Subtotal Outpatient Hospital				\$ 155.53							\$ 155.53
Professional											
Inpatient and Outpatient Surgery	Procedures	343.5	\$ 363.02	\$ 10.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	343.5	\$ 363.02	\$ 10.39
Anesthesia	Procedures	272.2	203.66	4.62	-	-	-	-	272.2	203.66	4.62
Inpatient Visits	Visits	1,076.7	221.45	19.87	-	-	-	-	1,076.7	221.45	19.87
MH/SA	Visits	10,704.0	105.55	94.15	-	-	-	-	10,704.0	105.55	94.15
Emergency Room	Visits	798.4	82.81	5.51	-	-	-	-	798.4	82.81	5.51
Office/Home Visits/Consults	Visits	4,733.4	88.86	35.05	-	-	-	-	4,733.4	88.86	35.05
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,178.4	17.72	1.74	-	-	-	-	1,178.4	17.72	1.74
Radiology	Procedures	1,058.0	29.49	2.60	-	-	-	-	1,058.0	29.49	2.60
Office Administered Drugs	Procedures	63.7	524.06	2.78	-	-	-	-	63.7	524.06	2.78
Physical Exams	Visits	1,011.3	84.61	7.13	-	-	-	-	1,011.3	84.61	7.13
Therapy	Visits	473.1	67.97	2.68	-	-	-	-	473.1	67.97	2.68
Vision	Visits	674.3	86.13	4.84	-	-	-	-	674.3	86.13	4.84
Other Professional	Procedures	38,737.0	70.82	228.62	0.64	-	-	-	38,845.5	70.82	229.26
Subtotal Professional				\$ 419.98							\$ 420.62
Retail Pharmacy											
Retail Pharmacy	Scripts	17,696.1	\$ 118.07	\$ 174.12	\$ 0.00	\$ (8.29)	\$ 0.00	\$ 0.00	17,696.1	\$ 112.45	\$ 165.83
Subtotal Retail Pharmacy				\$ 174.12							\$ 165.83
Ancillary											
Transportation	Trips	245.3	\$ 78.26	\$ 1.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	245.3	\$ 78.26	\$ 1.60
DME/Prosthetics	Procedures	3,834.9	184.03	58.81	-	-	-	-	3,834.9	184.03	58.81
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 60.41							\$ 60.41
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	9,167.7	121.13	92.54	-	-	-	-	9,167.7	121.13	92.54
Case Management	Procedures	9,484.4	26.58	21.01	0.03	-	-	-	9,497.9	26.58	21.04
Subtotal LTSS				\$ 113.55							\$ 113.58
Total Medical Costs				\$ 1,300.80							\$ 1,292.99

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Rate Cell: CSHCN - SSI >= 15											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 22,228	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	634.4	\$ 2,294.40	\$ 121.29	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	634.4	\$ 2,293.26	\$ 121.23
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,406.1	1,204.91	241.59	-	(0.12)	-	-	2,406.1	1,204.31	241.47
Inpatient Maternity Delivery	Days	53.8	1,236.47	5.54	-	-	-	-	53.8	1,236.47	5.54
Other Inpatient	Days	119.5	867.53	8.64	-	-	-	-	119.5	867.53	8.64
Subtotal Inpatient Hospital				\$ 377.06							\$ 376.88
Outpatient Hospital											
Outpatient Emergency Room	Visits	979.7	\$ 521.68	\$ 42.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	979.7	\$ 521.68	\$ 42.59
Outpatient Surgery	Visits	85.9	1,736.95	12.43	-	-	-	-	85.9	1,736.95	12.43
Outpatient Radiology	Procedures	281.4	206.42	4.84	-	-	-	-	281.4	206.42	4.84
Outpatient Pathology/Lab	Procedures	4,439.4	39.57	14.64	-	-	-	-	4,439.4	39.57	14.64
Outpatient Pharmacy	Procedures	292.1	394.74	9.61	-	-	-	-	292.1	394.74	9.61
Outpatient MH/SA	Visits	238.3	354.48	7.04	-	-	-	-	238.3	354.48	7.04
Other Outpatient	Procedures	1,212.2	139.19	14.06	-	-	-	-	1,212.2	139.19	14.06
Subtotal Outpatient Hospital				\$ 105.21							\$ 105.21
Professional											
Inpatient and Outpatient Surgery	Procedures	314.9	\$ 262.17	\$ 6.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	314.9	\$ 262.17	\$ 6.88
Anesthesia	Procedures	202.2	159.67	2.69	-	-	-	-	202.2	159.67	2.69
Inpatient Visits	Visits	1,728.2	128.18	18.46	-	-	-	-	1,728.2	128.18	18.46
MH/SA	Visits	6,306.6	108.76	57.16	-	-	-	-	6,306.6	108.76	57.16
Emergency Room	Visits	968.4	89.22	7.20	-	-	-	-	968.4	89.22	7.20
Office/Home Visits/Consults	Visits	4,020.5	80.56	26.99	-	-	-	-	4,020.5	80.56	26.99
Maternity	Procedures	55.1	398.55	1.83	-	-	-	-	55.1	398.55	1.83
Pathology/Lab	Procedures	2,030.9	24.40	4.13	-	-	-	-	2,030.9	24.40	4.13
Radiology	Procedures	1,242.0	32.75	3.39	-	-	-	-	1,242.0	32.75	3.39
Office Administered Drugs	Procedures	112.6	3,075.53	28.87	-	-	-	-	112.6	3,075.53	28.87
Physical Exams	Visits	717.5	77.94	4.66	-	-	-	-	717.5	77.94	4.66
Therapy	Visits	341.7	61.80	1.76	-	-	-	-	341.7	61.80	1.76
Vision	Visits	592.0	84.12	4.15	-	-	-	-	592.0	84.12	4.15
Other Professional	Procedures	32,982.7	32.76	90.03	0.16	-	-	-	33,041.4	32.76	90.19
Subtotal Professional				\$ 258.20							\$ 258.36
Retail Pharmacy											
Retail Pharmacy	Scripts	20,760.2	\$ 85.84	\$ 148.51	\$ 0.00	\$ (7.07)	\$ 0.00	\$ 0.00	20,760.2	\$ 81.76	\$ 141.44
Subtotal Retail Pharmacy				\$ 148.51							\$ 141.44
Ancillary											
Transportation	Trips	414.6	\$ 81.05	\$ 2.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	414.6	\$ 81.05	\$ 2.80
DME/Prosthetics	Procedures	2,088.7	169.48	29.50	-	-	-	-	2,088.7	169.48	29.50
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 32.30							\$ 32.30
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	12,225.2	90.44	92.14	-	-	-	-	12,225.2	90.44	92.14
Case Management	Procedures	5,303.8	24.03	10.62	0.01	-	-	-	5,308.8	24.03	10.63
Subtotal LTSS				\$ 102.76							\$ 102.77
Total Medical Costs				\$ 1,024.04							\$ 1,016.96

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Rate Cell: CSHCN - Substitute Care											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 32,284	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	367.4	\$ 1,652.88	\$ 50.60	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	367.4	\$ 1,651.90	\$ 50.57
Inpatient Well Newborn	Days	39.4	731.49	2.40	-	-	-	-	39.4	731.49	2.40
Inpatient MH/SA	Days	2,889.8	1,040.89	250.66	-	(0.13)	-	-	2,889.8	1,040.35	250.53
Inpatient Maternity Delivery	Days	44.9	1,380.27	5.16	-	-	-	-	44.9	1,380.27	5.16
Other Inpatient	Days	29.2	1,398.74	3.40	-	-	-	-	29.2	1,398.74	3.40
Subtotal Inpatient Hospital				\$ 312.22							\$ 312.06
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,053.7	\$ 440.18	\$ 38.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,053.7	\$ 440.18	\$ 38.65
Outpatient Surgery	Visits	64.6	1,611.13	8.67	-	-	-	-	64.6	1,611.13	8.67
Outpatient Radiology	Procedures	239.6	201.30	4.02	-	-	-	-	239.6	201.30	4.02
Outpatient Pathology/Lat	Procedures	3,141.2	43.82	11.47	-	-	-	-	3,141.2	43.82	11.47
Outpatient Pharmacy	Procedures	130.4	243.82	2.65	-	-	-	-	130.4	243.82	2.65
Outpatient MH/SA	Visits	543.3	329.29	14.91	-	-	-	-	543.3	329.29	14.91
Other Outpatient	Procedures	878.3	131.02	9.59	-	-	-	-	878.3	131.02	9.59
Subtotal Outpatient Hospital				\$ 89.96							\$ 89.96
Professional											
Inpatient and Outpatient Surgery	Procedures	251.2	\$ 192.03	\$ 4.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	251.2	\$ 192.03	\$ 4.02
Anesthesia	Procedures	129.4	191.05	2.06	-	-	-	-	129.4	191.05	2.06
Inpatient Visits	Visits	901.2	120.90	9.08	-	-	-	-	901.2	120.90	9.08
MH/SA	Visits	7,758.2	105.89	68.46	-	-	-	-	7,758.2	105.89	68.46
Emergency Room	Visits	916.4	81.71	6.24	-	-	-	-	916.4	81.71	6.24
Office/Home Visits/Consults	Visits	4,930.9	68.58	28.18	-	-	-	-	4,930.9	68.58	28.18
Maternity	Procedures	49.0	357.62	1.46	-	-	-	-	49.0	357.62	1.46
Pathology/Lab	Procedures	3,304.5	28.91	7.96	-	-	-	-	3,304.5	28.91	7.96
Radiology	Procedures	872.4	31.22	2.27	-	-	-	-	872.4	31.22	2.27
Office Administered Drugs	Procedures	44.2	21.71	0.08	-	-	-	-	44.2	21.71	0.08
Physical Exams	Visits	2,035.9	66.66	11.31	-	-	-	-	2,035.9	66.66	11.31
Therapy	Visits	217.8	84.86	1.54	-	-	-	-	217.8	84.86	1.54
Vision	Visits	512.1	84.13	3.59	-	-	-	-	512.1	84.13	3.59
Other Professional	Procedures	7,317.1	63.45	38.69	0.03	-	-	-	7,322.8	63.45	38.72
Subtotal Professional				\$ 184.94							\$ 184.97
Retail Pharmacy											
Retail Pharmacy	Scripts	10,974.6	\$ 46.90	\$ 42.89	\$ 0.00	\$ (2.04)	\$ 0.00	\$ 0.00	10,974.6	\$ 44.67	\$ 40.85
Subtotal Retail Pharmacy				\$ 42.89							\$ 40.85
Ancillary											
Transportation	Trips	302.7	\$ 78.09	\$ 1.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	302.7	\$ 78.09	\$ 1.97
DME/Prosthetics	Procedures	476.7	119.81	4.76	-	-	-	-	476.7	119.81	4.76
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 6.73							\$ 6.73
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	936.4	90.99	7.10	-	-	-	-	936.4	90.99	7.10
Case Management	Procedures	1,808.7	31.71	4.78	-	-	-	-	1,808.7	31.71	4.78
Subtotal LTSS				\$ 11.88							\$ 11.88
Total Medical Costs				\$ 648.62							\$ 646.45

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Rate Cell: ME - F 19-24											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 86,726	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	105.3	\$ 2,416.87	\$ 21.20	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.00	105.3	\$ 2,408.89	\$ 21.13
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	439.4	567.53	20.78	-	(0.07)	-	-	439.4	565.62	20.71
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.1	2,171.93	0.56	-	-	-	-	3.1	2,171.93	0.56
Subtotal Inpatient Hospital				\$ 42.54							\$ 42.40
Outpatient Hospital											
Outpatient Emergency Room	Visits	648.4	\$ 547.45	\$ 29.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	648.4	\$ 547.45	\$ 29.58
Outpatient Surgery	Visits	56.6	1,423.73	6.71	-	-	-	-	56.6	1,423.73	6.71
Outpatient Radiology	Procedures	133.2	256.82	2.85	-	-	-	-	133.2	256.82	2.85
Outpatient Pathology/Lat	Procedures	4,655.0	45.40	17.61	-	-	-	-	4,655.0	45.40	17.61
Outpatient Pharmacy	Procedures	165.9	888.77	12.29	-	-	-	-	165.9	888.77	12.29
Outpatient MH/SA	Visits	156.3	493.01	6.42	-	-	-	-	156.3	493.01	6.42
Other Outpatient	Procedures	360.2	145.27	4.36	-	-	-	-	360.2	145.27	4.36
Subtotal Outpatient Hospital				\$ 79.82							\$ 79.82
Professional											
Inpatient and Outpatient Surgery	Procedures	253.0	\$ 190.67	\$ 4.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	253.0	\$ 190.67	\$ 4.02
Anesthesia	Procedures	78.3	144.12	0.94	-	-	-	-	78.3	144.12	0.94
Inpatient Visits	Visits	287.4	100.64	2.41	-	-	-	-	287.4	100.64	2.41
MH/SA	Visits	2,517.5	92.47	19.40	-	-	-	-	2,517.5	92.47	19.40
Emergency Room	Visits	662.0	78.13	4.31	-	-	-	-	662.0	78.13	4.31
Office/Home Visits/Consults	Visits	3,609.4	62.57	18.82	-	-	-	-	3,609.4	62.57	18.82
Maternity	Procedures	3.8	63.51	0.02	-	-	-	-	3.8	63.51	0.02
Pathology/Lab	Procedures	3,740.0	20.05	6.25	-	-	-	-	3,740.0	20.05	6.25
Radiology	Procedures	1,032.1	41.04	3.53	-	-	-	-	1,032.1	41.04	3.53
Office Administered Drugs	Procedures	260.2	144.79	3.14	-	-	-	-	260.2	144.79	3.14
Physical Exams	Visits	685.6	59.86	3.42	-	-	-	-	685.6	59.86	3.42
Therapy	Visits	466.7	55.29	2.15	-	-	-	-	466.7	55.29	2.15
Vision	Visits	517.5	75.37	3.25	-	-	-	-	517.5	75.37	3.25
Other Professional	Procedures	958.7	81.49	6.51	-	-	-	-	958.7	81.49	6.51
Subtotal Professional				\$ 78.17							\$ 78.17
Retail Pharmacy											
Retail Pharmacy	Scripts	8,708.4	\$ 54.28	\$ 39.39	\$ 0.00	\$ (2.17)	\$ 0.00	\$ 0.00	8,708.4	\$ 51.29	\$ 37.22
Subtotal Retail Pharmacy				\$ 39.39							\$ 37.22
Ancillary											
Transportation	Trips	162.2	\$ 80.62	\$ 1.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	162.2	\$ 80.62	\$ 1.09
DME/Prosthetics	Procedures	170.7	115.97	1.65	-	-	-	-	170.7	115.97	1.65
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 2.74							\$ 2.74
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	5.9	61.17	0.03	-	-	-	-	5.9	61.17	0.03
Case Management	Procedures	123.5	26.24	0.27	-	-	-	-	123.5	26.24	0.27
Subtotal LTSS				\$ 0.30							\$ 0.30
Total Medical Costs				\$ 242.96							\$ 240.65

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Rate Cell: ME - F 25-29											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 47,175	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	191.0	\$ 2,234.83	\$ 35.57	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	191.0	\$ 2,227.29	\$ 35.45
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	765.2	631.48	40.27	-	(0.14)	-	-	765.2	629.29	40.13
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.4	1,543.94	0.18	-	-	-	-	1.4	1,543.94	0.18
Subtotal Inpatient Hospital				\$ 76.02							\$ 75.76
Outpatient Hospital											
Outpatient Emergency Room	Visits	636.0	\$ 571.30	\$ 30.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	636.0	\$ 571.30	\$ 30.28
Outpatient Surgery	Visits	65.3	1,483.57	8.07	-	-	-	-	65.3	1,483.57	8.07
Outpatient Radiology	Procedures	166.1	244.16	3.38	-	-	-	-	166.1	244.16	3.38
Outpatient Pathology/Lat	Procedures	4,877.2	45.79	18.61	-	-	-	-	4,877.2	45.79	18.61
Outpatient Pharmacy	Procedures	218.5	783.05	14.26	-	-	-	-	218.5	783.05	14.26
Outpatient MH/SA	Visits	254.2	498.91	10.57	-	-	-	-	254.2	498.91	10.57
Other Outpatient	Procedures	387.0	167.46	5.40	-	-	-	-	387.0	167.46	5.40
Subtotal Outpatient Hospital				\$ 90.57							\$ 90.57
Professional											
Inpatient and Outpatient Surgery	Procedures	360.0	\$ 187.02	\$ 5.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	360.0	\$ 187.02	\$ 5.61
Anesthesia	Procedures	103.1	140.88	1.21	-	-	-	-	103.1	140.88	1.21
Inpatient Visits	Visits	548.3	98.92	4.52	-	-	-	-	548.3	98.92	4.52
MH/SA	Visits	5,825.6	84.00	40.78	-	-	-	-	5,825.6	84.00	40.78
Emergency Room	Visits	695.5	81.09	4.70	-	-	-	-	695.5	81.09	4.70
Office/Home Visits/Consults	Visits	3,944.5	63.13	20.75	-	-	-	-	3,944.5	63.13	20.75
Maternity	Procedures	5.1	70.79	0.03	-	-	-	-	5.1	70.79	0.03
Pathology/Lab	Procedures	4,327.1	28.84	10.40	-	-	-	-	4,327.1	28.84	10.40
Radiology	Procedures	1,217.6	42.28	4.29	-	-	-	-	1,217.6	42.28	4.29
Office Administered Drugs	Procedures	286.1	218.12	5.20	-	-	-	-	286.1	218.12	5.20
Physical Exams	Visits	641.0	58.79	3.14	-	-	-	-	641.0	58.79	3.14
Therapy	Visits	709.9	57.14	3.38	-	-	-	-	709.9	57.14	3.38
Vision	Visits	342.7	67.93	1.94	-	-	-	-	342.7	67.93	1.94
Other Professional	Procedures	979.4	74.25	6.06	-	-	-	-	979.4	74.25	6.06
Subtotal Professional				\$ 112.01							\$ 112.01
Retail Pharmacy											
Retail Pharmacy	Scripts	15,198.7	\$ 55.42	\$ 70.19	\$ 0.00	\$ (3.86)	\$ 0.00	\$ 0.00	15,198.7	\$ 52.37	\$ 66.33
Subtotal Retail Pharmacy				\$ 70.19							\$ 66.33
Ancillary											
Transportation	Trips	236.9	\$ 82.07	\$ 1.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	236.9	\$ 82.07	\$ 1.62
DME/Prosthetics	Procedures	291.0	108.03	2.62	-	-	-	-	291.0	108.03	2.62
Hospice	Days	1.7	144.41	0.02	-	-	-	-	1.7	144.41	0.02
Subtotal Ancillary				\$ 4.26							\$ 4.26
LTSS											
Nursing Home	Days	11.7	\$ 298.30	\$ 0.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	11.7	\$ 298.30	\$ 0.29
HCBS	Procedures	0.5	-	-	-	-	-	-	-	-	-
Case Management	Procedures	166.6	32.42	0.45	-	-	-	-	166.6	32.42	0.45
Subtotal LTSS				\$ 0.74							\$ 0.74
Total Medical Costs				\$ 353.79							\$ 349.67

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Rate Cell: ME - F 30-39											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 46,738	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	267.2	\$ 2,165.33	\$ 48.22	\$ 0.00	\$ (0.16)	\$ 0.00	\$ 0.00	267.2	\$ 2,158.14	\$ 48.06
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,769.0	500.01	73.71	-	(0.25)	-	-	1,769.0	498.32	73.46
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	11.6	1,478.63	1.43	-	-	-	-	11.6	1,478.63	1.43
Subtotal Inpatient Hospital				\$ 123.36							\$ 122.95
Outpatient Hospital											
Outpatient Emergency Room	Visits	677.6	\$ 600.85	\$ 33.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	677.6	\$ 600.85	\$ 33.93
Outpatient Surgery	Visits	94.8	1,722.18	13.61	-	-	-	-	94.8	1,722.18	13.61
Outpatient Radiology	Procedures	301.7	312.63	7.86	-	-	-	-	301.7	312.63	7.86
Outpatient Pathology/Lab	Procedures	4,921.8	46.15	18.93	-	-	-	-	4,921.8	46.15	18.93
Outpatient Pharmacy	Procedures	303.7	1,237.57	31.32	-	-	-	-	303.7	1,237.57	31.32
Outpatient MH/SA	Visits	293.1	448.26	10.95	-	-	-	-	293.1	448.26	10.95
Other Outpatient	Procedures	640.1	169.48	9.04	-	-	-	-	640.1	169.48	9.04
Subtotal Outpatient Hospital				\$ 125.64							\$ 125.64
Professional											
Inpatient and Outpatient Surgery	Procedures	491.5	\$ 193.36	\$ 7.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	491.5	\$ 193.36	\$ 7.92
Anesthesia	Procedures	156.3	136.69	1.78	-	-	-	-	156.3	136.69	1.78
Inpatient Visits	Visits	750.8	98.13	6.14	-	-	-	-	750.8	98.13	6.14
MH/SA	Visits	9,518.5	81.01	64.26	-	-	-	-	9,518.5	81.01	64.26
Emergency Room	Visits	804.5	89.79	6.02	-	-	-	-	804.5	89.79	6.02
Office/Home Visits/Consults	Visits	4,896.8	63.13	25.76	-	-	-	-	4,896.8	63.13	25.76
Maternity	Procedures	1.8	134.91	0.02	-	-	-	-	1.8	134.91	0.02
Pathology/Lab	Procedures	4,865.7	35.09	14.23	-	-	-	-	4,865.7	35.09	14.23
Radiology	Procedures	1,640.1	46.68	6.38	-	-	-	-	1,640.1	46.68	6.38
Office Administered Drugs	Procedures	318.9	362.38	9.63	-	-	-	-	318.9	362.38	9.63
Physical Exams	Visits	603.5	60.05	3.02	-	-	-	-	603.5	60.05	3.02
Therapy	Visits	1,060.8	54.64	4.83	-	-	-	-	1,060.8	54.64	4.83
Vision	Visits	300.9	67.41	1.69	-	-	-	-	300.9	67.41	1.69
Other Professional	Procedures	1,474.3	64.55	7.93	-	-	-	-	1,474.3	64.55	7.93
Subtotal Professional				\$ 159.61							\$ 159.61
Retail Pharmacy											
Retail Pharmacy	Scripts	25,037.7	\$ 57.81	\$ 120.61	\$ 0.00	\$ (6.63)	\$ 0.00	\$ 0.00	25,037.7	\$ 54.63	\$ 113.98
Subtotal Retail Pharmacy				\$ 120.61							\$ 113.98
Ancillary											
Transportation	Trips	292.1	\$ 81.75	\$ 1.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	292.1	\$ 81.75	\$ 1.99
DME/Prosthetics	Procedures	430.3	121.31	4.35	-	-	-	-	430.3	121.31	4.35
Hospice	Days	2.9	540.19	0.13	-	-	-	-	2.9	540.19	0.13
Subtotal Ancillary				\$ 6.47							\$ 6.47
LTSS											
Nursing Home	Days	23.9	\$ 276.29	\$ 0.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	23.9	\$ 276.29	\$ 0.55
HCBS	Procedures	6.8	70.16	0.04	-	-	-	-	6.8	70.16	0.04
Case Management	Procedures	351.0	50.94	1.49	-	-	-	-	351.0	50.94	1.49
Subtotal LTSS				\$ 2.08							\$ 2.08
Total Medical Costs				\$ 537.77							\$ 530.73

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Rate Cell: ME - F 40-49											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 50,458	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	502.3	\$ 2,462.69	\$ 103.09	\$ 0.00	\$ (0.35)	\$ 0.00	\$ 0.00	502.3	\$ 2,454.33	\$ 102.74
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	971.2	692.19	56.02	-	(0.19)	-	-	971.2	689.84	55.83
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	131.8	429.82	4.72	-	(0.02)	-	-	131.8	428.00	4.70
Subtotal Inpatient Hospital				\$ 163.83							\$ 163.27
Outpatient Hospital											
Outpatient Emergency Room	Visits	820.1	\$ 646.28	\$ 44.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	820.1	\$ 646.28	\$ 44.17
Outpatient Surgery	Visits	233.3	1,555.27	30.24	-	-	-	-	233.3	1,555.27	30.24
Outpatient Radiology	Procedures	838.3	215.59	15.06	-	-	-	-	838.3	215.59	15.06
Outpatient Pathology/Lat	Procedures	7,498.9	36.28	22.67	-	-	-	-	7,498.9	36.28	22.67
Outpatient Pharmacy	Procedures	612.6	374.12	19.10	-	-	-	-	612.6	374.12	19.10
Outpatient MH/SA	Visits	307.1	505.28	12.93	-	-	-	-	307.1	505.28	12.93
Other Outpatient	Procedures	1,351.9	172.56	19.44	-	-	-	-	1,351.9	172.56	19.44
Subtotal Outpatient Hospital				\$ 163.61							\$ 163.61
Professional											
Inpatient and Outpatient Surgery	Procedures	1,019.0	\$ 211.51	\$ 17.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,019.0	\$ 211.51	\$ 17.96
Anesthesia	Procedures	315.4	141.53	3.72	-	-	-	-	315.4	141.53	3.72
Inpatient Visits	Visits	1,064.6	91.98	8.16	-	-	-	-	1,064.6	91.98	8.16
MH/SA	Visits	7,041.6	92.02	54.00	-	-	-	-	7,041.6	92.02	54.00
Emergency Room	Visits	950.2	88.91	7.04	-	-	-	-	950.2	88.91	7.04
Office/Home Visits/Consults	Visits	7,035.7	65.29	38.28	-	-	-	-	7,035.7	65.29	38.28
Maternity	Procedures	1.0	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,601.0	27.40	12.79	-	-	-	-	5,601.0	27.40	12.79
Radiology	Procedures	3,349.4	53.02	14.80	-	-	-	-	3,349.4	53.02	14.80
Office Administered Drugs	Procedures	378.1	269.48	8.49	-	-	-	-	378.1	269.48	8.49
Physical Exams	Visits	795.1	64.75	4.29	-	-	-	-	795.1	64.75	4.29
Therapy	Visits	1,745.1	57.42	8.35	-	-	-	-	1,745.1	57.42	8.35
Vision	Visits	540.2	69.09	3.11	-	-	-	-	540.2	69.09	3.11
Other Professional	Procedures	2,407.8	55.67	11.17	-	-	-	-	2,407.8	55.67	11.17
Subtotal Professional				\$ 192.16							\$ 192.16
Retail Pharmacy											
Retail Pharmacy	Scripts	29,680.0	\$ 67.74	\$ 167.55	\$ 0.00	\$ (9.22)	\$ 0.00	\$ 0.00	29,680.0	\$ 64.01	\$ 158.33
Subtotal Retail Pharmacy				\$ 167.55							\$ 158.33
Ancillary											
Transportation	Trips	294.7	\$ 75.34	\$ 1.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	294.7	\$ 75.34	\$ 1.85
DME/Prosthetics	Procedures	830.1	110.74	7.66	-	-	-	-	830.1	110.74	7.66
Hospice	Days	1.3	560.29	0.06	-	-	-	-	1.3	560.29	0.06
Subtotal Ancillary				\$ 9.57							\$ 9.57
LTSS											
Nursing Home	Days	78.4	\$ 254.20	\$ 1.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	78.4	\$ 254.20	\$ 1.66
HCBS	Procedures	6.6	54.61	0.03	-	-	-	-	6.6	54.61	0.03
Case Management	Procedures	190.1	45.46	0.72	-	-	-	-	190.1	45.46	0.72
Subtotal LTSS				\$ 2.41							\$ 2.41
Total Medical Costs				\$ 699.13							\$ 689.35

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Rate Cell: ME - F 50-64											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 132,679	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	545.2	\$ 2,313.39	\$ 105.11	\$ 0.00	\$ (0.36)	\$ 0.00	\$ 0.00	545.2	\$ 2,305.46	\$ 104.75
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	461.5	580.57	22.33	-	(0.08)	-	-	461.5	578.49	22.25
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	98.5	550.85	4.52	-	(0.02)	-	-	98.5	548.41	4.50
Subtotal Inpatient Hospital				\$ 131.96							\$ 131.50
Outpatient Hospital											
Outpatient Emergency Room	Visits	477.0	\$ 682.57	\$ 27.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	477.0	\$ 682.57	\$ 27.13
Outpatient Surgery	Visits	326.4	1,519.66	41.34	-	-	-	-	326.4	1,519.66	41.34
Outpatient Radiology	Procedures	988.2	262.19	21.59	-	-	-	-	988.2	262.19	21.59
Outpatient Pathology/Lat	Procedures	7,279.1	30.99	18.80	-	-	-	-	7,279.1	30.99	18.80
Outpatient Pharmacy	Procedures	870.6	400.71	29.07	-	-	-	-	870.6	400.71	29.07
Outpatient MH/SA	Visits	129.9	435.93	4.72	-	-	-	-	129.9	435.93	4.72
Other Outpatient	Procedures	1,723.8	140.06	20.12	-	-	-	-	1,723.8	140.06	20.12
Subtotal Outpatient Hospital				\$ 162.77							\$ 162.77
Professional											
Inpatient and Outpatient Surgery	Procedures	1,310.5	\$ 204.75	\$ 22.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,310.5	\$ 204.75	\$ 22.36
Anesthesia	Procedures	395.9	126.41	4.17	-	-	-	-	395.9	126.41	4.17
Inpatient Visits	Visits	943.4	82.93	6.52	-	-	-	-	943.4	82.93	6.52
MH/SA	Visits	3,062.6	98.19	25.06	-	-	-	-	3,062.6	98.19	25.06
Emergency Room	Visits	607.9	90.60	4.59	-	-	-	-	607.9	90.60	4.59
Office/Home Visits/Consults	Visits	6,931.8	66.36	38.33	-	-	-	-	6,931.8	66.36	38.33
Maternity	Procedures	0.2	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,663.3	22.97	10.84	-	-	-	-	5,663.3	22.97	10.84
Radiology	Procedures	3,515.7	55.81	16.35	-	-	-	-	3,515.7	55.81	16.35
Office Administered Drugs	Procedures	369.6	170.48	5.25	-	-	-	-	369.6	170.48	5.25
Physical Exams	Visits	869.8	63.47	4.60	-	-	-	-	869.8	63.47	4.60
Therapy	Visits	2,225.7	57.69	10.70	-	-	-	-	2,225.7	57.69	10.70
Vision	Visits	678.7	65.24	3.69	-	-	-	-	678.7	65.24	3.69
Other Professional	Procedures	3,234.8	57.80	15.58	-	-	-	-	3,234.8	57.80	15.58
Subtotal Professional				\$ 168.04							\$ 168.04
Retail Pharmacy											
Retail Pharmacy	Scripts	37,731.9	\$ 54.53	\$ 171.47	\$ 0.00	\$ (9.43)	\$ 0.00	\$ 0.00	37,731.9	\$ 51.53	\$ 162.04
Subtotal Retail Pharmacy				\$ 171.47							\$ 162.04
Ancillary											
Transportation	Trips	203.1	\$ 88.04	\$ 1.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	203.1	\$ 88.04	\$ 1.49
DME/Prosthetics	Procedures	1,019.7	95.91	8.15	-	-	-	-	1,019.7	95.91	8.15
Hospice	Days	93.8	199.62	1.56	-	-	-	-	93.8	199.62	1.56
Subtotal Ancillary				\$ 11.20							\$ 11.20
LTSS											
Nursing Home	Days	123.1	\$ 267.99	\$ 2.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	123.1	\$ 267.99	\$ 2.75
HCBS	Procedures	55.5	43.28	0.20	-	-	-	-	55.5	43.28	0.20
Case Management	Procedures	101.8	49.49	0.42	-	-	-	-	101.8	49.49	0.42
Subtotal LTSS				\$ 3.37							\$ 3.37
Total Medical Costs				\$ 648.81							\$ 638.92

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Rate Cell: ME - M 19-24											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 91,011	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	81.2	\$ 2,084.95	\$ 14.11	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	81.2	\$ 2,077.56	\$ 14.06
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	501.6	472.70	19.76	-	(0.07)	-	-	501.6	471.03	19.69
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	16.4	423.99	0.58	-	-	-	-	16.4	423.99	0.58
Subtotal Inpatient Hospital				\$ 34.45							\$ 34.33
Outpatient Hospital											
Outpatient Emergency Room	Visits	534.4	\$ 520.69	\$ 23.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	534.4	\$ 520.69	\$ 23.19
Outpatient Surgery	Visits	31.3	1,505.47	3.93	-	-	-	-	31.3	1,505.47	3.93
Outpatient Radiology	Procedures	77.6	309.19	2.00	-	-	-	-	77.6	309.19	2.00
Outpatient Pathology/Lat	Procedures	1,657.2	38.74	5.35	-	-	-	-	1,657.2	38.74	5.35
Outpatient Pharmacy	Procedures	104.4	517.20	4.50	-	-	-	-	104.4	517.20	4.50
Outpatient MH/SA	Visits	90.3	412.13	3.10	-	-	-	-	90.3	412.13	3.10
Other Outpatient	Procedures	213.1	196.51	3.49	-	-	-	-	213.1	196.51	3.49
Subtotal Outpatient Hospital				\$ 45.56							\$ 45.56
Professional											
Inpatient and Outpatient Surgery	Procedures	173.5	\$ 179.19	\$ 2.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	173.5	\$ 179.19	\$ 2.59
Anesthesia	Procedures	46.7	156.86	0.61	-	-	-	-	46.7	156.86	0.61
Inpatient Visits	Visits	253.9	113.89	2.41	-	-	-	-	253.9	113.89	2.41
MH/SA	Visits	1,580.9	104.75	13.80	-	-	-	-	1,580.9	104.75	13.80
Emergency Room	Visits	475.3	75.99	3.01	-	-	-	-	475.3	75.99	3.01
Office/Home Visits/Consults	Visits	1,568.5	65.11	8.51	-	-	-	-	1,568.5	65.11	8.51
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,446.3	28.87	3.48	-	-	-	-	1,446.3	28.87	3.48
Radiology	Procedures	681.6	33.80	1.92	-	-	-	-	681.6	33.80	1.92
Office Administered Drugs	Procedures	103.9	523.43	4.53	-	-	-	-	103.9	523.43	4.53
Physical Exams	Visits	262.1	60.43	1.32	-	-	-	-	262.1	60.43	1.32
Therapy	Visits	247.9	57.12	1.18	-	-	-	-	247.9	57.12	1.18
Vision	Visits	255.2	73.82	1.57	-	-	-	-	255.2	73.82	1.57
Other Professional	Procedures	588.4	57.31	2.81	-	-	-	-	588.4	57.31	2.81
Subtotal Professional				\$ 47.74							\$ 47.74
Retail Pharmacy											
Retail Pharmacy	Scripts	4,341.5	\$ 99.98	\$ 36.17	\$ 0.00	\$ (1.99)	\$ 0.00	\$ 0.00	4,341.5	\$ 94.47	\$ 34.18
Subtotal Retail Pharmacy				\$ 36.17							\$ 34.18
Ancillary											
Transportation	Trips	116.7	\$ 74.01	\$ 0.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	116.7	\$ 74.01	\$ 0.72
DME/Prosthetics	Procedures	153.0	116.88	1.49	-	-	-	-	153.0	116.88	1.49
Hospice	Days	12.2	147.68	0.15	-	-	-	-	12.2	147.68	0.15
Subtotal Ancillary				\$ 2.36							\$ 2.36
LTSS											
Nursing Home	Days	14.7	\$ 228.90	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	14.7	\$ 228.90	\$ 0.28
HCBS	Procedures	15.3	94.01	0.12	-	-	-	-	15.3	94.01	0.12
Case Management	Procedures	45.2	34.55	0.13	-	-	-	-	45.2	34.55	0.13
Subtotal LTSS				\$ 0.53							\$ 0.53
Total Medical Costs				\$ 166.81							\$ 164.70

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Rate Cell: ME - M 25-29											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 70,040	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	139.1	\$ 2,579.64	\$ 29.91	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.00	139.1	\$ 2,571.02	\$ 29.81
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,327.9	471.10	52.13	-	(0.18)	-	-	1,327.9	469.47	51.95
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	28.4	772.09	1.83	-	(0.01)	-	-	28.4	767.87	1.82
Subtotal Inpatient Hospital				\$ 83.87							\$ 83.58
Outpatient Hospital											
Outpatient Emergency Room	Visits	643.9	\$ 544.16	\$ 29.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	643.9	\$ 544.16	\$ 29.20
Outpatient Surgery	Visits	48.8	1,556.45	6.33	-	-	-	-	48.8	1,556.45	6.33
Outpatient Radiology	Procedures	124.0	355.25	3.67	-	-	-	-	124.0	355.25	3.67
Outpatient Pathology/Lat	Procedures	2,218.6	42.73	7.90	-	-	-	-	2,218.6	42.73	7.90
Outpatient Pharmacy	Procedures	144.9	911.89	11.01	-	-	-	-	144.9	911.89	11.01
Outpatient MH/SA	Visits	234.9	383.11	7.50	-	-	-	-	234.9	383.11	7.50
Other Outpatient	Procedures	291.4	211.64	5.14	-	-	-	-	291.4	211.64	5.14
Subtotal Outpatient Hospital				\$ 70.75							\$ 70.75
Professional											
Inpatient and Outpatient Surgery	Procedures	255.1	\$ 212.65	\$ 4.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	255.1	\$ 212.65	\$ 4.52
Anesthesia	Procedures	74.3	174.47	1.08	-	-	-	-	74.3	174.47	1.08
Inpatient Visits	Visits	475.4	106.27	4.21	-	-	-	-	475.4	106.27	4.21
MH/SA	Visits	5,195.1	93.27	40.38	-	-	-	-	5,195.1	93.27	40.38
Emergency Room	Visits	662.3	82.44	4.55	-	-	-	-	662.3	82.44	4.55
Office/Home Visits/Consults	Visits	2,387.2	64.24	12.78	-	-	-	-	2,387.2	64.24	12.78
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,727.9	40.25	9.15	-	-	-	-	2,727.9	40.25	9.15
Radiology	Procedures	991.0	34.63	2.86	-	-	-	-	991.0	34.63	2.86
Office Administered Drugs	Procedures	140.8	284.71	3.34	-	-	-	-	140.8	284.71	3.34
Physical Exams	Visits	278.0	54.82	1.27	-	-	-	-	278.0	54.82	1.27
Therapy	Visits	475.5	60.82	2.41	-	-	-	-	475.5	60.82	2.41
Vision	Visits	197.5	69.27	1.14	-	-	-	-	197.5	69.27	1.14
Other Professional	Procedures	684.8	49.77	2.84	-	-	-	-	684.8	49.77	2.84
Subtotal Professional				\$ 90.53							\$ 90.53
Retail Pharmacy											
Retail Pharmacy	Scripts	7,228.4	\$ 117.54	\$ 70.80	\$ 0.00	\$ (3.89)	\$ 0.00	\$ 0.00	7,228.4	\$ 111.08	\$ 66.91
Subtotal Retail Pharmacy				\$ 70.80							\$ 66.91
Ancillary											
Transportation	Trips	199.6	\$ 81.77	\$ 1.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	199.6	\$ 81.77	\$ 1.36
DME/Prosthetics	Procedures	227.9	110.06	2.09	-	-	-	-	227.9	110.06	2.09
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.45							\$ 3.45
LTSS											
Nursing Home	Days	12.5	\$ 269.84	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	12.5	\$ 269.84	\$ 0.28
HCBS	Procedures	3.3	35.93	0.01	-	-	-	-	3.3	35.93	0.01
Case Management	Procedures	108.5	47.55	0.43	-	-	-	-	108.5	47.55	0.43
Subtotal LTSS				\$ 0.72							\$ 0.72
Total Medical Costs				\$ 320.12							\$ 315.94

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Rate Cell: ME - M 30-39											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 98,032	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	351.8	\$ 2,107.57	\$ 61.79	\$ 0.00	\$ (0.21)	\$ 0.00	\$ 0.00	351.8	\$ 2,100.41	\$ 61.58
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,724.5	431.44	62.00	-	(0.21)	-	-	1,724.5	429.98	61.79
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	29.3	553.55	1.35	-	-	-	-	29.3	553.55	1.35
Subtotal Inpatient Hospital				\$ 125.14							\$ 124.72
Outpatient Hospital											
Outpatient Emergency Room	Visits	748.7	\$ 589.70	\$ 36.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	748.7	\$ 589.70	\$ 36.79
Outpatient Surgery	Visits	64.4	1,553.65	8.34	-	-	-	-	64.4	1,553.65	8.34
Outpatient Radiology	Procedures	151.6	266.79	3.37	-	-	-	-	151.6	266.79	3.37
Outpatient Pathology/Lab	Procedures	2,619.5	44.02	9.61	-	-	-	-	2,619.5	44.02	9.61
Outpatient Pharmacy	Procedures	156.0	1,412.49	18.36	-	-	-	-	156.0	1,412.49	18.36
Outpatient MH/SA	Visits	279.7	357.35	8.33	-	-	-	-	279.7	357.35	8.33
Other Outpatient	Procedures	479.6	215.42	8.61	-	-	-	-	479.6	215.42	8.61
Subtotal Outpatient Hospital				\$ 93.41							\$ 93.41
Professional											
Inpatient and Outpatient Surgery	Procedures	365.4	\$ 207.57	\$ 6.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	365.4	\$ 207.57	\$ 6.32
Anesthesia	Procedures	114.6	150.74	1.44	-	-	-	-	114.6	150.74	1.44
Inpatient Visits	Visits	855.1	92.34	6.58	-	-	-	-	855.1	92.34	6.58
MH/SA	Visits	8,689.3	81.15	58.76	-	-	-	-	8,689.3	81.15	58.76
Emergency Room	Visits	838.0	85.35	5.96	-	-	-	-	838.0	85.35	5.96
Office/Home Visits/Consults	Visits	3,177.5	64.09	16.97	-	-	-	-	3,177.5	64.09	16.97
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,757.7	43.14	13.51	-	-	-	-	3,757.7	43.14	13.51
Radiology	Procedures	1,317.7	36.79	4.04	-	-	-	-	1,317.7	36.79	4.04
Office Administered Drugs	Procedures	279.3	333.40	7.76	-	-	-	-	279.3	333.40	7.76
Physical Exams	Visits	287.9	55.03	1.32	-	-	-	-	287.9	55.03	1.32
Therapy	Visits	572.4	57.87	2.76	-	-	-	-	572.4	57.87	2.76
Vision	Visits	189.4	70.34	1.11	-	-	-	-	189.4	70.34	1.11
Other Professional	Procedures	1,059.7	59.56	5.26	-	-	-	-	1,059.7	59.56	5.26
Subtotal Professional				\$ 131.79							\$ 131.79
Retail Pharmacy											
Retail Pharmacy	Scripts	13,359.7	\$ 103.86	\$ 115.63	\$ 0.00	\$ (6.36)	\$ 0.00	\$ 0.00	13,359.7	\$ 98.15	\$ 109.27
Subtotal Retail Pharmacy				\$ 115.63							\$ 109.27
Ancillary											
Transportation	Trips	309.8	\$ 83.66	\$ 2.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	309.8	\$ 83.66	\$ 2.16
DME/Prosthetics	Procedures	393.7	115.22	3.78	-	-	-	-	393.7	115.22	3.78
Hospice	Days	29.1	185.40	0.45	-	-	-	-	29.1	185.40	0.45
Subtotal Ancillary				\$ 6.39							\$ 6.39
LTSS											
Nursing Home	Days	41.7	\$ 264.97	\$ 0.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	41.7	\$ 264.97	\$ 0.92
HCBS	Procedures	3.6	33.63	0.01	-	-	-	-	3.6	33.63	0.01
Case Management	Procedures	158.1	62.99	0.83	-	-	-	-	158.1	62.99	0.83
Subtotal LTSS				\$ 1.76							\$ 1.76
Total Medical Costs				\$ 474.12							\$ 467.34

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Rate Cell: ME - M 40-49											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 68,940	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	459.0	\$ 2,317.32	\$ 88.64	\$ 0.00	\$ (0.30)	\$ 0.00	\$ 0.00	459.0	\$ 2,309.48	\$ 88.34
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,695.1	546.46	77.19	-	(0.26)	-	-	1,695.1	544.62	76.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	75.3	664.93	4.17	-	(0.01)	-	-	75.3	663.33	4.16
Subtotal Inpatient Hospital				\$ 170.00							\$ 169.43
Outpatient Hospital											
Outpatient Emergency Room	Visits	809.7	\$ 649.56	\$ 43.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	809.7	\$ 649.56	\$ 43.83
Outpatient Surgery	Visits	129.8	1,525.64	16.50	-	-	-	-	129.8	1,525.64	16.50
Outpatient Radiology	Procedures	258.5	305.47	6.58	-	-	-	-	258.5	305.47	6.58
Outpatient Pathology/Lat	Procedures	4,239.8	36.26	12.81	-	-	-	-	4,239.8	36.26	12.81
Outpatient Pharmacy	Procedures	305.4	369.79	9.41	-	-	-	-	305.4	369.79	9.41
Outpatient MH/SA	Visits	295.1	305.34	7.51	-	-	-	-	295.1	305.34	7.51
Other Outpatient	Procedures	911.9	276.87	21.04	-	-	-	-	911.9	276.87	21.04
Subtotal Outpatient Hospital				\$ 117.68							\$ 117.68
Professional											
Inpatient and Outpatient Surgery	Procedures	657.5	\$ 210.61	\$ 11.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	657.5	\$ 210.61	\$ 11.54
Anesthesia	Procedures	187.8	153.39	2.40	-	-	-	-	187.8	153.39	2.40
Inpatient Visits	Visits	1,221.8	93.01	9.47	-	-	-	-	1,221.8	93.01	9.47
MH/SA	Visits	8,301.8	87.21	60.33	-	-	-	-	8,301.8	87.21	60.33
Emergency Room	Visits	928.1	89.86	6.95	-	-	-	-	928.1	89.86	6.95
Office/Home Visits/Consults	Visits	4,390.3	65.55	23.98	-	-	-	-	4,390.3	65.55	23.98
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,691.0	36.96	14.45	-	-	-	-	4,691.0	36.96	14.45
Radiology	Procedures	1,795.8	39.56	5.92	-	-	-	-	1,795.8	39.56	5.92
Office Administered Drugs	Procedures	320.9	159.65	4.27	-	-	-	-	320.9	159.65	4.27
Physical Exams	Visits	401.7	59.45	1.99	-	-	-	-	401.7	59.45	1.99
Therapy	Visits	812.4	57.90	3.92	-	-	-	-	812.4	57.90	3.92
Vision	Visits	314.6	67.90	1.78	-	-	-	-	314.6	67.90	1.78
Other Professional	Procedures	1,710.8	55.06	7.85	-	-	-	-	1,710.8	55.06	7.85
Subtotal Professional				\$ 154.85							\$ 154.85
Retail Pharmacy											
Retail Pharmacy	Scripts	22,406.2	\$ 86.50	\$ 161.51	\$ 0.00	\$ (8.88)	\$ 0.00	\$ 0.00	22,406.2	\$ 81.74	\$ 152.63
Subtotal Retail Pharmacy				\$ 161.51							\$ 152.63
Ancillary											
Transportation	Trips	358.2	\$ 85.10	\$ 2.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	358.2	\$ 85.10	\$ 2.54
DME/Prosthetics	Procedures	757.9	98.17	6.20	-	-	-	-	757.9	98.17	6.20
Hospice	Days	20.7	255.46	0.44	-	-	-	-	20.7	255.46	0.44
Subtotal Ancillary				\$ 9.18							\$ 9.18
LTSS											
Nursing Home	Days	78.4	\$ 284.52	\$ 1.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	78.4	\$ 284.52	\$ 1.86
HCBS	Procedures	8.0	59.93	0.04	-	-	-	-	8.0	59.93	0.04
Case Management	Procedures	167.3	43.04	0.60	-	-	-	-	167.3	43.04	0.60
Subtotal LTSS				\$ 2.50							\$ 2.50
Total Medical Costs				\$ 615.72							\$ 606.27

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Rate Cell: ME - M 50-64											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 112,791	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	727.9	\$ 2,166.00	\$ 131.39	\$ 0.00	\$ (0.45)	\$ 0.00	\$ 0.00	727.9	\$ 2,158.58	\$ 130.94
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,084.8	554.85	50.16	-	(0.17)	-	-	1,084.8	552.97	49.99
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	168.4	384.77	5.40	-	(0.02)	-	-	168.4	383.34	5.38
Subtotal Inpatient Hospital				\$ 186.95							\$ 186.31
Outpatient Hospital											
Outpatient Emergency Room	Visits	602.0	\$ 675.30	\$ 33.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	602.0	\$ 675.30	\$ 33.88
Outpatient Surgery	Visits	273.5	1,387.60	31.63	-	-	-	-	273.5	1,387.60	31.63
Outpatient Radiology	Procedures	401.6	391.11	13.09	-	-	-	-	401.6	391.11	13.09
Outpatient Pathology/Lab	Procedures	6,055.4	27.62	13.94	-	-	-	-	6,055.4	27.62	13.94
Outpatient Pharmacy	Procedures	709.4	449.28	26.56	-	-	-	-	709.4	449.28	26.56
Outpatient MH/SA	Visits	162.4	439.74	5.95	-	-	-	-	162.4	439.74	5.95
Other Outpatient	Procedures	1,602.4	190.58	25.45	-	-	-	-	1,602.4	190.58	25.45
Subtotal Outpatient Hospital				\$ 150.50							\$ 150.50
Professional											
Inpatient and Outpatient Surgery	Procedures	1,209.0	\$ 194.94	\$ 19.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,209.0	\$ 194.94	\$ 19.64
Anesthesia	Procedures	320.4	137.84	3.68	-	-	-	-	320.4	137.84	3.68
Inpatient Visits	Visits	1,390.8	88.70	10.28	-	-	-	-	1,390.8	88.70	10.28
MH/SA	Visits	3,797.9	99.65	31.54	-	-	-	-	3,797.9	99.65	31.54
Emergency Room	Visits	763.9	91.42	5.82	-	-	-	-	763.9	91.42	5.82
Office/Home Visits/Consults	Visits	5,258.4	65.95	28.90	-	-	-	-	5,258.4	65.95	28.90
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,960.2	27.99	11.57	-	-	-	-	4,960.2	27.99	11.57
Radiology	Procedures	2,323.9	66.77	12.93	-	-	-	-	2,323.9	66.77	12.93
Office Administered Drugs	Procedures	474.1	230.33	9.10	-	-	-	-	474.1	230.33	9.10
Physical Exams	Visits	534.9	59.68	2.66	-	-	-	-	534.9	59.68	2.66
Therapy	Visits	1,221.1	59.65	6.07	-	-	-	-	1,221.1	59.65	6.07
Vision	Visits	474.9	66.45	2.63	-	-	-	-	474.9	66.45	2.63
Other Professional	Procedures	2,781.7	53.41	12.38	-	-	-	-	2,781.7	53.41	12.38
Subtotal Professional				\$ 157.20							\$ 157.20
Retail Pharmacy											
Retail Pharmacy	Scripts	30,551.5	\$ 71.71	\$ 182.56	\$ 0.00	\$ (10.04)	\$ 0.00	\$ 0.00	30,551.5	\$ 67.76	\$ 172.52
Subtotal Retail Pharmacy				\$ 182.56							\$ 172.52
Ancillary											
Transportation	Trips	331.4	\$ 82.92	\$ 2.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	331.4	\$ 82.92	\$ 2.29
DME/Prosthetics	Procedures	1,046.6	97.35	8.49	-	-	-	-	1,046.6	97.35	8.49
Hospice	Days	86.4	218.01	1.57	-	-	-	-	86.4	218.01	1.57
Subtotal Ancillary				\$ 12.35							\$ 12.35
LTSS											
Nursing Home	Days	245.3	\$ 262.71	\$ 5.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	245.3	\$ 262.71	\$ 5.37
HCBS	Procedures	32.8	40.26	0.11	-	-	-	-	32.8	40.26	0.11
Case Management	Procedures	159.9	41.27	0.55	-	-	-	-	159.9	41.27	0.55
Subtotal LTSS				\$ 6.03							\$ 6.03
Total Medical Costs				\$ 695.59							\$ 684.91

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Rate Cell: RHP - ID											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 11,007	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	888.2	\$ 2,030.57	\$ 150.30	\$ 0.00	\$ (0.32)	\$ 0.00	\$ 0.00	888.2	\$ 2,026.24	\$ 149.98
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,023.1	996.26	84.94	-	(0.18)	-	-	1,023.1	994.15	84.76
Inpatient Maternity Delivery	Days	6.1	1,260.32	0.64	-	-	-	-	6.1	1,260.32	0.64
Other Inpatient	Days	61.7	559.75	2.88	-	(0.01)	-	-	61.7	557.80	2.87
Subtotal Inpatient Hospital				\$ 238.76							\$ 238.25
Outpatient Hospital											
Outpatient Emergency Room	Visits	761.6	\$ 646.32	\$ 41.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	761.6	\$ 646.32	\$ 41.02
Outpatient Surgery	Visits	169.6	1,238.13	17.50	-	-	-	-	169.6	1,238.13	17.50
Outpatient Radiology	Procedures	329.1	246.48	6.76	-	-	-	-	329.1	246.48	6.76
Outpatient Pathology/Lat	Procedures	5,982.7	31.65	15.78	-	-	-	-	5,982.7	31.65	15.78
Outpatient Pharmacy	Procedures	538.5	102.52	4.60	-	-	-	-	538.5	102.52	4.60
Outpatient MH/SA	Visits	94.6	272.82	2.15	-	-	-	-	94.6	272.82	2.15
Other Outpatient	Procedures	1,551.0	267.01	34.51	-	-	-	-	1,551.0	267.01	34.51
Subtotal Outpatient Hospital				\$ 122.32							\$ 122.32
Professional											
Inpatient and Outpatient Surgery	Procedures	1,201.4	\$ 122.06	\$ 12.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,201.4	\$ 122.06	\$ 12.22
Anesthesia	Procedures	364.6	150.74	4.58	-	-	-	-	364.6	150.74	4.58
Inpatient Visits	Visits	2,089.8	84.35	14.69	-	-	-	-	2,089.8	84.35	14.69
MH/SA	Visits	4,532.4	126.08	47.62	-	-	-	-	4,532.4	126.08	47.62
Emergency Room	Visits	912.3	87.86	6.68	-	-	-	-	912.3	87.86	6.68
Office/Home Visits/Consults	Visits	5,869.1	67.04	32.79	-	-	-	-	5,869.1	67.04	32.79
Maternity	Procedures	7.6	507.07	0.32	-	-	-	-	7.6	507.07	0.32
Pathology/Lab	Procedures	5,170.9	16.04	6.91	-	-	-	-	5,170.9	16.04	6.91
Radiology	Procedures	1,991.9	34.70	5.76	-	-	-	-	1,991.9	34.70	5.76
Office Administered Drugs	Procedures	567.8	235.03	11.12	-	-	-	-	567.8	235.03	11.12
Physical Exams	Visits	898.9	64.75	4.85	-	-	-	-	898.9	64.75	4.85
Therapy	Visits	1,368.3	67.70	7.72	-	-	-	-	1,368.3	67.70	7.72
Vision	Visits	509.9	61.43	2.61	-	-	-	-	509.9	61.43	2.61
Other Professional	Procedures	11,693.2	108.45	105.68	-	-	-	-	11,693.2	108.45	105.68
Subtotal Professional				\$ 263.55							\$ 263.55
Retail Pharmacy											
Retail Pharmacy	Scripts	56,145.0	\$ 65.38	\$ 305.89	\$ 0.00	\$ (13.55)	\$ 0.00	\$ 0.00	56,145.0	\$ 62.48	\$ 292.34
Subtotal Retail Pharmacy				\$ 305.89							\$ 292.34
Ancillary											
Transportation	Trips	573.3	\$ 85.40	\$ 4.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	573.3	\$ 85.40	\$ 4.08
DME/Prosthetics	Procedures	7,098.1	125.09	73.99	-	-	-	-	7,098.1	125.09	73.99
Hospice	Days	1,492.3	149.33	18.57	-	-	-	-	1,492.3	149.33	18.57
Subtotal Ancillary				\$ 96.64							\$ 96.64
LTSS											
Nursing Home	Days	268.5	\$ 274.90	\$ 6.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	268.5	\$ 274.90	\$ 6.15
HCBS	Procedures	596.5	55.52	2.76	-	-	-	-	596.5	55.52	2.76
Case Management	Procedures	45.5	81.82	0.31	-	-	-	-	45.5	81.82	0.31
Subtotal LTSS				\$ 9.22							\$ 9.22
Total Medical Costs				\$ 1,036.38							\$ 1,022.32

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Rate Cell: RHP - SPMI											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 32,980	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,759.0	\$ 1,655.41	\$ 242.66	\$ 0.00	\$ (0.51)	\$ 0.00	\$ 0.00	1,759.0	\$ 1,651.93	\$ 242.15
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,464.1	835.12	310.67	-	(0.65)	-	-	4,464.1	833.37	310.02
Inpatient Maternity Delivery	Days	23.9	1,538.28	3.07	-	(0.01)	-	-	23.9	1,533.26	3.06
Other Inpatient	Days	366.4	445.36	13.60	-	(0.03)	-	-	366.4	444.38	13.57
Subtotal Inpatient Hospital				\$ 570.00							\$ 568.80
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,255.6	\$ 652.24	\$ 122.60	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	2,255.6	\$ 652.19	\$ 122.59
Outpatient Surgery	Visits	233.6	1,702.51	33.14	-	-	-	-	233.6	1,702.51	33.14
Outpatient Radiology	Procedures	771.3	275.84	17.73	-	-	-	-	771.3	275.84	17.73
Outpatient Pathology/Lat	Procedures	9,251.4	36.20	27.91	-	-	-	-	9,251.4	36.20	27.91
Outpatient Pharmacy	Procedures	924.7	696.84	53.70	-	(0.01)	-	-	924.7	696.71	53.69
Outpatient MH/SA	Visits	448.2	467.18	17.45	-	-	-	-	448.2	467.18	17.45
Other Outpatient	Procedures	2,554.4	288.35	61.38	-	(0.01)	-	-	2,554.4	288.30	61.37
Subtotal Outpatient Hospital				\$ 333.91							\$ 333.88
Professional											
Inpatient and Outpatient Surgery	Procedures	1,370.0	\$ 177.73	\$ 20.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,370.0	\$ 177.73	\$ 20.29
Anesthesia	Procedures	473.1	172.24	6.79	-	-	-	-	473.1	172.24	6.79
Inpatient Visits	Visits	4,826.5	97.31	39.14	-	-	-	-	4,826.5	97.31	39.14
MH/SA	Visits	29,054.5	233.88	566.27	-	-	-	-	29,054.5	233.88	566.27
Emergency Room	Visits	2,771.5	95.08	21.96	-	-	-	-	2,771.5	95.08	21.96
Office/Home Visits/Consults	Visits	10,576.1	69.09	60.89	-	-	-	-	10,576.1	69.09	60.89
Maternity	Procedures	26.6	388.68	0.86	-	-	-	-	26.6	388.68	0.86
Pathology/Lab	Procedures	8,897.0	35.19	26.09	-	-	-	-	8,897.0	35.19	26.09
Radiology	Procedures	4,392.5	40.84	14.95	-	-	-	-	4,392.5	40.84	14.95
Office Administered Drugs	Procedures	693.3	125.84	7.27	-	-	-	-	693.3	125.84	7.27
Physical Exams	Visits	668.4	51.53	2.87	-	-	-	-	668.4	51.53	2.87
Therapy	Visits	1,484.8	70.31	8.70	-	-	-	-	1,484.8	70.31	8.70
Vision	Visits	518.5	64.80	2.80	-	-	-	-	518.5	64.80	2.80
Other Professional	Procedures	12,556.2	71.16	74.46	-	-	-	-	12,556.2	71.16	74.46
Subtotal Professional				\$ 853.34							\$ 853.34
Retail Pharmacy											
Retail Pharmacy	Scripts	78,796.5	\$ 88.40	\$ 580.47	\$ 0.00	\$ (25.71)	\$ 0.00	\$ 0.00	78,796.5	\$ 84.48	\$ 554.76
Subtotal Retail Pharmacy				\$ 580.47							\$ 554.76
Ancillary											
Transportation	Trips	1,659.9	\$ 75.91	\$ 10.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,659.9	\$ 75.91	\$ 10.50
DME/Prosthetics	Procedures	2,279.7	115.86	22.01	-	-	-	-	2,279.7	115.86	22.01
Hospice	Days	284.9	161.30	3.83	-	-	-	-	284.9	161.30	3.83
Subtotal Ancillary				\$ 36.34							\$ 36.34
LTSS											
Nursing Home	Days	603.8	\$ 248.81	\$ 12.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	603.8	\$ 248.81	\$ 12.52
HCBS	Procedures	438.5	40.22	1.47	-	-	-	-	438.5	40.22	1.47
Case Management	Procedures	658.4	80.02	4.39	-	-	-	-	658.4	80.02	4.39
Subtotal LTSS				\$ 18.38							\$ 18.38
Total Medical Costs				\$ 2,392.44							\$ 2,365.50

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Rate Cell: RHP - Other Disabled 21-44											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 40,838	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	802.5	\$ 2,106.21	\$ 140.86	\$ 0.00	\$ (0.30)	\$ 0.00	\$ 0.00	802.5	\$ 2,101.72	\$ 140.56
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,141.4	620.69	59.04	-	(0.12)	-	-	1,141.4	619.43	58.92
Inpatient Maternity Delivery	Days	80.6	1,412.10	9.49	-	(0.02)	-	-	80.6	1,409.12	9.47
Other Inpatient	Days	49.2	561.41	2.30	-	-	-	-	49.2	561.41	2.30
Subtotal Inpatient Hospital				\$ 211.69							\$ 211.25
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,418.7	\$ 622.87	\$ 73.64	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	1,418.7	\$ 622.79	\$ 73.63
Outpatient Surgery	Visits	150.2	1,854.57	23.22	-	-	-	-	150.2	1,854.57	23.22
Outpatient Radiology	Procedures	590.9	332.63	16.38	-	-	-	-	590.9	332.63	16.38
Outpatient Pathology/Lat	Procedures	8,276.9	38.93	26.85	-	-	-	-	8,276.9	38.93	26.85
Outpatient Pharmacy	Procedures	850.5	346.12	24.53	-	-	-	-	850.5	346.12	24.53
Outpatient MH/SA	Visits	275.7	401.30	9.22	-	-	-	-	275.7	401.30	9.22
Other Outpatient	Procedures	2,078.5	228.68	39.61	-	-	-	-	2,078.5	228.68	39.61
Subtotal Outpatient Hospital				\$ 213.45							\$ 213.44
Professional											
Inpatient and Outpatient Surgery	Procedures	712.5	\$ 204.64	\$ 12.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	712.5	\$ 204.64	\$ 12.15
Anesthesia	Procedures	281.1	163.49	3.83	-	-	-	-	281.1	163.49	3.83
Inpatient Visits	Visits	1,722.4	92.10	13.22	-	-	-	-	1,722.4	92.10	13.22
MH/SA	Visits	8,297.3	101.70	70.32	-	-	-	-	8,297.3	101.70	70.32
Emergency Room	Visits	1,538.1	83.09	10.65	-	-	-	-	1,538.1	83.09	10.65
Office/Home Visits/Consults	Visits	6,139.9	66.35	33.95	-	-	-	-	6,139.9	66.35	33.95
Maternity	Procedures	132.6	263.37	2.91	-	-	-	-	132.6	263.37	2.91
Pathology/Lab	Procedures	5,005.8	30.01	12.52	-	-	-	-	5,005.8	30.01	12.52
Radiology	Procedures	2,739.3	40.83	9.32	-	-	-	-	2,739.3	40.83	9.32
Office Administered Drugs	Procedures	373.0	876.46	27.24	-	-	-	-	373.0	876.46	27.24
Physical Exams	Visits	569.2	53.97	2.56	-	-	-	-	569.2	53.97	2.56
Therapy	Visits	892.4	57.69	4.29	-	-	-	-	892.4	57.69	4.29
Vision	Visits	393.5	64.96	2.13	-	-	-	-	393.5	64.96	2.13
Other Professional	Procedures	3,976.1	84.17	27.89	-	-	-	-	3,976.1	84.17	27.89
Subtotal Professional				\$ 232.98							\$ 232.98
Retail Pharmacy											
Retail Pharmacy	Scripts	31,120.7	\$ 94.05	\$ 243.91	\$ 0.00	\$ (10.81)	\$ 0.00	\$ 0.00	31,120.7	\$ 89.88	\$ 233.10
Subtotal Retail Pharmacy				\$ 243.91							\$ 233.10
Ancillary											
Transportation	Trips	470.4	\$ 76.53	\$ 3.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	470.4	\$ 76.53	\$ 3.00
DME/Prosthetics	Procedures	1,394.3	129.96	15.10	-	-	-	-	1,394.3	129.96	15.10
Hospice	Days	62.9	244.36	1.28	-	-	-	-	62.9	244.36	1.28
Subtotal Ancillary				\$ 19.38							\$ 19.38
LTSS											
Nursing Home	Days	55.5	\$ 254.98	\$ 1.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	55.5	\$ 254.98	\$ 1.18
HCBS	Procedures	259.6	91.51	1.98	-	-	-	-	259.6	91.51	1.98
Case Management	Procedures	120.2	48.90	0.49	-	-	-	-	120.2	48.90	0.49
Subtotal LTSS				\$ 3.65							\$ 3.65
Total Medical Costs				\$ 925.06							\$ 913.80

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Rate Cell: RHP - Other Disabled 45+					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 86,487 Category of Service		Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital												
Inpatient Medical/Surgical/Non-Delivery	Days	1,863.0	\$ 1,836.50	\$ 285.11	\$ 0.00	\$ (0.60)	\$ 0.00	\$ 0.00	1,863.0	\$ 1,832.64	\$ 284.51	
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	
Inpatient MH/SA	Days	868.1	726.55	52.56	-	(0.11)	-	-	868.1	725.03	52.45	
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	
Other Inpatient	Days	530.6	392.15	17.34	-	(0.04)	-	-	530.6	391.25	17.30	
Subtotal Inpatient Hospital				\$ 355.01							\$ 354.26	
Outpatient Hospital												
Outpatient Emergency Room	Visits	1,176.0	\$ 687.26	\$ 67.35	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	1,176.0	\$ 687.16	\$ 67.34	
Outpatient Surgery	Visits	369.4	1,582.17	48.70	-	-	-	-	369.4	1,582.17	48.70	
Outpatient Radiology	Procedures	1,057.2	333.13	29.35	-	-	-	-	1,057.2	333.13	29.35	
Outpatient Pathology/Lab	Procedures	11,019.7	33.13	30.42	-	-	-	-	11,019.7	33.13	30.42	
Outpatient Pharmacy	Procedures	1,246.7	454.11	47.18	-	-	-	-	1,246.7	454.11	47.18	
Outpatient MH/SA	Visits	147.6	393.39	4.84	-	-	-	-	147.6	393.39	4.84	
Other Outpatient	Procedures	3,450.5	231.62	66.60	-	(0.01)	-	-	3,450.5	231.59	66.59	
Subtotal Outpatient Hospital				\$ 294.44							\$ 294.42	
Professional												
Inpatient and Outpatient Surgen	Procedures	1,747.9	\$ 195.25	\$ 28.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,747.9	\$ 195.25	\$ 28.44	
Anesthesia	Procedures	473.8	138.53	5.47	-	-	-	-	473.8	138.53	5.47	
Inpatient Visits	Visits	2,837.1	87.47	20.68	-	-	-	-	2,837.1	87.47	20.68	
MH/SA	Visits	8,037.7	100.80	67.52	-	-	-	-	8,037.7	100.80	67.52	
Emergency Room	Visits	1,529.5	91.56	11.67	-	-	-	-	1,529.5	91.56	11.67	
Office/Home Visits/Consults	Visits	9,209.7	66.92	51.36	-	-	-	-	9,209.7	66.92	51.36	
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	6,522.4	26.68	14.50	-	-	-	-	6,522.4	26.68	14.50	
Radiology	Procedures	4,596.5	53.47	20.48	-	-	-	-	4,596.5	53.47	20.48	
Office Administered Drugs	Procedures	600.0	240.99	12.05	-	-	-	-	600.0	240.99	12.05	
Physical Exams	Visits	711.1	55.01	3.26	-	-	-	-	711.1	55.01	3.26	
Therapy	Visits	1,870.5	69.54	10.84	-	-	-	-	1,870.5	69.54	10.84	
Vision	Visits	642.7	62.92	3.37	-	-	-	-	642.7	62.92	3.37	
Other Professional	Procedures	10,661.1	74.58	66.26	-	-	-	-	10,661.1	74.58	66.26	
Subtotal Professional				\$ 315.90							\$ 315.90	
Retail Pharmacy												
Retail Pharmacy	Scripts	68,733.7	\$ 76.60	\$ 438.77	\$ 0.00	\$ (19.44)	\$ 0.00	\$ 0.00	68,733.7	\$ 73.21	\$ 419.33	
Subtotal Retail Pharmacy				\$ 438.77							\$ 419.33	
Ancillary												
Transportation	Trips	747.3	\$ 78.36	\$ 4.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	747.3	\$ 78.36	\$ 4.88	
DME/Prosthetics	Procedures	2,998.4	108.90	27.21	-	-	-	-	2,998.4	108.90	27.21	
Hospice	Days	517.8	169.40	7.31	-	-	-	-	517.8	169.40	7.31	
Subtotal Ancillary				\$ 39.40							\$ 39.40	
LTSS												
Nursing Home	Days	616.9	\$ 253.64	\$ 13.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	616.9	\$ 253.64	\$ 13.04	
HCBS	Procedures	536.8	88.97	3.98	-	-	-	-	536.8	88.97	3.98	
Case Management	Procedures	356.2	55.24	1.64	-	-	-	-	356.2	55.24	1.64	
Subtotal LTSS				\$ 18.66							\$ 18.66	
Total Medical Costs				\$ 1,462.18							\$ 1,441.97	

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Rate Cell: SOBRA											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Deliveries: 4,595 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	241.5	\$ 1,735.72	\$ 419.23	\$ 0.00	\$ (2.47)	\$ 0.00	\$ 0.00	241.5	\$ 1,725.49	\$ 416.76
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3.5	221.84	0.78	-	-	-	-	3.5	221.84	0.78
Inpatient Maternity Delivery	Days	2,683.5	1,405.76	3,772.30	-	(22.26)	-	-	2,683.5	1,397.47	3,750.04
Other Inpatient	Days	199.3	1,502.30	299.43	-	(1.77)	-	-	199.3	1,493.42	297.66
Subtotal Inpatient Hospital				\$ 4,491.74							\$ 4,465.24
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,129.8	\$ 707.60	\$ 1,507.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,129.8	\$ 707.60	\$ 1,507.07
Outpatient Surgery	Visits	51.7	2,980.91	154.12	-	-	-	-	51.7	2,980.91	154.12
Outpatient Radiology	Procedures	3,620.3	161.89	586.09	-	-	-	-	3,620.3	161.89	586.09
Outpatient Pathology/Lat	Procedures	22,034.4	46.13	1,016.50	-	-	-	-	22,034.4	46.13	1,016.50
Outpatient Pharmacy	Procedures	708.5	265.60	188.17	-	-	-	-	708.5	265.60	188.17
Outpatient MH/SA	Visits	7.0	190.64	1.34	-	-	-	-	7.0	190.64	1.34
Other Outpatient	Procedures	3,240.0	123.75	400.97	-	-	-	-	3,240.0	123.75	400.97
Subtotal Outpatient Hospital				\$ 3,854.26							\$ 3,854.26
Professional											
Inpatient and Outpatient Surgery	Procedures	89.9	\$ 108.97	\$ 9.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	89.9	\$ 108.97	\$ 9.80
Anesthesia	Procedures	1,166.1	351.25	409.59	-	-	-	-	1,166.1	351.25	409.59
Inpatient Visits	Visits	1,074.4	57.07	61.31	-	-	-	-	1,074.4	57.07	61.31
MH/SA	Visits	3.2	103.32	0.33	-	-	-	-	3.2	103.32	0.33
Emergency Room	Visits	2,171.8	70.10	152.24	-	-	-	-	2,171.8	70.10	152.24
Office/Home Visits/Consults	Visits	1,269.1	63.67	80.81	-	-	-	-	1,269.1	63.67	80.81
Maternity	Procedures	3,845.0	422.97	1,626.31	-	-	-	-	3,845.0	422.97	1,626.31
Pathology/Lab	Procedures	3,053.4	30.95	94.51	-	-	-	-	3,053.4	30.95	94.51
Radiology	Procedures	7,228.5	47.44	342.92	-	-	-	-	7,228.5	47.44	342.92
Office Administered Drugs	Procedures	296.2	92.76	27.47	-	-	-	-	296.2	92.76	27.47
Physical Exams	Visits	515.8	11.24	5.80	-	-	-	-	515.8	11.24	5.80
Therapy	Visits	49.2	54.72	2.69	-	-	-	-	49.2	54.72	2.69
Vision	Visits	0.7	57.88	0.04	-	-	-	-	0.7	57.88	0.04
Other Professional	Procedures	790.9	107.07	84.68	-	-	-	-	790.9	107.07	84.68
Subtotal Professional				\$ 2,898.50							\$ 2,898.50
Retail Pharmacy											
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00							\$ 0.00
Ancillary											
Transportation	Trips	48.4	\$ 101.69	\$ 4.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	48.4	\$ 101.69	\$ 4.92
DME/Prosthetics	Procedures	826.1	156.18	129.03	-	(0.01)	-	-	826.1	156.17	129.02
Hospice	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 133.95							\$ 133.94
LTSS											
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	0.2	42.63	0.01	-	-	-	-	0.2	42.63	0.01
Subtotal LTSS				\$ 0.01							\$ 0.01
Total Medical Costs				\$ 11,378.46							\$ 11,351.95

Appendix 4: SFY 2018 and SFY 2019 Base Data Blending

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - MF<1										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	1,000.8	\$ 2,086.41	\$ 174.00	758.6	\$ 1,863.32	\$ 117.80	831.3	\$ 1,943.89	\$ 134.66
Inpatient Well Newborn	Days	1,661.1	770.44	106.65	1,859.4	766.63	118.79	1,799.9	767.70	115.15
Inpatient MH/SA	Days	10.2	1,300.34	1.10	81.0	847.45	5.72	59.7	869.73	4.33
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.3	614.54	0.22	43.6	1,845.15	6.70	31.8	1,796.78	4.76
Subtotal Inpatient Hospital				\$ 281.97	\$ 249.01			\$ 258.90		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,037.3	\$ 366.27	\$ 31.66	985.3	\$ 442.82	\$ 36.36	1,000.9	\$ 419.02	\$ 34.95
Outpatient Surgery	Visits	38.4	1,498.08	4.79	29.4	1,465.57	3.59	32.1	1,477.23	3.95
Outpatient Radiology	Procedures	198.5	151.75	2.51	206.5	142.98	2.46	204.1	145.83	2.48
Outpatient Pathology/Lab	Procedures	1,416.9	60.89	7.19	1,565.0	37.73	4.92	1,520.5	44.19	5.60
Outpatient Pharmacy	Procedures	113.8	203.59	1.93	823.9	1.02	0.07	610.9	12.38	0.63
Outpatient MH/SA	Visits	65.4	146.70	0.80	89.5	198.37	1.48	82.3	186.63	1.28
Other Outpatient	Procedures	911.4	135.89	10.32	1,031.9	126.87	10.91	995.7	129.31	10.73
Subtotal Outpatient Hospital				\$ 59.20	\$ 59.79			\$ 59.62		
Professional										
Inpatient and Outpatient Surgery	Procedures	514.1	\$ 230.84	\$ 9.89	468.1	\$ 209.70	\$ 8.18	481.9	\$ 216.39	\$ 8.69
Anesthesia	Procedures	97.7	423.83	3.45	90.6	292.74	2.21	92.7	333.91	2.58
Inpatient Visits	Visits	1,624.7	144.25	19.53	1,682.4	134.95	18.92	1,665.1	137.65	19.10
MH/SA	Visits	103.1	572.82	4.92	107.7	534.83	4.80	106.3	546.33	4.84
Emergency Room	Visits	1,144.3	68.90	6.57	1,070.2	70.64	6.30	1,092.4	70.08	6.38
Office/Home Visits/Consults	Visits	6,128.2	63.13	32.24	5,684.6	63.65	30.15	5,817.7	63.49	30.78
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,180.7	12.30	1.21	1,185.5	12.86	1.27	1,184.1	12.67	1.25
Radiology	Procedures	941.7	16.44	1.29	886.8	16.64	1.23	903.3	16.61	1.25
Office Administered Drugs	Procedures	44.3	5.42	0.02	531.4	1.13	0.05	385.3	1.25	0.04
Physical Exams	Visits	8,666.1	81.07	58.55	8,157.6	80.54	54.75	8,310.2	80.71	55.89
Therapy	Visits	62.5	76.75	0.40	69.1	92.03	0.53	67.1	87.58	0.49
Vision	Visits	132.8	48.80	0.54	158.6	44.65	0.59	150.8	45.35	0.57
Other Professional	Procedures	3,219.9	68.09	18.27	3,347.1	69.52	19.39	3,309.0	69.09	19.05
Subtotal Professional				\$ 156.88	\$ 148.37			\$ 150.91		
Retail Pharmacy										
Retail Pharmacy	Scripts	6,554.7	\$ 22.55	\$ 12.32	5,966.8	\$ 23.27	\$ 11.57	6,143.2	\$ 23.05	\$ 11.80
Subtotal Retail Pharmacy				\$ 12.32	\$ 11.57			\$ 11.80		
Ancillary										
Transportation	Trips	74.5	\$ 109.48	\$ 0.68	76.2	\$ 127.63	\$ 0.81	75.7	\$ 122.11	\$ 0.77
DME/Prosthetics	Procedures	365.9	176.43	5.38	371.4	195.18	6.04	369.7	189.55	5.84
Hospice	Days	1.4	261.73	0.03	22.9	156.92	0.30	16.5	160.27	0.22
Subtotal Ancillary				\$ 6.09	\$ 7.15			\$ 6.83		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	5.3	338.31	0.15	12.7	369.23	0.39	10.5	366.81	0.32
Case Management	Procedures	322.7	51.32	1.38	327.1	45.13	1.23	325.8	46.78	1.27
Subtotal LTSS				\$ 1.53	\$ 1.62			\$ 1.59		
Total Medical Costs				\$ 517.99	\$ 477.51			\$ 489.65		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - MF 1-5										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	48.9	\$ 2,563.33	\$ 10.45	50.5	\$ 2,956.21	\$ 12.43	50.0	\$ 2,841.84	\$ 11.84
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	9.7	1,245.19	1.01	47.4	331.49	1.31	36.1	405.37	1.22
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.1	2,847.03	0.02	1.2	2,673.18	0.27	0.9	2,746.89	0.20
Subtotal Inpatient Hospital				\$ 11.48	\$ 14.01			\$ 13.26		
Outpatient Hospital										
Outpatient Emergency Room	Visits	584.6	\$ 389.39	\$ 18.97	615.6	\$ 434.72	\$ 22.30	606.3	\$ 421.58	\$ 21.30
Outpatient Surgery	Visits	56.4	1,744.99	8.20	54.5	1,553.28	7.06	55.1	1,611.71	7.40
Outpatient Radiology	Procedures	76.2	181.11	1.15	79.2	144.00	0.95	78.3	154.84	1.01
Outpatient Pathology/Lab	Procedures	1,025.3	38.15	3.26	1,142.7	37.91	3.61	1,107.5	38.03	3.51
Outpatient Pharmacy	Procedures	61.8	608.16	3.13	67.0	419.14	2.34	65.4	473.22	2.58
Outpatient MH/SA	Visits	113.7	255.45	2.42	127.1	281.25	2.98	123.1	273.91	2.81
Other Outpatient	Procedures	431.2	132.20	4.75	555.1	115.66	5.35	517.9	119.79	5.17
Subtotal Outpatient Hospital				\$ 41.88	\$ 44.59			\$ 43.78		
Professional										
Inpatient and Outpatient Surgery	Procedures	151.1	\$ 159.67	\$ 2.01	137.2	\$ 153.90	\$ 1.76	141.4	\$ 156.18	\$ 1.84
Anesthesia	Procedures	100.1	139.07	1.16	91.8	134.68	1.03	94.3	136.20	1.07
Inpatient Visits	Visits	75.9	184.90	1.17	102.9	220.41	1.89	94.8	211.37	1.67
MH/SA	Visits	614.9	154.16	7.90	674.3	144.86	8.14	656.5	147.51	8.07
Emergency Room	Visits	544.4	65.03	2.95	508.1	66.61	2.82	519.0	66.13	2.86
Office/Home Visits/Consults	Visits	3,208.1	62.62	16.74	3,034.5	62.32	15.76	3,086.6	62.40	16.05
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,451.9	12.73	1.54	1,442.9	13.14	1.58	1,445.6	13.03	1.57
Radiology	Procedures	268.3	16.10	0.36	266.0	16.24	0.36	266.7	16.20	0.36
Office Administered Drugs	Procedures	23.7	15.22	0.03	24.6	19.51	0.04	24.3	19.74	0.04
Physical Exams	Visits	1,819.9	71.21	10.80	1,676.6	70.36	9.83	1,719.6	70.62	10.12
Therapy	Visits	68.6	76.91	0.44	132.9	68.65	0.76	113.6	69.72	0.66
Vision	Visits	253.9	65.23	1.38	270.8	55.39	1.25	265.7	58.26	1.29
Other Professional	Procedures	2,538.4	79.04	16.72	2,620.5	80.87	17.66	2,595.9	80.34	17.38
Subtotal Professional				\$ 63.20	\$ 62.88			\$ 62.98		
Retail Pharmacy										
Retail Pharmacy	Scripts	6,208.5	\$ 26.89	\$ 13.91	6,283.3	\$ 26.95	\$ 14.11	6,260.9	\$ 26.93	\$ 14.05
Subtotal Retail Pharmacy				\$ 13.91	\$ 14.11			\$ 14.05		
Ancillary										
Transportation	Trips	34.2	\$ 77.17	\$ 0.22	31.2	\$ 73.15	\$ 0.19	32.1	\$ 74.81	\$ 0.20
DME/Prosthetics	Procedures	154.1	101.20	1.30	139.4	108.47	1.26	143.8	105.97	1.27
Hospice	Days	0.2	520.56	0.01	-	-	-	0.1	-	-
Subtotal Ancillary				\$ 1.53	\$ 1.45			\$ 1.47		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	20.6	379.25	0.65	28.1	320.70	0.75	25.8	334.69	0.72
Case Management	Procedures	550.5	45.13	2.07	568.1	41.19	1.95	562.8	42.43	1.99
Subtotal LTSS				\$ 2.72	\$ 2.70			\$ 2.71		
Total Medical Costs				\$ 134.72	\$ 139.74			\$ 138.25		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - MF 6-14										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	30.2	\$ 2,794.04	\$ 7.04	23.5	\$ 2,614.20	\$ 5.13	25.6	\$ 2,676.63	\$ 5.70
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	118.8	1,192.39	11.80	114.6	1,051.45	10.04	115.8	1,095.00	10.57
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.7	2,321.35	0.13	4.9	1,982.07	0.81	3.6	2,014.10	0.61
Subtotal Inpatient Hospital				\$ 18.97	\$ 15.98			\$ 16.88		
Outpatient Hospital										
Outpatient Emergency Room	Visits	322.0	\$ 452.86	\$ 12.15	331.6	\$ 475.88	\$ 13.15	328.7	\$ 469.11	\$ 12.85
Outpatient Surgery	Visits	29.5	1,539.76	3.79	28.4	1,649.92	3.90	28.7	1,617.18	3.87
Outpatient Radiology	Procedures	105.3	170.92	1.50	107.1	175.91	1.57	106.6	174.54	1.55
Outpatient Pathology/Lab	Procedures	955.7	38.67	3.08	1,114.2	37.91	3.52	1,066.7	38.14	3.39
Outpatient Pharmacy	Procedures	49.7	901.03	3.73	59.6	449.00	2.23	56.6	567.97	2.68
Outpatient MH/SA	Visits	91.3	547.88	4.17	75.3	573.60	3.60	80.1	564.66	3.77
Other Outpatient	Procedures	284.7	145.42	3.45	349.9	124.14	3.62	330.4	129.67	3.57
Subtotal Outpatient Hospital				\$ 31.87	\$ 31.59			\$ 31.68		
Professional										
Inpatient and Outpatient Surgery	Procedures	151.0	\$ 148.56	\$ 1.87	135.6	\$ 151.29	\$ 1.71	140.3	\$ 150.58	\$ 1.76
Anesthesia	Procedures	59.6	136.85	0.68	52.1	138.32	0.60	54.3	136.95	0.62
Inpatient Visits	Visits	85.2	112.61	0.80	80.0	117.06	0.78	81.5	116.25	0.79
MH/SA	Visits	1,879.1	98.67	15.45	1,784.8	98.97	14.72	1,813.1	98.88	14.94
Emergency Room	Visits	320.7	69.96	1.87	292.5	70.97	1.73	301.0	70.57	1.77
Office/Home Visits/Consults	Visits	2,755.5	64.84	14.89	2,601.3	65.14	14.12	2,647.5	65.04	14.35
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,239.7	14.04	1.45	1,238.1	14.05	1.45	1,238.6	14.05	1.45
Radiology	Procedures	417.8	24.99	0.87	394.8	25.53	0.84	401.7	25.39	0.85
Office Administered Drugs	Procedures	19.0	516.55	0.82	19.5	454.31	0.74	19.4	470.18	0.76
Physical Exams	Visits	1,213.8	62.88	6.36	1,129.0	62.28	5.86	1,154.5	62.47	6.01
Therapy	Visits	129.8	54.53	0.59	148.7	55.67	0.69	143.1	55.36	0.66
Vision	Visits	628.8	85.88	4.50	614.5	77.72	3.98	618.8	80.29	4.14
Other Professional	Procedures	1,874.6	34.57	5.40	1,778.0	37.46	5.55	1,807.0	36.59	5.51
Subtotal Professional				\$ 55.55	\$ 52.77			\$ 53.61		
Retail Pharmacy										
Retail Pharmacy	Scripts	4,884.8	\$ 57.95	\$ 23.59	4,386.5	\$ 60.13	\$ 21.98	4,536.0	\$ 59.42	\$ 22.46
Subtotal Retail Pharmacy				\$ 23.59	\$ 21.98			\$ 22.46		
Ancillary										
Transportation	Trips	39.1	\$ 82.89	\$ 0.27	35.0	\$ 89.06	\$ 0.26	36.2	\$ 86.07	\$ 0.26
DME/Prosthetics	Procedures	174.0	107.59	1.56	169.9	111.59	1.58	171.1	110.09	1.57
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.83	\$ 1.84			\$ 1.83		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	293.8	99.67	2.44	300.3	100.29	2.51	298.4	100.14	2.49
Case Management	Procedures	245.2	24.47	0.50	266.4	25.23	0.56	260.0	24.92	0.54
Subtotal LTSS				\$ 2.94	\$ 3.07			\$ 3.03		
Total Medical Costs				\$ 134.75	\$ 127.23			\$ 129.49		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - M 15-44										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	107.8	\$ 2,389.79	\$ 21.46	72.2	\$ 2,369.47	\$ 14.26	82.9	\$ 2,377.40	\$ 16.42
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	170.4	838.22	11.90	210.9	804.13	14.13	198.7	812.84	13.46
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.5	783.09	0.23	21.3	1,155.19	2.05	16.0	1,127.54	1.50
Subtotal Inpatient Hospital				\$ 33.59	\$ 30.44			\$ 31.38		
Outpatient Hospital										
Outpatient Emergency Room	Visits	437.2	\$ 503.67	\$ 18.35	434.8	\$ 528.78	\$ 19.16	435.5	\$ 521.30	\$ 18.92
Outpatient Surgery	Visits	57.7	1,724.52	8.29	58.0	1,629.02	7.87	57.9	1,658.40	8.00
Outpatient Radiology	Procedures	134.6	220.28	2.47	128.5	240.04	2.57	130.3	233.92	2.54
Outpatient Pathology/Lab	Procedures	1,805.1	40.62	6.11	1,951.6	37.38	6.08	1,907.7	38.31	6.09
Outpatient Pharmacy	Procedures	101.2	1,065.93	8.99	89.6	888.18	6.63	93.1	946.43	7.34
Outpatient MH/SA	Visits	99.6	407.13	3.38	82.6	369.03	2.54	87.7	381.74	2.79
Other Outpatient	Procedures	304.4	144.70	3.67	347.1	149.69	4.33	334.3	148.26	4.13
Subtotal Outpatient Hospital				\$ 51.26	\$ 49.18			\$ 49.81		
Professional										
Inpatient and Outpatient Surgery	Procedures	279.9	\$ 207.07	\$ 4.83	247.4	\$ 205.15	\$ 4.23	257.2	\$ 205.78	\$ 4.41
Anesthesia	Procedures	86.5	174.80	1.26	82.8	155.16	1.07	83.9	161.67	1.13
Inpatient Visits	Visits	224.1	110.31	2.06	181.6	99.79	1.51	194.3	103.74	1.68
MH/SA	Visits	3,142.5	64.19	16.81	2,510.6	77.81	16.28	2,700.2	73.06	16.44
Emergency Room	Visits	442.9	78.84	2.91	407.2	78.98	2.68	417.9	78.96	2.75
Office/Home Visits/Consults	Visits	2,717.2	64.79	14.67	2,613.0	65.17	14.19	2,644.3	65.03	14.33
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,927.2	25.90	4.16	1,833.3	24.41	3.73	1,861.5	24.88	3.86
Radiology	Procedures	856.7	38.52	2.75	761.6	41.59	2.64	790.2	40.55	2.67
Office Administered Drugs	Procedures	121.6	155.89	1.58	87.6	193.24	1.41	97.8	179.18	1.46
Physical Exams	Visits	723.3	61.38	3.70	730.2	60.14	3.66	728.2	60.48	3.67
Therapy	Visits	463.6	59.54	2.30	440.3	58.06	2.13	447.2	58.49	2.18
Vision	Visits	390.8	79.52	2.59	411.1	74.14	2.54	405.0	75.85	2.56
Other Professional	Procedures	1,565.2	30.97	4.04	1,704.3	29.57	4.20	1,662.6	29.95	4.15
Subtotal Professional				\$ 63.66	\$ 60.27			\$ 61.29		
Retail Pharmacy										
Retail Pharmacy	Scripts	7,169.0	\$ 66.42	\$ 39.68	6,620.9	\$ 64.41	\$ 35.54	6,785.3	\$ 65.05	\$ 36.78
Subtotal Retail Pharmacy				\$ 39.68	\$ 35.54			\$ 36.78		
Ancillary										
Transportation	Trips	79.3	\$ 78.67	\$ 0.52	80.3	\$ 80.70	\$ 0.54	80.0	\$ 79.49	\$ 0.53
DME/Prosthetics	Procedures	340.4	95.55	2.71	347.6	91.13	2.64	345.5	92.40	2.66
Hospice	Days	5.8	144.92	0.07	1.5	164.25	0.02	2.8	173.81	0.04
Subtotal Ancillary				\$ 3.30	\$ 3.20			\$ 3.23		
LTSS										
Nursing Home	Days	2.1	\$ 290.64	\$ 0.05	2.1	\$ 285.26	\$ 0.05	2.1	\$ 286.85	\$ 0.05
HCBS	Procedures	310.0	88.27	2.28	336.5	93.42	2.62	328.6	92.04	2.52
Case Management	Procedures	198.6	21.76	0.36	177.8	22.95	0.34	184.0	22.82	0.35
Subtotal LTSS				\$ 2.69	\$ 3.01			\$ 2.92		
Total Medical Costs				\$ 194.18	\$ 181.64			\$ 185.41		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - F 15-44										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	131.6	\$ 2,486.07	\$ 27.27	126.8	\$ 2,366.54	\$ 25.01	128.3	\$ 2,403.53	\$ 25.69
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	277.4	704.60	16.29	434.3	544.37	19.70	387.2	578.90	18.68
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	14.0	583.76	0.68	16.7	1,061.96	1.48	15.9	935.84	1.24
Subtotal Inpatient Hospital				\$ 44.24	\$ 46.19			\$ 45.61		
Outpatient Hospital										
Outpatient Emergency Room	Visits	674.6	\$ 523.48	\$ 29.43	611.2	\$ 557.04	\$ 28.37	630.2	\$ 546.30	\$ 28.69
Outpatient Surgery	Visits	98.8	1,894.37	15.59	98.3	1,937.53	15.87	98.4	1,925.03	15.79
Outpatient Radiology	Procedures	285.9	252.28	6.01	290.5	232.99	5.64	289.1	238.67	5.75
Outpatient Pathology/Lab	Procedures	4,988.2	43.64	18.14	5,046.4	44.66	18.78	5,028.9	44.36	18.59
Outpatient Pharmacy	Procedures	278.5	420.91	9.77	273.2	445.91	10.15	274.8	438.48	10.04
Outpatient MH/SA	Visits	149.7	438.57	5.47	136.6	466.52	5.31	140.5	457.76	5.36
Other Outpatient	Procedures	579.0	124.97	6.03	589.6	138.39	6.80	586.4	134.44	6.57
Subtotal Outpatient Hospital				\$ 90.44	\$ 90.92			\$ 90.79		
Professional										
Inpatient and Outpatient Surgery	Procedures	467.4	\$ 202.04	\$ 7.87	455.1	\$ 211.21	\$ 8.01	458.8	\$ 208.46	\$ 7.97
Anesthesia	Procedures	147.8	141.27	1.74	172.2	136.57	1.96	164.9	137.54	1.89
Inpatient Visits	Visits	299.5	93.37	2.33	316.1	111.21	2.93	311.1	106.06	2.75
MH/SA	Visits	3,983.7	71.33	23.68	3,433.9	83.66	23.94	3,598.9	79.56	23.86
Emergency Room	Visits	743.6	80.20	4.97	687.7	80.62	4.62	704.5	80.40	4.72
Office/Home Visits/Consults	Visits	5,314.9	62.70	27.77	5,112.3	63.35	26.99	5,173.1	63.14	27.22
Maternity	Procedures	7.8	46.09	0.03	5.6	42.62	0.02	6.3	38.19	0.02
Pathology/Lab	Procedures	4,463.6	23.04	8.57	4,534.6	22.20	8.39	4,513.3	22.44	8.44
Radiology	Procedures	1,533.1	45.87	5.86	1,536.6	45.22	5.79	1,535.5	45.41	5.81
Office Administered Drugs	Procedures	362.7	109.50	3.31	295.4	126.76	3.12	315.6	120.92	3.18
Physical Exams	Visits	1,009.4	56.59	4.76	1,005.5	54.78	4.59	1,006.6	55.31	4.64
Therapy	Visits	676.7	56.57	3.19	699.3	56.45	3.29	692.6	56.49	3.26
Vision	Visits	517.6	79.06	3.41	535.2	73.76	3.29	529.9	75.41	3.33
Other Professional	Procedures	1,390.3	76.39	8.85	1,508.6	71.98	9.05	1,473.1	73.23	8.99
Subtotal Professional				\$ 106.34	\$ 105.99			\$ 106.08		
Retail Pharmacy										
Retail Pharmacy	Scripts	14,933.9	\$ 44.42	\$ 55.28	15,071.4	\$ 44.70	\$ 56.14	15,030.2	\$ 44.61	\$ 55.88
Subtotal Retail Pharmacy				\$ 55.28	\$ 56.14			\$ 55.88		
Ancillary										
Transportation	Trips	137.6	\$ 74.99	\$ 0.86	133.4	\$ 78.29	\$ 0.87	134.6	\$ 77.55	\$ 0.87
DME/Prosthetics	Procedures	277.6	106.77	2.47	296.7	118.08	2.92	291.0	115.05	2.79
Hospice	Days	2.3	205.64	0.04	3.1	419.31	0.11	2.9	371.91	0.09
Subtotal Ancillary				\$ 3.37	\$ 3.90			\$ 3.75		
LTSS										
Nursing Home	Days	9.1	\$ 275.77	\$ 0.21	7.6	\$ 267.18	\$ 0.17	8.1	\$ 267.12	\$ 0.18
HCBS	Procedures	116.2	88.84	0.86	131.2	95.12	1.04	126.7	93.77	0.99
Case Management	Procedures	116.1	28.93	0.28	112.1	26.76	0.25	113.3	27.53	0.26
Subtotal LTSS				\$ 1.35	\$ 1.46			\$ 1.43		
Total Medical Costs				\$ 301.02	\$ 304.60			\$ 303.54		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - MF 45+										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	376.0	\$ 2,299.88	\$ 72.06	243.0	\$ 2,055.68	\$ 41.62	282.9	\$ 2,152.98	\$ 50.75
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	124.0	723.76	7.48	193.0	661.62	10.64	172.3	674.90	9.69
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	32.7	392.41	1.07	34.7	1,195.41	3.46	34.1	963.39	2.74
Subtotal Inpatient Hospital				\$ 80.61	\$ 55.72			\$ 63.18		
Outpatient Hospital										
Outpatient Emergency Room	Visits	501.8	\$ 588.26	\$ 24.60	476.1	\$ 630.06	\$ 25.00	483.8	\$ 617.06	\$ 24.88
Outpatient Surgery	Visits	255.5	1,470.32	31.31	238.1	1,612.69	32.00	243.3	1,567.69	31.79
Outpatient Radiology	Procedures	621.8	273.27	14.16	635.9	254.01	13.46	631.6	259.70	13.67
Outpatient Pathology/Lab	Procedures	5,704.3	33.03	15.70	6,445.9	32.15	17.27	6,223.4	32.39	16.80
Outpatient Pharmacy	Procedures	476.9	447.16	17.77	611.2	406.63	20.71	570.9	416.83	19.83
Outpatient MH/SA	Visits	81.0	342.19	2.31	79.6	482.62	3.20	80.0	439.51	2.93
Other Outpatient	Procedures	1,168.9	126.48	12.32	1,175.6	156.07	15.29	1,173.6	147.24	14.40
Subtotal Outpatient Hospital				\$ 118.17	\$ 126.93			\$ 124.30		
Professional										
Inpatient and Outpatient Surgery	Procedures	939.5	\$ 210.88	\$ 16.51	892.7	\$ 217.49	\$ 16.18	906.8	\$ 215.45	\$ 16.28
Anesthesia	Procedures	266.0	126.31	2.80	275.3	136.42	3.13	272.5	133.41	3.03
Inpatient Visits	Visits	421.1	83.50	2.93	451.4	89.06	3.35	442.3	87.37	3.22
MH/SA	Visits	2,962.7	75.78	18.71	2,635.2	85.84	18.85	2,733.4	82.58	18.81
Emergency Room	Visits	564.3	86.12	4.05	516.0	88.14	3.79	530.5	87.54	3.87
Office/Home Visits/Consults	Visits	6,482.2	64.83	35.02	6,187.6	65.09	33.56	6,276.0	65.01	34.00
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,303.6	20.57	9.09	5,087.7	21.11	8.95	5,152.5	20.94	8.99
Radiology	Procedures	2,497.6	58.23	12.12	2,351.4	53.53	10.49	2,395.3	55.01	10.98
Office Administered Drugs	Procedures	349.2	180.75	5.26	333.7	208.57	5.80	338.4	200.02	5.64
Physical Exams	Visits	980.8	59.22	4.84	942.5	58.82	4.62	954.0	58.99	4.69
Therapy	Visits	1,489.5	56.23	6.98	1,474.6	56.56	6.95	1,479.1	56.47	6.96
Vision	Visits	627.7	71.70	3.75	592.9	67.19	3.32	603.3	68.62	3.45
Other Professional	Procedures	2,164.8	51.61	9.31	2,233.1	51.80	9.64	2,212.6	51.74	9.54
Subtotal Professional				\$ 131.37	\$ 128.63			\$ 129.46		
Retail Pharmacy										
Retail Pharmacy	Scripts	27,200.5	\$ 50.48	\$ 114.43	26,751.4	\$ 51.92	\$ 115.75	26,886.1	\$ 51.48	\$ 115.35
Subtotal Retail Pharmacy				\$ 114.43	\$ 115.75			\$ 115.35		
Ancillary										
Transportation	Trips	119.0	\$ 77.65	\$ 0.77	109.6	\$ 81.04	\$ 0.74	112.4	\$ 80.07	\$ 0.75
DME/Prosthetics	Procedures	819.6	90.34	6.17	777.4	100.96	6.54	790.0	97.67	6.43
Hospice	Days	19.7	158.26	0.26	14.4	175.33	0.21	16.0	172.77	0.23
Subtotal Ancillary				\$ 7.20	\$ 7.49			\$ 7.41		
LTSS										
Nursing Home	Days	53.5	\$ 298.14	\$ 1.33	32.1	\$ 261.77	\$ 0.70	38.5	\$ 277.24	\$ 0.89
HCBS	Procedures	29.6	64.77	0.16	136.0	81.16	0.92	104.1	79.53	0.69
Case Management	Procedures	70.6	35.68	0.21	82.6	40.67	0.28	79.0	39.49	0.26
Subtotal LTSS				\$ 1.70	\$ 1.90			\$ 1.84		
Total Medical Costs				\$ 453.48	\$ 436.42			\$ 441.54		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RC - EFP										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	4.5	158.87	0.06	3.2	151.30	0.04
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00	\$ 0.06			\$ 0.04		
Outpatient Hospital										
Outpatient Emergency Room	Visits	14.8	\$ 712.37	\$ 0.88	15.4	\$ 654.48	\$ 0.84	15.2	\$ 669.81	\$ 0.85
Outpatient Surgery	Visits	1.7	709.16	0.10	4.6	1,815.14	0.69	3.7	1,653.70	0.51
Outpatient Radiology	Procedures	9.5	163.55	0.13	8.2	189.75	0.13	8.6	181.05	0.13
Outpatient Pathology/Lab	Procedures	584.2	54.23	2.64	465.1	51.08	1.98	500.9	52.23	2.18
Outpatient Pharmacy	Procedures	52.7	134.26	0.59	77.5	85.22	0.55	70.0	95.95	0.56
Outpatient MH/SA	Visits	-	-	-	1.3	834.64	0.09	0.9	794.90	0.06
Other Outpatient	Procedures	71.8	182.18	1.09	73.0	230.13	1.40	72.6	216.41	1.31
Subtotal Outpatient Hospital				\$ 5.43	\$ 5.68			\$ 5.60		
Professional										
Inpatient and Outpatient Surgery	Procedures	40.8	\$ 88.25	\$ 0.30	16.8	\$ 121.33	\$ 0.17	24.0	\$ 104.97	\$ 0.21
Anesthesia	Procedures	-	-	-	7.7	141.12	0.09	5.4	134.40	0.06
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-
MH/SA	Visits	6.8	105.87	0.06	13.5	97.45	0.11	11.5	104.15	0.10
Emergency Room	Visits	15.6	92.40	0.12	19.9	78.50	0.13	18.6	83.93	0.13
Office/Home Visits/Consults	Visits	256.5	52.87	1.13	231.0	54.02	1.04	238.7	53.80	1.07
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	620.8	21.26	1.10	344.7	14.27	0.41	427.5	17.40	0.62
Radiology	Procedures	62.8	78.36	0.41	32.2	48.43	0.13	41.4	60.89	0.21
Office Administered Drugs	Procedures	140.0	46.29	0.54	134.7	39.19	0.44	136.3	41.38	0.47
Physical Exams	Visits	173.1	54.06	0.78	155.6	48.58	0.63	160.9	50.72	0.68
Therapy	Visits	8.9	53.83	0.04	1.5	78.44	0.01	3.7	64.07	0.02
Vision	Visits	4.9	73.74	0.03	7.6	78.46	0.05	6.8	70.41	0.04
Other Professional	Procedures	104.7	261.43	2.28	93.2	203.33	1.58	96.7	222.20	1.79
Subtotal Professional				\$ 6.79	\$ 4.79			\$ 5.40		
Retail Pharmacy										
Retail Pharmacy	Scripts	1,103.7	\$ 32.29	\$ 2.97	904.2	\$ 33.97	\$ 2.56	964.0	\$ 33.36	\$ 2.68
Subtotal Retail Pharmacy				\$ 2.97	\$ 2.56			\$ 2.68		
Ancillary										
Transportation	Trips	1.0	\$ 592.70	\$ 0.05	-	\$ 0.00	\$ 0.00	0.3	\$ 790.27	\$ 0.02
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.05	\$ 0.00			\$ 0.02		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00	\$ 0.00			\$ 0.00		
Total Medical Costs				\$ 15.24	\$ 13.09			\$ 13.74		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: CSHCN - Adoption Subsidy										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	110.5	\$ 2,627.39	\$ 24.19	194.5	\$ 2,274.32	\$ 36.86	152.5	\$ 2,402.62	\$ 30.53
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,365.3	1,184.67	134.79	1,214.1	1,217.75	123.21	1,289.7	1,200.24	129.00
Inpatient Maternity Delivery	Days	4.2	891.54	0.31	5.9	1,695.53	0.84	5.1	1,352.10	0.57
Other Inpatient	Days	55.6	839.39	3.89	9.0	1,617.56	1.21	32.3	947.54	2.55
Subtotal Inpatient Hospital				\$ 163.18			\$ 162.12			\$ 162.65
Outpatient Hospital										
Outpatient Emergency Room	Visits	355.2	\$ 528.37	\$ 15.64	402.5	\$ 563.41	\$ 18.90	378.9	\$ 546.98	\$ 17.27
Outpatient Surgery	Visits	50.0	1,840.82	7.67	60.7	1,397.39	7.07	55.4	1,597.65	7.37
Outpatient Radiology	Procedures	178.3	325.65	4.84	154.1	200.13	2.57	166.2	267.83	3.71
Outpatient Pathology/Lab	Procedures	1,803.3	46.98	7.06	2,064.1	40.81	7.02	1,933.7	43.69	7.04
Outpatient Pharmacy	Procedures	117.2	533.59	5.21	66.8	756.71	4.21	92.0	614.58	4.71
Outpatient MH/SA	Visits	515.7	442.37	19.01	370.9	661.26	20.44	443.3	534.08	19.73
Other Outpatient	Procedures	879.3	117.78	8.63	880.2	115.47	8.47	879.7	116.62	8.55
Subtotal Outpatient Hospital				\$ 68.06			\$ 68.68			\$ 68.38
Professional										
Inpatient and Outpatient Surgery	Procedures	211.6	\$ 204.75	\$ 3.61	226.1	\$ 232.42	\$ 4.38	218.9	\$ 219.32	\$ 4.00
Anesthesia	Procedures	91.6	150.68	1.15	117.1	143.42	1.40	104.4	147.18	1.28
Inpatient Visits	Visits	355.6	128.91	3.82	372.2	137.04	4.25	363.9	133.23	4.04
MH/SA	Visits	6,478.5	94.74	51.15	6,427.3	105.36	56.43	6,452.9	100.03	53.79
Emergency Room	Visits	395.6	96.15	3.17	384.6	86.73	2.78	390.1	91.35	2.97
Office/Home Visits/Consults	Visits	3,740.2	74.40	23.19	3,546.7	75.62	22.35	3,643.4	75.00	22.77
Maternity	Procedures	6.2	309.40	0.16	3.9	371.96	0.12	5.0	333.44	0.14
Pathology/Lab	Procedures	1,486.8	18.32	2.27	1,408.8	17.04	2.00	1,447.8	17.65	2.13
Radiology	Procedures	566.5	30.51	1.44	504.5	29.26	1.23	535.5	30.03	1.34
Office Administered Drugs	Procedures	71.4	43.67	0.26	35.3	91.87	0.27	53.4	60.73	0.27
Physical Exams	Visits	1,069.8	74.82	6.67	947.8	72.04	5.69	1,008.8	73.51	6.18
Therapy	Visits	232.8	58.25	1.13	247.6	58.65	1.21	240.2	58.45	1.17
Vision	Visits	592.1	85.72	4.23	611.2	78.93	4.02	601.7	82.37	4.13
Other Professional	Procedures	17,715.8	36.30	53.59	15,595.4	49.86	64.80	16,655.6	42.65	59.19
Subtotal Professional				\$ 155.84			\$ 170.93			\$ 163.40
Retail Pharmacy										
Retail Pharmacy	Scripts	12,589.3	\$ 49.98	\$ 52.43	12,388.1	\$ 51.36	\$ 53.02	12,488.7	\$ 50.66	\$ 52.72
Subtotal Retail Pharmacy				\$ 52.43			\$ 53.02			\$ 52.72
Ancillary										
Transportation	Trips	125.8	\$ 86.79	\$ 0.91	141.3	\$ 98.49	\$ 1.16	133.6	\$ 92.53	\$ 1.03
DME/Prosthetics	Procedures	1,015.0	210.80	17.83	1,152.3	143.40	13.77	1,083.6	174.97	15.80
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 18.74			\$ 14.93			\$ 16.83
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	4,367.2	105.43	38.37	4,173.6	114.75	39.91	4,270.4	109.98	39.14
Case Management	Procedures	4,046.4	21.00	7.08	3,486.9	21.41	6.22	3,766.7	21.19	6.65
Subtotal LTSS				\$ 45.45			\$ 46.13			\$ 45.79
Total Medical Costs				\$ 503.70			\$ 515.81			\$ 509.77

