



HEALTHY LOUISIANA RATE CERTIFICATION
ADDENDUM

**EFFECTIVE JULY 1, 2020
– DECEMBER 31, 2020**

Louisiana Department of Health
August 12, 2020

Mr. Daniel Cocran
Chief Financial Officer
Louisiana Department of Health
Bureau of Health Services Financing
628 North 4th Street
Baton Rouge, LA 70821

Subject: Healthy Louisiana Program – Full Risk Bearing Managed Care Organization (MCO) Rate Development and Actuarial Certification for the Period July 1, 2020 through December 31, 2020

August 12, 2020

Dear Mr. Cocran:

The Louisiana Department of Health (LDH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound¹ capitation rates for the State of Louisiana's (State) Healthy Louisiana program for the period of January 1, 2020 through December 31, 2020, or Rate Year 2020 (RY20). This certification amends the previous RY20 certification issued on December 23, 2019.

The previous certification letter presents a detailed 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 certification includes the impact of program change and fee schedule updates effective July 1, 2020, as well as an additional risk mitigation component effective retroactively to January 1, 2020, to address the uncertainty of the global Coronavirus Disease of 2019 (COVID-19) pandemic. At the time of this certification, there is still significant uncertainty regarding how COVID-19 will affect the MCO costs during the RY20 period. Although the original RY20 capitation rates were developed without explicit adjustments for pandemic-related effects, the risk corridor approach ensures LDH and the MCOs share the heightened pricing risk due to the pandemic. The final capitation rates are summarized in Appendix A and represent payment in full for the covered services. The comparison between the January 1, 2020, effective rates and the July 1, 2020, effective rates can be seen in Appendix B.

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.

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Projected Benefit Costs and Trend

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.

Wage Verification Disenrollment Adjustment

Effective April 1, 2019, LDH implemented a new process whereby Medicaid enrollees' income data is reviewed periodically and the Medicaid eligibility of certain individuals is re-evaluated. Once each quarter, LDH will cross reference income data collected by other State agencies with Medicaid eligibility guidelines to identify individuals who may no longer be eligible for Medicaid. Individuals who are identified through this process are sent verification of wage requests. Any individuals unable to demonstrate their household income level is within Medicaid eligibility limits or who do not respond are disenrolled from the program at the end of the quarter. Individuals disenrolled due to no response can reapply for Medicaid at any point after they are deemed ineligible. Their application will be handled according to LDH's standard process.

Due to the COVID-19 Emergency Declaration, CMS has required states to delay redeterminations for medical coverage effective March 1, 2020, as a condition of the enhanced Federal Medical Assistance Percentage. CMS has authorized this delay to continue until the Emergency Declaration has ended. Wage verification, as a part of the redetermination process, is subject to the same regulation and has been delayed until the end of the Emergency Declaration.

Please see the previous rate certification, dated December 23, 2019, for more detail regarding the impact of this policy change and the original adjustment reflected in the RY20 capitation rates. This addendum reflects the revised adjustment for disenrollments as a result of the suspension after disenrollments through February 2020. Table 1 shows the acuity factors that would be applied for all of RY20 due to the suspension of disenrollments.

Table 1

Region	Rating Adjustment
Gulf	0.88%
Capital	0.78%
South Central	0.80%
North	0.83%

In order to capture the entire impact to acuity back to March 1, 2020, the rates effective July 1, 2020, were further adjusted to account for the impact on the January 1, 2020, through June 30, 2020, period. Table 2 displays the acuity factors by region for July 1, 2020 through December 31, 2020.

Table 2

Region	Rating Adjustment
Gulf	-2.2%
Capital	-1.9%
South Central	-2.0%
North	-2.1%

At the time of this certification, there is no confirmed end date to the COVID-19 Emergency Declaration, nor a restart date for the wage verification process. Therefore, Mercer and LDH will continue to monitor the impact of potential future wage verification review cycles on the overall acuity of the Medicaid Expansion rate cell to determine if further modification of this rating adjustment is necessary.

Inpatient Fee Schedule Changes

Effective July 1, 2020, LDH released an updated Inpatient fee schedule, which can be located on its website.² The revised Inpatient fee schedule adjustments are summarized in Table 3. The full Medicaid payment (FMP) was also adjusted because of this fee schedule.

Table 3

Inpatient Fee Change Impact					FMP Impact as % of
Time Period	Historical Cost	Fee Change Impact	Adjusted Cost	FMP Impact	Adjusted Cost
FFY 2017	\$610,583,531	\$82,989,545	\$693,573,076	\$153,497,301	22.13%

² https://www.lamedicaid.com/Provweb1/fee_schedules/feeschedulesindex.htm

Inpatient Fee Change Impact					FMP Impact as % of
Time Period	Historical Cost	Fee Change Impact	Adjusted Cost	FMP Impact	Adjusted Cost
FFY 2018	\$944,606,107	\$72,866,185	\$1,017,472,293	\$330,454,623	32.48%
Total	\$1,555,189,638	\$155,855,731	\$1,711,045,369	\$483,951,924	28.28%

Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) Fee Schedule Changes

Effective July 1, 2020, LDH released updated FQHC and RHC fee schedules, which can be located on its website³. The updates are sourced from the annual refresh due to any changes to the Medicare Economic Index, which increased 2.2% for all FQHCs and 1.9% for all RHCs (except those that receive a rate based on the alternative payment methodology). The revised fee schedule adjustments, as a percent of projected medical expenses, are summarized in Table 4.

