



Office of State Procurement Contract Certification of Approval

This certificate serves as a confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000683512

Amendment Number: 7

Vendor: UNITED HEALTHCARE OF LA DBA COMM HEALTH NTWK OF LA

Description: Managed Care Organizations 3.0

Approved By: PAMELA RICE

Approval Date: 09/24/2024 14:58:29

AMENDMENT TO		Amendment #:	7
AGREEMENT BETWEEN STATE OF LOUISIANA		LAGOV#:	2000683512
LOUISIANA DEPARTMENT OF HEALTH		LDH #:	
MVA	Medical Vendor Administration	Original Contract Amount	
(Regional/ Program/ Facility)	Bureau of Health Services Financing	Original Contract Begin Date	01-01-2023
AND		Original Contract End Date	12-31-2025
nitedHealthcare of Louisiana, Inc. dba UnitedHealthcare Community P		RFP Number:	3000017417
Contractor Name			

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount: Current Contract Term : 01/01/23-12/31/25

Attachment D3 - Rate Certification effective 7/1/2023
Attachment D5 - Rate Certification Amendment effective 7/1/2023
Attachment D6 - Rate Certification Amendment effective 1/1/2024

Change Contract To: If Changed, Maximum Amount: If Changed, Contract Term: N/A

Attachment D3 - Rate Certification effective 7/1/2023
Attachment D5 - Rate Certification Amendment effective 7/1/2023
Attachment D6 - Rate Certification Amendment effective 1/1/2024
Attachment D7 - FMP Letter

Justifications For Amendment:

Revisions contained in this amendment are within scope and comply with the terms and conditions as set forth in the RFP.

This amendment reflects a de minimis increase to the capitation rates for the period of July 1, 2023 through June 30, 2024, to account for an additional provider participating in the Full Medicaid Pricing (FMP) program. In accordance with 42 CFR 438.7(c)(3), this amendment serves as documentation that this modification to the capitation rates complies with the requirements in §§ 438.3(c) and (e) and 438.4(b)(1).

This Amendment Becomes Effective: 07-01-2023

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR	STATE OF LOUISIANA LOUISIANA DEPARTMENT OF HEALTH
dHealthcare of Louisiana, Inc. dba UnitedHealthcare Communi	Secretary, Louisiana Department of Health or Designee
DocuSigned by: Karl Lirette, CEO 6/18/2024 CONTRACTOR SIGNATURE DATE	DocuSigned by: Kimberly Sullivan 6/18/2024 SIGNATURE DATE
PRINT NAME Karl Lirette	NAME Kimberly Sullivan
CONTRACTOR TITLE CEO	TITLE Medicaid Executive Director
	OFFICE Louisiana Department of Health
	PROGRAM SIGNATURE DATE
	NAME

SFY 2024 Healthy Louisiana Medicaid Managed Care Rate Summary

July 1, 2023 through June 30, 2024

State of Louisiana Department of Health

May 28, 2024

[Anders Larson](#), FSA, MAAA, Principal and Senior Consulting Actuary

[Colin Gray](#), FSA, MAAA, Senior Consulting Actuary





Introduction & Executive Summary

Milliman, Inc. (Milliman) has been retained by the State of Louisiana, Department of Health (LDH) to provide actuarial and consulting services related to the development of capitation rates for the Physical Health (PH) and Specialized Behavioral Health (SBH) programs within the Healthy Louisiana managed care program. This memorandum provides supporting documentation for capitation rates paid from July 1, 2023 through June 30, 2024.

Based on 42 CFR 438.7(c)(3), an amended capitation rate certification is not required if the State increases or decreases the capitation rate per rate cell up to 1.5%. The CFR notes: “CMS may require a State to provide documentation that modifications to the capitation rate comply with the requirements in §§ 438.3(c) and (e) and 438.4(b)(1).” LDH has elected to pay capitation rates that are approximately 0.01% above the certified amended capitation rates for consideration outlined in the following documents:

- State Fiscal Year 2024 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment dated December 6, 2023
- January 2024 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment dated February 14, 2024

This memorandum serves as documentation of these capitation rate modifications.

