

State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Amendment

July 1, 2023 through June 30, 2024

Rhode Island, Executive Office of Health and Human Services

August 9, 2023

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Background

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of a capitation rate amendment for Rhode Island's Medicaid managed care program effective July 1, 2023, for state fiscal year (SFY) 2024. The amendment has been developed to document modifications that were applied to the previously certified capitation rates. The previously certified capitation rates and the documentation of their development were published in the following correspondence provided by Milliman:

- State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification dated June 23, 2023.

We will refer to this document as the Original certification. This amendment includes state directed payments for hospital labor and delivery, ambulance services, and inpatient and outpatient services. We also assessed other program changes estimated to be immaterial that are also documented in this report. **Unless otherwise stated, the methodology and assumptions utilized are consistent with the documentation included in the Original certification.** The capitation rates provided under this certification are "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

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

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

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F and CMS-2408-F).
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term "actuarially sound" will be defined as in ASOP 49:

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

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

Executive summary

This report is an amendment to the documentation of the Original capitation rate certification for SFY 2024 to include legislatively enacted Medicaid program changes not reflected in the Original certification. Unless stated otherwise, all assumptions are consistent with the Original certification.

SUMMARY OF METHODOLOGY

The methodology used in developing the amendment to the certified SFY 2024 capitation rates is outlined below.

Step 1: Base Experience

We used the projected claims data underlying the SFY 2024 capitation rates, as outlined in the Original certification, as base experience for developing the amended capitation rates effective during the July 1, 2023 through June 30, 2024 period. These projected claims costs are inclusive of all retrospective, prospective, trend, managed care efficiency, and other claims cost adjustments applied to the data as outlined in the Original certification.

Step 2: Projected benefit cost and trends

The base experience is adjusted for known policy and program changes that were not considered in the Original certification but are expected to be implemented during the rating period. The projected experience is adjusted to reflect the following:

- **Inpatient hospital labor and delivery state directed payment.** The modified state directed payment establishes the Rhode Island fee-for-service inpatient labor and delivery fee schedule as a minimum rate that managed care organizations (MCOs) may reimburse hospitals.
- **Ambulance state directed payment.** The state directed payment establishes the Rhode Island fee-for-service inpatient labor and delivery fee schedule as a minimum rate that managed care organizations (MCOs) may reimburse hospitals.
- **Hospital state directed payment.** The hospital state directed payment establishes a hospital state directed payment percentage increase paid via a separate payment term.

The impact of the first two adjustments by rate cell is illustrated in Appendix 2 of this report. The impact of the hospital state directed payment by rate cell is illustrated in Appendix 3.

Step 3: Development and issuance of actuarial certification

An actuarial certification is included and signed by Jason A. Clarkson, FSA, a Principal and Consulting Actuary of Milliman, Inc. Mr. Clarkson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the standards in 42 CFR 438.4(a). The capitation rate certification can be found in Appendix 1 of this report.

FISCAL IMPACT ESTIMATE

A comparison of the Original SFY 2024 capitation rates and the amended capitation rates for the Medicaid managed care program is illustrated in Figure 1.

FIGURE 1: COMPARISON WITH ORIGINAL CAPITATION RATE CERTIFICATION (PMPM)

Population	Estimated SFY 2024 Average Monthly Enrollment	Original SFY 2024 Rates	Amended SFY 2024 Rates	% Change
Rlte Care	179,393	\$ 331.29	\$ 373.22	12.7%
CSHCN	10,909	1,279.32	1,474.45	15.3%
Medicaid Expansion	99,794	635.24	724.06	14.0%
Rhody Health Partners	14,225	2,028.20	2,324.29	14.6%
SOBRA	389	17,340.05	24,433.73	40.9%
Composite	304,320	\$ 566.44	\$ 650.20	14.8%

Notes

1. The Original SFY 2024 Rates represent the capitation rates contained in the certification dated June 23, 2023.
2. Estimated SFY 2024 average monthly enrollment is consistent with the Original certification.
3. Estimated SFY 2024 average monthly enrollment for SOBRA represents estimated average monthly deliveries.

