

Standard Plan Rate Book
State Fiscal Year 2025 Contract Rates
North Carolina Department of
Health and Human Services

June 10, 2024

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EXECUTIVE SUMMARY

The State of North Carolina (State or North Carolina) Department of Health and Human Services (DHHS) implemented the Standard Plan Managed Care Program in a way that advances high-value care, improves population health, engages and supports providers, and establishes a sustainable program with 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 remains responsible for all aspects of the Medicaid program. However, as directed by the General Assembly, DHHS delegates the direct management of certain health services and financial risks to Standard Plan Prepaid Health Plans (PHPs). PHPs receive capitation payments and contract with providers to deliver health services to their members.

DHHS contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to develop the State Fiscal Year (SFY) 2025 (July 1, 2024 through June 30, 2025) Standard Plan PHP capitation rates. Mercer has produced this Rate Book for DHHS as documentation of the development of the capitation rates effective in Contract Year 4 of managed care for the Standard Plan population. This Rate Book contains the final capitation rates and development process.

The capitation rates will ultimately be certified as actuarially sound in accordance with applicable laws and regulations, including Actuarial Standards of Practice, to comply with the Centers for Medicare & Medicaid Services 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 capitation rates are meant to provide a reimbursement structure that will match payment to the expected financial risk of the managed care program designed for the Standard Plan population.

SFY 2025 Standard Plan Base Capitation Rates

The table below reflects the Standard Plan base rate per member per month (PMPM) for the July 1, 2024–June 30, 2025 time period for covered populations and services; detailed summaries are provided in Section 15 of this Rate Book. These capitation rates represent a 7.0% increase compared to the SFY 2024 capitation rates, effective January 1, 2024, as summarized in the Rate Book dated December 19, 2023.

SFY 2025 Standard Plan Capitation Rates Effective July 1, 2024–June 30, 2025

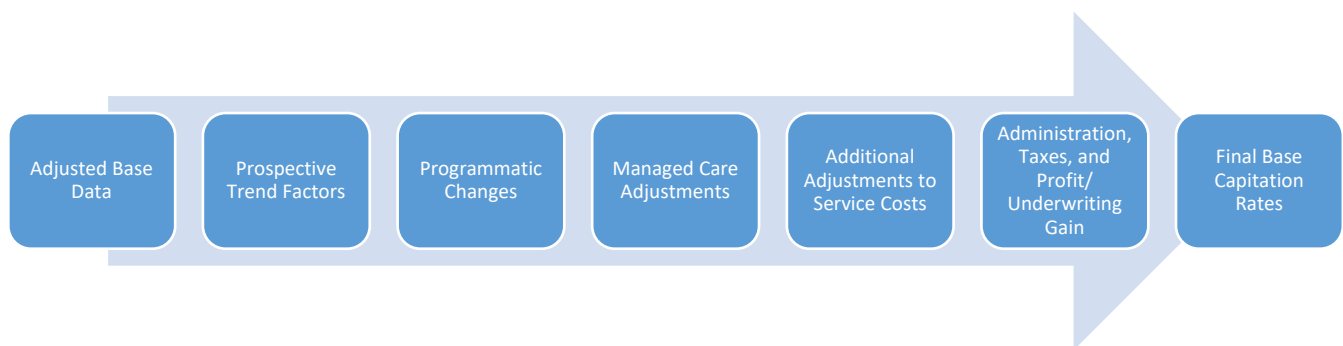
| Category of Aid | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide Average ¹ |
|--|-------------|-------------|-------------|-------------|-------------|-------------|--------------------------------|
| Aged, Blind, Disabled | \$2,095.13 | \$ 2,122.12 | \$2,158.42 | \$ 1,950.05 | \$1,855.75 | \$1,843.35 | \$2,000.05 |
| Temporary Assistance for Needy Families (TANF), Newborns (<1 Year) | \$1,130.30 | \$1,046.20 | \$1,012.46 | \$991.52 | \$911.16 | \$886.54 | \$991.25 |
| TANF, Children (1 Year–20 Years) | \$209.65 | \$ 189.25 | \$183.92 | \$181.39 | \$186.90 | \$173.69 | \$185.62 |
| TANF, Adults (21+ Years) | \$494.67 | \$486.36 | \$467.87 | \$453.16 | \$463.35 | \$444.72 | \$466.47 |
| Maternity Event | \$13,944.97 | \$14,432.52 | \$14,454.36 | \$13,867.66 | \$13,035.42 | \$14,274.23 | \$14,031.72 |
| Newly Eligible, Ages 19 Years–24 Years | \$245.85 | \$240.70 | \$232.04 | \$224.86 | \$229.92 | \$220.30 | \$231.31 |

¹ Statewide averages are provided for illustrative purposes only.

| Category of Aid | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide Average ¹ |
|--|-------------|------------|-----------|-----------|-----------|-----------|--------------------------------|
| Newly Eligible, Ages 25 Years–34 Years | \$396.15 | \$388.36 | \$374.25 | \$362.44 | \$370.40 | \$355.45 | \$372.96 |
| Newly Eligible, Ages 35 Years–44 Years | \$602.68 | \$591.25 | \$569.65 | \$551.48 | \$563.41 | \$541.16 | \$567.60 |
| Newly Eligible, Ages 45 Years–64 Years | \$ 1,032.85 | \$1,013.85 | \$976.65 | \$945.23 | \$965.45 | \$927.96 | \$973.00 |
| Projected SFY 2025 Member Months | 2,097,959 | 4,651,545 | 6,863,545 | 5,403,484 | 4,510,963 | 3,353,347 | 26,880,843 |

Capitation Rate Development Methodology

The rate-setting process is the means for determining the capitation payments DHHS will pay to the PHPs 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 medical claims costs on a PMPM basis into the rating period.



Mercer leveraged SFY 2023 encounter data to summarize cost and utilization information for the Standard Plan populations and as the basis for capitation rate development. For service category details, please see Section 5 of the Rate Book. Mercer also used member-level eligibility information provided by DHHS to summarize the data and identify the Standard Plan population.

The base data has been adjusted to account for historical program changes and considerations for PHP encounter reporting. Detailed methodology and impact of base data adjustments are outlined in Section 6 of the Rate Book. SFY 2023 base data summaries by region, population, and service category are included in Section 7 of the Rate Book. These data summaries serve as the historical base data used in SFY 2025 rate development.

Prospective adjustments were applied to the base data to project the historical information to the future rating period. Medical trend was evaluated and unit cost and utilization trend factors were developed for each of the major service categories. Overall, the trends reflect higher expected unit cost trends compared to prior years, while utilization trends are slightly lower than prior years. Programmatic design changes were also considered to account for known design elements anticipated to impact projected claims expenditures. Many of the prospective program change adjustments impacting the SFY 2024 capitation rates were similarly applied to SFY 2025 capitation rates along with additional programmatic design elements expected to be implemented during SFY 2025.

Managed care adjustments were applied to capture assumed future reductions in the utilization of certain services as a result of PHP utilization and care management initiatives. The managed care phase-in for non-Expansion populations has been established at 100% of the ultimate managed care assumption for the SFY 2025

time period. The savings assumed in the SFY 2025 capitation rates account for the differential between 95% assumed attainable in the SFY 2023 base data time period and the ultimate achievable savings. For the Expansion populations, this methodology was further adjusted to account for certain groups exhibiting different levels of care management prior to enrolling into the Standard Plan.

Member choice analyses were also performed to evaluate the acuity implications of beneficiaries with a choice between programs. Additionally, population adjustments were developed to address the impact of the end of the Coronavirus Disease 2019 Public Health Emergency period Maintenance of Eligibility requirements within the development of the capitation rates for the Medicaid Expansion and non-Expansion populations. Further detail and methodology regarding prospective adjustments can be found in Section 8 through Section 13 of the 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 Standard Plan PHP administration and care management costs to operate the Standard Plan program. The non-benefit expense load includes consideration for general administration (including program management, administrative operations, and utilization management personnel), care management, profit/underwriting gain, and premium taxes imposed on the PHPs. Section 14 of the Rate Book provides additional information on the non-benefit expense considerations.

Future Rating Considerations

The following items have not been evaluated as part of the capitation rates documented in this Rate Book but are being actively monitored and/or evaluated by Mercer and DHHS for future rate consideration, as appropriate.

Items currently under DHHS evaluation for service or reimbursement changes include:

- The addition of genetic testing codes to the Medicaid State Plan.
- Changes to therapy coverage provided by Independent Practitioner Providers for adults.
- Fee schedule changes for select service types.

This document has been prepared by Bob Karsten, ASA, MAAA and David Salzwedel, ASA, MAAA, who are members of the American Academy of Actuaries and meet its US Qualification Standards for issuing statements of actuarial opinion.

1 INTRODUCTION

Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, has produced this Rate Book for the State of North Carolina (State or North Carolina) Department of Health and Human Services (DHHS) as documentation of the historical base data and capitation rate development process for the capitation rates effective July 1, 2024 through June 30, 2025, the fourth Contract Year of Standard Plan managed care.

As a part of capitation rate development, Mercer leveraged Standard Plan encounter data to summarize cost and utilization information for the Standard Plan population, which serves as the basis for capitation rate development. Given the timing of the launch of Medicaid Expansion in North Carolina (i.e., December 1, 2023), sufficient historical base data for the Expansion populations were not available at the time these capitation rates were developed. Please refer to Section 13 for a discussion of base data and other rate-setting considerations for this population.

The intent of the Rate Book is to summarize historical data and key prospective rate considerations for the Standard Plan population to provide transparency into the current program costs and utilization, along with insight into the rate development process for Prepaid Health Plans (PHPs). Please refer to the Standard Plan PHP Contract for detailed program design information and requirements for the PHPs managing the program for the Standard Plan population.

This Rate Book includes information on the cost and utilization patterns of Standard Plan Medicaid eligibles by region, rate cell, and category of service (COS). Sections 2 through 7 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. Sections 8 through 12 provide information on prospective adjustments and considerations specific to Year 4 rates. Section 13 provides information specific to the Expansion rate-setting methodology. Section 14 summarizes the approach used to establish the non-benefit load for all rate cells.

The users of this 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 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.²

² These disclosures are made in accordance with the Actuarial Standards of Practice (ASOP) on Actuarial Communications (ASOP 41).

2 DATA SOURCES

Mercer used the Standard Plan encounter claims data from the DHHS Encounter Processing System (EPS), which were submitted by the PHPs and provided to Mercer by DHHS, to form the base data. This data is analyzed on a date of service (incurred) basis and includes service utilization experience from July 1, 2021, through June 30, 2023, paid through August 31, 2023. The data summarized in this Rate Book is limited to State Fiscal Year (SFY) 2023 (July 1, 2022 through June 30, 2023), which was used as the primary historical base data source for SFY 2025 capitation rate-setting.

As a part of the data summarization process, Mercer also analyzed eligibility information from the member extract file provided by DHHS through August 2023. Eligibility information was used to categorize recipient-level claims experience and encounters 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 Rate Book.

Mercer leveraged other data sources supplied by DHHS to calculate specific data adjustments outlined in Section 6, such as:

- Financial reports completed by the PHPs through December 2023
- Encounter data questionnaires completed by the PHPs in November 2023 and January 2024

Mercer 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 the data, and consistency of data across data sources and years, including comparisons to financial reports provided by the PHPs. 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 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 information supplied by both DHHS and the Standard Plan PHPs. The aforementioned parties are solely responsible for the validity and completeness of these supplied data and information.

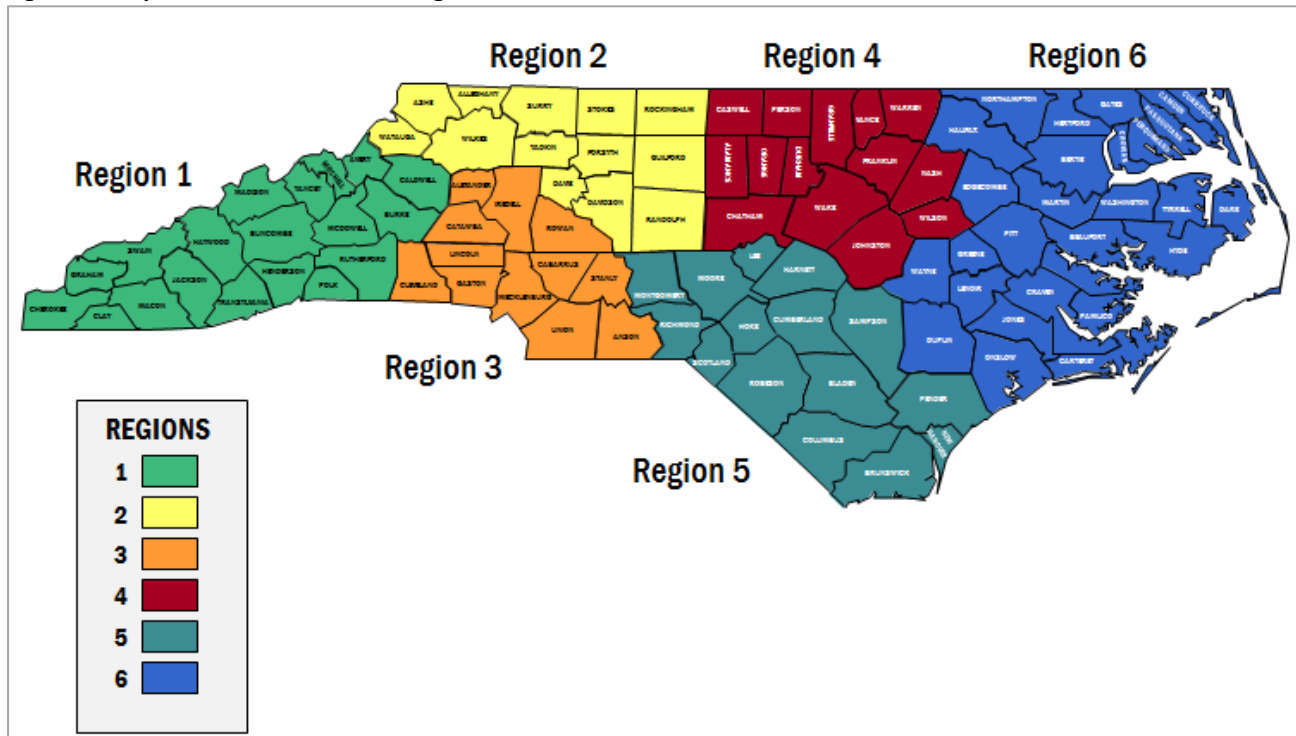
3 PHP REGIONS

DHHS has six regions for the Standard Plan program. Table 1 outlines the counties included in each of the six PHP regions and Figure 1 illustrates the PHP regions in map format. Base data contained in this Rate Book are summarized and developed by these six regions.

Table 1: List of Counties in Standard Plan PHP Regions

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

Figure 1: Map of Standard Plan PHP Regions



4 POPULATION GROUPINGS

For SFY 2025, DHHS will continue to reimburse PHPs using full-risk capitation payments for eligible populations. For purposes of base data development, Mercer maintained rate cells for the Standard Plan population consistent with SFY 2024 capitation rates. These rate cells account for material cost differences amongst populations. Since the managed care populations have a choice of PHPs, the rate cell structure is intended to differentiate payments to PHPs in which disproportionate enrollment of certain populations may occur. In addition, the State will continue to risk adjust the SFY 2025 non-Expansion capitation rates except for Temporary Assistance for Needy Families (TANF) Newborns (ages <1 Year), as risk adjustment accounts for much of the age/gender risk within a population and differentiates payments to PHPs based on their enrolled population risk profile. Alongside the monthly per-member capitation rates, DHHS will continue to make a one-time Maternity Event payment that will cover prenatal, delivery, and postpartum care associated with the maternity events for each mother.

Coverage for the new adult group (ages 19 years–64 years old who are at or below 133% of the Federal Poverty Level) began on December 1, 2023. DHHS added rate cells during SFY 2024 for these newly eligible Expansion populations, however, given the timing of the rate development process, sufficient historical base data was not available for these groups. Please refer to Section 13 for details regarding the approach to SFY 2025 Expansion capitation rate-setting and enrollment projections.

The final rate cell structure for the Standard Plan non-Expansion and Expansion populations is outlined in Section 4.1.

4.1 Standard Plan Population

The information summarized in this Rate Book is specific to the Standard Plan population. As outlined in the Standard Plan PHP Contract, the State will enroll into the PHPs non-dual beneficiaries who do not meet eligibility for the Behavioral Health/Intellectual Disability and Developmental Disabilities (BH I/DD) Tailored Plan, and those who do meet BH I/DD Tailored Plan eligibility, but choose to enroll in a Standard Plan.³ Beneficiaries in other excluded or delayed populations will not be included in the Standard Plan rates. Members of federally recognized tribes and other beneficiaries eligible for Indian Health Services are also exempt from mandatory enrollment in managed care.

Rates for the Standard Plan population are summarized and developed for the following rate cells. Medicaid Expansion populations do not yet have sufficient historical data available for the purposes of base data summarization. Age is determined based on the first day of the month.

- Aged, Blind, Disabled (ABD), all ages
- TANF and Other Related Newborns (ages <1 Year)
- TANF and Other Related Children (ages 1 Year–20 Years)
- TANF and Other Related Adults (ages 21+ Years)
- Maternity Event, all ages
- Newly Eligible, Ages 19 Years–24 Years
- Newly Eligible, Ages 25 Years–34 Years
- Newly Eligible, Ages 35 Years–44 Years
- Newly Eligible, Ages 45 Years–64 Years

³ Members eligible for the BH I/DD Tailored Plan, who are not in a group excluded from managed care, maintain the option to enroll with the Standard Plan. See the Final Policy Guidance for more information (<https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>).

The table below outlines the logic used to summarize the broader categories of aid (COAs) for the Standard Plan population; this includes information on detailed eligibility codes and subpopulation groups. Individuals otherwise identified for a future managed care or excluded population were not included as part of the Standard Plan population.

Table 2: Standard Plan Population Criteria⁴

| COA | Detailed Population Group | Program Aid Code/Eligibility Code |
|---|---|---|
| ABD ⁵ | Aged | MAACY, MAAGN, MAANN, SAACN, SAACY |
| | Blind | MABCY, MABGN, MABGY, MABNN |
| | Disabled | MADCY, MADGN, MADNN, SADCN, SADCY |
| TANF and Other Related Children/Adults ⁶ | Aid to Families with Dependent Children | MAFCN, MAFGN, MAFNN |
| | Pregnant Women | MPWIN, MPWNN |
| | Infants and Children | MICGN, MICNN |
| | Breast and Cervical Cancer | MAFWN, MAFTN |
| | Medicaid-Children's Health Insurance Program (MCHIP) | MIC1N |
| | NC Health Choice (transitioned to MCHIP as of April 2023) | MICAN, MICJN, MICKN, MICSN |
| 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 eight full months prior to the birth event, and postpartum services are included two full months following the qualifying birth event. Please see Appendix A for the detailed logic used to identify these pregnancy-related services. Pregnancy medical home (PMH) incentive payments are included in the Maternity Event Payment (see Step 3 in Appendix A). |
| Newly Eligible | Newly Eligible, all ages | MXPNN, MXPGN |

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 with PHPs. Members may voluntarily enroll in PHPs on an opt-in basis and may disenroll without cause at any time. Claims and eligibility associated with beneficiaries with a tribal code who opted into the Standard Plan during SFY 2023 are reflected in the base data summarized in this document.

