

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RC - MF<1		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 66,514	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	555.3	\$ 4,505.81	\$ 208.49	\$ 0.00	\$ (1.08)	555.3	\$ 4,482.46	\$ 207.41
	Inpatient Well Newborn	Days	925.3	1,294.81	99.84	-	(0.52)	925.3	1,288.07	99.32
	Inpatient MH/SA	Days	0.4	2,831.29	0.09	-	-	0.4	2,831.29	0.09
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	119.2	1,617.30	16.07	-	(0.08)	119.2	1,609.25	15.99
<b>Subtotal Inpatient Hospital</b>					<b>\$ 324.49</b>					<b>\$ 322.81</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	858.3	\$ 540.40	\$ 38.65	\$ 0.00	\$ 0.00	858.3	\$ 540.40	\$ 38.65
	Outpatient Surgery	Visits	30.3	1,908.05	4.81	-	-	30.3	1,908.05	4.81
	Outpatient Radiology	Procedures	183.9	148.78	2.28	-	-	183.9	148.78	2.28
	Outpatient Pathology/Lab	Procedures	1,493.1	55.29	6.88	-	-	1,493.1	55.29	6.88
	Outpatient Pharmacy	Procedures	8,298.5	0.39	0.27	-	-	8,298.5	0.39	0.27
	Outpatient MH/SA	Visits	9.4	256.47	0.20	-	-	9.4	256.47	0.20
	Other Outpatient	Procedures	1,214.6	120.24	12.17	-	-	1,214.6	120.24	12.17
<b>Subtotal Outpatient Hospital</b>					<b>\$ 65.26</b>					<b>\$ 65.26</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	405.6	\$ 330.45	\$ 11.17	\$ 0.00	\$ 0.00	405.6	\$ 330.45	\$ 11.17
	Anesthesia	Procedures	71.1	405.12	2.40	-	-	71.1	405.12	2.40
	Inpatient Visits	Visits	1,565.1	235.24	30.68	-	-	1,565.1	235.24	30.68
	MH/SA	Visits	39.4	54.81	0.18	-	-	39.4	54.81	0.18
	Emergency Room	Visits	942.4	85.19	6.69	-	-	942.4	85.19	6.69
	Office/Home Visits/Consults	Visits	3,632.9	70.59	21.37	-	-	3,632.9	70.59	21.37
	COVID Vaccine Administration	Procedures	-	-	-	-	-	-	-	-
	FQHC PPS Eligible Services	Visits	2,533.4	237.41	50.12	-	-	2,533.4	237.41	50.12
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,353.1	36.05	7.07	-	-	2,353.1	36.05	7.07
	Radiology	Procedures	916.5	21.08	1.61	-	-	916.5	21.08	1.61
	Office Administered Drugs	Procedures	22.9	31.38	0.06	-	-	22.9	31.38	0.06
	Physical Exams	Visits	5,133.9	88.96	38.06	-	-	5,133.9	88.96	38.06
	Therapy	Visits	212.6	76.21	1.35	-	-	212.6	76.21	1.35
	Vision	Visits	146.8	34.33	0.42	-	-	146.8	34.33	0.42
	Other Professional	Procedures	3,353.0	55.26	15.44	-	-	3,353.0	55.26	15.44
<b>Subtotal Professional</b>					<b>\$ 186.62</b>					<b>\$ 186.62</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	4,641.6	\$ 37.07	\$ 14.34	\$ 0.00	\$ (0.67)	4,641.6	\$ 35.34	\$ 13.67
<b>Subtotal Retail Pharmacy</b>					<b>\$ 14.34</b>					<b>\$ 13.67</b>
<b>Ancillary</b>										
	Transportation	Trips	75.5	\$ 120.76	\$ 0.76	\$ 0.00	\$ 0.00	75.5	\$ 120.76	\$ 0.76
	DME/Prosthetics	Procedures	296.6	343.08	8.48	-	(0.01)	296.6	342.67	8.47
<b>Subtotal Ancillary</b>					<b>\$ 9.24</b>					<b>\$ 9.23</b>
<b>LTSS</b>										
	Hospice	Days	45.5	\$ 26.35	\$ 0.10	\$ 0.00	\$ 0.00	45.5	\$ 26.35	\$ 0.10
	Nursing Home	Days	3.7	96.91	0.03	-	-	3.7	96.91	0.03
	HCBS	Procedures	21.4	196.20	0.35	-	-	21.4	196.20	0.35
	Case Management	Procedures	333.8	117.93	3.28	-	-	333.8	117.93	3.28
<b>Subtotal LTSS</b>					<b>\$ 3.76</b>					<b>\$ 3.76</b>
<b>Total Medical Costs</b>					<b>\$ 603.71</b>					<b>\$ 601.35</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell:		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
RC - MF 1-5										
Member Months: 341,837	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	41.7	\$ 4,405.71	\$ 15.32	\$ 0.00	\$ (0.08)	41.7	\$ 4,382.70	\$ 15.24
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1.3	1,666.64	0.18	-	-	1.3	1,666.64	0.18
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	7.4	3,831.30	2.37	-	(0.01)	7.4	3,815.13	2.36
<b>Subtotal Inpatient Hospital</b>					<b>\$ 17.87</b>					<b>\$ 17.78</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	498.5	\$ 529.07	\$ 21.98	\$ 0.00	\$ 0.00	498.5	\$ 529.07	\$ 21.98
	Outpatient Surgery	Visits	35.5	1,701.36	5.04	-	-	35.5	1,701.36	5.04
	Outpatient Radiology	Procedures	73.8	208.13	1.28	-	-	73.8	208.13	1.28
	Outpatient Pathology/Lab	Procedures	1,088.3	53.37	4.84	-	-	1,088.3	53.37	4.84
	Outpatient Pharmacy	Procedures	125.9	227.83	2.39	-	-	125.9	227.83	2.39
	Outpatient MH/SA	Visits	72.6	352.06	2.13	-	-	72.6	352.06	2.13
	Other Outpatient	Procedures	671.5	129.91	7.27	-	-	671.5	129.91	7.27
<b>Subtotal Outpatient Hospital</b>					<b>\$ 44.93</b>					<b>\$ 44.93</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	113.1	\$ 196.31	\$ 1.85	\$ 0.00	\$ 0.00	113.1	\$ 196.31	\$ 1.85
	Anesthesia	Procedures	80.1	199.37	1.33	-	-	80.1	199.37	1.33
	Inpatient Visits	Visits	92.7	178.71	1.38	-	-	92.7	178.71	1.38
	MH/SA	Visits	1,004.0	98.61	8.25	-	-	1,004.0	98.61	8.25
	Emergency Room	Visits	510.7	82.24	3.50	-	-	510.7	82.24	3.50
	Office/Home Visits/Consults	Visits	2,111.6	67.51	11.88	-	-	2,111.6	67.51	11.88
	COVID Vaccine Administration	Procedures	30.2	35.71	0.09	-	-	30.2	35.71	0.09
	FQHC PPS Eligible Services	Visits	811.3	230.61	15.59	-	-	811.3	230.61	15.59
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,413.3	36.50	7.34	-	-	2,413.3	36.50	7.34
	Radiology	Procedures	300.0	19.20	0.48	-	-	300.0	19.20	0.48
	Office Administered Drugs	Procedures	19.1	25.09	0.04	-	-	19.1	25.09	0.04
	Physical Exams	Visits	1,074.0	79.11	7.08	-	-	1,074.0	79.11	7.08
	Therapy	Visits	443.4	67.66	2.50	-	-	443.4	67.66	2.50
	Vision	Visits	289.8	48.87	1.18	-	-	289.8	48.87	1.18
	Other Professional	Procedures	3,258.1	88.17	23.94	-	-	3,258.1	88.17	23.94
<b>Subtotal Professional</b>					<b>\$ 86.43</b>					<b>\$ 86.43</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	3,558.2	\$ 30.28	\$ 8.98	\$ 0.00	\$ (0.42)	3,558.2	\$ 28.87	\$ 8.56
<b>Subtotal Retail Pharmacy</b>					<b>\$ 8.98</b>					<b>\$ 8.56</b>
<b>Ancillary</b>										
	Transportation	Trips	39.1	\$ 85.85	\$ 0.28	\$ 0.00	\$ 0.00	39.1	\$ 85.85	\$ 0.28
	DME/Prosthetics	Procedures	173.2	141.35	2.04	-	-	173.2	141.35	2.04
<b>Subtotal Ancillary</b>					<b>\$ 2.32</b>					<b>\$ 2.32</b>
<b>LTSS</b>										
	Hospice	Days	4.4	\$ 164.38	\$ 0.06	\$ 0.00	\$ 0.00	4.4	\$ 164.38	\$ 0.06
	Nursing Home	Days	1.7	141.53	0.02	-	-	1.7	141.53	0.02
	HCBS	Procedures	43.5	160.14	0.58	-	-	43.5	160.14	0.58
	Case Management	Procedures	979.3	60.78	4.96	-	-	979.3	60.78	4.96
<b>Subtotal LTSS</b>					<b>\$ 5.62</b>					<b>\$ 5.62</b>
<b>Total Medical Costs</b>					<b>\$ 166.15</b>					<b>\$ 165.64</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RC - MF 6-14		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 612,598	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	23.3	\$ 3,599.32	\$ 6.99	\$ 0.00	\$ (0.04)	23.3	\$ 3,578.72	\$ 6.95
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	112.0	1,530.79	14.29	-	(0.07)	112.0	1,523.29	14.22
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	58.0	1,687.59	8.15	-	(0.04)	58.0	1,679.31	8.11
<b>Subtotal Inpatient Hospital</b>					<b>\$ 29.43</b>					<b>\$ 29.28</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	217.1	\$ 576.64	\$ 10.43	\$ 0.00	\$ 0.00	217.1	\$ 576.64	\$ 10.43
	Outpatient Surgery	Visits	18.5	2,324.43	3.58	-	-	18.5	2,324.43	3.58
	Outpatient Radiology	Procedures	83.6	211.03	1.47	-	-	83.6	211.03	1.47
	Outpatient Pathology/Lab	Procedures	1,010.6	44.29	3.73	-	-	1,010.6	44.29	3.73
	Outpatient Pharmacy	Procedures	83.1	646.78	4.48	-	-	83.1	646.78	4.48
	Outpatient MH/SA	Visits	89.8	690.61	5.17	-	-	89.8	690.61	5.17
	Other Outpatient	Procedures	314.8	145.59	3.82	-	-	314.8	145.59	3.82
<b>Subtotal Outpatient Hospital</b>					<b>\$ 32.68</b>					<b>\$ 32.68</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	103.8	\$ 180.43	\$ 1.56	\$ 0.00	\$ 0.00	103.8	\$ 180.43	\$ 1.56
	Anesthesia	Procedures	38.5	168.28	0.54	-	-	38.5	168.28	0.54
	Inpatient Visits	Visits	141.4	110.36	1.30	-	-	141.4	110.36	1.30
	MH/SA	Visits	1,765.8	92.83	13.66	-	-	1,765.8	92.83	13.66
	Emergency Room	Visits	228.5	87.16	1.66	-	-	228.5	87.16	1.66
	Office/Home Visits/Consults	Visits	1,772.0	69.75	10.30	-	-	1,772.0	69.75	10.30
	COVID Vaccine Administration	Procedures	146.6	38.47	0.47	-	-	146.6	38.47	0.47
	FQHC PPS Eligible Services	Visits	683.3	236.21	13.45	-	-	683.3	236.21	13.45
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,781.8	36.91	5.48	-	-	1,781.8	36.91	5.48
	Radiology	Procedures	369.2	27.95	0.86	-	-	369.2	27.95	0.86
	Office Administered Drugs	Procedures	16.7	1,351.03	1.88	-	-	16.7	1,351.03	1.88
	Physical Exams	Visits	649.4	68.92	3.73	-	-	649.4	68.92	3.73
	Therapy	Visits	239.8	63.06	1.26	-	-	239.8	63.06	1.26
	Vision	Visits	495.0	77.33	3.19	-	-	495.0	77.33	3.19
	Other Professional	Procedures	1,645.4	49.15	6.74	-	-	1,645.4	49.15	6.74
<b>Subtotal Professional</b>					<b>\$ 66.08</b>					<b>\$ 66.08</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	4,318.7	\$ 85.14	\$ 30.64	\$ 0.00	\$ (1.43)	4,318.7	\$ 81.16	\$ 29.21
<b>Subtotal Retail Pharmacy</b>					<b>\$ 30.64</b>					<b>\$ 29.21</b>
<b>Ancillary</b>										
	Transportation	Trips	35.2	\$ 88.55	\$ 0.26	\$ 0.00	\$ 0.00	35.2	\$ 88.55	\$ 0.26
	DME/Prosthetics	Procedures	158.5	163.51	2.16	-	-	158.5	163.51	2.16
<b>Subtotal Ancillary</b>					<b>\$ 2.42</b>					<b>\$ 2.42</b>
<b>LTSS</b>										
	Hospice	Days	0.2	\$ 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	200.8	123.08	2.06	-	-	200.8	123.08	2.06
	Case Management	Procedures	285.9	23.92	0.57	-	-	285.9	23.92	0.57
<b>Subtotal LTSS</b>					<b>\$ 2.64</b>					<b>\$ 2.64</b>
<b>Total Medical Costs</b>					<b>\$ 163.89</b>					<b>\$ 162.31</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RC - M 15-44		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 245,446	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	73.0	\$ 3,293.12	\$ 20.03	\$ 0.00	\$ (0.10)	73.0	\$ 3,276.68	\$ 19.93
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	132.8	1,202.65	13.31	-	(0.07)	132.8	1,196.32	13.24
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	48.2	1,596.44	6.41	-	(0.03)	48.2	1,588.97	6.38
<b>Subtotal Inpatient Hospital</b>					<b>\$ 39.75</b>					<b>\$ 39.55</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	267.7	\$ 659.82	\$ 14.72	\$ 0.00	\$ 0.00	267.7	\$ 659.82	\$ 14.72
	Outpatient Surgery	Visits	45.9	1,728.38	6.61	-	-	45.9	1,728.38	6.61
	Outpatient Radiology	Procedures	108.4	308.96	2.79	-	-	108.4	308.96	2.79
	Outpatient Pathology/Lab	Procedures	1,719.4	39.57	5.67	-	-	1,719.4	39.57	5.67
	Outpatient Pharmacy	Procedures	123.0	1,161.67	11.91	-	-	123.0	1,161.67	11.91
	Outpatient MH/SA	Visits	65.6	581.52	3.18	-	-	65.6	581.52	3.18
	Other Outpatient	Procedures	329.3	174.19	4.78	-	-	329.3	174.19	4.78
<b>Subtotal Outpatient Hospital</b>					<b>\$ 49.66</b>					<b>\$ 49.66</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	226.1	\$ 234.09	\$ 4.41	\$ 0.00	\$ 0.00	226.1	\$ 234.09	\$ 4.41
