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Section IX. Medicaid Tailored Plan Draft Rate Book

Behavioral Health/Intellectual and
Development Disabilities Tailored Plan Draft
Rate Book
Contract Year 1
North Carolina Department of Health and
Human Services

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EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (DHHS) is implementing managed care to advance integrated and high-value care, improve population health, engage and support providers and establish a sustainable program with more predictable costs. At the core of these efforts is the goal to improve the health of North Carolinians through an innovative, whole-person centered, well-coordinated system of care, which addresses medical and non-medical drivers of health. In managed care, DHHS will remain responsible for all aspects of the Medicaid and NC Health Choice programs. However, as directed by the General Assembly, DHHS will delegate the direct management of most health services and financial risks for certain individuals with more significant behavioral health (BH) needs along with those individuals with intellectual and developmental disabilities (I/DD) or traumatic brain injury (TBI) to the BH I/DD Tailored Plans. BH I/DD Tailored Plans will receive capitation payments and will contract with providers to deliver health services to their members.

DHHS has contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to develop the BH I/DD Tailored Plan capitation rates. Mercer has produced this Draft Rate Book for DHHS as documentation of the methodology expected to be utilized in the development of the capitation rates for the Contract Year 1 effective period of managed care for the BH I/DD Tailored Plan population. This Draft Rate Book contains the draft capitation rates which will be issued as part of the Request for Application (RFA). These draft capitation rates have been developed in accordance with applicable laws and regulations, including Actuarial Standards of Practice, to comply with the Centers for Medicare and Medicaid Services (CMS) regulations. Per 42 CFR 438.4(a), "actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in [42 CFR 438.4(b)]." Moreover, the draft capitation rates are meant to provide the potential applicants with information on the reimbursement structure expected to be utilized to match payment to the expected financial risk of the managed care program designed for the BH I/DD Tailored Plan population.

Mercer and DHHS have agreed to reevaluate the appropriateness of these draft capitation rates using more recent claims and encounter experience before BH I/DD Tailored Plan managed care implementation, along with considering applicable changes to legislation, regulation, state plan, waivers, federal guidance or policy decisions that may not have been reflected in draft rates. As such, the content of this Draft Rate Book and final capitation rates are subject to change pending updated base experience, possible adjustments not included in draft rates, additional guidance from DHHS on policy determination, and/or final program design elements currently pending legislation. The aforementioned changes could decrease or increase the final capitation rates compared to the draft capitation rates included in this Draft Rate Book.

Contract Year 1 BH I/DD Tailored Plan Base Capitation Rates

The Contract Year 1 base capitation rates were developed for dual¹ and non-dual Medicaid and NC Health Choice beneficiaries eligible for the BH I/DD Tailored Plan based on the criteria and algorithms outlined in Appendix E², and reflect the proposed implementation year of BH I/DD Tailored Plan managed care (July 1, 2022 through June 30, 2023). For purposes of draft capitation rate development, the BH I/DD Tailored Plan population was stratified by age, 1915(c) waiver status along with Medicaid eligibility categories such as Aged, Blind, Disabled and Temporary Assistance for Needy Families (TANF) and Other Related populations. Additionally, given that coverage for duals through the BH I/DD Tailored Plans is proposed to be limited to coverage of certain 1915(c) waiver and BH services (i.e., excludes acute care and pharmacy, which will continue to be covered

¹ Dual eligibles are defined as beneficiaries enrolled in both Medicare and Medicaid.

² These criteria and algorithms, including lookback periods, are subject to change and may impact the capitation rate levels.

through Medicaid Direct as they are today), the population was further stratified by Medicare status.³ The capitation rates, once finalized, will be paid on a per member per month (PMPM) basis, along with a one-time Maternity Event payment in the instance of a qualifying birth event.

The table below reflects the draft capitation rates for all rate cells excluding traumatic brain injury (TBI) and maternity event payments; detailed summaries by region, population and service category are provided in Section 16 of the Draft Rate Book. The capitation rates will not be risk adjusted, as each region will only include one BH I/DD Tailored Plan. Additionally, DHHS will institute a Medical Loss Ratio (MLR) reporting and remittance process for all BH I/DD Tailored Plans.

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Non-Dual Blind & Disabled Child	\$2,065.75	\$2,548.58	\$1,791.95	\$1,653.16	\$2,010.97	\$1,995.30	\$1,919.28
Non-Dual Aged, Blind & Disabled Adult	\$3,141.50	\$3,480.52	\$3,335.48	\$2,831.71	\$3,304.07	\$3,127.98	\$3,314.94
Non-Dual TANF Child	\$1,379.29	\$1,369.63	\$1,193.67	\$1,166.07	\$1,273.37	\$1,110.07	\$1,309.93
Non-Dual TANF Adult	\$1,136.03	\$1,348.98	\$1,377.33	\$1,386.76	\$1,362.07	\$1,384.94	\$1,272.09
Non-Dual Foster	\$3,415.87	\$3,685.08	\$3,506.62	\$3,331.80	\$3,980.15	\$3,894.89	\$3,779.46
Non-Dual Innovations	\$7,054.05	\$6,724.10	\$7,228.53	\$8,501.01	\$5,998.13	\$7,055.53	\$7,182.06
Non-Dual TBI	TBD						
Dual Aged	\$1,918.42	\$2,703.61	\$2,081.28	\$2,270.00	\$1,912.81	\$2,143.47	\$2,887.46
Dual Blind & Disabled and Other	\$1,573.36	\$2,182.08	\$1,693.81	\$1,642.33	\$1,525.48	\$1,939.02	\$1,882.88
Dual Innovations	\$6,539.92	\$6,423.04	\$6,798.48	\$8,646.71	\$6,414.86	\$6,922.97	\$6,785.70
Dual TBI	TBD						
Maternity Event Payment	TBD						

Note: The TBD entries will be calculated with actual rates as part of final rate development.

The BH I/DD Tailored Plans will also be responsible for making additional directed payments as determined by the Department. This includes payment to certain in-network providers which includes, but may not be limited to, public ambulance providers, Local Health Departments (LHDs), certain faculty physicians affiliated with the teaching hospitals for each University of North Carolina medical school, and hospitals owned by UNC Health Care or Vidant Medical Center. These payments are considered to be part of capitation per federal regulations, however, they are separate from the PMPM and Maternity Event payments which are the focus of this Draft Rate Book.

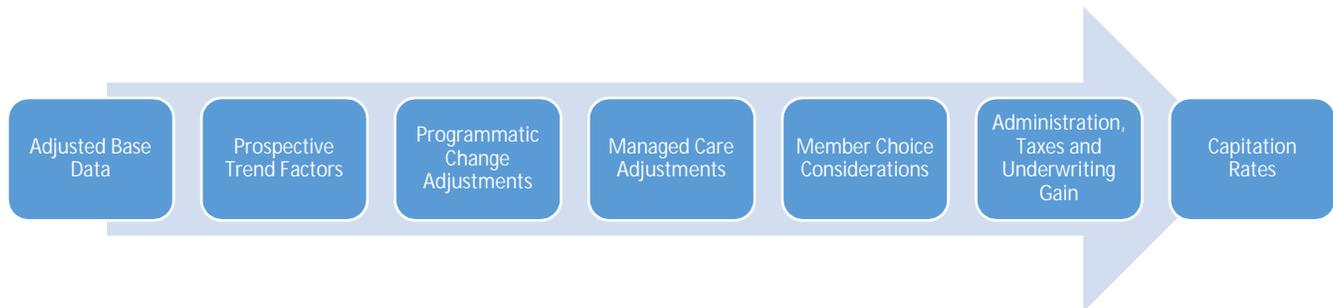
Additionally, the BH I/DD Tailored Plans will be responsible for coordinating payments related to Tailored Care Management. In instances when the BH I/DD Tailored Plan is the Tailored Care Management entity, the payment will be retained by the BH I/DD Tailored Plan. However, in instances when the Tailored Care Management is provided by an advanced medical home plus (AMH+) practice or care management agency (CMA), the BH I/DD Tailored Plan will be responsible for making payments to those entities. For BH I/DD Tailored Plan members who are enrolled in Medicaid, Tailored Care Management payments will occur outside of the monthly PMPM capitation payments and Maternity Event payment paid to the BH I/DD Tailored Plans. For

³ The proposed coverage of duals for a limited set of benefits under the BH I/DD Tailored Plan discussed throughout the Draft Rate Book may be subject to a change in state law.

BH I/DD Tailored Plan members who are enrolled in NC Health Choice, Tailored Care Management considerations will be included in capitation.

Capitation Rate Development Methodology

The rate-setting process is the means for determining the capitation rates DHHS will pay to the BH I/DD Tailored Plans for each beneficiary enrolled in the program, regardless of the amount of future services that beneficiary receives. This process involves summarizing historical claims and eligibility data that represent the covered populations and services and projecting future service claims costs on a PMPM basis into the rating period.



Mercer leveraged historical claims and encounter data for the State Medicaid and NC Health Choice programs to summarize cost and utilization information for the BH I/DD Tailored Plan population as defined in Appendix E. This data includes experience for services covered under the State’s fee-for-service (FFS) program (Medicaid Direct), as well as BH/I/DD services covered under the Medicaid BH managed care program currently operated by the Local Management Entities/Managed Care Organizations (LME/MCOs). Mercer used this information as the basis for draft capitation rate development. For service category detail, please see Section 5 of the Draft Rate Book. Mercer also used member-level eligibility information provided by DHHS to summarize the data and identify the BH I/DD Tailored Plan population.

An overview of the historical data analysis approach is provided in Section 6. The base data has been adjusted to account for historical program changes and considerations for the future managed care design. Detailed methodology and impact of base data adjustments are outlined in Section 7 of the Draft Rate Book. To align with DHHS’s enrollment process and identification of beneficiaries eligible for BH I/DD Tailored Plan, Mercer conducted a simulation analysis related to the state fiscal year (SFY) 2018 base data which is described in Section 8. SFY 2018 base data summaries by region, population and service category are included in Section 9 of the Draft Rate Book. These data summaries serve as the historical base data used in BH I/DD Tailored Plan draft rate development.

Prospective adjustments were applied to the base data to project the historical information to the future rating period. Trend was evaluated; and unit cost and utilization trend factors were developed for each of the major service categories. Programmatic design changes were also considered to account for known design elements that are anticipated to impact projected claims expenditures, for example, hospital reimbursement considerations. Managed care adjustments were applied to capture assumed future changes in the utilization of certain services as a result of BH I/DD Tailored Plan utilization and care management initiatives. Further detail and methodology regarding prospective adjustments can be found in Section 11 through Section 14 of the Draft Rate Book.

The final component of the capitation rate development is the application of the non-benefit expense load. This portion of the capitation rates accounts for expected BH I/DD Tailored Plan administration and care coordination costs to operate the Medicaid managed care program. The non-benefit load considerations were developed to reflect the BH I/DD Tailored Plan contract requirements as outlined in the RFA by DHHS. The non-benefit expense load includes consideration for general administration (including program management,

administrative operations and utilization management personnel), care coordination, underwriting gain and premium taxes imposed on the BH I/DD Tailored Plans. Section 15 of the Draft Rate Book provides additional information on the non-benefit expense considerations.

In DHHS's approach to managed care, provider- and community-based care management is foundational to the success of North Carolina's health care system for Medicaid and NC Health Choice beneficiaries, supporting high-quality delivery of the right care at the right place and at the right time. Beneficiaries will have access to fully integrated Tailored Care Management and care coordination support across multiple settings of care, including a strong basis in primary care and connections to specialty care and community-based resources. DHHS strongly believes that care management should be provider-based and performed at the site of care, in the home or in the community, through in-person or other real-time interaction between beneficiaries, providers and care managers. DHHS' planned Tailored Care Management will promote whole-person care, foster high-functioning integrated care teams and drive towards better health outcomes. As noted above, Tailored Care Management will be paid through separate PMPM payments outside of the monthly capitation rate to the BH I/DD Tailored Plan who will be responsible for reimbursing for any Tailored Care Management provided by care management agencies and AMH+ practices. Mercer has modeled the care coordination considerations within the draft capitation rates to align with the DHHS Tailored Care Management strategy.

Outstanding Rate Considerations

The capitation rates put forth in this Draft Rate Book are subject to change. Due to the ongoing program design and decision process, the draft rates contained herein may not reflect all final decisions and design elements. The following items have not yet been reflected in the capitation rates; depending on final DHHS decisions, the impact of these items on the capitation rates may be evaluated and reflected in the final rate development. The final capitation rates may increase or decrease compared to the illustrated draft capitation rates in the Draft Rate Book depending on the final outcome of these items.

- Base Data — The base data underlying the draft capitation rates reflects July 1, 2017 – June 30, 2018 claims experience and eligibility information. Certain aspects of the process (e.g., trend) also consider additional data through June 30, 2019. This base data will be updated to include more recent information and reflect July 1, 2017 – June 30, 2021 experience, as appropriate, for purposes of final rate development (based on a July 1, 2022 launch).
- BH I/DD Tailored Plan Populations — The draft capitation rates reflect the criteria and algorithms as outlined in Appendix E and do not account for any revisions that may be made to the BH I/DD Tailored Plan Eligibility Criteria or refinements to the application of the criteria, including the lookback period. Changes to the criteria or application may result in increases or decreases to the draft capitation rates.
- Foster Care Populations – The State is currently evaluating program design options specific to coverage of Foster Care populations⁴. This Draft Rate Book includes information and draft capitation rates for all Foster Care populations who meet BH I/DD Tailored Plan criteria. However, depending on the final program design and implementation timing for a Foster Care managed care option, the BH I/DD Tailored Plans may enroll significantly fewer beneficiaries in the Foster Care population than what is illustrated in this document. Additionally, the capitation rate cell structure may also require changes.
- Deemed Newborns with Mothers in the BH I/DD Tailored Plan – The current program design only includes individuals who themselves meet BH I/DD Tailored Plan criteria. DHHS is evaluating whether to allow coverage within the BH I/DD Tailored Plan of newborns who are born to mothers already enrolled in the BH I/DD Tailored Plan if the newborn does not meet BH I/DD Tailored Plan eligibility criteria on their own. The draft rates do not account for this potential design decision.

⁴ For the purpose of this document, Foster Care populations include beneficiaries enrolled in the foster care system, the former foster care eligibility category or who receive Adoption Assistance.

- Maternity Event — Section 10 of this Draft Rate Book discusses the approach Mercer plans to take to calculate final Maternity Event payments. This includes a summary of the acuity factors and their application. These acuity factors will be revisited and rates will be finalized as part of final capitation rate development. Note that Section 9 of this Draft Rate Book includes historical data summaries for these maternity events.
- TBI Capitation Rates — This Draft Rate Book discusses the approach Mercer plans to take to calculate final TBI capitation rates. This includes a summary of the acuity factors and their application. These acuity factors will be revisited and rates will be finalized as part of final capitation rate development. Note that Section 9 of this Draft Rate Book does not include historical data summaries for this population.
- Enrollment and Average Acuity Changes – This Draft Rate Book relies on July 1, 2017 – June 30, 2018 historical base data for individuals meeting the BH I/DD Tailored Plan criteria. The historical simulation analysis used to identify these individuals, as outlined in Section 8, relies on time periods (in number of months) that may not align with DHHS’s final lookback period used to find individuals historically eligible for the BH I/DD Tailored Plan. The length of this look back period will influence the actual number of individuals eligible for the BH I/DD Tailored Plan and also the average acuity of the population. To date, it has been generally observed that the longer the lookback the more individuals meet BH I/DD Tailored Plan eligibility and the overall average acuity of the population decreases resulting in lower PMPMs. This aspect of the base data development process will be reevaluated as part of final rates and is further discussed in Section 8.
- Tribal Member Choice — Members of federally recognized tribes and individuals eligible for Indian Health Services will have the choice to enroll in a BH I/DD Tailored Plan if they meet the BH I/DD Tailored Plan eligibility criteria and will be exempt from mandatory enrollment into managed care. This may have a potential cost impact that is not yet reflected in the draft capitation rates.
- Other Member Choice — Non-dual individuals meeting BH I/DD Tailored Plan criteria who are not also enrolled in either the Innovations or TBI waivers will be able to opt-out of the BH I/DD Tailored Plan and enroll with one of the Standard Plans, and some may be eligible to enroll in Medicaid Direct if they are in an exempt group). DHHS is also proposing that dual eligible individuals meeting BH I/DD Tailored Plan criteria who are not also enrolled in either the Innovations or TBI waivers will be able to opt out of the BH I/DD Tailored Plan and receive their BH and I/DD benefits through Medicaid Direct. These opt-out scenarios may have a potential cost impact that is not yet reflected in the draft capitation rates.
- Substance Use Disorder (SUD) Service Array Expansion — The State is working on updates to the SUD service array, which will require updates to the State Plan. No adjustment is currently reflected in the draft capitation rates for SUD service array changes.
- State Plan and Waiver Service Changes — The State is evaluating potential changes to select service types such as high fidelity wraparound, 1915(b)(3) services and the Innovations Waiver service package. These changes are not captured in these draft rates, but will be considered in final rate development, as applicable. Note that care management oversight for high fidelity wraparound was considered in the care management costs outlined in Section 15.
- Changes due to the North Carolina Olmstead Plan – The final capitation rate will consider any potential changes related to the North Carolina Olmstead Plan, developed by DHHS to address the integration mandate under the Americans with Disabilities Act which requires all public entities to administer services, programs, and activities for people with disabilities in the most integrated setting appropriate to the person’s needs.
- Number of BH I/DD Tailored Plans — The non-benefit load rate considerations are dependent upon an assumed number of BH I/DD Tailored Plans administering the program, and their allocation across the seven proposed BH I/DD Tailored Plan regions. The modeling currently reflects seven BH I/DD Tailored Plans (one per region). This assumption will be updated, as applicable, to reflect any change in the number of BH I/DD Tailored Plans and/or region configuration.

- Performance Withholds — DHHS plans to include a performance-based incentive system financed through a withhold as part of the program design. The withhold program will be effective eighteen (18) months following the date of Standard Plan launch, or at a later date as determined by the Department.
- Value Based Purchasing (VBP) – DHHS plans to include VBP requirements within the BH I/DD Tailored Plan contracts. No adjustments were considered in these draft rates for VBP.
- Risk Mitigation — DHHS is evaluating potentially entering into a time-limited risk mitigation agreement with each BH I/DD Tailored Plan via a risk corridor. Risk corridors do not impact the capitation rates. This being said, general information regarding how a risk corridor operates has been provided in Appendix I for informational purposes only.
- COVID-19 – The draft rates do not include any consideration for the COVID-19 pandemic, including related policy and program design changes made in response.

This document has been prepared by Bob Karsten, ASA, MAAA and Jon Marsden, FSA, MAAA, who are each a member of the American Academy of Actuaries and meet its US Qualification Standards for issuing statements of actuarial opinion.

Mercer and DHHS have agreed to reevaluate the appropriateness of the capitation rates using more recent claims and encounter experience before BH I/DD Tailored Plan implementation, along with considering applicable changes to legislation, regulation, state plan, waivers, federal guidance or policy decisions that may not have been reflected in draft rates. As such, the capitation rates will be finalized at a later point in time, and the base data, adjustments and capitation rates reflected in the Draft Rate Book are considered draft and are subject to change.

1 INTRODUCTION

Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, has produced this Draft Rate Book for the State of North Carolina (State) Department of Health and Human Services (DHHS) as documentation of the development of the draft capitation rates effective in Contract Year 1 of managed care (July 1, 2022 through June 30, 2023) for the Behavioral Health and Intellectual/Developmental Disabilities (BH I/DD) Tailored Plan population. Following the rollout of managed care, starting with Standard Plan PHP implementation, additional populations will be phased-in over a multi-year period, as proposed by DHHS. However, detailed cost and utilization information for these populations expected to be phased in following BH I/DD Tailored Plan launch is outside of the scope of this Draft Rate Book. For informational purposes only, some historical data for these populations has been summarized in Appendix G.

As a part of capitation rate development for the BH I/DD Tailored Plan population, Mercer leveraged claims and encounter data for the State Medicaid and NC Health Choice programs to summarize cost and utilization information for the BH I/DD Tailored Plan population based on the criteria and algorithms outlined in Appendix E⁵. This data includes experience for services covered under the State fee-for-service (FFS) program, as well as BH I/DD services covered under the Medicaid BH managed care program currently operated by the Local Management Entities/Managed Care Organizations (LME/MCOs). For duals, this data was further limited to exclude all acute care and pharmacy services to align with DHHS' proposed coverage approach. Mercer used this information as the basis for capitation rate development.

The intent of the Draft Rate Book is to summarize historical data and outline key prospective rate considerations for the BH I/DD Tailored Plan population for purposes of providing transparency into the current program costs and utilization along with insight into the rate development process for BH I/DD Tailored Plans. Please refer to the BH I/DD Tailored Plan Request for Application (RFA) for detailed program design information and requirements for the BH I/DD Tailored Plans managing the program for the BH I/DD Tailored Plan population.

This Draft Rate Book includes information on the cost and utilization patterns of Medicaid and NC Health Choice eligibles by region, rate cell and category of service (COS). Sections 2 through 8 provide information on the data summarization process including an outline of population and service groups, adjustments applied to the base data, and detailed summaries by region, rate cell and COS.

*The users of this Draft Rate Book are cautioned against relying solely on the data contained herein. DHHS and Mercer provide no guarantee, either written or implied, that this book is 100% accurate or error-free. Furthermore, projections outlined in this Draft Rate Book are based upon the information and data available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely and potentially wide range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by DHHS and Mercer. DHHS and Mercer are not responsible for the consequences of any unauthorized use.*⁶

⁵ These criteria and algorithms, including lookback periods, are subject to change.

⁶ These disclosures are made in accordance with the Actuarial Standards of Practice (ASOP) on Actuarial Communications (ASOP 41).

2 DATA SOURCES

Mercer used the FFS claims data from the DHHS Medicaid management information system, NC Tracks, which was provided by DHHS, and the BH encounter data provided to Mercer directly from the LME/MCOs to form the base data. This data is summarized on a date of service (incurred) basis and includes actual experience from July 1, 2017 through June 30, 2018 paid through September 30, 2018. For purposes of evaluating trends, as summarized in Section 11, Mercer also relied on LME/MCO encounter data through the end of June 2019.

As a part of the data summarization process, Mercer also analyzed eligibility information from the member extract file provided by DHHS. Eligibility information was used to categorize recipient-level claims experience into the populations outlined in Section 4. This information was also used to summarize the member month (MM) information reflected in various summaries throughout the Draft Rate Book.

Mercer also leveraged other data sources supplied by DHHS to calculate specific data adjustments outlined in Section 7, such as:

- State Medicaid monthly enrollment counts
- Member-level information from the North Carolina Families Accessing Services through Technology (NC FAST) system related to member retroactive eligibility and/or application period
- Information provided by DHHS on historical Graduate Medical Expense (GME) expenditures
- Non-Emergency Medical Transportation (NEMT) payments made outside of the FFS claims system
- Third Party Liability (TPL) monthly costs and, where available, member-level information for Medicaid participants
- Fraud, waste and abuse (FWA) recovery information for payments collected specific to the Medicaid and NC Health Choice population
- LME/MCO data adjustment information leveraged from the BH LME/MCO rate-setting process

Mercer has reviewed the summarized data in compliance with the Actuarial Standards of Practice (ASOP) on data quality (ASOP 23), which included checks for completeness of data, accuracy of data and consistency of data across data sources and years, including comparisons of BH encounter data to financial reports provided by the LME/MCOs. However, Mercer did not perform a complete audit. Based on Mercer's review of the data, the data is found to be complete and reasonable for use in rate development.

The users of this Draft Rate Book are cautioned that direct comparisons cannot be made between the information in the data summaries and raw claims data. The data received was summarized on a date of service (incurred) basis, and Mercer applied additional adjustments to the summarized raw data. Mercer has used and relied upon eligibility, claims, encounter and supplemental data and information supplied by both DHHS and the LME/MCOs. Aforementioned parties are solely responsible for the validity and completeness of these supplied data and information.

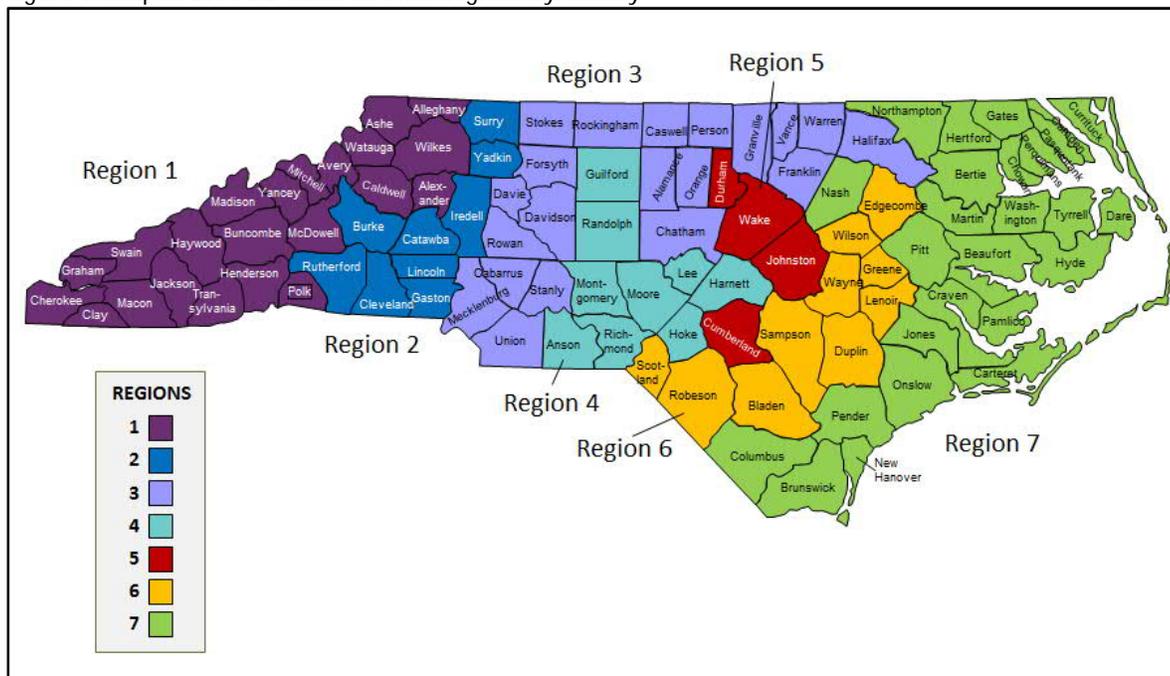
3 BH I/DD TAILORED PLAN REGIONS

DHHS has defined seven regions for the BH I/DD Tailored Plan population. Table 1 outlines the counties included in each of the seven BH I/DD Tailored Plan regions and Figure 1 illustrates the BH I/DD Tailored Plan regions in map format. Base data and capitation rates contained in this Draft Rate Book are summarized and developed by the seven regions utilizing case county information included within the eligibility data. Further refinement of the county information utilized to determine BH I/DD Tailored Plan region classification may be considered as part of final rate development.

Table 1: List of Counties in the BH I/DD Tailored Plan Regions

BH I/DD Tailored Plan Regions	Counties
Region 1	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey
Region 2	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin
Region 3	Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Rockingham, Person, Rowan, Stanly, Stokes, Union, Vance, Warren
Region 4	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
Region 5	Cumberland, Durham, Johnston, Wake
Region 6	Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson
Region 7	Brunswick, Carteret, Columbus, Nash, New Hanover, Onslow, Pender, Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington

Figure 1: Map of BH I/DD Tailored Plan Regions by County



4 POPULATION GROUPINGS

DHHS will reimburse BH I/DD Tailored Plans using full-risk capitation payments for enrolled populations. Mercer determined rate cells for the BH I/DD Tailored Plan population to account for material cost differences amongst populations. Alongside the monthly per member capitation rates, DHHS will make a one-time maternity event payment that will cover prenatal, delivery and postpartum care for each mother with a qualifying birth. The final rate cell structure for the BH I/DD Tailored Plan population is outlined in Section 4.1.

While the base data and rate development outlined in this Draft Rate Book are specific to the BH I/DD Tailored Plan population, identification logic for future managed care populations and excluded populations is outlined in Section 4.2. For detailed information on the BH I/DD Tailored Plan, future managed care and/or excluded populations, please refer to the request for application (RFA) #: 30-2020-052-DHB, Section V.B.1 (Eligibility for Medicaid Managed Care).

4.1 BH I/DD Tailored Plan Population

The information summarized in this Draft Rate Book is specific to the BH I/DD Tailored Plan population, including both Medicaid and NC Health Choice beneficiaries. As outlined in the RFA, all dual⁷ and non-dual beneficiaries who meet eligibility for the BH I/DD Tailored Plan will be enrolled by default in the BH I/DD Tailored Plan. Experience for beneficiaries in other excluded or delayed populations are not included in the BH I/DD Tailored Plan rates; however, a summary of the historical costs and utilization for these populations has been included in Appendix G for informational purposes only. Members of federally-recognized tribes and individuals eligible for Indian Health Services are also exempt from mandatory enrollment in managed care; see Section 14.1 for additional information.

Based on a review of the BH I/DD Tailored Plan population membership levels and cost variances by population, historical cost/utilization experience and rates for the BH I/DD Tailored Plan population are summarized and developed for the following rate cells. Please see Appendix C for an overview of the rate cell determination process. Note that age is determined based on the first day of the month.

- Non-Dual Blind and Disabled Children (ages 1–20)
- Non-Dual Aged, Blind and Disabled Adults (ABD) (ages 21+)
- Non-Dual Temporary Assistance for Needy Families (TANF) Children (ages 1-20)
- Non-Dual TANF Adults (ages 21+)
- Non-Dual Foster (ages 3+)
- Non-Dual Innovations, all ages
- Non-Dual Traumatic Brain Injury (TBI) (ages 22+)
- Dual Aged (ages 65+)
- Dual Blind, Disabled and Other⁸, all ages
- Dual Innovations, all ages
- Dual TBI (ages 22+)
- Maternity Events, all ages

The table below outlines the logic used to summarize the broader categories of aid (COA) for the BH I/DD Tailored Plan population; this includes information on detailed eligibility codes and sub-population groups. Note that individuals otherwise identified for a delayed managed care or excluded population, were not identified as part of the BH I/DD Tailored Plan population.

⁷ The proposed coverage of duals for a limited set of benefits under the BH I/DD Tailored Plan discussed throughout the Draft Rate Book may be subject to a change in state law.

⁸ Includes all Tailored Plan eligible duals that are not otherwise captured in the Aged, Innovations, or TBI Dual rate cells.

Table 2: BH I/DD Tailored Plan Population Criteria⁹

COA	Detailed Population Group	Program Aid Code/Eligibility Code
ABD	Aged	MAACY, MAAGN, MAANN, SAACN, SAACY
	Blind	MABCY, MABGN, MABGY, MABNN
	Disabled	MADCY, MADGN, MADNN, SADCN, SADCY
TANF and Other Related Children/Adults ¹⁰	Aid to Families with Dependent Children	AAFNC, AAFCY
	Other Children	MAFCN, MAFGN, MAFNN
	Pregnant Women	MPWIN, MPWNN
	Infants and Children	MICGN, MICNN
	Breast and Cervical Cancer (BCC)	MAFWN, MAFTN
	NC Health Choice	MICAN, MICJN, MICKN, MICSN
	Medicaid-Children's Health Insurance Program (M-CHIP)	MIC1N
Foster Children, Former Foster Care and Adopted Children	N/A	HSFCY, HSFGN, HSFNN, IASCN, IASCY, MFCGN, MFCNN OR Living Arrangement Code 53 or 80 OR Special Needs Code 2 or 3
Innovations		1915(c) waiver recipients, as identified by an Innovations waiver code in the State's eligibility file
TBI		1915(c) waiver recipients, as identified by a TBI waiver code in the State's eligibility file
Dual Eligibles	N/A	A beneficiary was identified as dual-eligible if either their eligibility fields "MA_STATUS" or "MB_STATUS" had a value of "MA" or "MB" respectively OR if the fourth character of the program category code was B or Q (except where first three characters of program category code is MQB).
Maternity Event	N/A	Cost summarized for pregnancy-related services for beneficiaries with a qualifying birth event. The birth event is identified by Current Procedural Terminology (CPT) codes or Diagnosis-Related Groups (DRGs). Prenatal services are included 8 whole months prior to the birth event, and postpartum services are included 2 whole months following the qualifying birth event. Please see Appendix A for the detailed logic used to identify these pregnancy-related services. Note that Pregnancy Medical Home incentive payments are included in the Maternity Event Payment (see Step 3 in Appendix A).

Members of federally recognized tribes and other beneficiaries eligible for Indian Health Services are eligible to participate in Medicaid managed care but are not required to enroll. The beneficiaries in this group who also

⁹ For specific program eligibility requirements, refer to the NC Basic Medicaid Income Eligibility Chart (https://files.nc.gov/ncdma/documents/files/BASIC_MEDICAID_INCOME_ELIGIBILITY_CHART_2017_03_10.pdf).

¹⁰ References and data impacts for the "TANF" population throughout this Draft Rate Book include the other related children and adult categories defined in Table 2.

meet the BH I/DD Tailored Plan eligibility criteria may voluntarily enroll in BH I/DD Tailored Plans on an opt-in basis and may dis-enroll without cause at any time. DHHS instructed Mercer to utilize the tribal member flag from the Global Eligibility File (GEF) to identify the tribal population. Claims and eligibility associated with beneficiaries with a tribal code, other than 999 (unspecified tribe), were removed for purposes of base data development. Please see Section 14 for more information about the tribal population.

For purposes of developing the Draft Rate Book, DHHS instructed Mercer to include all Foster Care children who met BH I/DD Tailored Plan criteria and are otherwise not excluded. This approach is subject to change depending on final Foster Care managed care program design and timing.

Non-dual beneficiaries meeting BH I/DD Tailored Plan eligibility criteria will be considered an exempt population from Standard Plan managed care until the launch of BH I/DD Tailored Plans, meaning that prior to BH I/DD Tailored Plan launch, they will remain in the fee-for-service and LME/MCO delivery systems, but will have the choice of voluntarily opting into a Standard Plan. Once BH I/DD Tailored Plans launch, most non-dual beneficiaries qualifying for a BH I/DD Tailored Plan will be considered managed care mandatory, but will retain the choice to voluntarily opt into a Standard Plan. DHHS has worked to develop a set of criteria (outlined in Appendix E) that, when met, would qualify a beneficiary as eligible for the BH I/DD Tailored Plan. Mercer used this set of criteria to identify individuals to include in the BH I/DD Tailored Plan base data using an enrollment simulation methodology to ensure the rates reflect expected BH I/DD Tailored Plan enrollment patterns based on DHHS's plans for operationalizing the BH I/DD criteria leading up to and during BH I/DD Tailored Plan managed care implementation (see Section 8). The criteria and methodology for identifying beneficiaries who are eligible for the BH I/DD Tailored Plan is subject to change.

4.2 Excluded Populations

With the exception of beneficiaries enrolled in the Innovations or TBI waiver, the following populations are excluded from managed care enrollment (both Standard Plan and BH I/DD Tailored Plan), pursuant to N.C. Gen. Stat. § 108D-40:

- Beneficiaries eligible for Medicare, but not full Medicaid benefits, including beneficiaries in those categories limited to Medicare cost sharing programs
- Beneficiaries enrolled in Program of All-Inclusive Care for the Elderly (PACE)
- Beneficiaries enrolled in North Carolina's Health Insurance Premium Payment Program¹¹
- Beneficiaries enrolled in Medicaid for emergency services only¹⁰
- Medically needy beneficiaries¹⁰
- Beneficiaries eligible for family planning services only
- Beneficiaries who are inmates of prisons
- Presumptively eligible beneficiaries, during the period of presumptive eligibility
- Beneficiaries being served through the Community Alternatives Program for Children (CAP/C) waiver
- Beneficiaries being served through the Community Alternatives Program for Disabled Adults (CAP/DA) waiver

Individuals receiving long-term nursing facility services are not required to be covered through PHPs for the first five years after managed care launch and will not be eligible to enroll in a BH I/DD Tailored Plan.

Additionally, refugees receiving coverage through the Refugee Medical Assistance program are excluded from BH I/DD Tailored Plan enrollment.

¹¹ Individuals enrolled in the Innovations and TBI waivers will be included in the BH I/DD Tailored Plan program.

Please see Appendix B for the detailed data summarization logic for the identification of these excluded populations. Additionally, please see Appendix G for a summary of historical cost and utilization information for select excluded populations.

5 SERVICE CATEGORIES

DHHS will reimburse BH I/DD Tailored Plans using full-risk capitation payments for eligible services. Mercer has summarized the cost and utilization information from the historical FFS data and the LME/MCO encounter data into major Categories of Service (COS).

The table below shows how the detailed service categories covered by the BH I/DD Tailored Plans were grouped for purposes of this report and the exhibits in Section 9. Please refer to the BH I/DD Tailored Plan RFA for details on the covered and excluded services for the BH I/DD Tailored Plan population including acute care and pharmacy exclusions for duals.

Table 3: BH I/DD Tailored Plan COS Groupings

COS Grouping	FFS Data Detailed COS	Encounter Data Detailed COS	Unit Type
Inpatient — Physical Health (PH)	Inpatient	N/A	Days
Outpatient Hospital — Facility	Outpatient Hospital — Facility	N/A	Visits
Outpatient Hospital — Professional	Outpatient Hospital — Professional	N/A	Visits
Emergency Room – PH	Emergency Room	N/A	Visits
Physician — Primary Care	Physician — Primary Care	N/A	Visits
Physician — Specialty Care	Physician — Specialty Care	N/A	Visits
Federally Qualified Health Center (FOHC)/Rural Health Clinic (RHC)	FOHC RHC	N/A	Visits
Other Clinic	Free-standing Clinics Health Check — Health Department	N/A	Visits
Other Practitioner	Chiropractic Podiatry	N/A	Visits
Family Planning Services	Family Planning Services	N/A	Visits
Therapies	Physical Therapy Speech Therapy Occupational Therapy	N/A	Visits
Prescribed Drugs	Prescribed Drugs	N/A	Scripts
Durable Medical Equipment	Durable Medical Equipment	N/A	Procedure Count
Lab and X-Ray ¹²	Lab and X-Ray	N/A	Procedure Count
Optical	Optical and fittings, excluding costs for eyeglasses frames, lenses, lens treatments, fabrication	N/A	Procedure Count
Limited Dental Services ¹³	Into the Mouth of Babes program	N/A	Procedure Count

¹² The lab and radiology claims were processed by the State’s MMIS vendor as well as the capitation payments to eviCore. To support the data summarization process, eviCore (previously MedSolutions) capitation payments for lab and radiology services were removed in order to not duplicate actual cost and utilization reflected in the FFS data.

¹³ Costs associated with oral/maxillofacial surgery and adjunctive general dental services will be covered by BH I/DD Tailored Plans when billed as a medical or professional claim; based on the COS mapping logic, these costs are captured in the above medical/professional service lines and thus not captured under the ‘Limited Dental Services’ COS.

COS Grouping	FFS Data Detailed COS	Encounter Data Detailed COS	Unit Type
Transportation — Ambulance	Ambulance	N/A	Claim Count
Transportation — NEMT	NEMT	N/A	Claim Count
Nursing Home ¹⁴	Nursing Home	N/A	Procedure Count
Home Health	Home Health	N/A	Procedure Count
Personal Care	Personal Care	N/A	Procedure Count
Hospice	Hospice	N/A	Procedure Count
Inpatient — BH (LME/MCO)	N/A	Inpatient	Days
Outpatient Hospital – BH	N/A	Outpatient	Services
Emergency Room – BH	N/A	Emergency Room	Visits
ICF/IID	ICF/IID	ICF/IID	Days
Psychiatric Residential Treatment Facilities (PRTF)	PRTF	PRTF	Days
BH Long-term Residential	N/A	BH Long-term Residential	Days
Multisystemic Therapy (MST)	N/A	Multisystemic Therapy (MST)	Services
Intensive In-home Services (IIHS)	N/A	Intensive In-home Services (IIHS)	Services
Assertive Community Treatment Team (ACT)	N/A	Assertive Community Treatment Team (ACT)	Services
Community Support	N/A	Community Support	Services
Partial Hospitalization/Day Treatment	N/A	Partial Hospitalization/Day Treatment	Services
Psych Rehab	N/A	Psych Rehab	Services
Crisis Services	N/A	Crisis Services	Services
Other BH Services	Mental Health services for non-LME/MCO population (Ages 0–3 and NC Health Choice)	N/A	Procedure Count
Innovations – Day Support	N/A	Innovations – Day Support	Services
Innovations – In-Home Services	N/A	Innovations – In-Home Services	Services
Innovations – Personal Care	N/A	Innovations – Personal Care	Services
Innovations – Residential Services	N/A	Innovations – Residential Services	Services
Innovations - Respite	N/A	Innovations - Respite	Services
Innovations – Supported Employment	N/A	Innovations – Supported Employment	Services
Innovations - Other	N/A	Innovations - Other	Services
1915(b)(3) Services	N/A	1915(b)(3) Services	Services

¹⁴ If an individual enrolled in a BH I/DD Tailored Plan resides, or is likely to reside, in a nursing facility for ninety (90) days or more, such individual shall be dis-enrolled from the BH I/DD Tailored Plan on the first day of the month following the ninetieth (90th) day of the stay and enrolled in the FFS program. The base data includes cost and enrollment information for only the portion of the nursing home stay covered by the BH I/DD Tailored Plans.

COS Grouping	FFS Data Detailed COS	Encounter Data Detailed COS	Unit Type
Peer Support Services ¹⁵	N/A	Peer Support Services	Services
Care Management for At-Risk Children Payments	Historical payments made to LHDs for the Care Coordination for Children program	N/A	Claim Count
Care Management for High Risk Pregnancy Payments	Historical payments made to LHDs for the Obstetric Care Management program	N/A	Claim Count
Medical Home Payments	Historical payments made to practices in Carolina ACCESS (CA) program (practices in CA I receive fees of \$1.00 PMPM and practices in CA II receive fees of \$2.50 or \$5.00 PMPM)	N/A	Claim Count

Historically the LME/MCOs have provided DHHS-approved in lieu of services. These services have been mapped to an appropriate COS using logic consistent with LME/MCO data development processes. For a summary of the in lieu of service types included and associated historical spend, please see Appendix H.

As outlined in Table 3, Medical Home, Care Management for High Risk Pregnancy and Care Management for At-Risk Children PMPM payments are included in rate development since DHHS is requiring that BH I/DD Tailored Plans continue these payments to those providers. The required \$4.56 and \$4.96 PMPM payments can be observed in the base data summaries provided in Section 9. As the Advanced Medical Home payments will now be required to be \$1 PMPM for AMH Tier 1 practices and \$5 PMPM for all beneficiaries in AMH Tiers 2 and 3 practices, an increase from the \$2.50 fee which had previously applied to non-ABD beneficiaries in Carolina Access II practices, an adjustment was also considered in rate-setting (see Section 12 for additional details).

Other historical payments made through Community Care of North Carolina (CCNC) were not included in the data summaries in Section 9 (identified as Excluded Patient-Centered Medical Home [PCMH] Payments in Appendix D). These costs were related to monthly per member payments to coordinate and manage care for members along with payments made to administer the Health Check and Pregnancy Medical Home (PMH) programs. Additionally, Mercer did not include costs related to case management for Human Immunodeficiency Virus (HIV) members. Consideration for these care management activities is included as part of the Tailored Care Management payment or a non-benefit component of the rate development process.

Covered services that are excluded from BH I/DD Tailored Plans, and continue under FFS, are summarized below:

- Children's Developmental Services Agencies
- Dental services not identified in the COS table above
- Local Education Agency
- Optical services for eyeglasses frames, lenses, lens treatments and fabrication are considered non-covered services in this Draft Rate Book

Appendix D contains detailed coding logic used to define all detailed categories noted above.

¹⁵ Peer Supports was approved in October 2019 as a State Plan service. Historically this service was offered by the LME/MCOs under 1915(b)(3) authority. To support rate-setting, the historical cost/utilization of the 1915(b)(3) Peer Supports service has been included in development of the base data.

6 HISTORICAL DATA ANALYSIS

Mercer evaluated historical data for use in capitation rate development and performed base data adjustments to account for historical program changes and considerations for the future managed care program design.

Base data analyses and data summaries are presented throughout the Draft Rate Book in the following sections:

- Base data adjustments are presented in Section 7.
- The BH I/DD Tailored Plan enrollment simulation methodology is discussed in Section 8. This approach utilizes the SFY 2018 expenditure data as well as earlier eligibility data to model the anticipated enrollment for the first BH I/DD Tailored Plan contract year.
- Detailed data exhibits for SFY 2018 are provided in Section 9. These summaries include information by region, COS and rate cell. These exhibits reflect the BH I/DD Tailored Plan enrollment simulation.

As previously noted, the basis for draft capitation rate development is the SFY 2018 base data summarized in Section 9 of this Draft Rate Book.

7 BASE DATA ADJUSTMENTS

This section provides an overview of the adjustments Mercer made to the data sources summarized in this report. These adjustments are reflected in the exhibits shown in Section 9 and Appendix G. Note SFY 2018 serves as the base year for capitation rate development.

7.1 Member Month Analysis

Medicaid eligibility data provided by DHHS was used to summarize MM information throughout this Draft Rate Book. Use of this information ensures consistency in claims and MM summarization for the PMPM calculation. Mercer reviewed the MM data for reasonability for use in development of the capitation rates. Mercer summarized MM information to be consistent with payment of capitation rates, which is dependent on the timing of the determination of BH I/DD Tailored Plan eligibility

As a part of the MM analysis, Mercer reviewed the MMs near the end of the historical period (SFY 2018) as well as changes in the SFY 2017 MM volume observed in more recent data. Mercer observed changes in SFY 2017 Medicaid eligibility based on the most recent eligibility snapshot and also observed declines in eligibility for more recent months in the SFY 2018 base experience. Mercer evaluated the impact of these changes in historical Medicaid eligibility and noted that beneficiaries within the newly identified eligibility segments of SFY 2017, based on the more recent eligibility snapshot, had minimal cost/utilization experience particularly in comparison to those identified in both eligibility snapshots.

Additionally, as noted above, the BH I/DD Tailored Plans would be responsible for beneficiaries after Tailored Plan eligibility determination was made and not prior retroactive eligibility periods. So in the context of the observed MM lag, the BH I/DD Tailored Plans would not likely be responsible for any claims associated with the changes in historical eligibility and are not expected to be paid a capitation payment for these beneficiaries. So, to best align the MM data and PMPM levels with DHHS's plan for prospective capitation payment processing, Mercer did not make an adjustment to the summarized SFY 2018 MM counts for any anticipated lag in enrollment processing.

7.2 Retroactive Eligibility and Application Period

The retroactive eligibility period reflects a period of Medicaid coverage that provides retrospective coverage of claims prior to the month of Medicaid application. In these instances, the BH I/DD Tailored Plans are not responsible for coverage per state law. In order to ensure the data summarization reflects only cost and utilization that will be the responsibility of the BH I/DD Tailored Plans, an adjustment was applied to remove the cost, utilization and MMs associated with the retroactive eligibility period.

The application period represents the time between initial application for Medicaid eligibility and Medicaid eligibility determination. Policy indicates that BH I/DD Tailored Plan enrollment and responsibility for member claims will be effective the first day of the month of eligibility determination (with an exception for deemed newborns who are generally enrolled retroactive to the first of the month of birth). Therefore, Mercer has excluded the application period from the base data, which is considered to be from the first of the month of the application filing up to the first of the month of eligibility determination.

Mercer received eligibility files from NC FAST that indicated recipient-level retroactive eligibility and application periods, and used this information to identify the retroactive eligibility and application periods within the base data. Mercer evaluated this information and applied an adjustment to remove cost/utilization experience and MMs associated with retroactive eligibility and the application period. In this review, Mercer determined that the eligibility periods associated with deemed newborns were not identified as retroactive eligibility and thus remained in the base data.

Since Mercer did not apply a MM adjustment per Section 7.1 above, Mercer evaluated the linkage between the observed lag in MMs and the retroactive eligibility and/or application period. Mercer found that historically the retroactive eligibility and application period were partially linked to the eligibility runout observed in the most recent SFY. Based on this analysis, Mercer did not apply a retroactive eligibility and/or application period adjustment to the MMs for certain months as the raw data already reflects lower eligibility counts. Specifically, Mercer did not apply a retroactive eligibility adjustment for March 2018 – June 2018 for ABD beneficiaries and May 2018 – June 2018 for TANF beneficiaries, and did not apply an application period adjustment for June 2018 for ABD beneficiaries.

Tables 4 and 5 below summarize the combined impact of removing experience related to retroactive eligibility and application lag for the BH I/DD Tailored Plan population, by COA and by COS. For the BH I/DD Tailored Plan population, the retroactive eligibility period adjustment has a 0.0% PMPM impact in SFY 2018, and the application lag period adjustment has a 0.0% PMPM impact in SFY 2018. In total, for the BH I/DD Tailored Plan population, this amounts to an overall PMPM impact of -0.1% in SFY 2018. The most impacted service for both the retroactive eligibility and application lag period combined was Inpatient — PH.

Table 4: Combined Impact of Retroactive Eligibility Period and Application Period Adjustments by COA

COA	Aggregate Dollar Impact	Member Month Impact	PMPM/ Payment Impact
Non-Dual Blind & Disabled Child	-0.1%	-0.1%	0.0%
Non-Dual Aged, Blind & Disabled Adult	-1.3%	-0.7%	-0.6%
Non-Dual TANF Child	-0.4%	-0.2%	-0.1%
Non-Dual TANF Adult	-0.7%	-0.6%	-0.1%
Non-Dual Foster	0.0%	0.0%	0.0%
Non-Dual Innovations	-0.1%	-0.1%	0.0%
Dual Aged	-0.6%	-0.4%	-0.2%
Dual Blind & Disabled and Other	-0.2%	-0.5%	0.4%
Dual Innovations	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	-0.4%	-0.4%	-0.1%

Table 5: Combined Impact of Retroactive Eligibility Period and Application Period Adjustments by Region

Region	Aggregate Dollar Impact	Member Month Impact	PMPM/ Payment Impact
Region 1	-0.6%	-0.5%	-0.1%
Region 2	-0.4%	-0.4%	0.0%
Region 3	-0.4%	-0.4%	0.0%
Region 4	-0.3%	-0.3%	0.0%
Region 5	-0.5%	-0.4%	-0.1%
Region 6	-0.4%	-0.2%	-0.2%
Region 7	-0.3%	-0.3%	0.0%
Total BH I/DD Tailored Plan	-0.4%	-0.4%	-0.1%

7.3 Completion Factors

The summarized data include claims for dates of service for SFY 2018. Mercer developed completion factors to estimate incurred-but-not-reported (IBNR) claims (those claims not yet adjudicated). The FFS data and the LME/MCO encounter data reflect payments through September 2018. The following factors are applied to both dollars and utilization.

Table 6: Completion Factors

COS	SFY 2018
Inpatient – PH	1.069
Outpatient Hospital – Facility	1.023
Outpatient Hospital – Professional	1.024
Emergency Room – PH	1.023
Physician - Primary Care	1.024
Physician – Specialty	1.023
FOHC/RHC	1.025
Other Clinic	1.024
Other Practitioner	1.025
Family Planning Services	1.025
Therapies	1.024
Prescribed Drugs	1.000
Durable Medical Equipment	1.022
Lab and X-ray	1.020
Optical	1.019
Limited Dental Services	1.023
Transportation – Ambulance	1.047
Transportation – NEMT	1.031
Nursing Home	1.005
Home Health	1.013
Personal Care	1.013
Hospice	1.012
Other HCBS Waiver Services	1.014
Inpatient – BH	1.037
Outpatient Hospital – BH	1.011
Emergency Room – BH	1.012
ICF/IID	1.002
PRTF	1.003
BH Long-term Residential	1.002
MST	1.001
IIHS	1.001
ACT	1.005
Community Support	1.001

COS	SFY 2018
Partial Hosp/Day Tx	1.011
Psych Rehab	1.011
Crisis Services	1.012
Other BH Services	1.024
Innovations - Day Support	1.002
Innovations - In-Home Services	1.002
Innovations – Other	1.002
Innovations - Personal Care	1.000
Innovations - Residential Supports	1.002
Innovations – Respite	1.002
Innovations - Supported Employment	1.002
B3 Services	1.002
Medical Home Payments	1.000
Total BH I/DD Tailored Plan	1.008

7.4 GME Adjustment

DHHS will make GME payments directly to eligible hospitals, as permitted under 42 CFR 438.6(a). As a result, BH I/DD Tailored Plans will not be required to make GME payments to hospitals. Under FFS, DHHS has historically reimbursed providers through both a GME add-on, paid through the base rate, captured in the historical FFS claims expenditures and as a part of the supplemental payments made outside of the claims system. As such, Mercer calculated an adjustment to exclude the GME portion of the Inpatient claims in the base FFS data. To calculate this adjustment, Mercer relied on the GME payment information provided by DHHS that listed the GME add-on amount by hospital. The total historical Medicaid GME add-on amount for all populations is approximately \$93 million in SFY 2018. Note that the impacts cited for the total population and for the BH I/DD Tailored Plan population in the table below are after the removal of the retroactive eligibility and application lag period. The table below illustrates the adjustment applied to each base year for the BH I/DD Tailored Plan.

Table 7: GME Adjustment Impact

Region	COS	SFY 2018	
		Dollar Amount	Percentage Impact
Region 1	Inpatient — PH	\$(480,447)	-6.1%
Region 2	Inpatient — PH	\$(607,990)	-6.6%
Region 3	Inpatient — PH	\$(1,937,138)	-10.0%
Region 4	Inpatient — PH	\$(918,010)	-10.8%
Region 5	Inpatient — PH	\$(2,056,934)	-13.5%
Region 6	Inpatient — PH	\$(1,055,587)	-11.5%
Region 7	Inpatient — PH	\$(1,520,064)	-11.8%
Total BH I/DD Tailored Plan	Inpatient — PH	\$(8,576,170)	-10.4%

7.5 TPL Adjustment

The FFS claims data from NC Tracks reflects the reduction for TPL if the amount is reported on the claim submitted by the provider. However, NC Tracks data is not subsequently adjusted for TPL recoveries collected outside the claims system by DHHS. BH I/DD Tailored Plans will have the responsibility of collecting TPL for all recovery types with the exception of Trust and Estate recoveries. Credit Balance recoveries are processed through NC Tracks; thus the historical claims data already reflect consideration for credit balance recoveries. The following table illustrates the total TPL recoveries for all populations (including those excluded from BH I/DD Tailored Plans) by type for the SFY 2018 time period for the recovery types to be collected by the BH I/DD Tailored Plans.

Table 8: Total TPL Recovery Amounts

Recovery Type	SFY 2018 Recovery Amount
Commercial Insurance	\$(48,463,866)
Medicare	\$(2,254,420)
Casualty	\$(18,447,155)
Total	\$(69,165,441)

Mercer utilized TPL recovery information provided by DHHS to calculate a downward adjustment to reflect the TPL recoveries that are not present in the FFS claims data and are anticipated to be collected by the BH I/DD Tailored Plans. The table below illustrates the TPL recoveries removed for the BH I/DD Tailored Plan population for the base time period.

Table 9: TPL Adjustment Amount for BH I/DD Tailored Plan Population

COA	SFY 2018 Dollar Adjustment
Non-Dual Blind & Disabled Child	\$(1,198,901)
Non-Dual Aged, Blind & Disabled Adult	\$(2,924,755)
Non-Dual TANF Child	\$(1,053,020)
Non-Dual TANF Adult	\$(870,765)
Non-Dual Foster	\$(246,918)
Non-Dual Innovations	\$(715,510)
Dual Aged	\$(75)
Dual Blind & Disabled and Other	\$(493)
Dual Innovations	\$(152)
Total BH I/DD Tailored Plan	\$(7,010,589)

7.6 NEMT Adjustment

Historically, payments for NEMT providers were processed outside of NC Tracks; however, effective September 2016, DHHS began to process NEMT payments for pilot counties through NC Tracks. To support an adjustment to the base experience, DHHS supplied information by county for NEMT payments paid outside of NC Tracks for the 2018 time period. Mercer leveraged this information to add the NEMT experience to the amounts already reflected in the FFS data. The total NEMT spend across all Medicaid populations is approximately \$68 million in SFY 2018. The table below illustrates the allocated NEMT costs for the BH I/DD Tailored Plan population for the base time periods.

Table 10: NEMT Adjustment Amount

COA	SFY 2018		
	Base FFS Dollars	Adjustment Dollars	Total Dollars
Non-Dual Blind & Disabled Child	\$801,923	\$245,896	\$1,047,819
Non-Dual Aged, Blind & Disabled Adult	\$6,519,628	\$2,344,702	\$8,864,330
Non-Dual TANF Child	\$884,243	\$222,067	\$1,106,310
Non-Dual TANF Adult	\$2,289,494	\$717,526	\$3,007,020
Non-Dual Foster	\$333,423	\$96,232	\$429,655
Non-Dual Innovations	\$203,476	\$79,838	\$283,314
Dual Aged	\$0	\$0	\$0
Dual Blind & Disabled and Other	\$0	\$0	\$0
Dual Innovations	\$0	\$0	\$0
Total BH I/DD Tailored Plan	\$11,032,188	\$3,706,260	\$14,738,448

7.7 Fraud, Waste and Abuse Recoveries Adjustment

DHHS and the Center for Medicare and Medicaid Services (CMS) are committed to combating Medicaid provider fraud, waste and abuse which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid enrollees.¹⁶ Based on information provided by DHHS, the total annual recovery amount was \$14.4 million in SFY 2018 for all Medicaid populations. Mercer relied on the total annual recovery amounts to adjust the historical FFS claims experience for FWA recoveries. Mercer used this information to calculate the impact of removing costs associated with FWA recoveries across all populations and applied this adjustment to the BH I/DD Tailored Plan base data. The table below shows the result impact of this adjustment on the BH I/DD Tailored Plan population.

Table 11: FWA Adjustment Amount for BH I/DD Tailored Plan Population

COA	SFY 2018 Dollar Adjustment
Non-Dual Blind & Disabled Child	\$(194,693)
Non-Dual Aged, Blind & Disabled Adult	\$(750,135)
Non-Dual TANF Child	\$(101,870)
Non-Dual TANF Adult	\$(104,266)
Non-Dual Foster	\$(33,573)
Non-Dual Innovations	\$(108,492)
Dual Aged	\$(2)
Dual Blind & Disabled and Other	\$(8)
Dual Innovations	\$(3)
Total BH I/DD Tailored Plan	\$(1,293,043)

7.8 Hemophilia Recoupment

In April 2018, DHHS implemented changes to the reimbursement methodology for ingredient costs and professional dispensing fees for clotting factor drugs based on a survey of costs for Hemophilia Treatment Centers (HTCs) and non-HTCs.¹⁷ The reimbursement changes were effective retroactively to April 1, 2017.

¹⁶ <https://www.medicaid.gov/medicaid/program-integrity/index.html>

¹⁷ https://files.nc.gov/ncdma/documents/Providers/Bulletins/Medicaid_Bulletin_2018_04.pdf

However, the reprocessing of claims began in November 2018, which is outside of the base data cutoff (claims runout through September 2018). Mercer received information from DHHS summarizing the total recoupments for the blood clotting factor products from April 1, 2017 through April 29, 2018, which Mercer used to apply a base data adjustment to SFY 2018 experience. In total across all populations, this recoupment amounted to approximately \$11.3 million for the April 1, 2017 through April 29, 2018 time period. This adjustment was calculated by population based on clotting factor drug use and the impact of the adjustment to the BH I/DD Tailored Plan is illustrated in the table below.

Table 12: Hemophilia Recoupment Amount for BH I/DD Tailored Plan Population

COA	SFY 2018 Dollar Adjustment
Non-Dual Blind & Disabled Child	\$(393,662)
Non-Dual Aged, Blind & Disabled Adult	\$(1,007,268)
Non-Dual TANF Child	\$(277,988)
Non-Dual TANF Adult	\$(8,957)
Non-Dual Foster	\$0
Non-Dual Innovations	\$(270,475)
Dual Aged	\$0
Dual Blind & Disabled and Other	\$0
Dual Innovations	\$0
Total BH I/DD Tailored Plan	\$(1,958,351)

7.9 LME/MCO Data Adjustments

The following represents adjustments and considerations specific to the LME/MCO encounter data. The data adjustments and process were leveraged from the LME/MCO capitation rate development process Mercer also performs for DHHS. The adjustments include review and consideration to ensure the encounters match valid eligibility segments and services covered for the BH I/DD Tailored Plan. Additionally, a review was performed to ensure no duplicate encounters were included as part of the base data. Similar to the LME/MCO process, these validations and adjustments yielded little adjustment to the base data illustrated in Section 9 of this document.

7.9.1 Payments Made Outside of the Claims System

LME/MCOs have historically documented payments for services paid outside of the claims system that were not otherwise represented in the base data. LME/MCOs provided Mercer with documentation of these payments by COS and date of service. Mercer used this information to build in an adjustment to the historical experience to ensure that the data was fully representative of all BH I/DD service costs. For the BH I/DD Tailored Plan, this adjustment increased the SFY 2018 LME/MCO BH encounter data by approximately 0.4%, which rounds to a 0.3% adjustment as a percentage of total BH I/DD Tailored Plan program costs (both FFS claims and LME/MCO BH encounter data). The table below shows the overall impact of these payments by rate cell.

Table 13: Impact of Payment Made Outside of the Claims System

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Non-Dual Blind & Disabled Child	0.5%	0.1%	0.3%	0.1%	0.5%	0.0%	0.0%
Non-Dual Aged, Blind & Disabled Adult	0.7%	0.1%	0.2%	0.1%	0.4%	0.0%	0.0%
Non-Dual TANF Child	0.6%	0.1%	0.3%	0.1%	0.6%	0.0%	0.0%
Non-Dual TANF Adult	0.3%	0.1%	0.3%	0.2%	0.6%	0.1%	0.1%

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Non-Dual Foster	0.4%	0.1%	0.5%	0.1%	0.8%	0.0%	0.0%
Non-Dual Innovations	0.9%	0.7%	0.8%	0.0%	0.1%	0.5%	0.0%
Dual Aged	0.0%	0.0%	0.3%	0.0%	0.4%	0.0%	0.0%
Dual Blind & Disabled and Other	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%
Dual Innovations	0.5%	0.6%	0.7%	0.0%	0.0%	0.7%	0.0%
Total BH I/DD Tailored Plan	0.5%	0.3%	0.4%	0.1%	0.4%	0.2%	0.0%

7.9.2 Institutions for Mental Disease Adjustment

On May 6, 2016, CMS issued the Managed Care Final Rule that included provisions regarding the treatment of utilization at Institutions for Mental Disease (IMDs) in capitation payment and rate setting. Specifically, provision 42 CFR § 438.6(e) of the Final Rule states the following, “[...] the State may make a monthly capitation payment to an MCO or PIHP for an enrollee aged 21–64 receiving inpatient treatment in an Institution for Mental Diseases, as defined in 42 CFR § 435.1010 of this chapter, so long as the facility is a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder crisis residential services, and length of stay in the IMD is for a short term stay of no more than 15 days during the period of the monthly capitation payment.”

This requirement was effective as of July 6, 2016. DHHS approved an IMD In Lieu of Service (ILOS) for use by the LME/MCOs effective beginning July 1, 2017. Mercer has observed utilization for IMD facilities throughout the LME/MCO encounter data. Thus, Mercer evaluated the IMD experience reflected in the base data in regards to the 15-day limitation.

Mercer identified IMD experience for members who are ages 21–64 as inpatient services provided at IMD providers, based on a National Provider Identifier (NPI) list provided by DHHS. The amount attributable to members with more than 15 days within a given month has been excluded from the data. Payments outside the system related to IMD stays were assumed to be for stays consisting of 15 days or less within a given month and no exclusion was applied.

Another component of 42 CFR § 438.6(e) is that States “must price utilization at the cost of the same services through providers included under the State Plan.” As such, Mercer repriced the remaining IMD days, after the exclusion noted above, at the average statewide Inpatient non-IMD per diem informed by the claims data specific to the given base year.

For SFY 2018, the adjustment rounded to a 0.0% impact to the LME/MCO BH encounter data, which then also rounds to a 0.0% adjustment as a percentage of total BH I/DD Tailored Plan program costs (both FFS claims and LME/MCO BH encounter data). Please see Section 12.5.3 for additional information on the prospective adjustments related to the 1115 SUD Waiver. Table 14 below provides additional detail on the total dollar increase (decrease) to each region as a result of this adjustment.

Table 14: Total Dollar Impact of IMD Adjustment

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Total BH I/DD Tailored Plan	\$7,648	\$3,669	\$177,944	\$55,048	\$(19,750)	\$(22,018)	\$94,946

7.9.3 Patient Liability

Review of historical LME/MCO experience necessitates an adjustment to evaluate the patient liability responsibilities and collection for beneficiaries receiving services in Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IIDs). Given that ICF/IID services will be covered by the BH I/DD Tailored Plans, this adjustment was applied to the rates included in this Draft Rate Book. In total the adjustment rounded to 0.0% to the LME/MCO BH encounter data, which then also rounds to a 0.0% adjustment as a percentage of total BH I/DD Tailored Plan program costs (both FFS claims and LME/MCO encounter data).

8 BH I/DD TAILORED PLAN ENROLLMENT SIMULATION

For purposes of this Draft Rate Book, Mercer utilized DHHS-published criteria for beneficiaries eligible for the BH I/DD Tailored Plan, summarized in Appendix E of this Draft Rate Book. For draft capitation rate development, Mercer has worked with DHHS to understand the anticipated process and timing that will be used to identify individuals who meet BH I/DD Tailored Plan criteria and be expected to enroll in a BH I/DD Tailored Plan upon implementation (July 1, 2022). This process and timing has been simulated using historical base data periods as a basis for capitation rate setting and is reflected in the base data exhibits presented in Section 9 of this Draft Rate Book. The assumptions and inputs outlined in this section are subject to change and will be reviewed as part of final rate development which may increase or decrease overall estimated BH I/DD Tailored Plan enrollment and capitation rates.

8.1 Enrollment Overview

In mid-2019, DHHS began running the BH I/DD Tailored Plan criteria against claims with dates of service on or after January 1, 2018 to identify individuals who meet BH I/DD Tailored Plan criteria for purposes of determining populations exempt from enrollment in Standard Plans expected to launch November 1, 2019, but subsequently delayed. The BH I/DD Tailored Plan criteria was also run for populations otherwise delayed or excluded from managed care. DHHS plans to continue running BH I/DD Tailored Plan criteria against claims up to and through the entire contract period.

At any point in time, new individuals within the Innovations and TBI waivers and waitlists, new additions on the Transition to Community Living Initiative or Children with Complex Needs lists, and those found to be utilizing or in need of services only available under the BH I/DD Tailored Plan, will be dis-enrolled from the Standard Plan and enrolled in the BH I/DD Tailored Plan. This group is generally referred to as Simulation Group 1 for purposes of rate development (see Criteria #1–8 outlined in Appendix E for more detail).

Beneficiaries meeting other BH I/DD Tailored Plan criteria (see Criteria #9–15 outlined in Appendix E for more detail) while enrolled in a Standard Plan will be automatically dis-enrolled from the Standard Plan and added to the BH I/DD Tailored Plan list the month after they are identified by DHHS as eligible for the BH I/DD Tailored Plan. For rate-setting purposes, this group is generally referred to as Simulation Group 2. Mercer has assumed an identification lag of three months between diagnosis/service utilization at the provider level, provider payment by the Standard Plan, Standard Plan submission of encounter information to DHHS and for DHHS to identify the beneficiary as meeting the eligibility criteria and subsequently dis-enrolling the individual from the Standard Plan. As part of this rate setting methodology, after the three-month identification lag, these beneficiaries are assumed to be dis-enrolled from the Standard Plan and placed on the BH I/DD Tailored Plan list.

DHHS has also established a process whereby beneficiaries not identified through the data review process described in Appendix E can request a review for BH I/DD Tailored Plan eligibility. As these individuals are not identified through historical data, they remain outside of the base data used for BH I/DD Tailored Plan rate-setting. DHHS will work with Mercer to assess the impact of this population on the BH I/DD Tailored Plan rates.

Lastly, DHHS may perform further review on the beneficiaries historically meeting the BH I/DD Tailored Plan criteria prior to and following BH I/DD Tailored Plan implementation. This review may identify those individuals who may no longer require the enhanced offerings of the BH I/DD Tailored Plan and should instead be enrolled in the Standard Plan. At the time of this Draft Rate Book, this review process and timing were still under discussion with DHHS and thus not reflected in the base data and Simulation analysis summarized.

8.2 Simulation Analysis

For base data development for rate-setting, Mercer performed a BH I/DD Tailored Plan enrollment simulation using historical eligibility and claims. The objective of this simulation was to mirror the anticipated enrollment process and identify, on a historical basis, beneficiaries who would meet BH I/DD Tailored Plan criteria and be eligible to enroll in the BH I/DD Tailored Plan upon implementation.

Consistent with initial Standard Plan rate-setting, Mercer performed the simulation assuming that SFY 2018 represents the rate effective period. Therefore, Mercer needed to review and consider claims and enrollment before the SFY 2018 time period to mirror the application of the BH I/DD Tailored Plan criteria using claims and eligibility prior to the July 1, 2022 program implementation.

A portion of the historical simulation evaluation period extends back prior to October 2015 when the diagnosis codes changed from International Classification of Diseases (ICD) 9 to ICD-10. Since a portion of the BH I/DD Tailored Plan eligibility criteria is based on ICD-10 diagnosis information, Mercer evaluated all regions using a lookback to October 2015. The period between October 2015 and July 1, 2017 is shorter in duration than the period between January 1, 2018 and the July 1, 2022 BH I/DD Tailored Plan launch. The lookback and historical data periods will be re-evaluated with an appropriate lookback as part of final rate development prior to BH I/DD Tailored Plan implementation.

Mercer evaluated the claims, diagnoses and specific waiver, wait list, and other beneficiary rosters for the entire NC Medicaid and Health Choice programs during the historical periods outlined above to determine which beneficiaries meet BH I/DD Tailored Plan criteria, and therefore would be included in the BH I/DD Tailored Plan enrollment process. Note that depending on the timing of when a beneficiary met the criteria, a beneficiary's historical experience may either be fully or partially attributed to being covered by the BH I/DD Tailored Plans during the SFY 2018 base data period.

To further align with the DHHS enrollment process, Mercer identified Simulation Group 1 after the lookback period and throughout the rate effective period (i.e., within the simulation, Group 1 was identified and added to the list through the end of the rate effective period, June 2018). When a beneficiary met the BH I/DD Tailored Plan Simulation Group 1 criteria, their costs and membership for that month forward were included in the BH I/DD Tailored Plan population group for rate-setting purposes. This approach aligns with the DHHS intention to move individuals between the Standard Plan and BH I/DD Tailored Plan to ensure needed services are delivered timely.

Beneficiaries in Simulation Group 2, those who meet BH I/DD Tailored Plan criteria assumed to have identification lag after the historical lookback period, will be enrolled in the BH I/DD Tailored Plans once they are identified in the DHHS BH I/DD Tailored Plan eligibility review process. All beneficiaries meeting these criteria are assumed to be shifted out of the Standard Plan and into the BH I/DD Tailored Plan 3 months after the criteria are met (based on date of service) for the purposes of the simulation methodology to reflect encounter reporting lags.

8.2.1 Implications of Length of Lookback Period

Mercer performed additional analyses to evaluate how the difference in length of lookback may influence the overall BH I/DD Tailored Plan base data. Based on this review, Mercer found that a longer lookback period led to more individuals determined to meet the BH I/DD Tailored Plan criteria. Additionally, as more individuals are identified to meet the BH I/DD Tailored Plan criteria in the historical data, the average acuity of the covered population, as measured via PMPM cost, decreases. Mercer plans to reevaluate this relationship as part of final rate development in order to ensure the base data summarization aligns with the lookback approach utilized by DHHS to determine the individuals eligible for the BH I/DD Tailored Plan. The application of the final BH I/DD

Tailored Plan criteria could result in a decrease or increase in the final capitation rates compared to the draft capitation rates.

Section 9 of this Draft Rate Book provides regional data summaries by rate cell and COS for the SFY 2018 time period used as the basis for rate setting.

9 SFY 2018 BASE DATA EXHIBITS

Mercer summarized the base data experience for the BH I/DD Tailored Plan eligible populations in the following exhibits. These summaries reflect the base data adjustments outlined in Section 7 and the BH I/DD Tailored Plan enrollment simulation discussed in Section 8. For dual populations, the summaries exclude all acute care and pharmacy services to align with BH I/DD Tailored Plan managed care coverage.¹⁸

The top of each exhibit includes the following identifying information:

- Time Period: SFY 2018
- Region: Regional breakouts as described in Section 3
- COA: Specific COA group for the BH I/DD Tailored Plan population as defined in Section 4.1:
 - Non-Dual Blind and Disabled Children
 - Non-Dual Aged, Blind and Disabled Adults
 - Non-Dual TANF Children
 - Non-Dual TANF Adults
 - Non-Dual Foster
 - Non-Dual Innovations
 - Dual Aged
 - Dual Blind, Disabled and Other
 - Dual Innovations
 - Maternity Events
 - All COAs combined (statewide only)
- Age Grouping: Specific age groups as defined in Section 4.1

Below the population criteria is information on the following metrics associated with the population selections:

- MMs/Deliveries: MMs reflect a count of monthly eligibles for the historical time period; Deliveries represents the count of qualifying birth events related to the Maternity Event payment.
- Average Monthly Members/Deliveries: MMs or Deliveries divided by 12.
- Eligibles: Reflect a unique count of eligibles for the time period and population indicated.
- COS: As described in Section 5, each of the covered services is listed.
- Incurred Claims: Amount paid for each service line item based on the paid amount field included in both the FFS data provided by DHHS and the encounter data provided by the LME/MCOs; these amounts are based on date of service and reflect the applicable data adjustments outlined in Section 7.
- Utilization: Utilization for each service line item. This represents the number of visits, days, services or scripts for each category as reported in the data after application of adjustments outlined in Section 7; see Table 3 in Section 5 for the unit types used to define utilization for the various service categories.
- Users: Unique user count for each service. Note the COA-specific exhibits by region reflect unique user counts, whereas the all COAs combined view reflects the sum of the unique users from the COA-specific exhibits. This may result in minimal duplication of users to the extent an individual changes age groups or eligibility categories during the year.
- Utilization per 1,000: Annual utilization for each service divided by total MMs multiplied by 12,000.
- Unit Cost: Average cost of each service line item; incurred claims divided by the utilization of services delivered.
- PMPM/Payment: PMPM is the incurred claims divided by total MMs; the Maternity Event payment is the incurred claims divided by the Deliveries.

¹⁸ The proposed coverage of duals for a limited set of benefits under the BH I/DD Tailored Plan discussed throughout the Draft Rate Book may be subject to a change in state law.

Exhibit 1

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	18,278
Average Monthly Members/Deliveries:	1,523
Eligibles:	1,807

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,170,998	834	60	548	\$ 1,403.46	\$ 64.07
Outpatient Hospital - Facility	\$ 1,334,308	3,897	996	2,559	\$ 342.39	\$ 73.00
Outpatient Hospital - Professional	\$ 163,194	1,608	560	1,056	\$ 101.50	\$ 8.93
Emergency Room - PH	\$ 394,265	1,043	534	685	\$ 377.94	\$ 21.57
Physician - Primary Care	\$ 446,543	5,967	1,273	3,918	\$ 74.83	\$ 24.43
Physician - Specialty	\$ 331,047	2,881	849	1,892	\$ 114.90	\$ 18.11
FOHC/RHC	\$ 132,515	1,068	283	701	\$ 124.11	\$ 7.25
Other Clinic	\$ 68,438	932	702	612	\$ 73.44	\$ 3.74
Other Practitioner	\$ 4,923	130	34	86	\$ 37.73	\$ 0.27
Family Planning Services	\$ 31,004	75	97	49	\$ 413.32	\$ 1.70
Therapies	\$ 1,098,919	10,097	346	6,629	\$ 108.83	\$ 60.12
Prescribed Drugs	\$ 6,265,613	36,814	1,527	24,169	\$ 170.20	\$ 342.80
Durable Medical Equipment	\$ 1,035,035	633,615	423	415,986	\$ 1.63	\$ 56.63
Lab and X-ray	\$ 48,717	1,575	249	1,034	\$ 30.92	\$ 2.67
Optical	\$ 29,644	1,166	377	765	\$ 25.43	\$ 1.62
Limited Dental Services	\$ 1,075	43	17	28	\$ 25.14	\$ 0.06
Transportation - Ambulance	\$ 38,773	293	120	193	\$ 132	\$ 2.12
Transportation - NEMT	\$ 73,565	1,269	61	833	\$ 58	\$ 4.02
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 34,495	5,537	16	3,635	\$ 6	\$ 1.89
Personal Care	\$ 19,813	5,461	3	3,585	\$ 4	\$ 1.08
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 12,722,886	714,307				\$ 696.08
Inpatient - BH	\$ 1,522,886	1,521	91	998	\$ 1,001.42	\$ 83.32
Outpatient Hospital - BH	\$ 1,314,588	27,386	785	17,980	\$ 48.00	\$ 71.92
Emergency Room - BH	\$ 71,943	297	90	195	\$ 242.49	\$ 3.94
ICF/IID	\$ 1,819,248	5,127	41	3,366	\$ 354.85	\$ 99.53
PRTF	\$ 1,600,385	3,589	32	2,357	\$ 445.86	\$ 87.56
BH Long-term Residential	\$ 1,986,937	13,241	78	8,693	\$ 150.06	\$ 108.71
MST	\$ 111,711	124	9	81	\$ 900.00	\$ 6.11
IIHS	\$ 1,977,067	6,664	171	4,375	\$ 296.69	\$ 108.17
ACT	\$ 28,723	131	6	86	\$ 219.96	\$ 1.57
Community Support	\$ 113,779	1,242	43	815	\$ 91.61	\$ 6.22
Partial Hosp/Day Tx	\$ 1,103,862	34,982	82	22,966	\$ 31.56	\$ 60.39
Psych Rehab	\$ 12,604	4,685	4	3,076	\$ 2.69	\$ 0.69
Crisis Services	\$ 35,254	962	65	632	\$ 36.64	\$ 1.93
Other BH Services	\$ 48,020	2,315	59	1,520	\$ 20.75	\$ 2.63
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 417,687	69,834	163	45,848	\$ 5.98	\$ 22.85
Subtotal (BH Medical)	\$ 12,164,694	172,099				\$ 665.54
Subtotal (All Medical)	\$ 24,887,580	886,405				\$ 1,361.61
Care Management for High Risk Pregnancy Payments	\$ 10,168	2,050	N/A	1,346	\$ 4.96	\$ 0.56
Care Management for At-Risk Children Payments	\$ 296	65	N/A	43	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 83,304	17,360	N/A	11,397	\$ 4.80	\$ 4.56
Subtotal (Care Management/Medical Home Payments)	\$ 93,768	19,475				\$ 5.13
Total	\$ 24,981,348	905,880				\$ 1,366.74

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 2

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	32,492
Average Monthly Members/Deliveries:	2,708
Eligibles:	3,350

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 3,851,831	4,061	457	1,500	\$ 948.53	\$ 118.55
Outpatient Hospital - Facility	\$ 2,324,326	8,550	1,803	3,158	\$ 271.85	\$ 71.54
Outpatient Hospital - Professional	\$ 495,012	4,712	1,353	1,740	\$ 105.06	\$ 15.23
Emergency Room - PH	\$ 3,088,102	5,798	1,686	2,141	\$ 532.58	\$ 95.04
Physician - Primary Care	\$ 1,155,013	12,552	2,067	4,636	\$ 92.02	\$ 35.55
Physician - Specialty	\$ 1,245,008	10,688	2,048	3,947	\$ 116.49	\$ 38.32
FOHC/RHC	\$ 724,416	5,464	1,115	2,018	\$ 132.58	\$ 22.30
Other Clinic	\$ 153,507	872	324	322	\$ 175.97	\$ 4.72
Other Practitioner	\$ 33,415	510	217	188	\$ 65.48	\$ 1.03
Family Planning Services	\$ 60,028	156	185	57	\$ 385.80	\$ 1.85
Therapies	\$ 1,370	26	20	9	\$ 53.41	\$ 0.04
Prescribed Drugs	\$ 19,878,313	138,029	2,904	50,977	\$ 144.02	\$ 611.79
Durable Medical Equipment	\$ 1,021,651	442,390	764	163,384	\$ 2.31	\$ 31.44
Lab and X-ray	\$ 528,515	14,196	1,435	5,243	\$ 37.23	\$ 16.27
Optical	\$ 30,323	440	305	163	\$ 68.87	\$ 0.93
Limited Dental Services	\$ 4,796	1	1	0	\$ 4,783.07	\$ 0.15
Transportation - Ambulance	\$ 265,207	3,315	901	1,224	\$ 80	\$ 8.16
Transportation - NEMT	\$ 1,403,355	33,276	608	12,290	\$ 42	\$ 43.19
Nursing Home	\$ 436,218	2,509	45	927	\$ 174	\$ 13.43
Home Health	\$ 445,164	39,120	189	14,448	\$ 11	\$ 13.70
Personal Care	\$ 2,121,250	570,677	216	210,763	\$ 4	\$ 65.29
Hospice	\$ 200,909	1,220	19	451	\$ 165	\$ 6.18
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 39,467,727	1,298,562				\$ 1,214.69
Inpatient - BH	\$ 5,493,091	6,535	434	2,414	\$ 840.56	\$ 169.06
Outpatient Hospital - BH	\$ 2,932,099	65,258	1,943	24,101	\$ 44.93	\$ 90.24
Emergency Room - BH	\$ 681,718	2,020	537	746	\$ 337.55	\$ 20.98
ICF/IID	\$ 9,232,272	30,343	140	11,206	\$ 304.26	\$ 284.14
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 5,855,249	30,557	583	11,285	\$ 191.62	\$ 180.21
Community Support	\$ 703,726	29,966	191	11,067	\$ 23.48	\$ 21.66
Partial Hosp/Day Tx	\$ 1,076	8	1	3	\$ 132.32	\$ 0.03
Psych Rehab	\$ 812,243	295,134	138	108,999	\$ 2.75	\$ 25.00
Crisis Services	\$ 688,570	14,934	301	5,515	\$ 46.11	\$ 21.19
Other BH Services	\$ 17,225	142	47	52	\$ 121.27	\$ 0.53
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,584,218	154,719	507	57,141	\$ 10.24	\$ 48.76
Subtotal (BH Medical)	\$ 28,001,488	629,616				\$ 861.80
Subtotal (All Medical)	\$ 67,469,215	1,928,178				\$ 2,076.49
Care Management for High Risk Pregnancy Payments	\$ 36,215	7,301	N/A	2,697	\$ 4.96	\$ 1.11
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 132,425	28,269	N/A	10,440	\$ 4.68	\$ 4.08
Subtotal (Care Management/Medical Home Payments)	\$ 168,640	35,571				\$ 5.19
Total	\$ 67,637,854	1,963,748				\$ 2,081.68

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 3

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	48,020
Average Monthly Members/Deliveries:	4,002
Eligibles:	5,403

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 537,948	641	76	160	\$ 839.09	\$ 11.20
Outpatient Hospital - Facility	\$ 1,115,881	6,528	2,177	1,631	\$ 170.94	\$ 23.24
Outpatient Hospital - Professional	\$ 235,489	2,817	1,148	704	\$ 83.61	\$ 4.90
Emergency Room - PH	\$ 1,224,286	3,390	1,722	847	\$ 361.18	\$ 25.50
Physician - Primary Care	\$ 985,512	13,143	3,372	3,284	\$ 74.98	\$ 20.52
Physician - Specialty	\$ 491,618	5,861	1,950	1,465	\$ 83.88	\$ 10.24
FOHC/RHC	\$ 427,852	3,258	827	814	\$ 131.31	\$ 8.91
Other Clinic	\$ 151,656	2,099	1,657	525	\$ 72.26	\$ 3.16
Other Practitioner	\$ 14,901	258	78	65	\$ 57.71	\$ 0.31
Family Planning Services	\$ 151,733	437	474	109	\$ 346.86	\$ 3.16
Therapies	\$ 1,010,902	9,466	444	2,365	\$ 106.79	\$ 21.05
Prescribed Drugs	\$ 7,001,585	62,404	4,133	15,595	\$ 112.20	\$ 145.81
Durable Medical Equipment	\$ 356,899	165,283	439	41,303	\$ 2.16	\$ 7.43
Lab and X-ray	\$ 175,574	4,920	791	1,229	\$ 35.69	\$ 3.66
Optical	\$ 82,731	2,925	942	731	\$ 28.28	\$ 1.72
Limited Dental Services	\$ 1,206	47	20	12	\$ 25.60	\$ 0.03
Transportation - Ambulance	\$ 37,399	482	241	120	\$ 78	\$ 0.78
Transportation - NEMT	\$ 99,918	2,874	120	718	\$ 35	\$ 2.08
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 24,015	2,251	11	563	\$ 11	\$ 0.50
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 1,353	110	1	28	\$ 12.27	\$ 0.03
Subtotal (Acute/LTSS Medical)	\$ 14,128,459	289,194				\$ 294.22
Inpatient - BH	\$ 3,317,535	3,306	283	826	\$ 1,003.47	\$ 69.09
Outpatient Hospital - BH	\$ 3,193,871	59,860	2,625	14,959	\$ 53.36	\$ 66.51
Emergency Room - BH	\$ 154,934	482	245	120	\$ 321.73	\$ 3.23
ICF/IID	\$ 151,666	774	63	193	\$ 195.98	\$ 3.16
PRTF	\$ 4,323,464	9,662	134	2,415	\$ 447.45	\$ 90.03
BH Long-term Residential	\$ 4,158,145	24,384	180	6,094	\$ 170.52	\$ 86.59
MST	\$ 1,070,398	1,715	102	429	\$ 624.08	\$ 22.29
IIHS	\$ 8,518,387	29,639	857	7,407	\$ 287.40	\$ 177.39
ACT	\$ 55,561	279	11	70	\$ 198.89	\$ 1.16
Community Support	\$ 145,407	1,530	44	382	\$ 95.05	\$ 3.03
Partial Hosp/Day Tx	\$ 5,124,323	161,694	471	40,407	\$ 31.69	\$ 106.71
Psych Rehab	\$ 4,823	1,793	2	448	\$ 2.69	\$ 0.10
Crisis Services	\$ 126,922	3,338	184	834	\$ 38.02	\$ 2.64
Other BH Services	\$ 1,458,076	20,256	451	5,062	\$ 71.98	\$ 30.36
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 124,481	17,701	111	4,423	\$ 7.03	\$ 2.59
Subtotal (BH Medical)	\$ 31,927,992	336,413				\$ 664.89
Subtotal (All Medical)	\$ 46,056,451	625,607				\$ 959.11
Care Management for High Risk Pregnancy Payments	\$ 45,363	9,146	N/A	2,285	\$ 4.96	\$ 0.94
Care Management for At-Risk Children Payments	\$ 11,610	2,546	N/A	636	\$ 4.56	\$ 0.24
Medical Home Payments	\$ 111,738	45,321	N/A	11,325	\$ 2.47	\$ 2.33
Subtotal (Care Management/Medical Home Payments)	\$ 168,711	57,012				\$ 3.51
Total	\$ 46,225,162	682,620				\$ 962.62

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 4

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	25,038
Average Monthly Members/Deliveries:	2,087
Eligibles:	3,097

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,015,454	949	140	455	\$ 1,070.55	\$ 40.56
Outpatient Hospital - Facility	\$ 902,306	3,585	1,232	1,718	\$ 251.72	\$ 36.04
Outpatient Hospital - Professional	\$ 216,394	2,007	800	962	\$ 107.84	\$ 8.64
Emergency Room - PH	\$ 1,500,388	3,334	1,430	1,598	\$ 449.97	\$ 59.92
Physician - Primary Care	\$ 1,066,009	13,150	1,752	6,302	\$ 81.07	\$ 42.58
Physician - Specialty	\$ 789,563	6,188	1,408	2,966	\$ 127.60	\$ 31.53
FOHC/RHC	\$ 319,959	2,223	577	1,066	\$ 143.90	\$ 12.78
Other Clinic	\$ 24,717	355	225	170	\$ 69.59	\$ 0.99
Other Practitioner	\$ 13,135	223	64	107	\$ 58.81	\$ 0.52
Family Planning Services	\$ 149,894	402	403	192	\$ 373.31	\$ 5.99
Therapies	\$ 453	7	3	3	\$ 63.83	\$ 0.02
Prescribed Drugs	\$ 4,371,497	40,879	2,309	19,592	\$ 106.94	\$ 174.59
Durable Medical Equipment	\$ 150,825	53,261	231	25,527	\$ 2.83	\$ 6.02
Lab and X-ray	\$ 1,115,305	15,613	1,468	7,483	\$ 71.44	\$ 44.54
Optical	\$ 10,835	158	101	76	\$ 68.55	\$ 0.43
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 57,726	654	292	313	\$ 88	\$ 2.31
Transportation - NEMT	\$ 580,118	12,658	167	6,067	\$ 46	\$ 23.17
Nursing Home	\$ 8,064	46	1	22	\$ 175	\$ 0.32
Home Health	\$ 17,806	2,897	15	1,388	\$ 6	\$ 0.71
Personal Care	\$ 960	251	1	120	\$ 4	\$ 0.04
Hospice	\$ 1,333	2	1	1	\$ 663	\$ 0.05
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 12,312,741	158,841				\$ 491.76
Inpatient - BH	\$ 577,035	749	130	359	\$ 770.41	\$ 23.05
Outpatient Hospital - BH	\$ 4,134,350	159,105	1,942	76,254	\$ 25.99	\$ 165.12
Emergency Room - BH	\$ 105,006	301	176	144	\$ 349.17	\$ 4.19
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 258	1	1	0	\$ 258.20	\$ 0.01
ACT	\$ 316,523	1,483	46	711	\$ 213.50	\$ 12.64
Community Support	\$ 183,947	7,831	60	3,753	\$ 23.49	\$ 7.35
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 4,022	1,495	3	717	\$ 2.69	\$ 0.16
Crisis Services	\$ 478,236	11,655	173	5,586	\$ 41.03	\$ 19.10
Other BH Services	\$ 10,181	87	19	41	\$ 117.66	\$ 0.41
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 96,602	7,347	190	3,521	\$ 13.15	\$ 3.86
Subtotal (BH Medical)	\$ 5,906,161	190,052				\$ 235.89
Subtotal (All Medical)	\$ 18,218,902	348,893				\$ 727.65
Care Management for High Risk Pregnancy Payments	\$ 89,461	18,037	N/A	8,644	\$ 4.96	\$ 3.57
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 47,875	20,039	N/A	9,604	\$ 2.39	\$ 1.91
Subtotal (Care Management/Medical Home Payments)	\$ 137,336	38,075				\$ 5.49
Total	\$ 18,356,238	386,969				\$ 733.14

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 5

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	11,876
Average Monthly Members/Deliveries:	990
Eligibles:	1,276

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 210,440	100	14	101	\$ 2,112.44	\$ 17.72
Outpatient Hospital - Facility	\$ 292,613	1,697	570	1,715	\$ 172.43	\$ 24.64
Outpatient Hospital - Professional	\$ 66,047	716	305	723	\$ 92.27	\$ 5.56
Emergency Room - PH	\$ 253,458	682	355	689	\$ 371.88	\$ 21.34
Physician - Primary Care	\$ 281,076	3,799	920	3,839	\$ 73.98	\$ 23.67
Physician - Specialty	\$ 121,440	1,526	480	1,542	\$ 79.60	\$ 10.23
FOHC/RHC	\$ 104,080	744	240	752	\$ 139.91	\$ 8.76
Other Clinic	\$ 60,435	838	607	847	\$ 72.08	\$ 5.09
Other Practitioner	\$ 6,186	123	22	125	\$ 50.09	\$ 0.52
Family Planning Services	\$ 51,848	153	146	154	\$ 339.83	\$ 4.37
Therapies	\$ 295,872	2,684	129	2,712	\$ 110.24	\$ 24.91
Prescribed Drugs	\$ 2,921,437	27,524	1,068	27,811	\$ 106.14	\$ 246.00
Durable Medical Equipment	\$ 172,929	105,639	134	106,742	\$ 1.64	\$ 14.56
Lab and X-ray	\$ 93,862	2,567	288	2,594	\$ 36.57	\$ 7.90
Optical	\$ 31,517	1,055	333	1,066	\$ 29.87	\$ 2.65
Limited Dental Services	\$ 422	17	8	18	\$ 24.18	\$ 0.04
Transportation - Ambulance	\$ 8,985	112	70	113	\$ 80	\$ 0.76
Transportation - NEMT	\$ 95,389	3,077	42	3,110	\$ 31	\$ 8.03
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 57,414	5,850	3	5,911	\$ 10	\$ 4.83
Personal Care	\$ 17,640	4,688	1	4,737	\$ 4	\$ 1.49
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 74,053	14,281	7	14,430	\$ 5.19	\$ 6.24
Subtotal (Acute/LTSS Medical)	\$ 5,217,142	177,872				\$ 439.30
Inpatient - BH	\$ 1,492,014	1,679	92	1,697	\$ 888.46	\$ 125.63
Outpatient Hospital - BH	\$ 1,418,831	19,759	923	19,965	\$ 71.81	\$ 119.47
Emergency Room - BH	\$ 63,830	182	92	184	\$ 351.06	\$ 5.37
ICF/IID	\$ 97,684	679	75	686	\$ 143.81	\$ 8.23
PRTF	\$ 3,539,181	8,157	81	8,242	\$ 433.89	\$ 298.01
BH Long-term Residential	\$ 14,112,832	110,049	511	111,198	\$ 128.24	\$ 1,188.35
MST	\$ 167,560	186	14	188	\$ 900.00	\$ 14.11
IIHS	\$ 2,108,262	6,953	206	7,025	\$ 303.24	\$ 177.52
ACT	\$ 620	3	1	3	\$ 202.79	\$ 0.05
Community Support	\$ 23,296	99	8	100	\$ 235.24	\$ 1.96
Partial Hosp/Day Tx	\$ 1,710,902	54,258	134	54,824	\$ 31.53	\$ 144.06
Psych Rehab	\$ 11,527	4,285	1	4,330	\$ 2.69	\$ 0.97
Crisis Services	\$ 25,966	836	50	845	\$ 31.06	\$ 2.19
Other BH Services	\$ 26,341	1,295	47	1,309	\$ 20.34	\$ 2.22
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 131,243	24,997	62	25,258	\$ 5.25	\$ 11.05
Subtotal (BH Medical)	\$ 24,930,091	233,417				\$ 2,099.20
Subtotal (All Medical)	\$ 30,147,233	411,288				\$ 2,538.50
Care Management for High Risk Pregnancy Payments	\$ 11,484	2,315	N/A	2,339	\$ 4.96	\$ 0.97
Care Management for At-Risk Children Payments	\$ 2,370	520	N/A	525	\$ 4.56	\$ 0.20
Medical Home Payments	\$ 27,555	10,823	N/A	10,936	\$ 2.55	\$ 2.32
Subtotal (Care Management/Medical Home Payments)	\$ 41,409	13,658				\$ 3.49
Total	\$ 30,188,642	424,946				\$ 2,541.99

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 6

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	9,167
Average Monthly Members/Deliveries:	764
Eligibles:	814

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 493,637	378	58	494	\$ 1,307.57	\$ 53.85
Outpatient Hospital - Facility	\$ 704,577	2,146	518	2,809	\$ 328.36	\$ 76.86
Outpatient Hospital - Professional	\$ 97,659	1,010	327	1,322	\$ 96.68	\$ 10.65
Emergency Room - PH	\$ 174,797	417	199	545	\$ 419.49	\$ 19.07
Physician - Primary Care	\$ 166,656	2,255	602	2,952	\$ 73.90	\$ 18.18
Physician - Specialty	\$ 209,228	1,916	490	2,508	\$ 109.22	\$ 22.82
FOHC/RHC	\$ 101,494	698	169	914	\$ 145.40	\$ 11.07
Other Clinic	\$ 48,585	191	133	250	\$ 254.52	\$ 5.30
Other Practitioner	\$ 8,584	117	42	153	\$ 73.65	\$ 0.94
Family Planning Services	\$ 33,600	58	98	76	\$ 576.67	\$ 3.67
Therapies	\$ 188,153	2,048	62	2,682	\$ 91.85	\$ 20.53
Prescribed Drugs	\$ 5,534,168	34,651	747	45,359	\$ 159.71	\$ 603.71
Durable Medical Equipment	\$ 1,601,125	1,055,950	389	1,382,284	\$ 1.52	\$ 174.66
Lab and X-ray	\$ 21,767	1,229	165	1,608	\$ 17.72	\$ 2.37
Optical	\$ 8,438	216	106	282	\$ 39.13	\$ 0.92
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 15,041	179	68	234	\$ 84	\$ 1.64
Transportation - NEMT	\$ 20,716	687	20	900	\$ 30	\$ 2.26
Nursing Home	\$ 44,159	250	4	327	\$ 177	\$ 4.82
Home Health	\$ 697,672	67,470	36	88,321	\$ 10	\$ 76.11
Personal Care	\$ 1,685	440	1	575	\$ 4	\$ 0.18
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 11,594	15,830	12	20,722	\$ 0.73	\$ 1.26
Subtotal (Acute/LTSS Medical)	\$ 10,183,333	1,188,134				\$ 1,110.87
Inpatient - BH	\$ 395,256	403	10	527	\$ 981.95	\$ 43.12
Outpatient Hospital - BH	\$ 307,500	4,570	260	5,982	\$ 67.29	\$ 33.54
Emergency Room - BH	\$ 13,308	63	16	83	\$ 209.75	\$ 1.45
ICF/IID	\$ 211,627	607	8	795	\$ 348.59	\$ 23.09
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 34,364	133	2	174	\$ 258.20	\$ 3.75
ACT	\$ 47,027	206	4	270	\$ 228.39	\$ 5.13
Community Support	\$ 12,863	53	2	69	\$ 243.27	\$ 1.40
Partial Hosp/Day Tx	\$ 11,174	356	1	466	\$ 31.41	\$ 1.22
Psych Rehab	\$ 19,064	7,089	3	9,280	\$ 2.69	\$ 2.08
Crisis Services	\$ 6,560	115	2	151	\$ 56.96	\$ 0.72
Other BH Services	\$ 215	9	3	12	\$ 22.81	\$ 0.02
Innovations - Day Support	\$ 4,273,120	210,008	242	274,909	\$ 20.35	\$ 466.14
Innovations - In-Home Services	\$ 20,567,017	4,004,880	668	5,242,561	\$ 5.14	\$ 2,243.59
Innovations - Other	\$ 1,216,642	29,888	234	39,124	\$ 40.71	\$ 132.72
Innovations - Personal Care	\$ 281,286	55,555	87	72,724	\$ 5.06	\$ 30.68
Innovations - Residential Supports	\$ 11,270,398	71,512	233	93,612	\$ 157.60	\$ 1,229.45
Innovations - Respite	\$ 1,539,634	384,879	461	503,823	\$ 4.00	\$ 167.95
Innovations - Supported Employment	\$ 1,023,270	133,984	97	175,391	\$ 7.64	\$ 111.63
B3 Services	\$ 2,500	424	4	555	\$ 5.90	\$ 0.27
Subtotal (BH Medical)	\$ 41,232,825	4,904,733				\$ 4,497.96
Subtotal (All Medical)	\$ 51,416,158	6,092,867				\$ 5,608.83
Care Management for High Risk Pregnancy Payments	\$ 15,908	3,207	N/A	4,199	\$ 4.96	\$ 1.74
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 41,496	8,690	N/A	11,375	\$ 4.78	\$ 4.53
Subtotal (Care Management/Medical Home Payments)	\$ 57,404	11,897				\$ 6.26
Total	\$ 51,473,562	6,104,764				\$ 5,615.09

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 7

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	6,126
Average Monthly Members/Deliveries:	511
Eligibles:	637