Figure 2 compares the estimated state and federal expenditures based on the amended SFY 2024 capitation rates relative to the Original SFY 2024 capitation rates, based on projected average monthly enrollment for SFY 2024.

FIGURE 2: COMPARISON WITH PRIOR EXPENDITURES (\$ Millions)

Population	Original SFY 2024 Aggregate Expenditures	Amended SFY 2024 Aggregate Expenditures	Expenditure Change
Rlte Care	\$ 713.2	\$ 803.4	\$ 90.2
CSHCN	167.5	193.0	25.5
Rhody Health Partners	346.2	396.7	50.5
Subtotal Medicaid	1,226.8	1,393.2	166.4
Federal	671.7	762.7	91.0
State	555.2	630.5	75.3
Medicaid Expansion	760.7	867.1	106.4
Federal	684.6	780.4	95.8
State	76.1	86.7	10.6
SOBRA	81.0	114.2	33.2
Federal	47.7	67.2	19.5
State	33.3	46.9	13.6
Total	\$ 2,068.6	\$ 2,374.4	\$ 305.8
Total Federal	\$ 1,404.0	\$ 1,610.3	\$ 206.3
Total State	\$ 664.6	\$ 764.1	\$ 99.5

Notes

1. Values have been rounded.
2. The Original SFY 2024 Aggregate Expenditures represents the capitation rates contained in the certification dated June 23, 2023.
3. State expenditures for populations other than Medicaid Expansion are based on Federal Fiscal Year (FFY) 2023 Federal Medical Assistance Percentage (FMAP) of 53.96% for three months and FFY 2023 FMAP of 55.01% for nine months. No adjustment was made for Families First Coronavirus Response Act enhanced FMAP, Children's Health Insurance Program (CHIP), or other enhanced FMAP rates.
4. State expenditures for the Medicaid Expansion population are based FMAP of 90.00%.
5. The federal and state SOBRA expenditures are allocated based on the portion of SOBRA capitation payments estimated to be associated with Rlte Care and Medicaid Expansion members and their corresponding FMAP.

Appendix 1 contains an actuarial certification for the SFY 2024 Medicaid managed care capitation rate amendment.

Appendix 2 contains a summary of the rate amendment benefit expense development. Note that the projected benefit expense provided in the Original certification dated June 23, 2023 serves as the starting point for the benefit expense development.

Appendix 3 illustrates the amended SFY 2024 Capitation Rate Development.

Projected benefit cost and trends

This section provides information regarding the development of the projected benefit expense portion of the capitation rates. The impact of the items described in this section is illustrated in Appendix 2.

Prospective Program and Policy Adjustments

Figure 3 illustrates the fiscal impact of the prospective program changes applied in Appendix 2 of the rate development and is followed by a description of each adjustment.

FIGURE 3: PROSPECTIVE PROGRAM ADJUSTMENTS

Program Change	Category of Service Impacted	% Impact Rite Care	% Impact CSHCN	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Hospital Labor and Delivery	Inpatient Hospital	0.0%	0.2%	0.0%	0.2%	16.2%
Ambulance	Ancillary	20.6%	5.5%	32.2%	22.8%	4.5%

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

- Hospital Labor and Delivery.** Effective July 1, 2022, a state directed minimum fee schedule was implemented for inpatient hospital labor and delivery services. We adjusted the inpatient hospital labor and delivery reimbursement included in the Original certification to the SFY 2024 minimum fee schedule provided by EOHHS. The SFY 2024 minimum fee schedule is consistent with the state plan fee schedule.

The Original certification included adjustment to inpatient hospital labor and delivery services for both the state directed uniform percentage increase for inpatient hospital labor and delivery services and state directed uniform increase for hospital price trend. The values illustrated in Appendix 2 and Figure 3 illustrate the incremental impact of the state directed minimum fee schedule relative to the reimbursement levels included in the Original certification.

