

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - MF<1		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 65,509	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	564.0	\$ 4,884.99	\$ 229.61	\$ 0.00	\$ 0.00	564.0	\$ 4,884.99	\$ 229.61
	Inpatient Well Newborn	Days	939.9	1,403.74	109.95	-	-	939.9	1,403.74	109.95
	Inpatient MH/SA	Days	0.4	3,145.87	0.10	-	-	0.4	3,145.87	0.10
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	121.1	1,753.93	17.70	-	-	121.1	1,753.93	17.70
Subtotal Inpatient Hospital					\$ 357.36					\$ 357.36
Outpatient Hospital										
	Outpatient Emergency Room	Visits	863.1	\$ 608.94	\$ 43.80	\$ 0.00	\$ 0.00	863.1	\$ 608.94	\$ 43.80
	Outpatient Surgery	Visits	32.6	2,080.84	5.66	-	-	32.6	2,080.84	5.66
	Outpatient Radiology	Procedures	198.4	162.09	2.68	-	-	198.4	162.09	2.68
	Outpatient Pathology/Lab	Procedures	1,610.3	60.29	8.09	-	-	1,610.3	60.29	8.09
	Outpatient Pharmacy	Procedures	8,913.2	0.43	0.32	-	-	8,913.2	0.43	0.32
	Outpatient MH/SA	Visits	10.3	279.79	0.24	-	-	10.3	279.79	0.24
	Other Outpatient	Procedures	1,310.4	131.04	14.31	-	-	1,310.4	131.04	14.31
Subtotal Outpatient Hospital					\$ 75.10					\$ 75.10
Professional										
	Inpatient and Outpatient Surgery	Procedures	433.6	\$ 333.77	\$ 12.06	\$ 0.00	\$ 0.00	433.6	\$ 333.77	\$ 12.06
	Anesthesia	Procedures	76.1	408.28	2.59	-	-	76.1	408.28	2.59
	Inpatient Visits	Visits	1,673.2	237.60	33.13	-	-	1,673.2	237.60	33.13
	MH/SA	Visits	41.6	66.35	0.23	-	-	41.6	66.35	0.23
	Emergency Room	Visits	957.9	87.44	6.98	-	-	957.9	87.44	6.98
	Office/Home Visits/Consults	Visits	3,998.4	91.66	30.54	-	-	3,998.4	91.66	30.54
	COVID Vaccine Administration	Procedures	-	-	-	-	-	-	-	-
	FQHC PPS Eligible Services	Visits	2,715.8	253.67	57.41	-	-	2,715.8	253.67	57.41
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,429.7	36.40	7.37	-	-	2,429.7	36.40	7.37
	Radiology	Procedures	984.8	21.20	1.74	-	-	984.8	21.20	1.74
	Office Administered Drugs	Procedures	22.9	31.38	0.06	-	-	22.9	31.38	0.06
	Physical Exams	Visits	5,516.9	99.32	45.66	-	-	5,516.9	99.32	45.66
	Therapy	Visits	226.7	79.91	1.51	-	-	226.7	79.91	1.51
	Vision	Visits	157.3	34.33	0.45	-	-	157.3	34.33	0.45
	Other Professional	Procedures	3,604.9	62.38	18.74	-	-	3,604.9	62.38	18.74
Subtotal Professional					\$ 218.47					\$ 218.47
Retail Pharmacy										
	Retail Pharmacy	Scripts	4,896.3	\$ 37.55	\$ 15.32	\$ 0.00	\$ 0.00	4,896.3	\$ 37.55	\$ 15.32
Subtotal Retail Pharmacy					\$ 15.32					\$ 15.32
Ancillary										
	Transportation	Trips	78.5	\$ 123.82	\$ 0.81	\$ 0.00	\$ 0.82	78.5	\$ 249.16	\$ 1.63
	DME/Prosthetics	Procedures	307.8	349.69	8.97	-	-	307.8	349.69	8.97
Subtotal Ancillary					\$ 9.78					\$ 10.60
LTSS										
	Hospice	Days	45.5	\$ 28.99	\$ 0.11	\$ 0.00	\$ 0.00	45.5	\$ 28.99	\$ 0.11
	Nursing Home	Days	3.7	96.91	0.03	-	-	3.7	96.91	0.03
	HCBS	Procedures	21.4	213.02	0.38	-	-	21.4	213.02	0.38
	Case Management	Procedures	340.9	154.53	4.39	-	-	340.9	154.53	4.39
Subtotal LTSS					\$ 4.91					\$ 4.91
Total Medical Costs					\$ 680.94					\$ 681.76

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - MF 1-5		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 344,352	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	42.2	\$ 4,766.40	\$ 16.77	\$ 0.00	\$ 0.00	42.2	\$ 4,766.40	\$ 16.77
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1.3	1,851.82	0.20	-	-	1.3	1,851.82	0.20
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	7.5	4,167.79	2.60	-	-	7.5	4,167.79	2.60
Subtotal Inpatient Hospital					\$ 19.57					\$ 19.57
Outpatient Hospital										
	Outpatient Emergency Room	Visits	487.4	\$ 595.55	\$ 24.19	\$ 0.00	\$ 0.00	487.4	\$ 595.55	\$ 24.19
	Outpatient Surgery	Visits	37.2	1,856.03	5.76	-	-	37.2	1,856.03	5.76
	Outpatient Radiology	Procedures	77.3	226.77	1.46	-	-	77.3	226.77	1.46
	Outpatient Pathology/Lab	Procedures	1,140.0	58.21	5.53	-	-	1,140.0	58.21	5.53
	Outpatient Pharmacy	Procedures	132.2	247.80	2.73	-	-	132.2	247.80	2.73
	Outpatient MH/SA	Visits	76.0	383.63	2.43	-	-	76.0	383.63	2.43
	Other Outpatient	Procedures	703.9	141.67	8.31	-	-	703.9	141.67	8.31
Subtotal Outpatient Hospital					\$ 50.41					\$ 50.41
Professional										
	Inpatient and Outpatient Surgery	Procedures	121.0	\$ 198.30	\$ 2.00	\$ 0.00	\$ 0.00	121.0	\$ 198.30	\$ 2.00
	Anesthesia	Procedures	85.5	202.18	1.44	-	-	85.5	202.18	1.44
	Inpatient Visits	Visits	99.4	179.92	1.49	-	-	99.4	179.92	1.49
	MH/SA	Visits	1,098.9	146.22	13.39	-	-	1,098.9	146.22	13.39
	Emergency Room	Visits	519.5	83.86	3.63	-	-	519.5	83.86	3.63
	Office/Home Visits/Consults	Visits	2,326.7	89.33	17.32	-	-	2,326.7	89.33	17.32
	COVID Vaccine Administration	Procedures	10.1	35.71	0.03	-	-	10.1	35.71	0.03
	FQHC PPS Eligible Services	Visits	869.5	246.48	17.86	-	-	869.5	246.48	17.86
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,488.9	36.88	7.65	-	-	2,488.9	36.88	7.65
	Radiology	Procedures	318.8	19.57	0.52	-	-	318.8	19.57	0.52
	Office Administered Drugs	Procedures	19.1	25.09	0.04	-	-	19.1	25.09	0.04
	Physical Exams	Visits	1,154.4	90.85	8.74	-	-	1,154.4	90.85	8.74
	Therapy	Visits	475.3	69.93	2.77	-	-	475.3	69.93	2.77
	Vision	Visits	309.4	49.26	1.27	-	-	309.4	49.26	1.27
	Other Professional	Procedures	3,554.8	125.71	37.24	-	-	3,554.8	125.71	37.24
Subtotal Professional					\$ 115.39					\$ 115.39
Retail Pharmacy										
	Retail Pharmacy	Scripts	3,753.6	\$ 30.75	\$ 9.62	\$ 0.00	\$ 0.00	3,753.6	\$ 30.75	\$ 9.62
Subtotal Retail Pharmacy					\$ 9.62					\$ 9.62
Ancillary										
	Transportation	Trips	40.5	\$ 88.81	\$ 0.30	\$ 0.00	\$ 0.40	40.5	\$ 207.22	\$ 0.70
	DME/Prosthetics	Procedures	180.0	144.02	2.16	-	-	180.0	144.02	2.16
Subtotal Ancillary					\$ 2.46					\$ 2.86
LTSS										
	Hospice	Days	4.4	\$ 191.78	\$ 0.07	\$ 0.00	\$ 0.00	4.4	\$ 191.78	\$ 0.07
	Nursing Home	Days	1.7	141.53	0.02	-	-	1.7	141.53	0.02
	HCBS	Procedures	44.2	171.00	0.63	-	-	44.2	171.00	0.63
	Case Management	Procedures	1,003.0	85.19	7.12	-	-	1,003.0	85.19	7.12
Subtotal LTSS					\$ 7.84					\$ 7.84
Total Medical Costs					\$ 205.29					\$ 205.69

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - MF 6-14		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 637,233	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	23.6	\$ 3,904.52	\$ 7.67	\$ 0.00	\$ 0.00	23.6	\$ 3,904.52	\$ 7.67
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	113.8	1,658.32	15.72	-	-	113.8	1,658.32	15.72
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	59.3	1,829.03	9.04	-	-	59.3	1,829.03	9.04
	Subtotal Inpatient Hospital				\$ 32.43					\$ 32.43
Outpatient Hospital										
	Outpatient Emergency Room	Visits	212.3	\$ 639.39	\$ 11.31	\$ 0.00	\$ 0.00	212.3	\$ 639.39	\$ 11.31
	Outpatient Surgery	Visits	19.0	2,532.87	4.01	-	-	19.0	2,532.87	4.01
	Outpatient Radiology	Procedures	85.9	230.59	1.65	-	-	85.9	230.59	1.65
	Outpatient Pathology/Lab	Procedures	1,037.6	48.34	4.18	-	-	1,037.6	48.34	4.18
	Outpatient Pharmacy	Procedures	85.3	705.83	5.02	-	-	85.3	705.83	5.02
	Outpatient MH/SA	Visits	92.3	753.04	5.79	-	-	92.3	753.04	5.79
	Other Outpatient	Procedures	323.9	158.56	4.28	-	-	323.9	158.56	4.28
	Subtotal Outpatient Hospital				\$ 36.24					\$ 36.24
Professional										
	Inpatient and Outpatient Surgery	Procedures	109.1	\$ 181.53	\$ 1.65	\$ 0.00	\$ 0.00	109.1	\$ 181.53	\$ 1.65
	Anesthesia	Procedures	40.6	168.28	0.57	-	-	40.6	168.28	0.57
	Inpatient Visits	Visits	147.9	111.17	1.37	-	-	147.9	111.17	1.37
	MH/SA	Visits	1,857.6	100.13	15.50	-	-	1,857.6	100.13	15.50
	Emergency Room	Visits	231.3	89.24	1.72	-	-	231.3	89.24	1.72
	Office/Home Visits/Consults	Visits	1,895.9	92.60	14.63	-	-	1,895.9	92.60	14.63
	COVID Vaccine Administration	Procedures	46.8	38.47	0.15	-	-	46.8	38.47	0.15
	FQHC PPS Eligible Services	Visits	718.4	252.24	15.10	-	-	718.4	252.24	15.10
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,801.3	37.31	5.60	-	-	1,801.3	37.31	5.60
	Radiology	Procedures	386.4	28.26	0.91	-	-	386.4	28.26	0.91
	Office Administered Drugs	Procedures	17.5	1,364.75	1.99	-	-	17.5	1,364.75	1.99
	Physical Exams	Visits	687.7	80.96	4.64	-	-	687.7	80.96	4.64
	Therapy	Visits	251.2	63.54	1.33	-	-	251.2	63.54	1.33
	Vision	Visits	518.3	78.26	3.38	-	-	518.3	78.26	3.38
	Other Professional	Procedures	1,755.3	66.52	9.73	-	-	1,755.3	66.52	9.73
	Subtotal Professional				\$ 78.27					\$ 78.27
Retail Pharmacy										
	Retail Pharmacy	Scripts	4,564.2	\$ 88.21	\$ 33.55	\$ 0.00	\$ 0.00	4,564.2	\$ 88.21	\$ 33.55
	Subtotal Retail Pharmacy				\$ 33.55					\$ 33.55
Ancillary										
	Transportation	Trips	36.6	\$ 88.55	\$ 0.27	\$ 0.00	\$ 0.31	36.6	\$ 190.22	\$ 0.58
	DME/Prosthetics	Procedures	164.4	167.16	2.29	-	-	164.4	167.16	2.29
	Subtotal Ancillary				\$ 2.56					\$ 2.87
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	1.1	110.85	0.01	-	-	1.1	110.85	0.01
	HCBS	Procedures	206.7	207.27	3.57	-	-	206.7	207.27	3.57
	Case Management	Procedures	291.0	43.30	1.05	-	-	291.0	43.30	1.05
	Subtotal LTSS				\$ 4.63					\$ 4.63
	Total Medical Costs				\$ 187.68					\$ 187.99

