



## **Office of State Procurement Contract Certification of Approval**

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

**Reference Number:** 2000683488

**Amendment Number:** 9

**Vendor:** AMERIHEALTH CARITAS LA INC

**Description:** Managed Care Organizations 3.0

**Approved By:** PAMELA RICE

**Approval Date:** 02/19/2025 14:11:15

AMENDMENT TO  
AGREEMENT BETWEEN STATE OF LOUISIANA  
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 9

LAGOV#: 2000683488

LDH #:

Original Contract Amount

Original Contract Begin Date 01-01-2023

Original Contract End Date 12-31-2025

RFP Number: 3000017417

MVA

(Regional/ Program/  
Facility

Medical Vendor Administration

Bureau of Health Services Financing

AND

AmeriHealth Caritas Louisiana, Inc.

Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount:

Current Contract Term : 01/01/23-12/31/25

Attachment D8 - Rate Certification effective 7/1/2024

Change Contract To: If Changed, Maximum Amount:

If Changed, Contract Term: N/A

Attachment D8 - Rate Certification effective 7/1/2024  
Attachment D9 - Rate Amendment effective 7/1/2024

Justifications For Amendment:

This amendment is required to incorporate recent updates to fee schedules, including the increase in the reimbursement of specialized behavioral health substance use disorder services and the change in the treatment of other rural hospitals.

This Amendment Becomes Effective: 07-01-2024

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

AmeriHealth Caritas Louisiana, Inc.

DocuSigned by: 12/30/2024  
CONTRACTOR SIGNATURE DATE

PRINT NAME Kyle Viator

CONTRACTOR TITLE CEO

STATE OF LOUISIANA  
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

DocuSigned by: 12/30/2024  
SIGNATURE DATE

NAME Kimberly Sullivan

TITLE Medicaid Executive Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE DATE

NAME

MILLIMAN CLIENT REPORT

# SFY 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Amendment

State of Louisiana Department of Health

November 27, 2024

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

[Zach Fohl](#), FSA, MAAA, Senior Consulting Actuary

[Amine Elmeghni](#), FSA, MAAA, MSc, Consulting Actuary





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# 1. Background

## BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Louisiana, Department of Health (LDH) to provide actuarial and consulting services related to the development of capitation rates for the Physical Health (PH) and Specialized Behavioral Health (SBH) programs within the Healthy Louisiana managed care program. This report is an amendment to the capitation rates developed for state fiscal year (SFY) 2025. The previously certified capitation rates and documentation of their development were published in the following correspondence:

- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification*, dated June 21, 2024

We have updated the SFY 2025 capitation rates that were provided in the SFY 2025 certification to incorporate updated fee schedules, including the increase in the reimbursement of SBH SUD services, and the change in the treatment of other rural hospitals. The capitation rates in this amendment will be effective for the period July 2024 through June 2025. Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the original SFY 2025 certification. The required actuarial certification is in Appendix 1.

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

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

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

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 12 (Risk Classification (for all Practice Areas)); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); ASOP 56 (Modeling); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the CY 2021 managed care program rating period.
- The most recent Medicaid Managed Care Rate Development Guide published by CMS.

Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” is defined as in ASOP 49:

*“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”<sup>1</sup>*

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

## 2. Executive Summary

This report is an amendment to the capitation rate certification report developed for SFY 2025. The previously certified capitation rates were published in the following correspondence:

- *State Fiscal Year 2025 Healthy Louisiana Medicaid Managed Care Capitation Rate Certification, dated June 21, 2024*

We have updated the capitation rates that were provided in the amended certification report mentioned above to reflect the following items:

- Updated reimbursement for seven hospitals deemed as rural look-a-likes
- SBH fee schedule, including a 25% reimbursement increase for SUD services and a 50% reimbursement increase for SUD services provided to pregnant and post-partum women
- Inpatient hospital fee schedule
- Rural Health Clinic (RHC) fee schedules
- FQHC fee schedule

In addition, we reviewed the impact of the following items and have determined that they have an immaterial impact to the SFY 2025 Healthy Louisiana (HLA) program capitation rates.

- Laboratory and Radiology fee schedule update
- Immunization fee schedule updates
- Professional fee schedule update
- Expansion of mental health providers
- Coverage of various services such as brief emotional and behavioral assessment, transcranial magnetic stimulation, and disposable infusion pumps
- Vision fee schedule

Lastly, we have included updated documentation of the dialectical behavioral health (DBT) and licensed mental health professional and Evidence-Based Practice (LMHP/EBP) directed payments to align with preprint submissions that occurred after the original certification was completed. For the DBT directed payments, the value of the directed payment changed by approximately \$0.1 million relative to the original certification. This is reflected in Appendix 2 and 3.

Unless otherwise stated, the methodology and assumptions utilized are consistent with the capitation rate documentation included in the SFY 2025 certification.

### A. SUMMARY OF METHODOLOGY

The methodology used in developing this amendment to the certified SFY 2025 capitation rates is outlined below.

#### i. Step 1: Base experience

We used the projected claims data underlying the SFY 2025 capitation rates, as outlined in the SFY 2025 certification, as base experience for developing this capitation rate amendment. These projected claims costs are inclusive of all retrospective, prospective, trend, managed care efficiency, and other claims cost adjustments made to the data as outlined in the SFY 2025 certification.

#### ii. Step 2: Program change adjustments

We adjusted the projected claims costs from July 2024 through June 2025 to reflect other program and reimbursement changes that were not known at the time of the original certification or prior amendment. Multiplicative adjustment factors by rate cell, region, and detailed service category were developed for the changes. The resulting values establish the adjusted claim costs by rate cell for July 2024 through June 2025. Documentation about the development of the multiplicative adjustment factors is provided in Section 3 of this report. Multiplicative factors are used to reflect changes to existing covered services.

#### iii. Step 3: Issuance of actuarial certification

An actuarial certification is included in Appendix 1 and signed by Anders Larson, FSA, a Principal and Senior Consulting Actuary of Milliman. Mr. Larson meets the qualification standards established by the American Academy of Actuaries and follows the practice standards established by the Actuarial Standards Board, in order to certify that the final rates meet the standards in 42 CFR §438.4(a).

**B. FISCAL IMPACT ESTIMATE**

The amended capitation rates for the Medicaid managed care populations are illustrated in Figure 1. These rates are effective from July 1, 2024, through June 30, 2025. Figure 1 also provides a comparison to the original certified capitation rates for SFY 2025. The rates are inclusive of directed payments and Full Medicaid Pricing (FMP) amounts.

**FIGURE 1: COMPARISON WITH ORIGINAL SFY 2025 PMPM RATES**

POPULATION	ESTIMATED AVERAGE MONTHLY ENROLLMENT	COMPOSITE MCO EXPECTED PAYMENTS		
		ORIGINAL SFY 2025	AMENDED SFY 2025	% CHANGE
SSI	94,100	\$ 2,283.63	\$ 2,297.97	0.6%
F&C	769,300	409.96	410.51	0.1%
SBH	133,300	58.94	59.78	1.4%
Medicaid Expansion	575,500	821.29	829.01	0.9%
All Other Populations	28,900	1,340.44	1,343.02	0.2%
Maternity Kick – Expansion	1,200	23,371.83	23,591.39	0.9%
Maternity Kick – Non-Expansion	1,700	20,637.49	20,812.16	0.8%
<b>Composite</b>	<b>1,601,100</b>	<b>\$ 695.33</b>	<b>\$ 699.69</b>	<b>0.6%</b>

Notes:

1. Average monthly enrollment is rounded to the nearest hundred. Individual values are rounded and the composite row cannot be calculated precisely from the rounded values shown in this figure.
2. Amended SFY 2025 and Original SFY 2025 composite rates were developed based on the SFY 2025 projected monthly enrollment. The enrollment projection is unchanged in this amendment.
3. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.

Figure 2 compares the estimated federal and state expenditures under the original and the amended SFY 2025 rates. Revenue shown in Figure 2 includes state directed payment and FMP amounts.

**FIGURE 2: COMPARISON WITH ORIGINAL SFY 2025 RATES (AGGREGATE EXPENDITURES \$ MILLIONS)**

POPULATION	TOTAL MCO EXPECTED PAYMENTS		CHANGE
	ORIGINAL SFY 2025	AMENDED SFY 2025	
SSI	\$ 2,577.8	\$ 2,594.0	\$ 16.2
F&C	3,784.7	3,789.8	5.1
SBH	94.3	95.6	1.3
Medicaid Expansion	5,672.2	5,725.6	53.3
All Other Populations	466.1	467.0	0.9
Maternity Kick – Expansion	346.9	350.1	3.3
Maternity Kick – Non-Expansion	418.5	422.0	3.5
<b>Composite</b>	<b>\$ 13,360.5</b>	<b>\$ 13,444.1</b>	<b>\$ 83.6</b>
<b>Federal</b>	<b>\$ 10,406.6</b>	<b>\$ 10,475.9</b>	<b>\$ 69.3</b>
<b>State</b>	<b>\$ 2,953.9</b>	<b>\$ 2,968.2</b>	<b>\$ 14.3</b>

Notes:

1. Individual values are calculated using unrounded values. Therefore, the dollar amounts cannot be calculated precisely from the rounded values shown in Figure 1.
2. Amended SFY 2025 and Original SFY 2025 composite rates were developed based on the SFY 2025 projected monthly enrollment. The enrollment projection is unchanged in this amendment.
3. State expenditures based on Federal Fiscal Year (FFY) 2024 FMAP of 67.67% for 3 months and FFY 2025 FMAP of 68.06% for 9 months for all except the Expansion population.
4. State expenditures based on FMAP of 90% for the Expansion population.
5. All Other Populations includes HCBS, Act 421, Foster Care Children, Breast and Cervical Cancer, LaHIPP Affordable Plan, and non-SBH Chisholm Class Members rate cells.



### 3. Program change adjustments

This section describes program and reimbursement changes that became effective during the rate period that were not known at the time of the original SFY 2025 certification. The impact on the total capitation rate by rate cell can be found in Appendix 3.

Figure 3 lists program and reimbursement changes that occurred since the beginning of the base experience period used in rate development. Figure 3 includes the program change, effective date of the change, as well as the percentage impact to the SFY 2025 benefit expenses by population.

**FIGURE 3: PROGRAM CHANGE ADJUSTMENTS**

INDEX	PROGRAM CHANGE	EFFECTIVE DATE	SSI	F&C	% IMPACT BY POPULATION				
					SBH	EXPANSION	OTHER	KICK - EXP	KICK - NON-EXP
3.a	Inpatient (Fee Schedule Update)	7/1/2024	0.4%	(0.2%)	0.0%	0.2%	0.1%	0.4%	0.4%
3.b	RHC Fee Schedule Updates	7/1/2024	(0.0%)	(0.0%)	0.0%	(0.0%)	(0.0%)	0.0%	0.0%
3.c	FQHC (Fee Schedule Update)	7/1/2024	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
3.d	Rural Look-a-Like Change	9/17/2024	0.4%	0.3%	0.1%	0.4%	0.1%	2.0%	1.9%
3.e	SBH (Fee Schedule Update)	10/1/2024	0.2%	0.1%	1.7%	0.6%	0.0%	0.0%	0.0%

\*The SBH fee schedule has been updated with three effective dates since the original SFY 2025 rate certification: August 1, October 1, and December 1, 2024.

#### 3.a. Inpatient Hospital (Fee Schedule Update)

Inpatient per diem rates for certain hospitals are set as a percentage of cost and are updated annually to reflect changes in costs over time. At the time the original certification was completed, the per diem rates for SFY 2025 were not yet published, and therefore we applied an estimated inflationary factor for these hospitals as part of our rate development. In this amendment, we are reflecting the published per diem rates for these hospitals, which differed from our estimates.

To model these reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two reimbursement levels:

1. Using the estimated per diem rates in the original rate certification.
2. Using the published per diem rates effective on July 1, 2024.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the reimbursement levels.

#### 3.b. RHC (Fee Schedule Update)

Rural health clinic (RHC) encounter rates are updated annually to reflect changes in RHC costs over time. At the time the original certification was completed, encounter rates for SFY 2025 were not yet published, and therefore we applied an estimated inflationary factor for these hospitals as part of our rate development. In this amendment, we are reflecting the published encounter rates for these hospitals, which differed from our estimates.

To model these reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two reimbursement levels:

1. Using the estimated encounter rates in the original rate certification.
2. Using the published encounter rates effective on July 1, 2024.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the reimbursement levels.

### 3.c. FQHC (Fee Schedule Update)

Federally qualified health center (FQHC) encounter rates are updated annually to reflect changes in FQHC costs over time. At the time the original certification was completed, encounter rates for SFY 2025 were not yet published, and therefore we applied an estimated inflationary factor for these hospitals as part of our rate development. In this amendment, we are reflecting the published encounter rates for these hospitals, which differed from our estimates.

To model these reimbursement changes, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under two reimbursement levels:

1. Using the estimated encounter rates in the original rate certification.
2. Using the published encounter rates effective on July 1, 2024.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the reimbursement levels.

### 3.d. Rural Look-a-like change

Effective September 17, 2024, LDH updated the reimbursement for a set of seven other rural hospitals to be more in line with rural hospital reimbursement levels. The criteria to qualify as an 'other rural' hospital include being located in a city with a population of less than 20,000, and having no more than 60 licensed beds. This rule change is applicable to both inpatient and outpatient facilities. Inpatient hospitals that are deemed as other rural are to be reimbursed 85% of the small rural hospital per diem rate, across all service categories. Outpatient hospitals are to be reimbursed 95% of allowable Medicaid cost as calculated through the cost report settlement process. To estimate the impact of this adjustment, we summarized the inpatient and outpatient hospital expenditures during July 1, 2022, through June 30, 2023 (SFY 2023), which represented the base data time period for SFY 2025 capitation rates. Claims with non-zero third-party liability amounts were excluded.

The seven hospitals determined to meet the criteria are:

- Acadian Medical Center
- Mercy Regional Medical Center
- Minden Medical Center
- North Louisiana Medical Center
- Ochsner St. Mary
- Our Lady of the Angels
- Savoy Medical

We repriced inpatient hospital claims by comparing the per-diem rates effective during the base data period to the proposed rates of 85% of small rural per-diems. This resulted in an estimated increase in SFY 2025 benefit expense, prorated for the effective period, of approximately \$14 million.

For outpatient claims associated with the seven hospitals, we repriced SFY 2023 claims by comparing the cost-to-charge ratio (CCR) effective in the base data period to the projected ratios for SFY 2025. This resulted in an estimated increase in SFY 2025 benefit expense, prorated for the effective period, of approximately \$19 million.

This adjustment is reflected in the Inpatient Hospital and the Outpatient Hospital service categories of the prospective cost models.

### 3.e. SBH (Fee Schedule Updates)

LDH updated the specialized behavioral health (SBH) fee schedule various times since the SFY 2025 capitation rates were developed for the following items:

- Effective August 1, 2024, the SBH fee schedule was updated with minor reimbursement increases.
- Effective October 1, 2024, to increase substance use disorder (SUD) reimbursement. This change in reimbursement is a temporary 25% increase for residential and outpatient SUD services on the SBH fee schedule, in effect for service dates between October 1, 2024, through June 30, 2025.
- Effective December 1, 2024, to increase SUD reimbursement for pregnant and post-partum women. This change in reimbursement is a temporary 50% increase for SUD services for pregnant and post-partum women on the SBH fee schedule, in effect for service dates between December 1, 2024, through June 30, 2025.

To model this reimbursement change, we developed multiplicative adjustment factors by repricing all applicable claims in our base experience under the following fee schedule time periods:

1. Using the fee schedule effective January 1, 2024, which was incorporated in the original SFY 2025 rates.
2. Using the fee schedule effective August 1, 2024.
3. Using the fee schedule effective October 1, 2024.
4. Using an estimated impact of the temporary fee schedule increase effective December 1, 2024.

Multiplicative adjustment factors were developed by measuring the change in repriced amounts between the fee schedule effective dates. The final adjustment was based on actual experience, actuarial judgement, and discussions with LDH. The net adjustment, prorated for the temporary effective dates outlined above, increases projected expenditures by approximately \$31 million.

This adjustment is reflected in the Other SBH service category of the prospective cost models.

#### Program changes deemed immaterial to benefit expenses in the rate period

We define a program or policy adjustment to be “material” if the total benefit expense for any individual rate cell is impacted by more than 0.10% and the effects are not fully reflected in the base experience.

All policy changes provided to us by LDH were analyzed for their effect on the Medicaid managed care program. Program adjustments that were made in this SFY 2025 rate amendment had policy or reimbursement changes that were deemed to have a material cost impact to the MCOs. Adjustment factors that did not meet this minimum threshold criteria were deemed immaterial and were not applied to the base experience. The following is a list of program adjustments deemed immaterial based on our review of the experience data and policy change.

- *Laboratory and Radiology (Fee Schedule Update)*. The laboratory and radiology fee schedule was updated on July 1, 2024. Based on our review, we determined that an adjustment to the base data was not required.
- *Immunization (Fee Schedule Update)*. The Adult, Young Adult, and Children/Adolescents Immunization fee schedules were updated on August 1, 2024. Based on our review, we determined that an adjustment to the base data was not required.
- *Professional Services (Fee Schedule Update)*. The professional fee schedule was updated on August 12, 2024. Based on our review, we determined that an adjustment to the base data was not required.
- *Expansion of mental health providers*. Louisiana’s State Plan Amendment was updated to expand mental health professionals to include provisionally licensed professional counselors (PLPC), provisionally licensed marriage and family therapists (PLMFT), and licensed master social workers (LMSW) effective August 1, 2024.
- *Coverage of various services*. Coverage of the following services were added to the Healthy Louisiana program during SFY 2025: brief emotional and behavioral assessment, transcranial magnetic stimulation, and disposable infusion pumps
- *Vision (Fee Schedule Update)*. The vision fee schedule was updated on September 1, 2024. Based on our review, we determined that an adjustment to the base data was not required.

## 4. State Directed Payment clarifications

This section provides documentation of preprints for certain state directed payments that were submitted after the original certification was completed. These directed payments were included in the original certification but did not reflect the final preprint submissions. Other state directed payments described in the original certification have not changed.

### Affected Directed Payments

The two directed payments and their control names are listed below:

- **LA\_Fee\_BHO\_Renewal\_20240701-20250630**

The LMHP/EBP Directed Payment will be made from LDH to the MCOs as a one-time payment to each MCO, based on the number of EBP providers recruited into the network and the number of EBP providers retained for at least six months. There are separate payment amounts for each of the measures. Additionally, LMHPs will receive a uniform percentage increase for all services. The total amount of the directed payment was estimated based on the anticipated number of qualifying providers who will participate and/or be retained in the MCOs' networks.

- **LA\_Fee\_BHO3\_Renewal\_20240701-20250630**

LMHPs that are certified to provide DBT services will be paid an add-on for each DBT service provided. The add-ons are structured so that the total reimbursement per visit will be \$200.00 for individual therapy and \$177.68 per member for group therapy.

### Documentation of Preprint Submissions

Below we have included two tables of information for each of these directed payments, consistent with requirements in the Medicaid Managed Care Rate Development Guide. The directed payments, as described in this rate amendment, are consistent with 438.6(c) preprints submitted to CMS.

**FIGURE 4: SUMMARY OF DIRECTED PAYMENTS INCLUDED IN CERTIFICATION**

CONTROL NAME OF THE STATE DIRECTED PAYMENT	TYPE OF PAYMENT	BRIEF DESCRIPTION	IS THE PAYMENT INCLUDED AS A RATE ADJUSTMENT OR SEPARATE PAYMENT TERM?
LA_Fee_BHO_Renewal_20240701-20250630	Add-on based on utilization	Add-on paid to LMHPs and EBP-certified practitioners based on participation and retention in MCO networks	Separate payment term
LA_Fee_BHO3_Renewal_20240701-20250630	Add-on based on utilization	Add-on paid to LMHPs for each DBT service provided	Separate payment term

**FIGURE 5: DIRECTED PAYMENTS INCORPORATED AS SEPARATE PAYMENT TERMS**

CONTROL NAME OF THE STATE DIRECTED PAYMENT	AGGREGATE AMOUNT INCLUDED IN THE CERTIFICATION <sup>1</sup>	STATEMENT THE ACTUARY IS CERTIFYING THE SEPARATE PAYMENT TERM	MAGNITUDE ON A PMPM BASIS	CONFIRMATION THE RATES ARE CONSISTENT WITH PREPRINT	CONFIRMATION THE ACTUARY WILL SUBMIT REQUIRED DOCUMENTATION AT END OF RATING PERIOD
LA_Fee_BHO_Renewal_20240701-20250630	\$ 18.4 million	Yes	\$0.96	Yes	Yes
LA_Fee_BHO3_Renewal_20240701-20250630	\$ 3.3 million	Yes	\$0.17	Yes	Yes

Notes:

1. Values shown are net of premium tax.

## Limitations

The services provided for this project were performed under the contract between Milliman and LDH.

The information contained in this report has been prepared for the State of Louisiana, Department of Health (LDH) and their consultants and advisors to provide documentation of the development of the amended SFY 2025 actuarially sound capitation rates for the populations served under the Healthy Louisiana Medicaid managed care program. The data and information presented may not be appropriate for any other purpose.

It is our understanding that the information contained in this report will be shared with CMS and may be utilized in a public document. Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for LDH by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to develop amended actuarially sound capitation rates for the SFY 2025 rating period. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by LDH for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

Milliman's data and information reliance includes eligibility and FFS claims and encounter data, MCO-reported financial experience, as well as information related to LDH's eligibility system and assignment of enrollees to rate cells. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Although the capitation rates have been certified as actuarially sound, the capitation rates may not be appropriate for any individual MCO. Results will differ if actual experience is different from the assumptions contained in the capitation rate setting documentation. LDH and Milliman provide no guarantee, either written or implied, that the data and information is 100% accurate or error free.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Results will differ if actual experience is different from the assumptions contained in this report.

We acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that will occur during the rating period. The assumptions documented in this certification report reflect information known to us at the time of this report. We acknowledge that the resumption of redeterminations and enrollment unwinding period could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this rate certification.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report who are actuaries are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

## **APPENDIX 1: ACTUARIAL CERTIFICATION**

**State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
Amended SFY 2025 Capitation Rates  
Actuarial Certification**

I, Anders Larson, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Louisiana Department of Health to perform an actuarial review and certification regarding the development of capitation rates for the Healthy Louisiana Medicaid managed care program effective July 1, 2024. I am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

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

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

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:

*"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."*

The assumptions used in the development of the "actuarially sound" capitation rates have been documented in my correspondence with the State of Louisiana. The "actuarially sound" capitation rates that are associated with this certification reflect an amendment to the state fiscal year 2025 capitation rates, originally certified on June 21, 2024.

The "actuarially sound" capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the "actuarially sound" capitation rates, I have relied upon data and information provided by the State and MCOs. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

I acknowledge that LDH may elect to amend the capitation rates in accordance with 42 CFR 438.7(c)(3), which indicates that a capitation rate certification is not required for adjustments that increase or decrease capitation rates by 1.5% or less. The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the "actuarially sound" capitation rates that are associated with this certification.

I acknowledge the unique nature of the COVID-19 Public Health Emergency and the anticipated resumption of redeterminations and terminations of coverage that will occur during the rating period. The assumptions documented in this certification report reflect information known to us at the time of this report. I acknowledge that the resumption of redeterminations and enrollment unwinding period could have a material impact on utilization, acuity, Medicaid enrollment, service delivery, and other factors related to the capitation rates illustrated in this rate certification.