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: CSHCN - Katie Beckett										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	962.2	\$ 5,399.67	\$ 432.96	723.1	\$ 4,003.90	\$ 241.26	842.6	\$ 4,800.81	\$ 337.11
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,762.7	1,547.68	485.29	4,347.6	1,670.40	605.18	4,055.1	1,613.48	545.24
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 918.25	\$ 846.44			\$ 882.35		
Outpatient Hospital										
Outpatient Emergency Room	Visits	453.3	\$ 643.79	\$ 24.32	344.4	\$ 1,024.97	\$ 29.42	398.9	\$ 808.37	\$ 26.87
Outpatient Surgery	Visits	256.4	2,294.74	49.04	189.5	1,458.54	23.03	223.0	1,939.16	36.03
Outpatient Radiology	Procedures	622.2	218.91	11.35	385.3	275.61	8.85	503.8	240.59	10.10
Outpatient Pathology/Lab	Procedures	4,361.0	54.13	19.67	2,492.9	75.72	15.73	3,426.9	61.98	17.70
Outpatient Pharmacy	Procedures	235.0	354.46	6.94	120.5	16.93	0.17	177.7	239.68	3.55
Outpatient MH/SA	Visits	391.4	697.86	22.76	797.6	773.43	51.41	594.5	748.66	37.09
Other Outpatient	Procedures	6,118.6	129.75	66.16	5,707.3	131.45	62.52	5,913.0	130.57	64.34
Subtotal Outpatient Hospital				\$ 200.24	\$ 191.13			\$ 195.68		
Professional										
Inpatient and Outpatient Surgery	Procedures	516.1	\$ 198.35	\$ 8.53	383.9	\$ 258.53	\$ 8.27	450.0	\$ 224.02	\$ 8.40
Anesthesia	Procedures	336.6	141.16	3.96	265.5	196.15	4.34	301.1	165.41	4.15
Inpatient Visits	Visits	1,528.8	198.35	25.27	1,042.3	210.00	18.24	1,285.5	203.12	21.76
MH/SA	Visits	19,322.3	101.43	163.32	18,526.3	114.30	176.46	18,924.3	107.73	169.89
Emergency Room	Visits	694.5	87.09	5.04	512.5	104.19	4.45	603.5	94.45	4.75
Office/Home Visits/Consults	Visits	5,610.9	83.99	39.27	4,153.3	85.67	29.65	4,882.1	84.70	34.46
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,910.1	11.87	1.89	1,022.0	13.38	1.14	1,466.1	12.44	1.52
Radiology	Procedures	1,996.4	36.85	6.13	906.6	23.82	1.80	1,451.5	32.82	3.97
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	958.8	73.22	5.85	1,085.1	69.78	6.31	1,021.9	71.39	6.08
Therapy	Visits	2,315.4	58.36	11.26	2,990.0	57.91	14.43	2,652.7	58.13	12.85
Vision	Visits	551.0	85.81	3.94	504.4	60.90	2.56	527.7	73.90	3.25
Other Professional	Procedures	150,920.6	40.93	514.77	151,426.7	36.66	462.57	151,173.7	38.79	488.67
Subtotal Professional				\$ 789.23	\$ 730.22			\$ 759.75		
Retail Pharmacy										
Retail Pharmacy	Scripts	28,072.5	\$ 177.00	\$ 414.07	21,652.8	\$ 184.90	\$ 333.64	24,862.6	\$ 180.44	\$ 373.86
Subtotal Retail Pharmacy				\$ 414.07	\$ 333.64			\$ 373.86		
Ancillary										
Transportation	Trips	280.5	\$ 180.56	\$ 4.22	748.6	\$ 160.29	\$ 10.00	514.5	\$ 165.82	\$ 7.11
DME/Prosthetics	Procedures	18,434.6	135.20	207.69	24,750.1	114.59	236.34	21,592.4	123.39	222.02
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 211.91	\$ 246.34			\$ 229.13		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	54,088.0	118.09	532.26	53,632.7	98.28	439.24	53,860.4	108.22	485.75
Case Management	Procedures	31,667.2	21.49	56.70	33,577.0	23.33	65.29	32,622.1	22.44	61.00
Subtotal LTSS				\$ 588.96	\$ 504.53			\$ 546.75		
Total Medical Costs				\$ 3,122.66	\$ 2,852.30			\$ 2,987.52		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: CSHCN - SSI < 15										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	544.4	\$ 2,858.15	\$ 129.67	732.5	\$ 3,254.18	\$ 198.64	638.5	\$ 3,085.42	\$ 164.16
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,527.8	1,373.07	174.81	1,857.1	1,057.24	163.62	1,692.4	1,199.82	169.22
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	71.1	2,492.23	14.76	35.5	2,492.23	7.38
Subtotal Inpatient Hospital				\$ 304.48	\$ 377.02			\$ 340.76		
Outpatient Hospital										
Outpatient Emergency Room	Visits	720.6	\$ 519.04	\$ 31.17	761.2	\$ 593.35	\$ 37.64	740.9	\$ 557.29	\$ 34.41
Outpatient Surgery	Visits	141.2	2,467.35	29.03	128.3	1,969.12	21.05	134.7	2,230.17	25.04
Outpatient Radiology	Procedures	387.6	321.96	10.40	352.5	277.43	8.15	370.1	300.91	9.28
Outpatient Pathology/Lab	Procedures	3,555.7	57.74	17.11	3,761.7	45.30	14.20	3,658.7	51.36	15.66
Outpatient Pharmacy	Procedures	820.4	947.24	64.76	579.1	301.93	14.57	699.7	680.31	39.67
Outpatient MH/SA	Visits	534.1	598.07	26.62	526.8	539.38	23.68	530.5	568.92	25.15
Other Outpatient	Procedures	3,093.2	148.47	38.27	3,289.9	132.19	36.24	3,191.5	140.10	37.26
Subtotal Outpatient Hospital				\$ 217.36	\$ 155.53			\$ 186.47		
Professional										
Inpatient and Outpatient Surgery	Procedures	405.3	\$ 320.32	\$ 10.82	343.5	\$ 363.02	\$ 10.39	374.4	\$ 340.07	\$ 10.61
Anesthesia	Procedures	320.8	259.61	6.94	272.2	203.66	4.62	296.5	233.93	5.78
Inpatient Visits	Visits	1,046.6	149.74	13.06	1,076.7	221.45	19.87	1,061.7	186.16	16.47
MH/SA	Visits	11,095.7	106.32	98.31	10,704.0	105.55	94.15	10,899.9	105.94	96.23
Emergency Room	Visits	833.6	84.21	5.85	798.4	82.81	5.51	816.0	83.53	5.68
Office/Home Visits/Consults	Visits	5,135.3	85.95	36.78	4,733.4	88.86	35.05	4,934.3	87.36	35.92
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,168.3	16.43	1.60	1,178.4	17.72	1.74	1,173.3	17.08	1.67
Radiology	Procedures	1,095.0	28.60	2.61	1,058.0	29.49	2.60	1,076.5	29.09	2.61
Office Administered Drugs	Procedures	99.3	1,925.75	15.93	63.7	524.06	2.78	81.5	1,378.82	9.36
Physical Exams	Visits	1,115.0	85.45	7.94	1,011.3	84.61	7.13	1,063.1	85.11	7.54
Therapy	Visits	484.0	75.13	3.03	473.1	67.97	2.68	478.6	71.72	2.86
Vision	Visits	731.7	90.70	5.53	674.3	86.13	4.84	703.0	88.59	5.19
Other Professional	Procedures	41,761.7	63.75	221.87	38,845.5	70.82	229.26	40,303.6	67.16	225.57
Subtotal Professional				\$ 430.27	\$ 420.62			\$ 425.49		
Retail Pharmacy										
Retail Pharmacy	Scripts	18,810.9	\$ 106.25	\$ 166.56	17,696.1	\$ 112.45	\$ 165.83	18,253.5	\$ 109.26	\$ 166.20
Subtotal Retail Pharmacy				\$ 166.56	\$ 165.83			\$ 166.20		
Ancillary										
Transportation	Trips	251.2	\$ 74.04	\$ 1.55	245.3	\$ 78.26	\$ 1.60	248.3	\$ 76.37	\$ 1.58
DME/Prosthetics	Procedures	3,957.4	187.52	61.84	3,834.9	184.03	58.81	3,896.1	185.81	60.33
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 63.39	\$ 60.41			\$ 61.91		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	9,657.8	127.15	102.33	9,167.7	121.13	92.54	9,412.7	124.22	97.44
Case Management	Procedures	9,509.0	26.88	21.30	9,497.9	26.58	21.04	9,503.4	26.73	21.17
Subtotal LTSS				\$ 123.63	\$ 113.58			\$ 118.61		
Total Medical Costs				\$ 1,305.69	\$ 1,292.99			\$ 1,299.44		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: CSHCN - SSI >= 15										
		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	464.7	\$ 2,245.45	\$ 86.95	634.4	\$ 2,293.26	\$ 121.23	549.5	\$ 2,273.05	\$ 104.09
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,666.2	1,295.91	287.93	2,406.1	1,204.31	241.47	2,536.1	1,252.46	264.70
Inpatient Maternity Delivery	Days	44.2	1,391.01	5.12	53.8	1,236.47	5.54	49.0	1,306.17	5.33
Other Inpatient	Days	197.9	526.92	8.69	119.5	867.53	8.64	158.7	655.55	8.67
Subtotal Inpatient Hospital				\$ 388.69	\$ 376.88			\$ 382.79		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,065.1	\$ 507.21	\$ 45.02	979.7	\$ 521.68	\$ 42.59	1,022.4	\$ 514.20	\$ 43.81
Outpatient Surgery	Visits	68.3	2,138.59	12.17	85.9	1,736.95	12.43	77.1	1,914.86	12.30
Outpatient Radiology	Procedures	297.4	192.10	4.76	281.4	206.42	4.84	289.4	199.06	4.80
Outpatient Pathology/Lab	Procedures	3,606.2	47.88	14.39	4,439.4	39.57	14.64	4,022.8	43.31	14.52
Outpatient Pharmacy	Procedures	192.7	397.87	6.39	292.1	394.74	9.61	242.4	395.99	8.00
Outpatient MH/SA	Visits	346.9	320.70	9.27	238.3	354.48	7.04	292.6	334.66	8.16
Other Outpatient	Procedures	928.5	165.42	12.80	1,212.2	139.19	14.06	1,070.3	150.57	13.43
Subtotal Outpatient Hospital				\$ 104.80	\$ 105.21			\$ 105.02		
Professional										
Inpatient and Outpatient Surgery	Procedures	274.4	\$ 212.54	\$ 4.86	314.9	\$ 262.17	\$ 6.88	294.6	\$ 239.06	\$ 5.87
Anesthesia	Procedures	177.9	192.29	2.85	202.2	159.67	2.69	190.0	174.94	2.77
Inpatient Visits	Visits	1,343.4	107.37	12.02	1,728.2	128.18	18.46	1,535.8	119.08	15.24
MH/SA	Visits	7,678.8	109.81	70.27	6,306.6	108.76	57.16	6,992.7	109.35	63.72
Emergency Room	Visits	1,181.8	89.56	8.82	968.4	89.22	7.20	1,075.1	89.41	8.01
Office/Home Visits/Consults	Visits	4,505.6	79.21	29.74	4,020.5	80.56	26.99	4,263.1	79.86	28.37
Maternity	Procedures	80.2	287.14	1.92	55.1	398.55	1.83	67.7	333.38	1.88
Pathology/Lab	Procedures	2,375.3	25.87	5.12	2,030.9	24.40	4.13	2,203.1	25.22	4.63
Radiology	Procedures	1,352.2	30.26	3.41	1,242.0	32.75	3.39	1,297.1	31.45	3.40
Office Administered Drugs	Procedures	198.6	673.71	11.15	112.6	3,075.53	28.87	155.6	1,542.96	20.01
Physical Exams	Visits	774.2	76.88	4.96	717.5	77.94	4.66	745.8	77.39	4.81
Therapy	Visits	295.8	66.54	1.64	341.7	61.80	1.76	318.8	64.00	1.70
Vision	Visits	615.8	89.44	4.59	592.0	84.12	4.15	603.9	86.83	4.37
Other Professional	Procedures	30,884.8	29.27	75.33	33,041.4	32.76	90.19	31,963.1	31.07	82.76
Subtotal Professional				\$ 236.68	\$ 258.36			\$ 247.54		
Retail Pharmacy										
Retail Pharmacy	Scripts	20,827.1	\$ 80.15	\$ 139.10	20,760.2	\$ 81.76	\$ 141.44	20,793.7	\$ 80.95	\$ 140.27
Subtotal Retail Pharmacy				\$ 139.10	\$ 141.44			\$ 140.27		
Ancillary										
Transportation	Trips	492.1	\$ 70.71	\$ 2.90	414.6	\$ 81.05	\$ 2.80	453.4	\$ 75.44	\$ 2.85
DME/Prosthetics	Procedures	1,713.9	159.71	22.81	2,088.7	169.48	29.50	1,901.3	165.11	26.16
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 25.71	\$ 32.30			\$ 29.01		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	11,283.6	91.01	85.58	12,225.2	90.44	92.14	11,754.4	90.72	88.86
Case Management	Procedures	5,125.9	24.72	10.56	5,308.8	24.03	10.63	5,217.4	24.38	10.60
Subtotal LTSS				\$ 96.14	\$ 102.77			\$ 99.46		
Total Medical Costs				\$ 991.12	\$ 1,016.96			\$ 1,004.09		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: CSHCN - Substitute Care										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	349.4	\$ 1,496.41	\$ 43.57	367.4	\$ 1,651.90	\$ 50.57	358.4	\$ 1,576.10	\$ 47.07
Inpatient Well Newborn	Days	42.3	660.40	2.33	39.4	731.49	2.40	40.9	696.12	2.37
Inpatient MH/SA	Days	3,115.2	1,064.95	276.46	2,889.8	1,040.35	250.53	3,002.5	1,053.13	263.50
Inpatient Maternity Delivery	Days	72.3	1,246.86	7.51	44.9	1,380.27	5.16	58.6	1,298.98	6.34
Other Inpatient	Days	77.6	979.11	6.33	29.2	1,398.74	3.40	53.4	1,094.90	4.87
Subtotal Inpatient Hospital				\$ 336.20	\$ 312.06			\$ 324.15		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,168.0	\$ 434.79	\$ 42.32	1,053.7	\$ 440.18	\$ 38.65	1,110.8	\$ 437.40	\$ 40.49
Outpatient Surgery	Visits	59.7	1,417.36	7.05	64.6	1,611.13	8.67	62.1	1,518.05	7.86
Outpatient Radiology	Procedures	209.0	165.36	2.88	239.6	201.30	4.02	224.3	184.56	3.45
Outpatient Pathology/Lab	Procedures	3,123.4	42.76	11.13	3,141.2	43.82	11.47	3,132.3	43.29	11.30
Outpatient Pharmacy	Procedures	117.5	229.83	2.25	130.4	243.82	2.65	124.0	237.19	2.45
Outpatient MH/SA	Visits	649.3	282.39	15.28	543.3	329.29	14.91	596.3	303.86	15.10
Other Outpatient	Procedures	700.2	112.26	6.55	878.3	131.02	9.59	789.3	122.70	8.07
Subtotal Outpatient Hospital				\$ 87.46	\$ 89.96			\$ 88.72		
Professional										
Inpatient and Outpatient Surgery	Procedures	271.3	\$ 181.82	\$ 4.11	251.2	\$ 192.03	\$ 4.02	261.2	\$ 186.50	\$ 4.06
Anesthesia	Procedures	130.3	176.77	1.92	129.4	191.05	2.06	129.9	183.89	1.99
Inpatient Visits	Visits	872.7	117.56	8.55	901.2	120.90	9.08	887.0	119.33	8.82
MH/SA	Visits	8,500.9	102.23	72.42	7,758.2	105.89	68.46	8,129.5	103.98	70.44
Emergency Room	Visits	1,162.4	81.66	7.91	916.4	81.71	6.24	1,039.4	81.74	7.08
Office/Home Visits/Consults	Visits	5,584.5	66.98	31.17	4,930.9	68.58	28.18	5,257.7	67.74	29.68
Maternity	Procedures	59.3	538.73	2.66	49.0	357.62	1.46	54.1	456.76	2.06
Pathology/Lab	Procedures	3,382.6	29.69	8.37	3,304.5	28.91	7.96	3,343.6	29.32	8.17
Radiology	Procedures	1,029.3	28.68	2.46	872.4	31.22	2.27	950.8	29.91	2.37
Office Administered Drugs	Procedures	179.9	21.35	0.32	44.2	21.71	0.08	112.0	21.42	0.20
Physical Exams	Visits	2,272.4	66.22	12.54	2,035.9	66.66	11.31	2,154.1	66.46	11.93
Therapy	Visits	189.7	74.03	1.17	217.8	84.86	1.54	203.7	80.11	1.36
Vision	Visits	583.4	90.70	4.41	512.1	84.13	3.59	547.8	87.63	4.00
Other Professional	Procedures	6,605.2	77.34	42.57	7,322.8	63.45	38.72	6,964.0	70.03	40.64
Subtotal Professional				\$ 200.58	\$ 184.97			\$ 192.80		
Retail Pharmacy										
Retail Pharmacy	Scripts	12,595.5	\$ 38.56	\$ 40.47	10,974.6	\$ 44.67	\$ 40.85	11,785.1	\$ 41.40	\$ 40.66
Subtotal Retail Pharmacy				\$ 40.47	\$ 40.85			\$ 40.66		
Ancillary										
Transportation	Trips	380.8	\$ 69.96	\$ 2.22	302.7	\$ 78.09	\$ 1.97	341.8	\$ 73.74	\$ 2.10
DME/Prosthetics	Procedures	508.2	121.84	5.16	476.7	119.81	4.76	492.5	120.86	4.96
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 7.38	\$ 6.73			\$ 7.06		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	669.3	95.74	5.34	936.4	90.99	7.10	802.8	92.97	6.22
Case Management	Procedures	1,958.7	37.13	6.06	1,808.7	31.71	4.78	1,883.7	34.53	5.42
Subtotal LTSS				\$ 11.40	\$ 11.88			\$ 11.64		
Total Medical Costs				\$ 683.49	\$ 646.45			\$ 665.03		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - F 19-24										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	103.1	\$ 2,094.30	\$ 18.00	105.3	\$ 2,408.89	\$ 21.13	104.6	\$ 2,315.74	\$ 20.19
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	252.2	701.37	14.74	439.4	565.62	20.71	383.2	592.45	18.92
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	3.1	2,171.93	0.56	2.2	2,160.85	0.39
Subtotal Inpatient Hospital				\$ 32.74	\$ 42.40			\$ 39.50		
Outpatient Hospital										
Outpatient Emergency Room	Visits	695.8	\$ 507.89	\$ 29.45	648.4	\$ 547.45	\$ 29.58	662.6	\$ 534.97	\$ 29.54
Outpatient Surgery	Visits	49.9	1,542.49	6.41	56.6	1,423.73	6.71	54.5	1,456.30	6.62
Outpatient Radiology	Procedures	136.0	242.58	2.75	133.2	256.82	2.85	134.0	252.48	2.82
Outpatient Pathology/Lab	Procedures	4,296.4	44.69	16.00	4,655.0	45.40	17.61	4,547.4	45.20	17.13
Outpatient Pharmacy	Procedures	167.6	994.45	13.89	165.9	888.77	12.29	166.4	920.70	12.77
Outpatient MH/SA	Visits	121.3	509.34	5.15	156.3	493.01	6.42	145.8	497.17	6.04
Other Outpatient	Procedures	322.5	137.29	3.69	360.2	145.27	4.36	348.9	143.09	4.16
Subtotal Outpatient Hospital				\$ 77.34	\$ 79.82			\$ 79.08		
Professional										
Inpatient and Outpatient Surgery	Procedures	275.0	\$ 179.33	\$ 4.11	253.0	\$ 190.67	\$ 4.02	259.6	\$ 187.20	\$ 4.05
Anesthesia	Procedures	70.5	141.34	0.83	78.3	144.12	0.94	75.9	143.82	0.91
Inpatient Visits	Visits	205.5	94.61	1.62	287.4	100.64	2.41	262.8	99.09	2.17
MH/SA	Visits	2,514.9	84.22	17.65	2,517.5	92.47	19.40	2,516.7	90.02	18.88
Emergency Room	Visits	758.3	77.54	4.90	662.0	78.13	4.31	690.9	77.99	4.49
Office/Home Visits/Consults	Visits	3,827.9	61.88	19.74	3,609.4	62.57	18.82	3,675.0	62.37	19.10
Maternity	Procedures	4.7	25.72	0.01	3.8	63.51	0.02	4.0	59.33	0.02
Pathology/Lab	Procedures	3,803.6	20.48	6.49	3,740.0	20.05	6.25	3,759.1	20.18	6.32
Radiology	Procedures	1,085.3	39.69	3.59	1,032.1	41.04	3.53	1,048.1	40.65	3.55
Office Administered Drugs	Procedures	378.0	76.82	2.42	260.2	144.79	3.14	295.6	118.55	2.92
Physical Exams	Visits	724.1	59.99	3.62	685.6	59.86	3.42	697.2	59.90	3.48
Therapy	Visits	500.9	55.10	2.30	466.7	55.29	2.15	476.9	55.35	2.20
Vision	Visits	498.4	81.86	3.40	517.5	75.37	3.25	511.7	77.38	3.30
Other Professional	Procedures	983.2	86.90	7.12	958.7	81.49	6.51	966.0	83.10	6.69
Subtotal Professional				\$ 77.80	\$ 78.17			\$ 78.08		
Retail Pharmacy										
Retail Pharmacy	Scripts	8,942.0	\$ 47.99	\$ 35.76	8,708.4	\$ 51.29	\$ 37.22	8,778.5	\$ 50.28	\$ 36.78
Subtotal Retail Pharmacy				\$ 35.76	\$ 37.22			\$ 36.78		
Ancillary										
Transportation	Trips	180.9	\$ 71.63	\$ 1.08	162.2	\$ 80.62	\$ 1.09	167.8	\$ 77.93	\$ 1.09
DME/Prosthetics	Procedures	189.4	105.83	1.67	170.7	115.97	1.65	176.3	112.97	1.66
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 2.75	\$ 2.74			\$ 2.75		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	63.0	112.35	0.59	5.9	61.17	0.03	23.0	104.24	0.20
Case Management	Procedures	41.5	26.04	0.09	123.5	26.24	0.27	98.9	26.70	0.22
Subtotal LTSS				\$ 0.68	\$ 0.30			\$ 0.42		
Total Medical Costs				\$ 227.07	\$ 240.65			\$ 236.61		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - F 25-29										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	201.4	\$ 1,958.20	\$ 32.87	191.0	\$ 2,227.29	\$ 35.45	194.1	\$ 2,143.77	\$ 34.68
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	661.3	590.13	32.52	765.2	629.29	40.13	734.1	618.75	37.85
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	11.5	219.65	0.21	1.4	1,543.94	0.18	4.4	515.70	0.19
Subtotal Inpatient Hospital				\$ 65.60	\$ 75.76			\$ 72.72		
Outpatient Hospital										
Outpatient Emergency Room	Visits	683.7	\$ 534.96	\$ 30.48	636.0	\$ 571.30	\$ 30.28	650.3	\$ 559.84	\$ 30.34
Outpatient Surgery	Visits	74.8	1,693.66	10.56	65.3	1,483.57	8.07	68.1	1,553.30	8.82
Outpatient Radiology	Procedures	189.2	334.86	5.28	166.1	244.16	3.38	173.0	273.91	3.95
Outpatient Pathology/Lab	Procedures	4,761.5	46.04	18.27	4,877.2	45.79	18.61	4,842.5	45.87	18.51
Outpatient Pharmacy	Procedures	187.8	684.49	10.71	218.5	783.05	14.26	209.3	756.81	13.20
Outpatient MH/SA	Visits	347.1	436.35	12.62	254.2	498.91	10.57	282.1	476.03	11.19
Other Outpatient	Procedures	388.4	128.23	4.15	387.0	167.46	5.40	387.4	155.82	5.03
Subtotal Outpatient Hospital				\$ 92.07	\$ 90.57			\$ 91.04		
Professional										
Inpatient and Outpatient Surgery	Procedures	428.7	\$ 186.42	\$ 6.66	360.0	\$ 187.02	\$ 5.61	380.6	\$ 186.98	\$ 5.93
Anesthesia	Procedures	99.4	161.77	1.34	103.1	140.88	1.21	102.0	147.11	1.25
Inpatient Visits	Visits	469.5	94.05	3.68	548.3	98.92	4.52	524.7	97.66	4.27
MH/SA	Visits	7,031.7	71.04	41.63	5,825.6	84.00	40.78	6,187.5	79.59	41.04
Emergency Room	Visits	719.2	85.60	5.13	695.5	81.09	4.70	702.6	82.49	4.83
Office/Home Visits/Consults	Visits	4,255.9	63.10	22.38	3,944.5	63.13	20.75	4,037.9	63.12	21.24
Maternity	Procedures	2.4	152.09	0.03	5.1	70.79	0.03	4.3	84.31	0.03
Pathology/Lab	Procedures	4,414.1	29.01	10.67	4,327.1	28.84	10.40	4,353.2	28.89	10.48
Radiology	Procedures	1,250.9	46.82	4.88	1,217.6	42.28	4.29	1,227.6	43.70	4.47
Office Administered Drugs	Procedures	309.4	127.61	3.29	286.1	218.12	5.20	293.1	189.58	4.63
Physical Exams	Visits	686.8	63.07	3.61	641.0	58.79	3.14	654.7	60.12	3.28
Therapy	Visits	751.8	52.19	3.27	709.9	57.14	3.38	722.5	55.64	3.35
Vision	Visits	347.9	73.11	2.12	342.7	67.93	1.94	344.3	69.36	1.99
Other Professional	Procedures	963.4	83.20	6.68	979.4	74.25	6.06	974.6	76.96	6.25
Subtotal Professional				\$ 115.37	\$ 112.01			\$ 113.04		
Retail Pharmacy										
Retail Pharmacy	Scripts	16,214.4	\$ 51.11	\$ 69.06	15,198.7	\$ 52.37	\$ 66.33	15,503.4	\$ 51.98	\$ 67.15
Subtotal Retail Pharmacy				\$ 69.06	\$ 66.33			\$ 67.15		
Ancillary										
Transportation	Trips	221.0	\$ 86.90	\$ 1.60	236.9	\$ 82.07	\$ 1.62	232.1	\$ 83.24	\$ 1.61
DME/Prosthetics	Procedures	272.0	108.99	2.47	291.0	108.03	2.62	285.3	108.09	2.57
Hospice	Days	13.4	142.88	0.16	1.7	144.41	0.02	5.2	138.60	0.06
Subtotal Ancillary				\$ 4.23	\$ 4.26			\$ 4.24		
LTSS										
Nursing Home	Days	9.0	\$ 294.60	\$ 0.22	11.7	\$ 298.30	\$ 0.29	10.9	\$ 298.49	\$ 0.27
HCBS	Procedures	1.5	79.03	0.01	-	-	-	0.5	-	-
Case Management	Procedures	124.4	49.19	0.51	166.6	32.42	0.45	153.9	36.64	0.47
Subtotal LTSS				\$ 0.74	\$ 0.74			\$ 0.74		
Total Medical Costs				\$ 347.07	\$ 349.67			\$ 348.93		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - F 30-39										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	296.1	\$ 2,219.90	\$ 54.77	267.2	\$ 2,158.14	\$ 48.06	275.9	\$ 2,177.89	\$ 50.07
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,205.3	566.67	56.92	1,769.0	498.32	73.46	1,599.9	513.78	68.50
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	31.5	296.89	0.78	11.6	1,478.63	1.43	17.6	839.51	1.23
Subtotal Inpatient Hospital				\$ 112.47	\$ 122.95			\$ 119.80		
Outpatient Hospital										
Outpatient Emergency Room	Visits	662.0	\$ 557.78	\$ 30.77	677.6	\$ 600.85	\$ 33.93	672.9	\$ 588.10	\$ 32.98
Outpatient Surgery	Visits	109.0	1,600.81	14.54	94.8	1,722.18	13.61	99.1	1,682.24	13.89
Outpatient Radiology	Procedures	285.1	268.95	6.39	301.7	312.63	7.86	296.7	300.08	7.42
Outpatient Pathology/Lab	Procedures	4,800.1	45.27	18.11	4,921.8	46.15	18.93	4,885.3	45.88	18.68
Outpatient Pharmacy	Procedures	389.3	1,006.83	32.66	303.7	1,237.57	31.32	329.4	1,155.69	31.72
Outpatient MH/SA	Visits	310.1	400.96	10.36	293.1	448.26	10.95	298.2	433.38	10.77
Other Outpatient	Procedures	665.3	196.79	10.91	640.1	169.48	9.04	647.6	177.88	9.60
Subtotal Outpatient Hospital				\$ 123.74	\$ 125.64			\$ 125.06		
Professional										
Inpatient and Outpatient Surgery	Procedures	600.4	\$ 195.47	\$ 9.78	491.5	\$ 193.36	\$ 7.92	524.2	\$ 194.13	\$ 8.48
Anesthesia	Procedures	171.6	143.36	2.05	156.3	136.69	1.78	160.9	138.75	1.86
Inpatient Visits	Visits	731.1	85.03	5.18	750.8	98.13	6.14	744.9	94.24	5.85
MH/SA	Visits	10,823.1	70.35	63.45	9,518.5	81.01	64.26	9,909.9	77.52	64.02
Emergency Room	Visits	883.7	86.78	6.39	804.5	89.79	6.02	828.3	88.81	6.13
Office/Home Visits/Consults	Visits	5,431.7	63.05	28.54	4,896.8	63.13	25.76	5,057.2	63.09	26.59
Maternity	Procedures	4.2	85.63	0.03	1.8	134.91	0.02	2.5	95.75	0.02
Pathology/Lab	Procedures	5,320.5	34.98	15.51	4,865.7	35.09	14.23	5,002.1	35.05	14.61
Radiology	Procedures	1,743.0	45.10	6.55	1,640.1	46.68	6.38	1,670.9	46.18	6.43
Office Administered Drugs	Procedures	363.6	185.15	5.61	318.9	362.38	9.63	332.3	304.06	8.42
Physical Exams	Visits	678.8	63.29	3.58	603.5	60.05	3.02	626.1	61.14	3.19
Therapy	Visits	1,070.2	55.51	4.95	1,060.8	54.64	4.83	1,063.6	54.94	4.87
Vision	Visits	331.8	71.60	1.98	300.9	67.41	1.69	310.2	68.87	1.78
Other Professional	Procedures	1,467.9	65.72	8.04	1,474.3	64.55	7.93	1,472.4	64.88	7.96
Subtotal Professional				\$ 161.64	\$ 159.61			\$ 160.21		
Retail Pharmacy										
Retail Pharmacy	Scripts	24,094.7	\$ 52.28	\$ 104.97	25,037.7	\$ 54.63	\$ 113.98	24,754.8	\$ 53.94	\$ 111.28
Subtotal Retail Pharmacy				\$ 104.97	\$ 113.98			\$ 111.28		
Ancillary										
Transportation	Trips	268.7	\$ 84.87	\$ 1.90	292.1	\$ 81.75	\$ 1.99	285.1	\$ 82.51	\$ 1.96
DME/Prosthetics	Procedures	421.6	120.12	4.22	430.3	121.31	4.35	427.7	120.93	4.31
Hospice	Days	0.6	649.73	0.03	2.9	540.19	0.13	2.2	548.51	0.10
Subtotal Ancillary				\$ 6.15	\$ 6.47			\$ 6.37		
LTSS										
Nursing Home	Days	66.6	\$ 301.12	\$ 1.67	23.9	\$ 276.29	\$ 0.55	36.7	\$ 291.11	\$ 0.89
HCBS	Procedures	-	-	-	6.8	70.16	0.04	4.8	75.17	0.03
Case Management	Procedures	222.4	36.15	0.67	351.0	50.94	1.49	312.4	47.63	1.24
Subtotal LTSS				\$ 2.34	\$ 2.08			\$ 2.16		
Total Medical Costs				\$ 511.31	\$ 530.73			\$ 524.88		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - F 40-49										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	453.3	\$ 2,337.47	\$ 88.30	502.3	\$ 2,454.33	\$ 102.74	487.6	\$ 2,421.79	\$ 98.41
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	978.0	698.77	56.95	971.2	689.84	55.83	973.2	692.58	56.17
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	85.1	320.22	2.27	131.8	428.00	4.70	117.8	404.54	3.97
Subtotal Inpatient Hospital				\$ 147.52	\$ 163.27			\$ 158.55		
Outpatient Hospital										
Outpatient Emergency Room	Visits	874.4	\$ 575.00	\$ 41.90	820.1	\$ 646.28	\$ 44.17	836.4	\$ 623.94	\$ 43.49
Outpatient Surgery	Visits	260.3	1,660.85	36.02	233.3	1,555.27	30.24	241.4	1,589.22	31.97
Outpatient Radiology	Procedures	853.0	243.80	17.33	838.3	215.59	15.06	842.7	224.14	15.74
Outpatient Pathology/Lab	Procedures	7,458.8	37.70	23.43	7,498.9	36.28	22.67	7,486.9	36.70	22.90
Outpatient Pharmacy	Procedures	574.1	549.74	26.30	612.6	374.12	19.10	601.1	424.44	21.26
Outpatient MH/SA	Visits	338.3	399.43	11.26	307.1	505.28	12.93	316.4	471.37	12.43
Other Outpatient	Procedures	1,242.5	136.47	14.13	1,351.9	172.56	19.44	1,319.1	162.38	17.85
Subtotal Outpatient Hospital				\$ 170.37	\$ 163.61			\$ 165.64		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,127.1	\$ 207.40	\$ 19.48	1,019.0	\$ 211.51	\$ 17.96	1,051.4	\$ 210.23	\$ 18.42
Anesthesia	Procedures	277.4	153.54	3.55	315.4	141.53	3.72	304.0	144.86	3.67
Inpatient Visits	Visits	864.2	92.76	6.68	1,064.6	91.98	8.16	1,004.5	92.23	7.72
MH/SA	Visits	8,317.3	78.69	54.54	7,041.6	92.02	54.00	7,424.3	87.54	54.16
Emergency Room	Visits	997.7	90.33	7.51	950.2	88.91	7.04	964.4	89.34	7.18
Office/Home Visits/Consults	Visits	7,332.1	64.84	39.62	7,035.7	65.29	38.28	7,124.6	65.15	38.68
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,984.5	28.73	14.33	5,601.0	27.40	12.79	5,716.0	27.82	13.25
Radiology	Procedures	3,346.6	57.12	15.93	3,349.4	53.02	14.80	3,348.6	54.26	15.14
Office Administered Drugs	Procedures	492.4	286.13	11.74	378.1	269.48	8.49	412.4	275.59	9.47
Physical Exams	Visits	833.7	68.37	4.75	795.1	64.75	4.29	806.7	65.90	4.43
Therapy	Visits	1,777.3	57.26	8.48	1,745.1	57.42	8.35	1,754.8	57.37	8.39
Vision	Visits	586.7	73.64	3.60	540.2	69.09	3.11	554.1	70.60	3.26
Other Professional	Procedures	2,096.2	56.62	9.89	2,407.8	55.67	11.17	2,314.3	55.95	10.79
Subtotal Professional				\$ 200.10	\$ 192.16			\$ 194.56		
Retail Pharmacy										
Retail Pharmacy	Scripts	33,701.1	\$ 52.40	\$ 147.16	29,680.0	\$ 64.01	\$ 158.33	30,886.3	\$ 60.21	\$ 154.98
Subtotal Retail Pharmacy				\$ 147.16	\$ 158.33			\$ 154.98		
Ancillary										
Transportation	Trips	310.0	\$ 78.96	\$ 2.04	294.7	\$ 75.34	\$ 1.85	299.3	\$ 76.58	\$ 1.91
DME/Prosthetics	Procedures	776.4	95.83	6.20	830.1	110.74	7.66	814.0	106.44	7.22
Hospice	Days	11.2	171.89	0.16	1.3	560.29	0.06	4.3	254.09	0.09
Subtotal Ancillary				\$ 8.40	\$ 9.57			\$ 9.22		
LTSS										
Nursing Home	Days	20.4	\$ 275.96	\$ 0.47	78.4	\$ 254.20	\$ 1.66	61.0	\$ 255.79	\$ 1.30
HCBS	Procedures	22.0	38.13	0.07	6.6	54.61	0.03	11.2	42.77	0.04
Case Management	Procedures	237.8	39.37	0.78	190.1	45.46	0.72	204.4	43.45	0.74
Subtotal LTSS				\$ 1.32	\$ 2.41			\$ 2.08		
Total Medical Costs				\$ 674.87	\$ 689.35			\$ 685.03		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - F 50-64										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	571.3	\$ 2,290.06	\$ 109.03	545.2	\$ 2,305.46	\$ 104.75	553.1	\$ 2,300.60	\$ 106.03
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	234.1	793.37	15.48	461.5	578.49	22.25	393.3	616.89	20.22
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	124.0	298.09	3.08	98.5	548.41	4.50	106.1	460.22	4.07
Subtotal Inpatient Hospital				\$ 127.59	\$ 131.50			\$ 130.32		
Outpatient Hospital										
Outpatient Emergency Room	Visits	482.9	\$ 624.17	\$ 25.12	477.0	\$ 682.57	\$ 27.13	478.8	\$ 664.97	\$ 26.53
Outpatient Surgery	Visits	343.1	1,410.01	40.32	326.4	1,519.66	41.34	331.5	1,485.46	41.03
Outpatient Radiology	Procedures	991.0	262.04	21.64	988.2	262.19	21.59	989.0	262.20	21.61
Outpatient Pathology/Lab	Procedures	7,297.1	31.59	19.21	7,279.1	30.99	18.80	7,284.5	31.17	18.92
Outpatient Pharmacy	Procedures	824.8	465.30	31.98	870.6	400.71	29.07	856.8	419.32	29.94
Outpatient MH/SA	Visits	102.9	382.61	3.28	129.9	435.93	4.72	121.8	422.62	4.29
Other Outpatient	Procedures	1,705.9	132.95	18.90	1,723.8	140.06	20.12	1,718.5	137.91	19.75
Subtotal Outpatient Hospital				\$ 160.45	\$ 162.77			\$ 162.07		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,420.8	\$ 211.31	\$ 25.02	1,310.5	\$ 204.75	\$ 22.36	1,343.6	\$ 206.85	\$ 23.16
Anesthesia	Procedures	352.1	128.49	3.77	395.9	126.41	4.17	382.7	126.99	4.05
Inpatient Visits	Visits	878.9	84.93	6.22	943.4	82.93	6.52	924.1	83.50	6.43
MH/SA	Visits	3,590.8	86.12	25.77	3,062.6	98.19	25.06	3,221.1	94.14	25.27
Emergency Room	Visits	631.2	91.25	4.80	607.9	90.60	4.59	614.9	90.74	4.65
Office/Home Visits/Consults	Visits	7,406.0	65.25	40.27	6,931.8	66.36	38.33	7,074.0	66.00	38.91
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,926.9	22.27	11.00	5,663.3	22.97	10.84	5,742.4	22.76	10.89
Radiology	Procedures	3,741.2	57.29	17.86	3,515.7	55.81	16.35	3,583.4	56.26	16.80
Office Administered Drugs	Procedures	446.8	178.60	6.65	369.6	170.48	5.25	392.7	173.25	5.67
Physical Exams	Visits	924.5	65.68	5.06	869.8	63.47	4.60	886.2	64.19	4.74
Therapy	Visits	2,163.7	58.23	10.50	2,225.7	57.69	10.70	2,207.1	57.85	10.64
Vision	Visits	683.7	68.63	3.91	678.7	65.24	3.69	680.2	66.33	3.76
Other Professional	Procedures	2,958.1	52.62	12.97	3,234.8	57.80	15.58	3,151.8	56.35	14.80
Subtotal Professional				\$ 173.80	\$ 168.04			\$ 169.77		
Retail Pharmacy										
Retail Pharmacy	Scripts	39,729.2	\$ 47.15	\$ 156.11	37,731.9	\$ 51.53	\$ 162.04	38,331.1	\$ 50.17	\$ 160.26
Subtotal Retail Pharmacy				\$ 156.11	\$ 162.04			\$ 160.26		
Ancillary										
Transportation	Trips	198.9	\$ 82.07	\$ 1.36	203.1	\$ 88.04	\$ 1.49	201.8	\$ 86.21	\$ 1.45
DME/Prosthetics	Procedures	1,018.5	82.59	7.01	1,019.7	95.91	8.15	1,019.3	91.94	7.81
Hospice	Days	42.4	246.09	0.87	93.8	199.62	1.56	78.4	206.71	1.35
Subtotal Ancillary				\$ 9.24	\$ 11.20			\$ 10.61		
LTSS										
Nursing Home	Days	146.2	\$ 273.25	\$ 3.33	123.1	\$ 267.99	\$ 2.75	130.1	\$ 269.40	\$ 2.92
HCBS	Procedures	32.6	51.55	0.14	55.5	43.28	0.20	48.6	44.45	0.18
Case Management	Procedures	100.2	79.05	0.66	101.8	49.49	0.42	101.3	58.02	0.49
Subtotal LTSS				\$ 4.13	\$ 3.37			\$ 3.59		
Total Medical Costs				\$ 631.32	\$ 638.92			\$ 636.62		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - M 19-24										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	119.6	\$ 2,147.03	\$ 21.40	81.2	\$ 2,077.56	\$ 14.06	92.7	\$ 2,104.19	\$ 16.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	334.2	619.78	17.26	501.6	471.03	19.69	451.4	504.04	18.96
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.0	393.68	0.13	16.4	423.99	0.58	12.7	416.42	0.44
Subtotal Inpatient Hospital				\$ 38.79	\$ 34.33			\$ 35.66		
Outpatient Hospital										
Outpatient Emergency Room	Visits	512.0	\$ 523.78	\$ 22.35	534.4	\$ 520.69	\$ 23.19	527.7	\$ 521.63	\$ 22.94
Outpatient Surgery	Visits	32.2	1,558.00	4.18	31.3	1,505.47	3.93	31.6	1,519.63	4.00
Outpatient Radiology	Procedures	78.9	243.50	1.60	77.6	309.19	2.00	78.0	289.27	1.88
Outpatient Pathology/Lab	Procedures	1,447.1	40.22	4.85	1,657.2	38.74	5.35	1,594.2	39.14	5.20
Outpatient Pharmacy	Procedures	86.7	1,044.15	7.54	104.4	517.20	4.50	99.1	655.21	5.41
Outpatient MH/SA	Visits	105.2	361.69	3.17	90.3	412.13	3.10	94.7	395.21	3.12
Other Outpatient	Procedures	213.3	142.30	2.53	213.1	196.51	3.49	213.2	180.13	3.20
Subtotal Outpatient Hospital				\$ 46.22	\$ 45.56			\$ 45.75		
Professional										
Inpatient and Outpatient Surgery	Procedures	201.4	\$ 194.22	\$ 3.26	173.5	\$ 179.19	\$ 2.59	181.8	\$ 184.12	\$ 2.79
Anesthesia	Procedures	53.8	173.87	0.78	46.7	156.86	0.61	48.8	162.24	0.66
Inpatient Visits	Visits	273.4	96.55	2.20	253.9	113.89	2.41	259.8	108.55	2.35
MH/SA	Visits	1,971.5	91.24	14.99	1,580.9	104.75	13.80	1,698.1	100.06	14.16
Emergency Room	Visits	562.8	80.59	3.78	475.3	75.99	3.01	501.6	77.52	3.24
Office/Home Visits/Consults	Visits	1,795.8	64.02	9.58	1,568.5	65.11	8.51	1,636.7	64.74	8.83
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,507.7	30.01	3.77	1,446.3	28.87	3.48	1,464.7	29.25	3.57
Radiology	Procedures	792.3	34.38	2.27	681.6	33.80	1.92	714.8	34.08	2.03
Office Administered Drugs	Procedures	98.8	303.52	2.50	103.9	523.43	4.53	102.3	459.60	3.92
Physical Exams	Visits	276.2	62.14	1.43	262.1	60.43	1.32	266.3	60.82	1.35
Therapy	Visits	372.1	61.59	1.91	247.9	57.12	1.18	285.2	58.92	1.40
Vision	Visits	266.6	78.33	1.74	255.2	73.82	1.57	258.6	75.17	1.62
Other Professional	Procedures	580.6	51.88	2.51	588.4	57.31	2.81	586.1	55.69	2.72
Subtotal Professional				\$ 50.72	\$ 47.74			\$ 48.64		
Retail Pharmacy										
Retail Pharmacy	Scripts	4,145.1	\$ 87.17	\$ 30.11	4,341.5	\$ 94.47	\$ 34.18	4,282.6	\$ 92.36	\$ 32.96
Subtotal Retail Pharmacy				\$ 30.11	\$ 34.18			\$ 32.96		
Ancillary										
Transportation	Trips	104.7	\$ 77.92	\$ 0.68	116.7	\$ 74.01	\$ 0.72	113.1	\$ 75.31	\$ 0.71
DME/Prosthetics	Procedures	124.2	209.63	2.17	153.0	116.88	1.49	144.3	140.50	1.69
Hospice	Days	0.7	676.55	0.04	12.2	147.68	0.15	8.7	164.67	0.12
Subtotal Ancillary				\$ 2.89	\$ 2.36			\$ 2.52		
LTSS										
Nursing Home	Days	2.8	\$ 336.95	\$ 0.08	14.7	\$ 228.90	\$ 0.28	11.1	\$ 237.20	\$ 0.22
HCBS	Procedures	60.6	69.25	0.35	15.3	94.01	0.12	28.9	78.85	0.19
Case Management	Procedures	64.3	26.14	0.14	45.2	34.55	0.13	50.9	30.65	0.13
Subtotal LTSS				\$ 0.57	\$ 0.53			\$ 0.54		
Total Medical Costs				\$ 169.30	\$ 164.70			\$ 166.07		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - M 25-29										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	170.6	\$ 2,260.70	\$ 32.14	139.1	\$ 2,571.02	\$ 29.81	148.6	\$ 2,464.20	\$ 30.51
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,053.8	504.92	44.34	1,327.9	469.47	51.95	1,245.6	478.50	49.67
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	46.6	252.47	0.98	28.4	767.87	1.82	33.9	556.02	1.57
Subtotal Inpatient Hospital				\$ 77.46	\$ 83.58			\$ 81.75		
Outpatient Hospital										
Outpatient Emergency Room	Visits	609.0	\$ 520.20	\$ 26.40	643.9	\$ 544.16	\$ 29.20	633.4	\$ 537.25	\$ 28.36
Outpatient Surgery	Visits	37.7	1,592.41	5.00	48.8	1,556.45	6.33	45.5	1,565.12	5.93
Outpatient Radiology	Procedures	100.4	246.17	2.06	124.0	355.25	3.67	116.9	327.45	3.19
Outpatient Pathology/Lab	Procedures	1,951.9	45.62	7.42	2,218.6	42.73	7.90	2,138.6	43.54	7.76
Outpatient Pharmacy	Procedures	161.4	1,702.11	22.90	144.9	911.89	11.01	149.9	1,167.54	14.58
Outpatient MH/SA	Visits	269.3	342.24	7.68	234.9	383.11	7.50	245.2	369.45	7.55
Other Outpatient	Procedures	253.5	182.71	3.86	291.4	211.64	5.14	280.1	203.96	4.76
Subtotal Outpatient Hospital				\$ 75.32	\$ 70.75			\$ 72.13		
Professional										
Inpatient and Outpatient Surgery	Procedures	251.3	\$ 190.57	\$ 3.99	255.1	\$ 212.65	\$ 4.52	253.9	\$ 206.05	\$ 4.36
Anesthesia	Procedures	73.7	144.87	0.89	74.3	174.47	1.08	74.1	165.15	1.02
Inpatient Visits	Visits	461.4	98.56	3.79	475.4	106.27	4.21	471.2	103.90	4.08
MH/SA	Visits	6,061.1	75.02	37.89	5,195.1	93.27	40.38	5,454.9	87.18	39.63
Emergency Room	Visits	710.7	88.14	5.22	662.3	82.44	4.55	676.8	84.22	4.75
Office/Home Visits/Consults	Visits	2,301.4	63.09	12.10	2,387.2	64.24	12.78	2,361.5	63.93	12.58
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,615.6	41.29	9.00	2,727.9	40.25	9.15	2,694.2	40.58	9.11
Radiology	Procedures	945.8	34.76	2.74	991.0	34.63	2.86	977.4	34.62	2.82
Office Administered Drugs	Procedures	212.2	268.62	4.75	140.8	284.71	3.34	162.2	278.17	3.76
Physical Exams	Visits	261.3	58.78	1.28	278.0	54.82	1.27	273.0	55.83	1.27
Therapy	Visits	426.5	62.18	2.21	475.5	60.82	2.41	460.8	61.20	2.35
Vision	Visits	172.9	70.78	1.02	197.5	69.27	1.14	190.1	69.43	1.10
Other Professional	Procedures	577.9	48.59	2.34	684.8	49.77	2.84	652.7	49.45	2.69
Subtotal Professional				\$ 87.22	\$ 90.53			\$ 89.52		
Retail Pharmacy										
Retail Pharmacy	Scripts	6,727.6	\$ 110.36	\$ 61.87	7,228.4	\$ 111.08	\$ 66.91	7,078.2	\$ 110.88	\$ 65.40
Subtotal Retail Pharmacy				\$ 61.87	\$ 66.91			\$ 65.40		
Ancillary										
Transportation	Trips	220.1	\$ 81.23	\$ 1.49	199.6	\$ 81.77	\$ 1.36	205.7	\$ 81.66	\$ 1.40
DME/Prosthetics	Procedures	199.7	129.76	2.16	227.9	110.06	2.09	219.4	115.39	2.11
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.65	\$ 3.45			\$ 3.51		
LTSS										
Nursing Home	Days	13.1	\$ 311.09	\$ 0.34	12.5	\$ 269.84	\$ 0.28	12.7	\$ 284.57	\$ 0.30
HCBS	Procedures	-	-	-	3.3	35.93	0.01	2.3	51.34	0.01
Case Management	Procedures	129.1	63.18	0.68	108.5	47.55	0.43	114.7	53.35	0.51
Subtotal LTSS				\$ 1.02	\$ 0.72			\$ 0.82		
Total Medical Costs				\$ 306.54	\$ 315.94			\$ 313.13		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - M 30-39										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	295.3	\$ 2,188.07	\$ 53.85	351.8	\$ 2,100.41	\$ 61.58	334.9	\$ 2,123.56	\$ 59.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,512.0	488.82	61.59	1,724.5	429.98	61.79	1,660.7	446.05	61.73
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	28.9	286.47	0.69	29.3	553.55	1.35	29.2	473.30	1.15
Subtotal Inpatient Hospital				\$ 116.13	\$ 124.72			\$ 122.14		
Outpatient Hospital										
Outpatient Emergency Room	Visits	851.4	\$ 541.80	\$ 38.44	748.7	\$ 589.70	\$ 36.79	779.5	\$ 573.92	\$ 37.28
Outpatient Surgery	Visits	79.4	1,706.36	11.29	64.4	1,553.65	8.34	68.9	1,607.31	9.23
Outpatient Radiology	Procedures	155.5	292.41	3.79	151.6	266.79	3.37	152.8	274.93	3.50
Outpatient Pathology/Lab	Procedures	2,759.3	45.66	10.50	2,619.5	44.02	9.61	2,661.4	44.55	9.88
Outpatient Pharmacy	Procedures	173.0	704.01	10.15	156.0	1,412.49	18.36	161.1	1,184.45	15.90
Outpatient MH/SA	Visits	490.9	307.00	12.56	279.7	357.35	8.33	343.1	335.77	9.60
Other Outpatient	Procedures	444.3	171.77	6.36	479.6	215.42	8.61	469.0	203.14	7.94
Subtotal Outpatient Hospital				\$ 93.09	\$ 93.41			\$ 93.33		
Professional										
Inpatient and Outpatient Surgery	Procedures	404.4	\$ 209.78	\$ 7.07	365.4	\$ 207.57	\$ 6.32	377.1	\$ 208.44	\$ 6.55
Anesthesia	Procedures	103.1	151.27	1.30	114.6	150.74	1.44	111.2	151.10	1.40
Inpatient Visits	Visits	662.8	91.43	5.05	855.1	92.34	6.58	797.4	92.10	6.12
MH/SA	Visits	11,337.8	64.77	61.20	8,689.3	81.15	58.76	9,483.8	75.27	59.49
Emergency Room	Visits	895.0	88.63	6.61	838.0	85.35	5.96	855.1	86.45	6.16
Office/Home Visits/Consults	Visits	3,289.4	63.15	17.31	3,177.5	64.09	16.97	3,211.1	63.79	17.07
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,695.2	43.97	13.54	3,757.7	43.14	13.51	3,739.0	43.39	13.52
Radiology	Procedures	1,278.6	40.08	4.27	1,317.7	36.79	4.04	1,306.0	37.76	4.11
Office Administered Drugs	Procedures	368.7	216.43	6.65	279.3	333.40	7.76	306.1	291.26	7.43
Physical Exams	Visits	289.3	57.25	1.38	287.9	55.03	1.32	288.3	55.78	1.34
Therapy	Visits	536.8	56.33	2.52	572.4	57.87	2.76	561.7	57.47	2.69
Vision	Visits	177.9	72.17	1.07	189.4	70.34	1.11	185.9	70.99	1.10
Other Professional	Procedures	921.9	56.23	4.32	1,059.7	59.56	5.26	1,018.4	58.68	4.98
Subtotal Professional				\$ 132.29	\$ 131.79			\$ 131.96		
Retail Pharmacy										
Retail Pharmacy	Scripts	13,558.5	\$ 96.45	\$ 108.98	13,359.7	\$ 98.15	\$ 109.27	13,419.3	\$ 97.63	\$ 109.18
Subtotal Retail Pharmacy				\$ 108.98	\$ 109.27			\$ 109.18		
Ancillary										
Transportation	Trips	269.9	\$ 80.47	\$ 1.81	309.8	\$ 83.66	\$ 2.16	297.8	\$ 82.99	\$ 2.06
DME/Prosthetics	Procedures	363.2	108.36	3.28	393.7	115.22	3.78	384.5	113.28	3.63
Hospice	Days	0.8	607.91	0.04	29.1	185.40	0.45	20.6	192.00	0.33
Subtotal Ancillary				\$ 5.13	\$ 6.39			\$ 6.02		
LTSS										
Nursing Home	Days	47.4	\$ 278.42	\$ 1.10	41.7	\$ 264.97	\$ 0.92	43.4	\$ 268.27	\$ 0.97
HCBS	Procedures	1.4	87.07	0.01	3.6	33.63	0.01	2.9	41.22	0.01
Case Management	Procedures	138.7	34.62	0.40	158.1	62.99	0.83	152.3	55.16	0.70
Subtotal LTSS				\$ 1.51	\$ 1.76			\$ 1.68		
Total Medical Costs				\$ 457.13	\$ 467.34			\$ 464.31		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - M 40-49										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	551.7	\$ 1,974.64	\$ 90.78	459.0	\$ 2,309.48	\$ 88.34	486.8	\$ 2,195.59	\$ 89.07
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,012.3	458.75	76.93	1,695.1	544.62	76.93	1,790.3	515.66	76.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	126.1	287.50	3.02	75.3	663.33	4.16	90.5	506.55	3.82
Subtotal Inpatient Hospital				\$ 170.73	\$ 169.43			\$ 169.82		
Outpatient Hospital										
Outpatient Emergency Room	Visits	838.2	\$ 590.41	\$ 41.24	809.7	\$ 649.56	\$ 43.83	818.3	\$ 631.34	\$ 43.05
Outpatient Surgery	Visits	144.3	1,513.19	18.20	129.8	1,525.64	16.50	134.1	1,521.62	17.01
Outpatient Radiology	Procedures	273.2	309.61	7.05	258.5	305.47	6.58	262.9	306.72	6.72
Outpatient Pathology/Lab	Procedures	3,996.0	37.63	12.53	4,239.8	36.26	12.81	4,166.6	36.66	12.73
Outpatient Pharmacy	Procedures	329.7	497.96	13.68	305.4	369.79	9.41	312.7	410.30	10.69
Outpatient MH/SA	Visits	437.8	335.24	12.23	295.1	305.34	7.51	337.9	317.10	8.93
Other Outpatient	Procedures	1,012.1	206.54	17.42	911.9	276.87	21.04	942.0	254.15	19.95
Subtotal Outpatient Hospital				\$ 122.35	\$ 117.68			\$ 119.08		
Professional										
Inpatient and Outpatient Surgery	Procedures	749.7	\$ 212.42	\$ 13.27	657.5	\$ 210.61	\$ 11.54	685.2	\$ 211.22	\$ 12.06
Anesthesia	Procedures	212.4	146.89	2.60	187.8	153.39	2.40	195.2	151.27	2.46
Inpatient Visits	Visits	1,042.4	88.98	7.73	1,221.8	93.01	9.47	1,168.0	91.95	8.95
MH/SA	Visits	10,068.6	72.25	60.62	8,301.8	87.21	60.33	8,831.8	82.09	60.42
Emergency Room	Visits	991.2	95.28	7.87	928.1	89.86	6.95	947.0	91.61	7.23
Office/Home Visits/Consults	Visits	4,555.0	64.23	24.38	4,390.3	65.55	23.98	4,439.7	65.14	24.10
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,690.8	39.01	15.25	4,691.0	36.96	14.45	4,690.9	37.58	14.69
Radiology	Procedures	1,837.9	46.03	7.05	1,795.8	39.56	5.92	1,808.4	41.54	6.26
Office Administered Drugs	Procedures	507.0	106.74	4.51	320.9	159.65	4.27	376.8	138.23	4.34
Physical Exams	Visits	403.7	61.24	2.06	401.7	59.45	1.99	402.3	59.96	2.01
Therapy	Visits	915.5	54.92	4.19	812.4	57.90	3.92	843.4	56.92	4.00
Vision	Visits	318.9	70.75	1.88	314.6	67.90	1.78	315.9	68.77	1.81
Other Professional	Procedures	1,618.5	52.12	7.03	1,710.8	55.06	7.85	1,683.1	54.18	7.60
Subtotal Professional				\$ 158.44	\$ 154.85			\$ 155.93		
Retail Pharmacy										
Retail Pharmacy	Scripts	24,165.6	\$ 73.67	\$ 148.36	22,406.2	\$ 81.74	\$ 152.63	22,934.0	\$ 79.19	\$ 151.35
Subtotal Retail Pharmacy				\$ 148.36	\$ 152.63			\$ 151.35		
Ancillary										
Transportation	Trips	337.7	\$ 83.85	\$ 2.36	358.2	\$ 85.10	\$ 2.54	352.0	\$ 84.88	\$ 2.49
DME/Prosthetics	Procedures	746.0	94.27	5.86	757.9	98.17	6.20	754.3	97.04	6.10
Hospice	Days	3.4	357.56	0.10	20.7	255.46	0.44	15.5	263.65	0.34
Subtotal Ancillary				\$ 8.32	\$ 9.18			\$ 8.93		
LTSS										
Nursing Home	Days	63.3	\$ 284.37	\$ 1.50	78.4	\$ 284.52	\$ 1.86	73.9	\$ 284.16	\$ 1.75
HCBS	Procedures	11.7	72.07	0.07	8.0	59.93	0.04	9.1	65.91	0.05
Case Management	Procedures	158.7	51.41	0.68	167.3	43.04	0.60	164.7	45.17	0.62
Subtotal LTSS				\$ 2.25	\$ 2.50			\$ 2.42		
Total Medical Costs				\$ 610.45	\$ 606.27			\$ 607.53		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: ME - M 50-64										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	691.2	\$ 2,234.44	\$ 128.70	727.9	\$ 2,158.58	\$ 130.94	716.9	\$ 2,180.56	\$ 130.27
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	942.1	566.29	44.46	1,084.8	552.97	49.99	1,042.0	556.57	48.33
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	206.9	314.34	5.42	168.4	383.34	5.38	180.0	359.41	5.39
Subtotal Inpatient Hospital				\$ 178.58	\$ 186.31			\$ 183.99		
Outpatient Hospital										
Outpatient Emergency Room	Visits	607.7	\$ 612.90	\$ 31.04	602.0	\$ 675.30	\$ 33.88	603.7	\$ 656.50	\$ 33.03
Outpatient Surgery	Visits	282.6	1,369.25	32.25	273.5	1,387.60	31.63	276.3	1,382.15	31.82
Outpatient Radiology	Procedures	489.9	378.71	15.46	401.6	391.11	13.09	428.1	386.82	13.80
Outpatient Pathology/Lab	Procedures	5,977.6	31.26	15.57	6,055.4	27.62	13.94	6,032.1	28.71	14.43
Outpatient Pharmacy	Procedures	818.2	504.07	34.37	709.4	449.28	26.56	742.0	467.36	28.90
Outpatient MH/SA	Visits	206.4	294.78	5.07	162.4	439.74	5.95	175.6	388.89	5.69
Other Outpatient	Procedures	1,471.9	186.13	22.83	1,602.4	190.58	25.45	1,563.3	189.30	24.66
Subtotal Outpatient Hospital				\$ 156.59	\$ 150.50			\$ 152.33		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,308.4	\$ 191.87	\$ 20.92	1,209.0	\$ 194.94	\$ 19.64	1,238.8	\$ 193.93	\$ 20.02
Anesthesia	Procedures	303.7	135.51	3.43	320.4	137.84	3.68	315.4	137.36	3.61
Inpatient Visits	Visits	1,211.3	82.52	8.33	1,390.8	88.70	10.28	1,336.9	87.06	9.70
MH/SA	Visits	4,503.9	83.42	31.31	3,797.9	99.65	31.54	4,009.7	94.18	31.47
Emergency Room	Visits	804.1	94.46	6.33	763.9	91.42	5.82	776.0	92.32	5.97
Office/Home Visits/Consults	Visits	5,583.9	65.33	30.40	5,258.4	65.95	28.90	5,356.0	65.76	29.35
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,185.5	26.59	11.49	4,960.2	27.99	11.57	5,027.8	27.57	11.55
Radiology	Procedures	2,400.0	68.55	13.71	2,323.9	66.77	12.93	2,346.7	67.29	13.16
Office Administered Drugs	Procedures	522.8	178.11	7.76	474.1	230.33	9.10	488.7	213.62	8.70
Physical Exams	Visits	555.3	60.07	2.78	534.9	59.68	2.66	541.0	59.89	2.70
Therapy	Visits	1,234.6	58.61	6.03	1,221.1	59.65	6.07	1,225.2	59.35	6.06
Vision	Visits	463.2	69.43	2.68	474.9	66.45	2.63	471.4	67.46	2.65
Other Professional	Procedures	2,704.9	52.22	11.77	2,781.7	53.41	12.38	2,758.7	53.07	12.20
Subtotal Professional				\$ 156.94	\$ 157.20			\$ 157.14		
Retail Pharmacy										
Retail Pharmacy	Scripts	33,364.4	\$ 61.13	\$ 169.96	30,551.5	\$ 67.76	\$ 172.52	31,395.4	\$ 65.65	\$ 171.75
Subtotal Retail Pharmacy				\$ 169.96	\$ 172.52			\$ 171.75		
Ancillary										
Transportation	Trips	321.4	\$ 79.54	\$ 2.13	331.4	\$ 82.92	\$ 2.29	328.4	\$ 81.86	\$ 2.24
DME/Prosthetics	Procedures	1,052.3	89.07	7.81	1,046.6	97.35	8.49	1,048.3	94.90	8.29
Hospice	Days	43.1	242.34	0.87	86.4	218.01	1.57	73.4	222.29	1.36
Subtotal Ancillary				\$ 10.81	\$ 12.35			\$ 11.89		
LTSS										
Nursing Home	Days	222.5	\$ 266.94	\$ 4.95	245.3	\$ 262.71	\$ 5.37	238.5	\$ 263.70	\$ 5.24
HCBS	Procedures	17.4	55.17	0.08	32.8	40.26	0.11	28.2	42.59	0.10
Case Management	Procedures	143.5	36.78	0.44	159.9	41.27	0.55	155.0	40.26	0.52
Subtotal LTSS				\$ 5.47	\$ 6.03			\$ 5.86		
Total Medical Costs				\$ 678.35	\$ 684.91			\$ 682.96		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RHP - ID										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	1,114.7	\$ 1,956.51	\$ 181.74	888.2	\$ 2,026.24	\$ 149.98	1,001.5	\$ 1,987.43	\$ 165.86
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,115.2	936.98	87.08	1,023.1	994.15	84.76	1,069.2	964.33	85.92
Inpatient Maternity Delivery	Days	17.3	1,088.82	1.57	6.1	1,260.32	0.64	11.7	1,138.62	1.11
Other Inpatient	Days	278.4	317.64	7.37	61.7	557.80	2.87	170.1	361.23	5.12
Subtotal Inpatient Hospital				\$ 277.76	\$ 238.25			\$ 258.01		
Outpatient Hospital										
Outpatient Emergency Room	Visits	709.0	\$ 571.02	\$ 33.74	761.6	\$ 646.32	\$ 41.02	735.3	\$ 610.01	\$ 37.38
Outpatient Surgery	Visits	159.4	1,749.87	23.24	169.6	1,238.13	17.50	164.5	1,486.04	20.37
Outpatient Radiology	Procedures	329.3	196.05	5.38	329.1	246.48	6.76	329.2	221.25	6.07
Outpatient Pathology/Lab	Procedures	5,938.9	29.30	14.50	5,982.7	31.65	15.78	5,960.8	30.48	15.14
Outpatient Pharmacy	Procedures	412.5	224.27	7.71	538.5	102.52	4.60	475.5	155.46	6.16
Outpatient MH/SA	Visits	57.0	435.68	2.07	94.6	272.82	2.15	75.8	334.07	2.11
Other Outpatient	Procedures	1,599.4	159.14	21.21	1,551.0	267.01	34.51	1,575.2	212.25	27.86
Subtotal Outpatient Hospital				\$ 107.85	\$ 122.32			\$ 115.09		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,301.9	\$ 131.53	\$ 14.27	1,201.4	\$ 122.06	\$ 12.22	1,251.7	\$ 127.03	\$ 13.25
Anesthesia	Procedures	249.1	253.35	5.26	364.6	150.74	4.58	306.9	192.39	4.92
Inpatient Visits	Visits	2,679.4	95.30	21.28	2,089.8	84.35	14.69	2,384.6	90.53	17.99
MH/SA	Visits	4,795.4	125.92	50.32	4,532.4	126.08	47.62	4,663.9	126.00	48.97
Emergency Room	Visits	931.9	101.47	7.88	912.3	87.86	6.68	922.1	94.74	7.28
Office/Home Visits/Consults	Visits	6,144.8	65.89	33.74	5,869.1	67.04	32.79	6,006.9	66.46	33.27
Maternity	Procedures	16.2	296.30	0.40	7.6	507.07	0.32	11.9	363.44	0.36
Pathology/Lab	Procedures	5,602.8	15.76	7.36	5,170.9	16.04	6.91	5,386.8	15.91	7.14
Radiology	Procedures	2,067.1	36.46	6.28	1,991.9	34.70	5.76	2,029.5	35.59	6.02
Office Administered Drugs	Procedures	516.8	229.20	9.87	567.8	235.03	11.12	542.3	232.36	10.50
Physical Exams	Visits	935.9	63.85	4.98	898.9	64.75	4.85	917.4	64.35	4.92
Therapy	Visits	1,262.7	76.03	8.00	1,368.3	67.70	7.72	1,315.5	71.70	7.86
Vision	Visits	530.4	66.52	2.94	509.9	61.43	2.61	520.1	64.14	2.78
Other Professional	Procedures	10,808.9	112.91	101.70	11,693.2	108.45	105.68	11,251.1	110.59	103.69
Subtotal Professional				\$ 274.28	\$ 263.55			\$ 268.95		
Retail Pharmacy										
Retail Pharmacy	Scripts	61,651.8	\$ 65.15	\$ 334.72	56,145.0	\$ 62.48	\$ 292.34	58,898.4	\$ 63.88	\$ 313.53
Subtotal Retail Pharmacy				\$ 334.72	\$ 292.34			\$ 313.53		
Ancillary										
Transportation	Trips	533.7	\$ 93.76	\$ 4.17	573.3	\$ 85.40	\$ 4.08	553.5	\$ 89.54	\$ 4.13
DME/Prosthetics	Procedures	7,221.0	132.73	79.87	7,098.1	125.09	73.99	7,159.6	128.94	76.93
Hospice	Days	2,197.6	150.93	27.64	1,492.3	149.33	18.57	1,844.9	150.25	23.10
Subtotal Ancillary				\$ 111.68	\$ 96.64			\$ 104.16		
LTSS										
Nursing Home	Days	214.2	\$ 282.94	\$ 5.05	268.5	\$ 274.90	\$ 6.15	241.3	\$ 278.47	\$ 5.60
HCBS	Procedures	487.0	208.44	8.46	596.5	55.52	2.76	541.8	124.26	5.61
Case Management	Procedures	50.5	78.38	0.33	45.5	81.82	0.31	48.0	80.01	0.32
Subtotal LTSS				\$ 13.84	\$ 9.22			\$ 11.53		
Total Medical Costs				\$ 1,120.13	\$ 1,022.32			\$ 1,071.27		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RHP - SPMI										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	2,581.8	\$ 1,207.69	\$ 259.83	1,759.0	\$ 1,651.93	\$ 242.15	2,170.4	\$ 1,387.71	\$ 250.99
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,708.4	837.81	328.73	4,464.1	833.37	310.02	4,586.2	835.67	319.38
Inpatient Maternity Delivery	Days	26.9	1,246.14	2.79	23.9	1,533.26	3.06	25.4	1,383.82	2.93
Other Inpatient	Days	833.6	255.22	17.73	366.4	444.38	13.57	600.0	312.98	15.65
Subtotal Inpatient Hospital				\$ 609.08	\$ 568.80			\$ 588.95		
Outpatient Hospital										
Outpatient Emergency Room	Visits	2,363.3	\$ 586.10	\$ 115.43	2,255.6	\$ 652.19	\$ 122.59	2,309.5	\$ 618.37	\$ 119.01
Outpatient Surgery	Visits	259.2	1,406.85	30.39	233.6	1,702.51	33.14	246.4	1,547.23	31.77
Outpatient Radiology	Procedures	838.1	315.14	22.01	771.3	275.84	17.73	804.7	296.31	19.87
Outpatient Pathology/Lab	Procedures	9,012.7	41.08	30.85	9,251.4	36.20	27.91	9,132.0	38.61	29.38
Outpatient Pharmacy	Procedures	967.6	892.35	71.95	924.7	696.71	53.69	946.1	796.75	62.82
Outpatient MH/SA	Visits	700.7	385.17	22.49	448.2	467.18	17.45	574.4	417.17	19.97
Other Outpatient	Procedures	2,368.3	264.84	52.27	2,554.4	288.30	61.37	2,461.4	277.01	56.82
Subtotal Outpatient Hospital				\$ 345.39	\$ 333.88			\$ 339.64		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,491.5	\$ 180.06	\$ 22.38	1,370.0	\$ 177.73	\$ 20.29	1,430.7	\$ 178.98	\$ 21.34
Anesthesia	Procedures	483.7	183.59	7.40	473.1	172.24	6.79	478.4	178.11	7.10
Inpatient Visits	Visits	4,551.4	93.97	35.64	4,826.5	97.31	39.14	4,688.9	95.69	37.39
MH/SA	Visits	30,029.4	227.24	568.66	29,054.5	233.88	566.27	29,541.9	230.51	567.47
Emergency Room	Visits	3,040.1	106.34	26.94	2,771.5	95.08	21.96	2,905.8	100.97	24.45
Office/Home Visits/Consults	Visits	11,413.1	65.90	62.68	10,576.1	69.09	60.89	10,994.6	67.43	61.78
Maternity	Procedures	44.2	293.05	1.08	26.6	388.68	0.86	35.4	328.92	0.97
Pathology/Lab	Procedures	10,368.5	38.42	33.20	8,897.0	35.19	26.09	9,632.7	36.94	29.65
Radiology	Procedures	4,550.6	39.16	14.85	4,392.5	40.84	14.95	4,471.6	39.99	14.90
Office Administered Drugs	Procedures	675.7	149.88	8.44	693.3	125.84	7.27	684.5	137.79	7.86
Physical Exams	Visits	697.3	55.93	3.25	668.4	51.53	2.87	682.9	53.77	3.06
Therapy	Visits	1,499.9	66.56	8.32	1,484.8	70.31	8.70	1,492.4	68.43	8.51
Vision	Visits	546.4	70.28	3.20	518.5	64.80	2.80	532.5	67.61	3.00
Other Professional	Procedures	10,603.6	62.32	55.07	12,556.2	71.16	74.46	11,579.9	67.12	64.77
Subtotal Professional				\$ 851.11	\$ 853.34			\$ 852.25		
Retail Pharmacy										
Retail Pharmacy	Scripts	80,518.1	\$ 82.52	\$ 553.70	78,796.5	\$ 84.48	\$ 554.76	79,657.3	\$ 83.49	\$ 554.23
Subtotal Retail Pharmacy				\$ 553.70	\$ 554.76			\$ 554.23		
Ancillary										
Transportation	Trips	1,695.4	\$ 75.59	\$ 10.68	1,659.9	\$ 75.91	\$ 10.50	1,677.6	\$ 75.75	\$ 10.59
DME/Prosthetics	Procedures	1,985.9	103.03	17.05	2,279.7	115.86	22.01	2,132.8	109.88	19.53
Hospice	Days	253.7	159.40	3.37	284.9	161.30	3.83	269.3	160.40	3.60
Subtotal Ancillary				\$ 31.10	\$ 36.34			\$ 33.72		
LTSS										
Nursing Home	Days	545.1	\$ 281.36	\$ 12.78	603.8	\$ 248.81	\$ 12.52	574.4	\$ 264.25	\$ 12.65
HCBS	Procedures	179.3	41.50	0.62	438.5	40.22	1.47	308.9	40.40	1.04
Case Management	Procedures	525.0	132.35	5.79	658.4	80.02	4.39	591.7	103.23	5.09
Subtotal LTSS				\$ 19.19	\$ 18.38			\$ 18.78		
Total Medical Costs				\$ 2,409.57	\$ 2,365.50			\$ 2,387.57		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RHP - Other Disabled 21-44										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	923.2	\$ 1,837.26	\$ 141.34	802.5	\$ 2,101.72	\$ 140.56	862.8	\$ 1,960.25	\$ 140.95
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	721.2	707.46	42.52	1,141.4	619.43	58.92	931.3	653.51	50.72
Inpatient Maternity Delivery	Days	80.1	1,153.37	7.70	80.6	1,409.12	9.47	80.4	1,280.92	8.58
Other Inpatient	Days	75.8	291.25	1.84	49.2	561.41	2.30	62.5	397.52	2.07
Subtotal Inpatient Hospital				\$ 193.40	\$ 211.25			\$ 202.32		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,484.0	\$ 598.69	\$ 74.04	1,418.7	\$ 622.79	\$ 73.63	1,451.4	\$ 610.51	\$ 73.84
Outpatient Surgery	Visits	174.2	1,952.64	28.35	150.2	1,854.57	23.22	162.2	1,906.86	25.78
Outpatient Radiology	Procedures	552.2	304.00	13.99	590.9	332.63	16.38	571.6	318.70	15.18
Outpatient Pathology/Lab	Procedures	7,361.6	40.54	24.87	8,276.9	38.93	26.85	7,819.3	39.69	25.86
Outpatient Pharmacy	Procedures	945.6	506.23	39.89	850.5	346.12	24.53	898.0	430.42	32.21
Outpatient MH/SA	Visits	288.7	394.52	9.49	275.7	401.30	9.22	282.2	398.04	9.36
Other Outpatient	Procedures	2,051.5	216.90	37.08	2,078.5	228.68	39.61	2,065.0	222.86	38.35
Subtotal Outpatient Hospital				\$ 227.71	\$ 213.44			\$ 220.58		
Professional										
Inpatient and Outpatient Surgery	Procedures	763.7	\$ 217.63	\$ 13.85	712.5	\$ 204.64	\$ 12.15	738.1	\$ 211.36	\$ 13.00
Anesthesia	Procedures	251.9	205.79	4.32	281.1	163.49	3.83	266.5	183.26	4.07
Inpatient Visits	Visits	1,463.4	81.51	9.94	1,722.4	92.10	13.22	1,592.9	87.24	11.58
MH/SA	Visits	8,460.0	87.40	61.62	8,297.3	101.70	70.32	8,378.6	94.48	65.97
Emergency Room	Visits	1,685.7	83.93	11.79	1,538.1	83.09	10.65	1,611.9	83.53	11.22
Office/Home Visits/Consults	Visits	6,128.5	63.54	32.45	6,139.9	66.35	33.95	6,134.2	64.95	33.20
Maternity	Procedures	92.6	332.95	2.57	132.6	263.37	2.91	112.6	291.99	2.74
Pathology/Lab	Procedures	4,899.6	30.12	12.30	5,005.8	30.01	12.52	4,952.7	30.07	12.41
Radiology	Procedures	2,862.8	41.75	9.96	2,739.3	40.83	9.32	2,801.1	41.30	9.64
Office Administered Drugs	Procedures	537.8	758.16	33.98	373.0	876.46	27.24	455.4	806.60	30.61
Physical Exams	Visits	558.2	56.75	2.64	569.2	53.97	2.56	563.7	55.35	2.60
Therapy	Visits	948.4	59.47	4.70	892.4	57.69	4.29	920.4	58.67	4.50
Vision	Visits	381.4	70.16	2.23	393.5	64.96	2.13	387.4	67.52	2.18
Other Professional	Procedures	3,615.6	73.38	22.11	3,976.1	84.17	27.89	3,795.8	79.03	25.00
Subtotal Professional				\$ 224.46	\$ 232.98			\$ 228.72		
Retail Pharmacy										
Retail Pharmacy	Scripts	32,104.5	\$ 78.76	\$ 210.72	31,120.7	\$ 89.88	\$ 233.10	31,612.6	\$ 84.24	\$ 221.91
Subtotal Retail Pharmacy				\$ 210.72	\$ 233.10			\$ 221.91		
Ancillary										
Transportation	Trips	498.0	\$ 77.83	\$ 3.23	470.4	\$ 76.53	\$ 3.00	484.2	\$ 77.32	\$ 3.12
DME/Prosthetics	Procedures	1,275.1	120.84	12.84	1,394.3	129.96	15.10	1,334.7	125.61	13.97
Hospice	Days	15.1	143.37	0.18	62.9	244.36	1.28	39.0	224.83	0.73
Subtotal Ancillary				\$ 16.25	\$ 19.38			\$ 17.82		
LTSS										
Nursing Home	Days	49.0	\$ 342.60	\$ 1.40	55.5	\$ 254.98	\$ 1.18	52.3	\$ 296.07	\$ 1.29
HCBS	Procedures	85.4	54.80	0.39	259.6	91.51	1.98	172.5	82.77	1.19
Case Management	Procedures	156.6	45.22	0.59	120.2	48.90	0.49	138.4	46.82	0.54
Subtotal LTSS				\$ 2.38	\$ 3.65			\$ 3.02		
Total Medical Costs				\$ 874.92	\$ 913.80			\$ 894.37		

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: RHP - Other Disabled 45+										
SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience				
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	1,782.3	\$ 1,852.09	\$ 275.08	1,863.0	\$ 1,832.64	\$ 284.51	1,822.6	\$ 1,842.12	\$ 279.79
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	676.7	705.09	39.76	868.1	725.03	52.45	772.4	716.37	46.11
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	614.8	313.66	16.07	530.6	391.25	17.30	572.7	349.71	16.69
Subtotal Inpatient Hospital				\$ 330.91			\$ 354.26			\$ 342.59
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,170.1	\$ 617.09	\$ 60.17	1,176.0	\$ 687.16	\$ 67.34	1,173.0	\$ 652.26	\$ 63.76
Outpatient Surgery	Visits	362.3	1,506.40	45.48	369.4	1,582.17	48.70	365.8	1,544.65	47.09
Outpatient Radiology	Procedures	1,035.9	317.29	27.39	1,057.2	333.13	29.35	1,046.6	325.29	28.37
Outpatient Pathology/Lab	Procedures	10,478.6	34.00	29.69	11,019.7	33.13	30.42	10,749.2	33.56	30.06
Outpatient Pharmacy	Procedures	1,412.5	574.55	67.63	1,246.7	454.11	47.18	1,329.6	518.13	57.41
Outpatient MH/SA	Visits	145.1	320.02	3.87	147.6	393.39	4.84	146.4	357.43	4.36
Other Outpatient	Procedures	3,293.7	219.04	60.12	3,450.5	231.59	66.59	3,372.1	225.48	63.36
Subtotal Outpatient Hospital				\$ 294.35			\$ 294.42			\$ 294.41
Professional										
Inpatient and Outpatient Surgery	Procedures	1,794.5	\$ 208.57	\$ 31.19	1,747.9	\$ 195.25	\$ 28.44	1,771.2	\$ 201.96	\$ 29.81
Anesthesia	Procedures	442.5	145.35	5.36	473.8	138.53	5.47	458.2	141.95	5.42
Inpatient Visits	Visits	2,627.0	80.62	17.65	2,837.1	87.47	20.68	2,732.1	84.16	19.16
MH/SA	Visits	9,482.9	79.19	62.58	8,037.7	100.80	67.52	8,760.3	89.11	65.05
Emergency Room	Visits	1,584.8	92.23	12.18	1,529.5	91.56	11.67	1,557.1	91.94	11.93
Office/Home Visits/Consults	Visits	9,770.7	65.61	53.42	9,209.7	66.92	51.36	9,490.2	66.25	52.39
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	7,107.6	26.73	15.83	6,522.4	26.68	14.50	6,815.0	26.69	15.16
Radiology	Procedures	4,636.1	48.53	18.75	4,596.5	53.47	20.48	4,616.3	51.00	19.62
Office Administered Drugs	Procedures	631.9	236.98	12.48	600.0	240.99	12.05	616.0	239.03	12.27
Physical Exams	Visits	725.6	53.75	3.25	711.1	55.01	3.26	718.3	54.46	3.26
Therapy	Visits	1,999.6	68.11	11.35	1,870.5	69.54	10.84	1,935.0	68.84	11.10
Vision	Visits	635.1	67.83	3.59	642.7	62.92	3.37	638.9	65.36	3.48
Other Professional	Procedures	8,531.7	64.66	45.97	10,661.1	74.58	66.26	9,596.4	70.18	56.12
Subtotal Professional				\$ 293.60			\$ 315.90			\$ 304.77
Retail Pharmacy										
Retail Pharmacy	Scripts	72,075.3	\$ 71.08	\$ 426.94	68,733.7	\$ 73.21	\$ 419.33	70,404.5	\$ 72.12	\$ 423.14
Subtotal Retail Pharmacy				\$ 426.94			\$ 419.33			\$ 423.14
Ancillary										
Transportation	Trips	719.4	\$ 74.40	\$ 4.46	747.3	\$ 78.36	\$ 4.88	733.4	\$ 76.42	\$ 4.67
DME/Prosthetics	Procedures	2,886.7	106.13	25.53	2,998.4	108.90	27.21	2,942.5	107.54	26.37
Hospice	Days	347.6	194.70	5.64	517.8	169.40	7.31	432.7	179.70	6.48
Subtotal Ancillary				\$ 35.63			\$ 39.40			\$ 37.52
LTSS										
Nursing Home	Days	455.4	\$ 282.47	\$ 10.72	616.9	\$ 253.64	\$ 13.04	536.2	\$ 265.88	\$ 11.88
HCBS	Procedures	173.5	52.58	0.76	536.8	88.97	3.98	355.1	80.09	2.37
Case Management	Procedures	304.9	49.99	1.27	356.2	55.24	1.64	330.6	53.00	1.46
Subtotal LTSS				\$ 12.75			\$ 18.66			\$ 15.71
Total Medical Costs				\$ 1,394.18			\$ 1,441.97			\$ 1,418.14

State of Rhode Island Executive Office of Health and Human Services Medicaid Managed Care Program Base Data Blending										
Rate Cell: SOBRA										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	242.1	\$ 1,849.43	\$ 447.82	241.5	\$ 1,725.49	\$ 416.76	241.7	\$ 1,762.75	\$ 426.08
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	3.5	221.84	0.78	2.5	223.46	0.55
Inpatient Maternity Delivery	Days	2,939.3	1,375.39	4,042.72	2,683.5	1,397.47	3,750.04	2,760.2	1,390.41	3,837.84
Other Inpatient	Days	0.8	1,088.99	0.90	199.3	1,493.42	297.66	139.8	1,492.69	208.63
Subtotal Inpatient Hospital				\$ 4,491.44	\$ 4,465.24			\$ 4,473.10		
Outpatient Hospital										
Outpatient Emergency Room	Visits	2,171.3	\$ 691.25	\$ 1,500.94	2,129.8	\$ 707.60	\$ 1,507.07	2,142.3	\$ 702.62	\$ 1,505.23
Outpatient Surgery	Visits	46.2	3,224.16	148.85	51.7	2,980.91	154.12	50.0	3,048.26	152.54
Outpatient Radiology	Procedures	3,204.1	176.15	564.39	3,620.3	161.89	586.09	3,495.4	165.81	579.58
Outpatient Pathology/Lab	Procedures	18,050.6	46.57	840.62	22,034.4	46.13	1,016.50	20,839.3	46.25	963.74
Outpatient Pharmacy	Procedures	461.9	241.44	111.51	708.5	265.60	188.17	634.5	260.32	165.17
Outpatient MH/SA	Visits	18.2	247.38	4.50	7.0	190.64	1.34	10.4	220.67	2.29
Other Outpatient	Procedures	3,040.1	129.37	393.29	3,240.0	123.75	400.97	3,180.1	125.37	398.67
Subtotal Outpatient Hospital				\$ 3,564.10	\$ 3,854.26			\$ 3,767.22		
Professional										
Inpatient and Outpatient Surgery	Procedures	84.3	\$ 123.72	\$ 10.43	89.9	\$ 108.97	\$ 9.80	88.2	\$ 113.21	\$ 9.99
Anesthesia	Procedures	1,032.1	409.61	422.77	1,166.1	351.25	409.59	1,125.9	367.30	413.54
Inpatient Visits	Visits	1,100.5	57.58	63.37	1,074.4	57.07	61.31	1,082.2	57.23	61.93
MH/SA	Visits	14.6	79.64	1.16	3.2	103.32	0.33	6.6	87.81	0.58
Emergency Room	Visits	1,939.9	62.63	121.50	2,171.8	70.10	152.24	2,102.3	68.03	143.02
Office/Home Visits/Consults	Visits	1,255.6	67.74	85.06	1,269.1	63.67	80.81	1,265.1	64.89	82.09
Maternity	Procedures	3,608.8	455.03	1,642.13	3,845.0	422.97	1,626.31	3,774.1	432.17	1,631.06
Pathology/Lab	Procedures	2,926.8	27.04	79.14	3,053.4	30.95	94.51	3,015.4	29.81	89.90
Radiology	Procedures	7,089.1	47.51	336.82	7,228.5	47.44	342.92	7,186.6	47.46	341.09
Office Administered Drugs	Procedures	340.2	37.13	12.63	296.2	92.76	27.47	309.4	74.41	23.02
Physical Exams	Visits	474.2	12.34	5.85	515.8	11.24	5.80	503.3	11.54	5.81
Therapy	Visits	50.2	71.67	3.60	49.2	54.72	2.69	49.5	59.82	2.96
Vision	Visits	-	-	-	0.7	57.88	0.04	0.5	62.01	0.03
Other Professional	Procedures	659.1	140.13	92.36	790.9	107.07	84.68	751.3	115.77	86.98
Subtotal Professional				\$ 2,876.82	\$ 2,898.50			\$ 2,892.00		
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00	\$ 0.00			\$ 0.00		
Ancillary										
Transportation	Trips	77.5	\$ 93.04	\$ 7.21	48.4	\$ 101.69	\$ 4.92	57.1	\$ 98.22	\$ 5.61
DME/Prosthetics	Procedures	851.9	153.55	130.81	826.1	156.17	129.02	833.9	155.37	129.56
Hospice	Days	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 138.02	\$ 133.94			\$ 135.17		
LTSS										
Nursing Home	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	0.6	63.57	0.04	-	-	-	0.2	52.98	0.01
Case Management	Procedures	0.7	30.70	0.02	0.2	42.63	0.01	0.4	27.80	0.01
Subtotal LTSS				\$ 0.06	\$ 0.01			\$ 0.02		
Total Medical Costs				\$ 11,070.44	\$ 11,351.95			\$ 11,267.51		

Appendix 5: SFY 2021 Projected Benefit Expense Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF<1													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 67,119	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	831.3	\$ 1,943.89	\$ 134.66	\$ 0.00	\$ 0.00	\$ (0.82)	\$ (0.08)	\$ 1.34	\$ 13.49	834.5	\$ 2,136.72	\$ 148.59
Inpatient Well Newborn	Days	1,799.9	767.70	115.15	-	-	(0.70)	(0.07)	1.14	11.54	1,806.8	843.88	127.06
Inpatient MH/SA	Days	59.7	869.73	4.33	-	-	(0.03)	-	0.04	0.44	59.9	957.91	4.78
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	31.8	1,796.78	4.76	-	-	(0.03)	-	0.05	0.47	31.9	1,973.45	5.25
Subtotal Inpatient Hospital				\$ 258.90									\$ 285.68
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,000.9	\$ 419.02	\$ 34.95	\$ 0.00	\$ 0.00	\$ (4.35)	\$ 2.64	\$ 0.33	\$ 3.36	885.8	\$ 500.30	\$ 36.93
Outpatient Surgery	Visits	32.1	1,477.23	3.95	-	-	(0.02)	-	0.08	0.40	32.6	1,624.59	4.41
Outpatient Radiology	Procedures	204.1	145.83	2.48	-	-	(0.01)	-	0.05	0.25	207.4	160.30	2.77
Outpatient Pathology/Lab	Procedures	1,520.5	44.19	5.60	-	0.74	(0.03)	-	0.13	0.64	1,547.7	54.89	7.08
Outpatient Pharmacy	Procedures	610.9	12.38	0.63	-	-	-	-	0.01	0.06	620.6	13.54	0.70
Outpatient MH/SA	Visits	82.3	186.63	1.28	-	-	(0.01)	-	0.03	0.13	83.6	205.29	1.43
Other Outpatient	Procedures	995.7	129.31	10.73	-	-	(0.05)	-	0.21	1.09	1,010.6	142.26	11.98
Subtotal Outpatient Hospital				\$ 59.62									\$ 65.30
Professional													
Inpatient and Outpatient Surgery	Procedures	481.9	\$ 216.39	\$ 8.69	\$ 0.00	\$ 0.55	\$ (0.05)	\$ 0.00	\$ 0.28	\$ 0.19	494.7	\$ 234.34	\$ 9.66
Anesthesia	Procedures	92.7	333.91	2.58	-	-	(0.01)	-	0.07	0.06	94.9	341.50	2.70
Inpatient Visits	Visits	1,665.1	137.65	19.10	-	-	(0.10)	-	0.58	0.39	1,707.0	140.39	19.97
MH/SA	Visits	106.3	546.33	4.84	-	-	(0.02)	-	0.14	0.10	108.9	557.35	5.06
Emergency Room	Visits	1,092.4	70.08	6.38	-	-	(0.80)	0.16	0.18	0.12	986.3	73.49	6.04
Office/Home Visits/Consults	Visits	5,817.7	63.49	30.78	-	12.02	0.74	-	1.31	0.90	6,205.1	88.48	45.75
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,184.1	12.67	1.25	-	1.59	(0.01)	-	0.09	0.06	1,259.8	28.38	2.98
Radiology	Procedures	903.3	16.61	1.25	-	-	-	-	0.04	0.03	932.2	16.99	1.32
Office Administered Drugs	Procedures	385.3	1.25	0.04	-	-	-	-	-	-	385.3	1.25	0.04
Physical Exams	Visits	8,310.2	80.71	55.89	-	17.96	(0.37)	-	2.22	1.52	8,585.2	107.93	77.22
Therapy	Visits	67.1	87.58	0.49	-	-	-	-	0.01	0.01	68.5	89.33	0.51
Vision	Visits	150.8	45.35	0.57	-	0.01	-	-	0.02	0.01	156.1	46.89	0.61
Other Professional	Procedures	3,309.0	69.09	19.05	-	-	(0.09)	-	0.57	0.39	3,392.3	70.46	19.92
Subtotal Professional				\$ 150.91									\$ 191.78
Retail Pharmacy													
Retail Pharmacy	Scripts	6,143.2	\$ 23.05	\$ 11.80	\$ 0.00	\$ (1.54)	\$ (0.06)	\$ 0.00	\$ 0.31	\$ 0.64	6,273.3	\$ 21.33	\$ 11.15
Subtotal Retail Pharmacy				\$ 11.80									\$ 11.15
Ancillary													
Transportation	Trips	75.7	\$ 122.11	\$ 0.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	76.7	\$ 125.24	\$ 0.80
DME/Prosthetics	Procedures	369.7	189.55	5.84	-	-	(0.03)	-	0.12	0.12	375.4	193.38	6.05
Hospice	Days	16.5	160.27	0.22	-	-	-	-	-	0.01	16.5	167.56	0.23
Subtotal Ancillary				\$ 6.83									\$ 7.08
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	10.5	366.81	0.32	-	-	-	-	-	0.01	10.5	378.27	0.33
Case Management	Procedures	325.8	46.78	1.27	-	-	-	-	0.02	0.04	330.9	48.23	1.33
Subtotal LTSS				\$ 1.59									\$ 1.66
Total Medical Costs				\$ 489.65									\$ 562.65

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 1-5													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 344,277 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	50.0	\$ 2,841.84	\$ 11.84	\$ 0.59	\$ 0.00	\$ (0.13)	\$ (0.02)	\$ 0.12	\$ 1.24	52.4	\$ 3,120.99	\$ 13.64
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	36.1	405.37	1.22	0.06	-	(0.01)	-	0.01	0.13	37.9	446.54	1.41
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.9	2,746.89	0.20	0.01	-	-	-	-	0.02	0.9	3,008.49	0.23
Subtotal Inpatient Hospital				\$ 13.26									\$ 15.28
Outpatient Hospital													
Outpatient Emergency Room	Visits	606.3	\$ 421.58	\$ 21.30	\$ 1.07	\$ 0.00	\$ (2.55)	\$ 1.54	\$ 0.21	\$ 2.16	570.1	\$ 499.46	\$ 23.73
Outpatient Surgery	Visits	55.1	1,611.71	7.40	0.37	-	(0.04)	-	0.16	0.78	58.7	1,771.04	8.67
Outpatient Radiology	Procedures	78.3	154.84	1.01	0.05	-	-	-	0.02	0.10	83.7	169.18	1.18
Outpatient Pathology/Lab	Procedures	1,107.5	38.03	3.51	0.18	0.51	(0.03)	-	0.09	0.42	1,183.2	47.46	4.68
Outpatient Pharmacy	Procedures	65.4	473.22	2.58	0.13	-	(0.01)	-	0.05	0.27	69.7	519.69	3.02
Outpatient MH/SA	Visits	123.1	273.91	2.81	0.14	-	(0.01)	-	0.05	0.30	131.0	301.39	3.29
Other Outpatient	Procedures	517.9	119.79	5.17	0.26	-	(0.03)	-	0.11	0.55	552.0	131.75	6.06
Subtotal Outpatient Hospital				\$ 43.78									\$ 50.63
Professional													
Inpatient and Outpatient Surgery	Procedures	141.4	\$ 156.18	\$ 1.84	\$ 0.09	\$ 0.02	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	151.4	\$ 160.93	\$ 2.03
Anesthesia	Procedures	94.3	136.20	1.07	0.05	-	-	-	0.03	0.02	101.3	138.57	1.17
Inpatient Visits	Visits	94.8	211.37	1.67	0.08	-	(0.01)	-	0.06	0.03	102.2	214.90	1.83
MH/SA	Visits	656.5	147.51	8.07	0.40	0.20	(0.05)	-	0.26	0.18	706.1	153.97	9.06
Emergency Room	Visits	519.0	66.13	2.86	0.14	-	(0.34)	0.06	0.08	0.05	497.2	68.79	2.85
Office/Home Visits/Consults	Visits	3,086.6	62.40	16.05	0.80	6.62	0.35	-	0.72	0.50	3,446.2	87.19	25.04
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,445.6	13.03	1.57	0.08	1.08	-	-	0.08	0.06	1,593.0	21.62	2.87
Radiology	Procedures	266.7	16.20	0.36	0.02	-	-	-	0.01	0.01	288.9	16.62	0.40
Office Administered Drugs	Procedures	24.3	19.74	0.04	-	-	-	-	-	-	24.3	19.74	0.04
Physical Exams	Visits	1,719.6	70.62	10.12	0.51	3.79	(0.07)	-	0.43	0.30	1,867.4	96.90	15.08
Therapy	Visits	113.6	69.72	0.66	0.03	-	-	-	0.02	0.01	122.2	70.71	0.72
Vision	Visits	265.7	58.26	1.29	0.06	0.08	-	-	0.04	0.03	286.3	62.87	1.50
Other Professional	Procedures	2,595.9	80.34	17.38	0.87	-	(0.09)	-	0.55	0.38	2,794.5	81.98	19.09
Subtotal Professional				\$ 62.98									\$ 81.68
Retail Pharmacy													
Retail Pharmacy	Scripts	6,260.9	\$ 26.93	\$ 14.05	\$ 0.70	\$ (1.70)	\$ (0.07)	\$ 0.00	\$ 0.39	\$ 0.81	6,715.4	\$ 25.34	\$ 14.18
Subtotal Retail Pharmacy				\$ 14.05									\$ 14.18
Ancillary													
Transportation	Trips	32.1	\$ 74.81	\$ 0.20	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	33.7	\$ 78.37	\$ 0.22
DME/Prosthetics	Procedures	143.8	105.97	1.27	0.06	-	-	-	0.02	0.03	152.9	108.32	1.38
Hospice	Days	0.1	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.47									\$ 1.60
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	25.8	334.69	0.72	0.04	-	(0.01)	-	0.02	0.02	27.6	343.39	0.79
Case Management	Procedures	562.8	42.43	1.99	0.10	-	(0.01)	-	0.04	0.07	599.5	43.83	2.19
Subtotal LTSS				\$ 2.71									\$ 2.98
Total Medical Costs				\$ 138.25									\$ 166.35

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 6-14													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 586,617	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	25.6	\$ 2,676.63	\$ 5.70	\$ 0.29	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.06	\$ 0.59	26.8	\$ 2,940.71	\$ 6.57
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	115.8	1,095.00	10.57	0.53	-	(0.13)	-	0.11	1.11	121.4	1,204.70	12.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.6	2,014.10	0.61	0.03	-	(0.01)	-	0.01	0.06	3.8	2,202.92	0.70
Subtotal Inpatient Hospital				\$ 16.88									\$ 19.46
Outpatient Hospital													
Outpatient Emergency Room	Visits	328.7	\$ 469.11	\$ 12.85	\$ 0.64	\$ 0.00	\$ (1.11)	\$ 0.60	\$ 0.13	\$ 1.31	320.0	\$ 540.74	\$ 14.42
Outpatient Surgery	Visits	28.7	1,617.18	3.87	0.19	-	(0.02)	-	0.08	0.42	30.6	1,782.04	4.54
Outpatient Radiology	Procedures	106.6	174.54	1.55	0.08	-	(0.01)	-	0.03	0.17	113.4	192.52	1.82
Outpatient Pathology/Lab	Procedures	1,066.7	38.14	3.39	0.17	0.42	(0.02)	-	0.08	0.40	1,139.0	46.78	4.44
Outpatient Pharmacy	Procedures	56.6	567.97	2.68	0.13	-	(0.01)	-	0.06	0.28	60.4	623.58	3.14
Outpatient MH/SA	Visits	80.1	564.66	3.77	0.19	-	(0.02)	-	0.08	0.40	85.4	620.84	4.42
Other Outpatient	Procedures	330.4	129.67	3.57	0.18	-	(0.02)	-	0.07	0.38	351.6	142.64	4.18
Subtotal Outpatient Hospital				\$ 31.68									\$ 36.96
Professional													
Inpatient and Outpatient Surgery	Procedures	140.3	\$ 150.58	\$ 1.76	\$ 0.09	\$ 0.02	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.03	151.4	\$ 154.54	\$ 1.95
Anesthesia	Procedures	54.3	136.95	0.62	0.03	-	-	-	0.02	0.01	58.7	138.99	0.68
Inpatient Visits	Visits	81.5	116.25	0.79	0.04	-	-	-	0.02	0.02	87.7	118.99	0.87
MH/SA	Visits	1,813.1	98.88	14.94	0.75	0.84	(0.09)	-	0.50	0.34	1,953.8	106.13	17.28
Emergency Room	Visits	301.0	70.57	1.77	0.09	-	(0.15)	0.03	0.05	0.04	299.3	73.38	1.83
Office/Home Visits/Consults	Visits	2,647.5	65.04	14.35	0.72	5.02	0.09	-	0.61	0.42	2,909.5	87.48	21.21
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,238.6	14.05	1.45	0.07	0.89	(0.01)	-	0.07	0.05	1,349.6	22.41	2.52
Radiology	Procedures	401.7	25.39	0.85	0.04	-	-	-	0.03	0.02	434.8	25.94	0.94
Office Administered Drugs	Procedures	19.4	470.18	0.76	0.04	-	(0.01)	-	0.03	0.01	20.9	475.91	0.83
Physical Exams	Visits	1,154.5	62.47	6.01	0.30	2.47	(0.04)	-	0.26	0.18	1,254.4	87.82	9.18
Therapy	Visits	143.1	55.36	0.66	0.03	-	-	-	0.02	0.01	153.9	56.14	0.72
Vision	Visits	618.8	80.29	4.14	0.21	0.18	(0.02)	-	0.13	0.10	666.6	85.33	4.74
Other Professional	Procedures	1,807.0	36.59	5.51	0.28	0.02	(0.03)	-	0.18	0.12	1,948.0	37.45	6.08
Subtotal Professional				\$ 53.61									\$ 68.83
Retail Pharmacy													
Retail Pharmacy	Scripts	4,536.0	\$ 59.42	\$ 22.46	\$ 1.12	\$ (1.51)	\$ (0.11)	\$ (0.01)	\$ 0.66	\$ 1.38	4,873.2	\$ 59.07	\$ 23.99
Subtotal Retail Pharmacy				\$ 22.46									\$ 23.99
Ancillary													
Transportation	Trips	36.2	\$ 86.07	\$ 0.26	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	39.0	\$ 86.07	\$ 0.28
DME/Prosthetics	Procedures	171.1	110.09	1.57	0.08	-	(0.01)	-	0.03	0.04	182.0	112.72	1.71
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 1.83									\$ 1.99
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	298.4	100.14	2.49	0.12	-	(0.01)	-	0.05	0.08	317.5	103.17	2.73
Case Management	Procedures	260.0	24.92	0.54	0.03	-	-	-	0.01	0.01	279.3	25.35	0.59
Subtotal LTSS				\$ 3.03									\$ 3.32
Total Medical Costs				\$ 129.49									\$ 154.55

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - M 15-44													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 222,031	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	82.9	\$ 2,377.40	\$ 16.42	\$ 0.33	\$ 0.00	\$ (0.19)	\$ 0.03	\$ 0.33	\$ 1.69	85.3	\$ 2,619.50	\$ 18.61
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	198.7	812.84	13.46	0.27	-	(0.15)	0.02	0.27	1.39	204.5	895.59	15.26
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	16.0	1,127.54	1.50	0.03	-	(0.02)	0.01	0.03	0.15	16.4	1,244.69	1.70
Subtotal Inpatient Hospital				\$ 31.38									\$ 35.57
Outpatient Hospital													
Outpatient Emergency Room	Visits	435.5	\$ 521.30	\$ 18.92	\$ 0.38	\$ 0.00	\$ (1.28)	\$ 0.53	\$ 0.37	\$ 1.89	423.3	\$ 589.90	\$ 20.81
Outpatient Surgery	Visits	57.9	1,658.40	8.00	0.16	-	(0.04)	-	0.16	0.83	59.9	1,824.64	9.11
Outpatient Radiology	Procedures	130.3	233.92	2.54	0.05	-	(0.01)	-	0.05	0.26	134.9	257.05	2.89
Outpatient Pathology/Lab	Procedures	1,907.7	38.31	6.09	0.12	0.59	(0.03)	-	0.13	0.69	1,976.6	46.08	7.59
Outpatient Pharmacy	Procedures	93.1	946.43	7.34	0.15	-	(0.04)	-	0.15	0.76	96.4	1,041.07	8.36
Outpatient MH/SA	Visits	87.7	381.74	2.79	0.06	-	(0.02)	-	0.06	0.29	90.8	420.04	3.18
Other Outpatient	Procedures	334.3	148.26	4.13	0.08	-	(0.02)	-	0.09	0.42	346.4	162.80	4.70
Subtotal Outpatient Hospital				\$ 49.81									\$ 56.64
Professional													
Inpatient and Outpatient Surgery	Procedures	257.2	\$ 205.78	\$ 4.41	\$ 0.09	\$ 0.02	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.10	268.8	\$ 211.13	\$ 4.73
Anesthesia	Procedures	83.9	161.67	1.13	0.02	-	-	-	0.03	0.03	87.6	165.78	1.21
Inpatient Visits	Visits	194.3	103.74	1.68	0.03	-	-	-	0.05	0.03	203.6	105.51	1.79
MH/SA	Visits	2,700.2	73.06	16.44	0.33	0.93	(0.09)	-	0.54	0.36	2,828.3	78.53	18.51
Emergency Room	Visits	417.9	78.96	2.75	0.06	-	(0.19)	0.05	0.08	0.05	410.3	81.89	2.80
Office/Home Visits/Consults	Visits	2,644.3	65.03	14.33	0.29	4.70	0.09	-	0.59	0.40	2,823.3	86.71	20.40
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,861.5	24.88	3.86	0.08	1.25	(0.01)	-	0.16	0.10	1,972.4	33.10	5.44
Radiology	Procedures	790.2	40.55	2.67	0.05	-	0.01	-	0.08	0.06	831.6	41.41	2.87
Office Administered Drugs	Procedures	97.8	179.18	1.46	0.03	-	(0.01)	-	0.05	0.03	102.5	182.70	1.56
Physical Exams	Visits	728.2	60.48	3.67	0.07	1.62	(0.03)	-	0.16	0.11	767.9	87.52	5.60
Therapy	Visits	447.2	58.49	2.18	0.04	0.01	(0.02)	-	0.07	0.05	465.7	60.04	2.33
Vision	Visits	405.0	75.85	2.56	0.05	0.11	(0.02)	-	0.08	0.06	422.4	80.68	2.84
Other Professional	Procedures	1,662.6	29.95	4.15	0.08	0.02	(0.02)	-	0.12	0.09	1,734.7	30.71	4.44
Subtotal Professional				\$ 61.29									\$ 74.52
Retail Pharmacy													
Retail Pharmacy	Scripts	6,785.3	\$ 65.05	\$ 36.78	\$ 0.74	\$ (1.82)	\$ (0.18)	\$ (0.03)	\$ 0.71	\$ 4.86	7,019.6	\$ 70.19	\$ 41.06
Subtotal Retail Pharmacy				\$ 36.78									\$ 41.06
Ancillary													
Transportation	Trips	80.0	\$ 79.49	\$ 0.53	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	83.0	\$ 80.94	\$ 0.56
DME/Prosthetics	Procedures	345.5	92.40	2.66	0.05	-	(0.01)	-	0.05	0.06	357.1	94.42	2.81
Hospice	Days	2.8	173.81	0.04	-	-	-	-	-	-	2.8	173.81	0.04
Subtotal Ancillary				\$ 3.23									\$ 3.41
LTSS													
Nursing Home	Days	2.1	\$ 286.85	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.1	\$ 286.85	\$ 0.05
HCBS	Procedures	328.6	92.04	2.52	0.05	-	(0.01)	-	0.05	0.08	340.3	94.86	2.69
Case Management	Procedures	184.0	22.82	0.35	0.01	0.02	-	-	0.01	0.01	194.6	24.67	0.40
Subtotal LTSS				\$ 2.92									\$ 3.14
Total Medical Costs				\$ 185.41									\$ 214.34

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - F 15-44													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 531,576	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	128.3	\$ 2,403.53	\$ 25.69	\$ 0.51	\$ 0.00	\$ (0.40)	\$ 0.11	\$ 0.52	\$ 2.64	131.4	\$ 2,654.65	\$ 29.07
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	387.2	578.90	18.68	0.37	-	(0.29)	0.08	0.38	1.92	396.8	639.39	21.14
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	15.9	935.84	1.24	0.02	-	(0.01)	-	0.03	0.12	16.4	1,023.57	1.40
Subtotal Inpatient Hospital				\$ 45.61									\$ 51.61
Outpatient Hospital													
Outpatient Emergency Room	Visits	630.2	\$ 546.30	\$ 28.69	\$ 0.57	\$ 0.00	\$ (2.39)	\$ 0.87	\$ 0.56	\$ 2.82	602.5	\$ 619.79	\$ 31.12
Outpatient Surgery	Visits	98.4	1,925.03	15.79	0.32	-	(0.08)	-	0.32	1.63	101.9	2,116.94	17.98
Outpatient Radiology	Procedures	289.1	238.67	5.75	0.12	-	(0.03)	-	0.11	0.60	299.2	262.73	6.55
Outpatient Pathology/Lab	Procedures	5,028.9	44.36	18.59	0.37	1.19	(0.11)	-	0.41	2.04	5,210.2	51.80	22.49
Outpatient Pharmacy	Procedures	274.8	438.48	10.04	0.20	-	(0.05)	-	0.20	1.04	284.3	482.37	11.43
Outpatient MH/SA	Visits	140.5	457.76	5.36	0.11	-	(0.03)	-	0.11	0.55	145.5	503.12	6.10
Other Outpatient	Procedures	586.4	134.44	6.57	0.13	-	(0.03)	-	0.13	0.68	607.0	147.88	7.48
Subtotal Outpatient Hospital				\$ 90.79									\$ 103.15
Professional													
Inpatient and Outpatient Surgery	Procedures	458.8	\$ 208.46	\$ 7.97	\$ 0.16	\$ 0.47	\$ (0.04)	\$ 0.00	\$ 0.26	\$ 0.18	480.7	\$ 224.69	\$ 9.00
Anesthesia	Procedures	164.9	137.54	1.89	0.04	-	(0.01)	-	0.06	0.04	172.7	140.32	2.02
Inpatient Visits	Visits	311.1	106.06	2.75	0.06	-	(0.02)	-	0.09	0.05	325.8	107.90	2.93
MH/SA	Visits	3,598.9	79.56	23.86	0.48	2.15	(0.13)	-	0.79	0.55	3,770.8	88.15	27.70
Emergency Room	Visits	704.5	80.40	4.72	0.09	0.01	(0.40)	0.11	0.14	0.09	679.1	84.11	4.76
Office/Home Visits/Consults	Visits	5,173.1	63.14	27.22	0.54	12.24	0.23	-	1.22	0.83	5,551.3	91.40	42.28
Maternity	Procedures	6.3	38.19	0.02	-	-	-	-	-	-	6.3	38.19	0.02
Pathology/Lab	Procedures	4,513.3	22.44	8.44	0.17	2.52	(0.02)	-	0.33	0.23	4,770.0	29.36	11.67
Radiology	Procedures	1,535.5	45.41	5.81	0.12	-	0.01	-	0.18	0.13	1,617.4	46.37	6.25
Office Administered Drugs	Procedures	315.6	120.92	3.18	0.06	-	(0.01)	-	0.10	0.06	330.5	123.10	3.39
Physical Exams	Visits	1,006.6	55.31	4.64	0.09	2.45	(0.04)	-	0.22	0.15	1,065.2	84.60	7.51
Therapy	Visits	692.6	56.49	3.26	0.07	-	(0.02)	-	0.10	0.07	724.4	57.65	3.48
Vision	Visits	529.9	75.41	3.33	0.07	0.16	(0.02)	-	0.11	0.07	555.4	80.38	3.72
Other Professional	Procedures	1,473.1	73.23	8.99	0.18	0.32	(0.05)	-	0.29	0.19	1,542.0	77.20	9.92
Subtotal Professional				\$ 106.08									\$ 134.65
Retail Pharmacy													
Retail Pharmacy	Scripts	15,030.2	\$ 44.61	\$ 55.88	\$ 1.12	\$ (3.97)	\$ (0.26)	\$ (0.09)	\$ 1.05	\$ 7.22	15,543.9	\$ 47.05	\$ 60.95
Subtotal Retail Pharmacy				\$ 55.88									\$ 60.95
Ancillary													
Transportation	Trips	134.6	\$ 77.55	\$ 0.87	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.02	139.3	\$ 79.27	\$ 0.92
DME/Prosthetics	Procedures	291.0	115.05	2.79	0.06	-	(0.02)	-	0.06	0.06	301.4	117.44	2.95
Hospice	Days	2.9	371.91	0.09	-	-	-	-	-	0.01	2.9	413.24	0.10
Subtotal Ancillary				\$ 3.75									\$ 3.97
LTSS													
Nursing Home	Days	8.1	\$ 267.12	\$ 0.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	8.1	\$ 281.96	\$ 0.19
HCBS	Procedures	126.7	93.77	0.99	0.02	-	(0.01)	-	0.02	0.04	130.5	97.45	1.06
Case Management	Procedures	113.3	27.53	0.26	0.01	0.15	-	-	0.01	0.01	122.0	43.27	0.44
Subtotal LTSS				\$ 1.43									\$ 1.69
Total Medical Costs				\$ 303.54									\$ 356.02

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 45+													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 117,764	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	282.9	\$ 2,152.98	\$ 50.75	\$ 1.01	\$ 0.00	\$ (0.56)	\$ 0.04	\$ 1.03	\$ 5.22	291.1	\$ 2,369.80	\$ 57.49
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	172.3	674.90	9.69	0.19	-	(0.10)	-	0.20	1.00	177.4	742.52	10.98
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	34.1	963.39	2.74	0.05	-	(0.03)	0.01	0.05	0.28	35.0	1,062.82	3.10
Subtotal Inpatient Hospital				\$ 63.18									\$ 71.57
Outpatient Hospital													
Outpatient Emergency Room	Visits	483.8	\$ 617.06	\$ 24.88	\$ 0.50	\$ 0.00	\$ (1.93)	\$ 0.86	\$ 0.49	\$ 2.48	465.6	\$ 703.14	\$ 27.28
Outpatient Surgery	Visits	243.3	1,567.69	31.79	0.64	-	(0.17)	-	0.65	3.29	251.9	1,724.41	36.20
Outpatient Radiology	Procedures	631.6	259.70	13.67	0.27	-	(0.07)	-	0.28	1.42	653.8	285.76	15.57
Outpatient Pathology/Lab	Procedures	6,223.4	32.39	16.80	0.34	1.42	(0.09)	-	0.37	1.88	6,453.1	38.53	20.72
Outpatient Pharmacy	Procedures	570.9	416.83	19.83	0.40	-	(0.10)	-	0.40	2.05	591.0	458.45	22.58
Outpatient MH/SA	Visits	80.0	439.51	2.93	0.06	-	(0.02)	-	0.06	0.31	82.7	484.48	3.34
Other Outpatient	Procedures	1,173.6	147.24	14.40	0.29	-	(0.08)	-	0.30	1.49	1,215.2	161.95	16.40
Subtotal Outpatient Hospital				\$ 124.30									\$ 142.09
Professional													
Inpatient and Outpatient Surgery	Procedures	906.8	\$ 215.45	\$ 16.28	\$ 0.33	\$ 0.20	\$ (0.09)	\$ 0.00	\$ 0.51	\$ 0.35	948.5	\$ 222.40	\$ 17.58
Anesthesia	Procedures	272.5	133.41	3.03	0.06	-	(0.01)	-	0.09	0.06	285.1	135.94	3.23
Inpatient Visits	Visits	442.3	87.37	3.22	0.06	-	(0.01)	-	0.10	0.06	462.9	88.92	3.43
MH/SA	Visits	2,733.4	82.58	18.81	0.38	1.47	(0.11)	-	0.63	0.42	2,864.2	90.50	21.60
Emergency Room	Visits	530.5	87.54	3.87	0.08	-	(0.30)	0.09	0.11	0.08	515.4	91.50	3.93
Office/Home Visits/Consults	Visits	6,276.0	65.01	34.00	0.68	11.07	0.03	-	1.38	0.95	6,661.7	86.66	48.11
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,152.5	20.94	8.99	0.18	3.03	(0.02)	-	0.36	0.26	5,450.5	28.18	12.80
Radiology	Procedures	2,395.3	55.01	10.98	0.22	-	0.03	-	0.34	0.23	2,524.0	56.10	11.80
Office Administered Drugs	Procedures	338.4	200.02	5.64	0.11	-	(0.03)	-	0.18	0.12	354.0	204.09	6.02
Physical Exams	Visits	954.0	58.99	4.69	0.09	2.08	(0.04)	-	0.21	0.14	1,006.9	85.45	7.17
Therapy	Visits	1,479.1	56.47	6.96	0.14	-	(0.03)	-	0.21	0.15	1,547.1	57.63	7.43
Vision	Visits	603.3	68.62	3.45	0.07	0.20	(0.02)	-	0.11	0.08	631.3	73.94	3.89
Other Professional	Procedures	2,212.6	51.74	9.54	0.19	0.08	(0.05)	-	0.30	0.20	2,314.6	53.19	10.26
Subtotal Professional				\$ 129.46									\$ 157.25
Retail Pharmacy													
Retail Pharmacy	Scripts	26,886.1	\$ 51.48	\$ 115.35	\$ 2.31	\$ (8.02)	\$ (0.54)	\$ (0.32)	\$ 2.19	\$ 14.89	27,809.1	\$ 54.31	\$ 125.86
Subtotal Retail Pharmacy				\$ 115.35									\$ 125.86
Ancillary													
Transportation	Trips	112.4	\$ 80.07	\$ 0.75	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.01	116.9	\$ 81.09	\$ 0.79
DME/Prosthetics	Procedures	790.0	97.67	6.43	0.13	-	(0.03)	-	0.13	0.13	818.3	99.57	6.79
Hospice	Days	16.0	172.77	0.23	-	-	-	-	0.01	-	16.7	172.77	0.24
Subtotal Ancillary				\$ 7.41									\$ 7.82
LTSS													
Nursing Home	Days	38.5	\$ 277.24	\$ 0.89	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.03	39.4	\$ 286.38	\$ 0.94
HCBS	Procedures	104.1	79.53	0.69	0.01	-	-	-	0.01	0.03	107.1	82.89	0.74
Case Management	Procedures	79.0	39.49	0.26	0.01	0.26	-	-	0.01	0.02	85.1	78.97	0.56
Subtotal LTSS				\$ 1.84									\$ 2.24
Total Medical Costs				\$ 441.54									\$ 506.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - EFP		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 21,673 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3.2	151.30	0.04	-	-	-	-	-	-	3.2	151.30	0.04
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.04									\$ 0.04
Outpatient Hospital													
Outpatient Emergency Room	Visits	15.2	\$ 669.81	\$ 0.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09	15.2	\$ 740.73	\$ 0.94
Outpatient Surgery	Visits	3.7	1,653.70	0.51	-	-	-	-	-	0.05	3.7	1,815.83	0.56
Outpatient Radiology	Procedures	8.6	181.05	0.13	-	-	-	-	-	0.01	8.6	194.97	0.14
Outpatient Pathology/Lab	Procedures	500.9	52.23	2.18	-	-	(0.01)	-	0.02	0.22	503.1	57.48	2.41
Outpatient Pharmacy	Procedures	70.0	95.95	0.56	-	-	-	-	-	0.06	70.0	106.23	0.62
Outpatient MH/SA	Visits	0.9	794.90	0.06	-	-	-	-	-	0.01	0.9	927.38	0.07
Other Outpatient	Procedures	72.6	216.41	1.31	-	-	(0.01)	-	0.02	0.13	73.2	237.72	1.45
Subtotal Outpatient Hospital				\$ 5.60									\$ 6.19
Professional													
Inpatient and Outpatient Surgery	Procedures	24.0	\$ 104.97	\$ 0.21	\$ 0.00	\$ 0.19	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	25.2	\$ 200.40	\$ 0.42
Anesthesia	Procedures	5.4	134.40	0.06	-	-	-	-	-	-	5.4	134.40	0.06
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	11.5	104.15	0.10	-	0.02	-	-	-	-	11.5	124.98	0.12
Emergency Room	Visits	18.6	83.93	0.13	-	-	-	-	-	-	18.6	83.93	0.13
Office/Home Visits/Consults	Visits	238.7	53.80	1.07	-	1.49	(0.01)	-	0.05	0.05	247.6	128.44	2.65
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	427.5	17.40	0.62	-	-	-	-	0.01	0.01	434.4	17.68	0.64
Radiology	Procedures	41.4	60.89	0.21	-	-	-	-	-	0.01	41.4	63.79	0.22
Office Administered Drugs	Procedures	136.3	41.38	0.47	-	-	-	-	0.01	0.01	139.2	42.24	0.49
Physical Exams	Visits	160.9	50.72	0.68	-	0.87	(0.01)	-	0.03	0.03	165.6	115.93	1.60
Therapy	Visits	3.7	64.07	0.02	-	-	-	-	-	-	3.7	64.07	0.02
Vision	Visits	6.8	70.41	0.04	-	0.01	-	-	-	-	6.8	88.01	0.05
Other Professional	Procedures	96.7	222.20	1.79	-	0.52	(0.01)	-	0.05	0.04	98.8	290.19	2.39
Subtotal Professional				\$ 5.40									\$ 6.79
Retail Pharmacy													
Retail Pharmacy	Scripts	964.0	\$ 33.36	\$ 2.68	\$ 0.00	\$ (0.32)	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.10	974.8	\$ 30.65	\$ 2.49
Subtotal Retail Pharmacy				\$ 2.68									\$ 2.49
Ancillary													
Transportation	Trips	0.3	\$ 790.27	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.3	\$ 790.27	\$ 0.02
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.02									\$ 0.02
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00									\$ 0.00
Total Medical Costs				\$ 13.74									\$ 17.53

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - Adoption Subsidy													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 25,845	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	152.5	\$ 2,402.62	\$ 30.53	\$ 0.00	\$ 0.00	\$ (0.44)	\$ (0.02)	\$ 0.30	\$ 3.04	151.8	\$ 2,641.38	\$ 33.41
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,289.7	1,200.24	129.00	-	-	(1.84)	(0.10)	1.27	12.82	1,284.0	1,319.12	141.15
Inpatient Maternity Delivery	Days	5.1	1,352.10	0.57	-	-	(0.01)	-	0.01	0.05	5.1	1,470.71	0.62
Other Inpatient	Days	32.3	947.54	2.55	-	-	(0.04)	-	0.03	0.25	32.2	1,040.80	2.79
Subtotal Inpatient Hospital				\$ 162.65									\$ 177.97
Outpatient Hospital													
Outpatient Emergency Room	Visits	378.9	\$ 546.98	\$ 17.27	\$ 0.00	\$ 0.00	\$ (0.99)	\$ 0.50	\$ 0.17	\$ 1.70	360.9	\$ 620.14	\$ 18.65
Outpatient Surgery	Visits	55.4	1,597.65	7.37	-	-	(0.04)	-	0.22	0.76	56.7	1,758.47	8.31
Outpatient Radiology	Procedures	166.2	267.83	3.71	-	-	(0.02)	-	0.11	0.38	170.3	294.61	4.18
Outpatient Pathology/Lab	Procedures	1,933.7	43.69	7.04	-	0.34	(0.03)	-	0.22	0.76	1,985.9	50.33	8.33
Outpatient Pharmacy	Procedures	92.0	614.58	4.71	-	-	(0.02)	-	0.14	0.48	94.3	675.65	5.31
Outpatient MH/SA	Visits	443.3	534.08	19.73	-	-	(0.10)	-	0.59	2.02	454.3	587.44	22.24
Other Outpatient	Procedures	879.7	116.62	8.55	-	-	(0.04)	-	0.25	0.88	901.4	128.34	9.64
Subtotal Outpatient Hospital				\$ 68.38									\$ 76.66
Professional													
Inpatient and Outpatient Surgery	Procedures	218.9	\$ 219.32	\$ 4.00	\$ 0.00	\$ 0.01	\$ (0.02)	\$ 0.00	\$ 0.12	\$ 0.08	224.3	\$ 224.13	\$ 4.19
Anesthesia	Procedures	104.4	147.18	1.28	-	-	(0.01)	-	0.04	0.03	106.8	150.55	1.34
Inpatient Visits	Visits	363.9	133.23	4.04	-	-	(0.02)	-	0.12	0.08	372.9	135.80	4.22
MH/SA	Visits	6,452.9	100.03	53.79	-	0.71	(0.28)	-	1.64	1.12	6,616.0	103.35	56.98
Emergency Room	Visits	390.1	91.35	2.97	-	-	(0.17)	0.06	0.08	0.06	378.3	95.16	3.00
Office/Home Visits/Consults	Visits	3,643.4	75.00	22.77	-	3.74	(0.01)	-	0.80	0.55	3,769.8	88.65	27.85
Maternity	Procedures	5.0	333.44	0.14	-	-	-	-	-	0.01	5.0	357.25	0.15
Pathology/Lab	Procedures	1,447.8	17.65	2.13	-	0.74	-	-	0.08	0.06	1,502.2	24.04	3.01
Radiology	Procedures	535.5	30.03	1.34	-	-	-	-	0.04	0.03	551.5	30.68	1.41
Office Administered Drugs	Procedures	53.4	60.73	0.27	-	-	-	-	0.01	-	55.3	60.73	0.28
Physical Exams	Visits	1,008.8	73.51	6.18	-	1.40	(0.04)	-	0.23	0.15	1,039.8	91.40	7.92
Therapy	Visits	240.2	58.45	1.17	-	-	(0.01)	-	0.04	0.02	246.3	59.43	1.22
Vision	Visits	601.7	82.37	4.13	-	0.03	(0.02)	-	0.12	0.09	616.2	84.71	4.35
Other Professional	Procedures	16,655.6	42.65	59.19	-	-	(0.29)	-	1.77	1.22	17,072.1	43.50	61.89
Subtotal Professional				\$ 163.40									\$ 177.81
Retail Pharmacy													
Retail Pharmacy	Scripts	12,488.7	\$ 50.66	\$ 52.72	\$ 0.00	\$ (5.12)	\$ (0.24)	\$ (0.06)	\$ 1.42	\$ 2.97	12,768.2	\$ 48.58	\$ 51.69
Subtotal Retail Pharmacy				\$ 52.72									\$ 51.69
Ancillary													
Transportation	Trips	133.6	\$ 92.53	\$ 1.03	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.02	136.2	\$ 94.29	\$ 1.07
DME/Prosthetics	Procedures	1,083.6	174.97	15.80	-	-	(0.08)	-	0.32	0.32	1,100.1	178.46	16.36
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 16.83									\$ 17.43
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	4,270.4	109.98	39.14	-	-	(0.20)	-	0.79	0.80	4,334.8	112.20	40.53
Case Management	Procedures	3,766.7	21.19	6.65	-	-	(0.03)	-	0.13	0.14	3,823.3	21.63	6.89
Subtotal LTSS				\$ 45.79									\$ 47.42
Total Medical Costs				\$ 509.77									\$ 548.98

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - Katie Beckett													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 1,005	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	842.6	\$ 4,800.81	\$ 337.11	\$ 0.00	\$ 0.00	\$ (1.89)	\$ (0.26)	\$ 3.34	\$ 33.80	846.3	\$ 5,276.41	\$ 372.10
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,055.1	1,613.48	545.24	-	-	(3.05)	(0.44)	5.42	54.66	4,072.8	1,773.23	601.83
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 882.35									\$ 973.93
Outpatient Hospital													
Outpatient Emergency Room	Visits	398.9	\$ 808.37	\$ 26.87	\$ 0.00	\$ 0.00	\$ (1.20)	\$ 0.64	\$ 0.27	\$ 2.65	385.1	\$ 910.90	\$ 29.23
Outpatient Surgery	Visits	223.0	1,939.16	36.03	-	-	(0.18)	-	1.08	3.69	228.5	2,132.92	40.62
Outpatient Radiology	Procedures	503.8	240.59	10.10	-	-	(0.05)	-	0.30	1.04	516.2	264.77	11.39
Outpatient Pathology/Lab	Procedures	3,426.9	61.98	17.70	-	1.18	(0.09)	-	0.57	1.93	3,519.9	72.58	21.29
Outpatient Pharmacy	Procedures	177.7	239.68	3.55	-	-	(0.02)	-	0.11	0.36	182.2	263.38	4.00
Outpatient MH/SA	Visits	594.5	748.66	37.09	-	-	(0.19)	-	1.12	3.80	609.4	823.48	41.82
Other Outpatient	Procedures	5,913.0	130.57	64.34	-	-	(0.32)	-	1.93	6.59	6,060.9	143.62	72.54
Subtotal Outpatient Hospital				\$ 195.68									\$ 220.89
Professional													
Inpatient and Outpatient Surgery	Procedures	450.0	\$ 224.02	\$ 8.40	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.25	\$ 0.17	461.2	\$ 228.44	\$ 8.78
Anesthesia	Procedures	301.1	165.41	4.15	-	-	(0.02)	-	0.12	0.09	308.3	168.91	4.34
Inpatient Visits	Visits	1,285.5	203.12	21.76	-	-	(0.11)	-	0.66	0.44	1,318.0	207.13	22.75
MH/SA	Visits	18,924.3	107.73	169.89	-	-	(0.85)	-	5.11	3.50	19,398.8	109.89	177.65
Emergency Room	Visits	603.5	94.45	4.75	-	-	(0.21)	0.08	0.14	0.09	594.6	97.88	4.85
Office/Home Visits/Consults	Visits	4,882.1	84.70	34.46	-	1.59	(0.07)	-	1.09	0.74	5,026.6	90.26	37.81
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,466.1	12.44	1.52	-	2.55	(0.01)	-	0.12	0.09	1,572.2	32.59	4.27
Radiology	Procedures	1,451.5	32.82	3.97	-	-	0.02	-	0.12	0.08	1,502.7	33.46	4.19
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,021.9	71.39	6.08	-	0.68	(0.03)	-	0.20	0.14	1,050.5	80.76	7.07
Therapy	Visits	2,652.7	58.13	12.85	-	-	(0.06)	-	0.38	0.27	2,718.8	59.32	13.44
Vision	Visits	527.7	73.90	3.25	-	-	(0.02)	-	0.10	0.07	540.7	75.46	3.40
Other Professional	Procedures	151,173.7	38.79	488.67	-	-	(2.44)	-	14.68	10.07	154,960.2	39.57	510.98
Subtotal Professional				\$ 759.75									\$ 799.53
Retail Pharmacy													
Retail Pharmacy	Scripts	24,862.6	\$ 180.44	\$ 373.86	\$ 0.00	\$ (22.02)	\$ (1.76)	\$ (0.77)	\$ 10.55	\$ 21.91	25,447.2	\$ 180.03	\$ 381.77
Subtotal Retail Pharmacy				\$ 373.86									\$ 381.77
Ancillary													
Transportation	Trips	514.5	\$ 165.82	\$ 7.11	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.15	\$ 0.14	522.5	\$ 169.03	\$ 7.36
DME/Prosthetics	Procedures	21,592.4	123.39	222.02	-	-	(1.11)	-	4.44	4.53	21,916.2	125.87	229.88
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 229.13									\$ 237.24
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	53,860.4	108.22	485.75	-	-	(2.43)	-	9.72	9.91	54,668.7	110.40	502.95
Case Management	Procedures	32,622.1	22.44	61.00	-	-	(0.31)	-	1.22	1.25	33,108.8	22.89	63.16
Subtotal LTSS				\$ 546.75									\$ 566.11
Total Medical Costs				\$ 2,987.52									\$ 3,179.47

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - SSI < 15													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 36,063	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	638.5	\$ 3,085.42	\$ 164.16	\$ 0.00	\$ 0.00	\$ (2.16)	\$ 0.31	\$ 1.62	\$ 16.38	636.4	\$ 3,400.15	\$ 180.31
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,692.4	1,199.82	169.22	-	-	(2.23)	0.32	1.67	16.89	1,686.8	1,322.25	185.87
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	35.5	2,492.23	7.38	-	-	(0.10)	0.02	0.07	0.74	35.4	2,749.93	8.11
Subtotal Inpatient Hospital				\$ 340.76									\$ 374.29
Outpatient Hospital													
Outpatient Emergency Room	Visits	740.9	\$ 557.29	\$ 34.41	\$ 0.00	\$ 0.00	\$ (2.50)	\$ 1.57	\$ 0.33	\$ 3.38	694.2	\$ 642.86	\$ 37.19
Outpatient Surgery	Visits	134.7	2,230.17	25.04	-	-	(0.13)	-	0.76	2.56	138.1	2,452.58	28.23
Outpatient Radiology	Procedures	370.1	300.91	9.28	-	-	(0.05)	-	0.28	0.95	379.2	330.97	10.46
Outpatient Pathology/Lab	Procedures	3,658.7	51.36	15.66	-	0.99	(0.08)	-	0.50	1.70	3,756.8	59.95	18.77
Outpatient Pharmacy	Procedures	699.7	680.31	39.67	-	-	(0.20)	-	1.19	4.07	717.2	748.40	44.73
Outpatient MH/SA	Visits	530.5	568.92	25.15	-	-	(0.13)	-	0.76	2.58	543.8	625.86	28.36
Other Outpatient	Procedures	3,191.5	140.10	37.26	-	-	(0.19)	-	1.12	3.82	3,271.2	154.11	42.01
Subtotal Outpatient Hospital				\$ 186.47									\$ 209.75
Professional													
Inpatient and Outpatient Surgery	Procedures	374.4	\$ 340.07	\$ 10.61	\$ 0.00	\$ 0.01	\$ (0.05)	\$ 0.00	\$ 0.32	\$ 0.22	383.9	\$ 347.26	\$ 11.11
Anesthesia	Procedures	296.5	233.93	5.78	-	-	(0.03)	-	0.17	0.12	303.7	238.67	6.04
Inpatient Visits	Visits	1,061.7	186.16	16.47	-	-	(0.08)	-	0.49	0.34	1,088.1	189.91	17.22
MH/SA	Visits	10,899.9	105.94	96.23	-	0.81	(0.48)	-	2.91	2.00	11,175.1	108.96	101.47
Emergency Room	Visits	816.0	83.53	5.68	-	-	(0.41)	0.13	0.16	0.11	780.1	87.22	5.67
Office/Home Visits/Consults	Visits	4,934.3	87.36	35.92	-	7.52	0.18	-	1.31	0.91	5,139.0	107.04	45.84
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,173.3	17.08	1.67	-	2.13	-	-	0.11	0.08	1,250.6	38.29	3.99
Radiology	Procedures	1,076.5	29.09	2.61	-	-	0.01	-	0.08	0.05	1,113.6	29.63	2.75
Office Administered Drugs	Procedures	81.5	1,378.82	9.36	-	-	(0.05)	-	0.28	0.20	83.5	1,407.57	9.79
Physical Exams	Visits	1,063.1	85.11	7.54	-	2.71	(0.05)	-	0.31	0.21	1,099.8	116.97	10.72
Therapy	Visits	478.6	71.72	2.86	-	-	(0.01)	-	0.08	0.06	490.3	73.18	2.99
Vision	Visits	703.0	88.59	5.19	-	0.06	(0.02)	-	0.16	0.10	721.9	91.25	5.49
Other Professional	Procedures	40,303.6	67.16	225.57	-	0.01	(1.12)	-	6.77	4.65	41,313.1	68.51	235.88
Subtotal Professional				\$ 425.49									\$ 458.96
Retail Pharmacy													
Retail Pharmacy	Scripts	18,253.5	\$ 109.26	\$ 166.20	\$ 0.00	\$ (9.92)	\$ (0.78)	\$ (0.14)	\$ 4.69	\$ 9.75	18,682.9	\$ 109.06	\$ 169.80
Subtotal Retail Pharmacy				\$ 166.20									\$ 169.80
Ancillary													
Transportation	Trips	248.3	\$ 76.37	\$ 1.58	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.04	251.4	\$ 78.28	\$ 1.64
DME/Prosthetics	Procedures	3,896.1	185.81	60.33	-	-	(0.30)	-	1.20	1.24	3,954.3	189.58	62.47
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 61.91									\$ 64.11
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	9,412.7	124.22	97.44	-	-	(0.49)	-	1.95	1.99	9,553.7	126.72	100.89
Case Management	Procedures	9,503.4	26.73	21.17	-	0.01	(0.11)	-	0.43	0.43	9,647.1	27.28	21.93
Subtotal LTSS				\$ 118.61									\$ 122.82
Total Medical Costs				\$ 1,299.44									\$ 1,399.73