	Anesthesia	Procedures	68.1	181.41	1.03	-	-	68.1	181.41	1.03
	Inpatient Visits	Visits	252.2	106.12	2.23	-	-	252.2	106.12	2.23
	MH/SA	Visits	1,625.2	93.48	12.66	-	-	1,625.2	93.48	12.66
	Emergency Room	Visits	283.4	92.31	2.18	-	-	283.4	92.31	2.18
	Office/Home Visits/Consults	Visits	1,832.0	71.79	10.96	-	-	1,832.0	71.79	10.96
	COVID Vaccine Administration	Procedures	59.4	40.39	0.20	-	-	59.4	40.39	0.20
	FQHC PPS Eligible Services	Visits	610.2	232.63	11.83	-	-	610.2	232.63	11.83
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,836.6	32.67	5.00	-	-	1,836.6	32.67	5.00
	Radiology	Procedures	726.1	41.15	2.49	-	-	726.1	41.15	2.49
	Office Administered Drugs	Procedures	109.9	203.14	1.86	-	-	109.9	203.14	1.86
	Physical Exams	Visits	412.3	64.32	2.21	-	-	412.3	64.32	2.21
	Therapy	Visits	525.5	65.31	2.86	-	-	525.5	65.31	2.86
	Vision	Visits	291.2	74.19	1.80	-	-	291.2	74.19	1.80
	Other Professional	Procedures	1,519.6	30.01	3.80	-	-	1,519.6	30.01	3.80
<b>Subtotal Professional</b>					<b>\$ 65.52</b>					<b>\$ 65.52</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	6,724.8	\$ 86.63	\$ 48.55	\$ 0.00	\$ (2.27)	6,724.8	\$ 82.58	\$ 46.28
<b>Subtotal Retail Pharmacy</b>					<b>\$ 48.55</b>					<b>\$ 46.28</b>
<b>Ancillary</b>										
	Transportation	Trips	73.7	\$ 107.45	\$ 0.66	\$ 0.00	\$ 0.00	73.7	\$ 107.45	\$ 0.66
	DME/Prosthetics	Procedures	308.9	100.61	2.59	-	-	308.9	100.61	2.59
<b>Subtotal Ancillary</b>					<b>\$ 3.25</b>					<b>\$ 3.25</b>
<b>LTSS</b>										
	Hospice	Days	3.3	\$ 110.51	\$ 0.03	\$ 0.00	\$ 0.00	3.3	\$ 110.51	\$ 0.03
	Nursing Home	Days	11.1	194.11	0.18	-	-	11.1	194.11	0.18
	HCBS	Procedures	168.2	106.29	1.49	-	-	168.2	106.29	1.49
	Case Management	Procedures	120.3	59.87	0.60	-	-	120.3	59.87	0.60
<b>Subtotal LTSS</b>					<b>\$ 2.30</b>					<b>\$ 2.30</b>
<b>Total Medical Costs</b>					<b>\$ 209.03</b>					<b>\$ 206.56</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RC - F 15-44		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 597,051	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	74.6	\$ 3,434.72	\$ 21.35	\$ 0.00	\$ (0.11)	74.6	\$ 3,417.03	\$ 21.24
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	133.7	1,125.99	12.55	-	(0.07)	133.7	1,119.71	12.48
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	38.8	1,628.65	5.27	-	(0.03)	38.8	1,619.38	5.24
<b>Subtotal Inpatient Hospital</b>					<b>\$ 39.17</b>					<b>\$ 38.96</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	409.0	\$ 669.01	\$ 22.80	\$ 0.00	\$ 0.00	409.0	\$ 669.01	\$ 22.80
	Outpatient Surgery	Visits	80.3	2,202.44	14.74	-	-	80.3	2,202.44	14.74
	Outpatient Radiology	Procedures	274.8	251.98	5.77	-	-	274.8	251.98	5.77
	Outpatient Pathology/Lab	Procedures	4,685.3	49.64	19.38	-	-	4,685.3	49.64	19.38
	Outpatient Pharmacy	Procedures	365.9	412.21	12.57	-	-	365.9	412.21	12.57
	Outpatient MH/SA	Visits	109.8	607.76	5.56	-	-	109.8	607.76	5.56
	Other Outpatient	Procedures	562.8	153.95	7.22	-	-	562.8	153.95	7.22
<b>Subtotal Outpatient Hospital</b>					<b>\$ 88.04</b>					<b>\$ 88.04</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	350.5	\$ 246.50	\$ 7.20	\$ 0.00	\$ 0.00	350.5	\$ 246.50	\$ 7.20
	Anesthesia	Procedures	131.8	152.90	1.68	-	-	131.8	152.90	1.68
	Inpatient Visits	Visits	277.4	98.65	2.28	-	-	277.4	98.65	2.28
	MH/SA	Visits	2,738.8	94.64	21.60	-	-	2,738.8	94.64	21.60
	Emergency Room	Visits	435.5	92.58	3.36	-	-	435.5	92.58	3.36
	Office/Home Visits/Consults	Visits	3,110.2	68.37	17.72	-	-	3,110.2	68.37	17.72
	COVID Vaccine Administration	Procedures	79.6	39.17	0.26	-	-	79.6	39.17	0.26
	FQHC PPS Eligible Services	Visits	1,462.6	225.47	27.48	-	-	1,462.6	225.47	27.48
	Maternity	Procedures	3.1	39.28	0.01	-	-	3.1	39.28	0.01
	Pathology/Lab	Procedures	4,462.7	31.27	11.63	-	-	4,462.7	31.27	11.63
	Radiology	Procedures	1,268.6	47.86	5.06	-	-	1,268.6	47.86	5.06
	Office Administered Drugs	Procedures	329.4	218.60	6.00	-	-	329.4	218.60	6.00
	Physical Exams	Visits	541.9	58.01	2.62	-	-	541.9	58.01	2.62
	Therapy	Visits	740.7	60.43	3.73	-	-	740.7	60.43	3.73
	Vision	Visits	332.9	75.34	2.09	-	-	332.9	75.34	2.09
	Other Professional	Procedures	1,631.4	55.24	7.51	-	-	1,631.4	55.24	7.51
<b>Subtotal Professional</b>					<b>\$ 120.23</b>					<b>\$ 120.23</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	13,544.6	\$ 62.40	\$ 70.43	\$ 0.00	\$ (3.29)	13,544.6	\$ 59.48	\$ 67.14
<b>Subtotal Retail Pharmacy</b>					<b>\$ 70.43</b>					<b>\$ 67.14</b>
<b>Ancillary</b>										
	Transportation	Trips	108.4	\$ 90.74	\$ 0.82	\$ 0.00	\$ 0.00	108.4	\$ 90.74	\$ 0.82
	DME/Prosthetics	Procedures	242.9	112.16	2.27	-	-	242.9	112.16	2.27
<b>Subtotal Ancillary</b>					<b>\$ 3.09</b>					<b>\$ 3.09</b>
<b>LTSS</b>										
	Hospice	Days	2.8	\$ 126.41	\$ 0.03	\$ 0.00	\$ 0.00	2.8	\$ 126.41	\$ 0.03
	Nursing Home	Days	23.9	205.58	0.41	-	-	23.9	205.58	0.41
	HCBS	Procedures	75.0	124.81	0.78	-	-	75.0	124.81	0.78
	Case Management	Procedures	25.3	204.19	0.43	-	-	25.3	204.19	0.43
<b>Subtotal LTSS</b>					<b>\$ 1.65</b>					<b>\$ 1.65</b>
<b>Total Medical Costs</b>					<b>\$ 322.61</b>					<b>\$ 319.11</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RC - MF 45+		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 138,668	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	186.3	\$ 3,208.49	\$ 49.82	\$ 0.00	\$ (0.26)	186.3	\$ 3,191.75	\$ 49.56
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	100.3	859.27	7.18	-	(0.04)	100.3	854.48	7.14
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	34.2	1,896.15	5.41	-	(0.03)	34.2	1,885.64	5.38
<b>Subtotal Inpatient Hospital</b>					<b>\$ 62.41</b>					<b>\$ 62.08</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	341.0	\$ 723.78	\$ 20.57	\$ 0.00	\$ 0.00	341.0	\$ 723.78	\$ 20.57
	Outpatient Surgery	Visits	201.9	1,714.02	28.84	-	-	201.9	1,714.02	28.84
	Outpatient Radiology	Procedures	616.3	246.33	12.65	-	-	616.3	246.33	12.65
	Outpatient Pathology/Lab	Procedures	5,369.1	38.02	17.01	-	-	5,369.1	38.02	17.01
	Outpatient Pharmacy	Procedures	727.0	589.90	35.74	-	-	727.0	589.90	35.74
	Outpatient MH/SA	Visits	53.4	640.56	2.85	-	-	53.4	640.56	2.85
	Other Outpatient	Procedures	1,042.1	174.35	15.14	-	-	1,042.1	174.35	15.14
<b>Subtotal Outpatient Hospital</b>					<b>\$ 132.80</b>					<b>\$ 132.80</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	820.7	\$ 236.57	\$ 16.18	\$ 0.00	\$ 0.00	820.7	\$ 236.57	\$ 16.18
	Anesthesia	Procedures	240.7	165.51	3.32	-	-	240.7	165.51	3.32
	Inpatient Visits	Visits	397.0	96.74	3.20	-	-	397.0	96.74	3.20
	MH/SA	Visits	2,169.9	98.16	17.75	-	-	2,169.9	98.16	17.75
	Emergency Room	Visits	372.8	100.11	3.11	-	-	372.8	100.11	3.11
	Office/Home Visits/Consults	Visits	4,135.3	70.66	24.35	-	-	4,135.3	70.66	24.35
	COVID Vaccine Administration	Procedures	44.6	37.69	0.14	-	-	44.6	37.69	0.14
	FQHC PPS Eligible Services	Visits	1,311.1	221.87	24.24	-	-	1,311.1	221.87	24.24
	Maternity	Procedures	0.2	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	5,124.0	29.86	12.75	-	-	5,124.0	29.86	12.75
	Radiology	Procedures	2,279.1	55.28	10.50	-	-	2,279.1	55.28	10.50
	Office Administered Drugs	Procedures	379.8	195.58	6.19	-	-	379.8	195.58	6.19
	Physical Exams	Visits	567.9	61.07	2.89	-	-	567.9	61.07	2.89
	Therapy	Visits	1,627.5	61.79	8.38	-	-	1,627.5	61.79	8.38
	Vision	Visits	369.9	72.34	2.23	-	-	369.9	72.34	2.23
	Other Professional	Procedures	2,313.4	43.26	8.34	-	-	2,313.4	43.26	8.34
<b>Subtotal Professional</b>					<b>\$ 143.57</b>					<b>\$ 143.57</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	23,547.1	\$ 76.48	\$ 150.08	\$ 0.00	\$ (7.01)	23,547.1	\$ 72.91	\$ 143.07
<b>Subtotal Retail Pharmacy</b>					<b>\$ 150.08</b>					<b>\$ 143.07</b>
<b>Ancillary</b>										
	Transportation	Trips	106.7	\$ 88.88	\$ 0.79	\$ 0.00	\$ 0.00	106.7	\$ 88.88	\$ 0.79
	DME/Prosthetics	Procedures	686.9	98.18	5.62	-	(0.01)	686.9	98.00	5.61
<b>Subtotal Ancillary</b>					<b>\$ 6.41</b>					<b>\$ 6.40</b>
<b>LTSS</b>										
	Hospice	Days	7.2	\$ 233.39	\$ 0.14	\$ 0.00	\$ 0.00	7.2	\$ 233.39	\$ 0.14
	Nursing Home	Days	98.0	167.68	1.37	-	-	98.0	167.68	1.37
	HCBS	Procedures	164.5	105.04	1.44	-	-	164.5	105.04	1.44
	Case Management	Procedures	18.3	622.03	0.95	-	-	18.3	622.03	0.95
<b>Subtotal LTSS</b>					<b>\$ 3.90</b>					<b>\$ 3.90</b>
<b>Total Medical Costs</b>					<b>\$ 499.17</b>					<b>\$ 491.82</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: RC - EFP		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 15,772									
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
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	-	-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	9.5	\$ 669.18	\$ 0.53	\$ 0.00	\$ 0.00	9.5	\$ 669.18	\$ 0.53
Outpatient Surgery	Visits	4.0	2,942.24	0.98	-	-	4.0	2,942.24	0.98
Outpatient Radiology	Procedures	10.8	188.05	0.17	-	-	10.8	188.05	0.17
Outpatient Pathology/Lab	Procedures	382.3	42.37	1.35	-	-	382.3	42.37	1.35
Outpatient Pharmacy	Procedures	15.1	63.76	0.08	-	-	15.1	63.76	0.08
Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	26.8	76.19	0.17	-	-	26.8	76.19	0.17
<b>Subtotal Outpatient Hospital</b>				<b>\$ 3.28</b>					<b>\$ 3.28</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	19.3	\$ 272.88	\$ 0.44	\$ 0.00	\$ 0.00	19.3	\$ 272.88	\$ 0.44
Anesthesia	Procedures	3.3	291.00	0.08	-	-	3.3	291.00	0.08
Inpatient Visits	Visits	-	-	-	-	-	-	-	-
MH/SA	Visits	36.2	53.05	0.16	-	-	36.2	53.05	0.16
Emergency Room	Visits	9.2	104.22	0.08	-	-	9.2	104.22	0.08
Office/Home Visits/Consults	Visits	105.9	52.14	0.46	-	-	105.9	52.14	0.46
COVID Vaccine Administration	Procedures	4.6	51.88	0.02	-	-	4.6	51.88	0.02
FQHC PPS Eligible Services	Visits	203.3	271.45	4.60	-	-	203.3	271.45	4.60
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	164.6	25.52	0.35	-	-	164.6	25.52	0.35
Radiology	Procedures	29.9	64.25	0.16	-	-	29.9	64.25	0.16
Office Administered Drugs	Procedures	187.2	34.62	0.54	-	-	187.2	34.62	0.54
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	51.9	175.64	0.76	-	-	51.9	175.64	0.76
<b>Subtotal Professional</b>				<b>\$ 7.92</b>					<b>\$ 7.92</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	1,063.9	\$ 30.12	\$ 2.67	\$ 0.00	\$ (0.12)	1,063.9	\$ 28.76	\$ 2.55
<b>Subtotal Retail Pharmacy</b>				<b>\$ 2.67</b>					<b>\$ 2.55</b>
<b>Ancillary</b>									
Transportation	Trips	1.7	\$ 71.54	\$ 0.01	\$ 0.00	\$ 0.00	1.7	\$ 71.54	\$ 0.01
DME/Prosthetics	Procedures	0.8	154.35	0.01	-	-	0.8	154.35	0.01
<b>Subtotal Ancillary</b>				<b>\$ 0.02</b>					<b>\$ 0.02</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-
HCBS	Procedures	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 13.89</b>					<b>\$ 13.77</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - Adoption Subsidy		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 26,925 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	47.2	\$ 3,311.92	\$ 13.02	\$ 0.00	\$ (0.01)	47.2	\$ 3,309.38	\$ 13.01