 Electronic  
Signature

Anders Larson, FSA  
Member, American Academy of Actuaries

11/27/2024  
Date

## **APPENDIX 2: RATE DEVELOPMENT (PROVIDED IN EXCEL)**



## **APPENDIX 3: RATE CHANGE SUMMARIES (PROVIDED IN EXCEL)**

## **APPENDIX 4: PROSPECTIVE COST MODELS (PROVIDED IN EXCEL)**



Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Rate Change Summary													
Region: Statewide	Projected Exposure	Base Benefit Expense	IP Outlier Pool	Drug Pool Reversal	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	Amended SFY 2025 Limited Rate	Initial SFY 2025 Limited Rate Total	% Change
F&C													
F&C - 0-2 Months	122,148	\$ 2,169.40	\$ 106.81	\$ (34.03)	\$ 37.66	\$ 2,279.83	\$ 188.05	\$ 45.39	\$ 38.27	\$ 148.50	\$ 2,700.05	\$ 2,744.78	(1.6%)
F&C - 3-11 Months	384,660	303.03	6.32	-	-	309.35	25.02	6.04	5.18	20.11	365.71	365.17	0.1%
F&C - Child 1-20 Years	7,769,908	173.64	0.22	-	2.05	175.91	14.20	3.43	2.95	11.44	207.92	207.23	0.3%
F&C - Adult 21+ Years	955,252	448.65	-	-	-	448.65	35.95	8.68	7.51	29.15	529.93	524.71	1.0%
Subtotal F&C	9,231,968	\$ 233.90	\$ 1.86	\$ (0.45)	\$ 2.22	\$ 237.53	\$ 192.20	\$ 4.63	\$ 3.98	\$ 15.44	\$ 280.79	\$ 280.23	0.2%
SSI													
SSI - 0-2 Months	456	\$ 28,941.69	\$ 1,301.88	\$ 0.00	\$ 0.00	\$ 30,243.57	\$ 1,849.12	\$ 504.31	\$ 496.40	\$ 1,926.07	\$ 35,019.47	\$ 35,577.17	(1.6%)
SSI - 3-11 Months	4,260	7,458.61	303.82	-	-	7,762.43	467.23	127.43	127.27	493.80	8,978.16	8,989.61	(0.1%)
SSI - Child 1-20 Years	347,108	789.75	2.78	-	27.08	819.61	49.15	13.41	13.43	52.13	947.73	945.72	0.2%
SSI - Adult 21+ Years	776,988	1,604.63	-	-	6.82	1,611.45	95.72	26.11	26.40	102.41	1,862.09	1,841.72	1.1%
Subtotal SSI	1,128,812	\$ 1,387.19	\$ 2.53	\$ 0.00	\$ 13.02	\$ 1,402.74	\$ 83.51	\$ 22.78	\$ 22.98	\$ 89.16	\$ 1,621.17	\$ 1,606.80	0.9%
HCBS													
HCBS - Child 1-20 Years	21,648	\$ 3,113.06	\$ 6.37	\$ 0.00	\$ 138.58	\$ 3,258.01	\$ 214.57	\$ 53.64	\$ 53.70	\$ 208.36	\$ 3,788.27	\$ 3,784.31	0.1%
HCBS - Adult 21+ Years	34,584	1,703.12	-	-	-	1,703.12	111.73	27.93	28.06	108.89	1,979.73	1,970.59	0.5%
Subtotal HCBS	56,232	\$ 2,245.91	\$ 2.45	\$ 0.00	\$ 53.35	\$ 2,301.71	\$ 151.32	\$ 37.83	\$ 37.93	\$ 147.18	\$ 2,675.98	\$ 2,668.83	0.3%
SBH													
SBH - HCBS - Child 1-20 Years	15,708	\$ 248.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 248.05	\$ 34.79	\$ 8.88	\$ 4.44	\$ 17.24	\$ 313.40	\$ 313.32	0.0%
SBH - HCBS - Adult 21+ Years	32,736	104.83	-	-	-	104.83	14.63	3.74	1.88	7.28	132.35	131.75	0.5%
SBH - LaHIPP, All Ages	6,420	9.70	-	-	-	9.70	1.36	0.35	0.17	0.67	12.25	12.25	(0.0%)
SBH - CCM, All Ages	17,088	211.25	-	-	-	211.25	29.55	7.54	3.78	14.67	266.80	266.14	0.2%
SBH - Dual Eligible, All Ages	1,495,859	36.00	-	-	-	36.00	4.94	1.26	0.64	2.49	45.34	44.51	1.9%
SBH - Other - All Ages	31,656	211.55	-	-	-	211.55	29.44	7.52	3.78	14.68	266.97	265.11	0.7%
Subtotal SBH	1,599,467	\$ 44.74	\$ 0.00	\$ 0.00	\$ 0.00	\$ 44.74	\$ 6.17	\$ 1.57	\$ 0.80	\$ 3.10	\$ 56.38	\$ 55.54	1.5%
Other Populations													
Other Populations - FCC, All Ages Male & Female	175,932	\$ 418.37	\$ 0.62	\$ 0.00	\$ 0.00	\$ 419.00	\$ 27.49	\$ 6.87	\$ 6.90	\$ 26.79	\$ 487.06	\$ 484.89	0.4%
Other Populations - BCC, All Ages	3,588	2,525.14	-	-	-	2,525.14	166.15	41.54	41.62	161.48	2,935.92	2,930.28	0.2%
Other Populations - LAP, All Ages	26,028	162.89	17.74	-	-	180.63	11.89	2.97	2.98	11.55	210.01	209.63	0.2%
Other Populations - CCM, All Ages	60,108	1,368.36	1.72	-	-	1,370.08	90.21	22.55	22.58	87.62	1,593.05	1,591.04	0.1%
Subtotal Other Populations	265,656	\$ 636.75	\$ 2.54	\$ 0.00	\$ 0.00	\$ 638.29	\$ 42.03	\$ 10.51	\$ 10.54	\$ 40.88	\$ 743.23	\$ 741.23	0.3%
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 268.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 268.84	\$ 17.70	\$ 4.43	\$ 4.43	\$ 17.19	\$ 312.58	\$ 312.17	0.1%
Act 421 - LaHIPP TPL - 3-11 Months	4	19.58	-	-	-	19.58	1.29	0.32	0.32	1.25	22.76	22.76	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	4	178.53	-	-	-	178.53	11.71	2.93	2.94	11.41	207.53	206.55	0.5%
Subtotal Act 421 - LaHIPP TPL	12	\$ 155.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 155.65	\$ 10.23	\$ 2.56	\$ 2.57	\$ 9.95	\$ 180.96	\$ 180.50	0.3%
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	97	\$ 10,808.00	\$ 41.63	\$ 0.00	\$ 0.00	\$ 10,849.62	\$ 727.63	\$ 181.91	\$ 179.07	\$ 694.82	\$ 12,633.05	\$ 12,832.96	(1.6%)
Act 421 - Non-TPL - 3-11 Months	360	2,914.74	34.51	-	-	2,949.25	194.70	48.68	48.62	188.64	3,429.89	3,433.93	(0.1%)
Act 421 - Non-TPL - Child 1-18 Years	14,042	738.22	1.74	-	-	739.97	48.79	12.20	12.20	47.33	860.48	860.58	(0.0%)
Subtotal Act 421 - Non-TPL	14,499	\$ 859.63	\$ 2.82	\$ 0.00	\$ 0.00	\$ 862.46	\$ 56.96	\$ 14.24	\$ 14.22	\$ 55.17	\$ 1,003.04	\$ 1,004.57	(0.2%)
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	62	\$ 3,252.94	\$ 0.76	\$ 0.00	\$ 0.00	\$ 3,253.70	\$ 218.18	\$ 54.55	\$ 53.70	\$ 208.37	\$ 3,788.50	\$ 3,848.03	(1.5%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	588	980.54	0.17	-	-	980.71	64.73	16.18	16.17	62.73	1,140.52	1,141.67	(0.1%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	10,694	377.92	0.08	-	-	378.00	24.92	6.23	6.23	24.18	439.56	439.50	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	11,344	\$ 424.87	\$ 0.09	\$ 0.00	\$ 0.00	\$ 424.96	\$ 28.04	\$ 7.01	\$ 7.01	\$ 27.18	\$ 494.19	\$ 494.52	(0.1%)
Medicaid Expansion													
Medicaid Expansion - Age 19-64	6,835,256	\$ 571.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 571.12	\$ 37.18	\$ 9.29	\$ 9.40	\$ 36.49	\$ 663.49	\$ 655.70	1.2%
Medicaid Expansion - High Needs	1,536	2,261.72	-	-	-	2,261.72	147.01	36.75	37.24	144.50	2,627.23	2,592.83	1.3%
Medicaid Expansion - SBH - CCM, All Ages	732	42.88	-	-	-	42.88	2.79	0.70	0.71	2.74	49.81	49.12	1.4%
Medicaid Expansion - SBH - Dual Eligible, All Ages	65,172	19.00	-	-	-	19.00	1.19	0.30	0.31	1.21	22.01	20.93	5.1%
Medicaid Expansion - SBH - LaHIPP, All Ages	3,444	3.44	-	-	-	3.44	0.23	0.06	0.06	0.22	4.00	4.00	0.0%
Medicaid Expansion - SBH - Other	372	46.75	-	-	-	46.75	3.08	0.77	0.77	2.99	54.36	54.36	0.0%
Subtotal Medicaid Expansion	6,906,512	\$ 565.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 565.92	\$ 36.84	\$ 9.21	\$ 9.32	\$ 36.16	\$ 657.45	\$ 649.71	1.2%
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	14,837	\$ 8,542.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,542.10	\$ 241.35	\$ 65.82	\$ 134.76	\$ 522.88	\$ 9,506.92	\$ 9,287.33	2.4%
Medicaid Expansion - Kick - EED Kick Payment	4	3,656.55	-	-	-	3,656.55	103.13	28.13	57.68	223.81	4,069.30	3,968.31	2.5%
Subtotal Medicaid Expansion - Kick	14,841	\$ 8,540.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,540.79	\$ 241.32	\$ 65.81	\$ 134.74	\$ 522.80	\$ 9,505.46	\$ 9,285.90	2.4%
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	20,273	\$ 7,247.75	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,247.75	\$ 205.10	\$ 55.94	\$ 114.35	\$ 443.67	\$ 8,066.80	\$ 7,892.11	2.2%
Non-Expansion - Kick - EED Kick Payment	4	2,764.48	-	-	-	2,764.48	78.05	21.29	43.61	169.22	3,076.64	3,003.46	2.4%
Subtotal Non-Expansion - Kick	20,277	\$ 7,246.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,246.86	\$ 205.07	\$ 55.93	\$ 114.33	\$ 443.62	\$ 8,065.82	\$ 7,891.15	2.2%
Total	19,214,502	\$ 431.53	\$ 1.09	\$ (0.22)	\$ 1.99	\$ 434.39	\$ 29.37	\$ 7.39	\$ 7.17	\$ 27.84	\$ 506.17	\$ 501.81	0.9%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Rate Change Summary													
Region: Capital	Projected Exposure	Base Benefit Expense	IP Outlier Pool	Drug Pool Reversal	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	Amended SFY 2025 Limited Rate	Initial SFY 2025 Limited Rate Total	% Change
F&C													
F&C - 0-2 Months	32,628	\$ 2,281.46	\$ 116.94	\$ (72.01)	\$ 37.66	\$ 2,364.05	\$ 193.16	\$ 46.63	\$ 39.65	\$ 153.85	\$ 2,797.34	\$ 2,819.37	(0.8%)
F&C - 3-11 Months	100,428	286.40	6.79	-	-	293.19	23.56	5.69	4.91	19.05	346.40	343.91	0.7%
F&C - Child 1-20 Years	2,029,521	172.62	0.25	-	2.05	174.92	14.09	3.40	2.93	11.37	206.71	205.67	0.5%
F&C - Adult 21+ Years	245,857	464.59	-	-	-	464.59	37.26	8.99	7.78	30.18	548.81	543.83	0.9%
Subtotal F&C	2,408,434	\$ 235.74	\$ 2.08	\$ (0.98)	\$ 2.23	\$ 239.08	\$ 19.28	\$ 4.65	\$ 4.01	\$ 15.54	\$ 282.55	\$ 281.36	0.4%
SSI													
SSI - 0-2 Months	120	\$ 21,360.23	\$ 1,117.45	\$ 0.00	\$ 0.00	\$ 22,477.68	\$ 1,361.04	\$ 371.19	\$ 368.68	\$ 1,430.50	\$ 26,009.10	\$ 26,186.43	(0.7%)
SSI - 3-11 Months	1,164	4,470.20	132.12	-	-	4,602.32	292.80	75.65	75.46	5,323.59	5,336.62	5,336.62	(0.2%)
SSI - Child 1-20 Years	81,509	864.48	2.31	-	27.08	893.87	53.46	14.58	14.65	56.84	1,033.41	1,028.67	0.5%
SSI - Adult 21+ Years	165,063	1,743.56	-	-	6.82	1,750.38	103.92	28.34	28.67	111.24	2,022.55	1,999.42	1.2%
Subtotal SSI	247,856	\$ 1,476.77	\$ 1.92	\$ 0.00	\$ 13.45	\$ 1,492.14	\$ 88.75	\$ 24.20	\$ 24.44	\$ 94.84	\$ 1,724.38	\$ 1,707.57	1.0%
HCBS													
HCBS - Child 1-20 Years	6,994	\$ 3,616.35	\$ 4.75	\$ 0.00	\$ 138.58	\$ 3,759.68	\$ 247.24	\$ 61.81	\$ 61.96	\$ 240.41	\$ 4,371.10	\$ 4,360.41	0.2%
HCBS - Adult 21+ Years	9,144	1,748.03	-	-	-	1,748.03	114.43	28.61	28.80	111.74	2,031.61	2,018.21	0.7%
Subtotal HCBS	16,128	\$ 2,557.08	\$ 2.06	\$ 0.00	\$ 60.01	\$ 2,619.15	\$ 171.94	\$ 42.99	\$ 43.16	\$ 167.46	\$ 3,044.69	\$ 3,032.47	0.4%
SBH													
SBH - HCBS - Child 1-20 Years	5,352	\$ 196.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 196.87	\$ 27.59	\$ 7.04	\$ 3.53	\$ 13.68	\$ 248.71	\$ 248.47	0.1%
SBH - HCBS - Adult 21+ Years	8,976	126.09	-	-	-	126.09	17.46	4.46	2.25	8.75	159.01	157.28	1.1%
SBH - LaHIPP, All Ages	2,652	5.17	-	-	-	5.17	0.73	0.19	0.09	0.36	6.53	6.53	(0.0%)
SBH - CCM, All Ages	4,464	193.96	-	-	-	193.96	27.09	6.92	3.47	13.47	244.91	243.99	0.4%
SBH - Dual Eligible, All Ages	346,376	32.36	-	-	-	32.36	4.42	1.13	0.58	2.24	40.72	39.79	2.3%
SBH - Other - All Ages	8,124	181.77	-	-	-	181.77	25.39	6.48	3.25	12.62	229.52	228.63	0.4%
Subtotal SBH	375,944	\$ 41.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 41.90	\$ 5.76	\$ 1.47	\$ 0.75	\$ 2.90	\$ 52.77	\$ 51.84	1.8%
Other Populations													
Other Populations - FCC, All Ages Male & Female	50,244	\$ 437.11	\$ 0.47	\$ 0.00	\$ 0.00	\$ 437.58	\$ 28.64	\$ 7.16	\$ 7.21	\$ 27.97	\$ 508.56	\$ 505.14	0.7%
Other Populations - BCC, All Ages	1,272	2,805.11	-	-	-	2,805.11	184.59	46.15	46.23	179.38	3,261.46	3,255.62	0.2%
Other Populations - LAP, All Ages	7,908	152.75	58.16	-	-	210.91	13.88	3.47	3.48	13.49	245.23	244.89	0.1%
Other Populations - CCM, All Ages	13,404	1,498.36	2.10	-	-	1,500.46	98.50	24.63	24.72	95.93	1,744.25	1,737.28	0.4%
Subtotal Other Populations	72,828	\$ 642.92	\$ 7.02	\$ 0.00	\$ 0.00	\$ 649.94	\$ 42.62	\$ 10.66	\$ 10.71	\$ 41.55	\$ 755.48	\$ 751.70	0.5%
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 206.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 206.22	\$ 13.46	\$ 3.37	\$ 3.40	\$ 13.18	\$ 239.62	\$ 237.40	0.9%
Act 421 - LaHIPP TPL - 3-11 Months	1	11.68	-	-	-	11.68	0.77	0.19	0.19	0.75	13.58	13.60	(0.1%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	194.95	-	-	-	194.95	12.75	3.19	3.21	12.46	226.56	224.94	0.7%
Subtotal Act 421 - LaHIPP TPL	3	\$ 137.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 137.62	\$ 9.00	\$ 2.25	\$ 2.27	\$ 8.80	\$ 159.92	\$ 158.64	0.8%
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	48	\$ 8,272.30	\$ 84.12	\$ 0.00	\$ 0.00	\$ 8,356.42	\$ 555.19	\$ 138.80	\$ 137.82	\$ 534.76	\$ 9,722.99	\$ 9,791.67	(0.7%)
Act 421 - Non-TPL - 3-11 Months	108	1,731.20	2.67	-	-	1,733.87	114.63	28.66	28.59	110.92	2,016.66	2,021.70	(0.2%)
Act 421 - Non-TPL - Child 1-18 Years	4,899	744.63	5.00	-	-	749.63	49.42	12.36	12.36	47.94	871.71	871.64	0.0%
Subtotal Act 421 - Non-TPL	5,055	\$ 837.19	\$ 5.70	\$ 0.00	\$ 0.00	\$ 842.89	\$ 55.62	\$ 13.90	\$ 13.89	\$ 53.91	\$ 980.22	\$ 980.91	(0.1%)
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	48	\$ 2,775.59	\$ 0.98	\$ 0.00	\$ 0.00	\$ 2,776.57	\$ 184.48	\$ 46.12	\$ 45.79	\$ 177.69	\$ 3,230.65	\$ 3,253.70	(0.7%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	228	628.65	0.44	-	-	629.09	41.59	10.40	10.37	40.24	731.69	733.52	(0.2%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,990	303.69	0.18	-	-	303.87	20.03	5.01	5.01	19.43	353.35	353.22	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	4,266	\$ 348.87	\$ 0.21	\$ 0.00	\$ 0.00	\$ 349.08	\$ 23.03	\$ 5.76	\$ 5.75	\$ 22.33	\$ 405.95	\$ 406.18	(0.1%)
Medicaid Expansion													
Medicaid Expansion - Age 19-64	1,723,232	\$ 602.64	\$ 0.00	\$ 0.00	\$ 0.00	\$ 602.64	\$ 39.19	\$ 9.80	\$ 9.92	\$ 38.50	\$ 700.06	\$ 691.26	1.3%
Medicaid Expansion - High Needs	466	2,564.79	-	-	-	2,564.79	168.17	42.04	42.26	163.97	2,981.23	2,966.02	0.5%
Medicaid Expansion - SBH - CCM, All Ages	108	62.55	-	-	-	62.55	4.12	1.03	1.03	4.00	72.74	72.74	0.0%
Medicaid Expansion - SBH - Dual Eligible, All Ages	15,229	18.15	-	-	-	18.15	1.12	0.28	0.30	1.16	21.01	19.80	6.1%
Medicaid Expansion - SBH - LaHIPP, All Ages	1,380	1.52	-	-	-	1.52	0.10	0.03	0.03	0.10	1.77	1.77	(0.0%)
Medicaid Expansion - SBH - Other	132	-	-	-	-	-	-	-	-	-	-	-	0.0%
Subtotal Medicaid Expansion	1,740,537	\$ 597.48	\$ 0.00	\$ 0.00	\$ 0.00	\$ 597.48	\$ 38.86	\$ 9.71	\$ 9.84	\$ 38.17	\$ 694.07	\$ 685.34	1.3%
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	3,958	\$ 8,324.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,324.07	\$ 238.51	\$ 65.05	\$ 131.39	\$ 509.78	\$ 9,268.79	\$ 9,177.70	1.0%
Medicaid Expansion - Kick - EED Kick Payment	1	3,525.68	-	-	-	3,525.68	101.02	27.55	55.65	215.92	3,823.82	3,887.23	1.8%
Subtotal Medicaid Expansion - Kick	3,959	\$ 8,322.86	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,322.86	\$ 238.47	\$ 65.04	\$ 131.37	\$ 509.71	\$ 9,267.44	\$ 9,176.36	1.0%
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	5,459	\$ 6,837.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,837.35	\$ 195.87	\$ 53.42	\$ 107.92	\$ 418.73	\$ 7,613.29	\$ 7,537.22	1.0%
Non-Expansion - Kick - EED Kick Payment	1	2,573.39	-	-	-	2,573.39	73.72	20.11	40.62	157.60	2,865.44	2,836.81	1.0%
Subtotal Non-Expansion - Kick	5,460	\$ 6,836.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,836.57	\$ 195.85	\$ 53.41	\$ 107.91	\$ 418.68	\$ 7,612.42	\$ 7,536.36	1.0%
Total	4,871,051	\$ 442.11	\$ 1.25	\$ (0.48)	\$ 1.99	\$ 444.86	\$ 30.07	\$ 7.55	\$ 7.35	\$ 28.51	\$ 518.34	\$ 513.45	1.0%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Rate Change Summary													
Region: Gulf	Projected Exposure	Base Benefit Expense	IP Outlier Pool	Drug Pool Reversal	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	Amended SFY 2025 Limited Rate	Initial SFY 2025 Limited Rate Total	% Change
F&C													
F&C - 0-2 Months	32,088	\$ 2,199.38	\$ 107.12	\$ 0.00	\$ 37.66	\$ 2,344.16	\$ 191.76	\$ 46.29	\$ 39.32	\$ 152.58	\$ 2,774.11	\$ 2,798.97	(0.9%)
F&C - 3-11 Months	104,088	299.78	5.65	-	-	305.43	24.69	5.96	5.12	19.86	361.06	360.38	0.2%
F&C - Child 1-20 Years	2,061,192	173.22	0.22	-	2.05	175.48	14.17	3.42	2.94	11.41	207.43	206.88	0.3%
F&C - Adult 21+ Years	252,518	447.53	-	-	-	447.53	35.91	8.67	7.49	29.08	524.19	524.19	0.0%
Subtotal F&C	2,449,886	\$ 233.41	\$ 1.83	\$ 0.00	\$ 2.21	\$ 237.45	\$ 191.9	\$ 4.63	\$ 3.98	\$ 15.44	\$ 280.69	\$ 280.06	0.2%
SSI													
SSI - 0-2 Months	132	\$ 39,707.41	\$ 1,905.39	\$ 0.00	\$ 0.00	\$ 41,612.80	\$ 2,593.36	\$ 707.28	\$ 683.96	\$ 2,653.82	\$ 48,251.22	\$ 49,896.29	(3.3%)
SSI - 3-11 Months	1,224	9,284.31	420.82	-	-	9,705.13	583.81	159.22	159.11	617.35	11,224.62	11,232.52	(0.1%)
SSI - Child 1-20 Years	91,732	789.98	2.48	-	27.08	819.54	49.07	13.38	13.43	52.11	947.54	944.10	0.4%
SSI - Adult 21+ Years	222,741	1,666.06	-	-	6.82	1,672.88	99.17	27.05	27.40	106.30	1,932.80	1,908.08	1.3%
Subtotal SSI	315,829	\$ 1,457.03	\$ 3.15	\$ 0.00	\$ 12.68	\$ 1,472.85	\$ 87.54	\$ 23.87	\$ 24.13	\$ 93.61	\$ 1,702.00	\$ 1,684.29	1.1%
HCBS													
HCBS - Child 1-20 Years	5,844	\$ 2,944.71	\$ 12.01	\$ 0.00	\$ 138.58	\$ 3,095.30	\$ 203.95	\$ 50.99	\$ 51.02	\$ 197.96	\$ 3,599.22	\$ 3,597.01	0.1%
HCBS - Adult 21+ Years	8,040	1,476.90	-	-	-	1,476.90	97.12	24.28	24.34	94.44	1,717.08	1,712.87	0.2%
Subtotal HCBS	13,884	\$ 2,094.72	\$ 5.06	\$ 0.00	\$ 58.33	\$ 2,158.11	\$ 142.09	\$ 35.52	\$ 35.57	\$ 138.01	\$ 2,509.30	\$ 2,505.93	0.1%
SBH													
SBH - HCBS - Child 1-20 Years	4,440	\$ 273.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 273.36	\$ 38.35	\$ 9.79	\$ 4.90	\$ 19.00	\$ 345.39	\$ 345.36	0.0%
SBH - HCBS - Adult 21+ Years	8,604	64.08	-	-	-	64.08	8.97	2.29	1.15	4.45	80.93	80.74	0.2%
SBH - LaHIPP, All Ages	1,164	12.41	-	-	-	12.41	1.74	0.44	0.22	0.86	15.68	15.68	(0.0%)
SBH - CCM, All Ages	4,080	174.86	-	-	-	174.86	24.30	6.20	3.13	12.13	220.63	218.85	0.8%
SBH - Dual Eligible, All Ages	424,458	33.92	-	-	-	33.92	4.65	1.19	0.61	2.35	42.71	41.90	1.9%
SBH - Other - All Ages	4,176	188.99	-	-	-	188.99	26.52	6.77	3.38	13.13	238.80	238.82	(0.0%)
Subtotal SBH	446,922	\$ 39.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 39.56	\$ 5.45	\$ 1.39	\$ 0.71	\$ 2.74	\$ 49.84	\$ 49.05	1.6%
Other Populations													
Other Populations - FCC, All Ages Male & Female	28,860	\$ 405.74	\$ 0.69	\$ 0.00	\$ 0.00	\$ 406.43	\$ 26.60	\$ 6.65	\$ 6.70	\$ 25.98	\$ 472.35	\$ 469.05	0.7%
Other Populations - BCC, All Ages	780	1,864.38	-	-	-	1,864.38	122.83	30.71	30.73	119.23	2,167.88	2,166.25	0.1%
Other Populations - LAP, All Ages	7,068	189.34	0.04	-	-	189.38	12.45	3.11	3.12	12.11	219.17	219.55	(0.2%)
Other Populations - CCM, All Ages	17,112	1,251.48	1.82	-	-	1,253.30	82.45	20.61	20.66	80.14	1,457.16	1,454.12	0.2%
Subtotal Other Populations	53,820	\$ 667.36	\$ 0.95	\$ 0.00	\$ 0.00	\$ 668.32	\$ 43.89	\$ 10.97	\$ 11.01	\$ 42.73	\$ 776.92	\$ 774.08	0.4%
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 383.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 383.34	\$ 25.79	\$ 6.45	\$ 6.33	\$ 24.56	\$ 446.46	\$ 454.81	(1.8%)
Act 421 - LaHIPP TPL - 3-11 Months	1	24.26	-	-	-	24.26	1.60	0.40	0.40	1.55	28.21	28.19	0.1%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	178.15	-	-	-	178.15	11.67	2.92	2.94	11.39	207.06	205.77	0.6%
Subtotal Act 421 - LaHIPP TPL	3	\$ 195.25	\$ 0.00	\$ 0.00	\$ 0.00	\$ 195.25	\$ 13.02	\$ 3.25	\$ 3.22	\$ 12.50	\$ 227.24	\$ 229.59	(1.0%)
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	24	\$ 15,377.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15,377.71	\$ 1,053.02	\$ 263.25	\$ 254.22	\$ 986.40	\$ 17,934.61	\$ 18,571.70	(3.4%)
Act 421 - Non-TPL - 3-11 Months	156	3,595.59	-	-	-	3,673.37	242.39	60.60	60.55	234.95	4,271.87	4,274.92	(0.1%)
Act 421 - Non-TPL - Child 1-18 Years	2,795	489.56	-	-	-	489.56	32.28	8.07	8.07	31.31	569.29	569.28	0.0%
Subtotal Act 421 - Non-TPL	2,975	\$ 772.54	\$ 4.08	\$ 0.00	\$ 0.00	\$ 776.62	\$ 51.53	\$ 12.88	\$ 12.81	\$ 49.69	\$ 903.53	\$ 908.82	(0.6%)
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	12	\$ 5,159.65	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,159.65	\$ 353.32	\$ 88.33	\$ 85.30	\$ 330.97	\$ 6,017.56	\$ 6,231.32	(3.4%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	156	1,305.67	-	-	-	1,305.67	86.16	21.54	21.52	83.51	1,518.40	1,519.51	(0.1%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,496	357.89	-	-	-	357.89	23.60	5.90	5.90	22.89	416.17	416.14	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	2,664	\$ 435.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 435.02	\$ 28.74	\$ 7.19	\$ 7.17	\$ 27.83	\$ 505.95	\$ 506.95	(0.2%)
Medicaid Expansion													
Medicaid Expansion - Age 19-64	1,938,031	\$ 578.47	\$ 0.00	\$ 0.00	\$ 0.00	\$ 578.47	\$ 37.70	\$ 9.43	\$ 9.53	\$ 36.96	\$ 672.09	\$ 664.95	1.1%
Medicaid Expansion - High Needs	564	1,798.33	-	-	-	1,798.33	114.60	28.65	29.57	114.72	2,085.87	2,021.22	3.2%
Medicaid Expansion - SBH - CCM, All Ages	216	49.97	-	-	-	49.97	3.15	0.79	0.82	3.19	57.92	55.60	4.2%
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,935	15.18	-	-	-	15.18	0.94	0.23	0.25	0.97	16.54	16.54	0.0%
Medicaid Expansion - SBH - LaHIPP, All Ages	516	4.93	-	-	-	4.93	0.33	0.08	0.08	0.32	5.73	5.73	(0.0%)
Medicaid Expansion - SBH - Other	36	-	-	-	-	-	-	-	-	-	-	-	0.0%
Subtotal Medicaid Expansion	1,958,298	\$ 573.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 573.15	\$ 37.35	\$ 9.34	\$ 9.44	\$ 36.63	\$ 665.91	\$ 658.81	1.1%
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	3,850	\$ 9,404.28	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,404.28	\$ 269.91	\$ 73.61	\$ 148.44	\$ 575.97	\$ 10,472.22	\$ 10,386.17	0.8%
Medicaid Expansion - Kick - EED Kick Payment	1	3,983.20	-	-	-	3,983.20	114.32	31.18	62.87	243.95	4,435.53	4,399.08	0.8%
Subtotal Medicaid Expansion - Kick	3,851	\$ 9,402.87	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,402.87	\$ 269.87	\$ 73.60	\$ 148.42	\$ 575.89	\$ 10,470.65	\$ 10,384.61	0.8%
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	5,705	\$ 7,808.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,808.32	\$ 224.05	\$ 61.10	\$ 123.25	\$ 478.22	\$ 8,694.95	\$ 8,621.45	0.9%
Non-Expansion - Kick - EED Kick Payment	1	2,938.84	-	-	-	2,938.84	84.33	23.00	46.39	179.99	3,272.54	3,244.88	0.9%
Subtotal Non-Expansion - Kick	5,706	\$ 7,807.47	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,807.47	\$ 224.03	\$ 61.10	\$ 123.24	\$ 478.17	\$ 8,694.00	\$ 8,620.51	0.9%
Total	5,244,281	\$ 442.64	\$ 1.07	\$ 0.00	\$ 1.95	\$ 445.66	\$ 29.96	\$ 7.55	\$ 7.36	\$ 28.55	\$ 519.07	\$ 514.81	0.8%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Rate Change Summary														
	Region: North	Projected Exposure	Base Benefit Expense	IP Outlier Pool	Drug Pool Reversal	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	Amended SFY 2025 Limited Rate	Initial SFY 2025 Limited Rate Total	% Change
F&C														
F&C - 0-2 Months		23,988	\$ 1,938.52	\$ 90.34	\$ 0.00	\$ 37.66	\$ 2,066.52	\$ 172.36	\$ 41.60	\$ 34.73	\$ 134.75	\$ 2,449.96	\$ 2,515.74	(2.6%)
F&C - 3-11 Months		73,932	280.78	4.47	-	-	285.25	23.31	5.63	4.78	18.56	337.54	340.20	(0.8%)
F&C - Child 1-20 Years		1,553,309	176.34	0.23	-	2.05	178.61	14.45	3.49	2.99	11.61	211.15	210.84	0.1%
F&C - Adult 21+ Years		188,748	430.67	-	-	-	430.67	34.42	8.31	7.21	27.97	508.59	502.46	1.2%
Subtotal F&C		1,839,977	\$ 229.60	\$ 1.55	\$ 0.00	\$ 2.22	\$ 233.37	\$ 18.91	\$ 4.56	\$ 3.91	\$ 15.18	\$ 275.93	\$ 276.00	(0.0%)
SSI														
SSI - 0-2 Months		72	\$ 20,819.41	\$ 1,132.45	\$ 0.00	\$ 0.00	\$ 21,951.86	\$ 1,323.26	\$ 360.89	\$ 359.94	\$ 1,396.59	\$ 25,392.54	\$ 25,459.60	(0.3%)
SSI - 3-11 Months		960	8,711.62	366.02	-	-	9,077.64	548.99	149.72	148.88	577.66	10,502.89	10,562.58	(0.6%)
SSI - Child 1-20 Years		89,646	706.91	1.86	-	27.08	735.85	44.36	12.10	12.07	46.82	851.19	853.49	(0.3%)
SSI - Adult 21+ Years		187,355	1,438.33	-	-	6.82	1,445.15	86.04	23.47	23.68	91.86	1,670.20	1,655.50	0.9%
Subtotal SSI		278,033	\$ 1,232.63	\$ 2.16	\$ 0.00	\$ 13.33	\$ 1,248.12	\$ 74.52	\$ 20.32	\$ 20.45	\$ 79.35	\$ 1,442.77	\$ 1,433.83	0.6%
HCBS														
HCBS - Child 1-20 Years		3,312	\$ 2,836.44	\$ 2.25	\$ 0.00	\$ 138.58	\$ 2,977.27	\$ 196.44	\$ 49.11	\$ 49.08	\$ 190.43	\$ 3,462.33	\$ 3,464.52	(0.1%)
HCBS - Adult 21+ Years		7,212	1,861.06	-	-	-	1,861.06	122.05	30.51	30.66	118.98	2,163.27	2,152.59	0.5%
Subtotal HCBS		10,524	\$ 2,168.02	\$ 0.71	\$ 0.00	\$ 43.61	\$ 2,212.34	\$ 145.46	\$ 36.37	\$ 36.46	\$ 141.47	\$ 2,572.09	\$ 2,565.47	0.3%
SBH														
SBH - HCBS - Child 1-20 Years		2,184	\$ 309.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 309.93	\$ 43.48	\$ 11.10	\$ 5.55	\$ 21.54	\$ 391.60	\$ 391.60	(0.0%)
SBH - HCBS - Adult 21+ Years		6,276	99.22	-	-	-	99.22	13.87	3.54	1.78	6.89	125.30	124.95	0.3%
SBH - LaHIPP, All Ages		756	22.69	-	-	-	22.69	3.18	0.81	0.41	1.58	28.67	28.67	(0.0%)
SBH - CCM, All Ages		3,888	187.53	-	-	-	187.53	26.31	6.72	3.36	13.03	236.95	236.95	(0.0%)
SBH - Dual Eligible, All Ages		328,142	39.84	-	-	-	39.84	5.47	1.40	0.71	2.76	50.18	49.26	1.9%
SBH - Other - All Ages		9,828	191.71	-	-	-	191.71	26.40	6.74	3.42	13.29	237.77	237.77	1.6%
Subtotal SBH		351,074	\$ 48.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 48.43	\$ 6.67	\$ 1.70	\$ 0.87	\$ 3.36	\$ 61.02	\$ 60.06	1.6%
Other Populations														
Other Populations - FCC, All Ages Male & Female		39,516	\$ 478.67	\$ 0.68	\$ 0.00	\$ 0.00	\$ 479.35	\$ 31.54	\$ 7.88	\$ 7.90	\$ 30.65	\$ 557.33	\$ 556.26	0.2%
Other Populations - BCC, All Ages		780	2,615.56	-	-	-	2,615.56	171.90	43.10	42.97	167.24	3,040.78	3,031.72	0.3%
Other Populations - LAP, All Ages		4,512	164.26	-	-	-	164.26	10.81	2.70	2.71	10.50	190.98	190.63	0.2%
Other Populations - CCM, All Ages		12,936	1,399.66	1.65	-	-	1,401.31	92.61	23.15	23.10	89.64	1,629.83	1,633.41	(0.2%)
Subtotal Other Populations		57,744	\$ 689.29	\$ 0.84	\$ 0.00	\$ 0.00	\$ 690.13	\$ 45.50	\$ 11.37	\$ 11.38	\$ 44.14	\$ 802.51	\$ 802.43	0.0%
Act 421 - LaHIPP TPL														
Act 421 - LaHIPP TPL - 0-2 Months		1	\$ 201.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 201.00	\$ 13.06	\$ 3.26	\$ 3.31	\$ 12.84	\$ 233.47	\$ 230.30	1.4%
Act 421 - LaHIPP TPL - 3-11 Months		1	22.76	-	-	-	22.76	1.51	0.38	0.38	1.46	26.48	26.60	(0.5%)
Act 421 - LaHIPP TPL - Child 1-18 Years		1	159.42	-	-	-	159.42	10.51	2.63	2.63	10.20	185.38	185.44	(0.0%)
Subtotal Act 421 - LaHIPP TPL		3	\$ 127.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 127.72	\$ 8.36	\$ 2.09	\$ 2.10	\$ 8.16	\$ 148.44	\$ 147.45	0.7%
Act 421 - Non-TPL														
Act 421 - Non-TPL - 0-2 Months		1	\$ 8,062.85	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,062.85	\$ 533.21	\$ 133.30	\$ 132.93	\$ 515.80	\$ 9,378.09	\$ 9,404.06	(0.3%)
Act 421 - Non-TPL - 3-11 Months		48	3,373.80	-	-	-	3,373.80	223.87	55.97	55.64	3,925.15	3,948.27	3,948.27	(0.6%)
Act 421 - Non-TPL - Child 1-18 Years		2,484	1,063.61	-	-	-	1,063.61	70.13	17.53	17.53	68.03	1,236.83	1,236.87	(0.0%)
Subtotal Act 421 - Non-TPL		2,533	\$ 1,110.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,110.15	\$ 73.23	\$ 18.31	\$ 18.30	\$ 71.00	\$ 1,290.99	\$ 1,291.48	(0.0%)
Act 421 - Non-LaHIPP TPL														
Act 421 - Non-LaHIPP TPL - 0-2 Months		1	\$ 2,705.31	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,705.31	\$ 178.91	\$ 44.73	\$ 44.60	\$ 173.06	\$ 3,146.61	\$ 3,155.32	(0.3%)
Act 421 - Non-LaHIPP TPL - 3-11 Months		84	1,225.13	-	-	-	1,225.13	81.29	20.32	20.20	78.39	1,425.34	1,433.74	(0.6%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years		1,421	526.74	0.07	-	-	526.81	34.73	8.68	8.68	33.69	612.60	612.56	0.0%
Subtotal Act 421 - Non-LaHIPP TPL		1,506	\$ 567.14	\$ 0.07	\$ 0.00	\$ 0.00	\$ 567.21	\$ 37.42	\$ 9.36	\$ 9.35	\$ 36.28	\$ 659.62	\$ 660.05	(0.1%)
Medicaid Expansion														
Medicaid Expansion - Age 19-64		1,385,017	\$ 542.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 542.36	\$ 35.29	\$ 8.82	\$ 8.93	\$ 34.65	\$ 630.05	\$ 622.36	1.2%
Medicaid Expansion - High Needs		228	3,948.66	-	-	-	3,948.66	258.77	64.69	65.06	252.43	4,589.61	4,563.92	0.6%
Medicaid Expansion - SBH - CCM, All Ages		228	43.30	-	-	-	43.30	2.85	0.71	0.71	2.77	50.35	50.35	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages		12,059	19.70	-	-	-	19.70	1.22	0.31	0.32	1.25	22.80	21.54	5.9%
Medicaid Expansion - SBH - LaHIPP, All Ages		576	4.16	-	-	-	4.16	0.27	0.07	0.07	0.27	4.84	4.84	(0.0%)
Medicaid Expansion - SBH - Other		84	37.01	-	-	-	37.01	2.44	0.61	0.61	2.37	43.04	43.04	(0.0%)
Subtotal Medicaid Expansion		1,398,192	\$ 538.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 538.07	\$ 35.01	\$ 8.75	\$ 8.86	\$ 34.38	\$ 625.07	\$ 617.44	1.2%
Medicaid Expansion - Kick														
Medicaid Expansion - Kick - Maternity Kick Payment		2,855	\$ 9,517.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,517.36	\$ 261.71	\$ 71.38	\$ 150.01	\$ 582.04	\$ 10,582.49	\$ 10,070.68	5.1%
Medicaid Expansion - Kick - EED Kick Payment		1	4,031.10	-	-	-	4,031.10	110.85	30.23	63.54	246.52	4,482.24	4,265.46	5.1%
Subtotal Medicaid Expansion - Kick		2,856	\$ 9,515.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,515.44	\$ 261.66	\$ 71.36	\$ 149.98	\$ 581.92	\$ 10,580.36	\$ 10,068.64	5.1%
Non-Expansion - Kick														
Non-Expansion - Kick - Maternity Kick Payment		3,617	\$ 8,458.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,458.70	\$ 234.17	\$ 63.87	\$ 133.35	\$ 517.41	\$ 9,407.50	\$ 9,010.97	4.4%
Non-Expansion - Kick - EED Kick Payment		1	3,183.62	-	-	-	3,183.62	88.14	24.04	50.19	194.74	3,540.73	3,391.48	4.4%
Subtotal Non-Expansion - Kick		3,618	\$ 8,457.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,457.24	\$ 234.13	\$ 63.85	\$ 133.33	\$ 517.32	\$ 9,405.88	\$ 9,009.42	4.4%
Total		3,939,586	\$ 421.00	\$ 0.89	\$ 0.00	\$ 2.09	\$ 423.98	\$ 28.63	\$ 7.21	\$ 7.00	\$ 27.17	\$ 494.00	\$ 489.86	0.8%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SFY 2025 Capitation Rate Amendment Rate Change Summary													
Region: South Central	Projected Exposure	Base Benefit Expense	IP Outlier Pool	Drug Pool Reversal	High Cost Drug Pool	Final Projected Medical	Administrative Expenses	Quality	Risk Margin	Premium Tax	Amended SFY 2025 Limited Rate	Initial SFY 2025 Limited Rate Total	% Change
F&C													
F&C - 0-2 Months	33,444	\$ 2,196.90	\$ 108.44	\$ (54.05)	\$ 37.66	\$ 2,288.95	\$ 190.76	\$ 46.05	\$ 38.46	\$ 149.24	\$ 2,713.46	\$ 2,784.31	(2.5%)
F&C - 3-11 Months	106,212	337.42	7.83	-	-	345.25	27.91	6.74	5.79	22.45	408.13	407.34	0.2%
F&C - Child 1-20 Years	2,125,886	173.06	0.19	-	2.05	175.30	14.14	3.41	2.94	11.40	207.19	206.40	0.4%
F&C - Adult 21+ Years	268,129	447.74	-	-	-	447.74	35.85	8.65	7.50	29.09	528.83	523.31	1.1%
Subtotal F&C	2,533,671	\$ 235.73	\$ 1.92	\$ (0.71)	\$ 2.21	\$ 239.16	\$ 193.55	\$ 4.67	\$ 4.01	\$ 15.55	\$ 282.73	\$ 282.39	0.1%
SSI													
SSI - 0-2 Months	132	\$ 29,498.53	\$ 958.44	\$ 0.00	\$ 0.00	\$ 30,456.97	\$ 1,835.43	\$ 500.57	\$ 499.39	\$ 1,937.65	\$ 35,230.01	\$ 35,313.78	(0.2%)
SSI - 3-11 Months	912	7,503.52	300.47	-	-	7,803.99	467.05	127.38	127.89	9,022.55	9,022.55	9,986.00	0.4%
SSI - Child 1-20 Years	84,221	805.37	4.52	-	27.08	836.97	50.17	13.68	13.72	53.23	967.78	965.36	0.3%
SSI - Adult 21+ Years	201,829	1,577.57	-	-	6.82	1,584.39	94.20	25.69	25.95	100.70	1,830.93	1,812.37	1.0%
Subtotal SSI	287,094	\$ 1,382.70	\$ 2.72	\$ 0.00	\$ 12.74	\$ 1,398.16	\$ 83.27	\$ 22.71	\$ 22.91	\$ 88.88	\$ 1,615.92	\$ 1,602.09	0.9%
HCBS													
HCBS - Child 1-20 Years	5,508	\$ 2,819.85	\$ 4.90	\$ 0.00	\$ 138.58	\$ 2,963.33	\$ 195.32	\$ 48.83	\$ 48.84	\$ 189.52	\$ 3,445.85	\$ 3,444.86	0.0%
HCBS - Adult 21+ Years	10,188	1,729.53	-	-	-	1,729.53	113.54	28.38	28.50	2,010.53	2,010.53	2,002.38	0.4%
Subtotal HCBS	15,696	\$ 2,112.14	\$ 1.72	\$ 0.00	\$ 48.63	\$ 2,162.49	\$ 142.24	\$ 35.56	\$ 35.64	\$ 138.28	\$ 2,514.21	\$ 2,508.57	0.2%
SBH													
SBH - HCBS - Child 1-20 Years	3,732	\$ 255.12	\$ 0.00	\$ 0.00	\$ 0.00	\$ 255.12	\$ 35.80	\$ 9.14	\$ 4.57	\$ 17.73	\$ 322.36	\$ 322.39	(0.0%)
SBH - HCBS - Adult 21+ Years	8,880	126.80	-	-	-	126.80	17.78	4.54	2.27	8.81	160.21	160.16	0.0%
SBH - LaHIPP, All Ages	1,848	9.17	-	-	-	9.17	1.29	0.33	0.16	0.64	11.59	11.59	(0.0%)
SBH - CCM, All Ages	4,656	279.52	-	-	-	279.52	39.22	10.01	5.01	19.42	353.18	353.18	(0.0%)
SBH - Dual Eligible, All Ages	396,883	38.24	-	-	-	38.24	5.27	1.35	0.68	2.65	48.19	47.48	1.5%
SBH - Other - All Ages	9,528	267.30	-	-	-	267.30	37.30	9.52	4.78	18.56	337.47	335.93	0.5%
Subtotal SBH	425,527	\$ 49.63	\$ 0.00	\$ 0.00	\$ 0.00	\$ 49.63	\$ 6.87	\$ 1.75	\$ 0.89	\$ 3.44	\$ 62.59	\$ 61.89	1.1%
Other Populations													
Other Populations - FCC, All Ages Male & Female	57,312	\$ 366.74	\$ 0.69	\$ 0.00	\$ 0.00	\$ 367.43	\$ 24.15	\$ 6.04	\$ 6.06	\$ 23.49	\$ 427.16	\$ 425.91	0.3%
Other Populations - BCC, All Ages	756	2,642.54	-	-	-	2,642.54	173.87	43.47	43.55	168.98	3,072.41	3,066.52	0.2%
Other Populations - LAP, All Ages	6,540	145.63	0.22	-	-	145.85	9.60	2.40	2.40	9.33	169.59	169.37	0.1%
Other Populations - CCM, All Ages	16,656	1,359.53	1.36	-	-	1,360.89	89.65	22.41	22.43	87.03	1,582.41	1,581.12	0.1%
Subtotal Other Populations	81,264	\$ 573.60	\$ 0.78	\$ 0.00	\$ 0.00	\$ 574.38	\$ 37.80	\$ 9.45	\$ 9.47	\$ 36.73	\$ 667.83	\$ 666.60	0.2%
Act 421 - LaHIPP TPL													
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 284.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 284.79	\$ 18.49	\$ 4.62	\$ 4.69	\$ 18.19	\$ 330.79	\$ 326.19	1.4%
Act 421 - LaHIPP TPL - 3-11 Months	1	19.60	-	-	-	19.60	1.28	0.32	0.32	1.25	22.79	22.66	0.6%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	181.62	-	-	-	181.62	11.91	2.98	2.99	11.61	211.11	210.05	0.5%
Subtotal Act 421 - LaHIPP TPL	3	\$ 162.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 162.00	\$ 10.56	\$ 2.64	\$ 2.67	\$ 10.35	\$ 188.23	\$ 186.30	1.0%
Act 421 - Non-TPL													
Act 421 - Non-TPL - 0-2 Months	24	\$ 11,424.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11,424.06	\$ 755.23	\$ 188.81	\$ 188.35	\$ 730.80	\$ 13,287.24	\$ 13,319.68	(0.2%)
Act 421 - Non-TPL - 3-11 Months	48	2,905.93	-	-	-	2,905.93	190.73	47.68	47.88	185.79	3,378.02	3,363.86	0.4%
Act 421 - Non-TPL - Child 1-18 Years	3,864	700.79	-	-	-	700.79	46.23	11.56	11.55	44.82	814.95	815.36	(0.1%)
Subtotal Act 421 - Non-TPL	3,936	\$ 793.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 793.07	\$ 52.32	\$ 13.08	\$ 13.07	\$ 50.72	\$ 922.26	\$ 922.69	(0.0%)
Act 421 - Non-LaHIPP TPL													
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 3,833.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,833.09	\$ 253.40	\$ 63.35	\$ 63.20	\$ 245.20	\$ 4,458.24	\$ 4,469.12	(0.2%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	120	1,055.23	-	-	-	1,055.23	69.26	17.32	17.39	67.47	1,226.06	1,221.52	0.4%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,787	426.26	0.01	-	-	426.27	28.11	7.03	7.03	27.26	495.69	495.70	(0.0%)
Subtotal Act 421 - Non-LaHIPP TPL	2,908	\$ 453.39	\$ 0.01	\$ 0.00	\$ 0.00	\$ 453.39	\$ 29.88	\$ 7.47	\$ 7.47	\$ 29.00	\$ 527.22	\$ 527.02	0.0%
Medicaid Expansion													
Medicaid Expansion - Age 19-64	1,788,976	\$ 555.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 555.07	\$ 36.13	\$ 9.03	\$ 9.14	\$ 35.47	\$ 644.84	\$ 637.22	1.2%
Medicaid Expansion - High Needs	288	1,353.85	-	-	-	1,353.85	88.50	22.13	22.30	86.53	1,573.31	1,560.92	0.8%
Medicaid Expansion - SBH - CCM, All Ages	180	22.04	-	-	-	22.04	1.45	0.36	0.36	1.41	25.63	25.63	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,949	23.06	-	-	-	23.06	1.47	0.37	0.38	1.47	26.74	25.85	3.4%
Medicaid Expansion - SBH - LaHIPP, All Ages	972	4.96	-	-	-	4.96	0.33	0.08	0.08	0.32	5.77	5.77	(0.0%)
Medicaid Expansion - SBH - Other	120	119.01	-	-	-	119.01	7.85	1.96	1.96	7.61	138.39	138.39	(0.0%)
Subtotal Medicaid Expansion	1,809,485	\$ 549.25	\$ 0.00	\$ 0.00	\$ 0.00	\$ 549.25	\$ 35.75	\$ 8.94	\$ 9.04	\$ 35.09	\$ 638.08	\$ 630.53	1.2%
Medicaid Expansion - Kick													
Medicaid Expansion - Kick - Maternity Kick Payment	4,174	\$ 7,286.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,286.53	\$ 203.79	\$ 55.58	\$ 114.91	\$ 445.87	\$ 8,106.68	\$ 7,841.95	3.4%
Medicaid Expansion - Kick - EED Kick Payment	1	3,086.22	-	-	-	3,086.22	86.32	23.54	48.67	188.85	3,433.60	3,321.47	3.4%
Subtotal Medicaid Expansion - Kick	4,175	\$ 7,285.52	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,285.52	\$ 203.76	\$ 55.57	\$ 114.90	\$ 445.81	\$ 8,105.56	\$ 7,840.87	3.4%
Non-Expansion - Kick													
Non-Expansion - Kick - Maternity Kick Payment	5,492	\$ 6,275.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,275.84	\$ 175.43	\$ 47.84	\$ 98.97	\$ 384.02	\$ 6,982.09	\$ 6,750.36	3.4%
Non-Expansion - Kick - EED Kick Payment	1	2,362.06	-	-	-	2,362.06	66.03	18.01	37.25	144.53	2,627.87	2,540.65	3.4%
Subtotal Non-Expansion - Kick	5,493	\$ 6,275.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,275.13	\$ 175.41	\$ 47.84	\$ 98.96	\$ 383.97	\$ 6,981.30	\$ 6,749.60	3.4%
Total	5,159,584	\$ 418.31	\$ 1.11	\$ (0.35)	\$ 1.94	\$ 421.02	\$ 28.68	\$ 7.20	\$ 6.96	\$ 27.00	\$ 490.85	\$ 486.71	0.8%