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - M 15-44		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 276,312	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	74.6	\$ 3,571.05	\$ 22.20	\$ 0.00	\$ 0.00	74.6	\$ 3,571.05	\$ 22.20
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	137.4	1,303.73	14.93	-	-	137.4	1,303.73	14.93
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	49.6	1,731.66	7.16	-	-	49.6	1,731.66	7.16
Subtotal Inpatient Hospital					\$ 44.29					\$ 44.29
Outpatient Hospital										
	Outpatient Emergency Room	Visits	268.8	\$ 727.68	\$ 16.30	\$ 0.00	\$ 0.00	268.8	\$ 727.68	\$ 16.30
	Outpatient Surgery	Visits	47.1	1,883.65	7.40	-	-	47.1	1,883.65	7.40
	Outpatient Radiology	Procedures	111.1	337.05	3.12	-	-	111.1	337.05	3.12
	Outpatient Pathology/Lab	Procedures	1,764.9	43.11	6.34	-	-	1,764.9	43.11	6.34
	Outpatient Pharmacy	Procedures	126.3	1,265.20	13.32	-	-	126.3	1,265.20	13.32
	Outpatient MH/SA	Visits	67.3	635.03	3.56	-	-	67.3	635.03	3.56
	Other Outpatient	Procedures	338.2	189.81	5.35	-	-	338.2	189.81	5.35
Subtotal Outpatient Hospital					\$ 55.39					\$ 55.39
Professional										
	Inpatient and Outpatient Surgery	Procedures	234.3	\$ 238.70	\$ 4.66	\$ 0.00	\$ 0.00	234.3	\$ 238.70	\$ 4.66
	Anesthesia	Procedures	70.8	184.80	1.09	-	-	70.8	184.80	1.09
	Inpatient Visits	Visits	261.2	108.42	2.36	-	-	261.2	108.42	2.36
	MH/SA	Visits	1,684.2	96.33	13.52	-	-	1,684.2	96.33	13.52
	Emergency Room	Visits	288.6	94.39	2.27	-	-	288.6	94.39	2.27
	Office/Home Visits/Consults	Visits	1,917.3	85.62	13.68	-	-	1,917.3	85.62	13.68
	COVID Vaccine Administration	Procedures	5.9	40.39	0.02	-	-	5.9	40.39	0.02
	FQHC PPS Eligible Services	Visits	634.0	251.18	13.27	-	-	634.0	251.18	13.27
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,579.5	33.35	4.39	-	-	1,579.5	33.35	4.39
	Radiology	Procedures	755.3	41.94	2.64	-	-	755.3	41.94	2.64
	Office Administered Drugs	Procedures	114.0	207.35	1.97	-	-	114.0	207.35	1.97
	Physical Exams	Visits	423.5	74.52	2.63	-	-	423.5	74.52	2.63
	Therapy	Visits	543.9	66.63	3.02	-	-	543.9	66.63	3.02
	Vision	Visits	302.5	75.38	1.90	-	-	302.5	75.38	1.90
	Other Professional	Procedures	1,583.6	34.10	4.50	-	-	1,583.6	34.10	4.50
Subtotal Professional					\$ 71.92					\$ 71.92
Retail Pharmacy										
	Retail Pharmacy	Scripts	6,761.1	\$ 92.59	\$ 52.17	\$ 0.00	\$ 0.00	6,761.1	\$ 92.59	\$ 52.17
Subtotal Retail Pharmacy					\$ 52.17					\$ 52.17
Ancillary										
	Transportation	Trips	75.9	\$ 109.03	\$ 0.69	\$ 0.00	\$ 0.73	75.9	\$ 224.37	\$ 1.42
	DME/Prosthetics	Procedures	317.3	102.51	2.71	-	-	317.3	102.51	2.71
Subtotal Ancillary					\$ 3.40					\$ 4.13
LTSS										
	Hospice	Days	3.3	\$ 110.51	\$ 0.03	\$ 0.00	\$ 0.00	3.3	\$ 110.51	\$ 0.03
	Nursing Home	Days	11.1	215.67	0.20	-	-	11.1	215.67	0.20
	HCBS	Procedures	177.2	199.05	2.94	-	-	177.2	199.05	2.94
	Case Management	Procedures	124.3	77.26	0.80	-	-	124.3	77.26	0.80
Subtotal LTSS					\$ 3.97					\$ 3.97
Total Medical Costs					\$ 231.14					\$ 231.87

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - F 15-44		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 659,135	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	76.6	\$ 3,732.08	\$ 23.81	\$ 0.00	\$ 0.00	76.6	\$ 3,732.08	\$ 23.81
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	139.9	1,222.67	14.25	-	-	139.9	1,222.67	14.25
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	40.5	1,767.40	5.97	-	-	40.5	1,767.40	5.97
Subtotal Inpatient Hospital					\$ 44.03					\$ 44.03
Outpatient Hospital										
	Outpatient Emergency Room	Visits	410.6	\$ 739.45	\$ 25.30	\$ 0.00	\$ 0.00	410.6	\$ 739.45	\$ 25.30
	Outpatient Surgery	Visits	83.0	2,400.56	16.60	-	-	83.0	2,400.56	16.60
	Outpatient Radiology	Procedures	283.8	274.81	6.50	-	-	283.8	274.81	6.50
	Outpatient Pathology/Lab	Procedures	4,840.0	54.10	21.82	-	-	4,840.0	54.10	21.82
	Outpatient Pharmacy	Procedures	378.2	449.34	14.16	-	-	378.2	449.34	14.16
	Outpatient MH/SA	Visits	113.3	662.82	6.26	-	-	113.3	662.82	6.26
	Other Outpatient	Procedures	581.5	167.77	8.13	-	-	581.5	167.77	8.13
Subtotal Outpatient Hospital					\$ 98.77					\$ 98.77
Professional										
	Inpatient and Outpatient Surgery	Procedures	365.6	\$ 251.43	\$ 7.66	\$ 0.00	\$ 0.00	365.6	\$ 251.43	\$ 7.66
	Anesthesia	Procedures	137.3	156.40	1.79	-	-	137.3	156.40	1.79
	Inpatient Visits	Visits	289.5	100.72	2.43	-	-	289.5	100.72	2.43
	MH/SA	Visits	2,858.0	96.57	23.00	-	-	2,858.0	96.57	23.00
	Emergency Room	Visits	442.0	95.02	3.50	-	-	442.0	95.02	3.50
	Office/Home Visits/Consults	Visits	3,268.2	74.39	20.26	-	-	3,268.2	74.39	20.26
	COVID Vaccine Administration	Procedures	9.2	39.17	0.03	-	-	9.2	39.17	0.03
	FQHC PPS Eligible Services	Visits	1,530.2	243.35	31.03	-	-	1,530.2	243.35	31.03
	Maternity	Procedures	3.1	39.28	0.01	-	-	3.1	39.28	0.01
	Pathology/Lab	Procedures	3,864.0	31.89	10.27	-	-	3,864.0	31.89	10.27
	Radiology	Procedures	1,326.3	48.86	5.40	-	-	1,326.3	48.86	5.40
	Office Administered Drugs	Procedures	343.6	223.14	6.39	-	-	343.6	223.14	6.39
	Physical Exams	Visits	554.3	62.78	2.90	-	-	554.3	62.78	2.90
	Therapy	Visits	772.5	61.67	3.97	-	-	772.5	61.67	3.97
	Vision	Visits	347.2	76.72	2.22	-	-	347.2	76.72	2.22
	Other Professional	Procedures	1,703.1	56.79	8.06	-	-	1,703.1	56.79	8.06
Subtotal Professional					\$ 128.92					\$ 128.92
Retail Pharmacy										
	Retail Pharmacy	Scripts	13,701.9	\$ 66.48	\$ 75.91	\$ 0.00	\$ 0.00	13,701.9	\$ 66.48	\$ 75.91
Subtotal Retail Pharmacy					\$ 75.91					\$ 75.91
Ancillary										
	Transportation	Trips	112.4	\$ 91.80	\$ 0.86	\$ 0.00	\$ 1.12	112.4	\$ 211.36	\$ 1.98
	DME/Prosthetics	Procedures	251.4	114.07	2.39	-	-	251.4	114.07	2.39
Subtotal Ancillary					\$ 3.25					\$ 4.37
LTSS										
	Hospice	Days	2.8	\$ 126.41	\$ 0.03	\$ 0.00	\$ 0.00	2.8	\$ 126.41	\$ 0.03
	Nursing Home	Days	24.5	225.16	0.46	-	-	24.5	225.16	0.46
	HCBS	Procedures	77.9	175.66	1.14	-	-	77.9	175.66	1.14
	Case Management	Procedures	25.9	222.76	0.48	-	-	25.9	222.76	0.48
Subtotal LTSS					\$ 2.11					\$ 2.11
Total Medical Costs					\$ 352.99					\$ 354.11

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - MF 45+		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 158,706	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	191.3	\$ 3,495.93	\$ 55.74	\$ 0.00	\$ 0.00	191.3	\$ 3,495.93	\$ 55.74
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	104.5	937.17	8.16	-	-	104.5	937.17	8.16
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	35.1	2,066.68	6.05	-	-	35.1	2,066.68	6.05
Subtotal Inpatient Hospital					\$ 69.95					\$ 69.95
Outpatient Hospital										
	Outpatient Emergency Room	Visits	344.2	\$ 800.83	\$ 22.97	\$ 0.00	\$ 0.00	344.2	\$ 800.83	\$ 22.97
	Outpatient Surgery	Visits	209.3	1,867.70	32.57	-	-	209.3	1,867.70	32.57
	Outpatient Radiology	Procedures	638.7	268.50	14.29	-	-	638.7	268.50	14.29
	Outpatient Pathology/Lab	Procedures	5,564.8	41.42	19.21	-	-	5,564.8	41.42	19.21
	Outpatient Pharmacy	Procedures	753.5	642.93	40.37	-	-	753.5	642.93	40.37
	Outpatient MH/SA	Visits	55.3	699.19	3.22	-	-	55.3	699.19	3.22
	Other Outpatient	Procedures	1,079.9	190.01	17.10	-	-	1,079.9	190.01	17.10
Subtotal Outpatient Hospital					\$ 149.73					\$ 149.73
Professional										
	Inpatient and Outpatient Surgery	Procedures	858.8	\$ 241.32	\$ 17.27	\$ 0.00	\$ 0.00	858.8	\$ 241.32	\$ 17.27
	Anesthesia	Procedures	251.6	168.85	3.54	-	-	251.6	168.85	3.54
	Inpatient Visits	Visits	415.6	98.76	3.42	-	-	415.6	98.76	3.42
	MH/SA	Visits	2,271.4	100.11	18.95	-	-	2,271.4	100.11	18.95
	Emergency Room	Visits	380.0	102.95	3.26	-	-	380.0	102.95	3.26
	Office/Home Visits/Consults	Visits	4,337.4	72.07	26.05	-	-	4,337.4	72.07	26.05
	COVID Vaccine Administration	Procedures	3.2	37.69	0.01	-	-	3.2	37.69	0.01
	FQHC PPS Eligible Services	Visits	1,376.0	239.39	27.45	-	-	1,376.0	239.39	27.45
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	4,448.9	30.48	11.30	-	-	4,448.9	30.48	11.30
	Radiology	Procedures	2,389.8	56.44	11.24	-	-	2,389.8	56.44	11.24
	Office Administered Drugs	Procedures	397.6	199.50	6.61	-	-	397.6	199.50	6.61
	Physical Exams	Visits	581.7	62.30	3.02	-	-	581.7	62.30	3.02
	Therapy	Visits	1,703.3	63.05	8.95	-	-	1,703.3	63.05	8.95
	Vision	Visits	386.5	73.90	2.38	-	-	386.5	73.90	2.38
	Other Professional	Procedures	2,421.6	44.10	8.90	-	-	2,421.6	44.10	8.90
Subtotal Professional					\$ 152.35					\$ 152.35
Retail Pharmacy										
	Retail Pharmacy	Scripts	23,876.3	\$ 81.75	\$ 162.66	\$ 0.00	\$ 0.00	23,876.3	\$ 81.75	\$ 162.66
Subtotal Retail Pharmacy					\$ 162.66					\$ 162.66
Ancillary										
	Transportation	Trips	110.7	\$ 91.04	\$ 0.84	\$ 0.00	\$ 1.08	110.7	\$ 208.10	\$ 1.92
	DME/Prosthetics	Procedures	711.4	100.02	5.93	-	-	711.4	100.02	5.93
Subtotal Ancillary					\$ 6.77					\$ 7.85
LTSS										
	Hospice	Days	7.2	\$ 266.74	\$ 0.16	\$ 0.00	\$ 0.00	7.2	\$ 266.74	\$ 0.16
	Nursing Home	Days	100.9	184.32	1.55	-	-	100.9	184.32	1.55
	HCBS	Procedures	170.2	115.61	1.64	-	-	170.2	115.61	1.64
	Case Management	Procedures	18.9	634.72	1.00	-	-	18.9	634.72	1.00
Subtotal LTSS					\$ 4.35					\$ 4.35
Total Medical Costs					\$ 545.81					\$ 546.89

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RC - EFP		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 11,470	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	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	-	-	-	-	-	-	-	-
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	-	-	-	-	-	-	-	-
Subtotal Inpatient Hospital					\$ 0.00					\$ 0.00
Outpatient Hospital										
	Outpatient Emergency Room	Visits	9.5	\$ 732.31	\$ 0.58	\$ 0.00	\$ 0.00	9.5	\$ 732.31	\$ 0.58
	Outpatient Surgery	Visits	4.0	3,209.71	1.08	-	-	4.0	3,209.71	1.08
	Outpatient Radiology	Procedures	10.8	210.17	0.19	-	-	10.8	210.17	0.19
	Outpatient Pathology/Lab	Procedures	385.1	46.11	1.48	-	-	385.1	46.11	1.48
	Outpatient Pharmacy	Procedures	15.1	71.73	0.09	-	-	15.1	71.73	0.09
	Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-
	Other Outpatient	Procedures	26.8	85.16	0.19	-	-	26.8	85.16	0.19
Subtotal Outpatient Hospital					\$ 3.61					\$ 3.61
Professional										
	Inpatient and Outpatient Surgery	Procedures	19.8	\$ 278.95	\$ 0.46	\$ 0.00	\$ 0.00	19.8	\$ 278.95	\$ 0.46
	Anesthesia	Procedures	3.3	291.00	0.08	-	-	3.3	291.00	0.08
	Inpatient Visits	Visits	-	-	-	-	-	-	-	-
	MH/SA	Visits	36.2	56.36	0.17	-	-	36.2	56.36	0.17
	Emergency Room	Visits	9.2	104.22	0.08	-	-	9.2	104.22	0.08
	Office/Home Visits/Consults	Visits	108.2	53.25	0.48	-	-	108.2	53.25	0.48
	COVID Vaccine Administration	Procedures	-	-	-	-	-	-	-	-
	FQHC PPS Eligible Services	Visits	207.3	293.45	5.07	-	-	207.3	293.45	5.07
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	141.0	25.52	0.30	-	-	141.0	25.52	0.30
	Radiology	Procedures	29.9	68.26	0.17	-	-	29.9	68.26	0.17
	Office Administered Drugs	Procedures	190.7	35.24	0.56	-	-	190.7	35.24	0.56
	Physical Exams	Visits	76.7	34.44	0.22	-	-	76.7	34.44	0.22
	Therapy	Visits	12.4	29.11	0.03	-	-	12.4	29.11	0.03
	Vision	Visits	2.4	98.12	0.02	-	-	2.4	98.12	0.02
	Other Professional	Procedures	52.6	180.20	0.79	-	-	52.6	180.20	0.79
Subtotal Professional					\$ 8.43					\$ 8.43
Retail Pharmacy										
	Retail Pharmacy	Scripts	1,059.7	\$ 29.44	\$ 2.60	\$ 0.00	\$ 0.00	1,059.7	\$ 29.44	\$ 2.60
Subtotal Retail Pharmacy					\$ 2.60					\$ 2.60
Ancillary										
	Transportation	Trips	1.7	\$ 71.54	\$ 0.01	\$ 0.00	\$ 0.02	1.7	\$ 214.62	\$ 0.03
	DME/Prosthetics	Procedures	0.8	154.35	0.01	-	-	0.8	154.35	0.01
Subtotal Ancillary					\$ 0.02					\$ 0.04
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	-	-	-	-	-	-	-	-
	HCBS	Procedures	-	-	-	-	-	-	-	-
	Case Management	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS					\$ 0.00					\$ 0.00
Total Medical Costs					\$ 14.66					\$ 14.68