The BH I/DD Tailored Plan will launch on July 1, 2024. Prior to the Tailored Plan launch, beneficiaries qualifying for the BH I/DD Tailored Plan were an exempt population, with a choice of the legacy delivery system (default) or Standard Plan enrollment.⁷ As the SFY 2023 encounter data reflects actual Standard Plan managed care

⁴ For specific program eligibility requirements, refer to the NC Basic Medicaid Eligibility Requirements Chart. Accessed on June 10, 2024 at the following link: <https://policies.ncdhhs.gov/wp-content/uploads/MEDICAID-ELIGIBILITY.pdf>

⁵ ABD non-dual beneficiaries are included in the Standard Plan. Dual eligibles are excluded.

⁶ References and data impacts for the TANF population throughout this Rate Book include the “Other Related Children and Adult” categories defined in Table 2.

⁷ Beneficiaries enrolled in the Traumatic Brain Injury (TBI) and Innovations waivers are prohibited from enrolling in the Standard Plan without first disenrolling from the waiver.

experience, the data inherently captures the historical enrollment of any Tailored Plan exempt beneficiaries within the Standard Plan.

Additionally, DHHS developed a set of criteria that, when met, would qualify a beneficiary as eligible for the BH I/DD Tailored Plan.⁸ This criteria and associated lookback periods were revised effective December 1, 2022. Mercer evaluated the impact of the BH I/DD Tailored Plan criteria changes on the Standard Plan population and applied an acuity adjustment in the development of the SFY 2025 capitation rates to account for this impact. This adjustment is described in Section 12.1.

4.2 Future Managed Care Populations

Following initial implementation of managed care and the rollout to the Standard Plan population, additional populations will be phased in over a five-year period, pursuant to Session Law (SL) 2015-245,⁹ as amended. The table below outlines the treatment of each of these population cohorts for Contract Year 4. As mentioned, detailed cost and utilization information for populations excluded from Standard Plan enrollment are outside the scope of this Rate Book.

Table 3: Future Managed Care Population Cohorts

| Special Population | Standard Plan PHP Status for Contract Year 4 |
|---|---|
| Standard Plan | Mandatory |
| BH I/DD Tailored Plan Non-Dual Eligibles ¹⁰ | Exempt until BH I/DD Tailored Plan launch in July 2024; default to BH I/DD Tailored Plan with choice to opt into Standard Plan enrollment |
| Dual Eligibles in Innovations/Traumatic Brain Injury (TBI) Waivers | Excluded |
| Foster Children, Adopted Children, and Former Foster Care Children up to age 26 years | Excluded until launch of Children and Families Specialty Plan |
| Medicaid-only beneficiaries receiving long-stay nursing home services | If an individual enrolled in a PHP resides, or is likely to reside, in a nursing facility (NF) for ninety (90) days or more, such individual shall be disenrolled from the PHP on the first day of the month following the ninetieth (90th) day of the stay and enrolled in the Medicaid Direct program. DHHS considers the following beneficiaries to be temporarily excluded until the beneficiary is discharged and determined eligible for managed care: (i) Beneficiaries residing in a State-owned neuro-medical center operated by the Division of State Operated Healthcare Facilities or a veterans home operated by the Department of Military and Veterans Affairs (DMVA) at Medicaid Managed Care implementation, and (ii) Beneficiaries determined eligible for and transferred for treatment in a State-owned neuro-medical center or DMVA-operated veterans home. |
| Dual Eligibles with full Medicaid benefits | Excluded |

⁸ Appendix B of the BH I/DD Tailored Plan Eligibility and Enrollment memo dated October 2022. Document accessed on February 1, 2024, at the following link: <https://medicaid.ncdhhs.gov/media/12113/download>

⁹ SL 2015-245 An Act to Transform and Reorganize North Carolina’s Medicaid and NC Health Choice Programs. <https://www.ncleg.net/Sessions/2015/Bills/House/PDF/H372v8.pdf>

¹⁰ Beneficiaries enrolled in the TBI and Innovations waivers are prohibited from enrolling in the Standard Plan without first disenrolling from the waiver. Beneficiaries enrolled in the Transitions to Community Living (TCL) program must first leave the TCL program before they may opt into the Standard Plan.

Please see Appendix B — Other Population Eligibility Criteria for detailed data summarization logic for the identification of future managed care populations.

4.3 Excluded Populations

The following populations are permanently excluded from PHP enrollment, pursuant to North Carolina General Statute § 108D-40:¹¹

- Beneficiaries eligible for Medicare, but not full Medicaid benefits, including beneficiaries in those categories limited to Medicare cost-sharing programs
- Beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly (PACE)
- Beneficiaries enrolled in North Carolina’s Health Insurance Premium Payment Program
- Beneficiaries enrolled in Medicaid for emergency services only
- Medically needy beneficiaries
- 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
- Beneficiaries in the uninsured COVID-19 testing group added during the public health emergency (PHE)
- Beneficiaries enrolled in the Innovations and TBI waivers will be enrolled in BH I/DD Tailored Plans unless they are a member of a federally recognized tribe or eligible for Indian Health Services
- Refugees receiving coverage through the Refugee Medical Assistance program

Please see Appendix B — Other Population Eligibility Criteria for the detailed data summarization logic for the identification of these excluded populations.

¹¹ https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByChapter/Chapter_108D.pdf

5 SERVICE CATEGORIES

DHHS reimburses the Standard Plan PHPs using full-risk capitation payments for eligible services. Mercer summarized the cost and utilization information from the Standard Plan encounter data into major categories of service. To align with reporting requirements, the COS groupings are based on the logic put forth in the PHP Financial Reporting Manual. Please see Appendix D for the detailed coding logic and corresponding Sort Sequence reference numbers for the categories that have been combined. The Sort Sequence from the PHP Financial Reporting Manual identifies the order of the hierarchy used to categorize each claim based on various identification methods as summarized in Appendix D. This service mapping approach is consistent with the SFY 2024 Rate Book.

The table below shows how the service categories in the Financial Reporting Manual were grouped for purposes of this Rate Book and the exhibits in Section 7. Please refer to the PHP Contract for details on the covered and excluded services for the Standard Plan program.

Table 4: Standard Plan COS Groupings

| COS Grouping | Financial Reporting Manual COS | Sort Sequence | Unit Type |
|---|---|----------------------|------------------|
| Inpatient — Physical Health (PH) | Inpatient PH | 22 | Admits |
| Inpatient — BH | Inpatient BH | 21, D18, D19, D23 | Days |
| Outpatient Hospital — Facility | Outpatient Hospital — Facility | 25, D20 | Visits |
| Outpatient Hospital — Professional | Outpatient Hospital — Professional | 18, D15, D16 | Visits |
| Emergency Room — PH | Emergency Room — PH (Professional) Emergency Room — PH (Institutional) | 4, 6 | Visits |
| Emergency Room — BH | Emergency Room — BH (Professional) Emergency Room — BH (Institutional) | 3, 5 | Visits |
| Physician — Primary Care | Physician — Primary Care | 17 | Visits |
| Physician — Specialty Care | Physician — Specialty Care | 20, D06 | Visits |
| Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) | FQHC/RHC | 15 | Visits |
| Other Clinic | Other Clinic | 16, D17 | Visits |
| Family Planning Services | Family Planning Services | 1 | Visits |
| Other Professional — PH | Other Professional — PH | 31, D30 | Visits |
| Other Professional — BH | Other Professional — BH | 30, D29 | Visits |
| Therapies — Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) | Therapies — PT/OT/ST | 19, D08, D11 | Visits |
| Prescribed Drugs | Prescribed Drugs | 2, D25 | Scripts |
| Long-Term Services and Supports (LTSS) Services ¹² | LTSS Services | 28, D14, D22 | Procedure Count |
| Durable Medical Equipment (DME) | DME | 29, D09, D10, D26 | Procedure Count |
| Lab and X-Ray | Lab/Rad | 27, D21, D24 | Procedure Count |

¹² See Appendix C for a SFY 2023 PMPM table with further delineation of LTSS services.

| COS Grouping | Financial Reporting Manual COS | Sort Sequence | Unit Type |
|--|---|----------------------|------------------|
| Optical | Optical | 26, D04 | Procedure Count |
| Limited Dental Services | Limited Dental Services | 14, D02 | Procedure Count |
| Transportation — Emergency | Emergency Transportation | 23, D28 | Claim Count |
| Transportation — Non-Emergency | Non-Emergency Transportation (NEMT) | 24, D27 | Claim Count |
| Other Services — PH | Other Services — PH | D03, D05, D07, D32 | Units |
| Other Services — BH | Other Services — BH | D01, D12, D13, D31 | Units |
| Advanced Medical Homes (AMH) Payments | AMH Payments — Tiers 1 & 2, base and incentives AMH Payments — Tier 3, base, incentives, and Care Management fees Integrated Care for Kids (InCK) | 7, 8, 9, 10, 11, 34 | Claim Count |
| Care Management for At-Risk Children Payments | Care Management — At-Risk Children (CMARC) | 12 | Claim Count |
| Care Management for High-Risk Pregnancy Payments | Care Management — High-Risk Pregnancy (CMHRP) | 13 | Claim Count |

Note: Mercer included additional logic to differentiate between the AMH and Care Management payments based on the required paid amounts and State COS Code 0093 from the EPS. CMARC and CMHRP payments are identified by \$4.56 and \$4.96, respectively; AMH payments include all other paid amounts within State COS Code 0093.

Mercer has separately evaluated the reasonability and volume of the CMHRP, CMARC, and AMH payment levels within the historical encounter data compared to other benchmarks including reported expenses from PHP-submitted financial reports and surveys and prior year rate-setting estimates. This separate evaluation was necessary as the initial encounter data review identified lower than expected encounter volume for these provider care management activities for some PHPs at least partially due to encounter data reprocessing that happened after August 2023. Mercer’s review of the data, as well as considerations in trend, are intended to ensure an appropriate level of funding for these expenses is captured within the SFY 2025 capitation rates. Additional details on the rate development for these requirements are discussed in Section 10.1.3.

DHHS has approved in lieu of services (ILOS) offered in the Standard Plan. These services are included in the base data development and total approximately \$1.3 million across all PHPs for SFY 2023.

Covered services that are excluded from PHPs and continue under fee-for-service (FFS), are summarized below. Note that any observed experience for these services within the encounter data was removed as part of the base data development process:

- Services provided directly by Children’s Developmental Services Agencies (CDSAs), as well as services rendered by providers who contract with a CDSA
- Dental services not identified in the COS table above
- Services provided directly by local education agencies
- Optical services for eyeglasses frames, lenses, lens treatments, and fabrication are considered non-covered services in this Rate Book

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

6 BASE DATA ADJUSTMENTS

Mercer needed to perform analyses and adjustments to appropriately estimate the fully incurred SFY 2023 encounter data attributable to service expenses that are at-risk and allowable based on generally accepted actuarial principles and federal regulations. This section provides an overview of each of the adjustments Mercer made to the data sources summarized in this report. These adjustments are reflected in the exhibits shown in Section 7.

6.1 Removal of Duplicate Encounter Data

During the data collection process, \$26.8 million duplicate encounter claims were identified by DHHS and subsequently raised by the health plan. The affected PHP determined this was due to a system error that was corrected as of October 13, 2023, after the base data had been collected and processed. To avoid the double-counting of these encounters in the SFY 2023 base data, Mercer made an adjustment to the data to remove this dollar and unit volume from the base experience. Details regarding the breakdown of this \$26.8 million were not available at the time of base data development, so the adjustment was applied uniformly across COS and rate cells. See below for the impact of this adjustment by rate cell.

Please refer to Section 10.1.2 of this Rate Book for additional consideration related to this topic.

Table 5: Removal of Duplicate Encounter Data

| COA | SFY 2023 Dollar Adjustment |
|---|-----------------------------------|
| ABD | \$(7,571,872) |
| TANF, Newborns (<1 Year) | \$(2,334,966) |
| TANF, Children (1 Year–20 Years) | \$(8,280,129) |
| TANF, Adults (21+ Years) | \$(6,791,320) |
| Maternity Event | \$(1,686,277) |
| Other Non-ABD/TANF Populations Ineligible for the Standard Plan | \$(135,436) |
| Total | \$(26,800,000) |

6.2 Non-Covered Populations and Services

The encounter data extract used for base data development provided Mercer with recipient-level detail. Each encounter was cross-referenced to the eligibility information in the member extract file provided by DHHS to categorize the claims experience into the populations outlined in Section 4. To the extent populations not part of the Standard Plan contract coverage responsibility were identified in the encounter data, these encounters were excluded from the SFY 2023 base data utilized by Mercer for this report and subsequently excluded from consideration for SFY 2025 capitation rate development.

Mercer researched these excluded records to better understand differences between eligibility at the time of the encounter submission into the EPS and the August 2023 eligibility extract from DHHS. Mercer learned that these excluded encounters were generally attributable to instances where an individual received a retroactive eligibility determination after the encounter was accepted. For example, Mercer found encounter records for populations that were noted as dually eligible for Medicare and Medicaid based on the August 2023 extract. This was a determination retroactive to the period of the encounter record. Also, the corresponding eligibility record for the given month was noted as not having an enrolled PHP which aligned with DHHS expectations for how these instances of retroactive disenrollment from the Standard Plan should be handled within the EPS and eligibility systems.

The impact of the removal of claims and MMs for encounters and eligibility segments associated with non-covered populations is -0.4% and 0.0%, respectively. Mercer also made an additional removal for a relatively small volume of claims and MMs where the eligibility record was missing or deemed incomplete. This additional exclusion removed 0.1% of encounter dollars and 0.0% of MMs. This leads to an impact of -0.5% on the overall encounter claims data extract and 0.0 % on the overall eligibility base. Due to updates to the methodology to determine rate cell compared to prior years, namely direct reliance on the DHHS-populated Managed Care Status (MCS) code that includes identification of ineligible Duals, MMs are excluded from the Standard Plan covered base population prior to summarization in this exclusion step. This leads to differences in how impacts are categorized by COA relative to the prior year’s exclusions.

The table below summarizes the excluded dollars for the populations identified as either missing eligibility information or identified as ineligible for the Standard Plan program.

Table 6: Exclusion for Non-Covered Populations

| COA | SFY 2023 Dollar Adjustment |
|--|-----------------------------------|
| ABD | \$(1,258,602) |
| TANF, Newborns (<1 Year) | \$(77,377) |
| TANF, Children (1 Year–20 Years) | \$(266,946) |
| TANF, Adults (21+ Years) | \$(190,989) |
| Maternity Event | \$(53,306) |
| Other Populations Ineligible for the Standard Plan | \$(31,346,403) |
| Total | \$(33,193,623) |

As discussed in Section 4.1, the data captures the enrollment of any BH I/DD Tailored Plan exempt beneficiaries as well as any Tribal members who may have opted in. This opt-in experience was not removed as part of these exclusions.

Lastly, Mercer evaluated the encounter data for services that remain FFS and are not required to be covered by the PHPs as described in Section 5. The impact of this adjustment is summarized by rate cell below. The encounters identified for this exclusion were for services provided directly by CDSAs or rendered by providers who contract with a CDSA, using claim type “V” or modifier “TL” on a therapy service encounter, and Healthy Opportunities Pilot services identified by State COS in the EPS of 0121, 0122, 0123, 0124, 0125, and 0129.

The table below summarizes the excluded dollars for the services identified as not covered through the Standard Plan program.

Table 7: Exclusion of Non-Covered Services

| COA | SFY 2023 Dollar Adjustment |
|----------------------------------|-----------------------------------|
| ABD | \$(3,700,639) |
| TANF, Newborns (<1 Year) | \$(128,179) |
| TANF, Children (1 Year–20 Years) | \$(3,248,192) |
| TANF, Adults (21+ Years) | \$(2,962,296) |
| Maternity Event | \$(4,540) |
| Total | \$(10,043,845) |

6.3 Value-Added Services

Value-added services are not allowed to be included in the base data development for rate-setting as outlined in federal regulations. The PHPs provided feedback to DHHS and Mercer that select value-added services were included in the encounter data submissions. Mercer identified these services via State COS 0091 in the EPS, compared to feedback received from the PHPs related to value-added services and excluded applicable encounters, as appropriate. The impact of this adjustment is outlined in the table below.

Table 8: Exclusion of Value-Added Services

| COA | SFY 2023 Dollar Adjustment |
|----------------------------------|-----------------------------------|
| ABD | \$(182,730) |
| TANF, Newborns (<1 Year) | \$(376,037) |
| TANF, Children (1 Year–20 Years) | \$(231,468) |
| TANF, Adults (21+ Years) | \$(581,120) |
| Maternity Event | \$(70) |
| Total | \$(1,371,425) |

6.4 Value-Based Payments

Through the encounter data review process, Mercer identified information on value-based payments (VBPs) for covered services. Based on guidance from DHHS on encounter submissions for VBPs, some VBP records, specifically those for provider-based incentive payments, do not necessitate including a valid Medicaid ID on the encounter. Mercer applied an adjustment to capture these payments related to covered services within the SFY 2023 encounter base data. There is no net impact to this adjustment as the total VBP encounter records that were removed in the non-covered population step, as they are not attributable to a specific member, were subsequently reallocated. These encounter claim dollars were reallocated at the PHP level based on the overall claims level for each rate cell. The impact of this reallocation is summarized below.

Table 9: VBP Adjustment

| COA | SFY 2023 Dollar Adjustment |
|----------------------------------|-----------------------------------|
| ABD | \$2,626,952 |
| TANF, Newborns (<1 Year) | \$1,000,079 |
| TANF, Children (1 Year–20 Years) | \$2,851,460 |
| TANF, Adults (21+ Years) | \$2,169,644 |
| Maternity Event | \$614,495 |
| Total | \$9,262,631 |

6.5 Encounter Data for Separate Payment Terms

Mercer researched the encounter data submission and reporting guide to ensure an understanding of the information and base data provided by DHHS. Based on this review, and information shared by the PHPs, Mercer confirmed that no encounter data was included for any separate payment terms associated with the SFY 2023 program period. Therefore, no adjustment was required for this program attribute.

6.6 Completion Factors

The summarized data in Section 7 includes encounter claims for dates of service for SFY 2023, paid through August 31, 2023. Mercer developed completion factors to estimate incurred-but-not-reported claims (those claims not yet adjudicated by the encounter processing system). To estimate completion, Mercer performed an

incurred, but not paid (IBNP) analysis on the payment lag triangles included in Schedules F1 through F5 of the PHP-submitted financial reports through October 2023 and considered the payments made in November 2023, as summarized in the November supplemental submissions from each PHP. The goal of this analysis was to estimate a total SFY 2023 incurred expense level for each broad COS (inpatient, outpatient, professional, pharmacy, other) based on PHP-reported information within the financial reports. This independent IBNP review was performed using traditional actuarial reserving methods and reflected each PHP’s payment patterns. Additionally, based on PHP feedback, Mercer ensured these incurred estimates excluded any consideration for separate payment terms, sanctions, interest, and penalties. This exclusion was intentional to ensure these non-risk, non-service items were not considered as part of base data development.