State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SPY 2025 Capitation Rate Amendment Rate Change Summary - Prior to Rate Cell Blending												
Region: Statewide	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	122,148	\$ 2,700.05	\$ 2,744.78	(1.6%)	\$ 233.81	\$ 2,933.86	\$ 2,978.59	(1.5%)	\$ 4,879.43	\$ 7,813.29	\$ 7,858.02	(0.6%)
F&C - 3-11 Months	384,660	365.71	365.17	0.1%	38.27	403.97	403.43	0.1%	265.37	669.34	668.80	0.1%
F&C - Child 1-20 Years	7,769,908	207.92	207.23	0.3%	17.68	225.60	224.90	0.3%	26.23	251.83	251.14	0.3%
F&C - Adult 21+ Years	955,252	529.93	524.71	1.0%	44.26	574.20	565.97	0.8%	76.21	650.41	645.18	0.8%
Subtotal F&C	9,231,968	\$ 280.79	\$ 280.23	0.2%	\$ 24.15	\$ 304.93	\$ 304.38	0.2%	\$ 105.58	\$ 410.51	\$ 409.96	0.1%
SSI												
SSI - 0-2 Months	456	\$ 35,019.47	\$ 35,577.17	(1.6%)	\$ 3,035.66	\$ 38,055.12	\$ 38,612.83	(1.4%)	\$ 73,323.78	\$ 111,378.90	\$ 111,936.61	(0.5%)
SSI - 3-11 Months	4,260	8,978.16	8,989.61	(0.1%)	504.20	9,482.35	9,493.80	(0.1%)	14,431.72	23,914.07	23,925.52	(0.0%)
SSI - Child 1-20 Years	347,108	947.73	945.72	0.2%	32.08	979.81	977.79	0.2%	296.09	1,275.90	1,273.91	0.2%
SSI - Adult 21+ Years	776,988	1,862.09	1,841.72	1.1%	88.62	1,950.71	1,930.34	1.1%	621.32	2,572.03	2,551.69	0.8%
Subtotal SSI	1,128,812	\$ 1,621.17	\$ 1,606.80	0.9%	\$ 73.99	\$ 1,695.17	\$ 1,680.80	0.9%	\$ 602.80	\$ 2,297.97	\$ 2,283.63	0.6%
HCBS												
HCBS - Child 1-20 Years	21,648	\$ 3,788.27	\$ 3,784.31	0.1%	\$ 61.52	\$ 3,849.79	\$ 3,845.83	0.1%	\$ 999.80	\$ 4,849.59	\$ 4,845.64	0.1%
HCBS - Adult 21+ Years	34,584	1,979.73	1,970.59	0.5%	75.83	2,055.56	2,046.41	0.4%	720.66	2,776.21	2,767.09	0.3%
Subtotal HCBS	56,232	\$ 2,675.98	\$ 2,668.83	0.3%	\$ 70.32	\$ 2,746.29	\$ 2,739.14	0.3%	\$ 628.12	\$ 3,574.41	\$ 3,567.28	0.2%
SBH												
SBH - HCBS - Child 1-20 Years	15,708	\$ 313.40	\$ 313.32	0.0%	\$ 0.84	\$ 314.24	\$ 314.16	0.0%	\$ 8.52	\$ 322.76	\$ 322.71	0.0%
SBH - HCBS - Adult 21+ Years	32,736	132.35	131.75	0.5%	2.57	134.92	134.32	0.5%	6.63	141.55	140.96	0.4%
SBH - LaHIPP, All Ages	6,420	12.25	12.25	0.0%	0.13	12.38	12.38	0.0%	0.58	12.96	12.96	(0.0%)
SBH - CCM, All Ages	17,088	266.80	266.14	0.2%	0.96	267.76	267.10	0.2%	9.75	277.51	276.87	0.2%
SBH - Dual Eligible, All Ages	1,495,859	45.34	44.51	1.9%	0.19	45.54	44.70	1.9%	2.67	48.20	47.37	1.8%
SBH - Other - All Ages	31,656	266.97	265.11	0.7%	5.55	272.53	270.66	0.7%	18.44	290.96	289.15	0.6%
Subtotal SBH	1,599,467	\$ 56.38	\$ 55.54	1.5%	\$ 0.36	\$ 56.74	\$ 55.90	1.5%	\$ 3.19	\$ 59.92	\$ 59.09	1.4%
Other Populations												
Other Populations - FCC, All Ages Male & Female	175,932	\$ 487.06	\$ 484.89	0.4%	\$ 22.32	\$ 509.38	\$ 507.21	0.4%	\$ 97.42	\$ 606.80	\$ 604.69	0.3%
Other Populations - BCC, All Ages	3,588	2,935.92	2,930.28	0.2%	79.30	3,015.22	3,009.58	0.2%	291.18	3,306.39	3,300.76	0.2%
Other Populations - LAP, All Ages	26,028	210.01	209.63	0.2%	14.70	224.72	224.33	0.2%	12.09	236.81	236.42	0.2%
Other Populations - CCM, All Ages	60,108	1,593.05	1,591.04	0.1%	37.19	1,630.24	1,628.23	0.1%	308.98	1,939.22	1,937.23	0.1%
Subtotal Other Populations	265,656	\$ 743.23	\$ 741.23	0.3%	\$ 25.71	\$ 768.94	\$ 766.94	0.3%	\$ 139.55	\$ 908.49	\$ 906.53	0.2%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	4	\$ 312.58	\$ 312.17	0.1%	\$ 0.00	\$ 312.58	\$ 312.17	0.1%	\$ 0.00	\$ 312.58	\$ 312.17	0.1%
Act 421 - LaHIPP TPL - 3-11 Months	4	22.76	22.76	0.0%	-	22.76	22.76	0.0%	-	22.76	22.76	0.0%
Act 421 - LaHIPP TPL - Child 1-18 Years	4	207.53	206.55	0.5%	-	207.53	206.55	0.5%	-	207.53	206.55	0.5%
Subtotal Act 421 - LaHIPP TPL	12	\$ 180.96	\$ 180.50	0.3%	\$ 0.00	\$ 180.96	\$ 180.50	0.3%	\$ 0.00	\$ 180.96	\$ 180.50	0.3%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	97	\$ 12,633.05	\$ 12,832.96	(1.6%)	\$ 267.55	\$ 12,900.60	\$ 13,100.51	(1.5%)	\$ 2,268.43	\$ 15,169.03	\$ 15,368.94	(1.3%)
Act 421 - Non-TPL - 3-11 Months	360	3,429.89	3,433.93	(0.1%)	40.42	3,470.32	3,474.35	(0.1%)	1,815.74	5,286.06	5,290.09	(0.1%)
Act 421 - Non-TPL - Child 1-18 Years	14,042	860.48	860.58	(0.0%)	11.72	872.20	872.30	(0.0%)	231.37	1,103.57	1,103.70	(0.0%)
Subtotal Act 421 - Non-TPL	14,499	\$ 1,003.04	\$ 1,004.57	(0.2%)	\$ 14.14	\$ 1,017.18	\$ 1,018.71	(0.2%)	\$ 284.34	\$ 1,301.52	\$ 1,303.08	(0.1%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	62	\$ 3,788.50	\$ 3,848.03	(1.5%)	\$ 49.93	\$ 3,838.43	\$ 3,897.96	(1.5%)	\$ 41.41	\$ 3,879.84	\$ 3,939.37	(1.5%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	588	1,140.52	1,141.67	(0.1%)	13.83	1,154.35	1,155.50	(0.1%)	9.19	1,163.53	1,164.69	(0.1%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	10,694	439.56	439.50	0.0%	9.75	449.31	449.25	0.0%	7.53	456.84	456.78	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	11,344	\$ 494.19	\$ 494.52	(0.1%)	\$ 10.18	\$ 504.38	\$ 504.71	(0.1%)	\$ 7.80	\$ 512.18	\$ 512.51	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	6,835,256	\$ 663.49	\$ 655.70	1.2%	\$ 42.89	\$ 706.38	\$ 698.59	1.1%	\$ 130.25	\$ 836.63	\$ 828.85	0.9%
Medicaid Expansion - High Needs	1,536	2,627.23	2,592.83	1.3%	86.15	2,713.37	2,678.98	1.3%	556.62	3,269.99	3,235.68	1.1%
Medicaid Expansion - SBH - CCM, All Ages	732	49.81	49.12	1.4%	-	49.81	49.12	1.4%	5.26	55.07	54.40	1.2%
Medicaid Expansion - SBH - Dual Eligible, All Ages	65,172	22.01	20.93	5.1%	1.90	23.91	22.84	4.7%	1.33	25.24	24.16	4.4%
Medicaid Expansion - SBH - LaHIPP, All Ages	3,444	4.00	4.00	0.0%	0.02	4.03	4.03	0.0%	0.14	4.17	4.17	(0.0%)
Medicaid Expansion - SBH - Other	372	54.36	54.36	0.0%	8.83	63.19	63.19	0.0%	2.48	65.66	65.67	(0.0%)
Subtotal Medicaid Expansion	6,906,512	\$ 657.45	\$ 649.52	1.2%	\$ 42.48	\$ 699.93	\$ 692.20	1.1%	\$ 129.05	\$ 828.98	\$ 821.25	0.9%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	14,837	\$ 9,506.92	\$ 9,287.33	2.4%	\$ 1,622.25	\$ 11,129.17	\$ 10,909.58	2.0%	\$ 12,467.48	\$ 23,596.65	\$ 23,377.06	0.9%
Medicaid Expansion - Kick - EED Kick Payment	4	4,069.30	3,968.31	2.5%	-	4,069.30	3,968.31	2.5%	-	4,069.30	3,968.31	2.5%
Subtotal Medicaid Expansion - Kick	14,841	\$ 9,505.46	\$ 9,285.90	2.4%	\$ 1,621.81	\$ 11,127.27	\$ 10,907.71	2.0%	\$ 12,464.12	\$ 23,591.39	\$ 23,371.83	0.9%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	20,273	\$ 8,066.80	\$ 7,892.11	2.2%	\$ 1,265.05	\$ 9,331.85	\$ 9,157.16	1.9%	\$ 11,483.81	\$ 20,815.66	\$ 20,640.97	0.8%
Non-Expansion - Kick - EED Kick Payment	4	3,076.64	3,003.46	2.4%	-	3,076.64	3,003.46	2.4%	-	3,076.64	3,003.46	2.4%
Subtotal Non-Expansion - Kick	20,277	\$ 8,065.82	\$ 7,891.15	2.2%	\$ 1,264.80	\$ 9,330.62	\$ 9,155.95	1.9%	\$ 11,481.54	\$ 20,812.16	\$ 20,637.49	0.8%
Total	19,214,502	\$ 506.17	\$ 501.81	0.9%	\$ 34.41	\$ 540.58	\$ 536.22	0.8%	\$ 159.10	\$ 699.69	\$ 695.33	0.6%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SPY 2025 Capitation Rate Amendment Rate Change Summary - Prior to Rate Cell Blending												
Region: Capital	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	32,628	\$ 2,797.34	\$ 2,819.37	(0.8%)	\$ 623.94	\$ 3,421.28	\$ 3,443.30	(0.6%)	\$ 5,395.85	\$ 8,817.13	\$ 8,839.16	(0.2%)
F&C - 3-11 Months	100,428	346.40	343.91	0.7%	49.23	395.63	393.13	0.6%	282.55	678.18	675.69	0.4%
F&C - Child 1-20 Years	2,029,521	206.71	205.67	0.5%	19.10	225.81	224.77	0.5%	33.30	269.10	258.07	0.4%
F&C - Adult 21+ Years	245,857	548.81	543.83	0.9%	47.60	586.41	591.43	0.8%	76.47	672.98	667.91	0.7%
Subtotal F&C	2,408,434	\$ 282.55	\$ 281.36	0.4%	\$ 31.46	\$ 314.01	\$ 312.82	0.4%	\$ 120.75	\$ 434.76	\$ 433.57	0.3%
SSI												
SSI - 0-2 Months	120	\$ 26,009.10	\$ 26,186.43	(0.7%)	\$ 6,435.24	\$ 32,444.33	\$ 32,621.67	(0.5%)	\$ 54,589.92	\$ 87,034.25	\$ 87,211.59	(0.2%)
SSI - 3-11 Months	1,164	5,323.59	5,336.62	(0.2%)	465.99	5,789.59	5,802.61	(0.2%)	6,553.15	12,342.74	12,355.76	(0.1%)
SSI - Child 1-20 Years	81,509	1,033.41	1,028.67	0.5%	36.62	1,070.02	1,065.28	0.4%	301.73	1,371.76	1,367.04	0.3%
SSI - Adult 21+ Years	165,063	2,022.55	1,999.42	1.2%	99.04	2,121.60	2,098.47	1.1%	729.53	2,851.12	2,828.03	0.8%
Subtotal SSI	247,856	\$ 1,724.38	\$ 1,707.57	1.0%	\$ 83.30	\$ 1,807.69	\$ 1,790.87	0.9%	\$ 642.27	\$ 2,449.96	\$ 2,433.18	0.7%
HCBS												
HCBS - Child 1-20 Years	6,984	\$ 4,371.10	\$ 4,360.41	0.2%	\$ 73.57	\$ 4,444.67	\$ 4,433.98	0.2%	\$ 1,225.42	\$ 5,670.09	\$ 5,659.41	0.2%
HCBS - Adult 21+ Years	9,144	2,031.61	2,018.21	0.7%	92.30	2,123.90	2,110.51	0.6%	900.30	3,024.20	3,010.82	0.4%
Subtotal HCBS	16,128	\$ 3,044.69	\$ 3,032.47	0.4%	\$ 84.19	\$ 3,128.88	\$ 3,116.65	0.4%	\$ 1,041.09	\$ 4,169.97	\$ 4,157.76	0.3%
SBH												
SBH - HCBS - Child 1-20 Years	5,352	\$ 248.71	\$ 248.47	0.1%	\$ 1.22	\$ 249.92	\$ 249.69	0.1%	\$ 3.26	\$ 253.18	\$ 252.95	0.1%
SBH - HCBS - Adult 21+ Years	8,976	159.01	157.28	1.1%	3.22	162.23	160.50	1.1%	7.13	169.36	167.64	1.0%
SBH - LaHIPP, All Ages	2,652	6.53	6.53	0.0%	0.30	6.83	6.83	0.0%	0.38	7.20	7.20	0.0%
SBH - CCM, All Ages	4,404	244.91	243.99	0.4%	1.41	246.32	245.40	0.4%	8.13	254.45	253.55	0.4%
SBH - Dual Eligible, All Ages	346,376	40.72	39.79	2.3%	0.18	40.91	39.97	2.3%	2.43	43.34	42.40	2.2%
SBH - Other - All Ages	8,124	229.52	228.63	0.4%	5.78	235.30	234.42	0.4%	16.07	251.36	250.53	0.3%
Subtotal SBH	375,944	\$ 52.77	\$ 51.84	1.8%	\$ 0.41	\$ 53.18	\$ 52.24	1.8%	\$ 2.90	\$ 56.08	\$ 55.15	1.7%
Other Populations												
Other Populations - FCC, All Ages Male & Female	50,244	\$ 508.56	\$ 505.14	0.7%	\$ 25.76	\$ 534.31	\$ 530.90	0.6%	\$ 97.68	\$ 631.99	\$ 628.64	0.5%
Other Populations - BCC, All Ages	1,272	3,261.46	3,255.62	0.2%	107.22	3,368.69	3,362.84	0.2%	406.27	3,774.95	3,769.11	0.2%
Other Populations - LAP, All Ages	7,908	245.23	244.58	0.1%	14.21	259.44	259.10	0.1%	5.22	254.66	254.32	0.1%
Other Populations - CCM, All Ages	15,404	1,744.25	1,737.28	0.4%	44.97	1,789.22	1,782.25	0.4%	33.90	2,123.12	2,116.17	0.3%
Subtotal Other Populations	72,828	\$ 755.48	\$ 751.70	0.5%	\$ 29.46	\$ 784.94	\$ 781.16	0.5%	\$ 136.51	\$ 921.44	\$ 917.71	0.4%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 239.62	\$ 237.40	0.9%	\$ 0.00	\$ 239.62	\$ 237.40	0.9%	\$ 0.00	\$ 239.62	\$ 237.40	0.9%
Act 421 - LaHIPP TPL - 3-11 Months	1	13.58	13.60	(0.1%)	-	13.58	13.60	(0.1%)	-	13.58	13.60	(0.1%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	226.56	224.94	0.7%	-	226.56	224.94	0.7%	-	226.56	224.94	0.7%
Subtotal Act 421 - LaHIPP TPL	3	\$ 159.92	\$ 158.64	0.8%	\$ 0.00	\$ 159.92	\$ 158.64	0.8%	\$ 0.00	\$ 159.92	\$ 158.64	0.8%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	48	\$ 9,722.99	\$ 9,791.67	(0.7%)	\$ 465.05	\$ 10,188.05	\$ 10,256.73	(0.7%)	\$ 4,584.11	\$ 14,772.16	\$ 14,840.84	(0.5%)
Act 421 - Non-TPL - 3-11 Months	108	2,016.66	2,021.70	(0.2%)	44.86	2,061.51	2,066.56	(0.2%)	125.49	2,187.01	2,192.05	(0.2%)
Act 421 - Non-TPL - Child 1-18 Years	4,899	871.71	871.64	0.0%	12.25	883.96	883.89	0.0%	615.57	1,499.53	1,499.49	0.0%
Subtotal Act 421 - Non-TPL	5,055	\$ 980.22	\$ 980.91	(0.1%)	\$ 17.25	\$ 997.46	\$ 998.16	(0.1%)	\$ 642.78	\$ 1,640.25	\$ 1,640.97	(0.0%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	48	\$ 3,253.65	\$ 3,253.70	(0.7%)	\$ 52.89	\$ 3,283.54	\$ 3,306.59	(0.7%)	\$ 53.48	\$ 3,337.03	\$ 3,360.07	(0.7%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	228	731.69	733.52	(0.2%)	14.08	745.77	747.60	(0.2%)	23.29	769.06	770.89	(0.2%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	3,990	353.35	353.22	0.0%	12.11	365.47	365.34	0.0%	16.34	381.81	381.68	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	4,266	\$ 405.95	\$ 406.18	(0.1%)	\$ 12.68	\$ 418.62	\$ 418.86	(0.1%)	\$ 17.13	\$ 435.76	\$ 435.99	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,723,232	\$ 700.06	\$ 691.26	1.3%	\$ 46.97	\$ 747.03	\$ 738.23	1.2%	\$ 147.30	\$ 894.33	\$ 885.54	1.0%
Medicaid Expansion - High Needs	456	2,981.23	2,966.02	0.5%	101.83	3,083.06	3,067.85	0.5%	320.10	3,403.16	3,388.03	0.4%
Medicaid Expansion - SBH - CCM, All Ages	108	72.74	72.74	0.0%	-	72.74	72.74	0.0%	7.73	80.47	80.50	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	15,229	21.01	19.80	6.1%	2.96	23.96	22.76	5.3%	1.19	25.15	23.95	5.0%
Medicaid Expansion - SBH - LaHIPP, All Ages	1,380	1.77	1.77	0.0%	0.04	1.81	1.81	0.0%	0.12	1.93	1.93	(0.0%)
Medicaid Expansion - SBH - Other	132	-	-	0.0%	0.93	0.93	0.93	0.0%	-	0.93	0.93	0.0%
Subtotal Medicaid Expansion	1,740,537	\$ 694.07	\$ 685.34	1.3%	\$ 46.55	\$ 740.62	\$ 731.90	1.2%	\$ 145.93	\$ 886.56	\$ 877.84	1.0%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	3,958	\$ 9,268.79	\$ 9,177.70	1.0%	\$ 1,915.52	\$ 11,184.32	\$ 11,093.22	0.8%	\$ 11,590.87	\$ 22,775.19	\$ 22,684.09	0.4%
Medicaid Expansion - Kick - EED Kick Payment	1	3,925.82	3,887.23	1.0%	-	3,925.82	3,887.23	1.0%	-	3,925.82	3,887.23	1.0%
Subtotal Medicaid Expansion - Kick	3,959	\$ 9,267.44	\$ 9,176.36	1.0%	\$ 1,915.04	\$ 11,182.48	\$ 11,091.40	0.8%	\$ 11,587.94	\$ 22,770.43	\$ 22,679.35	0.4%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,459	\$ 7,613.29	\$ 7,537.22	1.0%	\$ 1,453.95	\$ 9,067.24	\$ 8,991.17	0.8%	\$ 10,314.80	\$ 19,382.04	\$ 19,305.97	0.4%
Non-Expansion - Kick - EED Kick Payment	1	2,865.44	2,836.81	1.0%	-	2,865.44	2,836.81	1.0%	-	2,865.44	2,836.81	1.0%
Subtotal Non-Expansion - Kick	5,460	\$ 7,612.42	\$ 7,536.36	1.0%	\$ 1,453.68	\$ 9,066.10	\$ 8,990.04	0.8%	\$ 10,312.91	\$ 19,379.02	\$ 19,302.95	0.4%
Total	4,871,051	\$ 518.34	\$ 513.45	1.0%	\$ 40.39	\$ 558.73	\$ 553.84	0.9%	\$ 171.90	\$ 730.63	\$ 725.75	0.7%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SPY 2025 Capitation Rate Amendment Rate Change Summary - Prior to Rate Cell Blending												
Region: Gulf	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	32,088	\$ 2,774.11	\$ 2,798.97	(0.9%)	\$ 121.23	\$ 2,895.34	\$ 2,920.20	(0.9%)	\$ 4,822.48	\$ 7,717.81	\$ 7,742.67	(0.3%)
F&C - 3-11 Months	104,088	361.06	360.38	0.2%	34.78	395.83	395.16	0.2%	240.15	635.99	635.31	0.1%
F&C - Child 1-20 Years	2,061,192	207.43	206.88	0.3%	20.39	227.82	227.27	0.2%	23.92	261.74	261.19	0.2%
F&C - Adult 21+ Years	252,518	528.68	524.19	0.9%	55.33	584.61	580.12	0.8%	79.86	664.48	659.98	0.7%
Subtotal F&C	2,449,886	\$ 280.69	\$ 280.06	0.2%	\$ 25.99	\$ 306.67	\$ 306.05	0.2%	\$ 101.72	\$ 408.39	\$ 407.77	0.2%
SSI												
SSI - 0-2 Months	132	\$ 48,251.22	\$ 49,896.29	(3.3%)	\$ 2,719.43	\$ 50,970.65	\$ 52,615.72	(3.1%)	\$ 103,376.91	\$ 154,347.55	\$ 155,962.62	(1.1%)
SSI - 3-11 Months	1,224	11,224.62	11,232.52	(0.07%)	689.50	11,913.12	11,921.01	(0.1%)	32,194.47	32,202.37	32,202.37	(0.0%)
SSI - Child 1-20 Years	91,732	944.10	944.10	0.0%	36.60	984.14	980.70	0.4%	312.59	1,296.73	1,293.31	0.3%
SSI - Adult 21+ Years	222,741	1,932.80	1,908.08	1.3%	102.33	2,035.13	2,010.41	1.2%	640.59	2,675.73	2,651.04	0.9%
Subtotal SSI	315,829	\$ 1,702.00	\$ 1,684.29	1.1%	\$ 86.60	\$ 1,788.61	\$ 1,770.89	1.0%	\$ 664.38	\$ 2,452.99	\$ 2,435.30	0.7%
HCBS												
HCBS - Child 1-20 Years	5,844	\$ 3,599.22	\$ 3,597.01	0.1%	\$ 68.36	\$ 3,667.58	\$ 3,665.37	0.1%	\$ 1,204.84	\$ 4,872.43	\$ 4,870.23	0.0%
HCBS - Adult 21+ Years	8,040	1,717.08	1,712.87	0.2%	74.90	1,791.98	1,787.77	0.2%	403.38	2,195.36	2,191.16	0.2%
Subtotal HCBS	13,884	\$ 2,509.30	\$ 2,505.93	0.1%	\$ 72.15	\$ 2,581.45	\$ 2,578.08	0.1%	\$ 740.73	\$ 3,322.18	\$ 3,318.82	0.1%
SBH												
SBH - HCBS - Child 1-20 Years	4,440	\$ 345.39	\$ 345.36	0.0%	\$ 0.92	\$ 346.32	\$ 346.28	0.0%	\$ 7.25	\$ 353.56	\$ 353.55	0.0%
SBH - HCBS - Adult 21+ Years	8,604	80.93	80.74	0.2%	2.82	83.75	83.56	0.2%	4.21	87.96	87.77	0.2%
SBH - LaHIPP, All Ages	1,164	15.68	15.68	0.0%	0.02	15.70	15.70	0.0%	1.16	16.85	16.85	(0.0%)
SBH - CCM, All Ages	4,080	220.63	218.85	0.8%	1.72	222.35	220.58	0.8%	4.59	226.94	225.18	0.8%
SBH - Dual Eligible, All Ages	424,458	42.71	41.90	1.9%	0.29	43.01	42.19	1.9%	2.71	45.71	44.90	1.8%
SBH - Other - All Ages	4,176	238.80	238.82	(0.0%)	7.00	245.80	245.82	(0.0%)	15.24	261.04	261.10	(0.0%)
Subtotal SBH	446,922	\$ 49.84	\$ 49.05	1.6%	\$ 0.42	\$ 50.26	\$ 49.47	1.6%	\$ 2.91	\$ 53.18	\$ 52.38	1.5%
Other Populations												
Other Populations - FCC, All Ages Male & Female	28,860	\$ 472.35	\$ 469.05	0.7%	\$ 28.11	\$ 500.46	\$ 497.16	0.7%	\$ 142.59	\$ 643.05	\$ 639.79	0.5%
Other Populations - BCC, All Ages	780	2,167.88	2,166.25	0.1%	59.62	2,227.50	2,225.87	0.1%	118.82	2,346.32	2,344.70	0.1%
Other Populations - LAP, All Ages	7,068	220.17	219.55	0.3%	17.55	237.72	237.10	0.3%	15.84	253.56	252.94	0.2%
Other Populations - CCM, All Ages	17,112	1,457.16	1,454.12	0.2%	44.08	1,501.23	1,498.19	0.2%	268.29	1,769.52	1,766.49	0.2%
Subtotal Other Populations	53,820	\$ 776.92	\$ 774.08	0.4%	\$ 32.26	\$ 809.18	\$ 806.34	0.4%	\$ 165.57	\$ 974.75	\$ 971.93	0.3%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 446.46	\$ 454.81	(1.8%)	\$ 0.00	\$ 446.46	\$ 454.81	(1.8%)	\$ 0.00	\$ 446.46	\$ 454.81	(1.8%)
Act 421 - LaHIPP TPL - 3-11 Months	1	28.21	28.19	0.1%	-	28.21	28.19	0.1%	-	28.21	28.19	0.1%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	207.06	205.77	0.6%	-	207.06	205.77	0.6%	-	207.06	205.77	0.6%
Subtotal Act 421 - LaHIPP TPL	3	\$ 227.24	\$ 229.59	(1.0%)	\$ 0.00	\$ 227.24	\$ 229.59	(1.0%)	\$ 0.00	\$ 227.24	\$ 229.59	(1.0%)
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	24	\$ 17,934.61	\$ 18,571.70	(3.4%)	\$ 136.18	\$ 18,070.79	\$ 18,707.89	(3.4%)	\$ 0.00	\$ 18,070.79	\$ 18,707.89	(3.4%)
Act 421 - Non-TPL - 3-11 Months	156	4,271.87	4,274.92	(0.1%)	33.42	4,305.29	4,308.34	(0.1%)	4,103.28	8,408.57	8,411.63	(0.0%)
Act 421 - Non-TPL - Child 1-18 Years	2,795	569.28	569.29	0.0%	14.11	583.40	583.39	0.0%	6.90	590.30	590.29	0.0%
Subtotal Act 421 - Non-TPL	2,975	\$ 903.53	\$ 908.82	(0.6%)	\$ 16.11	\$ 919.64	\$ 924.93	(0.6%)	\$ 221.65	\$ 1,141.29	\$ 1,146.58	(0.5%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	12	\$ 6,017.56	\$ 6,231.32	(3.4%)	\$ 43.76	\$ 6,061.32	\$ 6,275.08	(3.4%)	\$ 0.00	\$ 6,061.32	\$ 6,275.08	(3.4%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	156	1,518.40	1,519.51	(0.1%)	13.48	1,531.87	1,532.99	(0.1%)	0.07	1,531.95	1,533.06	(0.1%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,496	416.17	416.14	0.0%	10.05	426.23	426.19	0.0%	1.02	427.24	427.21	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	2,664	\$ 506.95	\$ 506.95	(0.2%)	\$ 10.41	\$ 516.36	\$ 517.35	(0.2%)	\$ 0.96	\$ 517.31	\$ 518.31	(0.2%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,938,031	\$ 672.09	\$ 664.95	1.1%	\$ 49.12	\$ 721.21	\$ 714.06	1.0%	\$ 127.59	\$ 848.80	\$ 841.66	0.8%
Medicaid Expansion - High Needs	564	2,085.87	2,021.22	3.2%	83.68	2,169.56	2,104.90	3.1%	957.11	3,126.67	3,062.11	2.1%
Medicaid Expansion - SBH - CCM, All Ages	216	57.92	55.60	4.2%	-	57.92	55.60	4.2%	5.55	63.47	61.15	3.8%
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,935	17.57	16.54	6.2%	2.23	19.80	18.77	5.5%	1.11	20.91	19.88	5.2%
Medicaid Expansion - SBH - LaHIPP, All Ages	516	5.73	5.73	0.0%	0.05	5.78	5.78	0.0%	0.14	5.93	5.93	0.0%
Medicaid Expansion - SBH - Other	36	-	-	0.0%	-	-	-	0.0%	-	-	-	0.0%
Subtotal Medicaid Expansion	1,958,298	\$ 665.91	\$ 658.81	1.1%	\$ 48.66	\$ 714.57	\$ 707.47	1.0%	\$ 126.56	\$ 841.12	\$ 834.03	0.9%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	3,850	\$ 10,472.22	\$ 10,386.17	0.8%	\$ 2,300.15	\$ 12,772.37	\$ 12,686.32	0.7%	\$ 13,079.61	\$ 25,851.99	\$ 25,765.93	0.3%
Medicaid Expansion - Kick - EED Kick Payment	1	4,435.53	4,399.08	0.8%	-	4,435.53	4,399.08	0.8%	-	4,435.53	4,399.08	0.8%
Subtotal Medicaid Expansion - Kick	3,851	\$ 10,470.65	\$ 10,384.61	0.8%	\$ 2,299.56	\$ 12,770.21	\$ 12,684.17	0.7%	\$ 13,079.61	\$ 25,846.42	\$ 25,765.01	0.3%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,705	\$ 8,694.95	\$ 8,621.45	0.9%	\$ 1,768.73	\$ 10,463.68	\$ 10,390.19	0.7%	\$ 12,329.44	\$ 22,793.12	\$ 22,719.62	0.3%
Non-Expansion - Kick - EED Kick Payment	1	3,272.54	3,244.88	0.9%	-	3,272.54	3,244.88	0.9%	-	3,272.54	3,244.88	0.9%
Subtotal Non-Expansion - Kick	5,706	\$ 8,694.00	\$ 8,620.51	0.9%	\$ 1,768.42	\$ 10,462.42	\$ 10,388.93	0.7%	\$ 12,327.28	\$ 22,789.70	\$ 22,716.21	0.3%
Total	5,244,281	\$ 519.07	\$ 514.81	0.8%	\$ 39.71	\$ 558.78	\$ 554.52	0.8%	\$ 161.84	\$ 720.62	\$ 716.37	0.6%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SPY 2025 Capitation Rate Amendment Rate Change Summary - Prior to Rate Cell Blending												
Region: North	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	23,988	\$ 2,449.96	\$ 2,515.74	(2.6%)	\$ 88.05	\$ 2,538.01	\$ 2,603.79	(2.5%)	\$ 4,154.86	\$ 6,692.87	\$ 6,758.65	(1.0%)
F&C - 3-11 Months	73,932	337.54	340.20	(0.8%)	32.20	369.73	372.40	(0.7%)	186.50	556.23	558.89	(0.5%)
F&C - Child 1-20 Years	1,553,309	211.15	210.84	0.1%	13.89	225.04	224.73	0.1%	23.44	248.49	248.18	0.1%
F&C - Adult 21+ Years	188,748	508.59	502.46	1.2%	27.82	536.41	530.29	1.2%	78.05	615.06	608.34	1.0%
Subtotal F&C	1,839,977	\$ 275.93	\$ 276.00	(0.0%)	\$ 17.02	\$ 292.95	\$ 293.03	(0.0%)	\$ 89.52	\$ 382.47	\$ 382.55	(0.0%)
SSI												
SSI - 0-2 Months	72	\$ 25,392.54	\$ 25,459.60	(0.3%)	\$ 1,217.45	\$ 26,609.99	\$ 26,677.05	(0.3%)	\$ 50,717.19	\$ 77,327.18	\$ 77,394.24	(0.1%)
SSI - 3-11 Months	960	10,592.89	10,562.58	(0.0%)	437.10	10,939.99	10,999.68	(0.5%)	17,138.04	28,078.03	28,137.72	(0.2%)
SSI - Child 1-20 Years	89,646	851.19	853.49	(0.3%)	22.27	873.47	875.76	(0.3%)	257.26	1,130.73	1,133.05	(0.2%)
SSI - Adult 21+ Years	187,355	1,670.20	1,655.50	0.9%	56.48	1,726.68	1,711.98	0.9%	590.63	2,317.31	2,302.64	0.6%
Subtotal SSI	278,033	\$ 1,442.77	\$ 1,433.83	0.6%	\$ 47.07	\$ 1,489.84	\$ 1,480.90	0.6%	\$ 553.26	\$ 2,043.09	\$ 2,034.18	0.4%
HCBS												
HCBS - Child 1-20 Years	3,312	\$ 3,462.33	\$ 3,464.52	(0.1%)	\$ 47.23	\$ 3,509.56	\$ 3,511.75	(0.1%)	\$ 526.91	\$ 4,036.47	\$ 4,038.68	(0.1%)
HCBS - Adult 21+ Years	7,212	2,163.27	2,152.59	0.5%	59.02	2,222.29	2,211.61	0.5%	910.91	3,133.19	3,122.54	0.3%
Subtotal HCBS	10,524	\$ 2,572.09	\$ 2,565.47	0.3%	\$ 55.31	\$ 2,627.40	\$ 2,626.77	0.3%	\$ 790.06	\$ 3,417.46	\$ 3,410.86	0.2%
SBH												
SBH - HCBS - Child 1-20 Years	2,184	\$ 391.60	\$ 391.60	0.0%	\$ 0.37	\$ 391.98	\$ 391.98	0.0%	\$ 29.52	\$ 421.49	\$ 421.59	(0.0%)
SBH - HCBS - Adult 21+ Years	6,276	125.30	124.95	0.3%	1.49	126.79	126.44	0.3%	7.16	133.95	133.60	0.3%
SBH - LaHIPP, All Ages	756	28.67	28.67	0.0%	-	28.67	28.67	0.0%	0.65	29.32	29.32	0.0%
SBH - CCM, All Ages	3,888	236.95	236.95	0.0%	0.31	237.26	237.26	0.0%	254.49	254.49	254.49	(0.0%)
SBH - Dual Eligible, All Ages	328,142	50.18	49.26	1.9%	0.14	50.31	49.40	1.8%	2.90	53.21	52.30	1.7%
SBH - Other - All Ages	9,828	241.56	237.77	1.6%	4.39	245.95	242.16	1.6%	16.70	262.66	258.91	1.4%
Subtotal SBH	351,074	\$ 61.02	\$ 60.06	1.6%	\$ 0.28	\$ 61.31	\$ 60.34	1.6%	\$ 3.68	\$ 64.99	\$ 64.02	1.5%
Other Populations												
Other Populations - FCC, All Ages Male & Female	39,516	\$ 557.33	\$ 556.26	0.2%	\$ 16.40	\$ 573.73	\$ 572.65	0.2%	\$ 99.05	\$ 672.78	\$ 671.79	0.1%
Other Populations - BCC, All Ages	780	3,040.78	3,031.72	0.3%	60.64	3,101.42	3,092.36	0.3%	434.27	3,535.69	3,526.63	0.3%
Other Populations - LAP, All Ages	4,512	190.38	190.63	0.2%	11.37	202.35	201.99	0.2%	10.90	213.25	212.90	0.2%
Other Populations - CCM, All Ages	12,936	1,629.83	1,633.41	(0.2%)	25.77	1,656.60	1,662.19	(0.2%)	367.60	2,026.20	2,029.83	(0.2%)
Subtotal Other Populations	57,744	\$ 802.51	\$ 802.43	0.0%	\$ 19.37	\$ 821.89	\$ 821.81	0.0%	\$ 156.86	\$ 978.75	\$ 978.73	0.0%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 233.47	\$ 230.30	1.4%	\$ 0.00	\$ 233.47	\$ 230.30	1.4%	\$ 0.00	\$ 233.47	\$ 230.30	1.4%
Act 421 - LaHIPP TPL - 3-11 Months	1	26.48	26.60	(0.5%)	-	26.48	26.60	(0.5%)	-	26.48	26.60	(0.5%)
Act 421 - LaHIPP TPL - Child 1-18 Years	1	185.38	185.44	(0.0%)	-	185.38	185.44	(0.0%)	-	185.38	185.44	(0.0%)
Subtotal Act 421 - LaHIPP TPL	3	\$ 148.44	\$ 147.45	0.7%	\$ 0.00	\$ 148.44	\$ 147.45	0.7%	\$ 0.00	\$ 148.44	\$ 147.45	0.7%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	1	\$ 9,378.09	\$ 9,404.06	(0.3%)	\$ 194.77	\$ 9,572.87	\$ 9,598.84	(0.3%)	\$ 0.00	\$ 9,572.87	\$ 9,598.84	(0.3%)
Act 421 - Non-TPL - 3-11 Months	48	3,925.15	3,948.27	(0.6%)	89.46	4,014.61	4,037.73	(0.6%)	-	4,014.61	4,037.73	(0.6%)
Act 421 - Non-TPL - Child 1-18 Years	2,484	1,236.83	1,236.87	(0.0%)	16.70	1,253.53	1,253.58	(0.0%)	44.23	1,297.76	1,297.96	(0.0%)
Subtotal Act 421 - Non-TPL	2,533	\$ 1,290.99	\$ 1,291.48	(0.0%)	\$ 18.15	\$ 1,309.14	\$ 1,309.63	(0.0%)	\$ 43.37	\$ 1,352.51	\$ 1,353.15	(0.0%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 3,146.61	\$ 3,155.32	(0.3%)	\$ 0.00	\$ 3,146.61	\$ 3,155.32	(0.3%)	\$ 0.00	\$ 3,146.61	\$ 3,155.32	(0.3%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	84	1,425.34	1,433.74	(0.6%)	8.10	1,433.45	1,441.84	(0.6%)	0.97	1,434.41	1,442.81	(0.6%)
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	1,421	612.60	612.56	0.0%	12.22	624.82	624.78	0.0%	5.91	630.73	630.69	0.0%
Subtotal Act 421 - Non-LaHIPP TPL	1,506	\$ 659.62	\$ 660.05	(0.1%)	\$ 11.98	\$ 671.60	\$ 672.03	(0.1%)	\$ 5.63	\$ 677.23	\$ 677.66	(0.1%)
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,385,017	\$ 630.05	\$ 622.36	1.2%	\$ 27.41	\$ 657.46	\$ 649.77	1.2%	\$ 130.59	\$ 788.05	\$ 780.36	1.0%
Medicaid Expansion - High Needs	228	4,589.61	4,563.92	0.6%	33.10	4,622.71	4,597.01	0.6%	353.96	4,976.67	4,951.00	0.5%
Medicaid Expansion - SBH - CCM, All Ages	228	50.35	50.35	0.0%	-	50.35	50.35	0.0%	5.67	56.03	56.05	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	12,059	22.80	21.54	5.9%	0.54	23.34	22.08	5.7%	1.54	24.88	23.62	5.4%
Medicaid Expansion - SBH - LaHIPP, All Ages	576	4.84	4.84	0.0%	-	4.84	4.84	0.0%	0.12	4.96	4.96	0.0%
Medicaid Expansion - SBH - Other	84	43.04	43.04	0.0%	-	43.04	43.04	0.0%	4.78	47.82	47.84	(0.0%)
Subtotal Medicaid Expansion	1,398,192	\$ 625.07	\$ 617.44	1.2%	\$ 27.16	\$ 652.23	\$ 644.60	1.2%	\$ 129.43	\$ 781.66	\$ 774.03	1.0%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	2,855	\$ 10,582.49	\$ 10,070.68	5.1%	\$ 988.86	\$ 11,571.35	\$ 11,059.53	4.6%	\$ 12,876.44	\$ 24,447.79	\$ 23,935.97	2.1%
Medicaid Expansion - Kick - EED Kick Payment	1	4,482.24	4,265.46	5.1%	-	4,482.24	4,265.46	5.1%	-	4,482.24	4,265.46	5.1%
Subtotal Medicaid Expansion - Kick	2,856	\$ 10,580.36	\$ 10,068.64	5.1%	\$ 988.51	\$ 11,568.87	\$ 11,057.16	4.6%	\$ 12,871.93	\$ 24,440.79	\$ 23,929.08	2.1%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	3,617	\$ 9,407.50	\$ 9,010.97	4.4%	\$ 748.92	\$ 10,156.42	\$ 9,759.89	4.1%	\$ 12,113.63	\$ 22,270.05	\$ 21,873.52	1.8%
Non-Expansion - Kick - EED Kick Payment	1	3,540.73	3,391.48	4.4%	-	3,540.73	3,391.48	4.4%	-	3,540.73	3,391.48	4.4%
Subtotal Non-Expansion - Kick	3,618	\$ 9,405.88	\$ 9,009.42	4.4%	\$ 748.72	\$ 10,154.60	\$ 9,758.13	4.1%	\$ 12,110.28	\$ 22,264.88	\$ 21,868.42	1.8%
Total	3,939,586	\$ 494.00	\$ 489.86	0.8%	\$ 22.79	\$ 516.79	\$ 512.64	0.8%	\$ 152.01	\$ 668.80	\$ 664.66	0.6%

