Office of State Procurement
PROACT Contract Certification of Approval

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

Reference Number: 2000107367 (16)
Vendor: Aetna Better Health, Inc.
Description: Amd 16 rate cert & verbiage changes; no change in time or money.
Approved By: Pamela Rice
Approval Date: 4/01/2019

Your amendment that was submitted to OSP has been approved.

Rev 2017-01

AMENDMENT TO

AGREEMENT BETWEEN STATE OF LOUISIANA

LOUISIANA DEPARTMENT OF HEALTH

Medical Vendor Administration

(Regional/ Program/ Facility) Bureau of Health Services Financing

AND

Aetna Better Health, Inc.

Contractor Name

Amendment #: 16

LAGOV#: 2000107367

LDH #: 060466

Original Contract Amount 1,964,731,789

Original Contract Begin Date 02-01-2015

Original Contract End Date 01-31-2018

RFP Number: 305PUR-DHHRFP-BH

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: $3,306,823,393.00 Current Contract Term: 2/1/15-12/31/19

See Attachment A16, Attachment D, and Attachment E.

Change Contract To: To Maximum Amount: Changed Contract Term:

See Attachment A16, Attachment D1, Attachment D2, and Attachment E.

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 Becomes Effective: 01-01-2019

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

Aetna Better Health, Inc.

CONTRACTOR SIGNATURE DATE 3/15/19

PRINT NAME Randy Hyun

CONTRACTOR TITLE President

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

SIGNATURE DATE 3/20/19

NAME Jen Steele

TITLE Medicaid Director

OFFICE Bureau of Health Services Financing

PROGRAM SIGNATURE DATE

NAME

Contract Amendment #16
Attachment A-16

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
1	Attachment D1 Rate Certification		New Rate Certification • Rating Period: 1/01/2019-12/31/2019 • Date Issued: 2/6/19	
2	Attachment D2 Rate Certification	Certification Issued 12/18/18	Amended Rate Certification (Expansion Only) • Rating Period: 1/19/2019-3/31/2019 • Date Issued: 1/28/19 Replaces Certification Issued: 12/18/18	
3	Attachment E Performance Measures		Replaced with updated attachment.	Attachment E has been updated to include the performance measure targets for 2019.
4	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	**5.12.2** The MCO and its subcontractors may impose cost sharing on Medicaid members in accordance with 42 CFR §447.50 - §447.57 provided, however, that it does not exceed cost sharing amounts in the Louisiana Medicaid State Plan. **5.12.3** LDH reserves the right to amend cost-sharing requirements.	**5.12.2.** The MCO and its subcontractors may impose cost sharing on Medicaid members in accordance with 42 CFR §447.50 - §447.57 provided, however, that it does not exceed cost sharing amounts in the Louisiana Medicaid State Plan. **5.12.3.** <u>The MCO shall ensure cost sharing incurred by all individuals in the Medicaid household does not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis as instructed by LDH.</u> **<u>5.12.4</u>** LDH reserves the right to amend cost-sharing requirements.	This is a federal requirement.

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
			(Subsequent sections will be renumbered as needed.)	
5	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	**5.12.4.3** Impose copayments for the following: • Family planning services and supplies; • Emergency services; • Aspirin 81mg: women ages 12-79 and men ages 45-79; • Folic Acid 0.4 and 0.8mg: women ages 12-54; • Vitamin D 400 IU: women and men ages 65 and older;	**5.12.4.3** Impose copayments for the following: • Family planning services and supplies; • Emergency services; and • U.S. Preventative Services Task Force (USPSTF) A and B Recommendations ~~Aspirin 81mg: women ages 12-79 and men ages 45-79;~~ • ~~Folic Acid 0.4 and 0.8mg: women ages 12-54;~~ • ~~Vitamin D 400 IU: women and men ages 65 and older;~~	This change is necessary to ensure the list is comprehensive.
6	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	Add new section.	**5.17.5** If a CSoC enrolled youth no longer meets medical necessity criteria for a higher level service (e.g. inpatient hospital) that was authorized by the CSoC Contractor, and the MCO has authorized PRTF, TGH, or SUD Residential treatment services (ASAM Levels 3.1, 3.2 WM, 3.5, and 3.7), but is unable to secure placement, the MCO shall be responsible for assuming the continued authorization of, and payment for, the higher level service until placement is made, regardless of the youth's CSoC enrollment status unless the Child and Family Team (CFT) agrees that the youth's behavioral health and/or medical condition is stable enough for the youth to be safely discharged home,	This change is necessary to clarify operational processes.

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
			and the CFT has made a plan to support the youth and family with outpatient care until placement in residential treatment is secured.	
7	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	Addition of new subsection	**6.1.16** The MCO shall not avoid costs for services covered in its contract by referring enrollees to publicly supported health care resources.	This is a federal requirement.
8	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	Add new section.	**6.3.4.11** As of January 1, 2019, the statewide universal prior authorization form shall be posted and utilized as specified in Act 423 of the 2018 Louisiana Regular Session. In order to obtain necessary information for prior authorization processing, the following therapeutic drug classes shall be considered specialty for prior authorization purposes only: Hepatitis C Direct Acting Antiviral Agents, Synagis, Respiratory monoclonal antibody agents (benralizumab (Fasenra®), dupilumab (Dupixent®), mepolizumab (Nucala®), omalizumab (Xolair®), and reslizumab (Cinqair®), Growth Hormones, Multiple Sclerosis drugs, and Hemophilia agents.	Language is being added to ensure compliance with Act 423 of the 2018 Louisiana Regular Session and to establish a common list of drugs for which a specialty prior authorization form will be allowed for all Medicaid MCOs.
9	Exhibit 3 305PUR-DHHRFP-BH-	**6.41** Case Management Reporting Requirements The MCO shall submit case management reports quarterly with an annual summary to LDH. LDH reserves the right to	**6.41** Case Management Reporting Requirements The MCO shall submit case management reports ~~quarterly with an annual summary~~ monthly to LDH. LDH reserves the	The reporting requirement is changing from the production of summary data quarterly to the production of raw data monthly to allow Medicaid

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
	MCO-2014-MVA	request additional reports as deemed necessary. LDH will notify the MCO of additional required reports no less than sixty (60) days prior to due date of those reports. The case management reports shall include at a minimum:	right to request additional reports as deemed necessary. LDH will notify the MCO of additional required reports no less than sixty (60) days prior to due date of those reports. The case management reports shall include at a minimum:	staff to produce a data analysis for evaluation of contract requirements.
10	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	**7.17.1.8.** The MCO may negotiate the ingredient cost reimbursement in its contracts with providers. However, the MCO shall: • Pay a per-prescription dispensing fee, as defined in this contract, at a rate no less than $2.50 to all "local pharmacies" as defined in Act 399 of the 2015 Regular Session of the Louisiana Legislature; • Add any state imposed provider fees for pharmacy services, on top of the minimum dispensing fee required by LDH; • Update the ingredient costs of medications at least weekly; • Base Maximum Allowable Cost (MAC) price lists on generic drugs with a FDA rating beginning with an "A"; • Make drug pricing list available to pharmacies for review; • Afford individual pharmacies a chance to appeal inadequate reimbursement; and • Provide for a "local pharmacy" appeals process in accordance with Act 399 of the 2015 Regular Session of the Louisiana Legislature.	**7.17.1.8.** The MCO may negotiate the ingredient cost reimbursement in its contracts with providers. However, the MCO shall: • Reimburse the FFS (legacy) ~~Pay a per-prescription dispensing fee, as defined in this contract, at a~~ rate ~~no less than $2.50~~ to all "local pharmacies" as defined in Act 301 ~~399~~ of the 201~~5~~7 Regular Session of the Louisiana Legislature; • Add any state imposed provider fees for pharmacy services, on top of the minimum dispensing fee required by LDH; • Update the ingredient costs of medications at least weekly and within three (3) business days of new rates being posted from the source of choice; • Base Maximum Allowable Cost (MAC) price lists on generic drugs with a FDA rating beginning with an "A"; • Make drug pricing list available to pharmacies for review; and • Afford individual pharmacies a chance to appeal inadequate reimbursement. ~~; and~~	The language is being revised to comply with Louisiana law and to ensure pharmacy ingredient cost rates are updated timely.

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
			• ~~Provide for a "local pharmacy" appeals process in accordance with Act 399 of the 2015 Regular Session of the Louisiana Legislature.~~	
11	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	**11.11.3 Member Initiated Disenrollment –** a member may request disenrollment from an MCO as follows: **11.11.3.1.** For cause, at any time. The following circumstances are cause for disenrollment: … The member requests to be assigned to the same MCO as family members;	**11.11.3 Member Initiated Disenrollment –** a member may request disenrollment from an MCO as follows: **11.11.3.1.** For cause, at any time. The following circumstances are cause for disenrollment: … ~~The member requests to be assigned to the same MCO as family members;~~	This change is being made to conform with federal requirements and to reduce the number of disenrollment requests that must be processed by the state's enrollment broker.
12	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	**12.3 Prohibited Marketing Activities** The MCO and its subcontractors are prohibited from in engaging in the following activities: … **12.3.22** Referencing the commercial or Medicare Advantage Plan component of the MCO in any of its Medicaid MCO enrollee marketing materials, if applicable;	Provision to be deleted: ~~**12.3.22** Referencing the commercial or Medicare Advantage Plan component of the MCO in any of its Medicaid MCO enrollee marketing materials, if applicable;~~	This marketing prohibition is being removed to bring Louisiana in line with other state Medicaid programs.
13	Exhibit 3 305PUR-DHHRFP-BH-	**15.7.6.** If the MCO fails to collect at least a portion of an identified recovery after 365 days from the date of notice to the Department, unless an extension or exception is authorized by the Department, the Department or its agent	**15.7.6.** If the MCO fails to collect at least a portion of an identified recovery after 365 days from the date ~~of notice to~~ the Department approved proceeding with the recoupment (per 15.1.17), unless an extension or exception is authorized by the Department, or the MCO has	This change will allow LDH to pursue recovery through the contract if MCO collection attempts are not satisfactory upon review.

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
	MCO-2014-MVA	may recover the overpayment from the provider and said recovered funds will be retained by the State.	documented recovery efforts deemed sufficient by LDH upon review, including formally initiating collection efforts, the Department or its agent may recover the overpayment from the ~~provider~~ MCO and said ~~recovered~~ funds will be retained by the State. Exception reasons may include, but are not limited to, MCO cooperation with LDH or other government agencies, termination of provider participation with the MCO, or dissolution of the provider's business.	
14	Exhibit 3 305PUR-DHHRFP-BH-MCO-2014-MVA	Addition of new subsection	**25.24.1** • If the Contractor fails to provide records to LDH in accordance with Section 25.66.2 because the Contractor believes the records are not public and/or the records meet an exception to the Public Records Law, the Contractor shall indemnify, defend, protect, and hold harmless LDH and any of its officers, agents, and employees from any claims arising out of this failure, including, but not limited to, reasonable court costs and attorney fees.	This is provision is being added to support compliance with Louisiana's Public Records Act.
15	Exhibit 3 305PUR-DHHRFP-BH-	Addition of new subsection.	**25.66** Public Records Requests **25.66.1** The Contractor shall provide LDH with the name of the individual who will serve as the Contractor's point of contact for handling public records' requests. If this point	This is provision is being added to support compliance with Louisiana's Public Records Act.

Item Number	Exhibit/ Attachment/ Document	Change From:	Change To:	Justification
	MCO-2014-MVA		of contact changes at any time during the contract term, the Contractor shall provide LDH with the updated point of contact within one business day. **25.66.2** If LDH receives a request pursuant to the Louisiana Public Records Act for records that are in the custody of the Contractor, the Contractor shall provide all records to LDH that the Department, in its sole discretion, determines are related to the services performed by the Contractor under this contract that are responsive to the request, pursuant to the timeline and in the requested format established by LDH. **25.66.3** If the Contractor receives the public records' request directly, the Contractor shall forward the request via email to the LDH Section Chief of Program Operations and Compliance within one business day of receipt. Thereafter, the Contractor shall provide all records to LDH that the Department determines, in its sole discretion, are related to the services performed by the Contractor under this contract that are responsive to the request, pursuant to the timeline and in the requested format established by LDH.	

MERCER
MAKE TOMORROW, TODAY

F. Ronald Ogborne III, FSA, CERA, MAAA
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Ms. Pam Diez
Deputy Medicaid Director/Chief Financial Officer
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Bureau of Health Services Financing
628 North 4th Street
Baton Rouge, LA 70821

February 6, 2019

Subject: Healthy Louisiana Program – Full Risk Bearing Managed Care Organization (MCO) Rate Development and Actuarial Certification for the Period January 1, 2019 through December 31, 2019

Dear Ms. Diez:

The Louisiana Department of Health (LDH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound[1] capitation rates for the State of Louisiana's (State) Healthy Louisiana program for the period of January 1, 2019 through December 31, 2019. This certification addresses the development of the Physical Health, Specialized Behavioral Health (SBH) Only, Maternity Kick Payment, Expansion SBH Dual Eligible, Expansion SBH Chisolm, Expansion SBH Other, and the Expansion Maternity Kick Payment rate development. The Healthy Louisiana rates covering the Expansion, All Ages, Male & Female rate cells will be addressed in a separate certification.

This letter presents an overview of the methodology used in Mercer's managed care rate development for the purpose of satisfying the requirements of the Centers for Medicare & Medicaid Services (CMS). This rate development process relied on Medicaid fee-for-service (FFS) medical and pharmacy claims, Healthy Louisiana Shared Savings claims experience, Healthy Louisiana Prepaid encounter data, and Louisiana Behavioral Health Partnership (LBHP) claims experience. It resulted in the development of a range of actuarially sound rates for each rate cell. The final capitation rates and rate ranges are summarized in Appendix A and represent payment in full for the covered services.

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[1] Actuarially Sound/Actuarial Soundness — 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.

Reference: http://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf.

The remainder of this letter is structured as follows:

Section 1: Medicaid Managed Care Rates

- Part A: General Information
- Part B: Base Data Development
- Part C: Non-Expansion Capitation Rate Development
  - *Subpart C.1: Projected Benefit Costs*
  - *Subpart C.2: Special Contract Provisions*
  - *Subpart C.3: Projected Non-Benefits Costs*
  - *Subpart C.4: Risk Mitigation*

Section 2: New Adult Group Capitation Rates

Section 3: Certification of Final Rates

SECTION 1: MEDICAID MANAGED CARE RATES

Part A: General Information

Capitation rates for the Healthy Louisiana program were developed in accordance with rate-setting guidelines established by CMS. For rate development for the Healthy Louisiana program, Mercer used data from federal fiscal year 2016 (FFY 2016), which spans the period of October 1, 2015 through September 30, 2016 and FFY 2017, which spans the period of October 1, 2016 through September 30, 2017. Data sources included Medicaid FFS medical and pharmacy claims, Healthy Louisiana Prepaid encounter data, Healthy Louisiana MCO financial reports and LBHP claims experience. All data was reported on an incurred basis and included payment dates through March 2018. Restrictions were applied to the enrollment and claims data so that it was appropriate for the populations and benefit package defined in the Healthy Louisiana MCO contract.

Mercer reviewed the data provided by LDH, the Healthy Louisiana MCOs and the LBHP for consistency and reasonableness and determined the data was appropriate for the purpose of setting actuarially sound Medicaid managed care capitation rates. The data reliance attestation shown in Appendix R has been provided by LDH, and its purpose is to certify the accuracy, completeness, and consistency of the base data.

Adjustments were made to the selected base data to align with the covered populations and Healthy Louisiana benefit packages for rating year 2019 (RY 2019). Additional adjustments were then applied to the base data to incorporate:

- Provision for incurred but not reported (IBNR) claims.
- Adjustments to encounter data for under-reporting.
- Prospective and retrospective program changes not fully reflected in the base data.
- Trend factors to forecast the expenditures and utilization to the contract period.
- Changes in benefits covered by managed care.
- Addition of new populations to the Healthy Louisiana program.
- Opportunities for managed care efficiencies.
- Administration and underwriting profit/risk/contingency loading.

In addition to these adjustments, LDH takes two additional steps in the matching of payment to risk:

- Application of maternity kick payments.
- Application of risk-adjusted regional rate.

The final rates for all rate cells were developed net of Graduate Medical Education (GME) payments to teaching hospitals provided in the Louisiana Medicaid State Plan. Appendix P details the development of rates for the Non-Expansion population. For a detailed discussion of the development of the base data, as shown in Appendix P please refer to the Healthy Louisiana Data Book released by LDH on November 20, 2018.

Healthy Louisiana Populations

Effective February 1, 2016, the Healthy Louisiana Non-Expansion program had two major rating categories (RCs):

1. Individuals who meet the eligibility criteria for the Healthy Louisiana PH program; their physical health (PH), SBH and non-emergency medical transportation (NEMT) services are the responsibility of the MCO. This rating group is referred to as the Healthy Louisiana PH program.
2. Individuals, who do not meet the eligibility criteria for the Healthy Louisiana PH program, yet remain eligible for the Legacy LBHP/Medicaid program; only their SBH and NEMT services are the responsibility of the MCO. This rating group is referred to as the Healthy Louisiana SBH program.

Physical Health Program

In general, the Healthy Louisiana PH program includes individuals classified as Supplemental Security Income (SSI), Family & Children (F&C), Foster Care Children (FCC), Breast and Cervical Cancer (BCC), and Louisiana Children's Health Insurance Program (LaCHIP) Affordable Plan (LAP) as mandatory populations. Voluntary opt-in populations include Home- and Community-Based Services (HCBS) waiver participants and Chisholm Class Members (CCM).

Mandatory Populations

Please see Appendix B for detail on which Aid Category and Type Case combinations are considered Mandatory populations for the PH program.

Voluntary Opt-In Populations

Individuals in a voluntary opt-in population group are not automatically enrolled into the Healthy Louisiana PH program, but they may choose to initially enroll at any time. Likewise, they may choose to dis-enroll at any time, effective the earliest possible month the action can be administratively handled. Moreover, a voluntary opt-in individual may re-enroll during the annual, open enrollment period. Such members include the following:

- Individuals receiving services through any 1915(c) HCBS waiver:
  - Adult Day Health Care.
  - New Opportunities waiver.
  - Children's Choice.
  - Residential Options waiver.
  - Supports waiver.
  - Community Choices waiver.
  - Other HCBS waivers as may be approved by CMS.
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities' Request for Services Registry who are CCM.

Excluded Populations

Please see Appendix B for detail on which Aid Category and Type Case combinations are considered Excluded populations for the PH program.

Specialized Behavioral Health Program

The Healthy Louisiana SBH program includes individuals classified as SBH Dual and SBH Other as mandatory populations. The voluntary opt-in populations that did not choose to opt into Healthy Louisiana

for PH services are automatically included in the SBH program. These populations are denoted as SBH HCBS Waiver participants and SBH CCM.

Effective April 1, 2017, the Louisiana Health Insurance Premium Payment (LaHIPP) program is reinstated. Members that are enrolled in the LaHIPP program will receive SBH and NEMT services only through Healthy Louisiana. A separate adjustment that will be discussed later in this letter was applied to the base data to incorporate the coverage of the LaHIPP population by the SBH program.

Mandatory Populations

Please see Appendix B for detail on which Aid Category and Type Case combinations are considered Mandatory populations for the SBH program.

Excluded Populations

Please see Appendix B for detail on which Aid Category and Type Case combinations are considered Excluded populations for the SBH program.

Rate Cell Structure

Physical Health Program

Mercer summarized the PH, SBH and NEMT services data for the Healthy Louisiana PH program RC by rate cell. Historical claim costs vary by age and eligibility category, and separate rate cells were developed accordingly to reflect differences in risk. Fourteen distinct rate cells were established within this RC based on Mercer's review of historical cost and utilization patterns in the available experience. In addition, a Maternity Kick Payment will be paid to the MCOs for each qualifying delivery event that takes place.

TABLE 1A:

PH RATE CATEGORY GROUPINGS	
SSI	
Newborn, 0–2 Months, Male & Female	Child, 1–20 Years, Male & Female
Newborn, 3–11 Months, Male & Female	Adult, 21+ Years, Male & Female
Family & Children (Temporary Assistance to Needy Families [TANF])	
Newborn, 0–2 Months, Male & Female	Child, 1–20 Years, Male & Female
Newborn, 3–11 Months, Male & Female	Adult, 21+ Years, Male & Female
HCBS Waiver	
20 and Under, Male & Female	21+ Years, Male & Female
FCC	
All Ages, Male & Female	
BCC	

PH RATE CATEGORY GROUPINGS	
All Ages, Female	
CCM	
All Ages, Male & Female	
LAP	
All Ages, Male & Female	
Maternity Kick Payment	
Maternity Kick Payment	Early Elective Delivery - Kick Payment

Specialized Behavioral Health Program
Mercer summarized the SBH and NEMT only service data for the Healthy Louisiana SBH program RC by rate cell. Historical SBH costs vary by age and eligibility category and separate rate cells were developed accordingly to reflect differences in risk. Five distinct rate cells were established within this RC based on Mercer's review of historical cost and utilization patterns in the available experience.

SBH program eligible individuals may qualify under more than one rate cell definition therefore the classification of logic is applied in a hierarchical manner in the order presented in Table 1B.

TABLE 1B:

SBH Rate Category Groupings	
SBH — Dual Eligibles and LAHIPP	
All Ages, Male & Female	
SBH — HCBS Waiver	
20 and Under, Male & Female	21+ Years, Male & Female
SBH — CCM	
All Ages, Male & Female	
SBH — Other	
All Ages, Male & Female	

HEALTHY LOUISIANA BENEFIT PACKAGE

Covered Services

Appendix C lists the services the Healthy Louisiana MCOs must provide to the members in the Healthy Louisiana PH and SBH programs, respectively. The MCOs also have the ability to develop creative and innovative solutions to care for their members (i.e., provide other cost-effective alternative services), as long as the contractually-required Medicaid services are covered. Costs of alternative services are

expected to be funded through savings on the contractually-required services for which these services are a cost-effective substitute.

New Services

Effective January 1, 2019, LDH will begin covering personal-use, double electric breast pumps for nursing mothers, without prior authorization.

Also effective January 1, 2019, Healthy Louisiana MCOs will be responsible for the coverage of Continuous Glucose Monitors (CGM) for all eligible recipients that meet the following criteria:

- Diagnosis of type 1 diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels <50 mg/dl).
- Impaired hypoglycemia awareness that puts the recipient at risk or Pregnant recipient with poorly controlled type 1 diabetes evident by recurrent, unexplained hypoglycemic episodes, hypoglycemic unawareness, postprandial hyperglycemia or recurrent diabetic ketoacidosis.

Effective February 1, 2019, LDH will begin covering Non-Invasive Prenatal Testing (NIPT) for pregnant females aged 35 and above and under 35 that meet certain high-risk criteria.

Mercer applied three separate adjustments to the rates to incorporate the coverage of the three new services. These adjustments will be discussed later in this letter.

Medicare Crossover Claims

For dually eligible individuals, Medicare “Crossover” claims (claims that include primary payment from Medicare) for Inpatient, Outpatient, Emergency Room (ER) and Professional services are excluded from this Data Book. These services will be paid directly by the State after coordinating with Medicare.

In order to exclude Crossover claims from the Data Book, Mercer identified claims submitted to the State and coded with claim type “14” (Medicare Crossover Institutional), or claim type “15” (Medicare Crossover Professional). This includes claims with a Medicare qualifying Electronic Media Claim submitter ID and claim format 837-I (Institutional) or 837-P (Professional), as well as hard copy claims with an Explanation of Benefits from Medicare attached. For Magellan and Prepaid encounters, Mercer identified records in which the Medicare paid field (CLQ_Medicare_Amt) indicated an amount greater than zero dollars. Mercer removed all records fitting the criteria above from our base data.

Excluded Services

Healthy Louisiana MCOs are not responsible for providing PH services and other Medicaid services not identified in Appendix C, including the following services:

- Dental services, with the exception of Early and Periodic Screening and Diagnosis Treatment varnishes provided in a Primary Care setting.
- Intermediate care facilities for the developmentally disabled services.

- Personal Care services 21 and older.
- Institutional Long-Term Care (LTC) Facility/Nursing Home services.
- School-based Individualized services.
- Education Plan services provided by a school district and billed through the intermediate school district, or School-based services funded with certified public expenditures, including school nurses.
- HCBS waiver services.
- Targeted Case Management services.
- Services provided through LDH's Early-Steps program.
- Coordinated System of Care (CSoC) services previously covered under 1915(c) or 1915(b)(3) waiver authority.
- Medicare Crossover services.
- Services covered under a non-CSoC 1915(c) waiver.

For more specific information on covered services, please refer to the Healthy Louisiana Behavioral Health Integration Amendment issued by LDH.

HEALTHY LOUISIANA SERVICES ELIGIBLE FOR DIFFERENT FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

There are two groups of services for which LDH receives a different FMAP than the regular state FMAP:

- Family Planning services.
- A list of specified preventive services and adult vaccines established under ACA section 4106.

Mercer has analyzed the component of the rates associated with each group of services so that LDH may claim the enhanced FMAP on these services. Specific details on codes used to identify the family planning and preventive services can be found in Appendices D and E, respectively, which contain the per member per months (PMPMs) that are eligible for the enhanced match rate.

REGION GROUPINGS

For rating purposes, Louisiana has been split into four different regions. Table 2 lists the associated parishes for each of the four regions. The region groupings are the same in all three programs.

TABLE 2

REGION GROUPINGS	
Region Description	**Associated Parishes (Counties)**
Gulf	Assumption, Jefferson (East Bank), Jefferson (West Bank), Lafourche, New Orleans (Algiers), New Orleans (Downtown), New Orleans (Gentilly), New Orleans (Uptown), Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Mary and Terrebonne
Capital	Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. Tammany, Tangipahoa, Washington, West Baton Rouge and West Feliciana
South Central	Acadia, Alexandria, Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Catahoula, Concordia, Evangeline, Grant, Iberia, Jefferson Davis, Lafayette, Lasalle, Rapides, St. Landry, St. Martin, Vermilion, Vernon and Winn
North	Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, East Carroll, Franklin, Jackson, Lincoln, Madison, Monroe, Morehouse, Natchitoches, Ouachita, Red River, Richland, Sabine, Shreveport, Tensas, Union, Webster and West Carroll

PART B: BASE DATA DEVELOPMENT

For rate development for the Healthy Louisiana program, Mercer used FFY 2016 and FFY 2017 data from the following sources:

- Louisiana Medicaid eligibility and enrollment data.
- Encounter data reported from the State's Healthy Louisiana Prepaid program.
- Encounter data reported from the State's LBHP program for adults.
- Claims data from the State's LBHP program for children.
- FFS data for services and populations to be covered under the Healthy Louisiana program, but historically covered under Legacy Medicaid/FFS.

All data was reported on an incurred basis and included payment dates through March 31, 2018. Restrictions were applied to the enrollment and claims data so that it was appropriate for the populations and benefit package defined in the contract.

Mercer reviewed the data provided by LDH, the Healthy Louisiana MCOs and the LBHP for consistency and reasonableness and determined the data was appropriate for the purpose of setting capitation rates for the MCO program. The data reliance attestation shown in Appendix R has been provided by LDH, and its purpose is to certify the accuracy, completeness and consistency of the base data.

Effective February 1, 2015, members were granted retroactive eligibility, based on their eligibility for Healthy Louisiana, for up to 12 months prior to enrollment in an MCO. The MCO selected by these members will then receive one capitation payment per month of retroactive enrollment, and will be liable for all claims incurred during this retroactive eligibility period. Retroactive eligibility and claims are excluded from the base data and handled as a separate adjustment. This adjustment will be discussed later in this letter.

INCURRED BUT NOT REPORTED

Capitation rate ranges were developed using claims data for services incurred in FFY 2016 and FFY 2017 and reflects payments processed through March 2018. Mercer deemed claims incurred in FFY 2016 as complete as they have at least 18 months of runout. Mercer developed IBNR factors for FFY 2017 encounter data in order to reflect considerations for any unpaid claims liability. This adjustment, which is detailed in the Healthy Louisiana Data Book, resulted in an overall aggregate increase of 1.80%.

UNDER-REPORTING ADJUSTMENTS

Under-reporting adjustments were developed by comparing encounter data from the Medicaid Management Information System (MMIS) to financial information provided by the MCOs and the LBHP Prepaid Inpatient Health Plan (PIHP). This adjustment, which is detailed in the Healthy Louisiana Data Book, was computed and applied on an MCO-specific basis. Table 3 summarizes the overall aggregate increases applied to FFY 2016 and FFY 2017 expenses.

TABLE 3

UNDER-REPORTING ADJUSTMENT	FFY 2016		FFY 2017	
Category of Service	**PH Program**	**SBH Program**	**PH Program**	**SBH Program**
Prescribed Drugs	1.0680		1.0718	
Transportation and SBH	0.9936	0.9227	1.0274	0.9674
All other	1.0365		1.0224	

THIRD-PARTY LIABILITIES

All claims are reported net of third-party liability, therefore no adjustment is required.

FRAUD AND ABUSE RECOVERIES

LDH provided data related to fraud and abuse recoveries on the LBHP and Legacy FFS programs. The total adjustment applied to the FFS data for PH services was -0.09% for FFY 2016. Healthy Louisiana MCOs included fraud and abuse recoveries in their financial reports. These recoveries were included in the

development of the under-reporting adjustment for PH services. No adjustment was needed for FFY 2017 because only encounter data was used.

COPAYMENTS

Copayments are only applicable to prescription drugs. Pharmacy claims are reported net of any copayments so no additional adjustment is necessary.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

DSH payments are made outside of the MMIS system and have not been included in the capitation rates.

BASE PROGRAM CHANGE ADJUSTMENTS

Program change adjustments recognize the impact of benefit or eligibility changes occurring during and after the base data period. CMS requires that the rate setting methodology used to determine actuarially sound rates incorporate the results of any program changes that have taken place, or are anticipated to take place, between the start of the base data period and the conclusion of the contract period.

Program changes that occurred during the base data period are referred to as Base Program Change Adjustments.

Preventive Services

Section 4106(b) of the Affordable Care Act established a one percentage point increase in the FMAP effective January 1, 2013, applied to expenditures for adult vaccines and clinical preventive services to states that cover, without cost-sharing, a full list of specified preventive services and adult vaccines. In order to meet the eligibility requirements for the one percentage point FMAP increase, LDH decided to expand the list of adult vaccines and clinical preventive services covered under the State Plan, effective July 1, 2016. These services are included on the applicable published fee schedules on the Medicaid website www.lamedicaid.com. The impact of the change is an increase of 0.01% in FFY 2016 for the PH program. The change has no impact on the SBH program and no impact on FFY 2017.

TABLE 4:

PREVENTIVE SERVICES FEE CHANGE IMPACT				IMPACT AS % OF	
Time Period	**All Services Cost**	**Historical PS Cost**	**Adjustment Dollar Impact**	**Historical PS Cost**	**All Services Cost**
FFY16	$2,938,439,843	$371,954	$398,910	107.25%	0.01%
FFY17	$2,962,971,073	$756,949		0.00%	0.00%
Total	**$5,901,410,915**	**$1,128,904**	**$398,910**	**35.34%**	**0.01%**

Pediatric Day Health Care (PDHC) Program Change

Effective September 1, 2016, LDH issued three policy changes to PDHC services. These policy changes include changes in the eligibility criteria, per diem requirement and re-evaluation period.

Eligibility Criteria
Medicaid recipients are required to meet all criteria on the PDHC prior authorization checklist to be eligible for PDHC services. Effective September 1, 2016, LDH issued a more restrictive prior authorization checklist that will reduce the number of PDHC recipients.

Per Diem Requirement
Prior to September 1, 2016, PDHC providers billed an hourly rate for PDHC stays of up to 4 hours in a day and a per diem rate for stays between 4–12 hours. Effective September 1, 2016, the state fee schedule is changing to an hourly rate for stays up to 6 hours and a per diem rate for stays between 6–12 hours.

Re-evaluation Period
Effective September 1, 2016, the days between a PDHC recipient's re-evaluations changed from 120 days to 90 days.

Mercer completed a pre/post analysis of the policy changes and adjusted the base data to reflect the impact of the changes.

TABLE 5:

PDHC FEE CHANGE IMPACT				IMPACT AS % OF	
Time Period	**All Services Cost**	**Historical PDHC Cost**	**Adjustment Dollar Impact**	**Historical PDHC Cost**	**All Services Cost**
FFY16	$2,938,439,843	$23,544,066	$(3,938,979)	-16.73%	-0.13%
FFY17	$2,962,971,073	$20,879,428	$(582,155)	-2.79%	-0.02%
Total	**$5,901,410,915**	**$44,423,493**	**$(4,521,134)**	**-10.18%**	**-0.08%**

ACT 399 (Provider Fee Reimbursement)
Effective December 1, 2015, Act 399 creates an appeal board to review pharmacy reimbursement disputes. It is the obligation of a health insurance issuer or its agent to reimburse a pharmacist or his agent for fees remitted by a pharmacy or pharmacist or his agent in compliance with R.S. 46:2625 or risk being sanctioned. Mercer reviewed this requirement and its underlying details and estimated the impact to the base period data to be approximately 0.01%.

Managed Care Savings Adjustment

A portion of FFY 2016 base expenses was incurred outside of a managed care delivery system by the former voluntary opt-out population which became mandatory enrolled effective December 1, 2015. For those expenses incurred outside of a full-risk managed care delivery system, Mercer adjusted the capitation rates to reflect areas for managed care efficiency. Managed care is able to generate savings by:

- Encouraging the use of preventive services so that acute conditions are not exacerbated to the point that requires a visit to the ER or hospitalization.
- Using alternatives to the ER for conditions that are non-emergent in nature.
- Increasing access and providing member education.
- Minimizing duplication of services.
- Hospital discharge planning to ensure a smooth transition from facility-based care to community resources and minimize readmissions.

Appendix F summarizes the managed care savings adjustments that were applied to the Legacy Medicaid FFS data.

Efficiency Adjustments

Mercer distinguishes efficiency adjustments (which are applied to managed care-enrolled populations) from managed care savings adjustments (which are applied to previously unmanaged populations). Efficiency adjustments are intended to reflect improved efficiency in the hospital inpatient, emergency department (ED) and pharmacy settings, and are consistent with LDH's goal that the Healthy Louisiana program be operated in an efficient, high-quality manner.

CLINICAL EFFICIENCY ADJUSTMENTS

Inpatient Hospital Efficiency Adjustment

Illness prevention is an important medical care element for all health care providers. LDH expects the MCOs to help their members stay healthy by preventing diseases or preventing complications of existing diseases. Since hospital expense represents a significant portion of all medical expenditures, Mercer performed a retrospective data analysis of the MCOs' FFY 2016 and FFY 2017encounter data using indicators developed by the Agency for Healthcare Research and Quality (AHRQ). These conditions are collectively referred to as Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI), respectively. Mercer utilized 13 adults and five pediatric PQIs as part of the analysis. Evidence suggests that hospital admissions for these conditions could have been avoided through high-quality outpatient care and/or the conditions could have been less severe if treated early and appropriately. AHRQ's technical specifications provide specific criteria that define each PQI and PDI that Mercer utilized in the analysis of the MCOs' inpatient hospital encounter data. Although AHRQ acknowledges that there are factors outside of the direct control of the health care system that can result in a hospitalization (e.g., environmental, patient compliance), AHRQ does recognize these analyses can be utilized to benchmark health care system efficiency between facilities and across geographies.

While the AHRQ technical specifications include exclusionary criteria specific to each PQI and PDI, Mercer also considered clinically-based global exclusion criteria that removed a member's inpatient admissions from all inpatient efficiency analyses. The global exclusion criteria were utilized to identify certain conditions and situations (e.g., indications of trauma, burns, HIV/AIDS) that may require more complex treatment for members. Based on a review of the FFY 2016 and FFY 2017 inpatient encounter data, any member identified as having indications of any of the qualifying criteria resulted in all of that member's admissions being removed from the analyses. Once all clinical global exclusions data was removed from the analysis, the embedded AHRQ exclusions, by PQI/PDI were then applied.

Additionally, even though the AHRQ technical specifications do not explicitly mention enrollment duration, Mercer considered enrollment duration as one of the contributing factors to review that would be associated with the applicability of a PQI/PDI-based adjustment. Enrollment duration was used as a proxy for issues such as patient compliance, health plan outreach and education, time to intervene, and other related concepts. A variable-month enrollment duration ranging from two to twelve months, depending on PQI or PDI condition, was applied to the RY 2019 rates. This assumption meant that an individual had to be enrolled with the same plan for a minimum number of consecutive months prior to that individual's PQI or PDI hospital admission to be considered subject to the adjustment. Only the dollars associated with the PQI and PDI hospital admissions that met these enrollment duration criteria were included in the base data adjustment. Recipient eligibility data supplied by the State provided the information to make this duration test assessment.

ED Efficiency Adjustment

Mercer performed a retrospective analysis of the MCOs' FFY 2016 and FFY 2017 ED encounter data to identify ED visits that were considered preventable/pre-emptible. For the RY 2019 rate development, Mercer analyzed preventable/pre-emptible Low Acuity Non-Emergent (LANE) visits. This analysis was not intended to imply that members should be denied access to EDs or that the MCOs should deny payment for the ED visits. Instead, the analysis was designed to reflect the State's objective that more effective, efficient, and innovative managed care could have prevented or pre-empted the need for some members to seek care in the ED setting in the first place.

The criteria used to define LANE ED visits was based on publicly available studies, input from Mercer's clinical staff, as well as review by practicing ED and primary care physicians (PCPs). ICD-9 primary diagnosis code information was the basis for identifying an ED visit. A limited set of diagnosis codes was agreed upon by all physicians involved in developing the methodology for the analysis. Preventable percentages ranging from 5.0% to 90.0% were assigned to each diagnosis code to account for external factors that can influence and impact variation in ED use. Using procedure code information, the ED visits were evaluated from low complexity clinical decision making to high complexity clinical decision making. In addition, LANE ED visits that resulted in an inpatient admission or observation stay (observation revenue code 0762) were excluded. No adjustment was made for any possible up coding by providers.

For the RY 2019, Mercer excluded low unit cost visits from the LANE analysis to account for improvements in the MCOs' use of triage fees and/or more appropriate health services management. A hierarchical process was used for the remaining LANE visits to identify those that could have been prevented or pre-empted. Beginning with the lowest acuity visits, data was accumulated until the percentage of

preventable/pre-emptible visits was achieved for each respective diagnosis code. Regardless of the targeted percentage, no LANE ED visit/dollars associated with the most complex clinical decision making procedure codes (99284–99285) were included in the final adjustment. In addition, a replacement cost amount (average cost physician visit) was made for the majority of LANE visits that were deemed preventable/pre-emptible. To reflect its desire for value-focused purchasing, the final LANE efficiency adjustment reflects a 50.0% targeted efficiency level applied to the final adjustment identified.

PHARMACY EFFICIENCY ADJUSTMENTS

Appropriate Diagnosis for Selected Drug Classes (DxRx)

The DxRx efficiency adjustment is used to ensure appropriate utilization of selected drug classes in historical claims data, based on supporting diagnosis information in the recipient's medical history. The selected drug classes were identified based on high cost, safety concerns, and/or high potential for abuse or misuse. Diagnosis information from 30 months (24 months prior to date of service, six months after date of service) of medical, professional, pharmacy and inpatient data is reviewed for each recipient. Appropriate drug-diagnosis pairs are reviewed annually by Mercer's team of clinicians, and include consideration for:

- Food and Drug Administration Approved Indications (both drug specific, and by drug class).
- Clinically-accepted, off-label utilization as identified by published literature and clinical/ professional expertise.
- Industry standard practices.

In consideration of limitations related to the MCOs ability to prior authorize HIV drugs and provider enrollment issues that may impact the ability of the DxRx algorithm to identify opiate dependence diagnoses, the HIV and Opiate Dependence categories were not used in developing the DxRx efficiency adjustment.

Retrospective Pharmacy Claims Analysis

The clinical edits efficiency adjustment used a retrospective pharmacy claims analysis to identify inappropriate prescribing and/or dispensing patterns using a customized series of pharmacy utilization management edits that are clinically based on rules. Edits were developed by Mercer's managed pharmacy practice based on:

- Published literature.
- Industry standard practices.
- Clinical appropriateness review.
- Professional expertise.
- Information gathered during the review of several Medicaid FFS and managed care pharmacy programs across the country.

Pharmacy Healthcare Common Procedure Coding System (HCPCS)

The HCPCS efficiency adjustment benchmarks each MCOs' reimbursement for clinician-administered drugs (billed via HCPCS) to determine if the plans per unit reimbursement is efficient compared to the national rate established by Medicare.

The State decided that to reflect its response for value-focused purchasing, the final retrospective pharmacy claims analysis efficiency adjustment should reflect a 75.0% targeted efficiency level applied to the final adjustment identified.

The overall impact of the Inpatient, ED and Pharmacy efficiency adjustments was a decrease of $3.31 PMPM to the PH program.

Contralateral Breast Reduction (CBR) Services

Effective February 1, 2017, the Healthy Louisiana program will cover breast reconstruction post mastectomy of the contralateral unaffected breast to achieve symmetry for patients diagnosed with breast cancer. The added CBR services will result in a 1.93% increase to the BCC rate cell, as shown in Appendix G.

Reinstatement of LaHIPP Program

Effective April 1, 2017, the LaHIPP program is reinstated. Members that are enrolled in the LaHIPP program will receive PH services through FFS and will receive SBH and NEMT services through Healthy Louisiana. The LaHIPP members will be included in the SBH Dual and LaHIPP rate cell (f/k/a SBH Dual Eligible). As shown in Appendix H, the addition of the LaHIPP members results in a decrease of 0.50% to the SBH Dual Eligible and LaHIPP rate cell.

DATA SMOOTHING

In forming the base data, Mercer combined the FFY 2016 and FFY 2017 base data by region and rate cell in order to ensure sufficient credibility to develop actuarially sound capitation rates.

In some instances, however, Mercer determined that certain rate cells were not sufficiently credible at the regional. For rate cells, which are identified below, Mercer calculated a single statewide capitation rate.

- SSI newborns 0–1 years of age.
- BCC, All Ages.
- LAP, All Ages.
- HCBS, All Ages.
- CCM, All Ages.
- SBH – CCM, All Ages.
- SBH – HCBS, All Ages.

- SBH – Other, All Ages.

PROSPECTIVE RATING ADJUSTMENTS

Program change adjustments that occurred after the base data period, but before the conclusion of the rating period are referred to as Prospective Rating Adjustments.

Fee Schedule Changes

The capitation rates reflect changes in covered services' fee schedules and unit costs, between the base period and the contract period.

Beginning in April 2014, LDH implemented a series of program changes to ensure consistent pricing in the Medicaid program for hospital services, including inpatient hospital, outpatient hospital, hospital-based physician and ambulance services. This change required the use of Full Medicaid Pricing (FMP) in the calculation of PMPM payments to MCOs. LDH expects this rate increase will lead to increased payments to those providers contracting with the MCOs to maintain and increase access to inpatient hospital, outpatient hospital, hospital-based physician and ambulance services to the enrolled Medicaid populations. Mercer and LDH reviewed the aggregate funding levels for these services between the base period and the contract period and determined that an addition to the historical data was necessary in order to ensure the capitation rate ranges reflect adequate statewide pricing levels. Separate adjustments were made to each of the four services to capture the full impact of statewide funding. FMP adjustments were implemented for inpatient and outpatient services effective April 2014. Physician and ambulance FMP adjustments were implemented effective July 2015.

For the non-FMP fee schedule changes discussed in this section, the fee schedule changes are expected to impact MCO costs as MCOs usually contract with providers at rates that are proportional to the Medicaid fee schedule for these services.

Inpatient Services

Inpatient claims were adjusted to reflect changes in the fee schedule between the base period and the contract period, using the fee schedule effective July 1, 2018. The non-GME part of the per diems were used in this fee adjustment process to be consistent with LDH's intention to continue paying GME amounts directly to the teaching hospitals.

Mercer relied upon an analysis of Medicare Diagnosis Related Group (DRG) equivalent pricing of Medicaid services provided by LDH for the FMP adjustment. FFY 2016 and FFY 2017 encounter data was analyzed and compared the adjusted Medicare payments to the Medicaid payment on a per discharge basis at each hospital. The Medicare payments were adjusted to reflect the treatment of Medicaid patients and reflected the reimbursement level applicable to the rate period. The FFY 2016 Medicaid payments were adjusted to reflect applicable fee changes and payments made outside of the claims system (outlier payments). The Medicaid payments were also trended to the rate period and the ratio between the projected Medicare and Medicaid payments was calculated. Mercer applied the ratio between the two payments to the base data at a hospital specific level.

The total impact of the inpatient fee changes is summarized below in Table 6A below.

TABLE 6A:

INPATIENT FMP IMPACT					IMPACT AS % OF
Time Period	**Historical Cost**	**Fee Change Impact**	**Adjusted Cost**	**FMP Impact**	**Adjusted Cost**
FFY16	$644,618,678	$80,300,366	$724,919,044	$323,050,961	44.56%
FFY17	$601,925,950	$50,856,124	$652,782,073	$342,011,916	52.39%
Total	**$1,246,544,628**	**$131,156,490**	**$1,377,701,117**	**$665,062,877**	**48.27%**

Outpatient Services
Outpatient claims were adjusted to reflect the most recent cost−to−charge ratios (CCRs) available. The CCRs were reported on hospital fiscal year bases, which varied by hospital from June 30, 2015 to December 31, 2017. The adjustment also included estimation of cost settlements and reflected the most up-to-date cost settlement percentages for each facility.

Effective January 1, 2019 House Concurrent Resolution (HCR) 6 adjusted reimbursement rates for outpatient services for all hospitals except rural hospitals, state-owned hospitals, and Our Lady of the Lake. The rates for the effected facilities increased by 11.56% except for Children's Hospital where reimbursement for outpatient services increased by 5.26%. Additionally, cost settlement percentages for most non−rural, non-state facilities were increased to 83.18% effective January 1, 2019. Rural facilities are cost settled at 110%.

The outpatient FMP was developed according to the State Plan using the CCRs and the billed charges from the base data. The calculation was completed at a hospital level.

The total impact of the outpatient fee changes is summarized in Table 6B below.

TABLE 6B:

OUTPATIENT FMP IMPACT					IMPACT AS % OF
Time Period	**Historical Cost**	**Fee Change Impact**	**Adjusted Cost**	**FMP Impact**	**Adjusted Cost**
FFY16	$430,965,113	$65,199,300	$496,164,413	$96,737,804	19.50%
FFY17	$451,323,323	$69,917,384	$521,240,707	$108,207,391	20.76%
Total	**$882,288,436**	**$135,116,684**	**$1,017,405,120**	**$204,945,195**	**20.14%**

Specialized Behavioral Health Fee Schedule Change
Effective July 1, 2018, LDH issued new Therapeutic Group Home (TGH) and Psychiatric Residential Treatment Facility (PRTF) per diems. The new fee schedule can be found on LDH's fee schedules website[2]. Mercer identified the affected services and estimated the impact of the fee schedule changes to develop adjustments to the capitation rates. The total impact of the TGH/PRTF fee changes is summarized in Table 6C below.

TABLE 6C:

TGH/PRTF FEE CHANGE IMPACT			IMPACT AS % OF	
Time Period	**Historical Cost**	**Fee Change Impact**	**Historical Cost**	**All Services Cost**
FFY16	$4,849,121	$1,059,774	21.85%	0.04%
FFY17	$5,099,744	$804,087	15.77%	0.03%
Total	**$9,948,864**	**$1,863,861**	**18.73%**	**0.03%**

Physician-Administered Drugs (PAD) Fee Schedule Change
Effective July 1, 2018, LDH made changes to the PAD reimbursement rates. The new rates will be posted on LDH's fee schedule website[3]. Mercer identified the affected services and estimated the impact of the fee schedule changes to develop adjustments to the capitation rates. The total impact of the PAD fee changes is summarized in Table 6D below.

TABLE 6D:

PHYSICIAN-ADMINISTERED DRUGS FEE CHANGE IMPACT			IMPACT AS % OF	
Time Period	**Historical Cost**	**Fee Change Impact**	**Historical Cost**	**All Services Cost**
FFY16	$2,834,321	$598,717	21.12%	0.02%
FFY17	$2,642,827	$310,473	11.75%	0.01%
Total	**$5,477,148**	**$909,190**	**16.60%**	**0.02%**

Hospital-Based Physician Services
Mercer calculated the FMP payments for hospital-based physician services provided at participating facilities by participating physicians according to the State Plan methodology. This methodology is designed to bring the payments for the physician services up to the community rate level. The community rate is defined as the rates paid by commercial payers for the same service. For state-owned or operated entities, Mercer calculated the FMP payments according to the State plan using the billed charges from the

[2] https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

[3] See note 2 above.

base data and the commercial charges-to-paid conversion factors provided by LDH. For non-state owned or operated entities, Mercer calculated the FMP payments according to the State plan using the units of service from the base data, the most currently available Medicare fees and the Medicare-to-commercial conversion factors provided by LDH. The conversion factors are maintained by LDH and updated periodically. For state-owned or operated entities, the conversion factors are updated annually. For non-state owned or operated entities, the factors are updated every three years.

LDH provided the latest available factors, which were last updated as of October 2018. Table 6E below shows the impact of FMP on the adjusted base cost of hospital-based physician services meeting the State Plan's criteria for FMP.

TABLE 6E:

HOSPITAL-BASED PHYSICIAN FMP IMPACT					IMPACT AS % OF
Time Period	**Historical Cost**	**Fee Change Impact**	**Adjusted Cost**	**FMP Impact**	**Adjusted Cost**
FFY16	$148,488,878		$148,488,878	$198,229,094	133.50%
FFY17	$148,596,790		$148,596,790	$198,946,347	133.88%
Total	**$297,085,668**		**$297,085,668**	**$397,175,442**	**133.69%**

Ambulance Services

Mercer calculated the ambulance FMP payments according to the State Plan using Medicare fee schedules and average commercial rates as a percentage of Medicare. Ambulance providers were classified as either Large Urban Governmental (LUG) or non-LUGs. LUGs have historically received 100.0% of the gap between average commercial rate and the Medicaid fee schedule while non-LUGs have historically received 17.35% of the gap. Mercer developed increases using these assumed funding levels. Average commercial rates as a percentage of Medicare were provided by LDH for RY 2019. According to the State Plan, average commercial rates are updated every three years. Table 6F below shows the impact of FMP on the adjusted base cost of ambulance services meeting the State Plan's criteria for FMP.

TABLE 6F:

AMBULANCE FMP IMPACT					IMPACT AS % OF
Time Period	**Historical Cost**	**Fee Change Impact**	**Adjusted Cost**	**FMP Impact**	**Adjusted Cost**
FFY16	$32,407,395		$32,407,395	$23,332,560	72.00%
FFY17	$30,991,690		$30,991,690	$22,904,377	73.90%
Total	**$63,399,085**		**$63,399,085**	**$46,236,937**	**72.93%**

Aggregate Fee Schedule Adjustments
Overall, as shown in Table 7, the combined effect of all the prospective fee adjustments was a 21.29% increase in the base data.

TABLE 7:

AGGREGATE FEE SCHEDULE CHANGES IMPACT					IMPACT AS % OF
Time Period	**Historical Cost**	**Fee Change Impact**	**Adjusted Cost**	**FMP Impact**	**Adjusted Cost**
FFY16	$2,938,439,843	$147,158,157	$3,085,598,000	$641,350,419	20.79%
FFY17	$2,962,971,073	$121,888,068	$3,084,859,140	$672,070,031	21.79%
Total	**$5,901,410,915**	**$269,046,225**	**$6,170,457,140**	**$1,313,420,450**	**21.29%**

Pharmacy Rebates

More so than most services covered in the Healthy Louisiana program, the pharmacy benefit is subject to frequent, rapid evolution. Furthermore, LDH expects that Healthy Louisiana MCOs will negotiate and maintain competitive purchasing agreements with pharmaceutical manufacturers, which includes maintaining competitive market share/supplemental rebate agreements.

In order to determine an appropriate pharmacy rebate adjustment, Mercer analyzed historical utilization patterns, as reported in the encounter data, by rate cell and therapeutic class. The historical experience was projected to the rating period and rebate adjustments were developed, by rate cell, in consideration of Healthy Louisiana MCO generic dispensing rates and current rebate levels within each therapeutic class. The resulting revised pharmacy rebate adjustments are shown in Table 8 below.

TABLE 8:

NON-EXPANSION PHARMACY REBATES				
Category of Aid	**Base Expenses**	**Rx Adjustment Dollars**	**Adjusted Expenses**	**Adj %**
SSI	$672,177,235	$(26,214,912)	$645,962,322	-3.9%
Family & Children	$614,013,334	$(19,034,413)	$594,978,921	-3.1%
Foster Care Children	$17,455,454	$(331,654)	$17,123,801	-1.9%
BCC	$5,980,484	$(107,649)	$5,872,835	-1.8%
LAP	$2,782,324	$(105,728)	$2,676,596	-3.8%
HCBS	$12,182,135	$(341,100)	$11,841,036	-2.8%

NON-EXPANSION PHARMACY REBATES				
Category of Aid	**Base Expenses**	**Rx Adjustment Dollars**	**Adjusted Expenses**	**Adj %**
CCM	$5,935,736	$(106,843)	$5,828,893	-1.8%
Statewide Non-Expansion	**$1,330,526,702**	**$(46,242,299)**	**$1,284,284,403**	**-3.5%**

Outliers

As part of the State Plan, inpatient hospitals receive an additional payment for high-cost stays for children under six, called outliers. These payments are for inpatient stays with a total cost to the hospital in excess of $150,000, where the cost is determined based on the hospital's Neonatal Intensive Care Unit (NICU) or Pediatric Intensive Care Unit (PICU)-specific CCR. LDH makes payments to a maximum of $10 million annually. As payment of outlier liability is the responsibility of Healthy Louisiana MCOs, this additional $10 million was built into the rates based on the distribution by rate cell observed in state fiscal year (SFY) 2017 payments. Outliers added an average cost of $0.89 PMPM to the base data used in rate setting. Table 9 details the impact of outliers on the rates by rate cell.

TABLE 9:

OUTLIERS ADJUSTMENT				
Category of Aid	**Rate Cell**	**Projected MMs**	**Outlier PMPM**	**Outliers Total Adjustment**
SSI	Newborn, 0-2 Months	678	$1,618.23	$1,096,939
SSI	Newborn, 3-11 Months	6,101	$125.94	$768,358
SSI	Child, 1-20 Years	424,104		
Family and Children	Newborn, 0-2 Months	123,687	$59.53	$7,362,552
Family and Children	Newborn, 3-11 Months	416,371	$1.28	$534,282
Family and Children	Child, 1-20 Years	7,881,855	$0.03	$237,870
Total		**8,852,796**	**$1.13**	**$10,000,000**
Total PH COAs*		**11,259,539**	**$0.89**	**$10,000,000**

*Outlier distribution is based on SFY 2017 experience.

Early Elective Delivery (EED)

Beginning February 2015, facility and delivering physician costs for EEDs will not be covered under the Healthy Louisiana program. MCOs receive an EED Kick Payment for deliveries that occur prior to

39 weeks for reasons that are not medically indicated in the Louisiana Electronic Event Registration System (LEERS) maintained by the Office of Public Health/Vital Records. Deliveries that occur prior to 39 weeks for reasons that are medically indicated in LEERS will receive the Maternity Kick Payment. Mercer identified the average facility and delivering physician costs embedded in the Maternity Kick Payment by region and excluded those costs to arrive at the EED Kick Payment. The EED Kick Payment is calculated by applying the EED adjustment, a reduction of percentage of 19.68%, to the regular Maternity Kick Payment.

Maternity Adjustment

Historically, Mercer has set the maternity kick payment exclusively based on Non-Expansion experience. In light of the fact that Expansion maternity data was available for the rating cycle and that the Maternity Kick Payment applies to birth event for both Non-Expansion and Expansion enrollees, Mercer developed an acuity adjustment to reflect the Expansion maternity experience. The Expansion maternity acuity adjustment was developed based on the relative costs of maternity events for the two populations. The impact of this adjustment on the Maternity Kick Payment, by region, is summarized in Table 10.

TABLE 10:

MATERNITY ADJUSTMENT	
Region	**% Impact**
Gulf	2.15%
North	3.85%
South Central	4.08%
Capital	4.20%
Statewide	**3.43%**

Positron Emission Tomography (PET) Scans

Effective February 1, 2018, Healthy Louisiana will cover PET scans for cancer-related purposes. This is a new State Plan service and is considered a physical health service. Therefore, only the physical health program is affected for Healthy Louisiana.

Mercer developed a projection of the Healthy Louisiana PET scan costs using fee schedule information provided by LDH and an estimate of expected PET scan utilization. As PET scans are a new State Plan service and encounter data is limited, the projected utilization was developed based on experience in Louisiana for a Commercial population (Blue Cross Blue Shield of Louisiana – Individual line of business), emerging utilization experience in the data and PET scan utilization in other Medicaid managed care programs covering similar populations and services in other states. The overall impact on the Non-Expansion rates due to the addition of the PET scan benefit was $0.33 PMPM. Please see Appendix I for more details.

Applied Behavioral Analysis (ABA)

Effective February 1, 2018, Healthy Louisiana will cover ABA services for all populations under the age of 21 for both the PH and SBH programs. During the two base years (FFY 2016 and FFY 2017), ABA services were provided in FFS.

ABA FFS experience for populations who are eligible to receive services through the Healthy Louisiana program was used to develop the ABA adjustment. Mercer also worked closely with LDH to understand how factors affecting rates could reasonably be expected to change between the base years and RY 2019. The ABA adjustment added $3.34 to the Non-Expansion PMPM. Please see Appendix J for more details.

Managed Care Linkage for Long-Term Care Users

Effective August 1, 2018, the State implemented changes that impact the managed care enrollment date for Healthy Louisiana enrollees who become eligible for LTC services. Specifically, the effective date of B-linkage (i.e., Behavioral Health Only coverage) enrollment status when a member enrolled in managed care with a P-linkage (i.e., Acute and Behavioral Health coverage), is certified as eligible for LTC services, will be the first day of the month following the member's LTC certification. Prior to August 1, 2018, the member was enrolled with a B-linkage effective the first day of the month that member was admitted to LTC. Disenrollment from the P-linkage will continue to happen on the last day of the month the member is admitted to LTC.

During the transitional month where a member is both enrolled with a P-linkage and certified for LTC, the MCO will have additional responsibility for services covered under the managed care contract that are not the responsibility of the nursing facility.

Mercer identified individuals within the base data whose eligibility would be impacted by this change, as well as the cost of the additional services that will become the responsibility of the MCO. This data was utilized to develop adjustments for each region and rate cell. The overall impact of this program change is a $0.36 PMPM increase to the Non-Expansion rate. Appendix K shows the impact on the claims PMPM by rate cell for the Non-Expansion rates.

Non Invasive Prenatal Testing (NIPT) Adjustment

Effective February 1, 2019, NIPT will be a covered service in the Healthy Louisiana program. NIPT is a genetic test, which uses maternal blood that contains cell-free fetal deoxyribonucleic acid (DNA) from the placenta. NIPT is considered a medical necessity once per pregnancy to pregnant women over the age of 35, and for women under age 35 who meet one or more of certain high-risk criteria.

Although NIPT was not a contractually required covered service historically, some Healthy Louisiana MCOs have paid for NIPT screenings in certain cases. Mercer relied on the available experience to estimate the NIPT program change adjustment. The impact of the NIPT adjustment on the Maternity Kick Payment is summarized in Table 11.

TABLE 11:

NIPT ADJUSTMENT				
Category of Aid	**Historical Cost**	**24-Mo Dollar Impact**	**11/12 of 24-Mo Impact**	**Impact %**
Maternity Kick Payment	$405,372,925	$1,047,314	$960,038	0.24%
Total Program	$5,901,410,915	$1,047,314	$960,038	0.02%

Continuous Glucose Monitoring Adjustment

Effective January 1, 2019, Healthy Louisiana MCOs will be responsible for the coverage of continuous glucose monitors for all eligible recipients that meet the following criteria:

- Diagnosis of type 1 diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels <50 mg/dl).
- Impaired hypoglycemia awareness that puts the recipient at risk or Pregnant recipient with poorly controlled type 1 diabetes evident by recurrent, unexplained hypoglycemic episodes, hypoglycemic unawareness or postprandial hyperglycemia, or recurrent diabetic ketoacidosis.

Mercer developed a projection of the Healthy Louisiana CGM costs using fee schedule information provided by LDH and an estimate of expected CGM utilization based on clinical expertise. As CGMs are a new State Plan service, the projected utilization was developed based on the SFY17 utilization of recipients with Type I diabetes and insulin dependence. The overall impact on the Non-Expansion rates due to the addition of the CGM benefit was an increase of $0.34 PMPM. Please see Appendix L for more details.

Federally Qualified Health Center/Rural Health Clinic (FQHC/RHC)

Long-acting reversible contraceptive (LARC)

Effective January 1, 2019, and with the date of service forward, Louisiana Department of Health will reimburse for LARC devices and diagnosis separate from the prospective payment system (PPS) rate to FQHC and RHC providers. The Actual Acquisition Cost (AAC) to the FQHC will determine the reimbursement for LARC devices.

Same Day Billing
Effective for dates of service on or after April 1, 2019, the Medicaid program shall establish an alternative payment methodology for behavioral health services provided in RHCs by one of the following practitioners:

- Physicians with a psychiatric specialty.
- Nurse practitioners or clinical nurse specialist with a psychiatric specialty.
- Licensed clinical social workers.
- Clinical psychologist.

The reimbursement for behavioral health services will equal the all-inclusive encounter PPS rate on file for fee for service on the date of service. This reimbursement will be in addition to any all-inclusive PPS rate on the same date for a medical visit.

Mercer developed the projection of these two changes by using updated fee schedules and supplemental information provided by LDH in conjunction with historical Healthy Louisiana data. Table 12 below summarizes the projected impact to the rates related to these FQHC/RHC reimbursement methodology changes.

TABLE 12:

FQHC/RHC ADJUSTMENT					
Category of Aid	**Rate Cell**	**[A]**	**[B]**	**[C]**	**[D] = [B]+[C]**
		RY19 Projected MMs	**LARC PMPM**	**Same Day Billing PMPM**	**Total FQHC/RHC PMPM**
SSI	Newborn, 0-2 Months	678		$0.06	$0.06
SSI	Newborn, 3-11 Months	6,101		$0.01	$0.01
SSI	Child, 1-20 Years	424,104	$0.00	$0.29	$0.29
SSI	Adult 21+ Years	882,601	$0.00	$0.30	$0.31
Family & Children	Newborn, 0-2 Months	123,687		$0.01	$0.01
Family & Children	Newborn, 3-11 Months	416,371		$0.01	$0.01

FQHC/RHC ADJUSTMENT					
Category of Aid	**Rate Cell**	**[A]**	**[B]**	**[C]**	**[D] = [B]+[C]**
		RY19 Projected MMs	**LARC PMPM**	**Same Day Billing PMPM**	**Total FQHC/RHC PMPM**
Family & Children	Child, 1-20 Years	7,881,855	$0.00	$0.11	$0.11
Family & Children	Adult 21+ Years	1,265,269	$0.01	$0.19	$0.19
Foster Care Children	Foster Care, All Ages, Male & Female	155,493		$0.25	$0.25
BCC	BCC, All Ages, Male & Female	5,736		$0.50	$0.50
LAP	LAP, All Ages, Male & Female	40,385		$0.08	$0.08
HCBS	Male & Female, Age 20 & Under	5,618		$0.15	$0.15
HCBS	Male & Female 21+	17,413		$0.43	$0.44
CCM	Chisholm, All Ages, Male & Female	34,227	$0.00	$0.26	$0.26
SBH - CCM	SBH – CCM, All Ages	41,927		$0.24	$0.24
SBH - Duals	SBH – Dual Eligible, All Ages	1,236,752		$0.01	$0.01
SBH - HCBS	Child 1-20 Years	19,659		$0.20	$0.20
SBH – HCBS	Adult 21+ Years	41,285		$0.28	$0.28
SBH - Other	SBH – All Ages	38,339		$0.06	$0.06
Total (All COAs)		**13,874,252**	**$0.00**	**$0.11**	**$0.12**

Breast Pump Adjustment

Effective January 1, 2019, the Healthy Louisiana program will cover personal-use, double electric breast pumps for nursing mothers, without prior authorization. Hospital grade, manual or single breast pumps will

not be covered, and, therefore, are not part of Mercer's estimation. Nursing mothers will be eligible for one breast pump per delivery.

Although LDH is adding this service to the State Plan, some Healthy Louisiana MCOs have historically paid for personal-use, double electric breast pumps. Mercer used this historical experience to estimate the cost of program-wide coverage of these breast pumps. Table 13 below summarizes the impact of the addition of this new service to the non-Expansion cost-per-delivery for FFY16–17.

TABLE 13

BREAST PUMP ADJUSTMENT			
Category of Aid	**Historical Cost**	**Dollar Impact**	**Impact %**
Maternity Kick Payment	$405,372,925	$1,191,774	0.29%
Total Program	$5,901,410,915	$1,191,774	0.02%

PART C: NON-EXPANSION CAPITATION RATE DEVELOPMENT

Mercer followed rate development standards related to base data and described in Part B of this letter to develop an adjusted base data. To obtain the final projected benefit costs, the base data was further adjusted to account for trends and other contract provisions.

SUBPART C.1: PROJECTED BENEFIT COSTS

Trend

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the cost of providing health care services in a future period. Mercer studied historical cost and utilization data for each of the three data sources incorporated in the capitation rates: Healthy Louisiana encounters, Healthy Louisiana MCO financial reports and FFS. Trends were selected based on Louisiana experience, as well as national trend information.

Prospective trends were applied to the blended base data. The trend factors by population are shown in Appendix M.

IN-LIEU OF SERVICES

The costs in the base data reflect costs for State Plan services delivered in a managed care environment. In some cases, for the adult population, the MCOs provided an approved service in lieu of a State plan service. The utilization and unit costs of the in-lieu-of services were taken into account in developing the projected benefit costs of the covered services (as opposed to utilization and unit costs of the State plan services or settings) with the exception of the Inpatient Psychiatric Institutions for Mental Diseases (IMD) stays for which utilization was repriced at the cost of the same services through providers included under the state plan. Additional detail regarding the repricing of the Inpatient Psychiatric IMD stays is described in more detail in the section below. Please refer to Appendix N for a summary of these costs and the percentage of cost that the in-lieu-of services represent in each category of service.

INSTITUTIONS FOR MENTAL DISEASES

On May 6, 2016, CMS published the Medicaid and CHIP Programs Final Rule. Provision §438.6(e) states the following, "…the State may make a monthly capitation payment to an MCO or PIHP for adults receiving inpatient treatment in an IMD, so long as the facility is a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder (SUD) crisis residential services, and length of stay in the IMD is for a short-term stay of no more than 15 days during the period of the monthly capitation payment." This requirement was effective as of July 6, 2016.

No adjustments were made in rate development to IMD SUD services as they were approved as covered services via Louisiana's 1115 Waiver effective February 1, 2018.

For Inpatient Psychiatric IMD stays, Mercer received a list of IMD facilities that existed during the base data period (FFY 2016 and FFY 2017). Using this list of IMD facilities, Mercer identified all individuals within the base data who had an overnight stay in an IMD and sorted them into short stays (15 cumulative days or less in a given month) versus long stays (16 or more cumulative days in a given month). Table 14 below shows user-month counts and costs within the base associated with IMD users by FFY.

Please note that to the extent there were IMDs in the base period that were not included on the IMD facilities list utilized by Mercer for this analysis and/or that there were overnight IMD stays paid for an entity other than Medicaid, the methodology described in this section would not have been able to identify them. If new or better data becomes available, it may be necessary to refine the IMD adjustments described below accordingly.

For Inpatient Psychiatric IMD long stays, adjustment factors were developed by region, rate cell and year to remove all costs and user months incurred during the IMD long-stay. This includes the member months and costs for the IMD itself as well as non-IMD services incurred during the days in which the individual was in the IMD during the month of the IMD long stay. In aggregate, the impact of these adjustments on the base were a 0.06% reduction to the FFY 2016 PMPM and a 0.07% reduction to the FFY 2017 PMPM.

Another component of §438.6(e) requires that States "must price utilization at the cost of the same services through providers included under the State Plan." Mercer evaluated the average cost per diem of IMD stays and compared this to the average cost per diem of Inpatient Psychiatric stays in non-IMD hospitals. Repricing the short stay Inpatient Psychiatric IMD utilization at the non-IMD per diem resulted in an increase to SBH inpatient services of 3.8% in FFY 2016 and 5.1% in FFY 2017, respectively.

TABLE 14A:

IMD INPATIENT PSYCHIATRIC SHORT STAYS							
Time Period	User Months	IP Psych Overnight Stay Service		Non-IP Psych Service		All Services	
		Cost	Cost Per User Month	Cost	Cost Per User Month	Cost	Cost Per User Month
FFY 2016	8,351	$19,730,149	$2,362.61	$16,159,033	$1,934.98	$35,889,182	$4,297.59

IMD INPATIENT PSYCHIATRIC SHORT STAYS							
Time Period	User Months	IP Psych Overnight Stay Service		Non-IP Psych Service		All Services	
		Cost	Cost Per User Month	Cost	Cost Per User Month	Cost	Cost Per User Month
FFY 2017	8,045	$19,645,943	$2,442.01	$17,267,711	$2,146.39	$36,913,654	$4,588.40
Total	**16,396**	**$39,376,092**	**$2,401.57**	**$33,426,744**	**$2,038.71**	**$72,802,836**	**$4,440.28**

TABLE 14B:

IMD INPATIENT PSYCHIATRIC LONG STAYS							
Time Period	User Months	IP Psych Overnight Stay Service		Non-IP Psych Service		All Services	
		Cost	Cost Per User Month	Cost	Cost Per User Month	Cost	Cost Per User Month
FFY 2016	383	$1,702,017	$4,443.91	$229,999	$600.52	$1,932,017	$5,044.43
FFY 2017	390	$1,776,513	$4,555.16	$285,826	$732.89	$2,062,340	$5,288.05
Total	**773**	**$3,478,531**	**$4,500.04**	**$515,826**	**$667.30**	**$3,994,357**	**$5,167.34**

The most recent (July 2018–June 2019) rate development guide (RDG) requests certain metrics regarding IMD usage. As stated above, SUD services are considered covered due to the approved 1115 waiver. Therefore, we only reviewed mental health overnight services in IMDs. Further, these MH overnight stays were reviewed on a monthly basis, per the Final Rule. Therefore, the maximum stay that occurs in our summarized data (in a month) is 31 days. The two tables below display the metrics requested by the RDG.

TABLE 15A:

MONTH STATISTICS FOR ENROLLEES WHO RECEIVED MH OVERNIGHT SERVICES IN AN IMD					
Time Period	Unique Enrollees	Minimum	Maximum	Mean	Median
FFY 2016	5,336	1	10	2	1
FFY 2017	5,210	1	12	2	1

TABLE 15B:

LENGTH OF STAY STATISTICS BY MONTH FOR MH OVERNIGHT SERVICES IN AN IMD

Time Period	Unique Enrollees	Minimum	Maximum	Mean	Median
FFY 2016	5,336	1	31	7	6
FFY 2017	5,210	1	31	7	6

RETROACTIVE ELIGIBILITY ADJUSTMENT

MCOs are liable for all claims incurred during a retroactive eligibility period. Eligible members are granted retroactive eligibility, based on their eligibility for Healthy Louisiana, for up to 12 months prior to enrollment in an MCO. The MCO selected by these members receive one capitation payment per month of retroactive enrollment.

Mercer reviewed the retroactive eligibility and claims experience data and developed adjustment factors that were applied to the projected benefit costs. For this rating cycle, the only rate cell for which a retroactive eligibility adjustment was deemed necessary was the BCC, All Ages rate cell. BCC, All Ages rates were increased by 1.40% in consideration of the observed cost relativities. Additional detail related to this adjustment is presented in Appendix O.

Subpart C.2: Special Contract Provisions

Withhold Arrangement

Effective February 1, 2018, a withhold of the monthly capitated payment shall be applied to incentivize quality, health outcomes and value-based payments. The withhold amount will be equal to 2% of the monthly capitated payment for physical and basic behavioral health for all MCO members, exclusive of maternity kick payments and the FMP component of the monthly capitated payment. Quality and health outcomes, along with value-based payments will each account for 1% (half of the withhold) and are intended to incentivize the MCOs to meet all requirements.

Based on recent Healthy Louisiana MCO performance, Mercer determined that two of the 16 quality or health outcome measures were deemed not reasonably attainable. These two measures are ED visits per 1,000 and Controlling High Blood Pressure. All other measures for quality and health outcomes were deemed reasonably attainable. All value-based payments were deemed reasonably attainable.

Due to two quality and health outcomes being deemed not reasonably attainable, there will be an adjustment to the actuarially sound lower bound. For those rate cells impacted by the withhold, a factor of 1.00125 (1% * 2/16 = 0.125%) will be applied to all impacted rate cells prior to the application of the FMP adjustment in order to comply with the relevant actuarial standards of practice.

SUBPART C.3: PROJECTED NON-BENEFIT COSTS

Non-Medical Expense Load

Administrative Expense Load

The actuarially sound capitation rates developed include a provision for MCO administration and other non-medical expenses. Mercer reviewed line item detail of each MCO's administrative expenses, which tied back to the MCO financial reports as well as relied on its professional experience in working with numerous State Medicaid programs to develop the administrative load. This process included consideration for increases in expenses including items such as additional case management due to claims volume, increases in staff compensation over time, and consideration for enrollment growth. Administrative Expense Load assumptions are summarized by program in Table 16.

TABLE 16:

ADMIN PMPM BY PROGRAM		
Program	**Lower Bound**	**Upper Bound**
PH program	$27.81	$30.12
SBH program	$5.24	$5.68
Maternity	$315.46	$341.75

The load for each rate cell was determined using a fixed and variable cost model. Under this model, a fixed administrative expense is attributed to each rate cell, which reflects program requirements, such as state-mandated staffing, and other indirect operational expenses. Added to this is a variable administrative amount, based on claims volume. This methodology results in administrative expense loads that vary as a percentage by rate cell. The resulting variance in administrative expense determined using this methodology results in a higher allocation of administrative expenses on the rate cells with higher utilization, which Mercer believes is more accurate in reflecting the drivers of plan administration requirements.

Underwriting Gain Load

A provision was made in the final rates for underwriting gain. The lower bound reflects an assumption of 1.50% and the upper bound reflects an assumption of 2.50%; the underwriting gain load is calculated prior to the application of FMP adjustments.

Premium-based Taxes

Final rates also include a provision for Louisiana's 5.50% premium tax.

FEDERAL HEALTH INSURANCE PROVIDER FEE

Section 9010 of the ACA established a health insurance provider fee (HIPF), which applies to certain for-profit/tax-paying health insurers. For-profit Medicaid health plans are not exempt from the HIPF, which will become a cost of doing business that is appropriate to recognize in actuarially sound capitation rates.

At the time of this certification, many aspects of the calculation and application of this fee remain uncertain. The HIPF fees associated with calendar year 2019 experience will be calculated and become payable sometime during the third quarter of 2020. As these fees are not yet defined by insurer and by marketplace, no adjustment has been made in the rate range development for the Healthy Louisiana program. An adjustment and revised certification will be considered when the fee amount and impacted entities applicable to this rate period are announced.

SUBPART C.4: RISK MITIGATION

Risk Adjustment

Risk adjustment will be applied to the rates in Appendix A to reflect differences in health status of the members served in each MCO using the Adjusted Clinical Groups (ACG) model. The ACG model uses diagnostic information along with member demographics (age and sex categories) to classify members into mutually exclusive ACG categories, which are indicative of health care resource usage in terms of cost consumption. The State typically updates risk scores semi-annually, but the update timing and frequency may change to account for key program changes and data availability.

The application of the ACG model was tailored to the Healthy Louisiana program by using Louisiana cost experience to determine the relative costs associated with each ACG category. This step produces Louisiana-specific cost weights which assign a risk score to each member with sufficient experience (six or more months of enrollment with a MCO). An age/gender risk assumption is made for members without an ACG assignment. These member-level risk scores will be aggregated by MCO, producing MCO risk scores, which are adjusted for budget neutrality. The risk adjustment process does not increase nor decrease the overall cost of the program, but can change the distribution across the various Healthy Louisiana MCOs according to the relative risk of their enrolled members. This is consistent with the budget neutrality requirements outlined in 42 CFR 438.5(g). The FMP component of the rates will not be risk adjusted. The FMP component is added to the risk adjusted rate to produce the final rate. Table 17 shows the rate cells that will be risk adjusted.

TABLE 17:

RISK-ADJUSTED RATE CELLS	
SSI	
Child, 1–20 Years, Male & Female	Adult, 21+ Years, Male & Female
Family and Children (TANF)	
Child, 1–20 Years, Male & Female	Adult, 21+ Years, Male & Female
FCC	
All Ages, Male & Female	
LAP	
All Ages, Male & Female	

Separate sets of risk scores are developed for each rate cells and region, except for FCC and LAP where the risk scores are developed on a statewide basis.

For more detail regarding the risk adjustment process, please reference the separate risk-adjustment methodology letter that corresponds with each risk adjustment update.

Non-Expansion Minimum Medical Loss Ratio (MLR)

In accordance with the MCO Financial Reporting Guide published by LDH, each MCO shall provide an annual MLR report following the end of the MLR reporting year, which shall be a calendar year. An MLR shall be reported in the aggregate, including all medical services covered under the contract. If the aggregate MLR (cost for health care benefits and services and specified quality expenditures) is less than 85%, the MCO shall refund LDH the difference.

INCENTIVE ARRANGEMENT

The CMS RDG defines incentive arrangements as “any payment mechanism under which a health plan may receive additional funds over and above the capitation rate it was paid for meeting targets specified in the contract.”

Effective February 1, 2018, MCOs may earn incentive payments up to 5%, in total, above the approved capitation payment attributable to the enrollees or services covered by the incentive arrangements implemented by LDH. These incentive payments will support the activities, targets, performance measures, or quality-based outcomes specified in LDH’s quality strategy. Mercer will work with LDH to ensure the incentive arrangement is consistently administered such that it complies with the regulations at 42 CFR 438.6(b)(2).

SECTION 2: EXPANSION CAPITATION RATE DEVELOPMENT

This certification covers rates for four of LDH’s five Medicaid Expansion rate cells: Expansion SBH Dual Eligible, Expansion SBH Chisolm, Expansion SBH Other and the Expansion Maternity Kick Payment. In each of these instances, a Non-Expansion analog exists for these rate cells. Furthermore, the nature of the benefits provided by the Healthy Louisiana MCOs for individuals in these rate cells are not expected to vary significantly between the Non-Expansion and Expansion populations. Accordingly, it is Mercer’s opinion that the rates developed and certified as actuarially sound for the Non-Expansion SBH Dual Eligible, SBH Chisolm, SBH Other and Maternity Kick Payment are also actuarially sound for the for the corresponding Expansion rate cells.

Please refer back to Part C: Non-Expansion Capitation Rate Development for a description of the rate development of the Non-Expansion SBH and Maternity Kick Payment rates.

SECTION 3: CERTIFICATION OF FINAL RATES

This certification assumes items in the Medicaid State Plan or Waiver, as well as the Healthy Louisiana MCO contract, have been approved by CMS.

In preparing the rates shown in Appendix A, Mercer has used and relied upon enrollment, FFS claims, encounter data, reimbursement level, benefit design, and other information supplied by LDH and its fiscal

agent. LDH, its fiscal agent, and the Healthy Louisiana MCOs are responsible for the validity and completeness of the data supplied. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit them. In our opinion they are appropriate for the intended purposes. However, if the data and information are incomplete/inaccurate, the values shown in this report may differ significantly from values that would be obtained with accurate and complete information; this may require a later revision to this report.

Because modeling all aspects of a situation or scenario is not possible or practical, Mercer may use summary information, estimates, or simplifications of calculations to facilitate the modeling of future events in an efficient and cost-effective manner. Mercer may also exclude factors or data that are immaterial in our judgment. Use of such simplifying techniques does not, in our judgment, affect the reasonableness, appropriateness, or attainability of the results for the Medicaid program. Actuarial assumptions may also be changed from one certification period to the next because of changes in mandated requirements, program experience, changes in expectations about the future, and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable, inappropriate, or unattainable when they were made.

Mercer certifies the rates in Appendix A, including any risk-sharing mechanisms, were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the Medicaid covered populations and services under the Healthy Louisiana MCO contract. The undersigned actuaries are members of the American Academy of Actuaries and meet its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Rates and ranges developed by Mercer are actuarial projections of future contingent events. All estimates are based upon the information and data available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely, and potentially wide, range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. Actual Healthy Louisiana MCO costs will differ from these projections. Mercer has developed these rates on behalf of LDH to demonstrate compliance with the CMS requirements under 42 CFR 438.4 and accordance with applicable law and regulations. Use of these rate ranges for any purpose beyond that stated may not be appropriate.

Healthy Louisiana MCOs are advised that the use of these rates may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rates by Healthy Louisiana MCOs for any purpose. Mercer recommends that any MCO considering contracting with LDH should analyze its own projected medical expense, administrative expense, and any other premium needs for comparison to these rate ranges before deciding whether to contract with LDH.

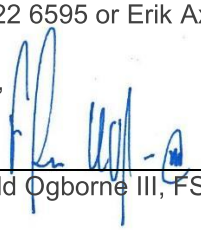
LDH understands that Mercer is not engaged in the practice of law, or in providing advice on taxation matters. This report, which may include commenting on legal or taxation issues or regulations, does not constitute and is not a substitute for legal or taxation advice. Accordingly, Mercer recommends that LDH secure the advice of competent legal and taxation counsel with respect to any legal or taxation matters related to this report or otherwise.

This certification letter assumes the reader is familiar with the Healthy Louisiana Program, Medicaid eligibility rules, and actuarial rate-setting techniques. It has been prepared exclusively for LDH and CMS, and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results. Mercer is not responsible for, and expressly disclaims liability for, any reliance on this report by third parties.

LDH agrees to notify Mercer within 30 days of receipt of this report if it disagrees with anything contained in this report or is aware of any information or data that would affect the results of this report that has not been communicated or provided to Mercer or incorporated herein. The report will be deemed final and acceptable to LDH if nothing is received by Mercer within such 30-day period.

If you have any questions on any of the above, please feel free to contact Ron Ogborne at +1 602 522 6595 or Erik Axelsen at +1 404 442 3517 at your convenience.