Once the final incurred estimate was determined for each PHP-COS combination based on the corresponding financial report information, the amounts paid for each service month through July 2023 were measured from the financial lag schedules and then compared to the final incurred value developed by Mercer to estimate a completion factor for each SFY 2023 service month reflective of runout through July 2023.

For example, if Mercer estimated \$10 million of total incurred outpatient service cost in July 2022 and observed \$9.98 million in outpatient payments through July 2023 for the July 2022 service month based on Schedule F2 of the October 2023 financial report, then the completion factor would be estimated as 1.002 (\$10.0 million/\$9.98 million) for July 2022 outpatient services for that particular PHP.

Mercer applied the completion factors for each PHP-COS combination by service month as outlined above to the encounter data. As outlined previously, the encounter data had payment runout through August 2023, while the calculated completion factors developed by Mercer using the PHP-submitted financial reports were based on payments through July 2023. This additional month of runout built into the completion factors was done as consideration for potential timing differences between the provider payment and the acceptance of the encounter into the EPS. After this application, smoothing was applied to the most recent service months (i.e., May 2023 and June 2023) for some service types based on payment pattern information available in the financial reports through November 2023.

The additional estimated month of lag applied to most services was based on Mercer’s comparison of total encounter data volume with runout through August 2023 to paid claims volumes in the financial reports through both July and August 2023. This comparison showed alignment between SFY 2023 financial paid claims with runout through July 2023 and encounter runout through August 2023.

The following table summarizes the average completion factor applied to each COS for the SFY 2023 encounter data time period.

Table 10: Completion Factors

| COS | SFY 2023 Average Completion Factor |
|------------------------------------|---|
| Inpatient — PH | 1.087 |
| Inpatient — BH | 1.098 |
| Outpatient Hospital — Facility | 1.034 |
| Outpatient Hospital — Professional | 1.036 |
| Emergency Room — PH | 1.032 |
| Emergency Room — BH | 1.034 |
| Physician — Primary Care | 1.042 |
| Physician — Specialty Care | 1.046 |
| FQHC/RHC | 1.042 |

| COS | SFY 2023 Average Completion Factor |
|--------------------------------|---|
| Other Clinic | 1.041 |
| Family Planning Services | 1.042 |
| Other Professional — PH | 1.044 |
| Other Professional — BH | 1.048 |
| Therapies — PT/OT/ST | 1.046 |
| Prescribed Drugs | 1.003 |
| LTSS Services | 1.055 |
| DME | 1.057 |
| Lab and X-Ray | 1.054 |
| Optical | 1.052 |
| Limited Dental Services | 1.055 |
| Transportation — Emergency | 1.053 |
| Transportation — Non-Emergency | 1.056 |
| Other Services — PH | 1.057 |
| Other Services — BH | 1.059 |
| Total Standard Plan | 1.040 |

6.7 Encounter Data Under-Reporting Adjustment

After application of the completion factors outlined in the prior section, Mercer further evaluated differences between the total estimated, incurred service expenses developed from the October 2023 financial data (excluding separate payment terms, [AMH] and Local Health Department [LHD] provider care management, value-added services, sanctions, penalties, and interest) using IBNP methods and the adjusted, completed encounter data reflective of the adjustments outlined in Sections 6.1 through 6.6.

Differences between encounter data and financial reports from health plans exist for various reasons, including the following:

- Payment timing — as outlined earlier, Mercer assumed one month of timing difference in the completion factors to account for observations in which payments made by the PHP will be reflected in financial reports sooner than the corresponding encounter may be submitted and accepted in the EPS. This one-month assumption may over-/under-estimate payment timing and therefore the underreporting adjustment is intended to capture any residual difference in delays associated with encounter data submission and acceptance.
- Payments outside of the encounter system — as outlined earlier, some services may be paid outside of the encounter data system and, therefore, show up as a service expense in the financial reports, but not have a corresponding encounter. Some common examples of this are sub-capitated and VBP arrangements. The underreporting adjustment addresses this difference.

To address any residual difference between Mercer’s total SFY 2023 incurred estimates based on PHP financial reports and the fully completed and adjusted encounter data reflective of the adjustments outlined in Sections 6.1 through 6.6, Mercer made an additional adjustment to bring the encounter data up to the total estimated, incurred costs for each PHP. A summary of the adjustment factors applied may be found in the following table.

Table 11: Impact of Under-Reporting Adjustment

| COS | Combined COS | SFY 2023 Percentage Adjustment |
|------------------------------------|---------------------|---------------------------------------|
| Inpatient — PH | Inpatient | 1.1% |
| Inpatient — BH | Inpatient | 1.1% |
| Outpatient Hospital — Facility | Outpatient Hospital | 1.1% |
| Outpatient Hospital — Professional | Outpatient Hospital | 1.2% |
| Emergency Room — PH | Outpatient Hospital | 1.1% |
| Emergency Room — BH | Outpatient Hospital | 1.1% |
| Physician — Primary Care | Professional | 1.2% |
| Physician — Specialty Care | Professional | 1.1% |
| FQHC/RHC | Professional | 1.1% |
| Other Clinic | Professional | 1.2% |
| Family Planning Services | Professional | 1.1% |
| Other Professional — PH | Professional | 1.2% |
| Other Professional — BH | Professional | 1.2% |
| Therapies — PT/OT/ST | Professional | 1.2% |
| Prescribed Drugs | Prescribed Drugs | 1.2% |
| LTSS Services | Other | 1.2% |
| DME | Other | 1.2% |
| Lab and X-Ray | Other | 1.1% |
| Optical | Other | 1.2% |
| Limited Dental Services | Other | 1.2% |
| Transportation — Emergency | Other | 1.1% |
| Transportation — Non-Emergency | Other | 1.1% |
| Other Services — PH | Other | 1.1% |
| Other Services — BH | Other | 1.2% |
| Total Standard Plan | | 1.2% |

6.8 Consideration for Additional Deliveries after Data Period

In addition to the budget-neutral maternity adjustment discussed in Appendix A, adjustments were applied to delivery counts to account for SFY 2023 delivery claims paid after the August 2023 runout period. Factors were based on the review of SFY 2022 historical data and the impact of a longer runout period. This adjustment resulted in a 1.9% increase in deliveries used to calculate the SFY 2023 maternity event payments.

6.9 Institutions for Mental Disease Adjustment

On May 6, 2016, the Centers for Medicare and Medicaid Services (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 § 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 § 435.1010 of this chapter, so long as the facility is a hospital providing psychiatric or substance use disorder (SUD) inpatient care or a sub-acute facility providing psychiatric or SUD crisis residential services, and length of stay in the IMD is for a short term stay of no more than 15 days during the period of the monthly capitation payment.”

DHHS received authority under the 1115 Waiver Demonstration for relief of the 15-day limitation for services delivered in an IMD for SUD treatment. Mercer observed utilization for IMD facilities throughout the base data. Therefore, Mercer evaluated the IMD experience reflected in the base data in regards to the 15-day limitation for non-SUD psychiatric care.

Mercer identified IMD experience for members who are ages 21 years–64 years as inpatient services provided at IMD providers based on a National Provider Identifier list provided by DHHS. The amount attributable to members with more than 15 days within a given month for non-SUD stays has been excluded from the data.

Another component of § 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 2023 historical base data, the impact of this IMD adjustment is a 0.0% change to the Standard Plan encounter data.

7 SFY 2023 BASE DATA EXHIBITS

Mercer summarized the base data experience for the Standard Plan populations in the following exhibits. These summaries reflect the base data adjustments outlined in Section 6. Medicaid Expansion was not in place during SFY 2023, so these exhibits do not include any summaries for the newly eligible adult rate cells.

The top of each exhibit includes the following identifying information:

- **Time Period:** SFY 2023.
- **Region:** Regional breakouts based on Section 3 of the narrative.
- **COA:** Specific COA group for the Standard Plan population as defined in Section 4.1 of the narrative:
 - ABD
 - TANF and Other Related Children/Adults
 - Maternity Event
 - All COAs combined
- **Age Grouping:** Specific age groups as defined in Section 4.1 of the narrative.

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 represent the count of qualifying birth events related to the Maternity Event payment.
- **Average Monthly Members/Deliveries:** MMs or deliveries divided by 12.
- **Eligibles:** Reflects 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 the encounter data provided by the PHPs; these amounts are based on the date of service and reflect the applicable data adjustments outlined in Section 6.
- **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 the application of adjustments outlined in Section 6; see Table 4 in Section 5 for the unit types used to define utilization for the various service categories.
- **Users:** Unique user count for each service. 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.
- **Per Member Per Month (PMPM)/Payment:** PMPM is the incurred claims divided by total MMs; the Maternity Event payment is the incurred claims divided by the deliveries.

Exhibit 1

| | |
|--------------------------------|----------|
| Time Period/Region Selections: | |
| Time Period: | SFY 2023 |
| Region: | Region 1 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 112,335 |
| Average Monthly Members/Deliveries: | 9,361 |
| Eligibles: | 12,085 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|--------------------|
| Inpatient - PH | \$ 45,626,392 | 2,209 | 1,335 | 236 | \$ 20,656.92 | \$ 406.16 |
| Inpatient - BH | \$ 1,123,100 | 1,570 | 131 | 168 | \$ 715.20 | \$ 10.00 |
| Outpatient Hospital - Facility | \$ 16,950,353 | 28,419 | 6,045 | 3,036 | \$ 596.45 | \$ 150.89 |
| Outpatient Hospital - Professional | \$ 2,243,840 | 15,277 | 4,685 | 1,632 | \$ 146.87 | \$ 19.97 |
| Emergency Room - PH | \$ 8,467,763 | 16,174 | 7,503 | 1,728 | \$ 523.53 | \$ 75.38 |
| Emergency Room - BH | \$ 288,478 | 560 | 399 | 60 | \$ 515.03 | \$ 2.57 |
| Physician - Primary Care | \$ 5,406,752 | 49,688 | 7,414 | 5,308 | \$ 108.81 | \$ 48.13 |
| Physician - Specialty | \$ 8,949,535 | 39,727 | 6,756 | 4,244 | \$ 225.28 | \$ 79.67 |
| FQHC/RHC | \$ 3,011,774 | 16,596 | 3,797 | 1,773 | \$ 181.47 | \$ 26.81 |
| Other Clinic | \$ 1,326,386 | 1,257 | 316 | 134 | \$ 1,055.00 | \$ 11.81 |
| Family Planning Services | \$ 82,151 | 483 | 274 | 52 | \$ 169.95 | \$ 0.73 |
| Other Professional - PH | \$ 177,725 | 1,092 | 595 | 117 | \$ 162.72 | \$ 1.58 |
| Other Professional - BH | \$ 73,543 | 767 | 258 | 82 | \$ 95.91 | \$ 0.65 |
| Therapies - PT/OT/ST | \$ 1,186,068 | 7,817 | 1,540 | 835 | \$ 151.72 | \$ 10.56 |
| Prescribed Drugs | \$ 77,787,689 | 364,308 | 9,644 | 38,917 | \$ 213.52 | \$ 692.46 |
| LTSS Services | \$ 5,247,441 | 268,402 | 1,156 | 28,672 | \$ 19.55 | \$ 46.71 |
| Durable Medical Equipment | \$ 4,094,135 | 1,047,310 | 2,708 | 111,877 | \$ 3.91 | \$ 36.45 |
| Lab and X-ray | \$ 840,638 | 40,830 | 5,559 | 4,362 | \$ 20.59 | \$ 7.48 |
| Optical | \$ 120,794 | 2,440 | 1,070 | 261 | \$ 49.51 | \$ 1.08 |
| Limited Dental Services | \$ 4,717 | 158 | 58 | 17 | \$ 29.95 | \$ 0.04 |
| Transportation - Emergency | \$ 2,489,084 | 6,573 | 1,806 | 702 | \$ 378.68 | \$ 22.16 |
| Transportation - Non-Emergency | \$ 1,760,561 | 14,547 | 866 | 1,554 | \$ 121.03 | \$ 15.67 |
| Other Services - PH | \$ 128,052 | 2,499 | 646 | 267 | \$ 51.24 | \$ 1.14 |
| Other Services - BH | \$ 827,761 | 24,860 | 1,043 | 2,656 | \$ 33.30 | \$ 7.37 |
| Total | \$ 188,214,731 | 1,953,563 | N/A | N/A | N/A | \$ 1,675.48 |

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 2023 |
| Region: | Region 1 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|--------|
| Member Months/Deliveries: | 71,605 |
| Average Monthly Members/Deliveries: | 5,967 |
| Eligibles: | 11,586 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 48,628,454 | 5,317 | 4,618 | 891 | \$ 9,145.90 | \$ 679.12 |
| Inpatient - BH | \$ 5,730 | 5 | 2 | 1 | \$ 1,128.90 | \$ 0.08 |
| Outpatient Hospital - Facility | \$ 2,000,717 | 8,381 | 3,244 | 1,405 | \$ 238.71 | \$ 27.94 |
| Outpatient Hospital - Professional | \$ 260,763 | 2,237 | 1,395 | 375 | \$ 116.57 | \$ 3.64 |
| Emergency Room - PH | \$ 2,256,885 | 9,530 | 5,657 | 1,597 | \$ 236.81 | \$ 31.52 |
| Emergency Room - BH | \$ 2,191 | 20 | 20 | 3 | \$ 107.27 | \$ 0.03 |
| Physician - Primary Care | \$ 7,322,997 | 57,854 | 9,225 | 9,695 | \$ 126.58 | \$ 102.27 |
| Physician - Specialty | \$ 3,482,437 | 15,993 | 3,319 | 2,680 | \$ 217.75 | \$ 48.63 |
| FQHC/RHC | \$ 1,412,192 | 8,700 | 2,070 | 1,458 | \$ 162.31 | \$ 19.72 |
| Other Clinic | \$ 79,345 | 815 | 293 | 137 | \$ 97.37 | \$ 1.11 |
| Family Planning Services | \$ 1,612 | 34 | 26 | 6 | \$ 47.86 | \$ 0.02 |
| Other Professional - PH | \$ 178,320 | 1,537 | 524 | 258 | \$ 115.99 | \$ 2.49 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 392,850 | 3,633 | 849 | 609 | \$ 108.14 | \$ 5.49 |
| Prescribed Drugs | \$ 1,437,863 | 26,776 | 6,835 | 4,487 | \$ 53.70 | \$ 20.08 |
| LTSS Services | \$ 102,593 | 4,223 | 126 | 708 | \$ 24.30 | \$ 1.43 |
| Durable Medical Equipment | \$ 461,560 | 42,899 | 781 | 7,189 | \$ 10.76 | \$ 6.45 |
| Lab and X-ray | \$ 100,584 | 2,208 | 791 | 370 | \$ 45.55 | \$ 1.40 |
| Optical | \$ 3,174 | 45 | 32 | 8 | \$ 70.53 | \$ 0.04 |
| Limited Dental Services | \$ 143,314 | 5,171 | 2,040 | 867 | \$ 27.71 | \$ 2.00 |
| Transportation - Emergency | \$ 295,253 | 618 | 315 | 104 | \$ 477.81 | \$ 4.12 |
| Transportation - Non-Emergency | \$ 53,700 | 381 | 89 | 64 | \$ 140.99 | \$ 0.75 |
| Other Services - PH | \$ 2,906 | 89 | 28 | 15 | \$ 32.60 | \$ 0.04 |
| Other Services - BH | \$ 4,203 | 135 | 38 | 23 | \$ 31.24 | \$ 0.06 |
| Total | \$ 68,629,645 | 196,601 | N/A | N/A | N/A | \$ 958.45 |

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 2023 |
| Region: | Region 1 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 1,239,923 |
| Average Monthly Members/Deliveries: | 103,327 |
| Eligibles: | 116,894 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|--------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 16,626,753 | 1,019 | 797 | 10 | \$ 16,311.69 | \$ 13.41 |
| Inpatient - BH | \$ 2,794,054 | 3,151 | 349 | 30 | \$ 886.66 | \$ 2.25 |
| Outpatient Hospital - Facility | \$ 26,425,827 | 72,503 | 30,435 | 702 | \$ 364.48 | \$ 21.31 |
| Outpatient Hospital - Professional | \$ 3,376,306 | 22,313 | 14,137 | 216 | \$ 151.31 | \$ 2.72 |
| Emergency Room - PH | \$ 22,034,999 | 76,233 | 48,248 | 738 | \$ 289.05 | \$ 17.77 |
| Emergency Room - BH | \$ 569,617 | 1,649 | 1,363 | 16 | \$ 345.42 | \$ 0.46 |
| Physician - Primary Care | \$ 31,783,802 | 282,362 | 75,304 | 2,733 | \$ 112.56 | \$ 25.63 |
| Physician - Specialty | \$ 6,343,805 | 73,689 | 27,849 | 713 | \$ 86.09 | \$ 5.12 |
| FQHC/RHC | \$ 11,292,542 | 68,785 | 21,843 | 666 | \$ 164.17 | \$ 9.11 |
| Other Clinic | \$ 839,196 | 7,586 | 4,917 | 73 | \$ 110.62 | \$ 0.68 |
| Family Planning Services | \$ 1,130,189 | 5,994 | 3,404 | 58 | \$ 188.55 | \$ 0.91 |
| Other Professional - PH | \$ 101,030 | 730 | 571 | 7 | \$ 138.40 | \$ 0.08 |
| Other Professional - BH | \$ 272,096 | 2,679 | 806 | 26 | \$ 101.55 | \$ 0.22 |
| Therapies - PT/OT/ST | \$ 8,822,199 | 96,520 | 9,620 | 934 | \$ 91.40 | \$ 7.12 |
| Prescribed Drugs | \$ 63,956,932 | 502,844 | 72,879 | 4,867 | \$ 127.19 | \$ 51.58 |
| LTSS Services | \$ 159,023 | 12,690 | 621 | 123 | \$ 12.53 | \$ 0.13 |
| Durable Medical Equipment | \$ 1,879,283 | 613,415 | 4,798 | 5,937 | \$ 3.06 | \$ 1.52 |
| Lab and X-ray | \$ 1,495,759 | 63,432 | 14,616 | 614 | \$ 23.58 | \$ 1.21 |
| Optical | \$ 1,144,383 | 24,953 | 11,257 | 241 | \$ 45.86 | \$ 0.92 |
| Limited Dental Services | \$ 358,115 | 12,830 | 4,807 | 124 | \$ 27.91 | \$ 0.29 |
| Transportation - Emergency | \$ 1,520,384 | 2,890 | 1,787 | 28 | \$ 526.16 | \$ 1.23 |
| Transportation - Non-Emergency | \$ 308,861 | 2,012 | 398 | 19 | \$ 153.48 | \$ 0.25 |
| Other Services - PH | \$ 158,348 | 3,304 | 1,017 | 32 | \$ 47.93 | \$ 0.13 |
| Other Services - BH | \$ 6,637,133 | 96,489 | 8,055 | 934 | \$ 68.79 | \$ 5.35 |
| Total | \$ 210,030,634 | 2,050,074 | N/A | N/A | N/A | \$ 169.39 |