- Ambulance.** Effective July 1, 2023, a state directed minimum fee schedule was implemented for ambulance services, specifically for procedure codes A0426, A0427, A0428, and A0429. We adjusted the ambulance service reimbursement included in the Original certification to the SFY 2024 minimum fee schedule provided by EOHHS. The SFY 2024 minimum fee schedule is consistent with the state plan fee schedule. No adjustment was made for services that were already reimbursed above the state directed minimum fee schedule.

Program and Policy Adjustments Deemed Immaterial

Adjustment factors were developed for policy and program changes estimated to materially affect the managed care program which were not known during the development of the Original certification. We defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following SFY 2024 Medicaid program change was estimated to be immaterial to the managed care rate cells covered under this capitation rate certification.

- Personal Needs Allowance.** Effective July 1, 2023, EOHHS increased the personal needs allowance for members residing in a nursing facility from \$50 to \$75 per member per month. We reviewed the count of unique members residing in a nursing facility with a patient share liability by month to estimate the impact of the additional personal needs allowance, and determined the impact to be immaterial due to the limited number of members.

All other components of the projected benefit cost and trends are consistent with the Original certification dated June 23, 2023.

Special Contract Provisions Related to Payment

INCENTIVE ARRANGEMENTS

This section provides documentation of the incentive payment structure in the Medicaid managed care program. Incentive payments under this plan are below 105% of the certified capitation rates paid under the contract. EOHHS operates the following incentive program for its MCOs.

- **Health System Transformation Program:** The Health System Transformation Program invests in the development of certified accountable entities through the approval of the Rhode Island 1115 waiver Special Terms and Conditions. Incentive payments for the development of accountable entities are funded via an incentive payment to the MCOs with EOHHS approval. MCOs may be eligible for incentive payment under this program up to the PMPM illustrated in Figure 4 below.

FIGURE 4: MAXIMUM INCENTIVE PAYMENT (PMPM)

Population	SFY 2024 Composite Rates	105% of Capitation Rates	Maximum Incentive Payment
Rlte Care	\$ 333.77	\$ 350.46	\$ 16.69
CSHCN	1,368.22	1,436.63	68.41
Medicaid Expansion	724.06	760.26	36.20
Rhody Health Partners	2,324.29	2,440.50	116.21
SOBRA	24,433.73	25,655.42	N/A

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

The sum of the incentive payments does not exceed 105% of the certified capitation rates. There is no explicit adjustment to the capitation rates for the incentive arrangement.

WITHHOLD ARRANGEMENTS

The withhold arrangement is consistent with information documented in the Original certification.

STATE DIRECTED PAYMENTS

The following describes new and updated state directed payments relative to the Original certification.

i. Rate Development Standards

The state directed payments are reflected in the capitation rates effective July 1, 2023, consistent with guidance in 42 CFR §438.6(c). The capitation rates include consideration for the modified hospital labor and delivery state directed payment as well as the following new state directed payments not included in the Original certification.

- Ambulance
- Hospital

The arrangements outlined in the directed payment documentation are developed in accordance with 42 CFR §438.4 and §438.5 and follow generally accepted actuarial principles and practices.

ii. Appropriate Documentation

(a) Delivery system and provider payment initiatives

(i) Description delivery system and provider payment initiatives

The state directed payments are described in the "Projected benefit cost and trends" section of this report with the exception of the hospital state directed payment described below. The state directed payments for inpatient labor and delivery services and ambulance services are based on a state plan fee schedule and do not have a corresponding preprint.

- **Hospital Directed Payment (RI_Fee_IPH.OPH.BHI.BHO.Oth_New_20230701-20240630):** EOHHS is directing the MCOs to pay \$287.9 million in enhanced reimbursement to hospitals for inpatient and outpatient services.

These payments will be distributed as a uniform percentage increase based on provider utilization during the SFY 2024 rating period via a separate payment term.

The state directed payments are described in Figure 5 below.