State of Louisiana Department of Health Healthy Louisiana Medicaid Managed Care Program SPY 2025 Capitation Rate Amendment Rate Change Summary - Prior to Rate Cell Blending												
Region: South Central	Projected Exposure	Current MCO Limited Rate	Prior MCO Limited Rate	% Change	FMP	Current MCO Capitation Rate	Prior MCO Capitation Rate	% Change	Directed Payments	Current Total Expected Payment PMPM	Prior Total Expected Payment PMPM	% Change
F&C												
F&C - 0-2 Months	33,444	\$ 2,713.46	\$ 2,784.31	(2.5%)	\$ 65.76	\$ 2,779.22	\$ 2,850.07	(2.5%)	\$ 4,949.94	\$ 7,729.16	\$ 7,800.01	(0.9%)
F&C - 3-11 Months	106,212	408.13	407.34	0.2%	35.55	443.68	442.89	0.2%	328.73	772.41	771.61	0.1%
F&C - Child 1-20 Years	2,125,886	207.19	206.40	0.4%	16.46	223.65	222.86	0.4%	23.76	247.40	246.62	0.3%
F&C - Adult 21+ Years	268,120	528.93	523.31	1.1%	41.70	570.62	565.10	1.0%	70.81	641.43	635.99	0.9%
Subtotal F&C	2,533,671	\$ 282.73	\$ 282.39	0.1%	\$ 20.59	\$ 303.32	\$ 302.98	0.1%	\$ 106.55	\$ 409.87	\$ 409.53	0.1%
SSI												
SSI - 0-2 Months	132	\$ 35,230.01	\$ 35,313.78	(0.2%)	\$ 1,253.10	\$ 36,483.12	\$ 36,566.88	(0.2%)	\$ 72,632.30	\$ 109,115.41	\$ 109,199.18	(0.1%)
SSI - 3-11 Months	912	9,022.55	8,986.00	0.4%	376.23	9,388.77	9,362.23	0.4%	13,787.67	23,186.45	23,149.90	0.2%
SSI - Child 1-20 Years	84,221	967.78	965.36	0.3%	33.19	1,000.97	998.55	0.2%	314.00	1,314.97	1,312.57	0.2%
SSI - Adult 21+ Years	201,829	1,830.93	1,812.37	1.0%	94.81	1,925.74	1,907.18	1.0%	540.03	2,465.77	2,447.25	0.8%
Subtotal SSI	287,094	\$ 1,615.92	\$ 1,602.09	0.9%	\$ 78.16	\$ 1,694.08	\$ 1,680.24	0.8%	\$ 548.96	\$ 2,243.04	\$ 2,229.23	0.6%
HCBS												
HCBS - Child 1-20 Years	5,508	\$ 3,445.85	\$ 3,444.86	0.0%	\$ 47.55	\$ 3,493.40	\$ 3,492.41	0.0%	\$ 780.50	\$ 4,273.90	\$ 4,272.96	0.0%
HCBS - Adult 21+ Years	10,188	2,010.53	2,002.38	0.4%	73.67	2,084.20	2,076.05	0.4%	675.13	2,759.33	2,751.21	0.3%
Subtotal HCBS	15,696	\$ 2,514.21	\$ 2,508.57	0.2%	\$ 64.51	\$ 2,578.71	\$ 2,573.08	0.2%	\$ 712.11	\$ 3,290.82	\$ 3,285.22	0.2%
SBH												
SBH - HCBS - Child 1-20 Years	3,732	\$ 322.36	\$ 322.39	(0.0%)	\$ 0.46	\$ 322.81	\$ 322.85	(0.0%)	\$ 5.31	\$ 328.13	\$ 328.17	(0.0%)
SBH - HCBS - Adult 21+ Years	8,880	160.21	160.16	0.0%	2.43	162.64	162.60	0.0%	8.10	170.75	170.72	0.0%
SBH - LaHIPP, All Ages	1,848	11.59	11.59	0.0%	-	11.59	11.59	0.0%	0.49	12.08	12.08	(0.0%)
SBH - CCM, All Ages	4,656	353.18	353.18	0.0%	0.41	353.59	353.59	0.0%	9.57	363.16	363.18	(0.0%)
SBH - Dual Eligible, All Ages	396,883	48.19	47.48	1.5%	0.14	48.33	47.63	1.5%	2.64	50.98	50.27	1.4%
SBH - Other - All Ages	9,528	337.47	335.93	0.5%	5.92	343.39	341.86	0.4%	23.65	367.04	365.56	0.4%
Subtotal SBH	425,527	\$ 62.59	\$ 61.89	1.1%	\$ 0.32	\$ 62.91	\$ 62.22	1.1%	\$ 3.32	\$ 66.23	\$ 65.54	1.1%
Other Populations												
Other Populations - FCC, All Ages Male & Female	57,312	\$ 427.16	\$ 425.91	0.3%	\$ 20.47	\$ 447.64	\$ 446.38	0.3%	\$ 73.33	\$ 520.96	\$ 519.75	0.2%
Other Populations - BCC, All Ages	756	3,066.52	3,066.52	0.2%	71.88	3,144.29	3,138.39	0.2%	127.71	3,272.00	3,266.10	0.2%
Other Populations - LAP, All Ages	6,540	169.59	169.37	0.1%	14.51	169.10	168.89	0.1%	17.17	201.27	201.05	0.1%
Other Populations - CCM, All Ages	16,656	1,582.41	1,581.12	0.1%	30.39	1,612.81	1,611.52	0.1%	285.20	1,898.01	1,896.73	0.1%
Subtotal Other Populations	81,264	\$ 667.83	\$ 666.60	0.2%	\$ 22.50	\$ 690.33	\$ 689.11	0.2%	\$ 112.74	\$ 803.07	\$ 801.88	0.1%
Act 421 - LaHIPP TPL												
Act 421 - LaHIPP TPL - 0-2 Months	1	\$ 330.79	\$ 326.19	1.4%	\$ 0.00	\$ 330.79	\$ 326.19	1.4%	\$ 0.00	\$ 330.79	\$ 326.19	1.4%
Act 421 - LaHIPP TPL - 3-11 Months	1	22.79	22.66	0.6%	-	22.79	22.66	0.6%	-	22.79	22.66	0.6%
Act 421 - LaHIPP TPL - Child 1-18 Years	1	211.11	210.05	0.5%	-	211.11	210.05	0.5%	-	211.11	210.05	0.5%
Subtotal Act 421 - LaHIPP TPL	3	\$ 188.23	\$ 186.30	1.0%	\$ 0.00	\$ 188.23	\$ 186.30	1.0%	\$ 0.00	\$ 188.23	\$ 186.30	1.0%
Act 421 - Non-TPL												
Act 421 - Non-TPL - 0-2 Months	24	\$ 13,287.24	\$ 13,319.68	(0.2%)	\$ 6.94	\$ 13,294.18	\$ 13,326.62	(0.2%)	\$ 0.00	\$ 13,294.18	\$ 13,326.62	(0.2%)
Act 421 - Non-TPL - 3-11 Months	48	3,378.02	3,363.86	0.4%	4.16	3,382.18	3,368.03	0.4%	-	3,382.18	3,368.03	0.4%
Act 421 - Non-TPL - Child 1-18 Years	3,864	814.95	815.36	(0.1%)	6.10	821.05	821.46	(0.0%)	26.94	847.99	848.40	(0.0%)
Subtotal Act 421 - Non-TPL	3,936	\$ 922.26	\$ 922.69	(0.0%)	\$ 6.08	\$ 928.34	\$ 928.77	(0.0%)	\$ 26.45	\$ 954.79	\$ 955.22	(0.0%)
Act 421 - Non-LaHIPP TPL												
Act 421 - Non-LaHIPP TPL - 0-2 Months	1	\$ 4,458.24	\$ 4,469.12	(0.2%)	\$ 31.82	\$ 4,490.06	\$ 4,500.94	(0.2%)	\$ 0.00	\$ 4,490.06	\$ 4,500.94	(0.2%)
Act 421 - Non-LaHIPP TPL - 3-11 Months	120	1,226.66	1,221.52	0.4%	17.83	1,244.49	1,239.35	0.4%	-	1,244.49	1,239.35	0.4%
Act 421 - Non-LaHIPP TPL - Child 1-18 Years	2,787	495.69	495.70	(0.0%)	4.84	500.53	500.54	(0.0%)	1.58	502.11	502.12	(0.0%)
Subtotal Act 421 - Non-LaHIPP TPL	2,908	\$ 527.22	\$ 527.02	0.0%	\$ 5.38	\$ 532.60	\$ 532.40	0.0%	\$ 1.51	\$ 534.11	\$ 533.92	0.0%
Medicaid Expansion												
Medicaid Expansion - Age 19-64	1,788,976	\$ 644.84	\$ 637.22	1.2%	\$ 44.20	\$ 689.04	\$ 681.42	1.1%	\$ 116.45	\$ 805.49	\$ 797.89	1.0%
Medicaid Expansion - High Needs	288	1,573.31	1,560.92	0.8%	108.13	1,681.45	1,669.05	0.7%	307.24	1,988.69	1,976.37	0.6%
Medicaid Expansion - SBH - CCM, All Ages	180	25.63	25.63	0.0%	-	25.63	25.63	0.0%	2.91	28.54	28.55	(0.0%)
Medicaid Expansion - SBH - Dual Eligible, All Ages	18,949	26.74	25.85	3.4%	1.59	28.33	27.44	3.2%	29.85	28.96	28.96	3.1%
Medicaid Expansion - SBH - LaHIPP, All Ages	972	5.77	5.77	0.0%	0.00	5.77	5.77	0.0%	0.17	5.94	5.94	0.0%
Medicaid Expansion - SBH - Other	120	138.39	138.39	0.0%	26.34	164.73	164.73	0.0%	4.33	169.06	169.07	(0.0%)
Subtotal Medicaid Expansion	1,809,485	\$ 638.08	\$ 630.53	1.2%	\$ 43.74	\$ 681.81	\$ 674.27	1.1%	\$ 115.20	\$ 797.01	\$ 789.48	1.0%
Medicaid Expansion - Kick												
Medicaid Expansion - Kick - Maternity Kick Payment	4,174	\$ 8,106.68	\$ 7,841.95	3.4%	\$ 1,152.10	\$ 9,258.78	\$ 8,984.05	2.9%	\$ 12,454.38	\$ 21,713.16	\$ 21,448.43	1.2%
Medicaid Expansion - Kick - EED Kick Payment	1	3,433.60	3,321.47	3.4%	-	3,433.60	3,321.47	3.4%	-	3,433.60	3,321.47	3.4%
Subtotal Medicaid Expansion - Kick	4,175	\$ 8,105.56	\$ 7,840.87	3.4%	\$ 1,151.82	\$ 9,257.39	\$ 8,992.69	2.9%	\$ 12,451.39	\$ 21,708.78	\$ 21,444.08	1.2%
Non-Expansion - Kick												
Non-Expansion - Kick - Maternity Kick Payment	5,492	\$ 6,982.09	\$ 6,750.36	3.4%	\$ 894.00	\$ 7,876.10	\$ 7,644.37	3.0%	\$ 11,352.57	\$ 19,228.67	\$ 18,996.94	1.2%
Non-Expansion - Kick - EED Kick Payment	1	2,627.87	2,540.65	3.4%	-	2,627.87	2,540.65	3.4%	-	2,627.87	2,540.65	3.4%
Subtotal Non-Expansion - Kick	5,493	\$ 6,981.30	\$ 6,749.60	3.4%	\$ 893.84	\$ 7,875.14	\$ 7,643.44	3.0%	\$ 11,350.50	\$ 19,225.65	\$ 18,993.94	1.2%
Total	5,159,584	\$ 490.85	\$ 486.71	0.8%	\$ 32.27	\$ 523.12	\$ 518.98	0.8%	\$ 149.66	\$ 672.78	\$ 668.65	0.6%