Update to FMP Payments

Effective for the state fiscal year (SFY) 2024 rating period, Full Medicaid Pricing (FMP) payments for physician services were included as part of the original rate development. Following the approval and certification of the original rates, it was discovered that one of the providers participating in the FMP program was inadvertently not included in the development of FMP payments. In recognition of the lack of funding for the missing provider, LDH has elected to pay above the certified SFY 2024 capitation rates, specifically for the FMP portion of the capitation rates.

Capitation Rate Update

The updated capitation rates for the Medicaid managed care populations are illustrated in Figure 1. Figure 1a provides the rates effective from July 1, 2023 through December 31, 2023, and includes a comparison to the amended effective capitation rates for July 1, 2023 through December 31, 2023. The rates are inclusive of directed payments and Full Medicaid Pricing (FMP) amounts. The composite rates illustrated for January 1, 2024 through June 30, 2024 have been developed based on an estimate of projected enrollment during that time period.

FIGURE 1A: COMPARISON WITH AMENDED JULY 2023 PMPM RATES

POPULATION	ESTIMATED JUL-DEC 2023 AVERAGE MONTHLY	COMPOSITE MCO EXPECTED PAYMENTS		
	ENROLLMENT	AMENDED JUN 2023	FMP AMENDED RATE	% CHANGE
SSI	106,910	\$1,976.00	\$1,976.08	0.00%
F&C	826,180	380.37	380.40	0.01%
SBH	130,375	45.82	45.82	0.00%
Medicaid Expansion	680,449	749.63	749.69	0.01%
All Other Populations	27,165	1,234.73	1,234.77	0.00%
Maternity Kick – Expansion	1,166	19,925.75	19,926.12	0.00%
Maternity Kick – Non-Expansion	2,128	20,406.22	20,406.43	0.00%
Composite	1,771,079	\$644.68	\$644.72	0.01%

- Notes:
- 1. Amended June 2023 and FMP amended composite rates were developed based on the July through Dec 2023 projected monthly enrollment.
 - 2. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.
 - 3. Capitation rates for Humana from July through October 2023 are different from the illustrated rates to reflect the difference in coverage of the pharmacy benefit.

Figure 1b provides the rates effective from January 1, 2024 through June 30, 2024, and includes a comparison to the amended effective capitation rates for January 1, 2024 through June 30, 2024.

FIGURE 1B: COMPARISON WITH AMENDED JANUARY 2024 PMPM RATES

POPULATION	ESTIMATED JAN-JUN 2024	COMPOSITE MCO EXPECTED PAYMENTS		
	AVERAGE MONTHLY ENROLLMENT	AMENDED JAN 2024	FMP AMENDED RATE	% CHANGE
SSI	106,910	\$1,975.86	\$1,975.94	0.00%
F&C	784,920	386.81	386.84	0.01%
SBH	130,377	54.31	54.31	0.00%
Medicaid Expansion	628,185	755.50	755.56	0.01%
All Other Populations	27,169	1,225.18	1,225.22	0.00%
Maternity Kick – Expansion	1,167	19,653.09	19,653.47	0.00%
Maternity Kick – Non-Expansion	2,129	20,186.79	20,186.99	0.00%
Composite	1,677,561	\$653.16	\$653.21	0.01%

Notes: 1. Amended January 2024 and FMP amended composite rates were developed based on the January through June 2024 projected monthly enrollment.
 2. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.

Appendix 1 contains a summary of the updated FMP amounts by region and rate cell.

Limitations and Data Reliance

The information contained in this report has been prepared for the State of Louisiana, Department of Health (LDH) to provide documentation of the development of a de minimis revision to the Healthy Louisiana Medicaid managed care program capitation rates effective July 1, 2023 through June 30, 2024. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the appendices, has been prepared for LDH and their consultants and advisors. It is our understanding that the information contained in this report will be shared with Managed Care Organizations (MCOs) and the Centers for Medicaid 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 LDH 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. 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 LDH 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 report may likewise be inaccurate or incomplete. 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. Results will differ if actual experience is different from the assumptions contained in this report.