FIGURE 5: STATE DIRECTED PAYMENTS

Control Name of State Directed Payment	Type of Payment	Brief Description	Is the Payment Included as a Rate Adjustment or Separate Payment Term?
N/A: Hospital Labor and Delivery	Minimum fee schedule	Minimum fee schedule for inpatient hospital labor and delivery services. This is a modification to the 20% hospital labor and delivery uniform percentage increase previously submitted to CMS	Rate Adjustment
NA: Ambulance	Minimum fee schedule	Minimum fee schedule for ambulance services	Rate Adjustment
RI_Fee_IPH.OPH.BHI.BHO. Oth_New_20230701-20240630	Uniform Percentage Increase	Uniform increase for Inpatient and Outpatient Hospital services	Separate Payment Term

(b) Effect on capitation rates

Consistent with 42 CFR §438.7(b)(6) and 438.6(d), state directed payments are incorporated into the rate certification. The effect of each state directed payment incorporated as a rate adjustment in the SFY 2024 capitation rates is outlined in Figure 6 below.

FIGURE 6: EFFECT OF STATE DIRECTED PAYMENTS – RATE ADJUSTMENT

Control Name of the State Directed Payment	Rate Cells Affected	Impact	Description of the Adjustment	Confirmation the Rates are Consistent with the Preprint
N/A: Hospital Labor and Delivery	SOBRA rate cell, Rhody Health Partners and CSHCN populations	The state directed payment rate impact is illustrated in Appendix 2, in the “Hospital Labor and Delivery” column	Minimum fee schedule applied for labor and delivery services	N/A; no preprint required
NA: Ambulance	All rate cells utilizing ambulance services	The state directed payment rate impact is illustrated in Appendix 2, in the “Ambulance Services” column	Minimum fee schedule applied for ambulance services	N/A; no preprint required

(ii) Separate payment term

Consistent with 42 CFR §438.7(b)(6) and 438.6(d), state directed payments are incorporated into the rate certification consistent with the approved preprint. The effect of each state directed payment incorporated as a separate payment term in the SFY 2024 capitation rates is outlined in Figure 7 below.

FIGURE 7: EFFECT OF STATE DIRECTED PAYMENTS – SEPARATE PAYMENT TERM

Control Name of the State Directed Payment	Aggregate Amount Included In Certification	Certified Amount	PMPM Magnitude	Confirmation the Rates are Consistent with the Preprint	Documentation Will Be Submitted at End of the Rating Period
RI_Fee_IPH.OPH.BHI.BHO. Oth_New_20230701- 20240630	\$287.9 million	We certify that the amount of the separate payment term disclosed in this certification is a reasonable estimate for the ultimately reconciled retrospective amounts.	The estimated magnitude of this state directed payment is illustrated in Appendix 3, in the "Hospital Directed Payment" column.	The payment arrangement reflected in these certified rates is consistent with the preprint submitted to CMS.	When the rating period is complete, EOHHS will submit to CMS documentation that incorporates the total amount of the state directed payment into each rate cell consistent with the distribution methodology included in the approved state directed payment preprint, as if the payment information had been fully known when the rates were initially developed.

(c) Additional directed payments

There are no additional directed payment arrangements other than those listed in the Original certification or this amendment.

(d) Required reimbursement rates outside the certification

There are no requirements regarding reimbursement rates the plans must pay to any providers unless specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

Projected non-benefit costs

ADMINISTRATIVE EXPENSE COST ALLOWANCE

The development of the actuarially sound capitation rates for SFY 2024 includes non-benefit expense assumptions consistent with the Original certification. Figure 8 provides a summary of the non-benefit expense loads applied to the rate amendment projected benefit expenses.