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model									
Rate Cell: CSHCN - Adoption Subsidy		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience		
Member Months: 31,520									
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Inpatient Medical/Surgical/Non-Delivery	Days	47.3	\$ 3,608.62	\$ 14.23	\$ 0.00	\$ 0.00	47.3	\$ 3,608.62	\$ 14.23
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,000.9	1,501.26	125.22	-	-	1,000.9	1,501.26	125.22
Inpatient Maternity Delivery	Days	10.7	2,260.24	2.01	0.24	-	10.7	2,530.12	2.25
Other Inpatient	Days	445.6	1,880.45	69.83	-	-	445.6	1,880.45	69.83
Subtotal Inpatient Hospital				\$ 211.29					\$ 211.53
Outpatient Hospital									
Outpatient Emergency Room	Visits	334.0	\$ 710.68	\$ 19.78	\$ 0.00	\$ 0.00	334.0	\$ 710.68	\$ 19.78
Outpatient Surgery	Visits	41.1	1,939.48	6.64	-	-	41.1	1,939.48	6.64
Outpatient Radiology	Procedures	146.5	285.09	3.48	-	-	146.5	285.09	3.48
Outpatient Pathology/Lab	Procedures	1,852.6	53.96	8.33	-	-	1,852.6	53.96	8.33
Outpatient Pharmacy	Procedures	162.0	816.24	11.02	-	-	162.0	816.24	11.02
Outpatient MH/SA	Visits	354.9	726.97	21.50	-	-	354.9	726.97	21.50
Other Outpatient	Procedures	790.7	138.42	9.12	-	-	790.7	138.42	9.12
Subtotal Outpatient Hospital				\$ 79.87					\$ 79.87
Professional									
Inpatient and Outpatient Surgery	Procedures	165.5	\$ 182.74	\$ 2.52	\$ 0.00	\$ 0.00	165.5	\$ 182.74	\$ 2.52
Anesthesia	Procedures	77.5	188.88	1.22	-	-	77.5	188.88	1.22
Inpatient Visits	Visits	578.4	104.15	5.02	-	-	578.4	104.15	5.02
MH/SA	Visits	6,942.5	120.22	69.55	-	-	6,942.5	120.22	69.55
Emergency Room	Visits	364.9	107.87	3.28	-	-	364.9	107.87	3.28
Office/Home Visits/Consults	Visits	3,084.9	99.54	25.59	-	-	3,084.9	99.54	25.59
COVID Vaccine Administration	Procedures	28.7	37.64	0.09	-	-	28.7	37.64	0.09
FQHC PPS Eligible Services	Visits	801.2	469.70	31.36	-	-	801.2	469.70	31.36
Maternity	Procedures	9.8	525.86	0.43	-	-	9.8	525.86	0.43
Pathology/Lab	Procedures	1,756.5	36.55	5.35	-	-	1,756.5	36.55	5.35
Radiology	Procedures	635.2	34.01	1.80	-	-	635.2	34.01	1.80
Office Administered Drugs	Procedures	249.8	97.54	2.03	-	-	249.8	97.54	2.03
Physical Exams	Visits	831.7	76.76	5.32	-	-	831.7	76.76	5.32
Therapy	Visits	836.6	65.98	4.60	-	-	836.6	65.98	4.60
Vision	Visits	523.7	80.20	3.50	-	-	523.7	80.20	3.50
Other Professional	Procedures	12,483.0	86.15	89.62	-	-	12,483.0	86.15	89.62
Subtotal Professional				\$ 251.28					\$ 251.28
Retail Pharmacy									
Retail Pharmacy	Scripts	11,724.6	\$ 72.14	\$ 70.48	\$ 0.00	\$ 0.00	11,724.6	\$ 72.14	\$ 70.48
Subtotal Retail Pharmacy				\$ 70.48					\$ 70.48
Ancillary									
Transportation	Trips	150.6	\$ 95.59	\$ 1.20	\$ 0.00	\$ 1.25	150.6	\$ 195.16	\$ 2.45
DME/Prosthetics	Procedures	1,093.1	214.84	19.57	-	-	1,093.1	214.84	19.57
Subtotal Ancillary				\$ 20.77					\$ 22.02
LTSS									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	5.4	88.18	0.04	-	-	5.4	88.18	0.04
HCBS	Procedures	3,411.9	193.23	54.94	-	-	3,411.9	193.23	54.94
Case Management	Procedures	2,972.7	43.19	10.70	-	-	2,972.7	43.19	10.70
Subtotal LTSS				\$ 65.68					\$ 65.68
Total Medical Costs				\$ 699.37					\$ 700.86

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: CSHCN - Katie Beckett		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 960	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	330.6	\$ 2,065.94	\$ 56.92	\$ 0.00	\$ 0.00	330.6	\$ 2,065.94	\$ 56.92
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	4,519.6	2,030.91	764.91	-	-	4,519.6	2,030.91	764.91
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	1,125.7	2,171.35	203.69	-	-	1,125.7	2,171.35	203.69
Subtotal Inpatient Hospital					\$ 1,025.52					\$ 1,025.52
Outpatient Hospital										
	Outpatient Emergency Room	Visits	277.4	\$ 599.55	\$ 13.86	\$ 0.00	\$ 0.00	277.4	\$ 599.55	\$ 13.86
	Outpatient Surgery	Visits	51.2	3,424.53	14.62	-	-	51.2	3,424.53	14.62
	Outpatient Radiology	Procedures	299.2	744.66	18.57	-	-	299.2	744.66	18.57
	Outpatient Pathology/Lab	Procedures	3,833.2	47.83	15.28	-	-	3,833.2	47.83	15.28
	Outpatient Pharmacy	Procedures	448.5	261.43	9.77	-	-	448.5	261.43	9.77
	Outpatient MH/SA	Visits	770.0	1,131.46	72.60	-	-	770.0	1,131.46	72.60
	Other Outpatient	Procedures	3,094.3	173.66	44.78	-	-	3,094.3	173.66	44.78
Subtotal Outpatient Hospital					\$ 189.48					\$ 189.48
Professional										
	Inpatient and Outpatient Surgery	Procedures	563.7	\$ 443.00	\$ 20.81	\$ 0.00	\$ 0.00	563.7	\$ 443.00	\$ 20.81
	Anesthesia	Procedures	182.5	271.57	4.13	-	-	182.5	271.57	4.13
	Inpatient Visits	Visits	1,249.8	190.20	19.81	-	-	1,249.8	190.20	19.81
	MH/SA	Visits	21,215.5	125.03	221.04	-	-	21,215.5	125.03	221.04
	Emergency Room	Visits	478.2	116.93	4.66	-	-	478.2	116.93	4.66
	Office/Home Visits/Consults	Visits	4,879.3	130.96	53.25	-	-	4,879.3	130.96	53.25
	COVID Vaccine Administration	Procedures	29.6	40.59	0.10	-	-	29.6	40.59	0.10
	FQHC PPS Eligible Services	Visits	299.4	440.90	11.00	-	-	299.4	440.90	11.00
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,238.6	60.65	6.26	-	-	1,238.6	60.65	6.26
	Radiology	Procedures	1,209.8	104.75	10.56	-	-	1,209.8	104.75	10.56
	Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-
	Physical Exams	Visits	1,033.4	86.40	7.44	-	-	1,033.4	86.40	7.44
	Therapy	Visits	5,726.7	63.74	30.42	-	-	5,726.7	63.74	30.42
	Vision	Visits	425.0	60.43	2.14	-	-	425.0	60.43	2.14
	Other Professional	Procedures	104,311.7	52.57	456.99	-	-	104,311.7	52.57	456.99
Subtotal Professional					\$ 848.61					\$ 848.61
Retail Pharmacy										
	Retail Pharmacy	Scripts	28,146.5	\$ 349.09	\$ 818.81	\$ 0.00	\$ 0.00	28,146.5	\$ 349.09	\$ 818.81
Subtotal Retail Pharmacy					\$ 818.81					\$ 818.81
Ancillary										
	Transportation	Trips	114.2	\$ 101.93	\$ 0.97	\$ 0.00	\$ 0.73	114.2	\$ 178.64	\$ 1.70
	DME/Prosthetics	Procedures	4,990.4	184.31	76.65	-	-	4,990.4	184.31	76.65
Subtotal Ancillary					\$ 77.62					\$ 78.35
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	24.9	14.49	0.03	-	-	24.9	14.49	0.03
	HCBS	Procedures	36,902.7	183.42	564.05	-	-	36,902.7	183.42	564.05
	Case Management	Procedures	33,663.9	38.64	108.40	-	-	33,663.9	38.64	108.40
Subtotal LTSS					\$ 672.48					\$ 672.48
Total Medical Costs					\$ 3,632.52					\$ 3,633.25

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: CSHCN - SSI < 15		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 34,190	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	640.1	\$ 4,209.16	\$ 224.52	\$ 0.00	\$ 0.00	640.1	\$ 4,209.16	\$ 224.52
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1,087.6	1,780.74	161.39	-	-	1,087.6	1,780.74	161.39
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	488.7	2,025.53	82.49	-	-	488.7	2,025.53	82.49
Subtotal Inpatient Hospital					\$ 468.40					\$ 468.40
Outpatient Hospital										
	Outpatient Emergency Room	Visits	564.9	\$ 854.81	\$ 40.24	\$ 0.00	\$ 0.00	564.9	\$ 854.81	\$ 40.24
	Outpatient Surgery	Visits	123.2	2,471.16	25.38	-	-	123.2	2,471.16	25.38
	Outpatient Radiology	Procedures	370.1	362.79	11.19	-	-	370.1	362.79	11.19
	Outpatient Pathology/Lab	Procedures	4,172.0	67.88	23.60	-	-	4,172.0	67.88	23.60
	Outpatient Pharmacy	Procedures	983.7	354.38	29.05	-	-	983.7	354.38	29.05
	Outpatient MH/SA	Visits	325.3	717.85	19.46	-	-	325.3	717.85	19.46
	Other Outpatient	Procedures	3,704.9	158.45	48.92	-	-	3,704.9	158.45	48.92
Subtotal Outpatient Hospital					\$ 197.84					\$ 197.84
Professional										
	Inpatient and Outpatient Surgery	Procedures	389.4	\$ 301.67	\$ 9.79	\$ 0.00	\$ 0.00	389.4	\$ 301.67	\$ 9.79
	Anesthesia	Procedures	255.2	265.72	5.65	-	-	255.2	265.72	5.65
	Inpatient Visits	Visits	1,680.4	186.17	26.07	-	-	1,680.4	186.17	26.07
	MH/SA	Visits	12,422.0	132.41	137.07	-	-	12,422.0	132.41	137.07
	Emergency Room	Visits	669.0	107.44	5.99	-	-	669.0	107.44	5.99
	Office/Home Visits/Consults	Visits	4,132.2	108.61	37.40	-	-	4,132.2	108.61	37.40
	COVID Vaccine Administration	Procedures	31.6	37.92	0.10	-	-	31.6	37.92	0.10
	FQHC PPS Eligible Services	Visits	1,175.3	550.02	53.87	-	-	1,175.3	550.02	53.87
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,844.7	46.38	7.13	-	-	1,844.7	46.38	7.13
	Radiology	Procedures	1,143.4	30.85	2.94	-	-	1,143.4	30.85	2.94
	Office Administered Drugs	Procedures	230.9	217.74	4.19	-	-	230.9	217.74	4.19
	Physical Exams	Visits	776.1	79.17	5.12	-	-	776.1	79.17	5.12
	Therapy	Visits	2,148.0	62.35	11.16	-	-	2,148.0	62.35	11.16
	Vision	Visits	517.3	87.46	3.77	-	-	517.3	87.46	3.77
	Other Professional	Procedures	31,882.6	118.71	315.39	-	-	31,882.6	118.71	315.39
Subtotal Professional					\$ 625.64					\$ 625.64
Retail Pharmacy										
	Retail Pharmacy	Scripts	16,535.3	\$ 174.70	\$ 240.73	\$ 0.00	\$ 0.00	16,535.3	\$ 174.70	\$ 240.73
Subtotal Retail Pharmacy					\$ 240.73					\$ 240.73
Ancillary										
	Transportation	Trips	198.3	\$ 226.91	\$ 3.75	\$ 0.00	\$ 1.73	198.3	\$ 331.59	\$ 5.48
	DME/Prosthetics	Procedures	4,624.5	220.85	85.11	-	-	4,624.5	220.85	85.11
Subtotal Ancillary					\$ 88.86					\$ 90.59
LTSS										
	Hospice	Days	158.9	\$ 151.03	\$ 2.00	\$ 0.00	\$ 0.00	158.9	\$ 151.03	\$ 2.00
	Nursing Home	Days	-	-	-	-	-	-	-	-
	HCBS	Procedures	7,161.1	218.67	130.49	-	-	7,161.1	218.67	130.49
	Case Management	Procedures	9,361.0	46.87	36.56	-	-	9,361.0	46.87	36.56
Subtotal LTSS					\$ 169.05					\$ 169.05
Total Medical Costs					\$ 1,790.52					\$ 1,792.25

