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Ms. Pam Diez
Deputy Medicaid Director/Chief Financial Officer
Louisiana Department of Health
Bureau of Health Services Financing
628 North 4th Street
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May 22, 2019

Subject: Healthy Louisiana Program – Full Risk-Bearing Managed Care Organization (MCO) Rate Development and Actuarial Certification for the Period Effective April 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 sound¹ capitation rate ranges for the State of Louisiana's (State) Healthy Louisiana program for the period of January 1, 2019 through December 31, 2019. This certification amends the previous certification issued February 6, 2019 and applies to the period of April 1, 2019 through December 31, 2019. The amendments include updates for new programmatic changes implemented by LDH after the prior certification was issued.

This letter presents an overview of the analyses and methodology used to support the programmatic changes, and the resulting capitation rate ranges effective April 1, 2019 through December 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 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.

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.

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 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 and the conclusion of the contract period.

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

Pharmacy Copays Limit Adjustment

Per 42 CFR 447.56(f), LDH must have in place measures to limit the amount of cost-sharing that members of a Medicaid household may incur each month to five percent of the family income. Per the State Plan, LDH only charges cost sharing on prescription drugs. Thus, only pharmacy service costs need to be adjusted in order to comply with this requirement.

Effective April 1, 2019, LDH implemented a policy whereby individuals with a family income less than or equal to \$800 per month will have a zero-dollar copay for all pharmacy claims. In order to estimate the impact of this program change, Mercer utilized information provided by LDH summarizing the total amount of copayments that they expected to shift from the Medicaid recipient's responsibility to the responsibility of the MCOs. The underlying analysis was performed on encounters with dates of service between July 1, 2017 and June 30, 2018 at the family, i.e. household, level. Mercer used the relevant household IDs provided by LDH and the copayments associated with them in our data for the corresponding time period to estimate the impact of this policy change. The table below summarizes the impact of the Pharmacy Copay Limit Adjustment on projected pharmacy costs on each rate cell.

RATE CELL	RX COPAY LIMIT ADJUSTMENT
SSI	0.80%
Family & Children	0.33%
Foster Care Children	0.02%
BCC	0.19%
LAP	0.00%
HCBS	0.06%
CCM	0.00%
Non-Expansion Subtotal	0.55%

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.

St. Elizabeth and Our Lady of the Lake (LOL) Hospital Merger

Effective March 1, 2019, St. Elizabeth became an offsite campus of the main LOL campus. St. Elizabeth's inpatient and outpatient claims are expected to be reimbursed at the LOL rates shown in the exhibits below.

Inpatient Per Diem			
IP Claim Type	Pre-Merger	Post-Merger	Percent Change
Acute	\$1,102.06	\$1,978.58	79.53%
Psychiatric	\$610.07	\$1,113.55	82.53%

Outpatient Cost-to-Charge ratios (CCR)			
OP Claim Type	Pre-Merger	Post-Merger	Percent Change
Therapy	NA	0.368	
Operating Room	NA	0.261	
Clinic	NA	0.619	
Cost-based Services	0.154	0.228	47.66%

To estimate the impact of the St. Elizabeth and LOL merger on projected inpatient and outpatient costs, Mercer repriced the historical St. Elizabeth encounters at the post-merger reimbursement levels. The revised fee schedule adjustments to the projected medical expenses are summarized in the table below. Please refer to Appendix D for the incremental impact of this program change.

COA	RATE CELL	FEE ADJUSTMENT EFFECTIVE 4/1/2019
SSI	0 - 2 Months	3.73%
SSI	3 - 11 Months	3.18%
SSI	Child 1 - 20 Years	3.41%
SSI	Adult 21+ Years	4.57%

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COA	RATE CELL	FEE ADJUSTMENT EFFECTIVE 4/1/2019
Family & Children	0 - 2 Months	3.40%
Family & Children	3 - 11 Months	4.14%
Family & Children	Child 1 - 20 Years	4.35%
Family & Children	Adult 21+ Years	5.32%
Foster Care Children	All Ages Male & Female	4.62%
BCC	BCC, All Ages	2.17%
LAP	LAP, All Ages	4.80%
HCBS	Child 1 - 20 Years	3.98%
HCBS	Adult 21+ Years	3.84%
CCM	CCM, All Ages	5.01%
SBH - CCM	SBH - CCM, All Ages	3.51%
SBH – Duals & LaHIPP	SBH - Dual Eligible & LaHIPP, All Ages	1.44%
SBH - HCBS	Child 1 - 20 Years	3.62%
SBH - HCBS	Adult 21+ Years	6.03%
SBH - Other	SBH - All Ages	12.46%
Maternity Kick Payment	Maternity Kick Payment	8.32%
EED Kick Payment	EED Kick Payment	0.00%
Non-Expansion Subtotal		4.57%

Single Preferred Drug List (PDL)

Effective May 1, 2019, LDH implemented a Single PDL for selected therapeutic classes. LDH selected the therapeutic classes and drugs included, and LDH and the MCO pharmacy directors established the prior authorization criteria applicable to the drugs included in the Single PDL. MCOs are required to follow the Single PDL and only list as preferred those products preferred by LDH. For branded products listed as preferred over available generics, the MCOs are to consider the generic form non-preferred and not require the prescriber to indicate in writing the branded product is medically necessary.

To estimate the impact of the Single PDL on pharmacy costs, Mercer's actuaries and pharmacists reviewed the historical utilization of drugs in the affected classes and developed assumptions regarding the expected changes in utilization from non-preferred to preferred agents, which were reviewed by LDH pharmacists. The estimated impact of the Single PDL program change on projected pharmacy costs on each rate cell are summarized in the table below.