Sincerely,



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Appendix A: Healthy Louisiana Capitation Rate Range

Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery
Gulf	SSI	Newborn, 0-2 Months	238	$ 29,393.75	$ 29,420.76	$ 31,210.07
Gulf	SSI	Newborn, 3-11 Months	1,677	$ 5,716.22	$ 5,721.68	$ 6,079.72
Gulf	SSI	Child, 1-20 Years	121,230	$ 790.28	$ 791.15	$ 843.88
Gulf	SSI	Adult, 21+ Years	259,217	$ 1,513.65	$ 1,515.15	$ 1,610.84
Gulf	Family and Children	Newborn, 0-2 Months	34,542	$ 3,240.13	$ 3,242.70	$ 3,418.88
Gulf	Family and Children	Newborn, 3-11 Months	117,040	$ 312.92	$ 313.22	$ 331.43
Gulf	Family and Children	Child, 1-20 Years	2,187,767	$ 188.09	$ 188.30	$ 201.07
Gulf	Family and Children	Adult, 21+ Years	375,685	$ 397.38	$ 397.79	$ 423.76
Gulf	Foster Care Children	Foster Care, All Ages Male & Female	28,131	$ 536.30	$ 536.93	$ 577.92
Gulf	Breast and Cervical Cancer	BCC, All Ages Female	1,418	$ 2,292.81	$ 2,295.20	$ 2,432.75
Gulf	LaCHIP Affordable Plan	All Ages	8,259	$ 225.02	$ 225.27	$ 239.87
Gulf	HCBS Waiver	20 & Under, Male and Female	1,474	$ 1,827.28	$ 1,829.26	$ 1,949.32
Gulf	HCBS Waiver	21+ Years, Male and Female	4,795	$ 1,505.43	$ 1,507.07	$ 1,612.32
Gulf	Chisholm Class Members	Chisholm, All Ages Male & Female	9,622	$ 1,503.51	$ 1,505.24	$ 1,585.26
Gulf	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	10,629	$ 340.86	$ 340.86	$ 356.63
Gulf	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	336,218	$ 40.22	$ 40.22	$ 43.86
Gulf	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	5,277	$ 223.56	$ 223.56	$ 229.55
Gulf	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,675	$ 68.79	$ 68.79	$ 74.51
Gulf	SBH - Other	SBH - Other, All Ages	7,377	$ 177.34	$ 177.34	$ 189.31
Gulf	Maternity Kickpayment	Maternity Kickpayment, All Ages	7,205	$ 15,125.50	$ 15,125.50	$ 15,768.06
Gulf	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 7,625.61	$ 7,625.61	$ 7,752.09
Gulf	Medicaid Expansion	SBH - Dual Eligible, All Ages	5,580	$ 40.22	$ 40.22	$ 43.86
Gulf	Medicaid Expansion	SBH - Other	122	$ 177.34	$ 177.34	$ 189.31
Gulf	Medicaid Expansion	SBH - CCM, All Ages	136	$ 340.86	$ 340.86	$ 356.63
Gulf	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,532	$ 15,125.50	$ 15,125.50	$ 15,768.06
Gulf	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	$ 7,625.61	$ 7,625.61	$ 7,752.09
Capital	SSI	Newborn, 0-2 Months	178	$ 29,843.11	$ 29,870.68	$ 31,702.16
Capital	SSI	Newborn, 3-11 Months	1,225	$ 5,691.64	$ 5,697.07	$ 6,052.80
Capital	SSI	Child, 1-20 Years	90,215	$ 833.50	$ 834.46	$ 892.29
Capital	SSI	Adult, 21+ Years	183,760	$ 1,469.18	$ 1,470.74	$ 1,569.98
Capital	Family and Children	Newborn, 0-2 Months	31,212	$ 2,866.06	$ 2,868.76	$ 3,056.74
Capital	Family and Children	Newborn, 3-11 Months	105,087	$ 287.53	$ 287.83	$ 305.74
Capital	Family and Children	Child, 1-20 Years	1,933,362	$ 191.06	$ 191.27	$ 204.60
Capital	Family and Children	Adult, 21+ Years	307,571	$ 425.16	$ 425.60	$ 453.94
Capital	Foster Care Children	Foster Care, All Ages Male & Female	42,450	$ 539.17	$ 539.80	$ 581.10
Capital	Breast and Cervical Cancer	BCC, All Ages Female	1,783	$ 2,293.44	$ 2,295.84	$ 2,433.22
Capital	LaCHIP Affordable Plan	All Ages	12,199	$ 219.62	$ 219.86	$ 234.40
Capital	HCBS Waiver	20 & Under, Male and Female	1,341	$ 1,931.53	$ 1,933.64	$ 2,058.41
Capital	HCBS Waiver	21+ Years, Male and Female	3,746	$ 1,511.36	$ 1,513.01	$ 1,618.83
Capital	Chisholm Class Members	Chisholm, All Ages Male & Female	7,752	$ 1,390.04	$ 1,391.63	$ 1,471.72
Capital	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	11,032	$ 266.57	$ 266.57	$ 281.44
Capital	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	267,983	$ 26.92	$ 26.92	$ 29.27
Capital	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	5,736	$ 163.37	$ 163.37	$ 168.68
Capital	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,602	$ 68.61	$ 68.61	$ 74.35
Capital	SBH - Other	SBH - Other, All Ages	10,092	$ 175.19	$ 175.19	$ 186.98
Capital	Maternity Kickpayment	Maternity Kickpayment, All Ages	6,319	$ 11,221.64	$ 11,221.64	$ 11,780.75
Capital	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 4,695.48	$ 4,695.48	$ 4,805.53
Capital	Medicaid Expansion	SBH - Dual Eligible, All Ages	3,378	$ 26.92	$ 26.92	$ 29.27
Capital	Medicaid Expansion	SBH - Other	224	$ 175.19	$ 175.19	$ 186.98
Capital	Medicaid Expansion	SBH - CCM, All Ages	147	$ 266.57	$ 266.57	$ 281.44
Capital	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,732	$ 11,221.64	$ 11,221.64	$ 11,780.75
Capital	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	$ 4,695.48	$ 4,695.48	$ 4,805.53

Appendix A: Healthy Louisiana Capitation Rate Range

Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery
South Central	SSI	Newborn, 0-2 Months	131	$ 29,366.78	$ 29,393.75	$ 31,180.49
South Central	SSI	Newborn, 3-11 Months	1,475	$ 5,703.64	$ 5,709.09	$ 6,065.94
South Central	SSI	Child, 1-20 Years	100,145	$ 742.56	$ 743.41	$ 793.71
South Central	SSI	Adult, 21+ Years	227,976	$ 1,323.26	$ 1,324.65	$ 1,412.89
South Central	Family and Children	Newborn, 0-2 Months	34,171	$ 3,094.31	$ 3,097.21	$ 3,299.08
South Central	Family and Children	Newborn, 3-11 Months	112,644	$ 295.78	$ 296.09	$ 315.03
South Central	Family and Children	Child, 1-20 Years	2,139,679	$ 185.94	$ 186.15	$ 199.31
South Central	Family and Children	Adult, 21+ Years	337,789	$ 388.68	$ 389.09	$ 415.06
South Central	Foster Care Children	Foster Care, All Ages Male & Female	51,106	$ 537.95	$ 538.58	$ 579.40
South Central	Breast and Cervical Cancer	BCC, All Ages Female	1,139	$ 2,286.85	$ 2,289.24	$ 2,426.29
South Central	LaCHIP Affordable Plan	All Ages	11,719	$ 229.40	$ 229.65	$ 244.17
South Central	HCBS Waiver	20 & Under, Male and Female	1,514	$ 1,830.53	$ 1,832.51	$ 1,951.94
South Central	HCBS Waiver	21+ Years, Male and Female	4,914	$ 1,499.92	$ 1,501.55	$ 1,606.04
South Central	Chisholm Class Members	Chisholm, All Ages Male & Female	9,671	$ 1,350.62	$ 1,352.16	$ 1,431.85
South Central	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	11,112	$ 280.70	$ 280.70	$ 296.05
South Central	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	348,821	$ 26.53	$ 26.53	$ 28.85
South Central	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	5,313	$ 66.94	$ 66.94	$ 71.35
South Central	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	11,363	$ 68.61	$ 68.61	$ 74.34
South Central	SBH - Other	SBH - Other, All Ages	11,397	$ 177.02	$ 177.02	$ 188.96
South Central	Maternity Kickpayment	Maternity Kickpayment, All Ages	6,823	$ 10,315.38	$ 10,315.38	$ 10,859.48
South Central	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 3,964.27	$ 3,964.27	$ 4,071.37
South Central	Medicaid Expansion	SBH - Dual Eligible, All Ages	4,092	$ 26.53	$ 26.53	$ 28.85
South Central	Medicaid Expansion	SBH - Other	171	$ 177.02	$ 177.02	$ 188.96
South Central	Medicaid Expansion	SBH - CCM, All Ages	98	$ 280.70	$ 280.70	$ 296.05
South Central	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,410	$ 10,315.38	$ 10,315.38	$ 10,859.48
South Central	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	$ 3,964.27	$ 3,964.27	$ 4,071.37
North	SSI	Newborn, 0-2 Months	131	$ 29,187.75	$ 29,214.50	$ 30,984.47
North	SSI	Newborn, 3-11 Months	1,724	$ 5,622.90	$ 5,628.24	$ 5,977.53
North	SSI	Child, 1-20 Years	112,513	$ 803.50	$ 804.42	$ 858.63
North	SSI	Adult, 21+ Years	211,648	$ 1,221.52	$ 1,222.82	$ 1,305.56
North	Family and Children	Newborn, 0-2 Months	23,762	$ 2,746.16	$ 2,748.64	$ 2,918.49
North	Family and Children	Newborn, 3-11 Months	81,600	$ 279.30	$ 279.59	$ 296.83
North	Family and Children	Child, 1-20 Years	1,621,048	$ 206.33	$ 206.57	$ 221.66
North	Family and Children	Adult, 21+ Years	244,224	$ 370.43	$ 370.83	$ 396.58
North	Foster Care Children	Foster Care, All Ages Male & Female	33,806	$ 565.15	$ 565.81	$ 607.97
North	Breast and Cervical Cancer	BCC, All Ages Female	1,396	$ 2,280.88	$ 2,283.26	$ 2,419.74
North	LaCHIP Affordable Plan	All Ages	8,208	$ 217.30	$ 217.54	$ 232.01
North	HCBS Waiver	20 & Under, Male and Female	1,288	$ 1,876.63	$ 1,878.67	$ 1,998.27
North	HCBS Waiver	21+ Years, Male and Female	3,958	$ 1,515.60	$ 1,517.25	$ 1,623.43
North	Chisholm Class Members	Chisholm, All Ages Male & Female	7,182	$ 1,377.41	$ 1,378.98	$ 1,459.55
North	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	9,155	$ 281.56	$ 281.56	$ 297.37
North	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	283,730	$ 33.54	$ 33.54	$ 36.52
North	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	3,333	$ 123.77	$ 123.77	$ 128.87
North	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	8,646	$ 69.82	$ 69.82	$ 75.66
North	SBH - Other	SBH - Other, All Ages	9,472	$ 176.21	$ 176.21	$ 187.88
North	Maternity Kickpayment	Maternity Kickpayment, All Ages	5,077	$ 11,563.95	$ 11,563.95	$ 12,115.11
North	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 5,132.43	$ 5,132.43	$ 5,240.92
North	Medicaid Expansion	SBH - Dual Eligible, All Ages	2,384	$ 33.54	$ 33.54	$ 36.52
North	Medicaid Expansion	SBH - Other	128	$ 176.21	$ 176.21	$ 187.88
North	Medicaid Expansion	SBH - CCM, All Ages	93	$ 281.56	$ 281.56	$ 297.37
North	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,831	$ 11,563.95	$ 11,563.95	$ 12,115.11
North	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	$ 5,132.43	$ 5,132.43	$ 5,240.92

Notes:
1. Where applicable, final rates have been adjusted to account for the portion of contractual withholds that Mercer has determined to be reasonably attainable.

Appendix B: Healthy Louisiana Eligibility Designation

Covered Populations					
Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
CCM*				●	●
Dual Eligibles**					●
ABD (Aged, Blind, and Disabled)					
	Acute Care Hospitals (LOS > 30 days)	All Ages	●		
	ADHC (Adult Day Health Services Waiver)	All Ages		●	
	BPL (Walker vs. Bayer)	All Ages	●		
	Children's Waiver - Louisiana Children's Choice	All Ages		●	
	Community Choice Waiver	All Ages		●	
	Disability Medicaid	All Ages	●		
	Disabled Adult Child	All Ages	●		
	Disabled Widow/Widower (DW/W)	All Ages	●		
	Early Widow/Widowers	All Ages	●		
	Excess Home Equity Over SIL & NF Fee (Aged)	Adult			●
	Excess Home Equity Over SIL & NF Fee (Blind and Disabled)	All Ages			●
	Excess Home Equity SSI Under SIL (Aged)	Adult			●
	Excess Home Equity SSI Under SIL (Blind and Disabled)	All Ages			●
	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Adult			●
	Excess Home Equity SSI Under SIL-Reg LTC (Blind and Disabled)	All Ages			●
	Family Opportunity Program	All Ages	●		
	Forced Benefits (Aged)	Adult			●
	Forced Benefits (Blind)	All Ages			●
	Former SSI	All Ages	●		
	LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	All Ages	●		
	LTC (Long Term Care) (Aged)	Adult			●
	LTC (Long Term Care) (Blind and Disabled)	All Ages			●
	LTC MNP/Transfer of Resources (Aged)	Adult			●
	LTC MNP/Transfer of Resources (Blind and Disabled)	All Ages			●
	LTC Payment Denial/Late Admission Packet (Aged)	Adult			●
	LTC Payment Denial/Late Admission Packet (Blind and Disabled)	All Ages			●
	LTC Spenddown MNP (Aged)	Adult			●
	LTC Spenddown MNP (Blind and Disabled)	All Ages			●
	Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)	All Ages	●		
	New Opportunities Waiver - SSI	All Ages		●	
	New Opportunities Waiver Fund	All Ages		●	
	New Opportunities Waiver, non-SSI	All Ages		●	
	PICKLE	All Ages	●		
	Provisional Medicaid	All Ages	●		
	Residential Options Waiver - NON-SSI	All Ages		●	
	Residential Options Waiver - SSI	All Ages		●	
	Section 4913 Children	All Ages	●		
	SGA Disabled W/W/DS	All Ages	●		
	SSI (Supplemental Security Income)	All Ages	●		
	SSI Children's Waiver - Louisiana Children's Choice	All Ages		●	
	SSI Community Choice Waiver	All Ages		●	
	SSI Conversion	All Ages	●		
	SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic	All Ages	●		
	SSI New Opportunities Waiver Fund	All Ages		●	
	SSI Payment Denial/Late Admission (Aged)	Adult			●
	SSI Payment Denial/Late Admission (Blind and Disabled)	All Ages			●
	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Child			●
	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Child			●
	SSI Transfer of Resource(s)/LTC (Aged)	Adult			●
	SSI Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			●
	SSI/ADHC	All Ages		●	
	SSI/LTC (Aged)	Adult			●
	SSI/LTC (Blind and Disabled)	All Ages			●
	SSI/Private ICF/DD (Blind)	Child			●
	SSI/Public ICF/DD (Blind)	Child			●
	Supports Waiver	All Ages		●	
	Supports Waiver SSI	All Ages		●	
	Transfer of Resource(s)/LTC (Aged)	Adult			●
	Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			●

Appendix B: Healthy Louisiana Eligibility Designation

Covered Populations					
Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
Families and Children					
	Breast and/or Cervical Cancer	All Ages	●		
	CHAMP Child	All Ages	●		
	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	●		
	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	●		
	Deemed Eligible	All Ages	●		
	ELE - Food Stamps (Express Lane Eligibility-Food Stamps)	All Ages	●		
	Forced Benefits	All Ages			●
	Former Foster Care children	All Ages	●		
	LaCHIP Affordable Plan	All Ages	●		
	LACHIP Phase 1	All Ages	●		
	LACHIP Phase 2	All Ages	●		
	LACHIP Phase 3	All Ages	●		
	LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	All Ages	●		
	LIFC Basic	All Ages	●		
	LTC (Long Term Care)	All Ages			●
	LTC Spenddown MNP	All Ages			●
	PAP - Prohibited AFDC Provisions	All Ages	●		
	Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	All Ages	●		
	Public ICF/DD	Child			●
	Regular MNP (Medically Needy Program)	All Ages	●		
	Transitional Medicaid	All Ages	●		
	Youth Aging Out of Foster Care (Chaffee Option)	All Ages	●		
LIFC					
	Grant Review/Child Support Continuance	All Ages	●		
	LIFC - Unemployed Parent / CHAMP	All Ages	●		
	LIFC Basic	All Ages	●		
	Transitional Medicaid	All Ages	●		
Medicaid Expansion					
	Adult Group	All Ages	●		
	Adult Group - High Need	All Ages	●		
Non Traditional					
	CSOC	All Ages	●		
OCS/OYD					
	CHAMP Child	All Ages	●		
	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	●		
	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	●		
	Children's Waiver - Louisiana Children's Choice	All Ages		●	
	Forced Benefits	Child			●
	Former SSI	All Ages	●		
	Foster Care IV-E - Suspended SSI	All Ages	●		
	IV-E Foster Care	All Ages	●		
	LACHIP Phase 1	All Ages	●		
	LTC (Long Term Care)	All Ages			●
	LTC (Long Term Care)	Child			●
	New Opportunities Waiver - SSI	All Ages		●	
	New Opportunities Waiver Fund	All Ages		●	
	New Opportunities Waiver, non-SSI	All Ages		●	
	OYD - V Category Child	All Ages	●		
	Private ICF/DD	Child			●
	Public ICF/DD	Child			●
	Regular Foster Care Child	All Ages	●		
	Regular Foster Care Child - MNP	All Ages	●		
	Residential Options Waiver - NON-SSI	All Ages		●	
	Residential Options Waiver - SSI	All Ages		●	
	SSI (Supplemental Security Income)	All Ages	●		
	SSI Children's Waiver - Louisiana Children's Choice	All Ages		●	
	SSI New Opportunities Waiver Fund	All Ages		●	
	SSI/LTC	All Ages			●
	SSI/LTC	Child			●
	SSI/Private ICF/DD	Child			●
	SSI/Public ICF/DD	Child			●
	YAP (Young Adult Program) (OCS/OYD (XIX))	All Ages	●		
	YAP/OYD	All Ages	●		
Presumptive Eligible					
	Adult Group	All Ages	●		
	HPE B/CC	All Ages	●		
	HPE CHAMP	All Ages	●		
	HPE Children under age 19	All Ages	●		
	HPE Former Foster Care	All Ages	●		
	HPE LaCHIP	All Ages	●		
	HPE LaCHIP Unborn	All Ages	●		
	HPE Parent/Caretaker Relative	All Ages	●		
	HPE Pregnant Woman	All Ages	●		
TB					
	Tuberculosis (TB)	All Ages	●		

* Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the OCDD's Request for Services Registry who are CCM.

** Dual eligibles included in Healthy Louisiana for SBH and NEMT services must be in a mandatory, voluntary opt-in or SBH and NEMT population listed above in Attachment C. They must also be eligible for Medicare, which is identified based on the Medicare Duals Eligibility table supplied by the State's fiscal agent. Dually eligible individuals are represented by Dual Status code 02, 04, and 08.

Excluded Populations		
Aid Category Description	Type Case Description	Adult/Child/All Ages
ABD (Aged, Blind, and Disabled)		
	DD Waiver	All Ages
	Denied SSI Prior Period	All Ages
	Disabled Adults authorized for special hurricane Katrina assistance	All Ages
	EDA Waiver	All Ages
	Excess Home Equity Over SIL & NF Fee (Aged)	Child
	Excess Home Equity SSI Under SIL (Aged)	Child
	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Child
	Forced Benefits (Aged)	Child
	Forced Benefits (Disabled)	All Ages
	Illegal/Ineligible Aliens Emergency Services	All Ages
	LBHP - Adult 1915(i)	All Ages
	LTC (Long Term Care) (Aged)	Child
	LTC Co-Insurance	All Ages
	LTC MNP/Transfer of Resources (Aged)	Child
	LTC Payment Denial/Late Admission Packet (Aged)	Child
	LTC Spenddown MNP (Aged)	Child
	LTC Spenddown MNP (Income > Facility Fee)	All Ages
	PACE SSI	All Ages
	PACE SSI-related	All Ages
	PCA Waiver	All Ages
	Private ICF/DD (Aged and Disabled)	All Ages
	Private ICF/DD (Blind)	Adult
	Private ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
	Private ICF/DD Spendown Medically Needy Program (Aged and Disabled)	All Ages
	Private ICF/DD Spendown Medically Needy Program (Blind)	Adult
	Private ICF/DD Spendown MNP/Income Over Facility Fee	All Ages
	Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	Public ICF/DD (Aged and Disabled)	All Ages
	Public ICF/DD (Blind)	Adult
	Public ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
	Public ICF/DD Spenddown MNP	All Ages
	Public ICF/DD Spendown Medically Needy Program (Blind and Disabled)	Adult
	Public ICF/DD Spendown MNP/Income Over Facility Fee	All Ages
	Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	QI-1 (Qualified Individual - 1)	All Ages
	QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)	All Ages
	SLMB (Specified Low-Income Medicare Beneficiary)	All Ages
	Spenddown MNP	All Ages
	Spendown Denial of Payment/Late Packet (Aged and Disabled)	All Ages
	Spendown Denial of Payment/Late Packet (Blind)	Adult
	SSI DD Waiver	All Ages
	SSI Payment Denial/Late Admission (Aged)	Child
	SSI PCA Waiver	All Ages
	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
	SSI Transfer of Resource(s)/LTC (Aged)	Child
	SSI/EDA Waiver	All Ages
	SSI/LTC (Aged)	Child
	SSI/Private ICF/DD (Aged and Disabled)	All Ages
	SSI/Private ICF/DD (Blind)	Adult
	SSI/Public ICF/DD (Aged and Disabled)	All Ages
	SSI/Public ICF/DD (Blind)	Adult
	Terminated SSI Prior Period	All Ages
	Transfer of Resource(s)/LTC (Aged)	Child

Appendix B: Healthy Louisiana Eligibility Designation

Excluded Populations		
Aid Category Description	**Type Case Description**	**Adult/Child/All Ages**
Families and Children		
	DD Waiver	All Ages
	Grant Review	All Ages
	Illegal/Ineligible Aliens Emergency Services	All Ages
	LBHP - Adult 1915(i)	All Ages
	Public ICF/DD	Adult
	Spenddown MNP	All Ages
Family Planning		
	Take Charge Plus	All Ages
GNOCHC		All Ages
Hurricane Evacuees		All Ages
Med Asst/Appeal		
	Community Choice Waiver	All Ages
	LTC (Long Term Care)	All Ages
	PCA Waiver	All Ages
	Regular MNP (Medically Needy Program)	All Ages
	State Retirees	All Ages
Non Traditional		
	Family Planning, New eligibility / Non LaMOMS	All Ages
	Family Planning, Previous LaMOMS eligibility	All Ages
OCS/OYD		
	DD Waiver	All Ages
	Forced Benefits	Adult
	LTC (Long Term Care)	Adult
	OCS Child Under Age 18 (State Funded)	All Ages
	OYD (Office of Youth Development)	All Ages
	Private ICF/DD	Adult
	Public ICF/DD	Adult
	SSI DD Waiver	All Ages
	SSI/LTC	Adult
	SSI/Private ICF/DD	Adult
	SSI/Public ICF/DD	Adult
	YAP (Young Adult Program) (OCS/OYD Child)	All Ages
Presumptive Eligible		
	HPE Family Planning	All Ages
	HPE Take Charge Plus	All Ages
QMB		All Ages
Refugee Asst		
	Forced Benefits	All Ages
	Regular MNP (Medically Needy Program)	All Ages
	SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic	All Ages

Table 1: PH and Expansion Programs

Medicaid Category of Service	Units of Measurement	IBNR Category Mapping
Inpatient Hospital	Days	Inpatient
Outpatient Hospital	Claims	Outpatient
Primary Care Physician	Visits	Physician and Other
Specialty Care Physician	Visits	Physician and Other
Federally Qualified Health Center/Rural Health Clinic	Visits	Physician and Other
EPSDT	Visits	Physician and Other
Certified Nurse Practitioners/Clinical Nurse	Claims	Physician and Other
Lab/Radiology	Units	Physician and Other
Home Health	Visits	Physician and Other
Emergency Transportation	Units	Transportation and SBH
NEMT	Units	Transportation and SBH
Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech Therapy)	Visits	Physician and Other
DME	Units	Physician and Other
Clinic	Claims	Physician and Other
Family Planning	Visits	Physician and Other
Other	Units	Physician and Other
Prescribed Drugs	Scripts	Prescribed Drugs
Emergency Room	Visits	Outpatient
Basic Behavioral Health	Claims	Physician and Other
Hospice*	Admits	Inpatient
Personal Care Services (Age 0–20)	Units	Physician and Other
Inpatient Services — Mental Health	Days	Transportation and SBH
Emergency Room — Mental Health	Visits	Transportation and SBH
Professional/Other — Mental Health	Units	Transportation and SBH

Table 2: SBH Program

Medicaid Category of Service	Units of Measurement	IBNR Category Mapping
Inpatient Services — Mental Health	Days	Transportation and SBH
Emergency Room — Mental Health	Visits	Transportation and SBH
Professional/Other — Mental Health	Units	Transportation and SBH
NEMT	Units	Transportation and SBH

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APPENDIX D: FAMILY PLANNING ADDENDUM

The Louisiana Department of Health (LDH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound capitation rate ranges for the State of Louisiana's Healthy Louisiana program for the period of January 1, 2019 through December 31, 2019. As part of this work, Mercer was asked to develop the family planning component of the capitation rates using the same data that was used to develop the capitation rate ranges. Appendix D presents an overview of the analyses and methodology used in Mercer's family planning rate development for the purpose of satisfying the requirements of the Centers for Medicare & Medicaid Services (CMS), in order for LDH to receive the 90.0% federal match for eligible family planning services. This addendum should be read in conjunction with the rate certification letter.

BASE DATA

The capitation rates were developed using the medical expenses incurred from October 1, 2015 through September 30, 2017 with runout through March 2018, as reported through the Medicaid Management Information Systems (MMIS). All family planning services were assigned to the appropriate rate cells (RCs). Please see the rate certification letter for more details.

METHODOLOGY FOR IDENTIFYING FAMILY PLANNING SERVICES

Using data from the State's MMIS, a multi-step process was followed to measure the amount of family planning for the calendar year, region, and rate tier. Each of these steps is described below.

1. **Family Planning Service Identification**

   Family planning can be identified through procedure codes that are specifically indicative of a family planning service. Tables 1 and 2 contain the lists of procedure codes that were used to identify family planning services, solely on a procedure code match basis. Table 1 contains sterilization services and Table 2 contains contraception services.

TABLE 1: STERILIZATION SERVICES ALWAYS REIMBURSABLE AT THE 90.0% FEDERAL MATCH RATE

WOMEN	MEN
00851	55250
00921	55450
58565	
58600	
58605	

WOMEN	MEN
58611	
58615	
58670	
58671	

TABLE 2: CONTRACEPTION SERVICES ALWAYS REIMBURSABLE AT THE 90.0% FEDERAL MATCH RATE

WOMEN	MEN
11975	A4267 (condoms)
11976	
11977	
57170	
58300	
58301	
A4261	
A4266	
A4268	
A4269	
H1010	
J7304	
J1055	
J1056	
J7300	
J7302	
J7303	
J7306	
J7307	

WOMEN	MEN
S4989	
S4993	

Family planning can also be identified with other procedure codes if the family planning service can be confirmed through the use of contraceptive management diagnosis codes in the V25 series and Z30 series for ICD-9 and ICD-10, respectively. Table 3 contains the list of procedure codes that require a V25 series and Z30 series diagnosis code to be present in order to classify a service as family planning.

TABLE 3: PROCEDURE CODES THAT REQUIRE A V25 SERIES (ICD-9) OR Z30 SERIES (ICD-10) DIAGNOSES CODE

CPT/HCPCS CODES THAT MAY OR MAY NOT REPRESENT CONTRACEPTION/STERILIZATION FAMILY PLANNING SERVICES						
00952	76880	99058	99238	99360	A9900	T1023
11981	76977	99070	99239	99371	E1399	
11982	77078	99071	99241	99372	J1885	
11983	77079	99080	99242	99373	G0101	
36415	77080	99144	99243	99383	G0123	
36416	77081	99145	99244	99384	G0141	
57800	77082	99201	99245	99385	H0034	
58100	77083	99202	99251	99386	J3490**	
58340	*	99203	99252	99393	P3000	
58345	88300	99204	99253	99394	P3001	
62311	88302	99205	99254	99395	Q0091	
62319	89310	99211	99255	99396	Q0111	
64435	89321	99212	99261	99401	Q0112	
72190	96372	99213	99262	99402	Q3014	
74000	99000	99214	99263	99403	S0610	
74010	99001	99215	99271	99404	S0612	
74740	99002	99221	99272	99411	S9445	

CPT/HCPCS CODES THAT MAY OR MAY NOT REPRESENT CONTRACEPTION/STERILIZATION FAMILY PLANNING SERVICES						
74742	99024	99222	99273	99412	S9446	
76830	99050	99223	99274	99420	T1001	
76831	99052	99231	99275	99429	T1002	
76856	99054	99232	99281	A4550	T1013	
76857	99056	99233	99282	A4931	T1015	

* Also included: 80047–88189 (except 82143)
** Used to indicate SubQ Depro Provera

Professional service claims were classified as family planning if the service contained a procedure code from Table 1 or Table 2, or a procedure code from Table 3 accompanied by a V25 (ICD-9) or Z30 (ICD-10) diagnosis code in either the primary or the secondary position.

2. Identification of Family Planning Prescription Drug Claims

In identifying eligible family planning claims from prescription drug data, Mercer identified all drug claims containing one of the HIC3 codes listed in Table 4. These codes have been determined by Mercer's pharmacy team to represent those drugs eligible for the enhanced federal match rate.

TABLE 4: DRUGS ELIGIBLE FOR THE ENHANCED FEDERAL MATCH RATE

HIC3	HIC3 DESCRIPTION
G8A	Contraceptives, oral
G8B	Contraceptives, implantable
G8C	Contraceptives, injectable
G8D	Abortifacient, progesterone receptor, antagonist type
G8F	Contraceptives, transdermal
G9A	Contraceptives, intravaginal
G9B	Contraceptives, intravaginal, systemic
X1A	Condoms
X1B	Diaphragms/cervical cap
X1C	Intrauterine devices

PROCESS OF DEVELOPING FAMILY PLANNING PORTION OF RATE

The methodology used to develop the percentage of the capitation rates attributable to family planning consisted of the following steps:

- Pull encounter and fee-for-service (FFS) data for the family planning services by region, category of aid (COA), RC, and category of service (COS) based on the logic detailed in the above section.
- Summarize the per member per month (PMPM) values for all family planning services at the region, COA, RC, and COS level.
- Develop projected rate year (RY) 2019 family planning service PMPMs by applying appropriate program change adjustments and trend factors to the family planning service base data PMPMs.
- Develop projected RY 2019 family planning service Full Medicaid Pricing (FMP) PMPM add-on by calculating a base FMP PMPM add-on and applying appropriate program change adjustments and trend factors.
- Summarize total projected RY 2019 family planning PMPMs by adding together the claims cost and FMP add-on PMPMs at the region, COA, and RC level.
- Calculate the percentage of the capitation rates attributable to family planning services by dividing the family planning service projected PMPM by the capitation rate PMPM at the region, COA, and RC level.

Base Data

As stated earlier, Mercer used medical expense data incurred from October 1, 2015 through September 30, 2017 processed through March 2018. The data selected for the family planning PMPM calculations follows the criteria outlined in the above section.

Consistent with RY 2019 Healthy Louisiana rate development, the following adjustments are reflected in the family planning base data:

- Provision for incurred but not reported (IBNR) claims
- Financial adjustments to encounter data for under-reporting

Program Changes

Program change adjustments recognize the impact of benefit or eligibility changes occurring during or after the base data period. CMS requires the rate setting methodology used to determine actuarially sound rates incorporates the results of any programmatic changes that have taken place, or are anticipated to take place, between the start of the base period and the conclusion of the contract period. Mercer reviewed the program change adjustments applied in RY 2019 Healthy Louisiana rate setting and determined the following applied to family planning base data:

- Inpatient Hospital fee schedule changes
- Outpatient Hospital fee schedule changes

Trend

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the expenses of providing services in a future period. Using historical plan experience, industry trends, and consideration for commercial health care trends, Mercer developed trend ranges to project the base data to the RY 2019 contract period. The trends applied in the development of family planning PMPMs are consistent with those applied to the populations in RY 2019 Healthy Louisiana rate development.

The annual PMPM trend for all family planning services was 2.8%.

Mercer reviewed the population and benefit packages and determined that no adjustments outside of those mentioned above were required for family planning services.

FMP

Mercer calculated the FMP add-on for eligible Inpatient hospital, Outpatient hospital, Ambulance, and Physician services that satisfy the family planning service logic. We then applied provisions for IBNR claims and financial adjustments to encounter data for under-reporting. We trended these dollars to the RY 2019 contract period using the trends applied in the RY 2019 Healthy Louisiana rate development. For full detail on the FMP calculation, please refer to the RY 2019 Healthy Louisiana rate certification.

Development of the Percentage of the Capitation Rates Attributable to Family Planning

The projected family planning claims cost and FMP add-on PMPMs were added together to produce the total family planning PMPM LDH could claim at the enhanced rate. This total projected family planning PMPM was divided by the RY 2019 capitation rate to determine the percent of the capitation rate attributable to family planning. The calculation was performed at the region, COA, and RC level.

Attachment A within this addendum displays the percent of the capitation rates that are attributable to family planning services. These percentages should be applied directly to capitation rates to determine the family planning amount. The resulting family planning amount does not include load for premium tax, administration, or underwriting gain.

Note that the family planning component of the Healthy Louisiana Expansion rates was not calculated due to the fact that Expansion population is already at a Federal medical assistance percentage rate greater than 90.0%.

Limitations and Considerations

In preparing these calculations, Mercer has used and relied upon enrollment, FFS claims, encounter data, and other information supplied by LDH and its fiscal intermediary. LDH and its fiscal intermediary are responsible for the validity and completeness of the data supplied. We have reviewed that data and

information for internal consistency and reasonableness but we did not audit it. In our opinion, it is appropriate for the intended purposes. If the data and information are incomplete or inaccurate, the values shown in the attached exhibits may need to be revised accordingly. Use of this information for any purposes beyond that stated may not be appropriate.

Attachment A: Family Planning Rate Summary

Region Description	Category of Aid Description	Rate Cell Description	Family Planning %
Gulf	SSI	0 - 2 Months	0.00%
Gulf	SSI	3 - 11 Months	0.00%
Gulf	SSI	Child 1 - 20 Years	0.23%
Gulf	SSI	Adult 21+ Years	0.10%
Gulf	Family & Children	0 - 2 Months	0.00%
Gulf	Family & Children	3 - 11 Months	0.00%
Gulf	Family & Children	Child 1 - 20 Years	0.70%
Gulf	Family & Children	Adult 21+ Years	2.96%
Gulf	Foster Care Children	All Ages Male & Female	0.40%
Gulf	BCC	BCC, All Ages	0.06%
Gulf	LAP	LAP, All Ages	0.59%
Gulf	HCBS	Child 1 - 20 Years	0.17%
Gulf	HCBS	Adult 21+ Years	0.22%
Gulf	CCM	CCM, All Ages	0.06%
Gulf	SBH - CCM	SBH - CCM, All Ages	0.00%
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
Gulf	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
Gulf	SBH - HCBS	Child 1 - 20 Years	0.00%
Gulf	SBH - HCBS	Adult 21+ Years	0.00%
Gulf	SBH - Other	SBH - All Ages	0.00%
Gulf	Maternity Kick Payment	Maternity Kick Payment	0.34%
Gulf	EED Kick Payment	EED Kick Payment	0.68%
Capital	SSI	0 - 2 Months	0.00%
Capital	SSI	3 - 11 Months	0.00%
Capital	SSI	Child 1 - 20 Years	0.19%
Capital	SSI	Adult 21+ Years	0.09%
Capital	Family & Children	0 - 2 Months	0.00%
Capital	Family & Children	3 - 11 Months	0.00%
Capital	Family & Children	Child 1 - 20 Years	0.68%
Capital	Family & Children	Adult 21+ Years	2.82%
Capital	Foster Care Children	All Ages Male & Female	0.40%
Capital	BCC	BCC, All Ages	0.06%
Capital	LAP	LAP, All Ages	0.60%
Capital	HCBS	Child 1 - 20 Years	0.16%
Capital	HCBS	Adult 21+ Years	0.22%
Capital	CCM	CCM, All Ages	0.07%
Capital	SBH - CCM	SBH - CCM, All Ages	0.00%
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
Capital	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
Capital	SBH - HCBS	Child 1 - 20 Years	0.00%
Capital	SBH - HCBS	Adult 21+ Years	0.00%
Capital	SBH - Other	SBH - All Ages	0.00%
Capital	Maternity Kick Payment	Maternity Kick Payment	0.22%
Capital	EED Kick Payment	EED Kick Payment	0.52%

Attachment A: Family Planning Rate Summary

Region Description	Category of Aid Description	Rate Cell Description	Family Planning %
South Central	SSI	0 - 2 Months	0.00%
South Central	SSI	3 - 11 Months	0.00%
South Central	SSI	Child 1 - 20 Years	0.20%
South Central	SSI	Adult 21+ Years	0.10%
South Central	Family & Children	0 - 2 Months	0.00%
South Central	Family & Children	3 - 11 Months	0.00%
South Central	Family & Children	Child 1 - 20 Years	0.77%
South Central	Family & Children	Adult 21+ Years	2.63%
South Central	Foster Care Children	All Ages Male & Female	0.40%
South Central	BCC	BCC, All Ages	0.06%
South Central	LAP	LAP, All Ages	0.58%
South Central	HCBS	Child 1 - 20 Years	0.17%
South Central	HCBS	Adult 21+ Years	0.22%
South Central	CCM	CCM, All Ages	0.07%
South Central	SBH - CCM	SBH - CCM, All Ages	0.00%
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
South Central	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
South Central	SBH - HCBS	Child 1 - 20 Years	0.00%
South Central	SBH - HCBS	Adult 21+ Years	0.00%
South Central	SBH - Other	SBH - All Ages	0.00%
South Central	Maternity Kick Payment	Maternity Kick Payment	0.19%
South Central	EED Kick Payment	EED Kick Payment	0.49%
North	SSI	0 - 2 Months	0.00%
North	SSI	3 - 11 Months	0.00%
North	SSI	Child 1 - 20 Years	0.24%
North	SSI	Adult 21+ Years	0.13%
North	Family & Children	0 - 2 Months	0.00%
North	Family & Children	3 - 11 Months	0.00%
North	Family & Children	Child 1 - 20 Years	0.77%
North	Family & Children	Adult 21+ Years	3.02%
North	Foster Care Children	All Ages Male & Female	0.38%
North	BCC	BCC, All Ages	0.06%
North	LAP	LAP, All Ages	0.61%
North	HCBS	Child 1 - 20 Years	0.16%
North	HCBS	Adult 21+ Years	0.22%
North	CCM	CCM, All Ages	0.07%
North	SBH - CCM	SBH - CCM, All Ages	0.00%
North	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
North	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
North	SBH - HCBS	Child 1 - 20 Years	0.00%
North	SBH - HCBS	Adult 21+ Years	0.00%
North	SBH - Other	SBH - All Ages	0.00%
North	Maternity Kick Payment	Maternity Kick Payment	0.36%
North	EED Kick Payment	EED Kick Payment	0.81%

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APPENDIX E: PREVENTIVE SERVICES ADDENDUM

The Louisiana Department of Health (LDH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound capitation rate ranges for the State of Louisiana's Healthy Louisiana program for the period of January 1, 2019 through December 31, 2019. As part of this work, Mercer was asked to develop the preventive services component of the capitation rates using the same data that was used to develop the capitation rate ranges. Authorized by Section 4106 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-152), clinical preventive services recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF) and adult immunizations recommended by the Advisory Committee on Immunization Practices will receive a one percentage point increase in their Federal Medical Assistance Percentage (FMAP) for those services. This Appendix presents an overview of the analyses and methodology used in Mercer's preventive services rate development for the purpose of satisfying the requirements of the Centers for Medicare & Medicaid Services (CMS), in order for LDH to receive the +1.0% Federal match for eligible preventive services. This addendum should be read in conjunction with the rate certification letter.

BASE DATA

The capitation rates were developed using the medical expenses incurred during October 1, 2015 through September 30, 2017 with runout through March 2018, as reported through the Medicaid Management Information Systems (MMIS). All preventive services were assigned to the appropriate rate cells. Please see the rate certification letter for more details.

METHODOLOGY FOR IDENTIFYING PREVENTIVE SERVICES

Using data from the State's MMIS, a multi-step process was followed to measure the amount of preventive services for the calendar year, region, and rate tier. Each of these steps is described below.

1. **Grades A and B Preventive Services Identification**

   Preventive services can be identified through the list of recommended services by the USPSTF. Mercer and LDH cooperated in identifying corresponding criteria for each service listed by the USPSTF. Attachment A contains the list of these services and agreed upon criteria that were used to identify preventive services based on a procedure code, diagnosis code, age, and gender criteria match basis.

2. **Adult Immunization Preventive Services Identification**

   According to the USPSTF, immunizations for adults (aged 19 and above) and the administration of those immunizations are eligible for the additional 1.0% Federal match. In identifying eligible preventive services claims from the data, Mercer identified procedure codes related to immunizations

listed by the USPSTF. Table 1 shows the procedure codes determined by Mercer's clinical team to identify those immunizations eligible for the enhanced federal match rate.

The administration costs of the immunizations are not directly linked to the procedure codes in Table 1. Therefore, the administration costs were estimated using the units administered, Louisiana's Medicaid Fee schedule, and the weighted average of the administration procedure codes utilized for people aged 19 and above. Administration procedure codes used include the following: 90471, 90472, 90473, and 90474.

TABLE 1: PROCEDURE CODES IDENTIFYING ELIGIBLE IMMUNIZATIONS

CPT/HCPCS CODES FOR ELIGIBLE IMMUNIZATIONS				
90645	90748	90661	90688	90718
90646	90649	90662	90707	90716
90647	90650	90663	90620	90736
90648	90651	90664	90621	
90632	90630	90666	90733	
90739	90653	90667	90734	
90740	90654	90668	90670	
90746	90656	90672	90732	
90747	90658	90673	90714	
90636	90660	90686	90715	

Process of Developing Preventive Services Portion of Rate

At a high level, the methodology used to develop the percentage of the capitation rates attributable to preventive services consisted of the following steps:

- Pull encounter and fee-for-service (FFS) data for each preventive service separately by region, category of aid (COA), rate cell (RC), and category of service (COS) based on logic detailed in the above section.
- Using these dollars, summarize the per member per month (PMPM) values for all preventive services in aggregate at the region, COA, RC, and COS level.
- Develop projected rate year (RY) 2019 preventive services PMPMs by applying appropriate program change adjustments and trend factors to the preventive services base data PMPMs.

- Develop projected RY 2019 preventive services Full Medicaid Pricing (FMP) PMPM add-on by calculating a base FMP PMPM add-on and applying appropriate program change adjustments and trend factors.

- Summarize total projected RY 2019 preventive services PMPMs by adding together the claims cost and FMP add-on PMPMs at the region, COA, and RC level.

- Calculate the percentage of the capitation rates attributable to preventive services by dividing the preventive services projected PMPM by the capitation rate PMPMs at the region, COA, and RC level.

Base Data

As stated earlier, Mercer used expense data incurred from October 1, 2015 through September 30, 2017 processed through March 2018. The data selected for the preventive service PMPM calculations satisfied the criteria detailed in the above section.

Since the additional 1% FMAP does not apply to Title XXI enrollees, Mercer removed preventive services expenses associated with these members from our preventive services base data.

Consistent with RY 2019 Healthy Louisiana rate development, the following adjustments are reflected in the base data:

- Provision for incurred but not reported claims

- Financial adjustments to encounter data for under-reporting

Program Changes

Program change adjustments recognize the impact of benefit or eligibility changes occurring during and after the base data period. Centers for Medicare & Medicaid Services (CMS) requires the rate-setting methodology used to determine actuarially sound rates incorporates the results of any programmatic changes that have taken place, or are anticipated to take place, between the start of the base period and the conclusion of the contract period. Mercer reviewed the program change adjustments applied in RY 2019 Healthy Louisiana rate setting and determined the following applied to the preventive services base:

- Inpatient Hospital fee schedule changes

- Outpatient Hospital fee schedule changes

These adjustments were applied to be consistent with the adjustments applied in RY 2019 Healthy Louisiana rate setting. For a complete discussion of these program change adjustments, please refer to the Healthy Louisiana RY 2019 rate certification letter.

Trend

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the expenses of providing services in a future period. Using historical plan experience, industry trends, and consideration for commercial health care trends, Mercer developed trend ranges to project the base data to the RY 2019 time period. The trends applied in the development of preventive services PMPMs are consistent with those that were applied to the populations in RY 2019 Healthy Louisiana rate development.

The annual PMPM trend for all services for the preventive services was 3.0%.

Mercer reviewed the population and benefit packages and determined that no adjustments outside of those mentioned above were required for preventive services.

FMP

Mercer calculated FMP add-on for eligible Inpatient hospital, Outpatient hospital, Ambulance, and Physician services that satisfy the preventive service logic. We then applied provisions for IBNR claims and financial adjustments to encounter data for under-reporting. We trended these dollars to the RY 2019 time period using the trends applied in the RY 2019 Healthy Louisiana rate development. For full detail on the FMP calculation, please refer to the RY 2019 Healthy Louisiana rate certification.

Development of the Percentage of the Capitation Rates Attributable to Preventive Services

The projected preventives services claims cost and FMP add-on PMPMs were added together to generate the total preventive services PMPM LDH could claim at the enhanced rate. This total projected preventive services PMPM was divided by the RY 2019 capitation rate to determine the percent of the capitation rate attributable to preventive services. The calculation was performed at the region, COA, and RC level.

Attachment B within this addendum displays the percent of the capitation rates that are attributable to preventive services. These percentages should be applied directly to capitation rates to determine the preventive services amount. The resulting preventive services amount does not include load for premium tax, administration, or underwriting gain.

Limitations and Considerations

In preparing these calculations, Mercer has used and relied upon enrollment, FFS claims, encounter data, and other information supplied by LDH and its fiscal intermediary. LDH and its fiscal intermediary are responsible for the validity and completeness of the data supplied. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit it. In our opinion, it is appropriate for the intended purposes. If the data and information are incomplete or inaccurate, the values shown in the attached exhibits may need to be revised accordingly. Use of this information for any purposes beyond that stated may not be appropriate.

Attachment A: Preventive Services Logic

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	B	65 to 75 years	Male	76700 76705 76770 76775 G0389	Z87.891 F17.200 F17.201 F17.210 F17.211 F17.220 F17.221 F17.290 F17.291	V15.82 305.1	Include
Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	B	18 years or older	Male or Female	99401 - 99404 99411 - 99412 99408 99409 G0442 G0443 G0396 G0397	Z71.41 Z71.42 Z71.51 Z71.52 Z71.6	V65.42	Include for procedure codes 99401-99404 and 99411-99412; Exclude for procedure codes 99408 - 99409 and G-codes
Anemia Screening: Pregnant Women	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.	B	No restrictions	Female	85004 85007 85008 85009 85013 85014 85018 85025 85027 85032 85041 82728 G0306 G0307	Z34.00 - Z34.93 O09.**** O10.011 - O16.9 O20.0 - O29.93	V22.x - V23.9	Include
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	A	No restrictions	Female	81007 87077 87086 87181 87088	Z34.00 - Z34.93 O09.**** O10.011 - O16.9 O20.0 - O29.93	V22.x - V23.9	Include
High Blood Pressure Screening in Adults	The USPSTF recommends screening for high blood pressure in adults age 18 years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A	18 years or older	Male or Female	99201 - 99205 99211 - 99215	Z13.6	V81.1 V81.2	Include
BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*). Women with positive screening results should receive genetic counseling and	B	No restrictions	Female	81211 81212 81213 81214 81215 81216 81217 81162	Z80.3 Z80.41 Z15.01 Z15.02	V16.3 V16.41 V84.01 V84.02	Include

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
	results should receive genetic counseling and, if indicated after counseling, BRCA testing.				96040 G0452 S0265			
Breast cancer screening	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B	50 to 74 years	Female	77052 77055 77056 77057 77063 77065 77066 77067 G0202			Exclude
Breastfeeding: Primary Care Intervention	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.	B	No restrictions	Female	99201 - 99215 S9443	Z39.1 O92.3 O91.011 - O91.23 O92.011 - O92.79 Q83.0 - Q83.9 P92.1 P92.2 P92.3 P92.4 P92.5 P92.8 P92.9 R63.3	V24.1 676.4 675.xx 676.xx 684 757.6 779.31 783.3	Include for procedure codes 99201-99215; Exclude for procedure code S9443
Cervical Cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years	A	21 to 65 years	Female	G0101 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 P3000 P3001 Q0091 87623 87624 87625 88141 88142 88143 88147 88148 88150 88152 88153 88154 88155 88164 88165 88166 88167			Exclude

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
					88174 88175			
Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	B	No restrictions	Female	86631 86632 87081 87110 87205 87270 87320 87490 87491 87492 87810			Exclude
Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men age 35 years and older for lipid disorders	A	35 years or older	Male	80061 82465 83718 83719 83721 84478			Exclude
Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men ages 20 to 34 years for lipid disorders if they are at increased risk for coronary heart disease.	B	20 to 34 years	Male	80061 82465 83718 83719 83721 84478	Z13.6	V81.0 V81.1 V81.2	Include
Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease	A	45 years or older	Female	80061 82465 83718 83719 83721 84478	Z13.6	V81.0 V81.1 V81.2	Include
Cholesterol abnormalities screening: women younger than 45	The USPSTF recommends screening women ages 20 to 44 years for lipid disorders if they are at increased risk for coronary heart disease.	B	20 to 44 years	Female	80061 82465 83718 83719 83721 84478	Z13.6	V81.0 V81.1 V81.2	Include
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	A	50 to 75 years	Male or Female	G0104 G0105 G0106 G0120 G0121 G0122 G0328 44389 44390 44391 44392 44393 44394 44397 44401 44402 45330	Z12.12 Z12.11	V76.41 V76.51	Include for Barium Enema G-codes (G0106, G0120, G0122); Exclude for all other procedure codes

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
					45331 45332 45333 45334 45338 45339 45346 45378 45379 45380 45381 45382 45383 45384 45385 45386 45387 45388 45389 45391 45392 74263 82270 82274 99152 99153			
Dental Caries in Children from Birth Through Age 5 Years: Screening	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B	6 months to 5 years	Male or Female	D1206 99188			Exclude
Depression Screening: Adult	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	18 years or older	Male or Female	G0444 99201 - 99215 99420 96160 96161	Z13.89	V79.0	Include
Depression Screening: Adolescents	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 17 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B	12 to 17 years	Male or Female	99201 - 99215 99420 96160 96161	Z23.89	V79.0	Include

Appendix E

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	B	40 to 70 years	Male or Female	82947 82948 82950 82951 82952 83036	E66.01 - E66.9 Z68.25 - Z68.29 Z68.30 - Z68.39 Z68.41 - Z68.45 R73.01 - R73.9	278.00 - 278.03 V85.2x V85.3x V85.4x 790.21 - 790.29	Include
Falls Prevention in Older Adults: Counseling and Preventive Medication	The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.	B	65 years or older	Male or Female	97001 97002 97110 97112 97113 97116 97161 - 97164 97750 97530 97799 G0159 G8990 G9131	Z91.81	V15.88	Include
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	B	No restrictions	Female	82950 82951 82952	Z34.00 - Z34.93 O09.**** O10.011 - O16.9 O20.0 - O29.93	V22.x - V23.9	Include
Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	B	No restriction	Female	87590 87591 87592 87801 87850			Exclude
Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	B	18 years or older	Male or Female	97802 97803 97804 99401 - 99404 99411 99412 G0270 G0271 S9470 G0446 G0447 G0473	E10.10 E10.11 E10.21 E10.311 E10.319 E10.36 E10.39 E10.40 E10.51 E10.65 E10.69 E10.8 E11.00 E11.01 E11.21 E11.311 E11.319 E11.36 E11.39 E11.40	250.xx (5th digit is 2&3) 272.2 272.4 278.00 278.01 305.1 308.0 - 308.3 401.0 V17.3 V17.41 V17.49 V65.3 V81.2	Include

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
						E11.51 E11.65 E11.69 E11.8 E13.10 E66.09 E66.1 E66.8 E66.9 E66.01 E78.4 E78.5 F17.200 F17.201 F17.210 F17.211 F17.220 F17.221 F17.290 F17.291 F43.0 F78.2 I10 I21.9 I21.A I21.A9 I27.2 I27.20 I27.21 I27.22 I27.23 I27.24 I27.29 Z13.6 Z71.3 Z71.82 Z82.49 Z82.41		
Hearing Loss Screening: Newborns	The USPSTF recommends screening for hearing loss in all newborn infants.	**B**	(Newborn) 0 to 59 days	Male or Female	92551 92552 92558 92567 92586 V5008			Exclude
Hepatitis B screening: non-pregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	**B**	No restrictions	Male or Female	86704 86705 86706 87340 87341 87350 87515 87516 87517 G0499	F11.10 - F11.99 F13.10 - F13.99 F14.10 - F14.99 F15.10 - F15.99 R74.0 Z20.2 Z20.5 Z20.6 Z21 Z22.4	292.0 - 292.2 292.81 292.84 292.85 292.89 292.9 304.00 - 304.03 304.10 - 304.13 304.20 - 304.23 304.40 - 304.43	Include

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
						Z22.50 - Z22.59 Z51.11 Z72.51 - Z72.53 Z94.0 - Z94.9 Z99.2	305.40 - 305.43 305.50 - 305.53 305.60 - 305.63 307.70 - 305.73 790.4 V01.6 V01.79 V02.7 V02.8 V02.60 - V02.9 V06 V42.0 - V42.9 V45.11 V58.11 V69.2	
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	A	No restrictions	Female	86704 86705 86706 87340 87341 87350 87380	Z34.00 - Z34.93 O09.**** O10.011 - O16.9 O20.0 - O29.93	V22.x - V23.9	Include
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	B	No restrictions	Male or Female	86803 86804 87520 87521 87522 G0472	B20 B97.35 D65 - D69.9 F11.10 - F11.99 F13.10 - F13.99 F14.10 - F14.99 F15.10 - F15.99 T80.61X* Z20.5 Z22.50 - Z22.59 Z94.0 - Z94.9 Z99.2	042 079.53 286.0 - 287.9 289.81 - 289.82 292.0 - 292.9 304.00 - 304.03 304.10 - 304.13 304.20 - 304.23 305.40 - 305.43 305.50 - 305.53 305.60 - 305.63 305.70 - 305.73 999.51 V01.79 V42.0 - V42.7 V45.11	Include
HIV screening: adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	A	15 to 65 years	Male or Female	86689 86701 86702 86703 87389 87390 87391 87534 87535 87536 87537 87538 87539 87806 G0432 G0433			Exclude

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
					G0435 G0475 S3645			
Hypothyroidism Screening: Newborns	Note: USPSTF defers to the HRSA Advisory Committee on Heritable Disorders in Newborns and Children, which recommends the uniform screening panel for core conditions.	A	(Newborn) 0 to 59 days	Male or Female	84436 84437 84439 84443			Exclude
Intimate Partner Violence Screening: Women of Childbearing Age	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs for symptoms of abuse.	B	Childbearing Age: 12 to 55 years	Female	99201 - 99205 99211 - 99215	T74.91XA T76.91XA T74.11XA T76.11XA T74.31XA T76.31XA T74.21XA T76.21XA T74.01XA T76.01XA T74.91XA T76.91XA	995.80 995.81 995.82 995.83 995.84 995.85	Include
Latent Tuberculosis Infection: Screening	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	B	No restrictions	Male or Female	86480 86481 86580 87116 87555 87556	Z59.0 Z59.3 Z11.1 Z20.1	V60.0 V60.6 V74.1 V01.1	Include
Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B	55 to 80 years	Male or Female	S8032 G0296 G0297 71250 71260 71270 71275	F17.200 F17.201 F17.210 F17.211 F17.220 F17.221 F17.290 F17.291 Z87.891 Z12.2	305.1 V15.82 V76.0	Include
Obesity in Adults: Screening and Management	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicomponent, behavioral interventions.	B	18 years or older	Male or Female	G0446 G0447 96150 96151 96152 96153 96154 96155 97802 97803 97804 99401 - 99404	Z13.89 E66.01 - E66.9 Z68.30 - Z68.39 Z68.41 - Z68.45	V77.8 278.00 - 278.03 V85.3x V85.4x	Include for all other procedure codes; Exclude for G-codes

Appendix E

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
Obesity Screening and Counseling: Children	The USPSTF recommends that clinicians screen children ages 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	B	6 to 17 years	Male or Female	99401 - 99404 96150 96151 96152 96153 96154 96155 97802 97803 97804	Z13.89 E66.01 - E66.9 Z68.54	V77.8 278.00 - 278.03 V85.54	Include
Osteoporosis screening: women	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	B	No restrictions	Female	76977 77078 77080 77081 77082 77085 77086 78350 78351 G0130			Exclude
Phenylketonuria Screening: Newborns	The USPSTF recommends screening for phenylketonuria in newborns.	B	(Newborn) 0 to 59 days	Male or Female	84030			Exclude
Rh(D) incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for	A	No restrictions	Female	86900 86901	Z34.00 - Z34.93 O09.**** O10.011 - O16.9 O20.0 - O29.93	V22.x - V23.9	Include
Rh(D) incompatibility screening: 24–28 weeks' gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	B			Captured in above criteria	Captured in above criteria	Captured in above criteria	Captured in above criteria
Sexually Transmitted Infections Counseling	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.	B	No restrictions	Male or Female	99401 - 99404 99411 - 99412	Z72.89 Z11.3	V65.45 V69.8 V74.5	Include
Sickle Cell Disease (Hemoglobinopathies) in Newborns: Screening	Note: USPSTF defers to the HRSA Advisory Committee on Heritable Disorders in Newborns and Children, which recommends the uniform screening panel for core conditions.	A	(Newborn) 0 to 59 days	Male or Female	83020 83021 83030 83033 83051			Exclude
Syphilis screening: non-pregnant adults and adolescents	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.	A	No restrictions	Male or Female	86592 86593 87164 87166 87285			Exclude

Topic	Description	Grade	Age Criteria	Gender Criteria	Procedure Code	ICD-10 Diagnosis Codes	ICD-9 Diagnosis Codes	Include/Exclude Diagnosis Code in Criteria
Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A	No restrictions	Male or Female	99078 99401 - 99404 99411 - 99412 99406 99407 96150 - 96155 G0436 G0437 S9453	Z87.891 F17.200 F17.201 F17.210 F17.211 F17.220 F17.221 F17.290 F17.291	V15.82 305.1	Include for procedure codes 99401-99404, 99411 - 99412, 96150-96155 and 99078; Exclude for procedure codes 99406, 99407, S9453, G0436, and G0437
Tobacco Use Interventions: children and adolescents	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged	B	5 to 17 years	Male or Female	Captured in above criteria	Captured in above criteria	Captured in above criteria	Captured in above criteria
Visual acuity screening in children	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	B	3 to 5 years	Male or Female	99172 99173 99174			Exclude

Attachment B: Preventive Services Rate Summary

Region Description	Category of Aid Description	Rate Cell Description	Preventive Services %
Gulf	SSI	0 - 2 Months	0.04%
Gulf	SSI	3 - 11 Months	0.00%
Gulf	SSI	Child 1 - 20 Years	0.10%
Gulf	SSI	Adult 21+ Years	0.56%
Gulf	Family & Children	0 - 2 Months	0.63%
Gulf	Family & Children	3 - 11 Months	0.04%
Gulf	Family & Children	Child 1 - 20 Years	0.21%
Gulf	Family & Children	Adult 21+ Years	1.31%
Gulf	Foster Care Children	All Ages Male & Female	0.16%
Gulf	BCC	BCC, All Ages	0.78%
Gulf	LAP	LAP, All Ages	0.00%
Gulf	HCBS	Child 1 - 20 Years	0.03%
Gulf	HCBS	Adult 21+ Years	0.28%
Gulf	CCM	CCM, All Ages	0.02%
Gulf	SBH - CCM	SBH - CCM, All Ages	0.00%
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
Gulf	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
Gulf	SBH - HCBS	Child 1 - 20 Years	0.00%
Gulf	SBH - HCBS	Adult 21+ Years	0.00%
Gulf	SBH - Other	SBH - All Ages	0.00%
Gulf	Maternity Kick Payment	Maternity Kick Payment	0.91%
Gulf	EED Kick Payment	EED Kick Payment	1.80%
Capital	SSI	0 - 2 Months	0.04%
Capital	SSI	3 - 11 Months	0.00%
Capital	SSI	Child 1 - 20 Years	0.07%
Capital	SSI	Adult 21+ Years	0.54%
Capital	Family & Children	0 - 2 Months	0.39%
Capital	Family & Children	3 - 11 Months	0.06%
Capital	Family & Children	Child 1 - 20 Years	0.20%
Capital	Family & Children	Adult 21+ Years	1.12%
Capital	Foster Care Children	All Ages Male & Female	0.16%
Capital	BCC	BCC, All Ages	0.78%
Capital	LAP	LAP, All Ages	0.00%
Capital	HCBS	Child 1 - 20 Years	0.02%
Capital	HCBS	Adult 21+ Years	0.28%
Capital	CCM	CCM, All Ages	0.02%
Capital	SBH - CCM	SBH - CCM, All Ages	0.00%
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
Capital	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
Capital	SBH - HCBS	Child 1 - 20 Years	0.00%
Capital	SBH - HCBS	Adult 21+ Years	0.00%
Capital	SBH - Other	SBH - All Ages	0.00%
Capital	Maternity Kick Payment	Maternity Kick Payment	1.24%
Capital	EED Kick Payment	EED Kick Payment	2.96%

Attachment B: Preventive Services Rate Summary

Region Description	Category of Aid Description	Rate Cell Description	Preventive Services %
South Central	SSI	0 - 2 Months	0.04%
South Central	SSI	3 - 11 Months	0.00%
South Central	SSI	Child 1 - 20 Years	0.05%
South Central	SSI	Adult 21+ Years	0.51%
South Central	Family & Children	0 - 2 Months	0.66%
South Central	Family & Children	3 - 11 Months	0.04%
South Central	Family & Children	Child 1 - 20 Years	0.17%
South Central	Family & Children	Adult 21+ Years	0.86%
South Central	Foster Care Children	All Ages Male & Female	0.16%
South Central	BCC	BCC, All Ages	0.78%
South Central	LAP	LAP, All Ages	0.00%
South Central	HCBS	Child 1 - 20 Years	0.03%
South Central	HCBS	Adult 21+ Years	0.28%
South Central	CCM	CCM, All Ages	0.02%
South Central	SBH - CCM	SBH - CCM, All Ages	0.00%
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
South Central	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
South Central	SBH - HCBS	Child 1 - 20 Years	0.00%
South Central	SBH - HCBS	Adult 21+ Years	0.00%
South Central	SBH - Other	SBH - All Ages	0.00%
South Central	Maternity Kick Payment	Maternity Kick Payment	1.20%
South Central	EED Kick Payment	EED Kick Payment	3.11%
North	SSI	0 - 2 Months	0.04%
North	SSI	3 - 11 Months	0.00%
North	SSI	Child 1 - 20 Years	0.09%
North	SSI	Adult 21+ Years	0.56%
North	Family & Children	0 - 2 Months	0.51%
North	Family & Children	3 - 11 Months	0.06%
North	Family & Children	Child 1 - 20 Years	0.21%
North	Family & Children	Adult 21+ Years	1.12%
North	Foster Care Children	All Ages Male & Female	0.15%
North	BCC	BCC, All Ages	0.78%
North	LAP	LAP, All Ages	0.00%
North	HCBS	Child 1 - 20 Years	0.02%
North	HCBS	Adult 21+ Years	0.28%
North	CCM	CCM, All Ages	0.02%
North	SBH - CCM	SBH - CCM, All Ages	0.00%
North	SBH - Duals	SBH - Dual Eligible, All Ages	0.00%
North	SBH - LaHIPP	SBH - LaHIPP, All Ages	0.00%
North	SBH - HCBS	Child 1 - 20 Years	0.00%
North	SBH - HCBS	Adult 21+ Years	0.00%
North	SBH - Other	SBH - All Ages	0.00%
North	Maternity Kick Payment	Maternity Kick Payment	1.43%
North	EED Kick Payment	EED Kick Payment	3.22%

Appendix F: Managed Care Savings Assumptions

Table 1: Managed Care Savings Assumptions

Category of Service	HCBS Waiver/CCM						Historically VOO					
	Utilization		Unit Cost		PMPM		Utilization		Unit Cost		PMPM	
	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
IP Hospital	-12.5%	-10.0%	1.0%	5.0%	-11.6%	-5.5%	Varies by COA, please see Table 2					
OP Hospital	-10.0%	-7.5%	1.0%	3.0%	-9.1%	-4.7%	-20.0%	-15.0%	1.0%	3.0%	-19.2%	-12.5%
PCP	2.5%	5.0%	5.0%	7.0%	7.6%	12.4%	5.0%	10.0%	5.0%	7.0%	10.3%	17.7%
Specialty Care Physician	-12.5%	-10.0%	0.0%	2.0%	-12.5%	-8.2%	-25.0%	-20.0%	0.0%	2.0%	-25.0%	-18.4%
FQHC/Rural Health Clinic	0.0%	2.5%	0.0%	2.0%	0.0%	4.5%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
EPSDT	0.0%	0.0%	5.0%	7.0%	5.0%	7.0%	5.0%	10.0%	5.0%	7.0%	10.3%	17.7%
CNP/CN	2.5%	5.0%	5.0%	7.0%	7.6%	12.4%	5.0%	10.0%	5.0%	7.0%	10.3%	17.7%
Lab/Radiology	-10.0%	-5.0%	0.0%	2.0%	-10.0%	-3.1%	-20.0%	-10.0%	0.0%	2.0%	-20.0%	-8.2%
Home Health	0.0%	0.0%	0.0%	2.0%	0.0%	2.0%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
Emergency Transportation	-5.0%	-2.5%	0.0%	2.0%	-5.0%	-0.6%	-10.0%	-5.0%	0.0%	2.0%	-10.0%	-3.1%
NEMT[1]	0.0%	2.5%	0.0%	2.0%	0.0%	4.5%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
Rehabilitation Services (OT, PT, ST)	-5.0%	-2.5%	0.0%	2.0%	-5.0%	-0.6%	-10.0%	-5.0%	0.0%	2.0%	-10.0%	-3.1%
Durable Medical Equipment (DME)[1]	-10.0%	-7.5%	0.0%	2.0%	-10.0%	-5.6%	-20.0%	-15.0%	0.0%	2.0%	-20.0%	-13.3%
Clinic	-10.0%	-7.5%	0.0%	2.0%	-10.0%	-5.6%	-20.0%	-15.0%	0.0%	2.0%	-20.0%	-13.3%
Family Planning	0.0%	2.5%	0.0%	2.0%	0.0%	4.5%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
Other	0.0%	2.5%	0.0%	2.0%	0.0%	4.5%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
Prescribed Drugs	-10.4%	-10.4%	0.0%	0.0%	-10.4%	-10.4%	Varies by COA, please see Table 3					
Emergency Room	-12.5%	-10.0%	5.0%	7.0%	-8.1%	-3.7%	-25.0%	-20.0%	5.0%	7.0%	-21.3%	-14.4%
Basic Behavioral Health	0.0%	0.0%	0.0%	2.0%	0.0%	2.0%	0.0%	5.0%	0.0%	2.0%	0.0%	7.1%
Hospice	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	Varies by COA, please see Table 4					
Personal Care Services[2]					-10.0%	-5.0%					-10.0%	-5.0%

Table 2: Inpatient Managed Care Savings Assumptions by COA

1 - IP Hospital	Utilization		Unit Cost		PMPM	
	Low	High	Low	High	Low	High
SSI/FCC/BCC/LaCHIP	-25.0%	-20.0%	1.0%	5.0%	-24.3%	-16.0%
Family and Children	-30.0%	-25.0%	1.0%	5.0%	-29.3%	-21.3%

Table 3: Prescribed Drugs Managed Care Savings Assumptions by COA

2 - Prescribed Drugs	Utilization		Unit Cost		PMPM	
	Low	High	Low	High	Low	High
SSI	-20.8%	-20.8%	-5.6%	-5.6%	-25.2%	-25.2%
Family and Children	-23.1%	-23.1%	-2.6%	-2.6%	-25.1%	-25.1%
Foster Care Children	-18.5%	-18.5%	-1.5%	-1.5%	-19.8%	-19.8%
Breast and Cervical Cancer	-12.4%	-12.4%	-8.7%	-8.7%	-20.1%	-20.1%
LaCHIP Affordable Plan	-20.8%	-20.8%	-5.6%	-5.6%	-25.2%	-25.2%

Table 4: Hospice Managed Care Savings Assumptions by COA

3 - Hospice	Utilization		Unit Cost		PMPM	
	Low	High	Low	High	Low	High
SSI/FCC/BCC/LaCHIP	-25.0%	-20.0%	1.0%	5.0%	-24.3%	-16.0%
Family and Children	-30.0%	-25.0%	1.0%	5.0%	-29.3%	-21.3%

Notes

1 – Managed care savings adjustments were applied to NEMT and DME services incurred by the Legacy Shared Savings program populations, as these services were not historically covered under the Shared Savings program.

2 – Managed care savings adjustments were applied to Personal Care Services incurred by the Legacy Shared Savings and Prepaid programs populations, as these services were not historically covered under the Shared Savings program.

Appendix G: Contralateral Breast Reduction Adjustment

Estimates for Contralateral Breast Reduction	
CBR Services	
Projected BCC Member Months	5,736
Projected Recipients Receiving CBR Services	243
PMPM	
1. Tattooing	$ 0.79
2. New Contralateral Services	$ 12.60
3. Additional Surgical Costs	$ 5.83
CBR Adjustment	**$ 19.22**
Rating Adjustment	
Statewide BCC Rate	$ 995.57
CBR Adjustment	$ 19.22
BCC Rate after CBR Adjustment	$ 1,014.79
Rating Adjustment	**1.93%**

Estimates for Contralateral Breast Reduction				Adjustment Impact	
Time Period	MMs	PMPM Before Adj	PMPM After Adj	%	PMPM
FFY16 + FFY17	25,968,884	$ 229.26	$ 229.28	0.01%	$ 0.02

Appendix H: LaHIPP Adjustment

LaHIPP Reinstatement Impact				Impact as % of	
Time Period	All Services Cost	Historical Dual Cost	Adjustment Dollar Impact	Historical Dual Cost	All Services Cost
FFY16	$2,938,439,843	$23,346,087	$ (114,121)	-0.49%	0.00%
FFY17	$2,962,971,073	$28,967,310	$ (140,910)	-0.49%	0.00%
Total	**$5,901,410,915**	**$52,313,397**	$ (255,031)	-0.49%	0.00%

Table 1: PET Scan Procedure Codes and Fee Schedule				
CPT/HCPCS CODE	DESCRIPTION	Technical Component	Physician Component	Total
78811	PET LIMITED AREA	$ 910.40	$ 364.16	$ 1,274.56
78812	PET SKULL-MID THIGH	$ 922.79	$ 369.12	$ 1,291.91
78813	PET WHOLE BODY	$ 925.94	$ 370.38	$ 1,296.32
78814	PET/CT LIMITED AREA	$ 933.54	$ 373.42	$ 1,306.96
78815	PET/CT SKULL-MID THIGH	$ 941.97	$ 376.79	$ 1,318.76
78816	PET/CT WHOLE BODY	$ 942.87	$ 377.15	$ 1,320.02
78608	PET BRAIN IMAGING	$ 906.30	$ 362.52	$ 1,268.82
78609	PET BRAIN IMAGING	$ 905.96	$ 362.38	$ 1,268.34
A9552	FLUORODEOXYGLUCOSE (Tracer for scan)	$ 162.74	$ -	$ 162.74
High-Cost Code Average		**$ 939.46**	**$ 375.79**	**$ 1,315.25**
Total Average Cost (High-Cost Avg + Tracer cost)		**$ 1,102.20**	**$ 375.79**	**$ 1,477.99**

Notes:
1. Unit costs are sourced from Louisiana's fee schedule website effective 2/1/2018.

Table 2: Estimated Cancer Patients - Fiscal Year 2017						
Category of Aid	Rate Cell	[A]1	[B]	[C] = [A]/([B]/(1,000*12))	[D]	[E] = [C]*[D]/(1,000*12)
		Cancer Patient ID Count	MMs	Cancer Ptnt/1000 Enrollee	RY19 Projected MMs	RY19 Projected Cancer Patients
SSI	Newborn, 0-2 Months	1	898	13.36	678	1
SSI	Newborn, 3-11 Months	2	6,997	3.43	6,101	2
SSI	Child, 1 - 20 Years	211	439,770	5.76	424,104	203
SSI	Adult, 21+ Years	4,767	904,692	63.23	882,601	4,651
Family & Children	Newborn, 0-2 Months	10	121,962	0.98	123,687	10
Family & Children	Newborn, 3-11 Months	30	426,661	0.84	416,371	29
Family & Children	Child, 1 - 20 Years	491	8,023,702	0.73	7,881,855	482
Family & Children	Adult, 21+ Years	1,592	1,315,911	14.52	1,265,269	1,531
Foster Care Children	Foster Care, All Ages, Male & Female	18	144,941	1.49	155,493	19
BCC	BCC, All Ages, Female	724	7,988	1,087.63	5,736	520
LAP	LAP, Child, Male & Female	3	36,638	0.98	40,385	3
HCBS	Male & Female, Age 20 & Under	5	4,293	13.98	5,618	7
HCBS	Male & Female, Age 21+	30	13,654	26.37	17,413	38
CCM	Chisholm, All Ages, Male & Female	18	27,819	7.76	34,227	22
Total		**7,902**	**11,475,926**	**8.26**	**11,259,539**	**7,519**

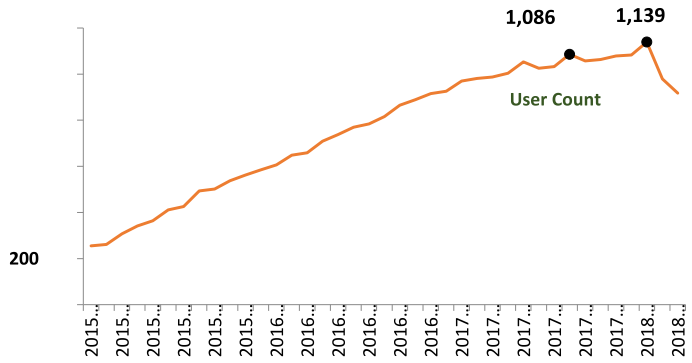
Notes
1. Cancer patients were identified using diagnosis codes for cancers that commonly use PET scan imaging. The count is a unique count of eligibility IDs over the time period specified.

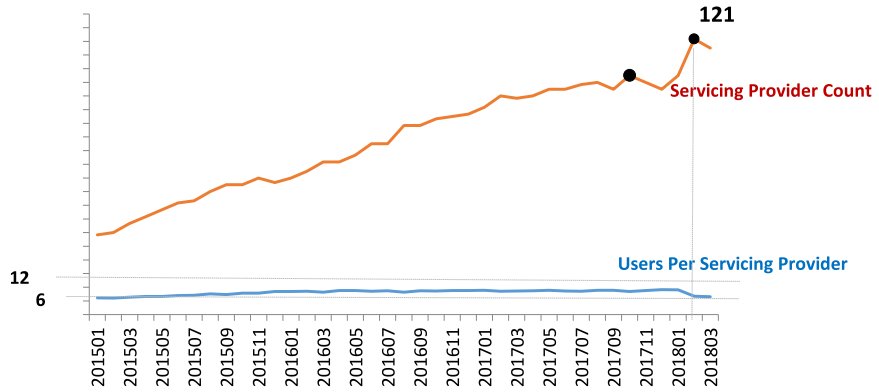
Appendix I: PET Scans Adjustment

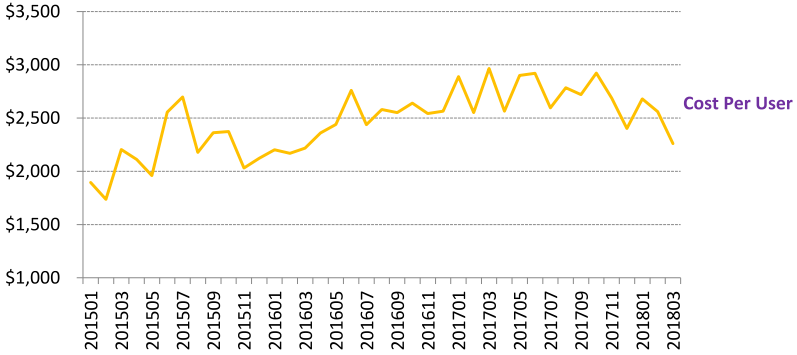
Table 3: Estimated Utilization and Final Costs		
[A][1]	Expected Util/1000	3.00
[B]	Non-Expansion Projected MMs	13,874,252
[C] = [A]*([B]/(1,000*12))	Total PET Scan Units	2,815

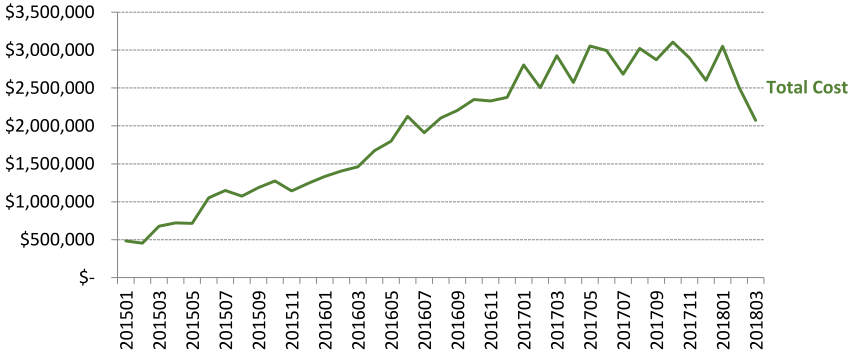
Cateogry of Aid	Rate Cell	RY19 Projected MMs	RY19 Est. Cancer Patient Count	Cancer Patient Count Dist.	Est. RY19 PET Scan Units	Unit Cost	PET Scan Cost	PET Scan PMPM
SSI	Newborn, 0-2 Months	678	1	0.0%	0	$ 1,477.99	$ 418	$ 0.62
SSI	Newborn, 3-11 Months	6,101	2	0.0%	1	$ 1,477.99	$ 965	$ 0.16
SSI	Child, 1 - 20 Years	424,104	203	2.7%	76	$ 1,477.99	$ 112,598	$ 0.27
SSI	Adult, 21+ Years	882,601	4,651	61.9%	1,741	$ 1,477.99	$ 2,573,407	$ 2.92
Family & Children	Newborn, 0-2 Months	123,687	10	0.1%	4	$ 1,477.99	$ 5,612	$ 0.05
Family & Children	Newborn, 3-11 Months	416,371	29	0.4%	11	$ 1,477.99	$ 16,200	$ 0.04
Family & Children	Child, 1 - 20 Years	7,881,855	482	6.4%	181	$ 1,477.99	$ 266,892	$ 0.03
Family & Children	Adult, 21+ Years	1,265,269	1,531	20.4%	573	$ 1,477.99	$ 847,031	$ 0.67
Foster Care Children	Foster Care, All Ages, Male & Female	155,493	19	0.3%	7	$ 1,477.99	$ 10,685	$ 0.07
BCC	BCC, All Ages, Female	5,736	520	6.9%	195	$ 1,477.99	$ 287,680	$ 50.15
LAP	LAP, Child, Male & Female	40,385	3	0.0%	1	$ 1,477.99	$ 1,830	$ 0.05
HCBS	Male & Female, Age 20 & Under	5,618	7	0.1%	2	$ 1,477.99	$ 3,621	$ 0.64
HCBS	Male & Female, Age 21+	17,413	38	0.5%	14	$ 1,477.99	$ 21,170	$ 1.22
CCM	Chisholm, All Ages, Male & Female	34,227	22	0.3%	8	$ 1,477.99	$ 12,255	$ 0.36
Total (all non-Expansion PH COAs)		**11,259,539**	**7,519**	**100.0%**	**2,815**	**$ 1,477.99**	**$ 4,160,362**	**$ 0.37**

Statewide View





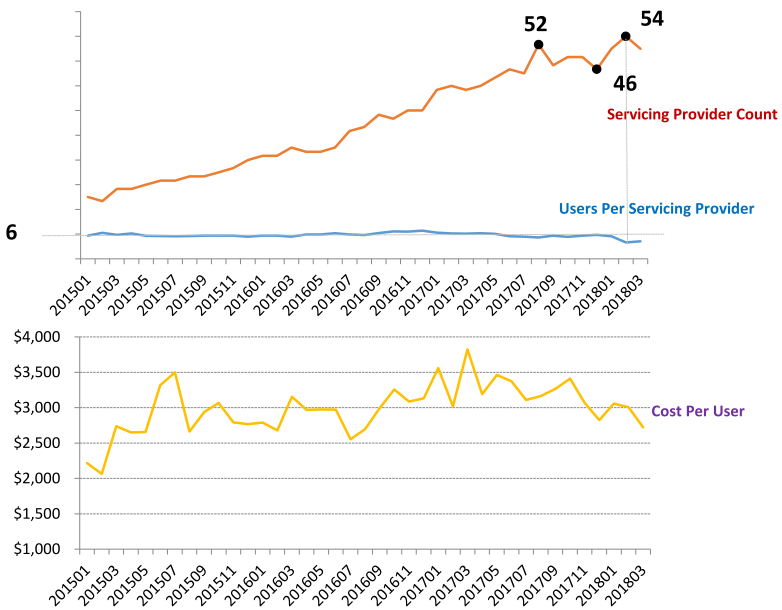




Fee-for-service Experience_January 2017 - December 2017			
Provider Count Per Month (Observed Maximum):	[A]		105
Average User Count Per Provider Per Month:	[B]		10
Average Cost Per User Per Month:	[C]	$	2,741
Average Cost Per Month:	[D]	$	2,836,835
Total Cost:	**[E]**	**$**	**34,042,015**

Appendix J: Applied Behavioral Analysis Adjustment

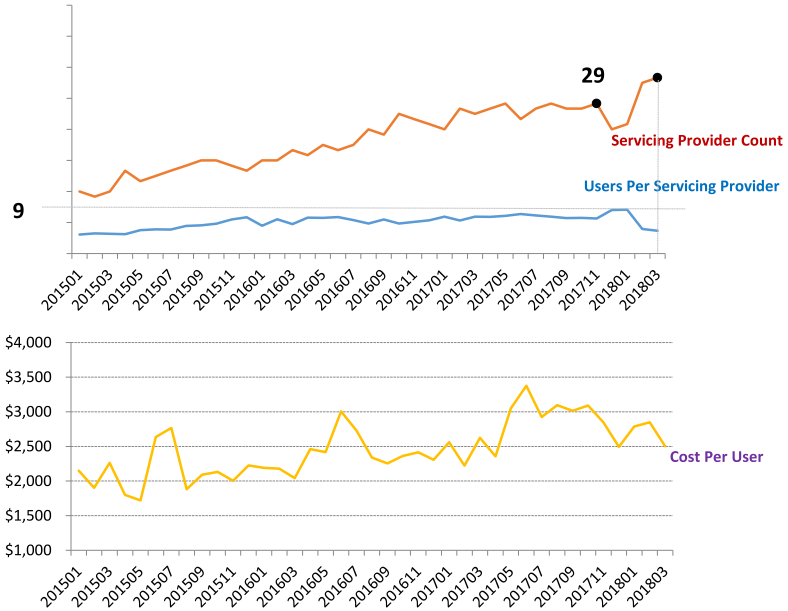
Gulf



Fee-for-service Experience_January 2017 - December 2017		Gulf
Provider Count Per Month (Observed Maximum):	[A]	52
Average User Count Per Provider Per Month:	[B]	6
Average Cost Per User Per Month:	[C]	$ 3,269.45

January 2019 - December 2019 Projection		Gulf
Provider Count Per Month (Assumed Average):	[D] = [A]	53
Assumed Average User Count Per Provider Per Month:	[E] = [B]	6
Assumed Average Cost Per User	[F] = [C]	$ 3,269.45
Total Projected Cost Per Month:	[G] = [D]*[E]*[F]	$ 1,048,511
Total Projected Cost for All Users (HLA & FFS)		**$ 12,582,137**

Capital

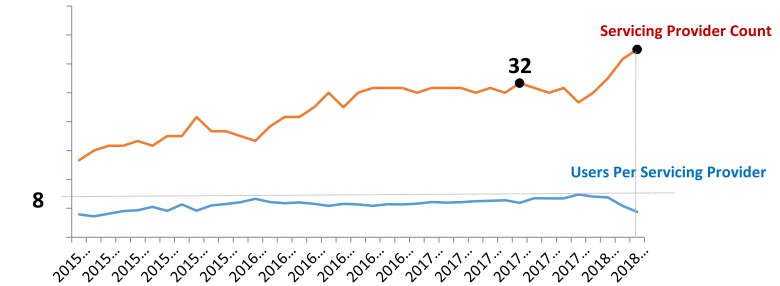


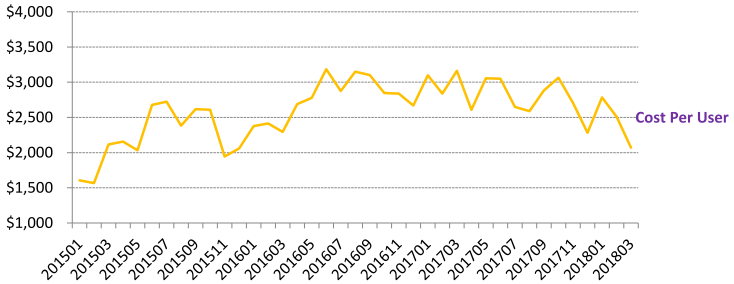
Fee-for-service Experience_January 2017 - December 2017		Capital
Provider Count Per Month (Observed Maximum):	[A]	29
Average User Count Per Provider Per Month:	[B]	7
Average Cost Per User Per Month:	[C]	$ 2,813.70

January 2019 - December 2019 Projection		Capital
Provider Count Per Month (Assumed Average):	[D] = [A]	33
Assumed Average User Count Per Provider Per Month:	[E] = [B]	7
Assumed Average Cost Per User	[F] = [C]	$ 2,813.70
Total Projected Cost Per Month:	[G] = [D]*[E]*[F]	$ 649,966
Total Projected Cost for All Users (HLA & FFS)		**$ 7,799,589**

Appendix J: Applied Behavioral Analysis Adjustment

South Central

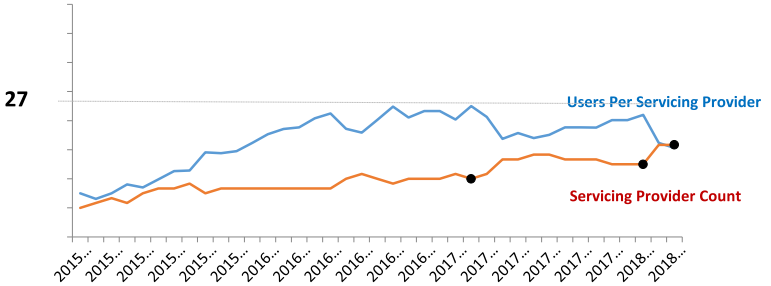


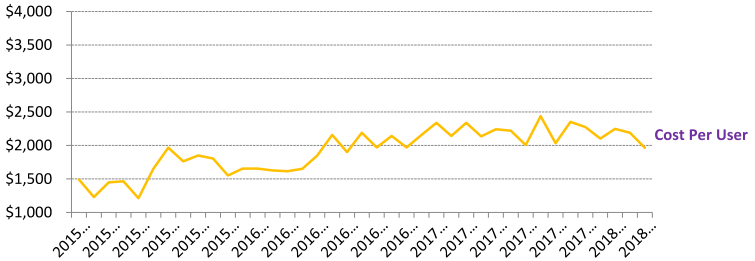


Fee-for-service Experience_January 2017 - December 2017		South Central
Provider Count Per Month (Observed Maximum):	[A]	32
Average User Count Per Provider Per Month:	[B]	8
Average Cost Per User Per Month:	[C]	$ 2,826.60

January 2019 - December 2019 Projection		South Central
Provider Count Per Month (Assumed Average):	[D]	36
Assumed Average User Count Per Provider Per Month:	[E] = [B]	8
Assumed Average Cost Per User	[F] = [C]	$ 2,826.60
Total Projected Cost Per Month:	[G] = [D]*[E]*[F]	$ 805,581
Total Projected Cost for All Users (HLA & FFS)		**$ 9,666,977**

North





Fee-for-service Experience_January 2017 - December 2017		North
Provider Count Per Month (Observed Maximum):	[A]	17
Average User Count Per Provider Per Month:	[B]	23
Average Cost Per User Per Month:	[C]	$ 2,217.36

January 2019 - December 2019 Projection		North
Provider Count Per Month (Assumed Average):	[D]	20
Assumed Average User Count Per Provider Per Month:	[E] = [B]	23
Assumed Average Cost Per User	[F] = [C]	$ 2,217.36
Total Projected Cost Per Month:	[G] = [D]*[E]*[F]	$ 1,014,886
Total Projected Cost for All Users (HLA & FFS)		**$ 12,178,637**

Appendix J: Applied Behavioral Analysis Adjustment

		[A]	[B]	[C]	[D]
January 2017 - December 2017 Total FFS Historical Paid Amount		**Gulf**	**Capital**	**South Central**	**North**
Eligibles to be covered in Healthy Louisiana	**[1] = [2] + … + [10]**	**$ 10,129,505**	**$ 6,498,832**	**$ 7,982,866**	**$ 9,197,904**
SSI_Child 1 - 20 Years	[2]	$ 2,216,593	$ 1,424,665	$ 2,600,573	$ 3,429,460
Family & Children_Child 1 - 20 Years	[3]	$ 2,993,496	$ 1,979,960	$ 2,336,500	$ 3,135,290
Foster Care Children	[4]	$ 111,403	$ 142,014	$ 353,171	$ 559,280
LaCHIP Affordable Plan, Child	[5]	$ 39,955	$ 14,136	$ 114,323	$ 1,453
HCBS_Child 1 - 20 Years	[6]	$ 3,731	$ 65,892	$ 16,454	$ 54,438
CCM_Chisholm, Male & Female, All Ages	[7]	$ 2,560,496	$ 1,365,361	$ 1,407,716	$ 1,049,884
SBH - CCM_Chisholm, Male & Female, All Ages	[8]	$ 1,507,852	$ 989,801	$ 1,081,531	$ 780,839
SBH - HCBS_Male & Female, Age 20 & Under	[9]	$ 694,650	$ 517,005	$ 71,990	$ 171,327
SBH - Other_Male & Female, All Ages	[10]	$ 1,329	$ -	$ 607	$ 15,934
All Eligibles to be covered in HLA and FFS	**[11] = [1]**	**$ 10,129,505**	**$ 6,498,832**	**$ 7,982,866**	**$ 9,197,904**

January 2019 - December 2019 Projection		**Gulf**	**Capital**	**South Central**	**North**
All Eligibles to be covered in HLA and FFS					
Provider Count Per Month (Assumed Average):	[12]	53	33	36	20
Assumed Average User Count Per Provider Per Month:	[13]	6	7	8	23
Assumed Average Cost Per User	[14]	$ 3,269.45	$ 2,813.70	$ 2,826.60	$ 2,217.36
Total Projected Cost Per Month:	[15] = [12]*[13]*[14]	$ 1,048,511	$ 649,966	$ 805,581	$ 1,014,886
Total Projected Cost for All Users	**[16] = 12*[15]**	**$ 12,582,137**	**$ 7,799,589**	**$ 9,666,977**	**$ 12,178,637**
Total Projected Cost for All Users -- Statewide	**[17]**	**$ 42,227,340**			
Eligibles to be covered in Healthy Louisiana		**$ 12,582,137**	**$ 7,799,589**	**$ 9,666,977**	**$ 12,178,637**
SSI_Child 1 - 20 Years	[18]	$ 2,753,291	$ 1,709,815	$ 3,149,205	$ 4,540,833
Family & Children_Child 1 - 20 Years	[19]	$ 3,718,304	$ 2,376,254	$ 2,829,422	$ 4,151,333
Foster Care Children	[20]	$ 138,377	$ 170,438	$ 427,679	$ 740,523
LaCHIP Affordable Plan, Child	[21]	$ 49,629	$ 16,965	$ 138,442	$ 1,924
HCBS_Child 1 - 20 Years	[22]	$ 4,634	$ 79,080	$ 19,925	$ 72,080
CCM_Chisholm, Male & Female, All Ages	[23]	$ 3,180,462	$ 1,638,641	$ 1,704,695	$ 1,390,116
SBH - CCM_Chisholm, Male & Female, All Ages	[24]	$ 1,872,944	$ 1,187,912	$ 1,309,697	$ 1,033,882
SBH - HCBS_Male & Female, Age 20 & Under	[25]	$ 862,844	$ 620,485	$ 87,178	$ 226,848
SBH - Other_Male & Female, All Ages	[26]	$ 1,651	$ -	$ 735	$ 21,098
January 2019 - December 2019_Projected Claim Expense PMPM		**$ 5.29**	**$ 3.69**	**$ 4.13**	**$ 6.74**
SSI_Child 1 - 20 Years	[27]	$ 22.71	$ 18.95	$ 31.45	$ 40.36
Family & Children_Child 1 - 20 Years	[28]	$ 1.70	$ 1.23	$ 1.32	$ 2.56
Foster Care Children	[29]	$ 4.92	$ 4.02	$ 8.37	$ 21.91
LaCHIP Affordable Plan, Child	[30]	$ 6.01	$ 1.39	$ 11.81	$ 0.23
HCBS_Child 1 - 20 Years	[31]	$ 3.14	$ 58.95	$ 13.16	$ 55.95
CCM_Chisholm, Male & Female, All Ages	[32]	$ 330.55	$ 211.39	$ 176.27	$ 193.55
SBH - CCM_Chisholm, Male & Female, All Ages	[33]	$ 176.22	$ 107.68	$ 117.86	$ 112.94
SBH - HCBS_Male & Female, Age 20 & Under	[34]	$ 163.51	$ 108.18	$ 16.41	$ 68.07
SBH - Other_Male & Female, All Ages	[35]	$ 0.22	$ -	$ 0.06	$ 2.23

1.1.19 P-Linkage Change Impact					Impact as % of
Time Period	Historical HLA MMs	Historical HLA Encounters	Adjusted MMs	Adjustment Dollar Impact	Historical HLA Encounters
FFY16 + FFY17	25,968,884	$ 5,901,410,915	(401)	$ 9,000,262	0.15%

Appendix L: Continuous Glucose Monitors Adjustment

Table 1: Continuous Glucose Monitors Fees			
CPT Code	**Description**	**Fee**	**Annualized Cost**
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply. The above description is abbreviated. (Sensor 4pkg with 7 day life)	$ 300.00	$ 3,600.00
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	$ 518.66	$ 518.66
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	$ 488.00	$ 488.00
Annual Cost Projection			**$ 4,606.66**

Table 2: Continuous Glucose Monitors Adjustment				
Population	**Projected Users[1]**	**Penetration Rate**	**Annualized Fee**	**Total Annualized Projected Cost**
Non-Expansion	3,130	30%	$ 4,606.66	$ 4,325,654

Notes:
1. Projected users were calculated using SFY17 data and restricted to recipients with Type I diabetes with insulin dependence.

