

# State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification

July 1, 2023 through June 30, 2024

**Rhode Island, Executive Office of Health and Human Services**

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## Introduction & Executive Summary

### BACKGROUND

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide actuarial and consulting services related to the development of capitation rates for Rhode Island's Medicaid managed care program effective July 1, 2023, for state fiscal year (SFY) 2024. This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

At the time of this report, we acknowledge there continues to be uncertainty regarding the COVID-19 pandemic and the anticipated resumption of Medicaid redeterminations. 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. It is possible that the COVID-19 pandemic and resumption of redeterminations could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this report.

To facilitate review, this document has been organized in the same manner as the 2022-2023 Medicaid Managed Care Rate Development Guide, released by the Center for Medicare and Medicaid Services in April 2022 (CMS Rate Development Guide). Section II of the CMS Rate Development Guide is not applicable to this certification, as Rhode Island's Medicaid managed care program does not include long-term services and supports.

### FISCAL IMPACT ESTIMATE

The actuarially sound capitation rates for the Medicaid Managed Care Program are illustrated in Figure 1. These rates are effective from July 1, 2023, through June 30, 2024 (SFY 2024). Figure 1 provides a comparison of the SFY 2024 capitation rates relative to the rates effective July 1, 2022, through June 30, 2023 (SFY 2023) for the Medicaid managed care program. The composite rates illustrated for both SFY 2023 and SFY 2024 were developed based on projected monthly enrollment for SFY 2024 and are illustrated on a per member per month (PMPM) basis.

**FIGURE 1: COMPARISON WITH SFY 2023 RATES (PMPM BASIS)**

Population	Estimated SFY 2024 Average Monthly Enrollment	SFY 2023 Composite Rates	SFY 2024 Composite Rates	% Change
Rite Care	179,393	\$ 329.86	\$ 331.29	0.4%
CSHCN	10,909	1,250.20	1,279.32	2.3%
Medicaid Expansion	99,794	658.53	635.24	(3.5%)
Rhody Health Partners	14,225	1,989.35	2,028.20	2.0%
SOBRA	389	16,100.21	17,340.05	7.7%
<b>Composite</b>	<b>304,320</b>	<b>\$ 568.79</b>	<b>\$ 566.44</b>	<b>(0.4%)</b>

#### Notes

1. The Katie Beckett Case Management rate cell is new in SFY 2024. The SFY 2023 composite rates reflect the SFY 2024 capitation rate for this rate cell.
2. SFY 2023 and SFY 2024 composite rates were developed based on projected SFY 2024 average monthly enrollment.
3. SOBRA enrollment reflects the estimated count of monthly deliveries.
4. SFY 2023 capitation rates reflect the capitation rates contained in the "State Fiscal Year 2023 Medicaid Managed Care Capitation Rate Amendment" dated August 15, 2022.

Katie Beckett children previously enrolled in the fee-for-service (FFS) program will be enrolled into managed care for case management services only effective July 1, 2024. These children will be enrolled into a new CSHCN rate cell, titled "Katie Beckett Case Management". The SFY 2023 composite rates in Figure 1 reflect the SFY 2024 capitation rate for this new rate cell. Further detail on the development of the Katie Beckett Case Management capitation rate is included in Section I.3.B.ii.

Figure 2 compares the estimated state and federal expenditures under the SFY 2023 capitation rates relative to the SFY 2024 capitation rates, based on projected average monthly enrollment for SFY 2024.

**FIGURE 2: COMPARISON WITH SFY 2023 EXPENDITURES (\$ MILLIONS)**

Population	SFY 2023 Aggregate Expenditures	SFY 2024 Aggregate Expenditures	Expenditure Change
Rlte Care	\$ 710.1	\$ 713.2	\$ 3.1
CSHCN	163.7	167.5	3.8
Rhody Health Partners	339.6	346.2	6.6
Subtotal Medicaid	1,213.3	1,226.8	13.5
Federal	664.3	671.7	7.4
State	549.1	555.2	6.1
Medicaid Expansion	788.6	760.7	(27.9)
Federal	709.7	684.6	(25.1)
State	78.9	76.1	(2.8)
SOBRA	75.2	81.0	5.8
Federal	44.3	47.7	3.4
State	30.9	33.3	2.4
<b>Total</b>	<b>\$ 2,077.2</b>	<b>\$ 2,068.6</b>	<b>(\$ 8.6)</b>
<b>Total Federal</b>	<b>\$ 1,418.3</b>	<b>\$ 1,404.0</b>	<b>(\$ 14.3)</b>
<b>Total State</b>	<b>\$ 658.8</b>	<b>\$ 664.6</b>	<b>\$ 5.8</b>

#### Notes

1. Values have been rounded.
2. SFY 2023 and SFY 2024 aggregate expenditures were developed based on projected SFY 2024 average monthly enrollment.
3. The Katie Beckett Case Management rate cell is new in SFY 2024. The SFY 2023 and SFY 2024 aggregate expenditures reflect the inclusion of the SFY 2024 capitation rate for this rate cell.
4. 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 2024 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.
5. State expenditures for the Medicaid Expansion population are based FMAP of 90.00%.
6. 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.

## Section I. Medicaid managed care rates

### 1. General information

This section provides information listed under the General Information section of CMS Rate Development Guide, Section I.

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

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

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

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F and CMS-2408-F).
- 2022-2023 Medicaid Managed Care Rate Development Guide, published by CMS in April 2022.
- 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.”<sup>1</sup>*

### A. RATE DEVELOPMENT STANDARDS

#### i. Rate ranges

The SFY 2024 Medicaid managed care program capitation rate development does not utilize rate ranges.

#### ii. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the one-year rating period of July 1, 2023 through June 30, 2024.

#### iii. Required elements

##### (a) Actuarial certification

The actuarial certification, signed by Jason A. Clarkson, FSA, is in Appendix 1.

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



Mr. Clarkson meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2024 managed care program rating period.

**(b) Certified capitation rates for each rate cell**

The certified capitation rates by rate cell are illustrated in Appendix 4. Member months illustrated in Appendix 4 represent projected values for SFY 2024 under the assumptions outlined in this report. These rates represent the contracted capitation rates prior to risk adjustment.

**(c) Program information**

**(i) Managed Care program**

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

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

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

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

**FIGURE 3: MANAGED CARE BENEFIT PACKAGE**

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

Covered services are consistent with the SFY 2023 benefit package. Detailed benefit coverage information for all benefits listed in this figure can be found within Attachment A, "Schedule of In-Plan Benefits" in the MCO Medicaid Managed Care Services contracts. In-lieu-of services may also be provided with written approval from EOHHS.

**(ii) Rating period**

This actuarial certification is effective for the one-year rating period of July 1, 2023, through June 30, 2024.

**(iii) Covered populations**

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

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

Note that the Medicare-Medicaid Plan (MMP) Demonstration / Rhody Health Options Integrity, PACE, and Rlte Smiles managed care programs are outside the scope of this certification.

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

**FIGURE 4: MANAGED CARE CAPITATION RATE CELLS**

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

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

**(iv) Eligibility criteria**

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

**(v) Special contract provisions**

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

- Withhold metrics
- Incentive payments
- Risk sharing arrangement
- Directed Payments

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

**(vi) Retroactive adjustment to capitation rates**

This rate certification report does not include a retroactive adjustment to the prior certified capitation rates.

**iv. Differences among capitation rates**

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

**v. Cross-subsidization of rate cell payment**

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

**vi. Effective dates**

To the best of our knowledge, the effective dates of changes to the Medicaid managed care program are consistent with the assumptions used in the development of the certified SFY 2024 capitation rates.

**vii. Medical loss ratio**

Capitation rates were developed in such a way that a medical loss ratio, as calculated under 42 CFR 438.8, is projected to be greater than 85% for the rating year, which includes provisions for non-benefit costs that are appropriate and attainable.

**viii. Rate ranges**

The SFY 2024 Medicaid managed care program capitation rate development does not utilize rate ranges.

**ix. Actuarial soundness of rate ranges**

The SFY 2024 Medicaid managed care program capitation rate development does not utilize rate ranges.

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

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

**(b) Outside the rate setting process**

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

**(c) Final contracted rates**

The SFY 2024 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment.

**xi. Rate certification for effective time periods**

This actuarial certification is effective for the one-year rating period of July 1, 2023, through June 30, 2024.

**xii. Reflecting the impacts of the COVID-19 public health emergency and related unwinding**

We considered the direct and indirect impact of COVID-19 on the covered population and services in SFY 2024. This analysis and estimated impacts are described in detail in Section I.3.B.ii.(a)

**xiii. Procedures for rate certification and amendment**

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

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

Under cases one and two above, a contract amendment must still be submitted to CMS. In instances in which the rates are unchanged, but a contract amendment could reasonably change the rate development and rates, we will provide supporting documentation indicating the rationale as to why the rates continue to be actuarially sound. A new rate certification will be provided to account for any costs invalidated by courts of law, or changes in federal statutes, regulations, or approvals.

Any update to the payment terms by application of this risk adjustment methodology will be provided to CMS consistent with 42 CFR §438.3(c).

**B. APPROPRIATE DOCUMENTATION****i. Capitation rate certification**

The SFY 2024 Medicaid managed care rate development specifies capitation rates for each rate cell.

**ii. Documentation of required elements**

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

**iii. Use of rate ranges**

This report certifies specific rates for each rate cell in accordance with 42 CFR §438.4(b)(4) and 438.7(c).

**iv. Rate range boundaries**

The SFY 2024 Medicaid managed care program capitation rate development does not utilize rate ranges.

**v. Index**

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

## vi. Compliance with 42 CFR §438.4(b)(1)

The SFY 2024 Medicaid managed care capitation rate development includes assumptions, methodologies, and/or factors that are based on valid rate development standards and are consistent across covered populations in accordance with 42 CFR §438.4(b)(1) and §438.4(b)(6).

## vii. Different FMAP

Capitated payments for the CSHCN, RHP, and Rite Care populations receive the standard state FMAP of 53.96% in FFY 2023 and 55.01% in FFY 2024. The Medicaid Expansion population receives an enhanced FMAP of 90%.

The enhanced FMAP of 67.77% in FFY 2023 and 68.51% in FFY 2024 for children who are eligible for Title XXI benefits, the 6.2% enhanced FMAP provided by the Families First Coronavirus Response Act (FFCRA), and 90% enhanced FMAP for family planning services are not reflected in the values provided in Figure 2.

## viii. Comparison to final certified rates in the previous rate certification

### (a) Comparison to final certified rates in the previous rate certification

The previous rate certification applied to SFY 2023 capitation rates. A comparison to SFY 2023 certified rates by rate cell is provided in Appendix 4. All material changes to the capitation rates and rate development process compared to the previous rate certification are described in this report.

### (b) Description of material changes to the rate development process not addressed in other sections of this rate certification

All material changes to the rate development process are outlined in this report.

### (c) Application of de minimis adjustment to previous rate certification

EOHHS did not adjust the actuarially sound SFY 2023 capitation rates by a de minimis amount.

## ix. Future Amendments

The SFY 2024 capitation rates may be amended to reflect material program changes not known at the time of this certification. We anticipate an amendment may be developed for legislatively mandated SFY 2024 program changes such as implementation of the Certified Behavioral Health Clinics (CCBHC) program.

## x. Approach to addressing the impact of the COVID-19 PHE and related unwinding

As part of the Consolidated Appropriations Act, 2023, continuous enrollment requirements were decoupled from the public health emergency (PHE), allowing eligibility reviews to begin prior to the expiration of the PHE. The resumption of Medicaid eligibility redeterminations in Rhode Island began April 1, 2023, with the ineligible members disenrolled starting June 1, 2023.

### (a) Available applicable data to address the COVID-19 PHE in capitation rate setting

Rhode Island Medicaid managed care data through December 31, 2022, inclusive of incurred but not paid (IBNP) expenditures, was evaluated to understand emerging experience during the PHE. Encounter data, program enrollment, and MCO submitted Financial Data Cost Reports (FDCRs) were utilized in this analysis. Emerging Rhode Island experience was compared to results in other state Medicaid programs to evaluate the consistency of observed trends during the PHE. We also compared COVID-19 diagnostic testing, COVID-19 vaccine administration, and COVID-19 medical service cost from these sources to publicly available data sources for validation and to understand trends and emerging experience.

In addition, we reviewed EOHHS's plan for Medicaid renewals beginning April 1, 2023. We utilized the EOHHS enrollment projections consistent with the May 2023 caseload testimony that included the expected distribution and timing of disenrollment resulting from the resumption of member redetermination reviews.

**(b) How capitation rates account for COVID-19 PHE impacts**

We considered pandemic-related impacts on July 1, 2021, through June 30, 2022 (SFY 2022) utilization levels and projected trends used in the development of the SFY 2024 capitation rates. We also considered changes in acuity of the covered population associated with the pause in member redeterminations continuing past the SFY 2022 base data through May 31, 2023, and the Medicaid eligibility terminations estimated to occur between June 1, 2023 and June 30, 2024. The estimated impact of these considerations and their impacts to healthcare service costs, prospective trends, COVID-19 vaccine administration costs, COVID-19 testing, and population acuity adjustments are described in detail in Section I.3.B.

**(c) Non-risk payments**

There are no non-risk arrangements for COVID-19 related costs in SFY 2024. COVID-19 vaccine administration was covered on a non-risk basis in SFY 2023 and is transitioned into the risk-based capitation rate in SFY 2024. All COVID-19 related costs, such as COVID-19 testing, vaccine administration, treatments, and other related costs are covered through the managed care program on a full risk basis, subject to the risk mitigation mechanisms described in Section I.4.C.

**(d) Risk mitigation strategies utilized for COVID-19 PHE**

There is no change in the risk mitigation strategy specific to the COVID-19 PHE relative to the SFY 2023 contract period beyond the inclusion of COVID-19 vaccination administration into the risk-based capitation rate. The risk sharing mechanism that was established prior to the PHE is unchanged, as described in Section I.4.C.

## 2. Data

This section provides information regarding the SFY 2022 base data used to develop the capitation rates. The base experience data described in this section is illustrated in Appendix 2.

### A. RATE DEVELOPMENT STANDARDS

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

### B. APPROPRIATE DOCUMENTATION

#### i. Requested data

Milliman receives eligibility, capitation, encounter, and fee-for-service claim files from EOHHS on a monthly basis. In addition, Milliman receives quarterly cost reports from the MCOs. Milliman reviewed January 1, 2019, through February 28, 2023 experience with claims runout through March 31, 2023, for the SFY 2024 rate setting process.

The base data used in the SFY 2024 capitation rate development includes SFY 2022 experience and is summarized in Appendix 2. SFY 2022 was selected as a base data period to reflect the most current program experience available; however, a review of quarter over quarter changes in SFY 2022 and emerging experience was completed to evaluate potential impact of the COVID-19 PHE on the SFY 2022 experience data.

The remainder of this section describes the base data and validation processes utilized in the SFY 2024 capitation rate development.

#### ii. Data used to develop the capitation rates

##### (a) Description of the data

###### (i) Types of data

The primary data sources for the SFY 2024 capitation rate development include the following:

- Encounter data submitted by the MCOs;
- Eligibility and capitation payment data provided by EOHHS;
- Calendar Year 2022 Quarter 3 (CY 2022 Q3) Financial Data Cost Reports (FDCRs) submitted by the MCOs;
- Calendar Year 2022 Quarter 4 (CY 2022 Q4) FDCRs submitted by the MCOs;
- SFY 2022 federally qualified health center (FQHC) prospective payment system (PPS) reconciliations submitted by the MCOs; and,
- MCO Survey responses provided by the MCOs.

###### (ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2022. The CY 2022 Q3 FDCR submissions used in the base data development reflect claims paid through September 30, 2022. The encounter data used in the base data development reflects encounters paid through September 30, 2022, consistent with the CY 2022 Q3 FDCR submissions. These data sources were utilized in the base data adjustments described in Section I, item 2.B.iii, "Data adjustments".

For the purposes of analyzing prospective program adjustments, we reviewed encounter data included in the EOHHS encounter data transferred to Milliman on April 15, 2023, and financial experience through December 31, 2022, included in the SFY 2022 Q4 FDCR.

###### (iii) Data sources

The historical encounter data used for this certification was submitted by Neighborhood Health Plan of Rhode Island, Tufts Health Public Plans, and UnitedHealthcare of New England.

The encounter, eligibility, and capitation payment data were provided to Milliman by EOHHS. The FDCRs and MCO Surveys were submitted by the MCOs to EOHHS, and EOHHS transferred this information to Milliman.

#### **(iv) Sub-capitation**

The SFY 2022 base encounter data reflects sub-capitated federally qualified health center (FQHC) experience for one MCO. The FQHC sub-capitated provider reimbursement rates are less than the prospective payment system (PPS) rate. As described later in this report, FQHC services were adjusted to the PPS rate in the base data development. In addition, encounter experience reflects sub-capitated behavioral health experience for one MCO. The behavioral health sub-capitated encounters are utilized for purposes of the SFY 2024 rate development.

### **(b) Availability and quality of the data**

#### **(i) Steps taken to validate the data**

The base experience used in the capitation rates relies on encounter data and CY 2022 Q3 FDCRs submitted to EOHHS by participating MCOs. Managed care eligibility is maintained by EOHHS. The actuary, the MCOs, and EOHHS all play a role in validating the quality of encounter data used in the development of the capitation rates. The MCOs play the initial role, collecting and summarizing data sent to the state. EOHHS focuses on encounter data quality and MCO performance measurement, with measures focused on completeness, accuracy, and comparison between data sources. In addition, we perform independent analysis of encounter data and FDCRs to evaluate the quality of the data being used in the rate development process. Below is a summary of measures specific to each quality area.

#### **COMPLETENESS**

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

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

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

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

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

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

#### **ACCURACY**

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

- MCO encounters are required to pass all the edit and load criteria set out in the encounter companion guide, which are similar to the edits required for fee-for-service claims.
- EOHHS maintains a monthly utilization tracking report that illustrates services provided to Medicaid beneficiaries and tracks trends by utilization category and line of business. This report is used to identify any gaps in MCO submissions.



- The EOHHS Data Quality Team meets on a bi-weekly basis to identify more nuanced errors in the data, such as encounter submission issues with specific services or for fields not specifically addressed by the automated edits.

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

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

### **CONSISTENCY OF DATA ACROSS DATA SOURCES**

We performed a detailed review of the encounter data used in the development of capitation rates effective July 1, 2023. Assessing the encounter data for consistency with the FDCR was a critical part of the rate development process. We also reviewed the FDCR against the FSR for consistency of expenditures across various data sources.

We reviewed enrollment records against capitation payment records and EOHHS internal summaries. The enrollment records were determined to be consistent across various data sources.

#### **(ii) Actuary's assessment**

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

We found the encounter data to be of appropriate quality for developing the SFY 2024 capitation rates, with adjustment for data missing from the EOHHS encounter data warehouse as described in Section I, item 2.B.iii.a.

#### **(iii) Data concerns**

We compared the encounter data against the FDCR submissions and did not have material concerns regarding the availability or quality of the base data utilized for the capitation rate development.

#### **(c) Appropriate data**

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

#### **(d) Reliance on a data book**

Development of the capitation rates did not rely on a data book or other summarized data source. We were provided with detailed claims data for all covered services and populations. We created data books summarizing SFY 2022 encounter data, which were shared with EOHHS and the participating MCOs.

### **iii. Data adjustments**

Capitation rates utilize SFY 2022 encounter data as the base experience. Adjustments were made to the base experience for data quality, completion, payments not captured in the MCOs' claim systems, recoveries, and other program adjustments. The following sections describe the adjustments made to the base data cost models presented in Appendix 2.

#### **(a) Credibility adjustment**

### **DATA QUALITY ADJUSTMENT**

We reviewed MCO encounter data and FDCR information for consistency of reported benefit expense across data sources. Data quality was evaluated at the rate cell and service category level. The data was found to be suitable for capitation rate development purposes, with adjustment for encounter data quality issues.

A data quality adjustment was applied at the population and service category level (with professional, ancillary, and LTSS combined) to the base encounter data to account for encounter data quality issues, such as services that were provided by the MCOs but were not reported as an encounter at the time of data extraction.

Certain rate cells and service categories were adjusted at a more granular level to reflect observed issues in the encounter data reporting:

#### Rate Cells Adjusted Separately

- Rlte Care Children <1
- Rlte Care SOBRA and Medicaid Expansion SOBRA

The data quality adjustment was applied separately to the Rlte Care and Medicaid Expansion SOBRA payments, which were then composited into a single rate cell.

#### Service Categories Adjusted Separately

- Outpatient Pharmacy
- Professional Office Administered Drugs

Inpatient expenditures for the Rlte Care Extended Family Planning rate cell were excluded from the base encounter data. These expenditures were removed to reflect that they are not covered under the Medicaid managed care program. In addition, non-state plan service expenditures were removed in the data quality adjustment.

Figure 5 illustrates the PMPM impact of data quality adjustments for each population in SFY 2022.

**FIGURE 5: STATE FISCAL YEAR 2022 DATA QUALITY ADJUSTMENT**

Population	Member Months / Deliveries	Base Encounter Data PMPM	Adjusted for Data Quality	Percent Difference
<b>SFY 2022</b>				
Rlte Care	2,017,886	\$ 227.07	\$ 235.06	3.5%
Children with Special Healthcare Needs	117,591	963.45	970.65	0.7%
Medicaid Expansion	1,216,472	447.97	461.75	3.1%
Rhody Health Partners	175,029	1,566.10	1,607.94	2.7%
SOBRA	4,560	12,150.74	13,369.97	10.0%

Note: Values have been rounded.

#### (b) Completion adjustment

##### COMPLETION ADJUSTMENT

The data submitted by the MCOs was adjusted to reflect claims completion. IBNP adjustments were applied at the population and service category level (with professional, ancillary, and LTSS combined).

IBNP in the CY 2022 Q3 and Q4 FDCR based on MCO submitted lag triangles was reviewed for purposes of the SFY 2024 capitation rate development. The completion adjustment was directly developed using the CY 2022 Q3 FDCR reserves restated for the ultimate paid amounts estimated in the Q4 FDCR submission. Provision for adverse deviation (PAD) was removed from the MCO reported IBNP to the extent it was reported.

Figure 6 illustrates the PMPM impact of completion adjustment for each population in SFY 2022.

**FIGURE 6: STATE FISCAL YEAR 2022 COMPLETION ADJUSTMENT**

Population	Member Months / Deliveries	Adjusted for Data Quality	Adjusted for Completion	Percent Difference
<b>SFY 2022</b>				
Rlte Care	2,017,886	\$ 235.06	\$ 238.12	1.3%
Children with Special Healthcare Needs	117,591	970.65	985.27	1.5%
Medicaid Expansion	1,216,472	461.75	466.34	1.0%
Rhody Health Partners	175,029	1,607.94	1,628.89	1.3%
SOBRA	4,560	13,369.97	13,612.49	1.8%

Note: Values have been rounded.

### NON-ENCOUNTERABLE SERVICES ADJUSTMENT

The base data was adjusted to include benefit expense that is unable to be submitted to the EOHHS encounter data warehouse. These non-encounterable expenses are reported in the FDCR and include (but are not limited to) the following:

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

Figure 7 illustrates the PMPM impact of the sub-capitated and non-encounterable services for each population in SFY 2022.

**FIGURE 7: STATE FISCAL YEAR 2022 NON-ENCOUNTERABLE ADJUSTMENT**

Population	Member Months / Deliveries	Adjusted for Completion	Adjusted for Non-Encounterable	Percent Difference
<b>SFY 2022</b>				
Rite Care	2,017,886	\$ 238.12	\$ 239.58	0.6%
Children with Special Healthcare Needs	117,591	985.27	1,004.12	1.9%
Medicaid Expansion	1,216,472	466.34	470.46	0.9%
Rhody Health Partners	175,029	1,628.89	1,644.23	0.9%
SOBRA	4,560	13,612.49	13,691.28	0.6%

Note: Values have been rounded.

### NET REINSURANCE AND OVERPAYMENTS ADJUSTMENT

The base experience was adjusted for net reinsurance costs and overpayments made outside the MCO claims payment system. Individual adjustment items are described below:

- **Reinsurance Premiums Paid and Reinsurance Recoveries:** MCOs participating in the managed care program are required to carry reinsurance for high-cost claimants. We adjusted encounter data expenses in the base data period for the net cost of coverage (premiums less recoveries) as reported in the CY 2022 Q3 FDCR.
- **Other Overpayments:** An adjustment was made for provider overpayments recouped outside the MCO's claims payment system as reported in the CY 2022 Q3 FDCR.

No adjustment was made for non-risk COVID-19 vaccine administration payments made for costs incurred in SFY 2022. Effective July 1, 2023, COVID-19 vaccine administration services are fully included in the risk-based capitation rate. In addition, a state directed payment was applicable to substance use rehabilitation providers and enhanced outpatient services providers via a separate payment term for claims incurred between November 1, 2021, and March 31, 2022. The expenditures for the state directed payments is not included in the SFY 2022 base data and no explicit adjustment was applied since the state directed payment ended in SFY 2022.

Figure 8 illustrates the PMPM impact of the net reinsurance and overpayments adjustment for each population in SFY 2022.

**FIGURE 8: STATE FISCAL YEAR 2022 NET REINSURANCE AND OVERPAYMENTS ADJUSTMENT**

Population	Member Months / Deliveries	Adjusted for Non-Encounterable	Adjusted for Reinsurance / Overpayments	Percent Difference
<b>SFY 2022</b>				
Rite Care	2,017,886	\$ 239.58	\$ 238.84	(0.3%)
Children with Special Healthcare Needs	117,591	1,004.12	1,000.44	(0.4%)
Medicaid Expansion	1,216,472	470.46	471.81	0.3%
Rhody Health Partners	175,029	1,644.23	1,645.46	0.1%
SOBRA	4,560	13,691.28	13,609.75	(0.6%)

Note: Values have been rounded.

## FEDERALLY QUALIFIED HEALTH CENTERS ADJUSTMENT

The MCOs are at-risk for the FQHC PPS rate, which is currently paid by all three MCOs via a wrap payment and reconciliation process. The base data was adjusted to reflect the full payment made to the FQHCs for services incurred in SFY 2022, including fee-for-service claims, subcapitated payments, FQHC PPS wrap payments, and reconciliation amounts. Fee-for-service payments and sub-capitated proxy paid amounts reported by MCOs in the encounter data were adjusted to match the PPS payments reported in the SFY 2022 FQHC PPS reconciliations received as of March 9, 2023.

Figure 9 illustrates the PMPM impact of the FQHC adjustment for each population in SFY 2022.

**FIGURE 9: STATE FISCAL YEAR 2022 FQHC ADJUSTMENT**

Population	Member Months / Deliveries	Adjusted for Reinsurance / Overpayments	Adjusted for FQHC	Percent Difference
<b>SFY 2022</b>				
Rlte Care	2,017,886	\$ 238.84	\$ 253.08	6.0%
Children with Special Healthcare Needs	117,591	1,000.44	1,026.97	2.7%
Medicaid Expansion	1,216,472	471.81	491.34	4.1%
Rhody Health Partners	175,029	1,645.46	1,686.89	2.5%
SOBRA	4,560	13,609.75	14,180.03	4.2%

Note: Values have been rounded.

### (c) Errors found in the data

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

### (d) Program change adjustments

The data quality, completion, non-encounterable services, recoveries, and FQHC adjustments were applied directly to the base data. The SFY 2022 data included in Appendix 2 illustrates the base data after the application of the above-described adjustments. The remainder of this section describes the adjustments applied to the base data provided in Appendix 2 following this series of adjustments.

## RETROSPECTIVE PROGRAM ADJUSTMENTS

This section represents recovery adjustments to reflect the net cost estimated to be incurred by the MCOs. Figure 10 illustrates the fiscal impact of the recoveries adjustment.

**FIGURE 10: STATE FISCAL YEAR 2022 RETROSPECTIVE PROGRAM ADJUSTMENTS**

Program Change	Category of Service Impacted	% Impact Rlte Care	% Impact CSHCN	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Recoveries Adjustment	All	(1.0%)	(0.5%)	(1.5%)	(1.3%)	0.0%

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

- **Recoveries Adjustment:** The SFY 2022 base data was reduced for third-party liability recoveries, fraud and abuse recoveries, and pharmacy rebate recoveries. These recovery types were developed as targeted amounts and therefore not removed during the base data development process. These adjustments were developed with consideration of historical experience as well as the interaction with related adjustments, such as managed care efficiencies and targeted pharmacy reimbursement adjustments.

Further detail of the impact of the recoveries adjustment on the SFY 2022 experience is illustrated in Appendix 2.

### (e) Exclusion of payments or services from the data

Non-state plan services were excluded from the base data. The MCOs report non-state plan expenditures separately from state plan services in the FDCR submissions.

### 3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates. The development of the projected benefit costs is illustrated in Appendix 3.

#### A. RATE DEVELOPMENT STANDARDS

##### i. Final Capitation Rate Compliance

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

##### ii. Benefit Cost Trend Assumptions

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

##### iii. In Lieu Of Services

The projected benefit costs include costs for in-lieu-of services defined at 42 CFR § 438.3(e)(2) using the utilization and unit costs of the in-lieu-of services. Further information on in-lieu-of services is provided in Section I, item 3.B.v.

##### iv. IMDs as an in-lieu-of service provider

The Rhode Island Medicaid managed care program primarily uses institutions of mental disease (IMDs) as an in-lieu-of service provider of substance use disorder services. EOHHS obtained an 1115 waiver of the IMD exclusion in section 1905(a)(29)(B) of the Social Security Act to allow Medicaid coverage and federal financial participation for residential treatment services for Medicaid-eligible individuals who have substance use disorders (SUD) and are participating in residential treatment programs with a census of 16 or more beds that are considered IMDs. Since these services are covered under the 1115 waiver, the amount paid to the IMDs for substance use disorder services in the base period was utilized for the SFY 2024 capitation rate development.

EOHHS identified a limited number of psychiatric services provided to members ages 21 through 64 at an IMD. IMD psychiatric stays for these members up to 15 days per month were repriced to an estimated per diem rate using the Rhode Island Medicaid APR-DRG Pricing Calculator<sup>2</sup>. Member months and services incurred during psychiatric IMD stays exceeding 15 days in a month (including non-IMD expenditures) were removed from the capitation rate development process. The estimated impact of the repricing psychiatric IMD stays less than 15 days and removing expenditures and exposures for stays over 15 days is illustrated in Figure 11 and applied in Appendix 3.

#### B. APPROPRIATE DOCUMENTATION

##### i. Projected Benefit Costs

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

##### ii. Development of Projected Benefit Costs

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

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

<sup>2</sup> [https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-06/DRG\\_calculator\\_2021.xlsx](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-06/DRG_calculator_2021.xlsx)

### Step 1: Create per member per month cost summaries

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

### Step 2: Apply data adjustments

We applied data adjustments to the SFY 2022 incurred encounter data as described in Section I.2.B.iii of this report. This includes historical program adjustments and data exclusions.

### Step 3: Adjust for prospective program and policy changes

The SFY 2022 base experience was adjusted for known policy and program changes that were implemented and are expected to be implemented between the base data period and the rating period.

### Step 4: Adjust for managed care efficiencies

We targeted improvements in managed care efficiency when developing projected SFY 2024 benefit expense.

### Step 5: Trend to SFY 2024

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2024). The resulting PMPMs establish the adjusted claim cost by population rate cell for the contract period.

The remainder of this section outlines the adjustments described in Step 3 through Step 5.

### Prospective Program and Policy Adjustments

Figure 11 illustrates the fiscal impact of the prospective program changes applied in Appendix 3 of the rate development and is followed by a description of each adjustment.

**FIGURE 11: PROSPECTIVE PROGRAM ADJUSTMENTS**

Program Change	Category of Service Impacted	% Impact Rite Care	% Impact CSHCN	% Impact Medicaid Expansion	% Impact Rhody Health Partners	% Impact SOBRA
Pediatric Services	Professional	3.3%	2.3%	0.2%	0.0%	0.1%
Early Intervention	Professional / LTSS / Ancillary	0.9%	0.9%	0.0%	0.0%	0.0%
Children's Therapeutic and Respite Service	Professional / LTSS	3.8%	21.2%	0.1%	0.0%	0.0%
Home Care Rates / Personal Care Behavioral Health Certification Enhancement	LTSS	2.0%	3.7%	2.1%	4.5%	0.0%
Federally Qualified Health Center PPS Rates	Professional	1.2%	0.6%	1.2%	0.9%	1.1%
Hospital Labor and Delivery	Inpatient Hospital	0.0%	0.1%	0.0%	0.1%	16.9%
Psychiatric IMD	All Service Categories	0.1%	(0.0%)	(0.0%)	(0.2%)	0.0%
Pharmacy Spread and Targeted Reimbursement	Retail Pharmacy	(0.5%)	(0.3%)	(0.7%)	(0.3%)	0.0%
COVID-19 Vaccine Administration	Professional / Retail Pharmacy	(0.6%)	(0.1%)	(0.6%)	(0.0%)	(0.0%)
COVID-19, Influenza, and RSV Testing	Professional	(1.0%)	(0.4%)	(0.9%)	(0.2%)	0.0%
COVID-19, Influenza, and RSV Treatment	Professional / Outpatient Hospital	0.4%	0.0%	0.0%	0.0%	0.0%

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

- **Pediatric Services:** Effective July 1, 2022, a state directed minimum fee schedule based on CY 2022 Medicare rates was implemented for evaluation and management services for pediatric office visits. We utilized the minimum fee schedule effective July 1, 2023, based on CY 2023 Medicare rates to adjust the SFY 2022 base data reimbursement levels for pediatric office visits to the state directed minimum fee schedule. No adjustment was made for services that were already reimbursed above the state directed minimum fee schedule.

- **Early Intervention:** Effective July 1, 2022, a state directed minimum fee schedule was implemented for early intervention service providers. The minimum fee schedule is unchanged from SFY 2023 to SFY 2024. We utilized a consistent method as described for the pediatric services to estimate the SFY 2024 capitation rate impact.
- **Children's Therapeutic and Respite Services:** Effective July 1, 2022, a state directed minimum fee schedule was implemented for children's therapeutic and respite service providers. The minimum fee schedule is unchanged from SFY 2023 to SFY 2024. The minimum fee schedule includes home based therapeutic services, applied behavior analysis services, Personal Assistance Services and Supports (PASS), and respite services. We utilized a consistent method as described for the pediatric and early intervention services to estimate the SFY 2024 capitation rate impact.
- **Home Care Rates and Behavioral Health Certification Enhancement:** Effective July 1, 2022, a state directed minimum fee schedule was implemented for home care services (procedure codes S5125 and S5130). The minimum fee schedule was increased effective July 1, 2023, based on the New England Consumer Price Index. We adjusted the SFY 2022 base data reimbursement levels for home care rates to the state directed minimum fee schedule. No adjustment was made for services that were already reimbursed above the state directed minimum fee schedule.

Effective January 1, 2022, a new behavioral health certification enhancement of \$0.39 per fifteen minutes of home care services for providers who have at least 30% of their direct-care workers certified in behavioral health training was implemented via a state directed payment. In addition to the providers already meeting this certification criteria as of May 19, 2023, we assumed an additional two providers will obtain certification and receive the behavioral health certification enhancement in SFY 2024 based on communication with EOHHS.

We estimated the impact of the behavioral health certification enhancement by reviewing utilization of personal care and combined personal care/homemaker services in the SFY 2022 data period and adjusting reimbursement rates to reflect the behavioral health certification enhancement for qualifying providers.