RATE CELL	UNIT COST ADJUSTMENT
SSI	-0.19%
Family & Children	0.34%
Foster Care Children	0.81%
BCC	0.27%
LAP	0.53%
HCBS	-0.18%
CCM	0.08%
Non-Expansion Subtotal	0.07%

Additionally, the MCOs are prohibited from entering into rebate agreements with manufacturers of drugs. Any existing drug rebate agreements were discontinued by May 1, 2019. The MCOs are still allowed to collect rebates on non-drug items such as diabetic testing supplies once the Single PDL is implemented. To account for the changes to the pharmacy rebate adjustment as a result of the Single PDL implementation, Mercer blended the pharmacy rebate adjustment developed the pre- and post-Single PDL rebate expectations to arrive an updated pharmacy rebate adjustment. The table below summarizes the updated impacted of pharmacy rebates on projected pharmacy costs on each rate cell.

RATE CELL	RX REBATE ADJUSTMENT		
	Pre-PDL	Post-PDL	Net
SSI	-3.90%	-0.50%	-0.88%
Family & Children	-3.10%	-0.40%	-0.70%
Foster Care Children	-1.90%	-0.20%	-0.39%
BCC	-1.80%	-0.30%	-0.47%

RATE CELL	RX REBATE ADJUSTMENT		
	Pre-PDL	Post-PDL	Net
LAP	-3.80%	-0.30%	-0.69%
HCBS	-2.80%	-0.50%	-0.76%
CCM	-1.80%	-0.20%	-0.38%
Non-Expansion Subtotal	-3.47%	-0.45%	-0.78%

Local Pharmacy Adjustment

Effective May 1, 2019, LDH changed its reimbursement for pharmacies for FFS prescriptions. The ingredient cost portion of the reimbursement shifts from local Average Acquisition Cost (AAC) to National Average Drug Acquisition Cost (NADAC). The dispensing fee portion of the reimbursement also increases; from \$10.41 per prescription to \$10.99 per prescription.

These changes in FFS pharmacy reimbursement affect the Healthy Louisiana program because the MCO's are required to reimburse local pharmacies, at minimum, at the FFS level. Per [§460.36 of Louisiana's register](#), local pharmacies are defined as satisfying the two following conditions:

1. Contracts with the MCO or the MCO's contractor in its own name or through a pharmacy services administration organization and not under the authority of a group purchasing organization
2. Has fewer than ten retail outlets under its corporate umbrella

Mercer reviewed an analysis by Myers and Stauffer in which they estimated the difference between local AAC and NADAC ingredient costs. Myers and Stauffer performed the pricing analysis on local pharmacy encounter experience incurred on days of service May 11, 2017 through May 10, 2018. The results of this analysis, in conjunction with the historical utilization of local pharmacies in the Healthy Louisiana program, were used to estimate the impact of the local pharmacy pricing changes on projected pharmacy costs. The table below summarizes the updated impact of local pharmacy pricing changes on projected pharmacy costs on each rate cell.

RATE CELL	LOCAL PHARMACY ADJUSTMENT
SSI	0.42%
Family & Children	0.42%
Foster Care Children	0.57%
BCC	0.21%
LAP	0.34%
HCBS	0.46%
CCM	0.41%
Non-Expansion Subtotal	0.42%

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

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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.

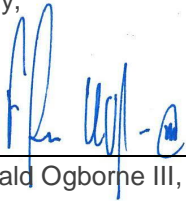
This certification letter assumes the reader is familiar with the Healthy Louisiana Program, Medicaid eligibility rules, and actuarial rate-setting techniques. It has been prepared exclusively for LDH and CMS, and should not be relied upon by third parties. Other readers should seek the advice of actuaries 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.

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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, MAAA, CERA
Partner



Erik Axelsen, ASA, MAAA
Senior Associate

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APPENDIX A: HEALTHY LOUISIANA CAPITATION RATE RANGE

REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
Gulf	SSI	0–2 Months	\$29,394.51	\$29,421.52	\$31,210.89
Gulf	SSI	3–11 Months	\$5,733.39	\$5,738.87	\$6,098.29
Gulf	SSI	Child 1–20 Years	\$795.66	\$796.54	\$849.70
Gulf	SSI	Adult 21+ Years	\$1,533.10	\$1,534.63	\$1,631.81
Gulf	F & C	0–2 Months	\$3,240.37	\$3,242.94	\$3,419.14
Gulf	F & C	3–11 Months	\$313.60	\$313.91	\$332.17
Gulf	F & C	Child 1–20 Years	\$188.96	\$189.17	\$202.00
Gulf	F & C	Adult 21+ Years	\$401.25	\$401.66	\$427.93
Gulf	FCC	All Ages Male & Female	\$538.76	\$539.39	\$580.57
Gulf	BCC	BCC, All Ages	\$2,303.98	\$2,306.39	\$2,444.77
Gulf	LAP	LAP, All Ages	\$226.88	\$227.13	\$241.89
Gulf	HCBS	Child 1–20 Years	\$1,834.21	\$1,836.20	\$1,956.80
Gulf	HCBS	Adult 21+ Years	\$1,519.20	\$1,520.85	\$1,627.17
Gulf	CCM	CCM, All Ages	\$1,506.74	\$1,508.47	\$1,588.75
Gulf	SBH - CCM	SBH - CCM, All Ages	\$340.86	\$340.86	\$356.63

REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
Gulf	SBH - Duals & LaHIPP	SBH - Dual Eligible & LaHIPP, All Ages	\$40.22	\$40.22	\$43.86
Gulf	SBH - HCBS	SBH - Child 1–20 Years	\$223.56	\$223.56	\$229.55
Gulf	SBH - HCBS	SBH - Adult 21+ Years	\$68.79	\$68.79	\$74.51
Gulf	SBH - Other	SBH - All Ages	\$177.34	\$177.34	\$189.31
Gulf	Maternity Kick Payment	Maternity Kick Payment	\$15,125.64	\$15,125.64	\$15,768.21
Gulf	EED Kick Payment	EED Kick Payment	\$7,625.61	\$7,625.61	\$7,752.09
Gulf	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages	\$40.22	\$40.22	\$43.86
Gulf	Medicaid Expansion	SBH - Other	\$177.34	\$177.34	\$189.31
Gulf	Medicaid Expansion	SBH – CCM, All Ages	\$340.86	\$340.86	\$356.63
Gulf	Medicaid Expansion	Maternity Kick Payment	\$15,125.64	\$15,125.64	\$15,768.21
Gulf	Medicaid Expansion	EED Kick Payment	\$7,625.61	\$7,625.61	\$7,752.09
Capital	SSI	0–2 Months	\$29,843.86	\$29,871.43	\$31,702.98
Capital	SSI	3–11 Months	\$5,708.81	\$5,714.26	\$6,071.38

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REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
Capital	SSI	Child 1–20 Years	\$840.85	\$841.82	\$900.23
Capital	SSI	Adult 21+ Years	\$1,496.04	\$1,497.63	\$1,598.68
Capital	F & C	0–2 Months	\$2,866.34	\$2,869.04	\$3,057.04
Capital	F & C	3–11 Months	\$288.51	\$288.81	\$306.78
Capital	F & C	Child 1–20 Years	\$192.26	\$192.47	\$205.90
Capital	F & C	Adult 21+ Years	\$431.27	\$431.72	\$460.51
Capital	FCC	All Ages Male & Female	\$541.63	\$542.26	\$583.75
Capital	BCC	BCC, All Ages	\$2,304.61	\$2,307.02	\$2,445.24
Capital	LAP	LAP, All Ages	\$221.48	\$221.72	\$236.42
Capital	HCBS	Child 1–20 Years	\$1,938.45	\$1,940.57	\$2,065.89
Capital	HCBS	Adult 21+ Years	\$1,525.13	\$1,526.79	\$1,633.67
Capital	CCM	CCM, All Ages	\$1,393.27	\$1,394.86	\$1,475.21
Capital	SBH - CCM	SBH - CCM, All Ages	\$266.57	\$266.57	\$281.44
Capital	SBH - Duals & LaHIPP	SBH - Dual Eligible & LaHIPP, All Ages	\$26.92	\$26.92	\$29.27

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REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
Capital	SBH - HCBS	SBH - Child 1–20 Years	\$163.37	\$163.37	\$168.68
Capital	SBH - HCBS	SBH - Adult 21+ Years	\$68.61	\$68.61	\$74.35
Capital	SBH - Other	SBH - All Ages	\$175.19	\$175.19	\$186.98
Capital	Maternity Kick Payment	Maternity Kick Payment	\$11,225.81	\$11,225.81	\$11,785.08
Capital	EED Kick Payment	EED Kick Payment	\$4,697.68	\$4,697.68	\$4,807.77
Capital	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages	\$26.92	\$26.92	\$29.27
Capital	Medicaid Expansion	SBH - Other	\$175.19	\$175.19	\$186.98
Capital	Medicaid Expansion	SBH – CCM, All Ages	\$266.57	\$266.57	\$281.44
Capital	Medicaid Expansion	Maternity Kick Payment	\$11,225.81	\$11,225.81	\$11,785.08
Capital	Medicaid Expansion	EED Kick Payment	\$4,697.68	\$4,697.68	\$4,807.77
South Central	SSI	0–2 Months	\$29,367.53	\$29,394.50	\$31,181.32
South Central	SSI	3–11 Months	\$5,720.82	\$5,726.29	\$6,084.52
South Central	SSI	Child 1–20 Years	\$749.32	\$750.18	\$801.01

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REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
South Central	SSI	Adult 21+ Years	\$1,340.64	\$1,342.05	\$1,431.66
South Central	F & C	0–2 Months	\$3,094.56	\$3,097.46	\$3,299.35
South Central	F & C	3–11 Months	\$296.45	\$296.76	\$315.75
South Central	F & C	Child 1–20 Years	\$187.17	\$187.38	\$200.65
South Central	F & C	Adult 21+ Years	\$392.35	\$392.76	\$419.03
South Central	FCC	All Ages Male & Female	\$540.41	\$541.04	\$582.05
South Central	BCC	BCC, All Ages	\$2,298.03	\$2,300.43	\$2,438.31
South Central	LAP	LAP, All Ages	\$231.27	\$231.52	\$246.19
South Central	HCBS	Child 1–20 Years	\$1,837.46	\$1,839.45	\$1,959.42
South Central	HCBS	Adult 21+ Years	\$1,513.68	\$1,515.33	\$1,620.89
South Central	CCM	CCM, All Ages	\$1,353.85	\$1,355.39	\$1,435.34
South Central	SBH - CCM	SBH - CCM, All Ages	\$280.70	\$280.70	\$296.05
South Central	SBH - Duals & LaHIPP	SBH - Dual Eligible & LaHIPP, All Ages	\$26.53	\$26.53	\$28.85
South Central	SBH - HCBS	SBH - Child 1–20 Years	\$66.94	\$66.94	\$71.35