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - SSI >= 15													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 23,226	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	549.5	\$ 2,273.05	\$ 104.09	\$ 0.00	\$ 0.00	\$ (1.55)	\$ (0.02)	\$ 1.03	\$ 10.34	546.8	\$ 2,499.54	\$ 113.89
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,536.1	1,252.46	264.70	-	-	(3.93)	(0.05)	2.60	26.31	2,523.4	1,377.34	289.63
Inpatient Maternity Delivery	Days	49.0	1,306.17	5.33	-	-	(0.08)	-	0.05	0.53	48.7	1,436.79	5.83
Other Inpatient	Days	158.7	655.55	8.67	-	-	(0.13)	-	0.08	0.87	157.8	721.71	9.49
Subtotal Inpatient Hospital				\$ 382.79									\$ 418.84
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,022.4	\$ 514.20	\$ 43.81	\$ 0.00	\$ 0.00	\$ (2.42)	\$ 0.83	\$ 0.42	\$ 4.26	975.7	\$ 576.80	\$ 46.90
Outpatient Surgery	Visits	77.1	1,914.86	12.30	-	-	(0.06)	-	0.37	1.26	79.0	2,106.20	13.87
Outpatient Radiology	Procedures	289.4	199.06	4.80	-	-	(0.02)	-	0.14	0.49	296.6	218.89	5.41
Outpatient Pathology/Lab	Procedures	4,022.8	43.31	14.52	-	0.55	(0.08)	-	0.46	1.54	4,128.1	49.39	16.99
Outpatient Pharmacy	Procedures	242.4	395.99	8.00	-	-	(0.04)	-	0.24	0.82	248.5	435.58	9.02
Outpatient MH/SA	Visits	292.6	334.66	8.16	-	-	(0.04)	-	0.24	0.84	299.8	368.28	9.20
Other Outpatient	Procedures	1,070.3	150.57	13.43	-	-	(0.07)	-	0.41	1.37	1,097.4	165.55	15.14
Subtotal Outpatient Hospital				\$ 105.02									\$ 116.53
Professional													
Inpatient and Outpatient Surgery	Procedures	294.6	\$ 239.06	\$ 5.87	\$ 0.00	\$ 0.03	\$ (0.03)	\$ 0.00	\$ 0.18	\$ 0.12	302.2	\$ 245.02	\$ 6.17
Anesthesia	Procedures	190.0	174.94	2.77	-	-	(0.01)	-	0.08	0.06	194.8	178.63	2.90
Inpatient Visits	Visits	1,535.8	119.08	15.24	-	-	(0.08)	-	0.46	0.32	1,574.1	121.52	15.94
MH/SA	Visits	6,992.7	109.35	63.72	-	1.22	(0.32)	-	1.95	1.34	7,171.6	113.63	67.91
Emergency Room	Visits	1,075.1	89.41	8.01	-	-	(0.44)	0.15	0.24	0.16	1,048.3	92.95	8.12
Office/Home Visits/Consults	Visits	4,263.1	79.86	28.37	-	7.51	0.20	-	1.09	0.74	4,456.9	102.07	37.91
Maternity	Procedures	67.7	333.38	1.88	-	0.26	(0.02)	-	0.07	0.04	69.5	385.20	2.23
Pathology/Lab	Procedures	2,203.1	25.22	4.63	-	1.18	(0.01)	-	0.18	0.12	2,284.0	32.05	6.10
Radiology	Procedures	1,297.1	31.45	3.40	-	0.01	0.01	-	0.10	0.07	1,339.1	32.17	3.59
Office Administered Drugs	Procedures	155.6	1,542.96	20.01	-	-	(0.10)	-	0.60	0.41	159.5	1,573.80	20.92
Physical Exams	Visits	745.8	77.39	4.81	-	1.96	(0.03)	-	0.20	0.14	772.2	110.03	7.08
Therapy	Visits	318.8	64.00	1.70	-	-	(0.01)	-	0.05	0.04	326.3	65.47	1.78
Vision	Visits	603.9	86.83	4.37	-	0.05	(0.02)	-	0.14	0.09	620.5	89.54	4.63
Other Professional	Procedures	31,963.1	31.07	82.76	-	0.01	(0.41)	-	2.48	1.71	32,762.5	31.70	86.55
Subtotal Professional				\$ 247.54									\$ 271.83
Retail Pharmacy													
Retail Pharmacy	Scripts	20,793.7	\$ 80.95	\$ 140.27	\$ 0.00	\$ (9.86)	\$ (0.65)	\$ (0.16)	\$ 3.92	\$ 8.13	21,278.4	\$ 79.88	\$ 141.65
Subtotal Retail Pharmacy				\$ 140.27									\$ 141.65
Ancillary													
Transportation	Trips	453.4	\$ 75.44	\$ 2.85	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.06	459.7	\$ 77.00	\$ 2.95
DME/Prosthetics	Procedures	1,901.3	165.11	26.16	-	-	(0.13)	-	0.52	0.54	1,929.7	168.47	27.09
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 29.01									\$ 30.04
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	11,754.4	90.72	88.86	-	-	(0.44)	-	1.77	1.82	11,930.3	92.55	92.01
Case Management	Procedures	5,217.4	24.38	10.60	-	0.03	(0.06)	-	0.22	0.21	5,296.1	24.92	11.00
Subtotal LTSS				\$ 99.46									\$ 103.01
Total Medical Costs				\$ 1,004.09									\$ 1,081.90

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - Substitute Care													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 33,020	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	358.4	\$ 1,576.10	\$ 47.07	\$ 0.00	\$ 0.00	\$ (0.62)	\$ 0.03	\$ 0.46	\$ 4.69	357.2	\$ 1,734.69	\$ 51.63
Inpatient Well Newborn	Days	40.9	696.12	2.37	-	-	(0.03)	-	0.02	0.24	40.7	766.92	2.60
Inpatient MH/SA	Days	3,002.5	1,053.13	263.50	-	-	(3.47)	0.16	2.60	26.25	2,992.6	1,159.03	289.04
Inpatient Maternity Delivery	Days	58.6	1,298.98	6.34	-	-	(0.08)	-	0.06	0.63	58.4	1,428.46	6.95
Other Inpatient	Days	53.4	1,094.90	4.87	-	-	(0.06)	-	0.05	0.48	53.3	1,203.04	5.34
Subtotal Inpatient Hospital				\$ 324.15									\$ 355.56
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,110.8	\$ 437.40	\$ 40.49	\$ 0.00	\$ 0.00	\$ (2.51)	\$ 1.17	\$ 0.39	\$ 3.95	1,052.7	\$ 495.77	\$ 43.49
Outpatient Surgery	Visits	62.1	1,518.05	7.86	-	-	(0.04)	-	0.24	0.80	63.7	1,668.73	8.86
Outpatient Radiology	Procedures	224.3	184.56	3.45	-	-	(0.02)	-	0.11	0.35	230.2	202.81	3.89
Outpatient Pathology/Lab	Procedures	3,132.3	43.29	11.30	-	0.79	(0.07)	-	0.37	1.24	3,215.4	50.87	13.63
Outpatient Pharmacy	Procedures	124.0	237.19	2.45	-	-	(0.01)	-	0.07	0.25	127.0	260.81	2.76
Outpatient MH/SA	Visits	596.3	303.86	15.10	-	-	(0.08)	-	0.46	1.54	611.3	334.09	17.02
Other Outpatient	Procedures	789.3	122.70	8.07	-	-	(0.04)	-	0.24	0.83	808.8	135.01	9.10
Subtotal Outpatient Hospital				\$ 88.72									\$ 98.75
Professional													
Inpatient and Outpatient Surgery	Procedures	261.2	\$ 186.50	\$ 4.06	\$ 0.00	\$ 0.09	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.08	268.3	\$ 194.10	\$ 4.34
Anesthesia	Procedures	129.9	183.89	1.99	-	-	(0.01)	-	0.06	0.04	133.1	187.49	2.08
Inpatient Visits	Visits	887.0	119.33	8.82	-	-	(0.04)	-	0.26	0.18	909.1	121.70	9.22
MH/SA	Visits	8,129.5	103.98	70.44	-	2.21	(0.37)	-	2.19	1.49	8,339.6	109.30	75.96
Emergency Room	Visits	1,039.4	81.74	7.08	-	-	(0.44)	0.12	0.20	0.14	1,004.2	84.85	7.10
Office/Home Visits/Consults	Visits	5,257.7	67.74	29.68	-	7.28	0.27	-	1.12	0.77	5,503.9	85.29	39.12
Maternity	Procedures	54.1	456.76	2.06	-	0.15	(0.01)	-	0.06	0.05	55.4	500.05	2.31
Pathology/Lab	Procedures	3,343.6	29.32	8.17	-	1.69	(0.01)	-	0.29	0.21	3,458.2	35.92	10.35
Radiology	Procedures	950.8	29.91	2.37	-	-	0.01	-	0.07	0.05	982.9	30.52	2.50
Office Administered Drugs	Procedures	112.0	21.42	0.20	-	-	-	-	0.01	-	117.6	21.42	0.21
Physical Exams	Visits	2,154.1	66.46	11.93	-	3.05	(0.07)	-	0.45	0.31	2,222.7	84.60	15.67
Therapy	Visits	203.7	80.11	1.36	-	-	(0.01)	-	0.04	0.03	208.2	81.84	1.42
Vision	Visits	547.8	87.63	4.00	-	0.05	(0.02)	-	0.12	0.08	561.4	90.41	4.23
Other Professional	Procedures	6,964.0	70.03	40.64	-	0.03	(0.20)	-	1.22	0.84	7,138.8	71.49	42.53
Subtotal Professional				\$ 192.80									\$ 217.04
Retail Pharmacy													
Retail Pharmacy	Scripts	11,785.1	\$ 41.40	\$ 40.66	\$ 0.00	\$ (0.95)	\$ (0.20)	\$ (0.03)	\$ 1.19	\$ 2.48	12,072.0	\$ 42.89	\$ 43.15
Subtotal Retail Pharmacy				\$ 40.66									\$ 43.15
Ancillary													
Transportation	Trips	341.8	\$ 73.74	\$ 2.10	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	346.6	\$ 75.12	\$ 2.17
DME/Prosthetics	Procedures	492.5	120.86	4.96	-	-	(0.02)	-	0.09	0.11	499.4	123.50	5.14
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 7.06									\$ 7.31
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	802.8	92.97	6.22	-	-	(0.03)	-	0.12	0.13	814.4	94.89	6.44
Case Management	Procedures	1,883.7	34.53	5.42	-	0.02	(0.02)	-	0.11	0.11	1,915.0	35.34	5.64
Subtotal LTSS				\$ 11.64									\$ 12.08
Total Medical Costs				\$ 665.03									\$ 733.89

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 19-24													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 115,701	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	104.6	\$ 2,315.74	\$ 20.19	\$ 0.40	\$ 0.00	\$ (0.26)	\$ 0.02	\$ 0.20	\$ 2.06	106.4	\$ 2,550.36	\$ 22.61
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	383.2	592.45	18.92	0.38	-	(0.25)	0.02	0.19	1.93	389.7	652.50	21.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.2	2,160.85	0.39	0.01	-	(0.01)	-	0.01	0.04	2.2	2,376.93	0.44
Subtotal Inpatient Hospital				\$ 39.50									\$ 44.24
Outpatient Hospital													
Outpatient Emergency Room	Visits	662.6	\$ 534.97	\$ 29.54	\$ 0.59	\$ 0.00	\$ (2.48)	\$ 0.89	\$ 0.28	\$ 2.88	626.5	\$ 607.18	\$ 31.70
Outpatient Surgery	Visits	54.5	1,456.30	6.62	0.13	-	(0.03)	-	0.13	0.69	56.4	1,602.99	7.54
Outpatient Radiology	Procedures	134.0	252.48	2.82	0.06	-	(0.02)	-	0.06	0.29	138.8	277.56	3.21
Outpatient Pathology/Lab	Procedures	4,547.4	45.20	17.13	0.34	1.14	(0.09)	-	0.37	1.89	4,712.0	52.92	20.78
Outpatient Pharmacy	Procedures	166.4	920.70	12.77	0.26	-	(0.07)	-	0.26	1.32	172.3	1,012.63	14.54
Outpatient MH/SA	Visits	145.8	497.17	6.04	0.12	-	(0.03)	-	0.12	0.63	150.9	547.28	6.88
Other Outpatient	Procedures	348.9	143.09	4.16	0.08	-	(0.02)	-	0.09	0.43	361.4	157.37	4.74
Subtotal Outpatient Hospital				\$ 79.08									\$ 89.39
Professional													
Inpatient and Outpatient Surgery	Procedures	259.6	\$ 187.20	\$ 4.05	\$ 0.08	\$ 0.29	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.13	269.2	\$ 205.92	\$ 4.62
Anesthesia	Procedures	75.9	143.82	0.91	0.02	-	(0.01)	-	0.02	0.03	78.4	148.41	0.97
Inpatient Visits	Visits	262.8	99.09	2.17	0.04	-	(0.01)	-	0.05	0.06	272.5	101.73	2.31
MH/SA	Visits	2,516.7	90.02	18.88	0.38	2.99	(0.11)	-	0.44	0.68	2,611.3	106.89	23.26
Emergency Room	Visits	690.9	77.99	4.49	0.09	-	(0.38)	0.11	0.08	0.14	658.5	82.55	4.53
Office/Home Visits/Consults	Visits	3,675.0	62.37	19.10	0.38	11.57	0.27	-	0.63	0.96	3,921.2	100.71	32.91
Maternity	Procedures	4.0	59.33	0.02	-	-	-	-	-	-	4.0	59.33	0.02
Pathology/Lab	Procedures	3,759.1	20.18	6.32	0.13	2.43	(0.02)	-	0.18	0.27	3,931.6	28.42	9.31
Radiology	Procedures	1,048.1	40.65	3.55	0.07	-	0.01	-	0.07	0.12	1,092.4	41.96	3.82
Office Administered Drugs	Procedures	295.6	118.55	2.92	0.06	-	(0.02)	-	0.06	0.09	305.7	122.08	3.11
Physical Exams	Visits	697.2	59.90	3.48	0.07	2.32	(0.03)	-	0.12	0.18	729.2	101.04	6.14
Therapy	Visits	476.9	55.35	2.20	0.04	0.01	(0.02)	-	0.05	0.07	492.1	57.30	2.35
Vision	Visits	511.7	77.38	3.30	0.07	0.14	(0.02)	-	0.07	0.11	530.4	83.04	3.67
Other Professional	Procedures	966.0	83.10	6.69	0.13	0.23	(0.04)	-	0.14	0.22	999.2	88.51	7.37
Subtotal Professional				\$ 78.08									\$ 104.39
Retail Pharmacy													
Retail Pharmacy	Scripts	8,778.5	\$ 50.28	\$ 36.78	\$ 0.74	\$ (1.85)	\$ (0.18)	\$ (0.03)	\$ 0.72	\$ 4.85	9,084.0	\$ 54.20	\$ 41.03
Subtotal Retail Pharmacy				\$ 36.78									\$ 41.03
Ancillary													
Transportation	Trips	167.8	\$ 77.93	\$ 1.09	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	174.0	\$ 79.31	\$ 1.15
DME/Prosthetics	Procedures	176.3	112.97	1.66	0.03	-	(0.01)	-	0.04	0.03	182.7	114.94	1.75
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 2.75									\$ 2.90
LTSS													
Nursing Home	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
HCBS	Procedures	23.0	104.24	0.20	-	-	-	-	0.01	-	24.2	104.24	0.21
Case Management	Procedures	98.9	26.70	0.22	-	0.23	-	-	0.01	0.01	103.4	54.56	0.47
Subtotal LTSS				\$ 0.42									\$ 0.68
Total Medical Costs				\$ 236.61									\$ 282.63

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 25-29													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 62,683	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	194.1	\$ 2,143.77	\$ 34.68	\$ 0.69	\$ 0.00	\$ (0.59)	\$ 0.13	\$ 0.35	\$ 3.52	196.6	\$ 2,366.51	\$ 38.78
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	734.1	618.75	37.85	0.76	-	(0.65)	0.14	0.38	3.84	743.6	682.98	42.32
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.4	515.70	0.19	-	-	-	-	-	0.02	4.4	569.99	0.21
Subtotal Inpatient Hospital				\$ 72.72									\$ 81.31
Outpatient Hospital													
Outpatient Emergency Room	Visits	650.3	\$ 559.84	\$ 30.34	\$ 0.61	\$ 0.00	\$ (2.21)	\$ 0.83	\$ 0.30	\$ 2.98	622.5	\$ 633.29	\$ 32.85
Outpatient Surgery	Visits	68.1	1,553.30	8.82	0.18	-	(0.05)	-	0.18	0.91	70.5	1,708.12	10.04
Outpatient Radiology	Procedures	173.0	273.91	3.95	0.08	-	(0.02)	-	0.08	0.41	179.2	301.37	4.50
Outpatient Pathology/Lab	Procedures	4,842.5	45.87	18.51	0.37	1.14	(0.10)	-	0.40	2.03	5,017.8	53.45	22.35
Outpatient Pharmacy	Procedures	209.3	756.81	13.20	0.26	-	(0.06)	-	0.27	1.36	216.8	832.10	15.03
Outpatient MH/SA	Visits	282.1	478.03	11.19	0.22	-	(0.05)	-	0.23	1.15	292.2	523.27	12.74
Other Outpatient	Procedures	387.4	155.82	5.03	0.10	-	(0.03)	-	0.11	0.52	401.2	171.37	5.73
Subtotal Outpatient Hospital				\$ 91.04									\$ 103.24
Professional													
Inpatient and Outpatient Surgery	Procedures	380.6	\$ 186.98	\$ 5.93	\$ 0.12	\$ 0.30	\$ (0.03)	\$ 0.00	\$ 0.12	\$ 0.20	394.1	\$ 202.20	\$ 6.64
Anesthesia	Procedures	102.0	147.11	1.25	0.02	-	-	-	0.02	0.04	105.2	151.67	1.33
Inpatient Visits	Visits	524.7	97.66	4.27	0.09	-	(0.03)	-	0.09	0.13	543.1	100.53	4.55
MH/SA	Visits	6,187.5	79.59	41.04	0.82	3.22	(0.23)	-	0.90	1.39	6,412.1	88.22	47.14
Emergency Room	Visits	702.6	82.49	4.83	0.10	-	(0.35)	0.10	0.09	0.15	679.3	86.91	4.92
Office/Home Visits/Consults	Visits	4,037.9	63.12	21.24	0.42	10.64	0.17	-	0.65	1.00	4,273.6	95.81	34.12
Maternity	Procedures	4.3	84.31	0.03	-	-	-	-	-	-	4.3	84.31	0.03
Pathology/Lab	Procedures	4,353.2	28.89	10.48	0.21	2.43	(0.02)	-	0.26	0.40	4,540.1	36.37	13.76
Radiology	Procedures	1,227.6	43.70	4.47	0.09	-	0.01	-	0.10	0.14	1,282.5	45.01	4.81
Office Administered Drugs	Procedures	293.1	189.58	4.63	0.09	-	(0.02)	-	0.09	0.15	303.2	195.52	4.94
Physical Exams	Visits	654.7	60.12	3.28	0.07	1.88	(0.03)	-	0.10	0.16	682.7	95.98	5.46
Therapy	Visits	722.5	55.64	3.35	0.07	-	(0.02)	-	0.07	0.10	748.3	57.25	3.57
Vision	Visits	344.3	69.36	1.99	0.04	0.13	(0.01)	-	0.05	0.06	358.1	75.73	2.26
Other Professional	Procedures	974.6	76.96	6.25	0.13	0.19	(0.03)	-	0.13	0.20	1,010.5	81.59	6.87
Subtotal Professional				\$ 113.04									\$ 140.40
Retail Pharmacy													
Retail Pharmacy	Scripts	15,503.4	\$ 51.98	\$ 67.15	\$ 1.34	\$ (3.72)	\$ (0.33)	\$ (0.10)	\$ 1.29	\$ 8.81	16,034.4	\$ 55.71	\$ 74.44
Subtotal Retail Pharmacy				\$ 67.15									\$ 74.44
Ancillary													
Transportation	Trips	232.1	\$ 83.24	\$ 1.61	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.03	240.7	\$ 84.74	\$ 1.70
DME/Prosthetics	Procedures	285.3	108.09	2.57	0.05	-	(0.01)	-	0.05	0.05	295.3	110.12	2.71
Hospice	Days	5.2	138.60	0.06	-	-	-	-	-	-	5.2	138.60	0.06
Subtotal Ancillary				\$ 4.24									\$ 4.47
LTSS													
Nursing Home	Days	10.9	\$ 298.49	\$ 0.27	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.01	11.3	\$ 309.15	\$ 0.29
HCBS	Procedures	0.5	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	153.9	36.64	0.47	0.01	0.14	-	-	0.01	0.02	160.5	48.61	0.65
Subtotal LTSS				\$ 0.74									\$ 0.94
Total Medical Costs				\$ 348.93									\$ 404.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 30-39													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 59,801	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	275.9	\$ 2,177.89	\$ 50.07	\$ 1.00	\$ 0.00	\$ (1.00)	\$ 0.20	\$ 0.50	\$ 5.07	278.6	\$ 2,404.86	\$ 55.84
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,599.9	513.78	68.50	1.37	-	(1.36)	0.26	0.69	6.94	1,616.3	567.24	76.40
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	17.6	839.51	1.23	0.02	-	(0.02)	-	0.02	0.12	17.9	920.10	1.37
Subtotal Inpatient Hospital				\$ 119.80									\$ 133.61
Outpatient Hospital													
Outpatient Emergency Room	Visits	672.9	\$ 588.10	\$ 32.98	\$ 0.66	\$ 0.00	\$ (2.17)	\$ 0.86	\$ 0.33	\$ 3.26	648.9	\$ 664.30	\$ 35.92
Outpatient Surgery	Visits	99.1	1,682.24	13.89	0.28	-	(0.07)	-	0.28	1.44	102.6	1,850.70	15.82
Outpatient Radiology	Procedures	296.7	300.08	7.42	0.15	-	(0.04)	-	0.15	0.77	307.1	330.16	8.45
Outpatient Pathology/Lab	Procedures	4,885.3	45.88	18.68	0.37	1.22	(0.10)	-	0.41	2.05	5,063.1	53.63	22.63
Outpatient Pharmacy	Procedures	329.4	1,155.69	31.72	0.63	-	(0.16)	-	0.65	3.28	341.0	1,271.11	36.12
Outpatient MH/SA	Visits	298.2	433.38	10.77	0.22	-	(0.06)	-	0.22	1.11	308.7	476.53	12.26
Other Outpatient	Procedures	647.6	177.88	9.60	0.19	-	(0.05)	-	0.20	0.99	670.6	195.59	10.93
Subtotal Outpatient Hospital				\$ 125.06									\$ 142.13
Professional													
Inpatient and Outpatient Surgery	Procedures	524.2	\$ 194.13	\$ 8.48	\$ 0.17	\$ 0.30	\$ (0.04)	\$ 0.00	\$ 0.18	\$ 0.27	543.3	\$ 206.72	\$ 9.36
Anesthesia	Procedures	160.9	138.75	1.86	0.04	-	(0.01)	-	0.04	0.05	166.9	142.35	1.98
Inpatient Visits	Visits	744.9	94.24	5.85	0.12	-	(0.03)	-	0.12	0.18	771.7	97.04	6.24
MH/SA	Visits	9,909.9	77.52	64.02	1.28	4.82	(0.35)	-	1.40	2.15	10,270.6	85.67	73.32
Emergency Room	Visits	828.3	88.81	6.13	0.12	-	(0.40)	0.12	0.12	0.18	806.7	93.27	6.27
Office/Home Visits/Consults	Visits	5,057.2	63.09	26.59	0.53	13.72	0.14	-	0.82	1.26	5,340.6	96.75	43.06
Maternity	Procedures	2.5	95.75	0.02	-	-	-	-	-	-	2.5	95.75	0.02
Pathology/Lab	Procedures	5,002.1	35.05	14.61	0.29	2.60	(0.03)	-	0.35	0.54	5,211.0	42.28	18.36
Radiology	Procedures	1,670.9	46.18	6.43	0.13	-	0.02	-	0.13	0.20	1,743.7	47.55	6.91
Office Administered Drugs	Procedures	332.3	304.06	8.42	0.17	-	(0.04)	-	0.17	0.26	344.1	313.13	8.98
Physical Exams	Visits	626.1	61.14	3.19	0.06	1.99	(0.03)	-	0.11	0.16	653.6	100.62	5.48
Therapy	Visits	1,063.6	54.94	4.87	0.10	0.02	(0.02)	-	0.10	0.15	1,102.9	56.79	5.22
Vision	Visits	310.2	68.87	1.78	0.04	0.11	(0.01)	-	0.04	0.06	322.4	75.20	2.02
Other Professional	Procedures	1,472.4	64.88	7.96	0.16	0.17	(0.04)	-	0.16	0.26	1,524.2	68.26	8.67
Subtotal Professional				\$ 160.21									\$ 195.89
Retail Pharmacy													
Retail Pharmacy	Scripts	24,754.8	\$ 53.94	\$ 111.28	\$ 2.23	\$ (5.65)	\$ (0.53)	\$ (0.33)	\$ 2.15	\$ 14.65	25,611.2	\$ 58.01	\$ 123.80
Subtotal Retail Pharmacy				\$ 111.28									\$ 123.80
Ancillary													
Transportation	Trips	285.1	\$ 82.51	\$ 1.96	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	295.2	\$ 84.13	\$ 2.07
DME/Prosthetics	Procedures	427.7	120.93	4.31	0.09	-	(0.03)	-	0.09	0.09	442.6	123.37	4.55
Hospice	Days	2.2	548.51	0.10	-	-	-	-	-	0.01	2.2	603.37	0.11
Subtotal Ancillary				\$ 6.37									\$ 6.73
LTSS													
Nursing Home	Days	36.7	\$ 291.11	\$ 0.89	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.03	37.5	\$ 300.71	\$ 0.94
HCBS	Procedures	4.8	75.17	0.03	-	-	-	-	-	-	4.8	75.17	0.03
Case Management	Procedures	312.4	47.63	1.24	0.02	0.35	(0.01)	-	0.04	0.05	325.0	62.40	1.69
Subtotal LTSS				\$ 2.16									\$ 2.66
Total Medical Costs				\$ 524.88									\$ 604.82

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 40-49													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 62,066	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	487.6	\$ 2,421.79	\$ 98.41	\$ 1.97	\$ 0.00	\$ (1.59)	\$ 0.21	\$ 0.99	\$ 9.98	494.4	\$ 2,669.11	\$ 109.97
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	973.2	692.58	56.17	1.12	-	(0.90)	0.11	0.57	5.70	986.9	763.23	62.77
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	117.8	404.54	3.97	0.08	-	(0.06)	-	0.04	0.41	119.5	445.70	4.44
Subtotal Inpatient Hospital				\$ 158.55									\$ 177.18
Outpatient Hospital													
Outpatient Emergency Room	Visits	836.4	\$ 623.94	\$ 43.49	\$ 0.87	\$ 0.00	\$ (2.90)	\$ 1.24	\$ 0.43	\$ 4.30	805.7	\$ 706.46	\$ 47.43
Outpatient Surgery	Visits	241.4	1,589.22	31.97	0.64	-	(0.16)	-	0.65	3.31	249.9	1,748.14	36.41
Outpatient Radiology	Procedures	842.7	224.14	15.74	0.31	-	(0.08)	-	0.33	1.62	872.7	246.42	17.92
Outpatient Pathology/Lab	Procedures	7,486.9	36.70	22.90	0.46	1.66	(0.12)	-	0.50	2.53	7,761.5	43.18	27.93
Outpatient Pharmacy	Procedures	601.1	424.44	21.26	0.43	-	(0.11)	-	0.43	2.20	622.3	466.87	24.21
Outpatient MH/SA	Visits	316.4	471.37	12.43	0.25	-	(0.06)	-	0.25	1.28	327.6	518.25	14.15
Other Outpatient	Procedures	1,319.1	162.38	17.85	0.36	-	(0.09)	-	0.36	1.85	1,365.6	178.64	20.33
Subtotal Outpatient Hospital				\$ 165.64									\$ 188.38
Professional													
Inpatient and Outpatient Surgery	Procedures	1,051.4	\$ 210.23	\$ 18.42	\$ 0.37	\$ 0.42	\$ (0.09)	\$ 0.00	\$ 0.38	\$ 0.59	1,089.1	\$ 221.36	\$ 20.09
Anesthesia	Procedures	304.0	144.86	3.67	0.07	-	(0.02)	-	0.08	0.11	314.8	149.05	3.91
Inpatient Visits	Visits	1,004.5	92.23	7.72	0.15	-	(0.03)	-	0.15	0.24	1,039.6	95.00	8.23
MH/SA	Visits	7,424.3	87.54	54.16	1.08	4.77	(0.30)	-	1.20	1.84	7,695.7	97.85	62.75
Emergency Room	Visits	964.4	89.34	7.18	0.14	0.01	(0.48)	0.15	0.14	0.22	937.6	94.20	7.36
Office/Home Visits/Consults	Visits	7,124.6	65.15	38.68	0.77	17.35	0.09	-	1.14	1.76	7,493.0	95.75	59.79
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,716.0	27.82	13.25	0.27	3.54	(0.03)	-	0.34	0.52	5,966.2	35.98	17.89
Radiology	Procedures	3,348.6	54.26	15.14	0.30	-	0.04	-	0.32	0.47	3,494.6	55.87	16.27
Office Administered Drugs	Procedures	412.4	275.59	9.47	0.19	-	(0.05)	-	0.20	0.29	427.2	283.73	10.10
Physical Exams	Visits	806.7	65.90	4.43	0.09	3.04	(0.04)	-	0.15	0.23	843.1	112.44	7.90
Therapy	Visits	1,754.8	57.37	8.39	0.17	0.02	(0.04)	-	0.17	0.26	1,817.5	59.22	8.97
Vision	Visits	554.1	70.60	3.26	0.07	0.21	(0.02)	-	0.07	0.11	574.5	77.28	3.70
Other Professional	Procedures	2,314.3	55.95	10.79	0.22	0.11	(0.05)	-	0.22	0.34	2,398.0	58.20	11.63
Subtotal Professional				\$ 194.56									\$ 238.59
Retail Pharmacy													
Retail Pharmacy	Scripts	30,886.3	\$ 60.21	\$ 154.98	\$ 3.10	\$ (7.59)	\$ (0.75)	\$ (0.52)	\$ 2.99	\$ 20.43	31,950.5	\$ 64.84	\$ 172.64
Subtotal Retail Pharmacy				\$ 154.98									\$ 172.64
Ancillary													
Transportation	Trips	299.3	\$ 76.58	\$ 1.91	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	310.3	\$ 78.13	\$ 2.02
DME/Prosthetics	Procedures	814.0	106.44	7.22	0.14	-	(0.03)	-	0.14	0.16	842.1	108.72	7.63
Hospice	Days	4.3	254.09	0.09	-	-	-	-	-	0.01	4.3	282.32	0.10
Subtotal Ancillary				\$ 9.22									\$ 9.75
LTSS													
Nursing Home	Days	61.0	\$ 255.79	\$ 1.30	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.04	62.4	\$ 263.49	\$ 1.37
HCBS	Procedures	11.2	42.77	0.04	-	-	-	-	-	-	11.2	42.77	0.04
Case Management	Procedures	204.4	43.45	0.74	0.01	0.43	(0.01)	-	0.03	0.03	212.7	69.41	1.23
Subtotal LTSS				\$ 2.08									\$ 2.64
Total Medical Costs				\$ 685.03									\$ 789.18

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 50-64													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 164,125	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	553.1	\$ 2,300.60	\$ 106.03	\$ 2.12	\$ 0.00	\$ (1.37)	\$ 0.17	\$ 1.07	\$ 10.79	562.5	\$ 2,534.40	\$ 118.81
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	393.3	616.89	20.22	0.40	-	(0.26)	0.04	0.20	2.06	399.9	679.90	22.66
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	106.1	460.22	4.07	0.08	-	(0.05)	0.01	0.04	0.41	107.9	506.91	4.56
Subtotal Inpatient Hospital				\$ 130.32									\$ 146.03
Outpatient Hospital													
Outpatient Emergency Room	Visits	478.8	\$ 664.97	\$ 26.53	\$ 0.53	\$ 0.00	\$ (1.89)	\$ 0.89	\$ 0.26	\$ 2.63	458.9	\$ 757.02	\$ 28.95
Outpatient Surgery	Visits	331.5	1,485.46	41.03	0.82	-	(0.21)	-	0.84	4.24	343.2	1,633.72	46.72
Outpatient Radiology	Procedures	989.0	262.20	21.61	0.43	-	(0.11)	-	0.44	2.24	1,023.8	288.46	24.61
Outpatient Pathology/Lab	Procedures	7,284.5	31.17	18.92	0.38	1.58	(0.11)	-	0.42	2.11	7,550.1	37.03	23.30
Outpatient Pharmacy	Procedures	856.8	419.32	29.94	0.60	-	(0.15)	-	0.61	3.09	887.1	461.12	34.09
Outpatient MH/SA	Visits	121.8	422.62	4.29	0.09	-	(0.03)	-	0.09	0.45	126.1	465.45	4.89
Other Outpatient	Procedures	1,718.5	137.91	19.75	0.40	-	(0.11)	-	0.41	2.04	1,779.4	151.67	22.49
Subtotal Outpatient Hospital				\$ 162.07									\$ 185.05
Professional													
Inpatient and Outpatient Surgery	Procedures	1,343.6	\$ 206.85	\$ 23.16	\$ 0.46	\$ 0.31	\$ (0.12)	\$ 0.00	\$ 0.47	\$ 0.74	1,390.6	\$ 215.91	\$ 25.02
Anesthesia	Procedures	382.7	126.99	4.05	0.08	-	(0.02)	-	0.08	0.13	396.0	130.93	4.32
Inpatient Visits	Visits	924.1	83.50	6.43	0.13	-	(0.03)	-	0.13	0.20	957.1	86.01	6.86
MH/SA	Visits	3,221.1	94.14	25.27	0.51	3.46	(0.14)	-	0.58	0.90	3,342.2	109.80	30.58
Emergency Room	Visits	614.9	90.74	4.65	0.09	-	(0.33)	0.11	0.09	0.14	595.1	95.78	4.75
Office/Home Visits/Consults	Visits	7,074.0	66.00	38.91	0.78	17.41	(0.04)	-	1.14	1.76	7,415.8	97.02	59.96
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,742.4	22.76	10.89	0.22	3.36	(0.03)	-	0.29	0.45	5,995.5	30.38	15.18
Radiology	Procedures	3,583.4	56.26	16.80	0.34	-	0.04	-	0.35	0.53	3,739.1	57.96	18.06
Office Administered Drugs	Procedures	392.7	173.25	5.67	0.11	-	(0.03)	-	0.12	0.18	406.6	178.56	6.05
Physical Exams	Visits	886.2	64.19	4.74	0.09	2.94	(0.04)	-	0.16	0.23	925.4	105.29	8.12
Therapy	Visits	2,207.1	57.85	10.64	0.21	0.01	(0.05)	-	0.21	0.34	2,283.8	59.69	11.36
Vision	Visits	680.2	66.33	3.76	0.08	0.27	(0.02)	-	0.08	0.12	705.5	72.97	4.29
Other Professional	Procedures	3,151.8	56.35	14.80	0.30	0.08	(0.08)	-	0.30	0.47	3,262.5	58.37	15.87
Subtotal Professional				\$ 169.77									\$ 210.42
Retail Pharmacy													
Retail Pharmacy	Scripts	38,331.1	\$ 50.17	\$ 160.26	\$ 3.21	\$ (9.47)	\$ (0.77)	\$ (0.54)	\$ 3.07	\$ 20.91	39,649.0	\$ 53.47	\$ 176.67
Subtotal Retail Pharmacy				\$ 160.26									\$ 176.67
Ancillary													
Transportation	Trips	201.8	\$ 86.21	\$ 1.45	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	208.8	\$ 87.94	\$ 1.53
DME/Prosthetics	Procedures	1,019.3	91.94	7.81	0.16	-	(0.04)	-	0.16	0.16	1,055.9	93.76	8.25
Hospice	Days	78.4	206.71	1.35	0.03	-	(0.01)	-	0.01	0.05	80.1	214.20	1.43
Subtotal Ancillary				\$ 10.61									\$ 11.21
LTSS													
Nursing Home	Days	130.1	\$ 269.40	\$ 2.92	\$ 0.06	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.03	\$ 0.10	133.2	\$ 278.41	\$ 3.09
HCBS	Procedures	48.6	44.45	0.18	-	-	-	-	0.01	-	51.3	44.45	0.19
Case Management	Procedures	101.3	58.02	0.49	0.01	0.34	-	-	0.01	0.03	105.5	100.11	0.88
Subtotal LTSS				\$ 3.59									\$ 4.16
Total Medical Costs				\$ 636.62									\$ 733.54

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 19-24													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 118,837	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	92.7	\$ 2,104.19	\$ 16.26	\$ 0.33	\$ 0.00	\$ (0.28)	\$ 0.04	\$ 0.17	\$ 1.65	94.0	\$ 2,319.97	\$ 18.17
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	451.4	504.04	18.96	0.38	-	(0.32)	0.05	0.19	1.93	457.3	555.99	21.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.7	416.42	0.44	0.01	-	(0.01)	-	0.01	0.04	13.0	453.43	0.49
Subtotal Inpatient Hospital				\$ 35.66									\$ 39.85
Outpatient Hospital													
Outpatient Emergency Room	Visits	527.7	\$ 521.63	\$ 22.94	\$ 0.46	\$ 0.00	\$ (1.57)	\$ 0.59	\$ 0.22	\$ 2.26	507.3	\$ 589.05	\$ 24.90
Outpatient Surgery	Visits	31.6	1,519.63	4.00	0.08	-	(0.02)	-	0.08	0.41	32.7	1,670.13	4.55
Outpatient Radiology	Procedures	78.0	289.27	1.88	0.04	-	(0.01)	-	0.04	0.19	80.9	317.45	2.14
Outpatient Pathology/Lab	Procedures	1,594.2	39.14	5.20	0.10	0.75	(0.03)	-	0.12	0.61	1,652.5	49.02	6.75
Outpatient Pharmacy	Procedures	99.1	655.21	5.41	0.11	-	(0.03)	-	0.11	0.56	102.6	720.73	6.16
Outpatient MH/SA	Visits	94.7	395.21	3.12	0.06	-	(0.01)	-	0.06	0.32	98.1	434.36	3.55
Other Outpatient	Procedures	213.2	180.13	3.20	0.06	-	(0.01)	-	0.06	0.33	220.5	198.08	3.64
Subtotal Outpatient Hospital				\$ 45.75									\$ 51.69
Professional													
Inpatient and Outpatient Surgery	Procedures	181.8	\$ 184.12	\$ 2.79	\$ 0.06	\$ 0.01	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.08	189.0	\$ 189.83	\$ 2.99
Anesthesia	Procedures	48.8	162.24	0.66	0.01	-	-	-	0.01	0.02	50.3	167.01	0.70
Inpatient Visits	Visits	259.8	108.55	2.35	0.05	-	(0.01)	-	0.04	0.08	268.6	112.13	2.51
MH/SA	Visits	1,698.1	100.06	14.16	0.28	1.12	(0.08)	-	0.31	0.48	1,759.3	110.98	16.27
Emergency Room	Visits	501.6	77.52	3.24	0.06	-	(0.22)	0.06	0.07	0.09	487.6	81.21	3.30
Office/Home Visits/Consults	Visits	1,636.7	64.74	8.83	0.18	4.09	0.16	-	0.27	0.41	1,749.8	95.60	13.94
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,464.7	29.25	3.57	0.07	1.58	(0.01)	-	0.11	0.16	1,534.5	42.85	5.48
Radiology	Procedures	714.8	34.08	2.03	0.04	-	0.01	-	0.04	0.06	746.5	35.04	2.18
Office Administered Drugs	Procedures	102.3	459.60	3.92	0.08	-	(0.02)	-	0.08	0.12	106.0	473.19	4.18
Physical Exams	Visits	266.3	60.82	1.35	0.03	0.94	(0.01)	-	0.05	0.07	280.2	104.09	2.43
Therapy	Visits	285.2	58.92	1.40	0.03	-	(0.01)	-	0.03	0.04	295.3	60.54	1.49
Vision	Visits	258.6	75.17	1.62	0.03	0.08	(0.01)	-	0.03	0.06	266.6	81.47	1.81
Other Professional	Procedures	586.1	55.69	2.72	0.05	0.02	(0.02)	-	0.06	0.08	605.5	57.68	2.91
Subtotal Professional				\$ 48.64									\$ 60.19
Retail Pharmacy													
Retail Pharmacy	Scripts	4,282.6	\$ 92.36	\$ 32.96	\$ 0.66	\$ (0.83)	\$ (0.17)	\$ (0.01)	\$ 0.65	\$ 4.47	4,430.7	\$ 102.19	\$ 37.73
Subtotal Retail Pharmacy				\$ 32.96									\$ 37.73
Ancillary													
Transportation	Trips	113.1	\$ 75.31	\$ 0.71	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.01	117.9	\$ 76.32	\$ 0.75
DME/Prosthetics	Procedures	144.3	140.50	1.69	0.03	-	-	-	0.03	0.03	149.5	142.90	1.78
Hospice	Days	8.7	164.67	0.12	-	-	-	-	-	0.01	8.7	178.40	0.13
Subtotal Ancillary				\$ 2.52									\$ 2.66
LTSS													
Nursing Home	Days	11.1	\$ 237.20	\$ 0.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	11.6	\$ 237.20	\$ 0.23
HCBS	Procedures	28.9	78.85	0.19	-	-	-	-	0.01	-	30.4	78.85	0.20
Case Management	Procedures	50.9	30.65	0.13	-	0.03	-	-	0.01	-	54.8	37.22	0.17
Subtotal LTSS				\$ 0.54									\$ 0.60
Total Medical Costs				\$ 166.07									\$ 192.72

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 25-29													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 90,701	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	148.6	\$ 2,464.20	\$ 30.51	\$ 0.61	\$ 0.00	\$ (0.58)	\$ 0.13	\$ 0.31	\$ 3.09	150.2	\$ 2,721.41	\$ 34.07
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,245.6	478.50	49.67	0.99	-	(0.94)	0.21	0.50	5.04	1,259.4	528.52	55.47
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	33.9	556.02	1.57	0.03	-	(0.03)	0.01	0.01	0.16	34.1	615.84	1.75
Subtotal Inpatient Hospital				\$ 81.75									\$ 91.29
Outpatient Hospital													
Outpatient Emergency Room	Visits	633.4	\$ 537.25	\$ 28.36	\$ 0.57	\$ 0.00	\$ (1.70)	\$ 0.70	\$ 0.27	\$ 2.82	614.2	\$ 606.02	\$ 31.02
Outpatient Surgery	Visits	45.5	1,565.12	5.93	0.12	-	(0.03)	-	0.12	0.61	47.1	1,720.62	6.75
Outpatient Radiology	Procedures	116.9	327.45	3.19	0.06	-	(0.01)	-	0.06	0.33	120.9	360.20	3.63
Outpatient Pathology/Lab	Procedures	2,138.6	43.54	7.76	0.16	0.74	(0.05)	-	0.18	0.88	2,218.5	52.31	9.67
Outpatient Pharmacy	Procedures	149.9	1,167.54	14.58	0.29	-	(0.07)	-	0.29	1.51	155.1	1,284.37	16.60
Outpatient MH/SA	Visits	245.2	369.45	7.55	0.15	-	(0.04)	-	0.16	0.78	254.0	406.31	8.60
Other Outpatient	Procedures	280.1	203.96	4.76	0.10	-	(0.03)	-	0.10	0.49	290.1	224.23	5.42
Subtotal Outpatient Hospital				\$ 72.13									\$ 81.69
Professional													
Inpatient and Outpatient Surgery	Procedures	253.9	\$ 206.05	\$ 4.36	\$ 0.09	\$ 0.03	\$ (0.02)	\$ 0.00	\$ 0.08	\$ 0.14	262.7	\$ 213.82	\$ 4.68
Anesthesia	Procedures	74.1	165.15	1.02	0.02	-	-	-	0.02	0.03	77.0	169.83	1.09
Inpatient Visits	Visits	471.2	103.90	4.08	0.08	-	(0.02)	-	0.08	0.13	487.4	107.10	4.35
MH/SA	Visits	5,454.9	87.18	39.63	0.79	2.22	(0.21)	-	0.85	1.31	5,651.7	94.68	44.59
Emergency Room	Visits	676.8	84.22	4.75	0.10	-	(0.29)	0.09	0.10	0.14	664.0	88.37	4.89
Office/Home Visits/Consults	Visits	2,361.5	63.93	12.58	0.25	5.90	0.16	-	0.38	0.59	2,509.8	94.96	19.86
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,694.2	40.58	9.11	0.18	1.58	(0.01)	-	0.21	0.34	2,806.6	48.78	11.41
Radiology	Procedures	977.4	34.62	2.82	0.06	-	-	-	0.06	0.09	1,019.0	35.68	3.03
Office Administered Drugs	Procedures	162.2	278.17	3.76	0.08	-	(0.02)	-	0.07	0.12	167.8	286.75	4.01
Physical Exams	Visits	273.0	55.83	1.27	0.03	1.05	(0.01)	-	0.05	0.07	288.0	102.49	2.46
Therapy	Visits	460.8	61.20	2.35	0.05	-	(0.01)	-	0.05	0.07	478.4	62.95	2.51
Vision	Visits	190.1	69.43	1.10	0.02	0.06	(0.01)	-	0.03	0.03	197.0	74.91	1.23
Other Professional	Procedures	652.7	49.45	2.69	0.05	0.02	(0.01)	-	0.05	0.09	674.6	51.41	2.89
Subtotal Professional				\$ 89.52									\$ 107.00
Retail Pharmacy													
Retail Pharmacy	Scripts	7,078.2	\$ 110.88	\$ 65.40	\$ 1.31	\$ (1.50)	\$ (0.32)	\$ (0.03)	\$ 1.30	\$ 8.88	7,326.0	\$ 122.92	\$ 75.04
Subtotal Retail Pharmacy				\$ 65.40									\$ 75.04
Ancillary													
Transportation	Trips	205.7	\$ 81.66	\$ 1.40	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	213.1	\$ 83.35	\$ 1.48
DME/Prosthetics	Procedures	219.4	115.39	2.11	0.04	-	(0.01)	-	0.04	0.05	226.7	118.03	2.23
Hospice	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 3.51									\$ 3.71
LTSS													
Nursing Home	Days	12.7	\$ 284.57	\$ 0.30	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.01	13.1	\$ 293.75	\$ 0.32
HCBS	Procedures	2.3	51.34	0.01	-	-	-	-	-	-	2.3	51.34	0.01
Case Management	Procedures	114.7	53.35	0.51	0.01	0.04	-	-	0.01	0.02	119.2	59.40	0.59
Subtotal LTSS				\$ 0.82									\$ 0.92
Total Medical Costs				\$ 313.13									\$ 359.65

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 30-39													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 125,904	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	334.9	\$ 2,123.56	\$ 59.26	\$ 1.19	\$ 0.00	\$ (1.12)	\$ 0.19	\$ 0.60	\$ 6.00	338.7	\$ 2,342.90	\$ 66.12
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,660.7	446.05	61.73	1.23	-	(1.16)	0.20	0.62	6.26	1,679.3	492.21	68.88
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	29.2	473.30	1.15	0.02	-	(0.02)	0.01	0.01	0.11	29.4	522.26	1.28
Subtotal Inpatient Hospital				\$ 122.14									\$ 136.28
Outpatient Hospital													
Outpatient Emergency Room	Visits	779.5	\$ 573.92	\$ 37.28	\$ 0.75	\$ 0.00	\$ (1.96)	\$ 0.86	\$ 0.37	\$ 3.73	761.9	\$ 646.22	\$ 41.03
Outpatient Surgery	Visits	68.9	1,607.31	9.23	0.18	-	(0.04)	-	0.19	0.95	71.4	1,767.03	10.51
Outpatient Radiology	Procedures	152.8	274.93	3.50	0.07	-	(0.02)	-	0.07	0.37	158.0	303.03	3.99
Outpatient Pathology/Lab	Procedures	2,661.4	44.55	9.88	0.20	0.85	(0.05)	-	0.22	1.10	2,761.1	53.02	12.20
Outpatient Pharmacy	Procedures	161.1	1,184.45	15.90	0.32	-	(0.08)	-	0.32	1.65	166.8	1,303.18	18.11
Outpatient MH/SA	Visits	343.1	335.77	9.60	0.19	-	(0.05)	-	0.20	0.99	355.2	369.22	10.93
Other Outpatient	Procedures	469.0	203.14	7.94	0.16	-	(0.04)	-	0.16	0.82	485.6	223.41	9.04
Subtotal Outpatient Hospital				\$ 93.33									\$ 105.81
Professional													
Inpatient and Outpatient Surgery	Procedures	377.1	\$ 208.44	\$ 6.55	\$ 0.13	\$ 0.04	\$ (0.03)	\$ 0.00	\$ 0.13	\$ 0.21	390.3	\$ 216.12	\$ 7.03
Anesthesia	Procedures	111.2	151.10	1.40	0.03	-	(0.01)	-	0.03	0.04	115.2	155.27	1.49
Inpatient Visits	Visits	797.4	92.10	6.12	0.12	-	(0.03)	-	0.13	0.19	826.1	94.86	6.53
MH/SA	Visits	9,483.8	75.27	59.49	1.19	2.75	(0.32)	-	1.27	1.94	9,825.0	81.00	66.32
Emergency Room	Visits	855.1	86.45	6.16	0.12	-	(0.32)	0.10	0.13	0.18	845.4	90.42	6.37
Office/Home Visits/Consults	Visits	3,211.1	63.79	17.07	0.34	7.90	0.15	-	0.51	0.78	3,399.2	94.43	26.75
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,739.0	43.39	13.52	0.27	1.82	(0.03)	-	0.31	0.48	3,891.1	50.48	16.37
Radiology	Procedures	1,306.0	37.76	4.11	0.08	-	0.01	-	0.09	0.13	1,363.2	38.91	4.42
Office Administered Drugs	Procedures	306.1	291.26	7.43	0.15	-	(0.04)	-	0.15	0.24	316.8	300.35	7.93
Physical Exams	Visits	288.3	55.78	1.34	0.03	1.13	(0.02)	-	0.05	0.08	301.2	103.99	2.61
Therapy	Visits	561.7	57.47	2.69	0.05	0.01	(0.02)	-	0.06	0.08	580.5	59.33	2.87
Vision	Visits	185.9	70.99	1.10	0.02	0.08	(0.01)	-	0.03	0.03	192.7	77.84	1.25
Other Professional	Procedures	1,018.4	58.68	4.98	0.10	0.02	(0.02)	-	0.10	0.15	1,055.2	60.62	5.33
Subtotal Professional				\$ 131.96									\$ 155.27
Retail Pharmacy													
Retail Pharmacy	Scripts	13,419.3	\$ 97.63	\$ 109.18	\$ 2.18	\$ (2.83)	\$ (0.54)	\$ (0.12)	\$ 2.17	\$ 14.77	13,887.6	\$ 107.85	\$ 124.81
Subtotal Retail Pharmacy				\$ 109.18									\$ 124.81
Ancillary													
Transportation	Trips	297.8	\$ 82.99	\$ 2.06	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.05	308.0	\$ 84.94	\$ 2.18
DME/Prosthetics	Procedures	384.5	113.28	3.63	0.07	-	(0.02)	-	0.08	0.07	398.3	115.39	3.83
Hospice	Days	20.6	192.00	0.33	0.01	-	(0.01)	-	0.01	0.01	21.3	197.65	0.35
Subtotal Ancillary				\$ 6.02									\$ 6.36
LTSS													
Nursing Home	Days	43.4	\$ 268.27	\$ 0.97	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.03	44.3	\$ 276.40	\$ 1.02
HCBS	Procedures	2.9	41.22	0.01	-	-	-	-	-	-	2.9	41.22	0.01
Case Management	Procedures	152.3	55.16	0.70	0.01	0.14	-	-	0.01	0.03	156.6	68.18	0.89
Subtotal LTSS				\$ 1.68									\$ 1.92
Total Medical Costs				\$ 464.31									\$ 530.45

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 40-49													
Base Blended Experience					Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 81,498	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	486.8	\$ 2,195.59	\$ 89.07	\$ 1.78	\$ 0.00	\$ (1.87)	\$ 0.61	\$ 0.90	\$ 9.04	491.2	\$ 2,431.32	\$ 99.53
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,790.3	515.66	76.93	1.54	-	(1.62)	0.53	0.77	7.81	1,806.3	571.06	85.96
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	90.5	506.55	3.82	0.08	-	(0.08)	0.02	0.04	0.39	91.4	560.35	4.27
Subtotal Inpatient Hospital				\$ 169.82									\$ 189.76
Outpatient Hospital													
Outpatient Emergency Room	Visits	818.3	\$ 631.34	\$ 43.05	\$ 0.86	\$ 0.00	\$ (2.26)	\$ 0.97	\$ 0.42	\$ 4.30	799.6	\$ 710.43	\$ 47.34
Outpatient Surgery	Visits	134.1	1,521.62	17.01	0.34	-	(0.09)	-	0.35	1.76	138.9	1,673.70	19.37
Outpatient Radiology	Procedures	262.9	306.72	6.72	0.13	-	(0.03)	-	0.14	0.69	272.3	337.12	7.65
Outpatient Pathology/Lab	Procedures	4,166.6	36.66	12.73	0.25	0.86	(0.07)	-	0.28	1.40	4,317.2	42.94	15.45
Outpatient Pharmacy	Procedures	312.7	410.30	10.69	0.21	-	(0.05)	-	0.22	1.10	323.8	451.07	12.17
Outpatient MH/SA	Visits	337.9	317.10	8.93	0.18	-	(0.05)	-	0.19	0.92	350.0	348.64	10.17
Other Outpatient	Procedures	942.0	254.15	19.95	0.40	-	(0.10)	-	0.40	2.07	975.0	279.62	22.72
Subtotal Outpatient Hospital				\$ 119.08									\$ 134.87
Professional													
Inpatient and Outpatient Surgery	Procedures	685.2	\$ 211.22	\$ 12.06	\$ 0.24	\$ 0.07	\$ (0.06)	\$ 0.00	\$ 0.24	\$ 0.38	709.0	\$ 218.84	\$ 12.93
Anesthesia	Procedures	195.2	151.27	2.46	0.05	-	(0.01)	-	0.05	0.07	202.3	155.42	2.62
Inpatient Visits	Visits	1,168.0	91.95	8.95	0.18	-	(0.05)	-	0.19	0.28	1,209.7	94.73	9.55
MH/SA	Visits	8,831.8	82.09	60.42	1.21	3.58	(0.33)	-	1.31	1.99	9,151.9	89.40	68.18
Emergency Room	Visits	947.0	91.61	7.23	0.14	-	(0.38)	0.14	0.14	0.22	933.9	96.24	7.49
Office/Home Visits/Consults	Visits	4,439.7	65.14	24.10	0.48	11.05	0.11	-	0.72	1.10	4,681.0	96.29	37.56
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,690.9	37.58	14.69	0.29	1.82	(0.03)	-	0.34	0.52	4,882.5	43.33	17.63
Radiology	Procedures	1,808.4	41.54	6.26	0.13	-	0.01	-	0.13	0.20	1,886.4	42.81	6.73
Office Administered Drugs	Procedures	376.8	138.23	4.34	0.09	-	(0.03)	-	0.09	0.14	389.8	142.54	4.63
Physical Exams	Visits	402.3	59.96	2.01	0.04	1.55	(0.01)	-	0.07	0.11	422.3	107.13	3.77
Therapy	Visits	843.4	56.92	4.00	0.08	0.02	(0.03)	-	0.09	0.12	872.9	58.84	4.28
Vision	Visits	315.9	68.77	1.81	0.04	0.12	(0.01)	-	0.04	0.06	328.1	75.35	2.06
Other Professional	Procedures	1,683.1	54.18	7.60	0.15	0.02	(0.04)	-	0.16	0.24	1,742.9	55.97	8.13
Subtotal Professional				\$ 155.93									\$ 185.56
Retail Pharmacy													
Retail Pharmacy	Scripts	22,934.0	\$ 79.19	\$ 151.35	\$ 3.03	\$ (5.30)	\$ (0.74)	\$ (0.32)	\$ 2.98	\$ 20.26	23,732.6	\$ 86.59	\$ 171.26
Subtotal Retail Pharmacy				\$ 151.35									\$ 171.26
Ancillary													
Transportation	Trips	352.0	\$ 84.88	\$ 2.49	\$ 0.05	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.05	364.8	\$ 86.52	\$ 2.63
DME/Prosthetics	Procedures	754.3	97.04	6.10	0.12	-	(0.03)	-	0.13	0.12	781.5	98.88	6.44
Hospice	Days	15.5	263.65	0.34	0.01	-	-	-	-	0.01	15.9	271.18	0.36
Subtotal Ancillary				\$ 8.93									\$ 9.43
LTSS													
Nursing Home	Days	73.9	\$ 284.16	\$ 1.75	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.06	75.6	\$ 293.68	\$ 1.85
HCBS	Procedures	9.1	65.91	0.05	-	-	-	-	-	-	9.1	65.91	0.05
Case Management	Procedures	164.7	45.17	0.62	0.01	0.17	(0.01)	-	0.02	0.02	170.0	58.58	0.83
Subtotal LTSS				\$ 2.42									\$ 2.73
Total Medical Costs				\$ 607.53									\$ 693.61

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 50-64													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 139,263	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	716.9	\$ 2,180.56	\$ 130.27	\$ 2.61	\$ 0.00	\$ (2.02)	\$ 0.40	\$ 1.31	\$ 13.24	727.4	\$ 2,405.59	\$ 145.81
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,042.0	556.57	48.33	0.97	-	(0.75)	0.15	0.48	4.92	1,057.1	614.13	54.10
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	180.0	359.41	5.39	0.11	-	(0.09)	0.02	0.06	0.54	182.6	396.20	6.03
Subtotal Inpatient Hospital				\$ 183.99									\$ 205.94
Outpatient Hospital													
Outpatient Emergency Room	Visits	603.7	\$ 656.50	\$ 33.03	\$ 0.66	\$ 0.00	\$ (1.67)	\$ 0.79	\$ 0.33	\$ 3.31	591.3	\$ 739.70	\$ 36.45
Outpatient Surgery	Visits	276.3	1,382.15	31.82	0.64	-	(0.17)	-	0.65	3.29	286.0	1,520.19	36.23
Outpatient Radiology	Procedures	428.1	386.82	13.80	0.28	-	(0.07)	-	0.28	1.42	443.3	425.26	15.71
Outpatient Pathology/Lab	Procedures	6,032.1	28.71	14.43	0.29	1.17	(0.08)	-	0.32	1.61	6,253.6	34.04	17.74
Outpatient Pharmacy	Procedures	742.0	467.36	28.90	0.58	-	(0.15)	-	0.59	2.99	768.2	514.06	32.91
Outpatient MH/SA	Visits	175.6	388.89	5.69	0.11	-	(0.03)	-	0.12	0.59	181.7	427.85	6.48
Other Outpatient	Procedures	1,563.3	189.30	24.66	0.49	-	(0.12)	-	0.50	2.55	1,618.4	208.20	28.08
Subtotal Outpatient Hospital				\$ 152.33									\$ 173.60
Professional													
Inpatient and Outpatient Surgery	Procedures	1,238.8	\$ 193.93	\$ 20.02	\$ 0.40	\$ 0.11	\$ (0.11)	\$ 0.00	\$ 0.41	\$ 0.63	1,282.1	\$ 200.86	\$ 21.46
Anesthesia	Procedures	315.4	137.36	3.61	0.07	-	(0.02)	-	0.08	0.11	326.7	141.40	3.85
Inpatient Visits	Visits	1,336.9	87.06	9.70	0.19	0.01	(0.04)	-	0.19	0.31	1,383.8	89.84	10.36
MH/SA	Visits	4,009.7	94.18	31.47	0.63	2.44	(0.17)	-	0.69	1.06	4,156.3	104.29	36.12
Emergency Room	Visits	776.0	92.32	5.97	0.12	-	(0.30)	0.09	0.12	0.18	768.2	96.54	6.18
Office/Home Visits/Consults	Visits	5,356.0	65.76	29.35	0.59	12.46	(0.02)	-	0.86	1.30	5,617.0	95.15	44.54
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,027.8	27.57	11.55	0.23	2.49	(0.02)	-	0.29	0.43	5,245.4	34.25	14.97
Radiology	Procedures	2,346.7	67.29	13.16	0.26	-	0.04	-	0.27	0.41	2,448.4	69.30	14.14
Office Administered Drugs	Procedures	488.7	213.62	8.70	0.17	-	(0.04)	-	0.18	0.27	506.1	220.02	9.28
Physical Exams	Visits	541.0	59.89	2.70	0.05	1.80	(0.02)	-	0.09	0.14	565.1	101.09	4.76
Therapy	Visits	1,225.2	59.35	6.06	0.12	0.01	(0.03)	-	0.12	0.19	1,267.6	61.25	6.47
Vision	Visits	471.4	67.46	2.65	0.05	0.21	(0.01)	-	0.05	0.09	487.4	74.84	3.04
Other Professional	Procedures	2,758.7	53.07	12.20	0.24	0.05	(0.06)	-	0.25	0.38	2,855.9	54.88	13.06
Subtotal Professional				\$ 157.14									\$ 188.23
Retail Pharmacy													
Retail Pharmacy	Scripts	31,395.4	\$ 65.65	\$ 171.75	\$ 3.44	\$ (8.13)	\$ (0.84)	\$ (0.43)	\$ 3.33	\$ 22.70	32,479.4	\$ 70.87	\$ 191.82
Subtotal Retail Pharmacy				\$ 171.75									\$ 191.82
Ancillary													
Transportation	Trips	328.4	\$ 81.86	\$ 2.24	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.05	340.1	\$ 83.62	\$ 2.37
DME/Prosthetics	Procedures	1,048.3	94.90	8.29	0.17	-	(0.05)	-	0.17	0.18	1,084.9	96.89	8.76
Hospice	Days	73.4	222.29	1.36	0.03	-	(0.01)	-	0.01	0.05	75.0	230.29	1.44
Subtotal Ancillary				\$ 11.89									\$ 12.57
LTSS													
Nursing Home	Days	238.5	\$ 263.70	\$ 5.24	\$ 0.10	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.05	\$ 0.17	244.4	\$ 272.04	\$ 5.54
HCBS	Procedures	28.2	42.59	0.10	-	-	-	-	-	0.01	28.2	46.85	0.11
Case Management	Procedures	155.0	40.26	0.52	0.01	0.35	(0.01)	-	0.02	0.02	161.0	67.84	0.91
Subtotal LTSS				\$ 5.86									\$ 6.56
Total Medical Costs				\$ 682.96									\$ 778.72

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RHP - ID													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 11,391	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	1,001.5	\$ 1,987.43	\$ 165.86	\$ 2.49	\$ 0.00	\$ (2.57)	\$ 0.33	\$ 1.66	\$ 16.76	1,011.0	\$ 2,190.28	\$ 184.53
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,069.2	964.33	85.92	1.29	-	(1.33)	0.17	0.86	8.68	1,079.4	1,062.72	95.59
Inpatient Maternity Delivery	Days	11.7	1,138.62	1.11	0.02	-	(0.02)	-	0.01	0.11	11.8	1,250.44	1.23
Other Inpatient	Days	170.1	361.23	5.12	0.08	-	(0.08)	0.01	0.05	0.52	171.7	398.26	5.70
Subtotal Inpatient Hospital				\$ 258.01									\$ 287.05
Outpatient Hospital													
Outpatient Emergency Room	Visits	735.3	\$ 610.01	\$ 37.38	\$ 0.56	\$ 0.00	\$ (1.78)	\$ 0.71	\$ 0.37	\$ 3.72	718.6	\$ 683.99	\$ 40.96
Outpatient Surgery	Visits	164.5	1,486.04	20.37	0.31	-	(0.11)	-	0.21	2.07	167.8	1,634.07	22.85
Outpatient Radiology	Procedures	329.2	221.25	6.07	0.09	-	(0.03)	-	0.06	0.62	335.7	243.42	6.81
Outpatient Pathology/Lab	Procedures	5,960.8	30.48	15.14	0.23	0.73	(0.08)	-	0.16	1.61	6,082.9	35.10	17.79
Outpatient Pharmacy	Procedures	475.5	155.46	6.16	0.09	-	(0.03)	-	0.06	0.63	484.8	171.05	6.91
Outpatient MH/SA	Visits	75.8	334.07	2.11	0.03	-	(0.01)	-	0.02	0.22	77.2	368.26	2.37
Other Outpatient	Procedures	1,575.2	212.25	27.86	0.42	-	(0.14)	-	0.28	2.84	1,606.8	233.46	31.26
Subtotal Outpatient Hospital				\$ 115.09									\$ 128.95
Professional													
Inpatient and Outpatient Surgery	Procedures	1,251.7	\$ 127.03	\$ 13.25	\$ 0.20	\$ 0.04	\$ (0.06)	\$ 0.00	\$ 0.13	\$ 0.14	1,277.2	\$ 128.72	\$ 13.70
Anesthesia	Procedures	306.9	192.39	4.92	0.07	-	(0.02)	-	0.05	0.05	313.1	194.31	5.07
Inpatient Visits	Visits	2,384.6	90.53	17.99	0.27	0.01	(0.09)	-	0.18	0.18	2,432.3	91.47	18.54
MH/SA	Visits	4,663.9	126.00	48.97	0.73	1.76	(0.26)	-	0.51	0.52	4,757.2	131.75	52.23
Emergency Room	Visits	922.1	94.74	7.28	0.11	-	(0.35)	0.11	0.07	0.07	900.6	97.14	7.29
Office/Home Visits/Consults	Visits	6,006.9	66.46	33.27	0.50	7.66	-	-	0.41	0.42	6,171.2	82.17	42.26
Maternity	Procedures	11.9	363.44	0.36	0.01	-	(0.01)	-	0.01	-	12.2	363.44	0.37
Pathology/Lab	Procedures	5,386.8	15.91	7.14	0.11	1.58	(0.01)	-	0.09	0.09	5,530.2	19.53	9.00
Radiology	Procedures	2,029.5	35.59	6.02	0.09	-	0.02	-	0.06	0.06	2,086.8	35.94	6.25
Office Administered Drugs	Procedures	542.3	232.36	10.50	0.16	-	(0.06)	-	0.11	0.11	553.1	234.75	10.82
Physical Exams	Visits	917.4	64.35	4.92	0.07	2.41	(0.03)	-	0.07	0.08	937.9	96.21	7.52
Therapy	Visits	1,315.5	71.70	7.86	0.12	-	(0.04)	-	0.08	0.08	1,342.3	72.41	8.10
Vision	Visits	520.1	64.14	2.78	0.04	0.10	(0.01)	-	0.03	0.03	531.3	67.07	2.97
Other Professional	Procedures	11,251.1	110.59	103.69	1.56	0.14	(0.53)	-	1.05	1.06	11,476.8	111.85	106.97
Subtotal Professional				\$ 268.95									\$ 291.09
Retail Pharmacy													
Retail Pharmacy	Scripts	58,898.4	\$ 63.88	\$ 313.53	\$ 4.70	\$ (16.45)	\$ (1.51)	\$ (1.32)	\$ 9.03	\$ 41.33	61,194.0	\$ 68.50	\$ 349.31
Subtotal Retail Pharmacy				\$ 313.53									\$ 349.31
Ancillary													
Transportation	Trips	553.5	\$ 89.54	\$ 4.13	\$ 0.06	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.04	\$ 0.13	564.2	\$ 92.30	\$ 4.34
DME/Prosthetics	Procedures	7,159.6	128.94	76.93	1.15	-	(0.39)	-	0.78	2.37	7,302.9	132.83	80.84
Hospice	Days	1,844.9	150.25	23.10	0.35	-	(0.12)	-	0.23	0.73	1,881.6	154.91	24.29
Subtotal Ancillary				\$ 104.16									\$ 109.47
LTSS													
Nursing Home	Days	241.3	\$ 278.47	\$ 5.60	\$ 0.08	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.05	\$ 0.18	246.1	\$ 287.25	\$ 5.89
HCBS	Procedures	541.8	124.26	5.61	0.08	-	(0.02)	-	0.11	0.17	558.2	127.91	5.95
Case Management	Procedures	48.0	80.01	0.32	-	0.36	-	-	0.01	0.02	49.5	172.13	0.71
Subtotal LTSS				\$ 11.53									\$ 12.55
Total Medical Costs				\$ 1,071.27									\$ 1,178.42

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RHP - Other Disabled 21-44													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 45,204	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	862.8	\$ 1,960.25	\$ 140.95	\$ 2.11	\$ 0.00	\$ (2.16)	\$ 0.19	\$ 1.42	\$ 14.23	871.2	\$ 2,158.86	\$ 156.74
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	931.3	653.51	50.72	0.76	-	(0.78)	0.07	0.51	5.12	940.3	719.75	56.40
Inpatient Maternity Delivery	Days	80.4	1,280.92	8.58	0.13	-	(0.13)	0.01	0.08	0.87	81.1	1,411.09	9.54
Other Inpatient	Days	62.5	397.52	2.07	0.03	-	(0.03)	-	0.02	0.21	63.1	437.47	2.30
Subtotal Inpatient Hospital				\$ 202.32									\$ 224.98
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,451.4	\$ 610.51	\$ 73.84	\$ 1.11	\$ 0.00	\$ (5.08)	\$ 1.90	\$ 0.72	\$ 7.24	1,387.5	\$ 689.56	\$ 79.73
Outpatient Surgery	Visits	162.2	1,906.86	25.78	0.39	-	(0.13)	-	0.26	2.62	165.5	2,096.82	28.92
Outpatient Radiology	Procedures	571.6	318.70	15.18	0.23	-	(0.08)	-	0.15	1.55	582.9	350.61	17.03
Outpatient Pathology/Lab	Procedures	7,819.3	39.69	25.86	0.39	1.41	(0.14)	-	0.28	2.78	7,979.5	45.99	30.58
Outpatient Pharmacy	Procedures	898.0	430.42	32.21	0.48	-	(0.16)	-	0.32	3.29	915.9	473.52	36.14
Outpatient MH/SA	Visits	282.2	398.04	9.36	0.14	-	(0.05)	-	0.10	0.95	287.9	437.64	10.50
Other Outpatient	Procedures	2,065.0	222.86	38.35	0.58	-	(0.20)	-	0.39	3.91	2,106.5	245.13	43.03
Subtotal Outpatient Hospital				\$ 220.58									\$ 245.93
Professional													
Inpatient and Outpatient Surgery	Procedures	738.1	\$ 211.36	\$ 13.00	\$ 0.19	\$ 0.34	\$ (0.07)	\$ 0.00	\$ 0.14	\$ 0.13	752.8	\$ 218.85	\$ 13.73
Anesthesia	Procedures	266.5	183.26	4.07	0.06	-	(0.02)	-	0.04	0.04	271.7	185.02	4.19
Inpatient Visits	Visits	1,592.9	87.24	11.58	0.17	-	(0.06)	-	0.12	0.12	1,624.5	88.12	11.93
MH/SA	Visits	8,378.6	94.48	65.97	0.99	4.58	(0.36)	-	0.71	0.72	8,548.8	101.92	72.61
Emergency Room	Visits	1,611.9	83.53	11.22	0.17	-	(0.77)	0.23	0.11	0.11	1,541.5	86.18	11.07
Office/Home Visits/Consults	Visits	6,134.2	64.95	33.20	0.50	15.57	0.45	-	0.50	0.50	6,402.1	95.07	50.72
Maternity	Procedures	112.6	291.99	2.74	0.04	0.34	(0.01)	-	0.03	0.03	115.1	330.57	3.17
Pathology/Lab	Procedures	4,952.7	30.07	12.41	0.19	3.07	(0.03)	-	0.16	0.16	5,080.4	37.70	15.96
Radiology	Procedures	2,801.1	41.30	9.64	0.14	-	0.03	-	0.10	0.10	2,879.5	41.72	10.01
Office Administered Drugs	Procedures	455.4	806.60	30.61	0.46	-	(0.16)	-	0.31	0.32	464.5	814.87	31.54
Physical Exams	Visits	563.7	55.35	2.60	0.04	2.05	(0.03)	-	0.05	0.05	576.7	99.04	4.76
Therapy	Visits	920.4	58.67	4.50	0.07	0.02	(0.02)	-	0.04	0.05	938.8	59.57	4.66
Vision	Visits	387.4	67.52	2.18	0.03	0.11	(0.01)	-	0.02	0.02	394.5	71.48	2.35
Other Professional	Procedures	3,795.8	79.03	25.00	0.38	0.10	(0.13)	-	0.25	0.26	3,871.8	80.15	25.86
Subtotal Professional				\$ 228.72									\$ 262.56
Retail Pharmacy													
Retail Pharmacy	Scripts	31,612.6	\$ 84.24	\$ 221.91	\$ 3.33	\$ (8.09)	\$ (1.08)	\$ (0.59)	\$ 6.51	\$ 29.79	32,860.5	\$ 91.94	\$ 251.78
Subtotal Retail Pharmacy				\$ 221.91									\$ 251.78
Ancillary													
Transportation	Trips	484.2	\$ 77.32	\$ 3.12	\$ 0.05	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.03	\$ 0.10	493.5	\$ 79.76	\$ 3.28
DME/Prosthetics	Procedures	1,334.7	125.61	13.97	0.21	-	(0.07)	-	0.14	0.43	1,361.4	129.40	14.68
Hospice	Days	39.0	224.83	0.73	0.01	-	-	-	-	0.03	39.5	233.95	0.77
Subtotal Ancillary				\$ 17.82									\$ 18.73
LTSS													
Nursing Home	Days	52.3	\$ 296.07	\$ 1.29	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.04	53.5	\$ 305.04	\$ 1.36
HCBS	Procedures	172.5	82.77	1.19	0.02	-	(0.01)	-	0.03	0.03	178.3	84.79	1.26
Case Management	Procedures	138.4	46.82	0.54	0.01	0.63	(0.01)	-	0.02	0.04	143.5	102.84	1.23
Subtotal LTSS				\$ 3.02									\$ 3.85
Total Medical Costs				\$ 894.37									\$ 1,007.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RHP - Other Disabled 45+													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 89,363	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	1,822.6	\$ 1,842.12	\$ 279.79	\$ 4.20	\$ 0.00	\$ (4.53)	\$ 0.33	\$ 2.80	\$ 28.23	1,838.7	\$ 2,028.51	\$ 310.82
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	772.4	716.37	46.11	0.69	-	(0.74)	0.05	0.46	4.65	779.3	788.75	51.22
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	572.7	349.71	16.69	0.25	-	(0.27)	0.02	0.17	1.68	577.9	385.01	18.54
Subtotal Inpatient Hospital				\$ 342.59									\$ 380.58
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,173.0	\$ 652.26	\$ 63.76	\$ 0.96	\$ 0.00	\$ (4.29)	\$ 1.94	\$ 0.63	\$ 6.29	1,123.4	\$ 740.18	\$ 69.29
Outpatient Surgery	Visits	365.8	1,544.65	47.09	0.71	-	(0.24)	-	0.47	4.80	373.1	1,699.02	52.83
Outpatient Radiology	Procedures	1,046.6	325.29	28.37	0.43	-	(0.15)	-	0.29	2.89	1,067.6	357.77	31.83
Outpatient Pathology/Lab	Procedures	10,749.2	33.56	30.06	0.45	1.96	(0.16)	-	0.32	3.26	10,967.3	39.27	35.89
Outpatient Pharmacy	Procedures	1,329.6	518.13	57.41	0.86	-	(0.29)	-	0.58	5.85	1,356.3	569.89	64.41
Outpatient MH/SA	Visits	146.4	357.43	4.36	0.07	-	(0.03)	-	0.05	0.44	149.4	392.77	4.89
Other Outpatient	Procedures	3,372.1	225.48	63.36	0.95	-	(0.32)	-	0.64	6.46	3,439.7	248.01	71.09
Subtotal Outpatient Hospital				\$ 294.41									\$ 330.23
Professional													
Inpatient and Outpatient Surgery	Procedures	1,771.2	\$ 201.96	\$ 29.81	\$ 0.45	\$ 0.22	\$ (0.15)	\$ 0.00	\$ 0.30	\$ 0.31	1,806.9	\$ 205.48	\$ 30.94
Anesthesia	Procedures	458.2	141.95	5.42	0.08	-	(0.03)	-	0.06	0.05	467.5	143.23	5.58
Inpatient Visits	Visits	2,732.1	84.16	19.16	0.29	0.02	(0.09)	-	0.19	0.19	2,787.7	85.06	19.76
MH/SA	Visits	8,760.3	89.11	65.05	0.98	4.77	(0.35)	-	0.70	0.71	8,939.5	96.46	71.86
Emergency Room	Visits	1,557.1	91.94	11.93	0.18	-	(0.80)	0.27	0.11	0.12	1,490.6	95.08	11.81
Office/Home Visits/Consults	Visits	9,490.2	66.25	52.39	0.79	21.99	0.17	-	0.75	0.77	9,799.9	94.11	76.86
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,815.0	26.69	15.16	0.23	4.25	(0.03)	-	0.19	0.20	6,990.3	34.33	20.00
Radiology	Procedures	4,616.3	51.00	19.62	0.29	-	0.06	-	0.20	0.20	4,745.7	51.51	20.37
Office Administered Drugs	Procedures	616.0	239.03	12.27	0.18	-	(0.06)	-	0.13	0.12	628.5	241.32	12.64
Physical Exams	Visits	718.3	54.46	3.26	0.05	2.30	(0.03)	-	0.06	0.05	736.0	92.77	5.69
Therapy	Visits	1,935.0	68.84	11.10	0.17	-	(0.06)	-	0.12	0.11	1,975.1	69.50	11.44
Vision	Visits	638.9	65.36	3.48	0.05	0.18	(0.02)	-	0.04	0.04	651.8	69.41	3.77
Other Professional	Procedures	9,596.4	70.18	56.12	0.84	0.10	(0.29)	-	0.57	0.58	9,787.9	71.01	57.92
Subtotal Professional				\$ 304.77									\$ 348.64
Retail Pharmacy													
Retail Pharmacy	Scripts	70,404.5	\$ 72.12	\$ 423.14	\$ 6.35	\$ (17.40)	\$ (2.06)	\$ (1.88)	\$ 12.32	\$ 56.43	73,168.2	\$ 78.21	\$ 476.90
Subtotal Retail Pharmacy				\$ 423.14									\$ 476.90
Ancillary													
Transportation	Trips	733.4	\$ 76.42	\$ 4.67	\$ 0.07	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.04	\$ 0.15	747.5	\$ 78.82	\$ 4.91
DME/Prosthetics	Procedures	2,942.5	107.54	26.37	0.40	-	(0.14)	-	0.27	0.81	3,001.7	110.78	27.71
Hospice	Days	432.7	179.70	6.48	0.10	-	(0.04)	-	0.07	0.20	441.4	185.14	6.81
Subtotal Ancillary				\$ 37.52									\$ 39.43
LTSS													
Nursing Home	Days	536.2	\$ 265.88	\$ 11.88	\$ 0.18	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.12	\$ 0.37	547.0	\$ 274.00	\$ 12.49
HCBS	Procedures	355.1	80.09	2.37	0.04	-	(0.02)	-	0.05	0.08	365.6	82.71	2.52
Case Management	Procedures	330.6	53.00	1.46	0.02	1.47	(0.02)	-	0.06	0.09	344.1	107.40	3.08
Subtotal LTSS				\$ 15.71									\$ 18.09
Total Medical Costs				\$ 1,418.14									\$ 1,593.87

Appendix 6: SFY 2021 Capitation Rate Development

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2021 Capitation Rate Development
Medicaid Managed Care Program
Rate Change Summary

Region: Statewide	Projected Exposure	Base Benefit Expense	CTC Adjustment	Detoxification Case Management	Care Coordination	Administrative Cost Allowance	Risk Margin	SFY 2021 Effective Rate	Prior Effective Rate	% Change
Rite Care										
RC - MF<1	67,119	\$ 562.65	\$ 1.58	\$ 0.00	\$ 6.25	\$ 46.89	\$ 9.38	\$ 626.75	\$ 571.18	9.7%
RC - MF 1-5	344,277	166.35	1.58	-	1.85	13.86	2.77	186.41	171.10	8.9%
RC - MF 6-14	586,617	154.55	1.58	-	1.72	12.88	2.57	173.30	162.08	6.9%
RC - M 15-44	222,031	214.34	0.65	0.21	2.36	15.31	3.53	236.40	230.47	2.6%
RC - F 15-44	531,576	356.02	0.27	0.18	3.91	25.43	5.87	391.68	360.16	8.8%
RC - MF 45+	117,764	506.83	-	0.27	5.57	36.20	8.36	557.23	526.32	5.9%
RC - EFP	21,673	17.53	-	-	0.20	2.00	0.30	20.03	16.08	24.6%
RC - SOBRA	4,173	12,516.29	-	-	65.19	260.76	195.56	13,037.80	12,219.88	6.7%
Subtotal Rite Care	1,891,057	\$ 282.82	\$ 0.99	\$ 0.09	\$ 2.96	\$ 19.98	\$ 4.65	\$ 311.50	\$ 289.93	7.4%
Children with Special Healthcare Needs										
CSHCN - Adoption Subsidy	25,845	\$ 548.98	\$ 1.51	\$ 0.00	\$ 6.20	\$ 55.83	\$ 9.31	\$ 621.83	\$ 532.16	16.9%
CSHCN - Katie Beckett	1,005	3,179.47	1.45	-	35.13	245.93	52.70	3,514.68	3,217.10	9.2%
CSHCN - SSI < 15	36,063	1,399.73	1.58	-	15.47	108.27	23.19	1,548.24	1,431.53	8.2%
CSHCN - SSI >= 15	23,226	1,081.90	0.73	-	11.95	83.68	17.94	1,196.20	1,007.55	18.7%
CSHCN - Substitute Care	33,020	733.89	1.18	-	8.29	74.63	12.44	830.43	728.29	14.0%
Subtotal Children with Special Healthcare Needs	119,159	\$ 983.76	\$ 1.29	\$ 0.00	\$ 10.95	\$ 83.94	\$ 16.43	\$ 1,096.36	\$ 974.01	12.6%
Medicaid Expansion										
ME - F 19-24	115,701	\$ 282.63	\$ 0.00	\$ 0.11	\$ 3.12	\$ 21.86	\$ 4.69	\$ 312.41	\$ 256.91	21.6%
ME - F 25-29	62,683	404.80	-	0.84	4.47	31.31	6.71	448.13	403.60	11.0%
ME - F 30-39	59,801	604.82	-	0.71	6.68	46.78	10.03	669.02	565.54	18.3%
ME - F 40-49	62,066	789.18	-	1.14	8.72	61.04	13.08	873.16	740.35	17.9%
ME - F 50-64	164,125	733.54	-	0.47	8.11	56.74	12.15	811.01	708.03	14.5%
ME - M 19-24	118,837	192.72	-	0.41	2.13	14.91	3.19	213.36	197.40	8.1%
ME - M 25-29	90,701	359.65	-	0.80	3.97	27.82	5.96	398.20	349.68	13.9%
ME - M 30-39	125,904	530.45	-	1.28	5.86	41.03	8.79	587.41	524.97	11.9%
ME - M 40-49	81,498	693.61	-	2.36	7.66	53.65	11.50	768.78	717.62	7.1%
ME - M 50-64	139,263	778.72	-	1.39	8.60	60.23	12.91	861.85	801.14	7.6%
ME - SOBRA	688	12,516.29	-	-	65.19	260.76	195.56	13,037.80	12,219.88	6.7%
Subtotal Medicaid Expansion	1,020,579	\$ 548.23	\$ 0.00	\$ 0.91	\$ 6.01	\$ 41.93	\$ 9.08	\$ 606.15	\$ 539.63	12.3%
Rhody Health Partners										
RHP - ID	11,391	\$ 1,178.42	\$ 0.00	\$ 0.23	\$ 12.88	\$ 77.27	\$ 19.32	\$ 1,288.12	\$ 1,172.12	9.9%
RHP - SPMI	32,820	2,633.80	-	5.18	28.78	172.71	43.18	2,883.65	2,570.04	12.2%
RHP - Other Disabled 21-44	45,204	1,007.83	-	0.98	11.01	66.09	16.52	1,102.43	970.99	13.5%
RHP - Other Disabled 45+	89,363	1,593.87	-	2.19	17.42	104.52	26.12	1,744.12	1,557.88	12.0%
Subtotal Rhody Health Partners	178,778	\$ 1,610.13	\$ 0.00	\$ 2.31	\$ 17.60	\$ 105.59	\$ 26.39	\$ 1,762.01	\$ 1,570.72	12.2%
Total	3,209,573	\$ 467.17	\$ 0.63	\$ 0.47	\$ 5.04	\$ 34.10	\$ 7.71	\$ 515.13	\$ 466.07	10.5%

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, detoxification case management, and care coordination

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2021 Capitation Rate Development Medicaid Managed Care Program Rate Change Summary									
Region: Statewide	SFY 2021 Effective Rate	Vaccine Assessment	Premium Tax	SFY 2021 Capitation Rate	Prior Capitation Rate	% Change	Withhold	SFY 2021 Net Capitation Rate	Baseline Medical Expense for Risk Corridor
Rite Care									
RC - MF<1	\$ 626.75	\$ 0.00	\$ 12.79	\$ 639.54	\$ 582.84	9.7%	\$ (3.20)	\$ 636.34	\$ 570.48
RC - MF 1-5	186.41	-	3.80	190.21	174.59	8.9%	(0.95)	189.26	169.78
RC - MF 6-14	173.30	-	3.54	176.84	165.39	6.9%	(0.88)	175.96	157.85
RC - M 15-44	236.40	1.68	4.86	242.94	237.00	2.5%	(1.21)	241.73	217.56
RC - F 15-44	391.68	2.55	8.05	402.28	370.14	8.7%	(2.01)	400.27	360.38
RC - MF 45+	557.23	3.18	11.44	571.85	540.31	5.8%	(2.86)	568.99	512.67
RC - EFP	20.03	-	0.41	20.44	16.41	24.6%	-	20.44	17.73
RC - SOBRA	13,037.80	-	266.08	13,303.88	12,469.27	6.7%	-	13,303.88	12,581.48
Subtotal Rite Care	\$ 311.50	\$ 1.11	\$ 6.38	\$ 318.99	\$ 297.00	7.4%	\$ (1.44)	\$ 317.55	\$ 286.86
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	\$ 621.83	\$ 0.09	\$ 12.69	\$ 634.61	\$ 543.13	16.8%	\$ (3.17)	\$ 631.44	\$ 556.69
CSHCN - Katie Beckett	3,514.68	0.18	71.73	3,586.59	3,282.90	9.3%	(17.93)	3,568.66	3,216.05
CSHCN - SSI < 15	1,548.24	-	31.60	1,579.84	1,460.74	8.2%	(7.90)	1,571.94	1,416.78
CSHCN - SSI >= 15	1,196.20	1.48	24.44	1,222.12	1,029.66	18.7%	(6.11)	1,216.01	1,094.58
CSHCN - Substitute Care	830.43	0.75	16.96	848.14	743.92	14.0%	(4.24)	843.90	743.36
Subtotal Children with Special Healthcare	\$ 1,096.36	\$ 0.52	\$ 22.38	\$ 1,119.26	\$ 994.42	12.6%	\$ (5.60)	\$ 1,113.67	\$ 995.99
Medicaid Expansion									
ME - F 19-24	\$ 312.41	\$ 3.18	\$ 6.44	\$ 322.03	\$ 265.40	21.3%	\$ (1.61)	\$ 320.42	\$ 285.86
ME - F 25-29	448.13	3.18	9.21	460.52	415.08	10.9%	(2.30)	458.22	410.11
ME - F 30-39	669.02	3.18	13.72	685.92	580.33	18.2%	(3.43)	682.49	612.21
ME - F 40-49	873.16	3.18	17.88	894.22	758.70	17.9%	(4.47)	889.75	799.04
ME - F 50-64	811.01	3.18	16.62	830.81	725.72	14.5%	(4.15)	826.66	742.12
ME - M 19-24	213.36	3.18	4.42	220.96	204.67	8.0%	(1.10)	219.86	195.26
ME - M 25-29	398.20	3.18	8.19	409.57	360.06	13.8%	(2.05)	407.52	364.42
ME - M 30-39	587.41	3.18	12.05	602.64	538.93	11.8%	(3.01)	599.63	537.59
ME - M 40-49	768.78	3.18	15.75	787.71	735.51	7.1%	(3.94)	783.77	703.63
ME - M 50-64	861.85	3.18	17.65	882.68	820.73	7.5%	(4.41)	878.27	788.71
ME - SOBRA	13,037.80	-	266.08	13,303.88	12,469.27	6.7%	-	13,303.88	12,581.48
Subtotal Medicaid Expansion	\$ 606.15	\$ 3.18	\$ 12.43	\$ 621.76	\$ 553.88	12.3%	\$ (3.06)	\$ 618.70	\$ 555.14
Rhody Health Partners									
RHP - ID	\$ 1,288.12	\$ 3.18	\$ 26.35	\$ 1,317.65	\$ 1,199.29	9.9%	\$ (6.59)	\$ 1,311.06	\$ 1,191.53
RHP - SPMI	2,883.65	3.18	58.91	2,945.74	2,625.73	12.2%	(14.73)	2,931.01	2,667.76
RHP - Other Disabled 21-44	1,102.43	3.18	22.56	1,128.17	994.05	13.5%	(5.64)	1,122.53	1,019.82
RHP - Other Disabled 45+	1,744.12	3.18	35.66	1,782.96	1,592.92	11.9%	(8.91)	1,774.05	1,613.48
Subtotal Rhody Health Partners	\$ 1,762.01	\$ 3.18	\$ 36.02	\$ 1,801.21	\$ 1,606.02	12.2%	\$ (9.00)	\$ 1,792.21	\$ 1,630.03
Total	\$ 515.13	\$ 1.86	\$ 10.55	\$ 527.54	\$ 477.49	10.5%	\$ (2.53)	\$ 525.01	\$ 473.31

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, detoxification case management, and care coordination



Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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Enclosure 3: SFY 2022 Medicaid Managed Care Certification

State Fiscal Year 2022 Medicaid Managed Care Capitation Rate Certification

July 1, 2021 through June 30, 2022

Rhode Island, Executive Office of Health and Human Services

August 9, 2021

[Jason A. Clarkson](#), FSA, MAAA
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Introduction & Executive Summary

BACKGROUND

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of capitation rates for Rhode Island's Medicaid managed care program effective July 1, 2021 for state fiscal year (SFY) 2022. This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

At the time of this report, we acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report.

To facilitate review, this document has been organized in the same manner as the 2020-2021 Medicaid Managed Care Rate Development Guide, released by the Center for Medicare and Medicaid Services in July 2020 (CMS guide). At the time of the initial draft of the SFY 2022 Medicaid managed care capitation rate documentation was written, this was the most recent guidance available from CMS. Section II of the CMS guide is not applicable to this certification, as Rhode Island's Medicaid managed care program does not include long-term services and supports.

FISCAL IMPACT ESTIMATE

The actuarially sound capitation rates for the Medicaid Managed Care Program are illustrated in Figure 1. These rates are effective from July 1, 2021 through June 30, 2022. Figure 1 provides a comparison of the July 1, 2021 rates relative to the rates effective July 1, 2020 for the Medicaid managed care program. The composite rates illustrated for both SFY 2021 and SFY 2022 were developed based on projected monthly enrollment for SFY 2022 and are illustrated on a per member per month (PMPM) basis.

FIGURE 1: COMPARISON WITH SFY 2021 RATES (PMPM)

Population	Estimated SFY 2022 Average Monthly Enrollment	SFY 2021 Composite Rates	SFY 2022 Composite Rates	% Change
CSHCN	9,757	\$ 1,120.33	\$ 1,166.34	4.1%
Rlte Care	165,336	291.68	300.35	3.0%
Medicaid Expansion	99,108	617.37	654.21	6.0%
Rhody Health Partners	14,630	1,794.24	1,934.07	7.8%
SOBRA	375	13,303.88	13,611.24	2.3%
Composite	288,832	\$ 524.79	\$ 551.43	5.1%

Notes:

1. SFY 2021 and SFY 2022 composite rates were developed based on projected SFY 2022 average monthly enrollment.
2. SOBRA enrollment reflects the estimated count of monthly deliveries.

Figure 2 compares the estimated state and federal expenditures under the SFY 2021 capitation rates relative to the SFY 2022 capitation rates, based on projected average monthly enrollment for SFY 2022.

FIGURE 2: COMPARISON WITH SFY 2021 EXPENDITURES (\$ MILLIONS)

Population	SFY 2021 Aggregate Expenditures	SFY 2022 Aggregate Expenditures	Expenditure Change
CSHCN	\$ 131.2	\$ 136.6	\$ 5.4
Rlte Care	578.7	595.9	17.2
Rhody Health Partners	315.0	339.5	24.5
Subtotal Medicaid	1,024.9	1,072.0	47.1
Federal	560.4	586.2	25.8
State	464.4	485.8	21.4
Medicaid Expansion	734.2	778.0	43.8
Federal	660.8	700.2	39.4
State	73.4	77.8	4.4
SOBRA	59.8	61.2	1.4
Federal	32.7	33.5	0.8
State	27.1	27.7	0.6
Total	\$ 1,818.9	\$ 1,911.3	\$ 92.4
Total Federal	\$ 1,253.9	\$ 1,319.9	\$ 66.0
Total State	\$ 565.0	\$ 591.3	\$ 26.3

Notes:

1. Values have been rounded.
2. SFY 2021 and SFY 2022 aggregate expenditures were developed based on projected SFY 2022 average monthly enrollment.
3. State expenditures for populations other than Medicaid Expansion are based on Federal Fiscal Year (FFY) 2021 Federal Medical Assistance Percentage (FMAP) of 54.09% for three months and FFY 2022 FMAP of 54.88% for nine months. No adjustment was made for Families First Coronavirus Response Act enhanced FMAP, Children's Health Insurance Program (CHIP), or other enhanced FMAP rates.
4. State expenditures for the Medicaid Expansion population are based FMAP of 90.00%.

Section I. Medicaid managed care rates

1. General information

This section provides information listed under the General Information section of CMS guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care organization (MCO) for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F and CMS-2408-F) for the provisions effective for the SFY 2022 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”¹

A. RATE DEVELOPMENT STANDARDS

i. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the one-year rate period from July 1, 2021 through June 30, 2022.

ii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Jason A. Clarkson, FSA, is in Appendix 1. Mr. Clarkson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2022 managed care program rating period.

¹ <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

(b) Certified capitation rates for each rate cell

The certified capitation rates by rate cell are illustrated in Appendix 6. Member months illustrated in Appendix 6 represent projected values for SFY 2022. These rates represent the contracted capitation rates prior to risk adjustment.

(c) Program information

(i) Managed Care program

EOHHS operates the Medicaid managed care program for its population covered by Medicaid who meet the state-defined criteria for enrollment in a risk-based managed care organization (MCO). The managed care populations in this report are composed of low-income children, parents and caretakers, pregnant women, disabled children and adults, adoption subsidy and substitute care, and the Affordable Care Act (ACA) Medicaid expansion population.

Under the managed care program, comprehensive services are provided through the following three MCOs on a statewide basis:

- Neighborhood Health Plan of Rhode Island
- Tufts Health Public Plans
- UnitedHealthcare of New England

Benefits covered under the Medicaid managed program are comprehensive in nature for all populations except for the Extended Family Planning rate cell, which covers a limited set of family planning services. Long-term services and supports are covered on a fee-for-service basis for the Children with Special Healthcare Needs and Rhody Health Partners population. The following figure outlines the core benefits covered under the managed care capitation rate for the covered populations.

FIGURE 3: MANAGED CARE BENEFIT PACKAGE

Inpatient and Outpatient Hospital	School-Based Clinic Services
Therapies	Services of Other Practitioners
Physician Services	Court Ordered Mental Health and Substance Use Services
Family Planning Services	Court Ordered Treatment for Children
Prescription and Non-Prescription Drugs	Podiatry Services
Laboratory, Radiology, and Diagnostic Services	Optometry Services
Mental Health and Substance Use Inpatient and Outpatient Services	Oral Health
Home Health and Home Care Services	Hospice Services
Preventive Services	Durable Medical Equipment
EPSDT Services	Case Management
Emergency Room Services	Transplant Services
Emergency Transportation	Rehabilitation services
Nursing Home and Skilled Nursing Facility Care	Other Miscellaneous Services

Note: COVID-19 vaccine administration professional charges are covered under a non-risk payment from EOHHS to the MCOs.

Covered services are consistent with the SFY 2021 benefit package. Detailed benefit coverage information for all benefits listed in this figure can be found within Attachment A, "Schedule of In-Plan Benefits" in the MCO Medicaid Managed Care Services contracts. In-lieu-of services may also be provided with written approval from EOHHS.

(ii) Rating period

This actuarial certification is effective for the one-year rating period of July 1, 2021 through June 30, 2022.

(iii) Covered populations

The EOHHS Medicaid managed care programs covered in this report includes Medicaid beneficiaries in four distinct populations:

- **Rlte Care:** Children, pregnant women, parents, and caretaker populations.
- **Children with Special Healthcare Needs (CSHCN):** Children eligible for Supplemental Security Income (SSI), adoption subsidy, substitute care, and Katie Beckett populations.
- **Medicaid Expansion:** Population eligible for Medicaid under the Affordable Care Act (ACA) Medicaid expansion.
- **Rhody Health Partners (RHP):** Non-dual disabled adults.

Note that the Medicare-Medicaid Plan (MMP) Demonstration / Rhody Health Options Integrity, PACE, and Rlte Smiles managed care programs are not included in this report.

The three MCOs cover all of the above populations with the exception of the CSHCN Substitute Care rate cell, which is solely covered by Neighborhood Health Plan of Rhode Island. Figure 4 illustrates the corresponding rate cells and pay levels for the populations covered in this certification.

FIGURE 4: MANAGED CARE CAPITATION RATE CELLS

Population	Rate Cell	Pay Level
Rlte Care	MF <1	001
	MF 1-5	005
	MF 6-14	009
	M 15-44	013
	F 15-44	017
	MF 45+	021
	EFP	028
	SOBRA	N/A
Children with Special Healthcare Needs	Adoption Subsidy	060 – 064
	Katie Beckett	050 – 054
	SSI < 15	040 – 042
	SSI >= 15	043 – 044
	Substitute Care	033 – 037
Medicaid Expansion	F 19-24	ME01
	F 25-29	ME02
	F 30-39	ME03
	F 40-49	ME04
	F 50-64	ME05
	M 19-24	ME06
	M 25-29	ME07
	M 30-39	ME08
	M 40-49	ME09
	M 50-64	ME10
	SOBRA	N/A
Rhody Health Partners	RHP – ID	RH40
	RHP – SPMI	RH30
	RHP – Other Disabled 21-44	RH10
	RHP – Other Disabled 45+	RH20

Enrollment values in this report reflect partial months for the Rlte Care and Children with Special Healthcare Needs populations. Partial payments are not made for the remaining populations. The SOBRA capitation rate does not differ between the Rlte Care and Medicaid Expansion rate cells, and as a result, the composite experience for SOBRA is illustrated in this report.

(iv) Eligibility criteria

Eligible Medicaid beneficiaries are required to enroll in managed care on a mandatory basis. Beneficiaries are covered under the fee-for-service program for an initial period as the managed care plan enrollment process occurs. Members may be excluded from managed care in certain circumstances, such as the presence of other insurance coverage.

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold metrics
- Incentive payments
- Risk sharing arrangement
- Directed Payments

Please see Section I, item 4 for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report does not include a retroactive adjustment to the prior certified capitation rates.

iii. Differences among capitation rates

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

iv. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

v. Effective dates

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2022 capitation rates.

vi. Medical loss ratio

Capitation rates were developed in such a way that a medical loss ratio, as calculated under 42 CFR 438.8, is projected to be greater than 85% for the rating year, which includes provisions for non-benefit costs that are appropriate and attainable.

vii. Generally accepted actuarial practices and principles**(a) Reasonable, appropriate, and attainable**

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs. To our knowledge, all reasonable, appropriate, and attainable costs have been included in the certification.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The SFY 2022 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment.

viii. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period of July 1, 2021 through June 30, 2022.

ix. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

1. An increase or decrease of up to 1.5% in the capitation rate per rate cell.
2. Risk adjustment, under a methodology described in the initial certification, changes the rates paid to the MCOs.

Under case one above, a contract amendment must still be submitted to CMS. In instances in which the rates are unchanged but a contract amendment could reasonably change the rate development and rates, we will provide supporting documentation indicating the rationale as to why the rates continue to be actuarially sound. A new rate certification will be provided to account for any costs invalidated by courts of law, or changes in federal statutes, regulations, or approvals.

B. APPROPRIATE DOCUMENTATION

i. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

ii. Rate Ranges

This report certifies specific rates for each rate cell in accordance with 42 CFR §438.4(b)(4) and 438.7(c).

iii. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

iv. Different FMAP

Capitated payments for CSHCN, RHP, and Rite Care populations receive the regular state FMAP of 54.09% in FFY 2021 and 54.88% in FFY 2022. The Medicaid Expansion population receives an enhanced 90% FMAP.

The enhanced FMAP of 67.86% in FFY 2021 and 68.42% in FFY 2022 for children who are eligible for Title XXI benefits, the enhanced FMAP provided by the Families First Coronavirus Response Act (6.2% increase), and 90% enhanced FMAP for family planning services are not reflected in the values provided in Figure 2.

v. Comparison to final certified rates in the previous rate certification

The previous rate certification applied to SFY 2021 capitation rates. A comparison to SFY 2021 certified rates by rate cell is provided in Appendix 6. All material changes to the capitation rates and rate development process compared to the previous rate certification are described in this report.

vi. Future Amendments

There are no known amendments that will be provided to CMS in the future for the SFY 2022 contract period.

2. Data

This section provides information regarding the base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 2 and Appendix 3.

A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

B. APPROPRIATE DOCUMENTATION

i. Requested data

Milliman receives eligibility, capitation, encounter, and fee-for-service claim files from EOHHS on a monthly basis. In addition, Milliman receives quarterly cost reports from the MCOs. Milliman reviewed July 1, 2017 through March 31, 2021 experience with runout through March 31, 2021 for the SFY 2022 rate setting process.

The base data used in the SFY 2022 capitation rate development includes SFY 2018 and SFY 2019 experience and is summarized in Appendix 2 and Appendix 3. Note, the SFY 2018 and SFY 2019 base data period is consistent with the base data period used in the SFY 2021 capitation rate development. These data periods were chosen because of the impact the COVID-19 pandemic on SFY 2020 experience. As described in Section I, item 3 “Projected benefit cost and trends”, emerging experience after SFY 2019 was reviewed in developing the actuarial assumptions used in the SFY 2022 capitation rate development.

The remainder of this section details the base data and validation processes utilized in the SFY 2022 capitation rate development.

ii. Data used to develop the capitation rates

(a) Description of the data

(i) Types of data

The following SFY 2018 and SFY 2019 experience serves as the primary data sources for the SFY 2022 capitation rate development:

- Encounter data submitted by the MCOs;
- Fee-for-service claims (for the Cedar Health Home program adjustment);
- Eligibility and capitation payment data provided by EOHHS;
- Calendar Year 2020 Quarter 4 (CY 2020 Q4) Financial Data Cost Reports (FDCRs) submitted by the MCOs;
- Calendar Year 2021 Quarter 1 (CY 2021 Q1) FDCRs submitted by the MCOs; and,
- MCO Survey responses provided by the MCOs.

The base data is solely comprised of Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England experience. Experience of the third MCO, Tufts Health Plan, is excluded due to data quality concerns along with limited market share.

(ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2018 and SFY 2019. The CY 2020 Q4 FDCR submissions reflect claims paid through December 31, 2020. The encounter data used in our rate development process reflected encounters paid through December 31, 2020, consistent with the CY 2020 Q4 FDCR submissions, which were utilized in the base data adjustments described in Section I, item 2.B.iii, “Data adjustments”.

For the purposes of trend development and analyzing emerging population enrollment patterns and claims experience, we also reviewed encounter and CY 2021 Q1 FDCR experience from July 1, 2016 through March 31, 2021.

(iii) Data sources

The historical encounter data used for this certification was submitted by Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England. The encounter data, fee-for-service claims, eligibility, and capitation payment data was provided to Milliman by EOHHS.

The FDCRs and MCO Surveys were submitted by the MCOs to EOHHS, and EOHHS transferred this information to Milliman.

(iv) Sub-capitation

The SFY 2018 and SFY 2019 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. As described later in this report, FQHC prospective payment system (PPS) services were repriced to the PPS rate since the MCOs are responsible for the full PPS amount effective July 1, 2020. In addition, encounter experience reflects sub-capitated behavioral health experience for one MCO. The behavioral health sub-capitated encounters are utilized for purposes of the SFY 2022 rate development.

(b) Availability and quality of the data

(i) Steps taken to validate the data

The base experience used in the capitation rates relies on encounter data and CY 2020 Q4 FDCRs submitted to EOHHS by participating MCOs. Managed care eligibility is maintained by EOHHS. The actuary, the MCOs, and EOHHS all play a role in validating the quality of encounter data used in the development of the capitation rates. The MCOs play the initial role, collecting and summarizing data sent to the state. EOHHS focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. Additionally, we perform independent analysis of encounter data and FDCRs to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area.

Completeness

The EOHHS Data Quality Team routinely reviews the completeness of the submitted encounter data:

- The MCOs are contractually required to submit claims for all billable services provided to Medicaid members.
- Plans submit a monthly Financial Summary Report that is stratified by fiscal year and population. This report is required to reconcile to the MCO's financials. The submitted encounter data is then compared to the Financial Summary report for completeness.
- MCO's are contractually required to maintain their files with less than a 2% error rate in any submission cycle.

Additionally, Milliman applies several measures to the MCO-submitted encounter data used in rate setting to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population and service category;
- Comparison against the FDCRs by population and service category;
- Comparison against the File Submission Reports by population and service category; and,
- Comparison against the Risk Share Reports by population and service category.

We also summarize the encounter data to assess month to month completeness of the encounter data. These measures are applied to identify any months where encounter data volume is unusually large or small, indicating a potential issue with the submitted encounter data.

In addition, we reviewed each submission of the FDCRs to identify large data variances, incomplete data, and other reporting issues. Any identified issues were provided to each MCO by EOHHS and the FDCRs were re-submitted to EOHHS as necessary.

Accuracy

The EOHHS Data Quality Team performs multiple edits to ensure the accuracy of the submitted encounter data:

- MCO encounters are required to pass all the edit and load criteria set out in the encounter companion guide, which are similar to the edits required for fee-for-service claims.
- EOHHS maintains a monthly utilization tracking report that illustrates services provided to Medicaid beneficiaries and tracks trends by utilization category and line of business. This report is used to identify any gaps in MCO submissions.
- The Data Quality Team meets on a bi-weekly basis to identify more nuanced errors in the data, such as encounter submission issues with specific services or for fields not specifically addressed by the automated edits.

We review the accuracy of the encounter data by comparing expenditures to outside data sources including the File Submission Reports and FDCR submissions. We summarize the encounter data into an actuarial cost model format that is consistent with the format of the base experience illustrated in Appendix 2 and Appendix 3. The MCOs were provided with their specific experience contributing to the base data in Appendix 2 and Appendix 3 to verify its accuracy.

Annual base period data summaries are created to ensure that the data for each service is consistent across the MCOs and with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies MCO and service category combinations that may have unreasonable reported data.

Consistency of data across data sources

We performed a detailed review of the encounter data used in the development of capitation rates effective July 1, 2021. Assessing the encounter data for consistency with the FDCR was a critical part of the rate development process. We also reviewed the FDCR against the File Submission Reports and Risk Share Reports for consistency of expenditures across various data sources.

We reviewed enrollment records against capitation payment records, EOHHS internal counts, and the membership provided in each MCO's Risk Share Report. The enrollment records were determined to be consistent across various data sources.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by EOHHS and their vendors. The values presented in this letter are dependent upon this reliance.

While there are areas for data improvement, as detailed in the Data concerns section below, we found the encounter data to be of appropriate quality for developing the SFY 2022 capitation rates. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for data missing from the EOHHS encounter data warehouse.

(iii) Data concerns

The experience from one MCO was excluded from the SFY 2022 capitation rate development. We were unable to fully validate and reconcile the data from the MCO excluded from the SFY 2022 rates base data. The MCO's experience represents approximately 2.5% of the base data period expenditures for the populations it covers. While comparing MCO cost differences was difficult because of the data limitations, we reviewed the available information on the MCO costs and do not believe the cost variance for this MCO relative to the aggregate population would materially impact the composite managed care program costs.

As discussed further in the Data Adjustments section, the encounter data utilized in rate development was adjusted for completeness using the FDCR submissions. In addition, a material portion of one MCO's institutional encounter data was incomplete for three months of SFY 2019. We worked with EOHHS and the MCO to obtain an ad-hoc detailed claims extract to resolve the encounter data completeness issue. The MCO's supplemental file was used in place of the encounter data for the three-month span.

We reviewed the supplemental file, including total paid amounts and detailed claims elements, relative to the other data sources outlined above and do not have any concerns with its inclusion.

(c) Appropriate data

Managed care encounter data was the primary data source used in the development of the capitation rates.

(d) Reliance on a data book

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations.

iii. Data adjustments

Capitation rates utilize SFY 2018 and SFY 2019 encounter data as base experience. Adjustments were made to the base experience for data quality, completion, payments not captured in the MCOs' claim systems, recoveries, and other program adjustments. The following sections describe the adjustments made to the base data cost models presented in Appendix 2 and Appendix 3.

(a) Credibility adjustment

DATA QUALITY ADJUSTMENT

We reviewed MCO encounter data, MCO Survey, and FDCR information for consistency of reported benefit expense across data sources. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for encounter data quality issues. A data quality adjustment was applied at the population and service category level (with professional, ancillary, and LTSS combined) to the base encounter data to account for encounter data quality issues, such as services that were provided by the health plans but were not reported as an encounter at the time of data extraction.

Certain rate cells and service categories were adjusted at a more granular level to reflect encounter data reporting that differed materially relative to the rest of the population or major service category:

Rate Cells Adjusted Separately

- Rlte Care Children <1
- Medicaid Expansion Females Ages 19-49 combined with Medicaid Expansion SOBRA (expenditures were adjusted consistently)
- Rlte Care Females Ages 15-44 combined with Rlte Care SOBRA (expenditures were adjusted consistently)

Service Categories Adjusted Separately

- Outpatient Pharmacy
- Professional Office Administered Drugs

Figure 5 illustrates the PMPM impact of data quality adjustments for each population in SFY 2018 and SFY 2019.

FIGURE 5: STATE FISCAL YEAR 2018 AND 2019 DATA QUALITY ADJUSTMENT

Population	Member Months / Deliveries	Base Encounter Data PMPM	Adjusted for Data Quality	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,264	\$ 801.90	\$ 832.27	3.8%
Medicaid Expansion	863,648	416.78	430.31	3.2%
Rlte Care	1,874,929	199.15	208.07	4.5%
Rhody Health Partners	176,899	1,282.48	1,317.77	2.8%
SOBRA	4,831	10,583.60	10,850.11	2.5%
SFY 2019				
Children with Special Healthcare Needs	114,891	\$ 854.38	\$ 924.16	8.2%
Medicaid Expansion	804,537	481.26	490.60	1.9%
Rlte Care	1,832,983	211.08	214.61	1.7%
Rhody Health Partners	170,003	1,484.55	1,505.32	1.4%
SOBRA	4,581	11,157.80	11,013.16	(1.3%)

Note: The negative data quality adjustment for SOBRA in SFY 2019 is attributable to an estimated overstatement of inpatient encounters in this time period.

(b) Completion adjustment

COMPLETION ADJUSTMENT

The data submitted by the MCOs was adjusted to reflect claims completion. Incurred But Not Paid (IBNP) adjustments were applied at the population and service category level (with professional, ancillary, and LTSS combined). MCO-reported IBNP in the FDCR was reviewed and determined to be reasonable for purposes of the SFY 2022 capitation rate development, and as a result, the MCO reported amounts were utilized for the completion adjustment. Provision for adverse deviation (PAD) was removed from the MCO reported IBNP.

Figure 6 illustrates the PMPM impact of completion adjustment for each population in SFY 2018 and SFY 2019.

FIGURE 6: STATE FISCAL YEAR 2018 AND 2019 COMPLETION ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Data Quality	Adjusted for Completion	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,264	\$ 832.27	\$ 832.48	0.0%
Medicaid Expansion	863,648	430.31	430.17	(0.0%)
Rlte Care	1,874,929	208.07	208.17	0.0%
Rhody Health Partners	176,899	1,317.77	1,318.43	0.0%
SOBRA	4,831	10,850.11	10,852.91	0.0%
SFY 2019				
Children with Special Healthcare Needs	114,891	\$ 924.16	\$ 924.17	0.0%
Medicaid Expansion	804,537	490.60	490.65	0.0%
Rlte Care	1,832,983	214.61	214.75	0.1%
Rhody Health Partners	170,003	1,505.32	1,509.58	0.3%
SOBRA	4,581	11,013.16	11,020.36	0.1%

Note: The negative completion adjustment for Medicaid Expansion in SFY 2018 is attributable to estimated claim recoupments.

SUB-CAPITATED AND NON-ENCOUNTERABLE SERVICES ADJUSTMENT

Sub-capitated Services

The SFY 2018 and SFY 2019 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. The base experience was adjusted to reflect the actual capitated payments made to the FQHCs, as reported in the FDCR.

This allows the base experience to reflect the actual historical payments to FQHCs, while the PPS adjustment (described with the prospective program changes) reflects the additional amount of funding included in the managed care program attributable to carving the full FQHC PPS reimbursement into the managed care program.

Non-Encounterable Services

The base data was adjusted to include benefit expense that is unable to be submitted to the EOHHS encounter data warehouse. These non-encounterable expenses are reported in the FDCR and include the following:

- Services paid outside the MCO's claims payment system
- Subrogation expenses
- Provider settlements

Figure 7 illustrates the PMPM impact of the sub-capitated and non-encounterable services for each population in SFY 2018 and SFY 2019.

FIGURE 7: STATE FISCAL YEAR 2018 AND 2019 NON-ENCOUNTERABLE ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Completion	Adjusted for Sub-cap / Non-Encounterable	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,264	\$ 832.48	\$ 845.38	1.6%
Medicaid Expansion	863,648	430.17	433.17	0.7%
Rite Care	1,874,929	208.17	213.22	2.4%
Rhody Health Partners	176,899	1,318.43	1,327.91	0.7%
SOBRA	4,831	10,852.91	10,959.09	1.0%
SFY 2019				
Children with Special Healthcare Needs	114,891	\$ 924.17	\$ 937.12	1.4%
Medicaid Expansion	804,537	490.65	491.87	0.2%
Rite Care	1,832,983	214.75	219.47	2.2%
Rhody Health Partners	170,003	1,509.58	1,516.69	0.5%
SOBRA	4,581	11,020.36	11,099.29	0.7%

RECOVERIES ADJUSTMENT

The base experience was adjusted for recoupments made outside the MCO claims payment system. Individual adjustment items are described below:

- **Reinsurance Premiums Paid and Reinsurance Recoveries:** MCOs participating in the managed care program carry reinsurance for high cost claimants. We adjusted encounter data expenses in the base data period for the net cost of coverage (premiums less recoveries) as reported in the FDCR.
- **Other Overpayments:** An adjustment was made for provider overpayments recouped outside the MCO's claims payment system as reported in the FDCR.

No adjustments were made for the early intervention, skilled nursing facility, hepatitis C, and transplant stop loss programs. The early intervention and skilled nursing facility stop loss programs were eliminated July 1, 2018, and the hepatitis C and transplant stop loss programs are eliminated effective July 1, 2021.

Figure 8 illustrates the PMPM impact of the recoveries adjustment for each population in SFY 2018 and SFY 2019.

FIGURE 8: STATE FISCAL YEAR 2018 AND 2019 RECOVERIES ADJUSTMENT

Population	Member Months / Deliveries	Adjusted for Sub-cap / Non- Encounterable	Adjusted for Recoveries	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,264	\$ 845.38	\$ 844.96	(0.0%)
Medicaid Expansion	863,648	433.17	434.13	0.2%
Rlte Care	1,874,929	213.22	213.32	0.0%
Rhody Health Partners	176,899	1,327.91	1,324.82	(0.2%)
SOBRA	4,831	10,959.09	10,958.43	(0.0%)
SFY 2019				
Children with Special Healthcare Needs	114,891	\$ 937.12	\$ 937.21	0.0%
Medicaid Expansion	804,537	491.87	493.35	0.3%
Rlte Care	1,832,983	219.47	219.66	0.1%
Rhody Health Partners	170,003	1,516.69	1,518.96	0.1%
SOBRA	4,581	11,099.29	11,103.25	0.0%

(c) Errors found in the data

We did not find significant errors in the data other than the issues previously described.

(d) Program change adjustments**RATE CELL REASSIGNMENT**

In developing the adjusted base data for the SFY 2022 capitation rates, rate cells were reassigned to reflect anticipated enrollment by rate cell in the SFY 2022 rating period. Specifically, rate cell reassignment was applied to account for non-dual individuals that were previously covered under the Rhody Health Options Phase 1 program Medicaid only rate cell in the base data period.

The Rhody Health Options Phase 1 program was terminated on September 30, 2018. Effective October 1, 2018, a subset of the Rhody Health Options Phase 1 Medicaid only rate cell was re-enrolled in various rate cells in the Rhody Health Partners program. SFY 2018 and SFY 2019 experience for members transitioned to the Rhody Health Partners on October 1, 2018 was reassigned to the corresponding Rhody Health Partners rate cell in the base data.

When this population was moved into the Rhody Health Partners population, LTSS was no longer covered in-plan and were provided by EOHHS on a fee-for-service basis. As a result, LTSS was removed from the base experience for this population.

Figure 9 illustrates the PMPM impact of including this population in the SFY 2018 and SFY 2019 base data.

FIGURE 9: STATE FISCAL YEAR 2018 AND 2019 RATE CELL REASSIGNMENT

Population	Adjusted Member Months / Deliveries	Adjusted for Recoveries	Adjusted for RHO Movement	Percent Difference
SFY 2018				
Children with Special Healthcare Needs	121,264	\$ 844.96	\$ 844.96	0.0%
Medicaid Expansion	863,648	434.13	434.13	0.0%
Rlte Care	1,874,929	213.32	213.32	0.0%
Rhody Health Partners	181,218	1,324.82	1,365.71	3.1%
SOBRA	4,831	10,958.43	10,958.43	0.0%
SFY 2019				
Children with Special Healthcare Needs	114,891	\$ 937.21	\$ 937.21	0.0%
Medicaid Expansion	804,537	493.35	493.35	0.0%
Rlte Care	1,832,983	219.66	219.66	0.0%
Rhody Health Partners	171,291	1,518.96	1,529.25	0.7%
SOBRA	4,581	11,103.25	11,103.25	0.0%

Note: Member months in Figure 9 are adjusted for transitioned Rhody Health Options members. The “Adjusted for Recoveries” column PMPM uses member months prior to rate cell reassignment.

OUTLIER CLAIMS ADJUSTMENT

A data smoothing adjustment was applied to the Rlte Care and Expansion populations. Claims experience for the top 0.5% of members in each rate cell, excluding SOBRA payments, the Extended Family Planning (EFP), and Rlte Care < 1 rate cell, were aggregated to form a pooling adjustment. Pooled expenditures were removed from applicable rate cells, and then re-allocated within a population using a uniform percentage adjustment. This adjustment, in conjunction with blending multiple years of base experience, is intended to reduce year-over-year volatility for these populations. Note that the application of this adjustment resulted in no changes in aggregate expenditures.

RETROSPECTIVE PROGRAM ADJUSTMENTS

Due to the nature of the data adjustments described thus far, the adjustments were applied directly to the base data and not illustrated as separate adjustments. The SFY 2018 data included in Appendix 2 and SFY 2019 data included in Appendix 3 illustrate the base data after the application of the above-described adjustments. The remainder of the certification describes the adjustments applied to the base data.

Adjustments in this section represent program changes that occurred during the SFY 2018 and SFY 2019 base data period that were considered when developing the SFY 2022 adjusted base data. Figure 10 illustrates the fiscal impact of the retrospective program changes by SFY and is followed by a description of each adjustment.

FIGURE 10: STATE FISCAL YEAR 2018 AND 2019 RETROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	SFY 2018 / SFY 2019	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Cedar Health Home	Professional	SFY 2018	0.8%	0.2%	0.0%	0.0%	0.0%
Cedar Health Home	Professional	SFY 2019	0.1%	0.0%	0.0%	0.0%	0.0%
Recoveries Adjustment	All	SFY 2018	(0.8%)	(1.3%)	(1.7%)	(1.6%)	(0.3%)
Recoveries Adjustment	All	SFY 2019	(0.6%)	(1.2%)	(1.7%)	(1.5%)	(0.4%)
Pediatric Rate Increase	Professional	SFY 2018	0.0%	0.1%	0.0%	0.0%	0.0%
Retrospective Acuity	All	SFY 2018	9.0%	2.3%	7.5%	6.0%	0.0%

Note: The percentages illustrated are specific to the category of service impacted.

Cedar Health Home: Cedar Health Homes are designed to provide a structured system for facilitating the assessment of need for, and referral to, evidence based medically necessary service that may be available for children pursuant to federal early and periodic screening, diagnostic and treatment (EPSDT) requirements, and referrals to community-based services and supports that benefit the child and family.

Cedar Health Home services were added as an in-plan benefit as specified in SAP #18-009 and were fully transitioned to MCO payment by January 1, 2019. The SFY 2018 and SFY 2019 base experience was adjusted to reflect the cost of Cedar Health Home services paid by EOHHS on a fee-for-service basis in these time periods.

- **Recoveries Adjustment:** The SFY 2018 and SFY 2019 base data was reduced for third-party liability recoveries and pharmacy rebate recoveries. These recovery types were developed as targeted amounts and therefore not removed during the base data development process. These adjustments were developed with consideration of historical experience as well as the interaction with related adjustments, such as managed care efficiency and targeted pharmacy reimbursement adjustments.
- **Pediatric Rate Increase:** In SFY 2018, additional funding was allocated to increase access to pediatric services. We reviewed historical reimbursement through June 2018 for increases in reimbursement for pediatric services. The SFY 2018 base data was adjusted to reimbursement levels consistent with payment in June 2018, as the historical experience indicated that the provider fee schedules were adjusted throughout SFY 2018.
- **Retrospective Acuity:** We observed evidence of changing levels of acuity for Medicaid members between SFY 2018 and SFY 2020. We analyzed the change in acuity using various methodologies, which are described in Section 3, Projected benefit cost and trends. The retrospective acuity adjustment above reflects the estimated acuity change between SFY 2018 and SFY 2019. A 2.5% retrospective acuity adjustment was applied to all Rlte Care populations except children <1 and the EFP rate cells, resulting in the composite 2.3% adjustment illustrated in Figure 10.

Further detail of the impact of these adjustments on the SFY 2018 and SFY 2019 experience is illustrated in Appendix 2 and Appendix 3.

RETROSPECTIVE TREND ADJUSTMENTS

The SFY 2018 data was adjusted to an SFY 2019 basis using utilization and cost per unit medical trends. The retrospective unit cost and utilization trends from SFY 2018 to SFY 2019 are consistent with the retrospective trend values used for the same time period in the SFY 2021 capitation rate development. Figure 11 illustrates the price change component of the trend by population and category of service.

FIGURE 11: RETROSPECTIVE UNIT COST TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	2.10%	2.10%	2.10%	1.00%	1.00%	2.26%	1.00%	3.00%
RIte Care <15	2.10%	2.10%	2.10%	1.00%	1.00%	2.26%	1.50%	3.00%
RIte Care 15+	2.10%	2.10%	2.10%	1.00%	1.00%	2.26%	1.50%	6.50%
EFPP	2.10%	2.10%	2.10%	1.00%	1.00%	2.26%	1.50%	2.00%
Medicaid Expansion	2.10%	2.10%	2.10%	1.50%	1.00%	2.26%	1.50%	6.50%
Rhody Health Partners	2.10%	2.10%	2.10%	0.50%	1.50%	2.26%	1.50%	6.50%
SOBRA	2.10%	2.10%	2.10%	0.50%	2.00%	2.26%	1.50%	0.00%

Figure 12 illustrates the utilization component of the trend.

FIGURE 12: RETROSPECTIVE UTILIZATION TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	0.50%	1.50%	0.50%	1.50%	1.00%	0.50%	1.00%	1.50%
RIte Care <15	0.50%	1.00%	0.50%	1.50%	1.00%	0.50%	1.00%	1.50%
RIte Care 15+	1.00%	1.00%	1.00%	1.50%	1.00%	0.50%	1.00%	1.00%
EFPP	0.00%	0.50%	0.50%	1.00%	1.00%	0.50%	1.00%	1.00%
Medicaid Expansion	0.50%	1.00%	0.50%	1.00%	1.00%	0.50%	1.00%	1.00%
Rhody Health Partners	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	1.00%	1.50%
SOBRA	0.00%	0.50%	0.50%	1.00%	0.50%	0.50%	1.00%	0.00%

(e) Exclusion of payments or services from the data

Non-state plan services were excluded from the base data. The MCOs report non-state plan expenditures separately from state plan services in the FDCR submissions.

3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates. The development of the projected benefit costs is illustrated in Appendix 5.

A. RATE DEVELOPMENT STANDARDS

i. Final Capitation Rate Compliance

The final capitation rates are in compliance with 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-state plan services provided by the MCOs have been excluded from the capitation rate development process.

ii. Basis for Variation in Assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iii. Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions were developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends was historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iv. In Lieu Of Services

The projected benefit costs include costs for in-lieu-of services defined at 42 CFR § 438.3(e)(2) using the utilization and unit costs of the in-lieu-of services. Further information on in-lieu-of services is provided in Section I, item 3.B.v.

v. IMDs as an in-lieu-of service provider

The Rhode Island Medicaid managed care program historically used institutions of mental disease (IMDs) as an in-lieu-of service provider of substance use disorder services. EOHHS obtained an 1115 waiver of the IMD exclusion in section 1905(a)(29)(B) of the Social Security Act to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible individuals who have substance use disorders (SUD) and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs. Since these services are covered under the 1115 waiver, the cost of care based on the amount paid to the IMDs in the base period was utilized for the SFY 2022 capitation rate development. Based on our review of the data and conversations with EOHHS, Rhode Island IMD facilities primarily treat SUD.