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,001.1	1,376.93	114.87	-	(0.08)	1,001.1	1,375.97	114.79
Inpatient Maternity Delivery	Days	10.7	1,720.48	1.53	-	-	10.7	1,720.48	1.53
Other Inpatient	Days	442.9	1,724.26	63.64	-	(0.04)	442.9	1,723.18	63.60
<b>Subtotal Inpatient Hospital</b>				<b>\$ 193.06</b>					<b>\$ 192.93</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	338.5	\$ 645.29	\$ 18.20	\$ 0.00	\$ 0.00	338.5	\$ 645.29	\$ 18.20
Outpatient Surgery	Visits	40.0	1,778.83	5.93	-	-	40.0	1,778.83	5.93
Outpatient Radiology	Procedures	142.4	262.16	3.11	-	-	142.4	262.16	3.11
Outpatient Pathology/Lab	Procedures	1,801.7	49.55	7.44	-	-	1,801.7	49.55	7.44
Outpatient Pharmacy	Procedures	157.7	748.84	9.84	-	-	157.7	748.84	9.84
Outpatient MH/SA	Visits	345.4	666.78	19.19	-	-	345.4	666.78	19.19
Other Outpatient	Procedures	768.9	127.03	8.14	-	-	768.9	127.03	8.14
<b>Subtotal Outpatient Hospital</b>				<b>\$ 71.85</b>					<b>\$ 71.85</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	160.8	\$ 181.29	\$ 2.43	\$ 0.00	\$ 0.00	160.8	\$ 181.29	\$ 2.43
Anesthesia	Procedures	75.6	187.33	1.18	-	-	75.6	187.33	1.18
Inpatient Visits	Visits	566.8	103.11	4.87	-	-	566.8	103.11	4.87
MH/SA	Visits	6,736.9	107.94	60.60	-	-	6,736.9	107.94	60.60
Emergency Room	Visits	362.6	106.23	3.21	-	-	362.6	106.23	3.21
Office/Home Visits/Consults	Visits	2,967.4	75.54	18.68	-	-	2,967.4	75.54	18.68
COVID Vaccine Administration	Procedures	159.4	37.64	0.50	-	-	159.4	37.64	0.50
FQHC PPS Eligible Services	Visits	778.2	439.15	28.48	-	-	778.2	439.15	28.48
Maternity	Procedures	9.6	513.64	0.41	-	-	9.6	513.64	0.41
Pathology/Lab	Procedures	2,038.2	36.21	6.15	-	-	2,038.2	36.21	6.15
Radiology	Procedures	617.3	33.63	1.73	-	-	617.3	33.63	1.73
Office Administered Drugs	Procedures	243.5	96.57	1.96	-	-	243.5	96.57	1.96
Physical Exams	Visits	803.9	64.78	4.34	-	-	803.9	64.78	4.34
Therapy	Visits	812.8	65.40	4.43	-	-	812.8	65.40	4.43
Vision	Visits	510.1	79.28	3.37	-	-	510.1	79.28	3.37
Other Professional	Procedures	12,054.5	67.48	67.79	-	-	12,054.5	67.48	67.79
<b>Subtotal Professional</b>				<b>\$ 210.13</b>					<b>\$ 210.13</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	11,533.4	\$ 66.32	\$ 63.74	\$ 0.00	\$ (2.23)	11,533.4	\$ 64.00	\$ 61.51
<b>Subtotal Retail Pharmacy</b>				<b>\$ 63.74</b>					<b>\$ 61.51</b>
<b>Ancillary</b>									
Transportation	Trips	149.4	\$ 93.20	\$ 1.16	\$ 0.00	\$ 0.00	149.4	\$ 93.20	\$ 1.16
DME/Prosthetics	Procedures	1,074.3	210.56	18.85	-	-	1,074.3	210.56	18.85
<b>Subtotal Ancillary</b>				<b>\$ 20.01</b>					<b>\$ 20.01</b>
<b>LTSS</b>									
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	3,312.8	115.01	31.75	-	-	3,312.8	115.01	31.75
Case Management	Procedures	2,885.0	26.00	6.25	-	-	2,885.0	26.00	6.25
<b>Subtotal LTSS</b>				<b>\$ 38.04</b>					<b>\$ 38.04</b>
<b>Total Medical Costs</b>				<b>\$ 596.83</b>					<b>\$ 594.47</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: CSHCN - Katie Beckett		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 977	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	328.1	\$ 1,897.17	\$ 51.87	\$ 0.00	\$ (0.04)	328.1	\$ 1,895.71	\$ 51.83
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	4,485.2	1,864.71	696.97	-	(0.49)	4,485.2	1,863.40	696.48
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	1,117.1	1,993.66	185.60	-	(0.13)	1,117.1	1,992.26	185.47
<b>Subtotal Inpatient Hospital</b>					<b>\$ 934.44</b>					<b>\$ 933.78</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	275.2	\$ 550.23	\$ 12.62	\$ 0.00	\$ 0.00	275.2	\$ 550.23	\$ 12.62
	Outpatient Surgery	Visits	49.9	3,141.10	13.05	-	-	49.9	3,141.10	13.05
	Outpatient Radiology	Procedures	291.2	683.31	16.58	-	-	291.2	683.31	16.58
	Outpatient Pathology/Lab	Procedures	3,729.3	43.89	13.64	-	-	3,729.3	43.89	13.64
	Outpatient Pharmacy	Procedures	436.4	239.75	8.72	-	-	436.4	239.75	8.72
	Outpatient MH/SA	Visits	749.2	1,038.11	64.81	-	-	749.2	1,038.11	64.81
	Other Outpatient	Procedures	3,010.7	159.31	39.97	-	-	3,010.7	159.31	39.97
<b>Subtotal Outpatient Hospital</b>					<b>\$ 169.39</b>					<b>\$ 169.39</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	548.4	\$ 438.74	\$ 20.05	\$ 0.00	\$ 0.00	548.4	\$ 438.74	\$ 20.05
	Anesthesia	Procedures	177.6	268.94	3.98	-	-	177.6	268.94	3.98
	Inpatient Visits	Visits	1,216.0	188.28	19.08	-	-	1,216.0	188.28	19.08
	MH/SA	Visits	20,445.7	92.43	157.49	-	-	20,445.7	92.43	157.49
	Emergency Room	Visits	465.8	115.67	4.49	-	-	465.8	115.67	4.49
	Office/Home Visits/Consults	Visits	4,716.1	105.14	41.32	-	-	4,716.1	105.14	41.32
	COVID Vaccine Administration	Procedures	162.6	40.59	0.55	-	-	162.6	40.59	0.55
	FQHC PPS Eligible Services	Visits	290.9	412.04	9.99	-	-	290.9	412.04	9.99
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,438.4	60.07	7.20	-	-	1,438.4	60.07	7.20
	Radiology	Procedures	1,177.4	103.66	10.17	-	-	1,177.4	103.66	10.17
	Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-
	Physical Exams	Visits	1,000.9	73.85	6.16	-	-	1,000.9	73.85	6.16
	Therapy	Visits	5,570.4	62.97	29.23	-	-	5,570.4	62.97	29.23
	Vision	Visits	412.9	59.87	2.06	-	-	412.9	59.87	2.06
	Other Professional	Procedures	99,647.1	31.51	261.69	-	-	99,647.1	31.51	261.69
<b>Subtotal Professional</b>					<b>\$ 573.46</b>					<b>\$ 573.46</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	27,801.6	\$ 320.15	\$ 741.73	\$ 0.00	\$ (25.96)	27,801.6	\$ 308.95	\$ 715.77
<b>Subtotal Retail Pharmacy</b>					<b>\$ 741.73</b>					<b>\$ 715.77</b>
<b>Ancillary</b>										
	Transportation	Trips	111.8	\$ 99.83	\$ 0.93	\$ 0.00	\$ 0.00	111.8	\$ 99.83	\$ 0.93
	DME/Prosthetics	Procedures	4,903.4	180.68	73.83	-	-	4,903.4	180.68	73.83
<b>Subtotal Ancillary</b>					<b>\$ 74.76</b>					<b>\$ 74.76</b>
<b>LTSS</b>										
	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	35,726.1	99.34	295.75	-	-	35,726.1	99.34	295.75
	Case Management	Procedures	32,633.4	21.78	59.22	-	-	32,633.4	21.78	59.22
<b>Subtotal LTSS</b>					<b>\$ 355.00</b>					<b>\$ 355.00</b>
<b>Total Medical Costs</b>					<b>\$ 2,848.78</b>					<b>\$ 2,822.16</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - SSI < 15		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 33,566 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	637.8	\$ 3,863.84	\$ 205.37	\$ 0.00	\$ (0.14)	637.8	\$ 3,861.21	\$ 205.23
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,083.5	1,634.66	147.60	-	(0.10)	1,083.5	1,633.55	147.50
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	487.0	1,859.30	75.45	-	(0.05)	487.0	1,858.06	75.40
<b>Subtotal Inpatient Hospital</b>				<b>\$ 428.42</b>					<b>\$ 428.13</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	578.2	\$ 767.93	\$ 37.00	\$ 0.00	\$ 0.00	578.2	\$ 767.93	\$ 37.00
Outpatient Surgery	Visits	119.9	2,267.67	22.66	-	-	119.9	2,267.67	22.66
Outpatient Radiology	Procedures	360.0	332.96	9.99	-	-	360.0	332.96	9.99
Outpatient Pathology/Lab	Procedures	4,058.3	62.30	21.07	-	-	4,058.3	62.30	21.07
Outpatient Pharmacy	Procedures	957.1	325.10	25.93	-	-	957.1	325.10	25.93
Outpatient MH/SA	Visits	316.6	658.46	17.37	-	-	316.6	658.46	17.37
Other Outpatient	Procedures	3,605.0	145.36	43.67	-	-	3,605.0	145.36	43.67
<b>Subtotal Outpatient Hospital</b>				<b>\$ 177.69</b>					<b>\$ 177.69</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	379.0	\$ 298.59	\$ 9.43	\$ 0.00	\$ 0.00	379.0	\$ 298.59	\$ 9.43
Anesthesia	Procedures	248.3	262.90	5.44	-	-	248.3	262.90	5.44
Inpatient Visits	Visits	1,634.8	184.32	25.11	-	-	1,634.8	184.32	25.11
MH/SA	Visits	11,950.0	93.31	92.92	-	-	11,950.0	93.31	92.92
Emergency Room	Visits	671.3	105.29	5.89	-	-	671.3	105.29	5.89
Office/Home Visits/Consults	Visits	3,975.5	88.05	29.17	-	-	3,975.5	88.05	29.17
COVID Vaccine Administration	Procedures	174.0	37.92	0.55	-	-	174.0	37.92	0.55
FQHC PPS Eligible Services	Visits	1,141.5	514.28	48.92	-	-	1,141.5	514.28	48.92
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,139.9	45.93	8.19	-	-	2,139.9	45.93	8.19
Radiology	Procedures	1,108.2	30.64	2.83	-	-	1,108.2	30.64	2.83
Office Administered Drugs	Procedures	224.8	215.66	4.04	-	-	224.8	215.66	4.04
Physical Exams	Visits	751.8	69.12	4.33	-	-	751.8	69.12	4.33
Therapy	Visits	2,089.5	61.51	10.71	-	-	2,089.5	61.51	10.71
Vision	Visits	503.4	86.53	3.63	-	-	503.4	86.53	3.63
Other Professional	Procedures	30,743.3	89.00	228.01	-	-	30,743.3	89.00	228.01
<b>Subtotal Professional</b>				<b>\$ 479.17</b>					<b>\$ 479.17</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	16,262.7	\$ 160.08	\$ 216.95	\$ 0.00	\$ (7.59)	16,262.7	\$ 154.48	\$ 209.36
<b>Subtotal Retail Pharmacy</b>				<b>\$ 216.95</b>					<b>\$ 209.36</b>
<b>Ancillary</b>									
Transportation	Trips	194.5	\$ 222.67	\$ 3.61	\$ 0.00	\$ 0.00	194.5	\$ 222.67	\$ 3.61
DME/Prosthetics	Procedures	4,544.1	216.49	81.98	-	-	4,544.1	216.49	81.98
<b>Subtotal Ancillary</b>				<b>\$ 85.59</b>					<b>\$ 85.59</b>
<b>LTSS</b>									
Hospice	Days	158.0	\$ 136.68	\$ 1.80	\$ 0.00	\$ 0.00	158.0	\$ 136.68	\$ 1.80
Nursing Home	Days	0.7	-	-	-	-	-	-	-
HCBS	Procedures	6,995.5	163.05	95.05	-	-	6,995.5	163.05	95.05
Case Management	Procedures	9,077.9	27.13	20.52	-	-	9,077.9	27.13	20.52
<b>Subtotal LTSS</b>				<b>\$ 117.37</b>					<b>\$ 117.37</b>
<b>Total Medical Costs</b>				<b>\$ 1,505.19</b>					<b>\$ 1,497.31</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - SSI >= 15		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 25,306 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	129.6	\$ 4,013.67	\$ 43.35	\$ 0.00	\$ (0.03)	129.6	\$ 4,010.90	\$ 43.32
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,482.7	1,519.62	187.76	-	(0.13)	1,482.7	1,518.57	187.63
Inpatient Maternity Delivery	Days	20.4	1,567.25	2.66	-	-	20.4	1,567.25	2.66
Other Inpatient	Days	552.4	1,847.19	85.03	-	(0.06)	552.4	1,845.89	84.97
<b>Subtotal Inpatient Hospital</b>				<b>\$ 318.80</b>					<b>\$ 318.58</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	608.1	\$ 675.46	\$ 34.23	\$ 0.00	\$ 0.00	608.1	\$ 675.46	\$ 34.23
Outpatient Surgery	Visits	89.9	2,113.20	15.84	-	-	89.9	2,113.20	15.84
Outpatient Radiology	Procedures	253.8	282.28	5.97	-	-	253.8	282.28	5.97
Outpatient Pathology/Lab	Procedures	4,288.4	41.44	14.81	-	-	4,288.4	41.44	14.81
Outpatient Pharmacy	Procedures	434.0	530.92	19.20	-	-	434.0	530.92	19.20
Outpatient MH/SA	Visits	182.0	731.31	11.09	-	-	182.0	731.31	11.09
Other Outpatient	Procedures	1,336.1	239.71	26.69	-	-	1,336.1	239.71	26.69
<b>Subtotal Outpatient Hospital</b>				<b>\$ 127.83</b>					<b>\$ 127.83</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	255.0	\$ 230.13	\$ 4.89	\$ 0.00	\$ 0.00	255.0	\$ 230.13	\$ 4.89