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South Central	SBH - HCBS	SBH - Adult 21+ Years	\$68.61	\$68.61	\$74.34
South Central	SBH - Other	SBH - All Ages	\$177.02	\$177.02	\$188.96
South Central	Maternity Kick Payment	Maternity Kick Payment	\$10,315.44	\$10,315.44	\$10,859.55
South Central	EED Kick Payment	EED Kick Payment	\$3,964.27	\$3,964.27	\$4,071.37
South Central	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages	\$26.53	\$26.53	\$28.85
South Central	Medicaid Expansion	SBH - Other	\$177.02	\$177.02	\$188.96
South Central	Medicaid Expansion	SBH – CCM, All Ages	\$280.70	\$280.70	\$296.05
South Central	Medicaid Expansion	Maternity Kick Payment	\$10,315.44	\$10,315.44	\$10,859.55
South Central	Medicaid Expansion	EED Kick Payment	\$3,964.27	\$3,964.27	\$4,071.37
North	SSI	0–2 Months	\$29,188.50	\$29,215.25	\$30,985.29
North	SSI	3–11 Months	\$5,640.08	\$5,645.45	\$5,996.11
North	SSI	Child 1–20 Years	\$807.88	\$808.81	\$863.37
North	SSI	Adult 21+ Years	\$1,235.86	\$1,237.18	\$1,321.05

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North	F & C	0–2 Months	\$2,746.36	\$2,748.84	\$2,918.70
North	F & C	3–11 Months	\$280.61	\$280.90	\$298.19
North	F & C	Child 1–20 Years	\$207.12	\$207.36	\$222.51
North	F & C	Adult 21+ Years	\$373.48	\$373.88	\$399.87
North	FCC	All Ages Male & Female	\$567.61	\$568.27	\$610.62
North	BCC	BCC, All Ages	\$2,292.05	\$2,294.44	\$2,431.76
North	LAP	LAP, All Ages	\$219.17	\$219.41	\$234.03
North	HCBS	Child 1–20 Years	\$1,883.56	\$1,885.61	\$2,005.75
North	HCBS	Adult 21+ Years	\$1,529.36	\$1,531.03	\$1,638.28
North	CCM	CCM, All Ages	\$1,380.64	\$1,382.22	\$1,463.04
North	SBH - CCM	SBH - CCM, All Ages	\$281.56	\$281.56	\$297.37
North	SBH - Duals & LaHIPP	SBH - Dual Eligible & LaHIPP, All Ages	\$33.54	\$33.54	\$36.52
North	SBH - HCBS	SBH - Child 1–20 Years	\$123.77	\$123.77	\$128.87
North	SBH - HCBS	SBH - Adult 21+ Years	\$69.82	\$69.82	\$75.66

REGION DESCRIPTION	COA DESCRIPTION	RATE CELL DESCRIPTION	LOWER BOUND PMPM OR COST PER DELIVERY	REASONABLY ATTAINABLE PMPM OR COST PER DELIVERY	UPPER BOUND PMPM OR COST PER DELIVERY
North	SBH - Other	SBH - All Ages	\$176.21	\$176.21	\$187.88
North	Maternity Kick Payment	Maternity Kick Payment	\$11,563.96	\$11,563.96	\$12,115.12
North	EED Kick Payment	EED Kick Payment	\$5,132.43	\$5,132.43	\$5,240.92
North	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages	\$33.54	\$33.54	\$36.52
North	Medicaid Expansion	SBH - Other	\$176.21	\$176.21	\$187.88
North	Medicaid Expansion	SBH – CCM, All Ages	\$281.56	\$281.56	\$297.37
North	Medicaid Expansion	Maternity Kick Payment	\$11,563.96	\$11,563.96	\$12,115.12
North	Medicaid Expansion	EED Kick Payment	\$5,132.43	\$5,132.43	\$5,240.92

APPENDIX B: SINGLE PDL RATING ADJUSTMENT

Rate Cell	Projected MMs	Base Rx PMPM ^{1,2}	Single PDL Unit Cost Adjustment ³		Pharmacy Rebate Adjustment		
			Gross ⁴	Net ⁵	Pre-PDL	Post-PDL	Net
SSI	1,313,484	\$261.80	-0.2%	-0.2%	-3.9%	-0.5%	-0.9%
Family & Children	9,687,183	\$32.58	0.4%	0.3%	-3.1%	-0.4%	-0.7%
Foster Care Children	155,493	\$66.19	0.9%	0.8%	-1.9%	-0.2%	-0.4%
BCC	5,736	\$308.30	0.3%	0.3%	-1.8%	-0.3%	-0.5%
LAP	40,385	\$42.21	0.6%	0.5%	-3.8%	-0.3%	-0.7%
HCBS	23,031	\$395.98	-0.2%	-0.2%	-2.8%	-0.5%	-0.8%
CCM	34,227	\$136.44	0.1%	0.1%	-1.8%	-0.2%	-0.4%
Non-Expansion Subtotal	11,259,539	\$61.02	0.1%	0.1%	-3.5%	-0.4%	-0.8%

Notes:

1. Base PMPMs reflect adjustments for underreporting and IBNR.
2. Non-Expansion base data consists of the time period 10/1/2015 - 9/30/2017.
3. Single PDL is effective 5/1/19; therefore, the impact has been pro-rated for the 5/1/2019 - 12/31/2019 period.
4. The "Gross" column represents the Single PDL Unit Cost adjustment for a 12 month period.
5. The "Net" column represents the prorated Single PDL unit cost adjustment for the 5/1/2019 - 12/31/2019 effective period.