Table 4

FQHC and RHC Fee Change Impact			Impact as % of	
Time Period	Historical Cost	Fee Change Impact	Historical Cost	All Services Cost
FFY 2017	\$110,507,044	\$9,424,927	8.53%	0.32%
FFY 2018	\$188,977,368	\$11,758,250	6.22%	0.25%
Total	\$299,484,411	\$21,183,178	7.07%	0.27%

Non-Emergent Medical Transportation (NEMT) Fee Schedule Changes

Effective July 1, 2020, LDH released an updated Non-Emergent Medical Transportation (NEMT) fee schedule. The update reflects an increase to the ambulatory and wheelchair rates for NEMT providers. The fee schedule adjustment is shown in Table 5.

Table 5

NEMT Fee Change Impact			Impact as % of	
Time Period	Historical Cost	Fee Change Impact	Historical Cost	All Services Cost
FFY 2017	\$18,363,079	\$666,682	3.63%	0.02%
FFY 2018	\$36,061,094	\$1,309,219	3.63%	0.03%

³ https://www.lamedicaid.com/Provweb1/fee_schedules/feeschedulesindex.htm

NEMT Fee Change Impact			Impact as % of	
Total	\$54,424,173	\$1,975,901	3.63%	0.03%

COVID-19

At the time of this certification, there is still significant uncertainty regarding how the COVID-19 pandemic will affect MCO costs during RY20. There are uncertain potential changes to the service delivery environment that may have material upward or downward effects on MCO costs, such as, but not limited to, approved treatments/vaccines and additional suspensions of non-emergent procedures or other future governmental and/or local actions.

The high level of uncertainty at this time regarding whether the pandemic effects during RY20 would have a net downward or upward effect has led Mercer and LDH to incorporate a program-wide risk corridor to provide financial protection for significant deviation from target rating expectations in either direction. The target capitation rates were developed without explicit adjustments for pandemic-related effects. With this approach, LDH and the MCOs share in the heightened pricing risk due to the pandemic. Section 2 of this certification provides additional information on the program-wide risk corridor. Mercer and LDH will continue to monitor the ongoing effects of the pandemic on the service delivery environment.

2

Special Contract Provisions Related to Payment

Withhold Arrangement

Due to the Public Health Emergency, LDH has suspended the withhold provision. Therefore, no adjustment to the actuarially sound lower bound is necessary.

Risk Corridor

To address the significant financial uncertainty caused by the pandemic, and to ensure the previously certified capitation rates remain actuarially sound, LDH is implementing a program-wide risk corridor covering the RY20 rating period.

Retroactively effective January 1, 2020, the program-wide risk corridor will include all medical expenditures except for Hepatitis C virus (HCV) direct acting antivirals (DAAs) and related pharmacy, physician and laboratory costs. All Hepatitis C related costs will continue to follow the parameters of the Hepatitis C risk corridor outlined in the RY20 certification dated December 23, 2019. The program-wide risk corridor benchmarks will be developed and reconciled on a regional and rate cell level. The parameters of the risk corridor are shown in Table 6.

Table 6

Risk Band	MCO Responsibility	LDH Responsibility
Outside of +5% of Benchmark	0%	100%
+2% to +5% of Benchmark	50%	50%
0% to $\pm 2\%$ of Benchmark	0%	100%
-2% to -5% of Benchmark	50%	50%
Outside of -5% of Benchmark	0%	100%

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. The data reliance attestation shown in Appendix C has been provided by LDH, and its purpose is to certify the accuracy, completeness, and consistency of the base data. However, if the data and information are incomplete/inaccurate, the values shown in this certification may differ significantly from values that would be obtained with accurate and complete information; this may require a later revision to this certification.

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 certification, 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 certification 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 certification by third parties.

LDH agrees to notify Mercer within 30 days of receipt of this certification if it disagrees with anything contained in this certification or is aware of any information or data that would affect the results of this certification that has not been communicated or provided to Mercer or incorporated herein. The certification 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 Adam Sery at +1 612 642 8606 or Erik Axelsen at +1 404 442 3517 at your convenience.

Sincerely,



Adam Sery FSA, MAAA
Principal



Erik Axelsen, ASA, MAAA
Senior Associate

Copy: Pam Diez, Deputy Undersecretary – LDH
Amanda Joyner, Deputy Assistant Secretary – OBH/LDH
Marisa Naquin, Managed Care Finance – LDH
Ruth Johnson, Medicaid Executive Director – LDH
Karen Stubbs, Deputy Assistant Secretary – OBH/LDH
F. Ronald Ogborne III, FSA, CERA, MAAA, Partner – Mercer

Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Upper Bound PMPM or Cost per Delivery
Gulf	SSI	Newborn, 0-2 Months	129	\$ 44,107.15	\$ 46,520.03
Gulf	SSI	Newborn, 3-11 Months	1,367	\$ 6,421.27	\$ 6,843.98
Gulf	SSI	Child, 1-20 Years	127,377	\$ 798.93	\$ 854.32
Gulf	SSI	Adult, 21+ Years	276,624	\$ 1,710.80	\$ 1,826.32
Gulf	Family and Children	Newborn, 0-2 Months	32,751	\$ 2,890.93	\$ 3,094.67
Gulf	Family and Children	Newborn, 3-11 Months	108,196	\$ 333.85	\$ 354.31
Gulf	Family and Children	Child, 1-20 Years	2,086,551	\$ 179.35	\$ 191.14
Gulf	Family and Children	Adult, 21+ Years	343,099	\$ 431.83	\$ 461.20
Gulf	Foster Care Children	Foster Care, All Ages Male & Female	28,114	\$ 476.10	\$ 515.16
Gulf	Breast and Cervical Cancer	BCC, All Ages Female	987	\$ 2,571.92	\$ 2,836.45
Gulf	LaCHIP Affordable Plan	All Ages	7,182	\$ 228.47	\$ 244.64
Gulf	HCBS Waiver	20 & Under, Male and Female	2,091	\$ 2,138.25	\$ 2,287.87
Gulf	HCBS Waiver	21+ Years, Male and Female	5,256	\$ 1,535.69	\$ 1,693.41
Gulf	Chisholm Class Members	Chisholm, All Ages Male & Female	11,148	\$ 1,430.46	\$ 1,517.95
Gulf	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	8,667	\$ 232.88	\$ 241.24
Gulf	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	423,546	\$ 34.41	\$ 36.66
Gulf	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,068	\$ 138.70	\$ 142.16
Gulf	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,053	\$ 66.48	\$ 70.07
Gulf	SBH - Other	SBH - Other, All Ages	7,519	\$ 182.47	\$ 190.22
Gulf	Maternity Kick Payment	Maternity Kick Payment	6,537	\$ 13,924.74	\$ 14,581.35
Gulf	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 5,618.98	\$ 5,732.54
Gulf	Medicaid Expansion	Age 19 - 64	1,783,899	\$ 598.08	\$ 637.49
Gulf	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	6,701	\$ 34.41	\$ 36.66
Gulf	Medicaid Expansion	SBH - Other	245	\$ 182.47	\$ 190.22
Gulf	Medicaid Expansion	SBH - CCM, All Ages	186	\$ 232.88	\$ 241.24
Gulf	Medicaid Expansion	High Needs	597	\$ 1,742.36	\$ 1,864.07
Gulf	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,285	\$ 13,924.74	\$ 14,581.35
Gulf	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 5,618.98	\$ 5,732.54
Capital	SSI	Newborn, 0-2 Months	116	\$ 44,593.35	\$ 47,011.52
Capital	SSI	Newborn, 3-11 Months	1,547	\$ 6,412.17	\$ 6,834.78
Capital	SSI	Child, 1-20 Years	96,661	\$ 846.73	\$ 908.24
Capital	SSI	Adult, 21+ Years	190,550	\$ 1,676.86	\$ 1,800.10
Capital	Family and Children	Newborn, 0-2 Months	28,051	\$ 2,963.60	\$ 3,184.53
Capital	Family and Children	Newborn, 3-11 Months	98,576	\$ 297.26	\$ 316.91
Capital	Family and Children	Child, 1-20 Years	1,849,511	\$ 191.61	\$ 204.83
Capital	Family and Children	Adult, 21+ Years	286,778	\$ 463.72	\$ 496.00
Capital	Foster Care Children	Foster Care, All Ages Male & Female	45,152	\$ 478.69	\$ 517.78
Capital	Breast and Cervical Cancer	BCC, All Ages Female	1,503	\$ 2,543.86	\$ 2,808.09
Capital	LaCHIP Affordable Plan	All Ages	12,010	\$ 218.29	\$ 234.35
Capital	HCBS Waiver	20 & Under, Male and Female	2,215	\$ 2,162.39	\$ 2,312.27
Capital	HCBS Waiver	21+ Years, Male and Female	4,664	\$ 1,542.29	\$ 1,700.08
Capital	Chisholm Class Members	Chisholm, All Ages Male & Female	7,981	\$ 1,422.75	\$ 1,510.15
Capital	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	9,510	\$ 219.59	\$ 227.81
Capital	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	331,681	\$ 27.00	\$ 28.67
Capital	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,698	\$ 114.90	\$ 118.10
Capital	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	9,436	\$ 68.06	\$ 71.66
Capital	SBH - Other	SBH - Other, All Ages	10,313	\$ 172.32	\$ 179.97
Capital	Maternity Kick Payment	Maternity Kick Payment	5,897	\$ 11,044.47	\$ 11,593.01
Capital	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 4,105.67	\$ 4,200.54
Capital	Medicaid Expansion	Age 19 - 64	1,333,310	\$ 653.22	\$ 699.14
Capital	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	4,281	\$ 27.00	\$ 28.67
Capital	Medicaid Expansion	SBH - Other	528	\$ 172.32	\$ 179.97
Capital	Medicaid Expansion	SBH - CCM, All Ages	180	\$ 219.59	\$ 227.81
Capital	Medicaid Expansion	High Needs	759	\$ 1,872.42	\$ 2,004.33
Capital	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,596	\$ 11,044.47	\$ 11,593.01
Capital	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 4,105.67	\$ 4,200.54