Annualized RY19 Trends by Major COS								
Rate Cell	PH		Rx		SBH		All Services	
	Low	High	Low	High	Low	High	Low	High
Families & Children								
0-2 Months	1.2%	4.0%	1.0%	3.5%	0.7%	3.1%	1.2%	4.0%
3-11 Months	2.4%	4.7%	2.0%	4.5%	0.8%	3.7%	2.4%	4.7%
Child	3.3%	5.5%	2.1%	4.6%	5.6%	8.6%	3.7%	6.1%
Adult	3.0%	5.4%	4.0%	6.6%	6.9%	9.9%	3.8%	6.3%
Families & Children Total	**2.7%**	**5.1%**	**2.6%**	**5.2%**	**5.7%**	**8.7%**	**3.3%**	**5.8%**
SSI								
0-2 Months	0.5%	3.3%	-0.1%	2.4%	5.0%	7.1%	0.5%	3.3%
3-11 Months	1.2%	3.8%	1.9%	4.5%	4.7%	7.0%	1.3%	3.9%
Child	1.4%	3.7%	6.5%	9.1%	2.8%	5.3%	3.2%	5.6%
Adult	2.7%	5.1%	2.6%	5.2%	5.9%	8.8%	3.0%	5.5%
SSI Total	**2.4%**	**4.8%**	**3.3%**	**5.9%**	**4.5%**	**7.3%**	**3.0%**	**5.5%**
HCBS								
Child	2.7%	5.0%	4.4%	7.0%	3.8%	6.3%	3.0%	5.4%
Adult	3.0%	5.5%	4.4%	7.0%	7.7%	10.7%	3.9%	6.5%
HCBS Total	**2.9%**	**5.3%**	**4.4%**	**7.0%**	**6.8%**	**9.7%**	**3.7%**	**6.2%**
Other Populations								
Foster Care Children	4.1%	6.4%	4.0%	6.6%	7.9%	10.9%	6.0%	8.7%
BCC	4.0%	6.3%	11.6%	14.2%	8.0%	11.0%	5.9%	8.3%
LAP	4.2%	6.3%	1.0%	3.6%	8.3%	11.4%	3.7%	6.1%
CCM	2.8%	5.1%	5.6%	8.1%	3.8%	6.2%	3.5%	5.8%
SBH Only HCBS								
Child	1.0%	3.0%	0.0%	0.0%	7.9%	10.8%	7.0%	9.9%
Adult	1.0%	3.0%	0.0%	0.0%	6.5%	9.5%	5.5%	8.3%
SBH Only HCBS Total	**1.0%**	**3.0%**	**0.0%**	**0.0%**	**6.8%**	**9.8%**	**5.9%**	**8.7%**
SBH Only All Other								
SBH - CCM	1.0%	3.0%	0.0%	0.0%	8.0%	11.1%	7.7%	10.8%
SBH - Duals	4.7%	7.3%	0.0%	0.0%	8.8%	11.9%	7.3%	10.2%
SBH - Other	1.0%	3.0%	0.0%	0.0%	3.5%	5.9%	2.8%	5.2%
Maternity Kick Payment								
Maternity Kick Payment	0.1%	2.1%	0.0%	0.0%	0.0%	0.0%	0.1%	2.1%

Table 1a: FFY16 Base Expense

		Categories of Covered Services that Contain In-Lieu-of Services/Settings					
		Inpatient	Outpatient	Physician	Maternity Kick Payment	Other (PH Services)	Specialized Behavioral Health
In-lieu-of Services/Settings	Covered Services Provided in Skilled Nursing Facilities	$ 2,226,687	$ 13,152	$ 15,548	$ 3,553	$ 150,411	$ 2,684,737
	Crisis Stabilization Units for All Medicaid Eligible Adults						$ 206,658
	Inpatient Treatment Provided to Adults age 21 to 64 in an IMD for a short term stay of no more than 15 days						$ 19,730,149
	Psychiatric Intensive Outpatient Program		$ -				
	In-lieu-of Services/Settings Subtotal	**$ 2,226,687**	**$ 13,152**	**$ 15,548**	**$ 3,553**	**$ 150,411**	**$ 22,621,544**
	State Plan Services/Settings	**$ 455,799,175**	**$ 450,153,981**	**$ 498,620,130**	**$ 219,593,477**	**$ 108,997,438**	**$ 451,436,284**
	All Services/Settings	**$ 458,025,862**	**$ 450,167,133**	**$ 498,635,678**	**$ 219,597,029**	**$ 109,147,849**	**$ 474,057,827**

Table 1b: Percentage of Cost that In-lieu-of Services Represent in each Category of Service (FFY16 Base Cost)

	[A]	[B]	[C] = [B]/[A]
Category of Service	COS Total	In-lieu-of Services Total	In-lieu-of Services Percentage
Inpatient	$ 458,025,862	$ 2,226,687	0.5%
Outpatient	$ 450,167,133	$ 13,152	0.0%
Physician	$ 498,635,678	$ 15,548	0.0%
Maternity Kick Payment	$ 219,597,029	$ 3,553	0.0%
Other (PH Services)	$ 109,147,849	$ 150,411	0.1%
Specialized Behavioral Health	$ 474,057,827	$ 22,621,544	4.8%

Table 2a: FFY17 Base Expense

		Categories of Covered Services that Contain In-Lieu-of Services/Settings				
		Inpatient	Outpatient	Physician	Other (PH Services)	Specialized Behavioral Health
In-lieu-of Services/Settings	Physical Health Services Provided in Skilled Nursing Facilities	$ 1,910,377	$ 4,613	$ 1,209	$ 206	$ 1,198,839
	Crisis Stabilization Units for All Medicaid Eligible Adults					$ 71,462
	Inpatient Treatment Provided to Adults age 21 to 64 in an IMD for a short term stay of no more than 15 days					$ 19,645,943
	Psychiatric Intensive Outpatient Program		$ -			
	In-lieu-of Services/Settings Subtotal	**$ 1,910,377**	**$ 4,613**	**$ 1,209**	**$ 206**	**$ 20,916,244**
	State Plan Services/Settings	**$ 428,314,490**	**$ 476,110,535**	**$ 509,323,895**	**$ 115,404,497**	**$ 487,155,488**
	All Services	**$ 430,224,867**	**$ 476,115,148**	**$ 509,325,104**	**$ 115,404,703**	**$ 508,071,732**

Table 2b: Percentage of Cost that In-lieu-of Services Represent in each Category of Service (FFY17 Base Cost)

	[A]	[B]	[C] = [B]/[A]
Category of Service	COS Total	In-lieu-of Services Total	In-lieu-of Services Percentage
Inpatient	$ 430,224,867	$ 1,910,377	0.4%
Outpatient	$ 476,115,148	$ 4,613	0.0%
Physician	$ 509,325,104	$ 1,209	0.0%
Other (PH Services)	$ 115,404,703	$ 206	0.0%
Specialized Behavioral Health	$ 508,071,732	$ 20,916,244	4.1%

Appendix O: Retroactive Eligibility Adjustment

Table 1: Retroactive Eligibility Adjustment Factors Development Non-Expansion

Category of Aid	Rate Cell	Base Data (Completed & UR)		Retroactive Experience		Adjustment Factors Development			
		[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]
		MMs	PMPM	MMs	PMPM	MMs	PMPMs	Observed Retro Adj. Factor	Final Retro Adj. Factor
SSI	Newborn, 0-2 Months	1,919	$ 16,698.64	-	$ -	1,919	$ 16,698.64	1.000	1.000
SSI	Newborn, 3-11 Months	14,364	$ 3,592.33	-	$ -	14,364	$ 3,592.33	1.000	1.000
SSI	Child, 1 - 20 Years	897,585	$ 542.29	3,990	$ 154.43	901,575	$ 540.57	0.997	1.000
SSI	Adult, 21+ Years	1,822,550	$ 906.48	29,299	$ 838.55	1,851,849	$ 905.40	0.999	1.000
Family & Children	Newborn, 0-2 Months	247,770	$ 1,736.68	-	$ -	247,770	$ 1,736.68	1.000	1.000
Family & Children	Newborn, 3-11 Months	865,178	$ 181.40	-	$ -	865,178	$ 181.40	1.000	1.000
Family & Children	Child, 1 - 20 Years	16,146,490	$ 121.22	129,219	$ 56.88	16,275,709	$ 120.71	0.996	1.000
Family & Children	Adult, 21+ Years	2,795,618	$ 244.84	84,965	$ 177.87	2,880,583	$ 242.87	0.992	1.000
Foster Care Children	Foster Care, All Ages, Male & Female	286,158	$ 351.25	1,038	$ 166.34	287,196	$ 350.58	0.998	1.000
BCC	**BCC, All Ages, Female**	**20,761**	**$ 1,348.53**	**396**	**$ 2,368.16**	**21,157**	**$ 1,367.62**	**1.014**	**1.014**
LAP	LAP, Child, Male & Female	70,752	$ 136.97	69	$ 71.52	70,821	$ 136.90	1.000	1.000
HCBS	Male & Female, Age 20 & Under	8,329	$ 1,264.45	-	$ -	8,329	$ 1,264.45	1.000	1.000
HCBS	Male & Female, Age 21+	24,781	$ 1,035.76	8	$ 33.04	24,789	$ 1,035.43	1.000	1.000
CCM	Chisholm, All Ages, Male & Female	46,579	$ 800.10	483	$ 49.03	47,062	$ 792.39	0.990	1.000
SBH - CCM	SBH - CCM, All Ages	103,272	$ 102.87	376	$ 12.12	103,648	$ 102.54	0.997	1.000
SBH - Duals	SBH - Dual Eligible, All Ages	2,408,743	$ 20.38	22,995	$ 6.66	2,431,738	$ 20.25	0.994	1.000
SBH - LaHIPP	SBH - LaHIPP, All Ages	-	$ -	-	$ -	-	$ -	1.000	1.000
SBH - HCBS	SBH - Male & Female, Age 20 & Under	44,111	$ 30.69	155	$ -	44,266	$ 30.59	0.996	1.000
SBH - HCBS	SBH - Male & Female, Age 21+	87,821	$ 43.87	80	$ 25.85	87,901	$ 43.86	1.000	1.000
SBH - Other	SBH - All Ages	76,103	$ 114.00	1,820	$ 52.84	77,923	$ 112.57	0.987	1.000
Maternity Kick Payment	Maternity Kick Payment	63,768	$ 6,620.36	-	$ -	63,768	$ 6,620.36	1.000	1.000

Notes:

The retroactive eligibility adjustment does not apply to the newborn rate cells as retroactive experience is included in the base data for these rate cells.

E = A + C

F = ((A * B) + (C * D)) / E

G = F / B

H = MAX(G,1)

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 0 - 2 Months
238

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	83,107	$ 1,733.62	$ 12,006.32	-4.12%	-0.25%	5.80%	82,537	$ 1,758.71	$ 12,096.52
Outpatient Hospital	7,135	$ 65.18	$ 38.76	0.00%	5.06%	37.71%	7,637	$ 96.06	$ 61.13
Primary Care	9,348	$ 1,618.91	$ 1,261.16	0.00%	3.01%	0.00%	10,005	$ 1,641.27	$ 1,368.41
Specialty Care	16,021	$ 1,660.16	$ 2,216.49	-0.22%	3.01%	0.00%	17,109	$ 1,683.01	$ 2,399.58
FQHC/RHC	240	$ 85.77	$ 1.72	0.00%	3.01%	0.00%	257	$ 86.96	$ 1.86
EPSDT	2,448	$ 218.80	$ 44.64	0.00%	3.01%	0.00%	2,621	$ 221.82	$ 48.44
Certified Nurse Practitioners/Clinical Nurse	1,095	$ 175.32	$ 15.99	0.00%	3.01%	0.00%	1,172	$ 177.74	$ 17.35
Lab/Radiology	77,437	$ 12.48	$ 80.55	-0.03%	3.02%	0.00%	80,649	$ 13.00	$ 87.39
Home Health	783	$ 79.53	$ 5.19	0.00%	3.02%	0.00%	816	$ 82.86	$ 5.63
Emergency Transportation	165	$ 153.67	$ 2.11	0.00%	2.49%	0.00%	177	$ 152.61	$ 2.26
Non-Emergency Transportation	3,309	$ 124.67	$ 34.38	0.00%	2.49%	0.00%	3,565	$ 123.82	$ 36.79
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
DME	617	$ 17.51	$ 0.90	0.00%	3.02%	0.00%	642	$ 18.24	$ 0.98
Clinic	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Prescribed Drugs	2,625	$ 108.24	$ 23.68	-1.46%	-0.12%	-3.90%	2,663	$ 100.72	$ 22.35
Emergency Room	1,414	$ 245.53	$ 28.93	-2.60%	5.06%	0.50%	1,513	$ 257.24	$ 32.44
Basic Behavioral Health	400	$ 238.11	$ 7.94	0.00%	3.01%	0.00%	428	$ 241.40	$ 8.61
Hospice	1,494	$ 149.50	$ 18.61	0.00%	-0.25%	0.00%	1,484	$ 149.50	$ 18.48
Personal Care Services	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,734	$ 1,772.12	$ 256.02	0.00%	5.05%	0.00%	1,806	$ 1,947.96	$ 293.19
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.28%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	2,640	$ 50.27	$ 11.06	0.00%	4.28%	0.00%	2,704	$ 55.07	$ 12.41
Gross Medical Total			**$ 16,054.45**	**-3.12%**	**0.65%**	**4.29%**			**$ 16,513.84**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 829.06**
% Credibility Adjustment	5.02%
PET Scans Adjustment	**$ 0.62**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1,618.23**
% of Final Projected Medical	8.53%
Final Projected Medical	**$ 18,961.75**
Administrative Expenses PMPM	**$ 1,131.75**
% of Final Projected Medical	5.97%
Underwriting Gain PMPM	**$ 324.09**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 20,417.59**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 21,605.91**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 3 - 11 Months
1,677

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	11,193	$ 2,444.19	$ 2,279.78	-4.12%	-0.25%	4.05%	11,116	$ 2,438.44	$ 2,258.82
Outpatient Hospital	22,789	$ 66.63	$ 126.54	-0.11%	5.06%	33.33%	24,390	$ 94.98	$ 193.05
Primary Care	9,938	$ 201.31	$ 166.72	0.00%	3.01%	0.04%	10,637	$ 204.16	$ 180.96
Specialty Care	9,809	$ 581.08	$ 474.98	-0.01%	3.01%	0.12%	10,497	$ 589.83	$ 515.95
FQHC/RHC	242	$ 97.84	$ 1.97	0.00%	3.01%	-0.01%	259	$ 99.19	$ 2.14
EPSDT	3,120	$ 493.67	$ 128.33	0.00%	3.01%	-0.01%	3,339	$ 500.43	$ 139.23
Certified Nurse Practitioners/Clinical Nurse	716	$ 167.46	$ 10.00	0.00%	3.01%	-0.01%	767	$ 169.76	$ 10.85
Lab/Radiology	14,308	$ 13.58	$ 16.19	0.00%	3.02%	0.05%	14,906	$ 14.16	$ 17.59
Home Health	4,369	$ 154.67	$ 56.32	0.00%	3.02%	-0.01%	4,552	$ 161.13	$ 61.12
Emergency Transportation	349	$ 322.98	$ 9.40	0.00%	2.49%	0.29%	376	$ 321.69	$ 10.09
Non-Emergency Transportation	3,661	$ 60.55	$ 18.47	0.00%	2.49%	0.38%	3,944	$ 60.36	$ 19.84
Rehabilitation Services (OT, PT, ST)	6	$ 209.12	$ 0.11	0.00%	3.02%	-0.01%	6	$ 217.84	$ 0.12
DME	2,913	$ 9.55	$ 2.32	0.00%	3.02%	-0.01%	3,034	$ 9.95	$ 2.52
Clinic	-	$ -	$ -	0.00%	3.01%	-0.01%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	3.01%	-0.01%	-	$ -	$ -
Other	8,977	$ 154.59	$ 115.65	-11.82%	3.02%	-0.01%	8,246	$ 161.04	$ 110.67
Prescribed Drugs	13,652	$ 448.49	$ 510.24	-1.46%	1.92%	-3.90%	13,737	$ 444.81	$ 509.20
Emergency Room	4,429	$ 212.39	$ 78.39	-2.61%	5.06%	6.40%	4,740	$ 235.53	$ 93.04
Basic Behavioral Health	16	$ 73.11	$ 0.10	0.00%	3.01%	-0.01%	17	$ 74.12	$ 0.10
Hospice	1,668	$ 153.69	$ 21.36	0.00%	-0.25%	-0.01%	1,656	$ 153.68	$ 21.21
Personal Care Services	-	$ -	$ -	0.00%	3.02%	-0.01%	-	$ -	$ -
Inpatient Services -- Mental Health	113	$ 1,772.12	$ 16.70	0.00%	5.05%	-0.01%	118	$ 1,947.82	$ 19.12
Emergency Room -- Mental Health	8	$ 62.44	$ 0.04	0.00%	4.28%	-0.01%	8	$ 68.40	$ 0.05
Professional/Other -- Mental Health	439	$ 66.01	$ 2.41	0.00%	4.28%	-0.01%	449	$ 72.31	$ 2.71
Gross Medical Total			**$ 4,036.02**	**-2.90%**	**1.17%**	**3.01%**			**$ 4,168.37**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (500.69)**
% Credibility Adjustment	-12.01%
PET Scans Adjustment	**$ 0.16**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 125.94**
% of Final Projected Medical	3.32%
Final Projected Medical	**$ 3,793.77**
Administrative Expenses PMPM	**$ 269.46**
% of Final Projected Medical	7.10%
Underwriting Gain PMPM	**$ 65.54**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 4,128.77**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 4,369.07**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Child 1 - 20 Years
121,230

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	459	$ 1,867.43	$ 71.46	-4.37%	-0.25%	4.13%	455	$ 1,864.29	$ 70.67
Outpatient Hospital	6,422	$ 70.44	$ 37.70	-0.50%	1.51%	40.04%	6,552	$ 100.24	$ 54.73
Primary Care	2,360	$ 70.62	$ 13.89	0.05%	1.51%	0.02%	2,427	$ 71.62	$ 14.48
Specialty Care	1,476	$ 149.21	$ 18.35	-0.20%	1.51%	0.02%	1,514	$ 151.29	$ 19.09
FQHC/RHC	107	$ 81.64	$ 0.73	0.09%	1.51%	0.00%	110	$ 82.75	$ 0.76
EPSDT	1,025	$ 275.71	$ 23.55	-0.06%	1.51%	0.01%	1,056	$ 278.82	$ 24.53
Certified Nurse Practitioners/Clinical Nurse	98	$ 110.17	$ 0.90	0.14%	1.51%	0.00%	101	$ 111.69	$ 0.94
Lab/Radiology	2,305	$ 19.35	$ 3.72	-0.06%	3.02%	0.00%	2,400	$ 20.16	$ 4.03
Home Health	306	$ 425.07	$ 10.85	0.13%	3.02%	-0.01%	320	$ 442.51	$ 11.79
Emergency Transportation	116	$ 176.43	$ 1.71	-0.03%	1.99%	0.02%	123	$ 175.25	$ 1.80
Non-Emergency Transportation	845	$ 81.98	$ 5.77	0.02%	1.99%	0.03%	899	$ 81.43	$ 6.10
Rehabilitation Services (OT, PT, ST)	16	$ 143.91	$ 0.19	-0.07%	3.02%	0.00%	16	$ 149.92	$ 0.20
DME	2	$ 3.09	$ 0.00	-3.18%	3.02%	0.00%	2	$ 3.21	$ 0.00
Clinic	41	$ 290.76	$ 0.99	0.00%	1.51%	0.00%	42	$ 294.77	$ 1.03
Family Planning	31	$ 129.51	$ 0.34	-0.20%	1.51%	6.52%	32	$ 139.59	$ 0.37
Other	1,798	$ 134.88	$ 20.21	-0.68%	3.02%	0.00%	1,861	$ 140.52	$ 21.79
Prescribed Drugs	16,527	$ 98.61	$ 135.82	-1.63%	6.46%	-3.90%	16,597	$ 110.26	$ 152.50
Emergency Room	2,075	$ 177.91	$ 30.76	-2.68%	1.51%	4.70%	2,117	$ 185.13	$ 32.65
Basic Behavioral Health	936	$ 58.47	$ 4.56	-1.72%	1.51%	0.03%	946	$ 59.29	$ 4.67
Hospice	12	$ 149.14	$ 0.15	0.00%	-0.25%	0.00%	12	$ 149.14	$ 0.15
Personal Care Services	10,225	$ 3.57	$ 3.04	-0.80%	3.02%	0.00%	10,600	$ 3.71	$ 3.28
Inpatient Services -- Mental Health	305	$ 572.81	$ 14.55	0.00%	2.77%	18.70%	311	$ 717.95	$ 18.62
Emergency Room -- Mental Health	13	$ 88.24	$ 0.09	-0.01%	2.76%	0.52%	13	$ 94.61	$ 0.10
Professional/Other -- Mental Health	82,757	$ 18.52	$ 127.69	0.00%	2.76%	0.39%	83,613	$ 19.83	$ 138.15
Gross Medical Total			**$ 527.02**	**-1.26%**	**3.05%**	**3.05%**			**$ 582.43**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.27**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 22.75**
% of Final Projected Medical	3.75%
New Benefits Add Ons & Outliers	**$ 1.31**
% of Final Projected Medical	0.22%
Final Projected Medical	**$ 606.76**
Administrative Expenses PMPM	**$ 43.78**
% of Final Projected Medical	7.22%
Underwriting Gain PMPM	**$ 10.49**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 661.03**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 699.50**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Adult 21+ Years
259,217

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,598	$ 1,204.01	$ 160.35	-4.47%	0.50%	10.29%	1,581	$ 1,299.77	$ 171.28
Outpatient Hospital	14,116	$ 79.17	$ 93.13	-0.55%	4.55%	17.56%	15,004	$ 98.42	$ 123.06
Primary Care	4,828	$ 78.44	$ 31.56	0.43%	2.50%	0.73%	5,099	$ 80.42	$ 34.17
Specialty Care	3,725	$ 154.16	$ 47.85	-0.04%	2.50%	0.78%	3,932	$ 157.48	$ 51.61
FQHC/RHC	335	$ 88.83	$ 2.48	0.08%	2.50%	0.04%	354	$ 90.08	$ 2.66
EPSDT	-	$ -	$ -	0.00%	2.50%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	237	$ 115.20	$ 2.28	0.06%	2.50%	0.45%	250	$ 117.32	$ 2.45
Lab/Radiology	10,080	$ 22.34	$ 18.77	0.00%	3.72%	0.32%	10,597	$ 23.57	$ 20.81
Home Health	343	$ 88.32	$ 2.52	-0.49%	3.72%	0.05%	360	$ 92.44	$ 2.78
Emergency Transportation	517	$ 163.61	$ 7.05	-0.21%	2.75%	1.27%	559	$ 164.84	$ 7.68
Non-Emergency Transportation	7,188	$ 34.18	$ 20.48	-0.31%	2.75%	0.37%	7,771	$ 34.09	$ 22.07
Rehabilitation Services (OT, PT, ST)	4	$ 779.36	$ 0.26	0.02%	3.72%	0.41%	4	$ 823.09	$ 0.29
DME	45,069	$ 3.72	$ 13.99	-0.23%	3.72%	0.04%	47,382	$ 3.91	$ 15.44
Clinic	693	$ 244.99	$ 14.14	-0.04%	2.50%	0.23%	731	$ 248.87	$ 15.16
Family Planning	25	$ 167.60	$ 0.35	-0.16%	2.50%	5.09%	26	$ 178.26	$ 0.39
Other	218	$ 19.71	$ 0.36	0.02%	3.72%	0.02%	229	$ 20.74	$ 0.40
Prescribed Drugs	50,280	$ 84.11	$ 352.40	-1.48%	2.61%	-3.83%	50,452	$ 85.26	$ 358.47
Emergency Room	4,348	$ 217.42	$ 78.78	-2.68%	4.55%	2.91%	4,621	$ 231.53	$ 89.17
Basic Behavioral Health	434	$ 61.63	$ 2.23	-0.27%	2.50%	0.10%	458	$ 62.35	$ 2.38
Hospice	219	$ 174.46	$ 3.18	-0.02%	0.50%	3.14%	217	$ 183.71	$ 3.32
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	805	$ 507.38	$ 34.05	1.08%	4.91%	27.57%	848	$ 709.29	$ 50.10
Emergency Room -- Mental Health	28	$ 203.41	$ 0.48	-0.62%	6.57%	0.78%	29	$ 234.51	$ 0.57
Professional/Other -- Mental Health	26,397	$ 29.00	$ 63.80	-0.19%	6.57%	0.13%	27,314	$ 33.37	$ 75.95
Gross Medical Total			**$ 950.48**	**-1.55%**	**3.02%**	**3.41%**			**$ 1,050.20**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 2.92**
% of Final Projected Medical	0.28%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 2.60**
% of Final Projected Medical	0.25%
Final Projected Medical	**$ 1,055.71**
Administrative Expenses PMPM	**$ 62.36**
% of Final Projected Medical	5.91%
Underwriting Gain PMPM	**$ 18.03**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,136.10**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,202.23**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 0 - 2 Months
34,542

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	13,317	$ 1,112.53	$ 1,234.64	-4.14%	0.74%	4.25%	13,132	$ 1,150.70	$ 1,259.27
Outpatient Hospital	7,038	$ 35.67	$ 20.92	-0.02%	3.28%	21.94%	7,381	$ 45.31	$ 27.87
Primary Care	12,134	$ 138.28	$ 139.82	0.00%	2.77%	0.00%	12,386	$ 146.01	$ 150.71
Specialty Care	1,950	$ 621.51	$ 100.98	-0.01%	2.77%	0.00%	1,990	$ 656.29	$ 108.83
FQHC/RHC	364	$ 94.87	$ 2.88	0.00%	2.77%	0.00%	372	$ 100.18	$ 3.10
EPSDT	7,418	$ 88.69	$ 54.82	0.00%	2.77%	0.00%	7,572	$ 93.65	$ 59.10
Certified Nurse Practitioners/Clinical Nurse	70	$ 130.36	$ 0.76	0.00%	2.77%	0.00%	71	$ 137.66	$ 0.82
Lab/Radiology	31,977	$ 16.97	$ 45.23	-0.01%	1.74%	0.00%	32,741	$ 17.38	$ 47.42
Home Health	26	$ 67.18	$ 0.15	-0.01%	1.74%	0.00%	27	$ 68.78	$ 0.15
Emergency Transportation	128	$ 255.80	$ 2.73	0.00%	1.74%	0.00%	131	$ 261.92	$ 2.86
Non-Emergency Transportation	474	$ 187.11	$ 7.39	0.00%	1.74%	0.01%	485	$ 191.60	$ 7.75
Rehabilitation Services (OT, PT, ST)	0	$ 117.80	$ 0.00	0.00%	1.74%	0.00%	0	$ 120.63	$ 0.00
DME	15	$ 22.11	$ 0.03	0.00%	1.74%	0.00%	16	$ 22.64	$ 0.03
Clinic	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Other	52	$ 76.84	$ 0.33	-16.70%	1.74%	0.00%	44	$ 78.68	$ 0.29
Prescribed Drugs	3,608	$ 22.76	$ 6.84	-1.65%	0.96%	-3.10%	3,619	$ 22.19	$ 6.69
Emergency Room	2,453	$ 154.51	$ 31.58	-2.60%	3.28%	5.52%	2,572	$ 165.44	$ 35.47
Basic Behavioral Health	8	$ 62.80	$ 0.04	0.11%	2.77%	0.00%	8	$ 66.29	$ 0.05
Hospice	15	$ 147.51	$ 0.18	0.00%	0.74%	0.01%	14	$ 152.65	$ 0.18
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	80	$ 1,260.62	$ 8.37	0.00%	0.74%	0.14%	79	$ 1,306.31	$ 8.55
Emergency Room -- Mental Health	10	$ 52.85	$ 0.04	0.00%	0.75%	0.00%	10	$ 53.21	$ 0.04
Professional/Other -- Mental Health	804	$ 48.54	$ 3.25	0.00%	0.75%	0.00%	815	$ 48.88	$ 3.32
Gross Medical Total			**$ 1,660.99**	**-3.14%**	**1.24%**	**3.49%**			**$ 1,722.51**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 59.54**
% of Final Projected Medical	3.34%
Final Projected Medical	**$ 1,782.09**
Administrative Expenses PMPM	**$ 129.33**
% of Final Projected Medical	7.26%
Underwriting Gain PMPM	**$ 30.83**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,942.26**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 2,055.30**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Child 1 - 20 Years
2,187,767

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	36	$ 1,676.52	$ 5.08	-4.12%	0.74%	4.91%	36	$ 1,745.03	$ 5.21
Outpatient Hospital	1,939	$ 50.07	$ 8.09	-0.15%	5.06%	63.53%	2,089	$ 86.91	$ 15.13
Primary Care	2,128	$ 63.37	$ 11.24	0.02%	2.77%	0.03%	2,172	$ 66.95	$ 12.12
Specialty Care	760	$ 117.04	$ 7.41	0.00%	2.77%	0.00%	776	$ 123.60	$ 7.99
FQHC/RHC	107	$ 84.86	$ 0.76	0.00%	2.77%	-0.01%	110	$ 89.60	$ 0.82
EPSDT	1,050	$ 74.53	$ 6.52	-0.06%	2.77%	0.00%	1,072	$ 78.66	$ 7.03
Certified Nurse Practitioners/Clinical Nurse	35	$ 95.72	$ 0.28	0.00%	2.77%	0.00%	36	$ 101.07	$ 0.30
Lab/Radiology	1,681	$ 14.56	$ 2.04	0.00%	1.74%	0.00%	1,721	$ 14.91	$ 2.14
Home Health	2	$ 999.18	$ 0.14	-1.43%	1.74%	0.00%	2	$ 1,008.52	$ 0.14
Emergency Transportation	27	$ 162.79	$ 0.37	0.00%	1.74%	0.01%	28	$ 166.70	$ 0.39
Non-Emergency Transportation	148	$ 75.22	$ 0.93	0.00%	1.74%	0.02%	152	$ 77.04	$ 0.97
Rehabilitation Services (OT, PT, ST)	5	$ 140.76	$ 0.06	0.00%	1.74%	0.00%	5	$ 144.14	$ 0.06
DME	1	$ 5.13	$ 0.00	0.00%	1.74%	0.00%	1	$ 5.26	$ 0.00
Clinic	4	$ 235.09	$ 0.07	0.00%	2.77%	0.00%	4	$ 248.24	$ 0.08
Family Planning	23	$ 124.34	$ 0.24	-0.25%	2.77%	6.31%	24	$ 139.24	$ 0.28
Other	54	$ 84.08	$ 0.38	3.64%	1.74%	0.00%	57	$ 86.10	$ 0.41
Prescribed Drugs	5,599	$ 51.94	$ 24.24	-1.65%	2.08%	-3.10%	5,591	$ 52.46	$ 24.44
Emergency Room	1,240	$ 150.50	$ 15.55	-2.61%	5.06%	5.29%	1,336	$ 164.05	$ 18.27
Basic Behavioral Health	274	$ 59.16	$ 1.35	0.00%	2.77%	0.01%	280	$ 62.47	$ 1.46
Hospice	0	$ 14.97	$ 0.00	0.00%	0.74%	20.69%	0	$ 18.69	$ 0.00
Personal Care Services	41	$ 3.68	$ 0.01	-0.11%	1.74%	0.00%	42	$ 3.76	$ 0.01
Inpatient Services -- Mental Health	40	$ 598.28	$ 2.02	0.00%	1.99%	15.40%	40	$ 738.94	$ 2.46
Emergency Room -- Mental Health	8	$ 62.75	$ 0.04	0.00%	5.83%	-0.01%	8	$ 68.06	$ 0.05
Professional/Other -- Mental Health	17,475	$ 17.95	$ 26.14	0.00%	5.83%	0.09%	18,829	$ 19.49	$ 30.57
Gross Medical Total			**$ 112.95**	**-0.90%**	**3.70%**	**5.36%**			**$ 130.32**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.03**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 1.70**
% of Final Projected Medical	1.28%
New Benefits Add Ons & Outliers	**$ 0.29**
% of Final Projected Medical	0.22%
Final Projected Medical	**$ 132.34**
Administrative Expenses PMPM	**$ 20.55**
% of Final Projected Medical	15.53%
Underwriting Gain PMPM	**$ 2.47**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 155.36**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 164.40**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Adult 21+ Years
375,685

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	210	$ 1,212.30	$ 21.18	-4.18%	2.48%	9.73%	205	$ 1,392.66	$ 23.81
Outpatient Hospital	4,719	$ 58.50	$ 23.00	-0.32%	3.99%	34.08%	4,916	$ 83.58	$ 34.24
Primary Care	2,570	$ 79.67	$ 17.06	0.43%	1.25%	0.21%	2,623	$ 81.30	$ 17.77
Specialty Care	1,149	$ 139.88	$ 13.39	-0.01%	1.25%	0.24%	1,173	$ 142.15	$ 13.89
FQHC/RHC	180	$ 89.00	$ 1.34	0.02%	1.25%	-0.02%	184	$ 90.21	$ 1.38
EPSDT	-	$ -	$ -	0.00%	1.25%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	107	$ 112.43	$ 1.01	0.01%	1.25%	0.03%	110	$ 114.02	$ 1.04
Lab/Radiology	7,059	$ 20.60	$ 12.12	0.00%	4.72%	0.01%	7,521	$ 21.95	$ 13.75
Home Health	20	$ 284.44	$ 0.47	-0.79%	4.72%	0.00%	21	$ 300.66	$ 0.53
Emergency Transportation	122	$ 162.63	$ 1.65	-0.01%	1.99%	0.08%	125	$ 167.23	$ 1.75
Non-Emergency Transportation	821	$ 49.42	$ 3.38	0.00%	1.99%	0.33%	844	$ 50.94	$ 3.58
Rehabilitation Services (OT, PT, ST)	3	$ 146.96	$ 0.04	0.00%	4.72%	0.00%	3	$ 156.57	$ 0.04
DME	1,308	$ 19.48	$ 2.12	-0.61%	4.72%	0.00%	1,393	$ 20.63	$ 2.40
Clinic	24	$ 192.52	$ 0.38	0.00%	1.25%	0.19%	24	$ 195.55	$ 0.39
Family Planning	121	$ 237.26	$ 2.39	-0.13%	1.25%	8.07%	123	$ 259.61	$ 2.66
Other	40	$ 37.16	$ 0.12	0.00%	4.72%	0.99%	42	$ 39.99	$ 0.14
Prescribed Drugs	17,191	$ 50.87	$ 72.88	-1.65%	4.02%	-3.08%	17,359	$ 53.52	$ 77.42
Emergency Room	2,592	$ 183.58	$ 39.66	-2.63%	3.99%	4.05%	2,700	$ 198.85	$ 44.74
Basic Behavioral Health	317	$ 61.84	$ 1.63	0.00%	1.25%	0.03%	323	$ 62.71	$ 1.69
Hospice	4	$ 71.14	$ 0.02	0.00%	2.48%	2.75%	4	$ 79.82	$ 0.03
Personal Care Services	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	147	$ 548.32	$ 6.72	12.29%	0.14%	20.12%	145	$ 755.30	$ 9.10
Emergency Room -- Mental Health	18	$ 89.85	$ 0.13	0.00%	9.43%	0.10%	20	$ 101.79	$ 0.17
Professional/Other -- Mental Health	9,944	$ 23.46	$ 19.44	-0.03%	9.43%	0.04%	11,255	$ 26.56	$ 24.91
Gross Medical Total			**$ 240.13**	**-0.97%**	**3.81%**	**4.52%**			**$ 275.45**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.67**
% of Final Projected Medical	0.24%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.14**
% of Final Projected Medical	0.41%
Final Projected Medical	**$ 277.26**
Administrative Expenses PMPM	**$ 26.96**
% of Final Projected Medical	9.72%
Underwriting Gain PMPM	**$ 4.91**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 309.13**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 327.12**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Foster Care Children All Ages Male & Female
28,131

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	142	$ 1,417.04	$ 16.79	-4.83%	3.72%	4.76%	138	$ 1,606.08	$ 18.50
Outpatient Hospital	3,055	$ 51.79	$ 13.18	-0.16%	7.21%	58.84%	3,360	$ 90.44	$ 25.32
Primary Care	2,315	$ 67.89	$ 13.09	0.00%	2.73%	0.01%	2,403	$ 70.42	$ 14.10
Specialty Care	1,103	$ 139.96	$ 12.87	-0.13%	2.73%	0.00%	1,144	$ 145.25	$ 13.84
FQHC/RHC	167	$ 90.67	$ 1.26	0.07%	2.73%	0.00%	173	$ 94.09	$ 1.36
EPSDT	1,105	$ 89.88	$ 8.28	0.06%	2.73%	0.01%	1,148	$ 93.28	$ 8.92
Certified Nurse Practitioners/Clinical Nurse	65	$ 108.48	$ 0.58	0.06%	2.73%	0.00%	67	$ 112.58	$ 0.63
Lab/Radiology	2,345	$ 16.43	$ 3.21	-0.06%	1.74%	0.00%	2,400	$ 16.82	$ 3.36
Home Health	12	$ 217.04	$ 0.21	0.00%	1.74%	0.00%	12	$ 222.25	$ 0.22
Emergency Transportation	88	$ 171.22	$ 1.26	-0.03%	4.47%	0.00%	94	$ 181.82	$ 1.42
Non-Emergency Transportation	235	$ 178.03	$ 3.49	0.00%	4.47%	0.00%	250	$ 189.06	$ 3.94
Rehabilitation Services (OT, PT, ST)	5	$ 291.83	$ 0.11	0.00%	1.74%	0.00%	5	$ 298.84	$ 0.12
DME	1	$ 384.27	$ 0.02	0.00%	1.74%	0.00%	1	$ 393.49	$ 0.02
Clinic	5	$ 211.55	$ 0.09	0.00%	2.73%	0.00%	5	$ 219.55	$ 0.10
Family Planning	34	$ 152.91	$ 0.43	-0.17%	2.73%	6.21%	35	$ 168.26	$ 0.50
Other	275	$ 131.66	$ 3.02	43.17%	1.74%	0.00%	404	$ 134.82	$ 4.54
Prescribed Drugs	10,928	$ 84.17	$ 76.65	-2.01%	4.00%	-1.90%	11,030	$ 89.30	$ 82.08
Emergency Room	1,386	$ 167.24	$ 19.31	-2.66%	7.21%	4.14%	1,524	$ 186.67	$ 23.71
Basic Behavioral Health	1,065	$ 59.25	$ 5.26	0.04%	2.73%	0.00%	1,105	$ 61.49	$ 5.66
Hospice	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Personal Care Services	484	$ 2.53	$ 0.10	-1.27%	1.74%	0.00%	490	$ 2.59	$ 0.11
Inpatient Services -- Mental Health	392	$ 545.56	$ 17.83	1.13%	0.33%	21.46%	387	$ 685.61	$ 22.10
Emergency Room -- Mental Health	5	$ 106.39	$ 0.04	0.00%	9.18%	-1.00%	6	$ 118.85	$ 0.06
Professional/Other -- Mental Health	53,355	$ 29.20	$ 129.83	0.00%	9.18%	2.11%	60,202	$ 33.64	$ 168.77
Gross Medical Total			**$ 326.94**	**-0.43%**	**6.03%**	**4.44%**			**$ 399.38**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 28.07**
% Credibility Adjustment	7.03%
PET Scans Adjustment	**$ 0.07**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 4.92**
% of Final Projected Medical	1.14%
New Benefits Add Ons & Outliers	**$ 0.27**
% of Final Projected Medical	0.06%
Final Projected Medical	**$ 432.71**
Administrative Expenses PMPM	**$ 32.82**
% of Final Projected Medical	7.59%
Underwriting Gain PMPM	**$ 7.51**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 473.04**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 500.57**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
BCC All Ages
1,418

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,214	$ 1,219.85	$ 123.37	-2.27%	2.97%	8.11%	1,189	$ 1,426.24	$ 141.28
Outpatient Hospital	52,880	$ 157.48	$ 693.96	-0.06%	4.97%	8.09%	56,530	$ 181.85	$ 856.66
Primary Care	6,280	$ 74.06	$ 38.76	4.53%	0.99%	1.63%	6,366	$ 79.76	$ 42.31
Specialty Care	6,444	$ 169.66	$ 91.10	1.93%	0.99%	1.44%	6,532	$ 177.82	$ 96.80
FQHC/RHC	224	$ 95.70	$ 1.79	1.93%	0.99%	1.41%	227	$ 100.27	$ 1.90
EPSDT	-	$ -	$ -	1.93%	0.99%	1.42%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	473	$ 146.23	$ 5.76	1.93%	0.99%	1.41%	479	$ 153.21	$ 6.12
Lab/Radiology	14,525	$ 54.78	$ 66.31	1.93%	3.72%	1.41%	15,274	$ 59.55	$ 75.79
Home Health	176	$ 59.53	$ 0.87	1.93%	3.72%	1.41%	185	$ 64.70	$ 1.00
Emergency Transportation	118	$ 171.83	$ 1.70	1.93%	1.74%	1.41%	121	$ 181.86	$ 1.84
Non-Emergency Transportation	7,011	$ 17.93	$ 10.47	1.93%	1.74%	1.73%	7,179	$ 19.03	$ 11.39
Rehabilitation Services (OT, PT, ST)	4	$ 830.09	$ 0.30	1.93%	3.72%	1.41%	5	$ 902.23	$ 0.34
DME	4,445	$ 24.92	$ 9.23	1.93%	3.72%	1.41%	4,674	$ 27.08	$ 10.55
Clinic	26	$ 178.38	$ 0.38	1.93%	0.99%	1.41%	26	$ 186.90	$ 0.40
Family Planning	8	$ 189.10	$ 0.13	1.93%	0.99%	13.35%	9	$ 221.47	$ 0.16
Other	49	$ 53.83	$ 0.22	1.93%	3.72%	1.41%	52	$ 58.51	$ 0.25
Prescribed Drugs	46,578	$ 73.14	$ 283.90	1.72%	11.57%	-0.40%	48,816	$ 95.53	$ 388.62
Emergency Room	2,145	$ 216.54	$ 38.71	-0.73%	4.97%	4.44%	2,293	$ 240.01	$ 45.87
Basic Behavioral Health	215	$ 77.91	$ 1.39	1.93%	0.99%	1.41%	218	$ 81.63	$ 1.48
Hospice	190	$ 159.82	$ 2.54	1.93%	2.97%	1.41%	186	$ 182.80	$ 2.84
Personal Care Services	-	$ -	$ -	1.93%	3.72%	1.42%	-	$ -	$ -
Inpatient Services -- Mental Health	75	$ 488.74	$ 3.04	2.07%	4.66%	31.48%	73	$ 756.27	$ 4.62
Emergency Room -- Mental Health	12	$ 108.63	$ 0.11	1.93%	9.43%	1.41%	14	$ 127.08	$ 0.15
Professional/Other -- Mental Health	6,123	$ 27.24	$ 13.90	1.92%	9.43%	1.41%	6,930	$ 31.86	$ 18.40
Gross Medical Total			**$ 1,387.95**	**0.52%**	**5.79%**	**4.92%**			**$ 1,708.76**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (74.57)**
% Credibility Adjustment	-4.36%
PET Scans Adjustment	**$ 50.15**
% of Final Projected Medical	2.98%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.74**
% of Final Projected Medical	0.04%
Final Projected Medical	**$ 1,685.08**
Administrative Expenses PMPM	**$ 96.31**
% of Final Projected Medical	5.72%
Underwriting Gain PMPM	**$ 28.73**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,810.12**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,915.48**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
LAP All Ages
8,259

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	62	$ 1,713.91	$ 8.87	-4.12%	3.72%	5.56%	61	$ 1,957.88	$ 9.93
Outpatient Hospital	3,328	$ 49.12	$ 13.62	-0.04%	7.21%	55.17%	3,663	$ 83.85	$ 25.59
Primary Care	2,707	$ 61.92	$ 13.97	0.01%	2.73%	0.02%	2,810	$ 64.28	$ 15.05
Specialty Care	1,223	$ 122.13	$ 12.45	0.00%	2.73%	0.00%	1,269	$ 126.74	$ 13.41
FQHC/RHC	80	$ 78.90	$ 0.53	0.00%	2.73%	0.00%	83	$ 81.88	$ 0.57
EPSDT	1,411	$ 95.66	$ 11.24	-0.14%	2.73%	0.00%	1,464	$ 99.13	$ 12.09
Certified Nurse Practitioners/Clinical Nurse	68	$ 80.49	$ 0.46	0.00%	2.73%	0.00%	71	$ 83.54	$ 0.49
Lab/Radiology	2,083	$ 16.38	$ 2.84	-0.01%	1.74%	0.00%	2,132	$ 16.77	$ 2.98
Home Health	1	$ 3,734.64	$ 0.24	-0.06%	1.74%	0.00%	1	$ 3,821.83	$ 0.25
Emergency Transportation	14	$ 148.71	$ 0.18	0.00%	4.47%	0.00%	15	$ 157.92	$ 0.20
Non-Emergency Transportation	56	$ 215.23	$ 1.00	0.00%	4.47%	0.00%	59	$ 228.56	$ 1.13
Rehabilitation Services (OT, PT, ST)	37	$ 167.56	$ 0.51	0.00%	1.74%	0.00%	37	$ 171.58	$ 0.53
DME	1	$ 1.76	$ 0.00	0.00%	1.74%	0.00%	1	$ 1.80	$ 0.00
Clinic	4	$ 265.13	$ 0.10	0.00%	2.73%	0.00%	5	$ 275.15	$ 0.11
Family Planning	27	$ 93.90	$ 0.21	-0.21%	2.73%	7.83%	28	$ 104.85	$ 0.25
Other	403	$ 165.18	$ 5.54	-34.58%	1.74%	0.00%	270	$ 169.15	$ 3.80
Prescribed Drugs	7,594	$ 69.52	$ 43.99	-1.11%	1.03%	-3.80%	7,465	$ 69.19	$ 43.04
Emergency Room	890	$ 176.31	$ 13.07	-2.62%	7.21%	2.87%	979	$ 194.36	$ 15.86
Basic Behavioral Health	445	$ 54.59	$ 2.03	0.00%	2.73%	0.00%	462	$ 56.65	$ 2.18
Hospice	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	40	$ 547.14	$ 1.81	0.00%	0.74%	23.90%	39	$ 701.46	$ 2.29
Emergency Room -- Mental Health	5	$ 58.83	$ 0.02	0.00%	9.18%	0.00%	6	$ 66.38	$ 0.03
Professional/Other -- Mental Health	7,421	$ 22.54	$ 13.94	0.00%	9.18%	0.00%	8,374	$ 25.43	$ 17.74
Gross Medical Total			**$ 146.63**	**-2.14%**	**3.73%**	**5.56%**			**$ 167.53**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (12.68)**
% Credibility Adjustment	-7.57%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 5.95**
% of Final Projected Medical	3.69%
New Benefits Add Ons & Outliers	**$ 0.71**
% of Final Projected Medical	0.44%
Final Projected Medical	**$ 161.56**
Administrative Expenses PMPM	**$ 21.90**
% of Final Projected Medical	13.56%
Underwriting Gain PMPM	**$ 2.96**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 186.42**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 197.27**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Child 1 - 20 Years
1,474

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,648	$ 1,820.11	$ 249.91	-4.12%	2.97%	3.94%	1,614	$ 2,007.20	$ 269.95
Outpatient Hospital	11,553	$ 68.23	$ 65.69	-0.02%	6.47%	66.87%	12,593	$ 124.07	$ 130.20
Primary Care	4,625	$ 75.74	$ 29.19	0.02%	2.98%	0.00%	4,816	$ 78.87	$ 31.65
Specialty Care	3,213	$ 172.59	$ 46.21	0.00%	2.98%	0.00%	3,345	$ 179.71	$ 50.10
FQHC/RHC	81	$ 109.06	$ 0.74	0.00%	2.98%	0.00%	85	$ 113.56	$ 0.80
EPSDT	1,095	$ 1,865.80	$ 170.19	0.00%	2.98%	0.00%	1,140	$ 1,942.74	$ 184.52
Certified Nurse Practitioners/Clinical Nurse	224	$ 95.40	$ 1.78	0.00%	2.98%	0.00%	233	$ 99.33	$ 1.93
Lab/Radiology	3,846	$ 16.62	$ 5.33	0.00%	0.99%	0.00%	3,899	$ 16.84	$ 5.47
Home Health	7,655	$ 249.32	$ 159.05	0.00%	0.99%	0.00%	7,760	$ 252.73	$ 163.43
Emergency Transportation	182	$ 199.55	$ 3.03	0.00%	8.43%	0.00%	204	$ 223.05	$ 3.79
Non-Emergency Transportation	851	$ 82.17	$ 5.83	0.00%	8.43%	0.00%	952	$ 91.85	$ 7.28
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Clinic	6	$ 265.13	$ 0.13	0.00%	2.98%	0.00%	6	$ 276.06	$ 0.14
Family Planning	40	$ 54.57	$ 0.18	0.00%	2.98%	0.00%	41	$ 56.83	$ 0.20
Other	30,393	$ 31.00	$ 78.51	-34.90%	0.99%	0.00%	20,055	$ 31.42	$ 52.52
Prescribed Drugs	25,405	$ 93.01	$ 196.91	-3.45%	4.39%	-2.80%	26,233	$ 95.14	$ 207.98
Emergency Room	1,937	$ 269.90	$ 43.57	-2.61%	6.47%	8.13%	2,111	$ 309.79	$ 54.50
Basic Behavioral Health	6,581	$ 49.44	$ 27.11	0.00%	2.98%	0.04%	6,852	$ 51.50	$ 29.41
Hospice	132	$ 44.06	$ 0.49	0.00%	2.97%	0.00%	129	$ 48.75	$ 0.53
Personal Care Services	209,072	$ 2.50	$ 43.49	0.00%	0.99%	0.00%	211,930	$ 2.53	$ 44.69
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	0.74%	0.00%	-	$ -	$ -
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.47%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	12,011	$ 24.03	$ 24.06	0.00%	4.47%	0.00%	12,755	$ 25.52	$ 27.13
Gross Medical Total			**$ 1,151.40**	**-3.96%**	**3.20%**	**5.02%**			**$ 1,266.21**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 118.00**
% Credibility Adjustment	9.32%
PET Scans Adjustment	**$ 0.64**
% of Final Projected Medical	0.05%
ABA Adjustment	**$ 3.11**
% of Final Projected Medical	0.22%
New Benefits Add Ons & Outliers	**$ 0.07**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 1,388.04**
Administrative Expenses PMPM	**$ 84.21**
% of Final Projected Medical	6.07%
Underwriting Gain PMPM	**$ 23.75**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,496.00**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,583.07**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Adult 21+ Years
4,795

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,566	$ 1,139.07	$ 148.65	-4.12%	2.97%	6.72%	1,534	$ 1,289.76	$ 164.87
Outpatient Hospital	11,731	$ 55.08	$ 53.85	-0.05%	4.97%	38.34%	12,540	$ 81.42	$ 85.08
Primary Care	4,711	$ 77.21	$ 30.31	0.00%	0.99%	0.19%	4,775	$ 78.42	$ 31.21
Specialty Care	4,406	$ 117.24	$ 43.05	0.00%	0.99%	0.35%	4,467	$ 119.25	$ 44.39
FQHC/RHC	338	$ 73.71	$ 2.08	0.00%	0.99%	-0.01%	343	$ 74.72	$ 2.13
EPSDT	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	226	$ 107.86	$ 2.03	0.00%	0.99%	-0.01%	229	$ 109.33	$ 2.09
Lab/Radiology	7,832	$ 18.36	$ 11.98	0.00%	3.72%	-0.01%	8,235	$ 19.30	$ 13.25
Home Health	1,219	$ 68.47	$ 6.96	0.00%	3.72%	-0.01%	1,282	$ 71.99	$ 7.69
Emergency Transportation	553	$ 114.43	$ 5.27	0.00%	1.74%	-0.01%	566	$ 117.16	$ 5.53
Non-Emergency Transportation	5,752	$ 74.92	$ 35.91	0.00%	1.74%	-0.01%	5,890	$ 76.70	$ 37.65
Rehabilitation Services (OT, PT, ST)	2	$ 92.53	$ 0.01	0.00%	3.72%	-0.01%	2	$ 97.29	$ 0.02
DME	527,526	$ 2.13	$ 93.50	-0.28%	3.72%	-0.01%	554,718	$ 2.23	$ 103.09
Clinic	726	$ 253.22	$ 15.32	0.00%	0.99%	-0.01%	736	$ 256.66	$ 15.74
Family Planning	71	$ 55.57	$ 0.33	-0.23%	0.99%	7.12%	72	$ 60.20	$ 0.36
Other	97	$ 31.40	$ 0.25	0.00%	3.72%	-0.01%	102	$ 33.01	$ 0.28
Prescribed Drugs	53,243	$ 101.05	$ 448.36	-3.45%	4.39%	-2.79%	54,979	$ 103.37	$ 473.59
Emergency Room	2,355	$ 237.26	$ 46.56	-2.60%	4.97%	1.71%	2,517	$ 251.24	$ 52.71
Basic Behavioral Health	665	$ 69.23	$ 3.84	0.00%	0.99%	0.01%	674	$ 70.19	$ 3.94
Hospice	-	$ -	$ -	0.00%	2.97%	-0.01%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	451	$ 466.16	$ 17.52	5.90%	2.54%	31.58%	443	$ 708.12	$ 26.15
Emergency Room -- Mental Health	16	$ 246.08	$ 0.33	0.00%	9.43%	-0.24%	18	$ 277.87	$ 0.43
Professional/Other -- Mental Health	25,628	$ 25.24	$ 53.91	0.00%	9.43%	0.09%	29,007	$ 28.60	$ 69.13
Gross Medical Total			**$ 1,020.02**	**-2.16%**	**4.00%**	**2.50%**			**$ 1,139.32**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 14.34**
% Credibility Adjustment	1.26%
PET Scans Adjustment	**$ 1.22**
% of Final Projected Medical	0.11%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.38**
% of Final Projected Medical	0.12%
Final Projected Medical	**$ 1,156.26**
Administrative Expenses PMPM	**$ 62.36**
% of Final Projected Medical	5.39%
Underwriting Gain PMPM	**$ 19.66**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,238.27**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,310.34**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
CCM All Ages
9,622

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	646	$ 1,987.92	$ 107.05	-4.12%	2.97%	5.22%	633	$ 2,219.17	$ 117.06
Outpatient Hospital	12,200	$ 53.51	$ 54.40	-0.18%	6.47%	69.21%	13,298	$ 98.51	$ 109.16
Primary Care	3,335	$ 81.32	$ 22.60	0.00%	2.98%	-0.01%	3,472	$ 84.67	$ 24.50
Specialty Care	2,030	$ 149.30	$ 25.25	0.00%	2.98%	0.00%	2,113	$ 155.46	$ 27.38
FQHC/RHC	194	$ 79.94	$ 1.30	0.00%	2.98%	-0.01%	202	$ 83.22	$ 1.40
EPSDT	1,092	$ 640.81	$ 58.30	0.00%	2.98%	0.00%	1,137	$ 667.22	$ 63.20
Certified Nurse Practitioners/Clinical Nurse	142	$ 109.79	$ 1.30	0.00%	2.98%	0.00%	148	$ 114.32	$ 1.41
Lab/Radiology	2,560	$ 17.89	$ 3.82	0.00%	0.99%	0.00%	2,595	$ 18.14	$ 3.92
Home Health	1,203	$ 401.26	$ 40.22	-0.01%	0.99%	0.00%	1,219	$ 406.72	$ 41.33
Emergency Transportation	194	$ 172.80	$ 2.80	0.00%	8.43%	0.00%	217	$ 193.14	$ 3.49
Non-Emergency Transportation	2,257	$ 44.06	$ 8.29	0.00%	8.43%	0.00%	2,523	$ 49.25	$ 10.35
Rehabilitation Services (OT, PT, ST)	175	$ 75.95	$ 1.11	0.00%	0.99%	0.00%	177	$ 76.98	$ 1.14
DME	1	$ 1.76	$ 0.00	0.00%	0.99%	0.00%	1	$ 1.78	$ 0.00
Clinic	3	$ 231.61	$ 0.06	0.00%	2.98%	0.00%	3	$ 241.16	$ 0.06
Family Planning	25	$ 53.87	$ 0.11	-0.46%	2.98%	5.77%	26	$ 59.05	$ 0.13
Other	5,530	$ 115.30	$ 53.13	3.20%	0.99%	0.00%	5,785	$ 116.88	$ 56.34
Prescribed Drugs	18,260	$ 85.85	$ 130.64	-2.28%	5.55%	-1.80%	19,234	$ 90.75	$ 145.46
Emergency Room	1,769	$ 177.08	$ 26.10	-2.61%	6.47%	7.72%	1,928	$ 202.48	$ 32.53
Basic Behavioral Health	2,351	$ 80.48	$ 15.77	0.00%	2.98%	0.00%	2,448	$ 83.80	$ 17.09
Hospice	122	$ 143.47	$ 1.46	0.00%	2.97%	0.00%	119	$ 158.75	$ 1.58
Personal Care Services	101,747	$ 2.57	$ 21.83	0.00%	0.99%	0.00%	103,139	$ 2.61	$ 22.43
Inpatient Services -- Mental Health	372	$ 768.98	$ 23.84	0.00%	0.74%	21.24%	367	$ 964.75	$ 29.50
Emergency Room -- Mental Health	8	$ 91.67	$ 0.06	0.00%	4.47%	3.81%	9	$ 101.06	$ 0.08
Professional/Other -- Mental Health	42,275	$ 21.13	$ 74.45	0.00%	4.47%	0.12%	44,894	$ 22.47	$ 84.06
Gross Medical Total			**$ 673.87**	**-0.96%**	**3.73%**	**7.50%**			**$ 793.60**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 98.19**
% Credibility Adjustment	12.37%
PET Scans Adjustment	**$ 0.36**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 330.78**
% of Final Projected Medical	27.04%
New Benefits Add Ons & Outliers	**$ 0.53**
% of Final Projected Medical	0.04%
Final Projected Medical	**$ 1,223.45**
Administrative Expenses PMPM	**$ 63.74**
% of Final Projected Medical	5.21%
Underwriting Gain PMPM	**$ 20.76**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,307.96**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,384.08**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - CCM All Ages
10,629

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	832	$ 50.34	$ 3.49	0.00%	0.99%	0.00%	843	$ 51.03	$ 3.59
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	311	$ 503.02	$ 13.02	-0.01%	0.49%	16.94%	313	$ 592.15	$ 15.44
Emergency Room -- Mental Health	2	$ 359.73	$ 0.05	0.00%	9.18%	0.00%	2	$ 405.89	$ 0.06
Professional/Other -- Mental Health	36,779	$ 21.10	$ 64.68	-0.01%	9.18%	1.15%	41,498	$ 24.08	$ 83.28
Gross Medical Total			**$ 81.24**	**-0.01%**	**7.53%**	**3.21%**			**$ 102.37**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 26.74**
% Credibility Adjustment	26.12%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 175.81**
% of Final Projected Medical	57.57%
New Benefits Add Ons & Outliers	**$ 0.45**
% of Final Projected Medical	0.15%
Final Projected Medical	**$ 305.38**
Administrative Expenses PMPM	**$ 10.71**
% of Final Projected Medical	3.51%
Underwriting Gain PMPM	**$ 5.10**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 321.18**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 339.88**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Dual Eligible All Ages
336,218

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,645	$ 25.10	$ 5.53	-0.47%	4.72%	0.00%	2,818	$ 26.62	$ 6.25
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	37	$ 390.99	$ 1.19	-9.54%	0.44%	32.77%	37	$ 470.44	$ 1.45
Emergency Room -- Mental Health	0	$ 264.58	$ 0.01	-0.49%	9.43%	-3.63%	1	$ 287.17	$ 0.01
Professional/Other -- Mental Health	9,828	$ 23.33	$ 19.11	-0.53%	9.43%	0.01%	11,124	$ 26.27	$ 24.35
Gross Medical Total			**$ 25.84**	**-0.94%**	**8.08%**	**1.13%**			**$ 32.06**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.01**
% of Final Projected Medical	0.04%
Final Projected Medical	**$ 32.07**
Administrative Expenses PMPM	**$ 5.19**
% of Final Projected Medical	16.19%
Underwriting Gain PMPM	**$ 0.60**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 37.87**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 40.07**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Child 1 - 20 Years
5,277

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	519	$ 98.64	$ 4.27	0.00%	0.99%	0.00%	526	$ 99.99	$ 4.39
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	17	$ 228.42	$ 0.32	0.00%	0.74%	36.16%	17	$ 314.19	$ 0.44
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	9.18%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	10,108	$ 23.51	$ 19.81	-0.01%	9.18%	0.01%	11,405	$ 26.53	$ 25.22
Gross Medical Total			**$ 24.39**	**0.00%**	**7.72%**	**0.40%**			**$ 30.05**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 8.23**
% Credibility Adjustment	27.41%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 163.03**
% of Final Projected Medical	80.83%
New Benefits Add Ons & Outliers	**$ 0.38**
% of Final Projected Medical	0.19%
Final Projected Medical	**$ 201.70**
Administrative Expenses PMPM	**$ 5.05**
% of Final Projected Medical	2.50%
Underwriting Gain PMPM	**$ 3.33**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 210.08**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 222.31**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Adult 21+ Years
10,675

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	951	$ 68.75	$ 5.45	0.00%	0.99%	0.00%	964	$ 69.69	$ 5.60
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	2.61%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	324	$ 471.41	$ 12.72	2.79%	-0.27%	31.41%	327	$ 625.71	$ 17.06
Emergency Room -- Mental Health	3	$ 398.88	$ 0.11	-0.01%	9.43%	0.00%	4	$ 451.43	$ 0.14
Professional/Other -- Mental Health	8,876	$ 29.94	$ 22.14	-0.02%	9.43%	0.00%	10,047	$ 33.88	$ 28.36
Gross Medical Total			**$ 40.43**	**0.87%**	**5.37%**	**8.66%**			**$ 51.16**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 3.10**
% Credibility Adjustment	6.07%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.52**
% of Final Projected Medical	0.94%
Final Projected Medical	**$ 54.78**
Administrative Expenses PMPM	**$ 6.64**
% of Final Projected Medical	12.13%
Underwriting Gain PMPM	**$ 0.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 62.42**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 66.05**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Other All Ages
7,377

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	3,544	$ 126.00	$ 37.21	-0.13%	0.99%	-6.10%	3,592	$ 119.78	$ 35.85
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,169	$ 482.24	$ 46.99	-2.26%	0.30%	24.99%	1,185	$ 585.96	$ 57.88
Emergency Room -- Mental Health	10	$ 287.22	$ 0.25	-6.50%	9.43%	-2.77%	12	$ 295.53	$ 0.29
Professional/Other -- Mental Health	24,916	$ 20.72	$ 43.01	-0.42%	9.43%	-3.82%	28,201	$ 22.46	$ 52.77
Gross Medical Total			**$ 127.47**	**-1.03%**	**3.77%**	**5.11%**			**$ 146.80**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (16.57)**
% Credibility Adjustment	-11.29%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 0.20**
% of Final Projected Medical	0.15%
New Benefits Add Ons & Outliers	**$ 0.04**
% of Final Projected Medical	0.03%
Final Projected Medical	**$ 130.47**
Administrative Expenses PMPM	**$ 15.31**
% of Final Projected Medical	11.73%
Underwriting Gain PMPM	**$ 2.35**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 148.13**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 156.75**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 3 - 11 Months
117,040

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Gulf	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	207	$ 1,951.96	$ 33.67	-4.12%	0.74%	5.10%	204	$ 2,035.42	$ 34.63
Outpatient Hospital	3,755	$ 49.07	$ 15.36	-0.03%	3.28%	42.51%	3,939	$ 72.83	$ 23.90
Primary Care	5,669	$ 62.07	$ 29.33	0.00%	2.77%	-0.01%	5,787	$ 65.54	$ 31.61
Specialty Care	877	$ 159.71	$ 11.68	0.00%	2.77%	0.00%	896	$ 168.65	$ 12.59
FQHC/RHC	238	$ 92.71	$ 1.84	0.00%	2.77%	-0.01%	243	$ 97.89	$ 1.98
EPSDT	3,262	$ 95.83	$ 26.05	0.00%	2.77%	0.00%	3,330	$ 101.19	$ 28.08
Certified Nurse Practitioners/Clinical Nurse	54	$ 97.10	$ 0.43	0.00%	2.77%	0.00%	55	$ 102.54	$ 0.47
Lab/Radiology	2,091	$ 17.87	$ 3.11	0.00%	1.74%	0.00%	2,141	$ 18.30	$ 3.26
Home Health	28	$ 114.75	$ 0.26	0.00%	1.74%	0.00%	28	$ 117.50	$ 0.28
Emergency Transportation	47	$ 173.39	$ 0.67	0.00%	1.74%	0.00%	48	$ 177.55	$ 0.70
Non-Emergency Transportation	245	$ 59.85	$ 1.22	0.00%	1.74%	0.06%	250	$ 61.31	$ 1.28
Rehabilitation Services (OT, PT, ST)	0	$ 183.40	$ 0.00	0.00%	1.74%	0.00%	0	$ 187.80	$ 0.00
DME	9	$ 34.09	$ 0.02	0.00%	1.74%	0.00%	9	$ 34.91	$ 0.03
Clinic	5	$ 235.16	$ 0.11	0.00%	2.77%	0.00%	5	$ 248.32	$ 0.11
Family Planning	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Other	143	$ 137.68	$ 1.64	-6.36%	1.74%	0.00%	137	$ 140.98	$ 1.61
Prescribed Drugs	6,682	$ 34.82	$ 19.39	-1.65%	1.99%	-3.10%	6,757	$ 34.65	$ 19.51
Emergency Room	2,903	$ 140.79	$ 34.07	-2.60%	3.28%	4.44%	3,045	$ 149.21	$ 37.87
Basic Behavioral Health	4	$ 51.33	$ 0.02	0.00%	2.77%	0.00%	5	$ 54.20	$ 0.02
Hospice	6	$ 103.18	$ 0.05	0.00%	0.74%	0.11%	6	$ 106.88	$ 0.06
Personal Care Services	4	$ 11.50	$ 0.00	0.00%	1.74%	0.00%	4	$ 11.78	$ 0.00
Inpatient Services -- Mental Health	2	$ 1,599.74	$ 0.21	0.00%	0.74%	0.00%	2	$ 1,655.33	$ 0.21
Emergency Room -- Mental Health	18	$ 50.46	$ 0.07	0.00%	0.75%	-0.37%	18	$ 50.62	$ 0.08
Professional/Other -- Mental Health	622	$ 30.35	$ 1.57	0.00%	0.75%	0.05%	630	$ 30.57	$ 1.61
Gross Medical Total			**$ 180.78**	**-1.50%**	**2.40%**	**5.15%**			**$ 199.89**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.04**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.29**
% of Final Projected Medical	0.64%
Final Projected Medical	**$ 201.21**
Administrative Expenses PMPM	**$ 25.53**
% of Final Projected Medical	12.69%
Underwriting Gain PMPM	**$ 3.66**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 230.40**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 243.81**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 0 - 2 Months
178

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	137,595	$ 1,612.65	$ 18,491.12	-4.12%	-0.25%	4.86%	136,651	$ 1,621.35	$ 18,463.33
Outpatient Hospital	6,989	$ 74.22	$ 43.22	0.00%	5.06%	7.30%	7,480	$ 85.23	$ 53.13
Primary Care	11,596	$ 1,432.22	$ 1,383.99	0.00%	3.01%	0.00%	12,411	$ 1,452.00	$ 1,501.69
Specialty Care	19,503	$ 1,176.02	$ 1,911.36	0.00%	3.01%	0.00%	20,874	$ 1,192.26	$ 2,073.90
FQHC/RHC	109	$ 68.75	$ 0.63	0.00%	3.01%	0.00%	117	$ 69.69	$ 0.68
EPSDT	3,096	$ 126.99	$ 32.76	0.00%	3.01%	0.00%	3,313	$ 128.74	$ 35.54
Certified Nurse Practitioners/Clinical Nurse	864	$ 238.27	$ 17.16	0.00%	3.01%	0.00%	925	$ 241.56	$ 18.62
Lab/Radiology	47,641	$ 12.83	$ 50.94	0.00%	3.02%	0.00%	49,632	$ 13.37	$ 55.29
Home Health	56	$ 218.05	$ 1.01	0.00%	3.02%	0.00%	58	$ 227.16	$ 1.10
Emergency Transportation	763	$ 397.24	$ 25.26	0.00%	2.49%	0.00%	822	$ 394.51	$ 27.03
Non-Emergency Transportation	2,568	$ 91.51	$ 19.59	0.00%	2.49%	0.00%	2,767	$ 90.89	$ 20.96
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Clinic	27	$ 24.74	$ 0.06	0.00%	3.01%	0.00%	29	$ 25.08	$ 0.06
Family Planning	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Prescribed Drugs	6,319	$ 38.19	$ 20.11	-1.46%	-0.12%	-3.90%	6,411	$ 35.53	$ 18.98
Emergency Room	2,024	$ 241.07	$ 40.65	-2.60%	5.06%	0.13%	2,166	$ 251.64	$ 45.41
Basic Behavioral Health	28	$ 6.65	$ 0.02	0.00%	3.01%	0.00%	30	$ 6.74	$ 0.02
Hospice	-	$ -	$ -	0.00%	-0.25%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	5.05%	0.00%	-	$ -	$ -
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.28%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	1,886	$ 59.83	$ 9.40	0.00%	4.28%	0.00%	1,932	$ 65.55	$ 10.55
Gross Medical Total			**$ 22,047.27**	**-3.46%**	**0.31%**	**4.00%**			**$ 22,326.29**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (4,983.39)**
% Credibility Adjustment	-22.32%
PET Scans Adjustment	**$ 0.62**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1,618.23**
% of Final Projected Medical	8.53%
Final Projected Medical	**$ 18,961.75**
Administrative Expenses PMPM	**$ 1,549.65**
% of Final Projected Medical	8.17%
Underwriting Gain PMPM	**$ 330.83**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 20,842.23**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 22,055.27**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 3 - 11 Months
1,225

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	12,117	$ 2,044.66	$ 2,064.59	-4.12%	-0.25%	4.43%	12,034	$ 2,047.31	$ 2,053.09
Outpatient Hospital	16,749	$ 73.66	$ 102.80	-0.02%	5.06%	41.16%	17,925	$ 111.26	$ 166.20
Primary Care	12,489	$ 184.91	$ 192.45	0.00%	3.01%	0.04%	13,367	$ 187.53	$ 208.89
Specialty Care	10,389	$ 350.89	$ 303.78	0.00%	3.01%	0.12%	11,119	$ 356.17	$ 330.02
FQHC/RHC	59	$ 117.21	$ 0.58	0.00%	3.01%	-0.01%	63	$ 118.82	$ 0.62
EPSDT	3,437	$ 310.79	$ 89.02	0.01%	3.01%	-0.01%	3,679	$ 315.05	$ 96.60
Certified Nurse Practitioners/Clinical Nurse	653	$ 184.28	$ 10.02	0.00%	3.01%	-0.01%	699	$ 186.81	$ 10.88
Lab/Radiology	9,546	$ 15.56	$ 12.37	0.00%	3.02%	0.05%	9,945	$ 16.21	$ 13.44
Home Health	3,012	$ 273.06	$ 68.53	0.00%	3.02%	-0.01%	3,137	$ 284.45	$ 74.37
Emergency Transportation	488	$ 342.01	$ 13.92	0.00%	2.49%	0.29%	526	$ 340.64	$ 14.94
Non-Emergency Transportation	3,359	$ 79.87	$ 22.36	0.00%	2.49%	0.38%	3,620	$ 79.62	$ 24.01
Rehabilitation Services (OT, PT, ST)	4	$ 150.65	$ 0.05	0.00%	3.02%	-0.01%	4	$ 156.94	$ 0.05
DME	506	$ 20.33	$ 0.86	0.00%	3.02%	-0.01%	527	$ 21.18	$ 0.93
Clinic	19	$ 394.81	$ 0.61	0.00%	3.01%	-0.01%	20	$ 400.23	$ 0.66
Family Planning	-	$ -	$ -	0.00%	3.01%	-0.01%	-	$ -	$ -
Other	15,685	$ 184.02	$ 240.52	13.38%	3.02%	-0.01%	18,527	$ 191.69	$ 295.96
Prescribed Drugs	13,422	$ 394.34	$ 441.05	-1.59%	1.92%	-3.90%	13,486	$ 391.10	$ 439.53
Emergency Room	4,334	$ 216.34	$ 78.13	-2.60%	5.06%	-5.06%	4,638	$ 214.11	$ 82.76
Basic Behavioral Health	29	$ 57.58	$ 0.14	0.00%	3.01%	-0.01%	31	$ 58.37	$ 0.15
Hospice	40	$ 151.45	$ 0.50	0.00%	-0.25%	-0.01%	40	$ 151.44	$ 0.50
Personal Care Services	14,111	$ 9.44	$ 11.10	0.00%	3.02%	-0.01%	14,701	$ 9.84	$ 12.05
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	5.05%	-0.01%	-	$ -	$ -
Emergency Room -- Mental Health	3	$ 566.24	$ 0.14	0.00%	4.28%	-0.01%	3	$ 620.32	$ 0.16
Professional/Other -- Mental Health	1,771	$ 29.97	$ 4.42	0.00%	4.28%	-0.06%	1,814	$ 32.82	$ 4.96
Gross Medical Total			**$ 3,657.96**	**-1.69%**	**1.21%**	**3.06%**			**$ 3,830.77**

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (163.10)**
% Credibility Adjustment	-4.26%
PET Scans Adjustment	**$ 0.16**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 125.94**
% of Final Projected Medical	3.32%
Final Projected Medical	**$ 3,793.77**
Administrative Expenses PMPM	**$ 246.60**
% of Final Projected Medical	6.50%
Underwriting Gain PMPM	**$ 65.17**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 4,105.54**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 4,344.49**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Child 1 - 20 Years
90,215