Anesthesia	Procedures	197.9	225.62	3.72	-	-	197.9	225.62	3.72
Inpatient Visits	Visits	1,689.5	104.62	14.73	-	-	1,689.5	104.62	14.73
MH/SA	Visits	5,894.4	100.65	49.44	-	-	5,894.4	100.65	49.44
Emergency Room	Visits	661.0	101.84	5.61	-	-	661.0	101.84	5.61
Office/Home Visits/Consults	Visits	3,440.5	81.34	23.32	-	-	3,440.5	81.34	23.32
COVID Vaccine Administration	Procedures	73.4	39.25	0.24	-	-	73.4	39.25	0.24
FQHC PPS Eligible Services	Visits	1,018.2	477.89	40.55	-	-	1,018.2	477.89	40.55
Maternity	Procedures	27.6	282.40	0.65	-	-	27.6	282.40	0.65
Pathology/Lab	Procedures	2,088.4	33.79	5.88	-	-	2,088.4	33.79	5.88
Radiology	Procedures	1,009.0	31.63	2.66	-	-	1,009.0	31.63	2.66
Office Administered Drugs	Procedures	387.8	662.80	21.42	-	-	387.8	662.80	21.42
Physical Exams	Visits	576.1	61.24	2.94	-	-	576.1	61.24	2.94
Therapy	Visits	442.7	64.24	2.37	-	-	442.7	64.24	2.37
Vision	Visits	429.5	82.42	2.95	-	-	429.5	82.42	2.95
Other Professional	Procedures	24,449.1	32.25	65.71	-	-	24,449.1	32.25	65.71
<b>Subtotal Professional</b>				<b>\$ 247.08</b>					<b>\$ 247.08</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	20,191.7	\$ 131.30	\$ 220.93	\$ 0.00	\$ (7.73)	20,191.7	\$ 126.71	\$ 213.20
<b>Subtotal Retail Pharmacy</b>				<b>\$ 220.93</b>					<b>\$ 213.20</b>
<b>Ancillary</b>									
Transportation	Trips	310.5	\$ 83.49	\$ 2.16	\$ 0.00	\$ 0.00	310.5	\$ 83.49	\$ 2.16
DME/Prosthetics	Procedures	2,004.6	158.15	26.42	-	-	2,004.6	158.15	26.42
<b>Subtotal Ancillary</b>				<b>\$ 28.58</b>					<b>\$ 28.58</b>
<b>LTSS</b>									
Hospice	Days	1.0	\$ 744.23	\$ 0.06	\$ 0.00	\$ 0.00	1.0	\$ 744.23	\$ 0.06
Nursing Home	Days	10.1	225.36	0.19	-	-	10.1	225.36	0.19
HCBS	Procedures	11,770.8	111.74	109.61	-	-	11,770.8	111.74	109.61
Case Management	Procedures	4,914.9	46.76	19.15	-	-	4,914.9	46.76	19.15
<b>Subtotal LTSS</b>				<b>\$ 129.01</b>					<b>\$ 129.01</b>
<b>Total Medical Costs</b>				<b>\$ 1,072.23</b>					<b>\$ 1,064.28</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: CSHCN - Substitute Care		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 30,817	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	163.5	\$ 3,240.11	\$ 44.14	\$ 0.00	\$ (0.03)	163.5	\$ 3,237.90	\$ 44.11
	Inpatient Well Newborn	Days	17.3	1,032.37	1.49	-	-	17.3	1,032.37	1.49
	Inpatient MH/SA	Days	2,291.7	1,264.03	241.40	-	(0.17)	2,291.7	1,263.14	241.23
	Inpatient Maternity Delivery	Days	36.8	1,721.05	5.28	-	-	36.8	1,721.05	5.28
	Other Inpatient	Days	996.0	1,488.02	123.51	-	(0.09)	996.0	1,486.93	123.42
<b>Subtotal Inpatient Hospital</b>					<b>\$ 415.82</b>					<b>\$ 415.53</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	857.2	\$ 551.96	\$ 39.43	\$ 0.00	\$ 0.00	857.2	\$ 551.96	\$ 39.43
	Outpatient Surgery	Visits	42.4	1,945.73	6.87	-	-	42.4	1,945.73	6.87
	Outpatient Radiology	Procedures	222.0	212.94	3.94	-	-	222.0	212.94	3.94
	Outpatient Pathology/Lab	Procedures	2,797.3	55.30	12.89	-	-	2,797.3	55.30	12.89
	Outpatient Pharmacy	Procedures	210.1	121.07	2.12	-	-	210.1	121.07	2.12
	Outpatient MH/SA	Visits	516.9	632.45	27.24	-	-	516.9	632.45	27.24
	Other Outpatient	Procedures	937.3	137.89	10.77	-	-	937.3	137.89	10.77
<b>Subtotal Outpatient Hospital</b>					<b>\$ 103.26</b>					<b>\$ 103.26</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	216.7	\$ 228.70	\$ 4.13	\$ 0.00	\$ 0.00	216.7	\$ 228.70	\$ 4.13
	Anesthesia	Procedures	112.5	234.70	2.20	-	-	112.5	234.70	2.20
	Inpatient Visits	Visits	1,220.6	114.93	11.69	-	-	1,220.6	114.93	11.69
	MH/SA	Visits	7,735.6	99.08	63.87	-	-	7,735.6	99.08	63.87
	Emergency Room	Visits	864.4	92.46	6.66	-	-	864.4	92.46	6.66
	Office/Home Visits/Consults	Visits	3,164.1	81.96	21.61	-	-	3,164.1	81.96	21.61
	COVID Vaccine Administration	Procedures	79.8	39.10	0.26	-	-	79.8	39.10	0.26
	FQHC PPS Eligible Services	Visits	1,108.5	230.58	21.30	-	-	1,108.5	230.58	21.30
	Maternity	Procedures	46.7	487.82	1.90	-	-	46.7	487.82	1.90
	Pathology/Lab	Procedures	3,218.5	37.13	9.96	-	-	3,218.5	37.13	9.96
	Radiology	Procedures	927.7	30.79	2.38	-	-	927.7	30.79	2.38
	Office Administered Drugs	Procedures	357.4	32.57	0.97	-	-	357.4	32.57	0.97
	Physical Exams	Visits	995.0	78.27	6.49	-	-	995.0	78.27	6.49
	Therapy	Visits	674.9	75.57	4.25	-	-	674.9	75.57	4.25
	Vision	Visits	420.8	81.27	2.85	-	-	420.8	81.27	2.85
	Other Professional	Procedures	5,507.7	87.70	40.25	-	-	5,507.7	87.70	40.25
<b>Subtotal Professional</b>					<b>\$ 200.77</b>					<b>\$ 200.77</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	10,475.4	\$ 53.73	\$ 46.90	\$ 0.00	\$ (1.64)	10,475.4	\$ 51.85	\$ 45.26
<b>Subtotal Retail Pharmacy</b>					<b>\$ 46.90</b>					<b>\$ 45.26</b>
<b>Ancillary</b>										
	Transportation	Trips	367.9	\$ 96.55	\$ 2.96	\$ 0.00	\$ 0.00	367.9	\$ 96.55	\$ 2.96
	DME/Prosthetics	Procedures	331.4	179.61	4.96	-	-	331.4	179.61	4.96
<b>Subtotal Ancillary</b>					<b>\$ 7.92</b>					<b>\$ 7.92</b>
<b>LTSS</b>										
	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	415.6	106.83	3.70	-	-	415.6	106.83	3.70
	Case Management	Procedures	1,608.8	64.44	8.64	-	-	1,608.8	64.44	8.64
<b>Subtotal LTSS</b>					<b>\$ 12.35</b>					<b>\$ 12.35</b>
<b>Total Medical Costs</b>					<b>\$ 787.02</b>					<b>\$ 785.09</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - F 19-24		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 125,874	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	39.1	\$ 3,304.82	\$ 10.78	\$ 0.00	\$ (0.04)	39.1	\$ 3,292.56	\$ 10.74
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	140.0	1,054.26	12.30	-	(0.05)	140.0	1,049.98	12.25
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	23.4	1,470.54	2.87	-	(0.01)	23.4	1,465.41	2.86
<b>Subtotal Inpatient Hospital</b>					<b>\$ 25.95</b>					<b>\$ 25.85</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	440.3	\$ 638.27	\$ 23.42	\$ 0.00	\$ 0.00	440.3	\$ 638.27	\$ 23.42
	Outpatient Surgery	Visits	42.2	1,646.94	5.79	-	-	42.2	1,646.94	5.79
	Outpatient Radiology	Procedures	113.8	256.35	2.43	-	-	113.8	256.35	2.43
	Outpatient Pathology/Lab	Procedures	4,086.0	53.60	18.25	-	-	4,086.0	53.60	18.25
	Outpatient Pharmacy	Procedures	103.7	754.65	6.52	-	-	103.7	754.65	6.52
	Outpatient MH/SA	Visits	111.8	617.02	5.75	-	-	111.8	617.02	5.75
	Other Outpatient	Procedures	355.2	143.94	4.26	-	-	355.2	143.94	4.26
<b>Subtotal Outpatient Hospital</b>					<b>\$ 66.42</b>					<b>\$ 66.42</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	204.6	\$ 210.60	\$ 3.59	\$ 0.00	\$ 0.00	204.6	\$ 210.60	\$ 3.59
	Anesthesia	Procedures	61.3	178.12	0.91	-	-	61.3	178.12	0.91
	Inpatient Visits	Visits	205.4	92.90	1.59	-	-	205.4	92.90	1.59
	MH/SA	Visits	2,765.6	95.50	22.01	-	-	2,765.6	95.50	22.01
	Emergency Room	Visits	425.3	89.44	3.17	-	-	425.3	89.44	3.17
	Office/Home Visits/Consults	Visits	2,791.7	65.29	15.19	-	-	2,791.7	65.29	15.19
	COVID Vaccine Administration	Procedures	50.2	38.24	0.16	-	-	50.2	38.24	0.16
	FQHC PPS Eligible Services	Visits	1,244.0	260.16	26.97	-	-	1,244.0	260.16	26.97
	Maternity	Procedures	0.8	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	4,153.9	29.26	10.13	-	-	4,153.9	29.26	10.13
	Radiology	Procedures	829.6	41.22	2.85	-	-	829.6	41.22	2.85
	Office Administered Drugs	Procedures	413.6	169.16	5.83	-	-	413.6	169.16	5.83
	Physical Exams	Visits	471.7	58.26	2.29	-	-	471.7	58.26	2.29
	Therapy	Visits	551.9	61.32	2.82	-	-	551.9	61.32	2.82
	Vision	Visits	342.2	77.15	2.20	-	-	342.2	77.15	2.20
	Other Professional	Procedures	1,211.5	61.02	6.16	-	-	1,211.5	61.02	6.16
<b>Subtotal Professional</b>					<b>\$ 105.87</b>					<b>\$ 105.87</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	10,241.0	\$ 69.44	\$ 59.26	\$ 0.00	\$ (3.12)	10,241.0	\$ 65.78	\$ 56.14
<b>Subtotal Retail Pharmacy</b>					<b>\$ 59.26</b>					<b>\$ 56.14</b>
<b>Ancillary</b>										
	Transportation	Trips	114.5	\$ 88.02	\$ 0.84	\$ 0.00	\$ 0.00	114.5	\$ 88.02	\$ 0.84
	DME/Prosthetics	Procedures	133.0	134.42	1.49	-	-	133.0	134.42	1.49
<b>Subtotal Ancillary</b>					<b>\$ 2.33</b>					<b>\$ 2.33</b>
<b>LTSS</b>										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	3.5	135.37	0.04	-	-	3.5	135.37	0.04
	HCBS	Procedures	46.3	132.19	0.51	-	-	46.3	132.19	0.51
	Case Management	Procedures	58.6	464.75	2.27	-	-	58.6	464.75	2.27
<b>Subtotal LTSS</b>					<b>\$ 2.82</b>					<b>\$ 2.82</b>
<b>Total Medical Costs</b>					<b>\$ 262.65</b>					<b>\$ 259.43</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: ME - F 25-29		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 76,751 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	107.5	\$ 3,720.97	\$ 33.34	\$ 0.00	\$ (0.12)	107.5	\$ 3,707.57	\$ 33.22
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	312.7	766.77	19.98	-	(0.07)	312.7	764.08	19.91
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	94.2	1,531.77	12.02	-	(0.04)	94.2	1,526.68	11.98
<b>Subtotal Inpatient Hospital</b>				<b>\$ 65.34</b>					<b>\$ 65.11</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	404.2	\$ 667.46	\$ 22.48	\$ 0.00	\$ 0.00	404.2	\$ 667.46	\$ 22.48
Outpatient Surgery	Visits	60.7	1,845.15	9.34	-	-	60.7	1,845.15	9.34
Outpatient Radiology	Procedures	171.5	284.04	4.06	-	-	171.5	284.04	4.06
Outpatient Pathology/Lab	Procedures	4,339.6	52.01	18.81	-	-	4,339.6	52.01	18.81
Outpatient Pharmacy	Procedures	172.3	885.93	12.72	-	-	172.3	885.93	12.72
Outpatient MH/SA	Visits	216.3	560.30	10.10	-	-	216.3	560.30	10.10
Other Outpatient	Procedures	563.9	135.35	6.36	-	-	563.9	135.35	6.36
<b>Subtotal Outpatient Hospital</b>				<b>\$ 83.87</b>					<b>\$ 83.87</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	300.0	\$ 194.41	\$ 4.86	\$ 0.00	\$ 0.00	300.0	\$ 194.41	\$ 4.86
Anesthesia	Procedures	94.7	176.17	1.39	-	-	94.7	176.17	1.39
Inpatient Visits	Visits	428.3	85.73	3.06	-	-	428.3	85.73	3.06
MH/SA	Visits	4,613.3	92.94	35.73	-	-	4,613.3	92.94	35.73
Emergency Room	Visits	413.2	91.48	3.15	-	-	413.2	91.48	3.15
Office/Home Visits/Consults	Visits	3,200.0	65.36	17.43	-	-	3,200.0	65.36	17.43
COVID Vaccine Administration	Procedures	34.5	38.23	0.11	-	-	34.5	38.23	0.11
FQHC PPS Eligible Services	Visits	1,280.5	259.40	27.68	-	-	1,280.5	259.40	27.68
Maternity	Procedures	1.9	62.30	0.01	-	-	1.9	62.30	0.01
Pathology/Lab	Procedures	4,184.6	32.09	11.19	-	-	4,184.6	32.09	11.19
Radiology	Procedures	980.9	46.85	3.83	-	-	980.9	46.85	3.83
Office Administered Drugs	Procedures	343.7	299.21	8.57	-	-	343.7	299.21	8.57
Physical Exams	Visits	479.8	61.27	2.45	-	-	479.8	61.27	2.45
Therapy	Visits	952.3	60.86	4.83	-	-	952.3	60.86	4.83
Vision	Visits	211.6	65.78	1.16	-	-	211.6	65.78	1.16
Other Professional	Procedures	1,275.0	63.06	6.70	-	-	1,275.0	63.06	6.70
<b>Subtotal Professional</b>				<b>\$ 132.15</b>					<b>\$ 132.15</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	14,336.7	\$ 78.15	\$ 93.37	\$ 0.00	\$ (4.91)	14,336.7	\$ 74.04	\$ 88.46