- **Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) Rates:** We repriced the FQHC PPS-eligible experience from the SFY 2022 PPS rate reflected in the base experience to the SFY 2024 FQHC PPS rates. This adjustment is fully reflected in the FQHC PPS Eligible Services category of service.
- **Hospital Labor and Delivery:** Effective July 1, 2022, a state directed payment was implemented to increase hospital labor and delivery reimbursement by 20%. We applied a 20% increase to the Inpatient Maternity Delivery category of service to reflect this state directed payment.
- **Psychiatric IMD:** Psychiatric IMD stays for members ages 21 through 64 up to 15 days per month were repriced to the EOHHS inpatient hospital APR-DRG estimated per diem rate. Member months and services incurred during psychiatric IMD stays exceeding 15 days in a month (including non-IMD expenditures) were removed. The psychiatric IMD adjustment reflects the net impact of these two items.
- **Pharmacy Spread and Targeted Reimbursement:** Pharmacy experience was re-priced to benchmarks relative to average wholesale price (AWP). The target was based on our review of the AWP discounts in the Rhode Island Medicaid managed care and other state markets. Figure 12 illustrates the targeted AWP discount utilized for brand and generic drugs. Pharmacy experience was categorized as brand or generic based on national drug code (NDC) level definitions contained in Medi-span reference data sets, with trademarked single-source and multi-source brand drugs being classified as brand. Targets were developed separately for children and adults, which was determined at the rate cell level (Rlte Care children in the age 15-44 rate cells were included with the adult group).

**FIGURE 12: AWP DISCOUNT TARGET**

Population	Generic	Brand
Child	75.50%	19.00%
Adult	85.00%	19.00%

No provision for pharmacy administrative spread was included in the AWP targets illustrated above.

Administrative amounts attributable to spread pricing were excluded from pharmacy claims cost and considered in the administrative load development. Supplemental rebate targets as described in Section I, item 2.B.iii.d were considered when developing the factors illustrated in Figure 12 to understand net pharmacy reimbursement.



- **COVID-19 Vaccine Administration:** The COVID-19 professional vaccine administration fees were paid by the MCOs and fully reimbursed through a non-risk payment in SFY 2022 and SFY 2023. The non-risk arrangement will not be effective during SFY 2024. Experience for this service is included in the SFY 2022 base data. We estimated SFY 2024 COVID-19 vaccine administration service utilization based on emerging Rhode Island Medicaid experience and other sources of vaccine trends such as CDC COVID-19 vaccine dose counts over time for Rhode Island. An adjustment was applied to reflect the decreased levels of COVID-19 vaccine administrations estimated in SFY 2024 relative to SFY 2022 experience.
- **COVID-19, Influenza, and RSV Testing:** We reviewed historical and emerging COVID-19, influenza, and RSV Rhode Island Medicaid testing levels and other external sources of COVID-19, influenza, and RSV prevalence trends. Based on this analysis, we estimated a decrease in COVID-19 testing relative to the levels included in the SFY 2022 base data, which was partially offset by an estimated increase in influenza and RSV testing that was assumed to be suppressed during the SFY 2022 base data period.
- **COVID-19, Influenza, and RSV Treatment:** Similar to the COVID-19, influenza, and RSV testing adjustment, we reviewed historical and emerging COVID-19, influenza, and RSV Rhode Island Medicaid medical costs and other external sources of COVID-19, influenza, and RSV prevalence trends. We observed that medical costs of these services in SFY 2022 were generally consistent the emerging SFY 2023 experience for most populations. However, we observed material cost increases for these services in SFY 2023 for the Rlite Care <1 and Rlite Care 1-5 rate cells, primarily attributable to emerging flu medical treatment costs in SFY 2023 being materially higher than the COVID-19 medical treatment costs in SFY 2022 over the same time period. We included an adjustment to reflect the estimated additional cost in SFY 2024 relative to the SFY 2022 base data period for Rlite care children under age five.

### Katie Beckett Case Management Services

Effective July 1, 2023, case management services for Katie Beckett members currently enrolled in fee-for-service will be moved into the Medicaid managed care program within a new rate cell (CSHCN – Katie Beckett Case Management). Services for these members are limited to case management services provided by a combination of MCOs and case management providers such as the Cedar providers. We developed SFY 2024 utilization assumptions in consultation with EOHHS subject matter experts. The unit cost rates are consistent with the SFY 2024 Medicaid fee-for-service rates and the state directed minimum fee schedule described in Section I.4.D. Figure 13 below illustrates the benefit expense development for these members, and the footnotes provide the rate development assumptions.

**FIGURE 13: CSHCN - KATIE BECKETT CASE MANAGEMENT BENEFIT EXPENSE**

HCPCS	DESCRIPTION	UTILIZATION / 1,000	UNIT COST	PMPM
T1023	Program Intake Assessment	750	\$ 330.00	\$ 20.63
H2000	Comprehensive Multidisciplinary Evaluation	2,250	220.00	41.25
H2021	Community Based Wrap Around Services	27,000	20.00	45.00
<b>Total Case Management</b>				<b>\$ 106.88</b>

#### Notes

1. Utilization rates reflect utilization per 1,000 members per year.
2. Utilization rates assume 75% of enrolled members engage in case management services and they receive services for an average of nine months.
3. T1023 utilization reflects assessments. SFY 2024 rate development assumes one program intake assessment per member receiving services.
4. H2000 utilization reflects evaluations. SFY 2024 rate development assumes quarterly evaluations for members while receiving services.
5. H2021 utilization reflects 15-minute increments. SFY 2024 rate development assumes four 15-minute visits per month on average for members while receiving services.
6. Unit Cost values reflect the SFY 2024 Medicaid fee-for-service rates.

Adjustments to reflect provision for administrative costs, underwriting margin, and premium tax are illustrated in Appendix 4.



## Acuity Adjustments

In response to the FFCRA enacted on March 18, 2020, EOHHS treated all individuals eligible for Medicaid as of March 1, 2020, as eligible for such benefits through the end of the PHE. As part of the Consolidated Appropriations Act, 2023, continuous enrollment provisions were decoupled from the PHE on March 31, 2023, allowing eligibility reviews to begin prior to the expiration of the PHE.

For the SFY 2024 capitation rate development, we reviewed the potential impact that enrollment decreases in the Rlte Care and Expansion populations may have on the acuity of these populations based on the expectation that members terminated during the redetermination process will be lower acuity than the population average. We do not expect the acuity of the CSHCN or RHP populations to be materially affected by the resumption of normal Medicaid redetermination activities based on the limited impact the PHE had on these populations. Our acuity estimates are based on an estimated change in population enrollment and the difference in acuity between terminated and ongoing members.

## ENROLLMENT ESTIMATE

In consultation with EOHHS on the redetermination reinstatement process and renewal distribution plan, the enrollment estimates used for the SFY 2024 capitation rate development are consistent with the EOHHS May 2023 Caseload Estimating Testimony. The SFY 2024 enrollment estimates consider the following enrollment influences:

- **Redetermination schedule<sup>3</sup>.** Beginning April 1, 2023, individuals impacted by the disenrollment freeze will be included in an eligibility review process, with the first disenrollments anticipated to occur June 1, 2023, and the process being completed over a 12-month period. The redetermination review process is anticipated to be delayed for households with children until January 1, 2024. The resumption of Medicaid redeterminations is anticipated to impact all Medicaid Expansion rate cells, and all Rlte Care rate cells with the exception of the newborn (<1) rate cell and the EFP rate cell.
- **Children continuous coverage.** Effective January 1, 2024, EOHHS is implementing continuous coverage for children under age 19 guaranteeing coverage for at least 12 months. Enrollment projections include an adjustment reflecting increased enrollment attributable to the continuous coverage provision.
- **Postpartum continuous coverage.** Effective July 1, 2022, EOHHS expanded postpartum Medicaid coverage to 12 months after delivery. Enrollment projections include an adjustment reflecting increased enrollment postpartum attributable to the continuous coverage provision.
- **Category 1 population.** EOHHS suspended the termination of member eligibility as part of the Category 1 enrollment cleanup until the end of the COVID emergency period. The enrollment model assumes 80% of these members terminate coverage following the redetermination process.

For purposes of estimating the population acuity, we estimated a baseline population-specific enrollment growth reflecting linear growth from pre-pandemic enrollment to the estimated June 2024 enrollment, which reflects the completion of all redeterminations. This estimated baseline enrollment is used in the acuity factor development described below.

Based on these enrollment projections, we estimated the enrollment changes for the Rlte Care children will not have a material impact on the overall acuity of the population for purposes of SFY 2024 capitation rate development. The SFY 2024 average monthly membership is estimated to be greater than the SFY 2022 average monthly membership for Rlte Care children because of the delay in redeterminations of households with children until January 2024.

## ACUITY ESTIMATES

We estimated the impact of the enrollment changes based on an estimate of the acuity relativity of members who will be disenrolled with the resumption of normal redetermination activities and the ongoing population. We estimated a relative acuity factor 0.6 for adults leaving the program based on the following analyses:

<sup>3</sup> <https://www.rilegislature.gov/Special/rcc/REC202305/Medical%20Assistance%20-%20May%202023%20CEC%20-%20Testimony.pdf>

- **Morbidity relativity of members terminating coverage.** We reviewed the relative acuity of members who were disenrolled from the Medicaid managed care program relative to the remaining members using pre-pandemic experience. We observed that members terminating coverage generally had less claims expense leading up to their coverage termination than other members in the same time period.
- **Longitudinal concurrent and prospective risk scores.** We reviewed the change in both concurrent and prospective risk scores from a pre-pandemic period (CY 2019) to the base data period (SFY 2022). We estimated the acuity of the increased membership by using the difference between the SFY 2022 and CY 2019 prospective risk scores.
- **Members without claims.** We reviewed the percent of members without a claim on a quarterly basis from CY 2019 through SFY 2022. The time period reviewed to identify whether a member had a claim was varied between 1, 3, 6, and 12 months. We reviewed this data to understand the change in the percentage of the population utilizing services over the course of the pandemic. Due to the less precise nature of this analysis, it was utilized as secondary information in combination with the above-described analyses.
- **Observations from other state Medicaid programs.** We reviewed the data and acuity estimates for other state Medicaid programs to verify trends observed in the Rhode Island Medicaid program.

To estimate a population acuity factor for each SFY, we applied the estimated relative acuity factors of 0.6 to the difference between the enrollment projections and the baseline enrollment estimate and assumed a baseline membership acuity factor of 1.0. Figure 14 illustrates the development of the SFY 2024 acuity adjustment by rate cell using the enrollment estimates and acuity factor estimates described above.

**FIGURE 14: SFY 2024 ACUITY ADJUSTMENT**

RATE CELL	RELATIVE ACUITY	SFY 2022 ACTUAL ENROLLMENT	SFY 2022 ESTIMATED BASELINE ENROLLMENT	SFY 2024 ESTIMATED ENROLLMENT	SFY 2024 ESTIMATED BASELINE ENROLLMENT	ACUITY FACTOR
RC - M 15-44	0.600	245,447	220,461	276,312	253,855	1.0086
RC - F 15-44	0.600	597,073	531,219	659,135	610,316	1.0152
RC - MF 45+	0.600	138,658	118,101	158,706	141,968	1.0182
<b>RC Total</b>		981,178	869,781	1,094,153	1,006,138	
ME - F 19-24	0.600	125,809	94,447	115,750	103,126	1.0623
ME - F 25-29	0.600	76,707	55,469	75,071	67,374	1.0784
ME - F 30-39	0.600	78,934	59,129	83,706	75,713	1.0691
ME - F 40-49	0.600	69,724	55,493	68,366	62,743	1.0531
ME - F 50-64	0.600	202,133	146,964	186,610	164,984	1.0705
ME - M 19-24	0.600	134,492	100,448	127,269	113,078	1.0630
ME - M 25-29	0.600	104,022	80,481	102,899	93,971	1.0614
ME - M 30-39	0.600	156,951	125,774	169,380	155,560	1.0509
ME - M 40-49	0.600	96,457	79,464	102,496	94,928	1.0440
ME - M 50-64	0.600	170,626	129,705	165,977	148,810	1.0603
<b>ME Total</b>		1,215,855	927,374	1,197,524	1,080,286	

Note: The acuity factor column represents the ratio of the SFY 2024 and SFY 2022 acuity factor estimates. The acuity factor estimates for each year are developed assuming a 1.0 factor for baseline enrollment and 0.6 factor for the difference in the baseline and actual (SFY 2022) or estimated (SFY 2024) enrollment.

### Managed Care Adjustments

We calculated percentage adjustments to the experience data to reflect the utilization and cost per unit differential between the SFY 2022 managed care experience and the levels targeted for the SFY 2024 managed care environment. We developed the targeted managed care efficiency adjustments through a review and analysis of the following:

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

## INPATIENT HOSPITAL

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

Our analysis was completed by reducing readmissions within 30 days and reducing non-readmissions for select PQIs. Inpatient hospital managed care adjustments were developed by applying a 10% reduction to same-DRG readmissions and a 5% reduction to potentially avoidable inpatient admissions. In completing our analysis, we estimated inpatient hospital unit cost changes based on the utilization reductions outlined above. No adjustments were made to corresponding inpatient physician charges to account for the potential shift of these services to an ambulatory setting. Nursing facility claims were excluded from this analysis. Figure 15 outlines the PQIs included in the analysis.

**FIGURE 15: AHRQ PREVENTION QUALITY INDICATORS**

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

## EMERGENCY ROOM

For the outpatient hospital emergency room service category, multiple potentially avoidable diagnosis groups were clinically developed using the primary diagnosis of each claim. The potentially avoidable diagnosis groups were stratified by severity to target potentially avoidable emergency room visits, starting with the lowest severity group. In addition, potentially avoidable outpatient hospital emergency room visits were summarized by rate cell. Target utilization levels were developed by assuming a 10% decrease in potentially avoidable services using SFY 2022 experience.

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

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

## DELIVERY SERVICES

We reviewed the mix of vaginal and cesarean section deliveries by MCO to determine appropriate efficiency adjustments for SOBRA payments.

Delivery managed care efficiency adjustments were developed by analyzing the percent of cesarean and vaginal deliveries by MCO in the SFY 2022 base period relative to other time periods and industry benchmarks.

We targeted a mix of approximately 68.0% / 32.0% of vaginal/cesarean section deliveries in the rating period. Managed care savings were estimated by evaluating the cost per delivery difference between cesarean and vaginal deliveries. No adjustment was made to the total number of deliveries.

#### PHARMACY SERVICES

We reviewed historical pharmacy experience for the number of monthly prescriptions that each member was taking during the SFY 2022 emerging experience period. The goal of this efficiency adjustment is to identify users with excessive prescriptions and identify opportunities for reduction. We separated the experience into two categories: 10-14 scripts per month and 15+ scripts per month. Based on clinical evaluation of this adjustment, we established thresholds of reduction of 2 scripts per month for those over 15 scripts per month and removal of 1 script for those in the 10-14 category. We developed pharmacy managed care efficiency adjustments by rate cell to reflect mix differences by therapeutic class due to the age, gender, and morbidity of the applicable rate cell. We assumed a reduction of scripts based on the median cost per script.

The composite impact of these adjustments by population and category of service is listed in Figure 16.

**FIGURE 16: MANAGED CARE EFFICIENCIES**

<b>MCE Adjustment Category</b>	<b>Managed Care Utilization</b>	<b>Managed Care Cost</b>	<b>Managed Care Total</b>
<b>Rlte Care</b>			
Inpatient	0.9948	1.0009	0.9957
Emergency Room	0.9663	1.0185	0.9842
Office Visits	1.0050	1.0000	1.0050
Rad/Path/Lab	1.0015	1.0000	1.0015
Pharmacy	0.9990	1.0000	0.9990
<b>CSHCN</b>			
Inpatient	0.9963	1.0003	0.9966
Emergency Room	0.9758	1.0139	0.9894
Office Visits	1.0037	1.0000	1.0037
Rad/Path/Lab	1.0013	1.0000	1.0013
Pharmacy	0.9989	1.0000	0.9989
<b>Medicaid Expansion</b>			
Inpatient	0.9852	1.0052	0.9903
Emergency Room	0.9783	1.0118	0.9898
Office Visits	1.0029	1.0000	1.0029
Rad/Path/Lab	1.0016	1.0000	1.0016
Pharmacy	0.9985	1.0000	0.9985
<b>Rhody Health Partners</b>			
Inpatient	0.9863	1.0009	0.9872
Emergency Room	0.9807	1.0111	0.9916
Office Visits	1.0032	1.0000	1.0032
Rad/Path/Lab	1.0017	1.0000	1.0017
Pharmacy	0.9964	1.0000	0.9964
<b>SOBRA</b>			
Inpatient	1.0000	0.9922	0.9922
Emergency Room	1.0000	1.0000	1.0000
Office Visits	1.0000	1.0000	1.0000
Rad/Path/Lab	1.0000	1.0000	1.0000

**FRAUD, WASTE, AND ABUSE SAVINGS**

In addition to the managed care efficiency savings identified by the processes outlined above, we estimated that savings could be generated by identifying opportunities to reduce fraud, waste, and abuse. This adjustment is reflective of opportunities for cost reductions available to the MCOs outside of the managed care efficiencies explicitly measured and described above. Total medical expenses across all rate cells were reduced by 0.5% to account for potential Fraud, Waste, and Abuse savings, consistent with the SFY 2023 capitation rate development. The fraud, waste, and abuse reduction is not included in the values in Figure 16.

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

The data, assumptions, and methodologies utilized in the developing the projected benefit costs for the SFY 2024 capitation rate setting is generally consistent with the SFY 2023 capitation rate development. Any changes relative to the SFY 2023 rate certification are described this document.

**(c) Overpayments to providers**

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

### iii. Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical SFY 2022 base period to the SFY 2024 rating period of this certification. We evaluated prospective trend rates using historical experience for the Medicaid managed care program, as well as external data sources.

#### (a) Required elements

##### (i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included over three years of cost and utilization experience, from July 1, 2018 through December 31, 2022. Data was stratified between pre- and post-pandemic experience to review trends prior to the pandemic and emerging experience.

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

- *National Health Expenditure (NHE) projections* developed by the CMS Office of the Actuary<sup>4</sup>, specifically those related to Medicaid.
- *Magellan Rx Medicaid Pharmacy Trend Report*<sup>5</sup>.
- *Other sources:* We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

##### (ii) Methodology

The adjusted PMPM values from the base experience period were trended forward to the midpoint of the contract period (January 1, 2024).

### MEDICAL TRENDS

For medical trends, historical utilization and PMPM cost data was stratified by month, rate cell, and category of service. The data was adjusted for completion and the program adjustments previously described. The estimated utilization and cost per unit trends represent inflationary trends that are unrelated to the separately estimated acuity impacts.

We reviewed multiple regression models, month-over-month, and year-over year trends when analyzing the prospective trend estimates using pre-pandemic experience. We also reviewed emerging experience through December 31, 2022. In addition, we considered the fee schedule adjustments described in the Prospective Program and Policy Adjustments section in the unit cost trend development. The resulting utilization per 1,000 and PMPM data points were compared to historical experience, internal sources from other managed care programs, and federal Medicaid cost projections. We used the resulting analysis, along with actuarial judgment, to estimate prospective trend rates.

Prospective trend adjustments include consideration for legislatively mandated provider reimbursement trends. Hospital inpatient facility, hospital outpatient facility, and nursing home reimbursement trends are legislatively mandated in the State of Rhode Island General Assembly Budget Article Relating to Human Services. Figure 17 illustrates the legislatively mandated trends. The factors illustrated in Figure 17 are the basis of the prospective trends illustrated in Figure 18.

<sup>4</sup> <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>

<sup>5</sup> <https://www1.magellanrx.com/read-watch-listen/read/our-publications/medicaid-pharmacy-trend-report/>

**FIGURE 17: ANNUAL LEGISLATIVELY MANDATED PRICE TREND FACTORS**

Service Category	SFY 2022	SFY 2023
Inpatient Hospital	1.0500	1.0380
Outpatient Hospital	1.0500	1.0380
Nursing Home	1.0368	1.0620
Hospice	1.0368	1.0620

**Notes**

1. The inpatient and outpatient increases are 5.0% and 3.8% effective July 1, 2022, and July 1, 2023, respectively.
2. The nursing home and hospice increases are 2.7% effective October 1, 2021, 4.0% effective October 1, 2022, and 6.9% effective October 1, 2023. The increases are inclusive of a 0.5% increase for staffing effective October 1, 2021, 1.0% effective October 1, 2022, and 1.5% effective October 1, 2023.

The State of Rhode Island General Assembly Budget Article Relating to Human Services either provides a specific rate change as determined by the General Assembly or is linked to CMS market basket updates. Note, the nursing home and hospice reimbursement changes are effective October 1<sup>st</sup> of each year, while Figure 17 illustrates the impact of the legislatively mandated reimbursement changes on a state fiscal year basis. The legislatively mandated reimbursement changes are state directed payments and discussed further in Section I, item 4.D.

**PHARMACY TRENDS**

We utilized a Medicaid pharmacy projection model (trend model) for the purposes of reviewing and estimating detailed pharmacy trend information. The trend model summarizes pharmacy claims data by month, covered population, and therapeutic class. Generic and brand pharmacy experience was repriced to a consistent percentage of AWP to isolate changes in PBM contracting from inflationary trends. Projected values were estimated using the base period data as a starting point and applying anticipated shifts and trends.

The utilization and cost per script trends are based on a review of historical data and the estimated prospective impact of market changes. We used public industry trend reports and experience in other state Medicaid programs to validate these unit cost trends. Our trends accounted for a combination of anticipated utilization and price changes on existing products as well as the impact of new pipeline products entering the market up through the rating period.

**(iii) Comparisons**

Historical trends should not be used in a simple formulaic manner to determine future trends; a great deal of actuarial judgment is also needed. We referred to the sources listed in the prior section as well as considered changing practice patterns and the impact of COVID-19 as previously described.

**(iv) Chosen trend rates**

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

**(b) Benefit cost trend components**

This section includes the projected benefit cost trends by population and category of service. Figure 18 illustrates the price change component of the trend by population and category of service.

**FIGURE 18: ANNUALIZED UNIT COST TREND ASSUMPTIONS**

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
Rlte Care <15	4.4%	4.4%	4.4%	0.5%	1.0%	4.9%	0.5%	4.5%
Rlte Care 15+	4.4%	4.4%	4.4%	1.0%	1.0%	4.9%	1.0%	6.0%
EFP	4.4%	4.4%	4.4%	1.0%	1.0%	4.9%	0.5%	2.0%
CSHCN	4.4%	4.4%	4.4%	0.5%	1.0%	4.9%	0.5%	6.5%
Medicaid Expansion	4.4%	4.4%	4.4%	1.0%	1.0%	4.9%	1.0%	4.5%
Rhody Health Partners	4.4%	4.4%	4.4%	1.0%	1.5%	4.9%	1.0%	4.5%
SOBRA	4.4%	4.4%	4.4%	0.5%	2.0%	4.9%	0.5%	0.0%

Figure 19 illustrates the utilization component of the trend.

**FIGURE 19: ANNUALIZED UTILIZATION TREND ASSUMPTIONS**

Population	Inpatient	Outpatient	Emergency Room	Professional	Ancillary (Non-Hospice)	Nursing Home and Hospice	HCBS	Retail Pharmacy
RIte Care <15	1.0%	1.5%	0.5%	2.5%	2.0%	0.5%	1.0%	3.5%
RIte Care 15+	1.0%	1.0%	1.0%	1.5%	1.0%	0.5%	1.0%	0.5%
EFP	0.0%	0.5%	0.5%	1.0%	1.0%	0.5%	1.0%	0.5%
CSHCN	0.5%	1.5%	0.5%	1.5%	1.0%	0.5%	1.0%	1.0%
Medicaid Expansion	0.5%	1.0%	0.5%	1.0%	1.0%	0.5%	1.0%	0.5%
Rhody Health Partners	0.5%	1.5%	1.0%	1.0%	1.5%	0.5%	1.0%	1.5%
SOBRA	0.0%	0.5%	0.5%	1.0%	0.5%	0.5%	1.0%	0.0%

### Leap year adjustment

The SFY 2024 contract year contains one additional day as a result of a leap year. We estimated the impact of the leap year to be a 1.0027 increase (366/365) in utilization for each major category of service and rate cell relative to the SFY 2022 base data. The impact of this adjustment is included in the utilization trend column of Appendix 3 along with the impact of the above utilization trends.

#### (c) Variation

##### (i) Medicaid populations

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

##### (ii) Rate cells

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

##### (iii) Subsets of benefits within a category of services

For the pharmacy trend assumption development, we further reviewed experience by therapeutic class. The variation that occurs between the therapeutic class prescription drug stratifications and further within each major population category contributes to the variation in the pharmacy trend assumptions applied across the managed care program in the SFY 2024 capitation rate development.

#### (d) Material adjustments

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

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

As noted previously, the cost trend for the Inpatient Hospital, Outpatient Hospital, Emergency Room, Nursing Home and Hospice service categories were prescribed by legislatively mandated reimbursement changes.

#### (e) Any other adjustments

##### (i) Impact of managed care

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



### (ii) Trend changes other than utilization and cost

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

### iv. Mental Health Parity and Addiction Equity Act Service Adjustment

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

### v. In Lieu of Services

As discussed in Section I.3.A.iv, the reported benefit costs for in-lieu-of-services are described in this section.

#### (a) Categories of covered service

MCOs reported offering in-lieu-of services for facility and professional service categories. The services approved by EOHHS to be utilized this way include acupuncture, chiropractic services, and massage therapy.

#### (b) Percentage of cost

The reported cost for in-lieu-of services were approximately \$10.2 million in SFY 2022. Figure 20 illustrates that in-lieu-of services represent approximately 0.6% of the base benefit cost in SFY 2022.

**FIGURE 20: IN-LIEU-OF SERVICES AS A PERCENTAGE OF SFY 2022 BENEFIT COST**

Population	Facility	Professional	All Other	Composite
Rlte Care	0.4%	1.6%	0.1%	0.8%
CSHCN	0.5%	1.1%	0.0%	0.5%
Medicaid Expansion	0.4%	2.0%	0.2%	0.7%
Rhody Health Partners	0.2%	0.8%	0.0%	0.3%
<b>Composite</b>	<b>0.4%</b>	<b>1.6%</b>	<b>0.1%</b>	<b>0.6%</b>

Note: The values in this exhibit reflect the percent of in-lieu-of expenditures relative to the specific category of service and population illustrated.

#### (c) Development of projected benefit costs

In-lieu-of services were included in the base data and are treated consistently with other service expenditures. The development of the projected benefit costs did not vary for in-lieu-of services.

#### (d) IMDs as an in-lieu-of-service

The rate development complies with the requirements of 42 CFR 438.6(e). See Section I, item 3.A.v for explanation of the treatment of IMD service costs in rate development.

### vi. Retrospective Eligibility Periods

#### (a) MCO responsibility

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

#### (b) Claims treatment

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

#### (c) Enrollment treatment

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

**(d) Adjustments**

No explicit retroactive enrollment adjustment was applied for the SFY 2024 rate setting.

**vii. Impact of Material Changes**

This section relates to material changes to covered benefits or services since the last rate certification. The last rate certification was for the SFY 2023 rating period.

**(a) Change to covered benefits**

There were no material changes to covered benefits compared to the previous certification. A new rate cell, Katie Beckett Case Management, was introduced to the program in SFY 2024.

**(b) Recoveries of overpayments**

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

**(c) Change to payment requirements**

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

**(d) Change to waiver requirements**

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

**(e) Change due to litigation**

There were no material changes due to litigation.

**viii. Documentation of Material Changes**

All material changes to covered benefits and services compared to the previous certification are described in this report.

**(a) Non-material changes**

Adjustment factors were developed for policy and program changes estimated to materially affect the managed care program during SFY 2024 that are not fully reflected in the base experience. We defined a program adjustment to be 'material' if the total benefit expense for any individual rate cell is impacted by more than 0.1%. The following outlines program adjustments deemed immaterial based on our review of the experience data and policy change. No adjustment was applied for these non-material changes.

- **Home Delivered Meals:** Effective July 1, 2022, a state directed minimum fee schedule was implemented for home delivered meals, and cultural and therapeutic meal offerings were added. No adjustment was applied for this minimum fee schedule due to the immaterial volume of claims for this service.
- **Doula Service Addition:** EOHHS submitted a state plan amendment to add coverage for doula services to the managed care benefit package effective July 1, 2021; however, doula providers were not enrolled until June 2022. Doula services are reimbursed on a fee-for-service basis at an amount not to exceed \$1,500 per pregnancy. We estimate any increase in doula utilization in SFY 2024 relative to the SFY 2022 base data to be immaterial based on our review of emerging doula service utilization and the potential for reduced expense for other maternity services<sup>6</sup>.

<sup>6</sup> Kozhimannil KB, Hardeman RR, Alarid-Escudero F, Vogelsang CA, Blauer-Peterson C, Howell EA. Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. 2016 Mar; 43(1):20-7. doi: 10.1111/birt.12218. Epub 2016 Jan 14.

## 4. Special Contract Provisions Related to Payment

### A. INCENTIVE ARRANGEMENTS

#### i. Rate Development Standards

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

#### ii. Appropriate Documentation

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

- **Health System Transformation Program:** The Health System Transformation Program invests in the development of certified accountable entities through the approval of the Rhode Island 1115 waiver Special Terms and Conditions. Incentive payments for the development of accountable entities are funded via an incentive payment to the MCOs with EOHHS approval. MCOs may be eligible for incentive payment under this program up to the PMPM illustrated in Figure 21 below.

**FIGURE 21: MAXIMUM INCENTIVE PAYMENT (PMPM)**

Population	SFY 2024 Composite Rates	105% of Capitation Rates	Maximum Incentive Payment
RIte Care	\$ 332.97	\$ 349.62	\$ 16.65
CSHCN	1,364.97	1,433.22	68.25
Medicaid Expansion	635.24	667.00	31.76
Rhody Health Partners	2,028.20	2,129.61	101.41
SOBRA	17,340.05	18,207.05	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.

### B. WITHHOLD ARRANGEMENTS

#### i. Rate Development Standards

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

#### ii. Appropriate Documentation

##### (a) Description of the Withhold Arrangement

##### (i) Time period

The Alternative Payment Methodology (APM) withhold will continue in SFY 2024. Withhold metrics will be reviewed and paid annually.

##### (ii) Enrollees, services, and providers covered

All rate cells are covered by the withhold arrangement, with the exception of the RIte Care Extended Family Planning, SOBRA, and CSHCN Katie Beckett Case Management capitation rates. No withhold is applied to these rate cells.

##### (iii) Purpose

The goals of Rhode Island's Medicaid Quality Strategy are based on a commitment to the following principles: consumer empowerment and choice, community-based solutions, prevention/wellness, value-based purchasing, integration of physical and behavioral health, care coordination/care management, attention to social determinants of health, and improved technology.

The withhold promotes the transition from fee-for-service towards a population health model, thereby encouraging greater coordination of care and rewarding both cost efficiency and quality of care outcomes.

**(iv) Description of total percentage withheld**

The withhold will remain at 0.5% in SFY 2024 and be returned in accordance to the “Alternative Payment Methodology Requirements for Each Contract Period” of the MCO contract.

**(v) Estimate of percent to be returned**

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

**(vi) Reasonableness of withhold arrangement**

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

**(vii) Effect on the capitation rates**

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

**(b) Rate certification consideration of withhold**

The rate certification includes consideration of the withhold and is included in Appendix 1.

## C. RISK SHARING MECHANISMS

### i. Rate Development Standards

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

### ii. Appropriate Documentation

**(a) Description of Risk-sharing Mechanism**

The Rhode Island Medicaid managed care program includes risk-sharing arrangements in SFY 2024.

**(i) Risk sharing rationale**

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

**(ii) Risk sharing implementation**

The global risk-sharing arrangement will be maintained in SFY 2024. The risk corridors parameters for the SFY 2024 contract year are included in Figure 22 below.

**FIGURE 22: GLOBAL RISK CORRIDOR PARAMETERS**

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

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

In addition to the global risk-sharing arrangement, a targeted risk share/gain share arrangement for PPS-eligible services rendered at CCBHCs will be implemented for the SFY 2024 rating period. For purposes of this risk-sharing arrangement, a CCBHC baseline will be established based on the funding for CCBHC services included in the SFY 2024 capitation rates. Under the arrangement, any expenditures above or below 100% of the CCBHC baseline will be reimbursed or recouped. The CCBHC targeted risk corridor parameters for the SFY 2024 contract year are included in Figure 23 below.

**FIGURE 23: CCBHC TARGETED RISK CORRIDOR PARAMETERS**

<b>Risk Sharing Provisions</b>	<b>Plan Share of Expenses</b>	<b>EOHHS Share of Expenses</b>
CCBHC Expenses greater than 100% of CCBHC Baseline	0%	100%
<b>Gain Sharing Provisions</b>	<b>Plan Share of Gains</b>	<b>EOHHS Share of gains</b>
CCBHC Expenses less than 100% of CCBHC Baseline	0%	100%

CCBHC targeted risk corridor payments or recoupments will be reflected as an adjustment to the global risk corridor medical baseline. In addition, expenses in the global risk corridor will reflect total expenses, inclusive of CCBHC PPS payments. A capitation rate adjustment for the CCBHC PPS rates and the development of the CCBHC baseline is anticipated to be included in a future rate amendment following legislative approval of the program.

**(iii) Impact on capitation rate development**

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

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

The SFY 2024 risk sharing mechanisms were developed in accordance with generally accepted actuarial principles and practices.

**(v) Consistency with pricing assumptions**

The SFY 2024 risk sharing mechanisms were developed consistently with pricing assumptions used in capitation rate development.

**(vi) Remittance/payment based on pricing assumptions**

The SFY 2024 risk sharing mechanisms will not result in a remittance/payment if SFY 2024 experience is consistent with the pricing assumptions used in capitation rate development.

**(b) Medical Loss Ratio**

**(i) Methodology**

The medical loss ratio for SFY 2024 will be reported to CMS in accordance with 42 CFR 438.8.

**(ii) Formula for Remittance/Payment**

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

**(iii) Financial consequences**

There are no financial consequences associated with MLR requirements.

### **(c) Reinsurance Requirements and Effect on Capitation Rates**

#### **(i) Description of reinsurance requirements**

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

#### **(ii) Effect on capitation rates**

The SFY 2024 capitation rates were adjusted for the effect of reinsurance. Reinsurance premiums reported by the MCOs via the FDCRs were included in the capitation rate development base data, and the base data was likewise reduced for reinsurance recoveries.

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

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

#### **(iv) Reinsurance premium development**

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

## **D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES**

### **i. Rate Development Standards**

#### **(a) Description of Managed Care Plan Requirement**

Consistent with guidance in 42 CFR §438.6(c), the capitation rates effective July 1, 2023, reflect the following delivery and provider payment initiatives:

- Pediatric services
- Early intervention services
- Children's therapeutic and respite services
- Personal care shift differential
- Personal care behavioral health certification enhancement
- Home care rates
- Case management services
- Inpatient hospital state directed uniform percentage increase
- Outpatient hospital state directed uniform percentage increase
- Nursing home state directed uniform percentage increase
- Care Transformation Collaborative of Rhode Island state directed value-based purchasing
- Accountable Entity (AE) program state directed value-based purchasing
- Level IV detoxification services
- Home Delivered Meals

**(b) State directed payments**

EOHHS has not yet submitted the SFY 2024 directed payment preprints. The state directed payment arrangements reflected in these certified rates is consistent with what is anticipated to be submitted to CMS. We anticipate the preprints will be submitted to CMS by June 30, 2023. Certain state directed payments are based on a state plan fee schedule and do not have a corresponding preprint as indicated in Figure 25.

**(c) Generally accepted actuarial principles**

The contract arrangements that direct MCO expenditures were developed in accordance with guidance in 42 CFR §438.4, the standards in §438.5, and generally accepted actuarial principles and practices.

**(d) How state directed payment arrangements are reflected in managed care rates**

All the initiatives described above are considered in the capitation rates paid to the plans. None are implemented via a separate payment term.

**ii. Appropriate Documentation****(a) Delivery system and provider payment initiatives****(i) Description delivery system and provider payment initiatives**

The state directed payments are described in Figure 24 below.