(a) Costs associated with an IMD stay of more than 15 days

The 15 day in-lieu-of service limit does not apply, as described above. EOHHS must aim for a statewide average length of stay of less than 30 days under the waiver. The historical IMD average length of stay is less than 30 days, and therefore no adjustment is made for IMD stays of more than 15 days.

(b) Other costs for services during the time an enrollee is in an IMD for more than 15 days

As described above, no adjustment is made for IMD stays of more than 15 days.

B. APPROPRIATE DOCUMENTATION

i. Projected Benefit Costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of Projected Benefit Costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create per member per month (PMPM) cost summaries

The capitation rates were developed from historical claims and enrollment data from the enrolled populations as described in Section I.2.B.ii of this report.

Step 2: Apply data adjustments

We applied data adjustments to the SFY 2018 and SFY 2019 incurred encounter data as described in Section I.2.B.iii of this report. This includes historical program adjustments and data exclusions.

Step 3: Blended base experience data

The SFY 2018 and SFY 2019 base experience period data was blended to represent the single data source for rate setting purposes and is illustrated in Appendix 4. Prior to blending the base experience data, the SFY 2018 experience was trended and adjusted to reflect a midpoint of January 1, 2019. The weight applied to each base data year varied by population and is illustrated in the following figure.

FIGURE 13: BASE EXPERIENCE BLENDING

Population	SFY 2018	SFY 2019
CSHCN	50.0%	50.0%
Rlte Care	30.0%	70.0%
Medicaid Expansion	30.0%	70.0%
Rhody Health Partners	50.0%	50.0%
SOBRA	30.0%	70.0%

Weighting was determined based on our review of the volatility of the base data. For populations with less membership and more volatile claims experience (CSHCN and Rhody Health Partners), a 50%/50% weighting between SFY 2018 and SFY 2019 was used. For more stable populations, a 30%/70% weighting was used.

Step 4: Adjust for prospective program and policy changes and trend to SFY 2021

The combined SFY 2018 and SFY 2019 base experience was adjusted for known policy and program changes that were implemented and are expected to be implemented in SFY 2020 through SFY 2022.

Step 5: Adjust for managed care efficiencies

We targeted improvements in managed care efficiency that will impact projected SFY 2022 benefit expense.

Step 6: Trend to SFY 2020

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2022). The resulting PMPMs establish the adjusted claim cost by population rate cell for the contract period.

The remainder of this section outlines the adjustments described in Step 4 through Step 6.

Prospective Program and Policy Adjustments

Figure 14 illustrates the fiscal impact of the prospective program changes applied in Appendix 5 of the rate development and is followed by a description of each adjustment.

FIGURE 14: STATE FISCAL YEAR 2018 AND 2019 PROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	% Impact CSHCN	% Impact Rlte Care	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Prospective Acuity	All	0.0%	2.8%	2.0%	2.2%	0.0%
CSHCN Respite	LTSS	2.9%	0.0%	0.0%	0.0%	0.0%
Pharmacy Repricing	Retail Pharmacy	(6.6%)	(7.6%)	(4.3%)	(2.6%)	0.0%
FQHC Adjustment	Professional / LTSS	3.0%	14.8%	12.5%	7.1%	14.8%
COVID Testing	Outpatient Hospital / Professional	0.3%	0.7%	0.5%	0.2%	0.0%
Doula Services	Professional	0.0%	0.0%	0.0%	0.0%	2.5%
Level IV Detoxification	Inpatient Hospital	0.0%	0.1%	0.6%	0.3%	0.0%

Note: The percentages illustrated are specific to the category of service impacted.

- **Prospective Acuity:** We observed evidence of changing levels of acuity for Medicaid members between SFY 2018 and SFY 2021. Estimated changes in acuity from SFY 2018 to SFY 2019 were applied as a retrospective acuity adjustment, as previously described. The prospective acuity adjustment above reflects the estimated acuity change between SFY 2019 and March 2020, prior to the COVID-19 public health emergency. Consideration of utilization changes attributable to the public health emergency period is discussed further in the Section I.3.B.iii, Projected Benefit Costs.

The Rlte Care acuity adjustment impact reflects a blend of a 3.0% acuity adjustment for Rlte Care rate cells with the exception of EFP, SOBRA, and <1 rate cells, which received no adjustment. The Rhody Health Partners acuity adjustment reflects a 6.0% adjustment for the Other Disabled 21-44 rate cell, and a 1.5% adjustment for the remainder of the rate cells. The increased acuity for the Other Disabled 21-44 is demonstrated by increases in assertive community treatment services and other general service cost increases.

Acuity changes estimated between SFY 2018 and March 2020 were analyzed using the following methodologies:

- **Longitudinal concurrent and prospective risk scores:** We reviewed the change in both concurrent and prospective risk scores on a quarterly interval from SFY 2018 Q1 to SFY 2020 Q3. We utilized the CDPS+MRx risk adjustment algorithm, limited to diagnoses from professional claims and NDCs from pharmacy scripts because of data issues with the institutional diagnosis data.
- **Historical claims expense:** We compared the actual claims expense in SFY 2018, SFY 2019, and the first nine months of SFY 2020. Claims expense in each time period was adjusted for trend, program changes, and other data adjustments consistent with the SFY 2022 capitation rate development methodology. The resulting differential between time periods represented the estimated acuity change in this analysis.
- **Members without claims:** We reviewed the percent of members without a claim on a quarterly basis from SFY 2018 Q1 to SFY 2020 Q3. The time period reviewed to identify whether a member had a claim was varied between 1, 3, 6, and 12 months. If a time period contained more members with claim expenditures, it was assumed that morbidity had increased in this time period. Due to the less precise nature of this analysis, it was utilized as secondary information in combination with the above described analyses.

Figure 15 illustrates the estimated acuity factors used in the SFY 2022 capitation rate development.

FIGURE 15: SELECTED ACUITY FACTORS

Population	Prospective Acuity
CSHCN	1.0000
Rlte Care ¹	1.0300
Medicaid Expansion	1.0200
Rhody Health Partners ²	1.0150
SOBRA	1.0000

Notes

1. Acuity adjustments were not applied to SOBRA, Rlte Care children <1, or the EFP rate cells.

2. The Other Disabled 21-44 rate cell prospective acuity factor is 1.0600.

- **CSHCN Respite Care:** EOHHS doubled the number of hours of respite care available to the CSHCN population. This change was made in response to COVID-19 and will continue in the SFY 2022 rating period. We developed the adjustment based on the additional respite care cost estimate provided by EOHHS. This resulted in an increase of 2.9% for the CSHCN population.
- **Pharmacy Spread and Targeted Reimbursement:** Pharmacy experience was re-priced to benchmarks relative to average wholesale price (AWP). The target was based on our review of the AWP discounts in the Rhode Island Medicaid managed care and other state markets. Figure 16 illustrates the targeted AWP discount utilized for brand and generic drugs. Targets were developed separately for children and adults, which was determined at the rate cell level (Rlte Care children in the age 15-44 rate cells were included with the adult group).

FIGURE 16: AWP DISCOUNT TARGET

Population	Generic	Brand
Child	76.50%	18.50%
Adult	87.00%	18.00%

No provision for pharmacy administrative spread was included in the AWP targets illustrated above. Administrative amounts attributable to spread pricing were excluded from pharmacy claims cost and considered in the administrative load development. Supplemental rebate targets were considered in the factors illustrated in Figure 16. These targets are generally consistent with historical supplemental rebate experience of the MCOs reported in the FDCR submissions and were developed with consideration for the AWP discount target assumptions.

- **Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) In-Plan:** Effective July 1, 2019, MCOs are required to pay the PPS rate to FQHCs. Prior to July 1, 2019, the MCOs paid FQHCs according to their negotiated rates (or sub-capitation arrangements), and EOHHS paid the FQHCs a wrap-around payment for the difference between the PPS rate and the MCO reimbursement rate.
To estimate the additional cost of the PPS reimbursement in SFY 2022, the base encounter experience was repriced to the SFY 2022 PPS rate. An adjustment was applied to the base FQHC service utilization consistent with the encounter data quality and IBNR adjustments described in Section I.2.B.iii.
- **COVID-19 Testing Adjustment:** An adjustment was included to reflect the additional cost of COVID-19 testing incurred by the MCOs in SFY 2022. The adjustment was estimated to be a 0.5% increase to the combined outpatient hospital and professional service categories in composite for the SFY 2022 rating period. We considered recent COVID-19 testing levels, the impact of the COVID-19 vaccine, and historical utilization of flu testing to estimate the SFY 2022 COVID-19 testing cost. Additional consideration of COVID-19 impacts is discussed in Section I.3.B.iii, Projected Benefit Cost Trends.
- **Doula Services:** EOHHS is submitting a state plan amendment to add coverage for doula services to the managed care benefit package effective July 1, 2021. Doula services will be reimbursed on a fee-for-service basis at an amount not to exceed \$850 per pregnancy. We estimated 10% of maternity deliveries would include the use of doula services resulting in approximately \$380,000 of service cost in SFY 2022.
- **Level IV Detoxification Services:** EOHHS is implementing a directed payment to increase the per diem reimbursement for Level IV alcohol and drug detoxification programs in SFY 2022.

This adjustment reflects an increase in the per diem reimbursement rate to a minimum fee schedule amount of \$1,617 in SFY 2022, resulting in an estimated \$1.3 million annual reimbursement increase for these services.

Managed Care Adjustments

We calculated percentage adjustments to the experience data to reflect the utilization and cost per unit differential between the base experience and the levels targeted for the projection period managed care environment. We considered the disruption of the pandemic on managed care initiatives when developing the managed care efficiency estimates. To recognize this disruption, the managed care level estimated in the SFY 2022 rate development was consistent with the targets utilized in the SFY 2021 rate development.

We developed the targeted managed care efficiency adjustments through a review and analysis of the following:

- Agency for Healthcare Research and Quality (AHRQ) prevention quality indicators (PQI) for inpatient admissions
- Inpatient hospital readmissions with the same DRG
- Potentially avoidable emergency room utilization
- Mix of vaginal and cesarean section deliveries in the SFY 2018 and SFY 2019 base period utilization
- Polypharmacy savings for script reduction
- Fraud, Waste, and Abuse savings

INPATIENT HOSPITAL

We applied managed care efficiency adjustments to base year utilization to reflect higher levels of care management relative to the SFY 2018 and SFY 2019 experience period. We identified potentially avoidable admissions using the AHRQ prevention quality indicators (PQI). We also analyzed the frequency of re-admissions for the same DRG. Inpatient hospital managed care adjustments were developed by applying assumed reductions to potentially avoidable inpatient admissions and same-DRG readmissions. This analysis was completed at the rate cell level.

Our analysis was completed by first reducing readmissions within 30 days, and then reducing non-readmissions for select PQIs. Inpatient hospital managed care adjustments were developed by applying a 10% reduction to same-DRG readmissions and a 5% reduction to potentially avoidable inpatient admissions. In completing our analysis, we estimated inpatient hospital unit cost changes based on the utilization reductions outlined above. No adjustments were made to corresponding inpatient physician charges to account for the potential shift of these services to an ambulatory setting. Additionally, nursing facility claims were excluded from this analysis. The figure below outlines the PQIs included in our analysis.

FIGURE 17: AHRQ PREVENTION QUALITY INDICATORS

PQI NUMBER	DESCRIPTION
PQI #01	Diabetes Short-term Complications Admission Rate
PQI #02	Perforated Appendix Admission Rate
PQI #03	Diabetes Long-term Complications Admission Rate
PQI #05	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
PQI #07	Hypertension Admission Rate
PQI #08	Congestive Heart Failure (CHF) Admission Rate
PQI #10	Dehydration Admission Rate
PQI #11	Bacterial Pneumonia Admission Rate
PQI #12	Urinary Tract Infection Admission Rate
PQI #13	Angina without Procedure Admission Rate
PQI #14	Uncontrolled Diabetes Admission Rate
PQI #15	Adult Asthma Admission Rate
PQI #16	Rate of Lower-extremity Amputation among Patients with Diabetes

EMERGENCY ROOM

For the outpatient hospital emergency room service category, multiple potentially avoidable diagnosis groups were clinically developed using the primary diagnosis of each claim. The potentially avoidable diagnosis groups were stratified by severity to target potentially avoidable emergency room visits, starting with the lowest severity group. Additionally, potentially avoidable outpatient hospital emergency room visits were summarized by rate cell. Target utilization levels were developed by assuming a 20% decrease in potentially avoidable services.

When applying these adjustments, reductions were taken from level 1 emergency room claims first, followed by level 2, and level 3 claims up to an assumed cap for each level. We assumed that 95% of emergency room visits reduced would be replaced with an office visit. This process was completed at a rate cell level.

Additionally, we reviewed historical Rhode Island experience, along with data from other Medicaid states, to develop assumptions for additional services that may also be included with an office visit. Based on this review, additional services related to pathology/lab and radiology were included with the replacement office visit.

DELIVERY SERVICES

We reviewed the mix of vaginal and cesarean section deliveries by MCO to determine appropriate efficiency adjustments for SOBRA payments. Delivery managed care efficiency adjustments were developed by analyzing the percent of cesarean and vaginal deliveries by MCO. We targeted a mix of approximately 72% / 28% of vaginal/cesarean section deliveries in the rating period. Managed care savings were estimated by evaluating the cost per delivery difference between cesarean and vaginal deliveries. No adjustment was made to the total number of deliveries.

PHARMACY SERVICES

We reviewed historical pharmacy experience for the number of monthly prescriptions that each member was taking during the SFY 2018 and SFY 2019 base experience period. The goal of this efficiency adjustment is to identify users with excessive prescriptions and identify opportunities for reduction. We separated the experience into two categories: 10-14 scripts per month and 15+ scripts per month. Based on clinical evaluation of this adjustment, we established thresholds of reduction of 2 scripts per month for those over 15 scripts per month and removal of 1 script for those in the 10-14 category. We developed pharmacy managed care efficiency adjustments by rate cell to reflect mix differences by therapeutic class due to the age, gender, and morbidity of the applicable rate cell. We assumed a reduction of scripts based on the median cost per script.

The composite impact of these adjustments by population and category of service is listed in Figure 18.

FIGURE 18: STATE FISCAL YEAR 2018 AND 2019 MANAGED CARE EFFICIENCIES

MCE Adjustment Category	Managed Care Utilization	Managed Care Cost	Managed Care Total
CSHCN			
Inpatient	0.9913	1.0007	0.9919
Emergency Room	0.9422	1.0309	0.9714
Office Visits	1.0095	1.0000	1.0095
Rad/Path/Lab	1.0045	1.0000	1.0045
Pharmacy	1.0000	0.9989	0.9989
Rlte Care			
Inpatient	0.9934	1.0016	0.9950
Emergency Room	0.9169	1.0426	0.9560
Office Visits	1.0119	1.0000	1.0119
Rad/Path/Lab	1.0052	1.0000	1.0052
Pharmacy	1.0000	0.9985	0.9985
Medicaid Expansion			
Inpatient	0.9885	1.0033	0.9917
Emergency Room	0.9434	1.0265	0.9684
Office Visits	1.0081	1.0000	1.0081
Rad/Path/Lab	1.0054	1.0000	1.0054
Pharmacy	1.0000	0.9976	0.9976
Rhody Health Partners			
Inpatient	0.9868	1.0019	0.9887
Emergency Room	0.9428	1.0277	0.9689
Office Visits	1.0092	1.0000	1.0092
Rad/Path/Lab	1.0054	1.0000	1.0054
Pharmacy	1.0000	0.9959	0.9959
SOBRA			
Inpatient	1.0000	0.9976	0.9976
Emergency Room	1.0000	1.0000	1.0000
Office Visits	1.0000	1.0000	1.0000
Rad/Path/Lab	1.0000	1.0000	1.0000

FRAUD, WASTE, AND ABUSE SAVINGS

In addition to the managed care efficiency savings identified by the processes outlined above, we estimated that savings could be generated by identifying opportunities to reduce fraud, waste, and abuse. This adjustment is reflective of opportunities for cost reductions available to the MCOs outside of the managed care efficiencies explicitly measured and described above. Total medical expenses across all rate cells were reduced by 0.5% to account for potential Fraud, Waste, and Abuse savings, consistent with the SFY 2020 capitation rate development. The fraud, waste, and abuse reduction is not included in the values in Figure 18.

(b) Material changes to the data, assumptions, and methodologies

The data, assumptions, and methodologies utilized in the developing the projected benefit costs for the SFY 2022 capitation rate setting is generally consistent with the SFY 2021 capitation rate development. Any changes relative to the SFY 2021 rate certification are described this document.

(c) Overpayments to providers

Overpayments to providers recouped outside the MCOs' claims system were removed from the base experience as previously described.

iii. Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2018 and SFY 2019) to the SFY 2022 rating period of this certification. We evaluated prospective trend rates using historical experience for the Medicaid managed care program, as well as external data sources.

(a) Required elements

(i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included over four years of cost and utilization experience, from July 1, 2016 through March 31, 2021. Data was stratified between pre- and post-pandemic experience to review trends prior to the pandemic and emerging experience.

External data sources that were referenced for evaluating trend rates developed from the base data include:

- *National Health Expenditure (NHE) projections* developed by the CMS Office of the Actuary², specifically those related to Medicaid.
- *Actuarial Report on the Financial Outlook for Medicaid*³
- *Magellan Rx Medicaid Pharmacy Trend Report*⁴.
- *Other sources:* We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2022).

MEDICAL TRENDS

For medical trends, historical utilization and PMPM cost data was stratified by month, rate cell, and category of service. The data was adjusted for completion and normalized for historical population morbidity changes. Historical experience was adjusted for the retrospective program adjustments described in Section I.2.B.iii.d. The SFY 2017 experience was additionally adjusted for the home care wage increase effective July 1, 2017.

We reviewed multiple regression models, month-over-month, and year-over-year trends when analyzing the prospective trend estimates using pre-pandemic experience. The resulting utilization per 1,000 and PMPM data points were compared to historical experience, internal sources from other managed care programs, and federal Medicaid cost projections. We used the resulting analysis, along with actuarial judgment, to estimate prospective trend rates.

We additionally reviewed emerging experience of the Rhode Island Medicaid managed care program through March 31, 2021 (inclusive of IBNP expenditures). During this review, we considered pandemic-related impacts such as COVID-19 infections, suppressed utilization, pent-up demand, and changes in population mix on the observed utilization and service mix. When estimating the prospective trend from the base data period to SFY 2022, we also considered the effect of increased immunity to COVID-19, the potential impact of COVID-19 variants, and provider capacity.

We estimated that SFY 2022 utilization levels will be approaching levels that would be otherwise estimated absent the pandemic, and therefore applied the estimated trends to the pre-pandemic SFY 2018 and SFY 2019 experience. We note that there continues to be significant uncertainty around the impact of COVID-19 on the capitation rates presented in this report.

² <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/MedicaidReport>

⁴ <https://www1.magellanrx.com/read-watch-listen/read/our-publications/medicaid-pharmacy-trend-report/>

In SFY 2022, COVID-19 vaccines will be paid for and provided by the federal government, and professional administration fees paid by the MCOs will be fully reimbursed through a non-risk payment for COVID-19 vaccine administration. As a result, no adjustment is made for the cost of COVID-19 vaccinations in SFY 2022.

Prospective trend adjustments include consideration for legislatively mandated provider reimbursement trends. Hospital inpatient facility, hospital outpatient facility, and nursing home reimbursement trends are legislatively mandated in the State of Rhode Island General Assembly Budget Article Relating to Human Services. Figure 19 illustrates the legislatively mandated trends. The SFY 2018 factor was applied with the previously described retrospective trend, and the SFY 2019, SFY 2020, and SFY 2021 factors are the basis of the prospective trends illustrated in Figure 20.

FIGURE 19: ANNUAL LEGISLATIVELY MANDATED PRICE TREND FACTORS

Service Category	SFY 2018	SFY 2019	SFY 2020	SFY 2021
Inpatient Hospital	1.0210	1.0720	1.0260	1.0240
Outpatient Hospital	1.0210	1.0720	1.0260	1.0240
Nursing Home	1.0226	1.0100	1.0205	1.0225
Hospice	1.0226	1.0100	1.0205	1.0225

The State of Rhode Island General Assembly Budget Article Relating to Human Services either provides a specific rate change as determined by the General Assembly or is linked to CMS market basket updates. Note, the nursing home and hospice reimbursement changes are effective October 1st of each year, while Figure 19 illustrates the impact of the legislatively mandated reimbursement changes on a state fiscal year basis. The legislatively mandated reimbursement changes are discussed further in Section I.4.D.

PHARMACY TRENDS

We utilized a Medicaid pharmacy projection model (trend model) for the purposes of studying and estimating detailed pharmacy trend information. The trend model summarizes pharmacy claims data by month, drug type (brand, generic, specialty brand, and specialty generic), covered population, and therapeutic class (according to GPI-4 assignments). Projected values were estimated using the base period data as a starting point and applying anticipated shifts and trends. There are several areas for consideration.

Brand patent loss

When a brand drug loses patent, the utilization often shifts from the brand drug to the new generic alternatives. Our model assumes effective dates of patent expirations and a shift in utilization as a result of patent loss.

Cost per script trends

Projected cost per script in the first month of the projection period are based on the average cost per script in the most recent three months of the experience period, adjusted for any anomalies in the data. These costs are trended forward using separate cost trend assumptions by therapeutic class for brand, generic, and specialty products.

The cost per script trends were based on a study of historical data. We analyzed the annual trends over the past several quarters, using a fixed market basket of drugs from the managed care program's pharmacy claims experience for all populations combined. We used public industry trend reports to validate these unit cost trends. Our cost trends accounted for a combination of anticipated price increases on existing products as well as the impact of new pipeline products entering the market up through the rating period.

Changes in utilization

Utilization levels for the first month of the projection period are based on the average utilization in the most recent six months of the experience period, adjusted for any anomalies in the data. We applied monthly utilization trends to this starting point to estimate the projection period utilization. To develop utilization trend assumptions, we relied on a combination of Milliman research, publicly available industry trend reports, and the historical utilization trends developed using FDCR and encounter data. Monthly seasonality is accounted for in our trend development.

(iii) Comparisons

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed.

We did not solely rely on the historical MCO encounter data trend experience due to anomalies observed in the historical trend data. We referred to the sources listed in the prior section as well as considered changing practice patterns and the impact of COVID-19 as previously described.

(iv) Chosen trend rates

The trend rates chosen are illustrated below in Section I.3.B.iii.(b), by population and service category. There were no outlier trends or negative trends.

(b) Benefit cost trend components

This section includes the projected benefit cost trends by population and category of service. Figure 20 illustrates the price change component of the trend by population and category of service.

FIGURE 20: ANNUALIZED UNIT COST TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	4.04%	4.04%	4.04%	1.00%	1.00%	1.77%	1.00%	4.00%
Rlte Care <15	4.04%	4.04%	4.04%	1.00%	1.00%	1.77%	1.00%	4.00%
Rlte Care 15+	4.04%	4.04%	4.04%	1.00%	1.00%	1.77%	1.50%	6.50%
EFP	4.04%	4.04%	4.04%	1.00%	1.00%	1.77%	1.50%	2.00%
Medicaid Expansion	4.04%	4.04%	4.04%	1.50%	1.00%	1.77%	1.50%	6.50%
Rhody Health Partners	4.04%	4.04%	4.04%	1.50%	1.00%	1.77%	1.50%	4.00%
SOBRA	4.04%	4.04%	4.04%	0.50%	1.00%	1.77%	1.50%	0.00%

Note: The professional unit cost trend adjustment is not applied to services reimbursed under an FQHC PPS reimbursement methodology. These services were separately repriced to the SFY 2022 PPS rate.

Figure 21 illustrates the utilization component of the trend.

FIGURE 21: ANNUALIZED UTILIZATION TREND ASSUMPTIONS

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
CSHCN	0.25%	0.25%	0.25%	1.00%	1.50%	0.50%	0.50%	1.50%
Rlte Care <15	0.50%	0.50%	0.25%	0.50%	1.50%	0.50%	0.50%	1.00%
Rlte Care 15+	0.50%	0.50%	0.25%	0.50%	1.00%	0.50%	1.00%	1.00%
EFP	0.00%	0.50%	0.25%	1.00%	1.00%	0.50%	1.00%	1.00%
Medicaid Expansion	1.50%	1.00%	0.25%	1.00%	1.00%	0.50%	1.00%	1.00%
Rhody Health Partners	1.50%	1.00%	0.25%	1.00%	0.50%	0.50%	1.00%	1.50%
SOBRA	0.00%	0.50%	0.25%	1.00%	0.50%	0.50%	1.00%	0.00%

(c) Variation

(i) Medicaid populations

To limit the variation in benefit cost that is present across the Medicaid population as a whole, we developed trends by population category and major category of service. Trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

(ii) Rate cells

We split out several populations by rate cell, to appropriately reflect the material difference in rate cell morbidity. The Rite Care population was split into Rlte Care Children (up to age 15), Rlte Care Adults (over age 15), EFP, and SOBRA.

(iii) Subsets of benefits within a category of services

For the pharmacy trend assumption development, we further reviewed experience for specialty, brand and generic drugs, and combined this review with consideration of brand name drugs that have had or are anticipated to have

generic launches during the time period encompassing the SFY 2018 and SFY 2019 base period through the projection period (SFY 2022). The variation that occurs between these high-level prescription drug stratifications and further within each major population category contributes to the variation in the pharmacy trend assumptions applied across the managed care program in the SFY 2022 capitation rate development.

(d) Material adjustments

We adjusted the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources.

For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the sources identified to develop prospective trend.

As noted previously, the cost trend for the Inpatient Hospital, Outpatient Hospital, Emergency Room, Nursing Home and Hospice service categories were prescribed by legislatively mandated reimbursement changes.

(e) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost. The capitation rates have an explicit adjustment for the managed care efficiencies.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than regular utilization or unit cost. Adjustments for prospective program adjustments described in Section I.3.B.ii.

iv. Mental Health Parity and Addiction Equity Act Service Adjustment

The projected benefit cost does not include any additional services deemed by the state necessary to accommodate parity compliance.

v. In Lieu of Services

As discussed in Section I.3.A.iv, the reported benefit costs for in-lieu-of-services are described in this section.

(a) Categories of covered service

MCOs reported offering in-lieu-of services for facility and professional service categories. The services approved by EOHHS to be utilized this way include acupuncture, chiropractic services, and massage therapy.

(b) Percentage of cost

The reported cost for in-lieu-of services were approximately \$4.9 million in SFY 2019. The following figure illustrates that in-lieu-of services represent approximately 0.5% of the base benefit cost in SFY 2019.

FIGURE 22: IN-LIEU-OF SERVICES AS A PERCENTAGE OF SFY 2019 BENEFIT COST

Population	Facility	Professional	All Other	Composite
CSHCN	0.3%	0.9%	0.0%	0.4%
RIte Care	0.1%	0.2%	0.0%	0.1%
Medicaid Expansion	0.4%	1.4%	0.0%	0.5%
Rhody Health Partners	0.2%	0.5%	0.0%	0.2%
Composite	0.3%	0.9%	0.0%	0.4%

Note: The values in this exhibit reflect the percent of in-lieu-of expenditures relative to the specific category of service and population illustrated.

(c) Development of projected benefit costs

In-lieu-of services were included in the base data and are treated consistently with other service expenditures. The development of the projected benefit costs did not vary for in-lieu-of services.

(d) IMDs as an in-lieu-of-service

The rate development complies with the requirements of 42 CFR 438.6(e). See Section I, item 3.A.v for explanation of the treatment of IMD service costs in rate development.

vi. Retrospective Eligibility Periods**(a) MCO responsibility**

The MCOs are not responsible for retrospective eligibility periods. Coverage in the managed care program does not begin until a member is enrolled in an MCO.

(b) Claims treatment

MCOs are not responsible for claims incurred before enrollment in the managed care program. The base data experience is consistent with this requirement.

(c) Enrollment treatment

Enrollment is treated consistently with claims. We have not included retrospective eligibility in the base experience period.

(d) Adjustments

No explicit retroactive enrollment adjustment was applied for the SFY 2022 rate setting.

vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the July 2020 through June 2021 (SFY 2021) rating period.

(a) Change to covered benefits

There were no material changes to covered benefits compared to the previous certification.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the MCOs in their FDCR responses, and an adjustment was applied to reflect any such recoveries.

(c) Change to payment requirements

There were no material changes to requirements for provider payment compared to the previous certification.

(d) Change to waiver requirements

There were no material changes related to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

viii. Documentation of Material Changes

All material changes to covered benefits and services compared to the previous certification are described in this report.

(a) Non-material changes

Adjustment factors were developed for policy and program changes estimated to materially affect the managed care program during SFY 2022 that are not fully reflected in the base experience. We defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following outlines program adjustments deemed immaterial based on our review of the experience data and policy change. No adjustment was applied for these non-material changes.

- **COVID-19 Vaccinations:** COVID-19 vaccines are paid for and provided by the federal government, and professional administration fees paid by the MCOs are fully reimbursed through a non-risk payment for COVID-19 vaccine administration.
- **Department of Children, Youth, & Families Custody Eligibility Pathway:** A limited number of children were enrolled in the substitute care rate cell through a new Medicaid eligibility pathway allowing children to obtain Medicaid eligibility without the parents relinquishing custody. We reviewed emerging experience for this population and determined any cost differential for members to be immaterial.
- **AAP Maternal Depression Screenings:** The American Academy of Pediatrics (AAP) released guidance for maternal depression screenings effective July 1, 2018. We reviewed historical utilization of this service relative to the AAP guidelines and estimated the cost of additional services attributable to this guidance to be immaterial.
- **Category 1 Terminations:** EOHHS suspended the termination of member eligibility as part of the Category 1 enrollment cleanup until the end of the COVID emergency period. This affects approximately 1,700 members that were originally expected to be terminated in April 2020. We reviewed the estimated acuity of this population relative to the remainder of the Medicaid population and determined the acuity differential to be immaterial.
- **Section 210 of Consolidated Appropriations Act, 2021:** Effective January 1, 2022, routine patient costs provided to Medicaid members participating in qualified clinical trials, not including the item or service that is the subject of the trial, must be covered by Medicaid programs. Any incremental cost associated with the coverage of such services is estimated to be immaterial for purposes of the SFY 2022 capitation rate development.

4. Special Contract Provisions Related to Payment

A. INCENTIVE ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the incentive payment structure in the Medicaid managed care program.

ii. Appropriate Documentation

Incentive payments under this plan are below 105% of the certified capitation rates paid under the contract. EOHHS operates the following incentive program for its MCOs.

- **Health System Transformation Program:** The Health System Transformation Program invests in the development of certified accountable entities through the approval of the Rhode Island 1115 waiver Special Terms and Conditions. Incentive payments for the development of accountable entities are funded via an incentive payment to the MCOs with EOHHS approval. MCOs may be eligible for incentive payment under this program up to the PMPM illustrated in the figure below.

FIGURE 23: MAXIMUM INCENTIVE PAYMENT (PMPM)

Population	SFY 2022 Composite Rates	105% of Capitation Rates	Maximum Incentive Payment
CSHCN	\$ 1,166.34	\$ 1,224.66	\$ 58.32
RIte Care	303.10	318.26	15.16
Medicaid Expansion	654.21	686.92	32.71
Rhody Health Partners	1,934.07	2,030.77	96.70

Note: Health System Transformation Program incentive payments do not include the SOBRA or extended family planning rate cells.

The sum of the incentive payments does not exceed 105% of the certified capitation rates. There is no explicit adjustment to the capitation rates for the incentive arrangement.

B. WITHHOLD ARRANGEMENTS

i. Rate Development Standards

This section provides documentation of the withhold arrangement in the Medicaid managed care program.

ii. Appropriate Documentation

(a) Description of the Withhold Arrangement

(i) Time period

The Alternative Payment Methodology (APM) withhold will continue in SFY 2022. Withhold metrics will be reviewed and paid on a quarterly basis.

(ii) Enrollees, services, and providers covered

All rate cells are covered by the withhold arrangement, with the exception of the RIte Care Extended Family Planning or SOBRA capitation rates. No withhold is applied to the Extended Family Planning or SOBRA capitation rates.

(iii) Purpose

The goals of Rhode Island's Medicaid Quality Strategy are based on a commitment to the following principles: consumer empowerment and choice, community based solutions, prevention/wellness, value based purchasing, integration of physical and behavioral health, care coordination/care management, attention to social determinants of health, and improved technology. The withhold promotes the transition from fee-for-service towards a population health model, thereby encouraging greater coordination of care and rewarding both cost efficiency and quality of care outcomes.

(iv) Description of total percentage withheld

The withhold will remain at 0.5% in SFY 2022 and be returned in accordance to the “Alternative Payment Methodology Requirements for Each Contract Period” of the MCO contract.

(v) Estimate of percent to be returned

Based on discussion with EOHHS, we believe that a full withhold return is attainable by the MCOs.

(vi) Reasonableness of withhold arrangement

Our review of the total withhold percentage of 0.5% of capitation revenue indicates that it is reasonable within the context of the capitation rate development and the magnitude of the withhold does not have a detrimental impact on the MCO’s financial operating needs and capital reserves. Our interpretation of financial operating needs relates to cash flow needs for the MCO to pay claims and administer benefits for its covered population.

(vii) Effect on the capitation rates

The effect of the withhold was considered when developing and reviewing the overall adequacy of the capitation rates. No explicit adjustment was made to the capitation rates to reflect the impact of the withhold.

(b) Rate certification consideration of withhold

The rate certification, with consideration for the portion of the withhold that is not reasonably achievable, is included in Appendix 1.

C. RISK SHARING MECHANISMS**i. Rate Development Standards**

This section provides documentation of the risk-sharing mechanisms in the Medicaid managed care program.

ii. Appropriate Documentation**(a) Description of Risk-sharing Mechanism**

The Rhode Island Medicaid managed care program includes a risk-sharing arrangement in SFY 2022.

(i) Risk sharing rationale

The risk sharing mechanisms in the Rhode Island Medicaid managed care program address potential claims volatility and other risk for MCOs participating in the managed care program.

(ii) Risk sharing implementation

The risk-sharing arrangement will be maintained in SFY 2022. The risk corridors parameters for the SFY 2022 contract year are included in the figure below.

FIGURE 24: RISK CORRIDOR PARAMETERS

Risk Sharing Provisions	Plan Share of Expenses	EOHHS Share of Expenses
For Medical Expenses between 100% and 103% of Baseline	100%	0%
For Medical Expenses between 103% and 105% of Baseline	40%	60%
For Medical Expenses greater than 105% of Baseline	10%	90%
Gain Sharing Provisions	Plan Share of Gains	EOHHS Share of gains
For Medical Expenses between 97% and 100% of Baseline	100%	0%
For Medical Expenses between 97% and 95% of Baseline	40%	60%
For Medical Expenses less than 95% of Baseline	10%	90%

The baseline medical expenses consist of the base benefit expense, Care Transformation Collaborative adjustment, and care coordination. Care coordination expenditures reported by the MCOs for purposes of the risk sharing calculation are limited to the care coordination capitation revenue received by the MCO.

(iii) Impact on capitation rate development

The risk corridor incorporated in the Rhode Island Medicaid managed care program reduces the overall MCO financial volatility and risk. The impact of the risk corridor was considered when developing the non-benefit expense load as discussed in Section I.5.B.ii.

(iv) Attestation of the use of generally accepted actuarial principles and practices

The SFY 2022 risk sharing mechanism was developed in accordance with generally accepted actuarial principles and practices.

(b) Medical Loss Ratio**(i) Methodology**

The medical loss ratio for SFY 2022 will be reported to CMS in accordance with 42 CFR 438.8.

(ii) Formula for Remittance/Payment

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

(iii) Financial consequences

There are no financial consequences associated with MLR requirements.

(c) Reinsurance Requirements and Effect on Capitation Rates**(i) Description of reinsurance requirements**

EOHHS requires the MCOs to obtain reinsurance coverage from a source other than EOHHS. The level at which the MCO establishes reinsurance must be consistent with sound business practices under the financial condition of the MCO. EOHHS reserves the right to review the reinsurance coverage and to require changes to that coverage in the form of lower thresholds if considered necessary based on the MCO's overall financial condition.

(ii) Effect on capitation rates

The SFY 2022 capitation rates were adjusted for the effect of reinsurance. Reinsurance premiums reported by the MCOs via the FDCRs were included in the capitation rate development base data, and the base data was likewise reduced for reinsurance recoveries.

(iii) Attestation of the use of generally accepted actuarial principles and practices

The reinsurance arrangement was reflected in the capitation rate development in accordance with generally accepted actuarial principles and practices.

(iv) Reinsurance premium development

The reinsurance coverage is purchased by the MCOs from a source other than EOHHS. EOHHS is not responsible for the premium development.

D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES**i. Rate Development Standards****(a) Description of Managed Care Plan Requirement**

Consistent with guidance in 42 CFR §438.6(c), the capitation rates effective July 1, 2021 reflect the following delivery and provider payment initiatives:

- Inpatient hospital state directed uniform percentage increase
- Outpatient hospital state directed uniform percentage increase
- Nursing home state directed uniform percentage increase
- Level IV alcohol and drug detoxification state directed per diem minimum fee schedule

- Care Transformation Collaborative of Rhode Island state directed value-based purchasing
- Accountable Entity (AE) program state directed value-based purchasing

(b) How Payment Arrangement is Reflected in Managed Care Rates

All of the initiatives described above are considered in the capitation rates paid to the plans. None are implemented via a separate payment term.

ii. Appropriate Documentation

(a) Delivery system and provider payment initiatives

(i) Description delivery system and provider payment initiatives

Inpatient Hospital. The inpatient hospital directed payment is a uniform percentage increase to hospital reimbursement. Reimbursement for inpatient hospital services is mandated to be increased by a uniform 2.4% effective July 1, 2021.

Outpatient Hospital. The outpatient hospital directed payment is a uniform percentage increase to hospital reimbursement. Reimbursement for outpatient hospital services is mandated to be increased by a uniform 2.4% effective July 1, 2021.

Nursing Home. The nursing home directed payment is a uniform percentage increase to nursing home reimbursement, inclusive of hospice services incurred in the nursing home. Reimbursement for nursing home services is mandated to be increased by a uniform 2.2% effective October 1, 2021. Please note that the SFY 2021 nursing home trend factor illustrated in Figure 19 reflects a combination of 2.4% reimbursement increase effective October 1, 2020 and a 2.2% increase effective October 1, 2021.

Level IV Detoxification Services. MCOs are directed to pay a minimum fee schedule per diem amount of \$1,617 for level IV alcohol and drug detoxification services.

Care Transformation Collaborative of Rhode Island. MCOs are required to participate in the Care Transformation Collaborative of Rhode Island to promote accessible, comprehensive, coordinated care. Payments are made to Care Transformation Collaborative based on managed care member enrollment in pediatric primary care practices participating in the Care Transformation Collaborative. Qualifying providers receive a uniform \$3.00 PMPM once meeting certification requirements established by the Office of the Health Insurance Commissioner as a Patient Centered Medical Home. Additionally, providers who attain quality measures described in the preprint receive a bonus \$0.50 PMPM payment.

Accountable Entity Program. Accountable entities are responsible for the cost and quality of an attributed population and participate in shared savings and losses (effective July 1, 2021) under the program. Shared savings or losses are determined by comparing the total cost of care of an accountable entities' attributed population to cost thresholds derived using a methodology generally consistent with the MCO capitation rate development. Specified quality targets must also be met for accountable entities to qualify for shared savings payments. In addition, all certified AEs are eligible for performance-based incentive payments, established by the Total Incentive Pool for each MCO-AE relationship. The Total Incentive Pool is determined by EOHHS and is subject to the incentive payment maximum described earlier in this section.

(ii) Effect on capitation rates

(A) Affected rate cells

Inpatient Hospital. The inpatient hospital directed payment affects all rate cells.

Outpatient Hospital. The outpatient hospital directed payment affects all rate cells.

Nursing Home. The nursing home directed payment increase affects all rate cells.

Level IV Detoxification Services. The Level IV Detoxification Services directed payment affects all rate cells with level IV detoxification services, which includes primarily adult populations.

Care Transformation Collaborative of Rhode Island. The Care Transformation Collaborative directed payment affects all rate cells with members below age 18, which includes the CSHCN and RlTe Care populations.

Accountable Entity Program. Members from all rate cells, except Extended Family Planning, are enrolled in the Accountable Entity program.

(B) Impact on capitation rates

Inpatient Hospital. The inpatient hospital reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii. Reimbursement for inpatient hospital services is increased by a uniform 2.4% effective July 1, 2021. The magnitude of the payment increase for each rate cell is illustrated in Appendix 5.

Outpatient Hospital. The outpatient hospital reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii. Reimbursement for outpatient hospital services is increased by a uniform 2.4% effective July 1, 2021. The magnitude of the payment increase for each rate cell is illustrated in Appendix 5.

Nursing Home. The nursing home reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii. Reimbursement for nursing home services is mandated to be increased by a uniform 2.2% effective October 1, 2021. Please note that the SFY 2021 nursing home trend factor illustrated in Figure 19 reflects a combination of 2.4% trend effective October 1, 2020 and 2.2% trend effective October 1, 2021. The magnitude of the payment increase for each rate cell is illustrated in Appendix 5.

Level IV Detoxification Services. The Level IV Detoxification Services per diem is estimated to increase the reimbursement for these services by \$1.3 million in SFY 2022. This is further described in Section I.3.B.ii.(a) of this report.

Care Transformation Collaborative of Rhode Island. The Care Transformation Collaborative directed payment results in an aggregate PMPM increase of \$1.43 and \$1.09 for the CSHCN and RlTe Care populations, respectively, or approximately \$2.3 million in SFY 2022. This is described in Section I.5.B.i.(a) of this report, and the rate cell impact is illustrated in Appendix 5.

Accountable Entity Program. No explicit upward or downward adjustment is made to the capitation rates for the Accountable Entity program, although it is considered when evaluating the reasonableness, appropriateness, and attainability of the capitation rates.

(C) Reflection of payment arrangement in the certified capitation rates

Inpatient Hospital. The inpatient hospital reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii.

Outpatient Hospital. The outpatient hospital reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii.

Nursing Home. The nursing home reimbursement increase was reflected in the capitation rate development through the cost trend as described in Section I.3.B.iii.

Level IV Detoxification Services. The Level IV alcohol and drug detoxification directed payment was reflected in the capitation rate development through a prospective program adjustment described in Section I.3.B.ii.(a) of this report.

Care Transformation Collaborative of Rhode Island Payments. The Care Transformation Collaborative directed payment was reflected in the capitation rate development through a PMPM add-on described in Section I.5.B.i.(a) of this report.

Accountable Entity Program. Not applicable.

(D) Description of consistency with 438.6(c) preprint

At the time of certification, EOHHS has not yet submitted the directed payment preprints for SFY 2022. Preprints were filed for inpatient hospital, outpatient hospital, and the accountable entity program were submitted for the SFY 2021 period, and SFY 2022 will be the initial filing of a preprint for the nursing home directed payment, the Level IV

detoxification services directed payment, and the Care Transformation Collaborative of Rhode Island payments. We anticipate that EOHHS will submit the required preprints to CMS, and that the payment arrangement reflected in these certified rates is consistent with what we understand will be submitted to CMS.

(E) Maximum fee schedule

There is no maximum fee schedule implemented in the directed payment arrangements.

(iii) Separate payment term

The directed payments are not incorporated as a separate payment term.

(b) Additional directed payments

There are no additional directed payment arrangements.

(c) Required reimbursement rates outside the certification

There are no requirements regarding reimbursement rates the plans must pay to any providers unless specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

E. PASS-THROUGH PAYMENTS

i. Rate Development Standards

There are no pass-through payments reflected in the SFY 2022 capitation rates.

ii. Appropriate Documentation

There are no pass-through payments reflected in the SFY 2022 capitation rates.

5. Projected non-benefit costs

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to MCO operation of the Medicaid managed care program. Section I, item 5 provides documentation of the data, assumptions, and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

ii. PMPM versus percentage

The non-benefit costs were developed as both a PMPM and a percentage of the capitation rate. The Care Transformation Collaborative adjustment and the State-Supplied Vaccine Program (vaccine assessment) were developed as PMPM amounts. The care coordination, administrative cost allowance, risk margin, and premium tax amounts were developed as a percentage of the capitation rate.

iii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

iv. Health insurance providers fee

The Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502 repealed the annual fee on health insurance providers for calendar years beginning after December 31, 2020.

B. APPROPRIATE DOCUMENTATION

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

DATA

The following items were considered in determining the appropriate administrative payment to the MCOs:

- MCO administrative requirements as specified in the contract;
- MCO financial information contained in NAIC financial statement data;
- MCO administrative costs and financial considerations reported in the FDCR and MCO Survey;
- MCO historical administrative efficiency in relation to industry norms by expense category;
- Average administrative costs from the financial statements of Medicaid health plans nationally; and,
- Base claims cost.

We used historical program costs and projections provided by EOHHS to develop the PMPM amounts for Care Transformation Collaborative and vaccine assessment.

ASSUMPTIONS AND METHODOLOGY

In developing the administrative cost allowances, we reviewed historical administrative expenses for the program along with national Medicaid health plan administrative expenses. We considered the size of the health plans and the resulting economies of scale that could be achieved, along with the benefits covered and the demographics of the population. The final assumptions were based on our actuarial judgement and not formulaically derived

We did not develop administrative expenses from the ground up (based on individual components). However, individual components were reviewed within financial statement data. Care coordination expense was separately allocated from the general administrative cost allowance and is considered as a component of the baseline medical expense for purposes of risk share reporting.

In addition to care coordination and administrative costs, the development of actuarial sound capitation rates considers the following other program components:

- **Care Transformation Collaborative of Rhode Island:** The SFY 2022 PMPM add-on for Care Transformation Collaborative is based on SFY 2022 projections provided by EOHHS. The projections were reviewed for reasonability in their development and in total magnitude. The Care Transformation Collaborative amounts are included as a component of the baseline medical expense for purposes of risk share reporting.
- **State-Supplied Vaccine Program (vaccine assessment):** Amounts for vaccine assessment are included in the rate development as a PMPM add-on amount. The SFY 2022 assessment is \$3.18 for adults ages 19 and over.
- **Premium Tax:** MCOs operating in the Rhode Island are subject to a 2.0% premium tax, which is included in the rate development.

Figure 25 illustrates the PMPM add-on amounts for Care Transformation Collaborative and vaccine assessment.

FIGURE 25: PMPM ADD-ONS

Population	Care Transformation Collaborative	Vaccine Assessment
CSHCN	\$ 1.43	\$ 0.51
RIte Care	1.09	1.10
Medicaid Expansion	0.00	3.18
Rhody Health Partners	0.00	3.18
SOBRA	0.00	0.00

Note: Amounts are composited based on estimated SFY 2021 enrollment.

(b) Material changes

The data, assumptions, and methodology used to develop the projected non-benefit cost are generally consistent with the SFY 2021 rate development. We modified the administrative cost load percentages and care coordination load percentage based on the administrative cost analysis described earlier in this section. The RIte Care adults and Medicaid Expansion administrative cost loads were changed from 6.5% and 7.0%, respectively, to 6.75% to reflect emerging administrative cost expense data and similarities between the populations. Additionally, care coordination values were increased by 0.5% for all rate cells. Prior non-benefit expense assumptions are fully described within the SFY 2021 rate certification report.

(c) Other material adjustments

There are no other material non-benefit expense adjustments not described within this section.

ii. Non-benefit costs, by cost category

Administrative expenses have not been developed from the ground up (based on individual components). However, individual components were reviewed within MCO cost reports and financial statement data. The care coordination, administrative cost, and risk margin are illustrated as a percentage of the capitation effective rate (less the Care Transformation Collaborative PMPM add-on). Premium tax is applied as a percentage of the total capitation. The SFY 2022 non-benefit expense percentages are illustrated in Figure 26 below.

FIGURE 26: NON-BENEFIT EXPENSE LOADS

Population	Care Coordination	Administrative Cost	Risk Margin	Premium Tax
CSHCN - Adoption/Sub Care	1.50%	9.00%	1.50%	2.00%
CSHCN - Other	1.50%	7.00%	1.50%	2.00%
Rlte Care – 15+	1.50%	6.75%	1.50%	2.00%
Rlte Care - <15	1.50%	7.50%	1.50%	2.00%
Rlte Care - EFP	1.50%	10.00%	1.50%	2.00%
Medicaid Expansion	1.50%	6.75%	1.50%	2.00%
Rhody Health Partners	1.50%	6.00%	1.50%	2.00%
SOBRA	1.00%	2.00%	1.50%	2.00%

iii. Historical non-benefit cost

Historical non-benefit costs were reported through MCO FDCR submissions and financial statement data. We evaluated the historical program costs along with nationwide administrative cost benchmarks and trends when establishing the non-benefit expense loads. In addition, we considered the potential impact of items such as PBM administrative costs and MCO reporting allocation methodologies in this analysis.

iv. Health insurance providers fee

(a) Whether the fee is incorporated in the rates

No health insurance providers fee will be incurred for the SFY 2022 rating period following the repeal of the health insurance provider fee starting in fee year 2021, per the Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502.

6. Risk Adjustment and Acuity Adjustments

This section provides information on the risk adjustment included in the contract.

A. RATE DEVELOPMENT STANDARDS

i. Overview

In accordance with 42 CFR §438.5(g), we will follow the rate development standards related to budget-neutral risk adjustment for the Medicaid managed care program. The capitation rates will be prospectively risk adjusted by MCO to reflect estimated prospective morbidity differences in the underlying population enrolling with each MCO.

The remainder of this section outlines the intended approach to risk adjusting the SFY 2022 capitation rates. Certain issues such as data quality, MCO size, or risk differences not quantified by the approach outlined below may result in adjustments to the proposed methodology. All adjustments will be in accordance with our review of the risk adjustment data, results, and methodology and will be developed in accordance with generally accepted actuarial principles and practices.

ii. Risk adjustment model

Risk adjustment will be performed using CDPS + Rx version 6.4. We developed custom condition weights based on Rhode Island Medicaid experience. Risk adjustment will be performed on a basis estimated to be budget neutral at the rate cell level. Children less than one year old, the extended family planning population, delivery kick payments, and the CSHCN substitute care rate cell will be excluded from the risk adjustment process.

iii. Acuity adjustments

All acuity adjustments are applied on a prospective basis and are described in Section I.3.B.ii.(a) “Prospective Program and Policy Adjustments”. These acuity adjustments are included in the certified capitation rates documented in this report.

B. APPROPRIATE DOCUMENTATION

i. Prospective risk adjustment

(a) Data and adjustments

The SFY 2022 rate period will be risk adjusted based on a diagnosis and prescription drug collection period including incurred (dispensed) dates in SFY 2020. The risk adjustment diagnosis base data will exclude diagnosis codes associated with diagnostic testing and certain medical supply codes. Prospective risk scores will be applied to the SFY 2022 capitation rates in total. We will calculate normalized rates on a budget neutral basis for each MCO.

(b) Risk adjustment model

The capitation rates will be risk-adjusted using CDPS+Rx risk scoring models. We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(c) Risk adjustment methodology

Risk adjustment is designed to be cost neutral for each population. Relative risk scores will be normalized to result in a composite risk score of 1.000 for each population group. The risk adjustment methodology uses generally accepted actuarial principles and practices.

(d) Magnitude of the adjustment

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(e) Assessment of predictive value

We will provide full documentation of the results and methodology for the risk adjustment analysis in a separate correspondence.

(f) Any concerns the actuary has with the risk adjustment process

The SFY 2020 base data for risk adjustment will include claims experience affected by the COVID-19 pandemic. We evaluated whether the diagnostic and pharmacy script data for this time period was materially affected by the pandemic and concluded that the budget-neutral risk adjustment results were not materially impacted.

ii. Retrospective risk adjustment

Not applicable. The risk adjustment analysis will utilize a prospective methodology.

iii. Changes to risk adjustment model since last rating period**(a) Changes made since the last rating period**

Risk adjustment was performed on the SFY 2021 capitation rates using the CDPS+Rx risk adjustment model with standard weights. We developed custom weights based on Rhode Island Medicaid experience for the SFY 2022 risk adjustment process. Additionally, we included Tufts Health Plan in the risk adjustment process in SFY 2022. Tufts' capitation rates were not risk adjusted in SFY 2021 because of data inconsistencies and limited market share. We utilized a member duration adjustment and modified the treatment of unscored members to account for recent pandemic-related enrollment changes.

(b) Budget neutrality

Risk adjustment is designed to be cost neutral for each population.

iv. Acuity adjustments

A retrospective acuity adjustment is not planned for the SFY 2022 rating year.

Section II. Medicaid Managed care rates with long-term services and supports

Section II of the CMS Guide is not applicable to the populations covered under this rate certification. Managed long-term services and supports (MLTSS) populations are generally excluded from the program. The state operates a Rhody Health Options Medicare-Medicaid Plan (MMP) that is outlined in a separate capitation rate certification document. Long-term services and supports for the Rhody Health Partners population are reimbursed by EOHHS on a fee-for-service basis.

Section III. New adult group capitation rates

EOHHS implemented the Affordable Care Act's Medicaid expansion on January 1, 2014. As of January 2021, approximately 90,000 individuals receive Medicaid benefits through MCOs in Rhode Island's Medicaid Expansion population.

1. Data

A. DATA USED IN CERTIFICATION

The source of data used to develop the Medicaid Expansion capitation rates for SFY 2022 is the same source of data used in the development of rates for the Rite Care, CSHCN, and Rhody Health Partners populations, as outlined in Section I.2.B.ii.

B. DESCRIPTION OF EMERGING DATA

i. New data available for rate setting

No new data sources were available for purposes of the SFY 2022 capitation rate development. Emerging Medicaid Expansion data was used in the SFY 2022 capitation rate development.

ii. Monitoring of experience

EOHHS has monitored enrollment and costs in the Medicaid Expansion population on an on-going basis. MCOs routinely submit financial experience for purposes of the risk share reporting.

iii. Comparison to previous rate certifications

Figure 27 provides a comparison of actual SFY 2019 experience by rate cell used in the SFY 2022 capitation rate development relative to SFY 2019 projections in the SFY 2019 Medicaid Expansion capitation rates.

FIGURE 27: RECONCILIATION OF SFY 2019 ASSUMED BENEFIT EXPENSE TO ACTUAL BENEFIT EXPENSE

Rate Cell	Estimated Member Months	Actual Member Months	Difference	Estimated Benefit Expense PMPM	Actual Benefit Expense PMPM	Difference
ME - F 19-24	97,512	86,726	(11.1%)	\$ 234.22	\$ 240.65	2.7%
ME - F 25-29	55,992	47,175	(15.7%)	326.67	349.67	7.0%
ME - F 30-39	49,848	46,738	(6.2%)	509.98	530.73	4.1%
ME - F 40-49	55,836	50,458	(9.6%)	582.53	689.35	18.3%
ME - F 50-64	148,908	132,679	(10.9%)	571.60	638.92	11.8%
ME - M 19-24	103,692	91,011	(12.2%)	176.91	164.70	(6.9%)
ME - M 25-29	81,348	70,040	(13.9%)	301.50	315.94	4.8%
ME - M 30-39	106,104	98,032	(7.6%)	431.13	467.34	8.4%
ME - M 40-49	74,328	68,940	(7.2%)	583.19	606.27	4.0%
ME - M 50-64	125,196	112,791	(9.9%)	637.42	684.91	7.5%
Composite	898,764	804,590	(10.5%)	\$ 440.56	\$ 476.90	8.2%

Note: Actual benefit expense PMPMs are derived from the CY 2020 Q1 FDCR submission. Actual benefit expense PMPMs are inclusive of pharmacy administrative spread amounts, but the spread amounts are not included in the estimated benefit expense PMPMs utilized in the SFY 2019 rate development.

As Figure 27 illustrates, actual MCO-covered member months were approximately 10.5% below values estimated in the development of the SFY 2019 rates. On an aggregate basis, actual benefit expense PMPM was approximately 8.2% higher than estimated benefit expense assumed in the capitation rate development.

iv. Adjustment to current rates

An explicit adjustment was not made for differences between projected and actual experience in previous rating periods; emerging experience was utilized when developing the Medicaid Expansion SFY 2022 capitation rates.

2. Projected Benefit Costs

A. DESCRIPTION OF PROJECTED BENEFIT COST ISSUES

SFY 2019 Medicaid Expansion population experience, in the form of adjusted encounter data, is used as the underlying data source for the development of the SFY 2022 capitation rates. In developing the adjusted base data for the SFY 2022 capitation rates, we also used SFY 2018 experience to strengthen the credibility of the base data. We have documented this in Figure 13 of the report.

Discussion of other assumption changes is provided in the next section.

i. For states that covered the new adult group in previous rating periods

(a) Data specific to newly eligible adults

There was no data that was only available for newly eligible adults utilized in the capitation rate development.

(b) Changes in data sources, assumptions, or methodologies

There were no changes to the data sources, assumptions, or methodologies used to develop projected benefit costs that was specific to the Medicaid Expansion population that was not previously outlined in this report.

(c) Assumption changes from previous rating periods

(i) Acuity adjustments

An adjustment was made for changing expansion morbidity associated with decreased enrollment in the SFY 2021 rate development. All SFY 2022 acuity adjustments are applied on a prospective basis and are described in Section I.3.B.ii.(a) "Prospective Program and Policy Adjustments" with the Medicaid Expansion population separately illustrated. These acuity adjustments are included in the certified capitation rates documented in this report and are consistent with the assumptions used in the SFY 2021 rate development.

(ii) Adjustments for pent-up demand

Consistent with the SFY 2021 rate setting, an explicit pent-up demand adjustment was not made for the Medicaid Expansion population.

(iii) Adjustment for adverse selection

Consistent with the SFY 2021 rate setting, an explicit adverse selection adjustment was not made for the Medicaid Expansion population.

(iv) Adjustment for demographics

Consistent with the SFY 2021 rate setting, an explicit demographic adjustment was not made for the Medicaid Expansion population. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the MCOs to the extent the demographic mix of the population changes significantly during the SFY 2022 rate period.

(v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2021 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

(vi) Other material adjustments

Consistent with the SFY 2021 rate setting, there are no other material adjustments.

(vii) Changes to the benefit plan

There were no changes to the benefit plan offered to the new adult group.

ii. For new adult groups not covered in previous rating periods

This section does not apply as the new adult group was previously covered.

iii. Key assumptions

The key assumptions related to the new adult group are identified and described in Section III.2.A.i.

B. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

We did not make any other adjustments in the Medicaid Expansion rate development process other than those previously outlined in the report.

3. Projected Non-Benefit Costs

A. DESCRIPTION OF ISSUES

i. Changes in data sources, assumptions, or methodologies

The data sources, assumptions, and methodologies utilized in the development of the non-benefit expense component of the capitation rates is outlined in Section I.5.B.

ii. Assumption changes for previous rating periods

Figure 28 illustrates the non-benefit expense assumptions for the SFY 2022 capitation rates relative to the SFY 2021 capitation rate development.

FIGURE 28: MEDICAID EXPANSION NON-BENEFIT EXPENSE ASSUMPTIONS

Non-Benefit Expenses	SFY 2020	SFY 2021
Admin	7.00%	6.75%
Care Coordination	1.00%	1.50%
Subtotal Non-Benefit Expense	8.00%	8.25%
Risk Margin	1.50%	1.50%
Total Non-Benefit Expense (Excluding Fees and Taxes)	9.50%	9.75%

The change in administrative cost load reflects emerging administrative cost expense data.

B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 28 provides the non-benefit expense assumptions for the Medicaid Expansion population and other populations administered by EOHHS. Any differences among assumptions according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

4. Final Certified Rates

A. CMS REQUESTS

i. Comparison to Previous Certification

Appendix 6 illustrates a comparison of the SFY 2021 and SFY 2022 capitation rates.

ii. Description of Other Material Changes to the Capitation Rates

All material changes to the Medicaid Expansion rate development methodology are outlined in this report.

5. Risk Mitigation Strategies

A. DESCRIPTION OF RISK MITIGATION STRATEGY

The Medicaid expansion population is included in the risk mitigation programs outlined in Section I.4 and Section I.6 consistently with all other populations. There are no risk mitigation strategies specific to the Medicaid Expansion population.

B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

There are no risk mitigation strategies specific to the Medicaid Expansion population.

Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the methodology and data sources anticipated to be used for developing the certified state fiscal year (SFY) 2022 capitation rates for the Rhode Island Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with managed care organizations (MCO) participating in the managed care program and the Centers for Medicare and Medicaid Services (CMS). Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to develop the SFY 2022 Medicaid managed care capitation rates. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by EOHHS and the MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the data sources outlined in the body of this report. The models, including all input, calculations, and output may not be appropriate for any other purpose.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

At the time of this report, we acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated January 12, 2021.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

Appendix 1: Actuarial Certification

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2022 Capitation Rates
Medicaid Managed Care

Actuarial Certification

I, Jason A. Clarkson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been contracted by the State of Rhode Island, Executive Office of Health and Human Services to perform an actuarial review and certification regarding the development of capitation rates for the Medicaid Managed Care program effective July 1, 2021. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the MCO for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:

"Medicaid capitation rates are 'actuarially sound' if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."

The assumptions used in the development of the "actuarially sound" capitation rates have been documented in my correspondence with the State of Rhode Island. The "actuarially sound" capitation rates that are associated with this certification are effective for State Fiscal Year 2022.

The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned. The "actuarially sound" capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates. In developing the "actuarially sound" capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

I acknowledge that the state may elect to amend the capitation rates in accordance with 42 CFR 438.7(c)(3), which indicates that a capitation rate certification is not required for adjustments that increase or decrease capitation rates by 1.5% or less. The capitation rates developed may not be appropriate for any specific managed care plan. An individual managed care plan will need to review the rates in relation to the benefits that it will be obligated to provide. The managed care plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The managed care plan may require rates above, equal to, or below the "actuarially sound" capitation rates that are associated with this certification.

At the time of this rate certification, there is uncertainty regarding the impact of the COVID-19 pandemic, including whether the pandemic will increase or decrease costs in SFY 2022. We acknowledge that the COVID-19 pandemic could have a material impact on morbidity, enrollment, providers, and other factors related to the capitation rates illustrated in this rate certification.



Jason A. Clarkson, FSA
Member, American Academy of Actuaries

August 9, 2021
Date

Appendix 2: SFY 2018 Base Data Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell: RC - MF<1											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 66,862	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	978.4	\$ 2,141.90	\$ 174.64	\$ 0.00	\$ (1.27)	\$ 0.86	\$ 3.66	983.2	\$ 2,171.07	\$ 177.89
Inpatient Well Newborn	Days	1,643.1	761.42	104.26	-	(0.76)	0.52	2.18	1,651.3	771.74	106.20
Inpatient MH/SA	Days	8.8	1,247.30	0.91	-	(0.01)	0.01	0.02	8.9	1,260.86	0.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.7	631.77	0.25	-	-	-	-	4.7	631.77	0.25
Subtotal Inpatient Hospital				\$ 280.06							\$ 285.27
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,030.3	\$ 358.85	\$ 30.81	\$ 0.00	\$ (0.02)	\$ 0.16	\$ 0.65	1,035.6	\$ 366.15	\$ 31.60
Outpatient Surgery	Visits	38.0	1,466.36	4.64	-	-	0.04	0.10	38.3	1,497.69	4.78
Outpatient Radiology	Procedures	196.1	148.67	2.43	-	-	0.02	0.05	197.8	151.70	2.50
Outpatient Pathology/Lab	Procedures	1,400.1	58.88	6.87	-	-	0.07	0.14	1,414.4	60.07	7.08
Outpatient Pharmacy	Procedures	112.1	199.09	1.86	-	-	0.02	0.04	113.3	203.32	1.92
Outpatient MH/SA	Visits	64.4	145.29	0.78	-	-	0.01	0.01	65.2	147.13	0.80
Other Outpatient	Procedures	898.9	133.36	9.99	-	-	0.09	0.22	907.0	136.27	10.30
Subtotal Outpatient Hospital				\$ 57.38							\$ 58.98
Professional											
Inpatient and Outpatient Surgery	Procedures	508.0	\$ 228.90	\$ 9.69	\$ 0.00	\$ 0.00	\$ 0.14	\$ 0.10	515.3	\$ 231.23	\$ 9.93
Anesthesia	Procedures	96.6	419.67	3.38	-	-	0.05	0.03	98.1	423.34	3.46
Inpatient Visits	Visits	1,595.5	144.03	19.15	-	-	0.29	0.20	1,619.7	145.51	19.64
MH/SA	Visits	25.2	61.83	0.13	-	-	-	-	25.2	61.83	0.13
Emergency Room	Visits	1,136.1	68.24	6.46	-	-	0.09	0.07	1,151.9	68.97	6.62
Office/Home Visits/Consults	Visits	5,962.1	62.49	31.05	-	0.16	0.46	0.32	6,050.5	63.45	31.99
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,159.7	12.21	1.18	-	-	0.02	0.01	1,179.3	12.31	1.21
Radiology	Procedures	932.2	16.35	1.27	-	-	0.02	0.01	946.9	16.48	1.30
Office Administered Drugs	Procedures	96.0	2.50	0.02	-	-	-	-	96.0	2.50	0.02
Physical Exams	Visits	8,373.2	80.51	56.18	-	0.22	0.85	0.57	8,499.9	81.63	57.82
Therapy	Visits	61.1	76.64	0.39	-	-	0.01	-	62.6	76.64	0.40
Vision	Visits	113.5	50.73	0.48	-	-	0.01	-	115.9	50.73	0.49
Other Professional	Procedures	3,190.7	67.47	17.94	-	-	0.27	0.18	3,238.7	68.14	18.39
Subtotal Professional				\$ 147.32							\$ 151.40
Retail Pharmacy											
Retail Pharmacy	Scripts	6,443.5	\$ 23.39	\$ 12.56	\$ 0.00	\$ (0.83)	\$ 0.18	\$ 0.36	6,535.8	\$ 22.53	\$ 12.27
Subtotal Retail Pharmacy				\$ 12.56							\$ 12.27
Ancillary											
Transportation	Trips	73.5	\$ 109.32	\$ 0.67	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	74.6	\$ 109.32	\$ 0.68
DME/Prosthetics	Procedures	365.7	173.91	5.30	-	-	0.05	0.05	369.1	175.54	5.40
Subtotal Ancillary				\$ 5.97							\$ 6.08
LTSS											
Hospice	Days	1.4	\$ 260.48	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.4	\$ 260.48	\$ 0.03
Nursing Home	Days	4.6	52.44	0.02	-	-	-	-	4.6	52.44	0.02
HCBS	Procedures	5.2	346.54	0.15	-	-	-	-	5.2	346.54	0.15
Case Management	Procedures	395.5	182.05	6.00	-	-	0.06	0.09	399.5	184.75	6.15
Subtotal LTSS				\$ 6.20							\$ 6.35
Total Medical Costs				\$ 509.49							\$ 520.35

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - MF 1-5											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 354,079	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	61.2	\$ 2,575.63	\$ 13.13	\$ 0.33	\$ (0.10)	\$ 0.07	\$ 0.28	63.0	\$ 2,609.90	\$ 13.71
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	10.9	1,241.61	1.13	0.03	(0.01)	0.01	0.02	11.3	1,252.23	1.18
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.1	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 14.26							\$ 14.89
Outpatient Hospital											
Outpatient Emergency Room	Visits	572.9	\$ 381.45	\$ 18.21	\$ 0.46	\$ (0.01)	\$ 0.09	\$ 0.39	590.2	\$ 389.18	\$ 19.14
Outpatient Surgery	Visits	54.9	1,710.47	7.83	0.20	(0.01)	0.08	0.17	56.9	1,744.21	8.27
Outpatient Radiology	Procedures	74.2	179.47	1.11	0.03	-	0.01	0.02	76.9	182.59	1.17
Outpatient Pathology/Lab	Procedures	1,000.1	37.68	3.14	0.08	-	0.03	0.07	1,035.1	38.49	3.32
Outpatient Pharmacy	Procedures	53.0	593.21	2.62	0.07	(0.01)	0.03	0.06	55.0	604.12	2.77
Outpatient MH/SA	Visits	111.0	249.68	2.31	0.06	-	0.02	0.05	114.9	254.90	2.44
Other Outpatient	Procedures	420.7	129.50	4.54	0.11	-	0.05	0.10	435.5	132.26	4.80
Subtotal Outpatient Hospital				\$ 39.76							\$ 41.91
Professional											
Inpatient and Outpatient Surgery	Procedures	144.2	\$ 158.94	\$ 1.91	\$ 0.05	\$ 0.00	\$ 0.03	\$ 0.02	150.2	\$ 160.54	\$ 2.01
Anesthesia	Procedures	96.3	137.07	1.10	0.03	-	0.01	0.02	99.8	139.48	1.16
Inpatient Visits	Visits	73.5	186.00	1.14	0.03	-	0.02	0.01	76.8	187.57	1.20
MH/SA	Visits	554.7	112.28	5.19	0.13	-	0.08	0.05	577.1	113.32	5.45
Emergency Room	Visits	524.7	64.26	2.81	0.07	-	0.04	0.03	545.3	64.92	2.95
Office/Home Visits/Consults	Visits	3,039.1	61.99	15.70	0.39	0.08	0.24	0.16	3,161.1	62.90	16.57
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,383.1	12.67	1.46	0.04	-	0.02	0.01	1,439.9	12.75	1.53
Radiology	Procedures	261.4	15.61	0.34	0.01	-	-	0.01	269.1	16.05	0.36
Office Administered Drugs	Procedures	22.0	16.34	0.03	-	-	-	-	22.0	16.34	0.03
Physical Exams	Visits	1,705.1	70.66	10.04	0.25	0.05	0.15	0.11	1,773.1	71.74	10.60
Therapy	Visits	65.7	76.67	0.42	0.01	-	0.01	-	68.9	76.67	0.44
Vision	Visits	203.2	69.10	1.17	0.03	-	0.02	0.01	211.9	69.66	1.23
Other Professional	Procedures	2,412.1	77.91	15.66	0.81	(0.01)	0.25	0.17	2,575.3	78.65	16.88
Subtotal Professional				\$ 56.97							\$ 60.41
Retail Pharmacy											
Retail Pharmacy	Scripts	5,970.5	\$ 27.90	\$ 13.88	\$ 0.35	\$ (0.94)	\$ 0.20	\$ 0.40	6,207.0	\$ 26.85	\$ 13.89
Subtotal Retail Pharmacy				\$ 13.88							\$ 13.89
Ancillary											
Transportation	Trips	32.8	\$ 76.88	\$ 0.21	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	34.3	\$ 76.88	\$ 0.22
DME/Prosthetics	Procedures	149.8	99.34	1.24	0.03	-	0.01	0.02	154.6	100.89	1.30
Subtotal Ancillary				\$ 1.45							\$ 1.52
LTSS											
Hospice	Days	0.3	\$ 468.41	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.3	\$ 468.41	\$ 0.01
Nursing Home	Days	2.2	108.48	0.02	-	-	-	-	2.2	108.48	0.02
HCBS	Procedures	22.6	372.46	0.70	0.02	-	-	0.02	23.2	382.81	0.74
Case Management	Procedures	635.0	82.40	4.36	0.11	-	0.05	0.06	658.3	83.49	4.58
Subtotal LTSS				\$ 5.09							\$ 5.35
Total Medical Costs				\$ 131.41							\$ 137.97

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - MF 6-14											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 578,659	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	30.0	\$ 2,754.24	\$ 6.88	\$ 0.17	\$ (0.05)	\$ 0.04	\$ 0.14	30.9	\$ 2,789.21	\$ 7.18
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	119.0	1,174.38	11.65	0.29	(0.09)	0.06	0.25	122.6	1,190.04	12.16
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.2	3,854.40	0.08	-	-	-	-	0.2	3,854.40	0.08
Subtotal Inpatient Hospital				\$ 18.61							\$ 19.42
Outpatient Hospital											
Outpatient Emergency Room	Visits	315.9	\$ 443.68	\$ 11.68	\$ 0.29	\$ 0.00	\$ 0.06	\$ 0.25	325.4	\$ 452.90	\$ 12.28
Outpatient Surgery	Visits	28.9	1,507.20	3.63	0.09	-	0.04	0.07	29.9	1,535.26	3.83
Outpatient Radiology	Procedures	102.2	169.10	1.44	0.04	-	0.01	0.03	105.7	172.50	1.52
Outpatient Pathology/Lab	Procedures	934.3	37.89	2.95	0.07	-	0.03	0.07	966.0	38.76	3.12
Outpatient Pharmacy	Procedures	43.4	901.61	3.26	0.08	-	0.03	0.07	44.9	920.34	3.44
Outpatient MH/SA	Visits	89.3	537.44	4.00	0.10	-	0.04	0.09	92.4	549.12	4.23
Other Outpatient	Procedures	278.6	142.57	3.31	0.08	-	0.03	0.08	287.9	145.91	3.50
Subtotal Outpatient Hospital				\$ 30.27							\$ 31.92
Professional											
Inpatient and Outpatient Surgery	Procedures	145.2	\$ 147.13	\$ 1.78	\$ 0.04	\$ 0.00	\$ 0.03	\$ 0.02	150.9	\$ 148.72	\$ 1.87
Anesthesia	Procedures	57.0	136.77	0.65	0.02	-	0.01	-	59.7	136.77	0.68
Inpatient Visits	Visits	82.6	111.82	0.77	0.02	-	0.01	0.01	85.9	113.21	0.81
MH/SA	Visits	1,810.8	97.74	14.75	0.37	(0.01)	0.23	0.15	1,884.5	98.64	15.49
Emergency Room	Visits	309.8	69.34	1.79	0.04	-	0.03	0.02	321.9	70.08	1.88
Office/Home Visits/Consults	Visits	2,625.6	64.08	14.02	0.35	0.07	0.22	0.14	2,732.3	65.00	14.80
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,179.8	13.94	1.37	0.03	-	0.02	0.02	1,222.8	14.13	1.44
Radiology	Procedures	404.7	24.91	0.84	0.02	-	0.01	0.01	419.2	25.19	0.88
Office Administered Drugs	Procedures	17.6	533.02	0.78	0.02	-	0.01	0.01	18.2	539.60	0.82
Physical Exams	Visits	1,142.5	62.18	5.92	0.15	0.03	0.10	0.06	1,190.8	63.08	6.26
Therapy	Visits	125.8	54.37	0.57	0.01	-	0.01	0.01	130.2	55.29	0.60
Vision	Visits	493.3	92.93	3.82	0.10	(0.01)	0.06	0.04	513.9	93.63	4.01
Other Professional	Procedures	1,827.0	35.34	5.38	0.41	(0.01)	0.09	0.06	1,996.8	35.64	5.93
Subtotal Professional				\$ 52.44							\$ 55.47
Retail Pharmacy											
Retail Pharmacy	Scripts	4,687.7	\$ 60.08	\$ 23.47	\$ 0.59	\$ (1.59)	\$ 0.34	\$ 0.69	4,873.5	\$ 57.86	\$ 23.50
Subtotal Retail Pharmacy				\$ 23.47							\$ 23.50
Ancillary											
Transportation	Trips	37.8	\$ 82.62	\$ 0.26	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	39.2	\$ 82.62	\$ 0.27
DME/Prosthetics	Procedures	168.3	106.27	1.49	0.04	-	0.01	0.02	173.9	107.65	1.56
Subtotal Ancillary				\$ 1.75							\$ 1.83
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1.9	126.08	0.02	-	-	-	-	1.9	126.08	0.02
HCBS	Procedures	291.4	98.02	2.38	0.06	-	0.02	0.04	301.2	99.62	2.50
Case Management	Procedures	236.8	24.83	0.49	0.02	-	-	0.01	246.5	25.32	0.52
Subtotal LTSS				\$ 2.89							\$ 3.04
Total Medical Costs				\$ 129.43							\$ 135.18

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - M 15-44											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 222,573	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	118.4	\$ 2,356.46	\$ 23.25	\$ 0.58	\$ (0.17)	\$ 0.23	\$ 0.51	122.5	\$ 2,389.76	\$ 24.40
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	190.2	823.89	13.06	0.33	(0.10)	0.13	0.28	196.9	834.85	13.70
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 36.31							\$ 38.10
Outpatient Hospital											
Outpatient Emergency Room	Visits	424.0	\$ 492.76	\$ 17.41	\$ 0.44	\$ (0.01)	\$ 0.17	\$ 0.38	438.8	\$ 502.87	\$ 18.39
Outpatient Surgery	Visits	56.0	1,696.45	7.91	0.20	(0.01)	0.08	0.18	57.9	1,731.66	8.36
Outpatient Radiology	Procedures	131.2	215.82	2.36	0.06	-	0.02	0.05	135.7	220.24	2.49
Outpatient Pathology/Lab	Procedures	1,752.9	39.77	5.81	0.15	(0.01)	0.06	0.13	1,816.2	40.57	6.14
Outpatient Pharmacy	Procedures	91.2	1,061.32	8.07	0.20	-	0.08	0.18	94.4	1,084.20	8.53
Outpatient MH/SA	Visits	96.9	398.64	3.22	0.08	-	0.03	0.07	100.2	407.02	3.40
Other Outpatient	Procedures	294.9	141.60	3.48	0.09	-	0.03	0.08	305.1	144.75	3.68
Subtotal Outpatient Hospital				\$ 48.26							\$ 50.99
Professional											
Inpatient and Outpatient Surgery	Procedures	269.5	\$ 205.71	\$ 4.62	\$ 0.12	\$ (0.01)	\$ 0.08	\$ 0.04	281.2	\$ 206.99	\$ 4.85
Anesthesia	Procedures	83.5	173.84	1.21	0.03	-	0.02	0.01	87.0	175.22	1.27
Inpatient Visits	Visits	216.3	109.31	1.97	0.05	-	0.03	0.02	225.0	110.38	2.07
MH/SA	Visits	3,036.9	62.71	15.87	0.40	(0.01)	0.25	0.16	3,161.3	63.28	16.67
Emergency Room	Visits	427.0	77.85	2.77	0.07	-	0.04	0.03	443.9	78.66	2.91
Office/Home Visits/Consults	Visits	2,595.9	64.12	13.87	0.35	0.04	0.21	0.15	2,700.7	64.96	14.62
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,850.9	25.67	3.96	0.10	-	0.06	0.04	1,925.7	25.92	4.16
Radiology	Procedures	826.0	38.21	2.63	0.07	(0.01)	0.05	0.02	863.7	38.35	2.76
Office Administered Drugs	Procedures	117.7	152.91	1.50	0.04	-	0.02	0.02	122.4	154.87	1.58
Physical Exams	Visits	682.0	60.53	3.44	0.09	0.01	0.06	0.03	711.7	61.21	3.63
Therapy	Visits	447.4	59.01	2.20	0.06	(0.01)	0.04	0.02	467.7	59.27	2.31
Vision	Visits	286.9	89.51	2.14	0.05	-	0.04	0.02	299.0	90.31	2.25
Other Professional	Procedures	1,577.4	31.49	4.14	0.16	-	0.07	0.04	1,665.1	31.78	4.41
Subtotal Professional				\$ 60.32							\$ 63.49
Retail Pharmacy											
Retail Pharmacy	Scripts	6,927.1	\$ 67.80	\$ 39.14	\$ 0.98	\$ (2.64)	\$ 0.37	\$ 2.46	7,166.0	\$ 67.50	\$ 40.31
Subtotal Retail Pharmacy				\$ 39.14							\$ 40.31
Ancillary											
Transportation	Trips	78.3	\$ 79.66	\$ 0.52	\$ 0.01	\$ 0.00	\$ 0.01	\$ 0.00	81.3	\$ 79.66	\$ 0.54
DME/Prosthetics	Procedures	337.4	94.62	2.66	0.07	-	0.02	0.03	348.8	95.65	2.78
Subtotal Ancillary				\$ 3.18							\$ 3.32
LTSS											
Hospice	Days	6.1	\$ 158.23	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	6.1	\$ 158.23	\$ 0.08
Nursing Home	Days	6.5	222.81	0.12	-	-	-	0.01	6.5	241.38	0.13
HCBS	Procedures	293.8	86.99	2.13	0.05	-	0.02	0.04	303.5	88.57	2.24
Case Management	Procedures	191.7	33.80	0.54	0.01	-	0.01	0.01	198.8	34.41	0.57
Subtotal LTSS				\$ 2.87							\$ 3.02
Total Medical Costs				\$ 190.08							\$ 199.23

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - F 15-44											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 526,472	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	129.3	\$ 2,473.34	\$ 26.65	\$ 0.67	\$ (0.20)	\$ 0.27	\$ 0.57	133.9	\$ 2,506.51	\$ 27.96
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	280.8	699.96	16.38	0.41	(0.12)	0.16	0.36	290.6	709.88	17.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.0	1,172.66	0.10	-	-	-	-	1.0	1,172.66	0.10
Subtotal Inpatient Hospital				\$ 43.13							\$ 45.25
Outpatient Hospital											
Outpatient Emergency Room	Visits	649.7	\$ 513.13	\$ 27.78	\$ 0.69	\$ (0.01)	\$ 0.28	\$ 0.61	672.3	\$ 523.84	\$ 29.35
Outpatient Surgery	Visits	95.2	1,859.44	14.75	0.37	(0.01)	0.15	0.32	98.5	1,897.19	15.58
Outpatient Radiology	Procedures	275.8	247.12	5.68	0.14	-	0.06	0.12	285.5	252.17	6.00
Outpatient Pathology/Lab	Procedures	4,810.2	42.81	17.16	0.43	(0.01)	0.18	0.37	4,981.2	43.68	18.13
Outpatient Pharmacy	Procedures	255.0	435.34	9.25	0.23	-	0.09	0.20	263.8	444.44	9.77
Outpatient MH/SA	Visits	145.7	428.96	5.21	0.13	-	0.05	0.11	150.8	437.71	5.50
Other Outpatient	Procedures	559.1	122.55	5.71	0.14	-	0.06	0.12	578.7	125.04	6.03
Subtotal Outpatient Hospital				\$ 85.54							\$ 90.36
Professional											
Inpatient and Outpatient Surgery	Procedures	445.5	\$ 200.13	\$ 7.43	\$ 0.19	\$ (0.01)	\$ 0.12	\$ 0.07	464.1	\$ 201.68	\$ 7.80
Anesthesia	Procedures	141.1	140.28	1.65	0.04	-	0.03	0.01	147.1	141.09	1.73
Inpatient Visits	Visits	283.4	93.16	2.20	0.06	(0.01)	0.04	0.02	296.3	93.56	2.31
MH/SA	Visits	3,813.5	69.76	22.17	0.55	-	0.34	0.23	3,966.6	70.46	23.29
Emergency Room	Visits	709.6	79.48	4.70	0.12	-	0.07	0.05	738.3	80.29	4.94
Office/Home Visits/Consults	Visits	5,056.1	62.13	26.18	0.65	0.03	0.41	0.27	5,260.8	62.82	27.54
Maternity	Procedures	7.8	46.34	0.03	-	-	-	-	7.8	46.34	0.03
Pathology/Lab	Procedures	4,254.2	22.85	8.10	0.20	-	0.12	0.09	4,422.2	23.09	8.51
Radiology	Procedures	1,467.8	45.37	5.55	0.14	-	0.08	0.06	1,526.0	45.85	5.83
Office Administered Drugs	Procedures	344.9	109.61	3.15	0.08	-	0.05	0.03	359.1	110.61	3.31
Physical Exams	Visits	959.4	56.16	4.49	0.11	0.01	0.07	0.05	997.9	56.88	4.73
Therapy	Visits	648.7	56.05	3.03	0.08	(0.01)	0.05	0.03	676.5	56.41	3.18
Vision	Visits	366.3	90.10	2.75	0.07	-	0.04	0.03	380.9	91.05	2.89
Other Professional	Procedures	1,463.7	73.54	8.97	0.24	-	0.14	0.09	1,525.7	74.25	9.44
Subtotal Professional				\$ 100.40							\$ 105.53
Retail Pharmacy											
Retail Pharmacy	Scripts	14,423.9	\$ 45.12	\$ 54.24	\$ 1.36	\$ (3.66)	\$ 0.52	\$ 3.41	14,923.9	\$ 44.92	\$ 55.87
Subtotal Retail Pharmacy				\$ 54.24							\$ 55.87
Ancillary											
Transportation	Trips	131.8	\$ 73.75	\$ 0.81	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.01	136.7	\$ 74.62	\$ 0.85
DME/Prosthetics	Procedures	266.5	105.37	2.34	0.06	-	0.02	0.03	275.6	106.68	2.45
Subtotal Ancillary				\$ 3.15							\$ 3.30
LTSS											
Hospice	Days	3.2	\$ 186.16	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3.2	\$ 186.16	\$ 0.05
Nursing Home	Days	26.0	239.57	0.52	0.01	-	0.01	0.01	27.0	244.01	0.55
HCBS	Procedures	88.1	80.34	0.59	0.01	-	0.01	0.01	91.1	81.66	0.62
Case Management	Procedures	84.5	89.43	0.63	0.02	-	-	0.01	87.2	90.80	0.66
Subtotal LTSS				\$ 1.79							\$ 1.88
Total Medical Costs				\$ 288.25							\$ 302.19

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - MF 45+											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 114,269	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	363.8	\$ 2,277.46	\$ 69.04	\$ 1.73	\$ (0.52)	\$ 0.70	\$ 1.49	376.6	\$ 2,308.37	\$ 72.44
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	125.4	716.49	7.49	0.19	(0.06)	0.08	0.16	130.0	725.72	7.86
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.3	556.32	0.06	-	-	-	-	1.3	556.32	0.06
Subtotal Inpatient Hospital				\$ 76.59							\$ 80.36
Outpatient Hospital											
Outpatient Emergency Room	Visits	473.5	\$ 579.83	\$ 22.88	\$ 0.57	\$ (0.01)	\$ 0.23	\$ 0.50	490.1	\$ 591.82	\$ 24.17
Outpatient Surgery	Visits	240.9	1,440.86	28.92	0.72	(0.01)	0.29	0.63	249.3	1,470.71	30.55
Outpatient Radiology	Procedures	586.5	267.61	13.08	0.33	(0.01)	0.13	0.29	607.2	273.14	13.82
Outpatient Pathology/Lab	Procedures	5,385.9	32.35	14.52	0.36	-	0.14	0.32	5,571.3	33.04	15.34
Outpatient Pharmacy	Procedures	436.0	553.19	20.10	0.50	(0.01)	0.21	0.43	451.4	564.36	21.23
Outpatient MH/SA	Visits	76.7	334.72	2.14	0.05	-	0.02	0.05	79.2	342.29	2.26
Other Outpatient	Procedures	1,105.3	123.76	11.40	0.29	(0.01)	0.12	0.24	1,145.1	126.17	12.04
Subtotal Outpatient Hospital				\$ 113.04							\$ 119.41
Professional											
Inpatient and Outpatient Surgery	Procedures	905.5	\$ 209.13	\$ 15.78	\$ 0.39	\$ 0.00	\$ 0.24	\$ 0.17	941.6	\$ 211.29	\$ 16.58
Anesthesia	Procedures	256.1	125.59	2.68	0.07	-	0.04	0.03	266.6	126.94	2.82
Inpatient Visits	Visits	405.0	82.96	2.80	0.07	-	0.04	0.03	420.9	83.82	2.94
MH/SA	Visits	2,857.6	71.35	16.99	0.42	-	0.26	0.18	2,972.0	72.07	17.85
Emergency Room	Visits	544.3	85.32	3.87	0.10	-	0.06	0.04	566.8	86.17	4.07
Office/Home Visits/Consults	Visits	6,177.1	64.38	33.14	0.83	(0.01)	0.51	0.34	6,426.9	65.00	34.81
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,081.9	20.50	8.68	0.22	(0.01)	0.14	0.09	5,292.7	20.68	9.12
Radiology	Procedures	2,411.2	57.78	11.61	0.29	-	0.18	0.12	2,508.8	58.35	12.20
Office Administered Drugs	Procedures	339.4	177.14	5.01	0.13	(0.01)	0.08	0.05	353.6	178.50	5.26
Physical Exams	Visits	925.0	59.03	4.55	0.11	-	0.07	0.05	961.5	59.65	4.78
Therapy	Visits	1,436.6	55.80	6.68	0.17	(0.01)	0.11	0.07	1,496.9	56.28	7.02
Vision	Visits	424.4	83.97	2.97	0.07	-	0.05	0.03	441.6	84.79	3.12
Other Professional	Procedures	2,275.6	50.36	9.55	0.24	-	0.14	0.10	2,366.2	50.87	10.03
Subtotal Professional				\$ 124.31							\$ 130.60
Retail Pharmacy											
Retail Pharmacy	Scripts	26,674.6	\$ 51.97	\$ 115.52	\$ 2.89	\$ (7.79)	\$ 1.10	\$ 7.26	27,595.9	\$ 51.74	\$ 118.98
Subtotal Retail Pharmacy				\$ 115.52							\$ 118.98
Ancillary											
Transportation	Trips	115.2	\$ 78.09	\$ 0.75	\$ 0.02	\$ 0.00	\$ 0.01	\$ 0.00	119.9	\$ 78.09	\$ 0.78
DME/Prosthetics	Procedures	796.5	89.65	5.95	0.15	-	0.06	0.06	824.6	90.52	6.22
Subtotal Ancillary				\$ 6.70							\$ 7.00
LTSS											
Hospice	Days	23.0	\$ 156.80	\$ 0.30	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	23.7	\$ 161.86	\$ 0.32
Nursing Home	Days	79.5	252.12	1.67	0.04	-	0.01	0.04	81.9	257.99	1.76
HCBS	Procedures	20.4	64.62	0.11	-	-	-	0.01	20.4	70.50	0.12
Case Management	Procedures	59.0	262.45	1.29	0.03	-	0.02	0.02	61.3	266.36	1.36
Subtotal LTSS				\$ 3.37							\$ 3.56
Total Medical Costs				\$ 439.53							\$ 459.91

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RC - EFP											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 12,015	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00							\$ 0.00
Outpatient Hospital											
Outpatient Emergency Room	Visits	14.9	\$ 692.73	\$ 0.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	14.9	\$ 708.84	\$ 0.88
Outpatient Surgery	Visits	1.7	703.89	0.10	-	-	-	-	1.7	703.89	0.10
Outpatient Radiology	Procedures	9.6	163.00	0.13	-	-	-	-	9.6	163.00	0.13
Outpatient Pathology/Lab	Procedures	583.9	53.02	2.58	-	-	0.01	0.06	586.2	54.25	2.65
Outpatient Pharmacy	Procedures	43.4	152.08	0.55	-	-	-	0.01	43.4	154.85	0.56
Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	72.0	176.63	1.06	-	-	-	0.03	72.0	181.63	1.09
Subtotal Outpatient Hospital				\$ 5.28							\$ 5.41
Professional											
Inpatient and Outpatient Surgery	Procedures	38.9	\$ 80.12	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	38.9	\$ 83.20	\$ 0.27
Anesthesia	Procedures	1.6	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	6.8	106.53	0.06	-	-	-	-	6.8	106.53	0.06
Emergency Room	Visits	12.2	88.72	0.09	-	-	-	-	12.2	88.72	0.09
Office/Home Visits/Consults	Visits	249.5	52.42	1.09	-	-	0.01	0.01	251.8	52.90	1.11
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	612.0	21.18	1.08	-	-	0.01	0.01	617.7	21.37	1.10
Radiology	Procedures	62.3	75.17	0.39	-	-	-	0.01	62.3	77.10	0.40
Office Administered Drugs	Procedures	136.7	46.53	0.53	-	-	0.01	-	139.3	46.53	0.54
Physical Exams	Visits	170.5	53.50	0.76	-	-	0.01	0.01	172.7	54.20	0.78
Therapy	Visits	9.0	53.31	0.04	-	-	-	-	9.0	53.31	0.04
Vision	Visits	3.2	75.11	0.02	-	-	-	-	3.2	75.11	0.02
Other Professional	Procedures	106.6	279.14	2.48	-	-	0.02	0.03	107.5	282.49	2.53
Subtotal Professional				\$ 6.80							\$ 6.94
Retail Pharmacy											
Retail Pharmacy	Scripts	1,094.0	\$ 33.89	\$ 3.09	\$ 0.00	\$ (0.20)	\$ 0.03	\$ 0.05	1,104.7	\$ 32.26	\$ 2.97
Subtotal Retail Pharmacy				\$ 3.09							\$ 2.97
Ancillary											
Transportation	Trips	1.0	\$ 589.99	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.0	\$ 589.99	\$ 0.05
DME/Prosthetics	Procedures	1.0	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.05							\$ 0.05
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	6.1	98.48	0.05	-	-	-	-	6.1	98.48	0.05
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.05							\$ 0.05
Total Medical Costs				\$ 15.27							\$ 15.42

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
CSHCN - Adoption Subsidy											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 23,286	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	100.9	\$ 2,577.15	\$ 21.68	\$ 1.95	\$ (0.03)	\$ 0.12	\$ 0.50	110.6	\$ 2,628.15	\$ 24.22
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,262.3	1,161.02	122.13	10.99	(0.17)	0.66	2.81	1,382.7	1,183.93	136.42
Inpatient Maternity Delivery	Days	3.7	912.70	0.28	0.03	(0.01)	0.01	-	4.2	884.18	0.31
Other Inpatient	Days	47.2	794.95	3.13	0.28	-	0.01	0.08	51.6	813.54	3.50
Subtotal Inpatient Hospital				\$ 147.22							\$ 164.45
Outpatient Hospital											
Outpatient Emergency Room	Visits	323.9	\$ 517.92	\$ 13.98	\$ 1.26	\$ (0.01)	\$ 0.08	\$ 0.32	355.0	\$ 528.40	\$ 15.63
Outpatient Surgery	Visits	45.2	1,803.26	6.79	0.61	-	0.11	0.16	50.0	1,841.68	7.67
Outpatient Radiology	Procedures	161.0	319.73	4.29	0.39	(0.01)	0.07	0.10	178.3	325.79	4.84
Outpatient Pathology/Lab	Procedures	1,629.3	45.96	6.24	0.56	-	0.10	0.15	1,801.6	46.96	7.05
Outpatient Pharmacy	Procedures	105.8	520.70	4.59	0.41	-	0.08	0.10	117.1	530.95	5.18
Outpatient MH/SA	Visits	466.9	435.66	16.95	1.53	(0.01)	0.28	0.39	516.7	444.49	19.14
Other Outpatient	Procedures	792.7	115.35	7.62	0.69	(0.01)	0.13	0.17	878.0	117.54	8.60
Subtotal Outpatient Hospital				\$ 60.46							\$ 68.11
Professional											
Inpatient and Outpatient Surgery	Procedures	189.6	\$ 203.80	\$ 3.22	\$ 0.29	\$ 0.00	\$ 0.05	\$ 0.04	209.6	\$ 206.09	\$ 3.60
Anesthesia	Procedures	82.4	149.93	1.03	0.09	-	0.02	0.01	91.2	151.24	1.15
Inpatient Visits	Visits	323.5	127.22	3.43	0.31	-	0.05	0.04	357.5	128.57	3.83
MH/SA	Visits	5,827.0	93.31	45.31	4.08	(0.01)	0.74	0.50	6,446.8	94.22	50.62
Emergency Room	Visits	355.5	95.86	2.84	0.26	-	0.04	0.03	393.1	96.78	3.17
Office/Home Visits/Consults	Visits	3,284.8	73.69	20.17	1.82	0.05	0.34	0.22	3,636.5	74.58	22.60
Maternity	Procedures	5.8	290.38	0.14	0.01	-	-	0.01	6.2	309.74	0.16
Pathology/Lab	Procedures	1,307.8	18.26	1.99	0.18	-	0.03	0.02	1,445.9	18.43	2.22
Radiology	Procedures	509.6	30.37	1.29	0.12	-	0.02	0.01	564.9	30.59	1.44
Office Administered Drugs	Procedures	49.1	53.75	0.22	0.02	-	-	0.01	53.6	55.99	0.25
Physical Exams	Visits	918.0	74.77	5.72	0.51	0.03	0.09	0.06	1,014.2	75.84	6.41
Therapy	Visits	209.2	57.93	1.01	0.09	-	0.02	0.01	232.0	58.44	1.13
Vision	Visits	441.8	91.80	3.38	0.30	-	0.06	0.04	488.9	92.78	3.78
Other Professional	Procedures	15,678.1	36.07	47.12	5.42	-	0.78	0.54	17,741.0	36.43	53.86
Subtotal Professional				\$ 136.87							\$ 154.22
Retail Pharmacy											
Retail Pharmacy	Scripts	11,426.6	\$ 54.69	\$ 52.08	\$ 4.69	\$ (3.65)	\$ 0.80	\$ 1.62	12,631.2	\$ 52.76	\$ 55.54
Subtotal Retail Pharmacy				\$ 52.08							\$ 55.54
Ancillary											
Transportation	Trips	114.8	\$ 85.73	\$ 0.82	\$ 0.07	\$ 0.00	\$ 0.01	\$ 0.01	126.0	\$ 86.69	\$ 0.91
DME/Prosthetics	Procedures	912.6	209.85	15.96	1.44	(0.01)	0.18	0.17	1,005.3	211.76	17.74
Subtotal Ancillary				\$ 16.78							\$ 18.65
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.1	-	-	-	-	-	-	-	-	-
HCBS	Procedures	3,957.9	104.45	34.45	3.10	(0.01)	0.37	0.38	4,356.6	105.47	38.29
Case Management	Procedures	3,661.1	21.57	6.58	0.61	-	0.07	0.08	4,039.5	21.80	7.34
Subtotal LTSS				\$ 41.03							\$ 45.63
Total Medical Costs				\$ 454.44							\$ 506.60

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
CSHCN - Katie Beckett											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 1,311	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	884.1	\$ 5,293.15	\$ 389.99	\$ 35.10	\$ (0.55)	\$ 2.12	\$ 8.96	968.5	\$ 5,397.35	\$ 435.62
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,459.4	1,515.68	436.94	39.32	(0.61)	2.37	10.04	3,789.4	1,545.54	488.06
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 826.93							\$ 923.68
Outpatient Hospital											
Outpatient Emergency Room	Visits	414.0	\$ 631.09	\$ 21.77	\$ 1.96	\$ (0.01)	\$ 0.12	\$ 0.50	453.5	\$ 644.05	\$ 24.34
Outpatient Surgery	Visits	231.0	2,227.84	42.88	3.86	(0.02)	0.70	1.00	255.5	2,273.87	48.42
Outpatient Radiology	Procedures	562.6	213.95	10.03	0.90	-	0.16	0.24	622.0	218.58	11.33
Outpatient Pathology/Lab	Procedures	3,935.6	53.05	17.40	1.57	(0.01)	0.28	0.41	4,354.1	54.16	19.65
Outpatient Pharmacy	Procedures	212.6	347.76	6.16	0.55	-	0.10	0.15	235.0	355.42	6.96
Outpatient MH/SA	Visits	353.3	684.49	20.15	1.81	(0.01)	0.33	0.47	390.8	698.61	22.75
Other Outpatient	Procedures	5,523.7	127.09	58.50	5.27	(0.03)	0.96	1.35	6,112.0	129.68	66.05
Subtotal Outpatient Hospital				\$ 176.89							\$ 199.50
Professional											
Inpatient and Outpatient Surgery	Procedures	463.7	\$ 196.40	\$ 7.59	\$ 0.68	\$ 0.00	\$ 0.13	\$ 0.08	513.2	\$ 198.27	\$ 8.48
Anesthesia	Procedures	312.6	137.43	3.58	0.32	-	0.06	0.04	345.8	138.82	4.00
Inpatient Visits	Visits	1,404.4	194.74	22.79	2.05	-	0.37	0.25	1,553.5	196.67	25.46
MH/SA	Visits	17,343.1	100.56	145.34	13.08	(0.02)	2.38	1.61	19,188.0	101.56	162.39
Emergency Room	Visits	625.5	86.14	4.49	0.40	-	0.08	0.05	692.3	87.01	5.02
Office/Home Visits/Consults	Visits	4,893.1	82.82	33.77	3.04	0.26	0.55	0.38	5,413.3	84.24	38.00
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,674.9	11.82	1.65	0.15	-	0.03	0.01	1,857.6	11.89	1.84
Radiology	Procedures	1,791.7	36.64	5.47	0.49	-	0.09	0.06	1,981.6	37.00	6.11
Office Administered Drugs	Procedures	23.3	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	807.8	72.34	4.87	0.44	0.04	0.08	0.05	894.1	73.55	5.48
Therapy	Visits	2,086.2	57.75	10.04	0.90	-	0.17	0.11	2,308.5	58.32	11.22
Vision	Visits	420.9	90.95	3.19	0.29	-	0.05	0.03	465.8	91.72	3.56
Other Professional	Procedures	134,734.8	40.50	454.72	46.18	(0.05)	7.51	5.08	150,643.3	40.90	513.44
Subtotal Professional				\$ 697.50							\$ 785.00
Retail Pharmacy											
Retail Pharmacy	Scripts	25,521.3	\$ 182.62	\$ 388.40	\$ 34.96	\$ (27.18)	\$ 5.94	\$ 12.06	28,208.8	\$ 176.19	\$ 414.18
Subtotal Retail Pharmacy				\$ 388.40							\$ 414.18
Ancillary											
Transportation	Trips	254.6	\$ 178.16	\$ 3.78	\$ 0.34	\$ 0.00	\$ 0.04	\$ 0.04	280.2	\$ 179.88	\$ 4.20
DME/Prosthetics	Procedures	16,718.9	133.86	186.50	16.79	(0.07)	2.04	2.05	18,406.9	135.15	207.31
Subtotal Ancillary				\$ 190.28							\$ 211.51
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	9.4	12.72	0.01	-	-	-	-	9.4	12.72	0.01
HCBS	Procedures	49,028.6	116.96	477.85	43.01	(0.16)	5.21	5.26	53,976.1	118.09	531.17
Case Management	Procedures	28,700.9	21.31	50.97	4.59	(0.02)	0.56	0.56	31,600.8	21.52	56.66
Subtotal LTSS				\$ 528.83							\$ 587.84
Total Medical Costs				\$ 2,808.83							\$ 3,121.71

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell: CSHCN - SSI < 15											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 38,726	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	503.1	\$ 2,823.77	\$ 118.39	\$ 10.66	\$ (0.17)	\$ 0.64	\$ 2.72	551.1	\$ 2,879.29	\$ 132.24
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,440.9	1,346.84	161.72	14.55	(0.22)	0.88	3.71	1,578.4	1,373.38	180.64
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 280.11							\$ 312.88
Outpatient Hospital											
Outpatient Emergency Room	Visits	658.1	\$ 508.39	\$ 27.88	\$ 2.51	\$ (0.01)	\$ 0.15	\$ 0.64	720.9	\$ 518.88	\$ 31.17
Outpatient Surgery	Visits	127.9	2,415.85	25.74	2.32	(0.01)	0.42	0.59	141.5	2,465.05	29.06
Outpatient Radiology	Procedures	349.8	315.28	9.19	0.83	(0.01)	0.15	0.22	387.1	321.79	10.38
Outpatient Pathology/Lab	Procedures	3,214.6	56.37	15.10	1.36	(0.01)	0.25	0.35	3,557.4	57.51	17.05
Outpatient Pharmacy	Procedures	741.7	928.68	57.40	5.17	(0.03)	0.94	1.33	820.6	947.69	64.81
Outpatient MH/SA	Visits	483.9	590.50	23.81	2.14	(0.01)	0.39	0.55	535.3	602.60	26.88
Other Outpatient	Procedures	2,797.1	145.56	33.93	3.05	(0.01)	0.55	0.79	3,093.9	148.59	38.31
Subtotal Outpatient Hospital				\$ 193.05							\$ 217.66
Professional											
Inpatient and Outpatient Surgery	Procedures	359.9	\$ 320.09	\$ 9.60	\$ 0.86	\$ 0.00	\$ 0.16	\$ 0.11	398.1	\$ 323.40	\$ 10.73
Anesthesia	Procedures	288.6	256.95	6.18	0.56	-	0.10	0.06	319.4	259.21	6.90
Inpatient Visits	Visits	947.1	148.37	11.71	1.05	0.01	0.19	0.13	1,047.4	149.97	13.09
MH/SA	Visits	9,983.2	104.20	86.69	7.80	(0.01)	1.42	0.96	11,044.9	105.24	96.86
Emergency Room	Visits	753.8	83.58	5.25	0.47	-	0.09	0.06	834.2	84.44	5.87
Office/Home Visits/Consults	Visits	4,570.4	85.12	32.42	2.92	0.13	0.53	0.36	5,056.7	86.28	36.36
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,039.9	16.27	1.41	0.13	-	0.02	0.02	1,150.6	16.48	1.58
Radiology	Procedures	987.3	28.44	2.34	0.21	-	0.04	0.02	1,092.7	28.66	2.61
Office Administered Drugs	Procedures	83.5	1,913.28	13.31	1.20	-	0.21	0.15	92.3	1,932.77	14.87
Physical Exams	Visits	972.7	85.24	6.91	0.62	0.03	0.12	0.07	1,076.9	86.36	7.75
Therapy	Visits	441.7	74.45	2.74	0.25	-	0.04	0.03	488.4	75.18	3.06
Vision	Visits	521.1	102.70	4.46	0.40	-	0.07	0.05	576.0	103.74	4.98
Other Professional	Procedures	36,968.7	63.02	194.15	22.24	(0.03)	3.25	2.19	41,822.3	63.64	221.80
Subtotal Professional				\$ 377.17							\$ 426.46
Retail Pharmacy											
Retail Pharmacy	Scripts	17,079.0	\$ 109.86	\$ 156.36	\$ 14.07	\$ (10.94)	\$ 2.39	\$ 4.86	18,876.9	\$ 106.00	\$ 166.74
Subtotal Retail Pharmacy				\$ 156.36							\$ 166.74
Ancillary											
Transportation	Trips	227.3	\$ 73.92	\$ 1.40	\$ 0.13	\$ 0.00	\$ 0.01	\$ 0.02	250.0	\$ 74.88	\$ 1.56
DME/Prosthetics	Procedures	3,581.5	185.86	55.47	4.99	(0.02)	0.61	0.61	3,943.1	187.65	61.66
Subtotal Ancillary				\$ 56.87							\$ 63.22
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.3	179.85	0.05	-	-	-	0.01	3.3	215.82	0.06
HCBS	Procedures	8,754.4	126.01	91.93	8.27	(0.03)	1.01	1.01	9,638.1	127.23	102.19
Case Management	Procedures	8,607.8	28.01	20.09	1.87	-	0.22	0.22	9,503.2	28.29	22.40
Subtotal LTSS				\$ 112.07							\$ 124.65
Total Medical Costs				\$ 1,175.63							\$ 1,311.61

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell: CSHCN - SSI >= 15											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 25,276	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	427.1	\$ 2,202.08	\$ 78.37	\$ 7.05	\$ (0.11)	\$ 0.43	\$ 1.80	467.8	\$ 2,245.43	\$ 87.54
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,461.5	1,268.35	260.17	23.42	(0.37)	1.41	5.98	2,696.4	1,293.32	290.61
Inpatient Maternity Delivery	Days	40.6	1,360.67	4.60	0.41	-	0.02	0.11	44.4	1,390.42	5.14
Other Inpatient	Days	3.0	1,237.42	0.31	0.03	-	-	0.01	3.3	1,273.81	0.35
Subtotal Inpatient Hospital				\$ 343.45							\$ 383.64
Outpatient Hospital											
Outpatient Emergency Room	Visits	969.1	\$ 497.30	\$ 40.16	\$ 3.61	\$ (0.01)	\$ 0.22	\$ 0.92	1,061.5	\$ 507.59	\$ 44.90
Outpatient Surgery	Visits	60.7	2,068.32	10.47	0.94	-	0.17	0.24	67.2	2,111.19	11.82
Outpatient Radiology	Procedures	268.5	188.61	4.22	0.38	-	0.07	0.09	297.1	192.24	4.76
Outpatient Pathology/Lab	Procedures	3,274.6	46.83	12.78	1.15	(0.01)	0.21	0.30	3,623.0	47.79	14.43
Outpatient Pharmacy	Procedures	173.6	391.30	5.66	0.51	-	0.09	0.13	192.0	399.42	6.39
Outpatient MH/SA	Visits	314.9	316.24	8.30	0.75	(0.01)	0.14	0.19	348.7	322.44	9.37
Other Outpatient	Procedures	838.4	162.01	11.32	1.02	(0.01)	0.19	0.26	928.1	165.25	12.78
Subtotal Outpatient Hospital				\$ 92.91							\$ 104.45
Professional											
Inpatient and Outpatient Surgery	Procedures	243.6	\$ 211.80	\$ 4.30	\$ 0.39	\$ 0.00	\$ 0.07	\$ 0.04	269.7	\$ 213.58	\$ 4.80
Anesthesia	Procedures	153.7	196.00	2.51	0.23	-	0.04	0.02	170.2	197.41	2.80
Inpatient Visits	Visits	1,136.4	111.82	10.59	0.95	-	0.18	0.11	1,257.7	112.87	11.83
MH/SA	Visits	6,870.0	102.15	58.48	5.26	-	0.95	0.65	7,599.6	103.17	65.34
Emergency Room	Visits	1,061.8	88.61	7.84	0.71	(0.01)	0.13	0.09	1,175.5	89.42	8.76
Office/Home Visits/Consults	Visits	4,009.2	78.42	26.20	2.36	0.09	0.43	0.29	4,436.1	79.45	29.37
Maternity	Procedures	72.4	283.62	1.71	0.15	-	0.03	0.02	80.0	286.62	1.91
Pathology/Lab	Procedures	2,125.4	25.69	4.55	0.41	-	0.07	0.05	2,349.6	25.94	5.08
Radiology	Procedures	1,218.5	30.04	3.05	0.27	-	0.05	0.04	1,346.3	30.39	3.41
Office Administered Drugs	Procedures	166.4	827.02	11.47	1.03	-	0.19	0.13	184.1	835.49	12.82
Physical Exams	Visits	677.9	76.29	4.31	0.39	0.02	0.07	0.04	750.3	77.25	4.83
Therapy	Visits	268.0	66.26	1.48	0.13	-	0.03	0.01	297.0	66.67	1.65
Vision	Visits	435.5	99.75	3.62	0.33	-	0.05	0.04	481.2	100.75	4.04
Other Professional	Procedures	27,881.4	29.75	69.12	7.00	(0.01)	1.14	0.77	31,164.8	30.04	78.02
Subtotal Professional				\$ 209.23							\$ 234.66
Retail Pharmacy											
Retail Pharmacy	Scripts	18,920.0	\$ 82.59	\$ 130.22	\$ 11.72	\$ (9.11)	\$ 1.99	\$ 4.04	20,912.0	\$ 79.68	\$ 138.86
Subtotal Retail Pharmacy				\$ 130.22							\$ 138.86
Ancillary											
Transportation	Trips	449.0	\$ 70.28	\$ 2.63	\$ 0.24	\$ 0.00	\$ 0.02	\$ 0.03	493.4	\$ 71.01	\$ 2.92
DME/Prosthetics	Procedures	1,549.9	158.33	20.45	1.84	(0.01)	0.23	0.22	1,706.8	159.81	22.73
Subtotal Ancillary				\$ 23.08							\$ 25.65
LTSS											
Hospice	Days	0.4	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	241.2	308.90	6.21	0.56	-	0.03	0.15	264.2	315.72	6.95
HCBS	Procedures	10,265.3	89.73	76.76	6.91	(0.03)	0.84	0.84	11,301.8	90.59	85.32
Case Management	Procedures	4,678.9	35.14	13.70	1.25	-	0.15	0.15	5,157.0	35.49	15.25
Subtotal LTSS				\$ 96.67							\$ 107.52
Total Medical Costs				\$ 895.56							\$ 994.78

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
CSHCN - Substitute Care		SFY 2018 Base Experience			Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 32,665	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	312.1	\$ 1,502.68	\$ 39.08	\$ 3.52	\$ (0.06)	\$ 0.21	\$ 0.90	341.9	\$ 1,532.17	\$ 43.65
Inpatient Well Newborn	Days	39.4	654.57	2.15	0.19	-	0.01	0.05	43.1	668.50	2.40
Inpatient MH/SA	Days	2,867.5	1,044.41	249.57	22.46	(0.35)	1.36	5.73	3,141.2	1,064.97	278.77
Inpatient Maternity Delivery	Days	66.7	1,220.28	6.78	0.61	(0.01)	0.04	0.15	73.1	1,243.27	7.57
Other Inpatient	Days	62.3	1,061.99	5.51	0.50	(0.01)	0.03	0.12	68.2	1,081.33	6.15
Subtotal Inpatient Hospital				\$ 303.09							\$ 338.54
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,067.0	\$ 426.25	\$ 37.90	\$ 3.41	\$ (0.02)	\$ 0.21	\$ 0.87	1,168.9	\$ 434.98	\$ 42.37
Outpatient Surgery	Visits	54.0	1,387.95	6.25	0.56	-	0.10	0.15	59.7	1,418.08	7.06
Outpatient Radiology	Procedures	189.2	161.74	2.55	0.23	-	0.04	0.06	209.2	165.18	2.88
Outpatient Pathology/Lab	Procedures	2,827.8	41.93	9.88	0.89	(0.01)	0.17	0.23	3,131.2	42.77	11.16
Outpatient Pharmacy	Procedures	106.3	224.57	1.99	0.18	-	0.03	0.05	117.6	229.68	2.25
Outpatient MH/SA	Visits	587.6	276.52	13.54	1.22	(0.01)	0.22	0.32	650.1	282.24	15.29
Other Outpatient	Procedures	634.4	109.90	5.81	0.52	-	0.10	0.13	702.1	112.13	6.56
Subtotal Outpatient Hospital				\$ 77.92							\$ 87.57
Professional											
Inpatient and Outpatient Surgery	Procedures	246.4	\$ 179.25	\$ 3.68	\$ 0.33	\$ 0.00	\$ 0.06	\$ 0.04	272.5	\$ 181.01	\$ 4.11
Anesthesia	Procedures	117.9	175.10	1.72	0.15	-	0.03	0.02	130.2	176.95	1.92
Inpatient Visits	Visits	789.1	116.19	7.64	0.69	-	0.12	0.09	872.7	117.42	8.54
MH/SA	Visits	7,522.8	92.76	58.15	5.23	-	0.95	0.64	8,322.3	93.68	64.97
Emergency Room	Visits	1,051.5	80.91	7.09	0.64	-	0.11	0.08	1,162.8	81.73	7.92
Office/Home Visits/Consults	Visits	4,934.0	66.93	27.52	2.48	(0.01)	0.45	0.31	5,459.3	67.59	30.75
Maternity	Procedures	52.9	537.24	2.37	0.21	-	0.04	0.03	58.5	543.39	2.65
Pathology/Lab	Procedures	3,003.2	29.73	7.44	0.67	-	0.12	0.08	3,322.1	30.02	8.31
Radiology	Procedures	930.9	28.36	2.20	0.20	-	0.03	0.03	1,028.2	28.71	2.46
Office Administered Drugs	Procedures	161.1	21.61	0.29	0.03	-	-	-	177.7	21.61	0.32
Physical Exams	Visits	1,952.5	66.69	10.85	0.98	-	0.17	0.12	2,159.4	67.35	12.12
Therapy	Visits	171.0	73.67	1.05	0.09	-	0.02	0.01	189.0	74.30	1.17
Vision	Visits	405.8	104.38	3.53	0.32	-	0.06	0.03	449.5	105.18	3.94
Other Professional	Procedures	6,003.8	75.83	37.94	3.89	-	0.63	0.42	6,719.1	76.58	42.88
Subtotal Professional				\$ 171.47							\$ 192.06
Retail Pharmacy											
Retail Pharmacy	Scripts	11,459.8	\$ 39.81	\$ 38.02	\$ 3.42	\$ (2.66)	\$ 0.58	\$ 1.18	12,665.4	\$ 38.41	\$ 40.54
Subtotal Retail Pharmacy				\$ 38.02							\$ 40.54
Ancillary											
Transportation	Trips	345.9	\$ 69.04	\$ 1.99	\$ 0.18	\$ 0.00	\$ 0.02	\$ 0.02	380.6	\$ 69.67	\$ 2.21
DME/Prosthetics	Procedures	466.1	119.20	4.63	0.42	-	0.05	0.05	513.4	120.37	5.15
Subtotal Ancillary				\$ 6.62							\$ 7.36
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	606.5	94.57	4.78	0.43	-	0.05	0.05	667.4	95.47	5.31
Case Management	Procedures	1,873.0	73.81	11.52	1.04	-	0.12	0.13	2,061.6	74.56	12.81
Subtotal LTSS				\$ 16.30							\$ 18.12
Total Medical Costs				\$ 613.42							\$ 684.19

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - F 19-24											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 90,097	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	96.2	\$ 2,063.98	\$ 16.55	\$ 1.24	\$ (0.10)	\$ 0.09	\$ 0.37	104.0	\$ 2,095.15	\$ 18.15
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	236.6	692.79	13.66	1.02	(0.08)	0.07	0.31	255.5	703.59	14.98
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 30.21							\$ 33.13
Outpatient Hospital											
Outpatient Emergency Room	Visits	648.8	\$ 497.51	\$ 26.90	\$ 2.02	\$ (0.02)	\$ 0.14	\$ 0.61	700.9	\$ 507.61	\$ 29.65
Outpatient Surgery	Visits	46.4	1,515.24	5.86	0.44	-	0.06	0.13	50.4	1,546.21	6.49
Outpatient Radiology	Procedures	126.0	238.04	2.50	0.19	-	0.02	0.06	136.6	243.31	2.77
Outpatient Pathology/Lab	Procedures	3,987.0	43.76	14.54	1.09	(0.01)	0.16	0.33	4,329.8	44.65	16.11
Outpatient Pharmacy	Procedures	147.3	920.41	11.30	0.85	(0.01)	0.12	0.26	160.0	939.17	12.52
Outpatient MH/SA	Visits	113.3	498.97	4.71	0.35	-	0.05	0.11	122.9	509.71	5.22
Other Outpatient	Procedures	299.4	134.25	3.35	0.25	-	0.04	0.07	325.4	136.83	3.71
Subtotal Outpatient Hospital				\$ 69.16							\$ 76.47
Professional											
Inpatient and Outpatient Surgery	Procedures	251.2	\$ 176.74	\$ 3.70	\$ 0.28	\$ 0.00	\$ 0.04	\$ 0.06	272.9	\$ 179.38	\$ 4.08
Anesthesia	Procedures	64.6	137.45	0.74	0.06	-	-	0.02	69.8	140.89	0.82
Inpatient Visits	Visits	187.0	93.69	1.46	0.11	-	0.01	0.03	202.4	95.46	1.61
MH/SA	Visits	2,290.8	80.78	15.42	1.16	(0.01)	0.17	0.25	2,488.4	81.93	16.99
Emergency Room	Visits	690.6	76.28	4.39	0.33	-	0.04	0.08	748.8	77.57	4.84
Office/Home Visits/Consults	Visits	3,497.9	60.79	17.72	1.33	0.04	0.19	0.29	3,797.9	61.83	19.57
Maternity	Procedures	4.6	26.01	0.01	-	-	-	-	4.6	26.01	0.01
Pathology/Lab	Procedures	3,475.4	20.10	5.82	0.44	(0.01)	0.07	0.09	3,779.9	20.35	6.41
Radiology	Procedures	989.5	39.17	3.23	0.24	-	0.04	0.05	1,075.3	39.73	3.56
Office Administered Drugs	Procedures	349.9	75.45	2.20	0.17	(0.01)	0.03	0.03	381.7	76.08	2.42
Physical Exams	Visits	660.1	59.26	3.26	0.24	0.01	0.04	0.05	716.8	60.27	3.60
Therapy	Visits	458.0	54.24	2.07	0.16	(0.01)	0.03	0.03	500.0	54.72	2.28
Vision	Visits	335.3	93.04	2.60	0.20	(0.01)	0.03	0.04	365.0	94.03	2.86
Other Professional	Procedures	1,019.1	81.25	6.90	0.52	(0.01)	0.08	0.11	1,107.7	82.33	7.60
Subtotal Professional				\$ 69.52							\$ 76.65
Retail Pharmacy											
Retail Pharmacy	Scripts	8,281.9	\$ 47.68	\$ 32.91	\$ 2.47	\$ (2.24)	\$ 0.33	\$ 2.18	8,986.5	\$ 47.60	\$ 35.65
Subtotal Retail Pharmacy				\$ 32.91							\$ 35.65
Ancillary											
Transportation	Trips	164.4	\$ 70.81	\$ 0.97	\$ 0.07	\$ 0.00	\$ 0.01	\$ 0.01	178.0	\$ 71.48	\$ 1.06
DME/Prosthetics	Procedures	171.3	100.18	1.43	0.11	-	0.01	0.02	185.7	101.47	1.57
Subtotal Ancillary				\$ 2.40							\$ 2.63
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1.4	-	-	-	-	-	-	-	-	-
HCBS	Procedures	52.0	113.06	0.49	0.04	-	-	0.01	56.3	115.20	0.54
Case Management	Procedures	39.5	209.69	0.69	0.05	-	0.01	0.01	42.9	212.49	0.76
Subtotal LTSS				\$ 1.18							\$ 1.30
Total Medical Costs				\$ 205.38							\$ 225.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - F 25-29											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 53,679	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	189.7	\$ 1,933.70	\$ 30.57	\$ 2.29	\$ (0.19)	\$ 0.17	\$ 0.69	205.0	\$ 1,962.97	\$ 33.53
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	614.5	579.99	29.70	2.23	(0.19)	0.16	0.67	663.9	588.66	32.57
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.7	231.54	0.09	0.01	-	-	-	5.2	231.54	0.10
Subtotal Inpatient Hospital				\$ 60.36							\$ 66.20
Outpatient Hospital											
Outpatient Emergency Room	Visits	637.8	\$ 523.99	\$ 27.85	\$ 2.09	\$ (0.02)	\$ 0.15	\$ 0.63	689.1	\$ 534.62	\$ 30.70
Outpatient Surgery	Visits	69.3	1,659.05	9.58	0.72	(0.01)	0.11	0.21	75.3	1,690.93	10.61
Outpatient Radiology	Procedures	175.1	329.69	4.81	0.36	-	0.05	0.11	190.0	336.64	5.33
Outpatient Pathology/Lab	Procedures	4,425.0	45.15	16.65	1.25	(0.01)	0.18	0.38	4,805.1	46.08	18.45
Outpatient Pharmacy	Procedures	165.9	677.58	9.37	0.70	-	0.10	0.21	180.1	691.57	10.38
Outpatient MH/SA	Visits	325.6	426.38	11.57	0.87	(0.01)	0.12	0.27	353.5	435.21	12.82
Other Outpatient	Procedures	360.9	125.68	3.78	0.28	-	0.04	0.09	391.5	128.44	4.19
Subtotal Outpatient Hospital				\$ 83.61							\$ 92.48
Professional											
Inpatient and Outpatient Surgery	Procedures	389.5	\$ 181.16	\$ 5.88	\$ 0.44	\$ 0.00	\$ 0.06	\$ 0.10	422.6	\$ 184.00	\$ 6.48
Anesthesia	Procedures	91.1	159.41	1.21	0.09	-	0.01	0.02	98.6	161.85	1.33
Inpatient Visits	Visits	428.6	92.68	3.31	0.25	-	0.03	0.06	464.8	94.22	3.65
MH/SA	Visits	6,400.4	67.98	36.26	2.72	(0.02)	0.39	0.59	6,949.3	68.97	39.94
Emergency Room	Visits	655.3	84.42	4.61	0.35	(0.01)	0.05	0.08	712.1	85.60	5.08
Office/Home Visits/Consults	Visits	3,892.6	62.15	20.16	1.51	(0.01)	0.22	0.33	4,226.6	63.06	22.21
Maternity	Procedures	2.3	153.73	0.03	-	-	-	-	2.3	153.73	0.03
Pathology/Lab	Procedures	4,024.5	28.56	9.58	0.72	(0.01)	0.11	0.15	4,373.2	28.95	10.55
Radiology	Procedures	1,141.6	46.14	4.39	0.33	-	0.04	0.08	1,237.9	46.92	4.84
Office Administered Drugs	Procedures	286.4	125.26	2.99	0.22	-	0.04	0.04	311.3	126.80	3.29
Physical Exams	Visits	626.4	62.45	3.26	0.24	-	0.04	0.05	680.2	63.34	3.59
Therapy	Visits	691.3	51.38	2.96	0.22	-	0.03	0.05	749.7	52.18	3.26
Vision	Visits	230.6	81.18	1.56	0.12	-	0.01	0.03	249.8	82.62	1.72
Other Professional	Procedures	968.5	79.30	6.40	0.48	-	0.07	0.10	1,051.7	80.44	7.05
Subtotal Professional				\$ 102.60							\$ 113.02
Retail Pharmacy											
Retail Pharmacy	Scripts	14,945.7	\$ 53.15	\$ 66.20	\$ 4.97	\$ (4.51)	\$ 0.67	\$ 4.37	16,219.0	\$ 53.05	\$ 71.70
Subtotal Retail Pharmacy				\$ 66.20							\$ 71.70
Ancillary											
Transportation	Trips	209.2	\$ 85.49	\$ 1.49	\$ 0.11	\$ 0.00	\$ 0.02	\$ 0.01	227.4	\$ 86.01	\$ 1.63
DME/Prosthetics	Procedures	254.4	106.60	2.26	0.17	-	0.02	0.03	275.8	107.91	2.48
Subtotal Ancillary				\$ 3.75							\$ 4.11
LTSS											
Hospice	Days	8.0	\$ 134.19	\$ 0.09	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	8.9	\$ 134.19	\$ 0.10
Nursing Home	Days	18.0	240.44	0.36	0.03	-	-	0.01	19.5	246.60	0.40
HCBS	Procedures	1.7	72.32	0.01	-	-	-	-	1.7	72.32	0.01
Case Management	Procedures	137.3	143.31	1.64	0.12	-	0.02	0.03	149.0	145.73	1.81
Subtotal LTSS				\$ 2.10							\$ 2.32
Total Medical Costs				\$ 318.62							\$ 349.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - F 30-39											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 48,880	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	273.1	\$ 2,195.05	\$ 49.96	\$ 3.75	\$ (0.31)	\$ 0.26	\$ 1.13	295.0	\$ 2,228.40	\$ 54.79
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,124.2	551.00	51.62	3.87	(0.32)	0.28	1.16	1,214.6	559.30	56.61
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	7.3	622.04	0.38	0.03	-	-	0.01	7.9	637.22	0.42
Subtotal Inpatient Hospital				\$ 101.96							\$ 111.82
Outpatient Hospital											
Outpatient Emergency Room	Visits	617.4	\$ 546.59	\$ 28.12	\$ 2.11	\$ (0.02)	\$ 0.15	\$ 0.64	667.0	\$ 557.75	\$ 31.00
Outpatient Surgery	Visits	101.5	1,561.90	13.21	0.99	(0.01)	0.14	0.31	110.2	1,594.57	14.64
Outpatient Radiology	Procedures	265.1	263.48	5.82	0.44	(0.01)	0.07	0.13	288.3	268.48	6.45
Outpatient Pathology/Lab	Procedures	4,463.0	44.37	16.50	1.24	(0.01)	0.17	0.38	4,844.3	45.28	18.28
Outpatient Pharmacy	Procedures	333.1	974.03	27.04	2.03	(0.02)	0.29	0.62	361.7	993.94	29.96
Outpatient MH/SA	Visits	291.6	392.15	9.53	0.71	-	0.10	0.22	316.4	400.50	10.56
Other Outpatient	Procedures	617.8	193.27	9.95	0.75	(0.01)	0.11	0.22	671.2	197.03	11.02
Subtotal Outpatient Hospital				\$ 110.17							\$ 121.91
Professional											
Inpatient and Outpatient Surgery	Procedures	545.5	\$ 193.36	\$ 8.79	\$ 0.66	\$ 0.00	\$ 0.09	\$ 0.14	592.1	\$ 196.19	\$ 9.68
Anesthesia	Procedures	156.4	141.18	1.84	0.14	-	0.02	0.03	170.0	143.29	2.03
Inpatient Visits	Visits	654.2	85.11	4.64	0.35	-	0.05	0.07	710.6	86.29	5.11
MH/SA	Visits	9,849.9	67.23	55.18	4.14	(0.03)	0.60	0.90	10,696.0	68.20	60.79
Emergency Room	Visits	803.4	85.58	5.73	0.43	-	0.06	0.09	872.2	86.82	6.31
Office/Home Visits/Consults	Visits	4,967.1	62.14	25.72	1.93	(0.01)	0.27	0.42	5,392.0	63.05	28.33
Maternity	Procedures	4.2	86.73	0.03	-	-	-	-	4.2	86.73	0.03
Pathology/Lab	Procedures	4,861.6	34.43	13.95	1.05	(0.01)	0.15	0.23	5,279.8	34.93	15.37
Radiology	Procedures	1,584.1	44.62	5.89	0.44	-	0.06	0.10	1,718.6	45.32	6.49
Office Administered Drugs	Procedures	336.9	181.32	5.09	0.38	-	0.05	0.09	365.3	184.27	5.61
Physical Exams	Visits	620.5	62.47	3.23	0.24	-	0.04	0.05	674.3	63.36	3.56
Therapy	Visits	978.7	54.68	4.46	0.33	-	0.05	0.07	1,062.1	55.48	4.91
Vision	Visits	222.8	79.16	1.47	0.11	-	0.02	0.02	242.5	80.15	1.62
Other Professional	Procedures	1,421.3	64.08	7.59	0.57	-	0.08	0.12	1,543.0	65.02	8.36
Subtotal Professional				\$ 143.61							\$ 158.20
Retail Pharmacy											
Retail Pharmacy	Scripts	22,204.1	\$ 53.76	\$ 99.47	\$ 7.46	\$ (6.77)	\$ 1.00	\$ 6.58	24,092.5	\$ 53.66	\$ 107.74
Subtotal Retail Pharmacy				\$ 99.47							\$ 107.74
Ancillary											
Transportation	Trips	241.4	\$ 84.02	\$ 1.69	\$ 0.13	\$ 0.00	\$ 0.01	\$ 0.02	261.4	\$ 84.94	\$ 1.85
DME/Prosthetics	Procedures	378.9	119.08	3.76	0.28	-	0.04	0.04	411.1	120.25	4.12
Subtotal Ancillary				\$ 5.45							\$ 5.97
LTSS											
Hospice	Days	0.6	\$ 591.53	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.6	\$ 591.53	\$ 0.03
Nursing Home	Days	117.3	199.51	1.95	0.15	-	0.01	0.04	126.9	203.29	2.15
HCBS	Procedures	0.6	-	-	-	-	-	-	-	-	-
Case Management	Procedures	218.1	151.32	2.75	0.21	-	0.02	0.05	236.3	153.86	3.03
Subtotal LTSS				\$ 4.73							\$ 5.21
Total Medical Costs				\$ 465.39							\$ 510.85