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: CSHCN - SSI >= 15		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 26,276	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	130.0	\$ 4,371.91	\$ 47.35	\$ 0.00	\$ 0.00	130.0	\$ 4,371.91	\$ 47.35
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1,474.1	1,655.49	203.37	-	-	1,474.1	1,655.49	203.37
	Inpatient Maternity Delivery	Days	20.4	2,048.58	3.49	0.92	-	20.4	2,588.61	4.41
	Other Inpatient	Days	558.6	2,012.37	93.68	-	-	558.6	2,012.37	93.68
	Subtotal Inpatient Hospital				\$ 347.89					\$ 348.81
Outpatient Hospital										
	Outpatient Emergency Room	Visits	601.4	\$ 743.71	\$ 37.27	\$ 0.00	\$ 0.00	601.4	\$ 743.71	\$ 37.27
	Outpatient Surgery	Visits	92.4	2,304.01	17.75	-	-	92.4	2,304.01	17.75
	Outpatient Radiology	Procedures	261.0	307.57	6.69	-	-	261.0	307.57	6.69
	Outpatient Pathology/Lab	Procedures	4,407.1	45.17	16.59	-	-	4,407.1	45.17	16.59
	Outpatient Pharmacy	Procedures	446.2	578.52	21.51	-	-	446.2	578.52	21.51
	Outpatient MH/SA	Visits	187.1	796.74	12.42	-	-	187.1	796.74	12.42
	Other Outpatient	Procedures	1,373.6	261.20	29.90	-	-	1,373.6	261.20	29.90
	Subtotal Outpatient Hospital				\$ 142.13					\$ 142.13
Professional										
	Inpatient and Outpatient Surgery	Procedures	262.3	\$ 232.42	\$ 5.08	\$ 0.00	\$ 0.00	262.3	\$ 232.42	\$ 5.08
	Anesthesia	Procedures	203.2	227.99	3.86	-	-	203.2	227.99	3.86
	Inpatient Visits	Visits	1,715.8	105.60	15.10	-	-	1,715.8	105.60	15.10
	MH/SA	Visits	6,069.6	112.18	56.74	-	-	6,069.6	112.18	56.74
	Emergency Room	Visits	666.9	103.46	5.75	-	-	666.9	103.46	5.75
	Office/Home Visits/Consults	Visits	3,573.3	101.22	30.14	-	-	3,573.3	101.22	30.14
	COVID Vaccine Administration	Procedures	12.2	39.25	0.04	-	-	12.2	39.25	0.04
	FQHC PPS Eligible Services	Visits	1,048.4	511.20	44.66	-	-	1,048.4	511.20	44.66
	Maternity	Procedures	28.5	282.40	0.67	-	-	28.5	282.40	0.67
	Pathology/Lab	Procedures	1,800.7	34.12	5.12	-	-	1,800.7	34.12	5.12
	Radiology	Procedures	1,039.4	31.98	2.77	-	-	1,039.4	31.98	2.77
	Office Administered Drugs	Procedures	398.7	669.43	22.24	-	-	398.7	669.43	22.24
	Physical Exams	Visits	595.7	70.90	3.52	-	-	595.7	70.90	3.52
	Therapy	Visits	455.8	64.76	2.46	-	-	455.8	64.76	2.46
	Vision	Visits	441.2	83.23	3.06	-	-	441.2	83.23	3.06
	Other Professional	Procedures	25,286.3	40.10	84.49	-	-	25,286.3	40.10	84.49
	Subtotal Professional				\$ 285.70					\$ 285.70
Retail Pharmacy										
	Retail Pharmacy	Scripts	20,532.6	\$ 143.30	\$ 245.19	\$ 0.00	\$ 0.00	20,532.6	\$ 143.30	\$ 245.19
	Subtotal Retail Pharmacy				\$ 245.19					\$ 245.19
Ancillary										
	Transportation	Trips	316.2	\$ 85.01	\$ 2.24	\$ 0.00	\$ 2.76	316.2	\$ 189.75	\$ 5.00
	DME/Prosthetics	Procedures	2,040.3	161.33	27.43	-	-	2,040.3	161.33	27.43
	Subtotal Ancillary				\$ 29.67					\$ 32.43
LTSS										
	Hospice	Days	1.0	\$ 868.27	\$ 0.07	\$ 0.00	\$ 0.00	1.0	\$ 868.27	\$ 0.07
	Nursing Home	Days	10.1	249.08	0.21	-	-	10.1	249.08	0.21
	HCBS	Procedures	12,109.1	179.92	181.55	-	-	12,109.1	179.92	181.55
	Case Management	Procedures	5,035.5	65.11	27.32	-	-	5,035.5	65.11	27.32
	Subtotal LTSS				\$ 209.15					\$ 209.15
	Total Medical Costs				\$ 1,259.73					\$ 1,263.41

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: CSHCN - Substitute Care		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 28,962	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	164.4	\$ 3,529.07	\$ 48.36	\$ 0.00	\$ 0.00	164.4	\$ 3,529.07	\$ 48.36
	Inpatient Well Newborn	Days	17.4	1,121.85	1.63	-	-	17.4	1,121.85	1.63
	Inpatient MH/SA	Days	2,312.5	1,376.68	265.30	-	-	2,312.5	1,376.68	265.30
	Inpatient Maternity Delivery	Days	37.0	2,252.60	6.95	1.68	-	37.0	2,797.12	8.63
	Other Inpatient	Days	1,003.7	1,620.60	135.55	-	-	1,003.7	1,620.60	135.55
Subtotal Inpatient Hospital					\$ 457.79					\$ 459.47
Outpatient Hospital										
	Outpatient Emergency Room	Visits	843.1	\$ 609.75	\$ 42.84	\$ 0.00	\$ 0.00	843.1	\$ 609.75	\$ 42.84
	Outpatient Surgery	Visits	43.5	2,122.11	7.70	-	-	43.5	2,122.11	7.70
	Outpatient Radiology	Procedures	228.2	231.87	4.41	-	-	228.2	231.87	4.41
	Outpatient Pathology/Lab	Procedures	2,875.4	60.26	14.44	-	-	2,875.4	60.26	14.44
	Outpatient Pharmacy	Procedures	216.1	131.62	2.37	-	-	216.1	131.62	2.37
	Outpatient MH/SA	Visits	531.3	689.14	30.51	-	-	531.3	689.14	30.51
	Other Outpatient	Procedures	963.4	150.22	12.06	-	-	963.4	150.22	12.06
Subtotal Outpatient Hospital					\$ 114.33					\$ 114.33
Professional										
	Inpatient and Outpatient Surgery	Procedures	222.5	\$ 231.40	\$ 4.29	\$ 0.00	\$ 0.00	222.5	\$ 231.40	\$ 4.29
	Anesthesia	Procedures	115.6	236.78	2.28	-	-	115.6	236.78	2.28
	Inpatient Visits	Visits	1,255.1	116.07	12.14	-	-	1,255.1	116.07	12.14
	MH/SA	Visits	7,957.3	103.24	68.46	-	-	7,957.3	103.24	68.46
	Emergency Room	Visits	868.2	93.84	6.79	-	-	868.2	93.84	6.79
	Office/Home Visits/Consults	Visits	3,295.9	101.80	27.96	-	-	3,295.9	101.80	27.96
	COVID Vaccine Administration	Procedures	15.3	39.10	0.05	-	-	15.3	39.10	0.05
	FQHC PPS Eligible Services	Visits	1,140.8	246.77	23.46	-	-	1,140.8	246.77	23.46
	Maternity	Procedures	48.0	492.83	1.97	-	-	48.0	492.83	1.97
	Pathology/Lab	Procedures	2,772.6	37.52	8.67	-	-	2,772.6	37.52	8.67
	Radiology	Procedures	955.0	31.16	2.48	-	-	955.0	31.16	2.48
	Office Administered Drugs	Procedures	368.4	32.89	1.01	-	-	368.4	32.89	1.01
	Physical Exams	Visits	1,027.2	89.95	7.70	-	-	1,027.2	89.95	7.70
	Therapy	Visits	693.9	78.68	4.55	-	-	693.9	78.68	4.55
	Vision	Visits	432.7	82.10	2.96	-	-	432.7	82.10	2.96
	Other Professional	Procedures	5,704.8	113.02	53.73	-	-	5,704.8	113.02	53.73
Subtotal Professional					\$ 228.50					\$ 228.50
Retail Pharmacy										
	Retail Pharmacy	Scripts	10,649.0	\$ 58.74	\$ 52.13	\$ 0.00	\$ 0.00	10,649.0	\$ 58.74	\$ 52.13
Subtotal Retail Pharmacy					\$ 52.13					\$ 52.13
Ancillary										
	Transportation	Trips	374.1	\$ 98.48	\$ 3.07	\$ 0.00	\$ 3.20	374.1	\$ 201.12	\$ 6.27
	DME/Prosthetics	Procedures	337.4	183.17	5.15	-	-	337.4	183.17	5.15
Subtotal Ancillary					\$ 8.22					\$ 11.42
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	0.8	144.81	0.01	-	-	0.8	144.81	0.01
	HCBS	Procedures	430.2	208.65	7.48	-	-	430.2	208.65	7.48
	Case Management	Procedures	1,649.8	93.10	12.80	-	-	1,649.8	93.10	12.80
Subtotal LTSS					\$ 20.29					\$ 20.29
Total Medical Costs					\$ 881.26					\$ 886.14

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - F 19-24		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 115,750	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	41.3	\$ 3,600.60	\$ 12.39	\$ 0.00	\$ 0.00	41.3	\$ 3,600.60	\$ 12.39
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	152.1	1,148.58	14.56	-	-	152.1	1,148.58	14.56
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	24.4	1,603.10	3.26	-	-	24.4	1,603.10	3.26
Subtotal Inpatient Hospital					\$ 30.21					\$ 30.21
Outpatient Hospital										
	Outpatient Emergency Room	Visits	457.2	\$ 705.72	\$ 26.89	\$ 0.00	\$ 0.00	457.2	\$ 705.72	\$ 26.89
	Outpatient Surgery	Visits	45.6	1,794.27	6.82	-	-	45.6	1,794.27	6.82
	Outpatient Radiology	Procedures	123.1	278.77	2.86	-	-	123.1	278.77	2.86
	Outpatient Pathology/Lab	Procedures	4,417.3	58.41	21.50	-	-	4,417.3	58.41	21.50
	Outpatient Pharmacy	Procedures	112.1	822.09	7.68	-	-	112.1	822.09	7.68
	Outpatient MH/SA	Visits	121.0	672.57	6.78	-	-	121.0	672.57	6.78
	Other Outpatient	Procedures	384.3	156.74	5.02	-	-	384.3	156.74	5.02
Subtotal Outpatient Hospital					\$ 77.55					\$ 77.55
Professional										
	Inpatient and Outpatient Surgery	Procedures	221.1	\$ 214.95	\$ 3.96	\$ 0.00	\$ 0.00	221.1	\$ 214.95	\$ 3.96
	Anesthesia	Procedures	66.0	181.75	1.00	-	-	66.0	181.75	1.00
	Inpatient Visits	Visits	219.6	94.54	1.73	-	-	219.6	94.54	1.73
	MH/SA	Visits	2,988.0	97.55	24.29	-	-	2,988.0	97.55	24.29
	Emergency Room	Visits	445.4	92.14	3.42	-	-	445.4	92.14	3.42
	Office/Home Visits/Consults	Visits	3,063.7	74.58	19.04	-	-	3,063.7	74.58	19.04
	COVID Vaccine Administration	Procedures	6.3	38.24	0.02	-	-	6.3	38.24	0.02
	FQHC PPS Eligible Services	Visits	1,351.0	280.23	31.55	-	-	1,351.0	280.23	31.55
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	3,952.9	29.84	9.83	-	-	3,952.9	29.84	9.83
	Radiology	Procedures	899.5	42.02	3.15	-	-	899.5	42.02	3.15
	Office Administered Drugs	Procedures	446.9	172.66	6.43	-	-	446.9	172.66	6.43
	Physical Exams	Visits	498.5	64.76	2.69	-	-	498.5	64.76	2.69
	Therapy	Visits	596.9	62.53	3.11	-	-	596.9	62.53	3.11
	Vision	Visits	370.2	78.77	2.43	-	-	370.2	78.77	2.43
	Other Professional	Procedures	1,311.8	62.66	6.85	-	-	1,311.8	62.66	6.85
Subtotal Professional					\$ 119.50					\$ 119.50
Retail Pharmacy										
	Retail Pharmacy	Scripts	10,841.2	\$ 71.11	\$ 64.24	\$ 0.00	\$ 0.00	10,841.2	\$ 71.11	\$ 64.24
Subtotal Retail Pharmacy					\$ 64.24					\$ 64.24
Ancillary										
	Transportation	Trips	124.1	\$ 89.95	\$ 0.93	\$ 0.00	\$ 1.28	124.1	\$ 213.75	\$ 2.21
	DME/Prosthetics	Procedures	143.7	136.92	1.64	-	-	143.7	136.92	1.64
Subtotal Ancillary					\$ 2.57					\$ 3.85
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	3.5	169.21	0.05	-	-	3.5	169.21	0.05
	HCBS	Procedures	50.8	153.43	0.65	-	-	50.8	153.43	0.65
	Case Management	Procedures	63.5	483.64	2.56	-	-	63.5	483.64	2.56
Subtotal LTSS					\$ 3.26					\$ 3.26
Total Medical Costs					\$ 297.33					\$ 298.61

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - F 25-29		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 75,071	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	114.3	\$ 4,085.58	\$ 38.91	\$ 0.00	\$ 0.00	114.3	\$ 4,085.58	\$ 38.91
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	341.7	841.68	23.97	-	-	341.7	841.68	23.97
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	100.5	1,683.04	14.10	-	-	100.5	1,683.04	14.10
Subtotal Inpatient Hospital					\$ 76.98					\$ 76.98
Outpatient Hospital										
	Outpatient Emergency Room	Visits	427.0	\$ 738.29	\$ 26.27	\$ 0.00	\$ 0.00	427.0	\$ 738.29	\$ 26.27
	Outpatient Surgery	Visits	66.7	2,010.77	11.17	-	-	66.7	2,010.77	11.17
	Outpatient Radiology	Procedures	188.4	309.51	4.86	-	-	188.4	309.51	4.86
	Outpatient Pathology/Lab	Procedures	4,761.8	56.70	22.50	-	-	4,761.8	56.70	22.50
	Outpatient Pharmacy	Procedures	189.1	965.90	15.22	-	-	189.1	965.90	15.22
	Outpatient MH/SA	Visits	237.5	610.32	12.08	-	-	237.5	610.32	12.08
	Other Outpatient	Procedures	618.9	147.56	7.61	-	-	618.9	147.56	7.61
Subtotal Outpatient Hospital					\$ 99.71					\$ 99.71
Professional										
	Inpatient and Outpatient Surgery	Procedures	329.0	\$ 198.43	\$ 5.44	\$ 0.00	\$ 0.00	329.0	\$ 198.43	\$ 5.44
	Anesthesia	Procedures	104.2	179.63	1.56	-	-	104.2	179.63	1.56
	Inpatient Visits	Visits	470.3	87.26	3.42	-	-	470.3	87.26	3.42
	MH/SA	Visits	5,062.6	94.81	40.00	-	-	5,062.6	94.81	40.00
	Emergency Room	Visits	440.8	94.20	3.46	-	-	440.8	94.20	3.46
	Office/Home Visits/Consults	Visits	3,523.1	66.69	19.58	-	-	3,523.1	66.69	19.58
	COVID Vaccine Administration	Procedures	3.1	38.23	0.01	-	-	3.1	38.23	0.01
	FQHC PPS Eligible Services	Visits	1,413.3	279.10	32.87	-	-	1,413.3	279.10	32.87
	Maternity	Procedures	1.9	62.30	0.01	-	-	1.9	62.30	0.01
	Pathology/Lab	Procedures	4,042.5	32.74	11.03	-	-	4,042.5	32.74	11.03
	Radiology	Procedures	1,078.3	47.85	4.30	-	-	1,078.3	47.85	4.30
	Office Administered Drugs	Procedures	377.4	304.93	9.59	-	-	377.4	304.93	9.59
	Physical Exams	Visits	511.2	62.44	2.66	-	-	511.2	62.44	2.66
	Therapy	Visits	1,045.0	62.13	5.41	-	-	1,045.0	62.13	5.41
	Vision	Visits	231.7	67.33	1.30	-	-	231.7	67.33	1.30
	Other Professional	Procedures	1,398.7	64.34	7.50	-	-	1,398.7	64.34	7.50
Subtotal Professional					\$ 148.14					\$ 148.14
Retail Pharmacy										
	Retail Pharmacy	Scripts	15,396.6	\$ 79.90	\$ 102.51	\$ 0.00	\$ 0.00	15,396.6	\$ 79.90	\$ 102.51
Subtotal Retail Pharmacy					\$ 102.51					\$ 102.51
Ancillary										
	Transportation	Trips	139.0	\$ 83.76	\$ 0.97	\$ 0.00	\$ 1.38	139.0	\$ 202.92	\$ 2.35
	DME/Prosthetics	Procedures	230.0	154.94	2.97	-	-	230.0	154.94	2.97
Subtotal Ancillary					\$ 3.94					\$ 5.32
LTSS										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	2.1	58.12	0.01	-	-	2.1	58.12	0.01
	HCBS	Procedures	51.2	98.46	0.42	-	-	51.2	98.46	0.42
	Case Management	Procedures	27.8	691.24	1.60	-	-	27.8	691.24	1.60
Subtotal LTSS					\$ 2.03					\$ 2.03
Total Medical Costs					\$ 433.31					\$ 434.69