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 2023 |
| Region: | Region 1 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 416,856 |
| Average Monthly Members/Deliveries: | 34,738 |
| Eligibles: | 42,097 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 20,862,007 | 1,116 | 855 | 32 | \$ 18,697.33 | \$ 50.05 |
| Inpatient - BH | \$ 1,261,997 | 1,867 | 256 | 54 | \$ 676.00 | \$ 3.03 |
| Outpatient Hospital - Facility | \$ 18,830,074 | 40,890 | 13,602 | 1,177 | \$ 460.51 | \$ 45.17 |
| Outpatient Hospital - Professional | \$ 2,645,096 | 17,472 | 7,638 | 503 | \$ 151.39 | \$ 6.35 |
| Emergency Room - PH | \$ 16,823,196 | 37,555 | 20,859 | 1,081 | \$ 447.96 | \$ 40.36 |
| Emergency Room - BH | \$ 483,156 | 1,224 | 997 | 35 | \$ 394.78 | \$ 1.16 |
| Physician - Primary Care | \$ 7,682,921 | 81,142 | 20,679 | 2,336 | \$ 94.69 | \$ 18.43 |
| Physician - Specialty | \$ 6,361,626 | 45,508 | 14,636 | 1,310 | \$ 139.79 | \$ 15.26 |
| FQHC/RHC | \$ 6,946,334 | 35,347 | 9,658 | 1,018 | \$ 196.52 | \$ 16.66 |
| Other Clinic | \$ 290,910 | 2,762 | 1,499 | 80 | \$ 105.33 | \$ 0.70 |
| Family Planning Services | \$ 2,592,449 | 7,361 | 4,563 | 212 | \$ 352.19 | \$ 6.22 |
| Other Professional - PH | \$ 133,603 | 779 | 559 | 22 | \$ 171.40 | \$ 0.32 |
| Other Professional - BH | \$ 141,490 | 1,299 | 467 | 37 | \$ 108.95 | \$ 0.34 |
| Therapies - PT/OT/ST | \$ 899,772 | 5,675 | 1,904 | 163 | \$ 158.55 | \$ 2.16 |
| Prescribed Drugs | \$ 57,010,911 | 414,502 | 27,745 | 11,932 | \$ 137.54 | \$ 136.76 |
| LTSS Services | \$ 358,149 | 25,828 | 482 | 744 | \$ 13.87 | \$ 0.86 |
| Durable Medical Equipment | \$ 1,261,844 | 151,007 | 1,757 | 4,347 | \$ 8.36 | \$ 3.03 |
| Lab and X-ray | \$ 2,467,385 | 98,372 | 15,166 | 2,832 | \$ 25.08 | \$ 5.92 |
| Optical | \$ 258,752 | 5,279 | 2,775 | 152 | \$ 49.02 | \$ 0.62 |
| Limited Dental Services | \$ 102 | 1 | 1 | 0 | \$ 77.26 | \$ 0.00 |
| Transportation - Emergency | \$ 1,487,745 | 3,899 | 1,615 | 112 | \$ 381.55 | \$ 3.57 |
| Transportation - Non-Emergency | \$ 395,748 | 2,801 | 268 | 81 | \$ 141.27 | \$ 0.95 |
| Other Services - PH | \$ 152,428 | 4,673 | 1,081 | 135 | \$ 32.62 | \$ 0.37 |
| Other Services - BH | \$ 2,081,616 | 43,854 | 2,853 | 1,262 | \$ 47.47 | \$ 4.99 |
| Total | \$ 151,429,312 | 1,030,212 | N/A | N/A | N/A | \$ 363.27 |

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 2023 |
| Region: | Region 1 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|-------|
| Member Months/Deliveries: | 3,470 |
| Average Monthly Members/Deliveries: | 289 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|---------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 26,252,736 | 3,681 | 3,024 | 12,729 | \$ 7,132.35 | \$ 7,565.63 |
| Inpatient - BH | \$ 51,376 | 53 | 8 | 182 | \$ 976.46 | \$ 14.81 |
| Outpatient Hospital - Facility | \$ 1,110,685 | 5,737 | 1,775 | 19,841 | \$ 193.58 | \$ 320.08 |
| Outpatient Hospital - Professional | \$ 45,277 | 693 | 448 | 2,395 | \$ 65.37 | \$ 13.05 |
| Emergency Room - PH | \$ 1,472,287 | 3,973 | 2,133 | 13,739 | \$ 370.59 | \$ 424.29 |
| Emergency Room - BH | \$ 100 | 1 | 1 | 4 | \$ 98.33 | \$ 0.03 |
| Physician - Primary Care | \$ 5,007,150 | 18,729 | 3,416 | 64,770 | \$ 267.34 | \$ 1,442.98 |
| Physician - Specialty | \$ 372,399 | 2,736 | 1,626 | 9,462 | \$ 136.11 | \$ 107.32 |
| FQHC/RHC | \$ 3,058,022 | 10,903 | 1,551 | 37,706 | \$ 280.47 | \$ 881.27 |
| Other Clinic | \$ 179,748 | 1,120 | 299 | 3,874 | \$ 160.45 | \$ 51.80 |
| Family Planning Services | \$ 4,313,073 | 1,994 | 1,309 | 6,896 | \$ 2,163.07 | \$ 1,242.96 |
| Other Professional - PH | \$ 349,665 | 1,760 | 1,573 | 6,086 | \$ 198.70 | \$ 100.77 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 5,650 | 24 | 17 | 84 | \$ 233.70 | \$ 1.63 |
| Prescribed Drugs | \$ 200,040 | 6,335 | 1,890 | 21,906 | \$ 31.58 | \$ 57.65 |
| LTSS Services | \$ - | - | 6 | - | \$ - | \$ - |
| Durable Medical Equipment | \$ 31,944 | 25,983 | 257 | 89,855 | \$ 1.23 | \$ 9.21 |
| Lab and X-ray | \$ 257,157 | 11,943 | 1,405 | 41,303 | \$ 21.53 | \$ 74.11 |
| Optical | \$ - | - | - | - | \$ - | \$ - |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 96,125 | 153 | 109 | 530 | \$ 627.73 | \$ 27.70 |
| Transportation - Non-Emergency | \$ 9,776 | 20 | 13 | 68 | \$ 498.82 | \$ 2.82 |
| Other Services - PH | \$ 262 | 7 | 8 | 25 | \$ 36.06 | \$ 0.08 |
| Other Services - BH | \$ 321 | 8 | 3 | 28 | \$ 39.56 | \$ 0.09 |
| Total | \$ 42,813,790 | 95,853 | N/A | N/A | N/A | \$ 12,338.27 |

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 2023 |
| Region: | Region 1 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 1,840,719 |
| Average Monthly Members/Deliveries: | 153,393 |
| Eligibles: | 182,662 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------|-------------|---------|-----------------------|--------------|--------------|
| Inpatient - PH | \$ 157,996,341 | 13,342 | 10,629 | 87 | \$ 11,842.36 | \$ 85.83 |
| Inpatient - BH | \$ 5,236,258 | 6,646 | 746 | 43 | \$ 787.87 | \$ 2.84 |
| Outpatient Hospital - Facility | \$ 65,317,655 | 155,930 | 55,101 | 1,017 | \$ 418.89 | \$ 35.48 |
| Outpatient Hospital - Professional | \$ 8,571,282 | 57,992 | 28,303 | 378 | \$ 147.80 | \$ 4.66 |
| Emergency Room - PH | \$ 51,055,129 | 143,465 | 84,400 | 935 | \$ 355.87 | \$ 27.74 |
| Emergency Room - BH | \$ 1,343,543 | 3,454 | 2,780 | 23 | \$ 388.93 | \$ 0.73 |
| Physician - Primary Care | \$ 57,203,622 | 489,774 | 116,038 | 3,193 | \$ 116.80 | \$ 31.08 |
| Physician - Specialty | \$ 25,509,801 | 177,653 | 54,186 | 1,158 | \$ 143.59 | \$ 13.86 |
| FQHC/RHC | \$ 25,720,863 | 140,332 | 38,919 | 915 | \$ 183.29 | \$ 13.97 |
| Other Clinic | \$ 2,715,586 | 13,540 | 7,324 | 88 | \$ 200.55 | \$ 1.48 |
| Family Planning Services | \$ 8,119,473 | 15,866 | 9,576 | 103 | \$ 511.75 | \$ 4.41 |
| Other Professional - PH | \$ 940,343 | 5,899 | 3,822 | 38 | \$ 159.41 | \$ 0.51 |
| Other Professional - BH | \$ 487,128 | 4,745 | 1,531 | 31 | \$ 102.67 | \$ 0.26 |
| Therapies - PT/OT/ST | \$ 11,306,539 | 113,669 | 13,930 | 741 | \$ 99.47 | \$ 6.14 |
| Prescribed Drugs | \$ 200,393,435 | 1,314,764 | 118,993 | 8,571 | \$ 152.42 | \$ 108.87 |
| LTSS Services | \$ 5,867,206 | 311,143 | 2,391 | 2,028 | \$ 18.86 | \$ 3.19 |
| Durable Medical Equipment | \$ 7,728,766 | 1,880,615 | 10,301 | 12,260 | \$ 4.11 | \$ 4.20 |
| Lab and X-ray | \$ 5,161,522 | 216,785 | 37,537 | 1,413 | \$ 23.81 | \$ 2.80 |
| Optical | \$ 1,527,103 | 32,717 | 15,134 | 213 | \$ 46.68 | \$ 0.83 |
| Limited Dental Services | \$ 506,248 | 18,161 | 6,906 | 118 | \$ 27.88 | \$ 0.28 |
| Transportation - Emergency | \$ 5,888,592 | 14,133 | 5,632 | 92 | \$ 416.66 | \$ 3.20 |
| Transportation - Non-Emergency | \$ 2,528,646 | 19,761 | 1,634 | 129 | \$ 127.96 | \$ 1.37 |
| Other Services - PH | \$ 441,995 | 10,573 | 2,780 | 69 | \$ 41.81 | \$ 0.24 |
| Other Services - BH | \$ 9,551,035 | 165,346 | 11,992 | 1,078 | \$ 57.76 | \$ 5.19 |
| Total | \$ 661,118,113 | 5,326,304 | N/A | N/A | N/A | \$ 359.16 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 217,348 |
| Average Monthly Members/Deliveries: | 18,112 |
| Eligibles: | 22,937 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|--------------------|
| Inpatient - PH | \$ 88,680,551 | 4,144 | 2,306 | 229 | \$ 21,402.12 | \$ 408.01 |
| Inpatient - BH | \$ 792,973 | 1,510 | 200 | 83 | \$ 525.09 | \$ 3.65 |
| Outpatient Hospital - Facility | \$ 31,292,311 | 50,059 | 10,504 | 2,764 | \$ 625.11 | \$ 143.97 |
| Outpatient Hospital - Professional | \$ 4,487,559 | 28,371 | 8,308 | 1,566 | \$ 158.17 | \$ 20.65 |
| Emergency Room - PH | \$ 17,769,897 | 29,298 | 14,008 | 1,618 | \$ 606.52 | \$ 81.76 |
| Emergency Room - BH | \$ 465,249 | 759 | 596 | 42 | \$ 612.92 | \$ 2.14 |
| Physician - Primary Care | \$ 12,934,976 | 108,995 | 15,820 | 6,018 | \$ 118.68 | \$ 59.51 |
| Physician - Specialty | \$ 12,262,899 | 77,719 | 12,563 | 4,291 | \$ 157.78 | \$ 56.42 |
| FQHC/RHC | \$ 782,951 | 4,141 | 1,172 | 229 | \$ 189.05 | \$ 3.60 |
| Other Clinic | \$ 2,246,195 | 3,304 | 624 | 182 | \$ 679.74 | \$ 10.33 |
| Family Planning Services | \$ 346,583 | 4,371 | 2,427 | 241 | \$ 79.29 | \$ 1.59 |
| Other Professional - PH | \$ 179,114 | 1,345 | 868 | 74 | \$ 133.21 | \$ 0.82 |
| Other Professional - BH | \$ 170,214 | 1,687 | 596 | 93 | \$ 100.90 | \$ 0.78 |
| Therapies - PT/OT/ST | \$ 2,225,171 | 16,325 | 2,955 | 901 | \$ 136.30 | \$ 10.24 |
| Prescribed Drugs | \$ 156,813,061 | 677,740 | 17,827 | 37,419 | \$ 231.38 | \$ 721.48 |
| LTSS Services | \$ 15,305,853 | 1,607,425 | 1,305 | 88,748 | \$ 9.52 | \$ 70.42 |
| Durable Medical Equipment | \$ 8,159,955 | 2,160,694 | 5,118 | 119,294 | \$ 3.78 | \$ 37.54 |
| Lab and X-ray | \$ 1,829,364 | 92,470 | 11,743 | 5,105 | \$ 19.78 | \$ 8.42 |
| Optical | \$ 227,171 | 4,872 | 2,159 | 269 | \$ 46.63 | \$ 1.05 |
| Limited Dental Services | \$ 8,644 | 309 | 113 | 17 | \$ 28.01 | \$ 0.04 |
| Transportation - Emergency | \$ 3,452,834 | 10,723 | 3,373 | 592 | \$ 321.99 | \$ 15.89 |
| Transportation - Non-Emergency | \$ 1,975,945 | 54,144 | 2,418 | 2,989 | \$ 36.49 | \$ 9.09 |
| Other Services - PH | \$ 228,574 | 4,692 | 1,390 | 259 | \$ 48.71 | \$ 1.05 |
| Other Services - BH | \$ 2,297,407 | 88,116 | 2,098 | 4,865 | \$ 26.07 | \$ 10.57 |
| Total | \$ 364,935,449 | 5,033,213 | N/A | N/A | N/A | \$ 1,679.04 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 146,706 |
| Average Monthly Members/Deliveries: | 12,226 |
| Eligibles: | 23,634 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 87,337,579 | 11,485 | 10,000 | 939 | \$ 7,604.65 | \$ 595.32 |
| Inpatient - BH | \$ 3,004 | 11 | 3 | 1 | \$ 281.99 | \$ 0.02 |
| Outpatient Hospital - Facility | \$ 3,509,945 | 13,124 | 5,706 | 1,073 | \$ 267.45 | \$ 23.93 |
| Outpatient Hospital - Professional | \$ 745,737 | 4,865 | 2,697 | 398 | \$ 153.27 | \$ 5.08 |
| Emergency Room - PH | \$ 7,071,975 | 21,833 | 12,793 | 1,786 | \$ 323.91 | \$ 48.21 |
| Emergency Room - BH | \$ 12,260 | 27 | 26 | 2 | \$ 452.22 | \$ 0.08 |
| Physician - Primary Care | \$ 17,209,392 | 132,368 | 20,514 | 10,827 | \$ 130.01 | \$ 117.31 |
| Physician - Specialty | \$ 6,923,637 | 26,692 | 6,538 | 2,183 | \$ 259.39 | \$ 47.19 |
| FQHC/RHC | \$ 1,145,466 | 6,242 | 1,421 | 511 | \$ 183.50 | \$ 7.81 |
| Other Clinic | \$ 173,900 | 1,996 | 1,274 | 163 | \$ 87.11 | \$ 1.19 |
| Family Planning Services | \$ 45,522 | 1,046 | 738 | 86 | \$ 43.51 | \$ 0.31 |
| Other Professional - PH | \$ 360,260 | 3,415 | 2,086 | 279 | \$ 105.49 | \$ 2.46 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 630,980 | 3,644 | 1,103 | 298 | \$ 173.15 | \$ 4.30 |
| Prescribed Drugs | \$ 2,091,455 | 49,700 | 14,229 | 4,065 | \$ 42.08 | \$ 14.26 |
| LTSS Services | \$ 264,880 | 17,587 | 22 | 1,439 | \$ 15.06 | \$ 1.81 |
| Durable Medical Equipment | \$ 968,518 | 103,931 | 1,410 | 8,501 | \$ 9.32 | \$ 6.60 |
| Lab and X-ray | \$ 268,521 | 8,359 | 2,994 | 684 | \$ 32.12 | \$ 1.83 |
| Optical | \$ 1,736 | 27 | 19 | 2 | \$ 63.86 | \$ 0.01 |
| Limited Dental Services | \$ 348,686 | 12,534 | 4,760 | 1,025 | \$ 27.82 | \$ 2.38 |
| Transportation - Emergency | \$ 549,243 | 836 | 562 | 68 | \$ 657.25 | \$ 3.74 |
| Transportation - Non-Emergency | \$ 51,116 | 1,208 | 207 | 99 | \$ 42.33 | \$ 0.35 |
| Other Services - PH | \$ 6,357 | 150 | 82 | 12 | \$ 42.25 | \$ 0.04 |
| Other Services - BH | \$ 22,539 | 78 | 42 | 6 | \$ 290.29 | \$ 0.15 |
| Total | \$ 129,742,709 | 421,158 | N/A | N/A | N/A | \$ 884.37 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 2,605,184 |
| Average Monthly Members/Deliveries: | 217,099 |
| Eligibles: | 243,569 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 33,790,247 | 2,357 | 1,808 | 11 | \$ 14,336.10 | \$ 12.97 |
| Inpatient - BH | \$ 3,467,843 | 5,240 | 666 | 24 | \$ 661.85 | \$ 1.33 |
| Outpatient Hospital - Facility | \$ 34,017,528 | 102,846 | 48,474 | 474 | \$ 330.76 | \$ 13.06 |
| Outpatient Hospital - Professional | \$ 7,713,003 | 42,402 | 25,161 | 195 | \$ 181.90 | \$ 2.96 |
| Emergency Room - PH | \$ 57,650,235 | 159,540 | 104,405 | 735 | \$ 361.35 | \$ 22.13 |
| Emergency Room - BH | \$ 1,460,708 | 2,682 | 2,318 | 12 | \$ 544.65 | \$ 0.56 |
| Physician - Primary Care | \$ 66,104,223 | 594,617 | 166,494 | 2,739 | \$ 111.17 | \$ 25.37 |
| Physician - Specialty | \$ 12,669,403 | 143,156 | 60,371 | 659 | \$ 88.50 | \$ 4.86 |
| FQHC/RHC | \$ 6,495,985 | 31,003 | 11,839 | 143 | \$ 209.53 | \$ 2.49 |
| Other Clinic | \$ 1,071,095 | 11,263 | 6,334 | 52 | \$ 95.10 | \$ 0.41 |
| Family Planning Services | \$ 2,332,585 | 19,038 | 12,534 | 88 | \$ 122.52 | \$ 0.90 |
| Other Professional - PH | \$ 135,344 | 1,331 | 1,063 | 6 | \$ 101.68 | \$ 0.05 |
| Other Professional - BH | \$ 328,969 | 3,267 | 1,104 | 15 | \$ 100.69 | \$ 0.13 |
| Therapies - PT/OT/ST | \$ 12,964,350 | 119,589 | 12,885 | 551 | \$ 108.41 | \$ 4.98 |
| Prescribed Drugs | \$ 120,185,262 | 983,008 | 144,490 | 4,528 | \$ 122.26 | \$ 46.13 |
| LTSS Services | \$ 756,862 | 70,485 | 77 | 325 | \$ 10.74 | \$ 0.29 |
| Durable Medical Equipment | \$ 4,700,465 | 1,808,066 | 11,928 | 8,328 | \$ 2.60 | \$ 1.80 |
| Lab and X-ray | \$ 5,569,376 | 241,853 | 48,964 | 1,114 | \$ 23.03 | \$ 2.14 |
| Optical | \$ 2,098,678 | 46,468 | 19,828 | 214 | \$ 45.16 | \$ 0.81 |
| Limited Dental Services | \$ 889,215 | 31,860 | 11,332 | 147 | \$ 27.91 | \$ 0.34 |
| Transportation - Emergency | \$ 2,672,818 | 6,786 | 3,990 | 31 | \$ 393.87 | \$ 1.03 |
| Transportation - Non-Emergency | \$ 292,677 | 7,939 | 1,171 | 37 | \$ 36.87 | \$ 0.11 |
| Other Services - PH | \$ 393,928 | 8,060 | 2,639 | 37 | \$ 48.88 | \$ 0.15 |
| Other Services - BH | \$ 12,465,519 | 218,499 | 14,554 | 1,006 | \$ 57.05 | \$ 4.78 |
| Total | \$ 390,226,319 | 4,661,353 | N/A | N/A | N/A | \$ 149.79 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 873,590 |
| Average Monthly Members/Deliveries: | 72,799 |
| Eligibles: | 87,192 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 40,052,762 | 2,325 | 1,676 | 32 | \$ 17,225.19 | \$ 45.85 |
| Inpatient - BH | \$ 1,598,623 | 2,580 | 403 | 35 | \$ 619.62 | \$ 1.83 |
| Outpatient Hospital - Facility | \$ 33,227,698 | 75,085 | 27,523 | 1,031 | \$ 442.53 | \$ 38.04 |
| Outpatient Hospital - Professional | \$ 5,674,530 | 32,065 | 15,463 | 440 | \$ 176.97 | \$ 6.50 |
| Emergency Room - PH | \$ 38,439,409 | 76,525 | 44,532 | 1,051 | \$ 502.31 | \$ 44.00 |
| Emergency Room - BH | \$ 908,724 | 1,787 | 1,519 | 25 | \$ 508.61 | \$ 1.04 |
| Physician - Primary Care | \$ 23,850,110 | 231,206 | 51,091 | 3,176 | \$ 103.16 | \$ 27.30 |
| Physician - Specialty | \$ 12,691,020 | 109,313 | 33,242 | 1,502 | \$ 116.10 | \$ 14.53 |
| FQHC/RHC | \$ 1,158,958 | 5,980 | 1,953 | 82 | \$ 193.82 | \$ 1.33 |
| Other Clinic | \$ 645,337 | 4,705 | 2,590 | 65 | \$ 137.15 | \$ 0.74 |
| Family Planning Services | \$ 4,972,255 | 20,843 | 12,370 | 286 | \$ 238.55 | \$ 5.69 |
| Other Professional - PH | \$ 133,911 | 1,066 | 847 | 15 | \$ 125.64 | \$ 0.15 |
| Other Professional - BH | \$ 414,552 | 3,724 | 1,203 | 51 | \$ 111.33 | \$ 0.47 |
| Therapies - PT/OT/ST | \$ 1,392,248 | 11,681 | 3,890 | 160 | \$ 119.19 | \$ 1.59 |
| Prescribed Drugs | \$ 123,204,691 | 873,882 | 57,834 | 12,004 | \$ 140.99 | \$ 141.03 |
| LTSS Services | \$ 793,071 | 76,453 | 168 | 1,050 | \$ 10.37 | \$ 0.91 |
| Durable Medical Equipment | \$ 2,218,092 | 303,211 | 4,113 | 4,165 | \$ 7.32 | \$ 2.54 |
| Lab and X-ray | \$ 6,113,545 | 285,876 | 38,606 | 3,927 | \$ 21.39 | \$ 7.00 |
| Optical | \$ 600,977 | 12,864 | 6,308 | 177 | \$ 46.72 | \$ 0.69 |
| Limited Dental Services | \$ 1,902 | 7 | 6 | 0 | \$ 256.74 | \$ 0.00 |
| Transportation - Emergency | \$ 2,854,824 | 6,857 | 3,913 | 94 | \$ 416.35 | \$ 3.27 |
| Transportation - Non-Emergency | \$ 503,920 | 13,395 | 933 | 184 | \$ 37.62 | \$ 0.58 |
| Other Services - PH | \$ 356,418 | 9,454 | 2,719 | 130 | \$ 37.70 | \$ 0.41 |
| Other Services - BH | \$ 5,730,119 | 165,880 | 6,703 | 2,279 | \$ 34.54 | \$ 6.56 |
| Total | \$ 307,537,696 | 2,326,762 | N/A | N/A | N/A | \$ 352.04 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|-------|
| Member Months/Deliveries: | 7,671 |
| Average Monthly Members/Deliveries: | 639 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 58,513,474 | 8,135 | 6,748 | 12,726 | \$ 7,192.75 | \$ 7,628.19 |
| Inpatient - BH | \$ 58,832 | 51 | 13 | 80 | \$ 1,152.69 | \$ 7.67 |
| Outpatient Hospital - Facility | \$ 4,656,982 | 21,174 | 4,612 | 33,125 | \$ 219.94 | \$ 607.11 |
| Outpatient Hospital - Professional | \$ 237,028 | 4,123 | 1,630 | 6,451 | \$ 57.48 | \$ 30.90 |
| Emergency Room - PH | \$ 3,741,883 | 11,547 | 5,738 | 18,064 | \$ 324.06 | \$ 487.82 |
| Emergency Room - BH | \$ 5,295 | 10 | 10 | 15 | \$ 545.69 | \$ 0.69 |
| Physician - Primary Care | \$ 14,234,999 | 46,592 | 8,078 | 72,888 | \$ 305.53 | \$ 1,855.77 |
| Physician - Specialty | \$ 2,590,535 | 16,451 | 6,179 | 25,735 | \$ 157.47 | \$ 337.72 |
| FQHC/RHC | \$ 92,920 | 460 | 147 | 719 | \$ 202.20 | \$ 12.11 |
| Other Clinic | \$ 217,589 | 1,309 | 829 | 2,047 | \$ 166.26 | \$ 28.37 |
| Family Planning Services | \$ 9,068,704 | 5,622 | 3,258 | 8,796 | \$ 1,612.99 | \$ 1,182.25 |
| Other Professional - PH | \$ 250,949 | 1,860 | 1,643 | 2,911 | \$ 134.88 | \$ 32.72 |
| Other Professional - BH | \$ 491 | 6 | 4 | 10 | \$ 78.92 | \$ 0.06 |
| Therapies - PT/OT/ST | \$ 8,812 | 70 | 46 | 110 | \$ 125.49 | \$ 1.15 |
| Prescribed Drugs | \$ 618,539 | 17,879 | 4,847 | 27,969 | \$ 34.60 | \$ 80.64 |
| LTSS Services | \$ 2,741 | 306 | 3 | 478 | \$ 8.97 | \$ 0.36 |
| Durable Medical Equipment | \$ 108,178 | 66,912 | 845 | 104,677 | \$ 1.62 | \$ 14.10 |
| Lab and X-ray | \$ 380,032 | 18,194 | 2,893 | 28,463 | \$ 20.89 | \$ 49.54 |
| Optical | \$ 198 | 3 | 1 | 5 | \$ 61.38 | \$ 0.03 |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 236,985 | 416 | 297 | 651 | \$ 569.28 | \$ 30.89 |
| Transportation - Non-Emergency | \$ 1,677 | 14 | 11 | 23 | \$ 116.06 | \$ 0.22 |
| Other Services - PH | \$ 37,147 | 763 | 141 | 1,194 | \$ 48.68 | \$ 4.84 |
| Other Services - BH | \$ 5,238 | 226 | 50 | 354 | \$ 23.16 | \$ 0.68 |
| Total | \$ 95,069,228 | 222,124 | N/A | N/A | N/A | \$ 12,393.84 |