**FIGURE 24: STATE DIRECTED PAYMENTS**

<b>Control Name of State Directed Payment</b>	<b>Type of Payment</b>	<b>Brief Description</b>	<b>Is the Payment Included as a Rate Adjustment or Separate Payment Term?</b>
Pediatric Services	Minimum fee schedule	Minimum fee schedule for pediatric evaluation and management services	Rate Adjustment
Early Intervention Services	Minimum fee schedule	Minimum fee schedule for early intervention services	Rate Adjustment
Children's Therapeutic and Respite Services	Minimum fee schedule	Minimum fee schedule for children's therapeutic and respite services	Rate Adjustment
Personal Care Shift Differential	Minimum fee schedule	Minimum fee schedule per fifteen minutes for personal care and combined personal care/homemaker services	Rate Adjustment
Home Care Behavioral Health Certification Enhancement	Minimum fee schedule	Minimum fee schedule per fifteen minutes for personal care, combined personal care/homemaker, and homemaker only services	Rate Adjustment
Home Care Rates	Minimum fee schedule	Minimum fee schedule applied for home care services	Rate Adjustment
Case Management Services	Minimum fee schedule	Minimum fee schedule applied for case management services	Rate Adjustment
Inpatient Hospital Increase	Uniform Percentage Increase	Uniform increase to inpatient hospital reimbursement	Rate Adjustment
Outpatient Hospital Increase	Uniform Percentage Increase	Uniform increase to outpatient hospital reimbursement	Rate Adjustment
Nursing Home / Staffing Increase	Uniform Percentage Increase	Uniform increase to nursing home reimbursement	Rate Adjustment
Care Transformation Collaborative of Rhode Island state directed value-based purchasing	Performance-based incentive payments	Incentive payment of \$3.00 PMPM to qualifying providers to promote accessible, comprehensive, coordinated care	Rate Adjustment
Accountable Entity (AE) program state directed value-based purchasing	Performance-based incentive payments	Shared savings or losses are determined by comparing the total cost of care of an accountable entities' attributed population to cost thresholds derived using a methodology generally consistent with the MCO capitation rate development	Rate Adjustment
Level IV Detoxification Services	Minimum fee schedule	Minimum fee schedule applied for Level IV detoxification services	Rate Adjustment (included in inpatient hospital increase)
Home Delivered Meals	Minimum fee schedule	Minimum fee schedule applied for home delivered meals	Rate Adjustment (Immaterial)



**(ii) 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 as a rate adjustment consistent with the approved preprint. The effect of each state directed payment on the SFY 2024 capitation rates is outlined in Figure 25 below.

**FIGURE 25: EFFECT OF STATE DIRECTED PAYMENTS**

Control Name of the State Directed Payment	Rate Cells Affected	Impact	Description of the Adjustment	Confirmation the Rates are Consistent with the Preprint
Pediatric Services	All rate cells containing children ages 0 through 20	The state directed payment rate impact is illustrated in Appendix 3, in the "Program Adjustments" column.	Minimum fee schedule applied for pediatric evaluation and management services	N/A; no preprint submission
Early Intervention Services	All rate cells utilizing early intervention services	The state directed payment rate impact is illustrated in Appendix 3, in the "Program Adjustments" column	Minimum fee schedule applied for early intervention services	N/A; no preprint submission
Children's Therapeutic and Respite Services	All rate cells utilizing children's therapeutic and respite services	The state directed payment rate impact is illustrated in Appendix 3, in the "Program Adjustments" column	Minimum fee schedule applied for children's therapeutic and respite services	N/A; no preprint submission
Personal Care Shift Differential	All rate cells utilizing personal care services	The state directed payment was effective July 1, 2021, and is fully reflected in the base data	No adjustment	Consistent with anticipated preprint
Home Care Behavioral Health Certification Enhancement	All rate cells utilizing personal care and homemaker services	The state directed payment rate impact is illustrated in Appendix 3, in the "Program Adjustments" column	Minimum fee schedule enhancement applied for certified providers	N/A; no preprint submission
Home Care Rates	All rate cells utilizing home care	The state directed payment rate impact is illustrated in Appendix 3, in the "Program Adjustments" column	Minimum fee schedule applied for home care services	N/A; no preprint submission
Case Management Services	Katie Beckett Case Management rate cell	The state directed payment rate impact is illustrated in Figure 13. The impact on all other rate cells is estimated to be immaterial.	Minimum fee schedule is used in development of Katie Beckett Case Management rate cell benefit cost	N/A; no preprint submission
Inpatient Hospital Increase	All rate cells	3.8% increase effective July 1, 2023	Uniform increase to inpatient hospital reimbursement	Consistent with anticipated preprint
Outpatient Hospital Increase	All rate cells	3.8% increase effective July 1, 2023	Uniform increase to outpatient hospital reimbursement	Consistent with anticipated preprint
Nursing Home / Staffing Increase	All rate cells	6.6% increase effective October 1, 2023	Uniform increase to nursing home reimbursement	Consistent with anticipated preprint
Care Transformation Collaborative of Rhode Island state directed value-based purchasing	All rate cells with members below age 18	The state directed payment rate impact is illustrated in Appendix 4, in the "CTC Adjustment" column	Incentive payment to qualifying providers	Consistent with anticipated preprint
Accountable Entity (AE) program state directed value-based purchasing	No explicit rate adjustment	Based on total cost of care thresholds	Shared savings or losses for certified AEs	Consistent with anticipated preprint
Level IV Detoxification Services	All rate cells	Included in Inpatient Hospital Increase	No explicit adjustment applied	N/A; included in Inpatient Hospital Increase
Home Delivered Meals	All rate cells utilizing home delivered meals	Determined to be immaterial	No explicit adjustment applied	N/A; no preprint submission

**(iii) Separate payment term**

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

**(b) Additional directed payments**

There are no additional directed payment arrangements.

**(c) Required reimbursement rates outside the certification**

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

**E. PASS-THROUGH PAYMENTS**

**i. Rate Development Standards**

There are no pass-through payments reflected in the SFY 2024 capitation rates.

**ii. Appropriate Documentation**

There are no pass-through payments reflected in the SFY 2024 capitation rates.

## 5. Projected non-benefit costs

### A. RATE DEVELOPMENT STANDARDS

#### i. Overview

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

#### ii. PMPM versus percentage

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

### B. APPROPRIATE DOCUMENTATION

#### i. Development of non-benefit costs

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

##### DATA

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

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

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

##### ASSUMPTIONS AND METHODOLOGY

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

We did not develop administrative expenses from the ground up (based on individual components). However, individual components were reviewed within financial statement data. We considered the pharmacy benefit target AWP discount values described in Section I, item 3.B.ii and related PBM administrative load in this development. Care coordination expense was separately allocated from the general administrative cost allowance and is considered as a component of the baseline medical expense for purposes of risk share reporting.

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

- **Care Transformation Collaborative of Rhode Island:** The SFY 2024 PMPM add-on for Care Transformation Collaborative is based on SFY 2024 projections provided by EOHHS. The projections were reviewed for reasonability in their development and in total magnitude. The Care Transformation Collaborative amounts are included as a component of the baseline medical expense for purposes of risk share reporting.

- **State-Supplied Vaccine Program (vaccine assessment):** Amounts for vaccine assessment are included in the rate development as a PMPM add-on amount. The SFY 2024 assessment is \$6.24 for adults ages 19 and over.
- **Premium Tax:** MCOs operating in the Rhode Island are subject to a 2.0% premium tax, which is included in the rate development.

Figure 26 illustrates the PMPM add-on amounts for Care Transformation Collaborative and vaccine assessment.

**FIGURE 26: PMPM ADD-ONS**

Population	Care Transformation Collaborative	Vaccine Assessment
Rlte Care	\$ 1.30	\$ 2.35
CSHCN	1.58	1.07
Medicaid Expansion	0.00	6.24
Rhody Health Partners	0.00	6.24
SOBRA	0.00	0.00

Note: Amounts are composited based on estimated SFY 2024 enrollment.

#### (b) Material changes

The data, assumptions, and methodology used to develop the projected non-benefit cost are generally consistent with the SFY 2023 rate development. We changed the administrative cost percentages used in the SFY 2024 capitation rate development relative to SFY 2023 based on the analysis previously described. The care coordination assumptions are unchanged from the SFY 2023 percentage loads. Prior non-benefit expense assumptions are fully described within the SFY 2023 rate certification report.

#### (c) Other material adjustments

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

### ii. Non-benefit costs, by cost category

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. The SFY 2024 non-benefit expense percentages are illustrated in Figure 27 below.

**FIGURE 27: 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%

### iii. Historical non-benefit cost

Historical non-benefit costs were reported through MCO FDCR submissions and financial statement data. We evaluated the historical program costs along with nationwide administrative cost benchmarks and trends when establishing the non-benefit expense loads. In addition, we considered the potential impact of items such as PBM administrative costs and MCO reporting allocation methodologies in this analysis.

## 6. Risk Adjustment and Acuity Adjustments

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

### A. RATE DEVELOPMENT STANDARDS

#### i. Overview

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

To the extent that material items are observed such as data quality concerns, MCO enrollment, or risk differences not quantified by the approach outlined below, we may consider adjustments to the proposed risk adjustment methodology. All adjustments will be in accordance with our review of the risk adjustment data, results, and methodology and will be developed in accordance with generally accepted actuarial principles and practices. These adjustments may include, but are not limited to, risk-adjustment rebasing during SFY 2024, using concurrent risk score mechanisms, or non-budget-neutral risk adjustment.

The remainder of this section outlines the intended approach to risk adjusting the SFY 2024 capitation rates.

#### ii. Risk adjustment model

Risk adjustment will be performed using CDPS + Rx version 7.0. We will develop custom condition weights based on Rhode Island Medicaid experience. Risk adjustment will be performed on a basis estimated to be budget neutral at the rate cell level. Delivery kick payments, children less than one year old, extended family planning, substitute care, and Katie Beckett case management rate cells will be excluded from the risk adjustment process.

#### iii. Acuity adjustments

All acuity adjustments are applied on a prospective basis and are described in Section I, item 3.B.ii. These acuity adjustments are included in the certified capitation rates documented in this report.

### B. APPROPRIATE DOCUMENTATION

#### i. Prospective risk adjustment

##### (a) Data and adjustments

The SFY 2024 rate period is anticipated to be risk adjusted based on a diagnosis and prescription drug collection period including incurred (dispensed) dates in SFY 2022. The risk adjustment diagnosis base data will exclude diagnosis codes associated with diagnostic testing and certain medical supply codes. Prospective risk scores will be applied to the SFY 2024 capitation rates in total. We will calculate normalized rates on a budget neutral basis for each MCO.

##### (b) Risk adjustment model

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

##### (c) Risk adjustment methodology

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

##### (d) Magnitude of the adjustment

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

**(e) Assessment of predictive value**

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

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

The SFY 2022 base data for risk adjustment will include claims experience affected by the COVID-19 pandemic. We previously evaluated the SFY 2021 diagnostic and pharmacy script data for purposes of SFY 2023 risk adjustment and concluded that the budget-neutral risk adjustment results were not materially impacted by the pandemic. We will continue to evaluate this conclusion when reviewing the SFY 2022 base data for risk adjustment.

**ii. Retrospective risk adjustment**

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

**iii. Changes to risk adjustment model since last rating period****(a) Changes made since the last rating period**

Risk adjustment was performed on the SFY 2023 capitation rates using the CDPS+Rx risk adjustment model version 6.4, calibrated to Rhode Island specific weights. The most recent CDPS+Rx risk adjustment model, version 7.0, calibrated with Rhode Island specific weights, is anticipated to be used for the SFY 2024 rating period.

**(b) Budget neutrality**

Risk adjustment is designed to be cost neutral for each population.

**iv. Acuity adjustments**

A retrospective acuity adjustment is not planned for the SFY 2024 rating year. As previously stated, we will consider changes to the risk adjustment methodology in the event of material program enrollment changes.

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

Section II of the CMS Rate Development Guide is not applicable to the populations covered under this rate certification. Managed long-term services and supports (MLTSS) populations are generally excluded from the program. EOHHS operates the Rhody Health Options Medicare-Medicaid Plan (MMP) which is outlined in a separate capitation rate certification document. Long-term services and supports for the Rhody Health Partners population are reimbursed by EOHHS on a fee-for-service basis.

## Section III. New adult group capitation rates

EOHHS implemented the Affordable Care Act's Medicaid expansion on January 1, 2014. As of December 2022, approximately 110,000 individuals receive Medicaid benefits through MCOs in Rhode Island's Medicaid Expansion population.

### 1. Data

#### A. DATA USED IN CERTIFICATION

The source of data used to develop the Medicaid Expansion capitation rates for SFY 2024 is the same source of data used in the development of rates for the Rite Care, CSHCN, and Rhody Health Partners populations, as outlined in Section I.2.B.ii.

#### B. DESCRIPTION OF EMERGING DATA

##### i. New data available for rate setting

No new data sources were available for purposes of the SFY 2024 capitation rate development. Emerging Medicaid Expansion data was used in the SFY 2024 capitation rate development.

##### ii. Monitoring of experience

EOHHS has monitored enrollment and costs in the Medicaid Expansion population on an on-going basis. MCOs routinely submit financial experience via the FDCR reporting process.

##### iii. Comparison to previous rate certifications

Figure 28 provides a comparison of actual SFY 2022 experience by rate cell used relative to SFY 2022 projections in the SFY 2022 Medicaid Expansion capitation rates.

**FIGURE 28: RECONCILIATION OF SFY 2022 ASSUMED BENEFIT EXPENSE TO ACTUAL BENEFIT EXPENSE**

Rate Cell	Estimated Member Months	Actual Member Months	Difference	Estimated Benefit Expense PMPM	Actual Benefit Expense PMPM	Difference
ME - F 19-24	127,736	125,874	(1.5%)	\$ 285.75	\$ 262.65	(8.1%)
ME - F 25-29	74,476	76,751	3.1%	416.56	380.02	(8.8%)
ME - F 30-39	74,657	78,960	5.8%	626.62	505.51	(19.3%)
ME - F 40-49	70,202	69,748	(0.6%)	808.91	633.26	(21.7%)
ME - F 50-64	197,513	202,194	2.4%	756.30	686.68	(9.2%)
ME - M 19-24	133,745	134,523	0.6%	204.06	181.52	(11.0%)
ME - M 25-29	103,445	104,069	0.6%	384.20	296.90	(22.7%)
ME - M 30-39	150,187	156,995	4.5%	575.21	460.60	(19.9%)
ME - M 40-49	93,251	96,506	3.5%	757.27	646.43	(14.6%)
ME - M 50-64	164,088	170,852	4.1%	854.39	717.20	(16.1%)
<b>Composite</b>	<b>1,189,300</b>	<b>1,216,472</b>	<b>2.3%</b>	<b>\$ 575.72</b>	<b>\$ 491.34</b>	<b>(14.7%)</b>

Note: Actual benefit expense is consistent with the SFY 2022 base data illustrated in Appendix 2.

As Figure 28 illustrates, actual MCO-covered member months were approximately 2.3% above values estimated in the development of the SFY 2022 capitation rates. On an aggregate basis, actual benefit expense PMPM was approximately 14.7% lower than estimated benefit expense assumed in the capitation rate development.

##### iv. Adjustment to current rates

An explicit adjustment was not made for differences between projected and actual experience in previous rating periods; emerging experience was utilized when developing the Medicaid Expansion SFY 2024 capitation rates.



## 2. Projected Benefit Costs

### A. DESCRIPTION OF PROJECTED BENEFIT COST ISSUES

SFY 2022 Medicaid Expansion population experience, in the form of adjusted encounter data, is used as the underlying data source for the development of the SFY 2024 capitation rates. Discussion of other assumption changes is provided in the next section.

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

##### (a) Data specific to newly eligible adults

There was no data that was only available for newly eligible adults utilized in the capitation rate development.

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

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

##### (c) Assumption changes from previous rating periods

###### (i) Acuity adjustments

An adjustment was made for estimated changes in acuity for the Medicaid Expansion population based on the resumption of Medicaid eligibility redeterminations as described in Section I, item 3.B.ii. The methodology to develop the acuity adjustment was consistent for all affected populations, and the acuity adjustment impact is illustrated separately by population. The acuity adjustment is included in the certified capitation rates documented in this report.

###### (ii) Adjustments for pent-up demand

Consistent with the SFY 2023 rate setting, an explicit pent-up demand adjustment was not made for the Medicaid Expansion population.

###### (iii) Adjustment for adverse selection

Consistent with the SFY 2023 rate setting, an explicit adverse selection adjustment was not made for the Medicaid Expansion population.

###### (iv) Adjustment for demographics

Consistent with the SFY 2023 rate setting, an explicit demographic adjustment was not made for the Medicaid Expansion population. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the MCOs to the extent the demographic mix of the population changes significantly during the SFY 2024 rate period.

###### (v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2023 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

###### (vi) Other material adjustments

Consistent with the SFY 2023 rate setting, there are no other material adjustments.

###### (vii) Changes to the benefit plan

There were no changes to the benefit plan offered to the new adult group.

#### ii. For new adult groups not covered in previous rating periods

This section does not apply as the new adult group was previously covered.

#### iii. Key assumptions

The key assumptions related to the new adult group are identified and described in Section III.2.A.i.

## B. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

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

### 3. Projected Non-Benefit Costs

#### A. DESCRIPTION OF ISSUES

##### i. Changes in data sources, assumptions, or methodologies

The data sources, assumptions, and methodologies utilized in the development of the non-benefit expense component of the capitation rates is outlined in Section I.5.B.

##### ii. Assumption changes for previous rating periods

Figure 29 illustrates the non-benefit expense assumptions for the SFY 2024 capitation rates relative to the SFY 2023 capitation rate development.

**FIGURE 29: MEDICAID EXPANSION NON-BENEFIT EXPENSE ASSUMPTIONS**

Non-Benefit Expenses	SFY 2023	SFY 2024
Admin	6.75%	7.25%
Care Coordination	1.50%	1.50%
<b>Subtotal Non-Benefit Expense</b>	<b>8.25%</b>	<b>8.75%</b>
Underwriting Margin	1.50%	1.50%
<b>Total Non-Benefit Expense (Excluding Fees and Taxes)</b>	<b>9.75%</b>	<b>10.25%</b>

## B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 29 provides the non-benefit expense assumptions for the Medicaid Expansion population and other populations administered by EOHHS. Any differences among assumptions according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

### 4. Final Certified Rates

#### A. CMS REQUESTS

##### i. Comparison to Previous Certification

Appendix 4 illustrates a comparison of the SFY 2023 and SFY 2024 capitation rates.

##### ii. Description of Other Material Changes to the Capitation Rates

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

### 5. Risk Mitigation Strategies

#### A. DESCRIPTION OF RISK MITIGATION STRATEGY

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

#### B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

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

## Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the methodology and data sources anticipated to be used for developing the certified state fiscal year (SFY) 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. 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

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**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

June 23, 2023  
Date

## Appendix 2: SFY 2022 Base Data Development

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

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



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
<b>Rate Cell:</b>									
<b>RC - MF 6-14</b>									
SFY 2022 Base Experience					Program Change Adjustments		Adjusted Base Experience		
<b>Member Months: 612,598</b>									
Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	23.3	\$ 3,599.32	\$ 6.99	\$ 0.00	\$ (0.04)	23.3	\$ 3,578.72	\$ 6.95
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	112.0	1,530.79	14.29	-	(0.07)	112.0	1,523.29	14.22
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	58.0	1,687.59	8.15	-	(0.04)	58.0	1,679.31	8.11
<b>Subtotal Inpatient Hospital</b>				<b>\$ 29.43</b>					<b>\$ 29.28</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	217.1	\$ 576.64	\$ 10.43	\$ 0.00	\$ 0.00	217.1	\$ 576.64	\$ 10.43
Outpatient Surgery	Visits	18.5	2,324.43	3.58	-	-	18.5	2,324.43	3.58
Outpatient Radiology	Procedures	83.6	211.03	1.47	-	-	83.6	211.03	1.47
Outpatient Pathology/Lab	Procedures	1,010.6	44.29	3.73	-	-	1,010.6	44.29	3.73
Outpatient Pharmacy	Procedures	83.1	646.78	4.48	-	-	83.1	646.78	4.48
Outpatient MH/SA	Visits	89.8	690.61	5.17	-	-	89.8	690.61	5.17
Other Outpatient	Procedures	314.8	145.59	3.82	-	-	314.8	145.59	3.82
<b>Subtotal Outpatient Hospital</b>				<b>\$ 32.68</b>					<b>\$ 32.68</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	103.8	\$ 180.43	\$ 1.56	\$ 0.00	\$ 0.00	103.8	\$ 180.43	\$ 1.56
Anesthesia	Procedures	38.5	168.28	0.54	-	-	38.5	168.28	0.54
Inpatient Visits	Visits	141.4	110.36	1.30	-	-	141.4	110.36	1.30
MH/SA	Visits	1,765.8	92.83	13.66	-	-	1,765.8	92.83	13.66
Emergency Room	Visits	228.5	87.16	1.66	-	-	228.5	87.16	1.66
Office/Home Visits/Consults	Visits	1,772.0	69.75	10.30	-	-	1,772.0	69.75	10.30
COVID Vaccine Administration	Procedures	146.6	38.47	0.47	-	-	146.6	38.47	0.47
FQHC PPS Eligible Services	Visits	683.3	236.21	13.45	-	-	683.3	236.21	13.45
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,781.8	36.91	5.48	-	-	1,781.8	36.91	5.48
Radiology	Procedures	369.2	27.95	0.86	-	-	369.2	27.95	0.86
Office Administered Drugs	Procedures	16.7	1,351.03	1.88	-	-	16.7	1,351.03	1.88
Physical Exams	Visits	649.4	68.92	3.73	-	-	649.4	68.92	3.73
Therapy	Visits	239.8	63.06	1.26	-	-	239.8	63.06	1.26
Vision	Visits	495.0	77.33	3.19	-	-	495.0	77.33	3.19
Other Professional	Procedures	1,645.4	49.15	6.74	-	-	1,645.4	49.15	6.74
<b>Subtotal Professional</b>				<b>\$ 66.08</b>					<b>\$ 66.08</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	4,318.7	\$ 85.14	\$ 30.64	\$ 0.00	\$ (1.43)	4,318.7	\$ 81.16	\$ 29.21
<b>Subtotal Retail Pharmacy</b>				<b>\$ 30.64</b>					<b>\$ 29.21</b>
<b>Ancillary</b>									
Transportation	Trips	35.2	\$ 88.55	\$ 0.26	\$ 0.00	\$ 0.00	35.2	\$ 88.55	\$ 0.26
DME/Prosthetics	Procedures	158.5	163.51	2.16	-	-	158.5	163.51	2.16
<b>Subtotal Ancillary</b>				<b>\$ 2.42</b>					<b>\$ 2.42</b>
<b>LTSS</b>									
Hospice	Days	0.2	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1.1	110.85	0.01	-	-	1.1	110.85	0.01
HCBS	Procedures	200.8	123.08	2.06	-	-	200.8	123.08	2.06
Case Management	Procedures	285.9	23.92	0.57	-	-	285.9	23.92	0.57
<b>Subtotal LTSS</b>				<b>\$ 2.64</b>					<b>\$ 2.64</b>
<b>Total Medical Costs</b>				<b>\$ 163.89</b>					<b>\$ 162.31</b>

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

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

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

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: RC - EFP									
SFY 2022 Base Experience					Program Change Adjustments		Adjusted Base Experience		
Member Months: 15,772	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service									
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	-	-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	9.5	\$ 669.18	\$ 0.53	\$ 0.00	\$ 0.00	9.5	\$ 669.18	\$ 0.53
Outpatient Surgery	Visits	4.0	2,942.24	0.98	-	-	4.0	2,942.24	0.98
Outpatient Radiology	Procedures	10.8	188.05	0.17	-	-	10.8	188.05	0.17
Outpatient Pathology/Lab	Procedures	382.3	42.37	1.35	-	-	382.3	42.37	1.35
Outpatient Pharmacy	Procedures	15.1	63.76	0.08	-	-	15.1	63.76	0.08
Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	26.8	76.19	0.17	-	-	26.8	76.19	0.17
<b>Subtotal Outpatient Hospital</b>				<b>\$ 3.28</b>					<b>\$ 3.28</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	19.3	\$ 272.88	\$ 0.44	\$ 0.00	\$ 0.00	19.3	\$ 272.88	\$ 0.44
Anesthesia	Procedures	3.3	291.00	0.08	-	-	3.3	291.00	0.08
Inpatient Visits	Visits	-	-	-	-	-	-	-	-
MH/SA	Visits	36.2	53.05	0.16	-	-	36.2	53.05	0.16
Emergency Room	Visits	9.2	104.22	0.08	-	-	9.2	104.22	0.08
Office/Home Visits/Consults	Visits	105.9	52.14	0.46	-	-	105.9	52.14	0.46
COVID Vaccine Administration	Procedures	4.6	51.88	0.02	-	-	4.6	51.88	0.02
FQHC PPS Eligible Services	Visits	203.3	271.45	4.60	-	-	203.3	271.45	4.60
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	164.6	25.52	0.35	-	-	164.6	25.52	0.35
Radiology	Procedures	29.9	64.25	0.16	-	-	29.9	64.25	0.16
Office Administered Drugs	Procedures	187.2	34.62	0.54	-	-	187.2	34.62	0.54
Physical Exams	Visits	76.7	34.44	0.22	-	-	76.7	34.44	0.22
Therapy	Visits	12.4	29.11	0.03	-	-	12.4	29.11	0.03
Vision	Visits	2.4	98.12	0.02	-	-	2.4	98.12	0.02
Other Professional	Procedures	51.9	175.64	0.76	-	-	51.9	175.64	0.76
<b>Subtotal Professional</b>				<b>\$ 7.92</b>					<b>\$ 7.92</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	1,063.9	\$ 30.12	\$ 2.67	\$ 0.00	\$ (0.12)	1,063.9	\$ 28.76	\$ 2.55
<b>Subtotal Retail Pharmacy</b>				<b>\$ 2.67</b>					<b>\$ 2.55</b>
<b>Ancillary</b>									
Transportation	Trips	1.7	\$ 71.54	\$ 0.01	\$ 0.00	\$ 0.00	1.7	\$ 71.54	\$ 0.01
DME/Prosthetics	Procedures	0.8	154.35	0.01	-	-	0.8	154.35	0.01
<b>Subtotal Ancillary</b>				<b>\$ 0.02</b>					<b>\$ 0.02</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-
HCBS	Procedures	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 13.89</b>					<b>\$ 13.77</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - Adoption Subsidy									
SFY 2022 Base Experience					Program Change Adjustments		Adjusted Base Experience		
Member Months: 26,925	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service									
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	47.2	\$ 3,311.92	\$ 13.02	\$ 0.00	\$ (0.01)	47.2	\$ 3,309.38	\$ 13.01
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,001.1	1,376.93	114.87	-	(0.08)	1,001.1	1,375.97	114.79
Inpatient Maternity Delivery	Days	10.7	1,720.48	1.53	-	-	10.7	1,720.48	1.53
Other Inpatient	Days	442.9	1,724.26	63.64	-	(0.04)	442.9	1,723.18	63.60
<b>Subtotal Inpatient Hospital</b>				<b>\$ 193.06</b>					<b>\$ 192.93</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	338.5	\$ 645.29	\$ 18.20	\$ 0.00	\$ 0.00	338.5	\$ 645.29	\$ 18.20
Outpatient Surgery	Visits	40.0	1,778.83	5.93	-	-	40.0	1,778.83	5.93
Outpatient Radiology	Procedures	142.4	262.16	3.11	-	-	142.4	262.16	3.11
Outpatient Pathology/Lab	Procedures	1,801.7	49.55	7.44	-	-	1,801.7	49.55	7.44
Outpatient Pharmacy	Procedures	157.7	748.84	9.84	-	-	157.7	748.84	9.84
Outpatient MH/SA	Visits	345.4	666.78	19.19	-	-	345.4	666.78	19.19
Other Outpatient	Procedures	768.9	127.03	8.14	-	-	768.9	127.03	8.14
<b>Subtotal Outpatient Hospital</b>				<b>\$ 71.85</b>					<b>\$ 71.85</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	160.8	\$ 181.29	\$ 2.43	\$ 0.00	\$ 0.00	160.8	\$ 181.29	\$ 2.43
Anesthesia	Procedures	75.6	187.33	1.18	-	-	75.6	187.33	1.18
Inpatient Visits	Visits	566.8	103.11	4.87	-	-	566.8	103.11	4.87
MH/SA	Visits	6,736.9	107.94	60.60	-	-	6,736.9	107.94	60.60
Emergency Room	Visits	362.6	106.23	3.21	-	-	362.6	106.23	3.21
Office/Home Visits/Consults	Visits	2,967.4	75.54	18.68	-	-	2,967.4	75.54	18.68
COVID Vaccine Administration	Procedures	159.4	37.64	0.50	-	-	159.4	37.64	0.50
FQHC PPS Eligible Services	Visits	778.2	439.15	28.48	-	-	778.2	439.15	28.48
Maternity	Procedures	9.6	513.64	0.41	-	-	9.6	513.64	0.41
Pathology/Lab	Procedures	2,038.2	36.21	6.15	-	-	2,038.2	36.21	6.15
Radiology	Procedures	617.3	33.63	1.73	-	-	617.3	33.63	1.73
Office Administered Drugs	Procedures	243.5	96.57	1.96	-	-	243.5	96.57	1.96
Physical Exams	Visits	803.9	64.78	4.34	-	-	803.9	64.78	4.34
Therapy	Visits	812.8	65.40	4.43	-	-	812.8	65.40	4.43
Vision	Visits	510.1	79.28	3.37	-	-	510.1	79.28	3.37
Other Professional	Procedures	12,054.5	67.48	67.79	-	-	12,054.5	67.48	67.79
<b>Subtotal Professional</b>				<b>\$ 210.13</b>					<b>\$ 210.13</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	11,533.4	\$ 66.32	\$ 63.74	\$ 0.00	\$ (2.23)	11,533.4	\$ 64.00	\$ 61.51
<b>Subtotal Retail Pharmacy</b>				<b>\$ 63.74</b>					<b>\$ 61.51</b>
<b>Ancillary</b>									
Transportation	Trips	149.4	\$ 93.20	\$ 1.16	\$ 0.00	\$ 0.00	149.4	\$ 93.20	\$ 1.16
DME/Prosthetics	Procedures	1,074.3	210.56	18.85	-	-	1,074.3	210.56	18.85
<b>Subtotal Ancillary</b>				<b>\$ 20.01</b>					<b>\$ 20.01</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	5.4	88.18	0.04	-	-	5.4	88.18	0.04
HCBS	Procedures	3,312.8	115.01	31.75	-	-	3,312.8	115.01	31.75
Case Management	Procedures	2,885.0	26.00	6.25	-	-	2,885.0	26.00	6.25
<b>Subtotal LTSS</b>				<b>\$ 38.04</b>					<b>\$ 38.04</b>
<b>Total Medical Costs</b>				<b>\$ 596.83</b>					<b>\$ 594.47</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - Katie Beckett									
SFY 2022 Base Experience					Program Change Adjustments		Adjusted Base Experience		
Member Months: 977	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service									
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	328.1	\$ 1,897.17	\$ 51.87	\$ 0.00	\$ (0.04)	328.1	\$ 1,895.71	\$ 51.83
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,485.2	1,864.71	696.97	-	(0.49)	4,485.2	1,863.40	696.48
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	1,117.1	1,993.66	185.60	-	(0.13)	1,117.1	1,992.26	185.47
<b>Subtotal Inpatient Hospital</b>				<b>\$ 934.44</b>					<b>\$ 933.78</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	275.2	\$ 550.23	\$ 12.62	\$ 0.00	\$ 0.00	275.2	\$ 550.23	\$ 12.62
Outpatient Surgery	Visits	49.9	3,141.10	13.05	-	-	49.9	3,141.10	13.05
Outpatient Radiology	Procedures	291.2	683.31	16.58	-	-	291.2	683.31	16.58
Outpatient Pathology/Lab	Procedures	3,729.3	43.89	13.64	-	-	3,729.3	43.89	13.64
Outpatient Pharmacy	Procedures	436.4	239.75	8.72	-	-	436.4	239.75	8.72
Outpatient MH/SA	Visits	749.2	1,038.11	64.81	-	-	749.2	1,038.11	64.81
Other Outpatient	Procedures	3,010.7	159.31	39.97	-	-	3,010.7	159.31	39.97
<b>Subtotal Outpatient Hospital</b>				<b>\$ 169.39</b>					<b>\$ 169.39</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	548.4	\$ 438.74	\$ 20.05	\$ 0.00	\$ 0.00	548.4	\$ 438.74	\$ 20.05
Anesthesia	Procedures	177.6	268.94	3.98	-	-	177.6	268.94	3.98
Inpatient Visits	Visits	1,216.0	188.28	19.08	-	-	1,216.0	188.28	19.08
MH/SA	Visits	20,445.7	92.43	157.49	-	-	20,445.7	92.43	157.49
Emergency Room	Visits	465.8	115.67	4.49	-	-	465.8	115.67	4.49
Office/Home Visits/Consults	Visits	4,716.1	105.14	41.32	-	-	4,716.1	105.14	41.32
COVID Vaccine Administration	Procedures	162.6	40.59	0.55	-	-	162.6	40.59	0.55
FQHC PPS Eligible Services	Visits	290.9	412.04	9.99	-	-	290.9	412.04	9.99
Maternity	Procedures	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,438.4	60.07	7.20	-	-	1,438.4	60.07	7.20
Radiology	Procedures	1,177.4	103.66	10.17	-	-	1,177.4	103.66	10.17
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,000.9	73.85	6.16	-	-	1,000.9	73.85	6.16
Therapy	Visits	5,570.4	62.97	29.23	-	-	5,570.4	62.97	29.23
Vision	Visits	412.9	59.87	2.06	-	-	412.9	59.87	2.06
Other Professional	Procedures	99,647.1	31.51	261.69	-	-	99,647.1	31.51	261.69
<b>Subtotal Professional</b>				<b>\$ 573.46</b>					<b>\$ 573.46</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	27,801.6	\$ 320.15	\$ 741.73	\$ 0.00	\$ (25.96)	27,801.6	\$ 308.95	\$ 715.77
<b>Subtotal Retail Pharmacy</b>				<b>\$ 741.73</b>					<b>\$ 715.77</b>
<b>Ancillary</b>									
Transportation	Trips	111.8	\$ 99.83	\$ 0.93	\$ 0.00	\$ 0.00	111.8	\$ 99.83	\$ 0.93
DME/Prosthetics	Procedures	4,903.4	180.68	73.83	-	-	4,903.4	180.68	73.83
<b>Subtotal Ancillary</b>				<b>\$ 74.76</b>					<b>\$ 74.76</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	24.9	14.49	0.03	-	-	24.9	14.49	0.03
HCBS	Procedures	35,726.1	99.34	295.75	-	-	35,726.1	99.34	295.75
Case Management	Procedures	32,633.4	21.78	59.22	-	-	32,633.4	21.78	59.22
<b>Subtotal LTSS</b>				<b>\$ 355.00</b>					<b>\$ 355.00</b>
<b>Total Medical Costs</b>				<b>\$ 2,848.78</b>					<b>\$ 2,822.16</b>