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: SFY 2024 FMP Rate Change Summary

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2024 Capitation Rate Certification Amendment Full Medicaid Pricing Summary				
Region: Statewide	Physician FMP Net	Premium Tax	Physician FMP Gross	Prior Physician FMP
F&C				
F&C - 0-2 Months	\$ 231.69	\$ 13.48	\$ 245.17	\$ 245.15
F&C - 3-11 Months	\$ 40.50	\$ 2.36	42.86	42.81
F&C - Child 1-20 Years	\$ 18.13	\$ 1.06	19.19	19.16
F&C - Adult 21+ Years	\$ 45.27	\$ 2.63	47.91	47.84
Subtotal F&C	\$ 24.67	\$ 1.44	\$ 26.11	\$ 26.07
SSI				
SSI - 0-2 Months	\$ 4,122.32	\$ 239.92	\$ 4,362.25	\$ 4,362.25
SSI - 3-11 Months	\$ 747.77	\$ 43.52	791.29	791.22
SSI - Child 1-20 Years	\$ 30.92	\$ 1.80	32.72	32.69
SSI - Adult 21+ Years	\$ 84.04	\$ 4.89	88.93	88.83
Subtotal SSI	\$ 70.65	\$ 4.11	\$ 74.76	\$ 74.68
HCBS				
HCBS - Child 1-20 Years	\$ 48.11	\$ 2.80	\$ 50.91	\$ 50.80
HCBS - Adult 21+ Years	\$ 72.01	\$ 4.19	76.20	76.17
Subtotal HCBS	\$ 62.01	\$ 3.61	\$ 65.62	\$ 65.55
SBH				
SBH - HCBS - Child 1-20 Years	\$ 0.36	\$ 0.02	\$ 0.38	\$ 0.38
SBH - HCBS - Adult 21+ Years	\$ 0.38	\$ 0.02	0.40	0.40
SBH - LaHIPP, All Ages	\$ 0.12	\$ 0.01	0.13	0.13
SBH - CCM, All Ages	\$ 0.37	\$ 0.02	0.40	0.40
SBH - Dual Eligible, All Ages	\$ 0.00	\$ 0.00	0.00	0.00
SBH - Other - All Ages	\$ 0.84	\$ 0.05	0.89	0.89
Subtotal SBH	\$ 0.04	\$ 0.00	\$ 0.04	\$ 0.04
Other Populations				
Other Populations - FCC, All Ages Male & Female	\$ 24.27	\$ 1.41	\$ 25.68	\$ 25.65
Other Populations - BCC, All Ages	\$ 85.94	\$ 5.00	90.95	90.69
Other Populations - LAP, All Ages	\$ 16.91	\$ 0.98	17.90	17.87
Other Populations - CCM, All Ages	\$ 33.25	\$ 1.94	35.18	35.16
Subtotal Other Populations	\$ 26.43	\$ 1.54	\$ 27.97	\$ 27.93
Act 421 - LaHIPP TPL				
Act 421 - LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	\$ 0.00	\$ 0.00	-	-
Subtotal Act 421 - LaHIPP TPL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL				
Act 421 - Non-TPL - 0-2 Months	\$ 46.52	\$ 2.71	\$ 49.23	\$ 49.23
Act 421 - Non-TPL - 3-11 Months	\$ 0.39	\$ 0.02	0.41	0.41
Act 421 - Non-TPL - Child 1-18 Years	\$ 11.25	\$ 0.65	11.90	11.90
Subtotal Act 421 - Non-TPL	\$ 10.76	\$ 0.63	\$ 11.38	\$ 11.38
Act 421 - Non-LaHIPP TPL				
Act 421 - Non-LaHIPP TPL - 0-2 Months	\$ 47.29	\$ 2.75	\$ 50.04	\$ 50.04
Act 421 - Non-LaHIPP TPL - 3-11 Months	\$ 12.39	\$ 0.72	13.12	13.12
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	\$ 8.52	\$ 0.50	9.02	9.02
Subtotal Act 421 - Non-LaHIPP TPL	\$ 9.35	\$ 0.54	\$ 9.90	\$ 9.90
Medicaid Expansion				
Medicaid Expansion - Age 19-64	\$ 43.20	\$ 2.51	\$ 45.71	\$ 45.65
Medicaid Expansion - High Needs	\$ 99.38	\$ 5.78	105.17	105.17
Medicaid Expansion - SBH - CCM, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	\$ 0.03	\$ 0.00	0.03	0.03
Medicaid Expansion - SBH - LaHIPP, All Ages	\$ 0.05	\$ 0.00	0.06	0.06
Medicaid Expansion - SBH - Other	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion	\$ 42.65	\$ 2.48	\$ 45.14	\$ 45.07
Medicaid Expansion - Kick				
Medicaid Expansion - Kick - Maternity Kick Payment	\$ 1,483.75	\$ 86.36	\$ 1,570.11	\$ 1,569.73
Medicaid Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion - Kick	\$ 1,483.33	\$ 86.33	\$ 1,569.66	\$ 1,569.28
Non-Expansion - Kick				
Non-Expansion - Kick - Maternity Kick Payment	\$ 1,207.59	\$ 70.28	\$ 1,277.87	\$ 1,277.66
Non-Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Non-Expansion - Kick	\$ 1,207.40	\$ 70.27	\$ 1,277.67	\$ 1,277.46
Total	\$ 35.06	\$ 2.04	\$ 37.10	\$ 37.06