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 2023 |
| Region: | Region 2 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 3,842,828 |
| Average Monthly Members/Deliveries: | 320,236 |
| Eligibles: | 377,332 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-------------------------|-------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 308,374,613 | 28,446 | 22,538 | 89 | \$ 10,840.85 | \$ 80.25 |
| Inpatient - BH | \$ 5,921,277 | 9,391 | 1,285 | 29 | \$ 630.49 | \$ 1.54 |
| Outpatient Hospital - Facility | \$ 106,704,463 | 262,288 | 96,819 | 819 | \$ 406.82 | \$ 27.77 |
| Outpatient Hospital - Professional | \$ 18,857,856 | 111,826 | 53,259 | 349 | \$ 168.64 | \$ 4.91 |
| Emergency Room - PH | \$ 124,673,399 | 298,742 | 181,476 | 933 | \$ 417.33 | \$ 32.44 |
| Emergency Room - BH | \$ 2,852,237 | 5,264 | 4,469 | 16 | \$ 541.79 | \$ 0.74 |
| Physician - Primary Care | \$ 134,333,699 | 1,113,777 | 261,997 | 3,478 | \$ 120.61 | \$ 34.96 |
| Physician - Specialty | \$ 47,137,494 | 373,330 | 118,893 | 1,166 | \$ 126.26 | \$ 12.27 |
| FQHC/RHC | \$ 9,676,280 | 47,826 | 16,532 | 149 | \$ 202.32 | \$ 2.52 |
| Other Clinic | \$ 4,354,116 | 22,578 | 11,651 | 71 | \$ 192.85 | \$ 1.13 |
| Family Planning Services | \$ 16,765,649 | 50,921 | 31,327 | 159 | \$ 329.25 | \$ 4.36 |
| Other Professional - PH | \$ 1,059,578 | 9,017 | 6,507 | 28 | \$ 117.51 | \$ 0.28 |
| Other Professional - BH | \$ 914,226 | 8,684 | 2,907 | 27 | \$ 105.28 | \$ 0.24 |
| Therapies - PT/OT/ST | \$ 17,221,560 | 151,310 | 20,879 | 472 | \$ 113.82 | \$ 4.48 |
| Prescribed Drugs | \$ 402,913,008 | 2,602,209 | 239,227 | 8,126 | \$ 154.83 | \$ 104.85 |
| LTSS Services | \$ 17,123,407 | 1,772,255 | 1,575 | 5,534 | \$ 9.66 | \$ 4.46 |
| Durable Medical Equipment | \$ 16,155,208 | 4,442,814 | 23,414 | 13,874 | \$ 3.64 | \$ 4.20 |
| Lab and X-ray | \$ 14,160,838 | 646,751 | 105,200 | 2,020 | \$ 21.90 | \$ 3.69 |
| Optical | \$ 2,928,759 | 64,234 | 28,315 | 201 | \$ 45.60 | \$ 0.76 |
| Limited Dental Services | \$ 1,248,448 | 44,710 | 16,211 | 140 | \$ 27.92 | \$ 0.32 |
| Transportation - Emergency | \$ 9,766,704 | 25,618 | 12,135 | 80 | \$ 381.24 | \$ 2.54 |
| Transportation - Non-Emergency | \$ 2,825,335 | 76,700 | 4,740 | 240 | \$ 36.84 | \$ 0.74 |
| Other Services - PH | \$ 1,022,424 | 23,119 | 6,971 | 72 | \$ 44.22 | \$ 0.27 |
| Other Services - BH | \$ 20,520,823 | 472,799 | 23,447 | 1,476 | \$ 43.40 | \$ 5.34 |
| Total | \$ 1,287,511,402 | 12,664,611 | N/A | N/A | N/A | \$ 335.04 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 265,925 |
| Average Monthly Members/Deliveries: | 22,160 |
| Eligibles: | 28,192 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|--------------------|
| Inpatient - PH | \$ 115,727,937 | 5,513 | 3,018 | 249 | \$ 20,991.08 | \$ 435.19 |
| Inpatient - BH | \$ 1,760,035 | 3,354 | 277 | 151 | \$ 524.81 | \$ 6.62 |
| Outpatient Hospital - Facility | \$ 33,125,959 | 57,240 | 12,540 | 2,583 | \$ 578.72 | \$ 124.57 |
| Outpatient Hospital - Professional | \$ 5,127,844 | 28,926 | 9,030 | 1,305 | \$ 177.28 | \$ 19.28 |
| Emergency Room - PH | \$ 20,689,417 | 39,384 | 17,760 | 1,777 | \$ 525.33 | \$ 77.80 |
| Emergency Room - BH | \$ 641,052 | 1,274 | 930 | 58 | \$ 503.01 | \$ 2.41 |
| Physician - Primary Care | \$ 15,185,659 | 131,342 | 18,601 | 5,927 | \$ 115.62 | \$ 57.11 |
| Physician - Specialty | \$ 17,331,060 | 107,052 | 15,673 | 4,831 | \$ 161.89 | \$ 65.17 |
| FQHC/RHC | \$ 1,358,915 | 9,294 | 2,539 | 419 | \$ 146.21 | \$ 5.11 |
| Other Clinic | \$ 4,894,591 | 5,276 | 678 | 238 | \$ 927.68 | \$ 18.41 |
| Family Planning Services | \$ 268,766 | 1,285 | 682 | 58 | \$ 209.15 | \$ 1.01 |
| Other Professional - PH | \$ 420,357 | 3,150 | 1,523 | 142 | \$ 133.43 | \$ 1.58 |
| Other Professional - BH | \$ 230,094 | 2,276 | 741 | 103 | \$ 101.08 | \$ 0.87 |
| Therapies - PT/OT/ST | \$ 3,119,107 | 23,796 | 3,630 | 1,074 | \$ 131.08 | \$ 11.73 |
| Prescribed Drugs | \$ 180,594,394 | 749,779 | 21,191 | 33,834 | \$ 240.86 | \$ 679.12 |
| LTSS Services | \$ 27,910,661 | 3,303,598 | 2,477 | 149,077 | \$ 8.45 | \$ 104.96 |
| Durable Medical Equipment | \$ 10,847,824 | 2,565,442 | 5,844 | 115,767 | \$ 4.23 | \$ 40.79 |
| Lab and X-ray | \$ 1,971,704 | 96,943 | 12,199 | 4,375 | \$ 20.34 | \$ 7.41 |
| Optical | \$ 253,467 | 5,161 | 2,230 | 233 | \$ 49.11 | \$ 0.95 |
| Limited Dental Services | \$ 5,410 | 174 | 69 | 8 | \$ 31.02 | \$ 0.02 |
| Transportation - Emergency | \$ 5,576,885 | 19,311 | 4,151 | 871 | \$ 288.79 | \$ 20.97 |
| Transportation - Non-Emergency | \$ 4,326,929 | 65,094 | 2,708 | 2,937 | \$ 66.47 | \$ 16.27 |
| Other Services - PH | \$ 271,196 | 5,425 | 1,325 | 245 | \$ 49.99 | \$ 1.02 |
| Other Services - BH | \$ 4,256,934 | 201,982 | 2,514 | 9,115 | \$ 21.08 | \$ 16.01 |
| Total | \$ 455,896,197 | 7,432,073 | N/A | N/A | N/A | \$ 1,714.38 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 218,501 |
| Average Monthly Members/Deliveries: | 18,208 |
| Eligibles: | 35,463 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 127,953,510 | 16,601 | 14,458 | 912 | \$ 7,707.41 | \$ 585.60 |
| Inpatient - BH | \$ 502 | 13 | 7 | 1 | \$ 40.04 | \$ 0.00 |
| Outpatient Hospital - Facility | \$ 3,454,707 | 14,454 | 7,388 | 794 | \$ 239.01 | \$ 15.81 |
| Outpatient Hospital - Professional | \$ 718,961 | 4,190 | 2,784 | 230 | \$ 171.58 | \$ 3.29 |
| Emergency Room - PH | \$ 9,804,577 | 33,394 | 19,730 | 1,834 | \$ 293.60 | \$ 44.87 |
| Emergency Room - BH | \$ 11,967 | 31 | 28 | 2 | \$ 386.69 | \$ 0.05 |
| Physician - Primary Care | \$ 25,642,394 | 192,253 | 30,295 | 10,558 | \$ 133.38 | \$ 117.36 |
| Physician - Specialty | \$ 8,900,416 | 37,551 | 11,050 | 2,062 | \$ 237.03 | \$ 40.73 |
| FQHC/RHC | \$ 452,779 | 3,835 | 913 | 211 | \$ 118.06 | \$ 2.07 |
| Other Clinic | \$ 285,053 | 2,778 | 1,174 | 153 | \$ 102.62 | \$ 1.30 |
| Family Planning Services | \$ 4,998 | 104 | 75 | 6 | \$ 48.17 | \$ 0.02 |
| Other Professional - PH | \$ 534,874 | 3,729 | 1,956 | 205 | \$ 143.43 | \$ 2.45 |
| Other Professional - BH | \$ 269 | 2 | 2 | 0 | \$ 118.38 | \$ 0.00 |
| Therapies - PT/OT/ST | \$ 968,233 | 6,516 | 1,863 | 358 | \$ 148.59 | \$ 4.43 |
| Prescribed Drugs | \$ 3,521,373 | 80,503 | 21,120 | 4,421 | \$ 43.74 | \$ 16.12 |
| LTSS Services | \$ 591,083 | 41,328 | 184 | 2,270 | \$ 14.30 | \$ 2.71 |
| Durable Medical Equipment | \$ 1,482,290 | 104,056 | 1,749 | 5,715 | \$ 14.25 | \$ 6.78 |
| Lab and X-ray | \$ 380,123 | 11,769 | 4,014 | 646 | \$ 32.30 | \$ 1.74 |
| Optical | \$ 1,011 | 16 | 12 | 1 | \$ 62.07 | \$ 0.00 |
| Limited Dental Services | \$ 275,907 | 9,988 | 3,928 | 549 | \$ 27.62 | \$ 1.26 |
| Transportation - Emergency | \$ 1,040,899 | 1,373 | 908 | 75 | \$ 758.03 | \$ 4.76 |
| Transportation - Non-Emergency | \$ 234,054 | 2,214 | 434 | 122 | \$ 105.73 | \$ 1.07 |
| Other Services - PH | \$ 12,147 | 401 | 157 | 22 | \$ 30.27 | \$ 0.06 |
| Other Services - BH | \$ 10,222 | 15 | 5 | 1 | \$ 701.07 | \$ 0.05 |
| Total | \$ 186,282,350 | 567,115 | N/A | N/A | N/A | \$ 852.55 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 3,735,616 |
| Average Monthly Members/Deliveries: | 311,301 |
| Eligibles: | 350,937 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 44,902,993 | 3,392 | 2,649 | 11 | \$ 13,238.99 | \$ 12.02 |
| Inpatient - BH | \$ 5,515,493 | 7,427 | 836 | 24 | \$ 742.65 | \$ 1.48 |
| Outpatient Hospital - Facility | \$ 39,330,428 | 107,646 | 59,075 | 346 | \$ 365.37 | \$ 10.53 |
| Outpatient Hospital - Professional | \$ 10,719,817 | 38,486 | 26,637 | 124 | \$ 278.54 | \$ 2.87 |
| Emergency Room - PH | \$ 76,684,603 | 241,354 | 153,424 | 775 | \$ 317.73 | \$ 20.53 |
| Emergency Room - BH | \$ 2,725,560 | 5,668 | 4,645 | 18 | \$ 480.85 | \$ 0.73 |
| Physician - Primary Care | \$ 92,825,769 | 814,985 | 236,071 | 2,618 | \$ 113.90 | \$ 24.85 |
| Physician - Specialty | \$ 21,979,035 | 235,155 | 90,989 | 755 | \$ 93.47 | \$ 5.88 |
| FQHC/RHC | \$ 4,989,334 | 36,530 | 10,559 | 117 | \$ 136.58 | \$ 1.34 |
| Other Clinic | \$ 2,417,754 | 18,905 | 10,668 | 61 | \$ 127.89 | \$ 0.65 |
| Family Planning Services | \$ 2,880,392 | 13,844 | 7,935 | 44 | \$ 208.06 | \$ 0.77 |
| Other Professional - PH | \$ 251,279 | 2,201 | 1,652 | 7 | \$ 114.19 | \$ 0.07 |
| Other Professional - BH | \$ 636,287 | 5,538 | 1,816 | 18 | \$ 114.89 | \$ 0.17 |
| Therapies - PT/OT/ST | \$ 25,646,841 | 271,055 | 20,661 | 871 | \$ 94.62 | \$ 6.87 |
| Prescribed Drugs | \$ 159,705,386 | 1,277,770 | 197,329 | 4,105 | \$ 124.99 | \$ 42.75 |
| LTSS Services | \$ 1,542,826 | 246,936 | 215 | 793 | \$ 6.25 | \$ 0.41 |
| Durable Medical Equipment | \$ 5,388,154 | 1,833,368 | 11,289 | 5,889 | \$ 2.94 | \$ 1.44 |
| Lab and X-ray | \$ 6,256,512 | 320,489 | 61,408 | 1,030 | \$ 19.52 | \$ 1.67 |
| Optical | \$ 2,343,615 | 47,247 | 22,391 | 152 | \$ 49.60 | \$ 0.63 |
| Limited Dental Services | \$ 669,289 | 24,724 | 8,809 | 79 | \$ 27.07 | \$ 0.18 |
| Transportation - Emergency | \$ 4,981,839 | 9,160 | 5,850 | 29 | \$ 543.89 | \$ 1.33 |
| Transportation - Non-Emergency | \$ 773,838 | 8,640 | 1,535 | 28 | \$ 89.56 | \$ 0.21 |
| Other Services - PH | \$ 454,697 | 9,891 | 3,549 | 32 | \$ 45.97 | \$ 0.12 |
| Other Services - BH | \$ 21,138,124 | 430,932 | 21,368 | 1,384 | \$ 49.05 | \$ 5.66 |
| Total | \$ 534,759,864 | 6,011,344 | N/A | N/A | N/A | \$ 143.15 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 1,232,130 |
| Average Monthly Members/Deliveries: | 102,678 |
| Eligibles: | 121,967 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 60,768,322 | 3,314 | 2,421 | 32 | \$ 18,335.49 | \$ 49.32 |
| Inpatient - BH | \$ 2,637,408 | 3,893 | 537 | 38 | \$ 677.45 | \$ 2.14 |
| Outpatient Hospital - Facility | \$ 40,583,909 | 108,661 | 40,365 | 1,058 | \$ 373.49 | \$ 32.94 |
| Outpatient Hospital - Professional | \$ 7,058,844 | 35,055 | 17,826 | 341 | \$ 201.37 | \$ 5.73 |
| Emergency Room - PH | \$ 52,706,049 | 118,472 | 65,398 | 1,154 | \$ 444.88 | \$ 42.78 |
| Emergency Room - BH | \$ 1,540,090 | 3,478 | 2,844 | 34 | \$ 442.86 | \$ 1.25 |
| Physician - Primary Care | \$ 31,113,038 | 301,177 | 70,743 | 2,933 | \$ 103.30 | \$ 25.25 |
| Physician - Specialty | \$ 19,395,740 | 154,008 | 45,081 | 1,500 | \$ 125.94 | \$ 15.74 |
| FQHC/RHC | \$ 2,380,954 | 16,392 | 5,084 | 160 | \$ 145.25 | \$ 1.93 |
| Other Clinic | \$ 2,328,045 | 6,497 | 3,152 | 63 | \$ 358.31 | \$ 1.89 |
| Family Planning Services | \$ 7,380,023 | 23,142 | 13,597 | 225 | \$ 318.91 | \$ 5.99 |
| Other Professional - PH | \$ 320,678 | 2,475 | 1,674 | 24 | \$ 129.57 | \$ 0.26 |
| Other Professional - BH | \$ 722,658 | 6,164 | 1,951 | 60 | \$ 117.24 | \$ 0.59 |
| Therapies - PT/OT/ST | \$ 1,914,442 | 16,393 | 4,974 | 160 | \$ 116.78 | \$ 1.55 |
| Prescribed Drugs | \$ 153,652,397 | 1,107,036 | 79,533 | 10,782 | \$ 138.80 | \$ 124.70 |
| LTSS Services | \$ 1,834,645 | 229,581 | 350 | 2,236 | \$ 7.99 | \$ 1.49 |
| Durable Medical Equipment | \$ 3,233,971 | 417,272 | 4,030 | 4,064 | \$ 7.75 | \$ 2.62 |
| Lab and X-ray | \$ 9,204,649 | 365,519 | 48,404 | 3,560 | \$ 25.18 | \$ 7.47 |
| Optical | \$ 739,394 | 14,601 | 7,504 | 142 | \$ 50.64 | \$ 0.60 |
| Limited Dental Services | \$ 953 | 12 | 10 | 0 | \$ 82.76 | \$ 0.00 |
| Transportation - Emergency | \$ 5,168,706 | 10,521 | 5,590 | 102 | \$ 491.29 | \$ 4.19 |
| Transportation - Non-Emergency | \$ 954,664 | 14,573 | 1,267 | 142 | \$ 65.51 | \$ 0.77 |
| Other Services - PH | \$ 435,670 | 12,967 | 3,137 | 126 | \$ 33.60 | \$ 0.35 |
| Other Services - BH | \$ 9,578,784 | 296,323 | 9,015 | 2,886 | \$ 32.33 | \$ 7.77 |
| Total | \$ 415,654,033 | 3,267,523 | N/A | N/A | N/A | \$ 337.35 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|--------|
| Member Months/Deliveries: | 10,584 |
| Average Monthly Members/Deliveries: | 882 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|----------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 84,430,712 | 11,154 | 9,206 | 12,646 | \$ 7,569.32 | \$ 7,976.97 |
| Inpatient - BH | \$ 72,832 | 84 | 13 | 95 | \$ 867.46 | \$ 6.88 |
| Outpatient Hospital - Facility | \$ 4,978,122 | 22,711 | 6,587 | 25,748 | \$ 219.20 | \$ 470.33 |
| Outpatient Hospital - Professional | \$ 207,953 | 2,203 | 1,189 | 2,497 | \$ 94.42 | \$ 19.65 |
| Emergency Room - PH | \$ 3,795,551 | 9,492 | 5,220 | 10,761 | \$ 399.87 | \$ 358.60 |
| Emergency Room - BH | \$ 212 | 2 | 2 | 2 | \$ 99.01 | \$ 0.02 |
| Physician - Primary Care | \$ 18,981,685 | 59,863 | 11,147 | 67,870 | \$ 317.08 | \$ 1,793.38 |
| Physician - Specialty | \$ 3,321,618 | 19,664 | 8,175 | 22,294 | \$ 168.92 | \$ 313.82 |
| FQHC/RHC | \$ 121,413 | 771 | 300 | 874 | \$ 157.57 | \$ 11.47 |
| Other Clinic | \$ 595,677 | 3,125 | 990 | 3,543 | \$ 190.62 | \$ 56.28 |
| Family Planning Services | \$ 11,922,188 | 4,097 | 3,093 | 4,645 | \$ 2,910.05 | \$ 1,126.40 |
| Other Professional - PH | \$ 573,701 | 3,951 | 3,486 | 4,479 | \$ 145.21 | \$ 54.20 |
| Other Professional - BH | \$ 310 | 4 | 4 | 5 | \$ 73.60 | \$ 0.03 |
| Therapies - PT/OT/ST | \$ 10,419 | 93 | 49 | 106 | \$ 111.59 | \$ 0.98 |
| Prescribed Drugs | \$ 479,322 | 28,622 | 6,920 | 32,450 | \$ 16.75 | \$ 45.29 |
| LTSS Services | \$ 44,588 | 1,239 | 5 | 1,405 | \$ 35.97 | \$ 4.21 |
| Durable Medical Equipment | \$ 129,507 | 94,122 | 944 | 106,711 | \$ 1.38 | \$ 12.24 |
| Lab and X-ray | \$ 437,038 | 17,122 | 2,998 | 19,412 | \$ 25.52 | \$ 41.29 |
| Optical | \$ 261 | 6 | 3 | 7 | \$ 41.63 | \$ 0.02 |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 356,069 | 591 | 436 | 670 | \$ 602.73 | \$ 33.64 |
| Transportation - Non-Emergency | \$ 25,954 | 61 | 43 | 69 | \$ 428.03 | \$ 2.45 |
| Other Services - PH | \$ 597 | 27 | 9 | 30 | \$ 22.38 | \$ 0.06 |
| Other Services - BH | \$ 3,163 | 113 | 20 | 128 | \$ 28.02 | \$ 0.30 |
| Total | \$ 130,488,892 | 279,116 | N/A | N/A | N/A | \$ 12,328.53 |