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SSI - 0-2 Months		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 120	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		700.0	\$ 3,129.26	\$ 182.54	\$ 0.00	\$ 7.98	700.0	\$ 3,266.06
NICU/PICU		84,400.0	2,526.52	17,769.88	-	(175.63)	84,400.0	2,501.55
<b>Subtotal Inpatient Hospital</b>				<b>\$ 17,952.42</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		600.0	\$ 283.20	\$ 14.16	\$ 0.00	\$ 2.41	600.0	\$ 331.40
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		1,500.0	21.36	2.67	-	-	1,500.0	21.36
Outpatient Radiology		700.0	279.94	16.33	-	-	700.0	279.94
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		4,100.0	88.92	30.38	-	-	4,100.0	88.92
<b>Subtotal Outpatient Hospital</b>				<b>\$ 63.54</b>				
<b>Professional</b>								
Office/Home Visits/Consults		6,300.0	\$ 88.78	\$ 46.61	\$ 0.00	\$ 0.00	6,300.0	\$ 88.78
Inpatient Visits		122,900.0	215.77	2,209.80	-	-	122,900.0	215.77
Radiology		35,600.0	14.00	41.54	-	-	35,600.0	14.00
Pathology/Lab		12,000.0	33.91	33.91	-	-	12,000.0	33.91
Vision		100.0	103.20	0.86	-	-	100.0	103.20
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		1,900.0	375.35	59.43	-	-	1,900.0	375.35
Therapy		-	-	-	-	-	-	-
Immunizations		600.0	61.20	3.06	-	-	600.0	61.20
Physical Exams		2,400.0	96.55	19.31	-	-	2,400.0	96.55
Other Professional		19,900.0	38.77	64.30	-	-	19,900.0	38.77
Emergency Room		700.0	67.03	3.91	-	-	700.0	67.03
Family Planning		-	-	-	-	-	-	-
Anesthesia		900.0	259.60	19.47	-	-	900.0	259.60
Federally Qualified Health Center/Rural Health Clinic		900.0	201.73	15.13	-	0.17	900.0	204.00
<b>Subtotal Professional</b>				<b>\$ 2,517.33</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		5,400.0	\$ 1,705.87	\$ 767.64	\$ 0.00	\$ 0.00	5,400.0	\$ 1,705.87
<b>Subtotal Retail Pharmacy</b>				<b>\$ 767.64</b>				
<b>SBH</b>								
Professional SBH		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		-	-	-	-	-	-	-
<b>Subtotal SBH</b>				<b>\$ 0.00</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		200.0	\$ 3,327.60	\$ 55.46	\$ 0.00	\$ 0.00	200.0	\$ 3,327.60
Other Ancillary		1,000.0	56.64	4.72	-	-	1,000.0	56.64
DME/Prosthetics		3,400.0	79.02	22.39	-	-	3,400.0	79.02
Emergency Transportation		400.0	1,208.40	40.28	-	-	400.0	1,208.40
<b>Subtotal Ancillary</b>				<b>\$ 122.85</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		5,800.0	210.04	101.52	-	-	5,800.0	210.04
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 101.52</b>				
<b>Total Medical Costs</b>				<b>\$ 21,525.30</b>				

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Healthy Louisiana Medicaid Managed Care Program  
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Prospective Adjustments

Region: Capital Rate Cell: SSI - 3-11 Months		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 1,164	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		1,381.4	\$ 2,559.93	\$ 294.70	\$ 0.00	\$ 4.21	1,381.4	\$ 2,596.50
NICU/PICU		8,123.7	2,946.84	1,994.94	-	(19.58)	8,123.7	2,917.92
<b>Subtotal Inpatient Hospital</b>				<b>\$ 2,289.64</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		2,206.2	\$ 671.80	\$ 123.51	\$ 0.00	\$ 1.89	2,206.2	\$ 682.08
Outpatient Pharmacy		1,000.0	435.84	36.32	-	-	1,000.0	435.84
Outpatient Pathology/Lab		4,247.4	30.15	10.67	-	(0.00)	4,247.4	30.15
Outpatient Radiology		1,237.1	329.90	34.01	-	-	1,237.1	329.90
Outpatient Surgery		536.1	983.80	43.95	-	-	536.1	983.80
Other Outpatient		13,371.1	95.19	106.07	-	-	13,371.1	95.19
<b>Subtotal Outpatient Hospital</b>				<b>\$ 354.53</b>				
<b>Professional</b>								
Office/Home Visits/Consults		10,896.9	\$ 90.20	\$ 81.91	\$ 0.00	\$ (0.00)	10,896.9	\$ 90.20
Inpatient Visits		14,360.8	213.35	255.32	-	-	14,360.8	213.35
Radiology		8,072.2	21.96	14.77	-	-	8,072.2	21.96
Pathology/Lab		3,546.4	58.20	17.20	-	-	3,546.4	58.20
Vision		443.3	84.46	3.12	-	-	443.3	84.46
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		319.6	137.43	3.66	-	-	319.6	137.43
MH/SA		10.3	34.92	0.03	-	-	10.3	34.92
Inpatient and Outpatient Surgery		2,030.9	429.97	72.77	-	-	2,030.9	429.97
Therapy		216.5	84.81	1.53	-	-	216.5	84.81
Immunizations		1,154.6	50.61	4.87	-	-	1,154.6	50.61
Physical Exams		2,206.2	102.31	18.81	-	-	2,206.2	102.31
Other Professional		10,556.7	123.61	108.74	-	-	10,556.7	123.61
Emergency Room		2,505.2	101.45	21.18	-	-	2,505.2	101.45
Family Planning		-	-	-	-	-	-	-
Anesthesia		1,010.3	274.61	23.12	-	-	1,010.3	274.61
Federally Qualified Health Center/Rural Health Clinic		793.8	203.17	13.44	-	1.36	793.8	223.73
<b>Subtotal Professional</b>				<b>\$ 640.47</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		11,938.1	\$ 891.97	\$ 887.37	\$ 0.00	\$ 0.00	11,938.1	\$ 891.97
<b>Subtotal Retail Pharmacy</b>				<b>\$ 887.37</b>				
<b>SBH</b>								
Professional SBH		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		185.6	412.57	6.38	-	-	185.6	412.57
<b>Subtotal SBH</b>				<b>\$ 6.38</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		4,113.4	\$ 58.64	\$ 20.10	\$ 0.00	\$ 0.00	4,113.4	\$ 58.64
Other Ancillary		896.9	97.40	7.28	-	-	896.9	97.40
DME/Prosthetics		11,969.1	139.47	139.11	-	-	11,969.1	139.47
Emergency Transportation		371.1	1,668.72	51.61	-	-	371.1	1,668.72
<b>Subtotal Ancillary</b>				<b>\$ 218.10</b>				
<b>LTSS</b>								
Home Health		237.1	\$ 674.11	\$ 13.32	\$ 0.00	\$ (0.00)	237.1	\$ 674.11
Hospice		4,639.2	179.05	69.22	-	-	4,639.2	179.05
Other LTSS		1,835.1	21.51	3.29	-	-	1,835.1	21.51
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 85.83</b>				
<b>Total Medical Costs</b>				<b>\$ 4,482.32</b>				

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Prospective Adjustments

Region: Capital Rate Cell: SSI - Child 1-20 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 81,509 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		300.2	\$ 2,439.67	\$ 61.03	\$ 0.00	\$ 1.82	300.2	\$ 2,512.43
NICU/PICU		153.0	2,471.94	31.51	-	1.01	153.0	2,551.18
<b>Subtotal Inpatient Hospital</b>				<b>\$ 92.54</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		823.1	\$ 498.88	\$ 34.22	\$ 0.00	\$ 0.39	823.1	\$ 504.57
Outpatient Pharmacy		941.3	380.26	29.83	-	-	941.3	380.26
Outpatient Pathology/Lab		2,236.2	16.31	3.04	-	-	2,236.2	16.31
Outpatient Radiology		425.0	309.43	10.96	-	0.04	425.0	310.56
Outpatient Surgery		137.1	725.79	8.29	-	0.01	137.1	726.66
Other Outpatient		3,255.1	73.77	20.01	-	0.03	3,255.1	73.88
<b>Subtotal Outpatient Hospital</b>				<b>\$ 106.35</b>				
<b>Professional</b>								
Office/Home Visits/Consults		4,535.4	\$ 59.37	\$ 22.44	\$ 0.00	\$ (0.00)	4,535.4	\$ 59.37
Inpatient Visits		852.7	99.63	7.08	-	-	852.7	99.63
Radiology		1,116.5	29.23	2.72	-	-	1,116.5	29.23
Pathology/Lab		3,180.3	18.49	4.90	-	-	3,180.3	18.49
Vision		733.8	45.63	2.79	-	-	733.8	45.63
Applied Behavioral Analysis		4,556.4	259.10	98.38	-	-	4,556.4	259.10
Office Administered Drugs		102.5	76.12	0.65	-	-	102.5	76.12
MH/SA		367.2	54.25	1.66	-	-	367.2	54.25
Inpatient and Outpatient Surgery		392.2	219.68	7.18	-	-	392.2	219.68
Therapy		2,782.8	48.73	11.30	-	-	2,782.8	48.73
Immunizations		214.1	28.59	0.51	-	-	214.1	28.59
Physical Exams		487.0	81.56	3.31	-	-	487.0	81.56
Other Professional		2,228.8	163.24	30.32	-	-	2,228.8	163.24
Emergency Room		903.7	79.01	5.95	-	0.00	903.7	79.01
Family Planning		42.0	57.20	0.20	-	-	42.0	57.20
Anesthesia		207.7	149.62	2.59	-	-	207.7	149.62
Federally Qualified Health Center/Rural Health Clinic		1,196.0	157.22	15.67	-	0.61	1,196.0	163.34
<b>Subtotal Professional</b>				<b>\$ 217.65</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		14,268.3	\$ 242.95	\$ 288.87	\$ 0.00	\$ 0.00	14,268.3	\$ 242.95
<b>Subtotal Retail Pharmacy</b>				<b>\$ 288.87</b>				
<b>SBH</b>								
Professional SBH		685.2	\$ 95.80	\$ 5.47	\$ 0.00	\$ 0.03	685.2	\$ 96.33
Inpatient SBH		795.0	703.54	46.61	-	0.34	795.0	708.68
Addiction SBH		52.0	138.54	0.60	-	0.13	52.0	168.56
Outpatient SBH		11.0	152.15	0.14	-	-	11.0	152.15
Other SBH		4,173.5	99.28	34.53	-	-	4,173.5	99.28
<b>Subtotal SBH</b>				<b>\$ 87.35</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		1,227.4	\$ 102.95	\$ 10.53	\$ 0.00	\$ 0.00	1,227.4	\$ 102.95
Other Ancillary		485.4	44.50	1.80	-	-	485.4	44.50
DME/Prosthetics		2,226.7	149.49	27.74	-	-	2,226.7	149.49
Emergency Transportation		145.9	885.82	10.77	-	(0.00)	145.9	885.82
<b>Subtotal Ancillary</b>				<b>\$ 50.84</b>				
<b>LTSS</b>								
Home Health		190.2	\$ 520.47	\$ 8.25	\$ 0.00	\$ 0.00	190.2	\$ 520.47
Hospice		25.9	342.71	0.74	-	0.00	25.9	342.71
Other LTSS		519.8	55.86	2.42	-	-	519.8	55.86
Personal/Custodial Care		798.2	76.07	5.06	-	-	798.2	76.07
<b>Subtotal LTSS</b>				<b>\$ 16.47</b>				
<b>Total Medical Costs</b>				<b>\$ 860.07</b>				