<b>Subtotal Retail Pharmacy</b>				<b>\$ 93.37</b>					<b>\$ 88.46</b>
<b>Ancillary</b>									
Transportation	Trips	127.3	\$ 82.03	\$ 0.87	\$ 0.00	\$ 0.00	127.3	\$ 82.03	\$ 0.87
DME/Prosthetics	Procedures	209.5	151.81	2.65	-	-	209.5	151.81	2.65
<b>Subtotal Ancillary</b>				<b>\$ 3.52</b>					<b>\$ 3.52</b>
<b>LTSS</b>									
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	46.9	84.40	0.33	-	-	46.9	84.40	0.33
Case Management	Procedures	25.3	678.28	1.43	-	-	25.3	678.28	1.43
<b>Subtotal LTSS</b>				<b>\$ 1.77</b>					<b>\$ 1.77</b>
<b>Total Medical Costs</b>				<b>\$ 380.02</b>					<b>\$ 374.88</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: ME - F 30-39		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 78,960 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	167.6	\$ 3,475.99	\$ 48.56	\$ 0.00	\$ (0.18)	167.6	\$ 3,463.10	\$ 48.38
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	676.7	765.91	43.19	-	(0.16)	676.7	763.07	43.03
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	140.0	1,089.65	12.71	-	(0.05)	140.0	1,085.36	12.66
<b>Subtotal Inpatient Hospital</b>				<b>\$ 104.46</b>					<b>\$ 104.07</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	522.4	\$ 699.04	\$ 30.43	\$ 0.00	\$ 0.00	522.4	\$ 699.04	\$ 30.43
Outpatient Surgery	Visits	79.6	1,849.28	12.26	-	-	79.6	1,849.28	12.26
Outpatient Radiology	Procedures	252.9	297.52	6.27	-	-	252.9	297.52	6.27
Outpatient Pathology/Lab	Procedures	4,687.4	48.95	19.12	-	-	4,687.4	48.95	19.12
Outpatient Pharmacy	Procedures	288.7	643.44	15.48	-	-	288.7	643.44	15.48
Outpatient MH/SA	Visits	297.5	440.12	10.91	-	-	297.5	440.12	10.91
Other Outpatient	Procedures	628.5	173.75	9.10	-	-	628.5	173.75	9.10
<b>Subtotal Outpatient Hospital</b>				<b>\$ 103.57</b>					<b>\$ 103.57</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	407.1	\$ 209.30	\$ 7.10	\$ 0.00	\$ 0.00	407.1	\$ 209.30	\$ 7.10
Anesthesia	Procedures	134.6	181.84	2.04	-	-	134.6	181.84	2.04
Inpatient Visits	Visits	771.3	88.22	5.67	-	-	771.3	88.22	5.67
MH/SA	Visits	6,299.6	99.66	52.32	-	(0.01)	6,299.6	99.64	52.31
Emergency Room	Visits	553.8	101.41	4.68	-	-	553.8	101.41	4.68
Office/Home Visits/Consults	Visits	3,585.1	66.61	19.90	-	-	3,585.1	66.61	19.90
COVID Vaccine Administration	Procedures	34.8	37.98	0.11	-	-	34.8	37.98	0.11
FQHC PPS Eligible Services	Visits	1,514.9	252.30	31.85	-	-	1,514.9	252.30	31.85
Maternity	Procedures	0.5	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,050.8	34.63	11.69	-	-	4,050.8	34.63	11.69
Radiology	Procedures	1,364.8	49.06	5.58	-	-	1,364.8	49.06	5.58
Office Administered Drugs	Procedures	382.3	294.09	9.37	-	-	382.3	294.09	9.37
Physical Exams	Visits	446.5	59.94	2.23	-	-	446.5	59.94	2.23
Therapy	Visits	1,083.7	58.35	5.27	-	-	1,083.7	58.35	5.27
Vision	Visits	187.3	67.89	1.06	-	-	187.3	67.89	1.06
Other Professional	Procedures	1,371.0	53.22	6.08	-	-	1,371.0	53.22	6.08
<b>Subtotal Professional</b>				<b>\$ 164.95</b>					<b>\$ 164.94</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	19,805.4	\$ 73.86	\$ 121.90	\$ 0.00	\$ (6.41)	19,805.4	\$ 69.97	\$ 115.49
<b>Subtotal Retail Pharmacy</b>				<b>\$ 121.90</b>					<b>\$ 115.49</b>
<b>Ancillary</b>									
Transportation	Trips	234.3	\$ 93.23	\$ 1.82	\$ 0.00	\$ 0.00	234.3	\$ 93.23	\$ 1.82
DME/Prosthetics	Procedures	315.3	115.69	3.04	-	-	315.3	115.69	3.04
<b>Subtotal Ancillary</b>				<b>\$ 4.86</b>					<b>\$ 4.86</b>
<b>LTSS</b>									
Hospice	Days	1.4	\$ 689.60	\$ 0.08	\$ 0.00	\$ 0.00	1.4	\$ 689.60	\$ 0.08
Nursing Home	Days	26.6	225.98	0.50	-	-	26.6	225.98	0.50
HCBS	Procedures	172.8	59.73	0.86	-	-	172.8	59.73	0.86
Case Management	Procedures	68.0	763.85	4.33	-	-	68.0	763.85	4.33
<b>Subtotal LTSS</b>				<b>\$ 5.77</b>					<b>\$ 5.77</b>
<b>Total Medical Costs</b>				<b>\$ 505.51</b>					<b>\$ 498.70</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - F 40-49		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 69,748	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	196.8	\$ 3,231.85	\$ 52.99	\$ 0.00	\$ (0.20)	196.8	\$ 3,219.65	\$ 52.79
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	429.4	836.70	29.94	-	(0.11)	429.4	833.63	29.83
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	129.7	1,197.69	12.95	-	(0.05)	129.7	1,193.07	12.90
<b>Subtotal Inpatient Hospital</b>					<b>\$ 95.88</b>					<b>\$ 95.52</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	555.0	\$ 739.22	\$ 34.19	\$ 0.00	\$ 0.00	555.0	\$ 739.22	\$ 34.19
	Outpatient Surgery	Visits	188.0	1,859.02	29.12	-	-	188.0	1,859.02	29.12
	Outpatient Radiology	Procedures	768.7	228.39	14.63	-	-	768.7	228.39	14.63
	Outpatient Pathology/Lab	Procedures	6,356.8	41.38	21.92	-	-	6,356.8	41.38	21.92
	Outpatient Pharmacy	Procedures	502.1	718.71	30.07	-	-	502.1	718.71	30.07
	Outpatient MH/SA	Visits	134.8	511.09	5.74	-	-	134.8	511.09	5.74
	Other Outpatient	Procedures	1,103.0	162.54	14.94	-	-	1,103.0	162.54	14.94
<b>Subtotal Outpatient Hospital</b>					<b>\$ 150.61</b>					<b>\$ 150.61</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	807.2	\$ 234.15	\$ 15.75	\$ 0.00	\$ 0.00	807.2	\$ 234.15	\$ 15.75
	Anesthesia	Procedures	267.0	170.37	3.79	-	-	267.0	170.37	3.79
	Inpatient Visits	Visits	664.1	94.69	5.24	-	-	664.1	94.69	5.24
	MH/SA	Visits	4,650.3	105.41	40.85	-	-	4,650.3	105.41	40.85
	Emergency Room	Visits	610.3	102.65	5.22	-	-	610.3	102.65	5.22
	Office/Home Visits/Consults	Visits	4,895.6	68.24	27.84	-	-	4,895.6	68.24	27.84
	COVID Vaccine Administration	Procedures	48.3	39.78	0.16	-	-	48.3	39.78	0.16
	FQHC PPS Eligible Services	Visits	1,836.8	265.38	40.62	-	-	1,836.8	265.38	40.62
	Maternity	Procedures	0.2	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	5,300.1	34.69	15.32	-	-	5,300.1	34.69	15.32
	Radiology	Procedures	2,697.2	50.90	11.44	-	-	2,697.2	50.90	11.44
	Office Administered Drugs	Procedures	615.3	196.00	10.05	-	-	615.3	196.00	10.05
	Physical Exams	Visits	557.9	62.16	2.89	-	-	557.9	62.16	2.89
	Therapy	Visits	1,559.0	60.27	7.83	-	-	1,559.0	60.27	7.83
	Vision	Visits	318.6	69.30	1.84	-	-	318.6	69.30	1.84
	Other Professional	Procedures	2,125.9	53.45	9.47	-	-	2,125.9	53.45	9.47
<b>Subtotal Professional</b>					<b>\$ 198.31</b>					<b>\$ 198.31</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	29,050.7	\$ 71.53	\$ 173.17	\$ 0.00	\$ (9.11)	29,050.7	\$ 67.77	\$ 164.06
<b>Subtotal Retail Pharmacy</b>					<b>\$ 173.17</b>					<b>\$ 164.06</b>
<b>Ancillary</b>										
	Transportation	Trips	208.2	\$ 86.46	\$ 1.50	\$ 0.00	\$ 0.00	208.2	\$ 86.46	\$ 1.50
	DME/Prosthetics	Procedures	587.2	100.74	4.93	-	-	587.2	100.74	4.93
<b>Subtotal Ancillary</b>					<b>\$ 6.43</b>					<b>\$ 6.43</b>
<b>LTSS</b>										
	Hospice	Days	16.0	\$ 209.41	\$ 0.28	\$ 0.00	\$ 0.00	16.0	\$ 209.41	\$ 0.28
	Nursing Home	Days	75.4	245.17	1.54	-	-	75.4	245.17	1.54
	HCBS	Procedures	410.8	107.50	3.68	-	-	410.8	107.50	3.68
	Case Management	Procedures	51.5	783.07	3.36	-	-	51.5	783.07	3.36
<b>Subtotal LTSS</b>					<b>\$ 8.86</b>					<b>\$ 8.86</b>
<b>Total Medical Costs</b>					<b>\$ 633.26</b>					<b>\$ 623.79</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - F 50-64		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 202,194	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	283.2	\$ 2,816.94	\$ 66.49	\$ 0.00	\$ (0.25)	283.2	\$ 2,806.35	\$ 66.24
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	179.8	988.24	14.81	-	(0.05)	179.8	984.91	14.76
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	62.6	1,870.75	9.76	-	(0.04)	62.6	1,863.09	9.72
<b>Subtotal Inpatient Hospital</b>					<b>\$ 91.06</b>					<b>\$ 90.72</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	332.8	\$ 817.55	\$ 22.67	\$ 0.00	\$ 0.00	332.8	\$ 817.55	\$ 22.67
	Outpatient Surgery	Visits	268.5	1,621.47	36.28	-	-	268.5	1,621.47	36.28
	Outpatient Radiology	Procedures	1,026.4	242.00	20.70	-	-	1,026.4	242.00	20.70
	Outpatient Pathology/Lab	Procedures	6,851.0	35.12	20.05	-	-	6,851.0	35.12	20.05
	Outpatient Pharmacy	Procedures	759.8	794.57	50.31	-	(0.01)	759.8	794.41	50.30
	Outpatient MH/SA	Visits	75.8	536.51	3.39	-	-	75.8	536.51	3.39
	Other Outpatient	Procedures	1,608.5	160.99	21.58	-	-	1,608.5	160.99	21.58
<b>Subtotal Outpatient Hospital</b>					<b>\$ 174.98</b>					<b>\$ 174.97</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	1,142.8	\$ 217.25	\$ 20.69	\$ 0.00	\$ 0.00	1,142.8	\$ 217.25	\$ 20.69
	Anesthesia	Procedures	313.0	172.13	4.49	-	-	313.0	172.13	4.49
	Inpatient Visits	Visits	782.4	85.74	5.59	-	-	782.4	85.74	5.59
	MH/SA	Visits	2,246.2	107.86	20.19	-	-	2,246.2	107.86	20.19
	Emergency Room	Visits	403.9	103.10	3.47	-	-	403.9	103.10	3.47
	Office/Home Visits/Consults	Visits	4,969.0	70.11	29.03	-	-	4,969.0	70.11	29.03
	COVID Vaccine Administration	Procedures	37.6	38.28	0.12	-	-	37.6	38.28	0.12
	FQHC PPS Eligible Services	Visits	1,620.4	270.97	36.59	-	-	1,620.4	270.97	36.59
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	5,575.4	29.06	13.50	-	-	5,575.4	29.06	13.50
	Radiology	Procedures	3,126.0	54.78	14.27	-	-	3,126.0	54.78	14.27
	Office Administered Drugs	Procedures	607.7	144.34	7.31	-	-	607.7	144.34	7.31
	Physical Exams	Visits	684.2	61.21	3.49	-	-	684.2	61.21	3.49
	Therapy	Visits	2,023.5	62.21	10.49	-	-	2,023.5	62.21	10.49
	Vision	Visits	406.1	67.96	2.30	-	-	406.1	67.96	2.30
	Other Professional	Procedures	2,500.6	49.14	10.24	-	-	2,500.6	49.14	10.24
<b>Subtotal Professional</b>					<b>\$ 181.77</b>					<b>\$ 181.77</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	34,026.4	\$ 76.90	\$ 218.06	\$ 0.00	\$ (11.47)	34,026.4	\$ 72.86	\$ 206.59
<b>Subtotal Retail Pharmacy</b>					<b>\$ 218.06</b>					<b>\$ 206.59</b>
<b>Ancillary</b>										
	Transportation	Trips	159.5	\$ 91.05	\$ 1.21	\$ 0.00	\$ 0.00	159.5	\$ 91.05	\$ 1.21
	DME/Prosthetics	Procedures	858.9	107.44	7.69	-	-	858.9	107.44	7.69
<b>Subtotal Ancillary</b>					<b>\$ 8.90</b>					<b>\$ 8.90</b>
<b>LTSS</b>										
	Hospice	Days	76.5	\$ 161.56	\$ 1.03	\$ 0.00	\$ 0.00	76.5	\$ 161.56	\$ 1.03
	Nursing Home	Days	223.7	208.14	3.88	-	-	223.7	208.14	3.88
	HCBS	Procedures	493.6	123.99	5.10	-	-	493.6	123.99	5.10
	Case Management	Procedures	46.4	491.63	1.90	-	-	46.4	491.63	1.90
<b>Subtotal LTSS</b>					<b>\$ 11.91</b>					<b>\$ 11.91</b>
<b>Total Medical Costs</b>					<b>\$ 686.68</b>					<b>\$ 674.86</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - M 19-24		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 134,523	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	57.2	\$ 3,352.90	\$ 15.98	\$ 0.00	\$ (0.06)	57.2	\$ 3,340.31	\$ 15.92
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	162.1	862.56	11.65	-	(0.04)	162.1	859.60	11.61
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	28.7	1,508.63	3.61	-	(0.01)	28.7	1,504.45	3.60