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 12,391	21	-	42	\$ 583.34	\$ 2.02
Outpatient Hospital - BH	\$ 78,651	3,815	-	7,472	\$ 20.62	\$ 12.84
Emergency Room - BH	\$ 4,669	36	-	70	\$ 131.45	\$ 0.76
ICF/IID	\$ 6,537,430	15,994	-	31,330	\$ 408.74	\$ 1,067.16
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 508,621	2,668	-	5,226	\$ 190.64	\$ 83.03
Community Support	\$ 25,055	1,066	-	2,088	\$ 23.50	\$ 4.09
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 247,796	92,147	-	180,504	\$ 2.69	\$ 40.45
Crisis Services	\$ 17,328	538	-	1,055	\$ 32.18	\$ 2.83
Other BH Services	\$ 690	173	24	338	\$ 4.00	\$ 0.11
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 104,847	9,184	-	17,991	\$ 11.42	\$ 17.12
Subtotal (BH Medical)	\$ 7,537,478	125,642	-	-	\$ -	\$ 1,230.41
Subtotal (All Medical)	\$ 7,537,478	125,642	-	-	\$ -	\$ 1,230.41
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 16,907	3,753	N/A	7,351	\$ 4.51	\$ 2.76
Subtotal (Care Management/Medical Home Payments)	\$ 16,907	3,753	-	-	\$ -	\$ 2.76
Total	\$ 7,554,385	129,395	-	-	\$ -	\$ 1,233.17

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 8

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	35,771
Average Monthly Members/Deliveries:	2,981
Eligibles:	3,526

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 375,042	369	-	124	\$ 1,015.87	\$ 10.48
Outpatient Hospital - BH	\$ 1,057,558	42,294	-	14,188	\$ 25.00	\$ 29.56
Emergency Room - BH	\$ 112,053	710	-	238	\$ 157.88	\$ 3.13
ICF/IID	\$ 24,229,919	80,278	-	26,930	\$ 301.83	\$ 677.36
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ 5,359	23	-	8	\$ 232.88	\$ 0.15
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 6,717,186	35,967	-	12,066	\$ 186.76	\$ 187.78
Community Support	\$ 653,848	27,832	-	9,337	\$ 23.49	\$ 18.28
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,395,857	518,830	-	174,051	\$ 2.69	\$ 39.02
Crisis Services	\$ 489,021	10,963	-	3,678	\$ 44.61	\$ 13.67
Other BH Services	\$ 6,981	1,196	122	401	\$ 5.84	\$ 0.20
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,805,960	193,604	-	64,948	\$ 9.33	\$ 50.49
Subtotal (BH Medical)	\$ 36,848,783	912,066	-	-	\$ -	\$ 1,030.13
Subtotal (All Medical)	\$ 36,848,783	912,066	-	-	\$ -	\$ 1,030.13
Care Management for High Risk Pregnancy Payments	\$ 32,592	6,571	N/A	2,204	\$ 4.96	\$ 0.91
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 119,293	25,636	N/A	8,600	\$ 4.65	\$ 3.33
Subtotal (Care Management/Medical Home Payments)	\$ 151,885	32,207	-	-	\$ -	\$ 4.25
Total	\$ 37,000,668	944,273	-	-	\$ -	\$ 1,034.38

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 9

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	9,413
Average Monthly Members/Deliveries:	784
Eligibles:	842

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ 38,124	1,547	-	1,972	\$ 24.65	\$ 4.05
Emergency Room - BH	\$ 543	5	-	6	\$ 108.47	\$ 0.06
ICF/IID	\$ 354,569	1,278	-	1,630	\$ 277.35	\$ 37.67
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 52,482	252	-	321	\$ 208.46	\$ 5.58
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 26,832	9,975	-	12,716	\$ 2.69	\$ 2.85
Crisis Services	\$ 390	1	-	1	\$ 390.94	\$ 0.04
Other BH Services	\$ 2,350	538	30	686	\$ 4.37	\$ 0.25
Innovations - Day Support	\$ 8,125,429	419,397	-	534,661	\$ 19.37	\$ 863.21
Innovations - In-Home Services	\$ 16,127,726	3,100,187	-	3,952,220	\$ 5.20	\$ 1,713.35
Innovations - Other	\$ 585,410	44,013	-	56,109	\$ 13.30	\$ 62.19
Innovations - Personal Care	\$ 271,600	53,998	-	68,838	\$ 5.03	\$ 28.85
Innovations - Residential Supports	\$ 22,331,887	147,522	-	188,066	\$ 151.38	\$ 2,372.45
Innovations - Respite	\$ 923,540	228,871	-	291,772	\$ 4.04	\$ 98.11
Innovations - Supported Employment	\$ 1,730,908	228,260	-	290,993	\$ 7.58	\$ 183.88
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 50,571,790	4,235,844	-	-	\$ -	\$ 5,372.55
Subtotal (All Medical)	\$ 50,571,790	4,235,844	-	-	\$ -	\$ 5,372.55
Care Management for High Risk Pregnancy Payments	\$ 9,759	1,968	N/A	2,508	\$ 4.96	\$ 1.04
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 34,440	7,226	N/A	9,212	\$ 4.77	\$ 3.66
Subtotal (Care Management/Medical Home Payments)	\$ 44,199	9,194	-	-	\$ -	\$ 4.70
Total	\$ 50,615,989	4,245,037	-	-	\$ -	\$ 5,377.24

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 10

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 1

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	322
Average Monthly Members/Deliveries:	27
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 851,445	1,100	317	40,991	\$ 774.09	\$ 2,644.24
Outpatient Hospital - Facility	\$ 129,526	1,041	326	38,797	\$ 124.42	\$ 402.25
Outpatient Hospital - Professional	\$ 35,351	468	184	17,439	\$ 75.55	\$ 109.78
Emergency Room - PH	\$ 178,323	534	244	19,896	\$ 334.01	\$ 553.80
Physician - Primary Care	\$ 450,155	2,281	431	85,022	\$ 197.31	\$ 1,398.00
Physician - Specialty	\$ 154,836	991	341	36,930	\$ 156.25	\$ 480.86
FOHC/RHC	\$ 68,383	494	103	18,428	\$ 138.29	\$ 212.37
Other Clinic	\$ 27,129	274	76	10,203	\$ 99.09	\$ 84.25
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 14,107	72	67	2,693	\$ 195.22	\$ 43.81
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,046	17	16	647	\$ 117.91	\$ 6.35
Lab and X-ray	\$ 22,697	492	104	18,336	\$ 46.13	\$ 70.49
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 5,271	66	37	2,462	\$ 80	\$ 16.37
Transportation - NEMT	\$ 192	3	2	103	\$ 69	\$ 0.59
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 1,939,461	7,834				\$ 6,023.17
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 88	1	1	38	\$ 87.33	\$ 0.27
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 88	1				\$ 0.27
Subtotal (All Medical)	\$ 1,939,548	7,835				\$ 6,023.44
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 1,939,548	7,835				\$ 6,023.44

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 11

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	19,349
Average Monthly Members/Deliveries:	1,612
Eligibles:	1,960

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 631,417	445	67	276	\$ 1,418.48	\$ 32.63
Outpatient Hospital - Facility	\$ 882,458	2,535	798	1,572	\$ 348.12	\$ 45.61
Outpatient Hospital - Professional	\$ 173,983	1,398	515	867	\$ 124.44	\$ 8.99
Emergency Room - PH	\$ 447,383	1,373	689	851	\$ 325.96	\$ 23.12
Physician - Primary Care	\$ 445,632	6,361	1,432	3,945	\$ 70.06	\$ 23.03
Physician - Specialty	\$ 387,142	3,379	918	2,096	\$ 114.57	\$ 20.01
FOHC/RHC	\$ 45,031	354	123	220	\$ 127.04	\$ 2.33
Other Clinic	\$ 71,984	910	752	564	\$ 79.15	\$ 3.72
Other Practitioner	\$ 7,856	213	41	132	\$ 36.88	\$ 0.41
Family Planning Services	\$ 30,927	92	107	57	\$ 337.29	\$ 1.60
Therapies	\$ 1,560,110	14,283	459	8,858	\$ 109.23	\$ 80.63
Prescribed Drugs	\$ 10,834,076	40,202	1,621	24,933	\$ 269.49	\$ 559.93
Durable Medical Equipment	\$ 1,660,366	837,565	511	519,447	\$ 1.98	\$ 85.81
Lab and X-ray	\$ 138,316	3,064	409	1,901	\$ 45.14	\$ 7.15
Optical	\$ 29,156	1,121	363	695	\$ 26.02	\$ 1.51
Limited Dental Services	\$ 1,976	81	27	50	\$ 24.38	\$ 0.10
Transportation - Ambulance	\$ 26,464	338	138	210	\$ 78	\$ 1.37
Transportation - NEMT	\$ 179,878	4,970	108	3,082	\$ 36	\$ 9.30
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 975,993	136,703	41	84,781	\$ 7	\$ 50.44
Personal Care	\$ 69,812	19,922	19	12,356	\$ 4	\$ 3.61
Hospice	\$ 53,315	386	2	239	\$ 138	\$ 2.76
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 18,653,274	1,075,694				\$ 964.04
Inpatient - BH	\$ 573,671	1,108	66	687	\$ 517.93	\$ 29.65
Outpatient Hospital - BH	\$ 1,266,360	14,637	840	9,078	\$ 86.52	\$ 65.45
Emergency Room - BH	\$ 96,013	174	93	108	\$ 552.15	\$ 4.96
ICF/IID	\$ 2,973,109	7,452	54	4,622	\$ 398.97	\$ 153.66
PRTF	\$ 2,438,752	4,641	35	2,878	\$ 525.47	\$ 126.04
BH Long-term Residential	\$ 2,095,801	12,740	74	7,901	\$ 164.51	\$ 108.32
MST	\$ 88,861	36	10	22	\$ 2,466.80	\$ 4.59
IIHS	\$ 2,009,926	6,521	161	4,044	\$ 308.21	\$ 103.88
ACT	\$ 55,481	273	9	170	\$ 202.99	\$ 2.87
Community Support	\$ 12,579	755	5	469	\$ 16.65	\$ 0.65
Partial Hosp/Day Tx	\$ 1,273,767	40,467	89	25,097	\$ 31.48	\$ 65.83
Psych Rehab	\$ 72,648	18,903	10	11,724	\$ 3.84	\$ 3.75
Crisis Services	\$ 77,776	2,473	45	1,534	\$ 31.45	\$ 4.02
Other BH Services	\$ 65,648	3,777	48	2,342	\$ 17.38	\$ 3.39
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 343,896	67,208	106	41,681	\$ 5.12	\$ 17.77
Subtotal (BH Medical)	\$ 13,444,289	181,165				\$ 694.83
Subtotal (All Medical)	\$ 32,097,563	1,256,859				\$ 1,658.87
Care Management for High Risk Pregnancy Payments	\$ 11,943	2,408	N/A	1,493	\$ 4.96	\$ 0.62
Care Management for At-Risk Children Payments	\$ 219	48	N/A	30	\$ 4.56	\$ 0.01
Medical Home Payments	\$ 88,184	18,245	N/A	11,316	\$ 4.83	\$ 4.56
Subtotal (Care Management/Medical Home Payments)	\$ 100,346	20,701				\$ 5.19
Total	\$ 32,197,909	1,277,560				\$ 1,664.06

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 12

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	29,677
Average Monthly Members/Deliveries:	2,473
Eligibles:	3,051

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 4,623,218	5,330	454	2,155	\$ 867.46	\$ 155.78
Outpatient Hospital - Facility	\$ 1,963,481	6,149	1,557	2,486	\$ 319.33	\$ 66.16
Outpatient Hospital - Professional	\$ 404,818	3,257	1,087	1,317	\$ 124.30	\$ 13.64
Emergency Room - PH	\$ 2,961,405	6,188	1,583	2,502	\$ 478.55	\$ 99.79
Physician - Primary Care	\$ 1,753,868	17,981	2,098	7,271	\$ 97.54	\$ 59.10
Physician - Specialty	\$ 1,846,238	13,707	1,956	5,543	\$ 134.69	\$ 62.21
FOHC/RHC	\$ 259,568	2,149	598	869	\$ 120.80	\$ 8.75
Other Clinic	\$ 62,270	400	186	162	\$ 155.54	\$ 2.10
Other Practitioner	\$ 37,524	537	196	217	\$ 69.85	\$ 1.26
Family Planning Services	\$ 62,165	175	199	71	\$ 355.28	\$ 2.09
Therapies	\$ 1,820	35	30	14	\$ 51.98	\$ 0.06
Prescribed Drugs	\$ 19,492,516	131,257	2,643	53,074	\$ 148.51	\$ 656.82
Durable Medical Equipment	\$ 1,218,376	590,583	724	238,804	\$ 2.06	\$ 41.05
Lab and X-ray	\$ 752,820	16,781	1,532	6,786	\$ 44.86	\$ 25.37
Optical	\$ 25,305	364	247	147	\$ 69.59	\$ 0.85
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 300,306	3,810	816	1,540	\$ 79	\$ 10.12
Transportation - NEMT	\$ 904,960	22,649	563	9,158	\$ 40	\$ 30.49
Nursing Home	\$ 242,298	1,414	30	572	\$ 171	\$ 8.16
Home Health	\$ 1,371,658	139,669	252	56,475	\$ 10	\$ 46.22
Personal Care	\$ 2,273,440	610,930	247	247,032	\$ 4	\$ 76.61
Hospice	\$ 173,510	888	22	359	\$ 195	\$ 5.85
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 40,731,564	1,574,252				\$ 1,372.50
Inpatient - BH	\$ 2,494,565	4,699	329	1,900	\$ 530.90	\$ 84.06
Outpatient Hospital - BH	\$ 2,397,964	46,995	1,820	19,003	\$ 51.03	\$ 80.80
Emergency Room - BH	\$ 543,133	1,069	430	432	\$ 508.18	\$ 18.30
ICF/IID	\$ 13,160,280	36,103	112	14,598	\$ 364.52	\$ 443.45
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 3,734,937	17,932	334	7,251	\$ 208.28	\$ 125.85
Community Support	\$ 393,263	22,554	124	9,120	\$ 17.44	\$ 13.25
Partial Hosp/Day Tx	\$ 68,802	359	26	145	\$ 191.83	\$ 2.32
Psych Rehab	\$ 1,529,599	410,432	180	165,960	\$ 3.73	\$ 51.54
Crisis Services	\$ 473,942	15,573	218	6,297	\$ 30.43	\$ 15.97
Other BH Services	\$ 859	14	5	6	\$ 61.08	\$ 0.03
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,461,724	222,453	455	89,950	\$ 11.07	\$ 82.95
Subtotal (BH Medical)	\$ 27,259,070	778,183				\$ 918.53
Subtotal (All Medical)	\$ 67,990,634	2,352,435				\$ 2,291.02
Care Management for High Risk Pregnancy Payments	\$ 36,197	7,298	N/A	2,951	\$ 4.96	\$ 1.22
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 123,419	25,942	N/A	10,490	\$ 4.76	\$ 4.16
Subtotal (Care Management/Medical Home Payments)	\$ 159,616	33,240				\$ 5.38
Total	\$ 68,150,250	2,385,675				\$ 2,296.40

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 13

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	40,730
Average Monthly Members/Deliveries:	3,394
Eligibles:	4,555

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 810,206	477	77	140	\$ 1,699.79	\$ 19.89
Outpatient Hospital - Facility	\$ 736,219	3,130	1,349	922	\$ 235.21	\$ 18.08
Outpatient Hospital - Professional	\$ 172,929	1,383	722	408	\$ 125.00	\$ 4.25
Emergency Room - PH	\$ 1,132,559	3,411	1,713	1,005	\$ 332.07	\$ 27.81
Physician - Primary Care	\$ 918,300	12,701	3,094	3,742	\$ 72.30	\$ 22.55
Physician - Specialty	\$ 485,608	5,091	1,758	1,500	\$ 95.39	\$ 11.92
FOHC/RHC	\$ 97,983	755	274	222	\$ 129.78	\$ 2.41
Other Clinic	\$ 145,682	1,873	1,465	552	\$ 77.78	\$ 3.58
Other Practitioner	\$ 15,966	361	57	106	\$ 44.29	\$ 0.39
Family Planning Services	\$ 100,602	327	343	96	\$ 307.65	\$ 2.47
Therapies	\$ 1,775,027	15,104	571	4,450	\$ 117.52	\$ 43.58
Prescribed Drugs	\$ 6,484,391	57,540	3,569	16,953	\$ 112.69	\$ 159.20
Durable Medical Equipment	\$ 551,881	283,021	406	83,385	\$ 1.95	\$ 13.55
Lab and X-ray	\$ 387,413	7,558	979	2,227	\$ 51.26	\$ 9.51
Optical	\$ 68,724	2,436	775	718	\$ 28.22	\$ 1.69
Limited Dental Services	\$ 2,589	98	37	29	\$ 26.31	\$ 0.06
Transportation - Ambulance	\$ 70,692	573	304	169	\$ 123	\$ 1.74
Transportation - NEMT	\$ 305,230	10,241	187	3,017	\$ 30	\$ 7.49
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 250,214	30,546	11	9,000	\$ 8	\$ 6.14
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ 13,849	21	1	6	\$ 659	\$ 0.34
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 14,526,064	436,646				\$ 356.64
Inpatient - BH	\$ 1,478,132	2,481	222	731	\$ 595.72	\$ 36.29
Outpatient Hospital - BH	\$ 2,199,407	27,857	2,167	8,207	\$ 78.95	\$ 54.00
Emergency Room - BH	\$ 188,650	393	273	116	\$ 480.06	\$ 4.63
ICF/IID	\$ 167,237	965	82	284	\$ 173.35	\$ 4.11
PRTF	\$ 4,137,716	9,393	108	2,767	\$ 440.52	\$ 101.59
BH Long-term Residential	\$ 3,428,002	21,470	180	6,326	\$ 159.66	\$ 84.16
MST	\$ 811,147	348	77	103	\$ 2,330.15	\$ 19.92
IIHS	\$ 7,833,780	24,950	728	7,351	\$ 313.97	\$ 192.33
ACT	\$ 25,545	128	7	38	\$ 199.80	\$ 0.63
Community Support	\$ 16,610	901	7	266	\$ 18.42	\$ 0.41
Partial Hosp/Day Tx	\$ 3,477,681	110,361	279	32,515	\$ 31.51	\$ 85.38
Psych Rehab	\$ 2,780	741	3	218	\$ 3.75	\$ 0.07
Crisis Services	\$ 109,781	2,586	94	762	\$ 42.45	\$ 2.70
Other BH Services	\$ 1,183,743	14,555	313	4,288	\$ 81.33	\$ 29.06
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 115,500	12,474	55	3,675	\$ 9.26	\$ 2.84
Subtotal (BH Medical)	\$ 25,175,711	229,604				\$ 618.11
Subtotal (All Medical)	\$ 39,701,775	666,249				\$ 974.76
Care Management for High Risk Pregnancy Payments	\$ 37,704	7,602	N/A	2,240	\$ 4.96	\$ 0.93
Care Management for At-Risk Children Payments	\$ 14,458	3,171	N/A	934	\$ 4.56	\$ 0.35
Medical Home Payments	\$ 94,613	38,217	N/A	11,260	\$ 2.48	\$ 2.32
Subtotal (Care Management/Medical Home Payments)	\$ 146,776	48,989				\$ 3.60
Total	\$ 39,848,550	715,239				\$ 978.36

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 14

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	26,515
Average Monthly Members/Deliveries:	2,210
Eligibles:	3,276

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,430,756	1,327	177	600	\$ 1,078.56	\$ 53.96
Outpatient Hospital - Facility	\$ 669,960	2,674	1,024	1,210	\$ 250.53	\$ 25.27
Outpatient Hospital - Professional	\$ 172,425	1,129	578	511	\$ 152.66	\$ 6.50
Emergency Room - PH	\$ 1,725,541	4,267	1,694	1,931	\$ 404.38	\$ 65.08
Physician - Primary Care	\$ 2,165,623	21,871	2,127	9,898	\$ 99.02	\$ 81.68
Physician - Specialty	\$ 1,599,265	10,327	1,699	4,674	\$ 154.86	\$ 60.32
FOHC/RHC	\$ 107,025	839	294	380	\$ 127.57	\$ 4.04
Other Clinic	\$ 26,754	366	219	165	\$ 73.19	\$ 1.01
Other Practitioner	\$ 15,111	248	70	112	\$ 60.83	\$ 0.57
Family Planning Services	\$ 113,646	384	366	174	\$ 296.15	\$ 4.29
Therapies	\$ 643	10	7	5	\$ 63.19	\$ 0.02
Prescribed Drugs	\$ 5,427,863	45,515	2,427	20,599	\$ 119.25	\$ 204.71
Durable Medical Equipment	\$ 130,903	56,319	202	25,489	\$ 2.32	\$ 4.94
Lab and X-ray	\$ 2,006,231	26,347	1,940	11,924	\$ 76.15	\$ 75.66
Optical	\$ 4,624	63	43	29	\$ 73.00	\$ 0.17
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 65,231	813	397	368	\$ 80	\$ 2.46
Transportation - NEMT	\$ 649,598	11,538	242	5,222	\$ 56	\$ 24.50
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 79,278	2,435	18	1,102	\$ 33	\$ 2.99
Personal Care	\$ 4,381	1,197	1	542	\$ 4	\$ 0.17
Hospice	\$ 6,810	34	1	15	\$ 200	\$ 0.26
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 16,401,667	187,706				\$ 618.58
Inpatient - BH	\$ 501,249	939	118	425	\$ 534.06	\$ 18.90
Outpatient Hospital - BH	\$ 4,651,097	140,535	2,041	63,602	\$ 33.10	\$ 175.41
Emergency Room - BH	\$ 172,100	371	242	168	\$ 464.15	\$ 6.49
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 204,051	882	29	399	\$ 231.41	\$ 7.70
Community Support	\$ 118,339	7,174	43	3,247	\$ 16.49	\$ 4.46
Partial Hosp/Day Tx	\$ 29,451	153	13	69	\$ 192.00	\$ 1.11
Psych Rehab	\$ 30,243	8,448	11	3,823	\$ 3.58	\$ 1.14
Crisis Services	\$ 418,246	15,405	206	6,972	\$ 27.15	\$ 15.77
Other BH Services	\$ 232	17	1	8	\$ 13.50	\$ 0.01
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 143,959	10,730	149	4,856	\$ 13.42	\$ 5.43
Subtotal (BH Medical)	\$ 6,268,966	184,653				\$ 236.43
Subtotal (All Medical)	\$ 22,670,632	372,360				\$ 855.01
Care Management for High Risk Pregnancy Payments	\$ 96,264	19,408	N/A	8,784	\$ 4.96	\$ 3.63
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 49,159	20,635	N/A	9,339	\$ 2.38	\$ 1.85
Subtotal (Care Management/Medical Home Payments)	\$ 145,423	40,043				\$ 5.48
Total	\$ 22,816,056	412,403				\$ 860.50

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 15

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	8,154
Average Monthly Members/Deliveries:	680
Eligibles:	903

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 593,164	338	10	498	\$ 1,753.91	\$ 72.75
Outpatient Hospital - Facility	\$ 156,886	746	315	1,097	\$ 210.38	\$ 19.24
Outpatient Hospital - Professional	\$ 35,849	253	135	373	\$ 141.53	\$ 4.40
Emergency Room - PH	\$ 148,278	453	256	667	\$ 326.98	\$ 18.18
Physician - Primary Care	\$ 199,519	2,676	664	3,938	\$ 74.56	\$ 24.47
Physician - Specialty	\$ 86,916	890	332	1,310	\$ 97.65	\$ 10.66
FOHC/RHC	\$ 24,171	177	64	260	\$ 136.83	\$ 2.96
Other Clinic	\$ 43,631	561	404	825	\$ 77.84	\$ 5.35
Other Practitioner	\$ 3,162	49	16	72	\$ 64.41	\$ 0.39
Family Planning Services	\$ 30,058	101	96	149	\$ 296.73	\$ 3.69
Therapies	\$ 256,824	2,133	95	3,139	\$ 120.42	\$ 31.50
Prescribed Drugs	\$ 2,004,177	20,597	771	30,312	\$ 97.30	\$ 245.79
Durable Medical Equipment	\$ 97,194	46,704	75	68,733	\$ 2.08	\$ 11.92
Lab and X-ray	\$ 115,572	3,071	275	4,520	\$ 37.63	\$ 14.17
Optical	\$ 22,165	723	235	1,063	\$ 30.67	\$ 2.72
Limited Dental Services	\$ 99	4	2	6	\$ 24.63	\$ 0.01
Transportation - Ambulance	\$ 8,775	122	59	180	\$ 72	\$ 1.08
Transportation - NEMT	\$ 89,372	2,624	37	3,862	\$ 34	\$ 10.96
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 5,159	3,967	3	5,839	\$ 1	\$ 0.63
Personal Care	\$ 12,810	3,357	2	4,940	\$ 4	\$ 1.57
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 21,433	5,489	1	8,078	\$ 3.90	\$ 2.63
Subtotal (Acute/LTSS Medical)	\$ 3,955,215	95,036				\$ 485.06
Inpatient - BH	\$ 577,544	1,115	66	1,641	\$ 517.93	\$ 70.83
Outpatient Hospital - BH	\$ 1,094,253	12,593	662	18,533	\$ 86.89	\$ 134.20
Emergency Room - BH	\$ 94,468	180	91	265	\$ 525.42	\$ 11.59
ICF/IID	\$ 151,443	963	80	1,417	\$ 157.26	\$ 18.57
PRTF	\$ 5,465,104	12,293	86	18,091	\$ 444.57	\$ 670.24
BH Long-term Residential	\$ 9,133,434	68,806	350	101,259	\$ 132.74	\$ 1,120.12
MST	\$ 74,211	34	7	50	\$ 2,180.15	\$ 9.10
IIHS	\$ 1,442,969	3,808	145	5,604	\$ 378.91	\$ 176.96
ACT	\$ 19,363	89	2	131	\$ 218.11	\$ 2.37
Community Support	\$ 1,545	19	9	28	\$ 81.25	\$ 0.19
Partial Hosp/Day Tx	\$ 814,913	25,919	68	38,144	\$ 31.44	\$ 99.94
Psych Rehab	\$ 14,792	3,944	2	5,805	\$ 3.75	\$ 1.81
Crisis Services	\$ 96,653	1,965	41	2,892	\$ 49.18	\$ 11.85
Other BH Services	\$ 3,802	199	7	293	\$ 19.12	\$ 0.47
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 105,075	14,446	17	21,260	\$ 7.27	\$ 12.89
Subtotal (BH Medical)	\$ 19,089,570	146,374				\$ 2,341.73
Subtotal (All Medical)	\$ 23,044,785	241,410				\$ 2,826.79
Care Management for High Risk Pregnancy Payments	\$ 8,523	1,718	N/A	2,529	\$ 4.96	\$ 1.05
Care Management for At-Risk Children Payments	\$ 1,582	347	N/A	510	\$ 4.56	\$ 0.19
Medical Home Payments	\$ 18,297	7,206	N/A	10,605	\$ 2.54	\$ 2.24
Subtotal (Care Management/Medical Home Payments)	\$ 28,401	9,271				\$ 3.48
Total	\$ 23,073,186	250,681				\$ 2,829.68

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 16

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	10,377
Average Monthly Members/Deliveries:	865
Eligibles:	929

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 395,187	368	61	425	\$ 1,074.37	\$ 38.08
Outpatient Hospital - Facility	\$ 650,570	1,682	502	1,945	\$ 386.80	\$ 62.69
Outpatient Hospital - Professional	\$ 94,292	1,042	345	1,205	\$ 90.47	\$ 9.09
Emergency Room - PH	\$ 198,812	461	240	533	\$ 431.42	\$ 19.16
Physician - Primary Care	\$ 238,522	3,487	777	4,032	\$ 68.41	\$ 22.99
Physician - Specialty	\$ 247,935	2,269	566	2,624	\$ 109.28	\$ 23.89
FOHC/RHC	\$ 24,728	257	74	298	\$ 96.09	\$ 2.38
Other Clinic	\$ 22,011	248	158	287	\$ 88.80	\$ 2.12
Other Practitioner	\$ 7,830	107	56	124	\$ 72.87	\$ 0.75
Family Planning Services	\$ 42,369	95	113	110	\$ 444.64	\$ 4.08
Therapies	\$ 279,095	2,422	100	2,800	\$ 115.26	\$ 26.90
Prescribed Drugs	\$ 5,486,383	38,597	844	44,634	\$ 142.15	\$ 528.71
Durable Medical Equipment	\$ 1,950,184	1,058,659	442	1,224,237	\$ 1.84	\$ 187.93
Lab and X-ray	\$ 37,492	2,130	268	2,463	\$ 17.60	\$ 3.61
Optical	\$ 7,385	215	99	249	\$ 34.32	\$ 0.71
Limited Dental Services	\$ 1	5	5	6	\$ 0.16	\$ 0.00
Transportation - Ambulance	\$ 16,595	211	68	244	\$ 79	\$ 1.60
Transportation - NEMT	\$ 31,888	715	17	827	\$ 45	\$ 3.07
Nursing Home	\$ 22,715	128	2	148	\$ 177	\$ 2.19
Home Health	\$ 1,607,375	249,716	75	288,773	\$ 6	\$ 154.90
Personal Care	\$ 6,037	1,797	3	2,078	\$ 3	\$ 0.58
Hospice	\$ 107,477	722	6	835	\$ 149	\$ 10.36
Other HCBS Waiver Services	\$ 32,230	29,812	18	34,475	\$ 1.08	\$ 3.11
Subtotal (Acute/LTSS Medical)	\$ 11,507,115	1,395,145				\$ 1,108.91
Inpatient - BH	\$ 78,888	94	8	109	\$ 837.89	\$ 7.60
Outpatient Hospital - BH	\$ 240,597	3,386	277	3,916	\$ 71.06	\$ 23.19
Emergency Room - BH	\$ 22,809	52	19	60	\$ 437.25	\$ 2.20
ICF/IID	\$ 167,975	346	9	400	\$ 485.13	\$ 16.19
PRTF	\$ 178,068	291	4	337	\$ 611.55	\$ 17.16
BH Long-term Residential	\$ 88,943	633	3	732	\$ 140.54	\$ 8.57
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 480	2	1	2	\$ 239.66	\$ 0.05
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 3,108	829	3	958	\$ 3.75	\$ 0.30
Crisis Services	\$ 2,744	103	1	119	\$ 26.57	\$ 0.26
Other BH Services	\$ 93	1	1	1	\$ 90.28	\$ 0.01
Innovations - Day Support	\$ 5,757,691	284,078	308	328,509	\$ 20.27	\$ 554.85
Innovations - In-Home Services	\$ 22,478,523	4,700,703	787	5,435,910	\$ 4.78	\$ 2,166.19
Innovations - Other	\$ 864,573	17,419	262	20,144	\$ 49.63	\$ 83.32
Innovations - Personal Care	\$ 311,596	87,869	130	101,612	\$ 3.55	\$ 30.03
Innovations - Residential Supports	\$ 9,738,470	65,644	208	75,911	\$ 148.35	\$ 938.47
Innovations - Respite	\$ 1,828,078	518,078	587	599,107	\$ 3.53	\$ 176.17
Innovations - Supported Employment	\$ 818,555	113,369	110	131,100	\$ 7.22	\$ 78.88
B3 Services	\$ 542	45	2	52	\$ 12.02	\$ 0.05
Subtotal (BH Medical)	\$ 42,581,731	5,792,942				\$ 4,103.47
Subtotal (All Medical)	\$ 54,088,847	7,188,087				\$ 5,212.38
Care Management for High Risk Pregnancy Payments	\$ 16,817	3,390	N/A	3,921	\$ 4.96	\$ 1.62
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 46,743	9,655	N/A	11,166	\$ 4.84	\$ 4.50
Subtotal (Care Management/Medical Home Payments)	\$ 63,560	13,046				\$ 6.13
Total	\$ 54,152,406	7,201,133				\$ 5,218.50

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 17

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	6,727
Average Monthly Members/Deliveries:	561
Eligibles:	704

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 118,673	579	-	1,032	\$ 205.13	\$ 17.64
Outpatient Hospital - BH	\$ 61,856	3,404	-	6,073	\$ 18.17	\$ 9.20
Emergency Room - BH	\$ 6,095	86	-	153	\$ 71.10	\$ 0.91
ICF/IID	\$ 10,874,702	21,131	-	37,694	\$ 514.64	\$ 1,616.58
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 339,061	1,534	-	2,737	\$ 220.96	\$ 50.40
Community Support	\$ 11,051	574	-	1,024	\$ 19.25	\$ 1.64
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 348,488	89,110	-	158,960	\$ 3.91	\$ 51.80
Crisis Services	\$ 14,664	460	-	821	\$ 31.84	\$ 2.18
Other BH Services	\$ 1,464	296	28	528	\$ 4.95	\$ 0.22
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 175,928	14,266	-	25,449	\$ 12.33	\$ 26.15
Subtotal (BH Medical)	\$ 11,951,982	131,441	-	-	\$ -	\$ 1,776.72
Subtotal (All Medical)	\$ 11,951,982	131,441	-	-	\$ -	\$ 1,776.72
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 16,921	3,795	N/A	6,769	\$ 4.46	\$ 2.52
Subtotal (Care Management/Medical Home Payments)	\$ 16,921	3,795	-	-	\$ -	\$ 2.52
Total	\$ 11,968,903	135,236	-	-	\$ -	\$ 1,779.23

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 18

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	30,041
Average Monthly Members/Deliveries:	2,503
Eligibles:	2,981

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 273,978	2,737	-	1,093	\$ 100.11	\$ 9.12
Outpatient Hospital - BH	\$ 655,017	27,267	-	10,892	\$ 24.02	\$ 21.80
Emergency Room - BH	\$ 81,313	671	-	268	\$ 121.20	\$ 2.71
ICF/IID	\$ 32,977,459	79,528	-	31,768	\$ 414.67	\$ 1,097.75
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 4,008,679	19,842	-	7,926	\$ 202.03	\$ 133.44
Community Support	\$ 236,019	13,527	-	5,404	\$ 17.45	\$ 7.86
Partial Hosp/Day Tx	\$ 42,560	222	-	89	\$ 191.73	\$ 1.42
Psych Rehab	\$ 2,565,743	669,832	-	267,567	\$ 3.83	\$ 85.41
Crisis Services	\$ 311,719	10,762	-	4,299	\$ 28.97	\$ 10.38
Other BH Services	\$ 4,069	1,107	86	442	\$ 3.68	\$ 0.14
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,897,112	270,459	-	108,036	\$ 10.71	\$ 96.44
Subtotal (BH Medical)	\$ 44,053,667	1,095,954	-	-	\$ -	\$ 1,466.45
Subtotal (All Medical)	\$ 44,053,667	1,095,954	-	-	\$ -	\$ 1,466.45
Care Management for High Risk Pregnancy Payments	\$ 26,937	5,431	N/A	2,169	\$ 4.96	\$ 0.90
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 93,338	20,134	N/A	8,042	\$ 4.64	\$ 3.11
Subtotal (Care Management/Medical Home Payments)	\$ 120,275	25,565	-	-	\$ -	\$ 4.00
Total	\$ 44,173,942	1,121,518	-	-	\$ -	\$ 1,470.46

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 19

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	8,158
Average Monthly Members/Deliveries:	680
Eligibles:	731

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 8,978	46	-	67	\$ 196.00	\$ 1.10
Outpatient Hospital - BH	\$ 26,729	981	-	1,444	\$ 27.24	\$ 3.28
Emergency Room - BH	\$ 2,346	50	-	74	\$ 46.67	\$ 0.29
ICF/IID	\$ 55,753	91	-	134	\$ 612.55	\$ 6.83
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 17,818	4,752	-	6,989	\$ 3.75	\$ 2.18
Crisis Services	\$ 2,669	25	-	36	\$ 108.74	\$ 0.33
Other BH Services	\$ 1,028	287	24	423	\$ 3.58	\$ 0.13
Innovations - Day Support	\$ 8,430,625	440,505	-	647,960	\$ 19.14	\$ 1,033.42
Innovations - In-Home Services	\$ 13,483,515	2,801,375	-	4,120,680	\$ 4.81	\$ 1,652.80
Innovations - Other	\$ 532,533	9,420	-	13,857	\$ 56.53	\$ 65.28
Innovations - Personal Care	\$ 211,906	55,185	-	81,174	\$ 3.84	\$ 25.98
Innovations - Residential Supports	\$ 15,736,340	110,380	-	162,363	\$ 142.57	\$ 1,928.95
Innovations - Respite	\$ 887,796	249,683	-	367,271	\$ 3.56	\$ 108.83
Innovations - Supported Employment	\$ 1,233,034	169,651	-	249,547	\$ 7.27	\$ 151.14
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 40,631,067	3,842,431	-	-	\$ 4,980.52	\$ 4,980.52
Subtotal (All Medical)	\$ 40,631,067	3,842,431	-	-	\$ 4,980.52	\$ 4,980.52
Care Management for High Risk Pregnancy Payments	\$ 9,238	1,863	N/A	2,740	\$ 4.96	\$ 1.13
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 28,830	5,996	N/A	8,820	\$ 4.81	\$ 3.53
Subtotal (Care Management/Medical Home Payments)	\$ 38,068	7,859	-	-	\$ 4.67	\$ 4.67
Total	\$ 40,669,135	3,850,290	-	-	\$ 4,985.18	\$ 4,985.18

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 20

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 2

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	334
Average Monthly Members/Deliveries:	28
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 849,784	1,050	340	37,709	\$ 809.65	\$ 2,544.26
Outpatient Hospital - Facility	\$ 111,012	683	267	24,524	\$ 162.63	\$ 332.37
Outpatient Hospital - Professional	\$ 38,501	486	211	17,451	\$ 79.26	\$ 115.27
Emergency Room - PH	\$ 212,126	613	282	22,015	\$ 346.19	\$ 635.11
Physician - Primary Care	\$ 438,494	1,800	430	64,662	\$ 243.64	\$ 1,312.86
Physician - Specialty	\$ 138,384	828	382	29,756	\$ 167.09	\$ 414.32
FOHC/RHC	\$ 33,004	231	40	8,306	\$ 142.77	\$ 98.82
Other Clinic	\$ 160,152	674	220	24,215	\$ 237.62	\$ 479.50
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 10,996	61	56	2,201	\$ 179.48	\$ 32.92
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 421	186	3	6,695	\$ 2.26	\$ 1.26
Lab and X-ray	\$ 57,236	1,333	178	47,884	\$ 42.94	\$ 171.36
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 8,469	106	60	3,810	\$ 80	\$ 25.36
Transportation - NEMT	\$ 728	24	3	853	\$ 31	\$ 2.18
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 2,059,306	8,074				\$ 6,165.59
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ -	-				\$ -
Subtotal (All Medical)	\$ 2,059,306	8,074				\$ 6,165.59
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 2,059,306	8,074				\$ 6,165.59

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 21

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	56,970
Average Monthly Members/Deliveries:	4,748
Eligibles:	5,704

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 2,423,872	2,641	221	556	\$ 917.71	\$ 42.55
Outpatient Hospital - Facility	\$ 2,890,280	9,220	2,365	1,942	\$ 313.48	\$ 50.73
Outpatient Hospital - Professional	\$ 579,956	5,073	1,654	1,069	\$ 114.31	\$ 10.18
Emergency Room - PH	\$ 1,500,913	3,699	1,804	779	\$ 405.74	\$ 26.35
Physician - Primary Care	\$ 1,274,645	17,121	3,994	3,606	\$ 74.45	\$ 22.37
Physician - Specialty	\$ 985,361	8,638	2,475	1,819	\$ 114.08	\$ 17.30
FOHC/RHC	\$ 88,795	788	274	166	\$ 112.69	\$ 1.56
Other Clinic	\$ 228,506	2,754	2,264	580	\$ 82.98	\$ 4.01
Other Practitioner	\$ 14,515	197	80	42	\$ 73.63	\$ 0.25
Family Planning Services	\$ 89,830	286	274	60	\$ 313.95	\$ 1.58
Therapies	\$ 3,482,863	29,791	1,090	6,275	\$ 116.91	\$ 61.14
Prescribed Drugs	\$ 12,494,081	93,184	4,473	19,628	\$ 134.08	\$ 219.31
Durable Medical Equipment	\$ 4,053,100	2,177,523	1,302	458,667	\$ 1.86	\$ 71.14
Lab and X-ray	\$ 495,288	10,230	1,312	2,155	\$ 48.41	\$ 8.69
Optical	\$ 70,678	2,652	844	559	\$ 26.65	\$ 1.24
Limited Dental Services	\$ 3,824	134	67	28	\$ 28.45	\$ 0.07
Transportation - Ambulance	\$ 92,216	1,050	423	221	\$ 88	\$ 1.62
Transportation - NEMT	\$ 434,735	16,219	279	3,416	\$ 27	\$ 7.63
Nursing Home	\$ 3,213	20	1	4	\$ 160	\$ 0.06
Home Health	\$ 2,971,690	462,552	131	97,431	\$ 6	\$ 52.16
Personal Care	\$ 1,172,950	313,139	84	65,959	\$ 4	\$ 20.59
Hospice	\$ 129,625	812	5	171	\$ 160	\$ 2.28
Other HCBS Waiver Services	\$ 5,068	1,094	2	230	\$ 4.63	\$ 0.09
Subtotal (Acute/LTSS Medical)	\$ 35,486,003	3,158,818				\$ 622.89
Inpatient - BH	\$ 5,194,001	5,416	255	1,141	\$ 959.09	\$ 91.17
Outpatient Hospital - BH	\$ 3,108,380	58,307	2,163	12,282	\$ 53.31	\$ 54.56
Emergency Room - BH	\$ 751,000	2,615	445	551	\$ 287.15	\$ 13.18
ICF/IID	\$ 9,822,164	25,509	163	5,373	\$ 385.05	\$ 172.41
PRTF	\$ 6,671,069	13,460	100	2,835	\$ 495.64	\$ 117.10
BH Long-term Residential	\$ 2,783,747	16,384	108	3,451	\$ 169.91	\$ 48.86
MST	\$ 402,713	8,891	46	1,873	\$ 45.29	\$ 7.07
IIHS	\$ 4,012,033	13,613	435	2,867	\$ 294.72	\$ 70.42
ACT	\$ 141,018	686	18	145	\$ 205.45	\$ 2.48
Community Support	\$ 71,344	5,284	20	1,113	\$ 13.50	\$ 1.25
Partial Hosp/Day Tx	\$ 2,035,164	61,857	165	13,029	\$ 32.90	\$ 35.72
Psych Rehab	\$ 123,956	45,101	31	9,500	\$ 2.75	\$ 2.18
Crisis Services	\$ 94,535	3,438	100	724	\$ 27.50	\$ 1.66
Other BH Services	\$ 92,564	4,927	96	1,038	\$ 18.79	\$ 1.62
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 8,452	39	1	8	\$ 215.17	\$ 0.15
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,783,548	446,289	570	94,005	\$ 6.24	\$ 48.86
Subtotal (BH Medical)	\$ 38,095,685	711,815				\$ 668.70
Subtotal (All Medical)	\$ 73,581,688	3,870,633				\$ 1,291.59
Care Management for High Risk Pregnancy Payments	\$ 34,715	6,999	N/A	1,474	\$ 4.96	\$ 0.61
Care Management for At-Risk Children Payments	\$ 1,094	240	N/A	51	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 263,659	53,998	N/A	11,374	\$ 4.88	\$ 4.63
Subtotal (Care Management/Medical Home Payments)	\$ 299,468	61,237				\$ 5.26
Total	\$ 73,881,157	3,931,870				\$ 1,296.84

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 22

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	74,356
Average Monthly Members/Deliveries:	6,196
Eligibles:	7,508

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 8,990,358	10,810	976	1,745	\$ 831.63	\$ 120.91
Outpatient Hospital - Facility	\$ 6,168,014	16,920	3,658	2,731	\$ 364.54	\$ 82.95
Outpatient Hospital - Professional	\$ 1,120,794	10,940	2,843	1,766	\$ 102.45	\$ 15.07
Emergency Room - PH	\$ 8,201,118	14,645	3,589	2,364	\$ 559.99	\$ 110.30
Physician - Primary Care	\$ 3,444,834	35,474	4,943	5,725	\$ 97.11	\$ 46.33
Physician - Specialty	\$ 3,209,695	26,618	4,472	4,296	\$ 120.58	\$ 43.17
FOHC/RHC	\$ 339,089	2,854	815	461	\$ 118.81	\$ 4.56
Other Clinic	\$ 523,079	1,626	452	262	\$ 321.77	\$ 7.03
Other Practitioner	\$ 83,300	1,181	473	191	\$ 70.51	\$ 1.12
Family Planning Services	\$ 156,676	430	463	69	\$ 364.16	\$ 2.11
Therapies	\$ 7,477	136	103	22	\$ 54.90	\$ 0.10
Prescribed Drugs	\$ 43,515,233	272,100	6,277	43,913	\$ 159.92	\$ 585.23
Durable Medical Equipment	\$ 2,983,114	1,362,950	1,664	219,961	\$ 2.19	\$ 40.12
Lab and X-ray	\$ 2,100,147	48,361	3,676	7,805	\$ 43.43	\$ 28.24
Optical	\$ 60,983	848	493	137	\$ 71.91	\$ 0.82
Limited Dental Services	\$ 471	4	4	1	\$ 113.89	\$ 0.01
Transportation - Ambulance	\$ 727,937	8,463	2,056	1,366	\$ 86	\$ 9.79
Transportation - NEMT	\$ 2,616,762	83,494	1,045	13,475	\$ 31	\$ 35.19
Nursing Home	\$ 792,552	4,601	93	743	\$ 172	\$ 10.66
Home Health	\$ 3,172,340	375,926	407	60,669	\$ 8	\$ 42.66
Personal Care	\$ 8,151,962	2,184,453	837	352,540	\$ 4	\$ 109.63
Hospice	\$ 432,498	2,602	34	420	\$ 166	\$ 5.82
Other HCBS Waiver Services	\$ 207	30	2	5	\$ 6.84	\$ 0.00
Subtotal (Acute/LTSS Medical)	\$ 96,798,642	4,465,468				\$ 1,301.83
Inpatient - BH	\$ 8,801,601	13,643	921	2,202	\$ 645.13	\$ 118.37
Outpatient Hospital - BH	\$ 5,997,343	109,921	4,321	17,740	\$ 54.56	\$ 80.66
Emergency Room - BH	\$ 3,430,021	10,517	1,429	1,697	\$ 326.14	\$ 46.13
ICF/IID	\$ 31,923,360	84,777	252	13,682	\$ 376.56	\$ 429.33
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 7,369,984	34,848	700	5,624	\$ 211.49	\$ 99.12
Community Support	\$ 893,700	59,488	259	9,600	\$ 15.02	\$ 12.02
Partial Hosp/Day Tx	\$ 61,353	141	8	23	\$ 434.32	\$ 0.83
Psych Rehab	\$ 3,844,234	1,402,316	532	226,314	\$ 2.74	\$ 51.70
Crisis Services	\$ 479,586	23,505	367	3,793	\$ 20.40	\$ 6.45
Other BH Services	\$ 6,775	100	44	16	\$ 68.04	\$ 0.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 9,597,485	875,184	1,183	141,242	\$ 10.97	\$ 129.07
Subtotal (BH Medical)	\$ 72,405,442	2,614,440				\$ 973.77
Subtotal (All Medical)	\$ 169,204,083	7,079,908				\$ 2,275.59
Care Management for High Risk Pregnancy Payments	\$ 83,763	16,888	N/A	2,725	\$ 4.96	\$ 1.13
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 316,981	65,927	N/A	10,640	\$ 4.81	\$ 4.26
Subtotal (Care Management/Medical Home Payments)	\$ 400,744	82,815				\$ 5.39
Total	\$ 169,604,828	7,162,723				\$ 2,280.98

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 23

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	96,968
Average Monthly Members/Deliveries:	8,081
Eligibles:	10,769

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 2,412,108	2,645	251	327	\$ 911.83	\$ 24.88
Outpatient Hospital - Facility	\$ 2,099,458	9,241	3,125	1,144	\$ 227.19	\$ 21.65
Outpatient Hospital - Professional	\$ 486,531	4,405	1,799	545	\$ 110.46	\$ 5.02
Emergency Room - PH	\$ 2,825,049	6,904	3,621	854	\$ 409.17	\$ 29.13
Physician - Primary Care	\$ 1,978,977	26,293	6,813	3,254	\$ 75.27	\$ 20.41
Physician - Specialty	\$ 1,197,943	11,683	3,798	1,446	\$ 102.54	\$ 12.35
FOHC/RHC	\$ 151,143	1,356	476	168	\$ 111.49	\$ 1.56
Other Clinic	\$ 383,089	4,578	3,737	567	\$ 83.67	\$ 3.95
Other Practitioner	\$ 21,295	271	104	34	\$ 78.50	\$ 0.22
Family Planning Services	\$ 247,272	742	804	92	\$ 333.12	\$ 2.55
Therapies	\$ 2,813,595	23,950	1,045	2,964	\$ 117.48	\$ 29.02
Prescribed Drugs	\$ 12,689,968	109,193	7,653	13,513	\$ 116.22	\$ 130.87
Durable Medical Equipment	\$ 1,385,315	557,604	963	69,005	\$ 2.48	\$ 14.29
Lab and X-ray	\$ 865,569	20,052	2,532	2,481	\$ 43.17	\$ 8.93
Optical	\$ 138,443	4,768	1,538	590	\$ 29.04	\$ 1.43
Limited Dental Services	\$ 6,605	245	99	30	\$ 26.91	\$ 0.07
Transportation - Ambulance	\$ 107,794	1,257	724	156	\$ 86	\$ 1.11
Transportation - NEMT	\$ 497,963	17,924	375	2,218	\$ 28	\$ 5.14
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 655,017	86,372	35	10,689	\$ 8	\$ 6.75
Personal Care	\$ 136,550	36,017	11	4,457	\$ 4	\$ 1.41
Hospice	\$ -	-	1	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 278	20	1	2	\$ 13.89	\$ 0.00
Subtotal (Acute/LTSS Medical)	\$ 31,099,960	925,521				\$ 320.72
Inpatient - BH	\$ 6,505,526	7,870	562	974	\$ 826.59	\$ 67.09
Outpatient Hospital - BH	\$ 4,788,959	69,882	4,490	8,648	\$ 68.53	\$ 49.39
Emergency Room - BH	\$ 1,002,538	4,050	887	501	\$ 247.53	\$ 10.34
ICF/IID	\$ 508,376	1,494	139	185	\$ 340.35	\$ 5.24
PRF	\$ 9,577,483	19,612	216	2,427	\$ 488.36	\$ 98.77
BH Long-term Residential	\$ 3,575,788	21,552	181	2,667	\$ 165.91	\$ 36.88
MST	\$ 3,141,506	68,422	309	8,467	\$ 45.91	\$ 32.40
IIHS	\$ 12,738,191	46,519	1,530	5,757	\$ 273.83	\$ 131.36
ACT	\$ 69,942	307	14	38	\$ 227.51	\$ 0.72
Community Support	\$ 49,446	2,913	19	361	\$ 16.97	\$ 0.51
Partial Hosp/Day Tx	\$ 4,741,461	135,834	398	16,810	\$ 34.91	\$ 48.90
Psych Rehab	\$ 21,000	7,764	9	961	\$ 2.70	\$ 0.22
Crisis Services	\$ 224,102	8,617	249	1,066	\$ 26.01	\$ 2.31
Other BH Services	\$ 2,343,403	30,859	591	3,819	\$ 75.94	\$ 24.17
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,698,895	291,463	366	36,069	\$ 5.83	\$ 17.52
Subtotal (BH Medical)	\$ 50,986,616	717,159				\$ 525.81
Subtotal (All Medical)	\$ 82,086,576	1,642,680				\$ 846.53
Care Management for High Risk Pregnancy Payments	\$ 95,655	19,285	N/A	2,387	\$ 4.96	\$ 0.99
Care Management for At-Risk Children Payments	\$ 28,394	6,227	N/A	771	\$ 4.56	\$ 0.29
Medical Home Payments	\$ 226,967	91,003	N/A	11,262	\$ 2.49	\$ 2.34
Subtotal (Care Management/Medical Home Payments)	\$ 351,016	116,515				\$ 3.62
Total	\$ 82,437,592	1,759,194				\$ 850.15

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 24

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	44,213
Average Monthly Members/Deliveries:	3,684
Eligibles:	5,380

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,902,706	2,021	309	548	\$ 941.69	\$ 43.03
Outpatient Hospital - Facility	\$ 1,384,139	5,171	1,716	1,403	\$ 267.70	\$ 31.31
Outpatient Hospital - Professional	\$ 352,004	3,066	1,244	832	\$ 114.81	\$ 7.96
Emergency Room - PH	\$ 3,564,709	6,801	2,659	1,846	\$ 524.11	\$ 80.63
Physician - Primary Care	\$ 2,054,119	21,778	3,070	5,911	\$ 94.32	\$ 46.46
Physician - Specialty	\$ 1,360,696	11,472	2,588	3,114	\$ 118.61	\$ 30.78
FOHC/RHC	\$ 151,394	1,311	432	356	\$ 115.50	\$ 3.42
Other Clinic	\$ 248,045	2,857	499	776	\$ 86.81	\$ 5.61
Other Practitioner	\$ 20,226	256	99	70	\$ 78.96	\$ 0.46
Family Planning Services	\$ 216,959	715	746	194	\$ 303.41	\$ 4.91
Therapies	\$ 2,326	37	31	10	\$ 63.50	\$ 0.05
Prescribed Drugs	\$ 8,783,614	80,104	4,000	21,741	\$ 109.65	\$ 198.67
Durable Medical Equipment	\$ 291,361	100,472	377	27,270	\$ 2.90	\$ 6.59
Lab and X-ray	\$ 4,049,344	52,677	3,103	14,297	\$ 76.87	\$ 91.59
Optical	\$ 12,999	197	95	53	\$ 66.13	\$ 0.29
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 141,288	1,605	815	436	\$ 88	\$ 3.20
Transportation - NEMT	\$ 951,104	22,253	307	6,040	\$ 43	\$ 21.51
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 82,585	6,601	22	1,792	\$ 13	\$ 1.87
Personal Care	\$ 217,851	57,968	24	15,733	\$ 4	\$ 4.93
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 25,787,467	377,362				\$ 583.26
Inpatient - BH	\$ 1,326,237	2,066	295	561	\$ 641.91	\$ 30.00
Outpatient Hospital - BH	\$ 7,573,919	227,749	3,149	61,814	\$ 33.26	\$ 171.31
Emergency Room - BH	\$ 603,972	1,681	592	456	\$ 359.33	\$ 13.66
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 203,567	899	25	244	\$ 226.34	\$ 4.60
Community Support	\$ 367,377	21,620	108	5,868	\$ 16.99	\$ 8.31
Partial Hosp/Day Tx	\$ 20,624	88	10	24	\$ 233.08	\$ 0.47
Psych Rehab	\$ 155,956	57,878	32	15,709	\$ 2.69	\$ 3.53
Crisis Services	\$ 488,704	24,763	313	6,721	\$ 19.74	\$ 11.05
Other BH Services	\$ 1,154	19	9	5	\$ 59.86	\$ 0.03
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,806,309	146,492	273	39,760	\$ 12.33	\$ 40.85
Subtotal (BH Medical)	\$ 12,547,818	483,256				\$ 283.80
Subtotal (All Medical)	\$ 38,335,286	860,618				\$ 867.06
Care Management for High Risk Pregnancy Payments	\$ 170,159	34,306	N/A	9,311	\$ 4.96	\$ 3.85
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 85,952	35,427	N/A	9,615	\$ 2.43	\$ 1.94
Subtotal (Care Management/Medical Home Payments)	\$ 256,110	69,733				\$ 5.79
Total	\$ 38,591,396	930,351				\$ 872.85

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 25

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	14,639
Average Monthly Members/Deliveries:	1,220
Eligibles:	1,608

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 391,045	411	27	337	\$ 950.51	\$ 26.71
Outpatient Hospital - Facility	\$ 455,099	1,822	582	1,494	\$ 249.75	\$ 31.09
Outpatient Hospital - Professional	\$ 80,602	799	287	655	\$ 100.91	\$ 5.51
Emergency Room - PH	\$ 454,369	1,079	527	884	\$ 421.11	\$ 31.04
Physician - Primary Care	\$ 313,566	4,319	1,149	3,541	\$ 72.60	\$ 21.42
Physician - Specialty	\$ 154,294	1,602	598	1,314	\$ 96.29	\$ 10.54
FOHC/RHC	\$ 15,826	137	61	113	\$ 115.18	\$ 1.08
Other Clinic	\$ 71,286	888	710	728	\$ 80.29	\$ 4.87
Other Practitioner	\$ 2,953	30	17	24	\$ 99.74	\$ 0.20
Family Planning Services	\$ 65,539	204	192	167	\$ 320.81	\$ 4.48
Therapies	\$ 332,486	3,051	143	2,501	\$ 108.99	\$ 22.71
Prescribed Drugs	\$ 3,509,197	34,200	1,328	28,035	\$ 102.61	\$ 239.72
Durable Medical Equipment	\$ 362,933	170,616	151	139,859	\$ 2.13	\$ 24.79
Lab and X-ray	\$ 233,759	6,849	542	5,614	\$ 34.13	\$ 15.97
Optical	\$ 38,795	1,231	397	1,009	\$ 31.51	\$ 2.65
Limited Dental Services	\$ 253	10	3	8	\$ 24.71	\$ 0.02
Transportation - Ambulance	\$ 21,180	262	152	215	\$ 81	\$ 1.45
Transportation - NEMT	\$ 188,028	7,903	79	6,479	\$ 24	\$ 12.84
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 82,645	8,925	6	7,316	\$ 9	\$ 5.65
Personal Care	\$ 60,220	16,004	6	13,119	\$ 4	\$ 4.11
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 119,991	24,925	5	20,432	\$ 4.81	\$ 8.20
Subtotal (Acute/LTSS Medical)	\$ 6,954,065	285,267				\$ 475.04
Inpatient - BH	\$ 5,486,239	6,714	207	5,503	\$ 817.18	\$ 374.77
Outpatient Hospital - BH	\$ 1,718,476	20,962	1,122	17,183	\$ 81.98	\$ 117.39
Emergency Room - BH	\$ 523,919	2,202	301	1,805	\$ 237.95	\$ 35.79
ICF/IID	\$ 889,605	3,132	198	2,567	\$ 284.08	\$ 60.77
PRTF	\$ 11,256,829	22,884	158	18,758	\$ 491.92	\$ 768.96
BH Long-term Residential	\$ 9,363,780	68,806	413	56,402	\$ 136.09	\$ 639.65
MST	\$ 259,757	5,522	25	4,526	\$ 47.04	\$ 17.74
IIHS	\$ 2,669,544	8,876	306	7,276	\$ 300.75	\$ 182.36
ACT	\$ 8,816	36	3	30	\$ 243.19	\$ 0.60
Community Support	\$ 12,895	1,378	5	1,130	\$ 9.35	\$ 0.88
Partial Hosp/Day Tx	\$ 1,443,988	44,222	119	36,250	\$ 32.65	\$ 98.64
Psych Rehab	\$ 18,052	6,711	3	5,501	\$ 2.69	\$ 1.23
Crisis Services	\$ 85,603	3,195	75	2,619	\$ 26.79	\$ 5.85
Other BH Services	\$ 10,955	209	20	171	\$ 52.40	\$ 0.75
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 684,758	57,046	129	46,762	\$ 12.00	\$ 46.78
Subtotal (BH Medical)	\$ 34,433,276	251,894				\$ 2,352.76
Subtotal (All Medical)	\$ 41,387,281	537,161				\$ 2,827.79
Care Management for High Risk Pregnancy Payments	\$ 17,219	3,472	N/A	2,846	\$ 4.96	\$ 1.18
Care Management for At-Risk Children Payments	\$ 848	186	N/A	152	\$ 4.56	\$ 0.06
Medical Home Payments	\$ 33,261	12,797	N/A	10,490	\$ 2.60	\$ 2.27
Subtotal (Care Management/Medical Home Payments)	\$ 51,328	16,454				\$ 3.51
Total	\$ 41,438,609	553,616				\$ 2,830.70

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 26

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	24,805
Average Monthly Members/Deliveries:	2,067
Eligibles:	2,209

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 1,264,814	1,642	141	794	\$ 770.27	\$ 50.99
Outpatient Hospital - Facility	\$ 1,547,577	4,317	1,125	2,088	\$ 358.50	\$ 62.39
Outpatient Hospital - Professional	\$ 230,476	2,379	805	1,151	\$ 96.88	\$ 9.29
Emergency Room - PH	\$ 407,732	971	500	470	\$ 420.00	\$ 16.44
Physician - Primary Care	\$ 505,984	7,121	1,720	3,445	\$ 71.06	\$ 20.40
Physician - Specialty	\$ 705,382	5,831	1,248	2,821	\$ 120.97	\$ 28.44
FOHC/RHC	\$ 22,967	204	75	99	\$ 112.42	\$ 0.93
Other Clinic	\$ 128,561	495	319	240	\$ 259.67	\$ 5.18
Other Practitioner	\$ 13,475	248	90	120	\$ 54.38	\$ 0.54
Family Planning Services	\$ 80,598	265	250	128	\$ 304.45	\$ 3.25
Therapies	\$ 589,747	6,121	225	2,961	\$ 96.35	\$ 23.78
Prescribed Drugs	\$ 14,005,033	74,181	1,955	35,887	\$ 188.80	\$ 564.61
Durable Medical Equipment	\$ 3,376,050	2,203,738	950	1,066,110	\$ 1.53	\$ 136.10
Lab and X-ray	\$ 129,863	5,528	660	2,674	\$ 23.49	\$ 5.24
Optical	\$ 14,537	395	182	191	\$ 36.81	\$ 0.59
Limited Dental Services	\$ 785	13	13	6	\$ 59.02	\$ 0.03
Transportation - Ambulance	\$ 38,328	456	166	221	\$ 84	\$ 1.55
Transportation - NEMT	\$ 66,479	2,336	32	1,130	\$ 28	\$ 2.68
Nursing Home	\$ 8,923	50	2	24	\$ 179	\$ 0.36
Home Health	\$ 2,262,957	465,319	132	225,109	\$ 5	\$ 91.23
Personal Care	\$ 30,340	8,294	8	4,012	\$ 4	\$ 1.22
Hospice	\$ 34,709	108	3	52	\$ 321	\$ 1.40
Other HCBS Waiver Services	\$ 25,249	10,915	6	5,280	\$ 2.31	\$ 1.02
Subtotal (Acute/LTSS Medical)	\$ 25,490,567	2,800,926				\$ 1,027.64
Inpatient - BH	\$ 316,579	333	20	161	\$ 949.70	\$ 12.76
Outpatient Hospital - BH	\$ 629,924	10,117	761	4,894	\$ 62.26	\$ 25.40
Emergency Room - BH	\$ 194,716	585	84	283	\$ 332.83	\$ 7.85
ICF/IID	\$ 397,454	1,189	11	575	\$ 334.19	\$ 16.02
PRTF	\$ 96,186	215	3	104	\$ 447.98	\$ 3.88
BH Long-term Residential	\$ 132,166	778	4	376	\$ 169.90	\$ 5.33
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 17,640	57	5	28	\$ 309.36	\$ 0.71
ACT	\$ 3,890	12	3	6	\$ 323.98	\$ 0.16
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ 16,986	541	2	262	\$ 31.41	\$ 0.68
Psych Rehab	\$ 45,408	16,286	7	7,879	\$ 2.79	\$ 1.83
Crisis Services	\$ 1,968	90	2	44	\$ 21.82	\$ 0.08
Other BH Services	\$ 653	16	5	8	\$ 40.24	\$ 0.03
Innovations - Day Support	\$ 15,622,512	773,895	806	374,390	\$ 20.19	\$ 629.81
Innovations - In-Home Services	\$ 58,994,638	11,487,635	1,888	5,557,412	\$ 5.14	\$ 2,378.34
Innovations - Other	\$ 4,980,705	27,527	1,529	13,317	\$ 180.94	\$ 200.79
Innovations - Personal Care	\$ 1,002,480	195,838	254	94,741	\$ 5.12	\$ 40.41
Innovations - Residential Supports	\$ 24,453,919	160,376	516	77,585	\$ 152.48	\$ 985.85
Innovations - Respite	\$ 8,485,627	2,326,125	1,424	1,125,318	\$ 3.65	\$ 342.09
Innovations - Supported Employment	\$ 1,602,748	224,302	164	108,511	\$ 7.15	\$ 64.61
B3 Services	\$ 18,960	269	3	130	\$ 70.51	\$ 0.76
Subtotal (BH Medical)	\$ 117,015,158	15,226,187				\$ 4,717.40
Subtotal (All Medical)	\$ 142,505,726	18,027,113				\$ 5,745.04
Care Management for High Risk Pregnancy Payments	\$ 38,628	7,788	N/A	3,768	\$ 4.96	\$ 1.56
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 111,516	22,742	N/A	11,002	\$ 4.90	\$ 4.50
Subtotal (Care Management/Medical Home Payments)	\$ 150,144	30,530				\$ 6.05
Total	\$ 142,655,869	18,057,643				\$ 5,751.09

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 27

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	15,637
Average Monthly Members/Deliveries:	1,303
Eligibles:	1,613

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 1,893,161	1,661	-	1,275	\$ 1,139.57	\$ 121.07
Outpatient Hospital - BH	\$ 237,518	10,127	-	7,772	\$ 23.45	\$ 15.19
Emergency Room - BH	\$ 19,659	485	-	372	\$ 40.55	\$ 1.26
ICF/IID	\$ 19,765,653	40,514	-	31,091	\$ 487.87	\$ 1,264.03
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 632,313	3,384	-	2,597	\$ 186.86	\$ 40.44
Community Support	\$ 47,853	2,889	-	2,217	\$ 16.56	\$ 3.06
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 804,793	289,611	-	222,250	\$ 2.78	\$ 51.47
Crisis Services	\$ 27,487	1,248	-	958	\$ 22.02	\$ 1.76
Other BH Services	\$ 1,653	326	51	250	\$ 5.07	\$ 0.11
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,089,392	80,492	-	61,771	\$ 13.53	\$ 69.67
Subtotal (BH Medical)	\$ 24,519,482	430,738	-	-	\$ -	\$ 1,568.04
Subtotal (All Medical)	\$ 24,519,482	430,738	-	-	\$ -	\$ 1,568.04
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 42,737	9,264	N/A	7,109	\$ 4.61	\$ 2.73
Subtotal (Care Management/Medical Home Payments)	\$ 42,737	9,264	-	-	\$ -	\$ 2.73
Total	\$ 24,562,219	440,002	-	-	\$ -	\$ 1,570.78

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 28

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	73,247
Average Monthly Members/Deliveries:	6,104
Eligibles:	7,197

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 1,021,473	7,029	-	1,152	\$ 145.33	\$ 13.95
Outpatient Hospital - BH	\$ 2,016,439	70,981	-	11,629	\$ 28.41	\$ 27.53
Emergency Room - BH	\$ 254,670	5,833	-	956	\$ 43.66	\$ 3.48
ICF/IID	\$ 64,215,395	152,042	-	24,909	\$ 422.35	\$ 876.70
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 5,423	21	-	3	\$ 258.20	\$ 0.07
ACT	\$ 7,664,640	36,467	-	5,974	\$ 210.18	\$ 104.64
Community Support	\$ 597,729	39,764	-	6,514	\$ 15.03	\$ 8.16
Partial Hosp/Day Tx	\$ 1,230	9	-	2	\$ 132.32	\$ 0.02
Psych Rehab	\$ 4,975,873	1,795,457	-	294,148	\$ 2.77	\$ 67.93
Crisis Services	\$ 288,615	13,805	-	2,262	\$ 20.91	\$ 3.94
Other BH Services	\$ 12,996	1,979	285	324	\$ 6.57	\$ 0.18
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 45,057	240	-	39	\$ 187.85	\$ 0.62
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 9,659,899	868,401	-	142,270	\$ 11.12	\$ 131.88
Subtotal (BH Medical)	\$ 90,759,440	2,992,029	-	-	\$ -	\$ 1,239.09
Subtotal (All Medical)	\$ 90,759,440	2,992,029	-	-	\$ -	\$ 1,239.09
Care Management for High Risk Pregnancy Payments	\$ 64,413	12,986	N/A	2,128	\$ 4.96	\$ 0.88
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 250,540	52,054	N/A	8,528	\$ 4.81	\$ 3.42
Subtotal (Care Management/Medical Home Payments)	\$ 314,953	65,041	-	-	\$ -	\$ 4.30
Total	\$ 91,074,392	3,057,070	-	-	\$ -	\$ 1,243.39

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 29

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	17,429
Average Monthly Members/Deliveries:	1,452
Eligibles:	1,541

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 7,831	118	-	81	\$ 66.19	\$ 0.45
Outpatient Hospital - BH	\$ 110,267	3,623	-	2,494	\$ 30.44	\$ 6.33
Emergency Room - BH	\$ 10,546	302	-	208	\$ 34.90	\$ 0.61
ICF/IID	\$ 176,333	495	-	341	\$ 356.38	\$ 10.12
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 69,961	24,657	-	16,977	\$ 2.84	\$ 4.01
Crisis Services	\$ 1,247	66	-	46	\$ 18.78	\$ 0.07
Other BH Services	\$ 5,133	879	94	605	\$ 5.84	\$ 0.29
Innovations - Day Support	\$ 17,903,129	946,507	-	651,677	\$ 18.91	\$ 1,027.20
Innovations - In-Home Services	\$ 34,153,487	6,644,320	-	4,574,665	\$ 5.14	\$ 1,959.58
Innovations - Other	\$ 2,829,551	13,000	-	8,951	\$ 217.66	\$ 162.35
Innovations - Personal Care	\$ 475,586	93,934	-	64,674	\$ 5.06	\$ 27.29
Innovations - Residential Supports	\$ 33,685,919	229,279	-	157,861	\$ 146.92	\$ 1,932.75
Innovations - Respite	\$ 3,854,976	1,054,115	-	725,766	\$ 3.66	\$ 221.18
Innovations - Supported Employment	\$ 2,708,611	370,641	-	255,189	\$ 7.31	\$ 155.41
B3 Services	\$ 10,769	716	-	493	\$ 15.03	\$ 0.62
Subtotal (BH Medical)	\$ 96,003,345	9,382,653				\$ 5,508.25
Subtotal (All Medical)	\$ 96,003,345	9,382,653				\$ 5,508.25
Care Management for High Risk Pregnancy Payments	\$ 17,766	3,582	N/A	2,466	\$ 4.96	\$ 1.02
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 64,426	13,210	N/A	9,095	\$ 4.88	\$ 3.70
Subtotal (Care Management/Medical Home Payments)	\$ 82,192	16,791				\$ 4.72
Total	\$ 96,085,537	9,399,444				\$ 5,512.97

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 30

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 3

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	655
Average Monthly Members/Deliveries:	55
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,828,668	2,378	657	43,566	\$ 769.00	\$ 2,791.86
Outpatient Hospital - Facility	\$ 430,221	2,644	644	48,443	\$ 162.71	\$ 656.83
Outpatient Hospital - Professional	\$ 115,420	1,710	467	31,325	\$ 67.50	\$ 176.21
Emergency Room - PH	\$ 600,281	1,361	607	24,937	\$ 441.02	\$ 916.46
Physician - Primary Care	\$ 883,566	3,287	862	60,211	\$ 268.85	\$ 1,348.96
Physician - Specialty	\$ 304,616	1,606	739	29,425	\$ 189.66	\$ 465.06
FOHC/RHC	\$ 41,550	290	71	5,321	\$ 143.06	\$ 63.44
Other Clinic	\$ 41,110	351	166	6,427	\$ 117.18	\$ 62.76
Other Practitioner	\$ 27	1	1	18	\$ 26.89	\$ 0.04
Family Planning Services	\$ 24,936	111	109	2,039	\$ 224.00	\$ 38.07
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,418	38	2	704	\$ 62.98	\$ 3.69
Lab and X-ray	\$ 50,640	1,385	227	25,377	\$ 36.56	\$ 77.31
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 16,449	181	106	3,323	\$ 91	\$ 25.11
Transportation - NEMT	\$ 372	6	2	119	\$ 57	\$ 0.57
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 4,340,273	15,351				\$ 6,626.37
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ -	-				\$ -
Subtotal (All Medical)	\$ 4,340,273	15,351				\$ 6,626.37
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 4,340,273	15,351				\$ 6,626.37

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 31

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	25,495
Average Monthly Members/Deliveries:	2,125
Eligibles:	2,515

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,073,923	1,014	97	477	\$ 1,059.35	\$ 42.12
Outpatient Hospital - Facility	\$ 1,094,679	2,717	804	1,279	\$ 402.96	\$ 42.94
Outpatient Hospital - Professional	\$ 190,442	1,599	589	752	\$ 119.13	\$ 7.47
Emergency Room - PH	\$ 552,512	1,589	803	748	\$ 347.71	\$ 21.67
Physician - Primary Care	\$ 611,222	8,002	1,764	3,766	\$ 76.38	\$ 23.97
Physician - Specialty	\$ 481,804	3,996	1,148	1,881	\$ 120.56	\$ 18.90
FOHC/RHC	\$ 74,715	418	178	197	\$ 178.92	\$ 2.93
Other Clinic	\$ 151,299	1,322	968	622	\$ 114.43	\$ 5.93
Other Practitioner	\$ 2,654	35	21	16	\$ 75.93	\$ 0.10
Family Planning Services	\$ 40,338	94	121	44	\$ 428.30	\$ 1.58
Therapies	\$ 1,511,779	13,488	417	6,348	\$ 112.08	\$ 59.30
Prescribed Drugs	\$ 6,752,136	42,633	2,006	20,066	\$ 158.38	\$ 264.84
Durable Medical Equipment	\$ 1,610,862	859,184	557	404,401	\$ 1.87	\$ 63.18
Lab and X-ray	\$ 228,069	4,716	587	2,220	\$ 48.36	\$ 8.95
Optical	\$ 42,118	1,528	463	719	\$ 27.57	\$ 1.65
Limited Dental Services	\$ 1,684	75	25	35	\$ 22.39	\$ 0.07
Transportation - Ambulance	\$ 36,844	431	177	203	\$ 86	\$ 1.45
Transportation - NEMT	\$ 48,838	763	72	359	\$ 64	\$ 1.92
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 1,115,434	161,812	46	76,162	\$ 7	\$ 43.75
Personal Care	\$ 318,845	85,715	18	40,344	\$ 4	\$ 12.51
Hospice	\$ 87,841	626	5	295	\$ 140	\$ 3.45
Other HCBS Waiver Services	\$ 1,211	106	1	50	\$ 11.38	\$ 0.05
Subtotal (Acute/LTSS Medical)	\$ 16,029,250	1,191,862				\$ 628.72
Inpatient - BH	\$ 853,931	1,104	87	519	\$ 773.81	\$ 33.49
Outpatient Hospital - BH	\$ 1,679,660	15,872	942	7,470	\$ 105.83	\$ 65.88
Emergency Room - BH	\$ 146,181	277	135	130	\$ 527.76	\$ 5.73
ICF/IID	\$ 4,112,513	10,771	59	5,069	\$ 381.83	\$ 161.31
PRTF	\$ 2,115,029	4,208	34	1,981	\$ 502.58	\$ 82.96
BH Long-term Residential	\$ 746,188	3,670	39	1,727	\$ 203.32	\$ 29.27
MST	\$ 330,692	7,540	20	3,549	\$ 43.86	\$ 12.97
IIHS	\$ 1,364,315	5,063	128	2,383	\$ 269.47	\$ 53.51
ACT	\$ 48,540	262	9	123	\$ 185.22	\$ 1.90
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ 539,474	17,225	58	8,108	\$ 31.32	\$ 21.16
Psych Rehab	\$ 14,298	5,327	2	2,507	\$ 2.68	\$ 0.56
Crisis Services	\$ 9,077	270	24	127	\$ 33.68	\$ 0.36
Other BH Services	\$ 61,926	3,451	50	1,625	\$ 17.94	\$ 2.43
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,067,324	144,360	223	67,948	\$ 7.39	\$ 41.86
Subtotal (BH Medical)	\$ 13,089,149	219,400				\$ 513.40
Subtotal (All Medical)	\$ 29,118,399	1,411,262				\$ 1,142.12
Care Management for High Risk Pregnancy Payments	\$ 16,189	3,264	N/A	1,536	\$ 4.96	\$ 0.63
Care Management for At-Risk Children Payments	\$ 337	74	N/A	35	\$ 4.56	\$ 0.01
Medical Home Payments	\$ 116,964	24,159	N/A	11,371	\$ 4.84	\$ 4.59
Subtotal (Care Management/Medical Home Payments)	\$ 133,490	27,497				\$ 5.24
Total	\$ 29,251,889	1,438,759				\$ 1,147.36

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 32

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	32,057
Average Monthly Members/Deliveries:	2,671
Eligibles:	3,309

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 3,379,116	3,652	426	1,367	\$ 925.32	\$ 105.41
Outpatient Hospital - Facility	\$ 1,439,891	4,652	1,328	1,741	\$ 309.51	\$ 44.92
Outpatient Hospital - Professional	\$ 395,448	3,557	1,135	1,332	\$ 111.17	\$ 12.34
Emergency Room - PH	\$ 2,986,653	6,296	1,686	2,357	\$ 474.37	\$ 93.17
Physician - Primary Care	\$ 1,587,146	14,059	2,150	5,263	\$ 112.90	\$ 49.51
Physician - Specialty	\$ 1,368,651	10,974	1,983	4,108	\$ 124.71	\$ 42.69
FOHC/RHC	\$ 119,928	800	265	300	\$ 149.84	\$ 3.74
Other Clinic	\$ 370,491	1,262	289	472	\$ 293.56	\$ 11.56
Other Practitioner	\$ 35,278	458	189	171	\$ 77.04	\$ 1.10
Family Planning Services	\$ 46,139	133	155	50	\$ 346.87	\$ 1.44
Therapies	\$ 1,663	33	27	12	\$ 50.71	\$ 0.05
Prescribed Drugs	\$ 17,151,220	114,756	2,800	42,957	\$ 149.46	\$ 535.02
Durable Medical Equipment	\$ 1,076,701	581,916	690	217,830	\$ 1.85	\$ 33.59
Lab and X-ray	\$ 1,919,066	29,542	1,780	11,058	\$ 64.96	\$ 59.86
Optical	\$ 44,209	720	261	269	\$ 61.43	\$ 1.38
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 287,723	3,510	876	1,314	\$ 82	\$ 8.98
Transportation - NEMT	\$ 605,586	14,545	471	5,445	\$ 42	\$ 18.89
Nursing Home	\$ 360,369	2,077	38	777	\$ 174	\$ 11.24
Home Health	\$ 1,011,509	125,128	127	46,839	\$ 8	\$ 31.55
Personal Care	\$ 3,258,692	869,501	362	325,483	\$ 4	\$ 101.65
Hospice	\$ 134,598	838	16	314	\$ 161	\$ 4.20
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 37,580,077	1,788,408				\$ 1,172.29
Inpatient - BH	\$ 2,326,646	3,262	374	1,221	\$ 713.33	\$ 72.58
Outpatient Hospital - BH	\$ 4,588,513	85,050	1,969	31,837	\$ 53.95	\$ 143.14
Emergency Room - BH	\$ 728,227	1,180	442	442	\$ 617.27	\$ 22.72
ICF/IID	\$ 12,204,107	32,947	99	12,333	\$ 370.41	\$ 380.70
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 2,203,332	9,247	218	3,462	\$ 238.27	\$ 68.73
Community Support	\$ 83,942	7,837	36	2,934	\$ 10.71	\$ 2.62
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 792,436	279,677	119	104,692	\$ 2.83	\$ 24.72
Crisis Services	\$ 36,181	1,605	63	601	\$ 22.55	\$ 1.13
Other BH Services	\$ 1,701	22	9	8	\$ 76.13	\$ 0.05
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,528,896	120,264	291	45,019	\$ 12.71	\$ 47.69
Subtotal (BH Medical)	\$ 24,493,981	541,091				\$ 764.08
Subtotal (All Medical)	\$ 62,074,057	2,329,499				\$ 1,936.37
Care Management for High Risk Pregnancy Payments	\$ 35,488	7,155	N/A	2,678	\$ 4.96	\$ 1.11
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 128,933	28,052	N/A	10,501	\$ 4.60	\$ 4.02
Subtotal (Care Management/Medical Home Payments)	\$ 164,421	35,207				\$ 5.13
Total	\$ 62,238,478	2,364,707				\$ 1,941.49

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 33

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	40,221
Average Monthly Members/Deliveries:	3,352
Eligibles:	4,403

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,260,754	1,078	93	322	\$ 1,169.55	\$ 31.35
Outpatient Hospital - Facility	\$ 638,948	2,205	905	658	\$ 289.74	\$ 15.89
Outpatient Hospital - Professional	\$ 158,638	1,232	612	367	\$ 128.80	\$ 3.94
Emergency Room - PH	\$ 1,059,710	3,151	1,556	940	\$ 336.34	\$ 26.35
Physician - Primary Care	\$ 854,938	10,382	2,684	3,097	\$ 82.35	\$ 21.26
Physician - Specialty	\$ 510,372	4,435	1,564	1,323	\$ 115.08	\$ 12.69
FOHC/RHC	\$ 118,515	635	260	190	\$ 186.52	\$ 2.95
Other Clinic	\$ 173,978	1,920	1,415	573	\$ 90.60	\$ 4.33
Other Practitioner	\$ 6,882	84	39	25	\$ 81.73	\$ 0.17
Family Planning Services	\$ 119,552	308	345	92	\$ 387.89	\$ 2.97
Therapies	\$ 1,004,421	9,056	382	2,702	\$ 110.92	\$ 24.97
Prescribed Drugs	\$ 5,222,835	44,567	3,142	13,297	\$ 117.19	\$ 129.85
Durable Medical Equipment	\$ 453,911	187,236	333	55,862	\$ 2.42	\$ 11.29
Lab and X-ray	\$ 708,199	12,021	1,190	3,586	\$ 58.91	\$ 17.61
Optical	\$ 68,624	2,135	670	637	\$ 32.15	\$ 1.71
Limited Dental Services	\$ 3,014	122	50	36	\$ 24.65	\$ 0.07
Transportation - Ambulance	\$ 43,116	508	296	152	\$ 85	\$ 1.07
Transportation - NEMT	\$ 19,447	443	67	132	\$ 44	\$ 0.48
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 49,343	6,850	10	2,044	\$ 7	\$ 1.23
Personal Care	\$ 17,614	4,660	3	1,390	\$ 4	\$ 0.44
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 12,492,813	293,028				\$ 310.60
Inpatient - BH	\$ 1,724,979	2,292	212	684	\$ 752.65	\$ 42.89
Outpatient Hospital - BH	\$ 2,350,683	28,353	1,712	8,459	\$ 82.91	\$ 58.44
Emergency Room - BH	\$ 206,072	350	208	105	\$ 588.02	\$ 5.12
ICF/IID	\$ 505,675	1,639	53	489	\$ 308.61	\$ 12.57
PRTF	\$ 3,603,973	7,325	85	2,185	\$ 492.01	\$ 89.60
BH Long-term Residential	\$ 2,022,922	11,804	92	3,522	\$ 171.38	\$ 50.30
MST	\$ 2,192,672	49,911	122	14,891	\$ 43.93	\$ 54.52
IIHS	\$ 5,316,312	19,957	505	5,954	\$ 266.39	\$ 132.18
ACT	\$ 38,941	158	9	47	\$ 246.49	\$ 0.97
Community Support	\$ 6,593	409	4	122	\$ 16.12	\$ 0.16
Partial Hosp/Day Tx	\$ 1,062,480	33,866	162	10,104	\$ 31.37	\$ 26.42
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ 10,918	348	29	104	\$ 31.37	\$ 0.27
Other BH Services	\$ 980,119	16,397	242	4,892	\$ 59.78	\$ 24.37
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 219,540	25,589	71	7,634	\$ 8.58	\$ 5.46
Subtotal (BH Medical)	\$ 20,241,880	198,397				\$ 503.27
Subtotal (All Medical)	\$ 32,734,693	491,425				\$ 813.87
Care Management for High Risk Pregnancy Payments	\$ 46,070	9,288	N/A	2,771	\$ 4.96	\$ 1.15
Care Management for At-Risk Children Payments	\$ 11,684	2,562	N/A	764	\$ 4.56	\$ 0.29
Medical Home Payments	\$ 93,235	37,631	N/A	11,227	\$ 2.48	\$ 2.32
Subtotal (Care Management/Medical Home Payments)	\$ 150,989	49,481				\$ 3.75
Total	\$ 32,885,682	540,906				\$ 817.62

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 34

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	20,410
Average Monthly Members/Deliveries:	1,701
Eligibles:	2,553

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 995,037	1,073	142	631	\$ 927.70	\$ 48.75
Outpatient Hospital - Facility	\$ 479,178	1,797	739	1,056	\$ 266.71	\$ 23.48
Outpatient Hospital - Professional	\$ 155,569	1,110	490	653	\$ 140.17	\$ 7.62
Emergency Room - PH	\$ 1,495,307	3,414	1,320	2,007	\$ 438.00	\$ 73.26
Physician - Primary Care	\$ 909,730	7,516	1,422	4,419	\$ 121.04	\$ 44.57
Physician - Specialty	\$ 851,958	6,191	1,309	3,640	\$ 137.62	\$ 41.74
FOHC/RHC	\$ 43,604	288	108	169	\$ 151.48	\$ 2.14
Other Clinic	\$ 231,305	1,469	310	864	\$ 157.49	\$ 11.33
Other Practitioner	\$ 5,623	81	38	48	\$ 69.24	\$ 0.28
Family Planning Services	\$ 109,801	315	327	185	\$ 348.23	\$ 5.38
Therapies	\$ 668	11	10	7	\$ 58.72	\$ 0.03
Prescribed Drugs	\$ 4,619,700	37,743	1,937	22,191	\$ 122.40	\$ 226.34
Durable Medical Equipment	\$ 145,491	56,646	187	33,305	\$ 2.57	\$ 7.13
Lab and X-ray	\$ 2,162,059	25,255	1,444	14,849	\$ 85.61	\$ 105.93
Optical	\$ 15,419	248	77	146	\$ 62.08	\$ 0.76
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 74,997	878	393	516	\$ 85	\$ 3.67
Transportation - NEMT	\$ 315,119	5,335	137	3,137	\$ 59	\$ 15.44
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 6,266	1,348	10	793	\$ 5	\$ 0.31
Personal Care	\$ 153,102	40,280	15	23,682	\$ 4	\$ 7.50
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 12,769,932	190,997				\$ 625.67
Inpatient - BH	\$ 606,578	775	170	456	\$ 782.84	\$ 29.72
Outpatient Hospital - BH	\$ 5,109,044	118,395	1,525	69,610	\$ 43.15	\$ 250.32
Emergency Room - BH	\$ 184,485	306	194	180	\$ 603.27	\$ 9.04
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 195,268	780	21	458	\$ 250.41	\$ 9.57
Community Support	\$ 18,457	1,120	11	658	\$ 16.48	\$ 0.90
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 60,574	22,153	10	13,025	\$ 2.73	\$ 2.97
Crisis Services	\$ 32,974	1,673	46	984	\$ 19.70	\$ 1.62
Other BH Services	\$ 983	15	3	9	\$ 64.92	\$ 0.05
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 144,918	10,517	48	6,184	\$ 13.78	\$ 7.10
Subtotal (BH Medical)	\$ 6,353,280	155,734				\$ 311.28
Subtotal (All Medical)	\$ 19,123,213	346,732				\$ 936.95
Care Management for High Risk Pregnancy Payments	\$ 78,415	15,809	N/A	9,295	\$ 4.96	\$ 3.84
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 36,294	15,424	N/A	9,068	\$ 2.35	\$ 1.78
Subtotal (Care Management/Medical Home Payments)	\$ 114,709	31,233				\$ 5.62
Total	\$ 19,237,922	377,965				\$ 942.57

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 35

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	5,451
Average Monthly Members/Deliveries:	454
Eligibles:	589

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 225,394	228	9	502	\$ 987.52	\$ 41.35
Outpatient Hospital - Facility	\$ 93,360	446	131	981	\$ 209.41	\$ 17.13
Outpatient Hospital - Professional	\$ 22,811	238	96	524	\$ 95.82	\$ 4.18
Emergency Room - PH	\$ 140,753	378	193	832	\$ 372.36	\$ 25.82
Physician - Primary Care	\$ 137,914	1,692	398	3,724	\$ 81.52	\$ 25.30
Physician - Specialty	\$ 57,251	611	231	1,344	\$ 93.75	\$ 10.50
FOHC/RHC	\$ 16,848	96	41	212	\$ 174.91	\$ 3.09
Other Clinic	\$ 35,220	384	265	846	\$ 91.70	\$ 6.46
Other Practitioner	\$ 906	9	6	20	\$ 99.23	\$ 0.17
Family Planning Services	\$ 22,467	56	60	124	\$ 399.16	\$ 4.12
Therapies	\$ 130,064	1,175	53	2,586	\$ 110.70	\$ 23.86
Prescribed Drugs	\$ 1,468,671	12,827	495	28,238	\$ 114.50	\$ 269.43
Durable Medical Equipment	\$ 147,923	73,023	66	160,754	\$ 2.03	\$ 27.14
Lab and X-ray	\$ 135,778	3,273	237	7,204	\$ 41.49	\$ 24.91
Optical	\$ 15,508	475	156	1,047	\$ 32.62	\$ 2.84
Limited Dental Services	\$ 100	5	3	11	\$ 19.77	\$ 0.02
Transportation - Ambulance	\$ 8,146	103	60	226	\$ 79	\$ 1.49
Transportation - NEMT	\$ 2,682	40	6	87	\$ 68	\$ 0.49
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 141,969	14,706	2	32,373	\$ 10	\$ 26.04
Personal Care	\$ 55,321	14,656	3	32,264	\$ 4	\$ 10.15
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 107,507	25,920	2	57,062	\$ 4.15	\$ 19.72
Subtotal (Acute/LTSS Medical)	\$ 2,966,592	150,340				\$ 544.23
Inpatient - BH	\$ 795,258	1,024	70	2,254	\$ 776.58	\$ 145.89
Outpatient Hospital - BH	\$ 1,004,870	7,455	383	16,411	\$ 134.80	\$ 184.35
Emergency Room - BH	\$ 74,926	132	63	291	\$ 567.41	\$ 13.75
ICF/IID	\$ 649,780	1,897	35	4,176	\$ 342.56	\$ 119.20
PRTF	\$ 3,527,412	6,828	45	15,032	\$ 516.58	\$ 647.11
BH Long-term Residential	\$ 3,181,554	22,900	133	50,412	\$ 138.93	\$ 583.66
MST	\$ 153,857	3,506	10	7,719	\$ 43.88	\$ 28.23
IIHS	\$ 752,535	2,730	79	6,010	\$ 275.67	\$ 138.05
ACT	\$ 5,829	17	2	38	\$ 339.62	\$ 1.07
Community Support	\$ 867	52	1	114	\$ 16.68	\$ 0.16
Partial Hosp/Day Tx	\$ 222,618	7,096	25	15,621	\$ 31.37	\$ 40.84
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ 4,960	147	13	324	\$ 33.69	\$ 0.91
Other BH Services	\$ 2,131	121	5	265	\$ 17.67	\$ 0.39
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 79,305	14,305	23	31,491	\$ 5.54	\$ 14.55
Subtotal (BH Medical)	\$ 10,455,901	68,210				\$ 1,918.76
Subtotal (All Medical)	\$ 13,422,493	218,550				\$ 2,462.39
Care Management for High Risk Pregnancy Payments	\$ 6,663	1,343	N/A	2,957	\$ 4.96	\$ 1.22
Care Management for At-Risk Children Payments	\$ 497	109	N/A	240	\$ 4.56	\$ 0.09
Medical Home Payments	\$ 11,863	4,599	N/A	10,124	\$ 2.58	\$ 2.18
Subtotal (Care Management/Medical Home Payments)	\$ 19,022	6,051				\$ 3.49
Total	\$ 13,441,515	224,601				\$ 2,465.88

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 36

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	8,460
Average Monthly Members/Deliveries:	705
Eligibles:	760

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 577,217	555	53	788	\$ 1,039.34	\$ 68.23
Outpatient Hospital - Facility	\$ 440,977	1,154	333	1,637	\$ 382.20	\$ 52.12
Outpatient Hospital - Professional	\$ 72,341	707	261	1,003	\$ 102.30	\$ 8.55
Emergency Room - PH	\$ 184,500	423	218	600	\$ 436.04	\$ 21.81
Physician - Primary Care	\$ 180,706	2,374	575	3,367	\$ 76.12	\$ 21.36
Physician - Specialty	\$ 192,813	1,602	427	2,272	\$ 120.38	\$ 22.79
FOHC/RHC	\$ 7,452	68	27	96	\$ 110.40	\$ 0.88
Other Clinic	\$ 21,836	219	116	311	\$ 99.69	\$ 2.58
Other Practitioner	\$ 7,444	105	42	149	\$ 70.84	\$ 0.88
Family Planning Services	\$ 31,230	71	91	100	\$ 442.29	\$ 3.69
Therapies	\$ 150,268	1,303	54	1,848	\$ 115.36	\$ 17.76
Prescribed Drugs	\$ 5,856,046	31,433	685	44,586	\$ 186.30	\$ 692.20
Durable Medical Equipment	\$ 1,327,415	842,395	340	1,194,887	\$ 1.58	\$ 156.90
Lab and X-ray	\$ 42,187	2,221	277	3,150	\$ 19.00	\$ 4.99
Optical	\$ 5,730	143	64	203	\$ 40.13	\$ 0.68
Limited Dental Services	\$ 1	3	3	4	\$ 0.20	\$ 0.00
Transportation - Ambulance	\$ 14,142	157	71	223	\$ 90	\$ 1.67
Transportation - NEMT	\$ 9,177	192	9	272	\$ 48	\$ 1.08
Nursing Home	\$ 19,581	109	1	155	\$ 179	\$ 2.31
Home Health	\$ 807,077	185,375	63	262,943	\$ 4	\$ 95.40
Personal Care	\$ 98,036	26,004	8	36,885	\$ 4	\$ 11.59
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 3,114	4,508	3	6,395	\$ 0.69	\$ 0.37
Subtotal (Acute/LTSS Medical)	\$ 10,049,291	1,101,120				\$ 1,187.86
Inpatient - BH	\$ 12,566	27	2	38	\$ 469.21	\$ 1.49
Outpatient Hospital - BH	\$ 178,181	2,165	277	3,072	\$ 82.29	\$ 21.06
Emergency Room - BH	\$ 31,047	63	23	89	\$ 492.35	\$ 3.67
ICF/IID	\$ 446,312	1,243	9	1,763	\$ 359.06	\$ 52.76
PRTF	\$ 236,114	310	1	439	\$ 762.42	\$ 27.91
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 5,515	34	1	48	\$ 161.99	\$ 0.65
Community Support	\$ 6,963	1,239	1	1,757	\$ 5.62	\$ 0.82
Partial Hosp/Day Tx	\$ 4,177	133	1	189	\$ 31.41	\$ 0.49
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 632	8	4	12	\$ 77.21	\$ 0.07
Innovations - Day Support	\$ 7,037,229	295,500	292	419,149	\$ 23.81	\$ 831.82
Innovations - In-Home Services	\$ 22,407,704	4,308,192	632	6,110,910	\$ 5.20	\$ 2,648.66
Innovations - Other	\$ 883,881	10,145	380	14,390	\$ 87.13	\$ 104.48
Innovations - Personal Care	\$ 309,714	82,271	95	116,697	\$ 3.76	\$ 36.61
Innovations - Residential Supports	\$ 10,604,835	59,811	194	84,839	\$ 177.30	\$ 1,253.53
Innovations - Respite	\$ 1,977,897	525,794	459	745,807	\$ 3.76	\$ 233.79
Innovations - Supported Employment	\$ 703,944	90,852	63	128,868	\$ 7.75	\$ 83.21
B3 Services	\$ 36,514	1,242	2	1,762	\$ 29.39	\$ 4.32
Subtotal (BH Medical)	\$ 44,883,225	5,379,030				\$ 5,305.35
Subtotal (All Medical)	\$ 54,932,516	6,480,150				\$ 6,493.21
Care Management for High Risk Pregnancy Payments	\$ 13,099	2,641	N/A	3,746	\$ 4.96	\$ 1.55
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 37,403	7,828	N/A	11,103	\$ 4.78	\$ 4.42
Subtotal (Care Management/Medical Home Payments)	\$ 50,502	10,469				\$ 5.97
Total	\$ 54,983,019	6,490,618				\$ 6,499.17

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 37

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	6,488
Average Monthly Members/Deliveries:	541
Eligibles:	666

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 8,959	144	-	266	\$ 62.23	\$ 1.38
Outpatient Hospital - BH	\$ 372,169	8,753	-	16,189	\$ 42.52	\$ 57.36
Emergency Room - BH	\$ 7,559	62	-	115	\$ 121.45	\$ 1.17
ICF/IID	\$ 9,416,445	17,752	-	32,833	\$ 530.45	\$ 1,451.36
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 178,340	705	-	1,304	\$ 253.00	\$ 27.49
Community Support	\$ 1,902	114	-	211	\$ 16.68	\$ 0.29
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 49,566	17,051	-	31,537	\$ 2.91	\$ 7.64
Crisis Services	\$ 677	20	-	37	\$ 33.68	\$ 0.10
Other BH Services	\$ 2,338	703	17	1,301	\$ 3.32	\$ 0.36
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 172,400	9,046	-	16,730	\$ 19.06	\$ 26.57
Subtotal (BH Medical)	\$ 10,210,356	54,350	-	-	\$ -	\$ 1,573.73
Subtotal (All Medical)	\$ 10,210,356	54,350	-	-	\$ -	\$ 1,573.73
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 16,048	3,654	N/A	6,758	\$ 4.39	\$ 2.47
Subtotal (Care Management/Medical Home Payments)	\$ 16,048	3,654	-	-	\$ -	\$ 2.47
Total	\$ 10,226,405	58,004	-	-	\$ -	\$ 1,576.20

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 38

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	29,972
Average Monthly Members/Deliveries:	2,498
Eligibles:	2,990

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 181,637	1,060	-	425	\$ 171.30	\$ 6.06
Outpatient Hospital - BH	\$ 2,366,182	53,736	-	21,514	\$ 44.03	\$ 78.95
Emergency Room - BH	\$ 128,818	802	-	321	\$ 160.55	\$ 4.30
ICF/IID	\$ 26,017,851	62,560	-	25,047	\$ 415.89	\$ 868.07
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ 723	4	-	2	\$ 180.67	\$ 0.02
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 15,472	53	-	21	\$ 291.93	\$ 0.52
ACT	\$ 2,062,773	8,927	-	3,574	\$ 231.06	\$ 68.82
Community Support	\$ 35,455	2,149	-	860	\$ 16.50	\$ 1.18
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,030,494	361,406	-	144,697	\$ 2.85	\$ 34.38
Crisis Services	\$ 29,553	1,333	-	534	\$ 22.17	\$ 0.99
Other BH Services	\$ 2,269	409	58	164	\$ 5.54	\$ 0.08
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,090,412	170,672	-	68,333	\$ 12.25	\$ 69.75
Subtotal (BH Medical)	\$ 33,961,636	663,111	-	68,333	\$ 12.25	\$ 69.75
Subtotal (All Medical)	\$ 33,961,636	663,111	-	68,333	\$ 12.25	\$ 69.75
Care Management for High Risk Pregnancy Payments	\$ 28,019	5,649	N/A	2,262	\$ 4.96	\$ 0.93
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 89,051	19,536	N/A	7,822	\$ 4.56	\$ 2.97
Subtotal (Care Management/Medical Home Payments)	\$ 117,069	25,185	-	-	\$ 4.56	\$ 2.97
Total	\$ 34,078,706	688,296	-	-	\$ 12.25	\$ 69.75

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 39

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	6,062
Average Monthly Members/Deliveries:	505
Eligibles:	542