FIGURE 8: NON-BENEFIT EXPENSE LOADS

Population	Care Coordination	Administrative Cost	Underwriting Margin	Premium Tax
Rlte Care <15	1.50%	8.00%	1.50%	2.00%
Rlte Care 15+	1.50%	7.25%	1.50%	2.00%
EFP	1.50%	10.00%	1.50%	2.00%
CSHCN - Adoption/Sub Care	1.50%	9.00%	1.50%	2.00%
CSHCN - Other	1.50%	7.00%	1.50%	2.00%
Medicaid Expansion	1.50%	7.25%	1.50%	2.00%
Rhody Health Partners	1.50%	6.50%	1.50%	2.00%
SOBRA	1.00%	2.00%	1.50%	2.00%

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

- Care Transformation Collaborative of Rhode Island
- State-Supplied Vaccine Program (vaccine assessment).
- Premium Tax

All values for these items are consistent with information included in the Original certification and are further illustrated in Appendix 3 of this report. As illustrated in Appendix 3, an incremental amount of premium tax attributable to the hospital state directed payment is included in the separate payment term.

Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the development of an amendment to the certified state fiscal year (SFY) 2024 capitation rates for the Rhode Island Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

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

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

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to develop the SFY 2024 Medicaid managed care capitation rates. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by EOHHS and the MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the data sources outlined in the body of this report and the Original certification. The models, including all input, calculations, and output may not be appropriate for any other purpose.

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

At the time of this report, we acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that will occur during SFY 2024. It is possible that the COVID-19 pandemic and associated unwinding efforts could have a material impact on the capitation rates presented in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated March 23, 2023.

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

Appendix 1: Actuarial Certification

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2024 Capitation Rates
Medicaid Managed Care
Actuarial Certification

I, Jason A. Clarkson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been contracted by the State of Rhode Island, Executive Office of Health and Human Services to perform an actuarial review and certification regarding the development of capitation rates for the Medicaid Managed Care program effective July 1, 2023. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

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

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

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

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

The assumptions used in the development of the “actuarially sound” capitation rates have been documented in my correspondence with the State of Rhode Island. The “actuarially sound” capitation rates that are associated with this certification are effective for State Fiscal Year 2024. I acknowledge that the state may elect to amend the capitation rates in accordance with 42 CFR 438.7(c)(3), which indicates that a capitation rate certification is not required for adjustments that increase or decrease capitation rates by 1.5% per rate cell as allowed under 42 CFR 438.7(c)(3) of CMS 2390-F.

The actuarially sound capitation rates include consideration for the amount of the withhold expected to be earned. The “actuarially sound” capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates. In developing the “actuarially sound” capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

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

I acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that will occur during SFY 2024. The assumptions documented in this certification report reflect information known to us at the time of this report and EOHHS guidance related to the enrollment unwinding period. I acknowledge that the resumption of redeterminations and enrollment unwinding period could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this rate certification.



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

August 9, 2023
Date

Appendix 2: SFY 2024 Projected Benefit Expense Development

State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2024 Capitation Rate Development
Medicaid Managed Care Program
Prospective Rate Development Model

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

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

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

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

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

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

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 Prospective Rate Development Model

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

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 Prospective Rate Development Model

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State of Rhode Island
 Executive Office of Health and Human Services
 State Fiscal Year 2024 Capitation Rate Development
 Medicaid Managed Care Program
 Prospective Rate Development Model

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

State of Rhode Island
Executive Office of Health and Human Services
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Prospective Rate Development Model