<b>Subtotal Inpatient Hospital</b>					<b>\$ 31.24</b>					<b>\$ 31.13</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	336.8	\$ 602.53	\$ 16.91	\$ 0.00	\$ 0.00	336.8	\$ 602.53	\$ 16.91
	Outpatient Surgery	Visits	31.2	2,109.04	5.48	-	-	31.2	2,109.04	5.48
	Outpatient Radiology	Procedures	55.5	261.53	1.21	-	-	55.5	261.53	1.21
	Outpatient Pathology/Lab	Procedures	1,388.1	42.45	4.91	-	-	1,388.1	42.45	4.91
	Outpatient Pharmacy	Procedures	54.7	1,377.65	6.28	-	-	54.7	1,377.65	6.28
	Outpatient MH/SA	Visits	52.2	558.12	2.43	-	-	52.2	558.12	2.43
	Other Outpatient	Procedures	228.1	215.65	4.10	-	-	228.1	215.65	4.10
<b>Subtotal Outpatient Hospital</b>					<b>\$ 41.32</b>					<b>\$ 41.32</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	160.0	\$ 231.01	\$ 3.08	\$ 0.00	\$ 0.00	160.0	\$ 231.01	\$ 3.08
	Anesthesia	Procedures	55.5	190.29	0.88	-	-	55.5	190.29	0.88
	Inpatient Visits	Visits	188.3	93.68	1.47	-	-	188.3	93.68	1.47
	MH/SA	Visits	1,331.4	113.74	12.62	-	-	1,331.4	113.74	12.62
	Emergency Room	Visits	339.8	89.35	2.53	-	-	339.8	89.35	2.53
	Office/Home Visits/Consults	Visits	1,397.8	68.08	7.93	-	-	1,397.8	68.08	7.93
	COVID Vaccine Administration	Procedures	35.9	40.07	0.12	-	-	35.9	40.07	0.12
	FQHC PPS Eligible Services	Visits	526.3	267.21	11.72	-	-	526.3	267.21	11.72
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	1,706.8	32.13	4.57	-	-	1,706.8	32.13	4.57
	Radiology	Procedures	585.4	35.26	1.72	-	-	585.4	35.26	1.72
	Office Administered Drugs	Procedures	139.4	226.39	2.63	-	-	139.4	226.39	2.63
	Physical Exams	Visits	208.2	59.37	1.03	-	-	208.2	59.37	1.03
	Therapy	Visits	422.2	63.67	2.24	-	-	422.2	63.67	2.24
	Vision	Visits	196.3	73.35	1.20	-	-	196.3	73.35	1.20
	Other Professional	Procedures	773.2	31.97	2.06	-	-	773.2	31.97	2.06
<b>Subtotal Professional</b>					<b>\$ 55.80</b>					<b>\$ 55.80</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	4,676.4	\$ 123.02	\$ 47.94	\$ 0.00	\$ (2.52)	4,676.4	\$ 116.55	\$ 45.42
<b>Subtotal Retail Pharmacy</b>					<b>\$ 47.94</b>					<b>\$ 45.42</b>
<b>Ancillary</b>										
	Transportation	Trips	91.5	\$ 94.42	\$ 0.72	\$ 0.00	\$ 0.00	91.5	\$ 94.42	\$ 0.72
	DME/Prosthetics	Procedures	135.1	142.98	1.61	-	-	135.1	142.98	1.61
<b>Subtotal Ancillary</b>					<b>\$ 2.33</b>					<b>\$ 2.33</b>
<b>LTSS</b>										
	Hospice	Days	4.1	\$ 59.16	\$ 0.02	\$ 0.00	\$ 0.00	4.1	\$ 59.16	\$ 0.02
	Nursing Home	Days	3.9	277.12	0.09	-	-	3.9	277.12	0.09
	HCBS	Procedures	59.6	106.67	0.53	-	-	59.6	106.67	0.53
	Case Management	Procedures	87.6	308.35	2.25	-	-	87.6	308.35	2.25
<b>Subtotal LTSS</b>					<b>\$ 2.89</b>					<b>\$ 2.89</b>
<b>Total Medical Costs</b>					<b>\$ 181.52</b>					<b>\$ 178.89</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - M 25-29		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 104,069	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	93.5	\$ 3,344.07	\$ 26.05	\$ 0.00	\$ (0.10)	93.5	\$ 3,331.23	\$ 25.95
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	614.5	722.94	37.02	-	(0.14)	614.5	720.20	36.88
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	103.5	1,270.84	10.96	-	(0.04)	103.5	1,266.20	10.92
<b>Subtotal Inpatient Hospital</b>					<b>\$ 74.03</b>					<b>\$ 73.75</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	422.4	\$ 652.50	\$ 22.97	\$ 0.00	\$ 0.00	422.4	\$ 652.50	\$ 22.97
	Outpatient Surgery	Visits	40.2	1,541.58	5.16	-	-	40.2	1,541.58	5.16
	Outpatient Radiology	Procedures	76.0	216.32	1.37	-	-	76.0	216.32	1.37
	Outpatient Pathology/Lab	Procedures	1,819.2	42.48	6.44	-	-	1,819.2	42.48	6.44
	Outpatient Pharmacy	Procedures	105.5	393.38	3.46	-	-	105.5	393.38	3.46
	Outpatient MH/SA	Visits	122.4	412.80	4.21	-	-	122.4	412.80	4.21
	Other Outpatient	Procedures	383.0	231.24	7.38	-	-	383.0	231.24	7.38
<b>Subtotal Outpatient Hospital</b>					<b>\$ 50.99</b>					<b>\$ 50.99</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	202.0	\$ 210.88	\$ 3.55	\$ 0.00	\$ 0.00	202.0	\$ 210.88	\$ 3.55
	Anesthesia	Procedures	60.9	177.23	0.90	-	-	60.9	177.23	0.90
	Inpatient Visits	Visits	481.9	93.89	3.77	-	-	481.9	93.89	3.77
	MH/SA	Visits	3,079.3	107.56	27.60	-	-	3,079.3	107.56	27.60
	Emergency Room	Visits	442.3	97.68	3.60	-	-	442.3	97.68	3.60
	Office/Home Visits/Consults	Visits	1,738.3	67.79	9.82	-	-	1,738.3	67.79	9.82
	COVID Vaccine Administration	Procedures	25.0	38.44	0.08	-	-	25.0	38.44	0.08
	FQHC PPS Eligible Services	Visits	684.3	266.91	15.22	-	-	684.3	266.91	15.22
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,072.6	37.00	6.39	-	-	2,072.6	37.00	6.39
	Radiology	Procedures	764.7	38.92	2.48	-	-	764.7	38.92	2.48
	Office Administered Drugs	Procedures	190.9	208.10	3.31	-	-	190.9	208.10	3.31
	Physical Exams	Visits	199.1	53.05	0.88	-	-	199.1	53.05	0.88
	Therapy	Visits	549.9	59.79	2.74	-	-	549.9	59.79	2.74
	Vision	Visits	123.3	67.18	0.69	-	-	123.3	67.18	0.69
	Other Professional	Procedures	731.1	45.96	2.80	-	-	731.1	45.96	2.80
<b>Subtotal Professional</b>					<b>\$ 83.83</b>					<b>\$ 83.83</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	6,811.7	\$ 139.93	\$ 79.43	\$ 0.00	\$ (4.18)	6,811.7	\$ 132.57	\$ 75.25
<b>Subtotal Retail Pharmacy</b>					<b>\$ 79.43</b>					<b>\$ 75.25</b>
<b>Ancillary</b>										
	Transportation	Trips	165.0	\$ 91.66	\$ 1.26	\$ 0.00	\$ 0.00	165.0	\$ 91.66	\$ 1.26
	DME/Prosthetics	Procedures	204.8	140.63	2.40	-	-	204.8	140.63	2.40
<b>Subtotal Ancillary</b>					<b>\$ 3.66</b>					<b>\$ 3.66</b>
<b>LTSS</b>										
	Hospice	Days	1.2	\$ 96.20	\$ 0.01	\$ 0.00	\$ 0.00	1.2	\$ 96.20	\$ 0.01
	Nursing Home	Days	13.7	314.67	0.36	-	-	13.7	314.67	0.36
	HCBS	Procedures	45.2	58.35	0.22	-	-	45.2	58.35	0.22
	Case Management	Procedures	61.8	848.07	4.37	-	-	61.8	848.07	4.37
<b>Subtotal LTSS</b>					<b>\$ 4.96</b>					<b>\$ 4.96</b>
<b>Total Medical Costs</b>					<b>\$ 296.90</b>					<b>\$ 292.44</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: ME - M 30-39		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 156,995	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	202.2	\$ 3,397.65	\$ 57.26	\$ 0.00	\$ (0.21)	202.2	\$ 3,385.19	\$ 57.05
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	1,101.6	634.45	58.24	-	(0.22)	1,101.6	632.05	58.02
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	210.8	884.56	15.54	-	(0.06)	210.8	881.15	15.48
<b>Subtotal Inpatient Hospital</b>					<b>\$ 131.04</b>					<b>\$ 130.55</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	547.8	\$ 710.12	\$ 32.42	\$ 0.00	\$ 0.00	547.8	\$ 710.12	\$ 32.42
	Outpatient Surgery	Visits	52.3	1,738.52	7.57	-	-	52.3	1,738.52	7.57
	Outpatient Radiology	Procedures	102.7	307.31	2.63	-	-	102.7	307.31	2.63
	Outpatient Pathology/Lab	Procedures	2,348.1	42.37	8.29	-	-	2,348.1	42.37	8.29
	Outpatient Pharmacy	Procedures	127.2	1,233.96	13.08	-	-	127.2	1,233.96	13.08
	Outpatient MH/SA	Visits	134.3	422.69	4.73	-	-	134.3	422.69	4.73
	Other Outpatient	Procedures	498.2	258.46	10.73	-	-	498.2	258.46	10.73
<b>Subtotal Outpatient Hospital</b>					<b>\$ 79.45</b>					<b>\$ 79.45</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	298.6	\$ 209.77	\$ 5.22	\$ 0.00	\$ 0.00	298.6	\$ 209.77	\$ 5.22
	Anesthesia	Procedures	85.5	213.29	1.52	-	-	85.5	213.29	1.52
	Inpatient Visits	Visits	806.5	92.25	6.20	-	-	806.5	92.25	6.20
	MH/SA	Visits	5,046.0	105.47	44.35	-	-	5,046.0	105.47	44.35
	Emergency Room	Visits	613.7	99.33	5.08	-	-	613.7	99.33	5.08
	Office/Home Visits/Consults	Visits	2,188.7	70.29	12.82	-	-	2,188.7	70.29	12.82
	COVID Vaccine Administration	Procedures	26.0	41.58	0.09	-	-	26.0	41.58	0.09
	FQHC PPS Eligible Services	Visits	880.5	261.25	19.17	-	-	880.5	261.25	19.17
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	2,406.7	39.79	7.98	-	-	2,406.7	39.79	7.98
	Radiology	Procedures	1,007.5	40.26	3.38	-	-	1,007.5	40.26	3.38
	Office Administered Drugs	Procedures	358.8	155.50	4.65	-	-	358.8	155.50	4.65
	Physical Exams	Visits	197.0	52.40	0.86	-	-	197.0	52.40	0.86
	Therapy	Visits	643.5	62.66	3.36	-	-	643.5	62.66	3.36
	Vision	Visits	108.9	67.22	0.61	-	-	108.9	67.22	0.61
	Other Professional	Procedures	955.8	49.72	3.96	-	-	955.8	49.72	3.96
<b>Subtotal Professional</b>					<b>\$ 119.25</b>					<b>\$ 119.25</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	10,545.9	\$ 137.71	\$ 121.02	\$ 0.00	\$ (6.37)	10,545.9	\$ 130.46	\$ 114.65
<b>Subtotal Retail Pharmacy</b>					<b>\$ 121.02</b>					<b>\$ 114.65</b>
<b>Ancillary</b>										
	Transportation	Trips	253.0	\$ 86.31	\$ 1.82	\$ 0.00	\$ 0.00	253.0	\$ 86.31	\$ 1.82
	DME/Prosthetics	Procedures	352.3	100.13	2.94	-	-	352.3	100.13	2.94
<b>Subtotal Ancillary</b>					<b>\$ 4.76</b>					<b>\$ 4.76</b>
<b>LTSS</b>										
	Hospice	Days	25.3	\$ 99.80	\$ 0.21	\$ 0.00	\$ 0.00	25.3	\$ 99.80	\$ 0.21
	Nursing Home	Days	29.3	250.10	0.61	-	-	29.3	250.10	0.61
	HCBS	Procedures	165.3	80.59	1.11	-	-	165.3	80.59	1.11
	Case Management	Procedures	84.1	449.68	3.15	-	-	84.1	449.68	3.15
<b>Subtotal LTSS</b>					<b>\$ 5.08</b>					<b>\$ 5.08</b>
<b>Total Medical Costs</b>					<b>\$ 460.60</b>					<b>\$ 453.74</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: ME - M 40-49		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 96,506 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	332.5	\$ 3,086.44	\$ 85.51	\$ 0.00	\$ (0.32)	332.5	\$ 3,074.88	\$ 85.19
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,400.8	639.48	74.65	-	(0.28)	1,400.8	637.09	74.37
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	347.0	943.68	27.29	-	(0.10)	347.0	940.23	27.19
<b>Subtotal Inpatient Hospital</b>				<b>\$ 187.45</b>					<b>\$ 186.75</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	593.4	\$ 737.47	\$ 36.47	\$ 0.00	\$ 0.00	593.4	\$ 737.47	\$ 36.47
Outpatient Surgery	Visits	121.0	1,684.22	16.98	-	-	121.0	1,684.22	16.98
Outpatient Radiology	Procedures	192.4	410.39	6.58	-	-	192.4	410.39	6.58
Outpatient Pathology/Lab	Procedures	3,643.8	37.05	11.25	-	-	3,643.8	37.05	11.25
Outpatient Pharmacy	Procedures	273.8	879.68	20.07	-	-	273.8	879.68	20.07
Outpatient MH/SA	Visits	190.9	356.35	5.67	-	-	190.9	356.35	5.67
Other Outpatient	Procedures	915.5	290.59	22.17	-	-	915.5	290.59	22.17
<b>Subtotal Outpatient Hospital</b>				<b>\$ 119.19</b>					<b>\$ 119.19</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	562.3	\$ 226.01	\$ 10.59	\$ 0.00	\$ 0.00	562.3	\$ 226.01	\$ 10.59
Anesthesia	Procedures	153.8	205.19	2.63	-	-	153.8	205.19	2.63
Inpatient Visits	Visits	1,257.1	89.73	9.40	-	-	1,257.1	89.73	9.40
MH/SA	Visits	5,530.0	105.44	48.59	-	-	5,530.0	105.44	48.59
Emergency Room	Visits	694.7	103.29	5.98	-	-	694.7	103.29	5.98
Office/Home Visits/Consults	Visits	2,929.5	73.49	17.94	-	-	2,929.5	73.49	17.94
COVID Vaccine Administration	Procedures	35.3	40.81	0.12	-	-	35.3	40.81	0.12