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



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

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
Rate Cell: CSHCN - Substitute Care									
SFY 2022 Base Experience					Program Change Adjustments		Adjusted Base Experience		
Member Months: 30,817	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service									
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	163.5	\$ 3,240.11	\$ 44.14	\$ 0.00	\$ (0.03)	163.5	\$ 3,237.90	\$ 44.11
Inpatient Well Newborn	Days	17.3	1,032.37	1.49	-	-	17.3	1,032.37	1.49
Inpatient MH/SA	Days	2,291.7	1,264.03	241.40	-	(0.17)	2,291.7	1,263.14	241.23
Inpatient Maternity Delivery	Days	36.8	1,721.05	5.28	-	-	36.8	1,721.05	5.28
Other Inpatient	Days	996.0	1,488.02	123.51	-	(0.09)	996.0	1,486.93	123.42
<b>Subtotal Inpatient Hospital</b>				<b>\$ 415.82</b>					<b>\$ 415.53</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	857.2	\$ 551.96	\$ 39.43	\$ 0.00	\$ 0.00	857.2	\$ 551.96	\$ 39.43
Outpatient Surgery	Visits	42.4	1,945.73	6.87	-	-	42.4	1,945.73	6.87
Outpatient Radiology	Procedures	222.0	212.94	3.94	-	-	222.0	212.94	3.94
Outpatient Pathology/Lab	Procedures	2,797.3	55.30	12.89	-	-	2,797.3	55.30	12.89
Outpatient Pharmacy	Procedures	210.1	121.07	2.12	-	-	210.1	121.07	2.12
Outpatient MH/SA	Visits	516.9	632.45	27.24	-	-	516.9	632.45	27.24
Other Outpatient	Procedures	937.3	137.89	10.77	-	-	937.3	137.89	10.77
<b>Subtotal Outpatient Hospital</b>				<b>\$ 103.26</b>					<b>\$ 103.26</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	216.7	\$ 228.70	\$ 4.13	\$ 0.00	\$ 0.00	216.7	\$ 228.70	\$ 4.13
Anesthesia	Procedures	112.5	234.70	2.20	-	-	112.5	234.70	2.20
Inpatient Visits	Visits	1,220.6	114.93	11.69	-	-	1,220.6	114.93	11.69
MH/SA	Visits	7,735.6	99.08	63.87	-	-	7,735.6	99.08	63.87
Emergency Room	Visits	864.4	92.46	6.66	-	-	864.4	92.46	6.66
Office/Home Visits/Consults	Visits	3,164.1	81.96	21.61	-	-	3,164.1	81.96	21.61
COVID Vaccine Administration	Procedures	79.8	39.10	0.26	-	-	79.8	39.10	0.26
FQHC PPS Eligible Services	Visits	1,108.5	230.58	21.30	-	-	1,108.5	230.58	21.30
Maternity	Procedures	46.7	487.82	1.90	-	-	46.7	487.82	1.90
Pathology/Lab	Procedures	3,218.5	37.13	9.96	-	-	3,218.5	37.13	9.96
Radiology	Procedures	927.7	30.79	2.38	-	-	927.7	30.79	2.38
Office Administered Drugs	Procedures	357.4	32.57	0.97	-	-	357.4	32.57	0.97
Physical Exams	Visits	995.0	78.27	6.49	-	-	995.0	78.27	6.49
Therapy	Visits	674.9	75.57	4.25	-	-	674.9	75.57	4.25
Vision	Visits	420.8	81.27	2.85	-	-	420.8	81.27	2.85
Other Professional	Procedures	5,507.7	87.70	40.25	-	-	5,507.7	87.70	40.25
<b>Subtotal Professional</b>				<b>\$ 200.77</b>					<b>\$ 200.77</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	10,475.4	\$ 53.73	\$ 46.90	\$ 0.00	\$ (1.64)	10,475.4	\$ 51.85	\$ 45.26
<b>Subtotal Retail Pharmacy</b>				<b>\$ 46.90</b>					<b>\$ 45.26</b>
<b>Ancillary</b>									
Transportation	Trips	367.9	\$ 96.55	\$ 2.96	\$ 0.00	\$ 0.00	367.9	\$ 96.55	\$ 2.96
DME/Prosthetics	Procedures	331.4	179.61	4.96	-	-	331.4	179.61	4.96
<b>Subtotal Ancillary</b>				<b>\$ 7.92</b>					<b>\$ 7.92</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	0.8	144.81	0.01	-	-	0.8	144.81	0.01
HCBS	Procedures	415.6	106.83	3.70	-	-	415.6	106.83	3.70
Case Management	Procedures	1,608.8	64.44	8.64	-	-	1,608.8	64.44	8.64
<b>Subtotal LTSS</b>				<b>\$ 12.35</b>					<b>\$ 12.35</b>
<b>Total Medical Costs</b>				<b>\$ 787.02</b>					<b>\$ 785.09</b>

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

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Retrospective Rate Development Model - SFY 2022									
<b>Rate Cell:</b> ME - F 25-29		<b>SFY 2022 Base Experience</b>			<b>Program Change Adjustments</b>		<b>Adjusted Base Experience</b>		
<b>Member Months: 76,751</b>		<b>Utilization</b>	<b>Cost per</b>		<b>Utilization</b>	<b>Cost</b>	<b>Utilization</b>	<b>Cost per</b>	
<b>Category of Service</b>	<b>Unit Type</b>	<b>per 1,000</b>	<b>Service</b>	<b>PMPM</b>	<b>Adjustment</b>	<b>Adjustment</b>	<b>per 1,000</b>	<b>Service</b>	<b>PMPM</b>
<b>Inpatient Hospital</b>									
Inpatient Medical/Surgical/Non-Delivery	Days	107.5	\$ 3,720.97	\$ 33.34	\$ 0.00	\$ (0.12)	107.5	\$ 3,707.57	\$ 33.22
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	312.7	766.77	19.98	-	(0.07)	312.7	764.08	19.91
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-
Other Inpatient	Days	94.2	1,531.77	12.02	-	(0.04)	94.2	1,526.68	11.98
<b>Subtotal Inpatient Hospital</b>				<b>\$ 65.34</b>					<b>\$ 65.11</b>
<b>Outpatient Hospital</b>									
Outpatient Emergency Room	Visits	404.2	\$ 667.46	\$ 22.48	\$ 0.00	\$ 0.00	404.2	\$ 667.46	\$ 22.48
Outpatient Surgery	Visits	60.7	1,845.15	9.34	-	-	60.7	1,845.15	9.34
Outpatient Radiology	Procedures	171.5	284.04	4.06	-	-	171.5	284.04	4.06
Outpatient Pathology/Lab	Procedures	4,339.6	52.01	18.81	-	-	4,339.6	52.01	18.81
Outpatient Pharmacy	Procedures	172.3	885.93	12.72	-	-	172.3	885.93	12.72
Outpatient MH/SA	Visits	216.3	560.30	10.10	-	-	216.3	560.30	10.10
Other Outpatient	Procedures	563.9	135.35	6.36	-	-	563.9	135.35	6.36
<b>Subtotal Outpatient Hospital</b>				<b>\$ 83.87</b>					<b>\$ 83.87</b>
<b>Professional</b>									
Inpatient and Outpatient Surgery	Procedures	300.0	\$ 194.41	\$ 4.86	\$ 0.00	\$ 0.00	300.0	\$ 194.41	\$ 4.86
Anesthesia	Procedures	94.7	176.17	1.39	-	-	94.7	176.17	1.39
Inpatient Visits	Visits	428.3	85.73	3.06	-	-	428.3	85.73	3.06
MH/SA	Visits	4,613.3	92.94	35.73	-	-	4,613.3	92.94	35.73
Emergency Room	Visits	413.2	91.48	3.15	-	-	413.2	91.48	3.15
Office/Home Visits/Consults	Visits	3,200.0	65.36	17.43	-	-	3,200.0	65.36	17.43
COVID Vaccine Administration	Procedures	34.5	38.23	0.11	-	-	34.5	38.23	0.11
FQHC PPS Eligible Services	Visits	1,280.5	259.40	27.68	-	-	1,280.5	259.40	27.68
Maternity	Procedures	1.9	62.30	0.01	-	-	1.9	62.30	0.01
Pathology/Lab	Procedures	4,184.6	32.09	11.19	-	-	4,184.6	32.09	11.19
Radiology	Procedures	980.9	46.85	3.83	-	-	980.9	46.85	3.83
Office Administered Drugs	Procedures	343.7	299.21	8.57	-	-	343.7	299.21	8.57
Physical Exams	Visits	479.8	61.27	2.45	-	-	479.8	61.27	2.45
Therapy	Visits	952.3	60.86	4.83	-	-	952.3	60.86	4.83
Vision	Visits	211.6	65.78	1.16	-	-	211.6	65.78	1.16
Other Professional	Procedures	1,275.0	63.06	6.70	-	-	1,275.0	63.06	6.70
<b>Subtotal Professional</b>				<b>\$ 132.15</b>					<b>\$ 132.15</b>
<b>Retail Pharmacy</b>									
Retail Pharmacy	Scripts	14,336.7	\$ 78.15	\$ 93.37	\$ 0.00	\$ (4.91)	14,336.7	\$ 74.04	\$ 88.46
<b>Subtotal Retail Pharmacy</b>				<b>\$ 93.37</b>					<b>\$ 88.46</b>
<b>Ancillary</b>									
Transportation	Trips	127.3	\$ 82.03	\$ 0.87	\$ 0.00	\$ 0.00	127.3	\$ 82.03	\$ 0.87
DME/Prosthetics	Procedures	209.5	151.81	2.65	-	-	209.5	151.81	2.65
<b>Subtotal Ancillary</b>				<b>\$ 3.52</b>					<b>\$ 3.52</b>
<b>LTSS</b>									
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.1	58.12	0.01	-	-	2.1	58.12	0.01
HCBS	Procedures	46.9	84.40	0.33	-	-	46.9	84.40	0.33
Case Management	Procedures	25.3	678.28	1.43	-	-	25.3	678.28	1.43
<b>Subtotal LTSS</b>				<b>\$ 1.77</b>					<b>\$ 1.77</b>
<b>Total Medical Costs</b>				<b>\$ 380.02</b>					<b>\$ 374.88</b>



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

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

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

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



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

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

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

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



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

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

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

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



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

## Appendix 3: SFY 2024 Projected Benefit Expense Development

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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															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 65,509		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	555.3	\$ 4,482.46	\$ 207.41	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.43)	\$ (0.02)	\$ 4.71	\$ 18.94	564.0	\$ 4,884.99	\$ 229.61
Inpatient Well Newborn	Days	925.3	1,288.07	99.32	-	-	-	-	(0.68)	(0.01)	2.25	9.07	939.9	1,403.74	109.95
Inpatient MH/SA	Days	0.4	2,831.29	0.09	-	-	-	-	-	-	-	0.01	0.4	3,145.87	0.10
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	119.2	1,609.25	15.99	-	-	-	-	(0.11)	-	0.36	1.46	121.1	1,753.93	17.70
Subtotal Inpatient Hospital				\$ 322.81											\$ 357.36
Outpatient Hospital															
Outpatient Emergency Room	Visits	858.3	\$ 540.40	\$ 38.65	\$ 1.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ (2.22)	\$ 1.32	\$ 0.51	\$ 3.61	863.1	\$ 608.94	\$ 43.80
Outpatient Surgery	Visits	30.3	1,908.05	4.81	0.24	-	-	-	(0.02)	-	0.16	0.47	32.6	2,080.84	5.66
Outpatient Radiology	Procedures	183.9	148.78	2.28	0.11	-	-	-	(0.01)	-	0.08	0.22	198.4	162.09	2.68
Outpatient Pathology/Lab	Procedures	1,493.1	55.29	6.88	0.34	-	-	-	(0.03)	-	0.23	0.67	1,610.3	60.29	8.09
Outpatient Pharmacy	Procedures	8,298.5	0.39	0.27	0.01	-	-	-	-	-	0.01	0.03	8,913.2	0.43	0.32
Outpatient MH/SA	Visits	9.4	256.47	0.20	0.01	-	-	-	-	-	0.01	0.02	10.3	279.79	0.24
Other Outpatient	Procedures	1,214.6	120.24	12.17	0.61	-	-	-	(0.07)	-	0.42	1.18	1,310.4	131.04	14.31
Subtotal Outpatient Hospital				\$ 65.26											\$ 75.10
Professional															
Inpatient and Outpatient Surgery	Procedures	405.6	\$ 330.45	\$ 11.17	\$ 0.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.60	\$ 0.12	433.6	\$ 333.77	\$ 12.06
Anesthesia	Procedures	71.1	405.12	2.40	0.05	-	-	-	(0.01)	-	0.13	0.02	76.1	408.28	2.59
Inpatient Visits	Visits	1,565.1	235.24	30.68	0.61	-	-	-	(0.15)	-	1.66	0.33	1,673.2	237.60	33.13
MH/SA	Visits	39.4	54.81	0.18	-	0.04	-	-	-	-	0.01	-	41.6	66.35	0.23
Emergency Room	Visits	942.4	85.19	6.69	0.13	-	-	-	(0.37)	0.11	0.35	0.07	957.9	87.44	6.98
Office/Home Visits/Consults	Visits	3,632.9	70.59	21.37	0.43	6.72	-	-	0.18	-	1.54	0.30	3,998.4	91.66	30.54
COVID Vaccine Administration	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FQHC PPS Eligible Services	Visits	2,533.4	237.41	50.12	1.00	3.11	-	-	(0.27)	-	2.88	0.57	2,715.8	253.67	57.41
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,353.1	36.05	7.07	(0.12)	-	-	-	(0.02)	-	0.37	0.07	2,429.7	36.40	7.37
Radiology	Procedures	916.5	21.08	1.61	0.03	-	-	-	-	-	0.09	0.01	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	5,133.9	88.96	38.06	0.76	4.31	-	-	(0.22)	-	2.30	0.45	5,516.9	99.32	45.66
Therapy	Visits	212.6	76.21	1.35	0.03	0.05	-	-	(0.01)	-	0.07	0.02	226.7	79.91	1.51
Vision	Visits	146.8	34.33	0.42	0.01	-	-	-	-	-	0.02	-	157.3	34.33	0.45
Other Professional	Procedures	3,353.0	55.26	15.44	0.31	1.95	-	-	(0.09)	-	0.94	0.19	3,604.9	62.38	18.74
Subtotal Professional				\$ 186.62											\$ 218.47
Retail Pharmacy															
Retail Pharmacy	Scripts	4,641.6	\$ 35.34	\$ 13.67	\$ (0.27)	\$ (0.39)	\$ 0.00	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 1.09	\$ 1.29	4,896.3	\$ 37.55	\$ 15.32
Subtotal Retail Pharmacy				\$ 13.67											\$ 15.32
Ancillary															
Transportation	Trips	75.5	\$ 120.76	\$ 0.76	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.02	78.5	\$ 123.82	\$ 0.81
DME/Prosthetics	Procedures	296.6	342.67	8.47	-	-	-	-	(0.04)	-	0.36	0.18	307.8	349.69	8.97
Subtotal Ancillary				\$ 9.23											\$ 9.78
LTSS															
Hospice	Days	45.5	\$ 26.35	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	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	196.20	0.35	-	0.02	-	-	(0.01)	-	0.01	0.01	21.4	213.02	0.38
Case Management	Procedures	333.8	117.93	3.28	-	0.99	-	-	(0.02)	-	0.09	0.05	340.9	154.53	4.39
Subtotal LTSS				\$ 3.76											\$ 4.91
Total Medical Costs				\$ 601.35											\$ 680.94

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - MF 1-5															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 344,352 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	41.7	\$ 4,382.70	\$ 15.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.16)	\$ (0.03)	\$ 0.34	\$ 1.38	42.2	\$ 4,766.40	\$ 16.77
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1.3	1,666.64	0.18	-	-	-	-	-	-	-	0.02	1.3	1,851.82	0.20
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	7.4	3,815.13	2.36	-	-	-	-	(0.03)	-	0.05	0.22	7.5	4,167.79	2.60
Subtotal Inpatient Hospital				\$ 17.78											\$ 19.57
Outpatient Hospital															
Outpatient Emergency Room	Visits	498.5	\$ 529.07	\$ 21.98	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.21)	\$ 0.71	\$ 0.28	\$ 1.99	487.4	\$ 595.55	\$ 24.19
Outpatient Surgery	Visits	35.5	1,701.36	5.04	0.10	-	-	-	(0.02)	-	0.16	0.48	37.2	1,856.03	5.76
Outpatient Radiology	Procedures	73.8	208.13	1.28	0.03	-	-	-	(0.01)	-	0.04	0.12	77.3	226.77	1.46
Outpatient Pathology/Lab	Procedures	1,088.3	53.37	4.84	0.10	-	-	-	(0.03)	-	0.16	0.46	1,140.0	58.21	5.53
Outpatient Pharmacy	Procedures	125.9	227.83	2.39	0.05	-	-	-	(0.01)	-	0.08	0.22	132.2	247.80	2.73
Outpatient MH/SA	Visits	72.6	352.06	2.13	0.04	-	-	-	(0.01)	-	0.07	0.20	76.0	383.63	2.43
Other Outpatient	Procedures	671.5	129.91	7.27	0.15	-	-	-	(0.04)	-	0.24	0.69	703.9	141.67	8.31
Subtotal Outpatient Hospital				\$ 44.93											\$ 50.41
Professional															
Inpatient and Outpatient Surgery	Procedures	113.1	\$ 196.31	\$ 1.85	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.10	\$ 0.02	121.0	\$ 198.30	\$ 2.00
Anesthesia	Procedures	80.1	199.37	1.33	0.03	-	-	-	(0.01)	-	0.07	0.02	85.5	202.18	1.44
Inpatient Visits	Visits	92.7	178.71	1.38	0.03	-	-	-	(0.01)	-	0.08	0.01	99.4	179.92	1.49
MH/SA	Visits	1,004.0	98.61	8.25	0.17	4.23	-	-	(0.07)	-	0.68	0.13	1,098.9	146.22	13.39
Emergency Room	Visits	510.7	82.24	3.50	0.07	-	-	-	(0.19)	0.04	0.18	0.03	519.5	83.86	3.63
Office/Home Visits/Consults	Visits	2,111.6	67.51	11.88	0.24	4.06	-	-	0.10	-	0.87	0.17	2,326.7	89.33	17.32
COVID Vaccine Administration	Procedures	30.2	35.71	0.09	(0.06)	-	-	-	-	-	-	-	10.1	35.71	0.03
FQHC PPS Eligible Services	Visits	811.3	230.61	15.59	0.31	0.97	-	-	(0.09)	-	0.90	0.18	869.5	246.48	17.86
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,413.3	36.50	7.34	(0.12)	-	-	-	(0.03)	-	0.38	0.08	2,488.9	36.88	7.65
Radiology	Procedures	300.0	19.20	0.48	0.01	-	-	-	-	-	0.02	0.01	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	1,074.0	79.11	7.08	0.14	1.04	-	-	(0.04)	-	0.43	0.09	1,154.4	90.85	8.74
Therapy	Visits	443.4	67.66	2.50	0.05	0.06	-	-	(0.01)	-	0.14	0.03	475.3	69.93	2.77
Vision	Visits	289.8	48.87	1.18	0.02	-	-	-	-	-	0.06	0.01	309.4	49.26	1.27
Other Professional	Procedures	3,258.1	88.17	23.94	0.48	10.75	-	-	(0.17)	-	1.87	0.37	3,554.8	125.71	37.24
Subtotal Professional				\$ 86.43											\$ 115.39
Retail Pharmacy															
Retail Pharmacy	Scripts	3,558.2	\$ 28.87	\$ 8.56	\$ (0.17)	\$ (0.22)	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.69	\$ 0.81	3,753.6	\$ 30.75	\$ 9.62
Subtotal Retail Pharmacy				\$ 8.56											\$ 9.62
Ancillary															
Transportation	Trips	39.1	\$ 85.85	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	40.5	\$ 88.81	\$ 0.30
DME/Prosthetics	Procedures	173.2	141.35	2.04	-	-	-	-	(0.01)	-	0.09	0.04	180.0	144.02	2.16
Subtotal Ancillary				\$ 2.32											\$ 2.46
LTSS															
Hospice	Days	4.4	\$ 164.38	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	4.4	\$ 191.78	\$ 0.07
Nursing Home	Days	1.7	141.53	0.02	-	-	-	-	-	-	-	-	1.7	141.53	0.02
HCBS	Procedures	43.5	160.14	0.58	-	0.04	-	-	(0.01)	-	0.02	-	44.2	171.00	0.63
Case Management	Procedures	979.3	60.78	4.96	-	1.97	-	-	(0.04)	-	0.16	0.07	1,003.0	85.19	7.12
Subtotal LTSS				\$ 5.62											\$ 7.84
Total Medical Costs				\$ 165.64											\$ 205.29

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - MF 6-14															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 637,233		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	23.3	\$ 3,578.72	\$ 6.95	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.07)	\$ 0.00	\$ 0.15	\$ 0.64	23.6	\$ 3,904.52	\$ 7.67
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	112.0	1,523.29	14.22	0.03	-	-	-	(0.13)	(0.02)	0.32	1.30	113.8	1,658.32	15.72
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	58.0	1,679.31	8.11	0.09	-	-	-	(0.08)	(0.01)	0.18	0.75	59.3	1,829.03	9.04
Subtotal Inpatient Hospital				\$ 29.28											\$ 32.43
Outpatient Hospital															
Outpatient Emergency Room	Visits	217.1	\$ 576.64	\$ 10.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.36)	\$ 0.18	\$ 0.13	\$ 0.93	212.3	\$ 639.39	\$ 11.31
Outpatient Surgery	Visits	18.5	2,324.43	3.58	-	-	-	-	(0.02)	-	0.12	0.33	19.0	2,532.87	4.01
Outpatient Radiology	Procedures	83.6	211.03	1.47	-	-	-	-	(0.01)	-	0.05	0.14	85.9	230.59	1.65
Outpatient Pathology/Lab	Procedures	1,010.6	44.29	3.73	-	-	-	-	(0.02)	-	0.12	0.35	1,037.6	48.34	4.18
Outpatient Pharmacy	Procedures	83.1	646.78	4.48	-	-	-	-	(0.02)	-	0.14	0.42	85.3	705.83	5.02
Outpatient MH/SA	Visits	89.8	690.61	5.17	-	-	-	-	(0.03)	-	0.17	0.48	92.3	753.04	5.79
Other Outpatient	Procedures	314.8	145.59	3.82	-	-	-	-	(0.02)	-	0.13	0.35	323.9	158.56	4.28
Subtotal Outpatient Hospital				\$ 32.68											\$ 36.24
Professional															
Inpatient and Outpatient Surgery	Procedures	103.8	\$ 180.43	\$ 1.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.09	\$ 0.01	109.1	\$ 181.53	\$ 1.65
Anesthesia	Procedures	38.5	168.28	0.54	-	-	-	-	-	-	0.03	-	40.6	168.28	0.57
Inpatient Visits	Visits	141.4	110.36	1.30	(0.01)	-	-	-	-	-	0.07	0.01	147.9	111.17	1.37
MH/SA	Visits	1,765.8	92.83	13.66	-	0.98	-	-	(0.07)	-	0.78	0.15	1,857.6	100.13	15.50
Emergency Room	Visits	228.5	87.16	1.66	-	-	-	-	(0.06)	0.02	0.08	0.02	231.3	89.24	1.72
Office/Home Visits/Consults	Visits	1,772.0	69.75	10.30	-	3.47	-	-	(0.02)	-	0.74	0.14	1,895.9	92.60	14.63
COVID Vaccine Administration	Procedures	146.6	38.47	0.47	(0.33)	-	-	-	-	-	0.01	-	46.8	38.47	0.15
FQHC PPS Eligible Services	Visits	683.3	236.21	13.45	-	0.82	-	-	(0.07)	-	0.76	0.14	718.4	252.24	15.10
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,781.8	36.91	5.48	(0.20)	-	-	-	(0.02)	-	0.28	0.06	1,801.3	37.31	5.60
Radiology	Procedures	369.2	27.95	0.86	-	-	-	-	-	-	0.04	0.01	386.4	28.26	0.91
Office Administered Drugs	Procedures	16.7	1,351.03	1.88	-	-	-	-	(0.01)	-	0.10	0.02	17.5	1,364.75	1.99
Physical Exams	Visits	649.4	68.92	3.73	-	0.65	-	-	(0.02)	-	0.24	0.04	687.7	80.96	4.64
Therapy	Visits	239.8	63.06	1.26	-	-	-	-	(0.01)	-	0.07	0.01	251.2	63.54	1.33
Vision	Visits	495.0	77.33	3.19	-	-	-	-	(0.02)	-	0.17	0.04	518.3	78.26	3.38
Other Professional	Procedures	1,645.4	49.15	6.74	-	2.45	-	-	(0.04)	-	0.49	0.09	1,755.3	66.52	9.73
Subtotal Professional				\$ 66.08											\$ 78.27
Retail Pharmacy															
Retail Pharmacy	Scripts	4,318.7	\$ 81.16	\$ 29.21	\$ (0.58)	\$ (0.15)	\$ 0.00	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 2.39	\$ 2.83	4,564.2	\$ 88.21	\$ 33.55
Subtotal Retail Pharmacy				\$ 29.21											\$ 33.55
Ancillary															
Transportation	Trips	35.2	\$ 88.55	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	36.6	\$ 88.55	\$ 0.27
DME/Prosthetics	Procedures	158.5	163.51	2.16	-	-	-	-	(0.01)	-	0.09	0.05	164.4	167.16	2.29
Subtotal Ancillary				\$ 2.42											\$ 2.56
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1.1	110.85	0.01	-	-	-	-	-	-	-	-	1.1	110.85	0.01
HCBS	Procedures	200.8	123.08	2.06	-	1.41	-	-	(0.02)	-	0.08	0.04	206.7	207.27	3.57
Case Management	Procedures	285.9	23.92	0.57	-	0.46	-	-	(0.01)	-	0.02	0.01	291.0	43.30	1.05
Subtotal LTSS				\$ 2.64											\$ 4.63
Total Medical Costs				\$ 162.31											\$ 187.68



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - M 15-44															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 276,312	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
<b>Inpatient Hospital</b>															
Inpatient Medical/Surgical/Non-Delivery	Days	73.0	\$ 3,276.68	\$ 19.93	\$ 0.00	\$ 0.00	\$ 0.17	\$ 0.00	\$ (0.19)	\$ 0.00	\$ 0.46	\$ 1.83	74.6	\$ 3,571.05	\$ 22.20
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	132.8	1,196.32	13.24	0.17	-	0.11	-	(0.13)	-	0.31	1.23	137.4	1,303.73	14.93
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	48.2	1,588.97	6.38	0.05	-	0.05	-	(0.06)	-	0.15	0.59	49.6	1,731.66	7.16
<b>Subtotal Inpatient Hospital</b>				<b>\$ 39.55</b>											<b>\$ 44.29</b>
<b>Outpatient Hospital</b>															
Outpatient Emergency Room	Visits	267.7	\$ 659.82	\$ 14.72	\$ 0.00	\$ 0.00	\$ 0.13	\$ 0.00	\$ (0.41)	\$ 0.18	\$ 0.34	\$ 1.34	268.8	\$ 727.68	\$ 16.30
Outpatient Surgery	Visits	45.9	1,728.38	6.61	-	-	0.06	-	(0.04)	-	0.16	0.61	47.1	1,883.65	7.40
Outpatient Radiology	Procedures	108.4	308.96	2.79	-	-	0.02	-	(0.01)	-	0.06	0.26	111.1	337.05	3.12
Outpatient Pathology/Lab	Procedures	1,719.4	39.57	5.67	-	-	0.05	-	(0.03)	-	0.13	0.52	1,764.9	43.11	6.34
Outpatient Pharmacy	Procedures	123.0	1,161.67	11.91	-	-	0.10	-	(0.06)	-	0.28	1.09	126.3	1,265.20	13.32
Outpatient MH/SA	Visits	65.6	581.52	3.18	-	-	0.03	-	(0.02)	-	0.07	0.30	67.3	635.03	3.56
Other Outpatient	Procedures	329.3	174.19	4.78	-	-	0.04	-	(0.02)	-	0.11	0.44	338.2	189.81	5.35
<b>Subtotal Outpatient Hospital</b>				<b>\$ 49.66</b>											<b>\$ 55.39</b>
<b>Professional</b>															
Inpatient and Outpatient Surgery	Procedures	226.1	\$ 234.09	\$ 4.41	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.14	\$ 0.09	234.3	\$ 238.70	\$ 4.66
Anesthesia	Procedures	68.1	181.41	1.03	-	-	0.01	-	(0.01)	-	0.04	0.02	70.8	184.80	1.09
Inpatient Visits	Visits	252.2	106.12	2.23	-	-	0.02	-	(0.01)	-	0.07	0.05	261.2	108.42	2.36
MH/SA	Visits	1,625.2	93.48	12.66	-	0.13	0.11	-	(0.07)	-	0.42	0.27	1,684.2	96.33	13.52
Emergency Room	Visits	283.4	92.31	2.18	-	-	0.02	-	(0.06)	0.01	0.08	0.04	288.6	94.39	2.27
Office/Home Visits/Consults	Visits	1,832.0	71.79	10.96	-	1.94	0.11	-	(0.02)	-	0.42	0.27	1,917.3	85.62	13.68
COVID Vaccine Administration	Procedures	59.4	40.39	0.20	(0.18)	-	-	-	-	-	-	-	5.9	40.39	0.02
FQHC PPS Eligible Services	Visits	610.2	232.63	11.83	-	0.72	0.11	-	(0.07)	-	0.42	0.26	634.0	251.18	13.27
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,836.6	32.67	5.00	(0.85)	-	0.03	-	(0.02)	-	0.14	0.09	1,579.5	33.35	4.39
Radiology	Procedures	726.1	41.15	2.49	-	-	0.02	-	(0.01)	-	0.09	0.05	755.3	41.94	2.64
Office Administered Drugs	Procedures	109.9	203.14	1.86	-	-	0.02	-	(0.01)	-	0.06	0.04	114.0	207.35	1.97
Physical Exams	Visits	412.3	64.32	2.21	(0.04)	0.31	0.03	-	(0.02)	-	0.09	0.05	423.5	74.52	2.63
Therapy	Visits	525.5	65.31	2.86	-	-	0.02	-	(0.01)	-	0.09	0.06	543.9	66.63	3.02
Vision	Visits	291.2	74.19	1.80	-	-	0.02	-	(0.01)	-	0.06	0.03	302.5	75.38	1.90
Other Professional	Procedures	1,519.6	30.01	3.80	-	0.45	0.04	-	(0.02)	-	0.14	0.09	1,583.6	34.10	4.50
<b>Subtotal Professional</b>				<b>\$ 65.52</b>											<b>\$ 71.92</b>
<b>Retail Pharmacy</b>															
Retail Pharmacy	Scripts	6,724.8	\$ 82.58	\$ 46.28	\$ (0.46)	\$ (0.10)	\$ 0.39	\$ 0.00	\$ (0.26)	\$ 0.00	\$ 0.58	\$ 5.74	6,761.1	\$ 92.59	\$ 52.17
<b>Subtotal Retail Pharmacy</b>				<b>\$ 46.28</b>											<b>\$ 52.17</b>
<b>Ancillary</b>															
Transportation	Trips	73.7	\$ 107.45	\$ 0.66	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.01	75.9	\$ 109.03	\$ 0.69
DME/Prosthetics	Procedures	308.9	100.61	2.59	-	-	0.02	-	(0.01)	-	0.06	0.05	317.3	102.51	2.71
<b>Subtotal Ancillary</b>				<b>\$ 3.25</b>											<b>\$ 3.40</b>
<b>LTSS</b>															
Hospice	Days	3.3	\$ 110.51	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	3.3	\$ 110.51	\$ 0.03
Nursing Home	Days	11.1	194.11	0.18	-	-	-	-	-	-	-	0.02	11.1	215.67	0.20
HCBS	Procedures	168.2	106.29	1.49	-	1.32	0.02	-	(0.01)	-	0.07	0.05	177.2	199.05	2.94
Case Management	Procedures	120.3	59.87	0.60	-	0.16	0.01	-	(0.01)	-	0.02	0.02	124.3	77.26	0.80
<b>Subtotal LTSS</b>				<b>\$ 2.30</b>											<b>\$ 3.97</b>
<b>Total Medical Costs</b>				<b>\$ 206.56</b>											<b>\$ 231.14</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - F 15-44															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 659,135		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	74.6	\$ 3,417.03	\$ 21.24	\$ 0.00	\$ 0.00	\$ 0.32	\$ 0.00	\$ (0.25)	\$ 0.05	\$ 0.49	\$ 1.96	76.6	\$ 3,732.08	\$ 23.81
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	133.7	1,119.71	12.48	0.24	-	0.19	-	(0.15)	0.03	0.29	1.17	139.9	1,222.67	14.25
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	38.8	1,619.38	5.24	0.08	-	0.09	-	(0.07)	0.01	0.13	0.49	40.5	1,767.40	5.97
Subtotal Inpatient Hospital				\$ 38.96											\$ 44.03
Outpatient Hospital															
Outpatient Emergency Room	Visits	409.0	\$ 669.01	\$ 22.80	\$ 0.00	\$ 0.00	\$ 0.35	\$ 0.00	\$ (0.78)	\$ 0.32	\$ 0.52	\$ 2.09	410.6	\$ 739.45	\$ 25.30
Outpatient Surgery	Visits	80.3	2,202.44	14.74	-	-	0.22	-	(0.07)	-	0.34	1.37	83.0	2,400.56	16.60
Outpatient Radiology	Procedures	274.8	251.98	5.77	-	-	0.09	-	(0.03)	-	0.13	0.54	283.8	274.81	6.50
Outpatient Pathology/Lab	Procedures	4,685.3	49.64	19.38	-	-	0.29	-	(0.09)	-	0.44	1.80	4,840.0	54.10	21.82
Outpatient Pharmacy	Procedures	365.9	412.21	12.57	-	-	0.19	-	(0.06)	-	0.29	1.17	378.2	449.34	14.16
Outpatient MH/SA	Visits	109.8	607.76	5.56	-	-	0.08	-	(0.02)	-	0.12	0.52	113.3	662.82	6.26
Other Outpatient	Procedures	562.8	153.95	7.22	-	-	0.11	-	(0.04)	-	0.17	0.67	581.5	167.77	8.13
Subtotal Outpatient Hospital				\$ 88.04											\$ 98.77
Professional															
Inpatient and Outpatient Surgery	Procedures	350.5	\$ 246.50	\$ 7.20	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.24	\$ 0.15	365.6	\$ 251.43	\$ 7.66
Anesthesia	Procedures	131.8	152.90	1.68	-	-	0.03	-	(0.01)	-	0.05	0.04	137.3	156.40	1.79
Inpatient Visits	Visits	277.4	98.65	2.28	-	-	0.03	-	(0.01)	-	0.08	0.05	289.5	100.72	2.43
MH/SA	Visits	2,738.8	94.64	21.60	-	0.01	0.33	-	(0.11)	-	0.72	0.45	2,858.0	96.57	23.00
Emergency Room	Visits	435.5	92.58	3.36	-	-	0.05	-	(0.11)	0.03	0.11	0.06	442.0	95.02	3.50
Office/Home Visits/Consults	Visits	3,110.2	68.37	17.72	-	1.24	0.29	-	(0.03)	-	0.64	0.40	3,268.2	74.39	20.26
COVID Vaccine Administration	Procedures	79.6	39.17	0.26	(0.23)	-	-	-	-	-	-	-	9.2	39.17	0.03
FQHC PPS Eligible Services	Visits	1,462.6	225.47	27.48	-	1.67	0.44	-	(0.14)	-	0.97	0.61	1,530.2	243.35	31.03
Maternity	Procedures	3.1	39.28	0.01	-	-	-	-	-	-	-	-	3.1	39.28	0.01
Pathology/Lab	Procedures	4,462.7	31.27	11.63	(1.99)	-	0.15	-	(0.04)	-	0.32	0.20	3,864.0	31.89	10.27
Radiology	Procedures	1,268.6	47.86	5.06	-	-	0.08	-	(0.02)	-	0.17	0.11	1,326.3	48.86	5.40
Office Administered Drugs	Procedures	329.4	218.60	6.00	-	-	0.09	-	(0.03)	-	0.20	0.13	343.6	223.14	6.39
Physical Exams	Visits	541.9	58.01	2.62	(0.05)	0.16	0.04	-	(0.02)	-	0.09	0.06	554.3	62.78	2.90
Therapy	Visits	740.7	60.43	3.73	-	-	0.06	-	(0.02)	-	0.12	0.08	772.5	61.67	3.97
Vision	Visits	332.9	75.34	2.09	-	-	0.03	-	(0.01)	-	0.07	0.04	347.2	76.72	2.22
Other Professional	Procedures	1,631.4	55.24	7.51	-	0.06	0.12	-	(0.04)	-	0.25	0.16	1,703.1	56.79	8.06
Subtotal Professional				\$ 120.23											\$ 128.92
Retail Pharmacy															
Retail Pharmacy	Scripts	13,544.6	\$ 59.48	\$ 67.14	\$ (0.67)	\$ (0.36)	\$ 1.00	\$ 0.00	\$ (0.40)	\$ 0.00	\$ 0.85	\$ 8.35	13,701.9	\$ 66.48	\$ 75.91
Subtotal Retail Pharmacy				\$ 67.14											\$ 75.91
Ancillary															
Transportation	Trips	108.4	\$ 90.74	\$ 0.82	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.01	112.4	\$ 91.80	\$ 0.86
DME/Prosthetics	Procedures	242.9	112.16	2.27	-	-	0.03	-	(0.01)	-	0.06	0.04	251.4	114.07	2.39
Subtotal Ancillary				\$ 3.09											\$ 3.25
LTSS															
Hospice	Days	2.8	\$ 126.41	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2.8	\$ 126.41	\$ 0.03
Nursing Home	Days	23.9	205.58	0.41	-	-	0.01	-	(0.01)	-	0.01	0.04	24.5	225.16	0.46
HCBS	Procedures	75.0	124.81	0.78	-	0.31	0.01	-	-	-	0.02	0.02	77.9	175.66	1.14
Case Management	Procedures	25.3	204.19	0.43	-	0.03	-	-	-	-	0.01	0.01	25.9	222.76	0.48
Subtotal LTSS				\$ 1.65											\$ 2.11
Total Medical Costs				\$ 319.11											\$ 352.99