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - F 30-39		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 83,706	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	177.9	\$ 3,804.49	\$ 56.39	\$ 0.00	\$ 0.00	177.9	\$ 3,804.49	\$ 56.39
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	726.7	838.37	50.77	-	-	726.7	838.37	50.77
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	149.7	1,191.97	14.87	-	-	149.7	1,191.97	14.87
Subtotal Inpatient Hospital					\$ 122.03					\$ 122.03
Outpatient Hospital										
	Outpatient Emergency Room	Visits	550.4	\$ 771.00	\$ 35.36	\$ 0.00	\$ 0.00	550.4	\$ 771.00	\$ 35.36
	Outpatient Surgery	Visits	86.6	2,015.64	14.54	-	-	86.6	2,015.64	14.54
	Outpatient Radiology	Procedures	275.1	324.57	7.44	-	-	275.1	324.57	7.44
	Outpatient Pathology/Lab	Procedures	5,099.2	53.35	22.67	-	-	5,099.2	53.35	22.67
	Outpatient Pharmacy	Procedures	314.1	701.52	18.36	-	-	314.1	701.52	18.36
	Outpatient MH/SA	Visits	323.6	479.79	12.94	-	-	323.6	479.79	12.94
	Other Outpatient	Procedures	683.7	189.37	10.79	-	-	683.7	189.37	10.79
Subtotal Outpatient Hospital					\$ 122.10					\$ 122.10
Professional										
	Inpatient and Outpatient Surgery	Procedures	443.2	\$ 213.36	\$ 7.88	\$ 0.00	\$ 0.00	443.2	\$ 213.36	\$ 7.88
	Anesthesia	Procedures	146.5	185.12	2.26	-	-	146.5	185.12	2.26
	Inpatient Visits	Visits	836.6	90.08	6.28	-	-	836.6	90.08	6.28
	MH/SA	Visits	6,853.6	101.64	58.05	-	-	6,853.6	101.64	58.05
	Emergency Room	Visits	589.3	104.26	5.12	-	-	589.3	104.26	5.12
	Office/Home Visits/Consults	Visits	3,913.0	67.93	22.15	-	-	3,913.0	67.93	22.15
	COVID Vaccine Administration	Procedures	3.2	37.98	0.01	-	-	3.2	37.98	0.01
	FQHC PPS Eligible Services	Visits	1,656.1	271.72	37.50	-	-	1,656.1	271.72	37.50
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	3,881.1	35.31	11.42	-	-	3,881.1	35.31	11.42
	Radiology	Procedures	1,489.6	50.03	6.21	-	-	1,489.6	50.03	6.21
	Office Administered Drugs	Procedures	416.2	299.86	10.40	-	-	416.2	299.86	10.40
	Physical Exams	Visits	470.5	61.21	2.40	-	-	470.5	61.21	2.40
	Therapy	Visits	1,178.3	59.58	5.85	-	-	1,178.3	59.58	5.85
	Vision	Visits	203.3	69.67	1.18	-	-	203.3	69.67	1.18
	Other Professional	Procedures	1,492.8	54.26	6.75	-	-	1,492.8	54.26	6.75
Subtotal Professional					\$ 183.46					\$ 183.46
Retail Pharmacy										
	Retail Pharmacy	Scripts	21,067.6	\$ 75.60	\$ 132.72	\$ 0.00	\$ 0.00	21,067.6	\$ 75.60	\$ 132.72
Subtotal Retail Pharmacy					\$ 132.72					\$ 132.72
Ancillary										
	Transportation	Trips	254.9	\$ 95.11	\$ 2.02	\$ 0.00	\$ 2.42	254.9	\$ 209.05	\$ 4.44
	DME/Prosthetics	Procedures	343.3	117.79	3.37	-	-	343.3	117.79	3.37
Subtotal Ancillary					\$ 5.39					\$ 7.81
LTSS										
	Hospice	Days	1.6	\$ 689.60	\$ 0.09	\$ 0.00	\$ 0.00	1.6	\$ 689.60	\$ 0.09
	Nursing Home	Days	28.7	246.90	0.59	-	-	28.7	246.90	0.59
	HCBS	Procedures	188.9	60.36	0.95	-	-	188.9	60.36	0.95
	Case Management	Procedures	74.0	780.06	4.81	-	-	74.0	780.06	4.81
Subtotal LTSS					\$ 6.44					\$ 6.44
Total Medical Costs					\$ 572.14					\$ 574.56

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - F 40-49		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 68,366	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	206.2	\$ 3,531.55	\$ 60.69	\$ 0.00	\$ 0.00	206.2	\$ 3,531.55	\$ 60.69
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	447.1	913.87	34.05	-	-	447.1	913.87	34.05
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	136.4	1,309.20	14.88	-	-	136.4	1,309.20	14.88
Subtotal Inpatient Hospital					\$ 109.62					\$ 109.62
Outpatient Hospital										
	Outpatient Emergency Room	Visits	574.7	\$ 816.90	\$ 39.12	\$ 0.00	\$ 0.00	574.7	\$ 816.90	\$ 39.12
	Outpatient Surgery	Visits	201.5	2,026.40	34.02	-	-	201.5	2,026.40	34.02
	Outpatient Radiology	Procedures	823.8	248.93	17.09	-	-	823.8	248.93	17.09
	Outpatient Pathology/Lab	Procedures	6,812.1	45.11	25.61	-	-	6,812.1	45.11	25.61
	Outpatient Pharmacy	Procedures	538.1	783.37	35.13	-	-	538.1	783.37	35.13
	Outpatient MH/SA	Visits	144.4	557.63	6.71	-	-	144.4	557.63	6.71
	Other Outpatient	Procedures	1,182.0	177.16	17.45	-	-	1,182.0	177.16	17.45
Subtotal Outpatient Hospital					\$ 175.13					\$ 175.13
Professional										
	Inpatient and Outpatient Surgery	Procedures	865.1	\$ 238.87	\$ 17.22	\$ 0.00	\$ 0.00	865.1	\$ 238.87	\$ 17.22
	Anesthesia	Procedures	286.0	173.72	4.14	-	-	286.0	173.72	4.14
	Inpatient Visits	Visits	709.7	96.55	5.71	-	-	709.7	96.55	5.71
	MH/SA	Visits	4,983.8	107.53	44.66	-	-	4,983.8	107.53	44.66
	Emergency Room	Visits	638.3	105.65	5.62	-	-	638.3	105.65	5.62
	Office/Home Visits/Consults	Visits	5,259.6	69.61	30.51	-	-	5,259.6	69.61	30.51
	COVID Vaccine Administration	Procedures	6.0	39.78	0.02	-	-	6.0	39.78	0.02
	FQHC PPS Eligible Services	Visits	1,976.5	286.02	47.11	-	-	1,976.5	286.02	47.11
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	4,999.1	35.38	14.74	-	-	4,999.1	35.38	14.74
	Radiology	Procedures	2,897.6	51.93	12.54	-	-	2,897.6	51.93	12.54
	Office Administered Drugs	Procedures	659.4	200.00	10.99	-	-	659.4	200.00	10.99
	Physical Exams	Visits	579.1	63.40	3.06	-	-	579.1	63.40	3.06
	Therapy	Visits	1,670.5	61.49	8.56	-	-	1,670.5	61.49	8.56
	Vision	Visits	341.1	70.71	2.01	-	-	341.1	70.71	2.01
	Other Professional	Procedures	2,278.6	54.51	10.35	-	-	2,278.6	54.51	10.35
Subtotal Professional					\$ 217.24					\$ 217.24
Retail Pharmacy										
	Retail Pharmacy	Scripts	30,421.2	\$ 73.51	\$ 186.35	\$ 0.00	\$ 0.00	30,421.2	\$ 73.51	\$ 186.35
Subtotal Retail Pharmacy					\$ 186.35					\$ 186.35
Ancillary										
	Transportation	Trips	223.4	\$ 88.07	\$ 1.64	\$ 0.00	\$ 2.18	223.4	\$ 205.15	\$ 3.82
	DME/Prosthetics	Procedures	628.9	102.84	5.39	-	-	628.9	102.84	5.39
Subtotal Ancillary					\$ 7.03					\$ 9.21
LTSS										
	Hospice	Days	17.2	\$ 230.35	\$ 0.33	\$ 0.00	\$ 0.00	17.2	\$ 230.35	\$ 0.33
	Nursing Home	Days	79.8	270.74	1.80	-	-	79.8	270.74	1.80
	HCBS	Procedures	442.0	117.54	4.33	-	-	442.0	117.54	4.33
	Case Management	Procedures	55.2	798.30	3.67	-	-	55.2	798.30	3.67
Subtotal LTSS					\$ 10.13					\$ 10.13
Total Medical Costs					\$ 705.50					\$ 707.68

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - F 50-64		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 186,610	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	302.3	\$ 3,067.14	\$ 77.27	\$ 0.00	\$ 0.00	302.3	\$ 3,067.14	\$ 77.27
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	191.3	1,076.50	17.16	-	-	191.3	1,076.50	17.16
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	65.8	2,036.27	11.17	-	-	65.8	2,036.27	11.17
Subtotal Inpatient Hospital					\$ 105.60					\$ 105.60
Outpatient Hospital										
	Outpatient Emergency Room	Visits	350.4	\$ 903.86	\$ 26.39	\$ 0.00	\$ 0.00	350.4	\$ 903.86	\$ 26.39
	Outpatient Surgery	Visits	292.6	1,767.08	43.08	-	-	292.6	1,767.08	43.08
	Outpatient Radiology	Procedures	1,118.2	263.79	24.58	-	-	1,118.2	263.79	24.58
	Outpatient Pathology/Lab	Procedures	7,462.7	38.29	23.81	-	-	7,462.7	38.29	23.81
	Outpatient Pharmacy	Procedures	827.8	865.88	59.73	-	-	827.8	865.88	59.73
	Outpatient MH/SA	Visits	82.5	585.94	4.03	-	-	82.5	585.94	4.03
	Other Outpatient	Procedures	1,752.4	175.44	25.62	-	-	1,752.4	175.44	25.62
Subtotal Outpatient Hospital					\$ 207.24					\$ 207.24
Professional										
	Inpatient and Outpatient Surgery	Procedures	1,245.0	\$ 221.59	\$ 22.99	\$ 0.00	\$ 0.00	1,245.0	\$ 221.59	\$ 22.99
	Anesthesia	Procedures	340.9	175.65	4.99	-	-	340.9	175.65	4.99
	Inpatient Visits	Visits	846.7	87.44	6.17	-	-	846.7	87.44	6.17
	MH/SA	Visits	2,446.5	110.02	22.43	-	-	2,446.5	110.02	22.43
	Emergency Room	Visits	430.6	105.89	3.80	-	-	430.6	105.89	3.80
	Office/Home Visits/Consults	Visits	5,422.6	71.50	32.31	-	-	5,422.6	71.50	32.31
	COVID Vaccine Administration	Procedures	3.1	38.28	0.01	-	-	3.1	38.28	0.01
	FQHC PPS Eligible Services	Visits	1,774.5	291.73	43.14	-	-	1,774.5	291.73	43.14
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	5,348.2	29.64	13.21	-	-	5,348.2	29.64	13.21
	Radiology	Procedures	3,412.9	55.91	15.90	-	-	3,412.9	55.91	15.90
	Office Administered Drugs	Procedures	661.8	147.24	8.12	-	-	661.8	147.24	8.12
	Physical Exams	Visits	723.4	62.37	3.76	-	-	723.4	62.37	3.76
	Therapy	Visits	2,204.8	63.46	11.66	-	-	2,204.8	63.46	11.66
	Vision	Visits	443.2	69.32	2.56	-	-	443.2	69.32	2.56
	Other Professional	Procedures	2,722.8	50.15	11.38	-	-	2,722.8	50.15	11.38
Subtotal Professional					\$ 202.43					\$ 202.43
Retail Pharmacy										
	Retail Pharmacy	Scripts	36,240.0	\$ 79.07	\$ 238.78	\$ 0.00	\$ 0.00	36,240.0	\$ 79.07	\$ 238.78
Subtotal Retail Pharmacy					\$ 238.78					\$ 238.78
Ancillary										
	Transportation	Trips	174.0	\$ 92.43	\$ 1.34	\$ 0.00	\$ 1.65	174.0	\$ 206.24	\$ 2.99
	DME/Prosthetics	Procedures	935.9	109.62	8.55	-	-	935.9	109.62	8.55
Subtotal Ancillary					\$ 9.89					\$ 11.54
LTSS										
	Hospice	Days	82.4	\$ 177.57	\$ 1.22	\$ 0.00	\$ 0.00	82.4	\$ 177.57	\$ 1.22
	Nursing Home	Days	241.0	229.55	4.61	-	-	241.0	229.55	4.61
	HCBS	Procedures	543.0	139.90	6.33	-	-	543.0	139.90	6.33
	Case Management	Procedures	50.5	501.13	2.11	-	-	50.5	501.13	2.11
Subtotal LTSS					\$ 14.27					\$ 14.27
Total Medical Costs					\$ 778.21					\$ 779.86