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Prospective Adjustments

Region: Capital Rate Cell: SSI - Adult 21+ Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 165,063 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		1,917.8	\$ 1,470.42	\$ 235.00	\$ 0.00	\$ 10.09	1,917.8	\$ 1,533.56
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 235.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		1,545.7	\$ 705.95	\$ 90.93	\$ 0.00	\$ 2.37	1,545.7	\$ 724.35
Outpatient Pharmacy		3,017.8	281.33	70.75	-	0.17	3,017.8	282.00
Outpatient Pathology/Lab		6,436.8	13.48	7.23	-	-	6,436.8	13.48
Outpatient Radiology		1,528.2	251.67	32.05	-	0.77	1,528.2	257.71
Outpatient Surgery		392.9	1,141.76	37.38	-	0.34	392.9	1,152.14
Other Outpatient		4,603.3	133.16	51.08	-	0.50	4,603.3	134.46
<b>Subtotal Outpatient Hospital</b>				<b>\$ 289.42</b>				
<b>Professional</b>								
Office/Home Visits/Consults		5,907.3	\$ 62.04	\$ 30.54	\$ 0.00	\$ 0.00	5,907.3	\$ 62.04
Inpatient Visits		4,056.1	66.98	22.64	-	-	4,056.1	66.98
Radiology		4,167.7	45.92	15.95	-	-	4,167.7	45.92
Pathology/Lab		8,276.5	18.18	12.54	-	-	8,276.5	18.18
Vision		250.6	62.25	1.30	-	0.00	250.6	62.25
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		603.3	555.91	27.95	-	-	603.3	555.91
MH/SA		2,466.5	26.61	5.47	-	0.52	2,466.5	29.14
Inpatient and Outpatient Surgery		1,444.0	223.64	26.91	-	-	1,444.0	223.64
Therapy		862.2	57.76	4.15	-	-	862.2	57.76
Immunizations		58.0	57.92	0.28	-	0.00	58.0	57.92
Physical Exams		153.0	65.12	0.83	-	-	153.0	65.12
Other Professional		2,791.7	45.99	10.70	-	-	2,791.7	45.99
Emergency Room		1,830.8	83.57	12.75	-	-	1,830.8	83.57
Family Planning		39.5	87.99	0.29	-	-	39.5	87.99
Anesthesia		394.0	123.97	4.07	-	-	394.0	123.97
Federally Qualified Health Center/Rural Health Clinic		1,641.7	165.56	22.65	-	0.62	1,641.7	170.09
<b>Subtotal Professional</b>				<b>\$ 199.02</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		53,482.6	\$ 163.11	\$ 726.95	\$ 0.00	\$ 0.00	53,482.6	\$ 163.11
<b>Subtotal Retail Pharmacy</b>				<b>\$ 726.95</b>				
<b>SBH</b>								
Professional SBH		1,219.2	\$ 48.92	\$ 4.97	\$ 0.00	\$ 0.01	1,219.2	\$ 49.02
Inpatient SBH		1,218.6	754.61	76.63	-	2.28	1,218.6	777.06
Addiction SBH		1,277.5	182.42	19.42	-	3.85	1,277.5	218.59
Outpatient SBH		452.8	150.25	5.67	-	0.01	452.8	150.51
Other SBH		1,951.9	233.80	38.03	-	-	1,951.9	233.80
<b>Subtotal SBH</b>				<b>\$ 144.72</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		6,546.5	\$ 49.62	\$ 27.07	\$ 0.00	\$ 0.00	6,546.5	\$ 49.62
Other Ancillary		292.0	358.31	8.72	-	-	292.0	358.31
DME/Prosthetics		2,285.7	140.76	26.81	-	-	2,285.7	140.76
Emergency Transportation		637.4	823.53	43.74	-	-	637.4	823.53
<b>Subtotal Ancillary</b>				<b>\$ 106.34</b>				
<b>LTSS</b>								
Home Health		1,213.4	\$ 86.43	\$ 8.74	\$ 0.00	\$ 0.00	1,213.4	\$ 86.43
Hospice		464.2	191.82	7.42	-	-	464.2	191.82
Other LTSS		210.2	204.33	3.58	-	-	210.2	204.33
Personal/Custodial Care		63.5	158.64	0.84	-	-	63.5	158.64
<b>Subtotal LTSS</b>				<b>\$ 20.58</b>				
<b>Total Medical Costs</b>				<b>\$ 1,722.03</b>				

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Region: Capital Rate Cell: F&C - 0-2 Months		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 32,628	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Category of Service</b>								
<b>Inpatient Hospital</b>								
Inpatient Acute		3,473.0	\$ 422.51	\$ 122.28	\$ 0.00	\$ 3.97	3,473.0	\$ 436.23
NICU/PICU		9,002.6	2,239.77	1,680.31	-	(25.40)	9,002.6	2,205.92
<b>Subtotal Inpatient Hospital</b>				<b>\$ 1,802.59</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		896.7	\$ 467.61	\$ 34.94	\$ 0.00	\$ 0.38	896.7	\$ 472.69
Outpatient Pharmacy		86.4	38.88	0.28	-	0.01	86.4	40.26
Outpatient Pathology/Lab		2,836.3	15.02	3.55	-	-	2,836.3	15.02
Outpatient Radiology		329.9	198.24	5.45	-	0.06	329.9	200.42
Outpatient Surgery		111.4	466.27	4.33	-	0.02	111.4	468.42
Other Outpatient		2,760.6	64.20	14.77	-	0.19	2,760.6	65.03
<b>Subtotal Outpatient Hospital</b>				<b>\$ 63.32</b>				
<b>Professional</b>								
Office/Home Visits/Consults		5,655.0	\$ 62.62	\$ 29.51	\$ 0.00	\$ 0.00	5,655.0	\$ 62.62
Inpatient Visits		14,016.2	173.90	203.12	-	-	14,016.2	173.90
Radiology		3,247.5	15.93	4.31	-	-	3,247.5	15.93
Pathology/Lab		15,868.7	20.49	27.09	-	-	15,868.7	20.49
Vision		24.6	112.01	0.23	-	-	24.6	112.01
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		778.6	192.50	12.49	-	-	778.6	192.50
Therapy		39.7	39.27	0.13	-	-	39.7	39.27
Immunizations		1,267.0	55.41	5.85	-	-	1,267.0	55.41
Physical Exams		11,329.2	71.83	67.81	-	-	11,329.2	71.83
Other Professional		2,830.8	42.35	9.99	-	-	2,830.8	42.35
Emergency Room		1,035.7	87.83	7.58	-	-	1,035.7	87.83
Family Planning		-	-	-	-	-	-	-
Anesthesia		94.2	249.81	1.96	-	-	94.2	249.81
Federally Qualified Health Center/Rural Health Clinic		1,386.5	146.00	16.87	-	0.27	1,386.5	148.34
<b>Subtotal Professional</b>				<b>\$ 386.94</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		2,053.0	\$ 43.31	\$ 7.41	\$ 0.00	\$ 0.00	2,053.0	\$ 43.31
<b>Subtotal Retail Pharmacy</b>				<b>\$ 7.41</b>				
<b>SBH</b>								
Professional SBH		5.1	\$ 69.92	\$ 0.03	\$ 0.00	\$ 0.00	5.1	\$ 69.92
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		22.4	395.82	0.74	-	-	22.4	395.82
<b>Subtotal SBH</b>				<b>\$ 0.77</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		125.8	\$ 164.09	\$ 1.72	\$ 0.00	\$ 0.00	125.8	\$ 164.09
Other Ancillary		1,253.4	60.70	6.34	-	-	1,253.4	60.70
DME/Prosthetics		148.6	56.53	0.70	-	-	148.6	56.53
Emergency Transportation		155.2	2,460.24	31.82	-	-	155.2	2,460.24
<b>Subtotal Ancillary</b>				<b>\$ 40.58</b>				
<b>LTSS</b>								
Home Health		4.0	\$ 177.97	\$ 0.06	\$ 0.00	\$ 0.00	4.0	\$ 177.97
Hospice		15.1	214.87	0.27	-	-	15.1	214.87
Other LTSS		11.0	21.75	0.02	-	-	11.0	21.75
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.35</b>				
<b>Total Medical Costs</b>				<b>\$ 2,301.96</b>				

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Region: Capital Rate Cell: F&C - 3-11 Months		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 100,428	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
Category of Service								
<b>Inpatient Hospital</b>								
Inpatient Acute		147.2	\$ 2,427.55	\$ 29.78	\$ 0.00	\$ 1.12	147.2	\$ 2,518.85
NICU/PICU		283.8	2,680.05	63.38	-	0.52	283.8	2,702.04
<b>Subtotal Inpatient Hospital</b>				<b>\$ 93.16</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		1,192.7	\$ 382.31	\$ 38.00	\$ 0.00	\$ 0.43	1,192.7	\$ 386.64
Outpatient Pharmacy		242.7	36.10	0.73	-	-	242.7	36.10
Outpatient Pathology/Lab		1,091.1	30.25	2.75	-	-	1,091.1	30.25
Outpatient Radiology		238.6	209.71	4.17	-	0.02	238.6	210.71
Outpatient Surgery		99.7	670.72	5.57	-	-	99.7	670.72
Other Outpatient		2,084.7	60.67	10.54	-	0.04	2,084.7	60.90
<b>Subtotal Outpatient Hospital</b>				<b>\$ 61.76</b>				
<b>Professional</b>								
Office/Home Visits/Consults		4,950.5	\$ 61.45	\$ 25.35	\$ 0.00	\$ 0.00	4,950.5	\$ 61.45
Inpatient Visits		806.8	168.07	11.30	-	-	806.8	168.07
Radiology		785.9	21.22	1.39	-	-	785.9	21.22
Pathology/Lab		2,569.6	24.80	5.31	-	-	2,569.6	24.80
Vision		56.9	61.19	0.29	-	-	56.9	61.19
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		111.0	3.24	0.03	-	-	111.0	3.24
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		271.0	202.80	4.58	-	-	271.0	202.80
Therapy		101.0	55.86	0.47	-	-	101.0	55.86
Immunizations		1,503.0	45.91	5.75	-	-	1,503.0	45.91
Physical Exams		2,370.9	94.34	18.64	-	(0.00)	2,370.9	94.34
Other Professional		1,885.1	26.10	4.10	-	-	1,885.1	26.10
Emergency Room		1,285.7	79.15	8.48	-	0.00	1,285.7	79.15
Family Planning		0.6	200.86	0.01	-	-	0.6	200.86
Anesthesia		139.4	132.53	1.54	-	-	139.4	132.53
Federally Qualified Health Center/Rural Health Clinic		802.6	132.77	8.88	-	0.19	802.6	135.61
<b>Subtotal Professional</b>				<b>\$ 96.12</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		4,892.2	\$ 47.17	\$ 19.23	\$ 0.00	\$ 0.00	4,892.2	\$ 47.17
<b>Subtotal Retail Pharmacy</b>				<b>\$ 19.23</b>				
<b>SBH</b>								
Professional SBH		2.6	\$ 136.95	\$ 0.03	\$ 0.00	\$ 0.00	2.6	\$ 136.95
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		25.1	334.76	0.70	-	-	25.1	334.76
<b>Subtotal SBH</b>				<b>\$ 0.73</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		96.3	\$ 88.47	\$ 0.71	\$ 0.00	\$ 0.00	96.3	\$ 88.47
Other Ancillary		592.2	68.69	3.39	-	-	592.2	68.69
DME/Prosthetics		483.6	67.99	2.74	-	-	483.6	67.99
Emergency Transportation		58.8	1,136.96	5.57	-	-	58.8	1,136.96
<b>Subtotal Ancillary</b>				<b>\$ 12.41</b>				
<b>LTSS</b>								
Home Health		8.2	\$ 101.88	\$ 0.07	\$ 0.00	\$ (0.00)	8.2	\$ 101.88
Hospice		10.8	658.36	0.59	-	-	10.8	658.36
Other LTSS		3.0	40.17	0.01	-	-	3.0	40.17
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.67</b>				
<b>Total Medical Costs</b>				<b>\$ 284.08</b>				

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Region: Capital Rate Cell: F&C - Child 1-20 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 2,029,521 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		35.2	\$ 2,352.62	\$ 6.91	\$ 0.00	\$ 0.23	35.2	\$ 2,430.93
NICU/PICU		15.0	2,889.00	3.60	-	0.10	15.0	2,969.25
<b>Subtotal Inpatient Hospital</b>				<b>\$ 10.51</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		472.0	\$ 430.66	\$ 16.94	\$ 0.00	\$ 0.20	472.0	\$ 435.75
Outpatient Pharmacy		169.6	117.45	1.66	-	-	169.6	117.45
Outpatient Pathology/Lab		782.6	21.62	1.41	-	-	782.6	21.62
Outpatient Radiology		195.6	202.42	3.30	-	0.02	195.6	203.65
Outpatient Surgery		65.5	638.01	3.48	-	0.01	65.5	639.84
Other Outpatient		922.0	63.64	4.89	-	0.02	922.0	63.90
<b>Subtotal Outpatient Hospital</b>				<b>\$ 31.68</b>				
<b>Professional</b>								
Office/Home Visits/Consults		2,900.5	\$ 65.95	\$ 15.94	\$ 0.00	\$ 0.00	2,900.5	\$ 65.95
Inpatient Visits		115.5	108.05	1.04	-	-	115.5	108.05
Radiology		526.4	27.36	1.20	-	-	526.4	27.36
Pathology/Lab		2,123.7	21.92	3.88	-	-	2,123.7	21.92
Vision		576.8	47.85	2.30	-	-	576.8	47.85
Applied Behavioral Analysis		168.4	295.74	4.15	-	-	168.4	295.74
Office Administered Drugs		65.7	144.27	0.79	-	-	65.7	144.27
MH/SA		142.8	62.19	0.74	-	-	142.8	62.19
Inpatient and Outpatient Surgery		207.4	166.60	2.88	-	-	207.4	166.60
Therapy		360.0	60.34	1.81	-	-	360.0	60.34
Immunizations		201.0	35.82	0.60	-	-	201.0	35.82
Physical Exams		465.3	95.93	3.72	-	-	465.3	95.93
Other Professional		679.1	39.76	2.25	-	-	679.1	39.76
Emergency Room		488.0	82.13	3.34	-	-	488.0	82.13
Family Planning		31.5	79.93	0.21	-	-	31.5	79.93
Anesthesia		85.7	152.59	1.09	-	-	85.7	152.59
Federally Qualified Health Center/Rural Health Clinic		666.7	174.42	9.69	-	0.24	666.7	178.74
<b>Subtotal Professional</b>				<b>\$ 55.63</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		5,382.6	\$ 106.03	\$ 47.56	\$ 0.00	\$ 0.00	5,382.6	\$ 106.03
<b>Subtotal Retail Pharmacy</b>				<b>\$ 47.56</b>				
<b>SBH</b>								
Professional SBH		162.9	\$ 64.83	\$ 0.88	\$ 0.00	\$ 0.01	162.9	\$ 65.57
Inpatient SBH		134.6	737.18	8.27	-	0.10	134.6	746.09
Addiction SBH		15.9	204.01	0.27	-	0.04	15.9	234.23
Outpatient SBH		4.4	163.45	0.06	-	-	4.4	163.45
Other SBH		935.9	111.55	8.70	-	-	935.9	111.55
<b>Subtotal SBH</b>				<b>\$ 18.18</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		62.5	\$ 272.70	\$ 1.42	\$ 0.00	\$ 0.00	62.5	\$ 272.70
Other Ancillary		418.1	50.23	1.75	-	-	418.1	50.23
DME/Prosthetics		156.3	140.51	1.83	-	-	156.3	140.51
Emergency Transportation		32.5	1,038.03	2.81	-	-	32.5	1,038.03
<b>Subtotal Ancillary</b>				<b>\$ 7.81</b>				
<b>LTSS</b>								
Home Health		3.5	\$ 377.75	\$ 0.11	\$ 0.00	\$ 0.00	3.5	\$ 377.75
Hospice		1.6	147.60	0.02	-	-	1.6	147.60
Other LTSS		10.5	102.44	0.09	-	-	10.5	102.44
Personal/Custodial Care		8.7	82.67	0.06	-	-	8.7	82.67
<b>Subtotal LTSS</b>				<b>\$ 0.28</b>				
<b>Total Medical Costs</b>				<b>\$ 171.65</b>				

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Region: Capital Rate Cell: F&C - Adult 21+ Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 245,857	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Category of Service</b>								
<b>Inpatient Hospital</b>								
Inpatient Acute		185.0	\$ 1,771.13	\$ 27.31	\$ 0.00	\$ 0.88	185.0	\$ 1,828.20
NICU/PICU		0.9	1,092.70	0.08	-	-	0.9	1,092.70
<b>Subtotal Inpatient Hospital</b>				<b>\$ 27.39</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		801.6	\$ 599.71	\$ 40.06	\$ 0.00	\$ 0.61	801.6	\$ 608.84
Outpatient Pharmacy		687.0	226.89	12.99	-	0.03	687.0	227.41
Outpatient Pathology/Lab		3,246.8	18.18	4.92	-	-	3,246.8	18.18
Outpatient Radiology		614.6	222.19	11.38	-	0.19	614.6	225.90
Outpatient Surgery		128.0	1,026.36	10.95	-	0.08	128.0	1,033.86
Other Outpatient		1,063.1	73.71	6.53	-	0.09	1,063.1	74.73
<b>Subtotal Outpatient Hospital</b>				<b>\$ 86.83</b>				
<b>Professional</b>								
Office/Home Visits/Consults		3,181.3	\$ 66.05	\$ 17.51	\$ 0.00	\$ 0.01	3,181.3	\$ 66.09
Inpatient Visits		472.4	77.23	3.04	-	-	472.4	77.23
Radiology		2,762.3	45.57	10.49	-	-	2,762.3	45.57
Pathology/Lab		7,347.7	26.31	16.11	-	(0.00)	7,347.7	26.31
Vision		100.9	66.61	0.56	-	-	100.9	66.61
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		217.6	134.53	2.44	-	-	217.6	134.53
MH/SA		2,021.7	20.48	3.45	-	0.48	2,021.7	23.33
Inpatient and Outpatient Surgery		427.4	220.95	7.87	-	-	427.4	220.95
Therapy		349.7	60.74	1.77	-	-	349.7	60.74
Immunizations		23.8	70.53	0.14	-	-	23.8	70.53
Physical Exams		217.0	71.35	1.29	-	-	217.0	71.35
Other Professional		801.1	62.46	4.17	-	0.00	801.1	62.46
Emergency Room		843.5	82.09	5.77	-	-	843.5	82.09
Family Planning		237.1	146.80	2.90	-	-	237.1	146.80
Anesthesia		271.5	170.18	3.85	-	-	271.5	170.18
Federally Qualified Health Center/Rural Health Clinic		970.0	171.46	13.86	-	0.33	970.0	175.54
<b>Subtotal Professional</b>				<b>\$ 95.22</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		19,010.7	\$ 124.31	\$ 196.94	\$ 0.00	\$ 0.00	19,010.7	\$ 124.31
<b>Subtotal Retail Pharmacy</b>				<b>\$ 196.94</b>				
<b>SBH</b>								
Professional SBH		348.5	\$ 58.87	\$ 1.71	\$ 0.00	\$ 0.01	348.5	\$ 59.22
Inpatient SBH		186.8	730.25	11.37	-	0.21	186.8	743.74
Addiction SBH		540.1	211.31	9.51	-	1.71	540.1	249.30
Outpatient SBH		48.9	152.28	0.62	-	-	48.9	152.28
Other SBH		843.0	119.00	8.36	-	-	843.0	119.00
<b>Subtotal SBH</b>				<b>\$ 31.57</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		930.0	\$ 59.74	\$ 4.63	\$ 0.00	\$ 0.00	930.0	\$ 59.74
Other Ancillary		340.7	48.95	1.39	-	-	340.7	48.95
DME/Prosthetics		391.2	137.12	4.47	-	-	391.2	137.12
Emergency Transportation		139.1	902.34	10.46	-	-	139.1	902.34
<b>Subtotal Ancillary</b>				<b>\$ 20.95</b>				
<b>LTSS</b>								
Home Health		58.2	\$ 113.44	\$ 0.55	\$ 0.00	\$ 0.00	58.2	\$ 113.44
Hospice		3.0	237.93	0.06	-	-	3.0	237.93
Other LTSS		44.6	107.60	0.40	-	-	44.6	107.60
Personal/Custodial Care		3.4	175.61	0.05	-	-	3.4	175.61
<b>Subtotal LTSS</b>				<b>\$ 1.06</b>				
<b>Total Medical Costs</b>				<b>\$ 459.96</b>				

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Region: Capital Rate Cell: HCBS - Child 1-20 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 6,984 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		584.2	\$ 3,234.21	\$ 157.45	\$ 0.00	\$ 3.48	584.2	\$ 3,305.69
NICU/PICU		733.7	3,870.31	236.63	-	5.40	733.7	3,958.64
<b>Subtotal Inpatient Hospital</b>				<b>\$ 394.08</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		477.7	\$ 1,211.65	\$ 48.23	\$ 0.00	\$ 0.52	477.7	\$ 1,224.71
Outpatient Pharmacy		393.5	8,755.92	287.10	-	0.02	393.5	8,756.53
Outpatient Pathology/Lab		2,450.2	30.12	6.15	-	-	2,450.2	30.12
Outpatient Radiology		537.8	361.03	16.18	-	0.02	537.8	361.47
Outpatient Surgery		288.7	1,460.40	35.13	-	0.05	288.7	1,462.48
Other Outpatient		5,190.7	104.15	45.05	-	0.01	5,190.7	104.17
<b>Subtotal Outpatient Hospital</b>				<b>\$ 437.84</b>				
<b>Professional</b>								
Office/Home Visits/Consults		4,012.0	\$ 108.48	\$ 36.27	\$ 0.00	\$ 0.00	4,012.0	\$ 108.48
Inpatient Visits		1,929.6	186.70	30.02	-	-	1,929.6	186.70
Radiology		1,530.9	35.82	4.57	-	-	1,530.9	35.82
Pathology/Lab		2,182.1	44.87	8.16	-	-	2,182.1	44.87
Vision		419.2	85.30	2.98	-	-	419.2	85.30
Applied Behavioral Analysis		13,223.4	411.81	453.79	-	-	13,223.4	411.81
Office Administered Drugs		144.3	95.61	1.15	-	(0.00)	144.3	95.61
MH/SA		218.2	78.64	1.43	-	-	218.2	78.64
Inpatient and Outpatient Surgery		761.2	436.07	27.66	-	-	761.2	436.07
Therapy		5,867.7	83.95	41.05	-	-	5,867.7	83.95
Immunizations		134.0	34.92	0.39	-	-	134.0	34.92
Physical Exams		302.4	127.38	3.21	-	-	302.4	127.38
Other Professional		6,163.2	453.62	232.98	-	-	6,163.2	453.62
Emergency Room		582.5	144.01	6.99	-	-	582.5	144.01
Family Planning		5.2	209.52	0.09	-	-	5.2	209.52
Anesthesia		316.2	274.05	7.22	-	-	316.2	274.05
Federally Qualified Health Center/Rural Health Clinic		548.1	243.45	11.12	-	0.38	548.1	251.77
<b>Subtotal Professional</b>				<b>\$ 869.08</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		20,446.7	\$ 339.05	\$ 577.71	\$ 0.00	\$ 0.00	20,446.7	\$ 339.05
<b>Subtotal Retail Pharmacy</b>				<b>\$ 577.71</b>				
<b>SBH</b>								
Professional SBH		639.2	\$ 181.17	\$ 9.65	\$ 0.00	\$ 0.03	639.2	\$ 181.73
Inpatient SBH		206.2	1,147.70	19.72	-	0.04	206.2	1,150.03
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		10.3	244.44	0.21	-	-	10.3	244.44
Other SBH		391.8	227.29	7.42	-	-	391.8	227.29
<b>Subtotal SBH</b>				<b>\$ 37.00</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		4,640.9	\$ 76.92	\$ 29.75	\$ 0.00	\$ 0.00	4,640.9	\$ 76.92
Other Ancillary		292.1	89.56	2.18	-	-	292.1	89.56
DME/Prosthetics		21,716.5	194.40	351.81	-	-	21,716.5	194.40
Emergency Transportation		178.7	1,772.86	26.40	-	-	178.7	1,772.86
<b>Subtotal Ancillary</b>				<b>\$ 410.14</b>				
<b>LTSS</b>								
Home Health		7,788.7	\$ 892.70	\$ 579.41	\$ 0.00	\$ 0.00	7,788.7	\$ 892.70
Hospice		1,151.2	338.67	32.49	-	-	1,151.2	338.67
Other LTSS		6,941.6	101.34	58.62	-	-	6,941.6	101.34
Personal/Custodial Care		20,427.8	123.38	210.03	-	-	20,427.8	123.38
<b>Subtotal LTSS</b>				<b>\$ 880.55</b>				
<b>Total Medical Costs</b>				<b>\$ 3,606.40</b>				

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Region: Capital Rate Cell: HCBS - Adult 21+ Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 9,144 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		1,853.0	\$ 1,847.77	\$ 285.33	\$ 0.00	\$ 9.13	1,853.0	\$ 1,906.90
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 285.33</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		771.7	\$ 950.01	\$ 61.09	\$ 0.00	\$ 1.05	771.7	\$ 966.34
Outpatient Pharmacy		1,753.3	578.75	84.56	-	0.10	1,753.3	579.44
Outpatient Pathology/Lab		4,522.3	14.91	5.62	-	-	4,522.3	14.91
Outpatient Radiology		854.3	342.30	24.37	-	0.35	854.3	347.22
Outpatient Surgery		405.5	899.31	30.39	-	0.06	405.5	901.08
Other Outpatient		3,225.7	123.73	33.26	-	0.23	3,225.7	124.59
<b>Subtotal Outpatient Hospital</b>				<b>\$ 239.29</b>				
<b>Professional</b>								
Office/Home Visits/Consults		4,384.5	\$ 78.55	\$ 28.70	\$ 0.00	\$ 0.00	4,384.5	\$ 78.55
Inpatient Visits		3,204.7	84.63	22.60	-	-	3,204.7	84.63
Radiology		2,145.7	44.46	7.95	-	-	2,145.7	44.46
Pathology/Lab		4,968.5	18.04	7.47	-	-	4,968.5	18.04
Vision		169.3	79.39	1.12	-	-	169.3	79.39
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		183.7	135.20	2.07	-	-	183.7	135.20
MH/SA		666.7	94.32	5.24	-	0.05	666.7	95.22
Inpatient and Outpatient Surgery		1,221.8	189.66	19.31	-	-	1,221.8	189.66
Therapy		1,337.3	79.24	8.83	-	-	1,337.3	79.24
Immunizations		61.7	89.49	0.46	-	-	61.7	89.49
Physical Exams		158.8	80.86	1.07	-	-	158.8	80.86
Other Professional		1,853.0	77.26	11.93	-	-	1,853.0	77.26
Emergency Room		958.0	115.24	9.20	-	-	958.0	115.24
Family Planning		56.4	99.95	0.47	-	-	56.4	99.95
Anesthesia		252.0	167.64	3.52	-	-	252.0	167.64
Federally Qualified Health Center/Rural Health Clinic		1,607.6	220.43	29.53	-	0.53	1,607.6	224.38
<b>Subtotal Professional</b>				<b>\$ 159.47</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		43,698.2	\$ 188.52	\$ 686.50	\$ 0.00	\$ 0.00	43,698.2	\$ 188.52
<b>Subtotal Retail Pharmacy</b>				<b>\$ 686.50</b>				
<b>SBH</b>								
Professional SBH		574.8	\$ 154.07	\$ 7.38	\$ 0.00	\$ 0.00	574.8	\$ 154.07
Inpatient SBH		425.2	1,012.33	35.87	-	0.24	425.2	1,019.10
Addiction SBH		322.8	240.49	6.47	-	0.73	322.8	267.63
Outpatient SBH		333.3	917.28	25.48	-	-	333.3	917.28
Other SBH		1,755.9	477.77	69.91	-	(0.00)	1,755.9	477.77
<b>Subtotal SBH</b>				<b>\$ 145.11</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		5,690.3	\$ 152.53	\$ 72.33	\$ 0.00	\$ 0.00	5,690.3	\$ 152.53
Other Ancillary		203.4	54.27	0.92	-	-	203.4	54.27
DME/Prosthetics		5,064.3	191.96	81.01	-	-	5,064.3	191.96
Emergency Transportation		380.6	1,121.56	35.57	-	-	380.6	1,121.56
<b>Subtotal Ancillary</b>				<b>\$ 189.83</b>				
<b>LTSS</b>								
Home Health		1,140.4	\$ 130.06	\$ 12.36	\$ 0.00	\$ 0.00	1,140.4	\$ 130.06
Hospice		893.7	199.40	14.85	-	-	893.7	199.40
Other LTSS		196.9	171.91	2.82	-	-	196.9	171.91
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 30.03</b>				
<b>Total Medical Costs</b>				<b>\$ 1,735.56</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - CCM, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 4,464	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		5,422.0	273.86	123.74	-	-	5,422.0	273.86
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 123.74</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		357.5	\$ 56.72	\$ 1.69	\$ 0.00	\$ 0.03	357.5	\$ 57.73
Inpatient SBH		782.3	673.59	43.91	-	0.55	782.3	682.03
Addiction SBH		102.2	162.11	1.38	-	0.28	102.2	195.01
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		1,736.6	103.24	14.94	-	-	1,736.6	103.24
<b>Subtotal SBH</b>				<b>\$ 61.92</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		443.5	\$ 201.29	\$ 7.44	\$ 0.00	\$ 0.00	443.5	\$ 201.29
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 7.44</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 193.10</b>				