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

Appendix 3: SFY 2024 Capitation Rate Development

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Rate Change Summary									
Region: Statewide	Projected Exposure	Base Benefit Expense	CTC Adjustment	Care Coordination	Administrative Cost Allowance	Underwriting Margin	SFY 2024 Effective Rate	Prior Effective Rate	% Change
Rite Care									
RC - MF<1	65,509	\$ 681.76	\$ 2.22	\$ 11.49	\$ 61.28	\$ 11.49	\$ 768.24	\$ 767.32	0.1%
RC - MF 1-5	344,352	205.69	2.22	3.47	18.49	3.46	233.33	232.88	0.2%
RC - MF 6-14	637,233	187.99	2.22	3.17	16.90	3.16	213.44	213.10	0.2%
RC - M 15-44	276,312	231.87	0.86	3.88	18.73	3.87	259.21	258.40	0.3%
RC - F 15-44	659,135	354.11	0.36	5.92	28.60	5.92	394.91	393.66	0.3%
RC - MF 45+	158,706	546.89	-	9.14	44.18	9.14	609.35	608.14	0.2%
RC - EFP	11,470	14.68	-	0.25	1.69	0.25	16.87	16.85	0.1%
Subtotal Rite Care	2,152,717	\$ 287.88	\$ 1.30	\$ 4.83	\$ 24.25	\$ 4.82	\$ 323.08	\$ 322.31	0.2%
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	31,520	\$ 700.86	\$ 1.97	\$ 11.95	\$ 71.68	\$ 11.94	\$ 798.40	\$ 796.71	0.2%
CSHCN - Katie Beckett	960	3,633.25	1.88	60.55	282.59	60.55	4,038.82	4,038.01	0.0%
CSHCN - Katie Beckett Case Management	9,000	106.88	-	-	8.18	1.75	116.81	116.81	0.0%
CSHCN - SSI < 15	34,190	1,792.25	2.22	29.87	139.40	29.87	1,993.61	1,991.69	0.1%
CSHCN - SSI >= 15	26,276	1,263.41	0.89	21.06	98.27	21.05	1,404.68	1,400.59	0.3%
CSHCN - Substitute Care	28,962	886.14	1.50	15.10	90.63	15.11	1,008.48	1,002.93	0.6%
Subtotal Children with Special Healthcare Needs	130,908	\$ 1,120.48	\$ 1.58	\$ 18.69	\$ 96.08	\$ 18.81	\$ 1,255.63	\$ 1,252.67	0.2%
Medicaid Expansion									
ME - F 19-24	115,750	\$ 298.61	\$ 0.00	\$ 4.99	\$ 24.12	\$ 4.99	\$ 332.71	\$ 331.29	0.4%
ME - F 25-29	75,071	434.69	-	7.26	35.11	7.27	484.33	482.80	0.3%
ME - F 30-39	83,706	574.56	-	9.60	46.41	9.61	640.18	637.48	0.4%
ME - F 40-49	68,366	707.68	-	11.83	57.17	11.82	788.50	786.07	0.3%
ME - F 50-64	186,610	779.86	-	13.03	63.00	13.03	868.92	867.09	0.2%
ME - M 19-24	127,269	206.36	-	3.45	16.67	3.45	229.93	228.80	0.5%
ME - M 25-29	102,899	334.20	-	5.59	27.00	5.58	372.37	370.46	0.5%
ME - M 30-39	169,380	514.55	-	8.60	41.56	8.60	573.31	570.35	0.5%
ME - M 40-49	102,496	718.44	-	12.01	58.04	12.00	800.49	796.97	0.4%
ME - M 50-64	165,977	808.27	-	13.51	65.29	13.51	900.58	897.66	0.3%
Subtotal Medicaid Expansion	1,197,524	\$ 555.15	\$ 0.00	\$ 9.28	\$ 44.84	\$ 9.28	\$ 618.54	\$ 616.29	0.4%
Rhody Health Partners									
RHP - ID	12,848	\$ 1,234.01	\$ 0.00	\$ 20.45	\$ 88.63	\$ 20.46	\$ 1,363.55	\$ 1,358.19	0.4%
RHP - SPMI	28,558	2,797.86	-	46.37	200.95	46.38	3,091.56	3,076.01	0.5%
RHP - Other Disabled 21-44	46,049	1,278.98	-	21.20	91.86	21.20	1,413.24	1,404.78	0.6%
RHP - Other Disabled 45+	83,239	1,835.85	-	30.43	131.86	30.42	2,028.56	2,021.04	0.4%
Subtotal Rhody Health Partners	170,694	\$ 1,801.27	\$ 0.00	\$ 29.86	\$ 129.37	\$ 29.85	\$ 1,990.35	\$ 1,981.40	0.5%
SOBRA									
SOBRA	4,672	\$ 17,362.02	\$ 0.00	\$ 181.80	\$ 363.60	\$ 272.71	\$ 18,180.13	\$ 16,993.25	7.0%
Total	3,651,843	\$ 498.32	\$ 0.82	\$ 8.19	\$ 38.96	\$ 8.30	\$ 554.59	\$ 551.35	0.6%

1. Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, and care coordination.
2. The care coordination, administrative cost, and underwriting margin are illustrated as a percentage of the capitation effective rate (less the Care Transformation Collaborative PMPM add-on). Premium tax is applied as a percentage of the total capitation.
3. Prior capitation rates reflect the capitation rates contained in the "State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification" dated June 23, 2023.