APPENDIX C: LOCAL PHARMACY ADJUSTMENT

Rate Cell	Projected MMs	Base Rx PMPM ^{1,2}	Local Pharmacy % of Base	Local Pharmacy Adj. Percentages (Gross) ³			Rating Adjustments	
				NADAC	Disp. Fee	Total	Gross	Net
SSI	1,313,484	\$261.80	31.5%	0.76%	0.75%	1.51%	0.47%	0.42%
Family & Children	9,687,183	\$32.58	31.0%	0.76%	0.75%	1.51%	0.47%	0.42%
Foster Care Children	155,493	\$66.19	42.5%	0.76%	0.75%	1.51%	0.64%	0.57%
BCC	5,736	\$308.30	15.3%	0.76%	0.75%	1.51%	0.23%	0.21%
LAP	40,385	\$42.21	25.2%	0.76%	0.75%	1.51%	0.38%	0.34%
HCBS	23,031	\$395.98	34.6%	0.76%	0.75%	1.51%	0.52%	0.46%
CCM	34,227	\$136.44	30.6%	0.76%	0.75%	1.51%	0.46%	0.41%
Non-Expansion Subtotal	11,259,539	\$61.02	31.4%	0.76%	0.75%	1.51%	0.47%	0.42%

Notes:

1. Base PMPMs reflect adjustments for under-reporting and IBNR.
2. Non-Expansion base data consists of the time period 10/1/2015 - 9/30/2017.
3. Adjustments are based on an analysis performed by Myers and Stauffer dated December 4, 2018.

APPENDIX D: ST. ELIZABETH/OLOL MERGER IMPACT

COA	RATE CELL	FEE ADJUSTMENT EFFECTIVE 1/1/2019	FEE ADJUSTMENT EFFECTIVE 4/1/2019	MERGER IMPACT
SSI	0 - 2 Months	3.73%	3.73%	0.00%
SSI	3 - 11 Months	3.18%	3.18%	0.00%
SSI	Child 1 - 20 Years	3.40%	3.41%	0.01%
SSI	Adult 21+ Years	4.50%	4.57%	0.07%
Family & Children	0 - 2 Months	3.40%	3.40%	0.00%
Family & Children	3 - 11 Months	4.12%	4.14%	0.02%
Family & Children	Child 1 - 20 Years	4.32%	4.35%	0.03%
Family & Children	Adult 21+ Years	5.20%	5.32%	0.12%
Foster Care Children	All Ages Male & Female	4.61%	4.62%	0.01%
BCC	BCC, All Ages	2.11%	2.17%	0.06%
LAP	LAP, All Ages	4.79%	4.80%	0.02%
HCBS	Child 1 - 20 Years	3.98%	3.98%	0.00%
HCBS	Adult 21+ Years	3.78%	3.84%	0.05%
CCM	CCM, All Ages	5.01%	5.01%	0.01%

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COA	RATE CELL	FEE ADJUSTMENT EFFECTIVE 1/1/2019	FEE ADJUSTMENT EFFECTIVE 4/1/2019	MERGER IMPACT
SBH – CCM	SBH - CCM, All Ages	3.51%	3.51%	0.00%
SBH – Duals	SBH - Dual Eligible & LaHIPP, All Ages	1.44%	1.44%	0.00%
SBH – HCBS	Child 1 - 20 Years	3.62%	3.62%	0.00%
SBH – HCBS	Adult 21+ Years	6.03%	6.03%	0.00%
SBH – Other	SBH - All Ages	12.46%	12.46%	0.00%
Maternity Kick Payment	Maternity Kick Payment	8.31%	8.32%	0.01%
EED Kick Payment	EED Kick Payment	0.00%	0.00%	0.00%
Non-Expansion Subtotal		4.52%	4.57%	0.04%