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2024 Capitation Rate Certification Amendment Full Medicaid Pricing Summary				
Region: Capital	Physician FMP Net	Premium Tax	Physician FMP Gross	Prior Physician FMP
F&C				
F&C - 0-2 Months	\$ 590.69	\$ 34.38	\$ 625.07	\$ 625.07
F&C - 3-11 Months	\$ 46.31	\$ 2.70	49.01	49.01
F&C - Child 1-20 Years	\$ 19.12	\$ 1.11	20.23	20.23
F&C - Adult 21+ Years	\$ 47.35	\$ 2.76	50.11	50.10
Subtotal F&C	\$ 30.52	\$ 1.78	\$ 32.30	\$ 32.29
SSI				
SSI - 0-2 Months	\$ 13,585.60	\$ 790.70	\$ 14,376.29	\$ 14,376.29
SSI - 3-11 Months	\$ 2,049.70	\$ 119.29	2,168.99	2,168.69
SSI - Child 1-20 Years	\$ 32.38	\$ 1.88	34.27	34.27
SSI - Adult 21+ Years	\$ 89.88	\$ 5.23	95.11	95.10
Subtotal SSI	\$ 82.89	\$ 4.82	\$ 87.72	\$ 87.71
HCBS				
HCBS - Child 1-20 Years	\$ 51.37	\$ 2.99	\$ 54.36	\$ 54.36
HCBS - Adult 21+ Years	\$ 80.04	\$ 4.66	84.70	84.70
Subtotal HCBS	\$ 66.61	\$ 3.88	\$ 70.49	\$ 70.49
SBH				
SBH - HCBS - Child 1-20 Years	\$ 0.71	\$ 0.04	\$ 0.75	\$ 0.75
SBH - HCBS - Adult 21+ Years	\$ 1.03	\$ 0.06	1.09	1.09
SBH - LaHIPP, All Ages	\$ 0.24	\$ 0.01	0.26	0.26
SBH - CCM, All Ages	\$ 0.55	\$ 0.03	0.58	0.58
SBH - Dual Eligible, All Ages	\$ 0.01	\$ 0.00	0.01	0.01
SBH - Other - All Ages	\$ 2.13	\$ 0.12	2.26	2.26
Subtotal SBH	\$ 0.10	\$ 0.01	\$ 0.11	\$ 0.11
Other Populations				
Other Populations - FCC, All Ages Male & Female	\$ 29.63	\$ 1.72	\$ 31.35	\$ 31.35
Other Populations - BCC, All Ages	\$ 100.46	\$ 5.85	106.31	106.31
Other Populations - LAP, All Ages	\$ 17.13	\$ 1.00	18.12	18.12
Other Populations - CCM, All Ages	\$ 38.35	\$ 2.23	40.59	40.59
Subtotal Other Populations	\$ 31.46	\$ 1.83	\$ 33.30	\$ 33.30
Act 421 - LaHIPP TPL				
Act 421 - LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	\$ 0.00	\$ 0.00	-	-
Subtotal Act 421 - LaHIPP TPL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL				
Act 421 - Non-TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - Non-TPL - Child 1-18 Years	\$ 14.78	\$ 0.86	15.64	15.64
Subtotal Act 421 - Non-TPL	\$ 13.77	\$ 0.80	\$ 14.57	\$ 14.57
Act 421 - Non-LaHIPP TPL				
Act 421 - Non-LaHIPP TPL - 0-2 Months	\$ 44.74	\$ 2.60	\$ 47.35	\$ 47.35
Act 421 - Non-LaHIPP TPL - 3-11 Months	\$ 24.90	\$ 1.45	26.35	26.35
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	\$ 8.44	\$ 0.49	8.93	8.93
Subtotal Act 421 - Non-LaHIPP TPL	\$ 10.83	\$ 0.63	\$ 11.46	\$ 11.46
Medicaid Expansion				
Medicaid Expansion - Age 19-64	\$ 46.49	\$ 2.71	\$ 49.20	\$ 49.19
Medicaid Expansion - High Needs	\$ 105.77	\$ 6.16	111.93	111.93
Medicaid Expansion - SBH - CCM, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	\$ 0.05	\$ 0.00	0.05	0.05
Medicaid Expansion - SBH - LaHIPP, All Ages	\$ 0.13	\$ 0.01	0.14	0.14
Medicaid Expansion - SBH - Other	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion	\$ 45.91	\$ 2.67	\$ 48.59	\$ 48.58
Medicaid Expansion - Kick				
Medicaid Expansion - Kick - Maternity Kick Payment	\$ 1,517.64	\$ 88.33	\$ 1,605.97	\$ 1,605.89
Medicaid Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion - Kick	\$ 1,517.22	\$ 88.30	\$ 1,605.52	\$ 1,605.45
Non-Expansion - Kick				
Non-Expansion - Kick - Maternity Kick Payment	\$ 1,062.89	\$ 61.86	\$ 1,124.76	\$ 1,124.76
Non-Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Non-Expansion - Kick	\$ 1,062.74	\$ 61.85	\$ 1,124.59	\$ 1,124.59
Total	\$ 39.54	\$ 2.30	\$ 41.84	\$ 41.84