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - M 19-24		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 127,269	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	60.6	\$ 3,657.12	\$ 18.47	\$ 0.00	\$ 0.00	60.6	\$ 3,657.12	\$ 18.47
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	166.0	941.30	13.02	-	-	166.0	941.30	13.02
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	30.5	1,646.23	4.18	-	-	30.5	1,646.23	4.18
Subtotal Inpatient Hospital					\$ 35.67					\$ 35.67
Outpatient Hospital										
	Outpatient Emergency Room	Visits	351.3	\$ 665.38	\$ 19.48	\$ 0.00	\$ 0.00	351.3	\$ 665.38	\$ 19.48
	Outpatient Surgery	Visits	33.7	2,297.54	6.46	-	-	33.7	2,297.54	6.46
	Outpatient Radiology	Procedures	60.1	285.49	1.43	-	-	60.1	285.49	1.43
	Outpatient Pathology/Lab	Procedures	1,501.2	46.28	5.79	-	-	1,501.2	46.28	5.79
	Outpatient Pharmacy	Procedures	59.1	1,501.42	7.40	-	-	59.1	1,501.42	7.40
	Outpatient MH/SA	Visits	56.5	609.05	2.87	-	-	56.5	609.05	2.87
	Other Outpatient	Procedures	247.1	234.59	4.83	-	-	247.1	234.59	4.83
Subtotal Outpatient Hospital					\$ 48.26					\$ 48.26
Professional										
	Inpatient and Outpatient Surgery	Procedures	173.0	\$ 235.87	\$ 3.40	\$ 0.00	\$ 0.00	173.0	\$ 235.87	\$ 3.40
	Anesthesia	Procedures	59.9	194.29	0.97	-	-	59.9	194.29	0.97
	Inpatient Visits	Visits	201.1	95.47	1.60	-	-	201.1	95.47	1.60
	MH/SA	Visits	1,439.0	116.25	13.94	-	-	1,439.0	116.25	13.94
	Emergency Room	Visits	358.6	91.69	2.74	-	-	358.6	91.69	2.74
	Office/Home Visits/Consults	Visits	1,537.1	77.21	9.89	-	-	1,537.1	77.21	9.89
	COVID Vaccine Administration	Procedures	3.0	40.07	0.01	-	-	3.0	40.07	0.01
	FQHC PPS Eligible Services	Visits	572.1	287.77	13.72	-	-	572.1	287.77	13.72
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,624.7	32.79	4.44	-	-	1,624.7	32.79	4.44
	Radiology	Procedures	636.4	35.83	1.90	-	-	636.4	35.83	1.90
	Office Administered Drugs	Procedures	151.1	230.36	2.90	-	-	151.1	230.36	2.90
	Physical Exams	Visits	220.3	66.99	1.23	-	-	220.3	66.99	1.23
	Therapy	Visits	456.1	64.99	2.47	-	-	456.1	64.99	2.47
	Vision	Visits	212.7	74.47	1.32	-	-	212.7	74.47	1.32
	Other Professional	Procedures	837.1	33.40	2.33	-	-	837.1	33.40	2.33
Subtotal Professional					\$ 62.86					\$ 62.86
Retail Pharmacy										
	Retail Pharmacy	Scripts	4,955.4	\$ 126.48	\$ 52.23	\$ 0.00	\$ 0.00	4,955.4	\$ 126.48	\$ 52.23
Subtotal Retail Pharmacy					\$ 52.23					\$ 52.23
Ancillary										
	Transportation	Trips	99.1	\$ 95.63	\$ 0.79	\$ 0.00	\$ 1.01	99.1	\$ 217.89	\$ 1.80
	DME/Prosthetics	Procedures	146.0	146.27	1.78	-	-	146.0	146.27	1.78
Subtotal Ancillary					\$ 2.57					\$ 3.58
LTSS										
	Hospice	Days	4.1	\$ 59.16	\$ 0.02	\$ 0.00	\$ 0.00	4.1	\$ 59.16	\$ 0.02
	Nursing Home	Days	4.3	304.83	0.11	-	-	4.3	304.83	0.11
	HCBS	Procedures	68.6	190.61	1.09	-	-	68.6	190.61	1.09
	Case Management	Procedures	95.0	320.99	2.54	-	-	95.0	320.99	2.54
Subtotal LTSS					\$ 3.76					\$ 3.76
Total Medical Costs					\$ 205.35					\$ 206.36

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - M 25-29		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 102,899	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	98.5	\$ 3,641.93	\$ 29.89	\$ 0.00	\$ 0.00	98.5	\$ 3,641.93	\$ 29.89
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	642.5	787.63	42.17	-	-	642.5	787.63	42.17
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	109.7	1,384.30	12.66	-	-	109.7	1,384.30	12.66
Subtotal Inpatient Hospital					\$ 84.72					\$ 84.72
Outpatient Hospital										
	Outpatient Emergency Room	Visits	442.7	\$ 720.00	\$ 26.56	\$ 0.00	\$ 0.00	442.7	\$ 720.00	\$ 26.56
	Outpatient Surgery	Visits	43.4	1,682.73	6.08	-	-	43.4	1,682.73	6.08
	Outpatient Radiology	Procedures	82.1	235.33	1.61	-	-	82.1	235.33	1.61
	Outpatient Pathology/Lab	Procedures	1,966.1	46.26	7.58	-	-	1,966.1	46.26	7.58
	Outpatient Pharmacy	Procedures	114.1	428.09	4.07	-	-	114.1	428.09	4.07
	Outpatient MH/SA	Visits	132.3	450.00	4.96	-	-	132.3	450.00	4.96
	Other Outpatient	Procedures	413.6	251.84	8.68	-	-	413.6	251.84	8.68
Subtotal Outpatient Hospital					\$ 59.54					\$ 59.54
Professional										
	Inpatient and Outpatient Surgery	Procedures	217.9	\$ 215.29	\$ 3.91	\$ 0.00	\$ 0.00	217.9	\$ 215.29	\$ 3.91
	Anesthesia	Procedures	65.7	180.88	0.99	-	-	65.7	180.88	0.99
	Inpatient Visits	Visits	507.4	95.78	4.05	-	-	507.4	95.78	4.05
	MH/SA	Visits	3,325.9	109.68	30.40	-	-	3,325.9	109.68	30.40
	Emergency Room	Visits	466.8	100.76	3.92	-	-	466.8	100.76	3.92
	Office/Home Visits/Consults	Visits	1,887.0	69.13	10.87	-	-	1,887.0	69.13	10.87
	COVID Vaccine Administration	Procedures	3.1	38.44	0.01	-	-	3.1	38.44	0.01
	FQHC PPS Eligible Services	Visits	742.3	287.60	17.79	-	-	742.3	287.60	17.79
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,972.1	37.73	6.20	-	-	1,972.1	37.73	6.20
	Radiology	Procedures	829.5	39.64	2.74	-	-	829.5	39.64	2.74
	Office Administered Drugs	Procedures	206.4	212.17	3.65	-	-	206.4	212.17	3.65
	Physical Exams	Visits	208.1	54.20	0.94	-	-	208.1	54.20	0.94
	Therapy	Visits	594.1	61.00	3.02	-	-	594.1	61.00	3.02
	Vision	Visits	134.0	68.07	0.76	-	-	134.0	68.07	0.76
	Other Professional	Procedures	788.6	47.02	3.09	-	-	788.6	47.02	3.09
Subtotal Professional					\$ 92.34					\$ 92.34
Retail Pharmacy										
	Retail Pharmacy	Scripts	7,206.4	\$ 143.86	\$ 86.39	\$ 0.00	\$ 0.00	7,206.4	\$ 143.86	\$ 86.39
Subtotal Retail Pharmacy					\$ 86.39					\$ 86.39
Ancillary										
	Transportation	Trips	178.1	\$ 93.68	\$ 1.39	\$ 0.00	\$ 1.71	178.1	\$ 208.93	\$ 3.10
	DME/Prosthetics	Procedures	221.0	143.34	2.64	-	-	221.0	143.34	2.64
Subtotal Ancillary					\$ 4.03					\$ 5.74
LTSS										
	Hospice	Days	1.2	\$ 96.20	\$ 0.01	\$ 0.00	\$ 0.00	1.2	\$ 96.20	\$ 0.01
	Nursing Home	Days	14.9	338.87	0.42	-	-	14.9	338.87	0.42
	HCBS	Procedures	49.4	58.35	0.24	-	-	49.4	58.35	0.24
	Case Management	Procedures	66.6	864.27	4.80	-	-	66.6	864.27	4.80
Subtotal LTSS					\$ 5.47					\$ 5.47
Total Medical Costs					\$ 332.49					\$ 334.20

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - M 30-39		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 169,380	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	210.5	\$ 3,709.00	\$ 65.06	\$ 0.00	\$ 0.00	210.5	\$ 3,709.00	\$ 65.06
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1,147.1	692.41	66.19	-	-	1,147.1	692.41	66.19
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	216.5	965.38	17.42	-	-	216.5	965.38	17.42
Subtotal Inpatient Hospital					\$ 148.67					\$ 148.67
Outpatient Hospital										
	Outpatient Emergency Room	Visits	569.8	\$ 782.15	\$ 37.14	\$ 0.00	\$ 0.00	569.8	\$ 782.15	\$ 37.14
	Outpatient Surgery	Visits	55.9	1,893.05	8.82	-	-	55.9	1,893.05	8.82
	Outpatient Radiology	Procedures	109.7	335.74	3.07	-	-	109.7	335.74	3.07
	Outpatient Pathology/Lab	Procedures	2,512.4	46.14	9.66	-	-	2,512.4	46.14	9.66
	Outpatient Pharmacy	Procedures	136.0	1,345.10	15.25	-	-	136.0	1,345.10	15.25
	Outpatient MH/SA	Visits	143.7	460.28	5.51	-	-	143.7	460.28	5.51
	Other Outpatient	Procedures	532.5	281.67	12.50	-	-	532.5	281.67	12.50
Subtotal Outpatient Hospital					\$ 91.95					\$ 91.95
Professional										
	Inpatient and Outpatient Surgery	Procedures	319.2	\$ 214.28	\$ 5.70	\$ 0.00	\$ 0.00	319.2	\$ 214.28	\$ 5.70
	Anesthesia	Procedures	90.0	217.29	1.63	-	-	90.0	217.29	1.63
	Inpatient Visits	Visits	858.5	94.07	6.73	-	-	858.5	94.07	6.73
	MH/SA	Visits	5,395.3	107.60	48.38	-	-	5,395.3	107.60	48.38
	Emergency Room	Visits	645.1	101.94	5.48	-	-	645.1	101.94	5.48
	Office/Home Visits/Consults	Visits	2,350.9	71.72	14.05	-	-	2,350.9	71.72	14.05
	COVID Vaccine Administration	Procedures	2.9	41.58	0.01	-	-	2.9	41.58	0.01
	FQHC PPS Eligible Services	Visits	945.3	281.69	22.19	-	-	945.3	281.69	22.19
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,264.9	40.58	7.66	-	-	2,264.9	40.58	7.66
	Radiology	Procedures	1,079.0	41.15	3.70	-	-	1,079.0	41.15	3.70
	Office Administered Drugs	Procedures	383.5	158.63	5.07	-	-	383.5	158.63	5.07
	Physical Exams	Visits	203.8	53.58	0.91	-	-	203.8	53.58	0.91
	Therapy	Visits	687.6	64.05	3.67	-	-	687.6	64.05	3.67
	Vision	Visits	116.0	69.29	0.67	-	-	116.0	69.29	0.67
	Other Professional	Procedures	1,023.4	50.66	4.32	-	-	1,023.4	50.66	4.32
Subtotal Professional					\$ 130.17					\$ 130.17
Retail Pharmacy										
	Retail Pharmacy	Scripts	11,043.5	\$ 141.55	\$ 130.27	\$ 0.00	\$ 0.00	11,043.5	\$ 141.55	\$ 130.27
Subtotal Retail Pharmacy					\$ 130.27					\$ 130.27
Ancillary										
	Transportation	Trips	271.1	\$ 88.08	\$ 1.99	\$ 0.00	\$ 2.66	271.1	\$ 205.82	\$ 4.65
	DME/Prosthetics	Procedures	376.3	102.36	3.21	-	-	376.3	102.36	3.21
Subtotal Ancillary					\$ 5.20					\$ 7.86
LTSS										
	Hospice	Days	26.5	\$ 108.87	\$ 0.24	\$ 0.00	\$ 0.00	26.5	\$ 108.87	\$ 0.24
	Nursing Home	Days	31.2	273.19	0.71	-	-	31.2	273.19	0.71
	HCBS	Procedures	177.2	83.97	1.24	-	-	177.2	83.97	1.24
	Case Management	Procedures	89.9	459.02	3.44	-	-	89.9	459.02	3.44
Subtotal LTSS					\$ 5.63					\$ 5.63
Total Medical Costs					\$ 511.89					\$ 514.55