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - MF 45+															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 158,706		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	186.3	\$ 3,191.75	\$ 49.56	\$ 0.00	\$ 0.00	\$ 0.90	\$ 0.00	\$ (0.71)	\$ 0.25	\$ 1.14	\$ 4.60	191.3	\$ 3,495.93	\$ 55.74
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	100.3	854.48	7.14	0.11	-	0.13	-	(0.10)	0.04	0.16	0.68	104.5	937.17	8.16
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	34.2	1,885.64	5.38	-	-	0.10	-	(0.08)	0.03	0.12	0.50	35.1	2,066.68	6.05
Subtotal Inpatient Hospital				\$ 62.08											\$ 69.95
Outpatient Hospital															
Outpatient Emergency Room	Visits	341.0	\$ 723.78	\$ 20.57	\$ 0.00	\$ 0.00	\$ 0.37	\$ 0.00	\$ (0.65)	\$ 0.31	\$ 0.47	\$ 1.90	344.2	\$ 800.83	\$ 22.97
Outpatient Surgery	Visits	201.9	1,714.02	28.84	-	-	0.52	-	(0.14)	-	0.67	2.68	209.3	1,867.70	32.57
Outpatient Radiology	Procedures	616.3	246.33	12.65	-	-	0.23	-	(0.06)	-	0.29	1.18	638.7	268.50	14.29
Outpatient Pathology/Lab	Procedures	5,369.1	38.02	17.01	-	-	0.31	-	(0.09)	-	0.40	1.58	5,564.8	41.42	19.21
Outpatient Pharmacy	Procedures	727.0	589.90	35.74	-	-	0.65	-	(0.18)	-	0.83	3.33	753.5	642.93	40.37
Outpatient MH/SA	Visits	53.4	640.56	2.85	-	-	0.05	-	(0.01)	-	0.06	0.27	55.3	699.19	3.22
Other Outpatient	Procedures	1,042.1	174.35	15.14	-	-	0.28	-	(0.08)	-	0.35	1.41	1,079.9	190.01	17.10
Subtotal Outpatient Hospital				\$ 132.80											\$ 149.73
Professional															
Inpatient and Outpatient Surgery	Procedures	820.7	\$ 236.57	\$ 16.18	\$ 0.00	\$ 0.00	\$ 0.29	\$ 0.00	\$ (0.08)	\$ 0.00	\$ 0.54	\$ 0.34	858.8	\$ 241.32	\$ 17.27
Anesthesia	Procedures	240.7	165.51	3.32	-	-	0.06	-	(0.02)	-	0.11	0.07	251.6	168.85	3.54
Inpatient Visits	Visits	397.0	96.74	3.20	-	-	0.06	-	(0.02)	-	0.11	0.07	415.6	98.76	3.42
MH/SA	Visits	2,169.9	98.16	17.75	-	-	0.32	-	(0.09)	-	0.60	0.37	2,271.4	100.11	18.95
Emergency Room	Visits	372.8	100.11	3.11	-	-	0.06	-	(0.10)	0.03	0.10	0.06	380.0	102.95	3.26
Office/Home Visits/Consults	Visits	4,135.3	70.66	24.35	-	-	0.44	-	(0.07)	-	0.82	0.51	4,337.4	72.07	26.05
COVID Vaccine Administration	Procedures	44.6	37.69	0.14	(0.13)	-	-	-	-	-	-	-	3.2	37.69	0.01
FQHC PPS Eligible Services	Visits	1,311.1	221.87	24.24	-	1.47	0.47	-	(0.13)	-	0.86	0.54	1,376.0	239.39	27.45
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,124.0	29.86	12.75	(2.18)	-	0.19	-	(0.04)	-	0.35	0.23	4,448.9	30.48	11.30
Radiology	Procedures	2,279.1	55.28	10.50	-	-	0.19	-	(0.03)	-	0.35	0.23	2,389.8	56.44	11.24
Office Administered Drugs	Procedures	379.8	195.58	6.19	-	-	0.11	-	(0.03)	-	0.21	0.13	397.6	199.50	6.61
Physical Exams	Visits	567.9	61.07	2.89	(0.06)	-	0.05	-	(0.01)	-	0.09	0.06	581.7	62.30	3.02
Therapy	Visits	1,627.5	61.79	8.38	-	-	0.15	-	(0.04)	-	0.28	0.18	1,703.3	63.05	8.95
Vision	Visits	369.9	72.34	2.23	-	-	0.04	-	(0.01)	-	0.07	0.05	386.5	73.90	2.38
Other Professional	Procedures	2,313.4	43.26	8.34	-	-	0.15	-	(0.04)	-	0.28	0.17	2,421.6	44.10	8.90
Subtotal Professional				\$ 143.57											\$ 152.35
Retail Pharmacy															
Retail Pharmacy	Scripts	23,547.1	\$ 72.91	\$ 143.07	\$ (1.43)	\$ (0.30)	\$ 2.57	\$ 0.00	\$ (0.96)	\$ 0.00	\$ 1.82	\$ 17.89	23,876.3	\$ 81.75	\$ 162.66
Subtotal Retail Pharmacy				\$ 143.07											\$ 162.66
Ancillary															
Transportation	Trips	106.7	\$ 88.88	\$ 0.79	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	110.7	\$ 91.04	\$ 0.84
DME/Prosthetics	Procedures	686.9	98.00	5.61	-	-	0.10	-	(0.03)	-	0.13	0.12	711.4	100.02	5.93
Subtotal Ancillary				\$ 6.40											\$ 6.77
LTSS															
Hospice	Days	7.2	\$ 233.39	\$ 0.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	7.2	\$ 266.74	\$ 0.16
Nursing Home	Days	98.0	167.68	1.37	-	-	0.02	-	-	-	0.02	0.14	100.9	184.32	1.55
HCBS	Procedures	164.5	105.04	1.44	-	0.11	0.03	-	(0.01)	-	0.03	0.04	170.2	115.61	1.64
Case Management	Procedures	18.3	622.03	0.95	-	-	0.02	-	(0.01)	-	0.02	0.02	18.9	634.72	1.00
Subtotal LTSS				\$ 3.90											\$ 4.35
Total Medical Costs				\$ 491.82											\$ 545.81



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RC - EFP		Base Blended Experience			Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 11,470		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service		per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 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	\$ 669.18	\$ 0.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.05	9.5	\$ 732.31	\$ 0.58
Outpatient Surgery	Visits	4.0	2,942.24	0.98	-	-	-	-	-	-	0.01	0.09	4.0	3,209.71	1.08
Outpatient Radiology	Procedures	10.8	188.05	0.17	-	-	-	-	-	-	-	0.02	10.8	210.17	0.19
Outpatient Pathology/Lab	Procedures	382.3	42.37	1.35	-	-	-	-	(0.01)	-	0.02	0.12	385.1	46.11	1.48
Outpatient Pharmacy	Procedures	15.1	63.76	0.08	-	-	-	-	-	-	-	0.01	15.1	71.73	0.09
Outpatient MH/SA	Visits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	26.8	76.19	0.17	-	-	-	-	-	-	-	0.02	26.8	85.16	0.19
Subtotal Outpatient Hospital				\$ 3.28											\$ 3.61
Professional															
Inpatient and Outpatient Surgery	Procedures	19.3	\$ 272.88	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.01	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	53.05	0.16	-	-	-	-	-	-	-	0.01	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	105.9	52.14	0.46	-	-	-	-	-	-	0.01	0.01	108.2	53.25	0.48
COVID Vaccine Administration	Procedures	4.6	51.88	0.02	(0.02)	-	-	-	-	-	-	-	-	-	-
FQHC PPS Eligible Services	Visits	203.3	271.45	4.60	-	0.28	-	-	(0.02)	-	0.11	0.10	207.3	293.45	5.07
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	164.6	25.52	0.35	(0.06)	-	-	-	-	-	0.01	-	141.0	25.52	0.30
Radiology	Procedures	29.9	64.25	0.16	-	-	-	-	-	-	-	0.01	29.9	68.26	0.17
Office Administered Drugs	Procedures	187.2	34.62	0.54	-	-	-	-	-	-	0.01	0.01	190.7	35.24	0.56
Physical Exams	Visits	76.7	34.44	0.22	-	-	-	-	(0.01)	-	0.01	-	76.7	34.44	0.22
Therapy	Visits	12.4	29.11	0.03	-	-	-	-	-	-	-	-	12.4	29.11	0.03
Vision	Visits	2.4	98.12	0.02	-	-	-	-	-	-	-	-	2.4	98.12	0.02
Other Professional	Procedures	51.9	175.64	0.76	-	-	-	-	-	-	0.01	0.02	52.6	180.20	0.79
Subtotal Professional				\$ 7.92											\$ 8.43
Retail Pharmacy															
Retail Pharmacy	Scripts	1,063.9	\$ 28.76	\$ 2.55	\$ (0.03)	\$ (0.04)	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.10	1,059.7	\$ 29.44	\$ 2.60
Subtotal Retail Pharmacy				\$ 2.55											\$ 2.60
Ancillary															
Transportation	Trips	1.7	\$ 71.54	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.7	\$ 71.54	\$ 0.01
DME/Prosthetics	Procedures	0.8	154.35	0.01	-	-	-	-	-	-	-	-	0.8	154.35	0.01
Subtotal Ancillary				\$ 0.02											\$ 0.02
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 0.00											\$ 0.00
Total Medical Costs				\$ 13.77											\$ 14.66

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: CSHCN - Adoption Subsidy															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 31,520		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	47.2	\$ 3,309.38	\$ 13.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.13)	\$ 0.01	\$ 0.17	\$ 1.17	47.3	\$ 3,608.62	\$ 14.23
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,001.1	1,375.97	114.79	(0.31)	-	-	-	(1.16)	0.13	1.45	10.32	1,000.9	1,501.26	125.22
Inpatient Maternity Delivery	Days	10.7	1,720.48	1.53	-	0.31	-	-	(0.02)	-	0.02	0.17	10.7	2,260.24	2.01
Other Inpatient	Days	442.9	1,723.18	63.60	0.24	-	-	-	(0.65)	0.08	0.80	5.76	445.6	1,880.45	69.83
Subtotal Inpatient Hospital				\$ 192.93									\$ 211.29		
Outpatient Hospital															
Outpatient Emergency Room	Visits	338.5	\$ 645.29	\$ 18.20	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.44)	\$ 0.19	\$ 0.23	\$ 1.63	334.0	\$ 710.68	\$ 19.78
Outpatient Surgery	Visits	40.0	1,778.83	5.93	-	-	-	-	(0.03)	-	0.19	0.55	41.1	1,939.48	6.64
Outpatient Radiology	Procedures	142.4	262.16	3.11	-	-	-	-	(0.02)	-	0.11	0.28	146.5	285.09	3.48
Outpatient Pathology/Lab	Procedures	1,801.7	49.55	7.44	-	-	-	-	(0.04)	-	0.25	0.68	1,852.6	53.96	8.33
Outpatient Pharmacy	Procedures	157.7	748.84	9.84	-	-	-	-	(0.05)	-	0.32	0.91	162.0	816.24	11.02
Outpatient MH/SA	Visits	345.4	666.78	19.19	-	-	-	-	(0.10)	-	0.63	1.78	354.9	726.97	21.50
Other Outpatient	Procedures	768.9	127.03	8.14	-	-	-	-	(0.04)	-	0.27	0.75	790.7	138.42	9.12
Subtotal Outpatient Hospital				\$ 71.85									\$ 79.87		
Professional															
Inpatient and Outpatient Surgery	Procedures	160.8	\$ 181.29	\$ 2.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.08	\$ 0.02	165.5	\$ 182.74	\$ 2.52
Anesthesia	Procedures	75.6	187.33	1.18	-	-	-	-	(0.01)	-	0.04	0.01	77.5	188.88	1.22
Inpatient Visits	Visits	566.8	103.11	4.87	(0.04)	-	-	-	(0.02)	-	0.16	0.05	578.4	104.15	5.02
MH/SA	Visits	6,736.9	107.94	60.60	(0.01)	6.41	-	-	(0.34)	-	2.20	0.69	6,942.5	120.22	69.55
Emergency Room	Visits	362.6	106.23	3.21	(0.01)	-	-	-	(0.07)	0.02	0.10	0.03	364.9	107.87	3.28
Office/Home Visits/Consults	Visits	2,967.4	75.54	18.68	-	5.92	-	-	(0.07)	-	0.81	0.25	3,084.9	99.54	25.59
COVID Vaccine Administration	Procedures	159.4	37.64	0.50	(0.41)	-	-	-	-	-	-	-	28.7	37.64	0.09
FQHC PPS Eligible Services	Visits	778.2	439.15	28.48	-	1.73	-	-	(0.15)	-	0.99	0.31	801.2	469.70	31.36
Maternity	Procedures	9.6	513.64	0.41	-	-	-	-	-	-	0.01	0.01	9.8	525.86	0.43
Pathology/Lab	Procedures	2,038.2	36.21	6.15	(1.00)	-	-	-	(0.02)	-	0.17	0.05	1,756.5	36.55	5.35
Radiology	Procedures	617.3	33.63	1.73	-	-	-	-	-	-	0.05	0.02	635.2	34.01	1.80
Office Administered Drugs	Procedures	243.5	96.57	1.96	-	-	-	-	(0.01)	-	0.06	0.02	249.8	97.54	2.03
Physical Exams	Visits	803.9	64.78	4.34	-	0.78	-	-	(0.02)	-	0.17	0.05	831.7	76.76	5.32
Therapy	Visits	812.8	65.40	4.43	-	-	-	-	(0.02)	-	0.15	0.04	836.6	65.98	4.60
Vision	Visits	510.1	79.28	3.37	-	-	-	-	(0.02)	-	0.11	0.04	523.7	80.20	3.50
Other Professional	Procedures	12,054.5	67.48	67.79	-	18.54	-	-	(0.43)	-	2.84	0.88	12,483.0	86.15	89.62
Subtotal Professional				\$ 210.13									\$ 251.28		
Retail Pharmacy															
Retail Pharmacy	Scripts	11,533.4	\$ 64.00	\$ 61.51	\$ 0.00	\$ (0.39)	\$ 0.00	\$ 0.00	\$ (0.37)	\$ 0.00	\$ 1.39	\$ 8.34	11,724.6	\$ 72.14	\$ 70.48
Subtotal Retail Pharmacy				\$ 61.51									\$ 70.48		
Ancillary															
Transportation	Trips	149.4	\$ 93.20	\$ 1.16	\$ (0.01)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.03	150.6	\$ 95.59	\$ 1.20
DME/Prosthetics	Procedures	1,074.3	210.56	18.85	-	-	-	-	(0.09)	-	0.42	0.39	1,093.1	214.84	19.57
Subtotal Ancillary				\$ 20.01									\$ 20.77		
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	5.4	88.18	0.04	-	-	-	-	-	-	-	-	5.4	88.18	0.04
HCBS	Procedures	3,312.8	115.01	31.75	-	21.69	-	-	(0.26)	-	1.21	0.55	3,411.9	193.23	54.94
Case Management	Procedures	2,885.0	26.00	6.25	-	4.16	-	-	(0.05)	-	0.24	0.10	2,972.7	43.19	10.70
Subtotal LTSS				\$ 38.04									\$ 65.68		
Total Medical Costs				\$ 594.47									\$ 699.37		

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: CSHCN - Katie Beckett		Base Blended Experience			Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 960		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service		per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	328.1	\$ 1,895.71	\$ 51.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.26)	\$ 0.00	\$ 0.66	\$ 4.69	330.6	\$ 2,065.94	\$ 56.92
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	4,485.2	1,863.40	696.48	-	-	-	-	(3.48)	-	8.82	63.09	4,519.6	2,030.91	764.91
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	1,117.1	1,992.26	185.47	-	-	-	-	(0.93)	-	2.35	16.80	1,125.7	2,171.35	203.69
Subtotal Inpatient Hospital				\$ 933.78											\$ 1,025.52
Outpatient Hospital															
Outpatient Emergency Room	Visits	275.2	\$ 550.23	\$ 12.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.16	\$ 1.14	277.4	\$ 599.55	\$ 13.86
Outpatient Surgery	Visits	49.9	3,141.10	13.05	-	-	-	-	(0.07)	-	0.43	1.21	51.2	3,424.53	14.62
Outpatient Radiology	Procedures	291.2	683.31	16.58	-	-	-	-	(0.08)	-	0.54	1.53	299.2	744.66	18.57
Outpatient Pathology/Lab	Procedures	3,729.3	43.89	13.64	-	-	-	-	(0.07)	-	0.45	1.26	3,833.2	47.83	15.28
Outpatient Pharmacy	Procedures	436.4	239.75	8.72	-	-	-	-	(0.04)	-	0.28	0.81	448.5	261.43	9.77
Outpatient MH/SA	Visits	749.2	1,038.11	64.81	-	-	-	-	(0.32)	-	2.12	5.99	770.0	1,131.46	72.60
Other Outpatient	Procedures	3,010.7	159.31	39.97	-	-	-	-	(0.20)	-	1.31	3.70	3,094.3	173.66	44.78
Subtotal Outpatient Hospital				\$ 169.39											\$ 189.48
Professional															
Inpatient and Outpatient Surgery	Procedures	548.4	\$ 438.74	\$ 20.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.66	\$ 0.20	563.7	\$ 443.00	\$ 20.81
Anesthesia	Procedures	177.6	268.94	3.98	-	-	-	-	(0.02)	-	0.13	0.04	182.5	271.57	4.13
Inpatient Visits	Visits	1,216.0	188.28	19.08	-	-	-	-	(0.10)	-	0.63	0.20	1,249.8	190.20	19.81
MH/SA	Visits	20,445.7	92.43	157.49	-	55.44	-	-	(1.06)	-	6.99	2.18	21,215.5	125.03	221.04
Emergency Room	Visits	465.8	115.67	4.49	-	-	-	-	(0.02)	-	0.14	0.05	478.2	116.93	4.66
Office/Home Visits/Consults	Visits	4,716.1	105.14	41.32	-	9.97	-	-	(0.25)	-	1.68	0.53	4,879.3	130.96	53.25
COVID Vaccine Administration	Procedures	162.6	40.59	0.55	(0.45)	-	-	-	-	-	-	-	29.6	40.59	0.10
FQHC PPS Eligible Services	Visits	290.9	412.04	9.99	-	0.61	-	-	(0.06)	-	0.35	0.11	299.4	440.90	11.00
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,438.4	60.07	7.20	(1.17)	-	-	-	(0.03)	-	0.20	0.06	1,238.6	60.65	6.26
Radiology	Procedures	1,177.4	103.66	10.17	-	-	-	-	(0.05)	-	0.33	0.11	1,209.8	104.75	10.56
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	1,000.9	73.85	6.16	-	1.00	-	-	(0.03)	-	0.23	0.08	1,033.4	86.40	7.44
Therapy	Visits	5,570.4	62.97	29.23	-	0.07	-	-	(0.15)	-	0.97	0.30	5,726.7	63.74	30.42
Vision	Visits	412.9	59.87	2.06	-	-	-	-	(0.01)	-	0.07	0.02	425.0	60.43	2.14
Other Professional	Procedures	99,647.1	31.51	261.69	-	178.53	-	-	(2.20)	-	14.45	4.52	104,311.7	52.57	456.99
Subtotal Professional				\$ 573.46											\$ 848.61
Retail Pharmacy															
Retail Pharmacy	Scripts	27,801.6	\$ 308.95	\$ 715.77	\$ 0.00	\$ (2.72)	\$ 0.00	\$ 0.00	\$ (7.25)	\$ 0.00	\$ 16.13	\$ 96.88	28,146.5	\$ 349.09	\$ 818.81
Subtotal Retail Pharmacy				\$ 715.77											\$ 818.81
Ancillary															
Transportation	Trips	111.8	\$ 99.83	\$ 0.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	114.2	\$ 101.93	\$ 0.97
DME/Prosthetics	Procedures	4,903.4	180.68	73.83	-	-	-	-	(0.37)	-	1.68	1.51	4,990.4	184.31	76.65
Subtotal Ancillary				\$ 74.76											\$ 77.62
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	24.9	14.49	0.03	-	-	-	-	-	-	-	-	24.9	14.49	0.03
HCBS	Procedures	35,726.1	99.34	295.75	-	252.98	-	-	(2.74)	-	12.48	5.58	36,902.7	183.42	564.05
Case Management	Procedures	32,633.4	21.78	59.22	-	46.23	-	-	(0.52)	-	2.39	1.08	33,663.9	38.64	108.40
Subtotal LTSS				\$ 355.00											\$ 672.48
Total Medical Costs				\$ 2,822.16											\$ 3,632.52

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: CSHCN - SSI < 15															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 34,190	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
<b>Inpatient Hospital</b>															
Inpatient Medical/Surgical/Non-Delivery	Days	637.8	\$ 3,861.21	\$ 205.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.86)	\$ 0.04	\$ 2.59	\$ 18.52	640.1	\$ 4,209.16	\$ 224.52
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,083.5	1,633.55	147.50	0.03	-	-	-	(1.34)	0.03	1.86	13.31	1,087.6	1,780.74	161.39
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	487.0	1,858.06	75.40	-	-	-	-	(0.68)	0.01	0.95	6.81	488.7	2,025.53	82.49
<b>Subtotal Inpatient Hospital</b>				<b>\$ 428.13</b>											<b>\$ 468.40</b>
<b>Outpatient Hospital</b>															
Outpatient Emergency Room	Visits	578.2	\$ 767.93	\$ 37.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.31)	\$ 0.77	\$ 0.46	\$ 3.32	564.9	\$ 854.81	\$ 40.24
Outpatient Surgery	Visits	119.9	2,267.67	22.66	-	-	-	-	(0.11)	-	0.74	2.09	123.2	2,471.16	25.38
Outpatient Radiology	Procedures	360.0	332.96	9.99	-	-	-	-	(0.05)	-	0.33	0.92	370.1	362.79	11.19
Outpatient Pathology/Lab	Procedures	4,058.3	62.30	21.07	-	-	-	-	(0.11)	-	0.70	1.94	4,172.0	67.88	23.60
Outpatient Pharmacy	Procedures	957.1	325.10	25.93	-	-	-	-	(0.13)	-	0.85	2.40	983.7	354.38	29.05
Outpatient MH/SA	Visits	316.6	658.46	17.37	-	-	-	-	(0.09)	-	0.57	1.61	325.3	717.85	19.46
Other Outpatient	Procedures	3,605.0	145.36	43.67	-	-	-	-	(0.22)	-	1.43	4.04	3,704.9	158.45	48.92
<b>Subtotal Outpatient Hospital</b>				<b>\$ 177.69</b>											<b>\$ 197.84</b>
<b>Professional</b>															
Inpatient and Outpatient Surgery	Procedures	379.0	\$ 298.59	\$ 9.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.31	\$ 0.10	389.4	\$ 301.67	\$ 9.79
Anesthesia	Procedures	248.3	262.90	5.44	-	-	-	-	(0.03)	-	0.18	0.06	255.2	265.72	5.65
Inpatient Visits	Visits	1,634.8	184.32	25.11	-	-	-	-	(0.13)	-	0.83	0.26	1,680.4	186.17	26.07
MH/SA	Visits	11,950.0	93.31	92.92	-	39.12	-	-	(0.66)	-	4.33	1.36	12,422.0	132.41	137.07
Emergency Room	Visits	671.3	105.29	5.89	-	-	-	-	(0.21)	0.06	0.19	0.06	669.0	107.44	5.99
Office/Home Visits/Consults	Visits	3,975.5	88.05	29.17	-	6.71	-	-	(0.03)	-	1.18	0.37	4,132.2	108.61	37.40
COVID Vaccine Administration	Procedures	174.0	37.92	0.55	(0.45)	-	-	-	-	-	-	-	31.6	37.92	0.10
FQHC PPS Eligible Services	Visits	1,141.5	514.28	48.92	-	2.97	-	-	(0.26)	-	1.71	0.53	1,175.3	550.02	53.87
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,139.9	45.93	8.19	(1.33)	-	-	-	(0.03)	-	0.23	0.07	1,844.7	46.38	7.13
Radiology	Procedures	1,108.2	30.64	2.83	-	-	-	-	(0.01)	-	0.10	0.02	1,143.4	30.85	2.94
Office Administered Drugs	Procedures	224.8	215.66	4.04	-	-	-	-	(0.02)	-	0.13	0.04	230.9	217.74	4.19
Physical Exams	Visits	751.8	69.12	4.33	-	0.60	-	-	(0.03)	-	0.17	0.05	776.1	79.17	5.12
Therapy	Visits	2,089.5	61.51	10.71	-	0.04	-	-	(0.05)	-	0.35	0.11	2,148.0	62.35	11.16
Vision	Visits	503.4	86.53	3.63	-	-	-	-	(0.02)	-	0.12	0.04	517.3	87.46	3.77
Other Professional	Procedures	30,743.3	89.00	228.01	-	75.81	-	-	(1.52)	-	9.97	3.12	31,882.6	118.71	315.39
<b>Subtotal Professional</b>				<b>\$ 479.17</b>											<b>\$ 625.64</b>
<b>Retail Pharmacy</b>															
Retail Pharmacy	Scripts	16,262.7	\$ 154.48	\$ 209.36	\$ 0.00	\$ (0.63)	\$ 0.00	\$ 0.00	\$ (1.23)	\$ 0.00	\$ 4.74	\$ 28.49	16,535.3	\$ 174.70	\$ 240.73
<b>Subtotal Retail Pharmacy</b>				<b>\$ 209.36</b>											<b>\$ 240.73</b>
<b>Ancillary</b>															
Transportation	Trips	194.5	\$ 222.67	\$ 3.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.07	198.3	\$ 226.91	\$ 3.75
DME/Prosthetics	Procedures	4,544.1	216.49	81.98	-	-	-	-	(0.41)	-	1.86	1.68	4,624.5	220.85	85.11
<b>Subtotal Ancillary</b>				<b>\$ 85.59</b>											<b>\$ 88.86</b>
<b>LTSS</b>															
Hospice	Days	158.0	\$ 136.68	\$ 1.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.19	158.9	\$ 151.03	\$ 2.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	6,995.5	163.05	95.05	-	31.90	-	-	(0.64)	-	2.89	1.29	7,161.1	218.67	130.49
Case Management	Procedures	9,077.9	27.13	20.52	-	15.04	-	-	(0.17)	-	0.81	0.36	9,361.0	46.87	36.56
<b>Subtotal LTSS</b>				<b>\$ 117.37</b>											<b>\$ 169.05</b>
<b>Total Medical Costs</b>				<b>\$ 1,497.31</b>											<b>\$ 1,790.52</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: CSHCN - SSI >= 15															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 26,276	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
<b>Inpatient Hospital</b>															
Inpatient Medical/Surgical/Non-Delivery	Days	129.6	\$ 4,010.90	\$ 43.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.43)	\$ 0.01	\$ 0.55	\$ 3.90	130.0	\$ 4,371.91	\$ 47.35
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,482.7	1,518.57	187.63	(1.56)	-	-	-	(1.87)	0.05	2.35	16.77	1,474.1	1,655.49	203.37
Inpatient Maternity Delivery	Days	20.4	1,567.25	2.66	-	0.53	-	-	(0.03)	-	0.04	0.29	20.4	2,048.58	3.49
Other Inpatient	Days	552.4	1,845.89	84.97	0.74	-	-	-	(0.86)	0.02	1.08	7.73	558.6	2,012.37	93.68
<b>Subtotal Inpatient Hospital</b>				<b>\$ 318.58</b>											<b>\$ 347.89</b>
<b>Outpatient Hospital</b>															
Outpatient Emergency Room	Visits	608.1	\$ 675.46	\$ 34.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.81)	\$ 0.34	\$ 0.43	\$ 3.08	601.4	\$ 743.71	\$ 37.27
Outpatient Surgery	Visits	89.9	2,113.20	15.84	-	-	-	-	(0.08)	-	0.52	1.47	92.4	2,304.01	17.75
Outpatient Radiology	Procedures	253.8	282.28	5.97	-	-	-	-	(0.03)	-	0.20	0.55	261.0	307.57	6.69
Outpatient Pathology/Lab	Procedures	4,288.4	41.44	14.81	-	-	-	-	(0.07)	-	0.48	1.37	4,407.1	45.17	16.59
Outpatient Pharmacy	Procedures	434.0	530.92	19.20	-	-	-	-	(0.09)	-	0.63	1.77	446.2	578.52	21.51
Outpatient MH/SA	Visits	182.0	731.31	11.09	-	-	-	-	(0.05)	-	0.36	1.02	187.1	796.74	12.42
Other Outpatient	Procedures	1,336.1	239.71	26.69	-	-	-	-	(0.13)	-	0.88	2.46	1,373.6	261.20	29.90
<b>Subtotal Outpatient Hospital</b>				<b>\$ 127.83</b>											<b>\$ 142.13</b>
<b>Professional</b>															
Inpatient and Outpatient Surgery	Procedures	255.0	\$ 230.13	\$ 4.89	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.16	\$ 0.05	262.3	\$ 232.42	\$ 5.08
Anesthesia	Procedures	197.9	225.62	3.72	-	-	-	-	(0.02)	-	0.12	0.04	203.2	227.99	3.86
Inpatient Visits	Visits	1,689.5	104.62	14.73	(0.18)	-	-	-	(0.07)	-	0.48	0.14	1,715.8	105.60	15.10
MH/SA	Visits	5,894.4	100.65	49.44	(0.05)	5.27	-	-	(0.27)	-	1.79	0.56	6,069.6	112.18	56.74
Emergency Room	Visits	661.0	101.84	5.61	-	-	-	-	(0.13)	0.03	0.18	0.06	666.9	103.46	5.75
Office/Home Visits/Consults	Visits	3,440.5	81.34	23.32	-	5.63	-	-	(0.06)	-	0.96	0.29	3,573.3	101.22	30.14
COVID Vaccine Administration	Procedures	73.4	39.25	0.24	(0.20)	-	-	-	-	-	-	-	12.2	39.25	0.04
FQHC PPS Eligible Services	Visits	1,018.2	477.89	40.55	-	2.47	-	-	(0.22)	-	1.42	0.44	1,048.4	511.20	44.66
Maternity	Procedures	27.6	282.40	0.65	-	-	-	-	-	-	0.02	-	28.5	282.40	0.67
Pathology/Lab	Procedures	2,088.4	33.79	5.88	(0.96)	-	-	-	(0.02)	-	0.17	0.05	1,800.7	34.12	5.12
Radiology	Procedures	1,009.0	31.63	2.66	-	-	-	-	(0.01)	-	0.09	0.03	1,039.4	31.98	2.77
Office Administered Drugs	Procedures	387.8	662.80	21.42	-	-	-	-	(0.10)	-	0.70	0.22	398.7	669.43	22.24
Physical Exams	Visits	576.1	61.24	2.94	-	0.45	-	-	(0.01)	-	0.11	0.03	595.7	70.90	3.52
Therapy	Visits	442.7	64.24	2.37	-	-	-	-	(0.01)	-	0.08	0.02	455.8	64.76	2.46
Vision	Visits	429.5	82.42	2.95	-	-	-	-	(0.01)	-	0.09	0.03	441.2	83.23	3.06
Other Professional	Procedures	24,449.1	32.25	65.71	(0.01)	15.69	-	-	(0.41)	-	2.67	0.84	25,286.3	40.10	84.49
<b>Subtotal Professional</b>				<b>\$ 247.08</b>											<b>\$ 285.70</b>
<b>Retail Pharmacy</b>															
Retail Pharmacy	Scripts	20,191.7	\$ 126.71	\$ 213.20	\$ 0.02	\$ (0.62)	\$ 0.00	\$ 0.00	\$ (1.25)	\$ 0.00	\$ 4.83	\$ 29.01	20,532.6	\$ 143.30	\$ 245.19
<b>Subtotal Retail Pharmacy</b>				<b>\$ 213.20</b>											<b>\$ 245.19</b>
<b>Ancillary</b>															
Transportation	Trips	310.5	\$ 83.49	\$ 2.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	316.2	\$ 85.01	\$ 2.24
DME/Prosthetics	Procedures	2,004.6	158.15	26.42	-	-	-	-	(0.13)	-	0.60	0.54	2,040.3	161.33	27.43
<b>Subtotal Ancillary</b>				<b>\$ 28.58</b>											<b>\$ 29.67</b>
<b>LTSS</b>															
Hospice	Days	1.0	\$ 744.23	\$ 0.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	1.0	\$ 868.27	\$ 0.07
Nursing Home	Days	10.1	225.36	0.19	-	-	-	-	-	-	-	0.02	10.1	249.08	0.21
HCBS	Procedures	11,770.8	111.74	109.61	0.01	67.00	-	-	(0.88)	-	4.02	1.79	12,109.1	179.92	181.55
Case Management	Procedures	4,914.9	46.76	19.15	-	7.43	-	-	(0.13)	-	0.60	0.27	5,035.5	65.11	27.32
<b>Subtotal LTSS</b>				<b>\$ 129.01</b>											<b>\$ 209.15</b>
<b>Total Medical Costs</b>				<b>\$ 1,064.28</b>											<b>\$ 1,259.73</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: CSHCN - Substitute Care		Base Blended Experience			Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 28,962		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service		per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	163.5	\$ 3,237.90	\$ 44.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.30)	\$ 0.00	\$ 0.56	\$ 3.99	164.4	\$ 3,529.07	\$ 48.36
Inpatient Well Newborn	Days	17.3	1,032.37	1.49	-	-	-	-	(0.01)	-	0.02	0.13	17.4	1,121.85	1.63
Inpatient MH/SA	Days	2,291.7	1,263.14	241.23	0.75	-	-	-	(1.62)	-	3.06	21.88	2,312.5	1,376.68	265.30
Inpatient Maternity Delivery	Days	36.8	1,721.05	5.28	-	1.06	-	-	(0.05)	-	0.08	0.58	37.0	2,252.60	6.95
Other Inpatient	Days	996.0	1,486.93	123.42	0.21	-	-	-	(0.83)	-	1.57	11.18	1,003.7	1,620.60	135.55
Subtotal Inpatient Hospital				\$ 415.53											\$ 457.79
Outpatient Hospital															
Outpatient Emergency Room	Visits	857.2	\$ 551.96	\$ 39.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.14)	\$ 0.53	\$ 0.49	\$ 3.53	843.1	\$ 609.75	\$ 42.84
Outpatient Surgery	Visits	42.4	1,945.73	6.87	-	-	-	-	(0.03)	-	0.22	0.64	43.5	2,122.11	7.70
Outpatient Radiology	Procedures	222.0	212.94	3.94	-	-	-	-	(0.02)	-	0.13	0.36	228.2	231.87	4.41
Outpatient Pathology/Lab	Procedures	2,797.3	55.30	12.89	-	-	-	-	(0.06)	-	0.42	1.19	2,875.4	60.26	14.44
Outpatient Pharmacy	Procedures	210.1	121.07	2.12	-	-	-	-	(0.01)	-	0.07	0.19	216.1	131.62	2.37
Outpatient MH/SA	Visits	516.9	632.45	27.24	-	-	-	-	(0.14)	-	0.90	2.51	531.3	689.14	30.51
Other Outpatient	Procedures	937.3	137.89	10.77	-	-	-	-	(0.05)	-	0.35	0.99	963.4	150.22	12.06
Subtotal Outpatient Hospital				\$ 103.26											\$ 114.33
Professional															
Inpatient and Outpatient Surgery	Procedures	216.7	\$ 228.70	\$ 4.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.13	\$ 0.05	222.5	\$ 231.40	\$ 4.29
Anesthesia	Procedures	112.5	234.70	2.20	-	-	-	-	(0.01)	-	0.07	0.02	115.6	236.78	2.28
Inpatient Visits	Visits	1,220.6	114.93	11.69	-	-	-	-	(0.06)	-	0.39	0.12	1,255.1	116.07	12.14
MH/SA	Visits	7,735.6	99.08	63.87	-	2.08	-	-	(0.33)	-	2.16	0.68	7,957.3	103.24	68.46
Emergency Room	Visits	864.4	92.46	6.66	-	-	-	-	(0.19)	0.04	0.22	0.06	868.2	93.84	6.79
Office/Home Visits/Consults	Visits	3,164.1	81.96	21.61	-	5.17	-	-	0.02	-	0.88	0.28	3,295.9	101.80	27.96
COVID Vaccine Administration	Procedures	79.8	39.10	0.26	(0.21)	-	-	-	-	-	-	-	15.3	39.10	0.05
FQHC PPS Eligible Services	Visits	1,108.5	230.58	21.30	-	1.30	-	-	(0.12)	-	0.74	0.24	1,140.8	246.77	23.46
Maternity	Procedures	46.7	487.82	1.90	-	-	-	-	(0.01)	-	0.06	0.02	48.0	492.83	1.97
Pathology/Lab	Procedures	3,218.5	37.13	9.96	(1.62)	-	-	-	(0.03)	-	0.27	0.09	2,772.6	37.52	8.67
Radiology	Procedures	927.7	30.79	2.38	-	-	-	-	(0.01)	-	0.08	0.03	955.0	31.16	2.48
Office Administered Drugs	Procedures	357.4	32.57	0.97	-	-	-	-	-	-	0.03	0.01	368.4	32.89	1.01
Physical Exams	Visits	995.0	78.27	6.49	-	0.93	-	-	(0.04)	-	0.25	0.07	1,027.2	89.95	7.70
Therapy	Visits	674.9	75.57	4.25	-	0.13	-	-	(0.02)	-	0.14	0.05	693.9	78.68	4.55
Vision	Visits	420.8	81.27	2.85	-	-	-	-	(0.01)	-	0.09	0.03	432.7	82.10	2.96
Other Professional	Procedures	5,507.7	87.70	40.25	-	11.51	-	-	(0.26)	-	1.70	0.53	5,704.8	113.02	53.73
Subtotal Professional				\$ 200.77											\$ 228.50
Retail Pharmacy															
Retail Pharmacy	Scripts	10,475.4	\$ 51.85	\$ 45.26	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.00	\$ (0.28)	\$ 0.00	\$ 1.03	\$ 6.17	10,649.0	\$ 58.74	\$ 52.13
Subtotal Retail Pharmacy				\$ 45.26											\$ 52.13
Ancillary															
Transportation	Trips	367.9	\$ 96.55	\$ 2.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.06	\$ 0.06	374.1	\$ 98.48	\$ 3.07
DME/Prosthetics	Procedures	331.4	179.61	4.96	-	-	-	-	(0.02)	-	0.11	0.10	337.4	183.17	5.15
Subtotal Ancillary				\$ 7.92											\$ 8.22
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	0.8	144.81	0.01	-	-	-	-	-	-	-	-	0.8	144.81	0.01
HCBS	Procedures	415.6	106.83	3.70	-	3.57	-	-	(0.03)	-	0.16	0.08	430.2	208.65	7.48
Case Management	Procedures	1,608.8	64.44	8.64	-	3.81	-	-	(0.06)	-	0.28	0.13	1,649.8	93.10	12.80
Subtotal LTSS				\$ 12.35											\$ 20.29
Total Medical Costs				\$ 785.09											\$ 881.26