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ 36,384	1,093	-	2,163	\$ 33.30	\$ 6.00
Emergency Room - BH	\$ 6,816	47	-	94	\$ 143.95	\$ 1.12
ICF/IID	\$ 158,188	512	-	1,014	\$ 308.91	\$ 26.10
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 659	129	7	256	\$ 5.10	\$ 0.11
Innovations - Day Support	\$ 9,028,859	376,656	-	745,606	\$ 23.97	\$ 1,489.42
Innovations - In-Home Services	\$ 12,092,762	2,325,581	-	4,603,592	\$ 5.20	\$ 1,994.85
Innovations - Other	\$ 668,585	6,963	-	13,784	\$ 96.02	\$ 110.29
Innovations - Personal Care	\$ 130,219	35,005	-	69,294	\$ 3.72	\$ 21.48
Innovations - Residential Supports	\$ 15,928,549	90,830	-	179,801	\$ 175.37	\$ 2,627.61
Innovations - Respite	\$ 828,228	225,736	-	446,854	\$ 3.67	\$ 136.63
Innovations - Supported Employment	\$ 1,181,920	152,114	-	301,117	\$ 7.77	\$ 194.97
B3 Services	\$ 22	8	-	16	\$ 2.70	\$ 0.00
Subtotal (BH Medical)	\$ 40,061,192	3,214,674				\$ 6,608.58
Subtotal (All Medical)	\$ 40,061,192	3,214,674				\$ 6,608.58
Care Management for High Risk Pregnancy Payments	\$ 6,603	1,331	N/A	2,635	\$ 4.96	\$ 1.09
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 21,263	4,540	N/A	8,988	\$ 4.68	\$ 3.51
Subtotal (Care Management/Medical Home Payments)	\$ 27,865	5,872				\$ 4.60
Total	\$ 40,089,057	3,220,546				\$ 6,613.17

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 40

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 4

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	309
Average Monthly Members/Deliveries:	26
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 787,576	1,089	310	42,291	\$ 723.21	\$ 2,548.79
Outpatient Hospital - Facility	\$ 141,841	984	312	38,226	\$ 144.10	\$ 459.03
Outpatient Hospital - Professional	\$ 42,319	587	230	22,800	\$ 72.08	\$ 136.95
Emergency Room - PH	\$ 317,711	876	330	34,039	\$ 362.48	\$ 1,028.19
Physician - Primary Care	\$ 459,834	1,619	437	62,881	\$ 283.99	\$ 1,488.14
Physician - Specialty	\$ 92,205	646	353	25,086	\$ 142.74	\$ 298.40
FOHC/RHC	\$ 4,739	34	17	1,318	\$ 139.64	\$ 15.34
Other Clinic	\$ 46,007	247	135	9,576	\$ 186.58	\$ 148.89
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 8,535	49	48	1,922	\$ 172.45	\$ 27.62
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 633	10	9	401	\$ 61.23	\$ 2.05
Lab and X-ray	\$ 34,144	1,101	134	42,753	\$ 31.01	\$ 110.50
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 15,246	171	98	6,636	\$ 89	\$ 49.34
Transportation - NEMT	\$ 223	6	3	244	\$ 35	\$ 0.72
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 610	6	1	233	\$ 102	\$ 1.97
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 1,951,623	7,426				\$ 6,315.93
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 119	2	2	78	\$ 59.05	\$ 0.38
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 119	2				\$ 0.38
Subtotal (All Medical)	\$ 1,951,742	7,428				\$ 6,316.32
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 1,951,742	7,428				\$ 6,316.32

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 41

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	38,506
Average Monthly Members/Deliveries:	3,209
Eligibles:	3,818

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 2,368,640	2,449	137	763	\$ 967.08	\$ 61.51
Outpatient Hospital - Facility	\$ 1,440,005	4,342	1,244	1,353	\$ 331.63	\$ 37.40
Outpatient Hospital - Professional	\$ 292,286	2,382	937	742	\$ 122.71	\$ 7.59
Emergency Room - PH	\$ 894,668	2,730	1,344	851	\$ 327.76	\$ 23.23
Physician - Primary Care	\$ 778,038	10,253	2,490	3,195	\$ 75.88	\$ 20.21
Physician - Specialty	\$ 754,282	5,978	1,642	1,863	\$ 126.18	\$ 19.59
FOHC/RHC	\$ 51,441	473	198	147	\$ 108.78	\$ 1.34
Other Clinic	\$ 171,756	1,772	1,360	552	\$ 96.93	\$ 4.46
Other Practitioner	\$ 4,289	54	29	17	\$ 79.15	\$ 0.11
Family Planning Services	\$ 44,239	154	152	48	\$ 288.10	\$ 1.15
Therapies	\$ 2,332,397	20,552	788	6,405	\$ 113.49	\$ 60.57
Prescribed Drugs	\$ 12,571,460	58,969	2,885	18,377	\$ 213.19	\$ 326.48
Durable Medical Equipment	\$ 1,932,851	1,028,565	818	320,542	\$ 1.88	\$ 50.20
Lab and X-ray	\$ 340,810	7,284	865	2,270	\$ 46.79	\$ 8.85
Optical	\$ 66,538	2,113	690	659	\$ 31.49	\$ 1.73
Limited Dental Services	\$ 2,036	83	32	26	\$ 24.64	\$ 0.05
Transportation - Ambulance	\$ 56,408	764	300	238	\$ 74	\$ 1.46
Transportation - NEMT	\$ 86,646	2,458	91	766	\$ 35	\$ 2.25
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 1,140,509	119,685	25	37,299	\$ 10	\$ 29.62
Personal Care	\$ 282,798	77,102	25	24,028	\$ 4	\$ 7.34
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 25,612,095	1,348,161				\$ 665.15
Inpatient - BH	\$ 4,451,475	5,013	161	1,562	\$ 888.00	\$ 115.60
Outpatient Hospital - BH	\$ 2,758,640	48,479	1,553	15,108	\$ 56.90	\$ 71.64
Emergency Room - BH	\$ 153,340	494	180	154	\$ 310.10	\$ 3.98
ICF/IID	\$ 10,011,667	24,706	132	7,699	\$ 405.23	\$ 260.00
PRTF	\$ 2,646,313	5,193	47	1,618	\$ 509.62	\$ 68.72
BH Long-term Residential	\$ 3,079,489	20,086	117	6,260	\$ 153.32	\$ 79.97
MST	\$ 551,520	3,242	53	1,010	\$ 170.09	\$ 14.32
IIHS	\$ 4,326,583	16,397	348	5,110	\$ 263.87	\$ 112.36
ACT	\$ 86,055	415	11	129	\$ 207.30	\$ 2.23
Community Support	\$ 113,953	7,182	32	2,238	\$ 15.87	\$ 2.96
Partial Hosp/Day Tx	\$ 740,644	23,444	66	7,306	\$ 31.59	\$ 19.23
Psych Rehab	\$ 126,275	46,131	20	14,376	\$ 2.74	\$ 3.28
Crisis Services	\$ 86,759	3,305	51	1,030	\$ 26.25	\$ 2.25
Other BH Services	\$ 103,894	5,288	113	1,648	\$ 19.65	\$ 2.70
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 870,968	93,632	274	29,179	\$ 9.30	\$ 22.62
Subtotal (BH Medical)	\$ 30,107,575	303,007				\$ 781.89
Subtotal (All Medical)	\$ 55,719,671	1,651,168				\$ 1,447.04
Care Management for High Risk Pregnancy Payments	\$ 22,041	4,444	N/A	1,385	\$ 4.96	\$ 0.57
Care Management for At-Risk Children Payments	\$ 725	159	N/A	50	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 177,336	36,415	N/A	11,348	\$ 4.87	\$ 4.61
Subtotal (Care Management/Medical Home Payments)	\$ 200,102	41,018				\$ 5.20
Total	\$ 55,919,773	1,692,186				\$ 1,452.24

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 42

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	44,042
Average Monthly Members/Deliveries:	3,670
Eligibles:	4,473

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 6,542,442	8,035	605	2,189	\$ 814.25	\$ 148.55
Outpatient Hospital - Facility	\$ 2,513,805	6,845	1,820	1,865	\$ 367.27	\$ 57.08
Outpatient Hospital - Professional	\$ 675,258	6,113	1,647	1,666	\$ 110.46	\$ 15.33
Emergency Room - PH	\$ 4,716,847	8,957	2,162	2,440	\$ 526.62	\$ 107.10
Physician - Primary Care	\$ 2,022,156	20,655	2,825	5,628	\$ 97.90	\$ 45.91
Physician - Specialty	\$ 2,096,636	17,307	2,597	4,716	\$ 121.14	\$ 47.61
FOHC/RHC	\$ 224,145	1,783	562	486	\$ 125.75	\$ 5.09
Other Clinic	\$ 371,133	1,462	428	398	\$ 253.87	\$ 8.43
Other Practitioner	\$ 33,527	422	211	115	\$ 79.53	\$ 0.76
Family Planning Services	\$ 64,113	249	247	68	\$ 257.05	\$ 1.46
Therapies	\$ 3,946	63	39	17	\$ 62.21	\$ 0.09
Prescribed Drugs	\$ 26,051,378	158,026	3,690	43,057	\$ 164.85	\$ 591.51
Durable Medical Equipment	\$ 1,499,690	793,847	993	216,297	\$ 1.89	\$ 34.05
Lab and X-ray	\$ 1,694,439	33,464	2,240	9,118	\$ 50.63	\$ 38.47
Optical	\$ 32,873	488	261	133	\$ 67.38	\$ 0.75
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 461,044	6,113	1,236	1,666	\$ 75	\$ 10.47
Transportation - NEMT	\$ 1,287,876	37,552	453	10,232	\$ 34	\$ 29.24
Nursing Home	\$ 578,306	3,299	55	899	\$ 175	\$ 13.13
Home Health	\$ 918,698	114,831	208	31,288	\$ 8	\$ 20.86
Personal Care	\$ 3,569,804	962,396	399	262,221	\$ 4	\$ 81.05
Hospice	\$ 176,213	974	16	266	\$ 181	\$ 4.00
Other HCBS Waiver Services	\$ 1,225	88	2	24	\$ 13.90	\$ 0.03
Subtotal (Acute/LTSS Medical)	\$ 55,535,556	2,182,968				\$ 1,260.97
Inpatient - BH	\$ 5,387,305	6,896	441	1,879	\$ 781.26	\$ 122.32
Outpatient Hospital - BH	\$ 4,527,549	77,082	2,686	21,002	\$ 58.74	\$ 102.80
Emergency Room - BH	\$ 772,565	1,723	595	469	\$ 448.48	\$ 17.54
ICF/IID	\$ 23,135,924	58,252	174	15,872	\$ 397.17	\$ 525.32
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	1	1	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 5,719,855	26,362	519	7,183	\$ 216.97	\$ 129.87
Community Support	\$ 1,341,681	85,575	348	23,316	\$ 15.68	\$ 30.46
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 2,890,836	1,041,629	322	283,810	\$ 2.78	\$ 65.64
Crisis Services	\$ 451,443	26,568	249	7,239	\$ 16.99	\$ 10.25
Other BH Services	\$ 10,335	162	88	44	\$ 63.64	\$ 0.23
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,936,368	161,432	613	43,985	\$ 11.99	\$ 43.97
Subtotal (BH Medical)	\$ 46,173,861	1,485,682				\$ 1,048.41
Subtotal (All Medical)	\$ 101,709,417	3,668,650				\$ 2,309.37
Care Management for High Risk Pregnancy Payments	\$ 49,780	10,036	N/A	2,735	\$ 4.96	\$ 1.13
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 186,765	38,506	N/A	10,491	\$ 4.85	\$ 4.24
Subtotal (Care Management/Medical Home Payments)	\$ 236,545	48,542				\$ 5.37
Total	\$ 101,945,962	3,717,192				\$ 2,314.74

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 43

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	69,525
Average Monthly Members/Deliveries:	5,794
Eligibles:	7,622

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,528,561	1,173	138	203	\$ 1,302.69	\$ 21.99
Outpatient Hospital - Facility	\$ 1,155,124	4,244	1,619	732	\$ 272.20	\$ 16.61
Outpatient Hospital - Professional	\$ 298,789	2,632	1,244	454	\$ 113.53	\$ 4.30
Emergency Room - PH	\$ 1,733,622	4,899	2,534	845	\$ 353.91	\$ 24.94
Physician - Primary Care	\$ 1,197,751	15,387	4,413	2,656	\$ 77.84	\$ 17.23
Physician - Specialty	\$ 864,675	7,605	2,578	1,313	\$ 113.70	\$ 12.44
FOHC/RHC	\$ 112,666	966	409	167	\$ 116.68	\$ 1.62
Other Clinic	\$ 296,824	3,130	2,412	540	\$ 94.84	\$ 4.27
Other Practitioner	\$ 7,592	77	44	13	\$ 98.39	\$ 0.11
Family Planning Services	\$ 144,298	468	479	81	\$ 308.53	\$ 2.08
Therapies	\$ 2,052,590	18,919	823	3,265	\$ 108.49	\$ 29.52
Prescribed Drugs	\$ 7,578,100	60,424	5,029	10,429	\$ 125.42	\$ 109.00
Durable Medical Equipment	\$ 708,975	340,914	672	58,842	\$ 2.08	\$ 10.20
Lab and X-ray	\$ 652,607	13,948	1,640	2,407	\$ 46.79	\$ 9.39
Optical	\$ 123,651	3,715	1,239	641	\$ 33.28	\$ 1.78
Limited Dental Services	\$ 4,345	177	69	31	\$ 24.57	\$ 0.06
Transportation - Ambulance	\$ 74,183	1,074	505	185	\$ 69	\$ 1.07
Transportation - NEMT	\$ 30,943	763	76	132	\$ 41	\$ 0.45
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 76,947	7,229	9	1,248	\$ 11	\$ 1.11
Personal Care	\$ 20,879	5,480	3	946	\$ 4	\$ 0.30
Hospice	\$ 19,910	152	1	26	\$ 131	\$ 0.29
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 18,683,032	493,375				\$ 268.72
Inpatient - BH	\$ 5,414,293	5,971	338	1,031	\$ 906.79	\$ 77.88
Outpatient Hospital - BH	\$ 3,971,284	56,317	2,981	9,720	\$ 70.52	\$ 57.12
Emergency Room - BH	\$ 222,818	636	302	110	\$ 350.42	\$ 3.20
ICF/IID	\$ 669,789	1,863	99	322	\$ 359.46	\$ 9.63
PRTF	\$ 5,497,932	11,331	160	1,956	\$ 485.20	\$ 79.08
BH Long-term Residential	\$ 4,657,708	30,138	192	5,202	\$ 154.54	\$ 66.99
MST	\$ 3,140,072	12,692	312	2,191	\$ 247.41	\$ 45.16
IIHS	\$ 19,384,352	75,423	1,545	13,018	\$ 257.01	\$ 278.81
ACT	\$ 57,824	254	6	44	\$ 227.72	\$ 0.83
Community Support	\$ 94,320	6,011	35	1,038	\$ 15.69	\$ 1.36
Partial Hosp/Day Tx	\$ 1,213,071	37,970	132	6,554	\$ 31.95	\$ 17.45
Psych Rehab	\$ 3,918	1,456	1	251	\$ 2.69	\$ 0.06
Crisis Services	\$ 101,582	1,298	99	224	\$ 78.25	\$ 1.46
Other BH Services	\$ 2,782,856	33,507	632	5,783	\$ 83.05	\$ 40.03
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 198,729	25,039	99	4,322	\$ 7.94	\$ 2.86
Subtotal (BH Medical)	\$ 47,410,548	299,907				\$ 681.92
Subtotal (All Medical)	\$ 66,093,579	793,282				\$ 950.64
Care Management for High Risk Pregnancy Payments	\$ 65,726	13,251	N/A	2,287	\$ 4.96	\$ 0.95
Care Management for At-Risk Children Payments	\$ 20,238	4,438	N/A	766	\$ 4.56	\$ 0.29
Medical Home Payments	\$ 160,766	64,515	N/A	11,135	\$ 2.49	\$ 2.31
Subtotal (Care Management/Medical Home Payments)	\$ 246,731	82,204				\$ 3.55
Total	\$ 66,340,310	875,487				\$ 954.19

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 44

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	20,007
Average Monthly Members/Deliveries:	1,667
Eligibles:	2,606

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 978,574	1,108	138	664	\$ 883.33	\$ 48.91
Outpatient Hospital - Facility	\$ 514,096	1,812	646	1,087	\$ 283.68	\$ 25.70
Outpatient Hospital - Professional	\$ 175,158	1,546	656	927	\$ 113.31	\$ 8.75
Emergency Room - PH	\$ 1,679,983	3,563	1,308	2,137	\$ 471.56	\$ 83.97
Physician - Primary Care	\$ 706,084	6,690	1,356	4,013	\$ 105.54	\$ 35.29
Physician - Specialty	\$ 734,951	7,210	1,326	4,325	\$ 101.93	\$ 36.73
FOHC/RHC	\$ 49,318	402	176	241	\$ 122.79	\$ 2.47
Other Clinic	\$ 116,675	1,572	332	943	\$ 74.20	\$ 5.83
Other Practitioner	\$ 4,025	55	26	33	\$ 72.98	\$ 0.20
Family Planning Services	\$ 101,243	344	339	206	\$ 294.14	\$ 5.06
Therapies	\$ 944	16	12	10	\$ 57.35	\$ 0.05
Prescribed Drugs	\$ 4,052,211	35,601	1,889	21,353	\$ 113.82	\$ 202.54
Durable Medical Equipment	\$ 131,736	51,751	236	31,040	\$ 2.55	\$ 6.58
Lab and X-ray	\$ 1,992,749	22,411	1,418	13,442	\$ 88.92	\$ 99.60
Optical	\$ 7,360	107	60	64	\$ 68.97	\$ 0.37
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 85,470	1,165	435	699	\$ 73	\$ 4.27
Transportation - NEMT	\$ 123,921	3,549	69	2,129	\$ 35	\$ 6.19
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 24,139	3,267	18	1,960	\$ 7	\$ 1.21
Personal Care	\$ 36,640	9,873	8	5,922	\$ 4	\$ 1.83
Hospice	\$ 8,349	13	1	8	\$ 637	\$ 0.42
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 11,523,625	152,056				\$ 575.98
Inpatient - BH	\$ 689,522	786	102	472	\$ 876.96	\$ 34.46
Outpatient Hospital - BH	\$ 3,970,193	109,877	1,612	65,903	\$ 36.13	\$ 198.44
Emergency Room - BH	\$ 111,926	297	178	178	\$ 377.11	\$ 5.59
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 4,083	17	2	10	\$ 239.66	\$ 0.20
ACT	\$ 68,951	311	12	187	\$ 221.60	\$ 3.45
Community Support	\$ 428,728	27,461	132	16,471	\$ 15.61	\$ 21.43
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 3,071	1,142	2	685	\$ 2.69	\$ 0.15
Crisis Services	\$ 65,868	3,388	80	2,032	\$ 19.44	\$ 3.29
Other BH Services	\$ 92,894	2,276	47	1,365	\$ 40.82	\$ 4.64
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 618,438	48,857	239	29,304	\$ 12.66	\$ 30.91
Subtotal (BH Medical)	\$ 6,053,674	194,413				\$ 302.58
Subtotal (All Medical)	\$ 17,577,299	346,469				\$ 878.56
Care Management for High Risk Pregnancy Payments	\$ 77,958	15,717	N/A	9,427	\$ 4.96	\$ 3.90
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 36,741	14,935	N/A	8,958	\$ 2.46	\$ 1.84
Subtotal (Care Management/Medical Home Payments)	\$ 114,699	30,653				\$ 5.73
Total	\$ 17,691,998	377,121				\$ 884.29

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 45

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	12,861
Average Monthly Members/Deliveries:	1,072
Eligibles:	1,343

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,119,989	916	34	854	\$ 1,223.12	\$ 87.08
Outpatient Hospital - Facility	\$ 174,287	841	334	785	\$ 207.18	\$ 13.55
Outpatient Hospital - Professional	\$ 57,528	562	239	524	\$ 102.36	\$ 4.47
Emergency Room - PH	\$ 303,331	873	438	815	\$ 347.36	\$ 23.59
Physician - Primary Care	\$ 301,297	3,753	949	3,501	\$ 80.29	\$ 23.43
Physician - Specialty	\$ 191,520	1,472	482	1,373	\$ 130.13	\$ 14.89
FOHC/RHC	\$ 24,359	225	88	210	\$ 108.33	\$ 1.89
Other Clinic	\$ 62,938	760	584	709	\$ 82.81	\$ 4.89
Other Practitioner	\$ 1,465	14	9	13	\$ 102.92	\$ 0.11
Family Planning Services	\$ 40,737	116	111	108	\$ 351.39	\$ 3.17
Therapies	\$ 283,396	2,592	135	2,418	\$ 109.36	\$ 22.04
Prescribed Drugs	\$ 3,379,426	28,150	1,121	26,265	\$ 120.05	\$ 262.77
Durable Medical Equipment	\$ 285,097	147,208	168	137,353	\$ 1.94	\$ 22.17
Lab and X-ray	\$ 163,136	4,526	453	4,223	\$ 36.04	\$ 12.68
Optical	\$ 38,571	1,145	378	1,068	\$ 33.70	\$ 3.00
Limited Dental Services	\$ 100	4	2	4	\$ 24.97	\$ 0.01
Transportation - Ambulance	\$ 23,360	323	131	301	\$ 72	\$ 1.82
Transportation - NEMT	\$ 28,327	1,062	11	991	\$ 27	\$ 2.20
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 213,853	24,139	4	22,523	\$ 9	\$ 16.63
Personal Care	\$ 15,771	4,303	3	4,015	\$ 4	\$ 1.23
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 82,405	10,473	8	9,772	\$ 7.87	\$ 6.41
Subtotal (Acute/LTSS Medical)	\$ 6,790,893	233,455				\$ 528.02
Inpatient - BH	\$ 5,078,234	6,232	151	5,815	\$ 814.90	\$ 394.86
Outpatient Hospital - BH	\$ 1,836,125	21,630	976	20,182	\$ 84.89	\$ 142.77
Emergency Room - BH	\$ 104,063	347	132	324	\$ 299.86	\$ 8.09
ICF/IID	\$ 893,222	2,532	129	2,363	\$ 352.74	\$ 69.45
PRTF	\$ 7,077,002	14,628	106	13,649	\$ 483.80	\$ 550.27
BH Long-term Residential	\$ 14,613,463	122,692	542	114,479	\$ 119.11	\$ 1,136.26
MST	\$ 371,638	1,765	38	1,646	\$ 210.61	\$ 28.90
IIHS	\$ 3,018,210	10,729	279	10,011	\$ 281.30	\$ 234.68
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ 15,965	1,050	6	980	\$ 15.20	\$ 1.24
Partial Hosp/Day Tx	\$ 398,982	12,382	49	11,553	\$ 32.22	\$ 31.02
Psych Rehab	\$ 8,228	3,059	2	2,854	\$ 2.69	\$ 0.64
Crisis Services	\$ 124,053	1,147	77	1,070	\$ 108.18	\$ 9.65
Other BH Services	\$ 14,699	305	28	285	\$ 48.13	\$ 1.14
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 66,680	10,073	29	9,399	\$ 6.62	\$ 5.18
Subtotal (BH Medical)	\$ 33,620,562	208,571				\$ 2,614.15
Subtotal (All Medical)	\$ 40,411,455	442,027				\$ 3,142.17
Care Management for High Risk Pregnancy Payments	\$ 13,849	2,792	N/A	2,605	\$ 4.96	\$ 1.08
Care Management for At-Risk Children Payments	\$ 1,655	363	N/A	339	\$ 4.56	\$ 0.13
Medical Home Payments	\$ 26,916	10,561	N/A	9,854	\$ 2.55	\$ 2.09
Subtotal (Care Management/Medical Home Payments)	\$ 42,419	13,716				\$ 3.30
Total	\$ 40,453,874	455,743				\$ 3,145.47

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 46

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	13,777
Average Monthly Members/Deliveries:	1,148
Eligibles:	1,222

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 551,597	639	73	557	\$ 862.88	\$ 40.04
Outpatient Hospital - Facility	\$ 566,261	1,820	532	1,585	\$ 311.12	\$ 41.10
Outpatient Hospital - Professional	\$ 103,828	1,170	405	1,019	\$ 88.71	\$ 7.54
Emergency Room - PH	\$ 209,739	586	290	510	\$ 358.12	\$ 15.22
Physician - Primary Care	\$ 254,639	3,512	888	3,059	\$ 72.51	\$ 18.48
Physician - Specialty	\$ 262,716	2,643	693	2,302	\$ 99.42	\$ 19.07
FOHC/RHC	\$ 17,439	169	65	148	\$ 102.92	\$ 1.27
Other Clinic	\$ 35,719	187	136	163	\$ 191.02	\$ 2.59
Other Practitioner	\$ 5,362	82	37	71	\$ 65.56	\$ 0.39
Family Planning Services	\$ 43,394	140	131	122	\$ 310.31	\$ 3.15
Therapies	\$ 368,063	4,372	161	3,808	\$ 84.19	\$ 26.72
Prescribed Drugs	\$ 5,517,336	40,168	1,013	34,987	\$ 137.36	\$ 400.47
Durable Medical Equipment	\$ 1,582,993	1,180,550	490	1,028,279	\$ 1.34	\$ 114.90
Lab and X-ray	\$ 60,015	2,937	295	2,558	\$ 20.43	\$ 4.36
Optical	\$ 10,798	287	123	250	\$ 37.66	\$ 0.78
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 20,255	310	90	270	\$ 65	\$ 1.47
Transportation - NEMT	\$ 100,156	2,429	21	2,116	\$ 41	\$ 7.27
Nursing Home	\$ 51,289	290	3	253	\$ 177	\$ 3.72
Home Health	\$ 372,405	42,600	22	37,105	\$ 9	\$ 27.03
Personal Care	\$ 5,465	1,603	1	1,396	\$ 3	\$ 0.40
Hospice	\$ 2,971	16	1	14	\$ 180	\$ 0.22
Other HCBS Waiver Services	\$ 5,051	4,297	10	3,743	\$ 1.18	\$ 0.37
Subtotal (Acute/LTSS Medical)	\$ 10,147,490	1,290,808				\$ 736.55
Inpatient - BH	\$ 502,697	625	13	545	\$ 803.94	\$ 36.49
Outpatient Hospital - BH	\$ 601,546	13,660	406	11,898	\$ 44.04	\$ 43.66
Emergency Room - BH	\$ 26,058	76	29	66	\$ 342.05	\$ 1.89
ICF/IID	\$ 956,987	1,866	15	1,625	\$ 512.96	\$ 69.46
PRTF	\$ 388,527	479	4	417	\$ 810.68	\$ 28.20
BH Long-term Residential	\$ 1,095	12	1	10	\$ 91.24	\$ 0.08
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 49,184	205	4	179	\$ 239.66	\$ 3.57
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ 12,384	394	1	343	\$ 31.41	\$ 0.90
Psych Rehab	\$ 7,713	2,867	3	2,498	\$ 2.69	\$ 0.56
Crisis Services	\$ 869	2	2	2	\$ 432.38	\$ 0.06
Other BH Services	\$ 849	15	7	13	\$ 56.08	\$ 0.06
Innovations - Day Support	\$ 8,197,768	372,330	418	324,305	\$ 22.02	\$ 595.03
Innovations - In-Home Services	\$ 27,516,267	5,318,151	1,021	4,632,200	\$ 5.17	\$ 1,997.26
Innovations - Other	\$ 679,831	76,167	452	66,343	\$ 8.93	\$ 49.35
Innovations - Personal Care	\$ 257,590	72,350	130	63,018	\$ 3.56	\$ 18.70
Innovations - Residential Supports	\$ 13,245,213	82,971	272	72,269	\$ 159.64	\$ 961.40
Innovations - Respite	\$ 1,670,462	462,344	705	402,709	\$ 3.61	\$ 121.25
Innovations - Supported Employment	\$ 1,079,682	145,938	139	127,114	\$ 7.40	\$ 78.37
B3 Services	\$ 8,508	605	2	527	\$ 14.06	\$ 0.62
Subtotal (BH Medical)	\$ 55,203,230	6,551,058				\$ 4,006.91
Subtotal (All Medical)	\$ 65,350,720	7,841,866				\$ 4,743.47
Care Management for High Risk Pregnancy Payments	\$ 20,132	4,059	N/A	3,535	\$ 4.96	\$ 1.46
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 58,261	11,902	N/A	10,367	\$ 4.89	\$ 4.23
Subtotal (Care Management/Medical Home Payments)	\$ 78,393	15,961				\$ 5.69
Total	\$ 65,429,113	7,857,828				\$ 4,749.16

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 47

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	6,917
Average Monthly Members/Deliveries:	576
Eligibles:	692

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 762,507	475	-	825	\$ 1,603.92	\$ 110.24
Outpatient Hospital - BH	\$ 161,094	3,865	-	6,705	\$ 41.68	\$ 23.29
Emergency Room - BH	\$ 7,777	65	-	112	\$ 120.42	\$ 1.12
ICF/IID	\$ 8,116,904	14,770	-	25,624	\$ 549.55	\$ 1,173.47
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 595,930	2,722	-	4,722	\$ 218.94	\$ 86.15
Community Support	\$ 27,129	1,776	-	3,081	\$ 15.28	\$ 3.92
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 554,143	197,332	-	342,343	\$ 2.81	\$ 80.11
Crisis Services	\$ 21,890	1,187	-	2,059	\$ 18.44	\$ 3.16
Other BH Services	\$ 1,640	680	32	1,179	\$ 2.41	\$ 0.24
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 154,581	12,718	-	22,064	\$ 12.15	\$ 22.35
Subtotal (BH Medical)	\$ 10,403,594	235,590	-	-	\$ -	\$ 1,504.06
Subtotal (All Medical)	\$ 10,403,594	235,590	-	-	\$ -	\$ 1,504.06
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 19,167	4,041	N/A	7,011	\$ 4.74	\$ 2.77
Subtotal (Care Management/Medical Home Payments)	\$ 19,167	4,041	-	-	\$ -	\$ 2.77
Total	\$ 10,422,762	239,631	-	-	\$ -	\$ 1,506.83

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 48

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	39,842
Average Monthly Members/Deliveries:	3,320
Eligibles:	3,896

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 490,700	671	-	202	\$ 731.40	\$ 12.32
Outpatient Hospital - BH	\$ 1,747,669	39,492	-	11,895	\$ 44.25	\$ 43.86
Emergency Room - BH	\$ 68,434	637	-	192	\$ 107.44	\$ 1.72
ICF/IID	\$ 31,705,884	77,869	-	23,453	\$ 407.17	\$ 795.79
PRTF	\$ 3,097	6	-	2	\$ 516.18	\$ 0.08
BH Long-term Residential	\$ 56,974	604	-	182	\$ 94.25	\$ 1.43
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 7,260	13	-	4	\$ 557.35	\$ 0.18
ACT	\$ 5,286,232	24,947	-	7,514	\$ 211.89	\$ 132.68
Community Support	\$ 894,646	56,294	-	16,955	\$ 15.89	\$ 22.45
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 3,940,533	1,408,007	-	424,077	\$ 2.80	\$ 98.90
Crisis Services	\$ 272,836	15,010	-	4,521	\$ 18.18	\$ 6.85
Other BH Services	\$ 8,089	2,193	183	661	\$ 3.69	\$ 0.20
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,117,545	170,437	-	51,334	\$ 12.42	\$ 53.15
Subtotal (BH Medical)	\$ 46,599,899	1,796,181	-	-	\$ -	\$ 1,169.62
Subtotal (All Medical)	\$ 46,599,899	1,796,181	-	-	\$ -	\$ 1,169.62
Care Management for High Risk Pregnancy Payments	\$ 36,769	7,413	N/A	2,233	\$ 4.96	\$ 0.92
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 126,618	26,262	N/A	7,910	\$ 4.82	\$ 3.18
Subtotal (Care Management/Medical Home Payments)	\$ 163,387	33,675	-	-	\$ -	\$ 4.10
Total	\$ 46,763,286	1,829,856	-	-	\$ -	\$ 1,173.72

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 49

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	8,366
Average Monthly Members/Deliveries:	697
Eligibles:	739

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 16,008	4	-	6	\$ 3,737.55	\$ 1.91
Outpatient Hospital - BH	\$ 45,062	1,549	-	2,222	\$ 29.09	\$ 5.39
Emergency Room - BH	\$ 1,753	22	-	32	\$ 79.43	\$ 0.21
ICF/IID	\$ 177,194	355	-	509	\$ 499.53	\$ 21.18
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 4,216	13	-	19	\$ 323.99	\$ 0.50
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 38,883	11,667	-	16,734	\$ 3.33	\$ 4.65
Crisis Services	\$ 2,553	160	-	230	\$ 15.93	\$ 0.31
Other BH Services	\$ 888	192	26	275	\$ 4.63	\$ 0.11
Innovations - Day Support	\$ 8,760,195	411,406	-	590,111	\$ 21.29	\$ 1,047.12
Innovations - In-Home Services	\$ 13,714,365	2,650,577	-	3,801,927	\$ 5.17	\$ 1,639.30
Innovations - Other	\$ 293,325	54,251	-	77,817	\$ 5.41	\$ 35.06
Innovations - Personal Care	\$ 114,512	32,348	-	46,399	\$ 3.54	\$ 13.69
Innovations - Residential Supports	\$ 17,157,031	109,950	-	157,710	\$ 156.04	\$ 2,050.80
Innovations - Respite	\$ 917,852	240,488	-	344,950	\$ 3.82	\$ 109.71
Innovations - Supported Employment	\$ 1,640,209	222,342	-	318,923	\$ 7.38	\$ 196.06
B3 Services	\$ 480	40	-	57	\$ 12.00	\$ 0.06
Subtotal (BH Medical)	\$ 42,884,525	3,735,364				\$ 5,126.05
Subtotal (All Medical)	\$ 42,884,525	3,735,364				\$ 5,126.05
Care Management for High Risk Pregnancy Payments	\$ 9,449	1,905	N/A	2,732	\$ 4.96	\$ 1.13
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 30,571	6,334	N/A	9,085	\$ 4.83	\$ 3.65
Subtotal (Care Management/Medical Home Payments)	\$ 40,019	8,238				\$ 4.78
Total	\$ 42,924,544	3,743,602				\$ 5,130.83

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 50

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 5

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	318
Average Monthly Members/Deliveries:	27
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 828,815	1,124	321	42,404	\$ 737.57	\$ 2,606.34
Outpatient Hospital - Facility	\$ 164,465	1,117	302	42,147	\$ 147.25	\$ 517.19
Outpatient Hospital - Professional	\$ 41,008	566	228	21,352	\$ 72.48	\$ 128.96
Emergency Room - PH	\$ 291,760	691	297	26,062	\$ 422.44	\$ 917.48
Physician - Primary Care	\$ 437,271	1,728	457	65,214	\$ 253.03	\$ 1,375.07
Physician - Specialty	\$ 137,185	897	378	33,860	\$ 152.89	\$ 431.40
FOHC/RHC	\$ 4,409	31	28	1,152	\$ 144.39	\$ 13.87
Other Clinic	\$ 43,792	307	141	11,568	\$ 142.85	\$ 137.71
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 11,656	66	66	2,504	\$ 175.69	\$ 36.65
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 741	16	15	586	\$ 47.69	\$ 2.33
Lab and X-ray	\$ 33,365	883	111	33,314	\$ 37.79	\$ 104.92
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 11,546	162	89	6,111	\$ 71	\$ 36.31
Transportation - NEMT	\$ 73	2	1	60	\$ 45	\$ 0.23
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 1,871	1,646	1	62,121	\$ 1	\$ 5.88
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 2,007,957	9,234				\$ 6,314.33
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 273	3	3	116	\$ 88.91	\$ 0.86
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 273	3				\$ 0.86
Subtotal (All Medical)	\$ 2,008,230	9,237				\$ 6,315.19
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 2,008,230	9,237				\$ 6,315.19

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 51

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	22,992
Average Monthly Members/Deliveries:	1,916
Eligibles:	2,287

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,351,442	1,114	99	581	\$ 1,213.12	\$ 58.78
Outpatient Hospital - Facility	\$ 733,800	2,180	624	1,138	\$ 336.64	\$ 31.92
Outpatient Hospital - Professional	\$ 148,854	1,052	424	549	\$ 141.54	\$ 6.47
Emergency Room - PH	\$ 477,886	1,482	747	773	\$ 322.56	\$ 20.78
Physician - Primary Care	\$ 491,081	6,853	1,520	3,577	\$ 71.66	\$ 21.36
Physician - Specialty	\$ 458,943	3,342	941	1,744	\$ 137.34	\$ 19.96
FOHC/RHC	\$ 87,002	862	291	450	\$ 100.89	\$ 3.78
Other Clinic	\$ 83,459	1,026	821	536	\$ 81.33	\$ 3.63
Other Practitioner	\$ 3,612	47	25	25	\$ 76.29	\$ 0.16
Family Planning Services	\$ 24,501	94	92	49	\$ 260.72	\$ 1.07
Therapies	\$ 1,204,542	10,532	442	5,497	\$ 114.37	\$ 52.39
Prescribed Drugs	\$ 6,021,844	39,040	1,852	20,376	\$ 154.25	\$ 261.91
Durable Medical Equipment	\$ 1,085,296	588,449	397	307,123	\$ 1.84	\$ 47.20
Lab and X-ray	\$ 225,267	4,867	556	2,540	\$ 46.28	\$ 9.80
Optical	\$ 49,361	1,526	489	797	\$ 32.34	\$ 2.15
Limited Dental Services	\$ 1,513	61	25	32	\$ 24.69	\$ 0.07
Transportation - Ambulance	\$ 66,693	561	181	293	\$ 119	\$ 2.90
Transportation - NEMT	\$ 68,946	788	51	411	\$ 87	\$ 3.00
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 1,291,616	156,673	28	81,771	\$ 8	\$ 56.18
Personal Care	\$ 303,823	81,495	23	42,534	\$ 4	\$ 13.21
Hospice	\$ 19,314	151	1	79	\$ 128	\$ 0.84
Other HCBS Waiver Services	\$ 57	4	1	2	\$ 13.90	\$ 0.00
Subtotal (Acute/LTSS Medical)	\$ 14,198,850	902,200				\$ 617.56
Inpatient - BH	\$ 1,310,660	1,536	92	801	\$ 853.49	\$ 57.01
Outpatient Hospital - BH	\$ 1,392,064	17,376	1,041	9,069	\$ 80.11	\$ 60.55
Emergency Room - BH	\$ 120,977	392	131	204	\$ 308.99	\$ 5.26
ICF/IID	\$ 5,843,684	16,530	81	8,627	\$ 353.53	\$ 254.16
PRTF	\$ 3,119,623	6,439	36	3,360	\$ 484.52	\$ 135.68
BH Long-term Residential	\$ 1,755,892	12,309	72	6,424	\$ 142.65	\$ 76.37
MST	\$ 87,556	2,373	11	1,238	\$ 36.90	\$ 3.81
IIHS	\$ 1,915,419	7,451	178	3,889	\$ 257.08	\$ 83.31
ACT	\$ 36,587	224	5	117	\$ 163.23	\$ 1.59
Community Support	\$ 47,878	3,302	12	1,723	\$ 14.50	\$ 2.08
Partial Hosp/Day Tx	\$ 950,365	30,287	108	15,808	\$ 31.38	\$ 41.33
Psych Rehab	\$ 24,652	9,164	5	4,783	\$ 2.69	\$ 1.07
Crisis Services	\$ 10,797	370	31	193	\$ 29.20	\$ 0.47
Other BH Services	\$ 29,272	1,604	35	837	\$ 18.25	\$ 1.27
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 101,642	19,530	52	10,193	\$ 5.20	\$ 4.42
Subtotal (BH Medical)	\$ 16,747,068	128,885				\$ 728.39
Subtotal (All Medical)	\$ 30,945,918	1,031,084				\$ 1,345.94
Care Management for High Risk Pregnancy Payments	\$ 13,457	2,713	N/A	1,416	\$ 4.96	\$ 0.59
Care Management for At-Risk Children Payments	\$ 369	81	N/A	42	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 106,282	21,835	N/A	11,396	\$ 4.87	\$ 4.62
Subtotal (Care Management/Medical Home Payments)	\$ 120,107	24,629				\$ 5.22
Total	\$ 31,066,025	1,055,713				\$ 1,351.17

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 52

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	34,009
Average Monthly Members/Deliveries:	2,834
Eligibles:	3,408

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 4,105,569	4,606	478	1,625	\$ 891.28	\$ 120.72
Outpatient Hospital - Facility	\$ 1,493,665	4,530	1,346	1,598	\$ 329.73	\$ 43.92
Outpatient Hospital - Professional	\$ 359,615	3,108	1,085	1,097	\$ 115.70	\$ 10.57
Emergency Room - PH	\$ 2,847,197	6,070	1,746	2,142	\$ 469.06	\$ 83.72
Physician - Primary Care	\$ 1,408,987	14,412	2,060	5,085	\$ 97.76	\$ 41.43
Physician - Specialty	\$ 1,623,779	12,221	2,081	4,312	\$ 132.86	\$ 47.75
FOHC/RHC	\$ 409,690	3,687	1,050	1,301	\$ 111.11	\$ 12.05
Other Clinic	\$ 445,051	1,042	374	368	\$ 427.19	\$ 13.09
Other Practitioner	\$ 34,302	489	206	172	\$ 70.21	\$ 1.01
Family Planning Services	\$ 50,600	212	175	75	\$ 238.20	\$ 1.49
Therapies	\$ 856	16	13	6	\$ 51.93	\$ 0.03
Prescribed Drugs	\$ 16,546,151	121,166	2,922	42,753	\$ 136.56	\$ 486.52
Durable Medical Equipment	\$ 1,362,913	598,840	834	211,299	\$ 2.28	\$ 40.08
Lab and X-ray	\$ 1,264,038	27,711	2,034	9,778	\$ 45.62	\$ 37.17
Optical	\$ 47,062	689	349	243	\$ 68.30	\$ 1.38
Limited Dental Services	\$ 605	613	1	216	\$ 0.99	\$ 0.02
Transportation - Ambulance	\$ 305,927	3,807	989	1,343	\$ 80	\$ 9.00
Transportation - NEMT	\$ 728,878	23,444	445	8,272	\$ 31	\$ 21.43
Nursing Home	\$ 286,729	1,692	28	597	\$ 169	\$ 8.43
Home Health	\$ 1,081,574	109,806	231	38,745	\$ 10	\$ 31.80
Personal Care	\$ 4,500,595	1,208,810	463	426,526	\$ 4	\$ 132.34
Hospice	\$ 163,902	995	17	351	\$ 165	\$ 4.82
Other HCBS Waiver Services	\$ 2,144	629	1	222	\$ 3.41	\$ 0.06
Subtotal (Acute/LTSS Medical)	\$ 39,069,831	2,148,595				\$ 1,148.81
Inpatient - BH	\$ 3,106,834	3,647	338	1,287	\$ 851.89	\$ 91.35
Outpatient Hospital - BH	\$ 6,412,555	120,029	2,130	42,352	\$ 53.42	\$ 188.55
Emergency Room - BH	\$ 482,399	1,430	458	505	\$ 337.23	\$ 14.18
ICF/IID	\$ 13,013,210	37,132	110	13,102	\$ 350.46	\$ 382.64
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 2,641,458	15,269	247	5,388	\$ 173.00	\$ 77.67
Community Support	\$ 643,253	46,848	190	16,530	\$ 13.73	\$ 18.91
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,769,623	657,948	227	232,156	\$ 2.69	\$ 52.03
Crisis Services	\$ 64,073	3,269	92	1,153	\$ 19.60	\$ 1.88
Other BH Services	\$ 566	8	4	3	\$ 70.17	\$ 0.02
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 385,291	26,393	56	9,313	\$ 14.60	\$ 11.33
Subtotal (BH Medical)	\$ 28,519,262	911,974				\$ 838.58
Subtotal (All Medical)	\$ 67,589,093	3,060,569				\$ 1,987.39
Care Management for High Risk Pregnancy Payments	\$ 38,216	7,705	N/A	2,719	\$ 4.96	\$ 1.12
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 143,242	30,306	N/A	10,693	\$ 4.73	\$ 4.21
Subtotal (Care Management/Medical Home Payments)	\$ 181,458	38,011				\$ 5.34
Total	\$ 67,770,552	3,098,580				\$ 1,992.72

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 53

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	39,620
Average Monthly Members/Deliveries:	3,302
Eligibles:	4,352

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 962,306	649	90	197	\$ 1,482.83	\$ 24.29
Outpatient Hospital - Facility	\$ 598,857	1,909	787	578	\$ 313.77	\$ 15.12
Outpatient Hospital - Professional	\$ 120,640	890	507	270	\$ 135.54	\$ 3.04
Emergency Room - PH	\$ 1,026,683	3,000	1,521	909	\$ 342.25	\$ 25.91
Physician - Primary Care	\$ 628,143	8,962	2,479	2,714	\$ 70.09	\$ 15.85
Physician - Specialty	\$ 461,150	4,281	1,415	1,297	\$ 107.72	\$ 11.64
FOHC/RHC	\$ 138,932	1,433	531	434	\$ 96.95	\$ 3.51
Other Clinic	\$ 125,651	1,587	1,280	481	\$ 79.17	\$ 3.17
Other Practitioner	\$ 4,560	52	31	16	\$ 88.41	\$ 0.12
Family Planning Services	\$ 100,098	369	334	112	\$ 271.10	\$ 2.53
Therapies	\$ 691,230	5,765	328	1,746	\$ 119.91	\$ 17.45
Prescribed Drugs	\$ 4,997,273	39,858	3,078	12,072	\$ 125.38	\$ 126.13
Durable Medical Equipment	\$ 246,259	159,295	288	48,247	\$ 1.55	\$ 6.22
Lab and X-ray	\$ 396,151	7,861	967	2,381	\$ 50.40	\$ 10.00
Optical	\$ 78,478	2,520	782	763	\$ 31.15	\$ 1.98
Limited Dental Services	\$ 1,979	80	25	24	\$ 24.79	\$ 0.05
Transportation - Ambulance	\$ 70,794	730	340	221	\$ 97	\$ 1.79
Transportation - NEMT	\$ 31,374	555	61	168	\$ 56	\$ 0.79
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 33,402	2,628	11	796	\$ 13	\$ 0.84
Personal Care	\$ 39,431	10,456	3	3,167	\$ 4	\$ 1.00
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 10,753,392	252,878				\$ 271.41
Inpatient - BH	\$ 1,426,976	1,972	171	597	\$ 723.57	\$ 36.02
Outpatient Hospital - BH	\$ 2,192,691	25,746	2,003	7,798	\$ 85.17	\$ 55.34
Emergency Room - BH	\$ 146,348	438	229	133	\$ 333.83	\$ 3.69
ICF/IID	\$ 120,472	498	44	151	\$ 241.99	\$ 3.04
PRTF	\$ 2,935,026	6,173	69	1,870	\$ 475.49	\$ 74.08
BH Long-term Residential	\$ 1,927,561	14,637	99	4,433	\$ 131.69	\$ 48.65
MST	\$ 281,174	6,373	26	1,930	\$ 44.12	\$ 7.10
IIHS	\$ 6,199,803	24,235	563	7,340	\$ 255.82	\$ 156.48
ACT	\$ 42,209	193	6	58	\$ 218.59	\$ 1.07
Community Support	\$ 105,963	7,593	32	2,300	\$ 13.96	\$ 2.67
Partial Hosp/Day Tx	\$ 1,638,488	52,274	192	15,833	\$ 31.34	\$ 41.36
Psych Rehab	\$ 27,932	10,384	4	3,145	\$ 2.69	\$ 0.70
Crisis Services	\$ 26,253	952	74	288	\$ 27.57	\$ 0.66
Other BH Services	\$ 625,286	6,605	164	2,001	\$ 94.66	\$ 15.78
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 32,397	6,259	18	1,896	\$ 5.18	\$ 0.82
Subtotal (BH Medical)	\$ 17,728,578	164,333				\$ 447.47
Subtotal (All Medical)	\$ 28,481,969	417,211				\$ 718.88
Care Management for High Risk Pregnancy Payments	\$ 45,684	9,210	N/A	2,790	\$ 4.96	\$ 1.15
Care Management for At-Risk Children Payments	\$ 7,356	1,613	N/A	489	\$ 4.56	\$ 0.19
Medical Home Payments	\$ 93,402	37,626	N/A	11,396	\$ 2.48	\$ 2.36
Subtotal (Care Management/Medical Home Payments)	\$ 146,442	48,449				\$ 3.70
Total	\$ 28,628,411	465,660				\$ 722.57

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 54

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	24,865
Average Monthly Members/Deliveries:	2,072
Eligibles:	3,013

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 1,116,302	1,186	159	573	\$ 941.01	\$ 44.89
Outpatient Hospital - Facility	\$ 622,703	1,791	776	864	\$ 347.78	\$ 25.04
Outpatient Hospital - Professional	\$ 155,959	1,159	571	559	\$ 134.56	\$ 6.27
Emergency Room - PH	\$ 1,863,291	4,247	1,577	2,050	\$ 438.70	\$ 74.94
Physician - Primary Care	\$ 685,616	6,709	1,423	3,238	\$ 102.20	\$ 27.57
Physician - Specialty	\$ 705,561	6,575	1,409	3,173	\$ 107.32	\$ 28.38
FOHC/RHC	\$ 205,509	1,981	693	956	\$ 103.77	\$ 8.26
Other Clinic	\$ 63,116	748	347	361	\$ 84.33	\$ 2.54
Other Practitioner	\$ 9,564	135	70	65	\$ 70.61	\$ 0.38
Family Planning Services	\$ 129,228	552	452	267	\$ 233.91	\$ 5.20
Therapies	\$ 162	4	4	2	\$ 40.00	\$ 0.01
Prescribed Drugs	\$ 3,462,512	36,034	2,225	17,390	\$ 96.09	\$ 139.25
Durable Medical Equipment	\$ 147,909	55,586	239	26,826	\$ 2.66	\$ 5.95
Lab and X-ray	\$ 1,755,256	25,670	1,689	12,389	\$ 68.38	\$ 70.59
Optical	\$ 10,160	139	91	67	\$ 73.00	\$ 0.41
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 99,376	1,131	497	546	\$ 88	\$ 4.00
Transportation - NEMT	\$ 68,695	1,826	92	881	\$ 38	\$ 2.76
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 18,203	4,685	18	2,261	\$ 4	\$ 0.73
Personal Care	\$ 81,344	21,463	12	10,358	\$ 4	\$ 3.27
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 11,200,465	171,621				\$ 450.45
Inpatient - BH	\$ 589,215	691	101	334	\$ 852.58	\$ 23.70
Outpatient Hospital - BH	\$ 6,100,152	137,051	1,793	66,142	\$ 44.51	\$ 245.33
Emergency Room - BH	\$ 133,684	381	228	184	\$ 350.61	\$ 5.38
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 119,118	651	16	314	\$ 182.90	\$ 4.79
Community Support	\$ 423,986	29,250	150	14,116	\$ 14.50	\$ 17.05
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 219,607	81,638	42	39,399	\$ 2.69	\$ 8.83
Crisis Services	\$ 55,458	3,141	67	1,516	\$ 17.66	\$ 2.23
Other BH Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 208,978	16,009	56	7,726	\$ 13.05	\$ 8.40
Subtotal (BH Medical)	\$ 7,850,198	268,813				\$ 315.71
Subtotal (All Medical)	\$ 19,050,663	440,435				\$ 766.16
Care Management for High Risk Pregnancy Payments	\$ 99,955	20,152	N/A	9,726	\$ 4.96	\$ 4.02
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 48,448	20,190	N/A	9,744	\$ 2.40	\$ 1.95
Subtotal (Care Management/Medical Home Payments)	\$ 148,403	40,342				\$ 5.97
Total	\$ 19,199,066	480,776				\$ 772.13

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 55

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	4,102
Average Monthly Members/Deliveries:	342
Eligibles:	470

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 22,933	21	7	60	\$ 1,109.91	\$ 5.59
Outpatient Hospital - Facility	\$ 42,341	213	110	622	\$ 199.02	\$ 10.32
Outpatient Hospital - Professional	\$ 7,739	72	48	210	\$ 108.04	\$ 1.89
Emergency Room - PH	\$ 77,502	263	153	769	\$ 294.69	\$ 18.89
Physician - Primary Care	\$ 79,772	1,158	309	3,389	\$ 68.86	\$ 19.45
Physician - Specialty	\$ 26,261	285	142	834	\$ 92.07	\$ 6.40
FOHC/RHC	\$ 19,966	205	72	600	\$ 97.28	\$ 4.87
Other Clinic	\$ 23,086	300	199	878	\$ 76.92	\$ 5.63
Other Practitioner	\$ 536	4	4	12	\$ 131.05	\$ 0.13
Family Planning Services	\$ 18,680	74	50	216	\$ 252.59	\$ 4.55
Therapies	\$ 73,789	565	27	1,652	\$ 130.67	\$ 17.99
Prescribed Drugs	\$ 987,110	9,327	383	27,285	\$ 105.84	\$ 240.64
Durable Medical Equipment	\$ 73,053	40,467	51	118,381	\$ 1.81	\$ 17.81
Lab and X-ray	\$ 80,457	2,343	159	6,855	\$ 34.34	\$ 19.61
Optical	\$ 13,067	394	124	1,152	\$ 33.20	\$ 3.19
Limited Dental Services	\$ 149	6	2	18	\$ 24.71	\$ 0.04
Transportation - Ambulance	\$ 6,340	78	41	228	\$ 81	\$ 1.55
Transportation - NEMT	\$ 7,084	179	6	524	\$ 40	\$ 1.73
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 27,971	6,997	1	20,469	\$ 4.00	\$ 6.82
Subtotal (Acute/LTSS Medical)	\$ 1,587,835	62,950				\$ 387.09
Inpatient - BH	\$ 435,830	711	43	2,080	\$ 612.93	\$ 106.25
Outpatient Hospital - BH	\$ 692,649	5,058	314	14,797	\$ 136.94	\$ 168.86
Emergency Room - BH	\$ 37,675	139	59	407	\$ 270.56	\$ 9.18
ICF/IID	\$ 111,405	430	41	1,258	\$ 259.00	\$ 27.16
PRTF	\$ 2,762,770	5,818	40	17,020	\$ 474.87	\$ 673.52
BH Long-term Residential	\$ 4,219,153	35,124	181	102,752	\$ 120.12	\$ 1,028.56
MST	\$ 7,011	90	1	262	\$ 78.17	\$ 1.71
IIHS	\$ 908,932	3,379	95	9,886	\$ 268.97	\$ 221.58
ACT	\$ 13,576	81	1	237	\$ 167.51	\$ 3.31
Community Support	\$ 12,336	2,195	1	6,422	\$ 5.62	\$ 3.01
Partial Hosp/Day Tx	\$ 262,165	8,353	24	24,437	\$ 31.38	\$ 63.91
Psych Rehab	\$ 22	8	1	24	\$ 2.69	\$ 0.01
Crisis Services	\$ 5,338	163	16	478	\$ 32.67	\$ 1.30
Other BH Services	\$ 125	1	1	3	\$ 124.45	\$ 0.03
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 64,573	3,424	6	10,017	\$ 18.86	\$ 15.74
Subtotal (BH Medical)	\$ 9,533,560	64,976				\$ 2,324.72
Subtotal (All Medical)	\$ 11,121,396	127,926				\$ 2,711.21
Care Management for High Risk Pregnancy Payments	\$ 4,451	897	N/A	2,625	\$ 4.96	\$ 1.09
Care Management for At-Risk Children Payments	\$ 301	66	N/A	193	\$ 4.56	\$ 0.07
Medical Home Payments	\$ 9,606	3,720	N/A	10,883	\$ 2.58	\$ 2.34
Subtotal (Care Management/Medical Home Payments)	\$ 14,358	4,683				\$ 3.50
Total	\$ 11,135,753	132,610				\$ 2,714.71

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 56

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	7,070
Average Monthly Members/Deliveries:	589
Eligibles:	649

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 522,916	529	47	897	\$ 989.13	\$ 73.96
Outpatient Hospital - Facility	\$ 376,195	977	291	1,658	\$ 385.16	\$ 53.21
Outpatient Hospital - Professional	\$ 54,992	502	189	853	\$ 109.48	\$ 7.78
Emergency Room - PH	\$ 131,822	342	179	580	\$ 385.44	\$ 18.65
Physician - Primary Care	\$ 162,147	2,143	454	3,638	\$ 75.65	\$ 22.93
Physician - Specialty	\$ 177,972	1,610	352	2,733	\$ 110.52	\$ 25.17
FOHC/RHC	\$ 39,192	426	120	724	\$ 91.94	\$ 5.54
Other Clinic	\$ 42,984	160	105	272	\$ 268.03	\$ 6.08
Other Practitioner	\$ 4,492	80	37	135	\$ 56.35	\$ 0.64
Family Planning Services	\$ 24,711	54	72	92	\$ 454.87	\$ 3.50
Therapies	\$ 66,057	710	51	1,204	\$ 93.09	\$ 9.34
Prescribed Drugs	\$ 3,630,523	26,919	574	45,690	\$ 134.87	\$ 513.51
Durable Medical Equipment	\$ 1,031,123	742,001	283	1,259,408	\$ 1.39	\$ 145.84
Lab and X-ray	\$ 34,112	1,962	226	3,331	\$ 17.38	\$ 4.82
Optical	\$ 9,556	213	113	361	\$ 44.90	\$ 1.35
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 13,110	144	57	245	\$ 91	\$ 1.85
Transportation - NEMT	\$ 29,170	357	11	607	\$ 82	\$ 4.13
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 465,319	63,248	31	107,351	\$ 7	\$ 65.82
Personal Care	\$ 9,140	2,446	3	4,152	\$ 4	\$ 1.29
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 2,598	3,049	2	5,175	\$ 0.85	\$ 0.37
Subtotal (Acute/LTSS Medical)	\$ 6,828,133	847,874				\$ 965.79
Inpatient - BH	\$ 77,748	61	7	104	\$ 1,273.04	\$ 11.00
Outpatient Hospital - BH	\$ 213,370	1,772	233	3,008	\$ 120.41	\$ 30.18
Emergency Room - BH	\$ 15,347	53	20	90	\$ 288.01	\$ 2.17
ICF/IID	\$ 170,561	579	6	983	\$ 294.62	\$ 24.12
PRTF	\$ 81,124	185	2	314	\$ 438.34	\$ 11.47
BH Long-term Residential	\$ 8,808	99	1	169	\$ 88.58	\$ 1.25
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 27,401	114	3	194	\$ 239.66	\$ 3.88
ACT	\$ 938	3	1	5	\$ 312.59	\$ 0.13
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,180	439	1	744	\$ 2.69	\$ 0.17
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 552	7	3	12	\$ 76.92	\$ 0.08
Innovations - Day Support	\$ 5,526,266	223,184	202	378,813	\$ 24.76	\$ 781.65
Innovations - In-Home Services	\$ 19,366,467	3,911,867	539	6,639,662	\$ 4.95	\$ 2,739.25
Innovations - Other	\$ 231,048	417	28	707	\$ 554.40	\$ 32.68
Innovations - Personal Care	\$ 256,693	60,025	73	101,882	\$ 4.28	\$ 36.31
Innovations - Residential Supports	\$ 5,965,796	38,751	124	65,772	\$ 153.95	\$ 843.82
Innovations - Respite	\$ 1,180,138	318,458	375	540,523	\$ 3.71	\$ 166.92
Innovations - Supported Employment	\$ 170,482	22,134	11	37,569	\$ 7.70	\$ 24.11
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 33,293,918	4,578,150				\$ 4,709.18
Subtotal (All Medical)	\$ 40,122,051	5,426,024				\$ 5,674.97
Care Management for High Risk Pregnancy Payments	\$ 10,637	2,145	N/A	3,640	\$ 4.96	\$ 1.50
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 31,059	6,548	N/A	11,113	\$ 4.74	\$ 4.39
Subtotal (Care Management/Medical Home Payments)	\$ 41,696	8,692				\$ 5.90
Total	\$ 40,163,746	5,434,716				\$ 5,680.87

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 57

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	7,723
Average Monthly Members/Deliveries:	644
Eligibles:	775

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 157,121	524	-	814	\$ 299.99	\$ 20.34
Outpatient Hospital - BH	\$ 530,109	10,868	-	16,887	\$ 48.78	\$ 68.64
Emergency Room - BH	\$ 6,166	134	-	208	\$ 45.96	\$ 0.80
ICF/IID	\$ 10,241,276	20,952	-	32,555	\$ 488.80	\$ 1,326.07
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 184,798	978	-	1,519	\$ 189.04	\$ 23.93
Community Support	\$ 24,014	1,656	-	2,573	\$ 14.50	\$ 3.11
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 62,981	23,413	-	36,380	\$ 2.69	\$ 8.15
Crisis Services	\$ 9,729	573	-	890	\$ 16.99	\$ 1.26
Other BH Services	\$ 2,872	1,185	39	1,842	\$ 2.42	\$ 0.37
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 10,289	487	-	756	\$ 21.14	\$ 1.33
Subtotal (BH Medical)	\$ 11,229,354	60,769	-	-	\$ -	\$ 1,454.01
Subtotal (All Medical)	\$ 11,229,354	60,769	-	-	\$ -	\$ 1,454.01
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 25,865	5,771	N/A	8,968	\$ 4.48	\$ 3.35
Subtotal (Care Management/Medical Home Payments)	\$ 25,865	5,771	-	-	\$ -	\$ 3.35
Total	\$ 11,255,219	66,541	-	-	\$ -	\$ 1,457.36

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 58

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	30,241
Average Monthly Members/Deliveries:	2,520
Eligibles:	2,993

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 374,486	2,370	-	940	\$ 158.01	\$ 12.38
Outpatient Hospital - BH	\$ 3,641,684	73,986	-	29,359	\$ 49.22	\$ 120.42
Emergency Room - BH	\$ 75,412	899	-	357	\$ 83.92	\$ 2.49
ICF/IID	\$ 28,923,577	67,468	-	26,772	\$ 428.70	\$ 956.44
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 12,385	33	-	13	\$ 373.06	\$ 0.41
ACT	\$ 2,104,813	12,292	-	4,878	\$ 171.24	\$ 69.60
Community Support	\$ 393,174	27,871	-	11,060	\$ 14.11	\$ 13.00
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,492,227	556,760	-	220,929	\$ 2.68	\$ 49.34
Crisis Services	\$ 39,367	2,037	-	808	\$ 19.33	\$ 1.30
Other BH Services	\$ 2,867	829	60	329	\$ 3.46	\$ 0.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 314,553	30,973	-	12,291	\$ 10.16	\$ 10.40
Subtotal (BH Medical)	\$ 37,374,546	775,519	-	-	\$ -	\$ 1,235.89
Subtotal (All Medical)	\$ 37,374,546	775,519	-	-	\$ -	\$ 1,235.89
Care Management for High Risk Pregnancy Payments	\$ 25,556	5,152	N/A	2,045	\$ 4.96	\$ 0.85
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 109,692	23,242	N/A	9,223	\$ 4.72	\$ 3.63
Subtotal (Care Management/Medical Home Payments)	\$ 135,247	28,394	-	-	\$ -	\$ 4.47
Total	\$ 37,509,794	803,913	-	-	\$ -	\$ 1,240.36

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 59

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	5,085
Average Monthly Members/Deliveries:	424
Eligibles:	464

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 29,380	83	-	196	\$ 353.22	\$ 5.78
Outpatient Hospital - BH	\$ 19,155	998	-	2,355	\$ 19.19	\$ 3.77
Emergency Room - BH	\$ 1,360	43	-	100	\$ 31.98	\$ 0.27
ICF/IID	\$ 86,361	130	-	308	\$ 662.43	\$ 16.98
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 1,564	11	-	26	\$ 142.05	\$ 0.31
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 521	90	13	212	\$ 5.80	\$ 0.10
Innovations - Day Support	\$ 5,929,376	245,553	-	579,477	\$ 24.15	\$ 1,166.05
Innovations - In-Home Services	\$ 13,112,200	2,638,577	-	6,226,729	\$ 4.97	\$ 2,578.60
Innovations - Other	\$ 239,396	2,358	-	5,564	\$ 101.53	\$ 47.08
Innovations - Personal Care	\$ 258,557	60,411	-	142,562	\$ 4.28	\$ 50.85
Innovations - Residential Supports	\$ 8,119,491	53,931	-	127,271	\$ 150.55	\$ 1,596.75
Innovations - Respite	\$ 784,081	193,275	-	456,107	\$ 4.06	\$ 154.19
Innovations - Supported Employment	\$ 274,436	35,411	-	83,566	\$ 7.75	\$ 53.97
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 28,855,878	3,230,870				\$ 5,674.71
Subtotal (All Medical)	\$ 28,855,878	3,230,870				\$ 5,674.71
Care Management for High Risk Pregnancy Payments	\$ 6,051	1,220	N/A	2,879	\$ 4.96	\$ 1.19
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 20,723	4,365	N/A	10,300	\$ 4.75	\$ 4.08
Subtotal (Care Management/Medical Home Payments)	\$ 26,774	5,585				\$ 5.27
Total	\$ 28,882,652	3,236,455				\$ 5,679.97

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 60

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 6

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	379
Average Monthly Members/Deliveries:	32
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 1,025,637	1,198	380	37,932	\$ 856.11	\$ 2,706.17
Outpatient Hospital - Facility	\$ 117,155	765	320	24,216	\$ 153.18	\$ 309.12
Outpatient Hospital - Professional	\$ 25,132	407	217	12,893	\$ 61.72	\$ 66.31
Emergency Room - PH	\$ 268,060	785	370	24,869	\$ 341.28	\$ 707.28
Physician - Primary Care	\$ 513,191	1,818	523	57,575	\$ 282.22	\$ 1,354.07
Physician - Specialty	\$ 124,126	950	411	30,065	\$ 130.72	\$ 327.51
FOHC/RHC	\$ 90,709	546	145	17,277	\$ 166.24	\$ 239.34
Other Clinic	\$ 52,655	449	151	14,231	\$ 117.15	\$ 138.93
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 11,215	94	87	2,978	\$ 119.25	\$ 29.59
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 545	9	9	290	\$ 59.44	\$ 1.44
Lab and X-ray	\$ 48,184	1,162	194	36,804	\$ 41.45	\$ 127.13
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 17,524	172	104	5,434	\$ 102	\$ 46.24
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 920	9	2	287	\$ 102	\$ 2.43
Personal Care	\$ 203	53	1	1,681	\$ 4	\$ 0.54
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 2,295,257	8,418				\$ 6,056.09
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ -	-				\$ -
Subtotal (All Medical)	\$ 2,295,257	8,418				\$ 6,056.09
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 2,295,257	8,418				\$ 6,056.09

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 61

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	33,497
Average Monthly Members/Deliveries:	2,791
Eligibles:	3,339

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 2,311,492	1,314	126	471	\$ 1,759.17	\$ 69.01
Outpatient Hospital - Facility	\$ 1,133,565	3,806	1,079	1,363	\$ 297.86	\$ 33.84
Outpatient Hospital - Professional	\$ 216,488	1,427	637	511	\$ 151.68	\$ 6.46
Emergency Room - PH	\$ 923,711	2,504	1,136	897	\$ 368.88	\$ 27.58
Physician - Primary Care	\$ 751,577	10,413	2,380	3,730	\$ 72.18	\$ 22.44
Physician - Specialty	\$ 704,710	5,311	1,428	1,903	\$ 132.69	\$ 21.04
FOHC/RHC	\$ 52,107	477	175	171	\$ 109.28	\$ 1.56
Other Clinic	\$ 130,953	1,653	1,363	592	\$ 79.24	\$ 3.91
Other Practitioner	\$ 7,734	88	38	31	\$ 87.99	\$ 0.23
Family Planning Services	\$ 49,464	151	165	54	\$ 327.59	\$ 1.48
Therapies	\$ 2,060,067	18,529	658	6,638	\$ 111.18	\$ 61.50
Prescribed Drugs	\$ 7,914,761	62,042	2,711	22,226	\$ 127.57	\$ 236.28
Durable Medical Equipment	\$ 1,993,068	1,111,992	705	398,361	\$ 1.79	\$ 59.50
Lab and X-ray	\$ 428,342	7,344	825	2,631	\$ 58.33	\$ 12.79
Optical	\$ 75,190	2,348	774	841	\$ 32.02	\$ 2.24
Limited Dental Services	\$ 2,406	92	36	33	\$ 26.19	\$ 0.07
Transportation - Ambulance	\$ 60,760	753	251	270	\$ 81	\$ 1.81
Transportation - NEMT	\$ 155,211	3,246	168	1,163	\$ 48	\$ 4.63
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 2,743,878	330,407	71	118,365	\$ 8	\$ 81.91
Personal Care	\$ 156,400	41,328	19	14,805	\$ 4	\$ 4.67
Hospice	\$ 33,799	241	2	86	\$ 140	\$ 1.01
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 21,905,684	1,605,464				\$ 653.96
Inpatient - BH	\$ 2,183,054	3,055	142	1,094	\$ 714.68	\$ 65.17
Outpatient Hospital - BH	\$ 2,387,834	53,956	1,605	19,329	\$ 44.26	\$ 71.28
Emergency Room - BH	\$ 157,120	496	212	178	\$ 316.89	\$ 4.69
ICF/IID	\$ 5,646,691	14,623	95	5,239	\$ 386.15	\$ 168.57
PRTF	\$ 1,698,522	3,528	26	1,264	\$ 481.41	\$ 50.71
BH Long-term Residential	\$ 3,060,044	19,717	114	7,063	\$ 155.20	\$ 91.35
MST	\$ 435,990	6,574	39	2,355	\$ 66.32	\$ 13.02
IIHS	\$ 3,883,974	15,997	315	5,731	\$ 242.80	\$ 115.95
ACT	\$ 14,237	63	4	22	\$ 227.54	\$ 0.43
Community Support	\$ 13,081	906	6	325	\$ 14.44	\$ 0.39
Partial Hosp/Day Tx	\$ 1,692,850	54,047	113	19,362	\$ 31.32	\$ 50.54
Psych Rehab	\$ 48,727	18,187	14	6,515	\$ 2.68	\$ 1.45
Crisis Services	\$ 338,058	3,798	127	1,361	\$ 89.00	\$ 10.09
Other BH Services	\$ 48,289	2,146	57	769	\$ 22.50	\$ 1.44
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,860,278	437,071	366	156,577	\$ 6.54	\$ 85.39
Subtotal (BH Medical)	\$ 24,468,748	634,164				\$ 730.48
Subtotal (All Medical)	\$ 46,374,432	2,239,628				\$ 1,384.44
Care Management for High Risk Pregnancy Payments	\$ 20,899	4,214	N/A	1,509	\$ 4.96	\$ 0.62
Care Management for At-Risk Children Payments	\$ 574	126	N/A	45	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 152,750	31,676	N/A	11,348	\$ 4.82	\$ 4.56
Subtotal (Care Management/Medical Home Payments)	\$ 174,223	36,015				\$ 5.20
Total	\$ 46,548,655	2,275,643				\$ 1,389.64

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 62

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	42,783
Average Monthly Members/Deliveries:	3,565
Eligibles:	4,334

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 5,584,757	7,419	535	2,081	\$ 752.81	\$ 130.54
Outpatient Hospital - Facility	\$ 2,284,425	5,841	1,724	1,638	\$ 391.11	\$ 53.40
Outpatient Hospital - Professional	\$ 451,566	3,519	1,292	987	\$ 128.30	\$ 10.55
Emergency Room - PH	\$ 3,835,872	7,541	2,103	2,115	\$ 508.67	\$ 89.66
Physician - Primary Care	\$ 1,963,421	21,112	2,886	5,922	\$ 93.00	\$ 45.89
Physician - Specialty	\$ 1,779,057	14,384	2,530	4,035	\$ 123.68	\$ 41.58
FOHC/RHC	\$ 322,355	2,828	731	793	\$ 113.98	\$ 7.53
Other Clinic	\$ 377,158	773	296	217	\$ 487.61	\$ 8.82
Other Practitioner	\$ 68,386	942	332	264	\$ 72.60	\$ 1.60
Family Planning Services	\$ 82,516	265	270	74	\$ 311.82	\$ 1.93
Therapies	\$ 3,565	58	29	16	\$ 61.04	\$ 0.08
Prescribed Drugs	\$ 22,909,856	162,869	3,678	45,682	\$ 140.66	\$ 535.49
Durable Medical Equipment	\$ 1,297,304	680,454	977	190,857	\$ 1.91	\$ 30.32
Lab and X-ray	\$ 1,367,347	29,919	2,326	8,392	\$ 45.70	\$ 31.96
Optical	\$ 48,453	694	407	195	\$ 69.78	\$ 1.13
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 389,594	5,445	1,172	1,527	\$ 72	\$ 9.11
Transportation - NEMT	\$ 1,316,913	46,441	694	13,026	\$ 28	\$ 30.78
Nursing Home	\$ 394,419	2,277	38	639	\$ 173	\$ 9.22
Home Health	\$ 969,873	121,081	252	33,961	\$ 8	\$ 22.67
Personal Care	\$ 4,431,626	1,193,274	459	334,696	\$ 4	\$ 103.58
Hospice	\$ 464,713	3,064	34	859	\$ 152	\$ 10.86
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 50,343,174	2,310,200				\$ 1,176.71
Inpatient - BH	\$ 4,620,345	5,728	471	1,607	\$ 806.59	\$ 107.99
Outpatient Hospital - BH	\$ 3,908,814	63,354	2,560	17,770	\$ 61.70	\$ 91.36
Emergency Room - BH	\$ 771,744	2,318	725	650	\$ 332.99	\$ 18.04
ICF/IID	\$ 28,961,966	86,390	304	24,231	\$ 335.25	\$ 676.95
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 2,491,487	13,602	264	3,815	\$ 183.17	\$ 58.24
Community Support	\$ 521,963	38,437	198	10,781	\$ 13.58	\$ 12.20
Partial Hosp/Day Tx	\$ 8,784	66	5	19	\$ 132.32	\$ 0.21
Psych Rehab	\$ 1,674,208	624,211	212	175,082	\$ 2.68	\$ 39.13
Crisis Services	\$ 818,897	15,286	257	4,287	\$ 53.57	\$ 19.14
Other BH Services	\$ 1,088	17	12	5	\$ 63.54	\$ 0.03
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 105,592	544	3	152	\$ 194.26	\$ 2.47
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 6,425,149	508,019	472	142,492	\$ 12.65	\$ 150.18
Subtotal (BH Medical)	\$ 50,310,037	1,357,971				\$ 1,175.94
Subtotal (All Medical)	\$ 100,653,211	3,668,172				\$ 2,352.64
Care Management for High Risk Pregnancy Payments	\$ 49,811	10,043	N/A	2,817	\$ 4.96	\$ 1.16
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 177,472	37,226	N/A	10,441	\$ 4.77	\$ 4.15
Subtotal (Care Management/Medical Home Payments)	\$ 227,283	47,268				\$ 5.31
Total	\$ 100,880,494	3,715,440				\$ 2,357.96

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 63

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	59,508
Average Monthly Members/Deliveries:	4,959
Eligibles:	6,759

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,267,917	1,013	115	204	\$ 1,252.05	\$ 21.31
Outpatient Hospital - Facility	\$ 950,564	3,397	1,437	685	\$ 279.86	\$ 15.97
Outpatient Hospital - Professional	\$ 188,396	1,328	787	268	\$ 141.89	\$ 3.17
Emergency Room - PH	\$ 1,761,340	4,734	2,400	955	\$ 372.07	\$ 29.60
Physician - Primary Care	\$ 1,194,253	16,069	4,186	3,240	\$ 74.32	\$ 20.07
Physician - Specialty	\$ 794,772	7,015	2,404	1,415	\$ 113.29	\$ 13.36
FOHC/RHC	\$ 113,039	1,079	404	218	\$ 104.74	\$ 1.90
Other Clinic	\$ 223,467	2,821	2,254	569	\$ 79.22	\$ 3.76
Other Practitioner	\$ 15,978	208	75	42	\$ 76.93	\$ 0.27
Family Planning Services	\$ 192,407	620	584	125	\$ 310.46	\$ 3.23
Therapies	\$ 1,593,552	14,233	616	2,870	\$ 111.96	\$ 26.78
Prescribed Drugs	\$ 8,454,318	72,866	4,827	14,694	\$ 116.03	\$ 142.07
Durable Medical Equipment	\$ 612,209	339,240	596	68,409	\$ 1.80	\$ 10.29
Lab and X-ray	\$ 655,867	15,242	1,621	3,074	\$ 43.03	\$ 11.02
Optical	\$ 126,359	3,827	1,284	772	\$ 33.01	\$ 2.12
Limited Dental Services	\$ 4,291	171	58	34	\$ 25.08	\$ 0.07
Transportation - Ambulance	\$ 76,225	975	469	197	\$ 78	\$ 1.28
Transportation - NEMT	\$ 121,435	2,589	157	522	\$ 47	\$ 2.04
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 114,561	13,466	14	2,715	\$ 9	\$ 1.93
Personal Care	\$ 13,738	3,740	2	754	\$ 4	\$ 0.23
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 1,047	75	1	15	\$ 13.88	\$ 0.02
Subtotal (Acute/LTSS Medical)	\$ 18,475,740	504,707				\$ 310.47
Inpatient - BH	\$ 3,171,506	5,335	340	1,076	\$ 594.48	\$ 53.30
Outpatient Hospital - BH	\$ 2,916,769	45,691	3,011	9,214	\$ 63.84	\$ 49.01
Emergency Room - BH	\$ 291,973	827	455	167	\$ 352.96	\$ 4.91
ICF/IID	\$ 149,469	624	69	126	\$ 239.50	\$ 2.51
PRTF	\$ 3,983,717	8,342	111	1,682	\$ 477.57	\$ 66.94
BH Long-term Residential	\$ 4,161,126	28,537	193	5,755	\$ 145.81	\$ 69.93
MST	\$ 1,740,874	26,629	160	5,370	\$ 65.37	\$ 29.25
IIHS	\$ 12,759,542	51,629	1,072	10,411	\$ 247.14	\$ 214.42
ACT	\$ 35,049	160	10	32	\$ 219.61	\$ 0.59
Community Support	\$ 13,939	961	10	194	\$ 14.50	\$ 0.23
Partial Hosp/Day Tx	\$ 2,186,829	70,023	170	14,120	\$ 31.23	\$ 36.75
Psych Rehab	\$ 15,524	5,771	7	1,164	\$ 2.69	\$ 0.26
Crisis Services	\$ 683,371	8,699	274	1,754	\$ 78.56	\$ 11.48
Other BH Services	\$ 1,502,300	12,877	355	2,597	\$ 116.66	\$ 25.25
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,068,266	156,282	200	31,515	\$ 6.84	\$ 17.95
Subtotal (BH Medical)	\$ 34,680,255	422,387				\$ 582.78
Subtotal (All Medical)	\$ 53,155,995	927,094				\$ 893.26
Care Management for High Risk Pregnancy Payments	\$ 65,962	13,299	N/A	2,682	\$ 4.96	\$ 1.11
Care Management for At-Risk Children Payments	\$ 16,381	3,592	N/A	724	\$ 4.56	\$ 0.28
Medical Home Payments	\$ 137,690	55,802	N/A	11,253	\$ 2.47	\$ 2.31
Subtotal (Care Management/Medical Home Payments)	\$ 220,034	72,694				\$ 3.70
Total	\$ 53,376,030	999,787				\$ 896.96

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 64

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	25,304
Average Monthly Members/Deliveries:	2,109
Eligibles:	3,225

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 893,383	948	162	450	\$ 941.94	\$ 35.31
Outpatient Hospital - Facility	\$ 680,709	1,949	848	924	\$ 349.24	\$ 26.90
Outpatient Hospital - Professional	\$ 168,554	1,187	542	563	\$ 142.05	\$ 6.66
Emergency Room - PH	\$ 1,926,716	4,160	1,606	1,973	\$ 463.14	\$ 76.14
Physician - Primary Care	\$ 1,007,826	8,823	1,684	4,184	\$ 114.23	\$ 39.83
Physician - Specialty	\$ 586,145	5,229	1,489	2,480	\$ 112.10	\$ 23.16
FOHC/RHC	\$ 137,512	1,115	328	529	\$ 123.37	\$ 5.43
Other Clinic	\$ 97,680	991	315	470	\$ 98.54	\$ 3.86
Other Practitioner	\$ 12,055	168	68	80	\$ 71.89	\$ 0.48
Family Planning Services	\$ 156,076	485	430	230	\$ 321.70	\$ 6.17
Therapies	\$ 704	12	6	6	\$ 57.90	\$ 0.03
Prescribed Drugs	\$ 5,517,364	50,871	2,453	24,125	\$ 108.46	\$ 218.04
Durable Medical Equipment	\$ 130,681	54,238	259	25,722	\$ 2.41	\$ 5.16
Lab and X-ray	\$ 2,541,023	35,239	1,972	16,711	\$ 72.11	\$ 100.42
Optical	\$ 8,905	129	76	61	\$ 68.78	\$ 0.35
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 83,308	1,045	449	495	\$ 80	\$ 3.29
Transportation - NEMT	\$ 318,464	7,913	176	3,753	\$ 40	\$ 12.59
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 18,598	969	20	459	\$ 19	\$ 0.73
Personal Care	\$ 18,814	5,011	5	2,376	\$ 4	\$ 0.74
Hospice	\$ 4,889	30	2	14	\$ 162	\$ 0.19
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 14,309,406	180,512				\$ 565.50
Inpatient - BH	\$ 1,067,207	1,599	159	758	\$ 667.29	\$ 42.18
Outpatient Hospital - BH	\$ 4,154,901	93,605	1,890	44,391	\$ 44.39	\$ 164.20
Emergency Room - BH	\$ 225,847	638	333	303	\$ 353.86	\$ 8.93
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 71,625	336	12	160	\$ 212.96	\$ 2.83
Community Support	\$ 173,784	12,031	60	5,705	\$ 14.44	\$ 6.87
Partial Hosp/Day Tx	\$ 12,736	96	7	46	\$ 132.32	\$ 0.50
Psych Rehab	\$ 28,868	10,732	6	5,089	\$ 2.69	\$ 1.14
Crisis Services	\$ 569,176	14,803	235	7,020	\$ 38.45	\$ 22.49
Other BH Services	\$ 88	2	2	1	\$ 43.60	\$ 0.00
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 669,354	44,080	93	20,904	\$ 15.19	\$ 26.45
Subtotal (BH Medical)	\$ 6,973,584	177,923				\$ 275.59
Subtotal (All Medical)	\$ 21,282,990	358,435				\$ 841.09
Care Management for High Risk Pregnancy Payments	\$ 97,563	19,670	N/A	9,328	\$ 4.96	\$ 3.86
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 48,668	20,172	N/A	9,566	\$ 2.41	\$ 1.92
Subtotal (Care Management/Medical Home Payments)	\$ 146,231	39,842				\$ 5.78
Total	\$ 21,429,221	398,276				\$ 846.87

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 65

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	9,804
Average Monthly Members/Deliveries:	817
Eligibles:	1,095

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 329,452	291	21	356	\$ 1,132.86	\$ 33.60
Outpatient Hospital - Facility	\$ 135,988	631	276	772	\$ 215.66	\$ 13.87
Outpatient Hospital - Professional	\$ 30,846	233	129	285	\$ 132.41	\$ 3.15
Emergency Room - PH	\$ 243,694	648	343	793	\$ 376.05	\$ 24.86
Physician - Primary Care	\$ 241,168	3,351	833	4,102	\$ 71.96	\$ 24.60
Physician - Specialty	\$ 108,336	1,030	412	1,261	\$ 105.18	\$ 11.05
FOHC/RHC	\$ 19,268	191	76	233	\$ 101.10	\$ 1.97
Other Clinic	\$ 58,824	761	532	932	\$ 77.25	\$ 6.00
Other Practitioner	\$ 3,306	35	18	43	\$ 94.85	\$ 0.34
Family Planning Services	\$ 47,655	151	129	185	\$ 314.99	\$ 4.86
Therapies	\$ 308,736	2,827	108	3,460	\$ 109.22	\$ 31.49
Prescribed Drugs	\$ 2,622,408	24,125	945	29,529	\$ 108.70	\$ 267.48
Durable Medical Equipment	\$ 191,540	111,590	123	136,586	\$ 1.72	\$ 19.54
Lab and X-ray	\$ 155,507	4,350	372	5,325	\$ 35.75	\$ 15.86
Optical	\$ 30,547	895	311	1,095	\$ 34.13	\$ 3.12
Limited Dental Services	\$ 460	15	7	19	\$ 30.03	\$ 0.05
Transportation - Ambulance	\$ 17,106	204	77	250	\$ 84	\$ 1.74
Transportation - NEMT	\$ 18,773	694	20	849	\$ 27	\$ 1.91
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 473,700	51,051	10	62,486	\$ 9	\$ 48.32
Personal Care	\$ 61,689	16,969	6	20,770	\$ 4	\$ 6.29
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 19,992	3,172	3	3,883	\$ 6.30	\$ 2.04
Subtotal (Acute/LTSS Medical)	\$ 5,118,997	223,215				\$ 522.13
Inpatient - BH	\$ 1,636,035	2,378	115	2,910	\$ 688.06	\$ 166.87
Outpatient Hospital - BH	\$ 1,048,797	16,632	804	20,357	\$ 63.06	\$ 106.98
Emergency Room - BH	\$ 87,813	252	119	308	\$ 348.80	\$ 8.96
ICF/IID	\$ 447,614	1,824	85	2,233	\$ 245.35	\$ 45.66
PRTF	\$ 4,327,401	9,056	67	11,085	\$ 477.83	\$ 441.39
BH Long-term Residential	\$ 11,109,278	89,433	402	109,465	\$ 124.22	\$ 1,133.14
MST	\$ 120,193	1,957	10	2,395	\$ 61.43	\$ 12.26
IIHS	\$ 2,897,145	11,148	265	13,645	\$ 259.89	\$ 295.51
ACT	\$ 614	4	1	5	\$ 152.50	\$ 0.06
Community Support	\$ 2,103	145	1	177	\$ 14.50	\$ 0.21
Partial Hosp/Day Tx	\$ 894,252	28,545	57	34,939	\$ 31.33	\$ 91.21
Psych Rehab	\$ 16,111	6,002	5	7,347	\$ 2.68	\$ 1.64
Crisis Services	\$ 118,702	1,309	50	1,602	\$ 90.68	\$ 12.11
Other BH Services	\$ 15,114	313	8	383	\$ 48.35	\$ 1.54
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 564,691	77,500	59	94,859	\$ 7.29	\$ 57.60
Subtotal (BH Medical)	\$ 23,285,860	246,497				\$ 2,375.14
Subtotal (All Medical)	\$ 28,404,857	469,711				\$ 2,897.27
Care Management for High Risk Pregnancy Payments	\$ 10,616	2,140	N/A	2,620	\$ 4.96	\$ 1.08
Care Management for At-Risk Children Payments	\$ 1,946	427	N/A	522	\$ 4.56	\$ 0.20
Medical Home Payments	\$ 22,543	8,750	N/A	10,710	\$ 2.58	\$ 2.30
Subtotal (Care Management/Medical Home Payments)	\$ 35,105	11,317				\$ 3.58
Total	\$ 28,439,962	481,029				\$ 2,900.85

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 66

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	12,152
Average Monthly Members/Deliveries:	1,013
Eligibles:	1,087

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 836,999	796	72	786	\$ 1,051.07	\$ 68.88
Outpatient Hospital - Facility	\$ 539,564	1,479	475	1,460	\$ 364.93	\$ 44.40
Outpatient Hospital - Professional	\$ 76,644	622	298	614	\$ 123.19	\$ 6.31
Emergency Room - PH	\$ 198,321	490	278	483	\$ 405.11	\$ 16.32
Physician - Primary Care	\$ 292,049	3,929	868	3,880	\$ 74.34	\$ 24.03
Physician - Specialty	\$ 298,710	2,505	614	2,474	\$ 119.23	\$ 24.58
FOHC/RHC	\$ 21,956	214	69	212	\$ 102.37	\$ 1.81
Other Clinic	\$ 25,101	296	208	293	\$ 84.68	\$ 2.07
Other Practitioner	\$ 9,852	182	67	180	\$ 54.10	\$ 0.81
Family Planning Services	\$ 39,630	123	124	121	\$ 323.21	\$ 3.26
Therapies	\$ 212,027	2,093	106	2,066	\$ 101.32	\$ 17.45
Prescribed Drugs	\$ 7,104,753	42,311	972	41,782	\$ 167.92	\$ 584.66
Durable Medical Equipment	\$ 2,078,345	1,363,812	526	1,346,753	\$ 1.52	\$ 171.03
Lab and X-ray	\$ 65,387	2,964	358	2,927	\$ 22.06	\$ 5.38
Optical	\$ 15,610	389	170	384	\$ 40.12	\$ 1.28
Limited Dental Services	\$ 273	2	2	2	\$ 132.76	\$ 0.02
Transportation - Ambulance	\$ 24,492	290	89	286	\$ 84	\$ 2.02
Transportation - NEMT	\$ 25,728	601	22	594	\$ 43	\$ 2.12
Nursing Home	\$ 32,191	188	1	186	\$ 171	\$ 2.65
Home Health	\$ 1,372,592	221,973	87	219,197	\$ 6	\$ 112.95
Personal Care	\$ 12,025	3,279	4	3,238	\$ 4	\$ 0.99
Hospice	\$ 43,370	281	3	278	\$ 154	\$ 3.57
Other HCBS Waiver Services	\$ 29,208	13,411	6	13,243	\$ 2.18	\$ 2.40
Subtotal (Acute/LTSS Medical)	\$ 13,354,829	1,662,232				\$ 1,098.98
Inpatient - BH	\$ 224,798	207	14	204	\$ 1,087.07	\$ 18.50
Outpatient Hospital - BH	\$ 345,901	7,217	473	7,126	\$ 47.93	\$ 28.46
Emergency Room - BH	\$ 38,525	109	38	107	\$ 354.36	\$ 3.17
ICF/IID	\$ 244,781	774	4	764	\$ 316.20	\$ 20.14
PRTF	\$ 289	1	1	1	\$ 288.87	\$ 0.02
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ 393	140	1	138	\$ 2.80	\$ 0.03
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 7,377	2,742	2	2,708	\$ 2.69	\$ 0.61
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 240	3	1	3	\$ 76.92	\$ 0.02
Innovations - Day Support	\$ 6,141,372	275,886	326	272,435	\$ 22.26	\$ 505.38
Innovations - In-Home Services	\$ 33,905,182	6,118,517	959	6,041,985	\$ 5.54	\$ 2,790.09
Innovations - Other	\$ 2,416,715	22,028	446	21,752	\$ 109.71	\$ 198.87
Innovations - Personal Care	\$ 295,736	68,088	80	67,236	\$ 4.34	\$ 24.34
Innovations - Residential Supports	\$ 9,344,353	56,836	191	56,125	\$ 164.41	\$ 768.96
Innovations - Respite	\$ 1,877,603	500,514	700	494,253	\$ 3.75	\$ 154.51
Innovations - Supported Employment	\$ 544,176	70,588	62	69,705	\$ 7.71	\$ 44.78
B3 Services	\$ 22,633	2,859	3	2,823	\$ 7.92	\$ 1.86
Subtotal (BH Medical)	\$ 55,410,071	7,126,507				\$ 4,559.75
Subtotal (All Medical)	\$ 68,764,900	8,788,739				\$ 5,658.73
Care Management for High Risk Pregnancy Payments	\$ 16,653	3,357	N/A	3,315	\$ 4.96	\$ 1.37
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 53,731	11,122	N/A	10,983	\$ 4.83	\$ 4.42
Subtotal (Care Management/Medical Home Payments)	\$ 70,384	14,480				\$ 5.79
Total	\$ 68,835,285	8,803,219				\$ 5,664.52

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 67

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	8,828
Average Monthly Members/Deliveries:	736
Eligibles:	931

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 60,618	578	-	785	\$ 104.96	\$ 6.87
Outpatient Hospital - BH	\$ 243,366	7,322	-	9,952	\$ 33.24	\$ 27.57
Emergency Room - BH	\$ 8,675	91	-	123	\$ 95.64	\$ 0.98
ICF/IID	\$ 18,350,900	36,496	-	49,610	\$ 502.82	\$ 2,078.72
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 188,051	1,083	-	1,472	\$ 173.65	\$ 21.30
Community Support	\$ 11,358	787	-	1,070	\$ 14.43	\$ 1.29
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 189,190	70,508	-	95,842	\$ 2.68	\$ 21.43
Crisis Services	\$ 25,020	412	-	560	\$ 60.69	\$ 2.83
Other BH Services	\$ 1,614	386	26	525	\$ 4.18	\$ 0.18
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 403,732	26,817	-	36,452	\$ 15.06	\$ 45.73
Subtotal (BH Medical)	\$ 19,482,523	144,479	-	-	\$ -	\$ 2,206.90
Subtotal (All Medical)	\$ 19,482,523	144,479	-	-	\$ -	\$ 2,206.90
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 28,833	6,095	N/A	8,286	\$ 4.73	\$ 3.27
Subtotal (Care Management/Medical Home Payments)	\$ 28,833	6,095	-	-	\$ -	\$ 3.27
Total	\$ 19,511,356	150,574	-	-	\$ -	\$ 2,210.17

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 68

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	40,773
Average Monthly Members/Deliveries:	3,398
Eligibles:	4,024

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 488,221	3,912	-	1,151	\$ 124.80	\$ 11.97
Outpatient Hospital - BH	\$ 1,682,434	38,441	-	11,314	\$ 43.77	\$ 41.26
Emergency Room - BH	\$ 89,262	1,245	-	366	\$ 71.68	\$ 2.19
ICF/IID	\$ 45,494,955	129,556	-	38,130	\$ 351.16	\$ 1,115.81
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ 51,297	608	-	179	\$ 84.35	\$ 1.26
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 34,122	142	-	42	\$ 239.66	\$ 0.84
ACT	\$ 2,451,014	14,003	-	4,121	\$ 175.04	\$ 60.11
Community Support	\$ 380,427	26,292	-	7,738	\$ 14.47	\$ 9.33
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 1,795,819	670,939	-	197,466	\$ 2.68	\$ 44.04
Crisis Services	\$ 554,760	8,828	-	2,598	\$ 62.84	\$ 13.61
Other BH Services	\$ 3,774	938	85	276	\$ 4.02	\$ 0.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 5,330,173	424,321	-	124,883	\$ 12.56	\$ 130.73
Subtotal (BH Medical)	\$ 58,356,257	1,319,225	-	-	\$ -	\$ 1,431.25
Subtotal (All Medical)	\$ 58,356,257	1,319,225	-	-	\$ -	\$ 1,431.25
Care Management for High Risk Pregnancy Payments	\$ 37,264	7,513	N/A	2,211	\$ 4.96	\$ 0.91
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 146,455	30,778	N/A	9,058	\$ 4.76	\$ 3.59
Subtotal (Care Management/Medical Home Payments)	\$ 183,719	38,291	-	-	\$ -	\$ 4.51
Total	\$ 58,539,976	1,357,516	-	-	\$ -	\$ 1,435.75

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 69

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	9,314
Average Monthly Members/Deliveries:	776
Eligibles:	832

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 2,344	17	-	22	\$ 135.95	\$ 0.25
Outpatient Hospital - BH	\$ 58,431	1,900	-	2,448	\$ 30.75	\$ 6.27
Emergency Room - BH	\$ 2,298	41	-	53	\$ 55.75	\$ 0.25
ICF/IID	\$ 6,989	36	-	46	\$ 194.15	\$ 0.75
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 8,265	3,072	-	3,959	\$ 2.69	\$ 0.89
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 2,568	557	49	718	\$ 4.61	\$ 0.28
Innovations - Day Support	\$ 9,621,198	433,418	-	558,409	\$ 22.20	\$ 1,032.98
Innovations - In-Home Services	\$ 22,654,526	4,136,632	-	5,329,567	\$ 5.48	\$ 2,432.31
Innovations - Other	\$ 1,164,591	12,721	-	16,390	\$ 91.55	\$ 125.04
Innovations - Personal Care	\$ 144,191	33,743	-	43,474	\$ 4.27	\$ 15.48
Innovations - Residential Supports	\$ 15,576,905	100,769	-	129,828	\$ 154.58	\$ 1,672.42
Innovations - Respite	\$ 1,059,096	287,802	-	370,800	\$ 3.68	\$ 113.71
Innovations - Supported Employment	\$ 684,094	89,415	-	115,201	\$ 7.65	\$ 73.45
B3 Services	\$ 4,635	726	-	936	\$ 6.38	\$ 0.50
Subtotal (BH Medical)	\$ 50,990,129	5,100,851				\$ 5,474.57
Subtotal (All Medical)	\$ 50,990,129	5,100,851				\$ 5,474.57
Care Management for High Risk Pregnancy Payments	\$ 9,502	1,916	N/A	2,468	\$ 4.96	\$ 1.02
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 35,205	7,399	N/A	9,533	\$ 4.76	\$ 3.78
Subtotal (Care Management/Medical Home Payments)	\$ 44,707	9,315				\$ 4.80
Total	\$ 51,034,836	5,110,167				\$ 5,479.37

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 70

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Region 7

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	374
Average Monthly Members/Deliveries:	31
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 1,097,391	1,250	367	40,098	\$ 878.12	\$ 2,934.20
Outpatient Hospital - Facility	\$ 195,935	1,363	403	43,746	\$ 143.71	\$ 523.89
Outpatient Hospital - Professional	\$ 29,536	421	225	13,499	\$ 70.20	\$ 78.97
Emergency Room - PH	\$ 297,294	771	354	24,726	\$ 385.78	\$ 794.90
Physician - Primary Care	\$ 550,483	1,826	536	58,596	\$ 301.43	\$ 1,471.88
Physician - Specialty	\$ 243,448	1,567	476	50,283	\$ 155.34	\$ 650.93
FOHC/RHC	\$ 28,180	201	47	6,437	\$ 140.46	\$ 75.35
Other Clinic	\$ 62,276	509	226	16,342	\$ 122.27	\$ 166.51
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ 12,570	104	98	3,329	\$ 121.16	\$ 33.61
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 2,312	332	15	10,645	\$ 6.97	\$ 6.18
Lab and X-ray	\$ 37,736	1,169	153	37,505	\$ 32.28	\$ 100.90
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 11,136	130	69	4,166	\$ 86	\$ 29.78
Transportation - NEMT	\$ 200	12	5	382	\$ 17	\$ 0.53
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 102	1	1	32	\$ 102	\$ 0.27
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 2,568,597	9,655				\$ 6,867.91
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ 985	3	2	97	\$ 324.33	\$ 2.63
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 35	1	1	32	\$ 34.88	\$ 0.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 1,020	4				\$ 2.73
Subtotal (All Medical)	\$ 2,569,617	9,659				\$ 6,870.63
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 2,569,617	9,659				\$ 6,870.63

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 71

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Blind & Disabled Child

Member Months/Deliveries:	215,087
Average Monthly Members/Deliveries:	17,924
Eligibles:	21,430