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - F 40-49											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 53,469	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	409.3	\$ 2,315.90	\$ 78.99	\$ 5.92	\$ (0.49)	\$ 0.42	\$ 1.79	442.1	\$ 2,351.18	\$ 86.63
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	903.3	684.19	51.50	3.86	(0.32)	0.28	1.16	975.9	694.52	56.48
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	18.5	582.47	0.90	0.07	(0.01)	0.01	0.02	20.2	588.41	0.99
Subtotal Inpatient Hospital				\$ 131.39							\$ 144.10
Outpatient Hospital											
Outpatient Emergency Room	Visits	813.4	\$ 563.86	\$ 38.22	\$ 2.87	\$ (0.03)	\$ 0.21	\$ 0.86	878.9	\$ 575.20	\$ 42.13
Outpatient Surgery	Visits	240.1	1,619.08	32.39	2.43	(0.02)	0.35	0.73	260.7	1,651.76	35.88
Outpatient Radiology	Procedures	790.3	238.85	15.73	1.18	(0.01)	0.17	0.36	858.1	243.74	17.43
Outpatient Pathology/Lab	Procedures	6,909.4	37.05	21.33	1.60	(0.01)	0.23	0.48	7,502.2	37.80	23.63
Outpatient Pharmacy	Procedures	520.4	545.84	23.67	1.78	(0.02)	0.25	0.54	565.0	556.88	26.22
Outpatient MH/SA	Visits	316.7	392.15	10.35	0.78	(0.01)	0.11	0.24	344.0	400.17	11.47
Other Outpatient	Procedures	1,151.6	134.22	12.88	0.97	(0.01)	0.14	0.29	1,250.8	136.90	14.27
Subtotal Outpatient Hospital				\$ 154.57							\$ 171.03
Professional											
Inpatient and Outpatient Surgery	Procedures	1,024.0	\$ 204.50	\$ 17.45	\$ 1.31	\$ (0.01)	\$ 0.19	\$ 0.28	1,112.0	\$ 207.41	\$ 19.22
Anesthesia	Procedures	253.8	151.27	3.20	0.24	-	0.03	0.06	275.3	153.89	3.53
Inpatient Visits	Visits	784.1	91.67	5.99	0.45	-	0.06	0.10	850.9	93.08	6.60
MH/SA	Visits	7,571.5	74.33	46.90	3.52	(0.02)	0.50	0.76	8,220.5	75.41	51.66
Emergency Room	Visits	910.0	89.14	6.76	0.51	(0.01)	0.08	0.11	989.5	90.35	7.45
Office/Home Visits/Consults	Visits	6,715.4	63.88	35.75	2.68	(0.01)	0.38	0.58	7,290.2	64.82	39.38
Maternity	Procedures	0.2	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,471.7	28.27	12.89	0.97	(0.01)	0.14	0.21	5,942.9	28.67	14.20
Radiology	Procedures	3,051.5	56.43	14.35	1.08	(0.01)	0.15	0.24	3,313.0	57.26	15.81
Office Administered Drugs	Procedures	460.2	277.94	10.66	0.80	(0.01)	0.12	0.17	500.0	281.78	11.74
Physical Exams	Visits	763.7	67.41	4.29	0.32	-	0.05	0.07	829.6	68.42	4.73
Therapy	Visits	1,626.0	56.46	7.65	0.57	-	0.08	0.13	1,764.1	57.34	8.43
Vision	Visits	376.4	86.07	2.70	0.20	-	0.03	0.04	408.5	87.25	2.97
Other Professional	Procedures	2,076.8	55.07	9.53	0.71	-	0.10	0.16	2,253.3	55.92	10.50
Subtotal Professional				\$ 178.12							\$ 196.22
Retail Pharmacy											
Retail Pharmacy	Scripts	31,192.2	\$ 53.82	\$ 139.90	\$ 10.49	\$ (9.52)	\$ 1.41	\$ 9.25	33,845.4	\$ 53.73	\$ 151.53
Subtotal Retail Pharmacy				\$ 139.90							\$ 151.53
Ancillary											
Transportation	Trips	283.1	\$ 78.00	\$ 1.84	\$ 0.14	\$ 0.00	\$ 0.02	\$ 0.02	307.7	\$ 78.78	\$ 2.02
DME/Prosthetics	Procedures	708.8	94.64	5.59	0.42	-	0.06	0.06	769.6	95.58	6.13
Subtotal Ancillary				\$ 7.43							\$ 8.15
LTSS											
Hospice	Days	10.3	\$ 163.14	\$ 0.14	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	11.0	\$ 163.14	\$ 0.15
Nursing Home	Days	107.2	217.26	1.94	0.15	(0.01)	0.02	0.04	116.5	220.35	2.14
HCBS	Procedures	13.0	37.02	0.04	-	-	-	-	13.0	37.02	0.04
Case Management	Procedures	178.8	189.97	2.83	0.21	-	0.03	0.05	193.9	193.07	3.12
Subtotal LTSS				\$ 4.95							\$ 5.45
Total Medical Costs				\$ 616.36							\$ 676.48

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - F 50-64											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 142,317	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	538.8	\$ 2,256.14	\$ 101.30	\$ 7.60	\$ (0.63)	\$ 0.54	\$ 2.28	582.1	\$ 2,290.15	\$ 111.09
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	223.3	782.00	14.55	1.09	(0.09)	0.08	0.33	241.2	793.94	15.96
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	10.3	197.34	0.17	0.01	-	-	0.01	10.9	208.30	0.19
Subtotal Inpatient Hospital				\$ 116.02							\$ 127.24
Outpatient Hospital											
Outpatient Emergency Room	Visits	441.0	\$ 611.68	\$ 22.48	\$ 1.69	\$ (0.02)	\$ 0.12	\$ 0.51	476.5	\$ 624.02	\$ 24.78
Outpatient Surgery	Visits	311.9	1,381.25	35.90	2.69	(0.02)	0.39	0.81	338.6	1,409.25	39.77
Outpatient Radiology	Procedures	901.5	256.65	19.28	1.45	(0.02)	0.21	0.44	979.1	261.80	21.36
Outpatient Pathology/Lab	Procedures	6,639.8	31.00	17.15	1.29	(0.01)	0.18	0.39	7,208.9	31.63	19.00
Outpatient Pharmacy	Procedures	717.9	511.16	30.58	2.29	(0.02)	0.33	0.70	779.4	521.63	33.88
Outpatient MH/SA	Visits	94.8	376.04	2.97	0.22	-	0.03	0.07	102.8	384.22	3.29
Other Outpatient	Procedures	1,551.6	130.24	16.84	1.26	(0.01)	0.18	0.39	1,684.3	132.95	18.66
Subtotal Outpatient Hospital				\$ 145.20							\$ 160.74
Professional											
Inpatient and Outpatient Surgery	Procedures	1,290.5	\$ 208.38	\$ 22.41	\$ 1.68	\$ (0.01)	\$ 0.24	\$ 0.37	1,401.1	\$ 211.46	\$ 24.69
Anesthesia	Procedures	316.5	127.77	3.37	0.25	-	0.04	0.05	343.7	129.52	3.71
Inpatient Visits	Visits	782.5	84.81	5.53	0.41	-	0.06	0.09	849.0	86.08	6.09
MH/SA	Visits	3,270.0	82.68	22.53	1.69	(0.01)	0.24	0.37	3,550.2	83.89	24.82
Emergency Room	Visits	574.1	90.08	4.31	0.32	-	0.05	0.07	623.4	91.43	4.75
Office/Home Visits/Consults	Visits	6,766.5	64.34	36.28	2.72	(0.01)	0.39	0.59	7,346.5	65.29	39.97
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,412.4	21.95	9.90	0.74	-	0.10	0.17	5,871.7	22.30	10.91
Radiology	Procedures	3,402.8	56.78	16.10	1.21	(0.01)	0.17	0.27	3,694.5	57.62	17.74
Office Administered Drugs	Procedures	416.0	174.25	6.04	0.45	-	0.07	0.09	451.8	176.64	6.65
Physical Exams	Visits	845.8	64.70	4.56	0.34	-	0.05	0.07	918.1	65.61	5.02
Therapy	Visits	1,979.3	57.29	9.45	0.71	(0.01)	0.11	0.15	2,151.0	58.07	10.41
Vision	Visits	443.0	78.83	2.91	0.22	-	0.03	0.05	481.0	80.08	3.21
Other Professional	Procedures	2,877.3	51.17	12.27	0.92	(0.01)	0.14	0.20	3,125.8	51.90	13.52
Subtotal Professional				\$ 155.66							\$ 171.49
Retail Pharmacy											
Retail Pharmacy	Scripts	36,678.2	\$ 49.39	\$ 150.95	\$ 11.32	\$ (10.27)	\$ 1.52	\$ 9.98	39,798.1	\$ 49.30	\$ 163.50
Subtotal Retail Pharmacy				\$ 150.95							\$ 163.50
Ancillary											
Transportation	Trips	185.0	\$ 81.74	\$ 1.26	\$ 0.09	\$ 0.00	\$ 0.02	\$ 0.01	201.1	\$ 82.33	\$ 1.38
DME/Prosthetics	Procedures	951.4	81.60	6.47	0.49	(0.01)	0.07	0.07	1,033.8	82.30	7.09
Subtotal Ancillary				\$ 7.73							\$ 8.47
LTSS											
Hospice	Days	38.2	\$ 242.07	\$ 0.77	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.02	41.1	\$ 247.90	\$ 0.85
Nursing Home	Days	313.8	214.14	5.60	0.42	-	0.03	0.13	339.0	218.74	6.18
HCBS	Procedures	31.1	53.98	0.14	0.01	-	-	-	33.3	53.98	0.15
Case Management	Procedures	100.5	154.07	1.29	0.10	-	0.01	0.02	109.0	156.27	1.42
Subtotal LTSS				\$ 7.80							\$ 8.60
Total Medical Costs				\$ 583.36							\$ 640.04

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - M 19-24											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 96,416	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	113.0	\$ 2,104.92	\$ 19.82	\$ 1.49	\$ (0.13)	\$ 0.11	\$ 0.45	122.1	\$ 2,136.37	\$ 21.74
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	315.0	608.81	15.98	1.20	(0.10)	0.08	0.36	340.2	617.98	17.52
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.0	1,452.97	0.12	0.01	-	-	-	1.1	1,452.97	0.13
Subtotal Inpatient Hospital				\$ 35.92							\$ 39.39
Outpatient Hospital											
Outpatient Emergency Room	Visits	477.7	\$ 513.44	\$ 20.44	\$ 1.53	\$ (0.01)	\$ 0.11	\$ 0.46	516.0	\$ 523.90	\$ 22.53
Outpatient Surgery	Visits	29.9	1,515.79	3.78	0.28	-	0.04	0.09	32.5	1,549.06	4.19
Outpatient Radiology	Procedures	73.4	238.63	1.46	0.11	-	0.01	0.04	79.5	244.68	1.62
Outpatient Pathology/Lab	Procedures	1,345.9	39.41	4.42	0.33	-	0.05	0.10	1,461.7	40.23	4.90
Outpatient Pharmacy	Procedures	77.1	1,038.44	6.67	0.50	-	0.07	0.15	83.7	1,059.95	7.39
Outpatient MH/SA	Visits	98.4	354.72	2.91	0.22	-	0.03	0.06	106.9	361.46	3.22
Other Outpatient	Procedures	196.1	140.10	2.29	0.17	-	0.02	0.06	212.4	143.49	2.54
Subtotal Outpatient Hospital				\$ 41.97							\$ 46.39
Professional											
Inpatient and Outpatient Surgery	Procedures	182.9	\$ 190.93	\$ 2.91	\$ 0.22	\$ 0.00	\$ 0.03	\$ 0.05	198.6	\$ 193.95	\$ 3.21
Anesthesia	Procedures	48.7	172.38	0.70	0.05	-	0.01	0.01	52.9	174.65	0.77
Inpatient Visits	Visits	248.4	95.16	1.97	0.15	-	0.02	0.03	269.9	96.50	2.17
MH/SA	Visits	1,779.3	87.20	12.93	0.97	(0.01)	0.14	0.21	1,932.0	88.45	14.24
Emergency Room	Visits	509.6	79.36	3.37	0.25	-	0.04	0.05	553.4	80.45	3.71
Office/Home Visits/Consults	Visits	1,631.1	62.90	8.55	0.64	0.02	0.09	0.14	1,770.3	63.99	9.44
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,367.8	29.48	3.36	0.25	-	0.04	0.05	1,485.8	29.88	3.70
Radiology	Procedures	716.4	34.00	2.03	0.15	-	0.02	0.04	776.4	34.62	2.24
Office Administered Drugs	Procedures	92.0	296.17	2.27	0.17	-	0.02	0.04	99.7	300.99	2.50
Physical Exams	Visits	250.8	61.25	1.28	0.10	-	0.01	0.02	272.3	62.13	1.41
Therapy	Visits	338.1	60.33	1.70	0.13	-	0.02	0.02	368.0	60.98	1.87
Vision	Visits	178.9	87.88	1.31	0.10	-	0.01	0.02	193.9	89.12	1.44
Other Professional	Procedures	585.5	50.42	2.46	0.20	-	0.03	0.04	640.3	51.17	2.73
Subtotal Professional				\$ 44.84							\$ 49.43
Retail Pharmacy											
Retail Pharmacy	Scripts	3,839.9	\$ 86.50	\$ 27.68	\$ 2.08	\$ (1.89)	\$ 0.28	\$ 1.83	4,167.3	\$ 86.33	\$ 29.98
Subtotal Retail Pharmacy				\$ 27.68							\$ 29.98
Ancillary											
Transportation	Trips	95.5	\$ 76.67	\$ 0.61	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.01	103.3	\$ 77.83	\$ 0.67
DME/Prosthetics	Procedures	112.2	206.41	1.93	0.14	-	0.02	0.03	121.5	209.38	2.12
Subtotal Ancillary				\$ 2.54							\$ 2.79
LTSS											
Hospice	Days	1.1	\$ 653.36	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	1.1	\$ 762.26	\$ 0.07
Nursing Home	Days	9.4	203.90	0.16	0.01	-	-	0.01	10.0	215.89	0.18
HCBS	Procedures	42.4	67.87	0.24	0.02	-	-	-	46.0	67.87	0.26
Case Management	Procedures	54.3	167.98	0.76	0.06	-	0.01	0.01	59.3	170.00	0.84
Subtotal LTSS				\$ 1.22							\$ 1.35
Total Medical Costs				\$ 154.17							\$ 169.33

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - M 25-29											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 78,961	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	160.2	\$ 2,221.29	\$ 29.65	\$ 2.22	\$ (0.18)	\$ 0.16	\$ 0.67	173.0	\$ 2,255.27	\$ 32.52
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	993.9	495.99	41.08	3.08	(0.26)	0.22	0.93	1,073.7	503.48	45.05
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	11.5	207.99	0.20	0.02	(0.01)	-	0.01	12.7	207.99	0.22
Subtotal Inpatient Hospital				\$ 70.93							\$ 77.79
Outpatient Hospital											
Outpatient Emergency Room	Visits	567.8	\$ 510.00	\$ 24.13	\$ 1.81	\$ (0.02)	\$ 0.13	\$ 0.55	613.4	\$ 520.36	\$ 26.60
Outpatient Surgery	Visits	35.0	1,558.16	4.55	0.34	-	0.05	0.10	38.0	1,589.70	5.04
Outpatient Radiology	Procedures	93.2	241.95	1.88	0.14	-	0.02	0.04	101.2	246.69	2.08
Outpatient Pathology/Lab	Procedures	1,821.0	44.68	6.78	0.51	(0.01)	0.08	0.15	1,979.5	45.53	7.51
Outpatient Pharmacy	Procedures	143.6	1,737.37	20.79	1.56	(0.01)	0.22	0.47	155.9	1,772.78	23.03
Outpatient MH/SA	Visits	251.9	334.94	7.03	0.53	(0.01)	0.08	0.16	273.7	341.51	7.79
Other Outpatient	Procedures	235.4	179.42	3.52	0.26	-	0.04	0.08	255.5	183.18	3.90
Subtotal Outpatient Hospital				\$ 68.68							\$ 75.95
Professional											
Inpatient and Outpatient Surgery	Procedures	227.6	\$ 187.13	\$ 3.55	\$ 0.27	\$ (0.01)	\$ 0.04	\$ 0.06	247.5	\$ 189.55	\$ 3.91
Anesthesia	Procedures	66.8	143.73	0.80	0.06	-	0.01	0.01	72.6	145.38	0.88
Inpatient Visits	Visits	419.9	97.17	3.40	0.26	(0.01)	0.04	0.06	456.9	98.49	3.75
MH/SA	Visits	5,467.5	71.31	32.49	2.44	(0.02)	0.35	0.53	5,937.0	72.34	35.79
Emergency Room	Visits	642.8	86.99	4.66	0.35	-	0.05	0.07	698.0	88.20	5.13
Office/Home Visits/Consults	Visits	2,096.6	62.04	10.84	0.81	-	0.11	0.18	2,274.5	62.99	11.94
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,375.5	40.66	8.05	0.60	-	0.09	0.13	2,579.1	41.27	8.87
Radiology	Procedures	859.2	34.22	2.45	0.18	-	0.03	0.04	932.8	34.73	2.70
Office Administered Drugs	Procedures	197.6	261.76	4.31	0.32	-	0.05	0.07	214.5	265.67	4.75
Physical Exams	Visits	237.7	58.06	1.15	0.09	-	0.01	0.02	258.4	58.99	1.27
Therapy	Visits	388.5	61.16	1.98	0.15	-	0.02	0.03	421.8	62.02	2.18
Vision	Visits	111.5	80.71	0.75	0.06	-	-	0.02	120.4	82.70	0.83
Other Professional	Procedures	571.5	47.46	2.26	0.17	-	0.02	0.04	619.5	48.23	2.49
Subtotal Professional				\$ 76.69							\$ 84.49
Retail Pharmacy											
Retail Pharmacy	Scripts	6,235.6	\$ 113.77	\$ 59.12	\$ 4.43	\$ (4.02)	\$ 0.60	\$ 3.90	6,766.1	\$ 113.56	\$ 64.03
Subtotal Retail Pharmacy				\$ 59.12							\$ 64.03
Ancillary											
Transportation	Trips	195.9	\$ 80.85	\$ 1.32	\$ 0.10	\$ 0.00	\$ 0.01	\$ 0.02	212.3	\$ 81.98	\$ 1.45
DME/Prosthetics	Procedures	177.7	128.34	1.90	0.14	-	0.02	0.02	192.6	129.59	2.08
Subtotal Ancillary				\$ 3.22							\$ 3.53
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	46.0	271.14	1.04	0.08	-	-	0.03	49.6	278.40	1.15
HCBS	Procedures	0.8	-	-	-	-	-	-	-	-	-
Case Management	Procedures	122.0	204.63	2.08	0.16	-	0.02	0.03	132.5	207.35	2.29
Subtotal LTSS				\$ 3.12							\$ 3.44
Total Medical Costs				\$ 281.76							\$ 309.23

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - M 30-39											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 104,550	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	275.6	\$ 2,160.93	\$ 49.63	\$ 3.72	\$ (0.31)	\$ 0.27	\$ 1.12	297.8	\$ 2,193.58	\$ 54.43
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,423.9	478.27	56.75	4.26	(0.36)	0.31	1.28	1,538.6	485.44	62.24
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	11.7	625.53	0.61	0.05	(0.01)	0.01	0.01	12.9	625.53	0.67
Subtotal Inpatient Hospital				\$ 106.99							\$ 117.34
Outpatient Hospital											
Outpatient Emergency Room	Visits	780.8	\$ 534.36	\$ 34.77	\$ 2.61	\$ (0.02)	\$ 0.18	\$ 0.79	843.5	\$ 545.32	\$ 38.33
Outpatient Surgery	Visits	72.3	1,640.78	9.89	0.74	-	0.10	0.23	78.5	1,675.95	10.96
Outpatient Radiology	Procedures	141.8	286.81	3.39	0.25	-	0.04	0.08	154.0	293.05	3.76
Outpatient Pathology/Lab	Procedures	2,525.4	44.76	9.42	0.71	(0.01)	0.10	0.22	2,742.5	45.68	10.44
Outpatient Pharmacy	Procedures	170.3	760.49	10.79	0.81	(0.01)	0.12	0.24	184.9	775.41	11.95
Outpatient MH/SA	Visits	451.9	300.84	11.33	0.85	(0.01)	0.12	0.26	490.6	306.95	12.55
Other Outpatient	Procedures	406.3	168.95	5.72	0.43	-	0.06	0.13	441.1	172.49	6.34
Subtotal Outpatient Hospital				\$ 85.31							\$ 94.33
Professional											
Inpatient and Outpatient Surgery	Procedures	365.6	\$ 206.46	\$ 6.29	\$ 0.47	\$ 0.00	\$ 0.07	\$ 0.10	397.0	\$ 209.48	\$ 6.93
Anesthesia	Procedures	92.7	150.19	1.16	0.09	-	0.01	0.02	100.7	152.57	1.28
Inpatient Visits	Visits	602.4	90.04	4.52	0.34	-	0.05	0.07	654.4	91.32	4.98
MH/SA	Visits	10,178.2	61.34	52.03	3.90	(0.02)	0.56	0.85	11,050.6	62.24	57.32
Emergency Room	Visits	808.7	87.25	5.88	0.44	-	0.06	0.10	877.5	88.62	6.48
Office/Home Visits/Consults	Visits	2,980.9	62.20	15.45	1.16	(0.01)	0.17	0.25	3,237.5	63.09	17.02
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,336.6	43.19	12.01	0.90	-	0.12	0.20	3,619.9	43.86	13.23
Radiology	Procedures	1,156.5	39.53	3.81	0.29	(0.01)	0.05	0.06	1,259.7	40.01	4.20
Office Administered Drugs	Procedures	340.1	212.76	6.03	0.45	-	0.06	0.10	368.9	216.01	6.64
Physical Exams	Visits	261.4	56.47	1.23	0.09	-	0.01	0.02	282.6	57.32	1.35
Therapy	Visits	487.0	55.44	2.25	0.17	-	0.02	0.04	528.1	56.35	2.48
Vision	Visits	119.5	78.32	0.78	0.06	-	0.01	0.01	130.2	79.24	0.86
Other Professional	Procedures	878.8	55.03	4.03	0.30	-	0.04	0.07	953.0	55.91	4.44
Subtotal Professional				\$ 115.47							\$ 127.21
Retail Pharmacy											
Retail Pharmacy	Scripts	12,489.4	\$ 102.68	\$ 106.87	\$ 8.02	\$ (7.28)	\$ 1.08	\$ 7.06	13,552.8	\$ 102.49	\$ 115.75
Subtotal Retail Pharmacy				\$ 106.87							\$ 115.75
Ancillary											
Transportation	Trips	241.3	\$ 80.07	\$ 1.61	\$ 0.12	\$ 0.00	\$ 0.02	\$ 0.01	262.3	\$ 80.52	\$ 1.76
DME/Prosthetics	Procedures	324.2	106.97	2.89	0.22	(0.01)	0.04	0.03	353.4	107.65	3.17
Subtotal Ancillary				\$ 4.50							\$ 4.93
LTSS											
Hospice	Days	0.9	\$ 679.53	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	0.9	\$ 815.43	\$ 0.06
Nursing Home	Days	70.8	264.43	1.56	0.12	-	-	0.04	76.2	270.72	1.72
HCBS	Procedures	1.5	79.27	0.01	-	-	-	-	1.5	79.27	0.01
Case Management	Procedures	166.9	225.09	3.13	0.23	-	0.04	0.05	181.3	228.40	3.45
Subtotal LTSS				\$ 4.75							\$ 5.24
Total Medical Costs				\$ 423.89							\$ 464.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - M 40-49											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 73,848	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	516.7	\$ 1,947.40	\$ 83.85	\$ 6.29	\$ (0.52)	\$ 0.44	\$ 1.90	558.2	\$ 1,977.07	\$ 91.96
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,899.2	450.45	71.29	5.35	(0.45)	0.38	1.61	2,051.8	457.24	78.18
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	23.0	328.64	0.63	0.05	(0.01)	0.01	0.01	25.2	328.64	0.69
Subtotal Inpatient Hospital				\$ 155.77							\$ 170.83
Outpatient Hospital											
Outpatient Emergency Room	Visits	777.5	\$ 577.35	\$ 37.41	\$ 2.81	\$ (0.03)	\$ 0.20	\$ 0.85	840.1	\$ 589.07	\$ 41.24
Outpatient Surgery	Visits	133.1	1,480.83	16.43	1.23	(0.01)	0.18	0.37	144.6	1,510.71	18.20
Outpatient Radiology	Procedures	252.2	303.61	6.38	0.48	(0.01)	0.07	0.15	273.9	309.75	7.07
Outpatient Pathology/Lab	Procedures	3,704.3	36.90	11.39	0.85	-	0.12	0.26	4,019.8	37.67	12.62
Outpatient Pharmacy	Procedures	304.7	483.64	12.28	0.92	(0.01)	0.14	0.27	331.0	493.07	13.60
Outpatient MH/SA	Visits	405.6	330.77	11.18	0.84	(0.01)	0.12	0.26	440.4	337.58	12.39
Other Outpatient	Procedures	935.7	203.78	15.89	1.19	(0.01)	0.17	0.36	1,015.8	207.91	17.60
Subtotal Outpatient Hospital				\$ 110.96							\$ 122.72
Professional											
Inpatient and Outpatient Surgery	Procedures	679.1	\$ 208.86	\$ 11.82	\$ 0.89	\$ (0.01)	\$ 0.13	\$ 0.19	737.7	\$ 211.79	\$ 13.02
Anesthesia	Procedures	191.0	145.12	2.31	0.17	-	0.03	0.03	207.5	146.86	2.54
Inpatient Visits	Visits	935.0	88.55	6.90	0.52	(0.01)	0.08	0.11	1,016.3	89.74	7.60
MH/SA	Visits	9,081.2	69.73	52.77	3.96	(0.02)	0.56	0.86	9,859.0	70.75	58.13
Emergency Room	Visits	897.3	94.15	7.04	0.53	(0.01)	0.08	0.12	975.0	95.51	7.76
Office/Home Visits/Consults	Visits	4,141.4	63.25	21.83	1.64	(0.01)	0.23	0.36	4,496.2	64.19	24.05
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,246.1	38.32	13.56	1.02	(0.01)	0.15	0.22	4,612.5	38.87	14.94
Radiology	Procedures	1,662.4	45.48	6.30	0.47	-	0.07	0.10	1,804.9	46.14	6.94
Office Administered Drugs	Procedures	467.3	105.03	4.09	0.31	(0.01)	0.05	0.07	508.4	106.45	4.51
Physical Exams	Visits	367.0	60.49	1.85	0.14	-	0.02	0.03	398.8	61.39	2.04
Therapy	Visits	833.8	53.97	3.75	0.28	-	0.04	0.06	905.0	54.76	4.13
Vision	Visits	210.4	79.85	1.40	0.10	-	0.02	0.02	228.4	80.90	1.54
Other Professional	Procedures	1,550.3	51.01	6.59	0.49	-	0.07	0.11	1,682.0	51.80	7.26
Subtotal Professional				\$ 140.21							\$ 154.46
Retail Pharmacy											
Retail Pharmacy	Scripts	22,238.2	\$ 79.50	\$ 147.33	\$ 11.05	\$ (10.03)	\$ 1.49	\$ 9.74	24,131.0	\$ 79.36	\$ 159.58
Subtotal Retail Pharmacy				\$ 147.33							\$ 159.58
Ancillary											
Transportation	Trips	300.9	\$ 82.57	\$ 2.07	\$ 0.16	\$ (0.01)	\$ 0.03	\$ 0.02	328.5	\$ 82.93	\$ 2.27
DME/Prosthetics	Procedures	661.9	94.27	5.20	0.39	-	0.05	0.06	717.9	95.28	5.70
Subtotal Ancillary				\$ 7.27							\$ 7.97
LTSS											
Hospice	Days	3.0	\$ 364.96	\$ 0.09	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	3.3	\$ 364.96	\$ 0.10
Nursing Home	Days	180.8	246.28	3.71	0.28	-	0.02	0.09	195.4	251.80	4.10
HCBS	Procedures	11.4	73.49	0.07	0.01	-	-	-	13.1	73.49	0.08
Case Management	Procedures	181.1	133.81	2.02	0.15	-	0.02	0.04	196.4	136.26	2.23
Subtotal LTSS				\$ 5.89							\$ 6.51
Total Medical Costs				\$ 567.43							\$ 622.07

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
ME - M 50-64											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 121,431	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	654.9	\$ 2,202.72	\$ 120.22	\$ 9.02	\$ (0.75)	\$ 0.64	\$ 2.71	707.6	\$ 2,235.96	\$ 131.84
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	898.4	554.96	41.55	3.12	(0.26)	0.22	0.94	970.7	563.37	45.57
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.7	2,241.65	0.50	0.04	(0.01)	0.01	0.01	2.9	2,241.65	0.55
Subtotal Inpatient Hospital				\$ 162.27							\$ 177.96
Outpatient Hospital											
Outpatient Emergency Room	Visits	561.5	\$ 600.70	\$ 28.11	\$ 2.11	\$ (0.02)	\$ 0.15	\$ 0.64	606.7	\$ 612.96	\$ 30.99
Outpatient Surgery	Visits	259.8	1,342.60	29.07	2.18	(0.02)	0.31	0.67	282.1	1,370.25	32.21
Outpatient Radiology	Procedures	451.3	370.89	13.95	1.05	(0.01)	0.15	0.32	490.2	378.48	15.46
Outpatient Pathology/Lab	Procedures	5,502.4	30.68	14.07	1.06	(0.01)	0.15	0.32	5,975.6	31.31	15.59
Outpatient Pharmacy	Procedures	754.0	475.24	29.86	2.24	(0.02)	0.32	0.68	818.6	484.92	33.08
Outpatient MH/SA	Visits	191.0	288.99	4.60	0.34	-	0.05	0.11	207.2	295.36	5.10
Other Outpatient	Procedures	1,354.4	182.52	20.60	1.55	(0.02)	0.22	0.47	1,470.8	186.19	22.82
Subtotal Outpatient Hospital				\$ 140.26							\$ 155.25
Professional											
Inpatient and Outpatient Surgery	Procedures	1,183.4	\$ 189.12	\$ 18.65	\$ 1.40	\$ (0.01)	\$ 0.20	\$ 0.30	1,284.9	\$ 191.82	\$ 20.54
Anesthesia	Procedures	271.3	134.93	3.05	0.23	-	0.03	0.05	294.4	136.97	3.36
Inpatient Visits	Visits	1,087.3	81.89	7.42	0.56	(0.01)	0.08	0.12	1,181.1	83.01	8.17
MH/SA	Visits	4,059.9	78.42	26.53	1.99	(0.01)	0.28	0.44	4,407.3	79.59	29.23
Emergency Room	Visits	729.7	93.08	5.66	0.42	-	0.06	0.10	791.6	94.60	6.24
Office/Home Visits/Consults	Visits	5,075.5	64.36	27.22	2.04	(0.01)	0.29	0.45	5,509.9	65.31	29.99
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,710.3	26.09	10.24	0.77	(0.01)	0.11	0.17	5,115.1	26.46	11.28
Radiology	Procedures	2,170.8	67.77	12.26	0.92	(0.01)	0.14	0.20	2,358.5	68.74	13.51
Office Administered Drugs	Procedures	485.1	174.16	7.04	0.53	(0.01)	0.08	0.12	527.1	176.66	7.76
Physical Exams	Visits	506.2	59.26	2.50	0.19	-	0.02	0.04	548.7	60.14	2.75
Therapy	Visits	1,122.2	57.53	5.38	0.40	-	0.06	0.09	1,218.2	58.42	5.93
Vision	Visits	306.3	77.97	1.99	0.15	-	0.02	0.03	332.4	79.05	2.19
Other Professional	Procedures	2,570.1	50.99	10.92	0.82	(0.01)	0.12	0.18	2,791.4	51.72	12.03
Subtotal Professional				\$ 138.86							\$ 152.98
Retail Pharmacy											
Retail Pharmacy	Scripts	30,748.0	\$ 68.20	\$ 174.74	\$ 13.11	\$ (11.90)	\$ 1.76	\$ 11.56	33,364.6	\$ 68.07	\$ 189.27
Subtotal Retail Pharmacy				\$ 174.74							\$ 189.27
Ancillary											
Transportation	Trips	295.0	\$ 79.31	\$ 1.95	\$ 0.15	\$ (0.01)	\$ 0.03	\$ 0.02	322.3	\$ 79.68	\$ 2.14
DME/Prosthetics	Procedures	971.6	88.06	7.13	0.53	-	0.08	0.07	1,054.8	88.85	7.81
Subtotal Ancillary				\$ 9.08							\$ 9.95
LTSS											
Hospice	Days	38.3	\$ 241.34	\$ 0.77	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.02	41.3	\$ 247.15	\$ 0.85
Nursing Home	Days	420.4	241.75	8.47	0.64	(0.01)	0.05	0.20	454.7	246.77	9.35
HCBS	Procedures	14.1	51.19	0.06	-	-	0.01	-	16.4	51.19	0.07
Case Management	Procedures	136.9	155.10	1.77	0.13	-	0.02	0.03	148.5	157.52	1.95
Subtotal LTSS				\$ 11.07							\$ 12.22
Total Medical Costs				\$ 636.28							\$ 697.63

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RHP - ID											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 11,277	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,064.9	\$ 1,928.27	\$ 171.11	\$ 10.27	\$ (0.42)	\$ 0.90	\$ 3.82	1,134.4	\$ 1,964.24	\$ 185.68
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,086.1	921.33	83.39	5.00	(0.20)	0.44	1.86	1,157.0	938.54	90.49
Inpatient Maternity Delivery	Days	16.9	1,073.74	1.51	0.09	-	-	0.04	17.9	1,100.58	1.64
Other Inpatient	Days	4.2	1,234.81	0.43	0.03	(0.01)	0.01	0.01	4.6	1,234.81	0.47
Subtotal Inpatient Hospital				\$ 256.44							\$ 278.28
Outpatient Hospital											
Outpatient Emergency Room	Visits	666.5	\$ 559.25	\$ 31.06	\$ 1.86	\$ (0.02)	\$ 0.17	\$ 0.69	710.0	\$ 570.58	\$ 33.76
Outpatient Surgery	Visits	148.7	1,723.31	21.36	1.28	(0.01)	0.11	0.48	158.4	1,758.91	23.22
Outpatient Radiology	Procedures	310.0	191.99	4.96	0.30	(0.01)	0.03	0.11	330.6	195.62	5.39
Outpatient Pathology/Lab	Procedures	5,595.3	28.70	13.38	0.80	(0.01)	0.08	0.29	5,963.3	29.26	14.54
Outpatient Pharmacy	Procedures	323.3	320.66	8.64	0.52	(0.01)	0.05	0.19	344.7	326.93	9.39
Outpatient MH/SA	Visits	53.7	424.59	1.90	0.11	-	0.01	0.05	57.1	435.10	2.07
Other Outpatient	Procedures	1,425.5	158.10	18.78	1.13	(0.02)	0.10	0.42	1,518.8	161.26	20.41
Subtotal Outpatient Hospital				\$ 100.08							\$ 108.78
Professional											
Inpatient and Outpatient Surgery	Procedures	1,199.5	\$ 130.95	\$ 13.09	\$ 0.79	\$ (0.01)	\$ 0.07	\$ 0.07	1,278.3	\$ 131.51	\$ 14.01
Anesthesia	Procedures	227.5	255.32	4.84	0.29	-	0.02	0.03	242.1	256.80	5.18
Inpatient Visits	Visits	2,464.9	94.64	19.44	1.17	(0.01)	0.10	0.11	2,626.0	95.10	20.81
MH/SA	Visits	4,250.4	96.42	34.15	2.05	(0.01)	0.18	0.18	4,527.9	96.87	36.55
Emergency Room	Visits	853.1	100.86	7.17	0.43	-	0.04	0.03	909.0	101.26	7.67
Office/Home Visits/Consults	Visits	5,631.4	65.53	30.75	1.85	(0.01)	0.16	0.16	5,999.5	65.83	32.91
Maternity	Procedures	14.8	284.17	0.35	0.02	-	-	-	15.6	284.17	0.37
Pathology/Lab	Procedures	5,158.9	15.68	6.74	0.40	-	0.04	0.03	5,495.6	15.74	7.21
Radiology	Procedures	1,896.0	36.27	5.73	0.34	-	0.03	0.03	2,018.4	36.44	6.13
Office Administered Drugs	Procedures	488.0	236.34	9.61	0.58	(0.01)	0.05	0.06	519.9	237.49	10.29
Physical Exams	Visits	858.6	63.59	4.55	0.27	-	0.03	0.02	915.2	63.86	4.87
Therapy	Visits	1,150.2	75.33	7.22	0.43	-	0.04	0.04	1,225.0	75.72	7.73
Vision	Visits	368.1	72.70	2.23	0.13	-	0.01	0.02	391.2	73.32	2.39
Other Professional	Procedures	10,091.3	110.96	93.31	5.60	(0.03)	0.49	0.50	10,749.9	111.48	99.87
Subtotal Professional				\$ 239.18							\$ 255.99
Retail Pharmacy											
Retail Pharmacy	Scripts	57,647.6	\$ 64.29	\$ 308.86	\$ 18.53	\$ (17.19)	\$ 4.66	\$ 20.46	61,975.9	\$ 64.93	\$ 335.32
Subtotal Retail Pharmacy				\$ 308.86							\$ 335.32
Ancillary											
Transportation	Trips	489.0	\$ 93.01	\$ 3.79	\$ 0.23	\$ (0.01)	\$ 0.03	\$ 0.06	522.5	\$ 94.16	\$ 4.10
DME/Prosthetics	Procedures	6,641.3	131.54	72.80	4.37	(0.05)	0.39	1.16	7,075.6	133.42	78.67
Subtotal Ancillary				\$ 76.59							\$ 82.77
LTSS											
Hospice	Days	1,986.7	\$ 149.25	\$ 24.71	\$ 1.48	\$ 0.00	\$ 0.13	\$ 0.59	2,116.2	\$ 152.60	\$ 26.91
Nursing Home	Days	448.4	296.51	11.08	0.66	-	0.06	0.27	477.6	303.29	12.07
HCBS	Procedures	449.0	207.65	7.77	0.47	(0.01)	0.09	0.12	481.4	210.39	8.44
Case Management	Procedures	161.3	860.26	11.56	0.69	-	0.12	0.19	172.6	873.47	12.56
Subtotal LTSS				\$ 55.12							\$ 59.98
Total Medical Costs				\$ 1,036.27							\$ 1,121.12

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell: RHP - SPMI											
SFY 2018 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 34,320	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	2,517.7	\$ 1,181.65	\$ 247.92	\$ 14.88	\$ (0.61)	\$ 1.31	\$ 5.54	2,682.1	\$ 1,203.71	\$ 269.04
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,537.1	817.77	309.19	18.55	(0.75)	1.63	6.90	4,833.2	833.04	335.52
Inpatient Maternity Delivery	Days	26.0	1,214.48	2.63	0.16	(0.01)	0.02	0.05	27.8	1,231.76	2.85
Other Inpatient	Days	165.0	344.03	4.73	0.28	(0.01)	0.03	0.10	175.8	350.17	5.13
Subtotal Inpatient Hospital				\$ 564.47							\$ 612.54
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,220.5	\$ 574.19	\$ 106.25	\$ 6.38	\$ (0.07)	\$ 0.56	\$ 2.38	2,365.5	\$ 585.91	\$ 115.50
Outpatient Surgery	Visits	243.5	1,382.91	28.06	1.68	(0.01)	0.14	0.63	259.3	1,411.60	30.50
Outpatient Radiology	Procedures	790.8	309.57	20.40	1.22	(0.01)	0.11	0.46	842.3	315.98	22.18
Outpatient Pathology/Lab	Procedures	8,506.4	40.32	28.58	1.71	(0.01)	0.15	0.64	9,060.0	41.15	31.07
Outpatient Pharmacy	Procedures	914.1	806.44	61.43	3.69	(0.04)	0.32	1.38	973.8	822.95	66.78
Outpatient MH/SA	Visits	661.5	376.99	20.78	1.25	(0.02)	0.11	0.47	704.7	384.65	22.59
Other Outpatient	Procedures	2,233.4	259.68	48.33	2.90	(0.03)	0.26	1.08	2,379.4	264.97	52.54
Subtotal Outpatient Hospital				\$ 313.83							\$ 341.16
Professional											
Inpatient and Outpatient Surgery	Procedures	1,376.9	\$ 178.57	\$ 20.49	\$ 1.23	\$ (0.01)	\$ 0.11	\$ 0.11	1,467.0	\$ 179.39	\$ 21.93
Anesthesia	Procedures	445.8	183.59	6.82	0.41	-	0.03	0.04	474.5	184.60	7.30
Inpatient Visits	Visits	4,216.3	93.38	32.81	1.97	(0.01)	0.17	0.18	4,491.3	93.84	35.12
MH/SA	Visits	26,533.9	186.28	411.89	24.71	(0.13)	2.18	2.20	28,266.2	187.16	440.85
Emergency Room	Visits	2,804.1	105.91	24.75	1.49	(0.01)	0.13	0.13	2,987.7	106.40	26.49
Office/Home Visits/Consults	Visits	10,509.9	65.54	57.40	3.44	(0.01)	0.30	0.31	11,194.7	65.86	61.44
Maternity	Procedures	39.8	295.27	0.98	0.06	-	-	0.01	42.3	298.11	1.05
Pathology/Lab	Procedures	9,538.3	38.25	30.40	1.82	(0.01)	0.17	0.16	10,162.7	38.42	32.54
Radiology	Procedures	4,195.9	38.95	13.62	0.82	(0.01)	0.08	0.07	4,473.2	39.11	14.58
Office Administered Drugs	Procedures	640.1	147.91	7.89	0.47	-	0.04	0.04	681.5	148.61	8.44
Physical Exams	Visits	641.4	55.94	2.99	0.18	-	0.01	0.02	682.2	56.29	3.20
Therapy	Visits	1,386.6	66.12	7.64	0.46	-	0.04	0.04	1,477.3	66.44	8.18
Vision	Visits	356.9	80.01	2.38	0.14	-	0.01	0.02	379.4	80.65	2.55
Other Professional	Procedures	9,953.4	61.75	51.22	3.07	(0.01)	0.27	0.27	10,602.4	62.05	54.82
Subtotal Professional				\$ 671.28							\$ 718.49
Retail Pharmacy											
Retail Pharmacy	Scripts	75,144.1	\$ 89.01	\$ 557.39	\$ 33.44	\$ (31.02)	\$ 8.40	\$ 36.94	80,784.7	\$ 89.89	\$ 605.15
Subtotal Retail Pharmacy				\$ 557.39							\$ 605.15
Ancillary											
Transportation	Trips	1,572.9	\$ 74.61	\$ 9.78	\$ 0.59	\$ (0.01)	\$ 0.05	\$ 0.16	1,675.9	\$ 75.69	\$ 10.57
DME/Prosthetics	Procedures	1,842.3	101.42	15.57	0.93	(0.01)	0.09	0.25	1,963.0	102.88	16.83
Subtotal Ancillary				\$ 25.35							\$ 27.40
LTSS											
Hospice	Days	230.1	\$ 157.52	\$ 3.02	\$ 0.18	\$ 0.00	\$ 0.02	\$ 0.07	245.3	\$ 160.95	\$ 3.29
Nursing Home	Days	1,018.7	277.18	23.53	1.41	-	0.12	0.57	1,084.9	283.49	25.63
HCBS	Procedures	163.4	41.13	0.56	0.03	-	0.01	0.01	175.1	41.82	0.61
Case Management	Procedures	1,526.1	863.80	109.85	6.59	(0.02)	1.16	1.77	1,633.7	876.65	119.35
Subtotal LTSS				\$ 136.96							\$ 148.88
Total Medical Costs				\$ 2,269.28							\$ 2,453.62

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RHP - Other Disabled 21-44											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 44,452	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	891.2	\$ 1,798.59	\$ 133.57	\$ 8.01	\$ (0.32)	\$ 0.70	\$ 2.99	949.3	\$ 1,832.34	\$ 144.95
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	703.6	690.24	40.47	2.43	(0.10)	0.21	0.91	749.5	703.21	43.92
Inpatient Maternity Delivery	Days	76.3	1,148.20	7.30	0.44	(0.02)	0.04	0.16	81.3	1,168.86	7.92
Other Inpatient	Days	2.1	1,250.08	0.22	0.01	-	-	0.01	2.2	1,304.44	0.24
Subtotal Inpatient Hospital				\$ 181.56							\$ 197.03
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,393.2	\$ 586.58	\$ 68.10	\$ 4.09	\$ (0.05)	\$ 0.36	\$ 1.53	1,484.2	\$ 598.54	\$ 74.03
Outpatient Surgery	Visits	163.5	1,913.90	26.08	1.56	(0.01)	0.14	0.58	174.2	1,953.17	28.35
Outpatient Radiology	Procedures	518.8	297.90	12.88	0.77	(0.01)	0.07	0.29	552.7	303.98	14.00
Outpatient Pathology/Lab	Procedures	6,920.8	39.60	22.84	1.37	(0.01)	0.12	0.51	7,372.3	40.42	24.83
Outpatient Pharmacy	Procedures	801.0	481.20	32.12	1.93	(0.02)	0.17	0.72	853.4	491.04	34.92
Outpatient MH/SA	Visits	272.1	385.91	8.75	0.53	(0.01)	0.05	0.19	290.1	393.36	9.51
Other Outpatient	Procedures	1,927.5	212.55	34.14	2.05	(0.02)	0.18	0.76	2,053.4	216.87	37.11
Subtotal Outpatient Hospital				\$ 204.91							\$ 222.75
Professional											
Inpatient and Outpatient Surgery	Procedures	702.8	\$ 216.51	\$ 12.68	\$ 0.76	\$ 0.00	\$ 0.06	\$ 0.07	748.2	\$ 217.63	\$ 13.57
Anesthesia	Procedures	233.7	204.85	3.99	0.24	-	0.02	0.02	249.0	205.81	4.27
Inpatient Visits	Visits	1,354.8	81.13	9.16	0.55	-	0.05	0.04	1,443.6	81.47	9.80
MH/SA	Visits	7,734.2	85.15	54.88	3.29	(0.01)	0.29	0.29	8,238.7	85.56	58.74
Emergency Room	Visits	1,547.0	83.62	10.78	0.65	(0.01)	0.06	0.06	1,648.9	83.99	11.54
Office/Home Visits/Consults	Visits	5,635.2	63.16	29.66	1.78	(0.01)	0.16	0.16	6,003.7	63.46	31.75
Maternity	Procedures	85.9	325.56	2.33	0.14	-	0.01	0.01	91.4	326.87	2.49
Pathology/Lab	Procedures	4,507.8	30.40	11.42	0.69	(0.01)	0.06	0.06	4,803.8	30.53	12.22
Radiology	Procedures	2,643.6	41.49	9.14	0.55	-	0.04	0.05	2,814.3	41.70	9.78
Office Administered Drugs	Procedures	507.1	750.41	31.71	1.90	(0.01)	0.17	0.17	540.2	753.96	33.94
Physical Exams	Visits	514.3	56.70	2.43	0.15	-	0.01	0.01	548.2	56.92	2.60
Therapy	Visits	882.0	59.05	4.34	0.26	-	0.02	0.03	938.9	59.43	4.65
Vision	Visits	242.1	81.77	1.65	0.10	-	0.01	0.01	258.3	82.24	1.77
Other Professional	Procedures	3,454.9	72.52	20.88	1.25	-	0.11	0.11	3,680.0	72.88	22.35
Subtotal Professional				\$ 205.05							\$ 219.47
Retail Pharmacy											
Retail Pharmacy	Scripts	29,924.9	\$ 79.78	\$ 198.95	\$ 11.94	\$ (11.07)	\$ 2.99	\$ 13.19	32,170.6	\$ 80.57	\$ 216.00
Subtotal Retail Pharmacy				\$ 198.95							\$ 216.00
Ancillary											
Transportation	Trips	461.3	\$ 76.74	\$ 2.95	\$ 0.18	\$ 0.00	\$ 0.01	\$ 0.05	491.0	\$ 77.96	\$ 3.19
DME/Prosthetics	Procedures	1,183.2	118.86	11.72	0.70	-	0.06	0.18	1,259.9	120.58	12.66
Subtotal Ancillary				\$ 14.67							\$ 15.85
LTSS											
Hospice	Days	13.6	\$ 141.64	\$ 0.16	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	14.4	\$ 141.64	\$ 0.17
Nursing Home	Days	93.7	309.83	2.42	0.15	(0.01)	0.02	0.06	100.3	315.81	2.64
HCBS	Procedures	78.5	55.04	0.36	0.02	-	0.01	-	85.0	55.04	0.39
Case Management	Procedures	158.1	157.15	2.07	0.12	-	0.03	0.03	169.5	159.27	2.25
Subtotal LTSS				\$ 5.01							\$ 5.45
Total Medical Costs				\$ 810.15							\$ 876.55

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell:											
RHP - Other Disabled 45+											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 91,169	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,726.4	\$ 1,817.10	\$ 261.42	\$ 15.69	\$ (0.64)	\$ 1.38	\$ 5.84	1,839.1	\$ 1,851.03	\$ 283.69
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	655.8	688.74	37.64	2.26	(0.09)	0.20	0.84	698.7	701.62	40.85
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	8.5	2,220.45	1.57	0.09	-	0.01	0.03	9.0	2,260.34	1.70
Subtotal Inpatient Hospital				\$ 300.63							\$ 326.24
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,101.3	\$ 604.51	\$ 55.48	\$ 3.33	\$ (0.04)	\$ 0.30	\$ 1.24	1,173.4	\$ 616.79	\$ 60.31
Outpatient Surgery	Visits	340.6	1,472.12	41.78	2.51	(0.03)	0.22	0.94	362.8	1,502.21	45.42
Outpatient Radiology	Procedures	975.7	309.93	25.20	1.51	(0.01)	0.13	0.56	1,039.2	316.28	27.39
Outpatient Pathology/Lab	Procedures	9,885.6	33.31	27.44	1.65	(0.02)	0.14	0.62	10,530.5	33.99	29.83
Outpatient Pharmacy	Procedures	1,277.4	621.32	66.14	3.97	(0.04)	0.35	1.48	1,360.8	634.02	71.90
Outpatient MH/SA	Visits	138.2	311.70	3.59	0.22	(0.01)	0.02	0.08	147.4	317.40	3.90
Other Outpatient	Procedures	3,111.7	215.19	55.80	3.35	(0.04)	0.30	1.25	3,315.2	219.57	60.66
Subtotal Outpatient Hospital				\$ 275.43							\$ 299.41
Professional											
Inpatient and Outpatient Surgery	Procedures	1,655.4	\$ 206.88	\$ 28.54	\$ 1.71	\$ (0.01)	\$ 0.15	\$ 0.16	1,763.3	\$ 207.90	\$ 30.55
Anesthesia	Procedures	409.9	144.63	4.94	0.30	(0.01)	0.03	0.03	437.3	145.18	5.29
Inpatient Visits	Visits	2,431.2	80.21	16.25	0.98	(0.01)	0.09	0.08	2,591.3	80.53	17.39
MH/SA	Visits	8,673.4	76.87	55.56	3.33	(0.01)	0.29	0.30	9,238.5	77.25	59.47
Emergency Room	Visits	1,460.7	91.77	11.17	0.67	-	0.06	0.06	1,556.1	92.23	11.96
Office/Home Visits/Consults	Visits	9,014.9	65.19	48.97	2.94	(0.02)	0.26	0.26	9,604.0	65.49	52.41
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,548.1	26.61	14.52	0.87	-	0.07	0.08	6,972.0	26.75	15.54
Radiology	Procedures	4,279.7	48.26	17.21	1.03	-	0.09	0.09	4,558.2	48.49	18.42
Office Administered Drugs	Procedures	599.2	234.71	11.72	0.70	-	0.06	0.06	638.1	235.84	12.54
Physical Exams	Visits	667.9	53.54	2.98	0.18	-	0.01	0.02	710.5	53.88	3.19
Therapy	Visits	1,856.4	67.87	10.50	0.63	-	0.05	0.06	1,976.6	68.24	11.24
Vision	Visits	413.8	78.59	2.71	0.16	-	0.02	0.01	441.3	78.86	2.90
Other Professional	Procedures	8,117.6	63.96	43.27	2.60	(0.02)	0.23	0.23	8,648.5	64.26	46.31
Subtotal Professional				\$ 268.34							\$ 287.21
Retail Pharmacy											
Retail Pharmacy	Scripts	67,221.0	\$ 78.10	\$ 437.52	\$ 26.25	\$ (24.35)	\$ 6.59	\$ 29.00	72,266.6	\$ 78.88	\$ 475.01
Subtotal Retail Pharmacy				\$ 437.52							\$ 475.01
Ancillary											
Transportation	Trips	667.6	\$ 73.34	\$ 4.08	\$ 0.24	\$ 0.00	\$ 0.02	\$ 0.07	710.1	\$ 74.52	\$ 4.41
DME/Prosthetics	Procedures	2,696.6	103.28	23.21	1.39	(0.01)	0.12	0.37	2,872.1	104.79	25.08
Subtotal Ancillary				\$ 27.29							\$ 29.49
LTSS											
Hospice	Days	278.7	\$ 194.60	\$ 4.52	\$ 0.27	\$ 0.00	\$ 0.02	\$ 0.11	296.6	\$ 199.05	\$ 4.92
Nursing Home	Days	850.0	280.65	19.88	1.19	-	0.10	0.48	905.2	287.01	21.65
HCBS	Procedures	160.2	52.43	0.70	0.04	-	0.01	0.01	171.7	53.13	0.76
Case Management	Procedures	297.6	116.53	2.89	0.17	-	0.03	0.05	318.2	118.41	3.14
Subtotal LTSS				\$ 27.99							\$ 30.47
Total Medical Costs				\$ 1,337.20							\$ 1,447.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2018											
Rate Cell: SOBRA											
SFY 2018 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Deliveries: 4,831	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	244.8	\$ 1,827.03	\$ 447.20	\$ 0.00	\$ (3.26)	\$ 0.00	\$ 9.32	244.8	\$ 1,851.79	\$ 453.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	2,969.5	1,357.45	4,030.95	-	(29.43)	-	84.04	2,969.5	1,375.84	4,085.56
Other Inpatient	Days	1.4	1,070.26	1.51	-	(0.01)	-	0.03	1.4	1,084.44	1.53
Subtotal Inpatient Hospital				\$ 4,479.66							\$ 4,540.35
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,158.1	\$ 676.25	\$ 1,459.40	\$ 0.00	\$ (0.73)	\$ 7.29	\$ 30.79	2,168.8	\$ 690.11	\$ 1,496.75
Outpatient Surgery	Visits	45.9	3,174.02	145.74	-	(0.07)	0.73	3.07	46.1	3,239.03	149.47
Outpatient Radiology	Procedures	3,188.4	172.60	550.33	-	(0.28)	2.76	11.60	3,204.4	176.13	564.41
Outpatient Pathology/Lab	Procedures	17,988.6	45.65	821.16	-	(0.41)	4.10	17.33	18,078.4	46.58	842.18
Outpatient Pharmacy	Procedures	446.5	246.78	110.19	-	(0.06)	0.56	2.32	448.8	251.82	113.01
Outpatient MH/SA	Visits	18.1	242.45	4.40	-	-	0.02	0.09	18.2	247.38	4.51
Other Outpatient	Procedures	3,022.9	126.71	383.03	-	(0.19)	1.91	8.08	3,038.0	129.31	392.83
Subtotal Outpatient Hospital				\$ 3,474.25							\$ 3,563.16
Professional											
Inpatient and Outpatient Surgery	Procedures	81.7	\$ 123.46	\$ 10.09	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.05	82.5	\$ 124.07	\$ 10.24
Anesthesia	Procedures	1,018.4	406.62	414.12	-	(0.12)	4.14	2.09	1,028.6	408.54	420.23
Inpatient Visits	Visits	1,083.6	57.38	62.18	-	(0.02)	0.62	0.32	1,094.4	57.66	63.10
MH/SA	Visits	14.4	78.74	1.13	-	-	0.01	0.01	14.5	79.43	1.15
Emergency Room	Visits	1,911.9	62.34	119.18	-	(0.04)	1.20	0.60	1,931.1	62.63	120.94
Office/Home Visits/Consults	Visits	1,245.2	67.66	84.25	-	0.03	0.84	0.42	1,257.6	68.02	85.54
Maternity	Procedures	3,585.2	448.89	1,609.36	-	(0.48)	16.09	8.12	3,621.1	450.99	1,633.09
Pathology/Lab	Procedures	2,932.0	36.98	108.43	-	(0.03)	1.08	0.55	2,961.2	37.16	110.03
Radiology	Procedures	7,231.2	47.64	344.48	-	(0.10)	3.44	1.74	7,303.4	47.86	349.56
Office Administered Drugs	Procedures	388.6	34.17	13.28	-	-	0.13	0.07	392.4	34.35	13.48
Physical Exams	Visits	473.2	12.32	5.83	-	-	0.06	0.03	478.1	12.38	5.92
Therapy	Visits	49.5	71.26	3.53	-	-	0.03	0.02	50.0	71.66	3.58
Vision	Visits	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	646.6	139.60	90.26	-	(0.03)	0.91	0.45	653.1	140.25	91.59
Subtotal Professional				\$ 2,866.12							\$ 2,908.45
Retail Pharmacy											
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00							\$ 0.00
Ancillary											
Transportation	Trips	76.7	\$ 91.19	\$ 6.99	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.14	77.0	\$ 93.01	\$ 7.16
DME/Prosthetics	Procedures	843.0	150.52	126.89	-	(0.05)	0.63	2.55	847.2	153.47	130.02
Subtotal Ancillary				\$ 133.88							\$ 137.18
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	12.1	367.00	4.44	-	-	0.02	0.10	12.2	375.23	4.56
HCBS	Procedures	0.6	63.50	0.04	-	-	-	-	0.6	63.50	0.04
Case Management	Procedures	0.9	34.72	0.03	-	-	-	-	0.9	34.72	0.03
Subtotal LTSS				\$ 4.51							\$ 4.63
Total Medical Costs				\$ 10,958.42							\$ 11,153.77

Appendix 3: SFY 2019 Base Data Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - MF<1											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 66,916	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	780.2	\$ 1,924.90	\$ 125.15	\$ 0.00	\$ (1.38)	\$ 0.00	\$ 0.00	780.2	\$ 1,903.68	\$ 123.77
Inpatient Well Newborn	Days	1,860.2	768.42	119.12	-	(1.31)	-	-	1,860.2	759.97	117.81
Inpatient MH/SA	Days	94.7	825.04	6.51	-	(0.07)	-	-	94.7	816.17	6.44
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	15.8	1,866.66	2.46	-	(0.03)	-	-	15.8	1,843.89	2.43
Subtotal Inpatient Hospital				\$ 253.24							\$ 250.45
Outpatient Hospital											
Outpatient Emergency Room	Visits	975.4	\$ 440.08	\$ 35.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	975.4	\$ 440.08	\$ 35.77
Outpatient Surgery	Visits	28.4	1,479.23	3.50	-	-	-	-	28.4	1,479.23	3.50
Outpatient Radiology	Procedures	201.7	143.39	2.41	-	-	-	-	201.7	143.39	2.41
Outpatient Pathology/Lab	Procedures	1,542.0	37.67	4.84	-	-	-	-	1,542.0	37.67	4.84
Outpatient Pharmacy	Procedures	302.0	7.55	0.19	-	-	-	-	302.0	7.55	0.19
Outpatient MH/SA	Visits	87.7	198.41	1.45	-	-	-	-	87.7	198.41	1.45
Other Outpatient	Procedures	1,004.9	128.13	10.73	-	-	-	-	1,004.9	128.13	10.73
Subtotal Outpatient Hospital				\$ 58.89							\$ 58.89
Professional											
Inpatient and Outpatient Surgery	Procedures	524.2	\$ 206.04	\$ 9.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	524.2	\$ 206.04	\$ 9.00
Anesthesia	Procedures	97.3	299.61	2.43	-	-	-	-	97.3	299.61	2.43
Inpatient Visits	Visits	1,871.1	132.05	20.59	-	-	-	-	1,871.1	132.05	20.59
MH/SA	Visits	32.1	67.28	0.18	-	-	-	-	32.1	67.28	0.18
Emergency Room	Visits	1,151.2	71.09	6.82	-	-	-	-	1,151.2	71.09	6.82
Office/Home Visits/Consults	Visits	6,280.6	63.59	33.28	-	-	-	-	6,280.6	63.59	33.28
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,292.1	12.91	1.39	-	-	-	-	1,292.1	12.91	1.39
Radiology	Procedures	947.3	16.97	1.34	-	-	-	-	947.3	16.97	1.34
Office Administered Drugs	Procedures	670.8	2.15	0.12	-	-	-	-	670.8	2.15	0.12
Physical Exams	Visits	9,160.1	79.51	60.69	-	-	-	-	9,160.1	79.51	60.69
Therapy	Visits	73.6	92.98	0.57	-	-	-	-	73.6	92.98	0.57
Vision	Visits	141.0	46.81	0.55	-	-	-	-	141.0	46.81	0.55
Other Professional	Procedures	3,669.7	68.08	20.82	-	-	-	-	3,669.7	68.08	20.82
Subtotal Professional				\$ 157.78							\$ 157.78
Retail Pharmacy											
Retail Pharmacy	Scripts	6,120.0	\$ 24.65	\$ 12.57	\$ 0.00	\$ (0.72)	\$ 0.00	\$ 0.00	6,120.0	\$ 23.24	\$ 11.85
Subtotal Retail Pharmacy				\$ 12.57							\$ 11.85
Ancillary											
Transportation	Trips	82.7	\$ 127.75	\$ 0.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	82.7	\$ 127.75	\$ 0.88
DME/Prosthetics	Procedures	395.0	193.22	6.36	-	-	-	-	395.0	193.22	6.36
Subtotal Ancillary				\$ 7.24							\$ 7.24
LTSS											
Hospice	Days	24.9	\$ 154.39	\$ 0.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	24.9	\$ 154.39	\$ 0.32
Nursing Home	Days	5.0	47.57	0.02	-	-	-	-	5.0	47.57	0.02
HCBS	Procedures	12.3	361.10	0.37	-	-	-	-	12.3	361.10	0.37
Case Management	Procedures	422.8	175.11	6.17	-	-	-	-	422.8	175.11	6.17
Subtotal LTSS				\$ 6.88							\$ 6.88
Total Medical Costs				\$ 496.60							\$ 493.09

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - MF 1-5											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 346,718	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	50.7	\$ 2,939.88	\$ 12.41	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	50.7	\$ 2,906.71	\$ 12.27
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	50.3	314.70	1.32	-	(0.01)	-	-	50.3	312.32	1.31
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.6	2,832.04	0.13	-	-	-	-	0.6	2,832.04	0.13
Subtotal Inpatient Hospital				\$ 13.86							\$ 13.71
Outpatient Hospital											
Outpatient Emergency Room	Visits	563.0	\$ 436.28	\$ 20.47	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	563.0	\$ 436.28	\$ 20.47
Outpatient Surgery	Visits	50.1	1,563.81	6.53	-	-	-	-	50.1	1,563.81	6.53
Outpatient Radiology	Procedures	72.3	147.75	0.89	-	-	-	-	72.3	147.75	0.89
Outpatient Pathology/Lab	Procedures	1,046.7	38.86	3.39	-	-	-	-	1,046.7	38.86	3.39
Outpatient Pharmacy	Procedures	52.3	514.19	2.24	-	-	-	-	52.3	514.19	2.24
Outpatient MH/SA	Visits	115.6	287.46	2.77	-	-	-	-	115.6	287.46	2.77
Other Outpatient	Procedures	506.9	117.89	4.98	-	-	-	-	506.9	117.89	4.98
Subtotal Outpatient Hospital				\$ 41.27							\$ 41.27
Professional											
Inpatient and Outpatient Surgery	Procedures	143.5	\$ 156.35	\$ 1.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	143.5	\$ 156.35	\$ 1.87
Anesthesia	Procedures	98.6	135.05	1.11	-	-	-	-	98.6	135.05	1.11
Inpatient Visits	Visits	115.7	224.05	2.16	-	-	-	-	115.7	224.05	2.16
MH/SA	Visits	677.8	108.52	6.13	-	-	-	-	677.8	108.52	6.13
Emergency Room	Visits	538.2	67.11	3.01	-	-	-	-	538.2	67.11	3.01
Office/Home Visits/Consults	Visits	3,106.8	62.96	16.30	-	-	-	-	3,106.8	62.96	16.30
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,503.5	13.25	1.66	-	-	-	-	1,503.5	13.25	1.66
Radiology	Procedures	281.5	16.62	0.39	-	-	-	-	281.5	16.62	0.39
Office Administered Drugs	Procedures	28.2	17.00	0.04	-	-	-	-	28.2	17.00	0.04
Physical Exams	Visits	1,681.6	71.36	10.00	-	-	-	-	1,681.6	71.36	10.00
Therapy	Visits	140.2	70.20	0.82	-	-	-	-	140.2	70.20	0.82
Vision	Visits	239.0	59.24	1.18	-	-	-	-	239.0	59.24	1.18
Other Professional	Procedures	2,790.4	81.06	18.85	0.11	-	-	-	2,806.7	81.06	18.96
Subtotal Professional				\$ 63.52							\$ 63.63
Retail Pharmacy											
Retail Pharmacy	Scripts	6,217.2	\$ 28.66	\$ 14.85	\$ 0.00	\$ (0.86)	\$ 0.00	\$ 0.00	6,217.2	\$ 27.00	\$ 13.99
Subtotal Retail Pharmacy				\$ 14.85							\$ 13.99
Ancillary											
Transportation	Trips	33.8	\$ 74.53	\$ 0.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	33.8	\$ 74.53	\$ 0.21
DME/Prosthetics	Procedures	149.7	109.00	1.36	-	-	-	-	149.7	109.00	1.36
Subtotal Ancillary				\$ 1.57							\$ 1.57
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.9	125.16	0.03	-	-	-	-	2.9	125.16	0.03
HCBS	Procedures	32.8	314.17	0.86	-	-	-	-	32.8	314.17	0.86
Case Management	Procedures	736.7	77.53	4.76	-	-	-	-	736.7	77.53	4.76
Subtotal LTSS				\$ 5.65							\$ 5.65
Total Medical Costs				\$ 140.72							\$ 139.82

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - MF 6-14											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 582,254	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	26.3	\$ 2,607.06	\$ 5.71	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.00	26.3	\$ 2,579.66	\$ 5.65
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	122.3	1,038.27	10.58	-	(0.12)	-	-	122.3	1,026.50	10.46
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.8	2,894.96	0.20	-	-	-	-	0.8	2,894.96	0.20
Subtotal Inpatient Hospital				\$ 16.49							\$ 16.31
Outpatient Hospital											
Outpatient Emergency Room	Visits	299.6	\$ 480.72	\$ 12.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	299.6	\$ 480.72	\$ 12.00
Outpatient Surgery	Visits	25.6	1,684.36	3.59	-	-	-	-	25.6	1,684.36	3.59
Outpatient Radiology	Procedures	96.5	177.76	1.43	-	-	-	-	96.5	177.76	1.43
Outpatient Pathology/Lab	Procedures	1,005.1	39.04	3.27	-	-	-	-	1,005.1	39.04	3.27
Outpatient Pharmacy	Procedures	45.4	634.31	2.40	-	-	-	-	45.4	634.31	2.40
Outpatient MH/SA	Visits	67.9	590.05	3.34	-	-	-	-	67.9	590.05	3.34
Other Outpatient	Procedures	315.1	125.66	3.30	-	-	-	-	315.1	125.66	3.30
Subtotal Outpatient Hospital				\$ 29.33							\$ 29.33
Professional											
Inpatient and Outpatient Surgery	Procedures	142.5	\$ 154.08	\$ 1.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	142.5	\$ 154.08	\$ 1.83
Anesthesia	Procedures	55.3	138.87	0.64	-	-	-	-	55.3	138.87	0.64
Inpatient Visits	Visits	83.5	119.35	0.83	-	-	-	-	83.5	119.35	0.83
MH/SA	Visits	1,901.7	99.20	15.72	-	-	-	-	1,901.7	99.20	15.72
Emergency Room	Visits	309.1	71.43	1.84	-	-	-	-	309.1	71.43	1.84
Office/Home Visits/Consults	Visits	2,674.8	65.86	14.68	-	-	-	-	2,674.8	65.86	14.68
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,285.2	14.19	1.52	-	-	-	-	1,285.2	14.19	1.52
Radiology	Procedures	414.5	25.77	0.89	-	-	-	-	414.5	25.77	0.89
Office Administered Drugs	Procedures	23.5	556.67	1.09	-	-	-	-	23.5	556.67	1.09
Physical Exams	Visits	1,132.5	62.94	5.94	-	-	-	-	1,132.5	62.94	5.94
Therapy	Visits	153.6	56.24	0.72	-	-	-	-	153.6	56.24	0.72
Vision	Visits	510.9	87.61	3.73	-	-	-	-	510.9	87.61	3.73
Other Professional	Procedures	1,999.4	38.11	6.35	0.04	-	-	-	2,012.0	38.11	6.39
Subtotal Professional				\$ 55.78							\$ 55.82
Retail Pharmacy											
Retail Pharmacy	Scripts	4,388.0	\$ 63.91	\$ 23.37	\$ 0.00	\$ (1.35)	\$ 0.00	\$ 0.00	4,388.0	\$ 60.22	\$ 22.02
Subtotal Retail Pharmacy				\$ 23.37							\$ 22.02
Ancillary											
Transportation	Trips	37.0	\$ 87.67	\$ 0.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	37.0	\$ 87.67	\$ 0.27
DME/Prosthetics	Procedures	177.8	112.04	1.66	-	-	-	-	177.8	112.04	1.66
Subtotal Ancillary				\$ 1.93							\$ 1.93
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.5	69.26	0.02	-	-	-	-	3.5	69.26	0.02
HCBS	Procedures	327.4	100.06	2.73	-	-	-	-	327.4	100.06	2.73
Case Management	Procedures	292.1	25.06	0.61	-	-	-	-	292.1	25.06	0.61
Subtotal LTSS				\$ 3.36							\$ 3.36
Total Medical Costs				\$ 130.26							\$ 128.77

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - M 15-44											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 208,927	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	76.8	\$ 2,396.13	\$ 15.33	\$ 0.00	\$ (0.17)	\$ 0.00	\$ 0.00	76.8	\$ 2,369.56	\$ 15.16
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	220.8	807.53	14.86	-	(0.16)	-	-	220.8	798.83	14.70
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.7	2,232.79	0.88	-	(0.01)	-	-	4.7	2,207.42	0.87
Subtotal Inpatient Hospital				\$ 31.07							\$ 30.73
Outpatient Hospital											
Outpatient Emergency Room	Visits	395.8	\$ 531.43	\$ 17.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	395.8	\$ 531.43	\$ 17.53
Outpatient Surgery	Visits	53.5	1,631.79	7.28	-	-	-	-	53.5	1,631.79	7.28
Outpatient Radiology	Procedures	116.1	240.82	2.33	-	-	-	-	116.1	240.82	2.33
Outpatient Pathology/Lab	Procedures	1,774.7	37.80	5.59	-	-	-	-	1,774.7	37.80	5.59
Outpatient Pharmacy	Procedures	72.1	1,174.47	7.06	-	-	-	-	72.1	1,174.47	7.06
Outpatient MH/SA	Visits	75.0	377.51	2.36	-	-	-	-	75.0	377.51	2.36
Other Outpatient	Procedures	313.8	150.68	3.94	-	-	-	-	313.8	150.68	3.94
Subtotal Outpatient Hospital				\$ 46.09							\$ 46.09
Professional											
Inpatient and Outpatient Surgery	Procedures	263.0	\$ 207.57	\$ 4.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	263.0	\$ 207.57	\$ 4.55
Anesthesia	Procedures	88.1	156.69	1.15	-	-	-	-	88.1	156.69	1.15
Inpatient Visits	Visits	188.0	102.15	1.60	-	-	-	-	188.0	102.15	1.60
MH/SA	Visits	2,678.0	76.71	17.12	-	-	-	-	2,678.0	76.71	17.12
Emergency Room	Visits	429.9	79.27	2.84	-	-	-	-	429.9	79.27	2.84
Office/Home Visits/Consults	Visits	2,693.4	65.85	14.78	-	-	-	-	2,693.4	65.85	14.78
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,916.6	24.36	3.89	-	-	-	-	1,916.6	24.36	3.89
Radiology	Procedures	801.2	42.08	2.81	-	-	-	-	801.2	42.08	2.81
Office Administered Drugs	Procedures	106.0	207.12	1.83	-	-	-	-	106.0	207.12	1.83
Physical Exams	Visits	734.1	60.48	3.70	-	-	-	-	734.1	60.48	3.70
Therapy	Visits	456.9	58.57	2.23	-	-	-	-	456.9	58.57	2.23
Vision	Visits	326.3	85.31	2.32	-	-	-	-	326.3	85.31	2.32
Other Professional	Procedures	1,888.5	30.56	4.81	0.02	-	-	-	1,896.4	30.56	4.83
Subtotal Professional				\$ 63.63							\$ 63.65
Retail Pharmacy											
Retail Pharmacy	Scripts	6,731.0	\$ 72.65	\$ 40.75	\$ 0.00	\$ (2.35)	\$ 0.00	\$ 0.00	6,731.0	\$ 68.46	\$ 38.40
Subtotal Retail Pharmacy				\$ 40.75							\$ 38.40
Ancillary											
Transportation	Trips	84.9	\$ 80.54	\$ 0.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	84.9	\$ 80.54	\$ 0.57
DME/Prosthetics	Procedures	365.3	91.65	2.79	-	-	-	-	365.3	91.65	2.79
Subtotal Ancillary				\$ 3.36							\$ 3.36
LTSS											
Hospice	Days	1.6	\$ 153.87	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.6	\$ 153.87	\$ 0.02
Nursing Home	Days	21.6	205.55	0.37	-	-	-	-	21.6	205.55	0.37
HCBS	Procedures	338.4	93.25	2.63	-	-	-	-	338.4	93.25	2.63
Case Management	Procedures	180.9	36.49	0.55	-	-	-	-	180.9	36.49	0.55
Subtotal LTSS				\$ 3.57							\$ 3.57
Total Medical Costs				\$ 188.47							\$ 185.80

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - F 15-44											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 506,750	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	126.7	\$ 2,370.69	\$ 25.03	\$ 0.00	\$ (0.28)	\$ 0.00	\$ 0.00	126.7	\$ 2,344.17	\$ 24.75
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	438.4	554.79	20.27	-	(0.22)	-	-	438.4	548.77	20.05
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.6	2,578.66	0.56	-	(0.01)	-	-	2.6	2,532.61	0.55
Subtotal Inpatient Hospital				\$ 45.86							\$ 45.35
Outpatient Hospital											
Outpatient Emergency Room	Visits	598.8	\$ 562.70	\$ 28.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	598.8	\$ 562.70	\$ 28.08
Outpatient Surgery	Visits	96.6	1,928.05	15.52	-	-	-	-	96.6	1,928.05	15.52
Outpatient Radiology	Procedures	282.8	233.38	5.50	-	-	-	-	282.8	233.38	5.50
Outpatient Pathology/Lab	Procedures	4,890.8	44.70	18.22	-	-	-	-	4,890.8	44.70	18.22
Outpatient Pharmacy	Procedures	222.7	559.35	10.38	-	-	-	-	222.7	559.35	10.38
Outpatient MH/SA	Visits	134.7	475.56	5.34	-	-	-	-	134.7	475.56	5.34
Other Outpatient	Procedures	575.5	139.71	6.70	-	-	-	-	575.5	139.71	6.70
Subtotal Outpatient Hospital				\$ 89.74							\$ 89.74
Professional											
Inpatient and Outpatient Surgery	Procedures	449.1	\$ 208.94	\$ 7.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	449.1	\$ 208.94	\$ 7.82
Anesthesia	Procedures	167.8	136.58	1.91	-	-	-	-	167.8	136.58	1.91
Inpatient Visits	Visits	304.4	110.79	2.81	-	-	-	-	304.4	110.79	2.81
MH/SA	Visits	3,370.9	83.26	23.39	-	-	-	-	3,370.9	83.26	23.39
Emergency Room	Visits	665.2	80.82	4.48	-	-	-	-	665.2	80.82	4.48
Office/Home Visits/Consults	Visits	4,809.1	63.73	25.54	-	-	-	-	4,809.1	63.73	25.54
Maternity	Procedures	5.4	44.69	0.02	-	-	-	-	5.4	44.69	0.02
Pathology/Lab	Procedures	4,319.6	22.47	8.09	-	-	-	-	4,319.6	22.47	8.09
Radiology	Procedures	1,485.9	45.31	5.61	-	-	-	-	1,485.9	45.31	5.61
Office Administered Drugs	Procedures	519.0	112.13	4.85	-	-	-	-	519.0	112.13	4.85
Physical Exams	Visits	929.1	55.54	4.30	-	-	-	-	929.1	55.54	4.30
Therapy	Visits	682.1	56.29	3.20	-	-	-	-	682.1	56.29	3.20
Vision	Visits	369.5	87.05	2.68	-	-	-	-	369.5	87.05	2.68
Other Professional	Procedures	1,604.9	69.91	9.35	-	-	-	-	1,604.9	69.91	9.35
Subtotal Professional				\$ 104.05							\$ 104.05
Retail Pharmacy											
Retail Pharmacy	Scripts	15,094.0	\$ 49.09	\$ 61.75	\$ 0.00	\$ (3.56)	\$ 0.00	\$ 0.00	15,094.0	\$ 46.26	\$ 58.19
Subtotal Retail Pharmacy				\$ 61.75							\$ 58.19
Ancillary											
Transportation	Trips	129.6	\$ 78.71	\$ 0.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	129.6	\$ 78.71	\$ 0.85
DME/Prosthetics	Procedures	287.5	118.13	2.83	-	-	-	-	287.5	118.13	2.83
Subtotal Ancillary				\$ 3.68							\$ 3.68
LTSS											
Hospice	Days	4.9	\$ 418.27	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4.9	\$ 418.27	\$ 0.17
Nursing Home	Days	25.8	200.12	0.43	-	-	-	-	25.8	200.12	0.43
HCBS	Procedures	104.5	88.42	0.77	-	-	-	-	104.5	88.42	0.77
Case Management	Procedures	87.8	79.27	0.58	-	-	-	-	87.8	79.27	0.58
Subtotal LTSS				\$ 1.95							\$ 1.95
Total Medical Costs				\$ 307.03							\$ 302.96

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - MF 45+											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 106,719	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	330.3	\$ 2,094.21	\$ 57.65	\$ 0.00	\$ (0.63)	\$ 0.00	\$ 0.00	330.3	\$ 2,071.32	\$ 57.02
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	265.8	619.00	13.71	-	(0.15)	-	-	265.8	612.22	13.56
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.5	2,028.92	0.76	-	(0.01)	-	-	4.5	2,002.22	0.75
Subtotal Inpatient Hospital				\$ 72.12							\$ 71.33
Outpatient Hospital											
Outpatient Emergency Room	Visits	436.7	\$ 640.74	\$ 23.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	436.7	\$ 640.74	\$ 23.32
Outpatient Surgery	Visits	222.0	1,605.54	29.70	-	-	-	-	222.0	1,605.54	29.70
Outpatient Radiology	Procedures	580.4	256.80	12.42	-	-	-	-	580.4	256.80	12.42
Outpatient Pathology/Lab	Procedures	5,876.2	32.49	15.91	-	-	-	-	5,876.2	32.49	15.91
Outpatient Pharmacy	Procedures	504.5	459.03	19.30	-	-	-	-	504.5	459.03	19.30
Outpatient MH/SA	Visits	71.4	497.31	2.96	-	-	-	-	71.4	497.31	2.96
Other Outpatient	Procedures	1,072.3	164.85	14.73	-	-	-	-	1,072.3	164.85	14.73
Subtotal Outpatient Hospital				\$ 118.34							\$ 118.34
Professional											
Inpatient and Outpatient Surgery	Procedures	951.7	\$ 219.15	\$ 17.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	951.7	\$ 219.15	\$ 17.38
Anesthesia	Procedures	290.4	136.78	3.31	-	-	-	-	290.4	136.78	3.31
Inpatient Visits	Visits	470.0	90.64	3.55	-	-	-	-	470.0	90.64	3.55
MH/SA	Visits	2,787.2	82.58	19.18	-	-	-	-	2,787.2	82.58	19.18
Emergency Room	Visits	539.5	88.52	3.98	-	-	-	-	539.5	88.52	3.98
Office/Home Visits/Consults	Visits	6,328.8	65.70	34.65	-	-	-	-	6,328.8	65.70	34.65
Maternity	Procedures	0.1	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,251.8	21.30	9.32	-	-	-	-	5,251.8	21.30	9.32
Radiology	Procedures	2,455.4	53.95	11.04	-	-	-	-	2,455.4	53.95	11.04
Office Administered Drugs	Procedures	412.4	216.48	7.44	-	-	-	-	412.4	216.48	7.44
Physical Exams	Visits	944.0	59.24	4.66	-	-	-	-	944.0	59.24	4.66
Therapy	Visits	1,536.2	57.10	7.31	-	-	-	-	1,536.2	57.10	7.31
Vision	Visits	410.2	83.67	2.86	-	-	-	-	410.2	83.67	2.86
Other Professional	Procedures	2,526.2	50.30	10.59	-	-	-	-	2,526.2	50.30	10.59
Subtotal Professional				\$ 135.27							\$ 135.27
Retail Pharmacy											
Retail Pharmacy	Scripts	26,736.7	\$ 57.55	\$ 128.23	\$ 0.00	\$ (7.39)	\$ 0.00	\$ 0.00	26,736.7	\$ 54.24	\$ 120.84
Subtotal Retail Pharmacy				\$ 128.23							\$ 120.84
Ancillary											
Transportation	Trips	115.4	\$ 81.07	\$ 0.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	115.4	\$ 81.07	\$ 0.78
DME/Prosthetics	Procedures	820.6	100.75	6.89	-	-	-	-	820.6	100.75	6.89
Subtotal Ancillary				\$ 7.67							\$ 7.67
LTSS											
Hospice	Days	19.0	\$ 176.96	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	19.0	\$ 176.96	\$ 0.28
Nursing Home	Days	95.1	237.17	1.88	-	-	-	-	95.1	237.17	1.88
HCBS	Procedures	63.8	80.92	0.43	-	-	-	-	63.8	80.92	0.43
Case Management	Procedures	50.6	260.71	1.10	-	-	-	-	50.6	260.71	1.10
Subtotal LTSS				\$ 3.69							\$ 3.69
Total Medical Costs				\$ 465.32							\$ 457.14

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RC - EFP											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 14,698	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	5.0	166.52	0.07	-	-	-	-	5.0	166.52	0.07
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.07							\$ 0.07
Outpatient Hospital											
Outpatient Emergency Room	Visits	10.6	\$ 635.70	\$ 0.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	10.6	\$ 635.70	\$ 0.56
Outpatient Surgery	Visits	3.9	1,887.31	0.62	-	-	-	-	3.9	1,887.31	0.62
Outpatient Radiology	Procedures	7.9	183.20	0.12	-	-	-	-	7.9	183.20	0.12
Outpatient Pathology/Lab	Procedures	337.5	49.78	1.40	-	-	-	-	337.5	49.78	1.40
Outpatient Pharmacy	Procedures	34.1	140.78	0.40	-	-	-	-	34.1	140.78	0.40
Outpatient MH/SA	Visits	0.8	1,177.52	0.08	-	-	-	-	0.8	1,177.52	0.08
Other Outpatient	Procedures	55.2	213.02	0.98	-	-	-	-	55.2	213.02	0.98
Subtotal Outpatient Hospital				\$ 4.16							\$ 4.16
Professional											
Inpatient and Outpatient Surgery	Procedures	10.8	\$ 99.98	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	10.8	\$ 99.98	\$ 0.09
Anesthesia	Procedures	4.2	143.99	0.05	-	-	-	-	4.2	143.99	0.05
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	8.3	101.12	0.07	-	-	-	-	8.3	101.12	0.07
Emergency Room	Visits	12.4	77.41	0.08	-	-	-	-	12.4	77.41	0.08
Office/Home Visits/Consults	Visits	182.1	52.71	0.80	-	-	-	-	182.1	52.71	0.80
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	231.7	15.02	0.29	-	-	-	-	231.7	15.02	0.29
Radiology	Procedures	21.6	44.36	0.08	-	-	-	-	21.6	44.36	0.08
Office Administered Drugs	Procedures	126.2	45.64	0.48	-	-	-	-	126.2	45.64	0.48
Physical Exams	Visits	141.2	45.90	0.54	-	-	-	-	141.2	45.90	0.54
Therapy	Visits	0.8	-	-	-	-	-	-	-	-	-
Vision	Visits	5.0	96.09	0.04	-	-	-	-	5.0	96.09	0.04
Other Professional	Procedures	77.4	246.52	1.59	-	-	-	-	77.4	246.52	1.59
Subtotal Professional				\$ 4.11							\$ 4.11
Retail Pharmacy											
Retail Pharmacy	Scripts	902.5	\$ 36.17	\$ 2.72	\$ 0.00	\$ (0.16)	\$ 0.00	\$ 0.00	902.5	\$ 34.04	\$ 2.56
Subtotal Retail Pharmacy				\$ 2.72							\$ 2.56
Ancillary											
Transportation	Trips	0.8	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	Procedures	0.8	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.00							\$ 0.00
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.5	194.13	0.04	-	-	-	-	2.5	194.13	0.04
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.04							\$ 0.04
Total Medical Costs				\$ 11.10							\$ 10.94

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: CSHCN - Adoption Subsidy											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 23,972	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	170.2	\$ 2,320.40	\$ 32.91	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.00	170.2	\$ 2,318.99	\$ 32.89
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,156.7	1,226.73	118.25	-	(0.07)	-	-	1,156.7	1,226.00	118.18
Inpatient Maternity Delivery	Days	6.5	1,700.01	0.92	-	-	-	-	6.5	1,700.01	0.92
Other Inpatient	Days	4.3	1,679.21	0.60	-	-	-	-	4.3	1,679.21	0.60
Subtotal Inpatient Hospital				\$ 152.68							\$ 152.59
Outpatient Hospital											
Outpatient Emergency Room	Visits	386.3	\$ 565.69	\$ 18.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	386.3	\$ 565.69	\$ 18.21
Outpatient Surgery	Visits	58.4	1,483.31	7.22	-	-	-	-	58.4	1,483.31	7.22
Outpatient Radiology	Procedures	146.8	200.27	2.45	-	-	-	-	146.8	200.27	2.45
Outpatient Pathology/Lab	Procedures	1,963.0	41.08	6.72	-	-	-	-	1,963.0	41.08	6.72
Outpatient Pharmacy	Procedures	66.2	749.95	4.14	-	-	-	-	66.2	749.95	4.14
Outpatient MH/SA	Visits	353.0	665.20	19.57	-	-	-	-	353.0	665.20	19.57
Other Outpatient	Procedures	835.8	117.01	8.15	-	-	-	-	835.8	117.01	8.15
Subtotal Outpatient Hospital				\$ 66.46							\$ 66.46
Professional											
Inpatient and Outpatient Surgery	Procedures	239.8	\$ 230.15	\$ 4.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	239.8	\$ 230.15	\$ 4.60
Anesthesia	Procedures	125.5	143.47	1.50	-	-	-	-	125.5	143.47	1.50
Inpatient Visits	Visits	396.3	138.38	4.57	-	-	-	-	396.3	138.38	4.57
MH/SA	Visits	6,813.8	105.12	59.69	-	-	-	-	6,813.8	105.12	59.69
Emergency Room	Visits	409.6	87.30	2.98	-	-	-	-	409.6	87.30	2.98
Office/Home Visits/Consults	Visits	3,756.9	75.89	23.76	-	-	-	-	3,756.9	75.89	23.76
Maternity	Procedures	4.3	366.47	0.13	-	-	-	-	4.3	366.47	0.13
Pathology/Lab	Procedures	1,494.0	17.11	2.13	-	-	-	-	1,494.0	17.11	2.13
Radiology	Procedures	530.1	28.98	1.28	-	-	-	-	530.1	28.98	1.28
Office Administered Drugs	Procedures	148.2	122.25	1.51	-	-	-	-	148.2	122.25	1.51
Physical Exams	Visits	997.7	72.41	6.02	-	-	-	-	997.7	72.41	6.02
Therapy	Visits	260.2	59.02	1.28	-	-	-	-	260.2	59.02	1.28
Vision	Visits	524.5	86.94	3.80	-	-	-	-	524.5	86.94	3.80
Other Professional	Procedures	16,705.1	50.14	69.80	0.03	-	-	-	16,712.2	50.14	69.83
Subtotal Professional				\$ 183.05							\$ 183.08
Retail Pharmacy											
Retail Pharmacy	Scripts	12,457.7	\$ 58.83	\$ 61.07	\$ 0.00	\$ (2.74)	\$ 0.00	\$ 0.00	12,457.7	\$ 56.19	\$ 58.33
Subtotal Retail Pharmacy				\$ 61.07							\$ 58.33
Ancillary											
Transportation	Trips	152.0	\$ 97.10	\$ 1.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	152.0	\$ 97.10	\$ 1.23
DME/Prosthetics	Procedures	1,240.1	143.70	14.85	-	-	-	-	1,240.1	143.70	14.85
Subtotal Ancillary				\$ 16.08							\$ 16.08
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	9.6	75.29	0.06	-	-	-	-	9.6	75.29	0.06
HCBS	Procedures	4,419.2	113.07	41.64	-	-	-	-	4,419.2	113.07	41.64
Case Management	Procedures	3,726.3	22.38	6.95	-	-	-	-	3,726.3	22.38	6.95
Subtotal LTSS				\$ 48.65							\$ 48.65
Total Medical Costs				\$ 527.99							\$ 525.19

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: CSHCN - Katie Beckett					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 1,200		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	644.4	\$ 4,263.87	\$ 228.96	\$ 0.00	\$ (0.14)	\$ 0.00	\$ 0.00	644.4	\$ 4,261.26	\$ 228.82
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,573.1	1,652.32	491.99	-	(0.30)	-	-	3,573.1	1,651.31	491.69
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 720.95					\$ 720.51		
Outpatient Hospital											
Outpatient Emergency Room	Visits	320.6	\$ 1,060.22	\$ 28.33	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	320.6	\$ 1,060.22	\$ 28.33
Outpatient Surgery	Visits	174.5	1,472.11	21.41	-	-	-	-	174.5	1,472.11	21.41
Outpatient Radiology	Procedures	345.0	269.58	7.75	-	-	-	-	345.0	269.58	7.75
Outpatient Pathology/Lab	Procedures	2,193.6	77.68	14.20	-	-	-	-	2,193.6	77.68	14.20
Outpatient Pharmacy	Procedures	107.2	14.55	0.13	-	-	-	-	107.2	14.55	0.13
Outpatient MH/SA	Visits	752.3	768.08	48.15	-	-	-	-	752.3	768.08	48.15
Other Outpatient	Procedures	5,479.6	131.72	60.15	-	-	-	-	5,479.6	131.72	60.15
Subtotal Outpatient Hospital				\$ 180.12					\$ 180.12		
Professional											
Inpatient and Outpatient Surgery	Procedures	482.8	\$ 247.28	\$ 9.95	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	482.8	\$ 247.28	\$ 9.95
Anesthesia	Procedures	304.2	180.67	4.58	-	-	-	-	304.2	180.67	4.58
Inpatient Visits	Visits	1,208.2	204.21	20.56	-	-	-	-	1,208.2	204.21	20.56
MH/SA	Visits	19,552.6	114.77	187.01	-	-	-	-	19,552.6	114.77	187.01
Emergency Room	Visits	541.5	105.49	4.76	-	-	-	-	541.5	105.49	4.76
Office/Home Visits/Consults	Visits	4,254.1	86.20	30.56	-	-	-	-	4,254.1	86.20	30.56
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,030.4	13.63	1.17	-	-	-	-	1,030.4	13.63	1.17
Radiology	Procedures	962.2	23.94	1.92	-	-	-	-	962.2	23.94	1.92
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,122.9	70.00	6.55	-	-	-	-	1,122.9	70.00	6.55
Therapy	Visits	3,075.7	58.84	15.08	-	-	-	-	3,075.7	58.84	15.08
Vision	Visits	413.1	65.95	2.27	-	-	-	-	413.1	65.95	2.27
Other Professional	Procedures	158,089.8	37.56	494.79	2.23	-	-	-	158,802.3	37.56	497.02
Subtotal Professional				\$ 779.20					\$ 781.43		
Retail Pharmacy											
Retail Pharmacy	Scripts	21,691.1	\$ 194.22	\$ 351.07	\$ 0.00	\$ (15.73)	\$ 0.00	\$ 0.00	21,691.1	\$ 185.52	\$ 335.34
Subtotal Retail Pharmacy				\$ 351.07					\$ 335.34		
Ancillary											
Transportation	Trips	209.0	\$ 101.63	\$ 1.77	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	209.0	\$ 101.63	\$ 1.77
DME/Prosthetics	Procedures	7,355.3	172.73	105.87	-	-	-	-	7,355.3	172.73	105.87
Subtotal Ancillary				\$ 107.64					\$ 107.64		
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	55,836.5	97.65	454.35	-	-	-	-	55,836.5	97.65	454.35
Case Management	Procedures	35,344.9	23.28	68.56	-	-	-	-	35,344.9	23.28	68.56
Subtotal LTSS				\$ 522.91					\$ 522.91		
Total Medical Costs				\$ 2,661.89					\$ 2,647.95		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: CSHCN - SSI < 15											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 35,182	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	771.2	\$ 3,331.67	\$ 214.11	\$ 0.00	\$ (0.13)	\$ 0.00	\$ 0.00	771.2	\$ 3,329.64	\$ 213.98
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,854.0	1,027.65	158.77	-	(0.10)	-	-	1,854.0	1,027.00	158.67
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	49.7	2,671.12	11.07	-	(0.01)	-	-	49.7	2,668.71	11.06
Subtotal Inpatient Hospital				\$ 383.95							\$ 383.71
Outpatient Hospital											
Outpatient Emergency Room	Visits	736.4	\$ 594.61	\$ 36.49	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	736.4	\$ 594.61	\$ 36.49
Outpatient Surgery	Visits	123.6	2,007.75	20.68	-	-	-	-	123.6	2,007.75	20.68
Outpatient Radiology	Procedures	342.0	276.82	7.89	-	-	-	-	342.0	276.82	7.89
Outpatient Pathology/Lab	Procedures	3,629.1	45.56	13.78	-	-	-	-	3,629.1	45.56	13.78
Outpatient Pharmacy	Procedures	625.1	285.44	14.87	-	-	-	-	625.1	285.44	14.87
Outpatient MH/SA	Visits	495.6	540.67	22.33	-	-	-	-	495.6	540.67	22.33
Other Outpatient	Procedures	3,188.0	135.17	35.91	-	-	-	-	3,188.0	135.17	35.91
Subtotal Outpatient Hospital				\$ 151.95							\$ 151.95
Professional											
Inpatient and Outpatient Surgery	Procedures	388.9	\$ 363.49	\$ 11.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	388.9	\$ 363.49	\$ 11.78
Anesthesia	Procedures	291.8	204.00	4.96	-	-	-	-	291.8	204.00	4.96
Inpatient Visits	Visits	1,163.3	218.99	21.23	-	-	-	-	1,163.3	218.99	21.23
MH/SA	Visits	11,382.6	104.90	99.50	-	-	-	-	11,382.6	104.90	99.50
Emergency Room	Visits	845.1	84.20	5.93	-	-	-	-	845.1	84.20	5.93
Office/Home Visits/Consults	Visits	5,009.5	89.40	37.32	-	-	-	-	5,009.5	89.40	37.32
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,237.5	17.84	1.84	-	-	-	-	1,237.5	17.84	1.84
Radiology	Procedures	1,120.7	30.20	2.82	-	-	-	-	1,120.7	30.20	2.82
Office Administered Drugs	Procedures	530.0	176.16	7.78	-	-	-	-	530.0	176.16	7.78
Physical Exams	Visits	1,064.7	85.21	7.56	-	-	-	-	1,064.7	85.21	7.56
Therapy	Visits	496.9	68.83	2.85	-	-	-	-	496.9	68.83	2.85
Vision	Visits	555.3	99.19	4.59	-	-	-	-	555.3	99.19	4.59
Other Professional	Procedures	41,204.0	71.37	245.07	0.64	-	-	-	41,311.6	71.37	245.71
Subtotal Professional				\$ 453.23							\$ 453.87
Retail Pharmacy											
Retail Pharmacy	Scripts	17,791.0	\$ 118.11	\$ 175.11	\$ 0.00	\$ (7.84)	\$ 0.00	\$ 0.00	17,791.0	\$ 112.82	\$ 167.27
Subtotal Retail Pharmacy				\$ 175.11							\$ 167.27
Ancillary											
Transportation	Trips	256.7	\$ 78.05	\$ 1.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	256.7	\$ 78.05	\$ 1.67
DME/Prosthetics	Procedures	4,079.8	183.95	62.54	-	-	-	-	4,079.8	183.95	62.54
Subtotal Ancillary				\$ 64.21							\$ 64.21
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	5.3	68.31	0.03	-	-	-	-	5.3	68.31	0.03
HCBS	Procedures	9,663.4	118.86	95.72	-	-	-	-	9,663.4	118.86	95.72
Case Management	Procedures	10,121.7	27.87	23.51	0.03	-	-	-	10,134.7	27.87	23.54
Subtotal LTSS				\$ 119.26							\$ 119.29
Total Medical Costs				\$ 1,347.71							\$ 1,340.30

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: CSHCN - SSI >= 15											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 22,287	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	869.3	\$ 2,125.40	\$ 153.97	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.00	869.3	\$ 2,124.16	\$ 153.88
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,290.9	1,196.90	228.50	-	(0.14)	-	-	2,290.9	1,196.17	228.36
Inpatient Maternity Delivery	Days	52.7	1,251.24	5.50	-	-	-	-	52.7	1,251.24	5.50
Other Inpatient	Days	81.5	1,577.38	10.71	-	(0.01)	-	-	81.5	1,575.91	10.70
Subtotal Inpatient Hospital				\$ 398.68							\$ 398.44
Outpatient Hospital											
Outpatient Emergency Room	Visits	937.6	\$ 523.34	\$ 40.89	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	937.6	\$ 523.34	\$ 40.89
Outpatient Surgery	Visits	83.0	1,775.59	12.28	-	-	-	-	83.0	1,775.59	12.28
Outpatient Radiology	Procedures	265.5	206.53	4.57	-	-	-	-	265.5	206.53	4.57
Outpatient Pathology/Lab	Procedures	4,205.0	40.58	14.22	-	-	-	-	4,205.0	40.58	14.22
Outpatient Pharmacy	Procedures	344.0	344.61	9.88	-	-	-	-	344.0	344.61	9.88
Outpatient MH/SA	Visits	230.7	359.92	6.92	-	-	-	-	230.7	359.92	6.92
Other Outpatient	Procedures	1,200.3	138.97	13.90	-	-	-	-	1,200.3	138.97	13.90
Subtotal Outpatient Hospital				\$ 102.66							\$ 102.66
Professional											
Inpatient and Outpatient Surgery	Procedures	337.6	\$ 259.86	\$ 7.31	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	337.6	\$ 259.86	\$ 7.31
Anesthesia	Procedures	215.1	158.46	2.84	-	-	-	-	215.1	158.46	2.84
Inpatient Visits	Visits	1,825.8	129.54	19.71	-	-	-	-	1,825.8	129.54	19.71
MH/SA	Visits	6,698.0	103.59	57.82	-	-	-	-	6,698.0	103.59	57.82
Emergency Room	Visits	1,029.3	89.42	7.67	-	-	-	-	1,029.3	89.42	7.67
Office/Home Visits/Consults	Visits	4,253.3	81.17	28.77	-	-	-	-	4,253.3	81.17	28.77
Maternity	Procedures	58.9	405.13	1.99	-	-	-	-	58.9	405.13	1.99
Pathology/Lab	Procedures	2,140.4	24.44	4.36	-	-	-	-	2,140.4	24.44	4.36
Radiology	Procedures	1,312.5	32.73	3.58	-	-	-	-	1,312.5	32.73	3.58
Office Administered Drugs	Procedures	566.0	463.07	21.84	-	-	-	-	566.0	463.07	21.84
Physical Exams	Visits	760.2	78.61	4.98	-	-	-	-	760.2	78.61	4.98
Therapy	Visits	357.3	62.13	1.85	-	-	-	-	357.3	62.13	1.85
Vision	Visits	476.0	97.05	3.85	-	-	-	-	476.0	97.05	3.85
Other Professional	Procedures	35,324.8	33.06	97.31	0.17	-	-	-	35,386.5	33.06	97.48
Subtotal Professional				\$ 263.88							\$ 264.05
Retail Pharmacy											
Retail Pharmacy	Scripts	20,870.7	\$ 85.43	\$ 148.59	\$ 0.00	\$ (6.66)	\$ 0.00	\$ 0.00	20,870.7	\$ 81.61	\$ 141.93
Subtotal Retail Pharmacy				\$ 148.59							\$ 141.93
Ancillary											
Transportation	Trips	424.6	\$ 80.82	\$ 2.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	424.6	\$ 80.82	\$ 2.86
DME/Prosthetics	Procedures	2,111.2	168.76	29.69	-	-	-	-	2,111.2	168.76	29.69
Subtotal Ancillary				\$ 32.55							\$ 32.55
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	109.6	214.56	1.96	-	-	-	-	109.6	214.56	1.96
HCBS	Procedures	13,136.5	90.20	98.74	-	-	-	-	13,136.5	90.20	98.74
Case Management	Procedures	5,704.0	31.12	14.79	0.01	-	-	-	5,707.9	31.12	14.80
Subtotal LTSS				\$ 115.49							\$ 115.50
Total Medical Costs				\$ 1,061.85							\$ 1,055.13

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: CSHCN - Substitute Care											
SFY 2019 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Member Months: 32,249	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	351.9	\$ 1,690.97	\$ 49.59	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.00	351.9	\$ 1,689.94	\$ 49.56
Inpatient Well Newborn	Days	41.2	690.07	2.37	-	-	-	-	41.2	690.07	2.37
Inpatient MH/SA	Days	2,663.3	1,048.21	232.64	-	(0.14)	-	-	2,663.3	1,047.58	232.50
Inpatient Maternity Delivery	Days	44.0	1,380.00	5.06	-	-	-	-	44.0	1,380.00	5.06
Other Inpatient	Days	29.7	1,511.16	3.74	-	-	-	-	29.7	1,511.16	3.74
Subtotal Inpatient Hospital				\$ 293.40							\$ 293.23
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,014.5	\$ 440.74	\$ 37.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,014.5	\$ 440.74	\$ 37.26
Outpatient Surgery	Visits	61.1	1,633.01	8.31	-	-	-	-	61.1	1,633.01	8.31
Outpatient Radiology	Procedures	228.7	198.87	3.79	-	-	-	-	228.7	198.87	3.79
Outpatient Pathology/Lab	Procedures	3,027.0	43.69	11.02	-	-	-	-	3,027.0	43.69	11.02
Outpatient Pharmacy	Procedures	136.1	258.42	2.93	-	-	-	-	136.1	258.42	2.93
Outpatient MH/SA	Visits	524.2	335.82	14.67	-	-	-	-	524.2	335.82	14.67
Other Outpatient	Procedures	840.5	130.50	9.14	-	-	-	-	840.5	130.50	9.14
Subtotal Outpatient Hospital				\$ 87.12							\$ 87.12
Professional											
Inpatient and Outpatient Surgery	Procedures	271.6	\$ 195.29	\$ 4.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	271.6	\$ 195.29	\$ 4.42
Anesthesia	Procedures	139.8	191.48	2.23	-	-	-	-	139.8	191.48	2.23
Inpatient Visits	Visits	1,001.3	119.85	10.00	-	-	-	-	1,001.3	119.85	10.00
MH/SA	Visits	8,264.7	98.12	67.58	-	-	-	-	8,264.7	98.12	67.58
Emergency Room	Visits	995.1	81.76	6.78	-	-	-	-	995.1	81.76	6.78
Office/Home Visits/Consults	Visits	5,111.2	69.80	29.73	-	-	-	-	5,111.2	69.80	29.73
Maternity	Procedures	53.3	369.49	1.64	-	-	-	-	53.3	369.49	1.64
Pathology/Lab	Procedures	3,485.2	29.51	8.57	-	-	-	-	3,485.2	29.51	8.57
Radiology	Procedures	943.8	31.53	2.48	-	-	-	-	943.8	31.53	2.48
Office Administered Drugs	Procedures	204.5	22.30	0.38	-	-	-	-	204.5	22.30	0.38
Physical Exams	Visits	2,020.7	68.65	11.56	-	-	-	-	2,020.7	68.65	11.56
Therapy	Visits	234.9	84.80	1.66	-	-	-	-	234.9	84.80	1.66
Vision	Visits	426.8	96.99	3.45	-	-	-	-	426.8	96.99	3.45
Other Professional	Procedures	8,016.4	63.51	42.43	0.03	-	-	-	8,022.1	63.51	42.46
Subtotal Professional				\$ 192.91							\$ 192.94
Retail Pharmacy											
Retail Pharmacy	Scripts	11,094.6	\$ 46.74	\$ 43.21	\$ 0.00	\$ (1.94)	\$ 0.00	\$ 0.00	11,094.6	\$ 44.64	\$ 41.27
Subtotal Retail Pharmacy				\$ 43.21							\$ 41.27
Ancillary											
Transportation	Trips	331.6	\$ 79.24	\$ 2.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	331.6	\$ 79.24	\$ 2.19
DME/Prosthetics	Procedures	528.1	118.15	5.20	-	-	-	-	528.1	118.15	5.20
Subtotal Ancillary				\$ 7.39							\$ 7.39
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	1,021.2	91.18	7.76	-	-	-	-	1,021.2	91.18	7.76
Case Management	Procedures	2,070.5	66.54	11.48	-	-	-	-	2,070.5	66.54	11.48
Subtotal LTSS				\$ 19.24							\$ 19.24
Total Medical Costs				\$ 643.27							\$ 641.19

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
ME - F 19-24											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 86,726	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	93.8	\$ 2,419.75	\$ 18.92	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.00	93.8	\$ 2,404.40	\$ 18.80
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	383.2	590.56	18.86	-	(0.12)	-	-	383.2	586.80	18.74
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.4	2,176.35	0.44	-	-	-	-	2.4	2,176.35	0.44
Subtotal Inpatient Hospital				\$ 38.22							\$ 37.98
Outpatient Hospital											
Outpatient Emergency Room	Visits	613.9	\$ 551.59	\$ 28.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	613.9	\$ 551.59	\$ 28.22
Outpatient Surgery	Visits	54.4	1,440.78	6.53	-	-	-	-	54.4	1,440.78	6.53
Outpatient Radiology	Procedures	126.8	256.57	2.71	-	-	-	-	126.8	256.57	2.71
Outpatient Pathology/Lab	Procedures	4,386.6	45.68	16.70	-	-	-	-	4,386.6	45.68	16.70
Outpatient Pharmacy	Procedures	133.6	1,100.92	12.26	-	-	-	-	133.6	1,100.92	12.26
Outpatient MH/SA	Visits	146.0	501.21	6.10	-	-	-	-	146.0	501.21	6.10
Other Outpatient	Procedures	343.4	147.81	4.23	-	-	-	-	343.4	147.81	4.23
Subtotal Outpatient Hospital				\$ 76.75							\$ 76.75
Professional											
Inpatient and Outpatient Surgery	Procedures	249.5	\$ 188.07	\$ 3.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	249.5	\$ 188.07	\$ 3.91
Anesthesia	Procedures	76.8	142.23	0.91	-	-	-	-	76.8	142.23	0.91
Inpatient Visits	Visits	280.8	99.98	2.34	-	-	-	-	280.8	99.98	2.34
MH/SA	Visits	2,464.8	90.41	18.57	-	-	-	-	2,464.8	90.41	18.57
Emergency Room	Visits	639.0	78.12	4.16	-	-	-	-	639.0	78.12	4.16
Office/Home Visits/Consults	Visits	3,505.5	62.54	18.27	-	-	-	-	3,505.5	62.54	18.27
Maternity	Procedures	3.7	65.71	0.02	-	-	-	-	3.7	65.71	0.02
Pathology/Lab	Procedures	3,616.4	20.04	6.04	-	-	-	-	3,616.4	20.04	6.04
Radiology	Procedures	997.1	41.52	3.45	-	-	-	-	997.1	41.52	3.45
Office Administered Drugs	Procedures	414.9	153.88	5.32	-	-	-	-	414.9	153.88	5.32
Physical Exams	Visits	663.7	60.03	3.32	-	-	-	-	663.7	60.03	3.32
Therapy	Visits	453.8	55.00	2.08	-	-	-	-	453.8	55.00	2.08
Vision	Visits	351.3	89.84	2.63	-	-	-	-	351.3	89.84	2.63
Other Professional	Procedures	1,071.0	78.65	7.02	-	-	-	-	1,071.0	78.65	7.02
Subtotal Professional				\$ 78.04							\$ 78.04
Retail Pharmacy											
Retail Pharmacy	Scripts	8,877.6	\$ 55.72	\$ 41.22	\$ 0.00	\$ (2.52)	\$ 0.00	\$ 0.00	8,877.6	\$ 52.31	\$ 38.70
Subtotal Retail Pharmacy				\$ 41.22							\$ 38.70
Ancillary											
Transportation	Trips	129.8	\$ 79.52	\$ 0.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	129.8	\$ 79.52	\$ 0.86
DME/Prosthetics	Procedures	132.9	116.47	1.29	-	-	-	-	132.9	116.47	1.29
Subtotal Ancillary				\$ 2.15							\$ 2.15
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	5.3	90.87	0.04	-	-	-	-	5.3	90.87	0.04
HCBS	Procedures	1.0	-	-	-	-	-	-	-	-	-
Case Management	Procedures	41.6	253.87	0.88	-	-	-	-	41.6	253.87	0.88
Subtotal LTSS				\$ 0.92							\$ 0.92
Total Medical Costs				\$ 237.30							\$ 234.54

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
ME - F 25-29											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 47,179	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	172.9	\$ 2,222.27	\$ 32.02	\$ 0.00	\$ (0.20)	\$ 0.00	\$ 0.00	172.9	\$ 2,208.39	\$ 31.82
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	679.2	632.67	35.81	-	(0.23)	-	-	679.2	628.61	35.58
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.6	2,238.93	0.67	-	-	-	-	3.6	2,238.93	0.67
Subtotal Inpatient Hospital				\$ 68.50							\$ 68.07
Outpatient Hospital											
Outpatient Emergency Room	Visits	609.1	\$ 577.24	\$ 29.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	609.1	\$ 577.24	\$ 29.30
Outpatient Surgery	Visits	62.1	1,469.52	7.60	-	-	-	-	62.1	1,469.52	7.60
Outpatient Radiology	Procedures	160.4	247.68	3.31	-	-	-	-	160.4	247.68	3.31
Outpatient Pathology/Lab	Procedures	4,646.8	45.89	17.77	-	-	-	-	4,646.8	45.89	17.77
Outpatient Pharmacy	Procedures	181.4	1,069.18	16.16	-	-	-	-	181.4	1,069.18	16.16
Outpatient MH/SA	Visits	241.3	504.77	10.15	-	-	-	-	241.3	504.77	10.15
Other Outpatient	Procedures	369.8	168.72	5.20	-	-	-	-	369.8	168.72	5.20
Subtotal Outpatient Hospital				\$ 89.49							\$ 89.49
Professional											
Inpatient and Outpatient Surgery	Procedures	359.0	\$ 184.15	\$ 5.51	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	359.0	\$ 184.15	\$ 5.51
Anesthesia	Procedures	100.9	142.77	1.20	-	-	-	-	100.9	142.77	1.20
Inpatient Visits	Visits	534.2	99.30	4.42	-	-	-	-	534.2	99.30	4.42
MH/SA	Visits	5,686.3	83.76	39.69	-	-	-	-	5,686.3	83.76	39.69
Emergency Room	Visits	673.0	81.13	4.55	-	-	-	-	673.0	81.13	4.55
Office/Home Visits/Consults	Visits	3,849.1	63.04	20.22	-	-	-	-	3,849.1	63.04	20.22
Maternity	Procedures	4.8	74.41	0.03	-	-	-	-	4.8	74.41	0.03
Pathology/Lab	Procedures	4,192.3	28.77	10.05	-	-	-	-	4,192.3	28.77	10.05
Radiology	Procedures	1,182.2	42.53	4.19	-	-	-	-	1,182.2	42.53	4.19
Office Administered Drugs	Procedures	428.5	240.53	8.59	-	-	-	-	428.5	240.53	8.59
Physical Exams	Visits	621.0	59.13	3.06	-	-	-	-	621.0	59.13	3.06
Therapy	Visits	699.7	56.94	3.32	-	-	-	-	699.7	56.94	3.32
Vision	Visits	232.0	78.12	1.51	-	-	-	-	232.0	78.12	1.51
Other Professional	Procedures	1,043.5	73.14	6.36	-	-	-	-	1,043.5	73.14	6.36
Subtotal Professional				\$ 112.70							\$ 112.70
Retail Pharmacy											
Retail Pharmacy	Scripts	15,199.7	\$ 58.30	\$ 73.85	\$ 0.00	\$ (4.52)	\$ 0.00	\$ 0.00	15,199.7	\$ 54.74	\$ 69.33
Subtotal Retail Pharmacy				\$ 73.85							\$ 69.33
Ancillary											
Transportation	Trips	173.2	\$ 81.05	\$ 1.17	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	173.2	\$ 81.05	\$ 1.17
DME/Prosthetics	Procedures	213.2	107.53	1.91	-	-	-	-	213.2	107.53	1.91
Subtotal Ancillary				\$ 3.08							\$ 3.08
LTSS											
Hospice	Days	1.6	\$ 146.58	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.6	\$ 146.58	\$ 0.02
Nursing Home	Days	21.1	187.45	0.33	-	-	-	-	21.1	187.45	0.33
HCBS	Procedures	0.4	-	-	-	-	-	-	-	-	-
Case Management	Procedures	161.5	92.11	1.24	-	-	-	-	161.5	92.11	1.24
Subtotal LTSS				\$ 1.59							\$ 1.59
Total Medical Costs				\$ 349.21							\$ 344.26