Region Description	Category of Aid Description	Rate Cell Description	Projected Member Months/Deliveries	Lower Bound PMPM or Cost per Delivery	Upper Bound PMPM or Cost per Delivery
South Central	SSI	Newborn, 0-2 Months	103	\$ 44,240.51	\$ 46,654.84
South Central	SSI	Newborn, 3-11 Months	1,496	\$ 6,567.73	\$ 6,992.04
South Central	SSI	Child, 1-20 Years	106,874	\$ 755.46	\$ 809.67
South Central	SSI	Adult, 21+ Years	243,819	\$ 1,438.03	\$ 1,543.31
South Central	Family and Children	Newborn, 0-2 Months	32,093	\$ 2,923.10	\$ 3,164.11
South Central	Family and Children	Newborn, 3-11 Months	107,942	\$ 304.10	\$ 325.45
South Central	Family and Children	Child, 1-20 Years	2,022,019	\$ 184.83	\$ 198.06
South Central	Family and Children	Adult, 21+ Years	316,953	\$ 413.88	\$ 443.44
South Central	Foster Care Children	Foster Care, All Ages Male & Female	52,134	\$ 475.35	\$ 514.40
South Central	Breast and Cervical Cancer	BCC, All Ages Female	889	\$ 2,535.43	\$ 2,799.57
South Central	LaCHIP Affordable Plan	All Ages	10,405	\$ 213.68	\$ 229.69
South Central	HCBS Waiver	20 & Under, Male and Female	2,339	\$ 2,073.32	\$ 2,222.23
South Central	HCBS Waiver	21+ Years, Male and Female	6,191	\$ 1,541.83	\$ 1,699.62
South Central	Chisholm Class Members	Chisholm, All Ages Male & Female	10,150	\$ 1,287.61	\$ 1,373.54
South Central	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	8,913	\$ 201.45	\$ 209.48
South Central	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	412,860	\$ 26.91	\$ 28.59
South Central	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,286	\$ 67.26	\$ 69.94
South Central	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,889	\$ 67.39	\$ 70.99
South Central	SBH - Other	SBH - Other, All Ages	10,633	\$ 187.53	\$ 195.35
South Central	Maternity Kick Payment	Maternity Kick Payment	6,304	\$ 9,158.62	\$ 9,695.65
South Central	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 2,360.86	\$ 2,453.74
South Central	Medicaid Expansion	Age 19 - 64	1,473,191	\$ 570.02	\$ 610.39
South Central	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	5,687	\$ 26.91	\$ 28.59
South Central	Medicaid Expansion	SBH - Other	321	\$ 187.53	\$ 195.35
South Central	Medicaid Expansion	SBH - CCM, All Ages	143	\$ 201.45	\$ 209.48
South Central	Medicaid Expansion	High Needs	333	\$ 2,381.10	\$ 2,579.98
South Central	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,236	\$ 9,158.62	\$ 9,695.65
South Central	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 2,360.86	\$ 2,453.74
North	SSI	Newborn, 0-2 Months	13	\$ 43,128.00	\$ 45,530.24
North	SSI	Newborn, 3-11 Months	1,251	\$ 6,333.85	\$ 6,755.62
North	SSI	Child, 1-20 Years	119,859	\$ 765.76	\$ 815.96
North	SSI	Adult, 21+ Years	225,959	\$ 1,366.69	\$ 1,465.62
North	Family and Children	Newborn, 0-2 Months	23,108	\$ 2,507.92	\$ 2,697.56
North	Family and Children	Newborn, 3-11 Months	74,544	\$ 312.69	\$ 333.64
North	Family and Children	Child, 1-20 Years	1,523,585	\$ 201.62	\$ 216.21
North	Family and Children	Adult, 21+ Years	228,817	\$ 410.16	\$ 440.88
North	Foster Care Children	Foster Care, All Ages Male & Female	33,839	\$ 502.76	\$ 542.11
North	Breast and Cervical Cancer	BCC, All Ages Female	1,097	\$ 2,501.38	\$ 2,765.15
North	LaCHIP Affordable Plan	All Ages	8,836	\$ 215.23	\$ 231.26
North	HCBS Waiver	20 & Under, Male and Female	1,568	\$ 2,061.02	\$ 2,209.80
North	HCBS Waiver	21+ Years, Male and Female	4,967	\$ 1,545.99	\$ 1,703.83
North	Chisholm Class Members	Chisholm, All Ages Male & Female	7,681	\$ 1,353.77	\$ 1,440.42
North	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	7,519	\$ 197.03	\$ 205.00
North	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	335,470	\$ 33.29	\$ 35.43
North	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	3,792	\$ 87.15	\$ 90.05
North	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	7,598	\$ 70.56	\$ 74.19
North	SBH - Other	SBH - Other, All Ages	9,476	\$ 174.84	\$ 182.52
North	Maternity Kick Payment	Maternity Kick Payment	4,560	\$ 11,089.61	\$ 11,679.01
North	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 3,622.01	\$ 3,723.95
North	Medicaid Expansion	Age 19 - 64	1,182,206	\$ 532.90	\$ 570.73
North	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	3,047	\$ 33.29	\$ 35.43
North	Medicaid Expansion	SBH - Other	220	\$ 174.84	\$ 182.52
North	Medicaid Expansion	SBH - CCM, All Ages	126	\$ 197.03	\$ 205.00
North	Medicaid Expansion	High Needs	362	\$ 1,307.94	\$ 1,405.14
North	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,586	\$ 11,089.61	\$ 11,679.01
North	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 3,622.01	\$ 3,723.95