State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - Dual Eligible, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 346,376	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		2.1	391.07	0.07	-	0.00	2.1	391.07
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.07</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		9.4	\$ 89.80	\$ 0.07	\$ 0.00	\$ 0.00	9.4	\$ 89.80
Inpatient SBH		52.1	681.70	2.96	-	(0.00)	52.1	681.70
Addiction SBH		261.1	238.55	5.19	-	0.87	261.1	278.53
Outpatient SBH		0.6	203.75	0.01	-	-	0.6	203.75
Other SBH		353.0	366.50	10.78	-	-	353.0	366.50
<b>Subtotal SBH</b>				<b>\$ 19.01</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		3,015.2	\$ 49.39	\$ 12.41	\$ 0.00	\$ 0.00	3,015.2	\$ 49.39
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 12.41</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 31.49</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - LaHIPP, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 2,652 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		176.5	137.36	2.02	-	-	176.5	137.36
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 2.02</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		63.3	\$ 79.56	\$ 0.42	\$ 0.00	\$ 0.00	63.3	\$ 79.56
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		334.8	94.25	2.63	-	0.00	334.8	94.25
<b>Subtotal SBH</b>				<b>\$ 3.05</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		18.1	\$ 66.30	\$ 0.10	\$ 0.00	\$ 0.00	18.1	\$ 66.30
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 0.10</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 5.17</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - HCBS - Child 1-20 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 5,352 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		8,125.6	242.85	164.44	-	-	8,125.6	242.85
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 164.44</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		556.1	\$ 110.71	\$ 5.13	\$ 0.00	\$ (0.00)	556.1	\$ 110.71
Inpatient SBH		150.2	762.86	9.55	-	-	150.2	762.86
Addiction SBH		91.9	144.90	1.11	-	0.22	91.9	173.61
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		854.3	115.47	8.22	-	-	854.3	115.47
<b>Subtotal SBH</b>				<b>\$ 24.01</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		585.2	\$ 168.15	\$ 8.20	\$ 0.00	\$ (0.00)	585.2	\$ 168.15
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 8.20</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 196.65</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - HCBS - Adult 21+ Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 8,976 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.00</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		421.1	\$ 137.35	\$ 4.82	\$ 0.00	\$ 0.00	421.1	\$ 137.35
Inpatient SBH		390.4	761.73	24.78	-	0.93	390.4	790.32
Addiction SBH		288.8	268.86	6.47	-	0.68	288.8	297.12
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		744.7	401.10	24.89	-	-	744.7	401.10
<b>Subtotal SBH</b>				<b>\$ 60.96</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		2,660.4	\$ 286.51	\$ 63.52	\$ 0.00	\$ 0.00	2,660.4	\$ 286.51
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 63.52</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 124.48</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: SBH - Other - All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 8,124 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		471.2	284.21	11.16	-	-	471.2	284.21
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 11.16</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		2,130.0	\$ 51.44	\$ 9.13	\$ 0.00	\$ 0.00	2,130.0	\$ 51.44
Inpatient SBH		1,443.1	726.59	87.38	-	0.79	1,443.1	733.16
Addiction SBH		8.9	257.26	0.19	-	0.03	8.9	297.88
Outpatient SBH		13.3	180.53	0.20	-	-	13.3	180.53
Other SBH		1,000.0	188.88	15.74	-	-	1,000.0	188.88
<b>Subtotal SBH</b>				<b>\$ 112.64</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		3,162.5	\$ 216.86	\$ 57.15	\$ 0.00	\$ 0.00	3,162.5	\$ 216.86
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 57.15</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 180.95</b>				

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Region: Capital Rate Cell: Other Populations - FCC, All Ages Male & Female		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 50,244 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		101.0	\$ 2,368.48	\$ 19.94	\$ 0.00	\$ 0.47	101.0	\$ 2,424.30
NICU/PICU		19.1	2,568.72	4.09	-	0.07	19.1	2,612.69
<b>Subtotal Inpatient Hospital</b>				<b>\$ 24.03</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		582.5	\$ 520.16	\$ 25.25	\$ 0.00	\$ 0.76	582.5	\$ 535.81
Outpatient Pharmacy		224.7	173.53	3.25	-	0.01	224.7	174.07
Outpatient Pathology/Lab		1,216.9	20.41	2.07	-	0.00	1,216.9	20.41
Outpatient Radiology		262.7	237.06	5.19	-	0.08	262.7	240.71
Outpatient Surgery		108.0	741.43	6.67	-	0.01	108.0	742.54
Other Outpatient		1,382.4	69.36	7.99	-	0.07	1,382.4	69.97
<b>Subtotal Outpatient Hospital</b>				<b>\$ 50.42</b>				
<b>Professional</b>								
Office/Home Visits/Consults		3,304.8	\$ 64.23	\$ 17.69	\$ 0.00	\$ (0.00)	3,304.8	\$ 64.23
Inpatient Visits		460.7	74.49	2.86	-	-	460.7	74.49
Radiology		774.3	30.22	1.95	-	-	774.3	30.22
Pathology/Lab		2,852.4	21.29	5.06	-	-	2,852.4	21.29
Vision		599.7	54.83	2.74	-	-	599.7	54.83
Applied Behavioral Analysis		333.4	259.50	7.21	-	-	333.4	259.50
Office Administered Drugs		38.7	297.74	0.96	-	-	38.7	297.74
MH/SA		624.1	63.65	3.31	-	-	624.1	63.65
Inpatient and Outpatient Surgery		304.8	181.92	4.62	-	-	304.8	181.92
Therapy		627.7	55.06	2.88	-	-	627.7	55.06
Immunizations		204.4	33.46	0.57	-	-	204.4	33.46
Physical Exams		469.1	88.00	3.44	-	-	469.1	88.00
Other Professional		892.3	80.42	5.98	-	-	892.3	80.42
Emergency Room		608.8	86.93	4.41	-	-	608.8	86.93
Family Planning		53.5	71.78	0.32	-	-	53.5	71.78
Anesthesia		141.9	134.49	1.59	-	-	141.9	134.49
Federally Qualified Health Center/Rural Health Clinic		1,483.2	164.65	20.35	-	0.55	1,483.2	169.10
<b>Subtotal Professional</b>				<b>\$ 85.94</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		10,787.4	\$ 98.25	\$ 88.32	\$ 0.00	\$ 0.00	10,787.4	\$ 98.25
<b>Subtotal Retail Pharmacy</b>				<b>\$ 88.32</b>				
<b>SBH</b>								
Professional SBH		1,236.9	\$ 62.67	\$ 6.46	\$ 0.00	\$ 0.03	1,236.9	\$ 62.96
Inpatient SBH		2,020.3	703.26	118.40	-	0.71	2,020.3	707.48
Addiction SBH		132.1	208.06	2.29	-	0.41	132.1	245.31
Outpatient SBH		31.8	162.44	0.43	-	0.01	31.8	166.22
Other SBH		2,857.4	129.98	30.95	-	-	2,857.4	129.98
<b>Subtotal SBH</b>				<b>\$ 158.53</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		162.4	\$ 605.14	\$ 8.19	\$ 0.00	\$ 0.00	162.4	\$ 605.14
Other Ancillary		385.5	61.64	1.98	-	-	385.5	61.64
DME/Prosthetics		311.0	200.28	5.19	-	-	311.0	200.28
Emergency Transportation		91.0	1,007.52	7.64	-	-	91.0	1,007.52
<b>Subtotal Ancillary</b>				<b>\$ 23.00</b>				
<b>LTSS</b>								
Home Health		54.9	\$ 259.96	\$ 1.19	\$ 0.00	\$ 0.00	54.9	\$ 259.96
Hospice		-	-	-	-	-	-	-
Other LTSS		135.7	149.49	1.69	-	-	135.7	149.49
Personal/Custodial Care		172.0	56.52	0.81	-	-	172.0	56.52
<b>Subtotal LTSS</b>				<b>\$ 3.69</b>				
<b>Total Medical Costs</b>				<b>\$ 433.93</b>				

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Region: Capital Rate Cell: Other Populations - BCC, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 1,272 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		1,150.9	\$ 1,404.00	\$ 134.66	\$ 0.00	\$ 3.44	1,150.9	\$ 1,439.86
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 134.66</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		707.5	\$ 743.36	\$ 43.83	\$ 0.00	\$ 0.00	707.5	\$ 743.36
Outpatient Pharmacy		8,037.7	1,309.25	876.95	-	0.28	8,037.7	1,309.67
Outpatient Pathology/Lab		12,660.4	12.24	12.91	-	-	12,660.4	12.24
Outpatient Radiology		5,792.5	332.96	160.72	-	0.27	5,792.5	333.52
Outpatient Surgery		896.2	808.32	60.37	-	0.49	896.2	814.88
Other Outpatient		6,377.4	74.78	39.74	-	0.62	6,377.4	75.94
<b>Subtotal Outpatient Hospital</b>				<b>\$ 1,194.52</b>				
<b>Professional</b>								
Office/Home Visits/Consults		11,056.6	\$ 63.43	\$ 58.44	\$ 0.00	\$ 0.00	11,056.6	\$ 63.43
Inpatient Visits		2,179.2	71.36	12.96	-	-	2,179.2	71.36
Radiology		9,632.1	90.76	72.85	-	-	9,632.1	90.76
Pathology/Lab		11,811.3	21.56	21.22	-	-	11,811.3	21.56
Vision		462.3	56.85	2.19	-	-	462.3	56.85
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		4,518.9	755.34	284.44	-	-	4,518.9	755.34
MH/SA		56.6	44.52	0.21	-	-	56.6	44.52
Inpatient and Outpatient Surgery		3,075.5	267.86	68.65	-	-	3,075.5	267.86
Therapy		632.1	70.81	3.73	-	-	632.1	70.81
Immunizations		141.5	42.40	0.50	-	-	141.5	42.40
Physical Exams		367.9	75.02	2.30	-	-	367.9	75.02
Other Professional		2,886.8	35.42	8.52	-	0.00	2,886.8	35.42
Emergency Room		764.2	78.52	5.00	-	-	764.2	78.52
Family Planning		37.7	89.04	0.28	-	-	37.7	89.04
Anesthesia		905.7	148.67	11.22	-	-	905.7	148.67
Federally Qualified Health Center/Rural Health Clinic		1,320.8	168.90	18.59	-	0.34	1,320.8	171.99
<b>Subtotal Professional</b>				<b>\$ 571.10</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		53,226.4	\$ 194.89	\$ 864.42	\$ 0.00	\$ 0.00	53,226.4	\$ 194.89
<b>Subtotal Retail Pharmacy</b>				<b>\$ 864.42</b>				
<b>SBH</b>								
Professional SBH		254.7	\$ 75.38	\$ 1.60	\$ 0.00	\$ 0.00	254.7	\$ 75.38
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		358.5	75.32	2.25	-	-	358.5	75.32
<b>Subtotal SBH</b>				<b>\$ 3.85</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		556.6	\$ 88.61	\$ 4.11	\$ 0.00	\$ 0.00	556.6	\$ 88.61
Other Ancillary		358.5	90.38	2.70	-	-	358.5	90.38
DME/Prosthetics		839.6	178.08	12.46	-	-	839.6	178.08
Emergency Transportation		103.8	1,218.81	10.54	-	-	103.8	1,218.81
<b>Subtotal Ancillary</b>				<b>\$ 29.81</b>				
<b>LTSS</b>								
Home Health		84.9	\$ 93.28	\$ 0.66	\$ 0.00	\$ 0.00	84.9	\$ 93.28
Hospice		47.2	165.36	0.65	-	-	47.2	165.36
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 1.31</b>				
<b>Total Medical Costs</b>				<b>\$ 2,799.67</b>				

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Region: Capital Rate Cell: Other Populations - LAP, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 7,908	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		160.8	\$ 87.29	\$ 1.17	\$ 0.00	\$ 0.00	160.8	\$ 87.29
NICU/PICU		109.3	18.67	0.17	-	0.01	109.3	19.77
<b>Subtotal Inpatient Hospital</b>				<b>\$ 1.34</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		177.5	\$ 515.03	\$ 7.62	\$ 0.00	\$ 0.09	177.5	\$ 521.12
Outpatient Pharmacy		112.3	53.43	0.50	-	-	112.3	53.43
Outpatient Pathology/Lab		902.9	25.92	1.95	-	-	902.9	25.92
Outpatient Radiology		145.7	192.76	2.34	-	-	145.7	192.76
Outpatient Surgery		37.9	917.33	2.90	-	-	37.9	917.33
Other Outpatient		1,028.8	58.20	4.99	-	0.02	1,028.8	58.44
<b>Subtotal Outpatient Hospital</b>				<b>\$ 20.30</b>				
<b>Professional</b>								
Office/Home Visits/Consults		2,078.9	\$ 82.95	\$ 14.37	\$ 0.00	\$ 0.00	2,078.9	\$ 82.95
Inpatient Visits		437.0	17.30	0.63	-	-	437.0	17.30
Radiology		690.4	18.77	1.08	-	-	690.4	18.77
Pathology/Lab		1,640.4	27.51	3.76	-	-	1,640.4	27.51
Vision		408.2	59.09	2.01	-	0.00	408.2	59.09
Applied Behavioral Analysis		810.3	445.90	30.11	-	-	810.3	445.90
Office Administered Drugs		33.4	17.97	0.05	-	-	33.4	17.97
MH/SA		229.1	83.27	1.59	-	-	229.1	83.27
Inpatient and Outpatient Surgery		414.3	71.26	2.46	-	-	414.3	71.26
Therapy		505.3	72.67	3.06	-	-	505.3	72.67
Immunizations		162.4	44.34	0.60	-	-	162.4	44.34
Physical Exams		385.4	119.24	3.83	-	-	385.4	119.24
Other Professional		739.0	40.11	2.47	-	-	739.0	40.11
Emergency Room		183.6	109.14	1.67	-	-	183.6	109.14
Family Planning		7.6	110.71	0.07	-	-	7.6	110.71
Anesthesia		75.9	150.25	0.95	-	-	75.9	150.25
Federally Qualified Health Center/Rural Health Clinic		403.6	198.00	6.66	-	0.13	403.6	201.86
<b>Subtotal Professional</b>				<b>\$ 75.37</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		4,396.1	\$ 107.58	\$ 39.41	\$ 0.00	\$ 0.00	4,396.1	\$ 107.58
<b>Subtotal Retail Pharmacy</b>				<b>\$ 39.41</b>				
<b>SBH</b>								
Professional SBH		171.5	\$ 94.48	\$ 1.35	\$ 0.00	\$ 0.07	171.5	\$ 99.37
Inpatient SBH		15.2	1,004.32	1.27	-	-	15.2	1,004.32
Addiction SBH		9.1	26.36	0.02	-	-	9.1	26.36
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		625.2	110.94	5.78	-	-	625.2	110.94
<b>Subtotal SBH</b>				<b>\$ 8.42</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		13.7	\$ 369.04	\$ 0.42	\$ 0.00	\$ 0.00	13.7	\$ 369.04
Other Ancillary		314.1	76.79	2.01	-	0.00	314.1	76.79
DME/Prosthetics		109.3	454.71	4.14	-	-	109.3	454.71
Emergency Transportation		10.6	1,107.12	0.98	-	-	10.6	1,107.12
<b>Subtotal Ancillary</b>				<b>\$ 7.55</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		4.6	26.36	0.01	-	-	4.6	26.36
Personal/Custodial Care		3.0	118.62	0.03	-	-	3.0	118.62
<b>Subtotal LTSS</b>				<b>\$ 0.04</b>				
<b>Total Medical Costs</b>				<b>\$ 152.43</b>				



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Region: Capital Rate Cell: Other Populations - CCM, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 13,404	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		259.6	\$ 2,165.44	\$ 46.85	\$ 0.00	\$ 3.26	259.6	\$ 2,316.12
NICU/PICU		248.0	2,831.29	58.51	-	2.32	248.0	2,943.56
<b>Subtotal Inpatient Hospital</b>				<b>\$ 105.36</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		611.5	\$ 564.03	\$ 28.74	\$ 0.00	\$ 0.19	611.5	\$ 567.76
Outpatient Pharmacy		533.6	398.97	17.74	-	-	533.6	398.97
Outpatient Pathology/Lab		1,778.0	18.76	2.78	-	-	1,778.0	18.76
Outpatient Radiology		470.0	311.99	12.22	-	0.02	470.0	312.50
Outpatient Surgery		216.7	1,606.82	29.01	-	-	216.7	1,606.82
Other Outpatient		6,102.1	63.11	32.09	-	0.01	6,102.1	63.13
<b>Subtotal Outpatient Hospital</b>				<b>\$ 122.58</b>				
<b>Professional</b>								
Office/Home Visits/Consults		4,763.7	\$ 69.65	\$ 27.65	\$ 0.00	\$ 0.00	4,763.7	\$ 69.65
Inpatient Visits		955.2	128.01	10.19	-	-	955.2	128.01
Radiology		1,049.2	26.99	2.36	-	-	1,049.2	26.99
Pathology/Lab		2,485.2	20.86	4.32	-	(0.00)	2,485.2	20.86
Vision		594.4	54.10	2.68	-	-	594.4	54.10
Applied Behavioral Analysis		15,091.3	292.91	368.37	-	-	15,091.3	292.91
Office Administered Drugs		156.7	7,346.16	95.91	-	-	156.7	7,346.16
MH/SA		393.0	65.34	2.14	-	0.00	393.0	65.34
Inpatient and Outpatient Surgery		475.4	225.17	8.92	-	-	475.4	225.17
Therapy		6,258.7	55.74	29.07	-	-	6,258.7	55.74
Immunizations		162.9	32.41	0.44	-	-	162.9	32.41
Physical Exams		515.7	90.06	3.87	-	-	515.7	90.06
Other Professional		3,197.9	241.25	64.29	-	-	3,197.9	241.25
Emergency Room		693.8	92.36	5.34	-	-	693.8	92.36
Family Planning		27.8	64.86	0.15	-	-	27.8	64.86
Anesthesia		251.6	167.43	3.51	-	-	251.6	167.43
Federally Qualified Health Center/Rural Health Clinic		757.4	179.67	11.34	-	0.39	757.4	185.85
<b>Subtotal Professional</b>				<b>\$ 640.55</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		16,218.4	\$ 188.79	\$ 255.16	\$ 0.00	\$ 0.00	16,218.4	\$ 188.79
<b>Subtotal Retail Pharmacy</b>				<b>\$ 255.16</b>				
<b>SBH</b>								
Professional SBH		661.6	\$ 84.89	\$ 4.68	\$ 0.00	\$ 0.00	661.6	\$ 84.89
Inpatient SBH		669.7	783.81	43.74	-	0.30	669.7	789.19
Addiction SBH		2.7	44.68	0.01	-	-	2.7	44.68
Outpatient SBH		19.7	176.69	0.29	-	-	19.7	176.69
Other SBH		1,595.3	103.58	13.77	-	-	1,595.3	103.58
<b>Subtotal SBH</b>				<b>\$ 62.49</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		1,174.6	\$ 94.91	\$ 9.29	\$ 0.00	\$ 0.00	1,174.6	\$ 94.91
Other Ancillary		434.2	51.68	1.87	-	-	434.2	51.68
DME/Prosthetics		9,269.5	143.63	110.95	-	-	9,269.5	143.63
Emergency Transportation		104.7	1,157.10	10.10	-	-	104.7	1,157.10
<b>Subtotal Ancillary</b>				<b>\$ 132.21</b>				
<b>LTSS</b>								
Home Health		1,248.0	\$ 684.82	\$ 71.22	\$ 0.00	\$ 0.00	1,248.0	\$ 684.82
Hospice		55.5	624.80	2.89	-	-	55.5	624.80
Other LTSS		1,302.6	100.14	10.87	-	-	1,302.6	100.14
Personal/Custodial Care		11,859.4	89.59	88.54	-	-	11,859.4	89.59
<b>Subtotal LTSS</b>				<b>\$ 173.52</b>				
<b>Total Medical Costs</b>				<b>\$ 1,491.87</b>				

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Region: Capital Rate Cell: Act 421 - Non-TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 4,899 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		193.5	\$ 11,756.36	\$ 189.58	\$ 0.00	\$ 0.00	193.5	\$ 11,756.36
NICU/PICU		9.8	9,197.87	7.51	-	-	9.8	9,197.87
<b>Subtotal Inpatient Hospital</b>				<b>\$ 197.09</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		34.3	\$ 1,291.24	\$ 3.69	\$ 0.00	\$ 0.00	34.3	\$ 1,291.24
Outpatient Pharmacy		225.4	96.92	1.82	-	-	225.4	96.92
Outpatient Pathology/Lab		475.2	82.83	3.28	-	-	475.2	82.83
Outpatient Radiology		90.6	1,929.15	14.57	-	0.04	90.6	1,934.44
Outpatient Surgery		12.2	1,881.22	1.92	-	-	12.2	1,881.22
Other Outpatient		502.1	416.06	17.41	-	-	502.1	416.06
<b>Subtotal Outpatient Hospital</b>				<b>\$ 42.69</b>				
<b>Professional</b>								
Office/Home Visits/Consults		382.1	\$ 218.88	\$ 6.97	\$ 0.00	\$ 0.00	382.1	\$ 218.88
Inpatient Visits		200.9	334.57	5.60	-	-	200.9	334.57
Radiology		166.6	132.56	1.84	-	-	166.6	132.56
Pathology/Lab		259.6	65.17	1.41	-	0.00	259.6	65.17
Vision		46.5	165.02	0.64	-	-	46.5	165.02
Applied Behavioral Analysis		7,561.5	470.02	296.17	-	-	7,561.5	470.02
Office Administered Drugs		31.8	1,556.37	4.13	-	-	31.8	1,556.37
MH/SA		22.0	223.18	0.41	-	-	22.0	223.18
Inpatient and Outpatient Surgery		61.2	758.37	3.87	-	-	61.2	758.37
Therapy		2,140.8	109.70	19.57	-	-	2,140.8	109.70
Immunizations		4.9	48.99	0.02	-	-	4.9	48.99
Physical Exams		44.1	242.23	0.89	-	-	44.1	242.23
Other Professional		107.8	158.10	1.42	-	-	107.8	158.10
Emergency Room		29.4	244.95	0.60	-	-	29.4	244.95
Family Planning		-	-	-	-	-	-	-
Anesthesia		56.3	583.62	2.74	-	-	56.3	583.62
Federally Qualified Health Center/Rural Health Clinic		34.3	433.91	1.24	-	0.02	34.3	440.91
<b>Subtotal Professional</b>				<b>\$ 347.52</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		1,849.4	\$ 345.91	\$ 53.31	\$ 0.00	\$ 0.00	1,849.4	\$ 345.91
<b>Subtotal Retail Pharmacy</b>				<b>\$ 53.31</b>				
<b>SBH</b>								
Professional SBH		173.9	\$ 502.32	\$ 7.28	\$ 0.00	\$ 0.00	173.9	\$ 502.32
Inpatient SBH		291.5	1,899.49	46.14	-	-	291.5	1,899.49
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		144.5	292.28	3.52	-	-	144.5	292.28
<b>Subtotal SBH</b>				<b>\$ 56.94</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		2.4	\$ 2,645.46	\$ 0.54	\$ 0.00	\$ 0.00	2.4	\$ 2,645.46
Other Ancillary		41.6	227.66	0.79	-	-	41.6	227.66
DME/Prosthetics		394.4	1,305.99	42.92	-	-	394.4	1,305.99
Emergency Transportation		2.4	2,057.58	0.42	-	-	2.4	2,057.58
<b>Subtotal Ancillary</b>				<b>\$ 44.67</b>				
<b>LTSS</b>								
Home Health		2.4	\$ 783.84	\$ 0.16	\$ 0.00	\$ 0.00	2.4	\$ 783.84
Hospice		-	-	-	-	-	-	-
Other LTSS		120.0	27.99	0.28	-	-	120.0	27.99
Personal/Custodial Care		107.8	212.66	1.91	-	-	107.8	212.66
<b>Subtotal LTSS</b>				<b>\$ 2.35</b>				
<b>Total Medical Costs</b>				<b>\$ 744.57</b>				

State of Louisiana  
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Healthy Louisiana Medicaid Managed Care Program  
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Prospective Adjustments

Region: Capital Rate Cell: Act 421 - Non-LaHIPP TPL - Child 1-18 Years		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 3,990 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		48.1	\$ 650.87	\$ 2.61	\$ 0.00	\$ 0.00	48.1	\$ 650.87
NICU/PICU		9.0	3,524.50	2.65	-	0.07	9.0	3,617.60
<b>Subtotal Inpatient Hospital</b>				<b>\$ 5.26</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		42.1	\$ 316.35	\$ 1.11	\$ 0.00	\$ 0.00	42.1	\$ 316.35
Outpatient Pharmacy		93.2	102.97	0.80	-	-	93.2	102.97
Outpatient Pathology/Lab		297.7	17.33	0.43	-	-	297.7	17.33
Outpatient Radiology		180.5	296.59	4.46	-	-	180.5	296.59
Outpatient Surgery		24.1	773.06	1.55	-	-	24.1	773.06
Other Outpatient		685.7	109.03	6.23	-	-	685.7	109.03
<b>Subtotal Outpatient Hospital</b>				<b>\$ 14.58</b>				
<b>Professional</b>								
Office/Home Visits/Consults		547.4	\$ 60.07	\$ 2.74	\$ 0.00	\$ 0.00	547.4	\$ 60.07
Inpatient Visits		222.6	179.01	3.32	-	-	222.6	179.01
Radiology		204.5	75.69	1.29	-	-	204.5	75.69
Pathology/Lab		198.5	26.00	0.43	-	-	198.5	26.00
Vision		57.1	98.70	0.47	-	-	57.1	98.70
Applied Behavioral Analysis		5,963.9	163.99	81.50	-	-	5,963.9	163.99
Office Administered Drugs		51.1	11.74	0.05	-	-	51.1	11.74
MH/SA		15.0	31.92	0.04	-	-	15.0	31.92
Inpatient and Outpatient Surgery		99.2	176.53	1.46	-	-	99.2	176.53
Therapy		4,983.5	60.34	25.06	-	-	4,983.5	60.34
Immunizations		15.0	23.94	0.03	-	-	15.0	23.94
Physical Exams		21.1	136.80	0.24	-	-	21.1	136.80
Other Professional		1,344.4	635.19	71.16	-	-	1,344.4	635.19
Emergency Room		30.1	167.58	0.42	-	-	30.1	167.58
Family Planning		-	-	-	-	-	-	-
Anesthesia		48.1	281.79	1.13	-	-	48.1	281.79
Federally Qualified Health Center/Rural Health Clinic		105.3	150.48	1.32	-	0.01	105.3	151.62
<b>Subtotal Professional</b>				<b>\$ 190.66</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		3,230.1	\$ 150.65	\$ 40.55	\$ 0.00	\$ 0.00	3,230.1	\$ 150.65
<b>Subtotal Retail Pharmacy</b>				<b>\$ 40.55</b>				
<b>SBH</b>								
Professional SBH		102.3	\$ 147.86	\$ 1.26	\$ 0.00	\$ 0.00	102.3	\$ 147.86
Inpatient SBH		9.0	2,101.40	1.58	-	0.04	9.0	2,154.60
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		54.1	177.33	0.80	-	-	54.1	177.33
<b>Subtotal SBH</b>				<b>\$ 3.64</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		204.5	\$ 68.65	\$ 1.17	\$ 0.00	\$ 0.00	204.5	\$ 68.65
Other Ancillary		27.1	66.50	0.15	-	-	27.1	66.50
DME/Prosthetics		679.7	614.57	34.81	-	-	679.7	614.57
Emergency Transportation		12.0	2,254.35	2.26	-	-	12.0	2,254.35
<b>Subtotal Ancillary</b>				<b>\$ 38.39</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		3.0	79.80	0.02	-	-	3.0	79.80
Personal/Custodial Care		1,058.6	118.68	10.47	-	-	1,058.6	118.68
<b>Subtotal LTSS</b>				<b>\$ 10.49</b>				
<b>Total Medical Costs</b>				<b>\$ 303.57</b>				