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - F 19-24															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 115,750	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
<b>Inpatient Hospital</b>															
Inpatient Medical/Surgical/Non-Delivery	Days	39.1	\$ 3,292.56	\$ 10.74	\$ 0.00	\$ 0.00	\$ 0.67	\$ 0.00	\$ (0.22)	\$ 0.04	\$ 0.14	\$ 1.02	41.3	\$ 3,600.60	\$ 12.39
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	140.0	1,049.98	12.25	0.37	-	0.79	-	(0.26)	0.05	0.16	1.20	152.1	1,148.58	14.56
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	23.4	1,465.41	2.86	(0.04)	-	0.18	-	(0.06)	0.01	0.04	0.27	24.4	1,603.10	3.26
<b>Subtotal Inpatient Hospital</b>				<b>\$ 25.85</b>											<b>\$ 30.21</b>
<b>Outpatient Hospital</b>															
Outpatient Emergency Room	Visits	440.3	\$ 638.27	\$ 23.42	\$ 0.00	\$ 0.00	\$ 1.46	\$ 0.00	\$ (0.87)	\$ 0.36	\$ 0.31	\$ 2.21	457.2	\$ 705.72	\$ 26.89
Outpatient Surgery	Visits	42.2	1,646.94	5.79	-	-	0.36	-	(0.03)	-	0.14	0.56	45.6	1,794.27	6.82
Outpatient Radiology	Procedures	113.8	256.35	2.43	-	-	0.15	-	(0.01)	-	0.06	0.23	123.1	278.77	2.86
Outpatient Pathology/Lab	Procedures	4,086.0	53.60	18.25	-	-	1.14	-	(0.10)	-	0.44	1.77	4,417.3	58.41	21.50
Outpatient Pharmacy	Procedures	103.7	754.65	6.52	-	-	0.41	-	(0.04)	-	0.16	0.63	112.1	822.09	7.68
Outpatient MH/SA	Visits	111.8	617.02	5.75	-	-	0.36	-	(0.03)	-	0.14	0.56	121.0	672.57	6.78
Other Outpatient	Procedures	355.2	143.94	4.26	-	-	0.27	-	(0.03)	-	0.11	0.41	384.3	156.74	5.02
<b>Subtotal Outpatient Hospital</b>				<b>\$ 66.42</b>											<b>\$ 77.55</b>
<b>Professional</b>															
Inpatient and Outpatient Surgery	Procedures	204.6	\$ 210.60	\$ 3.59	\$ 0.00	\$ 0.00	\$ 0.22	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.09	\$ 0.08	221.1	\$ 214.95	\$ 3.96
Anesthesia	Procedures	61.3	178.12	0.91	-	-	0.06	-	(0.01)	-	0.02	0.02	66.0	181.75	1.00
Inpatient Visits	Visits	205.4	92.90	1.59	(0.02)	-	0.10	-	(0.01)	-	0.04	0.03	219.6	94.54	1.73
MH/SA	Visits	2,765.6	95.50	22.01	(0.01)	0.03	1.37	-	(0.12)	-	0.53	0.48	2,988.0	97.55	24.29
Emergency Room	Visits	425.3	89.44	3.17	-	-	0.20	-	(0.12)	0.03	0.07	0.07	445.4	92.14	3.42
Office/Home Visits/Consults	Visits	2,791.7	65.29	15.19	-	2.00	1.07	-	(0.01)	-	0.42	0.37	3,063.7	74.58	19.04
COVID Vaccine Administration	Procedures	50.2	38.24	0.16	(0.14)	-	-	-	-	-	-	-	6.3	38.24	0.02
FQHC PPS Eligible Services	Visits	1,244.0	260.16	26.97	-	1.64	1.78	-	(0.15)	-	0.69	0.62	1,351.0	280.23	31.55
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,153.9	29.26	10.13	(1.22)	-	0.55	-	(0.04)	-	0.22	0.19	3,952.9	29.84	9.83
Radiology	Procedures	829.6	41.22	2.85	-	-	0.18	-	(0.01)	-	0.07	0.06	899.5	42.02	3.15
Office Administered Drugs	Procedures	413.6	169.16	5.83	-	-	0.36	-	(0.03)	-	0.14	0.13	446.9	172.66	6.43
Physical Exams	Visits	471.7	58.26	2.29	(0.07)	0.21	0.16	-	(0.02)	-	0.06	0.06	498.5	64.76	2.69
Therapy	Visits	551.9	61.32	2.82	-	-	0.18	-	(0.02)	-	0.07	0.06	596.9	62.53	3.11
Vision	Visits	342.2	77.15	2.20	-	-	0.14	-	(0.01)	-	0.05	0.05	370.2	78.77	2.43
Other Professional	Procedures	1,211.5	61.02	6.16	-	0.05	0.39	-	(0.03)	-	0.15	0.13	1,311.8	62.66	6.85
<b>Subtotal Professional</b>				<b>\$ 105.87</b>											<b>\$ 119.50</b>
<b>Retail Pharmacy</b>															
Retail Pharmacy	Scripts	10,241.0	\$ 65.78	\$ 56.14	\$ (0.56)	\$ (0.60)	\$ 3.43	\$ 0.00	\$ (0.32)	\$ 0.00	\$ 0.74	\$ 5.41	10,841.2	\$ 71.11	\$ 64.24
<b>Subtotal Retail Pharmacy</b>				<b>\$ 56.14</b>											<b>\$ 64.24</b>
<b>Ancillary</b>															
Transportation	Trips	114.5	\$ 88.02	\$ 0.84	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.02	124.1	\$ 89.95	\$ 0.93
DME/Prosthetics	Procedures	133.0	134.42	1.49	-	-	0.09	-	(0.01)	-	0.04	0.03	143.7	136.92	1.64
<b>Subtotal Ancillary</b>				<b>\$ 2.33</b>											<b>\$ 2.57</b>
<b>LTSS</b>															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	3.5	135.37	0.04	-	-	-	-	-	-	-	0.01	3.5	169.21	0.05
HCBS	Procedures	46.3	132.19	0.51	-	0.08	0.04	-	(0.01)	-	0.02	0.01	50.8	153.43	0.65
Case Management	Procedures	58.6	464.75	2.27	-	0.05	0.14	-	(0.01)	-	0.06	0.05	63.5	483.64	2.56
<b>Subtotal LTSS</b>				<b>\$ 2.82</b>											<b>\$ 3.26</b>
<b>Total Medical Costs</b>				<b>\$ 259.43</b>											<b>\$ 297.33</b>



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - F 25-29															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 75,071		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	107.5	\$ 3,707.57	\$ 33.22	\$ 0.00	\$ 0.00	\$ 2.60	\$ 0.00	\$ (0.96)	\$ 0.39	\$ 0.45	\$ 3.21	114.3	\$ 4,085.58	\$ 38.91
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	312.7	764.08	19.91	0.56	-	1.60	-	(0.59)	0.24	0.28	1.97	341.7	841.68	23.97
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	94.2	1,526.68	11.98	0.06	-	0.94	-	(0.35)	0.14	0.16	1.17	100.5	1,683.04	14.10
Subtotal Inpatient Hospital				\$ 65.11											\$ 76.98
Outpatient Hospital															
Outpatient Emergency Room	Visits	404.2	\$ 667.46	\$ 22.48	\$ 0.00	\$ 0.00	\$ 1.76	\$ 0.00	\$ (0.79)	\$ 0.35	\$ 0.30	\$ 2.17	427.0	\$ 738.29	\$ 26.27
Outpatient Surgery	Visits	60.7	1,845.15	9.34	-	-	0.73	-	(0.05)	-	0.23	0.92	66.7	2,010.77	11.17
Outpatient Radiology	Procedures	171.5	284.04	4.06	-	-	0.32	-	(0.02)	-	0.10	0.40	188.4	309.51	4.86
Outpatient Pathology/Lab	Procedures	4,339.6	52.01	18.81	-	-	1.47	-	(0.10)	-	0.46	1.86	4,761.8	56.70	22.50
Outpatient Pharmacy	Procedures	172.3	885.93	12.72	-	-	1.00	-	(0.07)	-	0.31	1.26	189.1	965.90	15.22
Outpatient MH/SA	Visits	216.3	560.30	10.10	-	-	0.79	-	(0.05)	-	0.25	0.99	237.5	610.32	12.08
Other Outpatient	Procedures	563.9	135.35	6.36	-	-	0.50	-	(0.04)	-	0.16	0.63	618.9	147.56	7.61
Subtotal Outpatient Hospital				\$ 83.87											\$ 99.71
Professional															
Inpatient and Outpatient Surgery	Procedures	300.0	\$ 194.41	\$ 4.86	\$ 0.00	\$ 0.00	\$ 0.38	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.12	\$ 0.11	329.0	\$ 198.43	\$ 5.44
Anesthesia	Procedures	94.7	176.17	1.39	-	-	0.11	-	(0.01)	-	0.04	0.03	104.2	179.63	1.56
Inpatient Visits	Visits	428.3	85.73	3.06	-	-	0.24	-	(0.02)	-	0.08	0.06	470.3	87.26	3.42
MH/SA	Visits	4,613.3	92.94	35.73	-	-	2.80	-	(0.19)	-	0.87	0.79	5,062.6	94.81	40.00
Emergency Room	Visits	413.2	91.48	3.15	-	-	0.25	-	(0.11)	0.03	0.07	0.07	440.8	94.20	3.46
Office/Home Visits/Consults	Visits	3,200.0	65.36	17.43	-	-	1.37	-	(0.04)	-	0.43	0.39	3,523.1	66.69	19.58
COVID Vaccine Administration	Procedures	34.5	38.23	0.11	(0.10)	-	-	-	-	-	-	-	3.1	38.23	0.01
FQHC PPS Eligible Services	Visits	1,280.5	259.40	27.68	-	1.68	2.30	-	(0.15)	-	0.72	0.64	1,413.3	279.10	32.87
Maternity	Procedures	1.9	62.30	0.01	-	-	-	-	-	-	-	-	1.9	62.30	0.01
Pathology/Lab	Procedures	4,184.6	32.09	11.19	(1.35)	-	0.77	-	(0.04)	-	0.24	0.22	4,042.5	32.74	11.03
Radiology	Procedures	980.9	46.85	3.83	-	-	0.30	-	(0.01)	-	0.09	0.09	1,078.3	47.85	4.30
Office Administered Drugs	Procedures	343.7	299.21	8.57	-	-	0.67	-	(0.04)	-	0.21	0.18	377.4	304.93	9.59
Physical Exams	Visits	479.8	61.27	2.45	(0.07)	-	0.18	-	(0.01)	-	0.06	0.05	511.2	62.44	2.66
Therapy	Visits	952.3	60.86	4.83	-	-	0.38	-	(0.03)	-	0.12	0.11	1,045.0	62.13	5.41
Vision	Visits	211.6	65.78	1.16	-	-	0.09	-	(0.01)	-	0.03	0.03	231.7	67.33	1.30
Other Professional	Procedures	1,275.0	63.06	6.70	-	-	0.53	-	(0.04)	-	0.16	0.15	1,398.7	64.34	7.50
Subtotal Professional				\$ 132.15											\$ 148.14
Retail Pharmacy															
Retail Pharmacy	Scripts	14,336.7	\$ 74.04	\$ 88.46	\$ (0.88)	\$ (1.13)	\$ 6.78	\$ 0.00	\$ (0.54)	\$ 0.00	\$ 1.18	\$ 8.64	15,396.6	\$ 79.90	\$ 102.51
Subtotal Retail Pharmacy				\$ 88.46											\$ 102.51
Ancillary															
Transportation	Trips	127.3	\$ 82.03	\$ 0.87	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.02	139.0	\$ 83.76	\$ 0.97
DME/Prosthetics	Procedures	209.5	151.81	2.65	-	-	0.21	-	(0.02)	-	0.07	0.06	230.0	154.94	2.97
Subtotal Ancillary				\$ 3.52											\$ 3.94
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	2.1	58.12	0.01	-	-	-	-	-	-	-	-	2.1	58.12	0.01
HCBS	Procedures	46.9	84.40	0.33	-	0.05	0.03	-	(0.01)	-	0.01	0.01	51.2	98.46	0.42
Case Management	Procedures	25.3	678.28	1.43	-	-	0.11	-	(0.01)	-	0.04	0.03	27.8	691.24	1.60
Subtotal LTSS				\$ 1.77											\$ 2.03
Total Medical Costs				\$ 374.88											\$ 433.31

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - F 30-39															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 83,706		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	167.6	\$ 3,463.10	\$ 48.38	\$ 0.00	\$ 0.00	\$ 3.34	\$ 0.00	\$ (1.04)	\$ 0.41	\$ 0.65	\$ 4.65	177.9	\$ 3,804.49	\$ 56.39
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	676.7	763.07	43.03	0.53	-	3.01	-	(0.94)	0.37	0.58	4.19	726.7	838.37	50.77
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	140.0	1,085.36	12.66	0.10	-	0.88	-	(0.27)	0.10	0.17	1.23	149.7	1,191.97	14.87
Subtotal Inpatient Hospital				\$ 104.07											\$ 122.03
Outpatient Hospital															
Outpatient Emergency Room	Visits	522.4	\$ 699.04	\$ 30.43	\$ 0.00	\$ 0.00	\$ 2.10	\$ 0.00	\$ (0.88)	\$ 0.38	\$ 0.41	\$ 2.92	550.4	\$ 771.00	\$ 35.36
Outpatient Surgery	Visits	79.6	1,849.28	12.26	-	-	0.85	-	(0.07)	-	0.30	1.20	86.6	2,015.64	14.54
Outpatient Radiology	Procedures	252.9	297.52	6.27	-	-	0.43	-	(0.03)	-	0.15	0.62	275.1	324.57	7.44
Outpatient Pathology/Lab	Procedures	4,687.4	48.95	19.12	-	-	1.32	-	(0.10)	-	0.46	1.87	5,099.2	53.35	22.67
Outpatient Pharmacy	Procedures	288.7	643.44	15.48	-	-	1.07	-	(0.08)	-	0.37	1.52	314.1	701.52	18.36
Outpatient MH/SA	Visits	297.5	440.12	10.91	-	-	0.75	-	(0.05)	-	0.26	1.07	323.6	479.79	12.94
Other Outpatient	Procedures	628.5	173.75	9.10	-	-	0.63	-	(0.05)	-	0.22	0.89	683.7	189.37	10.79
Subtotal Outpatient Hospital				\$ 103.57											\$ 122.10
Professional															
Inpatient and Outpatient Surgery	Procedures	407.1	\$ 209.30	\$ 7.10	\$ 0.00	\$ 0.00	\$ 0.49	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.18	\$ 0.15	443.2	\$ 213.36	\$ 7.88
Anesthesia	Procedures	134.6	181.84	2.04	-	-	0.14	-	(0.01)	-	0.05	0.04	146.5	185.12	2.26
Inpatient Visits	Visits	771.3	88.22	5.67	(0.02)	-	0.39	-	(0.03)	-	0.14	0.13	836.6	90.08	6.28
MH/SA	Visits	6,299.6	99.64	52.31	(0.01)	-	3.61	-	(0.28)	-	1.28	1.14	6,853.6	101.64	58.05
Emergency Room	Visits	553.8	101.41	4.68	-	-	0.32	-	(0.13)	0.04	0.11	0.10	589.3	104.26	5.12
Office/Home Visits/Consults	Visits	3,585.1	66.61	19.90	-	-	1.38	-	(0.05)	-	0.49	0.43	3,913.0	67.93	22.15
COVID Vaccine Administration	Procedures	34.8	37.98	0.11	(0.10)	-	-	-	-	-	-	-	3.2	37.98	0.01
FQHC PPS Eligible Services	Visits	1,514.9	252.30	31.85	-	1.94	2.33	-	(0.18)	-	0.82	0.74	1,656.1	271.72	37.50
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,050.8	34.63	11.69	(1.41)	-	0.71	-	(0.04)	-	0.25	0.22	3,881.1	35.31	11.42
Radiology	Procedures	1,364.8	49.06	5.58	-	-	0.39	-	(0.02)	-	0.14	0.12	1,489.6	50.03	6.21
Office Administered Drugs	Procedures	382.3	294.09	9.37	-	-	0.65	-	(0.05)	-	0.23	0.20	416.2	299.86	10.40
Physical Exams	Visits	446.5	59.94	2.23	(0.07)	-	0.15	-	(0.01)	-	0.05	0.05	470.5	61.21	2.40
Therapy	Visits	1,083.7	58.35	5.27	-	-	0.36	-	(0.02)	-	0.12	0.12	1,178.3	59.58	5.85
Vision	Visits	187.3	67.89	1.06	-	-	0.07	-	-	-	0.02	0.03	203.3	69.67	1.18
Other Professional	Procedures	1,371.0	53.22	6.08	-	-	0.42	-	(0.03)	-	0.15	0.13	1,492.8	54.26	6.75
Subtotal Professional				\$ 164.94											\$ 183.46
Retail Pharmacy															
Retail Pharmacy	Scripts	19,805.4	\$ 69.97	\$ 115.49	\$ (1.15)	\$ (1.31)	\$ 7.81	\$ 0.00	\$ (0.83)	\$ 0.00	\$ 1.53	\$ 11.18	21,067.6	\$ 75.60	\$ 132.72
Subtotal Retail Pharmacy				\$ 115.49											\$ 132.72
Ancillary															
Transportation	Trips	234.3	\$ 93.23	\$ 1.82	\$ 0.00	\$ 0.00	\$ 0.13	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.04	254.9	\$ 95.11	\$ 2.02
DME/Prosthetics	Procedures	315.3	115.69	3.04	-	-	0.21	-	(0.02)	-	0.08	0.06	343.3	117.79	3.37
Subtotal Ancillary				\$ 4.86											\$ 5.39
LTSS															
Hospice	Days	1.4	\$ 689.60	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.6	\$ 689.60	\$ 0.09
Nursing Home	Days	26.6	225.98	0.50	-	-	0.03	-	-	-	0.01	0.05	28.7	246.90	0.59
HCBS	Procedures	172.8	59.73	0.86	-	-	0.06	-	(0.01)	-	0.03	0.01	188.9	60.36	0.95
Case Management	Procedures	68.0	763.85	4.33	-	-	0.30	-	(0.02)	-	0.10	0.10	74.0	780.06	4.81
Subtotal LTSS				\$ 5.77											\$ 6.44
Total Medical Costs				\$ 498.70											\$ 572.14

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - F 40-49															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 68,366		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	196.8	\$ 3,219.65	\$ 52.79	\$ 0.00	\$ 0.00	\$ 2.80	\$ 0.00	\$ (0.96)	\$ 0.35	\$ 0.70	\$ 5.01	206.2	\$ 3,531.55	\$ 60.69
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	429.4	833.63	29.83	(0.21)	-	1.57	-	(0.53)	0.19	0.40	2.80	447.1	913.87	34.05
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	129.7	1,193.07	12.90	0.04	-	0.69	-	(0.24)	0.09	0.17	1.23	136.4	1,309.20	14.88
Subtotal Inpatient Hospital				\$ 95.52											\$ 109.62
Outpatient Hospital															
Outpatient Emergency Room	Visits	555.0	\$ 739.22	\$ 34.19	\$ 0.00	\$ 0.00	\$ 1.82	\$ 0.00	\$ (1.06)	\$ 0.49	\$ 0.45	\$ 3.23	574.7	\$ 816.90	\$ 39.12
Outpatient Surgery	Visits	188.0	1,859.02	29.12	-	-	1.55	-	(0.16)	-	0.70	2.81	201.5	2,026.40	34.02
Outpatient Radiology	Procedures	768.7	228.39	14.63	-	-	0.78	-	(0.08)	-	0.35	1.41	823.8	248.93	17.09
Outpatient Pathology/Lab	Procedures	6,356.8	41.38	21.92	-	-	1.16	-	(0.11)	-	0.52	2.12	6,812.1	45.11	25.61
Outpatient Pharmacy	Procedures	502.1	718.71	30.07	-	-	1.60	-	(0.16)	-	0.72	2.90	538.1	783.37	35.13
Outpatient MH/SA	Visits	134.8	511.09	5.74	-	-	0.30	-	(0.03)	-	0.14	0.56	144.4	557.63	6.71
Other Outpatient	Procedures	1,103.0	162.54	14.94	-	-	0.79	-	(0.08)	-	0.36	1.44	1,182.0	177.16	17.45
Subtotal Outpatient Hospital				\$ 150.61											\$ 175.13
Professional															
Inpatient and Outpatient Surgery	Procedures	807.2	\$ 234.15	\$ 15.75	\$ 0.00	\$ 0.00	\$ 0.84	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.38	\$ 0.34	865.1	\$ 238.87	\$ 17.22
Anesthesia	Procedures	267.0	170.37	3.79	-	-	0.20	-	(0.02)	-	0.09	0.08	286.0	173.72	4.14
Inpatient Visits	Visits	664.1	94.69	5.24	(0.01)	-	0.27	-	(0.02)	-	0.12	0.11	709.7	96.55	5.71
MH/SA	Visits	4,650.3	105.41	40.85	-	-	2.16	-	(0.21)	-	0.98	0.88	4,983.8	107.53	44.66
Emergency Room	Visits	610.3	102.65	5.22	-	-	0.28	-	(0.16)	0.05	0.12	0.11	638.3	105.65	5.62
Office/Home Visits/Consults	Visits	4,895.6	68.24	27.84	-	-	1.48	-	(0.08)	-	0.67	0.60	5,259.6	69.61	30.51
COVID Vaccine Administration	Procedures	48.3	39.78	0.16	(0.14)	-	-	-	-	-	-	-	6.0	39.78	0.02
FQHC PPS Eligible Services	Visits	1,836.8	265.38	40.62	-	2.47	2.29	-	(0.23)	-	1.03	0.93	1,976.5	286.02	47.11
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,300.1	34.69	15.32	(1.85)	-	0.72	-	(0.06)	-	0.32	0.29	4,999.1	35.38	14.74
Radiology	Procedures	2,697.2	50.90	11.44	-	-	0.61	-	(0.04)	-	0.28	0.25	2,897.6	51.93	12.54
Office Administered Drugs	Procedures	615.3	196.00	10.05	-	-	0.53	-	(0.05)	-	0.24	0.22	659.4	200.00	10.99
Physical Exams	Visits	557.9	62.16	2.89	(0.09)	-	0.15	-	(0.01)	-	0.06	0.06	579.1	63.40	3.06
Therapy	Visits	1,559.0	60.27	7.83	-	-	0.42	-	(0.05)	-	0.19	0.17	1,670.5	61.49	8.56
Vision	Visits	318.6	69.30	1.84	-	-	0.10	-	(0.01)	-	0.04	0.04	341.1	70.71	2.01
Other Professional	Procedures	2,125.9	53.45	9.47	-	-	0.50	-	(0.05)	-	0.23	0.20	2,278.6	54.51	10.35
Subtotal Professional				\$ 198.31											\$ 217.24
Retail Pharmacy															
Retail Pharmacy	Scripts	29,050.7	\$ 67.77	\$ 164.06	\$ (1.64)	\$ (1.15)	\$ 8.56	\$ 0.00	\$ (1.32)	\$ 0.00	\$ 2.14	\$ 15.70	30,421.2	\$ 73.51	\$ 186.35
Subtotal Retail Pharmacy				\$ 164.06											\$ 186.35
Ancillary															
Transportation	Trips	208.2	\$ 86.46	\$ 1.50	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.04	\$ 0.03	223.4	\$ 88.07	\$ 1.64
DME/Prosthetics	Procedures	587.2	100.74	4.93	-	-	0.26	-	(0.02)	-	0.11	0.11	628.9	102.84	5.39
Subtotal Ancillary				\$ 6.43											\$ 7.03
LTSS															
Hospice	Days	16.0	\$ 209.41	\$ 0.28	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.03	17.2	\$ 230.35	\$ 0.33
Nursing Home	Days	75.4	245.17	1.54	-	-	0.08	-	(0.01)	-	0.02	0.17	79.8	270.74	1.80
HCBS	Procedures	410.8	107.50	3.68	-	0.28	0.21	-	(0.02)	-	0.09	0.09	442.0	117.54	4.33
Case Management	Procedures	51.5	783.07	3.36	-	-	0.18	-	(0.02)	-	0.08	0.07	55.2	798.30	3.67
Subtotal LTSS				\$ 8.86											\$ 10.13
Total Medical Costs				\$ 623.79											\$ 705.50

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - F 50-64															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 186,610		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	283.2	\$ 2,806.35	\$ 66.24	\$ 0.00	\$ 0.00	\$ 4.67	\$ 0.00	\$ (1.10)	\$ 0.19	\$ 0.89	\$ 6.38	302.3	\$ 3,067.14	\$ 77.27
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	179.8	984.91	14.76	(0.05)	-	1.03	-	(0.24)	0.04	0.20	1.42	191.3	1,076.50	17.16
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	62.6	1,863.09	9.72	(0.15)	-	0.68	-	(0.16)	0.03	0.13	0.92	65.8	2,036.27	11.17
Subtotal Inpatient Hospital				\$ 90.72											\$ 105.60
Outpatient Hospital															
Outpatient Emergency Room	Visits	332.8	\$ 817.55	\$ 22.67	\$ 0.00	\$ 0.00	\$ 1.60	\$ 0.00	\$ (0.70)	\$ 0.34	\$ 0.30	\$ 2.18	350.4	\$ 903.86	\$ 26.39
Outpatient Surgery	Visits	268.5	1,621.47	36.28	-	-	2.56	-	(0.20)	-	0.89	3.55	292.6	1,767.08	43.08
Outpatient Radiology	Procedures	1,026.4	242.00	20.70	-	-	1.46	-	(0.11)	-	0.50	2.03	1,118.2	263.79	24.58
Outpatient Pathology/Lab	Procedures	6,851.0	35.12	20.05	-	-	1.41	-	(0.10)	-	0.48	1.97	7,462.7	38.29	23.81
Outpatient Pharmacy	Procedures	759.8	794.41	50.30	-	-	3.55	-	(0.27)	-	1.22	4.93	827.8	865.88	59.73
Outpatient MH/SA	Visits	75.8	536.51	3.39	-	-	0.24	-	(0.02)	-	0.08	0.34	82.5	585.94	4.03
Other Outpatient	Procedures	1,608.5	160.99	21.58	-	-	1.52	-	(0.11)	-	0.52	2.11	1,752.4	175.44	25.62
Subtotal Outpatient Hospital				\$ 174.97											\$ 207.24
Professional															
Inpatient and Outpatient Surgery	Procedures	1,142.8	\$ 217.25	\$ 20.69	\$ 0.00	\$ 0.00	\$ 1.46	\$ 0.00	\$ (0.11)	\$ 0.00	\$ 0.50	\$ 0.45	1,245.0	\$ 221.59	\$ 22.99
Anesthesia	Procedures	313.0	172.13	4.49	-	-	0.31	-	(0.02)	-	0.11	0.10	340.9	175.65	4.99
Inpatient Visits	Visits	782.4	85.74	5.59	(0.04)	-	0.39	-	(0.03)	-	0.14	0.12	846.7	87.44	6.17
MH/SA	Visits	2,246.2	107.86	20.19	(0.01)	-	1.43	-	(0.11)	-	0.49	0.44	2,446.5	110.02	22.43
Emergency Room	Visits	403.9	103.10	3.47	-	-	0.24	-	(0.10)	0.03	0.09	0.07	430.6	105.89	3.80
Office/Home Visits/Consults	Visits	4,969.0	70.11	29.03	-	-	2.05	-	(0.11)	-	0.71	0.63	5,422.6	71.50	32.31
COVID Vaccine Administration	Procedures	37.6	38.28	0.12	(0.11)	-	-	-	-	-	-	-	3.1	38.28	0.01
FQHC PPS Eligible Services	Visits	1,620.4	270.97	36.59	-	2.22	2.74	-	(0.21)	-	0.95	0.85	1,774.5	291.73	43.14
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	5,575.4	29.06	13.50	(1.63)	-	0.84	-	(0.05)	-	0.29	0.26	5,348.2	29.64	13.21
Radiology	Procedures	3,126.0	54.78	14.27	-	-	1.01	-	(0.05)	-	0.35	0.32	3,412.9	55.91	15.90
Office Administered Drugs	Procedures	607.7	144.34	7.31	-	-	0.52	-	(0.04)	-	0.17	0.16	661.8	147.24	8.12
Physical Exams	Visits	684.2	61.21	3.49	(0.10)	-	0.23	-	(0.01)	-	0.08	0.07	723.4	62.37	3.76
Therapy	Visits	2,023.5	62.21	10.49	-	-	0.74	-	(0.06)	-	0.26	0.23	2,204.8	63.46	11.66
Vision	Visits	406.1	67.96	2.30	-	-	0.16	-	(0.01)	-	0.06	0.05	443.2	69.32	2.56
Other Professional	Procedures	2,500.6	49.14	10.24	-	-	0.72	-	(0.06)	-	0.25	0.23	2,722.8	50.15	11.38
Subtotal Professional				\$ 181.77											\$ 202.43
Retail Pharmacy															
Retail Pharmacy	Scripts	34,026.4	\$ 72.86	\$ 206.59	\$ (2.07)	\$ (1.37)	\$ 14.33	\$ 0.00	\$ (1.57)	\$ 0.00	\$ 2.75	\$ 20.12	36,240.0	\$ 79.07	\$ 238.78
Subtotal Retail Pharmacy				\$ 206.59											\$ 238.78
Ancillary															
Transportation	Trips	159.5	\$ 91.05	\$ 1.21	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.02	174.0	\$ 92.43	\$ 1.34
DME/Prosthetics	Procedures	858.9	107.44	7.69	-	-	0.54	-	(0.04)	-	0.19	0.17	935.9	109.62	8.55
Subtotal Ancillary				\$ 8.90											\$ 9.89
LTSS															
Hospice	Days	76.5	\$ 161.56	\$ 1.03	\$ 0.00	\$ 0.00	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.11	82.4	\$ 177.57	\$ 1.22
Nursing Home	Days	223.7	208.14	3.88	-	-	0.27	-	(0.02)	-	0.05	0.43	241.0	229.55	4.61
HCBS	Procedures	493.6	123.99	5.10	-	0.60	0.40	-	(0.03)	-	0.14	0.12	543.0	139.90	6.33
Case Management	Procedures	46.4	491.63	1.90	-	-	0.13	-	(0.01)	-	0.05	0.04	50.5	501.13	2.11
Subtotal LTSS				\$ 11.91											\$ 14.27
Total Medical Costs				\$ 674.86											\$ 778.21