Appendix E: Rate Comparison

Region	Category of Aid	Rate Cell	1/1/19 Rates			4/1/19 Rates		
			Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery ¹	Upper Bound PMPM or Cost per Delivery	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	\$ 29,393.75	\$ 29,420.76	\$ 31,210.07	\$ 29,394.51	\$ 29,421.52	\$ 31,210.89
Gulf	SSI	Newborn, 3-11 Months	\$ 5,716.22	\$ 5,721.68	\$ 6,079.72	\$ 5,733.39	\$ 5,738.87	\$ 6,098.29
Gulf	SSI	Child, 1-20 Years	\$ 790.28	\$ 791.15	\$ 843.88	\$ 796.66	\$ 796.54	\$ 849.70
Gulf	SSI	Adult, 21+ Years	\$ 1,513.65	\$ 1,515.15	\$ 1,610.84	\$ 1,533.10	\$ 1,534.63	\$ 1,631.81
Gulf	Family and Children	Newborn, 0-2 Months	\$ 3,240.13	\$ 3,242.70	\$ 3,418.88	\$ 3,240.37	\$ 3,242.94	\$ 3,419.14
Gulf	Family and Children	Newborn, 3-11 Months	\$ 312.92	\$ 313.22	\$ 331.43	\$ 313.60	\$ 313.91	\$ 332.17
Gulf	Family and Children	Child, 1-20 Years	\$ 188.09	\$ 188.30	\$ 201.07	\$ 188.96	\$ 189.17	\$ 202.00
Gulf	Family and Children	Adult, 21+ Years	\$ 397.38	\$ 397.79	\$ 423.76	\$ 401.25	\$ 401.66	\$ 427.93
Gulf	Foster Care Children	Foster Care, All Ages Male & Female	\$ 536.30	\$ 536.93	\$ 577.92	\$ 538.76	\$ 539.39	\$ 580.57
Gulf	Breast and Cervical Cancer	BCC, All Ages Female	\$ 2,292.81	\$ 2,295.20	\$ 2,432.75	\$ 2,303.98	\$ 2,306.39	\$ 2,444.77
Gulf	LaCHIP Affordable Plan	All Ages	\$ 225.02	\$ 225.27	\$ 239.87	\$ 226.88	\$ 227.13	\$ 241.89
Gulf	HCBS Waiver	20 & Under, Male and Female	\$ 1,827.28	\$ 1,829.26	\$ 1,949.32	\$ 1,834.21	\$ 1,836.20	\$ 1,956.80
Gulf	HCBS Waiver	21+ Years, Male and Female	\$ 1,505.43	\$ 1,507.07	\$ 1,612.32	\$ 1,519.20	\$ 1,520.85	\$ 1,627.17
Gulf	Chisholm Class Members	Chisholm, All Ages Male & Female	\$ 1,503.51	\$ 1,505.24	\$ 1,585.26	\$ 1,506.74	\$ 1,508.47	\$ 1,588.75
Gulf	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	\$ 340.86	\$ 340.86	\$ 356.63	\$ 340.86	\$ 340.86	\$ 356.63
Gulf	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 40.22	\$ 40.22	\$ 43.86	\$ 40.22	\$ 40.22	\$ 43.86
Gulf	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	\$ 223.56	\$ 223.56	\$ 229.55	\$ 223.56	\$ 223.56	\$ 229.55
Gulf	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	\$ 68.79	\$ 68.79	\$ 74.51	\$ 68.79	\$ 68.79	\$ 74.51
Gulf	SBH - Other	SBH - Other, All Ages	\$ 177.34	\$ 177.34	\$ 189.31	\$ 177.34	\$ 177.34	\$ 189.31
Gulf	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 15,125.50	\$ 15,125.50	\$ 15,768.06	\$ 15,125.64	\$ 15,125.64	\$ 15,768.21
Gulf	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	\$ 7,625.61	\$ 7,625.61	\$ 7,752.09	\$ 7,625.61	\$ 7,625.61	\$ 7,752.09
Gulf	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 40.22	\$ 40.22	\$ 43.86	\$ 40.22	\$ 40.22	\$ 43.86
Gulf	Medicaid Expansion	SBH - Other	\$ 177.34	\$ 177.34	\$ 189.31	\$ 177.34	\$ 177.34	\$ 189.31
Gulf	Medicaid Expansion	SBH - CCM, All Ages	\$ 340.86	\$ 340.86	\$ 356.63	\$ 340.86	\$ 340.86	\$ 356.63
Gulf	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	\$ 15,125.50	\$ 15,125.50	\$ 15,768.06	\$ 15,125.64	\$ 15,125.64	\$ 15,768.21
Gulf	Medicaid Expansion - EED Kick Payment	EED Kick Payment	\$ 7,625.61	\$ 7,625.61	\$ 7,752.09	\$ 7,625.61	\$ 7,625.61	\$ 7,752.09
Capital	SSI	Newborn, 0-2 Months	\$ 29,843.11	\$ 29,870.68	\$ 31,702.16	\$ 29,843.86	\$ 29,871.43	\$ 31,702.98
Capital	SSI	Newborn, 3-11 Months	\$ 5,691.64	\$ 5,697.07	\$ 6,052.80	\$ 5,708.81	\$ 5,714.26	\$ 6,071.38
Capital	SSI	Child, 1-20 Years	\$ 833.50	\$ 834.46	\$ 892.29	\$ 840.85	\$ 841.82	\$ 900.23
Capital	SSI	Adult, 21+ Years	\$ 1,469.18	\$ 1,470.74	\$ 1,569.98	\$ 1,496.04	\$ 1,497.63	\$ 1,598.68
Capital	Family and Children	Newborn, 0-2 Months	\$ 2,866.06	\$ 2,868.76	\$ 3,056.74	\$ 2,869.34	\$ 2,869.04	\$ 3,057.04
Capital	Family and Children	Newborn, 3-11 Months	\$ 287.53	\$ 287.83	\$ 305.74	\$ 288.51	\$ 288.81	\$ 306.78
Capital	Family and Children	Child, 1-20 Years	\$ 191.06	\$ 191.27	\$ 204.60	\$ 192.26	\$ 192.47	\$ 205.90
Capital	Family and Children	Adult, 21+ Years	\$ 425.16	\$ 425.60	\$ 453.94	\$ 431.27	\$ 431.72	\$ 460.51
Capital	Foster Care Children	Foster Care, All Ages Male & Female	\$ 539.17	\$ 539.80	\$ 581.10	\$ 541.63	\$ 542.26	\$ 583.75
Capital	Breast and Cervical Cancer	BCC, All Ages Female	\$ 2,293.44	\$ 2,295.84	\$ 2,433.22	\$ 2,304.61	\$ 2,307.02	\$ 2,445.24
Capital	LaCHIP Affordable Plan	All Ages	\$ 219.62	\$ 219.86	\$ 234.40	\$ 221.48	\$ 221.72	\$ 236.42
Capital	HCBS Waiver	20 & Under, Male and Female	\$ 1,931.53	\$ 1,933.64	\$ 2,058.41	\$ 1,938.45	\$ 1,940.57	\$ 2,065.89
Capital	HCBS Waiver	21+ Years, Male and Female	\$ 1,511.36	\$ 1,513.01	\$ 1,618.83	\$ 1,525.13	\$ 1,526.79	\$ 1,633.67
Capital	Chisholm Class Members	Chisholm, All Ages Male & Female	\$ 1,390.04	\$ 1,391.63	\$ 1,471.72	\$ 1,393.27	\$ 1,394.86	\$ 1,475.21
Capital	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	\$ 266.57	\$ 266.57	\$ 281.44	\$ 266.57	\$ 266.57	\$ 281.44
Capital	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 26.92	\$ 26.92	\$ 29.27	\$ 26.92	\$ 26.92	\$ 29.27
Capital	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	\$ 163.37	\$ 163.37	\$ 168.68	\$ 163.37	\$ 163.37	\$ 168.68
Capital	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	\$ 68.61	\$ 68.61	\$ 74.35	\$ 68.61	\$ 68.61	\$ 74.35
Capital	SBH - Other	SBH - Other, All Ages	\$ 175.19	\$ 175.19	\$ 186.98	\$ 175.19	\$ 175.19	\$ 186.98
Capital	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 11,221.64	\$ 11,221.64	\$ 11,780.75	\$ 11,225.81	\$ 11,225.81	\$ 11,785.08
Capital	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	\$ 4,695.48	\$ 4,695.48	\$ 4,805.53	\$ 4,697.68	\$ 4,697.68	\$ 4,807.77
Capital	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 26.92	\$ 26.92	\$ 29.27	\$ 26.92	\$ 26.92	\$ 29.27
Capital	Medicaid Expansion	SBH - Other	\$ 175.19	\$ 175.19	\$ 186.98	\$ 175.19	\$ 175.19	\$ 186.98
Capital	Medicaid Expansion	SBH - CCM, All Ages	\$ 266.57	\$ 266.57	\$ 281.44	\$ 266.57	\$ 266.57	\$ 281.44
Capital	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	\$ 11,221.64	\$ 11,221.64	\$ 11,780.75	\$ 11,225.81	\$ 11,225.81	\$ 11,785.08
Capital	Medicaid Expansion - EED Kick Payment	EED Kick Payment	\$ 4,695.48	\$ 4,695.48	\$ 4,805.53	\$ 4,697.68	\$ 4,697.68	\$ 4,807.77