Appendix B: Rate Comparison			1/1/20 Rates				7/1/20 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	Upper Bound PMPM or Cost per Delivery	
Gulf	SSI	Newborn, 0-2 Months	129	\$ 44,140.78	\$ 44,163.45	\$ 46,553.39	129	\$ 44,107.15	\$ 46,520.03	
Gulf	SSI	Newborn, 3-11 Months	1,367	\$ 6,424.79	\$ 6,428.01	\$ 6,846.96	1,367	\$ 6,421.27	\$ 6,843.98	
Gulf	SSI	Child, 1-20 Years	127,377	\$ 798.76	\$ 799.21	\$ 854.12	127,377	\$ 798.93	\$ 854.32	
Gulf	SSI	Adult, 21+ Years	276,624	\$ 1,710.18	\$ 1,711.07	\$ 1,825.58	276,624	\$ 1,710.80	\$ 1,826.32	
Gulf	Family and Children	Newborn, 0-2 Months	32,751	\$ 2,893.58	\$ 2,894.94	\$ 3,097.26	32,751	\$ 2,890.93	\$ 3,094.67	
Gulf	Family and Children	Newborn, 3-11 Months	108,196	\$ 333.70	\$ 333.87	\$ 354.12	108,196	\$ 333.85	\$ 354.31	
Gulf	Family and Children	Child, 1-20 Years	2,086,551	\$ 179.24	\$ 179.34	\$ 191.01	2,086,551	\$ 179.35	\$ 191.14	
Gulf	Family and Children	Adult, 21+ Years	343,099	\$ 431.50	\$ 431.73	\$ 460.83	343,099	\$ 431.83	\$ 461.20	
Gulf	Foster Care Children	Foster Care, All Ages Male & Female	28,114	\$ 475.52	\$ 475.80	\$ 514.50	28,114	\$ 476.10	\$ 515.16	
Gulf	Breast and Cervical Cancer	BCC, All Ages Female	987	\$ 2,571.21	\$ 2,572.61	\$ 2,834.90	987	\$ 2,571.92	\$ 2,836.45	
Gulf	LaCHIP Affordable Plan	All Ages	7,182	\$ 228.22	\$ 228.35	\$ 244.35	7,182	\$ 228.47	\$ 244.64	
Gulf	HCBS Waiver	20 & Under, Male and Female	2,091	\$ 2,138.20	\$ 2,139.41	\$ 2,287.59	2,091	\$ 2,138.25	\$ 2,287.87	
Gulf	HCBS Waiver	21+ Years, Male and Female	5,256	\$ 1,534.27	\$ 1,535.14	\$ 1,691.41	5,256	\$ 1,535.69	\$ 1,693.41	
Gulf	Chisholm Class Members	Chisholm, All Ages Male & Female	11,148	\$ 1,429.88	\$ 1,430.71	\$ 1,517.25	11,148	\$ 1,430.46	\$ 1,517.95	
Gulf	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	8,667	\$ 232.51	\$ 232.51	\$ 240.87	8,667	\$ 232.88	\$ 241.24	
Gulf	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	423,546	\$ 34.10	\$ 34.10	\$ 36.34	423,546	\$ 34.41	\$ 36.66	
Gulf	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,068	\$ 138.47	\$ 138.47	\$ 141.93	6,068	\$ 138.70	\$ 142.16	
Gulf	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,053	\$ 66.22	\$ 66.22	\$ 69.80	10,053	\$ 66.48	\$ 70.07	
Gulf	SBH - Other	SBH - Other, All Ages	7,519	\$ 181.78	\$ 181.78	\$ 189.52	7,519	\$ 182.47	\$ 190.22	
Gulf	Maternity Kick Payment	Maternity Kick Payment	6,537	\$ 13,934.18	\$ 13,934.18	\$ 14,590.37	6,537	\$ 13,924.74	\$ 14,581.35	
Gulf	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 5,633.51	\$ 5,633.51	\$ 5,747.00	1	\$ 5,618.98	\$ 5,732.54	
Gulf	Medicaid Expansion	Age 19 - 64	1,783,899	\$ 622.85	\$ 623.16	\$ 663.96	1,783,899	\$ 598.08	\$ 637.49	
Gulf	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	6,701	\$ 34.10	\$ 34.10	\$ 36.34	6,701	\$ 34.41	\$ 36.66	
Gulf	Medicaid Expansion	SBH - Other	245	\$ 181.78	\$ 181.78	\$ 189.52	245	\$ 182.47	\$ 190.22	
Gulf	Medicaid Expansion	SBH - CCM, All Ages	186	\$ 232.51	\$ 232.51	\$ 240.87	186	\$ 232.88	\$ 241.24	
Gulf	Medicaid Expansion	High Needs	597	\$ 1,741.92	\$ 1,741.92	\$ 1,863.57	597	\$ 1,742.36	\$ 1,864.07	
Gulf	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,285	\$ 13,934.18	\$ 13,934.18	\$ 14,590.37	3,285	\$ 13,924.74	\$ 14,581.35	
Gulf	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 5,633.51	\$ 5,633.51	\$ 5,747.00	1	\$ 5,618.98	\$ 5,732.54	