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2024 Capitation Rate Certification Amendment Full Medicaid Pricing Summary				
Region: Gulf	Physician FMP Net	Premium Tax	Physician FMP Gross	Prior Physician FMP
F&C				
F&C - 0-2 Months	\$ 136.72	\$ 7.96	\$ 144.67	\$ 144.67
F&C - 3-11 Months	\$ 37.66	\$ 2.19	39.85	39.85
F&C - Child 1-20 Years	\$ 19.43	\$ 1.13	20.56	20.56
F&C - Adult 21+ Years	\$ 52.21	\$ 3.04	55.25	55.25
Subtotal F&C	\$ 25.41	\$ 1.48	\$ 26.89	\$ 26.89
SSI				
SSI - 0-2 Months	\$ 1,456.89	\$ 84.79	\$ 1,541.68	\$ 1,541.68
SSI - 3-11 Months	\$ 282.92	\$ 16.47	299.39	299.39
SSI - Child 1-20 Years	\$ 32.95	\$ 1.92	34.87	34.87
SSI - Adult 21+ Years	\$ 96.79	\$ 5.63	102.43	102.42
Subtotal SSI	\$ 78.33	\$ 4.56	\$ 82.89	\$ 82.89
HCBS				
HCBS - Child 1-20 Years	\$ 51.43	\$ 2.99	\$ 54.43	\$ 54.43
HCBS - Adult 21+ Years	\$ 77.43	\$ 4.51	81.93	81.93
Subtotal HCBS	\$ 65.55	\$ 3.82	\$ 69.37	\$ 69.37
SBH				
SBH - HCBS - Child 1-20 Years	\$ 0.43	\$ 0.03	\$ 0.46	\$ 0.46
SBH - HCBS - Adult 21+ Years	\$ 0.28	\$ 0.02	0.30	0.30
SBH - LaHIPP, All Ages	\$ 0.11	\$ 0.01	0.12	0.12
SBH - CCM, All Ages	\$ 0.35	\$ 0.02	0.37	0.37
SBH - Dual Eligible, All Ages	\$ 0.00	\$ 0.00	0.00	0.00
SBH - Other - All Ages	\$ 0.76	\$ 0.04	0.81	0.81
Subtotal SBH	\$ 0.03	\$ 0.00	\$ 0.03	\$ 0.03
Other Populations				
Other Populations - FCC, All Ages Male & Female	\$ 28.27	\$ 1.65	\$ 29.91	\$ 29.91
Other Populations - BCC, All Ages	\$ 86.04	\$ 5.01	91.04	91.04
Other Populations - LAP, All Ages	\$ 21.03	\$ 1.22	22.25	22.25
Other Populations - CCM, All Ages	\$ 38.81	\$ 2.26	41.07	41.07
Subtotal Other Populations	\$ 31.63	\$ 1.84	\$ 33.48	\$ 33.48
Act 421 - LaHIPP TPL				
Act 421 - LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	\$ 0.00	\$ 0.00	-	-
Subtotal Act 421 - LaHIPP TPL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL				
Act 421 - Non-TPL - 0-2 Months	\$ 94.76	\$ 5.52	\$ 100.28	\$ 100.28
Act 421 - Non-TPL - 3-11 Months	\$ 1.05	\$ 0.06	1.11	1.11
Act 421 - Non-TPL - Child 1-18 Years	\$ 5.88	\$ 0.34	6.22	6.22
Subtotal Act 421 - Non-TPL	\$ 7.63	\$ 0.44	\$ 8.07	\$ 8.07
Act 421 - Non-LaHIPP TPL				
Act 421 - Non-LaHIPP TPL - 0-2 Months	\$ 285.91	\$ 16.64	\$ 302.55	\$ 302.55
Act 421 - Non-LaHIPP TPL - 3-11 Months	\$ 9.92	\$ 0.58	10.50	10.50
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	\$ 16.26	\$ 0.95	17.20	17.20
Subtotal Act 421 - Non-LaHIPP TPL	\$ 15.85	\$ 0.92	\$ 16.77	\$ 16.77
Medicaid Expansion				
Medicaid Expansion - Age 19-64	\$ 47.90	\$ 2.79	\$ 50.68	\$ 50.68
Medicaid Expansion - High Needs	\$ 103.46	\$ 6.02	109.48	109.48
Medicaid Expansion - SBH - CCM, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	\$ 0.04	\$ 0.00	0.04	0.04
Medicaid Expansion - SBH - LaHIPP, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Other	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion	\$ 47.33	\$ 2.75	\$ 50.08	\$ 50.08
Medicaid Expansion - Kick				
Medicaid Expansion - Kick - Maternity Kick Payment	\$ 2,073.78	\$ 120.70	\$ 2,194.48	\$ 2,194.48
Medicaid Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion - Kick	\$ 2,073.20	\$ 120.66	\$ 2,193.87	\$ 2,193.87
Non-Expansion - Kick				
Non-Expansion - Kick - Maternity Kick Payment	\$ 1,935.32	\$ 112.64	\$ 2,047.95	\$ 2,047.95
Non-Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Non-Expansion - Kick	\$ 1,935.04	\$ 112.62	\$ 2,047.66	\$ 2,047.66
Total	\$ 39.16	\$ 2.28	\$ 41.44	\$ 41.43