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 11,331,784	9,812	807	547	\$ 1,154.92	\$ 52.68
Outpatient Hospital - Facility	\$ 9,509,094	28,696	7,910	1,601	\$ 331.37	\$ 44.21
Outpatient Hospital - Professional	\$ 1,765,202	14,539	5,316	811	\$ 121.41	\$ 8.21
Emergency Room - PH	\$ 5,191,338	14,419	7,057	804	\$ 360.03	\$ 24.14
Physician - Primary Care	\$ 4,798,738	64,969	14,853	3,625	\$ 73.86	\$ 22.31
Physician - Specialty	\$ 4,103,289	33,525	9,401	1,870	\$ 122.40	\$ 19.08
FOHC/RHC	\$ 531,606	4,440	1,522	248	\$ 119.74	\$ 2.47
Other Clinic	\$ 906,394	10,368	8,230	578	\$ 87.42	\$ 4.21
Other Practitioner	\$ 45,582	765	268	43	\$ 59.58	\$ 0.21
Family Planning Services	\$ 310,303	946	1,008	53	\$ 328.18	\$ 1.44
Therapies	\$ 13,250,676	117,272	4,200	6,543	\$ 112.99	\$ 61.61
Prescribed Drugs	\$ 62,853,971	372,883	17,075	20,804	\$ 168.56	\$ 292.23
Durable Medical Equipment	\$ 13,370,577	7,236,893	4,713	403,756	\$ 1.85	\$ 62.16
Lab and X-ray	\$ 1,904,810	39,081	4,803	2,180	\$ 48.74	\$ 8.86
Optical	\$ 362,686	12,454	4,000	695	\$ 29.12	\$ 1.69
Limited Dental Services	\$ 14,514	569	229	32	\$ 25.50	\$ 0.07
Transportation - Ambulance	\$ 378,157	4,190	1,590	234	\$ 90	\$ 1.76
Transportation - NEMT	\$ 1,047,819	29,712	830	1,658	\$ 35	\$ 4.87
Nursing Home	\$ 3,213	20	1	1	\$ 160	\$ 0.01
Home Health	\$ 10,273,615	1,373,369	358	76,622	\$ 7	\$ 47.76
Personal Care	\$ 2,324,441	624,163	191	34,823	\$ 4	\$ 10.81
Hospice	\$ 323,894	2,216	15	124	\$ 146	\$ 1.51
Other HCBS Waiver Services	\$ 6,336	1,204	4	67	\$ 5.26	\$ 0.03
Subtotal (Acute/LTSS Medical)	\$ 144,608,041	9,996,506				\$ 672.32
Inpatient - BH	\$ 16,089,677	18,751	894	1,046	\$ 858.09	\$ 74.81
Outpatient Hospital - BH	\$ 13,907,527	236,012	8,929	13,167	\$ 58.93	\$ 64.66
Emergency Room - BH	\$ 1,496,575	4,745	1,286	265	\$ 315.42	\$ 6.96
ICF/IID	\$ 40,229,076	104,717	625	5,842	\$ 384.17	\$ 187.04
PRTF	\$ 20,289,692	41,058	310	2,291	\$ 494.17	\$ 94.33
BH Long-term Residential	\$ 15,508,098	98,146	602	5,476	\$ 158.01	\$ 72.10
MST	\$ 2,009,042	28,780	188	1,606	\$ 69.81	\$ 9.34
IIHS	\$ 19,489,317	71,705	1,736	4,001	\$ 271.80	\$ 90.61
ACT	\$ 410,640	2,054	62	115	\$ 199.90	\$ 1.91
Community Support	\$ 372,613	18,671	118	1,042	\$ 19.96	\$ 1.73
Partial Hosp/Day Tx	\$ 8,336,126	262,309	681	14,635	\$ 31.78	\$ 38.76
Psych Rehab	\$ 423,160	147,500	86	8,229	\$ 2.87	\$ 1.97
Crisis Services	\$ 652,256	14,615	443	815	\$ 44.63	\$ 3.03
Other BH Services	\$ 449,613	23,508	458	1,312	\$ 19.13	\$ 2.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 8,452	39	1	2	\$ 215.17	\$ 0.04
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 8,445,343	1,277,923	1,754	71,297	\$ 6.61	\$ 39.26
Subtotal (BH Medical)	\$ 148,117,209	2,350,534				\$ 688.64
Subtotal (All Medical)	\$ 292,725,250	12,347,039				\$ 1,360.96
Care Management for High Risk Pregnancy Payments	\$ 129,412	26,091	N/A	1,456	\$ 4.96	\$ 0.60
Care Management for At-Risk Children Payments	\$ 3,616	793	N/A	44	\$ 4.56	\$ 0.02
Medical Home Payments	\$ 988,477	203,688	N/A	11,364	\$ 4.85	\$ 4.60
Subtotal (Care Management/Medical Home Payments)	\$ 1,121,505	230,572				\$ 5.21
Total	\$ 293,846,755	12,577,611				\$ 1,366.18

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 72

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Aged, Blind & Disabled Adult

Member Months/Deliveries:	289,416
Average Monthly Members/Deliveries:	24,118
Eligibles:	29,433

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 37,077,292	43,913	3,931	1,821	\$ 844.34	\$ 128.11
Outpatient Hospital - Facility	\$ 18,187,607	53,486	13,236	2,218	\$ 340.04	\$ 62.84
Outpatient Hospital - Professional	\$ 3,902,512	35,207	10,442	1,460	\$ 110.85	\$ 13.48
Emergency Room - PH	\$ 28,637,194	55,496	14,555	2,301	\$ 516.03	\$ 98.95
Physician - Primary Care	\$ 13,335,425	136,245	19,029	5,649	\$ 97.88	\$ 46.08
Physician - Specialty	\$ 13,169,065	105,900	17,667	4,391	\$ 124.35	\$ 45.50
FOHC/RHC	\$ 2,399,192	19,565	5,136	811	\$ 122.63	\$ 8.29
Other Clinic	\$ 2,302,690	7,438	2,349	308	\$ 309.60	\$ 7.96
Other Practitioner	\$ 325,731	4,539	1,824	188	\$ 71.76	\$ 1.13
Family Planning Services	\$ 522,237	1,620	1,694	67	\$ 322.31	\$ 1.80
Therapies	\$ 20,696	368	261	15	\$ 56.25	\$ 0.07
Prescribed Drugs	\$ 165,544,666	1,098,203	24,914	45,535	\$ 150.74	\$ 572.00
Durable Medical Equipment	\$ 10,459,748	5,050,978	6,646	209,428	\$ 2.07	\$ 36.14
Lab and X-ray	\$ 9,626,373	199,974	15,023	8,291	\$ 48.14	\$ 33.26
Optical	\$ 289,209	4,243	2,323	176	\$ 68.16	\$ 1.00
Limited Dental Services	\$ 5,872	619	6	26	\$ 9.49	\$ 0.02
Transportation - Ambulance	\$ 2,737,738	34,462	8,046	1,429	\$ 79	\$ 9.46
Transportation - NEMT	\$ 8,864,330	261,402	4,279	10,838	\$ 34	\$ 30.63
Nursing Home	\$ 3,090,892	17,869	327	741	\$ 173	\$ 10.68
Home Health	\$ 8,970,817	1,025,560	1,666	42,523	\$ 9	\$ 31.00
Personal Care	\$ 28,307,368	7,600,041	2,983	315,119	\$ 4	\$ 97.81
Hospice	\$ 1,746,343	10,580	158	439	\$ 165	\$ 6.03
Other HCBS Waiver Services	\$ 3,576	747	5	31	\$ 4.79	\$ 0.01
Subtotal (Acute/LTSS Medical)	\$ 359,526,571	15,768,453				\$ 1,242.25
Inpatient - BH	\$ 32,230,387	44,409	3,308	1,841	\$ 725.76	\$ 111.36
Outpatient Hospital - BH	\$ 30,764,837	567,690	17,429	23,538	\$ 54.19	\$ 106.30
Emergency Room - BH	\$ 7,409,807	20,256	4,616	840	\$ 365.81	\$ 25.60
ICF/IID	\$ 131,631,118	365,945	1,191	15,173	\$ 359.70	\$ 454.82
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	1	1	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 30,016,303	147,818	2,865	6,129	\$ 203.06	\$ 103.71
Community Support	\$ 4,581,528	290,705	1,346	12,053	\$ 15.76	\$ 15.83
Partial Hosp/Day Tx	\$ 140,015	574	40	24	\$ 243.74	\$ 0.48
Psych Rehab	\$ 13,313,179	4,711,346	1,730	195,346	\$ 2.83	\$ 46.00
Crisis Services	\$ 3,012,692	100,740	1,547	4,177	\$ 29.91	\$ 10.41
Other BH Services	\$ 38,550	466	209	19	\$ 82.79	\$ 0.13
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 105,592	544	3	23	\$ 194.26	\$ 0.36
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 23,919,130	2,068,464	3,577	85,764	\$ 11.56	\$ 82.65
Subtotal (BH Medical)	\$ 277,163,139	8,318,958				\$ 957.66
Subtotal (All Medical)	\$ 636,689,710	24,087,411				\$ 2,199.91
Care Management for High Risk Pregnancy Payments	\$ 329,469	66,425	N/A	2,754	\$ 4.96	\$ 1.14
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 1,209,238	254,228	N/A	10,541	\$ 4.76	\$ 4.18
Subtotal (Care Management/Medical Home Payments)	\$ 1,538,707	320,653				\$ 5.32
Total	\$ 638,228,417	24,408,065				\$ 2,205.23

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 73

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Child

Member Months/Deliveries:	394,592
Average Monthly Members/Deliveries:	32,883
Eligibles:	43,863

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 8,779,801	7,676	840	233	\$ 1,143.78	\$ 22.25
Outpatient Hospital - Facility	\$ 7,295,049	30,653	11,399	932	\$ 237.99	\$ 18.49
Outpatient Hospital - Professional	\$ 1,661,412	14,686	6,819	447	\$ 113.13	\$ 4.21
Emergency Room - PH	\$ 10,763,248	29,488	15,067	897	\$ 365.01	\$ 27.28
Physician - Primary Care	\$ 7,757,874	102,937	27,041	3,130	\$ 75.37	\$ 19.66
Physician - Specialty	\$ 4,806,138	45,971	15,467	1,398	\$ 104.55	\$ 12.18
FOHC/RHC	\$ 1,160,129	9,482	3,181	288	\$ 122.35	\$ 2.94
Other Clinic	\$ 1,500,348	18,008	14,220	548	\$ 83.31	\$ 3.80
Other Practitioner	\$ 87,175	1,311	428	40	\$ 66.52	\$ 0.22
Family Planning Services	\$ 1,055,962	3,272	3,363	99	\$ 322.76	\$ 2.68
Therapies	\$ 10,941,317	96,492	4,209	2,934	\$ 113.39	\$ 27.73
Prescribed Drugs	\$ 52,428,471	446,851	31,431	13,589	\$ 117.33	\$ 132.87
Durable Medical Equipment	\$ 4,315,450	2,032,593	3,697	61,814	\$ 2.12	\$ 10.94
Lab and X-ray	\$ 3,841,380	81,601	9,720	2,482	\$ 47.07	\$ 9.74
Optical	\$ 687,011	22,325	7,230	679	\$ 30.77	\$ 1.74
Limited Dental Services	\$ 24,029	941	358	29	\$ 25.54	\$ 0.06
Transportation - Ambulance	\$ 480,204	5,598	2,879	170	\$ 86	\$ 1.22
Transportation - NEMT	\$ 1,106,310	35,388	1,043	1,076	\$ 31	\$ 2.80
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 1,203,499	149,343	101	4,542	\$ 8	\$ 3.05
Personal Care	\$ 228,212	60,354	22	1,835	\$ 4	\$ 0.58
Hospice	\$ 33,759	173	3	5	\$ 195	\$ 0.09
Other HCBS Waiver Services	\$ 2,679	206	3	6	\$ 13.02	\$ 0.01
Subtotal (Acute/LTSS Medical)	\$ 120,159,459	3,195,349				\$ 304.52
Inpatient - BH	\$ 23,038,947	29,227	2,128	889	\$ 788.26	\$ 58.39
Outpatient Hospital - BH	\$ 21,613,663	313,705	18,989	9,540	\$ 68.90	\$ 54.77
Emergency Room - BH	\$ 2,213,331	7,177	2,599	218	\$ 308.41	\$ 5.61
ICF/IID	\$ 2,272,685	7,856	549	239	\$ 289.29	\$ 5.76
PRTF	\$ 34,059,311	71,837	883	2,185	\$ 474.12	\$ 86.32
BH Long-term Residential	\$ 23,931,253	152,523	1,117	4,638	\$ 156.90	\$ 60.65
MST	\$ 12,377,843	166,090	1,108	5,051	\$ 74.52	\$ 31.37
IIHS	\$ 72,750,368	272,352	6,800	8,283	\$ 267.12	\$ 184.37
ACT	\$ 325,070	1,479	63	45	\$ 219.76	\$ 0.82
Community Support	\$ 432,279	20,319	151	618	\$ 21.27	\$ 1.10
Partial Hosp/Day Tx	\$ 19,444,333	602,022	1,804	18,308	\$ 32.30	\$ 49.28
Psych Rehab	\$ 75,977	27,909	26	849	\$ 2.72	\$ 0.19
Crisis Services	\$ 1,282,928	25,839	1,003	786	\$ 49.65	\$ 3.25
Other BH Services	\$ 10,875,783	135,057	2,748	4,107	\$ 80.53	\$ 27.56
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 3,457,808	534,807	920	16,264	\$ 6.47	\$ 8.76
Subtotal (BH Medical)	\$ 228,151,579	2,368,200				\$ 578.20
Subtotal (All Medical)	\$ 348,311,039	5,563,548				\$ 882.71
Care Management for High Risk Pregnancy Payments	\$ 402,165	81,082	N/A	2,466	\$ 4.96	\$ 1.02
Care Management for At-Risk Children Payments	\$ 110,123	24,150	N/A	734	\$ 4.56	\$ 0.28
Medical Home Payments	\$ 918,412	370,114	N/A	11,256	\$ 2.48	\$ 2.33
Subtotal (Care Management/Medical Home Payments)	\$ 1,430,699	475,345				\$ 3.63
Total	\$ 349,741,738	6,038,893				\$ 886.34

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 74

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual TANF Adult

Member Months/Deliveries:	186,352
Average Monthly Members/Deliveries:	15,529
Eligibles:	23,150

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 8,332,211	8,611	1,227	554	\$ 967.65	\$ 44.71
Outpatient Hospital - Facility	\$ 5,253,090	18,778	6,981	1,209	\$ 279.75	\$ 28.19
Outpatient Hospital - Professional	\$ 1,396,063	11,203	4,881	721	\$ 124.61	\$ 7.49
Emergency Room - PH	\$ 13,755,935	29,787	11,594	1,918	\$ 461.81	\$ 73.82
Physician - Primary Care	\$ 8,595,007	86,536	12,834	5,572	\$ 99.32	\$ 46.12
Physician - Specialty	\$ 6,628,139	53,191	11,228	3,425	\$ 124.61	\$ 35.57
FOHC/RHC	\$ 1,014,320	8,158	2,608	525	\$ 124.34	\$ 5.44
Other Clinic	\$ 808,293	8,359	2,247	538	\$ 96.70	\$ 4.34
Other Practitioner	\$ 79,739	1,167	435	75	\$ 68.31	\$ 0.43
Family Planning Services	\$ 976,846	3,197	3,063	206	\$ 305.51	\$ 5.24
Therapies	\$ 5,901	98	73	6	\$ 60.24	\$ 0.03
Prescribed Drugs	\$ 36,234,760	326,747	17,240	21,041	\$ 110.90	\$ 194.44
Durable Medical Equipment	\$ 1,128,906	428,274	1,731	27,578	\$ 2.64	\$ 6.06
Lab and X-ray	\$ 15,621,965	203,212	13,034	13,086	\$ 76.88	\$ 83.83
Optical	\$ 70,302	1,042	543	67	\$ 67.49	\$ 0.38
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 607,396	7,292	3,278	470	\$ 83	\$ 3.26
Transportation - NEMT	\$ 3,007,020	65,073	1,190	4,190	\$ 46	\$ 16.14
Nursing Home	\$ 8,064	46	1	3	\$ 175	\$ 0.04
Home Health	\$ 246,874	22,202	121	1,430	\$ 11	\$ 1.32
Personal Care	\$ 513,092	136,043	66	8,760	\$ 4	\$ 2.75
Hospice	\$ 21,381	79	5	5	\$ 269	\$ 0.11
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 104,305,303	1,419,096				\$ 559.72
Inpatient - BH	\$ 5,357,043	7,605	1,075	490	\$ 704.39	\$ 28.75
Outpatient Hospital - BH	\$ 35,693,656	986,317	13,952	63,513	\$ 36.19	\$ 191.54
Emergency Room - BH	\$ 1,537,019	3,974	1,943	256	\$ 386.72	\$ 8.25
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 4,341	18	3	1	\$ 240.69	\$ 0.02
ACT	\$ 1,179,103	5,342	161	344	\$ 220.71	\$ 6.33
Community Support	\$ 1,714,617	106,487	564	6,857	\$ 16.10	\$ 9.20
Partial Hosp/Day Tx	\$ 62,811	338	30	22	\$ 185.76	\$ 0.34
Psych Rehab	\$ 502,342	183,487	106	11,815	\$ 2.74	\$ 2.70
Crisis Services	\$ 2,108,661	74,828	1,120	4,818	\$ 28.18	\$ 11.32
Other BH Services	\$ 105,531	2,416	81	156	\$ 43.68	\$ 0.57
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 3,688,558	284,033	1,048	18,290	\$ 12.99	\$ 19.79
Subtotal (BH Medical)	\$ 51,953,681	1,654,844				\$ 278.79
Subtotal (All Medical)	\$ 156,258,984	3,073,941				\$ 838.52
Care Management for High Risk Pregnancy Payments	\$ 709,774	143,100	N/A	9,215	\$ 4.96	\$ 3.81
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 353,138	146,821	N/A	9,454	\$ 2.41	\$ 1.90
Subtotal (Care Management/Medical Home Payments)	\$ 1,062,912	289,921				\$ 5.70
Total	\$ 157,321,896	3,363,861				\$ 844.22

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 75

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Foster

Member Months/Deliveries:	66,887
Average Monthly Members/Deliveries:	5,574
Eligibles:	7,284

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ 2,892,416	2,305	122	413	\$ 1,255.05	\$ 43.24
Outpatient Hospital - Facility	\$ 1,350,573	6,395	2,318	1,147	\$ 211.18	\$ 20.19
Outpatient Hospital - Professional	\$ 301,422	2,872	1,239	515	\$ 104.94	\$ 4.51
Emergency Room - PH	\$ 1,621,385	4,376	2,265	785	\$ 370.49	\$ 24.24
Physician - Primary Care	\$ 1,554,312	20,749	5,222	3,722	\$ 74.91	\$ 23.24
Physician - Specialty	\$ 746,018	7,416	2,677	1,330	\$ 100.60	\$ 11.15
FOHC/RHC	\$ 224,518	1,775	642	318	\$ 126.49	\$ 3.36
Other Clinic	\$ 355,419	4,493	3,301	806	\$ 79.11	\$ 5.31
Other Practitioner	\$ 18,514	264	92	47	\$ 70.00	\$ 0.28
Family Planning Services	\$ 276,985	856	784	154	\$ 323.72	\$ 4.14
Therapies	\$ 1,681,167	15,025	690	2,696	\$ 111.89	\$ 25.13
Prescribed Drugs	\$ 16,892,426	156,749	6,111	28,122	\$ 107.77	\$ 252.55
Durable Medical Equipment	\$ 1,330,668	695,246	768	124,732	\$ 1.91	\$ 19.89
Lab and X-ray	\$ 978,070	26,979	2,326	4,840	\$ 36.25	\$ 14.62
Optical	\$ 190,169	5,918	1,934	1,062	\$ 32.14	\$ 2.84
Limited Dental Services	\$ 1,585	62	27	11	\$ 25.48	\$ 0.02
Transportation - Ambulance	\$ 93,892	1,204	590	216	\$ 78	\$ 1.40
Transportation - NEMT	\$ 429,655	15,580	201	2,795	\$ 28	\$ 6.42
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 974,741	108,638	28	19,490	\$ 9	\$ 14.57
Personal Care	\$ 223,451	59,976	21	10,760	\$ 4	\$ 3.34
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ 453,353	91,258	27	16,372	\$ 4.97	\$ 6.78
Subtotal (Acute/LTSS Medical)	\$ 32,590,739	1,228,135				\$ 487.25
Inpatient - BH	\$ 15,501,154	19,853	744	3,562	\$ 780.81	\$ 231.75
Outpatient Hospital - BH	\$ 8,814,001	104,089	5,184	18,674	\$ 84.68	\$ 131.77
Emergency Room - BH	\$ 986,693	3,433	857	616	\$ 287.37	\$ 14.75
ICF/IID	\$ 3,240,754	11,457	643	2,056	\$ 282.85	\$ 48.45
PRTF	\$ 37,955,699	79,664	583	14,292	\$ 476.45	\$ 567.46
BH Long-term Residential	\$ 65,733,495	517,810	2,532	92,899	\$ 126.95	\$ 982.75
MST	\$ 1,154,226	13,059	105	2,343	\$ 88.38	\$ 17.26
IIHS	\$ 13,797,597	47,623	1,375	8,544	\$ 289.72	\$ 206.28
ACT	\$ 48,817	230	10	41	\$ 211.96	\$ 0.73
Community Support	\$ 69,006	4,939	31	886	\$ 13.97	\$ 1.03
Partial Hosp/Day Tx	\$ 5,747,819	180,774	476	32,432	\$ 31.80	\$ 85.93
Psych Rehab	\$ 68,732	24,009	14	4,307	\$ 2.86	\$ 1.03
Crisis Services	\$ 461,275	8,763	322	1,572	\$ 52.64	\$ 6.90
Other BH Services	\$ 73,166	2,443	116	438	\$ 29.95	\$ 1.09
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 1,696,324	201,791	325	36,203	\$ 8.41	\$ 25.36
Subtotal (BH Medical)	\$ 155,348,760	1,219,939				\$ 2,322.56
Subtotal (All Medical)	\$ 187,939,499	2,448,074				\$ 2,809.81
Care Management for High Risk Pregnancy Payments	\$ 72,804	14,678	N/A	2,633	\$ 4.96	\$ 1.09
Care Management for At-Risk Children Payments	\$ 9,198	2,017	N/A	362	\$ 4.56	\$ 0.14
Medical Home Payments	\$ 150,041	58,456	N/A	10,487	\$ 2.57	\$ 2.24
Subtotal (Care Management/Medical Home Payments)	\$ 232,042	75,151				\$ 3.47
Total	\$ 188,171,541	2,523,226				\$ 2,813.28

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 76

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Non-Dual Innovations

Member Months/Deliveries:	85,808
Average Monthly Members/Deliveries:	7,151
Eligibles:	7,670

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 4,642,368	4,907	505	686	\$ 946.07	\$ 54.10
Outpatient Hospital - Facility	\$ 4,825,721	13,574	3,776	1,898	\$ 355.52	\$ 56.24
Outpatient Hospital - Professional	\$ 730,233	7,433	2,630	1,040	\$ 98.24	\$ 8.51
Emergency Room - PH	\$ 1,505,723	3,689	1,904	516	\$ 408.20	\$ 17.55
Physician - Primary Care	\$ 1,800,703	24,820	5,884	3,471	\$ 72.55	\$ 20.99
Physician - Specialty	\$ 2,094,757	18,375	4,390	2,570	\$ 114.00	\$ 24.41
FOHC/RHC	\$ 235,228	2,037	599	285	\$ 115.46	\$ 2.74
Other Clinic	\$ 324,799	1,797	1,175	251	\$ 180.78	\$ 3.79
Other Practitioner	\$ 57,040	921	371	129	\$ 61.97	\$ 0.66
Family Planning Services	\$ 295,531	806	879	113	\$ 366.81	\$ 3.44
Therapies	\$ 1,853,411	19,068	759	2,667	\$ 97.20	\$ 21.60
Prescribed Drugs	\$ 47,134,241	288,260	6,790	40,312	\$ 163.51	\$ 549.30
Durable Medical Equipment	\$ 12,947,234	8,447,106	3,420	1,181,303	\$ 1.53	\$ 150.89
Lab and X-ray	\$ 390,822	18,971	2,249	2,653	\$ 20.60	\$ 4.55
Optical	\$ 72,054	1,857	857	260	\$ 38.80	\$ 0.84
Limited Dental Services	\$ 1,059	24	23	3	\$ 44.99	\$ 0.01
Transportation - Ambulance	\$ 141,962	1,748	609	244	\$ 81	\$ 1.65
Transportation - NEMT	\$ 283,314	7,318	132	1,023	\$ 39	\$ 3.30
Nursing Home	\$ 178,858	1,016	13	142	\$ 176	\$ 2.08
Home Health	\$ 7,585,398	1,295,700	446	181,200	\$ 6	\$ 88.40
Personal Care	\$ 162,728	43,863	28	6,134	\$ 4	\$ 1.90
Hospice	\$ 188,527	1,128	13	158	\$ 167	\$ 2.20
Other HCBS Waiver Services	\$ 109,045	81,823	57	11,443	\$ 1.33	\$ 1.27
Subtotal (Acute/LTSS Medical)	\$ 87,560,758	10,286,239				\$ 1,020.43
Inpatient - BH	\$ 1,608,532	1,750	74	245	\$ 919.18	\$ 18.75
Outpatient Hospital - BH	\$ 2,517,019	42,887	2,687	5,998	\$ 58.69	\$ 29.33
Emergency Room - BH	\$ 341,810	1,002	229	140	\$ 341.16	\$ 3.98
ICF/IID	\$ 2,595,696	6,604	62	924	\$ 393.03	\$ 30.25
PRTF	\$ 980,308	1,481	15	207	\$ 661.96	\$ 11.42
BH Long-term Residential	\$ 231,012	1,522	9	213	\$ 151.76	\$ 2.69
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 129,068	512	15	72	\$ 252.25	\$ 1.50
ACT	\$ 57,369	255	9	36	\$ 225.02	\$ 0.67
Community Support	\$ 20,219	1,432	4	200	\$ 14.12	\$ 0.24
Partial Hosp/Day Tx	\$ 44,721	1,424	5	199	\$ 31.41	\$ 0.52
Psych Rehab	\$ 83,850	30,252	19	4,231	\$ 2.77	\$ 0.98
Crisis Services	\$ 12,141	311	7	43	\$ 39.08	\$ 0.14
Other BH Services	\$ 3,233	60	24	8	\$ 53.64	\$ 0.04
Innovations - Day Support	\$ 52,555,957	2,434,880	2,594	340,511	\$ 21.58	\$ 612.48
Innovations - In-Home Services	\$ 205,235,798	39,849,945	6,494	5,572,899	\$ 5.15	\$ 2,391.80
Innovations - Other	\$ 11,273,395	183,591	3,331	25,675	\$ 61.40	\$ 131.38
Innovations - Personal Care	\$ 2,715,095	621,996	849	86,984	\$ 4.37	\$ 31.64
Innovations - Residential Supports	\$ 84,622,984	535,900	1,738	74,944	\$ 157.91	\$ 986.19
Innovations - Respite	\$ 18,559,439	5,036,192	4,711	704,297	\$ 3.69	\$ 216.29
Innovations - Supported Employment	\$ 5,942,858	801,166	646	112,041	\$ 7.42	\$ 69.26
B3 Services	\$ 89,657	5,444	16	761	\$ 16.47	\$ 1.04
Subtotal (BH Medical)	\$ 389,620,160	49,558,607				\$ 4,540.60
Subtotal (All Medical)	\$ 477,180,918	59,844,845				\$ 5,561.03
Care Management for High Risk Pregnancy Payments	\$ 131,875	26,588	N/A	3,718	\$ 4.96	\$ 1.54
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 380,208	78,487	N/A	10,976	\$ 4.84	\$ 4.43
Subtotal (Care Management/Medical Home Payments)	\$ 512,083	105,075				\$ 5.97
Total	\$ 477,693,001	59,949,920				\$ 5,567.00

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 77

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Aged

Member Months/Deliveries:	58,446
Average Monthly Members/Deliveries:	4,871
Eligibles:	6,018

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 3,013,430	3,982	-	818	\$ 756.81	\$ 51.56
Outpatient Hospital - BH	\$ 1,684,763	48,153	-	9,887	\$ 34.99	\$ 28.83
Emergency Room - BH	\$ 60,600	958	-	197	\$ 63.27	\$ 1.04
ICF/IID	\$ 83,303,310	167,608	-	34,413	\$ 497.01	\$ 1,425.30
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 2,627,113	13,074	-	2,684	\$ 200.95	\$ 44.95
Community Support	\$ 148,361	8,863	-	1,820	\$ 16.74	\$ 2.54
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 2,256,956	779,173	-	159,978	\$ 2.90	\$ 38.62
Crisis Services	\$ 116,795	4,440	-	912	\$ 26.31	\$ 2.00
Other BH Services	\$ 12,273	3,749	217	770	\$ 3.27	\$ 0.21
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 2,111,169	153,010	-	31,416	\$ 13.80	\$ 36.12
Subtotal (BH Medical)	\$ 95,334,770	1,183,009	-	-	\$ -	\$ 1,631.16
Subtotal (All Medical)	\$ 95,334,770	1,183,009	-	-	\$ -	\$ 1,631.16
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 166,479	36,373	N/A	7,468	\$ 4.58	\$ 2.85
Subtotal (Care Management/Medical Home Payments)	\$ 166,479	36,373	-	-	\$ -	\$ 2.85
Total	\$ 95,501,250	1,219,382	-	-	\$ -	\$ 1,634.01

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 78

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Blind & Disabled and Other

Member Months/Deliveries:	279,887
Average Monthly Members/Deliveries:	23,324
Eligibles:	27,607

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 3,205,537	18,148	-	778	\$ 176.63	\$ 11.45
Outpatient Hospital - BH	\$ 13,166,982	346,196	-	14,843	\$ 38.03	\$ 47.04
Emergency Room - BH	\$ 809,961	10,797	-	463	\$ 75.02	\$ 2.89
ICF/IID	\$ 253,565,040	649,301	-	27,838	\$ 390.52	\$ 905.96
PRTF	\$ 3,097	6	-	0	\$ 516.18	\$ 0.01
BH Long-term Residential	\$ 114,353	1,240	-	53	\$ 92.25	\$ 0.41
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ 74,663	263	-	11	\$ 284.31	\$ 0.27
ACT	\$ 30,295,338	152,446	-	6,536	\$ 198.73	\$ 108.24
Community Support	\$ 3,191,298	193,729	-	8,306	\$ 16.47	\$ 11.40
Partial Hosp/Day Tx	\$ 43,789	231	-	10	\$ 189.34	\$ 0.16
Psych Rehab	\$ 17,196,545	5,981,232	-	256,442	\$ 2.88	\$ 61.44
Crisis Services	\$ 1,985,870	62,738	-	2,690	\$ 31.65	\$ 7.10
Other BH Services	\$ 41,044	8,652	879	371	\$ 4.74	\$ 0.15
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ 45,057	240	-	10	\$ 187.85	\$ 0.16
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ 24,215,654	2,128,867	-	91,274	\$ 11.37	\$ 86.52
Subtotal (BH Medical)	\$ 347,954,229	9,554,085	-	-	\$ -	\$ 1,243.20
Subtotal (All Medical)	\$ 347,954,229	9,554,085	-	-	\$ -	\$ 1,243.20
Care Management for High Risk Pregnancy Payments	\$ 251,550	50,716	N/A	2,174	\$ 4.96	\$ 0.90
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 934,986	197,642	N/A	8,474	\$ 4.73	\$ 3.34
Subtotal (Care Management/Medical Home Payments)	\$ 1,186,536	248,358	-	-	\$ -	\$ 4.24
Total	\$ 349,140,765	9,802,443	-	-	\$ -	\$ 1,247.43

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 79

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Dual Innovations

Member Months/Deliveries:	63,827
Average Monthly Members/Deliveries:	5,319
Eligibles:	5,691

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/Payment
Inpatient - PH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - Professional	\$ -	-	-	-	\$ -	\$ -
Emergency Room - PH	\$ -	-	-	-	\$ -	\$ -
Physician - Primary Care	\$ -	-	-	-	\$ -	\$ -
Physician - Specialty	\$ -	-	-	-	\$ -	\$ -
FOHC/RHC	\$ -	-	-	-	\$ -	\$ -
Other Clinic	\$ -	-	-	-	\$ -	\$ -
Other Practitioner	\$ -	-	-	-	\$ -	\$ -
Family Planning Services	\$ -	-	-	-	\$ -	\$ -
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ -	-	-	-	\$ -	\$ -
Lab and X-ray	\$ -	-	-	-	\$ -	\$ -
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ -	-	-	-	\$ -	\$ -
Transportation - NEMT	\$ -	-	-	-	\$ -	\$ -
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ -	-	-	-	\$ -	\$ -
Personal Care	\$ -	-	-	-	\$ -	\$ -
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ -	-	-	-	\$ -	\$ -
Inpatient - BH	\$ 64,541	269	-	51	\$ 240.09	\$ 1.01
Outpatient Hospital - BH	\$ 334,151	11,690	-	2,198	\$ 28.58	\$ 5.24
Emergency Room - BH	\$ 25,662	511	-	96	\$ 50.26	\$ 0.40
ICF/IID	\$ 1,015,388	2,897	-	545	\$ 350.45	\$ 15.91
PRTF	\$ -	-	-	-	\$ -	\$ -
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ 58,262	276	-	52	\$ 211.26	\$ 0.91
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ 161,759	54,122	-	10,175	\$ 2.99	\$ 2.53
Crisis Services	\$ 6,859	252	-	47	\$ 27.20	\$ 0.11
Other BH Services	\$ 13,145	2,673	243	503	\$ 4.92	\$ 0.21
Innovations - Day Support	\$ 67,798,812	3,273,442	-	615,434	\$ 20.71	\$ 1,062.23
Innovations - In-Home Services	\$ 125,338,579	24,297,249	-	4,568,082	\$ 5.16	\$ 1,963.72
Innovations - Other	\$ 6,313,390	142,726	-	26,834	\$ 44.23	\$ 98.91
Innovations - Personal Care	\$ 1,606,571	364,623	-	68,552	\$ 4.41	\$ 25.17
Innovations - Residential Supports	\$ 128,536,121	842,660	-	158,427	\$ 152.54	\$ 2,013.82
Innovations - Respite	\$ 9,255,568	2,479,970	-	466,255	\$ 3.73	\$ 145.01
Innovations - Supported Employment	\$ 9,453,212	1,267,835	-	238,363	\$ 7.46	\$ 148.11
B3 Services	\$ 15,906	1,491	-	280	\$ 10.67	\$ 0.25
Subtotal (BH Medical)	\$ 349,997,926	32,742,687	-	-	\$ -	\$ 5,483.54
Subtotal (All Medical)	\$ 349,997,926	32,742,687	-	-	\$ -	\$ 5,483.54
Care Management for High Risk Pregnancy Payments	\$ 68,367	13,784	N/A	2,591	\$ 4.96	\$ 1.07
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ 235,458	49,070	N/A	9,226	\$ 4.80	\$ 3.69
Subtotal (Care Management/Medical Home Payments)	\$ 303,824	62,854	-	-	\$ -	\$ 4.76
Total	\$ 350,301,750	32,805,541	-	-	\$ -	\$ 5,488.30

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 80

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	Maternity

Member Months/Deliveries:	2,691
Average Monthly Members/Deliveries:	224
Eligibles:	0

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 7,269,316	9,188	2,692	40,972	\$ 791.18	\$ 2,701.34
Outpatient Hospital - Facility	\$ 1,290,156	8,597	2,574	38,338	\$ 150.07	\$ 479.43
Outpatient Hospital - Professional	\$ 327,266	4,644	1,762	20,710	\$ 70.47	\$ 121.62
Emergency Room - PH	\$ 2,165,555	5,631	2,484	25,110	\$ 384.58	\$ 804.74
Physician - Primary Care	\$ 3,732,994	14,360	3,676	64,034	\$ 259.96	\$ 1,387.21
Physician - Specialty	\$ 1,194,799	7,485	3,080	33,379	\$ 159.62	\$ 444.00
FOHC/RHC	\$ 270,976	1,827	451	8,147	\$ 148.33	\$ 100.70
Other Clinic	\$ 433,120	2,811	1,115	12,533	\$ 154.11	\$ 160.95
Other Practitioner	\$ 27	1	1	4	\$ 26.89	\$ 0.01
Family Planning Services	\$ 94,015	558	531	2,490	\$ 168.34	\$ 34.94
Therapies	\$ -	-	-	-	\$ -	\$ -
Prescribed Drugs	\$ -	-	-	-	\$ -	\$ -
Durable Medical Equipment	\$ 9,115	609	69	2,715	\$ 14.97	\$ 3.39
Lab and X-ray	\$ 284,003	7,525	1,101	33,556	\$ 37.74	\$ 105.54
Optical	\$ -	-	-	-	\$ -	\$ -
Limited Dental Services	\$ -	-	-	-	\$ -	\$ -
Transportation - Ambulance	\$ 85,641	988	563	4,405	\$ 87	\$ 31.83
Transportation - NEMT	\$ 1,787	53	16	235	\$ 34	\$ 0.66
Nursing Home	\$ -	-	-	-	\$ -	\$ -
Home Health	\$ 3,503	1,662	5	7,413	\$ 2	\$ 1.30
Personal Care	\$ 203	53	1	237	\$ 4	\$ 0.08
Hospice	\$ -	-	-	-	\$ -	\$ -
Other HCBS Waiver Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (Acute/LTSS Medical)	\$ 17,162,475	65,992				\$ 6,377.73
Inpatient - BH	\$ -	-	-	-	\$ -	\$ -
Outpatient Hospital - BH	\$ -	-	-	-	\$ -	\$ -
Emergency Room - BH	\$ -	-	-	-	\$ -	\$ -
ICF/IID	\$ -	-	-	-	\$ -	\$ -
PRTF	\$ 985	3	2	14	\$ 324.33	\$ 0.37
BH Long-term Residential	\$ -	-	-	-	\$ -	\$ -
MST	\$ -	-	-	-	\$ -	\$ -
IIHS	\$ -	-	-	-	\$ -	\$ -
ACT	\$ -	-	-	-	\$ -	\$ -
Community Support	\$ -	-	-	-	\$ -	\$ -
Partial Hosp/Day Tx	\$ -	-	-	-	\$ -	\$ -
Psych Rehab	\$ -	-	-	-	\$ -	\$ -
Crisis Services	\$ -	-	-	-	\$ -	\$ -
Other BH Services	\$ 515	7	7	32	\$ 72.53	\$ 0.19
Innovations - Day Support	\$ -	-	-	-	\$ -	\$ -
Innovations - In-Home Services	\$ -	-	-	-	\$ -	\$ -
Innovations - Other	\$ -	-	-	-	\$ -	\$ -
Innovations - Personal Care	\$ -	-	-	-	\$ -	\$ -
Innovations - Residential Supports	\$ -	-	-	-	\$ -	\$ -
Innovations - Respite	\$ -	-	-	-	\$ -	\$ -
Innovations - Supported Employment	\$ -	-	-	-	\$ -	\$ -
B3 Services	\$ -	-	-	-	\$ -	\$ -
Subtotal (BH Medical)	\$ 1,499	10				\$ 0.56
Subtotal (All Medical)	\$ 17,163,974	66,002				\$ 6,378.29
Care Management for High Risk Pregnancy Payments	\$ -	-	N/A	-	\$ -	\$ -
Care Management for At-Risk Children Payments	\$ -	-	N/A	-	\$ -	\$ -
Medical Home Payments	\$ -	-	N/A	-	\$ -	\$ -
Subtotal (Care Management/Medical Home Payments)	\$ -	-				\$ -
Total	\$ 17,163,974	66,002				\$ 6,378.29

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

Exhibit 81

Time Period/Region Selections:	
Time Period:	SFY 2018
Region:	Statewide

Population Selections:	
Program Type:	BH/IDD Tailored Plan
Population Group:	All Population Groups

Member Months/Deliveries:	1,640,302
Average Monthly Members/Deliveries:	136,692
Eligibles:	172,146

Category of Service	Incurred Claims	Utilization	Users	Utilization Per 1,000	Unit Cost	PMPM/ Payment
Inpatient - PH	\$ 80,325,188	86,411	10,124	632	\$ 929.57	\$ 48.97
Outpatient Hospital - Facility	\$ 47,711,290	160,179	48,194	1,172	\$ 297.86	\$ 29.09
Outpatient Hospital - Professional	\$ 10,084,109	90,585	33,089	663	\$ 111.32	\$ 6.15
Emergency Room - PH	\$ 63,640,379	142,885	54,926	1,045	\$ 445.39	\$ 38.80
Physician - Primary Care	\$ 41,575,054	450,616	88,539	3,297	\$ 92.26	\$ 25.35
Physician - Specialty	\$ 32,742,205	271,863	63,910	1,989	\$ 120.44	\$ 19.96
FOHC/RHC	\$ 5,835,969	47,284	14,139	346	\$ 123.42	\$ 3.56
Other Clinic	\$ 6,631,063	53,273	32,637	390	\$ 124.47	\$ 4.04
Other Practitioner	\$ 613,808	8,968	3,419	66	\$ 68.44	\$ 0.37
Family Planning Services	\$ 3,531,879	11,255	11,322	82	\$ 313.81	\$ 2.15
Therapies	\$ 27,753,168	248,323	10,192	1,817	\$ 111.76	\$ 16.92
Prescribed Drugs	\$ 381,088,535	2,689,693	103,561	19,677	\$ 141.68	\$ 232.33
Durable Medical Equipment	\$ 43,561,698	23,891,700	21,044	174,785	\$ 1.82	\$ 26.56
Lab and X-ray	\$ 32,647,423	577,344	48,256	4,224	\$ 56.55	\$ 19.90
Optical	\$ 1,671,431	47,839	16,887	350	\$ 34.94	\$ 1.02
Limited Dental Services	\$ 47,059	2,214	643	16	\$ 21.25	\$ 0.03
Transportation - Ambulance	\$ 4,524,991	55,481	17,555	406	\$ 82	\$ 2.76
Transportation - NEMT	\$ 14,740,235	414,524	7,691	3,033	\$ 36	\$ 8.99
Nursing Home	\$ 3,281,026	18,951	342	139	\$ 173	\$ 2.00
Home Health	\$ 29,258,448	3,976,474	2,725	29,091	\$ 7	\$ 17.84
Personal Care	\$ 31,759,495	8,524,493	3,312	62,363	\$ 4	\$ 19.36
Hospice	\$ 2,313,905	14,177	194	104	\$ 163	\$ 1.41
Other HCBS Waiver Services	\$ 574,988	175,238	96	1,282	\$ 3.28	\$ 0.35
Subtotal (Acute/LTSS Medical)	\$ 865,913,346	41,959,770				\$ 527.90
Inpatient - BH	\$ 100,109,248	143,994	8,223	1,053	\$ 695.23	\$ 61.03
Outpatient Hospital - BH	\$ 128,496,600	2,656,740	67,170	19,436	\$ 48.37	\$ 78.34
Emergency Room - BH	\$ 14,881,458	52,852	11,530	387	\$ 281.57	\$ 9.07
ICF/IID	\$ 517,853,067	1,316,387	3,070	9,630	\$ 393.39	\$ 315.71
PRTF	\$ 93,289,092	194,049	1,793	1,420	\$ 480.75	\$ 56.87
BH Long-term Residential	\$ 105,518,211	771,240	4,260	5,642	\$ 136.82	\$ 64.33
MST	\$ 15,541,111	207,931	1,402	1,521	\$ 74.74	\$ 9.47
IIHS	\$ 106,245,354	392,473	9,929	2,871	\$ 270.71	\$ 64.77
ACT	\$ 65,018,015	322,974	3,170	2,363	\$ 201.31	\$ 39.64
Community Support	\$ 10,529,922	645,146	2,214	4,720	\$ 16.32	\$ 6.42
Partial Hosp/Day Tx	\$ 33,819,614	1,047,673	3,036	7,664	\$ 32.28	\$ 20.62
Psych Rehab	\$ 34,082,500	11,939,030	1,981	87,343	\$ 2.85	\$ 20.78
Crisis Services	\$ 9,639,478	292,524	4,442	2,140	\$ 32.95	\$ 5.88
Other BH Services	\$ 11,612,853	179,030	4,982	1,310	\$ 64.87	\$ 7.08
Innovations - Day Support	\$ 120,354,769	5,708,322	2,594	41,761	\$ 21.08	\$ 73.37
Innovations - In-Home Services	\$ 330,574,377	64,147,194	6,494	469,283	\$ 5.15	\$ 201.53
Innovations - Other	\$ 17,586,784	326,317	3,331	2,387	\$ 53.89	\$ 10.72
Innovations - Personal Care	\$ 4,321,666	986,619	849	7,218	\$ 4.38	\$ 2.63
Innovations - Residential Supports	\$ 213,318,207	1,379,384	1,742	10,091	\$ 154.65	\$ 130.05
Innovations - Respite	\$ 27,815,007	7,516,163	4,711	54,986	\$ 3.70	\$ 16.96
Innovations - Supported Employment	\$ 15,396,069	2,069,001	646	15,136	\$ 7.44	\$ 9.39
B3 Services	\$ 67,639,549	6,655,830	7,640	48,692	\$ 10.16	\$ 41.24
Subtotal (BH Medical)	\$ 2,043,642,953	108,950,873				\$ 1,245.89
Subtotal (All Medical)	\$ 2,909,556,299	150,910,643				\$ 1,773.79
Care Management for High Risk Pregnancy Payments	\$ 2,095,415	422,463	N/A	3,091	\$ 4.96	\$ 1.28
Care Management for At-Risk Children Payments	\$ 122,936	26,960	N/A	197	\$ 4.56	\$ 0.07
Medical Home Payments	\$ 5,336,437	1,394,880	N/A	10,205	\$ 3.83	\$ 3.25
Subtotal (Care Management/Medical Home Payments)	\$ 7,554,788	1,844,302				\$ 4.61
Total	\$ 2,917,111,086	152,754,945				\$ 1,778.40

Note: Please refer to Section 5 for more information on the detailed services captured under each COS in the exhibit above.

10 CAPITATION RATE DEVELOPMENT

The rate-setting methodology is based on generally accepted actuarial principles and best practices and approaches from other state Medicaid managed care programs. The rate-setting process and related documentation comply with the CMS regulations outlined in 42 CFR § 438.4 and were developed in accordance with applicable law and regulations, including the ASOPs. The process was developed in a way that supports the financial-related objectives of DHHS's new program to:

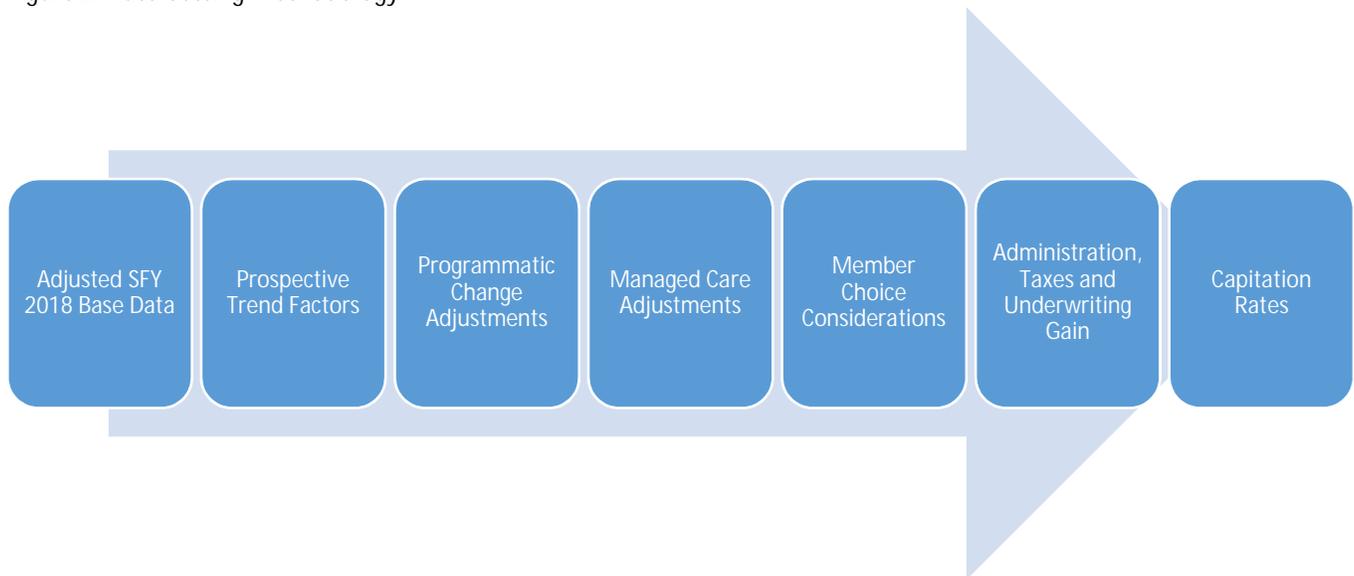
- Advance integrated and high-value care
- Establish a sustainable program with more predictable costs

The capitation rates are meant to provide a reimbursement structure that will match payment to the expected financial risk of the BH I/DD Tailored Plan managed care program designed for the State Medicaid and NC Health Choice populations. Under managed care, the capitation payments will be made by DHHS to the BH I/DD Tailored Plans who will administer the contractually-required services to the populations covered under the program. Capitation payments differ from FFS payments where DHHS pays providers for each service rendered. Under capitation payments, a monthly payment for each member is made to a BH I/DD Tailored Plan to cover a defined set of services. Under managed care, BH I/DD Tailored Plans will contract and reimburse providers for services rendered to their enrollees.

The rate-setting process is the means for determining the PMPM capitation payments DHHS will pay to the BH I/DD Tailored Plans for each beneficiary enrolled in the program, regardless of the amount of future services that beneficiary receives. Generally, this process involves summarizing historical claims and eligibility data that represent the covered populations and services (Sections 2 through 9) and projecting future service claims costs on a PMPM basis into the rating period. Consideration for administrative allowances and underwriting gain or risk margin will be added to the expected service costs to arrive at the base capitation rates for each rate cell.

The overall rate-setting approach is based on the foundational steps outlined below. Mercer has refined the approach to best match the Medicaid managed care program design and North Carolina's health care landscape.

Figure 2: Rate-Setting Methodology



10.1 Maternity Event Development Methodology

Within the SFY 2018 historical data for the BH I/DD Tailored Plan there are limited instances of qualifying birth events (see maternity event criteria in Appendix A). From an actuarial perspective, this limited experience creates uncertainty about whether the observed births in the historical period are credible in volume to serve as the basis for capitation rate development.

Given the lower volume of births, Mercer intends to utilize the historical information from both the Standard Plan and BH I/DD Tailored Plan populations to establish a maternity event payment for the BH I/DD Tailored Plan that uses a broader experience base, but also reflects the higher acuity and cost level associated with births for BH I/DD Tailored Plan populations as observed in the historical data.

The methodology will rely on the statewide average Standard Plan maternity event payment (approximately \$10,000 per event based on SFY 2020 Standard Plan capitation rates) and then apply an upward adjustment to reflect the higher cost levels observed within the BH I/DD Tailored Plan data sets. Based on initial review, this adjustment factor may be approximately 1.15 on average across the regions. This would then be applied multiplicatively to illustrate an estimated BH I/DD Tailored Plan maternity event payment of \$11,500.00 ($\$10,000 \times 1.15$).

This methodology and the underlying factors will be refined and finalized as part of the final rate development process.

10.2 TBI Rate Development Methodology

Within the SFY 2018 historical data for the BH I/DD Tailored Plan, there is very limited historical data for individuals enrolled in the TBI 1915(c) waiver, which has an overall waiver capacity of only 49 slots currently.

Given this low volume of historical data, Mercer intends to utilize the historical information from other BH I/DD Tailored Plan populations to establish a capitation payment that is appropriate for the TBI population.

The methodology will rely on the average Innovations waiver service utilization and PMPM data for the applicable region, along with adjustments informed by DHHS clinical input, to reflect cost differences between the TBI and I/DD populations that are specific to the Home and Community Based Services (HCBS) offered under each waiver. This adjustment would then be applied multiplicatively to establish the BH and Waiver service needs for the TBI population. Based on initial review, the BH service costs of approximately \$4,000 PMPM would be multiplied by an adjustment factor of 1.20 to estimate a \$4,800 PMPM for the TBI population.

Similarly, Mercer will consider potential differences in acute care costs between the non-dual ABD adults and non-dual TBI populations. Mercer will research other state information to develop an acuity differential, which will be applied to the non-dual ABD adult acute care cost PMPM multiplicatively to determine a reasonable level of acute care service costs for non-dual TBI adults. Based on initial review, the non-dual ABD adult acute services cost of approximately \$1,300 PMPM would be multiplied by an adjustment factor of 1.15 to estimate a \$1,500 PMPM for the TBI population.

These two adjusted service cost amounts will be considered the base estimated service costs within the capitation rates for non-duals at the illustrated \$6,300 PMPM, while duals at \$4,800 PMPM will not include acute care. These service costs will then be further adjusted to reflect the trend, programmatic changes adjustments, managed care adjustments, and non-benefit considerations outlined in this Draft Rate Book.

This methodology and the underlying factors will be refined and finalized as part of the final rate development process.

11 TREND ASSUMPTIONS

Trend is the projection of utilization and unit cost changes over time. A trend factor is necessary to estimate the expenses of providing health care services in the SFY 2023 rating period. Per 42 CFR 438.5(b)(2) of the CMS Managed Care Final Rule (Final Rule), in setting actuarially sound rates, the actuary must “develop and apply trend factors, including cost and utilization, to base data that are developed from actual experience of the Medicaid population or a similar population in accordance with generally accepted actuarial practices and principles.”

11.1 Trend Development Methodology

The methodology and approach used by Mercer to develop trends was consistent with methods utilized for trend development within the Standard Plan program, though the data and information considered was unique to the BH I/DD Tailored Plan populations. Mercer reviewed historical FFS and BH LME/MCO claims and enrollment data during the SFY 2017 and SFY 2018 time periods for the BH I/DD Tailored Plan population. LME/MCO encounter data from the SFY 2019 period was also considered. The data was analyzed on a rolling average basis (12-months, 9-months, 3-months and single month) to evaluate changes in historical cost and utilization patterns while smoothing the influence of significant outliers and seasonality. Regression models were also created to fit the historical data to a linear equation by region and service category. The slope of the fitted line from the historical data informed prospective trend assumptions. As a secondary source, Mercer reviewed actuarial reports from CMS Office of the Actuary, Consumer Price Indices and trend information from the Standard Plan and LME/MCO programs as well as other state Medicaid programs.

Unit cost and utilization trend factors were developed to form an overall PMPM trend for each of the major COS. Similar service categories were aggregated and reviewed on a statewide and regional basis. Rate cell and regional variations were also evaluated and informed further delineation where warranted for certain COS; assumptions vary by rate cell and region for prescription drugs which make up over 13% of the total BH I/DD Tailored Plan base expenditures. Since each rate cell has a different distribution of services, the trend assumption percentages translate to a different total PMPM impact by rate cell. The trend assumptions were applied from the midpoint of the SFY 2018 base data period to the midpoint of the contract period, a total of 60 months.

11.2 Overall Trend Assumptions

Mercer developed an annual trend assumption of approximately 2.8% to project the SFY 2018 base data to the contract period. The impact varies by COS and is captured in the table below. The FQHC/RHC provider rates were indexed to the Medicare Economic Index market basket update. Additional commentary and considerations for hospital services, prescription drugs, and behavioral health services are provided below the trend tables.

Table 15: Overall Annual PMPM Trend Projections by Region and Major Service Category¹⁹

COS	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Inpatient – PH	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%
Outpatient Hospital – Facility	4.7%	3.6%	5.7%	4.1%	3.1%	5.7%	6.7%	5.0%
Outpatient Hospital – Professional	0.5%	2.5%	0.5%	2.5%	0.5%	0.5%	0.5%	0.9%
Emergency Room – PH	0.5%	0.5%	0.5%	0.5%	0.0%	0.0%	0.5%	0.4%
Physician - Primary Care	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	4.8%
Physician – Specialty	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	4.8%
FQHC/RHC	7.0%	7.0%	7.0%	3.9%	3.9%	7.0%	7.0%	6.5%
Other Clinic	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	4.6%
Other Practitioner	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	5.0%
Family Planning Services	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	4.8%
Therapies	5.5%	5.5%	5.5%	2.5%	2.5%	5.5%	5.5%	4.7%
Prescribed Drugs	3.9%	5.5%	4.7%	4.6%	4.6%	4.5%	3.9%	4.5%
Durable Medical Equipment	0.0%	0.0%	0.5%	0.0%	1.0%	1.0%	0.5%	0.4%
Lab and X-ray	0.0%	0.0%	0.5%	0.0%	1.0%	1.0%	0.5%	0.5%
Optical	0.0%	0.0%	0.5%	0.0%	1.0%	1.0%	0.5%	0.5%
Limited Dental Services	0.0%	0.0%	0.5%	0.0%	1.0%	1.0%	0.5%	0.4%
Transportation – Ambulance	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Transportation – NEMT	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Nursing Home	1.0%	2.0%	2.0%	0.0%	0.0%	0.0%	2.0%	1.1%
Home Health	1.0%	2.0%	2.0%	0.0%	0.0%	0.0%	2.0%	1.4%
Personal Care	1.0%	2.0%	2.0%	0.0%	0.0%	0.0%	2.0%	1.1%
Hospice	1.0%	2.0%	2.0%	0.0%	0.0%	0.0%	2.0%	1.4%
Inpatient – BH	3.0%	3.0%	2.0%	2.7%	3.0%	5.0%	2.8%	2.8%
Outpatient Hospital – BH	4.0%	4.8%	9.5%	3.0%	5.5%	6.3%	6.0%	6.0%
Emergency Room – BH	0.5%	0.5%	0.5%	0.5%	0.0%	0.0%	0.5%	0.4%
ICF/IID	3.8%	3.0%	1.0%	1.3%	1.0%	1.3%	0.8%	1.5%
PRTF	5.5%	-2.2%	-1.3%	4.8%	2.3%	2.8%	3.5%	1.5%
BH Long-term Residential	1.7%	4.5%	1.0%	2.0%	0.5%	0.0%	1.0%	1.5%
MST	0.0%	1.3%	2.8%	3.3%	0.0%	2.8%	0.0%	1.4%
IIHS	3.0%	0.5%	1.7%	0.0%	1.0%	2.2%	6.7%	2.5%
ACT	0.8%	1.8%	1.8%	3.0%	2.5%	2.5%	1.7%	1.8%
Community Support	0.0%	0.0%	3.8%	2.8%	0.0%	0.0%	0.0%	0.8%
Partial Hosp/Day Tx	1.7%	7.0%	6.5%	-0.5%	6.5%	8.5%	-2.0%	4.3%

¹⁹ Physician trend projections were applied to the primary and specialty care physician, Therapies, Other Clinics and Practitioners, and Family Planning Services COS lines. Other acute care trend projections were applied to the Limited Dental Services, Durable Medical Equipment, Optical and Lab and X-ray service lines.

Psych Rehab	1.5%	1.0%	2.8%	5.0%	0.0%	2.8%	1.0%	1.8%
Crisis Services	14.8%	13.0%	10.3%	13.0%	4.8%	6.3%	5.5%	9.6%
Other BH Services	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Innovations - Day Support	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.2%
Innovations - In-Home Services	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.1%
Innovations – Other	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.1%
Innovations - Personal Care	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.1%
Innovations - Residential Supports	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.1%
Innovations – Respite	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.1%
Innovations - Supported Employment	1.5%	2.8%	2.0%	3.0%	2.3%	1.5%	2.0%	2.2%
B3 Services	15.2%	6.3%	7.5%	8.5%	3.0%	65.2%	3.0%	9.5%
Peer Support Services	15.2%	6.3%	7.5%	8.5%	3.0%	65.2%	3.0%	8.8%
Medical Home Payments	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	3.0%	3.3%	2.8%	2.7%	2.3%	3.5%	2.5%	2.8%

The tables below show the trend factors by region and by population. The impact of trend is generally consistent across the regions; differences are driven by the variation in the utilization of services within each region.

Table 16: Overall Annual Trend Projections by BH I/DD Tailored Plan Region

Region	Unit Cost Trend	Utilization Trend	Total PMPM Trend
Region 1	1.4%	1.6%	3.0%
Region 2	1.3%	2.0%	3.3%
Region 3	0.9%	1.9%	2.8%
Region 4	1.2%	1.5%	2.7%
Region 5	1.4%	0.9%	2.3%
Region 6	1.3%	2.1%	3.5%
Region 7	1.2%	1.3%	2.5%
Total BH I/DD Tailored Plan	1.2%	1.6%	2.8%

Table 17: Overall Annual PMPM Trend Projections by Region and COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	4.2%	5.4%	2.9%	3.2%	3.0%	3.9%	3.0%	3.5%
Non-Dual Aged, Blind & Disabled Adult	3.5%	3.4%	3.6%	2.8%	2.5%	4.3%	2.7%	3.2%
Non-Dual TANF Child	3.3%	2.8%	3.2%	2.6%	2.0%	3.9%	3.9%	3.0%
Non-Dual TANF Adult	3.4%	4.0%	5.0%	2.8%	3.6%	6.2%	3.7%	4.2%
Non-Dual Foster	2.8%	2.6%	1.7%	2.8%	1.9%	3.3%	2.6%	2.4%
Non-Dual Innovations	1.8%	2.6%	2.3%	2.9%	2.2%	1.7%	2.3%	2.3%

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Dual Aged	3.8%	3.0%	1.6%	1.6%	1.3%	1.8%	0.9%	1.8%
Dual Blind & Disabled and Other	4.0%	3.1%	2.2%	2.2%	1.4%	3.7%	1.3%	2.4%
Dual Innovations	1.5%	2.7%	2.0%	3.0%	2.2%	1.5%	2.0%	2.1%
Total BH I/DD Tailored Plan	3.0%	3.3%	2.8%	2.7%	2.3%	3.5%	2.5%	2.8%

The sections below provide additional commentary for service categories with trend differences by rate cell or observations within the base data. For detailed trend assumptions by rate cell, see the Capitation Rate Development Exhibits included in Section 16 of this Draft Rate Book.

11.2.1 Hospital Services

Specific to Inpatient Hospital — PH services, DHHS is requiring BH I/DD Tailored Plans to reimburse hospitals no less than the DHHS-determined Diagnosis-Related Group (DRG) base rates, Medicaid DRG weights and outlier methodologies (unless there is mutual agreement on an alternative arrangement). DHHS is also requiring BH I/DD Tailored Plans to reimburse hospitals using hospital-specific defined percentage of charges for outpatient hospital services. Consideration for these reimbursement requirements was considered as part of rate development as outlined in Section 12.1 below. DHHS will increase the DRG base rate annually by the Medicare Inpatient Hospital Prospective Payment System (PPS) market basket update less the productivity adjustment, as published in the Medicare Hospital Inpatient PPS and Long Term Acute Care Hospital PPS Final Rule. The most recent data point of this trend index available from CMS at the time of this document being published was found to be 2.6% for federal fiscal year (FFY) 2020. Given that the hospital-specific DRG base rates provided by DHHS to Mercer were applicable to the FFY 2020 time period, a total trend equivalent to three full years of the 2.6% trend index (i.e., 8.0% of total unit cost trend) was applied to the unit costs for these services.²⁰ Note the trend index was also applied to the Outpatient Hospital – Facility component.

11.2.2 Prescription Drugs

Prescription drugs have the highest prospective trend assumptions in the capitation rates. Recent publications pertaining to the National Drug Trend and Pipeline suggest overall trends across specialty and traditional drug classes are expected to increase in the coming years. Further, prescription drug growth is expected to accelerate between 2017 and 2023 due to price growth, a robust targeted specialty pipeline, and fewer brand name drugs losing patent protection thus delaying generic product launches.

It is important to note pharmacy trends require special consideration in rate-setting. Recently, pharmacy trends have been higher than other services covered under Medicaid programs driven by large trends in specialty medications. Mercer has performed a trend analysis that reviews considerations for changes that occurred during the base data period as well as projections for specialty and traditional pharmacy trends by region and rate cell to account for the varying impact of prescription drugs for each population. This analysis was completed based on gross drug costs as rebates will be collected by DHHS and not collected by BH I/DD Tailored Plans. Some of the underlying reasons for the higher specialty trends include: expanded indications, direct to consumer advertising and new drugs entering the market faster due to breakthrough therapy approvals granted by the Food and Drug Administration (FDA).

Pipeline drugs, which are drugs that are still under development or discovery but are not yet available in the marketplace, are not generally reflected in the historical claims data, but are expected to impact utilization and

²⁰ Final hospital base reimbursement are still under development. Revised base rates and trend will be incorporated in final BH I/DD Tailored Plan capitation rates.

cost within therapeutic categories during the rate year. Pipeline drugs were evaluated and accounted for in the pharmacy trend development based on the information available at the time rates were developed.

Significant growth is anticipated in traditional drug classes such as diabetes, asthma, and substance abuse and dependence as well as specialty categories including rheumatoid arthritis and other inflammatory conditions, oncology, HIV, as well as other new and emerging therapeutic drugs and categories. Some recent examples of emerging drugs that have impacted expected pharmacy costs are treatments for hemophilia, enzyme deficiency, oncology, cystic fibrosis and hepatitis C. Specific to hepatitis C, the State expanded the treatment threshold to include F0 fibrosis level effective November 2017, as a result Mercer assumed that utilization of Hepatitis C treatments would remain strong throughout the rate year. Mercer included consideration for the impact of the emergence of new lower cost hepatitis C products in the development of the pharmacy trends. Additionally, Mercer considered the uniform Preferred Drug List (PDL) placement of drugs in the development of trends.

Overall Mercer is projecting specialty drug trends of around 7.5% and traditional drug trends around 2.7%. For the BH I/DD Tailored Plan population, specialty drug spend makes up approximately 39.2% of historical drug spend.

11.2.3 Behavioral Health Services

SFY 2017 and 2018 encounters from the LME/MCO program were reviewed as the main source for trend development for BH I/DD services. LME/MCO encounter data from the SFY 2019 period was also considered. Regional trend variation was considered in the development of the Tailored Plan BH I/DD trend assumptions.

In an effort to ensure trends do not duplicate program change impacts, steps were taken to adjust the data used for the analysis of trends to normalize out program changes that occurred during the base time period when possible. Emerging financial data made available through monthly LME/MCO submissions, for time periods beyond the base years, were also leveraged to help inform the overall level and sufficiency of the trend assumption included in the cost projections.

Mercer provides the following observations with respect to trends for BH I/DD services:

- Trends developed for the SFY 2020 and SFY 2021 LME/MCO rate setting processes were reviewed and considered as part of trend development for the BH I/DD Tailored Plan.
- ICF trends do not consider any unit cost growth for State Facilities as fee growth to the SFY 2023 period for these facility types was considered in a separate program change outlined in Section 12.5.1.
- Innovations trends included consideration for known fee schedule changes. Trend review included consideration for emerging and continued experience changes related to Innovations Waiver Changes effective November 1, 2016.
- Utilization of 1915(b)(3) services exhibited significant increases.
- Outpatient trends reflect continuation of growth in Autism Spectrum Disorder (ASD) service utilization and consideration for State fee schedule increases for certain Evaluation and Management services.

Overall, the trends developed for the SFY 2020 and SFY 2021 LME/MCO rate setting processes were reviewed and considered as part of trend development for the BH I/DD Tailored Plan. When appropriate, trends were also modified to reflect long term outlooks for service costs and to avoid duplication of one-time events considered in the SFY 2020 and/or SFY 2021 trends for the LME/MCO rate setting process such as those outlined in the preceding paragraph.

12 PROGRAM DESIGN CONSIDERATIONS

Mercer has adjusted the data for known programmatic design elements that are anticipated to impact the projected claims expenditures. Mercer has utilized information in the claims data as well as information provided by DHHS to assess the impact of known programmatic changes to the capitation rates. As outlined in prior sections, Mercer did not adjust for programmatic changes and design elements implemented in response to the COVID-19 pandemic.

12.1 Hospital Reimbursement Methodology

DHHS has historically reimbursed hospitals using a mix of FFS claims payments and supplemental payments. In the initial contract years, rate floors will apply for BH I/DD Tailored Plan payments for physical health services to hospitals that incorporate a portion of these supplemental payments into new hospital DRG base rates defined annually by DHHS. For additional information on the hospital reimbursement methodology, see Appendix F.

DHHS provided Mercer with proposed hospital-specific inpatient DRG base rates for each in-state hospital provider number (NPI) based on a methodology that ensures each hospital within a class receives the same percentage of Medicaid and uninsured costs covered on a per unit basis compared to the current state.²¹ In providing this information, DHHS noted the base rates were on a FFY 2020 basis. DHHS also informed Mercer that the base rates for out-of-state providers would not be impacted by this reimbursement methodology change. Similarly, historical behavioral health reimbursement arrangements between the LME-MCOs and hospitals are not assumed to be impacted by these DRG base rate changes. Additionally, the hospital per diem rates for rehabilitation stays were increased in the hospital reimbursement methodology to incorporate historical supplemental payments. Mercer included consideration for these hospital per diem changes as part of this new hospital reimbursement methodology.

Mercer utilized the new inpatient base rate schedule, the base rate schedule in effect during SFY 2018 and SFY 2018 utilization sorted by provider, DRG and rate cell to model the increase in spend for each rate cell for Inpatient — PH service payments as a result of the new DRG base rates and new rehabilitation per diem rates. Mercer’s analysis utilized the hospital-specific base rates to reprice the hospital claims for each rate cell and region using the state’s DRG cost weights as well as the state’s outlier reimbursement methodology. As the outlier methodology is generally based on charges and cost-to-charge ratios, the outlier payments were not significantly impacted by the change in hospital base rates. The projected increase was then applied as a percentage change to the Inpatient — PH service costs for each rate cell and region combination. The percentage impacts to the total service PMPM for each rate cell are outlined in the table below. In addition to the adjustment below, the hospital base rates were indexed to the Medicare Inpatient Hospital PPS market basket update less the productivity adjustment via unit cost trend discussed in Section 11.2.1.

Table 18 summarizes the percentage impact to the PMPM of repricing all inpatient physical health claims using the new DRG base rates for each NPI. Regional differences are driven by a mix of the change from uniform to hospital-specific base rates, driving variation in impacts by hospital, as well as variation in inpatient hospital utilization by region.

Table 18: PMPM/Payment Percentage Impact of Inpatient Hospital Reimbursement Requirements by COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	3.7%	2.5%	3.2%	3.7%	4.0%	3.5%	3.8%	3.5%

²¹ Final hospital base reimbursement are still under development. Revised base rates and trend will be incorporated in final BH I/DD Tailored Plan capitation rates.

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Aged, Blind & Disabled Adult	9.6%	11.2%	7.2%	8.8%	9.5%	8.6%	6.9%	8.5%
Non-Dual TANF Child	1.1%	2.2%	2.3%	2.6%	2.2%	3.5%	2.1%	2.2%
Non-Dual TANF Adult	8.8%	9.9%	5.9%	8.5%	9.7%	8.0%	5.0%	7.7%
Non-Dual Foster	0.9%	0.3%	0.5%	1.1%	2.1%	0.2%	0.6%	0.9%
Non-Dual Innovations	2.0%	1.1%	1.1%	1.2%	1.7%	1.9%	1.8%	1.5%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	3.3%	3.7%	2.8%	3.3%	3.8%	3.9%	2.8%	3.3%

As outlined in Appendix F, DHHS as part of Transformation will cease to pay hospital supplemental payments and instead pay in-state hospitals at a higher, defined percentage of charges intended to approximate an amount equal to 100% of Outpatient Hospital — Facility costs. Based on review of historical payment levels and discussion with DHHS, Mercer found that historical Outpatient Facility claims were paid at 70.0% of cost on average. Therefore, Mercer identified the Outpatient Facility claims data within the historical SFY 2018 base data and applied an adjustment of 42.9% (1 divided by 70.0%). This adjustment was only applied to the Outpatient Facility costs for physical health services provided by in-state provider NPIs, as out-of-state providers will not receive the same increased payment. This adjustment was applied to Emergency Room costs, but was not applied to Outpatient Hospital — Professional costs. The service PMPM/payment percentage impact is summarized in the tables below. In addition to the adjustments below, the Outpatient Hospital Facility claims were indexed via unit cost trend discussed in Section 11.2.1.

Table 19: PMPM/Payment Percentage Impact of Outpatient Hospital Reimbursement Requirements by COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	2.3%	1.1%	1.9%	1.7%	1.1%	1.1%	1.1%	1.5%
Non-Dual Aged, Blind & Disabled Adult	1.6%	1.2%	1.7%	1.1%	1.1%	1.0%	1.2%	1.3%
Non-Dual TANF Child	1.1%	0.8%	1.2%	0.9%	0.8%	0.9%	0.7%	1.0%
Non-Dual TANF Adult	2.2%	1.2%	1.6%	1.1%	1.2%	1.3%	1.5%	1.5%
Non-Dual Foster	0.4%	0.3%	0.6%	0.3%	0.2%	0.2%	0.2%	0.3%
Non-Dual Innovations	0.7%	0.5%	0.5%	0.4%	0.4%	0.5%	0.4%	0.5%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.9%	0.7%	0.9%	0.6%	0.6%	0.7%	0.6%	0.8%

Table 20: PMPM/Payment Percentage Impact of Emergency Room Reimbursement Requirements by COA

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.2%	0.2%	0.4%	0.3%	0.3%	0.2%	0.3%	0.3%
Non-Dual Aged, Blind & Disabled Adult	0.6%	0.6%	0.7%	0.6%	0.7%	0.5%	0.5%	0.6%

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual TANF Child	0.4%	0.5%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%
Non-Dual TANF Adult	1.2%	1.1%	1.3%	1.1%	1.4%	1.0%	1.3%	1.2%
Non-Dual Foster	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
Non-Dual Innovations	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.3%	0.3%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%

As outlined in Section 7.4, DHHS will make GME payments directly to eligible hospitals, and thus BH I/DD Tailored Plans will not be required to reimburse hospitals for GME. The hospital reimbursement methodology adjustment above excludes any costs associated with GME.

As part of the hospital reimbursement design, DHHS is also requiring BH I/DD Tailored Plans to make additional, utilization based, “directed payments” under 42 CFR 438.6(c) to hospitals owned by UNC Health Care and Vidant Medical Center. DHHS will reimburse BH I/DD Tailored Plans for these additional payments outside of the prospective PMPM and maternity event capitated payments, and thus no adjustment was made to the capitation rates.

12.2 Physician Services Fee Schedule Change

DHHS will establish rate floors set at FFS levels as required by N.C. Gen. Stat. § 108D-65(5) and allowed by 42 CFR 438.6(c)(1)(iii)(A) for in-network physicians and physician extenders. The rate floor for in-network primary and specialty care physicians, as well as physician extenders (e.g., nurse practitioners and physician assistants) will be set at 100.0% of the Medicaid FFS rate.

Effective January 1, 2019, DHHS increased reimbursement rates for some Physician Services.²² This reimbursement change impacted evaluation and management codes for specified provider taxonomies for primary care physicians (including obstetrician and gynecologists), nurse practitioners and physician assistants, which are captured under the Physician — Primary Care COS summarized for capitation rate development. Mercer received the revised fee schedule from DHHS and evaluated the impact of the reimbursement change by repricing the utilization in the SFY 2018 base data at the new reimbursement rates. This resulted in an overall increase of approximately \$9.3 million, or 0.3%, to the BH I/DD Tailored Plan service expenditures built into the BH I/DD Tailored Plan capitation rates, and is summarized by population in the table below.

Table 21: Impact of Physician Services Fee Schedule Change

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.5%	0.4%	0.6%	0.6%	0.4%	0.5%	0.6%	0.5%
Non-Dual Aged, Blind & Disabled Adult	0.3%	0.4%	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%
Non-Dual TANF Child	0.6%	0.6%	0.7%	0.7%	0.5%	0.6%	0.6%	0.6%
Non-Dual TANF Adult	0.6%	0.7%	0.6%	0.7%	0.6%	0.5%	0.9%	0.7%
Non-Dual Foster	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.2%

²² https://files.nc.gov/ncdma/documents/files/SPA-18-0012-Physician_Services.pdf

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Innovations	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%

12.3 FQHC/RHC Providers

Per the BH I/DD Tailored Plan RFA, the BH I/DD Tailored Plans shall reimburse FQHCs and RHCs for covered services at negotiated rates that are no less than the Medicaid Fee Schedule. DHHS has determined that the floor will be the base FFS payments with the State making a wraparound payment to the PPS rate. This is not a material difference to the current payment process, as such Mercer has not applied a data adjustment since the underlying FFS data reflects similar reimbursement levels. As discussed in Section 11, the FQHC/RHC provider rates were indexed to the SFY 2023 time period using the most recent information on the Medicare Economic Index market basket update.

12.4 Nursing Facility Payments

DHHS will establish rate floors set at FFS levels as allowed by 42 CFR 438.6(c)(1)(iii)(A) for in-network nursing facilities. For a period of time to be defined by DHHS, BH I/DD Tailored Plans shall be required to reimburse nursing facilities (excluding those owned and operated by the State) at a rate that is no less than the Medicaid FFS rate. The DHHS nursing facility per diem schedule changes quarterly. As such, Mercer incorporated an adjustment to reflect the October 1, 2019 Nursing Facility rates representing the most recent rates published on the DHHS website that did not reflect any COVID-19 adjustments. Mercer also included consideration for additional trend for estimated future changes. DHHS will continue to update Nursing Facility rates quarterly; therefore, Mercer evaluated historical quarterly changes to include an additional trend factor for Nursing Facility payments. Specifically, Mercer assumed 2.7% additional growth beyond the October 2019 fee schedule. This adjustment was applied to the Nursing Home COS line, and resulted in approximately a \$492,000, or 0.0%, overall increase.

12.5 LME/MCO Services Reimbursement

The BH I/DD Tailored Plan program design includes service offerings for BH I/DD services historically covered through the LME/MCOs (see Section 5, Table 3 for a listing of these services). However, services historically covered by LME/MCOs are reimbursed at rates negotiated by the LME/MCOs and providers. These rates are generally not subject to a rate floor requirement as outlined in DHHS's contract with the BH I/DD Tailored Plans (with an exception for services provided by psychiatrists, which fall under the physician rate floor). Below are adjustments made to the encounters to reflect current program design for BH I/DD services.

12.5.1 State Facility Per Diem Change

Each fiscal year, the State fee schedule for the applicable State facilities is updated by DHHS. This fee schedule change affects the Inpatient, Psychiatric Residential Treatment Facility (PRTF) and ICF/IID COS. Mercer leveraged the July 1, 2020 State facility per diems provided by the State along with recent year over year change in these fees to inform this adjustment. The State expects annual increases in these fees to continue, so Mercer applied a 2.6% annual trend assumption to the unit costs included in this fee schedule adjustment in order to project the per diem levels all the way to the SFY 2023 rating period for the BH I/DD Tailored Plans.

Additionally, based on an evaluation of the historical data and feedback provided by the State, Mercer determined that historically there has been a correlation between declines in utilization and per diem rate

increases for select facilities. Based on Mercer’s review of the utilization patterns and State input, this has occurred in instances where Medicaid utilization has decreased and thus the facility requires a larger per diem increase in order to maintain more consistent Medicaid funding levels. Therefore, an offsetting negative utilization adjustment was included in Mercer’s analysis based on changes observed in the historical utilization for these facilities.

The aggregate historical BH I/DD Tailored Plan claims for these facilities total approximately \$266 million. The table below illustrates the impact of this adjustment.

Table 22: Impact of State Facility Per Diem Change

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	1.0%	0.1%	0.9%	0.4%	0.3%	0.4%	-1.3%	0.3%
Non-Dual Aged, Blind & Disabled Adult	0.6%	1.1%	0.7%	0.9%	1.3%	0.9%	1.1%	0.9%
Non-Dual TANF Child	0.9%	-0.1%	-0.1%	0.2%	0.2%	0.3%	-0.5%	0.1%
Non-Dual TANF Adult	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Foster	0.8%	0.0%	0.3%	0.8%	0.3%	-0.1%	-1.4%	0.1%
Non-Dual Innovations	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Dual Aged	10.5%	13.9%	6.5%	14.1%	2.8%	14.6%	9.1%	9.7%
Dual Blind & Disabled and Other	4.4%	8.6%	4.5%	8.1%	1.6%	8.2%	4.4%	5.4%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
Total BH I/DD Tailored Plan	1.2%	1.8%	1.0%	1.7%	0.6%	2.0%	0.9%	1.2%

12.5.2 Transition to Community Living Initiative (TCLI)

Effective beginning February 1, 2013, per a settlement with the Department of Justice (DOJ), the TCLI requires the expansion of Medicaid BH I/DD service provisions and the transition of Medicaid eligibles from Institutional to Community settings. The settlement requires that 2,500 individuals will transition from Institutional to Community settings between February 1, 2013 and the end of SFY 2020. Any potential changes related to the North Carolina Olmstead Plan will be considered during the final capitation rate development.

The statewide expectation of 2,500 clients transitioned was utilized in this adjustment. As compared to the number of clients expected to have transitioned as of the end of SFY 2018, this accounts for another 415 clients statewide. The phase in was allocated to each BH I/DD Tailored Plan region based on MMs.

The additional users were assumed to generate additional utilization of Assertive Community Treatment (ACT), Outpatient, Psychosocial Rehabilitation and Peer Support services. The costs for this additional utilization were calculated as part of the original DOJ adjustment, and were based on cost per user from historical data and Medicaid eligibility assumptions determined with guidance from the State. Since the experience for these individuals has begun to present itself in the data, Mercer received a list from the State of the individuals who had already transitioned. Mercer leveraged this list to evaluate the initial cost and penetration of individuals who had previously transitioned into community settings. Mercer observed that transitioning individuals identified in the managed care data tended to access only a subset of the noted services. As a result of this analysis, Mercer assumed each service would be utilized by approximately 50.0% of the transitioning individuals. This average assumption resulted in an overall impact comparable to actual observed costs. The total program change impact was calculated by multiplying the additional users by the assumed cost per user for each service. The table below illustrates the PMPM impact of this adjustment.

Table 23: Impact of TCLI Change

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Aged, Blind & Disabled Adult	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Non-Dual TANF Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual TANF Adult	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%
Non-Dual Foster	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Aged	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%
Dual Blind & Disabled and Other	0.5%	0.4%	0.4%	0.5%	0.5%	0.3%	0.4%	0.4%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

12.5.3 1115 Medicaid Demonstration – Substance Use Disorder (SUD) IMD Changes

Following the approval of the State’s 1115 Medicaid demonstration titled “North Carolina Medicaid Reform Demonstration” and associated SUD Implementation Plan, the State has begun implementing, on a rolling basis, the various SUD aspects of this demonstration, which authorizes federal financial participation for services provided to Medicaid enrollees with a SUD who are short-term residents in residential and inpatient treatment facilities that meet the definition of an IMD.

The timeline for expansion of the State Plan SUD service array is pending and has not been considered in the draft rates summarized in this document. Future rate updates may be necessary as additional components of the SUD implementation plan become effective. However, the component of the demonstration which lifts IMD restrictions on the inclusion of SUD-related IMD expenses in capitation rate development, went into effect prior to the SFY 2020 contract period. Thus, a program change was calculated to remove the 15-day limitation and State Plan equivalent pricing limits for SUD-related stays at IMD facilities. The adjustment included consideration for pricing at the full assumed cost for these stays without the restriction to the State Plan equivalent per diem. Mercer relied on historical IMD utilization provided by the Division of State Operated Healthcare Facilities and SFY 2018 and SFY 2019 IMD managed care experience related to SUD stays to inform the adjustment assumptions. Days observed in SFY 2018 for SUD-related stays at IMD facilities were assumed to increase by 50.0% after the 15-day limitation removal. The average per diem for these SUD stays was assumed to increase from the State Plan equivalent per diem by an average of 46.0% statewide, based on review of the unadjusted per diems observed in the encounters and the Alcohol and Drug Abuse Treatment Center per diem schedule. Please see the table below for the impacts of this IMD coverage adjustment.

Table 24: Impact of IMD Coverage Changes

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Aged, Blind & Disabled Adult	0.4%	0.1%	0.2%	0.2%	0.3%	0.0%	0.0%	0.2%
Non-Dual TANF Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual TANF Adult	0.3%	0.0%	0.1%	0.1%	0.3%	0.0%	0.0%	0.1%

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Foster	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%

12.5.4 Community Support Team (CST)

Effective October 1, 2019, the State updated the service definition for the CST service which is anticipated to result in higher utilization due to broader admission criteria and potential for longer-term utilization of the service. Additionally, a higher payment rate was developed to correspond with the new service model.

The State provided projections of the additional utilization anticipated due to the service definition changes and the new payment rate. Mercer developed a program change to build in the expected new utilization based on the projections provided by the State priced at the new payment rate. The impact of new utilization was proportionally distributed to the BH I/DD Tailored Plans based on historical utilization of the CST service. Additionally, the impact of the unit cost change on historical experience was determined by repricing historical utilization in the managed care base data at the new rate provided by the State. Please see the table below for the impact of this adjustment.

Table 25: Impact of CST Changes

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.0%	0.0%	0.1%	0.0%	0.2%	0.2%	0.0%	0.1%
Non-Dual Aged, Blind & Disabled Adult	0.5%	0.7%	0.7%	0.4%	1.2%	0.9%	0.8%	0.7%
Non-Dual TANF Child	0.0%	0.0%	0.1%	0.1%	0.1%	0.4%	0.0%	0.1%
Non-Dual TANF Adult	0.4%	0.6%	1.3%	0.4%	2.1%	1.9%	1.2%	1.2%
Non-Dual Foster	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Aged	0.1%	0.1%	0.3%	0.1%	0.3%	0.2%	0.1%	0.2%
Dual Blind & Disabled and Other	0.8%	0.6%	0.9%	0.5%	1.8%	1.0%	1.1%	0.9%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.2%	0.3%	0.4%	0.2%	0.6%	0.6%	0.4%	0.4%

12.5.5 1915(b)(3) Service Array Expansion

Effective July 1, 2019, the 1915(b)(3) service array was expanded statewide to include In-Home Skill Building, Transitional Living Skills and Intensive Recovery Support services. These services were piloted in the Cardinal 15-County legacy region of the LME/MCO program beginning in October 2013 and subsequently expanded. Claims experience from the Cardinal 15-County region was used to model the impact of the additional services on 1915(b)(3) utilization for the BH I/DD Tailored Plans based on the proportion of spend for the new services relative to all other 1915(b)(3) services. This program change had an impact of 0.1% to the overall BH I/DD Tailored Plan.

12.5.6 Peer Support

On October 22, 2019, CMS approved a State Plan Amendment effective July 1, 2019, which adds Peer Support as a State Plan service. Prior to this approval, Peer Support was a 1915(b)(3) waiver service with significant utilization across the State, most prominently under the Cardinal LME/MCO. Shifting Peer Support from a 1915(b)(3) service to a State Plan service will increase availability to members, however specific unit limitations in the State Plan definition may mitigate some utilization growth. Additionally, the State has developed a new fee for the State Plan service.

Mercer developed the program change impact based on information provided by the State, including the new 15-minute unit fee and anticipated utilization increases. The existing 1915(b)(3) utilization was repriced at the new fee. This program change had an impact of 0.2% to the overall BH I/DD Tailored Plan draft capitation rates.

12.6 Other FFS Service Reimbursement

The RFA outlines a number of BH I/DD Tailored Plan provider payment requirements for other service types, including Local Health Department payments, out-of-network providers, Indian Health Care Providers, public ambulance providers and hospice payments. Based on review of the RFA and current program requirements, along with discussions with DHHS, Mercer understands that these reimbursement requirements do not largely diverge from historical FFS reimbursement arrangements. Mercer did ensure that the base experience reflected appropriate trend and/or changes to FFS reimbursement, including fee schedule changes discussed in this Draft Rate Book. Mercer did not include an explicit adjustment in the capitation rates for BH I/DD Tailored Plan reimbursement requirements for these other service types.

12.7 Additional Directed Payments for Certain Providers

Per the RFA and as allowed under 42 C.F.R. §438.6(c)(1)(iii)(B), the BH I/DD Tailored Plans shall make additional directed payments as determined by the Department. This includes payment to certain in-network providers which includes, but may not be limited to, public ambulance providers, LHDs, certain faculty physicians affiliated with the teaching hospitals for each University of North Carolina medical school, and hospitals owned by UNC Health Care or Vidant Medical Center. As noted, these payments are outside of the monthly PMPM capitation payments and Maternity Event payment. However, the table below reflects the historical cost settlements, across all populations, made to these provider types. Note that additional directed payments made to the BH I/DD Tailored Plans for the BH I/DD Tailored Plan population may differ from the amounts cited below.

Table 26: Historical Cost Settlement Amounts for Additional Payments Outside of the Prospective PMPM and Maternity Event Capitated Rates for all Medicaid Populations

Provider Type	SFY 2016 Settlement Amount	SFY 2017 Settlement Amount
Public Ambulance	\$60,800,909	\$64,850,285
LHDs	\$64,547,641	\$70,600,578
Certain faculty physicians affiliated with the University of North Carolina and East Carolina University schools of medicine	\$82,465,468	\$107,207,490

12.8 Adult Optical Services

Effective January 1, 2019, DHHS received approval for a State Plan Amendment (SPA) to expand optical service coverage for adults ages 21+ to include routine eye exams, prescription eyeglasses and medically necessary contact lenses. Eyeglasses fabrication continues to be carved out of the BH I/DD Tailored Plans per state law; however, Mercer applied an adjustment to include the optical services that will be provided by the BH I/DD Tailored Plans. DHHS provided the fiscal impact and modeling done for the SPA, which Mercer reviewed for

reasonableness based on other state Medicaid program experience. This resulted in an upward adjustment of approximately \$1.2 million for the BH I/DD Tailored Plan, resulting in an additional \$3.12 PMPM added to the Non-Dual ABD Adult rate cell and \$1.16 PMPM added to the Non-Dual TANF Adult rate cell. The impact of this adjustment is summarized by population in the table below.

Table 27: Impact of Adult Optical Services Coverage Change

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Aged, Blind & Disabled Adult	0.1%	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%
Non-Dual TANF Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual TANF Adult	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%
Non-Dual Foster	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%

12.9 Other Program Considerations

Mercer evaluated additional programmatic/reimbursement changes that will impact the BH I/DD Tailored Plan. The combined impact of these adjustments is 0.1% to the BH I/DD Tailored Plan service PMPM. Please see below for methodology of these additional rate considerations.

Table 28: Total Impact of Other Program Considerations

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Dual Aged, Blind & Disabled Adult	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Non-Dual TANF Child	0.2%	0.2%	0.3%	0.3%	0.2%	0.3%	0.2%	0.2%
Non-Dual TANF Adult	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Non-Dual Foster	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Non-Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

12.9.1 Therapy Visit Limit Increase

Effective September 15, 2018, DHHS increased the therapy visit limit for non-dual adults ages 21 and over.²³ Mercer evaluated emerging claims experience for therapy services through March 2019. Mercer applied completion factors to account for claims runout, and evaluated the change in average monthly therapies costs for the time periods before and after the policy change was implemented. Increases were observed in the recent months, so Mercer applied an upward adjustment of approximately \$134,000 for the BH I/DD Tailored Plan.

12.9.2 Ambulance Services

Effective January 1, 2019, DHHS issued notice that reimbursement rates for non-emergency medical transportation ambulance services would be increased to \$474.00.²⁴ This change impacts the transportation services covered under the BH I/DD Tailored Plan. Mercer applied this adjustment to the Transportation — Ambulance COS.

12.9.3 Dental Services

Effective January 1, 2019, DHHS issued notice that reimbursement rates for dental services would be increased by 10.0%.²⁵ This change impacts the limited dental services that are covered under the BH I/DD Tailored Plan. Mercer applied this adjustment to the final capitation rates for all rate cells.

12.9.4 Inpatient Liability Adjustment

DHHS has implemented a modification to the BH I/DD Tailored Plan requirements for the coverage of hospital stays reimbursed by DRG (not per diem reimbursement). Currently, Medicaid covers hospital stays if the beneficiary was eligible for Medicaid during any part of the stay. DHHS is amending hospital coverage requirements such that the BH I/DD Tailored Plans will also be liable for hospital stays that start prior to the start of the BH I/DD Tailored Plan enrollment span if there is no period of FFS or Standard Plan coverage prior to BH I/DD Tailored Plan enrollment. This would include beneficiaries who did not have Medicaid coverage along with beneficiaries who had limited coverage (such as partial duals or family planning program participants). This adjustment is separate from the retroactive eligibility adjustment as these stays originated under a partial benefit package that was otherwise previously excluded from the underlying data. Mercer calculated an adjustment by identifying individuals with Inpatient — PH claims that were not eligible for Medicaid or had a partial benefit package on the admission date, however, had BH I/DD Tailored Plan eligibility in the following month. However, this resulted in an immaterial impact to the BH I/DD Tailored Plan capitation rates.

12.9.5 Quitline Smoking Cessation Services

The Contract requires that the BH I/DD Tailored Plans contract with the Department's Quitline vendor at a minimum benefit level defined by the Department that promotes evidence-based standard of care for tobacco cessation. DHHS provided preliminary pricing information from Optum, the Quitline program contractor. Optum provided a preliminary PMPM impact of \$0.19 for Quitline services. Mercer applied a \$0.19 PMPM adjustment to all population groups included in this Draft Rate Book.

12.9.6 AMH Medical Home Fees

As outlined in the RFA, AMH base payments will now be \$1 or \$5 PMPM as the CA II PMPM of \$2.50, which was previously paid for TANF beneficiaries, is being changed to \$5.00 for BH I/DD Tailored Plan members. Mercer applied an adjustment to the Medical Home Payments COS lines for the TANF and Foster Care rate cells to reflect this increase in AMH payments. Overall, this adjustment rounded to 0.0% to the BH I/DD Tailored Plan service PMPM.

²³ <https://medicaid.ncdhhs.gov/blog/2018/10/05/updates-clinical-coverage-policy-10a-outpatient-specialized-therapies>

²⁴ <https://files.nc.gov/ncdma/documents/files/SPA-18-0011-NEMT.pdf>

²⁵ <https://files.nc.gov/ncdma/documents/files/SPA-18-0010-Dental.pdf>

13 MANAGED CARE ASSUMPTIONS

Managed care adjustments are applied to account for expected future changes in the utilization of certain services as a result of care management initiatives by the BH I/DD Tailored Plans.

The following components were analyzed as part of the managed care opportunity analysis and were specifically evaluated in the development of the BH I/DD Tailored Plan capitation rate development:

- Comparison of North Carolina FFS statistics to other state managed care experience
- Research regarding other state program initial managed care expectations and experience operating under managed care
- Research on expectations for integrated management of physical health and behavioral health services
- Pharmacy considerations under managed care

The methodology and approach used by Mercer to develop managed care adjustments was consistent with methods utilized within the Standard Plan rate development, though the data and information considered was unique to the BH I/DD Tailored Plan populations.

Given that most I/DD and BH Medicaid services are already managed by the LME/MCOs today, the analyses and findings outlined in this section are limited to acute care and pharmacy services. This is important to note as the mix of services within the BH I/DD Tailored Plan is more concentrated with BH and I/DD services (i.e., those which are already managed within the current LME/MCO managed care program).

13.1 Overall Managed Care Findings

Mercer applied managed care assumptions to acute care and pharmacy services in the Contract Year 1 capitation rate development for the BH I/DD Tailored Plan population. These assumptions were developed based on a review of current FFS program experience coupled with other data sources which includes specific data analyses such as integration analyses and pharmacy clinical edits analysis. Assumed reductions in provider services spend are offset by non-benefit expenses incorporated into BH I/DD Tailored Plan capitation rates as outlined in Section 15.

Mercer assumes it will take approximately three years for each population under managed care to realize the full extent of expected savings. For development of the RFA draft capitation rates, Mercer assumed approximately 75.0% of managed care savings to be realized in the first 12 months given a period of continuity of care and an implementation period for plans to realize results from their care management strategies and utilization management procedures. Mercer also expects the pharmacy clinical edits savings adjustment to ramp up to account for a continuity of care period where patients continue with the same prescribed drugs as when they were under FFS for a period of time.

The tables below illustrate the overall impact of the Contract Year 1 managed care assumptions by rate cell, region and by service. Overall, these amount to approximately a -5.2% impact to the acute care costs included in BH I/DD Tailored Plan which equates to a -1.7% impact to the total cost of BH I/DD Tailored Plan medical benefits (I/DD, BH and acute care). Regional utilization differences by rate cell are driving variance in the overall impact of the managed care assumptions by region for certain rate cells; all assumptions by service and rate cell were applied consistently by region.

Table 29: Contract Year 1 BH I/DD Tailored Plan Savings as a Percent of Total BH and Acute Care Costs

COA	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	-2.3%	-2.1%	-2.6%	-2.8%	-2.2%	-2.2%	-2.6%	-2.4%
Non-Dual Aged, Blind & Disabled Adult	-2.9%	-3.1%	-2.9%	-3.0%	-2.9%	-2.8%	-2.8%	-2.9%

Non-Dual TANF Child	-1.6%	-1.9%	-2.2%	-2.3%	-1.8%	-2.2%	-2.0%	-2.0%
Non-Dual TANF Adult	-4.7%	-4.9%	-4.1%	-4.8%	-4.9%	-4.1%	-4.1%	-4.5%
Non-Dual Foster	-0.8%	-0.8%	-0.9%	-1.0%	-1.1%	-0.5%	-0.8%	-0.9%
Non-Dual Innovations	-1.3%	-1.3%	-1.2%	-1.0%	-1.2%	-1.3%	-1.3%	-1.2%
Dual Aged	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Blind & Disabled and Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dual Innovations	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	-1.6%	-1.7%	-1.7%	-1.8%	-1.8%	-1.8%	-1.6%	-1.7%

Table 30: Contract Year 1 BH I/DD Tailored Plan Savings Factors to Medical Costs by COS

COS	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Inpatient – PH	-8.9%	-9.3%	-8.8%	-9.2%	-8.8%	-9.1%	-8.6%	-8.9%
Outpatient Hospital – Facility	-5.0%	-4.9%	-4.8%	-4.8%	-4.8%	-5.0%	-4.9%	-4.9%
Outpatient Hospital – Professional	-5.3%	-5.1%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
Emergency Room – PH	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%
Physician - Primary Care	5.4%	5.4%	5.8%	5.8%	5.9%	6.0%	5.8%	5.7%
Physician – Specialty	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%	-18.8%
FQHC/RHC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Clinic	-16.3%	-16.3%	-16.3%	-16.3%	-16.3%	-16.2%	-16.3%	-16.3%
Other Practitioner	-16.3%	-16.3%	-16.2%	-16.2%	-16.2%	-16.2%	-16.2%	-16.2%
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Therapies	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prescribed Drugs	-2.0%	-1.8%	-2.1%	-2.2%	-2.1%	-1.8%	-2.5%	-2.1%
Durable Medical Equipment	-13.8%	-14.0%	-13.8%	-13.8%	-13.6%	-14.1%	-13.9%	-13.8%
Lab and X-ray	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optical	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Limited Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation – Ambulance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Transportation – NEMT	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Nursing Home	-3.7%	-3.8%	-3.8%	-3.8%	-3.8%	-3.8%	-3.8%	-3.7%
Home Health	-3.5%	-3.5%	-3.4%	-3.5%	-3.3%	-3.7%	-3.4%	-3.4%
Personal Care	-3.6%	-3.7%	-3.5%	-3.4%	-3.6%	-3.6%	-3.7%	-3.6%
Hospice	-3.7%	-3.5%	-3.8%	-3.8%	-3.2%	-3.8%	-3.7%	-3.7%
Inpatient – BH	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient Hospital – BH	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Emergency Room – BH	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ICF/IID	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PRTF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BH Long-term Residential	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MST	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
IIHS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ACT	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Community Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Partial Hosp/Day Tx	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Psych Rehab	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other BH Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Innovations - Day Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations - In-Home Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations – Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations - Personal Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations - Residential Supports	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations – Respite	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Innovations - Supported Employment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
B3 Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Peer Support Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical Home Payments	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total BH I/DD Tailored Plan	-1.6%	-1.7%	-1.7%	-1.8%	-1.8%	-1.8%	-1.6%	-1.7%

13.2 Non-Pharmacy Benefits

This section gives an overview of the available information utilized in development of the managed care factors for non-pharmacy benefits. Section 13.3 overviews the specific analyses used to develop pharmacy-specific opportunity assumptions.

Mercer reviewed a number of data sources in order to arrive at reasonable managed care expectations for the BH I/DD Tailored Plan population. These reviews largely focused on a comparison to other state Medicaid managed care experience along with results of managed care integration analyses run on the BH I/DD Tailored Plan historical base data.

In general, BH I/DD Tailored Plans are expected to impact the current levels of medical cost and utilization through Tailored Care Management and their own care management and coordination efforts for individuals not enrolled in Tailored Care Management. The overall managed care savings may be achieved through a reduction in utilization of high-cost and high-intensity services as a result of activities such as, but not limited to:

1. Encouraging the use of preventive services so that acute conditions are not exacerbated to the point that requires a visit to the Emergency Room or hospitalization
2. Reducing non-emergent use of the Emergency room through member education and viable alternatives (e.g., extended hours for doctor’s offices, after-hours urgent care clinics or even nurse advice lines)
3. Hospital discharge planning to ensure a smooth transition from facility-based care to community resources, and minimize readmissions

In development of the managed care assumptions, Mercer has assumed no savings for waiver services and BH including emergency room utilization for instances where the primary diagnosis is related to BH and/or I/DD. This assumption is driven on the basis that the LME/MCOs have already managed this utilization to an appropriate level under the BH managed care program such that no additional savings is achievable.