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: ME - F 30-39											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 46,739		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	240.2	\$ 2,196.77	\$ 43.98	\$ 0.00	\$ (0.28)	\$ 0.00	\$ 0.00	240.2	\$ 2,182.78	\$ 43.70
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,601.6	504.47	67.33	-	(0.42)	-	-	1,601.6	501.32	66.91
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	5.8	2,257.50	1.09	-	(0.01)	-	-	5.8	2,236.78	1.08
Subtotal Inpatient Hospital				\$ 112.40					\$ 111.69		
Outpatient Hospital											
Outpatient Emergency Room	Visits	656.6	\$ 608.55	\$ 33.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	656.6	\$ 608.55	\$ 33.30
Outpatient Surgery	Visits	93.4	1,705.21	13.27	-	-	-	-	93.4	1,705.21	13.27
Outpatient Radiology	Procedures	287.1	303.49	7.26	-	-	-	-	287.1	303.49	7.26
Outpatient Pathology/Lab	Procedures	4,754.2	46.54	18.44	-	-	-	-	4,754.2	46.54	18.44
Outpatient Pharmacy	Procedures	242.9	1,525.35	30.88	-	-	-	-	242.9	1,525.35	30.88
Outpatient MH/SA	Visits	286.7	453.32	10.83	-	-	-	-	286.7	453.32	10.83
Other Outpatient	Procedures	624.7	181.14	9.43	-	-	-	-	624.7	181.14	9.43
Subtotal Outpatient Hospital				\$ 123.41					\$ 123.41		
Professional											
Inpatient and Outpatient Surgery	Procedures	491.2	\$ 192.03	\$ 7.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	491.2	\$ 192.03	\$ 7.86
Anesthesia	Procedures	152.5	137.74	1.75	-	-	-	-	152.5	137.74	1.75
Inpatient Visits	Visits	737.1	98.17	6.03	-	-	-	-	737.1	98.17	6.03
MH/SA	Visits	9,227.1	79.12	60.84	-	-	-	-	9,227.1	79.12	60.84
Emergency Room	Visits	777.5	89.83	5.82	-	-	-	-	777.5	89.83	5.82
Office/Home Visits/Consults	Visits	4,765.6	63.08	25.05	-	-	-	-	4,765.6	63.08	25.05
Maternity	Procedures	1.8	136.96	0.02	-	-	-	-	1.8	136.96	0.02
Pathology/Lab	Procedures	4,715.1	35.10	13.79	-	-	-	-	4,715.1	35.10	13.79
Radiology	Procedures	1,590.1	46.79	6.20	-	-	-	-	1,590.1	46.79	6.20
Office Administered Drugs	Procedures	470.7	345.47	13.55	-	-	-	-	470.7	345.47	13.55
Physical Exams	Visits	585.1	60.29	2.94	-	-	-	-	585.1	60.29	2.94
Therapy	Visits	1,045.9	54.50	4.75	-	-	-	-	1,045.9	54.50	4.75
Vision	Visits	204.0	77.65	1.32	-	-	-	-	204.0	77.65	1.32
Other Professional	Procedures	1,499.1	63.08	7.88	-	-	-	-	1,499.1	63.08	7.88
Subtotal Professional				\$ 157.80					\$ 157.80		
Retail Pharmacy											
Retail Pharmacy	Scripts	24,776.2	\$ 64.11	\$ 132.36	\$ 0.00	\$ (8.10)	\$ 0.00	\$ 0.00	24,776.2	\$ 60.18	\$ 124.26
Subtotal Retail Pharmacy				\$ 132.36					\$ 124.26		
Ancillary											
Transportation	Trips	272.7	\$ 82.30	\$ 1.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	272.7	\$ 82.30	\$ 1.87
DME/Prosthetics	Procedures	396.7	125.53	4.15	-	-	-	-	396.7	125.53	4.15
Subtotal Ancillary				\$ 6.02					\$ 6.02		
LTSS											
Hospice	Days	3.2	\$ 522.92	\$ 0.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3.2	\$ 522.92	\$ 0.14
Nursing Home	Days	42.2	238.71	0.84	-	-	-	-	42.2	238.71	0.84
HCBS	Procedures	3.1	78.21	0.02	-	-	-	-	3.1	78.21	0.02
Case Management	Procedures	261.9	175.95	3.84	-	-	-	-	261.9	175.95	3.84
Subtotal LTSS				\$ 4.84					\$ 4.84		
Total Medical Costs				\$ 536.83					\$ 528.02		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
ME - F 40-49											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 50,453	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	464.1	\$ 2,387.38	\$ 92.33	\$ 0.00	\$ (0.58)	\$ 0.00	\$ 0.00	464.1	\$ 2,372.39	\$ 91.75
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	899.7	671.80	50.37	-	(0.32)	-	-	899.7	667.53	50.05
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	47.6	1,534.08	6.09	-	(0.04)	-	-	47.6	1,524.00	6.05
Subtotal Inpatient Hospital				\$ 148.79							\$ 147.85
Outpatient Hospital											
Outpatient Emergency Room	Visits	789.6	\$ 659.43	\$ 43.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	789.6	\$ 659.43	\$ 43.39
Outpatient Surgery	Visits	225.4	1,549.47	29.11	-	-	-	-	225.4	1,549.47	29.11
Outpatient Radiology	Procedures	793.4	216.14	14.29	-	-	-	-	793.4	216.14	14.29
Outpatient Pathology/Lab	Procedures	7,087.4	36.34	21.46	-	-	-	-	7,087.4	36.34	21.46
Outpatient Pharmacy	Procedures	466.3	477.15	18.54	-	-	-	-	466.3	477.15	18.54
Outpatient MH/SA	Visits	289.6	515.00	12.43	-	-	-	-	289.6	515.00	12.43
Other Outpatient	Procedures	1,286.1	172.34	18.47	-	-	-	-	1,286.1	172.34	18.47
Subtotal Outpatient Hospital				\$ 157.69							\$ 157.69
Professional											
Inpatient and Outpatient Surgery	Procedures	1,009.1	\$ 210.95	\$ 17.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,009.1	\$ 210.95	\$ 17.74
Anesthesia	Procedures	310.1	142.40	3.68	-	-	-	-	310.1	142.40	3.68
Inpatient Visits	Visits	1,031.0	92.65	7.96	-	-	-	-	1,031.0	92.65	7.96
MH/SA	Visits	6,815.6	87.68	49.80	-	-	-	-	6,815.6	87.68	49.80
Emergency Room	Visits	916.7	89.02	6.80	-	-	-	-	916.7	89.02	6.80
Office/Home Visits/Consults	Visits	6,825.3	65.21	37.09	-	-	-	-	6,825.3	65.21	37.09
Maternity	Procedures	1.0	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,417.2	27.47	12.40	-	-	-	-	5,417.2	27.47	12.40
Radiology	Procedures	3,235.5	52.96	14.28	-	-	-	-	3,235.5	52.96	14.28
Office Administered Drugs	Procedures	562.6	201.12	9.43	-	-	-	-	562.6	201.12	9.43
Physical Exams	Visits	768.2	64.98	4.16	-	-	-	-	768.2	64.98	4.16
Therapy	Visits	1,692.9	57.13	8.06	-	-	-	-	1,692.9	57.13	8.06
Vision	Visits	360.5	81.88	2.46	-	-	-	-	360.5	81.88	2.46
Other Professional	Procedures	2,473.1	53.96	11.12	-	-	-	-	2,473.1	53.96	11.12
Subtotal Professional				\$ 184.98							\$ 184.98
Retail Pharmacy											
Retail Pharmacy	Scripts	29,967.5	\$ 70.18	\$ 175.26	\$ 0.00	\$ (10.73)	\$ 0.00	\$ 0.00	29,967.5	\$ 65.88	\$ 164.53
Subtotal Retail Pharmacy				\$ 175.26							\$ 164.53
Ancillary											
Transportation	Trips	283.2	\$ 75.42	\$ 1.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	283.2	\$ 75.42	\$ 1.78
DME/Prosthetics	Procedures	796.2	110.17	7.31	-	-	-	-	796.2	110.17	7.31
Subtotal Ancillary				\$ 9.09							\$ 9.09
LTSS											
Hospice	Days	1.3	\$ 630.36	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.3	\$ 630.36	\$ 0.07
Nursing Home	Days	200.5	251.39	4.20	-	-	-	-	200.5	251.39	4.20
HCBS	Procedures	6.2	38.65	0.02	-	-	-	-	6.2	38.65	0.02
Case Management	Procedures	214.0	229.95	4.10	-	-	-	-	214.0	229.95	4.10
Subtotal LTSS				\$ 8.39							\$ 8.39
Total Medical Costs				\$ 684.20							\$ 672.53

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: ME - F 50-64											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 132,668	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	501.9	\$ 2,353.51	\$ 98.43	\$ 0.00	\$ (0.62)	\$ 0.00	\$ 0.00	501.9	\$ 2,338.68	\$ 97.81
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	400.2	595.17	19.85	-	(0.13)	-	-	400.2	591.27	19.72
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.5	2,183.34	2.28	-	(0.01)	-	-	12.5	2,173.77	2.27
Subtotal Inpatient Hospital				\$ 120.56							\$ 119.80
Outpatient Hospital											
Outpatient Emergency Room	Visits	460.5	\$ 693.91	\$ 26.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	460.5	\$ 693.91	\$ 26.63
Outpatient Surgery	Visits	319.7	1,496.26	39.86	-	-	-	-	319.7	1,496.26	39.86
Outpatient Radiology	Procedures	945.4	263.76	20.78	-	-	-	-	945.4	263.76	20.78
Outpatient Pathology/Lab	Procedures	6,959.9	31.91	18.51	-	-	-	-	6,959.9	31.91	18.51
Outpatient Pharmacy	Procedures	675.7	505.23	28.45	-	-	-	-	675.7	505.23	28.45
Outpatient MH/SA	Visits	125.0	441.66	4.60	-	-	-	-	125.0	441.66	4.60
Other Outpatient	Procedures	1,651.9	141.59	19.49	-	-	-	-	1,651.9	141.59	19.49
Subtotal Outpatient Hospital				\$ 158.32							\$ 158.32
Professional											
Inpatient and Outpatient Surgery	Procedures	1,303.3	\$ 201.18	\$ 21.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,303.3	\$ 201.18	\$ 21.85
Anesthesia	Procedures	383.3	127.11	4.06	-	-	-	-	383.3	127.11	4.06
Inpatient Visits	Visits	903.7	83.79	6.31	-	-	-	-	903.7	83.79	6.31
MH/SA	Visits	2,991.1	94.52	23.56	-	-	-	-	2,991.1	94.52	23.56
Emergency Room	Visits	588.9	90.68	4.45	-	-	-	-	588.9	90.68	4.45
Office/Home Visits/Consults	Visits	6,741.4	66.34	37.27	-	-	-	-	6,741.4	66.34	37.27
Maternity	Procedures	0.2	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,481.8	23.05	10.53	-	-	-	-	5,481.8	23.05	10.53
Radiology	Procedures	3,412.7	56.08	15.95	-	-	-	-	3,412.7	56.08	15.95
Office Administered Drugs	Procedures	532.4	180.98	8.03	-	-	-	-	532.4	180.98	8.03
Physical Exams	Visits	843.7	63.72	4.48	-	-	-	-	843.7	63.72	4.48
Therapy	Visits	2,165.5	57.47	10.37	-	-	-	-	2,165.5	57.47	10.37
Vision	Visits	452.9	77.37	2.92	-	-	-	-	452.9	77.37	2.92
Other Professional	Procedures	3,315.1	55.42	15.31	-	-	-	-	3,315.1	55.42	15.31
Subtotal Professional				\$ 165.09							\$ 165.09
Retail Pharmacy											
Retail Pharmacy	Scripts	37,951.2	\$ 56.46	\$ 178.56	\$ 0.00	\$ (10.93)	\$ 0.00	\$ 0.00	37,951.2	\$ 53.00	\$ 167.63
Subtotal Retail Pharmacy				\$ 178.56							\$ 167.63
Ancillary											
Transportation	Trips	196.6	\$ 87.90	\$ 1.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	196.6	\$ 87.90	\$ 1.44
DME/Prosthetics	Procedures	986.3	95.51	7.85	-	-	-	-	986.3	95.51	7.85
Subtotal Ancillary				\$ 9.29							\$ 9.29
LTSS											
Hospice	Days	92.5	\$ 199.70	\$ 1.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	92.5	\$ 199.70	\$ 1.54
Nursing Home	Days	283.2	220.32	5.20	-	-	-	-	283.2	220.32	5.20
HCBS	Procedures	54.7	43.87	0.20	-	-	-	-	54.7	43.87	0.20
Case Management	Procedures	108.8	166.59	1.51	-	-	-	-	108.8	166.59	1.51
Subtotal LTSS				\$ 8.45							\$ 8.45
Total Medical Costs				\$ 640.27							\$ 628.58

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
ME - M 19-24											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 90,997	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	90.1	\$ 2,024.84	\$ 15.20	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.00	90.1	\$ 2,011.51	\$ 15.10
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	527.5	479.77	21.09	-	(0.13)	-	-	527.5	476.81	20.96
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.2	807.13	0.28	-	-	-	-	4.2	807.13	0.28
Subtotal Inpatient Hospital				\$ 36.57							\$ 36.34
Outpatient Hospital											
Outpatient Emergency Room	Visits	512.2	\$ 524.55	\$ 22.39	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	512.2	\$ 524.55	\$ 22.39
Outpatient Surgery	Visits	30.6	1,576.01	4.02	-	-	-	-	30.6	1,576.01	4.02
Outpatient Radiology	Procedures	74.2	309.08	1.91	-	-	-	-	74.2	309.08	1.91
Outpatient Pathology/Lab	Procedures	1,576.7	40.11	5.27	-	-	-	-	1,576.7	40.11	5.27
Outpatient Pharmacy	Procedures	75.6	729.99	4.60	-	-	-	-	75.6	729.99	4.60
Outpatient MH/SA	Visits	89.3	404.42	3.01	-	-	-	-	89.3	404.42	3.01
Other Outpatient	Procedures	204.2	210.38	3.58	-	-	-	-	204.2	210.38	3.58
Subtotal Outpatient Hospital				\$ 44.78							\$ 44.78
Professional											
Inpatient and Outpatient Surgery	Procedures	179.8	\$ 180.18	\$ 2.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	179.8	\$ 180.18	\$ 2.70
Anesthesia	Procedures	48.2	151.84	0.61	-	-	-	-	48.2	151.84	0.61
Inpatient Visits	Visits	261.3	114.35	2.49	-	-	-	-	261.3	114.35	2.49
MH/SA	Visits	1,632.1	101.32	13.78	-	-	-	-	1,632.1	101.32	13.78
Emergency Room	Visits	483.8	76.40	3.08	-	-	-	-	483.8	76.40	3.08
Office/Home Visits/Consults	Visits	1,599.0	65.29	8.70	-	-	-	-	1,599.0	65.29	8.70
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,467.4	28.87	3.53	-	-	-	-	1,467.4	28.87	3.53
Radiology	Procedures	695.0	33.84	1.96	-	-	-	-	695.0	33.84	1.96
Office Administered Drugs	Procedures	156.5	515.30	6.72	-	-	-	-	156.5	515.30	6.72
Physical Exams	Visits	266.8	60.26	1.34	-	-	-	-	266.8	60.26	1.34
Therapy	Visits	255.1	56.91	1.21	-	-	-	-	255.1	56.91	1.21
Vision	Visits	183.1	88.46	1.35	-	-	-	-	183.1	88.46	1.35
Other Professional	Procedures	673.1	52.24	2.93	-	-	-	-	673.1	52.24	2.93
Subtotal Professional				\$ 50.40							\$ 50.40
Retail Pharmacy											
Retail Pharmacy	Scripts	4,380.4	\$ 101.11	\$ 36.91	\$ 0.00	\$ (2.26)	\$ 0.00	\$ 0.00	4,380.4	\$ 94.92	\$ 34.65
Subtotal Retail Pharmacy				\$ 36.91							\$ 34.65
Ancillary											
Transportation	Trips	117.2	\$ 73.73	\$ 0.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	117.2	\$ 73.73	\$ 0.72
DME/Prosthetics	Procedures	154.4	120.45	1.55	-	-	-	-	154.4	120.45	1.55
Subtotal Ancillary				\$ 2.27							\$ 2.27
LTSS											
Hospice	Days	9.0	\$ 146.41	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	9.0	\$ 146.41	\$ 0.11
Nursing Home	Days	28.4	219.78	0.52	-	-	-	-	28.4	219.78	0.52
HCBS	Procedures	16.7	86.04	0.12	-	-	-	-	16.7	86.04	0.12
Case Management	Procedures	39.4	155.24	0.51	-	-	-	-	39.4	155.24	0.51
Subtotal LTSS				\$ 1.26							\$ 1.26
Total Medical Costs				\$ 172.19							\$ 169.70

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
ME - M 25-29											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 70,040	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	139.6	\$ 2,564.13	\$ 29.84	\$ 0.00	\$ (0.19)	\$ 0.00	\$ 0.00	139.6	\$ 2,547.80	\$ 29.65
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,393.3	464.84	53.97	-	(0.34)	-	-	1,393.3	461.91	53.63
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	7.9	2,047.24	1.34	-	(0.01)	-	-	7.9	2,031.96	1.33
Subtotal Inpatient Hospital				\$ 85.15							\$ 84.61
Outpatient Hospital											
Outpatient Emergency Room	Visits	649.4	\$ 545.65	\$ 29.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	649.4	\$ 545.65	\$ 29.53
Outpatient Surgery	Visits	48.8	1,562.91	6.35	-	-	-	-	48.8	1,562.91	6.35
Outpatient Radiology	Procedures	124.3	353.47	3.66	-	-	-	-	124.3	353.47	3.66
Outpatient Pathology/Lab	Procedures	2,221.9	43.26	8.01	-	-	-	-	2,221.9	43.26	8.01
Outpatient Pharmacy	Procedures	122.9	1,069.52	10.95	-	-	-	-	122.9	1,069.52	10.95
Outpatient MH/SA	Visits	239.9	388.64	7.77	-	-	-	-	239.9	388.64	7.77
Other Outpatient	Procedures	292.0	217.39	5.29	-	-	-	-	292.0	217.39	5.29
Subtotal Outpatient Hospital				\$ 71.56							\$ 71.56
Professional											
Inpatient and Outpatient Surgery	Procedures	263.9	\$ 211.41	\$ 4.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	263.9	\$ 211.41	\$ 4.65
Anesthesia	Procedures	75.9	180.18	1.14	-	-	-	-	75.9	180.18	1.14
Inpatient Visits	Visits	478.3	106.13	4.23	-	-	-	-	478.3	106.13	4.23
MH/SA	Visits	5,245.1	87.94	38.44	-	-	-	-	5,245.1	87.94	38.44
Emergency Room	Visits	661.3	82.75	4.56	-	-	-	-	661.3	82.75	4.56
Office/Home Visits/Consults	Visits	2,399.2	64.27	12.85	-	-	-	-	2,399.2	64.27	12.85
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,725.4	40.38	9.17	-	-	-	-	2,725.4	40.38	9.17
Radiology	Procedures	990.7	35.01	2.89	-	-	-	-	990.7	35.01	2.89
Office Administered Drugs	Procedures	203.5	237.59	4.03	-	-	-	-	203.5	237.59	4.03
Physical Exams	Visits	277.3	54.52	1.26	-	-	-	-	277.3	54.52	1.26
Therapy	Visits	470.6	60.95	2.39	-	-	-	-	470.6	60.95	2.39
Vision	Visits	138.6	79.63	0.92	-	-	-	-	138.6	79.63	0.92
Other Professional	Procedures	742.0	50.79	3.14	-	-	-	-	742.0	50.79	3.14
Subtotal Professional				\$ 89.67							\$ 89.67
Retail Pharmacy											
Retail Pharmacy	Scripts	7,274.8	\$ 126.82	\$ 76.88	\$ 0.00	\$ (4.71)	\$ 0.00	\$ 0.00	7,274.8	\$ 119.05	\$ 72.17
Subtotal Retail Pharmacy				\$ 76.88							\$ 72.17
Ancillary											
Transportation	Trips	195.7	\$ 82.15	\$ 1.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	195.7	\$ 82.15	\$ 1.34
DME/Prosthetics	Procedures	223.2	110.21	2.05	-	-	-	-	223.2	110.21	2.05
Subtotal Ancillary				\$ 3.39							\$ 3.39
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	32.6	254.07	0.69	-	-	-	-	32.6	254.07	0.69
HCBS	Procedures	2.8	43.24	0.01	-	-	-	-	2.8	43.24	0.01
Case Management	Procedures	114.3	323.41	3.08	-	-	-	-	114.3	323.41	3.08
Subtotal LTSS				\$ 3.78							\$ 3.78
Total Medical Costs				\$ 330.43							\$ 325.18

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: ME - M 30-39											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 98,027	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	361.6	\$ 2,060.01	\$ 62.07	\$ 0.00	\$ (0.39)	\$ 0.00	\$ 0.00	361.6	\$ 2,047.06	\$ 61.68
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,814.8	430.33	65.08	-	(0.41)	-	-	1,814.8	427.62	64.67
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	15.9	2,391.54	3.17	-	(0.02)	-	-	15.9	2,376.45	3.15
Subtotal Inpatient Hospital				\$ 130.32							\$ 129.50
Outpatient Hospital											
Outpatient Emergency Room	Visits	755.4	\$ 588.71	\$ 37.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	755.4	\$ 588.71	\$ 37.06
Outpatient Surgery	Visits	65.1	1,570.57	8.52	-	-	-	-	65.1	1,570.57	8.52
Outpatient Radiology	Procedures	153.0	266.62	3.40	-	-	-	-	153.0	266.62	3.40
Outpatient Pathology/Lab	Procedures	2,599.0	44.79	9.70	-	-	-	-	2,599.0	44.79	9.70
Outpatient Pharmacy	Procedures	127.0	1,686.47	17.85	-	-	-	-	127.0	1,686.47	17.85
Outpatient MH/SA	Visits	283.9	362.70	8.58	-	-	-	-	283.9	362.70	8.58
Other Outpatient	Procedures	476.0	216.81	8.60	-	-	-	-	476.0	216.81	8.60
Subtotal Outpatient Hospital				\$ 93.71							\$ 93.71
Professional											
Inpatient and Outpatient Surgery	Procedures	376.0	\$ 206.83	\$ 6.48	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	376.0	\$ 206.83	\$ 6.48
Anesthesia	Procedures	114.6	151.83	1.45	-	-	-	-	114.6	151.83	1.45
Inpatient Visits	Visits	857.7	92.62	6.62	-	-	-	-	857.7	92.62	6.62
MH/SA	Visits	8,788.2	78.20	57.27	-	-	-	-	8,788.2	78.20	57.27
Emergency Room	Visits	835.2	85.49	5.95	-	-	-	-	835.2	85.49	5.95
Office/Home Visits/Consults	Visits	3,184.0	64.18	17.03	-	-	-	-	3,184.0	64.18	17.03
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,749.9	43.14	13.48	-	-	-	-	3,749.9	43.14	13.48
Radiology	Procedures	1,315.2	36.95	4.05	-	-	-	-	1,315.2	36.95	4.05
Office Administered Drugs	Procedures	382.0	312.27	9.94	-	-	-	-	382.0	312.27	9.94
Physical Exams	Visits	286.6	54.86	1.31	-	-	-	-	286.6	54.86	1.31
Therapy	Visits	569.8	58.12	2.76	-	-	-	-	569.8	58.12	2.76
Vision	Visits	136.1	81.13	0.92	-	-	-	-	136.1	81.13	0.92
Other Professional	Procedures	1,097.3	51.40	4.70	-	-	-	-	1,097.3	51.40	4.70
Subtotal Professional				\$ 131.96							\$ 131.96
Retail Pharmacy											
Retail Pharmacy	Scripts	13,270.7	\$ 116.69	\$ 129.05	\$ 0.00	\$ (7.90)	\$ 0.00	\$ 0.00	13,270.7	\$ 109.55	\$ 121.15
Subtotal Retail Pharmacy				\$ 129.05							\$ 121.15
Ancillary											
Transportation	Trips	317.2	\$ 83.98	\$ 2.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	317.2	\$ 83.98	\$ 2.22
DME/Prosthetics	Procedures	402.6	115.35	3.87	-	-	-	-	402.6	115.35	3.87
Subtotal Ancillary				\$ 6.09							\$ 6.09
LTSS											
Hospice	Days	27.6	\$ 182.45	\$ 0.42	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	27.6	\$ 182.45	\$ 0.42
Nursing Home	Days	77.2	260.99	1.68	-	-	-	-	77.2	260.99	1.68
HCBS	Procedures	3.6	33.34	0.01	-	-	-	-	3.6	33.34	0.01
Case Management	Procedures	185.9	207.25	3.21	-	-	-	-	185.9	207.25	3.21
Subtotal LTSS				\$ 5.32							\$ 5.32
Total Medical Costs				\$ 496.45							\$ 487.73

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: ME - M 40-49											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 68,940		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	451.9	\$ 2,332.60	\$ 87.85	\$ 0.00	\$ (0.55)	\$ 0.00	\$ 0.00	451.9	\$ 2,317.99	\$ 87.30
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,770.6	544.69	80.37	-	(0.51)	-	-	1,770.6	541.23	79.86
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	24.2	1,489.39	3.00	-	(0.02)	-	-	24.2	1,479.46	2.98
Subtotal Inpatient Hospital				\$ 171.22					\$ 170.14		
Outpatient Hospital											
Outpatient Emergency Room	Visits	818.2	\$ 650.91	\$ 44.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	818.2	\$ 650.91	\$ 44.38
Outpatient Surgery	Visits	132.8	1,574.08	17.42	-	-	-	-	132.8	1,574.08	17.42
Outpatient Radiology	Procedures	259.9	318.58	6.90	-	-	-	-	259.9	318.58	6.90
Outpatient Pathology/Lab	Procedures	4,209.0	36.55	12.82	-	-	-	-	4,209.0	36.55	12.82
Outpatient Pharmacy	Procedures	259.7	480.06	10.39	-	-	-	-	259.7	480.06	10.39
Outpatient MH/SA	Visits	301.6	304.77	7.66	-	-	-	-	301.6	304.77	7.66
Other Outpatient	Procedures	917.8	282.01	21.57	-	-	-	-	917.8	282.01	21.57
Subtotal Outpatient Hospital				\$ 121.14					\$ 121.14		
Professional											
Inpatient and Outpatient Surgery	Procedures	667.0	\$ 209.97	\$ 11.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	667.0	\$ 209.97	\$ 11.67
Anesthesia	Procedures	191.6	153.46	2.45	-	-	-	-	191.6	153.46	2.45
Inpatient Visits	Visits	1,218.5	93.46	9.49	-	-	-	-	1,218.5	93.46	9.49
MH/SA	Visits	8,402.2	84.12	58.90	-	-	-	-	8,402.2	84.12	58.90
Emergency Room	Visits	922.6	90.01	6.92	-	-	-	-	922.6	90.01	6.92
Office/Home Visits/Consults	Visits	4,406.2	65.80	24.16	-	-	-	-	4,406.2	65.80	24.16
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,683.0	36.98	14.43	-	-	-	-	4,683.0	36.98	14.43
Radiology	Procedures	1,787.8	39.94	5.95	-	-	-	-	1,787.8	39.94	5.95
Office Administered Drugs	Procedures	478.7	154.42	6.16	-	-	-	-	478.7	154.42	6.16
Physical Exams	Visits	402.7	59.30	1.99	-	-	-	-	402.7	59.30	1.99
Therapy	Visits	816.7	58.18	3.96	-	-	-	-	816.7	58.18	3.96
Vision	Visits	218.6	80.70	1.47	-	-	-	-	218.6	80.70	1.47
Other Professional	Procedures	1,797.8	52.60	7.88	-	-	-	-	1,797.8	52.60	7.88
Subtotal Professional				\$ 155.43					\$ 155.43		
Retail Pharmacy											
Retail Pharmacy	Scripts	22,379.5	\$ 99.25	\$ 185.10	\$ 0.00	\$ (11.33)	\$ 0.00	\$ 0.00	22,379.5	\$ 93.18	\$ 173.77
Subtotal Retail Pharmacy				\$ 185.10					\$ 173.77		
Ancillary											
Transportation	Trips	353.6	\$ 84.85	\$ 2.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	353.6	\$ 84.85	\$ 2.50
DME/Prosthetics	Procedures	744.7	98.78	6.13	-	-	-	-	744.7	98.78	6.13
Subtotal Ancillary				\$ 8.63					\$ 8.63		
LTSS											
Hospice	Days	19.2	\$ 249.56	\$ 0.40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	19.2	\$ 249.56	\$ 0.40
Nursing Home	Days	159.5	258.83	3.44	-	-	-	-	159.5	258.83	3.44
HCBS	Procedures	7.2	66.86	0.04	-	-	-	-	7.2	66.86	0.04
Case Management	Procedures	179.4	181.32	2.71	-	-	-	-	179.4	181.32	2.71
Subtotal LTSS				\$ 6.59					\$ 6.59		
Total Medical Costs				\$ 648.11					\$ 635.70		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: ME - M 50-64											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 112,768	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	755.4	\$ 2,177.87	\$ 137.09	\$ 0.00	\$ (0.86)	\$ 0.00	\$ 0.00	755.4	\$ 2,164.21	\$ 136.23
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,165.2	549.45	53.35	-	(0.34)	-	-	1,165.2	545.94	53.01
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	15.9	1,179.43	1.56	-	(0.01)	-	-	15.9	1,171.87	1.55
Subtotal Inpatient Hospital				\$ 192.00							\$ 190.79
Outpatient Hospital											
Outpatient Emergency Room	Visits	602.0	\$ 684.51	\$ 34.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	602.0	\$ 684.51	\$ 34.34
Outpatient Surgery	Visits	275.4	1,386.26	31.81	-	-	-	-	275.4	1,386.26	31.81
Outpatient Radiology	Procedures	400.0	392.98	13.10	-	-	-	-	400.0	392.98	13.10
Outpatient Pathology/Lab	Procedures	5,963.4	28.01	13.92	-	-	-	-	5,963.4	28.01	13.92
Outpatient Pharmacy	Procedures	587.6	507.69	24.86	-	-	-	-	587.6	507.69	24.86
Outpatient MH/SA	Visits	162.3	443.66	6.00	-	-	-	-	162.3	443.66	6.00
Other Outpatient	Procedures	1,576.7	202.06	26.55	-	-	-	-	1,576.7	202.06	26.55
Subtotal Outpatient Hospital				\$ 150.58							\$ 150.58
Professional											
Inpatient and Outpatient Surgery	Procedures	1,238.2	\$ 196.15	\$ 20.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,238.2	\$ 196.15	\$ 20.24
Anesthesia	Procedures	321.9	138.30	3.71	-	-	-	-	321.9	138.30	3.71
Inpatient Visits	Visits	1,388.7	89.61	10.37	-	-	-	-	1,388.7	89.61	10.37
MH/SA	Visits	3,849.5	92.55	29.69	-	-	-	-	3,849.5	92.55	29.69
Emergency Room	Visits	762.2	91.62	5.82	-	-	-	-	762.2	91.62	5.82
Office/Home Visits/Consults	Visits	5,282.1	66.29	29.18	-	-	-	-	5,282.1	66.29	29.18
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,960.8	28.06	11.60	-	-	-	-	4,960.8	28.06	11.60
Radiology	Procedures	2,316.3	67.30	12.99	-	-	-	-	2,316.3	67.30	12.99
Office Administered Drugs	Procedures	678.1	230.58	13.03	-	-	-	-	678.1	230.58	13.03
Physical Exams	Visits	536.9	59.67	2.67	-	-	-	-	536.9	59.67	2.67
Therapy	Visits	1,225.1	59.75	6.10	-	-	-	-	1,225.1	59.75	6.10
Vision	Visits	340.4	76.49	2.17	-	-	-	-	340.4	76.49	2.17
Other Professional	Procedures	2,908.4	51.95	12.59	-	-	-	-	2,908.4	51.95	12.59
Subtotal Professional				\$ 160.16							\$ 160.16
Retail Pharmacy											
Retail Pharmacy	Scripts	30,494.1	\$ 82.52	\$ 209.71	\$ 0.00	\$ (12.83)	\$ 0.00	\$ 0.00	30,494.1	\$ 77.48	\$ 196.88
Subtotal Retail Pharmacy				\$ 209.71							\$ 196.88
Ancillary											
Transportation	Trips	332.5	\$ 83.01	\$ 2.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	332.5	\$ 83.01	\$ 2.30
DME/Prosthetics	Procedures	1,050.2	97.58	8.54	-	-	-	-	1,050.2	97.58	8.54
Subtotal Ancillary				\$ 10.84							\$ 10.84
LTSS											
Hospice	Days	82.9	\$ 220.02	\$ 1.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	82.9	\$ 220.02	\$ 1.52
Nursing Home	Days	457.2	249.34	9.50	-	-	-	-	457.2	249.34	9.50
HCBS	Procedures	30.4	39.45	0.10	-	-	-	-	30.4	39.45	0.10
Case Management	Procedures	182.4	192.71	2.93	-	-	-	-	182.4	192.71	2.93
Subtotal LTSS				\$ 14.05							\$ 14.05
Total Medical Costs				\$ 737.34							\$ 723.30

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RHP - ID											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 11,007	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	856.4	\$ 1,971.45	\$ 140.70	\$ 0.00	\$ (0.44)	\$ 0.00	\$ 0.00	856.4	\$ 1,965.28	\$ 140.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,039.8	994.60	86.18	-	(0.27)	-	-	1,039.8	991.48	85.91
Inpatient Maternity Delivery	Days	4.8	1,276.80	0.51	-	-	-	-	4.8	1,276.80	0.51
Other Inpatient	Days	30.0	1,226.41	3.07	-	(0.01)	-	-	30.0	1,222.41	3.06
Subtotal Inpatient Hospital				\$ 230.46							\$ 229.74
Outpatient Hospital											
Outpatient Emergency Room	Visits	755.3	\$ 662.04	\$ 41.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	755.3	\$ 662.04	\$ 41.67
Outpatient Surgery	Visits	165.3	1,220.10	16.81	-	-	-	-	165.3	1,220.10	16.81
Outpatient Radiology	Procedures	319.6	241.08	6.42	-	-	-	-	319.6	241.08	6.42
Outpatient Pathology/Lab	Procedures	5,813.0	31.87	15.44	-	-	-	-	5,813.0	31.87	15.44
Outpatient Pharmacy	Procedures	477.8	109.76	4.37	-	-	-	-	477.8	109.76	4.37
Outpatient MH/SA	Visits	91.2	281.50	2.14	-	-	-	-	91.2	281.50	2.14
Other Outpatient	Procedures	1,494.1	267.93	33.36	-	-	-	-	1,494.1	267.93	33.36
Subtotal Outpatient Hospital				\$ 120.21							\$ 120.21
Professional											
Inpatient and Outpatient Surgery	Procedures	1,200.0	\$ 121.50	\$ 12.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,200.0	\$ 121.50	\$ 12.15
Anesthesia	Procedures	360.6	154.40	4.64	-	-	-	-	360.6	154.40	4.64
Inpatient Visits	Visits	2,066.6	84.95	14.63	-	-	-	-	2,066.6	84.95	14.63
MH/SA	Visits	4,428.3	100.89	37.23	-	-	-	-	4,428.3	100.89	37.23
Emergency Room	Visits	896.3	87.82	6.56	-	-	-	-	896.3	87.82	6.56
Office/Home Visits/Consults	Visits	5,787.7	67.05	32.34	-	-	-	-	5,787.7	67.05	32.34
Maternity	Procedures	7.2	498.89	0.30	-	-	-	-	7.2	498.89	0.30
Pathology/Lab	Procedures	5,084.7	16.07	6.81	-	-	-	-	5,084.7	16.07	6.81
Radiology	Procedures	1,952.3	35.10	5.71	-	-	-	-	1,952.3	35.10	5.71
Office Administered Drugs	Procedures	781.3	272.46	17.74	-	-	-	-	781.3	272.46	17.74
Physical Exams	Visits	883.0	64.69	4.76	-	-	-	-	883.0	64.69	4.76
Therapy	Visits	1,344.4	67.66	7.58	-	-	-	-	1,344.4	67.66	7.58
Vision	Visits	347.7	70.41	2.04	-	-	-	-	347.7	70.41	2.04
Other Professional	Procedures	11,815.3	108.47	106.80	-	-	-	-	11,815.3	108.47	106.80
Subtotal Professional				\$ 259.29							\$ 259.29
Retail Pharmacy											
Retail Pharmacy	Scripts	56,459.4	\$ 67.61	\$ 318.08	\$ 0.00	\$ (15.90)	\$ 0.00	\$ 0.00	56,459.4	\$ 64.23	\$ 302.18
Subtotal Retail Pharmacy				\$ 318.08							\$ 302.18
Ancillary											
Transportation	Trips	550.5	\$ 85.67	\$ 3.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	550.5	\$ 85.67	\$ 3.93
DME/Prosthetics	Procedures	6,834.8	126.78	72.21	-	(0.01)	-	-	6,834.8	126.76	72.20
Subtotal Ancillary				\$ 76.14							\$ 76.13
LTSS											
Hospice	Days	1,435.5	\$ 149.38	\$ 17.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,435.5	\$ 149.38	\$ 17.87
Nursing Home	Days	421.1	270.15	9.48	-	-	-	-	421.1	270.15	9.48
HCBS	Procedures	575.0	55.51	2.66	-	-	-	-	575.0	55.51	2.66
Case Management	Procedures	140.4	899.31	10.52	-	-	-	-	140.4	899.31	10.52
Subtotal LTSS				\$ 40.53							\$ 40.53
Total Medical Costs				\$ 1,044.71							\$ 1,028.08

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RHP - SPMI											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 32,972	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,770.6	\$ 1,626.01	\$ 239.92	\$ 0.00	\$ (0.74)	\$ 0.00	\$ 0.00	1,770.6	\$ 1,620.99	\$ 239.18
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,694.2	811.86	317.59	-	(0.98)	-	-	4,694.2	809.36	316.61
Inpatient Maternity Delivery	Days	22.7	1,540.35	2.91	-	(0.01)	-	-	22.7	1,535.06	2.90
Other Inpatient	Days	50.6	1,656.62	6.99	-	(0.02)	-	-	50.6	1,651.88	6.97
Subtotal Inpatient Hospital				\$ 567.41							\$ 565.66
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,238.7	\$ 661.36	\$ 123.38	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	2,238.7	\$ 661.30	\$ 123.37
Outpatient Surgery	Visits	238.7	1,680.66	33.43	-	-	-	-	238.7	1,680.66	33.43
Outpatient Radiology	Procedures	748.5	277.50	17.31	-	-	-	-	748.5	277.50	17.31
Outpatient Pathology/Lab	Procedures	9,064.9	36.85	27.84	-	-	-	-	9,064.9	36.85	27.84
Outpatient Pharmacy	Procedures	809.9	805.12	54.34	-	(0.01)	-	-	809.9	804.97	54.33
Outpatient MH/SA	Visits	445.4	470.11	17.45	-	-	-	-	445.4	470.11	17.45
Other Outpatient	Procedures	2,527.6	289.74	61.03	-	(0.01)	-	-	2,527.6	289.69	61.02
Subtotal Outpatient Hospital				\$ 334.78							\$ 334.75
Professional											
Inpatient and Outpatient Surgery	Procedures	1,359.1	\$ 181.09	\$ 20.51	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,359.1	\$ 181.09	\$ 20.51
Anesthesia	Procedures	474.7	172.65	6.83	-	-	-	-	474.7	172.65	6.83
Inpatient Visits	Visits	4,803.6	97.70	39.11	-	-	-	-	4,803.6	97.70	39.11
MH/SA	Visits	27,653.3	185.90	428.39	-	-	-	-	27,653.3	185.90	428.39
Emergency Room	Visits	2,726.3	95.47	21.69	-	-	-	-	2,726.3	95.47	21.69
Office/Home Visits/Consults	Visits	10,552.8	69.01	60.69	-	-	-	-	10,552.8	69.01	60.69
Maternity	Procedures	26.4	381.92	0.84	-	-	-	-	26.4	381.92	0.84
Pathology/Lab	Procedures	8,724.7	35.21	25.60	-	-	-	-	8,724.7	35.21	25.60
Radiology	Procedures	4,327.6	41.09	14.82	-	-	-	-	4,327.6	41.09	14.82
Office Administered Drugs	Procedures	1,012.2	145.00	12.23	-	-	-	-	1,012.2	145.00	12.23
Physical Exams	Visits	657.0	51.50	2.82	-	-	-	-	657.0	51.50	2.82
Therapy	Visits	1,501.2	69.94	8.75	-	-	-	-	1,501.2	69.94	8.75
Vision	Visits	344.3	77.72	2.23	-	-	-	-	344.3	77.72	2.23
Other Professional	Procedures	12,469.5	70.30	73.05	-	-	-	-	12,469.5	70.30	73.05
Subtotal Professional				\$ 717.56							\$ 717.56
Retail Pharmacy											
Retail Pharmacy	Scripts	79,140.1	\$ 97.39	\$ 642.27	\$ 0.00	\$ (32.11)	\$ 0.00	\$ 0.00	79,140.1	\$ 92.52	\$ 610.16
Subtotal Retail Pharmacy				\$ 642.27							\$ 610.16
Ancillary											
Transportation	Trips	1,610.5	\$ 75.93	\$ 10.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,610.5	\$ 75.93	\$ 10.19
DME/Prosthetics	Procedures	2,213.9	115.88	21.38	-	-	-	-	2,213.9	115.88	21.38
Subtotal Ancillary				\$ 31.57							\$ 31.57
LTSS											
Hospice	Days	272.4	\$ 161.66	\$ 3.67	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	272.4	\$ 161.66	\$ 3.67
Nursing Home	Days	1,073.2	263.89	23.60	-	-	-	-	1,073.2	263.89	23.60
HCBS	Procedures	425.7	40.31	1.43	-	-	-	-	425.7	40.31	1.43
Case Management	Procedures	1,996.8	840.43	139.85	-	-	-	-	1,996.8	840.43	139.85
Subtotal LTSS				\$ 168.55							\$ 168.55
Total Medical Costs				\$ 2,462.14							\$ 2,428.25

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell:											
RHP - Other Disabled 21-44											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 40,838	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	793.4	\$ 2,060.07	\$ 136.20	\$ 0.00	\$ (0.42)	\$ 0.00	\$ 0.00	793.4	\$ 2,053.72	\$ 135.78
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,158.1	608.53	58.73	-	(0.18)	-	-	1,158.1	606.67	58.55
Inpatient Maternity Delivery	Days	78.6	1,412.94	9.26	-	(0.03)	-	-	78.6	1,408.36	9.23
Other Inpatient	Days	26.3	4,560.87	10.01	-	(0.03)	-	-	26.3	4,547.20	9.98
Subtotal Inpatient Hospital				\$ 214.20							\$ 213.54
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,397.7	\$ 628.39	\$ 73.19	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	1,397.7	\$ 628.31	\$ 73.18
Outpatient Surgery	Visits	148.8	1,827.27	22.66	-	-	-	-	148.8	1,827.27	22.66
Outpatient Radiology	Procedures	578.2	328.74	15.84	-	-	-	-	578.2	328.74	15.84
Outpatient Pathology/Lab	Procedures	8,135.1	39.25	26.61	-	-	-	-	8,135.1	39.25	26.61
Outpatient Pharmacy	Procedures	700.5	438.87	25.62	-	-	-	-	700.5	438.87	25.62
Outpatient MH/SA	Visits	272.6	405.49	9.21	-	-	-	-	272.6	405.49	9.21
Other Outpatient	Procedures	2,090.4	227.26	39.59	-	-	-	-	2,090.4	227.26	39.59
Subtotal Outpatient Hospital				\$ 212.72							\$ 212.71
Professional											
Inpatient and Outpatient Surgery	Procedures	717.5	\$ 202.38	\$ 12.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	717.5	\$ 202.38	\$ 12.10
Anesthesia	Procedures	282.5	163.99	3.86	-	-	-	-	282.5	163.99	3.86
Inpatient Visits	Visits	1,697.4	92.26	13.05	-	-	-	-	1,697.4	92.26	13.05
MH/SA	Visits	8,226.0	97.18	66.62	-	-	-	-	8,226.0	97.18	66.62
Emergency Room	Visits	1,511.3	83.13	10.47	-	-	-	-	1,511.3	83.13	10.47
Office/Home Visits/Consults	Visits	6,063.2	66.42	33.56	-	-	-	-	6,063.2	66.42	33.56
Maternity	Procedures	132.5	261.76	2.89	-	-	-	-	132.5	261.76	2.89
Pathology/Lab	Procedures	4,913.2	30.36	12.43	-	-	-	-	4,913.2	30.36	12.43
Radiology	Procedures	2,695.5	41.05	9.22	-	-	-	-	2,695.5	41.05	9.22
Office Administered Drugs	Procedures	672.5	642.18	35.99	-	-	-	-	672.5	642.18	35.99
Physical Exams	Visits	559.6	54.03	2.52	-	-	-	-	559.6	54.03	2.52
Therapy	Visits	909.0	57.69	4.37	-	-	-	-	909.0	57.69	4.37
Vision	Visits	262.6	77.23	1.69	-	-	-	-	262.6	77.23	1.69
Other Professional	Procedures	4,044.7	82.74	27.89	-	-	-	-	4,044.7	82.74	27.89
Subtotal Professional				\$ 236.66							\$ 236.66
Retail Pharmacy											
Retail Pharmacy	Scripts	31,220.9	\$ 99.42	\$ 258.66	\$ 0.00	\$ (12.93)	\$ 0.00	\$ 0.00	31,220.9	\$ 94.45	\$ 245.73
Subtotal Retail Pharmacy				\$ 258.66							\$ 245.73
Ancillary											
Transportation	Trips	444.6	\$ 76.65	\$ 2.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	444.6	\$ 76.65	\$ 2.84
DME/Prosthetics	Procedures	1,327.9	130.13	14.40	-	-	-	-	1,327.9	130.13	14.40
Subtotal Ancillary				\$ 17.24							\$ 17.24
LTSS											
Hospice	Days	59.9	\$ 246.53	\$ 1.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	59.9	\$ 246.53	\$ 1.23
Nursing Home	Days	95.3	274.63	2.18	-	-	-	-	95.3	274.63	2.18
HCBS	Procedures	254.2	91.58	1.94	-	-	-	-	254.2	91.58	1.94
Case Management	Procedures	166.6	308.29	4.28	-	-	-	-	166.6	308.29	4.28
Subtotal LTSS				\$ 9.63							\$ 9.63
Total Medical Costs				\$ 949.11							\$ 935.51

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: RHP - Other Disabled 45+											
SFY 2019 Base Experience					Program Change Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 86,474		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	1,819.8	\$ 1,855.17	\$ 281.33	\$ 0.00	\$ (0.87)	\$ 0.00	\$ 0.00	1,819.8	\$ 1,849.43	\$ 280.46
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	894.3	712.53	53.10	-	(0.16)	-	-	894.3	710.39	52.94
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	46.1	1,659.52	6.37	-	(0.02)	-	-	46.1	1,654.31	6.35
Subtotal Inpatient Hospital				\$ 340.80							\$ 339.75
Outpatient Hospital											
Outpatient Emergency Room	Visits	1,158.3	\$ 702.59	\$ 67.82	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.00	1,158.3	\$ 702.49	\$ 67.81
Outpatient Surgery	Visits	369.0	1,577.68	48.51	-	-	-	-	369.0	1,577.68	48.51
Outpatient Radiology	Procedures	1,035.5	329.82	28.46	-	-	-	-	1,035.5	329.82	28.46
Outpatient Pathology/Lab	Procedures	10,802.1	33.08	29.78	-	-	-	-	10,802.1	33.08	29.78
Outpatient Pharmacy	Procedures	983.9	570.53	46.78	-	-	-	-	983.9	570.53	46.78
Outpatient MH/SA	Visits	145.1	381.21	4.61	-	-	-	-	145.1	381.21	4.61
Other Outpatient	Procedures	3,367.2	238.99	67.06	-	(0.01)	-	-	3,367.2	238.95	67.05
Subtotal Outpatient Hospital				\$ 293.02							\$ 293.00
Professional											
Inpatient and Outpatient Surgery	Procedures	1,755.0	\$ 195.41	\$ 28.58	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,755.0	\$ 195.41	\$ 28.58
Anesthesia	Procedures	472.2	138.51	5.45	-	-	-	-	472.2	138.51	5.45
Inpatient Visits	Visits	2,803.6	87.74	20.50	-	-	-	-	2,803.6	87.74	20.50
MH/SA	Visits	7,984.0	96.16	63.98	-	-	-	-	7,984.0	96.16	63.98
Emergency Room	Visits	1,500.4	91.65	11.46	-	-	-	-	1,500.4	91.65	11.46
Office/Home Visits/Consults	Visits	9,109.8	67.17	50.99	-	-	-	-	9,109.8	67.17	50.99
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,405.8	26.75	14.28	-	-	-	-	6,405.8	26.75	14.28
Radiology	Procedures	4,527.4	53.65	20.24	-	-	-	-	4,527.4	53.65	20.24
Office Administered Drugs	Procedures	993.7	239.23	19.81	-	-	-	-	993.7	239.23	19.81
Physical Exams	Visits	700.3	55.00	3.21	-	-	-	-	700.3	55.00	3.21
Therapy	Visits	1,883.3	69.39	10.89	-	-	-	-	1,883.3	69.39	10.89
Vision	Visits	430.7	75.50	2.71	-	-	-	-	430.7	75.50	2.71
Other Professional	Procedures	10,682.8	73.48	65.41	-	-	-	-	10,682.8	73.48	65.41
Subtotal Professional				\$ 317.51							\$ 317.51
Retail Pharmacy											
Retail Pharmacy	Scripts	68,940.1	\$ 84.17	\$ 483.54	\$ 0.00	\$ (24.18)	\$ 0.00	\$ 0.00	68,940.1	\$ 79.96	\$ 459.36
Subtotal Retail Pharmacy				\$ 483.54							\$ 459.36
Ancillary											
Transportation	Trips	730.1	\$ 78.89	\$ 4.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	730.1	\$ 78.89	\$ 4.80
DME/Prosthetics	Procedures	2,934.1	108.87	26.62	-	-	-	-	2,934.1	108.87	26.62
Subtotal Ancillary				\$ 31.42							\$ 31.42
LTSS											
Hospice	Days	472.6	\$ 170.89	\$ 6.73	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	472.6	\$ 170.89	\$ 6.73
Nursing Home	Days	1,206.2	269.60	27.10	-	-	-	-	1,206.2	269.60	27.10
HCBS	Procedures	521.2	88.65	3.85	-	-	-	-	521.2	88.65	3.85
Case Management	Procedures	386.1	163.46	5.26	-	-	-	-	386.1	163.46	5.26
Subtotal LTSS				\$ 42.94							\$ 42.94
Total Medical Costs				\$ 1,509.23							\$ 1,483.98

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2019											
Rate Cell: SOBRA											
SFY 2019 Base Experience				Program Change Adjustments		Trend Adjustments		Adjusted Base Experience			
Deliveries: 4,581	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital											
Inpatient Medical/Surgical/Non-Delivery	Days	239.3	\$ 1,755.40	\$ 420.14	\$ 0.00	\$ (4.62)	\$ 0.00	\$ 0.00	239.3	\$ 1,736.10	\$ 415.52
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2.9	231.50	0.67	-	(0.01)	-	-	2.9	228.04	0.66
Inpatient Maternity Delivery	Days	2,668.5	1,413.36	3,771.52	-	(41.49)	-	-	2,668.5	1,397.81	3,730.03
Other Inpatient	Days	128.8	1,531.91	197.34	-	(2.17)	-	-	128.8	1,515.06	195.17
Subtotal Inpatient Hospital				\$ 4,389.67							\$ 4,341.38
Outpatient Hospital											
Outpatient Emergency Room	Visits	2,077.6	\$ 705.33	\$ 1,465.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,077.6	\$ 705.33	\$ 1,465.36
Outpatient Surgery	Visits	51.0	2,949.70	150.51	-	-	-	-	51.0	2,949.70	150.51
Outpatient Radiology	Procedures	3,507.5	161.72	567.23	-	-	-	-	3,507.5	161.72	567.23
Outpatient Pathology/Lab	Procedures	21,336.6	46.02	981.84	-	-	-	-	21,336.6	46.02	981.84
Outpatient Pharmacy	Procedures	544.5	276.98	150.82	-	-	-	-	544.5	276.98	150.82
Outpatient MH/SA	Visits	6.8	192.17	1.31	-	-	-	-	6.8	192.17	1.31
Other Outpatient	Procedures	3,162.1	123.57	390.74	-	-	-	-	3,162.1	123.57	390.74
Subtotal Outpatient Hospital				\$ 3,707.81							\$ 3,707.81
Professional											
Inpatient and Outpatient Surgery	Procedures	85.5	\$ 109.54	\$ 9.37	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	85.5	\$ 109.54	\$ 9.37
Anesthesia	Procedures	1,133.2	351.44	398.25	-	-	-	-	1,133.2	351.44	398.25
Inpatient Visits	Visits	1,038.1	57.08	59.25	-	-	-	-	1,038.1	57.08	59.25
MH/SA	Visits	3.1	102.07	0.32	-	-	-	-	3.1	102.07	0.32
Emergency Room	Visits	2,098.0	70.18	147.24	-	-	-	-	2,098.0	70.18	147.24
Office/Home Visits/Consults	Visits	1,231.5	64.28	79.16	-	-	-	-	1,231.5	64.28	79.16
Maternity	Procedures	3,759.8	423.02	1,590.47	-	-	-	-	3,759.8	423.02	1,590.47
Pathology/Lab	Procedures	3,022.6	39.38	119.02	-	-	-	-	3,022.6	39.38	119.02
Radiology	Procedures	7,100.0	47.81	339.44	-	-	-	-	7,100.0	47.81	339.44
Office Administered Drugs	Procedures	595.8	62.02	36.95	-	-	-	-	595.8	62.02	36.95
Physical Exams	Visits	500.5	11.29	5.65	-	-	-	-	500.5	11.29	5.65
Therapy	Visits	47.4	54.85	2.60	-	-	-	-	47.4	54.85	2.60
Vision	Visits	0.7	59.19	0.04	-	-	-	-	0.7	59.19	0.04
Other Professional	Procedures	720.6	113.49	81.78	-	-	-	-	720.6	113.49	81.78
Subtotal Professional				\$ 2,869.54							\$ 2,869.54
Retail Pharmacy											
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00							\$ 0.00
Ancillary											
Transportation	Trips	48.0	\$ 100.26	\$ 4.81	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	48.0	\$ 100.26	\$ 4.81
DME/Prosthetics	Procedures	797.4	155.95	124.35	-	-	-	-	797.4	155.95	124.35
Subtotal Ancillary				\$ 129.16							\$ 129.16
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	15.0	470.26	7.04	-	-	-	-	15.0	470.26	7.04
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	0.7	29.86	0.02	-	-	-	-	0.7	29.86	0.02
Subtotal LTSS				\$ 7.06							\$ 7.06
Total Medical Costs				\$ 11,103.24							\$ 11,054.95

Appendix 4: SFY 2018 and SFY 2019 Base Data Blending

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - MF<1										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	983.2	\$ 2,171.07	\$ 177.89	780.2	\$ 1,903.68	\$ 123.77	841.1	\$ 1,997.51	\$ 140.01
Inpatient Well Newborn	Days	1,651.3	771.74	106.20	1,860.2	759.97	117.81	1,797.6	763.23	114.33
Inpatient MH/SA	Days	8.9	1,260.86	0.93	94.7	816.17	6.44	68.9	833.82	4.79
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.7	631.77	0.25	15.8	1,843.89	2.43	12.5	1,709.53	1.78
Subtotal Inpatient Hospital				\$ 285.27			\$ 250.45			\$ 260.91
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,035.6	\$ 366.15	\$ 31.60	975.4	\$ 440.08	\$ 35.77	993.5	\$ 416.97	\$ 34.52
Outpatient Surgery	Visits	38.3	1,497.69	4.78	28.4	1,479.23	3.50	31.4	1,484.46	3.88
Outpatient Radiology	Procedures	197.8	151.70	2.50	201.7	143.39	2.41	200.5	146.03	2.44
Outpatient Pathology/Lab	Procedures	1,414.4	60.07	7.08	1,542.0	37.67	4.84	1,503.7	43.97	5.51
Outpatient Pharmacy	Procedures	113.3	203.32	1.92	302.0	7.55	0.19	245.4	34.71	0.71
Outpatient MH/SA	Visits	65.2	147.13	0.80	87.7	198.41	1.45	81.0	185.27	1.25
Other Outpatient	Procedures	907.0	136.27	10.30	1,004.9	128.13	10.73	975.5	130.39	10.60
Subtotal Outpatient Hospital				\$ 58.98			\$ 58.89			\$ 58.91
Professional										
Inpatient and Outpatient Surgery	Procedures	515.3	\$ 231.23	\$ 9.93	524.2	\$ 206.04	\$ 9.00	521.5	\$ 213.53	\$ 9.28
Anesthesia	Procedures	98.1	423.34	3.46	97.3	299.61	2.43	97.6	337.05	2.74
Inpatient Visits	Visits	1,619.7	145.51	19.64	1,871.1	132.05	20.59	1,795.7	135.72	20.31
MH/SA	Visits	25.2	61.83	0.13	32.1	67.28	0.18	30.0	67.90	0.17
Emergency Room	Visits	1,151.9	68.97	6.62	1,151.2	71.09	6.82	1,151.4	70.45	6.76
Office/Home Visits/Consults	Visits	6,050.5	63.45	31.99	6,280.6	63.59	33.28	6,211.5	63.54	32.89
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,179.3	12.31	1.21	1,292.1	12.91	1.39	1,258.3	12.78	1.34
Radiology	Procedures	946.9	16.48	1.30	947.3	16.97	1.34	947.2	16.85	1.33
Office Administered Drugs	Procedures	96.0	2.50	0.02	670.8	2.15	0.12	498.4	2.17	0.09
Physical Exams	Visits	8,499.9	81.63	57.82	9,160.1	79.51	60.69	8,962.0	80.11	59.83
Therapy	Visits	62.6	76.64	0.40	73.6	92.98	0.57	70.3	88.78	0.52
Vision	Visits	115.9	50.73	0.49	141.0	46.81	0.55	133.5	47.65	0.53
Other Professional	Procedures	3,238.7	68.14	18.39	3,669.7	68.08	20.82	3,540.4	68.09	20.09
Subtotal Professional				\$ 151.40			\$ 157.78			\$ 155.88
Retail Pharmacy										
Retail Pharmacy	Scripts	6,535.8	\$ 22.53	\$ 12.27	6,120.0	\$ 23.24	\$ 11.85	6,244.7	\$ 23.02	\$ 11.98
Subtotal Retail Pharmacy				\$ 12.27			\$ 11.85			\$ 11.98
Ancillary										
Transportation	Trips	74.6	\$ 109.32	\$ 0.68	82.7	\$ 127.75	\$ 0.88	80.3	\$ 122.61	\$ 0.82
DME/Prosthetics	Procedures	369.1	175.54	5.40	395.0	193.22	6.36	387.2	188.10	6.07
Subtotal Ancillary				\$ 6.08			\$ 7.24			\$ 6.89
LTSS										
Hospice	Days	1.4	\$ 260.48	\$ 0.03	24.9	\$ 154.39	\$ 0.32	17.8	\$ 154.84	\$ 0.23
Nursing Home	Days	4.6	52.44	0.02	5.0	47.57	0.02	4.9	48.93	0.02
HCBS	Procedures	5.2	346.54	0.15	12.3	361.10	0.37	10.2	354.14	0.30
Case Management	Procedures	399.5	184.75	6.15	422.8	175.11	6.17	415.8	177.77	6.16
Subtotal LTSS				\$ 6.35			\$ 6.88			\$ 6.71
Total Medical Costs				\$ 520.35			\$ 493.09			\$ 501.28

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - MF 1-5										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	63.0	\$ 2,609.90	\$ 13.71	50.7	\$ 2,906.71	\$ 12.27	54.4	\$ 2,803.03	\$ 12.70
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	11.3	1,252.23	1.18	50.3	312.32	1.31	38.6	394.55	1.27
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	0.6	2,832.04	0.13	0.4	2,800.92	0.09
Subtotal Inpatient Hospital				\$ 14.89	\$ 13.71			\$ 14.06		
Outpatient Hospital										
Outpatient Emergency Room	Visits	590.2	\$ 389.18	\$ 19.14	563.0	\$ 436.28	\$ 20.47	571.2	\$ 421.66	\$ 20.07
Outpatient Surgery	Visits	56.9	1,744.21	8.27	50.1	1,563.81	6.53	52.1	1,622.40	7.05
Outpatient Radiology	Procedures	76.9	182.59	1.17	72.3	147.75	0.89	73.7	158.01	0.97
Outpatient Pathology/Lab	Procedures	1,035.1	38.49	3.32	1,046.7	38.86	3.39	1,043.3	38.76	3.37
Outpatient Pharmacy	Procedures	55.0	604.12	2.77	52.3	514.19	2.24	53.1	542.37	2.40
Outpatient MH/SA	Visits	114.9	254.90	2.44	115.6	287.46	2.77	115.4	277.63	2.67
Other Outpatient	Procedures	435.5	132.26	4.80	506.9	117.89	4.98	485.5	121.86	4.93
Subtotal Outpatient Hospital				\$ 41.91	\$ 41.27			\$ 41.46		
Professional										
Inpatient and Outpatient Surgery	Procedures	150.2	\$ 160.54	\$ 2.01	143.5	\$ 156.35	\$ 1.87	145.5	\$ 157.48	\$ 1.91
Anesthesia	Procedures	99.8	139.48	1.16	98.6	135.05	1.11	99.0	137.00	1.13
Inpatient Visits	Visits	76.8	187.57	1.20	115.7	224.05	2.16	104.0	215.74	1.87
MH/SA	Visits	577.1	113.32	5.45	677.8	108.52	6.13	647.6	109.88	5.93
Emergency Room	Visits	545.3	64.92	2.95	538.2	67.11	3.01	540.3	66.40	2.99
Office/Home Visits/Consults	Visits	3,161.1	62.90	16.57	3,106.8	62.96	16.30	3,123.1	62.94	16.38
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,439.9	12.75	1.53	1,503.5	13.25	1.66	1,484.4	13.10	1.62
Radiology	Procedures	269.1	16.05	0.36	281.5	16.62	0.39	277.8	16.41	0.38
Office Administered Drugs	Procedures	22.0	16.34	0.03	28.2	17.00	0.04	26.4	18.20	0.04
Physical Exams	Visits	1,773.1	71.74	10.60	1,681.6	71.36	10.00	1,709.1	71.48	10.18
Therapy	Visits	68.9	76.67	0.44	140.2	70.20	0.82	118.8	71.73	0.71
Vision	Visits	211.9	69.66	1.23	239.0	59.24	1.18	230.9	62.37	1.20
Other Professional	Procedures	2,575.3	78.65	16.88	2,806.7	81.06	18.96	2,737.3	80.40	18.34
Subtotal Professional				\$ 60.41	\$ 63.63			\$ 62.68		
Retail Pharmacy										
Retail Pharmacy	Scripts	6,207.0	\$ 26.85	\$ 13.89	6,217.2	\$ 27.00	\$ 13.99	6,214.2	\$ 26.96	\$ 13.96
Subtotal Retail Pharmacy				\$ 13.89	\$ 13.99			\$ 13.96		
Ancillary										
Transportation	Trips	34.3	\$ 76.88	\$ 0.22	33.8	\$ 74.53	\$ 0.21	34.0	\$ 74.19	\$ 0.21
DME/Prosthetics	Procedures	154.6	100.89	1.30	149.7	109.00	1.36	151.2	106.35	1.34
Subtotal Ancillary				\$ 1.52	\$ 1.57			\$ 1.55		
LTSS										
Hospice	Days	0.3	\$ 468.41	\$ 0.01	-	\$ 0.00	\$ 0.00	0.1	\$ 0.00	\$ 0.00
Nursing Home	Days	2.2	108.48	0.02	2.9	125.16	0.03	2.7	134.47	0.03
HCBS	Procedures	23.2	382.81	0.74	32.8	314.17	0.86	30.0	328.51	0.82
Case Management	Procedures	658.3	83.49	4.58	736.7	77.53	4.76	713.2	79.25	4.71
Subtotal LTSS				\$ 5.35	\$ 5.65			\$ 5.56		
Total Medical Costs				\$ 137.97	\$ 139.82			\$ 139.27		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - MF 6-14		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	30.9	\$ 2,789.21	\$ 7.18	26.3	\$ 2,579.66	\$ 5.65	27.7	\$ 2,650.29	\$ 6.11
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	122.6	1,190.04	12.16	122.3	1,026.50	10.46	122.4	1,075.65	10.97
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.2	3,854.40	0.08	0.8	2,894.96	0.20	0.7	2,931.13	0.16
Subtotal Inpatient Hospital				\$ 19.42	\$ 16.31			\$ 17.24		
Outpatient Hospital										
Outpatient Emergency Room	Visits	325.4	\$ 452.90	\$ 12.28	299.6	\$ 480.72	\$ 12.00	307.3	\$ 471.73	\$ 12.08
Outpatient Surgery	Visits	29.9	1,535.26	3.83	25.6	1,684.36	3.59	26.9	1,633.66	3.66
Outpatient Radiology	Procedures	105.7	172.50	1.52	96.5	177.76	1.43	99.3	176.44	1.46
Outpatient Pathology/Lab	Procedures	966.0	38.76	3.12	1,005.1	39.04	3.27	993.4	38.90	3.22
Outpatient Pharmacy	Procedures	44.9	920.34	3.44	45.4	634.31	2.40	45.2	718.85	2.71
Outpatient MH/SA	Visits	92.4	549.12	4.23	67.9	590.05	3.34	75.3	575.45	3.61
Other Outpatient	Procedures	287.9	145.91	3.50	315.1	125.66	3.30	307.0	131.35	3.36
Subtotal Outpatient Hospital				\$ 31.92	\$ 29.33			\$ 30.10		
Professional										
Inpatient and Outpatient Surgery	Procedures	150.9	\$ 148.72	\$ 1.87	142.5	\$ 154.08	\$ 1.83	145.0	\$ 152.24	\$ 1.84
Anesthesia	Procedures	59.7	136.77	0.68	55.3	138.87	0.64	56.6	137.78	0.65
Inpatient Visits	Visits	85.9	113.21	0.81	83.5	119.35	0.83	84.2	116.90	0.82
MH/SA	Visits	1,884.5	98.64	15.49	1,901.7	99.20	15.72	1,896.5	99.02	15.65
Emergency Room	Visits	321.9	70.08	1.88	309.1	71.43	1.84	312.9	70.94	1.85
Office/Home Visits/Consults	Visits	2,732.3	65.00	14.80	2,674.8	65.86	14.68	2,692.0	65.62	14.72
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,222.8	14.13	1.44	1,285.2	14.19	1.52	1,266.5	14.21	1.50
Radiology	Procedures	419.2	25.19	0.88	414.5	25.77	0.89	415.9	25.68	0.89
Office Administered Drugs	Procedures	18.2	539.60	0.82	23.5	556.67	1.09	21.9	552.96	1.01
Physical Exams	Visits	1,190.8	63.08	6.26	1,132.5	62.94	5.94	1,150.0	63.03	6.04
Therapy	Visits	130.2	55.29	0.60	153.6	56.24	0.72	146.6	55.66	0.68
Vision	Visits	513.9	93.63	4.01	510.9	87.61	3.73	511.8	89.33	3.81
Other Professional	Procedures	1,996.8	35.64	5.93	2,012.0	38.11	6.39	2,007.4	37.36	6.25
Subtotal Professional				\$ 55.47	\$ 55.82			\$ 55.71		
Retail Pharmacy										
Retail Pharmacy	Scripts	4,873.5	\$ 57.86	\$ 23.50	4,388.0	\$ 60.22	\$ 22.02	4,533.7	\$ 59.45	\$ 22.46
Subtotal Retail Pharmacy				\$ 23.50	\$ 22.02			\$ 22.46		
Ancillary										
Transportation	Trips	39.2	\$ 82.62	\$ 0.27	37.0	\$ 87.67	\$ 0.27	37.6	\$ 86.09	\$ 0.27
DME/Prosthetics	Procedures	173.9	107.65	1.56	177.8	112.04	1.66	176.6	110.74	1.63
Subtotal Ancillary				\$ 1.83	\$ 1.93			\$ 1.90		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1.9	126.08	0.02	3.5	69.26	0.02	3.0	80.09	0.02
HCBS	Procedures	301.2	99.62	2.50	327.4	100.06	2.73	319.5	99.90	2.66
Case Management	Procedures	246.5	25.32	0.52	292.1	25.06	0.61	278.4	25.00	0.58
Subtotal LTSS				\$ 3.04	\$ 3.36			\$ 3.26		
Total Medical Costs				\$ 135.18	\$ 128.77			\$ 130.67		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - M 15-44		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	122.5	\$ 2,389.76	\$ 24.40	76.8	\$ 2,369.56	\$ 15.16	90.5	\$ 2,377.50	\$ 17.93
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	196.9	834.85	13.70	220.8	798.83	14.70	213.7	808.79	14.40
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	4.7	2,207.42	0.87	3.3	2,211.04	0.61
Subtotal Inpatient Hospital				\$ 38.10			\$ 30.73			\$ 32.94
Outpatient Hospital										
Outpatient Emergency Room	Visits	438.8	\$ 502.87	\$ 18.39	395.8	\$ 531.43	\$ 17.53	408.7	\$ 522.29	\$ 17.79
Outpatient Surgery	Visits	57.9	1,731.66	8.36	53.5	1,631.79	7.28	54.9	1,662.55	7.60
Outpatient Radiology	Procedures	135.7	220.24	2.49	116.1	240.82	2.33	122.0	234.15	2.38
Outpatient Pathology/Lab	Procedures	1,816.2	40.57	6.14	1,774.7	37.80	5.59	1,787.2	38.68	5.76
Outpatient Pharmacy	Procedures	94.4	1,084.20	8.53	72.1	1,174.47	7.06	78.8	1,141.88	7.50
Outpatient MH/SA	Visits	100.2	407.02	3.40	75.0	377.51	2.36	82.6	387.96	2.67
Other Outpatient	Procedures	305.1	144.75	3.68	313.8	150.68	3.94	311.2	148.86	3.86
Subtotal Outpatient Hospital				\$ 50.99			\$ 46.09			\$ 47.56
Professional										
Inpatient and Outpatient Surgery	Procedures	281.2	\$ 206.99	\$ 4.85	263.0	\$ 207.57	\$ 4.55	268.5	\$ 207.39	\$ 4.64
Anesthesia	Procedures	87.0	175.22	1.27	88.1	156.69	1.15	87.7	162.75	1.19
Inpatient Visits	Visits	225.0	110.38	2.07	188.0	102.15	1.60	199.1	104.88	1.74
MH/SA	Visits	3,161.3	63.28	16.67	2,678.0	76.71	17.12	2,823.0	72.22	16.99
Emergency Room	Visits	443.9	78.66	2.91	429.9	79.27	2.84	434.1	79.05	2.86
Office/Home Visits/Consults	Visits	2,700.7	64.96	14.62	2,693.4	65.85	14.78	2,695.6	65.57	14.73
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,925.7	25.92	4.16	1,916.6	24.36	3.89	1,919.3	24.82	3.97
Radiology	Procedures	863.7	38.35	2.76	801.2	42.08	2.81	820.0	40.98	2.80
Office Administered Drugs	Procedures	122.4	154.87	1.58	106.0	207.12	1.83	110.9	189.28	1.75
Physical Exams	Visits	711.7	61.21	3.63	734.1	60.48	3.70	727.4	60.71	3.68
Therapy	Visits	467.7	59.27	2.31	456.9	58.57	2.23	460.2	58.67	2.25
Vision	Visits	299.0	90.31	2.25	326.3	85.31	2.32	318.1	86.76	2.30
Other Professional	Procedures	1,665.1	31.78	4.41	1,896.4	30.56	4.83	1,827.0	30.87	4.70
Subtotal Professional				\$ 63.49			\$ 63.65			\$ 63.60
Retail Pharmacy										
Retail Pharmacy	Scripts	7,166.0	\$ 67.50	\$ 40.31	6,731.0	\$ 68.46	\$ 38.40	6,861.5	\$ 68.15	\$ 38.97
Subtotal Retail Pharmacy				\$ 40.31			\$ 38.40			\$ 38.97
Ancillary										
Transportation	Trips	81.3	\$ 79.66	\$ 0.54	84.9	\$ 80.54	\$ 0.57	83.9	\$ 80.14	\$ 0.56
DME/Prosthetics	Procedures	348.8	95.65	2.78	365.3	91.65	2.79	360.3	92.91	2.79
Subtotal Ancillary				\$ 3.32			\$ 3.36			\$ 3.35
LTSS										
Hospice	Days	6.1	\$ 158.23	\$ 0.08	1.6	\$ 153.87	\$ 0.02	2.9	\$ 164.84	\$ 0.04
Nursing Home	Days	6.5	241.38	0.13	21.6	205.55	0.37	17.1	211.03	0.30
HCBS	Procedures	303.5	88.57	2.24	338.4	93.25	2.63	327.9	91.84	2.51
Case Management	Procedures	198.8	34.41	0.57	180.9	36.49	0.55	186.2	36.08	0.56
Subtotal LTSS				\$ 3.02			\$ 3.57			\$ 3.41
Total Medical Costs				\$ 199.23			\$ 185.80			\$ 189.83

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - F 15-44										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	133.9	\$ 2,506.51	\$ 27.96	126.7	\$ 2,344.17	\$ 24.75	128.8	\$ 2,394.49	\$ 25.71
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	290.6	709.88	17.19	438.4	548.77	20.05	394.1	584.35	19.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.0	1,172.66	0.10	2.6	2,532.61	0.55	2.1	2,364.87	0.42
Subtotal Inpatient Hospital				\$ 45.25			\$ 45.35			\$ 45.32
Outpatient Hospital										
Outpatient Emergency Room	Visits	672.3	\$ 523.84	\$ 29.35	598.8	\$ 562.70	\$ 28.08	620.9	\$ 550.05	\$ 28.46
Outpatient Surgery	Visits	98.5	1,897.19	15.58	96.6	1,928.05	15.52	97.2	1,918.91	15.54
Outpatient Radiology	Procedures	285.5	252.17	6.00	282.8	233.38	5.50	283.6	239.06	5.65
Outpatient Pathology/Lab	Procedures	4,981.2	43.68	18.13	4,890.8	44.70	18.22	4,917.9	44.38	18.19
Outpatient Pharmacy	Procedures	263.8	444.44	9.77	222.7	559.35	10.38	235.0	520.81	10.20
Outpatient MH/SA	Visits	150.8	437.71	5.50	134.7	475.56	5.34	139.6	463.46	5.39
Other Outpatient	Procedures	578.7	125.04	6.03	575.5	139.71	6.70	576.4	135.31	6.50
Subtotal Outpatient Hospital				\$ 90.36			\$ 89.74			\$ 89.93
Professional										
Inpatient and Outpatient Surgery	Procedures	464.1	\$ 201.68	\$ 7.80	449.1	\$ 208.94	\$ 7.82	453.6	\$ 206.61	\$ 7.81
Anesthesia	Procedures	147.1	141.09	1.73	167.8	136.58	1.91	161.6	138.11	1.86
Inpatient Visits	Visits	296.3	93.56	2.31	304.4	110.79	2.81	301.9	105.72	2.66
MH/SA	Visits	3,966.6	70.46	23.29	3,370.9	83.26	23.39	3,549.6	78.97	23.36
Emergency Room	Visits	738.3	80.29	4.94	665.2	80.82	4.48	687.1	80.68	4.62
Office/Home Visits/Consults	Visits	5,260.8	62.82	27.54	4,809.1	63.73	25.54	4,944.6	63.44	26.14
Maternity	Procedures	7.8	46.34	0.03	5.4	44.69	0.02	6.1	39.41	0.02
Pathology/Lab	Procedures	4,422.2	23.09	8.51	4,319.6	22.47	8.09	4,350.4	22.67	8.22
Radiology	Procedures	1,526.0	45.85	5.83	1,485.9	45.31	5.61	1,497.9	45.50	5.68
Office Administered Drugs	Procedures	359.1	110.61	3.31	519.0	112.13	4.85	471.1	111.83	4.39
Physical Exams	Visits	997.9	56.88	4.73	929.1	55.54	4.30	949.8	55.97	4.43
Therapy	Visits	676.5	56.41	3.18	682.1	56.29	3.20	680.4	56.26	3.19
Vision	Visits	380.9	91.05	2.89	369.5	87.05	2.68	372.9	88.17	2.74
Other Professional	Procedures	1,525.7	74.25	9.44	1,604.9	69.91	9.35	1,581.1	71.19	9.38
Subtotal Professional				\$ 105.53			\$ 104.05			\$ 104.50
Retail Pharmacy										
Retail Pharmacy	Scripts	14,923.9	\$ 44.92	\$ 55.87	15,094.0	\$ 46.26	\$ 58.19	15,042.9	\$ 45.86	\$ 57.49
Subtotal Retail Pharmacy				\$ 55.87			\$ 58.19			\$ 57.49
Ancillary										
Transportation	Trips	136.7	\$ 74.62	\$ 0.85	129.6	\$ 78.71	\$ 0.85	131.7	\$ 77.44	\$ 0.85
DME/Prosthetics	Procedures	275.6	106.68	2.45	287.5	118.13	2.83	283.9	114.96	2.72
Subtotal Ancillary				\$ 3.30			\$ 3.68			\$ 3.57
LTSS										
Hospice	Days	3.2	\$ 186.16	\$ 0.05	4.9	\$ 418.27	\$ 0.17	4.4	\$ 356.09	\$ 0.13
Nursing Home	Days	27.0	244.01	0.55	25.8	200.12	0.43	26.2	215.57	0.47
HCBS	Procedures	91.1	81.66	0.62	104.5	88.42	0.77	100.5	87.17	0.73
Case Management	Procedures	87.2	90.80	0.66	87.8	79.27	0.58	87.6	82.17	0.60
Subtotal LTSS				\$ 1.88			\$ 1.95			\$ 1.93
Total Medical Costs				\$ 302.19			\$ 302.96			\$ 302.74

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - MF 45+										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	376.6	\$ 2,308.37	\$ 72.44	330.3	\$ 2,071.32	\$ 57.02	344.2	\$ 2,149.26	\$ 61.65
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	130.0	725.72	7.86	265.8	612.22	13.56	225.0	631.89	11.85
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.3	556.32	0.06	4.5	2,002.22	0.75	3.5	1,833.22	0.54
Subtotal Inpatient Hospital				\$ 80.36	\$ 71.33			\$ 74.04		
Outpatient Hospital										
Outpatient Emergency Room	Visits	490.1	\$ 591.82	\$ 24.17	436.7	\$ 640.74	\$ 23.32	452.7	\$ 624.99	\$ 23.58
Outpatient Surgery	Visits	249.3	1,470.71	30.55	222.0	1,605.54	29.70	230.2	1,561.99	29.96
Outpatient Radiology	Procedures	607.2	273.14	13.82	580.4	256.80	12.42	588.4	261.86	12.84
Outpatient Pathology/Lab	Procedures	5,571.3	33.04	15.34	5,876.2	32.49	15.91	5,784.8	32.65	15.74
Outpatient Pharmacy	Procedures	451.4	564.36	21.23	504.5	459.03	19.30	488.6	488.25	19.88
Outpatient MH/SA	Visits	79.2	342.29	2.26	71.4	497.31	2.96	73.8	447.36	2.75
Other Outpatient	Procedures	1,145.1	126.17	12.04	1,072.3	164.85	14.73	1,094.1	152.67	13.92
Subtotal Outpatient Hospital				\$ 119.41	\$ 118.34			\$ 118.67		
Professional										
Inpatient and Outpatient Surgery	Procedures	941.6	\$ 211.29	\$ 16.58	951.7	\$ 219.15	\$ 17.38	948.7	\$ 216.81	\$ 17.14
Anesthesia	Procedures	266.6	126.94	2.82	290.4	136.78	3.31	283.3	133.87	3.16
Inpatient Visits	Visits	420.9	83.82	2.94	470.0	90.64	3.55	455.3	88.82	3.37
MH/SA	Visits	2,972.0	72.07	17.85	2,787.2	82.58	19.18	2,842.6	79.28	18.78
Emergency Room	Visits	566.8	86.17	4.07	539.5	88.52	3.98	547.7	87.86	4.01
Office/Home Visits/Consults	Visits	6,426.9	65.00	34.81	6,328.8	65.70	34.65	6,358.3	65.49	34.70
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,292.7	20.68	9.12	5,251.8	21.30	9.32	5,264.1	21.11	9.26
Radiology	Procedures	2,508.8	58.35	12.20	2,455.4	53.95	11.04	2,471.4	55.30	11.39
Office Administered Drugs	Procedures	353.6	178.50	5.26	412.4	216.48	7.44	394.8	206.40	6.79
Physical Exams	Visits	961.5	59.65	4.78	944.0	59.24	4.66	949.3	59.41	4.70
Therapy	Visits	1,496.9	56.28	7.02	1,536.2	57.10	7.31	1,524.4	56.84	7.22
Vision	Visits	441.6	84.79	3.12	410.2	83.67	2.86	419.6	84.08	2.94
Other Professional	Procedures	2,366.2	50.87	10.03	2,526.2	50.30	10.59	2,478.2	50.46	10.42
Subtotal Professional				\$ 130.60	\$ 135.27			\$ 133.88		
Retail Pharmacy										
Retail Pharmacy	Scripts	27,595.9	\$ 51.74	\$ 118.98	26,736.7	\$ 54.24	\$ 120.84	26,994.5	\$ 53.47	\$ 120.28
Subtotal Retail Pharmacy				\$ 118.98	\$ 120.84			\$ 120.28		
Ancillary										
Transportation	Trips	119.9	\$ 78.09	\$ 0.78	115.4	\$ 81.07	\$ 0.78	116.8	\$ 80.16	\$ 0.78
DME/Prosthetics	Procedures	824.6	90.52	6.22	820.6	100.75	6.89	821.8	97.69	6.69
Subtotal Ancillary				\$ 7.00	\$ 7.67			\$ 7.47		
LTSS										
Hospice	Days	23.7	\$ 161.86	\$ 0.32	19.0	\$ 176.96	\$ 0.28	20.4	\$ 170.52	\$ 0.29
Nursing Home	Days	81.9	257.99	1.76	95.1	237.17	1.88	91.1	242.26	1.84
HCBS	Procedures	20.4	70.50	0.12	63.8	80.92	0.43	50.8	80.37	0.34
Case Management	Procedures	61.3	266.36	1.36	50.6	260.71	1.10	53.8	263.09	1.18
Subtotal LTSS				\$ 3.56	\$ 3.69			\$ 3.65		
Total Medical Costs				\$ 459.91	\$ 457.14			\$ 457.99		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development/ Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RC - EFP		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	5.0	166.52	0.07	3.5	169.91	0.05
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.00	\$ 0.07			\$ 0.05		
Outpatient Hospital										
Outpatient Emergency Room	Visits	14.9	\$ 708.84	\$ 0.88	10.6	\$ 635.70	\$ 0.56	11.9	\$ 667.28	\$ 0.66
Outpatient Surgery	Visits	1.7	703.89	0.10	3.9	1,887.31	0.62	3.3	1,687.59	0.46
Outpatient Radiology	Procedures	9.6	163.00	0.13	7.9	183.20	0.12	8.4	171.98	0.12
Outpatient Pathology/Lab	Procedures	586.2	54.25	2.65	337.5	49.78	1.40	412.1	51.83	1.78
Outpatient Pharmacy	Procedures	43.4	154.85	0.56	34.1	140.78	0.40	36.9	146.40	0.45
Outpatient MH/SA	Visits	-	-	-	0.8	1,177.52	0.08	0.6	1,261.63	0.06
Other Outpatient	Procedures	72.0	181.63	1.09	55.2	213.02	0.98	60.2	201.16	1.01
Subtotal Outpatient Hospital				\$ 5.41	\$ 4.16			\$ 4.54		
Professional										
Inpatient and Outpatient Surgery	Procedures	38.9	\$ 83.20	\$ 0.27	10.8	\$ 99.98	\$ 0.09	19.2	\$ 87.30	\$ 0.14
Anesthesia	Procedures	-	-	-	4.2	143.99	0.05	2.9	164.56	0.04
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-
MH/SA	Visits	6.8	106.53	0.06	8.3	101.12	0.07	7.8	107.11	0.07
Emergency Room	Visits	12.2	88.72	0.09	12.4	77.41	0.08	12.3	77.84	0.08
Office/Home Visits/Consults	Visits	251.8	52.90	1.11	182.1	52.71	0.80	203.0	52.61	0.89
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	617.7	21.37	1.10	231.7	15.02	0.29	347.5	18.30	0.53
Radiology	Procedures	62.3	77.10	0.40	21.6	44.36	0.08	33.8	63.86	0.18
Office Administered Drugs	Procedures	139.3	46.53	0.54	126.2	45.64	0.48	130.1	46.11	0.50
Physical Exams	Visits	172.7	54.20	0.78	141.2	45.90	0.54	150.6	48.59	0.61
Therapy	Visits	9.0	53.31	0.04	-	-	-	2.7	44.42	0.01
Vision	Visits	3.2	75.11	0.02	5.0	96.09	0.04	4.5	80.80	0.03
Other Professional	Procedures	107.5	282.49	2.53	77.4	246.52	1.59	86.4	259.66	1.87
Subtotal Professional				\$ 6.94	\$ 4.11			\$ 4.95		
Retail Pharmacy										
Retail Pharmacy	Scripts	1,104.7	\$ 32.26	\$ 2.97	902.5	\$ 34.04	\$ 2.56	963.1	\$ 33.39	\$ 2.68
Subtotal Retail Pharmacy				\$ 2.97	\$ 2.56			\$ 2.68		
Ancillary										
Transportation	Trips	1.0	\$ 589.99	\$ 0.05	-	\$ 0.00	\$ 0.00	0.3	\$ 786.65	\$ 0.02
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.05	\$ 0.00			\$ 0.02		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	6.1	98.48	0.05	2.5	194.13	0.04	3.6	134.89	0.04
HCBS	Procedures	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.05	\$ 0.04			\$ 0.04		
Total Medical Costs				\$ 15.42	\$ 10.94			\$ 12.28		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
CSHCN - Adoption Subsidy		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	110.6	\$ 2,628.15	\$ 24.22	170.2	\$ 2,318.99	\$ 32.89	140.4	\$ 2,441.18	\$ 28.56
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,382.7	1,183.93	136.42	1,156.7	1,226.00	118.18	1,269.7	1,203.10	127.30
Inpatient Maternity Delivery	Days	4.2	884.18	0.31	6.5	1,700.01	0.92	5.4	1,390.48	0.62
Other Inpatient	Days	51.6	813.54	3.50	4.3	1,679.21	0.60	28.0	879.93	2.05
Subtotal Inpatient Hospital				\$ 164.45	\$ 152.59			\$ 158.53		
Outpatient Hospital										
Outpatient Emergency Room	Visits	355.0	\$ 528.40	\$ 15.63	386.3	\$ 565.69	\$ 18.21	370.6	\$ 547.83	\$ 16.92
Outpatient Surgery	Visits	50.0	1,841.68	7.67	58.4	1,483.31	7.22	54.2	1,649.66	7.45
Outpatient Radiology	Procedures	178.3	325.79	4.84	146.8	200.27	2.45	162.5	269.47	3.65
Outpatient Pathology/Lab	Procedures	1,801.6	46.96	7.05	1,963.0	41.08	6.72	1,882.3	43.92	6.89
Outpatient Pharmacy	Procedures	117.1	530.95	5.18	66.2	749.95	4.14	91.7	610.09	4.66
Outpatient MH/SA	Visits	516.7	444.49	19.14	353.0	665.20	19.57	434.9	534.21	19.36
Other Outpatient	Procedures	878.0	117.54	8.60	835.8	117.01	8.15	856.9	117.35	8.38
Subtotal Outpatient Hospital				\$ 68.11	\$ 66.46			\$ 67.31		
Professional										
Inpatient and Outpatient Surgery	Procedures	209.6	\$ 206.09	\$ 3.60	239.8	\$ 230.15	\$ 4.60	224.7	\$ 218.93	\$ 4.10
Anesthesia	Procedures	91.2	151.24	1.15	125.5	143.47	1.50	108.4	147.29	1.33
Inpatient Visits	Visits	357.5	128.57	3.83	396.3	138.38	4.57	376.9	133.73	4.20
MH/SA	Visits	6,446.8	94.22	50.62	6,813.8	105.12	59.69	6,630.3	99.83	55.16
Emergency Room	Visits	393.1	96.78	3.17	409.6	87.30	2.98	401.4	92.09	3.08
Office/Home Visits/Consults	Visits	3,636.5	74.58	22.60	3,756.9	75.89	23.76	3,696.7	75.25	23.18
Maternity	Procedures	6.2	309.74	0.16	4.3	366.47	0.13	5.2	344.31	0.15
Pathology/Lab	Procedures	1,445.9	18.43	2.22	1,494.0	17.11	2.13	1,469.9	17.80	2.18
Radiology	Procedures	564.9	30.59	1.44	530.1	28.98	1.28	547.5	29.81	1.36
Office Administered Drugs	Procedures	53.6	55.99	0.25	148.2	122.25	1.51	100.9	104.66	0.88
Physical Exams	Visits	1,014.2	75.84	6.41	997.7	72.41	6.02	1,006.0	74.20	6.22
Therapy	Visits	232.0	58.44	1.13	260.2	59.02	1.28	246.1	58.99	1.21
Vision	Visits	488.9	92.78	3.78	524.5	86.94	3.80	506.7	89.76	3.79
Other Professional	Procedures	17,741.0	36.43	53.86	16,712.2	50.14	69.83	17,226.6	43.08	61.85
Subtotal Professional				\$ 154.22	\$ 183.08			\$ 168.69		
Retail Pharmacy										
Retail Pharmacy	Scripts	12,631.2	\$ 52.76	\$ 55.54	12,457.7	\$ 56.19	\$ 58.33	12,544.4	\$ 54.47	\$ 56.94
Subtotal Retail Pharmacy				\$ 55.54	\$ 58.33			\$ 56.94		
Ancillary										
Transportation	Trips	126.0	\$ 86.69	\$ 0.91	152.0	\$ 97.10	\$ 1.23	139.0	\$ 92.38	\$ 1.07
DME/Prosthetics	Procedures	1,005.3	211.76	17.74	1,240.1	143.70	14.85	1,122.7	174.23	16.30
Subtotal Ancillary				\$ 18.65	\$ 16.08			\$ 17.37		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	9.6	75.29	0.06	4.8	75.29	0.03
HCBS	Procedures	4,356.6	105.47	38.29	4,419.2	113.07	41.64	4,387.9	109.31	39.97
Case Management	Procedures	4,039.5	21.80	7.34	3,726.3	22.38	6.95	3,882.9	22.10	7.15
Subtotal LTSS				\$ 45.63	\$ 48.65			\$ 47.15		
Total Medical Costs				\$ 506.60	\$ 525.19			\$ 515.99		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
CSHCN - Katie Beckett		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	968.5	\$ 5,397.35	\$ 435.62	644.4	\$ 4,261.26	\$ 228.82	806.4	\$ 4,943.47	\$ 332.22
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,789.4	1,545.54	488.06	3,573.1	1,651.31	491.69	3,681.3	1,596.89	489.88
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 923.68	\$ 720.51			\$ 822.10		
Outpatient Hospital										
Outpatient Emergency Room	Visits	453.5	\$ 644.05	\$ 24.34	320.6	\$ 1,060.22	\$ 28.33	387.1	\$ 816.58	\$ 26.34
Outpatient Surgery	Visits	255.5	2,273.87	48.42	174.5	1,472.11	21.41	215.0	1,948.77	34.92
Outpatient Radiology	Procedures	622.0	218.58	11.33	345.0	269.58	7.75	483.5	236.77	9.54
Outpatient Pathology/Lab	Procedures	4,354.1	54.16	19.65	2,193.6	77.68	14.20	3,273.9	62.06	16.93
Outpatient Pharmacy	Procedures	235.0	355.42	6.96	107.2	14.55	0.13	171.1	249.00	3.55
Outpatient MH/SA	Visits	390.8	698.61	22.75	752.3	768.08	48.15	571.5	744.33	35.45
Other Outpatient	Procedures	6,112.0	129.68	66.05	5,479.6	131.72	60.15	5,795.8	130.65	63.10
Subtotal Outpatient Hospital				\$ 199.50	\$ 180.12			\$ 189.83		
Professional										
Inpatient and Outpatient Surgery	Procedures	513.2	\$ 198.27	\$ 8.48	482.8	\$ 247.28	\$ 9.95	498.0	\$ 222.15	\$ 9.22
Anesthesia	Procedures	345.8	138.82	4.00	304.2	180.67	4.58	325.0	158.41	4.29
Inpatient Visits	Visits	1,553.5	196.67	25.46	1,208.2	204.21	20.56	1,380.8	199.97	23.01
MH/SA	Visits	19,188.0	101.56	162.39	19,552.6	114.77	187.01	19,370.3	108.23	174.70
Emergency Room	Visits	692.3	87.01	5.02	541.5	105.49	4.76	616.9	95.12	4.89
Office/Home Visits/Consults	Visits	5,413.3	84.24	38.00	4,254.1	86.20	30.56	4,833.7	85.10	34.28
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,857.6	11.89	1.84	1,030.4	13.63	1.17	1,444.0	12.55	1.51
Radiology	Procedures	1,981.6	37.00	6.11	962.2	23.94	1.92	1,471.9	32.77	4.02
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	894.1	73.55	5.48	1,122.9	70.00	6.55	1,008.5	71.63	6.02
Therapy	Visits	2,308.5	58.32	11.22	3,075.7	58.84	15.08	2,692.1	58.62	13.15
Vision	Visits	465.8	91.72	3.56	413.1	65.95	2.27	439.4	79.74	2.92
Other Professional	Procedures	150,643.3	40.90	513.44	158,802.3	37.56	497.02	154,722.8	39.18	505.23
Subtotal Professional				\$ 785.00	\$ 781.43			\$ 783.24		
Retail Pharmacy										
Retail Pharmacy	Scripts	28,208.8	\$ 176.19	\$ 414.18	21,691.1	\$ 185.52	\$ 335.34	24,949.9	\$ 180.25	\$ 374.76
Subtotal Retail Pharmacy				\$ 414.18	\$ 335.34			\$ 374.76		
Ancillary										
Transportation	Trips	280.2	\$ 179.88	\$ 4.20	209.0	\$ 101.63	\$ 1.77	244.6	\$ 146.69	\$ 2.99
DME/Prosthetics	Procedures	18,406.9	135.15	207.31	7,355.3	172.73	105.87	12,881.1	145.88	156.59
Subtotal Ancillary				\$ 211.51	\$ 107.64			\$ 159.58		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	9.4	12.72	0.01	-	-	-	4.7	25.44	0.01
HCBS	Procedures	53,976.1	118.09	531.17	55,836.5	97.65	454.35	54,906.3	107.69	492.76
Case Management	Procedures	31,600.8	21.52	56.66	35,344.9	23.28	68.56	33,472.8	22.45	62.61
Subtotal LTSS				\$ 587.84	\$ 522.91			\$ 555.38		
Total Medical Costs				\$ 3,121.71	\$ 2,647.95			\$ 2,884.89		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
CSHCN - SSI < 15										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	551.1	\$ 2,879.29	\$ 132.24	771.2	\$ 3,329.64	\$ 213.98	661.2	\$ 3,141.94	\$ 173.11
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,578.4	1,373.38	180.64	1,854.0	1,027.00	158.67	1,716.2	1,186.32	169.66
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	49.7	2,668.71	11.06	24.9	2,668.71	5.53
Subtotal Inpatient Hospital				\$ 312.88			\$ 383.71			\$ 348.30
Outpatient Hospital										
Outpatient Emergency Room	Visits	720.9	\$ 518.88	\$ 31.17	736.4	\$ 594.61	\$ 36.49	728.6	\$ 557.15	\$ 33.83
Outpatient Surgery	Visits	141.5	2,465.05	29.06	123.6	2,007.75	20.68	132.5	2,251.81	24.87
Outpatient Radiology	Procedures	387.1	321.79	10.38	342.0	276.82	7.89	364.6	300.86	9.14
Outpatient Pathology/Lab	Procedures	3,557.4	57.51	17.05	3,629.1	45.56	13.78	3,593.3	51.50	15.42
Outpatient Pharmacy	Procedures	820.6	947.69	64.81	625.1	285.44	14.87	722.9	661.34	39.84
Outpatient MH/SA	Visits	535.3	602.60	26.88	495.6	540.67	22.33	515.4	572.95	24.61
Other Outpatient	Procedures	3,093.9	148.59	38.31	3,188.0	135.17	35.91	3,141.0	141.78	37.11
Subtotal Outpatient Hospital				\$ 217.66			\$ 151.95			\$ 184.82
Professional										
Inpatient and Outpatient Surgery	Procedures	398.1	\$ 323.40	\$ 10.73	388.9	\$ 363.49	\$ 11.78	393.5	\$ 343.36	\$ 11.26
Anesthesia	Procedures	319.4	259.21	6.90	291.8	204.00	4.96	305.6	232.85	5.93
Inpatient Visits	Visits	1,047.4	149.97	13.09	1,163.3	218.99	21.23	1,105.4	186.29	17.16
MH/SA	Visits	11,044.9	105.24	96.86	11,382.6	104.90	99.50	11,213.8	105.06	98.18
Emergency Room	Visits	834.2	84.44	5.87	845.1	84.20	5.93	839.6	84.32	5.90
Office/Home Visits/Consults	Visits	5,056.7	86.28	36.36	5,009.5	89.40	37.32	5,033.1	87.83	36.84
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,150.6	16.48	1.58	1,237.5	17.84	1.84	1,194.0	17.19	1.71
Radiology	Procedures	1,092.7	28.66	2.61	1,120.7	30.20	2.82	1,106.7	29.49	2.72
Office Administered Drugs	Procedures	92.3	1,932.77	14.87	530.0	176.16	7.78	311.2	436.96	11.33
Physical Exams	Visits	1,076.9	86.36	7.75	1,064.7	85.21	7.56	1,070.8	85.84	7.66
Therapy	Visits	488.4	75.18	3.06	496.9	68.83	2.85	492.6	72.10	2.96
Vision	Visits	576.0	103.74	4.98	555.3	99.19	4.59	565.7	101.61	4.79
Other Professional	Procedures	41,822.3	63.64	221.80	41,311.6	71.37	245.71	41,567.0	67.48	233.76
Subtotal Professional				\$ 426.46			\$ 453.87			\$ 440.20
Retail Pharmacy										
Retail Pharmacy	Scripts	18,876.9	\$ 106.00	\$ 166.74	17,791.0	\$ 112.82	\$ 167.27	18,334.0	\$ 109.31	\$ 167.01
Subtotal Retail Pharmacy				\$ 166.74			\$ 167.27			\$ 167.01
Ancillary										
Transportation	Trips	250.0	\$ 74.88	\$ 1.56	256.7	\$ 78.05	\$ 1.67	253.4	\$ 76.72	\$ 1.62
DME/Prosthetics	Procedures	3,943.1	187.65	61.66	4,079.8	183.95	62.54	4,011.4	185.77	62.10
Subtotal Ancillary				\$ 63.22			\$ 64.21			\$ 63.72
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.3	215.82	0.06	5.3	68.31	0.03	4.3	139.43	0.05
HCBS	Procedures	9,638.1	127.23	102.19	9,663.4	118.86	95.72	9,650.8	123.05	98.96
Case Management	Procedures	9,503.2	28.29	22.40	10,134.7	27.87	23.54	9,818.9	28.07	22.97
Subtotal LTSS				\$ 124.65			\$ 119.29			\$ 121.98
Total Medical Costs				\$ 1,311.61			\$ 1,340.30			\$ 1,326.03

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
CSHCN - SSI >= 15										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	467.8	\$ 2,245.43	\$ 87.54	869.3	\$ 2,124.16	\$ 153.88	668.6	\$ 2,166.59	\$ 120.71
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,696.4	1,293.32	290.61	2,290.9	1,196.17	228.36	2,493.7	1,248.72	259.49
Inpatient Maternity Delivery	Days	44.4	1,390.42	5.14	52.7	1,251.24	5.50	48.6	1,314.82	5.32
Other Inpatient	Days	3.3	1,273.81	0.35	81.5	1,575.91	10.70	42.4	1,565.58	5.53
Subtotal Inpatient Hospital				\$ 383.64			\$ 398.44			\$ 391.05
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,061.5	\$ 507.59	\$ 44.90	937.6	\$ 523.34	\$ 40.89	999.5	\$ 515.04	\$ 42.90
Outpatient Surgery	Visits	67.2	2,111.19	11.82	83.0	1,775.59	12.28	75.1	1,925.72	12.05
Outpatient Radiology	Procedures	297.1	192.24	4.76	265.5	206.53	4.57	281.3	199.20	4.67
Outpatient Pathology/Lab	Procedures	3,623.0	47.79	14.43	4,205.0	40.58	14.22	3,914.0	43.93	14.33
Outpatient Pharmacy	Procedures	192.0	399.42	6.39	344.0	344.61	9.88	268.0	364.46	8.14
Outpatient MH/SA	Visits	348.7	322.44	9.37	230.7	359.92	6.92	289.7	337.16	8.14
Other Outpatient	Procedures	928.1	165.25	12.78	1,200.3	138.97	13.90	1,064.2	150.43	13.34
Subtotal Outpatient Hospital				\$ 104.45			\$ 102.66			\$ 103.57
Professional										
Inpatient and Outpatient Surgery	Procedures	269.7	\$ 213.58	\$ 4.80	337.6	\$ 259.86	\$ 7.31	303.6	\$ 239.50	\$ 6.06
Anesthesia	Procedures	170.2	197.41	2.80	215.1	158.46	2.84	192.6	175.67	2.82
Inpatient Visits	Visits	1,257.7	112.87	11.83	1,825.8	129.54	19.71	1,541.8	122.74	15.77
MH/SA	Visits	7,599.6	103.17	65.34	6,698.0	103.59	57.82	7,148.8	103.37	61.58
Emergency Room	Visits	1,175.5	89.42	8.76	1,029.3	89.42	7.67	1,102.4	89.48	8.22
Office/Home Visits/Consults	Visits	4,436.1	79.45	29.37	4,253.3	81.17	28.77	4,344.7	80.29	29.07
Maternity	Procedures	80.0	286.62	1.91	58.9	405.13	1.99	69.5	336.91	1.95
Pathology/Lab	Procedures	2,349.6	25.94	5.08	2,140.4	24.44	4.36	2,245.0	25.23	4.72
Radiology	Procedures	1,346.3	30.39	3.41	1,312.5	32.73	3.58	1,329.4	31.59	3.50
Office Administered Drugs	Procedures	184.1	835.49	12.82	566.0	463.07	21.84	375.0	554.49	17.33
Physical Exams	Visits	750.3	77.25	4.83	760.2	78.61	4.98	755.2	78.02	4.91
Therapy	Visits	297.0	66.67	1.65	357.3	62.13	1.85	327.2	64.19	1.75
Vision	Visits	481.2	100.75	4.04	476.0	97.05	3.85	478.6	99.03	3.95
Other Professional	Procedures	31,164.8	30.04	78.02	35,386.5	33.06	97.48	33,275.6	31.64	87.75
Subtotal Professional				\$ 234.66			\$ 264.05			\$ 249.38
Retail Pharmacy										
Retail Pharmacy	Scripts	20,912.0	\$ 79.68	\$ 138.86	20,870.7	\$ 81.61	\$ 141.93	20,891.4	\$ 80.65	\$ 140.40
Subtotal Retail Pharmacy				\$ 138.86			\$ 141.93			\$ 140.40
Ancillary										
Transportation	Trips	493.4	\$ 71.01	\$ 2.92	424.6	\$ 80.82	\$ 2.86	459.0	\$ 75.55	\$ 2.89
DME/Prosthetics	Procedures	1,706.8	159.81	22.73	2,111.2	168.76	29.69	1,909.0	164.76	26.21
Subtotal Ancillary				\$ 25.65			\$ 32.55			\$ 29.10
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	264.2	315.72	6.95	109.6	214.56	1.96	186.9	286.37	4.46
HCBS	Procedures	11,301.8	90.59	85.32	13,136.5	90.20	98.74	12,219.1	90.38	92.03
Case Management	Procedures	5,157.0	35.49	15.25	5,707.9	31.12	14.80	5,432.4	33.20	15.03
Subtotal LTSS				\$ 107.52			\$ 115.50			\$ 111.52
Total Medical Costs				\$ 994.78			\$ 1,055.13			\$ 1,025.02

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
CSHCN - Substitute Care		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	341.9	\$ 1,532.17	\$ 43.65	351.9	\$ 1,689.94	\$ 49.56	346.9	\$ 1,612.37	\$ 46.61
Inpatient Well Newborn	Days	43.1	668.50	2.40	41.2	690.07	2.37	42.1	677.62	2.38
Inpatient MH/SA	Days	3,141.2	1,064.97	278.77	2,663.3	1,047.58	232.50	2,902.2	1,057.01	255.64
Inpatient Maternity Delivery	Days	73.1	1,243.27	7.57	44.0	1,380.00	5.06	58.5	1,295.69	6.32
Other Inpatient	Days	68.2	1,081.33	6.15	29.7	1,511.16	3.74	49.0	1,212.88	4.95
Subtotal Inpatient Hospital				\$ 338.54	\$ 293.23			\$ 315.90		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,168.9	\$ 434.98	\$ 42.37	1,014.5	\$ 440.74	\$ 37.26	1,091.7	\$ 437.60	\$ 39.81
Outpatient Surgery	Visits	59.7	1,418.08	7.06	61.1	1,633.01	8.31	60.4	1,527.71	7.69
Outpatient Radiology	Procedures	209.2	165.18	2.88	228.7	198.87	3.79	219.0	183.04	3.34
Outpatient Pathology/Lab	Procedures	3,131.2	42.77	11.16	3,027.0	43.69	11.02	3,079.1	43.22	11.09
Outpatient Pharmacy	Procedures	117.6	229.68	2.25	136.1	258.42	2.93	126.8	245.10	2.59
Outpatient MH/SA	Visits	650.1	282.24	15.29	524.2	335.82	14.67	587.1	306.16	14.98
Other Outpatient	Procedures	702.1	112.13	6.56	840.5	130.50	9.14	771.3	122.14	7.85
Subtotal Outpatient Hospital				\$ 87.57	\$ 87.12			\$ 87.35		
Professional										
Inpatient and Outpatient Surgery	Procedures	272.5	\$ 181.01	\$ 4.11	271.6	\$ 195.29	\$ 4.42	272.0	\$ 188.36	\$ 4.27
Anesthesia	Procedures	130.2	176.95	1.92	139.8	191.48	2.23	135.0	184.92	2.08
Inpatient Visits	Visits	872.7	117.42	8.54	1,001.3	119.85	10.00	937.0	118.72	9.27
MH/SA	Visits	8,322.3	93.68	64.97	8,264.7	98.12	67.58	8,293.5	95.90	66.28
Emergency Room	Visits	1,162.8	81.73	7.92	995.1	81.76	6.78	1,078.9	81.75	7.35
Office/Home Visits/Consults	Visits	5,459.3	67.59	30.75	5,111.2	69.80	29.73	5,285.3	68.66	30.24
Maternity	Procedures	58.5	543.39	2.65	53.3	369.49	1.64	55.9	461.61	2.15
Pathology/Lab	Procedures	3,322.1	30.02	8.31	3,485.2	29.51	8.57	3,403.7	29.76	8.44
Radiology	Procedures	1,028.2	28.71	2.46	943.8	31.53	2.48	986.0	30.06	2.47
Office Administered Drugs	Procedures	177.7	21.61	0.32	204.5	22.30	0.38	191.1	21.98	0.35
Physical Exams	Visits	2,159.4	67.35	12.12	2,020.7	68.65	11.56	2,090.1	67.98	11.84
Therapy	Visits	189.0	74.30	1.17	234.9	84.80	1.66	211.9	80.41	1.42
Vision	Visits	449.5	105.18	3.94	426.8	96.99	3.45	438.2	101.33	3.70
Other Professional	Procedures	6,719.1	76.58	42.88	8,022.1	63.51	42.46	7,370.6	69.47	42.67
Subtotal Professional				\$ 192.06	\$ 192.94			\$ 192.53		
Retail Pharmacy										
Retail Pharmacy	Scripts	12,665.4	\$ 38.41	\$ 40.54	11,094.6	\$ 44.64	\$ 41.27	11,880.0	\$ 41.32	\$ 40.91
Subtotal Retail Pharmacy				\$ 40.54	\$ 41.27			\$ 40.91		
Ancillary										
Transportation	Trips	380.6	\$ 69.67	\$ 2.21	331.6	\$ 79.24	\$ 2.19	356.1	\$ 74.13	\$ 2.20
DME/Prosthetics	Procedures	513.4	120.37	5.15	528.1	118.15	5.20	520.8	119.36	5.18
Subtotal Ancillary				\$ 7.36	\$ 7.39			\$ 7.38		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-
HCBS	Procedures	667.4	95.47	5.31	1,021.2	91.18	7.76	844.3	92.95	6.54
Case Management	Procedures	2,061.6	74.56	12.81	2,070.5	66.54	11.48	2,066.0	70.57	12.15
Subtotal LTSS				\$ 18.12	\$ 19.24			\$ 18.69		
Total Medical Costs				\$ 684.19	\$ 641.19			\$ 662.76		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - F 19-24										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	104.0	\$ 2,095.15	\$ 18.15	93.8	\$ 2,404.40	\$ 18.80	96.9	\$ 2,305.46	\$ 18.61
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	255.5	703.59	14.98	383.2	586.80	18.74	344.9	612.68	17.61
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	2.4	2,176.35	0.44	1.7	2,190.48	0.31
Subtotal Inpatient Hospital				\$ 33.13	\$ 37.98			\$ 36.53		
Outpatient Hospital										
Outpatient Emergency Room	Visits	700.9	\$ 507.61	\$ 29.65	613.9	\$ 551.59	\$ 28.22	640.0	\$ 537.16	\$ 28.65
Outpatient Surgery	Visits	50.4	1,546.21	6.49	54.4	1,440.78	6.53	53.2	1,471.19	6.52
Outpatient Radiology	Procedures	136.6	243.31	2.77	126.8	256.57	2.71	129.7	252.56	2.73
Outpatient Pathology/Lab	Procedures	4,329.8	44.65	16.11	4,386.6	45.68	16.70	4,369.6	45.37	16.52
Outpatient Pharmacy	Procedures	160.0	939.17	12.52	133.6	1,100.92	12.26	141.5	1,046.24	12.34
Outpatient MH/SA	Visits	122.9	509.71	5.22	146.0	501.21	6.10	139.1	503.81	5.84
Other Outpatient	Procedures	325.4	136.83	3.71	343.4	147.81	4.23	338.0	144.50	4.07
Subtotal Outpatient Hospital				\$ 76.47	\$ 76.75			\$ 76.67		
Professional										
Inpatient and Outpatient Surgery	Procedures	272.9	\$ 179.38	\$ 4.08	249.5	\$ 188.07	\$ 3.91	256.5	\$ 185.25	\$ 3.96
Anesthesia	Procedures	69.8	140.89	0.82	76.8	142.23	0.91	74.7	141.37	0.88
Inpatient Visits	Visits	202.4	95.46	1.61	280.8	99.98	2.34	257.3	98.87	2.12
MH/SA	Visits	2,488.4	81.93	16.99	2,464.8	90.41	18.57	2,471.9	87.87	18.10
Emergency Room	Visits	748.8	77.57	4.84	639.0	78.12	4.16	672.0	77.86	4.36
Office/Home Visits/Consults	Visits	3,797.9	61.83	19.57	3,505.5	62.54	18.27	3,593.2	62.32	18.66
Maternity	Procedures	4.6	26.01	0.01	3.7	65.71	0.02	3.9	60.90	0.02
Pathology/Lab	Procedures	3,779.9	20.35	6.41	3,616.4	20.04	6.04	3,665.5	20.13	6.15
Radiology	Procedures	1,075.3	39.73	3.56	997.1	41.52	3.45	1,020.5	40.92	3.48
Office Administered Drugs	Procedures	381.7	76.08	2.42	414.9	153.88	5.32	404.9	131.88	4.45
Physical Exams	Visits	716.8	60.27	3.60	663.7	60.03	3.32	679.6	60.03	3.40
Therapy	Visits	500.0	54.72	2.28	453.8	55.00	2.08	467.6	54.91	2.14
Vision	Visits	365.0	94.03	2.86	351.3	89.84	2.63	355.4	91.16	2.70
Other Professional	Procedures	1,107.7	82.33	7.60	1,071.0	78.65	7.02	1,082.0	79.74	7.19
Subtotal Professional				\$ 76.65	\$ 78.04			\$ 77.61		
Retail Pharmacy										
Retail Pharmacy	Scripts	8,986.5	\$ 47.60	\$ 35.65	8,877.6	\$ 52.31	\$ 38.70	8,910.3	\$ 50.89	\$ 37.79
Subtotal Retail Pharmacy				\$ 35.65	\$ 38.70			\$ 37.79		
Ancillary										
Transportation	Trips	178.0	\$ 71.48	\$ 1.06	129.8	\$ 79.52	\$ 0.86	144.2	\$ 76.54	\$ 0.92
DME/Prosthetics	Procedures	185.7	101.47	1.57	132.9	116.47	1.29	148.7	110.53	1.37
Subtotal Ancillary				\$ 2.63	\$ 2.15			\$ 2.29		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	5.3	90.87	0.04	3.7	97.36	0.03
HCBS	Procedures	56.3	115.20	0.54	-	-	-	16.9	113.77	0.16
Case Management	Procedures	42.9	212.49	0.76	41.6	253.87	0.88	42.0	240.04	0.84
Subtotal LTSS				\$ 1.30	\$ 0.92			\$ 1.03		
Total Medical Costs				\$ 225.83	\$ 234.54			\$ 231.92		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending ME - F 25-29										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	205.0	\$ 1,962.97	\$ 33.53	172.9	\$ 2,208.39	\$ 31.82	182.5	\$ 2,125.51	\$ 32.33
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	663.9	588.66	32.57	679.2	628.61	35.58	674.6	616.87	34.68
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	5.2	231.54	0.10	3.6	2,238.93	0.67	4.1	1,474.74	0.50
Subtotal Inpatient Hospital				\$ 66.20	\$ 68.07			\$ 67.51		
Outpatient Hospital										
Outpatient Emergency Room	Visits	689.1	\$ 534.62	\$ 30.70	609.1	\$ 577.24	\$ 29.30	633.1	\$ 563.32	\$ 29.72
Outpatient Surgery	Visits	75.3	1,690.93	10.61	62.1	1,469.52	7.60	66.0	1,544.71	8.50
Outpatient Radiology	Procedures	190.0	336.64	5.33	160.4	247.68	3.31	169.3	277.92	3.92
Outpatient Pathology/Lab	Procedures	4,805.1	46.08	18.45	4,646.8	45.89	17.77	4,694.3	45.94	17.97
Outpatient Pharmacy	Procedures	180.1	691.57	10.38	181.4	1,069.18	16.16	181.0	956.72	14.43
Outpatient MH/SA	Visits	353.5	435.21	12.82	241.3	504.77	10.15	275.0	477.90	10.95
Other Outpatient	Procedures	391.5	128.44	4.19	369.8	168.72	5.20	376.3	156.24	4.90
Subtotal Outpatient Hospital				\$ 92.48	\$ 89.49			\$ 90.39		
Professional										
Inpatient and Outpatient Surgery	Procedures	422.6	\$ 184.00	\$ 6.48	359.0	\$ 184.15	\$ 5.51	378.1	\$ 184.07	\$ 5.80
Anesthesia	Procedures	98.6	161.85	1.33	100.9	142.77	1.20	100.2	148.52	1.24
Inpatient Visits	Visits	464.8	94.22	3.65	534.2	99.30	4.42	513.4	97.94	4.19
MH/SA	Visits	6,949.3	68.97	39.94	5,686.3	83.76	39.69	6,065.2	78.68	39.77
Emergency Room	Visits	712.1	85.60	5.08	673.0	81.13	4.55	684.7	82.55	4.71
Office/Home Visits/Consults	Visits	4,226.6	63.06	22.21	3,849.1	63.04	20.22	3,962.3	63.05	20.82
Maternity	Procedures	2.3	153.73	0.03	4.8	74.41	0.03	4.1	88.03	0.03
Pathology/Lab	Procedures	4,373.2	28.95	10.55	4,192.3	28.77	10.05	4,246.6	28.82	10.20
Radiology	Procedures	1,237.9	46.92	4.84	1,182.2	42.53	4.19	1,198.9	43.94	4.39
Office Administered Drugs	Procedures	311.3	126.80	3.29	428.5	240.53	8.59	393.4	213.53	7.00
Physical Exams	Visits	680.2	63.34	3.59	621.0	59.13	3.06	638.7	60.49	3.22
Therapy	Visits	749.7	52.18	3.26	699.7	56.94	3.32	714.7	55.41	3.30
Vision	Visits	249.8	82.62	1.72	232.0	78.12	1.51	237.3	79.39	1.57
Other Professional	Procedures	1,051.7	80.44	7.05	1,043.5	73.14	6.36	1,046.0	75.37	6.57
Subtotal Professional				\$ 113.02	\$ 112.70			\$ 112.81		
Retail Pharmacy										
Retail Pharmacy	Scripts	16,219.0	\$ 53.05	\$ 71.70	15,199.7	\$ 54.74	\$ 69.33	15,505.5	\$ 54.21	\$ 70.04
Subtotal Retail Pharmacy				\$ 71.70	\$ 69.33			\$ 70.04		
Ancillary										
Transportation	Trips	227.4	\$ 86.01	\$ 1.63	173.2	\$ 81.05	\$ 1.17	189.5	\$ 82.96	\$ 1.31
DME/Prosthetics	Procedures	275.8	107.91	2.48	213.2	107.53	1.91	231.9	107.61	2.08
Subtotal Ancillary				\$ 4.11	\$ 3.08			\$ 3.39		
LTSS										
Hospice	Days	8.9	\$ 134.19	\$ 0.10	1.6	\$ 146.58	\$ 0.02	3.8	\$ 125.36	\$ 0.04
Nursing Home	Days	19.5	246.60	0.40	21.1	187.45	0.33	20.6	203.61	0.35
HCBS	Procedures	1.7	72.32	0.01	-	-	-	0.5	-	-
Case Management	Procedures	149.0	145.73	1.81	161.5	92.11	1.24	157.8	107.23	1.41
Subtotal LTSS				\$ 2.32	\$ 1.59			\$ 1.80		
Total Medical Costs				\$ 349.83	\$ 344.26			\$ 345.94		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - F 30-39										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	295.0	\$ 2,228.40	\$ 54.79	240.2	\$ 2,182.78	\$ 43.70	256.7	\$ 2,198.65	\$ 47.03
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,214.6	559.30	56.61	1,601.6	501.32	66.91	1,485.5	515.55	63.82
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	7.9	637.22	0.42	5.8	2,236.78	1.08	6.4	1,642.65	0.88
Subtotal Inpatient Hospital				\$ 111.82	\$ 111.69			\$ 111.73		
Outpatient Hospital										
Outpatient Emergency Room	Visits	667.0	\$ 557.75	\$ 31.00	656.6	\$ 608.55	\$ 33.30	659.7	\$ 593.14	\$ 32.61
Outpatient Surgery	Visits	110.2	1,594.57	14.64	93.4	1,705.21	13.27	98.4	1,667.94	13.68
Outpatient Radiology	Procedures	288.3	268.48	6.45	287.1	303.49	7.26	287.4	293.08	7.02
Outpatient Pathology/Lab	Procedures	4,844.3	45.28	18.28	4,754.2	46.54	18.44	4,781.3	46.16	18.39
Outpatient Pharmacy	Procedures	361.7	993.94	29.96	242.9	1,525.35	30.88	278.6	1,318.17	30.60
Outpatient MH/SA	Visits	316.4	400.50	10.56	286.7	453.32	10.83	295.6	436.40	10.75
Other Outpatient	Procedures	671.2	197.03	11.02	624.7	181.14	9.43	638.7	186.20	9.91
Subtotal Outpatient Hospital				\$ 121.91	\$ 123.41			\$ 122.96		
Professional										
Inpatient and Outpatient Surgery	Procedures	592.1	\$ 196.19	\$ 9.68	491.2	\$ 192.03	\$ 7.86	521.4	\$ 193.54	\$ 8.41
Anesthesia	Procedures	170.0	143.29	2.03	152.5	137.74	1.75	157.7	139.23	1.83
Inpatient Visits	Visits	710.6	86.29	5.11	737.1	98.17	6.03	729.2	94.63	5.75
MH/SA	Visits	10,696.0	68.20	60.79	9,227.1	79.12	60.84	9,667.8	75.50	60.83
Emergency Room	Visits	872.2	86.82	6.31	777.5	89.83	5.82	805.9	88.90	5.97
Office/Home Visits/Consults	Visits	5,392.0	63.05	28.33	4,765.6	63.08	25.05	4,953.5	63.06	26.03
Maternity	Procedures	4.2	86.73	0.03	1.8	136.96	0.02	2.5	97.09	0.02
Pathology/Lab	Procedures	5,279.8	34.93	15.37	4,715.1	35.10	13.79	4,884.5	35.03	14.26
Radiology	Procedures	1,718.6	45.32	6.49	1,590.1	46.79	6.20	1,628.7	46.34	6.29
Office Administered Drugs	Procedures	365.3	184.27	5.61	470.7	345.47	13.55	439.1	305.29	11.17
Physical Exams	Visits	674.3	63.36	3.56	585.1	60.29	2.94	611.9	61.39	3.13
Therapy	Visits	1,062.1	55.48	4.91	1,045.9	54.50	4.75	1,050.8	54.82	4.80
Vision	Visits	242.5	80.15	1.62	204.0	77.65	1.32	215.6	78.49	1.41
Other Professional	Procedures	1,543.0	65.02	8.36	1,499.1	63.08	7.88	1,512.3	63.64	8.02
Subtotal Professional				\$ 158.20	\$ 157.80			\$ 157.92		
Retail Pharmacy										
Retail Pharmacy	Scripts	24,092.5	\$ 53.66	\$ 107.74	24,776.2	\$ 60.18	\$ 124.26	24,571.1	\$ 58.26	\$ 119.30
Subtotal Retail Pharmacy				\$ 107.74	\$ 124.26			\$ 119.30		
Ancillary										
Transportation	Trips	261.4	\$ 84.94	\$ 1.85	272.7	\$ 82.30	\$ 1.87	269.3	\$ 82.89	\$ 1.86
DME/Prosthetics	Procedures	411.1	120.25	4.12	396.7	125.53	4.15	401.1	123.87	4.14
Subtotal Ancillary				\$ 5.97	\$ 6.02			\$ 6.00		
LTSS										
Hospice	Days	0.6	\$ 591.53	\$ 0.03	3.2	\$ 522.92	\$ 0.14	2.4	\$ 542.88	\$ 0.11
Nursing Home	Days	126.9	203.29	2.15	42.2	238.71	0.84	67.6	218.24	1.23
HCBS	Procedures	-	-	-	3.1	78.21	0.02	2.1	55.86	0.01
Case Management	Procedures	236.3	153.86	3.03	261.9	175.95	3.84	254.2	169.93	3.60
Subtotal LTSS				\$ 5.21	\$ 4.84			\$ 4.95		
Total Medical Costs				\$ 510.85	\$ 528.02			\$ 522.88		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - F 40-49										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	442.1	\$ 2,351.18	\$ 86.63	464.1	\$ 2,372.39	\$ 91.75	457.5	\$ 2,366.13	\$ 90.21
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	975.9	694.52	56.48	899.7	667.53	50.05	922.6	676.11	51.98
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	20.2	588.41	0.99	47.6	1,524.00	6.05	39.4	1,379.58	4.53
Subtotal Inpatient Hospital				\$ 144.10			\$ 147.85			\$ 146.72
Outpatient Hospital										
Outpatient Emergency Room	Visits	878.9	\$ 575.20	\$ 42.13	789.6	\$ 659.43	\$ 43.39	816.4	\$ 632.19	\$ 43.01
Outpatient Surgery	Visits	260.7	1,651.76	35.88	225.4	1,549.47	29.11	236.0	1,583.31	31.14
Outpatient Radiology	Procedures	858.1	243.74	17.43	793.4	216.14	14.29	812.8	224.85	15.23
Outpatient Pathology/Lab	Procedures	7,502.2	37.80	23.63	7,087.4	36.34	21.46	7,211.8	36.79	22.11
Outpatient Pharmacy	Procedures	565.0	556.88	26.22	466.3	477.15	18.54	495.9	504.30	20.84
Outpatient MH/SA	Visits	344.0	400.17	11.47	289.6	515.00	12.43	305.9	476.19	12.14
Other Outpatient	Procedures	1,250.8	136.90	14.27	1,286.1	172.34	18.47	1,275.5	161.92	17.21
Subtotal Outpatient Hospital				\$ 171.03			\$ 157.69			\$ 161.68
Professional										
Inpatient and Outpatient Surgery	Procedures	1,112.0	\$ 207.41	\$ 19.22	1,009.1	\$ 210.95	\$ 17.74	1,040.0	\$ 209.77	\$ 18.18
Anesthesia	Procedures	275.3	153.89	3.53	310.1	142.40	3.68	299.7	145.77	3.64
Inpatient Visits	Visits	850.9	93.08	6.60	1,031.0	92.65	7.96	977.0	92.74	7.55
MH/SA	Visits	8,220.5	75.41	51.66	6,815.6	87.68	49.80	7,237.1	83.50	50.36
Emergency Room	Visits	989.5	90.35	7.45	916.7	89.02	6.80	938.5	89.50	7.00
Office/Home Visits/Consults	Visits	7,290.2	64.82	39.38	6,825.3	65.21	37.09	6,964.7	65.09	37.78
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,942.9	28.67	14.20	5,417.2	27.47	12.40	5,574.9	27.85	12.94
Radiology	Procedures	3,313.0	57.26	15.81	3,235.5	52.96	14.28	3,258.7	54.28	14.74
Office Administered Drugs	Procedures	500.0	281.78	11.74	562.6	201.12	9.43	543.8	223.30	10.12
Physical Exams	Visits	829.6	68.42	4.73	768.2	64.98	4.16	786.6	66.06	4.33
Therapy	Visits	1,764.1	57.34	8.43	1,692.9	57.13	8.06	1,714.3	57.19	8.17
Vision	Visits	408.5	87.25	2.97	360.5	81.88	2.46	374.9	83.54	2.61
Other Professional	Procedures	2,253.3	55.92	10.50	2,473.1	53.96	11.12	2,407.1	54.49	10.93
Subtotal Professional				\$ 196.22			\$ 184.98			\$ 188.35
Retail Pharmacy										
Retail Pharmacy	Scripts	33,845.4	\$ 53.73	\$ 151.53	29,967.5	\$ 65.88	\$ 164.53	31,130.9	\$ 61.92	\$ 160.63
Subtotal Retail Pharmacy				\$ 151.53			\$ 164.53			\$ 160.63
Ancillary										
Transportation	Trips	307.7	\$ 78.78	\$ 2.02	283.2	\$ 75.42	\$ 1.78	290.6	\$ 76.40	\$ 1.85
DME/Prosthetics	Procedures	769.6	95.58	6.13	796.2	110.17	7.31	788.2	105.96	6.96
Subtotal Ancillary				\$ 8.15			\$ 9.09			\$ 8.81
LTSS										
Hospice	Days	11.0	\$ 163.14	\$ 0.15	1.3	\$ 630.36	\$ 0.07	4.2	\$ 254.54	\$ 0.09
Nursing Home	Days	116.5	220.35	2.14	200.5	251.39	4.20	175.3	245.06	3.58
HCBS	Procedures	13.0	37.02	0.04	6.2	38.65	0.02	8.2	43.71	0.03
Case Management	Procedures	193.9	193.07	3.12	214.0	229.95	4.10	208.0	219.86	3.81
Subtotal LTSS				\$ 5.45			\$ 8.39			\$ 7.51
Total Medical Costs				\$ 676.48			\$ 672.53			\$ 673.70