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2024 Capitation Rate Certification Amendment Full Medicaid Pricing Summary				
Region: North	Physician FMP Net	Premium Tax	Physician FMP Gross	Prior Physician FMP
F&C				
F&C - 0-2 Months	\$ 87.46	\$ 5.09	\$ 92.55	\$ 92.55
F&C - 3-11 Months	\$ 36.84	\$ 2.14	38.98	38.96
F&C - Child 1-20 Years	\$ 16.11	\$ 0.94	17.05	17.04
F&C - Adult 21+ Years	\$ 33.67	\$ 1.96	35.63	35.62
Subtotal F&C	\$ 19.72	\$ 1.15	\$ 20.87	\$ 20.86
SSI				
SSI - 0-2 Months	\$ 1,126.40	\$ 65.56	\$ 1,191.96	\$ 1,191.96
SSI - 3-11 Months	\$ 300.52	\$ 17.49	318.01	318.01
SSI - Child 1-20 Years	\$ 23.18	\$ 1.35	24.53	24.53
SSI - Adult 21+ Years	\$ 57.58	\$ 3.35	60.94	60.91
Subtotal SSI	\$ 47.12	\$ 2.74	\$ 49.86	\$ 49.84
HCBS				
HCBS - Child 1-20 Years	\$ 35.35	\$ 2.06	\$ 37.41	\$ 37.41
HCBS - Adult 21+ Years	\$ 58.43	\$ 3.40	61.84	61.84
Subtotal HCBS	\$ 49.99	\$ 2.91	\$ 52.90	\$ 52.90
SBH				
SBH - HCBS - Child 1-20 Years	\$ 0.04	\$ 0.00	\$ 0.04	\$ 0.04
SBH - HCBS - Adult 21+ Years	\$ 0.00	\$ 0.00	-	-
SBH - LaHIPP, All Ages	\$ 0.00	\$ 0.00	-	-
SBH - CCM, All Ages	\$ 0.58	\$ 0.03	0.62	0.62
SBH - Dual Eligible, All Ages	\$ 0.00	\$ 0.00	0.00	0.00
SBH - Other - All Ages	\$ 0.43	\$ 0.02	0.45	0.45
Subtotal SBH	\$ 0.02	\$ 0.00	\$ 0.02	\$ 0.02
Other Populations				
Other Populations - FCC, All Ages Male & Female	\$ 20.15	\$ 1.17	\$ 21.32	\$ 21.32
Other Populations - BCC, All Ages	\$ 41.96	\$ 2.44	44.40	44.40
Other Populations - LAP, All Ages	\$ 15.07	\$ 0.88	15.95	15.95
Other Populations - CCM, All Ages	\$ 20.63	\$ 1.20	21.83	21.83
Subtotal Other Populations	\$ 20.24	\$ 1.18	\$ 21.42	\$ 21.42
Act 421 - LaHIPP TPL				
Act 421 - LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	\$ 0.00	\$ 0.00	-	-
Subtotal Act 421 - LaHIPP TPL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL				
Act 421 - Non-TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - Non-TPL - Child 1-18 Years	\$ 17.47	\$ 1.02	18.48	18.48
Subtotal Act 421 - Non-TPL	\$ 15.11	\$ 0.88	\$ 15.99	\$ 15.99
Act 421 - Non-LaHIPP TPL				
Act 421 - Non-LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	\$ 3.08	\$ 0.18	3.26	3.26
Subtotal Act 421 - Non-LaHIPP TPL	\$ 2.87	\$ 0.17	\$ 3.04	\$ 3.04
Medicaid Expansion				
Medicaid Expansion - Age 19-64	\$ 30.22	\$ 1.76	\$ 31.98	\$ 31.96
Medicaid Expansion - High Needs	\$ 48.87	\$ 2.84	51.71	51.71
Medicaid Expansion - SBH - CCM, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	\$ 0.01	\$ 0.00	0.01	0.01
Medicaid Expansion - SBH - LaHIPP, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Other	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion	\$ 29.87	\$ 1.74	\$ 31.61	\$ 31.58
Medicaid Expansion - Kick				
Medicaid Expansion - Kick - Maternity Kick Payment	\$ 1,070.36	\$ 62.30	\$ 1,132.66	\$ 1,132.56
Medicaid Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion - Kick	\$ 1,069.99	\$ 62.27	\$ 1,132.27	\$ 1,132.17
Non-Expansion - Kick				
Non-Expansion - Kick - Maternity Kick Payment	\$ 788.60	\$ 45.90	\$ 834.50	\$ 834.50
Non-Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Non-Expansion - Kick	\$ 788.44	\$ 45.89	\$ 834.32	\$ 834.32
Total	\$ 25.62	\$ 1.49	\$ 27.11	\$ 27.09