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	414	$ 2,005.61	$ 69.18	-4.15%	-0.25%	3.87%	411	$ 1,997.40	$ 68.41
Outpatient Hospital	6,548	$ 70.87	$ 38.68	-0.41%	1.51%	31.02%	6,680	$ 94.45	$ 52.58
Primary Care	2,824	$ 72.10	$ 16.97	0.09%	1.51%	0.13%	2,904	$ 73.23	$ 17.72
Specialty Care	1,653	$ 140.69	$ 19.38	-0.12%	1.51%	0.02%	1,697	$ 142.65	$ 20.18
FQHC/RHC	90	$ 89.31	$ 0.67	0.08%	1.51%	0.00%	92	$ 90.54	$ 0.69
EPSDT	1,203	$ 319.57	$ 32.03	-0.31%	1.51%	0.02%	1,238	$ 322.45	$ 33.28
Certified Nurse Practitioners/Clinical Nurse	113	$ 141.01	$ 1.33	0.09%	1.51%	0.00%	116	$ 142.97	$ 1.39
Lab/Radiology	2,074	$ 22.15	$ 3.83	-0.06%	3.02%	0.00%	2,160	$ 23.07	$ 4.15
Home Health	425	$ 556.33	$ 19.70	-0.16%	3.02%	0.00%	443	$ 578.20	$ 21.35
Emergency Transportation	145	$ 163.11	$ 1.97	-0.03%	1.99%	0.02%	154	$ 162.02	$ 2.08
Non-Emergency Transportation	1,293	$ 51.84	$ 5.59	0.01%	1.99%	0.00%	1,375	$ 51.49	$ 5.90
Rehabilitation Services (OT, PT, ST)	76	$ 120.73	$ 0.76	-0.02%	3.02%	0.00%	79	$ 125.78	$ 0.83
DME	319	$ 4.52	$ 0.12	0.00%	3.02%	0.00%	333	$ 4.71	$ 0.13
Clinic	13	$ 228.88	$ 0.25	0.00%	1.51%	0.00%	13	$ 232.04	$ 0.26
Family Planning	32	$ 139.57	$ 0.37	-0.39%	1.51%	5.94%	32	$ 149.32	$ 0.40
Other	2,893	$ 158.74	$ 38.27	-15.13%	3.02%	0.00%	2,558	$ 165.37	$ 35.25
Prescribed Drugs	15,867	$ 135.95	$ 179.76	-1.59%	6.46%	-3.90%	15,940	$ 152.00	$ 201.91
Emergency Room	1,649	$ 196.32	$ 26.98	-2.70%	1.51%	-1.59%	1,682	$ 192.04	$ 26.92
Basic Behavioral Health	1,592	$ 65.84	$ 8.73	-4.84%	1.51%	0.01%	1,557	$ 66.75	$ 8.66
Hospice	424	$ 6.05	$ 0.21	0.00%	-0.25%	1.20%	421	$ 6.12	$ 0.21
Personal Care Services	10,738	$ 5.88	$ 5.26	-0.31%	3.02%	0.00%	11,157	$ 6.13	$ 5.70
Inpatient Services -- Mental Health	314	$ 653.41	$ 17.12	0.00%	2.77%	20.09%	321	$ 828.59	$ 22.16
Emergency Room -- Mental Health	3	$ 265.55	$ 0.07	-0.02%	2.76%	2.99%	3	$ 291.66	$ 0.07
Professional/Other -- Mental Health	65,793	$ 19.60	$ 107.48	0.00%	2.76%	1.07%	66,474	$ 21.13	$ 117.08
Gross Medical Total			**$ 594.72**	**-2.18%**	**3.29%**	**1.79%**			**$ 647.31**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.27**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 19.01**
% of Final Projected Medical	2.85%
New Benefits Add Ons & Outliers	**$ 1.32**
% of Final Projected Medical	0.20%
Final Projected Medical	**$ 667.91**
Administrative Expenses PMPM	**$ 46.28**
% of Final Projected Medical	6.93%
Underwriting Gain PMPM	**$ 11.52**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 725.71**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 767.95**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Adult 21+ Years
183,760

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,699	$ 1,232.38	$ 174.45	-4.22%	0.50%	14.54%	1,685	$ 1,381.78	$ 194.02
Outpatient Hospital	14,858	$ 87.37	$ 108.18	-0.60%	4.55%	13.31%	15,794	$ 104.63	$ 137.71
Primary Care	5,654	$ 74.04	$ 34.89	0.30%	2.50%	0.82%	5,972	$ 75.88	$ 37.76
Specialty Care	3,960	$ 154.36	$ 50.94	-0.05%	2.50%	0.95%	4,180	$ 157.94	$ 55.01
FQHC/RHC	221	$ 90.22	$ 1.66	0.03%	2.50%	0.06%	234	$ 91.53	$ 1.78
EPSDT	-	$ -	$ -	0.00%	2.50%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	259	$ 120.17	$ 2.60	0.05%	2.50%	0.45%	274	$ 122.38	$ 2.79
Lab/Radiology	8,677	$ 27.04	$ 19.55	0.00%	3.72%	0.32%	9,122	$ 28.53	$ 21.69
Home Health	351	$ 86.49	$ 2.53	-0.11%	3.72%	0.21%	369	$ 91.01	$ 2.80
Emergency Transportation	635	$ 142.13	$ 7.52	-0.15%	2.75%	1.27%	687	$ 143.25	$ 8.20
Non-Emergency Transportation	7,536	$ 39.64	$ 24.89	-0.19%	2.75%	0.34%	8,147	$ 39.56	$ 26.86
Rehabilitation Services (OT, PT, ST)	46	$ 117.57	$ 0.45	0.02%	3.72%	0.41%	48	$ 124.17	$ 0.50
DME	44,134	$ 4.27	$ 15.72	-0.09%	3.72%	0.04%	46,396	$ 4.49	$ 17.37
Clinic	848	$ 250.57	$ 17.70	-0.04%	2.50%	0.25%	895	$ 254.58	$ 18.99
Family Planning	22	$ 183.27	$ 0.33	-0.19%	2.50%	4.50%	23	$ 193.77	$ 0.37
Other	466	$ 14.56	$ 0.57	0.02%	3.72%	1.00%	490	$ 15.46	$ 0.63
Prescribed Drugs	51,704	$ 82.32	$ 354.69	-1.45%	2.61%	-3.83%	51,892	$ 83.46	$ 360.90
Emergency Room	3,748	$ 264.88	$ 82.73	-2.73%	4.55%	-1.22%	3,983	$ 270.62	$ 89.83
Basic Behavioral Health	363	$ 62.95	$ 1.91	-0.29%	2.50%	0.06%	384	$ 63.66	$ 2.04
Hospice	490	$ 146.92	$ 6.00	0.01%	0.50%	6.11%	487	$ 159.17	$ 6.46
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	881	$ 554.11	$ 40.66	1.48%	4.91%	24.31%	927	$ 757.85	$ 58.52
Emergency Room -- Mental Health	15	$ 331.36	$ 0.40	-1.00%	6.57%	3.80%	15	$ 391.95	$ 0.49
Professional/Other -- Mental Health	16,013	$ 30.11	$ 40.17	-0.26%	6.57%	0.50%	16,569	$ 34.74	$ 47.96
Gross Medical Total			**$ 988.54**	**-1.51%**	**2.93%**	**3.66%**			**$ 1,092.69**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 2.92**
% of Final Projected Medical	0.27%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 2.51**
% of Final Projected Medical	0.23%
Final Projected Medical	**$ 1,098.11**
Administrative Expenses PMPM	**$ 64.89**
% of Final Projected Medical	5.91%
Underwriting Gain PMPM	**$ 18.76**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,181.77**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,250.55**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 0 - 2 Months
31,212

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	13,996	$ 1,183.50	$ 1,380.33	-4.13%	0.74%	4.14%	13,803	$ 1,222.79	$ 1,406.49
Outpatient Hospital	5,915	$ 34.55	$ 17.03	-0.01%	3.28%	25.03%	6,204	$ 45.00	$ 23.27
Primary Care	11,626	$ 133.72	$ 129.55	0.01%	2.77%	0.00%	11,868	$ 141.20	$ 139.65
Specialty Care	2,407	$ 509.09	$ 102.12	-0.03%	2.77%	0.00%	2,456	$ 537.57	$ 110.04
FQHC/RHC	105	$ 87.22	$ 0.76	0.00%	2.77%	-0.04%	107	$ 92.06	$ 0.82
EPSDT	7,951	$ 84.08	$ 55.71	0.00%	2.77%	0.00%	8,116	$ 88.79	$ 60.05
Certified Nurse Practitioners/Clinical Nurse	69	$ 184.20	$ 1.06	0.00%	2.77%	0.00%	71	$ 194.50	$ 1.15
Lab/Radiology	17,456	$ 17.13	$ 24.92	0.00%	1.74%	0.00%	17,875	$ 17.54	$ 26.13
Home Health	20	$ 93.72	$ 0.16	-0.01%	1.74%	0.00%	21	$ 95.96	$ 0.16
Emergency Transportation	176	$ 214.26	$ 3.14	0.00%	1.74%	0.00%	180	$ 219.39	$ 3.29
Non-Emergency Transportation	534	$ 122.20	$ 5.43	0.00%	1.74%	0.00%	547	$ 125.12	$ 5.70
Rehabilitation Services (OT, PT, ST)	0	$ 66.81	$ 0.00	0.00%	1.74%	0.00%	0	$ 68.41	$ 0.00
DME	17	$ 35.37	$ 0.05	0.00%	1.74%	0.00%	17	$ 36.22	$ 0.05
Clinic	0	$ 182.30	$ 0.00	0.00%	2.77%	0.00%	0	$ 192.50	$ 0.00
Family Planning	0	$ 109.29	$ 0.00	0.00%	2.77%	0.00%	0	$ 115.41	$ 0.00
Other	4	$ 127.15	$ 0.04	-85.00%	1.74%	0.00%	1	$ 130.20	$ 0.01
Prescribed Drugs	2,997	$ 25.66	$ 6.41	-1.65%	0.96%	-3.10%	3,007	$ 25.02	$ 6.27
Emergency Room	2,187	$ 144.57	$ 26.34	-2.60%	3.28%	-3.79%	2,294	$ 141.14	$ 26.98
Basic Behavioral Health	8	$ 39.63	$ 0.03	0.10%	2.77%	0.00%	9	$ 41.85	$ 0.03
Hospice	26	$ 112.81	$ 0.25	0.00%	0.74%	2.83%	26	$ 120.04	$ 0.26
Personal Care Services	2	$ 56.00	$ 0.01	0.00%	1.74%	0.00%	2	$ 57.34	$ 0.01
Inpatient Services -- Mental Health	15	$ 1,113.18	$ 1.41	0.00%	0.74%	0.00%	15	$ 1,151.87	$ 1.44
Emergency Room -- Mental Health	2	$ 90.77	$ 0.01	0.00%	0.75%	10.60%	2	$ 101.09	$ 0.01
Professional/Other -- Mental Health	763	$ 34.73	$ 2.21	0.00%	0.75%	0.10%	774	$ 35.00	$ 2.26
Gross Medical Total			**$ 1,756.99**	**-3.29%**	**1.18%**	**3.38%**			**$ 1,814.07**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 59.53**
% of Final Projected Medical	3.18%
Final Projected Medical	**$ 1,873.65**
Administrative Expenses PMPM	**$ 136.05**
% of Final Projected Medical	7.26%
Underwriting Gain PMPM	**$ 32.41**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 2,042.11**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 2,160.96**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Child 1 - 20 Years
1,933,362

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	43	$ 1,787.28	$ 6.42	-4.12%	0.74%	5.49%	43	$ 1,870.57	$ 6.63
Outpatient Hospital	1,799	$ 50.51	$ 7.57	-0.13%	5.06%	52.33%	1,938	$ 81.69	$ 13.19
Primary Care	2,306	$ 62.19	$ 11.95	0.03%	2.77%	0.16%	2,354	$ 65.79	$ 12.90
Specialty Care	817	$ 115.36	$ 7.85	0.00%	2.77%	0.14%	834	$ 121.98	$ 8.48
FQHC/RHC	65	$ 84.44	$ 0.46	0.00%	2.77%	0.00%	67	$ 89.17	$ 0.50
EPSDT	1,158	$ 76.10	$ 7.35	-0.19%	2.77%	0.02%	1,183	$ 80.22	$ 7.91
Certified Nurse Practitioners/Clinical Nurse	46	$ 115.10	$ 0.44	0.00%	2.77%	0.00%	47	$ 121.54	$ 0.48
Lab/Radiology	1,527	$ 15.20	$ 1.93	0.00%	1.74%	0.00%	1,564	$ 15.56	$ 2.03
Home Health	3	$ 994.41	$ 0.22	-1.54%	1.74%	0.00%	3	$ 1,002.52	$ 0.22
Emergency Transportation	38	$ 153.78	$ 0.49	0.00%	1.74%	0.01%	39	$ 157.47	$ 0.51
Non-Emergency Transportation	229	$ 53.05	$ 1.01	0.00%	1.74%	0.01%	235	$ 54.32	$ 1.06
Rehabilitation Services (OT, PT, ST)	14	$ 135.88	$ 0.16	0.00%	1.74%	0.00%	15	$ 139.14	$ 0.17
DME	1	$ 22.64	$ 0.00	0.00%	1.74%	0.00%	1	$ 23.18	$ 0.00
Clinic	4	$ 217.41	$ 0.07	0.00%	2.77%	0.00%	4	$ 229.58	$ 0.08
Family Planning	24	$ 152.10	$ 0.31	-0.33%	2.77%	6.46%	25	$ 170.42	$ 0.35
Other	37	$ 125.33	$ 0.39	-7.02%	1.74%	0.00%	36	$ 128.34	$ 0.38
Prescribed Drugs	6,273	$ 55.93	$ 29.24	-1.65%	2.08%	-3.10%	6,264	$ 56.48	$ 29.48
Emergency Room	1,040	$ 154.68	$ 13.40	-2.61%	5.06%	0.82%	1,120	$ 161.46	$ 15.07
Basic Behavioral Health	462	$ 67.34	$ 2.59	0.00%	2.77%	0.00%	472	$ 71.11	$ 2.80
Hospice	8	$ 19.01	$ 0.01	0.00%	0.74%	18.30%	8	$ 23.27	$ 0.02
Personal Care Services	23	$ 4.10	$ 0.01	-0.18%	1.74%	0.00%	24	$ 4.19	$ 0.01
Inpatient Services -- Mental Health	45	$ 661.97	$ 2.51	0.00%	1.99%	18.59%	45	$ 840.16	$ 3.14
Emergency Room -- Mental Health	1	$ 153.43	$ 0.02	-0.01%	5.83%	5.78%	1	$ 176.02	$ 0.02
Professional/Other -- Mental Health	17,559	$ 17.90	$ 26.19	0.00%	5.83%	0.16%	18,919	$ 19.45	$ 30.66
Gross Medical Total			**$ 120.60**	**-0.95%**	**3.54%**	**3.54%**			**$ 136.09**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.03**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 1.22**
% of Final Projected Medical	0.89%
New Benefits Add Ons & Outliers	**$ 0.41**
% of Final Projected Medical	0.30%
Final Projected Medical	**$ 137.75**
Administrative Expenses PMPM	**$ 20.83**
% of Final Projected Medical	15.12%
Underwriting Gain PMPM	**$ 2.56**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 161.14**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 170.52**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Adult 21+ Years
307,571

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	249	$ 1,285.83	$ 26.70	-4.20%	2.48%	11.66%	244	$ 1,503.17	$ 30.55
Outpatient Hospital	5,559	$ 59.51	$ 27.57	-0.34%	3.99%	31.07%	5,791	$ 83.11	$ 40.11
Primary Care	2,662	$ 74.35	$ 16.50	0.50%	1.25%	0.21%	2,718	$ 75.91	$ 17.19
Specialty Care	1,310	$ 127.31	$ 13.90	-0.03%	1.25%	0.25%	1,337	$ 129.38	$ 14.41
FQHC/RHC	148	$ 85.30	$ 1.05	0.00%	1.25%	0.00%	151	$ 86.48	$ 1.09
EPSDT	-	$ -	$ -	0.00%	1.25%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	115	$ 114.20	$ 1.09	0.00%	1.25%	0.03%	117	$ 115.82	$ 1.13
Lab/Radiology	5,723	$ 21.56	$ 10.28	0.00%	4.72%	0.01%	6,097	$ 22.97	$ 11.67
Home Health	19	$ 295.21	$ 0.48	-0.99%	4.72%	0.04%	21	$ 311.55	$ 0.54
Emergency Transportation	179	$ 136.50	$ 2.03	-0.14%	1.99%	0.08%	184	$ 140.18	$ 2.15
Non-Emergency Transportation	971	$ 56.19	$ 4.55	-0.09%	1.99%	0.41%	998	$ 57.92	$ 4.81
Rehabilitation Services (OT, PT, ST)	14	$ 93.37	$ 0.11	0.00%	4.72%	0.00%	15	$ 99.48	$ 0.13
DME	2,365	$ 9.77	$ 1.93	-0.12%	4.72%	0.00%	2,520	$ 10.40	$ 2.18
Clinic	14	$ 185.03	$ 0.21	0.00%	1.25%	0.18%	14	$ 187.92	$ 0.22
Family Planning	110	$ 308.28	$ 2.83	-0.19%	1.25%	8.20%	112	$ 337.53	$ 3.16
Other	68	$ 34.21	$ 0.19	0.00%	4.72%	0.00%	73	$ 36.45	$ 0.22
Prescribed Drugs	19,540	$ 47.84	$ 77.90	-1.66%	4.02%	-3.08%	19,732	$ 50.33	$ 82.75
Emergency Room	2,586	$ 217.01	$ 46.77	-2.63%	3.99%	1.53%	2,694	$ 229.35	$ 51.50
Basic Behavioral Health	346	$ 62.48	$ 1.80	-0.11%	1.25%	0.03%	353	$ 63.29	$ 1.86
Hospice	110	$ 25.06	$ 0.23	0.00%	2.48%	34.64%	108	$ 36.85	$ 0.33
Personal Care Services	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	182	$ 558.19	$ 8.46	10.37%	0.14%	20.18%	179	$ 756.17	$ 11.26
Emergency Room -- Mental Health	6	$ 225.35	$ 0.11	-0.01%	9.43%	4.67%	7	$ 266.94	$ 0.15
Professional/Other -- Mental Health	7,495	$ 28.90	$ 18.05	-0.09%	9.43%	0.15%	8,483	$ 32.73	$ 23.14
Gross Medical Total			**$ 262.74**	**-1.07%**	**3.72%**	**4.59%**			**$ 300.55**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.67**
% of Final Projected Medical	0.22%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.75**
% of Final Projected Medical	0.25%
Final Projected Medical	**$ 301.97**
Administrative Expenses PMPM	**$ 28.28**
% of Final Projected Medical	9.37%
Underwriting Gain PMPM	**$ 5.33**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 335.58**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 355.11**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Foster Care Children All Ages Male & Female
42,450

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	162	$ 3,522.50	$ 47.69	-4.12%	3.72%	2.15%	159	$ 3,893.96	$ 51.64
Outpatient Hospital	2,747	$ 54.83	$ 12.55	-0.21%	7.21%	57.44%	3,020	$ 94.88	$ 23.88
Primary Care	2,656	$ 62.20	$ 13.77	0.03%	2.73%	0.18%	2,758	$ 64.67	$ 14.86
Specialty Care	1,235	$ 131.07	$ 13.49	-0.09%	2.73%	0.02%	1,280	$ 136.05	$ 14.52
FQHC/RHC	77	$ 85.08	$ 0.55	0.07%	2.73%	0.00%	80	$ 88.29	$ 0.59
EPSDT	1,231	$ 94.17	$ 9.66	0.08%	2.73%	0.06%	1,279	$ 97.78	$ 10.42
Certified Nurse Practitioners/Clinical Nurse	80	$ 111.70	$ 0.74	0.05%	2.73%	0.00%	83	$ 115.92	$ 0.80
Lab/Radiology	2,392	$ 17.58	$ 3.50	-0.04%	1.74%	0.00%	2,449	$ 18.00	$ 3.67
Home Health	11	$ 844.89	$ 0.77	-0.05%	1.74%	0.00%	11	$ 864.69	$ 0.80
Emergency Transportation	105	$ 170.08	$ 1.48	-0.10%	4.47%	0.00%	111	$ 180.62	$ 1.67
Non-Emergency Transportation	320	$ 126.00	$ 3.36	0.02%	4.47%	0.00%	340	$ 133.81	$ 3.79
Rehabilitation Services (OT, PT, ST)	14	$ 67.33	$ 0.08	0.00%	1.74%	0.00%	14	$ 68.94	$ 0.08
DME	32	$ 21.71	$ 0.06	0.00%	1.74%	0.00%	33	$ 22.23	$ 0.06
Clinic	4	$ 210.08	$ 0.06	0.00%	2.73%	0.00%	4	$ 218.02	$ 0.07
Family Planning	41	$ 116.16	$ 0.39	-0.24%	2.73%	4.94%	42	$ 126.20	$ 0.44
Other	112	$ 196.89	$ 1.83	-7.44%	1.74%	0.00%	106	$ 201.61	$ 1.78
Prescribed Drugs	12,236	$ 65.93	$ 67.23	-2.11%	4.00%	-1.90%	12,337	$ 69.95	$ 71.91
Emergency Room	1,163	$ 169.51	$ 16.43	-2.70%	7.21%	2.32%	1,279	$ 185.85	$ 19.81
Basic Behavioral Health	1,177	$ 67.36	$ 6.61	-2.45%	2.73%	0.00%	1,191	$ 69.91	$ 6.94
Hospice	5	$ 139.30	$ 0.06	0.00%	3.72%	0.00%	5	$ 157.22	$ 0.06
Personal Care Services	641	$ 2.53	$ 0.14	-2.53%	1.74%	0.00%	640	$ 2.59	$ 0.14
Inpatient Services -- Mental Health	608	$ 655.97	$ 33.22	1.13%	0.33%	16.29%	599	$ 789.29	$ 39.42
Emergency Room -- Mental Health	2	$ 270.78	$ 0.05	-0.04%	9.18%	4.04%	3	$ 317.77	$ 0.07
Professional/Other -- Mental Health	43,196	$ 36.19	$ 130.28	0.00%	9.18%	4.23%	48,739	$ 42.56	$ 172.87
Gross Medical Total			**$ 364.01**	**-1.04%**	**5.64%**	**5.12%**			**$ 440.32**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (12.87)**
% Credibility Adjustment	-2.92%
PET Scans Adjustment	**$ 0.07**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 3.95**
% of Final Projected Medical	0.91%
New Benefits Add Ons & Outliers	**$ 0.85**
% of Final Projected Medical	0.20%
Final Projected Medical	**$ 432.32**
Administrative Expenses PMPM	**$ 35.88**
% of Final Projected Medical	8.30%
Underwriting Gain PMPM	**$ 7.55**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 475.75**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 503.44**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
BCC All Ages
1,783

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,216	$ 1,293.51	$ 131.08	-2.24%	2.97%	9.39%	1,191	$ 1,530.69	$ 151.94
Outpatient Hospital	46,024	$ 165.71	$ 635.55	-0.19%	4.97%	2.55%	49,200	$ 181.31	$ 743.37
Primary Care	6,398	$ 67.83	$ 36.17	5.09%	0.99%	1.50%	6,486	$ 73.34	$ 39.64
Specialty Care	5,369	$ 159.40	$ 71.32	1.96%	0.99%	1.90%	5,442	$ 167.88	$ 76.14
FQHC/RHC	292	$ 84.69	$ 2.06	1.96%	0.99%	1.41%	296	$ 88.76	$ 2.19
EPSDT	-	$ -	$ -	1.93%	0.99%	1.42%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	412	$ 129.19	$ 4.43	1.96%	0.99%	1.41%	417	$ 135.39	$ 4.71
Lab/Radiology	14,653	$ 86.63	$ 105.78	1.96%	3.72%	1.41%	15,408	$ 94.18	$ 120.93
Home Health	202	$ 129.50	$ 2.18	1.79%	3.72%	1.41%	213	$ 140.56	$ 2.49
Emergency Transportation	238	$ 126.89	$ 2.52	1.96%	1.74%	1.41%	244	$ 134.33	$ 2.73
Non-Emergency Transportation	3,782	$ 40.93	$ 12.90	1.96%	1.74%	1.41%	3,873	$ 43.33	$ 13.98
Rehabilitation Services (OT, PT, ST)	25	$ 283.06	$ 0.60	1.96%	3.72%	1.41%	27	$ 307.74	$ 0.68
DME	2,278	$ 34.11	$ 6.47	1.96%	3.72%	1.41%	2,395	$ 37.08	$ 7.40
Clinic	29	$ 175.23	$ 0.43	1.96%	0.99%	1.41%	30	$ 183.64	$ 0.45
Family Planning	44	$ 115.72	$ 0.43	1.92%	0.99%	1.87%	45	$ 121.79	$ 0.46
Other	166	$ 24.37	$ 0.34	1.96%	3.72%	1.41%	175	$ 26.49	$ 0.39
Prescribed Drugs	51,318	$ 54.63	$ 233.62	1.74%	11.57%	-0.40%	53,784	$ 71.37	$ 319.87
Emergency Room	2,561	$ 265.25	$ 56.62	-0.81%	4.97%	4.84%	2,738	$ 294.88	$ 67.28
Basic Behavioral Health	356	$ 60.16	$ 1.79	1.96%	0.99%	1.49%	361	$ 63.10	$ 1.90
Hospice	490	$ 163.18	$ 6.66	1.96%	2.97%	1.49%	480	$ 186.83	$ 7.47
Personal Care Services	-	$ -	$ -	1.93%	3.72%	1.42%	-	$ -	$ -
Inpatient Services -- Mental Health	144	$ 593.77	$ 7.15	2.12%	4.66%	12.13%	142	$ 783.93	$ 9.28
Emergency Room -- Mental Health	2	$ 108.39	$ 0.02	1.96%	9.43%	1.41%	2	$ 126.84	$ 0.02
Professional/Other -- Mental Health	1,887	$ 47.54	$ 7.47	1.94%	9.43%	1.45%	2,136	$ 55.64	$ 9.90
Gross Medical Total			**$ 1,325.58**	**0.44%**	**5.54%**	**2.51%**			**$ 1,583.23**

Notes:

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Credibility Adjustment PMPM	**$ 50.96**
% Credibility Adjustment	3.22%
PET Scans Adjustment	**$ 50.15**
% of Final Projected Medical	2.97%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 3.13**
% of Final Projected Medical	0.19%
Final Projected Medical	**$ 1,687.48**
Administrative Expenses PMPM	**$ 94.50**
% of Final Projected Medical	5.60%
Underwriting Gain PMPM	**$ 28.74**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,810.72**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,916.11**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
LAP All Ages
12,199

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	107	$ 1,597.10	$ 14.27	-4.12%	3.72%	4.94%	105	$ 1,813.78	$ 15.88
Outpatient Hospital	3,695	$ 54.37	$ 16.74	-0.04%	7.21%	38.29%	4,066	$ 82.72	$ 28.03
Primary Care	2,798	$ 61.92	$ 14.44	-0.02%	2.73%	0.22%	2,904	$ 64.39	$ 15.58
Specialty Care	1,318	$ 118.89	$ 13.06	0.00%	2.73%	0.00%	1,368	$ 123.39	$ 14.07
FQHC/RHC	42	$ 74.65	$ 0.26	0.00%	2.73%	0.00%	43	$ 77.47	$ 0.28
EPSDT	1,361	$ 93.35	$ 10.58	0.00%	2.73%	0.02%	1,412	$ 96.90	$ 11.40
Certified Nurse Practitioners/Clinical Nurse	73	$ 121.11	$ 0.73	0.00%	2.73%	0.00%	75	$ 125.68	$ 0.79
Lab/Radiology	2,318	$ 16.30	$ 3.15	0.00%	1.74%	0.00%	2,374	$ 16.70	$ 3.30
Home Health	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Emergency Transportation	17	$ 174.54	$ 0.25	0.00%	4.47%	0.00%	18	$ 185.35	$ 0.28
Non-Emergency Transportation	24	$ 94.20	$ 0.19	0.00%	4.47%	0.00%	25	$ 100.04	$ 0.21
Rehabilitation Services (OT, PT, ST)	46	$ 157.98	$ 0.60	0.00%	1.74%	0.00%	47	$ 161.77	$ 0.63
DME	4	$ 24.27	$ 0.01	0.00%	1.74%	0.00%	4	$ 24.85	$ 0.01
Clinic	5	$ 222.91	$ 0.09	0.00%	2.73%	0.00%	5	$ 231.33	$ 0.10
Family Planning	21	$ 163.74	$ 0.29	-0.05%	2.73%	6.81%	22	$ 181.40	$ 0.33
Other	18	$ 27.14	$ 0.04	0.00%	1.74%	0.00%	19	$ 27.79	$ 0.04
Prescribed Drugs	7,913	$ 76.05	$ 50.15	-1.11%	1.03%	-3.80%	7,779	$ 75.69	$ 49.07
Emergency Room	686	$ 187.15	$ 10.70	-2.60%	7.21%	0.48%	755	$ 201.57	$ 12.68
Basic Behavioral Health	516	$ 69.85	$ 3.00	0.00%	2.73%	0.05%	536	$ 72.52	$ 3.24
Hospice	10	$ 12.67	$ 0.01	0.00%	3.72%	25.16%	10	$ 17.90	$ 0.01
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	19	$ 636.95	$ 1.01	0.00%	0.74%	8.57%	19	$ 715.58	$ 1.11
Emergency Room -- Mental Health	2	$ 139.09	$ 0.02	0.00%	9.18%	0.00%	2	$ 156.94	$ 0.02
Professional/Other -- Mental Health	5,683	$ 20.12	$ 9.53	-0.01%	9.18%	0.00%	6,412	$ 22.70	$ 12.13
Gross Medical Total			**$ 149.12**	**-0.96%**	**3.52%**	**4.17%**			**$ 169.20**

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (14.35)**
% Credibility Adjustment	-8.48%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 1.37**
% of Final Projected Medical	0.87%
New Benefits Add Ons & Outliers	**$ 0.41**
% of Final Projected Medical	0.26%
Final Projected Medical	**$ 156.67**
Administrative Expenses PMPM	**$ 21.76**
% of Final Projected Medical	13.89%
Underwriting Gain PMPM	**$ 2.88**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 181.31**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 191.87**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Child 1 - 20 Years
1,341

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	2,772	$ 2,355.95	$ 544.16	-4.12%	2.97%	5.79%	2,715	$ 2,644.30	$ 598.25
Outpatient Hospital	10,792	$ 59.78	$ 53.76	-0.01%	6.47%	65.93%	11,763	$ 108.11	$ 105.98
Primary Care	4,564	$ 91.50	$ 34.80	0.00%	2.98%	-0.01%	4,752	$ 95.26	$ 37.73
Specialty Care	3,815	$ 162.74	$ 51.74	0.00%	2.98%	0.00%	3,972	$ 169.45	$ 56.09
FQHC/RHC	25	$ 112.28	$ 0.23	0.00%	2.98%	0.00%	26	$ 116.92	$ 0.25
EPSDT	1,271	$ 1,960.21	$ 207.57	0.00%	2.98%	0.00%	1,323	$ 2,041.06	$ 225.04
Certified Nurse Practitioners/Clinical Nurse	296	$ 133.25	$ 3.28	0.00%	2.98%	0.00%	308	$ 138.74	$ 3.56
Lab/Radiology	3,203	$ 18.73	$ 5.00	0.00%	0.99%	0.00%	3,247	$ 18.99	$ 5.14
Home Health	7,213	$ 386.55	$ 232.34	0.00%	0.99%	0.00%	7,312	$ 391.83	$ 238.74
Emergency Transportation	688	$ 191.38	$ 10.98	0.00%	8.43%	0.00%	769	$ 213.91	$ 13.71
Non-Emergency Transportation	2,427	$ 47.17	$ 9.54	0.00%	8.43%	0.00%	2,713	$ 52.72	$ 11.92
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
DME	2,628	$ 1.39	$ 0.31	0.00%	0.99%	0.00%	2,664	$ 1.41	$ 0.31
Clinic	-	$ -	$ -	0.00%	2.98%	0.00%	-	$ -	$ -
Family Planning	85	$ 41.20	$ 0.29	0.00%	2.98%	0.82%	89	$ 43.25	$ 0.32
Other	11,309	$ 159.91	$ 150.71	-24.85%	0.99%	0.00%	8,615	$ 162.10	$ 116.37
Prescribed Drugs	29,855	$ 154.36	$ 384.03	-3.45%	4.39%	-2.80%	30,828	$ 157.88	$ 405.61
Emergency Room	1,648	$ 256.22	$ 35.18	-2.60%	6.47%	3.49%	1,796	$ 281.49	$ 42.13
Basic Behavioral Health	1,973	$ 102.76	$ 16.90	0.00%	2.98%	0.00%	2,055	$ 106.99	$ 18.32
Hospice	-	$ -	$ -	0.00%	2.97%	0.00%	-	$ -	$ -
Personal Care Services	437,920	$ 2.53	$ 92.29	0.00%	0.99%	0.00%	443,907	$ 2.56	$ 94.83
Inpatient Services -- Mental Health	236	$ 616.37	$ 12.15	0.00%	0.74%	34.99%	233	$ 860.96	$ 16.73
Emergency Room -- Mental Health	5	$ 96.16	$ 0.04	0.00%	4.47%	0.00%	5	$ 102.12	$ 0.05
Professional/Other -- Mental Health	21,108	$ 16.80	$ 29.55	0.00%	4.47%	0.00%	22,416	$ 17.84	$ 33.33
Gross Medical Total			**$ 1,874.86**	**-3.95%**	**3.04%**	**3.52%**			**$ 2,024.42**

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (640.21)**
% Credibility Adjustment	-31.62%
PET Scans Adjustment	**$ 0.64**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 59.16**
% of Final Projected Medical	4.10%
New Benefits Add Ons & Outliers	**$ -**
% of Final Projected Medical	0.00%
Final Projected Medical	**$ 1,444.01**
Administrative Expenses PMPM	**$ 125.19**
% of Final Projected Medical	8.67%
Underwriting Gain PMPM	**$ 25.31**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,594.52**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,687.32**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Adult 21+ Years
3,746

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	2,065	$ 1,291.71	$ 222.27	-4.12%	2.97%	11.27%	2,023	$ 1,524.97	$ 257.04
Outpatient Hospital	13,606	$ 68.05	$ 77.15	-0.04%	4.97%	24.47%	14,545	$ 90.50	$ 109.69
Primary Care	6,298	$ 71.28	$ 37.41	-0.04%	0.99%	0.19%	6,384	$ 72.36	$ 38.50
Specialty Care	5,020	$ 118.01	$ 49.37	0.00%	0.99%	0.12%	5,089	$ 119.77	$ 50.79
FQHC/RHC	309	$ 85.02	$ 2.19	0.00%	0.99%	-0.01%	313	$ 86.18	$ 2.25
EPSDT	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	244	$ 112.38	$ 2.29	0.00%	0.99%	-0.01%	248	$ 113.91	$ 2.35
Lab/Radiology	7,598	$ 22.83	$ 14.46	0.00%	3.72%	-0.01%	7,990	$ 24.01	$ 15.98
Home Health	1,647	$ 69.00	$ 9.47	-0.04%	3.72%	-0.01%	1,732	$ 72.52	$ 10.47
Emergency Transportation	742	$ 139.27	$ 8.61	0.00%	1.74%	-0.01%	760	$ 142.59	$ 9.03
Non-Emergency Transportation	8,522	$ 52.95	$ 37.60	0.00%	1.74%	-0.01%	8,726	$ 54.22	$ 39.42
Rehabilitation Services (OT, PT, ST)	181	$ 158.45	$ 2.39	0.00%	3.72%	-0.01%	190	$ 166.61	$ 2.64
DME	221,951	$ 3.77	$ 69.76	0.00%	3.72%	-0.01%	233,392	$ 3.97	$ 77.13
Clinic	215	$ 298.62	$ 5.36	0.00%	0.99%	-0.01%	218	$ 302.68	$ 5.50
Family Planning	14	$ 467.40	$ 0.54	-0.06%	0.99%	6.27%	14	$ 503.18	$ 0.59
Other	488	$ 32.63	$ 1.33	0.00%	3.72%	-0.01%	513	$ 34.31	$ 1.47
Prescribed Drugs	58,569	$ 77.33	$ 377.41	-3.45%	4.39%	-2.79%	60,478	$ 79.10	$ 398.65
Emergency Room	2,813	$ 284.59	$ 66.72	-2.60%	4.97%	-3.27%	3,007	$ 286.63	$ 71.83
Basic Behavioral Health	443	$ 76.54	$ 2.83	0.00%	0.99%	0.28%	449	$ 77.80	$ 2.91
Hospice	676	$ 134.88	$ 7.59	0.00%	2.97%	2.52%	662	$ 153.01	$ 8.44
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	370	$ 475.07	$ 14.66	5.90%	2.54%	28.02%	364	$ 702.12	$ 21.30
Emergency Room -- Mental Health	11	$ 285.05	$ 0.27	0.00%	9.43%	0.41%	13	$ 323.97	$ 0.35
Professional/Other -- Mental Health	21,347	$ 22.46	$ 39.96	0.00%	9.43%	-0.01%	24,161	$ 25.42	$ 51.19
Gross Medical Total			**$ 1,049.63**	**-2.20%**	**3.85%**	**3.40%**			**$ 1,177.52**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (23.86)**
% Credibility Adjustment	-2.03%
PET Scans Adjustment	**$ 1.22**
% of Final Projected Medical	0.11%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.25**
% of Final Projected Medical	0.11%
Final Projected Medical	**$ 1,156.13**
Administrative Expenses PMPM	**$ 68.01**
% of Final Projected Medical	5.88%
Underwriting Gain PMPM	**$ 19.74**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,243.88**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,316.27**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
CCM All Ages
7,752

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	784	$ 1,366.09	$ 89.26	-4.12%	2.97%	3.72%	768	$ 1,503.34	$ 96.21
Outpatient Hospital	10,548	$ 62.81	$ 55.21	-0.16%	6.47%	54.13%	11,497	$ 105.36	$ 100.94
Primary Care	3,597	$ 70.04	$ 21.00	0.00%	2.98%	0.05%	3,746	$ 72.97	$ 22.78
Specialty Care	2,211	$ 167.13	$ 30.79	0.00%	2.98%	0.01%	2,302	$ 174.05	$ 33.39
FQHC/RHC	67	$ 80.32	$ 0.45	0.00%	2.98%	0.00%	70	$ 83.63	$ 0.49
EPSDT	1,251	$ 910.18	$ 94.90	0.00%	2.98%	0.00%	1,303	$ 947.75	$ 102.89
Certified Nurse Practitioners/Clinical Nurse	215	$ 140.14	$ 2.52	0.00%	2.98%	0.00%	224	$ 145.92	$ 2.73
Lab/Radiology	2,168	$ 21.59	$ 3.90	0.00%	0.99%	0.00%	2,198	$ 21.89	$ 4.01
Home Health	2,053	$ 475.23	$ 81.31	0.00%	0.99%	0.00%	2,081	$ 481.73	$ 83.55
Emergency Transportation	167	$ 193.21	$ 2.69	0.00%	8.43%	0.00%	187	$ 215.96	$ 3.36
Non-Emergency Transportation	1,555	$ 67.84	$ 8.79	0.00%	8.43%	0.00%	1,738	$ 75.83	$ 10.98
Rehabilitation Services (OT, PT, ST)	823	$ 77.43	$ 5.31	0.00%	0.99%	0.00%	834	$ 78.48	$ 5.46
DME	290	$ 0.97	$ 0.02	0.00%	0.99%	0.00%	294	$ 0.98	$ 0.02
Clinic	11	$ 256.54	$ 0.23	0.00%	2.98%	0.00%	11	$ 267.12	$ 0.25
Family Planning	15	$ 109.67	$ 0.14	-0.03%	2.98%	8.39%	16	$ 123.74	$ 0.16
Other	8,856	$ 158.18	$ 116.73	-17.81%	0.99%	0.00%	7,378	$ 160.34	$ 98.59
Prescribed Drugs	20,896	$ 88.36	$ 153.86	-2.28%	5.55%	-1.80%	22,010	$ 93.40	$ 171.32
Emergency Room	1,500	$ 208.48	$ 26.06	-2.60%	6.47%	-1.12%	1,635	$ 218.84	$ 29.81
Basic Behavioral Health	4,865	$ 50.32	$ 20.40	0.00%	2.98%	0.00%	5,065	$ 52.39	$ 22.12
Hospice	30,266	$ 2.55	$ 6.44	0.00%	2.97%	0.24%	29,646	$ 2.83	$ 6.99
Personal Care Services	110,363	$ 3.17	$ 29.12	0.00%	0.99%	0.00%	111,872	$ 3.21	$ 29.92
Inpatient Services -- Mental Health	460	$ 598.82	$ 22.93	0.00%	0.74%	22.90%	453	$ 761.50	$ 28.76
Emergency Room -- Mental Health	1	$ 346.86	$ 0.03	0.00%	4.47%	0.00%	1	$ 368.35	$ 0.04
Professional/Other -- Mental Health	33,948	$ 24.10	$ 68.17	0.00%	4.47%	2.13%	36,051	$ 26.13	$ 78.51
Gross Medical Total			**$ 840.26**	**-3.42%**	**3.45%**	**4.77%**			**$ 933.28**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (41.49)**
% Credibility Adjustment	-4.45%
PET Scans Adjustment	**$ 0.36**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 212.70**
% of Final Projected Medical	19.25%
New Benefits Add Ons & Outliers	**$ 0.16**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 1,105.00**
Administrative Expenses PMPM	**$ 76.66**
% of Final Projected Medical	6.94%
Underwriting Gain PMPM	**$ 19.06**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,200.72**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,270.61**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - CCM All Ages
11,032

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,364	$ 38.16	$ 4.34	0.00%	0.99%	0.00%	1,383	$ 38.69	$ 4.46
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	153	$ 643.33	$ 8.20	0.00%	0.49%	21.38%	154	$ 786.14	$ 10.08
Emergency Room -- Mental Health	1	$ 331.84	$ 0.02	0.00%	9.18%	0.00%	1	$ 374.43	$ 0.03
Professional/Other -- Mental Health	34,159	$ 20.43	$ 58.14	0.00%	9.18%	1.07%	38,542	$ 23.29	$ 74.81
Gross Medical Total			**$ 70.70**	**0.00%**	**7.75%**	**2.96%**			**$ 89.39**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 39.73**
% Credibility Adjustment	44.45%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 107.95**
% of Final Projected Medical	45.48%
New Benefits Add Ons & Outliers	**$ 0.28**
% of Final Projected Medical	0.12%
Final Projected Medical	**$ 237.34**
Administrative Expenses PMPM	**$ 9.66**
% of Final Projected Medical	4.07%
Underwriting Gain PMPM	**$ 3.98**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 250.98**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 265.59**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Dual Eligible All Ages
267,983

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Non-Emergency Transportation	3,737	$ 26.40	$ 8.22	-0.48%	4.72%	0.00%	3,982	$ 27.99	$ 9.29
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	50	$ 397.14	$ 1.65	-9.01%	0.44%	33.78%	50	$ 484.33	$ 2.03
Emergency Room -- Mental Health	0	$ 258.49	$ 0.00	-0.56%	9.43%	0.00%	0	$ 290.93	$ 0.00
Professional/Other -- Mental Health	3,719	$ 23.39	$ 7.25	-0.71%	9.43%	0.33%	4,209	$ 26.37	$ 9.25
Gross Medical Total			**$ 17.12**	**-1.40%**	**6.41%**	**2.71%**			**$ 20.57**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.00**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 20.57**
Administrative Expenses PMPM	**$ 4.32**
% of Final Projected Medical	21.02%
Underwriting Gain PMPM	**$ 0.40**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 25.30**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 26.77**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Child 1 - 20 Years
5,736

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	582	$ 41.21	$ 2.00	0.00%	0.99%	0.00%	590	$ 41.77	$ 2.05
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	76	$ 608.43	$ 3.85	0.00%	0.74%	11.45%	77	$ 685.01	$ 4.38
Emergency Room -- Mental Health	2	$ 514.93	$ 0.08	0.00%	9.18%	0.00%	2	$ 581.00	$ 0.10
Professional/Other -- Mental Health	8,563	$ 21.92	$ 15.64	0.00%	9.18%	1.00%	9,661	$ 24.98	$ 20.11
Gross Medical Total			**$ 21.57**	**0.00%**	**7.02%**	**2.50%**			**$ 26.65**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 11.63**
% Credibility Adjustment	43.65%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 107.57**
% of Final Projected Medical	73.68%
New Benefits Add Ons & Outliers	**$ 0.15**
% of Final Projected Medical	0.11%
Final Projected Medical	**$ 146.00**
Administrative Expenses PMPM	**$ 4.77**
% of Final Projected Medical	3.27%
Underwriting Gain PMPM	**$ 2.43**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 153.20**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 162.12**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Adult 21+ Years
10,602

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,932	$ 59.32	$ 9.55	0.00%	0.99%	0.00%	1,958	$ 60.13	$ 9.81
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	2.61%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	244	$ 509.88	$ 10.35	2.79%	-0.27%	25.49%	246	$ 646.26	$ 13.26
Emergency Room -- Mental Health	12	$ 153.88	$ 0.15	-0.04%	9.43%	0.00%	13	$ 174.10	$ 0.19
Professional/Other -- Mental Health	9,472	$ 28.27	$ 22.31	-0.01%	9.43%	0.42%	10,721	$ 32.13	$ 28.70
Gross Medical Total			**$ 42.37**	**0.68%**	**5.29%**	**5.72%**			**$ 51.96**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 2.30**
% Credibility Adjustment	4.44%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.15**
% of Final Projected Medical	0.28%
Final Projected Medical	**$ 54.42**
Administrative Expenses PMPM	**$ 6.84**
% of Final Projected Medical	12.56%
Underwriting Gain PMPM	**$ 0.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 62.25**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 65.87**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Other All Ages
10,092

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,829	$ 117.39	$ 27.67	-0.19%	0.99%	-6.10%	2,868	$ 111.52	$ 26.65
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,435	$ 515.85	$ 61.68	-2.97%	0.30%	22.57%	1,454	$ 610.21	$ 73.96
Emergency Room -- Mental Health	12	$ 339.83	$ 0.34	-5.78%	9.43%	-0.96%	14	$ 358.91	$ 0.41
Professional/Other -- Mental Health	8,570	$ 27.97	$ 19.97	-1.37%	9.43%	-3.13%	9,700	$ 30.25	$ 24.45
Gross Medical Total			**$ 109.67**	**-1.99%**	**2.28%**	**9.70%**			**$ 125.46**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 4.77**
% Credibility Adjustment	3.80%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.01**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 130.24**
Administrative Expenses PMPM	**$ 13.54**
% of Final Projected Medical	10.39%
Underwriting Gain PMPM	**$ 2.32**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 146.10**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 154.60**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 3 - 11 Months
105,087

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Capital	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	248	$ 1,822.51	$ 37.59	-4.12%	0.74%	5.44%	244	$ 1,906.56	$ 38.79
Outpatient Hospital	3,016	$ 53.86	$ 13.54	-0.01%	3.28%	44.06%	3,164	$ 80.82	$ 21.31
Primary Care	5,867	$ 60.34	$ 29.50	0.00%	2.77%	-0.01%	5,988	$ 63.71	$ 31.80
Specialty Care	962	$ 163.91	$ 13.14	0.00%	2.77%	0.00%	982	$ 173.09	$ 14.16
FQHC/RHC	85	$ 125.84	$ 0.89	0.00%	2.77%	-0.07%	87	$ 132.79	$ 0.96
EPSDT	3,560	$ 98.23	$ 29.14	0.00%	2.77%	0.00%	3,634	$ 103.72	$ 31.41
Certified Nurse Practitioners/Clinical Nurse	85	$ 115.87	$ 0.82	0.00%	2.77%	0.00%	87	$ 122.35	$ 0.88
Lab/Radiology	1,936	$ 16.68	$ 2.69	0.00%	1.74%	0.00%	1,983	$ 17.08	$ 2.82
Home Health	38	$ 262.96	$ 0.84	-0.01%	1.74%	0.00%	39	$ 269.24	$ 0.88
Emergency Transportation	75	$ 190.15	$ 1.19	0.00%	1.74%	0.00%	77	$ 194.70	$ 1.25
Non-Emergency Transportation	312	$ 56.55	$ 1.47	0.00%	1.74%	0.00%	319	$ 57.90	$ 1.54
Rehabilitation Services (OT, PT, ST)	3	$ 54.49	$ 0.02	0.00%	1.74%	0.00%	3	$ 55.80	$ 0.02
DME	16	$ 29.20	$ 0.04	0.00%	1.74%	0.00%	16	$ 29.90	$ 0.04
Clinic	7	$ 236.29	$ 0.14	0.00%	2.77%	0.00%	7	$ 249.52	$ 0.15
Family Planning	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Other	135	$ 170.02	$ 1.91	-17.77%	1.74%	0.00%	114	$ 174.09	$ 1.65
Prescribed Drugs	6,358	$ 32.88	$ 17.42	-1.65%	1.99%	-3.10%	6,429	$ 32.72	$ 17.53
Emergency Room	2,484	$ 133.18	$ 27.57	-2.60%	3.28%	-4.36%	2,606	$ 129.24	$ 28.07
Basic Behavioral Health	4	$ 215.06	$ 0.07	0.00%	2.77%	0.00%	4	$ 227.10	$ 0.07
Hospice	6	$ 116.93	$ 0.05	0.00%	0.74%	0.48%	5	$ 121.57	$ 0.06
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	0.74%	0.00%	-	$ -	$ -
Emergency Room -- Mental Health	3	$ 92.99	$ 0.02	0.00%	0.75%	9.30%	3	$ 102.34	$ 0.03
Professional/Other -- Mental Health	485	$ 23.87	$ 0.97	0.00%	0.75%	0.17%	492	$ 24.08	$ 0.99
Gross Medical Total			**$ 179.02**	**-1.62%**	**2.34%**	**3.56%**			**$ 194.39**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.04**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.29**
% of Final Projected Medical	0.66%
Final Projected Medical	**$ 195.72**
Administrative Expenses PMPM	**$ 25.50**
% of Final Projected Medical	13.03%
Underwriting Gain PMPM	**$ 3.57**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 224.79**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 237.87**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 0 - 2 Months
131

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	95,909	$ 1,481.11	$ 11,837.66	-4.12%	-0.25%	3.43%	95,251	$ 1,468.85	$ 11,659.15
Outpatient Hospital	3,470	$ 28.21	$ 8.16	-0.01%	5.06%	14.70%	3,714	$ 34.63	$ 10.72
Primary Care	8,275	$ 1,709.41	$ 1,178.73	0.00%	3.01%	0.00%	8,856	$ 1,733.01	$ 1,278.98
Specialty Care	12,577	$ 2,249.70	$ 2,357.82	0.00%	3.01%	0.00%	13,460	$ 2,280.77	$ 2,558.33
FQHC/RHC	77	$ 90.07	$ 0.58	0.00%	3.01%	0.00%	82	$ 91.31	$ 0.63
EPSDT	2,756	$ 185.95	$ 42.71	0.00%	3.01%	0.00%	2,950	$ 188.52	$ 46.34
Certified Nurse Practitioners/Clinical Nurse	1,003	$ 227.67	$ 19.03	0.00%	3.01%	0.00%	1,073	$ 230.82	$ 20.65
Lab/Radiology	81,348	$ 12.47	$ 84.52	0.00%	3.02%	0.00%	84,748	$ 12.99	$ 91.74
Home Health	1,754	$ 79.84	$ 11.67	0.00%	3.02%	0.00%	1,827	$ 83.17	$ 12.66
Emergency Transportation	825	$ 396.76	$ 27.29	0.00%	2.49%	0.00%	889	$ 394.03	$ 29.20
Non-Emergency Transportation	1,737	$ 286.18	$ 41.42	0.00%	2.49%	0.00%	1,871	$ 284.22	$ 44.33
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Other	604	$ 316.09	$ 15.91	-85.37%	3.02%	0.00%	92	$ 329.30	$ 2.53
Prescribed Drugs	3,447	$ 88.46	$ 25.41	-1.46%	-0.12%	-3.90%	3,497	$ 82.31	$ 23.99
Emergency Room	1,756	$ 128.57	$ 18.81	-2.60%	5.06%	2.32%	1,879	$ 137.14	$ 21.47
Basic Behavioral Health	52	$ 40.73	$ 0.18	0.00%	3.01%	0.00%	56	$ 41.29	$ 0.19
Hospice	1,180	$ 139.82	$ 13.74	0.00%	-0.25%	0.00%	1,171	$ 139.82	$ 13.65
Personal Care Services	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	5.05%	0.00%	-	$ -	$ -
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.28%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	2,276	$ 39.86	$ 7.56	0.00%	4.28%	0.00%	2,331	$ 43.67	$ 8.48
Gross Medical Total			**$ 15,691.20**	**-3.20%**	**0.59%**	**2.51%**			**$ 15,823.03**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 1,519.87**
% Credibility Adjustment	9.61%
PET Scans Adjustment	**$ 0.62**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1,618.55**
% of Final Projected Medical	8.54%
Final Projected Medical	**$ 18,962.07**
Administrative Expenses PMPM	**$ 1,106.34**
% of Final Projected Medical	5.83%
Underwriting Gain PMPM	**$ 323.68**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 20,392.09**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 21,578.94**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 3 - 11 Months
1,475

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	12,990	$ 2,037.06	$ 2,205.17	-4.12%	-0.25%	4.32%	12,901	$ 2,037.56	$ 2,190.58
Outpatient Hospital	15,700	$ 75.85	$ 99.24	-0.06%	5.06%	17.22%	16,804	$ 95.09	$ 133.16
Primary Care	10,871	$ 217.12	$ 196.69	0.00%	3.01%	0.04%	11,634	$ 220.20	$ 213.49
Specialty Care	8,537	$ 476.38	$ 338.90	0.00%	3.01%	0.12%	9,137	$ 483.56	$ 368.17
FQHC/RHC	191	$ 86.04	$ 1.37	0.00%	3.01%	-0.01%	205	$ 87.22	$ 1.49
EPSDT	3,389	$ 328.49	$ 92.77	0.00%	3.01%	-0.01%	3,627	$ 333.00	$ 100.65
Certified Nurse Practitioners/Clinical Nurse	553	$ 181.83	$ 8.37	0.00%	3.01%	-0.01%	591	$ 184.33	$ 9.08
Lab/Radiology	12,202	$ 14.67	$ 14.92	0.00%	3.02%	0.05%	12,712	$ 15.29	$ 16.20
Home Health	7,385	$ 174.12	$ 107.16	0.04%	3.02%	-0.01%	7,697	$ 181.39	$ 116.34
Emergency Transportation	704	$ 387.98	$ 22.75	-0.02%	2.49%	0.29%	758	$ 386.44	$ 24.41
Non-Emergency Transportation	3,300	$ 184.07	$ 50.62	0.00%	2.49%	0.38%	3,556	$ 183.50	$ 54.37
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	3.02%	-0.01%	-	$ -	$ -
DME	73	$ 55.82	$ 0.34	0.00%	3.02%	-0.01%	76	$ 58.15	$ 0.37
Clinic	7	$ 259.23	$ 0.14	0.00%	3.01%	-0.01%	7	$ 262.79	$ 0.16
Family Planning	3	$ 14.82	$ 0.00	0.00%	3.01%	-0.01%	4	$ 15.02	$ 0.00
Other	11,552	$ 181.28	$ 174.51	-20.18%	3.02%	-0.01%	9,606	$ 188.84	$ 151.16
Prescribed Drugs	16,602	$ 310.78	$ 429.97	-1.46%	1.92%	-3.90%	16,705	$ 308.24	$ 429.09
Emergency Room	4,136	$ 152.98	$ 52.73	-2.61%	5.06%	4.12%	4,427	$ 166.01	$ 61.24
Basic Behavioral Health	30	$ 86.16	$ 0.21	0.00%	3.01%	-0.01%	32	$ 87.34	$ 0.23
Hospice	985	$ 79.38	$ 6.52	0.00%	-0.25%	-0.01%	978	$ 79.38	$ 6.47
Personal Care Services	22,326	$ 2.53	$ 4.71	0.00%	3.02%	-0.01%	23,259	$ 2.64	$ 5.11
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	5.05%	-0.01%	-	$ -	$ -
Emergency Room -- Mental Health	16	$ 147.77	$ 0.20	0.00%	4.28%	5.06%	16	$ 170.09	$ 0.23
Professional/Other -- Mental Health	513	$ 49.96	$ 2.13	0.00%	4.28%	0.44%	525	$ 54.97	$ 2.41
Gross Medical Total			**$ 3,809.40**	**-3.51%**	**1.10%**	**2.54%**			**$ 3,884.41**

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (216.74)**
% Credibility Adjustment	-5.58%
PET Scans Adjustment	**$ 0.16**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 126.00**
% of Final Projected Medical	3.32%
Final Projected Medical	**$ 3,793.82**
Administrative Expenses PMPM	**$ 257.71**
% of Final Projected Medical	6.79%
Underwriting Gain PMPM	**$ 65.35**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 4,116.89**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 4,356.49**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Child 1 - 20 Years
100,145

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	348	$ 1,454.24	$ 42.19	-4.28%	-0.25%	8.59%	345	$ 1,514.01	$ 43.55
Outpatient Hospital	5,830	$ 50.91	$ 24.73	-0.21%	1.51%	37.00%	5,947	$ 71.09	$ 35.23
Primary Care	3,054	$ 71.44	$ 18.18	0.07%	1.51%	0.05%	3,140	$ 72.49	$ 18.97
Specialty Care	1,563	$ 156.30	$ 20.36	-0.14%	1.51%	0.03%	1,604	$ 158.50	$ 21.18
FQHC/RHC	144	$ 87.71	$ 1.05	0.10%	1.51%	-0.02%	148	$ 88.90	$ 1.10
EPSDT	1,088	$ 233.48	$ 21.16	0.16%	1.51%	0.03%	1,121	$ 236.51	$ 22.09
Certified Nurse Practitioners/Clinical Nurse	119	$ 135.04	$ 1.34	0.08%	1.51%	0.00%	122	$ 136.91	$ 1.39
Lab/Radiology	2,495	$ 18.92	$ 3.93	-0.06%	3.02%	0.00%	2,598	$ 19.71	$ 4.27
Home Health	578	$ 271.18	$ 13.05	0.17%	3.02%	0.00%	603	$ 282.35	$ 14.19
Emergency Transportation	208	$ 167.92	$ 2.91	-0.02%	1.99%	0.02%	221	$ 166.81	$ 3.07
Non-Emergency Transportation	1,098	$ 77.84	$ 7.12	0.01%	1.99%	0.00%	1,168	$ 77.30	$ 7.52
Rehabilitation Services (OT, PT, ST)	8	$ 62.00	$ 0.04	-0.24%	3.02%	0.00%	9	$ 64.59	$ 0.05
DME	19	$ 2.98	$ 0.00	-0.57%	3.02%	0.00%	20	$ 3.11	$ 0.01
Clinic	24	$ 213.51	$ 0.42	-0.05%	1.51%	0.02%	24	$ 216.50	$ 0.44
Family Planning	46	$ 70.22	$ 0.27	-0.08%	1.51%	0.62%	48	$ 71.57	$ 0.28
Other	1,764	$ 162.58	$ 23.90	-13.80%	3.02%	0.00%	1,584	$ 169.38	$ 22.36
Prescribed Drugs	19,213	$ 104.47	$ 167.26	-1.68%	6.46%	-3.90%	19,284	$ 116.80	$ 187.70
Emergency Room	2,011	$ 147.41	$ 24.71	-2.66%	1.51%	1.73%	2,052	$ 149.07	$ 25.50
Basic Behavioral Health	1,878	$ 57.00	$ 8.92	-5.20%	1.51%	0.08%	1,830	$ 57.83	$ 8.82
Hospice	13	$ 160.80	$ 0.17	0.00%	-0.25%	-1.61%	12	$ 158.21	$ 0.16
Personal Care Services	13,784	$ 2.58	$ 2.96	-0.21%	3.02%	0.00%	14,341	$ 2.69	$ 3.21
Inpatient Services -- Mental Health	361	$ 525.65	$ 15.79	0.00%	2.77%	27.88%	368	$ 709.81	$ 21.77
Emergency Room -- Mental Health	7	$ 82.46	$ 0.05	0.00%	2.76%	8.75%	7	$ 95.66	$ 0.06
Professional/Other -- Mental Health	71,887	$ 18.05	$ 108.13	0.00%	2.76%	0.32%	72,631	$ 19.32	$ 116.91
Gross Medical Total			**$ 508.68**	**-1.78%**	**3.48%**	**1.99%**			**$ 559.84**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.27**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 31.45**
% of Final Projected Medical	5.31%
New Benefits Add Ons & Outliers	**$ 1.21**
% of Final Projected Medical	0.20%
Final Projected Medical	**$ 592.76**
Administrative Expenses PMPM	**$ 40.91**
% of Final Projected Medical	6.90%
Underwriting Gain PMPM	**$ 10.22**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 643.90**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 681.37**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Adult 21+ Years
227,976

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,582	$ 1,051.83	$ 138.63	-4.16%	0.50%	18.26%	1,570	$ 1,217.55	$ 159.28
Outpatient Hospital	13,608	$ 75.11	$ 85.17	-0.64%	4.55%	13.79%	14,465	$ 90.28	$ 108.83
Primary Care	5,783	$ 76.73	$ 36.98	0.26%	2.50%	1.04%	6,107	$ 78.79	$ 40.10
Specialty Care	3,185	$ 177.99	$ 47.24	-0.02%	2.50%	0.53%	3,362	$ 181.38	$ 50.82
FQHC/RHC	350	$ 108.85	$ 3.17	0.01%	2.50%	-0.04%	369	$ 110.31	$ 3.39
EPSDT	-	$ -	$ -	0.00%	2.50%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	242	$ 117.96	$ 2.38	0.02%	2.50%	0.44%	256	$ 120.13	$ 2.56
Lab/Radiology	8,094	$ 25.08	$ 16.91	0.00%	3.72%	0.32%	8,510	$ 26.46	$ 18.76
Home Health	581	$ 66.32	$ 3.21	-0.23%	3.72%	0.08%	611	$ 69.63	$ 3.54
Emergency Transportation	989	$ 133.41	$ 10.99	-0.09%	2.75%	1.27%	1,069	$ 134.55	$ 11.98
Non-Emergency Transportation	5,862	$ 54.26	$ 26.51	-0.12%	2.75%	0.34%	6,337	$ 54.20	$ 28.62
Rehabilitation Services (OT, PT, ST)	6	$ 233.79	$ 0.11	0.01%	3.72%	0.41%	6	$ 246.90	$ 0.12
DME	46,291	$ 4.09	$ 15.77	-0.20%	3.72%	0.04%	48,667	$ 4.29	$ 17.41
Clinic	764	$ 259.60	$ 16.53	0.01%	2.50%	0.12%	807	$ 263.50	$ 17.72
Family Planning	34	$ 85.29	$ 0.24	-0.11%	2.50%	4.42%	36	$ 90.18	$ 0.27
Other	553	$ 7.71	$ 0.36	0.01%	3.72%	-0.05%	581	$ 8.10	$ 0.39
Prescribed Drugs	54,244	$ 65.02	$ 293.90	-1.47%	2.61%	-3.83%	54,436	$ 65.91	$ 298.97
Emergency Room	4,717	$ 197.50	$ 77.63	-2.67%	4.55%	-0.04%	5,014	$ 204.28	$ 85.35
Basic Behavioral Health	691	$ 58.39	$ 3.36	-0.12%	2.50%	0.05%	730	$ 59.15	$ 3.60
Hospice	515	$ 156.46	$ 6.71	-0.04%	0.50%	3.18%	511	$ 164.81	$ 7.02
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	844	$ 521.18	$ 36.64	2.43%	4.91%	23.95%	888	$ 717.38	$ 53.08
Emergency Room -- Mental Health	21	$ 201.41	$ 0.36	0.01%	6.57%	2.15%	22	$ 236.85	$ 0.44
Professional/Other -- Mental Health	14,646	$ 39.45	$ 48.14	-0.18%	6.57%	0.48%	15,155	$ 45.54	$ 57.52
Gross Medical Total			**$ 870.94**	**-1.37%**	**3.01%**	**4.04%**			**$ 969.77**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 2.92**
% of Final Projected Medical	0.30%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 2.57**
% of Final Projected Medical	0.26%
Final Projected Medical	**$ 975.26**
Administrative Expenses PMPM	**$ 59.77**
% of Final Projected Medical	6.13%
Underwriting Gain PMPM	**$ 16.69**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,051.73**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,112.94**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 0 - 2 Months
34,171

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	14,094	$ 1,248.14	$ 1,465.90	-4.12%	0.74%	4.29%	13,901	$ 1,291.44	$ 1,495.99
Outpatient Hospital	4,742	$ 27.08	$ 10.70	-0.02%	3.28%	10.50%	4,974	$ 31.17	$ 12.92
Primary Care	12,370	$ 132.63	$ 136.72	0.00%	2.77%	0.00%	12,627	$ 140.05	$ 147.36
Specialty Care	2,074	$ 781.42	$ 135.03	0.00%	2.77%	0.00%	2,117	$ 825.15	$ 145.54
FQHC/RHC	369	$ 88.72	$ 2.73	0.00%	2.77%	0.00%	376	$ 93.68	$ 2.94
EPSDT	6,808	$ 99.09	$ 56.21	0.00%	2.77%	0.00%	6,949	$ 104.63	$ 60.59
Certified Nurse Practitioners/Clinical Nurse	66	$ 202.33	$ 1.11	0.00%	2.77%	0.00%	67	$ 213.65	$ 1.19
Lab/Radiology	28,543	$ 16.95	$ 40.33	0.00%	1.74%	0.00%	29,227	$ 17.36	$ 42.29
Home Health	230	$ 58.65	$ 1.12	0.00%	1.74%	-0.01%	235	$ 60.04	$ 1.18
Emergency Transportation	259	$ 262.12	$ 5.66	0.00%	1.74%	0.00%	265	$ 268.39	$ 5.94
Non-Emergency Transportation	552	$ 133.54	$ 6.15	0.00%	1.74%	-0.01%	565	$ 136.73	$ 6.44
Rehabilitation Services (OT, PT, ST)	0	$ 174.54	$ 0.01	0.00%	1.74%	0.00%	0	$ 178.72	$ 0.01
DME	4	$ 86.05	$ 0.03	0.00%	1.74%	0.00%	4	$ 88.12	$ 0.03
Clinic	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Family Planning	0	$ 426.12	$ 0.01	0.00%	2.77%	0.00%	0	$ 449.97	$ 0.01
Other	23	$ 95.41	$ 0.18	-78.91%	1.74%	0.00%	5	$ 97.70	$ 0.04
Prescribed Drugs	4,157	$ 19.89	$ 6.89	-1.65%	0.96%	-3.10%	4,170	$ 19.39	$ 6.74
Emergency Room	2,442	$ 111.36	$ 22.67	-2.60%	3.28%	1.05%	2,562	$ 114.18	$ 24.38
Basic Behavioral Health	5	$ 59.33	$ 0.03	0.00%	2.77%	0.00%	5	$ 62.65	$ 0.03
Hospice	11	$ 235.54	$ 0.21	0.00%	0.74%	0.00%	10	$ 243.72	$ 0.21
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	3	$ 1,392.06	$ 0.35	0.00%	0.74%	0.00%	3	$ 1,440.44	$ 0.36
Emergency Room -- Mental Health	5	$ 127.44	$ 0.05	0.00%	0.75%	3.56%	5	$ 132.89	$ 0.05
Professional/Other -- Mental Health	371	$ 48.24	$ 1.49	0.00%	0.75%	4.41%	376	$ 50.72	$ 1.59
Gross Medical Total			**$ 1,893.56**	**-3.23%**	**1.19%**	**3.32%**			**$ 1,955.83**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 59.53**
% of Final Projected Medical	2.95%
Final Projected Medical	**$ 2,015.40**
Administrative Expenses PMPM	**$ 145.54**
% of Final Projected Medical	7.22%
Underwriting Gain PMPM	**$ 34.85**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 2,195.80**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 2,323.60**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Child 1 - 20 Years
2,139,679

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	43	$ 1,306.43	$ 4.66	-4.12%	0.74%	9.76%	42	$ 1,422.65	$ 5.00
Outpatient Hospital	1,478	$ 50.69	$ 6.24	-0.09%	5.06%	49.19%	1,593	$ 80.32	$ 10.66
Primary Care	2,488	$ 66.19	$ 13.72	0.01%	2.77%	0.14%	2,540	$ 70.00	$ 14.82
Specialty Care	798	$ 125.23	$ 8.33	0.00%	2.77%	0.02%	815	$ 132.26	$ 8.98
FQHC/RHC	124	$ 80.85	$ 0.83	0.00%	2.77%	0.20%	126	$ 85.55	$ 0.90
EPSDT	1,025	$ 71.51	$ 6.11	-0.02%	2.77%	0.05%	1,046	$ 75.53	$ 6.59
Certified Nurse Practitioners/Clinical Nurse	58	$ 122.91	$ 0.60	0.00%	2.77%	0.00%	60	$ 129.79	$ 0.64
Lab/Radiology	1,607	$ 16.25	$ 2.18	0.00%	1.74%	0.00%	1,645	$ 16.64	$ 2.28
Home Health	7	$ 219.64	$ 0.13	-0.55%	1.74%	-0.08%	7	$ 223.39	$ 0.13
Emergency Transportation	49	$ 152.17	$ 0.63	0.00%	1.74%	0.01%	51	$ 155.82	$ 0.66
Non-Emergency Transportation	169	$ 78.83	$ 1.11	0.00%	1.74%	0.03%	173	$ 80.75	$ 1.17
Rehabilitation Services (OT, PT, ST)	3	$ 81.96	$ 0.02	0.00%	1.74%	0.00%	3	$ 83.93	$ 0.02
DME	2	$ 13.29	$ 0.00	0.00%	1.74%	0.00%	2	$ 13.61	$ 0.00
Clinic	8	$ 201.23	$ 0.14	0.00%	2.77%	0.00%	8	$ 212.50	$ 0.15
Family Planning	37	$ 79.13	$ 0.24	-0.10%	2.77%	1.12%	38	$ 84.41	$ 0.26
Other	50	$ 108.63	$ 0.45	-26.29%	1.74%	0.00%	38	$ 111.24	$ 0.35
Prescribed Drugs	7,392	$ 55.38	$ 34.12	-1.65%	2.08%	-3.10%	7,381	$ 55.93	$ 34.40
Emergency Room	1,234	$ 132.69	$ 13.65	-2.62%	5.06%	0.81%	1,330	$ 138.48	$ 15.35
Basic Behavioral Health	599	$ 50.26	$ 2.51	0.00%	2.77%	0.01%	612	$ 53.07	$ 2.71
Hospice	0	$ 65.71	$ 0.00	0.00%	0.74%	-2.51%	0	$ 66.29	$ 0.00
Personal Care Services	144	$ 2.69	$ 0.03	-0.15%	1.74%	0.01%	148	$ 2.75	$ 0.03
Inpatient Services -- Mental Health	53	$ 503.55	$ 2.23	0.00%	1.99%	27.59%	52	$ 687.64	$ 3.00
Emergency Room -- Mental Health	5	$ 82.49	$ 0.03	0.00%	5.83%	1.38%	5	$ 90.71	$ 0.04
Professional/Other -- Mental Health	15,901	$ 17.39	$ 23.04	0.00%	5.83%	0.15%	17,133	$ 18.89	$ 26.97
Gross Medical Total			**$ 121.01**	**-1.02%**	**3.43%**	**2.82%**			**$ 135.12**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.03**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 1.32**
% of Final Projected Medical	0.97%
New Benefits Add Ons & Outliers	**$ 0.18**
% of Final Projected Medical	0.13%
Final Projected Medical	**$ 136.66**
Administrative Expenses PMPM	**$ 20.62**
% of Final Projected Medical	15.08%
Underwriting Gain PMPM	**$ 2.54**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 159.81**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 169.12**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Adult 21+ Years
337,789

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	231	$ 1,100.16	$ 21.19	-4.18%	2.48%	14.84%	226	$ 1,322.71	$ 24.94
Outpatient Hospital	4,827	$ 56.18	$ 22.60	-0.30%	3.99%	32.68%	5,029	$ 79.45	$ 33.30
Primary Care	2,571	$ 79.98	$ 17.13	0.28%	1.25%	0.08%	2,624	$ 81.38	$ 17.80
Specialty Care	1,127	$ 140.51	$ 13.20	-0.01%	1.25%	0.23%	1,150	$ 142.78	$ 13.69
FQHC/RHC	176	$ 110.11	$ 1.61	0.00%	1.25%	-0.38%	180	$ 111.21	$ 1.66
EPSDT	-	$ -	$ -	0.00%	1.25%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	134	$ 120.66	$ 1.35	0.01%	1.25%	0.03%	137	$ 122.37	$ 1.39
Lab/Radiology	5,608	$ 21.36	$ 9.98	-0.01%	4.72%	0.01%	5,974	$ 22.76	$ 11.33
Home Health	45	$ 98.21	$ 0.37	-0.08%	4.72%	-0.18%	48	$ 104.37	$ 0.41
Emergency Transportation	252	$ 129.43	$ 2.72	-0.24%	1.99%	0.08%	259	$ 132.78	$ 2.86
Non-Emergency Transportation	906	$ 64.25	$ 4.85	0.00%	1.99%	0.36%	931	$ 66.25	$ 5.14
Rehabilitation Services (OT, PT, ST)	1	$ 185.21	$ 0.01	0.00%	4.72%	0.00%	1	$ 197.33	$ 0.01
DME	3,181	$ 8.00	$ 2.12	-0.11%	4.72%	0.00%	3,389	$ 8.51	$ 2.40
Clinic	25	$ 172.03	$ 0.36	0.00%	1.25%	0.29%	26	$ 174.92	$ 0.38
Family Planning	167	$ 130.13	$ 1.81	-0.07%	1.25%	8.46%	171	$ 142.99	$ 2.03
Other	67	$ 23.71	$ 0.13	0.00%	4.72%	0.01%	71	$ 25.27	$ 0.15
Prescribed Drugs	19,631	$ 40.29	$ 65.91	-1.65%	4.02%	-3.08%	19,824	$ 42.39	$ 70.02
Emergency Room	3,135	$ 170.31	$ 44.49	-2.65%	3.99%	0.51%	3,266	$ 178.15	$ 48.48
Basic Behavioral Health	656	$ 58.89	$ 3.22	-0.03%	1.25%	0.02%	669	$ 59.69	$ 3.33
Hospice	16	$ 126.58	$ 0.17	0.00%	2.48%	3.45%	16	$ 143.00	$ 0.19
Personal Care Services	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	182	$ 519.52	$ 7.89	11.08%	0.14%	24.19%	179	$ 731.89	$ 10.93
Emergency Room -- Mental Health	18	$ 98.65	$ 0.15	0.00%	9.43%	3.74%	20	$ 115.84	$ 0.20
Professional/Other -- Mental Health	8,481	$ 27.44	$ 19.39	-0.08%	9.43%	0.14%	9,599	$ 31.08	$ 24.86
Gross Medical Total			**$ 240.66**	**-0.97%**	**3.74%**	**4.49%**			**$ 275.51**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.67**
% of Final Projected Medical	0.24%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.80**
% of Final Projected Medical	0.29%
Final Projected Medical	**$ 276.98**
Administrative Expenses PMPM	**$ 27.35**
% of Final Projected Medical	9.87%
Underwriting Gain PMPM	**$ 4.91**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 309.24**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 327.24**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Foster Care Children All Ages Male & Female
51,106

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	107	$ 1,321.90	$ 11.75	-4.12%	3.72%	5.64%	104	$ 1,511.22	$ 13.16
Outpatient Hospital	2,058	$ 49.30	$ 8.45	-0.11%	7.21%	50.90%	2,263	$ 81.83	$ 15.43
Primary Care	2,670	$ 68.15	$ 15.16	0.03%	2.73%	0.18%	2,772	$ 70.86	$ 16.37
Specialty Care	1,032	$ 144.50	$ 12.43	-0.05%	2.73%	0.02%	1,070	$ 149.99	$ 13.38
FQHC/RHC	196	$ 83.51	$ 1.37	0.06%	2.73%	0.00%	204	$ 86.67	$ 1.47
EPSDT	1,185	$ 83.45	$ 8.24	0.08%	2.73%	0.03%	1,231	$ 86.63	$ 8.88
Certified Nurse Practitioners/Clinical Nurse	75	$ 123.41	$ 0.77	0.02%	2.73%	0.00%	78	$ 128.07	$ 0.83
Lab/Radiology	2,302	$ 15.91	$ 3.05	-0.07%	1.74%	0.00%	2,356	$ 16.29	$ 3.20
Home Health	90	$ 198.74	$ 1.48	0.00%	1.74%	-0.01%	92	$ 203.48	$ 1.56
Emergency Transportation	112	$ 152.96	$ 1.42	-0.02%	4.47%	0.00%	119	$ 162.43	$ 1.61
Non-Emergency Transportation	221	$ 130.84	$ 2.41	0.00%	4.47%	-0.01%	235	$ 138.92	$ 2.72
Rehabilitation Services (OT, PT, ST)	1	$ 66.84	$ 0.01	0.00%	1.74%	0.00%	1	$ 68.44	$ 0.01
DME	4	$ 41.39	$ 0.01	0.00%	1.74%	0.00%	4	$ 42.38	$ 0.01
Clinic	8	$ 195.46	$ 0.13	-0.28%	2.73%	0.00%	8	$ 202.85	$ 0.14
Family Planning	44	$ 96.15	$ 0.35	-0.14%	2.73%	2.84%	46	$ 102.46	$ 0.39
Other	125	$ 130.38	$ 1.36	-71.64%	1.74%	0.00%	36	$ 133.51	$ 0.40
Prescribed Drugs	11,718	$ 64.79	$ 63.26	-2.05%	4.00%	-1.90%	11,823	$ 68.73	$ 67.72
Emergency Room	1,198	$ 147.15	$ 14.69	-2.67%	7.21%	1.52%	1,318	$ 160.08	$ 17.58
Basic Behavioral Health	1,432	$ 46.44	$ 5.54	0.02%	2.73%	0.00%	1,487	$ 48.19	$ 5.97
Hospice	6	$ 161.37	$ 0.08	0.00%	3.72%	0.00%	5	$ 182.13	$ 0.08
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	377	$ 553.66	$ 17.37	1.13%	0.33%	26.87%	371	$ 726.79	$ 22.49
Emergency Room -- Mental Health	4	$ 133.98	$ 0.05	0.00%	9.18%	4.68%	5	$ 158.25	$ 0.07
Professional/Other -- Mental Health	52,582	$ 26.86	$ 117.71	0.00%	9.18%	1.77%	59,329	$ 30.85	$ 152.51
Gross Medical Total			**$ 287.12**	**-1.03%**	**6.01%**	**3.70%**			**$ 346.00**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 81.45**
% Credibility Adjustment	23.54%
PET Scans Adjustment	**$ 0.07**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 8.34**
% of Final Projected Medical	1.91%
New Benefits Add Ons & Outliers	**$ 0.49**
% of Final Projected Medical	0.11%
Final Projected Medical	**$ 436.35**
Administrative Expenses PMPM	**$ 30.72**
% of Final Projected Medical	7.04%
Underwriting Gain PMPM	**$ 7.53**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 474.60**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 502.22**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
BCC All Ages
1,139

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,306	$ 1,047.00	$ 113.91	-2.27%	2.97%	13.11%	1,279	$ 1,280.76	$ 136.49
Outpatient Hospital	54,611	$ 125.30	$ 570.24	-0.07%	4.97%	1.97%	58,380	$ 136.49	$ 664.03
Primary Care	7,616	$ 78.13	$ 49.58	2.35%	0.99%	-3.21%	7,720	$ 78.46	$ 50.47
Specialty Care	5,041	$ 217.31	$ 91.28	1.93%	0.99%	1.27%	5,110	$ 227.38	$ 96.82
FQHC/RHC	142	$ 122.44	$ 1.44	1.93%	0.99%	1.41%	144	$ 128.29	$ 1.53
EPSDT	-	$ -	$ -	1.93%	0.99%	1.42%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	495	$ 132.80	$ 5.47	1.93%	0.99%	1.41%	501	$ 139.15	$ 5.81
Lab/Radiology	14,345	$ 64.96	$ 77.65	1.93%	3.72%	1.41%	15,084	$ 70.60	$ 88.75
Home Health	275	$ 55.74	$ 1.28	1.93%	3.72%	1.41%	289	$ 60.59	$ 1.46
Emergency Transportation	158	$ 175.16	$ 2.31	1.93%	1.74%	1.41%	162	$ 185.38	$ 2.50
Non-Emergency Transportation	3,755	$ 64.72	$ 20.25	1.93%	1.74%	1.41%	3,845	$ 68.50	$ 21.95
Rehabilitation Services (OT, PT, ST)	6	$ 189.54	$ 0.10	1.93%	3.72%	1.41%	7	$ 206.01	$ 0.11
DME	65,789	$ 2.10	$ 11.53	1.93%	3.72%	1.41%	69,180	$ 2.29	$ 13.18
Clinic	22	$ 190.62	$ 0.35	1.93%	0.99%	1.41%	22	$ 199.73	$ 0.37
Family Planning	13	$ 93.78	$ 0.10	1.93%	0.99%	1.41%	13	$ 98.26	$ 0.11
Other	80	$ 21.04	$ 0.14	1.93%	3.72%	1.41%	84	$ 22.87	$ 0.16
Prescribed Drugs	54,943	$ 73.12	$ 334.79	1.72%	11.57%	-0.40%	57,582	$ 95.50	$ 458.28
Emergency Room	2,739	$ 230.46	$ 52.61	-0.81%	4.97%	-1.22%	2,928	$ 241.40	$ 58.90
Basic Behavioral Health	191	$ 59.90	$ 0.95	1.93%	0.99%	1.41%	193	$ 62.76	$ 1.01
Hospice	565	$ 171.99	$ 8.10	1.93%	2.97%	1.41%	553	$ 196.71	$ 9.07
Personal Care Services	-	$ -	$ -	1.93%	3.72%	1.42%	-	$ -	$ -
Inpatient Services -- Mental Health	65	$ 604.16	$ 3.29	2.09%	4.66%	26.03%	64	$ 896.33	$ 4.80
Emergency Room -- Mental Health	17	$ 488.42	$ 0.70	1.93%	9.43%	7.10%	20	$ 603.47	$ 0.99
Professional/Other -- Mental Health	1,848	$ 49.04	$ 7.55	1.92%	9.43%	5.51%	2,092	$ 59.68	$ 10.40
Gross Medical Total			**$ 1,353.65**	**0.59%**	**5.99%**	**1.83%**			**$ 1,627.21**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 6.98**
% Credibility Adjustment	0.43%
PET Scans Adjustment	**$ 50.15**
% of Final Projected Medical	2.98%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.17**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 1,684.51**
Administrative Expenses PMPM	**$ 91.35**
% of Final Projected Medical	5.42%
Underwriting Gain PMPM	**$ 28.64**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,804.50**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,909.52**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
LAP All Ages
11,719