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Prospective Adjustments

Region: Capital Rate Cell: Medicaid Expansion - Age 19-64		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 1,723,232 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		416.2	\$ 1,551.06	\$ 53.79	\$ 0.00	\$ 1.95	416.2	\$ 1,607.28
NICU/PICU		0.1	1,914.70	0.02	-	-	0.1	1,914.70
<b>Subtotal Inpatient Hospital</b>				<b>\$ 53.81</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		863.2	\$ 601.65	\$ 43.28	\$ 0.00	\$ 0.78	863.2	\$ 612.50
Outpatient Pharmacy		939.5	253.67	19.86	-	0.06	939.5	254.44
Outpatient Pathology/Lab		3,381.5	16.04	4.52	-	-	3,381.5	16.04
Outpatient Radiology		811.1	219.85	14.86	-	0.27	811.1	223.85
Outpatient Surgery		176.0	1,045.31	15.33	-	0.14	176.0	1,054.86
Other Outpatient		1,630.2	81.04	11.01	-	0.16	1,630.2	82.22
<b>Subtotal Outpatient Hospital</b>				<b>\$ 108.86</b>				
<b>Professional</b>								
Office/Home Visits/Consults		3,590.2	\$ 60.03	\$ 17.96	\$ 0.00	\$ (0.00)	3,590.2	\$ 60.03
Inpatient Visits		928.2	69.30	5.36	-	-	928.2	69.30
Radiology		2,159.2	39.90	7.18	-	-	2,159.2	39.90
Pathology/Lab		6,426.9	20.41	10.93	-	-	6,426.9	20.41
Vision		157.1	62.62	0.82	-	-	157.1	62.62
Applied Behavioral Analysis		0.4	269.26	0.01	-	-	0.4	269.26
Office Administered Drugs		265.3	174.62	3.86	-	-	265.3	174.62
MH/SA		2,045.4	19.71	3.36	-	0.48	2,045.4	22.53
Inpatient and Outpatient Surgery		644.2	207.69	11.15	-	-	644.2	207.69
Therapy		467.1	61.66	2.40	-	-	467.1	61.66
Immunizations		34.3	62.98	0.18	-	-	34.3	62.98
Physical Exams		203.0	65.61	1.11	-	(0.00)	203.0	65.61
Other Professional		1,092.8	45.68	4.16	-	-	1,092.8	45.68
Emergency Room		921.0	78.31	6.01	-	-	921.0	78.31
Family Planning		108.6	86.19	0.78	-	-	108.6	86.19
Anesthesia		211.0	127.97	2.25	-	-	211.0	127.97
Federally Qualified Health Center/Rural Health Clinic		1,050.8	162.05	14.19	-	0.37	1,050.8	166.28
<b>Subtotal Professional</b>				<b>\$ 91.71</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		22,205.1	\$ 143.15	\$ 264.88	\$ 0.00	\$ 0.00	22,205.1	\$ 143.15
<b>Subtotal Retail Pharmacy</b>				<b>\$ 264.88</b>				
<b>SBH</b>								
Professional SBH		444.6	\$ 55.33	\$ 2.05	\$ 0.00	\$ 0.01	444.6	\$ 55.60
Inpatient SBH		338.6	709.60	20.02	-	0.54	338.6	728.74
Addiction SBH		1,024.2	213.23	18.20	-	3.42	1,024.2	253.30
Outpatient SBH		72.2	154.48	0.93	-	0.01	72.2	156.14
Other SBH		633.8	122.50	6.47	-	-	633.8	122.50
<b>Subtotal SBH</b>				<b>\$ 47.67</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		1,081.1	\$ 63.83	\$ 5.75	\$ 0.00	\$ 0.00	1,081.1	\$ 63.83
Other Ancillary		335.6	55.07	1.54	-	-	335.6	55.07
DME/Prosthetics		606.7	122.82	6.21	-	-	606.7	122.82
Emergency Transportation		162.5	884.03	11.97	-	-	162.5	884.03
<b>Subtotal Ancillary</b>				<b>\$ 25.47</b>				
<b>LTSS</b>								
Home Health		114.0	\$ 95.79	\$ 0.91	\$ 0.00	\$ 0.00	114.0	\$ 95.79
Hospice		25.0	245.08	0.51	-	(0.00)	25.0	245.08
Other LTSS		33.3	219.77	0.61	-	-	33.3	219.77
Personal/Custodial Care		1.4	177.65	0.02	-	-	1.4	177.65
<b>Subtotal LTSS</b>				<b>\$ 2.05</b>				
<b>Total Medical Costs</b>				<b>\$ 594.45</b>				

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Prospective Adjustments

Region: Capital Rate Cell: Medicaid Expansion - High Needs		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 456	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		763.2	\$ 1,581.06	\$ 100.55	\$ 0.00	\$ 0.90	763.2	\$ 1,595.21
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 100.55</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		1,710.5	\$ 937.19	\$ 133.59	\$ 0.00	\$ 1.95	1,710.5	\$ 950.87
Outpatient Pharmacy		3,315.8	229.88	63.52	-	0.04	3,315.8	230.03
Outpatient Pathology/Lab		6,578.9	25.50	13.98	-	-	6,578.9	25.50
Outpatient Radiology		815.8	156.66	10.65	-	0.22	815.8	159.89
Outpatient Surgery		342.1	624.37	17.80	-	0.00	342.1	624.37
Other Outpatient		1,710.5	68.19	9.72	-	0.03	1,710.5	68.40
<b>Subtotal Outpatient Hospital</b>				<b>\$ 249.26</b>				
<b>Professional</b>								
Office/Home Visits/Consults		3,684.2	\$ 69.61	\$ 21.37	\$ 0.00	\$ 0.00	3,684.2	\$ 69.61
Inpatient Visits		3,052.6	66.75	16.98	-	(0.00)	3,052.6	66.75
Radiology		3,578.9	35.41	10.56	-	-	3,578.9	35.41
Pathology/Lab		10,131.6	19.96	16.85	-	0.00	10,131.6	19.96
Vision		236.8	78.03	1.54	-	-	236.8	78.03
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		26.3	18.24	0.04	-	-	26.3	18.24
MH/SA		236.8	48.64	0.96	-	-	236.8	48.64
Inpatient and Outpatient Surgery		710.5	212.12	12.56	-	-	710.5	212.12
Therapy		105.3	88.92	0.78	-	-	105.3	88.92
Immunizations		78.9	71.44	0.47	-	-	78.9	71.44
Physical Exams		157.9	66.88	0.88	-	-	157.9	66.88
Other Professional		1,447.4	46.26	5.58	-	-	1,447.4	46.26
Emergency Room		2,105.3	97.41	17.09	-	(0.00)	2,105.3	97.41
Family Planning		-	-	-	-	-	-	-
Anesthesia		342.1	162.06	4.62	-	-	342.1	162.06
Federally Qualified Health Center/Rural Health Clinic		2,315.8	193.39	37.32	-	0.63	2,315.8	196.65
<b>Subtotal Professional</b>				<b>\$ 147.60</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		32,526.3	\$ 606.38	\$ 1,643.61	\$ 0.00	\$ 0.00	32,526.3	\$ 606.38
<b>Subtotal Retail Pharmacy</b>				<b>\$ 1,643.61</b>				
<b>SBH</b>								
Professional SBH		1,973.7	\$ 58.79	\$ 9.67	\$ 0.00	\$ 0.00	1,973.7	\$ 58.79
Inpatient SBH		2,131.6	929.40	165.09	-	1.12	2,131.6	935.70
Addiction SBH		1,921.1	347.81	55.68	-	9.27	1,921.1	405.72
Outpatient SBH		2,421.1	184.78	37.28	-	-	2,421.1	184.78
Other SBH		1,263.2	641.44	67.52	-	(0.00)	1,263.2	641.44
<b>Subtotal SBH</b>				<b>\$ 335.24</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		2,736.8	\$ 89.93	\$ 20.51	\$ 0.00	\$ 0.00	2,736.8	\$ 89.93
Other Ancillary		263.2	43.78	0.96	-	-	263.2	43.78
DME/Prosthetics		684.2	260.62	14.86	-	-	684.2	260.62
Emergency Transportation		394.7	1,156.42	38.04	-	-	394.7	1,156.42
<b>Subtotal Ancillary</b>				<b>\$ 74.37</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 2,550.63</b>				

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Region: Capital Rate Cell: Medicaid Expansion - SBH - CCM, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 108	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.00</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		666.7	\$ 54.54	\$ 3.03	\$ 0.00	\$ 0.00	666.7	\$ 54.54
Inpatient SBH		1,000.0	641.16	53.43	-	-	1,000.0	641.16
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		-	-	-	-	-	-	-
<b>Subtotal SBH</b>				<b>\$ 56.46</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		1,111.1	\$ 65.77	\$ 6.09	\$ 0.00	\$ 0.00	1,111.1	\$ 65.77
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 6.09</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 62.55</b>				

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Region: Capital Rate Cell: Medicaid Expansion - SBH - Dual Eligible, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 15,229 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.00</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		22.1	\$ 32.63	\$ 0.06	\$ 0.00	\$ 0.00	22.1	\$ 32.63
Inpatient SBH		12.6	456.87	0.48	-	-	12.6	456.87
Addiction SBH		237.2	202.88	4.01	-	1.12	237.2	259.55
Outpatient SBH		8.7	138.45	0.10	-	-	8.7	138.45
Other SBH		293.1	140.01	3.42	-	-	293.1	140.01
<b>Subtotal SBH</b>				<b>\$ 8.07</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		3,710.6	\$ 28.98	\$ 8.96	\$ 0.00	\$ 0.00	3,710.6	\$ 28.98
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 8.96</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 17.03</b>				

State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: Medicaid Expansion - SBH - LaHIPP, All Ages		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 1,380 Category of Service	Utilization Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.00</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		17.4	\$ 27.60	\$ 0.04	\$ 0.00	\$ 0.00	17.4	\$ 27.60
Inpatient SBH		60.9	139.97	0.71	-	-	60.9	139.97
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		-	-	-	-	-	-	-
<b>Subtotal SBH</b>				<b>\$ 0.75</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		8.7	\$ 1,062.60	\$ 0.77	\$ 0.00	\$ 0.00	8.7	\$ 1,062.60
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 0.77</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 1.52</b>				



State of Louisiana  
Department of Health  
Healthy Louisiana Medicaid Managed Care Program  
SFY 2025 Capitation Rate Amendment  
Prospective Adjustments

Region: Capital Rate Cell: Medicaid Expansion - SBH - Other		Base Year Adjusted Base Experience			Prospective Program Adjustments		Amended SFY 2025 Projected Benefit Experience	
Member Months: 132	Utilization	Utilization	Cost per		Utilization	Cost	Utilization	Cost per
Category of Service	Type	per 1,000	Service	PMPM	Adjustment	Adjustment	per 1,000	Service
<b>Inpatient Hospital</b>								
Inpatient Acute		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
NICU/PICU		-	-	-	-	-	-	-
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Outpatient Hospital</b>								
Outpatient Emergency Room		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Outpatient Pharmacy		-	-	-	-	-	-	-
Outpatient Pathology/Lab		-	-	-	-	-	-	-
Outpatient Radiology		-	-	-	-	-	-	-
Outpatient Surgery		-	-	-	-	-	-	-
Other Outpatient		-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>				
<b>Professional</b>								
Office/Home Visits/Consults		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient Visits		-	-	-	-	-	-	-
Radiology		-	-	-	-	-	-	-
Pathology/Lab		-	-	-	-	-	-	-
Vision		-	-	-	-	-	-	-
Applied Behavioral Analysis		-	-	-	-	-	-	-
Office Administered Drugs		-	-	-	-	-	-	-
MH/SA		-	-	-	-	-	-	-
Inpatient and Outpatient Surgery		-	-	-	-	-	-	-
Therapy		-	-	-	-	-	-	-
Immunizations		-	-	-	-	-	-	-
Physical Exams		-	-	-	-	-	-	-
Other Professional		-	-	-	-	-	-	-
Emergency Room		-	-	-	-	-	-	-
Family Planning		-	-	-	-	-	-	-
Anesthesia		-	-	-	-	-	-	-
Federally Qualified Health Center/Rural Health Clinic		-	-	-	-	-	-	-
<b>Subtotal Professional</b>				<b>\$ 0.00</b>				
<b>Retail Pharmacy</b>								
Retail Pharmacy		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.00</b>				
<b>SBH</b>								
Professional SBH		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Inpatient SBH		-	-	-	-	-	-	-
Addiction SBH		-	-	-	-	-	-	-
Outpatient SBH		-	-	-	-	-	-	-
Other SBH		-	-	-	-	-	-	-
<b>Subtotal SBH</b>				<b>\$ 0.00</b>				
<b>Ancillary</b>								
Non-Emergency Transportation		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Other Ancillary		-	-	-	-	-	-	-
DME/Prosthetics		-	-	-	-	-	-	-
Emergency Transportation		-	-	-	-	-	-	-
<b>Subtotal Ancillary</b>				<b>\$ 0.00</b>				
<b>LTSS</b>								
Home Health		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Hospice		-	-	-	-	-	-	-
Other LTSS		-	-	-	-	-	-	-
Personal/Custodial Care		-	-	-	-	-	-	-
<b>Subtotal LTSS</b>				<b>\$ 0.00</b>				
<b>Total Medical Costs</b>				<b>\$ 0.00</b>				

125
Expense
PMPM
\$ 190.52
17,594.25
<b>\$ 17,784.77</b>
\$ 16.57
-
2.67
16.33
-
30.38
<b>\$ 65.95</b>
\$ 46.61
2,209.80
41.54
33.91
0.86
-
-
-
59.43
-
3.06
19.31
64.30
3.91
-
19.47
15.30
<b>\$ 2,517.50</b>
\$ 767.64
<b>\$ 767.64</b>
\$ 0.00
-
-
-
-
<b>\$ 0.00</b>
\$ 55.46
4.72
22.39
40.28
<b>\$ 122.85</b>
\$ 0.00
101.52
-
-
<b>\$ 101.52</b>
<b>\$ 21,360.23</b>

125
Expense
PMPM
\$ 298.91
1,975.36
<b>\$ 2,274.27</b>
\$ 125.40
36.32
10.67
34.01
43.95
106.07
<b>\$ 356.42</b>
\$ 81.91
255.32
14.77
17.20
3.12
-
3.66
0.03
72.77
1.53
4.87
18.81
108.74
21.18
-
23.12
14.80
<b>\$ 641.83</b>
\$ 887.37
<b>\$ 887.37</b>
\$ 0.00
-
-
-
6.38
<b>\$ 6.38</b>
\$ 20.10
7.28
139.11
51.61
<b>\$ 218.10</b>
\$ 13.32
69.22
3.29
-
<b>\$ 85.83</b>
<b>\$ 4,470.20</b>

125
Expense
PMPM
\$ 62.85
32.52
<b>\$ 95.37</b>
\$ 34.61
29.83
3.04
11.00
8.30
20.04
<b>\$ 106.82</b>
\$ 22.44
7.08
2.72
4.90
2.79
98.38
0.65
1.66
7.18
11.30
0.51
3.31
30.32
5.95
0.20
2.59
16.28
<b>\$ 218.26</b>
\$ 288.87
<b>\$ 288.87</b>
\$ 5.50
46.95
0.73
0.14
34.53
<b>\$ 87.85</b>
\$ 10.53
1.80
27.74
10.77
<b>\$ 50.84</b>
\$ 8.25
0.74
2.42
5.06
<b>\$ 16.47</b>
<b>\$ 864.48</b>

125
Expense
PMPM
\$ 245.09
-
<b>\$ 245.09</b>
\$ 93.30
70.92
7.23
32.82
37.72
51.58
<b>\$ 293.57</b>
\$ 30.54
22.64
15.95
12.54
1.30
-
27.95
5.99
26.91
4.15
0.28
0.83
10.70
12.75
0.29
4.07
23.27
<b>\$ 200.16</b>
\$ 726.95
<b>\$ 726.95</b>
\$ 4.98
78.91
23.27
5.68
38.03
<b>\$ 150.87</b>
\$ 27.07
8.72
26.81
43.74
<b>\$ 106.34</b>
\$ 8.74
7.42
3.58
0.84
<b>\$ 20.58</b>
<b>\$ 1,743.56</b>

125
Expense
PMPM
\$ 126.25
1,654.91
<b>\$ 1,781.16</b>
\$ 35.32
0.29
3.55
5.51
4.35
14.96
<b>\$ 63.98</b>
\$ 29.51
203.12
4.31
27.09
0.23
-
-
-
12.49
0.13
5.85
67.81
9.99
7.58
-
1.96
17.14
<b>\$ 387.21</b>
\$ 7.41
<b>\$ 7.41</b>
\$ 0.03
-
-
-
0.74
<b>\$ 0.77</b>
\$ 1.72
6.34
0.70
31.82
<b>\$ 40.58</b>
\$ 0.06
0.27
0.02
-
<b>\$ 0.35</b>
<b>\$ 2,281.46</b>

125
Expense
PMPM
\$ 30.90
63.90
<b>\$ 94.80</b>
\$ 38.43
0.73
2.75
4.19
5.57
10.58
<b>\$ 62.25</b>
\$ 25.35
11.30
1.39
5.31
0.29
-
0.03
-
4.58
0.47
5.75
18.64
4.10
8.48
0.01
1.54
9.07
<b>\$ 96.31</b>
\$ 19.23
<b>\$ 19.23</b>
\$ 0.03
-
-
-
0.70
<b>\$ 0.73</b>
\$ 0.71
3.39
2.74
5.57
<b>\$ 12.41</b>
\$ 0.07
0.59
0.01
-
<b>\$ 0.67</b>
<b>\$ 286.40</b>

125
Expense
PMPM
\$ 7.14
3.70
<b>\$ 10.84</b>
\$ 17.14
1.66
1.41
3.32
3.49
4.91
<b>\$ 31.93</b>
\$ 15.94
1.04
1.20
3.88
2.30
4.15
0.79
0.74
2.88
1.81
0.60
3.72
2.25
3.34
0.21
1.09
9.93
<b>\$ 55.87</b>
\$ 47.56
<b>\$ 47.56</b>
\$ 0.89
8.37
0.31
0.06
8.70
<b>\$ 18.33</b>
\$ 1.42
1.75
1.83
2.81
<b>\$ 7.81</b>
\$ 0.11
0.02
0.09
0.06
<b>\$ 0.28</b>
<b>\$ 172.62</b>



125
Expense
PMPM
\$ 28.19
0.08
<b>\$ 28.27</b>
\$ 40.67
13.02
4.92
11.57
11.03
6.62
<b>\$ 87.83</b>
\$ 17.52
3.04
10.49
16.11
0.56
-
2.44
3.93
7.87
1.77
0.14
1.29
4.17
5.77
2.90
3.85
14.19
<b>\$ 96.04</b>
\$ 196.94
<b>\$ 196.94</b>
\$ 1.72
11.58
11.22
0.62
8.36
<b>\$ 33.50</b>
\$ 4.63
1.39
4.47
10.46
<b>\$ 20.95</b>
\$ 0.55
0.06
0.40
0.05
<b>\$ 1.06</b>
<b>\$ 464.59</b>

125
Expense
PMPM
\$ 160.93
242.03
<b>\$ 402.96</b>
\$ 48.75
287.12
6.15
16.20
35.18
45.06
<b>\$ 438.46</b>
\$ 36.27
30.02
4.57
8.16
2.98
453.79
1.15
1.43
27.66
41.05
0.39
3.21
232.98
6.99
0.09
7.22
11.50
<b>\$ 869.46</b>
\$ 577.71
<b>\$ 577.71</b>
\$ 9.68
19.76
-
0.21
7.42
<b>\$ 37.07</b>
\$ 29.75
2.18
351.81
26.40
<b>\$ 410.14</b>
\$ 579.41
32.49
58.62
210.03
<b>\$ 880.55</b>
<b>\$ 3,616.35</b>

125
Expense
PMPM
\$ 294.46
-
<b>\$ 294.46</b>
\$ 62.14
84.66
5.62
24.72
30.45
33.49
<b>\$ 241.08</b>
\$ 28.70
22.60
7.95
7.47
1.12
-
2.07
5.29
19.31
8.83
0.46
1.07
11.93
9.20
0.47
3.52
30.06
<b>\$ 160.05</b>
\$ 686.50
<b>\$ 686.50</b>
\$ 7.38
36.11
7.20
25.48
69.91
<b>\$ 146.08</b>
\$ 72.33
0.92
81.01
35.57
<b>\$ 189.83</b>
\$ 12.36
14.85
2.82
-
<b>\$ 30.03</b>
<b>\$ 1,748.03</b>

125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
123.74
-
-
-
-
-
-
-
-
\$ 123.74
\$ 0.00
\$ 0.00
\$ 1.72
44.46
1.66
-
14.94
\$ 62.78
\$ 7.44
-
-
\$ 7.44
\$ 0.00
-
-
-
\$ 0.00
\$ 193.96

125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
0.07
-
-
-
-
-
-
-
\$ 0.07
\$ 0.00
\$ 0.00
\$ 0.07
2.96
6.06
0.01
10.78
\$ 19.88
\$ 12.41
-
-
\$ 12.41
\$ 0.00
-
-
-
\$ 0.00
\$ 32.36

125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
2.02
-
-
-
-
-
-
-
-
\$ 2.02
\$ 0.00
\$ 0.00
\$ 0.42
-
-
-
2.63
\$ 3.05
\$ 0.10
-
-
-
\$ 0.10
\$ 0.00
-
-
-
\$ 0.00
\$ 5.17

125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
164.44
-
-
-
-
-
-
-
-
\$ 164.44
\$ 0.00
\$ 0.00
\$ 5.13
9.55
1.33
-
8.22
\$ 24.23
\$ 8.20
-
-
-
\$ 8.20
\$ 0.00
-
-
-
\$ 0.00
\$ 196.87

125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
-
-
-
-
-
-
\$ 0.00
\$ 0.00
\$ 0.00
\$ 4.82
25.71
7.15
-
24.89
\$ 62.57
\$ 63.52
-
-
-
\$ 63.52
\$ 0.00
-
-
-
\$ 0.00
\$ 126.09



125
Expense
PMPM
\$ 0.00
-
\$ 0.00
\$ 0.00
-
-
-
-
\$ 0.00
\$ 0.00
-
-
-
-
11.16
-
-
-
-
-
-
-
-
\$ 11.16
\$ 0.00
\$ 0.00
\$ 9.13
88.17
0.22
0.20
15.74
\$ 113.46
\$ 57.15
-
-
\$ 57.15
\$ 0.00
-
-
-
\$ 0.00
\$ 181.77

125
Expense
PMPM
\$ 20.41
4.16
<b>\$ 24.57</b>
\$ 26.01
3.26
2.07
5.27
6.68
8.06
<b>\$ 51.35</b>
\$ 17.69
2.86
1.95
5.06
2.74
7.21
0.96
3.31
4.62
2.88
0.57
3.44
5.98
4.41
0.32
1.59
20.90
<b>\$ 86.49</b>
\$ 88.32
<b>\$ 88.32</b>
\$ 6.49
119.11
2.70
0.44
30.95
<b>\$ 159.69</b>
\$ 8.19
1.98
5.19
7.64
<b>\$ 23.00</b>
\$ 1.19
-
1.69
0.81
<b>\$ 3.69</b>
<b>\$ 437.11</b>

125
Expense
PMPM
\$ 138.10
-
<b>\$ 138.10</b>
\$ 43.83
877.23
12.91
160.99
60.86
40.36
<b>\$ 1,196.18</b>
\$ 58.44
12.96
72.85
21.22
2.19
-
284.44
0.21
68.65
3.73
0.50
2.30
8.52
5.00
0.28
11.22
18.93
<b>\$ 571.44</b>
\$ 864.42
<b>\$ 864.42</b>
\$ 1.60
-
-
-
2.25
<b>\$ 3.85</b>
\$ 4.11
2.70
12.46
10.54
<b>\$ 29.81</b>
\$ 0.66
0.65
-
-
<b>\$ 1.31</b>
<b>\$ 2,805.11</b>

125
Expense
PMPM
\$ 1.17
0.18
<b>\$ 1.35</b>
\$ 7.71
0.50
1.95
2.34
2.90
5.01
<b>\$ 20.41</b>
\$ 14.37
0.63
1.08
3.76
2.01
30.11
0.05
1.59
2.46
3.06
0.60
3.83
2.47
1.67
0.07
0.95
6.79
<b>\$ 75.50</b>
\$ 39.41
<b>\$ 39.41</b>
\$ 1.42
1.27
0.02
-
5.78
<b>\$ 8.49</b>
\$ 0.42
2.01
4.14
0.98
<b>\$ 7.55</b>
\$ 0.00
-
0.01
0.03
<b>\$ 0.04</b>
<b>\$ 152.75</b>

125
Expense
PMPM
\$ 50.11
60.83
<b>\$ 110.94</b>
\$ 28.93
17.74
2.78
12.24
29.01
32.10
<b>\$ 122.80</b>
\$ 27.65
10.19
2.36
4.32
2.68
368.37
95.91
2.14
8.92
29.07
0.44
3.87
64.29
5.34
0.15
3.51
11.73
<b>\$ 640.94</b>
\$ 255.16
<b>\$ 255.16</b>
\$ 4.68
44.04
0.01
0.29
13.77
<b>\$ 62.79</b>
\$ 9.29
1.87
110.95
10.10
<b>\$ 132.21</b>
\$ 71.22
2.89
10.87
88.54
<b>\$ 173.52</b>
<b>\$ 1,498.36</b>

125
Expense
PMPM
\$ 189.58
7.51
<b>\$ 197.09</b>
\$ 3.69
1.82
3.28
14.61
1.92
17.41
<b>\$ 42.73</b>
\$ 6.97
5.60
1.84
1.41
0.64
296.17
4.13
0.41
3.87
19.57
0.02
0.89
1.42
0.60
-
2.74
1.26
<b>\$ 347.54</b>
\$ 53.31
<b>\$ 53.31</b>
\$ 7.28
46.14
-
-
3.52
<b>\$ 56.94</b>
\$ 0.54
0.79
42.92
0.42
<b>\$ 44.67</b>
\$ 0.16
-
0.28
1.91
<b>\$ 2.35</b>
<b>\$ 744.63</b>

125
Expense
PMPM
\$ 2.61
2.72
<b>\$ 5.33</b>
\$ 1.11
0.80
0.43
4.46
1.55
6.23
<b>\$ 14.58</b>
\$ 2.74
3.32
1.29
0.43
0.47
81.50
0.05
0.04
1.46
25.06
0.03
0.24
71.16
0.42
-
1.13
1.33
<b>\$ 190.67</b>
\$ 40.55
<b>\$ 40.55</b>
\$ 1.26
1.62
-
-
0.80
<b>\$ 3.68</b>
\$ 1.17
0.15
34.81
2.26
<b>\$ 38.39</b>
\$ 0.00
-
0.02
10.47
<b>\$ 10.49</b>
<b>\$ 303.69</b>

125
Expense
PMPM
\$ 55.74
0.02
<b>\$ 55.76</b>
\$ 44.06
19.92
4.52
15.13
15.47
11.17
<b>\$ 110.27</b>
\$ 17.96
5.36
7.18
10.93
0.82
0.01
3.86
3.84
11.15
2.40
0.18
1.11
4.16
6.01
0.78
2.25
14.56
<b>\$ 92.56</b>
\$ 264.88
<b>\$ 264.88</b>
\$ 2.06
20.56
21.62
0.94
6.47
<b>\$ 51.65</b>
\$ 5.75
1.54
6.21
11.97
<b>\$ 25.47</b>
\$ 0.91
0.51
0.61
0.02
<b>\$ 2.05</b>
<b>\$ 602.64</b>



125
Expense
PMPM
\$ 101.45
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<b>\$ 101.45</b>
\$ 135.54
63.56
13.98
10.87
17.80
9.75
<b>\$ 251.50</b>
\$ 21.37
16.98
10.56
16.85
1.54
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0.04
0.96
12.56
0.78
0.47
0.88
5.58
17.09
-
4.62
37.95
<b>\$ 148.23</b>
\$ 1,643.61
<b>\$ 1,643.61</b>
\$ 9.67
166.21
64.95
37.28
67.52
<b>\$ 345.63</b>
\$ 20.51
0.96
14.86
38.04
<b>\$ 74.37</b>
\$ 0.00
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<b>\$ 0.00</b>
<b>\$ 2,564.79</b>

125
Expense
PMPM
\$ 0.00
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\$ 0.00
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\$ 0.00
\$ 3.03
53.43
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\$ 56.46
\$ 6.09
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\$ 62.55

125
Expense
PMPM
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\$ 0.06
0.48
5.13
0.10
3.42
\$ 9.19
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\$ 18.15

125
Expense
PMPM
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