FQHC PPS Eligible Services	Visits	1,166.0	266.25	25.87	-	-	1,166.0	266.25	25.87
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,244.7	37.98	10.27	-	-	3,244.7	37.98	10.27
Radiology	Procedures	1,488.5	44.82	5.56	-	-	1,488.5	44.82	5.56
Office Administered Drugs	Procedures	468.8	203.76	7.96	-	-	468.8	203.76	7.96
Physical Exams	Visits	289.4	53.49	1.29	-	-	289.4	53.49	1.29
Therapy	Visits	794.0	64.08	4.24	-	-	794.0	64.08	4.24
Vision	Visits	179.6	70.81	1.06	-	-	179.6	70.81	1.06
Other Professional	Procedures	1,512.1	53.73	6.77	-	-	1,512.1	53.73	6.77
<b>Subtotal Professional</b>				<b>\$ 158.27</b>					<b>\$ 158.27</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	18,423.8	\$ 108.52	\$ 166.61	\$ 0.00	\$ (8.76)	18,423.8	\$ 102.81	\$ 157.85
<b>Subtotal Retail Pharmacy</b>				<b>\$ 166.61</b>					<b>\$ 157.85</b>
<b>Ancillary</b>									
Transportation	Trips	314.9	\$ 84.61	\$ 2.22	\$ 0.00	\$ 0.00	314.9	\$ 84.61	\$ 2.22
DME/Prosthetics	Procedures	590.3	97.78	4.81	-	-	590.3	97.78	4.81
<b>Subtotal Ancillary</b>				<b>\$ 7.03</b>					<b>\$ 7.03</b>
<b>LTSS</b>									
Hospice	Days	27.9	\$ 146.19	\$ 0.34	\$ 0.00	\$ 0.00	27.9	\$ 146.19	\$ 0.34
Nursing Home	Days	103.2	254.77	2.19	-	-	103.2	254.77	2.19
HCBS	Procedures	328.8	62.78	1.72	-	-	328.8	62.78	1.72
Case Management	Procedures	108.9	400.00	3.63	-	-	108.9	400.00	3.63
<b>Subtotal LTSS</b>				<b>\$ 7.88</b>					<b>\$ 7.88</b>
<b>Total Medical Costs</b>				<b>\$ 646.43</b>					<b>\$ 636.97</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell:		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
ME - M 50-64										
Member Months: 170,852	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	465.7	\$ 3,296.47	\$ 127.94	\$ 0.00	\$ (0.47)	465.7	\$ 3,284.36	\$ 127.47
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	632.1	632.00	33.29	-	(0.12)	632.1	629.72	33.17
	Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
	Other Inpatient	Days	172.7	1,182.36	17.02	-	(0.06)	172.7	1,178.19	16.96
<b>Subtotal Inpatient Hospital</b>					<b>\$ 178.25</b>					<b>\$ 177.60</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	438.6	\$ 826.05	\$ 30.19	\$ 0.00	\$ 0.00	438.6	\$ 826.05	\$ 30.19
	Outpatient Surgery	Visits	227.6	1,539.33	29.19	-	-	227.6	1,539.33	29.19
	Outpatient Radiology	Procedures	345.3	417.73	12.02	-	-	345.3	417.73	12.02
	Outpatient Pathology/Lab	Procedures	5,406.2	31.61	14.24	-	-	5,406.2	31.61	14.24
	Outpatient Pharmacy	Procedures	565.6	693.33	32.68	-	-	565.6	693.33	32.68
	Outpatient MH/SA	Visits	49.2	395.42	1.62	-	-	49.2	395.42	1.62
	Other Outpatient	Procedures	1,431.2	221.27	26.39	-	-	1,431.2	221.27	26.39
<b>Subtotal Outpatient Hospital</b>					<b>\$ 146.33</b>					<b>\$ 146.33</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	1,057.7	\$ 214.43	\$ 18.90	\$ 0.00	\$ 0.00	1,057.7	\$ 214.43	\$ 18.90
	Anesthesia	Procedures	272.2	189.60	4.30	-	-	272.2	189.60	4.30
	Inpatient Visits	Visits	1,249.4	85.58	8.91	-	-	1,249.4	85.58	8.91
	MH/SA	Visits	2,631.1	107.09	23.48	-	-	2,631.1	107.09	23.48
	Emergency Room	Visits	542.9	99.24	4.49	-	-	542.9	99.24	4.49
	Office/Home Visits/Consults	Visits	3,815.4	73.63	23.41	-	-	3,815.4	73.63	23.41
	COVID Vaccine Administration	Procedures	33.3	39.61	0.11	-	-	33.3	39.61	0.11
	FQHC PPS Eligible Services	Visits	1,144.3	268.67	25.62	-	-	1,144.3	268.67	25.62
	Maternity	Procedures	-	-	-	-	-	-	-	-
	Pathology/Lab	Procedures	4,176.8	28.76	10.01	-	-	4,176.8	28.76	10.01
	Radiology	Procedures	1,917.0	64.85	10.36	-	-	1,917.0	64.85	10.36
	Office Administered Drugs	Procedures	550.3	157.45	7.22	-	-	550.3	157.45	7.22
	Physical Exams	Visits	469.6	55.20	2.16	-	-	469.6	55.20	2.16
	Therapy	Visits	1,303.4	63.16	6.86	-	-	1,303.4	63.16	6.86
	Vision	Visits	287.7	66.75	1.60	-	-	287.7	66.75	1.60
	Other Professional	Procedures	2,428.5	49.07	9.93	-	-	2,428.5	49.07	9.93
<b>Subtotal Professional</b>					<b>\$ 157.36</b>					<b>\$ 157.36</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	27,021.9	\$ 95.18	\$ 214.33	\$ 0.00	\$ (11.27)	27,021.9	\$ 90.18	\$ 203.06
<b>Subtotal Retail Pharmacy</b>					<b>\$ 214.33</b>					<b>\$ 203.06</b>
<b>Ancillary</b>										
	Transportation	Trips	250.1	\$ 93.07	\$ 1.94	\$ 0.00	\$ 0.00	250.1	\$ 93.07	\$ 1.94
	DME/Prosthetics	Procedures	909.4	102.13	7.74	-	-	909.4	102.13	7.74
<b>Subtotal Ancillary</b>					<b>\$ 9.68</b>					<b>\$ 9.68</b>
<b>LTSS</b>										
	Hospice	Days	111.4	\$ 170.15	\$ 1.58	\$ 0.00	\$ 0.00	111.4	\$ 170.15	\$ 1.58
	Nursing Home	Days	283.5	214.63	5.07	-	-	283.5	214.63	5.07
	HCBS	Procedures	359.4	81.15	2.43	-	-	359.4	81.15	2.43
	Case Management	Procedures	71.1	366.31	2.17	-	-	71.1	366.31	2.17
<b>Subtotal LTSS</b>					<b>\$ 11.25</b>					<b>\$ 11.25</b>
<b>Total Medical Costs</b>					<b>\$ 717.20</b>					<b>\$ 705.28</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: RHP - ID		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 11,421 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	493.4	\$ 3,623.24	\$ 148.99	\$ 0.00	\$ (0.13)	493.4	\$ 3,620.07	\$ 148.86
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	858.7	1,241.02	88.80	-	(0.08)	858.7	1,239.90	88.72
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	130.5	1,512.18	16.44	-	(0.01)	130.5	1,511.26	16.43
<b>Subtotal Inpatient Hospital</b>				<b>\$ 254.23</b>					<b>\$ 254.01</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	682.0	\$ 754.18	\$ 42.86	\$ 0.00	\$ 0.00	682.0	\$ 754.18	\$ 42.86
Outpatient Surgery	Visits	175.4	1,777.36	25.98	-	-	175.4	1,777.36	25.98
Outpatient Radiology	Procedures	317.1	306.48	8.10	-	-	317.1	306.48	8.10
Outpatient Pathology/Lab	Procedures	5,934.0	31.34	15.50	-	-	5,934.0	31.34	15.50
Outpatient Pharmacy	Procedures	795.5	154.02	10.21	-	-	795.5	154.02	10.21
Outpatient MH/SA	Visits	21.7	242.86	0.44	-	-	21.7	242.86	0.44
Other Outpatient	Procedures	1,764.7	336.32	49.46	-	-	1,764.7	336.32	49.46
<b>Subtotal Outpatient Hospital</b>				<b>\$ 152.55</b>					<b>\$ 152.55</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	1,065.6	\$ 102.59	\$ 9.11	\$ 0.00	\$ 0.00	1,065.6	\$ 102.59	\$ 9.11
Anesthesia	Procedures	233.4	178.94	3.48	-	-	233.4	178.94	3.48
Inpatient Visits	Visits	2,105.1	88.81	15.58	-	-	2,105.1	88.81	15.58
MH/SA	Visits	5,047.3	148.47	62.45	-	-	5,047.3	148.47	62.45
Emergency Room	Visits	817.3	110.71	7.54	-	-	817.3	110.71	7.54
Office/Home Visits/Consults	Visits	5,072.9	69.81	29.51	-	-	5,072.9	69.81	29.51
COVID Vaccine Administration	Procedures	39.0	36.96	0.12	-	-	39.0	36.96	0.12
FQHC PPS Eligible Services	Visits	1,072.9	275.25	24.61	-	-	1,072.9	275.25	24.61
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,428.6	22.22	8.20	-	-	4,428.6	22.22	8.20
Radiology	Procedures	1,721.6	36.24	5.20	-	-	1,721.6	36.24	5.20
Office Administered Drugs	Procedures	359.9	444.82	13.34	-	-	359.9	444.82	13.34
Physical Exams	Visits	803.7	59.57	3.99	-	-	803.7	59.57	3.99
Therapy	Visits	1,157.4	64.70	6.24	-	-	1,157.4	64.70	6.24
Vision	Visits	343.4	65.00	1.86	-	-	343.4	65.00	1.86
Other Professional	Procedures	4,994.6	164.89	68.63	-	-	4,994.6	164.89	68.63
<b>Subtotal Professional</b>				<b>\$ 259.86</b>					<b>\$ 259.86</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	56,438.2	\$ 71.87	\$ 338.04	\$ 0.00	\$ (14.91)	56,438.2	\$ 68.70	\$ 323.13
<b>Subtotal Retail Pharmacy</b>				<b>\$ 338.04</b>					<b>\$ 323.13</b>
<b>Ancillary</b>									
Transportation	Trips	580.8	\$ 79.75	\$ 3.86	\$ 0.00	\$ 0.00	580.8	\$ 79.75	\$ 3.86
DME/Prosthetics	Procedures	6,413.7	128.69	68.78	-	-	6,413.7	128.69	68.78
<b>Subtotal Ancillary</b>				<b>\$ 72.64</b>					<b>\$ 72.64</b>
<b>LTSS</b>									
Hospice	Days	449.9	\$ 150.69	\$ 5.65	\$ 0.00	\$ 0.00	449.9	\$ 150.69	\$ 5.65
Nursing Home	Days	172.6	341.30	4.91	-	-	172.6	341.30	4.91
HCBS	Procedures	10,082.5	78.49	65.95	-	-	10,082.5	78.49	65.95
Case Management	Procedures	383.2	442.47	14.13	-	-	383.2	442.47	14.13
<b>Subtotal LTSS</b>				<b>\$ 90.64</b>					<b>\$ 90.64</b>
<b>Total Medical Costs</b>				<b>\$ 1,167.96</b>					<b>\$ 1,152.83</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell: RHP - SPMI		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
Member Months: 30,899	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	948.9	\$ 2,923.29	\$ 231.17	\$ 0.00	\$ (0.21)	948.9	\$ 2,920.64	\$ 230.96
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	3,652.7	1,058.05	322.06	-	(0.29)	3,652.7	1,057.10	321.77
	Inpatient Maternity Delivery	Days	10.2	2,408.37	2.04	-	-	10.2	2,408.37	2.04
	Other Inpatient	Days	751.0	1,296.56	81.14	-	(0.07)	751.0	1,295.44	81.07
<b>Subtotal Inpatient Hospital</b>					<b>\$ 636.41</b>					<b>\$ 635.84</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	1,904.8	\$ 827.54	\$ 131.36	\$ 0.00	\$ 0.00	1,904.8	\$ 827.54	\$ 131.36
	Outpatient Surgery	Visits	201.2	1,707.08	28.62	-	-	201.2	1,707.08	28.62
	Outpatient Radiology	Procedures	665.2	310.29	17.20	-	-	665.2	310.29	17.20
	Outpatient Pathology/Lab	Procedures	7,788.0	39.69	25.76	-	-	7,788.0	39.69	25.76
	Outpatient Pharmacy	Procedures	726.4	528.49	31.99	-	-	726.4	528.49	31.99
	Outpatient MH/SA	Visits	279.9	481.42	11.23	-	-	279.9	481.42	11.23
	Other Outpatient	Procedures	3,034.9	296.94	75.10	-	-	3,034.9	296.94	75.10
<b>Subtotal Outpatient Hospital</b>					<b>\$ 321.26</b>					<b>\$ 321.26</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	1,218.2	\$ 188.14	\$ 19.10	\$ 0.00	\$ 0.00	1,218.2	\$ 188.14	\$ 19.10
	Anesthesia	Procedures	335.9	240.41	6.73	-	-	335.9	240.41	6.73
	Inpatient Visits	Visits	5,008.7	87.83	36.66	-	-	5,008.7	87.83	36.66
	MH/SA	Visits	23,878.7	206.59	411.09	-	-	23,878.7	206.59	411.09
	Emergency Room	Visits	2,467.7	115.44	23.74	-	-	2,467.7	115.44	23.74
	Office/Home Visits/Consults	Visits	7,634.6	72.05	45.84	-	-	7,634.6	72.05	45.84
	COVID Vaccine Administration	Procedures	65.6	40.22	0.22	-	-	65.6	40.22	0.22
	FQHC PPS Eligible Services	Visits	2,756.9	270.82	62.22	-	-	2,756.9	270.82	62.22
	Maternity	Procedures	22.8	210.92	0.40	-	-	22.8	210.92	0.40
	Pathology/Lab	Procedures	6,993.2	30.68	17.88	-	-	6,993.2	30.68	17.88
	Radiology	Procedures	3,910.9	41.30	13.46	-	-	3,910.9	41.30	13.46
	Office Administered Drugs	Procedures	620.2	284.61	14.71	-	-	620.2	284.61	14.71
	Physical Exams	Visits	503.8	44.30	1.86	-	-	503.8	44.30	1.86
	Therapy	Visits	1,572.2	74.49	9.76	-	-	1,572.2	74.49	9.76
	Vision	Visits	342.9	66.50	1.90	-	-	342.9	66.50	1.90
	Other Professional	Procedures	4,148.8	55.68	19.25	-	-	4,148.8	55.68	19.25
<b>Subtotal Professional</b>					<b>\$ 684.82</b>					<b>\$ 684.82</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	77,679.4	\$ 110.08	\$ 712.58	\$ 0.00	\$ (31.42)	77,679.4	\$ 105.23	\$ 681.16
<b>Subtotal Retail Pharmacy</b>					<b>\$ 712.58</b>					<b>\$ 681.16</b>
<b>Ancillary</b>										