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	19	$ 1,309.65	$ 2.08	-4.12%	3.72%	11.29%	19	$ 1,577.26	$ 2.45
Outpatient Hospital	1,981	$ 53.86	$ 8.89	-0.01%	7.21%	34.62%	2,180	$ 79.78	$ 14.49
Primary Care	2,922	$ 69.15	$ 16.84	0.00%	2.73%	0.27%	3,032	$ 71.96	$ 18.18
Specialty Care	1,132	$ 122.33	$ 11.54	0.00%	2.73%	0.05%	1,174	$ 127.02	$ 12.43
FQHC/RHC	92	$ 99.52	$ 0.76	0.00%	2.73%	-0.11%	96	$ 103.17	$ 0.82
EPSDT	1,204	$ 74.93	$ 7.52	0.00%	2.73%	0.00%	1,249	$ 77.77	$ 8.10
Certified Nurse Practitioners/Clinical Nurse	66	$ 128.02	$ 0.70	0.00%	2.73%	0.00%	68	$ 132.86	$ 0.76
Lab/Radiology	2,108	$ 17.51	$ 3.08	0.00%	1.74%	0.00%	2,159	$ 17.93	$ 3.23
Home Health	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Emergency Transportation	18	$ 160.51	$ 0.24	0.00%	4.47%	0.00%	19	$ 170.46	$ 0.27
Non-Emergency Transportation	50	$ 166.67	$ 0.70	0.00%	4.47%	-0.07%	53	$ 176.86	$ 0.79
Rehabilitation Services (OT, PT, ST)	7	$ 119.41	$ 0.07	0.00%	1.74%	0.00%	7	$ 122.27	$ 0.08
DME	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Clinic	16	$ 215.47	$ 0.28	0.00%	2.73%	0.00%	16	$ 223.61	$ 0.31
Family Planning	40	$ 66.72	$ 0.22	0.00%	2.73%	0.11%	42	$ 69.32	$ 0.24
Other	306	$ 117.53	$ 3.00	7.40%	1.74%	0.00%	336	$ 120.34	$ 3.37
Prescribed Drugs	8,891	$ 58.34	$ 43.23	-1.11%	1.03%	-3.80%	8,740	$ 58.07	$ 42.30
Emergency Room	823	$ 153.50	$ 10.53	-2.61%	7.21%	-2.10%	906	$ 161.06	$ 12.16
Basic Behavioral Health	612	$ 54.08	$ 2.76	0.00%	2.73%	0.00%	635	$ 56.13	$ 2.97
Hospice	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	37	$ 485.47	$ 1.50	0.00%	0.74%	31.01%	36	$ 658.13	$ 2.00
Emergency Room -- Mental Health	3	$ 82.36	$ 0.02	0.00%	9.18%	0.00%	4	$ 92.93	$ 0.03
Professional/Other -- Mental Health	7,228	$ 19.26	$ 11.60	0.00%	9.18%	0.00%	8,156	$ 21.73	$ 14.77
Gross Medical Total			**$ 125.56**	**-0.50%**	**3.46%**	**1.87%**			**$ 139.74**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 15.11**
% Credibility Adjustment	10.81%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 11.74**
% of Final Projected Medical	7.03%
New Benefits Add Ons & Outliers	**$ 0.42**
% of Final Projected Medical	0.25%
Final Projected Medical	**$ 167.06**
Administrative Expenses PMPM	**$ 20.47**
% of Final Projected Medical	12.25%
Underwriting Gain PMPM	**$ 3.02**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 190.56**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 201.65**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Child 1 - 20 Years
1,514

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,303	$ 1,241.23	$ 134.77	-4.12%	2.97%	6.55%	1,276	$ 1,403.23	$ 149.24
Outpatient Hospital	8,805	$ 48.86	$ 35.85	-0.06%	6.47%	63.74%	9,597	$ 87.14	$ 69.70
Primary Care	3,155	$ 64.28	$ 16.90	0.00%	2.98%	0.33%	3,285	$ 67.15	$ 18.39
Specialty Care	2,181	$ 284.64	$ 51.73	0.00%	2.98%	0.09%	2,271	$ 296.64	$ 56.14
FQHC/RHC	44	$ 75.85	$ 0.28	0.00%	2.98%	0.00%	46	$ 78.98	$ 0.30
EPSDT	1,144	$ 1,155.75	$ 110.19	0.00%	2.98%	0.00%	1,191	$ 1,203.44	$ 119.46
Certified Nurse Practitioners/Clinical Nurse	201	$ 134.25	$ 2.25	0.00%	2.98%	0.00%	209	$ 139.79	$ 2.44
Lab/Radiology	2,600	$ 18.52	$ 4.01	0.00%	0.99%	0.00%	2,636	$ 18.78	$ 4.12
Home Health	6,649	$ 247.85	$ 137.33	0.00%	0.99%	0.00%	6,740	$ 251.24	$ 141.11
Emergency Transportation	423	$ 235.62	$ 8.30	0.00%	8.43%	0.00%	472	$ 263.37	$ 10.37
Non-Emergency Transportation	1,050	$ 125.94	$ 11.02	0.00%	8.43%	0.00%	1,173	$ 140.76	$ 13.76
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
DME	351	$ 1.01	$ 0.03	0.00%	0.99%	0.00%	356	$ 1.02	$ 0.03
Clinic	17	$ 91.82	$ 0.13	0.00%	2.98%	1.90%	18	$ 97.42	$ 0.14
Family Planning	34	$ 30.79	$ 0.09	0.00%	2.98%	0.00%	35	$ 32.06	$ 0.09
Other	8,042	$ 128.60	$ 86.18	-1.32%	0.99%	0.00%	8,044	$ 130.36	$ 87.38
Prescribed Drugs	35,128	$ 72.90	$ 213.40	-3.45%	4.39%	-2.80%	36,273	$ 74.56	$ 225.39
Emergency Room	1,524	$ 164.37	$ 20.87	-2.61%	6.47%	-0.18%	1,661	$ 174.16	$ 24.10
Basic Behavioral Health	1,861	$ 73.90	$ 11.46	0.00%	2.98%	0.00%	1,938	$ 76.95	$ 12.43
Hospice	158	$ 161.37	$ 2.12	0.00%	2.97%	0.00%	155	$ 178.56	$ 2.30
Personal Care Services	620,940	$ 2.52	$ 130.22	0.00%	0.99%	0.00%	629,430	$ 2.55	$ 133.81
Inpatient Services -- Mental Health	448	$ 457.06	$ 17.06	0.00%	0.74%	28.24%	442	$ 606.51	$ 22.33
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.47%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	32,929	$ 23.60	$ 64.75	0.00%	4.47%	2.72%	34,969	$ 25.74	$ 75.01
Gross Medical Total			**$ 1,058.94**	**-1.38%**	**2.95%**	**3.25%**			**$ 1,168.05**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 216.16**
% Credibility Adjustment	18.51%
PET Scans Adjustment	**$ 0.64**
% of Final Projected Medical	0.05%
ABA Adjustment	**$ 13.08**
% of Final Projected Medical	0.94%
New Benefits Add Ons & Outliers	**$ 0.40**
% of Final Projected Medical	0.03%
Final Projected Medical	**$ 1,398.34**
Administrative Expenses PMPM	**$ 76.94**
% of Final Projected Medical	5.50%
Underwriting Gain PMPM	**$ 23.79**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,499.07**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,586.32**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Adult 21+ Years
4,914

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,143	$ 1,151.06	$ 109.69	-4.12%	2.97%	18.13%	1,120	$ 1,442.61	$ 134.65
Outpatient Hospital	9,576	$ 51.39	$ 41.01	-0.04%	4.97%	21.25%	10,236	$ 66.59	$ 56.80
Primary Care	5,871	$ 78.37	$ 38.34	0.00%	0.99%	0.26%	5,951	$ 79.65	$ 39.50
Specialty Care	2,708	$ 180.14	$ 40.65	0.00%	0.99%	0.28%	2,745	$ 183.11	$ 41.88
FQHC/RHC	305	$ 93.60	$ 2.38	0.00%	0.99%	-0.15%	309	$ 94.74	$ 2.44
EPSDT	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	169	$ 110.88	$ 1.56	0.00%	0.99%	-0.01%	171	$ 112.38	$ 1.60
Lab/Radiology	6,055	$ 18.70	$ 9.43	0.00%	3.72%	-0.01%	6,367	$ 19.66	$ 10.43
Home Health	689	$ 56.94	$ 3.27	0.00%	3.72%	-0.01%	724	$ 59.87	$ 3.61
Emergency Transportation	715	$ 126.13	$ 7.51	0.00%	1.74%	-0.01%	732	$ 129.14	$ 7.87
Non-Emergency Transportation	6,171	$ 68.41	$ 35.18	0.00%	1.74%	-0.01%	6,318	$ 70.04	$ 36.88
Rehabilitation Services (OT, PT, ST)	43	$ 77.98	$ 0.28	0.00%	3.72%	-0.01%	45	$ 81.99	$ 0.31
DME	145,791	$ 3.27	$ 39.73	0.00%	3.72%	-0.01%	153,306	$ 3.44	$ 43.93
Clinic	188	$ 246.21	$ 3.86	0.00%	0.99%	0.09%	191	$ 249.81	$ 3.97
Family Planning	75	$ 84.91	$ 0.53	-0.06%	0.99%	3.40%	76	$ 88.95	$ 0.56
Other	2,038	$ 14.76	$ 2.51	0.00%	3.72%	-0.01%	2,143	$ 15.52	$ 2.77
Prescribed Drugs	62,596	$ 90.39	$ 471.52	-3.45%	4.39%	-2.79%	64,637	$ 92.47	$ 498.06
Emergency Room	2,914	$ 211.48	$ 51.35	-2.62%	4.97%	-0.16%	3,115	$ 219.80	$ 57.06
Basic Behavioral Health	945	$ 46.43	$ 3.66	0.00%	0.99%	-0.01%	958	$ 47.06	$ 3.76
Hospice	605	$ 129.08	$ 6.51	0.00%	2.97%	-0.01%	593	$ 142.83	$ 7.05
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	433	$ 526.04	$ 18.97	5.90%	2.54%	21.50%	425	$ 737.84	$ 26.15
Emergency Room -- Mental Health	6	$ 93.10	$ 0.05	0.00%	9.43%	2.31%	7	$ 107.80	$ 0.06
Professional/Other -- Mental Health	19,663	$ 23.41	$ 38.35	0.00%	9.43%	-0.01%	22,256	$ 26.49	$ 49.13
Gross Medical Total			**$ 926.31**	**-2.27%**	**3.96%**	**2.09%**			**$ 1,028.47**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 125.19**
% Credibility Adjustment	12.17%
PET Scans Adjustment	**$ 1.22**
% of Final Projected Medical	0.10%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 3.95**
% of Final Projected Medical	0.34%
Final Projected Medical	**$ 1,158.83**
Administrative Expenses PMPM	**$ 54.66**
% of Final Projected Medical	4.72%
Underwriting Gain PMPM	**$ 19.57**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,233.06**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,304.83**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
CCM All Ages
9,671

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	502	$ 1,614.10	$ 67.56	-4.12%	2.97%	5.48%	492	$ 1,806.30	$ 74.06
Outpatient Hospital	10,339	$ 46.30	$ 39.90	-0.10%	6.47%	54.32%	11,270	$ 77.81	$ 73.07
Primary Care	3,879	$ 77.67	$ 25.11	0.00%	2.98%	0.14%	4,039	$ 80.99	$ 27.26
Specialty Care	2,366	$ 143.66	$ 28.32	0.00%	2.98%	0.03%	2,463	$ 149.63	$ 30.72
FQHC/RHC	117	$ 93.66	$ 0.91	0.00%	2.98%	-0.25%	122	$ 97.27	$ 0.99
EPSDT	1,160	$ 671.98	$ 64.95	0.00%	2.98%	0.02%	1,208	$ 699.83	$ 70.43
Certified Nurse Practitioners/Clinical Nurse	198	$ 150.50	$ 2.48	0.00%	2.98%	0.00%	206	$ 156.71	$ 2.69
Lab/Radiology	2,701	$ 26.71	$ 6.01	0.00%	0.99%	0.00%	2,738	$ 27.08	$ 6.18
Home Health	3,128	$ 311.57	$ 81.22	0.00%	0.99%	0.00%	3,171	$ 315.83	$ 83.46
Emergency Transportation	257	$ 154.76	$ 3.31	0.00%	8.43%	0.00%	287	$ 172.99	$ 4.14
Non-Emergency Transportation	2,458	$ 59.59	$ 12.21	0.00%	8.43%	0.00%	2,748	$ 66.60	$ 15.25
Rehabilitation Services (OT, PT, ST)	88	$ 107.67	$ 0.79	0.00%	0.99%	0.00%	90	$ 109.15	$ 0.81
DME	5	$ 3.69	$ 0.00	0.00%	0.99%	0.00%	5	$ 3.74	$ 0.00
Clinic	14	$ 155.02	$ 0.18	0.00%	2.98%	0.00%	14	$ 161.41	$ 0.19
Family Planning	14	$ 91.83	$ 0.11	-0.07%	2.98%	1.15%	15	$ 96.65	$ 0.12
Other	16,923	$ 77.21	$ 108.88	-17.28%	0.99%	0.00%	14,190	$ 78.26	$ 92.54
Prescribed Drugs	23,905	$ 74.60	$ 148.61	-2.28%	5.55%	-1.80%	25,179	$ 78.86	$ 165.47
Emergency Room	1,865	$ 142.47	$ 22.14	-2.61%	6.47%	4.11%	2,033	$ 157.44	$ 26.67
Basic Behavioral Health	3,182	$ 109.88	$ 29.13	0.00%	2.98%	0.00%	3,313	$ 114.41	$ 31.59
Hospice	31	$ 165.52	$ 0.43	0.00%	2.97%	0.00%	31	$ 183.16	$ 0.47
Personal Care Services	235,399	$ 2.53	$ 49.54	0.00%	0.99%	0.00%	238,617	$ 2.56	$ 50.90
Inpatient Services -- Mental Health	674	$ 490.11	$ 27.52	-0.01%	0.74%	22.66%	665	$ 621.99	$ 34.45
Emergency Room -- Mental Health	3	$ 48.87	$ 0.01	0.00%	4.47%	0.00%	3	$ 51.89	$ 0.01
Professional/Other -- Mental Health	57,783	$ 23.63	$ 113.80	0.00%	4.47%	0.76%	61,363	$ 25.29	$ 129.31
Gross Medical Total			**$ 833.13**	**-3.07%**	**3.42%**	**3.95%**			**$ 920.78**

Notes:

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2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (28.99)**
% Credibility Adjustment	-3.15%
PET Scans Adjustment	**$ 0.36**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 176.25**
% of Final Projected Medical	16.49%
New Benefits Add Ons & Outliers	**$ 0.21**
% of Final Projected Medical	0.02%
Final Projected Medical	**$ 1,068.61**
Administrative Expenses PMPM	**$ 76.40**
% of Final Projected Medical	7.15%
Underwriting Gain PMPM	**$ 18.47**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,163.47**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,231.19**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - CCM All Ages
11,112

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,165	$ 60.43	$ 5.87	0.00%	0.99%	0.00%	1,181	$ 61.26	$ 6.03
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	450	$ 463.43	$ 17.37	-0.01%	0.49%	29.97%	453	$ 606.36	$ 22.89
Emergency Room -- Mental Health	0	$ 42.80	$ 0.00	0.00%	9.18%	0.00%	0	$ 48.29	$ 0.00
Professional/Other -- Mental Health	53,833	$ 18.51	$ 83.05	0.00%	9.18%	0.58%	60,740	$ 21.01	$ 106.33
Gross Medical Total			**$ 106.29**	**0.00%**	**7.41%**	**4.55%**			**$ 135.25**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (6.13)**
% Credibility Adjustment	-4.53%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 117.69**
% of Final Projected Medical	47.66%
New Benefits Add Ons & Outliers	**$ 0.14**
% of Final Projected Medical	0.06%
Final Projected Medical	**$ 246.94**
Administrative Expenses PMPM	**$ 13.20**
% of Final Projected Medical	5.35%
Underwriting Gain PMPM	**$ 4.20**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 264.34**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 279.72**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Dual Eligible All Ages
348,821

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,867	$ 34.46	$ 8.23	-0.47%	4.72%	0.00%	3,055	$ 36.54	$ 9.30
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	38	$ 297.30	$ 0.95	-3.66%	0.44%	24.12%	39	$ 356.15	$ 1.14
Emergency Room -- Mental Health	0	$ 223.51	$ 0.01	-0.47%	9.43%	20.83%	0	$ 304.23	$ 0.01
Professional/Other -- Mental Health	2,857	$ 32.13	$ 7.65	-0.49%	9.43%	0.39%	3,233	$ 36.32	$ 9.79
Gross Medical Total			**$ 16.83**	**-0.66%**	**6.69%**	**1.31%**			**$ 20.24**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.01**
% of Final Projected Medical	0.05%
Final Projected Medical	**$ 20.25**
Administrative Expenses PMPM	**$ 4.30**
% of Final Projected Medical	21.21%
Underwriting Gain PMPM	**$ 0.40**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 24.94**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 26.40**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Child 1 - 20 Years
5,313

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	618	$ 137.73	$ 7.09	0.00%	0.99%	0.00%	626	$ 139.62	$ 7.29
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	157	$ 492.04	$ 6.45	0.00%	0.74%	28.12%	159	$ 636.87	$ 8.43
Emergency Room -- Mental Health	1	$ 86.64	$ 0.01	0.00%	9.18%	0.00%	1	$ 97.76	$ 0.01
Professional/Other -- Mental Health	15,682	$ 18.06	$ 23.60	0.00%	9.18%	0.00%	17,694	$ 20.38	$ 30.04
Gross Medical Total			**$ 37.15**	**0.00%**	**6.28%**	**4.21%**			**$ 45.77**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (7.49)**
% Credibility Adjustment	-16.36%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 16.38**
% of Final Projected Medical	29.90%
New Benefits Add Ons & Outliers	**$ 0.12**
% of Final Projected Medical	0.22%
Final Projected Medical	**$ 54.78**
Administrative Expenses PMPM	**$ 6.32**
% of Final Projected Medical	11.53%
Underwriting Gain PMPM	**$ 0.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 62.08**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 65.69**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Adult 21+ Years
11,363

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,335	$ 104.84	$ 11.67	0.00%	0.99%	0.00%	1,354	$ 106.28	$ 11.99
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	2.61%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	313	$ 524.75	$ 13.67	2.79%	-0.27%	21.68%	316	$ 644.91	$ 16.97
Emergency Room -- Mental Health	1	$ 338.70	$ 0.03	0.00%	9.43%	-11.49%	1	$ 339.31	$ 0.04
Professional/Other -- Mental Health	6,893	$ 28.57	$ 16.41	-0.01%	9.43%	0.07%	7,802	$ 32.36	$ 21.04
Gross Medical Total			**$ 41.78**	**0.91%**	**4.03%**	**6.46%**			**$ 50.03**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 4.23**
% Credibility Adjustment	8.46%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.21**
% of Final Projected Medical	0.39%
Final Projected Medical	**$ 54.48**
Administrative Expenses PMPM	**$ 6.78**
% of Final Projected Medical	12.44%
Underwriting Gain PMPM	**$ 0.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 62.25**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 65.87**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Other All Ages
11,397

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,998	$ 145.60	$ 36.38	-0.01%	0.99%	-6.10%	3,039	$ 138.57	$ 35.10
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,555	$ 517.04	$ 67.01	-2.04%	0.30%	16.24%	1,577	$ 585.59	$ 76.94
Emergency Room -- Mental Health	2	$ 277.59	$ 0.05	0.03%	9.43%	53.20%	2	$ 481.47	$ 0.09
Professional/Other -- Mental Health	8,418	$ 30.94	$ 21.71	-0.67%	9.43%	-2.39%	9,528	$ 33.96	$ 26.96
Gross Medical Total			**$ 125.15**	**-1.21%**	**2.20%**	**5.98%**			**$ 139.09**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (8.85)**
% Credibility Adjustment	-6.37%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 0.06**
% of Final Projected Medical	0.05%
New Benefits Add Ons & Outliers	**$ 0.10**
% of Final Projected Medical	0.08%
Final Projected Medical	**$ 130.40**
Administrative Expenses PMPM	**$ 15.08**
% of Final Projected Medical	11.56%
Underwriting Gain PMPM	**$ 2.35**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 147.82**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 156.43**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 3 - 11 Months
112,644

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

South Central	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	330	$ 1,540.68	$ 42.32	-4.12%	0.74%	6.96%	325	$ 1,634.93	$ 44.29
Outpatient Hospital	2,368	$ 46.96	$ 9.26	-0.03%	3.28%	37.27%	2,483	$ 67.13	$ 13.89
Primary Care	6,753	$ 64.94	$ 36.55	0.00%	2.77%	-0.02%	6,894	$ 68.56	$ 39.39
Specialty Care	1,051	$ 176.13	$ 15.42	0.00%	2.77%	0.00%	1,073	$ 185.99	$ 16.63
FQHC/RHC	260	$ 84.71	$ 1.83	0.00%	2.77%	-0.05%	265	$ 89.41	$ 1.97
EPSDT	3,177	$ 100.83	$ 26.70	0.00%	2.77%	0.00%	3,243	$ 106.48	$ 28.78
Certified Nurse Practitioners/Clinical Nurse	87	$ 124.84	$ 0.91	0.00%	2.77%	0.00%	89	$ 131.83	$ 0.98
Lab/Radiology	2,592	$ 15.51	$ 3.35	0.00%	1.74%	0.00%	2,655	$ 15.88	$ 3.51
Home Health	130	$ 96.81	$ 1.05	0.00%	1.74%	-0.01%	133	$ 99.12	$ 1.10
Emergency Transportation	88	$ 180.06	$ 1.31	0.00%	1.74%	0.00%	90	$ 184.37	$ 1.38
Non-Emergency Transportation	303	$ 74.99	$ 1.90	0.00%	1.74%	-0.02%	311	$ 76.77	$ 1.99
Rehabilitation Services (OT, PT, ST)	0	$ 524.51	$ 0.00	0.00%	1.74%	0.00%	0	$ 537.09	$ 0.00
DME	13	$ 12.90	$ 0.01	0.00%	1.74%	0.00%	13	$ 13.21	$ 0.01
Clinic	14	$ 225.85	$ 0.27	0.00%	2.77%	0.00%	15	$ 238.49	$ 0.29
Family Planning	0	$ 426.49	$ 0.00	0.00%	2.77%	0.00%	0	$ 450.36	$ 0.00
Other	155	$ 178.21	$ 2.30	-27.21%	1.74%	0.00%	115	$ 182.48	$ 1.75
Prescribed Drugs	8,764	$ 24.69	$ 18.03	-1.65%	1.99%	-3.10%	8,862	$ 24.57	$ 18.14
Emergency Room	2,966	$ 112.37	$ 27.77	-2.61%	3.28%	0.25%	3,111	$ 114.30	$ 29.63
Basic Behavioral Health	4	$ 62.22	$ 0.02	0.00%	2.77%	0.00%	5	$ 65.70	$ 0.02
Hospice	0	$ 826.63	$ 0.02	0.00%	0.74%	0.00%	0	$ 855.36	$ 0.02
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	-	$ -	$ -	0.00%	0.74%	0.00%	-	$ -	$ -
Emergency Room -- Mental Health	13	$ 95.43	$ 0.10	0.00%	0.75%	5.82%	13	$ 101.68	$ 0.11
Professional/Other -- Mental Health	383	$ 33.43	$ 1.07	0.00%	0.75%	0.44%	389	$ 33.81	$ 1.10
Gross Medical Total			**$ 190.21**	**-1.78%**	**2.30%**	**3.09%**			**$ 204.99**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.04**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.29**
% of Final Projected Medical	0.63%
Final Projected Medical	**$ 206.32**
Administrative Expenses PMPM	**$ 26.25**
% of Final Projected Medical	12.72%
Underwriting Gain PMPM	**$ 3.75**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 236.33**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 250.08**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 0 - 2 Months
131

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	98,050	$ 1,193.08	$ 9,748.45	-4.12%	-0.25%	4.52%	97,377	$ 1,195.62	$ 9,702.17
Outpatient Hospital	11,407	$ 44.28	$ 42.09	0.00%	5.06%	33.68%	12,208	$ 63.35	$ 64.45
Primary Care	12,927	$ 902.62	$ 972.38	0.00%	3.01%	0.00%	13,836	$ 915.08	$ 1,055.08
Specialty Care	27,373	$ 968.83	$ 2,209.94	0.00%	3.01%	0.00%	29,296	$ 982.20	$ 2,397.88
FQHC/RHC	81	$ 98.70	$ 0.66	0.00%	3.01%	0.00%	86	$ 100.07	$ 0.72
EPSDT	2,256	$ 146.70	$ 27.58	0.00%	3.01%	0.00%	2,415	$ 148.73	$ 29.93
Certified Nurse Practitioners/Clinical Nurse	782	$ 210.85	$ 13.74	0.00%	3.01%	0.00%	837	$ 213.76	$ 14.91
Lab/Radiology	86,039	$ 12.22	$ 87.61	0.00%	3.02%	0.00%	89,634	$ 12.73	$ 95.09
Home Health	354	$ 91.52	$ 2.70	0.00%	3.02%	0.00%	368	$ 95.35	$ 2.93
Emergency Transportation	589	$ 416.25	$ 20.42	0.00%	2.49%	0.00%	634	$ 413.40	$ 21.85
Non-Emergency Transportation	5,363	$ 151.34	$ 67.63	0.00%	2.49%	0.00%	5,778	$ 150.30	$ 72.37
Rehabilitation Services (OT, PT, ST)	27	$ 33.58	$ 0.08	0.00%	3.02%	0.00%	28	$ 34.98	$ 0.08
DME	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Other	2,613	$ 119.75	$ 26.08	-13.41%	3.02%	0.00%	2,357	$ 124.75	$ 24.50
Prescribed Drugs	3,534	$ 78.80	$ 23.21	-1.46%	-0.12%	-3.90%	3,585	$ 73.32	$ 21.91
Emergency Room	2,186	$ 123.59	$ 22.51	-2.60%	5.06%	12.47%	2,339	$ 144.90	$ 28.25
Basic Behavioral Health	-	$ -	$ -	0.00%	3.01%	0.00%	-	$ -	$ -
Hospice	2,018	$ 146.53	$ 24.64	0.00%	-0.25%	0.00%	2,004	$ 146.53	$ 24.48
Personal Care Services	-	$ -	$ -	0.00%	3.02%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	134	$ 1,363.77	$ 15.20	0.00%	5.05%	0.00%	139	$ 1,499.09	$ 17.41
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	4.28%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	108	$ 62.74	$ 0.57	0.00%	4.28%	0.00%	111	$ 68.74	$ 0.64
Gross Medical Total			**$ 13,305.49**	**-3.05%**	**0.66%**	**3.33%**			**$ 13,574.62**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 3,768.28**
% Credibility Adjustment	27.76%
PET Scans Adjustment	**$ 0.62**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1,618.23**
% of Final Projected Medical	8.53%
Final Projected Medical	**$ 18,961.75**
Administrative Expenses PMPM	**$ 940.16**
% of Final Projected Medical	4.96%
Underwriting Gain PMPM	**$ 321.00**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 20,222.91**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 21,399.91**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 3 - 11 Months
1,724

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	7,120	$ 1,917.93	$ 1,137.95	-4.12%	-0.25%	5.28%	7,071	$ 1,936.01	$ 1,140.80
Outpatient Hospital	20,431	$ 64.61	$ 110.00	-0.09%	5.06%	20.51%	21,854	$ 83.30	$ 151.71
Primary Care	12,690	$ 150.78	$ 159.45	0.00%	3.01%	0.03%	13,582	$ 152.91	$ 173.07
Specialty Care	9,170	$ 363.80	$ 278.02	0.00%	3.01%	0.12%	9,815	$ 369.28	$ 302.03
FQHC/RHC	400	$ 98.15	$ 3.27	0.00%	3.01%	-0.01%	428	$ 99.50	$ 3.55
EPSDT	2,663	$ 370.08	$ 82.12	0.01%	3.01%	0.00%	2,850	$ 375.18	$ 89.11
Certified Nurse Practitioners/Clinical Nurse	496	$ 175.50	$ 7.26	0.00%	3.01%	-0.01%	531	$ 177.92	$ 7.88
Lab/Radiology	11,537	$ 14.26	$ 13.71	0.00%	3.02%	0.05%	12,019	$ 14.86	$ 14.89
Home Health	5,949	$ 273.00	$ 135.35	0.11%	3.02%	-0.01%	6,205	$ 284.39	$ 147.05
Emergency Transportation	476	$ 349.68	$ 13.86	0.00%	2.49%	0.29%	513	$ 348.28	$ 14.87
Non-Emergency Transportation	5,013	$ 101.53	$ 42.41	0.00%	2.49%	0.38%	5,401	$ 101.21	$ 45.55
Rehabilitation Services (OT, PT, ST)	50	$ 86.09	$ 0.36	0.00%	3.02%	-0.01%	52	$ 89.68	$ 0.39
DME	634	$ 1.53	$ 0.08	0.00%	3.02%	-0.01%	661	$ 1.59	$ 0.09
Clinic	-	$ -	$ -	0.00%	3.01%	-0.01%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	3.01%	-0.01%	-	$ -	$ -
Other	17,292	$ 168.18	$ 242.35	-3.96%	3.02%	-0.01%	17,301	$ 175.20	$ 252.60
Prescribed Drugs	14,601	$ 378.99	$ 461.14	-1.46%	1.92%	-3.90%	14,692	$ 375.89	$ 460.20
Emergency Room	4,353	$ 158.44	$ 57.47	-2.61%	5.06%	0.25%	4,658	$ 165.55	$ 64.27
Basic Behavioral Health	41	$ 68.59	$ 0.23	0.00%	3.01%	-0.01%	44	$ 69.53	$ 0.25
Hospice	379	$ 120.86	$ 3.82	0.00%	-0.25%	0.33%	377	$ 121.26	$ 3.81
Personal Care Services	374	$ 2.53	$ 0.08	0.00%	3.02%	-0.01%	390	$ 2.64	$ 0.09
Inpatient Services -- Mental Health	6	$ 950.00	$ 0.49	0.00%	5.05%	-0.01%	6	$ 1,044.19	$ 0.57
Emergency Room -- Mental Health	6	$ 96.16	$ 0.05	0.00%	4.28%	-0.01%	6	$ 105.34	$ 0.06
Professional/Other -- Mental Health	1,721	$ 41.55	$ 5.96	0.00%	4.28%	1.29%	1,762	$ 46.11	$ 6.77
Gross Medical Total			**$ 2,755.44**	**-2.35%**	**1.65%**	**2.32%**			**$ 2,879.58**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 788.09**
% Credibility Adjustment	27.37%
PET Scans Adjustment	**$ 0.16**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 125.94**
% of Final Projected Medical	3.32%
Final Projected Medical	**$ 3,793.77**
Administrative Expenses PMPM	**$ 182.68**
% of Final Projected Medical	4.82%
Underwriting Gain PMPM	**$ 64.14**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 4,040.59**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 4,275.75**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Child 1 - 20 Years
112,513

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	434	$ 1,611.26	$ 58.25	-4.20%	-0.25%	5.56%	430	$ 1,630.71	$ 58.50
Outpatient Hospital	6,177	$ 51.59	$ 26.55	-0.39%	1.51%	23.20%	6,302	$ 64.66	$ 33.95
Primary Care	2,823	$ 78.66	$ 18.51	0.06%	1.51%	0.03%	2,902	$ 79.80	$ 19.30
Specialty Care	1,277	$ 142.38	$ 15.15	-0.11%	1.51%	0.00%	1,311	$ 144.33	$ 15.77
FQHC/RHC	283	$ 89.66	$ 2.12	0.09%	1.51%	0.34%	291	$ 91.21	$ 2.21
EPSDT	1,017	$ 215.62	$ 18.28	0.14%	1.51%	0.01%	1,047	$ 218.56	$ 19.07
Certified Nurse Practitioners/Clinical Nurse	88	$ 126.76	$ 0.93	0.03%	1.51%	0.00%	91	$ 128.52	$ 0.97
Lab/Radiology	2,629	$ 18.01	$ 3.95	-0.08%	3.02%	0.00%	2,737	$ 18.77	$ 4.28
Home Health	677	$ 285.13	$ 16.08	0.14%	3.02%	0.00%	706	$ 297.04	$ 17.47
Emergency Transportation	98	$ 189.12	$ 1.54	-0.01%	1.99%	0.02%	104	$ 187.87	$ 1.63
Non-Emergency Transportation	1,352	$ 50.25	$ 5.66	0.01%	1.99%	0.00%	1,437	$ 49.91	$ 5.98
Rehabilitation Services (OT, PT, ST)	20	$ 107.63	$ 0.18	-0.02%	3.02%	0.00%	21	$ 112.13	$ 0.19
DME	23	$ 2.58	$ 0.00	0.00%	3.02%	0.00%	24	$ 2.69	$ 0.01
Clinic	45	$ 269.34	$ 1.00	-0.01%	1.51%	0.01%	46	$ 273.08	$ 1.05
Family Planning	51	$ 70.06	$ 0.30	-0.04%	1.51%	1.87%	53	$ 72.32	$ 0.32
Other	3,604	$ 134.49	$ 40.40	-0.18%	3.02%	0.00%	3,748	$ 140.12	$ 43.77
Prescribed Drugs	13,305	$ 99.72	$ 110.57	-1.57%	6.46%	-3.90%	13,369	$ 111.50	$ 124.22
Emergency Room	1,810	$ 155.31	$ 23.42	-2.68%	1.51%	1.53%	1,846	$ 156.75	$ 24.11
Basic Behavioral Health	1,609	$ 43.84	$ 5.88	-2.54%	1.51%	0.01%	1,612	$ 44.45	$ 5.97
Hospice	68	$ 31.55	$ 0.18	0.00%	-0.25%	0.69%	67	$ 31.77	$ 0.18
Personal Care Services	5,278	$ 2.52	$ 1.11	-0.49%	3.02%	0.00%	5,473	$ 2.62	$ 1.20
Inpatient Services -- Mental Health	445	$ 576.15	$ 21.37	0.00%	2.77%	30.60%	454	$ 794.54	$ 30.08
Emergency Room -- Mental Health	3	$ 402.34	$ 0.11	-0.01%	2.76%	-1.16%	3	$ 424.14	$ 0.12
Professional/Other -- Mental Health	111,570	$ 18.71	$ 173.93	-0.08%	2.76%	0.20%	112,635	$ 19.99	$ 187.68
Gross Medical Total			**$ 545.46**	**-0.96%**	**2.99%**	**2.09%**			**$ 598.02**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.27**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 40.34**
% of Final Projected Medical	6.31%
New Benefits Add Ons & Outliers	**$ 0.81**
% of Final Projected Medical	0.13%
Final Projected Medical	**$ 639.43**
Administrative Expenses PMPM	**$ 46.34**
% of Final Projected Medical	7.25%
Underwriting Gain PMPM	**$ 11.06**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 696.83**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 737.39**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Adult 21+ Years
211,648

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,607	$ 1,105.02	$ 147.95	-4.24%	0.50%	14.72%	1,594	$ 1,240.78	$ 164.78
Outpatient Hospital	15,413	$ 62.43	$ 80.18	-0.46%	4.55%	12.73%	16,384	$ 74.48	$ 101.69
Primary Care	5,465	$ 83.65	$ 38.09	0.18%	2.50%	0.22%	5,772	$ 85.12	$ 40.94
Specialty Care	2,886	$ 161.83	$ 38.92	-0.04%	2.50%	0.14%	3,046	$ 164.28	$ 41.70
FQHC/RHC	462	$ 106.97	$ 4.12	0.02%	2.50%	-0.23%	488	$ 108.20	$ 4.40
EPSDT	-	$ -	$ -	0.00%	2.50%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	164	$ 128.84	$ 1.76	0.03%	2.50%	0.44%	173	$ 131.19	$ 1.89
Lab/Radiology	8,613	$ 22.96	$ 16.48	-0.02%	3.72%	0.32%	9,055	$ 24.22	$ 18.28
Home Health	375	$ 72.40	$ 2.26	-0.13%	3.72%	0.05%	395	$ 76.05	$ 2.50
Emergency Transportation	382	$ 164.97	$ 5.25	-0.13%	2.75%	1.27%	413	$ 166.35	$ 5.72
Non-Emergency Transportation	6,536	$ 35.57	$ 19.37	-0.01%	2.75%	0.49%	7,065	$ 35.61	$ 20.97
Rehabilitation Services (OT, PT, ST)	3	$ 371.71	$ 0.09	0.01%	3.72%	0.41%	3	$ 392.54	$ 0.10
DME	42,392	$ 3.40	$ 12.01	-0.12%	3.72%	0.04%	44,550	$ 3.57	$ 13.27
Clinic	1,197	$ 271.54	$ 27.08	-0.14%	2.50%	0.45%	1,263	$ 276.24	$ 29.07
Family Planning	46	$ 80.62	$ 0.31	-0.04%	2.50%	4.49%	48	$ 85.36	$ 0.34
Other	348	$ 15.15	$ 0.44	0.01%	3.72%	-0.05%	366	$ 15.92	$ 0.49
Prescribed Drugs	43,331	$ 72.79	$ 262.84	-1.46%	2.61%	-3.83%	43,484	$ 73.79	$ 267.39
Emergency Room	3,878	$ 211.81	$ 68.44	-2.70%	4.55%	-0.22%	4,121	$ 218.66	$ 75.10
Basic Behavioral Health	594	$ 48.85	$ 2.42	-0.12%	2.50%	0.05%	627	$ 49.48	$ 2.59
Hospice	279	$ 141.31	$ 3.29	0.01%	0.50%	2.99%	278	$ 148.58	$ 3.44
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	645	$ 513.61	$ 27.60	2.35%	4.91%	29.68%	679	$ 739.11	$ 41.80
Emergency Room -- Mental Health	9	$ 489.23	$ 0.39	-0.58%	6.57%	-0.32%	10	$ 558.13	$ 0.46
Professional/Other -- Mental Health	25,784	$ 26.22	$ 56.33	-0.18%	6.57%	0.12%	26,680	$ 30.16	$ 67.05
Gross Medical Total			**$ 815.63**	**-1.45%**	**3.00%**	**3.68%**			**$ 903.97**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 2.92**
% of Final Projected Medical	0.32%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.77**
% of Final Projected Medical	0.20%
Final Projected Medical	**$ 908.66**
Administrative Expenses PMPM	**$ 57.48**
% of Final Projected Medical	6.33%
Underwriting Gain PMPM	**$ 15.58**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 981.72**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,038.86**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 0 - 2 Months
23,762

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	13,579	$ 1,052.39	$ 1,190.90	-4.17%	0.74%	4.39%	13,387	$ 1,089.91	$ 1,215.86
Outpatient Hospital	7,572	$ 30.88	$ 19.48	-0.01%	3.28%	13.87%	7,942	$ 36.63	$ 24.24
Primary Care	12,873	$ 135.17	$ 145.00	0.03%	2.77%	0.00%	13,144	$ 142.73	$ 156.34
Specialty Care	2,676	$ 494.86	$ 110.37	-0.04%	2.77%	0.00%	2,731	$ 522.55	$ 118.92
FQHC/RHC	534	$ 91.19	$ 4.06	0.00%	2.77%	-0.06%	545	$ 96.24	$ 4.37
EPSDT	5,928	$ 83.07	$ 41.04	0.00%	2.77%	0.00%	6,051	$ 87.72	$ 44.24
Certified Nurse Practitioners/Clinical Nurse	52	$ 163.29	$ 0.70	0.00%	2.77%	0.00%	53	$ 172.42	$ 0.76
Lab/Radiology	23,589	$ 16.40	$ 32.23	-0.01%	1.74%	0.00%	24,152	$ 16.79	$ 33.79
Home Health	47	$ 49.47	$ 0.19	0.00%	1.74%	0.00%	48	$ 50.66	$ 0.20
Emergency Transportation	98	$ 350.52	$ 2.86	-0.25%	1.74%	0.00%	100	$ 358.91	$ 2.99
Non-Emergency Transportation	703	$ 78.17	$ 4.58	0.00%	1.74%	0.00%	720	$ 80.04	$ 4.80
Rehabilitation Services (OT, PT, ST)	1	$ 170.71	$ 0.01	0.00%	1.74%	0.00%	1	$ 174.80	$ 0.01
DME	3	$ 1.82	$ 0.00	0.00%	1.74%	0.00%	3	$ 1.86	$ 0.00
Clinic	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Other	46	$ 152.41	$ 0.58	-46.83%	1.74%	0.00%	25	$ 156.07	$ 0.32
Prescribed Drugs	3,672	$ 18.83	$ 5.76	-1.65%	0.96%	-3.10%	3,684	$ 18.36	$ 5.64
Emergency Room	2,575	$ 105.94	$ 22.74	-2.61%	3.28%	0.32%	2,701	$ 107.85	$ 24.27
Basic Behavioral Health	3	$ 64.52	$ 0.01	0.00%	2.77%	0.00%	3	$ 68.13	$ 0.02
Hospice	56	$ 679.84	$ 3.19	0.00%	0.74%	0.08%	56	$ 704.02	$ 3.26
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	143	$ 1,325.29	$ 15.79	0.00%	0.74%	0.00%	141	$ 1,371.34	$ 16.12
Emergency Room -- Mental Health	4	$ 62.79	$ 0.02	0.00%	0.75%	-8.68%	4	$ 57.74	$ 0.02
Professional/Other -- Mental Health	628	$ 41.76	$ 2.19	0.00%	0.75%	0.00%	637	$ 42.05	$ 2.23
Gross Medical Total			**$ 1,601.70**	**-3.16%**	**1.24%**	**3.36%**			**$ 1,658.39**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 59.55**
% of Final Projected Medical	3.47%
Final Projected Medical	**$ 1,717.98**
Administrative Expenses PMPM	**$ 125.26**
% of Final Projected Medical	7.29%
Underwriting Gain PMPM	**$ 29.73**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,872.97**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,981.97**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Child 1 - 20 Years
1,621,048

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	44	$ 1,406.27	$ 5.10	-4.12%	0.74%	8.70%	43	$ 1,516.67	$ 5.42
Outpatient Hospital	1,844	$ 48.43	$ 7.44	-0.11%	5.06%	37.39%	1,987	$ 70.66	$ 11.70
Primary Care	2,294	$ 77.11	$ 14.74	0.01%	2.77%	0.04%	2,342	$ 81.47	$ 15.90
Specialty Care	674	$ 123.79	$ 6.96	0.00%	2.77%	0.00%	688	$ 130.72	$ 7.50
FQHC/RHC	263	$ 88.05	$ 1.93	0.00%	2.77%	0.25%	268	$ 93.22	$ 2.08
EPSDT	794	$ 76.36	$ 5.05	-0.05%	2.77%	0.01%	810	$ 80.61	$ 5.44
Certified Nurse Practitioners/Clinical Nurse	47	$ 100.95	$ 0.40	0.00%	2.77%	0.00%	48	$ 106.60	$ 0.43
Lab/Radiology	1,614	$ 14.28	$ 1.92	0.00%	1.74%	0.00%	1,653	$ 14.62	$ 2.01
Home Health	7	$ 278.62	$ 0.17	-0.02%	1.74%	0.07%	7	$ 285.44	$ 0.18
Emergency Transportation	26	$ 195.47	$ 0.42	0.00%	1.74%	0.01%	26	$ 200.16	$ 0.44
Non-Emergency Transportation	267	$ 41.73	$ 0.93	0.00%	1.74%	0.07%	273	$ 42.75	$ 0.97
Rehabilitation Services (OT, PT, ST)	8	$ 90.25	$ 0.06	0.00%	1.74%	0.00%	8	$ 92.41	$ 0.06
DME	1	$ 16.79	$ 0.00	0.00%	1.74%	0.00%	1	$ 17.19	$ 0.00
Clinic	2	$ 177.71	$ 0.03	0.00%	2.77%	0.01%	2	$ 187.67	$ 0.03
Family Planning	42	$ 82.70	$ 0.29	-0.04%	2.77%	2.14%	43	$ 89.15	$ 0.32
Other	66	$ 142.19	$ 0.78	-20.60%	1.74%	0.00%	54	$ 145.60	$ 0.65
Prescribed Drugs	6,307	$ 43.59	$ 22.91	-1.65%	2.08%	-3.10%	6,298	$ 44.02	$ 23.10
Emergency Room	1,109	$ 139.90	$ 12.93	-2.61%	5.06%	1.67%	1,195	$ 147.26	$ 14.67
Basic Behavioral Health	334	$ 53.12	$ 1.48	-0.52%	2.77%	0.00%	339	$ 56.09	$ 1.59
Hospice	18	$ 22.21	$ 0.03	0.00%	0.74%	-1.28%	17	$ 22.69	$ 0.03
Personal Care Services	33	$ 12.86	$ 0.04	-1.91%	1.74%	0.00%	34	$ 12.91	$ 0.04
Inpatient Services -- Mental Health	56	$ 564.52	$ 2.66	0.00%	1.99%	31.39%	56	$ 793.80	$ 3.69
Emergency Room -- Mental Health	2	$ 125.08	$ 0.02	0.00%	5.83%	-0.71%	2	$ 134.71	$ 0.02
Professional/Other -- Mental Health	31,587	$ 17.77	$ 46.78	0.00%	5.83%	0.03%	34,033	$ 19.29	$ 54.70
Gross Medical Total			**$ 133.06**	**-0.83%**	**3.99%**	**2.75%**			**$ 150.96**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.03**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 2.55**
% of Final Projected Medical	1.66%
New Benefits Add Ons & Outliers	**$ 0.27**
% of Final Projected Medical	0.18%
Final Projected Medical	**$ 153.83**
Administrative Expenses PMPM	**$ 22.02**
% of Final Projected Medical	14.32%
Underwriting Gain PMPM	**$ 2.84**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 178.68**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 189.08**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Adult 21+ Years
244,224

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	254	$ 1,090.31	$ 23.10	-4.14%	2.48%	12.92%	249	$ 1,288.95	$ 26.75
Outpatient Hospital	5,803	$ 49.71	$ 24.04	-0.25%	3.99%	21.11%	6,045	$ 64.20	$ 32.34
Primary Care	2,889	$ 84.91	$ 20.44	0.30%	1.25%	0.09%	2,949	$ 86.41	$ 21.23
Specialty Care	1,011	$ 137.17	$ 11.55	0.00%	1.25%	-0.18%	1,032	$ 138.82	$ 11.93
FQHC/RHC	356	$ 100.48	$ 2.98	0.00%	1.25%	0.06%	364	$ 101.93	$ 3.09
EPSDT	-	$ -	$ -	0.00%	1.25%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	92	$ 128.36	$ 0.98	0.00%	1.25%	0.03%	93	$ 130.17	$ 1.01
Lab/Radiology	6,377	$ 19.70	$ 10.47	0.00%	4.72%	0.01%	6,795	$ 20.99	$ 11.89
Home Health	26	$ 96.71	$ 0.21	0.00%	4.72%	0.00%	27	$ 103.03	$ 0.24
Emergency Transportation	116	$ 166.61	$ 1.61	0.00%	1.99%	0.08%	119	$ 171.33	$ 1.70
Non-Emergency Transportation	1,077	$ 48.24	$ 4.33	0.00%	1.99%	0.31%	1,107	$ 49.72	$ 4.59
Rehabilitation Services (OT, PT, ST)	2	$ 230.03	$ 0.03	0.00%	4.72%	0.00%	2	$ 245.08	$ 0.03
DME	3,621	$ 6.88	$ 2.08	-0.05%	4.72%	0.00%	3,858	$ 7.33	$ 2.36
Clinic	18	$ 199.21	$ 0.31	0.00%	1.25%	0.28%	19	$ 202.53	$ 0.32
Family Planning	182	$ 147.30	$ 2.24	-0.03%	1.25%	10.32%	186	$ 164.71	$ 2.55
Other	81	$ 19.10	$ 0.13	0.00%	4.72%	0.02%	86	$ 20.35	$ 0.15
Prescribed Drugs	17,665	$ 38.87	$ 57.21	-1.65%	4.02%	-3.08%	17,838	$ 40.89	$ 60.78
Emergency Room	2,518	$ 186.30	$ 39.09	-2.63%	3.99%	1.99%	2,623	$ 197.78	$ 43.23
Basic Behavioral Health	474	$ 57.78	$ 2.28	0.00%	1.25%	0.02%	484	$ 58.59	$ 2.36
Hospice	52	$ 19.77	$ 0.09	0.00%	2.48%	4.04%	51	$ 22.46	$ 0.10
Personal Care Services	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	131	$ 551.73	$ 6.00	12.17%	0.14%	27.06%	128	$ 803.08	$ 8.59
Emergency Room -- Mental Health	6	$ 203.31	$ 0.10	-0.23%	9.43%	-0.85%	7	$ 227.63	$ 0.13
Professional/Other -- Mental Health	15,434	$ 20.65	$ 26.56	-0.01%	9.43%	0.04%	17,469	$ 23.38	$ 34.04
Gross Medical Total			**$ 235.84**	**-0.93%**	**3.92%**	**3.74%**			**$ 269.41**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.67**
% of Final Projected Medical	0.25%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.82**
% of Final Projected Medical	0.30%
Final Projected Medical	**$ 270.89**
Administrative Expenses PMPM	**$ 27.45**
% of Final Projected Medical	10.13%
Underwriting Gain PMPM	**$ 4.81**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 303.16**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 320.80**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Foster Care Children All Ages Male & Female
33,806

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	131	$ 1,587.08	$ 17.28	-4.45%	3.72%	5.81%	128	$ 1,817.07	$ 19.31
Outpatient Hospital	2,679	$ 47.47	$ 10.60	-0.19%	7.21%	44.69%	2,946	$ 75.49	$ 18.53
Primary Care	2,970	$ 74.51	$ 18.44	0.06%	2.73%	0.01%	3,085	$ 77.33	$ 19.88
Specialty Care	979	$ 125.19	$ 10.21	-0.05%	2.73%	-0.01%	1,016	$ 129.90	$ 10.99
FQHC/RHC	356	$ 93.23	$ 2.77	0.02%	2.73%	0.00%	370	$ 96.74	$ 2.98
EPSDT	962	$ 135.56	$ 10.87	0.16%	2.73%	0.00%	1,000	$ 140.64	$ 11.72
Certified Nurse Practitioners/Clinical Nurse	74	$ 103.78	$ 0.64	0.07%	2.73%	0.00%	77	$ 107.70	$ 0.69
Lab/Radiology	5,033	$ 16.07	$ 6.74	-0.03%	1.74%	0.00%	5,152	$ 16.46	$ 7.06
Home Health	226	$ 280.16	$ 5.28	0.12%	1.74%	0.00%	232	$ 286.88	$ 5.54
Emergency Transportation	87	$ 178.05	$ 1.29	0.00%	4.47%	0.00%	92	$ 189.08	$ 1.45
Non-Emergency Transportation	238	$ 101.27	$ 2.01	0.04%	4.47%	0.00%	253	$ 107.55	$ 2.27
Rehabilitation Services (OT, PT, ST)	53	$ 66.15	$ 0.29	0.00%	1.74%	0.00%	54	$ 67.74	$ 0.30
DME	5	$ 30.53	$ 0.01	0.00%	1.74%	0.00%	5	$ 31.26	$ 0.01
Clinic	9	$ 85.38	$ 0.07	0.00%	2.73%	0.00%	10	$ 88.61	$ 0.07
Family Planning	49	$ 75.53	$ 0.31	-0.04%	2.73%	2.04%	51	$ 79.93	$ 0.34
Other	595	$ 172.46	$ 8.55	-16.29%	1.74%	0.00%	510	$ 176.59	$ 7.51
Prescribed Drugs	13,223	$ 55.00	$ 60.61	-2.05%	4.00%	-1.90%	13,342	$ 58.35	$ 64.87
Emergency Room	1,158	$ 167.20	$ 16.14	-2.66%	7.21%	0.60%	1,274	$ 180.26	$ 19.14
Basic Behavioral Health	1,045	$ 52.43	$ 4.57	0.10%	2.73%	0.00%	1,085	$ 54.41	$ 4.92
Hospice	27	$ 51.79	$ 0.11	0.00%	3.72%	-2.07%	26	$ 57.24	$ 0.12
Personal Care Services	483	$ 2.53	$ 0.10	-1.44%	1.74%	0.00%	488	$ 2.59	$ 0.11
Inpatient Services -- Mental Health	819	$ 591.68	$ 40.39	1.13%	0.33%	27.10%	808	$ 778.12	$ 52.39
Emergency Room -- Mental Health	3	$ 306.54	$ 0.07	0.00%	9.18%	0.00%	3	$ 345.86	$ 0.09
Professional/Other -- Mental Health	72,170	$ 39.69	$ 238.67	-0.18%	9.18%	1.37%	81,280	$ 45.39	$ 307.45
Gross Medical Total			**$ 456.02**	**-0.83%**	**6.43%**	**3.91%**			**$ 557.78**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (130.33)**
% Credibility Adjustment	-23.37%
PET Scans Adjustment	**$ 0.07**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 22.00**
% of Final Projected Medical	4.89%
New Benefits Add Ons & Outliers	**$ 0.22**
% of Final Projected Medical	0.05%
Final Projected Medical	**$ 449.73**
Administrative Expenses PMPM	**$ 42.63**
% of Final Projected Medical	9.48%
Underwriting Gain PMPM	**$ 7.94**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 500.30**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 529.42**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
BCC All Ages
1,396

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,334	$ 1,021.82	$ 113.58	-2.27%	2.97%	13.81%	1,307	$ 1,257.68	$ 136.93
Outpatient Hospital	64,929	$ 91.79	$ 496.67	-0.05%	4.97%	4.63%	69,410	$ 102.62	$ 593.55
Primary Care	8,718	$ 77.40	$ 56.24	1.93%	0.99%	1.45%	8,838	$ 81.14	$ 59.76
Specialty Care	5,597	$ 153.66	$ 71.68	1.93%	0.99%	-0.56%	5,674	$ 157.88	$ 74.65
FQHC/RHC	362	$ 89.22	$ 2.69	1.93%	0.99%	0.77%	367	$ 92.90	$ 2.84
EPSDT	-	$ -	$ -	1.93%	0.99%	1.42%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	326	$ 144.08	$ 3.91	1.93%	0.99%	1.41%	330	$ 150.96	$ 4.15
Lab/Radiology	17,001	$ 53.43	$ 75.69	1.93%	3.72%	1.41%	17,877	$ 58.07	$ 86.51
Home Health	97	$ 64.30	$ 0.52	1.93%	3.72%	1.41%	102	$ 69.89	$ 0.60
Emergency Transportation	105	$ 157.26	$ 1.38	1.93%	1.74%	1.41%	108	$ 166.44	$ 1.49
Non-Emergency Transportation	4,965	$ 43.52	$ 18.01	1.93%	1.74%	1.41%	5,084	$ 46.06	$ 19.51
Rehabilitation Services (OT, PT, ST)	6	$ 142.04	$ 0.07	1.93%	3.72%	1.41%	6	$ 154.39	$ 0.08
DME	9,470	$ 14.55	$ 11.48	1.88%	3.72%	1.41%	9,959	$ 15.80	$ 13.12
Clinic	8	$ 144.68	$ 0.10	1.93%	0.99%	1.41%	8	$ 151.59	$ 0.11
Family Planning	14	$ 147.63	$ 0.17	1.93%	0.99%	10.69%	14	$ 168.84	$ 0.20
Other	108	$ 32.84	$ 0.29	1.93%	3.72%	1.41%	113	$ 35.70	$ 0.34
Prescribed Drugs	52,994	$ 92.12	$ 406.83	1.72%	11.57%	-0.40%	55,540	$ 120.32	$ 556.89
Emergency Room	2,251	$ 222.15	$ 41.67	-0.75%	4.97%	0.30%	2,406	$ 236.43	$ 47.41
Basic Behavioral Health	444	$ 50.33	$ 1.86	1.93%	0.99%	1.41%	450	$ 52.74	$ 1.98
Hospice	611	$ 166.63	$ 8.49	1.93%	2.97%	1.41%	599	$ 190.58	$ 9.51
Personal Care Services	-	$ -	$ -	1.93%	3.72%	1.42%	-	$ -	$ -
Inpatient Services -- Mental Health	76	$ 462.97	$ 2.94	2.09%	4.66%	37.76%	75	$ 750.75	$ 4.69
Emergency Room -- Mental Health	14	$ 82.35	$ 0.09	1.93%	9.43%	1.41%	16	$ 96.34	$ 0.13
Professional/Other -- Mental Health	6,024	$ 22.27	$ 11.18	1.92%	9.43%	1.45%	6,818	$ 26.06	$ 14.81
Gross Medical Total			**$ 1,325.54**	**0.68%**	**6.44%**	**2.82%**			**$ 1,629.24**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 4.95**
% Credibility Adjustment	0.30%
PET Scans Adjustment	**$ 50.15**
% of Final Projected Medical	2.98%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.20**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 1,684.55**
Administrative Expenses PMPM	**$ 85.75**
% of Final Projected Medical	5.09%
Underwriting Gain PMPM	**$ 28.55**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,798.85**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,903.55**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
LAP All Ages
8,208

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	63	$ 1,084.99	$ 5.65	-4.12%	3.72%	11.74%	61	$ 1,311.99	$ 6.70
Outpatient Hospital	2,498	$ 62.04	$ 12.91	-0.19%	7.21%	25.45%	2,749	$ 85.49	$ 19.58
Primary Care	2,956	$ 73.18	$ 18.03	0.00%	2.73%	0.06%	3,068	$ 75.99	$ 19.43
Specialty Care	1,042	$ 122.07	$ 10.60	0.00%	2.73%	0.03%	1,081	$ 126.72	$ 11.42
FQHC/RHC	168	$ 82.12	$ 1.15	0.00%	2.73%	0.00%	174	$ 85.22	$ 1.24
EPSDT	1,118	$ 82.37	$ 7.67	0.00%	2.73%	0.08%	1,160	$ 85.56	$ 8.27
Certified Nurse Practitioners/Clinical Nurse	69	$ 94.97	$ 0.55	0.00%	2.73%	0.00%	72	$ 98.56	$ 0.59
Lab/Radiology	2,302	$ 15.05	$ 2.89	0.00%	1.74%	0.00%	2,357	$ 15.41	$ 3.03
Home Health	13	$ 541.51	$ 0.58	0.00%	1.74%	0.00%	13	$ 554.50	$ 0.61
Emergency Transportation	15	$ 161.24	$ 0.20	0.00%	4.47%	0.00%	16	$ 171.23	$ 0.22
Non-Emergency Transportation	136	$ 44.89	$ 0.51	0.00%	4.47%	0.00%	144	$ 47.67	$ 0.57
Rehabilitation Services (OT, PT, ST)	33	$ 162.66	$ 0.45	0.00%	1.74%	0.00%	34	$ 166.56	$ 0.47
DME	1	$ 23.00	$ 0.00	0.00%	1.74%	0.00%	1	$ 23.55	$ 0.00
Clinic	2	$ 241.40	$ 0.04	0.00%	2.73%	0.00%	2	$ 250.52	$ 0.04
Family Planning	44	$ 57.58	$ 0.21	-0.01%	2.73%	1.24%	46	$ 60.49	$ 0.23
Other	7	$ 27.77	$ 0.02	0.00%	1.74%	0.00%	7	$ 28.44	$ 0.02
Prescribed Drugs	7,755	$ 42.00	$ 27.15	-1.11%	1.03%	-3.80%	7,624	$ 41.81	$ 26.56
Emergency Room	811	$ 159.99	$ 10.82	-2.61%	7.21%	0.09%	893	$ 171.64	$ 12.77
Basic Behavioral Health	340	$ 60.42	$ 1.71	0.00%	2.73%	0.00%	353	$ 62.70	$ 1.85
Hospice	133	$ 7.80	$ 0.09	0.00%	3.72%	13.83%	130	$ 10.02	$ 0.11
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	45	$ 632.29	$ 2.38	0.00%	0.74%	34.45%	44	$ 879.64	$ 3.26
Emergency Room -- Mental Health	1	$ 51.44	$ 0.00	0.00%	9.18%	0.00%	1	$ 58.04	$ 0.00
Professional/Other -- Mental Health	11,755	$ 20.35	$ 19.93	0.00%	9.18%	0.00%	13,264	$ 22.96	$ 25.38
Gross Medical Total			**$ 123.53**	**-0.68%**	**4.32%**	**3.27%**			**$ 142.34**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 12.51**
% Credibility Adjustment	8.79%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 0.23**
% of Final Projected Medical	0.15%
New Benefits Add Ons & Outliers	**$ 0.01**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 155.14**
Administrative Expenses PMPM	**$ 21.14**
% of Final Projected Medical	13.63%
Underwriting Gain PMPM	**$ 2.84**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 179.13**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 189.55**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Child 1 - 20 Years
1,288

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	489	$ 1,265.59	$ 51.54	-4.12%	2.97%	5.62%	479	$ 1,418.18	$ 56.58
Outpatient Hospital	8,569	$ 36.76	$ 26.25	-0.08%	6.47%	44.58%	9,339	$ 57.88	$ 45.05
Primary Care	4,256	$ 74.88	$ 26.56	0.00%	2.98%	-0.03%	4,431	$ 77.95	$ 28.79
Specialty Care	1,807	$ 183.10	$ 27.57	0.00%	2.98%	1.17%	1,882	$ 192.88	$ 30.25
FQHC/RHC	156	$ 104.00	$ 1.35	0.00%	2.98%	0.00%	163	$ 108.28	$ 1.47
EPSDT	3,478	$ 662.72	$ 192.09	-0.01%	2.98%	0.00%	3,622	$ 689.99	$ 208.24
Certified Nurse Practitioners/Clinical Nurse	157	$ 112.78	$ 1.47	0.00%	2.98%	0.00%	163	$ 117.43	$ 1.60
Lab/Radiology	3,301	$ 14.76	$ 4.06	0.00%	0.99%	0.00%	3,346	$ 14.96	$ 4.17
Home Health	5,236	$ 358.52	$ 156.43	0.00%	0.99%	0.00%	5,307	$ 363.42	$ 160.73
Emergency Transportation	109	$ 196.23	$ 1.78	0.00%	8.43%	0.00%	122	$ 219.34	$ 2.22
Non-Emergency Transportation	5,532	$ 40.01	$ 18.44	0.00%	8.43%	0.00%	6,184	$ 44.72	$ 23.04
Rehabilitation Services (OT, PT, ST)	65	$ 107.46	$ 0.58	0.00%	0.99%	0.00%	66	$ 108.93	$ 0.60
DME	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Clinic	7	$ 182.30	$ 0.10	0.00%	2.98%	0.00%	7	$ 189.82	$ 0.11
Family Planning	32	$ 110.87	$ 0.30	-0.11%	2.98%	1.97%	33	$ 117.58	$ 0.33
Other	14,149	$ 79.73	$ 94.01	22.19%	0.99%	0.00%	17,524	$ 80.82	$ 118.03
Prescribed Drugs	28,644	$ 77.38	$ 184.70	-3.45%	4.39%	-2.80%	29,578	$ 79.14	$ 195.08
Emergency Room	1,507	$ 214.12	$ 26.89	-2.60%	6.47%	-1.14%	1,643	$ 224.73	$ 30.77
Basic Behavioral Health	696	$ 238.20	$ 13.81	0.00%	2.98%	0.00%	724	$ 248.02	$ 14.97
Hospice	953	$ 120.39	$ 9.56	0.00%	2.97%	0.00%	933	$ 133.22	$ 10.36
Personal Care Services	260,540	$ 2.51	$ 54.51	-0.02%	0.99%	0.00%	264,103	$ 2.54	$ 56.00
Inpatient Services -- Mental Health	348	$ 528.89	$ 15.32	0.00%	0.74%	27.97%	343	$ 700.32	$ 20.01
Emergency Room -- Mental Health	5	$ 346.86	$ 0.15	0.00%	4.47%	0.00%	6	$ 368.35	$ 0.17
Professional/Other -- Mental Health	60,765	$ 17.18	$ 86.99	0.00%	4.47%	0.00%	64,530	$ 18.24	$ 98.10
Gross Medical Total			**$ 994.49**	**1.17%**	**2.99%**	**1.43%**			**$ 1,106.68**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 277.53**
% Credibility Adjustment	25.08%
PET Scans Adjustment	**$ 0.64**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 56.03**
% of Final Projected Medical	3.88%
New Benefits Add Ons & Outliers	**$ 3.38**
% of Final Projected Medical	0.23%
Final Projected Medical	**$ 1,444.26**
Administrative Expenses PMPM	**$ 73.89**
% of Final Projected Medical	5.12%
Underwriting Gain PMPM	**$ 24.49**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,542.64**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,632.42**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Adult 21+ Years
3,958

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,983	$ 1,142.39	$ 188.80	-4.12%	2.97%	14.71%	1,943	$ 1,390.31	$ 225.07
Outpatient Hospital	16,852	$ 45.44	$ 63.81	-0.03%	4.97%	18.57%	18,015	$ 57.57	$ 86.43
Primary Care	7,962	$ 84.28	$ 55.92	-0.02%	0.99%	0.15%	8,070	$ 85.54	$ 57.53
Specialty Care	3,457	$ 160.92	$ 46.36	0.00%	0.99%	-1.30%	3,504	$ 160.99	$ 47.01
FQHC/RHC	650	$ 103.84	$ 5.62	0.00%	0.99%	-0.01%	658	$ 105.25	$ 5.78
EPSDT	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	183	$ 116.72	$ 1.78	0.00%	0.99%	-0.01%	185	$ 118.30	$ 1.83
Lab/Radiology	9,286	$ 18.51	$ 14.33	0.00%	3.72%	-0.01%	9,765	$ 19.47	$ 15.84
Home Health	845	$ 46.11	$ 3.25	0.00%	3.72%	-0.01%	889	$ 48.48	$ 3.59
Emergency Transportation	603	$ 123.03	$ 6.18	0.00%	1.74%	-0.01%	617	$ 125.97	$ 6.48
Non-Emergency Transportation	13,189	$ 30.30	$ 33.30	0.00%	1.74%	-0.01%	13,505	$ 31.02	$ 34.91
Rehabilitation Services (OT, PT, ST)	4	$ 784.42	$ 0.29	0.00%	3.72%	-0.01%	5	$ 824.79	$ 0.32
DME	242,913	$ 2.63	$ 53.17	0.00%	3.72%	-0.01%	255,434	$ 2.76	$ 58.79
Clinic	2,085	$ 283.98	$ 49.35	0.00%	0.99%	0.00%	2,114	$ 287.85	$ 50.71
Family Planning	65	$ 95.74	$ 0.52	-0.02%	0.99%	3.42%	66	$ 100.35	$ 0.55
Other	3,819	$ 5.58	$ 1.77	0.00%	3.72%	-0.01%	4,016	$ 5.86	$ 1.96
Prescribed Drugs	67,252	$ 84.42	$ 473.13	-3.45%	4.39%	-2.79%	69,445	$ 86.36	$ 499.76
Emergency Room	3,532	$ 216.96	$ 63.87	-2.60%	4.97%	-4.65%	3,776	$ 215.39	$ 67.78
Basic Behavioral Health	1,534	$ 40.74	$ 5.21	0.00%	0.99%	0.01%	1,555	$ 41.30	$ 5.35
Hospice	576	$ 189.88	$ 9.12	0.00%	2.97%	-0.01%	564	$ 210.10	$ 9.88
Personal Care Services	-	$ -	$ -	0.00%	3.72%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	414	$ 550.57	$ 19.00	5.90%	2.54%	31.30%	407	$ 834.56	$ 28.30
Emergency Room -- Mental Health	6	$ 356.88	$ 0.18	0.00%	9.43%	-0.01%	7	$ 403.89	$ 0.23
Professional/Other -- Mental Health	39,627	$ 22.63	$ 74.72	0.00%	9.43%	0.08%	44,851	$ 25.63	$ 95.80
Gross Medical Total			**$ 1,169.66**	**-2.11%**	**3.93%**	**2.44%**			**$ 1,303.89**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (150.23)**
% Credibility Adjustment	-11.52%
PET Scans Adjustment	**$ 1.22**
% of Final Projected Medical	0.11%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.66**
% of Final Projected Medical	0.14%
Final Projected Medical	**$ 1,156.54**
Administrative Expenses PMPM	**$ 71.54**
% of Final Projected Medical	6.19%
Underwriting Gain PMPM	**$ 19.81**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,247.88**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,320.51**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
CCM All Ages
7,182

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	646	$ 1,139.03	$ 61.30	-4.12%	2.97%	5.92%	633	$ 1,280.08	$ 67.48
Outpatient Hospital	8,911	$ 53.92	$ 40.04	-0.13%	6.47%	31.93%	9,713	$ 77.43	$ 62.68
Primary Care	3,469	$ 76.73	$ 22.18	-0.05%	2.98%	0.09%	3,612	$ 79.93	$ 24.06
Specialty Care	1,942	$ 134.98	$ 21.84	0.00%	2.98%	-0.01%	2,022	$ 140.54	$ 23.68
FQHC/RHC	508	$ 90.14	$ 3.82	0.00%	2.98%	0.00%	529	$ 93.86	$ 4.14
EPSDT	2,071	$ 637.59	$ 110.05	0.00%	2.98%	0.01%	2,157	$ 663.96	$ 119.33
Certified Nurse Practitioners/Clinical Nurse	122	$ 107.78	$ 1.09	0.00%	2.98%	0.00%	127	$ 112.23	$ 1.19
Lab/Radiology	2,622	$ 19.43	$ 4.25	0.00%	0.99%	0.00%	2,658	$ 19.70	$ 4.36
Home Health	3,287	$ 253.44	$ 69.42	0.00%	0.99%	0.00%	3,332	$ 256.91	$ 71.33
Emergency Transportation	125	$ 180.91	$ 1.89	0.00%	8.43%	0.00%	140	$ 202.21	$ 2.36
Non-Emergency Transportation	3,858	$ 33.30	$ 10.71	0.00%	8.43%	0.00%	4,312	$ 37.22	$ 13.38
Rehabilitation Services (OT, PT, ST)	198	$ 40.94	$ 0.67	0.00%	0.99%	0.00%	200	$ 41.50	$ 0.69
DME	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	2.98%	0.00%	-	$ -	$ -
Family Planning	28	$ 88.39	$ 0.21	0.00%	2.98%	0.34%	29	$ 92.35	$ 0.23
Other	32,382	$ 75.83	$ 204.64	-17.00%	0.99%	0.00%	27,245	$ 76.87	$ 174.53
Prescribed Drugs	18,562	$ 70.47	$ 109.00	-2.28%	5.55%	-1.80%	19,551	$ 74.49	$ 121.37
Emergency Room	1,639	$ 162.88	$ 22.24	-2.61%	6.47%	3.36%	1,786	$ 178.71	$ 26.60
Basic Behavioral Health	2,487	$ 70.77	$ 14.67	-0.45%	2.98%	0.00%	2,577	$ 73.69	$ 15.83
Hospice	891	$ 6.02	$ 0.45	0.00%	2.97%	-10.41%	873	$ 5.97	$ 0.43
Personal Care Services	124,800	$ 2.52	$ 26.16	0.00%	0.99%	0.00%	126,506	$ 2.55	$ 26.88
Inpatient Services -- Mental Health	385	$ 517.53	$ 16.59	0.00%	0.74%	30.78%	379	$ 700.34	$ 22.14
Emergency Room -- Mental Health	3	$ 206.31	$ 0.05	0.00%	4.47%	0.00%	3	$ 219.10	$ 0.05
Professional/Other -- Mental Health	82,032	$ 20.34	$ 139.02	0.00%	4.47%	0.00%	87,114	$ 21.60	$ 156.78
Gross Medical Total			**$ 880.29**	**-4.60%**	**3.24%**	**2.48%**			**$ 939.51**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (47.72)**
% Credibility Adjustment	-5.08%
PET Scans Adjustment	**$ 0.36**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 193.92**
% of Final Projected Medical	17.84%
New Benefits Add Ons & Outliers	**$ 0.67**
% of Final Projected Medical	0.06%
Final Projected Medical	**$ 1,086.73**
Administrative Expenses PMPM	**$ 83.20**
% of Final Projected Medical	7.66%
Underwriting Gain PMPM	**$ 18.87**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,188.79**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,257.98**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - CCM All Ages
9,155

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,397	$ 36.41	$ 4.24	0.00%	0.99%	0.00%	1,416	$ 36.91	$ 4.35
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	362	$ 551.09	$ 16.61	0.00%	0.49%	33.09%	364	$ 738.43	$ 22.41
Emergency Room -- Mental Health	2	$ 907.63	$ 0.12	0.00%	9.18%	0.00%	2	$ 1,024.09	$ 0.15
Professional/Other -- Mental Health	81,370	$ 20.06	$ 136.01	0.00%	9.18%	0.31%	91,811	$ 22.70	$ 173.68
Gross Medical Total			**$ 156.98**	**0.00%**	**8.10%**	**3.14%**			**$ 200.59**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (71.48)**
% Credibility Adjustment	-35.63%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 113.53**
% of Final Projected Medical	46.78%
New Benefits Add Ons & Outliers	**$ 0.05**
% of Final Projected Medical	0.02%
Final Projected Medical	**$ 242.70**
Administrative Expenses PMPM	**$ 18.25**
% of Final Projected Medical	7.52%
Underwriting Gain PMPM	**$ 4.21**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 265.15**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 280.58**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Dual Eligible All Ages
283,730

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	4.72%	0.00%	-	$ -	$ -
Non-Emergency Transportation	4,197	$ 23.41	$ 8.19	-0.47%	4.72%	0.00%	4,471	$ 24.83	$ 9.25
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	13	$ 322.86	$ 0.36	0.35%	0.44%	29.39%	13	$ 419.98	$ 0.47
Emergency Room -- Mental Health	0	$ 795.38	$ 0.00	-0.47%	9.43%	0.00%	0	$ 896.00	$ 0.00
Professional/Other -- Mental Health	7,324	$ 21.01	$ 12.82	-0.49%	9.43%	1.07%	8,290	$ 23.92	$ 16.52
Gross Medical Total			**$ 21.37**	**-0.47%**	**7.52%**	**1.09%**			**$ 26.25**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.00**
% of Final Projected Medical	0.01%
Final Projected Medical	**$ 26.25**
Administrative Expenses PMPM	**$ 4.75**
% of Final Projected Medical	18.09%
Underwriting Gain PMPM	**$ 0.50**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 31.49**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 33.33**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Child 1 - 20 Years
3,333

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	589	$ 44.22	$ 2.17	0.00%	0.99%	0.00%	597	$ 44.83	$ 2.23
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	176	$ 596.87	$ 8.77	0.00%	0.74%	35.15%	178	$ 814.94	$ 12.10
Emergency Room -- Mental Health	2	$ 231.24	$ 0.03	0.00%	9.18%	0.00%	2	$ 260.91	$ 0.04
Professional/Other -- Mental Health	21,426	$ 19.60	$ 34.99	0.00%	9.18%	1.08%	24,175	$ 22.35	$ 45.03
Gross Medical Total			**$ 45.97**	**0.00%**	**7.28%**	**6.50%**			**$ 59.40**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (21.12)**
% Credibility Adjustment	-35.55%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 68.35**
% of Final Projected Medical	64.03%
New Benefits Add Ons & Outliers	**$ 0.11**
% of Final Projected Medical	0.10%
Final Projected Medical	**$ 106.74**
Administrative Expenses PMPM	**$ 7.20**
% of Final Projected Medical	6.74%
Underwriting Gain PMPM	**$ 1.84**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 115.78**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 122.52**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Adult 21+ Years
8,646

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,910	$ 37.08	$ 5.90	0.00%	0.99%	0.00%	1,936	$ 37.59	$ 6.07
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	2.61%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	192	$ 436.22	$ 6.97	2.79%	-0.27%	31.85%	194	$ 580.92	$ 9.38
Emergency Room -- Mental Health	3	$ 573.74	$ 0.13	0.00%	9.43%	0.00%	3	$ 649.38	$ 0.17
Professional/Other -- Mental Health	24,736	$ 19.27	$ 39.72	-0.01%	9.43%	0.00%	27,997	$ 21.81	$ 50.88
Gross Medical Total			**$ 52.73**	**0.36%**	**7.30%**	**3.53%**			**$ 66.49**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ (12.22)**
% Credibility Adjustment	-18.38%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.24**
% of Final Projected Medical	0.45%
Final Projected Medical	**$ 54.51**
Administrative Expenses PMPM	**$ 7.87**
% of Final Projected Medical	14.43%
Underwriting Gain PMPM	**$ 1.01**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 63.39**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 67.08**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Other All Ages
9,472

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.99%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,088	$ 116.26	$ 20.23	0.01%	0.99%	-6.10%	2,117	$ 110.67	$ 19.52
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.05%	6.46%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,052	$ 510.38	$ 44.76	-0.49%	0.30%	21.88%	1,067	$ 615.69	$ 54.74
Emergency Room -- Mental Health	2	$ 1,438.03	$ 0.21	0.01%	9.43%	-2.61%	2	$ 1,585.32	$ 0.27
Professional/Other -- Mental Health	14,536	$ 25.08	$ 30.38	0.01%	9.43%	-4.35%	16,452	$ 27.15	$ 37.23
Gross Medical Total			**$ 95.59**	**-0.22%**	**3.52%**	**6.53%**			**$ 111.76**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ 18.48**
% Credibility Adjustment	16.53%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 2.30**
% of Final Projected Medical	1.74%
New Benefits Add Ons & Outliers	**$ 0.06**
% of Final Projected Medical	0.05%
Final Projected Medical	**$ 132.59**
Administrative Expenses PMPM	**$ 12.14**
% of Final Projected Medical	9.15%
Underwriting Gain PMPM	**$ 2.33**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 147.06**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 155.62**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 3 - 11 Months
81,600

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

North	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	243	$ 1,450.66	$ 29.38	-4.12%	0.74%	8.40%	240	$ 1,560.11	$ 31.16
Outpatient Hospital	3,693	$ 45.84	$ 14.11	-0.02%	3.28%	26.11%	3,873	$ 60.21	$ 19.43
Primary Care	6,016	$ 77.52	$ 38.86	0.00%	2.77%	-0.01%	6,141	$ 81.84	$ 41.88
Specialty Care	878	$ 152.40	$ 11.15	0.00%	2.77%	0.00%	896	$ 160.93	$ 12.01
FQHC/RHC	450	$ 92.58	$ 3.47	0.00%	2.77%	-0.10%	459	$ 97.67	$ 3.74
EPSDT	2,583	$ 99.52	$ 21.42	0.00%	2.77%	0.00%	2,636	$ 105.09	$ 23.09
Certified Nurse Practitioners/Clinical Nurse	64	$ 108.85	$ 0.58	0.00%	2.77%	0.00%	65	$ 114.94	$ 0.62
Lab/Radiology	2,210	$ 14.94	$ 2.75	0.00%	1.74%	0.00%	2,263	$ 15.30	$ 2.89
Home Health	37	$ 174.14	$ 0.54	0.00%	1.74%	0.00%	38	$ 178.32	$ 0.56
Emergency Transportation	42	$ 179.08	$ 0.63	0.00%	1.74%	0.00%	43	$ 183.36	$ 0.66
Non-Emergency Transportation	405	$ 55.65	$ 1.88	0.00%	1.74%	0.15%	415	$ 57.07	$ 1.97
Rehabilitation Services (OT, PT, ST)	3	$ 88.54	$ 0.02	0.00%	1.74%	0.00%	3	$ 90.67	$ 0.02
DME	7	$ 2.36	$ 0.00	0.00%	1.74%	0.00%	7	$ 2.41	$ 0.00
Clinic	3	$ 152.92	$ 0.04	0.00%	2.77%	0.00%	3	$ 161.48	$ 0.04
Family Planning	-	$ -	$ -	0.00%	2.77%	0.00%	-	$ -	$ -
Other	265	$ 159.01	$ 3.51	8.59%	1.74%	0.00%	295	$ 162.83	$ 4.00
Prescribed Drugs	7,688	$ 26.93	$ 17.25	-1.65%	1.99%	-3.10%	7,773	$ 26.80	$ 17.36
Emergency Room	2,719	$ 116.81	$ 26.47	-2.61%	3.28%	0.23%	2,852	$ 118.80	$ 28.24
Basic Behavioral Health	6	$ 54.34	$ 0.03	0.00%	2.77%	0.00%	6	$ 57.39	$ 0.03
Hospice	17	$ 49.92	$ 0.07	0.00%	0.74%	5.33%	17	$ 54.41	$ 0.08
Personal Care Services	-	$ -	$ -	0.00%	1.74%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1	$ 913.58	$ 0.08	0.00%	0.74%	0.00%	1	$ 945.32	$ 0.08
Emergency Room -- Mental Health	4	$ 66.33	$ 0.02	0.00%	0.75%	0.00%	4	$ 66.79	$ 0.02
Professional/Other -- Mental Health	322	$ 36.25	$ 0.97	0.00%	0.75%	-0.03%	326	$ 36.49	$ 0.99
Gross Medical Total			**$ 173.23**	**-1.09%**	**2.41%**	**3.25%**			**$ 188.89**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.04**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.31**
% of Final Projected Medical	0.69%
Final Projected Medical	**$ 190.24**
Administrative Expenses PMPM	**$ 25.11**
% of Final Projected Medical	13.20%
Underwriting Gain PMPM	**$ 3.47**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 218.82**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 231.55**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 0 - 2 Months
678

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	102,800	$ 1,546.05	$ 13,244.57	-4.12%	-0.25%	4.86%	102,095	$ 1,554.49	$ 13,225.52
Outpatient Hospital	7,214	$ 57.67	$ 34.67	0.00%	5.06%	25.74%	7,721	$ 77.61	$ 49.94
Primary Care	10,423	$ 1,406.68	$ 1,221.85	0.00%	3.01%	0.00%	11,156	$ 1,426.10	$ 1,325.76
Specialty Care	18,463	$ 1,405.28	$ 2,162.20	-0.08%	3.01%	0.00%	19,748	$ 1,424.49	$ 2,344.19
FQHC/RHC	144	$ 84.20	$ 1.01	0.00%	3.01%	0.00%	154	$ 85.36	$ 1.09
EPSDT	2,641	$ 171.98	$ 37.85	0.00%	3.01%	0.00%	2,827	$ 174.35	$ 41.07
Certified Nurse Practitioners/Clinical Nurse	956	$ 206.50	$ 16.45	0.00%	3.01%	0.00%	1,023	$ 209.35	$ 17.85
Lab/Radiology	72,010	$ 12.48	$ 74.89	-0.01%	3.02%	0.00%	75,012	$ 13.00	$ 81.27
Home Health	696	$ 83.78	$ 4.86	0.00%	3.02%	0.00%	725	$ 87.28	$ 5.27
Emergency Transportation	531	$ 374.68	$ 16.59	0.00%	2.49%	0.00%	573	$ 372.11	$ 17.75
Non-Emergency Transportation	3,207	$ 143.17	$ 38.26	0.00%	2.49%	0.00%	3,455	$ 142.19	$ 40.94
Rehabilitation Services (OT, PT, ST)	5	$ 33.58	$ 0.01	0.00%	3.02%	0.00%	5	$ 34.98	$ 0.02
DME	216	$ 17.51	$ 0.32	0.00%	3.02%	0.00%	225	$ 18.24	$ 0.34
Clinic	7	$ 24.74	$ 0.01	0.00%	3.01%	0.00%	8	$ 25.08	$ 0.02
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	621	$ 156.62	$ 8.10	-40.68%	3.02%	0.00%	473	$ 132.44	$ 5.22
Prescribed Drugs	3,931	$ 70.15	$ 22.98	-1.46%	-0.12%	-3.90%	3,988	$ 65.28	$ 21.69
Emergency Room	1,789	$ 193.31	$ 28.82	-2.60%	5.06%	2.40%	1,915	$ 206.35	$ 32.93
Basic Behavioral Health	158	$ 214.64	$ 2.82	0.00%	3.01%	0.00%	169	$ 217.61	$ 3.06
Hospice	1,141	$ 146.55	$ 13.94	0.00%	-0.25%	0.00%	1,133	$ 146.55	$ 13.84
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	634	$ 1,755.49	$ 92.77	0.00%	5.05%	0.00%	661	$ 1,929.68	$ 106.23
Emergency Room -- Mental Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Professional/Other -- Mental Health	1,883	$ 50.50	$ 7.92	0.00%	4.28%	0.00%	1,928	$ 55.32	$ 8.89
Gross Medical Total			**$ 17,030.90**	**-3.24%**	**0.53%**	**3.73%**			**$ 17,342.90**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.62**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1,618.29**
% of Final Projected Medical	8.53%
Final Projected Medical	**$ 18,961.81**
Administrative Expenses PMPM	**$ 1,199.85**
% of Final Projected Medical	6.33%
Underwriting Gain PMPM	**$ 325.19**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 20,486.85**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 21,679.20**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI 3 - 11 Months
6,101