Capital	SSI	Newborn, 0-2 Months	116	\$ 44,626.98	\$ 44,649.95	\$ 47,044.87	116	\$ 44,593.35	\$ 47,011.52	
Capital	SSI	Newborn, 3-11 Months	1,547	\$ 6,415.83	\$ 6,419.05	\$ 6,837.90	1,547	\$ 6,412.17	\$ 6,834.78	
Capital	SSI	Child, 1-20 Years	96,661	\$ 846.03	\$ 846.52	\$ 907.36	96,661	\$ 846.73	\$ 908.24	
Capital	SSI	Adult, 21+ Years	190,550	\$ 1,674.24	\$ 1,675.18	\$ 1,796.78	190,550	\$ 1,676.86	\$ 1,800.10	
Capital	Family and Children	Newborn, 0-2 Months	28,051	\$ 2,966.23	\$ 2,967.69	\$ 3,186.91	28,051	\$ 2,963.60	\$ 3,184.53	
Capital	Family and Children	Newborn, 3-11 Months	98,576	\$ 297.15	\$ 297.31	\$ 316.68	98,576	\$ 297.26	\$ 316.91	
Capital	Family and Children	Child, 1-20 Years	1,849,511	\$ 191.42	\$ 191.53	\$ 204.60	1,849,511	\$ 191.61	\$ 204.83	
Capital	Family and Children	Adult, 21+ Years	286,778	\$ 463.30	\$ 463.55	\$ 495.42	286,778	\$ 463.72	\$ 496.00	
Capital	Foster Care Children	Foster Care, All Ages Male & Female	45,152	\$ 478.11	\$ 478.39	\$ 517.12	45,152	\$ 478.69	\$ 517.78	
Capital	Breast and Cervical Cancer	BCC, All Ages Female	1,503	\$ 2,542.80	\$ 2,544.18	\$ 2,806.18	1,503	\$ 2,543.86	\$ 2,808.09	
Capital	LaCHIP Affordable Plan	All Ages	12,010	\$ 218.04	\$ 218.16	\$ 234.06	12,010	\$ 218.29	\$ 234.35	
Capital	HCBS Waiver	20 & Under, Male and Female	2,215	\$ 2,162.42	\$ 2,163.65	\$ 2,312.08	2,215	\$ 2,162.39	\$ 2,312.27	
Capital	HCBS Waiver	21+ Years, Male and Female	4,664	\$ 1,540.60	\$ 1,541.48	\$ 1,697.81	4,664	\$ 1,542.29	\$ 1,700.08	
Capital	Chisholm Class Members	Chisholm, All Ages Male & Female	7,981	\$ 1,422.05	\$ 1,422.88	\$ 1,509.33	7,981	\$ 1,422.75	\$ 1,510.15	
Capital	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	9,510	\$ 219.20	\$ 219.20	\$ 227.41	9,510	\$ 219.59	\$ 227.81	
Capital	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	331,681	\$ 26.52	\$ 26.52	\$ 28.19	331,681	\$ 27.00	\$ 28.67	
Capital	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,698	\$ 114.79	\$ 114.79	\$ 117.99	6,698	\$ 114.90	\$ 118.10	
Capital	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	9,436	\$ 67.71	\$ 67.71	\$ 71.31	9,436	\$ 68.06	\$ 71.66	
Capital	SBH - Other	SBH - Other, All Ages	10,313	\$ 171.67	\$ 171.67	\$ 179.29	10,313	\$ 172.32	\$ 179.97	
Capital	Maternity Kick Payment	Maternity Kick Payment	5,897	\$ 11,049.35	\$ 11,049.35	\$ 11,597.61	5,897	\$ 11,044.47	\$ 11,593.01	
Capital	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 4,113.99	\$ 4,113.99	\$ 4,208.81	1	\$ 4,105.67	\$ 4,200.54	
Capital	Medicaid Expansion	Age 19 - 64	1,333,310	\$ 676.84	\$ 677.20	\$ 724.31	1,333,310	\$ 653.22	\$ 699.14	
Capital	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	4,281	\$ 26.52	\$ 26.52	\$ 28.19	4,281	\$ 27.00	\$ 28.67	
Capital	Medicaid Expansion	SBH - Other	528	\$ 171.67	\$ 171.67	\$ 179.29	528	\$ 172.32	\$ 179.97	
Capital	Medicaid Expansion	SBH - CCM, All Ages	180	\$ 219.20	\$ 219.20	\$ 227.41	180	\$ 219.59	\$ 227.81	
Capital	Medicaid Expansion	High Needs	759	\$ 1,871.99	\$ 1,871.99	\$ 2,003.84	759	\$ 1,872.42	\$ 2,004.33	
Capital	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,596	\$ 11,049.35	\$ 11,049.35	\$ 11,597.61	2,596	\$ 11,044.47	\$ 11,593.01	
Capital	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 4,113.99	\$ 4,113.99	\$ 4,208.81	1	\$ 4,105.67	\$ 4,200.54	