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program State Fiscal Year 2024 Capitation Rate Certification Amendment Full Medicaid Pricing Summary				
Region: South Central	Physician FMP Net	Premium Tax	Physician FMP Gross	Prior Physician FMP
F&C				
F&C - 0-2 Months	\$ 74.41	\$ 4.33	\$ 78.74	\$ 78.65
F&C - 3-11 Months	\$ 40.35	\$ 2.35	42.70	42.55
F&C - Child 1-20 Years	\$ 17.40	\$ 1.01	18.42	18.31
F&C - Adult 21+ Years	\$ 44.48	\$ 2.59	47.06	46.82
Subtotal F&C	\$ 22.19	\$ 1.29	\$ 23.48	\$ 23.36
SSI				
SSI - 0-2 Months	\$ 2,651.06	\$ 154.29	\$ 2,805.35	\$ 2,805.35
SSI - 3-11 Months	\$ 437.93	\$ 25.49	463.42	463.42
SSI - Child 1-20 Years	\$ 35.64	\$ 2.07	37.72	37.57
SSI - Adult 21+ Years	\$ 89.09	\$ 5.19	94.28	93.93
Subtotal SSI	\$ 74.28	\$ 4.32	\$ 78.60	\$ 78.32
HCBS				
HCBS - Child 1-20 Years	\$ 49.22	\$ 2.86	\$ 52.09	\$ 51.66
HCBS - Adult 21+ Years	\$ 70.80	\$ 4.12	74.93	74.81
Subtotal HCBS	\$ 62.76	\$ 3.65	\$ 66.42	\$ 66.19
SBH				
SBH - HCBS - Child 1-20 Years	\$ 0.01	\$ 0.00	\$ 0.01	\$ 0.01
SBH - HCBS - Adult 21+ Years	\$ 0.11	\$ 0.01	0.11	0.11
SBH - LaHIPP, All Ages	\$ 0.00	\$ 0.00	-	-
SBH - CCM, All Ages	\$ 0.02	\$ 0.00	0.02	0.02
SBH - Dual Eligible, All Ages	\$ 0.00	\$ 0.00	0.00	0.00
SBH - Other - All Ages	\$ 0.16	\$ 0.01	0.16	0.16
Subtotal SBH	\$ 0.01	\$ 0.00	\$ 0.01	\$ 0.01
Other Populations				
Other Populations - FCC, All Ages Male & Female	\$ 20.27	\$ 1.18	\$ 21.45	\$ 21.35
Other Populations - BCC, All Ages	\$ 105.49	\$ 6.14	111.63	110.26
Other Populations - LAP, All Ages	\$ 14.11	\$ 0.82	14.93	14.82
Other Populations - CCM, All Ages	\$ 33.24	\$ 1.93	35.18	35.07
Subtotal Other Populations	\$ 22.86	\$ 1.33	\$ 24.19	\$ 24.08
Act 421 - LaHIPP TPL				
Act 421 - LaHIPP TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - LaHIPP TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - LaHIPP TPL - Child 1-18 Years	\$ 0.00	\$ 0.00	-	-