**State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2024 Capitation Rate Development
Medicaid Managed Care Program
Rate Change Summary**

Region: Statewide	SFY 2024 Effective Rate	Vaccine Assessment	Premium Tax	SFY 2024 Capitation Rate	Prior Capitation Rate	% Change	Withhold	SFY 2024 Net Capitation Rate	Hospital Directed Payment	Premium Tax Increase	SFY 2024 Capitation Rate with Separate Payment Term	Baseline Medical Expense for Risk Corridor
Rite Care												
RC - MF<1	\$ 768.24	\$ 0.00	\$ 15.68	\$ 783.92	\$ 782.98	0.1%	\$ (3.92)	\$ 780.00	\$ 138.82	\$ 2.83	\$ 925.57	\$ 695.47
RC - MF 1-5	233.33	-	4.76	238.09	237.63	0.2%	(1.19)	236.90	20.97	0.43	259.49	211.38
RC - MF 6-14	213.44	-	4.36	217.80	217.45	0.2%	(1.09)	216.71	25.98	0.53	244.31	193.38
RC - M 15-44	259.21	3.05	5.35	267.61	266.79	0.3%	(1.34)	266.27	35.76	0.73	304.10	236.61
RC - F 15-44	394.91	4.91	8.16	407.98	406.70	0.3%	(2.04)	405.94	49.24	1.00	458.22	360.39
RC - MF 45+	609.35	6.24	12.56	628.15	626.92	0.2%	(3.14)	625.01	72.97	1.49	702.61	556.03
RC - EFP	16.87	-	0.34	17.21	17.19	0.1%	-	17.21	1.11	0.03	18.35	14.93
Subtotal Rite Care	\$ 323.08	\$ 2.35	\$ 6.64	\$ 332.08	\$ 331.29	0.2%	\$ (1.66)	\$ 330.42	\$ 40.32	\$ 0.82	\$ 373.22	\$ 294.01
Children with Special Healthcare Needs												
CSHCN - Adoption Subsidy	\$ 798.40	\$ 0.39	\$ 16.30	\$ 815.09	\$ 813.37	0.2%	\$ (4.08)	\$ 811.01	\$ 130.06	\$ 2.66	\$ 947.81	\$ 714.78
CSHCN - Katie Beckett	4,038.82	0.56	82.44	4,121.82	4,120.99	0.0%	(20.61)	4,101.21	529.74	10.81	4,662.37	3,695.68
CSHCN - Katie Beckett Case Management	116.81	-	2.38	119.19	119.19	0.0%	-	119.19	-	-	119.19	106.88
CSHCN - SSI < 15	1,993.61	-	40.69	2,034.30	2,032.34	0.1%	(10.17)	2,024.13	247.23	5.04	2,286.57	1,824.34
CSHCN - SSI >= 15	1,404.68	2.86	28.73	1,436.27	1,432.09	0.3%	(7.18)	1,429.09	167.98	3.42	1,607.67	1,285.36
CSHCN - Substitute Care	1,008.48	1.78	20.62	1,030.88	1,025.21	0.6%	(5.15)	1,025.73	247.57	5.05	1,283.50	902.74
Subtotal Children with Special Healthcare Needs	\$ 1,255.63	\$ 1.07	\$ 25.65	\$ 1,282.35	\$ 1,279.32	0.2%	\$ (6.37)	\$ 1,275.98	\$ 188.26	\$ 3.84	\$ 1,474.45	\$ 1,140.75
Medicaid Expansion												
ME - F 19-24	\$ 332.71	\$ 6.24	\$ 6.92	\$ 345.87	\$ 344.42	0.4%	\$ (1.73)	\$ 344.14	\$ 34.75	\$ 0.71	\$ 381.33	\$ 303.60
ME - F 25-29	484.33	6.24	10.01	500.58	499.02	0.3%	(2.50)	498.08	53.82	1.10	555.50	441.95