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	10,662	$ 2,133.78	$ 1,895.80	-4.12%	-0.25%	4.42%	10,588	$ 2,136.29	$ 1,885.01
Outpatient Hospital	19,196	$ 69.08	$ 110.50	-0.08%	5.06%	27.69%	20,542	$ 94.34	$ 161.50
Primary Care	11,454	$ 185.52	$ 177.07	0.00%	3.01%	0.04%	12,258	$ 188.15	$ 192.20
Specialty Care	9,437	$ 447.63	$ 352.04	0.00%	3.01%	0.12%	10,100	$ 454.37	$ 382.44
FQHC/RHC	238	$ 96.66	$ 1.91	0.00%	3.01%	-0.01%	254	$ 97.98	$ 2.08
EPSDT	3,119	$ 380.01	$ 98.78	0.00%	3.01%	-0.01%	3,339	$ 385.23	$ 107.18
Certified Nurse Practitioners/Clinical Nurse	602	$ 176.19	$ 8.84	0.00%	3.01%	-0.01%	644	$ 178.61	$ 9.59
Lab/Radiology	12,060	$ 14.34	$ 14.42	0.00%	3.02%	0.05%	12,564	$ 14.95	$ 15.65
Home Health	5,272	$ 212.58	$ 93.40	0.06%	3.02%	-0.01%	5,495	$ 221.46	$ 101.42
Emergency Transportation	499	$ 356.09	$ 14.80	-0.01%	2.49%	0.29%	537	$ 354.67	$ 15.88
Non-Emergency Transportation	3,895	$ 104.09	$ 33.79	0.00%	2.49%	0.38%	4,197	$ 103.77	$ 36.29
Rehabilitation Services (OT, PT, ST)	17	$ 101.55	$ 0.14	0.00%	3.02%	-0.01%	17	$ 105.79	$ 0.15
DME	1,099	$ 9.98	$ 0.91	0.00%	3.02%	-0.01%	1,145	$ 10.40	$ 0.99
Clinic	5	$ 353.94	$ 0.16	0.00%	3.01%	-0.01%	6	$ 358.80	$ 0.17
Family Planning	1	$ 14.82	$ 0.00	0.00%	3.01%	-0.01%	1	$ 15.02	$ 0.00
Other	13,296	$ 172.16	$ 190.76	-4.47%	3.02%	-0.01%	13,199	$ 179.82	$ 197.78
Prescribed Drugs	14,587	$ 380.94	$ 463.07	-1.48%	1.92%	-3.90%	14,674	$ 377.81	$ 462.00
Emergency Room	4,318	$ 184.05	$ 66.22	-2.61%	5.06%	1.73%	4,621	$ 195.18	$ 75.16
Basic Behavioral Health	29	$ 71.39	$ 0.17	0.00%	3.01%	-0.01%	31	$ 72.37	$ 0.19
Hospice	812	$ 127.53	$ 8.63	0.00%	-0.25%	0.04%	806	$ 127.58	$ 8.57
Personal Care Services	8,336	$ 4.88	$ 3.39	0.00%	3.02%	-0.01%	8,684	$ 5.08	$ 3.68
Inpatient Services -- Mental Health	33	$ 1,728.01	$ 4.73	0.00%	5.05%	-0.01%	34	$ 1,899.33	$ 5.41
Emergency Room -- Mental Health	8	$ 145.16	$ 0.10	0.00%	4.28%	2.36%	9	$ 162.78	$ 0.12
Professional/Other -- Mental Health	1,086	$ 41.43	$ 3.75	0.00%	4.28%	0.63%	1,113	$ 45.68	$ 4.24
Gross Medical Total			**$ 3,543.38**	**-2.69%**	**1.27%**	**2.75%**			**$ 3,667.67**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.16**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 125.96**
% of Final Projected Medical	3.32%
Final Projected Medical	**$ 3,793.79**
Administrative Expenses PMPM	**$ 237.50**
% of Final Projected Medical	6.26%
Underwriting Gain PMPM	**$ 65.02**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 4,096.31**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 4,334.72**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Child 1 - 20 Years
424,104

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	417	$ 1,744.34	$ 60.56	-4.26%	-0.25%	5.16%	413	$ 1,758.79	$ 60.56
Outpatient Hospital	6,244	$ 61.28	$ 31.89	-0.40%	1.51%	33.44%	6,370	$ 83.18	$ 44.16
Primary Care	2,746	$ 73.35	$ 16.78	0.07%	1.51%	0.05%	2,823	$ 74.43	$ 17.51
Specialty Care	1,481	$ 147.39	$ 18.19	-0.15%	1.51%	0.02%	1,520	$ 149.44	$ 18.93
FQHC/RHC	159	$ 87.65	$ 1.16	0.09%	1.51%	0.16%	163	$ 89.01	$ 1.21
EPSDT	1,076	$ 260.98	$ 23.39	-0.04%	1.51%	0.01%	1,108	$ 263.97	$ 24.37
Certified Nurse Practitioners/Clinical Nurse	103	$ 127.84	$ 1.10	0.09%	1.51%	0.00%	106	$ 129.60	$ 1.15
Lab/Radiology	2,387	$ 19.37	$ 3.85	-0.06%	3.02%	0.00%	2,485	$ 20.18	$ 4.18
Home Health	494	$ 355.73	$ 14.64	0.06%	3.02%	0.00%	515	$ 370.20	$ 15.90
Emergency Transportation	139	$ 172.84	$ 2.00	-0.02%	1.99%	0.02%	148	$ 171.69	$ 2.12
Non-Emergency Transportation	1,135	$ 63.70	$ 6.02	0.01%	1.99%	0.01%	1,206	$ 63.27	$ 6.36
Rehabilitation Services (OT, PT, ST)	28	$ 117.88	$ 0.27	-0.04%	3.02%	0.00%	29	$ 122.81	$ 0.30
DME	79	$ 4.27	$ 0.03	-0.04%	3.02%	0.00%	82	$ 4.45	$ 0.03
Clinic	32	$ 263.85	$ 0.70	-0.01%	1.51%	0.01%	33	$ 267.51	$ 0.73
Family Planning	40	$ 94.89	$ 0.32	-0.18%	1.51%	4.02%	41	$ 99.88	$ 0.34
Other	2,502	$ 145.21	$ 30.28	-6.83%	3.02%	0.00%	2,445	$ 150.30	$ 30.62
Prescribed Drugs	16,166	$ 108.29	$ 145.89	-1.62%	6.46%	-3.90%	16,236	$ 121.08	$ 163.82
Emergency Room	1,899	$ 167.97	$ 26.58	-2.68%	1.51%	1.95%	1,937	$ 170.21	$ 27.48
Basic Behavioral Health	1,477	$ 55.49	$ 6.83	-3.83%	1.51%	0.03%	1,461	$ 56.21	$ 6.84
Hospice	115	$ 18.29	$ 0.17	0.00%	-0.25%	0.13%	114	$ 18.32	$ 0.17
Personal Care Services	9,862	$ 3.63	$ 2.98	-0.44%	3.02%	0.00%	10,242	$ 3.78	$ 3.22
Inpatient Services -- Mental Health	357	$ 577.76	$ 17.20	0.00%	2.77%	24.91%	365	$ 762.04	$ 23.16
Emergency Room -- Mental Health	7	$ 144.80	$ 0.08	-0.01%	2.76%	1.49%	7	$ 156.74	$ 0.09
Professional/Other -- Mental Health	84,226	$ 18.67	$ 131.04	-0.03%	2.76%	0.43%	85,073	$ 20.00	$ 141.79
Gross Medical Total			**$ 541.98**	**-1.51%**	**3.18%**	**2.26%**			**$ 595.03**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.27**
% of Final Projected Medical	0.04%
ABA Adjustment	**$ 28.67**
% of Final Projected Medical	4.59%
New Benefits Add Ons & Outliers	**$ 1.15**
% of Final Projected Medical	0.18%
Final Projected Medical	**$ 625.13**
Administrative Expenses PMPM	**$ 44.31**
% of Final Projected Medical	7.09%
Underwriting Gain PMPM	**$ 10.80**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 680.24**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 719.83**

MERCER

Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SSI Adult 21+ Years
882,601

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,617	$ 1,148.18	$ 154.70	-4.29%	0.50%	14.15%	1,603	$ 1,282.86	$ 171.36
Outpatient Hospital	14,450	$ 75.66	$ 91.10	-0.56%	4.55%	14.58%	15,360	$ 91.65	$ 117.31
Primary Care	5,399	$ 78.27	$ 35.22	0.29%	2.50%	0.70%	5,702	$ 80.12	$ 38.07
Specialty Care	3,433	$ 161.46	$ 46.19	-0.04%	2.50%	0.62%	3,624	$ 164.69	$ 49.74
FQHC/RHC	346	$ 100.06	$ 2.88	0.04%	2.50%	-0.07%	365	$ 101.37	$ 3.08
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	225	$ 119.53	$ 2.25	0.04%	2.50%	0.45%	238	$ 121.73	$ 2.42
Lab/Radiology	8,923	$ 24.08	$ 17.90	0.00%	3.72%	0.32%	9,381	$ 25.40	$ 19.86
Home Health	414	$ 76.56	$ 2.64	-0.26%	3.72%	0.09%	435	$ 80.35	$ 2.91
Emergency Transportation	631	$ 147.08	$ 7.74	-0.14%	2.75%	1.27%	682	$ 148.28	$ 8.43
Non-Emergency Transportation	6,761	$ 40.27	$ 22.69	-0.16%	2.75%	0.38%	7,310	$ 40.21	$ 24.50
Rehabilitation Services (OT, PT, ST)	13	$ 205.36	$ 0.22	0.02%	3.72%	0.41%	14	$ 216.88	$ 0.24
DME	44,548	$ 3.86	$ 14.33	-0.17%	3.72%	0.04%	46,830	$ 4.06	$ 15.83
Clinic	864	$ 258.28	$ 18.60	-0.06%	2.50%	0.28%	912	$ 262.47	$ 19.96
Family Planning	31	$ 116.81	$ 0.31	-0.13%	2.50%	4.68%	33	$ 123.79	$ 0.34
Other	387	$ 13.01	$ 0.42	0.02%	3.72%	0.26%	407	$ 13.72	$ 0.47
Prescribed Drugs	49,934	$ 76.01	$ 316.29	-1.47%	2.61%	-3.83%	50,110	$ 77.05	$ 321.76
Emergency Room	4,205	$ 219.21	$ 76.83	-2.69%	4.55%	0.54%	4,470	$ 228.04	$ 84.95
Basic Behavioral Health	524	$ 57.24	$ 2.50	-0.18%	2.50%	0.06%	553	$ 57.95	$ 2.67
Hospice	366	$ 154.19	$ 4.71	-0.01%	0.50%	3.92%	364	$ 163.58	$ 4.96
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	792	$ 523.20	$ 34.55	1.79%	4.91%	26.18%	834	$ 728.57	$ 50.63
Emergency Room -- Mental Health	19	$ 256.90	$ 0.41	-0.54%	6.57%	1.46%	20	$ 298.40	$ 0.49
Professional/Other -- Mental Health	21,053	$ 30.24	$ 53.05	-0.20%	6.57%	0.27%	21,784	$ 34.83	$ 63.23
Gross Medical Total			**$ 905.52**	**-1.47%**	**2.99%**	**3.68%**			**$ 1,003.20**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 2.92**
% of Final Projected Medical	0.29%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 2.38**
% of Final Projected Medical	0.24%
Final Projected Medical	**$ 1,008.50**
Administrative Expenses PMPM	**$ 61.05**
% of Final Projected Medical	6.05%
Underwriting Gain PMPM	**$ 17.25**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,086.79**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,150.05**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 0 - 2 Months
123,687

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	13,753	$ 1,157.74	$ 1,326.89	-4.13%	0.74%	4.26%	13,563	$ 1,197.54	$ 1,353.48
Outpatient Hospital	6,223	$ 32.47	$ 16.84	-0.01%	3.28%	18.92%	6,527	$ 40.23	$ 21.88
Primary Care	12,213	$ 134.97	$ 137.37	0.01%	2.77%	0.00%	12,468	$ 142.52	$ 148.08
Specialty Care	2,239	$ 602.84	$ 112.48	-0.02%	2.77%	0.00%	2,285	$ 636.59	$ 121.22
FQHC/RHC	333	$ 91.24	$ 2.53	0.00%	2.77%	-0.02%	339	$ 96.33	$ 2.72
EPSDT	7,098	$ 89.24	$ 52.78	0.00%	2.77%	0.00%	7,245	$ 94.24	$ 56.90
Certified Nurse Practitioners/Clinical Nurse	65	$ 169.93	$ 0.92	0.00%	2.77%	0.00%	66	$ 179.45	$ 0.99
Lab/Radiology	25,753	$ 16.89	$ 36.25	-0.01%	1.74%	0.00%	26,369	$ 17.30	$ 38.01
Home Health	85	$ 60.51	$ 0.43	0.00%	1.74%	-0.01%	87	$ 61.96	$ 0.45
Emergency Transportation	171	$ 258.08	$ 3.67	-0.04%	1.74%	0.00%	175	$ 264.23	$ 3.84
Non-Emergency Transportation	555	$ 130.09	$ 6.01	0.00%	1.74%	0.00%	568	$ 133.21	$ 6.30
Rehabilitation Services (OT, PT, ST)	0	$ 132.54	$ 0.00	0.00%	1.74%	0.00%	0	$ 135.71	$ 0.00
DME	10	$ 33.67	$ 0.03	0.00%	1.74%	0.00%	10	$ 34.48	$ 0.03
Clinic	0	$ 182.30	$ 0.00	0.00%	2.77%	0.00%	0	$ 192.50	$ 0.00
Family Planning	0	$ 266.49	$ 0.00	0.00%	2.77%	0.00%	0	$ 281.40	$ 0.00
Other	31	$ 103.96	$ 0.27	-43.88%	1.74%	0.00%	19	$ 100.29	$ 0.16
Prescribed Drugs	3,618	$ 21.69	$ 6.54	-1.65%	0.96%	-3.10%	3,630	$ 21.15	$ 6.40
Emergency Room	2,406	$ 130.15	$ 26.10	-2.60%	3.28%	1.20%	2,524	$ 133.66	$ 28.11
Basic Behavioral Health	6	$ 54.52	$ 0.03	0.07%	2.77%	0.00%	6	$ 57.56	$ 0.03
Hospice	24	$ 384.11	$ 0.78	0.00%	0.74%	0.29%	24	$ 398.60	$ 0.80
Personal Care Services	0	$ 56.00	$ 0.00	0.00%	1.74%	0.00%	0	$ 57.34	$ 0.00
Inpatient Services -- Mental Health	54	$ 1,284.90	$ 5.83	0.00%	0.74%	0.06%	54	$ 1,330.32	$ 5.95
Emergency Room -- Mental Health	5	$ 75.43	$ 0.03	0.00%	0.75%	1.41%	5	$ 77.02	$ 0.03
Professional/Other -- Mental Health	640	$ 43.06	$ 2.30	0.00%	0.75%	0.82%	649	$ 43.71	$ 2.36
Gross Medical Total			**$ 1,738.07**	**-3.21%**	**1.21%**	**3.39%**			**$ 1,797.75**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 59.54**
% of Final Projected Medical	3.21%
Final Projected Medical	**$ 1,857.33**
Administrative Expenses PMPM	**$ 134.72**
% of Final Projected Medical	7.25%
Underwriting Gain PMPM	**$ 32.13**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 2,024.19**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 2,142.00**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Child 1 - 20 Years
7,881,855

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	41	$ 1,541.99	$ 5.30	-4.12%	0.74%	6.99%	41	$ 1,636.83	$ 5.55
Outpatient Hospital	1,760	$ 49.97	$ 7.33	-0.12%	5.06%	51.91%	1,896	$ 80.60	$ 12.74
Primary Care	2,303	$ 66.72	$ 12.81	0.02%	2.77%	0.09%	2,351	$ 70.53	$ 13.82
Specialty Care	767	$ 120.14	$ 7.68	0.00%	2.77%	0.04%	783	$ 126.91	$ 8.28
FQHC/RHC	133	$ 85.09	$ 0.95	0.00%	2.77%	0.15%	136	$ 89.99	$ 1.02
EPSDT	1,017	$ 74.44	$ 6.31	-0.08%	2.77%	0.02%	1,038	$ 78.55	$ 6.80
Certified Nurse Practitioners/Clinical Nurse	47	$ 110.76	$ 0.43	0.00%	2.77%	0.00%	48	$ 116.95	$ 0.46
Lab/Radiology	1,609	$ 15.11	$ 2.03	0.00%	1.74%	0.00%	1,648	$ 15.47	$ 2.12
Home Health	4	$ 432.61	$ 0.16	-0.98%	1.74%	0.00%	5	$ 438.56	$ 0.17
Emergency Transportation	36	$ 161.24	$ 0.48	0.00%	1.74%	0.01%	36	$ 165.11	$ 0.50
Non-Emergency Transportation	198	$ 60.48	$ 1.00	0.00%	1.74%	0.03%	203	$ 61.95	$ 1.05
Rehabilitation Services (OT, PT, ST)	7	$ 120.25	$ 0.07	0.00%	1.74%	0.00%	8	$ 123.13	$ 0.08
DME	1	$ 13.90	$ 0.00	0.00%	1.74%	0.00%	1	$ 14.23	$ 0.00
Clinic	5	$ 210.24	$ 0.08	0.00%	2.77%	0.00%	5	$ 222.01	$ 0.09
Family Planning	31	$ 103.48	$ 0.27	-0.19%	2.77%	4.14%	32	$ 113.58	$ 0.30
Other	51	$ 113.31	$ 0.49	-14.10%	1.74%	0.00%	46	$ 114.03	$ 0.44
Prescribed Drugs	6,397	$ 52.29	$ 27.87	-1.65%	2.08%	-3.10%	6,387	$ 52.80	$ 28.11
Emergency Room	1,162	$ 144.20	$ 13.97	-2.62%	5.06%	2.36%	1,253	$ 152.82	$ 15.95
Basic Behavioral Health	421	$ 56.94	$ 2.00	-0.08%	2.77%	0.00%	429	$ 60.13	$ 2.15
Hospice	6	$ 21.68	$ 0.01	0.00%	0.74%	4.83%	6	$ 23.52	$ 0.01
Personal Care Services	63	$ 4.10	$ 0.02	-0.74%	1.74%	0.00%	65	$ 4.17	$ 0.02
Inpatient Services -- Mental Health	48	$ 576.61	$ 2.33	0.00%	1.99%	23.17%	48	$ 760.10	$ 3.03
Emergency Room -- Mental Health	4	$ 81.98	$ 0.03	0.00%	5.83%	1.17%	5	$ 89.96	$ 0.03
Professional/Other -- Mental Health	19,971	$ 17.76	$ 29.56	0.00%	5.83%	0.10%	21,518	$ 19.28	$ 34.58
Gross Medical Total			**$ 121.15**	**-0.93%**	**3.65%**	**3.64%**			**$ 137.28**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.03**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 1.66**
% of Final Projected Medical	1.19%
New Benefits Add Ons & Outliers	**$ 0.29**
% of Final Projected Medical	0.21%
Final Projected Medical	**$ 139.26**
Administrative Expenses PMPM	**$ 20.94**
% of Final Projected Medical	15.04%
Underwriting Gain PMPM	**$ 2.58**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 162.78**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 172.26**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children Adult 21+ Years
1,265,269

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	234	$ 1,176.12	$ 22.89	-4.17%	2.48%	12.16%	229	$ 1,381.04	$ 26.32
Outpatient Hospital	5,161	$ 56.28	$ 24.21	-0.31%	3.99%	30.41%	5,377	$ 78.22	$ 35.05
Primary Care	2,654	$ 79.56	$ 17.59	0.38%	1.25%	0.15%	2,709	$ 81.08	$ 18.30
Specialty Care	1,155	$ 136.12	$ 13.11	-0.01%	1.25%	0.17%	1,179	$ 138.23	$ 13.59
FQHC/RHC	205	$ 97.03	$ 1.66	0.01%	1.25%	-0.08%	209	$ 98.29	$ 1.72
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	113	$ 117.95	$ 1.11	0.01%	1.25%	0.03%	116	$ 119.62	$ 1.15
Lab/Radiology	6,215	$ 20.82	$ 10.78	0.00%	4.72%	0.01%	6,622	$ 22.18	$ 12.24
Home Health	27	$ 171.51	$ 0.39	-0.59%	4.72%	-0.03%	29	$ 181.59	$ 0.44
Emergency Transportation	169	$ 143.26	$ 2.02	-0.12%	1.99%	0.08%	174	$ 147.14	$ 2.13
Non-Emergency Transportation	930	$ 54.73	$ 4.24	-0.02%	1.99%	0.36%	955	$ 56.42	$ 4.49
Rehabilitation Services (OT, PT, ST)	5	$ 115.88	$ 0.05	0.00%	4.72%	0.00%	5	$ 123.46	$ 0.05
DME	2,511	$ 9.87	$ 2.07	-0.25%	4.72%	0.00%	2,676	$ 10.49	$ 2.34
Clinic	21	$ 185.76	$ 0.32	0.00%	1.25%	0.24%	21	$ 188.78	$ 0.33
Family Planning	142	$ 194.78	$ 2.31	-0.12%	1.25%	8.61%	145	$ 214.23	$ 2.59
Other	62	$ 27.93	$ 0.14	0.00%	4.72%	0.26%	66	$ 29.84	$ 0.16
Prescribed Drugs	18,505	$ 44.89	$ 69.22	-1.65%	4.02%	-3.08%	18,686	$ 47.22	$ 73.53
Emergency Room	2,721	$ 187.71	$ 42.57	-2.63%	3.99%	2.02%	2,835	$ 199.34	$ 47.09
Basic Behavioral Health	445	$ 59.96	$ 2.22	-0.03%	1.25%	0.02%	454	$ 60.79	$ 2.30
Hospice	43	$ 35.57	$ 0.13	0.00%	2.48%	17.35%	42	$ 45.58	$ 0.16
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	162	$ 542.88	$ 7.32	11.38%	0.14%	22.41%	159	$ 755.94	$ 10.01
Emergency Room -- Mental Health	13	$ 118.71	$ 0.12	-0.04%	9.43%	2.08%	14	$ 137.11	$ 0.16
Professional/Other -- Mental Health	10,018	$ 24.51	$ 20.47	-0.05%	9.43%	0.09%	11,339	$ 27.76	$ 26.23
Gross Medical Total			**$ 244.94**	**-0.99%**	**3.79%**	**4.39%**			**$ 280.40**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.67**
% of Final Projected Medical	0.24%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.89**
% of Final Projected Medical	0.32%
Final Projected Medical	**$ 281.96**
Administrative Expenses PMPM	**$ 27.48**
% of Final Projected Medical	9.75%
Underwriting Gain PMPM	**$ 4.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 314.43**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 332.74**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Foster Care Children All Ages Male & Female
155,493

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	134	$ 2,127.55	$ 23.68	-4.26%	3.72%	3.63%	131	$ 2,387.45	$ 25.97
Outpatient Hospital	2,561	$ 51.04	$ 10.89	-0.17%	7.21%	53.38%	2,817	$ 86.07	$ 20.20
Primary Care	2,667	$ 68.03	$ 15.12	0.03%	2.73%	0.11%	2,769	$ 70.67	$ 16.31
Specialty Care	1,089	$ 135.74	$ 12.32	-0.08%	2.73%	0.01%	1,129	$ 140.88	$ 13.25
FQHC/RHC	193	$ 88.70	$ 1.43	0.04%	2.73%	0.00%	201	$ 92.04	$ 1.54
EPSDT	1,135	$ 97.36	$ 9.21	0.10%	2.73%	0.03%	1,179	$ 101.07	$ 9.93
Certified Nurse Practitioners/Clinical Nurse	74	$ 113.39	$ 0.70	0.04%	2.73%	0.00%	77	$ 117.67	$ 0.76
Lab/Radiology	2,928	$ 16.42	$ 4.01	-0.05%	1.74%	0.00%	2,997	$ 16.81	$ 4.20
Home Health	84	$ 269.95	$ 1.88	0.07%	1.74%	0.00%	86	$ 276.41	$ 1.98
Emergency Transportation	100	$ 165.49	$ 1.38	-0.04%	4.47%	0.00%	106	$ 175.74	$ 1.56
Non-Emergency Transportation	255	$ 131.05	$ 2.78	0.01%	4.47%	0.00%	270	$ 139.16	$ 3.14
Rehabilitation Services (OT, PT, ST)	16	$ 77.72	$ 0.11	0.00%	1.74%	0.00%	17	$ 79.58	$ 0.11
DME	11	$ 28.95	$ 0.03	0.00%	1.74%	0.00%	12	$ 29.64	$ 0.03
Clinic	7	$ 166.19	$ 0.09	-0.13%	2.73%	0.00%	7	$ 172.44	$ 0.10
Family Planning	43	$ 104.43	$ 0.37	-0.16%	2.73%	4.02%	44	$ 112.55	$ 0.41
Other	251	$ 160.44	$ 3.35	-12.63%	1.74%	0.00%	225	$ 163.95	$ 3.07
Prescribed Drugs	12,044	$ 65.95	$ 66.19	-2.06%	4.00%	-1.90%	12,150	$ 69.97	$ 70.84
Emergency Room	1,214	$ 161.31	$ 16.32	-2.67%	7.21%	2.10%	1,335	$ 176.50	$ 19.64
Basic Behavioral Health	1,212	$ 55.15	$ 5.57	-0.76%	2.73%	0.00%	1,250	$ 57.14	$ 5.95
Hospice	9	$ 87.59	$ 0.07	0.00%	3.72%	-0.79%	9	$ 98.08	$ 0.07
Personal Care Services	367	$ 2.53	$ 0.08	-1.92%	1.74%	0.00%	369	$ 2.59	$ 0.08
Inpatient Services -- Mental Health	539	$ 596.67	$ 26.79	1.13%	0.33%	22.71%	531	$ 757.58	$ 33.55
Emergency Room -- Mental Health	4	$ 180.21	$ 0.05	-0.01%	9.18%	2.39%	4	$ 208.17	$ 0.07
Professional/Other -- Mental Health	54,418	$ 33.00	$ 149.63	-0.07%	9.18%	2.27%	61,368	$ 38.07	$ 194.70
Gross Medical Total			**$ 352.04**	**-0.88%**	**6.03%**	**4.28%**			**$ 427.45**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.07**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ 9.49**
% of Final Projected Medical	2.17%
New Benefits Add Ons & Outliers	**$ 0.49**
% of Final Projected Medical	0.11%
Final Projected Medical	**$ 437.50**
Administrative Expenses PMPM	**$ 35.10**
% of Final Projected Medical	8.02%
Underwriting Gain PMPM	**$ 7.62**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 480.22**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 508.17**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
BCC All Ages
5,736

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,262	$ 1,155.46	$ 121.51	-2.26%	2.97%	10.77%	1,236	$ 1,384.28	$ 142.58
Outpatient Hospital	54,026	$ 133.98	$ 603.22	-0.10%	4.97%	4.43%	57,754	$ 149.42	$ 719.15
Primary Care	7,176	$ 74.18	$ 44.36	3.39%	0.99%	0.48%	7,274	$ 78.11	$ 47.35
Specialty Care	5,625	$ 171.22	$ 80.26	1.94%	0.99%	1.10%	5,702	$ 178.86	$ 84.99
FQHC/RHC	263	$ 92.58	$ 2.03	1.94%	0.99%	1.20%	266	$ 96.81	$ 2.15
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	422	$ 137.54	$ 4.84	1.94%	0.99%	1.41%	428	$ 144.12	$ 5.14
Lab/Radiology	15,132	$ 65.91	$ 83.11	1.94%	3.72%	1.41%	15,912	$ 71.65	$ 95.00
Home Health	184	$ 82.88	$ 1.27	1.86%	3.72%	1.41%	194	$ 90.02	$ 1.46
Emergency Transportation	160	$ 149.40	$ 2.00	1.94%	1.74%	1.41%	164	$ 158.13	$ 2.16
Non-Emergency Transportation	4,863	$ 37.02	$ 15.00	1.94%	1.74%	1.46%	4,979	$ 39.21	$ 16.27
Rehabilitation Services (OT, PT, ST)	12	$ 306.85	$ 0.30	1.95%	3.72%	1.41%	12	$ 333.57	$ 0.34
DME	17,172	$ 6.55	$ 9.38	1.92%	3.72%	1.41%	18,057	$ 7.12	$ 10.72
Clinic	22	$ 176.39	$ 0.32	1.94%	0.99%	1.41%	22	$ 184.84	$ 0.34
Family Planning	22	$ 125.18	$ 0.23	1.93%	0.99%	5.11%	22	$ 135.95	$ 0.25
Other	106	$ 29.35	$ 0.26	1.94%	3.72%	1.41%	111	$ 31.90	$ 0.30
Prescribed Drugs	51,274	$ 72.15	$ 308.30	1.72%	11.57%	-0.40%	53,737	$ 94.25	$ 422.04
Emergency Room	2,418	$ 236.98	$ 47.76	-0.78%	4.97%	2.47%	2,585	$ 257.58	$ 55.49
Basic Behavioral Health	310	$ 59.74	$ 1.54	1.94%	0.99%	1.44%	314	$ 62.62	$ 1.64
Hospice	460	$ 166.10	$ 6.37	1.94%	2.97%	1.43%	451	$ 190.04	$ 7.14
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	95	$ 549.20	$ 4.34	2.10%	4.66%	21.79%	93	$ 787.45	$ 6.12
Emergency Room -- Mental Health	10	$ 224.95	$ 0.20	1.93%	9.43%	5.46%	12	$ 273.70	$ 0.27
Professional/Other -- Mental Health	3,933	$ 30.44	$ 9.98	1.92%	9.43%	2.05%	4,452	$ 35.84	$ 13.30
Gross Medical Total			**$ 1,346.56**	**0.55%**	**5.91%**	**3.06%**			**$ 1,634.19**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 50.15**
% of Final Projected Medical	2.98%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.24**
% of Final Projected Medical	0.07%
Final Projected Medical	**$ 1,685.58**
Administrative Expenses PMPM	**$ 92.19**
% of Final Projected Medical	5.47%
Underwriting Gain PMPM	**$ 28.67**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,806.45**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,911.59**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
LAP All Ages
40,385

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	63	$ 1,492.70	$ 7.88	-4.12%	3.72%	6.56%	62	$ 1,721.37	$ 8.90
Outpatient Hospital	2,879	$ 54.38	$ 13.05	-0.06%	7.21%	38.59%	3,168	$ 82.89	$ 21.89
Primary Care	2,848	$ 66.45	$ 15.77	0.00%	2.73%	0.16%	2,955	$ 69.07	$ 17.01
Specialty Care	1,188	$ 121.09	$ 11.99	0.00%	2.73%	0.02%	1,233	$ 125.69	$ 12.92
FQHC/RHC	90	$ 85.66	$ 0.64	0.00%	2.73%	-0.04%	93	$ 88.86	$ 0.69
EPSDT	1,276	$ 86.88	$ 9.24	-0.04%	2.73%	0.02%	1,324	$ 90.15	$ 9.95
Certified Nurse Practitioners/Clinical Nurse	69	$ 109.51	$ 0.63	0.00%	2.73%	0.00%	72	$ 113.65	$ 0.68
Lab/Radiology	2,206	$ 16.39	$ 3.01	0.00%	1.74%	0.00%	2,259	$ 16.78	$ 3.16
Home Health	3	$ 720.37	$ 0.17	-0.02%	1.74%	0.00%	3	$ 737.51	$ 0.18
Emergency Transportation	16	$ 162.96	$ 0.22	0.00%	4.47%	0.00%	17	$ 173.06	$ 0.25
Non-Emergency Transportation	61	$ 111.89	$ 0.57	0.00%	4.47%	-0.03%	65	$ 118.79	$ 0.64
Rehabilitation Services (OT, PT, ST)	30	$ 158.70	$ 0.40	0.00%	1.74%	0.00%	31	$ 162.51	$ 0.42
DME	1	$ 21.72	$ 0.00	0.00%	1.74%	0.00%	2	$ 22.25	$ 0.00
Clinic	7	$ 224.50	$ 0.14	0.00%	2.73%	0.00%	8	$ 232.98	$ 0.15
Family Planning	33	$ 88.06	$ 0.24	-0.06%	2.73%	4.18%	34	$ 95.15	$ 0.27
Other	178	$ 136.10	$ 2.02	-16.24%	1.74%	0.00%	160	$ 133.13	$ 1.77
Prescribed Drugs	8,100	$ 62.53	$ 42.21	-1.11%	1.03%	-3.80%	7,962	$ 62.24	$ 41.30
Emergency Room	793	$ 168.87	$ 11.16	-2.61%	7.21%	0.27%	873	$ 181.48	$ 13.20
Basic Behavioral Health	494	$ 60.04	$ 2.47	0.00%	2.73%	0.02%	512	$ 62.32	$ 2.66
Hospice	30	$ 8.28	$ 0.02	0.00%	3.72%	15.55%	29	$ 10.80	$ 0.03
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	34	$ 565.88	$ 1.59	0.00%	0.74%	26.12%	33	$ 738.47	$ 2.05
Emergency Room -- Mental Health	3	$ 81.53	$ 0.02	0.00%	9.18%	0.00%	3	$ 91.99	$ 0.02
Professional/Other -- Mental Health	7,721	$ 20.43	$ 13.15	0.00%	9.18%	0.00%	8,712	$ 23.05	$ 16.74
Gross Medical Total			**$ 136.57**	**-1.04%**	**3.70%**	**3.69%**			**$ 154.85**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.05**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 5.09**
% of Final Projected Medical	3.17%
New Benefits Add Ons & Outliers	**$ 0.39**
% of Final Projected Medical	0.24%
Final Projected Medical	**$ 160.37**
Administrative Expenses PMPM	**$ 21.29**
% of Final Projected Medical	13.28%
Underwriting Gain PMPM	**$ 2.93**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 184.60**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 195.34**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Child 1 - 20 Years
5,618

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,557	$ 1,877.38	$ 243.65	-4.12%	2.97%	5.40%	1,525	$ 2,099.36	$ 266.88
Outpatient Hospital	9,946	$ 55.20	$ 45.75	-0.03%	6.47%	63.02%	10,841	$ 98.05	$ 88.58
Primary Care	4,130	$ 77.34	$ 26.61	0.01%	2.98%	0.05%	4,300	$ 80.57	$ 28.87
Specialty Care	2,756	$ 194.81	$ 44.74	0.00%	2.98%	0.19%	2,870	$ 203.23	$ 48.61
FQHC/RHC	75	$ 101.64	$ 0.64	0.00%	2.98%	0.00%	78	$ 105.84	$ 0.69
EPSDT	1,697	$ 1,188.04	$ 167.96	0.00%	2.98%	0.00%	1,767	$ 1,237.01	$ 182.10
Certified Nurse Practitioners/Clinical Nurse	220	$ 120.02	$ 2.20	0.00%	2.98%	0.00%	229	$ 124.97	$ 2.38
Lab/Radiology	3,232	$ 17.10	$ 4.60	0.00%	0.99%	0.00%	3,276	$ 17.33	$ 4.73
Home Health	6,724	$ 303.58	$ 170.10	0.00%	0.99%	0.00%	6,816	$ 307.73	$ 174.78
Emergency Transportation	351	$ 207.19	$ 6.06	0.00%	8.43%	0.00%	392	$ 231.59	$ 7.57
Non-Emergency Transportation	2,354	$ 56.10	$ 11.01	0.00%	8.43%	0.00%	2,632	$ 62.70	$ 13.75
Rehabilitation Services (OT, PT, ST)	15	$ 107.46	$ 0.13	0.00%	0.99%	0.00%	15	$ 108.93	$ 0.14
DME	722	$ 1.34	$ 0.08	0.00%	0.99%	0.00%	732	$ 1.36	$ 0.08
Clinic	8	$ 144.94	$ 0.09	0.00%	2.98%	0.72%	8	$ 152.00	$ 0.10
Family Planning	47	$ 52.97	$ 0.21	-0.04%	2.98%	0.91%	49	$ 55.64	$ 0.23
Other	16,088	$ 75.61	$ 101.37	-11.50%	0.99%	0.00%	13,506	$ 81.90	$ 92.18
Prescribed Drugs	29,831	$ 97.84	$ 243.23	-3.45%	4.39%	-2.80%	30,803	$ 100.08	$ 256.90
Emergency Room	1,658	$ 228.89	$ 31.63	-2.61%	6.47%	3.61%	1,807	$ 251.75	$ 37.91
Basic Behavioral Health	2,859	$ 73.05	$ 17.40	0.00%	2.98%	0.02%	2,977	$ 76.07	$ 18.87
Hospice	296	$ 117.34	$ 2.89	0.00%	2.97%	0.00%	290	$ 129.84	$ 3.13
Personal Care Services	386,516	$ 2.52	$ 81.05	0.00%	0.99%	0.00%	391,801	$ 2.55	$ 83.27
Inpatient Services -- Mental Health	257	$ 514.36	$ 11.01	0.00%	0.74%	29.93%	253	$ 691.54	$ 14.60
Emergency Room -- Mental Health	2	$ 221.40	$ 0.05	0.00%	4.47%	0.00%	3	$ 235.12	$ 0.05
Professional/Other -- Mental Health	31,001	$ 19.65	$ 50.77	0.00%	4.47%	0.94%	32,921	$ 21.06	$ 57.79
Gross Medical Total			**$ 1,263.24**	**-2.45%**	**3.05%**	**3.43%**			**$ 1,384.21**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.64**
% of Final Projected Medical	0.05%
ABA Adjustment	**$ 31.32**
% of Final Projected Medical	2.21%
New Benefits Add Ons & Outliers	**$ 0.90**
% of Final Projected Medical	0.06%
Final Projected Medical	**$ 1,417.07**
Administrative Expenses PMPM	**$ 89.67**
% of Final Projected Medical	6.33%
Underwriting Gain PMPM	**$ 24.30**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,531.05**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,620.16**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
HCBS Adult 21+ Years
17,413

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	1,649	$ 1,183.44	$ 162.62	-4.12%	2.97%	12.34%	1,615	$ 1,410.52	$ 189.85
Outpatient Hospital	12,690	$ 54.37	$ 57.50	-0.04%	4.97%	25.91%	13,566	$ 73.16	$ 82.70
Primary Care	6,119	$ 78.30	$ 39.93	-0.02%	0.99%	0.20%	6,202	$ 79.52	$ 41.10
Specialty Care	3,843	$ 138.89	$ 44.48	0.00%	0.99%	-0.12%	3,896	$ 140.63	$ 45.65
FQHC/RHC	393	$ 91.29	$ 2.99	0.00%	0.99%	-0.04%	399	$ 92.50	$ 3.07
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	204	$ 111.54	$ 1.90	0.00%	0.99%	-0.01%	207	$ 113.05	$ 1.95
Lab/Radiology	7,611	$ 19.44	$ 12.33	0.00%	3.72%	-0.01%	8,003	$ 20.44	$ 13.63
Home Health	1,077	$ 62.57	$ 5.61	-0.01%	3.72%	-0.01%	1,132	$ 65.78	$ 6.21
Emergency Transportation	651	$ 125.96	$ 6.83	0.00%	1.74%	-0.01%	666	$ 128.96	$ 7.16
Non-Emergency Transportation	8,156	$ 52.19	$ 35.48	0.00%	1.74%	-0.01%	8,352	$ 53.44	$ 37.19
Rehabilitation Services (OT, PT, ST)	52	$ 151.41	$ 0.66	0.00%	3.72%	-0.01%	55	$ 159.20	$ 0.73
DME	289,365	$ 2.66	$ 64.05	-0.11%	3.72%	-0.01%	304,281	$ 2.79	$ 70.74
Clinic	773	$ 274.31	$ 17.68	0.00%	0.99%	0.00%	784	$ 278.06	$ 18.16
Family Planning	58	$ 97.41	$ 0.47	-0.08%	0.99%	4.82%	59	$ 103.42	$ 0.51
Other	1,575	$ 11.17	$ 1.47	0.00%	3.72%	-0.01%	1,656	$ 11.74	$ 1.62
Prescribed Drugs	60,213	$ 88.74	$ 445.26	-3.45%	4.39%	-2.79%	62,176	$ 90.77	$ 470.33
Emergency Room	2,879	$ 234.18	$ 56.18	-2.61%	4.97%	-1.69%	3,078	$ 239.70	$ 61.47
Basic Behavioral Health	894	$ 52.09	$ 3.88	0.00%	0.99%	0.05%	906	$ 52.83	$ 3.99
Hospice	447	$ 148.78	$ 5.54	0.00%	2.97%	0.74%	438	$ 165.84	$ 6.05
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	420	$ 504.17	$ 17.65	5.90%	2.54%	27.82%	413	$ 743.95	$ 25.60
Emergency Room -- Mental Health	10	$ 243.61	$ 0.21	0.00%	9.43%	0.17%	11	$ 276.19	$ 0.26
Professional/Other -- Mental Health	26,206	$ 23.47	$ 51.25	0.00%	9.43%	0.05%	29,661	$ 26.58	$ 65.69
Gross Medical Total			**$ 1,033.96**	**-2.19%**	**3.94%**	**2.58%**			**$ 1,153.66**

Notes:

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6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 1.22**
% of Final Projected Medical	0.11%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 2.14**
% of Final Projected Medical	0.19%
Final Projected Medical	**$ 1,157.02**
Administrative Expenses PMPM	**$ 63.49**
% of Final Projected Medical	5.49%
Underwriting Gain PMPM	**$ 19.69**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,240.19**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,312.37**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
CCM All Ages
34,227

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	637	$ 1,550.47	$ 82.26	-4.12%	2.97%	5.02%	624	$ 1,727.59	$ 89.78
Outpatient Hospital	10,610	$ 53.69	$ 47.47	-0.15%	6.47%	55.10%	11,565	$ 90.64	$ 87.35
Primary Care	3,576	$ 76.70	$ 22.86	-0.01%	2.98%	0.07%	3,724	$ 79.91	$ 24.80
Specialty Care	2,147	$ 148.98	$ 26.66	0.00%	2.98%	0.01%	2,236	$ 155.15	$ 28.91
FQHC/RHC	209	$ 87.32	$ 1.52	0.00%	2.98%	-0.05%	218	$ 90.88	$ 1.65
EPSDT	1,353	$ 703.76	$ 79.33	0.00%	2.98%	0.01%	1,408	$ 732.84	$ 86.01
Certified Nurse Practitioners/Clinical Nurse	170	$ 131.55	$ 1.86	0.00%	2.98%	0.00%	177	$ 136.98	$ 2.02
Lab/Radiology	2,524	$ 21.61	$ 4.55	0.00%	0.99%	0.00%	2,559	$ 21.91	$ 4.67
Home Health	2,377	$ 339.49	$ 67.24	0.00%	0.99%	0.00%	2,409	$ 344.12	$ 69.09
Emergency Transportation	191	$ 171.11	$ 2.73	0.00%	8.43%	0.00%	214	$ 191.25	$ 3.41
Non-Emergency Transportation	2,491	$ 48.25	$ 10.02	0.00%	8.43%	0.00%	2,784	$ 53.94	$ 12.51
Rehabilitation Services (OT, PT, ST)	302	$ 74.68	$ 1.88	0.00%	0.99%	0.00%	306	$ 75.70	$ 1.93
DME	67	$ 1.02	$ 0.01	0.00%	0.99%	0.00%	68	$ 1.04	$ 0.01
Clinic	7	$ 198.60	$ 0.12	0.00%	2.98%	0.00%	7	$ 206.79	$ 0.13
Family Planning	21	$ 80.70	$ 0.14	-0.13%	2.98%	3.61%	21	$ 86.94	$ 0.15
Other	15,137	$ 91.23	$ 115.08	-14.64%	0.99%	0.00%	13,024	$ 93.00	$ 100.94
Prescribed Drugs	20,516	$ 79.81	$ 136.44	-2.28%	5.55%	-1.80%	21,609	$ 84.36	$ 151.91
Emergency Room	1,708	$ 169.78	$ 24.16	-2.61%	6.47%	3.78%	1,861	$ 187.05	$ 29.01
Basic Behavioral Health	3,183	$ 76.75	$ 20.36	-0.07%	2.98%	0.00%	3,312	$ 79.92	$ 22.06
Hospice	7,085	$ 3.53	$ 2.08	0.00%	2.97%	-0.30%	6,940	$ 3.89	$ 2.25
Personal Care Services	146,301	$ 2.64	$ 32.22	0.00%	0.99%	0.00%	148,301	$ 2.68	$ 33.11
Inpatient Services -- Mental Health	480	$ 579.10	$ 23.15	0.00%	0.74%	23.52%	473	$ 740.15	$ 29.18
Emergency Room -- Mental Health	4	$ 115.63	$ 0.04	0.00%	4.47%	1.77%	4	$ 124.96	$ 0.04
Professional/Other -- Mental Health	53,114	$ 22.07	$ 97.69	0.00%	4.47%	0.61%	56,404	$ 23.58	$ 110.85
Gross Medical Total			**$ 799.87**	**-3.01%**	**3.46%**	**4.68%**			**$ 891.79**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.36**
% of Final Projected Medical	0.03%
ABA Adjustment	**$ 231.65**
% of Final Projected Medical	20.61%
New Benefits Add Ons & Outliers	**$ 0.38**
% of Final Projected Medical	0.03%
Final Projected Medical	**$ 1,124.18**
Administrative Expenses PMPM	**$ 74.33**
% of Final Projected Medical	6.61%
Underwriting Gain PMPM	**$ 19.33**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 1,217.84**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 1,288.72**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - CCM All Ages
41,927

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,183	$ 45.69	$ 4.51	0.00%	0.99%	0.00%	1,200	$ 46.32	$ 4.63
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	317	$ 517.90	$ 13.69	-0.01%	0.49%	26.30%	319	$ 658.51	$ 17.53
Emergency Room -- Mental Health	1	$ 497.11	$ 0.05	0.00%	9.18%	0.00%	1	$ 560.90	$ 0.06
Professional/Other -- Mental Health	50,346	$ 19.88	$ 83.40	0.00%	9.18%	0.68%	56,806	$ 22.58	$ 106.90
Gross Medical Total			**$ 101.64**	**0.00%**	**7.73%**	**3.51%**			**$ 129.11**

Notes:

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2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 128.95**
% of Final Projected Medical	49.92%
New Benefits Add Ons & Outliers	**$ 0.24**
% of Final Projected Medical	0.09%
Final Projected Medical	**$ 258.30**
Administrative Expenses PMPM	**$ 12.74**
% of Final Projected Medical	4.93%
Underwriting Gain PMPM	**$ 4.37**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 275.41**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 291.44**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Dual Eligible All Ages
1,236,752

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Non-Emergency Transportation	3,300	$ 27.22	$ 7.49	-0.48%	4.72%	0.00%	3,516	$ 28.86	$ 8.46
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	35	$ 357.69	$ 1.03	-7.04%	0.44%	30.50%	35	$ 434.70	$ 1.26
Emergency Room -- Mental Health	0	$ 272.17	$ 0.01	-0.49%	9.43%	4.14%	0	$ 319.22	$ 0.01
Professional/Other -- Mental Health	5,964	$ 23.87	$ 11.86	-0.54%	9.43%	0.38%	6,750	$ 26.98	$ 15.17
Gross Medical Total			**$ 20.39**	**-0.84%**	**7.32%**	**1.44%**			**$ 24.90**

Notes:

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3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.01**
% of Final Projected Medical	0.03%
Final Projected Medical	**$ 24.91**
Administrative Expenses PMPM	**$ 4.65**
% of Final Projected Medical	18.66%
Underwriting Gain PMPM	**$ 0.48**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 30.04**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 31.78**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Child 1 - 20 Years
19,659

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Non-Emergency Transportation	576	$ 83.61	$ 4.01	0.00%	0.99%	0.00%	584	$ 84.75	$ 4.12
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	99	$ 537.79	$ 4.44	0.00%	0.74%	26.41%	100	$ 686.77	$ 5.73
Emergency Room -- Mental Health	1	$ 322.53	$ 0.03	0.00%	9.18%	0.00%	1	$ 363.92	$ 0.04
Professional/Other -- Mental Health	13,082	$ 20.35	$ 22.19	0.00%	9.18%	0.50%	14,761	$ 23.08	$ 28.39
Gross Medical Total			**$ 30.67**	**0.00%**	**7.00%**	**3.62%**			**$ 38.28**

Notes:

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4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 91.16**
% of Final Projected Medical	70.32%
New Benefits Add Ons & Outliers	**$ 0.20**
% of Final Projected Medical	0.15%
Final Projected Medical	**$ 129.64**
Administrative Expenses PMPM	**$ 5.67**
% of Final Projected Medical	4.38%
Underwriting Gain PMPM	**$ 2.18**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 137.50**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 145.50**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - HCBS Adult 21+ Years
41,285

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Non-Emergency Transportation	1,509	$ 66.05	$ 8.31	0.00%	0.99%	0.00%	1,530	$ 66.95	$ 8.54
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	273	$ 491.90	$ 11.17	2.79%	-0.27%	26.78%	275	$ 629.89	$ 14.45
Emergency Room -- Mental Health	5	$ 262.80	$ 0.10	-0.02%	9.43%	-0.99%	5	$ 294.46	$ 0.13
Professional/Other -- Mental Health	11,805	$ 24.69	$ 24.29	-0.01%	9.43%	0.11%	13,361	$ 27.98	$ 31.15
Gross Medical Total			**$ 43.87**	**0.71%**	**5.49%**	**6.03%**			**$ 54.27**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 0.28**
% of Final Projected Medical	0.52%
Final Projected Medical	**$ 54.55**
Administrative Expenses PMPM	**$ 6.99**
% of Final Projected Medical	12.81%
Underwriting Gain PMPM	**$ 0.99**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 62.53**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 66.17**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
SBH - Other All Ages
38,339

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Outpatient Hospital	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Primary Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Specialty Care	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
FQHC/RHC	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
EPSDT	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Certified Nurse Practitioners/Clinical Nurse	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Lab/Radiology	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Home Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Transportation	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Non-Emergency Transportation	2,834	$ 128.13	$ 30.26	-0.08%	0.99%	-6.10%	2,873	$ 121.86	$ 29.17
Rehabilitation Services (OT, PT, ST)	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
DME	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Clinic	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Family Planning	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Other	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Prescribed Drugs	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Emergency Room	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Basic Behavioral Health	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Hospice	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Personal Care Services	-	$ -	$ -	0.00%	0.00%	0.00%	-	$ -	$ -
Inpatient Services -- Mental Health	1,325	$ 509.49	$ 56.26	-2.04%	0.30%	20.58%	1,343	$ 598.57	$ 67.00
Emergency Room -- Mental Health	6	$ 393.83	$ 0.21	-4.06%	9.43%	2.13%	7	$ 436.77	$ 0.26
Professional/Other -- Mental Health	13,144	$ 25.10	$ 27.49	-0.55%	9.43%	-3.50%	14,877	$ 27.27	$ 33.80
Gross Medical Total			**$ 114.22**	**-1.17%**	**2.84%**	**6.82%**			**$ 130.23**

Notes:

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5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ -**
% of Final Projected Medical	0.00%
ABA Adjustment	**$ 0.63**
% of Final Projected Medical	0.48%
New Benefits Add Ons & Outliers	**$ 0.06**
% of Final Projected Medical	0.04%
Final Projected Medical	**$ 130.91**
Administrative Expenses PMPM	**$ 13.99**
% of Final Projected Medical	10.69%
Underwriting Gain PMPM	**$ 2.34**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 147.24**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 155.81**

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Healthy Louisiana
RY 2019 (1/1/19 - 12/31/2019)
Rate Sheet

Appendix P

RY 2019 Projected Member Months
Family & Children 3 - 11 Months
416,371

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

Statewide	Final Base Data			Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses		
Category of Service	Util/1000	Unit Cost	PMPM	PMPM Percentage	PMPM Percentage	PMPM Percentage	Util/1000	Unit Cost	PMPM
Inpatient Hospital	257	$ 1,685.37	$ 36.16	-4.12%	0.74%	6.30%	254	$ 1,777.51	$ 37.61
Outpatient Hospital	3,181	$ 49.06	$ 13.00	-0.03%	3.28%	38.42%	3,337	$ 70.72	$ 19.66
Primary Care	6,080	$ 65.51	$ 33.19	0.00%	2.77%	-0.01%	6,207	$ 69.16	$ 35.77
Specialty Care	946	$ 164.40	$ 12.96	0.00%	2.77%	0.00%	965	$ 173.60	$ 13.96
FQHC/RHC	247	$ 93.26	$ 1.92	0.00%	2.77%	-0.06%	252	$ 98.43	$ 2.07
EPSDT	3,181	$ 98.45	$ 26.10	0.00%	2.77%	0.00%	3,247	$ 103.95	$ 28.13
Certified Nurse Practitioners/Clinical Nurse	73	$ 113.69	$ 0.69	0.00%	2.77%	0.00%	74	$ 120.05	$ 0.74
Lab/Radiology	2,211	$ 16.28	$ 3.00	0.00%	1.74%	0.00%	2,264	$ 16.68	$ 3.15
Home Health	60	$ 135.46	$ 0.67	0.00%	1.74%	0.00%	61	$ 138.70	$ 0.71
Emergency Transportation	64	$ 181.55	$ 0.97	0.00%	1.74%	0.00%	66	$ 185.90	$ 1.01
Non-Emergency Transportation	309	$ 61.95	$ 1.59	0.00%	1.74%	0.04%	316	$ 63.46	$ 1.67
Rehabilitation Services (OT, PT, ST)	2	$ 81.37	$ 0.01	0.00%	1.74%	0.00%	2	$ 83.32	$ 0.01
DME	11	$ 22.03	$ 0.02	0.00%	1.74%	0.00%	11	$ 22.56	$ 0.02
Clinic	8	$ 224.70	$ 0.15	0.00%	2.77%	0.00%	8	$ 237.28	$ 0.16
Family Planning	0	$ 426.49	$ 0.00	0.00%	2.77%	0.00%	0	$ 450.36	$ 0.00
Other	168	$ 160.93	$ 2.25	-9.99%	1.74%	0.00%	156	$ 163.45	$ 2.13
Prescribed Drugs	7,361	$ 29.52	$ 18.11	-1.65%	1.99%	-3.10%	7,443	$ 29.38	$ 18.22
Emergency Room	2,778	$ 126.27	$ 29.24	-2.60%	3.28%	0.52%	2,914	$ 128.79	$ 31.28
Basic Behavioral Health	5	$ 89.07	$ 0.03	0.00%	2.77%	0.00%	5	$ 94.06	$ 0.04
Hospice	7	$ 88.55	$ 0.05	0.00%	0.74%	1.69%	7	$ 93.18	$ 0.05
Personal Care Services	1	$ 11.50	$ 0.00	0.00%	1.74%	0.00%	1	$ 11.78	$ 0.00
Inpatient Services -- Mental Health	1	$ 1,378.39	$ 0.08	0.00%	0.74%	0.00%	1	$ 1,426.29	$ 0.08
Emergency Room -- Mental Health	10	$ 70.91	$ 0.06	0.00%	0.75%	3.59%	10	$ 73.96	$ 0.06
Professional/Other -- Mental Health	464	$ 30.13	$ 1.17	0.00%	0.75%	0.16%	470	$ 30.39	$ 1.19
Gross Medical Total			**$ 181.41**	**-1.53%**	**2.36%**	**3.82%**			**$ 197.73**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.
6. "New Benefits Add Ons & Outliers" include Continuous Glucose Monitors, FQHC/RHC, and Outliers adjustments.

Credibility Adjustment PMPM	**$ -**
% Credibility Adjustment	0.00%
PET Scans Adjustment	**$ 0.04**
% of Final Projected Medical	0.02%
ABA Adjustment	**$ -**
% of Final Projected Medical	0.00%
New Benefits Add Ons & Outliers	**$ 1.29**
% of Final Projected Medical	0.65%
Final Projected Medical	**$ 199.06**
Administrative Expenses PMPM	**$ 25.63**
% of Final Projected Medical	12.88%
Underwriting Gain PMPM	**$ 3.62**
% of Limited Premium	1.50%
Lower Bound Limited Capitation Rate	**$ 228.32**
Premium Based Taxes	5.50%
Final Lower Bound Limited Capitation Rate	**$ 241.60**

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Appendix P

			Base Program Change PMPM Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Gulf	SSI	0 - 2 Months	$ -	$ -	$ -	$ -	$ -	$ (0.10)	$ -	$ (4.90)	$ (495.50)	$ 0.01	$ -	$ (500.49)
Gulf	SSI	3 - 11 Months	$ -	$ -	$ -	$ -	$ (13.67)	$ (0.00)	$ -	$ (0.05)	$ (103.73)	$ 0.24	$ -	$ (117.21)
Gulf	SSI	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.22)	$ (0.01)	$ 0.00	$ (0.43)	$ (6.02)	$ 0.06	$ -	$ (6.62)
Gulf	SSI	Adult 21+ Years	$ (1.88)	$ 2.09	$ -	$ -	$ -	$ (0.03)	$ 0.13	$ (0.75)	$ (14.49)	$ 0.16	$ -	$ (14.77)
Gulf	Family & Children	0 - 2 Months	$ -	$ -	$ -	$ -	$ (0.06)	$ (0.02)	$ (0.00)	$ (0.26)	$ (51.77)	$ 0.00	$ -	$ (52.10)
Gulf	Family & Children	3 - 11 Months	$ -	$ -	$ -	$ -	$ (0.10)	$ -	$ (0.00)	$ -	$ (2.61)	$ 0.01	$ -	$ (2.70)
Gulf	Family & Children	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ 0.01	$ (0.00)	$ 0.00	$ -	$ (1.05)	$ 0.01	$ -	$ (1.02)
Gulf	Family & Children	Adult 21+ Years	$ (0.05)	$ 0.87	$ -	$ -	$ -	$ (0.00)	$ 0.07	$ (0.02)	$ (3.24)	$ 0.03	$ -	$ (2.33)
Gulf	Foster Care Children	All Ages Male & Female	$ -	$ 0.20	$ -	$ -	$ 1.30	$ (0.01)	$ (0.01)	$ (0.25)	$ (2.67)	$ 0.04	$ -	$ (1.39)
Gulf	BCC	BCC, All Ages	$ -	$ 0.00	$ 26.80	$ -	$ -	$ (0.00)	$ 1.01	$ -	$ (20.77)	$ 0.14	$ -	$ 7.18
Gulf	LAP	LAP, All Ages	$ -	$ -	$ -	$ -	$ (1.92)	$ (0.00)	$ -	$ 0.00	$ (1.24)	$ 0.02	$ -	$ (3.14)
Gulf	HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (27.40)	$ (0.00)	$ 0.01	$ -	$ (18.33)	$ 0.09	$ -	$ (45.64)
Gulf	HCBS	Adult 21+ Years	$ -	$ 1.03	$ -	$ -	$ -	$ (0.00)	$ (0.00)	$ -	$ (23.31)	$ 0.20	$ -	$ (22.07)
Gulf	CCM	CCM, All Ages	$ -	$ -	$ -	$ -	$ 1.70	$ (0.00)	$ (0.00)	$ -	$ (8.23)	$ 0.06	$ -	$ (6.47)
Gulf	SBH - CCM	SBH - CCM, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ (0.12)	$ 0.01	$ -	$ (0.13)	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.24)
Gulf	SBH - HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Gulf	SBH - HCBS	Adult 21+ Years	$ -	$ 0.36	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ 0.35
Gulf	SBH - Other	SBH - All Ages	$ (2.17)	$ 0.86	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (1.31)
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ (0.04)	$ -	$ -	$ -	$ -	$ 164.46	$ 164.42

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Appendix P

			Base Program Change PMPM Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Capital	SSI	0 - 2 Months	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ (762.77)	$ 0.01	$ -	$ (762.77)
Capital	SSI	3 - 11 Months	$ -	$ -	$ -	$ -	$ 32.19	$ (0.00)	$ -	$ (0.61)	$ (93.68)	$ 0.20	$ -	$ (61.90)
Capital	SSI	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (6.23)	$ (0.01)	$ 0.01	$ (0.25)	$ (6.59)	$ 0.08	$ -	$ (12.99)
Capital	SSI	Adult 21+ Years	$ (2.02)	$ 2.51	$ -	$ -	$ -	$ (0.02)	$ 0.10	$ (0.31)	$ (15.33)	$ 0.16	$ -	$ (14.91)
Capital	Family & Children	0 - 2 Months	$ -	$ -	$ -	$ -	$ (0.03)	$ (0.01)	$ -	$ (0.16)	$ (57.63)	$ 0.00	$ -	$ (57.83)
Capital	Family & Children	3 - 11 Months	$ -	$ -	$ -	$ -	$ (0.34)	$ (0.00)	$ (0.00)	$ -	$ (2.56)	$ 0.01	$ -	$ (2.89)
Capital	Family & Children	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.03)	$ (0.00)	$ 0.00	$ -	$ (1.14)	$ 0.01	$ -	$ (1.15)
Capital	Family & Children	Adult 21+ Years	$ (0.23)	$ 1.07	$ -	$ -	$ -	$ (0.00)	$ 0.08	$ (0.02)	$ (3.75)	$ 0.04	$ -	$ (2.82)
Capital	Foster Care Children	All Ages Male & Female	$ -	$ 0.38	$ -	$ -	$ (0.30)	$ (0.01)	$ (0.00)	$ (0.19)	$ (3.70)	$ 0.03	$ -	$ (3.79)
Capital	BCC	BCC, All Ages	$ 0.31	$ 0.01	$ 25.60	$ -	$ -	$ (0.00)	$ 1.15	$ -	$ (21.34)	$ 0.11	$ -	$ 5.84
Capital	LAP	LAP, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ (0.00)	$ -	$ (1.45)	$ 0.02	$ -	$ (1.43)
Capital	HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (37.45)	$ -	$ -	$ -	$ (36.76)	$ 0.17	$ -	$ (74.04)
Capital	HCBS	Adult 21+ Years	$ -	$ 0.87	$ -	$ -	$ -	$ (0.00)	$ (0.02)	$ -	$ (24.13)	$ 0.17	$ -	$ (23.11)
Capital	CCM	CCM, All Ages	$ -	$ -	$ -	$ -	$ (20.79)	$ (0.00)	$ -	$ -	$ (8.02)	$ 0.07	$ -	$ (28.74)
Capital	SBH - CCM	SBH - CCM, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ (0.17)	$ 0.01	$ -	$ (0.08)	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.24)
Capital	SBH - HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Capital	SBH - HCBS	Adult 21+ Years	$ -	$ 0.29	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ 0.29
Capital	SBH - Other	SBH - All Ages	$ (3.30)	$ 1.12	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (2.18)
Capital	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ (0.01)	$ -	$ -	$ -	$ -	$ 291.84	$ 291.82

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Appendix P

			Base Program Change PMPM Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
South Central	SSI	0 - 2 Months	$ -	$ -	$ -	$ -	$ (13.59)	$ (0.00)	$ -	$ -	$ (488.31)	$ 0.01	$ -	$ (501.89)
South Central	SSI	3 - 11 Months	$ -	$ -	$ -	$ -	$ (35.22)	$ -	$ -	$ 0.04	$ (98.70)	$ 0.20	$ -	$ (133.68)
South Central	SSI	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (3.77)	$ (0.01)	$ 0.01	$ (0.41)	$ (4.95)	$ 0.08	$ -	$ (9.06)
South Central	SSI	Adult 21+ Years	$ (1.49)	$ 2.28	$ -	$ -	$ -	$ (0.01)	$ 0.09	$ (0.17)	$ (12.74)	$ 0.14	$ -	$ (11.90)
South Central	Family & Children	0 - 2 Months	$ -	$ -	$ -	$ -	$ (0.14)	$ (0.00)	$ -	$ -	$ (61.07)	$ 0.00	$ -	$ (61.21)
South Central	Family & Children	3 - 11 Months	$ -	$ -	$ -	$ -	$ (0.63)	$ (0.00)	$ 0.00	$ -	$ (2.78)	$ 0.01	$ -	$ (3.39)
South Central	Family & Children	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.12)	$ (0.00)	$ 0.00	$ 0.00	$ (1.14)	$ 0.02	$ -	$ (1.24)
South Central	Family & Children	Adult 21+ Years	$ (0.16)	$ 1.01	$ -	$ -	$ -	$ (0.00)	$ 0.05	$ (0.02)	$ (3.23)	$ 0.03	$ -	$ (2.33)
South Central	Foster Care Children	All Ages Male & Female	$ -	$ 0.20	$ -	$ -	$ (0.97)	$ (0.00)	$ (0.00)	$ (0.12)	$ (2.08)	$ 0.03	$ -	$ (2.95)
South Central	BCC	BCC, All Ages	$ -	$ 0.01	$ 26.14	$ -	$ -	$ (0.00)	$ 0.21	$ -	$ (18.51)	$ 0.16	$ -	$ 8.00
South Central	LAP	LAP, All Ages	$ -	$ -	$ -	$ -	$ 0.22	$ (0.00)	$ -	$ -	$ (0.86)	$ 0.02	$ -	$ (0.62)
South Central	HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (1.14)	$ (0.00)	$ -	$ -	$ (13.58)	$ 0.10	$ -	$ (14.62)
South Central	HCBS	Adult 21+ Years	$ -	$ 1.12	$ -	$ -	$ -	$ (0.00)	$ (0.00)	$ -	$ (22.37)	$ 0.21	$ -	$ (21.04)
South Central	CCM	CCM, All Ages	$ -	$ -	$ -	$ -	$ (18.82)	$ (0.00)	$ -	$ -	$ (6.85)	$ 0.07	$ -	$ (25.60)
South Central	SBH - CCM	SBH - CCM, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ (0.04)	$ 0.01	$ -	$ (0.08)	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.11)
South Central	SBH - HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
South Central	SBH - HCBS	Adult 21+ Years	$ -	$ 0.38	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ 0.38
South Central	SBH - Other	SBH - All Ages	$ (2.74)	$ 1.23	$ -	$ -	$ -	$ (0.01)	$ -	$ -	$ -	$ -	$ -	$ (1.52)
South Central	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ (0.01)	$ -	$ -	$ -	$ -	$ 248.51	$ 248.50

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			Base Program Change PMPM Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
North	SSI	0 - 2 Months	$ -	$ -	$ -	$ -	$ (3.50)	$ (0.00)	$ -	$ -	$ (402.35)	$ 0.01	$ -	$ (405.84)
North	SSI	3 - 11 Months	$ -	$ -	$ -	$ -	$ (9.59)	$ (0.01)	$ (0.01)	$ 0.09	$ (55.31)	$ 0.21	$ -	$ (64.62)
North	SSI	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.36)	$ (0.01)	$ 0.01	$ (0.17)	$ (4.76)	$ 0.05	$ -	$ (5.24)
North	SSI	Adult 21+ Years	$ (1.15)	$ 1.72	$ -	$ -	$ -	$ (0.04)	$ 0.06	$ (0.30)	$ (12.21)	$ 0.12	$ -	$ (11.80)
North	Family & Children	0 - 2 Months	$ -	$ -	$ -	$ -	$ (0.27)	$ (0.03)	$ (0.00)	$ (0.61)	$ (49.70)	$ 0.00	$ -	$ (50.61)
North	Family & Children	3 - 11 Months	$ -	$ -	$ -	$ -	$ 0.30	$ (0.00)	$ (0.00)	$ -	$ (2.20)	$ 0.01	$ -	$ (1.89)
North	Family & Children	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.17)	$ (0.00)	$ 0.00	$ -	$ (0.95)	$ 0.01	$ -	$ (1.11)
North	Family & Children	Adult 21+ Years	$ (0.05)	$ 0.77	$ -	$ -	$ -	$ (0.00)	$ 0.06	$ (0.00)	$ (3.01)	$ 0.03	$ -	$ (2.20)
North	Foster Care Children	All Ages Male & Female	$ -	$ 0.46	$ -	$ -	$ (1.83)	$ (0.01)	$ (0.00)	$ (0.14)	$ (2.30)	$ 0.03	$ -	$ (3.80)
North	BCC	BCC, All Ages	$ -	$ 0.00	$ 25.59	$ -	$ -	$ (0.00)	$ -	$ -	$ (16.79)	$ 0.19	$ -	$ 9.00
North	LAP	LAP, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ (0.85)	$ 0.01	$ -	$ (0.84)
North	HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ 20.86	$ (0.00)	$ -	$ -	$ (9.33)	$ 0.08	$ -	$ 11.61
North	HCBS	Adult 21+ Years	$ -	$ 1.12	$ -	$ -	$ -	$ (0.00)	$ (0.01)	$ -	$ (26.01)	$ 0.21	$ -	$ (24.68)
North	CCM	CCM, All Ages	$ -	$ -	$ -	$ -	$ (34.85)	$ (0.00)	$ (0.01)	$ -	$ (5.69)	$ 0.05	$ -	$ (40.51)
North	SBH - CCM	SBH - CCM, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.00	$ 0.00	$ -	$ (0.10)	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.10)
North	SBH - HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
North	SBH - HCBS	Adult 21+ Years	$ -	$ 0.19	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ 0.19
North	SBH - Other	SBH - All Ages	$ (1.05)	$ 0.83	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.21)
North	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ (0.01)	$ -	$ -	$ -	$ -	$ 221.58	$ 221.57

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			Base Program Change PMPM Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Statewide	SSI	0 - 2 Months	$ -	$ -	$ -	$ -	$ (3.30)	$ (0.04)	$ -	$ (1.72)	$ (546.47)	$ 0.01	$ -	$ (551.51)
Statewide	SSI	3 - 11 Months	$ -	$ -	$ -	$ -	$ (8.52)	$ (0.00)	$ (0.00)	$ (0.10)	$ (86.81)	$ 0.21	$ -	$ (95.22)
Statewide	SSI	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (2.38)	$ (0.01)	$ 0.01	$ (0.32)	$ (5.56)	$ 0.07	$ -	$ (8.19)
Statewide	SSI	Adult 21+ Years	$ (1.64)	$ 2.14	$ -	$ -	$ -	$ (0.03)	$ 0.10	$ (0.40)	$ (13.67)	$ 0.15	$ -	$ (13.35)
Statewide	Family & Children	0 - 2 Months	$ -	$ -	$ -	$ -	$ (0.12)	$ (0.01)	$ (0.00)	$ (0.23)	$ (55.42)	$ 0.00	$ -	$ (55.78)
Statewide	Family & Children	3 - 11 Months	$ -	$ -	$ -	$ -	$ (0.22)	$ (0.00)	$ (0.00)	$ -	$ (2.56)	$ 0.01	$ -	$ (2.78)
Statewide	Family & Children	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (0.07)	$ (0.00)	$ 0.00	$ 0.00	$ (1.07)	$ 0.01	$ -	$ (1.13)
Statewide	Family & Children	Adult 21+ Years	$ (0.12)	$ 0.94	$ -	$ -	$ -	$ (0.00)	$ 0.07	$ (0.02)	$ (3.32)	$ 0.03	$ -	$ (2.42)
Statewide	Foster Care Children	All Ages Male & Female	$ -	$ 0.30	$ -	$ -	$ (0.56)	$ (0.01)	$ (0.00)	$ (0.17)	$ (2.68)	$ 0.03	$ -	$ (3.08)
Statewide	BCC	BCC, All Ages	$ 0.10	$ 0.01	$ 26.00	$ -	$ -	$ (0.00)	$ 0.65	$ -	$ (19.53)	$ 0.15	$ -	$ 7.37
Statewide	LAP	LAP, All Ages	$ -	$ -	$ -	$ -	$ (0.33)	$ (0.00)	$ (0.00)	$ 0.00	$ (1.12)	$ 0.02	$ -	$ (1.43)
Statewide	HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ (11.66)	$ (0.00)	$ 0.00	$ -	$ (19.39)	$ 0.11	$ -	$ (30.93)
Statewide	HCBS	Adult 21+ Years	$ -	$ 1.04	$ -	$ -	$ -	$ (0.00)	$ (0.01)	$ -	$ (23.83)	$ 0.20	$ -	$ (22.60)
Statewide	CCM	CCM, All Ages	$ -	$ -	$ -	$ -	$ (16.86)	$ (0.00)	$ (0.00)	$ -	$ (7.26)	$ 0.06	$ -	$ (24.06)
Statewide	SBH - CCM	SBH - CCM, All Ages	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ (0.08)	$ 0.01	$ -	$ (0.10)	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.17)
Statewide	SBH - HCBS	Child 1 - 20 Years	$ -	$ -	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (0.00)
Statewide	SBH - HCBS	Adult 21+ Years	$ -	$ 0.31	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ 0.31
Statewide	SBH - Other	SBH - All Ages	$ (2.36)	$ 1.03	$ -	$ -	$ -	$ (0.00)	$ -	$ -	$ -	$ -	$ -	$ (1.33)
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ (0.02)	$ -	$ -	$ -	$ -	$ 230.08	$ 230.06

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Appendix P

			Base Program Change Percent Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Gulf	SSI	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.03%	-3.09%	0.00%	0.00%	-3.12%
Gulf	SSI	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.34%	0.00%	0.00%	0.00%	-2.58%	0.01%	0.00%	-2.90%
Gulf	SSI	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.04%	0.00%	0.00%	-0.08%	-1.14%	0.01%	0.00%	-1.26%
Gulf	SSI	Adult 21+ Years	-0.20%	0.22%	0.00%	0.00%	0.00%	0.00%	0.01%	-0.08%	-1.53%	0.02%	0.00%	-1.55%
Gulf	Family & Children	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.02%	-3.12%	0.00%	0.00%	-3.14%
Gulf	Family & Children	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	-1.44%	0.01%	0.00%	-1.50%
Gulf	Family & Children	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	-0.93%	0.01%	0.00%	-0.90%
Gulf	Family & Children	Adult 21+ Years	-0.02%	0.37%	0.00%	0.00%	0.00%	0.00%	0.03%	-0.01%	-1.35%	0.01%	0.00%	-0.97%
Gulf	Foster Care Children	All Ages Male & Female	0.00%	0.06%	0.00%	0.00%	0.40%	0.00%	0.00%	-0.08%	-0.81%	0.01%	0.00%	-0.43%
Gulf	BCC	BCC, All Ages	0.00%	0.00%	1.93%	0.00%	0.00%	0.00%	0.07%	0.00%	-1.47%	0.01%	0.00%	0.52%
Gulf	LAP	LAP, All Ages	0.00%	0.00%	0.00%	0.00%	-1.31%	0.00%	0.00%	0.00%	-0.86%	0.01%	0.00%	-2.14%
Gulf	HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-2.38%	0.00%	0.00%	0.00%	-1.63%	0.01%	0.00%	-3.96%
Gulf	HCBS	Adult 21+ Years	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.29%	0.02%	0.00%	-2.16%
Gulf	CCM	CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.00%	0.00%	-1.22%	0.01%	0.00%	-0.96%
Gulf	SBH - CCM	SBH - CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	-0.48%	0.03%	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.94%
Gulf	SBH - HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Gulf	SBH - HCBS	Adult 21+ Years	0.00%	0.88%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.87%
Gulf	SBH - Other	SBH - All Ages	-1.70%	0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.03%
Gulf	Maternity Kick Payment	Maternity Kick Payment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.15%	2.15%

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			Base Program Change Percent Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Capital	SSI	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.46%	0.00%	0.00%	-3.46%
Capital	SSI	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	0.88%	0.00%	0.00%	-0.02%	-2.54%	0.01%	0.00%	-1.69%
Capital	SSI	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-1.05%	0.00%	0.00%	-0.04%	-1.12%	0.01%	0.00%	-2.18%
Capital	SSI	Adult 21+ Years	-0.20%	0.26%	0.00%	0.00%	0.00%	0.00%	0.01%	-0.03%	-1.55%	0.02%	0.00%	-1.51%
Capital	Family & Children	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.01%	-3.28%	0.00%	0.00%	-3.29%
Capital	Family & Children	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.19%	0.00%	0.00%	0.00%	-1.43%	0.00%	0.00%	-1.62%
Capital	Family & Children	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	0.00%	-0.94%	0.01%	0.00%	-0.95%
Capital	Family & Children	Adult 21+ Years	-0.09%	0.41%	0.00%	0.00%	0.00%	0.00%	0.03%	-0.01%	-1.43%	0.01%	0.00%	-1.07%
Capital	Foster Care Children	All Ages Male & Female	0.00%	0.10%	0.00%	0.00%	-0.08%	0.00%	0.00%	-0.05%	-1.02%	0.01%	0.00%	-1.04%
Capital	BCC	BCC, All Ages	0.02%	0.00%	1.93%	0.00%	0.00%	0.00%	0.08%	0.00%	-1.58%	0.01%	0.00%	0.44%
Capital	LAP	LAP, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.97%	0.02%	0.00%	-0.96%
Capital	HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-2.00%	0.00%	0.00%	0.00%	-2.00%	0.01%	0.00%	-3.95%
Capital	HCBS	Adult 21+ Years	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.30%	0.02%	0.00%	-2.20%
Capital	CCM	CCM, All Ages	0.00%	0.00%	0.00%	0.00%	-2.47%	0.00%	0.00%	0.00%	-0.98%	0.01%	0.00%	-3.42%
Capital	SBH - CCM	SBH - CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	-0.99%	0.07%	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.40%
Capital	SBH - HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Capital	SBH - HCBS	Adult 21+ Years	0.00%	0.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.68%
Capital	SBH - Other	SBH - All Ages	-3.01%	1.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.99%
Capital	Maternity Kick Payment	Maternity Kick Payment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.64%	4.64%

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			Base Program Change Percent Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
South Central	SSI	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.09%	0.00%	0.00%	0.00%	-3.11%	0.00%	0.00%	-3.20%
South Central	SSI	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.92%	0.00%	0.00%	0.00%	-2.62%	0.01%	0.00%	-3.51%
South Central	SSI	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.74%	0.00%	0.00%	-0.08%	-0.98%	0.02%	0.00%	-1.78%
South Central	SSI	Adult 21+ Years	-0.17%	0.27%	0.00%	0.00%	0.00%	0.00%	0.01%	-0.02%	-1.47%	0.02%	0.00%	-1.37%
South Central	Family & Children	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	-3.23%	0.00%	0.00%	-3.23%
South Central	Family & Children	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.33%	0.00%	0.00%	0.00%	-1.46%	0.00%	0.00%	-1.78%
South Central	Family & Children	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.10%	0.00%	0.00%	0.00%	-0.94%	0.01%	0.00%	-1.02%
South Central	Family & Children	Adult 21+ Years	-0.07%	0.42%	0.00%	0.00%	0.00%	0.00%	0.02%	-0.01%	-1.34%	0.01%	0.00%	-0.97%
South Central	Foster Care Children	All Ages Male & Female	0.00%	0.07%	0.00%	0.00%	-0.34%	0.00%	0.00%	-0.04%	-0.73%	0.01%	0.00%	-1.03%
South Central	BCC	BCC, All Ages	0.00%	0.00%	1.93%	0.00%	0.00%	0.00%	0.01%	0.00%	-1.34%	0.01%	0.00%	0.59%
South Central	LAP	LAP, All Ages	0.00%	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%	0.00%	-0.69%	0.02%	0.00%	-0.50%
South Central	HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	-1.28%	0.01%	0.00%	-1.38%
South Central	HCBS	Adult 21+ Years	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.42%	0.02%	0.00%	-2.27%
South Central	CCM	CCM, All Ages	0.00%	0.00%	0.00%	0.00%	-2.26%	0.00%	0.00%	0.00%	-0.84%	0.01%	0.00%	-3.07%
South Central	SBH - CCM	SBH - CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	-0.22%	0.04%	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.66%
South Central	SBH - HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
South Central	SBH - HCBS	Adult 21+ Years	0.00%	0.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.91%
South Central	SBH - Other	SBH - All Ages	-2.19%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.21%
South Central	Maternity Kick Payment	Maternity Kick Payment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.08%	4.08%

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			Base Program Change Percent Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
North	SSI	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.03%	0.00%	0.00%	0.00%	-3.02%	0.00%	0.00%	-3.05%
North	SSI	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.35%	0.00%	0.00%	0.00%	-2.01%	0.01%	0.00%	-2.35%
North	SSI	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.07%	0.00%	0.00%	-0.03%	-0.87%	0.01%	0.00%	-0.96%
North	SSI	Adult 21+ Years	-0.14%	0.21%	0.00%	0.00%	0.00%	0.00%	0.01%	-0.04%	-1.50%	0.02%	0.00%	-1.45%
North	Family & Children	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	-0.04%	-3.10%	0.00%	0.00%	-3.16%
North	Family & Children	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	0.00%	0.00%	-1.27%	0.00%	0.00%	-1.09%
North	Family & Children	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.13%	0.00%	0.00%	0.00%	-0.71%	0.01%	0.00%	-0.83%
North	Family & Children	Adult 21+ Years	-0.02%	0.33%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	-1.28%	0.01%	0.00%	-0.93%
North	Foster Care Children	All Ages Male & Female	0.00%	0.10%	0.00%	0.00%	-0.40%	0.00%	0.00%	-0.03%	-0.51%	0.01%	0.00%	-0.83%
North	BCC	BCC, All Ages	0.00%	0.00%	1.93%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.24%	0.01%	0.00%	0.68%
North	LAP	LAP, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.69%	0.01%	0.00%	-0.68%
North	HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	2.10%	0.00%	0.00%	0.00%	-0.92%	0.01%	0.00%	1.17%
North	HCBS	Adult 21+ Years	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.22%	0.02%	0.00%	-2.11%
North	CCM	CCM, All Ages	0.00%	0.00%	0.00%	0.00%	-3.96%	0.00%	0.00%	0.00%	-0.67%	0.01%	0.00%	-4.60%
North	SBH - CCM	SBH - CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
North	SBH - Duals	SBH - Dual Eligible, All Ages	0.01%	0.01%	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.47%
North	SBH - HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
North	SBH - HCBS	Adult 21+ Years	0.00%	0.37%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%
North	SBH - Other	SBH - All Ages	-1.09%	0.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.22%
North	Maternity Kick Payment	Maternity Kick Payment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%	3.50%

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			Base Program Change Percent Impacts											
Region	Category of Aid	Rate Cell	IMD Long Stays	IMD Short Stays	CBR	LaHIPP	PDHC	Fraud and Abuse	Preventive Services	Managed Care Savings	Efficiencies	Act 399	Maternity	Total
Statewide	SSI	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.02%	0.00%	0.00%	-0.01%	-3.21%	0.00%	0.00%	-3.24%
Statewide	SSI	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.24%	0.00%	0.00%	0.00%	-2.46%	0.01%	0.00%	-2.69%
Statewide	SSI	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.44%	0.00%	0.00%	-0.06%	-1.03%	0.01%	0.00%	-1.51%
Statewide	SSI	Adult 21+ Years	-0.18%	0.24%	0.00%	0.00%	0.00%	0.00%	0.01%	-0.04%	-1.51%	0.02%	0.00%	-1.47%
Statewide	Family & Children	0 - 2 Months	0.00%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	-0.01%	-3.19%	0.00%	0.00%	-3.21%
Statewide	Family & Children	3 - 11 Months	0.00%	0.00%	0.00%	0.00%	-0.12%	0.00%	0.00%	0.00%	-1.41%	0.00%	0.00%	-1.53%
Statewide	Family & Children	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	-0.89%	0.01%	0.00%	-0.93%
Statewide	Family & Children	Adult 21+ Years	-0.05%	0.39%	0.00%	0.00%	0.00%	0.00%	0.03%	-0.01%	-1.35%	0.01%	0.00%	-0.99%
Statewide	Foster Care Children	All Ages Male & Female	0.00%	0.09%	0.00%	0.00%	-0.16%	0.00%	0.00%	-0.05%	-0.76%	0.01%	0.00%	-0.88%
Statewide	BCC	BCC, All Ages	0.01%	0.00%	1.93%	0.00%	0.00%	0.00%	0.05%	0.00%	-1.42%	0.01%	0.00%	0.55%
Statewide	LAP	LAP, All Ages	0.00%	0.00%	0.00%	0.00%	-0.24%	0.00%	0.00%	0.00%	-0.82%	0.01%	0.00%	-1.04%
Statewide	HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	-0.92%	0.00%	0.00%	0.00%	-1.55%	0.01%	0.00%	-2.45%
Statewide	HCBS	Adult 21+ Years	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.31%	0.02%	0.00%	-2.19%
Statewide	CCM	CCM, All Ages	0.00%	0.00%	0.00%	0.00%	-2.11%	0.00%	0.00%	0.00%	-0.93%	0.01%	0.00%	-3.01%
Statewide	SBH - CCM	SBH - CCM, All Ages	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	-0.40%	0.04%	0.00%	-0.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.84%
Statewide	SBH - HCBS	Child 1 - 20 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Statewide	SBH - HCBS	Adult 21+ Years	0.00%	0.71%	0.00%	0.00%	0.00%	-0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.71%
Statewide	SBH - Other	SBH - All Ages	-2.06%	0.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.17%
Statewide	Maternity Kick Payment	Maternity Kick Payment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.47%	3.47%