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - M 19-24															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 127,269 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	57.2	\$ 3,340.31	\$ 15.92	\$ 0.00	\$ 0.00	\$ 1.00	\$ 0.00	\$ (0.27)	\$ 0.08	\$ 0.22	\$ 1.52	60.6	\$ 3,657.12	\$ 18.47
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	162.1	859.60	11.61	(0.39)	-	0.71	-	(0.19)	0.06	0.15	1.07	166.0	941.30	13.02
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	28.7	1,504.45	3.60	-	-	0.23	-	(0.06)	0.01	0.05	0.35	30.5	1,646.23	4.18
Subtotal Inpatient Hospital				\$ 31.13											\$ 35.67
Outpatient Hospital															
Outpatient Emergency Room	Visits	336.8	\$ 602.53	\$ 16.91	\$ 0.00	\$ 0.00	\$ 1.07	\$ 0.00	\$ (0.56)	\$ 0.23	\$ 0.22	\$ 1.61	351.3	\$ 665.38	\$ 19.48
Outpatient Surgery	Visits	31.2	2,109.04	5.48	-	-	0.35	-	(0.03)	-	0.13	0.53	33.7	2,297.54	6.46
Outpatient Radiology	Procedures	55.5	261.53	1.21	-	-	0.08	-	(0.01)	-	0.03	0.12	60.1	285.49	1.43
Outpatient Pathology/Lab	Procedures	1,388.1	42.45	4.91	-	-	0.31	-	(0.03)	-	0.12	0.48	1,501.2	46.28	5.79
Outpatient Pharmacy	Procedures	54.7	1,377.65	6.28	-	-	0.40	-	(0.04)	-	0.15	0.61	59.1	1,501.42	7.40
Outpatient MH/SA	Visits	52.2	558.12	2.43	-	-	0.15	-	(0.01)	-	0.06	0.24	56.5	609.05	2.87
Other Outpatient	Procedures	228.1	215.65	4.10	-	-	0.26	-	(0.02)	-	0.10	0.39	247.1	234.59	4.83
Subtotal Outpatient Hospital				\$ 41.32											\$ 48.26
Professional															
Inpatient and Outpatient Surgery	Procedures	160.0	\$ 231.01	\$ 3.08	\$ 0.00	\$ 0.00	\$ 0.19	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.07	\$ 0.07	173.0	\$ 235.87	\$ 3.40
Anesthesia	Procedures	55.5	190.29	0.88	-	-	0.06	-	(0.01)	-	0.02	0.02	59.9	194.29	0.97
Inpatient Visits	Visits	188.3	93.68	1.47	(0.02)	-	0.09	-	-	-	0.03	0.03	201.1	95.47	1.60
MH/SA	Visits	1,331.4	113.74	12.62	(0.01)	0.03	0.79	-	(0.07)	-	0.31	0.27	1,439.0	116.25	13.94
Emergency Room	Visits	339.8	89.35	2.53	-	-	0.16	-	(0.08)	0.02	0.06	0.05	358.6	91.69	2.74
Office/Home Visits/Consults	Visits	1,397.8	68.08	7.93	-	0.98	0.56	-	0.01	-	0.22	0.19	1,537.1	77.21	9.89
COVID Vaccine Administration	Procedures	35.9	40.07	0.12	(0.11)	-	-	-	-	-	-	-	3.0	40.07	0.01
FQHC PPS Eligible Services	Visits	526.3	267.21	11.72	-	0.71	0.79	-	(0.07)	-	0.30	0.27	572.1	287.77	13.72
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	1,706.8	32.13	4.57	(0.55)	-	0.25	-	(0.02)	-	0.10	0.09	1,624.7	32.79	4.44
Radiology	Procedures	585.4	35.26	1.72	-	-	0.11	-	(0.01)	-	0.05	0.03	636.4	35.83	1.90
Office Administered Drugs	Procedures	139.4	226.39	2.63	-	-	0.17	-	(0.02)	-	0.07	0.05	151.1	230.36	2.90
Physical Exams	Visits	208.2	59.37	1.03	(0.03)	0.11	0.07	-	-	-	0.02	0.03	220.3	66.99	1.23
Therapy	Visits	422.2	63.67	2.24	-	-	0.14	-	(0.01)	-	0.05	0.05	456.1	64.99	2.47
Vision	Visits	196.3	73.35	1.20	-	-	0.08	-	(0.01)	-	0.03	0.02	212.7	74.47	1.32
Other Professional	Procedures	773.2	31.97	2.06	-	0.05	0.13	-	(0.01)	-	0.05	0.05	837.1	33.40	2.33
Subtotal Professional				\$ 55.80											\$ 62.86
Retail Pharmacy															
Retail Pharmacy	Scripts	4,676.4	\$ 116.55	\$ 45.42	\$ (0.45)	\$ (0.30)	\$ 2.81	\$ 0.00	\$ (0.25)	\$ 0.00	\$ 0.60	\$ 4.40	4,955.4	\$ 126.48	\$ 52.23
Subtotal Retail Pharmacy				\$ 45.42											\$ 52.23
Ancillary															
Transportation	Trips	91.5	\$ 94.42	\$ 0.72	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.01	99.1	\$ 95.63	\$ 0.79
DME/Prosthetics	Procedures	135.1	142.98	1.61	-	-	0.10	-	(0.01)	-	0.04	0.04	146.0	146.27	1.78
Subtotal Ancillary				\$ 2.33											\$ 2.57
LTSS															
Hospice	Days	4.1	\$ 59.16	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	4.1	\$ 59.16	\$ 0.02
Nursing Home	Days	3.9	277.12	0.09	-	-	0.01	-	-	-	-	0.01	4.3	304.83	0.11
HCBS	Procedures	59.6	106.67	0.53	-	0.46	0.06	-	-	-	0.02	0.02	68.6	190.61	1.09
Case Management	Procedures	87.6	308.35	2.25	-	0.05	0.15	-	(0.02)	-	0.06	0.05	95.0	320.99	2.54
Subtotal LTSS				\$ 2.89											\$ 3.76
Total Medical Costs				\$ 178.89											\$ 205.35

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - M 25-29															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 102,899		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	93.5	\$ 3,331.23	\$ 25.95	\$ 0.00	\$ 0.00	\$ 1.59	\$ 0.00	\$ (0.55)	\$ 0.09	\$ 0.35	\$ 2.46	98.5	\$ 3,641.93	\$ 29.89
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	614.5	720.20	36.88	(0.27)	-	2.24	-	(0.78)	0.13	0.49	3.48	642.5	787.63	42.17
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	103.5	1,266.20	10.92	0.07	-	0.68	-	(0.24)	0.04	0.15	1.04	109.7	1,384.30	12.66
Subtotal Inpatient Hospital				\$ 73.75											\$ 84.72
Outpatient Hospital															
Outpatient Emergency Room	Visits	422.4	\$ 652.50	\$ 22.97	\$ 0.00	\$ 0.00	\$ 1.41	\$ 0.00	\$ (0.62)	\$ 0.30	\$ 0.31	\$ 2.19	442.7	\$ 720.00	\$ 26.56
Outpatient Surgery	Visits	40.2	1,541.58	5.16	-	-	0.32	-	(0.03)	-	0.12	0.51	43.4	1,682.73	6.08
Outpatient Radiology	Procedures	76.0	216.32	1.37	-	-	0.08	-	-	-	0.03	0.13	82.1	235.33	1.61
Outpatient Pathology/Lab	Procedures	1,819.2	42.48	6.44	-	-	0.40	-	(0.04)	-	0.16	0.62	1,966.1	46.26	7.58
Outpatient Pharmacy	Procedures	105.5	393.38	3.46	-	-	0.21	-	(0.02)	-	0.09	0.33	114.1	428.09	4.07
Outpatient MH/SA	Visits	122.4	412.80	4.21	-	-	0.26	-	(0.02)	-	0.10	0.41	132.3	450.00	4.96
Other Outpatient	Procedures	383.0	231.24	7.38	(0.01)	-	0.46	-	(0.04)	-	0.18	0.71	413.6	251.84	8.68
Subtotal Outpatient Hospital				\$ 50.99											\$ 59.54
Professional															
Inpatient and Outpatient Surgery	Procedures	202.0	\$ 210.88	\$ 3.55	\$ 0.00	\$ 0.00	\$ 0.22	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.08	\$ 0.08	217.9	\$ 215.29	\$ 3.91
Anesthesia	Procedures	60.9	177.23	0.90	-	-	0.06	-	(0.01)	-	0.02	0.02	65.7	180.88	0.99
Inpatient Visits	Visits	481.9	93.89	3.77	(0.10)	-	0.23	-	(0.02)	-	0.09	0.08	507.4	95.78	4.05
MH/SA	Visits	3,079.3	107.56	27.60	(0.01)	-	1.70	-	(0.15)	-	0.67	0.59	3,325.9	109.68	30.40
Emergency Room	Visits	442.3	97.68	3.60	-	-	0.22	-	(0.10)	0.04	0.08	0.08	466.8	100.76	3.92
Office/Home Visits/Consults	Visits	1,738.3	67.79	9.82	-	-	0.60	-	-	-	0.24	0.21	1,887.0	69.13	10.87
COVID Vaccine Administration	Procedures	25.0	38.44	0.08	(0.07)	-	-	-	-	-	-	-	3.1	38.44	0.01
FQHC PPS Eligible Services	Visits	684.3	266.91	15.22	-	0.93	0.99	-	(0.09)	-	0.39	0.35	742.3	287.60	17.79
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,072.6	37.00	6.39	(0.77)	-	0.34	-	(0.02)	-	0.14	0.12	1,972.1	37.73	6.20
Radiology	Procedures	764.7	38.92	2.48	-	-	0.15	-	-	-	0.06	0.05	829.5	39.64	2.74
Office Administered Drugs	Procedures	190.9	208.10	3.31	-	-	0.20	-	(0.01)	-	0.08	0.07	206.4	212.17	3.65
Physical Exams	Visits	199.1	53.05	0.88	(0.03)	-	0.06	-	(0.01)	-	0.02	0.02	208.1	54.20	0.94
Therapy	Visits	549.9	59.79	2.74	-	-	0.17	-	(0.02)	-	0.07	0.06	594.1	61.00	3.02
Vision	Visits	123.3	67.18	0.69	-	-	0.04	-	-	-	0.02	0.01	134.0	68.07	0.76
Other Professional	Procedures	731.1	45.96	2.80	-	-	0.17	-	(0.01)	-	0.06	0.07	788.6	47.02	3.09
Subtotal Professional				\$ 83.83											\$ 92.34
Retail Pharmacy															
Retail Pharmacy	Scripts	6,811.7	\$ 132.57	\$ 75.25	\$ (0.75)	\$ (0.50)	\$ 4.54	\$ 0.00	\$ (0.42)	\$ 0.00	\$ 0.99	\$ 7.28	7,206.4	\$ 143.86	\$ 86.39
Subtotal Retail Pharmacy				\$ 75.25											\$ 86.39
Ancillary															
Transportation	Trips	165.0	\$ 91.66	\$ 1.26	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.03	178.1	\$ 93.68	\$ 1.39
DME/Prosthetics	Procedures	204.8	140.63	2.40	-	-	0.15	-	(0.02)	-	0.06	0.05	221.0	143.34	2.64
Subtotal Ancillary				\$ 3.66											\$ 4.03
LTSS															
Hospice	Days	1.2	\$ 96.20	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.2	\$ 96.20	\$ 0.01
Nursing Home	Days	13.7	314.67	0.36	-	-	0.02	-	-	-	0.01	0.03	14.9	338.87	0.42
HCBS	Procedures	45.2	58.35	0.22	-	-	0.01	-	-	-	0.01	-	49.4	58.35	0.24
Case Management	Procedures	61.8	848.07	4.37	(0.01)	-	0.27	-	(0.03)	-	0.11	0.09	66.6	864.27	4.80
Subtotal LTSS				\$ 4.96											\$ 5.47
Total Medical Costs				\$ 292.44											\$ 332.49

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - M 30-39															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 169,380		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	202.2	\$ 3,385.19	\$ 57.05	\$ 0.00	\$ 0.00	\$ 2.90	\$ 0.00	\$ (1.32)	\$ 0.31	\$ 0.75	\$ 5.37	210.5	\$ 3,709.00	\$ 65.06
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,101.6	632.05	58.02	0.02	-	2.95	-	(1.34)	0.31	0.77	5.46	1,147.1	692.41	66.19
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	210.8	881.15	15.48	(0.21)	-	0.78	-	(0.35)	0.08	0.20	1.44	216.5	965.38	17.42
Subtotal Inpatient Hospital				\$ 130.55											\$ 148.67
Outpatient Hospital															
Outpatient Emergency Room	Visits	547.8	\$ 710.12	\$ 32.42	\$ 0.00	\$ 0.00	\$ 1.65	\$ 0.00	\$ (0.78)	\$ 0.36	\$ 0.43	\$ 3.06	569.8	\$ 782.15	\$ 37.14
Outpatient Surgery	Visits	52.3	1,738.52	7.57	-	-	0.39	-	(0.04)	-	0.18	0.72	55.9	1,893.05	8.82
Outpatient Radiology	Procedures	102.7	307.31	2.63	-	-	0.13	-	(0.01)	-	0.06	0.26	109.7	335.74	3.07
Outpatient Pathology/Lab	Procedures	2,348.1	42.37	8.29	-	-	0.42	-	(0.04)	-	0.20	0.79	2,512.4	46.14	9.66
Outpatient Pharmacy	Procedures	127.2	1,233.96	13.08	-	-	0.67	-	(0.07)	-	0.31	1.26	136.0	1,345.10	15.25
Outpatient MH/SA	Visits	134.3	422.69	4.73	-	-	0.24	-	(0.02)	-	0.11	0.45	143.7	460.28	5.51
Other Outpatient	Procedures	498.2	258.46	10.73	-	-	0.54	-	(0.05)	-	0.25	1.03	532.5	281.67	12.50
Subtotal Outpatient Hospital				\$ 79.45											\$ 91.95
Professional															
Inpatient and Outpatient Surgery	Procedures	298.6	\$ 209.77	\$ 5.22	\$ 0.00	\$ 0.00	\$ 0.27	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.12	\$ 0.12	319.2	\$ 214.28	\$ 5.70
Anesthesia	Procedures	85.5	213.29	1.52	(0.02)	-	0.07	-	(0.01)	-	0.04	0.03	90.0	217.29	1.63
Inpatient Visits	Visits	806.5	92.25	6.20	(0.03)	-	0.32	-	(0.04)	-	0.15	0.13	858.5	94.07	6.73
MH/SA	Visits	5,046.0	105.47	44.35	(0.01)	-	2.26	-	(0.23)	-	1.05	0.96	5,395.3	107.60	48.38
Emergency Room	Visits	613.7	99.33	5.08	-	-	0.26	-	(0.12)	0.04	0.12	0.10	645.1	101.94	5.48
Office/Home Visits/Consults	Visits	2,188.7	70.29	12.82	-	-	0.65	-	(0.01)	-	0.31	0.28	2,350.9	71.72	14.05
COVID Vaccine Administration	Procedures	26.0	41.58	0.09	(0.08)	-	-	-	-	-	-	-	2.9	41.58	0.01
FQHC PPS Eligible Services	Visits	880.5	261.25	19.17	-	1.17	1.03	-	(0.11)	-	0.49	0.44	945.3	281.69	22.19
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2,406.7	39.79	7.98	(0.96)	-	0.35	-	(0.03)	-	0.17	0.15	2,264.9	40.58	7.66
Radiology	Procedures	1,007.5	40.26	3.38	-	-	0.17	-	(0.01)	-	0.08	0.08	1,079.0	41.15	3.70
Office Administered Drugs	Procedures	358.8	155.50	4.65	-	-	0.24	-	(0.03)	-	0.11	0.10	383.5	158.63	5.07
Physical Exams	Visits	197.0	52.40	0.86	(0.03)	-	0.05	-	(0.01)	-	0.02	0.02	203.8	53.58	0.91
Therapy	Visits	643.5	62.66	3.36	-	-	0.17	-	(0.02)	-	0.08	0.08	687.6	64.05	3.67
Vision	Visits	108.9	67.22	0.61	-	-	0.03	-	-	-	0.01	0.02	116.0	69.29	0.67
Other Professional	Procedures	955.8	49.72	3.96	-	-	0.20	-	(0.02)	-	0.10	0.08	1,023.4	50.66	4.32
Subtotal Professional				\$ 119.25											\$ 130.17
Retail Pharmacy															
Retail Pharmacy	Scripts	10,545.9	\$ 130.46	\$ 114.65	\$ (1.15)	\$ (0.77)	\$ 5.74	\$ 0.00	\$ (0.68)	\$ 0.00	\$ 1.50	\$ 10.98	11,043.5	\$ 141.55	\$ 130.27
Subtotal Retail Pharmacy				\$ 114.65											\$ 130.27
Ancillary															
Transportation	Trips	253.0	\$ 86.31	\$ 1.82	\$ 0.00	\$ 0.00	\$ 0.09	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	271.1	\$ 88.08	\$ 1.99
DME/Prosthetics	Procedures	352.3	100.13	2.94	-	-	0.15	-	(0.02)	-	0.07	0.07	376.3	102.36	3.21
Subtotal Ancillary				\$ 4.76											\$ 5.20
LTSS															
Hospice	Days	25.3	\$ 99.80	\$ 0.21	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	26.5	\$ 108.87	\$ 0.24
Nursing Home	Days	29.3	250.10	0.61	-	-	0.03	-	-	-	0.01	0.06	31.2	273.19	0.71
HCBS	Procedures	165.3	80.59	1.11	-	0.03	0.06	-	(0.01)	-	0.03	0.02	177.2	83.97	1.24
Case Management	Procedures	84.1	449.68	3.15	-	-	0.16	-	(0.02)	-	0.08	0.07	89.9	459.02	3.44
Subtotal LTSS				\$ 5.08											\$ 5.63
Total Medical Costs				\$ 453.74											\$ 511.89



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - M 40-49															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 102,496		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	332.5	\$ 3,074.88	\$ 85.19	\$ 0.00	\$ 0.00	\$ 3.75	\$ 0.00	\$ (2.02)	\$ 0.63	\$ 1.12	\$ 7.97	343.6	\$ 3,375.25	\$ 96.64
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	1,400.8	637.09	74.37	(0.02)	-	3.27	-	(1.76)	0.55	0.97	6.96	1,447.2	699.36	84.34
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	347.0	940.23	27.19	0.04	-	1.20	-	(0.64)	0.20	0.36	2.54	359.3	1,031.74	30.89
Subtotal Inpatient Hospital				\$ 186.75											\$ 211.87
Outpatient Hospital															
Outpatient Emergency Room	Visits	593.4	\$ 737.47	\$ 36.47	\$ (0.01)	\$ 0.00	\$ 1.61	\$ 0.00	\$ (0.81)	\$ 0.36	\$ 0.48	\$ 3.42	614.1	\$ 811.34	\$ 41.52
Outpatient Surgery	Visits	121.0	1,684.22	16.98	-	-	0.75	-	(0.09)	-	0.40	1.62	128.5	1,835.46	19.66
Outpatient Radiology	Procedures	192.4	410.39	6.58	-	-	0.29	-	(0.03)	-	0.15	0.63	204.4	447.38	7.62
Outpatient Pathology/Lab	Procedures	3,643.8	37.05	11.25	-	-	0.50	-	(0.06)	-	0.26	1.08	3,870.6	40.40	13.03
Outpatient Pharmacy	Procedures	273.8	879.68	20.07	-	-	0.88	-	(0.10)	-	0.47	1.92	290.8	958.90	23.24
Outpatient MH/SA	Visits	190.9	356.35	5.67	-	-	0.25	-	(0.03)	-	0.13	0.54	202.7	388.32	6.56
Other Outpatient	Procedures	915.5	290.59	22.17	-	-	0.98	-	(0.12)	-	0.53	2.11	972.9	316.61	25.67
Subtotal Outpatient Hospital				\$ 119.19											\$ 137.30
Professional															
Inpatient and Outpatient Surgery	Procedures	562.3	\$ 226.01	\$ 10.59	\$ 0.00	\$ 0.00	\$ 0.47	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.25	\$ 0.23	597.3	\$ 230.63	\$ 11.48
Anesthesia	Procedures	153.8	205.19	2.63	(0.01)	-	0.12	-	(0.02)	-	0.06	0.06	162.6	209.62	2.84
Inpatient Visits	Visits	1,257.1	89.73	9.40	(0.06)	-	0.41	-	(0.05)	-	0.22	0.20	1,326.7	91.54	10.12
MH/SA	Visits	5,530.0	105.44	48.59	(0.01)	-	2.13	-	(0.25)	-	1.15	1.04	5,873.7	107.56	52.65
Emergency Room	Visits	694.7	103.29	5.98	(0.01)	-	0.26	-	(0.13)	0.04	0.14	0.13	724.9	106.11	6.41
Office/Home Visits/Consults	Visits	2,929.5	73.49	17.94	-	-	0.79	-	(0.04)	-	0.43	0.38	3,122.2	74.95	19.50
COVID Vaccine Administration	Procedures	35.3	40.81	0.12	(0.11)	-	-	-	-	-	-	-	2.9	40.81	0.01
FQHC PPS Eligible Services	Visits	1,166.0	266.25	25.87	-	1.57	1.21	-	(0.14)	-	0.65	0.58	1,243.5	286.99	29.74
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,244.7	37.98	10.27	(1.24)	-	0.40	-	(0.04)	-	0.21	0.20	3,033.0	38.77	9.80
Radiology	Procedures	1,488.5	44.82	5.56	-	-	0.24	-	(0.01)	-	0.13	0.12	1,584.9	45.73	6.04
Office Administered Drugs	Procedures	468.8	203.76	7.96	-	-	0.35	-	(0.04)	-	0.19	0.17	498.2	207.85	8.63
Physical Exams	Visits	289.4	53.49	1.29	(0.04)	-	0.06	-	(0.01)	-	0.03	0.03	298.4	54.70	1.36
Therapy	Visits	794.0	64.08	4.24	-	-	0.19	-	(0.03)	-	0.11	0.09	844.6	65.36	4.60
Vision	Visits	179.6	70.81	1.06	-	-	0.05	-	(0.01)	-	0.03	0.02	191.5	72.06	1.15
Other Professional	Procedures	1,512.1	53.73	6.77	-	-	0.30	-	(0.04)	-	0.16	0.15	1,605.9	54.85	7.34
Subtotal Professional				\$ 158.27											\$ 171.67
Retail Pharmacy															
Retail Pharmacy	Scripts	18,423.8	\$ 102.81	\$ 157.85	\$ (1.67)	\$ (0.99)	\$ 6.83	\$ 0.00	\$ (1.00)	\$ 0.00	\$ 2.05	\$ 15.00	19,148.6	\$ 111.59	\$ 178.07
Subtotal Retail Pharmacy				\$ 157.85											\$ 178.07
Ancillary															
Transportation	Trips	314.9	\$ 84.61	\$ 2.22	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.06	\$ 0.04	334.7	\$ 86.04	\$ 2.40
DME/Prosthetics	Procedures	590.3	97.78	4.81	-	-	0.21	-	(0.02)	-	0.11	0.10	627.1	99.70	5.21
Subtotal Ancillary				\$ 7.03											\$ 7.61
LTSS															
Hospice	Days	27.9	\$ 146.19	\$ 0.34	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.03	29.6	\$ 158.37	\$ 0.39
Nursing Home	Days	103.2	254.77	2.19	-	-	0.10	-	(0.02)	-	0.03	0.24	108.3	281.36	2.54
HCBS	Procedures	328.8	62.78	1.72	-	0.03	0.08	-	(0.01)	-	0.04	0.04	349.8	65.18	1.90
Case Management	Procedures	108.9	400.00	3.63	-	-	0.16	-	(0.02)	-	0.09	0.07	115.8	407.25	3.93
Subtotal LTSS				\$ 7.88											\$ 8.76
Total Medical Costs				\$ 636.97											\$ 715.28

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: ME - M 50-64															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 165,977		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type														
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	465.7	\$ 3,284.36	\$ 127.47	\$ 0.00	\$ 0.00	\$ 7.69	\$ 0.00	\$ (2.47)	\$ 0.53	\$ 1.70	\$ 12.13	491.0	\$ 3,593.76	\$ 147.05
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	632.1	629.72	33.17	(0.58)	-	1.96	-	(0.63)	0.14	0.43	3.10	654.6	689.12	37.59
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	172.7	1,178.19	16.96	0.01	-	1.02	-	(0.32)	0.07	0.22	1.62	182.2	1,289.49	19.58
Subtotal Inpatient Hospital				\$ 177.60											\$ 204.22
Outpatient Hospital															
Outpatient Emergency Room	Visits	438.6	\$ 826.05	\$ 30.19	\$ (0.01)	\$ 0.00	\$ 1.82	\$ 0.00	\$ (0.75)	\$ 0.35	\$ 0.41	\$ 2.87	459.9	\$ 910.06	\$ 34.88
Outpatient Surgery	Visits	227.6	1,539.33	29.19	-	-	1.76	-	(0.15)	-	0.70	2.83	245.6	1,677.62	34.33
Outpatient Radiology	Procedures	345.3	417.73	12.02	-	-	0.72	-	(0.06)	-	0.29	1.17	372.6	455.42	14.14
Outpatient Pathology/Lab	Procedures	5,406.2	31.61	14.24	-	-	0.86	-	(0.08)	-	0.35	1.38	5,835.2	34.45	16.75
Outpatient Pharmacy	Procedures	565.6	693.33	32.68	-	-	1.97	-	(0.17)	-	0.79	3.17	610.4	755.65	38.44
Outpatient MH/SA	Visits	49.2	395.42	1.62	-	-	0.10	-	(0.01)	-	0.04	0.16	53.1	431.57	1.91
Other Outpatient	Procedures	1,431.2	221.27	26.39	-	-	1.59	-	(0.14)	-	0.64	2.56	1,544.5	241.16	31.04
Subtotal Outpatient Hospital				\$ 146.33											\$ 171.49
Professional															
Inpatient and Outpatient Surgery	Procedures	1,057.7	\$ 214.43	\$ 18.90	\$ 0.00	\$ 0.00	\$ 1.14	\$ 0.00	\$ (0.10)	\$ 0.00	\$ 0.46	\$ 0.41	1,141.6	\$ 218.74	\$ 20.81
Anesthesia	Procedures	272.2	189.60	4.30	(0.06)	-	0.25	-	(0.02)	-	0.10	0.10	289.2	193.75	4.67
Inpatient Visits	Visits	1,249.4	85.58	8.91	(0.08)	-	0.53	-	(0.04)	-	0.21	0.19	1,336.3	87.28	9.72
MH/SA	Visits	2,631.1	107.09	23.48	(0.02)	-	1.41	-	(0.12)	-	0.56	0.51	2,836.1	109.25	25.82
Emergency Room	Visits	542.9	99.24	4.49	-	-	0.27	-	(0.11)	0.03	0.11	0.10	575.5	101.96	4.89
Office/Home Visits/Consults	Visits	3,815.4	73.63	23.41	-	-	1.41	-	(0.07)	-	0.56	0.51	4,125.0	75.11	25.82
COVID Vaccine Administration	Procedures	33.3	39.61	0.11	(0.10)	-	-	-	-	-	-	-	3.0	39.61	0.01
FQHC PPS Eligible Services	Visits	1,144.3	268.67	25.62	-	1.56	1.64	-	(0.15)	-	0.66	0.59	1,240.3	289.47	29.92
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	4,176.8	28.76	10.01	(1.21)	-	0.53	-	(0.03)	-	0.21	0.19	3,968.2	29.33	9.70
Radiology	Procedures	1,917.0	64.85	10.36	-	-	0.62	-	(0.02)	-	0.25	0.22	2,074.2	66.13	11.43
Office Administered Drugs	Procedures	550.3	157.45	7.22	-	-	0.44	-	(0.04)	-	0.17	0.16	593.7	160.68	7.95
Physical Exams	Visits	469.6	55.20	2.16	(0.06)	-	0.12	-	(0.01)	-	0.05	0.05	491.3	56.42	2.31
Therapy	Visits	1,303.4	63.16	6.86	-	-	0.41	-	(0.03)	-	0.16	0.15	1,406.0	64.44	7.55
Vision	Visits	287.7	66.75	1.60	-	-	0.10	-	(0.01)	-	0.04	0.03	311.0	67.90	1.76
Other Professional	Procedures	2,428.5	49.07	9.93	-	-	0.60	-	(0.05)	-	0.24	0.21	2,621.7	50.03	10.93
Subtotal Professional				\$ 157.36											\$ 173.29
Retail Pharmacy															
Retail Pharmacy	Scripts	27,021.9	\$ 90.18	\$ 203.06	\$ (2.03)	\$ (1.03)	\$ 12.06	\$ 0.00	\$ (1.41)	\$ 0.00	\$ 2.68	\$ 19.62	28,525.7	\$ 98.00	\$ 232.95
Subtotal Retail Pharmacy				\$ 203.06											\$ 232.95
Ancillary															
Transportation	Trips	250.1	\$ 93.07	\$ 1.94	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.05	\$ 0.04	269.5	\$ 94.85	\$ 2.13
DME/Prosthetics	Procedures	909.4	102.13	7.74	-	-	0.47	-	(0.04)	-	0.18	0.17	981.1	104.21	8.52
Subtotal Ancillary				\$ 9.68											\$ 10.65
LTSS															
Hospice	Days	111.4	\$ 170.15	\$ 1.58	\$ 0.00	\$ 0.00	\$ 0.10	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.02	\$ 0.17	119.2	\$ 187.27	\$ 1.86
Nursing Home	Days	283.5	214.63	5.07	-	-	0.31	-	(0.03)	-	0.07	0.54	303.0	236.02	5.96
HCBS	Procedures	359.4	81.15	2.43	-	0.15	0.16	-	(0.02)	-	0.07	0.05	390.4	87.29	2.84
Case Management	Procedures	71.1	366.31	2.17	-	-	0.13	-	(0.01)	-	0.05	0.05	76.7	374.13	2.39
Subtotal LTSS				\$ 11.25											\$ 13.05
Total Medical Costs				\$ 705.28											\$ 805.65

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model																
Rate Cell: RHP - ID		Base Blended Experience			Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience			
Member Months: 12,848 Category of Service		Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital																
Inpatient Medical/Surgical/Non-Delivery	Days		493.4	\$ 3,620.07	\$ 148.86	\$ 0.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ (4.00)	\$ (1.81)	\$ 1.82	\$ 13.03	486.5	\$ 3,896.85	\$ 157.97
Inpatient Well Newborn	Days		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days		858.7	1,239.90	88.72	(15.93)	-	-	-	(1.95)	(0.89)	0.89	6.37	694.2	1,334.62	77.21
Inpatient Maternity Delivery	Days		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days		130.5	1,511.26	16.43	0.72	-	-	-	(0.46)	(0.21)	0.21	1.50	134.2	1,626.61	18.19
Subtotal Inpatient Hospital					\$ 254.01											\$ 253.37
Outpatient Hospital																
Outpatient Emergency Room	Visits		682.0	\$ 754.18	\$ 42.86	\$ (0.07)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.91)	\$ 0.44	\$ 0.97	\$ 3.89	681.8	\$ 830.39	\$ 47.18
Outpatient Surgery	Visits		175.4	1,777.36	25.98	0.01	-	-	-	(0.13)	-	0.86	2.40	180.4	1,937.00	29.12
Outpatient Radiology	Procedures		317.1	306.48	8.10	-	-	-	-	(0.04)	-	0.27	0.75	326.2	334.08	9.08
Outpatient Pathology/Lab	Procedures		5,934.0	31.34	15.50	0.01	-	-	-	(0.08)	-	0.51	1.43	6,102.4	34.16	17.37
Outpatient Pharmacy	Procedures		795.5	154.02	10.21	0.01	-	-	-	(0.06)	-	0.34	0.94	818.1	167.81	11.44
Outpatient MH/SA	Visits		21.7	242.86	0.44	-	-	-	-	-	-	0.01	0.04	22.2	264.44	0.49
Other Outpatient	Procedures		1,764.7	336.32	49.46	0.02	-	-	-	(0.24)	-	1.62	4.57	1,814.7	366.54	55.43
Subtotal Outpatient Hospital					\$ 152.55											\$ 170.11
Professional																
Inpatient and Outpatient Surgery	Procedures		1,065.6	\$ 102.59	\$ 9.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.21	\$ 0.18	1,085.5	\$ 104.58	\$ 9.46
Anesthesia	Procedures		233.4	178.94	3.48	-	-	-	-	(0.02)	-	0.08	0.07	237.4	182.48	3.61
Inpatient Visits	Visits		2,105.1	88.81	15.58	(0.93)	-	-	-	(0.07)	-	0.33	0.30	2,014.6	90.60	15.21
MH/SA	Visits		5,047.3	148.47	62.45	(0.01)	-	-	-	(0.31)	-	1.42	1.28	5,136.2	151.46	64.83
Emergency Room	Visits		817.3	110.71	7.54	-	-	-	-	(0.16)	0.03	0.17	0.15	818.4	113.35	7.73
Office/Home Visits/Consults	Visits		5,072.9	69.81	29.51	0.01	-	-	-	(0.08)	-	0.67	0.61	5,176.0	71.22	30.72
COVID Vaccine Administration	Procedures		39.0	36.96	0.12	(0.11)	-	-	-	-	-	-	-	3.2	36.96	0.01
FQHC PPS Eligible Services	Visits		1,072.9	275.25	24.61	0.01	1.50	-	-	(0.13)	-	0.59	0.54	1,093.4	297.64	27.12
Maternity	Procedures		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures		4,428.6	22.22	8.20	(0.41)	-	-	-	(0.03)	-	0.18	0.16	4,288.2	22.67	8.10
Radiology	Procedures		1,721.6	36.24	5.20	-	-	-	-	(0.01)	-	0.12	0.10	1,758.1	36.93	5.41
Office Administered Drugs	Procedures		359.9	444.82	13.34	0.01	-	-	-	(0.07)	-	0.30	0.28	366.3	454.00	13.86
Physical Exams	Visits		803.7	59.57	3.99	(0.24)	-	-	-	(0.02)	-	0.09	0.08	769.5	60.82	3.90
Therapy	Visits		1,157.4	64.70	6.24	-	-	-	-	(0.03)	-	0.14	0.13	1,177.8	66.02	6.48
Vision	Visits		343.4	65.00	1.86	-	-	-	-	(0.01)	-	0.04	0.04	348.9	66.37	1.93
Other Professional	Procedures		4,994.6	164.89	68.63	0.03	-	-	-	(0.35)	-	1.57	1.40	5,085.5	168.20	71.28
Subtotal Professional					\$ 259.86											\$ 269.65
Retail Pharmacy																
Retail Pharmacy	Scripts		56,438.2	\$ 68.70	\$ 323.13	\$ 0.16	\$ (0.68)	\$ 0.00	\$ 0.00	\$ (3.02)	\$ 0.00	\$ 10.54	\$ 30.37	57,779.6	\$ 74.87	\$ 360.50
Subtotal Retail Pharmacy					\$ 323.13											\$ 360.50
Ancillary																
Transportation	Trips		580.8	\$ 79.75	\$ 3.86	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.12	\$ 0.12	592.9	\$ 82.18	\$ 4.06
DME/Prosthetics	Procedures		6,413.7	128.69	68.78	0.03	-	-	-	(0.34)	-	2.26	2.13	6,595.6	132.56	72.86
Subtotal Ancillary					\$ 72.64											\$ 76.92
LTSS																
Hospice	Days		449.9	\$ 150.69	\$ 5.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.08	\$ 0.57	453.9	\$ 165.75	\$ 6.27
Nursing Home	Days		172.6	341.30	4.91	-	-	-	-	(0.02)	-	0.06	0.50	174.0	375.77	5.45
HCBS	Procedures		10,082.5	78.49	65.95	0.03	3.57	-	-	(0.35)	-	1.59	1.42	10,276.6	84.32	72.21
Case Management	Procedures		383.2	442.47	14.13	0.01	-	-	-	(0.07)	-	0.32	0.29	390.3	451.39	14.68
Subtotal LTSS					\$ 90.64											\$ 98.61
Total Medical Costs					\$ 1,152.83											\$ 1,229.16