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 2023 |
| Region: | Region 3 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 5,452,172 |
| Average Monthly Members/Deliveries: | 454,348 |
| Eligibles: | 536,559 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|------------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 433,783,473 | 39,975 | 31,752 | 88 | \$ 10,851.41 | \$ 79.56 |
| Inpatient - BH | \$ 9,986,269 | 14,770 | 1,670 | 33 | \$ 676.11 | \$ 1.83 |
| Outpatient Hospital - Facility | \$ 121,473,125 | 310,713 | 125,955 | 684 | \$ 390.95 | \$ 22.28 |
| Outpatient Hospital - Professional | \$ 23,833,420 | 108,859 | 57,466 | 240 | \$ 218.94 | \$ 4.37 |
| Emergency Room - PH | \$ 163,680,196 | 442,096 | 261,532 | 973 | \$ 370.24 | \$ 30.02 |
| Emergency Room - BH | \$ 4,918,881 | 10,453 | 8,449 | 23 | \$ 470.56 | \$ 0.90 |
| Physician - Primary Care | \$ 183,748,545 | 1,499,621 | 366,857 | 3,301 | \$ 122.53 | \$ 33.70 |
| Physician - Specialty | \$ 70,927,869 | 553,429 | 170,968 | 1,218 | \$ 128.16 | \$ 13.01 |
| FQHC/RHC | \$ 9,303,396 | 66,822 | 19,395 | 147 | \$ 139.23 | \$ 1.71 |
| Other Clinic | \$ 10,521,119 | 36,581 | 16,662 | 81 | \$ 287.61 | \$ 1.93 |
| Family Planning Services | \$ 22,456,367 | 42,471 | 25,382 | 93 | \$ 528.74 | \$ 4.12 |
| Other Professional - PH | \$ 2,100,888 | 15,506 | 10,291 | 34 | \$ 135.49 | \$ 0.39 |
| Other Professional - BH | \$ 1,589,618 | 13,985 | 4,514 | 31 | \$ 113.66 | \$ 0.29 |
| Therapies - PT/OT/ST | \$ 31,659,043 | 317,854 | 31,177 | 700 | \$ 99.60 | \$ 5.81 |
| Prescribed Drugs | \$ 497,952,871 | 3,243,710 | 326,093 | 7,139 | \$ 153.51 | \$ 91.33 |
| LTSS Services | \$ 31,923,804 | 3,822,683 | 3,231 | 8,414 | \$ 8.35 | \$ 5.86 |
| Durable Medical Equipment | \$ 21,081,747 | 5,014,259 | 23,856 | 11,036 | \$ 4.20 | \$ 3.87 |
| Lab and X-ray | \$ 18,250,027 | 811,843 | 129,023 | 1,787 | \$ 22.48 | \$ 3.35 |
| Optical | \$ 3,337,747 | 67,032 | 32,140 | 148 | \$ 49.79 | \$ 0.61 |
| Limited Dental Services | \$ 951,559 | 34,897 | 12,816 | 77 | \$ 27.27 | \$ 0.17 |
| Transportation - Emergency | \$ 17,124,399 | 40,956 | 16,935 | 90 | \$ 418.12 | \$ 3.14 |
| Transportation - Non-Emergency | \$ 6,315,439 | 90,581 | 5,987 | 199 | \$ 69.72 | \$ 1.16 |
| Other Services - PH | \$ 1,174,307 | 28,711 | 8,177 | 63 | \$ 40.90 | \$ 0.22 |
| Other Services - BH | \$ 34,987,227 | 929,364 | 32,922 | 2,045 | \$ 37.65 | \$ 6.42 |
| Total | \$ 1,723,081,335 | 17,557,171 | N/A | N/A | N/A | \$ 316.04 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 230,904 |
| Average Monthly Members/Deliveries: | 19,242 |
| Eligibles: | 25,152 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|--------------------|
| Inpatient - PH | \$ 88,147,619 | 4,336 | 2,373 | 225 | \$ 20,327.61 | \$ 381.75 |
| Inpatient - BH | \$ 1,046,507 | 1,690 | 156 | 88 | \$ 619.37 | \$ 4.53 |
| Outpatient Hospital - Facility | \$ 26,106,773 | 48,755 | 10,809 | 2,534 | \$ 535.47 | \$ 113.06 |
| Outpatient Hospital - Professional | \$ 4,389,337 | 29,246 | 8,569 | 1,520 | \$ 150.08 | \$ 19.01 |
| Emergency Room - PH | \$ 17,158,530 | 31,886 | 14,815 | 1,657 | \$ 538.12 | \$ 74.31 |
| Emergency Room - BH | \$ 420,216 | 832 | 605 | 43 | \$ 504.97 | \$ 1.82 |
| Physician - Primary Care | \$ 10,850,209 | 92,143 | 15,046 | 4,789 | \$ 117.75 | \$ 46.99 |
| Physician - Specialty | \$ 14,653,924 | 77,361 | 12,455 | 4,020 | \$ 189.42 | \$ 63.46 |
| FQHC/RHC | \$ 2,361,766 | 13,359 | 4,213 | 694 | \$ 176.79 | \$ 10.23 |
| Other Clinic | \$ 6,190,517 | 8,351 | 980 | 434 | \$ 741.28 | \$ 26.81 |
| Family Planning Services | \$ 382,870 | 2,059 | 1,343 | 107 | \$ 185.95 | \$ 1.66 |
| Other Professional - PH | \$ 193,441 | 1,473 | 852 | 77 | \$ 131.35 | \$ 0.84 |
| Other Professional - BH | \$ 304,131 | 2,491 | 747 | 129 | \$ 122.09 | \$ 1.32 |
| Therapies - PT/OT/ST | \$ 2,804,282 | 21,839 | 3,314 | 1,135 | \$ 128.41 | \$ 12.14 |
| Prescribed Drugs | \$ 139,321,218 | 588,276 | 18,677 | 30,572 | \$ 236.83 | \$ 603.37 |
| LTSS Services | \$ 18,454,419 | 2,122,031 | 1,832 | 110,281 | \$ 8.70 | \$ 79.92 |
| Durable Medical Equipment | \$ 8,634,152 | 2,209,957 | 5,363 | 114,851 | \$ 3.91 | \$ 37.39 |
| Lab and X-ray | \$ 1,339,130 | 76,992 | 10,513 | 4,001 | \$ 17.39 | \$ 5.80 |
| Optical | \$ 289,800 | 6,056 | 2,552 | 315 | \$ 47.85 | \$ 1.26 |
| Limited Dental Services | \$ 13,420 | 440 | 170 | 23 | \$ 30.51 | \$ 0.06 |
| Transportation - Emergency | \$ 4,844,480 | 12,025 | 3,362 | 625 | \$ 402.86 | \$ 20.98 |
| Transportation - Non-Emergency | \$ 2,308,280 | 54,279 | 2,202 | 2,821 | \$ 42.53 | \$ 10.00 |
| Other Services - PH | \$ 210,217 | 3,347 | 1,004 | 174 | \$ 62.81 | \$ 0.91 |
| Other Services - BH | \$ 5,632,538 | 324,652 | 2,602 | 16,872 | \$ 17.35 | \$ 24.39 |
| Total | \$ 356,057,775 | 5,733,877 | N/A | N/A | N/A | \$ 1,542.02 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 175,554 |
| Average Monthly Members/Deliveries: | 14,630 |
| Eligibles: | 29,907 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 96,973,220 | 13,397 | 11,749 | 916 | \$ 7,238.66 | \$ 552.38 |
| Inpatient - BH | \$ - | - | - | - | \$ - | \$ - |
| Outpatient Hospital - Facility | \$ 3,040,737 | 14,581 | 7,214 | 997 | \$ 208.54 | \$ 17.32 |
| Outpatient Hospital - Professional | \$ 629,134 | 4,969 | 2,960 | 340 | \$ 126.60 | \$ 3.58 |
| Emergency Room - PH | \$ 7,349,115 | 24,900 | 15,246 | 1,702 | \$ 295.15 | \$ 41.86 |
| Emergency Room - BH | \$ 7,016 | 47 | 44 | 3 | \$ 150.59 | \$ 0.04 |
| Physician - Primary Care | \$ 17,525,159 | 141,490 | 24,315 | 9,672 | \$ 123.86 | \$ 99.83 |
| Physician - Specialty | \$ 9,394,588 | 36,343 | 6,998 | 2,484 | \$ 258.50 | \$ 53.51 |
| FQHC/RHC | \$ 1,706,223 | 12,727 | 3,026 | 870 | \$ 134.06 | \$ 9.72 |
| Other Clinic | \$ 889,982 | 7,950 | 2,986 | 543 | \$ 111.95 | \$ 5.07 |
| Family Planning Services | \$ 14,457 | 168 | 150 | 11 | \$ 86.14 | \$ 0.08 |
| Other Professional - PH | \$ 482,255 | 5,712 | 3,395 | 390 | \$ 84.42 | \$ 2.75 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 733,580 | 5,020 | 1,551 | 343 | \$ 146.14 | \$ 4.18 |
| Prescribed Drugs | \$ 3,531,178 | 53,330 | 16,869 | 3,645 | \$ 66.21 | \$ 20.11 |
| LTSS Services | \$ 282,150 | 25,683 | 22 | 1,756 | \$ 10.99 | \$ 1.61 |
| Durable Medical Equipment | \$ 943,396 | 160,920 | 1,455 | 11,000 | \$ 5.86 | \$ 5.37 |
| Lab and X-ray | \$ 284,111 | 8,559 | 3,363 | 585 | \$ 33.19 | \$ 1.62 |
| Optical | \$ 2,787 | 42 | 25 | 3 | \$ 66.07 | \$ 0.02 |
| Limited Dental Services | \$ 441,196 | 15,994 | 6,164 | 1,093 | \$ 27.59 | \$ 2.51 |
| Transportation - Emergency | \$ 1,670,512 | 1,233 | 821 | 84 | \$ 1,354.30 | \$ 9.52 |
| Transportation - Non-Emergency | \$ 87,919 | 1,440 | 287 | 98 | \$ 61.04 | \$ 0.50 |
| Other Services - PH | \$ 69,938 | 722 | 381 | 49 | \$ 96.89 | \$ 0.40 |
| Other Services - BH | \$ 16,688 | 147 | 32 | 10 | \$ 113.21 | \$ 0.10 |
| Total | \$ 146,075,340 | 535,375 | N/A | N/A | N/A | \$ 832.08 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 3,029,319 |
| Average Monthly Members/Deliveries: | 252,443 |
| Eligibles: | 296,957 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 37,779,999 | 2,633 | 2,058 | 10 | \$ 14,349.26 | \$ 12.47 |
| Inpatient - BH | \$ 4,718,213 | 5,909 | 662 | 23 | \$ 798.48 | \$ 1.56 |
| Outpatient Hospital - Facility | \$ 34,507,443 | 90,629 | 48,707 | 359 | \$ 380.75 | \$ 11.39 |
| Outpatient Hospital - Professional | \$ 7,691,342 | 42,626 | 26,136 | 169 | \$ 180.44 | \$ 2.54 |
| Emergency Room - PH | \$ 58,950,177 | 178,563 | 116,611 | 707 | \$ 330.14 | \$ 19.46 |
| Emergency Room - BH | \$ 1,398,459 | 3,250 | 2,685 | 13 | \$ 430.28 | \$ 0.46 |
| Physician - Primary Care | \$ 64,202,035 | 563,468 | 176,986 | 2,232 | \$ 113.94 | \$ 21.19 |
| Physician - Specialty | \$ 14,250,908 | 130,213 | 58,414 | 516 | \$ 109.44 | \$ 4.70 |
| FQHC/RHC | \$ 9,342,782 | 62,683 | 26,807 | 248 | \$ 149.05 | \$ 3.08 |
| Other Clinic | \$ 2,986,991 | 26,970 | 13,316 | 107 | \$ 110.75 | \$ 0.99 |
| Family Planning Services | \$ 2,001,410 | 12,694 | 7,953 | 50 | \$ 157.67 | \$ 0.66 |
| Other Professional - PH | \$ 138,820 | 1,015 | 774 | 4 | \$ 136.78 | \$ 0.05 |
| Other Professional - BH | \$ 553,782 | 5,665 | 1,803 | 22 | \$ 97.76 | \$ 0.18 |
| Therapies - PT/OT/ST | \$ 22,768,863 | 233,217 | 17,737 | 924 | \$ 97.63 | \$ 7.52 |
| Prescribed Drugs | \$ 120,206,147 | 879,776 | 152,857 | 3,485 | \$ 136.63 | \$ 39.68 |
| LTSS Services | \$ 1,297,318 | 116,772 | 124 | 463 | \$ 11.11 | \$ 0.43 |
| Durable Medical Equipment | \$ 4,897,077 | 1,532,562 | 14,815 | 6,071 | \$ 3.20 | \$ 1.62 |
| Lab and X-ray | \$ 5,471,463 | 252,051 | 57,570 | 998 | \$ 21.71 | \$ 1.81 |
| Optical | \$ 3,136,570 | 66,017 | 30,048 | 262 | \$ 47.51 | \$ 1.04 |
| Limited Dental Services | \$ 1,172,616 | 41,916 | 15,075 | 166 | \$ 27.98 | \$ 0.39 |
| Transportation - Emergency | \$ 4,776,950 | 7,811 | 5,207 | 31 | \$ 611.54 | \$ 1.58 |
| Transportation - Non-Emergency | \$ 380,260 | 8,501 | 1,257 | 34 | \$ 44.73 | \$ 0.13 |
| Other Services - PH | \$ 754,633 | 12,429 | 4,733 | 49 | \$ 60.71 | \$ 0.25 |
| Other Services - BH | \$ 17,727,034 | 330,521 | 17,391 | 1,309 | \$ 53.63 | \$ 5.85 |
| Total | \$ 421,111,292 | 4,607,892 | N/A | N/A | N/A | \$ 139.01 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 976,022 |
| Average Monthly Members/Deliveries: | 81,335 |
| Eligibles: | 100,259 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 44,577,256 | 2,636 | 1,914 | 32 | \$ 16,909.47 | \$ 45.67 |
| Inpatient - BH | \$ 2,121,220 | 3,254 | 419 | 40 | \$ 651.97 | \$ 2.17 |
| Outpatient Hospital - Facility | \$ 28,738,871 | 79,714 | 29,977 | 980 | \$ 360.53 | \$ 29.44 |
| Outpatient Hospital - Professional | \$ 4,831,103 | 34,639 | 16,847 | 426 | \$ 139.47 | \$ 4.95 |
| Emergency Room - PH | \$ 42,839,154 | 89,731 | 50,371 | 1,103 | \$ 477.42 | \$ 43.89 |
| Emergency Room - BH | \$ 839,811 | 1,921 | 1,568 | 24 | \$ 437.18 | \$ 0.86 |
| Physician - Primary Care | \$ 20,164,176 | 195,026 | 50,111 | 2,398 | \$ 103.39 | \$ 20.66 |
| Physician - Specialty | \$ 13,205,345 | 101,279 | 33,458 | 1,245 | \$ 130.39 | \$ 13.53 |
| FQHC/RHC | \$ 4,640,432 | 29,095 | 9,895 | 358 | \$ 159.49 | \$ 4.75 |
| Other Clinic | \$ 1,420,445 | 9,851 | 4,438 | 121 | \$ 144.20 | \$ 1.46 |
| Family Planning Services | \$ 5,090,730 | 24,669 | 14,765 | 303 | \$ 206.36 | \$ 5.22 |
| Other Professional - PH | \$ 180,067 | 1,445 | 966 | 18 | \$ 124.61 | \$ 0.18 |
| Other Professional - BH | \$ 711,468 | 6,460 | 1,816 | 79 | \$ 110.13 | \$ 0.73 |
| Therapies - PT/OT/ST | \$ 1,458,125 | 13,071 | 4,158 | 161 | \$ 111.56 | \$ 1.49 |
| Prescribed Drugs | \$ 118,608,869 | 796,656 | 63,011 | 9,795 | \$ 148.88 | \$ 121.52 |
| LTSS Services | \$ 1,731,104 | 199,466 | 367 | 2,452 | \$ 8.68 | \$ 1.77 |
| Durable Medical Equipment | \$ 2,261,627 | 258,977 | 4,106 | 3,184 | \$ 8.73 | \$ 2.32 |
| Lab and X-ray | \$ 6,042,809 | 281,269 | 38,813 | 3,458 | \$ 21.48 | \$ 6.19 |
| Optical | \$ 733,154 | 14,809 | 7,625 | 182 | \$ 49.51 | \$ 0.75 |
| Limited Dental Services | \$ 2,349 | 25 | 19 | 0 | \$ 94.98 | \$ 0.00 |
| Transportation - Emergency | \$ 4,391,530 | 9,355 | 4,639 | 115 | \$ 469.42 | \$ 4.50 |
| Transportation - Non-Emergency | \$ 524,799 | 12,165 | 961 | 150 | \$ 43.14 | \$ 0.54 |
| Other Services - PH | \$ 242,559 | 6,402 | 1,923 | 79 | \$ 37.89 | \$ 0.25 |
| Other Services - BH | \$ 11,847,183 | 588,848 | 7,341 | 7,240 | \$ 20.12 | \$ 12.14 |
| Total | \$ 317,204,187 | 2,760,763 | N/A | N/A | N/A | \$ 325.00 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|-------|
| Member Months/Deliveries: | 8,290 |
| Average Monthly Members/Deliveries: | 691 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 61,245,056 | 8,748 | 7,254 | 12,663 | \$ 7,000.81 | \$ 7,387.70 |
| Inpatient - BH | \$ 40,121 | 37 | 7 | 54 | \$ 1,081.78 | \$ 4.84 |
| Outpatient Hospital - Facility | \$ 4,872,335 | 17,168 | 5,030 | 24,851 | \$ 283.80 | \$ 587.73 |
| Outpatient Hospital - Professional | \$ 347,772 | 5,490 | 2,321 | 7,947 | \$ 63.35 | \$ 41.95 |
| Emergency Room - PH | \$ 4,119,639 | 10,519 | 5,662 | 15,226 | \$ 391.66 | \$ 496.93 |
| Emergency Room - BH | \$ 2,095 | 5 | 6 | 8 | \$ 388.56 | \$ 0.25 |
| Physician - Primary Care | \$ 11,133,352 | 36,435 | 8,384 | 52,740 | \$ 305.56 | \$ 1,342.96 |
| Physician - Specialty | \$ 3,787,961 | 19,234 | 6,427 | 27,841 | \$ 196.94 | \$ 456.92 |
| FQHC/RHC | \$ 952,106 | 4,686 | 962 | 6,783 | \$ 203.17 | \$ 114.85 |
| Other Clinic | \$ 871,672 | 3,845 | 1,626 | 5,566 | \$ 226.69 | \$ 105.15 |
| Family Planning Services | \$ 9,309,568 | 3,987 | 2,886 | 5,772 | \$ 2,334.71 | \$ 1,122.97 |
| Other Professional - PH | \$ 208,898 | 1,444 | 1,260 | 2,090 | \$ 144.66 | \$ 25.20 |
| Other Professional - BH | \$ 679 | 8 | 8 | 12 | \$ 80.02 | \$ 0.08 |
| Therapies - PT/OT/ST | \$ 16,922 | 94 | 54 | 136 | \$ 179.61 | \$ 2.04 |
| Prescribed Drugs | \$ 440,457 | 18,462 | 5,640 | 26,724 | \$ 23.86 | \$ 53.13 |
| LTSS Services | \$ 4,262 | 664 | 3 | 961 | \$ 6.42 | \$ 0.51 |
| Durable Medical Equipment | \$ 86,056 | 57,366 | 662 | 83,038 | \$ 1.50 | \$ 10.38 |
| Lab and X-ray | \$ 261,520 | 11,891 | 2,381 | 17,212 | \$ 21.99 | \$ 31.55 |
| Optical | \$ 68 | 6 | 4 | 9 | \$ 10.63 | \$ 0.01 |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 605,998 | 654 | 462 | 946 | \$ 927.25 | \$ 73.10 |
| Transportation - Non-Emergency | \$ 7,671 | 62 | 34 | 90 | \$ 123.97 | \$ 0.93 |
| Other Services - PH | \$ 7,396 | 220 | 66 | 318 | \$ 33.68 | \$ 0.89 |
| Other Services - BH | \$ 9,182 | 470 | 36 | 681 | \$ 19.52 | \$ 1.11 |
| Total | \$ 98,330,786 | 201,498 | N/A | N/A | N/A | \$ 11,861.18 |