	Transportation	Trips	1,509.2	\$ 79.67	\$ 10.02	\$ 0.00	\$ 0.00	1,509.2	\$ 79.67	\$ 10.02
	DME/Prosthetics	Procedures	2,108.8	101.23	17.79	-	-	2,108.8	101.23	17.79
<b>Subtotal Ancillary</b>					<b>\$ 27.81</b>					<b>\$ 27.81</b>
<b>LTSS</b>										
	Hospice	Days	165.0	\$ 174.59	\$ 2.40	\$ 0.00	\$ 0.00	165.0	\$ 174.59	\$ 2.40
	Nursing Home	Days	813.7	274.46	18.61	-	-	813.7	274.46	18.61
	HCBS	Procedures	9,145.3	71.08	54.17	-	-	9,145.3	71.08	54.17
	Case Management	Procedures	1,877.6	949.29	148.53	-	-	1,877.6	949.29	148.53
<b>Subtotal LTSS</b>					<b>\$ 223.71</b>					<b>\$ 223.71</b>
<b>Total Medical Costs</b>					<b>\$ 2,606.59</b>					<b>\$ 2,574.60</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: RHP - Other Disabled 21-44		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 46,435 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	597.6	\$ 2,953.07	\$ 147.07	\$ 0.00	\$ (0.13)	597.6	\$ 2,950.46	\$ 146.94
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	926.0	1,014.12	78.26	-	(0.07)	926.0	1,013.21	78.19
Inpatient Maternity Delivery	Days	53.2	1,777.68	7.88	-	(0.01)	53.2	1,775.42	7.87
Other Inpatient	Days	212.7	1,459.67	25.87	-	(0.02)	212.7	1,458.54	25.85
<b>Subtotal Inpatient Hospital</b>				<b>\$ 259.08</b>					<b>\$ 258.85</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	1,176.5	\$ 766.32	\$ 75.13	\$ 0.00	\$ 0.00	1,176.5	\$ 766.32	\$ 75.13
Outpatient Surgery	Visits	151.4	1,789.43	22.58	-	-	151.4	1,789.43	22.58
Outpatient Radiology	Procedures	498.7	342.20	14.22	-	-	498.7	342.20	14.22
Outpatient Pathology/Lab	Procedures	7,217.1	39.74	23.90	-	-	7,217.1	39.74	23.90
Outpatient Pharmacy	Procedures	1,061.3	388.85	34.39	-	-	1,061.3	388.85	34.39
Outpatient MH/SA	Visits	153.7	537.83	6.89	-	-	153.7	537.83	6.89
Other Outpatient	Procedures	2,295.3	255.81	48.93	-	-	2,295.3	255.81	48.93
<b>Subtotal Outpatient Hospital</b>				<b>\$ 226.04</b>					<b>\$ 226.04</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	651.6	\$ 201.66	\$ 10.95	\$ 0.00	\$ 0.00	651.6	\$ 201.66	\$ 10.95
Anesthesia	Procedures	224.1	214.70	4.01	-	-	224.1	214.70	4.01
Inpatient Visits	Visits	2,194.0	92.16	16.85	-	-	2,194.0	92.16	16.85
MH/SA	Visits	8,275.2	130.16	89.76	-	-	8,275.2	130.16	89.76
Emergency Room	Visits	1,327.2	103.34	11.43	-	-	1,327.2	103.34	11.43
Office/Home Visits/Consults	Visits	4,501.7	73.57	27.60	-	-	4,501.7	73.57	27.60
COVID Vaccine Administration	Procedures	63.7	39.59	0.21	-	-	63.7	39.59	0.21
FQHC PPS Eligible Services	Visits	2,153.0	258.89	46.45	-	-	2,153.0	258.89	46.45
Maternity	Procedures	69.1	345.80	1.99	-	-	69.1	345.80	1.99
Pathology/Lab	Procedures	3,931.8	29.88	9.79	-	-	3,931.8	29.88	9.79
Radiology	Procedures	2,377.5	43.66	8.65	-	-	2,377.5	43.66	8.65
Office Administered Drugs	Procedures	576.7	1,096.81	52.71	-	-	576.7	1,096.81	52.71
Physical Exams	Visits	396.0	48.79	1.61	-	-	396.0	48.79	1.61
Therapy	Visits	930.1	65.54	5.08	-	-	930.1	65.54	5.08
Vision	Visits	246.6	71.52	1.47	-	-	246.6	71.52	1.47
Other Professional	Procedures	2,827.4	60.86	14.34	-	-	2,827.4	60.86	14.34
<b>Subtotal Professional</b>				<b>\$ 302.90</b>					<b>\$ 302.90</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	30,520.0	\$ 130.51	\$ 331.92	\$ 0.00	\$ (14.64)	30,520.0	\$ 124.75	\$ 317.28
<b>Subtotal Retail Pharmacy</b>				<b>\$ 331.92</b>					<b>\$ 317.28</b>
<b>Ancillary</b>									
Transportation	Trips	559.8	\$ 82.10	\$ 3.83	\$ 0.00	\$ 0.00	559.8	\$ 82.10	\$ 3.83
DME/Prosthetics	Procedures	1,326.4	159.68	17.65	-	-	1,326.4	159.68	17.65
<b>Subtotal Ancillary</b>				<b>\$ 21.48</b>					<b>\$ 21.48</b>
<b>LTSS</b>									
Hospice	Days	64.9	\$ 122.01	\$ 0.66	\$ 0.00	\$ 0.00	64.9	\$ 122.01	\$ 0.66
Nursing Home	Days	100.0	314.49	2.62	-	-	100.0	314.49	2.62
HCBS	Procedures	2,410.8	112.19	22.54	-	-	2,410.8	112.19	22.54
Case Management	Procedures	242.8	939.45	19.01	-	-	242.8	939.45	19.01
<b>Subtotal LTSS</b>				<b>\$ 44.83</b>					<b>\$ 44.83</b>
<b>Total Medical Costs</b>				<b>\$ 1,186.25</b>					<b>\$ 1,171.38</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: RHP - Other Disabled 45+		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience		
Member Months: 86,274 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	1,253.3	\$ 2,970.24	\$ 310.21	\$ 0.00	\$ (0.28)	1,253.3	\$ 2,967.56	\$ 309.93
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	629.2	903.04	47.35	-	(0.04)	629.2	902.28	47.31
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	287.0	1,761.32	42.12	-	(0.04)	287.0	1,759.65	42.08
<b>Subtotal Inpatient Hospital</b>				<b>\$ 399.68</b>					<b>\$ 399.32</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	906.8	\$ 855.30	\$ 64.63	\$ 0.00	\$ 0.00	906.8	\$ 855.30	\$ 64.63
Outpatient Surgery	Visits	346.2	1,793.97	51.76	-	-	346.2	1,793.97	51.76
Outpatient Radiology	Procedures	1,040.4	305.43	26.48	-	-	1,040.4	305.43	26.48
Outpatient Pathology/Lab	Procedures	10,391.3	34.14	29.56	-	-	10,391.3	34.14	29.56
Outpatient Pharmacy	Procedures	1,216.6	819.19	83.05	-	-	1,216.6	819.19	83.05
Outpatient MH/SA	Visits	73.5	581.31	3.56	-	-	73.5	581.31	3.56
Other Outpatient	Procedures	3,882.1	237.55	76.85	-	-	3,882.1	237.55	76.85
<b>Subtotal Outpatient Hospital</b>				<b>\$ 335.89</b>					<b>\$ 335.89</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	1,735.7	\$ 214.81	\$ 31.07	\$ 0.00	\$ 0.00	1,735.7	\$ 214.81	\$ 31.07
Anesthesia	Procedures	424.8	178.55	6.32	-	-	424.8	178.55	6.32
Inpatient Visits	Visits	3,220.1	89.92	24.13	-	-	3,220.1	89.92	24.13
MH/SA	Visits	6,583.5	128.96	70.75	-	-	6,583.5	128.96	70.75
Emergency Room	Visits	1,215.4	101.50	10.28	-	-	1,215.4	101.50	10.28
Office/Home Visits/Consults	Visits	7,020.9	70.59	41.30	-	-	7,020.9	70.59	41.30
COVID Vaccine Administration	Procedures	57.2	39.84	0.19	-	-	57.2	39.84	0.19
FQHC PPS Eligible Services	Visits	2,700.7	266.02	59.87	-	-	2,700.7	266.02	59.87
Maternity	Procedures	0.2	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,112.7	27.82	14.17	-	-	6,112.7	27.82	14.17
Radiology	Procedures	4,387.6	46.14	16.87	-	-	4,387.6	46.14	16.87
Office Administered Drugs	Procedures	759.2	422.66	26.74	-	-	759.2	422.66	26.74
Physical Exams	Visits	641.5	50.51	2.70	-	-	641.5	50.51	2.70
Therapy	Visits	1,911.5	74.01	11.79	-	-	1,911.5	74.01	11.79
Vision	Visits	381.7	69.17	2.20	-	-	381.7	69.17	2.20
Other Professional	Procedures	5,048.5	59.64	25.09	-	-	5,048.5	59.64	25.09
<b>Subtotal Professional</b>				<b>\$ 343.47</b>					<b>\$ 343.47</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	66,438.5	\$ 90.40	\$ 500.52	\$ 0.00	\$ (22.07)	66,438.5	\$ 86.42	\$ 478.45
<b>Subtotal Retail Pharmacy</b>				<b>\$ 500.52</b>					<b>\$ 478.45</b>
<b>Ancillary</b>									
Transportation	Trips	717.5	\$ 82.28	\$ 4.92	\$ 0.00	\$ 0.00	717.5	\$ 82.28	\$ 4.92
DME/Prosthetics	Procedures	2,695.6	113.47	25.49	-	-	2,695.6	113.47	25.49
<b>Subtotal Ancillary</b>				<b>\$ 30.41</b>					<b>\$ 30.41</b>
<b>LTSS</b>									
Hospice	Days	682.4	\$ 151.22	\$ 8.60	\$ 0.00	\$ 0.00	682.4	\$ 151.22	\$ 8.60
Nursing Home	Days	974.6	253.63	20.60	-	-	974.6	253.63	20.60
HCBS	Procedures	5,882.3	97.08	47.59	-	-	5,882.3	97.08	47.59
Case Management	Procedures	295.0	361.16	8.88	-	-	295.0	361.16	8.88
<b>Subtotal LTSS</b>				<b>\$ 85.67</b>					<b>\$ 85.67</b>
<b>Total Medical Costs</b>				<b>\$ 1,695.64</b>					<b>\$ 1,673.21</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022										
Rate Cell:		SFY 2022 Base Experience			Program Change Adjustments		Adjusted Base Experience			
SOBRA										
Deliveries: 4,560	Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
<b>Inpatient Hospital</b>										
	Inpatient Medical/Surgical/Non-Delivery	Days	182.5	\$ 3,129.02	\$ 571.08	\$ 0.00	\$ 0.00	182.5	\$ 3,129.02	\$ 571.08
	Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
	Inpatient MH/SA	Days	-	-	-	-	-	-	-	-
	Inpatient Maternity Delivery	Days	3,113.3	1,493.47	4,649.58	-	-	3,113.3	1,493.47	4,649.58
	Other Inpatient	Days	202.9	1,452.75	294.76	-	-	202.9	1,452.75	294.76
<b>Subtotal Inpatient Hospital</b>					<b>\$ 5,515.42</b>					<b>\$ 5,515.42</b>
<b>Outpatient Hospital</b>										
	Outpatient Emergency Room	Visits	2,050.7	\$ 841.71	\$ 1,726.14	\$ 0.00	\$ 0.00	2,050.7	\$ 841.71	\$ 1,726.14
	Outpatient Surgery	Visits	52.5	3,884.06	203.84	-	-	52.5	3,884.06	203.84
	Outpatient Radiology	Procedures	4,864.5	174.91	850.86	-	-	4,864.5	174.91	850.86
	Outpatient Pathology/Lab	Procedures	25,045.3	45.74	1,145.67	-	-	25,045.3	45.74	1,145.67
	Outpatient Pharmacy	Procedures	1,001.2	209.31	209.57	-	-	1,001.2	209.31	209.57
	Outpatient MH/SA	Visits	4.2	758.30	3.19	-	-	4.2	758.30	3.19
	Other Outpatient	Procedures	3,801.9	91.25	346.92	-	-	3,801.9	91.25	346.92
<b>Subtotal Outpatient Hospital</b>					<b>\$ 4,486.19</b>					<b>\$ 4,486.19</b>
<b>Professional</b>										
	Inpatient and Outpatient Surgery	Procedures	67.1	\$ 191.43	\$ 12.85	\$ 0.00	\$ 0.00	67.1	\$ 191.43	\$ 12.85
	Anesthesia	Procedures	1,383.9	389.29	538.74	-	-	1,383.9	389.29	538.74
	Inpatient Visits	Visits	1,050.4	59.53	62.53	-	-	1,050.4	59.53	62.53
	MH/SA	Visits	19.7	91.21	1.80	-	-	19.7	91.21	1.80
	Emergency Room	Visits	1,941.1	91.35	177.33	-	-	1,941.1	91.35	177.33
	Office/Home Visits/Consults	Visits	1,376.1	81.70	112.43	-	-	1,376.1	81.70	112.43
	COVID Vaccine Administration	Procedures	25.4	40.52	1.03	-	-	25.4	40.52	1.03
	FQHC PPS Eligible Services	Visits	1,082.3	695.77	753.05	-	-	1,082.3	695.77	753.05
	Maternity	Procedures	3,527.5	451.69	1,593.31	-	-	3,527.5	451.69	1,593.31
	Pathology/Lab	Procedures	3,425.6	76.09	260.64	-	-	3,425.6	76.09	260.64
	Radiology	Procedures	8,435.3	44.35	374.10	-	-	8,435.3	44.35	374.10
	Office Administered Drugs	Procedures	530.6	45.48	24.13	-	-	530.6	45.48	24.13
	Physical Exams	Visits	601.7	11.27	6.78	-	-	601.7	11.27	6.78
	Therapy	Visits	41.3	67.06	2.77	-	-	41.3	67.06	2.77
	Vision	Visits	1.0	86.72	0.09	-	-	1.0	86.72	0.09
	Other Professional	Procedures	1,699.1	47.95	81.47	-	-	1,699.1	47.95	81.47
<b>Subtotal Professional</b>					<b>\$ 4,003.05</b>					<b>\$ 4,003.05</b>
<b>Retail Pharmacy</b>										
	Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
<b>Subtotal Retail Pharmacy</b>					<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Ancillary</b>										
	Transportation	Trips	64.6	\$ 91.99	\$ 5.94	\$ 0.00	\$ 0.00	64.6	\$ 91.99	\$ 5.94
	DME/Prosthetics	Procedures	1,014.6	160.91	163.27	-	-	1,014.6	160.91	163.27
<b>Subtotal Ancillary</b>					<b>\$ 169.21</b>					<b>\$ 169.21</b>
<b>LTSS</b>										
	Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Nursing Home	Days	30.0	204.68	6.15	-	-	30.0	204.68	6.15
	HCBS	Procedures	-	-	-	-	-	-	-	-
	Case Management	Procedures	-	-	-	-	-	-	-	-
<b>Subtotal LTSS</b>					<b>\$ 6.15</b>					<b>\$ 6.15</b>
<b>Total Medical Costs</b>					<b>\$ 14,180.02</b>					<b>\$ 14,180.02</b>