In addition, Mercer analyzed the physician claims summarization to separate the data between primary care and specialist visits. For office visits, Mercer evaluated the impact on utilization for both primary care and specialty Physician visits. Mercer assumed decreases on Physician specialty visits, assuming BH I/DD Tailored Plans would increase provider network management to better manage services provided by specialists and specialty facilities. For primary care office visits, Mercer assumed increased utilization as a result of BH I/DD Tailored Plan preventative care efforts coupled with beneficiaries being diverted from more high-cost and high-intensity services. For the remaining physician administered services (FQHCs/RHCs, Therapies, Other Clinics and

Practitioners and Family Planning Services) Mercer calculated an overall average managed care assumption based on the underlying distribution of primary and specialty physician utilization.

Mercer did not make any assumptions of managed care contracting exceeding FFS reimbursement levels. While we acknowledge this scenario has played out in other Medicaid managed care programs, the State has made significant Medicaid FFS reimbursement changes to hospital and physician services leading up to managed care implementation. These changes establish a different reimbursement basis compared to other state programs that may have had different FFS reimbursement histories prior to managed care. Additionally, the provision that BH I/DD Tailored Plans may not pay more than 90.0% of Medicaid FFS to providers that are outside of the network if the provider declines a contract also incentivizes network participation for the BH I/DD Tailored Plan.

13.2.1 Other State Medicaid Experience

Mercer collected information from ten state Medicaid programs to serve as a comparison to North Carolina data and provide context regarding potential savings under managed care. The experience of these ten states was not limited to individuals similar to the anticipated BH I/DD Tailored Plan population, but instead represented a general Medicaid population. Based on Mercer's review of the North Carolina experience compared to other state Medicaid programs, Mercer observes the utilization per 1,000 members' statistics for some services (e.g., Inpatient Hospital — PH and Emergency Room) are on the higher end of the range for other state Medicaid programs even after considering the acuity and needs differences between the BH I/DD Tailored Plan population and those of a general Medicaid population.

It is important to note that in North Carolina a number of services and populations are already receiving some coordinated care and management through the CCNC/Carolina ACCESS (CA) program, which is an enhanced Primary Care Case Management model. Since DHHS already operates under a "managed" FFS model with CCNC/CA, DHHS may observe less managed care savings opportunities due to the implementation of capitated managed care as compared to other states, which was considered in the development of the ultimate managed care assumptions.

13.2.2 Integration Analysis

Mercer completed an integration analysis which compared the acute care costs of a BH I/DD Tailored Plan enrollee with a Standard Plan enrollee with the same/similar acute care diagnoses. This analysis measured whether there is a difference in acute care cost for a BH I/DD Tailored Plan enrollee and Standard Plan enrollee who at least clinically, may require similar acute care supports and services. The results of this analysis showed that consistently the non-dual BH I/DD Tailored Plan population exhibited higher acute care costs. This illustrates that the BH I/DD Tailored Plans may achieve lower acute care spending compared to FFS through better coordination and management of the chronic conditions of their members. The results of these analyses were used in conjunction with the comparison of utilization statistics of other states to inform the ultimate managed care assumptions for acute care services.

13.3 Pharmacy Benefits

Reimbursement and utilization management strategies play an important role in controlling pharmacy costs. Effective management of federal and supplemental rebates also contributes to decreasing the overall net drug costs to the Medicaid program. Along with other medical services, DHHS will move the management of the pharmacy benefit under the control of the BH I/DD Tailored Plans.

Mercer performed a retrospective analysis of pharmacy claims data to identify inappropriate prescribing and/or dispensing patterns, using a customized series of clinical rules-based, pharmacy utilization management edits. These edits are developed by Mercer's managed pharmacy practice based on various states' pharmacy policies,

published literature, industry standard practices, clinical appropriateness review, professional expertise and information gathered during the review of several Medicaid MCO pharmacy programs across the country. This includes review of quantity limits, dosage limits, age edits and therapeutic duplication. Based on Mercer's experience, these are standard clinical edits in pharmacy benefit management and we would expect the BH I/DD Tailored Plans and their Pharmacy Benefit Manager (PBM) to employ similar strategies in administration of the pharmacy benefit. This analysis resulted in an estimated total savings opportunity of approximately 2.1%, driven by quantity limits for non-BH Solid Dosage Forms and BH ADHD/Stimulant medications.

Additionally, under FFS, DHHS has developed a strong pharmacy benefit program, which includes a PDL that generates significant pharmacy rebates to DHHS on the prescription drugs administered to Medicaid beneficiaries. As a part of Medicaid Transformation efforts, the State is requiring that BH I/DD Tailored Plans adhere to the State PDL. Mercer considered the State PDL requirements in evaluation of the clinical edits results. By requiring BH I/DD Tailored Plans to follow the PDL, DHHS should expect to receive similar rebates on the drugs administered to BH I/DD Tailored Plan beneficiaries. Additionally, DHHS is mandating in the contract that the BH I/DD Tailored Plans shall not negotiate rebates for drugs on the State PDL. As such, Mercer does not anticipate the BH I/DD Tailored Plans will be able to negotiate further material rebates with the manufacturers under managed care, and no additional adjustment was assumed related to BH I/DD Tailored Plan rebate opportunities.

14 MEMBER CHOICE

Certain populations are exempt from mandatory enrollment in managed care while others are mandatory managed care populations and will have the choice between enrolling in the BH I/DD Tailored Plan or Standard Plan programs. These populations include tribal beneficiaries who are exempt and may choose to opt into a Standard Plan or BH I/DD Tailored Plan (if eligible), mandatory beneficiaries eligible for the BH I/DD Tailored Plan who may opt in or out of the Standard Plan and beneficiaries dually eligible for Medicare and Medicaid who are eligible for the BH I/DD Tailored Plan who may opt out of the BH I/DD Tailored Plan and into FFS.

14.1 Tribal Members

DHHS, in consultation with the Eastern Band of Cherokee Indians, North Carolina's only federally recognized tribe, determined that members of federally-recognized tribes and other beneficiaries eligible for Indian Health Services should be exempt from mandatory enrollment in managed care and have the choice between Medicaid FFS, a Tribal Option, if one is available, and a managed care plan (Standard Plan or BH I/DD Tailored Plan for those meeting eligibility criteria). Members of federally recognized tribes and beneficiaries eligible for Indian Health Services will default to the EBCI Tribal Option if it is available in their county, otherwise, they will default to Medicaid Direct (FFS). Mercer utilized the tribal member flag from the GEF to identify the tribal population based on guidance provided by DHHS. Claims and eligibility associated with beneficiaries with a tribal code, other than 999 (unspecified tribe), were removed for purposes of base data development as the members are expected to remain in the FFS system.

DHHS does not expect that enough tribal members will opt into the BH I/DD Tailored Plan such that it will have a material impact to the overall BH I/DD Tailored Plan PMPM. Based on Mercer's experience with selection considerations in other states, Mercer concluded this assumption was reasonable and no adjustment was included in the capitation rates. This assumption will be reevaluated as part of final BH I/DD Tailored Plan capitation rate development.

14.2 Standard Plan

The majority of non-dual Medicaid and NC Health Choice enrollees, including adults and children with mild to moderate BH disorders, will receive services through the Standard Plan upon implementation of managed care. Only individuals who meet certain eligibility criteria may participate in the BH I/DD Tailored Plans (see Appendix E for detailed BH I/DD Tailored Plan eligibility criteria assumed in development of draft capitation rates). As outlined in Section 8, non-dual beneficiaries meeting BH I/DD Tailored Plan criteria may choose to enroll in the Standard Plan unless they are enrolled in the Innovations or TBI 1915(c) HCBS waivers. DHHS has also established a process whereby beneficiaries not identified through the data review process described in Appendix E can request a review for BH I/DD Tailored Plan eligibility.

For draft rate purposes, Mercer included no adjustment for assumed shifts in populations between the Standard Plan and BH I/DD Tailored Plan programs. Given eligible beneficiaries may opt into the Standard Plan, Mercer will evaluate the potential impact due to population mix changes as part of final BH I/DD capitation rate development. This will include review of actual population choice and enrollment information specific to the Standard Plan and LME/MCO Programs for the period prior to BH I/DD Tailored Plan launch.

14.3 Foster Care populations

This Draft Rate Book has been developed using the base data and information of all Foster Care populations who historically met BH I/DD Tailored Plan criteria. This being said, DHHS is currently evaluating implementation and managed care program design options specific to Foster Care populations. Depending on the final program design, Foster Care populations who meet BH I/DD Tailored Plan eligibility and not enrolled in the Innovations or TBI waiver may need to actively opt into, rather than being defaulted into, the BH I/DD Tailored Plan. Mercer

plans to reevaluate this population and associated capitation rates as part of final BH I/DD Tailored Plan rate setting.

14.4 Duals opting into FFS

The majority of duals meeting BH I/DD Tailored Plan criteria will receive their BH I/DD services through the BH I/DD Tailored Plan and have their acute care costs covered via FFS (secondary to Medicare).²⁶ These duals will have the option to opt out of the BH I/DD Tailored Plan and instead receive all State Plan-covered services including BH I/DD via FFS.

For draft rate purposes, Mercer included no adjustment for assumed shifts in dual populations between the FFS and BH I/DD Tailored Plan programs. Given eligible beneficiaries may opt into FFS, Mercer will evaluate the potential impact due to population mix changes as part of final BH I/DD capitation rate development.

²⁶ The proposed coverage of duals for a limited set of benefits under the BH I/DD Tailored Plan discussed throughout the Draft Rate Book may be subject to a change in state law.

15 NON-BENEFIT EXPENSE CONSIDERATIONS

The final component of the capitation rates is the non-benefit expense load. This portion of the capitation rate accounts for BH I/DD Tailored Plan administration and care coordination costs incurred to operate the Medicaid managed care program. Per 42 CFR 438.5(e) of the Final Rule, "The development of the non-benefit component of the rate must include reasonable, appropriate, and attainable expenses related to MCO, PIHP, or PAHP administration, taxes, licensing and regulatory fees, contribution to reserves, risk margin, cost of capital, and other operational costs associated with the provision of services identified in §438.3(c)(1)(ii) to the populations covered under the contract." Additional guidance specific to non-benefit expense load development in Medicaid Managed Care Capitation Rate Development is included in ASOP 49 excerpt 3.2.12.

The non-benefit expense load includes consideration for general administration (including program management, administrative operations and utilization management personnel), care coordination personnel, non-personnel costs, underwriting gain and premium taxes imposed on the BH I/DD Tailored Plans. The considerations were developed to reflect the BH I/DD Tailored Plan contract requirements as defined by DHHS in the RFA.

The non-benefit expense components (with the exception of underwriting gain and premium taxes) were developed by building up the costs necessary to administer the BH I/DD Tailored Plan requirements as defined by DHHS. While these expenses may be expressed as a percentage of premium in some exhibits, they were developed as a PMPM. The general administration and utilization management PMPM was developed based on the assumption of a total of seven BH I/DD Tailored Plans operating across the State (one in each region).

As outlined in the Tailored Care Management documentation published by DHHS²⁷, the State intends to offer the Tailored Care Management Model to the majority of BH I/DD Tailored Plan enrollees, with limited exceptions outlined in DHHS guidance. The Tailored Care Management model will align with the requirements of a federal Health Home program. For BH I/DD Tailored Plan members who are enrolled in Medicaid, Tailored Care Management payments will occur outside of the monthly PMPM capitation payments. For BH I/DD Tailored Plan members who are enrolled in NC Health Choice, Tailored Care Management considerations will be included in capitation. Draft information and detail have been provided within this section to give potential respondents a sense for the payment levels and considerations included.

In addition, Mercer needed to consider costs the BH I/DD Tailored Plan may incur for care coordination, oversight of the Tailored Care Management model, and other care management-related functions the plan may provide. Consideration for these items will be captured within the capitation rates and is largely comprised of care coordination staff needed to perform these activities. The rates also consider required payments to LHDs as care management costs in the rate development.

Overall, Mercer evaluated the total Tailored Care Management, general administration and care coordination funding estimated within the draft BH I/DD Tailored Plan capitation rates. This funding level was determined to be appropriate in comparison to funding for the PHPs operating in the Standard Plan program and also exceeds current funding levels the LME/MCOs receive through the BH capitation rates.

The tables below show the various non-benefit components summarized as a PMPM and percentage of premium by COA.

Table 31: Overall Non-Benefit Expenses PMPM/Payment by Region

²⁷ <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20200609.pdf>

COA	General Administration and Utilization Management	Care Coordination and Other Care Management Functions (including LHD care management payments) ²⁸	Underwriting Gain	Premium Taxes	Total
Region 1	\$198.44	\$36.95	\$41.07	\$45.45	\$321.92
Region 2	\$210.79	\$40.09	\$45.86	\$50.76	\$347.49
Region 3	\$165.97	\$40.39	\$42.38	\$46.90	\$295.65
Region 4	\$210.59	\$38.22	\$40.76	\$45.11	\$334.68
Region 5	\$177.63	\$31.87	\$40.59	\$44.93	\$295.02
Region 6	\$206.12	\$34.29	\$39.76	\$44.00	\$324.17
Region 7	\$188.87	\$39.12	\$43.00	\$47.59	\$318.57
Total BH I/DD Tailored Plan	\$189.00	\$37.55	\$41.97	\$46.45	\$314.96

Table 32: Overall Non-Benefit Expenses as a Percentage of Premium by Region

COA	General Administration and Utilization Management	Care Coordination and Other Care Management Functions (including LHD care management payments) ²⁸	Underwriting Gain	Premium Taxes	Total
Region 1	8.5%	1.6%	1.75%	1.90%	13.5%
Region 2	8.0%	1.5%	1.75%	1.90%	13.0%
Region 3	6.9%	1.7%	1.75%	1.90%	12.0%
Region 4	9.0%	1.6%	1.75%	1.90%	14.1%
Region 5	7.7%	1.4%	1.75%	1.90%	12.5%
Region 6	9.1%	1.5%	1.75%	1.90%	14.0%
Region 7	7.7%	1.6%	1.75%	1.90%	12.7%
Total BH I/DD Tailored Plan	7.9%	1.6%	1.75%	1.90%	12.9%

15.1 Methodology and Data Sources

Mercer developed an administrative model that calculates the expected cost to operate a Medicaid managed care program for each region. The model includes personnel costs for program management and general administrative operations as well as non-personnel costs necessary to run the program. Mercer prepared an additional model that established cost expectations for the anticipated personnel required to achieve DHHS's care coordination requirements excluding the Tailored Care Management payments for Medicaid beneficiaries

²⁸ The PMPMs illustrated reflect only the portion of care coordination and care management related costs that are included in capitation. The Tailored Care Management payments for Medicaid beneficiaries are excluded from this table.

as this is outlined separately. The results of this modeling and its impact to the capitation rates are discussed in the subsequent sections.

The primary data source for estimating administrative staffing salaries was supplied by the Bureau of Labor Statistics (BLS) website. The Occupational Employment Statistics (OES) program estimates the number of jobs, salary and wage data by surveying employers throughout the country for more than 800 occupations. This data is available on a nationwide basis, by state and between urban and rural areas within each state. The OES survey data includes several statistical measures of salaries and wages, including the hourly and annual mean, median and various percentiles. The information utilized at the time of this analysis was as of May 2018. The dataset was restricted to experience for the State of North Carolina.²⁹ Mercer applied a salary inflation factor to project the salaries to SFY 2023.

Colliers International publishes quarterly reports summarizing commercial real estate market statistics, including the average rent cost per square foot by geography. Quarterly reports are prepared for Charlotte, Raleigh-Durham and surrounding cities. The reports considered for Raleigh-Durham, Charlotte and surrounding areas were as of the third quarter of 2019. This information supported the development of regional cost expectations for commercial real estate needed to administer a Medicaid managed care program.^{30,31} Mercer applied an inflation factor to project the real estate expenses to SFY2023.

15.2 Program Management and Administrative Operations Personnel

The general administration and utilization management model addresses the expected staffing needs to operate and administer a Medicaid program including all required staff outlined in the RFA. The capitation rates assume each BH I/DD Tailored Plan will have program management staff that is further delineated by executive management, financial, clinical operations, legal (general counsel), human resources, housing supports, liaisons to other departments and information technology. Executive management includes the Chief Executive and Chief Operating Officers. Financial staff includes the Chief Financial Officer, accountants, financial analysts and actuarial staff. Clinical operations include a Chief Medical Officer, Pharmacy Director and BH Coordinator. Information technology staff includes the Chief Information Officer, reporting and monitoring as well as IT specialists and support.

The capitation rates also include consideration for general administrative operations staff, delineated by customer service, community relations, compliance, network, claims processing and utilization management. Operations staff reflects customer service representatives, Compliance Officer, program integrity team, quality management team, provider specialists, claims processing and facilities staff.

Assumptions for the number of Full-Time Equivalents (FTEs) vary by staffing position across each of the BH I/DD Tailored Plan regions. Salaries for each personnel component were developed based on the median salary levels in the BLS data for each staff type in the State of North Carolina. In addition to the BLS salary data, Mercer included an assumption for fringe benefits and payroll taxes.

15.3 Non-Personnel Costs

The capitation rates include consideration for the non-personnel costs associated with program management, administrative operations and care management (see care management discussion in Section 15.4 below). Non-personnel costs primarily consist of annual rent and utilities as well as the necessary equipment and supplies required to operate a business, including computers and cell phones. North Carolina commercial real estate

²⁹ <https://www.bls.gov/oes/special.requests/oesm17st.zip>

³⁰ <https://www2.colliers.com/en/Research/Charlotte/2019-Q3-Office-Charlotte-Report>

³¹ <https://www2.colliers.com/en/Research/Raleigh/2019-Q3-Raleigh-Durham-Office-Report>

market data from various regions throughout the state were utilized to develop cost expectations for the average annual rent cost per square foot per region.

The capitation rates also capture costs for staff travel time, IT software, systems and licensing.

The capitation rates reflect the administrative costs for third-party PBMs to contract with pharmacies and process/pay prescription drug claims for the BH I/DD Tailored Plans. To calculate the impact, Mercer relied upon experience with other states due to the limited availability of data specific to North Carolina. The PBM administrative cost for other states equates to 2.0% of the projected prescription drug claim costs. For the BH I/DD Tailored Plan, 2.0% of the base prescription drug experience levels equate to \$7.8 million in administrative PBM costs or about \$4.75 PMPM.

Also included in the capitation rates are considerations for electronic visit verification (EVV). Mercer modeled the expected costs for each Tailored Plan region assuming \$50,000 in expenses to build the interface with the State's EVV data aggregator. Additionally, Mercer modeled an expense consideration for ongoing provider relations using an assumption of \$0.20 per day of Community Living & Supports, Individual Supports and Personal Care services. These assumptions were informed based on Mercer's experience assisting other states in implementing EVV systems. Design, development, and implementation costs were not included in the SFY 2023 rates, as the implementation of EVV will take place before the contract period. EVV cost represents about \$0.49 PMPM in the BH I/DD Tailored Plan rates.

Moreover, Mercer included considerations in the SFY 2023 draft capitation rates to comply with the Interoperability and Patient Access – Final Rule. Mercer did not include implementation costs related to Interoperability as implementation will take place before the contract period, but considered ongoing maintenance costs as outlined in the Interoperability and Patient Access – Final Rule. Interoperability cost represents \$0.73 PMPM in the BH I/DD Tailored Plan rates.

15.4 Care Management Personnel

As outlined previously, there will be two separate funding considerations associated with care management. The first will be the separate Tailored Care Management (Health Home) PMPM payable to the BH I/DD Tailored Plan for each of their Medicaid beneficiaries engaged in Tailored Care Management. The second funding amount will be included as part of the non-benefit load within the capitation rates and will cover the care coordination, Tailored Care Management oversight, and other care management-related functions the plan may provide. This second funding amount will also consider required payments to LHDs and Tailored Care Management for NC Health Choice beneficiaries.

15.4.1 Tailored Care Management

Care management is foundational to the success of North Carolina's health care system for Medicaid and NC Health Choice beneficiaries, supporting high-quality delivery of the right care at the right place and at the right time in the right setting. DHHS's Tailored Care Management strategy will focus on improving the health of beneficiaries through an innovative, person-centered and well-coordinated system of care that addresses medical and nonmedical drivers of health via a State Plan Health Home service for Tailored Care Management.

DHHS anticipates that BH I/DD Tailored Plans will deliver Tailored Care Management directly to some of their enrollees, while in other instances the service will be provided by outside agencies such as AMH+ practices and care management agencies.

To cover the costs of Tailored Care Management, DHHS will make separate monthly PMPM payments to the BH I/DD Tailored Plan for each member actively engaged in Tailored Care Management regardless of whether it is provided by the BH I/DD Tailored Plan or an outside agency (i.e., AMH+ practice or care management agency). In

the instance where it is provided by an outside agency, the BH I/DD Tailored Plan will then be required to pass the same PMPM payment received from DHHS down to the agency providing the service. Oversight of the AMH+ practices and care management agencies on the part of the BH I/DD Tailored Plans has been included as part of the capitation rate assumptions. Additionally, for North Carolina Health Choice populations, the costs for Tailored Care Management will be included within the capitation rates and no separate payment will be made.

Mercer has developed illustrative PMPMs for the Tailored Care Management services. As outlined by DHHS in the Tailored Care Management Provider Manual published in June 2020, DHHS intends for these payments to be tiered based on the acuity of the enrollee. The table below illustrates the PMPMs which are subject to change based on further discussion and decisions by DHHS. Additionally, the number of acuity tiers may change. Lastly, [the Department is evaluating whether there should be separate Tailored Care Management payment rates and/or contact requirements for the Innovations and TBI waiver populations.](#)

Table 33: Illustrative PMPMs for Tailored Care Management

Acuity Tier	
BH, Low Acuity	\$160
BH, Moderate Acuity	\$260
BH, High Acuity	\$360
I/DD or TBI, Low Acuity	\$90
I/DD or TBI, Moderate Acuity	\$260
I/DD or TBI, High Acuity	\$320

The PMPMs illustrated in Table 33 include consideration for the staffing and contact requirements for each acuity tier outlined in the Tailored Care Management Provider Manual published by DHHS in June 2020³².

The approach utilized to develop the PMPMs was based on the team staffing needed to deliver this service. The personnel considerations for each team included a care manager and supervisor along with costs for the required clinical consultants: psychologists, psychiatrists and primary care physicians. The supervisor has been included at a 1:8 ratio to the care managers as outlined in the provider manual. Additionally, cost consideration of approximately 2.0 hours per year for 25% of the enrolled populations were included for clinical consultants. This percentage was varied by acuity tier and based on discussion with DHHS on how the care manager may utilize clinical consultants.

For each identified team member including the consultants, salary, paid time off, fringe benefits and required employer taxes were included in the PMPM. Additionally, the PMPMs above include consideration for program-related expenses and general administrative expenses for the organization providing Tailored Care Management. The salaries were based on BLS information, while the other assumptions were aligned with considerations included in other DHHS fee schedule rates.

The total team cost as outlined above was then divided by an estimated caseload for each care manager. This caseload varied by acuity tier as it is expected that care managers serving lower needs populations will be able to have higher caseloads than those serving individuals with higher needs. The caseloads were established to ensure that minimum contacts (in-person and telephonic) as outlined in the Provider Manual were achieved for the relevant acuity tier. The caseload development also included time for prep, travel and documentation of the contact for the care manager along with time for other staff meetings and non-contact time that may be typical

³² <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20200609.pdf>

of employees within AMH+ practices or care management agencies. Lastly, the caseload was further reduced as consideration for times when care managers may not be operating at capacity and/or need to engage more heavily in one or more cases (e.g., during a time of transition for an enrollee).

In total, the illustrative PMPMs included in Table 33 are intended to represent full payment to the entity providing Tailored Care Management regardless of whether it is the BH I/DD Tailored Plan or an outside agency. For this reason and other operational reasons, these PMPMs are separate from the capitation rates and are not included in the draft capitation rates summarized in this document.

Further, as outlined in the RFA, DHHS will require the BH I/DD Tailored Plans to make Tailored Care Management performance incentive payments, if earned by the AMH+ or CMA. The performance incentive payment shall be based on the metrics included in the Department's Technical Specifications Manual, once released.

15.4.2 Care Management and Coordination Considerations in Capitation

BH I/DD Tailored Plans will be the entities ultimately accountable for the outcomes associated with care management and coordination for those enrolled in the BH I/DD Tailored Plan program. For these reasons, it was necessary for Mercer to include cost considerations in the capitation rates to cover care coordination, oversight of the Tailored Care Management model, and other care management-related functions the plan may provide (including required payments to LHDs) that will be distinct from Tailored Care Management itself.

The capitation model addresses beneficiary care coordination both in instances where the individual actively opts out of Tailored Care Management and as a part of the approach to ensure efficient, coordinated and quality care for all members.

The base care coordination modeling assumes that 100.0% of beneficiaries will have access to care coordination although for individuals enrolled in Tailored Care Management, care coordination will be included in the payment for Tailored Care Management apart from limited allowance for "backstop" accountability at the BH I/DD Tailored Plan level (see below).

Based on data from other states for similar programs, Mercer assumed that AMH+s, CMAs and BH I/DD Tailored Plans will successfully engage 37% of the BH I/DD Tailored Plan population in Tailored Care Management in year 1; 11% of the population will be ineligible for the model due to residing in an ICF, receiving ACT, receiving High Fidelity Wraparound services and/or other population-based exclusions; therefore the remaining 52% of the population in year 1 will have access to care coordination through the BH I/DD Tailored Plan that is more limited in scope than Tailored Care Management.

The care coordination modeling for capitation includes consideration for FTEs based on a beneficiary to staff ratio. For the assumed population of BH I/DD Tailored Plan beneficiaries who will not engage in Tailored Care Management, BH I/DD Tailored Plan staff will be expected to perform tasks such as conducting care needs screening and providing linkage to community resources, which are more administratively focused relative to the full Tailored Care Management model. Given this, a higher member to staff ratio assumption is used than the assumptions used for Tailored Care Management. BLS data was then used to estimate the cost per FTE based on anticipated position job requirements. FTE assumptions were calculated based on the BH I/DD Tailored Plan population enrollment.

Given DHHS's care management strategy and specific requirements outlined in the RFP, Mercer also included consideration in the care coordination assumptions for the care coordination for beneficiaries utilizing LTSS including 1915(c) waiver services, LHD payment requirements, and additional costs for requirements related to Healthy Opportunity initiatives.

Under managed care, DHHS is initially requiring BH I/DD Tailored Plans to continue the historical payments to LHDs in the capitation rates to ensure payment levels would not be disrupted under the transition to managed care. Historical payments made for care management for at-risk children and care management for high risk pregnancies are included as a line item in the base data summaries in Section 9. In addition to the historical costs, Mercer included consideration for additional BH I/DD Tailored Plan costs for oversight responsibilities associated with the LHDs.

The BH I/DD Tailored Plan will maintain oversight responsibilities and coordination with both AMH+ practices and CMAs providing Tailored Care Management these entities and High Fidelity Wraparound providers. Therefore, Mercer included additional costs to the BH I/DD Tailored Plans to ensure backstop accountability for BH I/DD Tailored Plan members enrolled in Tailored Care Management or High Fidelity Wraparound.

15.4.3 System of Care and TCLI Considerations

In addition to care coordination and care management, the RFA also includes staffing requirements related to System of Care and In-reach/Transition staff associated with TCLI:

- System of Care coordinators and family partners
- Staff to perform In-Reach and Transition including peer support specialists
- TCLI post-transition staffing

For the System of Care staffing, the RFA requires a minimum of one system of care coordinator and one family partner for every three counties. Mercer received modeled staffing counts from DHHS for each BH I/DD Tailored Plan region and then built this into staffing cost considerations to meet these staffing levels. Additionally, In-Reach and Transition staff were increased by 50% to reflect anticipated growth in staff to fulfill the TCLI transition goals as well as the expansion of this service to individuals residing in ICFs and Developmental Centers.

Mercer included consideration for TCLI post-transition staffing as the TCLI plan includes the transition of additional beneficiaries into community setting. Consistent with the SFY 2021 LME-MCO program capitation rates, adjustments for post transition TCLI staff increases were based on estimated TCLI transitions, a 1:35 staffing ratio, and average salary of \$90K.

All of the cost considerations outlined within Section 15.4.2 and Section 15.4.3 were included as part of the care coordination and other care management PMPM within the draft capitation rates. In total, this PMPM was \$40.81 on a statewide average basis across the BH I/DD Tailored Plan regions with variation by region to reflect differences in population mix and required staffing levels for System of Care and In-Reach.

15.5 Non-Benefit Expense Load Application to Capitation Rates

Each component within program management and administrative operations personnel, care coordination personnel and non-personnel modeling is classified as either a fixed or variable cost. This approach recognizes that certain administrative costs will be incurred regardless of population size or magnitude of medical claims (fixed costs) while others are a function of the size of the population served or services provided to members (variable costs). The capitation rates aggregated across all rate cells illustrate a split of approximately 35.0% fixed and 65.0% variable costs for each region.

The fixed PMPM is applied uniformly to all rate cells within each region, such that each rate cell receives the same fixed PMPM. The remaining portion of the administrative PMPM pertains to variable costs. The total regional PMPM was converted to a rate cell specific PMPM based on distribution of claim costs; the resulting variable PMPM varies by rate cell. The statewide BH I/DD Tailored Plan non-benefit expense PMPM prior to the application of underwriting gain and premium taxes is \$226.55.

15.6 Underwriting Gain and Premium Taxes

Per ASOP 49, underwriting gain provides compensation for the risk assumed by the MCO. Underwriting gain includes consideration for cost of capital and margin for risk contingency. Risks include insurance, investment, inflation and regulatory risks as well as risk associated with social, economic and legal environments. An overall underwriting gain assumption of 1.75% has been included, comprised of 1.25% for cost of capital and 0.5% for margin for risk.

Mercer has included a 1.9% consideration for BH I/DD Tailored Plan premium taxes in the capitation rate development, per Section 16 of S.L. 2020-88. The additional regulatory surcharge was excluded as it does not apply to BH I/DD Tailored Plans prior to licensure by the North Carolina Department of Insurance.

16 CAPITATION RATE DEVELOPMENT EXHIBITS

The first exhibit in this section provides an overview of the MMs and base capitation rates by COA and region. This exhibit is followed by detailed summaries illustrating the full rate development process for each regional rate cell, from the adjusted base data (including all adjustments outlined in Sections 7 and 8) to the prospective adjustments outlined in Sections 11 through 13. Additionally, the non-medical expense considerations are outlined in each summary in accordance with the methodology in Section 15 of this Draft Rate Book.

Exhibit 82

Member Months/Deliveries by Region and Category of Aid

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	18,278	19,349	56,970	25,495	38,506	22,992	33,497	215,087
Non-Dual Aged, Blind & Disabled Adult	32,492	29,677	74,356	32,057	44,042	34,009	42,783	289,416
Non-Dual TANF Child	48,020	40,730	96,968	40,221	69,525	39,620	59,508	394,592
Non-Dual TANF Adult	25,038	26,515	44,213	20,410	20,007	24,865	25,304	186,352
Non-Dual Foster	11,876	8,154	14,639	5,451	12,861	4,102	9,804	66,887
Non-Dual Innovations	9,167	10,377	24,805	8,460	13,777	7,070	12,152	85,808
Dual Aged	6,126	6,727	15,637	6,488	6,917	7,723	8,828	58,446
Dual Blind & Disabled and Other	35,771	30,041	73,247	29,972	39,842	30,241	40,773	279,887
Dual Innovations	9,413	8,158	17,429	6,062	8,366	5,085	9,314	63,827
Total	196,181	179,728	418,264	174,616	253,843	175,707	241,963	1,640,302

Capitation Rates by Region and Category of Aid

Category of Aid	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
Non-Dual Blind & Disabled Child	\$ 2,065.75	\$ 2,548.58	\$ 1,791.95	\$ 1,653.16	\$ 2,010.97	\$ 1,995.30	\$ 1,919.28	\$ 1,947.61
Non-Dual Aged, Blind & Disabled Adult	\$ 3,141.50	\$ 3,480.52	\$ 3,335.48	\$ 2,831.71	\$ 3,304.07	\$ 3,127.98	\$ 3,314.94	\$ 3,240.58
Non-Dual TANF Child	\$ 1,379.29	\$ 1,369.63	\$ 1,193.67	\$ 1,166.07	\$ 1,273.37	\$ 1,110.07	\$ 1,309.93	\$ 1,254.79
Non-Dual TANF Adult	\$ 1,136.03	\$ 1,348.98	\$ 1,377.33	\$ 1,386.76	\$ 1,362.07	\$ 1,384.94	\$ 1,272.09	\$ 1,327.00
Non-Dual Foster	\$ 3,415.87	\$ 3,685.08	\$ 3,506.62	\$ 3,331.80	\$ 3,980.15	\$ 3,894.89	\$ 3,779.46	\$ 3,652.87
Non-Dual Innovations	\$ 7,054.05	\$ 6,724.10	\$ 7,228.53	\$ 8,501.01	\$ 5,998.13	\$ 7,055.53	\$ 7,182.06	\$ 7,055.96
Dual Aged	\$ 1,918.42	\$ 2,703.61	\$ 2,081.28	\$ 2,270.00	\$ 1,912.81	\$ 2,143.47	\$ 2,887.46	\$ 2,266.84
Dual Blind & Disabled and Other	\$ 1,573.36	\$ 2,182.08	\$ 1,693.81	\$ 1,642.33	\$ 1,525.48	\$ 1,939.02	\$ 1,882.88	\$ 1,755.39
Dual Innovations	\$ 6,539.92	\$ 6,423.04	\$ 6,798.48	\$ 8,646.71	\$ 6,414.86	\$ 6,922.97	\$ 6,785.70	\$ 6,845.67
Total	\$ 2,392.35	\$ 2,671.37	\$ 2,468.50	\$ 2,374.22	\$ 2,364.59	\$ 2,315.94	\$ 2,504.71	\$ 2,444.50

Exhibit 83

Region:	Region 1
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	18,278
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 64.07	\$ 1,403.46	548	2.6%	2.6%	0.0%	85.8%	-7.5%	0.0%	\$ 125.19	\$ 2,964.85	507
Outpatient Hospital - Facility	\$ 73.00	\$ 342.39	2,559	4.7%	2.6%	2.0%	42.7%	-3.8%	0.0%	\$ 125.85	\$ 555.45	2,719
Outpatient Hospital - Professional	\$ 8.93	\$ 101.50	1,056	0.5%	0.5%	0.0%	5.5%	-3.8%	0.0%	\$ 9.30	\$ 109.84	1,016
Emergency Room - PH	\$ 21.57	\$ 377.94	685	0.5%	0.5%	0.0%	20.7%	-18.8%	0.0%	\$ 21.68	\$ 467.54	556
Physician - Primary Care	\$ 24.43	\$ 74.83	3,918	5.5%	0.5%	5.0%	16.8%	7.5%	0.0%	\$ 40.15	\$ 89.63	5,375
Physician - Specialty	\$ 18.11	\$ 114.90	1,892	5.5%	0.5%	5.0%	4.3%	-18.8%	0.0%	\$ 20.08	\$ 122.84	1,962
FOHC/RHC	\$ 7.25	\$ 124.11	701	7.0%	1.9%	5.0%	0.9%	0.0%	0.0%	\$ 10.25	\$ 137.53	895
Other Clinic	\$ 3.74	\$ 73.44	612	5.5%	0.5%	5.0%	18.9%	-16.1%	0.0%	\$ 4.88	\$ 89.50	655
Other Practitioner	\$ 0.27	\$ 37.73	86	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.30	\$ 38.68	92
Family Planning Services	\$ 1.70	\$ 413.32	49	5.5%	0.5%	5.0%	4.1%	0.0%	0.0%	\$ 2.31	\$ 441.25	63
Therapies	\$ 60.12	\$ 108.83	6,629	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 78.67	\$ 111.58	8,461
Prescribed Drugs	\$ 342.80	\$ 170.20	24,169	6.0%	5.0%	0.9%	0.0%	-2.3%	0.0%	\$ 448.03	\$ 217.74	24,692
Durable Medical Equipment	\$ 56.63	\$ 1.63	415,966	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 48.13	\$ 1.67	344,836
Lab and X-ray	\$ 2.67	\$ 30.92	1,034	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 2.66	\$ 31.70	1,009
Optical	\$ 1.62	\$ 25.43	765	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.62	\$ 26.07	746
Limited Dental Services	\$ 0.06	\$ 25.14	28	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.06	\$ 28.36	27
Transportation - Ambulance	\$ 2.12	\$ 132.14	193	0.2%	0.2%	0.0%	6.8%	0.0%	0.0%	\$ 2.29	\$ 142.96	193
Transportation - NEMT	\$ 4.02	\$ 57.99	833	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 4.45	\$ 58.45	897
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.89	\$ 6.23	3,635	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 1.91	\$ 6.39	3,587
Personal Care	\$ 1.08	\$ 3.63	3,585	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 1.10	\$ 3.72	3,538
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 83.32	\$ 1,001.42	998	3.0%	0.5%	2.5%	16.1%	0.0%	0.0%	\$ 112.18	\$ 1,191.75	1,130
Outpatient Hospital - BH	\$ 71.92	\$ 48.00	17,980	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 87.76	\$ 50.60	20,814
Emergency Room - BH	\$ 3.94	\$ 242.49	195	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 4.04	\$ 248.61	195
ICF/IID	\$ 99.53	\$ 354.85	3,366	3.8%	1.0%	2.8%	0.7%	0.0%	0.0%	\$ 120.89	\$ 375.42	3,864
PRTF	\$ 87.56	\$ 445.86	2,357	5.5%	1.0%	4.5%	0.0%	0.0%	0.0%	\$ 114.43	\$ 468.60	2,930
BH Long-term Residential	\$ 108.71	\$ 150.06	8,693	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 118.31	\$ 157.72	9,001
MST	\$ 6.11	\$ 900.00	81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 6.11	\$ 900.00	81
IHS	\$ 108.17	\$ 296.69	4,375	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 125.53	\$ 319.62	4,713
ACT	\$ 1.57	\$ 219.96	86	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 1.66	\$ 229.57	87
Community Support	\$ 6.22	\$ 91.61	815	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	\$ 6.79	\$ 99.97	815
Partial Hosp/Day Tx	\$ 60.39	\$ 31.56	22,966	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 65.73	\$ 33.17	23,782
Psych Rehab	\$ 0.69	\$ 2.69	3,076	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 0.76	\$ 2.74	3,314
Crisis Services	\$ 1.93	\$ 36.64	632	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 3.84	\$ 40.46	1,138
Other BH Services	\$ 2.63	\$ 20.75	1,520	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.76	\$ 21.80	1,520
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 21.76	\$ 5.85	44,630	15.2%	1.5%	13.5%	15.5%	0.0%	0.0%	\$ 50.99	\$ 7.28	84,063
Peer Support Services	\$ 1.09	\$ 10.77	1,218	15.2%	1.5%	13.5%	10.0%	0.0%	0.0%	\$ 2.44	\$ 12.77	2,294
Medical Home Payments	\$ 4.56	\$ 4.80	11,397	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.56	\$ 4.80	11,397
Total	\$ 1,366.17	N/A	593,346	4.2%	2.2%	2.0%	8.3%	-2.3%	0.0%	\$ 1,777.70	N/A	572,963

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,777.70
Non-Benefit Expense PMPM/Payment:	
General Administration (8.99%)	\$ 182.20
PHP Care Management (1.51%)	\$ 30.56
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 0.57
Underwriting Gain (1.75%)	\$ 35.46
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,026.50
Premium Taxes (1.90%)	\$ 39.25
Total Capitation Rate:	\$ 2,065.75

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 84

Region:	Region 1
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	32,492
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 118.55	\$ 948.53	1,500	2.6%	2.6%				0.0%	175.8%	-7.5%
Outpatient Hospital - Facility	\$ 71.54	\$ 271.85	3,158	4.7%	2.6%	2.0%	42.8%	-3.8%	0.0%	\$ 123.40	\$ 441.29	3,356
Outpatient Hospital - Professional	\$ 15.23	\$ 105.06	1,740	0.5%	0.5%	0.0%	3.2%	-3.8%	0.0%	\$ 15.51	\$ 111.13	1,675
Emergency Room - PH	\$ 95.04	\$ 532.58	2,141	0.5%	0.5%	0.0%	16.6%	-18.8%	0.0%	\$ 92.32	\$ 636.74	1,740
Physician - Primary Care	\$ 35.55	\$ 92.02	4,636	5.5%	0.5%	5.0%	11.2%	7.5%	0.0%	\$ 55.60	\$ 104.90	6,360
Physician - Specialty	\$ 38.32	\$ 116.49	3,947	5.5%	0.5%	5.0%	2.0%	-18.8%	0.0%	\$ 41.57	\$ 121.87	4,093
FOHC/RHC	\$ 22.30	\$ 132.58	2,018	7.0%	1.9%	5.0%	0.2%	0.0%	0.0%	\$ 31.33	\$ 145.97	2,575
Other Clinic	\$ 4.72	\$ 175.97	322	5.5%	0.5%	5.0%	2.6%	-16.1%	0.0%	\$ 5.32	\$ 185.18	345
Other Practitioner	\$ 1.03	\$ 65.48	188	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.13	\$ 67.13	202
Family Planning Services	\$ 1.85	\$ 385.80	57	5.5%	0.5%	5.0%	3.4%	0.0%	0.0%	\$ 2.50	\$ 408.92	73
Therapies	\$ 0.04	\$ 53.41	9	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.25	\$ 248.75	12
Prescribed Drugs	\$ 611.79	\$ 144.02	50,977	3.8%	2.7%	1.1%	0.0%	-1.6%	0.0%	\$ 726.65	\$ 164.33	53,063
Durable Medical Equipment	\$ 31.44	\$ 2.31	163,384	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 26.72	\$ 2.37	135,439
Lab and X-ray	\$ 16.27	\$ 37.23	5,243	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 16.26	\$ 38.17	5,113
Optical	\$ 0.93	\$ 68.87	163	0.0%	0.5%	-0.5%	304.7%	0.0%	0.0%	\$ 3.78	\$ 285.75	159
Limited Dental Services	\$ 0.15	\$ 4,783.07	0	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.16	\$ 5,394.23	0
Transportation - Ambulance	\$ 8.16	\$ 80.01	1,224	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 8.26	\$ 81.01	1,224
Transportation - NEMT	\$ 43.19	\$ 42.17	12,290	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 47.70	\$ 43.24	13,239
Nursing Home	\$ 13.43	\$ 173.85	927	1.0%	0.5%	0.5%	12.4%	-3.8%	0.0%	\$ 15.27	\$ 200.35	914
Home Health	\$ 13.70	\$ 11.38	14,448	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 13.86	\$ 11.67	14,257
Personal Care	\$ 65.29	\$ 3.72	210,763	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 66.05	\$ 3.81	207,982
Hospice	\$ 6.18	\$ 164.67	451	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 6.26	\$ 168.83	445
Inpatient - BH	\$ 169.06	\$ 840.56	2,414	3.0%	0.5%	2.5%	4.9%	0.0%	0.0%	\$ 205.80	\$ 904.39	2,731
Outpatient Hospital - BH	\$ 90.24	\$ 44.93	24,101	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 110.12	\$ 47.36	27,900
Emergency Room - BH	\$ 20.98	\$ 337.55	746	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 21.51	\$ 346.07	746
ICF/IID	\$ 284.14	\$ 304.26	11,206	3.8%	1.0%	2.8%	4.5%	0.0%	0.0%	\$ 358.38	\$ 334.26	12,866
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 180.21	\$ 191.62	11,285	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 190.43	\$ 199.99	11,426
Community Support	\$ 21.66	\$ 23.48	11,067	0.0%	0.0%	0.0%	51.8%	0.0%	0.0%	\$ 32.87	\$ 35.65	11,067
Partial Hosp/Day Tx	\$ 0.03	\$ 132.32	3	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 0.04	\$ 139.07	3
Psych Rehab	\$ 25.00	\$ 2.75	108,999	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 27.44	\$ 2.80	117,423
Crisis Services	\$ 21.19	\$ 46.11	5,515	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 42.16	\$ 50.91	9,939
Other BH Services	\$ 0.53	\$ 121.27	52	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.56	\$ 127.46	52
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 32.84	\$ 9.93	39,689	15.2%	1.5%	13.5%	5.8%	0.0%	0.0%	\$ 70.51	\$ 11.32	74,756
Peer Support Services	\$ 15.92	\$ 10.95	17,452	15.2%	1.5%	13.5%	11.6%	0.0%	0.0%	\$ 36.06	\$ 13.17	32,873
Medical Home Payments	\$ 4.08	\$ 4.68	10,440	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.08	\$ 4.68	10,440
Total	\$ 2,080.56	N/A	722,558	3.5%	1.5%	2.0%	14.2%	-2.9%	0.0%	\$ 2,743.77	N/A	765,877

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,743.77
Non-Benefit Expense PMPM/Payment:	
General Administration (7.65%)	\$ 235.82
PHP Care Management (1.53%)	\$ 47.17
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.11
Underwriting Gain (1.75%)	\$ 53.93
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,081.82
Premium Taxes (1.90%)	\$ 59.69
Total Capitation Rate:	\$ 3,141.50

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 85

Region:	Region 1
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	48,020
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 11.20	\$ 839.09	160	2.6%	2.6%	0.0%	98.5%	-11.3%	0.0%	\$ 22.44	\$ 1,893.81	142
Outpatient Hospital - Facility	\$ 23.24	\$ 170.94	1,631	4.7%	2.6%	2.0%	42.6%	-7.5%	0.0%	\$ 38.48	\$ 277.16	1,666
Outpatient Hospital - Professional	\$ 4.90	\$ 83.61	704	0.5%	0.5%	0.0%	8.0%	-7.5%	0.0%	\$ 5.02	\$ 92.60	651
Emergency Room - PH	\$ 25.50	\$ 361.18	847	0.5%	0.5%	0.0%	20.7%	-18.8%	0.0%	\$ 25.63	\$ 446.82	688
Physician - Primary Care	\$ 20.52	\$ 74.98	3,284	5.5%	0.5%	5.0%	16.5%	3.8%	0.0%	\$ 32.46	\$ 89.57	4,349
Physician - Specialty	\$ 10.24	\$ 83.88	1,465	5.5%	0.5%	5.0%	2.4%	-18.8%	0.0%	\$ 11.15	\$ 88.08	1,519
FOHC/RHC	\$ 8.91	\$ 131.31	814	7.0%	1.9%	5.0%	0.7%	0.0%	0.0%	\$ 12.58	\$ 145.31	1,039
Other Clinic	\$ 3.16	\$ 72.26	525	5.5%	0.5%	5.0%	19.2%	-16.5%	0.0%	\$ 4.11	\$ 88.30	559
Other Practitioner	\$ 0.31	\$ 57.71	65	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.34	\$ 59.17	69
Family Planning Services	\$ 3.16	\$ 346.86	109	5.5%	0.5%	5.0%	4.7%	0.0%	0.0%	\$ 4.33	\$ 372.50	140
Therapies	\$ 21.05	\$ 106.79	2,365	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 27.55	\$ 109.49	3,019
Prescribed Drugs	\$ 145.81	\$ 112.20	15,595	3.9%	3.1%	0.8%	0.1%	-2.4%	0.0%	\$ 172.75	\$ 130.72	15,858
Durable Medical Equipment	\$ 7.43	\$ 2.16	41,303	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 6.87	\$ 2.21	37,260
Lab and X-ray	\$ 3.66	\$ 35.69	1,229	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 3.66	\$ 35.59	1,199
Optical	\$ 1.72	\$ 28.28	731	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.72	\$ 29.00	713
Limited Dental Services	\$ 0.03	\$ 25.60	12	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.03	\$ 28.87	11
Transportation - Ambulance	\$ 0.78	\$ 77.61	120	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 0.79	\$ 78.59	120
Transportation - NEMT	\$ 2.08	\$ 34.77	718	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.30	\$ 35.65	774
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.50	\$ 10.67	563	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 0.53	\$ 10.94	577
Personal Care	\$ 0.03	\$ 12.27	28	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 0.03	\$ 12.58	28
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 69.09	\$ 1,003.47	826	3.0%	0.5%	2.5%	12.1%	0.0%	0.0%	\$ 89.81	\$ 1,152.92	935
Outpatient Hospital - BH	\$ 66.51	\$ 53.36	14,959	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 81.16	\$ 56.24	17,316
Emergency Room - BH	\$ 3.23	\$ 321.73	120	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 3.31	\$ 329.85	120
ICF/IID	\$ 3.16	\$ 195.98	193	3.8%	1.0%	2.8%	0.0%	0.0%	0.0%	\$ 3.81	\$ 205.98	222
PRTF	\$ 90.03	\$ 447.45	2,415	5.5%	1.0%	4.5%	0.0%	0.0%	0.0%	\$ 117.67	\$ 470.27	3,003
BH Long-term Residential	\$ 86.59	\$ 170.52	6,094	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 94.24	\$ 179.22	6,310
MST	\$ 22.29	\$ 624.08	429	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 22.29	\$ 624.08	429
IHS	\$ 177.39	\$ 287.40	7,407	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 205.87	\$ 309.62	7,979
ACT	\$ 1.16	\$ 198.89	70	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 1.22	\$ 207.58	71
Community Support	\$ 3.03	\$ 95.05	382	0.0%	0.0%	0.0%	8.6%	0.0%	0.0%	\$ 3.29	\$ 103.19	382
Partial Hosp/Day Tx	\$ 106.71	\$ 31.69	40,407	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 116.14	\$ 33.31	41,841
Psych Rehab	\$ 0.10	\$ 2.69	448	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 0.11	\$ 2.74	483
Crisis Services	\$ 2.64	\$ 38.02	834	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 5.26	\$ 41.98	1,503
Other BH Services	\$ 30.36	\$ 71.98	5,062	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 31.91	\$ 75.65	5,062
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 1.86	\$ 6.14	3,629	15.2%	1.5%	13.5%	37.7%	0.0%	0.0%	\$ 5.19	\$ 9.12	6,835
Peer Support Services	\$ 0.73	\$ 11.09	795	15.2%	1.5%	13.5%	10.0%	0.0%	0.0%	\$ 1.64	\$ 13.14	1,497
Medical Home Payments	\$ 2.33	\$ 2.47	11,325	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.65	\$ 4.93	11,325
Total	\$ 961.44	N/A	167,662	3.3%	1.4%	1.9%	4.5%	-1.6%	0.0%	\$ 1,160.34	N/A	175,693

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 1,160.34

Non-Benefit Expense PMPM/Payment:	
General Administration (10.93%)	\$ 147.93
PHP Care Management (1.47%)	\$ 19.95
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.09%)	\$ 1.19
Underwriting Gain (1.75%)	\$ 23.68

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,353.08

Premium Taxes (1.90%) \$ 26.21

Total Capitation Rate: \$ 1,379.29

Exhibit 86

Region:	Region 1
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	25,038
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 40.56	\$ 1,070.55	455	2.6%	2.6%	0.0%	164.5%	-15.0%	0.0%	\$ 103.65	\$ 3,218.81	396
Outpatient Hospital - Facility	\$ 36.04	\$ 251.72	1,718	4.7%	2.6%	2.0%	42.6%	-7.5%	0.0%	\$ 59.69	\$ 408.24	1,755
Outpatient Hospital - Professional	\$ 8.64	\$ 107.84	962	0.5%	0.5%	0.0%	3.6%	-7.5%	0.0%	\$ 8.49	\$ 114.55	890
Emergency Room - PH	\$ 59.92	\$ 449.97	1,598	0.5%	0.5%	0.0%	17.8%	-18.8%	0.0%	\$ 58.82	\$ 543.63	1,298
Physician - Primary Care	\$ 42.58	\$ 81.07	6,302	5.5%	0.5%	5.0%	6.5%	3.8%	0.0%	\$ 61.57	\$ 88.53	8,345
Physician - Specialty	\$ 31.53	\$ 127.60	2,966	5.5%	0.5%	5.0%	1.1%	-18.8%	0.0%	\$ 33.91	\$ 132.30	3,075
FOHC/RHC	\$ 12.78	\$ 143.90	1,066	7.0%	1.9%	5.0%	0.3%	0.0%	0.0%	\$ 17.96	\$ 158.50	1,360
Other Clinic	\$ 0.99	\$ 69.59	170	5.5%	0.5%	5.0%	9.8%	-16.5%	0.0%	\$ 1.18	\$ 78.34	181
Other Practitioner	\$ 0.52	\$ 58.81	107	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.57	\$ 60.30	114
Family Planning Services	\$ 5.99	\$ 373.31	192	5.5%	0.5%	5.0%	2.5%	0.0%	0.0%	\$ 8.03	\$ 392.19	246
Therapies	\$ 0.02	\$ 63.83	3	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.11	\$ 297.31	4
Prescribed Drugs	\$ 174.59	\$ 106.94	19,592	2.4%	0.7%	1.7%	0.1%	-1.3%	0.0%	\$ 194.19	\$ 110.98	20,997
Durable Medical Equipment	\$ 6.02	\$ 2.83	25,527	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 5.57	\$ 2.90	23,028
Lab and X-ray	\$ 44.54	\$ 71.44	7,483	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 44.54	\$ 73.24	7,297
Optical	\$ 0.43	\$ 68.55	76	0.0%	0.5%	-0.5%	302.6%	0.0%	0.0%	\$ 1.74	\$ 282.90	74
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 2.31	\$ 88.29	313	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 2.33	\$ 89.40	313
Transportation - NEMT	\$ 23.17	\$ 45.83	6,067	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 25.59	\$ 46.99	6,536
Nursing Home	\$ 0.32	\$ 175.22	22	1.0%	0.5%	0.5%	18.2%	0.0%	0.0%	\$ 0.40	\$ 212.37	23
Home Health	\$ 0.71	\$ 6.15	1,388	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 0.75	\$ 6.30	1,423
Personal Care	\$ 0.04	\$ 3.83	120	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 0.04	\$ 3.93	123
Hospice	\$ 0.05	\$ 662.55	1	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 0.06	\$ 679.28	1
Inpatient - BH	\$ 23.05	\$ 770.41	359	3.0%	0.5%	2.5%	8.6%	0.0%	0.0%	\$ 29.03	\$ 857.76	406
Outpatient Hospital - BH	\$ 165.12	\$ 25.99	76,254	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 201.49	\$ 27.39	88,272
Emergency Room - BH	\$ 4.19	\$ 349.17	144	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 4.30	\$ 357.98	144
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.01	\$ 258.20	0	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.01	\$ 278.15	1
ACT	\$ 12.64	\$ 213.50	711	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 13.36	\$ 222.83	719
Community Support	\$ 7.35	\$ 23.49	3,753	0.0%	0.0%	0.0%	51.7%	0.0%	0.0%	\$ 11.14	\$ 35.63	3,753
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.16	\$ 2.69	717	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 0.18	\$ 2.74	772
Crisis Services	\$ 19.10	\$ 41.03	5,586	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 38.00	\$ 45.30	10,066
Other BH Services	\$ 0.41	\$ 117.66	41	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.43	\$ 123.66	41
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 0.75	\$ 20.95	432	15.2%	1.5%	13.5%	1.5%	0.0%	0.0%	\$ 1.55	\$ 22.91	813
Peer Support Services	\$ 3.10	\$ 12.06	3,090	15.2%	1.5%	13.5%	11.6%	0.0%	0.0%	\$ 7.03	\$ 14.50	5,819
Medical Home Payments	\$ 1.91	\$ 2.39	9,604	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.82	\$ 4.78	9,604
Total	\$ 729.56	N/A	176,819	3.4%	1.0%	2.5%	14.1%	-4.7%	0.0%	\$ 939.55	N/A	197,882

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 939.55

Non-Benefit Expense PMPM/Payment:	
General Administration (12.17%)	\$ 135.67
PHP Care Management (1.45%)	\$ 16.15
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.32%)	\$ 3.57
Underwriting Gain (1.75%)	\$ 19.50

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,114.45

Premium Taxes (1.90%) \$ 21.58

Total Capitation Rate: \$ 1,136.03

Exhibit 87

Region:	Region 1
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	11,876
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 17.72	\$ 2,112.44	101	2.6%	2.6%	0.0%	132.5%	-11.3%	0.0%	\$ 41.57	\$ 5,583.88	89
Outpatient Hospital - Facility	\$ 24.64	\$ 172.43	1,715	4.7%	2.6%	2.0%	42.2%	-7.5%	0.0%	\$ 40.68	\$ 278.75	1,751
Outpatient Hospital - Professional	\$ 5.56	\$ 92.27	723	0.5%	0.5%	0.0%	6.0%	-7.5%	0.0%	\$ 5.59	\$ 100.27	669
Emergency Room - PH	\$ 21.34	\$ 371.88	689	0.5%	0.5%	0.0%	18.6%	-18.8%	0.0%	\$ 21.08	\$ 452.02	560
Physician - Primary Care	\$ 23.67	\$ 73.98	3,839	5.5%	0.5%	5.0%	16.7%	3.8%	0.0%	\$ 37.49	\$ 88.50	5,083
Physician - Specialty	\$ 10.23	\$ 79.60	1,542	5.5%	0.5%	5.0%	2.6%	-18.8%	0.0%	\$ 11.16	\$ 83.75	1,599
FOHC/RHC	\$ 8.76	\$ 752	752	7.0%	1.9%	5.0%	1.3%	0.0%	0.0%	\$ 12.44	\$ 155.65	959
Other Clinic	\$ 5.09	\$ 72.08	847	5.5%	0.5%	5.0%	20.5%	-16.5%	0.0%	\$ 6.70	\$ 89.03	903
Other Practitioner	\$ 0.52	\$ 50.09	125	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.57	\$ 51.36	133
Family Planning Services	\$ 4.37	\$ 339.83	154	5.5%	0.5%	5.0%	5.6%	0.0%	0.0%	\$ 6.03	\$ 367.83	197
Therapies	\$ 24.91	\$ 110.24	2,712	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 32.61	\$ 113.06	3,461
Prescribed Drugs	\$ 246.00	\$ 106.14	27,811	3.1%	2.2%	0.9%	0.1%	-2.7%	0.0%	\$ 279.16	\$ 118.26	28,328
Durable Medical Equipment	\$ 14.56	\$ 1.64	106,742	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 13.47	\$ 1.68	96,293
Lab and X-ray	\$ 7.90	\$ 36.57	2,594	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 7.90	\$ 37.49	2,530
Optical	\$ 2.65	\$ 29.87	1,066	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 2.65	\$ 30.62	1,040
Limited Dental Services	\$ 0.04	\$ 24.18	18	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.04	\$ 27.27	17
Transportation - Ambulance	\$ 0.76	\$ 80.22	113	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 0.77	\$ 81.23	113
Transportation - NEMT	\$ 8.03	\$ 31.00	3,110	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 8.87	\$ 31.78	3,350
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 4.83	\$ 9.81	5,911	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 5.08	\$ 10.06	6,060
Personal Care	\$ 7.72	\$ 4.83	19,167	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 8.12	\$ 4.96	19,651
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 125.63	\$ 888.46	1,697	3.0%	0.5%	2.5%	16.3%	0.0%	0.0%	\$ 169.55	\$ 1,059.75	1,920
Outpatient Hospital - BH	\$ 119.47	\$ 71.81	19,965	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 145.78	\$ 75.69	23,112
Emergency Room - BH	\$ 5.37	\$ 351.06	184	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 5.51	\$ 359.92	184
ICF/IID	\$ 8.23	\$ 143.81	686	3.8%	1.0%	2.8%	0.0%	0.0%	0.0%	\$ 9.92	\$ 151.14	788
PRTF	\$ 298.01	\$ 433.89	8,242	5.5%	1.0%	4.5%	0.1%	0.0%	0.0%	\$ 389.74	\$ 456.31	10,249
BH Long-term Residential	\$ 1,188.35	\$ 128.24	111,198	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 1,293.30	\$ 134.78	115,145
MST	\$ 14.11	\$ 900.00	188	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 14.11	\$ 900.00	188
IHS	\$ 177.52	\$ 303.24	7,025	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 206.02	\$ 326.67	7,568
ACT	\$ 0.05	\$ 202.79	3	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 0.06	\$ 211.65	3
Community Support	\$ 1.96	\$ 235.24	100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.96	\$ 235.24	100
Partial Hosp/Day Tx	\$ 144.06	\$ 31.53	54,824	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 156.79	\$ 33.14	56,770
Psych Rehab	\$ 0.97	\$ 2.69	4,330	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 1.07	\$ 2.74	4,665
Crisis Services	\$ 2.19	\$ 31.06	845	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 4.35	\$ 34.30	1,522
Other BH Services	\$ 2.22	\$ 20.34	1,309	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.33	\$ 21.37	1,309
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 9.76	\$ 4.98	23,503	15.2%	1.5%	13.5%	103.3%	0.0%	0.0%	\$ 40.27	\$ 10.92	44,270
Peer Support Services	\$ 1.29	\$ 8.83	1,754	15.2%	1.5%	13.5%	10.0%	0.0%	0.0%	\$ 2.88	\$ 10.46	3,304
Medical Home Payments	\$ 2.32	\$ 2.55	10,936	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.64	\$ 5.09	10,936
Total	\$ 2,540.82	N/A	426,519	2.8%	1.1%	1.7%	3.4%	-0.8%	0.0%	\$ 2,990.24	N/A	454,817

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,990.24
Non-Benefit Expense PMPM/Payment:	
General Administration (7.45%)	\$ 249.50
PHP Care Management (1.53%)	\$ 51.41
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.17
Underwriting Gain (1.75%)	\$ 58.64
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,350.97
Premium Taxes (1.90%)	\$ 64.90
Total Capitation Rate:	\$ 3,415.87

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 88

Region:	Region 1
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	9,167
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 53.85	\$ 1,307.57	494	2.6%	2.6%				0.0%	198.4%	-7.5%
Outpatient Hospital - Facility	\$ 76.86	\$ 328.36	2,809	4.7%	2.6%	2.0%	42.6%	-3.8%	0.0%	\$ 132.42	\$ 532.35	2,985
Outpatient Hospital - Professional	\$ 10.65	\$ 96.68	1,322	0.5%	0.5%	0.0%	5.1%	-3.8%	0.0%	\$ 11.05	\$ 104.17	1,273
Emergency Room - PH	\$ 19.07	\$ 419.49	545	0.5%	0.5%	0.0%	18.2%	-18.8%	0.0%	\$ 18.78	\$ 508.53	443
Physician - Primary Care	\$ 18.18	\$ 73.90	2,952	5.5%	0.5%	5.0%	17.3%	7.5%	0.0%	\$ 29.99	\$ 88.86	4,050
Physician - Specialty	\$ 22.82	\$ 109.22	2,508	5.5%	0.5%	5.0%	2.2%	-18.8%	0.0%	\$ 24.81	\$ 114.48	2,600
FOHC/RHC	\$ 11.07	\$ 145.40	914	7.0%	1.9%	5.0%	0.1%	0.0%	0.0%	\$ 15.55	\$ 159.97	1,166
Other Clinic	\$ 5.30	\$ 254.52	250	5.5%	0.5%	5.0%	3.9%	-16.1%	0.0%	\$ 6.05	\$ 271.24	267
Other Practitioner	\$ 0.94	\$ 73.65	153	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.03	\$ 75.51	163
Family Planning Services	\$ 3.67	\$ 576.67	76	5.5%	0.5%	5.0%	4.4%	0.0%	0.0%	\$ 5.01	\$ 617.41	97
Therapies	\$ 20.53	\$ 91.85	2,682	5.5%	0.5%	5.0%	0.6%	0.0%	0.0%	\$ 27.02	\$ 94.76	3,422
Prescribed Drugs	\$ 603.71	\$ 159.71	45,359	3.2%	2.1%	1.1%	0.0%	-3.0%	0.0%	\$ 684.71	\$ 176.86	46,459
Durable Medical Equipment	\$ 174.66	\$ 1.52	1,382,284	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 148.44	\$ 1.55	1,145,860
Lab and X-ray	\$ 2.37	\$ 17.72	1,608	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 2.37	\$ 18.16	1,569
Optical	\$ 0.92	\$ 39.13	282	0.0%	0.5%	-0.5%	168.7%	0.0%	0.0%	\$ 2.47	\$ 107.80	275
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 1.64	\$ 83.97	234	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.66	\$ 85.03	234
Transportation - NEMT	\$ 2.26	\$ 30.13	900	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.50	\$ 30.90	969
Nursing Home	\$ 4.82	\$ 176.82	327	1.0%	0.5%	0.5%	7.6%	-3.8%	0.0%	\$ 5.24	\$ 194.99	323
Home Health	\$ 76.11	\$ 10.34	88,321	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 77.00	\$ 10.60	87,156
Personal Care	\$ 1.45	\$ 0.82	21,298	1.0%	0.5%	0.5%	0.0%	-3.8%	0.0%	\$ 1.47	\$ 0.84	21,017
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 43.12	\$ 981.95	527	3.0%	0.5%	2.5%	55.7%	0.0%	0.0%	\$ 77.85	\$ 1,567.07	596
Outpatient Hospital - BH	\$ 33.54	\$ 67.29	5,982	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 40.93	\$ 70.94	6,924
Emergency Room - BH	\$ 1.45	\$ 209.75	83	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 1.49	\$ 215.05	83
ICF/IID	\$ 23.09	\$ 348.59	795	3.8%	1.0%	2.8%	6.5%	0.0%	0.0%	\$ 29.67	\$ 390.25	912
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 3.75	\$ 258.20	174	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 4.35	\$ 278.15	188
ACT	\$ 5.13	\$ 228.39	270	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 5.42	\$ 238.37	273
Community Support	\$ 1.40	\$ 243.27	69	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.40	\$ 243.27	69
Partial Hosp/Day Tx	\$ 1.22	\$ 31.41	466	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 1.33	\$ 33.01	482
Psych Rehab	\$ 2.08	\$ 2.69	9,280	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 2.28	\$ 2.74	9,997
Crisis Services	\$ 0.72	\$ 56.96	151	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 1.42	\$ 62.89	272
Other BH Services	\$ 0.02	\$ 22.81	12	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.02	\$ 23.97	12
Innovations - Day Support	\$ 466.14	\$ 20.35	274,909	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 502.17	\$ 21.92	274,909
Innovations - In-Home Services	\$ 2,243.59	\$ 5.14	5,242,561	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 2,416.99	\$ 5.53	5,242,561
Innovations - Other	\$ 132.72	\$ 40.71	39,124	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 142.98	\$ 43.85	39,124
Innovations - Personal Care	\$ 30.68	\$ 5.06	72,724	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 33.06	\$ 5.45	72,724
Innovations - Residential Supports	\$ 1,229.45	\$ 157.60	93,612	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 1,324.47	\$ 169.78	93,612
Innovations - Respite	\$ 167.95	\$ 4.00	503,823	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 180.93	\$ 4.31	503,823
Innovations - Supported Employment	\$ 111.63	\$ 7.64	175,391	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 120.25	\$ 8.23	175,391
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ 0.27	\$ 5.90	555	15.2%	1.5%	13.5%	0.0%	0.0%	0.0%	\$ 0.55	\$ 6.36	1,045
Medical Home Payments	\$ 4.53	\$ 4.78	11,375	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.53	\$ 4.78	11,375
Total	\$ 5,613.36	N/A	7,987,201	1.8%	1.5%	0.3%	3.3%	-1.3%	0.0%	\$ 6,258.66	N/A	7,755,161

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 6,258.66
Non-Benefit Expense PMPM/Payment:	
General Administration (6.23%)	\$ 430.92
PHP Care Management (1.56%)	\$ 107.61
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.74
Underwriting Gain (1.75%)	\$ 121.10
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,920.02
Premium Taxes (1.90%)	\$ 134.03
Total Capitation Rate:	\$ 7,054.05

Exhibit 89

Region:	Region 1
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	6,126
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 2.02	\$ 583.34	42	3.0%	0.5%	2.5%	60.2%	0.0%	0.0%	\$ 3.76	\$ 957.93	47
Outpatient Hospital - BH	\$ 12.84	\$ 20.62	7,472	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 15.67	\$ 21.73	8,650
Emergency Room - BH	\$ 0.76	\$ 131.45	70	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.78	\$ 134.77	70
ICF/IID	\$ 1,067.16	\$ 408.74	31,330	3.8%	1.0%	2.8%	12.0%	0.0%	0.0%	\$ 1,441.75	\$ 481.00	35,969
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 83.03	\$ 190.64	5,226	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 87.74	\$ 198.97	5,291
Community Support	\$ 4.09	\$ 23.50	2,088	0.0%	0.0%	0.0%	51.6%	0.0%	0.0%	\$ 6.20	\$ 35.63	2,088
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 40.45	\$ 2.69	180,504	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 44.41	\$ 2.74	194,454
Crisis Services	\$ 2.83	\$ 32.18	1,055	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 5.63	\$ 35.53	1,901
Other BH Services	\$ 0.11	\$ 4.00	338	1.0%	1.0%	0.0%	160.4%	0.0%	0.0%	\$ 0.31	\$ 10.95	338
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 9.31	\$ 11.38	9,818	15.2%	1.5%	13.5%	1.5%	0.0%	0.0%	\$ 19.17	\$ 12.44	18,492
Peer Support Services	\$ 7.81	\$ 11.46	8,173	15.2%	1.5%	13.5%	11.6%	0.0%	0.0%	\$ 17.69	\$ 13.79	15,395
Medical Home Payments	\$ 2.76	\$ 4.51	7,351	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.76	\$ 4.51	7,351
Total	\$ 1,233.17	N/A	253,466	3.8%	0.9%	2.8%	10.9%	0.0%	0.0%	\$ 1,645.86	N/A	290,046

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,645.86
Non-Benefit Expense PMPM/Payment:	
General Administration (9.29%)	\$ 174.88
PHP Care Management (1.50%)	\$ 28.30
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 32.93
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,881.97
Premium Taxes (1.90%)	\$ 36.45
Total Capitation Rate:	\$ 1,918.42

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 90

Region:	Region 1
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	35,771
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 10.48	\$ 1,015.87	124	3.0%	0.5%	2.5%	18.1%	0.0%	0.0%	\$ 14.36	\$ 1,229.74	140
Outpatient Hospital - BH	\$ 29.56	\$ 25.00	14,188	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 36.08	\$ 26.36	16,424
Emergency Room - BH	\$ 3.13	\$ 157.88	238	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 3.21	\$ 161.87	238
ICF/IID	\$ 677.36	\$ 301.83	26,930	3.8%	1.0%	2.8%	6.7%	0.0%	0.0%	\$ 871.68	\$ 338.32	30,918
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ 0.15	\$ 232.88	8	1.7%	1.0%	0.7%	0.0%	0.0%	0.0%	\$ 0.16	\$ 244.76	8
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 187.78	\$ 186.76	12,066	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 198.44	\$ 194.92	12,217
Community Support	\$ 18.28	\$ 23.49	9,337	0.0%	0.0%	0.0%	51.7%	0.0%	0.0%	\$ 27.72	\$ 35.63	9,337
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 39.02	\$ 2.69	174,051	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 42.84	\$ 2.74	187,502
Crisis Services	\$ 13.67	\$ 44.61	3,678	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 27.20	\$ 49.25	6,628
Other BH Services	\$ 0.20	\$ 5.84	401	1.0%	1.0%	0.0%	92.6%	0.0%	0.0%	\$ 0.40	\$ 11.81	401
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 32.70	\$ 8.60	45,647	15.2%	1.5%	13.5%	4.4%	0.0%	0.0%	\$ 69.25	\$ 9.67	85,979
Peer Support Services	\$ 17.79	\$ 11.06	19,300	15.2%	1.5%	13.5%	11.6%	0.0%	0.0%	\$ 40.30	\$ 13.30	36,353
Medical Home Payments	\$ 3.33	\$ 4.65	8,600	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.33	\$ 4.65	8,600
Total	\$ 1,033.46	N/A	314,568	4.0%	0.9%	3.1%	6.2%	0.0%	0.0%	\$ 1,334.97	N/A	394,745

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,334.97
Non-Benefit Expense PMPM/Payment:	
General Administration (10.21%)	\$ 157.62
PHP Care Management (1.49%)	\$ 22.95
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.06%)	\$ 0.91
Underwriting Gain (1.75%)	\$ 27.01
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,543.47
Premium Taxes (1.90%)	\$ 29.89
Total Capitation Rate:	\$ 1,573.36

Exhibit 91

Region:	Region 1
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	9,413
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - BH	\$ 4.05	\$ 24.65	1,972	4.0%	1.0%	3.0%	0.3%	0.0%	0.0%	\$ 4.94	\$ 25.98	2,283
Emergency Room - BH	\$ 0.06	\$ 108.47	6	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.06	\$ 111.21	6
ICF/IID	\$ 37.67	\$ 277.35	1,630	3.8%	1.0%	2.8%	0.7%	0.0%	0.0%	\$ 45.77	\$ 293.57	1,871
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 5.58	\$ 208.46	321	0.8%	0.5%	0.2%	1.8%	0.0%	0.0%	\$ 5.89	\$ 217.57	325
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 2.85	\$ 2.69	12,716	1.5%	0.0%	1.5%	1.9%	0.0%	0.0%	\$ 3.13	\$ 2.74	13,699
Crisis Services	\$ 0.04	\$ 390.94	1	14.8%	2.0%	12.5%	0.0%	0.0%	0.0%	\$ 0.08	\$ 431.63	2
Other BH Services	\$ 0.25	\$ 4.37	686	1.0%	1.0%	0.0%	72.4%	0.0%	0.0%	\$ 0.45	\$ 7.91	686
Innovations - Day Support	\$ 863.21	\$ 19.37	534,661	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 929.93	\$ 20.87	534,661
Innovations - In-Home Services	\$ 1,713.35	\$ 5.20	3,952,220	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 1,845.76	\$ 5.60	3,952,220
Innovations - Other	\$ 62.19	\$ 13.30	56,109	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 67.00	\$ 14.33	56,109
Innovations - Personal Care	\$ 28.85	\$ 5.03	68,838	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 31.08	\$ 5.42	68,838
Innovations - Residential Supports	\$ 2,372.45	\$ 151.38	188,066	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 2,555.80	\$ 163.08	188,066
Innovations - Respite	\$ 98.11	\$ 4.04	291,772	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 105.70	\$ 4.35	291,772
Innovations - Supported Employment	\$ 183.88	\$ 7.58	290,993	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 198.10	\$ 8.17	290,993
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 3.66	\$ 4.77	9,212	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.66	\$ 4.77	9,212
Total	\$ 5,376.21	N/A	5,409,204	1.5%	1.5%	0.0%	0.0%	0.0%	0.0%	\$ 5,797.36	N/A	5,410,744

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 5,797.36
Non-Benefit Expense PMPM/Payment:	
General Administration (6.32%)	\$ 405.32
PHP Care Management (1.55%)	\$ 99.68
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.04
Underwriting Gain (1.75%)	\$ 112.27
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,415.66
Premium Taxes (1.90%)	\$ 124.26
Total Capitation Rate:	\$ 6,539.92

Exhibit 92

Region:	Region 2
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	19,349
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 32.63	\$ 1,418.48	276	2.6%	2.6%				0.0%	143.4%	-7.5%
Outpatient Hospital - Facility	\$ 45.61	\$ 348.12	1,572	3.6%	2.6%	1.0%	42.2%	-3.8%	0.0%	\$ 74.58	\$ 562.74	1,590
Outpatient Hospital - Professional	\$ 8.99	\$ 124.44	867	2.5%	0.5%	2.0%	4.4%	-3.7%	0.0%	\$ 10.23	\$ 133.25	921
Emergency Room - PH	\$ 23.12	\$ 325.96	851	0.5%	0.5%	0.0%	20.3%	-18.8%	0.0%	\$ 23.16	\$ 401.91	692
Physician - Primary Care	\$ 23.03	\$ 70.06	3,945	5.5%	0.5%	5.0%	17.5%	7.5%	0.0%	\$ 38.06	\$ 84.38	5,412
Physician - Specialty	\$ 20.01	\$ 114.57	2,096	5.5%	0.5%	5.0%	2.9%	-18.8%	0.0%	\$ 21.89	\$ 120.87	2,173
FOHC/RHC	\$ 2.33	\$ 127.04	220	7.0%	1.9%	5.0%	1.9%	0.0%	0.0%	\$ 3.32	\$ 142.16	281
Other Clinic	\$ 3.72	\$ 79.15	564	5.5%	0.5%	5.0%	20.4%	-16.1%	0.0%	\$ 4.92	\$ 97.69	604
Other Practitioner	\$ 0.41	\$ 36.88	132	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.45	\$ 37.81	141
Family Planning Services	\$ 1.60	\$ 337.29	57	5.5%	0.5%	5.0%	7.8%	0.0%	0.0%	\$ 2.25	\$ 372.76	73
Therapies	\$ 80.63	\$ 109.23	8,858	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 105.51	\$ 111.99	11,305
Prescribed Drugs	\$ 559.93	\$ 269.49	24,933	9.9%	8.9%	0.9%	0.0%	-1.4%	0.0%	\$ 886.29	\$ 413.20	25,739
Durable Medical Equipment	\$ 85.81	\$ 1.98	519,447	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 72.93	\$ 2.03	430,602
Lab and X-ray	\$ 7.15	\$ 45.14	1,901	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 7.15	\$ 46.28	1,854
Optical	\$ 1.51	\$ 26.02	695	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.51	\$ 26.68	678
Limited Dental Services	\$ 0.10	\$ 24.38	50	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.11	\$ 27.50	49
Transportation - Ambulance	\$ 1.37	\$ 78.33	210	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.38	\$ 79.32	210
Transportation - NEMT	\$ 9.30	\$ 36.20	3,082	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 10.27	\$ 37.11	3,320
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 50.44	\$ 7.14	84,781	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 53.62	\$ 7.32	87,909
Personal Care	\$ 3.61	\$ 3.50	12,356	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 3.84	\$ 3.59	12,811
Hospice	\$ 2.76	\$ 138.19	239	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 2.93	\$ 141.68	248
Inpatient - BH	\$ 29.65	\$ 517.93	687	3.0%	0.5%	2.5%	-2.2%	0.0%	0.0%	\$ 33.62	\$ 519.09	777
Outpatient Hospital - BH	\$ 65.45	\$ 86.52	9,078	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 82.79	\$ 93.49	10,627
Emergency Room - BH	\$ 4.96	\$ 552.15	108	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 5.09	\$ 566.10	108
ICF/IID	\$ 153.66	\$ 398.97	4,622	3.0%	0.0%	3.0%	9.3%	0.0%	0.0%	\$ 194.63	\$ 435.92	5,358
PRTF	\$ 126.04	\$ 525.47	2,878	-2.3%	0.5%	-2.7%	-12.2%	0.0%	0.0%	\$ 98.78	\$ 473.10	2,506
BH Long-term Residential	\$ 108.32	\$ 164.51	7,901	4.5%	0.5%	4.0%	0.0%	0.0%	0.0%	\$ 135.11	\$ 168.67	9,613
MST	\$ 4.59	\$ 2,466.80	22	1.3%	0.0%	1.3%	0.0%	0.0%	0.0%	\$ 4.89	\$ 2,466.80	24
IHS	\$ 103.88	\$ 308.21	4,044	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 106.50	\$ 315.99	4,044
ACT	\$ 2.87	\$ 202.99	170	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 3.21	\$ 218.77	176
Community Support	\$ 0.65	\$ 16.65	469	0.0%	0.0%	0.0%	146.8%	0.0%	0.0%	\$ 1.60	\$ 41.09	469
Partial Hosp/Day Tx	\$ 65.83	\$ 31.48	25,097	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 92.47	\$ 32.27	34,385
Psych Rehab	\$ 3.75	\$ 3.84	11,724	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 3.99	\$ 3.98	12,018
Crisis Services	\$ 4.02	\$ 31.45	1,534	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 7.41	\$ 34.72	2,560
Other BH Services	\$ 3.39	\$ 17.38	2,342	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.57	\$ 18.27	2,342
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 16.28	\$ 4.87	40,151	6.3%	1.5%	4.7%	15.5%	0.0%	0.0%	\$ 25.48	\$ 6.05	50,516
Peer Support Services	\$ 1.49	\$ 11.72	1,531	6.3%	1.5%	4.7%	10.0%	0.0%	0.0%	\$ 2.23	\$ 13.89	1,926
Medical Home Payments	\$ 4.56	\$ 4.83	11,316	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.56	\$ 4.83	11,316
Total	\$ 1,663.43	N/A	790,803	5.4%	3.7%	1.6%	4.4%	-2.1%	0.0%	\$ 2,213.84	N/A	735,630

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,213.84
Non-Benefit Expense PMPM/Payment:	
General Administration (8.20%)	\$ 205.13
PHP Care Management (1.47%)	\$ 36.81
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 0.63
Underwriting Gain (1.75%)	\$ 43.75
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,500.16
Premium Taxes (1.90%)	\$ 48.42
Total Capitation Rate:	\$ 2,548.58

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 93

Region:	Region 2
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	29,677
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 155.78	\$ 867.46	2,155	2.6%	2.6%				0.0%	172.2%	-7.5%
Outpatient Hospital - Facility	\$ 66.16	\$ 319.33	2,486	3.6%	2.6%	1.0%	42.8%	-3.8%	0.0%	\$ 108.68	\$ 518.51	2,515
Outpatient Hospital - Professional	\$ 13.64	\$ 124.30	1,317	2.5%	0.5%	2.0%	2.4%	-3.8%	0.0%	\$ 15.22	\$ 130.52	1,399
Emergency Room - PH	\$ 99.79	\$ 478.55	2,502	0.5%	0.5%	0.0%	16.3%	-18.8%	0.0%	\$ 96.71	\$ 570.81	2,033
Physician - Primary Care	\$ 59.10	\$ 97.54	7,271	5.5%	0.5%	5.0%	9.9%	7.5%	0.0%	\$ 91.32	\$ 109.86	9,976
Physician - Specialty	\$ 62.21	\$ 134.69	5,543	5.5%	0.5%	5.0%	1.9%	-18.8%	0.0%	\$ 67.38	\$ 140.67	5,747
FOHC/RHC	\$ 8.75	\$ 120.80	869	7.0%	1.9%	5.0%	0.0%	0.0%	0.0%	\$ 12.27	\$ 132.77	1,109
Other Clinic	\$ 2.10	\$ 155.54	162	5.5%	0.5%	5.0%	4.3%	-16.1%	0.0%	\$ 2.40	\$ 166.35	173
Other Practitioner	\$ 1.26	\$ 69.85	217	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.39	\$ 71.61	233
Family Planning Services	\$ 2.09	\$ 355.28	71	5.5%	0.5%	5.0%	4.4%	0.0%	0.0%	\$ 2.86	\$ 380.15	90
Therapies	\$ 0.06	\$ 51.98	14	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.36	\$ 242.12	18
Prescribed Drugs	\$ 656.82	\$ 148.51	53,074	4.5%	3.3%	1.1%	0.0%	-1.6%	0.0%	\$ 805.40	\$ 174.75	55,308
Durable Medical Equipment	\$ 41.05	\$ 2.06	238,804	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 34.89	\$ 2.12	197,960
Lab and X-ray	\$ 25.37	\$ 44.86	6,786	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 25.36	\$ 45.99	6,618
Optical	\$ 0.85	\$ 69.59	147	0.0%	0.5%	-0.5%	304.7%	0.0%	0.0%	\$ 3.45	\$ 288.72	143
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 10.12	\$ 78.83	1,540	0.2%	0.2%	0.0%	2.2%	0.0%	0.0%	\$ 10.47	\$ 81.55	1,540
Transportation - NEMT	\$ 30.49	\$ 39.96	9,158	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 33.68	\$ 40.96	9,866
Nursing Home	\$ 8.16	\$ 171.40	572	2.0%	0.5%	1.5%	11.9%	-3.8%	0.0%	\$ 9.71	\$ 196.66	593
Home Health	\$ 46.22	\$ 9.82	56,475	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 49.13	\$ 10.07	58,559
Personal Care	\$ 76.61	\$ 3.72	247,032	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 81.44	\$ 3.82	256,144
Hospice	\$ 5.85	\$ 195.44	359	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 6.22	\$ 200.38	372
Inpatient - BH	\$ 84.06	\$ 530.90	1,900	3.0%	0.5%	2.5%	2.6%	0.0%	0.0%	\$ 100.01	\$ 558.29	2,150
Outpatient Hospital - BH	\$ 80.80	\$ 51.03	19,003	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 102.21	\$ 55.13	22,246
Emergency Room - BH	\$ 18.30	\$ 508.18	432	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 18.76	\$ 521.02	432
ICF/IID	\$ 443.45	\$ 364.52	14,598	3.0%	0.0%	3.0%	5.8%	0.0%	0.0%	\$ 543.98	\$ 385.72	16,923
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 125.85	\$ 208.28	7,251	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 140.75	\$ 224.47	7,524
Community Support	\$ 13.25	\$ 17.44	9,120	0.0%	0.0%	0.0%	134.7%	0.0%	0.0%	\$ 31.10	\$ 40.93	9,120
Partial Hosp/Day Tx	\$ 2.32	\$ 191.83	145	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 3.26	\$ 196.67	199
Psych Rehab	\$ 51.54	\$ 3.73	165,960	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 54.71	\$ 3.86	170,129
Crisis Services	\$ 15.97	\$ 30.43	6,297	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 29.42	\$ 33.60	10,508
Other BH Services	\$ 0.03	\$ 61.08	6	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 64.19	6
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 48.63	\$ 10.55	55,298	6.3%	1.5%	4.7%	5.8%	0.0%	0.0%	\$ 69.74	\$ 12.03	69,573
Peer Support Services	\$ 34.32	\$ 11.89	34,652	6.3%	1.5%	4.7%	11.4%	0.0%	0.0%	\$ 51.84	\$ 14.27	43,597
Medical Home Payments	\$ 4.16	\$ 4.76	10,490	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.16	\$ 4.76	10,490
Total	\$ 2,295.18	N/A	961,705	3.4%	1.6%	1.9%	15.9%	-3.1%	0.0%	\$ 3,054.27	N/A	975,287

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 3,054.27
Non-Benefit Expense PMPM/Payment:	
General Administration (7.27%)	\$ 248.38
PHP Care Management (1.49%)	\$ 50.78
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.22
Underwriting Gain (1.75%)	\$ 59.75
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,414.39
Premium Taxes (1.90%)	\$ 66.13
Total Capitation Rate:	\$ 3,480.52

Exhibit 94

Region:	Region 2
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	40,730
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 19.89	\$ 1,699.79	140	2.6%	2.6%	0.0%	108.1%	-11.3%	0.0%	\$ 41.77	\$ 4,021.54	125
Outpatient Hospital - Facility	\$ 18.08	\$ 235.21	922	3.6%	2.6%	1.0%	42.6%	-7.5%	0.0%	\$ 28.50	\$ 381.45	897
Outpatient Hospital - Professional	\$ 4.25	\$ 125.00	408	2.5%	0.5%	2.0%	3.7%	-7.5%	0.0%	\$ 4.61	\$ 132.86	416
Emergency Room - PH	\$ 27.81	\$ 332.07	1,005	0.5%	0.5%	0.0%	20.9%	-18.8%	0.0%	\$ 28.01	\$ 411.68	816
Physician - Primary Care	\$ 22.55	\$ 72.30	3,742	5.5%	0.5%	5.0%	15.7%	3.8%	0.0%	\$ 35.41	\$ 85.76	4,955
Physician - Specialty	\$ 11.92	\$ 95.39	1,500	5.5%	0.5%	5.0%	2.2%	-18.8%	0.0%	\$ 12.95	\$ 99.92	1,555
FOHC/RHC	\$ 2.41	\$ 129.78	222	7.0%	1.9%	5.0%	2.1%	0.0%	0.0%	\$ 3.45	\$ 145.64	284
Other Clinic	\$ 3.58	\$ 77.78	552	5.5%	0.5%	5.0%	18.8%	-16.5%	0.0%	\$ 4.64	\$ 94.73	588
Other Practitioner	\$ 0.39	\$ 44.29	106	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.43	\$ 45.41	113
Family Planning Services	\$ 2.47	\$ 307.65	96	5.5%	0.5%	5.0%	8.4%	0.0%	0.0%	\$ 3.50	\$ 341.85	123
Therapies	\$ 43.58	\$ 117.52	4,450	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 57.03	\$ 120.49	5,679
Prescribed Drugs	\$ 159.20	\$ 112.69	16,953	3.9%	3.1%	0.8%	0.1%	-2.3%	0.0%	\$ 188.92	\$ 131.23	17,276
Durable Medical Equipment	\$ 13.55	\$ 1.95	83,385	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 12.53	\$ 2.00	75,222
Lab and X-ray	\$ 9.51	\$ 51.26	2,227	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 9.51	\$ 52.55	2,172
Optical	\$ 1.69	\$ 28.22	718	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.69	\$ 28.93	700
Limited Dental Services	\$ 0.06	\$ 26.31	29	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.07	\$ 29.67	28
Transportation - Ambulance	\$ 1.74	\$ 123.46	169	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.76	\$ 125.01	169
Transportation - NEMT	\$ 7.49	\$ 29.81	3,017	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 8.28	\$ 30.56	3,250
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 6.14	\$ 8.19	9,000	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 6.79	\$ 8.40	9,695
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ 0.34	\$ 659.15	6	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.38	\$ 675.79	7
Inpatient - BH	\$ 36.29	\$ 595.72	731	3.0%	0.5%	2.5%	-3.0%	0.0%	0.0%	\$ 40.82	\$ 592.29	827
Outpatient Hospital - BH	\$ 54.00	\$ 78.95	8,207	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 68.31	\$ 85.31	9,608
Emergency Room - BH	\$ 4.63	\$ 480.06	116	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 4.75	\$ 492.18	116
ICF/IID	\$ 4.11	\$ 173.35	284	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%	\$ 4.76	\$ 173.35	330
PRTF	\$ 101.59	\$ 440.52	2,767	-2.3%	0.5%	-2.7%	0.0%	0.0%	0.0%	\$ 90.66	\$ 451.65	2,409
BH Long-term Residential	\$ 84.16	\$ 159.66	6,326	4.5%	0.5%	4.0%	0.0%	0.0%	0.0%	\$ 104.98	\$ 163.69	7,696
MST	\$ 19.92	\$ 2,330.15	103	1.3%	0.0%	1.3%	0.0%	0.0%	0.0%	\$ 21.19	\$ 2,330.15	109
IHS	\$ 192.33	\$ 313.97	7,351	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 197.19	\$ 321.90	7,351
ACT	\$ 0.63	\$ 199.80	38	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 0.70	\$ 215.33	39
Community Support	\$ 0.41	\$ 18.42	266	0.0%	0.0%	0.0%	122.9%	0.0%	0.0%	\$ 0.91	\$ 41.06	266
Partial Hosp/Day Tx	\$ 85.38	\$ 31.51	32,515	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 119.94	\$ 32.31	44,548
Psych Rehab	\$ 0.07	\$ 3.75	218	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 0.07	\$ 3.89	224
Crisis Services	\$ 2.70	\$ 42.45	762	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 4.97	\$ 46.87	1,271
Other BH Services	\$ 29.06	\$ 81.33	4,288	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 30.55	\$ 85.48	4,288
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 1.17	\$ 7.27	1,936	6.3%	1.5%	4.7%	37.7%	0.0%	0.0%	\$ 2.19	\$ 10.78	2,436
Peer Support Services	\$ 1.66	\$ 11.48	1,739	6.3%	1.5%	4.7%	10.0%	0.0%	0.0%	\$ 2.48	\$ 13.60	2,188
Medical Home Payments	\$ 2.32	\$ 2.48	11,260	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.65	\$ 4.95	11,260
Total	\$ 977.08	N/A	207,552	2.8%	1.1%	1.7%	4.3%	-1.9%	0.0%	\$ 1,149.33	N/A	219,035

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,149.33
Non-Benefit Expense PMPM/Payment:	
General Administration (11.19%)	\$ 150.38
PHP Care Management (1.42%)	\$ 19.11
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.10%)	\$ 1.28
Underwriting Gain (1.75%)	\$ 23.51
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,343.61
Premium Taxes (1.90%)	\$ 26.02
Total Capitation Rate:	\$ 1,369.63

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 95

Region:	Region 2
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	26,515
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 53.96	\$ 1,078.56	600	2.6%	2.6%	0.0%	168.6%	-15.0%	0.0%	\$ 140.05	\$ 3,293.22	510
Outpatient Hospital - Facility	\$ 25.27	\$ 250.53	1,210	3.6%	2.6%	1.0%	42.8%	-7.5%	0.0%	\$ 39.89	\$ 406.87	1,177
Outpatient Hospital - Professional	\$ 6.50	\$ 152.66	511	2.5%	0.5%	2.0%	1.5%	-7.5%	0.0%	\$ 6.91	\$ 158.86	522
Emergency Room - PH	\$ 65.08	\$ 404.38	1,931	0.5%	0.5%	0.0%	17.8%	-18.8%	0.0%	\$ 63.86	\$ 488.36	1,569
Physician - Primary Care	\$ 81.68	\$ 99.02	9,898	5.5%	0.5%	5.0%	5.4%	3.8%	0.0%	\$ 116.91	\$ 107.04	13,107
Physician - Specialty	\$ 60.32	\$ 154.86	4,674	5.5%	0.5%	5.0%	0.6%	-18.8%	0.0%	\$ 64.51	\$ 159.72	4,847
FOHC/RHC	\$ 4.04	\$ 127.57	380	7.0%	1.9%	5.0%	0.1%	0.0%	0.0%	\$ 5.66	\$ 140.25	485
Other Clinic	\$ 1.01	\$ 73.19	165	5.5%	0.5%	5.0%	7.2%	-16.5%	0.0%	\$ 1.18	\$ 80.45	176
Other Practitioner	\$ 0.57	\$ 60.83	112	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.62	\$ 62.37	120
Family Planning Services	\$ 4.29	\$ 296.15	174	5.5%	0.5%	5.0%	4.6%	0.0%	0.0%	\$ 5.87	\$ 317.57	222
Therapies	\$ 0.02	\$ 63.19	5	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.14	\$ 294.30	6
Prescribed Drugs	\$ 204.71	\$ 119.25	20,599	4.7%	2.7%	2.0%	0.1%	-1.4%	0.0%	\$ 254.35	\$ 136.37	22,382
Durable Medical Equipment	\$ 4.94	\$ 2.32	25,489	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 4.57	\$ 2.38	22,994
Lab and X-ray	\$ 75.66	\$ 76.15	11,924	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 75.65	\$ 78.07	11,629
Optical	\$ 0.17	\$ 73.00	29	0.0%	0.5%	-0.5%	302.6%	0.0%	0.0%	\$ 0.70	\$ 301.28	28
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 2.46	\$ 80.20	368	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 2.49	\$ 81.21	368
Transportation - NEMT	\$ 24.50	\$ 56.30	5,222	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 27.06	\$ 57.72	5,625
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 2.99	\$ 32.55	1,102	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 3.30	\$ 33.37	1,187
Personal Care	\$ 0.17	\$ 3.66	542	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.18	\$ 3.75	584
Hospice	\$ 0.26	\$ 199.61	15	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.28	\$ 204.65	17
Inpatient - BH	\$ 18.90	\$ 534.06	425	3.0%	0.5%	2.5%	2.1%	0.0%	0.0%	\$ 22.38	\$ 558.82	481
Outpatient Hospital - BH	\$ 175.41	\$ 33.10	63,602	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 221.89	\$ 35.76	74,458
Emergency Room - BH	\$ 6.49	\$ 464.15	168	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 6.65	\$ 475.87	168
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 7.70	\$ 231.41	399	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 8.61	\$ 249.39	414
Community Support	\$ 4.46	\$ 16.49	3,247	0.0%	0.0%	0.0%	148.2%	0.0%	0.0%	\$ 11.08	\$ 40.93	3,247
Partial Hosp/Day Tx	\$ 1.11	\$ 192.00	69	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 1.56	\$ 196.85	95
Psych Rehab	\$ 1.14	\$ 3.58	3,823	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 1.21	\$ 3.71	3,920
Crisis Services	\$ 15.77	\$ 27.15	6,972	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 29.06	\$ 29.98	11,634
Other BH Services	\$ 0.01	\$ 13.50	8	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.01	\$ 14.18	8
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 0.47	\$ 19.82	288	6.3%	1.5%	4.7%	1.3%	0.0%	0.0%	\$ 0.65	\$ 21.63	362
Peer Support Services	\$ 4.95	\$ 13.01	4,568	6.3%	1.5%	4.7%	11.4%	0.0%	0.0%	\$ 7.48	\$ 15.62	5,748
Medical Home Payments	\$ 1.85	\$ 2.38	9,339	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.71	\$ 4.76	9,339
Total	\$ 856.87	N/A	177,859	4.0%	1.5%	2.4%	14.1%	-4.9%	0.0%	\$ 1,128.49	N/A	197,427

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,128.49
Non-Benefit Expense PMPM/Payment:	
General Administration (11.28%)	\$ 149.31
PHP Care Management (1.42%)	\$ 18.76
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.27%)	\$ 3.63
Underwriting Gain (1.75%)	\$ 23.16
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,323.35
Premium Taxes (1.90%)	\$ 25.63
Total Capitation Rate:	\$ 1,348.98

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 96

Region:	Region 2
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	8,154
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 72.75	\$ 1,753.91	498	2.6%	2.6%				0.0%	11.1%	-11.3%
Outpatient Hospital - Facility	\$ 19.24	\$ 210.38	1,097	3.6%	2.6%	1.0%	42.1%	-7.5%	0.0%	\$ 30.22	\$ 339.86	1,067
Outpatient Hospital - Professional	\$ 4.40	\$ 141.53	373	2.5%	0.5%	2.0%	3.6%	-7.5%	0.0%	\$ 4.77	\$ 150.35	381
Emergency Room - PH	\$ 18.18	\$ 326.98	667	0.5%	0.5%	0.0%	21.1%	-18.8%	0.0%	\$ 18.34	\$ 405.86	542
Physician - Primary Care	\$ 24.47	\$ 74.56	3,938	5.5%	0.5%	5.0%	15.6%	3.8%	0.0%	\$ 38.40	\$ 88.36	5,215
Physician - Specialty	\$ 10.66	\$ 97.65	1,310	5.5%	0.5%	5.0%	1.5%	-18.8%	0.0%	\$ 11.51	\$ 101.65	1,358
FOHC/RHC	\$ 2.96	\$ 136.83	260	7.0%	1.9%	5.0%	1.8%	0.0%	0.0%	\$ 4.23	\$ 153.09	332
Other Clinic	\$ 5.35	\$ 77.84	825	5.5%	0.5%	5.0%	17.5%	-16.5%	0.0%	\$ 6.87	\$ 93.76	879
Other Practitioner	\$ 0.39	\$ 64.41	72	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.42	\$ 66.04	77
Family Planning Services	\$ 3.69	\$ 296.73	149	5.5%	0.5%	5.0%	5.5%	0.0%	0.0%	\$ 5.09	\$ 320.99	190
Therapies	\$ 31.50	\$ 120.42	3,139	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 41.23	\$ 123.50	4,006
Prescribed Drugs	\$ 245.79	\$ 97.30	30,312	2.7%	1.7%	0.9%	0.1%	-1.7%	0.0%	\$ 275.96	\$ 106.19	31,184
Durable Medical Equipment	\$ 11.92	\$ 2.08	68,733	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 11.02	\$ 2.13	62,004
Lab and X-ray	\$ 14.17	\$ 37.63	4,520	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 14.17	\$ 38.58	4,408
Optical	\$ 2.72	\$ 30.67	1,063	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 2.72	\$ 31.45	1,037
Limited Dental Services	\$ 0.01	\$ 24.63	6	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.01	\$ 27.78	6
Transportation - Ambulance	\$ 1.08	\$ 71.83	180	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.09	\$ 72.73	180
Transportation - NEMT	\$ 10.96	\$ 34.05	3,862	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 12.11	\$ 34.91	4,161
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.63	\$ 1.30	5,839	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.70	\$ 1.33	6,290
Personal Care	\$ 4.20	\$ 3.87	13,018	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 4.64	\$ 3.97	14,024
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 70.83	\$ 517.93	1,641	3.0%	0.5%	2.5%	-1.8%	0.0%	0.0%	\$ 80.69	\$ 521.54	1,857
Outpatient Hospital - BH	\$ 134.20	\$ 86.89	18,533	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 169.75	\$ 93.89	21,697
Emergency Room - BH	\$ 11.59	\$ 525.42	265	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 11.88	\$ 538.69	265
ICF/ID	\$ 18.57	\$ 157.26	1,417	3.0%	0.0%	3.0%	0.0%	0.0%	0.0%	\$ 21.63	\$ 157.97	1,643
PRTF	\$ 670.24	\$ 444.57	18,091	-2.3%	0.5%	-2.7%	0.0%	0.0%	0.0%	\$ 598.15	\$ 455.80	15,748
BH Long-term Residential	\$ 1,120.12	\$ 132.74	101,259	4.5%	0.5%	4.0%	0.0%	0.0%	0.0%	\$ 1,397.21	\$ 136.09	123,197
MST	\$ 9.10	\$ 2,180.15	50	1.3%	0.0%	1.3%	0.0%	0.0%	0.0%	\$ 9.68	\$ 2,180.15	53
IHS	\$ 176.96	\$ 378.91	5,604	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 181.43	\$ 388.48	5,604
ACT	\$ 2.37	\$ 218.11	131	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 2.66	\$ 235.06	136
Community Support	\$ 0.19	\$ 81.25	28	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.19	\$ 81.25	28
Partial Hosp/Day Tx	\$ 99.94	\$ 31.44	38,144	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 140.38	\$ 32.23	52,260
Psych Rehab	\$ 1.81	\$ 3.75	5,805	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 1.93	\$ 3.88	5,951
Crisis Services	\$ 11.85	\$ 49.18	2,892	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 21.84	\$ 54.30	4,827
Other BH Services	\$ 0.47	\$ 19.12	293	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.49	\$ 20.10	293
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 9.62	\$ 6.79	17,000	6.3%	1.5%	4.7%	103.3%	0.0%	0.0%	\$ 26.51	\$ 14.88	21,388
Peer Support Services	\$ 3.27	\$ 9.20	4,261	6.3%	1.5%	4.7%	10.0%	0.0%	0.0%	\$ 4.87	\$ 10.90	5,361
Medical Home Payments	\$ 2.24	\$ 2.54	10,605	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.49	\$ 5.08	10,605
Total	\$ 2,828.44	N/A	365,881	2.6%	0.7%	1.9%	1.4%	-0.8%	0.0%	\$ 3,238.86	N/A	408,695