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 2023 |
| Region: | Region 4 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 4,411,799 |
| Average Monthly Members/Deliveries: | 367,650 |
| Eligibles: | 452,275 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|------------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 328,723,150 | 31,750 | 25,348 | 86 | \$ 10,353.38 | \$ 74.51 |
| Inpatient - BH | \$ 7,926,061 | 10,889 | 1,244 | 30 | \$ 727.88 | \$ 1.80 |
| Outpatient Hospital - Facility | \$ 97,266,159 | 250,847 | 101,737 | 682 | \$ 387.75 | \$ 22.05 |
| Outpatient Hospital - Professional | \$ 17,888,688 | 116,971 | 56,833 | 318 | \$ 152.93 | \$ 4.05 |
| Emergency Room - PH | \$ 130,416,615 | 335,598 | 202,705 | 913 | \$ 388.61 | \$ 29.56 |
| Emergency Room - BH | \$ 2,667,596 | 6,055 | 4,908 | 16 | \$ 440.55 | \$ 0.60 |
| Physician - Primary Care | \$ 123,874,931 | 1,028,562 | 274,842 | 2,798 | \$ 120.44 | \$ 28.08 |
| Physician - Specialty | \$ 55,292,727 | 364,431 | 117,752 | 991 | \$ 151.72 | \$ 12.53 |
| FQHC/RHC | \$ 19,003,309 | 122,551 | 44,903 | 333 | \$ 155.06 | \$ 4.31 |
| Other Clinic | \$ 12,359,607 | 56,967 | 23,346 | 155 | \$ 216.96 | \$ 2.80 |
| Family Planning Services | \$ 16,799,035 | 43,577 | 27,097 | 119 | \$ 385.51 | \$ 3.81 |
| Other Professional - PH | \$ 1,203,481 | 11,089 | 7,247 | 30 | \$ 108.53 | \$ 0.27 |
| Other Professional - BH | \$ 1,570,060 | 14,625 | 4,374 | 40 | \$ 107.36 | \$ 0.36 |
| Therapies - PT/OT/ST | \$ 27,781,773 | 273,240 | 26,814 | 743 | \$ 101.68 | \$ 6.30 |
| Prescribed Drugs | \$ 382,107,869 | 2,336,501 | 257,054 | 6,355 | \$ 163.54 | \$ 86.61 |
| LTSS Services | \$ 21,769,253 | 2,464,616 | 2,348 | 6,704 | \$ 8.83 | \$ 4.93 |
| Durable Medical Equipment | \$ 16,822,308 | 4,219,783 | 26,401 | 11,478 | \$ 3.99 | \$ 3.81 |
| Lab and X-ray | \$ 13,399,034 | 630,762 | 112,640 | 1,716 | \$ 21.24 | \$ 3.04 |
| Optical | \$ 4,162,379 | 86,931 | 40,254 | 236 | \$ 47.88 | \$ 0.94 |
| Limited Dental Services | \$ 1,629,582 | 58,374 | 21,428 | 159 | \$ 27.92 | \$ 0.37 |
| Transportation - Emergency | \$ 16,289,468 | 31,079 | 14,491 | 85 | \$ 524.13 | \$ 3.69 |
| Transportation - Non-Emergency | \$ 3,308,929 | 76,447 | 4,741 | 208 | \$ 43.28 | \$ 0.75 |
| Other Services - PH | \$ 1,284,742 | 23,119 | 8,107 | 63 | \$ 55.57 | \$ 0.29 |
| Other Services - BH | \$ 35,232,624 | 1,244,640 | 27,402 | 3,385 | \$ 28.31 | \$ 7.99 |
| Total | \$ 1,338,779,381 | 13,839,404 | N/A | N/A | N/A | \$ 303.45 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 249,813 |
| Average Monthly Members/Deliveries: | 20,818 |
| Eligibles: | 26,564 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|--------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 94,445,984 | 4,546 | 2,551 | 218 | \$ 20,773.45 | \$ 378.07 |
| Inpatient - BH | \$ 1,316,888 | 1,985 | 222 | 95 | \$ 663.55 | \$ 5.27 |
| Outpatient Hospital - Facility | \$ 25,199,926 | 45,746 | 10,805 | 2,197 | \$ 550.86 | \$ 100.88 |
| Outpatient Hospital - Professional | \$ 4,238,674 | 25,901 | 8,448 | 1,244 | \$ 163.65 | \$ 16.97 |
| Emergency Room - PH | \$ 19,622,155 | 38,360 | 17,285 | 1,843 | \$ 511.52 | \$ 78.55 |
| Emergency Room - BH | \$ 496,643 | 1,121 | 788 | 54 | \$ 443.01 | \$ 1.99 |
| Physician - Primary Care | \$ 13,959,293 | 115,937 | 16,834 | 5,569 | \$ 120.40 | \$ 55.88 |
| Physician - Specialty | \$ 15,150,677 | 90,687 | 13,713 | 4,356 | \$ 167.07 | \$ 60.65 |
| FQHC/RHC | \$ 1,855,222 | 13,180 | 3,999 | 633 | \$ 140.76 | \$ 7.43 |
| Other Clinic | \$ 4,320,514 | 7,087 | 1,108 | 340 | \$ 609.61 | \$ 17.29 |
| Family Planning Services | \$ 199,284 | 1,001 | 523 | 48 | \$ 199.01 | \$ 0.80 |
| Other Professional - PH | \$ 280,849 | 2,159 | 1,091 | 104 | \$ 130.08 | \$ 1.12 |
| Other Professional - BH | \$ 246,744 | 2,628 | 769 | 126 | \$ 93.88 | \$ 0.99 |
| Therapies - PT/OT/ST | \$ 3,775,518 | 30,567 | 3,367 | 1,468 | \$ 123.52 | \$ 15.11 |
| Prescribed Drugs | \$ 142,189,420 | 714,115 | 19,966 | 34,303 | \$ 199.11 | \$ 569.18 |
| LTSS Services | \$ 19,298,610 | 2,232,593 | 2,186 | 107,245 | \$ 8.64 | \$ 77.25 |
| Durable Medical Equipment | \$ 9,356,565 | 2,213,001 | 5,519 | 106,304 | \$ 4.23 | \$ 37.45 |
| Lab and X-ray | \$ 2,340,752 | 117,549 | 14,104 | 5,647 | \$ 19.91 | \$ 9.37 |
| Optical | \$ 448,442 | 9,054 | 3,366 | 435 | \$ 49.53 | \$ 1.80 |
| Limited Dental Services | \$ 15,490 | 511 | 190 | 25 | \$ 30.31 | \$ 0.06 |
| Transportation - Emergency | \$ 4,899,953 | 14,885 | 4,088 | 715 | \$ 329.20 | \$ 19.61 |
| Transportation - Non-Emergency | \$ 2,658,966 | 50,180 | 2,426 | 2,410 | \$ 52.99 | \$ 10.64 |
| Other Services - PH | \$ 365,991 | 5,351 | 1,291 | 257 | \$ 68.39 | \$ 1.47 |
| Other Services - BH | \$ 2,253,958 | 72,385 | 2,503 | 3,477 | \$ 31.14 | \$ 9.02 |
| Total | \$ 368,936,519 | 5,810,530 | N/A | N/A | N/A | \$ 1,476.85 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 143,815 |
| Average Monthly Members/Deliveries: | 11,985 |
| Eligibles: | 23,610 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|-----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 72,362,631 | 10,511 | 9,256 | 877 | \$ 6,884.62 | \$ 503.16 |
| Inpatient - BH | \$ - | - | - | - | \$ - | \$ - |
| Outpatient Hospital - Facility | \$ 2,282,802 | 9,445 | 4,851 | 788 | \$ 241.68 | \$ 15.87 |
| Outpatient Hospital - Professional | \$ 489,664 | 3,554 | 2,200 | 297 | \$ 137.76 | \$ 3.40 |
| Emergency Room - PH | \$ 5,707,084 | 23,498 | 13,354 | 1,961 | \$ 242.88 | \$ 39.68 |
| Emergency Room - BH | \$ 6,237 | 23 | 22 | 2 | \$ 275.63 | \$ 0.04 |
| Physician - Primary Care | \$ 16,018,177 | 120,946 | 19,877 | 10,092 | \$ 132.44 | \$ 111.38 |
| Physician - Specialty | \$ 6,293,793 | 27,502 | 6,847 | 2,295 | \$ 228.85 | \$ 43.76 |
| FQHC/RHC | \$ 485,835 | 3,819 | 1,093 | 319 | \$ 127.22 | \$ 3.38 |
| Other Clinic | \$ 345,063 | 3,203 | 1,140 | 267 | \$ 107.73 | \$ 2.40 |
| Family Planning Services | \$ 1,486 | 19 | 17 | 2 | \$ 79.79 | \$ 0.01 |
| Other Professional - PH | \$ 381,784 | 2,805 | 1,352 | 234 | \$ 136.12 | \$ 2.65 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 598,876 | 4,749 | 1,098 | 396 | \$ 126.11 | \$ 4.16 |
| Prescribed Drugs | \$ 2,008,736 | 54,845 | 14,688 | 4,576 | \$ 36.63 | \$ 13.97 |
| LTSS Services | \$ 217,514 | 18,195 | 82 | 1,518 | \$ 11.95 | \$ 1.51 |
| Durable Medical Equipment | \$ 593,174 | 91,252 | 1,191 | 7,614 | \$ 6.50 | \$ 4.12 |
| Lab and X-ray | \$ 179,220 | 4,350 | 2,003 | 363 | \$ 41.20 | \$ 1.25 |
| Optical | \$ 2,975 | 43 | 27 | 4 | \$ 69.09 | \$ 0.02 |
| Limited Dental Services | \$ 363,390 | 13,117 | 4,986 | 1,095 | \$ 27.70 | \$ 2.53 |
| Transportation - Emergency | \$ 1,432,689 | 1,205 | 755 | 101 | \$ 1,188.59 | \$ 9.96 |
| Transportation - Non-Emergency | \$ 107,432 | 1,369 | 277 | 114 | \$ 78.50 | \$ 0.75 |
| Other Services - PH | \$ 9,527 | 98 | 104 | 8 | \$ 96.91 | \$ 0.07 |
| Other Services - BH | \$ 17,842 | 47 | 11 | 4 | \$ 381.99 | \$ 0.12 |
| Total | \$ 109,905,930 | 394,594 | N/A | N/A | N/A | \$ 764.22 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 2,414,495 |
| Average Monthly Members/Deliveries: | 201,208 |
| Eligibles: | 230,609 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 30,517,865 | 2,037 | 1,599 | 10 | \$ 14,984.73 | \$ 12.64 |
| Inpatient - BH | \$ 3,468,241 | 5,326 | 568 | 26 | \$ 651.14 | \$ 1.44 |
| Outpatient Hospital - Facility | \$ 23,074,628 | 68,449 | 37,840 | 340 | \$ 337.11 | \$ 9.56 |
| Outpatient Hospital - Professional | \$ 6,650,826 | 28,957 | 19,712 | 144 | \$ 229.68 | \$ 2.75 |
| Emergency Room - PH | \$ 49,336,497 | 179,992 | 111,446 | 895 | \$ 274.10 | \$ 20.43 |
| Emergency Room - BH | \$ 1,166,934 | 3,360 | 2,592 | 17 | \$ 347.30 | \$ 0.48 |
| Physician - Primary Care | \$ 60,421,992 | 515,277 | 148,969 | 2,561 | \$ 117.26 | \$ 25.02 |
| Physician - Specialty | \$ 11,619,343 | 118,508 | 48,957 | 589 | \$ 98.05 | \$ 4.81 |
| FQHC/RHC | \$ 4,446,026 | 33,624 | 15,173 | 167 | \$ 132.23 | \$ 1.84 |
| Other Clinic | \$ 2,032,506 | 22,109 | 10,892 | 110 | \$ 91.93 | \$ 0.84 |
| Family Planning Services | \$ 1,555,041 | 10,827 | 5,845 | 54 | \$ 143.62 | \$ 0.64 |
| Other Professional - PH | \$ 83,776 | 795 | 652 | 4 | \$ 105.43 | \$ 0.03 |
| Other Professional - BH | \$ 472,857 | 5,664 | 1,722 | 28 | \$ 83.49 | \$ 0.20 |
| Therapies - PT/OT/ST | \$ 23,410,971 | 226,471 | 14,672 | 1,126 | \$ 103.37 | \$ 9.70 |
| Prescribed Drugs | \$ 102,627,153 | 890,855 | 133,666 | 4,428 | \$ 115.20 | \$ 42.50 |
| LTSS Services | \$ 946,450 | 62,195 | 731 | 309 | \$ 15.22 | \$ 0.39 |
| Durable Medical Equipment | \$ 3,057,518 | 1,020,651 | 8,746 | 5,073 | \$ 3.00 | \$ 1.27 |
| Lab and X-ray | \$ 3,814,832 | 153,437 | 35,316 | 763 | \$ 24.86 | \$ 1.58 |
| Optical | \$ 2,949,020 | 63,049 | 25,789 | 313 | \$ 46.77 | \$ 1.22 |
| Limited Dental Services | \$ 937,407 | 33,679 | 11,956 | 167 | \$ 27.83 | \$ 0.39 |
| Transportation - Emergency | \$ 4,423,073 | 8,416 | 4,955 | 42 | \$ 525.54 | \$ 1.83 |
| Transportation - Non-Emergency | \$ 651,103 | 9,941 | 1,476 | 49 | \$ 65.50 | \$ 0.27 |
| Other Services - PH | \$ 240,986 | 4,221 | 2,318 | 21 | \$ 57.09 | \$ 0.10 |
| Other Services - BH | \$ 11,772,061 | 175,117 | 15,004 | 870 | \$ 67.22 | \$ 4.88 |
| Total | \$ 349,677,105 | 3,642,956 | N/A | N/A | N/A | \$ 144.82 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 871,469 |
| Average Monthly Members/Deliveries: | 72,622 |
| Eligibles: | 88,118 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 38,813,485 | 2,436 | 1,856 | 34 | \$ 15,933.13 | \$ 44.54 |
| Inpatient - BH | \$ 2,529,497 | 3,743 | 487 | 52 | \$ 675.84 | \$ 2.90 |
| Outpatient Hospital - Facility | \$ 24,913,166 | 66,177 | 25,352 | 911 | \$ 376.46 | \$ 28.59 |
| Outpatient Hospital - Professional | \$ 4,571,551 | 28,729 | 14,713 | 396 | \$ 159.13 | \$ 5.25 |
| Emergency Room - PH | \$ 38,733,370 | 93,880 | 50,811 | 1,293 | \$ 412.59 | \$ 44.45 |
| Emergency Room - BH | \$ 918,852 | 2,332 | 1,842 | 32 | \$ 394.00 | \$ 1.05 |
| Physician - Primary Care | \$ 21,969,524 | 214,593 | 46,698 | 2,955 | \$ 102.38 | \$ 25.21 |
| Physician - Specialty | \$ 13,002,467 | 104,856 | 31,175 | 1,444 | \$ 124.00 | \$ 14.92 |
| FQHC/RHC | \$ 3,308,139 | 25,227 | 8,897 | 347 | \$ 131.14 | \$ 3.80 |
| Other Clinic | \$ 1,544,157 | 10,603 | 4,333 | 146 | \$ 145.63 | \$ 1.77 |
| Family Planning Services | \$ 3,618,550 | 16,442 | 9,531 | 226 | \$ 220.08 | \$ 4.15 |
| Other Professional - PH | \$ 205,925 | 1,579 | 1,046 | 22 | \$ 130.44 | \$ 0.24 |
| Other Professional - BH | \$ 688,670 | 6,306 | 1,764 | 87 | \$ 109.20 | \$ 0.79 |
| Therapies - PT/OT/ST | \$ 1,250,993 | 10,446 | 3,141 | 144 | \$ 119.76 | \$ 1.44 |
| Prescribed Drugs | \$ 111,384,294 | 871,831 | 57,977 | 12,005 | \$ 127.76 | \$ 127.81 |
| LTSS Services | \$ 1,523,969 | 182,800 | 807 | 2,517 | \$ 8.34 | \$ 1.75 |
| Durable Medical Equipment | \$ 2,603,806 | 312,744 | 3,752 | 4,306 | \$ 8.33 | \$ 2.99 |
| Lab and X-ray | \$ 7,657,671 | 325,171 | 42,498 | 4,478 | \$ 23.55 | \$ 8.79 |
| Optical | \$ 891,471 | 18,391 | 7,794 | 253 | \$ 48.47 | \$ 1.02 |
| Limited Dental Services | \$ 3,084 | 18 | 13 | 0 | \$ 171.00 | \$ 0.00 |
| Transportation - Emergency | \$ 3,595,782 | 9,654 | 5,083 | 133 | \$ 372.45 | \$ 4.13 |
| Transportation - Non-Emergency | \$ 687,728 | 13,294 | 1,089 | 183 | \$ 51.73 | \$ 0.79 |
| Other Services - PH | \$ 241,170 | 5,521 | 2,148 | 76 | \$ 43.68 | \$ 0.28 |
| Other Services - BH | \$ 5,853,525 | 148,313 | 7,396 | 2,042 | \$ 39.47 | \$ 6.72 |
| Total | \$ 290,510,845 | 2,475,086 | N/A | N/A | N/A | \$ 333.36 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|-------|
| Member Months/Deliveries: | 7,233 |
| Average Monthly Members/Deliveries: | 603 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 51,872,294 | 7,910 | 6,469 | 13,123 | \$ 6,557.68 | \$ 7,171.53 |
| Inpatient - BH | \$ 28,918 | 131 | 10 | 217 | \$ 221.35 | \$ 4.00 |
| Outpatient Hospital - Facility | \$ 3,585,277 | 17,045 | 4,685 | 28,279 | \$ 210.34 | \$ 495.68 |
| Outpatient Hospital - Professional | \$ 191,717 | 3,339 | 1,780 | 5,539 | \$ 57.42 | \$ 26.51 |
| Emergency Room - PH | \$ 2,537,097 | 6,627 | 3,824 | 10,995 | \$ 382.82 | \$ 350.76 |
| Emergency Room - BH | \$ 2,215 | 2 | 2 | 4 | \$ 1,047.77 | \$ 0.31 |
| Physician - Primary Care | \$ 11,993,843 | 36,032 | 7,595 | 59,779 | \$ 332.86 | \$ 1,658.19 |
| Physician - Specialty | \$ 2,308,775 | 16,974 | 5,217 | 28,161 | \$ 136.02 | \$ 319.20 |
| FQHC/RHC | \$ 217,106 | 1,251 | 481 | 2,075 | \$ 173.55 | \$ 30.02 |
| Other Clinic | \$ 404,310 | 1,772 | 814 | 2,940 | \$ 228.18 | \$ 55.90 |
| Family Planning Services | \$ 5,438,781 | 2,575 | 1,961 | 4,272 | \$ 2,112.16 | \$ 751.93 |
| Other Professional - PH | \$ 537,740 | 3,310 | 3,011 | 5,492 | \$ 162.43 | \$ 74.34 |
| Other Professional - BH | \$ 1,190 | 10 | 9 | 17 | \$ 114.31 | \$ 0.16 |
| Therapies - PT/OT/ST | \$ 3,209 | 32 | 19 | 52 | \$ 101.69 | \$ 0.44 |
| Prescribed Drugs | \$ 539,540 | 19,570 | 5,304 | 32,468 | \$ 27.57 | \$ 74.59 |
| LTSS Services | \$ 4,441 | 255 | 12 | 424 | \$ 17.39 | \$ 0.61 |
| Durable Medical Equipment | \$ 91,489 | 28,996 | 836 | 48,105 | \$ 3.16 | \$ 12.65 |
| Lab and X-ray | \$ 397,184 | 14,893 | 2,641 | 24,708 | \$ 26.67 | \$ 54.91 |
| Optical | \$ 347 | 3 | 3 | 5 | \$ 105.36 | \$ 0.05 |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 361,171 | 625 | 399 | 1,036 | \$ 578.30 | \$ 49.93 |
| Transportation - Non-Emergency | \$ 10,069 | 62 | 40 | 103 | \$ 162.45 | \$ 1.39 |
| Other Services - PH | \$ 1,380 | 53 | 10 | 87 | \$ 26.26 | \$ 0.19 |
| Other Services - BH | \$ 2,120 | 61 | 18 | 101 | \$ 34.87 | \$ 0.29 |
| Total | \$ 80,530,212 | 161,528 | N/A | N/A | N/A | \$ 11,133.59 |