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - M 40-49		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 102,496	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	343.6	\$ 3,375.25	\$ 96.64	\$ 0.00	\$ 0.00	343.6	\$ 3,375.25	\$ 96.64
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1,447.2	699.36	84.34	-	-	1,447.2	699.36	84.34
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	359.3	1,031.74	30.89	-	-	359.3	1,031.74	30.89
Subtotal Inpatient Hospital					\$ 211.87					\$ 211.87
Outpatient Hospital										
	Outpatient Emergency Room	Visits	614.1	\$ 811.34	\$ 41.52	\$ 0.00	\$ 0.00	614.1	\$ 811.34	\$ 41.52
	Outpatient Surgery	Visits	128.5	1,835.46	19.66	-	-	128.5	1,835.46	19.66
	Outpatient Radiology	Procedures	204.4	447.38	7.62	-	-	204.4	447.38	7.62
	Outpatient Pathology/Lab	Procedures	3,870.6	40.40	13.03	-	-	3,870.6	40.40	13.03
	Outpatient Pharmacy	Procedures	290.8	958.90	23.24	-	-	290.8	958.90	23.24
	Outpatient MH/SA	Visits	202.7	388.32	6.56	-	-	202.7	388.32	6.56
	Other Outpatient	Procedures	972.9	316.61	25.67	-	-	972.9	316.61	25.67
Subtotal Outpatient Hospital					\$ 137.30					\$ 137.30
Professional										
	Inpatient and Outpatient Surgery	Procedures	597.3	\$ 230.63	\$ 11.48	\$ 0.00	\$ 0.00	597.3	\$ 230.63	\$ 11.48
	Anesthesia	Procedures	162.6	209.62	2.84	-	-	162.6	209.62	2.84
	Inpatient Visits	Visits	1,326.7	91.54	10.12	-	-	1,326.7	91.54	10.12
	MH/SA	Visits	5,873.7	107.56	52.65	-	-	5,873.7	107.56	52.65
	Emergency Room	Visits	724.9	106.11	6.41	-	-	724.9	106.11	6.41
	Office/Home Visits/Consults	Visits	3,122.2	74.95	19.50	-	-	3,122.2	74.95	19.50
	COVID Vaccine Administration	Procedures	2.9	40.81	0.01	-	-	2.9	40.81	0.01
	FQHC PPS Eligible Services	Visits	1,243.5	286.99	29.74	-	-	1,243.5	286.99	29.74
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	3,033.0	38.77	9.80	-	-	3,033.0	38.77	9.80
	Radiology	Procedures	1,584.9	45.73	6.04	-	-	1,584.9	45.73	6.04
	Office Administered Drugs	Procedures	498.2	207.85	8.63	-	-	498.2	207.85	8.63
	Physical Exams	Visits	298.4	54.70	1.36	-	-	298.4	54.70	1.36
	Therapy	Visits	844.6	65.36	4.60	-	-	844.6	65.36	4.60
	Vision	Visits	191.5	72.06	1.15	-	-	191.5	72.06	1.15
	Other Professional	Procedures	1,605.9	54.85	7.34	-	-	1,605.9	54.85	7.34
Subtotal Professional					\$ 171.67					\$ 171.67
Retail Pharmacy										
	Retail Pharmacy	Scripts	19,148.6	\$ 111.59	\$ 178.07	\$ 0.00	\$ 0.00	19,148.6	\$ 111.59	\$ 178.07
Subtotal Retail Pharmacy					\$ 178.07					\$ 178.07
Ancillary										
	Transportation	Trips	334.7	\$ 86.04	\$ 2.40	\$ 0.00	\$ 3.16	334.7	\$ 199.33	\$ 5.56
	DME/Prosthetics	Procedures	627.1	99.70	5.21	-	-	627.1	99.70	5.21
Subtotal Ancillary					\$ 7.61					\$ 10.77
LTSS										
	Hospice	Days	29.6	\$ 158.37	\$ 0.39	\$ 0.00	\$ 0.00	29.6	\$ 158.37	\$ 0.39
	Nursing Home	Days	108.3	281.36	2.54	-	-	108.3	281.36	2.54
	HCBS	Procedures	349.8	65.18	1.90	-	-	349.8	65.18	1.90
	Case Management	Procedures	115.8	407.25	3.93	-	-	115.8	407.25	3.93
Subtotal LTSS					\$ 8.76					\$ 8.76
Total Medical Costs					\$ 715.28					\$ 718.44

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: ME - M 50-64		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 165,977	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	491.0	\$ 3,593.76	\$ 147.05	\$ 0.00	\$ 0.00	491.0	\$ 3,593.76	\$ 147.05
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	654.6	689.12	37.59	-	-	654.6	689.12	37.59
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	182.2	1,289.49	19.58	-	-	182.2	1,289.49	19.58
Subtotal Inpatient Hospital					\$ 204.22					\$ 204.22
Outpatient Hospital										
	Outpatient Emergency Room	Visits	459.9	\$ 910.06	\$ 34.88	\$ 0.00	\$ 0.00	459.9	\$ 910.06	\$ 34.88
	Outpatient Surgery	Visits	245.6	1,677.62	34.33	-	-	245.6	1,677.62	34.33
	Outpatient Radiology	Procedures	372.6	455.42	14.14	-	-	372.6	455.42	14.14
	Outpatient Pathology/Lab	Procedures	5,835.2	34.45	16.75	-	-	5,835.2	34.45	16.75
	Outpatient Pharmacy	Procedures	610.4	755.65	38.44	-	-	610.4	755.65	38.44
	Outpatient MH/SA	Visits	53.1	431.57	1.91	-	-	53.1	431.57	1.91
	Other Outpatient	Procedures	1,544.5	241.16	31.04	-	-	1,544.5	241.16	31.04
Subtotal Outpatient Hospital					\$ 171.49					\$ 171.49
Professional										
	Inpatient and Outpatient Surgery	Procedures	1,141.6	\$ 218.74	\$ 20.81	\$ 0.00	\$ 0.00	1,141.6	\$ 218.74	\$ 20.81
	Anesthesia	Procedures	289.2	193.75	4.67	-	-	289.2	193.75	4.67
	Inpatient Visits	Visits	1,336.3	87.28	9.72	-	-	1,336.3	87.28	9.72
	MH/SA	Visits	2,836.1	109.25	25.82	-	-	2,836.1	109.25	25.82
	Emergency Room	Visits	575.5	101.96	4.89	-	-	575.5	101.96	4.89
	Office/Home Visits/Consults	Visits	4,125.0	75.11	25.82	-	-	4,125.0	75.11	25.82
	COVID Vaccine Administration	Procedures	3.0	39.61	0.01	-	-	3.0	39.61	0.01
	FQHC PPS Eligible Services	Visits	1,240.3	289.47	29.92	-	-	1,240.3	289.47	29.92
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	3,968.2	29.33	9.70	-	-	3,968.2	29.33	9.70
	Radiology	Procedures	2,074.2	66.13	11.43	-	-	2,074.2	66.13	11.43
	Office Administered Drugs	Procedures	593.7	160.68	7.95	-	-	593.7	160.68	7.95
	Physical Exams	Visits	491.3	56.42	2.31	-	-	491.3	56.42	2.31
	Therapy	Visits	1,406.0	64.44	7.55	-	-	1,406.0	64.44	7.55
	Vision	Visits	311.0	67.90	1.76	-	-	311.0	67.90	1.76
	Other Professional	Procedures	2,621.7	50.03	10.93	-	-	2,621.7	50.03	10.93
Subtotal Professional					\$ 173.29					\$ 173.29
Retail Pharmacy										
	Retail Pharmacy	Scripts	28,525.7	\$ 98.00	\$ 232.95	\$ 0.00	\$ 0.00	28,525.7	\$ 98.00	\$ 232.95
Subtotal Retail Pharmacy					\$ 232.95					\$ 232.95
Ancillary										
	Transportation	Trips	269.5	\$ 94.85	\$ 2.13	\$ 0.00	\$ 2.62	269.5	\$ 211.52	\$ 4.75
	DME/Prosthetics	Procedures	981.1	104.21	8.52	-	-	981.1	104.21	8.52
Subtotal Ancillary					\$ 10.65					\$ 13.27
LTSS										
	Hospice	Days	119.2	\$ 187.27	\$ 1.86	\$ 0.00	\$ 0.00	119.2	\$ 187.27	\$ 1.86
	Nursing Home	Days	303.0	236.02	5.96	-	-	303.0	236.02	5.96
	HCBS	Procedures	390.4	87.29	2.84	-	-	390.4	87.29	2.84
	Case Management	Procedures	76.7	374.13	2.39	-	-	76.7	374.13	2.39
Subtotal LTSS					\$ 13.05					\$ 13.05
Total Medical Costs					\$ 805.65					\$ 808.27

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model									
Rate Cell: RHP - ID		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience		
Member Months: 12,848									
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital									
Inpatient Medical/Surgical/Non-Delivery	Days	486.5	\$ 3,896.85	\$ 157.97	\$ 0.00	\$ 0.00	486.5	\$ 3,896.85	\$ 157.97
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	694.2	1,334.62	77.21	-	-	694.2	1,334.62	77.21
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	134.2	1,626.61	18.19	-	-	134.2	1,626.61	18.19
Subtotal Inpatient Hospital				\$ 253.37					\$ 253.37
Outpatient Hospital									
Outpatient Emergency Room	Visits	681.8	\$ 830.39	\$ 47.18	\$ 0.00	\$ 0.00	681.8	\$ 830.39	\$ 47.18
Outpatient Surgery	Visits	180.4	1,937.00	29.12	-	-	180.4	1,937.00	29.12
Outpatient Radiology	Procedures	326.2	334.08	9.08	-	-	326.2	334.08	9.08
Outpatient Pathology/Lab	Procedures	6,102.4	34.16	17.37	-	-	6,102.4	34.16	17.37
Outpatient Pharmacy	Procedures	818.1	167.81	11.44	-	-	818.1	167.81	11.44
Outpatient MH/SA	Visits	22.2	264.44	0.49	-	-	22.2	264.44	0.49
Other Outpatient	Procedures	1,814.7	366.54	55.43	-	-	1,814.7	366.54	55.43
Subtotal Outpatient Hospital				\$ 170.11					\$ 170.11
Professional									
Inpatient and Outpatient Surgery	Procedures	1,085.5	\$ 104.58	\$ 9.46	\$ 0.00	\$ 0.00	1,085.5	\$ 104.58	\$ 9.46
Anesthesia	Procedures	237.4	182.48	3.61	-	-	237.4	182.48	3.61
Inpatient Visits	Visits	2,014.6	90.60	15.21	-	-	2,014.6	90.60	15.21
MH/SA	Visits	5,136.2	151.46	64.83	-	-	5,136.2	151.46	64.83
Emergency Room	Visits	818.4	113.35	7.73	-	-	818.4	113.35	7.73
Office/Home Visits/Consults	Visits	5,176.0	71.22	30.72	-	-	5,176.0	71.22	30.72
COVID Vaccine Administration	Procedures	3.2	36.96	0.01	-	-	3.2	36.96	0.01
FQHC PPS Eligible Services	Visits	1,093.4	297.64	27.12	-	-	1,093.4	297.64	27.12
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,288.2	22.67	8.10	-	-	4,288.2	22.67	8.10
Radiology	Procedures	1,758.1	36.93	5.41	-	-	1,758.1	36.93	5.41
Office Administered Drugs	Procedures	366.3	454.00	13.86	-	-	366.3	454.00	13.86
Physical Exams	Visits	769.5	60.82	3.90	-	-	769.5	60.82	3.90
Therapy	Visits	1,177.8	66.02	6.48	-	-	1,177.8	66.02	6.48
Vision	Visits	348.9	66.37	1.93	-	-	348.9	66.37	1.93
Other Professional	Procedures	5,085.5	168.20	71.28	-	-	5,085.5	168.20	71.28
Subtotal Professional				\$ 269.65					\$ 269.65
Retail Pharmacy									
Retail Pharmacy	Scripts	57,779.6	\$ 74.87	\$ 360.50	\$ 0.00	\$ 0.00	57,779.6	\$ 74.87	\$ 360.50
Subtotal Retail Pharmacy				\$ 360.50					\$ 360.50
Ancillary									
Transportation	Trips	592.9	\$ 82.18	\$ 4.06	\$ 0.00	\$ 4.85	592.9	\$ 180.35	\$ 8.91
DME/Prosthetics	Procedures	6,595.6	132.56	72.86	-	-	6,595.6	132.56	72.86
Subtotal Ancillary				\$ 76.92					\$ 81.77
LTSS									
Hospice	Days	453.9	\$ 165.75	\$ 6.27	\$ 0.00	\$ 0.00	453.9	\$ 165.75	\$ 6.27
Nursing Home	Days	174.0	375.77	5.45	-	-	174.0	375.77	5.45
HCBS	Procedures	10,276.6	84.32	72.21	-	-	10,276.6	84.32	72.21
Case Management	Procedures	390.3	451.39	14.68	-	-	390.3	451.39	14.68
Subtotal LTSS				\$ 98.61					\$ 98.61
Total Medical Costs				\$ 1,229.16					\$ 1,234.01

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RHP - SPMI		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 28,558	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	943.2	\$ 3,184.64	\$ 250.30	\$ 0.00	\$ 0.00	943.2	\$ 3,184.64	\$ 250.30
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	3,582.1	1,152.68	344.08	-	-	3,582.1	1,152.68	344.08
	Inpatient Maternity Delivery	Days	10.1	3,159.50	2.65	0.53	-	10.1	3,791.39	3.18
	Other Inpatient	Days	749.3	1,412.51	88.20	-	-	749.3	1,412.51	88.20
	Subtotal Inpatient Hospital				\$ 685.23					\$ 685.76
Outpatient Hospital										
	Outpatient Emergency Room	Visits	1,906.7	\$ 911.18	\$ 144.78	\$ 0.00	\$ 0.00	1,906.7	\$ 911.18	\$ 144.78
	Outpatient Surgery	Visits	206.8	1,860.84	32.07	-	-	206.8	1,860.84	32.07
	Outpatient Radiology	Procedures	683.8	338.19	19.27	-	-	683.8	338.19	19.27
	Outpatient Pathology/Lab	Procedures	8,005.7	43.26	28.86	-	-	8,005.7	43.26	28.86
	Outpatient Pharmacy	Procedures	746.8	575.89	35.84	-	-	746.8	575.89	35.84
	Outpatient MH/SA	Visits	287.4	524.84	12.57	-	-	287.4	524.84	12.57
	Other Outpatient	Procedures	3,119.8	323.67	84.15	-	-	3,119.8	323.67	84.15
	Subtotal Outpatient Hospital				\$ 357.54					\$ 357.54
Professional										
	Inpatient and Outpatient Surgery	Procedures	1,239.9	\$ 191.91	\$ 19.83	\$ 0.00	\$ 0.00	1,239.9	\$ 191.91	\$ 19.83
	Anesthesia	Procedures	338.9	245.01	6.92	-	-	338.9	245.01	6.92
	Inpatient Visits	Visits	5,038.8	89.59	37.62	-	-	5,038.8	89.59	37.62
	MH/SA	Visits	24,299.9	210.74	426.75	-	-	24,299.9	210.74	426.75
	Emergency Room	Visits	2,470.8	118.75	24.45	-	-	2,470.8	118.75	24.45
	Office/Home Visits/Consults	Visits	7,801.2	73.50	47.78	-	-	7,801.2	73.50	47.78
	COVID Vaccine Administration	Procedures	6.0	40.22	0.02	-	-	6.0	40.22	0.02
	FQHC PPS Eligible Services	Visits	2,809.2	292.78	68.54	-	-	2,809.2	292.78	68.54
	Maternity	Procedures	23.3	216.07	0.42	-	-	23.3	216.07	0.42
	Pathology/Lab	Procedures	6,770.3	31.28	17.65	-	-	6,770.3	31.28	17.65
	Radiology	Procedures	3,989.3	42.14	14.01	-	-	3,989.3	42.14	14.01
	Office Administered Drugs	Procedures	631.2	290.31	15.27	-	-	631.2	290.31	15.27
	Physical Exams	Visits	482.1	45.30	1.82	-	-	482.1	45.30	1.82
	Therapy	Visits	1,601.2	75.92	10.13	-	-	1,601.2	75.92	10.13
	Vision	Visits	348.3	67.88	1.97	-	-	348.3	67.88	1.97
	Other Professional	Procedures	4,219.9	56.79	19.97	-	-	4,219.9	56.79	19.97
	Subtotal Professional				\$ 713.15					\$ 713.15
Retail Pharmacy										
	Retail Pharmacy	Scripts	79,550.8	\$ 114.81	\$ 761.08	\$ 0.00	\$ 0.00	79,550.8	\$ 114.81	\$ 761.08
	Subtotal Retail Pharmacy				\$ 761.08					\$ 761.08
Ancillary										
	Transportation	Trips	1,548.4	\$ 82.07	\$ 10.59	\$ 0.00	\$ 13.54	1,548.4	\$ 187.01	\$ 24.13
	DME/Prosthetics	Procedures	2,168.0	104.28	18.84	-	-	2,168.0	104.28	18.84
	Subtotal Ancillary				\$ 29.43					\$ 42.97
LTSS										
	Hospice	Days	166.3	\$ 191.90	\$ 2.66	\$ 0.00	\$ 0.00	166.3	\$ 191.90	\$ 2.66
	Nursing Home	Days	820.2	302.11	20.65	-	-	820.2	302.11	20.65
	HCBS	Procedures	9,319.2	77.03	59.82	-	-	9,319.2	77.03	59.82
	Case Management	Procedures	1,911.3	968.31	154.23	-	-	1,911.3	968.31	154.23
	Subtotal LTSS				\$ 237.36					\$ 237.36
	Total Medical Costs				\$ 2,783.79					\$ 2,797.86