Appendix B: Rate Comparison			1/1/20 Rates				7/1/20 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	Upper Bound PMPM or Cost per Delivery	
South Central	SSI	Newborn, 0-2 Months	103	\$ 44,274.15	\$ 44,296.90	\$ 46,688.20	103	\$ 44,240.51	\$ 46,654.84	
South Central	SSI	Newborn, 3-11 Months	1,496	\$ 6,570.57	\$ 6,573.88	\$ 6,994.33	1,496	\$ 6,567.73	\$ 6,992.04	
South Central	SSI	Child, 1-20 Years	106,874	\$ 754.67	\$ 755.11	\$ 808.79	106,874	\$ 755.46	\$ 809.67	
South Central	SSI	Adult, 21+ Years	243,819	\$ 1,435.78	\$ 1,436.59	\$ 1,540.83	243,819	\$ 1,438.03	\$ 1,543.31	
South Central	Family and Children	Newborn, 0-2 Months	32,093	\$ 2,923.78	\$ 2,925.37	\$ 3,164.65	32,093	\$ 2,923.10	\$ 3,164.11	
South Central	Family and Children	Newborn, 3-11 Months	107,942	\$ 303.44	\$ 303.61	\$ 324.72	107,942	\$ 304.10	\$ 325.45	
South Central	Family and Children	Child, 1-20 Years	2,022,019	\$ 184.40	\$ 184.51	\$ 197.59	2,022,019	\$ 184.83	\$ 198.06	
South Central	Family and Children	Adult, 21+ Years	316,953	\$ 413.05	\$ 413.28	\$ 442.53	316,953	\$ 413.88	\$ 443.44	
South Central	Foster Care Children	Foster Care, All Ages Male & Female	52,134	\$ 474.77	\$ 475.05	\$ 513.74	52,134	\$ 475.35	\$ 514.40	
South Central	Breast and Cervical Cancer	BCC, All Ages Female	889	\$ 2,534.08	\$ 2,535.45	\$ 2,797.36	889	\$ 2,535.43	\$ 2,799.57	
South Central	LaCHIP Affordable Plan	All Ages	10,405	\$ 213.42	\$ 213.54	\$ 229.39	10,405	\$ 213.68	\$ 229.69	
South Central	HCBS Waiver	20 & Under, Male and Female	2,339	\$ 2,073.11	\$ 2,074.28	\$ 2,221.80	2,339	\$ 2,073.32	\$ 2,222.23	
South Central	HCBS Waiver	21+ Years, Male and Female	6,191	\$ 1,540.20	\$ 1,541.08	\$ 1,697.41	6,191	\$ 1,541.83	\$ 1,699.62	
South Central	Chisholm Class Members	Chisholm, All Ages Male & Female	10,150	\$ 1,286.69	\$ 1,287.43	\$ 1,372.50	10,150	\$ 1,287.61	\$ 1,373.54	
South Central	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	8,913	\$ 200.89	\$ 200.89	\$ 208.91	8,913	\$ 201.45	\$ 209.48	
South Central	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	412,860	\$ 26.42	\$ 26.42	\$ 28.08	412,860	\$ 26.91	\$ 28.59	
South Central	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	6,286	\$ 67.08	\$ 67.08	\$ 69.76	6,286	\$ 67.26	\$ 69.94	
South Central	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	10,889	\$ 66.98	\$ 66.98	\$ 70.58	10,889	\$ 67.39	\$ 70.99	
South Central	SBH - Other	SBH - Other, All Ages	10,633	\$ 186.95	\$ 186.95	\$ 194.74	10,633	\$ 187.53	\$ 195.35	
South Central	Maternity Kick Payment	Maternity Kick Payment	6,304	\$ 9,153.57	\$ 9,153.57	\$ 9,689.29	6,304	\$ 9,158.62	\$ 9,695.65	
South Central	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 2,371.84	\$ 2,371.84	\$ 2,464.49	1	\$ 2,360.86	\$ 2,453.74	
South Central	Medicaid Expansion	Age 19 - 64	1,473,191	\$ 590.93	\$ 591.25	\$ 632.84	1,473,191	\$ 570.02	\$ 610.39	
South Central	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	5,687	\$ 26.42	\$ 26.42	\$ 28.08	5,687	\$ 26.91	\$ 28.59	
South Central	Medicaid Expansion	SBH - Other	321	\$ 186.95	\$ 186.95	\$ 194.74	321	\$ 187.53	\$ 195.35	
South Central	Medicaid Expansion	SBH - CCM, All Ages	143	\$ 200.89	\$ 200.89	\$ 208.91	143	\$ 201.45	\$ 209.48	
South Central	Medicaid Expansion	High Needs	333	\$ 2,372.79	\$ 2,372.79	\$ 2,570.12	333	\$ 2,381.10	\$ 2,579.98	
South Central	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	3,236	\$ 9,153.57	\$ 9,153.57	\$ 9,689.29	3,236	\$ 9,158.62	\$ 9,695.65	
South Central	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 2,371.84	\$ 2,371.84	\$ 2,464.49	1	\$ 2,360.86	\$ 2,453.74	
North	SSI	Newborn, 0-2 Months	13	\$ 43,161.63	\$ 43,183.68	\$ 45,563.60	13	\$ 43,128.00	\$ 45,530.24	
North	SSI	Newborn, 3-11 Months	1,251	\$ 6,335.62	\$ 6,338.79	\$ 6,756.82	1,251	\$ 6,333.85	\$ 6,755.62	
North	SSI	Child, 1-20 Years	119,859	\$ 765.14	\$ 765.58	\$ 815.27	119,859	\$ 765.76	\$ 815.96	
North	SSI	Adult, 21+ Years	225,959	\$ 1,365.34	\$ 1,366.11	\$ 1,464.12	225,959	\$ 1,366.69	\$ 1,465.62	
North	Family and Children	Newborn, 0-2 Months	23,108	\$ 2,508.16	\$ 2,509.43	\$ 2,697.81	23,108	\$ 2,507.92	\$ 2,697.56	
North	Family and Children	Newborn, 3-11 Months	74,544	\$ 311.47	\$ 311.64	\$ 332.28	74,544	\$ 312.69	\$ 333.64	
North	Family and Children	Child, 1-20 Years	1,523,585	\$ 201.06	\$ 201.17	\$ 215.59	1,523,585	\$ 201.62	\$ 216.21	
North	Family and Children	Adult, 21+ Years	228,817	\$ 409.46	\$ 409.69	\$ 440.10	228,817	\$ 410.16	\$ 440.88	
North	Foster Care Children	Foster Care, All Ages Male & Female	33,839	\$ 502.16	\$ 502.45	\$ 541.43	33,839	\$ 502.76	\$ 542.11	
North	Breast and Cervical Cancer	BCC, All Ages Female	1,097	\$ 2,500.25	\$ 2,501.60	\$ 2,763.17	1,097	\$ 2,501.38	\$ 2,765.15	
North	LaCHIP Affordable Plan	All Ages	8,836	\$ 214.97	\$ 215.09	\$ 230.96	8,836	\$ 215.23	\$ 231.26	
North	HCBS Waiver	20 & Under, Male and Female	1,568	\$ 2,060.59	\$ 2,061.75	\$ 2,209.14	1,568	\$ 2,061.02	\$ 2,209.80	
North	HCBS Waiver	21+ Years, Male and Female	4,967	\$ 1,544.11	\$ 1,544.99	\$ 1,701.36	4,967	\$ 1,545.99	\$ 1,703.83	
North	Chisholm Class Members	Chisholm, All Ages Male & Female	7,681	\$ 1,352.68	\$ 1,353.47	\$ 1,439.21	7,681	\$ 1,353.77	\$ 1,440.42	
North	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	7,519	\$ 196.56	\$ 196.56	\$ 204.52	7,519	\$ 197.03	\$ 205.00	
North	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	335,470	\$ 32.76	\$ 32.76	\$ 34.90	335,470	\$ 33.29	\$ 35.43	
North	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	3,792	\$ 86.94	\$ 86.94	\$ 89.83	3,792	\$ 87.15	\$ 90.05	
North	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	7,598	\$ 70.04	\$ 70.04	\$ 73.67	7,598	\$ 70.56	\$ 74.19	
North	SBH - Other	SBH - Other, All Ages	9,476	\$ 174.25	\$ 174.25	\$ 181.90	9,476	\$ 174.84	\$ 182.52	
North	Maternity Kick Payment	Maternity Kick Payment	4,560	\$ 11,091.18	\$ 11,091.18	\$ 11,679.49	4,560	\$ 11,089.61	\$ 11,679.01	
North	Maternity Kick Payment - EED Kick Payment	EED Kick Payment	1	\$ 3,636.87	\$ 3,636.87	\$ 3,738.62	1	\$ 3,622.01	\$ 3,723.95	
North	Medicaid Expansion	Age 19 - 64	1,182,206	\$ 553.56	\$ 553.86	\$ 592.93	1,182,206	\$ 532.90	\$ 570.73	
North	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	3,047	\$ 32.76	\$ 32.76	\$ 34.90	3,047	\$ 33.29	\$ 35.43	
North	Medicaid Expansion	SBH - Other	220	\$ 174.25	\$ 174.25	\$ 181.90	220	\$ 174.84	\$ 182.52	
North	Medicaid Expansion	SBH - CCM, All Ages	126	\$ 196.56	\$ 196.56	\$ 204.52	126	\$ 197.03	\$ 205.00	
North	Medicaid Expansion	High Needs	362	\$ 1,305.98	\$ 1,305.98	\$ 1,403.10	362	\$ 1,307.94	\$ 1,405.14	
North	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	2,586	\$ 11,091.18	\$ 11,091.18	\$ 11,679.49	2,586	\$ 11,089.61	\$ 11,679.01	
North	Medicaid Expansion - EED Kick Payment	EED Kick Payment	1	\$ 3,636.87	\$ 3,636.87	\$ 3,738.62	1	\$ 3,622.01	\$ 3,723.95	