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Appendix P

			Base Program Change Projected Claims Impact											
Region	Category of Aid	Rate Cell	PMPM Before Base Program Changes	PMPM After IMD Long Stays	PMPM After IMD Short Stays	PMPM After CBR	PMPM After LaHIPP	PMPM After PDHC	PMPM After Fraud and Abuse	PMPM After Preventive Services	PMPM After Managed Care Savings	PMPM After Efficiencies	PMPM After Act 399	PMPM After Maternity
Gulf	SSI	0 - 2 Months	$ 16,054.45	$ 16,054.45	$ 16,054.45	$ 16,054.45	$ 16,054.45	$ 16,054.45	$ 16,054.34	$ 16,054.34	$ 16,049.44	$ 15,553.95	$ 15,553.96	$ 15,553.96
Gulf	SSI	3 - 11 Months	$ 4,036.02	$ 4,036.02	$ 4,036.02	$ 4,036.02	$ 4,036.02	$ 4,022.35	$ 4,022.35	$ 4,022.35	$ 4,022.30	$ 3,918.57	$ 3,918.80	$ 3,918.80
Gulf	SSI	Child 1 - 20 Years	$ 527.02	$ 527.02	$ 527.02	$ 527.02	$ 527.02	$ 526.80	$ 526.78	$ 526.79	$ 526.36	$ 520.33	$ 520.39	$ 520.39
Gulf	SSI	Adult 21+ Years	$ 950.48	$ 948.60	$ 950.70	$ 950.70	$ 950.70	$ 950.70	$ 950.66	$ 950.79	$ 950.04	$ 935.55	$ 935.72	$ 935.72
Gulf	Family & Children	0 - 2 Months	$ 1,660.99	$ 1,660.99	$ 1,660.99	$ 1,660.99	$ 1,660.99	$ 1,660.94	$ 1,660.92	$ 1,660.92	$ 1,660.65	$ 1,608.89	$ 1,608.89	$ 1,608.89
Gulf	Family & Children	3 - 11 Months	$ 180.78	$ 180.78	$ 180.78	$ 180.78	$ 180.78	$ 180.68	$ 180.68	$ 180.68	$ 180.68	$ 178.07	$ 178.08	$ 178.08
Gulf	Family & Children	Child 1 - 20 Years	$ 112.95	$ 112.95	$ 112.95	$ 112.95	$ 112.95	$ 112.97	$ 112.97	$ 112.97	$ 112.97	$ 111.92	$ 111.93	$ 111.93
Gulf	Family & Children	Adult 21+ Years	$ 240.13	$ 240.09	$ 240.95	$ 240.95	$ 240.95	$ 240.95	$ 240.95	$ 241.03	$ 241.01	$ 237.77	$ 237.80	$ 237.80
Gulf	Foster Care Children	All Ages Male & Female	$ 326.94	$ 326.94	$ 327.14	$ 327.14	$ 327.14	$ 328.45	$ 328.44	$ 328.43	$ 328.18	$ 325.51	$ 325.55	$ 325.55
Gulf	BCC	BCC, All Ages	$ 1,387.95	$ 1,387.95	$ 1,387.95	$ 1,414.75	$ 1,414.75	$ 1,414.75	$ 1,414.75	$ 1,415.76	$ 1,415.76	$ 1,394.99	$ 1,395.13	$ 1,395.13
Gulf	LAP	LAP, All Ages	$ 146.63	$ 146.63	$ 146.63	$ 146.63	$ 146.63	$ 144.71	$ 144.71	$ 144.71	$ 144.71	$ 143.48	$ 143.50	$ 143.50
Gulf	HCBS	Child 1 - 20 Years	$ 1,151.40	$ 1,151.40	$ 1,151.40	$ 1,151.40	$ 1,151.40	$ 1,123.99	$ 1,123.99	$ 1,124.00	$ 1,124.00	$ 1,105.67	$ 1,105.76	$ 1,105.76
Gulf	HCBS	Adult 21+ Years	$ 1,020.02	$ 1,020.02	$ 1,021.05	$ 1,021.05	$ 1,021.05	$ 1,021.05	$ 1,021.05	$ 1,021.05	$ 1,021.05	$ 997.74	$ 997.95	$ 997.95
Gulf	CCM	CCM, All Ages	$ 673.87	$ 673.87	$ 673.87	$ 673.87	$ 673.87	$ 675.57	$ 675.56	$ 675.56	$ 675.56	$ 667.34	$ 667.40	$ 667.40
Gulf	SBH - CCM	SBH - CCM, All Ages	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24	$ 81.24
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ 25.84	$ 25.72	$ 25.73	$ 25.73	$ 25.60	$ 25.60	$ 25.60	$ 25.60	$ 25.60	$ 25.60	$ 25.60	$ 25.60
Gulf	SBH - HCBS	Child 1 - 20 Years	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39	$ 24.39
Gulf	SBH - HCBS	Adult 21+ Years	$ 40.43	$ 40.43	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78	$ 40.78
Gulf	SBH - Other	SBH - All Ages	$ 127.47	$ 125.30	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16	$ 126.16
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ 7,640.75	$ 7,640.75	$ 7,640.75	$ 7,640.75	$ 7,640.75	$ 7,640.75	$ 7,640.72	$ 7,640.72	$ 7,640.72	$ 7,640.72	$ 7,640.72	$ 7,805.18

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Appendix P

			Base Program Change Projected Claims Impact											
Region	Category of Aid	Rate Cell	PMPM Before Base Program Changes	PMPM After IMD Long Stays	PMPM After IMD Short Stays	PMPM After CBR	PMPM After LaHIPP	PMPM After PDHC	PMPM After Fraud and Abuse	PMPM After Preventive Services	PMPM After Managed Care Savings	PMPM After Efficiencies	PMPM After Act 399	PMPM After Maternity
Capital	SSI	0 - 2 Months	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 22,047.27	$ 21,284.49	$ 21,284.50	$ 21,284.50
Capital	SSI	3 - 11 Months	$ 3,657.96	$ 3,657.96	$ 3,657.96	$ 3,657.96	$ 3,657.96	$ 3,690.15	$ 3,690.15	$ 3,690.15	$ 3,689.54	$ 3,595.86	$ 3,596.06	$ 3,596.06
Capital	SSI	Child 1 - 20 Years	$ 594.72	$ 594.72	$ 594.72	$ 594.72	$ 594.72	$ 588.49	$ 588.48	$ 588.49	$ 588.24	$ 581.65	$ 581.73	$ 581.73
Capital	SSI	Adult 21+ Years	$ 988.54	$ 986.51	$ 989.03	$ 989.03	$ 989.03	$ 989.03	$ 989.00	$ 989.10	$ 988.80	$ 973.46	$ 973.62	$ 973.62
Capital	Family & Children	0 - 2 Months	$ 1,756.99	$ 1,756.99	$ 1,756.99	$ 1,756.99	$ 1,756.99	$ 1,756.95	$ 1,756.94	$ 1,756.94	$ 1,756.78	$ 1,699.16	$ 1,699.16	$ 1,699.16
Capital	Family & Children	3 - 11 Months	$ 179.02	$ 179.02	$ 179.02	$ 179.02	$ 179.02	$ 178.68	$ 178.68	$ 178.68	$ 178.68	$ 176.12	$ 176.13	$ 176.13
Capital	Family & Children	Child 1 - 20 Years	$ 120.60	$ 120.60	$ 120.60	$ 120.60	$ 120.60	$ 120.57	$ 120.57	$ 120.58	$ 120.58	$ 119.44	$ 119.45	$ 119.45
Capital	Family & Children	Adult 21+ Years	$ 262.74	$ 262.50	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.57	$ 263.65	$ 263.63	$ 259.88	$ 259.92	$ 259.92
Capital	Foster Care Children	All Ages Male & Female	$ 364.01	$ 364.01	$ 364.39	$ 364.39	$ 364.39	$ 364.09	$ 364.08	$ 364.08	$ 363.89	$ 360.19	$ 360.22	$ 360.22
Capital	BCC	BCC, All Ages	$ 1,325.58	$ 1,325.89	$ 1,325.90	$ 1,351.50	$ 1,351.50	$ 1,351.50	$ 1,351.50	$ 1,352.64	$ 1,352.64	$ 1,331.30	$ 1,331.42	$ 1,331.42
Capital	LAP	LAP, All Ages	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 149.12	$ 147.67	$ 147.69	$ 147.69
Capital	HCBS	Child 1 - 20 Years	$ 1,874.86	$ 1,874.86	$ 1,874.86	$ 1,874.86	$ 1,874.86	$ 1,837.40	$ 1,837.40	$ 1,837.40	$ 1,837.40	$ 1,800.64	$ 1,800.81	$ 1,800.81
Capital	HCBS	Adult 21+ Years	$ 1,049.63	$ 1,049.63	$ 1,050.50	$ 1,050.50	$ 1,050.50	$ 1,050.50	$ 1,050.50	$ 1,050.48	$ 1,050.48	$ 1,026.35	$ 1,026.52	$ 1,026.52
Capital	CCM	CCM, All Ages	$ 840.26	$ 840.26	$ 840.26	$ 840.26	$ 840.26	$ 819.47	$ 819.47	$ 819.47	$ 819.47	$ 811.45	$ 811.52	$ 811.52
Capital	SBH - CCM	SBH - CCM, All Ages	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70	$ 70.70
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ 17.12	$ 16.95	$ 16.96	$ 16.96	$ 16.88	$ 16.88	$ 16.88	$ 16.88	$ 16.88	$ 16.88	$ 16.88	$ 16.88
Capital	SBH - HCBS	Child 1 - 20 Years	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57	$ 21.57
Capital	SBH - HCBS	Adult 21+ Years	$ 42.37	$ 42.37	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65	$ 42.65
Capital	SBH - Other	SBH - All Ages	$ 109.67	$ 106.37	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49	$ 107.49
Capital	Maternity Kick Payment	Maternity Kick Payment	$ 6,286.28	$ 6,286.28	$ 6,286.28	$ 6,286.28	$ 6,286.28	$ 6,286.28	$ 6,286.27	$ 6,286.27	$ 6,286.27	$ 6,286.27	$ 6,286.27	$ 6,578.11

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Appendix P

			Base Program Change Projected Claims Impact											
Region	Category of Aid	Rate Cell	PMPM Before Base Program Changes	PMPM After IMD Long Stays	PMPM After IMD Short Stays	PMPM After CBR	PMPM After LaHIPP	PMPM After PDHC	PMPM After Fraud and Abuse	PMPM After Preventive Services	PMPM After Managed Care Savings	PMPM After Efficiencies	PMPM After Act 399	PMPM After Maternity
South Central	SSI	0 - 2 Months	$ 15,691.20	$ 15,691.20	$ 15,691.20	$ 15,691.20	$ 15,691.20	$ 15,677.62	$ 15,677.61	$ 15,677.61	$ 15,677.61	$ 15,189.30	$ 15,189.31	$ 15,189.31
South Central	SSI	3 - 11 Months	$ 3,809.40	$ 3,809.40	$ 3,809.40	$ 3,809.40	$ 3,809.40	$ 3,774.18	$ 3,774.18	$ 3,774.18	$ 3,774.22	$ 3,675.51	$ 3,675.71	$ 3,675.71
South Central	SSI	Child 1 - 20 Years	$ 508.68	$ 508.68	$ 508.68	$ 508.68	$ 508.68	$ 504.90	$ 504.89	$ 504.90	$ 504.49	$ 499.54	$ 499.62	$ 499.62
South Central	SSI	Adult 21+ Years	$ 870.94	$ 869.45	$ 871.73	$ 871.73	$ 871.73	$ 871.73	$ 871.72	$ 871.82	$ 871.64	$ 858.90	$ 859.04	$ 859.04
South Central	Family & Children	0 - 2 Months	$ 1,893.56	$ 1,893.56	$ 1,893.56	$ 1,893.56	$ 1,893.56	$ 1,893.42	$ 1,893.42	$ 1,893.42	$ 1,893.42	$ 1,832.35	$ 1,832.35	$ 1,832.35
South Central	Family & Children	3 - 11 Months	$ 190.21	$ 190.21	$ 190.21	$ 190.21	$ 190.21	$ 189.58	$ 189.58	$ 189.58	$ 189.58	$ 186.81	$ 186.82	$ 186.82
South Central	Family & Children	Child 1 - 20 Years	$ 121.01	$ 121.01	$ 121.01	$ 121.01	$ 121.01	$ 120.89	$ 120.89	$ 120.89	$ 120.89	$ 119.75	$ 119.77	$ 119.77
South Central	Family & Children	Adult 21+ Years	$ 240.66	$ 240.50	$ 241.51	$ 241.51	$ 241.51	$ 241.51	$ 241.51	$ 241.56	$ 241.54	$ 238.31	$ 238.34	$ 238.34
South Central	Foster Care Children	All Ages Male & Female	$ 287.12	$ 287.12	$ 287.32	$ 287.32	$ 287.32	$ 286.34	$ 286.34	$ 286.34	$ 286.22	$ 284.14	$ 284.17	$ 284.17
South Central	BCC	BCC, All Ages	$ 1,353.65	$ 1,353.65	$ 1,353.65	$ 1,379.79	$ 1,379.79	$ 1,379.79	$ 1,379.78	$ 1,379.99	$ 1,379.99	$ 1,361.48	$ 1,361.64	$ 1,361.64
South Central	LAP	LAP, All Ages	$ 125.56	$ 125.56	$ 125.56	$ 125.56	$ 125.56	$ 125.78	$ 125.78	$ 125.78	$ 125.78	$ 124.91	$ 124.93	$ 124.93
South Central	HCBS	Child 1 - 20 Years	$ 1,058.94	$ 1,058.94	$ 1,058.94	$ 1,058.94	$ 1,058.94	$ 1,057.80	$ 1,057.80	$ 1,057.80	$ 1,057.80	$ 1,044.22	$ 1,044.32	$ 1,044.32
South Central	HCBS	Adult 21+ Years	$ 926.31	$ 926.31	$ 927.43	$ 927.43	$ 927.43	$ 927.43	$ 927.43	$ 927.43	$ 927.43	$ 905.06	$ 905.27	$ 905.27
South Central	CCM	CCM, All Ages	$ 833.13	$ 833.13	$ 833.13	$ 833.13	$ 833.13	$ 814.32	$ 814.31	$ 814.31	$ 814.31	$ 807.46	$ 807.53	$ 807.53
South Central	SBH - CCM	SBH - CCM, All Ages	$ 106.29	$ 106.29	$ 106.29	$ 106.29	$ 106.29	$ 106.29	$ 106.28	$ 106.28	$ 106.28	$ 106.28	$ 106.28	$ 106.28
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ 16.83	$ 16.80	$ 16.80	$ 16.80	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72
South Central	SBH - HCBS	Child 1 - 20 Years	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15	$ 37.15
South Central	SBH - HCBS	Adult 21+ Years	$ 41.78	$ 41.78	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16	$ 42.16
South Central	SBH - Other	SBH - All Ages	$ 125.15	$ 122.41	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63	$ 123.63
South Central	Maternity Kick Payment	Maternity Kick Payment	$ 6,089.68	$ 6,089.68	$ 6,089.68	$ 6,089.68	$ 6,089.68	$ 6,089.68	$ 6,089.66	$ 6,089.66	$ 6,089.66	$ 6,089.66	$ 6,089.66	$ 6,338.18

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Appendix P

			Base Program Change Projected Claims Impact											
Region	Category of Aid	Rate Cell	PMPM Before Base Program Changes	PMPM After IMD Long Stays	PMPM After IMD Short Stays	PMPM After CBR	PMPM After LaHIPP	PMPM After PDHC	PMPM After Fraud and Abuse	PMPM After Preventive Services	PMPM After Managed Care Savings	PMPM After Efficiencies	PMPM After Act 399	PMPM After Maternity
North	SSI	0 - 2 Months	$ 13,305.49	$ 13,305.49	$ 13,305.49	$ 13,305.49	$ 13,305.49	$ 13,301.99	$ 13,301.99	$ 13,301.99	$ 13,301.99	$ 12,899.64	$ 12,899.65	$ 12,899.65
North	SSI	3 - 11 Months	$ 2,755.44	$ 2,755.44	$ 2,755.44	$ 2,755.44	$ 2,755.44	$ 2,745.84	$ 2,745.83	$ 2,745.83	$ 2,745.92	$ 2,690.61	$ 2,690.82	$ 2,690.82
North	SSI	Child 1 - 20 Years	$ 545.46	$ 545.46	$ 545.46	$ 545.46	$ 545.46	$ 545.10	$ 545.09	$ 545.10	$ 544.93	$ 540.17	$ 540.22	$ 540.22
North	SSI	Adult 21+ Years	$ 815.63	$ 814.48	$ 816.19	$ 816.19	$ 816.19	$ 816.19	$ 816.16	$ 816.22	$ 815.92	$ 803.71	$ 803.83	$ 803.83
North	Family & Children	0 - 2 Months	$ 1,601.70	$ 1,601.70	$ 1,601.70	$ 1,601.70	$ 1,601.70	$ 1,601.42	$ 1,601.39	$ 1,601.39	$ 1,600.78	$ 1,551.08	$ 1,551.08	$ 1,551.08
North	Family & Children	3 - 11 Months	$ 173.23	$ 173.23	$ 173.23	$ 173.23	$ 173.23	$ 173.54	$ 173.54	$ 173.53	$ 173.53	$ 171.34	$ 171.35	$ 171.35
North	Family & Children	Child 1 - 20 Years	$ 133.06	$ 133.06	$ 133.06	$ 133.06	$ 133.06	$ 132.89	$ 132.89	$ 132.89	$ 132.89	$ 131.94	$ 131.95	$ 131.95
North	Family & Children	Adult 21+ Years	$ 235.84	$ 235.79	$ 236.56	$ 236.56	$ 236.56	$ 236.56	$ 236.56	$ 236.62	$ 236.62	$ 233.61	$ 233.63	$ 233.63
North	Foster Care Children	All Ages Male & Female	$ 456.02	$ 456.02	$ 456.48	$ 456.48	$ 456.48	$ 454.64	$ 454.63	$ 454.63	$ 454.49	$ 452.19	$ 452.22	$ 452.22
North	BCC	BCC, All Ages	$ 1,325.54	$ 1,325.54	$ 1,325.55	$ 1,351.14	$ 1,351.14	$ 1,351.14	$ 1,351.14	$ 1,351.14	$ 1,351.14	$ 1,334.35	$ 1,334.54	$ 1,334.54
North	LAP	LAP, All Ages	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 123.53	$ 122.67	$ 122.69	$ 122.69
North	HCBS	Child 1 - 20 Years	$ 994.49	$ 994.49	$ 994.49	$ 994.49	$ 994.49	$ 1,015.35	$ 1,015.35	$ 1,015.35	$ 1,015.35	$ 1,006.02	$ 1,006.10	$ 1,006.10
North	HCBS	Adult 21+ Years	$ 1,169.66	$ 1,169.66	$ 1,170.78	$ 1,170.78	$ 1,170.78	$ 1,170.78	$ 1,170.78	$ 1,170.76	$ 1,170.76	$ 1,144.76	$ 1,144.97	$ 1,144.97
North	CCM	CCM, All Ages	$ 880.29	$ 880.29	$ 880.29	$ 880.29	$ 880.29	$ 845.43	$ 845.43	$ 845.42	$ 845.42	$ 839.73	$ 839.78	$ 839.78
North	SBH - CCM	SBH - CCM, All Ages	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98	$ 156.98
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 21.37	$ 21.37	$ 21.38	$ 21.38	$ 21.27	$ 21.27	$ 21.27	$ 21.27	$ 21.27	$ 21.27	$ 21.27	$ 21.27
North	SBH - HCBS	Child 1 - 20 Years	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97	$ 45.97
North	SBH - HCBS	Adult 21+ Years	$ 52.73	$ 52.73	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92	$ 52.92
North	SBH - Other	SBH - All Ages	$ 95.59	$ 94.55	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38	$ 95.38
North	Maternity Kick Payment	Maternity Kick Payment	$ 6,324.87	$ 6,324.87	$ 6,324.87	$ 6,324.87	$ 6,324.87	$ 6,324.87	$ 6,324.86	$ 6,324.86	$ 6,324.86	$ 6,324.86	$ 6,324.86	$ 6,546.45

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Appendix P

			Base Program Change Projected Claims Impact											
Region	Category of Aid	Rate Cell	PMPM Before Base Program Changes	PMPM After IMD Long Stays	PMPM After IMD Short Stays	PMPM After CBR	PMPM After LaHIPP	PMPM After PDHC	PMPM After Fraud and Abuse	PMPM After Preventive Services	PMPM After Managed Care Savings	PMPM After Efficiencies	PMPM After Act 399	PMPM After Maternity
Statewide	SSI	0 - 2 Months	$ 17,030.90	$ 17,030.90	$ 17,030.90	$ 17,030.90	$ 17,030.90	$ 17,027.61	$ 17,027.57	$ 17,027.57	$ 17,025.85	$ 16,479.38	$ 16,479.39	$ 16,479.39
Statewide	SSI	3 - 11 Months	$ 3,543.38	$ 3,543.38	$ 3,543.38	$ 3,543.38	$ 3,543.38	$ 3,534.86	$ 3,534.86	$ 3,534.85	$ 3,534.75	$ 3,447.94	$ 3,448.15	$ 3,448.15
Statewide	SSI	Child 1 - 20 Years	$ 541.98	$ 541.98	$ 541.98	$ 541.98	$ 541.98	$ 539.61	$ 539.60	$ 539.60	$ 539.28	$ 533.73	$ 533.79	$ 533.79
Statewide	SSI	Adult 21+ Years	$ 905.52	$ 903.89	$ 906.03	$ 906.03	$ 906.03	$ 906.03	$ 906.00	$ 906.10	$ 905.70	$ 892.03	$ 892.18	$ 892.18
Statewide	Family & Children	0 - 2 Months	$ 1,738.07	$ 1,738.07	$ 1,738.07	$ 1,738.07	$ 1,738.07	$ 1,737.96	$ 1,737.94	$ 1,737.94	$ 1,737.71	$ 1,682.29	$ 1,682.30	$ 1,682.30
Statewide	Family & Children	3 - 11 Months	$ 181.41	$ 181.41	$ 181.41	$ 181.41	$ 181.41	$ 181.18	$ 181.18	$ 181.18	$ 181.18	$ 178.62	$ 178.63	$ 178.63
Statewide	Family & Children	Child 1 - 20 Years	$ 121.15	$ 121.15	$ 121.15	$ 121.15	$ 121.15	$ 121.08	$ 121.08	$ 121.08	$ 121.08	$ 120.01	$ 120.02	$ 120.02
Statewide	Family & Children	Adult 21+ Years	$ 244.94	$ 244.82	$ 245.75	$ 245.75	$ 245.75	$ 245.75	$ 245.75	$ 245.82	$ 245.80	$ 242.48	$ 242.52	$ 242.52
Statewide	Foster Care Children	All Ages Male & Female	$ 352.04	$ 352.04	$ 352.34	$ 352.34	$ 352.34	$ 351.77	$ 351.77	$ 351.77	$ 351.60	$ 348.92	$ 348.95	$ 348.95
Statewide	BCC	BCC, All Ages	$ 1,346.56	$ 1,346.65	$ 1,346.66	$ 1,372.66	$ 1,372.66	$ 1,372.66	$ 1,372.66	$ 1,373.31	$ 1,373.31	$ 1,353.78	$ 1,353.93	$ 1,353.93
Statewide	LAP	LAP, All Ages	$ 136.57	$ 136.57	$ 136.57	$ 136.57	$ 136.57	$ 136.24	$ 136.24	$ 136.24	$ 136.24	$ 135.13	$ 135.15	$ 135.15
Statewide	HCBS	Child 1 - 20 Years	$ 1,263.24	$ 1,263.24	$ 1,263.24	$ 1,263.24	$ 1,263.24	$ 1,251.58	$ 1,251.58	$ 1,251.58	$ 1,251.58	$ 1,232.20	$ 1,232.31	$ 1,232.31
Statewide	HCBS	Adult 21+ Years	$ 1,033.96	$ 1,033.96	$ 1,035.00	$ 1,035.00	$ 1,035.00	$ 1,035.00	$ 1,035.00	$ 1,034.99	$ 1,034.99	$ 1,011.16	$ 1,011.36	$ 1,011.36
Statewide	CCM	CCM, All Ages	$ 799.87	$ 799.87	$ 799.87	$ 799.87	$ 799.87	$ 783.01	$ 783.01	$ 783.00	$ 783.00	$ 775.75	$ 775.81	$ 775.81
Statewide	SBH - CCM	SBH - CCM, All Ages	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64	$ 101.64
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ 20.39	$ 20.30	$ 20.31	$ 20.31	$ 20.21	$ 20.21	$ 20.21	$ 20.21	$ 20.21	$ 20.21	$ 20.21	$ 20.21
Statewide	SBH - HCBS	Child 1 - 20 Years	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67	$ 30.67
Statewide	SBH - HCBS	Adult 21+ Years	$ 43.87	$ 43.87	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18	$ 44.18
Statewide	SBH - Other	SBH - All Ages	$ 114.22	$ 111.86	$ 112.89	$ 112.89	$ 112.89	$ 112.89	$ 112.88	$ 112.88	$ 112.88	$ 112.88	$ 112.88	$ 112.88
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ 6,625.07	$ 6,625.07	$ 6,625.07	$ 6,625.07	$ 6,625.07	$ 6,625.07	$ 6,625.05	$ 6,625.05	$ 6,625.05	$ 6,625.05	$ 6,625.05	$ 6,855.14

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			Prospective Rating Adjustment PMPM Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Gulf	SSI	0 - 2 Months	$ 680.46	$ -	$ -	$ (0.91)	$ -	$ -	$ 679.55
Gulf	SSI	3 - 11 Months	$ 138.78	$ 3.78	$ -	$ (20.66)	$ -	$ -	$ 121.89
Gulf	SSI	Child 1 - 20 Years	$ 23.40	$ 0.03	$ -	$ (6.19)	$ -	$ -	$ 17.24
Gulf	SSI	Adult 21+ Years	$ 44.10	$ 5.08	$ -	$ (14.55)	$ -	$ -	$ 34.63
Gulf	Family & Children	0 - 2 Months	$ 58.24	$ -	$ -	$ (0.21)	$ -	$ -	$ 58.02
Gulf	Family & Children	3 - 11 Months	$ 10.42	$ -	$ -	$ (0.62)	$ -	$ -	$ 9.80
Gulf	Family & Children	Child 1 - 20 Years	$ 7.41	$ 0.00	$ -	$ (0.78)	$ -	$ -	$ 6.63
Gulf	Family & Children	Adult 21+ Years	$ 14.23	$ 0.16	$ -	$ (2.48)	$ -	$ -	$ 11.91
Gulf	Foster Care Children	All Ages Male & Female	$ 18.58	$ -	$ -	$ (1.59)	$ -	$ -	$ 16.99
Gulf	BCC	BCC, All Ages	$ 63.37	$ (0.07)	$ 23.94	$ (7.12)	$ -	$ -	$ 80.12
Gulf	LAP	LAP, All Ages	$ 10.53	$ -	$ -	$ (1.70)	$ -	$ -	$ 8.83
Gulf	HCBS	Child 1 - 20 Years	$ 66.52	$ -	$ -	$ (5.99)	$ -	$ -	$ 60.53
Gulf	HCBS	Adult 21+ Years	$ 41.47	$ (0.01)	$ -	$ (13.64)	$ -	$ -	$ 27.82
Gulf	CCM	CCM, All Ages	$ 58.06	$ -	$ -	$ (2.67)	$ -	$ -	$ 55.40
Gulf	SBH - CCM	SBH - CCM, All Ages	$ 3.18	$ -	$ -	$ -	$ -	$ -	$ 3.18
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.36	$ 0.00	$ -	$ -	$ -	$ -	$ 0.36
Gulf	SBH - HCBS	Child 1 - 20 Years	$ 0.12	$ -	$ -	$ -	$ -	$ -	$ 0.12
Gulf	SBH - HCBS	Adult 21+ Years	$ 4.08	$ -	$ -	$ -	$ -	$ -	$ 4.08
Gulf	SBH - Other	SBH - All Ages	$ 15.03	$ (7.89)	$ -	$ -	$ -	$ -	$ 7.14
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ 464.42	$ -	$ -	$ -	$ 21.72	$ 21.18	$ 507.32

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			Prospective Rating Adjustment PMPM Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Capital	SSI	0 - 2 Months	$ 858.92	$ -	$ -	$ (0.77)	$ -	$ -	$ 858.15
Capital	SSI	3 - 11 Months	$ 128.43	$ 3.30	$ -	$ (17.84)	$ -	$ -	$ 113.89
Capital	SSI	Child 1 - 20 Years	$ 19.54	$ 0.03	$ -	$ (8.19)	$ -	$ -	$ 11.38
Capital	SSI	Adult 21+ Years	$ 47.52	$ 5.73	$ -	$ (14.65)	$ -	$ -	$ 38.60
Capital	Family & Children	0 - 2 Months	$ 59.50	$ -	$ -	$ (0.20)	$ -	$ -	$ 59.30
Capital	Family & Children	3 - 11 Months	$ 7.24	$ -	$ -	$ (0.56)	$ -	$ -	$ 6.68
Capital	Family & Children	Child 1 - 20 Years	$ 5.60	$ 0.00	$ -	$ (0.94)	$ -	$ -	$ 4.66
Capital	Family & Children	Adult 21+ Years	$ 15.64	$ 0.20	$ -	$ (2.65)	$ -	$ -	$ 13.20
Capital	Foster Care Children	All Ages Male & Female	$ 22.85	$ -	$ -	$ (1.39)	$ -	$ -	$ 21.45
Capital	BCC	BCC, All Ages	$ 22.58	$ (0.07)	$ 22.18	$ (5.86)	$ -	$ -	$ 38.82
Capital	LAP	LAP, All Ages	$ 8.72	$ -	$ -	$ (1.94)	$ -	$ -	$ 6.78
Capital	HCBS	Child 1 - 20 Years	$ 80.60	$ -	$ -	$ (11.68)	$ -	$ -	$ 68.92
Capital	HCBS	Adult 21+ Years	$ 50.28	$ (0.02)	$ -	$ (11.48)	$ -	$ -	$ 38.77
Capital	CCM	CCM, All Ages	$ 45.61	$ -	$ -	$ (3.14)	$ -	$ -	$ 42.47
Capital	SBH - CCM	SBH - CCM, All Ages	$ 2.57	$ -	$ -	$ -	$ -	$ -	$ 2.57
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.54	$ 0.00	$ -	$ -	$ -	$ -	$ 0.54
Capital	SBH - HCBS	Child 1 - 20 Years	$ 0.65	$ -	$ -	$ -	$ -	$ -	$ 0.65
Capital	SBH - HCBS	Adult 21+ Years	$ 2.81	$ -	$ -	$ -	$ -	$ -	$ 2.81
Capital	SBH - Other	SBH - All Ages	$ 17.64	$ (6.54)	$ -	$ -	$ -	$ -	$ 11.09
Capital	Maternity Kick Payment	Maternity Kick Payment	$ 617.51	$ -	$ -	$ -	$ 16.73	$ 22.39	$ 656.62

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			Prospective Rating Adjustment PMPM Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
South Central	SSI	0 - 2 Months	$ 388.66	$ -	$ -	$ (0.97)	$ -	$ -	$ 387.68
South Central	SSI	3 - 11 Months	$ 109.83	$ 3.68	$ -	$ (17.41)	$ -	$ -	$ 96.11
South Central	SSI	Child 1 - 20 Years	$ 18.53	$ 0.02	$ -	$ (7.62)	$ -	$ -	$ 10.93
South Central	SSI	Adult 21+ Years	$ 44.81	$ 4.98	$ -	$ (12.13)	$ -	$ -	$ 37.65
South Central	Family & Children	0 - 2 Months	$ 63.06	$ -	$ -	$ (0.22)	$ -	$ -	$ 62.85
South Central	Family & Children	3 - 11 Months	$ 6.73	$ -	$ -	$ (0.58)	$ -	$ -	$ 6.15
South Central	Family & Children	Child 1 - 20 Years	$ 4.80	$ 0.00	$ -	$ (1.10)	$ -	$ -	$ 3.70
South Central	Family & Children	Adult 21+ Years	$ 13.91	$ 0.17	$ -	$ (2.24)	$ -	$ -	$ 11.84
South Central	Foster Care Children	All Ages Male & Female	$ 13.64	$ -	$ -	$ (1.31)	$ -	$ -	$ 12.33
South Central	BCC	BCC, All Ages	$ 14.86	$ (0.05)	$ 22.82	$ (8.40)	$ -	$ -	$ 29.24
South Central	LAP	LAP, All Ages	$ 4.24	$ -	$ -	$ (1.67)	$ -	$ -	$ 2.57
South Central	HCBS	Child 1 - 20 Years	$ 43.29	$ -	$ -	$ (6.49)	$ -	$ -	$ 36.79
South Central	HCBS	Adult 21+ Years	$ 35.42	$ 0.01	$ -	$ (14.35)	$ -	$ -	$ 21.08
South Central	CCM	CCM, All Ages	$ 38.02	$ -	$ -	$ (3.03)	$ -	$ -	$ 34.99
South Central	SBH - CCM	SBH - CCM, All Ages	$ 5.89	$ -	$ -	$ -	$ -	$ -	$ 5.89
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.26	$ 0.00	$ -	$ -	$ -	$ -	$ 0.26
South Central	SBH - HCBS	Child 1 - 20 Years	$ 1.85	$ -	$ -	$ -	$ -	$ -	$ 1.85
South Central	SBH - HCBS	Adult 21+ Years	$ 3.03	$ -	$ -	$ -	$ -	$ -	$ 3.03
South Central	SBH - Other	SBH - All Ages	$ 15.20	$ (7.36)	$ -	$ -	$ -	$ -	$ 7.84
South Central	Maternity Kick Payment	Maternity Kick Payment	$ 664.76	$ -	$ -	$ -	$ 15.95	$ 22.46	$ 703.18

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			Prospective Rating Adjustment PMPM Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
North	SSI	0 - 2 Months	$ 438.62	$ -	$ -	$ (0.89)	$ -	$ -	$ 437.73
North	SSI	3 - 11 Months	$ 81.76	$ 2.13	$ -	$ (18.68)	$ -	$ -	$ 65.22
North	SSI	Child 1 - 20 Years	$ 17.26	$ 0.02	$ -	$ (5.04)	$ -	$ -	$ 12.24
North	SSI	Adult 21+ Years	$ 38.18	$ 4.77	$ -	$ (10.85)	$ -	$ -	$ 32.10
North	Family & Children	0 - 2 Months	$ 54.14	$ -	$ -	$ (0.18)	$ -	$ -	$ 53.96
North	Family & Children	3 - 11 Months	$ 6.50	$ -	$ -	$ (0.56)	$ -	$ -	$ 5.94
North	Family & Children	Child 1 - 20 Years	$ 4.78	$ 0.00	$ -	$ (0.74)	$ -	$ -	$ 4.04
North	Family & Children	Adult 21+ Years	$ 11.48	$ 0.17	$ -	$ (1.94)	$ -	$ -	$ 9.71
North	Foster Care Children	All Ages Male & Female	$ 22.24	$ -	$ -	$ (1.26)	$ -	$ -	$ 20.98
North	BCC	BCC, All Ages	$ 32.00	$ (0.03)	$ 22.88	$ (10.21)	$ -	$ -	$ 44.64
North	LAP	LAP, All Ages	$ 5.56	$ -	$ -	$ (1.05)	$ -	$ -	$ 4.51
North	HCBS	Child 1 - 20 Years	$ 21.27	$ -	$ -	$ (5.62)	$ -	$ -	$ 15.65
North	HCBS	Adult 21+ Years	$ 45.44	$ (0.02)	$ -	$ (14.40)	$ -	$ -	$ 31.03
North	CCM	CCM, All Ages	$ 25.00	$ -	$ -	$ (2.22)	$ -	$ -	$ 22.78
North	SBH - CCM	SBH - CCM, All Ages	$ 6.10	$ -	$ -	$ -	$ -	$ -	$ 6.10
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.28	$ 0.00	$ -	$ -	$ -	$ -	$ 0.28
North	SBH - HCBS	Child 1 - 20 Years	$ 3.63	$ -	$ -	$ -	$ -	$ -	$ 3.63
North	SBH - HCBS	Adult 21+ Years	$ 2.27	$ -	$ -	$ -	$ -	$ -	$ 2.27
North	SBH - Other	SBH - All Ages	$ 12.71	$ (5.85)	$ -	$ -	$ -	$ -	$ 6.85
North	Maternity Kick Payment	Maternity Kick Payment	$ 540.88	$ -	$ -	$ -	$ 15.11	$ 21.92	$ 577.91

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			Prospective Rating Adjustment PMPM Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Statewide	SSI	0 - 2 Months	$ 624.44	$ -	$ -	$ (0.88)	$ -	$ -	$ 623.56
Statewide	SSI	3 - 11 Months	$ 113.59	$ 3.20	$ -	$ (18.75)	$ -	$ -	$ 98.03
Statewide	SSI	Child 1 - 20 Years	$ 19.80	$ 0.03	$ -	$ (6.65)	$ -	$ -	$ 13.18
Statewide	SSI	Adult 21+ Years	$ 43.58	$ 5.11	$ -	$ (13.06)	$ -	$ -	$ 35.63
Statewide	Family & Children	0 - 2 Months	$ 59.10	$ -	$ -	$ (0.20)	$ -	$ -	$ 58.90
Statewide	Family & Children	3 - 11 Months	$ 7.85	$ -	$ -	$ (0.58)	$ -	$ -	$ 7.27
Statewide	Family & Children	Child 1 - 20 Years	$ 5.72	$ 0.00	$ -	$ (0.90)	$ -	$ -	$ 4.82
Statewide	Family & Children	Adult 21+ Years	$ 13.96	$ 0.17	$ -	$ (2.35)	$ -	$ -	$ 11.78
Statewide	Foster Care Children	All Ages Male & Female	$ 18.92	$ -	$ -	$ (1.37)	$ -	$ -	$ 17.54
Statewide	BCC	BCC, All Ages	$ 33.42	$ (0.06)	$ 22.91	$ (7.74)	$ -	$ -	$ 48.54
Statewide	LAP	LAP, All Ages	$ 7.15	$ -	$ -	$ (1.63)	$ -	$ -	$ 5.52
Statewide	HCBS	Child 1 - 20 Years	$ 53.25	$ -	$ -	$ (7.40)	$ -	$ -	$ 45.85
Statewide	HCBS	Adult 21+ Years	$ 42.56	$ (0.01)	$ -	$ (13.55)	$ -	$ -	$ 29.00
Statewide	CCM	CCM, All Ages	$ 42.64	$ -	$ -	$ (2.78)	$ -	$ -	$ 39.86
Statewide	SBH - CCM	SBH - CCM, All Ages	$ 4.38	$ -	$ -	$ -	$ -	$ -	$ 4.38
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ 0.35	$ 0.00	$ -	$ -	$ -	$ -	$ 0.35
Statewide	SBH - HCBS	Child 1 - 20 Years	$ 1.34	$ -	$ -	$ -	$ -	$ -	$ 1.34
Statewide	SBH - HCBS	Adult 21+ Years	$ 3.09	$ -	$ -	$ -	$ -	$ -	$ 3.09
Statewide	SBH - Other	SBH - All Ages	$ 15.19	$ (6.87)	$ -	$ -	$ -	$ -	$ 8.32
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ 571.50	$ -	$ -	$ -	$ 17.61	$ 21.97	$ 611.09

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			Prospective Rating Adjustment Percent Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Gulf	SSI	0 - 2 Months	4.30%	0.00%	0.00%	-0.01%	0.00%	0.00%	4.29%
Gulf	SSI	3 - 11 Months	3.43%	0.09%	0.00%	-0.49%	0.00%	0.00%	3.01%
Gulf	SSI	Child 1 - 20 Years	4.14%	0.00%	0.00%	-1.05%	0.00%	0.00%	3.05%
Gulf	SSI	Adult 21+ Years	4.34%	0.48%	0.00%	-1.37%	0.00%	0.00%	3.41%
Gulf	Family & Children	0 - 2 Months	3.50%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.49%
Gulf	Family & Children	3 - 11 Months	5.48%	0.00%	0.00%	-0.31%	0.00%	0.00%	5.15%
Gulf	Family & Children	Child 1 - 20 Years	5.99%	0.00%	0.00%	-0.60%	0.00%	0.00%	5.36%
Gulf	Family & Children	Adult 21+ Years	5.40%	0.06%	0.00%	-0.89%	0.00%	0.00%	4.52%
Gulf	Foster Care Children	All Ages Male & Female	4.86%	0.00%	0.00%	-0.40%	0.00%	0.00%	4.44%
Gulf	BCC	BCC, All Ages	3.89%	0.00%	1.42%	-0.42%	0.00%	0.00%	4.92%
Gulf	LAP	LAP, All Ages	6.63%	0.00%	0.00%	-1.00%	0.00%	0.00%	5.56%
Gulf	HCBS	Child 1 - 20 Years	5.52%	0.00%	0.00%	-0.47%	0.00%	0.00%	5.02%
Gulf	HCBS	Adult 21+ Years	3.73%	0.00%	0.00%	-1.18%	0.00%	0.00%	2.50%
Gulf	CCM	CCM, All Ages	7.87%	0.00%	0.00%	-0.33%	0.00%	0.00%	7.50%
Gulf	SBH - CCM	SBH - CCM, All Ages	3.21%	0.00%	0.00%	0.00%	0.00%	0.00%	3.21%
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	1.13%	0.00%	0.00%	0.00%	0.00%	0.00%	1.13%
Gulf	SBH - HCBS	Child 1 - 20 Years	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.40%
Gulf	SBH - HCBS	Adult 21+ Years	8.66%	0.00%	0.00%	0.00%	0.00%	0.00%	8.66%
Gulf	SBH - Other	SBH - All Ages	10.76%	-5.10%	0.00%	0.00%	0.00%	0.00%	5.11%
Gulf	Maternity Kick Payment	Maternity Kick Payment	5.93%	0.00%	0.00%	0.00%	0.26%	0.25%	6.48%

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			Prospective Rating Adjustment Percent Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Capital	SSI	0 - 2 Months	4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%
Capital	SSI	3 - 11 Months	3.46%	0.09%	0.00%	-0.46%	0.00%	0.00%	3.06%
Capital	SSI	Child 1 - 20 Years	3.07%	0.00%	0.00%	-1.25%	0.00%	0.00%	1.79%
Capital	SSI	Adult 21+ Years	4.51%	0.52%	0.00%	-1.32%	0.00%	0.00%	3.66%
Capital	Family & Children	0 - 2 Months	3.39%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.38%
Capital	Family & Children	3 - 11 Months	3.86%	0.00%	0.00%	-0.29%	0.00%	0.00%	3.56%
Capital	Family & Children	Child 1 - 20 Years	4.26%	0.00%	0.00%	-0.69%	0.00%	0.00%	3.54%
Capital	Family & Children	Adult 21+ Years	5.44%	0.07%	0.00%	-0.87%	0.00%	0.00%	4.59%
Capital	Foster Care Children	All Ages Male & Female	5.45%	0.00%	0.00%	-0.32%	0.00%	0.00%	5.12%
Capital	BCC	BCC, All Ages	1.46%	0.00%	1.42%	-0.37%	0.00%	0.00%	2.51%
Capital	LAP	LAP, All Ages	5.37%	0.00%	0.00%	-1.13%	0.00%	0.00%	4.17%
Capital	HCBS	Child 1 - 20 Years	4.12%	0.00%	0.00%	-0.57%	0.00%	0.00%	3.52%
Capital	HCBS	Adult 21+ Years	4.42%	0.00%	0.00%	-0.97%	0.00%	0.00%	3.40%
Capital	CCM	CCM, All Ages	5.12%	0.00%	0.00%	-0.34%	0.00%	0.00%	4.77%
Capital	SBH - CCM	SBH - CCM, All Ages	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	2.96%
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	2.71%	0.00%	0.00%	0.00%	0.00%	0.00%	2.71%
Capital	SBH - HCBS	Child 1 - 20 Years	2.50%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%
Capital	SBH - HCBS	Adult 21+ Years	5.72%	0.00%	0.00%	0.00%	0.00%	0.00%	5.72%
Capital	SBH - Other	SBH - All Ages	15.42%	-4.96%	0.00%	0.00%	0.00%	0.00%	9.70%
Capital	Maternity Kick Payment	Maternity Kick Payment	9.36%	0.00%	0.00%	0.00%	0.23%	0.31%	9.96%

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			Prospective Rating Adjustment Percent Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
South Central	SSI	0 - 2 Months	2.52%	0.00%	0.00%	-0.01%	0.00%	0.00%	2.51%
South Central	SSI	3 - 11 Months	2.90%	0.09%	0.00%	-0.45%	0.00%	0.00%	2.54%
South Central	SSI	Child 1 - 20 Years	3.38%	0.00%	0.00%	-1.34%	0.00%	0.00%	1.99%
South Central	SSI	Adult 21+ Years	4.81%	0.51%	0.00%	-1.24%	0.00%	0.00%	4.04%
South Central	Family & Children	0 - 2 Months	3.33%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.32%
South Central	Family & Children	3 - 11 Months	3.38%	0.00%	0.00%	-0.28%	0.00%	0.00%	3.09%
South Central	Family & Children	Child 1 - 20 Years	3.66%	0.00%	0.00%	-0.81%	0.00%	0.00%	2.82%
South Central	Family & Children	Adult 21+ Years	5.28%	0.06%	0.00%	-0.81%	0.00%	0.00%	4.49%
South Central	Foster Care Children	All Ages Male & Female	4.09%	0.00%	0.00%	-0.38%	0.00%	0.00%	3.70%
South Central	BCC	BCC, All Ages	0.93%	0.00%	1.42%	-0.51%	0.00%	0.00%	1.83%
South Central	LAP	LAP, All Ages	3.09%	0.00%	0.00%	-1.18%	0.00%	0.00%	1.87%
South Central	HCBS	Child 1 - 20 Years	3.83%	0.00%	0.00%	-0.55%	0.00%	0.00%	3.25%
South Central	HCBS	Adult 21+ Years	3.52%	0.00%	0.00%	-1.38%	0.00%	0.00%	2.09%
South Central	CCM	CCM, All Ages	4.29%	0.00%	0.00%	-0.33%	0.00%	0.00%	3.95%
South Central	SBH - CCM	SBH - CCM, All Ages	4.55%	0.00%	0.00%	0.00%	0.00%	0.00%	4.55%
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	1.31%	0.00%	0.00%	0.00%	0.00%	0.00%	1.31%
South Central	SBH - HCBS	Child 1 - 20 Years	4.21%	0.00%	0.00%	0.00%	0.00%	0.00%	4.21%
South Central	SBH - HCBS	Adult 21+ Years	6.46%	0.00%	0.00%	0.00%	0.00%	0.00%	6.46%
South Central	SBH - Other	SBH - All Ages	11.58%	-5.03%	0.00%	0.00%	0.00%	0.00%	5.98%
South Central	Maternity Kick Payment	Maternity Kick Payment	10.46%	0.00%	0.00%	0.00%	0.23%	0.32%	11.06%

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			Prospective Rating Adjustment Percent Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
North	SSI	0 - 2 Months	3.34%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.33%
North	SSI	3 - 11 Months	2.91%	0.07%	0.00%	-0.64%	0.00%	0.00%	2.32%
North	SSI	Child 1 - 20 Years	2.95%	0.00%	0.00%	-0.84%	0.00%	0.00%	2.09%
North	SSI	Adult 21+ Years	4.38%	0.52%	0.00%	-1.19%	0.00%	0.00%	3.68%
North	Family & Children	0 - 2 Months	3.37%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.36%
North	Family & Children	3 - 11 Months	3.55%	0.00%	0.00%	-0.29%	0.00%	0.00%	3.25%
North	Family & Children	Child 1 - 20 Years	3.25%	0.00%	0.00%	-0.49%	0.00%	0.00%	2.75%
North	Family & Children	Adult 21+ Years	4.42%	0.06%	0.00%	-0.72%	0.00%	0.00%	3.74%
North	Foster Care Children	All Ages Male & Female	4.14%	0.00%	0.00%	-0.22%	0.00%	0.00%	3.91%
North	BCC	BCC, All Ages	2.02%	0.00%	1.42%	-0.62%	0.00%	0.00%	2.82%
North	LAP	LAP, All Ages	4.03%	0.00%	0.00%	-0.73%	0.00%	0.00%	3.27%
North	HCBS	Child 1 - 20 Years	1.95%	0.00%	0.00%	-0.51%	0.00%	0.00%	1.43%
North	HCBS	Adult 21+ Years	3.57%	0.00%	0.00%	-1.09%	0.00%	0.00%	2.44%
North	CCM	CCM, All Ages	2.73%	0.00%	0.00%	-0.24%	0.00%	0.00%	2.48%
North	SBH - CCM	SBH - CCM, All Ages	3.14%	0.00%	0.00%	0.00%	0.00%	0.00%	3.14%
North	SBH - Duals	SBH - Dual Eligible, All Ages	1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	1.09%
North	SBH - HCBS	Child 1 - 20 Years	6.50%	0.00%	0.00%	0.00%	0.00%	0.00%	6.50%
North	SBH - HCBS	Adult 21+ Years	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	3.53%
North	SBH - Other	SBH - All Ages	12.11%	-4.98%	0.00%	0.00%	0.00%	0.00%	6.53%
North	Maternity Kick Payment	Maternity Kick Payment	8.24%	0.00%	0.00%	0.00%	0.21%	0.31%	8.80%

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			Prospective Rating Adjustment Percent Impacts						
Region	Category of Aid	Rate Cell	Prospective Fee Adjustment	P-Linkage	Retro Adjustment	Rx Rebates	NIPT	Breast Pump Benefit	Total
Statewide	SSI	0 - 2 Months	3.73%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.73%
Statewide	SSI	3 - 11 Months	3.18%	0.09%	0.00%	-0.51%	0.00%	0.00%	2.75%
Statewide	SSI	Child 1 - 20 Years	3.40%	0.00%	0.00%	-1.10%	0.00%	0.00%	2.26%
Statewide	SSI	Adult 21+ Years	4.50%	0.51%	0.00%	-1.28%	0.00%	0.00%	3.68%
Statewide	Family & Children	0 - 2 Months	3.40%	0.00%	0.00%	-0.01%	0.00%	0.00%	3.39%
Statewide	Family & Children	3 - 11 Months	4.12%	0.00%	0.00%	-0.29%	0.00%	0.00%	3.82%
Statewide	Family & Children	Child 1 - 20 Years	4.32%	0.00%	0.00%	-0.65%	0.00%	0.00%	3.64%
Statewide	Family & Children	Adult 21+ Years	5.20%	0.06%	0.00%	-0.83%	0.00%	0.00%	4.39%
Statewide	Foster Care Children	All Ages Male & Female	4.61%	0.00%	0.00%	-0.32%	0.00%	0.00%	4.28%
Statewide	BCC	BCC, All Ages	2.11%	0.00%	1.42%	-0.47%	0.00%	0.00%	3.06%
Statewide	LAP	LAP, All Ages	4.79%	0.00%	0.00%	-1.04%	0.00%	0.00%	3.69%
Statewide	HCBS	Child 1 - 20 Years	3.98%	0.00%	0.00%	-0.53%	0.00%	0.00%	3.43%
Statewide	HCBS	Adult 21+ Years	3.78%	0.00%	0.00%	-1.16%	0.00%	0.00%	2.58%
Statewide	CCM	CCM, All Ages	5.01%	0.00%	0.00%	-0.31%	0.00%	0.00%	4.68%
Statewide	SBH - CCM	SBH - CCM, All Ages	3.51%	0.00%	0.00%	0.00%	0.00%	0.00%	3.51%
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	1.44%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%
Statewide	SBH - HCBS	Child 1 - 20 Years	3.62%	0.00%	0.00%	0.00%	0.00%	0.00%	3.62%
Statewide	SBH - HCBS	Adult 21+ Years	6.03%	0.00%	0.00%	0.00%	0.00%	0.00%	6.03%
Statewide	SBH - Other	SBH - All Ages	12.46%	-5.01%	0.00%	0.00%	0.00%	0.00%	6.82%
Statewide	Maternity Kick Payment	Maternity Kick Payment	8.31%	0.00%	0.00%	0.00%	0.24%	0.29%	8.89%

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			Prospective Rating Adjustment Projected Claims Impact						
Region	Category of Aid	Rate Cell	PMPM Before Prospective Rating Adjustments	PMPM After Prospective Fee Adjustment	PMPM After P-Linkage	PMPM After Retro Adjustment	PMPM After Rx Rebates	PMPM After NIPT	PMPM After Breast Pump Benefit
Gulf	SSI	0 - 2 Months	$ 15,834.29	$ 16,514.75	$ 16,514.75	$ 16,514.75	$ 16,513.84	$ 16,513.84	$ 16,513.84
Gulf	SSI	3 - 11 Months	$ 4,046.48	$ 4,185.25	$ 4,189.03	$ 4,189.03	$ 4,168.37	$ 4,168.37	$ 4,168.37
Gulf	SSI	Child 1 - 20 Years	$ 565.20	$ 588.59	$ 588.62	$ 588.62	$ 582.43	$ 582.43	$ 582.43
Gulf	SSI	Adult 21+ Years	$ 1,015.57	$ 1,059.67	$ 1,064.75	$ 1,064.75	$ 1,050.20	$ 1,050.20	$ 1,050.20
Gulf	Family & Children	0 - 2 Months	$ 1,664.49	$ 1,722.73	$ 1,722.73	$ 1,722.73	$ 1,722.51	$ 1,722.51	$ 1,722.51
Gulf	Family & Children	3 - 11 Months	$ 190.09	$ 200.51	$ 200.51	$ 200.51	$ 199.89	$ 199.89	$ 199.89
Gulf	Family & Children	Child 1 - 20 Years	$ 123.69	$ 131.10	$ 131.10	$ 131.10	$ 130.32	$ 130.32	$ 130.32
Gulf	Family & Children	Adult 21+ Years	$ 263.54	$ 277.77	$ 277.93	$ 277.93	$ 275.45	$ 275.45	$ 275.45
Gulf	Foster Care Children	All Ages Male & Female	$ 382.39	$ 400.97	$ 400.97	$ 400.97	$ 399.38	$ 399.38	$ 399.38
Gulf	BCC	BCC, All Ages	$ 1,628.64	$ 1,692.01	$ 1,691.94	$ 1,715.88	$ 1,708.76	$ 1,708.76	$ 1,708.76
Gulf	LAP	LAP, All Ages	$ 158.70	$ 169.23	$ 169.23	$ 169.23	$ 167.53	$ 167.53	$ 167.53
Gulf	HCBS	Child 1 - 20 Years	$ 1,205.68	$ 1,272.20	$ 1,272.20	$ 1,272.20	$ 1,266.21	$ 1,266.21	$ 1,266.21
Gulf	HCBS	Adult 21+ Years	$ 1,111.50	$ 1,152.97	$ 1,152.96	$ 1,152.96	$ 1,139.32	$ 1,139.32	$ 1,139.32
Gulf	CCM	CCM, All Ages	$ 738.20	$ 796.26	$ 796.26	$ 796.26	$ 793.60	$ 793.60	$ 793.60
Gulf	SBH - CCM	SBH - CCM, All Ages	$ 99.19	$ 102.37	$ 102.37	$ 102.37	$ 102.37	$ 102.37	$ 102.37
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ 31.70	$ 32.06	$ 32.06	$ 32.06	$ 32.06	$ 32.06	$ 32.06
Gulf	SBH - HCBS	Child 1 - 20 Years	$ 29.93	$ 30.05	$ 30.05	$ 30.05	$ 30.05	$ 30.05	$ 30.05
Gulf	SBH - HCBS	Adult 21+ Years	$ 47.09	$ 51.16	$ 51.16	$ 51.16	$ 51.16	$ 51.16	$ 51.16
Gulf	SBH - Other	SBH - All Ages	$ 139.66	$ 154.70	$ 146.80	$ 146.80	$ 146.80	$ 146.80	$ 146.80
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ 7,826.02	$ 8,290.44	$ 8,290.44	$ 8,290.44	$ 8,290.44	$ 8,312.16	$ 8,333.34

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			Prospective Rating Adjustment Projected Claims Impact						
Region	Category of Aid	Rate Cell	PMPM Before Prospective Rating Adjustments	PMPM After Prospective Fee Adjustment	PMPM After P-Linkage	PMPM After Retro Adjustment	PMPM After Rx Rebates	PMPM After NIPT	PMPM After Breast Pump Benefit
Capital	SSI	0 - 2 Months	$ 21,468.14	$ 22,327.06	$ 22,327.06	$ 22,327.06	$ 22,326.29	$ 22,326.29	$ 22,326.29
Capital	SSI	3 - 11 Months	$ 3,716.88	$ 3,845.31	$ 3,848.61	$ 3,848.61	$ 3,830.77	$ 3,830.77	$ 3,830.77
Capital	SSI	Child 1 - 20 Years	$ 635.94	$ 655.48	$ 655.51	$ 655.51	$ 647.31	$ 647.31	$ 647.31
Capital	SSI	Adult 21+ Years	$ 1,054.09	$ 1,101.61	$ 1,107.33	$ 1,107.33	$ 1,092.69	$ 1,092.69	$ 1,092.69
Capital	Family & Children	0 - 2 Months	$ 1,754.77	$ 1,814.27	$ 1,814.27	$ 1,814.27	$ 1,814.07	$ 1,814.07	$ 1,814.07
Capital	Family & Children	3 - 11 Months	$ 187.71	$ 194.95	$ 194.95	$ 194.95	$ 194.39	$ 194.39	$ 194.39
Capital	Family & Children	Child 1 - 20 Years	$ 131.43	$ 137.03	$ 137.03	$ 137.03	$ 136.09	$ 136.09	$ 136.09
Capital	Family & Children	Adult 21+ Years	$ 287.35	$ 303.00	$ 303.20	$ 303.20	$ 300.55	$ 300.55	$ 300.55
Capital	Foster Care Children	All Ages Male & Female	$ 418.87	$ 441.71	$ 441.71	$ 441.71	$ 440.32	$ 440.32	$ 440.32
Capital	BCC	BCC, All Ages	$ 1,544.42	$ 1,567.00	$ 1,566.92	$ 1,589.10	$ 1,583.23	$ 1,583.23	$ 1,583.23
Capital	LAP	LAP, All Ages	$ 162.42	$ 171.14	$ 171.14	$ 171.14	$ 169.20	$ 169.20	$ 169.20
Capital	HCBS	Child 1 - 20 Years	$ 1,955.50	$ 2,036.10	$ 2,036.10	$ 2,036.10	$ 2,024.42	$ 2,024.42	$ 2,024.42
Capital	HCBS	Adult 21+ Years	$ 1,138.75	$ 1,189.03	$ 1,189.00	$ 1,189.00	$ 1,177.52	$ 1,177.52	$ 1,177.52
Capital	CCM	CCM, All Ages	$ 890.81	$ 936.42	$ 936.42	$ 936.42	$ 933.28	$ 933.28	$ 933.28
Capital	SBH - CCM	SBH - CCM, All Ages	$ 86.82	$ 89.39	$ 89.39	$ 89.39	$ 89.39	$ 89.39	$ 89.39
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ 20.03	$ 20.57	$ 20.57	$ 20.57	$ 20.57	$ 20.57	$ 20.57
Capital	SBH - HCBS	Child 1 - 20 Years	$ 26.00	$ 26.65	$ 26.65	$ 26.65	$ 26.65	$ 26.65	$ 26.65
Capital	SBH - HCBS	Adult 21+ Years	$ 49.15	$ 51.96	$ 51.96	$ 51.96	$ 51.96	$ 51.96	$ 51.96
Capital	SBH - Other	SBH - All Ages	$ 114.37	$ 132.01	$ 125.46	$ 125.46	$ 125.46	$ 125.46	$ 125.46
Capital	Maternity Kick Payment	Maternity Kick Payment	$ 6,595.67	$ 7,213.18	$ 7,213.18	$ 7,213.18	$ 7,213.18	$ 7,229.90	$ 7,252.29

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			Prospective Rating Adjustment Projected Claims Impact						
Region	Category of Aid	Rate Cell	PMPM Before Prospective Rating Adjustments	PMPM After Prospective Fee Adjustment	PMPM After P-Linkage	PMPM After Retro Adjustment	PMPM After Rx Rebates	PMPM After NIPT	PMPM After Breast Pump Benefit
South Central	SSI	0 - 2 Months	$ 15,435.35	$ 15,824.01	$ 15,824.01	$ 15,824.01	$ 15,823.03	$ 15,823.03	$ 15,823.03
South Central	SSI	3 - 11 Months	$ 3,788.30	$ 3,898.14	$ 3,901.82	$ 3,901.82	$ 3,884.41	$ 3,884.41	$ 3,884.41
South Central	SSI	Child 1 - 20 Years	$ 548.91	$ 567.44	$ 567.46	$ 567.46	$ 559.84	$ 559.84	$ 559.84
South Central	SSI	Adult 21+ Years	$ 932.12	$ 976.93	$ 981.91	$ 981.91	$ 969.77	$ 969.77	$ 969.77
South Central	Family & Children	0 - 2 Months	$ 1,892.98	$ 1,956.04	$ 1,956.04	$ 1,956.04	$ 1,955.83	$ 1,955.83	$ 1,955.83
South Central	Family & Children	3 - 11 Months	$ 198.85	$ 205.57	$ 205.57	$ 205.57	$ 204.99	$ 204.99	$ 204.99
South Central	Family & Children	Child 1 - 20 Years	$ 131.42	$ 136.22	$ 136.22	$ 136.22	$ 135.12	$ 135.12	$ 135.12
South Central	Family & Children	Adult 21+ Years	$ 263.67	$ 277.58	$ 277.75	$ 277.75	$ 275.51	$ 275.51	$ 275.51
South Central	Foster Care Children	All Ages Male & Female	$ 333.67	$ 347.31	$ 347.31	$ 347.31	$ 346.00	$ 346.00	$ 346.00
South Central	BCC	BCC, All Ages	$ 1,597.97	$ 1,612.83	$ 1,612.79	$ 1,635.61	$ 1,627.21	$ 1,627.21	$ 1,627.21
South Central	LAP	LAP, All Ages	$ 137.17	$ 141.41	$ 141.41	$ 141.41	$ 139.74	$ 139.74	$ 139.74
South Central	HCBS	Child 1 - 20 Years	$ 1,131.25	$ 1,174.54	$ 1,174.54	$ 1,174.54	$ 1,168.05	$ 1,168.05	$ 1,168.05
South Central	HCBS	Adult 21+ Years	$ 1,007.39	$ 1,042.81	$ 1,042.82	$ 1,042.82	$ 1,028.47	$ 1,028.47	$ 1,028.47
South Central	CCM	CCM, All Ages	$ 885.79	$ 923.81	$ 923.81	$ 923.81	$ 920.78	$ 920.78	$ 920.78
South Central	SBH - CCM	SBH - CCM, All Ages	$ 129.36	$ 135.25	$ 135.25	$ 135.25	$ 135.25	$ 135.25	$ 135.25
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ 19.98	$ 20.24	$ 20.24	$ 20.24	$ 20.24	$ 20.24	$ 20.24
South Central	SBH - HCBS	Child 1 - 20 Years	$ 43.92	$ 45.77	$ 45.77	$ 45.77	$ 45.77	$ 45.77	$ 45.77
South Central	SBH - HCBS	Adult 21+ Years	$ 47.00	$ 50.03	$ 50.03	$ 50.03	$ 50.03	$ 50.03	$ 50.03
South Central	SBH - Other	SBH - All Ages	$ 131.24	$ 146.44	$ 139.09	$ 139.09	$ 139.09	$ 139.09	$ 139.09
South Central	Maternity Kick Payment	Maternity Kick Payment	$ 6,355.10	$ 7,019.86	$ 7,019.86	$ 7,019.86	$ 7,019.86	$ 7,035.82	$ 7,058.28

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			Prospective Rating Adjustment Projected Claims Impact						
Region	Category of Aid	Rate Cell	PMPM Before Prospective Rating Adjustments	PMPM After Prospective Fee Adjustment	PMPM After P-Linkage	PMPM After Retro Adjustment	PMPM After Rx Rebates	PMPM After NIPT	PMPM After Breast Pump Benefit
North	SSI	0 - 2 Months	$ 13,136.89	$ 13,575.51	$ 13,575.51	$ 13,575.51	$ 13,574.62	$ 13,574.62	$ 13,574.62
North	SSI	3 - 11 Months	$ 2,814.36	$ 2,896.13	$ 2,898.26	$ 2,898.26	$ 2,879.58	$ 2,879.58	$ 2,879.58
North	SSI	Child 1 - 20 Years	$ 585.78	$ 603.04	$ 603.06	$ 603.06	$ 598.02	$ 598.02	$ 598.02
North	SSI	Adult 21+ Years	$ 871.87	$ 910.05	$ 914.82	$ 914.82	$ 903.97	$ 903.97	$ 903.97
North	Family & Children	0 - 2 Months	$ 1,604.43	$ 1,658.57	$ 1,658.57	$ 1,658.57	$ 1,658.39	$ 1,658.39	$ 1,658.39
North	Family & Children	3 - 11 Months	$ 182.95	$ 189.45	$ 189.45	$ 189.45	$ 188.89	$ 188.89	$ 188.89
North	Family & Children	Child 1 - 20 Years	$ 146.93	$ 151.70	$ 151.70	$ 151.70	$ 150.96	$ 150.96	$ 150.96
North	Family & Children	Adult 21+ Years	$ 259.70	$ 271.18	$ 271.35	$ 271.35	$ 269.41	$ 269.41	$ 269.41
North	Foster Care Children	All Ages Male & Female	$ 536.80	$ 559.03	$ 559.03	$ 559.03	$ 557.78	$ 557.78	$ 557.78
North	BCC	BCC, All Ages	$ 1,584.60	$ 1,616.60	$ 1,616.57	$ 1,639.45	$ 1,629.24	$ 1,629.24	$ 1,629.24
North	LAP	LAP, All Ages	$ 137.83	$ 143.39	$ 143.39	$ 143.39	$ 142.34	$ 142.34	$ 142.34
North	HCBS	Child 1 - 20 Years	$ 1,091.03	$ 1,112.30	$ 1,112.30	$ 1,112.30	$ 1,106.68	$ 1,106.68	$ 1,106.68
North	HCBS	Adult 21+ Years	$ 1,272.86	$ 1,318.30	$ 1,318.29	$ 1,318.29	$ 1,303.89	$ 1,303.89	$ 1,303.89
North	CCM	CCM, All Ages	$ 916.73	$ 941.73	$ 941.73	$ 941.73	$ 939.51	$ 939.51	$ 939.51
North	SBH - CCM	SBH - CCM, All Ages	$ 194.49	$ 200.59	$ 200.59	$ 200.59	$ 200.59	$ 200.59	$ 200.59
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 25.96	$ 26.25	$ 26.25	$ 26.25	$ 26.25	$ 26.25	$ 26.25
North	SBH - HCBS	Child 1 - 20 Years	$ 55.77	$ 59.40	$ 59.40	$ 59.40	$ 59.40	$ 59.40	$ 59.40
North	SBH - HCBS	Adult 21+ Years	$ 64.23	$ 66.49	$ 66.49	$ 66.49	$ 66.49	$ 66.49	$ 66.49
North	SBH - Other	SBH - All Ages	$ 104.90	$ 117.61	$ 111.76	$ 111.76	$ 111.76	$ 111.76	$ 111.76
North	Maternity Kick Payment	Maternity Kick Payment	$ 6,563.93	$ 7,104.81	$ 7,104.81	$ 7,104.81	$ 7,104.81	$ 7,119.91	$ 7,141.84

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			Prospective Rating Adjustment Projected Claims Impact						
Region	Category of Aid	Rate Cell	PMPM Before Prospective Rating Adjustments	PMPM After Prospective Fee Adjustment	PMPM After P-Linkage	PMPM After Retro Adjustment	PMPM After Rx Rebates	PMPM After NIPT	PMPM After Breast Pump Benefit
Statewide	SSI	0 - 2 Months	$ 16,719.34	$ 17,343.78	$ 17,343.78	$ 17,343.78	$ 17,342.90	$ 17,342.90	$ 17,342.90
Statewide	SSI	3 - 11 Months	$ 3,569.64	$ 3,683.22	$ 3,686.42	$ 3,686.42	$ 3,667.67	$ 3,667.67	$ 3,667.67
Statewide	SSI	Child 1 - 20 Years	$ 581.86	$ 601.66	$ 601.68	$ 601.68	$ 595.03	$ 595.03	$ 595.03
Statewide	SSI	Adult 21+ Years	$ 967.57	$ 1,011.15	$ 1,016.26	$ 1,016.26	$ 1,003.20	$ 1,003.20	$ 1,003.20
Statewide	Family & Children	0 - 2 Months	$ 1,738.86	$ 1,797.96	$ 1,797.96	$ 1,797.96	$ 1,797.75	$ 1,797.75	$ 1,797.75
Statewide	Family & Children	3 - 11 Months	$ 190.46	$ 198.31	$ 198.31	$ 198.31	$ 197.73	$ 197.73	$ 197.73
Statewide	Family & Children	Child 1 - 20 Years	$ 132.46	$ 138.18	$ 138.18	$ 138.18	$ 137.28	$ 137.28	$ 137.28
Statewide	Family & Children	Adult 21+ Years	$ 268.62	$ 282.58	$ 282.75	$ 282.75	$ 280.40	$ 280.40	$ 280.40
Statewide	Foster Care Children	All Ages Male & Female	$ 409.90	$ 428.82	$ 428.82	$ 428.82	$ 427.45	$ 427.45	$ 427.45
Statewide	BCC	BCC, All Ages	$ 1,585.65	$ 1,619.07	$ 1,619.01	$ 1,641.93	$ 1,634.19	$ 1,634.19	$ 1,634.19
Statewide	LAP	LAP, All Ages	$ 149.33	$ 156.48	$ 156.48	$ 156.48	$ 154.85	$ 154.85	$ 154.85
Statewide	HCBS	Child 1 - 20 Years	$ 1,338.36	$ 1,391.61	$ 1,391.61	$ 1,391.61	$ 1,384.21	$ 1,384.21	$ 1,384.21
Statewide	HCBS	Adult 21+ Years	$ 1,124.66	$ 1,167.22	$ 1,167.21	$ 1,167.21	$ 1,153.66	$ 1,153.66	$ 1,153.66
Statewide	CCM	CCM, All Ages	$ 851.93	$ 894.57	$ 894.57	$ 894.57	$ 891.79	$ 891.79	$ 891.79
Statewide	SBH - CCM	SBH - CCM, All Ages	$ 124.74	$ 129.11	$ 129.11	$ 129.11	$ 129.11	$ 129.11	$ 129.11
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ 24.55	$ 24.90	$ 24.90	$ 24.90	$ 24.90	$ 24.90	$ 24.90
Statewide	SBH - HCBS	Child 1 - 20 Years	$ 36.94	$ 38.28	$ 38.28	$ 38.28	$ 38.28	$ 38.28	$ 38.28
Statewide	SBH - HCBS	Adult 21+ Years	$ 51.18	$ 54.27	$ 54.27	$ 54.27	$ 54.27	$ 54.27	$ 54.27
Statewide	SBH - Other	SBH - All Ages	$ 121.91	$ 137.11	$ 130.23	$ 130.23	$ 130.23	$ 130.23	$ 130.23
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ 6,873.44	$ 7,444.95	$ 7,444.95	$ 7,444.95	$ 7,444.95	$ 7,462.56	$ 7,484.53

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			Below the Line Adjustment PMPM Impacts					
Region	Category of Aid	Rate Cell	Continuous Glucose Monitors	FQHC/RHC	PET Scan Adjustment	ABA Adjustment	Outliers	Total
Gulf	SSI	0 - 2 Months	$ -	$ -	$ 0.62	$ -	$ 1,618.23	$ 1,618.85
Gulf	SSI	3 - 11 Months	$ -	$ -	$ 0.16	$ -	$ 125.94	$ 126.10
Gulf	SSI	Child 1 - 20 Years	$ 0.91	$ 0.40	$ 0.27	$ 22.75	$ -	$ 24.32
Gulf	SSI	Adult 21+ Years	$ 2.16	$ 0.43	$ 2.92	$ -	$ -	$ 5.51
Gulf	Family & Children	0 - 2 Months	$ -	$ 0.01	$ 0.05	$ -	$ 59.53	$ 59.58
Gulf	Family & Children	3 - 11 Months	$ -	$ 0.01	$ 0.04	$ -	$ 1.28	$ 1.33
Gulf	Family & Children	Child 1 - 20 Years	$ 0.15	$ 0.11	$ 0.03	$ 1.70	$ 0.03	$ 2.03
Gulf	Family & Children	Adult 21+ Years	$ 0.95	$ 0.19	$ 0.67	$ -	$ -	$ 1.81
Gulf	Foster Care Children	All Ages Male & Female	$ -	$ 0.27	$ 0.07	$ 4.92	$ -	$ 5.26
Gulf	BCC	BCC, All Ages	$ -	$ 0.74	$ 50.15	$ -	$ -	$ 50.89
Gulf	LAP	LAP, All Ages	$ 0.51	$ 0.19	$ 0.05	$ 5.95	$ -	$ 6.71
Gulf	HCBS	Child 1 - 20 Years	$ -	$ 0.07	$ 0.64	$ 3.11	$ -	$ 3.83
Gulf	HCBS	Adult 21+ Years	$ 0.89	$ 0.50	$ 1.22	$ -	$ -	$ 2.60
Gulf	CCM	CCM, All Ages	$ -	$ 0.53	$ 0.36	$ 330.78	$ -	$ 331.67
Gulf	SBH - CCM	SBH - CCM, All Ages	$ -	$ 0.45	$ -	$ 175.81	$ -	$ 176.26
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ -	$ 0.01	$ -	$ -	$ -	$ 0.01
Gulf	SBH - HCBS	Child 1 - 20 Years	$ -	$ 0.38	$ -	$ 163.03	$ -	$ 163.42
Gulf	SBH - HCBS	Adult 21+ Years	$ -	$ 0.52	$ -	$ -	$ -	$ 0.52
Gulf	SBH - Other	SBH - All Ages	$ -	$ 0.04	$ -	$ 0.20	$ -	$ 0.24
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ -

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			Below the Line Adjustment PMPM Impacts					
Region	Category of Aid	Rate Cell	Continuous Glucose Monitors	FQHC/RHC	PET Scan Adjustment	ABA Adjustment	Outliers	Total
Capital	SSI	0 - 2 Months	$ -	$ -	$ 0.62	$ -	$ 1,618.23	$ 1,618.85
Capital	SSI	3 - 11 Months	$ -	$ -	$ 0.16	$ -	$ 125.94	$ 126.10
Capital	SSI	Child 1 - 20 Years	$ 0.89	$ 0.42	$ 0.27	$ 19.01	$ -	$ 20.60
Capital	SSI	Adult 21+ Years	$ 2.34	$ 0.18	$ 2.92	$ -	$ -	$ 5.43
Capital	Family & Children	0 - 2 Months	$ -	$ 0.00	$ 0.05	$ -	$ 59.53	$ 59.57
Capital	Family & Children	3 - 11 Months	$ -	$ 0.00	$ 0.04	$ -	$ 1.28	$ 1.33
Capital	Family & Children	Child 1 - 20 Years	$ 0.18	$ 0.19	$ 0.03	$ 1.22	$ 0.03	$ 1.66
Capital	Family & Children	Adult 21+ Years	$ 0.61	$ 0.14	$ 0.67	$ -	$ -	$ 1.42
Capital	Foster Care Children	All Ages Male & Female	$ 0.40	$ 0.45	$ 0.07	$ 3.95	$ -	$ 4.87
Capital	BCC	BCC, All Ages	$ 2.38	$ 0.75	$ 50.15	$ -	$ -	$ 53.29
Capital	LAP	LAP, All Ages	$ 0.35	$ 0.06	$ 0.05	$ 1.37	$ -	$ 1.82
Capital	HCBS	Child 1 - 20 Years	$ -	$ -	$ 0.64	$ 59.16	$ -	$ 59.80
Capital	HCBS	Adult 21+ Years	$ 1.13	$ 0.12	$ 1.22	$ -	$ -	$ 2.47
Capital	CCM	CCM, All Ages	$ -	$ 0.16	$ 0.36	$ 212.70	$ -	$ 213.21
Capital	SBH - CCM	SBH - CCM, All Ages	$ -	$ 0.28	$ -	$ 107.95	$ -	$ 108.23
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00
Capital	SBH - HCBS	Child 1 - 20 Years	$ -	$ 0.15	$ -	$ 107.57	$ -	$ 107.72
Capital	SBH - HCBS	Adult 21+ Years	$ -	$ 0.15	$ -	$ -	$ -	$ 0.15
Capital	SBH - Other	SBH - All Ages	$ -	$ 0.01	$ -	$ -	$ -	$ 0.01
Capital	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ -

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			Below the Line Adjustment PMPM Impacts					
Region	Category of Aid	Rate Cell	Continuous Glucose Monitors	FQHC/RHC	PET Scan Adjustment	ABA Adjustment	Outliers	Total
South Central	SSI	0 - 2 Months	$ -	$ 0.32	$ 0.62	$ -	$ 1,618.23	$ 1,619.17
South Central	SSI	3 - 11 Months	$ -	$ 0.05	$ 0.16	$ -	$ 125.94	$ 126.15
South Central	SSI	Child 1 - 20 Years	$ 0.98	$ 0.24	$ 0.27	$ 31.45	$ -	$ 32.92
South Central	SSI	Adult 21+ Years	$ 2.22	$ 0.36	$ 2.92	$ -	$ -	$ 5.49
South Central	Family & Children	0 - 2 Months	$ -	$ 0.01	$ 0.05	$ -	$ 59.53	$ 59.58
South Central	Family & Children	3 - 11 Months	$ -	$ 0.01	$ 0.04	$ -	$ 1.28	$ 1.33
South Central	Family & Children	Child 1 - 20 Years	$ 0.10	$ 0.06	$ 0.03	$ 1.32	$ 0.03	$ 1.54
South Central	Family & Children	Adult 21+ Years	$ 0.54	$ 0.26	$ 0.67	$ -	$ -	$ 1.47
South Central	Foster Care Children	All Ages Male & Female	$ 0.33	$ 0.16	$ 0.07	$ 8.34	$ -	$ 8.90
South Central	BCC	BCC, All Ages	$ -	$ 0.17	$ 50.15	$ -	$ -	$ 50.32
South Central	LAP	LAP, All Ages	$ 0.36	$ 0.06	$ 0.05	$ 11.74	$ -	$ 12.21
South Central	HCBS	Child 1 - 20 Years	$ -	$ 0.40	$ 0.64	$ 13.08	$ -	$ 14.13
South Central	HCBS	Adult 21+ Years	$ 3.46	$ 0.50	$ 1.22	$ -	$ -	$ 5.17
South Central	CCM	CCM, All Ages	$ -	$ 0.21	$ 0.36	$ 176.25	$ -	$ 176.82
South Central	SBH - CCM	SBH - CCM, All Ages	$ -	$ 0.14	$ -	$ 117.69	$ -	$ 117.83
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ -	$ 0.01	$ -	$ -	$ -	$ 0.01
South Central	SBH - HCBS	Child 1 - 20 Years	$ -	$ 0.12	$ -	$ 16.38	$ -	$ 16.50
South Central	SBH - HCBS	Adult 21+ Years	$ -	$ 0.21	$ -	$ -	$ -	$ 0.21
South Central	SBH - Other	SBH - All Ages	$ -	$ 0.10	$ -	$ 0.06	$ -	$ 0.17
South Central	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ -

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			Below the Line Adjustment PMPM Impacts					
Region	Category of Aid	Rate Cell	Continuous Glucose Monitors	FQHC/RHC	PET Scan Adjustment	ABA Adjustment	Outliers	Total
North	SSI	0 - 2 Months	$ -	$ -	$ 0.62	$ -	$ 1,618.23	$ 1,618.85
North	SSI	3 - 11 Months	$ -	$ -	$ 0.16	$ -	$ 125.94	$ 126.10
North	SSI	Child 1 - 20 Years	$ 0.68	$ 0.13	$ 0.27	$ 40.34	$ -	$ 41.41
North	SSI	Adult 21+ Years	$ 1.57	$ 0.21	$ 2.92	$ -	$ -	$ 4.69
North	Family & Children	0 - 2 Months	$ -	$ 0.02	$ 0.05	$ -	$ 59.53	$ 59.59
North	Family & Children	3 - 11 Months	$ -	$ 0.02	$ 0.04	$ -	$ 1.28	$ 1.34
North	Family & Children	Child 1 - 20 Years	$ 0.17	$ 0.08	$ 0.03	$ 2.55	$ 0.03	$ 2.86
North	Family & Children	Adult 21+ Years	$ 0.64	$ 0.17	$ 0.67	$ -	$ -	$ 1.49
North	Foster Care Children	All Ages Male & Female	$ 0.13	$ 0.09	$ 0.07	$ 22.00	$ -	$ 22.28
North	BCC	BCC, All Ages	$ -	$ 0.20	$ 50.15	$ -	$ -	$ 50.36
North	LAP	LAP, All Ages	$ -	$ 0.01	$ 0.05	$ 0.23	$ -	$ 0.29
North	HCBS	Child 1 - 20 Years	$ 3.30	$ 0.08	$ 0.64	$ 56.03	$ -	$ 60.05
North	HCBS	Adult 21+ Years	$ 1.07	$ 0.59	$ 1.22	$ -	$ -	$ 2.88
North	CCM	CCM, All Ages	$ 0.59	$ 0.08	$ 0.36	$ 193.92	$ -	$ 194.94
North	SBH - CCM	SBH - CCM, All Ages	$ -	$ 0.05	$ -	$ 113.53	$ -	$ 113.58
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00
North	SBH - HCBS	Child 1 - 20 Years	$ -	$ 0.11	$ -	$ 68.35	$ -	$ 68.46
North	SBH - HCBS	Adult 21+ Years	$ -	$ 0.24	$ -	$ -	$ -	$ 0.24
North	SBH - Other	SBH - All Ages	$ -	$ 0.06	$ -	$ 2.30	$ -	$ 2.36
North	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ -

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			Below the Line Adjustment PMPM Impacts					
Region	Category of Aid	Rate Cell	Continuous Glucose Monitors	FQHC/RHC	PET Scan Adjustment	ABA Adjustment	Outliers	Total
Statewide	SSI	0 - 2 Months	$ -	$ 0.06	$ 0.62	$ -	$ 1,618.23	$ 1,618.91
Statewide	SSI	3 - 11 Months	$ -	$ 0.01	$ 0.16	$ -	$ 125.94	$ 126.11
Statewide	SSI	Child 1 - 20 Years	$ 0.86	$ 0.29	$ 0.27	$ 28.67	$ -	$ 30.09
Statewide	SSI	Adult 21+ Years	$ 2.07	$ 0.31	$ 2.92	$ -	$ -	$ 5.29
Statewide	Family & Children	0 - 2 Months	$ -	$ 0.01	$ 0.05	$ -	$ 59.53	$ 59.58
Statewide	Family & Children	3 - 11 Months	$ -	$ 0.01	$ 0.04	$ -	$ 1.28	$ 1.33
Statewide	Family & Children	Child 1 - 20 Years	$ 0.15	$ 0.11	$ 0.03	$ 1.66	$ 0.03	$ 1.98
Statewide	Family & Children	Adult 21+ Years	$ 0.70	$ 0.19	$ 0.67	$ -	$ -	$ 1.56
Statewide	Foster Care Children	All Ages Male & Female	$ 0.25	$ 0.25	$ 0.07	$ 9.49	$ -	$ 10.05
Statewide	BCC	BCC, All Ages	$ 0.74	$ 0.50	$ 50.15	$ -	$ -	$ 51.39
Statewide	LAP	LAP, All Ages	$ 0.32	$ 0.08	$ 0.05	$ 5.09	$ -	$ 5.52
Statewide	HCBS	Child 1 - 20 Years	$ 0.76	$ 0.15	$ 0.64	$ 31.32	$ -	$ 32.86
Statewide	HCBS	Adult 21+ Years	$ 1.71	$ 0.44	$ 1.22	$ -	$ -	$ 3.36
Statewide	CCM	CCM, All Ages	$ 0.12	$ 0.26	$ 0.36	$ 231.65	$ -	$ 232.40
Statewide	SBH - CCM	SBH - CCM, All Ages	$ -	$ 0.24	$ -	$ 128.95	$ -	$ 129.19
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ -	$ 0.01	$ -	$ -	$ -	$ 0.01
Statewide	SBH - HCBS	Child 1 - 20 Years	$ -	$ 0.20	$ -	$ 91.16	$ -	$ 91.36
Statewide	SBH - HCBS	Adult 21+ Years	$ -	$ 0.28	$ -	$ -	$ -	$ 0.28
Statewide	SBH - Other	SBH - All Ages	$ -	$ 0.06	$ -	$ 0.63	$ -	$ 0.68
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ -	$ -	$ -	$ -	$ -	$ -