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RHP - Other Disabled 21-44		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 46,049	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	594.6	\$ 3,217.05	\$ 159.41	\$ 0.00	\$ 0.00	594.6	\$ 3,217.05	\$ 159.41
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	879.9	1,104.73	81.00	-	-	879.9	1,104.73	81.00
	Inpatient Maternity Delivery	Days	52.9	2,324.15	10.25	2.16	-	52.9	2,813.92	12.41
	Other Inpatient	Days	207.9	1,590.72	27.56	-	-	207.9	1,590.72	27.56
Subtotal Inpatient Hospital					\$ 278.22					\$ 280.38
Outpatient Hospital										
	Outpatient Emergency Room	Visits	1,171.6	\$ 845.08	\$ 82.51	\$ 0.00	\$ 0.00	1,171.6	\$ 845.08	\$ 82.51
	Outpatient Surgery	Visits	155.6	1,950.57	25.30	-	-	155.6	1,950.57	25.30
	Outpatient Radiology	Procedures	512.7	372.86	15.93	-	-	512.7	372.86	15.93
	Outpatient Pathology/Lab	Procedures	7,419.5	43.31	26.78	-	-	7,419.5	43.31	26.78
	Outpatient Pharmacy	Procedures	1,090.9	423.83	38.53	-	-	1,090.9	423.83	38.53
	Outpatient MH/SA	Visits	158.0	586.45	7.72	-	-	158.0	586.45	7.72
	Other Outpatient	Procedures	2,359.6	278.79	54.82	-	-	2,359.6	278.79	54.82
Subtotal Outpatient Hospital					\$ 251.59					\$ 251.59
Professional										
	Inpatient and Outpatient Surgery	Procedures	663.5	\$ 205.63	\$ 11.37	\$ 0.00	\$ 0.00	663.5	\$ 205.63	\$ 11.37
	Anesthesia	Procedures	214.1	219.18	3.91	-	-	214.1	219.18	3.91
	Inpatient Visits	Visits	2,196.6	94.02	17.21	-	-	2,196.6	94.02	17.21
	MH/SA	Visits	8,416.3	132.77	93.12	-	-	8,416.3	132.77	93.12
	Emergency Room	Visits	1,320.2	106.34	11.70	-	-	1,320.2	106.34	11.70
	Office/Home Visits/Consults	Visits	4,606.1	75.03	28.80	-	-	4,606.1	75.03	28.80
	COVID Vaccine Administration	Procedures	6.1	39.59	0.02	-	-	6.1	39.59	0.02
	FQHC PPS Eligible Services	Visits	2,193.4	279.90	51.16	-	-	2,193.4	279.90	51.16
	Maternity	Procedures	70.4	352.61	2.07	-	-	70.4	352.61	2.07
	Pathology/Lab	Procedures	3,803.3	30.51	9.67	-	-	3,803.3	30.51	9.67
	Radiology	Procedures	2,424.2	44.55	9.00	-	-	2,424.2	44.55	9.00
	Office Administered Drugs	Procedures	587.0	1,118.88	54.73	-	-	587.0	1,118.88	54.73
	Physical Exams	Visits	378.8	49.74	1.57	-	-	378.8	49.74	1.57
	Therapy	Visits	946.5	66.81	5.27	-	-	946.5	66.81	5.27
	Vision	Visits	251.7	72.95	1.53	-	-	251.7	72.95	1.53
	Other Professional	Procedures	2,878.7	62.07	14.89	-	-	2,878.7	62.07	14.89
Subtotal Professional					\$ 316.02					\$ 316.02
Retail Pharmacy										
	Retail Pharmacy	Scripts	31,305.9	\$ 135.64	\$ 353.87	\$ 0.00	\$ 0.00	31,305.9	\$ 135.64	\$ 353.87
Subtotal Retail Pharmacy					\$ 353.87					\$ 353.87
Ancillary										
	Transportation	Trips	574.4	\$ 84.61	\$ 4.05	\$ 0.00	\$ 5.49	574.4	\$ 199.29	\$ 9.54
	DME/Prosthetics	Procedures	1,363.2	164.52	18.69	-	-	1,363.2	164.52	18.69
Subtotal Ancillary					\$ 22.74					\$ 28.23
LTSS										
	Hospice	Days	65.9	\$ 132.93	\$ 0.73	\$ 0.00	\$ 0.00	65.9	\$ 132.93	\$ 0.73
	Nursing Home	Days	100.7	346.66	2.91	-	-	100.7	346.66	2.91
	HCBS	Procedures	2,457.9	124.60	25.52	-	-	2,457.9	124.60	25.52
	Case Management	Procedures	247.0	958.40	19.73	-	-	247.0	958.40	19.73
Subtotal LTSS					\$ 48.89					\$ 48.89
Total Medical Costs					\$ 1,271.33					\$ 1,278.98

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model										
Rate Cell: RHP - Other Disabled 45+		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience			
Member Months: 83,239	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital										
	Inpatient Medical/Surgical/Non-Delivery	Days	1,246.5	\$ 3,242.30	\$ 336.80	\$ 0.00	\$ 0.00	1,246.5	\$ 3,242.30	\$ 336.80
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	613.8	985.57	50.41	-	-	613.8	985.57	50.41
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	280.1	1,922.46	44.87	-	-	280.1	1,922.46	44.87
	Subtotal Inpatient Hospital				\$ 432.08					\$ 432.08
Outpatient Hospital										
	Outpatient Emergency Room	Visits	904.1	\$ 943.43	\$ 71.08	\$ 0.00	\$ 0.00	904.1	\$ 943.43	\$ 71.08
	Outpatient Surgery	Visits	355.9	1,955.13	57.99	-	-	355.9	1,955.13	57.99
	Outpatient Radiology	Procedures	1,069.4	332.81	29.66	-	-	1,069.4	332.81	29.66
	Outpatient Pathology/Lab	Procedures	10,683.1	37.20	33.12	-	-	10,683.1	37.20	33.12
	Outpatient Pharmacy	Procedures	1,250.6	892.79	93.04	-	-	1,250.6	892.79	93.04
	Outpatient MH/SA	Visits	75.6	633.72	3.99	-	-	75.6	633.72	3.99
	Other Outpatient	Procedures	3,990.7	258.90	86.10	-	-	3,990.7	258.90	86.10
	Subtotal Outpatient Hospital				\$ 374.98					\$ 374.98
Professional										
	Inpatient and Outpatient Surgery	Procedures	1,766.4	\$ 219.16	\$ 32.26	\$ 0.00	\$ 0.00	1,766.4	\$ 219.16	\$ 32.26
	Anesthesia	Procedures	432.2	182.16	6.56	-	-	432.2	182.16	6.56
	Inpatient Visits	Visits	3,258.8	91.73	24.91	-	-	3,258.8	91.73	24.91
	MH/SA	Visits	6,698.9	131.56	73.44	-	-	6,698.9	131.56	73.44
	Emergency Room	Visits	1,211.9	104.37	10.54	-	-	1,211.9	104.37	10.54
	Office/Home Visits/Consults	Visits	7,163.7	72.00	42.98	-	-	7,163.7	72.00	42.98
	COVID Vaccine Administration	Procedures	6.0	39.84	0.02	-	-	6.0	39.84	0.02
	FQHC PPS Eligible Services	Visits	2,751.7	287.56	65.94	-	-	2,751.7	287.56	65.94
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	5,914.2	28.39	13.99	-	-	5,914.2	28.39	13.99
	Radiology	Procedures	4,476.1	47.08	17.56	-	-	4,476.1	47.08	17.56
	Office Administered Drugs	Procedures	772.8	431.05	27.76	-	-	772.8	431.05	27.76
	Physical Exams	Visits	613.0	51.68	2.64	-	-	613.0	51.68	2.64
	Therapy	Visits	1,945.6	75.49	12.24	-	-	1,945.6	75.49	12.24
	Vision	Visits	388.6	70.40	2.28	-	-	388.6	70.40	2.28
	Other Professional	Procedures	5,139.0	60.83	26.05	-	-	5,139.0	60.83	26.05
	Subtotal Professional				\$ 359.17					\$ 359.17
Retail Pharmacy										
	Retail Pharmacy	Scripts	68,002.1	\$ 94.10	\$ 533.25	\$ 0.00	\$ 0.00	68,002.1	\$ 94.10	\$ 533.25
	Subtotal Retail Pharmacy				\$ 533.25					\$ 533.25
Ancillary										
	Transportation	Trips	737.9	\$ 84.72	\$ 5.21	\$ 0.00	\$ 6.81	737.9	\$ 195.47	\$ 12.02
	DME/Prosthetics	Procedures	2,770.7	116.90	26.99	-	-	2,770.7	116.90	26.99
	Subtotal Ancillary				\$ 32.20					\$ 39.01
LTSS										
	Hospice	Days	688.0	\$ 166.40	\$ 9.54	\$ 0.00	\$ 0.00	688.0	\$ 166.40	\$ 9.54
	Nursing Home	Days	982.2	279.29	22.86	-	-	982.2	279.29	22.86
	HCBS	Procedures	5,999.8	111.48	55.74	-	-	5,999.8	111.48	55.74
	Case Management	Procedures	300.4	368.35	9.22	-	-	300.4	368.35	9.22
	Subtotal LTSS				\$ 97.36					\$ 97.36
	Total Medical Costs				\$ 1,829.04					\$ 1,835.85

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model									
Rate Cell: SOBRA		Original Certification Experience			Prospective Program and Policy Adjustments		Amended Benefit Experience		
Deliveries: 4,672									
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Hospital Labor and Delivery	Ambulance	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital									
Inpatient Medical/Surgical/Non-Delivery	Days	182.1	\$ 3,410.31	\$ 620.98	\$ 0.00	\$ 0.00	182.1	\$ 3,410.31	\$ 620.98
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	3,104.5	1,936.65	6,012.42	1,125.53	-	3,104.5	2,299.20	7,137.95
Other Inpatient	Days	202.4	1,583.36	320.52	-	-	202.4	1,583.36	320.52
Subtotal Inpatient Hospital				\$ 6,953.92					\$ 8,079.45
Outpatient Hospital									
Outpatient Emergency Room	Visits	2,066.5	\$ 917.38	\$ 1,895.74	\$ 0.00	\$ 0.00	2,066.5	\$ 917.38	\$ 1,895.74
Outpatient Surgery	Visits	52.9	4,233.33	223.87	-	-	52.9	4,233.33	223.87
Outpatient Radiology	Procedures	4,901.8	190.64	934.46	-	-	4,901.8	190.64	934.46
Outpatient Pathology/Lab	Procedures	25,237.3	49.86	1,258.23	-	-	25,237.3	49.86	1,258.23
Outpatient Pharmacy	Procedures	1,008.9	228.12	230.16	-	-	1,008.9	228.12	230.16
Outpatient MH/SA	Visits	4.2	826.81	3.50	-	-	4.2	826.81	3.50
Other Outpatient	Procedures	3,831.1	99.45	381.01	-	-	3,831.1	99.45	381.01
Subtotal Outpatient Hospital				\$ 4,926.97					\$ 4,926.97
Professional									
Inpatient and Outpatient Surgery	Procedures	68.3	\$ 193.34	\$ 13.21	\$ 0.00	\$ 0.00	68.3	\$ 193.34	\$ 13.21
Anesthesia	Procedures	1,408.5	393.18	553.78	-	-	1,408.5	393.18	553.78
Inpatient Visits	Visits	1,069.0	60.13	64.28	-	-	1,069.0	60.13	64.28
MH/SA	Visits	20.1	92.20	1.85	-	-	20.1	92.20	1.85
Emergency Room	Visits	1,975.6	92.26	182.28	-	-	1,975.6	92.26	182.28
Office/Home Visits/Consults	Visits	1,401.1	84.28	118.08	-	-	1,401.1	84.28	118.08
COVID Vaccine Administration	Procedures	2.5	44.58	0.11	-	-	2.5	44.58	0.11
FQHC PPS Eligible Services	Visits	1,102.7	744.67	821.14	-	-	1,102.7	744.67	821.14
Maternity	Procedures	3,590.0	456.20	1,637.79	-	-	3,590.0	456.20	1,637.79
Pathology/Lab	Procedures	3,486.3	76.85	267.92	-	-	3,486.3	76.85	267.92
Radiology	Procedures	8,585.0	44.79	384.54	-	-	8,585.0	44.79	384.54
Office Administered Drugs	Procedures	540.1	45.92	24.80	-	-	540.1	45.92	24.80
Physical Exams	Visits	612.3	11.40	6.98	-	-	612.3	11.40	6.98
Therapy	Visits	42.1	67.77	2.85	-	-	42.1	67.77	2.85
Vision	Visits	1.0	86.72	0.09	-	-	1.0	86.72	0.09
Other Professional	Procedures	1,729.3	48.42	83.74	-	-	1,729.3	48.42	83.74
Subtotal Professional				\$ 4,163.44					\$ 4,163.44
Retail Pharmacy									
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00					\$ 0.00
Ancillary									
Transportation	Trips	65.1	\$ 95.67	\$ 6.23	\$ 0.00	\$ 7.94	65.1	\$ 217.61	\$ 14.17
DME/Prosthetics	Procedures	1,022.4	167.42	171.17	-	-	1,022.4	167.42	171.17
Subtotal Ancillary				\$ 177.40					\$ 185.34
LTSS									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	30.3	225.15	6.82	-	-	30.3	225.15	6.82
HCBS	Procedures	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 6.82					\$ 6.82
Total Medical Costs				\$ 16,228.55					\$ 17,362.02