Appendix E: Rate Comparison

Region	Category of Aid	Rate Cell	1/1/19 Rates			4/1/19 Rates		
			Lower Bound PMPM or Cost per Delivery	Final PMPM or Cost per Delivery ¹	Upper Bound PMPM or Cost per Delivery	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	\$ 29,366.78	\$ 29,393.75	\$ 31,180.49	\$ 29,367.53	\$ 29,394.50	\$ 31,181.32
South Central	SSI	Newborn, 3-11 Months	\$ 5,703.64	\$ 5,709.09	\$ 6,065.94	\$ 5,720.82	\$ 5,726.29	\$ 6,084.52
South Central	SSI	Child, 1-20 Years	\$ 742.56	\$ 743.41	\$ 749.32	\$ 750.18	\$ 750.18	\$ 801.01
South Central	SSI	Adult, 21+ Years	\$ 1,323.26	\$ 1,324.65	\$ 1,412.89	\$ 1,340.64	\$ 1,342.05	\$ 1,431.66
South Central	Family and Children	Newborn, 0-2 Months	\$ 3,094.31	\$ 3,097.21	\$ 3,299.08	\$ 3,094.56	\$ 3,097.46	\$ 3,299.35
South Central	Family and Children	Newborn, 3-11 Months	\$ 295.78	\$ 296.09	\$ 315.03	\$ 296.45	\$ 296.76	\$ 315.75
South Central	Family and Children	Child, 1-20 Years	\$ 185.94	\$ 186.15	\$ 199.31	\$ 187.17	\$ 187.38	\$ 200.65
South Central	Family and Children	Adult, 21+ Years	\$ 388.68	\$ 389.09	\$ 415.06	\$ 392.35	\$ 392.76	\$ 419.03
South Central	Foster Care Children	Foster Care, All Ages Male & Female	\$ 537.95	\$ 538.58	\$ 579.40	\$ 540.41	\$ 541.04	\$ 582.05
South Central	Breast and Cervical Cancer	BCC, All Ages Female	\$ 2,286.85	\$ 2,289.24	\$ 2,426.29	\$ 2,298.03	\$ 2,300.43	\$ 2,438.31
South Central	LaCHIP Affordable Plan	All Ages	\$ 229.40	\$ 229.65	\$ 244.17	\$ 231.27	\$ 231.52	\$ 246.19
South Central	HCBS Waiver	20 & Under, Male and Female	\$ 1,830.53	\$ 1,832.51	\$ 1,951.94	\$ 1,837.46	\$ 1,839.45	\$ 1,959.42
South Central	HCBS Waiver	21+ Years, Male and Female	\$ 1,499.92	\$ 1,501.55	\$ 1,606.04	\$ 1,513.68	\$ 1,515.33	\$ 1,620.89
South Central	Chisholm Class Members	Chisholm, All Ages Male & Female	\$ 1,350.62	\$ 1,352.16	\$ 1,431.85	\$ 1,353.85	\$ 1,355.39	\$ 1,435.34
South Central	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	\$ 280.70	\$ 280.70	\$ 296.05	\$ 280.70	\$ 280.70	\$ 296.05
South Central	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 26.53	\$ 26.53	\$ 28.85	\$ 26.53	\$ 26.53	\$ 28.85
South Central	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	\$ 66.94	\$ 66.94	\$ 71.35	\$ 66.94	\$ 66.94	\$ 71.35
South Central	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	\$ 68.61	\$ 68.61	\$ 74.34	\$ 68.61	\$ 68.61	\$ 74.34
South Central	SBH - Other	SBH - Other, All Ages	\$ 177.02	\$ 177.02	\$ 188.96	\$ 177.02	\$ 177.02	\$ 188.96
South Central	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 10,315.38	\$ 10,315.38	\$ 10,859.48	\$ 10,315.44	\$ 10,315.44	\$ 10,859.55
South Central	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	\$ 3,964.27	\$ 3,964.27	\$ 4,071.37	\$ 3,964.27	\$ 3,964.27	\$ 4,071.37
South Central	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 26.53	\$ 26.53	\$ 28.85	\$ 26.53	\$ 26.53	\$ 28.85
South Central	Medicaid Expansion	SBH - Other	\$ 177.02	\$ 177.02	\$ 188.96	\$ 177.02	\$ 177.02	\$ 188.96
South Central	Medicaid Expansion	SBH - CCM, All Ages	\$ 280.70	\$ 280.70	\$ 296.05	\$ 280.70	\$ 280.70	\$ 296.05
South Central	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	\$ 10,315.38	\$ 10,315.38	\$ 10,859.48	\$ 10,315.44	\$ 10,315.44	\$ 10,859.55