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 3,238.86
Non-Benefit Expense PMPM/Payment:	
General Administration (7.13%)	\$ 257.85
PHP Care Management (1.49%)	\$ 53.85
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.24
Underwriting Gain (1.75%)	\$ 63.26
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,615.06
Premium Taxes (1.90%)	\$ 70.02
Total Capitation Rate:	\$ 3,685.08

Exhibit 97

Region:	Region 2
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	10,377
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 38.08	\$ 1,074.37	425	2.6%	2.6%				0.0%	152.8%	-7.5%
Outpatient Hospital - Facility	\$ 62.69	\$ 386.80	1,945	3.6%	2.6%	1.0%	42.8%	-3.8%	0.0%	\$ 103.00	\$ 628.20	1,968
Outpatient Hospital - Professional	\$ 9.09	\$ 90.47	1,205	2.5%	0.5%	2.0%	3.4%	-3.8%	0.0%	\$ 10.24	\$ 95.91	1,281
Emergency Room - PH	\$ 19.16	\$ 431.42	533	0.5%	0.5%	0.0%	17.3%	-18.8%	0.0%	\$ 18.72	\$ 518.81	433
Physician - Primary Care	\$ 22.99	\$ 68.41	4,032	5.5%	0.5%	5.0%	18.8%	7.5%	0.0%	\$ 38.42	\$ 83.33	5,532
Physician - Specialty	\$ 23.89	\$ 109.28	2,624	5.5%	0.5%	5.0%	3.1%	-18.8%	0.0%	\$ 26.18	\$ 115.47	2,721
FOHC/RHC	\$ 2.38	\$ 96.09	298	7.0%	1.9%	5.0%	0.9%	0.0%	0.0%	\$ 3.37	\$ 106.56	380
Other Clinic	\$ 2.12	\$ 88.80	287	5.5%	0.5%	5.0%	19.1%	-16.1%	0.0%	\$ 2.77	\$ 108.40	307
Other Practitioner	\$ 0.75	\$ 72.87	124	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.83	\$ 74.71	133
Family Planning Services	\$ 4.08	\$ 444.64	110	5.5%	0.5%	5.0%	8.1%	0.0%	0.0%	\$ 5.77	\$ 492.67	141
Therapies	\$ 26.90	\$ 115.26	2,800	5.5%	0.5%	5.0%	0.6%	0.0%	0.0%	\$ 35.41	\$ 118.90	3,574
Prescribed Drugs	\$ 528.71	\$ 142.15	44,634	2.5%	1.4%	1.0%	0.0%	-3.7%	0.0%	\$ 575.72	\$ 152.64	45,261
Durable Medical Equipment	\$ 187.93	\$ 1.84	1,224,237	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 159.72	\$ 1.89	1,014,845
Lab and X-ray	\$ 3.61	\$ 17.60	2,463	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 3.61	\$ 18.05	2,402
Optical	\$ 0.71	\$ 34.32	249	0.0%	0.5%	-0.5%	168.7%	0.0%	0.0%	\$ 1.91	\$ 94.53	243
Limited Dental Services	\$ 0.00	\$ 0.16	6	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.00	\$ 0.18	6
Transportation - Ambulance	\$ 1.60	\$ 78.54	244	0.2%	0.2%	0.0%	11.0%	0.0%	0.0%	\$ 1.80	\$ 88.28	244
Transportation - NEMT	\$ 3.07	\$ 44.61	827	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 3.39	\$ 45.74	891
Nursing Home	\$ 2.19	\$ 177.41	148	2.0%	0.5%	1.5%	9.8%	-3.8%	0.0%	\$ 2.55	\$ 199.65	154
Home Health	\$ 154.90	\$ 6.44	288,773	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 164.67	\$ 6.60	299,424
Personal Care	\$ 3.69	\$ 1.21	36,553	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 3.92	\$ 1.24	37,901
Hospice	\$ 10.36	\$ 148.91	835	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 11.01	\$ 152.67	865
Inpatient - BH	\$ 7.60	\$ 837.89	109	3.0%	0.5%	2.5%	-2.4%	0.0%	0.0%	\$ 8.60	\$ 838.16	123
Outpatient Hospital - BH	\$ 23.19	\$ 71.06	3,916	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 29.33	\$ 76.78	4,584
Emergency Room - BH	\$ 2.20	\$ 437.25	60	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 2.25	\$ 448.30	60
ICF/IID	\$ 16.19	\$ 485.13	400	3.0%	0.0%	3.0%	17.3%	0.0%	0.0%	\$ 22.02	\$ 569.18	464
PRTF	\$ 17.16	\$ 611.55	337	-2.3%	0.5%	-2.7%	0.0%	0.0%	0.0%	\$ 15.31	\$ 626.99	293
BH Long-term Residential	\$ 8.57	\$ 140.54	732	4.5%	0.5%	4.0%	0.0%	0.0%	0.0%	\$ 10.69	\$ 144.09	890
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.05	\$ 239.66	2	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.05	\$ 245.71	2
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.30	\$ 3.75	958	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 0.32	\$ 3.88	983
Crisis Services	\$ 0.26	\$ 26.57	119	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 0.49	\$ 29.34	199
Other BH Services	\$ 0.01	\$ 90.28	1	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.01	\$ 94.89	1
Innovations - Day Support	\$ 554.85	\$ 20.27	328,509	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 635.46	\$ 21.30	357,972
Innovations - In-Home Services	\$ 2,166.19	\$ 4.78	5,435,910	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 2,480.88	\$ 5.03	5,923,448
Innovations - Other	\$ 83.32	\$ 49.63	20,144	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 95.42	\$ 52.16	21,950
Innovations - Personal Care	\$ 30.03	\$ 3.55	101,612	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 34.39	\$ 3.73	110,725
Innovations - Residential Supports	\$ 938.47	\$ 148.35	75,911	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 1,074.80	\$ 155.92	82,719
Innovations - Respite	\$ 176.17	\$ 3.53	599,107	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 201.76	\$ 3.71	652,840
Innovations - Supported Employment	\$ 78.88	\$ 7.22	131,100	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 90.34	\$ 7.59	142,858
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ 0.05	\$ 12.02	52	6.3%	1.5%	4.7%	0.0%	0.0%	0.0%	\$ 0.07	\$ 12.95	66
Medical Home Payments	\$ 4.50	\$ 4.84	11,166	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.50	\$ 4.84	11,166
Total	\$ 5,216.88	N/A	8,323,495	2.6%	1.0%	1.6%	1.9%	-1.3%	0.0%	\$ 5,980.96	N/A	8,730,441

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 5,980.96

Non-Benefit Expense PMPM/Payment:	
General Administration (6.05%)	\$ 398.89
PHP Care Management (1.51%)	\$ 99.45
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.62
Underwriting Gain (1.75%)	\$ 115.44

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 6,596.35

Premium Taxes (1.90%) \$ 127.76

Total Capitation Rate: \$ 6,724.10

Exhibit 98

Region:	Region 2
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	6,727
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 17.64	\$ 205.13	1,032	3.0%	0.5%	2.5%	-4.0%	0.0%	0.0%	\$ 19.65	\$ 201.97	1,168
Outpatient Hospital - BH	\$ 9.20	\$ 18.17	6,073	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 11.63	\$ 19.63	7,109
Emergency Room - BH	\$ 0.91	\$ 71.10	153	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.93	\$ 72.89	153
ICF/IID	\$ 1,616.58	\$ 514.64	37,694	3.0%	0.0%	3.0%	15.4%	0.0%	0.0%	\$ 2,161.89	\$ 593.68	43,698
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 50.40	\$ 220.96	2,737	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 56.37	\$ 238.14	2,840
Community Support	\$ 1.64	\$ 19.25	1,024	0.0%	0.0%	0.0%	112.7%	0.0%	0.0%	\$ 3.49	\$ 40.93	1,024
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 51.80	\$ 3.91	158,960	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 54.99	\$ 4.05	162,953
Crisis Services	\$ 2.18	\$ 31.84	821	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 4.02	\$ 35.16	1,371
Other BH Services	\$ 0.22	\$ 4.95	528	1.0%	1.0%	0.0%	83.1%	0.0%	0.0%	\$ 0.42	\$ 9.52	528
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 7.89	\$ 12.67	7,471	6.3%	1.5%	4.7%	1.3%	0.0%	0.0%	\$ 10.83	\$ 13.83	9,400
Peer Support Services	\$ 18.26	\$ 12.19	17,978	6.3%	1.5%	4.7%	11.4%	0.0%	0.0%	\$ 27.58	\$ 14.63	22,619
Medical Home Payments	\$ 2.52	\$ 4.46	6,769	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.52	\$ 4.46	6,769
Total	\$ 1,779.23	N/A	241,241	3.0%	0.1%	2.9%	14.3%	0.0%	0.0%	\$ 2,354.32	N/A	259,633

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,354.32
Non-Benefit Expense PMPM/Payment:	
General Administration (8.01%)	\$ 212.36
PHP Care Management (1.48%)	\$ 39.15
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 46.41
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,652.24
Premium Taxes (1.90%)	\$ 51.37
Total Capitation Rate:	\$ 2,703.61

Exhibit 99

Region:	Region 2
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	30,041
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 9.12	\$ 100.11	1,093	3.0%	0.5%	2.5%	3.8%	0.0%	0.0%	\$ 10.98	\$ 106.52	1,237
Outpatient Hospital - BH	\$ 21.80	\$ 24.02	10,892	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 27.58	\$ 25.96	12,751
Emergency Room - BH	\$ 2.71	\$ 121.20	268	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 2.78	\$ 124.26	268
ICF/IID	\$ 1,097.75	\$ 414.67	31,768	3.0%	0.0%	3.0%	11.5%	0.0%	0.0%	\$ 1,419.29	\$ 462.47	36,827
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 133.44	\$ 202.03	7,926	1.8%	1.0%	0.7%	2.5%	0.0%	0.0%	\$ 149.23	\$ 217.73	8,225
Community Support	\$ 7.86	\$ 17.45	5,404	0.0%	0.0%	0.0%	134.4%	0.0%	0.0%	\$ 18.41	\$ 40.89	5,404
Partial Hosp/Day Tx	\$ 1.42	\$ 191.73	89	7.0%	0.5%	6.5%	0.0%	0.0%	0.0%	\$ 1.99	\$ 196.57	121
Psych Rehab	\$ 85.41	\$ 3.83	267,567	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 90.65	\$ 3.97	274,289
Crisis Services	\$ 10.38	\$ 28.97	4,299	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 19.12	\$ 31.98	7,174
Other BH Services	\$ 0.14	\$ 3.68	442	1.0%	1.0%	0.0%	133.5%	0.0%	0.0%	\$ 0.33	\$ 9.02	442
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 63.77	\$ 10.21	74,938	6.3%	1.5%	4.7%	4.2%	0.0%	0.0%	\$ 90.02	\$ 11.46	94,283
Peer Support Services	\$ 32.67	\$ 11.85	33,098	6.3%	1.5%	4.7%	11.4%	0.0%	0.0%	\$ 49.34	\$ 14.22	41,643
Medical Home Payments	\$ 3.11	\$ 4.64	8,042	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.11	\$ 4.64	8,042
Total	\$ 1,469.56	N/A	445,826	3.1%	0.3%	2.8%	10.0%	0.0%	0.0%	\$ 1,882.84	N/A	490,707

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,882.84
Non-Benefit Expense PMPM/Payment:	
General Administration (8.79%)	\$ 188.11
PHP Care Management (1.46%)	\$ 31.31
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 0.90
Underwriting Gain (1.75%)	\$ 37.46
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,140.62
Premium Taxes (1.90%)	\$ 41.46
Total Capitation Rate:	\$ 2,182.08

Exhibit 100

Region:	Region 2
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	8,158
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 1.10	\$ 196.00	67	3.0%	0.5%	2.5%	2.2%	0.0%	0.0%	\$ 1.30	\$ 205.36	76
Outpatient Hospital - BH	\$ 3.28	\$ 27.24	1,444	4.8%	1.5%	3.2%	0.3%	0.0%	0.0%	\$ 4.14	\$ 29.43	1,690
Emergency Room - BH	\$ 0.29	\$ 46.67	74	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.29	\$ 47.84	74
ICF/IID	\$ 6.83	\$ 612.55	134	3.0%	0.0%	3.0%	17.9%	0.0%	0.0%	\$ 9.34	\$ 721.93	155
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 2.18	\$ 3.75	6,989	1.0%	0.5%	0.5%	1.0%	0.0%	0.0%	\$ 2.32	\$ 3.88	7,165
Crisis Services	\$ 0.33	\$ 108.74	36	13.0%	2.0%	10.8%	0.0%	0.0%	0.0%	\$ 0.60	\$ 120.06	60
Other BH Services	\$ 0.13	\$ 3.58	423	1.0%	1.0%	0.0%	143.5%	0.0%	0.0%	\$ 0.32	\$ 9.15	423
Innovations - Day Support	\$ 1,033.42	\$ 19.14	647,960	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 1,183.55	\$ 20.11	706,075
Innovations - In-Home Services	\$ 1,652.80	\$ 4.81	4,120,680	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 1,892.90	\$ 5.06	4,490,256
Innovations - Other	\$ 65.28	\$ 56.53	13,857	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 74.76	\$ 59.41	15,099
Innovations - Personal Care	\$ 25.98	\$ 3.84	81,174	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 29.75	\$ 4.04	88,454
Innovations - Residential Supports	\$ 1,928.95	\$ 142.57	162,363	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 2,209.17	\$ 149.84	176,925
Innovations - Respite	\$ 108.83	\$ 3.56	367,271	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 124.63	\$ 3.74	400,211
Innovations - Supported Employment	\$ 151.14	\$ 7.27	249,547	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 173.10	\$ 7.64	271,929
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 3.53	\$ 4.81	8,820	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.53	\$ 4.81	8,820
Total	\$ 4,984.05	N/A	5,660,839	2.7%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 5,709.72	N/A	6,167,413

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 5,709.72
Non-Benefit Expense PMPM/Payment:	
General Administration (6.11%)	\$ 384.94
PHP Care Management (1.51%)	\$ 94.94
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.13
Underwriting Gain (1.75%)	\$ 110.27
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,301.00
Premium Taxes (1.90%)	\$ 122.04
Total Capitation Rate:	\$ 6,423.04

Exhibit 101

Region:	Region 3
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	56,970
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 42.55	\$ 917.71	556	2.6%	2.6%				0.0%	99.3%	-7.5%
Outpatient Hospital - Facility	\$ 50.73	\$ 313.48	1,942	5.7%	2.6%	3.0%	42.6%	-3.7%	0.0%	\$ 91.78	\$ 508.25	2,167
Outpatient Hospital - Professional	\$ 10.18	\$ 114.31	1,069	0.5%	0.5%	0.0%	6.0%	-3.7%	0.0%	\$ 10.64	\$ 124.18	1,029
Emergency Room - PH	\$ 26.35	\$ 405.74	779	0.5%	1.0%	-0.5%	21.9%	-18.8%	0.0%	\$ 26.75	\$ 519.87	617
Physician - Primary Care	\$ 22.37	\$ 74.45	3,606	5.5%	0.5%	5.0%	17.2%	7.5%	0.0%	\$ 36.90	\$ 89.49	4,948
Physician - Specialty	\$ 17.30	\$ 114.08	1,819	5.5%	0.5%	5.0%	4.5%	-18.8%	0.0%	\$ 19.22	\$ 122.27	1,887
FOHC/RHC	\$ 1.56	\$ 112.69	166	7.0%	1.9%	5.0%	2.4%	0.0%	0.0%	\$ 2.24	\$ 126.79	212
Other Clinic	\$ 4.01	\$ 82.98	580	5.5%	0.5%	5.0%	19.2%	-16.1%	0.0%	\$ 5.25	\$ 101.42	621
Other Practitioner	\$ 0.25	\$ 73.63	42	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.28	\$ 75.49	44
Family Planning Services	\$ 1.58	\$ 313.95	60	5.5%	0.5%	5.0%	6.9%	0.0%	0.0%	\$ 2.21	\$ 344.07	77
Therapies	\$ 61.14	\$ 116.91	6,275	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 80.00	\$ 119.86	8,009
Prescribed Drugs	\$ 219.31	\$ 134.08	19,628	3.8%	2.8%	1.0%	0.1%	-2.7%	0.0%	\$ 257.52	\$ 154.11	20,053
Durable Medical Equipment	\$ 71.14	\$ 1.86	458,667	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 62.00	\$ 1.91	389,867
Lab and X-ray	\$ 8.69	\$ 48.41	2,155	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 8.91	\$ 49.64	2,155
Optical	\$ 1.24	\$ 26.65	559	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 1.27	\$ 27.32	559
Limited Dental Services	\$ 0.07	\$ 28.45	28	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.08	\$ 32.08	28
Transportation - Ambulance	\$ 1.62	\$ 87.80	221	0.2%	0.2%	0.0%	4.4%	0.0%	0.0%	\$ 1.71	\$ 92.85	221
Transportation - NEMT	\$ 7.63	\$ 26.80	3,416	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 8.43	\$ 27.48	3,680
Nursing Home	\$ 0.06	\$ 160.43	4	2.0%	0.5%	1.5%	16.1%	-3.7%	0.0%	\$ 0.07	\$ 190.93	4
Home Health	\$ 52.16	\$ 6.42	97,431	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 55.45	\$ 6.59	101,025
Personal Care	\$ 20.68	\$ 3.75	66,189	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 21.98	\$ 3.84	68,630
Hospice	\$ 2.28	\$ 159.64	171	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 2.42	\$ 163.67	177
Inpatient - BH	\$ 91.17	\$ 959.09	1,141	2.0%	0.5%	1.5%	14.2%	0.0%	0.0%	\$ 115.00	\$ 1,122.95	1,229
Outpatient Hospital - BH	\$ 54.56	\$ 53.31	12,282	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 86.12	\$ 56.46	18,305
Emergency Room - BH	\$ 13.18	\$ 287.15	551	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 13.51	\$ 301.80	537
ICF/IID	\$ 172.41	\$ 385.05	5,373	1.0%	0.5%	0.5%	2.5%	0.0%	0.0%	\$ 185.77	\$ 404.68	5,509
PRTF	\$ 117.10	\$ 495.64	2,835	-1.3%	0.5%	-1.7%	-5.3%	0.0%	0.0%	\$ 104.16	\$ 481.35	2,597
BH Long-term Residential	\$ 48.86	\$ 169.91	3,451	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	\$ 51.36	\$ 169.91	3,627
MST	\$ 7.07	\$ 45.29	1,873	2.8%	0.5%	2.2%	0.0%	0.0%	0.0%	\$ 8.10	\$ 46.44	2,092
IHS	\$ 70.42	\$ 294.72	2,867	1.7%	0.5%	1.2%	0.0%	0.0%	0.0%	\$ 76.64	\$ 302.17	3,044
ACT	\$ 2.48	\$ 205.45	145	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 2.78	\$ 217.13	154
Community Support	\$ 1.25	\$ 13.50	1,113	3.8%	0.0%	3.8%	89.0%	0.0%	0.0%	\$ 2.85	\$ 25.52	1,341
Partial Hosp/Day Tx	\$ 35.72	\$ 32.90	13,029	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 48.94	\$ 32.90	17,851
Psych Rehab	\$ 2.18	\$ 2.75	9,500	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 2.52	\$ 2.84	10,612
Crisis Services	\$ 1.66	\$ 27.50	724	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 2.70	\$ 29.63	1,095
Other BH Services	\$ 1.62	\$ 18.79	1,038	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.71	\$ 19.75	1,038
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ 0.15	\$ 215.17	8	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 0.16	\$ 215.17	9
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 43.15	\$ 5.88	88,097	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 61.84	\$ 6.18	120,135
Peer Support Services	\$ 5.71	\$ 11.60	5,908	7.5%	1.0%	6.4%	5.0%	0.0%	0.0%	\$ 8.60	\$ 12.80	8,056
Medical Home Payments	\$ 4.63	\$ 4.88	11,374	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.63	\$ 4.88	11,374
Total	\$ 1,296.21	N/A	826,673	2.9%	1.1%	1.8%	7.1%	-2.6%	0.0%	\$ 1,561.70	N/A	815,130

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,561.70
Non-Benefit Expense PMPM/Payment:	
General Administration (7.78%)	\$ 136.73
PHP Care Management (1.60%)	\$ 28.08
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 0.63
Underwriting Gain (1.75%)	\$ 30.76
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,757.90
Premium Taxes (1.90%)	\$ 34.05
Total Capitation Rate:	\$ 1,791.95

Exhibit 102

Region:	Region 3
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	74,356
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 120.91	\$ 831.63	1,745	2.6%	2.6%	0.0%	141.5%	-7.5%	0.0%	\$ 307.03	\$ 2,283.06	1,614
Outpatient Hospital - Facility	\$ 82.95	\$ 364.54	2,731	5.7%	2.6%	3.0%	42.3%	-3.8%	0.0%	\$ 149.73	\$ 589.70	3,047
Outpatient Hospital - Professional	\$ 15.07	\$ 102.45	1,766	0.5%	0.5%	0.0%	5.0%	-3.8%	0.0%	\$ 15.62	\$ 110.32	1,699
Emergency Room - PH	\$ 110.30	\$ 559.99	2,364	0.5%	1.0%	-0.5%	17.2%	-18.8%	0.0%	\$ 107.67	\$ 689.90	1,873
Physician - Primary Care	\$ 46.33	\$ 97.11	5,725	5.5%	0.5%	5.0%	11.8%	7.5%	0.0%	\$ 72.87	\$ 111.33	7,855
Physician - Specialty	\$ 43.17	\$ 120.58	4,296	5.5%	0.5%	5.0%	2.0%	-18.8%	0.0%	\$ 46.83	\$ 126.15	4,455
FOHC/RHC	\$ 4.56	\$ 118.81	461	7.0%	1.9%	5.0%	0.2%	0.0%	0.0%	\$ 6.41	\$ 130.79	588
Other Clinic	\$ 7.03	\$ 321.77	262	5.5%	0.5%	5.0%	1.3%	-16.1%	0.0%	\$ 7.82	\$ 334.23	281
Other Practitioner	\$ 1.12	\$ 70.51	191	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.23	\$ 72.29	204
Family Planning Services	\$ 2.11	\$ 364.16	69	5.5%	0.5%	5.0%	3.4%	0.0%	0.0%	\$ 2.85	\$ 386.14	89
Therapies	\$ 0.10	\$ 54.90	22	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.60	\$ 255.72	28
Prescribed Drugs	\$ 585.23	\$ 159.92	43,913	5.3%	4.1%	1.1%	0.0%	-1.6%	0.0%	\$ 746.12	\$ 196.01	45,679
Durable Medical Equipment	\$ 40.12	\$ 2.19	219,961	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 34.96	\$ 2.24	186,967
Lab and X-ray	\$ 28.24	\$ 43.43	7,805	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 28.96	\$ 44.52	7,805
Optical	\$ 0.82	\$ 71.91	137	0.5%	0.5%	0.0%	304.7%	0.0%	0.0%	\$ 3.40	\$ 298.36	137
Limited Dental Services	\$ 0.01	\$ 113.89	1	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.01	\$ 128.44	1
Transportation - Ambulance	\$ 9.79	\$ 86.01	1,366	0.2%	0.2%	0.0%	1.1%	0.0%	0.0%	\$ 10.02	\$ 88.05	1,366
Transportation - NEMT	\$ 35.19	\$ 31.34	13,475	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 38.87	\$ 32.13	14,516
Nursing Home	\$ 10.66	\$ 172.25	743	2.0%	0.5%	1.5%	15.5%	-3.8%	0.0%	\$ 13.09	\$ 203.96	770
Home Health	\$ 42.66	\$ 8.44	60,669	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 45.35	\$ 8.65	62,907
Personal Care	\$ 109.64	\$ 3.73	352,545	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 116.55	\$ 3.83	365,548
Hospice	\$ 5.82	\$ 166.22	420	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 6.18	\$ 170.42	435
Inpatient - BH	\$ 118.37	\$ 645.13	2,202	2.0%	0.5%	1.5%	3.1%	0.0%	0.0%	\$ 134.81	\$ 682.01	2,372
Outpatient Hospital - BH	\$ 80.66	\$ 54.56	17,740	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 127.32	\$ 57.78	26,440
Emergency Room - BH	\$ 46.13	\$ 326.14	1,697	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 47.28	\$ 342.78	1,655
ICF/IID	\$ 429.33	\$ 376.56	13,682	1.0%	0.5%	0.5%	4.3%	0.0%	0.0%	\$ 470.80	\$ 402.76	14,027
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 99.12	\$ 211.49	5,624	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 111.43	\$ 223.51	5,983
Community Support	\$ 12.02	\$ 15.02	9,600	3.8%	0.0%	3.8%	133.7%	0.0%	0.0%	\$ 33.85	\$ 35.11	11,569
Partial Hosp/Day Tx	\$ 0.83	\$ 434.32	23	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 1.13	\$ 434.32	31
Psych Rehab	\$ 51.70	\$ 2.74	226,314	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 59.78	\$ 2.84	252,807
Crisis Services	\$ 6.45	\$ 20.40	3,793	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 10.51	\$ 21.98	5,736
Other BH Services	\$ 0.09	\$ 68.04	16	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.10	\$ 71.51	16
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 29.00	\$ 9.41	36,991	7.5%	1.0%	6.4%	0.7%	0.0%	0.0%	\$ 41.87	\$ 9.96	50,443
Peer Support Services	\$ 100.08	\$ 11.52	104,252	7.5%	1.0%	6.4%	5.8%	0.0%	0.0%	\$ 151.73	\$ 12.81	142,165
Medical Home Payments	\$ 4.26	\$ 4.81	10,640	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.26	\$ 4.81	10,640
Total	\$ 2,279.86	N/A	1,153,236	3.6%	1.8%	1.8%	12.2%	-2.9%	0.0%	\$ 2,957.05	N/A	1,231,746

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,957.05
Non-Benefit Expense PMPM/Payment:	
General Administration (6.22%)	\$ 203.50
PHP Care Management (1.63%)	\$ 53.17
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.13
Underwriting Gain (1.75%)	\$ 57.26
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,272.11
Premium Taxes (1.90%)	\$ 63.37
Total Capitation Rate:	\$ 3,335.48

Exhibit 103

Region:	Region 3
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	96,968
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 24.88	\$ 911.83	327	2.6%	2.6%	0.0%	81.3%	-11.3%	0.0%	\$ 45.52	\$ 1,879.92	291
Outpatient Hospital - Facility	\$ 21.65	\$ 227.19	1,144	5.7%	2.6%	3.0%	42.7%	-7.5%	0.0%	\$ 37.67	\$ 368.60	1,226
Outpatient Hospital - Professional	\$ 5.02	\$ 110.46	545	0.5%	0.5%	0.0%	6.1%	-7.5%	0.0%	\$ 5.05	\$ 120.21	504
Emergency Room - PH	\$ 29.13	\$ 409.17	854	0.5%	1.0%	-0.5%	22.1%	-18.8%	0.0%	\$ 29.62	\$ 525.00	677
Physician - Primary Care	\$ 20.41	\$ 75.27	3,254	5.5%	0.5%	5.0%	16.2%	3.8%	0.0%	\$ 32.20	\$ 89.68	4,309
Physician - Specialty	\$ 12.35	\$ 102.54	1,446	5.5%	0.5%	5.0%	3.9%	-18.8%	0.0%	\$ 13.65	\$ 109.24	1,499
FOHC/RHC	\$ 1.56	\$ 111.49	188	7.0%	1.9%	5.0%	2.3%	0.0%	0.0%	\$ 2.24	\$ 125.29	214
Other Clinic	\$ 3.95	\$ 83.67	567	5.5%	0.5%	5.0%	18.8%	-16.5%	0.0%	\$ 5.13	\$ 101.90	604
Other Practitioner	\$ 0.22	\$ 78.50	34	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.24	\$ 80.49	36
Family Planning Services	\$ 2.55	\$ 333.12	92	5.5%	0.5%	5.0%	5.4%	0.0%	0.0%	\$ 3.52	\$ 360.05	117
Therapies	\$ 29.02	\$ 117.48	2,964	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 37.97	\$ 120.44	3,783
Prescribed Drugs	\$ 130.87	\$ 116.22	13,513	4.4%	3.4%	0.9%	0.1%	-1.7%	0.0%	\$ 159.32	\$ 137.69	13,885
Durable Medical Equipment	\$ 14.29	\$ 2.48	69,005	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 13.55	\$ 2.55	63,829
Lab and X-ray	\$ 8.93	\$ 43.17	2,481	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 9.15	\$ 44.26	2,481
Optical	\$ 1.43	\$ 29.04	590	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 1.46	\$ 29.77	590
Limited Dental Services	\$ 0.07	\$ 26.91	30	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.08	\$ 30.35	30
Transportation - Ambulance	\$ 1.11	\$ 85.77	156	0.2%	0.2%	0.0%	0.3%	0.0%	0.0%	\$ 1.13	\$ 87.14	156
Transportation - NEMT	\$ 5.14	\$ 27.78	2,218	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 5.67	\$ 28.48	2,390
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 6.75	\$ 7.58	10,689	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 7.46	\$ 7.78	11,515
Personal Care	\$ 1.41	\$ 3.80	4,460	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 1.56	\$ 3.89	4,804
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 67.09	\$ 826.59	974	2.0%	0.5%	1.5%	5.9%	0.0%	0.0%	\$ 78.44	\$ 897.13	1,049
Outpatient Hospital - BH	\$ 49.39	\$ 68.53	8,648	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 77.96	\$ 72.58	12,889
Emergency Room - BH	\$ 10.34	\$ 247.53	501	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 10.60	\$ 260.16	489
ICF/IID	\$ 5.24	\$ 340.35	185	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 5.51	\$ 348.94	190
PRTF	\$ 98.77	\$ 488.36	2,427	-1.3%	0.5%	-1.7%	-5.6%	0.0%	0.0%	\$ 87.56	\$ 472.67	2,223
BH Long-term Residential	\$ 36.88	\$ 165.91	2,667	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	\$ 38.76	\$ 165.91	2,803
MST	\$ 32.40	\$ 45.91	8,467	2.8%	0.5%	2.2%	0.0%	0.0%	0.0%	\$ 37.10	\$ 47.07	9,459
IHS	\$ 131.36	\$ 273.83	5,757	1.7%	0.5%	1.2%	0.0%	0.0%	0.0%	\$ 142.96	\$ 280.74	6,111
ACT	\$ 0.72	\$ 227.51	38	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 0.81	\$ 240.44	40
Community Support	\$ 0.51	\$ 16.97	361	3.8%	0.0%	3.8%	144.6%	0.0%	0.0%	\$ 1.50	\$ 41.52	434
Partial Hosp/Day Tx	\$ 48.90	\$ 34.91	16,810	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 66.99	\$ 34.91	23,031
Psych Rehab	\$ 0.22	\$ 2.70	961	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 0.25	\$ 2.80	1,073
Crisis Services	\$ 2.31	\$ 26.01	1,066	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 3.76	\$ 28.02	1,612
Other BH Services	\$ 24.17	\$ 75.94	3,819	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 25.40	\$ 79.81	3,819
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 10.61	\$ 4.58	27,771	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 15.20	\$ 4.82	37,870
Peer Support Services	\$ 6.91	\$ 10.00	8,298	7.5%	1.0%	6.4%	5.0%	0.0%	0.0%	\$ 10.41	\$ 11.03	11,316
Medical Home Payments	\$ 2.34	\$ 2.49	11,262	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.68	\$ 4.99	11,262
Total	\$ 848.87	N/A	214,547	3.2%	1.1%	2.0%	5.2%	-2.2%	0.0%	\$ 1,020.07	N/A	238,611

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,020.07
Non-Benefit Expense PMPM/Payment:	
General Administration (9.46%)	\$ 110.81
PHP Care Management (1.57%)	\$ 18.34
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.11%)	\$ 1.28
Underwriting Gain (1.75%)	\$ 20.49
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,170.99
Premium Taxes (1.90%)	\$ 22.68
Total Capitation Rate:	\$ 1,193.67

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 104

Region:	Region 3
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	44,213
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 43.03	\$ 941.69	548	2.6%	2.6%	0.0%	134.5%	-15.0%	0.0%	\$ 97.51	\$ 2,510.16	466
Outpatient Hospital - Facility	\$ 31.31	\$ 267.70	1,403	5.7%	2.6%	3.0%	42.8%	-7.5%	0.0%	\$ 54.51	\$ 434.71	1,505
Outpatient Hospital - Professional	\$ 7.96	\$ 114.81	832	0.5%	0.5%	0.0%	3.8%	-7.5%	0.0%	\$ 7.84	\$ 122.20	770
Emergency Room - PH	\$ 80.63	\$ 524.11	1,846	0.5%	1.0%	-0.5%	17.8%	-18.8%	0.0%	\$ 79.12	\$ 649.10	1,463
Physician - Primary Care	\$ 46.46	\$ 94.32	5,911	5.5%	0.5%	5.0%	8.3%	3.8%	0.0%	\$ 68.29	\$ 104.70	7,827
Physician - Specialty	\$ 30.78	\$ 118.61	3,114	5.5%	0.5%	5.0%	1.0%	-18.8%	0.0%	\$ 33.05	\$ 122.83	3,229
FOHC/RHC	\$ 3.42	\$ 115.50	356	7.0%	1.9%	5.0%	0.3%	0.0%	0.0%	\$ 4.82	\$ 127.27	454
Other Clinic	\$ 5.61	\$ 86.81	776	5.5%	0.5%	5.0%	3.3%	-16.5%	0.0%	\$ 6.33	\$ 91.95	826
Other Practitioner	\$ 0.46	\$ 78.96	70	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.50	\$ 80.96	74
Family Planning Services	\$ 4.91	\$ 303.41	194	5.5%	0.5%	5.0%	3.5%	0.0%	0.0%	\$ 6.65	\$ 322.08	248
Therapies	\$ 0.05	\$ 63.50	10	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.31	\$ 295.77	13
Prescribed Drugs	\$ 198.67	\$ 109.65	21,741	5.2%	2.6%	2.4%	0.1%	-1.4%	0.0%	\$ 252.07	\$ 125.04	24,191
Durable Medical Equipment	\$ 6.59	\$ 2.90	27,270	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 6.25	\$ 2.97	25,224
Lab and X-ray	\$ 91.59	\$ 76.87	14,297	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 93.90	\$ 78.81	14,297
Optical	\$ 0.29	\$ 66.13	53	0.5%	0.5%	0.0%	302.6%	0.0%	0.0%	\$ 1.21	\$ 272.91	53
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 3.20	\$ 88.02	436	0.2%	0.2%	0.0%	0.3%	0.0%	0.0%	\$ 3.24	\$ 89.36	436
Transportation - NEMT	\$ 21.51	\$ 42.74	6,040	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 23.76	\$ 43.82	6,506
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.87	\$ 12.51	1,792	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.06	\$ 12.83	1,930
Personal Care	\$ 4.93	\$ 3.76	15,733	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 5.44	\$ 3.85	16,949
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 30.00	\$ 641.91	561	2.0%	0.5%	1.5%	3.6%	0.0%	0.0%	\$ 34.34	\$ 682.11	604
Outpatient Hospital - BH	\$ 171.31	\$ 33.26	61,814	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 270.40	\$ 35.22	92,130
Emergency Room - BH	\$ 13.66	\$ 359.33	456	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 14.00	\$ 377.66	445
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 4.60	\$ 226.34	244	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 5.18	\$ 239.20	260
Community Support	\$ 8.31	\$ 16.99	5,868	3.8%	0.0%	3.8%	144.4%	0.0%	0.0%	\$ 24.47	\$ 41.52	7,071
Partial Hosp/Day Tx	\$ 0.47	\$ 233.08	24	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 0.64	\$ 233.08	33
Psych Rehab	\$ 3.53	\$ 2.69	15,709	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 4.08	\$ 2.79	17,548
Crisis Services	\$ 11.05	\$ 19.74	6,721	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 18.00	\$ 21.26	10,162
Other BH Services	\$ 0.03	\$ 59.86	5	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 62.91	5
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 1.40	\$ 15.15	1,110	7.5%	1.0%	6.4%	0.7%	0.0%	0.0%	\$ 2.02	\$ 16.04	1,514
Peer Support Services	\$ 39.45	\$ 12.25	38,650	7.5%	1.0%	6.4%	5.8%	0.0%	0.0%	\$ 59.82	\$ 13.62	52,706
Medical Home Payments	\$ 1.94	\$ 2.43	9,615	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.89	\$ 4.85	9,615
Total	\$ 869.00	N/A	243,199	5.0%	1.4%	3.5%	11.5%	-4.1%	0.0%	\$ 1,183.74	N/A	298,554

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,183.74
Non-Benefit Expense PMPM/Payment:	
General Administration (8.78%)	\$ 118.64
PHP Care Management (1.58%)	\$ 21.29
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.28%)	\$ 3.85
Underwriting Gain (1.75%)	\$ 23.65
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,351.16
Premium Taxes (1.90%)	\$ 26.17
Total Capitation Rate:	\$ 1,377.33

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 105

Region:	Region 3
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	14,639
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 28.71	\$ 950.51	337	2.6%	2.6%	0.0%	47.0%	-11.3%	0.0%	\$ 39.62	\$ 1,588.33	299
Outpatient Hospital - Facility	\$ 31.09	\$ 249.75	1,494	5.7%	2.6%	3.0%	42.8%	-7.5%	0.0%	\$ 54.13	\$ 405.51	1,602
Outpatient Hospital - Professional	\$ 5.51	\$ 100.91	655	0.5%	0.5%	0.0%	8.0%	-7.5%	0.0%	\$ 5.64	\$ 111.70	606
Emergency Room - PH	\$ 31.04	\$ 421.11	884	0.5%	1.0%	-0.5%	20.1%	-18.8%	0.0%	\$ 31.06	\$ 531.74	701
Physician - Primary Care	\$ 21.42	\$ 72.60	3,541	5.5%	0.5%	5.0%	16.8%	3.8%	0.0%	\$ 33.95	\$ 86.91	4,688
Physician - Specialty	\$ 10.54	\$ 96.29	1,314	5.5%	0.5%	5.0%	3.7%	-18.8%	0.0%	\$ 11.62	\$ 102.35	1,362
FOHC/RHC	\$ 1.08	\$ 115.18	113	7.0%	1.9%	5.0%	2.7%	0.0%	0.0%	\$ 1.56	\$ 129.96	144
Other Clinic	\$ 4.87	\$ 80.29	728	5.5%	0.5%	5.0%	19.3%	-16.5%	0.0%	\$ 6.35	\$ 98.18	776
Other Practitioner	\$ 0.20	\$ 99.74	24	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.22	\$ 102.26	26
Family Planning Services	\$ 4.48	\$ 320.81	167	5.5%	0.5%	5.0%	5.9%	0.0%	0.0%	\$ 6.21	\$ 348.41	214
Therapies	\$ 22.71	\$ 108.99	2,501	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 29.73	\$ 111.77	3,192
Prescribed Drugs	\$ 239.72	\$ 102.61	28,035	2.8%	1.8%	1.0%	0.1%	-2.6%	0.0%	\$ 268.39	\$ 112.44	28,643
Durable Medical Equipment	\$ 24.79	\$ 2.13	139,859	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 23.51	\$ 2.18	129,369
Lab and X-ray	\$ 15.97	\$ 34.13	5,614	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 16.37	\$ 34.99	5,614
Optical	\$ 2.65	\$ 31.51	1,009	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 2.72	\$ 32.31	1,009
Limited Dental Services	\$ 0.02	\$ 24.71	8	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.02	\$ 27.87	8
Transportation - Ambulance	\$ 1.45	\$ 80.79	215	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.46	\$ 81.81	215
Transportation - NEMT	\$ 12.84	\$ 23.79	6,479	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 14.19	\$ 24.39	6,979
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 5.65	\$ 9.26	7,316	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 6.24	\$ 9.49	7,881
Personal Care	\$ 12.31	\$ 4.40	33,550	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 13.60	\$ 4.51	36,143
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 374.77	\$ 817.18	5,503	2.0%	0.5%	1.5%	9.6%	0.0%	0.0%	\$ 453.77	\$ 918.47	5,929
Outpatient Hospital - BH	\$ 117.39	\$ 81.98	17,183	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 185.30	\$ 86.82	25,610
Emergency Room - BH	\$ 35.79	\$ 237.95	1,805	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 36.68	\$ 250.09	1,760
ICF/IID	\$ 60.77	\$ 284.08	2,567	1.0%	0.5%	0.5%	2.4%	0.0%	0.0%	\$ 65.44	\$ 298.37	2,632
PRTF	\$ 768.96	\$ 491.92	18,758	-1.3%	0.5%	-1.7%	-4.3%	0.0%	0.0%	\$ 691.31	\$ 482.84	17,181
BH Long-term Residential	\$ 639.65	\$ 136.09	56,402	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	\$ 672.27	\$ 136.09	59,280
MST	\$ 17.74	\$ 47.04	4,526	2.8%	0.5%	2.2%	0.0%	0.0%	0.0%	\$ 20.32	\$ 48.23	5,056
IHS	\$ 182.36	\$ 300.75	7,276	1.7%	0.5%	1.2%	0.0%	0.0%	0.0%	\$ 198.45	\$ 308.34	7,723
ACT	\$ 0.60	\$ 243.19	30	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 0.68	\$ 257.02	32
Community Support	\$ 0.88	\$ 9.35	1,130	3.8%	0.0%	3.8%	95.9%	0.0%	0.0%	\$ 2.08	\$ 18.33	1,362
Partial Hosp/Day Tx	\$ 98.64	\$ 32.65	36,250	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 135.15	\$ 32.65	49,665
Psych Rehab	\$ 1.23	\$ 2.69	5,501	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 1.43	\$ 2.78	6,145
Crisis Services	\$ 5.85	\$ 26.79	2,619	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 9.53	\$ 28.86	3,960
Other BH Services	\$ 0.75	\$ 52.40	171	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.79	\$ 55.07	171
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 41.68	\$ 12.01	41,648	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 59.73	\$ 12.62	56,794
Peer Support Services	\$ 5.10	\$ 11.96	5,114	7.5%	1.0%	6.4%	5.0%	0.0%	0.0%	\$ 7.67	\$ 13.20	6,974
Medical Home Payments	\$ 2.27	\$ 2.60	10,490	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.54	\$ 5.20	10,490
Total	\$ 2,829.47	N/A	450,816	1.7%	0.6%	1.1%	2.0%	-0.9%	0.0%	\$ 3,111.70	N/A	490,235

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 3,111.70

Non-Benefit Expense PMPM/Payment:	
General Administration (6.13%)	\$ 210.90
PHP Care Management (1.63%)	\$ 55.96
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.23
Underwriting Gain (1.75%)	\$ 60.20

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 3,439.99

Premium Taxes (1.90%) \$ 66.63

Total Capitation Rate: \$ 3,506.62

Exhibit 106

Region:	Region 3
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	24,805
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 50.99	\$ 770.27	794	2.6%	2.6%				0.0%	122.4%	-7.5%
Outpatient Hospital - Facility	\$ 62.39	\$ 358.50	2,088	5.7%	2.6%	3.0%	42.8%	-3.7%	0.0%	\$ 113.05	\$ 582.20	2,330
Outpatient Hospital - Professional	\$ 9.29	\$ 96.88	1,151	0.5%	0.5%	0.0%	4.9%	-3.8%	0.0%	\$ 9.62	\$ 104.23	1,108
Emergency Room - PH	\$ 16.44	\$ 420.00	470	0.5%	1.0%	-0.5%	19.0%	-18.8%	0.0%	\$ 16.29	\$ 525.15	372
Physician - Primary Care	\$ 20.40	\$ 71.06	3,445	5.5%	0.5%	5.0%	19.3%	7.5%	0.0%	\$ 34.23	\$ 86.92	4,726
Physician - Specialty	\$ 28.44	\$ 120.97	2,821	5.5%	0.5%	5.0%	3.0%	-18.8%	0.0%	\$ 31.13	\$ 127.72	2,925
FOHC/RHC	\$ 0.93	\$ 112.42	99	7.0%	1.9%	5.0%	0.6%	0.0%	0.0%	\$ 1.31	\$ 124.24	126
Other Clinic	\$ 5.18	\$ 259.67	240	5.5%	0.5%	5.0%	6.4%	-16.1%	0.0%	\$ 6.05	\$ 283.32	256
Other Practitioner	\$ 0.54	\$ 54.38	120	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.60	\$ 55.75	128
Family Planning Services	\$ 3.25	\$ 304.45	128	5.5%	0.5%	5.0%	3.5%	0.0%	0.0%	\$ 4.40	\$ 323.17	163
Therapies	\$ 23.78	\$ 96.35	2,961	5.5%	0.5%	5.0%	0.6%	0.0%	0.0%	\$ 31.30	\$ 99.40	3,779
Prescribed Drugs	\$ 564.61	\$ 188.80	35,887	3.8%	2.7%	1.1%	0.0%	-3.9%	0.0%	\$ 652.58	\$ 215.31	36,372
Durable Medical Equipment	\$ 136.10	\$ 1.53	1,066,110	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 118.61	\$ 1.57	906,194
Lab and X-ray	\$ 5.24	\$ 23.49	2,674	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 5.37	\$ 24.09	2,674
Optical	\$ 0.59	\$ 36.81	191	0.5%	0.5%	0.0%	168.7%	0.0%	0.0%	\$ 1.61	\$ 101.40	191
Limited Dental Services	\$ 0.03	\$ 59.02	6	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.04	\$ 66.56	6
Transportation - Ambulance	\$ 1.55	\$ 84.08	221	0.2%	0.2%	0.0%	13.4%	0.0%	0.0%	\$ 1.77	\$ 96.56	221
Transportation - NEMT	\$ 2.68	\$ 28.46	1,130	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.96	\$ 29.18	1,217
Nursing Home	\$ 0.36	\$ 178.76	24	2.0%	0.5%	1.5%	8.5%	-3.8%	0.0%	\$ 0.41	\$ 198.85	25
Home Health	\$ 91.23	\$ 4.86	225,109	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 96.98	\$ 4.99	233,412
Personal Care	\$ 2.24	\$ 2.89	9,293	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 2.38	\$ 2.97	9,635
Hospice	\$ 1.40	\$ 320.90	52	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 1.49	\$ 329.00	54
Inpatient - BH	\$ 12.76	\$ 949.70	161	2.0%	0.5%	1.5%	18.0%	0.0%	0.0%	\$ 16.63	\$ 1,148.61	174
Outpatient Hospital - BH	\$ 25.40	\$ 62.26	4,894	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 40.09	\$ 65.94	7,295
Emergency Room - BH	\$ 7.85	\$ 332.83	283	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 8.05	\$ 349.80	276
ICF/IID	\$ 16.02	\$ 334.19	575	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 16.84	\$ 342.63	590
PRTF	\$ 3.88	\$ 447.98	104	-1.3%	0.5%	-1.7%	0.0%	0.0%	0.0%	\$ 3.64	\$ 459.29	95
BH Long-term Residential	\$ 5.33	\$ 169.90	376	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	\$ 5.60	\$ 169.90	396
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.71	\$ 309.36	28	1.7%	0.5%	1.2%	0.0%	0.0%	0.0%	\$ 0.77	\$ 317.17	29
ACT	\$ 0.16	\$ 323.98	6	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 0.18	\$ 342.40	6
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ 0.68	\$ 31.41	262	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 0.94	\$ 31.41	358
Psych Rehab	\$ 1.83	\$ 2.79	7,879	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 2.12	\$ 2.89	8,801
Crisis Services	\$ 0.08	\$ 21.82	44	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 0.13	\$ 23.50	66
Other BH Services	\$ 0.03	\$ 40.24	8	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 42.30	8
Innovations - Day Support	\$ 629.81	\$ 20.19	374,390	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 695.36	\$ 20.19	413,357
Innovations - In-Home Services	\$ 2,378.34	\$ 5.14	5,557,412	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 2,625.88	\$ 5.14	6,135,832
Innovations - Other	\$ 200.79	\$ 180.94	13,317	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 221.69	\$ 180.94	14,703
Innovations - Personal Care	\$ 40.41	\$ 5.12	94,741	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 44.62	\$ 5.12	104,602
Innovations - Residential Supports	\$ 985.85	\$ 152.48	77,585	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 1,088.45	\$ 152.48	85,661
Innovations - Respite	\$ 342.09	\$ 3.65	1,125,318	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 377.70	\$ 3.65	1,242,442
Innovations - Supported Employment	\$ 64.61	\$ 7.15	108,511	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 71.34	\$ 7.15	119,805
B3 Services	\$ 0.76	\$ 70.51	130	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 1.10	\$ 74.10	177
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 4.50	\$ 4.90	11,002	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.50	\$ 4.90	11,002
Total	\$ 5,749.54	N/A	8,732,040	2.3%	0.4%	1.9%	1.9%	-1.2%	0.0%	\$ 6,477.12	N/A	9,352,327

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 6,477.12
Non-Benefit Expense PMPM/Payment:	
General Administration (5.25%)	\$ 371.94
PHP Care Management (1.64%)	\$ 116.47
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.56
Underwriting Gain (1.75%)	\$ 124.10
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 7,091.19
Premium Taxes (1.90%)	\$ 137.34
Total Capitation Rate:	\$ 7,228.53

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 107

Region:	Region 3
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	15,637
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 121.07	\$ 1,139.57	1,275	2.0%	0.5%	1.5%	8.9%	0.0%	0.0%	\$ 145.66	\$ 1,272.67	1,373
Outpatient Hospital - BH	\$ 15.19	\$ 23.45	7,772	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 23.98	\$ 24.84	11,583
Emergency Room - BH	\$ 1.26	\$ 40.55	372	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 1.29	\$ 42.62	363
ICF/IID	\$ 1,264.03	\$ 487.87	31,091	1.0%	0.5%	0.5%	7.5%	0.0%	0.0%	\$ 1,428.04	\$ 537.60	31,876
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 40.44	\$ 186.86	2,597	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 45.46	\$ 197.48	2,762
Community Support	\$ 3.06	\$ 16.56	2,217	3.8%	0.0%	3.8%	148.5%	0.0%	0.0%	\$ 9.16	\$ 41.16	2,672
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 51.47	\$ 2.78	222,250	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 59.51	\$ 2.88	248,268
Crisis Services	\$ 1.76	\$ 22.02	958	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 2.86	\$ 23.72	1,449
Other BH Services	\$ 0.11	\$ 5.07	250	1.0%	1.0%	0.0%	171.0%	0.0%	0.0%	\$ 0.30	\$ 14.44	250
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 9.64	\$ 20.64	5,604	7.5%	1.0%	6.4%	0.7%	0.0%	0.0%	\$ 13.92	\$ 21.85	7,642
Peer Support Services	\$ 60.03	\$ 12.83	56,167	7.5%	1.0%	6.4%	5.8%	0.0%	0.0%	\$ 91.01	\$ 14.26	76,593
Medical Home Payments	\$ 2.73	\$ 4.61	7,109	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.73	\$ 4.61	7,109
Total	\$ 1,570.78	N/A	337,662	1.6%	0.5%	1.1%	7.3%	0.0%	0.0%	\$ 1,823.93	N/A	391,941

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,823.93
Non-Benefit Expense PMPM/Payment:	
General Administration (7.31%)	\$ 149.27
PHP Care Management (1.61%)	\$ 32.80
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 35.73
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,041.74
Premium Taxes (1.90%)	\$ 39.54
Total Capitation Rate:	\$ 2,081.28

Exhibit 108

Region:	Region 3
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	73,247
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 13.95	\$ 145.33	1,152	2.0%	0.5%	1.5%	-0.6%	0.0%	0.0%	\$ 15.30	\$ 148.04	1,241
Outpatient Hospital - BH	\$ 27.53	\$ 28.41	11,629	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 43.45	\$ 30.09	17,332
Emergency Room - BH	\$ 3.48	\$ 43.66	956	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 3.56	\$ 45.89	932
ICF/IID	\$ 876.70	\$ 422.35	24,909	1.0%	0.5%	0.5%	6.8%	0.0%	0.0%	\$ 984.21	\$ 462.47	25,538
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.07	\$ 258.20	3	1.7%	0.5%	1.2%	0.0%	0.0%	0.0%	\$ 0.08	\$ 264.72	4
ACT	\$ 104.64	\$ 210.18	5,974	1.8%	0.5%	1.2%	3.1%	0.0%	0.0%	\$ 117.64	\$ 222.13	6,355
Community Support	\$ 8.16	\$ 15.03	6,514	3.8%	0.0%	3.8%	124.4%	0.0%	0.0%	\$ 22.06	\$ 33.72	7,850
Partial Hosp/Day Tx	\$ 0.02	\$ 132.32	2	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	\$ 0.02	\$ 132.32	2
Psych Rehab	\$ 67.93	\$ 2.77	294,148	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 78.55	\$ 2.87	328,583
Crisis Services	\$ 3.94	\$ 20.91	2,262	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 6.42	\$ 22.52	3,420
Other BH Services	\$ 0.18	\$ 6.57	324	1.0%	1.0%	0.0%	101.9%	0.0%	0.0%	\$ 0.38	\$ 13.93	324
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ 0.62	\$ 187.85	39	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 0.68	\$ 187.85	43
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 41.76	\$ 10.12	49,504	7.5%	1.0%	6.4%	0.7%	0.0%	0.0%	\$ 60.31	\$ 10.72	67,507
Peer Support Services	\$ 90.12	\$ 11.66	92,765	7.5%	1.0%	6.4%	5.8%	0.0%	0.0%	\$ 136.63	\$ 12.96	126,501
Medical Home Payments	\$ 3.42	\$ 4.81	8,528	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.42	\$ 4.81	8,528
Total	\$ 1,242.51	N/A	498,710	2.2%	0.6%	1.6%	6.3%	0.0%	0.0%	\$ 1,472.72	N/A	594,160

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,472.72
Non-Benefit Expense PMPM/Payment:	
General Administration (7.97%)	\$ 132.47
PHP Care Management (1.59%)	\$ 26.48
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.05%)	\$ 0.88
Underwriting Gain (1.75%)	\$ 29.08
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,661.63
Premium Taxes (1.90%)	\$ 32.18
Total Capitation Rate:	\$ 1,693.81

Exhibit 109

Region:	Region 3
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	17,429
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 0.45	\$ 66.19	81	2.0%	0.5%	1.5%	11.3%	0.0%	0.0%	\$ 0.55	\$ 75.56	88
Outpatient Hospital - BH	\$ 6.33	\$ 30.44	2,494	9.5%	1.1%	8.3%	0.3%	0.0%	0.0%	\$ 9.99	\$ 32.24	3,717
Emergency Room - BH	\$ 0.61	\$ 34.90	208	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 0.62	\$ 36.68	203
ICF/IID	\$ 10.12	\$ 356.38	341	1.0%	0.5%	0.5%	3.5%	0.0%	0.0%	\$ 11.01	\$ 378.12	349
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 4.01	\$ 2.84	16,977	2.8%	0.5%	2.2%	1.0%	0.0%	0.0%	\$ 4.64	\$ 2.94	18,964
Crisis Services	\$ 0.07	\$ 18.78	46	10.3%	1.5%	8.6%	0.0%	0.0%	0.0%	\$ 0.12	\$ 20.23	69
Other BH Services	\$ 0.29	\$ 5.84	605	1.0%	1.0%	0.0%	61.4%	0.0%	0.0%	\$ 0.50	\$ 9.90	605
Innovations - Day Support	\$ 1,027.20	\$ 18.91	651,677	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 1,134.12	\$ 18.91	719,504
Innovations - In-Home Services	\$ 1,959.58	\$ 5.14	4,574,665	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 2,163.53	\$ 5.14	5,050,800
Innovations - Other	\$ 162.35	\$ 217.66	8,951	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 179.24	\$ 217.66	9,882
Innovations - Personal Care	\$ 27.29	\$ 5.06	64,674	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 30.13	\$ 5.06	71,405
Innovations - Residential Supports	\$ 1,932.75	\$ 146.92	157,861	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 2,133.91	\$ 146.92	174,291
Innovations - Respite	\$ 221.18	\$ 3.66	725,786	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 244.20	\$ 3.66	801,305
Innovations - Supported Employment	\$ 155.41	\$ 7.31	255,189	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 171.58	\$ 7.31	281,749
B3 Services	\$ 0.60	\$ 15.18	470	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 0.85	\$ 15.96	641
Peer Support Services	\$ 0.02	\$ 12.00	23	7.5%	1.0%	6.4%	0.0%	0.0%	0.0%	\$ 0.03	\$ 12.62	31
Medical Home Payments	\$ 3.70	\$ 4.88	9,095	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.70	\$ 4.88	9,095
Total	\$ 5,511.95	N/A	6,469,123	2.0%	0.0%	2.0%	0.0%	0.0%	0.0%	\$ 6,088.72	N/A	7,142,700

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 6,088.72
Non-Benefit Expense PMPM/Payment:	
General Administration (5.30%)	\$ 353.36
PHP Care Management (1.64%)	\$ 109.49
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.02
Underwriting Gain (1.75%)	\$ 116.71
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,669.30
Premium Taxes (1.90%)	\$ 129.17
Total Capitation Rate:	\$ 6,798.48

Exhibit 110

Region:	Region 4
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	25,495
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 42.12	\$ 1,059.95	477	2.6%	2.6%				0.0%	102.4%	-7.5%
Outpatient Hospital - Facility	\$ 42.94	\$ 402.96	1,279	4.1%	2.6%	1.5%	42.8%	-3.7%	0.0%	\$ 72.30	\$ 654.38	1,326
Outpatient Hospital - Professional	\$ 7.47	\$ 119.13	752	2.5%	0.5%	2.0%	5.1%	-3.8%	0.0%	\$ 8.55	\$ 128.33	800
Emergency Room - PH	\$ 21.67	\$ 347.71	748	0.5%	1.0%	-0.5%	20.7%	-18.8%	0.0%	\$ 21.78	\$ 441.03	593
Physician - Primary Care	\$ 23.97	\$ 76.38	3,766	2.5%	0.5%	2.0%	17.0%	7.5%	0.0%	\$ 34.14	\$ 91.64	4,470
Physician - Specialty	\$ 18.90	\$ 120.56	1,881	2.5%	0.5%	2.0%	5.6%	-18.8%	0.0%	\$ 18.36	\$ 130.55	1,687
FOHC/RHC	\$ 2.93	\$ 178.92	197	3.9%	1.9%	2.0%	2.7%	0.0%	0.0%	\$ 3.65	\$ 201.82	217
Other Clinic	\$ 5.93	\$ 114.43	622	2.5%	0.5%	2.0%	12.2%	-16.1%	0.0%	\$ 6.32	\$ 131.63	576
Other Practitioner	\$ 0.10	\$ 75.93	16	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 0.10	\$ 77.84	15
Family Planning Services	\$ 1.58	\$ 428.30	44	2.5%	0.5%	2.0%	7.5%	0.0%	0.0%	\$ 1.93	\$ 472.15	49
Therapies	\$ 59.30	\$ 112.08	6,348	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 67.12	\$ 114.91	7,009
Prescribed Drugs	\$ 264.84	\$ 158.38	20,066	5.8%	4.8%	1.0%	0.1%	-2.9%	0.0%	\$ 341.07	\$ 199.99	20,465
Durable Medical Equipment	\$ 63.18	\$ 1.87	404,401	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 53.70	\$ 1.92	335,233
Lab and X-ray	\$ 8.95	\$ 48.36	2,220	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 8.94	\$ 49.58	2,165
Optical	\$ 1.65	\$ 27.57	719	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.65	\$ 28.27	701
Limited Dental Services	\$ 0.07	\$ 22.39	35	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.07	\$ 25.26	35
Transportation - Ambulance	\$ 1.45	\$ 85.52	203	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.46	\$ 86.60	203
Transportation - NEMT	\$ 1.92	\$ 64.01	359	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.12	\$ 65.63	387
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 43.75	\$ 6.89	76,162	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 42.11	\$ 7.07	71,491
Personal Care	\$ 12.55	\$ 3.73	40,395	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 12.08	\$ 3.82	37,917
Hospice	\$ 3.45	\$ 140.21	295	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 3.32	\$ 143.75	277
Inpatient - BH	\$ 33.49	\$ 773.81	519	2.7%	1.0%	1.7%	-2.7%	0.0%	0.0%	\$ 37.26	\$ 791.17	565
Outpatient Hospital - BH	\$ 65.88	\$ 105.83	7,470	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 76.55	\$ 111.48	8,240
Emergency Room - BH	\$ 5.73	\$ 527.76	130	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 5.88	\$ 554.68	127
ICF/IID	\$ 161.31	\$ 381.83	5,069	1.3%	0.5%	0.8%	3.6%	0.0%	0.0%	\$ 178.36	\$ 405.72	5,276
PRTF	\$ 82.96	\$ 502.58	1,981	4.8%	1.0%	3.7%	0.1%	0.0%	0.0%	\$ 104.77	\$ 528.94	2,377
BH Long-term Residential	\$ 29.27	\$ 203.32	1,727	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 32.33	\$ 208.45	1,861
MST	\$ 12.97	\$ 43.86	3,549	3.3%	0.0%	3.3%	0.0%	0.0%	0.0%	\$ 15.22	\$ 43.86	4,165
IHS	\$ 53.51	\$ 269.47	2,383	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 53.51	\$ 269.47	2,383
ACT	\$ 1.90	\$ 185.22	123	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 2.30	\$ 197.70	139
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ 21.16	\$ 31.32	8,108	-0.5%	0.0%	-0.5%	0.0%	0.0%	0.0%	\$ 20.64	\$ 31.32	7,907
Psych Rehab	\$ 0.56	\$ 2.68	2,507	5.0%	1.0%	4.0%	1.9%	0.0%	0.0%	\$ 0.73	\$ 2.87	3,045
Crisis Services	\$ 0.36	\$ 33.68	127	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 0.66	\$ 35.40	222
Other BH Services	\$ 2.43	\$ 17.94	1,625	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.55	\$ 18.86	1,625
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 41.85	\$ 7.39	67,936	8.5%	1.5%	6.9%	8.2%	0.0%	0.0%	\$ 68.11	\$ 8.62	94,839
Peer Support Services	\$ 0.01	\$ 12.00	12	8.5%	1.5%	6.9%	10.0%	0.0%	0.0%	\$ 0.02	\$ 14.22	16
Medical Home Payments	\$ 4.59	\$ 4.84	11,371	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.59	\$ 4.84	11,371
Total	\$ 1,146.71	N/A	675,625	3.2%	1.8%	1.3%	7.1%	-2.8%	0.0%	\$ 1,393.90	N/A	630,216

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,393.90
Non-Benefit Expense PMPM/Payment:	
General Administration (10.71%)	\$ 173.65
PHP Care Management (1.55%)	\$ 25.17
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 0.65
Underwriting Gain (1.75%)	\$ 28.38
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,621.75
Premium Taxes (1.90%)	\$ 31.41
Total Capitation Rate:	\$ 1,653.16

Exhibit 111

Region:	Region 4
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	32,057
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 105.41	\$ 925.32	1,367	2.6%	2.6%				0.0%	164.7%	-7.5%
Outpatient Hospital - Facility	\$ 44.92	\$ 309.51	1,741	4.1%	2.6%	1.5%	42.9%	-3.7%	0.0%	\$ 75.64	\$ 502.70	1,806
Outpatient Hospital - Professional	\$ 12.34	\$ 111.17	1,332	2.5%	0.5%	2.0%	4.1%	-3.8%	0.0%	\$ 13.99	\$ 118.69	1,415
Emergency Room - PH	\$ 93.17	\$ 474.37	2,357	0.5%	1.0%	-0.5%	16.2%	-18.8%	0.0%	\$ 90.14	\$ 579.18	1,868
Physician - Primary Care	\$ 49.51	\$ 112.90	5,263	2.5%	0.5%	2.0%	11.0%	7.5%	0.0%	\$ 66.85	\$ 128.42	6,246
Physician - Specialty	\$ 42.69	\$ 124.71	4,108	2.5%	0.5%	2.0%	1.8%	-18.8%	0.0%	\$ 39.96	\$ 130.11	3,685
FOHC/RHC	\$ 3.74	\$ 149.84	300	3.9%	1.9%	2.0%	0.1%	0.0%	0.0%	\$ 4.54	\$ 164.76	331
Other Clinic	\$ 11.56	\$ 293.56	472	2.5%	0.5%	2.0%	2.5%	-16.1%	0.0%	\$ 11.25	\$ 308.57	437
Other Practitioner	\$ 1.10	\$ 77.04	171	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 1.04	\$ 78.98	159
Family Planning Services	\$ 1.44	\$ 346.87	50	2.5%	0.5%	2.0%	4.3%	0.0%	0.0%	\$ 1.70	\$ 370.82	55
Therapies	\$ 0.05	\$ 50.71	12	2.5%	0.5%	2.0%	354.3%	0.0%	0.0%	\$ 0.27	\$ 236.19	14
Prescribed Drugs	\$ 535.02	\$ 149.46	42,957	4.9%	3.6%	1.3%	0.0%	-1.5%	0.0%	\$ 668.64	\$ 178.00	45,078
Durable Medical Equipment	\$ 33.59	\$ 1.85	217,830	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 28.55	\$ 1.90	180,573
Lab and X-ray	\$ 59.86	\$ 64.96	11,058	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 59.86	\$ 66.60	10,785
Optical	\$ 1.38	\$ 61.43	269	0.0%	0.5%	-0.5%	304.7%	0.0%	0.0%	\$ 5.58	\$ 254.86	263
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 8.98	\$ 81.98	1,314	0.2%	0.2%	0.0%	0.8%	0.0%	0.0%	\$ 9.16	\$ 83.65	1,314
Transportation - NEMT	\$ 18.89	\$ 41.63	5,445	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 20.86	\$ 42.69	5,866
Nursing Home	\$ 11.24	\$ 173.51	777	0.0%	0.5%	-0.5%	12.5%	-3.7%	0.0%	\$ 12.17	\$ 200.17	730
Home Health	\$ 31.55	\$ 8.08	46,839	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 30.37	\$ 8.29	43,967
Personal Care	\$ 101.65	\$ 3.75	325,483	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 97.83	\$ 3.84	305,524
Hospice	\$ 4.20	\$ 160.66	314	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 4.04	\$ 164.72	294
Inpatient - BH	\$ 72.58	\$ 713.33	1,221	2.7%	1.0%	1.7%	4.3%	0.0%	0.0%	\$ 86.52	\$ 781.58	1,328
Outpatient Hospital - BH	\$ 143.14	\$ 53.95	31,837	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 166.31	\$ 56.83	35,117
Emergency Room - BH	\$ 22.72	\$ 617.27	442	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 23.28	\$ 648.76	431
ICF/IID	\$ 380.70	\$ 370.41	12,333	1.3%	0.5%	0.8%	5.2%	0.0%	0.0%	\$ 427.13	\$ 399.36	12,835
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 68.73	\$ 238.27	3,462	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 82.95	\$ 254.33	3,914
Community Support	\$ 2.62	\$ 10.71	2,934	2.8%	0.0%	2.8%	312.9%	0.0%	0.0%	\$ 12.41	\$ 44.23	3,368
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 24.72	\$ 2.83	104,692	5.0%	1.0%	4.0%	1.9%	0.0%	0.0%	\$ 32.14	\$ 3.03	127,132
Crisis Services	\$ 1.13	\$ 22.55	601	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 2.08	\$ 23.70	1,053
Other BH Services	\$ 0.05	\$ 76.13	8	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.06	\$ 80.02	8
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 37.22	\$ 13.22	33,780	8.5%	1.5%	6.9%	6.2%	0.0%	0.0%	\$ 59.44	\$ 15.13	47,157
Peer Support Services	\$ 10.47	\$ 11.18	11,239	8.5%	1.5%	6.9%	11.8%	0.0%	0.0%	\$ 17.61	\$ 13.47	15,690
Medical Home Payments	\$ 4.02	\$ 4.60	10,501	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.02	\$ 4.60	10,501
Total	\$ 1,940.39	N/A	882,510	2.8%	1.7%	1.2%	13.2%	-3.0%	0.0%	\$ 2,449.88	N/A	870,205

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,449.88
Non-Benefit Expense PMPM/Payment:	
General Administration (8.43%)	\$ 234.06
PHP Care Management (1.59%)	\$ 44.24
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.11
Underwriting Gain (1.75%)	\$ 48.61
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,777.91
Premium Taxes (1.90%)	\$ 53.80
Total Capitation Rate:	\$ 2,831.71

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 112

Region:	Region 4
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	40,221
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 31.35	\$ 1,169.55	322	2.6%	2.6%	0.0%	68.4%	-11.3%	0.0%	\$ 53.28	\$ 2,239.81	285
Outpatient Hospital - Facility	\$ 15.89	\$ 289.74	658	4.1%	2.6%	1.5%	42.9%	-7.5%	0.0%	\$ 25.71	\$ 470.60	656
Outpatient Hospital - Professional	\$ 3.94	\$ 128.80	367	2.5%	0.5%	2.0%	3.9%	-7.5%	0.0%	\$ 4.29	\$ 137.20	375
Emergency Room - PH	\$ 26.35	\$ 336.34	940	0.5%	1.0%	-0.5%	20.1%	-18.8%	0.0%	\$ 26.36	\$ 424.60	745
Physician - Primary Care	\$ 21.26	\$ 82.35	3,097	2.5%	0.5%	2.0%	16.2%	3.8%	0.0%	\$ 29.02	\$ 98.14	3,548
Physician - Specialty	\$ 12.69	\$ 115.08	1,323	2.5%	0.5%	2.0%	4.6%	-18.8%	0.0%	\$ 12.21	\$ 123.40	1,187
FOHC/RHC	\$ 2.95	\$ 186.52	190	3.9%	1.9%	2.0%	2.0%	0.0%	0.0%	\$ 3.65	\$ 209.07	209
Other Clinic	\$ 4.33	\$ 90.60	573	2.5%	0.5%	2.0%	15.0%	-16.5%	0.0%	\$ 4.70	\$ 106.87	528
Other Practitioner	\$ 0.17	\$ 81.73	25	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.16	\$ 83.79	23
Family Planning Services	\$ 2.97	\$ 387.89	92	2.5%	0.5%	2.0%	6.1%	0.0%	0.0%	\$ 3.57	\$ 421.84	102
Therapies	\$ 24.97	\$ 110.92	2,702	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 28.27	\$ 113.72	2,983
Prescribed Drugs	\$ 129.85	\$ 117.19	13,297	4.8%	3.9%	0.9%	0.1%	-2.5%	0.0%	\$ 160.18	\$ 141.76	13,559
Durable Medical Equipment	\$ 11.29	\$ 2.42	55,862	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 10.44	\$ 2.49	50,394
Lab and X-ray	\$ 17.61	\$ 58.91	3,586	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 17.61	\$ 60.40	3,498
Optical	\$ 1.71	\$ 32.15	637	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.71	\$ 32.96	621
Limited Dental Services	\$ 0.07	\$ 24.65	36	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.08	\$ 27.80	36
Transportation - Ambulance	\$ 1.07	\$ 84.82	152	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.09	\$ 85.89	152
Transportation - NEMT	\$ 0.48	\$ 43.90	132	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.53	\$ 45.01	142
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.23	\$ 7.20	2,044	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.23	\$ 7.39	1,993
Personal Care	\$ 0.44	\$ 3.78	1,390	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.44	\$ 3.88	1,356
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 42.89	\$ 752.65	684	2.7%	1.0%	1.7%	3.6%	0.0%	0.0%	\$ 50.79	\$ 819.24	744
Outpatient Hospital - BH	\$ 58.44	\$ 82.91	8,459	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 67.91	\$ 87.34	9,330
Emergency Room - BH	\$ 5.12	\$ 588.02	105	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 5.25	\$ 618.01	102
ICF/IID	\$ 12.57	\$ 308.61	489	1.3%	0.5%	0.8%	0.0%	0.0%	0.0%	\$ 13.41	\$ 316.40	509
PRTF	\$ 89.60	\$ 492.01	2,185	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 113.06	\$ 517.37	2,622
BH Long-term Residential	\$ 50.30	\$ 171.38	3,522	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 55.55	\$ 175.71	3,794
MST	\$ 54.52	\$ 43.93	14,891	3.3%	0.0%	-3.3%	0.0%	0.0%	0.0%	\$ 63.97	\$ 43.93	17,473
IHS	\$ 132.18	\$ 266.39	5,954	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 132.18	\$ 266.39	5,954
ACT	\$ 0.97	\$ 246.49	47	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 1.17	\$ 263.10	53
Community Support	\$ 0.16	\$ 16.12	122	2.8%	0.0%	2.8%	439.8%	0.0%	0.0%	\$ 1.02	\$ 87.02	140
Partial Hosp/Day Tx	\$ 26.42	\$ 31.37	10,104	-0.5%	0.0%	-0.5%	0.0%	0.0%	0.0%	\$ 25.76	\$ 31.37	9,854
Psych Rehab	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Crisis Services	\$ 0.27	\$ 31.37	104	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 0.50	\$ 32.97	182
Other BH Services	\$ 24.37	\$ 59.78	4,892	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 25.61	\$ 62.82	4,892
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 5.31	\$ 8.51	7,483	8.5%	1.5%	6.9%	37.7%	0.0%	0.0%	\$ 10.99	\$ 12.63	10,446
Peer Support Services	\$ 0.15	\$ 12.00	152	8.5%	1.5%	6.9%	10.0%	0.0%	0.0%	\$ 0.25	\$ 14.22	212
Medical Home Payments	\$ 2.32	\$ 2.48	11,227	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.64	\$ 4.96	11,227
Total	\$ 816.19	N/A	157,845	2.6%	1.2%	1.3%	5.6%	-2.3%	0.0%	\$ 956.55	N/A	159,927

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 956.55
Non-Benefit Expense PMPM/Payment:	
General Administration (12.99%)	\$ 148.64
PHP Care Management (1.51%)	\$ 17.27
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.13%)	\$ 1.44
Underwriting Gain (1.75%)	\$ 20.02
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,143.92
Premium Taxes (1.90%)	\$ 22.16
Total Capitation Rate:	\$ 1,166.07

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 113

Region:	Region 4
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	20,410
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)				(G)	(H)	(I)
Inpatient - PH	\$ 48.75	\$ 927.70	631	2.6%	2.6%	0.0%	164.6%	-15.0%	0.0%	\$ 124.68	\$ 2,791.23	536
Outpatient Hospital - Facility	\$ 23.48	\$ 266.71	1,056	4.1%	2.6%	1.5%	42.9%	-7.5%	0.0%	\$ 38.00	\$ 433.19	1,053
Outpatient Hospital - Professional	\$ 7.62	\$ 140.17	653	2.5%	0.5%	2.0%	2.9%	-7.5%	0.0%	\$ 8.21	\$ 147.81	666
Emergency Room - PH	\$ 73.26	\$ 438.00	2,007	0.5%	1.0%	-0.5%	16.9%	-18.8%	0.0%	\$ 71.32	\$ 538.09	1,590
Physician - Primary Care	\$ 44.57	\$ 121.04	4,419	2.5%	0.5%	2.0%	9.7%	3.8%	0.0%	\$ 57.43	\$ 136.14	5,062
Physician - Specialty	\$ 41.74	\$ 137.62	3,640	2.5%	0.5%	2.0%	0.7%	-18.8%	0.0%	\$ 38.68	\$ 142.15	3,265
FOHC/RHC	\$ 2.14	\$ 151.48	169	3.9%	1.9%	2.0%	0.0%	0.0%	0.0%	\$ 2.59	\$ 166.48	187
Other Clinic	\$ 11.33	\$ 157.49	864	2.5%	0.5%	2.0%	3.4%	-16.5%	0.0%	\$ 11.08	\$ 166.97	796
Other Practitioner	\$ 0.28	\$ 69.24	48	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.26	\$ 70.99	44
Family Planning Services	\$ 5.38	\$ 348.23	185	2.5%	0.5%	2.0%	3.6%	0.0%	0.0%	\$ 6.31	\$ 369.72	205
Therapies	\$ 0.03	\$ 58.72	7	2.5%	0.5%	2.0%	354.3%	0.0%	0.0%	\$ 0.17	\$ 273.51	7
Prescribed Drugs	\$ 226.34	\$ 122.40	22,191	4.4%	1.8%	2.6%	0.1%	-2.0%	0.0%	\$ 275.50	\$ 133.64	24,738
Durable Medical Equipment	\$ 7.13	\$ 2.57	33,305	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 6.59	\$ 2.63	30,045
Lab and X-ray	\$ 105.93	\$ 85.61	14,849	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 105.92	\$ 87.77	14,481
Optical	\$ 0.76	\$ 62.08	146	0.0%	0.5%	-0.5%	302.6%	0.0%	0.0%	\$ 3.04	\$ 256.22	142
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 3.67	\$ 85.42	516	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 3.72	\$ 86.50	516
Transportation - NEMT	\$ 15.44	\$ 59.07	3,137	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 17.05	\$ 60.56	3,379
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.31	\$ 4.65	793	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.31	\$ 4.76	773
Personal Care	\$ 7.50	\$ 3.80	23,682	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 7.50	\$ 3.90	23,096
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 29.72	\$ 782.84	456	2.7%	1.0%	1.7%	2.8%	0.0%	0.0%	\$ 34.95	\$ 846.19	496
Outpatient Hospital - BH	\$ 250.32	\$ 43.15	69,610	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 290.85	\$ 45.46	76,781
Emergency Room - BH	\$ 9.04	\$ 603.27	180	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 9.26	\$ 634.04	175
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 9.57	\$ 250.41	458	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 11.55	\$ 267.29	518
Community Support	\$ 0.90	\$ 16.48	658	2.8%	0.0%	2.8%	427.9%	0.0%	0.0%	\$ 5.48	\$ 87.02	756
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 2.97	\$ 2.73	13,025	5.0%	1.0%	4.0%	1.9%	0.0%	0.0%	\$ 3.86	\$ 2.93	15,817
Crisis Services	\$ 1.62	\$ 19.70	984	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 2.98	\$ 20.71	1,725
Other BH Services	\$ 0.05	\$ 64.92	9	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.05	\$ 68.24	9
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 4.45	\$ 15.17	3,522	8.5%	1.5%	6.9%	1.7%	0.0%	0.0%	\$ 6.80	\$ 16.61	4,916
Peer Support Services	\$ 2.65	\$ 11.94	2,662	8.5%	1.5%	6.9%	11.8%	0.0%	0.0%	\$ 4.46	\$ 14.39	3,716
Medical Home Payments	\$ 1.78	\$ 2.35	9,068	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.56	\$ 4.71	9,068
Total	\$ 938.73	N/A	212,928	2.8%	1.2%	1.6%	12.5%	-4.8%	0.0%	\$ 1,152.14	N/A	224,560

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,152.14
Non-Benefit Expense PMPM/Payment:	
General Administration (11.75%)	\$ 159.82
PHP Care Management (1.53%)	\$ 20.80
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.28%)	\$ 3.84
Underwriting Gain (1.75%)	\$ 23.81
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,360.42
Premium Taxes (1.90%)	\$ 26.35
Total Capitation Rate:	\$ 1,386.76

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 114

Region:	Region 4
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	5,451
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 41.35	\$ 987.52	502	2.6%	2.6%	0.0%	63.3%	-11.3%	0.0%	\$ 68.13	\$ 1,833.42
Outpatient Hospital - Facility	\$ 17.13	\$ 209.41	981	4.1%	2.6%	1.5%	42.9%	-7.5%	0.0%	\$ 27.72	\$ 340.13	978
Outpatient Hospital - Professional	\$ 4.18	\$ 95.82	524	2.5%	0.5%	2.0%	7.4%	-7.5%	0.0%	\$ 4.71	\$ 105.54	535
Emergency Room - PH	\$ 25.82	\$ 372.36	832	0.5%	1.0%	-0.5%	19.8%	-18.8%	0.0%	\$ 25.75	\$ 468.66	659
Physician - Primary Care	\$ 25.30	\$ 81.52	3,724	2.5%	0.5%	2.0%	17.1%	3.8%	0.0%	\$ 34.79	\$ 97.87	4,266
Physician - Specialty	\$ 10.50	\$ 93.75	1,344	2.5%	0.5%	2.0%	3.8%	-18.8%	0.0%	\$ 10.03	\$ 99.82	1,206
FOHC/RHC	\$ 3.09	\$ 174.91	212	3.9%	1.9%	2.0%	3.2%	0.0%	0.0%	\$ 3.87	\$ 198.41	234
Other Clinic	\$ 6.46	\$ 91.70	846	2.5%	0.5%	2.0%	15.7%	-16.5%	0.0%	\$ 7.07	\$ 108.78	780
Other Practitioner	\$ 0.17	\$ 99.23	20	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.16	\$ 101.74	19
Family Planning Services	\$ 4.12	\$ 399.16	124	2.5%	0.5%	2.0%	3.4%	0.0%	0.0%	\$ 4.83	\$ 423.30	137
Therapies	\$ 23.86	\$ 110.70	2,586	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 27.02	\$ 113.53	2,856
Prescribed Drugs	\$ 269.43	\$ 114.50	28,238	2.9%	1.9%	1.0%	0.1%	-2.6%	0.0%	\$ 302.99	\$ 125.68	28,930
Durable Medical Equipment	\$ 27.14	\$ 2.03	160,754	0.0%	0.5%	-0.5%	0.0%	-7.5%	0.0%	\$ 25.10	\$ 2.08	145,017
Lab and X-ray	\$ 24.91	\$ 41.49	7,204	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 24.91	\$ 42.54	7,026
Optical	\$ 2.84	\$ 32.62	1,047	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 2.84	\$ 33.44	1,021
Limited Dental Services	\$ 0.02	\$ 19.77	11	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.02	\$ 22.29	11
Transportation - Ambulance	\$ 1.49	\$ 79.21	226	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.51	\$ 80.20	226
Transportation - NEMT	\$ 0.49	\$ 67.51	87	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.54	\$ 69.21	94
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 26.04	\$ 9.65	32,373	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 26.04	\$ 9.90	31,572
Personal Care	\$ 29.87	\$ 4.01	89,326	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 29.87	\$ 4.11	87,115
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 145.89	\$ 776.58	2,254	2.7%	1.0%	1.7%	6.9%	0.0%	0.0%	\$ 178.32	\$ 872.49	2,453
Outpatient Hospital - BH	\$ 184.35	\$ 134.80	16,411	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 214.19	\$ 141.99	18,102
Emergency Room - BH	\$ 13.75	\$ 567.41	291	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 14.09	\$ 596.35	284
ICF/IID	\$ 119.20	\$ 342.56	4,176	1.3%	0.5%	0.8%	3.5%	0.0%	0.0%	\$ 131.58	\$ 363.35	4,346
PRTF	\$ 647.11	\$ 516.58	15,032	4.8%	1.0%	3.7%	0.9%	0.0%	0.0%	\$ 823.06	\$ 547.55	18,038
BH Long-term Residential	\$ 583.66	\$ 138.93	50,412	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 644.65	\$ 142.44	54,309
MST	\$ 28.23	\$ 43.88	7,719	3.0%	0.0%	3.3%	0.0%	0.0%	0.0%	\$ 33.12	\$ 43.88	9,057
IHS	\$ 138.05	\$ 275.67	6,010	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 138.05	\$ 275.67	6,010
ACT	\$ 1.07	\$ 339.62	38	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 1.29	\$ 362.51	43
Community Support	\$ 0.16	\$ 16.68	114	2.8%	0.0%	2.8%	421.7%	0.0%	0.0%	\$ 0.95	\$ 87.02	131
Partial Hosp/Day Tx	\$ 40.84	\$ 31.37	15,621	-0.5%	0.0%	-0.5%	0.0%	0.0%	0.0%	\$ 39.83	\$ 31.37	15,234
Psych Rehab	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Crisis Services	\$ 0.91	\$ 33.69	324	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 1.68	\$ 35.41	568
Other BH Services	\$ 0.39	\$ 17.67	265	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.41	\$ 18.58	265
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 14.55	\$ 5.54	31,491	8.5%	1.5%	6.9%	103.3%	0.0%	0.0%	\$ 44.49	\$ 12.14	43,962
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 2.18	\$ 2.58	10,124	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.35	\$ 5.16	10,124
Total	\$ 2,464.57	N/A	491,247	2.8%	0.9%	1.9%	3.5%	-1.0%	0.0%	\$ 2,897.96	N/A	496,052

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,897.96
Non-Benefit Expense PMPM/Payment:	
General Administration (7.95%)	\$ 259.69
PHP Care Management (1.60%)	\$ 52.33
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.31
Underwriting Gain (1.75%)	\$ 57.20
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,268.50
Premium Taxes (1.90%)	\$ 63.30
Total Capitation Rate:	\$ 3,331.80

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 115

Region:	Region 4
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	8,460
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 68.23	\$ 1,039.94	788	2.6%	2.6%				0.0%	115.1%	-7.5%
Outpatient Hospital - Facility	\$ 52.12	\$ 382.20	1,637	4.1%	2.6%	1.5%	42.5%	-3.8%	0.0%	\$ 87.59	\$ 619.41	1,697
Outpatient Hospital - Professional	\$ 8.55	\$ 102.30	1,003	2.5%	0.5%	2.0%	3.9%	-3.8%	0.0%	\$ 9.68	\$ 108.93	1,066
Emergency Room - PH	\$ 21.81	\$ 436.04	600	0.5%	1.0%	-0.5%	16.4%	-18.8%	0.0%	\$ 21.14	\$ 533.32	476
Physician - Primary Care	\$ 21.36	\$ 76.12	3,367	2.5%	0.5%	2.0%	17.4%	7.5%	0.0%	\$ 30.50	\$ 91.59	3,996
Physician - Specialty	\$ 22.79	\$ 120.38	2,272	2.5%	0.5%	2.0%	2.5%	-18.8%	0.0%	\$ 21.49	\$ 126.52	2,038
FOHC/RHC	\$ 0.88	\$ 110.40	96	3.9%	1.9%	2.0%	1.4%	0.0%	0.0%	\$ 1.08	\$ 123.00	106
Other Clinic	\$ 2.58	\$ 99.69	311	2.5%	0.5%	2.0%	14.9%	-16.1%	0.0%	\$ 2.82	\$ 117.41	288
Other Practitioner	\$ 0.88	\$ 70.84	149	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 0.84	\$ 72.63	138
Family Planning Services	\$ 3.69	\$ 442.29	100	2.5%	0.5%	2.0%	4.3%	0.0%	0.0%	\$ 4.36	\$ 473.16	111
Therapies	\$ 17.76	\$ 115.36	1,848	2.5%	0.5%	2.0%	0.6%	0.0%	0.0%	\$ 20.23	\$ 119.00	2,040
Prescribed Drugs	\$ 692.20	\$ 186.30	44,586	2.9%	1.8%	1.1%	0.0%	-3.4%	0.0%	\$ 771.91	\$ 204.04	45,396
Durable Medical Equipment	\$ 156.90	\$ 1.58	1,194,887	0.0%	0.5%	-0.5%	0.0%	-15.0%	0.0%	\$ 133.35	\$ 1.62	990,515
Lab and X-ray	\$ 4.99	\$ 19.00	3,150	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 4.99	\$ 19.48	3,072
Optical	\$ 0.68	\$ 40.13	203	0.0%	0.5%	-0.5%	168.7%	0.0%	0.0%	\$ 1.82	\$ 110.55	198
Limited Dental Services	\$ 0.00	\$ 0.20	4	0.0%	0.5%	-0.5%	10.0%	0.0%	0.0%	\$ 0.00	\$ 0.23	4
Transportation - Ambulance	\$ 1.67	\$ 90.05	223	0.2%	0.2%	0.0%	7.7%	0.0%	0.0%	\$ 1.82	\$ 98.20	223
Transportation - NEMT	\$ 1.08	\$ 47.92	272	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 1.20	\$ 49.13	293
Nursing Home	\$ 2.31	\$ 178.95	155	0.0%	0.5%	-0.5%	11.6%	-3.8%	0.0%	\$ 2.49	\$ 204.79	146
Home Health	\$ 95.40	\$ 4.35	262,943	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 91.81	\$ 4.46	246,818
Personal Care	\$ 11.96	\$ 3.32	43,280	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 11.51	\$ 3.40	40,626
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 1.49	\$ 469.21	38	2.7%	1.0%	1.7%	22.6%	0.0%	0.0%	\$ 2.08	\$ 604.58	41
Outpatient Hospital - BH	\$ 21.06	\$ 82.29	3,072	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 24.47	\$ 86.68	3,388
Emergency Room - BH	\$ 3.67	\$ 492.35	89	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 3.76	\$ 517.46	87
ICF/IID	\$ 52.76	\$ 359.06	1,763	1.3%	0.5%	0.8%	3.9%	0.0%	0.0%	\$ 58.49	\$ 382.57	1,835
PRTF	\$ 27.91	\$ 762.42	439	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 35.20	\$ 801.31	527
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 0.65	\$ 161.99	48	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 0.79	\$ 172.91	55
Community Support	\$ 0.82	\$ 5.62	1,757	2.8%	0.0%	2.8%	0.0%	0.0%	0.0%	\$ 0.94	\$ 5.62	2,018
Partial Hosp/Day Tx	\$ 0.49	\$ 31.41	189	-0.5%	0.0%	-0.5%	0.0%	0.0%	0.0%	\$ 0.48	\$ 31.41	184
Psych Rehab	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.07	\$ 77.21	12	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.08	\$ 81.15	12
Innovations - Day Support	\$ 831.82	\$ 23.81	419,149	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 964.31	\$ 25.03	462,325
Innovations - In-Home Services	\$ 2,648.66	\$ 5.20	6,110,910	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 3,070.53	\$ 5.47	6,740,392
Innovations - Other	\$ 104.48	\$ 87.13	14,390	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 121.12	\$ 91.57	15,872
Innovations - Personal Care	\$ 36.61	\$ 3.76	116,697	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 42.44	\$ 3.96	128,718
Innovations - Residential Supports	\$ 1,253.53	\$ 177.30	84,839	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 1,453.18	\$ 186.35	93,578
Innovations - Respite	\$ 233.79	\$ 3.76	745,807	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 271.03	\$ 3.95	822,633
Innovations - Supported Employment	\$ 83.21	\$ 7.75	128,868	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 96.46	\$ 8.14	142,142
B3 Services	\$ 4.32	\$ 29.39	1,762	8.5%	1.5%	6.9%	0.0%	0.0%	0.0%	\$ 6.49	\$ 31.66	2,460
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 4.42	\$ 4.78	11,103	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.42	\$ 4.78	11,103
Total	\$ 6,497.63	N/A	9,202,805	2.9%	1.1%	1.7%	1.7%	-1.0%	0.0%	\$ 7,531.27	N/A	9,767,344

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 7,531.27
Non-Benefit Expense PMPM/Payment:	
General Administration (6.29%)	\$ 524.74
PHP Care Management (1.63%)	\$ 136.00
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.55
Underwriting Gain (1.75%)	\$ 145.94
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 8,339.49
Premium Taxes (1.90%)	\$ 161.52
Total Capitation Rate:	\$ 8,501.01

Exhibit 116

Region:	Region 4
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	6,488
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 1.38	\$ 62.23	266	2.7%	1.0%	1.7%	0.6%	0.0%	0.0%	\$ 1.59	\$ 65.82	290
Outpatient Hospital - BH	\$ 57.36	\$ 42.52	16,189	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 66.65	\$ 44.79	17,857
Emergency Room - BH	\$ 1.17	\$ 121.45	115	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 1.19	\$ 127.64	112
ICF/ID	\$ 1,451.36	\$ 530.45	32,833	1.3%	0.5%	0.8%	15.5%	0.0%	0.0%	\$ 1,788.50	\$ 628.14	34,168
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 27.49	\$ 253.00	1,304	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 33.18	\$ 270.05	1,474
Community Support	\$ 0.29	\$ 16.68	211	2.8%	0.0%	2.8%	421.7%	0.0%	0.0%	\$ 1.76	\$ 87.02	242
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 7.64	\$ 2.91	31,537	5.0%	1.0%	4.0%	1.9%	0.0%	0.0%	\$ 9.93	\$ 3.11	38,297
Crisis Services	\$ 0.10	\$ 33.68	37	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 0.19	\$ 35.40	65
Other BH Services	\$ 0.36	\$ 3.32	1,301	1.0%	1.0%	0.0%	50.2%	0.0%	0.0%	\$ 0.57	\$ 5.25	1,301
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 21.61	\$ 21.69	11,954	8.5%	1.5%	6.9%	1.7%	0.0%	0.0%	\$ 33.04	\$ 23.76	16,688
Peer Support Services	\$ 4.96	\$ 12.47	4,777	8.5%	1.5%	6.9%	11.8%	0.0%	0.0%	\$ 8.35	\$ 15.02	6,668
Medical Home Payments	\$ 2.47	\$ 4.39	6,758	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.47	\$ 4.39	6,758
Total	\$ 1,576.20	N/A	107,282	1.6%	0.5%	1.0%	14.4%	0.0%	0.0%	\$ 1,947.42	N/A	123,919

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,947.42
Non-Benefit Expense PMPM/Payment:	
General Administration (9.22%)	\$ 205.32
PHP Care Management (1.58%)	\$ 35.17
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 38.97
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,226.87
Premium Taxes (1.90%)	\$ 43.13
Total Capitation Rate:	\$ 2,270.00

Exhibit 117

Region:	Region 4
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	29,972
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 6.06	\$ 171.30	425	2.7%	1.0%	1.7%	9.6%	0.0%	0.0%	\$ 7.59	\$ 197.24	462
Outpatient Hospital - BH	\$ 78.95	\$ 44.03	21,514	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 91.73	\$ 46.38	23,731
Emergency Room - BH	\$ 4.30	\$ 160.55	321	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 4.41	\$ 168.74	313
ICF/IID	\$ 868.07	\$ 415.89	25,047	1.3%	0.5%	0.8%	11.1%	0.0%	0.0%	\$ 1,028.54	\$ 473.52	26,065
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ 0.02	\$ 180.67	2	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.03	\$ 185.23	2
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.52	\$ 291.93	21	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.52	\$ 291.93	21
ACT	\$ 68.82	\$ 231.06	3,574	3.0%	0.5%	2.5%	4.1%	0.0%	0.0%	\$ 83.07	\$ 246.64	4,041
Community Support	\$ 1.18	\$ 16.50	860	2.8%	0.0%	2.8%	427.2%	0.0%	0.0%	\$ 7.16	\$ 87.00	988
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 34.38	\$ 2.85	144,697	5.0%	1.0%	4.0%	1.9%	0.0%	0.0%	\$ 44.70	\$ 3.05	175,712
Crisis Services	\$ 0.99	\$ 22.17	534	13.0%	1.0%	11.9%	0.0%	0.0%	0.0%	\$ 1.82	\$ 23.30	936
Other BH Services	\$ 0.08	\$ 5.54	164	1.0%	1.0%	0.0%	238.8%	0.0%	0.0%	\$ 0.27	\$ 19.73	164
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 55.50	\$ 12.50	53,260	8.5%	1.5%	6.9%	4.4%	0.0%	0.0%	\$ 87.17	\$ 14.07	74,352
Peer Support Services	\$ 14.25	\$ 11.34	15,072	8.5%	1.5%	6.9%	11.8%	0.0%	0.0%	\$ 23.96	\$ 13.67	21,041
Medical Home Payments	\$ 2.97	\$ 4.56	7,822	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.97	\$ 4.56	7,822
Total	\$ 1,136.08	N/A	273,314	2.2%	0.6%	1.5%	9.5%	0.0%	0.0%	\$ 1,383.92	N/A	335,649

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,383.92
Non-Benefit Expense PMPM/Payment:	
General Administration (10.74%)	\$ 173.08
PHP Care Management (1.55%)	\$ 24.99
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.06%)	\$ 0.93
Underwriting Gain (1.75%)	\$ 28.19
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,611.13
Premium Taxes (1.90%)	\$ 31.20
Total Capitation Rate:	\$ 1,642.33

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 118

Region:	Region 4
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	6,062
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - BH	\$ 6.00	\$ 33.30	2,163	3.0%	1.0%	2.0%	0.2%	0.0%	0.0%	\$ 6.97	\$ 35.07	2,386
Emergency Room - BH	\$ 1.12	\$ 143.95	94	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 1.15	\$ 151.30	91
ICF/IID	\$ 26.10	\$ 308.91	1,014	1.3%	0.5%	0.8%	0.0%	0.0%	0.0%	\$ 27.84	\$ 316.71	1,055
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.11	\$ 5.10	256	1.0%	1.0%	0.0%	166.3%	0.0%	0.0%	\$ 0.30	\$ 14.27	256
Innovations - Day Support	\$ 1,489.42	\$ 23.97	745,606	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 1,726.65	\$ 25.19	822,411
Innovations - In-Home Services	\$ 1,994.85	\$ 5.20	4,603,592	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 2,312.57	\$ 5.47	5,077,806
Innovations - Other	\$ 110.29	\$ 96.02	13,784	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 127.86	\$ 100.92	15,203
Innovations - Personal Care	\$ 21.48	\$ 3.72	69,294	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 24.90	\$ 3.91	76,432
Innovations - Residential Supports	\$ 2,627.61	\$ 175.37	179,801	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 3,046.12	\$ 184.31	198,322
Innovations - Respite	\$ 136.63	\$ 3.67	446,854	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 158.39	\$ 3.86	492,884
Innovations - Supported Employment	\$ 194.97	\$ 7.77	301,117	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 226.03	\$ 8.17	332,135
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ 0.00	\$ 2.70	16	8.5%	1.5%	6.9%	0.0%	0.0%	0.0%	\$ 0.01	\$ 2.90	22
Medical Home Payments	\$ 3.51	\$ 4.68	8,988	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.51	\$ 4.68	8,988
Total	\$ 6,612.08	N/A	6,372,579	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 7,662.29	N/A	7,027,992

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 7,662.29
Non-Benefit Expense PMPM/Payment:	
General Administration (6.27%)	\$ 532.24
PHP Care Management (1.63%)	\$ 138.36
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.01%)	\$ 1.09
Underwriting Gain (1.75%)	\$ 148.44
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 8,482.42
Premium Taxes (1.90%)	\$ 164.29
Total Capitation Rate:	\$ 8,646.71