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.

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

Mr. Adam Sery, FSA, MAAA
Principal
Mercer Government Human Services
333 S 7th Street, Suite 1400
Minneapolis MN 55402

October 3, 2019

Subject: Capitation Rate Certification for the Healthy Louisiana Program – Implementation Year
(January 1, 2020 through December 31, 2020)

Dear Adam:

I, Daniel Cocran, 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, 2020 through December 31, 2020 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 managed care organization submitted encounter data and supplemental information on payments made outside of Louisiana's Medicaid Management Information Systems for the period of October 1, 2016 through September 30, 2018.

Mercer relied on LDH and its fiscal agent for the collection and processing of the encounter data, and other information used in setting these capitation rates. Mercer did not audit the data, but did assess the data for reasonableness as documented in the rate certification letter.


Signature

10.30.19
Date

Copy:
Erik Axelsen, ASA, MAAA, Senior Associate
Ron Ogborne, FSA, CERA, MAAA, Partner

Bienville Building • 628 N. Fourth St. • P.O. Box 91030 • Baton Rouge, Louisiana 70821-9030
Phone: (888) 342-6207 • Fax: (225) 342-9508 • www.ldh.la.gov
An Equal Opportunity Employer

Mercer (US) Inc.
3560 Lenox Road NE, Suite 2400
Atlanta, GA 30326
www.mercer-government.mercer.com

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