South Central	Medicaid Expansion - EED Kick Payment	EED Kick Payment	\$ 3,964.27	\$ 3,964.27	\$ 4,071.37	\$ 3,964.27	\$ 3,964.27	\$ 4,071.37
North	SSI	Newborn, 0-2 Months	\$ 29,187.75	\$ 29,214.50	\$ 30,984.47	\$ 29,188.50	\$ 29,215.25	\$ 30,985.29
North	SSI	Newborn, 3-11 Months	\$ 5,622.90	\$ 5,628.24	\$ 5,977.53	\$ 5,640.08	\$ 5,645.45	\$ 5,996.11
North	SSI	Child, 1-20 Years	\$ 803.50	\$ 804.42	\$ 858.63	\$ 807.88	\$ 808.81	\$ 863.37
North	SSI	Adult, 21+ Years	\$ 1,221.52	\$ 1,222.82	\$ 1,305.56	\$ 1,235.86	\$ 1,237.18	\$ 1,321.05
North	Family and Children	Newborn, 0-2 Months	\$ 2,746.16	\$ 2,748.64	\$ 2,918.49	\$ 2,746.36	\$ 2,748.84	\$ 2,918.70
North	Family and Children	Newborn, 3-11 Months	\$ 279.30	\$ 279.59	\$ 296.83	\$ 280.61	\$ 280.90	\$ 298.19
North	Family and Children	Child, 1-20 Years	\$ 206.33	\$ 206.57	\$ 221.66	\$ 207.12	\$ 207.36	\$ 222.51
North	Family and Children	Adult, 21+ Years	\$ 370.43	\$ 370.83	\$ 396.58	\$ 373.48	\$ 373.88	\$ 399.87
North	Foster Care Children	Foster Care, All Ages Male & Female	\$ 565.15	\$ 565.81	\$ 607.97	\$ 567.61	\$ 568.27	\$ 610.62
North	Breast and Cervical Cancer	BCC, All Ages Female	\$ 2,280.88	\$ 2,283.26	\$ 2,419.74	\$ 2,292.05	\$ 2,294.44	\$ 2,431.76
North	LaCHIP Affordable Plan	All Ages	\$ 217.30	\$ 217.54	\$ 232.01	\$ 219.17	\$ 219.41	\$ 234.03
North	HCBS Waiver	20 & Under, Male and Female	\$ 1,876.63	\$ 1,878.67	\$ 1,998.27	\$ 1,883.56	\$ 1,885.61	\$ 2,005.75
North	HCBS Waiver	21+ Years, Male and Female	\$ 1,515.60	\$ 1,517.25	\$ 1,623.43	\$ 1,529.36	\$ 1,531.03	\$ 1,638.28
North	Chisholm Class Members	Chisholm, All Ages Male & Female	\$ 1,377.41	\$ 1,378.98	\$ 1,459.55	\$ 1,380.64	\$ 1,382.22	\$ 1,463.04
North	SBH - Chisholm Class Members	SBH - Chisholm, All Ages Male & Female	\$ 281.56	\$ 281.56	\$ 297.37	\$ 281.56	\$ 281.56	\$ 297.37
North	SBH - Duals & LaHIPP (Duals)	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 33.54	\$ 33.54	\$ 36.52	\$ 33.54	\$ 33.54	\$ 36.52
North	SBH - HCBS Waiver	SBH - 20 & Under, Male and Female	\$ 123.77	\$ 123.77	\$ 128.87	\$ 123.77	\$ 123.77	\$ 128.87
North	SBH - HCBS Waiver	SBH - 21+ Years, Male and Female	\$ 69.82	\$ 69.82	\$ 75.66	\$ 69.82	\$ 69.82	\$ 75.66
North	SBH - Other	SBH - Other, All Ages	\$ 176.21	\$ 176.21	\$ 187.88	\$ 176.21	\$ 176.21	\$ 187.88
North	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 11,563.95	\$ 11,563.95	\$ 12,115.11	\$ 11,563.96	\$ 11,563.96	\$ 12,115.12
North	Maternity Kickpayment - Early Elective Delivery	Early Elective Delivery	\$ 5,132.43	\$ 5,132.43	\$ 5,240.92	\$ 5,132.43	\$ 5,132.43	\$ 5,240.92
North	Medicaid Expansion	SBH - Dual Eligible & LaHIPP, All Ages (Duals)	\$ 33.54	\$ 33.54	\$ 36.52	\$ 33.54	\$ 33.54	\$ 36.52
North	Medicaid Expansion	SBH - Other	\$ 176.21	\$ 176.21	\$ 187.88	\$ 176.21	\$ 176.21	\$ 187.88
North	Medicaid Expansion	SBH - CCM, All Ages	\$ 281.56	\$ 281.56	\$ 297.37	\$ 281.56	\$ 281.56	\$ 297.37
North	Medicaid Expansion - Maternity Kick Payment	Maternity Kick Payment	\$ 11,563.95	\$ 11,563.95	\$ 12,115.11	\$ 11,563.96	\$ 11,563.96	\$ 12,115.12
North	Medicaid Expansion - EED Kick Payment	EED Kick Payment	\$ 5,132.43	\$ 5,132.43	\$ 5,240.92	\$ 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 not be reasonably attainable.