Exhibit 119

Region:	Region 5
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	38,506
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 61.51	\$ 967.08	763	2.6%	2.6%	0.0%	95.2%	-7.5%	0.0%	\$ 126.28	\$ 2,146.28	706
Outpatient Hospital - Facility	\$ 37.40	\$ 331.63	1,353	3.1%	2.6%	0.5%	42.9%	-3.7%	0.0%	\$ 59.94	\$ 538.62	1,335
Outpatient Hospital - Professional	\$ 7.59	\$ 122.71	742	0.5%	0.5%	0.0%	4.5%	-3.8%	0.0%	\$ 7.83	\$ 131.47	714
Emergency Room - PH	\$ 23.23	\$ 327.76	851	0.0%	0.0%	0.0%	22.1%	-18.8%	0.0%	\$ 23.05	\$ 400.11	691
Physician - Primary Care	\$ 20.21	\$ 75.88	3,195	2.5%	0.5%	2.0%	16.3%	7.5%	0.0%	\$ 28.60	\$ 90.50	3,792
Physician - Specialty	\$ 19.59	\$ 126.18	1,863	2.5%	0.5%	2.0%	5.1%	-18.8%	0.0%	\$ 18.93	\$ 135.93	1,671
FOHC/RHC	\$ 1.34	\$ 108.78	147	3.9%	1.9%	2.0%	3.6%	0.0%	0.0%	\$ 1.68	\$ 123.80	163
Other Clinic	\$ 4.46	\$ 96.93	552	2.5%	0.5%	2.0%	16.1%	-16.1%	0.0%	\$ 4.92	\$ 115.40	511
Other Practitioner	\$ 0.11	\$ 79.15	17	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 0.11	\$ 81.14	16
Family Planning Services	\$ 1.15	\$ 288.10	48	2.5%	0.5%	2.0%	8.2%	0.0%	0.0%	\$ 1.41	\$ 319.58	53
Therapies	\$ 60.57	\$ 113.49	6,405	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 68.57	\$ 116.35	7,071
Prescribed Drugs	\$ 326.48	\$ 213.19	18,377	6.3%	5.3%	1.0%	0.0%	-2.0%	0.0%	\$ 433.94	\$ 275.56	18,897
Durable Medical Equipment	\$ 50.20	\$ 1.88	320,542	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 44.85	\$ 1.93	279,340
Lab and X-ray	\$ 8.85	\$ 46.79	2,270	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 9.30	\$ 47.97	2,327
Optical	\$ 1.73	\$ 31.49	659	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 1.82	\$ 32.28	675
Limited Dental Services	\$ 0.05	\$ 24.64	26	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.06	\$ 27.79	26
Transportation - Ambulance	\$ 1.46	\$ 73.84	238	0.2%	0.2%	0.0%	5.3%	0.0%	0.0%	\$ 1.56	\$ 78.71	238
Transportation - NEMT	\$ 2.25	\$ 35.25	766	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.49	\$ 36.14	825
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 29.62	\$ 9.53	37,299	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 28.50	\$ 9.77	35,011
Personal Care	\$ 7.34	\$ 3.67	24,028	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 7.07	\$ 3.76	22,555
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 115.60	\$ 888.00	1,562	3.0%	0.5%	2.5%	4.6%	0.0%	0.0%	\$ 140.28	\$ 952.38	1,768
Outpatient Hospital - BH	\$ 71.64	\$ 56.90	15,108	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 93.88	\$ 59.96	18,787
Emergency Room - BH	\$ 3.98	\$ 310.10	154	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.98	\$ 310.10	154
ICF/IID	\$ 260.00	\$ 405.23	7,699	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 273.35	\$ 426.03	7,699
PRTF	\$ 68.72	\$ 509.62	1,618	2.3%	1.0%	1.2%	-1.6%	0.0%	0.0%	\$ 75.62	\$ 527.28	1,721
BH Long-term Residential	\$ 79.97	\$ 153.32	6,260	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 81.99	\$ 157.19	6,260
MST	\$ 14.32	\$ 170.09	1,010	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 14.32	\$ 170.09	1,010
IHS	\$ 112.36	\$ 263.87	5,110	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 118.09	\$ 277.33	5,110
ACT	\$ 2.23	\$ 207.30	129	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 2.59	\$ 223.22	139
Community Support	\$ 2.96	\$ 15.87	2,238	0.0%	0.0%	0.0%	98.8%	0.0%	0.0%	\$ 5.88	\$ 31.54	2,238
Partial Hosp/Day Tx	\$ 19.23	\$ 31.59	7,306	6.5%	1.0%	5.4%	0.0%	0.0%	0.0%	\$ 26.30	\$ 33.20	9,504
Psych Rehab	\$ 3.28	\$ 2.74	14,376	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 3.31	\$ 2.76	14,376
Crisis Services	\$ 2.25	\$ 26.25	1,030	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 2.84	\$ 27.59	1,236
Other BH Services	\$ 2.70	\$ 19.65	1,648	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.84	\$ 20.65	1,648
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 18.98	\$ 8.95	25,456	3.0%	1.0%	2.0%	13.5%	0.0%	0.0%	\$ 25.00	\$ 10.67	28,105
Peer Support Services	\$ 3.64	\$ 11.74	3,723	3.0%	1.0%	2.0%	10.0%	0.0%	0.0%	\$ 4.65	\$ 13.57	4,111
Medical Home Payments	\$ 4.61	\$ 4.87	11,348	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.61	\$ 4.87	11,348
Total	\$ 1,451.64	N/A	525,918	3.0%	2.0%	1.0%	6.5%	-2.2%	0.0%	\$ 1,750.41	N/A	491,835

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,750.41
Non-Benefit Expense PMPM/Payment:	
General Administration (8.18%)	\$ 161.35
PHP Care Management (1.31%)	\$ 25.89
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 0.59
Underwriting Gain (1.75%)	\$ 34.52
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,972.77
Premium Taxes (1.90%)	\$ 38.21
Total Capitation Rate:	\$ 2,010.97

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 120

Region:	Region 5
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	44,042
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 148.55	\$ 814.25	2,189	2.6%	2.6%				0.0%	147.1%	-7.5%
Outpatient Hospital - Facility	\$ 57.08	\$ 367.27	1,865	3.1%	2.6%	0.5%	42.9%	-3.8%	0.0%	\$ 91.48	\$ 596.52	1,840
Outpatient Hospital - Professional	\$ 15.33	\$ 110.46	1,666	0.5%	0.5%	0.0%	5.6%	-3.7%	0.0%	\$ 15.98	\$ 119.58	1,603
Emergency Room - PH	\$ 107.10	\$ 526.62	2,440	0.0%	0.0%	0.0%	17.3%	-18.8%	0.0%	\$ 102.03	\$ 617.49	1,983
Physician - Primary Care	\$ 45.91	\$ 97.90	5,628	2.5%	0.5%	2.0%	12.4%	7.5%	0.0%	\$ 62.81	\$ 112.84	6,680
Physician - Specialty	\$ 47.61	\$ 121.14	4,716	2.5%	0.5%	2.0%	2.3%	-18.8%	0.0%	\$ 44.78	\$ 127.03	4,230
FOHC/RHC	\$ 5.09	\$ 125.75	486	3.9%	1.9%	2.0%	0.0%	0.0%	0.0%	\$ 6.17	\$ 138.16	536
Other Clinic	\$ 8.43	\$ 253.87	398	2.5%	0.5%	2.0%	3.3%	-16.1%	0.0%	\$ 8.26	\$ 268.83	369
Other Practitioner	\$ 0.76	\$ 79.53	115	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 0.72	\$ 81.53	106
Family Planning Services	\$ 1.46	\$ 257.05	68	2.5%	0.5%	2.0%	6.4%	0.0%	0.0%	\$ 1.75	\$ 280.43	75
Therapies	\$ 0.09	\$ 62.21	17	2.5%	0.5%	2.0%	354.3%	0.0%	0.0%	\$ 0.46	\$ 289.75	19
Prescribed Drugs	\$ 591.51	\$ 164.85	43,057	4.5%	3.2%	1.2%	0.0%	-1.5%	0.0%	\$ 725.03	\$ 193.26	45,018
Durable Medical Equipment	\$ 34.05	\$ 1.89	216,297	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 30.42	\$ 1.94	188,495
Lab and X-ray	\$ 38.47	\$ 50.63	9,118	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 40.44	\$ 51.91	9,348
Optical	\$ 0.75	\$ 67.38	133	1.0%	0.5%	0.5%	304.7%	0.0%	0.0%	\$ 3.18	\$ 279.57	136
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 10.47	\$ 75.42	1,666	0.2%	0.2%	0.0%	0.9%	0.0%	0.0%	\$ 10.69	\$ 77.03	1,666
Transportation - NEMT	\$ 29.24	\$ 34.30	10,232	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 32.30	\$ 35.16	11,022
Nursing Home	\$ 13.13	\$ 175.30	899	0.0%	0.5%	-0.5%	14.5%	-3.8%	0.0%	\$ 14.48	\$ 205.88	844
Home Health	\$ 20.86	\$ 8.00	31,288	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 20.07	\$ 8.20	29,369
Personal Care	\$ 81.08	\$ 3.71	262,245	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 78.03	\$ 3.80	246,164
Hospice	\$ 4.00	\$ 180.83	266	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 3.85	\$ 185.40	249
Inpatient - BH	\$ 122.32	\$ 781.26	1,879	3.0%	0.5%	2.5%	6.3%	0.0%	0.0%	\$ 150.83	\$ 851.45	2,126
Outpatient Hospital - BH	\$ 102.80	\$ 58.74	21,002	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 134.71	\$ 61.90	26,117
Emergency Room - BH	\$ 17.54	\$ 448.48	469	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 17.54	\$ 448.48	469
ICF/IID	\$ 525.32	\$ 397.17	15,872	1.0%	1.0%	0.0%	6.0%	0.0%	0.0%	\$ 585.35	\$ 442.56	15,872
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 129.87	\$ 216.97	7,183	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 150.55	\$ 233.64	7,732
Community Support	\$ 30.46	\$ 15.68	23,316	0.0%	0.0%	0.0%	101.2%	0.0%	0.0%	\$ 61.30	\$ 31.55	23,316
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 65.64	\$ 2.78	283,810	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 66.22	\$ 2.80	283,810
Crisis Services	\$ 10.25	\$ 16.99	7,239	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 12.93	\$ 17.86	8,686
Other BH Services	\$ 0.23	\$ 63.64	44	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.25	\$ 66.88	44
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 12.40	\$ 12.16	12,238	3.0%	1.0%	2.0%	4.6%	0.0%	0.0%	\$ 15.05	\$ 13.36	13,511
Peer Support Services	\$ 31.57	\$ 11.93	31,747	3.0%	1.0%	2.0%	12.7%	0.0%	0.0%	\$ 41.30	\$ 14.14	35,052
Medical Home Payments	\$ 4.24	\$ 4.85	10,491	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.24	\$ 4.85	10,491
Total	\$ 2,313.61	N/A	1,010,078	2.5%	1.5%	0.9%	15.0%	-2.9%	0.0%	\$ 2,919.30	N/A	979,005

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,919.30
Non-Benefit Expense PMPM/Payment:	
General Administration (6.82%)	\$ 220.98
PHP Care Management (1.33%)	\$ 43.18
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.13
Underwriting Gain (1.75%)	\$ 56.72
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,241.30
Premium Taxes (1.90%)	\$ 62.78
Total Capitation Rate:	\$ 3,304.07

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 121

Region:	Region 5
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	69,525
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 21.99	\$ 1,302.69	203	2.6%	2.6%	0.0%	91.8%	-11.3%	0.0%	\$ 42.54	\$ 2,840.28	180
Outpatient Hospital - Facility	\$ 16.61	\$ 272.20	732	3.1%	2.6%	0.5%	42.9%	-7.5%	0.0%	\$ 25.59	\$ 442.09	695
Outpatient Hospital - Professional	\$ 4.30	\$ 113.53	454	0.5%	0.5%	0.0%	5.4%	-7.5%	0.0%	\$ 4.30	\$ 122.70	420
Emergency Room - PH	\$ 24.94	\$ 353.91	845	0.0%	0.0%	0.0%	22.4%	-18.8%	0.0%	\$ 24.80	\$ 433.27	687
Physician - Primary Care	\$ 17.23	\$ 77.84	2,656	2.5%	0.5%	2.0%	16.1%	3.8%	0.0%	\$ 23.50	\$ 92.68	3,042
Physician - Specialty	\$ 12.44	\$ 113.70	1,313	2.5%	0.5%	2.0%	4.3%	-18.8%	0.0%	\$ 11.93	\$ 121.59	1,177
FOHC/RHC	\$ 1.62	\$ 116.68	167	3.9%	1.9%	2.0%	3.6%	0.0%	0.0%	\$ 2.04	\$ 132.85	184
Other Clinic	\$ 4.27	\$ 94.84	540	2.5%	0.5%	2.0%	17.1%	-16.5%	0.0%	\$ 4.73	\$ 113.91	498
Other Practitioner	\$ 0.11	\$ 98.39	13	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.10	\$ 100.88	12
Family Planning Services	\$ 2.08	\$ 308.53	81	2.5%	0.5%	2.0%	7.6%	0.0%	0.0%	\$ 2.53	\$ 340.28	89
Therapies	\$ 29.52	\$ 108.49	3,265	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 33.42	\$ 111.23	3,605
Prescribed Drugs	\$ 109.00	\$ 125.42	10,429	3.4%	2.5%	0.9%	0.1%	-2.4%	0.0%	\$ 125.89	\$ 142.27	10,618
Durable Medical Equipment	\$ 10.20	\$ 2.08	58,842	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 9.91	\$ 2.13	55,803
Lab and X-ray	\$ 9.39	\$ 46.79	2,407	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 9.87	\$ 47.97	2,468
Optical	\$ 1.78	\$ 33.28	641	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 1.87	\$ 34.12	657
Limited Dental Services	\$ 0.06	\$ 24.57	31	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.07	\$ 27.71	31
Transportation - Ambulance	\$ 1.07	\$ 69.06	185	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.08	\$ 69.93	185
Transportation - NEMT	\$ 0.45	\$ 40.58	132	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.49	\$ 41.60	142
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.11	\$ 10.64	1,248	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.11	\$ 10.91	1,217
Personal Care	\$ 0.30	\$ 3.81	946	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.30	\$ 3.91	922
Hospice	\$ 0.29	\$ 131.09	26	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.29	\$ 134.40	26
Inpatient - BH	\$ 77.88	\$ 906.79	1,031	3.0%	0.5%	2.5%	4.0%	0.0%	0.0%	\$ 93.99	\$ 967.33	1,166
Outpatient Hospital - BH	\$ 57.12	\$ 70.52	9,720	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 74.85	\$ 74.31	12,087
Emergency Room - BH	\$ 3.20	\$ 350.42	110	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.20	\$ 350.42	110
ICF/ID	\$ 9.63	\$ 359.46	322	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 10.13	\$ 377.98	322
PRTF	\$ 79.08	\$ 485.20	1,956	2.3%	1.0%	1.2%	-1.2%	0.0%	0.0%	\$ 87.32	\$ 503.79	2,080
BH Long-term Residential	\$ 66.99	\$ 154.54	5,202	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 68.68	\$ 158.45	5,202
MST	\$ 45.16	\$ 247.41	2,191	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 45.16	\$ 247.41	2,191
IHS	\$ 278.81	\$ 257.01	13,018	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 293.03	\$ 270.12	13,018
ACT	\$ 0.83	\$ 227.72	44	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 0.96	\$ 245.22	47
Community Support	\$ 1.36	\$ 15.69	1,038	0.0%	0.0%	0.0%	100.8%	0.0%	0.0%	\$ 2.72	\$ 31.50	1,038
Partial Hosp/Day Tx	\$ 17.45	\$ 31.95	6,554	6.5%	1.0%	5.4%	0.0%	0.0%	0.0%	\$ 23.85	\$ 33.58	8,525
Psych Rehab	\$ 0.06	\$ 2.69	251	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 0.06	\$ 2.71	251
Crisis Services	\$ 1.46	\$ 78.25	224	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 1.84	\$ 82.24	269
Other BH Services	\$ 40.03	\$ 83.05	5,783	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 42.07	\$ 87.29	5,783
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 0.77	\$ 5.38	1,712	3.0%	1.0%	2.0%	37.7%	0.0%	0.0%	\$ 1.23	\$ 7.79	1,890
Peer Support Services	\$ 2.09	\$ 9.61	2,610	3.0%	1.0%	2.0%	10.0%	0.0%	0.0%	\$ 2.67	\$ 11.11	2,881
Medical Home Payments	\$ 2.31	\$ 2.49	11,135	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.62	\$ 4.98	11,135
Total	\$ 952.96	N/A	148,056	2.0%	1.0%	1.0%	4.7%	-1.8%	0.0%	\$ 1,082.76	N/A	150,655

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,082.76
Non-Benefit Expense PMPM/Payment:	
General Administration (10.19%)	\$ 127.30
PHP Care Management (1.28%)	\$ 16.02
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.10%)	\$ 1.24
Underwriting Gain (1.75%)	\$ 21.86
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,249.18
Premium Taxes (1.90%)	\$ 24.19
Total Capitation Rate:	\$ 1,273.37

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 122

Region:	Region 5
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	20,007
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 48.91	\$ 883.33	664	2.6%	2.6%	0.0%	183.4%	-15.0%	0.0%	\$ 133.97	\$ 2,846.43	565
Outpatient Hospital - Facility	\$ 25.70	\$ 283.68	1,087	3.1%	2.6%	0.5%	42.9%	-7.5%	0.0%	\$ 39.58	\$ 460.75	1,031
Outpatient Hospital - Professional	\$ 8.75	\$ 113.31	927	0.5%	0.5%	0.0%	4.4%	-7.5%	0.0%	\$ 8.67	\$ 121.29	858
Emergency Room - PH	\$ 83.97	\$ 471.56	2,137	0.0%	0.0%	0.0%	18.0%	-18.8%	0.0%	\$ 80.51	\$ 556.50	1,736
Physician - Primary Care	\$ 35.29	\$ 105.54	4,013	2.5%	0.5%	2.0%	11.0%	3.8%	0.0%	\$ 46.02	\$ 120.15	4,596
Physician - Specialty	\$ 36.73	\$ 101.93	4,325	2.5%	0.5%	2.0%	1.0%	-18.8%	0.0%	\$ 34.11	\$ 105.51	3,879
FOHC/RHC	\$ 2.47	\$ 122.79	241	3.9%	1.9%	2.0%	0.0%	0.0%	0.0%	\$ 2.99	\$ 134.95	266
Other Clinic	\$ 5.83	\$ 74.20	943	2.5%	0.5%	2.0%	3.4%	-16.5%	0.0%	\$ 5.70	\$ 78.69	869
Other Practitioner	\$ 0.20	\$ 72.98	33	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.19	\$ 74.82	30
Family Planning Services	\$ 5.06	\$ 294.14	206	2.5%	0.5%	2.0%	4.3%	0.0%	0.0%	\$ 5.98	\$ 314.60	228
Therapies	\$ 0.05	\$ 57.35	10	2.5%	0.5%	2.0%	354.3%	0.0%	0.0%	\$ 0.24	\$ 267.14	11
Prescribed Drugs	\$ 202.54	\$ 113.82	21,353	6.0%	4.3%	1.6%	0.1%	-2.1%	0.0%	\$ 265.66	\$ 140.70	22,658
Durable Medical Equipment	\$ 6.58	\$ 2.55	31,040	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 6.40	\$ 2.61	29,437
Lab and X-ray	\$ 99.60	\$ 88.92	13,442	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 104.70	\$ 91.16	13,782
Optical	\$ 0.37	\$ 68.97	64	1.0%	0.5%	0.5%	302.6%	0.0%	0.0%	\$ 1.56	\$ 284.66	66
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 4.27	\$ 73.34	699	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 4.33	\$ 74.26	699
Transportation - NEMT	\$ 6.19	\$ 34.92	2,129	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 6.84	\$ 35.80	2,293
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.21	\$ 7.39	1,960	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.21	\$ 7.57	1,911
Personal Care	\$ 1.83	\$ 3.71	5,922	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.83	\$ 3.80	5,775
Hospice	\$ 0.42	\$ 637.06	8	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.42	\$ 653.15	8
Inpatient - BH	\$ 34.46	\$ 876.96	472	3.0%	0.5%	2.5%	8.4%	0.0%	0.0%	\$ 43.34	\$ 974.76	534
Outpatient Hospital - BH	\$ 198.44	\$ 36.13	65,903	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 260.04	\$ 38.08	81,953
Emergency Room - BH	\$ 5.59	\$ 377.11	178	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 5.59	\$ 377.11	178
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.20	\$ 239.66	10	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.21	\$ 251.89	10
ACT	\$ 3.45	\$ 221.60	187	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 3.99	\$ 238.62	201
Community Support	\$ 21.43	\$ 15.61	16,471	0.0%	0.0%	0.0%	101.9%	0.0%	0.0%	\$ 43.26	\$ 31.52	16,471
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.15	\$ 2.69	685	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 0.15	\$ 2.71	685
Crisis Services	\$ 3.29	\$ 19.44	2,032	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 4.15	\$ 20.43	2,438
Other BH Services	\$ 4.64	\$ 40.82	1,365	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.88	\$ 42.90	1,365
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 1.34	\$ 20.12	800	3.0%	1.0%	2.0%	2.5%	0.0%	0.0%	\$ 1.59	\$ 21.67	883
Peer Support Services	\$ 29.57	\$ 12.45	28,505	3.0%	1.0%	2.0%	12.7%	0.0%	0.0%	\$ 38.68	\$ 14.75	31,471
Medical Home Payments	\$ 1.84	\$ 2.46	8,958	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.67	\$ 4.92	8,958
Total	\$ 880.39	N/A	216,767	3.6%	1.7%	1.9%	16.1%	-4.9%	0.0%	\$ 1,160.48	N/A	235,845

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,160.48
Non-Benefit Expense PMPM/Payment:	
General Administration (9.82%)	\$ 131.27
PHP Care Management (1.28%)	\$ 17.17
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.29%)	\$ 3.90
Underwriting Gain (1.75%)	\$ 23.38
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,336.19
Premium Taxes (1.90%)	\$ 25.88
Total Capitation Rate:	\$ 1,362.07

Exhibit 123

Region:	Region 5
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	12,861
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 87.08	\$ 1,223.12	854	2.6%	2.6%	0.0%	71.8%	-11.3%	0.0%	\$ 150.95	\$ 2,388.84	758
Outpatient Hospital - Facility	\$ 13.55	\$ 207.18	785	3.1%	2.6%	0.5%	42.8%	-7.5%	0.0%	\$ 20.87	\$ 336.45	744
Outpatient Hospital - Professional	\$ 4.47	\$ 102.36	524	0.5%	0.5%	0.0%	6.0%	-7.5%	0.0%	\$ 4.50	\$ 111.20	485
Emergency Room - PH	\$ 23.59	\$ 347.36	815	0.0%	0.0%	0.0%	22.2%	-18.8%	0.0%	\$ 23.42	\$ 424.54	662
Physician - Primary Care	\$ 23.43	\$ 80.29	3,501	2.5%	0.5%	2.0%	15.7%	3.8%	0.0%	\$ 31.82	\$ 95.20	4,011
Physician - Specialty	\$ 14.89	\$ 130.13	1,373	2.5%	0.5%	2.0%	6.1%	-18.8%	0.0%	\$ 14.53	\$ 141.55	1,232
FOHC/RHC	\$ 1.89	\$ 108.33	210	3.9%	1.9%	2.0%	3.3%	0.0%	0.0%	\$ 2.37	\$ 122.91	232
Other Clinic	\$ 4.89	\$ 82.81	709	2.5%	0.5%	2.0%	18.3%	-16.5%	0.0%	\$ 5.47	\$ 100.45	654
Other Practitioner	\$ 0.11	\$ 102.92	13	2.5%	0.5%	2.0%	0.0%	-16.5%	0.0%	\$ 0.11	\$ 105.52	12
Family Planning Services	\$ 3.17	\$ 351.39	108	2.5%	0.5%	2.0%	5.5%	0.0%	0.0%	\$ 3.78	\$ 380.08	119
Therapies	\$ 22.04	\$ 109.36	2,418	2.5%	0.5%	2.0%	0.0%	0.0%	0.0%	\$ 24.95	\$ 112.15	2,670
Prescribed Drugs	\$ 262.77	\$ 120.05	26,265	4.2%	3.2%	0.9%	0.1%	-2.2%	0.0%	\$ 315.33	\$ 140.58	26,917
Durable Medical Equipment	\$ 22.17	\$ 1.94	137,353	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 21.55	\$ 1.99	130,260
Lab and X-ray	\$ 12.68	\$ 36.04	4,223	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 13.33	\$ 36.95	4,330
Optical	\$ 3.00	\$ 33.70	1,068	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 3.15	\$ 34.55	1,095
Limited Dental Services	\$ 0.01	\$ 24.97	4	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.01	\$ 28.16	4
Transportation - Ambulance	\$ 1.82	\$ 72.42	301	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.84	\$ 73.33	301
Transportation - NEMT	\$ 2.20	\$ 26.67	991	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.43	\$ 27.35	1,068
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 16.63	\$ 8.86	22,523	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 16.63	\$ 9.08	21,966
Personal Care	\$ 7.63	\$ 6.64	13,787	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 7.63	\$ 6.81	13,445
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 394.86	\$ 814.90	5,815	3.0%	0.5%	2.5%	3.5%	0.0%	0.0%	\$ 474.19	\$ 864.97	6,579
Outpatient Hospital - BH	\$ 142.77	\$ 84.89	20,182	5.5%	1.0%	4.5%	0.0%	0.0%	0.0%	\$ 187.08	\$ 89.45	25,097
Emergency Room - BH	\$ 8.09	\$ 299.86	324	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 8.09	\$ 299.86	324
ICF/IID	\$ 69.45	\$ 352.74	2,363	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 73.01	\$ 370.80	2,363
PRTF	\$ 550.27	\$ 483.80	13,649	2.3%	1.0%	1.2%	-0.9%	0.0%	0.0%	\$ 609.69	\$ 504.07	14,514
BH Long-term Residential	\$ 1,136.26	\$ 119.11	114,479	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 1,164.95	\$ 122.11	114,479
MST	\$ 28.90	\$ 210.61	1,646	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 28.90	\$ 210.61	1,646
IHS	\$ 234.68	\$ 281.30	10,011	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 246.65	\$ 295.65	10,011
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ 1.24	\$ 15.20	980	0.0%	0.0%	0.0%	107.3%	0.0%	0.0%	\$ 2.57	\$ 31.50	980
Partial Hosp/Day Tx	\$ 31.02	\$ 32.22	11,553	6.5%	1.0%	5.4%	0.0%	0.0%	0.0%	\$ 42.41	\$ 33.87	15,028
Psych Rehab	\$ 0.64	\$ 2.69	2,854	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 0.65	\$ 2.71	2,854
Crisis Services	\$ 9.65	\$ 108.18	1,070	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 12.16	\$ 113.70	1,284
Other BH Services	\$ 1.14	\$ 48.13	285	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.20	\$ 50.59	285
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 3.32	\$ 5.49	7,247	3.0%	1.0%	2.0%	103.3%	0.0%	0.0%	\$ 7.83	\$ 11.74	8,001
Peer Support Services	\$ 1.87	\$ 10.42	2,152	3.0%	1.0%	2.0%	10.0%	0.0%	0.0%	\$ 2.38	\$ 12.04	2,376
Medical Home Payments	\$ 2.09	\$ 2.55	9,854	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.19	\$ 5.10	9,854
Total	\$ 3,144.26	N/A	422,289	1.9%	1.0%	1.0%	3.1%	-1.1%	0.0%	\$ 3,530.64	N/A	426,638

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 3,530.64
Non-Benefit Expense PMPM/Payment:	
General Administration (6.46%)	\$ 252.13
PHP Care Management (1.34%)	\$ 52.23
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.21
Underwriting Gain (1.75%)	\$ 68.33
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,904.53
Premium Taxes (1.90%)	\$ 75.62
Total Capitation Rate:	\$ 3,980.15

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 124

Region:	Region 5
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	13,777
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 40.04	\$ 862.88	557	2.6%	2.6%	0.0%	193.4%	-7.5%	0.0%	\$ 123.55	\$ 2,878.72	515
Outpatient Hospital - Facility	\$ 41.10	\$ 311.12	1,585	3.1%	2.6%	0.5%	42.3%	-3.7%	0.0%	\$ 65.64	\$ 503.50	1,564
Outpatient Hospital - Professional	\$ 7.54	\$ 88.71	1,019	0.5%	0.5%	0.0%	7.2%	-3.8%	0.0%	\$ 7.97	\$ 97.50	981
Emergency Room - PH	\$ 15.22	\$ 358.12	510	0.0%	0.0%	0.0%	18.8%	-18.8%	0.0%	\$ 14.69	\$ 425.27	414
Physician - Primary Care	\$ 18.48	\$ 72.51	3,059	2.5%	0.5%	2.0%	21.1%	7.5%	0.0%	\$ 27.23	\$ 90.02	3,631
Physician - Specialty	\$ 19.07	\$ 99.42	2,302	2.5%	0.5%	2.0%	3.9%	-18.8%	0.0%	\$ 18.22	\$ 105.87	2,065
FOHC/RHC	\$ 1.27	\$ 102.92	148	3.9%	1.9%	2.0%	1.1%	0.0%	0.0%	\$ 1.55	\$ 114.32	163
Other Clinic	\$ 2.59	\$ 191.02	163	2.5%	0.5%	2.0%	9.5%	-16.1%	0.0%	\$ 2.70	\$ 214.44	151
Other Practitioner	\$ 0.39	\$ 65.56	71	2.5%	0.5%	2.0%	0.0%	-16.1%	0.0%	\$ 0.37	\$ 67.22	66
Family Planning Services	\$ 3.15	\$ 310.31	122	2.5%	0.5%	2.0%	8.0%	0.0%	0.0%	\$ 3.85	\$ 343.56	134
Therapies	\$ 26.72	\$ 84.19	3,808	2.5%	0.5%	2.0%	0.6%	0.0%	0.0%	\$ 30.43	\$ 86.85	4,204
Prescribed Drugs	\$ 400.47	\$ 137.36	34,987	2.2%	1.1%	1.1%	0.0%	-5.6%	0.0%	\$ 421.46	\$ 145.14	34,846
Durable Medical Equipment	\$ 114.90	\$ 1.34	1,028,279	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 102.66	\$ 1.37	896,108
Lab and X-ray	\$ 4.36	\$ 20.43	2,558	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 4.58	\$ 20.95	2,623
Optical	\$ 0.78	\$ 37.66	250	1.0%	0.5%	0.5%	168.7%	0.0%	0.0%	\$ 2.21	\$ 103.74	256
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 1.47	\$ 65.28	270	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.49	\$ 66.10	270
Transportation - NEMT	\$ 7.27	\$ 41.23	2,116	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 8.03	\$ 42.27	2,279
Nursing Home	\$ 3.72	\$ 176.71	253	0.0%	0.5%	-0.5%	16.9%	-3.8%	0.0%	\$ 4.19	\$ 211.86	237
Home Health	\$ 27.03	\$ 8.74	37,105	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 26.01	\$ 8.96	34,830
Personal Care	\$ 0.76	\$ 1.78	5,139	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 0.73	\$ 1.83	4,824
Hospice	\$ 0.22	\$ 180.47	14	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 0.21	\$ 185.02	13
Inpatient - BH	\$ 36.49	\$ 803.94	545	3.0%	0.5%	2.5%	-0.5%	0.0%	0.0%	\$ 42.12	\$ 820.27	616
Outpatient Hospital - BH	\$ 43.66	\$ 44.04	11,898	5.5%	1.0%	4.5%	0.0%	0.0%	0.0%	\$ 57.22	\$ 46.41	14,796
Emergency Room - BH	\$ 1.89	\$ 342.05	66	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.89	\$ 342.05	66
ICF/IID	\$ 69.46	\$ 512.96	1,625	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 73.04	\$ 539.37	1,625
PRTF	\$ 28.20	\$ 810.68	417	2.3%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 31.52	\$ 852.03	444
BH Long-term Residential	\$ 0.08	\$ 91.24	10	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 0.08	\$ 93.54	10
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 3.57	\$ 239.66	179	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.75	\$ 251.89	179
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ 0.90	\$ 31.41	343	6.5%	1.0%	5.4%	0.0%	0.0%	0.0%	\$ 1.23	\$ 33.01	447
Psych Rehab	\$ 0.56	\$ 2.69	2,498	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 0.56	\$ 2.71	2,498
Crisis Services	\$ 0.06	\$ 432.38	2	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 0.08	\$ 454.44	2
Other BH Services	\$ 0.06	\$ 56.08	13	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.06	\$ 58.94	13
Innovations - Day Support	\$ 595.03	\$ 22.02	324,305	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 665.05	\$ 23.72	336,466
Innovations - In-Home Services	\$ 1,997.26	\$ 5.17	4,632,200	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 2,232.29	\$ 5.57	4,805,888
Innovations - Other	\$ 49.35	\$ 8.93	66,343	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 55.15	\$ 9.62	68,831
Innovations - Personal Care	\$ 18.70	\$ 3.56	63,018	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 20.90	\$ 3.84	65,381
Innovations - Residential Supports	\$ 961.40	\$ 159.64	72,269	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 1,074.54	\$ 171.97	74,979
Innovations - Respite	\$ 121.25	\$ 3.61	402,709	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 135.52	\$ 3.89	417,809
Innovations - Supported Employment	\$ 78.37	\$ 7.40	127,114	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 87.59	\$ 7.97	131,881
B3 Services	\$ 0.10	\$ 167.97	7	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 0.11	\$ 176.54	8
Peer Support Services	\$ 0.52	\$ 12.00	520	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 0.60	\$ 12.61	574
Medical Home Payments	\$ 4.23	\$ 4.89	10,367	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.23	\$ 4.89	10,367
Total	\$ 4,747.69	N/A	6,840,765	2.2%	1.4%	0.8%	2.3%	-1.2%	0.0%	\$ 5,355.33	N/A	6,923,055

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 5,355.33
Non-Benefit Expense PMPM/Payment:	
General Administration (5.87%)	\$ 345.18
PHP Care Management (1.35%)	\$ 79.22
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.46
Underwriting Gain (1.75%)	\$ 102.97
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 5,884.17
Premium Taxes (1.90%)	\$ 113.96
Total Capitation Rate:	\$ 5,998.13

Exhibit 125

Region:	Region 5
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	6,917
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 110.24	\$ 1,603.92	825	3.0%	0.5%	2.5%	-7.0%	0.0%	0.0%	\$ 118.88	\$ 1,528.72	933
Outpatient Hospital - BH	\$ 23.29	\$ 41.68	6,705	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 30.52	\$ 43.92	8,338
Emergency Room - BH	\$ 1.12	\$ 120.42	112	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.12	\$ 120.42	112
ICF/IID	\$ 1,173.47	\$ 549.55	25,624	1.0%	1.0%	0.0%	4.3%	0.0%	0.0%	\$ 1,286.76	\$ 602.60	25,624
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 86.15	\$ 218.94	4,722	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 99.87	\$ 235.75	5,083
Community Support	\$ 3.92	\$ 15.28	3,081	0.0%	0.0%	0.0%	106.7%	0.0%	0.0%	\$ 8.11	\$ 31.58	3,081
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 80.11	\$ 2.81	342,343	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 80.83	\$ 2.83	342,343
Crisis Services	\$ 3.16	\$ 18.44	2,059	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 3.99	\$ 19.38	2,471
Other BH Services	\$ 0.24	\$ 2.41	1,179	1.0%	1.0%	0.0%	76.3%	0.0%	0.0%	\$ 0.44	\$ 4.47	1,179
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 2.69	\$ 12.88	2,505	3.0%	1.0%	2.0%	2.5%	0.0%	0.0%	\$ 3.20	\$ 13.88	2,766
Peer Support Services	\$ 19.66	\$ 12.06	19,559	3.0%	1.0%	2.0%	12.7%	0.0%	0.0%	\$ 25.71	\$ 14.29	21,594
Medical Home Payments	\$ 2.77	\$ 4.74	7,011	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.77	\$ 4.74	7,011
Total	\$ 1,506.83	N/A	415,726	1.3%	0.9%	0.4%	3.4%	0.0%	0.0%	\$ 1,662.19	N/A	420,537

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,662.19
Non-Benefit Expense PMPM/Payment:	
General Administration (8.36%)	\$ 156.85
PHP Care Management (1.31%)	\$ 24.59
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 32.84
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,876.47
Premium Taxes (1.90%)	\$ 36.34
Total Capitation Rate:	\$ 1,912.81

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 126

Region:	Region 5
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	39,842
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 12.32	\$ 731.40	202	3.0%	0.5%	2.5%	11.3%	0.0%	0.0%	\$ 15.90	\$ 834.62	229
Outpatient Hospital - BH	\$ 43.86	\$ 44.25	11,895	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 57.48	\$ 46.63	14,791
Emergency Room - BH	\$ 1.72	\$ 107.44	192	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.72	\$ 107.44	192
ICF/IID	\$ 795.79	\$ 407.17	23,453	1.0%	1.0%	0.0%	2.4%	0.0%	0.0%	\$ 856.16	\$ 438.06	23,453
PRTF	\$ 0.08	\$ 516.18	2	2.3%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 0.09	\$ 542.51	2
BH Long-term Residential	\$ 1.43	\$ 94.25	182	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 1.47	\$ 96.63	182
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.18	\$ 557.35	4	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.19	\$ 585.78	4
ACT	\$ 132.68	\$ 211.89	7,514	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 153.80	\$ 228.17	8,089
Community Support	\$ 22.45	\$ 15.89	16,955	0.0%	0.0%	0.0%	98.4%	0.0%	0.0%	\$ 44.54	\$ 31.52	16,955
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 98.90	\$ 2.80	424,077	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 99.79	\$ 2.82	424,077
Crisis Services	\$ 6.85	\$ 18.18	4,521	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 8.64	\$ 19.10	5,425
Other BH Services	\$ 0.20	\$ 3.69	661	1.0%	1.0%	0.0%	89.0%	0.0%	0.0%	\$ 0.40	\$ 7.33	661
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 21.39	\$ 13.08	19,618	3.0%	1.0%	2.0%	5.4%	0.0%	0.0%	\$ 26.16	\$ 14.49	21,659
Peer Support Services	\$ 31.76	\$ 12.02	31,716	3.0%	1.0%	2.0%	12.7%	0.0%	0.0%	\$ 41.54	\$ 14.24	35,017
Medical Home Payments	\$ 3.18	\$ 4.82	7,910	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.18	\$ 4.82	7,910
Total	\$ 1,172.80	N/A	548,901	1.4%	0.9%	0.5%	4.3%	0.0%	0.0%	\$ 1,311.05	N/A	558,646

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,311.05
Non-Benefit Expense PMPM/Payment:	
General Administration (9.28%)	\$ 138.95
PHP Care Management (1.30%)	\$ 19.39
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.06%)	\$ 0.92
Underwriting Gain (1.75%)	\$ 26.19
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,496.50
Premium Taxes (1.90%)	\$ 28.98
Total Capitation Rate:	\$ 1,525.48

Exhibit 127

Region:	Region 5
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	8,366
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 1.91	\$ 3,737.55	6	3.0%	0.5%	2.5%	6.5%	0.0%	0.0%	\$ 2.36	\$ 4,079.22	7
Outpatient Hospital - BH	\$ 5.39	\$ 29.09	2,222	5.5%	1.0%	4.5%	0.3%	0.0%	0.0%	\$ 7.06	\$ 30.66	2,763
Emergency Room - BH	\$ 0.21	\$ 79.43	32	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.21	\$ 79.43	32
ICF/IID	\$ 21.18	\$ 499.53	509	1.0%	1.0%	0.0%	0.1%	0.0%	0.0%	\$ 22.27	\$ 525.35	509
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 0.50	\$ 323.99	19	2.5%	1.0%	1.5%	2.5%	0.0%	0.0%	\$ 0.58	\$ 348.88	20
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 4.65	\$ 3.33	16,734	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	\$ 4.69	\$ 3.36	16,734
Crisis Services	\$ 0.31	\$ 15.93	230	4.8%	1.0%	3.7%	0.0%	0.0%	0.0%	\$ 0.38	\$ 16.74	276
Other BH Services	\$ 0.11	\$ 4.63	275	1.0%	1.0%	0.0%	170.4%	0.0%	0.0%	\$ 0.30	\$ 13.16	275
Innovations - Day Support	\$ 1,047.12	\$ 21.29	590,111	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 1,170.34	\$ 22.94	612,238
Innovations - In-Home Services	\$ 1,639.30	\$ 5.17	3,801,927	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 1,832.21	\$ 5.57	3,944,464
Innovations - Other	\$ 35.06	\$ 5.41	77,817	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 39.19	\$ 5.82	80,735
Innovations - Personal Care	\$ 13.69	\$ 3.54	46,399	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 15.30	\$ 3.81	48,139
Innovations - Residential Supports	\$ 2,050.80	\$ 156.04	157,710	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 2,292.14	\$ 168.10	163,623
Innovations - Respite	\$ 109.71	\$ 3.82	344,950	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 122.62	\$ 4.11	357,885
Innovations - Supported Employment	\$ 196.06	\$ 7.38	318,923	2.3%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 219.13	\$ 7.95	330,881
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ 0.06	\$ 12.00	57	3.0%	1.0%	2.0%	0.0%	0.0%	0.0%	\$ 0.07	\$ 12.61	63
Medical Home Payments	\$ 3.65	\$ 4.83	9,085	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.65	\$ 4.83	9,085
Total	\$ 5,129.70	N/A	5,367,006	2.2%	1.5%	0.7%	0.0%	0.0%	0.0%	\$ 5,732.51	N/A	5,567,748

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 5,732.51
Non-Benefit Expense PMPM/Payment:	
General Administration (5.79%)	\$ 364.42
PHP Care Management (1.35%)	\$ 84.80
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.13
Underwriting Gain (1.75%)	\$ 110.13
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,292.98
Premium Taxes (1.90%)	\$ 121.88
Total Capitation Rate:	\$ 6,414.86

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 128

Region:	Region 6
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	22,992
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 58.78	\$ 1,213.12	581	2.6%	2.6%				0.0%	84.7%	-7.5%
Outpatient Hospital - Facility	\$ 31.92	\$ 336.64	1,138	5.7%	2.6%	3.0%	42.8%	-3.8%	0.0%	\$ 57.80	\$ 546.39	1,269
Outpatient Hospital - Professional	\$ 6.47	\$ 141.54	549	0.5%	0.5%	0.0%	3.6%	-3.8%	0.0%	\$ 6.62	\$ 150.29	528
Emergency Room - PH	\$ 20.78	\$ 322.56	773	0.0%	0.0%	0.0%	20.1%	-18.8%	0.0%	\$ 20.29	\$ 387.45	628
Physician - Primary Care	\$ 21.36	\$ 71.66	3,577	5.5%	0.5%	5.0%	15.2%	7.5%	0.0%	\$ 34.62	\$ 84.66	4,907
Physician - Specialty	\$ 19.96	\$ 137.34	1,744	5.5%	0.5%	5.0%	6.2%	-18.8%	0.0%	\$ 22.54	\$ 149.56	1,809
FOHC/RHC	\$ 3.78	\$ 100.89	450	7.0%	1.9%	5.0%	1.9%	0.0%	0.0%	\$ 5.41	\$ 112.99	574
Other Clinic	\$ 3.63	\$ 81.33	536	5.5%	0.5%	5.0%	16.7%	-16.1%	0.0%	\$ 4.65	\$ 97.32	573
Other Practitioner	\$ 0.16	\$ 76.29	25	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.17	\$ 78.22	26
Family Planning Services	\$ 1.07	\$ 260.72	49	5.5%	0.5%	5.0%	5.7%	0.0%	0.0%	\$ 1.47	\$ 282.51	63
Therapies	\$ 52.39	\$ 114.37	5,497	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 68.55	\$ 117.25	7,016
Prescribed Drugs	\$ 261.91	\$ 154.25	20,376	5.2%	4.2%	0.9%	0.1%	-2.4%	0.0%	\$ 328.99	\$ 189.41	20,844
Durable Medical Equipment	\$ 47.20	\$ 1.84	307,123	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 42.17	\$ 1.89	267,647
Lab and X-ray	\$ 9.80	\$ 46.28	2,540	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 10.30	\$ 47.45	2,604
Optical	\$ 2.15	\$ 32.34	797	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 2.26	\$ 33.16	817
Limited Dental Services	\$ 0.07	\$ 24.69	32	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.08	\$ 27.85	33
Transportation - Ambulance	\$ 2.90	\$ 118.88	293	0.2%	0.2%	0.0%	7.7%	0.0%	0.0%	\$ 3.16	\$ 129.70	293
Transportation - NEMT	\$ 3.00	\$ 87.48	411	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 3.31	\$ 89.69	443
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 56.18	\$ 8.24	81,771	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 54.06	\$ 8.45	76,756
Personal Care	\$ 13.22	\$ 3.73	42,536	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 12.72	\$ 3.82	39,928
Hospice	\$ 0.84	\$ 127.69	79	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 0.81	\$ 130.91	74
Inpatient - BH	\$ 57.01	\$ 853.49	801	5.0%	1.0%	4.0%	1.0%	0.0%	0.0%	\$ 73.65	\$ 906.39	975
Outpatient Hospital - BH	\$ 60.55	\$ 80.11	9,069	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 82.12	\$ 86.45	11,399
Emergency Room - BH	\$ 5.26	\$ 308.99	204	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 5.26	\$ 308.99	204
ICF/IID	\$ 254.16	\$ 353.53	8,627	1.3%	1.0%	0.3%	-1.6%	0.0%	0.0%	\$ 266.70	\$ 365.46	8,757
PRTF	\$ 135.68	\$ 484.52	3,360	2.8%	1.0%	1.7%	7.0%	0.0%	0.0%	\$ 166.33	\$ 545.08	3,662
BH Long-term Residential	\$ 76.37	\$ 142.65	6,424	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 76.37	\$ 142.65	6,424
MST	\$ 3.81	\$ 36.90	1,238	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 4.36	\$ 38.78	1,349
IHS	\$ 83.31	\$ 257.08	3,889	2.2%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 92.94	\$ 270.19	4,128
ACT	\$ 1.59	\$ 163.23	117	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 1.87	\$ 178.26	126
Community Support	\$ 2.08	\$ 14.50	1,723	0.0%	0.0%	0.0%	117.8%	0.0%	0.0%	\$ 4.54	\$ 31.58	1,723
Partial Hosp/Day Tx	\$ 41.33	\$ 31.38	15,808	8.5%	1.0%	7.4%	0.0%	0.0%	0.0%	\$ 62.08	\$ 32.98	22,588
Psych Rehab	\$ 1.07	\$ 2.69	4,783	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 1.24	\$ 2.86	5,212
Crisis Services	\$ 0.47	\$ 29.20	193	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 0.64	\$ 30.69	249
Other BH Services	\$ 1.27	\$ 18.25	837	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.34	\$ 19.18	837
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 3.74	\$ 4.89	9,161	65.2%	1.0%	63.6%	15.5%	0.0%	0.0%	\$ 53.14	\$ 5.94	107,370
Peer Support Services	\$ 0.69	\$ 7.97	1,032	65.2%	1.0%	63.6%	61.8%	0.0%	0.0%	\$ 13.66	\$ 13.56	12,090
Medical Home Payments	\$ 4.62	\$ 4.87	11,396	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.62	\$ 4.87	11,396
Total	\$ 1,350.57	N/A	549,540	3.9%	1.6%	2.2%	6.6%	-2.2%	0.0%	\$ 1,705.03	N/A	625,861

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,705.03
Non-Benefit Expense PMPM/Payment:	
General Administration (9.68%)	\$ 189.39
PHP Care Management (1.44%)	\$ 28.12
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 0.60
Underwriting Gain (1.75%)	\$ 34.25
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,957.39
Premium Taxes (1.90%)	\$ 37.91
Total Capitation Rate:	\$ 1,995.30

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 129

Region:	Region 6
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	34,009
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)				(G)	(H)	(I)
Inpatient - PH	\$ 120.72	\$ 891.28	1,625	2.6%	2.6%	0.0%	154.1%	-7.5%	0.0%	\$ 322.59	\$ 2,574.80	1,503
Outpatient Hospital - Facility	\$ 43.92	\$ 329.73	1,598	5.7%	2.6%	3.0%	42.8%	-3.8%	0.0%	\$ 79.54	\$ 535.17	1,783
Outpatient Hospital - Professional	\$ 10.57	\$ 115.70	1,097	0.5%	0.5%	0.0%	2.7%	-3.8%	0.0%	\$ 10.72	\$ 121.87	1,056
Emergency Room - PH	\$ 83.72	\$ 469.06	2,142	0.0%	0.0%	0.0%	14.9%	-18.8%	0.0%	\$ 78.18	\$ 539.10	1,740
Physician - Primary Care	\$ 41.43	\$ 97.76	5,085	5.5%	0.5%	5.0%	10.8%	7.5%	0.0%	\$ 64.54	\$ 1,111.01	6,977
Physician - Specialty	\$ 47.75	\$ 132.86	4,312	5.5%	0.5%	5.0%	1.6%	-18.8%	0.0%	\$ 51.56	\$ 138.37	4,472
FOHC/RHC	\$ 12.05	\$ 111.11	1,301	7.0%	1.9%	5.0%	0.1%	0.0%	0.0%	\$ 16.90	\$ 122.14	1,661
Other Clinic	\$ 13.09	\$ 427.19	368	5.5%	0.5%	5.0%	1.8%	-16.1%	0.0%	\$ 14.63	\$ 446.04	394
Other Practitioner	\$ 1.01	\$ 70.21	172	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.11	\$ 71.98	185
Family Planning Services	\$ 1.49	\$ 238.20	75	5.5%	0.5%	5.0%	5.3%	0.0%	0.0%	\$ 2.05	\$ 257.16	96
Therapies	\$ 0.03	\$ 51.93	6	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.15	\$ 241.87	7
Prescribed Drugs	\$ 486.52	\$ 136.56	42,753	4.6%	3.6%	1.0%	0.0%	-1.2%	0.0%	\$ 602.96	\$ 163.13	44,354
Durable Medical Equipment	\$ 40.08	\$ 2.28	211,299	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 35.81	\$ 2.33	184,140
Lab and X-ray	\$ 37.17	\$ 45.62	9,778	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 39.07	\$ 46.77	10,025
Optical	\$ 1.38	\$ 68.30	243	1.0%	0.5%	0.5%	304.7%	0.0%	0.0%	\$ 5.89	\$ 283.38	249
Limited Dental Services	\$ 0.02	\$ 0.99	216	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.02	\$ 1.11	222
Transportation - Ambulance	\$ 9.00	\$ 80.36	1,343	0.2%	0.2%	0.0%	3.6%	0.0%	0.0%	\$ 9.43	\$ 84.28	1,343
Transportation - NEMT	\$ 21.43	\$ 31.09	8,272	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 23.67	\$ 31.88	8,911
Nursing Home	\$ 8.43	\$ 169.48	597	0.0%	0.5%	-0.5%	12.9%	-3.8%	0.0%	\$ 9.16	\$ 196.14	560
Home Health	\$ 31.80	\$ 9.85	38,745	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 30.61	\$ 10.10	36,369
Personal Care	\$ 132.40	\$ 3.72	426,748	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 127.42	\$ 3.82	400,578
Hospice	\$ 4.82	\$ 164.75	351	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 4.64	\$ 168.91	329
Inpatient - BH	\$ 91.35	\$ 851.89	1,287	5.0%	1.0%	4.0%	0.4%	0.0%	0.0%	\$ 117.33	\$ 899.27	1,566
Outpatient Hospital - BH	\$ 188.55	\$ 53.42	42,352	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 255.73	\$ 57.65	53,234
Emergency Room - BH	\$ 14.18	\$ 337.23	505	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 14.18	\$ 337.23	505
ICF/IID	\$ 382.64	\$ 350.46	13,102	1.3%	1.0%	0.3%	5.6%	0.0%	0.0%	\$ 431.02	\$ 388.90	13,300
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 77.67	\$ 173.00	5,388	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 91.31	\$ 188.92	5,800
Community Support	\$ 18.91	\$ 13.73	16,530	0.0%	0.0%	0.0%	113.1%	0.0%	0.0%	\$ 40.31	\$ 29.26	16,530
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 52.03	\$ 2.69	232,156	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 60.27	\$ 2.86	252,977
Crisis Services	\$ 1.88	\$ 19.60	1,153	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 2.55	\$ 20.60	1,486
Other BH Services	\$ 0.02	\$ 70.17	3	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.02	\$ 73.75	3
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 7.70	\$ 20.33	4,545	65.2%	1.0%	63.6%	5.2%	0.0%	0.0%	\$ 99.80	\$ 22.48	53,271
Peer Support Services	\$ 3.63	\$ 9.14	4,767	65.2%	1.0%	63.6%	63.0%	0.0%	0.0%	\$ 72.87	\$ 15.65	55,872
Medical Home Payments	\$ 4.21	\$ 4.73	10,693	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.21	\$ 4.73	10,693
Total	\$ 1,991.60	N/A	1,090,609	4.3%	1.7%	2.5%	14.1%	-2.8%	0.0%	\$ 2,720.24	N/A	1,172,191

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 2,720.24

Non-Benefit Expense PMPM/Payment:	
General Administration (8.10%)	\$ 248.62
PHP Care Management (1.46%)	\$ 44.87
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.12
Underwriting Gain (1.75%)	\$ 53.70

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 3,068.55

Premium Taxes (1.90%) \$ 59.43

Total Capitation Rate: \$ 3,127.98

Exhibit 130

Region:	Region 6
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	39,620
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 24.29	\$ 1,482.83	197	2.6%	2.6%	0.0%	110.6%	-11.3%	0.0%	\$ 51.60	\$ 3,549.81	174
Outpatient Hospital - Facility	\$ 15.12	\$ 313.77	578	5.7%	2.6%	3.0%	40.2%	-7.5%	0.0%	\$ 25.84	\$ 500.32	620
Outpatient Hospital - Professional	\$ 3.04	\$ 135.54	270	0.5%	0.5%	0.0%	2.4%	-7.5%	0.0%	\$ 2.96	\$ 142.29	249
Emergency Room - PH	\$ 25.91	\$ 342.25	909	0.0%	0.0%	0.0%	18.6%	-18.8%	0.0%	\$ 24.96	\$ 405.79	738
Physician - Primary Care	\$ 15.85	\$ 70.09	2,714	5.5%	0.5%	5.0%	14.3%	3.8%	0.0%	\$ 24.61	\$ 82.17	3,594
Physician - Specialty	\$ 11.64	\$ 107.72	1,297	5.5%	0.5%	5.0%	3.8%	-18.8%	0.0%	\$ 12.84	\$ 114.61	1,345
FOHC/RHC	\$ 3.51	\$ 96.95	434	7.0%	1.9%	5.0%	1.9%	0.0%	0.0%	\$ 5.01	\$ 108.50	554
Other Clinic	\$ 3.17	\$ 79.17	481	5.5%	0.5%	5.0%	16.3%	-16.5%	0.0%	\$ 4.03	\$ 94.42	512
Other Practitioner	\$ 0.12	\$ 88.41	16	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.13	\$ 90.64	17
Family Planning Services	\$ 2.53	\$ 271.10	112	5.5%	0.5%	5.0%	7.8%	0.0%	0.0%	\$ 3.56	\$ 299.68	143
Therapies	\$ 17.45	\$ 119.91	1,746	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 22.83	\$ 122.94	2,228
Prescribed Drugs	\$ 126.13	\$ 125.38	12,072	4.7%	3.9%	0.8%	0.1%	-1.8%	0.0%	\$ 156.22	\$ 152.17	12,319
Durable Medical Equipment	\$ 6.22	\$ 1.55	48,247	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 6.04	\$ 1.58	45,755
Lab and X-ray	\$ 10.00	\$ 50.40	2,381	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 10.51	\$ 51.67	2,441
Optical	\$ 1.98	\$ 31.15	763	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 2.08	\$ 31.93	782
Limited Dental Services	\$ 0.05	\$ 24.79	24	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.06	\$ 27.95	25
Transportation - Ambulance	\$ 1.79	\$ 97.00	221	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.81	\$ 98.22	221
Transportation - NEMT	\$ 0.79	\$ 56.48	168	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.87	\$ 57.91	181
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.84	\$ 12.71	796	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.84	\$ 13.03	776
Personal Care	\$ 1.00	\$ 3.77	3,167	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.00	\$ 3.87	3,089
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 36.02	\$ 723.57	597	5.0%	1.0%	4.0%	5.1%	0.0%	0.0%	\$ 48.42	\$ 799.61	727
Outpatient Hospital - BH	\$ 55.34	\$ 85.17	7,798	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 75.06	\$ 91.90	9,802
Emergency Room - BH	\$ 3.69	\$ 333.83	133	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.69	\$ 333.83	133
ICF/IID	\$ 3.04	\$ 241.99	151	1.3%	1.0%	0.3%	0.0%	0.0%	0.0%	\$ 3.24	\$ 254.34	153
PRTF	\$ 74.08	\$ 475.49	1,870	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 84.84	\$ 499.75	2,037
BH Long-term Residential	\$ 48.65	\$ 131.69	4,433	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 48.65	\$ 131.69	4,433
MST	\$ 7.10	\$ 44.12	1,930	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 8.13	\$ 46.37	2,103
IHS	\$ 156.48	\$ 255.82	7,340	2.2%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 174.57	\$ 268.87	7,791
ACT	\$ 1.07	\$ 218.59	58	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 1.25	\$ 238.71	63
Community Support	\$ 2.67	\$ 13.96	2,300	0.0%	0.0%	0.0%	115.1%	0.0%	0.0%	\$ 5.75	\$ 30.02	2,300
Partial Hosp/Day Tx	\$ 41.36	\$ 31.34	15,833	8.5%	1.0%	7.4%	0.0%	0.0%	0.0%	\$ 62.11	\$ 32.94	22,624
Psych Rehab	\$ 0.70	\$ 2.69	3,145	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 0.82	\$ 2.86	3,427
Crisis Services	\$ 0.66	\$ 27.57	288	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 0.90	\$ 28.97	372
Other BH Services	\$ 15.78	\$ 94.66	2,001	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 16.59	\$ 99.49	2,001
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 0.78	\$ 5.10	1,847	65.2%	1.0%	63.6%	37.7%	0.0%	0.0%	\$ 13.31	\$ 7.38	21,651
Peer Support Services	\$ 0.03	\$ 8.20	48	65.2%	1.0%	63.6%	61.8%	0.0%	0.0%	\$ 0.66	\$ 13.95	567
Medical Home Payments	\$ 2.36	\$ 2.48	11,396	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.71	\$ 4.96	11,396
Total	\$ 721.24	N/A	137,760	3.9%	1.5%	2.3%	6.9%	-2.2%	0.0%	\$ 910.52	N/A	167,343

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 910.52
Non-Benefit Expense PMPM/Payment:	
General Administration (13.14%)	\$ 143.04
PHP Care Management (1.38%)	\$ 15.02
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.12%)	\$ 1.34
Underwriting Gain (1.75%)	\$ 19.06
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,088.97
Premium Taxes (1.90%)	\$ 21.09
Total Capitation Rate:	\$ 1,110.07

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 131

Region:	Region 6
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	24,865
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 44.89	\$ 941.01	573	2.6%	2.6%	0.0%	162.5%	-15.0%	0.0%	\$ 113.89	\$ 2,808.48	497
Outpatient Hospital - Facility	\$ 25.04	\$ 347.78	864	5.7%	2.6%	3.0%	42.4%	-7.5%	0.0%	\$ 43.48	\$ 563.14	927
Outpatient Hospital - Professional	\$ 6.27	\$ 134.56	559	0.5%	0.5%	0.0%	2.1%	-7.5%	0.0%	\$ 6.07	\$ 140.84	517
Emergency Room - PH	\$ 74.94	\$ 438.70	2,050	0.0%	0.0%	0.0%	15.5%	-18.8%	0.0%	\$ 70.32	\$ 506.71	1,665
Physician - Primary Care	\$ 27.57	\$ 102.20	3,238	5.5%	0.5%	5.0%	9.6%	3.8%	0.0%	\$ 41.03	\$ 114.86	4,287
Physician - Specialty	\$ 28.38	\$ 107.32	3,173	5.5%	0.5%	5.0%	0.9%	-18.8%	0.0%	\$ 30.45	\$ 111.05	3,290
FOHC/RHC	\$ 8.26	\$ 103.77	956	7.0%	1.9%	5.0%	0.1%	0.0%	0.0%	\$ 11.60	\$ 114.15	1,220
Other Clinic	\$ 2.54	\$ 84.33	361	5.5%	0.5%	5.0%	8.8%	-16.5%	0.0%	\$ 3.02	\$ 94.10	385
Other Practitioner	\$ 0.38	\$ 70.61	65	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.42	\$ 72.39	70
Family Planning Services	\$ 5.20	\$ 233.91	267	5.5%	0.5%	5.0%	4.9%	0.0%	0.0%	\$ 7.13	\$ 251.56	340
Therapies	\$ 0.01	\$ 40.00	2	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.04	\$ 186.29	2
Prescribed Drugs	\$ 139.25	\$ 96.09	17,390	5.0%	3.4%	1.6%	0.1%	-1.0%	0.0%	\$ 176.32	\$ 113.71	18,608
Durable Medical Equipment	\$ 5.95	\$ 2.66	26,826	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 5.78	\$ 2.73	25,441
Lab and X-ray	\$ 70.59	\$ 68.38	12,389	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 74.20	\$ 70.10	12,701
Optical	\$ 0.41	\$ 73.00	67	1.0%	0.5%	0.5%	302.6%	0.0%	0.0%	\$ 1.73	\$ 301.28	69
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 4.00	\$ 87.83	546	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 4.05	\$ 88.93	546
Transportation - NEMT	\$ 2.76	\$ 37.63	881	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 3.05	\$ 38.58	949
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.73	\$ 3.89	2,261	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 0.73	\$ 3.98	2,205
Personal Care	\$ 3.27	\$ 3.79	10,358	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 3.27	\$ 3.89	10,102
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 23.70	\$ 852.58	334	5.0%	1.0%	4.0%	0.4%	0.0%	0.0%	\$ 30.43	\$ 899.79	406
Outpatient Hospital - BH	\$ 245.33	\$ 44.51	66,142	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 332.74	\$ 48.03	83,136
Emergency Room - BH	\$ 5.38	\$ 350.61	184	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 5.38	\$ 350.61	184
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 4.79	\$ 182.90	314	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 5.63	\$ 199.73	338
Community Support	\$ 17.05	\$ 14.50	14,116	0.0%	0.0%	0.0%	117.9%	0.0%	0.0%	\$ 37.15	\$ 31.58	14,116
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 8.83	\$ 2.69	39,399	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 10.23	\$ 2.86	42,933
Crisis Services	\$ 2.23	\$ 17.66	1,516	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 3.02	\$ 18.56	1,953
Other BH Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 5.12	\$ 16.85	3,648	65.2%	1.0%	63.6%	0.7%	0.0%	0.0%	\$ 63.58	\$ 17.85	42,757
Peer Support Services	\$ 3.28	\$ 9.65	4,078	65.2%	1.0%	63.6%	63.0%	0.0%	0.0%	\$ 65.85	\$ 16.54	47,790
Medical Home Payments	\$ 1.95	\$ 2.40	9,744	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.90	\$ 4.80	9,744
Total	\$ 768.11	N/A	222,300	6.2%	1.5%	4.6%	15.7%	-4.1%	0.0%	\$ 1,154.51	N/A	327,169

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 1,154.51
Non-Benefit Expense PMPM/Payment:	
General Administration (11.58%)	\$ 157.27
PHP Care Management (1.40%)	\$ 19.04
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.30%)	\$ 4.02
Underwriting Gain (1.75%)	\$ 23.78
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,358.62
Premium Taxes (1.90%)	\$ 26.31
Total Capitation Rate:	\$ 1,384.94

Exhibit 132

Region:	Region 6
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	4,102
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 5.59	\$ 1,109.91	60	2.6%	2.6%	0.0%	125.7%	-11.3%	0.0%	\$ 12.73	\$ 2,848.62	54
Outpatient Hospital - Facility	\$ 10.32	\$ 199.02	622	5.7%	2.6%	3.0%	42.9%	-7.5%	0.0%	\$ 17.98	\$ 323.24	667
Outpatient Hospital - Professional	\$ 1.89	\$ 108.04	210	0.5%	0.5%	0.0%	1.8%	-7.5%	0.0%	\$ 1.82	\$ 112.80	194
Emergency Room - PH	\$ 18.89	\$ 294.69	769	0.0%	0.0%	0.0%	21.4%	-18.8%	0.0%	\$ 18.63	\$ 357.61	625
Physician - Primary Care	\$ 19.45	\$ 68.86	3,389	5.5%	0.5%	5.0%	17.3%	3.8%	0.0%	\$ 30.98	\$ 82.83	4,487
Physician - Specialty	\$ 6.40	\$ 92.07	834	5.5%	0.5%	5.0%	3.7%	-18.8%	0.0%	\$ 7.06	\$ 97.87	865
FOHC/RHC	\$ 4.87	\$ 97.28	600	7.0%	1.9%	5.0%	3.7%	0.0%	0.0%	\$ 7.08	\$ 110.84	766
Other Clinic	\$ 5.63	\$ 76.92	878	5.5%	0.5%	5.0%	19.7%	-16.5%	0.0%	\$ 7.36	\$ 94.40	936
Other Practitioner	\$ 0.13	\$ 131.05	12	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.14	\$ 134.35	13
Family Planning Services	\$ 4.55	\$ 252.59	216	5.5%	0.5%	5.0%	13.0%	0.0%	0.0%	\$ 6.73	\$ 292.64	276
Therapies	\$ 17.99	\$ 130.67	1,652	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 23.55	\$ 134.01	2,108
Prescribed Drugs	\$ 240.64	\$ 105.84	27,285	2.7%	1.7%	0.9%	0.1%	-1.7%	0.0%	\$ 270.12	\$ 115.28	28,118
Durable Medical Equipment	\$ 17.81	\$ 1.81	118,381	1.0%	0.5%	0.5%	0.0%	-7.5%	0.0%	\$ 17.32	\$ 1.85	112,267
Lab and X-ray	\$ 19.61	\$ 34.34	6,855	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 20.62	\$ 35.20	7,028
Optical	\$ 3.19	\$ 33.20	1,152	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 3.35	\$ 34.03	1,181
Limited Dental Services	\$ 0.04	\$ 24.71	18	1.0%	0.5%	0.5%	10.0%	0.0%	0.0%	\$ 0.04	\$ 27.87	18
Transportation - Ambulance	\$ 1.55	\$ 81.30	228	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.56	\$ 82.32	228
Transportation - NEMT	\$ 1.73	\$ 39.56	524	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 1.91	\$ 40.56	564
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ 6.82	\$ 4.00	20,469	0.0%	0.5%	-0.5%	0.0%	0.0%	0.0%	\$ 6.82	\$ 4.10	19,963
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 106.25	\$ 612.93	2,080	5.0%	1.0%	4.0%	-2.7%	0.0%	0.0%	\$ 132.19	\$ 626.79	2,531
Outpatient Hospital - BH	\$ 168.86	\$ 136.94	14,797	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 229.02	\$ 147.76	18,599
Emergency Room - BH	\$ 9.18	\$ 270.56	407	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 9.18	\$ 270.56	407
ICF/IID	\$ 27.16	\$ 259.00	1,258	1.3%	1.0%	0.3%	0.0%	0.0%	0.0%	\$ 28.97	\$ 272.21	1,277
PRTF	\$ 673.52	\$ 474.87	17,020	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 771.36	\$ 499.09	18,546
BH Long-term Residential	\$ 1,028.56	\$ 120.12	102,752	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1,028.56	\$ 120.12	102,752
MST	\$ 1.71	\$ 78.17	262	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 1.96	\$ 82.16	286
IHS	\$ 221.58	\$ 268.97	9,886	2.2%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 247.20	\$ 282.69	10,493
ACT	\$ 3.31	\$ 167.51	237	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 3.89	\$ 182.93	255
Community Support	\$ 3.01	\$ 5.62	6,422	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%	\$ 3.04	\$ 5.68	6,422
Partial Hosp/Day Tx	\$ 63.91	\$ 31.38	24,437	8.5%	1.0%	7.4%	0.0%	0.0%	0.0%	\$ 95.99	\$ 32.99	34,920
Psych Rehab	\$ 0.01	\$ 2.69	24	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 0.01	\$ 2.86	26
Crisis Services	\$ 1.30	\$ 32.67	478	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 1.76	\$ 34.34	616
Other BH Services	\$ 0.03	\$ 124.45	3	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 130.80	3
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 15.74	\$ 18.86	10,017	65.2%	1.0%	63.6%	103.3%	0.0%	0.0%	\$ 394.27	\$ 40.30	117,399
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 2.34	\$ 2.58	10,883	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.68	\$ 5.16	10,883
Total	\$ 2,713.55	N/A	385,119	3.3%	0.7%	2.6%	7.0%	-0.5%	0.0%	\$ 3,407.91	N/A	505,776

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 3,407.91
Non-Benefit Expense PMPM/Payment:	
General Administration (7.56%)	\$ 288.74
PHP Care Management (1.47%)	\$ 56.21
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.16
Underwriting Gain (1.75%)	\$ 66.87
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,820.88
Premium Taxes (1.90%)	\$ 74.00
Total Capitation Rate:	\$ 3,894.89

Exhibit 133

Region:	Region 6
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	7,070
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 73.96	\$ 989.13	897	2.6%	2.6%	0.0%	138.7%	-7.5%	0.0%	\$ 185.66	\$ 2,684.25	830
Outpatient Hospital - Facility	\$ 53.21	\$ 385.16	1,658	5.7%	2.6%	3.0%	41.9%	-3.8%	0.0%	\$ 95.77	\$ 621.28	1,850
Outpatient Hospital - Professional	\$ 7.78	\$ 109.48	853	0.5%	0.5%	0.0%	3.4%	-3.8%	0.0%	\$ 7.93	\$ 116.02	821
Emergency Room - PH	\$ 18.65	\$ 385.44	580	0.0%	0.0%	0.0%	17.1%	-18.8%	0.0%	\$ 17.74	\$ 451.47	472
Physician - Primary Care	\$ 22.93	\$ 75.65	3,638	5.5%	0.5%	5.0%	17.0%	7.5%	0.0%	\$ 37.76	\$ 90.77	4,991
Physician - Specialty	\$ 25.17	\$ 110.52	2,733	5.5%	0.5%	5.0%	4.3%	-18.8%	0.0%	\$ 27.90	\$ 118.14	2,834
FOHC/RHC	\$ 5.54	\$ 91.94	724	7.0%	1.9%	5.0%	0.7%	0.0%	0.0%	\$ 7.83	\$ 101.73	923
Other Clinic	\$ 6.08	\$ 268.03	272	5.5%	0.5%	5.0%	5.3%	-16.1%	0.0%	\$ 7.03	\$ 289.43	291
Other Practitioner	\$ 0.64	\$ 56.35	135	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.70	\$ 57.77	145
Family Planning Services	\$ 3.50	\$ 454.87	92	5.5%	0.5%	5.0%	7.9%	0.0%	0.0%	\$ 4.93	\$ 503.20	118
Therapies	\$ 9.34	\$ 93.09	1,204	5.5%	0.5%	5.0%	0.6%	0.0%	0.0%	\$ 12.30	\$ 96.04	1,537
Prescribed Drugs	\$ 513.51	\$ 134.87	45,690	1.9%	0.9%	1.0%	0.0%	-5.3%	0.0%	\$ 535.60	\$ 141.09	45,555
Durable Medical Equipment	\$ 145.84	\$ 1.39	1,259,408	1.0%	0.5%	0.5%	0.0%	-15.0%	0.0%	\$ 130.31	\$ 1.42	1,097,528
Lab and X-ray	\$ 4.82	\$ 17.38	3,331	1.0%	0.5%	0.5%	0.0%	0.0%	0.0%	\$ 5.07	\$ 17.82	3,415
Optical	\$ 1.35	\$ 44.90	361	1.0%	0.5%	0.5%	168.7%	0.0%	0.0%	\$ 3.82	\$ 123.68	370
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 1.85	\$ 90.89	245	0.2%	0.2%	0.0%	27.9%	0.0%	0.0%	\$ 2.40	\$ 117.67	245
Transportation - NEMT	\$ 4.13	\$ 81.63	607	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 4.56	\$ 83.69	653
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 65.82	\$ 7.36	107,351	0.0%	0.5%	-0.5%	0.0%	-3.7%	0.0%	\$ 63.34	\$ 7.54	100,768
Personal Care	\$ 1.66	\$ 2.14	9,328	0.0%	0.5%	-0.5%	0.0%	-3.8%	0.0%	\$ 1.60	\$ 2.19	8,756
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 11.00	\$ 1,273.04	104	5.0%	1.0%	4.0%	6.3%	0.0%	0.0%	\$ 14.95	\$ 1,422.46	126
Outpatient Hospital - BH	\$ 30.18	\$ 120.41	3,008	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 40.93	\$ 129.92	3,781
Emergency Room - BH	\$ 2.17	\$ 288.01	90	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.17	\$ 288.01	90
ICF/IID	\$ 24.12	\$ 294.62	983	1.3%	1.0%	0.3%	0.4%	0.0%	0.0%	\$ 25.83	\$ 310.79	997
PRTF	\$ 11.47	\$ 438.34	314	2.8%	1.0%	1.7%	0.0%	0.0%	0.0%	\$ 13.14	\$ 460.70	342
BH Long-term Residential	\$ 1.25	\$ 88.58	169	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.25	\$ 88.58	169
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 3.88	\$ 239.66	194	2.2%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 4.32	\$ 251.89	206
ACT	\$ 0.13	\$ 312.59	5	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 0.16	\$ 341.36	5
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.17	\$ 2.69	744	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 0.19	\$ 2.86	811
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.08	\$ 76.92	12	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.08	\$ 80.84	12
Innovations - Day Support	\$ 781.65	\$ 24.76	378,813	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 842.06	\$ 26.02	388,282
Innovations - In-Home Services	\$ 2,739.25	\$ 4.95	6,639,662	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 2,950.95	\$ 5.20	6,805,645
Innovations - Other	\$ 32.68	\$ 554.40	707	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 35.21	\$ 582.68	725
Innovations - Personal Care	\$ 36.31	\$ 4.28	101,882	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 39.11	\$ 4.49	104,429
Innovations - Residential Supports	\$ 843.82	\$ 153.95	65,772	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 909.03	\$ 161.81	67,417
Innovations - Respite	\$ 166.92	\$ 3.71	540,523	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 179.82	\$ 3.89	554,036
Innovations - Supported Employment	\$ 24.11	\$ 7.70	37,569	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 25.98	\$ 8.10	38,508
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 4.39	\$ 4.74	11,113	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.39	\$ 4.74	11,113
Total	\$ 5,679.36	N/A	9,220,771	1.7%	1.0%	0.6%	2.6%	-1.3%	0.0%	\$ 6,241.83	N/A	9,248,797

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 6,241.83
Non-Benefit Expense PMPM/Payment:	
General Administration (6.56%)	\$ 454.07
PHP Care Management (1.49%)	\$ 102.95
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.50
Underwriting Gain (1.75%)	\$ 121.13
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,921.48
Premium Taxes (1.90%)	\$ 134.06
Total Capitation Rate:	\$ 7,055.53

Exhibit 134

Region:	Region 6
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	7,723
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 20.34	\$ 299.99	814	5.0%	1.0%	4.0%	22.7%	0.0%	0.0%	\$ 31.91	\$ 386.76	990
Outpatient Hospital - BH	\$ 68.64	\$ 48.78	16,887	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 93.10	\$ 52.63	21,225
Emergency Room - BH	\$ 0.80	\$ 45.96	208	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.80	\$ 45.96	208
ICF/IID	\$ 1,326.07	\$ 488.80	32,555	1.3%	1.0%	0.3%	16.1%	0.0%	0.0%	\$ 1,642.41	\$ 596.41	33,046
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 23.93	\$ 189.04	1,519	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 28.13	\$ 206.44	1,635
Community Support	\$ 3.11	\$ 14.50	2,573	0.0%	0.0%	0.0%	117.8%	0.0%	0.0%	\$ 6.77	\$ 31.58	2,573
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 8.15	\$ 2.69	36,380	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 9.45	\$ 2.86	39,643
Crisis Services	\$ 1.26	\$ 16.99	890	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 1.71	\$ 17.85	1,147
Other BH Services	\$ 0.37	\$ 2.42	1,842	1.0%	1.0%	0.0%	48.6%	0.0%	0.0%	\$ 0.58	\$ 3.79	1,842
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 0.85	\$ 43.49	234	65.2%	1.0%	63.6%	0.7%	0.0%	0.0%	\$ 10.52	\$ 46.05	2,741
Peer Support Services	\$ 0.48	\$ 11.13	522	65.2%	1.0%	63.6%	63.0%	0.0%	0.0%	\$ 9.73	\$ 19.06	6,122
Medical Home Payments	\$ 3.35	\$ 4.48	8,968	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.35	\$ 4.48	8,968
Total	\$ 1,457.36	N/A	103,391	1.8%	1.0%	0.8%	15.2%	0.0%	0.0%	\$ 1,838.45	N/A	120,140

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,838.45
Non-Benefit Expense PMPM/Payment:	
General Administration (9.38%)	\$ 197.17
PHP Care Management (1.44%)	\$ 30.32
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 36.80
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,102.74
Premium Taxes (1.90%)	\$ 40.73
Total Capitation Rate:	\$ 2,143.47

Exhibit 135

Region:	Region 6
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	30,241
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 12.38	\$ 158.01	940	5.0%	1.0%	4.0%	0.6%	0.0%	0.0%	\$ 15.93	\$ 167.08	1,144
Outpatient Hospital - BH	\$ 120.42	\$ 49.22	29,359	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 163.33	\$ 53.11	36,902
Emergency Room - BH	\$ 2.49	\$ 83.92	357	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 2.49	\$ 83.92	357
ICF/IID	\$ 956.44	\$ 428.70	26,772	1.3%	1.0%	0.3%	12.0%	0.0%	0.0%	\$ 1,142.35	\$ 504.42	27,176
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.41	\$ 373.06	13	2.2%	1.0%	1.2%	0.0%	0.0%	0.0%	\$ 0.46	\$ 392.09	14
ACT	\$ 69.60	\$ 171.24	4,878	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 81.82	\$ 187.00	5,251
Community Support	\$ 13.00	\$ 14.11	11,060	0.0%	0.0%	0.0%	115.8%	0.0%	0.0%	\$ 28.05	\$ 30.44	11,060
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 49.34	\$ 2.68	220,929	2.8%	1.0%	1.7%	1.1%	0.0%	0.0%	\$ 57.15	\$ 2.85	240,744
Crisis Services	\$ 1.30	\$ 19.33	808	6.3%	1.0%	5.2%	0.0%	0.0%	0.0%	\$ 1.76	\$ 20.32	1,041
Other BH Services	\$ 0.09	\$ 3.46	329	1.0%	1.0%	0.0%	190.7%	0.0%	0.0%	\$ 0.29	\$ 10.56	329
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 7.07	\$ 11.23	7,560	65.2%	1.0%	63.6%	3.6%	0.0%	0.0%	\$ 90.26	\$ 12.23	88,598
Peer Support Services	\$ 3.33	\$ 8.44	4,731	65.2%	1.0%	63.6%	63.0%	0.0%	0.0%	\$ 66.80	\$ 14.46	55,444
Medical Home Payments	\$ 3.63	\$ 4.72	9,223	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.63	\$ 4.72	9,223
Total	\$ 1,239.52	N/A	316,958	3.7%	1.0%	2.6%	11.5%	0.0%	0.0%	\$ 1,654.33	N/A	477,283

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,654.33
Non-Benefit Expense PMPM/Payment:	
General Administration (9.80%)	\$ 186.43
PHP Care Management (1.43%)	\$ 27.29
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 0.85
Underwriting Gain (1.75%)	\$ 33.29
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,902.18
Premium Taxes (1.90%)	\$ 36.84
Total Capitation Rate:	\$ 1,939.02

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 136

Region:	Region 6
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	5,085
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 5.78	\$ 353.22	196	5.0%	1.0%	4.0%	0.1%	0.0%	0.0%	\$ 7.40	\$ 371.78	239
Outpatient Hospital - BH	\$ 3.77	\$ 19.19	2,355	6.3%	1.5%	4.7%	0.2%	0.0%	0.0%	\$ 5.11	\$ 20.71	2,960
Emergency Room - BH	\$ 0.27	\$ 31.98	100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.27	\$ 31.98	100
ICF/IID	\$ 16.98	\$ 662.43	308	1.3%	1.0%	0.3%	20.2%	0.0%	0.0%	\$ 21.77	\$ 836.65	312
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 0.31	\$ 142.05	26	2.5%	1.0%	1.5%	3.9%	0.0%	0.0%	\$ 0.36	\$ 155.13	28
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.10	\$ 5.80	212	1.0%	1.0%	0.0%	176.6%	0.0%	0.0%	\$ 0.30	\$ 16.86	212
Innovations - Day Support	\$ 1,166.05	\$ 24.15	579,477	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 1,256.17	\$ 25.38	593,963
Innovations - In-Home Services	\$ 2,578.60	\$ 4.97	6,226,729	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 2,777.89	\$ 5.22	6,382,390
Innovations - Other	\$ 47.08	\$ 101.53	5,564	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 50.72	\$ 106.71	5,703
Innovations - Personal Care	\$ 50.85	\$ 4.28	142,562	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 54.78	\$ 4.50	146,126
Innovations - Residential Supports	\$ 1,596.75	\$ 150.55	127,271	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 1,720.16	\$ 158.23	130,452
Innovations - Respite	\$ 154.19	\$ 4.06	456,107	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 166.11	\$ 4.26	467,509
Innovations - Supported Employment	\$ 53.97	\$ 7.75	83,566	1.5%	1.0%	0.5%	0.0%	0.0%	0.0%	\$ 58.14	\$ 8.15	85,655
B3 Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 4.08	\$ 4.75	10,300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.08	\$ 4.75	10,300
Total	\$ 5,678.78	N/A	7,634,772	1.5%	1.0%	0.5%	0.1%	0.0%	0.0%	\$ 6,123.25	N/A	7,825,949

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 6,123.25
Non-Benefit Expense PMPM/Payment:	
General Administration (6.58%)	\$ 447.15
PHP Care Management (1.49%)	\$ 100.99
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.19
Underwriting Gain (1.75%)	\$ 118.85
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,791.43
Premium Taxes (1.90%)	\$ 131.54
Total Capitation Rate:	\$ 6,922.97

Exhibit 137

Region:	Region 7
Category of Aid:	Non-Dual Blind & Disabled Child
Sex:	Male & Female
Member Months/Deliveries:	33,497
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 69.01	\$ 1,759.17	471	2.6%	2.6%	0.0%	77.5%	-7.5%	0.0%	\$ 128.84	\$ 3,550.78	435
Outpatient Hospital - Facility	\$ 33.84	\$ 297.86	1,363	6.7%	2.6%	4.0%	38.9%	-3.8%	0.0%	\$ 62.56	\$ 470.24	1,597
Outpatient Hospital - Professional	\$ 6.46	\$ 151.68	511	0.5%	0.5%	0.0%	3.5%	-3.8%	0.0%	\$ 6.60	\$ 160.96	492
Emergency Room - PH	\$ 27.58	\$ 368.88	897	0.5%	1.0%	-0.5%	20.6%	-18.8%	0.0%	\$ 27.70	\$ 467.59	711
Physician - Primary Care	\$ 22.44	\$ 72.18	3,730	5.5%	0.5%	5.0%	16.9%	7.5%	0.0%	\$ 36.90	\$ 86.51	5,118
Physician - Specialty	\$ 21.04	\$ 132.69	1,903	5.5%	0.5%	5.0%	7.8%	-18.8%	0.0%	\$ 24.12	\$ 146.68	1,973
FOHC/RHC	\$ 1.56	\$ 109.28	171	7.0%	1.9%	5.0%	2.6%	0.0%	0.0%	\$ 2.24	\$ 123.19	218
Other Clinic	\$ 3.91	\$ 79.24	592	5.5%	0.5%	5.0%	18.1%	-16.1%	0.0%	\$ 5.07	\$ 95.97	634
Other Practitioner	\$ 0.23	\$ 87.99	31	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.25	\$ 90.22	34
Family Planning Services	\$ 1.48	\$ 327.59	54	5.5%	0.5%	5.0%	9.2%	0.0%	0.0%	\$ 2.11	\$ 366.76	69
Therapies	\$ 61.50	\$ 111.18	6,638	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 80.47	\$ 113.99	8,472
Prescribed Drugs	\$ 236.28	\$ 127.57	22,226	3.5%	2.5%	1.0%	0.1%	-2.5%	0.0%	\$ 273.52	\$ 144.44	22,724
Durable Medical Equipment	\$ 59.50	\$ 1.79	398,361	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 51.85	\$ 1.84	338,607
Lab and X-ray	\$ 12.79	\$ 58.33	2,631	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 13.11	\$ 59.80	2,631
Optical	\$ 2.24	\$ 32.02	841	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 2.30	\$ 32.83	841
Limited Dental Services	\$ 0.07	\$ 26.19	33	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.08	\$ 29.54	33
Transportation - Ambulance	\$ 1.81	\$ 80.71	270	0.2%	0.2%	0.0%	21.3%	0.0%	0.0%	\$ 2.23	\$ 99.12	270
Transportation - NEMT	\$ 4.63	\$ 47.82	1,163	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 5.12	\$ 49.03	1,253
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 81.91	\$ 8.30	118,365	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 87.08	\$ 8.51	122,731
Personal Care	\$ 4.67	\$ 3.78	14,805	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 4.96	\$ 3.88	15,351
Hospice	\$ 1.01	\$ 140.33	86	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 1.07	\$ 143.87	89
Inpatient - BH	\$ 65.17	\$ 714.68	1,094	2.8%	0.0%	2.8%	-16.3%	0.0%	0.0%	\$ 62.65	\$ 598.44	1,256
Outpatient Hospital - BH	\$ 71.28	\$ 44.26	19,329	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 95.67	\$ 46.65	24,611
Emergency Room - BH	\$ 4.69	\$ 316.89	178	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 4.81	\$ 333.05	173
ICF/IID	\$ 168.57	\$ 386.15	5,239	0.8%	0.5%	0.3%	-5.0%	0.0%	0.0%	\$ 166.72	\$ 376.23	5,318
PRTF	\$ 50.71	\$ 481.41	1,264	3.5%	0.5%	3.0%	0.0%	0.0%	0.0%	\$ 60.22	\$ 493.57	1,464
BH Long-term Residential	\$ 91.35	\$ 155.20	7,063	1.0%	1.5%	-0.5%	0.0%	0.0%	0.0%	\$ 95.98	\$ 167.19	6,889
MST	\$ 13.02	\$ 66.32	2,355	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 13.02	\$ 66.32	2,355
IHS	\$ 115.95	\$ 242.80	5,731	6.7%	0.0%	6.7%	0.0%	0.0%	0.0%	\$ 160.36	\$ 242.80	7,926
ACT	\$ 0.43	\$ 227.54	22	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 0.49	\$ 239.97	24
Community Support	\$ 0.39	\$ 14.44	325	0.0%	0.0%	0.0%	174.8%	0.0%	0.0%	\$ 1.07	\$ 39.66	325
Partial Hosp/Day Tx	\$ 50.54	\$ 31.32	19,362	-2.0%	1.0%	-3.0%	0.0%	0.0%	0.0%	\$ 45.61	\$ 32.92	16,627
Psych Rehab	\$ 1.45	\$ 2.68	6,515	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 1.55	\$ 2.86	6,515
Crisis Services	\$ 10.09	\$ 89.00	1,361	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 13.19	\$ 98.27	1,611
Other BH Services	\$ 1.44	\$ 22.50	769	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.52	\$ 23.65	769
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 82.96	\$ 6.46	154,109	3.0%	1.5%	1.5%	14.0%	0.0%	0.0%	\$ 109.78	\$ 7.94	166,019
Peer Support Services	\$ 2.43	\$ 11.83	2,468	3.0%	1.5%	1.5%	10.0%	0.0%	0.0%	\$ 3.10	\$ 14.01	2,659
Medical Home Payments	\$ 4.56	\$ 4.82	11,348	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.56	\$ 4.82	11,348
Total	\$ 1,389.00	N/A	813,674	3.0%	1.1%	1.9%	5.4%	-2.6%	0.0%	\$ 1,658.49	N/A	780,171

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,658.49
Non-Benefit Expense PMPM/Payment:	
General Administration (8.61%)	\$ 162.09
PHP Care Management (1.52%)	\$ 28.65
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 0.64
Underwriting Gain (1.75%)	\$ 32.95
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,882.82
Premium Taxes (1.90%)	\$ 36.47
Total Capitation Rate:	\$ 1,919.28

Exhibit 138

Region:	Region 7
Category of Aid:	Non-Dual Aged, Blind & Disabled Adult
Sex:	Male & Female
Member Months/Deliveries:	42,783
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ 130.54	\$ 752.81	2,081	2.6%	2.6%				0.0%	125.4%	-7.5%
Outpatient Hospital - Facility	\$ 53.40	\$ 391.11	1,638	6.7%	2.6%	4.0%	42.0%	-3.8%	0.0%	\$ 100.98	\$ 631.59	1,918
Outpatient Hospital - Professional	\$ 10.55	\$ 128.30	987	0.5%	0.5%	0.0%	2.4%	-3.8%	0.0%	\$ 10.67	\$ 134.76	950
Emergency Room - PH	\$ 89.66	\$ 508.67	2,115	0.5%	1.0%	-0.5%	16.7%	-18.8%	0.0%	\$ 87.11	\$ 623.69	1,676
Physician - Primary Care	\$ 45.89	\$ 93.00	5,922	5.5%	0.5%	5.0%	12.0%	7.5%	0.0%	\$ 72.32	\$ 106.82	8,125
Physician - Specialty	\$ 41.58	\$ 123.68	4,035	5.5%	0.5%	5.0%	2.1%	-18.8%	0.0%	\$ 45.13	\$ 129.45	4,184
FOHC/RHC	\$ 7.53	\$ 113.98	793	7.0%	1.9%	5.0%	0.0%	0.0%	0.0%	\$ 10.57	\$ 125.27	1,012
Other Clinic	\$ 8.82	\$ 487.61	217	5.5%	0.5%	5.0%	1.3%	-16.1%	0.0%	\$ 9.80	\$ 506.27	232
Other Practitioner	\$ 1.60	\$ 72.60	264	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 1.75	\$ 74.43	283
Family Planning Services	\$ 1.93	\$ 311.82	74	5.5%	0.5%	5.0%	5.2%	0.0%	0.0%	\$ 2.66	\$ 336.40	95
Therapies	\$ 0.08	\$ 61.04	16	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.50	\$ 284.29	21
Prescribed Drugs	\$ 535.49	\$ 140.66	45,682	4.2%	3.1%	1.1%	0.0%	-2.4%	0.0%	\$ 643.49	\$ 163.87	47,122
Durable Medical Equipment	\$ 30.32	\$ 1.91	190,857	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 26.43	\$ 1.95	162,229
Lab and X-ray	\$ 31.98	\$ 45.70	8,392	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 32.77	\$ 46.86	8,392
Optical	\$ 1.13	\$ 69.78	195	0.5%	0.5%	0.0%	304.7%	0.0%	0.0%	\$ 4.70	\$ 289.51	195
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 9.11	\$ 71.56	1,527	0.2%	0.2%	0.0%	9.1%	0.0%	0.0%	\$ 10.06	\$ 79.06	1,527
Transportation - NEMT	\$ 30.78	\$ 28.36	13,026	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 34.00	\$ 29.07	14,033
Nursing Home	\$ 9.22	\$ 173.18	639	2.0%	0.5%	1.5%	18.0%	-3.7%	0.0%	\$ 11.56	\$ 209.44	662
Home Health	\$ 22.67	\$ 8.01	33,961	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 24.10	\$ 8.21	35,214
Personal Care	\$ 103.58	\$ 3.71	334,696	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 110.12	\$ 3.81	347,041
Hospice	\$ 10.86	\$ 151.69	859	2.0%	0.5%	1.5%	0.0%	-3.8%	0.0%	\$ 11.55	\$ 155.52	891
Inpatient - BH	\$ 107.99	\$ 806.59	1,607	2.8%	0.0%	2.8%	0.3%	0.0%	0.0%	\$ 124.40	\$ 809.31	1,845
Outpatient Hospital - BH	\$ 91.36	\$ 61.70	17,770	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 122.62	\$ 65.03	22,626
Emergency Room - BH	\$ 18.04	\$ 332.99	650	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 18.49	\$ 349.98	634
ICF/IID	\$ 676.95	\$ 335.25	24,231	0.8%	0.5%	0.3%	4.2%	0.0%	0.0%	\$ 733.82	\$ 358.01	24,597
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 58.24	\$ 183.17	3,815	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 66.98	\$ 193.17	4,161
Community Support	\$ 12.20	\$ 13.58	10,781	0.0%	0.0%	0.0%	168.1%	0.0%	0.0%	\$ 32.70	\$ 36.40	10,781
Partial Hosp/Day Tx	\$ 0.21	\$ 132.32	19	-2.0%	1.0%	-3.0%	0.0%	0.0%	0.0%	\$ 0.19	\$ 139.07	16
Psych Rehab	\$ 39.13	\$ 2.68	175,082	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 41.79	\$ 2.86	175,082
Crisis Services	\$ 19.14	\$ 53.57	4,287	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 25.02	\$ 59.15	5,075
Other BH Services	\$ 0.03	\$ 63.54	5	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 66.78	5
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ 2.47	\$ 194.26	152	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 2.72	\$ 209.28	156
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 131.36	\$ 12.70	124,075	3.0%	1.5%	1.5%	5.4%	0.0%	0.0%	\$ 160.70	\$ 14.43	133,664
Peer Support Services	\$ 18.82	\$ 12.26	18,417	3.0%	1.5%	1.5%	11.0%	0.0%	0.0%	\$ 24.25	\$ 14.67	19,840
Medical Home Payments	\$ 4.15	\$ 4.77	10,441	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.15	\$ 4.77	10,441
Total	\$ 2,356.79	N/A	1,039,309	2.7%	1.4%	1.3%	11.7%	-2.8%	0.0%	\$ 2,917.49	N/A	1,046,649

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)	
BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,917.49
Non-Benefit Expense PMPM/Payment:	
General Administration (6.95%)	\$ 225.99
PHP Care Management (1.55%)	\$ 50.40
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.04%)	\$ 1.16
Underwriting Gain (1.75%)	\$ 56.91
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,251.95
Premium Taxes (1.90%)	\$ 62.98
Total Capitation Rate:	\$ 3,314.94

Exhibit 139

Region:	Region 7
Category of Aid:	Non-Dual TANF Child
Sex:	Male & Female
Member Months/Deliveries:	59,508
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000				PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)				(G)	(H)	(I)
Inpatient - PH	\$ 21.31	\$ 1,252.05	204	2.6%	2.6%	0.0%	91.9%	-11.3%	0.0%	\$ 41.25	\$ 2,731.00	181
Outpatient Hospital - Facility	\$ 15.97	\$ 279.86	685	6.7%	2.6%	4.0%	36.6%	-7.5%	0.0%	\$ 27.92	\$ 434.61	771
Outpatient Hospital - Professional	\$ 3.17	\$ 141.89	268	0.5%	0.5%	0.0%	2.0%	-7.5%	0.0%	\$ 3.06	\$ 148.41	248
Emergency Room - PH	\$ 29.60	\$ 372.07	955	0.5%	1.0%	-0.5%	21.1%	-18.8%	0.0%	\$ 29.84	\$ 473.41	756
Physician - Primary Care	\$ 20.07	\$ 74.32	3,240	5.5%	0.5%	5.0%	15.9%	3.8%	0.0%	\$ 31.56	\$ 88.28	4,291
Physician - Specialty	\$ 13.36	\$ 113.29	1,415	5.5%	0.5%	5.0%	5.5%	-18.8%	0.0%	\$ 14.98	\$ 122.57	1,467
FOHC/RHC	\$ 1.90	\$ 104.74	218	7.0%	1.9%	5.0%	2.4%	0.0%	0.0%	\$ 2.73	\$ 117.89	278
Other Clinic	\$ 3.76	\$ 79.22	569	5.5%	0.5%	5.0%	17.3%	-16.5%	0.0%	\$ 4.81	\$ 95.31	606
Other Practitioner	\$ 0.27	\$ 76.93	42	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.29	\$ 78.88	45
Family Planning Services	\$ 3.23	\$ 310.46	125	5.5%	0.5%	5.0%	7.9%	0.0%	0.0%	\$ 4.56	\$ 343.35	160
Therapies	\$ 26.78	\$ 111.96	2,870	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 35.04	\$ 114.79	3,663
Prescribed Drugs	\$ 142.07	\$ 116.03	14,694	3.6%	2.6%	1.0%	0.1%	-2.4%	0.0%	\$ 165.22	\$ 131.85	15,037
Durable Medical Equipment	\$ 10.29	\$ 1.80	68,409	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 9.76	\$ 1.85	63,278
Lab and X-ray	\$ 11.02	\$ 43.03	3,074	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 11.30	\$ 44.12	3,074
Optical	\$ 2.12	\$ 33.01	772	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 2.18	\$ 33.85	772
Limited Dental Services	\$ 0.07	\$ 25.08	34	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.08	\$ 28.29	34
Transportation - Ambulance	\$ 1.28	\$ 78.21	197	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.30	\$ 79.19	197
Transportation - NEMT	\$ 2.04	\$ 46.90	522	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.25	\$ 48.09	562
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 1.93	\$ 8.51	2,715	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.13	\$ 8.72	2,925
Personal Care	\$ 0.25	\$ 3.87	769	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.27	\$ 3.97	829
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 53.30	\$ 594.48	1,076	2.8%	0.0%	2.8%	-8.2%	0.0%	0.0%	\$ 56.19	\$ 545.95	1,235
Outpatient Hospital - BH	\$ 49.01	\$ 63.84	9,214	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 65.78	\$ 67.29	11,732
Emergency Room - BH	\$ 4.91	\$ 352.96	167	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 5.03	\$ 370.96	163
ICF/IID	\$ 2.51	\$ 239.50	126	0.8%	0.5%	0.3%	0.0%	0.0%	0.0%	\$ 2.61	\$ 245.55	128
PRTF	\$ 66.94	\$ 477.57	1,682	3.5%	0.5%	3.0%	0.0%	0.0%	0.0%	\$ 79.51	\$ 489.62	1,949
BH Long-term Residential	\$ 69.93	\$ 145.81	5,755	1.0%	1.5%	-0.5%	0.0%	0.0%	0.0%	\$ 73.47	\$ 157.08	5,612
MST	\$ 29.25	\$ 65.37	5,370	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 29.25	\$ 65.37	5,370
IHS	\$ 214.42	\$ 247.14	10,411	6.7%	0.0%	6.7%	0.0%	0.0%	0.0%	\$ 296.54	\$ 247.14	14,399
ACT	\$ 0.59	\$ 219.61	32	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 0.68	\$ 231.61	35
Community Support	\$ 0.23	\$ 14.50	194	0.0%	0.0%	0.0%	173.5%	0.0%	0.0%	\$ 0.64	\$ 39.66	194
Partial Hosp/Day Tx	\$ 36.75	\$ 31.23	14,120	-2.0%	1.0%	-3.0%	0.0%	0.0%	0.0%	\$ 33.17	\$ 32.82	12,126
Psych Rehab	\$ 0.26	\$ 2.69	1,164	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 0.28	\$ 2.87	1,164
Crisis Services	\$ 11.48	\$ 78.56	1,754	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 15.01	\$ 86.74	2,076
Other BH Services	\$ 25.25	\$ 116.66	2,597	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 26.53	\$ 122.62	2,597
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 17.54	\$ 6.77	31,091	3.0%	1.5%	1.5%	35.1%	0.0%	0.0%	\$ 27.52	\$ 9.86	33,494
Peer Support Services	\$ 0.41	\$ 11.54	424	3.0%	1.5%	1.5%	10.0%	0.0%	0.0%	\$ 0.52	\$ 13.67	457
Medical Home Payments	\$ 2.31	\$ 2.47	11,253	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.63	\$ 4.93	11,253
Total	\$ 895.57	N/A	198,204	3.9%	1.0%	2.9%	4.5%	-2.0%	0.0%	\$ 1,107.89	N/A	203,154