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending ME - F 50-64										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	582.1	\$ 2,290.15	\$ 111.09	501.9	\$ 2,338.68	\$ 97.81	525.9	\$ 2,322.48	\$ 101.79
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	241.2	793.94	15.96	400.2	591.27	19.72	352.5	632.81	18.59
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	10.9	208.30	0.19	12.5	2,173.77	2.27	12.1	1,642.40	1.65
Subtotal Inpatient Hospital				\$ 127.24	\$ 119.80			\$ 122.03		
Outpatient Hospital										
Outpatient Emergency Room	Visits	476.5	\$ 624.02	\$ 24.78	460.5	\$ 693.91	\$ 26.63	465.3	\$ 672.56	\$ 26.08
Outpatient Surgery	Visits	338.6	1,409.25	39.77	319.7	1,496.26	39.86	325.4	1,468.98	39.83
Outpatient Radiology	Procedures	979.1	261.80	21.36	945.4	263.76	20.78	955.5	263.11	20.95
Outpatient Pathology/Lab	Procedures	7,208.9	31.63	19.00	6,959.9	31.91	18.51	7,034.6	31.83	18.66
Outpatient Pharmacy	Procedures	779.4	521.63	33.88	675.7	505.23	28.45	706.8	510.67	30.08
Outpatient MH/SA	Visits	102.8	384.22	3.29	125.0	441.66	4.60	118.3	427.00	4.21
Other Outpatient	Procedures	1,684.3	132.95	18.66	1,651.9	141.59	19.49	1,661.6	138.95	19.24
Subtotal Outpatient Hospital				\$ 160.74	\$ 158.32			\$ 159.05		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,401.1	\$ 211.46	\$ 24.69	1,303.3	\$ 201.18	\$ 21.85	1,332.6	\$ 204.41	\$ 22.70
Anesthesia	Procedures	343.7	129.52	3.71	383.3	127.11	4.06	371.4	127.94	3.96
Inpatient Visits	Visits	849.0	86.08	6.09	903.7	83.79	6.31	887.3	84.39	6.24
MH/SA	Visits	3,550.2	83.89	24.82	2,991.1	94.52	23.56	3,158.8	90.95	23.94
Emergency Room	Visits	623.4	91.43	4.75	588.9	90.68	4.45	599.2	90.91	4.54
Office/Home Visits/Consults	Visits	7,346.5	65.29	39.97	6,741.4	66.34	37.27	6,922.9	66.01	38.08
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,871.7	22.30	10.91	5,481.8	23.05	10.53	5,598.7	22.81	10.64
Radiology	Procedures	3,694.5	57.62	17.74	3,412.7	56.08	15.95	3,497.2	56.58	16.49
Office Administered Drugs	Procedures	451.8	176.64	6.65	532.4	180.98	8.03	508.2	179.92	7.62
Physical Exams	Visits	918.1	65.61	5.02	843.7	63.72	4.48	866.0	64.29	4.64
Therapy	Visits	2,151.0	58.07	10.41	2,165.5	57.47	10.37	2,161.1	57.64	10.38
Vision	Visits	481.0	80.08	3.21	452.9	77.37	2.92	461.3	78.30	3.01
Other Professional	Procedures	3,125.8	51.90	13.52	3,315.1	55.42	15.31	3,258.3	54.40	14.77
Subtotal Professional				\$ 171.49	\$ 165.09			\$ 167.01		
Retail Pharmacy										
Retail Pharmacy	Scripts	39,798.1	\$ 49.30	\$ 163.50	37,951.2	\$ 53.00	\$ 167.63	38,505.3	\$ 51.85	\$ 166.39
Subtotal Retail Pharmacy				\$ 163.50	\$ 167.63			\$ 166.39		
Ancillary										
Transportation	Trips	201.1	\$ 82.33	\$ 1.38	196.6	\$ 87.90	\$ 1.44	198.0	\$ 86.08	\$ 1.42
DME/Prosthetics	Procedures	1,033.8	82.30	7.09	986.3	95.51	7.85	1,000.5	91.39	7.62
Subtotal Ancillary				\$ 8.47	\$ 9.29			\$ 9.04		
LTSS										
Hospice	Days	41.1	\$ 247.90	\$ 0.85	92.5	\$ 199.70	\$ 1.54	77.1	\$ 206.94	\$ 1.33
Nursing Home	Days	339.0	218.74	6.18	283.2	220.32	5.20	300.0	219.62	5.49
HCBS	Procedures	33.3	53.98	0.15	54.7	43.87	0.20	48.3	47.21	0.19
Case Management	Procedures	109.0	156.27	1.42	108.8	166.59	1.51	108.9	163.16	1.48
Subtotal LTSS				\$ 8.60	\$ 8.45			\$ 8.49		
Total Medical Costs				\$ 640.04	\$ 628.58			\$ 632.00		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - M 19-24										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	122.1	\$ 2,136.37	\$ 21.74	90.1	\$ 2,011.51	\$ 15.10	99.7	\$ 2,057.15	\$ 17.09
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	340.2	617.98	17.52	527.5	476.81	20.96	471.3	507.43	19.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.1	1,452.97	0.13	4.2	807.13	0.28	3.2	889.96	0.24
Subtotal Inpatient Hospital				\$ 39.39	\$ 36.34			\$ 37.26		
Outpatient Hospital										
Outpatient Emergency Room	Visits	516.0	\$ 523.90	\$ 22.53	512.2	\$ 524.55	\$ 22.39	513.4	\$ 524.31	\$ 22.43
Outpatient Surgery	Visits	32.5	1,549.06	4.19	30.6	1,576.01	4.02	31.2	1,567.20	4.07
Outpatient Radiology	Procedures	79.5	244.68	1.62	74.2	309.08	1.91	75.7	288.34	1.82
Outpatient Pathology/Lab	Procedures	1,461.7	40.23	4.90	1,576.7	40.11	5.27	1,542.2	40.15	5.16
Outpatient Pharmacy	Procedures	83.7	1,059.95	7.39	75.6	729.99	4.60	78.0	836.58	5.44
Outpatient MH/SA	Visits	106.9	361.46	3.22	89.3	404.42	3.01	94.6	389.47	3.07
Other Outpatient	Procedures	212.4	143.49	2.54	204.2	210.38	3.58	206.7	189.87	3.27
Subtotal Outpatient Hospital				\$ 46.39	\$ 44.78			\$ 45.26		
Professional										
Inpatient and Outpatient Surgery	Procedures	198.6	\$ 193.95	\$ 3.21	179.8	\$ 180.18	\$ 2.70	185.5	\$ 184.41	\$ 2.85
Anesthesia	Procedures	52.9	174.65	0.77	48.2	151.84	0.61	49.6	159.62	0.66
Inpatient Visits	Visits	269.9	96.50	2.17	261.3	114.35	2.49	263.9	108.69	2.39
MH/SA	Visits	1,932.0	88.45	14.24	1,632.1	101.32	13.78	1,722.0	97.00	13.92
Emergency Room	Visits	553.4	80.45	3.71	483.8	76.40	3.08	504.7	77.76	3.27
Office/Home Visits/Consults	Visits	1,770.3	63.99	9.44	1,599.0	65.29	8.70	1,650.4	64.86	8.92
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,485.8	29.88	3.70	1,467.4	28.87	3.53	1,472.9	29.17	3.58
Radiology	Procedures	776.4	34.62	2.24	695.0	33.84	1.96	719.4	34.03	2.04
Office Administered Drugs	Procedures	99.7	300.99	2.50	156.5	515.30	6.72	139.4	469.00	5.45
Physical Exams	Visits	272.3	62.13	1.41	266.8	60.26	1.34	268.5	60.79	1.36
Therapy	Visits	368.0	60.98	1.87	255.1	56.91	1.21	289.0	58.55	1.41
Vision	Visits	193.9	89.12	1.44	183.1	88.46	1.35	186.4	88.86	1.38
Other Professional	Procedures	640.3	51.17	2.73	673.1	52.24	2.93	663.2	51.93	2.87
Subtotal Professional				\$ 49.43	\$ 50.40			\$ 50.10		
Retail Pharmacy										
Retail Pharmacy	Scripts	4,167.3	\$ 86.33	\$ 29.98	4,380.4	\$ 94.92	\$ 34.65	4,316.5	\$ 92.44	\$ 33.25
Subtotal Retail Pharmacy				\$ 29.98	\$ 34.65			\$ 33.25		
Ancillary										
Transportation	Trips	103.3	\$ 77.83	\$ 0.67	117.2	\$ 73.73	\$ 0.72	113.0	\$ 75.39	\$ 0.71
DME/Prosthetics	Procedures	121.5	209.38	2.12	154.4	120.45	1.55	144.5	142.79	1.72
Subtotal Ancillary				\$ 2.79	\$ 2.27			\$ 2.43		
LTSS										
Hospice	Days	1.1	\$ 762.26	\$ 0.07	9.0	\$ 146.41	\$ 0.11	6.6	\$ 180.67	\$ 0.10
Nursing Home	Days	10.0	215.89	0.18	28.4	219.78	0.52	22.9	220.32	0.42
HCBS	Procedures	46.0	67.87	0.26	16.7	86.04	0.12	25.5	75.27	0.16
Case Management	Procedures	59.3	170.00	0.84	39.4	155.24	0.51	45.4	161.29	0.61
Subtotal LTSS				\$ 1.35	\$ 1.26			\$ 1.29		
Total Medical Costs				\$ 169.33	\$ 169.70			\$ 169.55		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending ME - M 25-29										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	173.0	\$ 2,255.27	\$ 32.52	139.6	\$ 2,547.80	\$ 29.65	149.7	\$ 2,446.26	\$ 30.51
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,073.7	503.48	45.05	1,393.3	461.91	53.63	1,297.4	472.27	51.06
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.7	207.99	0.22	7.9	2,031.96	1.33	9.3	1,289.50	1.00
Subtotal Inpatient Hospital				\$ 77.79	\$ 84.61			\$ 82.57		
Outpatient Hospital										
Outpatient Emergency Room	Visits	613.4	\$ 520.36	\$ 26.60	649.4	\$ 545.65	\$ 29.53	638.6	\$ 538.34	\$ 28.65
Outpatient Surgery	Visits	38.0	1,589.70	5.04	48.8	1,562.91	6.35	45.5	1,570.42	5.96
Outpatient Radiology	Procedures	101.2	246.69	2.08	124.3	353.47	3.66	117.3	326.26	3.19
Outpatient Pathology/Lab	Procedures	1,979.5	45.53	7.51	2,221.9	43.26	8.01	2,149.2	43.89	7.86
Outpatient Pharmacy	Procedures	155.9	1,772.78	23.03	122.9	1,069.52	10.95	132.8	1,316.88	14.57
Outpatient MH/SA	Visits	273.7	341.51	7.79	239.9	388.64	7.77	250.1	373.35	7.78
Other Outpatient	Procedures	255.5	183.18	3.90	292.0	217.39	5.29	281.1	207.93	4.87
Subtotal Outpatient Hospital				\$ 75.95	\$ 71.56			\$ 72.88		
Professional										
Inpatient and Outpatient Surgery	Procedures	247.5	\$ 189.55	\$ 3.91	263.9	\$ 211.41	\$ 4.65	259.0	\$ 205.24	\$ 4.43
Anesthesia	Procedures	72.6	145.38	0.88	75.9	180.18	1.14	74.9	169.74	1.06
Inpatient Visits	Visits	456.9	98.49	3.75	478.3	106.13	4.23	471.9	104.01	4.09
MH/SA	Visits	5,937.0	72.34	35.79	5,245.1	87.94	38.44	5,452.7	82.86	37.65
Emergency Room	Visits	698.0	88.20	5.13	661.3	82.75	4.56	672.3	84.43	4.73
Office/Home Visits/Consults	Visits	2,274.5	62.99	11.94	2,399.2	64.27	12.85	2,361.8	63.92	12.58
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,579.1	41.27	8.87	2,725.4	40.38	9.17	2,681.5	40.63	9.08
Radiology	Procedures	932.8	34.73	2.70	990.7	35.01	2.89	973.3	34.89	2.83
Office Administered Drugs	Procedures	214.5	265.67	4.75	203.5	237.59	4.03	206.8	246.56	4.25
Physical Exams	Visits	258.4	58.99	1.27	277.3	54.52	1.26	271.6	55.66	1.26
Therapy	Visits	421.8	62.02	2.18	470.6	60.95	2.39	455.9	61.32	2.33
Vision	Visits	120.4	82.70	0.83	138.6	79.63	0.92	133.2	80.19	0.89
Other Professional	Procedures	619.5	48.23	2.49	742.0	50.79	3.14	705.2	50.20	2.95
Subtotal Professional				\$ 84.49	\$ 89.67			\$ 88.13		
Retail Pharmacy										
Retail Pharmacy	Scripts	6,766.1	\$ 113.56	\$ 64.03	7,274.8	\$ 119.05	\$ 72.17	7,122.2	\$ 117.49	\$ 69.73
Subtotal Retail Pharmacy				\$ 64.03	\$ 72.17			\$ 69.73		
Ancillary										
Transportation	Trips	212.3	\$ 81.98	\$ 1.45	195.7	\$ 82.15	\$ 1.34	200.7	\$ 81.92	\$ 1.37
DME/Prosthetics	Procedures	192.6	129.59	2.08	223.2	110.21	2.05	214.0	115.49	2.06
Subtotal Ancillary				\$ 3.53	\$ 3.39			\$ 3.43		
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	49.6	278.40	1.15	32.6	254.07	0.69	37.7	264.31	0.83
HCBS	Procedures	-	-	-	2.8	43.24	0.01	1.9	61.77	0.01
Case Management	Procedures	132.5	207.35	2.29	114.3	323.41	3.08	119.8	284.58	2.84
Subtotal LTSS				\$ 3.44	\$ 3.78			\$ 3.68		
Total Medical Costs				\$ 309.23	\$ 325.18			\$ 320.42		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - M 30-39										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	297.8	\$ 2,193.58	\$ 54.43	361.6	\$ 2,047.06	\$ 61.68	342.4	\$ 2,085.46	\$ 59.51
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,538.6	485.44	62.24	1,814.8	427.62	64.67	1,731.9	443.02	63.94
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.9	625.53	0.67	15.9	2,376.45	3.15	15.0	1,929.26	2.41
Subtotal Inpatient Hospital				\$ 117.34	\$ 129.50			\$ 125.86		
Outpatient Hospital										
Outpatient Emergency Room	Visits	843.5	\$ 545.32	\$ 38.33	755.4	\$ 588.71	\$ 37.06	781.8	\$ 574.65	\$ 37.44
Outpatient Surgery	Visits	78.5	1,675.95	10.96	65.1	1,570.57	8.52	69.1	1,606.12	9.25
Outpatient Radiology	Procedures	154.0	293.05	3.76	153.0	266.62	3.40	153.3	274.74	3.51
Outpatient Pathology/Lab	Procedures	2,742.5	45.68	10.44	2,599.0	44.79	9.70	2,642.1	45.06	9.92
Outpatient Pharmacy	Procedures	184.9	775.41	11.95	127.0	1,686.47	17.85	144.4	1,336.40	16.08
Outpatient MH/SA	Visits	490.6	306.95	12.55	283.9	362.70	8.58	345.9	338.94	9.77
Other Outpatient	Procedures	441.1	172.49	6.34	476.0	216.81	8.60	465.5	204.16	7.92
Subtotal Outpatient Hospital				\$ 94.33	\$ 93.71			\$ 93.89		
Professional										
Inpatient and Outpatient Surgery	Procedures	397.0	\$ 209.48	\$ 6.93	376.0	\$ 206.83	\$ 6.48	382.3	\$ 207.81	\$ 6.62
Anesthesia	Procedures	100.7	152.57	1.28	114.6	151.83	1.45	110.4	152.14	1.40
Inpatient Visits	Visits	654.4	91.32	4.98	857.7	92.62	6.62	796.7	92.33	6.13
MH/SA	Visits	11,050.6	62.24	57.32	8,788.2	78.20	57.27	9,466.9	72.61	57.28
Emergency Room	Visits	877.5	88.62	6.48	835.2	85.49	5.95	847.9	86.47	6.11
Office/Home Visits/Consults	Visits	3,237.5	63.09	17.02	3,184.0	64.18	17.03	3,200.0	63.86	17.03
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,619.9	43.86	13.23	3,749.9	43.14	13.48	3,710.9	43.36	13.41
Radiology	Procedures	1,259.7	40.01	4.20	1,315.2	36.95	4.05	1,298.5	37.80	4.09
Office Administered Drugs	Procedures	368.9	216.01	6.64	382.0	312.27	9.94	378.0	284.09	8.95
Physical Exams	Visits	282.6	57.32	1.35	286.6	54.86	1.31	285.4	55.51	1.32
Therapy	Visits	528.1	56.35	2.48	569.8	58.12	2.76	557.3	57.71	2.68
Vision	Visits	130.2	79.24	0.86	136.1	81.13	0.92	134.3	80.40	0.90
Other Professional	Procedures	953.0	55.91	4.44	1,097.3	51.40	4.70	1,054.0	52.60	4.62
Subtotal Professional				\$ 127.21	\$ 131.96			\$ 130.54		
Retail Pharmacy										
Retail Pharmacy	Scripts	13,552.8	\$ 102.49	\$ 115.75	13,270.7	\$ 109.55	\$ 121.15	13,355.3	\$ 107.40	\$ 119.53
Subtotal Retail Pharmacy				\$ 115.75	\$ 121.15			\$ 119.53		
Ancillary										
Transportation	Trips	262.3	\$ 80.52	\$ 1.76	317.2	\$ 83.98	\$ 2.22	300.7	\$ 82.99	\$ 2.08
DME/Prosthetics	Procedures	353.4	107.65	3.17	402.6	115.35	3.87	387.8	113.25	3.66
Subtotal Ancillary				\$ 4.93	\$ 6.09			\$ 5.74		
LTSS										
Hospice	Days	0.9	\$ 815.43	\$ 0.06	27.6	\$ 182.45	\$ 0.42	19.6	\$ 189.78	\$ 0.31
Nursing Home	Days	76.2	270.72	1.72	77.2	260.99	1.68	76.9	263.57	1.69
HCBS	Procedures	1.5	79.27	0.01	3.6	33.34	0.01	3.0	40.36	0.01
Case Management	Procedures	181.3	228.40	3.45	185.9	207.25	3.21	184.5	213.35	3.28
Subtotal LTSS				\$ 5.24	\$ 5.32			\$ 5.29		
Total Medical Costs				\$ 464.80	\$ 487.73			\$ 480.85		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - M 40-49										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	558.2	\$ 1,977.07	\$ 91.96	451.9	\$ 2,317.99	\$ 87.30	483.8	\$ 2,200.05	\$ 88.70
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,051.8	457.24	78.18	1,770.6	541.23	79.86	1,855.0	513.38	79.36
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	25.2	328.64	0.69	24.2	1,479.46	2.98	24.5	1,122.64	2.29
Subtotal Inpatient Hospital				\$ 170.83	\$ 170.14			\$ 170.35		
Outpatient Hospital										
Outpatient Emergency Room	Visits	840.1	\$ 589.07	\$ 41.24	818.2	\$ 650.91	\$ 44.38	824.8	\$ 632.04	\$ 43.44
Outpatient Surgery	Visits	144.6	1,510.71	18.20	132.8	1,574.08	17.42	136.3	1,553.57	17.65
Outpatient Radiology	Procedures	273.9	309.75	7.07	259.9	318.58	6.90	264.1	315.79	6.95
Outpatient Pathology/Lab	Procedures	4,019.8	37.67	12.62	4,209.0	36.55	12.82	4,152.3	36.88	12.76
Outpatient Pharmacy	Procedures	331.0	493.07	13.60	259.7	480.06	10.39	281.1	484.53	11.35
Outpatient MH/SA	Visits	440.4	337.58	12.39	301.6	304.77	7.66	343.2	317.44	9.08
Other Outpatient	Procedures	1,015.8	207.91	17.60	917.8	282.01	21.57	947.2	258.18	20.38
Subtotal Outpatient Hospital				\$ 122.72	\$ 121.14			\$ 121.61		
Professional										
Inpatient and Outpatient Surgery	Procedures	737.7	\$ 211.79	\$ 13.02	667.0	\$ 209.97	\$ 11.67	688.2	\$ 210.64	\$ 12.08
Anesthesia	Procedures	207.5	146.86	2.54	191.6	153.46	2.45	196.4	151.55	2.48
Inpatient Visits	Visits	1,016.3	89.74	7.60	1,218.5	93.46	9.49	1,157.8	92.45	8.92
MH/SA	Visits	9,859.0	70.75	58.13	8,402.2	84.12	58.90	8,839.3	79.65	58.67
Emergency Room	Visits	975.0	95.51	7.76	922.6	90.01	6.92	938.3	91.70	7.17
Office/Home Visits/Consults	Visits	4,496.2	64.19	24.05	4,406.2	65.80	24.16	4,433.2	65.32	24.13
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,612.5	38.87	14.94	4,683.0	36.98	14.43	4,661.9	37.53	14.58
Radiology	Procedures	1,804.9	46.14	6.94	1,787.8	39.94	5.95	1,792.9	41.83	6.25
Office Administered Drugs	Procedures	508.4	106.45	4.51	478.7	154.42	6.16	487.6	139.29	5.66
Physical Exams	Visits	398.8	61.39	2.04	402.7	59.30	1.99	401.5	59.77	2.00
Therapy	Visits	905.0	54.76	4.13	816.7	58.18	3.96	843.2	57.07	4.01
Vision	Visits	228.4	80.90	1.54	218.6	80.70	1.47	221.5	80.70	1.49
Other Professional	Procedures	1,682.0	51.80	7.26	1,797.8	52.60	7.88	1,763.1	52.34	7.69
Subtotal Professional				\$ 154.46	\$ 155.43			\$ 155.13		
Retail Pharmacy										
Retail Pharmacy	Scripts	24,131.0	\$ 79.36	\$ 159.58	22,379.5	\$ 93.18	\$ 173.77	22,904.9	\$ 88.81	\$ 169.51
Subtotal Retail Pharmacy				\$ 159.58	\$ 173.77			\$ 169.51		
Ancillary										
Transportation	Trips	328.5	\$ 82.93	\$ 2.27	353.6	\$ 84.85	\$ 2.50	346.0	\$ 84.27	\$ 2.43
DME/Prosthetics	Procedures	717.9	95.28	5.70	744.7	98.78	6.13	736.6	97.74	6.00
Subtotal Ancillary				\$ 7.97	\$ 8.63			\$ 8.43		
LTSS										
Hospice	Days	3.3	\$ 364.96	\$ 0.10	19.2	\$ 249.56	\$ 0.40	14.4	\$ 257.44	\$ 0.31
Nursing Home	Days	195.4	251.80	4.10	159.5	258.83	3.44	170.3	256.55	3.64
HCBS	Procedures	13.1	73.49	0.08	7.2	66.86	0.04	8.9	67.08	0.05
Case Management	Procedures	196.4	136.26	2.23	179.4	181.32	2.71	184.5	167.19	2.57
Subtotal LTSS				\$ 6.51	\$ 6.59			\$ 6.57		
Total Medical Costs				\$ 622.07	\$ 635.70			\$ 631.66		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
ME - M 50-64										
SFY 2018 Adjusted Base Experience					SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	707.6	\$ 2,235.96	\$ 131.84	755.4	\$ 2,164.21	\$ 136.23	741.0	\$ 2,184.72	\$ 134.91
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	970.7	563.37	45.57	1,165.2	545.94	53.01	1,106.8	550.55	50.78
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.9	2,241.65	0.55	15.9	1,171.87	1.55	12.0	1,250.65	1.25
Subtotal Inpatient Hospital				\$ 177.96	\$ 190.79			\$ 186.94		
Outpatient Hospital										
Outpatient Emergency Room	Visits	606.7	\$ 612.96	\$ 30.99	602.0	\$ 684.51	\$ 34.34	603.4	\$ 663.03	\$ 33.34
Outpatient Surgery	Visits	282.1	1,370.25	32.21	275.4	1,386.26	31.81	277.4	1,381.37	31.93
Outpatient Radiology	Procedures	490.2	378.48	15.46	400.0	392.98	13.10	427.1	388.05	13.81
Outpatient Pathology/Lab	Procedures	5,975.6	31.31	15.59	5,963.4	28.01	13.92	5,967.0	29.00	14.42
Outpatient Pharmacy	Procedures	818.6	484.92	33.08	587.6	507.69	24.86	656.9	499.25	27.33
Outpatient MH/SA	Visits	207.2	295.36	5.10	162.3	443.66	6.00	175.8	391.21	5.73
Other Outpatient	Procedures	1,470.8	186.19	22.82	1,576.7	202.06	26.55	1,544.9	197.52	25.43
Subtotal Outpatient Hospital				\$ 155.25	\$ 150.58			\$ 151.99		
Professional										
Inpatient and Outpatient Surgery	Procedures	1,284.9	\$ 191.82	\$ 20.54	1,238.2	\$ 196.15	\$ 20.24	1,252.2	\$ 194.82	\$ 20.33
Anesthesia	Procedures	294.4	136.97	3.36	321.9	138.30	3.71	313.6	138.12	3.61
Inpatient Visits	Visits	1,181.1	83.01	8.17	1,388.7	89.61	10.37	1,326.4	87.84	9.71
MH/SA	Visits	4,407.3	79.59	29.23	3,849.5	92.55	29.69	4,016.9	88.28	29.55
Emergency Room	Visits	791.6	94.60	6.24	762.2	91.62	5.82	771.0	92.60	5.95
Office/Home Visits/Consults	Visits	5,509.9	65.31	29.99	5,282.1	66.29	29.18	5,350.5	65.98	29.42
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,115.1	26.46	11.28	4,960.8	28.06	11.60	5,007.1	27.56	11.50
Radiology	Procedures	2,358.5	68.74	13.51	2,316.3	67.30	12.99	2,329.0	67.76	13.15
Office Administered Drugs	Procedures	527.1	176.66	7.76	678.1	230.58	13.03	632.8	217.12	11.45
Physical Exams	Visits	548.7	60.14	2.75	536.9	59.67	2.67	540.5	59.72	2.69
Therapy	Visits	1,218.2	58.42	5.93	1,225.1	59.75	6.10	1,223.0	59.36	6.05
Vision	Visits	332.4	79.05	2.19	340.4	76.49	2.17	338.0	77.39	2.18
Other Professional	Procedures	2,791.4	51.72	12.03	2,908.4	51.95	12.59	2,873.3	51.87	12.42
Subtotal Professional				\$ 152.98	\$ 160.16			\$ 158.01		
Retail Pharmacy										
Retail Pharmacy	Scripts	33,364.6	\$ 68.07	\$ 189.27	30,494.1	\$ 77.48	\$ 196.88	31,355.2	\$ 74.48	\$ 194.60
Subtotal Retail Pharmacy				\$ 189.27	\$ 196.88			\$ 194.60		
Ancillary										
Transportation	Trips	322.3	\$ 79.68	\$ 2.14	332.5	\$ 83.01	\$ 2.30	329.4	\$ 81.96	\$ 2.25
DME/Prosthetics	Procedures	1,054.8	88.85	7.81	1,050.2	97.58	8.54	1,051.6	94.94	8.32
Subtotal Ancillary				\$ 9.95	\$ 10.84			\$ 10.57		
LTSS										
Hospice	Days	41.3	\$ 247.15	\$ 0.85	82.9	\$ 220.02	\$ 1.52	70.4	\$ 224.96	\$ 1.32
Nursing Home	Days	454.7	246.77	9.35	457.2	249.34	9.50	456.4	248.71	9.46
HCBS	Procedures	16.4	51.19	0.07	30.4	39.45	0.10	26.2	41.20	0.09
Case Management	Procedures	148.5	157.52	1.95	182.4	192.71	2.93	172.3	183.89	2.64
Subtotal LTSS				\$ 12.22	\$ 14.05			\$ 13.51		
Total Medical Costs				\$ 697.63	\$ 723.30			\$ 715.62		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RHP - ID	SFY 2018 Adjusted Base Experience				SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	1,134.4	\$ 1,964.24	\$ 185.68	856.4	\$ 1,965.28	\$ 140.26	995.4	\$ 1,964.69	\$ 162.97
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,157.0	938.54	90.49	1,039.8	991.48	85.91	1,098.4	963.60	88.20
Inpatient Maternity Delivery	Days	17.9	1,100.58	1.64	4.8	1,276.80	0.51	11.3	1,143.13	1.08
Other Inpatient	Days	4.6	1,234.81	0.47	30.0	1,222.41	3.06	17.3	1,227.52	1.77
Subtotal Inpatient Hospital				\$ 278.28			\$ 229.74			\$ 254.02
Outpatient Hospital										
Outpatient Emergency Room	Visits	710.0	\$ 570.58	\$ 33.76	755.3	\$ 662.04	\$ 41.67	732.7	\$ 617.80	\$ 37.72
Outpatient Surgery	Visits	158.4	1,758.91	23.22	165.3	1,220.10	16.81	161.9	1,484.12	20.02
Outpatient Radiology	Procedures	330.6	195.62	5.39	319.6	241.08	6.42	325.1	217.78	5.90
Outpatient Pathology/Lab	Procedures	5,963.3	29.26	14.54	5,813.0	31.87	15.44	5,888.1	30.55	14.99
Outpatient Pharmacy	Procedures	344.7	326.93	9.39	477.8	109.76	4.37	411.2	200.77	6.88
Outpatient MH/SA	Visits	57.1	435.10	2.07	91.2	281.50	2.14	74.2	341.43	2.11
Other Outpatient	Procedures	1,518.8	161.26	20.41	1,494.1	267.93	33.36	1,506.5	214.12	26.88
Subtotal Outpatient Hospital				\$ 108.78			\$ 120.21			\$ 114.50
Professional										
Inpatient and Outpatient Surgery	Procedures	1,278.3	\$ 131.51	\$ 14.01	1,200.0	\$ 121.50	\$ 12.15	1,239.2	\$ 126.66	\$ 13.08
Anesthesia	Procedures	242.1	256.80	5.18	360.6	154.40	4.64	301.3	195.53	4.91
Inpatient Visits	Visits	2,626.0	95.10	20.81	2,066.6	84.95	14.63	2,346.3	90.63	17.72
MH/SA	Visits	4,527.9	96.87	36.55	4,428.3	100.89	37.23	4,478.1	98.85	36.89
Emergency Room	Visits	909.0	101.26	7.67	896.3	87.82	6.56	902.7	94.65	7.12
Office/Home Visits/Consults	Visits	5,999.5	65.83	32.91	5,787.7	67.05	32.34	5,893.6	66.44	32.63
Maternity	Procedures	15.6	284.17	0.37	7.2	498.89	0.30	11.4	357.26	0.34
Pathology/Lab	Procedures	5,495.6	15.74	7.21	5,084.7	16.07	6.81	5,290.2	15.90	7.01
Radiology	Procedures	2,018.4	36.44	6.13	1,952.3	35.10	5.71	1,985.4	35.78	5.92
Office Administered Drugs	Procedures	519.9	237.49	10.29	781.3	272.46	17.74	650.6	258.58	14.02
Physical Exams	Visits	915.2	63.86	4.87	883.0	64.69	4.76	899.1	64.33	4.82
Therapy	Visits	1,225.0	75.72	7.73	1,344.4	67.66	7.58	1,284.7	71.55	7.66
Vision	Visits	391.2	73.32	2.39	347.7	70.41	2.04	369.4	71.79	2.21
Other Professional	Procedures	10,749.9	111.48	99.87	11,815.3	108.47	106.80	11,282.6	109.91	103.34
Subtotal Professional				\$ 255.99			\$ 259.29			\$ 257.67
Retail Pharmacy										
Retail Pharmacy	Scripts	61,975.9	\$ 64.93	\$ 335.32	56,459.4	\$ 64.23	\$ 302.18	59,217.7	\$ 64.59	\$ 318.75
Subtotal Retail Pharmacy				\$ 335.32			\$ 302.18			\$ 318.75
Ancillary										
Transportation	Trips	522.5	\$ 94.16	\$ 4.10	550.5	\$ 85.67	\$ 3.93	536.5	\$ 89.69	\$ 4.01
DME/Prosthetics	Procedures	7,075.6	133.42	78.67	6,834.8	126.76	72.20	6,955.2	130.16	75.44
Subtotal Ancillary				\$ 82.77			\$ 76.13			\$ 79.45
LTSS										
Hospice	Days	2,116.2	\$ 152.60	\$ 26.91	1,435.5	\$ 149.38	\$ 17.87	1,775.9	\$ 151.30	\$ 22.39
Nursing Home	Days	477.6	303.29	12.07	421.1	270.15	9.48	449.3	287.63	10.77
HCBS	Procedures	481.4	210.39	8.44	575.0	55.51	2.66	528.2	126.09	5.55
Case Management	Procedures	172.6	873.47	12.56	140.4	899.31	10.52	156.5	885.06	11.54
Subtotal LTSS				\$ 59.98			\$ 40.53			\$ 50.25
Total Medical Costs				\$ 1,121.12			\$ 1,028.08			\$ 1,074.64

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RHP - SPMI		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	2,682.1	\$ 1,203.71	\$ 269.04	1,770.6	\$ 1,620.99	\$ 239.18	2,226.4	\$ 1,369.64	\$ 254.11
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,833.2	833.04	335.52	4,694.2	809.36	316.61	4,763.7	821.38	326.07
Inpatient Maternity Delivery	Days	27.8	1,231.76	2.85	22.7	1,535.06	2.90	25.2	1,370.47	2.88
Other Inpatient	Days	175.8	350.17	5.13	50.6	1,651.88	6.97	113.2	641.25	6.05
Subtotal Inpatient Hospital				\$ 612.54			\$ 565.66			\$ 589.11
Outpatient Hospital										
Outpatient Emergency Room	Visits	2,365.5	\$ 585.91	\$ 115.50	2,238.7	\$ 661.30	\$ 123.37	2,302.1	\$ 622.59	\$ 119.44
Outpatient Surgery	Visits	259.3	1,411.60	30.50	238.7	1,680.66	33.43	249.0	1,540.81	31.97
Outpatient Radiology	Procedures	842.3	315.98	22.18	748.5	277.50	17.31	795.4	297.95	19.75
Outpatient Pathology/Lab	Procedures	9,060.0	41.15	31.07	9,064.9	36.85	27.84	9,062.4	39.00	29.45
Outpatient Pharmacy	Procedures	973.8	822.95	66.78	809.9	804.97	54.33	891.8	814.85	60.56
Outpatient MH/SA	Visits	704.7	384.65	22.59	445.4	470.11	17.45	575.1	417.75	20.02
Other Outpatient	Procedures	2,379.4	264.97	52.54	2,527.6	289.69	61.02	2,453.5	277.71	56.78
Subtotal Outpatient Hospital				\$ 341.16			\$ 334.75			\$ 337.97
Professional										
Inpatient and Outpatient Surgery	Procedures	1,467.0	\$ 179.39	\$ 21.93	1,359.1	\$ 181.09	\$ 20.51	1,413.0	\$ 180.21	\$ 21.22
Anesthesia	Procedures	474.5	184.60	7.30	474.7	172.65	6.83	474.6	178.50	7.06
Inpatient Visits	Visits	4,491.3	93.84	35.12	4,803.6	97.70	39.11	4,647.4	95.85	37.12
MH/SA	Visits	28,266.2	187.16	440.85	27,653.3	185.90	428.39	27,959.7	186.53	434.62
Emergency Room	Visits	2,987.7	106.40	26.49	2,726.3	95.47	21.69	2,857.0	101.18	24.09
Office/Home Visits/Consults	Visits	11,194.7	65.86	61.44	10,552.8	69.01	60.69	10,873.7	67.40	61.07
Maternity	Procedures	42.3	298.11	1.05	26.4	381.92	0.84	34.3	332.08	0.95
Pathology/Lab	Procedures	10,162.7	38.42	32.54	8,724.7	35.21	25.60	9,443.7	36.94	29.07
Radiology	Procedures	4,473.2	39.11	14.58	4,327.6	41.09	14.82	4,400.4	40.09	14.70
Office Administered Drugs	Procedures	681.5	148.61	8.44	1,012.2	145.00	12.23	846.8	146.52	10.34
Physical Exams	Visits	682.2	56.29	3.20	657.0	51.50	2.82	669.6	53.94	3.01
Therapy	Visits	1,477.3	66.44	8.18	1,501.2	69.94	8.75	1,489.3	68.25	8.47
Vision	Visits	379.4	80.65	2.55	344.3	77.72	2.23	361.9	79.25	2.39
Other Professional	Procedures	10,602.4	62.05	54.82	12,469.5	70.30	73.05	11,535.9	66.51	63.94
Subtotal Professional				\$ 718.49			\$ 717.56			\$ 718.05
Retail Pharmacy										
Retail Pharmacy	Scripts	80,784.7	\$ 89.89	\$ 605.15	79,140.1	\$ 92.52	\$ 610.16	79,962.4	\$ 91.19	\$ 607.65
Subtotal Retail Pharmacy				\$ 605.15			\$ 610.16			\$ 607.65
Ancillary										
Transportation	Trips	1,675.9	\$ 75.69	\$ 10.57	1,610.5	\$ 75.93	\$ 10.19	1,643.2	\$ 75.80	\$ 10.38
DME/Prosthetics	Procedures	1,963.0	102.88	16.83	2,213.9	115.88	21.38	2,088.5	109.80	19.11
Subtotal Ancillary				\$ 27.40			\$ 31.57			\$ 29.49
LTSS										
Hospice	Days	245.3	\$ 160.95	\$ 3.29	272.4	\$ 161.66	\$ 3.67	258.9	\$ 161.32	\$ 3.48
Nursing Home	Days	1,084.9	283.49	25.63	1,073.2	263.89	23.60	1,079.1	273.79	24.62
HCBS	Procedures	175.1	41.82	0.61	425.7	40.31	1.43	300.4	40.75	1.02
Case Management	Procedures	1,633.7	876.65	119.35	1,996.8	840.43	139.85	1,815.3	856.73	129.60
Subtotal LTSS				\$ 148.88			\$ 168.55			\$ 158.72
Total Medical Costs				\$ 2,453.62			\$ 2,428.25			\$ 2,440.99

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RHP - Other Disabled 21-44		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	949.3	\$ 1,832.34	\$ 144.95	793.4	\$ 2,053.72	\$ 135.78	871.3	\$ 1,933.20	\$ 140.37
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	749.5	703.21	43.92	1,158.1	606.67	58.55	953.8	644.66	51.24
Inpatient Maternity Delivery	Days	81.3	1,168.86	7.92	78.6	1,408.36	9.23	80.0	1,285.87	8.57
Other Inpatient	Days	2.2	1,304.44	0.24	26.3	4,547.20	9.98	14.3	4,296.38	5.11
Subtotal Inpatient Hospital				\$ 197.03	\$ 213.54			\$ 205.29		
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,484.2	\$ 598.54	\$ 74.03	1,397.7	\$ 628.31	\$ 73.18	1,440.9	\$ 612.94	\$ 73.60
Outpatient Surgery	Visits	174.2	1,953.17	28.35	148.8	1,827.27	22.66	161.5	1,895.53	25.51
Outpatient Radiology	Procedures	552.7	303.98	14.00	578.2	328.74	15.84	565.4	316.64	14.92
Outpatient Pathology/Lab	Procedures	7,372.3	40.42	24.83	8,135.1	39.25	26.61	7,753.7	39.81	25.72
Outpatient Pharmacy	Procedures	853.4	491.04	34.92	700.5	438.87	25.62	777.0	467.52	30.27
Outpatient MH/SA	Visits	290.1	393.36	9.51	272.6	405.49	9.21	281.3	399.24	9.36
Other Outpatient	Procedures	2,053.4	216.87	37.11	2,090.4	227.26	39.59	2,071.9	222.11	38.35
Subtotal Outpatient Hospital				\$ 222.75	\$ 212.71			\$ 217.73		
Professional										
Inpatient and Outpatient Surgery	Procedures	748.2	\$ 217.63	\$ 13.57	717.5	\$ 202.38	\$ 12.10	732.8	\$ 210.25	\$ 12.84
Anesthesia	Procedures	249.0	205.81	4.27	282.5	163.99	3.86	265.7	183.36	4.06
Inpatient Visits	Visits	1,443.6	81.47	9.80	1,697.4	92.26	13.05	1,570.5	87.34	11.43
MH/SA	Visits	8,238.7	85.56	58.74	8,226.0	97.18	66.62	8,232.4	91.37	62.68
Emergency Room	Visits	1,648.9	83.99	11.54	1,511.3	83.13	10.47	1,580.1	83.54	11.00
Office/Home Visits/Consults	Visits	6,003.7	63.46	31.75	6,063.2	66.42	33.56	6,033.5	64.96	32.66
Maternity	Procedures	91.4	326.87	2.49	132.5	261.76	2.89	112.0	288.34	2.69
Pathology/Lab	Procedures	4,803.8	30.53	12.22	4,913.2	30.36	12.43	4,858.5	30.45	12.33
Radiology	Procedures	2,814.3	41.70	9.78	2,695.5	41.05	9.22	2,754.9	41.38	9.50
Office Administered Drugs	Procedures	540.2	753.96	33.94	672.5	642.18	35.99	606.4	691.87	34.96
Physical Exams	Visits	548.2	56.92	2.60	559.6	54.03	2.52	553.9	55.46	2.56
Therapy	Visits	938.9	59.43	4.65	909.0	57.69	4.37	923.9	58.58	4.51
Vision	Visits	258.3	82.24	1.77	262.6	77.23	1.69	260.4	79.71	1.73
Other Professional	Procedures	3,680.0	72.88	22.35	4,044.7	82.74	27.89	3,862.4	78.05	25.12
Subtotal Professional				\$ 219.47	\$ 236.66			\$ 228.07		
Retail Pharmacy										
Retail Pharmacy	Scripts	32,170.6	\$ 80.57	\$ 216.00	31,220.9	\$ 94.45	\$ 245.73	31,695.7	\$ 87.41	\$ 230.87
Subtotal Retail Pharmacy				\$ 216.00	\$ 245.73			\$ 230.87		
Ancillary										
Transportation	Trips	491.0	\$ 77.96	\$ 3.19	444.6	\$ 76.65	\$ 2.84	467.8	\$ 77.21	\$ 3.01
DME/Prosthetics	Procedures	1,259.9	120.58	12.66	1,327.9	130.13	14.40	1,293.9	125.48	13.53
Subtotal Ancillary				\$ 15.85	\$ 17.24			\$ 16.54		
LTSS										
Hospice	Days	14.4	\$ 141.64	\$ 0.17	59.9	\$ 246.53	\$ 1.23	37.1	\$ 226.19	\$ 0.70
Nursing Home	Days	100.3	315.81	2.64	95.3	274.63	2.18	97.8	295.75	2.41
HCBS	Procedures	85.0	55.04	0.39	254.2	91.58	1.94	169.6	82.77	1.17
Case Management	Procedures	169.5	159.27	2.25	166.6	308.29	4.28	168.1	232.78	3.26
Subtotal LTSS				\$ 5.45	\$ 9.63			\$ 7.54		
Total Medical Costs				\$ 876.55	\$ 935.51			\$ 906.00		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
RHP - Other Disabled 45+		SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience		
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	1,839.1	\$ 1,851.03	\$ 283.69	1,819.8	\$ 1,849.43	\$ 280.46	1,829.4	\$ 1,850.27	\$ 282.08
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	698.7	701.62	40.85	894.3	710.39	52.94	796.5	706.47	46.89
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	9.0	2,260.34	1.70	46.1	1,654.31	6.35	27.5	1,755.78	4.03
Subtotal Inpatient Hospital				\$ 326.24			\$ 339.75			\$ 333.00
Outpatient Hospital										
Outpatient Emergency Room	Visits	1,173.4	\$ 616.79	\$ 60.31	1,158.3	\$ 702.49	\$ 67.81	1,165.9	\$ 659.36	\$ 64.06
Outpatient Surgery	Visits	362.8	1,502.21	45.42	369.0	1,577.68	48.51	365.9	1,540.43	46.97
Outpatient Radiology	Procedures	1,039.2	316.28	27.39	1,035.5	329.82	28.46	1,037.3	323.09	27.93
Outpatient Pathology/Lab	Procedures	10,530.5	33.99	29.83	10,802.1	33.08	29.78	10,666.3	33.54	29.81
Outpatient Pharmacy	Procedures	1,360.8	634.02	71.90	983.9	570.53	46.78	1,172.4	607.38	59.34
Outpatient MH/SA	Visits	147.4	317.40	3.90	145.1	381.21	4.61	146.3	349.46	4.26
Other Outpatient	Procedures	3,315.2	219.57	60.66	3,367.2	238.95	67.05	3,341.2	229.36	63.86
Subtotal Outpatient Hospital				\$ 299.41			\$ 293.00			\$ 296.23
Professional										
Inpatient and Outpatient Surgery	Procedures	1,763.3	\$ 207.90	\$ 30.55	1,755.0	\$ 195.41	\$ 28.58	1,759.2	\$ 201.64	\$ 29.56
Anesthesia	Procedures	437.3	145.18	5.29	472.2	138.51	5.45	454.7	141.71	5.37
Inpatient Visits	Visits	2,591.3	80.53	17.39	2,803.6	87.74	20.50	2,697.5	84.30	18.95
MH/SA	Visits	9,238.5	77.25	59.47	7,984.0	96.16	63.98	8,611.2	86.02	61.73
Emergency Room	Visits	1,556.1	92.23	11.96	1,500.4	91.65	11.46	1,528.3	91.95	11.71
Office/Home Visits/Consults	Visits	9,604.0	65.49	52.41	9,109.8	67.17	50.99	9,356.9	66.30	51.70
Maternity	Procedures	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,972.0	26.75	15.54	6,405.8	26.75	14.28	6,688.9	26.75	14.91
Radiology	Procedures	4,558.2	48.49	18.42	4,527.4	53.65	20.24	4,542.8	51.06	19.33
Office Administered Drugs	Procedures	638.1	235.84	12.54	993.7	239.23	19.81	815.9	237.98	16.18
Physical Exams	Visits	710.5	53.88	3.19	700.3	55.00	3.21	705.4	54.44	3.20
Therapy	Visits	1,976.6	68.24	11.24	1,883.3	69.39	10.89	1,930.0	68.83	11.07
Vision	Visits	441.3	78.86	2.90	430.7	75.50	2.71	436.0	77.34	2.81
Other Professional	Procedures	8,648.5	64.26	46.31	10,682.8	73.48	65.41	9,665.6	69.35	55.86
Subtotal Professional				\$ 287.21			\$ 317.51			\$ 302.38
Retail Pharmacy										
Retail Pharmacy	Scripts	72,266.6	\$ 78.88	\$ 475.01	68,940.1	\$ 79.96	\$ 459.36	70,603.4	\$ 79.41	\$ 467.19
Subtotal Retail Pharmacy				\$ 475.01			\$ 459.36			\$ 467.19
Ancillary										
Transportation	Trips	710.1	\$ 74.52	\$ 4.41	730.1	\$ 78.89	\$ 4.80	720.1	\$ 76.82	\$ 4.61
DME/Prosthetics	Procedures	2,872.1	104.79	25.08	2,934.1	108.87	26.62	2,903.1	106.85	25.85
Subtotal Ancillary				\$ 29.49			\$ 31.42			\$ 30.46
LTSS										
Hospice	Days	296.6	\$ 199.05	\$ 4.92	472.6	\$ 170.89	\$ 6.73	384.6	\$ 181.90	\$ 5.83
Nursing Home	Days	905.2	287.01	21.65	1,206.2	269.60	27.10	1,055.7	277.12	24.38
HCBS	Procedures	171.7	53.13	0.76	521.2	88.65	3.85	346.4	80.02	2.31
Case Management	Procedures	318.2	118.41	3.14	386.1	163.46	5.26	352.2	143.11	4.20
Subtotal LTSS				\$ 30.47			\$ 42.94			\$ 36.72
Total Medical Costs				\$ 1,447.83			\$ 1,483.98			\$ 1,465.98

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Base Data Blending										
Base Data Blending										
SOBRA										
			SFY 2018 Adjusted Base Experience			SFY 2019 Adjusted Base Experience			Blended Base Experience	
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization per 1,000	Cost per Service	PMPM	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital										
Inpatient Medical/Surgical/Non-Delivery	Days	244.8	\$ 1,851.79	\$ 453.26	239.3	\$ 1,736.10	\$ 415.52	241.0	\$ 1,771.34	\$ 426.84
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	2.9	228.04	0.66	2.0	227.05	0.46
Inpatient Maternity Delivery	Days	2,969.5	1,375.84	4,085.56	2,668.5	1,397.81	3,730.03	2,758.8	1,390.72	3,836.69
Other Inpatient	Days	1.4	1,084.44	1.53	128.8	1,515.06	195.17	90.6	1,513.07	137.08
Subtotal Inpatient Hospital				\$ 4,540.35			\$ 4,341.38			\$ 4,401.07
Outpatient Hospital										
Outpatient Emergency Room	Visits	2,168.8	\$ 690.11	\$ 1,496.75	2,077.6	\$ 705.33	\$ 1,465.36	2,104.9	\$ 700.63	\$ 1,474.78
Outpatient Surgery	Visits	46.1	3,239.03	149.47	51.0	2,949.70	150.51	49.6	3,030.56	150.20
Outpatient Radiology	Procedures	3,204.4	176.13	564.41	3,507.5	161.72	567.23	3,416.6	165.77	566.38
Outpatient Pathology/Lab	Procedures	18,078.4	46.58	842.18	21,336.6	46.02	981.84	20,359.2	46.17	939.94
Outpatient Pharmacy	Procedures	448.8	251.82	113.01	544.5	276.98	150.82	515.8	270.42	139.48
Outpatient MH/SA	Visits	18.2	247.38	4.51	6.8	192.17	1.31	10.2	221.65	2.27
Other Outpatient	Procedures	3,038.0	129.31	392.83	3,162.1	123.57	390.74	3,124.9	125.24	391.37
Subtotal Outpatient Hospital				\$ 3,563.16			\$ 3,707.81			\$ 3,664.42
Professional										
Inpatient and Outpatient Surgery	Procedures	82.5	\$ 124.07	\$ 10.24	85.5	\$ 109.54	\$ 9.37	84.6	\$ 113.78	\$ 9.63
Anesthesia	Procedures	1,028.6	408.54	420.23	1,133.2	351.44	398.25	1,101.8	367.43	404.84
Inpatient Visits	Visits	1,094.4	57.66	63.10	1,038.1	57.08	59.25	1,055.0	57.26	60.41
MH/SA	Visits	14.5	79.43	1.15	3.1	102.07	0.32	6.5	87.19	0.57
Emergency Room	Visits	1,931.1	62.63	120.94	2,098.0	70.18	147.24	2,047.9	68.04	139.35
Office/Home Visits/Consults	Visits	1,257.6	68.02	85.54	1,231.5	64.28	79.16	1,239.3	65.41	81.07
Maternity	Procedures	3,621.1	450.99	1,633.09	3,759.8	423.02	1,590.47	3,718.2	431.19	1,603.26
Pathology/Lab	Procedures	2,961.2	37.16	110.03	3,022.6	39.38	119.02	3,004.2	38.72	116.32
Radiology	Procedures	7,303.4	47.86	349.56	7,100.0	47.81	339.44	7,161.0	47.83	342.48
Office Administered Drugs	Procedures	392.4	34.35	13.48	595.8	62.02	36.95	534.8	55.93	29.91
Physical Exams	Visits	478.1	12.38	5.92	500.5	11.29	5.65	493.8	11.60	5.73
Therapy	Visits	50.0	71.66	3.58	47.4	54.85	2.60	48.2	60.00	2.89
Vision	Visits	-	-	-	0.7	59.19	0.04	0.5	63.42	0.03
Other Professional	Procedures	653.1	140.25	91.59	720.6	113.49	81.78	700.4	120.97	84.72
Subtotal Professional				\$ 2,908.45			\$ 2,869.54			\$ 2,881.21
Retail Pharmacy										
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00			\$ 0.00			\$ 0.00
Ancillary										
Transportation	Trips	77.0	\$ 93.01	\$ 7.16	48.0	\$ 100.26	\$ 4.81	56.7	\$ 97.39	\$ 5.52
DME/Prosthetics	Procedures	847.2	153.47	130.02	797.4	155.95	124.35	812.3	155.17	126.05
Subtotal Ancillary				\$ 137.18			\$ 129.16			\$ 131.57
LTSS										
Hospice	Days	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	12.2	375.23	4.56	15.0	470.26	7.04	14.1	446.01	6.30
HCBS	Procedures	0.6	63.50	0.04	-	-	-	0.2	52.92	0.01
Case Management	Procedures	0.9	34.72	0.03	0.7	29.86	0.02	0.7	27.47	0.02
Subtotal LTSS				\$ 4.63			\$ 7.06			\$ 6.33
Total Medical Costs				\$ 11,153.77			\$ 11,054.95			\$ 11,084.60

Appendix 5: SFY 2022 Projected Benefit Expense Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF<1		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 66,682		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	841.1	\$ 1,997.51	\$ 140.01	\$ 0.00	\$ 0.00	\$ (0.85)	\$ (0.09)	\$ 2.10	\$ 17.83	848.6	\$ 2,248.36	\$ 159.00
Inpatient Well Newborn	Days	1,797.6	763.23	114.33	-	-	(0.70)	(0.06)	1.71	14.56	1,813.4	859.18	129.84
Inpatient MH/SA	Days	68.9	833.82	4.79	-	-	(0.03)	-	0.07	0.61	69.5	939.13	5.44
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.5	1,709.53	1.78	-	-	(0.01)	-	0.02	0.23	12.6	1,929.20	2.02
Subtotal Inpatient Hospital				\$ 260.91									\$ 296.30
Outpatient Hospital													
Outpatient Emergency Room	Visits	993.5	\$ 416.97	\$ 34.52	\$ 0.00	\$ 0.00	\$ (4.29)	\$ 2.60	\$ 0.24	\$ 4.18	876.9	\$ 509.75	\$ 37.25
Outpatient Surgery	Visits	31.4	1,484.46	3.88	-	-	(0.02)	-	0.06	0.49	31.7	1,670.02	4.41
Outpatient Radiology	Procedures	200.5	146.03	2.44	-	-	(0.01)	-	0.03	0.32	202.2	165.02	2.78
Outpatient Pathology/Lab	Procedures	1,503.7	43.97	5.51	-	0.31	(0.03)	-	0.09	0.74	1,520.1	52.26	6.62
Outpatient Pharmacy	Procedures	245.4	34.71	0.71	-	-	-	-	0.01	0.09	248.9	39.05	0.81
Outpatient MH/SA	Visits	81.0	185.27	1.25	-	-	(0.01)	1.25	0.02	0.16	81.6	208.80	1.42
Other Outpatient	Procedures	975.5	130.39	10.60	-	-	(0.05)	-	0.16	1.35	985.7	146.82	12.06
Subtotal Outpatient Hospital				\$ 58.91									\$ 65.35
Professional													
Inpatient and Outpatient Surgery	Procedures	521.5	\$ 213.53	\$ 9.28	\$ 0.00	\$ 0.62	\$ (0.05)	\$ 0.00	\$ 0.15	\$ 0.28	527.1	\$ 234.02	\$ 10.28
Anesthesia	Procedures	97.6	337.05	2.74	-	-	(0.01)	-	0.04	0.08	98.6	346.79	2.85
Inpatient Visits	Visits	1,795.7	135.72	20.31	-	-	(0.10)	-	0.30	0.63	1,813.4	139.89	21.14
MH/SA	Visits	30.0	67.90	0.17	-	-	-	-	0.01	-	31.8	67.90	0.18
Emergency Room	Visits	1,151.4	70.45	6.76	-	-	(0.84)	0.17	0.09	0.19	1,023.7	74.67	6.37
Office/Home Visits/Consults	Visits	6,211.5	63.54	32.89	-	13.22	0.80	-	0.71	0.85	6,496.7	89.53	48.47
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,258.3	12.78	1.34	-	0.68	-	-	0.03	0.06	1,286.5	19.68	2.11
Radiology	Procedures	947.2	16.85	1.33	-	-	-	-	0.02	0.04	961.4	17.35	1.39
Office Administered Drugs	Procedures	498.4	2.17	0.09	-	-	-	-	-	-	498.4	2.17	0.09
Physical Exams	Visits	8,962.0	80.11	59.83	-	19.77	(0.40)	-	1.20	1.57	9,081.8	108.31	81.97
Therapy	Visits	70.3	88.78	0.52	-	-	-	-	0.01	0.01	71.6	90.46	0.54
Vision	Visits	133.5	47.65	0.53	-	0.01	-	-	0.01	0.02	136.0	50.30	0.57
Other Professional	Procedures	3,540.4	68.09	20.09	-	-	(0.10)	-	0.30	0.62	3,575.7	70.17	20.91
Subtotal Professional				\$ 155.88									\$ 196.87
Retail Pharmacy													
Retail Pharmacy	Scripts	6,244.7	\$ 23.02	\$ 11.98	\$ 0.00	\$ (2.05)	\$ (0.05)	\$ 0.00	\$ 0.30	\$ 1.27	6,375.0	\$ 21.55	\$ 11.45
Subtotal Retail Pharmacy				\$ 11.98									\$ 11.45
Ancillary													
Transportation	Trips	80.3	\$ 122.61	\$ 0.82	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.03	83.2	\$ 126.94	\$ 0.88
DME/Prosthetics	Procedures	387.2	188.10	6.07	-	-	(0.03)	-	0.28	0.19	403.2	193.75	6.51
Subtotal Ancillary				\$ 6.89									\$ 7.39
LTSS													
Hospice	Days	17.8	\$ 154.84	\$ 0.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	17.8	\$ 161.57	\$ 0.24
Nursing Home	Days	4.9	48.93	0.02	-	-	-	-	-	-	4.9	48.93	0.02
HCBS	Procedures	10.2	354.14	0.30	-	-	-	-	-	0.01	10.2	365.95	0.31
Case Management	Procedures	415.8	177.77	6.16	-	-	(0.03)	-	0.10	0.18	420.5	182.91	6.41
Subtotal LTSS				\$ 6.71									\$ 6.98
Total Medical Costs				\$ 501.28									\$ 584.34

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 1-5		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 351,657	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	54.4	\$ 2,803.03	\$ 12.70	\$ 0.38	\$ 0.00	\$ (0.14)	\$ (0.02)	\$ 0.20	\$ 1.65	56.3	\$ 3,150.75	\$ 14.77
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	38.6	394.55	1.27	0.04	-	(0.02)	-	0.02	0.17	39.8	445.75	1.48
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.4	2,800.92	0.09	-	-	-	-	-	0.01	0.4	3,112.13	0.10
Subtotal Inpatient Hospital				\$ 14.06									\$ 16.35
Outpatient Hospital													
Outpatient Emergency Room	Visits	571.2	\$ 421.66	\$ 20.07	\$ 0.60	\$ 0.00	\$ (2.35)	\$ 1.42	\$ 0.15	\$ 2.51	525.6	\$ 511.37	\$ 22.40
Outpatient Surgery	Visits	52.1	1,622.40	7.05	0.21	-	(0.03)	-	0.10	0.93	54.2	1,828.24	8.26
Outpatient Radiology	Procedures	73.7	158.01	0.97	0.03	-	(0.01)	-	0.02	0.13	76.7	178.34	1.14
Outpatient Pathology/Lab	Procedures	1,043.3	38.76	3.37	0.10	0.35	(0.02)	-	0.05	0.49	1,083.5	48.07	4.34
Outpatient Pharmacy	Procedures	53.1	542.37	2.40	0.07	-	(0.01)	-	0.04	0.31	55.3	609.62	2.81
Outpatient MH/SA	Visits	115.4	277.63	2.67	0.08	-	(0.01)	-	0.04	0.35	120.2	312.59	3.13
Other Outpatient	Procedures	485.5	121.86	4.93	0.15	-	(0.03)	-	0.08	0.65	505.2	137.30	5.78
Subtotal Outpatient Hospital				\$ 41.46									\$ 47.86
Professional													
Inpatient and Outpatient Surgery	Procedures	145.5	\$ 157.48	\$ 1.91	\$ 0.06	\$ 0.01	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.06	151.6	\$ 163.02	\$ 2.06
Anesthesia	Procedures	99.0	137.00	1.13	0.03	-	-	-	0.02	0.03	103.4	140.48	1.21
Inpatient Visits	Visits	104.0	215.74	1.87	0.06	-	(0.01)	-	0.03	0.05	108.5	221.27	2.00
MH/SA	Visits	647.6	109.88	5.93	0.18	0.21	(0.03)	-	0.09	0.19	673.8	117.00	6.57
Emergency Room	Visits	540.3	66.40	2.99	0.09	-	(0.35)	0.05	0.05	0.08	502.4	69.51	2.91
Office/Home Visits/Consults	Visits	3,123.1	62.94	16.38	0.49	6.52	0.36	-	0.36	0.44	3,353.8	87.84	24.55
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,484.4	13.10	1.62	0.05	0.75	-	-	0.03	0.08	1,557.7	19.49	2.53
Radiology	Procedures	277.8	16.41	0.38	0.01	-	-	-	0.01	0.01	292.4	16.82	0.41
Office Administered Drugs	Procedures	26.4	18.20	0.04	-	-	-	-	-	-	26.4	18.20	0.04
Physical Exams	Visits	1,709.1	71.48	10.18	0.31	3.63	(0.07)	-	0.21	0.28	1,784.6	97.77	14.54
Therapy	Visits	118.8	71.73	0.71	0.02	-	-	-	0.01	0.02	123.8	73.66	0.76
Vision	Visits	230.9	62.37	1.20	0.04	0.08	(0.01)	-	0.02	0.04	240.5	68.36	1.37
Other Professional	Procedures	2,737.3	80.40	18.34	0.55	0.01	(0.10)	-	0.29	0.57	2,847.7	82.84	19.66
Subtotal Professional				\$ 62.68									\$ 78.61
Retail Pharmacy													
Retail Pharmacy	Scripts	6,214.2	\$ 26.96	\$ 13.96	\$ 0.42	\$ (2.08)	\$ (0.06)	\$ 0.00	\$ 0.37	\$ 1.57	6,539.1	\$ 26.02	\$ 14.18
Subtotal Retail Pharmacy				\$ 13.96									\$ 14.18
Ancillary													
Transportation	Trips	34.0	\$ 74.19	\$ 0.21	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	37.2	\$ 74.19	\$ 0.23
DME/Prosthetics	Procedures	151.2	106.35	1.34	0.04	-	(0.01)	-	0.07	0.04	162.5	109.31	1.48
Subtotal Ancillary				\$ 1.55									\$ 1.71
LTSS													
Hospice	Days	0.1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.7	134.47	0.03	-	-	-	-	-	-	2.7	134.47	0.03
HCBS	Procedures	30.0	328.51	0.82	0.02	-	-	-	0.01	0.03	31.0	340.11	0.88
Case Management	Procedures	713.2	79.25	4.71	0.14	-	(0.02)	-	0.07	0.15	741.9	81.68	5.05
Subtotal LTSS				\$ 5.56									\$ 5.96
Total Medical Costs				\$ 139.27									\$ 164.67

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 6-14		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 613,166		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	27.7	\$ 2,650.29	\$ 6.11	\$ 0.18	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.10	\$ 0.80	28.6	\$ 2,985.77	\$ 7.12
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	122.4	1,075.65	10.97	0.33	-	(0.13)	-	0.17	1.44	126.5	1,212.25	12.78
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	0.7	2,931.13	0.16	-	-	-	-	0.01	0.02	0.7	3,275.96	0.19
Subtotal Inpatient Hospital				\$ 17.24									\$ 20.09
Outpatient Hospital													
Outpatient Emergency Room	Visits	307.3	\$ 471.73	\$ 12.08	\$ 0.36	\$ 0.00	\$ (1.02)	\$ 0.55	\$ 0.09	\$ 1.52	292.8	\$ 556.56	\$ 13.58
Outpatient Surgery	Visits	26.9	1,633.66	3.66	0.11	-	(0.02)	-	0.06	0.48	28.0	1,839.47	4.29
Outpatient Radiology	Procedures	99.3	176.44	1.46	0.04	-	-	-	0.02	0.19	103.4	198.50	1.71
Outpatient Pathology/Lab	Procedures	993.4	38.90	3.22	0.10	0.31	(0.02)	-	0.06	0.46	1,036.6	47.81	4.13
Outpatient Pharmacy	Procedures	45.2	718.85	2.71	0.08	-	(0.01)	-	0.04	0.36	47.1	810.62	3.18
Outpatient MH/SA	Visits	75.3	575.45	3.61	0.11	-	(0.02)	-	0.06	0.47	78.4	647.39	4.23
Other Outpatient	Procedures	307.0	131.35	3.36	0.10	-	(0.02)	-	0.06	0.44	319.7	147.87	3.94
Subtotal Outpatient Hospital				\$ 30.10									\$ 35.06
Professional													
Inpatient and Outpatient Surgery	Procedures	145.0	\$ 152.24	\$ 1.84	\$ 0.06	\$ 0.02	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.05	151.3	\$ 157.79	\$ 1.99
Anesthesia	Procedures	56.6	137.78	0.65	0.02	-	-	-	0.01	0.02	59.2	141.83	0.70
Inpatient Visits	Visits	84.2	116.90	0.82	0.02	-	-	-	0.01	0.03	87.3	121.03	0.88
MH/SA	Visits	1,896.5	99.02	15.65	0.47	0.92	(0.08)	-	0.26	0.48	1,975.3	107.53	17.70
Emergency Room	Visits	312.9	70.94	1.85	0.06	-	(0.16)	0.03	0.03	0.05	301.1	74.13	1.86
Office/Home Visits/Consults	Visits	2,692.0	65.62	14.72	0.44	5.00	0.09	-	0.30	0.41	2,843.8	88.44	20.96
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,266.5	14.21	1.50	0.05	0.68	-	-	0.03	0.07	1,334.0	20.96	2.33
Radiology	Procedures	415.9	25.68	0.89	0.03	-	-	-	0.01	0.03	434.6	26.51	0.96
Office Administered Drugs	Procedures	21.9	552.96	1.01	0.03	-	-	-	0.01	0.03	22.8	568.76	1.08
Physical Exams	Visits	1,150.0	63.03	6.04	0.18	2.37	(0.04)	-	0.13	0.16	1,201.4	88.30	8.84
Therapy	Visits	146.6	55.66	0.68	0.02	-	-	-	0.01	0.02	153.1	57.23	0.73
Vision	Visits	511.8	89.33	3.81	0.11	0.20	(0.02)	-	0.06	0.12	532.0	96.55	4.28
Other Professional	Procedures	2,007.4	37.36	6.25	0.19	0.03	(0.04)	-	0.10	0.20	2,087.7	38.68	6.73
Subtotal Professional				\$ 55.71									\$ 69.04
Retail Pharmacy													
Retail Pharmacy	Scripts	4,533.7	\$ 59.45	\$ 22.46	\$ 0.67	\$ (1.25)	\$ (0.11)	\$ (0.01)	\$ 0.66	\$ 2.80	4,779.9	\$ 63.31	\$ 25.22
Subtotal Retail Pharmacy				\$ 22.46									\$ 25.22
Ancillary													
Transportation	Trips	37.6	\$ 86.09	\$ 0.27	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	40.4	\$ 89.06	\$ 0.30
DME/Prosthetics	Procedures	176.6	110.74	1.63	0.05	-	(0.01)	-	0.08	0.05	189.6	113.91	1.80
Subtotal Ancillary				\$ 1.90									\$ 2.10
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.0	80.09	0.02	-	-	-	-	-	-	3.0	80.09	0.02
HCBS	Procedures	319.5	99.90	2.66	0.08	-	(0.01)	-	0.04	0.08	332.7	102.78	2.85
Case Management	Procedures	278.4	25.00	0.58	0.02	-	-	-	-	0.02	288.0	25.83	0.62
Subtotal LTSS				\$ 3.26									\$ 3.49
Total Medical Costs				\$ 130.67									\$ 155.00

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - M 15-44		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 233,567		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	90.5	\$ 2,377.50	\$ 17.93	\$ 0.54	\$ 0.00	\$ (0.21)	\$ 0.03	\$ 0.28	\$ 2.34	93.6	\$ 2,681.42	\$ 20.91
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	213.7	808.79	14.40	0.43	0.08	(0.17)	0.03	0.22	1.89	220.8	917.50	16.88
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.3	2,211.04	0.61	0.02	-	(0.01)	-	0.01	0.08	3.4	2,491.81	0.71
Subtotal Inpatient Hospital				\$ 32.94									\$ 38.50
Outpatient Hospital													
Outpatient Emergency Room	Visits	408.7	\$ 522.29	\$ 17.79	\$ 0.53	\$ 0.00	\$ (1.20)	\$ 0.49	\$ 0.13	\$ 2.24	396.3	\$ 604.95	\$ 19.98
Outpatient Surgery	Visits	54.9	1,662.55	7.60	0.23	-	(0.04)	-	0.12	1.00	57.1	1,872.74	8.91
Outpatient Radiology	Procedures	122.0	234.15	2.38	0.07	-	(0.01)	-	0.04	0.31	127.1	263.41	2.79
Outpatient Pathology/Lab	Procedures	1,787.2	38.68	5.76	0.17	0.34	(0.03)	-	0.10	0.80	1,861.7	46.02	7.14
Outpatient Pharmacy	Procedures	78.8	1,141.88	7.50	0.23	-	(0.04)	-	0.11	0.99	82.0	1,286.81	8.79
Outpatient MH/SA	Visits	82.6	387.96	2.67	0.08	-	(0.01)	-	0.04	0.35	86.0	436.81	3.13
Other Outpatient	Procedures	311.2	148.86	3.86	0.12	-	(0.02)	-	0.06	0.50	324.1	167.37	4.52
Subtotal Outpatient Hospital				\$ 47.56									\$ 55.26
Professional													
Inpatient and Outpatient Surgery	Procedures	268.5	\$ 207.39	\$ 4.64	\$ 0.14	\$ 0.02	\$ (0.02)	\$ 0.00	\$ 0.07	\$ 0.15	279.5	\$ 214.69	\$ 5.00
Anesthesia	Procedures	87.7	162.75	1.19	0.04	-	(0.01)	-	0.02	0.04	91.4	168.00	1.28
Inpatient Visits	Visits	199.1	104.88	1.74	0.05	-	(0.01)	-	0.03	0.06	207.1	108.36	1.87
MH/SA	Visits	2,823.0	72.22	16.99	0.51	1.05	(0.09)	-	0.28	0.52	2,939.3	78.63	19.26
Emergency Room	Visits	434.1	79.05	2.86	0.09	-	(0.20)	0.05	0.04	0.09	423.5	83.02	2.93
Office/Home Visits/Consults	Visits	2,695.6	65.57	14.73	0.44	4.86	0.10	-	0.30	0.41	2,849.3	87.77	20.84
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,919.3	24.82	3.97	0.12	0.74	(0.01)	-	0.08	0.14	2,011.2	30.07	5.04
Radiology	Procedures	820.0	40.98	2.80	0.08	-	0.01	-	0.05	0.08	861.0	42.09	3.02
Office Administered Drugs	Procedures	110.9	189.28	1.75	0.05	-	(0.01)	-	0.03	0.06	115.4	195.52	1.88
Physical Exams	Visits	727.4	60.71	3.68	0.11	1.60	(0.02)	-	0.08	0.09	761.0	87.36	5.54
Therapy	Visits	460.2	58.67	2.25	0.07	-	(0.01)	-	0.03	0.07	478.6	60.43	2.41
Vision	Visits	318.1	86.76	2.30	0.07	0.11	(0.01)	-	0.04	0.07	332.0	93.26	2.58
Other Professional	Procedures	1,827.0	30.87	4.70	0.14	0.02	(0.03)	-	0.07	0.15	1,896.9	31.95	5.05
Subtotal Professional				\$ 63.60									\$ 76.70
Retail Pharmacy													
Retail Pharmacy	Scripts	6,861.5	\$ 68.15	\$ 38.97	\$ 1.17	\$ (1.97)	\$ (0.19)	\$ (0.04)	\$ 1.15	\$ 8.13	7,236.5	\$ 78.30	\$ 47.22
Subtotal Retail Pharmacy				\$ 38.97									\$ 47.22
Ancillary													
Transportation	Trips	83.9	\$ 80.14	\$ 0.56	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.02	88.3	\$ 82.86	\$ 0.61
DME/Prosthetics	Procedures	360.3	92.91	2.79	0.08	-	(0.01)	-	0.09	0.09	381.0	95.75	3.04
Subtotal Ancillary				\$ 3.35									\$ 3.65
LTSS													
Hospice	Days	2.9	\$ 164.84	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.9	\$ 164.84	\$ 0.04
Nursing Home	Days	17.1	211.03	0.30	0.01	-	-	-	-	0.02	17.6	224.64	0.33
HCBS	Procedures	327.9	91.84	2.51	0.08	-	(0.02)	-	0.08	0.12	346.2	96.00	2.77
Case Management	Procedures	186.2	36.08	0.56	0.02	0.03	(0.01)	-	0.02	0.03	196.2	39.75	0.65
Subtotal LTSS				\$ 3.41									\$ 3.79
Total Medical Costs				\$ 189.83									\$ 225.12

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - F 15-44		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 569,611		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	128.8	\$ 2,394.49	\$ 25.71	\$ 0.77	\$ 0.00	\$ (0.41)	\$ 0.12	\$ 0.39	\$ 3.36	132.6	\$ 2,709.41	\$ 29.94
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	394.1	584.35	19.19	0.58	0.05	(0.30)	0.08	0.30	2.51	406.0	662.38	22.41
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	2.1	2,364.87	0.42	0.01	-	-	-	-	0.06	2.2	2,694.85	0.49
Subtotal Inpatient Hospital				\$ 45.32									\$ 52.84
Outpatient Hospital													
Outpatient Emergency Room	Visits	620.9	\$ 550.05	\$ 28.46	\$ 0.85	\$ 0.00	\$ (2.39)	\$ 0.88	\$ 0.21	\$ 3.54	591.9	\$ 639.67	\$ 31.55
Outpatient Surgery	Visits	97.2	1,918.91	15.54	0.47	-	(0.08)	-	0.24	2.04	101.1	2,161.00	18.21
Outpatient Radiology	Procedures	283.6	239.06	5.65	0.17	-	(0.03)	-	0.09	0.74	295.2	269.14	6.62
Outpatient Pathology/Lab	Procedures	4,917.9	44.38	18.19	0.55	0.81	(0.10)	-	0.30	2.49	5,120.7	52.12	22.24
Outpatient Pharmacy	Procedures	235.0	520.81	10.20	0.31	-	(0.06)	-	0.16	1.34	244.5	586.59	11.95
Outpatient MH/SA	Visits	139.6	463.46	5.39	0.16	-	(0.03)	-	0.09	0.71	145.3	522.12	6.32
Other Outpatient	Procedures	576.4	135.31	6.50	0.20	-	(0.04)	-	0.10	0.86	599.5	152.53	7.62
Subtotal Outpatient Hospital				\$ 89.93									\$ 104.51
Professional													
Inpatient and Outpatient Surgery	Procedures	453.6	\$ 206.61	\$ 7.81	\$ 0.23	\$ 0.49	\$ (0.04)	\$ 0.00	\$ 0.13	\$ 0.24	472.2	\$ 225.16	\$ 8.86
Anesthesia	Procedures	161.6	138.11	1.86	0.06	-	(0.01)	-	0.03	0.05	168.6	141.67	1.99
Inpatient Visits	Visits	301.9	105.72	2.66	0.08	-	(0.01)	-	0.04	0.08	314.4	108.77	2.85
MH/SA	Visits	3,549.6	78.97	23.36	0.70	2.25	(0.13)	-	0.39	0.71	3,695.5	88.58	27.28
Emergency Room	Visits	687.1	80.68	4.62	0.14	-	(0.39)	0.11	0.07	0.13	660.3	85.05	4.68
Office/Home Visits/Consults	Visits	4,944.6	63.44	26.14	0.78	12.04	0.23	-	0.59	0.69	5,247.3	92.55	40.47
Maternity	Procedures	6.1	39.41	0.02	-	-	-	-	-	-	6.1	39.41	0.02
Pathology/Lab	Procedures	4,350.4	22.67	8.22	0.25	1.77	(0.01)	-	0.15	0.32	4,556.8	28.18	10.70
Radiology	Procedures	1,497.9	45.50	5.68	0.17	-	0.02	-	0.09	0.18	1,571.7	46.88	6.14
Office Administered Drugs	Procedures	471.1	111.83	4.39	0.13	-	(0.02)	-	0.07	0.14	490.4	115.26	4.71
Physical Exams	Visits	949.8	55.97	4.43	0.13	2.40	(0.03)	-	0.10	0.11	992.6	86.32	7.14
Therapy	Visits	680.4	56.26	3.19	0.10	-	(0.02)	-	0.05	0.10	708.2	57.95	3.42
Vision	Visits	372.9	88.17	2.74	0.08	0.17	(0.01)	-	0.04	0.08	387.9	95.91	3.10
Other Professional	Procedures	1,581.1	71.19	9.38	0.28	0.32	(0.04)	-	0.15	0.29	1,646.9	75.63	10.38
Subtotal Professional				\$ 104.50									\$ 131.74
Retail Pharmacy													
Retail Pharmacy	Scripts	15,042.9	\$ 45.86	\$ 57.49	\$ 1.72	\$ (4.87)	\$ (0.27)	\$ (0.09)	\$ 1.63	\$ 11.57	15,848.9	\$ 50.87	\$ 67.18
Subtotal Retail Pharmacy				\$ 57.49									\$ 67.18
Ancillary													
Transportation	Trips	131.7	\$ 77.44	\$ 0.85	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.02	139.5	\$ 79.16	\$ 0.92
DME/Prosthetics	Procedures	283.9	114.96	2.72	0.08	-	(0.01)	-	0.08	0.09	299.6	118.57	2.96
Subtotal Ancillary				\$ 3.57									\$ 3.88
LTSS													
Hospice	Days	4.4	\$ 356.09	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	4.7	\$ 356.09	\$ 0.14
Nursing Home	Days	26.2	215.57	0.47	0.01	-	-	-	0.01	0.03	27.3	228.76	0.52
HCBS	Procedures	100.5	87.17	0.73	0.02	-	-	-	0.02	0.04	106.0	91.70	0.81
Case Management	Procedures	87.6	82.17	0.60	0.02	0.12	(0.01)	-	0.03	0.02	93.5	100.14	0.78
Subtotal LTSS				\$ 1.93									\$ 2.25
Total Medical Costs				\$ 302.74									\$ 362.40

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - MF 45+		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 130,199		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	344.2	\$ 2,149.26	\$ 61.65	\$ 1.85	\$ 0.00	\$ (0.70)	\$ 0.06	\$ 0.95	\$ 8.06	355.9	\$ 2,423.02	\$ 71.87
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	225.0	631.89	11.85	0.36	0.09	(0.13)	0.01	0.18	1.57	232.8	717.96	13.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.5	1,833.22	0.54	0.02	-	(0.01)	-	0.01	0.07	3.7	2,062.37	0.63
Subtotal Inpatient Hospital				\$ 74.04									\$ 86.43
Outpatient Hospital													
Outpatient Emergency Room	Visits	452.7	\$ 624.99	\$ 23.58	\$ 0.71	\$ 0.00	\$ (1.83)	\$ 0.82	\$ 0.18	\$ 2.96	434.7	\$ 729.33	\$ 26.42
Outpatient Surgery	Visits	230.2	1,561.99	29.96	0.90	-	(0.16)	-	0.47	3.93	239.5	1,758.93	35.10
Outpatient Radiology	Procedures	588.4	261.86	12.84	0.39	-	(0.07)	-	0.20	1.68	612.2	294.79	15.04
Outpatient Pathology/Lab	Procedures	5,784.8	32.65	15.74	0.47	0.70	(0.08)	-	0.25	2.16	6,020.0	38.35	19.24
Outpatient Pharmacy	Procedures	488.6	488.25	19.88	0.60	-	(0.11)	-	0.31	2.61	508.3	549.87	23.29
Outpatient MH/SA	Visits	73.8	447.36	2.75	0.08	-	(0.01)	-	0.04	0.36	76.7	503.67	3.22
Other Outpatient	Procedures	1,094.1	152.67	13.92	0.42	-	(0.07)	-	0.21	1.83	1,138.1	171.96	16.31
Subtotal Outpatient Hospital				\$ 118.67									\$ 138.62
Professional													
Inpatient and Outpatient Surgery	Procedures	948.7	\$ 216.81	\$ 17.14	\$ 0.51	\$ 0.23	\$ (0.09)	\$ 0.00	\$ 0.27	\$ 0.53	986.9	\$ 226.05	\$ 18.59
Anesthesia	Procedures	283.3	133.87	3.16	0.09	-	(0.01)	-	0.05	0.10	294.9	137.94	3.39
Inpatient Visits	Visits	455.3	88.82	3.37	0.10	-	(0.02)	-	0.06	0.10	474.2	91.35	3.61
MH/SA	Visits	2,842.6	79.28	18.78	0.56	1.64	(0.10)	-	0.31	0.57	2,959.2	88.24	21.76
Emergency Room	Visits	547.7	87.86	4.01	0.12	-	(0.31)	0.09	0.06	0.12	530.0	92.61	4.09
Office/Home Visits/Consults	Visits	6,358.3	65.49	34.70	1.04	11.23	0.03	-	0.70	0.95	6,682.6	87.36	48.65
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,264.1	21.11	9.26	0.28	1.53	(0.02)	-	0.17	0.34	5,508.5	25.18	11.56
Radiology	Procedures	2,471.4	55.30	11.39	0.34	-	0.03	-	0.18	0.36	2,590.8	56.97	12.30
Office Administered Drugs	Procedures	394.8	206.40	6.79	0.20	-	(0.03)	-	0.10	0.22	410.5	212.83	7.28
Physical Exams	Visits	949.3	59.41	4.70	0.14	2.08	(0.03)	-	0.10	0.12	991.7	86.03	7.11
Therapy	Visits	1,524.4	56.84	7.22	0.22	-	(0.04)	-	0.11	0.23	1,585.6	58.58	7.74
Vision	Visits	419.6	84.08	2.94	0.09	0.22	(0.02)	-	0.05	0.09	436.7	92.60	3.37
Other Professional	Procedures	2,478.2	50.46	10.42	0.31	0.09	(0.05)	-	0.16	0.33	2,578.1	52.41	11.26
Subtotal Professional				\$ 133.88									\$ 160.71
Retail Pharmacy													
Retail Pharmacy	Scripts	26,994.5	\$ 53.47	\$ 120.28	\$ 3.61	\$ (9.12)	\$ (0.57)	\$ (0.33)	\$ 3.45	\$ 24.39	28,451.0	\$ 59.77	\$ 141.71
Subtotal Retail Pharmacy				\$ 120.28									\$ 141.71
Ancillary													
Transportation	Trips	116.8	\$ 80.16	\$ 0.78	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	122.8	\$ 83.09	\$ 0.85
DME/Prosthetics	Procedures	821.8	97.69	6.69	0.20	-	(0.03)	-	0.20	0.22	867.3	100.73	7.28
Subtotal Ancillary				\$ 7.47									\$ 8.13
LTSS													
Hospice	Days	20.4	\$ 170.52	\$ 0.29	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	21.1	\$ 181.88	\$ 0.32
Nursing Home	Days	91.1	242.26	1.84	0.06	-	(0.01)	-	0.02	0.11	94.6	256.21	2.02
HCBS	Procedures	50.8	80.37	0.34	0.01	-	-	-	0.01	0.02	53.8	84.83	0.38
Case Management	Procedures	53.8	263.09	1.18	0.04	0.15	-	-	0.04	0.05	57.5	304.85	1.46
Subtotal LTSS				\$ 3.65									\$ 4.18
Total Medical Costs				\$ 457.99									\$ 539.78

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RC - EFP		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 19,152		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3.5	169.91	0.05	-	-	-	-	-	0.01	3.5	203.90	0.06
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 0.05									\$ 0.06
Outpatient Hospital													
Outpatient Emergency Room	Visits	11.9	\$ 667.28	\$ 0.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09	11.9	\$ 758.28	\$ 0.75
Outpatient Surgery	Visits	3.3	1,687.59	0.46	-	-	-	-	-	0.06	3.3	1,907.71	0.52
Outpatient Radiology	Procedures	8.4	171.98	0.12	-	-	-	-	-	0.02	8.4	200.64	0.14
Outpatient Pathology/Lab	Procedures	412.1	51.83	1.78	-	-	(0.01)	-	0.03	0.22	416.7	58.17	2.02
Outpatient Pharmacy	Procedures	36.9	146.40	0.45	-	-	-	-	-	0.06	36.9	165.92	0.51
Outpatient MH/SA	Visits	0.6	1,261.63	0.06	-	-	-	-	-	0.01	0.6	1,471.90	0.07
Other Outpatient	Procedures	60.2	201.16	1.01	-	-	(0.01)	-	0.02	0.13	60.8	226.80	1.15
Subtotal Outpatient Hospital				\$ 4.54									\$ 5.16
Professional													
Inpatient and Outpatient Surgery	Procedures	19.2	\$ 87.30	\$ 0.14	\$ 0.00	\$ 0.16	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	20.6	\$ 180.42	\$ 0.31
Anesthesia	Procedures	2.9	164.56	0.04	-	-	-	-	-	-	2.9	164.56	0.04
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	7.8	107.11	0.07	-	0.02	(0.01)	-	0.01	-	7.8	137.71	0.09
Emergency Room	Visits	12.3	77.84	0.08	-	-	-	-	-	-	12.3	77.84	0.08
Office/Home Visits/Consults	Visits	203.0	52.61	0.89	-	1.29	(0.01)	-	0.07	0.01	216.7	124.59	2.25
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	347.5	18.30	0.53	-	-	-	-	0.01	0.02	354.1	18.98	0.56
Radiology	Procedures	33.8	63.86	0.18	-	-	-	-	-	0.01	33.8	67.40	0.19
Office Administered Drugs	Procedures	130.1	46.11	0.50	-	-	-	-	0.01	0.02	132.7	47.92	0.53
Physical Exams	Visits	150.6	48.59	0.61	-	0.80	(0.01)	-	0.05	0.01	160.5	109.15	1.46
Therapy	Visits	2.7	44.42	0.01	-	-	-	-	-	-	2.7	44.42	0.01
Vision	Visits	4.5	80.80	0.03	-	0.01	-	-	-	-	4.5	107.73	0.04
Other Professional	Procedures	86.4	259.66	1.87	-	0.52	(0.01)	-	0.07	0.05	89.2	336.35	2.50
Subtotal Professional				\$ 4.95									\$ 8.06
Retail Pharmacy													
Retail Pharmacy	Scripts	963.1	\$ 33.39	\$ 2.68	\$ 0.00	\$ (0.37)	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.15	981.1	\$ 30.70	\$ 2.51
Subtotal Retail Pharmacy				\$ 2.68									\$ 2.51
Ancillary													
Transportation	Trips	0.3	\$ 786.65	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.3	\$ 786.65	\$ 0.02
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Ancillary				\$ 0.02									\$ 0.02
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.6	134.89	0.04	-	-	-	-	-	-	3.6	134.89	0.04
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.04									\$ 0.04
Total Medical Costs				\$ 12.28									\$ 15.85

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell:		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
CSHCN - Adoption Subsidy													
Member Months: 25,792		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	140.4	\$ 2,441.18	\$ 28.56	\$ 0.00	\$ 0.00	\$ (0.48)	\$ (0.03)	\$ 0.21	\$ 3.57	139.1	\$ 2,746.65	\$ 31.83
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,269.7	1,203.10	127.30	-	-	(2.16)	(0.10)	0.94	15.91	1,257.6	1,353.96	141.89
Inpatient Maternity Delivery	Days	5.4	1,390.48	0.62	-	-	(0.01)	-	-	0.08	5.3	1,572.83	0.69
Other Inpatient	Days	28.0	879.93	2.05	-	-	(0.03)	(0.01)	0.02	0.25	27.8	983.45	2.28
Subtotal Inpatient Hospital				\$ 158.53									\$ 176.69
Outpatient Hospital													
Outpatient Emergency Room	Visits	370.6	\$ 547.83	\$ 16.92	\$ 0.00	\$ 0.00	\$ (0.97)	\$ 0.49	\$ 0.12	\$ 2.09	352.0	\$ 635.78	\$ 18.65
Outpatient Surgery	Visits	54.2	1,649.66	7.45	-	-	(0.04)	-	0.06	0.94	54.3	1,857.25	8.41
Outpatient Radiology	Procedures	162.5	269.47	3.65	-	-	(0.02)	-	0.03	0.46	163.0	303.34	4.12
Outpatient Pathology/Lab	Procedures	1,882.3	43.92	6.89	-	0.38	(0.04)	-	0.06	0.92	1,887.8	52.19	8.21
Outpatient Pharmacy	Procedures	91.7	610.09	4.66	-	-	(0.02)	-	0.03	0.59	91.9	687.17	5.26
Outpatient MH/SA	Visits	434.9	534.21	19.36	-	-	(0.10)	-	0.15	2.45	436.0	601.64	21.86
Other Outpatient	Procedures	856.9	117.35	8.38	-	-	(0.04)	-	0.06	1.06	858.9	132.16	9.46
Subtotal Outpatient Hospital				\$ 67.31									\$ 75.97
Professional													
Inpatient and Outpatient Surgery	Procedures	224.7	\$ 218.93	\$ 4.10	\$ 0.00	\$ 0.01	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.12	230.8	\$ 225.69	\$ 4.34
Anesthesia	Procedures	108.4	147.29	1.33	-	-	(0.01)	-	0.04	0.04	110.8	151.63	1.40
Inpatient Visits	Visits	376.9	133.73	4.20	-	-	(0.02)	-	0.13	0.13	386.8	137.76	4.44
MH/SA	Visits	6,630.3	99.83	55.16	-	0.78	(0.28)	-	1.69	1.69	6,799.8	104.19	59.04
Emergency Room	Visits	401.4	92.09	3.08	-	-	(0.18)	0.06	0.09	0.10	389.6	97.02	3.15
Office/Home Visits/Consults	Visits	3,696.7	75.25	23.18	-	4.07	(0.01)	-	0.83	0.63	3,827.5	89.98	28.70
Maternity	Procedures	5.2	344.31	0.15	-	-	-	-	-	0.01	5.2	367.27	0.16
Pathology/Lab	Procedures	1,469.9	17.80	2.18	-	0.80	-	-	0.09	0.09	1,530.6	24.77	3.16
Radiology	Procedures	547.5	29.81	1.36	-	-	-	-	0.05	0.04	567.7	30.65	1.45
Office Administered Drugs	Procedures	100.9	104.66	0.88	-	-	-	-	0.02	0.03	103.2	108.14	0.93
Physical Exams	Visits	1,006.0	74.20	6.22	-	1.52	(0.04)	-	0.23	0.16	1,036.7	93.64	8.09
Therapy	Visits	246.1	58.99	1.21	-	-	(0.01)	-	0.04	0.04	252.2	60.90	1.28
Vision	Visits	506.7	89.76	3.79	-	0.03	(0.02)	-	0.12	0.11	520.1	92.99	4.03
Other Professional	Procedures	17,226.6	43.08	61.85	-	-	(0.31)	-	1.87	1.92	17,661.1	44.39	65.33
Subtotal Professional				\$ 168.69									\$ 185.50
Retail Pharmacy													
Retail Pharmacy	Scripts	12,544.4	\$ 54.47	\$ 56.94	\$ 0.00	\$ (6.44)	\$ (0.25)	\$ (0.06)	\$ 2.29	\$ 6.56	12,993.9	\$ 54.52	\$ 59.04
Subtotal Retail Pharmacy				\$ 56.94									\$ 59.04
Ancillary													
Transportation	Trips	139.0	\$ 92.38	\$ 1.07	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	144.2	\$ 95.71	\$ 1.15
DME/Prosthetics	Procedures	1,122.7	174.23	16.30	-	-	(0.08)	-	0.74	0.51	1,168.1	179.46	17.47
Subtotal Ancillary				\$ 17.37									\$ 18.62
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	4.8	75.29	0.03	-	-	-	-	-	-	4.8	75.29	0.03
HCBS	Procedures	4,387.9	109.31	39.97	1.79	-	(0.21)	-	0.63	1.27	4,630.5	112.60	43.45
Case Management	Procedures	3,882.9	22.10	7.15	-	-	(0.04)	-	0.11	0.22	3,920.9	22.77	7.44
Subtotal LTSS				\$ 47.15									\$ 50.92
Total Medical Costs				\$ 515.99									\$ 566.74

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - Katie Beckett		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 1,044		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	806.4	\$ 4,943.47	\$ 332.22	\$ 0.00	\$ 0.00	\$ (1.83)	\$ (0.23)	\$ 2.48	\$ 42.01	808.0	\$ 5,563.95	\$ 374.65
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,681.3	1,596.89	489.88	-	-	(2.69)	(0.34)	3.65	61.95	3,688.5	1,797.33	552.45
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital				\$ 822.10									\$ 927.10
Outpatient Hospital													
Outpatient Emergency Room	Visits	387.1	\$ 816.58	\$ 26.34	\$ 0.00	\$ 0.00	\$ (1.16)	\$ 0.63	\$ 0.19	\$ 3.29	372.8	\$ 942.76	\$ 29.29
Outpatient Surgery	Visits	215.0	1,948.77	34.92	-	-	(0.17)	-	0.26	4.42	215.6	2,194.81	39.43
Outpatient Radiology	Procedures	483.5	236.77	9.54	-	-	(0.05)	-	0.07	1.21	484.5	266.74	10.77
Outpatient Pathology/Lab	Procedures	3,273.9	62.06	16.93	-	0.94	(0.08)	-	0.13	2.26	3,283.5	73.75	20.18
Outpatient Pharmacy	Procedures	171.1	249.00	3.55	-	-	(0.02)	-	0.03	0.45	171.6	280.47	4.01
Outpatient MH/SA	Visits	571.5	744.33	35.45	-	-	(0.18)	-	0.27	4.49	573.0	838.37	40.03
Other Outpatient	Procedures	5,795.8	130.65	63.10	-	-	(0.32)	-	0.48	7.98	5,810.5	147.13	71.24
Subtotal Outpatient Hospital				\$ 189.83									\$ 214.95
Professional													
Inpatient and Outpatient Surgery	Procedures	498.0	\$ 222.15	\$ 9.22	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.28	\$ 0.29	510.5	\$ 228.97	\$ 9.74
Anesthesia	Procedures	325.0	158.41	4.29	-	-	(0.02)	-	0.13	0.13	333.3	163.09	4.53
Inpatient Visits	Visits	1,380.8	199.97	23.01	-	-	(0.12)	-	0.70	0.71	1,415.6	205.98	24.30
MH/SA	Visits	19,370.3	108.23	174.70	-	-	(0.87)	-	5.26	5.43	19,857.0	111.51	184.52
Emergency Room	Visits	616.9	95.12	4.89	-	-	(0.21)	0.07	0.15	0.15	609.3	99.45	5.05
Office/Home Visits/Consults	Visits	4,833.7	85.10	34.28	-	1.73	(0.07)	-	1.09	1.01	4,977.5	91.71	38.04
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,444.0	12.55	1.51	-	2.01	-	-	0.10	0.11	1,539.6	29.07	3.73
Radiology	Procedures	1,471.9	32.77	4.02	-	-	0.02	-	0.12	0.13	1,523.2	33.80	4.29
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,008.5	71.63	6.02	-	0.72	(0.03)	-	0.20	0.17	1,037.0	81.93	7.08
Therapy	Visits	2,692.1	58.62	13.15	-	-	(0.07)	-	0.40	0.41	2,759.6	60.40	13.89
Vision	Visits	439.4	79.74	2.92	-	-	(0.01)	-	0.08	0.09	450.0	82.14	3.08
Other Professional	Procedures	154,722.8	39.18	505.23	-	-	(2.53)	-	15.24	15.69	158,615.1	40.37	533.63
Subtotal Professional				\$ 783.24									\$ 831.88
Retail Pharmacy													
Retail Pharmacy	Scripts	24,949.9	\$ 180.25	\$ 374.76	\$ 0.00	\$ (17.35)	\$ (1.79)	\$ (0.82)	\$ 16.22	\$ 46.34	25,910.6	\$ 193.29	\$ 417.36
Subtotal Retail Pharmacy				\$ 374.76									\$ 417.36
Ancillary													
Transportation	Trips	244.6	\$ 146.69	\$ 2.99	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.13	\$ 0.10	254.4	\$ 151.41	\$ 3.21
DME/Prosthetics	Procedures	12,881.1	145.88	156.59	-	-	(0.78)	-	7.12	4.93	13,402.6	150.29	167.86
Subtotal Ancillary				\$ 159.58									\$ 171.07
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	4.7	25.44	0.01	-	-	-	-	-	-	4.7	25.44	0.01
HCBS	Procedures	54,906.3	107.69	492.76	21.73	-	(2.57)	-	7.73	15.74	57,902.6	110.96	535.39
Case Management	Procedures	33,472.8	22.45	62.61	-	-	(0.31)	-	0.94	1.91	33,809.6	23.12	65.15
Subtotal LTSS				\$ 555.38									\$ 600.55
Total Medical Costs				\$ 2,884.89									\$ 3,162.91

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - SSI < 15		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 34,629		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	661.2	\$ 3,141.94	\$ 173.11	\$ 0.00	\$ 0.00	\$ (2.23)	\$ 0.33	\$ 1.28	\$ 21.79	657.5	\$ 3,545.63	\$ 194.28
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,716.2	1,186.32	169.66	-	-	(2.18)	0.32	1.25	21.36	1,706.8	1,338.74	190.41
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	24.9	2,668.71	5.53	-	-	(0.07)	0.01	0.04	0.70	24.7	3,013.22	6.21
Subtotal Inpatient Hospital				\$ 348.30									\$ 390.90
Outpatient Hospital													
Outpatient Emergency Room	Visits	728.6	\$ 557.15	\$ 33.83	\$ 0.00	\$ 0.00	\$ (2.43)	\$ 1.52	\$ 0.25	\$ 4.19	681.7	\$ 657.67	\$ 37.36
Outpatient Surgery	Visits	132.5	2,251.81	24.87	-	-	(0.12)	-	0.18	3.15	132.9	2,536.34	28.08
Outpatient Radiology	Procedures	364.6	300.86	9.14	-	-	(0.05)	-	0.07	1.16	365.4	338.96	10.32
Outpatient Pathology/Lab	Procedures	3,593.3	51.50	15.42	-	0.49	(0.08)	-	0.12	2.01	3,602.6	59.82	17.96
Outpatient Pharmacy	Procedures	722.9	661.34	39.84	-	-	(0.20)	-	0.30	5.04	724.7	744.79	44.98
Outpatient MH/SA	Visits	515.4	572.95	24.61	-	-	(0.12)	-	0.18	3.12	516.7	645.41	27.79
Other Outpatient	Procedures	3,141.0	141.78	37.11	-	-	(0.19)	-	0.28	4.70	3,148.6	159.69	41.90
Subtotal Outpatient Hospital				\$ 184.82									\$ 208.39
Professional													
Inpatient and Outpatient Surgery	Procedures	393.5	\$ 343.36	\$ 11.26	\$ 0.00	\$ 0.01	\$ (0.06)	\$ 0.00	\$ 0.34	\$ 0.35	403.3	\$ 354.07	\$ 11.90
Anesthesia	Procedures	305.6	232.85	5.93	-	-	(0.03)	-	0.18	0.18	313.3	239.75	6.26
Inpatient Visits	Visits	1,105.4	186.29	17.16	-	-	(0.09)	-	0.52	0.53	1,133.1	191.90	18.12
MH/SA	Visits	11,213.8	105.06	98.18	-	0.88	(0.50)	-	2.99	3.03	11,498.2	109.14	104.58
Emergency Room	Visits	839.6	84.32	5.90	-	-	(0.42)	0.13	0.17	0.18	804.1	88.95	5.96
Office/Home Visits/Consults	Visits	5,033.1	87.83	36.84	-	8.12	0.19	-	1.36	0.95	5,244.9	108.59	47.46
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,194.0	17.19	1.71	-	1.05	(0.01)	-	0.08	0.09	1,242.9	28.19	2.92
Radiology	Procedures	1,106.7	29.49	2.72	-	-	0.01	-	0.08	0.09	1,143.3	30.44	2.90
Office Administered Drugs	Procedures	311.2	436.96	11.33	-	-	(0.06)	-	0.34	0.36	318.8	450.51	11.97
Physical Exams	Visits	1,070.8	85.84	7.66	-	2.91	(0.05)	-	0.32	0.17	1,108.6	119.18	11.01
Therapy	Visits	492.6	72.10	2.96	-	-	(0.01)	-	0.08	0.10	504.3	74.48	3.13
Vision	Visits	565.7	101.61	4.79	-	0.07	(0.03)	-	0.15	0.15	579.8	106.17	5.13
Other Professional	Procedures	41,567.0	67.48	233.76	-	0.01	(1.16)	-	7.04	7.26	42,612.5	69.53	246.91
Subtotal Professional				\$ 440.20									\$ 478.25
Retail Pharmacy													
Retail Pharmacy	Scripts	18,334.0	\$ 109.31	\$ 167.01	\$ 0.00	\$ (9.19)	\$ (0.78)	\$ (0.15)	\$ 7.17	\$ 20.50	19,035.5	\$ 116.35	\$ 184.56
Subtotal Retail Pharmacy				\$ 167.01									\$ 184.56
Ancillary													
Transportation	Trips	253.4	\$ 76.72	\$ 1.62	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.08	\$ 0.05	264.3	\$ 78.99	\$ 1.74
DME/Prosthetics	Procedures	4,011.4	185.77	62.10	-	-	(0.31)	-	2.82	1.96	4,173.6	191.40	66.57
Subtotal Ancillary				\$ 63.72									\$ 68.31
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	4.3	139.43	0.05	-	-	-	-	-	-	4.3	139.43	0.05
HCBS	Procedures	9,650.8	123.05	98.96	4.14	-	(0.52)	-	1.55	3.16	10,155.0	126.78	107.29
Case Management	Procedures	9,818.9	28.07	22.97	-	0.01	(0.11)	-	0.34	0.71	9,917.3	28.94	23.92
Subtotal LTSS				\$ 121.98									\$ 131.26
Total Medical Costs				\$ 1,326.03									\$ 1,461.67

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: CSHCN - SSI >= 15		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 24,546		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	668.6	\$ 2,166.59	\$ 120.71	\$ 0.00	\$ 0.00	\$ (1.74)	\$ 0.01	\$ 0.89	\$ 15.14	663.9	\$ 2,440.44	\$ 135.01
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2,493.7	1,248.72	259.49	-	-	(3.75)	0.03	1.91	32.55	2,476.0	1,406.62	290.23
Inpatient Maternity Delivery	Days	48.6	1,314.82	5.32	-	-	(0.08)	-	0.04	0.67	48.2	1,481.66	5.95
Other Inpatient	Days	42.4	1,565.58	5.53	-	-	(0.08)	-	0.04	0.70	42.1	1,765.19	6.19
Subtotal Inpatient Hospital				\$ 391.05									\$ 437.38
Outpatient Hospital													
Outpatient Emergency Room	Visits	999.5	\$ 515.04	\$ 42.90	\$ 0.00	\$ 0.00	\$ (2.39)	\$ 0.82	\$ 0.31	\$ 5.26	951.1	\$ 591.75	\$ 46.90
Outpatient Surgery	Visits	75.1	1,925.72	12.05	-	-	(0.06)	-	0.09	1.53	75.3	2,169.63	13.61
Outpatient Radiology	Procedures	281.3	199.20	4.67	-	-	(0.02)	-	0.03	0.59	281.9	224.31	5.27
Outpatient Pathology/Lab	Procedures	3,914.0	43.93	14.33	-	0.36	(0.08)	-	0.11	1.86	3,922.2	50.73	16.58
Outpatient Pharmacy	Procedures	268.0	364.46	8.14	-	-	(0.04)	-	0.06	1.03	268.7	410.47	9.19
Outpatient MH/SA	Visits	289.7	337.16	8.14	-	-	(0.04)	-	0.06	1.03	290.4	379.71	9.19
Other Outpatient	Procedures	1,064.2	150.43	13.34	-	-	(0.07)	-	0.10	1.69	1,066.6	169.44	15.06
Subtotal Outpatient Hospital				\$ 103.57									\$ 115.80
Professional													
Inpatient and Outpatient Surgery	Procedures	303.6	\$ 239.50	\$ 6.06	\$ 0.00	\$ 0.04	\$ (0.03)	\$ 0.00	\$ 0.18	\$ 0.19	311.1	\$ 248.37	\$ 6.44
Anesthesia	Procedures	192.6	175.67	2.82	-	-	(0.01)	-	0.08	0.09	197.4	181.14	2.98
Inpatient Visits	Visits	1,541.8	122.74	15.77	-	-	(0.08)	-	0.48	0.49	1,580.9	126.46	16.66
MH/SA	Visits	7,148.8	103.37	61.58	-	1.31	(0.32)	-	1.90	1.89	7,332.2	108.61	66.36
Emergency Room	Visits	1,102.4	89.48	8.22	-	-	(0.45)	0.15	0.24	0.25	1,074.3	93.94	8.41
Office/Home Visits/Consults	Visits	4,344.7	80.29	29.07	-	8.07	0.22	-	1.13	0.72	4,546.5	103.49	39.21
Maternity	Procedures	69.5	336.91	1.95	-	0.30	(0.01)	-	0.07	0.05	71.6	395.57	2.36
Pathology/Lab	Procedures	2,245.0	25.23	4.72	-	0.77	(0.01)	-	0.16	0.17	2,316.3	30.10	5.81
Radiology	Procedures	1,329.4	31.59	3.50	-	0.01	0.01	-	0.11	0.11	1,375.0	32.64	3.74
Office Administered Drugs	Procedures	375.0	554.49	17.33	-	-	(0.09)	-	0.53	0.53	384.6	571.03	18.30
Physical Exams	Visits	755.2	78.02	4.91	-	2.12	(0.04)	-	0.21	0.11	781.4	112.26	7.31
Therapy	Visits	327.2	64.19	1.75	-	-	(0.01)	-	0.05	0.06	334.6	66.34	1.85
Vision	Visits	478.6	99.03	3.95	-	0.06	(0.02)	-	0.12	0.12	490.7	103.44	4.23
Other Professional	Procedures	33,275.6	31.64	87.75	-	0.01	(0.44)	-	2.65	2.72	34,113.7	32.61	92.69
Subtotal Professional				\$ 249.38									\$ 276.35
Retail Pharmacy													
Retail Pharmacy	Scripts	20,891.4	\$ 80.65	\$ 140.40	\$ 0.00	\$ (10.50)	\$ (0.65)	\$ (0.16)	\$ 5.90	\$ 16.86	21,672.5	\$ 84.08	\$ 151.85
Subtotal Retail Pharmacy				\$ 140.40									\$ 151.85
Ancillary													
Transportation	Trips	459.0	\$ 75.55	\$ 2.89	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.13	\$ 0.09	478.1	\$ 77.81	\$ 3.10
DME/Prosthetics	Procedures	1,909.0	164.76	26.21	-	-	(0.13)	-	1.19	0.83	1,986.2	169.77	28.10
Subtotal Ancillary				\$ 29.10									\$ 31.20
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	186.9	286.37	4.46	-	-	(0.02)	-	0.06	0.25	188.6	302.28	4.75
HCBS	Procedures	12,219.1	90.38	92.03	2.23	-	(0.47)	-	1.41	2.89	12,640.0	93.12	98.09
Case Management	Procedures	5,432.4	33.20	15.03	-	0.03	(0.08)	-	0.23	0.46	5,486.6	34.27	15.67
Subtotal LTSS				\$ 111.52									\$ 118.51
Total Medical Costs				\$ 1,025.02									\$ 1,131.09

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell:		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
CSHCN - Substitute Care													
Member Months: 31,074		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	346.9	\$ 1,612.37	\$ 46.61	\$ 0.00	\$ 0.00	\$ (0.62)	\$ 0.02	\$ 0.35	\$ 5.85	344.9	\$ 1,816.62	\$ 52.21
Inpatient Well Newborn	Days	42.1	677.62	2.38	-	-	(0.03)	-	0.02	0.30	42.0	763.39	2.67
Inpatient MH/SA	Days	2,902.2	1,057.01	255.64	-	-	(3.39)	0.10	1.89	32.12	2,885.2	1,191.02	286.36
Inpatient Maternity Delivery	Days	58.5	1,295.69	6.32	-	-	(0.08)	-	0.05	0.79	58.3	1,458.42	7.08
Other Inpatient	Days	49.0	1,212.88	4.95	-	-	(0.07)	0.01	0.03	0.62	48.6	1,368.51	5.54
Subtotal Inpatient Hospital				\$ 315.90									\$ 353.86
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,091.7	\$ 437.60	\$ 39.81	\$ 0.00	\$ 0.00	\$ (2.44)	\$ 1.13	\$ 0.29	\$ 4.90	1,032.7	\$ 507.67	\$ 43.69
Outpatient Surgery	Visits	60.4	1,527.71	7.69	-	-	(0.04)	-	0.06	0.97	60.6	1,719.92	8.68
Outpatient Radiology	Procedures	219.0	183.04	3.34	-	-	(0.02)	-	0.03	0.42	219.6	205.99	3.77
Outpatient Pathology/Lab	Procedures	3,079.1	43.22	11.09	-	0.67	(0.06)	-	0.09	1.49	3,087.4	51.62	13.28
Outpatient Pharmacy	Procedures	126.8	245.10	2.59	-	-	(0.01)	-	0.02	0.32	127.3	275.26	2.92
Outpatient MH/SA	Visits	587.1	306.16	14.98	-	-	(0.07)	-	0.11	1.89	588.7	344.68	16.91
Other Outpatient	Procedures	771.3	122.14	7.85	-	-	(0.04)	-	0.06	0.99	773.2	137.50	8.86
Subtotal Outpatient Hospital				\$ 87.35									\$ 98.11
Professional													
Inpatient and Outpatient Surgery	Procedures	272.0	\$ 188.36	\$ 4.27	\$ 0.00	\$ 0.11	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.13	279.0	\$ 198.68	\$ 4.62
Anesthesia	Procedures	135.0	184.92	2.08	-	-	(0.01)	-	0.06	0.07	138.2	190.99	2.20
Inpatient Visits	Visits	937.0	118.72	9.27	-	-	(0.05)	-	0.28	0.29	960.2	122.34	9.79
MH/SA	Visits	8,293.5	95.90	66.28	-	2.55	(0.35)	-	2.08	2.02	8,510.0	102.35	72.58
Emergency Room	Visits	1,078.9	81.75	7.35	-	-	(0.45)	0.12	0.21	0.22	1,043.7	85.66	7.45
Office/Home Visits/Consults	Visits	5,285.3	68.66	30.24	-	7.10	0.27	-	1.14	0.85	5,531.7	85.90	39.60
Maternity	Procedures	55.9	461.61	2.15	-	0.17	(0.01)	-	0.07	0.07	57.5	511.74	2.45
Pathology/Lab	Procedures	3,403.7	29.76	8.44	-	1.43	(0.01)	-	0.29	0.31	3,516.6	35.69	10.46
Radiology	Procedures	986.0	30.06	2.47	-	-	0.01	-	0.07	0.08	1,018.0	31.00	2.63
Office Administered Drugs	Procedures	191.1	21.98	0.35	-	-	-	-	0.01	0.01	196.6	22.59	0.37
Physical Exams	Visits	2,090.1	67.98	11.84	-	2.67	(0.07)	-	0.44	0.33	2,155.4	84.68	15.21
Therapy	Visits	211.9	80.41	1.42	-	-	(0.01)	-	0.05	0.04	217.9	82.61	1.50
Vision	Visits	438.2	101.33	3.70	-	0.05	(0.02)	-	0.12	0.11	450.0	105.60	3.96
Other Professional	Procedures	7,370.6	69.47	42.67	-	0.03	(0.21)	-	1.29	1.32	7,557.1	71.61	45.10
Subtotal Professional				\$ 192.53									\$ 217.92
Retail Pharmacy													
Retail Pharmacy	Scripts	11,880.0	\$ 41.32	\$ 40.91	\$ 0.00	\$ (1.97)	\$ (0.20)	\$ (0.03)	\$ 1.77	\$ 5.05	12,335.9	\$ 44.29	\$ 45.53
Subtotal Retail Pharmacy				\$ 40.91									\$ 45.53
Ancillary													
Transportation	Trips	356.1	\$ 74.13	\$ 2.20	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.10	\$ 0.07	370.7	\$ 76.39	\$ 2.36
DME/Prosthetics	Procedures	520.8	119.36	5.18	-	-	(0.03)	-	0.24	0.16	541.9	122.90	5.55
Subtotal Ancillary				\$ 7.38									\$ 7.91
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	844.3	92.95	6.54	0.10	-	(0.03)	-	0.10	0.20	866.3	95.72	6.91
Case Management	Procedures	2,066.0	70.57	12.15	-	0.03	(0.06)	-	0.18	0.37	2,086.5	72.87	12.67
Subtotal LTSS				\$ 18.69									\$ 19.58
Total Medical Costs				\$ 662.76									\$ 742.91

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 19-24		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 127,736		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	96.9	\$ 2,305.46	\$ 18.61	\$ 0.37	\$ 0.00	\$ (0.24)	\$ 0.02	\$ 0.86	\$ 2.48	102.0	\$ 2,599.52	\$ 22.10
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	344.9	612.68	17.61	0.35	0.12	(0.24)	0.02	0.82	2.36	363.1	695.30	21.04
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1.7	2,190.48	0.31	0.01	-	(0.01)	-	0.02	0.04	1.8	2,456.00	0.37
Subtotal Inpatient Hospital				\$ 36.53									\$ 43.51
Outpatient Hospital													
Outpatient Emergency Room	Visits	640.0	\$ 537.16	\$ 28.65	\$ 0.57	\$ 0.00	\$ (2.39)	\$ 0.86	\$ 0.21	\$ 3.52	604.1	\$ 624.17	\$ 31.42
Outpatient Surgery	Visits	53.2	1,471.19	6.52	0.13	-	(0.03)	-	0.20	0.86	55.6	1,656.70	7.68
Outpatient Radiology	Procedures	129.7	252.56	2.73	0.05	-	(0.01)	-	0.08	0.37	135.4	285.35	3.22
Outpatient Pathology/Lab	Procedures	4,369.6	45.37	16.52	0.33	0.82	(0.08)	-	0.53	2.29	4,575.9	53.52	20.41
Outpatient Pharmacy	Procedures	141.5	1,046.24	12.34	0.25	-	(0.07)	-	0.38	1.63	148.0	1,178.44	14.53
Outpatient MH/SA	Visits	139.1	503.81	5.84	0.12	-	(0.03)	-	0.18	0.77	145.5	567.30	6.88
Other Outpatient	Procedures	338.0	144.50	4.07	0.08	-	(0.02)	-	0.13	0.53	353.8	162.47	4.79
Subtotal Outpatient Hospital				\$ 76.67									\$ 88.93
Professional													
Inpatient and Outpatient Surgery	Procedures	256.5	\$ 185.25	\$ 3.96	\$ 0.08	\$ 0.29	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.18	268.8	\$ 206.23	\$ 4.62
Anesthesia	Procedures	74.7	141.37	0.88	0.02	-	(0.01)	-	0.03	0.04	78.1	147.52	0.96
Inpatient Visits	Visits	257.3	98.87	2.12	0.04	-	(0.01)	-	0.07	0.10	269.4	103.33	2.32
MH/SA	Visits	2,471.9	87.87	18.10	0.36	3.02	(0.11)	-	0.65	0.82	2,594.8	105.63	22.84
Emergency Room	Visits	672.0	77.86	4.36	0.09	-	(0.36)	0.10	0.12	0.20	648.8	83.41	4.51
Office/Home Visits/Consults	Visits	3,593.2	62.32	18.66	0.37	11.63	0.27	-	0.94	0.72	3,897.5	100.34	32.59
Maternity	Procedures	3.9	60.90	0.02	-	-	-	-	-	-	3.9	60.90	0.02
Pathology/Lab	Procedures	3,665.5	20.13	6.15	0.12	1.77	(0.01)	-	0.24	0.38	3,874.1	26.79	8.65
Radiology	Procedures	1,020.5	40.92	3.48	0.07	-	0.01	-	0.11	0.16	1,076.2	42.70	3.83
Office Administered Drugs	Procedures	404.9	131.88	4.45	0.09	-	(0.02)	-	0.13	0.22	423.1	138.12	4.87
Physical Exams	Visits	679.6	60.03	3.40	0.07	2.33	(0.03)	-	0.17	0.13	721.6	100.94	6.07
Therapy	Visits	467.6	54.91	2.14	0.04	-	(0.01)	-	0.07	0.10	489.5	57.36	2.34
Vision	Visits	355.4	91.16	2.70	0.05	0.15	(0.02)	-	0.09	0.13	371.2	100.21	3.10
Other Professional	Procedures	1,082.0	79.74	7.19	0.14	0.23	(0.04)	-	0.23	0.34	1,131.7	85.78	8.09
Subtotal Professional				\$ 77.61									\$ 104.81
Retail Pharmacy													
Retail Pharmacy	Scripts	8,910.3	\$ 50.89	\$ 37.79	\$ 0.76	\$ (2.32)	\$ (0.19)	\$ (0.02)	\$ 1.09	\$ 7.72	9,301.7	\$ 57.83	\$ 44.83
Subtotal Retail Pharmacy				\$ 37.79									\$ 44.83
Ancillary													
Transportation	Trips	144.2	\$ 76.54	\$ 0.92	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	150.5	\$ 78.94	\$ 0.99
DME/Prosthetics	Procedures	148.7	110.53	1.37	0.03	-	(0.01)	-	0.04	0.05	155.3	114.39	1.48
Subtotal Ancillary				\$ 2.29									\$ 2.47
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.7	97.36	0.03	-	-	-	-	-	-	3.7	97.36	0.03
HCBS	Procedures	16.9	113.77	0.16	-	-	-	-	0.01	-	17.9	113.77	0.17
Case Management	Procedures	42.0	240.04	0.84	0.02	0.08	-	-	0.03	0.04	44.5	272.40	1.01
Subtotal LTSS				\$ 1.03									\$ 1.21
Total Medical Costs				\$ 231.92									\$ 285.76

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 25-29		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 74,476		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	182.5	\$ 2,125.51	\$ 32.33	\$ 0.65	\$ 0.00	\$ (0.55)	\$ 0.12	\$ 1.49	\$ 4.30	191.5	\$ 2,402.48	\$ 38.34
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	674.6	616.87	34.68	0.69	0.37	(0.59)	0.13	1.61	4.66	707.9	704.34	41.55
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	4.1	1,474.74	0.50	0.01	-	(0.01)	-	0.03	0.06	4.3	1,641.69	0.59
Subtotal Inpatient Hospital				\$ 67.51									\$ 80.48
Outpatient Hospital													
Outpatient Emergency Room	Visits	633.1	\$ 563.32	\$ 29.72	\$ 0.59	\$ 0.00	\$ (2.15)	\$ 0.82	\$ 0.22	\$ 3.69	604.6	\$ 652.84	\$ 32.89
Outpatient Surgery	Visits	66.0	1,544.71	8.50	0.17	-	(0.04)	-	0.26	1.12	69.1	1,739.32	10.01
Outpatient Radiology	Procedures	169.3	277.92	3.92	0.08	-	(0.02)	-	0.12	0.52	177.0	313.17	4.62
Outpatient Pathology/Lab	Procedures	4,694.3	45.94	17.97	0.36	0.79	(0.09)	-	0.58	2.47	4,916.3	53.89	22.08
Outpatient Pharmacy	Procedures	181.0	956.72	14.43	0.29	-	(0.07)	-	0.44	1.90	189.3	1,077.18	16.99
Outpatient MH/SA	Visits	275.0	477.90	10.95	0.22	-	(0.06)	-	0.34	1.45	287.5	538.42	12.90
Other Outpatient	Procedures	376.3	156.24	4.90	0.10	-	(0.03)	-	0.15	0.65	393.2	176.08	5.77
Subtotal Outpatient Hospital				\$ 90.39									\$ 105.26
Professional													
Inpatient and Outpatient Surgery	Procedures	378.1	\$ 184.07	\$ 5.80	\$ 0.12	\$ 0.30	\$ (0.03)	\$ 0.00	\$ 0.19	\$ 0.27	396.4	\$ 201.33	\$ 6.65
Anesthesia	Procedures	100.2	148.52	1.24	0.02	-	-	-	0.04	0.06	105.0	155.38	1.36
Inpatient Visits	Visits	513.4	97.94	4.19	0.08	-	(0.02)	-	0.13	0.20	536.6	102.41	4.58
MH/SA	Visits	6,065.2	78.68	39.77	0.80	3.27	(0.22)	-	1.32	1.85	6,355.0	88.35	46.79
Emergency Room	Visits	684.7	82.55	4.71	0.09	0.01	(0.34)	0.09	0.14	0.21	668.7	88.11	4.91
Office/Home Visits/Consults	Visits	3,962.3	63.05	20.82	0.42	10.74	0.16	-	0.98	0.83	4,259.2	95.65	33.95
Maternity	Procedures	4.1	88.03	0.03	-	-	-	-	-	-	4.1	88.03	0.03
Pathology/Lab	Procedures	4,246.6	28.82	10.20	0.20	1.71	(0.02)	-	0.37	0.57	4,475.6	34.94	13.03
Radiology	Procedures	1,198.9	43.94	4.39	0.09	-	0.01	-	0.14	0.21	1,264.5	45.93	4.84
Office Administered Drugs	Procedures	393.4	213.53	7.00	0.14	-	(0.04)	-	0.22	0.33	411.4	223.16	7.65
Physical Exams	Visits	638.7	60.49	3.22	0.06	1.90	(0.02)	-	0.15	0.13	676.4	96.51	5.44
Therapy	Visits	714.7	55.41	3.30	0.07	-	(0.02)	-	0.10	0.16	747.2	57.98	3.61
Vision	Visits	237.3	79.39	1.57	0.03	0.14	(0.01)	-	0.05	0.07	247.9	89.55	1.85
Other Professional	Procedures	1,046.0	75.37	6.57	0.13	0.20	(0.03)	-	0.20	0.31	1,093.7	80.97	7.38
Subtotal Professional				\$ 112.81									\$ 142.07
Retail Pharmacy													
Retail Pharmacy	Scripts	15,505.5	\$ 54.21	\$ 70.04	\$ 1.40	\$ (4.29)	\$ (0.33)	\$ (0.11)	\$ 2.02	\$ 14.29	16,189.5	\$ 61.54	\$ 83.02
Subtotal Retail Pharmacy				\$ 70.04									\$ 83.02
Ancillary													
Transportation	Trips	189.5	\$ 82.96	\$ 1.31	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	198.2	\$ 85.39	\$ 1.41
DME/Prosthetics	Procedures	231.9	107.61	2.08	0.04	-	(0.01)	-	0.06	0.07	242.0	111.08	2.24
Subtotal Ancillary				\$ 3.39									\$ 3.65
LTSS													
Hospice	Days	3.8	\$ 125.36	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3.8	\$ 125.36	\$ 0.04
Nursing Home	Days	20.6	203.61	0.35	0.01	-	-	-	-	0.02	21.2	214.92	0.38
HCBS	Procedures	0.5	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	157.8	107.23	1.41	0.03	0.14	(0.01)	-	0.05	0.06	165.6	121.72	1.68
Subtotal LTSS				\$ 1.80									\$ 2.10
Total Medical Costs				\$ 345.94									\$ 416.58