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			Below the Line Projected Claims Impact					
Region	Category of Aid	Rate Cell	PMPM Before BTL Add Ons	PMPM After Continuous Glucose Monitors	PMPM After FQHC/RHC	PMPM After PET Scan Adjustment	PMPM After ABA Adjustment	PMPM After Outliers
Gulf	SSI	0 - 2 Months	$ 17,342.90	$ 17,342.90	$ 17,342.90	$ 17,343.52	$ 17,343.52	$ 18,961.75
Gulf	SSI	3 - 11 Months	$ 3,667.67	$ 3,667.67	$ 3,667.67	$ 3,667.83	$ 3,667.83	$ 3,793.77
Gulf	SSI	Child 1 - 20 Years	$ 582.43	$ 583.35	$ 583.74	$ 584.01	$ 606.76	$ 606.76
Gulf	SSI	Adult 21+ Years	$ 1,050.20	$ 1,052.36	$ 1,052.80	$ 1,055.71	$ 1,055.71	$ 1,055.71
Gulf	Family & Children	0 - 2 Months	$ 1,722.51	$ 1,722.51	$ 1,722.52	$ 1,722.57	$ 1,722.57	$ 1,782.09
Gulf	Family & Children	3 - 11 Months	$ 199.89	$ 199.89	$ 199.89	$ 199.93	$ 199.93	$ 201.21
Gulf	Family & Children	Child 1 - 20 Years	$ 130.32	$ 130.47	$ 130.58	$ 130.61	$ 132.31	$ 132.34
Gulf	Family & Children	Adult 21+ Years	$ 275.45	$ 276.40	$ 276.59	$ 277.26	$ 277.26	$ 277.26
Gulf	Foster Care Children	All Ages Male & Female	$ 427.45	$ 427.45	$ 427.72	$ 427.79	$ 432.71	$ 432.71
Gulf	BCC	BCC, All Ages	$ 1,634.19	$ 1,634.19	$ 1,634.93	$ 1,685.08	$ 1,685.08	$ 1,685.08
Gulf	LAP	LAP, All Ages	$ 154.85	$ 155.36	$ 155.56	$ 155.60	$ 161.56	$ 161.56
Gulf	HCBS	Child 1 - 20 Years	$ 1,384.21	$ 1,384.21	$ 1,384.28	$ 1,384.93	$ 1,388.04	$ 1,388.04
Gulf	HCBS	Adult 21+ Years	$ 1,153.66	$ 1,154.55	$ 1,155.05	$ 1,156.26	$ 1,156.26	$ 1,156.26
Gulf	CCM	CCM, All Ages	$ 891.79	$ 891.79	$ 892.31	$ 892.67	$ 1,223.45	$ 1,223.45
Gulf	SBH - CCM	SBH - CCM, All Ages	$ 129.11	$ 129.11	$ 129.57	$ 129.57	$ 305.38	$ 305.38
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ 32.06	$ 32.06	$ 32.07	$ 32.07	$ 32.07	$ 32.07
Gulf	SBH - HCBS	Child 1 - 20 Years	$ 38.28	$ 38.28	$ 38.66	$ 38.66	$ 201.70	$ 201.70
Gulf	SBH - HCBS	Adult 21+ Years	$ 54.27	$ 54.27	$ 54.78	$ 54.78	$ 54.78	$ 54.78
Gulf	SBH - Other	SBH - All Ages	$ 130.23	$ 130.23	$ 130.27	$ 130.27	$ 130.47	$ 130.47
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ 8,333.34	$ 8,333.34	$ 8,333.34	$ 8,333.34	$ 8,333.34	$ 8,333.34

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			Below the Line Projected Claims Impact					
Region	Category of Aid	Rate Cell	PMPM Before BTL Add Ons	PMPM After Continuous Glucose Monitors	PMPM After FQHC/RHC	PMPM After PET Scan Adjustment	PMPM After ABA Adjustment	PMPM After Outliers
Capital	SSI	0 - 2 Months	$ 17,342.90	$ 17,342.90	$ 17,342.90	$ 17,343.52	$ 17,343.52	$ 18,961.75
Capital	SSI	3 - 11 Months	$ 3,667.67	$ 3,667.67	$ 3,667.67	$ 3,667.83	$ 3,667.83	$ 3,793.77
Capital	SSI	Child 1 - 20 Years	$ 647.31	$ 648.21	$ 648.63	$ 648.90	$ 667.91	$ 667.91
Capital	SSI	Adult 21+ Years	$ 1,092.69	$ 1,095.02	$ 1,095.20	$ 1,098.11	$ 1,098.11	$ 1,098.11
Capital	Family & Children	0 - 2 Months	$ 1,814.07	$ 1,814.07	$ 1,814.07	$ 1,814.12	$ 1,814.12	$ 1,873.65
Capital	Family & Children	3 - 11 Months	$ 194.39	$ 194.39	$ 194.39	$ 194.43	$ 194.43	$ 195.72
Capital	Family & Children	Child 1 - 20 Years	$ 136.09	$ 136.27	$ 136.46	$ 136.50	$ 137.72	$ 137.75
Capital	Family & Children	Adult 21+ Years	$ 300.55	$ 301.16	$ 301.30	$ 301.97	$ 301.97	$ 301.97
Capital	Foster Care Children	All Ages Male & Female	$ 427.45	$ 427.85	$ 428.30	$ 428.37	$ 432.32	$ 432.32
Capital	BCC	BCC, All Ages	$ 1,634.19	$ 1,636.57	$ 1,637.32	$ 1,687.48	$ 1,687.48	$ 1,687.48
Capital	LAP	LAP, All Ages	$ 154.85	$ 155.20	$ 155.26	$ 155.30	$ 156.67	$ 156.67
Capital	HCBS	Child 1 - 20 Years	$ 1,384.21	$ 1,384.21	$ 1,384.21	$ 1,384.85	$ 1,444.01	$ 1,444.01
Capital	HCBS	Adult 21+ Years	$ 1,153.66	$ 1,154.80	$ 1,154.91	$ 1,156.13	$ 1,156.13	$ 1,156.13
Capital	CCM	CCM, All Ages	$ 891.79	$ 891.79	$ 891.95	$ 892.30	$ 1,105.00	$ 1,105.00
Capital	SBH - CCM	SBH - CCM, All Ages	$ 129.11	$ 129.11	$ 129.40	$ 129.40	$ 237.34	$ 237.34
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ 20.57	$ 20.57	$ 20.57	$ 20.57	$ 20.57	$ 20.57
Capital	SBH - HCBS	Child 1 - 20 Years	$ 38.28	$ 38.28	$ 38.43	$ 38.43	$ 146.00	$ 146.00
Capital	SBH - HCBS	Adult 21+ Years	$ 54.27	$ 54.27	$ 54.42	$ 54.42	$ 54.42	$ 54.42
Capital	SBH - Other	SBH - All Ages	$ 130.23	$ 130.23	$ 130.24	$ 130.24	$ 130.24	$ 130.24
Capital	Maternity Kick Payment	Maternity Kick Payment	$ 7,252.29	$ 7,252.29	$ 7,252.29	$ 7,252.29	$ 7,252.29	$ 7,252.29

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			Below the Line Projected Claims Impact					
Region	Category of Aid	Rate Cell	PMPM Before BTL Add Ons	PMPM After Continuous Glucose Monitors	PMPM After FQHC/RHC	PMPM After PET Scan Adjustment	PMPM After ABA Adjustment	PMPM After Outliers
South Central	SSI	0 - 2 Months	$ 17,342.90	$ 17,342.90	$ 17,343.22	$ 17,343.84	$ 17,343.84	$ 18,962.07
South Central	SSI	3 - 11 Months	$ 3,667.67	$ 3,667.67	$ 3,667.72	$ 3,667.88	$ 3,667.88	$ 3,793.82
South Central	SSI	Child 1 - 20 Years	$ 559.84	$ 560.82	$ 561.05	$ 561.32	$ 592.76	$ 592.76
South Central	SSI	Adult 21+ Years	$ 969.77	$ 971.99	$ 972.35	$ 975.26	$ 975.26	$ 975.26
South Central	Family & Children	0 - 2 Months	$ 1,955.83	$ 1,955.83	$ 1,955.83	$ 1,955.88	$ 1,955.88	$ 2,015.40
South Central	Family & Children	3 - 11 Months	$ 204.99	$ 204.99	$ 205.00	$ 205.04	$ 205.04	$ 206.32
South Central	Family & Children	Child 1 - 20 Years	$ 135.12	$ 135.22	$ 135.27	$ 135.31	$ 136.63	$ 136.66
South Central	Family & Children	Adult 21+ Years	$ 275.51	$ 276.05	$ 276.31	$ 276.98	$ 276.98	$ 276.98
South Central	Foster Care Children	All Ages Male & Female	$ 427.45	$ 427.78	$ 427.94	$ 428.01	$ 436.35	$ 436.35
South Central	BCC	BCC, All Ages	$ 1,634.19	$ 1,634.19	$ 1,634.36	$ 1,684.51	$ 1,684.51	$ 1,684.51
South Central	LAP	LAP, All Ages	$ 154.85	$ 155.21	$ 155.27	$ 155.32	$ 167.06	$ 167.06
South Central	HCBS	Child 1 - 20 Years	$ 1,384.21	$ 1,384.21	$ 1,384.61	$ 1,385.26	$ 1,398.34	$ 1,398.34
South Central	HCBS	Adult 21+ Years	$ 1,153.66	$ 1,157.12	$ 1,157.62	$ 1,158.83	$ 1,158.83	$ 1,158.83
South Central	CCM	CCM, All Ages	$ 891.79	$ 891.79	$ 892.00	$ 892.36	$ 1,068.61	$ 1,068.61
South Central	SBH - CCM	SBH - CCM, All Ages	$ 129.11	$ 129.11	$ 129.25	$ 129.25	$ 246.94	$ 246.94
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ 20.24	$ 20.24	$ 20.25	$ 20.25	$ 20.25	$ 20.25
South Central	SBH - HCBS	Child 1 - 20 Years	$ 38.28	$ 38.28	$ 38.40	$ 38.40	$ 54.78	$ 54.78
South Central	SBH - HCBS	Adult 21+ Years	$ 54.27	$ 54.27	$ 54.48	$ 54.48	$ 54.48	$ 54.48
South Central	SBH - Other	SBH - All Ages	$ 130.23	$ 130.23	$ 130.34	$ 130.34	$ 130.40	$ 130.40
South Central	Maternity Kick Payment	Maternity Kick Payment	$ 7,058.28	$ 7,058.28	$ 7,058.28	$ 7,058.28	$ 7,058.28	$ 7,058.28

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Appendix P

			Below the Line Projected Claims Impact					
Region	Category of Aid	Rate Cell	PMPM Before BTL Add Ons	PMPM After Continuous Glucose Monitors	PMPM After FQHC/RHC	PMPM After PET Scan Adjustment	PMPM After ABA Adjustment	PMPM After Outliers
North	SSI	0 - 2 Months	$ 17,342.90	$ 17,342.90	$ 17,342.90	$ 17,343.52	$ 17,343.52	$ 18,961.75
North	SSI	3 - 11 Months	$ 3,667.67	$ 3,667.67	$ 3,667.67	$ 3,667.83	$ 3,667.83	$ 3,793.77
North	SSI	Child 1 - 20 Years	$ 598.02	$ 598.70	$ 598.83	$ 599.09	$ 639.43	$ 639.43
North	SSI	Adult 21+ Years	$ 903.97	$ 905.53	$ 905.74	$ 908.66	$ 908.66	$ 908.66
North	Family & Children	0 - 2 Months	$ 1,658.39	$ 1,658.39	$ 1,658.41	$ 1,658.45	$ 1,658.45	$ 1,717.98
North	Family & Children	3 - 11 Months	$ 188.89	$ 188.89	$ 188.91	$ 188.95	$ 188.95	$ 190.24
North	Family & Children	Child 1 - 20 Years	$ 150.96	$ 151.13	$ 151.21	$ 151.24	$ 153.80	$ 153.83
North	Family & Children	Adult 21+ Years	$ 269.41	$ 270.05	$ 270.22	$ 270.89	$ 270.89	$ 270.89
North	Foster Care Children	All Ages Male & Female	$ 427.45	$ 427.57	$ 427.67	$ 427.74	$ 449.73	$ 449.73
North	BCC	BCC, All Ages	$ 1,634.19	$ 1,634.19	$ 1,634.39	$ 1,684.55	$ 1,684.55	$ 1,684.55
North	LAP	LAP, All Ages	$ 154.85	$ 154.85	$ 154.86	$ 154.91	$ 155.14	$ 155.14
North	HCBS	Child 1 - 20 Years	$ 1,384.21	$ 1,387.51	$ 1,387.59	$ 1,388.23	$ 1,444.26	$ 1,444.26
North	HCBS	Adult 21+ Years	$ 1,153.66	$ 1,154.73	$ 1,155.32	$ 1,156.54	$ 1,156.54	$ 1,156.54
North	CCM	CCM, All Ages	$ 891.79	$ 892.38	$ 892.45	$ 892.81	$ 1,086.73	$ 1,086.73
North	SBH - CCM	SBH - CCM, All Ages	$ 129.11	$ 129.11	$ 129.17	$ 129.17	$ 242.70	$ 242.70
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 26.25	$ 26.25	$ 26.25	$ 26.25	$ 26.25	$ 26.25
North	SBH - HCBS	Child 1 - 20 Years	$ 38.28	$ 38.28	$ 38.39	$ 38.39	$ 106.74	$ 106.74
North	SBH - HCBS	Adult 21+ Years	$ 54.27	$ 54.27	$ 54.51	$ 54.51	$ 54.51	$ 54.51
North	SBH - Other	SBH - All Ages	$ 130.23	$ 130.23	$ 130.29	$ 130.29	$ 132.59	$ 132.59
North	Maternity Kick Payment	Maternity Kick Payment	$ 7,141.84	$ 7,141.84	$ 7,141.84	$ 7,141.84	$ 7,141.84	$ 7,141.84

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Appendix P

			Below the Line Projected Claims Impact					
Region	Category of Aid	Rate Cell	PMPM Before BTL Add Ons	PMPM After Continuous Glucose Monitors	PMPM After FQHC/RHC	PMPM After PET Scan Adjustment	PMPM After ABA Adjustment	PMPM After Outliers
Statewide	SSI	0 - 2 Months	$ 17,342.90	$ 17,342.90	$ 17,342.96	$ 17,343.58	$ 17,343.58	$ 18,961.81
Statewide	SSI	3 - 11 Months	$ 3,667.67	$ 3,667.67	$ 3,667.68	$ 3,667.84	$ 3,667.84	$ 3,793.79
Statewide	SSI	Child 1 - 20 Years	$ 595.03	$ 595.90	$ 596.19	$ 596.45	$ 625.13	$ 625.13
Statewide	SSI	Adult 21+ Years	$ 1,003.20	$ 1,005.27	$ 1,005.58	$ 1,008.50	$ 1,008.50	$ 1,008.50
Statewide	Family & Children	0 - 2 Months	$ 1,797.75	$ 1,797.75	$ 1,797.76	$ 1,797.81	$ 1,797.81	$ 1,857.33
Statewide	Family & Children	3 - 11 Months	$ 197.73	$ 197.73	$ 197.74	$ 197.77	$ 197.77	$ 199.06
Statewide	Family & Children	Child 1 - 20 Years	$ 137.28	$ 137.43	$ 137.54	$ 137.57	$ 139.23	$ 139.26
Statewide	Family & Children	Adult 21+ Years	$ 280.40	$ 281.10	$ 281.29	$ 281.96	$ 281.96	$ 281.96
Statewide	Foster Care Children	All Ages Male & Female	$ 427.45	$ 427.69	$ 427.94	$ 428.01	$ 437.50	$ 437.50
Statewide	BCC	BCC, All Ages	$ 1,634.19	$ 1,634.93	$ 1,635.43	$ 1,685.58	$ 1,685.58	$ 1,685.58
Statewide	LAP	LAP, All Ages	$ 154.85	$ 155.17	$ 155.24	$ 155.29	$ 160.37	$ 160.37
Statewide	HCBS	Child 1 - 20 Years	$ 1,384.21	$ 1,384.97	$ 1,385.11	$ 1,385.76	$ 1,417.07	$ 1,417.07
Statewide	HCBS	Adult 21+ Years	$ 1,153.66	$ 1,155.37	$ 1,155.80	$ 1,157.02	$ 1,157.02	$ 1,157.02
Statewide	CCM	CCM, All Ages	$ 891.79	$ 891.91	$ 892.17	$ 892.53	$ 1,124.18	$ 1,124.18
Statewide	SBH - CCM	SBH - CCM, All Ages	$ 129.11	$ 129.11	$ 129.35	$ 129.35	$ 258.30	$ 258.30
Statewide	SBH - Duals	SBH - Dual Eligible, All Ages	$ 24.90	$ 24.90	$ 24.91	$ 24.91	$ 24.91	$ 24.91
Statewide	SBH - HCBS	Child 1 - 20 Years	$ 38.28	$ 38.28	$ 38.48	$ 38.48	$ 129.64	$ 129.64
Statewide	SBH - HCBS	Adult 21+ Years	$ 54.27	$ 54.27	$ 54.55	$ 54.55	$ 54.55	$ 54.55
Statewide	SBH - Other	SBH - All Ages	$ 130.23	$ 130.23	$ 130.29	$ 130.29	$ 130.91	$ 130.91
Statewide	Maternity Kick Payment	Maternity Kick Payment	$ 7,484.53	$ 7,484.53	$ 7,484.53	$ 7,484.53	$ 7,484.53	$ 7,484.53

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Appendix P

	Base Midpoint	Contract Midpoint
	October 1, 2016	July 1, 2019
Contract Period	January 1, 2019 to December 31, 2019	
Trend Months	33.0	

	Maternity Kick Payment								
Region	Final Base Data PMPD	Base Program Changes	Annual Medical Trends	Prospective Rating Adjustments	Projected Medical Expenses PMPD	Administrative Expenses PMPD	Underwriting Gain PMPD	Premium Based Taxes	Final Lower Bound Limited Capitation Rate PMPD
Gulf	$ 7,640.75	2.15%	0.10%	6.48%	$ 8,333.34	$ 350.90	$ 140.07	$ 513.58	$ 9,337.89
Capital	$ 6,286.28	4.64%	0.10%	9.96%	$ 7,252.29	$ 304.46	$ 121.88	$ 446.90	$ 8,125.54
South Central	$ 6,089.68	4.08%	0.10%	11.06%	$ 7,058.28	$ 295.77	$ 118.61	$ 434.92	$ 7,907.58
North	$ 6,324.87	3.50%	0.10%	8.80%	$ 7,141.84	$ 305.32	$ 120.12	$ 440.42	$ 8,007.70
Statewide	**$ 6,625.07**	**3.47%**	**0.10%**	**8.89%**	**$ 7,484.53**	**$ 315.46**	**$ 125.81**	**$ 461.29**	**$ 8,387.09**

Notes:

1. Final Base Data on this sheet represents experience having occurred from October 1, 2015 to September 30, 2017.
2. Trend Period on this sheet represents experience time period from October 1, 2016 to July 1, 2019.
3. Contract Period on this sheet represents experience time period from January 1, 2019 to December 31, 2019.
4. In some cases totals may not equal the sum of their respective column components due to rounding.
5. Statewide rollups are based on RY 2019 Projected Member Months.

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Appendix P

Region	Category of Aid	Rate Cell	Limited Rates
Gulf	SSI	0 - 2 Months	$ 21,605.91
Gulf	SSI	3 - 11 Months	$ 4,369.07
Gulf	SSI	Child 1 - 20 Years	$ 699.50
Gulf	SSI	Adult 21+ Years	$ 1,202.23
Gulf	Family & Children	0 - 2 Months	$ 2,055.30
Gulf	Family & Children	3 - 11 Months	$ 243.81
Gulf	Family & Children	Child 1 - 20 Years	$ 164.40
Gulf	Family & Children	Adult 21+ Years	$ 327.12
Gulf	Foster Care Children	All Ages Male & Female	$ 500.57
Gulf	BCC	BCC, All Ages	$ 1,915.48
Gulf	LAP	LAP, All Ages	$ 197.27
Gulf	HCBS	Child 1 - 20 Years	$ 1,583.07
Gulf	HCBS	Adult 21+ Years	$ 1,310.34
Gulf	CCM	CCM, All Ages	$ 1,384.08
Gulf	SBH - CCM	SBH - CCM, All Ages	$ 339.88
Gulf	SBH - Duals	SBH - Dual Eligible, All Ages	$ 40.07
Gulf	SBH - LaHIPP	SBH - LaHIPP, All Ages	$ 40.07
Gulf	SBH - HCBS	Child 1 - 20 Years	$ 222.31
Gulf	SBH - HCBS	Adult 21+ Years	$ 66.05
Gulf	SBH - Other	SBH - All Ages	$ 156.75
Gulf	Maternity Kick Payment	Maternity Kick Payment	$ 9,337.89
Gulf	EED Kick Payment	EED Kick Payment	$ 1,838.00
Gulf	Medicaid Expansion	SBH - Dual Eligible, All Ages	$ 40.07
Gulf	Medicaid Expansion	SBH - LaHIPP, All Ages	$ 40.07
Gulf	Medicaid Expansion	SBH - Other	$ 156.75
Gulf	Medicaid Expansion	SBH - CCM, All Ages	$ 339.88
Gulf	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	$ 9,337.89
Gulf	Medicaid Expansion - EED Kick Payment	EED Kick Payment	$ 1,838.00
Capital	SSI	0 - 2 Months	$ 22,055.27
Capital	SSI	3 - 11 Months	$ 4,344.49
Capital	SSI	Child 1 - 20 Years	$ 767.95
Capital	SSI	Adult 21+ Years	$ 1,250.55
Capital	Family & Children	0 - 2 Months	$ 2,160.96
Capital	Family & Children	3 - 11 Months	$ 237.87
Capital	Family & Children	Child 1 - 20 Years	$ 170.52
Capital	Family & Children	Adult 21+ Years	$ 355.11
Capital	Foster Care Children	All Ages Male & Female	$ 503.44
Capital	BCC	BCC, All Ages	$ 1,916.11
Capital	LAP	LAP, All Ages	$ 191.87
Capital	HCBS	Child 1 - 20 Years	$ 1,687.32
Capital	HCBS	Adult 21+ Years	$ 1,316.27
Capital	CCM	CCM, All Ages	$ 1,270.61
Capital	SBH - CCM	SBH - CCM, All Ages	$ 265.59
Capital	SBH - Duals	SBH - Dual Eligible, All Ages	$ 26.77
Capital	SBH - LaHIPP	SBH - LaHIPP, All Ages	$ 26.77
Capital	SBH - HCBS	Child 1 - 20 Years	$ 162.12
Capital	SBH - HCBS	Adult 21+ Years	$ 65.87
Capital	SBH - Other	SBH - All Ages	$ 154.60
Capital	Maternity Kick Payment	Maternity Kick Payment	$ 8,125.54
Capital	EED Kick Payment	EED Kick Payment	$ 1,599.38
Capital	Medicaid Expansion	SBH - Dual Eligible, All Ages	$ 26.77
Capital	Medicaid Expansion	SBH - LaHIPP, All Ages	$ 26.77
Capital	Medicaid Expansion	SBH - Other	$ 154.60
Capital	Medicaid Expansion	SBH - CCM, All Ages	$ 265.59
Capital	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	$ 8,125.54
Capital	Medicaid Expansion - EED Kick Payment	EED Kick Payment	$ 1,599.38

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Appendix P

Region	Category of Aid	Rate Cell	Limited Rates
South Central	SSI	0 - 2 Months	$ 21,578.94
South Central	SSI	3 - 11 Months	$ 4,356.49
South Central	SSI	Child 1 - 20 Years	$ 681.37
South Central	SSI	Adult 21+ Years	$ 1,112.94
South Central	Family & Children	0 - 2 Months	$ 2,323.60
South Central	Family & Children	3 - 11 Months	$ 250.08
South Central	Family & Children	Child 1 - 20 Years	$ 169.12
South Central	Family & Children	Adult 21+ Years	$ 327.24
South Central	Foster Care Children	All Ages Male & Female	$ 502.22
South Central	BCC	BCC, All Ages	$ 1,909.52
South Central	LAP	LAP, All Ages	$ 201.65
South Central	HCBS	Child 1 - 20 Years	$ 1,586.32
South Central	HCBS	Adult 21+ Years	$ 1,304.83
South Central	CCM	CCM, All Ages	$ 1,231.19
South Central	SBH - CCM	SBH - CCM, All Ages	$ 279.72
South Central	SBH - Duals	SBH - Dual Eligible, All Ages	$ 26.40
South Central	SBH - LaHIPP	SBH - LaHIPP, All Ages	$ 26.40
South Central	SBH - HCBS	Child 1 - 20 Years	$ 65.69
South Central	SBH - HCBS	Adult 21+ Years	$ 65.87
South Central	SBH - Other	SBH - All Ages	$ 156.43
South Central	Maternity Kick Payment	Maternity Kick Payment	$ 7,907.58
South Central	EED Kick Payment	EED Kick Payment	$ 1,556.47
South Central	Medicaid Expansion	SBH - Dual Eligible, All Ages	$ 26.40
South Central	Medicaid Expansion	SBH - LaHIPP, All Ages	$ 26.40
South Central	Medicaid Expansion	SBH - Other	$ 156.43
South Central	Medicaid Expansion	SBH - CCM, All Ages	$ 279.72
South Central	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	$ 7,907.58
South Central	Medicaid Expansion - EED Kick Payment	EED Kick Payment	$ 1,556.47
North	SSI	0 - 2 Months	$ 21,399.91
North	SSI	3 - 11 Months	$ 4,275.75
North	SSI	Child 1 - 20 Years	$ 737.39
North	SSI	Adult 21+ Years	$ 1,038.86
North	Family & Children	0 - 2 Months	$ 1,981.97
North	Family & Children	3 - 11 Months	$ 231.55
North	Family & Children	Child 1 - 20 Years	$ 189.08
North	Family & Children	Adult 21+ Years	$ 320.80
North	Foster Care Children	All Ages Male & Female	$ 529.42
North	BCC	BCC, All Ages	$ 1,903.55
North	LAP	LAP, All Ages	$ 189.55
North	HCBS	Child 1 - 20 Years	$ 1,632.42
North	HCBS	Adult 21+ Years	$ 1,320.51
North	CCM	CCM, All Ages	$ 1,257.98
North	SBH - CCM	SBH - CCM, All Ages	$ 280.58
North	SBH - Duals	SBH - Dual Eligible, All Ages	$ 33.33
North	SBH - LaHIPP	SBH - LaHIPP, All Ages	$ 33.33
North	SBH - HCBS	Child 1 - 20 Years	$ 122.52
North	SBH - HCBS	Adult 21+ Years	$ 67.08
North	SBH - Other	SBH - All Ages	$ 155.62
North	Maternity Kick Payment	Maternity Kick Payment	$ 8,007.70
North	EED Kick Payment	EED Kick Payment	$ 1,576.18
North	Medicaid Expansion	SBH - Dual Eligible, All Ages	$ 33.33
North	Medicaid Expansion	SBH - LaHIPP, All Ages	$ 33.33
North	Medicaid Expansion	SBH - Other	$ 155.62
North	Medicaid Expansion	SBH - CCM, All Ages	$ 280.58
North	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	$ 8,007.70
North	Medicaid Expansion - EED Kick Payment	EED Kick Payment	$ 1,576.18

Appendix Q: Non-Expansion Rate Comparison

Appendix Q: Non-Expansion Rate Comparison			7/1/18 Rates				1/1/19 Rates			
Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery
Gulf	SSI	Newborn, 0-2 Months	288	$ 34,824.65	$ 34,853.96	$ 36,697.73	238	$ 29,393.75	$ 29,420.76	$ 31,210.07
Gulf	SSI	Newborn, 3-11 Months	2,085	$ 5,861.15	$ 5,866.28	$ 6,200.34	1,677	$ 5,716.22	$ 5,721.68	$ 6,079.72
Gulf	SSI	Child, 1-20 Years	132,759	$ 768.39	$ 769.19	$ 816.47	121,230	$ 790.28	$ 791.15	$ 843.88
Gulf	SSI	Adult, 21+ Years	278,885	$ 1,452.54	$ 1,453.97	$ 1,544.09	259,217	$ 1,513.65	$ 1,515.15	$ 1,610.84
Gulf	Family and Children	Newborn, 0-2 Months	33,958	$ 3,151.48	$ 3,153.93	$ 3,331.09	34,542	$ 3,240.13	$ 3,242.70	$ 3,418.88
Gulf	Family and Children	Newborn, 3-11 Months	118,165	$ 312.30	$ 312.60	$ 331.75	117,040	$ 312.92	$ 313.22	$ 331.43
Gulf	Family and Children	Child, 1-20 Years	2,211,981	$ 181.13	$ 181.33	$ 193.20	2,187,767	$ 188.09	$ 188.30	$ 201.07
Gulf	Family and Children	Adult, 21+ Years	381,028	$ 373.45	$ 373.83	$ 395.56	375,685	$ 397.38	$ 397.79	$ 423.76
Gulf	Foster Care Children	Foster Care, All Ages Male & Female	27,754	$ 480.55	$ 481.11	$ 516.47	28,131	$ 536.30	$ 536.93	$ 577.92
Gulf	Breast and Cervical Cancer	BCC, All Ages Female	1,842	$ 2,217.10	$ 2,219.28	$ 2,337.65	1,418	$ 2,292.81	$ 2,295.20	$ 2,432.75
Gulf	LaCHIP Affordable Plan	All Ages	8,886	$ 209.00	$ 209.23	$ 222.36	8,259	$ 225.02	$ 225.27	$ 239.87
Gulf	HCBS Waiver	20 & Under, Male and Female	1,223	$ 1,844.50	$ 1,846.46	$ 1,970.23	1,474	$ 1,827.28	$ 1,829.26	$ 1,949.32
Gulf	HCBS Waiver	21+ Years, Male and Female	4,394	$ 1,524.33	$ 1,525.93	$ 1,633.83	4,795	$ 1,505.43	$ 1,507.07	$ 1,612.32
Gulf	Chisholm Class Members	Chisholm, All Ages Male & Female	11,336	$ 1,367.08	$ 1,368.57	$ 1,446.09	9,622	$ 1,503.51	$ 1,505.24	$ 1,585.26
Gulf	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	11,863	$ 253.42	$ 253.42	$ 259.49	10,629	$ 340.86	$ 340.86	$ 356.63
Gulf	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	334,772	$ 33.09	$ 33.09	$ 34.19	336,218	$ 40.22	$ 40.22	$ 43.86
Gulf	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	5,271	$ 142.13	$ 142.13	$ 144.27	5,277	$ 223.56	$ 223.56	$ 229.55
Gulf	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	11,317	$ 66.59	$ 66.59	$ 69.47	10,675	$ 68.79	$ 68.79	$ 74.51
Gulf	SBH - Other	SBH - Other, All Ages	11,338	$ 180.84	$ 180.84	$ 187.99	7,377	$ 177.34	$ 177.34	$ 189.31
Gulf	Maternity Kickpayment	Maternity Kickpayment, All Ages	9,173	$ 13,560.05	$ 13,560.05	$ 14,048.80	7,205	$ 15,125.50	$ 15,125.50	$ 15,768.06
Gulf	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 7,325.73	$ 7,325.73	$ 7,434.72	1	$ 7,625.61	$ 7,625.61	$ 7,752.09
Capital	SSI	Newborn, 0-2 Months	217	$ 34,824.65	$ 34,853.96	$ 36,697.73	178	$ 29,843.11	$ 29,870.68	$ 31,702.16
Capital	SSI	Newborn, 3-11 Months	1,573	$ 5,861.15	$ 5,866.28	$ 6,200.34	1,225	$ 5,691.64	$ 5,697.07	$ 6,052.80
Capital	SSI	Child, 1-20 Years	97,313	$ 782.12	$ 782.99	$ 834.56	90,215	$ 833.50	$ 834.46	$ 892.29
Capital	SSI	Adult, 21+ Years	195,669	$ 1,434.13	$ 1,435.64	$ 1,530.71	183,760	$ 1,469.18	$ 1,470.74	$ 1,569.98
Capital	Family and Children	Newborn, 0-2 Months	25,616	$ 2,955.39	$ 2,957.86	$ 3,136.30	31,212	$ 2,866.06	$ 2,868.76	$ 3,056.74
Capital	Family and Children	Newborn, 3-11 Months	89,137	$ 299.24	$ 299.53	$ 318.32	105,087	$ 287.53	$ 287.83	$ 305.74
Capital	Family and Children	Child, 1-20 Years	1,916,871	$ 188.10	$ 188.31	$ 200.87	1,933,362	$ 191.06	$ 191.27	$ 204.60
Capital	Family and Children	Adult, 21+ Years	300,951	$ 405.28	$ 405.70	$ 429.68	307,571	$ 425.16	$ 425.60	$ 453.94
Capital	Foster Care Children	Foster Care, All Ages Male & Female	40,519	$ 480.55	$ 481.11	$ 516.47	42,450	$ 539.17	$ 539.80	$ 581.10
Capital	Breast and Cervical Cancer	BCC, All Ages Female	2,242	$ 2,217.10	$ 2,219.28	$ 2,337.65	1,783	$ 2,293.44	$ 2,295.84	$ 2,433.22
Capital	LaCHIP Affordable Plan	All Ages	11,562	$ 209.00	$ 209.23	$ 222.36	12,199	$ 219.62	$ 219.86	$ 234.40
Capital	HCBS Waiver	20 & Under, Male and Female	1,184	$ 1,844.50	$ 1,846.46	$ 1,970.23	1,341	$ 1,931.53	$ 1,933.64	$ 2,058.41
Capital	HCBS Waiver	21+ Years, Male and Female	3,407	$ 1,524.33	$ 1,525.93	$ 1,633.83	3,746	$ 1,511.36	$ 1,513.01	$ 1,618.83
Capital	Chisholm Class Members	Chisholm, All Ages Male & Female	8,726	$ 1,367.08	$ 1,368.57	$ 1,446.09	7,752	$ 1,390.04	$ 1,391.63	$ 1,471.72
Capital	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	12,470	$ 253.42	$ 253.42	$ 259.49	11,032	$ 266.57	$ 266.57	$ 281.44
Capital	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	265,049	$ 23.59	$ 23.59	$ 24.32	267,983	$ 26.92	$ 26.92	$ 29.27
Capital	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,022	$ 142.13	$ 142.13	$ 144.27	5,736	$ 163.37	$ 163.37	$ 168.68
Capital	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,929	$ 66.59	$ 66.59	$ 69.47	10,602	$ 68.61	$ 68.61	$ 74.35
Capital	SBH - Other	SBH - Other, All Ages	12,714	$ 180.84	$ 180.84	$ 187.99	10,092	$ 175.19	$ 175.19	$ 186.98
Capital	Maternity Kickpayment	Maternity Kickpayment, All Ages	7,917	$ 10,926.12	$ 10,926.12	$ 11,354.98	6,319	$ 11,221.64	$ 11,221.64	$ 11,780.75
Capital	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 5,420.77	$ 5,420.77	$ 5,516.41	1	$ 4,695.48	$ 4,695.48	$ 4,805.53

Appendix Q: Non-Expansion Rate Comparison

Appendix Q: Non-Expansion Rate Comparison			7/1/18 Rates				1/1/19 Rates			
Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery [1]	Upper Bound PMPM or Cost per Delivery
South Central	SSI	Newborn, 0-2 Months	253	$ 34,824.65	$ 34,853.96	$ 36,697.73	131	$ 29,366.78	$ 29,393.75	$ 31,180.49
South Central	SSI	Newborn, 3-11 Months	1,838	$ 5,861.15	$ 5,866.28	$ 6,200.34	1,475	$ 5,703.64	$ 5,709.09	$ 6,065.94
South Central	SSI	Child, 1-20 Years	105,972	$ 738.60	$ 739.43	$ 786.49	100,145	$ 742.56	$ 743.41	$ 793.71
South Central	SSI	Adult, 21+ Years	243,844	$ 1,284.93	$ 1,286.25	$ 1,369.36	227,976	$ 1,323.26	$ 1,324.65	$ 1,412.89
South Central	Family and Children	Newborn, 0-2 Months	29,937	$ 3,278.75	$ 3,281.53	$ 3,483.24	34,171	$ 3,094.31	$ 3,097.21	$ 3,299.08
South Central	Family and Children	Newborn, 3-11 Months	104,174	$ 287.20	$ 287.49	$ 306.26	112,644	$ 295.78	$ 296.09	$ 315.03
South Central	Family and Children	Child, 1-20 Years	2,156,070	$ 182.54	$ 182.75	$ 195.29	2,139,679	$ 185.94	$ 186.15	$ 199.31
South Central	Family and Children	Adult, 21+ Years	337,770	$ 366.16	$ 366.55	$ 388.49	337,789	$ 388.68	$ 389.09	$ 415.06
South Central	Foster Care Children	Foster Care, All Ages Male & Female	50,835	$ 480.55	$ 481.11	$ 516.47	51,106	$ 537.95	$ 538.58	$ 579.40
South Central	Breast and Cervical Cancer	BCC, All Ages Female	1,370	$ 2,217.10	$ 2,219.28	$ 2,337.65	1,139	$ 2,286.85	$ 2,289.24	$ 2,426.29
South Central	LaCHIP Affordable Plan	All Ages	10,797	$ 209.00	$ 209.23	$ 222.36	11,719	$ 229.40	$ 229.65	$ 244.17
South Central	HCBS Waiver	20 & Under, Male and Female	1,289	$ 1,844.50	$ 1,846.46	$ 1,970.23	1,514	$ 1,830.53	$ 1,832.51	$ 1,951.94
South Central	HCBS Waiver	21+ Years, Male and Female	4,262	$ 1,524.33	$ 1,525.93	$ 1,633.83	4,914	$ 1,499.92	$ 1,501.55	$ 1,606.04
South Central	Chisholm Class Members	Chisholm, All Ages Male & Female	11,368	$ 1,367.08	$ 1,368.57	$ 1,446.09	9,671	$ 1,350.62	$ 1,352.16	$ 1,431.85
South Central	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	12,321	$ 253.42	$ 253.42	$ 259.49	11,112	$ 280.70	$ 280.70	$ 296.05
South Central	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	349,901	$ 23.43	$ 23.43	$ 24.15	348,821	$ 26.53	$ 26.53	$ 28.85
South Central	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	5,428	$ 142.13	$ 142.13	$ 144.27	5,313	$ 66.94	$ 66.94	$ 71.35
South Central	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	11,765	$ 66.59	$ 66.59	$ 69.47	11,363	$ 68.61	$ 68.61	$ 74.34
South Central	SBH - Other	SBH - Other, All Ages	16,206	$ 180.84	$ 180.84	$ 187.99	11,397	$ 177.02	$ 177.02	$ 188.96
South Central	Maternity Kickpayment	Maternity Kickpayment, All Ages	9,159	$ 9,700.48	$ 9,700.48	$ 10,128.14	6,823	$ 10,315.38	$ 10,315.38	$ 10,859.48
South Central	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 4,209.65	$ 4,209.65	$ 4,305.02	1	$ 3,964.27	$ 3,964.27	$ 4,071.37
North	SSI	Newborn, 0-2 Months	205	$ 34,824.65	$ 34,853.96	$ 36,697.73	131	$ 29,187.75	$ 29,214.50	$ 30,984.47
North	SSI	Newborn, 3-11 Months	1,487	$ 5,861.15	$ 5,866.28	$ 6,200.34	1,724	$ 5,622.90	$ 5,628.24	$ 5,977.53
North	SSI	Child, 1-20 Years	120,631	$ 758.38	$ 759.22	$ 807.55	112,513	$ 803.50	$ 804.42	$ 858.63
North	SSI	Adult, 21+ Years	220,396	$ 1,205.86	$ 1,207.09	$ 1,283.87	211,648	$ 1,221.52	$ 1,222.82	$ 1,305.56
North	Family and Children	Newborn, 0-2 Months	24,218	$ 2,992.31	$ 2,994.67	$ 3,164.83	23,762	$ 2,746.16	$ 2,748.64	$ 2,918.49
North	Family and Children	Newborn, 3-11 Months	84,273	$ 282.57	$ 282.85	$ 300.60	81,600	$ 279.30	$ 279.59	$ 296.83
North	Family and Children	Child, 1-20 Years	1,654,849	$ 198.82	$ 199.04	$ 212.57	1,621,048	$ 206.33	$ 206.57	$ 221.66
North	Family and Children	Adult, 21+ Years	251,972	$ 355.11	$ 355.48	$ 376.21	244,224	$ 370.43	$ 370.83	$ 396.58
North	Foster Care Children	Foster Care, All Ages Male & Female	33,928	$ 480.55	$ 481.11	$ 516.47	33,806	$ 565.15	$ 565.81	$ 607.97
North	Breast and Cervical Cancer	BCC, All Ages Female	1,770	$ 2,217.10	$ 2,219.28	$ 2,337.65	1,396	$ 2,280.88	$ 2,283.26	$ 2,419.74
North	LaCHIP Affordable Plan	All Ages	8,055	$ 209.00	$ 209.23	$ 222.36	8,208	$ 217.30	$ 217.54	$ 232.01
North	HCBS Waiver	20 & Under, Male and Female	1,039	$ 1,844.50	$ 1,846.46	$ 1,970.23	1,288	$ 1,876.63	$ 1,878.67	$ 1,998.27
North	HCBS Waiver	21+ Years, Male and Female	3,552	$ 1,524.33	$ 1,525.93	$ 1,633.83	3,958	$ 1,515.60	$ 1,517.25	$ 1,623.43
North	Chisholm Class Members	Chisholm, All Ages Male & Female	7,764	$ 1,367.08	$ 1,368.57	$ 1,446.09	7,182	$ 1,377.41	$ 1,378.98	$ 1,459.55
North	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	10,563	$ 253.42	$ 253.42	$ 259.49	9,155	$ 281.56	$ 281.56	$ 297.37
North	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	282,304	$ 28.27	$ 28.27	$ 29.18	283,730	$ 33.54	$ 33.54	$ 36.52
North	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	3,490	$ 142.13	$ 142.13	$ 144.27	3,333	$ 123.77	$ 123.77	$ 128.87
North	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	8,966	$ 66.59	$ 66.59	$ 69.47	8,646	$ 69.82	$ 69.82	$ 75.66
North	SBH - Other	SBH - Other, All Ages	14,864	$ 180.84	$ 180.84	$ 187.99	9,472	$ 176.21	$ 176.21	$ 187.88
North	Maternity Kickpayment	Maternity Kickpayment, All Ages	6,796	$ 10,963.20	$ 10,963.20	$ 11,392.33	5,077	$ 11,563.95	$ 11,563.95	$ 12,115.11
North	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	1	$ 5,454.58	$ 5,454.58	$ 5,550.28	1	$ 5,132.43	$ 5,132.43	$ 5,240.92

Notes:
1. Where applicable, final rates have been adjusted to account for the portion of contractual withholds that Mercer has determined to be reasonably attainable.

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

Mr. Ron Ogborne, FSA, CERA, MAAA
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October 18, 2018

Subject: Capitation Rate Certification for the Healthy Louisiana Program – Implementation Year (January 1, 2019 through December 31, 2019)

Dear Ron:

I, Pam Diez, Medicaid Deputy Director for the Louisiana Department of Health (LDH), hereby affirm that the data prepared and submitted to Mercer Government Human Services Consulting (Mercer) for the purpose of certifying the January 1, 2019 through December 31, 2019 Healthy Louisiana Rates were prepared under my direction and, to the best of my knowledge and belief, are accurate, complete, and consistent with the data used to develop the capitation rates. This data includes federal fiscal years 2016 and 2017 fee-for-service (FFS) data files, managed care organization submitted encounter data, prepaid inpatient health plans-submitted encounter data, and supplemental information on payments made outside of Louisiana's Medicaid Management Information Systems.

Pam Diez
Signature

10/19/18
Date

cc: Erik Axelsen, ASA, MAAA, Senior Associate
Robert Butler, Principal
Christina Coleman, Associate
Kodzo Dekpe, ASA, MAAA, Associate

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Ms. Pam Diez
Deputy Medicaid Director/Chief Financial Officer
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January 28, 2019

Subject: Healthy Louisiana Expansion Program – Full Risk-Bearing Managed Care Organization (MCO) Rate Development and Actuarial Certification for the Period Effective January 1, 2019 through March 31, 2019

Dear Ms. Diez:

The Louisiana Department of Health (LDH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound[1] capitation rates for the State of Louisiana's (State) Healthy Louisiana Expansion program for the period of January 1, 2019 through March 31, 2019. This certification amends and extends the previous certification originally issued March 5, 2018 and amended on June 19, 2018, August 24, 2018 and December 18, 2018; it applies to the period of January 1, 2019 through March 31, 2019. The extension includes updates for new programmatic changes implemented by the State effective January 1, 2019 and updates to certain rating assumptions to reflect more recent data. The Healthy Louisiana Expansion rates covering the period of April 1, 2019 through December 31, 2019 will be addressed in a subsequent certification.

This letter presents an overview of the analyses and methodology used to support the revised rating adjustments, and the resulting capitation rates effective January 1, 2019 through March 31, 2019 for the purpose of satisfying the requirements of the Centers for Medicare & Medicaid Services (CMS). This rate development process used Medicaid fee-for-service (FFS) medical and pharmacy claims, Healthy

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[1] Actuarially Sound/Actuarial Soundness — 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.

Reference: http://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf

Louisiana Shared Savings claims experience, Healthy Louisiana Prepaid encounter data, and Louisiana Behavioral Health Partnership claims experience. It resulted in the development of a range of actuarially sound rates for each rate cell. The final capitation rates and rate ranges are summarized in Appendix A and represent payment in full for the covered services.

BASE DATA DEVELOPMENT

Unless otherwise noted, the base data used for rates developed for the January 1, 2019 through March 31, 2019 period was unchanged from prior certifications.

Pharmacy Rebates

More so than most services covered in the Healthy Louisiana program, the pharmacy benefit is subject to frequent, rapid evolution. Furthermore, LDH expects that Healthy Louisiana MCOs will negotiate and maintain competitive purchasing agreements with pharmaceutical manufacturers, which includes maintaining competitive market share/supplemental rebate agreements. Accordingly, Mercer determined that it was appropriate to review and adjust the pharmacy rebate adjustment made to the base data in prior rate certifications.

In order to determine an appropriate pharmacy rebate adjustment, Mercer analyzed historical Expansion utilization patterns, as reported in the encounter data for the Expansion population, by therapeutic class. The historical experience was projected to the rating period and rebate adjustments were developed in consideration of Healthy Louisiana MCO generic dispensing rates and current rebate levels within each therapeutic class. The resulting revised pharmacy rebate adjustment was a decrease of 4.6%.

PROSPECTIVE RATING ADJUSTMENTS

Unless otherwise noted, the prospective rating adjustments used for rates developed for the January 1, 2019 through March 31, 2019 period were unchanged from prior certifications.

Fee Schedule Changes

Effective January 1, 2019, LDH made changes to its FFS inpatient fee schedule, which can be found on LDH's fee schedules website[2]. Outpatient claims were adjusted to reflect the most recent cost−to−charge ratios (CCRs) available. The CCRs were reported on hospital fiscal year bases, which varied by hospital from June 30, 2015 to December 31, 2017. The adjustment also included estimation of cost settlements and reflected the most up-to-date cost settlement percentages for each facility.

Effective January 1, 2019 House Concurrent Resolution 6 adjusted reimbursement rates for outpatient services for all hospitals except rural hospitals, state-owned hospitals and Our Lady of the Lake. The rates

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[2] http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex2.htm

for the effected facilities increased by 11.56% except for Children's Hospital where reimbursement for outpatient services increased by 5.26%. Additionally, cost settlement percentages for most non−rural, non-state facilities were increased to 83.18% effective January 1, 2019. Rural facilities are cost settled at 110%.

Although MCOs are not required to change their reimbursement to providers based on changes in the Medicaid fee schedules, the fee schedule changes will still affect reimbursement for hospital services as MCOs usually contract with providers at rates that are proportional to the Medicaid fee schedule. In accordance with actuarial standards of practice, the capitation rates have been adjusted to reflect the percentage change in the Medicaid fee schedules. Tables 1 and 2 show the impacts of the fee schedule change. The tables include the impacts on both Limited Medicaid Pricing and Full Medicaid Pricing (FMP) of the hospital services.

Table 1: Inpatient Fee Change Impact				Impact as % of	
Time Period	Historical Cost	Fee Change Impact	FMP Impact	Historical Cost	All Services Cost
CY16	$263,934,947	$1,690,154	$(1,690,154)	0.64%	0.11%

Table 2: Outpatient Fee Change Impact				Impact as % of	
Time Period	Historical Cost	Fee Change Impact	FMP Impact	Historical Cost	All Services Cost
CY16	$228,223,525	$11,077,701	$(11,736,256)	4.85%	0.72%

Physician Full Medicaid Pricing

The list of qualified providers with available average community rates (ACRs) as well as the ACRs for existing providers on the list was updated effective January 1, 2019. Mercer also updated the Medicare physician fee schedule used in the FMP calculation. Mercer evaluated the impact of these updates and adjusted the capitation rates accordingly.

The table below shows the impact on the FMP base gap cost of physician services meeting the State Plan's criteria for FMP.

Table 3: Physician FMP Adjustment	
Time Period	**CY 2016 Adjusted Base Cost Underlying Full Rate**
Effective 7/1/2018 [1]	$341,895,713
Effective 1/1/2019	$349,978,661
Percent Change	2.4%

Note:
1. From table on page 3 of the July 2018–January 2019 certification letter dated December 18, 2018.

Ambulance Services Full Medicaid Pricing

The list of qualified providers with available ACRs as well as the ACRs for existing providers on the list was updated effective January 1, 2019. Mercer also updated the Medicare fee schedule used in the FMP calculation. Mercer evaluated the impact of these updates and adjusted the capitation rates accordingly.

The table below shows the impact on the FMP base gap cost of ambulance services meeting the State Plan's criteria for FMP.

Table 4: Ambulance FMP Adjustment	
Time Period	**CY 2016 Adjusted Base Cost Underlying Full Rate**
Effective 7/1/2018 [1]	$51,526,674
Effective 1/1/2019	$56,006,760
Percent Change	8.7%

Note:
1. From Table 9 of the February 2018–January 2019 certification letter dated March 5, 2018.

Continuous Glucose Monitors

Effective January 1, 2019, Healthy Louisiana MCOs will be responsible for the coverage of Continuous Glucose Monitors (CGM) for all eligible recipients that meet the following criteria:

- Diagnosis of type 1 diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels <50 mg/dl).
- Impaired hypoglycemia awareness that puts the recipient at risk or Pregnant recipient with poorly controlled type 1 diabetes evident by recurrent, unexplained hypoglycemic episodes, hypoglycemic unawareness, postprandial hyperglycemia or recurrent diabetic ketoacidosis.

Mercer developed a projection of the Healthy Louisiana CGM costs using fee schedule information provided by LDH and estimated CGM utilization. As CGMs are a new State Plan service, the projected

utilization was developed based on the SFY17 utilization of recipients with type 1 diabetes and insulin dependence. The overall impact on the Expansion rates due to the addition of the CGM benefit was an increase of $0.47 per member per month (PMPM). Please see Appendix C for additional details.

Federally Qualified Health Center/Rural Health Clinics

Long-acting reversible contraceptive Effective January 1, 2019, LDH will reimburse for long-acting reversible contraceptive (LARC) devices separate from the prospective payment system rate to FQHC and Rural Health Clinics (RHC) providers. The Actual Acquisition Cost to the FQHC will determine the reimbursement for LARC devices. Mercer has reviewed the projected costs associated with this service and estimated an increase of 0.02% to the FQHC/RHC PMPM.

Trend

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the cost of providing health care services in a future period. Mercer studied historical cost and utilization data for each of the three data sources incorporated in the capitation rates: Healthy Louisiana encounters, Healthy Louisiana financial reports and FFS. Trends were selected based on Louisiana experience, as well as national trend information.

The trend factors reflected in the prior rate certifications were updated to reflect emerging Expansion experience as reported in the Healthy Louisiana MCO financial reports and, for the first time, Expansion population encounter data. Specifically, eligibility and encounter data for dates of service through December 31, 2017 with paid runout through June 30, 2018 were summarized and analyzed by Mercer. Based on these analyses, as well as more recent national trend information, updated annualized trend factors were selected. The updated trends were applied to the blended base data. The trend factors are shown in Appendix D.

Non-Medical Expense Load

Administrative Expense Load

The actuarially sound capitation rates developed include a provision for MCO administration and other non-medical expenses. Mercer reviewed line item detail of each MCO's administrative expenses, which tied back to the Healthy Louisiana financial reports as well as relied on its professional experience in working with numerous State Medicaid programs to develop the administrative load. The development included consideration for increases in expenses including items such as additional case management due to claims volume, increases in staff compensation over time, and consideration for enrollment growth. The administrative expense load assumptions reflected in prior rate certifications were updated to reflect additional Expansion experience as reported in the Health Louisiana MCO financial reports.

The administrative expense load for each Healthy Louisiana rate cell was determined using a fixed and variable cost model. Under this model, a fixed administrative expense is attributed to each rate cell, which

reflects program requirements, such as state-mandated staffing, and other indirect operational expenses. Added to this is a variable administrative amount, based on projected claims cost. This methodology results in administrative expense loads that vary by rate cell. The resulting variance in administrative expense determined using this methodology results in a higher allocation of administrative expenses on the rate cells with higher utilization, which Mercer believes is more accurate in reflecting the drivers of plan administration requirements. The final administrative expense load PMPM increased by 7.2% from prior certifications.

Underwriting Gain Load

Additionally, the provision for underwriting gain has been updated relative to the prior rate certifications. The revised adjustment ranges from 1.5% at the lower bound to 2.5% at the upper bound, prior to the application of FMP adjustments. This was done to ensure consistency with January 1, 2019 through December 31, 2019 Healthily Louisiana Non-Expansion rates, which will be addressed in a separate certification.

Risk Adjustment

Risk adjustment will be applied to the rates in Appendix A to reflect differences in health status of the members served in each MCO using the Adjusted Clinical Groups (ACG) model. The ACG model uses diagnostic information along with member demographics (age and sex categories) to classify members into mutually exclusive ACG categories, which are indicative of health care resource usage in terms of cost consumption. The State typically updates risk scores semi-annually, but the update timing and frequency may change to account for key program changes and data availability.

The application of the ACG model was tailored to the Healthy Louisiana program by using Louisiana cost experience to determine the relative costs associated with each ACG category. This step produces Louisiana-specific cost weights which assign a risk score to each member with sufficient experience (six or more months of enrollment with a MCO). An age/gender risk assumption is made for members without an ACG assignment. These member-level risk scores will be aggregated by MCO, producing MCO risk scores, which are adjusted for budget neutrality. The risk adjustment process does not increase nor decrease the overall cost of the program, but can change the distribution across the various Healthy Louisiana MCOs according to the relative risk of their enrolled members. This is consistent with the budget neutrality requirements outlined in 42 CFR 438.5(g). The FMP component of the rates will not be risk adjusted. The FMP component is added to the risk adjusted rate to produce the final rate.

The risk scores applied to the Medicaid Expansion, All Ages, Male & Female rate cell vary by region.

For more detail regarding the risk adjustment process, please reference the separate risk-adjustment methodology letter that corresponds with each risk adjustment update.

CERTIFICATION OF FINAL RATE RANGES

This certification assumes items in the Medicaid State Plan or Waiver, as well as the Healthy Louisiana MCO contract, have been approved by CMS. In preparing the rate ranges shown in Appendix A, Mercer has used and relied upon enrollment, FFS claims, encounter data, reimbursement level, benefit design, and other information supplied by LDH and its fiscal agent. LDH, its fiscal agent, and the Healthy Louisiana MCOs are responsible for the validity and completeness of the data supplied. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit them. In our opinion they are appropriate for the intended purposes. However, if the data and information are incomplete/inaccurate, the values shown in this report may differ significantly from values that would be obtained with accurate and complete information; this may require a later revision to this report.

Because modeling all aspects of a situation or scenario is not possible or practical, Mercer may use summary information, estimates, or simplifications of calculations to facilitate the modeling of future events in an efficient and cost-effective manner. Mercer may also exclude factors or data that are immaterial in our judgment. Use of such simplifying techniques does not, in our judgment, affect the reasonableness, appropriateness, or attainability of the results for the Medicaid program. Actuarial assumptions may also be changed from one certification period to the next because of changes in mandated requirements, program experience, changes in expectations about the future, and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable, inappropriate, or unattainable when they were made.

Mercer certifies the rate ranges in Appendix A, including any risk-sharing mechanisms, were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the Medicaid covered populations and services under the Healthy Louisiana MCO contract. The undersigned actuaries are members of the American Academy of Actuaries and meet its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Rates and ranges developed by Mercer are actuarial projections of future contingent events. All estimates are based upon the information and data available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely, and potentially wide, range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. Actual Healthy Louisiana MCO costs will differ from these projections. Mercer has developed these rates on behalf of LDH to demonstrate compliance with the CMS requirements under 42 CFR 438.4 and accordance with applicable law and regulations. Use of these rate ranges for any purpose beyond that stated may not be appropriate.

Healthy Louisiana MCOs are advised that the use of these rate ranges may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rate ranges by Healthy Louisiana MCOs for any purpose. Mercer recommends that any MCO considering contracting with LDH

should analyze its own projected medical expense, administrative expense, and any other premium needs for comparison to these rate ranges before deciding whether to contract with LDH.

LDH understands that Mercer is not engaged in the practice of law, or in providing advice on taxation matters. This report, which may include commenting on legal or taxation issues or regulations, does not constitute and is not a substitute for legal or taxation advice. Accordingly, Mercer recommends that LDH secure the advice of competent legal and taxation counsel with respect to any legal or taxation matters related to this report or otherwise.

This certification letter assumes the reader is familiar with the Healthy Louisiana Program, Medicaid eligibility rules, and actuarial rate-setting techniques. It has been prepared exclusively for LDH and CMS, and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results. Mercer is not responsible for, and expressly disclaims liability for, any reliance on this report by third parties.

LDH agrees to notify Mercer within 30 days of receipt of this report if it disagrees with anything contained in this report or is aware of any information or data that would affect the results of this report that has not been communicated or provided to Mercer or incorporated herein. The report will be deemed final and acceptable to LDH if nothing is received by Mercer within such 30-day period.

If you have any questions on any of the above, please feel free to contact Ron Ogborne at +1 602 522 6595 or Erik Axelsen at +1 404 442 3517, at your convenience.

Sincerely,

F. Ronald Ogborne III, FSA, CERA, MAAA
Partner

Erik Axelsen, ASA, MAAA
Senior Associate

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Amanda Joyner, Deputy Assistant Secretary – OBH/LDH
Marisa Naquin, Managed Care Finance – LDH
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Robert Butler, Principal – Mercer
Christina Coleman, Associate – Mercer/Kodzo Dekpe, ASA, MAAA, Associate – Mercer

APPENDIX A: HEALTHY LOUISIANA CAPITATION RATES AND RATE RANGES

REGION DESCRIPTION	CATEGORY OF AID DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	FINAL PMPM OR COST PER DELIVERY[1]	UPPER BOUND PMPM OR COST PER DELIVERY
Gulf	Medicaid Expansion	Age 19 - 64	$531.05	$531.59	$570.18
Gulf	Medicaid Expansion	High Needs	$1,569.15	$1,569.15	$1,745.34
Capital	Medicaid Expansion	Age 19 - 64	$561.50	$562.09	$603.63
Capital	Medicaid Expansion	High Needs	$1,682.94	$1,682.94	$1,875.27
South Central	Medicaid Expansion	Age 19 - 64	$512.27	$512.81	$551.18
South Central	Medicaid Expansion	High Needs	$1,529.05	$1,529.05	$1,706.23
North	Medicaid Expansion	Age 19 - 64	$483.65	$484.16	$520.26
North	Medicaid Expansion	High Needs	$1,451.92	$1,451.92	$1,619.75

Note:

1. Where applicable, final rates have been adjusted to account for the portion of contractual withholds that Mercer has determined to be reasonably attainable.

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APPENDIX B

Healthy Louisiana Expansion Rates effective January 1, 2019 through March 31, 2019 Incremental Rate Impacts - Expansion @ 0th percentile

			Jul 2018 - Dec 2018 Rates						
			A	B	C	D	E = A + B + C + D	F	G = E + F
COA Description	Rate Cell Description	Proj MMs	Claims PMPM	Total Admin PMPM	Prem Tax PMPM	UW Gain PMPM	Limited Rate PMPM	FMP Add On PMPM	Full Rate PMPM
Medicaid Expansion	Male & Female, Age 19-64	1,671,845	$ 355.50	$ 27.74	$ 22.79	$ 8.29	$ 414.32	$ 87.13	$ 501.45
Medicaid Expansion	High Needs, All Ages, Male & Female	304	$ 1,099.71	$ 56.24	$ 68.73	$ 24.99	$ 1,249.67	$ 262.82	$ 1,512.50
	Aggregate	**1,672,150**	**$ 355.64**	**$ 27.75**	**$ 22.80**	**$ 8.29**	**$ 414.47**	**$ 87.16**	**$ 501.63**

			Jan 2019 - Mar 2019 Rates											
			H	I	J	K	L	M = A+H+I+J+K+L	N	O	P	Q = M + N + O + P	R	S = Q + R
COA Description	Rate Cell Description	Proj MMs	Rx Rebates Impact	IP/OP Fee Adj Impact	FQHC/RHC Impact	CGM Impact	Trend Impact	Resulting Claims PMPM	Total Admin PMPM	Prem Tax PMPM	UW Gain PMPM	Limited Rate PMPM	FMP Add On PMPM	Full Rate PMPM
Medicaid Expansion	Male & Female, Age 19-64	1,671,845	$ (1.26)	$ 4.03	$ 0.00	$ 0.47	$ 17.96	$ 376.70	$ 29.74	$ 24.04	$ 6.56	$ 437.04	$ 86.51	$ 523.56
Medicaid Expansion	High Needs, All Ages, Male & Female	304	$ (3.93)	$ 10.48	$ -	$ -	$ 58.09	$ 1,164.35	$ 60.30	$ 72.43	$ 19.75	$ 1,316.83	$ 272.14	$ 1,588.97
	Aggregate	**1,672,150**	**$ (1.26)**	**$ 4.03**	**$ 0.00**	**$ 0.47**	**$ 17.97**	**$ 376.85**	**$ 29.75**	**$ 24.05**	**$ 6.56**	**$ 437.20**	**$ 86.55**	**$ 523.75**
							Difference	**$ 21.21**	**$ 2.00**	**$ 1.25**	**$ (1.73)**	**$ 22.73**	**$ (0.61)**	**$ 22.12**

APPENDIX C: CONTINUOUS GLUCOSE MONITORS ADJUSTMENT

CPT CODE	DESCRIPTION	FEE	ANNUALIZED COST
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = one-day supply. The above description is abbreviated. (Sensor four pkg with seven day life)	$300.00	$3,600.00
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system.	$518.66	$518.66
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system.	$488.00	$488.00
Total Cost			**$4,606.66**

POPULATION	POTENTIAL USERS[1]	PENETRATION RATE	ANNUALIZED FEE	TOTAL ANNUALIZED PROJECTED COST
Expansion	2,318	30%	$4,606.66	$3,203,471

Note:
1. Projected users were calculated using SFY2017 data and restricted to recipients with type 1 diabetes with insulin dependence.

APPENDIX D: PROSPECTIVE TRENDS

Annualized RY19 Expansion Trends by Major COS								
Rate Cell	PH		Rx		SBH		All Services	
	Low	High	Low	High	Low	High	Low	High
Medicaid Expansion								
Male & Female Age 19 – 64	2.1%	3.3%	9.0%	10.2%	6.0%	7.2%	4.5%	5.7%
High Needs	1.4%	4.4%	8.1%	11.1%	5.6%	8.6%	3.8%	6.8%
SBH - Dual Eligible, All Ages	3.5%	5.5%	0.0%	0.0%	6.3%	8.3%	5.2%	7.2%
SBH - Other, All Ages	3.5%	6.0%	0.0%	0.0%	2.9%	5.4%	3.1%	5.6%
SBH - Chisholm, All Ages	2.5%	5.0%	0.0%	0.0%	3.0%	5.5%	3.0%	5.5%
Expansion Kick Payment	-0.3%	2.7%	0.0%	0.0%	0.0%	0.0%	-0.3%	2.7%

APPENDIX E: EXPANSION ASSUMPTIONS COMPARISON

1.1.19 Expansion Assumptions Comparison – Lower Bound			
	July 1, 2018	January 1, 2019	% Change
Acuity Adjustment	1.199	1.199	0.0%
Administrative Expense Load (PMPM)	$27.75	$29.75	7.2%

APPENDIX F: EXPANSION RATE COMPARISON

			JULY 1, 2018–DECEMBER 31, 2018		JANUARY 1, 2019–MARCH 31, 2019	
Region Description	**Category of Aid Description**	**Rate Cell Description**	**Projected Member Months**	**Final PMPM [1]**	**Projected Member Months**	**Final PMPM [1]**
Gulf	Medicaid Expansion	Age 19 - 64	1,996,445	$509.14	2,118,672	$531.59
Gulf	Medicaid Expansion	High Needs	1,804	$1,485.34	300	$1,569.15
Capital	Medicaid Expansion	Age 19 - 64	1,250,853	$533.32	1,519,852	$562.09
Capital	Medicaid Expansion	High Needs	1,572	$1,613.87	493	$1,682.94
South Central	Medicaid Expansion	Age 19 - 64	1,478,958	$482.93	1,683,575	$512.81
South Central	Medicaid Expansion	High Needs	1,943	$1,453.81	231	$1,529.05
North	Medicaid Expansion	Age 19 - 64	1,259,716	$466.62	1,365,283	$484.16
North	Medicaid Expansion	High Needs	1,604	$1,409.13	194	$1,451.92

Note:
1. Where applicable, final rates have been adjusted to account for the portion of contractual withholds that Mercer has determined to be reasonably attainable.

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JULY 2017–JUNE 2018 MEDICAID MANAGED CARE RATE DEVELOPMENT GUIDE

Louisiana — February 1, 2018– January 31, 2019

Documentation Reference

The Medicaid Managed Care Rate Development Guide below documents 5 rate certifications for the period February 1, 2018 through January 31, 2019. Due to the rate revision, the previously issued certification (certification #1) may need to be referenced for the requested documentation. Below is a list of certifications applicable to the time period of February 1, 2018 through January 31, 2019. Items not marked in Certifications #2, #3, #4, and #5 are not altered by the revision. Please note Certification #5 revises the Healthy Louisiana Expansion rates only.

- Certification #1 – Rate Certification dated March 5, 2018 for effective period February 1, 2018 through January 31, 2019. This certification was revised by certification #2 for the entire period of February 1, 2018 through January 31, 2019.
- Certification #2 – Rate Certification dated April 30, 2018 for effective period February 1, 2018 through January 31, 2019.
- Certification #3 – Rate Certification dated June 19, 2018 for effective period May 1, 2018 through January 31, 2019.
- Certification #4 – Rate Certification dated, December 18, 2018 for effective period July 1, 2018 through January 31, 2019.
- Certification #5 – Rate Certification dated, January 28, 2018 for effective period January 1, 2019 through March 31, 2019.

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
1. Data					
A. In addition to the expectations for all Medicaid managed care rate certifications, as supported by assurances from the State, described in Section I, the rate certification must describe any data used to develop new adult group rates.	• Mercer Rate Certification – Section 2: Expansion Capitation Rate Development, pages 26–29				
B. For states that have covered the new adult group in Medicaid managed care plans in previous rating periods (i.e. starting in 2014, 2015, 2016, and/or January through June 2017), CMS expects the rate certification, as supported by assurances from the State, to describe: i. Any new data that is available for use in this rate setting.	• Mercer Rate Certification – Section 2: Expansion Capitation Rate Development, pages 26–29				

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
1. Data					
ii. How the state and the actuary followed through on any plans to monitor costs and experience for newly eligible adults.					
iii. How actual experience and costs in previous rating periods have differed from assumptions and expectations in previous rate certifications.					
iv. How differences between projected and actual experience in previous rating periods have been used to adjust these rates.					

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
A. In addition to the guidance for all Medicaid managed care rate certifications described in Section I, states should include in the rate					

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
certification submission and supporting documentation a description of the following issues related to the projected benefit costs for the new adult group: i. For states that covered the new adult group in previous rating periods:					
a. any data and experience specific to newly eligible adults covered in previous rating periods that was used to develop projected benefits costs for capitation rates.	• Mercer Rate Certification – Section 2: Expansion Capitation Rate Development, pages 26–29				• Mercer Rate Certification – Prospective Rating Adjustments, pages 2–5
b. any changes in data sources, assumptions, or methodologies used to develop projected benefits costs for	• Mercer Rate Certification				• Mercer Rate Certification

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
capitation rates since the last certification.	– Section 2: Expansion Capitation Rate Development, pages 26–29				– Prospective Rating Adjustments, pages 2–5
c. how assumptions changed from rate certification(s) for previous rating periods on the following issues: i. acuity or health status adjustments (in most cases comparing the new adult group enrollees to other Medicaid adult enrollees). ii. adjustments for pent-up demand. iii. adjustments for adverse selection. iv. adjustments for the demographics of newly eligible adults.	• Mercer Rate Certification – Section 2: Expansion Capitation Rate Development, pages 26–29				

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
v. differences in provider reimbursement rates or provider networks, including any differences between provider reimbursement rates or provider networks for newly eligible adult rates and other Medicaid population rates. A. variations in the assumptions used to develop the projected benefit costs for covered populations must be based on valid rate development standards and not based on the rate of federal financial participation associated with the covered populations. vi. other material adjustments to newly eligible adults projected benefit costs.	– Appendix R				
B. For any state that is covering the new adult group, regardless if they have been covered in previous rating periods, the following key assumptions related to the new adult group	• Mercer Rate Certification – Section 2:				

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
must be included in the rate certification and supporting documentation: i. Acuity or health status adjustments (in most cases comparing new adult group enrollees to other Medicaid adult enrollees). ii. Adjustments for pent-up demand. iii. Adjustments for adverse selection. iv. Adjustments for the demographics of the new adult group. v. Differences in provider reimbursement rates or provider networks, including any differences between provider reimbursement rates or provider networks for the new adult group rates and other Medicaid population rates. vi. Other material adjustments to the new adult group projected benefit costs.	Expansion Capitation Rate Development, pages 26–29				
C. The rate certification and supporting documentation must describe any changes to the benefit plan offered to the new adult group.	• Mercer Rate Certification – Rate Cell Structure, pages				• Mercer Rate Certification – Prospective Rating

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
2. Projected Benefit Costs					
	26 and 27 – Additional Rate Adjustments, page 27 – Appendix R				Adjustments, pages 2–5
D. The rate certification and supporting documentation must describe any other material changes or adjustments to projected benefit costs.	• N/A	• Mercer Rate Certification – Technical Changes for ABA services, page 2 and Appendix C	• Mercer Rate Certification – Technical Revisions, pages 2 and 3 and Appendix C	• Mercer Rate Certification – Programmatic Changes, pages 2 and 3 Appendix C	• Mercer Rate Certification – Prospective Rating Adjustments, pages 2–5 – Appendix B

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
3. Projected Non-Benefit Costs					
A. In addition to the guidance all Medicaid managed care rate certifications described in Section I, states must include in the rate certification submission and supporting documentation a description of the following issues related to the projected non-benefit costs for the new adult group: i. For states that covered the new adult group in Medicaid managed care plans in previous rating periods, any changes in data sources, assumptions, or methodologies used to develop projected non-benefit costs since the last rate certification. ii. How assumptions changed from the rate certification(s) for	• Mercer Rate Certification – Non-Medical Expense Load, pages 28 and 29 – Appendix W				• Mercer Rate Certification – Non-Medical Expense Load, page 5 – Appendix E

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
3. Projected Non-Benefit Costs					
previous rating periods on the following issues: a. administrative costs. b. care coordination and care management. c. provision for operating or profit margin. d. taxes, fees, and assessments. e. other material non-benefit costs.					
B. The rate certification and supporting documentation must include information on key assumptions related to the new adult group and any differences between the assumptions for this population and the assumptions used to develop projected non-benefit costs	• Mercer Rate Certification – Non-Medical Expense Load, pages 28 and 29 – Appendix W				• Mercer Rate Certification – Non-Medical Expense Load, page 5 – Appendix E

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
3. Projected Non-Benefit Costs					
for other Medicaid populations for the following issues: i. Administrative costs. ii. Care coordination and care management. iii. Provision for operating or profit margin. iv. Taxes, fees, and assessments. v. Other material non-benefit costs.					

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2018
4. Final Certified Rates or Rate Ranges					
A. In addition to the expectations for all Medicaid managed care rate certifications described in	• Mercer Rate Certification – Appendix Q	• Mercer Rate Certification – Technical Changes for	• Mercer Rate Certification – Technical Revisions,	• Mercer Rate Certification – Programmatic Changes,	• Mercer Rate Certification – Prospective Rating

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2018
Section I, CMS requests under 42 CFR §438.7(d)[4] that states that covered the new adult group in Medicaid managed care plans in previous rating periods provide: i. A comparison to the final certified rates or rate ranges in the previous rate certification. ii. A description of any other material changes to the capitation rates or the rate development process not otherwise addressed in the other sections of this guidance.		ABA services, page 2 and Appendix C	pages 2 and 3 and Appendix C	pages 2 and 3 and Appendix C	Adjustments, pages 2–5 – Appendix B – Appendix F

[4] The regulation provides: (d) *Provision of additional information*. The State must, upon CMS' request, provide additional information, whether part of the rate certification or additional supplemental materials, if CMS determines that information is pertinent to the approval of the certification under this part. The State must identify whether or not the information provided in addition to the rate certification is proffered by the State, the actuary, or another party.

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
5. Risk Mitigation Strategies					
A. CMS requests under 42 CFR §438.7(d) that states describe the risk mitigation strategy specific to the new adult group rates.	• Mercer Rate Certification – Part C: Risk Mitigation Strategies, page 29			• Mercer Rate Certification – Risk Adjusted Expansion Rates, page 4	• Mercer Rate Certification – Risk Adjustment, page 6
B. For states that covered the new adult group in Medicaid managed care plans in previous rating periods, CMS requests the following information: i. Any changes in the risk mitigation strategy from those used during previous rating periods. ii. The rationale for making the change in the risk mitigation strategy or removing the risk mitigation strategy used during previous rating periods.	• Mercer Rate Certification – Part C: Risk Mitigation Strategies, page 29			• Mercer Rate Certification – Risk Adjusted Expansion Rates, page 4	• Mercer Rate Certification • Risk Adjustment, page 6

SECTION III. NEW ADULT GROUP CAPITATION RATES	DOCUMENTATION REFERENCE				
	Certification Issued 3/5/2018	Certification Issued 4/30/2018	Certification Issued 6/19/2018	Certification Issued 12/18/2018	Certification Issued 1/28/2019
iii. Any relevant experience, results, or preliminary information available related to the risk mitigation strategy used during previous rating periods.					

Performance Measures

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2020 (2019 data measurement year) and Subsequent Years Target for Improvement
PTB $$	Initiation of Injectable Progesterone for Preterm Birth Prevention	The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year.	State	None	Children's and Maternal Health	Perinatal and Reproductive Health	Section V	24.08
AWC $$	Adolescent Well Care Visit	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
ADD $$	Follow-up Care for Children Prescribed ADHD Medication-Initiation Phase	The percentage of children 6-12 years of age as of the index period start date with a newly prescribed ambulatory prescription dispensed for attention-deficit /hyperactivity disorder (ADHD) medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.	NCQA	CHIPRA, MU2	Children's Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
ADD $$	Follow-up Care for Children Prescribed ADHD Medication-Continuation Phase	The percentage of children 6-12 years of age as of the index period start date with a newly prescribed ambulatory prescription dispensed for attention-deficit /hyperactivity disorder (ADHD) medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	NCQA	CHIPRA, MU2	Children's Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2020 (2019 data measurement year) and Subsequent Years Target for Improvement
AMB-ED $$	Ambulatory Care-ED Visits	This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months.	NCQA	CHIPRA	Population Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
PPC $$	Prenatal and Postpartum Care - Timeliness of Prenatal Care	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.	NCQA	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
PPC $$	Prenatal and Postpartum Care – Postpartum Care (PPC Numerator 2)	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	NCQA	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
FUH $$	Follow-Up After Hospitalization for Mental Illness - Within 30 days of discharge	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days of discharge.	NCQA	MEDICAID ADULT	Behavioral Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2020 (2019 data measurement year) and Subsequent Years Target for Improvement
CBP $$	Controlling High Blood Pressure - Total	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year based on the following criteria: • Members 18-59 whose BP was <140/90 • Members 60-85 with diagnosis of diabetes who BP was 150-90 • Members 60-85 without a diagnosis of diabetes whose BP was 150/90	NCQA	MEDICAID ADULT, MU2, CMS HEALTH HOMES	Chronic Disease	Cardiovascular Care	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CDC $$	Comprehensive Diabetes Care - Hemoglobin A1c (HBA1c) testing	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with a Hemoglobin A1c (HbA1c) test.	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CDC $$	Comprehensive Diabetes Care - Eye exam (retinal) performed	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with an eye exam (retinal) performed.	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CDC $$	Comprehensive Diabetes Care - Medical attention for nephropathy	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with medical attention for nephropathy.	NCQA	CHIPRA	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2020 (2019 data measurement year) and Subsequent Years Target for Improvement
W15 $$	Well-Child Visits in the First 15 Months of Life - Six or more well-child visits.	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
W34 $$	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CPA $$	CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations.	NCQA	MEDICAID ADULT	Adult	Member Satisfaction	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CPC $$	CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan-General Population, 8+9+10)	This measure provides information on parents' experience with their child's Medicaid organization.	NCQA	MEDICAID, CHIPRA	Child	Member Satisfaction	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
HEDIS Measures							
CIS	Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	NCQA	CHIPRA, MU2	Children's Health	Prevention	HEDIS
IMA	Immunization Status for Adolescents	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations.	NCQA	CHIPRA	Children's Health	Prevention	HEDIS
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/ Adolescents	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender. The percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner, with evidence of : • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity	NCQA	CHIPRA, MU2	Children's Health	Prevention	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 19 years of age or greater as of the beginning of the measurement year with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement year (12 consecutive months).	NCQA	MEDICAID ADULT	Population Health	Behavioral Health	HEDIS
MPM	Annual Monitoring for Patients on Persistent Medications	The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. ~~For each product line, report each of the four rates separately and as a total rate.~~ For each product line, report each of the two rates separately and as a total rate.	NCQA	MEDICAID ADULT	Chronic Disease	Prevention	HEDIS
ABA	Adult BMI Assessment	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year.	NCQA	MEDICAID ADULT, CMS HEALTH HOMES	Population Health	Prevention	HEDIS
AMM	Antidepressant Medication Management	The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.	NCQA	MEDICAID ADULT, MU2	Population Health	Behavioral Health	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CCS	Cervical Cancer Screening	Percentage of women 21–64 years of age who were screened for cervical cancer: • Women 21-64 who had cervical cytology performed every 3 years • Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years	NCQA	MEDICAID ADULT, MU2	Population Health	Prevention	HEDIS
AMR	Asthma Medication Ratio	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	NCQA	MEDICAID	Population Health	Pulmonary/ Critical Care	HEDIS
FVA	Flu Vaccinations for Adults Ages 18 to 64	The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS/CAHPS
MSC	Medical Assistance With Smoking and Tobacco Use Cessation	Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications • Discussing Cessation Strategies	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS/CAHPS
MMA	Medication Management for People with Asthma	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.	NCQA	CHIPRA	Population Health	Pulmonary/ Critical Care	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CHL	Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	NCQA	CHIPRA, MEDICAID ADULT	Population Health, Maternal Health	Perinatal and Reproductive Health, Sexually Transmitted Infectious Diseases	HEDIS
BCS	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	NCQA	MEDICAID ADULT, MU2	Senior Care	Prevention	HEDIS
CAP	Child and Adolescents' Access to Primary Care Practitioners	Percentage of children ages 12 months – 19 years who had a visit with a PCP. The MCO reports four separate percentages: • Children 12-24 months and 25 months – 6 years who had a visit with a PCP in the measurement year • Children 7-11 years and adolescents 12-19 years who had a visit with a PCP in the measurement year or the year prior to the measurement year.	NCQA	CHIPRA	Children's Health	Access/ Availability of Care	HEDIS
COL	Colorectal screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS
SSD	Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications	The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	NCQA	MEDICAID ADULT	Population Health	Behavioral Health	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
SPC	Statin Therapy for Patients with Cardiovascular Disease	• The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.) • The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)	NCQA	MEDICAID ADULT	Population Health	Cardiovascular Care	HEDIS
CDC	Comprehensive Diabetes Care - HbA1c poor control (>9.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with HbA1c poor control (>9.0%).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS
CDC	Comprehensive Diabetes Care - HbA1c control (<8.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with HbA1c control (<8.0%).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS
CDC	Comprehensive Diabetes Care - BP control (<140/90 mm Hg).	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with BP control (<140/90 mm Hg).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS
PCR	Plan All-Cause Readmissions	For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.	NCQA	MEDICAID ADULT	Population Health	All Cause Readmissions	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
AAP	Adults' Access to Preventive/ Ambulatory Health Services	The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years • 45-64 years • 65 years and older • Total	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS
FUH	Follow-Up After Hospitalization for Mental Illness - Within 7 days of discharge	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.	NCQA	CHIPRA	Behavioral Health	Behavioral Health	HEDIS
AMB	Ambulatory Care-Outpatient Visits	This measure summarizes utilization of ambulatory care Outpatient Visits per 1,000 member months.	NCQA	MEDICAID	Population Health	Utilization	HEDIS
PQI Measures							
PQI01	Diabetes Short Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older.	AHRQ	MEDICAID ADULT	Chronic Disease	Diabetes	Section V
PQI05	COPD and Asthma in Older Adults Admission Rate	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.	AHRQ	MEDICAID ADULT	Population Health	Pulmonary/ Critical Care	Section V

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
PQI08	Heart Failure Admission Rate	Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).	AHRQ	MEDICAID ADULT	Chronic Disease	Cardiovascular Care	Section V
PQI15	Asthma in Younger Adults Admission Rate	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39.	AHRQ	MEDICAID ADULT	Population Health	Pulmonary/ Critical Care	Section V
Vital Record Measures							
LBW	Percentage of low birth weight births	Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.	CDC	CHIPRA, HRSA	Children's and Maternal Health	Perinatal and Reproductive Health	Section V
NQF (PC-01)	Elective Delivery	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed	TJC	MEDICAID ADULT, MU2	Maternal Health	Perinatal and Reproductive Health	Section V
CMS Measures							
HIV	HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.	HRSA HIV/AIDS Bureau	MEDICAID ADULT	Chronic Disease	HIV	Section V
CCP-CH	Contraceptive Care-Postpartum (ages 15-20)	The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery. Four rates are reported.	CMS	CHIPRA	Maternal Health	Perinatal and Reproductive Health	OPA

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CCP-AD	Contraceptive Care-Postpartum (ages 21-44)	The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery. Four rates are reported.	CMS	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	OPA
NSV	Cesarean Rate for Low-Risk First Birth Women	The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).	TJC	CHIPRA	Children's and Maternal Health	Perinatal and Reproductive Health	Section V