ME - F 30-39	640.18	6.24	13.19	659.61	656.86	0.4%	(3.30)	656.31	85.01	1.74	746.36	584.16
ME - F 40-49	788.50	6.24	16.22	810.96	808.48	0.3%	(4.05)	806.91	99.64	2.03	912.63	719.51
ME - F 50-64	868.92	6.24	17.86	893.02	891.15	0.2%	(4.47)	888.55	110.85	2.26	1,006.13	792.89
ME - M 19-24	229.93	6.24	4.82	240.99	239.84	0.5%	(1.20)	239.79	29.04	0.59	270.62	209.81
ME - M 25-29	372.37	6.24	7.73	386.34	384.39	0.5%	(1.93)	384.41	50.11	1.02	437.47	339.79
ME - M 30-39	573.31	6.24	11.83	591.38	588.36	0.5%	(2.96)	588.42	85.00	1.73	678.11	523.15
ME - M 40-49	800.49	6.24	16.46	823.19	819.60	0.4%	(4.12)	819.07	129.14	2.64	954.97	730.45
ME - M 50-64	900.58	6.24	18.51	925.33	922.35	0.3%	(4.63)	920.70	134.88	2.75	1,062.96	821.78
Subtotal Medicaid Expansion	\$ 618.54	\$ 6.24	\$ 12.75	\$ 637.54	\$ 635.24	0.4%	\$ (3.19)	\$ 634.35	\$ 84.80	\$ 1.73	\$ 724.06	\$ 564.42
Rhody Health Partners												
RHP - ID	\$ 1,363.55	\$ 6.24	\$ 27.95	\$ 1,397.74	\$ 1,392.28	0.4%	\$ (6.99)	\$ 1,390.75	\$ 138.82	\$ 2.84	\$ 1,539.40	\$ 1,254.46
RHP - SPMI	3,091.56	6.24	63.22	3,161.02	3,145.15	0.5%	(15.81)	3,145.21	407.78	8.32	3,577.12	2,844.23
RHP - Other Disabled 21-44	1,413.24	6.24	28.97	1,448.45	1,439.82	0.6%	(7.24)	1,441.21	191.48	3.91	1,643.84	1,300.18
RHP - Other Disabled 45+	2,028.56	6.24	41.53	2,076.33	2,068.65	0.4%	(10.38)	2,065.95	309.41	6.31	2,392.05	1,866.28
Subtotal Rhody Health Partners	\$ 1,990.35	\$ 6.24	\$ 40.75	\$ 2,037.34	\$ 2,028.20	0.5%	\$ (10.19)	\$ 2,027.15	\$ 281.21	\$ 5.74	\$ 2,324.29	\$ 1,831.13
SOBRA												
SOBRA	\$ 18,180.13	\$ 0.00	\$ 371.02	\$ 18,551.15	\$ 17,340.05	7.0%	\$ 0.00	\$ 18,551.15	\$ 5,764.93	\$ 117.65	\$ 24,433.73	\$ 17,543.82
Total	\$ 554.59	\$ 3.76	\$ 11.40	\$ 569.75	\$ 566.44	0.6%	\$ (2.73)	\$ 567.02	\$ 78.84	\$ 1.61	\$ 650.20	\$ 507.33

1. Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, and care coordination.
 2. The care coordination, administrative cost, and underwriting margin are illustrated as a percentage of the capitation effective rate (less the Care Transformation Collaborative PMPM add-on). Premium tax is applied as a percentage of the total capitation.
 3. Prior capitation rates reflect the capitation rates contained in the "State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification" dated June 23, 2023.



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