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 30-39													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 74,657		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	256.7	\$ 2,198.65	\$ 47.03	\$ 0.94	\$ 0.00	\$ (0.90)	\$ 0.13	\$ 2.16	\$ 6.24	268.7	\$ 2,483.14	\$ 55.60
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,485.5	515.55	63.82	1.28	0.62	(1.24)	0.19	2.96	8.54	1,555.3	587.68	76.17
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	6.4	1,642.65	0.88	0.02	0.03	(0.02)	0.01	0.04	0.12	6.7	1,928.33	1.08
Subtotal Inpatient Hospital				\$ 111.73									\$ 132.85
Outpatient Hospital													
Outpatient Emergency Room	Visits	659.7	\$ 593.14	\$ 32.61	\$ 0.65	\$ 0.00	\$ (2.14)	\$ 0.86	\$ 0.24	\$ 4.06	634.5	\$ 686.20	\$ 36.28
Outpatient Surgery	Visits	98.4	1,667.94	13.68	0.27	-	(0.07)	-	0.42	1.81	102.9	1,879.05	16.11
Outpatient Radiology	Procedures	287.4	293.08	7.02	0.14	-	(0.04)	-	0.22	0.93	300.5	330.21	8.27
Outpatient Pathology/Lab	Procedures	4,781.3	46.16	18.39	0.37	0.65	(0.09)	-	0.58	2.51	5,004.9	53.73	22.41
Outpatient Pharmacy	Procedures	278.6	1,318.17	30.60	0.61	-	(0.15)	-	0.94	4.04	291.3	1,484.59	36.04
Outpatient MH/SA	Visits	295.6	436.40	10.75	0.22	-	(0.06)	-	0.33	1.42	309.1	491.53	12.66
Other Outpatient	Procedures	638.7	186.20	9.91	0.20	-	(0.05)	-	0.30	1.31	667.7	209.75	11.67
Subtotal Outpatient Hospital				\$ 122.96									\$ 143.44
Professional													
Inpatient and Outpatient Surgery	Procedures	521.4	\$ 193.54	\$ 8.41	\$ 0.17	\$ 0.30	\$ (0.04)	\$ 0.00	\$ 0.27	\$ 0.39	546.2	\$ 208.70	\$ 9.50
Anesthesia	Procedures	157.7	139.23	1.83	0.04	-	(0.01)	-	0.05	0.09	164.6	145.79	2.00
Inpatient Visits	Visits	729.2	94.63	5.75	0.12	-	(0.03)	-	0.17	0.28	762.1	99.04	6.29
MH/SA	Visits	9,667.8	75.50	60.83	1.22	4.88	(0.33)	-	2.02	2.83	10,130.3	84.64	71.45
Emergency Room	Visits	805.9	88.90	5.97	0.12	-	(0.39)	0.11	0.18	0.27	793.7	94.64	6.26
Office/Home Visits/Consults	Visits	4,953.5	63.06	26.03	0.52	13.89	0.14	-	1.23	1.04	5,313.2	96.78	42.85
Maternity	Procedures	2.5	97.09	0.02	-	-	-	-	-	-	2.5	97.09	0.02
Pathology/Lab	Procedures	4,884.5	35.03	14.26	0.29	1.40	(0.02)	-	0.48	0.75	5,141.4	40.05	17.16
Radiology	Procedures	1,628.7	46.34	6.29	0.13	-	0.01	-	0.20	0.30	1,716.7	48.44	6.93
Office Administered Drugs	Procedures	439.1	305.29	11.17	0.22	-	(0.05)	-	0.34	0.53	459.1	319.14	12.21
Physical Exams	Visits	611.9	61.39	3.13	0.06	2.01	(0.03)	-	0.16	0.12	649.0	100.77	5.45
Therapy	Visits	1,050.8	54.82	4.80	0.10	0.02	(0.02)	-	0.14	0.23	1,098.9	57.55	5.27
Vision	Visits	215.6	78.49	1.41	0.03	0.11	-	-	0.04	0.07	226.3	88.04	1.66
Other Professional	Procedures	1,512.3	63.64	8.02	0.16	0.17	(0.04)	-	0.25	0.38	1,582.0	67.81	8.94
Subtotal Professional				\$ 157.92									\$ 195.99
Retail Pharmacy													
Retail Pharmacy	Scripts	24,571.1	\$ 58.26	\$ 119.30	\$ 2.39	\$ (6.44)	\$ (0.58)	\$ (0.34)	\$ 3.46	\$ 24.49	25,656.5	\$ 66.55	\$ 142.28
Subtotal Retail Pharmacy				\$ 119.30									\$ 142.28
Ancillary													
Transportation	Trips	269.3	\$ 82.89	\$ 1.86	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.06	280.9	\$ 85.45	\$ 2.00
DME/Prosthetics	Procedures	401.1	123.87	4.14	0.08	-	(0.02)	-	0.13	0.13	419.5	127.59	4.46
Subtotal Ancillary				\$ 6.00									\$ 6.46
LTSS													
Hospice	Days	2.4	\$ 542.88	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	2.4	\$ 592.23	\$ 0.12
Nursing Home	Days	67.6	218.24	1.23	0.02	-	-	-	0.02	0.07	69.8	230.26	1.34
HCBS	Procedures	2.1	55.86	0.01	-	-	-	-	-	-	2.1	55.86	0.01
Case Management	Procedures	254.2	169.93	3.60	0.07	0.22	(0.02)	-	0.12	0.17	266.2	187.51	4.16
Subtotal LTSS				\$ 4.95									\$ 5.63
Total Medical Costs				\$ 522.86									\$ 626.65

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - F 40-49		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 70,202		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	457.5	\$ 2,366.13	\$ 90.21	\$ 1.80	\$ 0.00	\$ (1.46)	\$ 0.18	\$ 4.14	\$ 11.99	480.2	\$ 2,670.24	\$ 106.86
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	922.6	676.11	51.98	1.04	1.48	(0.87)	0.11	2.45	7.10	969.1	783.72	63.29
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	39.4	1,379.58	4.53	0.09	-	(0.07)	0.01	0.20	0.61	41.3	1,559.65	5.37
Subtotal Inpatient Hospital				\$ 146.72									\$ 175.52
Outpatient Hospital													
Outpatient Emergency Room	Visits	816.4	\$ 632.19	\$ 43.01	\$ 0.86	\$ 0.00	\$ (2.84)	\$ 1.22	\$ 0.32	\$ 5.37	784.9	\$ 732.94	\$ 47.94
Outpatient Surgery	Visits	236.0	1,583.31	31.14	0.62	-	(0.16)	-	0.96	4.11	246.8	1,783.17	36.67
Outpatient Radiology	Procedures	812.8	224.85	15.23	0.30	-	(0.07)	-	0.47	2.01	850.2	253.23	17.94
Outpatient Pathology/Lab	Procedures	7,211.8	36.79	22.11	0.44	0.90	(0.12)	-	0.70	3.04	7,544.5	43.06	27.07
Outpatient Pharmacy	Procedures	495.9	504.30	20.84	0.42	-	(0.11)	-	0.64	2.75	518.5	567.95	24.54
Outpatient MH/SA	Visits	305.9	476.19	12.14	0.24	-	(0.06)	-	0.37	1.61	319.8	536.61	14.30
Other Outpatient	Procedures	1,275.5	161.92	17.21	0.34	-	(0.08)	-	0.53	2.27	1,334.0	182.33	20.27
Subtotal Outpatient Hospital				\$ 161.68									\$ 188.73
Professional													
Inpatient and Outpatient Surgery	Procedures	1,040.0	\$ 209.77	\$ 18.18	\$ 0.36	\$ 0.43	\$ (0.09)	\$ 0.00	\$ 0.57	\$ 0.86	1,088.0	\$ 224.00	\$ 20.31
Anesthesia	Procedures	299.7	145.77	3.64	0.07	-	(0.02)	-	0.12	0.17	313.7	152.27	3.98
Inpatient Visits	Visits	977.0	92.74	7.55	0.15	-	(0.04)	-	0.23	0.37	1,021.0	97.08	8.26
MH/SA	Visits	7,237.1	83.50	50.36	1.01	4.79	(0.28)	-	1.70	2.32	7,586.3	94.75	59.90
Emergency Room	Visits	938.5	89.50	7.00	0.14	-	(0.46)	0.15	0.21	0.32	923.8	95.61	7.36
Office/Home Visits/Consults	Visits	6,964.7	65.09	37.78	0.76	17.48	0.10	-	1.70	1.52	7,436.7	95.75	59.34
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,574.9	27.85	12.94	0.26	1.92	(0.03)	-	0.46	0.71	5,872.1	33.23	16.26
Radiology	Procedures	3,258.7	54.28	14.74	0.29	-	0.05	-	0.45	0.71	3,433.4	56.76	16.24
Office Administered Drugs	Procedures	543.8	223.30	10.12	0.20	-	(0.05)	-	0.31	0.49	568.6	233.64	11.07
Physical Exams	Visits	786.6	66.06	4.33	0.09	3.05	(0.04)	-	0.23	0.15	837.5	111.91	7.81
Therapy	Visits	1,714.3	57.19	8.17	0.16	0.02	(0.04)	-	0.25	0.39	1,791.9	59.94	8.95
Vision	Visits	374.9	83.54	2.61	0.05	0.22	(0.02)	-	0.09	0.12	392.1	93.95	3.07
Other Professional	Procedures	2,407.1	54.49	10.93	0.22	0.12	(0.06)	-	0.34	0.52	2,517.3	57.54	12.07
Subtotal Professional				\$ 188.35									\$ 234.62
Retail Pharmacy													
Retail Pharmacy	Scripts	31,130.9	\$ 61.92	\$ 160.63	\$ 3.21	\$ (8.19)	\$ (0.78)	\$ (0.54)	\$ 4.68	\$ 33.05	32,508.8	\$ 70.90	\$ 192.06
Subtotal Retail Pharmacy				\$ 160.63									\$ 192.06
Ancillary													
Transportation	Trips	290.6	\$ 76.40	\$ 1.85	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.06	303.1	\$ 78.78	\$ 1.99
DME/Prosthetics	Procedures	788.2	105.96	6.96	0.14	-	(0.04)	-	0.22	0.22	824.5	109.16	7.50
Subtotal Ancillary				\$ 8.81									\$ 9.49
LTSS													
Hospice	Days	4.2	\$ 254.54	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	4.2	\$ 282.83	\$ 0.10
Nursing Home	Days	175.3	245.06	3.58	0.07	-	(0.02)	-	0.06	0.20	180.7	258.34	3.89
HCBS	Procedures	8.2	43.71	0.03	-	-	-	-	-	-	8.2	43.71	0.03
Case Management	Procedures	208.0	219.86	3.81	0.08	0.37	(0.02)	-	0.13	0.17	218.3	249.54	4.54
Subtotal LTSS				\$ 7.51									\$ 8.56
Total Medical Costs				\$ 673.70									\$ 808.98

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model														
Rate Cell: ME - F 50-64		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 197,513	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital														
Inpatient Medical/Surgical/Non-Delivery	Days	525.9	\$ 2,322.48	\$ 101.79	\$ 2.04	\$ 0.00	\$ (1.37)	\$ 0.18	\$ 4.69	\$ 13.56	553.6	\$ 2,620.29	\$ 120.89	
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient MH/SA	Days	352.5	632.81	18.59	0.37	0.26	(0.25)	0.03	0.87	2.51	371.3	723.30	22.38	
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	
Other Inpatient	Days	12.1	1,642.40	1.65	0.03	-	(0.02)	-	0.08	0.22	12.7	1,850.06	1.96	
Subtotal Inpatient Hospital				\$ 122.03										\$ 145.23
Outpatient Hospital														
Outpatient Emergency Room	Visits	465.3	\$ 672.56	\$ 26.08	\$ 0.52	\$ 0.00	\$ (1.84)	\$ 0.87	\$ 0.19	\$ 3.26	445.2	\$ 783.89	\$ 29.08	
Outpatient Surgery	Visits	325.4	1,468.98	39.83	0.80	-	(0.21)	-	1.23	5.26	340.2	1,654.50	46.91	
Outpatient Radiology	Procedures	955.5	263.11	20.95	0.42	-	(0.11)	-	0.65	2.76	999.3	296.25	24.67	
Outpatient Pathology/Lab	Procedures	7,034.6	31.83	18.66	0.37	0.72	(0.10)	-	0.59	2.56	7,358.8	37.18	22.80	
Outpatient Pharmacy	Procedures	706.8	510.67	30.08	0.60	-	(0.15)	-	0.92	3.98	739.0	575.30	35.43	
Outpatient MH/SA	Visits	118.3	427.00	4.21	0.08	-	(0.02)	-	0.13	0.56	123.7	481.34	4.96	
Other Outpatient	Procedures	1,661.6	138.95	19.24	0.38	-	(0.09)	-	0.59	2.54	1,737.6	156.49	22.66	
Subtotal Outpatient Hospital				\$ 159.05										\$ 186.51
Professional														
Inpatient and Outpatient Surgery	Procedures	1,332.6	\$ 204.41	\$ 22.70	\$ 0.45	\$ 0.31	\$ (0.12)	\$ 0.00	\$ 0.71	\$ 1.07	1,393.7	\$ 216.29	\$ 25.12	
Anesthesia	Procedures	371.4	127.94	3.96	0.08	-	(0.02)	-	0.12	0.19	388.3	133.81	4.33	
Inpatient Visits	Visits	887.3	84.39	6.24	0.12	0.01	(0.03)	-	0.19	0.30	927.1	88.41	6.83	
MH/SA	Visits	3,158.8	90.95	23.94	0.48	3.51	(0.14)	-	0.84	1.09	3,314.5	107.60	29.72	
Emergency Room	Visits	599.2	90.91	4.54	0.09	-	(0.32)	0.10	0.14	0.20	587.4	97.04	4.75	
Office/Home Visits/Consults	Visits	6,922.9	66.01	38.08	0.76	17.52	(0.04)	-	1.70	1.54	7,362.9	97.07	59.56	
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	5,598.7	22.81	10.64	0.21	1.53	(0.02)	-	0.38	0.58	5,898.7	27.10	13.32	
Radiology	Procedures	3,497.2	56.58	16.49	0.33	-	0.05	-	0.51	0.79	3,686.0	59.15	18.17	
Office Administered Drugs	Procedures	508.2	179.92	7.62	0.15	-	(0.04)	-	0.24	0.36	531.6	188.04	8.33	
Physical Exams	Visits	866.0	64.29	4.64	0.09	2.95	(0.04)	-	0.24	0.17	920.1	104.98	8.05	
Therapy	Visits	2,161.1	57.64	10.38	0.21	-	(0.05)	-	0.32	0.50	2,261.1	60.29	11.36	
Vision	Visits	461.3	78.30	3.01	0.06	0.27	(0.01)	-	0.10	0.14	484.3	88.46	3.57	
Other Professional	Procedures	3,258.3	54.40	14.77	0.30	0.08	(0.08)	-	0.46	0.70	3,408.3	57.14	16.23	
Subtotal Professional				\$ 167.01										\$ 209.34
Retail Pharmacy														
Retail Pharmacy	Scripts	38,505.3	\$ 51.85	\$ 166.39	\$ 3.33	\$ (11.03)	\$ (0.80)	\$ (0.55)	\$ 4.77	\$ 33.70	40,194.6	\$ 58.46	\$ 195.81	
Subtotal Retail Pharmacy				\$ 166.39										\$ 195.81
Ancillary														
Transportation	Trips	198.0	\$ 86.08	\$ 1.42	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.05	206.3	\$ 88.99	\$ 1.53	
DME/Prosthetics	Procedures	1,000.5	91.39	7.62	0.15	-	(0.04)	-	0.24	0.24	1,046.5	94.15	8.21	
Subtotal Ancillary				\$ 9.04										\$ 9.74
LTSS														
Hospice	Days	77.1	\$ 206.94	\$ 1.33	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.07	79.4	\$ 217.52	\$ 1.44	
Nursing Home	Days	300.0	219.62	5.49	0.11	-	(0.03)	-	0.09	0.30	309.3	231.26	5.96	
HCBS	Procedures	48.3	47.21	0.19	-	-	-	-	0.01	0.01	50.8	49.57	0.21	
Case Management	Procedures	108.9	163.16	1.48	0.03	0.38	(0.01)	-	0.06	0.07	114.7	210.22	2.01	
Subtotal LTSS				\$ 8.49										\$ 9.62
Total Medical Costs				\$ 632.01										\$ 756.25

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 19-24		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 133,745		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	99.7	\$ 2,057.15	\$ 17.09	\$ 0.34	\$ 0.00	\$ (0.29)	\$ 0.06	\$ 0.78	\$ 2.28	104.5	\$ 2,325.78	\$ 20.26
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	471.3	507.43	19.93	0.40	0.16	(0.34)	0.07	0.92	2.67	494.5	577.81	23.81
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	3.2	889.96	0.24	-	-	-	-	0.01	0.03	3.4	996.75	0.28
Subtotal Inpatient Hospital				\$ 37.26									\$ 44.35
Outpatient Hospital													
Outpatient Emergency Room	Visits	513.4	\$ 524.31	\$ 22.43	\$ 0.45	\$ 0.00	\$ (1.52)	\$ 0.57	\$ 0.17	\$ 2.79	492.8	\$ 606.13	\$ 24.89
Outpatient Surgery	Visits	31.2	1,567.20	4.07	0.08	-	(0.02)	-	0.13	0.53	32.6	1,762.18	4.79
Outpatient Radiology	Procedures	75.7	288.34	1.82	0.04	-	(0.01)	-	0.05	0.24	79.1	324.76	2.14
Outpatient Pathology/Lab	Procedures	1,542.2	40.15	5.16	0.10	0.40	(0.03)	-	0.17	0.73	1,613.9	48.55	6.53
Outpatient Pharmacy	Procedures	78.0	836.58	5.44	0.11	-	(0.03)	-	0.17	0.72	81.6	942.44	6.41
Outpatient MH/SA	Visits	94.6	389.47	3.07	0.06	-	(0.01)	-	0.09	0.41	98.9	439.22	3.62
Other Outpatient	Procedures	206.7	189.87	3.27	0.07	-	(0.02)	-	0.10	0.43	216.1	213.74	3.85
Subtotal Outpatient Hospital				\$ 45.26									\$ 52.23
Professional													
Inpatient and Outpatient Surgery	Procedures	185.5	\$ 184.41	\$ 2.85	\$ 0.06	\$ 0.02	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.13	193.9	\$ 193.69	\$ 3.13
Anesthesia	Procedures	49.6	159.62	0.66	0.01	-	-	-	0.02	0.03	51.9	166.56	0.72
Inpatient Visits	Visits	263.9	108.69	2.39	0.05	-	(0.01)	-	0.07	0.11	276.0	113.47	2.61
MH/SA	Visits	1,722.0	97.00	13.92	0.28	1.17	(0.08)	-	0.46	0.65	1,803.7	109.11	16.40
Emergency Room	Visits	504.7	77.76	3.27	0.07	-	(0.23)	0.06	0.10	0.15	495.4	82.84	3.42
Office/Home Visits/Consults	Visits	1,650.4	64.86	8.92	0.18	4.25	0.17	-	0.41	0.37	1,791.0	95.81	14.30
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,472.9	29.17	3.58	0.07	0.85	(0.01)	-	0.14	0.21	1,555.2	37.34	4.84
Radiology	Procedures	719.4	34.03	2.04	0.04	-	0.01	-	0.06	0.10	758.2	35.61	2.25
Office Administered Drugs	Procedures	139.4	469.00	5.45	0.11	-	(0.03)	-	0.17	0.26	145.8	490.39	5.96
Physical Exams	Visits	268.5	60.79	1.36	0.03	0.98	(0.01)	-	0.07	0.05	286.2	103.97	2.48
Therapy	Visits	289.0	58.55	1.41	0.03	-	(0.01)	-	0.05	0.06	303.3	60.92	1.54
Vision	Visits	186.4	88.86	1.38	0.03	0.08	(0.01)	-	0.04	0.07	194.5	98.12	1.59
Other Professional	Procedures	663.2	51.93	2.87	0.06	0.01	(0.01)	-	0.08	0.14	693.3	54.52	3.15
Subtotal Professional				\$ 50.10									\$ 62.39
Retail Pharmacy													
Retail Pharmacy	Scripts	4,316.5	\$ 92.44	\$ 33.25	\$ 0.66	\$ (0.74)	\$ (0.16)	\$ (0.02)	\$ 1.00	\$ 7.07	4,511.2	\$ 109.22	\$ 41.06
Subtotal Retail Pharmacy				\$ 33.25									\$ 41.06
Ancillary													
Transportation	Trips	113.0	\$ 75.39	\$ 0.71	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	117.8	\$ 77.42	\$ 0.76
DME/Prosthetics	Procedures	144.5	142.79	1.72	0.03	-	-	-	0.05	0.05	151.3	146.76	1.85
Subtotal Ancillary				\$ 2.43									\$ 2.61
LTSS													
Hospice	Days	6.6	\$ 180.67	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	6.6	\$ 198.74	\$ 0.11
Nursing Home	Days	22.9	220.32	0.42	0.01	-	-	-	-	0.03	23.4	235.69	0.46
HCBS	Procedures	25.5	75.27	0.16	-	-	-	-	0.01	-	27.1	75.27	0.17
Case Management	Procedures	45.4	161.29	0.61	0.01	0.03	(0.01)	-	0.02	0.03	46.9	176.65	0.69
Subtotal LTSS				\$ 1.29									\$ 1.43
Total Medical Costs				\$ 169.59									\$ 204.07

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model																
Rate Cell: ME - M 25-29		Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience				
Member Months: 103,445		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per				
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM			
Inpatient Hospital																
Inpatient Medical/Surgical/Non-Delivery	Days	149.7	\$ 2,446.26	\$ 30.51	\$ 0.61	\$ 0.00	\$ (0.58)	\$ 0.13	\$ 1.41	\$ 4.05	156.7	\$ 2,766.30	\$ 36.13			
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-		
Inpatient MH/SA	Days	1,297.4	472.27	51.06	1.02	0.38	(0.98)	0.23	2.36	6.83	1,358.4	537.99	60.90			
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Inpatient	Days	9.3	1,289.50	1.00	0.02	-	(0.02)	0.01	0.04	0.13	9.7	1,463.09	1.18			
Subtotal Inpatient Hospital				\$ 82.57											\$ 98.21	
Outpatient Hospital																
Outpatient Emergency Room	Visits	638.6	\$ 538.34	\$ 28.65	\$ 0.57	\$ 0.00	\$ (1.70)	\$ 0.69	\$ 0.21	\$ 3.59	618.1	\$ 621.43	\$ 32.01			
Outpatient Surgery	Visits	45.5	1,570.42	5.96	0.12	-	(0.03)	-	0.18	0.79	47.6	1,769.55	7.02			
Outpatient Radiology	Procedures	117.3	326.26	3.19	0.06	-	(0.01)	-	0.10	0.42	122.8	367.28	3.76			
Outpatient Pathology/Lab	Procedures	2,149.2	43.89	7.86	0.16	0.37	(0.05)	-	0.26	1.08	2,250.3	51.62	9.68			
Outpatient Pharmacy	Procedures	132.8	1,316.88	14.57	0.29	-	(0.07)	-	0.45	1.92	138.9	1,482.79	17.16			
Outpatient MH/SA	Visits	250.1	373.35	7.78	0.16	-	(0.04)	-	0.24	1.02	261.6	420.14	9.16			
Other Outpatient	Procedures	281.1	207.93	4.87	0.10	-	(0.03)	-	0.15	0.65	293.7	234.49	5.74			
Subtotal Outpatient Hospital				\$ 72.88											\$ 84.53	
Professional																
Inpatient and Outpatient Surgery	Procedures	259.0	\$ 205.24	\$ 4.43	\$ 0.09	\$ 0.03	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.22	270.7	\$ 216.32	\$ 4.88			
Anesthesia	Procedures	74.9	169.74	1.06	0.02	-	-	-	0.03	0.05	78.5	177.38	1.16			
Inpatient Visits	Visits	471.9	104.01	4.09	0.08	-	(0.02)	-	0.13	0.19	493.8	108.63	4.47			
MH/SA	Visits	5,452.7	82.86	37.65	0.75	2.30	(0.20)	-	1.22	1.76	5,709.0	91.39	43.48			
Emergency Room	Visits	672.3	84.43	4.73	0.09	-	(0.28)	0.09	0.14	0.22	665.2	90.02	4.99			
Office/Home Visits/Consults	Visits	2,361.8	63.92	12.58	0.25	6.10	0.16	-	0.58	0.51	2,547.7	95.05	20.18			
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-		
Pathology/Lab	Procedures	2,681.5	40.63	9.08	0.18	0.79	(0.01)	-	0.30	0.47	2,820.3	45.99	10.81			
Radiology	Procedures	973.3	34.89	2.83	0.06	-	-	-	0.09	0.14	1,024.9	36.53	3.12			
Office Administered Drugs	Procedures	206.8	246.56	4.25	0.09	-	(0.03)	-	0.13	0.21	216.1	258.22	4.65			
Physical Exams	Visits	271.6	55.66	1.26	0.03	1.08	(0.01)	-	0.07	0.04	291.0	101.85	2.47			
Therapy	Visits	455.9	61.32	2.33	0.05	-	(0.01)	-	0.07	0.11	477.5	64.09	2.55			
Vision	Visits	133.2	80.19	0.89	0.02	0.06	(0.01)	-	0.03	0.04	139.2	88.82	1.03			
Other Professional	Procedures	705.2	50.20	2.95	0.06	0.02	(0.02)	-	0.09	0.15	736.3	52.97	3.25			
Subtotal Professional				\$ 88.13											\$ 107.04	
Retail Pharmacy																
Retail Pharmacy	Scripts	7,122.2	\$ 117.49	\$ 69.73	\$ 1.39	\$ (1.08)	\$ (0.35)	\$ (0.04)	\$ 2.11	\$ 14.92	7,443.9	\$ 139.73	\$ 86.68			
Subtotal Retail Pharmacy				\$ 69.73											\$ 86.68	
Ancillary																
Transportation	Trips	200.7	\$ 81.92	\$ 1.37	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.05	209.5	\$ 84.78	\$ 1.48			
DME/Prosthetics	Procedures	214.0	115.49	2.06	0.04	-	(0.01)	-	0.06	0.07	223.4	119.26	2.22			
Subtotal Ancillary				\$ 3.43											\$ 3.70	
LTSS																
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
Nursing Home	Days	37.7	264.31	0.83	0.02	-	(0.01)	-	0.02	0.04	39.0	276.60	0.90			
HCBS	Procedures	1.9	61.77	0.01	-	-	-	-	-	-	1.9	61.77	0.01			
Case Management	Procedures	119.8	284.58	2.84	0.06	0.04	(0.01)	-	0.08	0.14	125.2	301.82	3.15			
Subtotal LTSS				\$ 3.68											\$ 4.06	
Total Medical Costs				\$ 320.42											\$ 384.22	

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model														
Rate Cell: ME - M 30-39		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 150,187	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital														
Inpatient Medical/Surgical/Non-Delivery	Days	342.4	\$ 2,085.46	\$ 59.51	\$ 1.19	\$ 0.01	\$ (1.10)	\$ 0.19	\$ 2.73	\$ 7.90	358.7	\$ 2,356.47	\$ 70.43	
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient MH/SA	Days	1,731.9	443.02	63.94	1.28	1.09	(1.20)	0.20	2.98	8.63	1,814.8	508.62	76.92	
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	
Other Inpatient	Days	15.0	1,929.26	2.41	0.05	-	(0.05)	0.01	0.11	0.32	15.7	2,181.90	2.85	
Subtotal Inpatient Hospital				\$ 125.86										\$ 150.20
Outpatient Hospital														
Outpatient Emergency Room	Visits	781.8	\$ 574.65	\$ 37.44	\$ 0.75	\$ 0.00	\$ (1.97)	\$ 0.87	\$ 0.28	\$ 4.72	762.2	\$ 662.66	\$ 42.09	
Outpatient Surgery	Visits	69.1	1,606.12	9.25	0.18	-	(0.04)	-	0.28	1.22	72.2	1,808.76	10.89	
Outpatient Radiology	Procedures	153.3	274.74	3.51	0.07	-	(0.02)	-	0.11	0.46	160.3	309.18	4.13	
Outpatient Pathology/Lab	Procedures	2,642.1	45.06	9.92	0.20	0.30	(0.05)	-	0.31	1.35	2,764.6	52.22	12.03	
Outpatient Pharmacy	Procedures	144.4	1,336.40	16.08	0.32	-	(0.08)	-	0.49	2.13	150.9	1,505.73	18.94	
Outpatient MH/SA	Visits	345.9	338.94	9.77	0.20	-	(0.05)	-	0.30	1.29	361.8	381.73	11.51	
Other Outpatient	Procedures	465.5	204.16	7.92	0.16	-	(0.04)	-	0.24	1.05	486.7	230.05	9.33	
Subtotal Outpatient Hospital				\$ 93.89										\$ 108.92
Professional														
Inpatient and Outpatient Surgery	Procedures	382.3	\$ 207.81	\$ 6.62	\$ 0.13	\$ 0.04	\$ (0.03)	\$ 0.00	\$ 0.21	\$ 0.31	400.2	\$ 218.31	\$ 7.28	
Anesthesia	Procedures	110.4	152.14	1.40	0.03	-	(0.01)	-	0.04	0.07	115.2	159.43	1.53	
Inpatient Visits	Visits	796.7	92.33	6.13	0.12	-	(0.03)	-	0.19	0.29	833.1	96.51	6.70	
MH/SA	Visits	9,466.9	72.61	57.28	1.15	2.85	(0.30)	-	1.84	2.69	9,911.5	79.31	65.51	
Emergency Room	Visits	847.9	86.47	6.11	0.12	-	(0.32)	0.10	0.19	0.28	846.5	91.86	6.48	
Office/Home Visits/Consults	Visits	3,200.0	63.86	17.03	0.34	8.14	0.15	-	0.78	0.69	3,438.7	94.68	27.13	
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	
Pathology/Lab	Procedures	3,710.9	43.36	13.41	0.27	0.65	(0.02)	-	0.43	0.67	3,899.1	47.43	15.41	
Radiology	Procedures	1,298.5	37.80	4.09	0.08	-	0.01	-	0.13	0.20	1,368.4	39.55	4.51	
Office Administered Drugs	Procedures	378.0	284.09	8.95	0.18	-	(0.05)	-	0.28	0.43	395.4	297.14	9.79	
Physical Exams	Visits	285.4	55.51	1.32	0.03	1.15	(0.02)	-	0.08	0.04	304.8	102.35	2.60	
Therapy	Visits	557.3	57.71	2.68	0.05	0.01	(0.02)	-	0.08	0.13	580.2	60.60	2.93	
Vision	Visits	134.3	80.40	0.90	0.02	0.08	(0.01)	-	0.03	0.04	140.3	90.66	1.06	
Other Professional	Procedures	1,054.0	52.60	4.62	0.09	0.02	(0.02)	-	0.14	0.22	1,101.9	55.21	5.07	
Subtotal Professional				\$ 130.54										\$ 156.00
Retail Pharmacy														
Retail Pharmacy	Scripts	13,355.3	\$ 107.40	\$ 119.53	\$ 2.39	\$ (2.21)	\$ (0.59)	\$ (0.14)	\$ 3.61	\$ 25.49	13,959.8	\$ 127.29	\$ 148.08	
Subtotal Retail Pharmacy				\$ 119.53										\$ 148.08
Ancillary														
Transportation	Trips	300.7	\$ 82.99	\$ 2.08	\$ 0.04	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.07	313.8	\$ 85.67	\$ 2.24	
DME/Prosthetics	Procedures	387.8	113.25	3.66	0.07	-	(0.02)	-	0.12	0.11	405.8	116.50	3.94	
Subtotal Ancillary				\$ 5.74										\$ 6.18
LTSS														
Hospice	Days	19.6	\$ 189.78	\$ 0.31	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.02	20.2	\$ 201.64	\$ 0.34	
Nursing Home	Days	76.9	263.57	1.69	0.03	-	-	-	0.02	0.09	79.2	277.20	1.83	
HCBS	Procedures	3.0	40.36	0.01	-	-	-	-	-	-	3.0	40.36	0.01	
Case Management	Procedures	184.5	213.35	3.28	0.07	0.12	(0.01)	-	0.10	0.15	193.5	230.10	3.71	
Subtotal LTSS				\$ 5.29										\$ 5.89
Total Medical Costs				\$ 480.85										\$ 575.27

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 40-49		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 93,251		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	483.8	\$ 2,200.05	\$ 88.70	\$ 1.77	\$ 0.00	\$ (1.81)	\$ 0.57	\$ 4.08	\$ 11.78	505.8	\$ 2,493.03	\$ 105.09
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,855.0	513.38	79.36	1.59	2.04	(1.66)	0.52	3.74	10.81	1,940.8	596.05	96.40
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	24.5	1,122.64	2.29	0.05	-	(0.05)	0.01	0.11	0.30	25.7	1,267.65	2.71
Subtotal Inpatient Hospital				\$ 170.35									\$ 204.20
Outpatient Hospital													
Outpatient Emergency Room	Visits	824.8	\$ 632.04	\$ 43.44	\$ 0.87	\$ 0.00	\$ (2.27)	\$ 0.99	\$ 0.32	\$ 5.47	804.2	\$ 728.43	\$ 48.82
Outpatient Surgery	Visits	136.3	1,553.57	17.65	0.35	-	(0.09)	-	0.55	2.33	142.6	1,749.66	20.79
Outpatient Radiology	Procedures	264.1	315.79	6.95	0.14	-	(0.04)	-	0.22	0.92	276.3	355.75	8.19
Outpatient Pathology/Lab	Procedures	4,152.3	36.88	12.76	0.26	0.35	(0.06)	-	0.40	1.73	4,347.5	42.62	15.44
Outpatient Pharmacy	Procedures	281.1	484.53	11.35	0.23	-	(0.06)	-	0.35	1.50	294.0	545.75	13.37
Outpatient MH/SA	Visits	343.2	317.44	9.08	0.18	-	(0.04)	-	0.27	1.20	358.7	357.58	10.69
Other Outpatient	Procedures	947.2	258.18	20.38	0.41	-	(0.11)	-	0.63	2.69	990.5	290.78	24.00
Subtotal Outpatient Hospital				\$ 121.61									\$ 141.30
Professional													
Inpatient and Outpatient Surgery	Procedures	688.2	\$ 210.64	\$ 12.08	\$ 0.24	\$ 0.07	\$ (0.06)	\$ 0.00	\$ 0.37	\$ 0.58	719.5	\$ 221.48	\$ 13.28
Anesthesia	Procedures	196.4	151.55	2.48	0.05	-	(0.01)	-	0.07	0.12	205.1	158.57	2.71
Inpatient Visits	Visits	1,157.8	92.45	8.92	0.18	-	(0.05)	-	0.28	0.42	1,211.1	96.61	9.75
MH/SA	Visits	8,839.3	79.65	58.67	1.17	3.71	(0.32)	-	1.91	2.75	9,255.1	88.03	67.89
Emergency Room	Visits	938.3	91.70	7.17	0.14	-	(0.37)	0.13	0.21	0.33	935.7	97.60	7.61
Office/Home Visits/Consults	Visits	4,433.2	65.32	24.13	0.48	11.40	0.12	-	1.09	0.97	4,743.7	96.61	38.19
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,661.9	37.53	14.58	0.29	0.77	(0.02)	-	0.47	0.74	4,898.5	41.23	16.83
Radiology	Procedures	1,792.9	41.83	6.25	0.13	-	0.01	-	0.20	0.30	1,890.5	43.74	6.89
Office Administered Drugs	Procedures	487.6	139.29	5.66	0.11	-	(0.03)	-	0.18	0.27	510.0	145.65	6.19
Physical Exams	Visits	401.5	59.77	2.00	0.04	1.59	(0.02)	-	0.11	0.07	427.6	106.35	3.79
Therapy	Visits	843.2	57.07	4.01	0.08	0.02	(0.03)	-	0.13	0.19	881.0	59.93	4.40
Vision	Visits	221.5	80.70	1.49	0.03	0.13	(0.01)	-	0.05	0.07	232.0	91.05	1.76
Other Professional	Procedures	1,763.1	52.34	7.69	0.15	0.02	(0.03)	-	0.23	0.37	1,843.3	54.88	8.43
Subtotal Professional				\$ 155.13									\$ 187.72
Retail Pharmacy													
Retail Pharmacy	Scripts	22,904.9	\$ 88.81	\$ 169.51	\$ 3.39	\$ (4.79)	\$ (0.84)	\$ (0.35)	\$ 5.06	\$ 35.75	23,933.2	\$ 104.15	\$ 207.73
Subtotal Retail Pharmacy				\$ 169.51									\$ 207.73
Ancillary													
Transportation	Trips	346.0	\$ 84.27	\$ 2.43	\$ 0.05	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.07	\$ 0.08	361.7	\$ 86.92	\$ 2.62
DME/Prosthetics	Procedures	736.6	97.74	6.00	0.12	-	(0.03)	-	0.18	0.19	769.8	100.70	6.46
Subtotal Ancillary				\$ 8.43									\$ 9.08
LTSS													
Hospice	Days	14.4	\$ 257.44	\$ 0.31	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.01	\$ 0.02	14.9	\$ 273.53	\$ 0.34
Nursing Home	Days	170.3	256.55	3.64	0.07	-	(0.02)	-	0.06	0.20	175.4	270.24	3.95
HCBS	Procedures	8.9	67.08	0.05	-	-	-	-	-	-	8.9	67.08	0.05
Case Management	Procedures	184.5	167.19	2.57	0.05	0.19	(0.01)	-	0.08	0.12	193.1	186.45	3.00
Subtotal LTSS				\$ 6.57									\$ 7.34
Total Medical Costs				\$ 631.60									\$ 757.37

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: ME - M 50-64													
Base Blended Experience				Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 164,088	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	741.0	\$ 2,184.72	\$ 134.91	\$ 2.70	\$ 0.00	\$ (2.15)	\$ 0.47	\$ 6.21	\$ 17.95	778.2	\$ 2,468.77	\$ 160.09
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,106.8	550.55	50.78	1.02	1.20	(0.83)	0.19	2.39	6.91	1,163.1	636.19	61.66
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	12.0	1,250.65	1.25	0.03	-	(0.02)	-	0.06	0.16	12.7	1,402.25	1.48
Subtotal Inpatient Hospital				\$ 186.94									\$ 223.23
Outpatient Hospital													
Outpatient Emergency Room	Visits	603.4	\$ 663.03	\$ 33.34	\$ 0.67	\$ 0.00	\$ (1.69)	\$ 0.80	\$ 0.25	\$ 4.22	589.5	\$ 765.22	\$ 37.59
Outpatient Surgery	Visits	277.4	1,381.37	31.93	0.64	-	(0.16)	-	0.98	4.21	290.1	1,555.55	37.60
Outpatient Radiology	Procedures	427.1	388.05	13.81	0.28	-	(0.07)	-	0.42	1.82	446.5	436.95	16.26
Outpatient Pathology/Lab	Procedures	5,967.0	29.00	14.42	0.29	0.41	(0.07)	-	0.46	1.95	6,248.4	33.53	17.46
Outpatient Pharmacy	Procedures	656.9	499.25	27.33	0.55	-	(0.14)	-	0.84	3.61	687.0	562.31	32.19
Outpatient MH/SA	Visits	175.8	391.21	5.73	0.11	-	(0.02)	-	0.17	0.76	183.7	440.85	6.75
Other Outpatient	Procedures	1,544.9	197.52	25.43	0.51	-	(0.13)	-	0.78	3.36	1,615.4	222.48	29.95
Subtotal Outpatient Hospital				\$ 151.99									\$ 177.80
Professional													
Inpatient and Outpatient Surgery	Procedures	1,252.2	\$ 194.82	\$ 20.33	\$ 0.41	\$ 0.11	\$ (0.11)	\$ 0.00	\$ 0.63	\$ 0.97	1,309.5	\$ 204.72	\$ 22.34
Anesthesia	Procedures	313.6	138.12	3.61	0.07	-	(0.02)	-	0.11	0.18	327.5	144.71	3.95
Inpatient Visits	Visits	1,326.4	87.84	9.71	0.19	0.02	(0.05)	-	0.29	0.47	1,385.2	92.09	10.63
MH/SA	Visits	4,016.9	88.28	29.55	0.59	2.54	(0.17)	-	0.99	1.37	4,208.5	99.43	34.87
Emergency Room	Visits	771.0	92.60	5.95	0.12	-	(0.30)	0.09	0.18	0.28	771.0	98.36	6.32
Office/Home Visits/Consults	Visits	5,350.5	65.98	29.42	0.59	12.85	-	-	1.30	1.19	5,694.2	95.57	45.35
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,007.1	27.56	11.50	0.23	0.89	(0.02)	-	0.38	0.60	5,264.0	30.96	13.58
Radiology	Procedures	2,329.0	67.76	13.15	0.26	-	0.04	-	0.41	0.63	2,454.7	70.83	14.49
Office Administered Drugs	Procedures	632.8	217.12	11.45	0.23	-	(0.06)	-	0.35	0.55	661.6	227.10	12.52
Physical Exams	Visits	540.5	59.72	2.69	0.05	1.85	(0.03)	-	0.14	0.10	572.6	100.59	4.80
Therapy	Visits	1,223.0	59.36	6.05	0.12	0.01	(0.03)	-	0.19	0.28	1,279.6	62.08	6.62
Vision	Visits	338.0	77.39	2.18	0.04	0.22	(0.02)	-	0.08	0.10	353.5	88.25	2.60
Other Professional	Procedures	2,873.3	51.87	12.42	0.25	0.05	(0.06)	-	0.38	0.59	3,005.1	54.43	13.63
Subtotal Professional				\$ 158.01									\$ 191.70
Retail Pharmacy													
Retail Pharmacy	Scripts	31,355.2	\$ 74.48	\$ 194.60	\$ 3.89	\$ (8.02)	\$ (0.95)	\$ (0.49)	\$ 5.73	\$ 40.48	32,752.2	\$ 86.19	\$ 235.24
Subtotal Retail Pharmacy				\$ 194.60									\$ 235.24
Ancillary													
Transportation	Trips	329.4	\$ 81.96	\$ 2.25	\$ 0.05	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.07	\$ 0.07	344.1	\$ 84.40	\$ 2.42
DME/Prosthetics	Procedures	1,051.6	94.94	8.32	0.17	-	(0.05)	-	0.26	0.26	1,099.6	97.78	8.96
Subtotal Ancillary				\$ 10.57									\$ 11.38
LTSS													
Hospice	Days	70.4	\$ 224.96	\$ 1.32	\$ 0.03	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.07	72.5	\$ 236.54	\$ 1.43
Nursing Home	Days	456.4	248.71	9.46	0.19	-	(0.05)	-	0.15	0.52	470.4	261.97	10.27
HCBS	Procedures	26.2	41.20	0.09	-	-	-	-	-	0.01	26.2	45.78	0.10
Case Management	Procedures	172.3	183.89	2.64	0.05	0.35	(0.01)	-	0.09	0.12	180.8	215.09	3.24
Subtotal LTSS				\$ 13.51									\$ 15.04
Total Medical Costs				\$ 715.62									\$ 854.39

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RHP - ID		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 11,347		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service		per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Unit Type													
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	995.4	\$ 1,964.69	\$ 162.97	\$ 2.44	\$ 0.00	\$ (2.47)	\$ 0.33	\$ 7.46	\$ 21.56	1,040.8	\$ 2,217.08	\$ 192.29
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,098.4	963.60	88.20	1.32	0.29	(1.34)	0.17	4.05	11.71	1,148.6	1,090.75	104.40
Inpatient Maternity Delivery	Days	11.3	1,143.13	1.08	0.02	-	(0.02)	-	0.05	0.14	11.9	1,284.75	1.27
Other Inpatient	Days	17.3	1,227.52	1.77	0.03	-	(0.03)	-	0.08	0.24	18.1	1,386.76	2.09
Subtotal Inpatient Hospital				\$ 254.02									\$ 300.05
Outpatient Hospital													
Outpatient Emergency Room	Visits	732.7	\$ 617.80	\$ 37.72	\$ 0.57	\$ 0.00	\$ (1.77)	\$ 0.71	\$ 0.28	\$ 4.74	714.8	\$ 709.30	\$ 42.25
Outpatient Surgery	Visits	161.9	1,484.12	20.02	0.30	-	(0.10)	-	0.61	2.63	168.4	1,671.51	23.46
Outpatient Radiology	Procedures	325.1	217.78	5.90	0.09	-	(0.03)	-	0.18	0.77	338.3	245.09	6.91
Outpatient Pathology/Lab	Procedures	5,888.1	30.55	14.99	0.22	0.46	(0.08)	-	0.47	2.03	6,127.8	35.43	18.09
Outpatient Pharmacy	Procedures	411.2	200.77	6.88	0.10	-	(0.03)	-	0.21	0.90	428.0	226.01	8.06
Outpatient MH/SA	Visits	74.2	341.43	2.11	0.03	-	(0.01)	-	0.07	0.27	77.3	383.33	2.47
Other Outpatient	Procedures	1,506.5	214.12	26.88	0.40	-	(0.13)	-	0.82	3.53	1,567.6	241.14	31.50
Subtotal Outpatient Hospital				\$ 114.50									\$ 132.74
Professional													
Inpatient and Outpatient Surgery	Procedures	1,239.2	\$ 126.66	\$ 13.08	\$ 0.20	\$ 0.04	\$ (0.07)	\$ 0.00	\$ 0.41	\$ 0.62	1,290.3	\$ 132.80	\$ 14.28
Anesthesia	Procedures	301.3	195.53	4.91	0.07	-	(0.02)	-	0.15	0.23	313.6	204.33	5.34
Inpatient Visits	Visits	2,346.3	90.63	17.72	0.27	-	(0.09)	-	0.55	0.84	2,442.9	94.76	19.29
MH/SA	Visits	4,478.1	98.85	36.89	0.55	1.77	(0.20)	-	1.19	1.72	4,665.1	107.83	41.92
Emergency Room	Visits	902.7	94.65	7.12	0.11	-	(0.34)	0.10	0.22	0.32	901.4	100.24	7.53
Office/Home Visits/Consults	Visits	5,893.6	66.44	32.63	0.49	7.76	-	-	1.24	1.43	6,206.0	84.21	43.55
Maternity	Procedures	11.4	357.26	0.34	0.01	-	(0.01)	-	0.01	0.02	11.8	377.68	0.37
Pathology/Lab	Procedures	5,290.2	15.90	7.01	0.11	0.96	(0.01)	-	0.24	0.38	5,546.8	18.80	8.69
Radiology	Procedures	1,985.4	35.78	5.92	0.09	-	0.02	-	0.18	0.28	2,082.6	37.40	6.49
Office Administered Drugs	Procedures	650.6	258.58	14.02	0.21	-	(0.07)	-	0.43	0.66	677.1	270.28	15.25
Physical Exams	Visits	899.1	64.33	4.82	0.07	2.43	(0.03)	-	0.22	0.19	947.6	97.51	7.70
Therapy	Visits	1,284.7	71.55	7.66	0.11	-	(0.03)	-	0.23	0.36	1,336.7	74.78	8.33
Vision	Visits	369.4	71.79	2.21	0.03	0.11	(0.02)	-	0.07	0.11	382.8	78.68	2.51
Other Professional	Procedures	11,282.6	109.91	103.34	1.55	0.14	(0.52)	-	3.16	4.91	11,740.1	115.07	112.58
Subtotal Professional				\$ 257.67									\$ 293.83
Retail Pharmacy													
Retail Pharmacy	Scripts	59,217.7	\$ 64.59	\$ 318.75	\$ 4.78	\$ (13.39)	\$ (1.55)	\$ (1.36)	\$ 14.04	\$ 40.13	62,426.1	\$ 69.47	\$ 361.40
Subtotal Retail Pharmacy				\$ 318.75									\$ 361.40
Ancillary													
Transportation	Trips	536.5	\$ 89.69	\$ 4.01	\$ 0.06	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.06	\$ 0.13	549.9	\$ 92.53	\$ 4.24
DME/Prosthetics	Procedures	6,955.2	130.16	75.44	1.13	-	(0.38)	-	1.15	2.34	7,130.4	134.10	79.68
Subtotal Ancillary				\$ 79.45									\$ 83.92
LTSS													
Hospice	Days	1,775.9	\$ 151.30	\$ 22.39	\$ 0.34	\$ 0.00	\$ (0.12)	\$ 0.00	\$ 0.34	\$ 1.24	1,820.3	\$ 159.47	\$ 24.19
Nursing Home	Days	449.3	287.63	10.77	0.16	-	(0.05)	-	0.16	0.60	460.6	303.26	11.64
HCBS	Procedures	528.2	126.09	5.55	0.08	-	(0.02)	-	0.16	0.27	549.1	131.99	6.04
Case Management	Procedures	156.5	885.06	11.54	0.17	0.35	(0.06)	-	0.36	0.54	162.8	950.65	12.90
Subtotal LTSS				\$ 50.25									\$ 54.77
Total Medical Costs				\$ 1,074.64									\$ 1,226.71

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: RHP - SPMI		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 31,955		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	2,226.4	\$ 1,369.64	\$ 254.11	\$ 3.81	\$ 0.00	\$ (5.52)	\$ 0.45	\$ 11.56	\$ 33.39	2,312.7	\$ 1,545.23	\$ 297.80
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,763.7	821.38	326.07	4.89	2.28	(7.13)	0.58	14.93	43.15	4,949.1	932.94	384.77
Inpatient Maternity Delivery	Days	25.2	1,370.47	2.88	0.04	-	(0.06)	0.01	0.13	0.38	26.2	1,549.23	3.38
Other Inpatient	Days	113.2	641.25	6.05	0.09	-	(0.13)	0.01	0.28	0.79	117.7	722.81	7.09
Subtotal Inpatient Hospital				\$ 589.11									\$ 693.04
Outpatient Hospital													
Outpatient Emergency Room	Visits	2,302.1	\$ 622.59	\$ 119.44	\$ 1.79	\$ 0.00	\$ (6.38)	\$ 2.91	\$ 0.89	\$ 14.98	2,230.8	\$ 718.83	\$ 133.63
Outpatient Surgery	Visits	249.0	1,540.81	31.97	0.48	-	(0.16)	-	0.98	4.20	259.1	1,735.32	37.47
Outpatient Radiology	Procedures	795.4	297.95	19.75	0.30	-	(0.10)	-	0.60	2.60	827.7	335.65	23.15
Outpatient Pathology/Lab	Procedures	9,062.4	39.00	29.45	0.44	0.54	(0.16)	-	0.92	3.94	9,431.7	44.70	35.13
Outpatient Pharmacy	Procedures	891.8	814.85	60.56	0.91	-	(0.31)	-	1.85	7.96	927.9	917.79	70.97
Outpatient MH/SA	Visits	575.1	417.75	20.02	0.30	-	(0.10)	-	0.61	2.63	598.4	470.49	23.46
Other Outpatient	Procedures	2,453.5	277.71	56.78	0.85	-	(0.29)	-	1.74	7.46	2,552.9	312.77	66.54
Subtotal Outpatient Hospital				\$ 337.97									\$ 390.35
Professional													
Inpatient and Outpatient Surgery	Procedures	1,413.0	\$ 180.21	\$ 21.22	\$ 0.32	\$ 0.32	\$ (0.11)	\$ 0.00	\$ 0.66	\$ 1.00	1,471.0	\$ 190.98	\$ 23.41
Anesthesia	Procedures	474.6	178.50	7.06	0.11	-	(0.04)	-	0.22	0.33	494.1	186.51	7.68
Inpatient Visits	Visits	4,647.4	95.85	37.12	0.56	-	(0.19)	-	1.13	1.77	4,835.2	100.24	40.39
MH/SA	Visits	27,959.7	186.53	434.62	6.52	5.30	(2.23)	-	13.46	20.60	29,101.6	197.21	478.27
Emergency Room	Visits	2,857.0	101.18	24.09	0.36	-	(1.28)	0.52	0.71	1.12	2,832.1	108.13	25.52
Office/Home Visits/Consults	Visits	10,873.7	67.40	61.07	0.92	27.58	0.43	-	2.73	2.49	11,600.2	98.50	95.22
Maternity	Procedures	34.3	332.08	0.95	0.01	0.21	(0.01)	-	0.04	0.04	35.8	415.93	1.24
Pathology/Lab	Procedures	9,443.7	36.94	29.07	0.44	1.14	(0.05)	-	0.93	1.44	9,872.5	40.07	32.97
Radiology	Procedures	4,400.4	40.09	14.70	0.22	-	0.04	-	0.46	0.70	4,615.9	41.91	16.12
Office Administered Drugs	Procedures	846.8	146.52	10.34	0.16	-	(0.06)	-	0.32	0.49	881.2	153.19	11.25
Physical Exams	Visits	669.6	53.94	3.01	0.05	3.20	(0.03)	-	0.19	0.10	716.3	109.22	6.52
Therapy	Visits	1,489.3	68.25	8.47	0.13	-	(0.04)	-	0.26	0.40	1,550.8	71.34	9.22
Vision	Visits	361.9	79.25	2.39	0.04	0.11	(0.01)	-	0.08	0.11	378.5	86.23	2.72
Other Professional	Procedures	11,535.9	66.51	63.94	0.96	0.11	(0.32)	-	1.96	3.04	12,005.0	69.66	69.69
Subtotal Professional				\$ 718.05									\$ 820.22
Retail Pharmacy													
Retail Pharmacy	Scripts	79,962.4	\$ 91.19	\$ 607.65	\$ 9.11	\$ (13.44)	\$ (3.02)	\$ (2.34)	\$ 27.33	\$ 78.10	84,360.2	\$ 100.06	\$ 703.39
Subtotal Retail Pharmacy				\$ 607.65									\$ 703.39
Ancillary													
Transportation	Trips	1,643.2	\$ 75.80	\$ 10.38	\$ 0.16	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.16	\$ 0.32	1,684.4	\$ 78.08	\$ 10.96
DME/Prosthetics	Procedures	2,088.5	109.80	19.11	0.29	-	(0.10)	-	0.29	0.59	2,140.9	113.11	20.18
Subtotal Ancillary				\$ 29.49									\$ 31.14
LTSS													
Hospice	Days	258.9	\$ 161.32	\$ 3.48	\$ 0.05	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.06	\$ 0.19	265.6	\$ 169.91	\$ 3.76
Nursing Home	Days	1,079.1	273.79	24.62	0.37	-	(0.13)	-	0.38	1.36	1,106.2	288.55	26.60
HCBS	Procedures	300.4	40.75	1.02	0.02	-	(0.01)	-	0.03	0.05	312.1	42.67	1.11
Case Management	Procedures	1,815.3	856.73	129.60	1.94	0.38	(0.66)	-	3.98	6.15	1,888.9	898.21	141.39
Subtotal LTSS				\$ 158.72									\$ 172.86
Total Medical Costs				\$ 2,440.99									\$ 2,811.00

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell:		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
RHP - Other Disabled 21-44													
Member Months: 45,657		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	871.3	\$ 1,933.20	\$ 140.37	\$ 8.42	\$ 0.00	\$ (2.25)	\$ 0.23	\$ 6.71	\$ 19.38	951.3	\$ 2,180.57	\$ 172.86
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	953.8	644.66	51.24	3.07	0.34	(0.83)	0.08	2.47	7.12	1,041.5	731.54	63.49
Inpatient Maternity Delivery	Days	80.0	1,285.87	8.57	0.51	-	(0.13)	0.01	0.41	1.18	87.3	1,449.35	10.55
Other Inpatient	Days	14.3	4,296.38	5.11	0.31	-	(0.09)	0.01	0.25	0.70	15.6	4,843.05	6.29
Subtotal Inpatient Hospital				\$ 205.29									\$ 253.19
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,440.9	\$ 612.94	\$ 73.60	\$ 4.42	\$ 0.00	\$ (5.30)	\$ 2.00	\$ 0.56	\$ 9.51	1,434.7	\$ 709.21	\$ 84.79
Outpatient Surgery	Visits	161.5	1,895.53	25.51	1.53	-	(0.13)	-	0.81	3.50	175.5	2,134.87	31.22
Outpatient Radiology	Procedures	565.4	316.64	14.92	0.90	-	(0.08)	-	0.47	2.05	614.3	356.68	18.26
Outpatient Pathology/Lab	Procedures	7,753.7	39.81	25.72	1.54	0.42	(0.14)	-	0.84	3.58	8,429.0	45.50	31.96
Outpatient Pharmacy	Procedures	777.0	467.52	30.27	1.82	-	(0.16)	-	0.96	4.16	844.2	526.65	37.05
Outpatient MH/SA	Visits	281.3	399.24	9.36	0.56	-	(0.05)	-	0.30	1.29	305.7	449.88	11.46
Other Outpatient	Procedures	2,071.9	222.11	38.35	2.30	-	(0.20)	-	1.22	5.27	2,251.3	250.21	46.94
Subtotal Outpatient Hospital				\$ 217.73									\$ 261.68
Professional													
Inpatient and Outpatient Surgery	Procedures	732.8	\$ 210.25	\$ 12.84	\$ 0.77	\$ 0.35	\$ (0.06)	\$ 0.00	\$ 0.42	\$ 0.63	797.3	\$ 225.00	\$ 14.95
Anesthesia	Procedures	265.7	183.36	4.06	0.24	-	(0.02)	-	0.13	0.20	288.6	191.67	4.61
Inpatient Visits	Visits	1,570.5	87.34	11.43	0.69	-	(0.06)	-	0.36	0.57	1,706.5	91.35	12.99
MH/SA	Visits	8,232.4	91.37	62.68	3.76	4.88	(0.36)	-	2.15	3.03	8,961.3	101.96	76.14
Emergency Room	Visits	1,580.1	83.54	11.00	0.66	0.01	(0.80)	0.24	0.34	0.52	1,608.8	89.28	11.97
Office/Home Visits/Consults	Visits	6,033.5	64.96	32.66	1.96	16.53	0.48	-	1.56	1.38	6,772.4	96.69	54.57
Maternity	Procedures	112.0	288.34	2.69	0.16	0.42	(0.02)	-	0.10	0.13	121.9	342.47	3.48
Pathology/Lab	Procedures	4,858.5	30.45	12.33	0.74	0.90	(0.02)	-	0.42	0.66	5,307.7	33.98	15.03
Radiology	Procedures	2,754.9	41.38	9.50	0.57	-	0.03	-	0.30	0.48	3,015.9	43.29	10.88
Office Administered Drugs	Procedures	606.4	691.87	34.96	2.10	-	(0.19)	-	1.12	1.74	658.9	723.56	39.73
Physical Exams	Visits	553.9	55.46	2.56	0.15	2.17	(0.02)	-	0.15	0.09	614.5	99.59	5.10
Therapy	Visits	923.9	58.58	4.51	0.27	0.02	(0.02)	-	0.15	0.22	1,005.9	61.44	5.15
Vision	Visits	260.4	79.71	1.73	0.10	0.12	(0.01)	-	0.05	0.09	281.5	88.66	2.08
Other Professional	Procedures	3,862.4	78.05	25.12	1.51	0.11	(0.13)	-	0.80	1.25	4,197.5	81.93	28.66
Subtotal Professional				\$ 228.07									\$ 285.34
Retail Pharmacy													
Retail Pharmacy	Scripts	31,695.7	\$ 87.41	\$ 230.87	\$ 13.85	\$ (5.80)	\$ (1.19)	\$ (0.64)	\$ 10.83	\$ 30.97	34,920.6	\$ 95.84	\$ 278.89
Subtotal Retail Pharmacy				\$ 230.87									\$ 278.89
Ancillary													
Transportation	Trips	467.8	\$ 77.21	\$ 3.01	\$ 0.18	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.05	\$ 0.10	500.5	\$ 79.61	\$ 3.32
DME/Prosthetics	Procedures	1,293.9	125.48	13.53	0.81	-	(0.07)	-	0.22	0.43	1,385.7	129.20	14.92
Subtotal Ancillary				\$ 16.54									\$ 18.24
LTSS													
Hospice	Days	37.1	\$ 226.19	\$ 0.70	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.04	39.8	\$ 238.25	\$ 0.79
Nursing Home	Days	97.8	295.75	2.41	0.14	-	(0.01)	-	0.04	0.14	104.7	311.80	2.72
HCBS	Procedures	169.6	82.77	1.17	0.07	-	(0.01)	-	0.04	0.06	184.1	86.69	1.33
Case Management	Procedures	168.1	232.78	3.26	0.20	0.64	(0.02)	-	0.13	0.15	184.0	284.29	4.36
Subtotal LTSS				\$ 7.54									\$ 9.20
Total Medical Costs				\$ 906.04									\$ 1,106.54

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell:		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
RHP - Other Disabled 45+													
Member Months: 86,602		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	1,829.4	\$ 1,850.27	\$ 282.08	\$ 4.23	\$ 0.00	\$ (4.96)	\$ 0.59	\$ 12.88	\$ 37.24	1,908.2	\$ 2,088.16	\$ 332.06
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	796.5	706.47	46.89	0.70	1.01	(0.84)	0.10	2.19	6.32	831.3	813.72	56.37
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	27.5	1,755.78	4.03	0.06	-	(0.07)	0.01	0.18	0.53	28.7	1,981.52	4.74
Subtotal Inpatient Hospital				\$ 333.00									\$ 393.17
Outpatient Hospital													
Outpatient Emergency Room	Visits	1,165.9	\$ 659.36	\$ 64.06	\$ 0.96	\$ 0.00	\$ (4.29)	\$ 1.97	\$ 0.47	\$ 7.98	1,113.8	\$ 766.56	\$ 71.15
Outpatient Surgery	Visits	365.9	1,540.43	46.97	0.70	-	(0.23)	-	1.43	6.18	380.7	1,735.23	55.05
Outpatient Radiology	Procedures	1,037.3	323.09	27.93	0.42	-	(0.14)	-	0.85	3.67	1,079.3	363.90	32.73
Outpatient Pathology/Lab	Procedures	10,666.3	33.54	29.81	0.45	0.60	(0.16)	-	0.94	3.99	11,106.4	38.50	35.63
Outpatient Pharmacy	Procedures	1,172.4	607.38	59.34	0.89	-	(0.30)	-	1.81	7.80	1,219.8	684.11	69.54
Outpatient MH/SA	Visits	146.3	349.46	4.26	0.06	-	(0.02)	-	0.13	0.56	152.1	393.63	4.99
Other Outpatient	Procedures	3,341.2	229.36	63.86	0.96	-	(0.33)	-	1.96	8.39	3,476.7	258.31	74.84
Subtotal Outpatient Hospital				\$ 296.23									\$ 343.93
Professional													
Inpatient and Outpatient Surgery	Procedures	1,759.2	\$ 201.64	\$ 29.56	\$ 0.44	\$ 0.23	\$ (0.15)	\$ 0.00	\$ 0.91	\$ 1.40	1,830.6	\$ 212.32	\$ 32.39
Anesthesia	Procedures	454.7	141.71	5.37	0.08	-	(0.03)	-	0.17	0.25	473.4	148.05	5.84
Inpatient Visits	Visits	2,697.5	84.30	18.95	0.28	0.03	(0.10)	-	0.58	0.91	2,805.6	88.32	20.65
MH/SA	Visits	8,611.2	86.02	61.73	0.93	4.87	(0.34)	-	2.03	2.86	8,976.7	96.36	72.08
Emergency Room	Visits	1,528.3	91.95	11.71	0.18	-	(0.78)	0.26	0.34	0.54	1,494.3	98.37	12.25
Office/Home Visits/Consults	Visits	9,356.9	66.30	51.70	0.78	22.38	0.17	-	2.27	2.09	9,939.7	95.85	79.39
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,688.9	26.75	14.91	0.22	1.30	(0.03)	-	0.50	0.77	6,998.4	30.30	17.67
Radiology	Procedures	4,542.8	51.06	19.33	0.29	-	0.05	-	0.60	0.93	4,763.7	53.40	21.20
Office Administered Drugs	Procedures	815.9	237.98	16.18	0.24	-	(0.08)	-	0.50	0.77	849.1	248.86	17.61
Physical Exams	Visits	705.4	54.44	3.20	0.05	2.32	(0.03)	-	0.17	0.11	747.3	93.46	5.82
Therapy	Visits	1,930.0	68.83	11.07	0.17	-	(0.06)	-	0.34	0.53	2,008.4	72.00	12.05
Vision	Visits	436.0	77.34	2.81	0.04	0.18	(0.01)	-	0.09	0.13	454.6	85.52	3.24
Other Professional	Procedures	9,665.6	69.35	55.86	0.84	0.10	(0.29)	-	1.72	2.65	10,058.4	72.63	60.88
Subtotal Professional				\$ 302.38									\$ 361.07
Retail Pharmacy													
Retail Pharmacy	Scripts	70,603.4	\$ 79.41	\$ 467.19	\$ 7.01	\$ (12.57)	\$ (2.31)	\$ (2.11)	\$ 20.90	\$ 59.71	74,472.1	\$ 86.66	\$ 537.82
Subtotal Retail Pharmacy				\$ 467.19									\$ 537.82
Ancillary													
Transportation	Trips	720.1	\$ 76.82	\$ 4.61	\$ 0.07	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.07	\$ 0.14	738.9	\$ 79.09	\$ 4.87
DME/Prosthetics	Procedures	2,903.1	106.85	25.85	0.39	-	(0.13)	-	0.39	0.80	2,976.1	110.08	27.30
Subtotal Ancillary				\$ 30.46									\$ 32.17
LTSS													
Hospice	Days	384.6	\$ 181.90	\$ 5.83	\$ 0.09	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.09	\$ 0.32	394.5	\$ 191.64	\$ 6.30
Nursing Home	Days	1,055.7	277.12	24.38	0.37	-	(0.13)	-	0.37	1.35	1,082.1	292.09	26.34
HCBS	Procedures	346.4	80.02	2.31	0.03	-	(0.01)	-	0.07	0.11	359.9	83.69	2.51
Case Management	Procedures	352.2	143.11	4.20	0.06	1.47	(0.03)	-	0.17	0.17	368.9	196.45	6.04
Subtotal LTSS				\$ 36.72									\$ 41.19
Total Medical Costs				\$ 1,465.98									\$ 1,709.35

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model													
Rate Cell: SOBRA		Base Blended Experience			Program Change Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Deliveries: 4,496		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	Per Delivery	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	Per Delivery
Inpatient Hospital													
Inpatient Medical/Surgical/Non-Delivery	Days	241.0	\$ 1,771.34	\$ 426.84	\$ 0.00	\$ 0.00	\$ (2.13)	\$ 0.00	\$ 0.00	\$ 53.64	239.8	\$ 1,995.06	\$ 478.35
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	2.0	227.05	0.46	-	-	-	-	-	0.06	2.0	256.67	0.52
Inpatient Maternity Delivery	Days	2,758.8	1,390.72	3,836.69	-	-	(19.18)	(10.31)	-	480.85	2,745.0	1,562.14	4,288.05
Other Inpatient	Days	90.6	1,513.07	137.08	-	-	(0.69)	-	-	17.23	90.1	1,704.22	153.62
Subtotal Inpatient Hospital				\$ 4,401.07									\$ 4,920.54
Outpatient Hospital													
Outpatient Emergency Room	Visits	2,104.9	\$ 700.63	\$ 1,474.78	\$ 0.00	\$ 0.00	\$ (7.37)	\$ 0.00	\$ 11.00	\$ 186.73	2,110.1	\$ 789.12	\$ 1,665.14
Outpatient Surgery	Visits	49.6	3,030.56	150.20	-	-	(0.75)	-	2.26	19.16	50.1	3,413.30	170.87
Outpatient Radiology	Procedures	3,416.6	165.77	566.38	-	-	(2.83)	-	8.51	72.25	3,450.9	186.71	644.31
Outpatient Pathology/Lab	Procedures	20,359.2	46.17	939.94	-	-	(4.70)	-	14.12	119.91	20,563.2	52.00	1,069.27
Outpatient Pharmacy	Procedures	515.8	270.42	139.48	-	-	(0.70)	-	2.10	17.79	521.0	304.57	158.67
Outpatient MH/SA	Visits	10.2	221.65	2.27	-	-	(0.01)	-	0.03	0.29	10.3	249.72	2.58
Other Outpatient	Procedures	3,124.9	125.24	391.37	-	-	(1.96)	-	5.88	49.93	3,156.2	141.06	445.22
Subtotal Outpatient Hospital				\$ 3,664.42									\$ 4,156.06
Professional													
Inpatient and Outpatient Surgery	Procedures	84.6	\$ 113.78	\$ 9.63	\$ 0.00	\$ 5.69	\$ (0.07)	\$ 0.00	\$ 0.46	\$ 0.12	88.1	\$ 179.75	\$ 15.83
Anesthesia	Procedures	1,101.8	367.43	404.84	-	-	(2.02)	-	12.20	6.27	1,129.5	372.98	421.29
Inpatient Visits	Visits	1,055.0	57.26	60.41	-	-	(0.30)	-	1.82	0.93	1,081.5	58.12	62.86
MH/SA	Visits	6.5	87.19	0.57	-	0.08	-	-	0.02	0.01	6.8	100.49	0.68
Emergency Room	Visits	2,047.9	68.04	139.35	-	0.99	(0.70)	-	4.23	2.14	2,099.8	69.54	146.01
Office/Home Visits/Consults	Visits	1,239.3	65.41	81.07	-	58.43	(0.70)	-	4.21	0.98	1,293.0	111.36	143.99
Maternity	Procedures	3,718.2	431.19	1,603.26	-	433.19	(10.18)	-	61.40	24.00	3,837.0	550.35	2,111.67
Pathology/Lab	Procedures	3,004.2	38.72	116.32	-	-	(0.58)	-	3.51	1.80	3,079.8	39.30	121.05
Radiology	Procedures	7,161.0	47.83	342.48	-	3.51	(1.73)	-	10.43	5.29	7,342.9	49.02	359.98
Office Administered Drugs	Procedures	534.8	55.93	29.91	-	-	(0.15)	-	0.90	0.47	548.2	56.79	31.13
Physical Exams	Visits	493.8	11.60	5.73	-	0.82	(0.04)	-	0.20	0.09	507.6	13.40	6.80
Therapy	Visits	48.2	60.00	2.89	-	0.04	(0.01)	-	0.09	0.04	49.5	61.61	3.05
Vision	Visits	0.5	63.42	0.03	-	0.02	-	-	-	-	0.5	105.70	0.05
Other Professional	Procedures	700.4	120.97	84.72	-	5.79	(0.46)	-	2.73	1.28	719.1	130.80	94.06
Subtotal Professional				\$ 2,881.21									\$ 3,518.45
Retail Pharmacy													
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00									\$ 0.00
Ancillary													
Transportation	Trips	56.7	\$ 97.39	\$ 5.52	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.09	\$ 0.16	57.3	\$ 100.18	\$ 5.74
DME/Prosthetics	Procedures	812.3	155.17	126.05	-	-	(0.63)	-	1.89	3.86	820.4	159.88	131.17
Subtotal Ancillary				\$ 131.57									\$ 136.91
LTSS													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	14.1	446.01	6.30	-	-	(0.03)	-	0.09	0.35	14.3	470.56	6.71
HCBS	Procedures	0.2	52.92	0.01	-	-	-	-	-	-	0.2	52.92	0.01
Case Management	Procedures	0.7	27.47	0.02	-	0.06	-	-	-	-	0.7	109.88	0.08
Subtotal LTSS				\$ 6.33									\$ 6.80
Total Medical Costs				\$ 11,084.60									\$ 12,738.76

Appendix 6: SFY 2022 Capitation Rate Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Rate Change Summary									
Region: Statewide	Projected Exposure	Base Benefit Expense	CTC Adjustment	Care Coordination	Administrative Cost Allowance	Risk Margin	SFY 2022 Effective Rate	Prior Effective Rate	% Change
Rite Care									
RC - MF<1	66,682	\$ 584.34	\$ 1.77	\$ 9.79	\$ 48.97	\$ 9.79	\$ 654.66	\$ 626.75	4.5%
RC - MF 1-5	351,657	164.67	1.77	2.76	13.80	2.76	185.76	186.41	(0.4%)
RC - MF 6-14	613,166	155.00	1.77	2.60	12.99	2.59	174.95	173.30	1.0%
RC - M 15-44	233,567	225.12	0.73	3.74	16.84	3.74	250.17	236.40	5.8%
RC - F 15-44	569,611	362.40	0.30	6.02	27.10	6.03	401.85	391.68	2.6%
RC - MF 45+	130,199	539.78	-	8.97	40.37	8.97	598.09	557.23	7.3%
RC - EFP	19,152	15.85	-	0.27	1.82	0.28	18.22	20.03	(9.0%)
RC - SOBRA	3,870	12,738.76	-	133.39	266.78	200.09	13,339.02	13,037.80	2.3%
Subtotal Rite Care	1,984,034	\$ 287.70	\$ 1.09	\$ 4.64	\$ 21.06	\$ 4.77	\$ 319.26	\$ 310.13	2.9%
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	25,792	\$ 566.74	\$ 1.70	\$ 9.66	\$ 57.96	\$ 9.66	\$ 645.72	\$ 621.83	3.8%
CSHCN - Katie Beckett	1,044	3,162.91	1.63	52.72	246.00	52.71	3,515.97	3,514.68	0.0%
CSHCN - SSI < 15	34,629	1,461.67	1.77	24.36	113.69	24.36	1,625.85	1,548.24	5.0%
CSHCN - SSI >= 15	24,546	1,131.09	0.81	18.85	87.97	18.86	1,257.58	1,196.20	5.1%
CSHCN - Substitute Care	31,074	742.91	1.32	12.66	75.98	12.67	845.54	830.43	1.8%
Subtotal Children with Special Healthcare Needs	117,085	\$ 1,019.64	\$ 1.43	\$ 17.11	\$ 87.19	\$ 17.12	\$ 1,142.50	\$ 1,097.39	4.1%
Medicaid Expansion									
ME - F 19-24	127,736	\$ 285.76	\$ 0.00	\$ 4.75	\$ 21.37	\$ 4.75	\$ 316.63	\$ 312.41	1.4%
ME - F 25-29	74,476	416.58	-	6.92	31.16	6.92	461.58	448.13	3.0%
ME - F 30-39	74,657	626.65	-	10.42	46.87	10.41	694.35	669.02	3.8%
ME - F 40-49	70,202	808.98	-	13.45	60.51	13.44	896.38	873.16	2.7%
ME - F 50-64	197,513	756.25	-	12.57	56.56	12.57	837.95	811.01	3.3%
ME - M 19-24	133,745	204.07	-	3.39	15.26	3.40	226.12	213.36	6.0%
ME - M 25-29	103,445	384.22	-	6.39	28.74	6.38	425.73	398.20	6.9%
ME - M 30-39	150,187	575.27	-	9.56	43.03	9.56	637.42	587.41	8.5%
ME - M 40-49	93,251	757.37	-	12.59	56.65	12.58	839.19	768.78	9.2%
ME - M 50-64	164,088	854.39	-	14.20	63.90	14.20	946.69	861.85	9.8%
ME - SOBRA	626	12,738.76	-	133.39	266.78	200.09	13,339.02	13,037.80	2.3%
Subtotal Medicaid Expansion	1,189,300	\$ 582.45	\$ 0.00	\$ 9.64	\$ 43.20	\$ 9.67	\$ 644.96	\$ 608.70	6.0%
Rhody Health Partners									
RHP - ID	11,347	\$ 1,226.71	\$ 0.00	\$ 20.22	\$ 80.88	\$ 20.22	\$ 1,348.03	\$ 1,288.12	4.7%
RHP - SPMI	31,955	2,811.00	-	46.34	185.34	46.33	3,089.01	2,883.65	7.1%
RHP - Other Disabled 21-44	45,657	1,106.54	-	18.24	72.96	18.24	1,215.98	1,102.43	10.3%
RHP - Other Disabled 45+	86,602	1,709.35	-	28.18	112.70	28.18	1,878.41	1,744.12	7.7%
Subtotal Rhody Health Partners	175,561	\$ 1,721.91	\$ 0.00	\$ 28.39	\$ 113.53	\$ 28.38	\$ 1,892.21	\$ 1,755.18	7.8%
Total	3,465,980	\$ 486.21	\$ 0.67	\$ 7.98	\$ 35.57	\$ 8.07	\$ 538.50	\$ 512.37	5.1%

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, and care coordination.

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2022 Capitation Rate Development Medicaid Managed Care Program Rate Change Summary									
Region: Statewide	SFY 2022 Effective Rate	Vaccine Assessment	Premium Tax	SFY 2022 Capitation Rate	Prior Capitation Rate	% Change	Withhold	SFY 2022 Net Capitation Rate	Baseline Medical Expense for Risk Corridor
Rite Care									
RC - MF<1	\$ 654.66	\$ 0.00	\$ 13.36	\$ 668.02	\$ 639.54	4.5%	\$ (3.34)	\$ 664.68	\$ 595.90
RC - MF 1-5	185.76	-	3.79	189.55	190.21	(0.4%)	(0.95)	188.60	169.20
RC - MF 6-14	174.95	-	3.57	178.52	176.84	1.0%	(0.89)	177.63	159.37
RC - M 15-44	250.17	1.51	5.14	256.82	242.94	5.7%	(1.28)	255.54	229.59
RC - F 15-44	401.85	2.49	8.25	412.59	402.28	2.6%	(2.06)	410.53	368.72
RC - MF 45+	598.09	3.18	12.27	613.54	571.85	7.3%	(3.07)	610.47	548.75
RC - EFP	18.22	-	0.37	18.59	20.44	(9.1%)	-	18.59	16.12
RC - SOBRA	13,339.02	-	272.22	13,611.24	13,303.88	2.3%	-	13,611.24	12,872.15
Subtotal Rite Care	\$ 319.26	\$ 1.10	\$ 6.54	\$ 326.90	\$ 317.63	2.9%	\$ (1.50)	\$ 325.40	\$ 293.43
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	\$ 645.72	\$ 0.12	\$ 13.18	\$ 659.02	\$ 634.61	3.9%	\$ (3.30)	\$ 655.72	\$ 578.10
CSHCN - Katie Beckett	3,515.97	0.18	71.76	3,587.91	3,586.59	0.0%	(17.94)	3,569.97	3,217.26
CSHCN - SSI < 15	1,625.85	-	33.18	1,659.03	1,579.84	5.0%	(8.30)	1,650.73	1,487.80
CSHCN - SSI >= 15	1,257.58	1.33	25.69	1,284.60	1,222.12	5.1%	(6.42)	1,278.18	1,150.75
CSHCN - Substitute Care	845.54	0.78	17.27	863.59	848.14	1.8%	(4.32)	859.27	756.89
Subtotal Children with Special Healthcare	\$ 1,142.50	\$ 0.51	\$ 23.33	\$ 1,166.34	\$ 1,120.33	4.1%	\$ (5.83)	\$ 1,160.50	\$ 1,038.19
Medicaid Expansion									
ME - F 19-24	\$ 316.63	\$ 3.18	\$ 6.53	\$ 326.34	\$ 322.03	1.3%	\$ (1.63)	\$ 324.71	\$ 290.51
ME - F 25-29	461.58	3.18	9.48	474.24	460.52	3.0%	(2.37)	471.87	423.50
ME - F 30-39	694.35	3.18	14.24	711.77	685.92	3.8%	(3.56)	708.21	637.07
ME - F 40-49	896.38	3.18	18.36	917.92	894.22	2.7%	(4.59)	913.33	822.43
ME - F 50-64	837.95	3.18	17.17	858.30	830.81	3.3%	(4.29)	854.01	768.82
ME - M 19-24	226.12	3.18	4.68	233.98	220.96	5.9%	(1.17)	232.81	207.46
ME - M 25-29	425.73	3.18	8.75	437.66	409.57	6.9%	(2.19)	435.47	390.61
ME - M 30-39	637.42	3.18	13.07	653.67	602.64	8.5%	(3.27)	650.40	584.83
ME - M 40-49	839.19	3.18	17.19	859.56	787.71	9.1%	(4.30)	855.26	769.96
ME - M 50-64	946.69	3.18	19.39	969.26	882.68	9.8%	(4.85)	964.41	868.59
ME - SOBRA	13,339.02	-	272.22	13,611.24	13,303.88	2.3%	-	13,611.24	12,872.15
Subtotal Medicaid Expansion	\$ 644.96	\$ 3.18	\$ 13.23	\$ 661.37	\$ 624.37	5.9%	\$ (3.27)	\$ 658.10	\$ 592.09
Rhody Health Partners									
RHP - ID	\$ 1,348.03	\$ 3.18	\$ 27.58	\$ 1,378.79	\$ 1,317.65	4.6%	\$ (6.89)	\$ 1,371.90	\$ 1,246.93
RHP - SPMI	3,089.01	3.18	63.11	3,155.30	2,945.74	7.1%	(15.78)	3,139.52	2,857.34
RHP - Other Disabled 21-44	1,215.98	3.18	24.88	1,244.04	1,128.17	10.3%	(6.22)	1,237.82	1,124.78
RHP - Other Disabled 45+	1,878.41	3.18	38.40	1,919.99	1,782.96	7.7%	(9.60)	1,910.39	1,737.53
Subtotal Rhody Health Partners	\$ 1,892.21	\$ 3.18	\$ 38.68	\$ 1,934.07	\$ 1,794.24	7.8%	\$ (9.67)	\$ 1,924.40	\$ 1,750.29
Total	\$ 538.50	\$ 1.90	\$ 11.03	\$ 551.43	\$ 524.79	5.1%	\$ (2.67)	\$ 548.76	\$ 494.86

Note: Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, and care coordination.



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Enclosure 4: Medicaid Managed Care Program Emerging Experience

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Per Member Per Month Costs													
Rate Cell	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
RC - MF<1													
Inpatient Hospital	\$ 222.58	\$ 244.97	\$ 258.34	\$ 250.99	\$ 244.08	\$ 212.53	\$ 399.68	\$ 274.28	\$ 168.44	\$ 263.73	\$ 208.41	\$ 179.35	\$ 193.86
Outpatient Hospital	44.70	60.55	68.73	58.55	58.07	60.66	74.55	80.34	34.35	62.49	53.34	56.95	55.15
Professional / Ancillary / LTSS	129.16	153.35	157.27	162.84	150.49	181.54	216.55	216.60	165.80	195.10	177.33	168.38	172.85
Retail Pharmacy	6.41	14.72	17.91	7.95	11.75	9.54	24.37	27.36	6.52	16.93	5.81	19.24	12.54
Total Medical Costs	\$ 402.84	\$ 473.59	\$ 502.25	\$ 480.33	\$ 464.38	\$ 464.26	\$ 715.15	\$ 598.58	\$ 375.11	\$ 538.24	\$ 444.89	\$ 423.92	\$ 434.39
RC - MF 1-5													
Inpatient Hospital	\$ 18.25	\$ 21.81	\$ 22.86	\$ 14.50	\$ 19.38	\$ 14.01	\$ 18.76	\$ 14.17	\$ 9.19	\$ 14.03	\$ 6.97	\$ 9.35	\$ 8.17
Outpatient Hospital	35.77	45.56	45.00	42.89	42.30	45.25	48.96	50.51	17.76	40.63	30.62	29.41	30.01
Professional / Ancillary / LTSS	65.80	74.45	78.95	79.27	74.60	86.46	93.28	95.48	60.98	84.04	73.90	77.61	75.77
Retail Pharmacy	8.41	10.93	12.79	8.57	10.18	8.18	11.43	14.34	7.21	10.27	7.91	9.28	8.60
Total Medical Costs	\$ 128.24	\$ 152.75	\$ 159.60	\$ 145.22	\$ 146.46	\$ 153.90	\$ 172.44	\$ 174.49	\$ 95.14	\$ 148.97	\$ 119.40	\$ 125.66	\$ 122.55
RC - MF 6-14													
Inpatient Hospital	\$ 17.09	\$ 19.92	\$ 21.20	\$ 18.60	\$ 19.21	\$ 19.43	\$ 26.25	\$ 22.72	\$ 21.23	\$ 22.39	\$ 27.71	\$ 25.25	\$ 26.47
Outpatient Hospital	26.88	27.88	32.49	31.51	29.69	30.82	33.40	33.64	16.97	28.69	27.51	29.51	28.52
Professional / Ancillary / LTSS	55.57	60.04	64.43	66.86	61.71	69.69	77.52	76.09	48.89	68.01	62.21	62.74	62.48
Retail Pharmacy	24.08	25.84	26.28	24.85	25.26	24.38	24.55	29.53	20.87	24.82	20.83	23.32	22.09
Total Medical Costs	\$ 123.61	\$ 133.69	\$ 144.40	\$ 141.82	\$ 135.86	\$ 144.32	\$ 161.73	\$ 161.99	\$ 107.95	\$ 143.91	\$ 138.26	\$ 140.82	\$ 139.55
RC - M 15-44													
Inpatient Hospital	\$ 29.59	\$ 29.99	\$ 26.48	\$ 32.06	\$ 29.52	\$ 40.42	\$ 53.27	\$ 42.31	\$ 32.44	\$ 41.99	\$ 34.22	\$ 43.12	\$ 38.75
Outpatient Hospital	47.19	43.01	41.88	49.97	45.49	53.44	57.39	53.78	41.67	51.49	52.25	44.04	48.07
Professional / Ancillary / LTSS	68.32	68.23	69.30	68.53	68.59	73.46	79.96	83.79	64.76	75.34	76.43	80.46	78.48
Retail Pharmacy	36.01	38.62	39.91	40.34	38.70	42.36	43.25	46.00	44.88	44.11	44.45	40.09	42.23
Total Medical Costs	\$ 181.11	\$ 179.85	\$ 177.56	\$ 190.89	\$ 182.31	\$ 209.67	\$ 233.87	\$ 225.88	\$ 183.75	\$ 212.93	\$ 207.34	\$ 207.71	\$ 207.53
RC - F 15-44													
Inpatient Hospital	\$ 38.57	\$ 42.85	\$ 42.38	\$ 37.57	\$ 40.36	\$ 45.03	\$ 56.53	\$ 42.61	\$ 32.99	\$ 44.20	\$ 49.28	\$ 47.42	\$ 48.33
Outpatient Hospital	83.59	84.94	95.68	96.11	89.99	98.46	101.33	101.15	63.67	90.93	90.98	89.52	90.23
Professional / Ancillary / LTSS	109.34	111.55	119.98	122.19	115.67	134.63	140.53	144.76	122.22	135.37	141.97	145.49	143.77
Retail Pharmacy	51.71	52.99	52.85	57.91	53.83	58.26	57.47	65.00	62.12	60.69	63.18	60.22	61.67
Total Medical Costs	\$ 283.21	\$ 292.34	\$ 310.89	\$ 313.77	\$ 299.85	\$ 336.38	\$ 355.86	\$ 353.51	\$ 281.00	\$ 331.19	\$ 345.41	\$ 342.65	\$ 344.01
RC - MF 45+													
Inpatient Hospital	\$ 39.39	\$ 45.51	\$ 45.01	\$ 45.40	\$ 43.80	\$ 53.85	\$ 77.50	\$ 60.55	\$ 57.61	\$ 62.20	\$ 68.28	\$ 65.31	\$ 66.76
Outpatient Hospital	114.29	106.47	117.32	131.62	117.33	127.16	125.05	130.68	84.79	116.32	113.34	119.05	116.27
Professional / Ancillary / LTSS	132.93	132.08	143.74	149.69	139.52	162.62	168.66	170.99	139.31	159.96	164.74	166.95	165.87
Retail Pharmacy	107.39	118.70	111.37	113.63	112.75	111.32	113.61	131.79	130.20	121.79	128.60	130.74	129.70
Total Medical Costs	\$ 394.00	\$ 402.76	\$ 417.44	\$ 440.33	\$ 413.40	\$ 454.95	\$ 484.82	\$ 494.02	\$ 411.90	\$ 460.26	\$ 474.97	\$ 482.05	\$ 478.60
RC - EFP													
Inpatient Hospital	\$ 0.01	\$ 0.29	\$ 0.09	\$ 0.10	\$ 0.12	\$ 0.10	\$ 4.18	\$ 0.08	\$ 2.15	\$ 1.63	\$ 0.12	\$ 2.65	\$ 1.36
Outpatient Hospital	1.56	3.30	3.40	2.74	2.81	3.99	2.75	2.51	2.65	2.95	3.58	2.43	3.02
Professional / Ancillary / LTSS	2.85	3.21	4.26	4.90	3.94	5.39	7.61	6.30	6.04	6.34	7.00	6.07	6.54
Retail Pharmacy	2.15	3.24	1.84	2.29	2.35	1.52	2.02	2.45	1.94	1.99	2.09	2.08	2.09
Total Medical Costs	\$ 6.56	\$ 10.04	\$ 9.58	\$ 10.03	\$ 9.22	\$ 11.00	\$ 16.56	\$ 11.34	\$ 12.78	\$ 12.91	\$ 12.80	\$ 13.23	\$ 13.01
RC - SOBRA													
Inpatient Hospital	\$ 4,199.75	\$ 4,377.78	\$ 4,283.58	\$ 4,092.78	\$ 4,239.26	\$ 4,695.79	\$ 4,905.91	\$ 4,550.13	\$ 4,612.58	\$ 4,692.47	\$ 4,642.27	\$ 4,840.71	\$ 4,735.95
Outpatient Hospital	3,170.35	3,398.82	3,539.45	3,704.43	3,444.04	3,642.67	3,845.89	3,688.34	3,374.02	3,640.23	3,773.48	4,306.25	4,024.99
Professional / Ancillary / LTSS	1,996.74	1,949.94	2,029.88	2,022.19	1,999.08	2,051.57	2,110.51	2,188.49	2,203.25	2,135.66	2,139.91	2,189.96	2,163.54
Retail Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Medical Costs	\$ 9,366.83	\$ 9,726.54	\$ 9,852.91	\$ 9,819.41	\$ 9,682.38	\$ 10,390.03	\$ 10,862.32	\$ 10,426.96	\$ 10,189.86	\$ 10,468.36	\$ 10,555.66	\$ 11,336.92	\$ 10,924.48
Rlite Care													
Inpatient Hospital	\$ 43.58	\$ 47.21	\$ 47.12	\$ 43.28	\$ 45.30	\$ 48.01	\$ 64.04	\$ 50.34	\$ 40.68	\$ 50.69	\$ 49.01	\$ 47.17	\$ 48.08
Outpatient Hospital	59.75	61.87	66.77	67.80	64.02	69.58	72.46	72.38	44.40	64.61	62.36	62.23	62.29
Professional / Ancillary / LTSS	85.63	89.61	94.84	96.62	91.64	104.73	112.28	113.90	86.98	104.36	102.50	104.53	103.53
Retail Pharmacy	34.27	36.86	36.93	36.85	36.22	36.79	37.87	43.45	38.23	39.05	38.92	39.62	39.27
Total Medical Costs	\$ 223.23	\$ 235.55	\$ 245.66	\$ 244.55	\$ 237.19	\$ 259.10	\$ 286.65	\$ 280.07	\$ 210.28	\$ 258.71	\$ 252.78	\$ 253.56	\$ 253.18

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Per Member Per Month Costs													
Rate Cell	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
CSHCN - Adoption Subsidy													
Inpatient Hospital	\$ 155.55	\$ 111.05	\$ 147.45	\$ 175.15	\$ 147.56	\$ 174.30	\$ 126.39	\$ 152.73	\$ 160.06	\$ 153.37	\$ 188.30	\$ 180.31	\$ 184.29
Outpatient Hospital	62.64	67.32	68.51	67.07	66.41	66.22	57.42	45.29	38.15	51.71	53.69	57.04	55.37
Professional / Ancillary / LTSS	253.65	248.44	240.34	253.64	249.01	266.45	264.33	252.95	191.73	243.70	230.75	247.83	239.33
Retail Pharmacy	47.43	54.35	58.96	55.57	54.13	59.68	56.94	60.19	48.65	56.35	46.18	75.19	60.76
Total Medical Costs	\$ 519.27	\$ 481.16	\$ 515.27	\$ 551.43	\$ 517.11	\$ 566.65	\$ 505.08	\$ 511.16	\$ 438.59	\$ 505.13	\$ 518.92	\$ 560.37	\$ 539.75
CSHCN - Katie Beckett													
Inpatient Hospital	\$ 740.73	\$ 378.30	\$ 526.82	\$ 1,384.89	\$ 750.50	\$ 733.59	\$ 1,023.79	\$ 289.41	\$ 117.53	\$ 561.47	\$ 202.41	\$ 308.91	\$ 256.38
Outpatient Hospital	149.56	72.99	146.18	148.64	128.89	197.22	169.55	171.68	108.71	163.32	168.44	209.82	189.41
Professional / Ancillary / LTSS	1,347.14	1,358.67	1,452.93	1,549.17	1,424.32	1,546.67	1,287.01	1,313.79	921.46	1,277.70	1,124.62	1,234.50	1,180.30
Retail Pharmacy	306.86	322.19	222.34	374.99	306.61	418.14	427.44	451.64	461.02	438.52	499.81	439.67	469.33
Total Medical Costs	\$ 2,544.29	\$ 2,132.15	\$ 2,348.28	\$ 3,457.69	\$ 2,610.31	\$ 2,895.63	\$ 2,907.78	\$ 2,226.52	\$ 1,608.72	\$ 2,441.01	\$ 1,995.27	\$ 2,192.89	\$ 2,095.42
CSHCN - SSI < 15													
Inpatient Hospital	\$ 195.25	\$ 452.42	\$ 327.63	\$ 367.52	\$ 334.64	\$ 400.02	\$ 318.47	\$ 384.07	\$ 247.52	\$ 337.55	\$ 293.09	\$ 297.60	\$ 295.35
Outpatient Hospital	133.85	141.74	158.17	170.18	150.70	184.55	193.91	169.08	107.18	163.75	135.52	156.89	146.21
Professional / Ancillary / LTSS	624.97	623.38	657.15	690.54	648.52	719.91	696.25	705.75	556.43	669.68	639.56	725.83	682.72
Retail Pharmacy	144.06	174.26	192.68	160.65	167.66	174.93	167.63	205.70	174.71	180.73	176.49	193.41	184.96
Total Medical Costs	\$ 1,098.13	\$ 1,391.80	\$ 1,335.63	\$ 1,388.89	\$ 1,301.52	\$ 1,479.41	\$ 1,376.26	\$ 1,464.60	\$ 1,085.84	\$ 1,351.71	\$ 1,244.65	\$ 1,373.75	\$ 1,309.24
CSHCN - SSI >= 15													
Inpatient Hospital	\$ 466.62	\$ 380.89	\$ 392.31	\$ 327.32	\$ 392.41	\$ 196.46	\$ 188.82	\$ 267.88	\$ 297.69	\$ 238.06	\$ 237.11	\$ 290.65	\$ 264.33
Outpatient Hospital	83.14	93.12	93.37	99.22	92.14	171.03	136.77	127.40	114.87	137.36	89.25	121.19	105.48
Professional / Ancillary / LTSS	387.05	439.04	457.88	439.26	430.46	433.29	414.82	414.52	338.68	400.10	383.90	431.05	407.86
Retail Pharmacy	121.81	146.16	150.94	148.55	141.71	162.42	173.06	173.22	169.53	169.58	171.54	161.15	166.26
Total Medical Costs	\$ 1,058.61	\$ 1,059.22	\$ 1,094.51	\$ 1,014.36	\$ 1,056.72	\$ 963.19	\$ 913.46	\$ 983.02	\$ 920.78	\$ 945.10	\$ 881.80	\$ 1,004.04	\$ 943.93
CSHCN - Substitute Care													
Inpatient Hospital	\$ 223.48	\$ 303.36	\$ 319.35	\$ 303.78	\$ 286.14	\$ 257.94	\$ 266.34	\$ 329.56	\$ 372.38	\$ 306.49	\$ 253.52	\$ 314.69	\$ 285.00
Outpatient Hospital	84.31	77.31	70.03	93.23	81.22	94.02	93.92	79.71	48.80	79.12	75.58	76.99	76.31
Professional / Ancillary / LTSS	261.04	242.42	215.35	232.37	238.44	236.76	238.71	237.43	194.69	226.89	212.08	246.08	229.58
Retail Pharmacy	35.94	38.72	46.98	40.00	40.28	35.52	35.72	39.97	26.31	34.37	28.00	27.97	27.98
Total Medical Costs	\$ 604.77	\$ 661.80	\$ 651.72	\$ 669.38	\$ 646.08	\$ 624.25	\$ 634.69	\$ 686.66	\$ 642.17	\$ 646.88	\$ 569.18	\$ 665.73	\$ 618.87
Children with Special Healthcare Needs													
Inpatient Hospital	\$ 253.82	\$ 325.41	\$ 301.37	\$ 311.03	\$ 297.58	\$ 276.19	\$ 244.24	\$ 295.18	\$ 270.80	\$ 271.60	\$ 247.50	\$ 276.21	\$ 262.04
Outpatient Hospital	95.73	98.03	102.07	112.74	102.05	131.98	126.02	109.95	77.98	111.45	92.32	106.20	99.35
Professional / Ancillary / LTSS	407.84	410.71	416.50	430.82	416.34	443.23	430.12	429.28	339.45	410.46	386.39	432.45	409.72
Retail Pharmacy	91.07	107.37	116.34	104.84	104.77	112.27	111.80	125.37	108.75	114.55	109.40	116.92	113.21
Total Medical Costs	\$ 848.47	\$ 941.52	\$ 936.28	\$ 959.43	\$ 920.74	\$ 963.68	\$ 912.18	\$ 959.78	\$ 796.98	\$ 908.06	\$ 835.61	\$ 931.78	\$ 884.32

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Per Member Per Month Costs													
Rate Cell	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
ME - F 19-24													
Inpatient Hospital	\$ 44.45	\$ 31.70	\$ 39.07	\$ 32.03	\$ 36.86	\$ 32.39	\$ 38.75	\$ 38.73	\$ 29.48	\$ 34.69	\$ 39.57	\$ 46.56	\$ 43.18
Outpatient Hospital	76.61	75.64	76.29	81.06	77.39	76.34	73.85	71.54	57.06	69.50	76.37	77.67	77.04
Professional / Ancillary / LTSS	85.71	85.04	94.94	99.01	91.10	107.94	104.96	108.75	95.47	104.12	119.92	123.18	121.60
Retail Pharmacy	46.52	47.71	47.71	47.84	47.44	50.68	52.44	56.07	47.08	51.45	50.78	48.52	49.61
Total Medical Costs	\$ 253.30	\$ 240.09	\$ 258.01	\$ 259.94	\$ 252.78	\$ 267.35	\$ 270.00	\$ 275.08	\$ 229.09	\$ 259.76	\$ 286.64	\$ 295.92	\$ 291.43
ME - F 25-29													
Inpatient Hospital	\$ 88.79	\$ 61.86	\$ 70.57	\$ 63.08	\$ 71.28	\$ 75.94	\$ 80.46	\$ 80.12	\$ 72.55	\$ 77.12	\$ 60.81	\$ 79.11	\$ 70.32
Outpatient Hospital	80.56	90.97	96.03	102.52	92.30	102.59	116.52	111.33	83.90	103.05	94.93	91.62	93.21
Professional / Ancillary / LTSS	113.42	114.88	128.69	134.42	122.61	145.21	151.86	149.96	134.89	145.19	148.10	155.65	152.03
Retail Pharmacy	59.95	65.28	58.83	69.73	63.40	84.22	77.43	87.13	86.72	83.94	85.87	75.92	80.70
Total Medical Costs	\$ 342.73	\$ 332.98	\$ 354.13	\$ 369.74	\$ 349.58	\$ 407.95	\$ 426.27	\$ 428.55	\$ 378.06	\$ 409.30	\$ 389.71	\$ 402.30	\$ 396.26
ME - F 30-39													
Inpatient Hospital	\$ 82.20	\$ 105.97	\$ 129.00	\$ 115.05	\$ 107.82	\$ 133.17	\$ 139.15	\$ 167.26	\$ 134.66	\$ 143.17	\$ 173.42	\$ 149.85	\$ 161.17
Outpatient Hospital	122.48	123.12	144.52	145.01	133.59	161.44	140.46	160.48	111.80	142.82	128.73	124.02	126.28
Professional / Ancillary / LTSS	160.81	164.77	181.41	188.28	173.62	197.10	211.23	214.19	201.08	205.66	230.37	217.43	223.65
Retail Pharmacy	98.00	102.17	105.85	101.84	101.93	100.57	112.21	132.60	116.67	115.36	121.33	108.91	114.87
Total Medical Costs	\$ 463.48	\$ 496.04	\$ 560.77	\$ 550.19	\$ 516.96	\$ 592.29	\$ 603.06	\$ 674.53	\$ 564.21	\$ 607.01	\$ 653.85	\$ 600.20	\$ 625.97
ME - F 40-49													
Inpatient Hospital	\$ 135.85	\$ 124.10	\$ 136.73	\$ 156.48	\$ 138.11	\$ 141.91	\$ 151.21	\$ 148.04	\$ 137.91	\$ 144.60	\$ 153.38	\$ 160.73	\$ 157.14
Outpatient Hospital	167.18	137.00	152.41	156.65	153.37	160.47	158.40	175.15	109.18	149.98	161.78	168.76	165.35
Professional / Ancillary / LTSS	195.52	188.59	201.97	203.00	197.17	224.49	219.90	238.20	187.12	216.82	230.42	229.38	229.89
Retail Pharmacy	165.98	186.07	176.31	171.30	174.88	172.55	169.10	171.15	169.27	170.51	163.60	158.43	160.96
Total Medical Costs	\$ 664.52	\$ 635.76	\$ 667.42	\$ 687.43	\$ 663.54	\$ 699.42	\$ 698.61	\$ 732.55	\$ 603.48	\$ 681.90	\$ 709.19	\$ 717.31	\$ 713.34
ME - F 50-64													
Inpatient Hospital	\$ 124.64	\$ 109.81	\$ 122.80	\$ 128.15	\$ 121.33	\$ 118.10	\$ 111.39	\$ 108.26	\$ 105.38	\$ 110.72	\$ 99.47	\$ 128.26	\$ 114.37
Outpatient Hospital	148.10	152.41	161.30	174.36	158.89	183.91	179.23	181.52	138.02	170.01	180.93	185.03	183.05
Professional / Ancillary / LTSS	167.04	166.82	179.70	191.20	176.04	202.02	205.12	209.71	174.18	197.23	206.09	212.09	209.20
Retail Pharmacy	145.64	154.60	154.72	165.06	154.91	169.08	171.60	195.04	189.71	181.43	177.65	175.09	176.33
Total Medical Costs	\$ 585.42	\$ 583.64	\$ 618.53	\$ 658.78	\$ 611.17	\$ 673.11	\$ 667.35	\$ 694.54	\$ 607.30	\$ 659.40	\$ 664.15	\$ 700.47	\$ 682.95
ME - M 19-24													
Inpatient Hospital	\$ 40.19	\$ 42.72	\$ 54.34	\$ 45.55	\$ 45.65	\$ 44.72	\$ 38.59	\$ 36.69	\$ 42.65	\$ 40.76	\$ 40.44	\$ 36.48	\$ 38.40
Outpatient Hospital	46.45	43.33	43.32	50.24	45.82	51.50	52.98	56.85	81.46	60.99	56.65	51.01	53.74
Professional / Ancillary / LTSS	51.99	55.48	63.10	63.14	58.35	65.82	63.00	69.63	62.23	65.10	66.24	65.32	65.77
Retail Pharmacy	29.04	32.25	33.49	38.61	33.30	35.16	32.47	34.77	34.63	34.27	34.44	34.19	34.31
Total Medical Costs	\$ 167.67	\$ 173.78	\$ 194.26	\$ 197.53	\$ 183.12	\$ 197.20	\$ 187.05	\$ 197.94	\$ 220.98	\$ 201.12	\$ 197.78	\$ 187.00	\$ 192.21

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Per Member Per Month Costs													
Rate Cell	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
ME - M 25-29													
Inpatient Hospital	\$ 73.54	\$ 98.68	\$ 86.42	\$ 90.19	\$ 87.13	\$ 108.35	\$ 88.75	\$ 97.99	\$ 79.00	\$ 93.50	\$ 95.55	\$ 99.54	\$ 97.61
Outpatient Hospital	76.01	62.51	62.36	67.92	67.26	67.49	64.43	70.10	54.83	64.10	68.36	69.74	69.07
Professional / Ancillary / LTSS	90.33	96.54	100.62	96.34	95.90	105.95	104.18	104.88	94.77	102.38	106.31	109.18	107.80
Retail Pharmacy	48.57	42.78	58.12	59.37	52.05	62.02	64.12	68.94	70.42	66.36	76.08	72.17	74.06
Total Medical Costs	\$ 288.45	\$ 300.52	\$ 307.52	\$ 313.83	\$ 302.34	\$ 343.81	\$ 321.48	\$ 341.91	\$ 299.01	\$ 326.34	\$ 346.31	\$ 350.63	\$ 348.54
ME - M 30-39													
Inpatient Hospital	\$ 134.49	\$ 134.60	\$ 145.64	\$ 139.55	\$ 138.50	\$ 142.49	\$ 155.13	\$ 156.76	\$ 116.96	\$ 142.34	\$ 171.41	\$ 164.07	\$ 167.63
Outpatient Hospital	88.41	91.98	106.95	111.01	99.44	108.11	109.81	98.94	80.82	99.13	116.67	104.06	110.17
Professional / Ancillary / LTSS	143.08	136.29	157.00	150.13	146.51	152.36	157.94	160.85	135.02	151.23	167.72	167.85	167.79
Retail Pharmacy	96.75	101.86	112.00	113.97	106.04	125.43	116.52	125.24	109.33	118.98	114.06	108.20	111.04
Total Medical Costs	\$ 462.73	\$ 464.73	\$ 521.59	\$ 514.67	\$ 490.49	\$ 528.40	\$ 539.40	\$ 541.79	\$ 442.14	\$ 511.68	\$ 569.86	\$ 544.17	\$ 556.62
ME - M 40-49													
Inpatient Hospital	\$ 153.36	\$ 222.93	\$ 184.99	\$ 196.72	\$ 189.37	\$ 196.58	\$ 229.68	\$ 173.97	\$ 190.78	\$ 197.66	\$ 255.11	\$ 231.42	\$ 243.00
Outpatient Hospital	111.74	117.25	125.38	123.69	119.40	134.57	135.26	132.35	101.45	125.58	141.62	153.11	147.49
Professional / Ancillary / LTSS	157.33	159.36	177.68	176.87	167.59	187.16	197.57	193.27	169.14	186.49	194.37	187.83	191.03
Retail Pharmacy	117.52	141.42	145.06	161.91	141.16	149.03	143.34	159.84	160.96	153.37	151.97	148.37	150.13
Total Medical Costs	\$ 539.96	\$ 640.96	\$ 633.11	\$ 659.19	\$ 617.51	\$ 667.33	\$ 705.85	\$ 659.42	\$ 622.34	\$ 663.09	\$ 743.07	\$ 720.72	\$ 731.65
ME - M 50-64													
Inpatient Hospital	\$ 166.30	\$ 187.01	\$ 196.72	\$ 207.99	\$ 189.26	\$ 215.31	\$ 217.67	\$ 201.41	\$ 218.62	\$ 213.36	\$ 214.48	\$ 244.62	\$ 230.03
Outpatient Hospital	137.37	140.08	158.59	179.11	153.55	185.03	166.85	174.63	143.12	167.01	178.70	173.05	175.78
Professional / Ancillary / LTSS	172.04	181.22	184.21	194.33	182.83	202.96	210.74	201.08	170.40	195.79	200.11	204.74	202.50
Retail Pharmacy	171.97	177.52	180.82	183.40	178.36	181.08	178.93	197.01	176.61	183.27	195.26	191.96	193.56
Total Medical Costs	\$ 647.68	\$ 685.84	\$ 720.33	\$ 764.82	\$ 703.99	\$ 784.37	\$ 774.20	\$ 774.13	\$ 708.74	\$ 759.43	\$ 788.55	\$ 814.37	\$ 801.87
ME - SOBRA													
Inpatient Hospital	\$ 4,761.15	\$ 4,359.26	\$ 4,845.09	\$ 4,526.55	\$ 4,633.76	\$ 4,455.10	\$ 4,709.78	\$ 4,540.70	\$ 5,009.03	\$ 4,676.26	\$ 4,523.24	\$ 6,149.66	\$ 5,358.56
Outpatient Hospital	3,740.61	4,952.27	4,946.16	4,808.00	4,567.78	5,052.95	5,023.16	4,820.41	4,867.66	4,941.16	5,037.65	5,268.99	5,156.47
Professional / Ancillary / LTSS	890.78	1,333.86	1,061.69	1,215.96	1,111.65	1,191.60	1,236.47	1,029.73	1,352.69	1,200.93	1,303.02	1,304.96	1,304.02
Retail Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Medical Costs	\$ 9,392.54	\$ 10,645.39	\$ 10,852.94	\$ 10,550.51	\$ 10,313.19	\$ 10,699.65	\$ 10,969.41	\$ 10,390.85	\$ 11,229.39	\$ 10,818.34	\$ 10,863.91	\$ 12,723.62	\$ 11,819.05
Medicaid Expansion													
Inpatient Hospital	\$ 111.10	\$ 116.49	\$ 122.32	\$ 123.78	\$ 118.33	\$ 125.24	\$ 128.91	\$ 124.17	\$ 116.97	\$ 123.70	\$ 132.00	\$ 139.59	\$ 135.92
Outpatient Hospital	109.10	108.06	117.59	125.80	115.02	128.95	125.41	128.13	102.71	120.98	128.10	126.91	127.49
Professional / Ancillary / LTSS	133.97	135.35	146.72	150.26	141.45	158.68	162.19	164.35	141.15	156.28	166.14	167.27	166.72
Retail Pharmacy	101.32	107.86	110.63	115.29	108.69	116.83	115.72	128.02	120.25	120.16	121.49	117.16	119.25
Total Medical Costs	\$ 455.49	\$ 467.76	\$ 497.26	\$ 515.14	\$ 483.48	\$ 529.69	\$ 532.23	\$ 544.66	\$ 481.08	\$ 521.12	\$ 547.72	\$ 550.93	\$ 549.38

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Per Member Per Month Costs													
Rate Cell	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
RHP - ID													
Inpatient Hospital	\$ 130.72	\$ 310.19	\$ 284.91	\$ 217.44	\$ 235.64	\$ 228.70	\$ 316.39	\$ 177.96	\$ 259.77	\$ 245.71	\$ 266.07	\$ 399.84	\$ 332.80
Outpatient Hospital	104.19	108.85	124.22	147.46	121.13	167.68	158.90	122.20	69.45	129.64	129.51	140.64	135.06
Professional / Ancillary / LTSS	375.45	428.31	414.58	456.53	418.61	440.41	444.89	421.27	348.75	413.83	367.20	416.43	391.76
Retail Pharmacy	298.79	295.30	314.60	299.78	302.12	280.04	300.71	321.79	298.71	300.18	314.62	308.87	311.75
Total Medical Costs	\$ 909.15	\$ 1,142.65	\$ 1,138.32	\$ 1,121.21	\$ 1,077.49	\$ 1,116.82	\$ 1,220.88	\$ 1,043.23	\$ 976.68	\$ 1,089.36	\$ 1,077.39	\$ 1,265.78	\$ 1,171.37
RHP - SPMI													
Inpatient Hospital	\$ 538.78	\$ 637.73	\$ 595.03	\$ 584.83	\$ 589.20	\$ 711.18	\$ 549.43	\$ 535.05	\$ 573.60	\$ 593.07	\$ 682.90	\$ 711.37	\$ 697.11
Outpatient Hospital	359.93	359.87	317.40	320.79	339.57	330.40	308.85	301.31	252.40	298.53	316.09	340.74	328.40
Professional / Ancillary / LTSS	857.07	903.80	932.35	948.41	910.31	989.08	971.64	955.27	867.25	946.24	921.33	910.94	916.14
Retail Pharmacy	489.43	544.18	559.60	584.89	544.43	601.90	634.54	684.23	653.28	643.14	676.98	660.45	668.73
Total Medical Costs	\$ 2,245.20	\$ 2,445.58	\$ 2,404.38	\$ 2,438.91	\$ 2,383.51	\$ 2,632.57	\$ 2,464.45	\$ 2,475.86	\$ 2,346.53	\$ 2,480.97	\$ 2,597.29	\$ 2,623.51	\$ 2,610.38
RHP - Other Disabled 21-44													
Inpatient Hospital	\$ 188.65	\$ 166.88	\$ 249.24	\$ 302.51	\$ 226.65	\$ 375.67	\$ 248.63	\$ 241.25	\$ 212.37	\$ 269.37	\$ 268.64	\$ 252.62	\$ 260.63
Outpatient Hospital	196.23	191.29	209.10	227.34	205.95	227.32	235.45	251.27	173.99	221.92	241.89	263.15	252.52
Professional / Ancillary / LTSS	240.44	257.80	268.11	286.54	263.16	297.39	311.03	322.35	293.91	306.15	331.25	310.58	320.91
Retail Pharmacy	207.91	218.10	226.34	255.06	226.79	246.86	255.69	282.46	286.91	268.02	285.89	269.85	277.87
Total Medical Costs	\$ 833.22	\$ 834.07	\$ 952.78	\$ 1,071.45	\$ 922.54	\$ 1,147.24	\$ 1,050.80	\$ 1,097.33	\$ 967.19	\$ 1,065.45	\$ 1,127.68	\$ 1,096.19	\$ 1,111.94
RHP - Other Disabled 45+													
Inpatient Hospital	\$ 296.86	\$ 367.31	\$ 365.78	\$ 320.46	\$ 337.90	\$ 363.00	\$ 376.96	\$ 363.41	\$ 356.38	\$ 364.93	\$ 387.25	\$ 443.12	\$ 415.03
Outpatient Hospital	267.25	294.26	312.12	314.72	297.11	334.77	337.20	346.95	263.77	320.60	334.76	331.96	333.37
Professional / Ancillary / LTSS	323.62	392.29	392.83	427.07	384.02	450.11	450.83	443.90	376.07	430.17	426.62	424.12	425.38
Retail Pharmacy	378.69	408.12	409.91	445.60	410.54	440.16	444.48	458.80	467.81	452.82	456.50	428.08	442.37
Total Medical Costs	\$ 1,266.42	\$ 1,461.99	\$ 1,480.64	\$ 1,507.85	\$ 1,429.57	\$ 1,588.04	\$ 1,609.47	\$ 1,613.05	\$ 1,464.03	\$ 1,568.51	\$ 1,605.13	\$ 1,627.27	\$ 1,616.14
Rhody Health Partners													
Inpatient Hospital	\$ 305.58	\$ 366.29	\$ 375.87	\$ 359.86	\$ 351.96	\$ 423.40	\$ 373.14	\$ 352.46	\$ 353.77	\$ 375.77	\$ 403.32	\$ 440.83	\$ 422.01
Outpatient Hospital	256.83	269.92	275.87	283.50	271.51	296.12	294.87	299.81	226.38	279.27	294.40	303.51	298.94
Professional / Ancillary / LTSS	408.47	459.21	466.81	493.63	456.99	513.44	512.91	506.69	444.11	494.28	489.04	483.95	486.50
Retail Pharmacy	352.26	380.52	387.41	415.61	383.89	411.98	423.42	447.26	445.31	431.96	444.26	422.50	433.42
Total Medical Costs	\$ 1,323.15	\$ 1,475.95	\$ 1,505.96	\$ 1,552.59	\$ 1,464.35	\$ 1,644.95	\$ 1,604.34	\$ 1,606.22	\$ 1,469.57	\$ 1,581.27	\$ 1,631.02	\$ 1,650.79	\$ 1,640.87
All Population Composite													
Inpatient Hospital	\$ 86.05	\$ 96.06	\$ 96.96	\$ 94.76	\$ 93.43	\$ 101.27	\$ 108.47	\$ 99.58	\$ 90.55	\$ 99.89	\$ 102.34	\$ 106.61	\$ 104.51
Outpatient Hospital	86.57	88.50	94.56	98.53	91.98	102.47	103.19	103.60	73.69	95.56	97.07	97.65	97.36
Professional / Ancillary / LTSS	130.40	136.34	143.21	147.75	139.35	157.54	163.48	164.83	133.71	154.69	154.85	157.39	156.14
Retail Pharmacy	73.88	79.74	81.05	83.78	79.58	84.94	86.41	95.39	89.17	88.94	90.20	88.08	89.12
Total Medical Costs	\$ 376.90	\$ 400.64	\$ 415.77	\$ 424.82	\$ 404.34	\$ 446.22	\$ 461.55	\$ 463.40	\$ 387.12	\$ 439.08	\$ 444.46	\$ 449.73	\$ 447.14

Notes

- Emerging expense data is summarized from Q1 CY 2021 Financial Data Cost Reports (FDCRs). Expense components are described in the last page of this enclosure.
- Service categories are assigned based on FDCR reporting instructions.
- Claims payment, reserves, and other accruals are based on a valuation date of March 31, 2021.
- For sub-capitated Federally Qualified Health Centers (FQHCs), the capitated expenditures were utilized instead of proxy paid (shadow priced) amounts to more accurately reflect expenses associated with FQHCs.
- Certain MCO SOBRA reporting processes are currently under review and may result in an understatement of SOBRA-related expenses and a corresponding overstatement of RItE Care and Medicaid Expansion rate cells.
- Population composite values are inclusive of SOBRA expenditures.
- Values have been rounded.

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Enrollment Summary													
Rate Cell	SFY 2019 Member Months					SFY 2020 Member Months					SFY 2021 Member Months		
	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 1H
RC - MF<1	18,122	17,930	17,764	17,398	71,213	17,219	17,023	16,913	16,910	68,065	16,807	16,856	33,663
RC - MF 1-5	89,590	89,395	89,655	87,905	356,546	85,811	83,694	82,768	83,578	335,851	84,574	85,841	170,415
RC - MF 6-14	148,849	148,986	149,213	146,956	594,004	145,648	142,694	142,080	143,829	574,250	145,595	148,063	293,658
RC - M 15-44	54,566	54,139	53,339	52,564	214,609	51,344	49,087	48,546	51,058	200,034	53,096	54,988	108,084
RC - F 15-44	132,161	132,014	129,236	126,691	520,103	123,938	119,731	117,837	124,052	485,558	128,839	134,001	262,840
RC - MF 45+	27,822	27,449	27,186	26,814	109,271	26,274	25,308	25,103	27,481	104,167	28,909	30,404	59,314
RC - EFP	2,983	3,408	4,212	4,508	15,111	4,986	5,163	5,448	5,667	21,264	5,425	5,182	10,608
RC - SOBRA	1,105	1,029	994	976	4,104	1,084	992	978	953	4,007	955	854	1,809
Rlte Care	474,093	473,321	470,606	462,835	1,880,856	455,220	442,700	438,694	452,575	1,789,189	463,246	475,335	938,581
CSHCN - Adoption Subsidy	5,917	5,962	6,101	6,199	24,179	6,184	6,204	6,243	6,279	24,911	6,306	6,370	12,676
CSHCN - Katie Beckett	322	317	300	297	1,236	280	278	252	244	1,054	249	256	505
CSHCN - SSI < 15	9,135	8,909	8,697	8,665	35,407	8,807	8,845	8,805	8,786	35,242	8,727	8,739	17,466
CSHCN - SSI >= 15	5,728	5,611	5,538	5,529	22,405	5,609	5,644	5,703	5,723	22,679	5,929	6,128	12,058
CSHCN - Substitute Care	8,546	8,240	7,750	7,713	32,249	7,733	7,718	7,673	7,713	30,837	8,016	8,501	16,516
Children with Special Healthcare Needs	29,649	29,039	28,386	28,403	115,477	28,613	28,689	28,675	28,746	114,724	29,227	29,994	59,221
ME - F 19-24	23,796	23,401	22,943	22,975	93,115	23,279	22,519	22,058	24,294	92,150	26,351	28,178	54,529
ME - F 25-29	13,376	13,048	12,532	12,472	51,428	12,545	11,907	11,720	13,154	49,326	14,674	15,885	30,559
ME - F 30-39	12,617	12,631	12,202	12,165	49,615	12,448	11,929	11,844	13,301	49,522	14,802	16,018	30,820
ME - F 40-49	13,880	13,528	13,105	13,018	53,531	13,075	12,647	12,509	13,697	51,928	14,812	15,491	30,303
ME - F 50-64	35,636	34,895	34,239	34,162	138,932	34,325	33,178	33,036	36,361	136,900	39,817	42,710	82,527
ME - M 19-24	25,156	24,804	24,389	24,183	98,532	24,477	23,559	22,920	25,194	96,150	27,224	29,101	56,325
ME - M 25-29	20,156	19,912	19,243	18,859	78,170	18,966	18,077	17,672	18,993	73,708	20,694	22,066	42,760
ME - M 30-39	27,010	27,050	26,074	26,296	106,430	26,846	26,230	26,030	28,174	107,280	30,519	32,464	62,983
ME - M 40-49	18,702	18,498	17,806	17,731	72,737	17,715	17,069	16,975	18,224	69,983	19,510	20,389	39,899
ME - M 50-64	30,079	29,546	28,834	28,919	117,378	29,059	28,387	28,568	30,851	116,865	33,468	35,679	69,147
ME - SOBRA	185	138	155	172	650	147	151	151	144	593	161	170	331
Medicaid Expansion	220,408	217,313	211,367	210,780	859,868	212,735	205,502	203,332	222,243	843,812	241,871	257,981	499,852
RHP - ID	2,828	2,807	2,808	2,798	11,241	2,869	2,810	2,799	2,833	11,311	2,871	2,858	5,729
RHP - SPMI	8,414	8,482	8,433	8,328	33,657	8,322	8,193	8,072	8,071	32,658	8,078	8,052	16,130
RHP - Other Disabled 21-44	10,928	10,870	10,822	10,815	43,435	10,986	10,986	10,987	11,069	44,028	11,219	11,217	22,436
RHP - Other Disabled 45+	21,741	22,336	22,019	21,697	87,793	21,717	21,739	21,602	21,787	86,845	21,980	21,735	43,715
Rhody Health Partners	43,911	44,495	44,082	43,638	176,126	43,894	43,728	43,460	43,760	174,842	44,148	43,862	88,010
Total	768,061	764,168	754,441	745,657	3,032,327	740,462	720,620	714,161	747,323	2,922,566	778,492	807,172	1,585,664

Notes

1. Member month values are summarized from EOHHS capitation payment data.
2. Population totals exclude SOBRA payments.

State of Rhode Island Executive Office of Health and Human Services Managed Care Organization Request for Proposal Financial Bidders Packet Medicaid Managed Care Program Emerging Experience: Expenditure Detail	
Expense Type	Description
Paid Benefit Expense	Claims paid on a fee-for-service basis, the proxy paid (or shadow-priced) amount for claims incurred under a sub-capitated arrangement, and other gross payments made for benefit expenses. ^{1,2}
Reserves	All reserves for benefit expenses, including incurred but not paid (IBNP), pending provider settlements, and any other reserve accruals.
Recoveries	All recoveries including third party liability, fraud/waste/abuse recoveries, EOHHS stop loss program payments, and supplemental pharmacy rebates. The net cost of reinsurance premiums and recoveries is included. ³

Notes

1. For sub-capitated Federally Qualified Health Centers (FQHCs), the capitated expenditures were utilized instead of proxy paid (shadow priced) amounts to more accurately reflect expenses associated with FQHCs.
2. Non-state plan benefit expenses are included.
3. Risk corridor recoveries and/or payments are not included.



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