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RHP - SPMI															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 28,558		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	948.9	\$ 2,920.64	\$ 230.96	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ (4.35)	\$ 0.11	\$ 2.89	\$ 20.64	943.2	\$ 3,184.64	\$ 250.30
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	3,652.7	1,057.10	321.77	(4.22)	-	-	-	(5.97)	0.15	3.97	28.38	3,582.1	1,152.68	344.08
Inpatient Maternity Delivery	Days	10.2	2,408.37	2.04	-	0.41	-	-	(0.05)	-	0.03	0.22	10.1	3,159.50	2.65
Other Inpatient	Days	751.0	1,295.44	81.07	0.33	-	-	-	(1.53)	0.04	1.02	7.27	749.3	1,412.51	88.20
Subtotal Inpatient Hospital				\$ 635.84											\$ 685.23
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,904.8	\$ 827.54	\$ 131.36	\$ (0.03)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (2.81)	\$ 1.35	\$ 2.97	\$ 11.94	1,906.7	\$ 911.18	\$ 144.78
Outpatient Surgery	Visits	201.2	1,707.08	28.62	0.01	-	-	-	(0.15)	-	0.94	2.65	206.8	1,860.84	32.07
Outpatient Radiology	Procedures	665.2	310.29	17.20	-	-	-	-	(0.08)	-	0.56	1.59	683.8	338.19	19.27
Outpatient Pathology/Lab	Procedures	7,788.0	39.69	25.76	0.01	-	-	-	(0.13)	-	0.84	2.38	8,005.7	43.26	28.86
Outpatient Pharmacy	Procedures	726.4	528.49	31.99	0.01	-	-	-	(0.16)	-	1.05	2.95	746.8	575.89	35.84
Outpatient MH/SA	Visits	279.9	481.42	11.23	(0.01)	-	-	-	(0.05)	-	0.36	1.04	287.4	524.84	12.57
Other Outpatient	Procedures	3,034.9	296.94	75.10	0.02	-	-	-	(0.38)	-	2.46	6.95	3,119.8	323.67	84.15
Subtotal Outpatient Hospital				\$ 321.26											\$ 357.54
Professional															
Inpatient and Outpatient Surgery	Procedures	1,218.2	\$ 188.14	\$ 19.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.09)	\$ 0.00	\$ 0.43	\$ 0.39	1,239.9	\$ 191.91	\$ 19.83
Anesthesia	Procedures	335.9	240.41	6.73	(0.06)	-	-	-	(0.03)	-	0.15	0.13	338.9	245.01	6.92
Inpatient Visits	Visits	5,008.7	87.83	36.66	(0.42)	-	-	-	(0.18)	-	0.82	0.74	5,038.8	89.59	37.62
MH/SA	Visits	23,878.7	206.59	411.09	(0.04)	-	-	-	(2.06)	-	9.35	8.41	24,299.9	210.74	426.75
Emergency Room	Visits	2,467.7	115.44	23.74	-	-	-	-	(0.51)	0.20	0.54	0.48	2,470.8	118.75	24.45
Office/Home Visits/Consults	Visits	7,634.6	72.05	45.84	0.01	-	-	-	(0.06)	-	1.05	0.94	7,801.2	73.50	47.78
COVID Vaccine Administration	Procedures	65.6	40.22	0.22	(0.20)	-	-	-	-	-	-	-	6.0	40.22	0.02
FQHC PPS Eligible Services	Visits	2,756.9	270.82	62.22	0.01	3.79	-	-	(0.33)	-	1.50	1.35	2,809.2	292.78	68.54
Maternity	Procedures	22.8	210.92	0.40	-	-	-	-	-	-	0.01	0.01	23.3	216.07	0.42
Pathology/Lab	Procedures	6,993.2	30.68	17.88	(0.89)	-	-	-	(0.07)	-	0.39	0.34	6,770.3	31.28	17.65
Radiology	Procedures	3,910.9	41.30	13.46	-	-	-	-	(0.03)	-	0.30	0.28	3,989.3	42.14	14.01
Office Administered Drugs	Procedures	620.2	284.61	14.71	-	-	-	-	(0.07)	-	0.33	0.30	631.2	290.31	15.27
Physical Exams	Visits	503.8	44.30	1.86	(0.11)	-	-	-	(0.01)	-	0.04	0.04	482.1	45.30	1.82
Therapy	Visits	1,572.2	74.49	9.76	-	-	-	-	(0.05)	-	0.23	0.19	1,601.2	75.92	10.13
Vision	Visits	342.9	66.50	1.90	-	-	-	-	(0.01)	-	0.04	0.04	348.3	67.88	1.97
Other Professional	Procedures	4,148.8	55.68	19.25	(0.01)	-	-	-	(0.10)	-	0.44	0.39	4,219.9	56.79	19.97
Subtotal Professional				\$ 684.82											\$ 713.15
Retail Pharmacy															
Retail Pharmacy	Scripts	77,679.4	\$ 105.23	\$ 681.16	\$ (0.07)	\$ (0.61)	\$ 0.00	\$ 0.00	\$ (5.77)	\$ 0.00	\$ 22.25	\$ 64.12	79,550.8	\$ 114.81	\$ 761.08
Subtotal Retail Pharmacy				\$ 681.16											\$ 761.08
Ancillary															
Transportation	Trips	1,509.2	\$ 79.67	\$ 10.02	\$ (0.02)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.33	\$ 0.31	1,548.4	\$ 82.07	\$ 10.59
DME/Prosthetics	Procedures	2,108.8	101.23	17.79	-	-	-	-	(0.09)	-	0.59	0.55	2,168.0	104.28	18.84
Subtotal Ancillary				\$ 27.81											\$ 29.43
LTSS															
Hospice	Days	165.0	\$ 174.59	\$ 2.40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 0.00	\$ 0.03	\$ 0.24	166.3	\$ 191.90	\$ 2.66
Nursing Home	Days	813.7	274.46	18.61	-	-	-	-	(0.09)	-	0.24	1.89	820.2	302.11	20.65
HCBS	Procedures	9,145.3	71.08	54.17	0.01	3.44	-	-	(0.29)	-	1.31	1.18	9,319.2	77.03	59.82
Case Management	Procedures	1,877.6	949.29	148.53	0.03	-	-	-	(0.74)	-	3.38	3.03	1,911.3	968.31	154.23
Subtotal LTSS				\$ 223.71											\$ 237.36
Total Medical Costs				\$ 2,574.60											\$ 2,783.79



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: RHP - Other Disabled 21-44															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 46,049	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	597.6	\$ 2,950.46	\$ 146.94	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ (2.59)	\$ 0.06	\$ 1.84	\$ 13.15	594.6	\$ 3,217.05	\$ 159.41
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	926.0	1,013.21	78.19	(3.52)	-	-	-	(1.32)	0.03	0.94	6.68	879.9	1,104.73	81.00
Inpatient Maternity Delivery	Days	53.2	1,775.42	7.87	-	1.57	-	-	(0.16)	-	0.12	0.85	52.9	2,324.15	10.25
Other Inpatient	Days	212.7	1,458.54	25.85	(0.45)	-	-	-	(0.45)	0.01	0.32	2.28	207.9	1,590.72	27.56
Subtotal Inpatient Hospital				\$ 258.85											\$ 278.22
Outpatient Hospital															
Outpatient Emergency Room	Visits	1,176.5	\$ 766.32	\$ 75.13	\$ (0.04)	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.96)	\$ 0.88	\$ 1.69	\$ 6.81	1,171.6	\$ 845.08	\$ 82.51
Outpatient Surgery	Visits	151.4	1,789.43	22.58	-	-	-	-	(0.11)	-	0.74	2.09	155.6	1,950.57	25.30
Outpatient Radiology	Procedures	498.7	342.20	14.22	-	-	-	-	(0.07)	-	0.47	1.31	512.7	372.86	15.93
Outpatient Pathology/Lab	Procedures	7,217.1	39.74	23.90	-	-	-	-	(0.12)	-	0.79	2.21	7,419.5	43.31	26.78
Outpatient Pharmacy	Procedures	1,061.3	388.85	34.39	-	-	-	-	(0.17)	-	1.13	3.18	1,090.9	423.83	38.53
Outpatient MH/SA	Visits	153.7	537.83	6.89	-	-	-	-	(0.03)	-	0.22	0.64	158.0	586.45	7.72
Other Outpatient	Procedures	2,295.3	255.81	48.93	-	-	-	-	(0.24)	-	1.61	4.52	2,359.6	278.79	54.82
Subtotal Outpatient Hospital				\$ 226.04											\$ 251.59
Professional															
Inpatient and Outpatient Surgery	Procedures	651.6	\$ 201.66	\$ 10.95	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.05)	\$ 0.00	\$ 0.25	\$ 0.22	663.5	\$ 205.63	\$ 11.37
Anesthesia	Procedures	224.1	214.70	4.01	(0.25)	-	-	-	(0.02)	-	0.09	0.08	214.1	219.18	3.91
Inpatient Visits	Visits	2,194.0	92.16	16.85	(0.27)	-	-	-	(0.09)	-	0.38	0.34	2,196.6	94.02	17.21
MH/SA	Visits	8,275.2	130.16	89.76	(0.06)	-	-	-	(0.45)	-	2.04	1.83	8,416.3	132.77	93.12
Emergency Room	Visits	1,327.2	103.34	11.43	(0.02)	-	-	-	(0.30)	0.10	0.26	0.23	1,320.2	106.34	11.70
Office/Home Visits/Consults	Visits	4,501.7	73.57	27.60	-	-	-	-	-	-	0.64	0.56	4,606.1	75.03	28.80
COVID Vaccine Administration	Procedures	63.7	39.59	0.21	(0.19)	-	-	-	-	-	-	-	6.1	39.59	0.02
FQHC PPS Eligible Services	Visits	2,153.0	258.89	46.45	-	2.83	-	-	(0.25)	-	1.12	1.01	2,193.4	279.90	51.16
Maternity	Procedures	69.1	345.80	1.99	-	-	-	-	(0.01)	-	0.05	0.04	70.4	352.61	2.07
Pathology/Lab	Procedures	3,931.8	29.88	9.79	(0.49)	-	-	-	(0.04)	-	0.21	0.20	3,803.3	30.51	9.67
Radiology	Procedures	2,377.5	43.66	8.65	-	-	-	-	(0.02)	-	0.19	0.18	2,424.2	44.55	9.00
Office Administered Drugs	Procedures	576.7	1,096.81	52.71	0.01	-	-	-	(0.27)	-	1.20	1.08	587.0	1,118.88	54.73
Physical Exams	Visits	396.0	48.79	1.61	(0.10)	-	-	-	-	-	0.03	0.03	378.8	49.74	1.57
Therapy	Visits	930.1	65.54	5.08	-	-	-	-	(0.02)	-	0.11	0.10	946.5	66.81	5.27
Vision	Visits	246.6	71.52	1.47	-	-	-	-	(0.01)	-	0.04	0.03	251.7	72.95	1.53
Other Professional	Procedures	2,827.4	60.86	14.34	-	-	-	-	(0.07)	-	0.33	0.29	2,878.7	62.07	14.89
Subtotal Professional				\$ 302.90											\$ 316.02
Retail Pharmacy															
Retail Pharmacy	Scripts	30,520.0	\$ 124.75	\$ 317.28	\$ 0.00	\$ (1.40)	\$ 0.00	\$ 0.00	\$ (2.17)	\$ 0.00	\$ 10.34	\$ 29.82	31,305.9	\$ 135.64	\$ 353.87
Subtotal Retail Pharmacy				\$ 317.28											\$ 353.87
Ancillary															
Transportation	Trips	559.8	\$ 82.10	\$ 3.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.02)	\$ 0.00	\$ 0.12	\$ 0.12	574.4	\$ 84.61	\$ 4.05
DME/Prosthetics	Procedures	1,326.4	159.68	17.65	-	-	-	-	(0.09)	-	0.58	0.55	1,363.2	164.52	18.69
Subtotal Ancillary				\$ 21.48											\$ 22.74
LTSS															
Hospice	Days	64.9	\$ 122.01	\$ 0.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.06	65.9	\$ 132.93	\$ 0.73
Nursing Home	Days	100.0	314.49	2.62	-	-	-	-	(0.01)	-	0.03	0.27	100.7	346.66	2.91
HCBS	Procedures	2,410.8	112.19	22.54	-	2.04	-	-	(0.12)	-	0.56	0.50	2,457.9	124.60	25.52
Case Management	Procedures	242.8	939.45	19.01	(0.01)	-	-	-	(0.09)	-	0.43	0.39	247.0	958.40	19.73
Subtotal LTSS				\$ 44.83											\$ 48.89
Total Medical Costs				\$ 1,171.38											\$ 1,271.33

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+															
Base Blended Experience					Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Member Months: 83,239	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service															
<b>Inpatient Hospital</b>															
Inpatient Medical/Surgical/Non-Delivery	Days	1,253.3	\$ 2,967.56	\$ 309.93	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ (5.59)	\$ 0.76	\$ 3.89	\$ 27.78	1,246.5	\$ 3,242.30	\$ 336.80
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	629.2	902.28	47.31	(0.91)	-	-	-	(0.84)	0.11	0.59	4.15	613.8	985.57	50.41
Inpatient Maternity Delivery	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inpatient	Days	287.0	1,759.65	42.08	(0.79)	-	-	-	(0.74)	0.10	0.52	3.70	280.1	1,922.46	44.87
<b>Subtotal Inpatient Hospital</b>				<b>\$ 399.32</b>											<b>\$ 432.08</b>
<b>Outpatient Hospital</b>															
Outpatient Emergency Room	Visits	906.8	\$ 855.30	\$ 64.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (1.64)	\$ 0.77	\$ 1.45	\$ 5.87	904.1	\$ 943.43	\$ 71.08
Outpatient Surgery	Visits	346.2	1,793.97	51.76	0.01	-	-	-	(0.26)	-	1.70	4.78	355.9	1,955.13	57.99
Outpatient Radiology	Procedures	1,040.4	305.43	26.48	-	-	-	-	(0.13)	-	0.87	2.44	1,069.4	332.81	29.66
Outpatient Pathology/Lab	Procedures	10,391.3	34.14	29.56	-	-	-	-	(0.14)	-	0.97	2.73	10,683.1	37.20	33.12
Outpatient Pharmacy	Procedures	1,216.6	819.19	83.05	0.01	-	-	-	(0.42)	-	2.73	7.67	1,250.6	892.79	93.04
Outpatient MH/SA	Visits	73.5	581.31	3.56	-	-	-	-	(0.02)	-	0.12	0.33	75.6	633.72	3.99
Other Outpatient	Procedures	3,882.1	237.55	76.85	0.01	-	-	-	(0.39)	-	2.53	7.10	3,990.7	258.90	86.10
<b>Subtotal Outpatient Hospital</b>				<b>\$ 335.89</b>											<b>\$ 374.98</b>
<b>Professional</b>															
Inpatient and Outpatient Surgery	Procedures	1,735.7	\$ 214.81	\$ 31.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.15)	\$ 0.00	\$ 0.70	\$ 0.64	1,766.4	\$ 219.16	\$ 32.26
Anesthesia	Procedures	424.8	178.55	6.32	-	-	-	-	(0.03)	-	0.14	0.13	432.2	182.16	6.56
Inpatient Visits	Visits	3,220.1	89.92	24.13	(0.14)	-	-	-	(0.12)	-	0.55	0.49	3,258.8	91.73	24.91
MH/SA	Visits	6,583.5	128.96	70.75	(0.01)	-	-	-	(0.36)	-	1.61	1.45	6,698.9	131.56	73.44
Emergency Room	Visits	1,215.4	101.50	10.28	-	-	-	-	(0.26)	0.08	0.23	0.21	1,211.9	104.37	10.54
Office/Home Visits/Consults	Visits	7,020.9	70.59	41.30	-	-	-	-	(0.10)	-	0.94	0.84	7,163.7	72.00	42.98
COVID Vaccine Administration	Procedures	57.2	39.84	0.19	(0.17)	-	-	-	-	-	-	-	6.0	39.84	0.02
FQHC PPS Eligible Services	Visits	2,700.7	266.02	59.87	0.01	3.64	-	-	(0.32)	-	1.44	1.30	2,751.7	287.56	65.94
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	6,112.7	27.82	14.17	(0.71)	-	-	-	(0.05)	-	0.30	0.28	5,914.2	28.39	13.99
Radiology	Procedures	4,387.6	46.14	16.87	-	-	-	-	(0.04)	-	0.38	0.35	4,476.1	47.08	17.56
Office Administered Drugs	Procedures	759.2	422.66	26.74	-	-	-	-	(0.13)	-	0.61	0.54	772.8	431.05	27.76
Physical Exams	Visits	641.5	50.51	2.70	(0.16)	-	-	-	(0.01)	-	0.05	0.06	613.0	51.68	2.64
Therapy	Visits	1,911.5	74.01	11.79	-	-	-	-	(0.06)	-	0.27	0.24	1,945.6	75.49	12.24
Vision	Visits	381.7	69.17	2.20	-	-	-	-	(0.01)	-	0.05	0.04	388.6	70.40	2.28
Other Professional	Procedures	5,048.5	59.64	25.09	-	-	-	-	(0.12)	-	0.57	0.51	5,139.0	60.83	26.05
<b>Subtotal Professional</b>				<b>\$ 343.47</b>											<b>\$ 359.17</b>
<b>Retail Pharmacy</b>															
Retail Pharmacy	Scripts	66,438.5	\$ 86.42	\$ 478.45	\$ 0.05	\$ (1.39)	\$ 0.00	\$ 0.00	\$ (4.38)	\$ 0.00	\$ 15.59	\$ 44.93	68,002.1	\$ 94.10	\$ 533.25
<b>Subtotal Retail Pharmacy</b>				<b>\$ 478.45</b>											<b>\$ 533.25</b>
<b>Ancillary</b>															
Transportation	Trips	717.5	\$ 82.28	\$ 4.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.17	\$ 0.15	737.9	\$ 84.72	\$ 5.21
DME/Prosthetics	Procedures	2,695.6	113.47	25.49	-	-	-	-	(0.12)	-	0.83	0.79	2,770.7	116.90	26.99
<b>Subtotal Ancillary</b>				<b>\$ 30.41</b>											<b>\$ 32.20</b>
<b>LTSS</b>															
Hospice	Days	682.4	\$ 151.22	\$ 8.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.04)	\$ 0.00	\$ 0.11	\$ 0.87	688.0	\$ 166.40	\$ 9.54
Nursing Home	Days	974.6	253.63	20.60	-	-	-	-	(0.10)	-	0.26	2.10	982.2	279.29	22.86
HCBS	Procedures	5,882.3	97.08	47.59	-	6.10	-	-	(0.27)	-	1.22	1.10	5,999.8	111.48	55.74
Case Management	Procedures	295.0	361.16	8.88	-	-	-	-	(0.04)	-	0.20	0.18	300.4	368.35	9.22
<b>Subtotal LTSS</b>				<b>\$ 85.67</b>											<b>\$ 97.36</b>
<b>Total Medical Costs</b>				<b>\$ 1,673.21</b>											<b>\$ 1,829.04</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Prospective Rate Development Model															
Rate Cell: SOBRA		Base Blended Experience			Program Change Adjustments		Acuity Adjustments		Managed Care Adjustments		Trend Adjustments		Projected Experience		
Deliveries: 4,672 Category of Service	Unit Type	Utilization per 1,000	Cost per Service	Per Delivery	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Per Delivery
Inpatient Hospital															
Inpatient Medical/Surgical/Non-Delivery	Days	182.5	\$ 3,129.02	\$ 571.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (2.86)	\$ 0.00	\$ 1.54	\$ 51.22	182.1	\$ 3,410.31	\$ 620.98
Inpatient Well Newborn	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient MH/SA	Days	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Maternity Delivery	Days	3,113.3	1,493.47	4,649.58	-	929.92	-	-	(27.90)	(49.97)	14.86	495.93	3,104.5	1,936.65	6,012.42
Other Inpatient	Days	202.9	1,452.75	294.76	-	-	-	-	(1.47)	-	0.79	26.44	202.4	1,583.36	320.52
Subtotal Inpatient Hospital				\$ 5,515.42											\$ 6,953.92
Outpatient Hospital															
Outpatient Emergency Room	Visits	2,050.7	\$ 841.71	\$ 1,726.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (8.63)	\$ 0.00	\$ 21.86	\$ 156.37	2,066.5	\$ 917.38	\$ 1,895.74
Outpatient Surgery	Visits	52.5	3,884.06	203.84	-	-	-	-	(1.02)	-	2.58	18.47	52.9	4,233.33	223.87
Outpatient Radiology	Procedures	4,864.5	174.91	850.86	-	-	-	-	(4.25)	-	10.77	77.08	4,901.8	190.64	934.46
Outpatient Pathology/Lab	Procedures	25,045.3	45.74	1,145.67	-	-	-	-	(5.73)	-	14.51	103.78	25,237.3	49.86	1,258.23
Outpatient Pharmacy	Procedures	1,001.2	209.31	209.57	-	-	-	-	(1.05)	-	2.66	18.98	1,008.9	228.12	230.16
Outpatient MH/SA	Visits	4.2	758.30	3.19	-	-	-	-	(0.02)	-	0.04	0.29	4.2	826.81	3.50
Other Outpatient	Procedures	3,801.9	91.25	346.92	-	-	-	-	(1.73)	-	4.39	31.43	3,831.1	99.45	381.01
Subtotal Outpatient Hospital				\$ 4,486.19											\$ 4,926.97
Professional															
Inpatient and Outpatient Surgery	Procedures	67.1	\$ 191.43	\$ 12.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.06)	\$ 0.00	\$ 0.29	\$ 0.13	68.3	\$ 193.34	\$ 13.21
Anesthesia	Procedures	1,383.9	389.29	538.74	-	-	-	-	(2.69)	-	12.25	5.48	1,408.5	393.18	553.78
Inpatient Visits	Visits	1,050.4	59.53	62.53	-	-	-	-	(0.31)	-	1.42	0.64	1,069.0	60.13	64.28
MH/SA	Visits	19.7	91.21	1.80	-	-	-	-	(0.01)	-	0.04	0.02	20.1	92.20	1.85
Emergency Room	Visits	1,941.1	91.35	177.33	-	-	-	-	(0.89)	-	4.04	1.80	1,975.6	92.26	182.28
Office/Home Visits/Consults	Visits	1,376.1	81.70	112.43	-	2.44	-	-	(0.57)	-	2.61	1.17	1,401.1	84.28	118.08
COVID Vaccine Administration	Procedures	25.4	40.52	1.03	(0.93)	-	-	-	-	-	-	0.01	2.5	44.58	0.11
FQHC PPS Eligible Services	Visits	1,082.3	695.77	753.05	-	45.79	-	-	(4.00)	-	18.17	8.13	1,102.7	744.67	821.14
Maternity	Procedures	3,527.5	451.69	1,593.31	-	-	-	-	(7.97)	-	36.24	16.21	3,590.0	456.20	1,637.79
Pathology/Lab	Procedures	3,425.6	76.09	260.64	-	-	-	-	(1.30)	-	5.92	2.66	3,486.3	76.85	267.92
Radiology	Procedures	8,435.3	44.35	374.10	-	-	-	-	(1.87)	-	8.51	3.80	8,585.0	44.79	384.54
Office Administered Drugs	Procedures	530.6	45.48	24.13	-	-	-	-	(0.12)	-	0.55	0.24	540.1	45.92	24.80
Physical Exams	Visits	601.7	11.27	6.78	-	0.01	-	-	(0.03)	-	0.15	0.07	612.3	11.40	6.98
Therapy	Visits	41.3	67.06	2.77	-	-	-	-	(0.01)	-	0.06	0.03	42.1	67.77	2.85
Vision	Visits	1.0	86.72	0.09	-	-	-	-	-	-	-	-	1.0	86.72	0.09
Other Professional	Procedures	1,699.1	47.95	81.47	-	-	-	-	(0.41)	-	1.86	0.82	1,729.3	48.42	83.74
Subtotal Professional				\$ 4,003.05											\$ 4,163.44
Retail Pharmacy															
Retail Pharmacy	Scripts	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Retail Pharmacy				\$ 0.00											\$ 0.00
Ancillary															
Transportation	Trips	64.6	\$ 91.99	\$ 5.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.03)	\$ 0.00	\$ 0.08	\$ 0.24	65.1	\$ 95.67	\$ 6.23
DME/Prosthetics	Procedures	1,014.6	160.91	163.27	-	-	-	-	(0.82)	-	2.07	6.65	1,022.4	167.42	171.17
Subtotal Ancillary				\$ 169.21											\$ 177.40
LTSS															
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	30.0	204.68	6.15	-	-	-	-	(0.03)	-	0.08	0.62	30.3	225.15	6.82
HCBS	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Case Management	Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal LTSS				\$ 6.15											\$ 6.82
Total Medical Costs				\$ 14,180.02											\$ 16,228.55



## Appendix 4: SFY 2024 Capitation Rate Development

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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
<b>Rlte Care</b>									
RC - MF<1	65,509	\$ 680.94	\$ 2.22	\$ 11.48	\$ 61.21	\$ 11.47	\$ 767.32	\$ 637.03	20.5%
RC - MF 1-5	344,352	205.29	2.22	3.46	18.45	3.46	232.88	227.39	2.4%
RC - MF 6-14	637,233	187.68	2.22	3.16	16.87	3.17	213.10	210.28	1.3%
RC - M 15-44	276,312	231.14	0.86	3.86	18.67	3.87	258.40	267.43	(3.4%)
RC - F 15-44	659,135	352.99	0.36	5.90	28.51	5.90	393.66	412.22	(4.5%)
RC - MF 45+	158,706	545.81	-	9.12	44.09	9.12	608.14	587.11	3.6%
RC - EFP	11,470	14.66	-	0.25	1.69	0.25	16.85	17.79	(5.3%)
<b>Subtotal Rlte Care</b>	<b>2,152,717</b>	<b>\$ 287.18</b>	<b>\$ 1.30</b>	<b>\$ 4.81</b>	<b>\$ 24.19</b>	<b>\$ 4.82</b>	<b>\$ 322.31</b>	<b>\$ 321.93</b>	<b>0.1%</b>
<b>Children with Special Healthcare Needs</b>									
CSHCN - Adoption Subsidy	31,520	\$ 699.37	\$ 1.97	\$ 11.92	\$ 71.53	\$ 11.92	\$ 796.71	\$ 758.56	5.0%
CSHCN - Katie Beckett	960	3,632.52	1.88	60.54	282.53	60.54	4,038.01	4,476.64	(9.8%)
CSHCN - Katie Beckett Case Management	9,000	106.88	-	-	8.18	1.75	116.81	116.81	0.0%
CSHCN - SSI < 15	34,190	1,790.52	2.22	29.84	139.26	29.85	1,991.69	1,983.37	0.4%
CSHCN - SSI >= 15	26,276	1,259.73	0.89	21.00	97.98	20.99	1,400.59	1,375.77	1.8%
CSHCN - Substitute Care	28,962	881.26	1.50	15.02	90.13	15.02	1,002.93	935.65	7.2%
<b>Subtotal Children with Special Healthcare Needs</b>	<b>130,908</b>	<b>\$ 1,117.85</b>	<b>\$ 1.58</b>	<b>\$ 18.65</b>	<b>\$ 95.84</b>	<b>\$ 18.77</b>	<b>\$ 1,252.67</b>	<b>\$ 1,224.66</b>	<b>2.3%</b>
<b>Medicaid Expansion</b>									
ME - F 19-24	115,750	\$ 297.33	\$ 0.00	\$ 4.97	\$ 24.02	\$ 4.97	\$ 331.29	\$ 323.42	2.4%
ME - F 25-29	75,071	433.31	-	7.24	35.00	7.25	482.80	472.71	2.1%
ME - F 30-39	83,706	572.14	-	9.56	46.22	9.56	637.48	719.82	(11.4%)
ME - F 40-49	68,366	705.50	-	11.79	56.99	11.79	786.07	859.30	(8.5%)
ME - F 50-64	186,610	778.21	-	13.01	62.86	13.01	867.09	814.07	6.5%
ME - M 19-24	127,269	205.35	-	3.43	16.59	3.43	228.80	245.78	(6.9%)
ME - M 25-29	102,899	332.49	-	5.56	26.86	5.55	370.46	409.42	(9.5%)
ME - M 30-39	169,380	511.89	-	8.56	41.35	8.55	570.35	646.39	(11.8%)
ME - M 40-49	102,496	715.28	-	11.95	57.78	11.96	796.97	840.40	(5.2%)
ME - M 50-64	165,977	805.65	-	13.46	65.08	13.47	897.66	938.06	(4.3%)
<b>Subtotal Medicaid Expansion</b>	<b>1,197,524</b>	<b>\$ 553.12</b>	<b>\$ 0.00</b>	<b>\$ 9.24</b>	<b>\$ 44.68</b>	<b>\$ 9.24</b>	<b>\$ 616.29</b>	<b>\$ 641.80</b>	<b>(4.0%)</b>
<b>Rhody Health Partners</b>									
RHP - ID	12,848	\$ 1,229.16	\$ 0.00	\$ 20.37	\$ 88.28	\$ 20.38	\$ 1,358.19	\$ 1,317.73	3.1%
RHP - SPMI	28,558	2,783.79	-	46.14	199.94	46.14	3,076.01	3,108.11	(1.0%)
RHP - Other Disabled 21-44	46,049	1,271.33	-	21.07	91.31	21.07	1,404.78	1,338.76	4.9%
RHP - Other Disabled 45+	83,239	1,829.04	-	30.32	131.37	30.31	2,021.04	1,980.22	2.1%
<b>Subtotal Rhody Health Partners</b>	<b>170,694</b>	<b>\$ 1,793.17</b>	<b>\$ 0.00</b>	<b>\$ 29.72</b>	<b>\$ 128.79</b>	<b>\$ 29.72</b>	<b>\$ 1,981.40</b>	<b>\$ 1,946.01</b>	<b>1.8%</b>
<b>SOBRA</b>									
SOBRA	4,672	\$ 16,228.55	\$ 0.00	\$ 169.93	\$ 339.87	\$ 254.90	\$ 16,993.25	\$ 15,778.21	7.7%
<b>Total</b>	<b>3,651,843</b>	<b>\$ 495.32</b>	<b>\$ 0.82</b>	<b>\$ 8.14</b>	<b>\$ 38.80</b>	<b>\$ 8.26</b>	<b>\$ 551.35</b>	<b>\$ 555.28</b>	<b>(0.7%)</b>

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 2023 Medicaid Managed Care Capitation Rate Amendment" dated August 15, 2022.

4. Prior Effective and Capitation Rates utilize SFY 2024 CSHCN - Katie Beckett Case Management effective and capitation rates, respectively.

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	Baseline Medical Expense for Risk Corridor
<b>Rlte Care</b>									
RC - MF<1	\$ 767.32	\$ 0.00	\$ 15.66	\$ 782.98	\$ 650.03	20.5%	\$ (3.91)	\$ 779.07	\$ 694.64
RC - MF 1-5	232.88	-	4.75	237.63	232.03	2.4%	(1.19)	236.44	210.97
RC - MF 6-14	213.10	-	4.35	217.45	214.57	1.3%	(1.09)	216.36	193.06
RC - M 15-44	258.40	3.05	5.34	266.79	274.63	(2.9%)	(1.33)	265.46	235.86
RC - F 15-44	393.66	4.91	8.13	406.70	423.48	(4.0%)	(2.03)	404.67	359.25
RC - MF 45+	608.14	6.24	12.54	626.92	602.72	4.0%	(3.13)	623.79	554.93
RC - EFP	16.85	-	0.34	17.19	18.15	(5.3%)	-	17.19	14.91
<b>Subtotal Rlte Care</b>	<b>\$ 322.31</b>	<b>\$ 2.35</b>	<b>\$ 6.63</b>	<b>\$ 331.29</b>	<b>\$ 329.86</b>	<b>0.4%</b>	<b>\$ (1.66)</b>	<b>\$ 329.63</b>	<b>\$ 293.30</b>
<b>Children with Special Healthcare Needs</b>									
CSHCN - Adoption Subsidy	\$ 796.71	\$ 0.39	\$ 16.27	\$ 813.37	\$ 774.22	5.1%	\$ (4.07)	\$ 809.30	\$ 713.26
CSHCN - Katie Beckett	4,038.01	0.56	82.42	4,120.99	4,568.22	(9.8%)	(20.60)	4,100.39	3,694.94
CSHCN - Katie Beckett Case Management	116.81	-	2.38	119.19	119.19	0.0%	-	119.19	106.88
CSHCN - SSI < 15	1,991.69	-	40.65	2,032.34	2,023.85	0.4%	(10.16)	2,022.18	1,822.58
CSHCN - SSI >= 15	1,400.59	2.86	28.64	1,432.09	1,405.36	1.9%	(7.16)	1,424.93	1,281.62
CSHCN - Substitute Care	1,002.93	1.78	20.50	1,025.21	955.65	7.3%	(5.13)	1,020.08	897.78
<b>Subtotal Children with Special Healthcare Needs</b>	<b>\$ 1,252.67</b>	<b>\$ 1.07</b>	<b>\$ 25.59</b>	<b>\$ 1,279.32</b>	<b>\$ 1,250.20</b>	<b>2.3%</b>	<b>\$ (6.36)</b>	<b>\$ 1,272.97</b>	<b>\$ 1,138.08</b>
<b>Medicaid Expansion</b>									
ME - F 19-24	\$ 331.29	\$ 6.24	\$ 6.89	\$ 344.42	\$ 333.65	3.2%	\$ (1.72)	\$ 342.70	\$ 302.30
ME - F 25-29	482.80	6.24	9.98	499.02	485.99	2.7%	(2.50)	496.52	440.55
ME - F 30-39	637.48	6.24	13.14	656.86	738.14	(11.0%)	(3.28)	653.58	581.70
ME - F 40-49	786.07	6.24	16.17	808.48	880.47	(8.2%)	(4.04)	804.44	717.29
ME - F 50-64	867.09	6.24	17.82	891.15	834.32	6.8%	(4.46)	886.69	791.22
ME - M 19-24	228.80	6.24	4.80	239.84	254.43	(5.7%)	(1.20)	238.64	208.78
ME - M 25-29	370.46	6.24	7.69	384.39	421.41	(8.8%)	(1.92)	382.47	338.05
ME - M 30-39	570.35	6.24	11.77	588.36	663.21	(11.3%)	(2.94)	585.42	520.45
ME - M 40-49	796.97	6.24	16.39	819.60	861.18	(4.8%)	(4.10)	815.50	727.23
ME - M 50-64	897.66	6.24	18.45	922.35	960.84	(4.0%)	(4.61)	917.74	819.11
<b>Subtotal Medicaid Expansion</b>	<b>\$ 616.29</b>	<b>\$ 6.24</b>	<b>\$ 12.71</b>	<b>\$ 635.24</b>	<b>\$ 658.53</b>	<b>(3.5%)</b>	<b>\$ (3.18)</b>	<b>\$ 632.06</b>	<b>\$ 562.36</b>
<b>Rhody Health Partners</b>									
RHP - ID	\$ 1,358.19	\$ 6.24	\$ 27.85	\$ 1,392.28	\$ 1,348.26	3.3%	\$ (6.96)	\$ 1,385.32	\$ 1,249.53
RHP - SPMI	3,076.01	6.24	62.90	3,145.15	3,175.17	(0.9%)	(15.73)	3,129.42	2,829.93
RHP - Other Disabled 21-44	1,404.78	6.24	28.80	1,439.82	1,369.71	5.1%	(7.20)	1,432.62	1,292.40
RHP - Other Disabled 45+	2,021.04	6.24	41.37	2,068.65	2,024.27	2.2%	(10.34)	2,058.31	1,859.36
<b>Subtotal Rhody Health Partners</b>	<b>\$ 1,981.40</b>	<b>\$ 6.24</b>	<b>\$ 40.56</b>	<b>\$ 2,028.20</b>	<b>\$ 1,989.35</b>	<b>2.0%</b>	<b>\$ (10.14)</b>	<b>\$ 2,018.06</b>	<b>\$ 1,822.89</b>
<b>SOBRA</b>									
SOBRA	\$ 16,993.25	\$ 0.00	\$ 346.80	\$ 17,340.05	\$ 16,100.21	7.7%	\$ 0.00	\$ 17,340.05	\$ 16,398.48
<b>Total</b>	<b>\$ 551.35</b>	<b>\$ 3.76</b>	<b>\$ 11.33</b>	<b>\$ 566.44</b>	<b>\$ 568.79</b>	<b>(0.4%)</b>	<b>\$ (2.72)</b>	<b>\$ 563.73</b>	<b>\$ 504.29</b>

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 2023 Medicaid Managed Care Capitation Rate Amendment" dated August 15, 2022.

4. Prior Effective and Capitation Rates utilize SFY 2024 CSHCN - Katie Beckett Case Management effective and capitation rates, respectively.



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