Subtotal Act 421 - LaHIPP TPL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL				
Act 421 - Non-TPL - 0-2 Months	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Act 421 - Non-TPL - 3-11 Months	\$ 0.00	\$ 0.00	-	-
Act 421 - Non-TPL - Child 1-18 Years	\$ 7.13	\$ 0.42	7.55	7.55
Subtotal Act 421 - Non-TPL	\$ 6.66	\$ 0.39	\$ 7.04	\$ 7.04
Act 421 - Non-LaHIPP TPL				
Act 421 - Non-LaHIPP TPL - 0-2 Months	\$ 38.90	\$ 2.26	\$ 41.17	\$ 41.17
Act 421 - Non-LaHIPP TPL - 3-11 Months	\$ 7.76	\$ 0.45	8.21	8.21
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	\$ 5.49	\$ 0.32	5.81	5.81
Subtotal Act 421 - Non-LaHIPP TPL	\$ 5.64	\$ 0.33	\$ 5.97	\$ 5.97
Medicaid Expansion				
Medicaid Expansion - Age 19-64	\$ 44.98	\$ 2.62	\$ 47.60	\$ 47.38
Medicaid Expansion - High Needs	\$ 117.35	\$ 6.83	124.18	124.18
Medicaid Expansion - SBH - CCM, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Dual Eligible, All Ages	\$ 0.02	\$ 0.00	0.02	0.02
Medicaid Expansion - SBH - LaHIPP, All Ages	\$ 0.00	\$ 0.00	-	-
Medicaid Expansion - SBH - Other	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion	\$ 44.33	\$ 2.58	\$ 46.91	\$ 46.70
Medicaid Expansion - Kick				
Medicaid Expansion - Kick - Maternity Kick Payment	\$ 1,209.20	\$ 70.38	\$ 1,279.58	\$ 1,278.35
Medicaid Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Medicaid Expansion - Kick	\$ 1,208.89	\$ 70.36	\$ 1,279.25	\$ 1,278.02
Non-Expansion - Kick				
Non-Expansion - Kick - Maternity Kick Payment	\$ 925.53	\$ 53.87	\$ 979.40	\$ 978.66
Non-Expansion - Kick - EED Kick Payment	\$ 0.00	\$ 0.00	-	-
Subtotal Non-Expansion - Kick	\$ 925.40	\$ 53.86	\$ 979.26	\$ 978.53
Total	\$ 33.91	\$ 1.97	\$ 35.88	\$ 35.72



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