BH IDD Tailored Plan Acuity Factor: 0.0%

Note: Total Medical Calculation: M = A * [(1 + D) * (60/12)] * (1 + G) * (1 + H) * (1 + I)

Gross Medical PMPM/Payment: \$ 1,107.89

Non-Benefit Expense PMPM/Payment:	
General Administration (10.44%)	\$ 134.14
PHP Care Management (1.49%)	\$ 19.14
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.11%)	\$ 1.38
Underwriting Gain (1.75%)	\$ 22.49

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,285.04

Premium Taxes (1.90%) \$ 24.89

Total Capitation Rate: \$ 1,309.93

Exhibit 140

Region:	Region 7
Category of Aid:	Non-Dual TANF Adult
Sex:	Male & Female
Member Months/Deliveries:	25,304
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 35.31	\$ 941.94	450	2.6%	2.6%	0.0%	126.9%	-15.0%	0.0%	\$ 77.43	\$ 2,430.44	382
Outpatient Hospital - Facility	\$ 26.90	\$ 349.24	924	6.7%	2.6%	4.0%	41.3%	-7.5%	0.0%	\$ 48.65	\$ 561.21	1,040
Outpatient Hospital - Professional	\$ 6.66	\$ 142.05	563	0.5%	0.5%	0.0%	1.4%	-7.5%	0.0%	\$ 6.41	\$ 147.73	521
Emergency Room - PH	\$ 76.14	\$ 463.14	1,973	0.5%	1.0%	-0.5%	18.5%	-18.8%	0.0%	\$ 75.11	\$ 576.57	1,563
Physician - Primary Care	\$ 39.83	\$ 114.23	4,184	5.5%	0.5%	5.0%	12.9%	3.8%	0.0%	\$ 61.04	\$ 132.21	5,540
Physician - Specialty	\$ 23.16	\$ 112.10	2,480	5.5%	0.5%	5.0%	1.2%	-18.8%	0.0%	\$ 24.92	\$ 116.32	2,571
FOHC/RHC	\$ 5.43	\$ 123.37	529	7.0%	1.9%	5.0%	0.1%	0.0%	0.0%	\$ 7.63	\$ 135.68	675
Other Clinic	\$ 3.86	\$ 98.54	470	5.5%	0.5%	5.0%	15.1%	-16.5%	0.0%	\$ 4.85	\$ 116.26	501
Other Practitioner	\$ 0.48	\$ 71.89	80	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.52	\$ 73.71	85
Family Planning Services	\$ 6.17	\$ 321.70	230	5.5%	0.5%	5.0%	3.8%	0.0%	0.0%	\$ 8.38	\$ 342.49	294
Therapies	\$ 0.03	\$ 57.90	6	5.5%	0.5%	5.0%	354.3%	0.0%	0.0%	\$ 0.17	\$ 269.69	7
Prescribed Drugs	\$ 218.04	\$ 108.46	24,125	4.1%	1.6%	2.4%	0.1%	-2.0%	0.0%	\$ 260.98	\$ 117.74	26,600
Durable Medical Equipment	\$ 5.16	\$ 2.41	25,722	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 4.90	\$ 2.47	23,792
Lab and X-ray	\$ 100.42	\$ 72.11	16,711	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 102.96	\$ 73.93	16,711
Optical	\$ 0.35	\$ 68.78	61	0.5%	0.5%	0.0%	302.6%	0.0%	0.0%	\$ 1.45	\$ 283.85	61
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ 3.29	\$ 79.75	495	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 3.33	\$ 80.75	495
Transportation - NEMT	\$ 12.59	\$ 40.24	3,753	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 13.90	\$ 41.26	4,043
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 0.73	\$ 19.20	459	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.81	\$ 19.68	495
Personal Care	\$ 0.74	\$ 3.75	2,376	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.82	\$ 3.85	2,560
Hospice	\$ 0.19	\$ 162.28	14	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.21	\$ 166.38	15
Inpatient - BH	\$ 42.18	\$ 667.29	758	2.8%	0.0%	2.8%	0.2%	0.0%	0.0%	\$ 48.54	\$ 668.94	871
Outpatient Hospital - BH	\$ 164.20	\$ 44.39	44,391	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 220.37	\$ 46.79	56,521
Emergency Room - BH	\$ 8.93	\$ 353.86	303	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 9.15	\$ 371.91	295
ICF/IID	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 2.83	\$ 212.96	160	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 3.26	\$ 224.59	174
Community Support	\$ 6.87	\$ 14.44	5,705	0.0%	0.0%	0.0%	174.6%	0.0%	0.0%	\$ 18.86	\$ 39.66	5,705
Partial Hosp/Day Tx	\$ 0.50	\$ 132.32	46	-2.0%	1.0%	-3.0%	0.0%	0.0%	0.0%	\$ 0.45	\$ 139.07	39
Psych Rehab	\$ 1.14	\$ 2.69	5,089	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 1.22	\$ 2.87	5,089
Crisis Services	\$ 22.49	\$ 38.45	7,020	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 29.40	\$ 42.45	8,310
Other BH Services	\$ 0.00	\$ 43.60	1	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.00	\$ 45.82	1
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 18.95	\$ 16.51	13,778	3.0%	1.5%	1.5%	0.9%	0.0%	0.0%	\$ 22.20	\$ 17.94	14,843
Peer Support Services	\$ 7.50	\$ 12.63	7,126	3.0%	1.5%	1.5%	11.0%	0.0%	0.0%	\$ 9.66	\$ 15.10	7,677
Medical Home Payments	\$ 1.92	\$ 2.41	9,566	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 3.85	\$ 4.83	9,566
Total	\$ 843.02	N/A	179,548	3.7%	1.2%	2.5%	10.5%	-4.1%	0.0%	\$ 1,071.43	N/A	197,045

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,071.43
Non-Benefit Expense PMPM/Payment:	
General Administration (10.60%)	\$ 132.29
PHP Care Management (1.48%)	\$ 18.51
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.31%)	\$ 3.86
Underwriting Gain (1.75%)	\$ 21.84
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,247.92
Premium Taxes (1.90%)	\$ 24.17
Total Capitation Rate:	\$ 1,272.09

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 141

Region:	Region 7
Category of Aid:	Non-Dual Foster
Sex:	Male & Female
Member Months/Deliveries:	9,804
Blended Base Date:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 33.60	\$ 1,132.86	356	2.6%	2.6%	0.0%	53.6%	-11.3%	0.0%	\$ 52.09	\$ 1,978.62	316
Outpatient Hospital - Facility	\$ 13.87	\$ 215.66	772	6.7%	2.6%	4.0%	41.0%	-7.5%	0.0%	\$ 25.03	\$ 345.81	869
Outpatient Hospital - Professional	\$ 3.15	\$ 132.41	285	0.5%	0.5%	0.0%	3.5%	-7.5%	0.0%	\$ 3.09	\$ 140.45	264
Emergency Room - PH	\$ 24.86	\$ 376.05	793	0.5%	1.0%	-0.5%	20.8%	-18.8%	0.0%	\$ 25.00	\$ 477.37	629
Physician - Primary Care	\$ 24.60	\$ 71.96	4,102	5.5%	0.5%	5.0%	17.4%	3.8%	0.0%	\$ 39.19	\$ 86.59	5,432
Physician - Specialty	\$ 11.05	\$ 105.18	1,261	5.5%	0.5%	5.0%	3.8%	-18.8%	0.0%	\$ 12.20	\$ 111.97	1,307
FOHC/RHC	\$ 1.97	\$ 101.10	233	7.0%	1.9%	5.0%	5.0%	0.0%	0.0%	\$ 2.89	\$ 116.63	298
Other Clinic	\$ 6.00	\$ 77.25	932	5.5%	0.5%	5.0%	20.7%	-16.5%	0.0%	\$ 7.91	\$ 95.59	993
Other Practitioner	\$ 0.34	\$ 94.85	43	5.5%	0.5%	5.0%	0.0%	-16.5%	0.0%	\$ 0.37	\$ 97.24	45
Family Planning Services	\$ 4.86	\$ 314.99	185	5.5%	0.5%	5.0%	9.1%	0.0%	0.0%	\$ 6.94	\$ 352.47	236
Therapies	\$ 31.49	\$ 109.22	3,460	5.5%	0.5%	5.0%	0.0%	0.0%	0.0%	\$ 41.22	\$ 112.01	4,416
Prescribed Drugs	\$ 267.48	\$ 108.70	29,529	2.7%	1.7%	1.0%	0.1%	-2.6%	0.0%	\$ 297.76	\$ 118.46	30,162
Durable Medical Equipment	\$ 19.54	\$ 1.72	136,586	0.5%	0.5%	0.0%	0.0%	-7.5%	0.0%	\$ 18.53	\$ 1.76	126,342
Lab and X-ray	\$ 15.86	\$ 35.75	5,325	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 16.26	\$ 36.65	5,325
Optical	\$ 3.12	\$ 34.13	1,095	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 3.19	\$ 35.00	1,095
Limited Dental Services	\$ 0.05	\$ 30.03	19	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.05	\$ 33.87	19
Transportation - Ambulance	\$ 1.74	\$ 83.86	250	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	\$ 1.77	\$ 84.92	250
Transportation - NEMT	\$ 1.91	\$ 27.07	849	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.11	\$ 27.75	914
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ 48.32	\$ 9.28	62,486	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 53.37	\$ 9.51	67,316
Personal Care	\$ 8.33	\$ 4.06	24,653	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 9.20	\$ 4.16	26,559
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 166.87	\$ 688.06	2,910	2.8%	0.0%	2.8%	-22.9%	0.0%	0.0%	\$ 147.71	\$ 530.51	3,341
Outpatient Hospital - BH	\$ 106.98	\$ 63.06	20,357	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 143.57	\$ 66.47	25,920
Emergency Room - BH	\$ 8.96	\$ 348.80	308	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 9.18	\$ 366.59	301
ICF/ID	\$ 45.66	\$ 245.35	2,233	0.8%	0.5%	0.3%	-1.5%	0.0%	0.0%	\$ 46.80	\$ 247.78	2,267
PRTF	\$ 441.39	\$ 477.83	11,085	3.5%	0.5%	3.0%	0.0%	0.0%	0.0%	\$ 524.23	\$ 489.89	12,841
BH Long-term Residential	\$ 1,133.14	\$ 124.22	109,465	1.0%	1.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1,190.50	\$ 133.82	106,755
MST	\$ 12.26	\$ 61.43	2,395	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 12.26	\$ 61.43	2,395
IHS	\$ 295.51	\$ 259.89	13,645	6.7%	0.0%	6.7%	0.0%	0.0%	0.0%	\$ 408.69	\$ 259.89	18,870
ACT	\$ 0.06	\$ 152.50	5	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 0.07	\$ 160.83	5
Community Support	\$ 0.21	\$ 14.50	177	0.0%	0.0%	0.0%	173.5%	0.0%	0.0%	\$ 0.59	\$ 39.66	177
Partial Hosp/Day Tx	\$ 91.21	\$ 31.33	34,939	-2.0%	1.0%	-3.0%	0.0%	0.0%	0.0%	\$ 82.32	\$ 32.93	30,003
Psych Rehab	\$ 1.64	\$ 2.68	7,347	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 1.76	\$ 2.87	7,347
Crisis Services	\$ 12.11	\$ 90.68	1,602	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 15.82	\$ 100.12	1,897
Other BH Services	\$ 1.54	\$ 48.35	383	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 1.62	\$ 50.82	383
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 57.55	\$ 7.29	94,791	3.0%	1.5%	1.5%	92.6%	0.0%	0.0%	\$ 128.62	\$ 15.11	102,117
Peer Support Services	\$ 0.05	\$ 8.14	67	3.0%	1.5%	1.5%	10.0%	0.0%	0.0%	\$ 0.06	\$ 9.64	73
Medical Home Payments	\$ 2.30	\$ 2.58	10,710	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	\$ 4.60	\$ 5.15	10,710
Total	\$ 2,899.57	N/A	585,632	2.6%	1.0%	1.6%	1.9%	-0.8%	0.0%	\$ 3,336.58	N/A	598,188

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 3,336.58
Non-Benefit Expense PMPM/Payment:	
General Administration (6.67%)	\$ 247.27
PHP Care Management (1.55%)	\$ 57.64
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.03%)	\$ 1.28
Underwriting Gain (1.75%)	\$ 64.88
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 3,707.65
Premium Taxes (1.90%)	\$ 71.81
Total Capitation Rate:	\$ 3,779.46

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 142

Region:	Region 7
Category of Aid:	Non-Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	12,152
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ 68.88	\$ 1,051.07	786	2.6%	2.6%	0.0%	149.1%	-7.5%	0.0%	\$ 180.42	\$ 2,976.53	727
Outpatient Hospital - Facility	\$ 44.40	\$ 364.93	1,460	6.7%	2.6%	4.0%	41.1%	-3.8%	0.0%	\$ 83.42	\$ 585.52	1,710
Outpatient Hospital - Professional	\$ 6.31	\$ 123.19	614	0.5%	0.5%	0.0%	2.3%	-3.8%	0.0%	\$ 6.36	\$ 129.16	591
Emergency Room - PH	\$ 16.32	\$ 405.11	483	0.5%	1.0%	-0.5%	19.2%	-18.8%	0.0%	\$ 16.20	\$ 507.48	383
Physician - Primary Care	\$ 24.03	\$ 74.34	3,880	5.5%	0.5%	5.0%	17.7%	7.5%	0.0%	\$ 39.80	\$ 89.73	5,323
Physician - Specialty	\$ 24.58	\$ 119.23	2,474	5.5%	0.5%	5.0%	4.4%	-18.8%	0.0%	\$ 27.27	\$ 127.57	2,565
FOHC/RHC	\$ 1.81	\$ 102.37	212	7.0%	1.9%	5.0%	0.4%	0.0%	0.0%	\$ 2.54	\$ 112.88	270
Other Clinic	\$ 2.07	\$ 84.68	293	5.5%	0.5%	5.0%	17.9%	-16.1%	0.0%	\$ 2.67	\$ 102.32	313
Other Practitioner	\$ 0.81	\$ 54.10	180	5.5%	0.5%	5.0%	0.0%	-16.1%	0.0%	\$ 0.89	\$ 55.47	193
Family Planning Services	\$ 3.26	\$ 323.21	121	5.5%	0.5%	5.0%	5.3%	0.0%	0.0%	\$ 4.49	\$ 348.89	155
Therapies	\$ 17.45	\$ 101.32	2,066	5.5%	0.5%	5.0%	0.6%	0.0%	0.0%	\$ 22.97	\$ 104.53	2,637
Prescribed Drugs	\$ 584.66	\$ 167.92	41,782	3.8%	2.7%	1.1%	0.0%	-3.7%	0.0%	\$ 679.78	\$ 192.10	42,465
Durable Medical Equipment	\$ 171.03	\$ 1.52	1,346,753	0.5%	0.5%	0.0%	0.0%	-15.0%	0.0%	\$ 149.05	\$ 1.56	1,144,740
Lab and X-ray	\$ 5.38	\$ 22.06	2,927	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	\$ 5.52	\$ 22.61	2,927
Optical	\$ 1.28	\$ 40.12	384	0.5%	0.5%	0.0%	168.7%	0.0%	0.0%	\$ 3.54	\$ 110.52	384
Limited Dental Services	\$ 0.02	\$ 132.76	2	0.5%	0.5%	0.0%	10.0%	0.0%	0.0%	\$ 0.03	\$ 149.73	2
Transportation - Ambulance	\$ 2.02	\$ 84.43	286	0.2%	0.2%	0.0%	52.3%	0.0%	0.0%	\$ 3.11	\$ 130.22	286
Transportation - NEMT	\$ 2.12	\$ 42.79	594	2.0%	0.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.34	\$ 43.88	640
Nursing Home	\$ 2.65	\$ 170.89	186	2.0%	0.5%	1.5%	11.1%	-3.8%	0.0%	\$ 3.13	\$ 194.60	193
Home Health	\$ 112.95	\$ 6.18	219,197	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 120.08	\$ 6.34	227,282
Personal Care	\$ 3.39	\$ 2.47	16,481	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 3.61	\$ 2.53	17,089
Hospice	\$ 3.57	\$ 154.08	278	2.0%	0.5%	1.5%	0.0%	-3.7%	0.0%	\$ 3.79	\$ 157.97	288
Inpatient - BH	\$ 18.50	\$ 1,087.07	204	2.8%	0.0%	2.8%	5.8%	0.0%	0.0%	\$ 22.47	\$ 1,150.17	234
Outpatient Hospital - BH	\$ 28.46	\$ 47.93	7,126	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 38.20	\$ 50.52	9,074
Emergency Room - BH	\$ 3.17	\$ 354.36	107	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 3.25	\$ 372.44	105
ICF/IID	\$ 20.14	\$ 316.20	764	0.8%	0.5%	0.3%	-0.1%	0.0%	0.0%	\$ 20.95	\$ 323.91	776
PRTF	\$ 0.02	\$ 288.87	1	3.5%	0.5%	3.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 296.17	1
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ 0.03	\$ 2.80	138	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.03	\$ 2.80	138
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.61	\$ 2.69	2,708	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 0.65	\$ 2.87	2,708
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.02	\$ 76.92	3	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	\$ 0.02	\$ 80.84	3
Innovations - Day Support	\$ 505.38	\$ 22.26	272,435	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 557.98	\$ 23.98	279,212
Innovations - In-Home Services	\$ 2,790.09	\$ 5.54	6,041,985	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 3,080.49	\$ 5.97	6,192,276
Innovations - Other	\$ 198.87	\$ 109.71	21,752	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 219.57	\$ 118.19	22,293
Innovations - Personal Care	\$ 24.34	\$ 4.34	67,236	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 26.87	\$ 4.68	68,908
Innovations - Residential Supports	\$ 768.96	\$ 164.41	56,125	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 848.99	\$ 177.12	57,521
Innovations - Respite	\$ 154.51	\$ 3.75	494,253	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 170.59	\$ 4.04	506,548
Innovations - Supported Employment	\$ 44.78	\$ 7.71	69,705	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 49.44	\$ 8.31	71,439
B3 Services	\$ 1.86	\$ 7.92	2,823	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 2.16	\$ 8.53	3,041
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 4.42	\$ 4.83	10,983	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 4.42	\$ 4.83	10,983
Total	\$ 5,663.15	N/A	8,689,790	2.3%	1.6%	0.7%	2.5%	-1.3%	0.0%	\$ 6,407.13	N/A	8,676,425

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 6,407.13
Non-Benefit Expense PMPM/Payment:	
General Administration (5.72%)	\$ 403.13
PHP Care Management (1.57%)	\$ 110.68
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.37
Underwriting Gain (1.75%)	\$ 123.30
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 7,045.60
Premium Taxes (1.90%)	\$ 136.46
Total Capitation Rate:	\$ 7,182.06

Exhibit 143

Region:	Region 7
Category of Aid:	Dual Aged
Sex:	Male & Female
Member Months/Deliveries:	8,828
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 6.87	\$ 104.96	785	2.8%	0.0%	2.8%	-11.3%	0.0%	0.0%	\$ 6.99	\$ 93.11	901
Outpatient Hospital - BH	\$ 27.57	\$ 33.24	9,952	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 37.00	\$ 35.04	12,672
Emergency Room - BH	\$ 0.98	\$ 95.64	123	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 1.01	\$ 100.52	120
ICF/IID	\$ 2,078.72	\$ 502.82	49,610	0.8%	0.5%	0.3%	9.7%	0.0%	0.0%	\$ 2,374.14	\$ 565.74	50,358
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ 21.30	\$ 173.65	1,472	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 24.50	\$ 183.14	1,605
Community Support	\$ 1.29	\$ 14.43	1,070	0.0%	0.0%	0.0%	174.8%	0.0%	0.0%	\$ 3.54	\$ 39.65	1,070
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 21.43	\$ 2.68	95,842	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 22.89	\$ 2.87	95,842
Crisis Services	\$ 2.83	\$ 60.69	560	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 3.70	\$ 67.00	663
Other BH Services	\$ 0.18	\$ 4.18	525	1.0%	1.0%	0.0%	98.9%	0.0%	0.0%	\$ 0.38	\$ 8.73	525
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 30.09	\$ 15.68	23,021	3.0%	1.5%	1.5%	0.9%	0.0%	0.0%	\$ 35.24	\$ 17.05	24,800
Peer Support Services	\$ 15.64	\$ 13.98	13,431	3.0%	1.5%	1.5%	11.0%	0.0%	0.0%	\$ 20.15	\$ 16.71	14,469
Medical Home Payments	\$ 3.27	\$ 4.73	8,286	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.27	\$ 4.73	8,286
Total	\$ 2,210.17	N/A	204,678	0.9%	0.5%	0.4%	9.3%	0.0%	0.0%	\$ 2,532.81	N/A	211,313

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 2,532.81
Non-Benefit Expense PMPM/Payment:	
General Administration (7.29%)	\$ 206.47
PHP Care Management (1.54%)	\$ 43.75
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.00%)	\$ -
Underwriting Gain (1.75%)	\$ 49.57
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 2,832.60
Premium Taxes (1.90%)	\$ 54.86
Total Capitation Rate:	\$ 2,887.46

Exhibit 144

Region:	Region 7
Category of Aid:	Dual Blind & Disabled and Other
Sex:	Male & Female
Member Months/Deliveries:	40,773
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 11.97	\$ 124.80	1,151	2.8%	0.0%	2.8%	-1.9%	0.0%	0.0%	\$ 13.48	\$ 122.42	1,322
Outpatient Hospital - BH	\$ 41.26	\$ 43.77	11,314	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 55.38	\$ 46.13	14,405
Emergency Room - BH	\$ 2.19	\$ 71.68	366	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 2.24	\$ 75.34	357
ICF/IID	\$ 1,115.81	\$ 351.16	38,130	0.8%	0.5%	0.3%	5.8%	0.0%	0.0%	\$ 1,228.98	\$ 381.03	38,705
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ 1.26	\$ 84.35	179	1.0%	1.5%	-0.5%	0.0%	0.0%	0.0%	\$ 1.32	\$ 90.87	175
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ 0.84	\$ 239.66	42	6.7%	0.0%	6.7%	0.0%	0.0%	0.0%	\$ 1.16	\$ 239.66	58
ACT	\$ 60.11	\$ 175.04	4,121	1.7%	0.0%	1.7%	5.5%	0.0%	0.0%	\$ 69.14	\$ 184.60	4,494
Community Support	\$ 9.33	\$ 14.47	7,738	0.0%	0.0%	0.0%	174.2%	0.0%	0.0%	\$ 25.58	\$ 39.67	7,738
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 44.04	\$ 2.68	197,466	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 47.04	\$ 2.86	197,466
Crisis Services	\$ 13.61	\$ 62.84	2,598	5.5%	2.0%	3.4%	0.0%	0.0%	0.0%	\$ 17.78	\$ 69.38	3,075
Other BH Services	\$ 0.09	\$ 4.02	276	1.0%	1.0%	0.0%	195.3%	0.0%	0.0%	\$ 0.29	\$ 12.49	276
Innovations - Day Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - In-Home Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Other	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Residential Supports	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Respite	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Innovations - Supported Employment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
B3 Services	\$ 107.39	\$ 12.64	101,962	3.0%	1.5%	1.5%	3.8%	0.0%	0.0%	\$ 129.33	\$ 14.13	109,842
Peer Support Services	\$ 23.34	\$ 12.22	22,921	3.0%	1.5%	1.5%	11.0%	0.0%	0.0%	\$ 30.07	\$ 14.61	24,692
Medical Home Payments	\$ 3.59	\$ 4.76	9,058	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.59	\$ 4.76	9,058
Total	\$ 1,434.84	N/A	397,323	1.3%	0.6%	0.7%	6.3%	0.0%	0.0%	\$ 1,625.38	N/A	411,665

BH IDD Tailored Plan Acuity Factor:	0.0%
Gross Medical PMPM/Payment:	\$ 1,625.38
Non-Benefit Expense PMPM/Payment:	
General Administration (8.68%)	\$ 160.40
PHP Care Management (1.52%)	\$ 28.08
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.05%)	\$ 0.91
Underwriting Gain (1.75%)	\$ 32.32
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 1,847.11
Premium Taxes (1.90%)	\$ 35.77
Total Capitation Rate:	\$ 1,882.88

Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)

Exhibit 145

Region:	Region 7
Category of Aid:	Dual Innovations
Sex:	Male & Female
Member Months/Deliveries:	9,314
Blended Base Data:	July 1, 2017 - June 30, 2018
Contract Period:	July 1, 2022 - June 30, 2023
Trend Months:	60.00

Category of Service	Base Data			Trend			Program Changes	Managed Care Adjustment	Seasonality Adjustment	Total Medical		
	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	Unit Cost	Util/1000	PMPM/Payment	PMPM/Payment	PMPM/Payment	PMPM/Payment	Unit Cost	Util/1000
	Inpatient - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -
Outpatient Hospital - Facility	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Outpatient Hospital - Professional	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Emergency Room - PH	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Primary Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Physician - Specialty	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
FOHC/RHC	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Clinic	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other Practitioner	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Family Planning Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Therapies	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Prescribed Drugs	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Durable Medical Equipment	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Lab and X-ray	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Optical	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Limited Dental Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - Ambulance	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Transportation - NEMT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Nursing Home	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Home Health	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Personal Care	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Hospice	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Inpatient - BH	\$ 0.25	\$ 135.95	22	2.8%	0.0%	2.8%	3.6%	0.0%	0.0%	\$ 0.30	\$ 140.85	26
Outpatient Hospital - BH	\$ 6.27	\$ 30.75	2,448	6.0%	1.0%	5.0%	0.3%	0.0%	0.0%	\$ 8.42	\$ 32.41	3,117
Emergency Room - BH	\$ 0.25	\$ 55.75	53	0.5%	1.0%	-0.5%	0.0%	0.0%	0.0%	\$ 0.25	\$ 58.59	52
ICF/IID	\$ 0.75	\$ 194.15	46	0.8%	0.5%	0.3%	0.0%	0.0%	0.0%	\$ 0.78	\$ 199.06	47
PRTF	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
BH Long-term Residential	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
MST	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
IHS	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
ACT	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Community Support	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Partial Hosp/Day Tx	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Psych Rehab	\$ 0.89	\$ 2.69	3,959	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	\$ 0.95	\$ 2.87	3,959
Crisis Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Other BH Services	\$ 0.28	\$ 4.61	718	1.0%	1.0%	0.0%	65.6%	0.0%	0.0%	\$ 0.48	\$ 8.02	718
Innovations - Day Support	\$ 1,032.98	\$ 22.20	558,409	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 1,140.50	\$ 23.91	572,299
Innovations - In-Home Services	\$ 2,432.31	\$ 5.48	5,329,567	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 2,685.47	\$ 5.90	5,462,137
Innovations - Other	\$ 125.04	\$ 91.55	16,390	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 138.05	\$ 98.62	16,798
Innovations - Personal Care	\$ 15.48	\$ 4.27	43,474	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 17.09	\$ 4.60	44,555
Innovations - Residential Supports	\$ 1,672.42	\$ 154.58	129,828	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 1,846.48	\$ 166.53	133,058
Innovations - Respite	\$ 113.71	\$ 3.68	370,800	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 125.55	\$ 3.96	380,023
Innovations - Supported Employment	\$ 73.45	\$ 7.65	115,201	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 81.09	\$ 8.24	118,067
B3 Services	\$ 0.50	\$ 6.38	936	3.0%	1.5%	1.5%	0.0%	0.0%	0.0%	\$ 0.58	\$ 6.88	1,008
Peer Support Services	\$ -	\$ -	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ -	\$ -	-
Medical Home Payments	\$ 3.78	\$ 4.76	9,533	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	\$ 3.78	\$ 4.76	9,533
Total	\$ 5,478.35	N/A	6,581,384	2.0%	1.5%	0.5%	0.0%	0.0%	0.0%	\$ 6,049.76	N/A	6,745,395

BH IDD Tailored Plan Acuity Factor:	0.0%
Note: Total Medical Calculation: M = A * [(1 + D) ^ (60/12)] * (1 + G) * (1 + H) * (1 + I)	
Gross Medical PMPM/Payment:	\$ 6,049.76
Non-Benefit Expense PMPM/Payment:	
General Administration (5.78%)	\$ 384.99
PHP Care Management (1.57%)	\$ 104.51
LHD Care Management for At-Risk Children and High Risk Pregnancies (0.02%)	\$ 1.02
Underwriting Gain (1.75%)	\$ 116.49
Total Service Cost and Non-Benefit Load PMPM/Payment:	\$ 6,656.77
Premium Taxes (1.90%)	\$ 128.93
Total Capitation Rate:	\$ 6,785.70

17 OTHER CONSIDERATIONS

The following section represents other rating considerations not reflected in the Section 16 capitation rate summaries.

17.1 Performance Withholds

DHHS has proposed a performance-based incentive system financed through a withhold as part of the program design. The withhold program will be effective eighteen (18) months following the date of Standard Plan launch, or at a later date as determined by the Department. The long-term goal of the incentives would be to ensure that BH I/DD Tailored Plans deliver value around the various DHHS priorities and ultimately improve quality of care provided to the Medicaid population in North Carolina.

When the withhold program is enacted, DHHS and its actuaries will ensure the payment implications of withholds are designed to comply with federal regulations. Any withhold must be reviewed by the actuary to determine that the withhold should be “reasonably achievable” and the capitation rate including the withhold must be certified as actuarially sound. The methodology to perform the actuarial soundness assessment will be further refined as the actual withhold percentages are defined and the metrics finalized.

17.2 Medical Loss Ratio

The CMS Final Rule outlines requirements for rate-setting and financial reporting related to the MLR. From a rate-setting standpoint, 42 CFR 438.4(b)(9) stipulates that rates must be established in such a way that a BH I/DD Tailored Plan would reasonably achieve a MLR of at least 85.0%. From a financial reporting perspective, CMS prescribes the MLR calculation methodology in 42 CFR 438.8 for states and their contractors, and includes directions on how to classify various incurred costs and how to develop the numerator and denominator included in the ratio. Lastly, the Final Rule allows, but does not require, states to implement a remittance process for BH I/DD Tailored Plans which do not meet state-established minimum MLR thresholds.

17.2.1 Implied MLR Calculation Based on Capitation Rate Development

The capitation rates are developed independent of the MLR implications and are based on anticipated, reasonable expenditures required to meet the obligations put forth in the BH I/DD Tailored Plan contract. The capitation rates have not been developed based on a target MLR, nor are they influenced by any potential remittance process to be implemented by the State. Mercer calculated the implied MLRs for each rate cell on a statewide average basis using the MLR methodology outlined in the Final Rule and the cost components utilized in the development of capitation rates. A summary of this calculation is offered below and illustrated in the table below. While CMS has established a minimum MLR for Medicaid rate-setting of 85.0%, the higher MLRs are allowable as long as rates “are adequate for reasonable, appropriate, and attainable non benefit costs” as noted in 42 CFR 438.4(b)(9).

As is shown, the numerator includes all of the expected service (BH, I/DD and acute care) claims for the rate cell (i.e., Gross Medical PMPM) as well as 85.0% of the care management considerations included as part of the non-benefit expenses. These care management costs were included in the numerator as DHHS expects much of the care management costs incurred by the BH I/DD Tailored Plans to meet the definition of Health Care Quality Improvements (HCQI) which is included as part of the numerator within the Final Rule MLR methodology. HCQI are defined within 42 CFR 438.8(e)(3) as:

- Those activities that improve health quality and increase the likelihood of desired health outcomes as defined in 45 CFR 158.150
- Activities related to any External-Quality Review (EQR) activities as defined at 42 CFR 438.358(b) and (c)
- Health Information Technology expenses as defined at 45 CFR 158.151

Additionally, within 42 CFR 438.8(f), CMS outlines that the denominator of the MLR should be premium revenues excluding amounts for BH I/DD Tailored Plan taxes/fees/assessments. As a result, Mercer set the denominator in the table below as the total capitation rate less the BH I/DD Tailored Plan premium tax considerations included in the rate development process.

For comparison, Mercer also included a traditional pricing MLR calculation in the table below using a methodology that compares the Gross Medical PMPM to the total capitation rate. This pricing MLR is shown in row H of the table below. This was included to illustrate what portion of the total capitation rate is for medical costs. Also, one minus this ratio illustrates what portion of total capitation is intended for General Administration and Utilization Management, Care Management, Underwriting Gain and Premium Taxes. These ratios are significantly lower than the Final Rule MLR as they do not include any care management costs in the numerator and premium taxes are included in the denominator.

Table 34: Statewide Implied MLR Calculation by Rate Cell Utilizing Base Capitation Rates

Capitation Rate Component	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
(A) = Gross Medical PMPM or Payment	\$2,070.43	\$2,323.87	\$2,172.85	\$2,039.54	\$2,069.58	\$1,991.78	\$2,186.13	\$2,129.54
(B) = Care Management PMPM or Payment	\$36.95	\$40.09	\$40.39	\$38.22	\$31.87	\$34.29	\$39.12	\$37.55
(C) = (A) + 85% x (B)	\$2,101.84	\$2,357.95	\$2,207.19	\$2,072.03	\$2,096.67	\$2,020.92	\$2,219.38	\$2,161.46
(D) = Total Capitation Rate	\$2,392.35	\$2,671.37	\$2,468.50	\$2,374.22	\$2,364.59	\$2,315.94	\$2,504.71	\$2,444.50
(E) = Premium Taxes PMPM or Payment	\$45.45	\$50.76	\$46.90	\$45.11	\$44.93	\$44.00	\$47.59	\$46.45
(F) = (D) – (E)	\$2,346.89	\$2,620.61	\$2,421.59	\$2,329.11	\$2,319.67	\$2,271.94	\$2,457.12	\$2,398.06
(G) = (C) / (F) = Implied MLR	89.6%	90.0%	91.1%	89.0%	90.4%	89.0%	90.3%	90.1%
(H) = (A) / (D) = Pricing MLR	86.5%	87.0%	88.0%	85.9%	87.5%	86.0%	87.3%	87.1%

Note: The MLR illustration above summarizes the implied MLRs for the total estimated BH I/DD Tailored Plan capitation revenue and expenses. It excludes any consideration for additional utilization based payments or Tailored Care Management payments that may flow through the BH I/DD Tailored Plan. It also excludes the impact of any credibility adjustment which may apply depending actual enrollment of each BH I/DD Tailored Plan.

17.2.2 Minimum MLR Threshold

As part of Medicaid Transformation, DHHS is instituting a MLR reporting and remittance process for all BH I/DD Tailored Plans to ensure on a retrospective basis that BH I/DD Tailored Plans directed a sufficient portion of the capitation payments received from DHHS to services and activities that improve health in alignment with the program goals and objectives. In accordance with N.C. Gen. Stat. § 108D-65(6)c., a statewide minimum MLR threshold will be established at 88.0% for health care services, with the components of the numerator and denominator to be defined by DHHS (DHHS-defined MLR).

BH I/DD Tailored Plans will be required to calculate and report aggregate MLR on an annual, retrospective basis aligned to the contract year according to two formulas, CMS-defined MLR and DHHS-defined MLR as outlined in the Contract. The CMS-defined MLR will align with the reporting requirements outlined in 42 CFR 438.8 and will include all additional utilization based payments included in the final BH I/DD Tailored Plan contract. The DHHS-

defined MLR will also align with 42 CFR 438.8; however, the impact of revenues and expenses specific to the additional utilization based payments will be excluded from this view of the MLR as it will instead focus only on capitation revenue and expenses for included services. Note that the revenue and expenses associated with Tailored Care Management will be included in both the CMS and DHHS-defined MLR results.

If the BH I/DD Tailored Plans' DHHS-defined MLR is less than the minimum MLR threshold as defined above, the BH I/DD Tailored Plan shall remit to the Department a rebate equal to the denominator of the DHHS-defined MLR, multiplied by the difference between the minimum MLR threshold and the DHHS-defined MLR result. The BH I/DD Tailored Plan may make contributions to health-related resources (that meet certain requirements) in lieu of all or a portion of the required rebate with approval by DHHS.

APPENDIX A — MATERNITY EVENT CRITERIA

Under managed care, DHHS will pay a Maternity Event payment on all qualifying birth events. The Maternity Event payment was constructed to reflect a single payment per delivery, even in the case of multiple births during a delivery event. This payment includes cost of the delivery event, along with pregnancy-related care during the prenatal and postpartum period. Note that approximately 70.0% of historical costs associated with the Maternity Event payment occur in the month of the qualifying birth event.

The tables below outline the specific logic used to develop the Maternity Event payment structure.

Step 1: Identify Delivery Event

The qualifying birth event is identified using the following logic of CPT codes and DRG codes. The qualifying birth event is flagged if there is either a CPT code *or* DRG code on the claim. While other codes may be used in other markets for birth events, the codes in the tables below align with the current NC Clinical Coverage Policy for Obstetrics and Pregnancy Medical Homes.

Qualifying Birth CPT Codes

CPT Code	Type	Description
59400	Vaginal	Delivery, Antepartum Care and Postpartum Care
59409	Vaginal	Delivery
59410	Vaginal	Delivery and Postpartum Care
59510	Cesarean	Delivery, Antepartum Care and Postpartum Care
59514	Cesarean	Delivery
59515	Cesarean	Delivery and Postpartum Care

Qualifying Birth DRG Codes

DRG Code	Description
765	Cesarean section with CC/MCC
766	Cesarean section without CC/MCC
767	Vaginal delivery with sterilization and/or D&C
768	Vaginal delivery with O.R. procedure except sterilization and/or D&C
774	Vaginal delivery with complicating diagnoses
775	Vaginal delivery without complicating diagnoses

Step 2: Identify Prenatal and Postpartum Care

For beneficiaries identified in Step 1 above as having a qualifying birth event, Mercer included all claims with the following International Classification of Diseases (ICD)-10 codes in any diagnosis position for eight full months prior to the delivery event and two full months following the delivery event. This captures the pregnancy-related costs for the prenatal and postpartum periods.

ICD-10 Code Ranges for Prenatal and Postpartum Care

Code Range	Description	Prenatal Care	Postpartum Care
000-008	Pregnancy with abortive outcome	Included only codes where pregnancy outcome is unclear	Included only codes relating to puerperium
009	Supervision of high risk pregnancy	Included all codes	N/A

Code Range	Description	Prenatal Care	Postpartum Care
O10-O16	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	Excluded codes relating to childbirth and puerperium	Included only codes relating to puerperium
O20-O29	Other maternal disorders predominately related to pregnancy	Excluded codes relating to childbirth and puerperium	N/A
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems	Included all codes	N/A
O60-O77	Complications of labor and delivery	Included all codes dealing with unspecified, second and third trimester	Included only codes relating to puerperium
O80-O82	Encounter for delivery	N/A	N/A
O85-O92	Complications predominately related to the puerperium	Included all codes dealing with unspecified, first, second and third trimester	Included only codes relating to puerperium
O94-O9A	Other obstetric conditions, not elsewhere classified	Excluded codes relating to childbirth and puerperium	Included only codes relating to puerperium

Step 3: Identify Other Pregnancy-Related Services

For beneficiaries identified in Step 1 above as having a qualifying birth event, Mercer also included other pregnancy-related services, consistent with current State clinical coverage policies. Utilization for these services are included for eight full months prior to and two full months following the delivery event.

Childbirth Education Clinical Coverage Policy

CPT Code	Description
S9442	Birthing Class

Obstetrics and PMH Clinical Coverage Policy

CPT Code	Description
59425	Antepartum care only; 4–6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)
T1015	FQHC/RHC visit
59412	External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes (e.g., operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99464	Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn
S0280	PMH Incentive
S0281	PMH Incentive

Fetal Surveillance Clinical Coverage Policy

CPT Code	Description
<i>Ultrasound in Maternity Care</i>	
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or + 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or + 14 weeks 0 days), transabdominal approach; each additional gestation
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation of organ system(s) suspected or confirmed to be abnormal on a 76801
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
<i>Fetal Oxytocin Stress Testing</i>	
59020	Fetal Contract Stress Test
<i>Fetal Non-Stress Testing</i>	
59025	Fetal Non-Stress Test
<i>Biophysical Profile</i>	
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
<i>Fetal Echocardiography</i>	
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
93325	Doppler echocardiography color flow velocity mapping
<i>Amniocentesis & Chorionic Villus Sampling</i>	

CPT Code	Description
59000	Amniocentesis, Diagnostic
59001	Amniocentesis, Therapeutic
76946	Echo Guide For Amniocentesis
82143	Amniotic Fluid Scan
82963	Assay Of Glucosidase
83661	L/S Ratio, Fetal Lung
83662	Foam Stability, Fetal Lung
83663	Fluoro Polarize, Fetal Lung
83664	Lamellar Body, Fetal Lung
84081	Amniotic Fluid Enzyme Test
88235	Tissue Culture, Placenta
88267	Chromosome Analysis, Placenta
88269	Chromosome Analysis, Amniotic
59015	Chorion Biopsy
76945	Echo Guide, Villus Sampling
<i>Cordocentesis</i>	
59012	Fetal Cord Puncture, Prenatal
<i>Fetal Fibronectin Testing</i>	
82731	Assay Of Fetal Fibronectin

APPENDIX B — OTHER POPULATION ELIGIBILITY CRITERIA

Future Managed Care Populations Criteria

The following table represents the mapping logic used to define the future populations that DHHS has proposed to phase in to managed care after initial implementation.

Future Managed Care Populations

Population Group	Program Aid Code/Eligibility Code
Non-Dual LTSS — Nursing Facility	<p>Identify 3 months of consecutive nursing home utilization; mark member as being Non-Dual LTSS Nursing Facility from first of the month following month 3 of consecutive utilization forward. Note BH I/DD Tailored Plans are responsible for the member (if eligible for the BH I/DD Tailored Plan) until the member is considered Non-Dual LTSS Nursing Facility after 3 months of consecutive utilization.</p> <p>Also, identify beneficiaries residing in a state-owned Neuro-Medical Center operated by DSOHF or a Veterans Home operated by DMVA based on the following NPIs:</p> <ul style="list-style-type: none"> • Black Mountain Neuro-Medical Treatment Center (1275679474) • Longleaf Neuro-Medical Treatment Center (1144370248) • O'Berry Neuro-Medical Treatment Center (1720305980) • NC State Veterans Home — Black Mountain (1578814588) • NC State Veterans Home — Fayetteville (1871508408) • NC State Veterans Home — Kinston (1396087391) • NC State Veterans Home — Salisbury (1407930936)
Dual Eligibles, not eligible for BH I/DD Tailored Plan	<p>A beneficiary was identified as dual-eligible if either their eligibility fields "MA_STATUS" or "MB_STATUS" had a value of "MA" or "MB" respectively OR if the fourth character of the program category code was B or Q (except where first three characters of program category code is MQB).</p>

Permanently Excluded Population Criteria

The following table represents the mapping logic used to define the proposed permanently excluded populations.

Permanently Excluded Population Criteria

Population Group	Program Aid Code/Eligibility Code
Medically Needy	Fourth character of program category code of M or P
Family Planning	MAFDN
PACE	Living Arrangement Code 14, 15, or 54 AND Deductible Liability Type P
Partial Duals	MQBBN, MQBEN, MQBQN
Aliens (Emergency Services Only)	Eligibility codes with a fourth character of F, H, O, R or V
Refugees	MRFNN, RRFCN
Health Insurance Premium Program	Beneficiary roster provided by DHHS
Inmates	Living Arrangement Code 16
Presumptive Eligibility	Sub-program Code of PE
CAP/C	Setting of Care codes (HC, IC or SC)
CAP/DA	Setting of Care codes (CI, CS, ID or SD)
PACE	Living Arrangement Code 14, 15, or 54 AND Deductible Liability Type P

APPENDIX C — RATE CELL DETERMINATION

As a part of the capitation rate development to support DHHS, Mercer developed rate cell recommendations for the BH I/DD Tailored Plan population. The following section provides background and support for the recommended rate cell structure. Overall, Mercer developed the rate cell recommendations to (1) best match payment to risk and (2) consider the operational challenges to payout on the recommended rate cells.

Rate cells are used to develop variable payment rates accounting for material cost differences amongst regions and populations. The following subsections outline key considerations, methodology and recommendations for structuring the BH I/DD Tailored Plan rate cells.

Methodology

To evaluate rate cell recommendations, Mercer reviewed historical cost and utilization data for the Medicaid and NC Health Choice programs. This data summarization included FFS claims experience for services covered under DHHS's FFS program, as well as encounter data for BH I/DD services covered under the Medicaid BH managed care program currently operated by the LME/MCOs. PMPM cost data was summarized based on detailed population, age and regional breakouts.

In general, when developing the rate cell recommendations, Mercer weighed a number of factors, such as:

- Rate cell groupings should be developed by grouping populations with similar cost profiles together.
- Rate cells must contain a credible number of MMs to be able to mitigate volatility to help control predictability of expenses. More rate cells may better match payment to risk, but may be more difficult administratively and some rate cells may lack credibility.
- Fewer rate cells simplifies the rate-setting and payment processes and increases credibility, but may not do as good of a job matching payment to risk as each rate cell has a broader range of members.
- Rate cells should consider any material variations in the benefit packages across the BH I/DD Tailored Plan population (e.g., BH only for Duals, 1915(c) waiver services for Innovations and TBI).
- Rate cells may, but are not required to, consider the unique characteristics and services available to certain populations.
- Rate cells are easier to operationalize if they rely on data readily available on administrative or eligibility records. For example, populations requiring a qualifying diagnosis or level of care assessment may be more administratively difficult for DHHS to operationalize on an ongoing basis.

Finally, Mercer reviewed ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification) to understand acceptable factors used to establish distinct rate cells. Specifically, section 3.2.2 of ASOP 49 provides guidance for the structure of Medicaid managed care capitation rates by rate cell developed to account for material cost differences. Examples of reasonable rate cell characteristics, outlined in ASOP 49, include: age, gender, qualifying event (e.g., maternity delivery), geographic region, Medicaid eligibility group, eligibility for Medicare benefits, diagnosis or risk adjustment factors. In the recommendations outlined below for the BH I/DD Tailored Plan population, Mercer focused on the following: Medicaid/ eligibility group, Medicare coverage, 1915(c) waiver status, age, qualifying event and geographic region.

Population Rate Cell Recommendations

Historical data was summarized by population and age group for beneficiaries covered under the BH I/DD Tailored Plan. Mercer reviewed the cost volatility, cost differential and membership levels on a statewide basis for various population/age splits. Based on this review, Mercer recommended the following 11 rate cells plus the Maternity Event payment.

For region purposes, Mercer aligned the draft rates with the defined seven BH I/DD Tailored Plan regions (see Section 3, Figure 1).

Non-Dual Blind & Disabled Children	Non-Dual Aged, Blind & Disabled Adult	Non-Dual TANF and Other Related Children	Non-Dual TANF and Other Related Adult
Non-Dual Foster	Non-Dual Innovations	Non-Dual TBI	Dual Aged
Dual Blind & Disabled and Other	Dual Innovations	Dual TBI	Maternity Event (All Ages)

The rate cells determination was driven by the following:

- BH I/DD Tailored Plan coverage for duals varies from non-dual populations as acute care costs for duals is excluded. For this reason, each rate cell is split between duals and non-duals.
- Similar to the above, service coverage for individuals enrolled in a 1915(c) waiver also varies, so these groups were further split out.
- For the remaining non-waiver populations, the following historical data observations necessitated rate cell division:
 - Non-dual blind and disabled children are less costly than non-dual aged, blind and disabled adults. Additionally, each group included a credible amount of enrollment.
 - Dual aged, blind and disabled included very few children. Additionally, there are very few dual TANF, so there are fewer dual rate cells due to combining of eligibility groups and age bands for credibility purposes.
 - Non-dual TANF adults and children have similar total cost profiles. However, the split of BH versus acute care costs is significantly different. Additionally, each group has a credible enrollment size, so the TANF group is split by age.

APPENDIX D — CATEGORY OF SERVICE CRITERIA

The following tables represent the mapping logic used to define the detailed COS. The FFS data detailed COS logic is based on a combination of claim type and State-defined categories based on provider taxonomy. The encounter data detailed COS logic is based on logic defined and used for the development of the LME/MCO capitation rates. The COS groups are assigned in a hierarchy, as outlined in the tables below.

Note that this list includes a comprehensive assignment of all COS, and is not limited to those covered under the BH I/DD Tailored Plan.

Category of Service Mapping

COS Detailed Description	Data Source	Coding Logic
Capitation	FFS	Claim_Type '4' This excludes the following capitation payments: MedSolutions, PACE, BH LME Capitation, Innovations LME Capitation
Excluded Dental Services	FFS	Claim_Type 'D' OR (Procedure codes with first character 'D', but NOT [(D0145 OR D1206) AND not claim type D])
Local Education Agency	FFS	Claim_Type '0'
Children's Developmental Services Agencies	FFS	Claim_Type 'V'
Excluded Optical Services (eyeglasses fabrication)	FFS	Billing Provider NPI = 1376576777 (Nash Optical Lab)
Optical (eyeglasses fittings)	FFS	Procedure Codes = 92340, 92341, 92342, 92353, 92370
Medical Home Payments	FFS	Claim_Type 'M' AND BILL_PRVDR_ATYP_NPI is Null AND paid amount is: \$1.00 OR \$2.50 OR \$5.00
Care Management for High Risk Pregnancy Payments	FFS	Claim_Type 'M' AND BILL_PRVDR_ATYP_NPI is NOT Null AND paid amount is: \$4.96 or \$4.71
Care Management for At-Risk Children Payments	FFS	Claim_Type 'M' AND BILL_PRVDR_ATYP_NPI is NOT Null AND paid amount is \$4.56
Excluded PCMH Payments — Payments made to CCNC related to monthly per member payments along with payments made to administer the Health Check and PMH programs	FFS	Claim_Type 'M' AND not identified above
Therapies	FFS	Claim_type '2'
Dental (limited)	FFS	Procedure codes D0145 OR D1206, when billed <u>without</u> claim type 'D'
Inpatient — PH	FFS	[State COS = 0015 (HOSP INPT-GENERAL) OR 0019 (HOSP INPT-SPECIALITY) OR 0051 (HOSP INPT-GEN XOVERS) OR 0040 (HOSP INPT-INDIAN)]
Inpatient — BH	LME/MCO Encounters	Revenue code 101–182, 184–219
Emergency Room (BH/PH)	FFS	Revenue code 0450 - 0459 OR CPT codes 99281 – 99285 OR State COS = 0050 (HOSP OUTPT-EMER. ROOM)
	LME/MCO Encounters	Revenue code 0450 - 0459 OR CPT codes 99281 - 99285 <i>Note: If claim has Inpatient bill type, dollars should be assigned to Inpatient regardless of Emergency Room revenue code.</i>

COS Detailed Description	Data Source	Coding Logic
Outpatient Hospital — Facility	FFS	[State COS = 0016 (HOSP OUTPT-GENERAL) OR 0045 (HOSP OUTPT-SPECIALTY) OR 0048 (AMBULATORY SURG CENTER) OR 0052 (HOSP OUTPT-GEN XOVERS) OR 0042 (HOSP OUTPT-INDIAN)]
Outpatient Hospital — Professional	FFS	(Physician — Primary Care OR Physician — Specialty [see logic below]) AND (Place of Service 22 [On Campus-Outpatient Hospital] OR 24 [Ambulatory Surgical Center])
ICF/IID	FFS	State COS = 0021 (LTC-ICF MRC, SO) OR 0047 (LTC-ICF MRC, NSO)
	LME/MCO Encounters	Revenue code 100 or 183
Nursing Home	FFS	State COS = 0020 (LTC-ICF SO AND NSO) OR 0022 (NF-ICF SWING BEDS) OR 0035 (LTC-SNF SO AND NSO) OR 0036 (NF-SNF SWING BEDS) OR 0039 (NF-INDIAN HEALTH) OR 0049 (HOSP LONG TERM CARE) OR 0071 (NF-HEAD LEVEL OF CARE) OR 0072 (NF-VENT LEVEL OF CARE)
	LME/MCO Encounters	Revenue code 911 or 919
Psychiatric Residential Treatment Facility (PRTF)	FFS	State COS = 0017 (HOSP INPT-MTL,SO < 21) OR 0041 (HOSP INPT-MTL,NSO < 21)
	LME/MCO Encounters	Revenue code 911 or 919
Other BH Services	FFS	State COS = 0070 (PRACTITIONER-NON PHYS) OR 0084 (HIGH RISK INTERVENTION)
Assertive Community Treatment (ACT)	LME/MCO Encounters	Procedure code H0040
Community Support	LME/MCO Encounters	Procedure code H0036, [H2015 AND non-Innovations waiver beneficiary]
Crisis Services	LME/MCO Encounters	Procedure code S9484, [H2011 AND non-Innovations waiver beneficiary], H0010, H2036, 90839,90840
Intensive In-Home Services (IIHS)	LME/MCO Encounters	Procedure code H2022
Multisystemic Therapy (MST)	LME/MCO Encounters	Procedure code H2033
Outpatient (including psychotherapy and limited alcohol/drug services)	LME/MCO Encounters	Procedure codes 90785, 90791, 90792, 90801–90838, 90841–90899, 96100, 96101, 96110, 96111, 96115–96118, G0431, G0434, H0001, H0002, H0004, H0005, H0012–H0015, H0020, H0031, H2035, Q3014, S9485, T1023, covered E/M codes (99xxx) or Revenue codes 450–459, 900–910, 912–919
Partial Hospital/Day Treatment	LME/MCO Encounters	Procedure code H0035, H2012
Psychiatric Rehabilitation	LME/MCO Encounters	Procedure code H2017
BH Long-term Residential	LME/MCO Encounters	Procedure code H0019, H0046, H2020, S5145, H2029

COS Detailed Description	Data Source	Coding Logic
Physician — Primary Care	FFS	State COS = 0027 (PHYSICIAN) AND Rendering Provider Taxonomy_Codes = 207Q00000X, 207R00000X, 208000000X, 2080A0000X, 208D00000X, 363A00000X, 363L00000X, 363LF0000X, 207V00000X, 367A00000X, 207QA0505X, 207QG0300X, 207QA0505X, 207RG0300X, 363LA2200X, 363LP0200X, 363LG0600X, 363LX0001X, 363LP1700X, 363LP2300X, 363LW0102X, 364SA2200X, 364SF0001X, 207QA0000X, 207QA0505X, 207RA0000X, 207VG0400X, 207VX0000X, 207RG0300X, 207QG0300X, 364S00000X, 364SG0600X
Physician — Specialty	FFS	State COS = 0027 (PHYSICIAN) without the taxonomy restriction on Physician Primary Care
FQHC/RHC	FFS	State COS = 0006 (CLINICS-RURAL HEALTH) OR 0061 (HEALTH CHECK-RURAL HLT) OR 0065 (CLINICS-FQHC,CORE&AMB) OR 0067 (HEALTH CHECK-FQHC) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND Claim_Type '5' (RURAL HLTH CLINIC / FEDERALLY QUALIFIED HLTH CNTR)]
Other Clinic (Free-standing Clinics/Health Check — Health Department)	FFS	State COS = 0002 (CLINICS-FREE STANDING) OR 0003 (CLINICS-HEALTH DEPT) OR 0033 (HEALTH CHECK-HLTH DEPT) OR 0034 (HEALTH CHECK-OTHR PROV) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND NOT (Claim_Type '3' (INSTITUTIONAL AMBULANCE) OR Claim_Type 'T' (AMBULANCE (PROFESSIONAL)))]
Family Planning Services	FFS	State COS = 0010 (FAMILY PLAN-HOSP INPT) OR 0011 (FAMILY PLAN-HOSP OUTPT) OR 0012 (FAMILY PLAN-PHYSICIAN) OR 0024 (FAMILY PLAN-STERILIZATION) OR 0031 (FAMILY PLAN-DRUGS) OR 0037 (FAMILY PLAN-RURAL HLTH) OR 0038 (FAMILY PLAN-HLTH DEPT) OR 0066 (FAMILY PLAN-FQHC)
Other Practitioner	FFS	State COS = 0028 (CHIROPRACTIC) OR 0046 (PODIATRY)
Case Management	FFS	State COS = 0062 (CASE MANAGEMENT-FSO) OR 0081 (CASE MANAGEMENT-HIV)
Home Health	FFS	State COS = 0014 (HOME HEALTH) OR 0026 (HOME HEALTH-INDIAN) OR 0059 (HOME INFUSION THERAPY)
Personal Care	FFS	State COS = 0053 (PERSONAL CARE)
Hospice	FFS	State COS = 0060 (HOSPICE)
HCBS Services — FFS	FFS	State COS = 0055 (CAP-DISABLED) OR 0057 (CAP-CHILDREN) OR 0085 (CAP CHOICE)
Innovations — Day Support	LME/MCO Encounters	Procedure code T2021, T2027
Innovations — In-Home Services	LME/MCO Encounters	Procedure code H2015, T1015, T2013
Innovations — Personal Care	LME/MCO Encounters	Procedure code S5125, T1019
Innovations — Residential Supports	LME/MCO Encounters	Procedure code H2016, T2014, T2016, T2020, T2033

COS Detailed Description	Data Source	Coding Logic
Innovations — Respite	LME/MCO Encounters	Procedure code H0045, S5150, T1005
Innovations — Supported Employment	LME/MCO Encounters	Procedure code H2023, H2025, H2026
Innovations — Other	LME/MCO Encounters	Procedure code H2011, S5110, S5111, S5165, T1999, T2025, T2029, T2034, T2038, T2039, T2041 or [B4100–B4162 AND [age group] = 21+]
FFS Innovations Services	FFS	State COS = 0056 (CAP-MENTALLY RETARDED)
1915(b)(3) Services	LME/MCO Encounters	Procedure code 99241 U4, 99242 U4, 99244 U4, H0038, S5151, T1012, H2022 U4, [(H0045, H2016, H2023, H2025-H2026, S5110, S5111, S5125, S5150, S5165, T1005, T1015, T1019, T2013, T2014, T2020, T2021, T225, T2027, T2029, T2034, T2038, T2039 or T2041) AND non-Innovations waiver beneficiary] Peer support services defined as H0038 with either a HQ or U4 modifier except for H0038 HK U4 claims within BH I/DD Tailored Plan Region 3.
Prescribed Drugs	FFS	State COS = 0032 (PRESCRIBED DRUGS)
Durable Medical Equipment	FFS	State COS = 0013 (HEARING AIDS) OR 0054 (DURABLE MEDICAL EQUIP)
Optical	FFS	State COS = 0029 (OPTICAL SUPPLIES) OR 0030 (OPTICAL)
Lab and X-ray	FFS	State COS = 0023 (LAB AND X-RAY)
Transportation — Ambulance	FFS	State COS = 0001 (AMBULANCE) OR [SCOS 0073 (OTHER AMB CARE-INDIAN) AND (Claim_Type '3' (INSTITUTIONAL AMBULANCE) OR Claim_Type 'T' (AMBULANCE (PROFESSIONAL)))]
Transportation — NEMT	FFS	State COS = 0088 (TRANSPORTATION-COUNTY)

APPENDIX E — BH I/DD TAILORED PLAN ELIGIBILITY CRITERIA

Pursuant to N.C. Gen. Stat. § 108D-40(a)(12), beneficiaries eligible for the BH I/DD Tailored Plan include: those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe substance use disorder (SUD), an I/DD, or who have survived a traumatic brain injury (TBI) and who are receiving TBI services, who are on the waiting list for the TBI waiver, or whose TBI otherwise is a knowable fact. DHHS identified specific data criteria, as outlined in this document, for populations described in N.C. Gen. Stat. § 108D-40(a)(12) that will be used to identify beneficiaries eligible for the BH I/DD Tailored Plan. Additionally, new Medicaid beneficiaries and Standard Plan beneficiaries who are not identified as eligible for BH I/DD Tailored Plans based on data reviews will be able to request a review of their eligibility for a BH I/DD Tailored Plan.

Along with meeting one of the BH I/DD Tailored Plan eligibility criteria, beneficiaries must also be eligible for Medicaid Managed Care. The following populations will be eligible to enroll and receive services through the BH I/DD Tailored Plan once they launch in July 2022, if they also meet one of the BH I/DD Tailored Plan eligibility criteria.

- Populations eligible for the Standard Plan, as outlined in RFP 30-190029-DHB Section V.B.1(d).33
- Beneficiaries enrolled in both Medicare and Medicaid (dual eligible) for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing. These dual eligibles will only be eligible to receive BH, I/DD and TBI services through the BH I/DD Tailored Plan.³⁴ Note that dual eligible beneficiaries otherwise excluded from managed care, such as beneficiaries served through the CAP/DA waiver, would not be eligible for the BH I/DD Tailored Plan.
- Non-dual eligible beneficiaries enrolled in the foster care system, formerly enrolled in foster care system up to age 26, or receiving Title IV-E adoption assistance, may have a choice of plans.

BH I/DD Tailored Plan Eligibility Criteria

This section outlines the criteria used for the draft capitation rates in this Draft Rate Book to identify beneficiaries eligible for the BH I/DD Tailored Plan. The criteria is subject to change prior to managed care launch. The BH I/DD Tailored Plan criteria will be used to determine BH I/DD Tailored Plan eligibility based on application to the FFS claims, LME/MCO encounters, State eligibility system, and/or other sources. For purposes of the draft capitation rate development, Mercer assumed DHHS will evaluate data based on dates of service from January 2018 forward to determine the population meeting the BH I/DD Tailored Plan criteria. The specific lookback date may differ for the various criteria and will be revisited for final application to the Tailored Plan program. Beneficiaries who are not identified based on one of the defined criteria but need the services or level of care available through the BH I/DD Tailored Plans can request a review for BH I/DD Tailored Plan eligibility. Any changes to the BH I/DD Tailored Plan criteria will be evaluated for the final capitation rates.

1. Innovations Waiver — Beneficiaries with a Special Coverage Code of 'IN' or 'CM'. Although the 'IN' Special Coverage Code is the predominant indicator of Innovations Waiver enrollment, since this exercise evaluates a historical study period, the data logic also leverages the historical 'CM' Special Coverage Code to identify Innovations Waiver participants. Innovations Waiver beneficiaries are excluded from Standard Plan enrollment.
2. TBI Waiver — Beneficiaries with a Special Coverage Code of 'BH' or 'BN'. DHHS maintains a list of these beneficiaries as reported by Alliance. TBI Waiver beneficiaries are excluded from Standard Plan enrollment.
3. Transition to Community Living Initiative (TCLI) — DHHS maintains a list of all beneficiaries targeted per the TCLI as reported by the LME/MCOs. Certain beneficiaries on the TCLI list have an applicant status

³³ <https://files.nc.gov/ncdhhs/30-190029-DHB-1.pdf>

³⁴ The proposed coverage of duals for a limited set of benefits under the BH I/DD Tailored Plan discussed throughout the Draft Rate Book may be subject to a change in state law.

- indicating that they were “removed” from TCLI, and thus these beneficiaries will not be considered eligible for the BH I/DD Tailored Plan per the TCLI criteria.
4. Innovations Waiver Waitlist — DHHS maintains a list of beneficiaries on the Innovations Waiver Waitlist as reported by the LME/MCOs.
 5. TBI Waiver Waitlist — This is not currently applicable as there are no individuals on the TBI Waiver Waitlist.
 6. Utilization of Medicaid service only available in BH I/DD Tailored Plan — Utilization within the historical FFS claims and/or LME/MCO encounters of a service listed in Table 1.
 7. Utilization of BH, I/DD or TBI Services Funded with State, Local, Federal or Other Non-Medicaid Funds — Identification logic leveraged State-funded claims experience based on data available through NCTracks.
 8. Children with Complex Needs (CWCN) — DHHS maintains a list of all beneficiaries identified as CWCN as reported by the LME/MCOs.
 9. I/DD Diagnosis — FFS claim or LME/MCO encounter with a qualifying I/DD diagnosis code(s) (all diagnosis positions) as listed in Table 2.
 10. SMI/SED— The following logic was utilized to identify beneficiaries with an SMI or SED:
 - a. FFS claim or LME/MCO encounter with a qualifying SMI/SED diagnosis code(s) as listed in Table 3 (SED) or Table 4 (SMI).
 - i. SMI diagnosis list is applied to the primary diagnosis position only for beneficiaries ages 18+. Beneficiaries must also have utilization within the FFS and LME/MCO encounter information of an enhanced BH service as listed in Table 6. The diagnosis and enhanced BH utilization qualifying event do not need to occur on the same claim.
 - ii. SED diagnosis list is applied to beneficiaries ages <18. Diagnoses denoted with an asterisk in Table 3 *do not* require the beneficiary to have also accessed an enhanced BH service (schizophrenia and schizophrenia spectrum diagnoses, in any diagnosis position). Beneficiaries with remaining diagnoses on the list in Table 3 must have a claim with a qualifying diagnosis in the primary diagnosis position only and also have utilization of an enhanced BH service in Table 6. The diagnosis and enhanced BH utilization qualifying event do not need to occur on the same claim.
 - b. Electroconvulsive Therapy — Identified in both the FFS claims or LME/MCO encounters based on utilization of CPT code 90870 or revenue code 0901.
 - c. Use of clozapine or long-acting injectable antipsychotics — Identified in the FFS claims based on utilization of one of the products listed in Table 7.
 11. SUD Diagnosis + Enhanced BH Service — FFS claim or LME/MCO encounter with a qualifying SUD diagnosis code(s) (primary diagnosis position only) as listed in Table 5 along with utilization within the FFS and LME/MCO encounter information of an enhanced BH service as listed in Table 6. The diagnosis and enhanced BH utilization qualifying event do not need to occur on the same claim.
 12. Two or More Psychiatric Hospitalizations or Readmissions — Identified in the FFS claims based on DRGs 876, 880-887, 894–897, and in the LME/MCO encounters based on Revenue Codes 101–182, 184–219.
 13. Admission to State Psychiatric Hospitals or Alcohol and Drug Abuse Treatment Centers (ADATCs) — This is based on ADATC admission data from DHHS and includes, but is not limited to, individuals known to DHHS to have had one or more involuntary treatment episodes in a State-owned facility.
 14. Two or More Visits to the Emergency Department for a Psychiatric Problem — Identified in the FFS claims based on Revenue Code 450 and a qualifying diagnosis in the primary position per Tables 3–5 (on the same claim), and in the LME/MCO encounters based on Revenue Code 450 alone.
 15. Two or More Episodes using BH Crisis Services — Identified in both the FFS claims and LME/MCO encounters based on utilization of the procedure codes listed below.
 - 90839 and 90840 (psychotherapy for crisis)
 - H0010 (non-hospital medical detox)
 - H2011 (mobile crisis management)

- H2036 (medically supervised detox crisis stabilization)
- S9484 (facility based crisis service)

Table 1: Services Only Available in the BH I/DD Tailored Plan

Description	Code ³⁵	Applicable Dataset ³⁶
<i>Medicaid State Plan Services</i>		
Substance Abuse (SA) Non-Medical Community Residential Treatment	H0012	FFS Claims and/or LME/MCO Encounters
SA Medically Monitored Community Residential Treatment	H0013	
SA Intensive Outpatient Program	H0015	
High Risk Intervention (HRI) Residential	H0019	
Assertive Community Treatment Team	H0040	
HRI Residential	H0046	
Child/Adolescent Day Treatment	H2012	
Community Support	H2015	
Psychosocial Rehabilitation	H2017	
HRI Residential	H2020	
Intensive In-Home Services	H2022	
Multi-Systemic Therapy	H2033	
SA Comprehensive Outpatient Treatment Program	H2035	
HRI Residential	S5145	
ICF/IID	State Category of Service (SCOS) ³⁷ 0021 OR 0047	FFS Claims
	Revenue Code 100 OR 183	LME/MCO Encounters
PRTF	SCOS 0017 OR 0041	FFS Claims
	Revenue Code 911	LME/MCO Encounters
<i>1915(b)(3) Services³⁸</i>		
Transitional Living Skills (Cardinal Only)	H2022 U4	LME/MCO Encounters
Intensive Recovery Supports	T1012	
Personal Care/Individual Support	T1019	
Respite	H0045	
One Time Transitional Cost	H0043	
Supported Employment	H2023	
Supported Employment Maintenance	H2026	
Innovations Waiver Services	See List Below	
<i>Innovations Waiver Services</i>		
Crisis Intervention & Stabilization Supports	H2011	LME/MCO Encounters
Community Networking	H2015	
Residential Supports (modifier differentiates Levels 1 and 4)	H2016	
Supported Employment	H2025	

³⁵ Unless otherwise noted, identification logic does not leverage the modifier field.

³⁶ In some instances, the BH I/DD Tailored Plan service criteria was only run against the LME/MCO encounters (and not the FFS claims) as certain services are only offered through the LME/MCOs and procedure code detail may double as another State Plan/1915(c) waiver service in the FFS claims.

³⁷ The State-defined SCOS field is based on provider taxonomy.

³⁸ Note DHHS received approval of a State Plan Amendment in October 2019 adding Peer Supports (formerly a 1915(b)(3) service) to the State Plan. This service will be offered via the Standard and BH I/DD Tailored Plans. As such, this service was not used to qualify beneficiaries as eligible for the BH I/DD Tailored Plan.

Description	Code ³⁵	Applicable Dataset ³⁶
Natural Supports Education	S5110	
Natural Supports Education — Conference	S5111	
Personal Care	S5125	
Respite Care	S5150	
Home Modifications	S5165	
Respite Care Nursing	T1005	
In-Home Intensive Supports	T1015	
Individual Goods and Services	T1999	
Community Living and Supports	T2013	
Residential Support Level 2	T2014	
Residential Support Level 3	T2020	
Day Supports	T2021	
Specialized Consultative Services	T2025	
Day Supports — Developmental Day	T2027	
Assistive Technology — Equipment and Supplies	T2029	
Supported Living	T2033	
Crisis Services — Out of Home	T2034	
Community Transition Supports	T2038	
Vehicle Adaptations	T2039	
Community Navigator	T2041	
<i>In-Lieu-Of Services (ILOS)</i> ³⁹		
ILOS utilization was included in the eligibility criteria, with exceptions for the following ILOS that were <u>not</u> included in the BH I/DD Tailored Plan eligibility criteria as DHHS acknowledged these ILOS will be allowable through the Standard Plan:		LME/MCO Encounters
<ul style="list-style-type: none"> • Behavioral Health Urgent Care • Outpatient Plus • Rapid Care Services • Behavioral Health Crisis Assessment and Intervention 		

Table 2: I/DD Diagnosis Code List

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters.

Code	Description	Code	Description
D82.1	Di George's syndrome	F84.0	Autistic Disorder
E70.0	Classical phenylketonuria	F84.2	Rett's Syndrome
E75.02	Tay-Sachs disease	F84.3	Other childhood disintegrative disorder
E75.19	Other Gangliosidosis	G31.81	Alpers disease
E75.23	Krabbe disease	G31.82	Leigh's Disease
E75.25	Metachromatic Leukodystrophy	Q05.4	Unspecified Spina Bifida With Hydrocephalus
E75.29	Other Sphingolipidosis	Q05.8	Sacral spina bifida without hydrocephalus
E75.4	Neuronal ceroid lipofuscinosis	Q07.02	Arnold-Chiari Syndrome with Hydrocephalus
E76.01	Hurler's syndrome	Q07.03	Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus
E76.1	Mucopolysaccharidosis, type II	Q85.1	Tuberous sclerosis
E76.22	Sanfilippo Mucopolysaccharidoses	Q86.0	Fetal Alcohol Syndrome
E76.29	Other Mucopolysaccharidoses	Q87.1	Congenital malformation syndromes predominantly associated with short stature (includes Prader-Willi)

³⁹ Please refer to the various LME/MCO rate schedules for a list of ILOS and corresponding procedure codes as this varies by LME/MCO.

Code	Description	Code	Description
E76.3	Mucopolysaccharidosis, unspecified	Q90.9	Down Syndrome, Unspecified
E77.1	Defects In Glycoprotein Degradation	Q91.3	Trisomy 18, unspecified
E78.71	Barth syndrome	Q91.7	Trisomy 13, unspecified
E78.72	Smith-Lemli-Opitz Syndrome	Q93.4	Deletion of short arm of chromosome 5
F70	Mild intellectual disabilities	Q93.82	Williams syndrome (code as of 1/1/2019, previously Q89.8)
F71	Moderate intellectual disabilities	Q93.51	Angelman syndrome (code as of 1/1/2019, previously Q93.5)
F72	Severe intellectual disabilities	Q98.4	Klinefelter syndrome, unspecified
F73	Profound intellectual disabilities	Q99.2	Fragile X Chromosome

Table 3: SED Diagnosis Code List

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters. Codes denoted with an asterisk do not require enhanced BH service utilization, and meet the criteria when the diagnosis is found in any diagnosis position. All other codes apply to primary diagnosis code position only.

Code	Description	Code	Description
F06.30	Mood disorder due to known physiological condition, unspecified	F32.3	Major depressive disorder, single episode, severe with psychotic features
F06.31	Mood disorder due to known physiological condition with depressive features	F32.4	Major depressive disorder, single episode, in partial remission
F06.32	Mood disorder due to physiological condition with major depressive-like episode	F32.5	Major depressive disorder, single episode, in full remission
F06.8	Other mental disorders due to known physiological condition	F32.8	Other depressive episodes
F09	Unspecified mental disorder due to known physiological condition	F32.9	Major depressive disorder, single episode, unspecified
F20.0*	Paranoid schizophrenia	F33.0	Major depressive disorder, recurrent, mild
F20.1*	Disorganized schizophrenia	F33.1	Major depressive disorder, recurrent, moderate
F20.2*	Catatonic schizophrenia	F33.2	Major depressive disorder, recurrent severe without psychotic features
F20.3*	Undifferentiated schizophrenia	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F20.5*	Residual schizophrenia	F33.40	Major depressive disorder, recurrent, in remission, unspecified
F20.81*	Schizophreniform disorder	F33.41	Major depressive disorder, recurrent, in partial remission
F20.89*	Other schizophrenia	F33.42	Major depressive disorder, recurrent, in full remission
F20.9*	Schizophrenia, unspecified	F33.8	Other recurrent depressive disorders
F22*	Delusional disorders	F33.9	Major depressive disorder, recurrent, unspecified
F23*	Brief psychotic disorder	F34.1	Dysthymic disorder
F24*	Shared psychotic disorder	F34.8	Other persistent mood [affective] disorders
F25.0*	Schizoaffective disorder, bipolar type	F34.9	Persistent mood [affective] disorder, unspecified
F25.1*	Schizoaffective disorder, depressive type	F39	Unspecified mood [affective] disorder
F25.8*	Other schizoaffective disorders	F40.00	Agoraphobia, unspecified
F25.9*	Schizoaffective disorder, unspecified	F40.01	Agoraphobia with panic disorder
F28	Other psychotic disorder not due to a substance or known physiological condition	F40.02	Agoraphobia without panic disorder

Code	Description	Code	Description
F29	Unspecified psychosis not due to a substance or known physiological condition	F40.10	Social phobia, unspecified
F30.10	Manic episode without psychotic symptoms, unspecified	F40.11	Social phobia, generalized
F30.11	Manic episode without psychotic symptoms, mild	F40.8	Other phobic anxiety disorders
F30.12	Manic episode without psychotic symptoms, moderate	F41.0	Panic disorder without agoraphobia
F30.13	Manic episode, severe, without psychotic symptoms	F41.1	Generalized anxiety disorder
F30.2	Manic episode, severe with psychotic symptoms	F41.3	Other mixed anxiety disorders
F30.3	Manic episode in partial remission	F41.8	Other specified anxiety disorders
F30.4	Manic episode in full remission	F41.9	Anxiety disorder, unspecified
F30.8	Other manic episodes	F42	Obsessive-compulsive disorder
F30.9	Manic episode, unspecified	F43.10	Post-traumatic stress disorder, unspecified
F31.0	Bipolar disorder, current episode hypomanic	F43.12	Post-traumatic stress disorder, chronic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified	F44.89	Other dissociative and conversion disorders
F31.11	Bipolar disorder, current episode manic without psychotic features, mild	F50.00	Anorexia nervosa, unspecified
F31.12	Bipolar disorder, current episode manic without psychotic features, mod	F50.01	Anorexia nervosa, restricting type
F31.13	Bipolar disorder, current episode manic without psychotic features, severe	F50.02	Anorexia nervosa, binge eating/purging type
F31.2	Bipolar disorder, current episode manic severe with psychotic features	F50.2	Bulimia nervosa
F31.30	Bipolar disorder, current episode depressed, mild or mod severity, unspecified	F50.8	Other eating disorders
F31.31	Bipolar disorder, current episode depressed, mild	F50.82	Avoidant/restrictive food intake disorder
F31.32	Bipolar disorder, current episode depressed, moderate	F50.9	Eating disorder, unspecified
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	F63.1	Pyromania
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	F63.3	Trichotillomania
F31.60	Bipolar disorder, current episode mixed, unspecified	F63.81	Intermittent explosive disorder
F31.61	Bipolar disorder, current episode mixed, mild	F63.89	Other impulse disorders
F31.62	Bipolar disorder, current episode mixed, moderate	F84.0	Autistic disorder
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	F84.5	Asperger's syndrome
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	F90.2	Attention-deficit hyperactivity disorder, combined type
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	F90.8	Attention-deficit hyperactivity disorder, other type

Code	Description	Code	Description
F31.73	Bipolar disorder, in partial remission, most recent episode manic	F90.9	Attention-deficit hyperactivity disorder, unspecified type
F31.74	Bipolar disorder, in full remission, most recent episode manic	F91.0	Conduct disorder confined to family context
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	F91.1	Conduct disorder, childhood-onset type
F31.76	Bipolar disorder, in full remission, most recent episode depressed	F91.2	Conduct disorder, adolescent-onset type
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	F91.3	Oppositional defiant disorder
F31.78	Bipolar disorder, in full remission, most recent episode mixed	F91.8	Other conduct disorders
F31.81	Bipolar II disorder	F91.9	Conduct disorder, unspecified
F31.89	Other bipolar disorder	F94.1	Reactive attachment disorder of childhood
F31.9	Bipolar disorder, unspecified	F94.2	Disinhibited attachment disorder of childhood
F32.0	Major depressive disorder, single episode, mild	F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F32.1	Major depressive disorder, single episode, moderate	F99	Mental disorder, not otherwise specified
F32.2	Major depressive disorder, single episode, severe without psychotic features		

Table 4: SMI Diagnosis Code List

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters.

Code	Description	Code	Description
F20.0	Paranoid schizophrenia	F31.74	Bipolar disorder, in full remission, most recent episode manic
F20.1	Disorganized schizophrenia	F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F20.2	Catatonic schizophrenia	F31.76	Bipolar disorder, in full remission, most recent episode depressed
F20.3	Undifferentiated schizophrenia	F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F20.5	Residual schizophrenia	F31.78	Bipolar disorder, in full remission, most recent episode mixed
F20.8	Other schizophrenia	F31.81	Bipolar II disorder
F20.81	Schizophreniform disorder	F31.89	Other bipolar disorder
F20.89	Other schizophrenia	F31.9	Bipolar disorder, unspecified
F20.9	Schizophrenia, unspecified	F32.0	Major depressive disorder, single episode, mild
F21	Schizotypal disorder	F32.1	Major depressive disorder, single episode, moderate
F22	Delusional Disorder Unspecified	F32.2	Major depressive disorder, single episode, severe without psychotic features
F25.0	Schizoaffective disorder, bipolar type	F32.3	Major depressive disorder, single episode, severe with psychotic features
F25.1	Schizoaffective disorder, depressive type	F32.4	Major depressive disorder, single episode, in partial remission
F25.8	Other schizoaffective disorders	F32.9	Major depressive disorder, single episode, unspecified
F25.9	Schizoaffective disorder, unspecified	F33.0	Major depressive disorder, recurrent, mild

Code	Description	Code	Description
F29	Unspecified psychosis not due to a substance or known physiological condition	F33.1	Major depressive disorder, recurrent, moderate
F30.13	Manic episode, severe, without psychotic symptoms	F33.2	Major depressive disorder, recurrent severe without psychotic features
F30.2	Manic episode, severe with psychotic symptoms	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F31.0	Bipolar disorder, current episode hypomanic	F33.41	Major depressive disorder, recurrent, in partial remission
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified	F33.9	Major depressive disorder, recurrent, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild	F40.00	Agoraphobia, unspecified
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	F40.01	Agoraphobia with panic disorder
F31.13	Bipolar disorder, current episode manic without psychotic features, severe	F41.0	Panic disorder without agoraphobia
F31.2	Bipolar disorder, current episode manic severe with psychotic features	F41.1	Generalized anxiety disorder
F31.30	Bipolar disorder, current episode depressed, mild or mod severity, unspecified	F42	Obsessive-compulsive disorder
F31.31	Bipolar disorder, current episode depressed, mild	F42.3	Hoarding disorder
F31.32	Bipolar disorder, current episode depressed, moderate	F43.10	Post-traumatic stress disorder, unspecified
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	F43.11	Post-traumatic stress disorder, acute
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	F43.12	Post-traumatic stress disorder, chronic
F31.60	Bipolar disorder, current episode mixed, unspecified	F44.2	Dissociative stupor
F31.61	Bipolar disorder, current episode mixed, mild	F44.81	Dissociative identity disorder
F31.62	Bipolar disorder, current episode mixed, moderate	F44.9	Dissociative and conversion disorder, unspecified
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	F50.00	Anorexia nervosa, unspecified
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	F50.01	Anorexia nervosa, restricting type
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	F50.02	Anorexia nervosa, binge eating/purging type
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	F50.2	Bulimia nervosa
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	F53	Puerperal psychosis
F31.73	Bipolar disorder, in partial remission, most recent episode manic	F60.3	Borderline Personality Disorder

Table 5: SUD Diagnosis Code List

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters.

Code	Description	Code	Description
F10.10	Alcohol abuse, uncomplicated	F14.220	Cocaine dependence with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium	F14.23	Cocaine dependence with withdrawal

Code	Description	Code	Description
F10.20	Alcohol dependence, uncomplicated	F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F10.22	Alcohol dependence with intoxication, uncomplicated	F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F10.221	Alcohol dependence with intoxication delirium	F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F10.23	Alcohol dependence with withdrawal, uncomplicated	F15.10	Other stimulant abuse, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium	F15.20	Other stimulant dependence, uncomplicated
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	F15.220	Other stimulant dependence with intoxication, uncomplicated
F10.239	Alcohol dependence with withdrawal, unspecified	F15.23	Other stimulant dependence with withdrawal
F10.25	Alcohol dependence with alcohol-induced psychotic disorder with delusions	F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F10.921	Alcohol use, unspecified with intoxication delirium	F15.929	Other stimulant use, unspecified with intoxication, unspecified
F11.10	Opioid abuse, uncomplicated	F15.93	Other stimulant use, unspecified with withdrawal
F11.120	Opioid abuse with intoxication, uncomplicated	F16.10	Hallucinogen abuse, uncomplicated
F11.129	Opioid abuse with intoxication, unspecified	F16.20	Hallucinogen dependence, uncomplicated
F11.20	Opioid dependence, uncomplicated	F16.220	Hallucinogen dependence with intoxication, uncomplicated
F11.22	Opioid dependence with intoxication, uncomplicated	F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F11.23	Opioid dependence with withdrawal	F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F11.25	Opioid dependence with opioid-induced psychotic disorder with delusions	F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder	F18.10	Inhalant abuse, uncomplicated
F11.90	Opioid use, unspecified, uncomplicated	F18.20	Inhalant dependence, uncomplicated
F11.93	Opioid use, unspecified with withdrawal	F18.220	Inhalant dependence with intoxication, uncomplicated
F12.10	Cannabis abuse, uncomplicated	F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F12.20	Cannabis dependence, uncomplicated	F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F12.220	Cannabis dependence with intoxication, uncomplicated	F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F12.250	Cannabis dependence with psychotic disorder with delusions	F19.10	Other psychoactive substance abuse, uncomplicated
F12.251	Cannabis dependence with psychotic disorder with hallucinations	F19.20	Other psychoactive substance dependence, uncomplicated

Code	Description	Code	Description
F12.288	Cannabis dependence with other cannabis-induced disorder	F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F12.29	Cannabis dependence with unspecified cannabis-induced disorder	F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F12.90	Cannabis use, unspecified, uncomplicated	F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated	F19.231	Other psychoactive substance dependence with withdrawal delirium
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated	F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated	F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated	F19.24	Other psychoactive substance dependence with mood disorder
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium	F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturb	F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified	F19.259	Other psychoactive substance dependence with psychotic disorder, unspecified
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	F19.26	Other psychoactive substance dependence with persist amnestic disorder
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	F19.280	Other psychoactive substance dependence with anxiety disorder
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder	F19.281	Other psychoactive substance dependence with sexual dysfunction
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder	F19.282	Other psychoactive substance dependence with sleep disorder
F14.10	Cocaine abuse, uncomplicated	F19.288	Other psychoactive substance dependence with other disorder
F14.20	Cocaine dependence, uncomplicated	F19.29	Other psychoactive substance dependence with unspecified disorder

Table 6: Enhanced BH Services

The following service code list was applied to both the FFS claims and LME/MCO encounters.

Description	Code ⁴⁰
Non-Hospital Medical Detoxification	H0010
SA Non-Medical Community Residential Treatment	H0012
SA Medically Monitored Community Residential Treatment	H0013
Ambulatory Detoxification	H0014
SA Intensive Outpatient Program	H0015
HRI Residential	H0019
Opioid Treatment	H0020
Partial Hospital	H0035

⁴⁰ BH I/DD Tailored Plan data logic did not rely on the modifier field.

Description	Code ⁴⁰
Assertive Community Treatment Team	H0040
HRI Residential	H0046
Mobile Crisis Management	H2011
Child/Adolescent Day Treatment	H2012
Community Support	H2015
Psychosocial Rehabilitation	H2017
HRI Residential	H2020
Intensive In-Home Services	H2022
Multi-Systemic Therapy	H2033
SA Comprehensive Outpatient Treatment Program	H2035
Medically Monitored or ADATC Detoxification/Crisis Stabilization	H2036
HRI Residential	S5145
Facility-Based Crisis	S9484

Table 7: Clozapine and Long-Acting Injectable Antipsychotics

The following products were used in the identification of clozapine and long-acting injectable antipsychotics.

Description	Description
ABILIFY MAINTENA ER 300 MG SYR	HALOPERIDOL DEC 100 MG/ML AMP
ABILIFY MAINTENA ER 300 MG VL	HALOPERIDOL DEC 100 MG/ML VIAL
ABILIFY MAINTENA ER 400 MG SYR	HALOPERIDOL DEC 50 MG/ML VIAL
ABILIFY MAINTENA ER 400 MG VL	HALOPERIDOL DEC 500 MG/5 ML VL
ARISTADA ER 1064 MG/3.9 ML SYR	HALOPERIDOL DECAN 50 MG/ML AMP
ARISTADA ER 441 MG/1.6 ML SYRN	INVEGA SUSTENNA 117 MG/0.75 ML
ARISTADA ER 662 MG/2.4 ML SYRN	INVEGA SUSTENNA 156 MG/ML SYRG
ARISTADA ER 882 MG/3.2 ML SYRN	INVEGA SUSTENNA 234 MG/1.5 ML
ARISTADA INITIO ER 675 MG/2.4	INVEGA SUSTENNA 39 MG/0.25 ML
CLOZAPINE 100 MG TABLET	INVEGA SUSTENNA 78 MG/0.5 ML
CLOZAPINE 25 MG TABLET	INVEGA TRINZA 273 MG/0.875 ML
CLOZAPINE 50 MG TABLET	INVEGA TRINZA 410 MG/1.315 ML
CLOZAPINE ODT 100 MG TABLET	INVEGA TRINZA 546 MG/1.75 ML
CLOZAPINE ODT 12.5 MG TABLET	INVEGA TRINZA 819 MG/2.625 ML
CLOZAPINE ODT 150 MG TABLET	PERSERIS ER 120 MG SYRINGE KIT
CLOZAPINE ODT 200 MG TABLET	PERSERIS ER 90 MG SYRINGE KIT
CLOZAPINE ODT 25 MG TABLET	RISPERDAL CONSTA 12.5 MG SYR
CLOZARIL 100 MG TABLET	RISPERDAL CONSTA 25 MG SYR
CLOZARIL 25 MG TABLET	RISPERDAL CONSTA 37.5 MG SYR
FAZACLO 100 MG ODT	RISPERDAL CONSTA 50 MG SYR
FAZACLO 12.5 MG ODT	VERSACLOZ 50 MG/ML SUSPENSION
FAZACLO 150 MG ODT	ZYPREXA RELPREVV 210 MG VIAL
FAZACLO 200 MG ODT	ZYPREXA RELPREVV 210 MG VL KIT
FAZACLO 25 MG ODT	ZYPREXA RELPREVV 300 MG VIAL
FLUPHENAZINE DECANOATE LIQUID	ZYPREXA RELPREVV 300 MG VL KIT
FLUPHENAZINE DECANOATE OIL	ZYPREXA RELPREVV 405 MG VIAL
HALDOL DECANOATE 100 AMPUL	ZYPREXA RELPREVV 405 MG VIAL KIT
HALDOL DECANOATE 50 AMPUL	

APPENDIX F — APPROACH TO MEDICAID HOSPITAL PAYMENTS AFTER THE TRANSITION TO MANAGED CARE

North Carolina’s Department of Health and Human Services (DHHS) and North Carolina hospitals, working through the North Carolina Healthcare Association (NCHA), participated in a collaborative process to develop an approach to non-behavioral health-related hospital payments as part of the State’s transition to managed care.⁴¹ The table below outlines the proposed approach to hospital payments,⁴² which has been incorporated in the BH I/DD Tailored Plan rate-setting methodology.⁴³ NC DHHS will be submitting state plan amendments and 42 CFR 438.6(c) preprints supporting the proposed approach to CMS for their review and approval.

Key Issue	Approach
Hospital payment rate floors under managed care	<ul style="list-style-type: none"> • Require BH I/DD Tailored Plans to reimburse hospitals no less than the applicable Medicaid fee-for-service (FFS) rate for physical health services, unless the BH I/DD Tailored Plan and hospital have mutually agreed to an alternative reimbursement amount or methodology, for the following durations: <ul style="list-style-type: none"> ○ Four contract years to <i>all critical access hospitals and all hospitals located in economically distressed counties as defined by the Department.</i>⁴⁴ ○ 2 contract years to all other hospitals.
Inpatient payment methodology	<ul style="list-style-type: none"> • Each hospital assigned unique DRG base rate for physical health services that applies in Medicaid FFS and serves as the basis for rate floor under managed care.⁴⁵ <ul style="list-style-type: none"> ○ Base rate calculated to ensure all hospitals in a class of providers receive the same portion of total inpatient Medicaid and uninsured costs covered; base rate for hospitals owned by UNC Health Care and for Vidant Medical Center set according to same methodology ○ Inpatient base rates for critical access hospitals (CAHs) calculated to approximate each CAH’s current FFS per-discharge reimbursement ○ Per diem FFS base rates for rehabilitation services is set to approximate each hospital’s current Medicaid allowable rehabilitation costs.

⁴¹ Hospitals currently negotiate behavioral health reimbursement with LME/MCOs and will continue to negotiate behavioral health reimbursement with BH I/DD Tailored Plans after the managed care transition.

⁴² Final hospital payment levels are still under development and will be included in the final BH I/DD Tailored Plan capitation rates.

⁴³ Note that many categories include different methodologies for hospitals owned by UNC Health Care and for Vidant Medical Center in order to maintain current net payment levels and reflecting the fact that these hospitals have historically been treated differently under fee-for-service Medicaid.

⁴⁴ Economically distressed counties are those designated as Tier 1 or Tier 2 by North Carolina’s Department of Commerce.

⁴⁵ Hospital rate floor requirements are prescribed in the BH I/DD Tailored Plan contract.

Key Issue	Approach
	<ul style="list-style-type: none"> • The rate floor for BH I/DD Tailored Plans includes Medicaid case weights and outlier methodologies used in calculating inpatient payments to hospitals under FFS. • Each hospital's DRG base rate will be increased annually by the Medicare inpatient hospital PPS market basket update less the productivity adjustment, as published in the Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Final Rule (called "Medicare market basket update minus productivity adjustment" throughout remainder of document).⁴⁶ • BH I/DD Tailored Plans make additional, utilization based, directed payments to hospitals owned by UNC Health Care and Vidant Medical Center to maintain current net payment levels (in combination with other payments).
Outpatient payment methodology	<ul style="list-style-type: none"> • Each hospital paid defined percentage of charges for physical health services that approximates 100% of outpatient costs (called ratio of cost to charges, or RCC) • Applies in Medicaid FFS and serves as the rate floor under managed care.⁴⁷ • For purposes of the outpatient payment methodology, each hospital's RCC will be adjusted annually to account for inflationary charge increases equal to the Medicare market basket update minus productivity adjustment. • BH I/DD Tailored Plans make additional, utilization based, directed payments to hospitals owned by UNC Health Care and Vidant Medical Center to maintain current net payment levels (in combination with other payments).
Graduate Medical Education	<ul style="list-style-type: none"> • DHHS will make Medicaid GME payments directly to hospitals; GME payments excluded in developing hospital-specific inpatient DRG base rates (see above) • <i>Direct</i> graduate medical education payments (DGME) calculated using statewide per-resident average of salary/fringe benefit costs, multiplied by each hospital's number of residents (not subject to Medicare resident caps) and adjusted for hospital's share of Medicaid days <ul style="list-style-type: none"> ○ For UNC Hospitals and Vidant Medical Center (as the primary affiliated teaching hospitals for each University of North Carolina medical school), DGME payments will be calculated using hospital-

⁴⁶ "Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System Final Rule," available at: <https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>. CMS also tracks quarterly changes in the market basket update. The Final Rule incorporates this data in setting the annual market basket update. Quarterly market basket data is available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData.html>.

⁴⁷ Hospital rate floor requirements are prescribed in the BH I/DD Tailored Plan contract.

Key Issue	Approach
	<p>specific fully-loaded salary/fringe benefit costs, multiplied by each hospital's number of residents and adjusted for hospital's share of Medicaid days</p> <ul style="list-style-type: none"> • <i>Indirect</i> medical education (IME) calculated using Medicare formula (excluding Medicare resident caps), multiplied by each hospital's number of Medicaid discharges and CMI <ul style="list-style-type: none"> ○ UNC Hospitals and Vidant Medical Center will calculate IME according to the same methodology • GME payment amounts to be recalculated annually.
Fee-for-Service	<ul style="list-style-type: none"> • Inpatient and outpatient payment methodologies listed above apply to FFS discharges/encounters. • Approach will lead to increased gross payments for "crossover claims" (claims where Medicaid is secondary to Medicare or third-party coverage), since supplemental payments are not currently made on those claims. • Increase in provider assessment and/or IGTs will fund the non-federal share of additional payments, so this will not result in increased cost to the State.
MCHIP/NC Health Choice	<ul style="list-style-type: none"> • Inpatient and outpatient payment methodologies listed above apply to MCHIP and NC Health Choice discharges/encounters. •
Additional physician payment methodology for certain faculty physicians of primary affiliated teaching hospitals for each University of North Carolina medical school	<ul style="list-style-type: none"> • DHHS to leverage current physician UPL payment methodology memorialized in state plan to extent possible; minor adjustments incorporated in S.L. 2020-88⁴⁸ were made to comply with managed care regulations and transition reimbursement to "directed payment" framework under 42 C.F.R. § 438.6(c).
Financing	<p>Hospitals will continue to finance the non-federal share of Medicaid payments through assessments and/or intergovernmental transfers in an amount that approximates pre-managed care funding levels, with certain adjustments to account for changes to the hospital payment methodology. Details of the hospital assessment methodology are currently under development.</p>

⁴⁸ North Carolina Session Law 2020-88, available at: <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S808v8.pdf>

APPENDIX G – SUPPLEMENTAL DATA FOR EXCLUDED/DELAYED POPULATIONS

To support BH I/DD Tailored Plan planning and operations, Mercer has provided the following tables illustrating historical behavioral health costs and utilization for those populations identified in Appendix B as a future or excluded managed care population. Based on current legislation, the BH I/DD Tailored Plans are *not* responsible for service coverage for these populations and their costs and membership have been excluded from all other summaries in this Draft Rate book. Note that the tables on the following pages reflect base data for SFY 2018, and includes adjustments presented in Sections 7 and 8 of this Draft Rate Book.

APPENDIX H – HISTORICAL IN LIEU OF SERVICE CONSIDERATIONS BY REGION

Region	In-Lieu-of Service	SFY 2018 Experience
Region 1	CTI	\$190,860
	Youth Services	\$151,463
	Long Term Community Services	\$2,927,429
	Outpatient Plus	\$193,690
	Crisis Assessment	\$180,603
	High Fidelity Wraparound	\$3,656
	<i>Subtotal</i>	\$3,647,700
Region 2	CTI	\$210,343
	Youth Services	\$1,641
	Family Centered Treatment	\$3,460,420
	Long Term Community Services	\$130,065
	Crisis Assessment	\$145,430
	<i>Subtotal</i>	\$3,947,899
Region 3	ACT - Step Down	\$188,993
	Complex Needs	\$600,816
	Family Centered Treatment	\$1,470,782
	In Home Therapy	\$1,972,150
	<i>Subtotal</i>	\$4,232,741
Region 4	Family Centered Treatment	\$1,525,194
	<i>Subtotal</i>	\$1,525,194
Region 5	ACT - Step Down	\$64,681
	Family Centered Treatment	\$3,106,220
	Outpatient Plus	\$1,484,584
	Rapid Response	\$169,507
	Behavioral Health Urgent Care	\$236,617
	<i>Subtotal</i>	\$5,061,610
Region 6	Family Centered Treatment	\$998,698
	<i>Subtotal</i>	\$998,698
Region 7	Child First	\$4,202,578
	Long Term Community Services	\$6,134,147
	<i>Subtotal</i>	\$10,336,725
Statewide Total		\$29,750,566

APPENDIX I – RISK CORRIDOR OVERVIEW

DHHS is evaluating potentially including a time-limited risk mitigation provision in the final BH I/DD Tailored Plan contract. Risk mitigation would occur through a risk corridor. Risk corridors are defined in 42 CFR 438.6. This appendix is intended to provide a high level overview of how a risk corridor may work. It additionally provides a sample of how one risk corridor could be constructed. This is for informational purposes only and is not currently part of the BH I/DD Tailored Plan program. Risk corridors are not required for managed care programs and states have flexibility in how they operate, when implemented.

The intent of risk corridors is for a MCO and state to enter into an agreement prior to a defined rating period where they agree to share in some level of pre-defined risk. Said another way, the MCO agrees to pay back some pre-defined level of profit to the state if achieved, while the state agrees to pay out some pre-defined level of additional funds to the MCO if costs fall outside certain thresholds. The agreement is typically established on the front end, so it is not known which scenario, if any may occur.

The outcome of the risk corridor is calculated based on the actual financial results of each MCO separately. In this way, it could happen that some MCOs share in profits, some receive additional funding based on losses, while others would not be impacted at all.

CMS typically requires that these corridors be constructed symmetrically where the amounts paid or recouped by a state are identical and centered around an overall targeted financial or MLR level. Note that the MLR definitions used in risk corridors may vary from other CMS or State definitions.

In order to illustrate how this may work, consider the following sample risk corridor construction:

- The risk corridor outcome is based on the MLR of each MCO
- The center of the risk corridor (e.g., the intended MLR target) is established at 88.0%
- The risk corridor is set to +/- 3.0% of the MLR target (85.0% to 91.0% is the overall corridor)
- MCOs agree to pay back 80.0% of profits outside the corridor
- States agree to pay back 80.0% of losses outside the corridor

Using the sample risk corridor above, below are example results of three MCOs:

- MCO #1
 - Reported annual MLR of 93.0%
 - 93.0% is above the corridor meaning that the MCO had expenses beyond what was expected
 - The state pays the MCO 1.6% (2.0% x 80.0%) of additional premium to offset losses outside of the corridor
- MCO #2
 - Reported annual MLR of 83.0%
 - 83.0% is below the corridor meaning that the MCO had expenses below what was expected
 - The MCO pays the state 1.6% (2.0% x 80.0%) of the premium they already received as payment of profit outside of the corridor
- MCO #3
 - Reported annual MLR of 87.0%
 - 87.0% is within the corridor, so no payment from either party is required