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 2023 |
| Region: | Region 5 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 3,679,592 |
| Average Monthly Members/Deliveries: | 306,633 |
| Eligibles: | 368,901 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|------------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 288,012,259 | 27,440 | 21,731 | 89 | \$ 10,496.06 | \$ 78.27 |
| Inpatient - BH | \$ 7,343,544 | 11,184 | 1,287 | 36 | \$ 656.59 | \$ 2.00 |
| Outpatient Hospital - Facility | \$ 79,055,799 | 206,863 | 83,533 | 675 | \$ 382.17 | \$ 21.48 |
| Outpatient Hospital - Professional | \$ 16,142,432 | 90,480 | 46,853 | 295 | \$ 178.41 | \$ 4.39 |
| Emergency Room - PH | \$ 115,936,203 | 342,357 | 196,720 | 1,117 | \$ 338.64 | \$ 31.51 |
| Emergency Room - BH | \$ 2,590,882 | 6,838 | 5,246 | 22 | \$ 378.90 | \$ 0.70 |
| Physician - Primary Care | \$ 124,362,829 | 1,002,786 | 239,973 | 3,270 | \$ 124.02 | \$ 33.80 |
| Physician - Specialty | \$ 48,375,055 | 358,527 | 105,909 | 1,169 | \$ 134.93 | \$ 13.15 |
| FQHC/RHC | \$ 10,312,328 | 77,101 | 29,643 | 251 | \$ 133.75 | \$ 2.80 |
| Other Clinic | \$ 8,646,550 | 44,775 | 18,287 | 146 | \$ 193.11 | \$ 2.35 |
| Family Planning Services | \$ 10,813,142 | 30,865 | 17,877 | 101 | \$ 350.34 | \$ 2.94 |
| Other Professional - PH | \$ 1,490,074 | 10,648 | 7,152 | 35 | \$ 139.95 | \$ 0.40 |
| Other Professional - BH | \$ 1,409,461 | 14,609 | 4,264 | 48 | \$ 96.48 | \$ 0.38 |
| Therapies - PT/OT/ST | \$ 29,039,567 | 272,264 | 22,297 | 888 | \$ 106.66 | \$ 7.89 |
| Prescribed Drugs | \$ 358,749,143 | 2,551,215 | 231,601 | 8,320 | \$ 140.62 | \$ 97.50 |
| LTSS Services | \$ 21,990,983 | 2,496,037 | 3,818 | 8,140 | \$ 8.81 | \$ 5.98 |
| Durable Medical Equipment | \$ 15,702,552 | 3,666,644 | 20,044 | 11,958 | \$ 4.28 | \$ 4.27 |
| Lab and X-ray | \$ 14,389,658 | 615,399 | 96,562 | 2,007 | \$ 23.38 | \$ 3.91 |
| Optical | \$ 4,292,255 | 90,540 | 36,979 | 295 | \$ 47.41 | \$ 1.17 |
| Limited Dental Services | \$ 1,319,370 | 47,325 | 17,145 | 154 | \$ 27.88 | \$ 0.36 |
| Transportation - Emergency | \$ 14,712,668 | 34,785 | 15,280 | 113 | \$ 422.96 | \$ 4.00 |
| Transportation - Non-Emergency | \$ 4,115,299 | 74,845 | 5,308 | 244 | \$ 54.98 | \$ 1.12 |
| Other Services - PH | \$ 859,053 | 15,244 | 5,871 | 50 | \$ 56.35 | \$ 0.23 |
| Other Services - BH | \$ 19,899,505 | 395,922 | 24,932 | 1,291 | \$ 50.26 | \$ 5.41 |
| Total | \$ 1,199,560,611 | 12,484,693 | N/A | N/A | N/A | \$ 326.00 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Aged, Blind, Disabled |
| Age: | All Ages |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 203,203 |
| Average Monthly Members/Deliveries: | 16,934 |
| Eligibles: | 21,520 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|--------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 80,840,292 | 3,457 | 1,961 | 204 | \$ 23,383.17 | \$ 397.83 |
| Inpatient - BH | \$ 1,294,715 | 1,526 | 160 | 90 | \$ 848.17 | \$ 6.37 |
| Outpatient Hospital - Facility | \$ 18,505,588 | 27,704 | 7,931 | 1,636 | \$ 667.97 | \$ 91.07 |
| Outpatient Hospital - Professional | \$ 2,935,182 | 18,640 | 6,501 | 1,101 | \$ 157.47 | \$ 14.44 |
| Emergency Room - PH | \$ 15,298,479 | 29,853 | 13,799 | 1,763 | \$ 512.47 | \$ 75.29 |
| Emergency Room - BH | \$ 340,038 | 705 | 563 | 42 | \$ 482.46 | \$ 1.67 |
| Physician - Primary Care | \$ 9,125,695 | 78,286 | 12,884 | 4,623 | \$ 116.57 | \$ 44.91 |
| Physician - Specialty | \$ 15,244,700 | 76,516 | 11,600 | 4,519 | \$ 199.24 | \$ 75.02 |
| FQHC/RHC | \$ 1,873,628 | 12,761 | 4,008 | 754 | \$ 146.82 | \$ 9.22 |
| Other Clinic | \$ 4,297,259 | 5,605 | 871 | 331 | \$ 766.71 | \$ 21.15 |
| Family Planning Services | \$ 161,079 | 1,129 | 556 | 67 | \$ 142.63 | \$ 0.79 |
| Other Professional - PH | \$ 233,198 | 1,793 | 939 | 106 | \$ 130.09 | \$ 1.15 |
| Other Professional - BH | \$ 108,726 | 1,171 | 403 | 69 | \$ 92.89 | \$ 0.54 |
| Therapies - PT/OT/ST | \$ 2,200,389 | 13,732 | 2,408 | 811 | \$ 160.23 | \$ 10.83 |
| Prescribed Drugs | \$ 109,050,473 | 518,505 | 16,032 | 30,620 | \$ 210.32 | \$ 536.66 |
| LTSS Services | \$ 15,585,549 | 1,828,445 | 2,350 | 107,977 | \$ 8.52 | \$ 76.70 |
| Durable Medical Equipment | \$ 7,165,113 | 1,951,335 | 4,603 | 115,235 | \$ 3.67 | \$ 35.26 |
| Lab and X-ray | \$ 1,471,412 | 84,044 | 10,752 | 4,963 | \$ 17.51 | \$ 7.24 |
| Optical | \$ 324,444 | 7,068 | 2,872 | 417 | \$ 45.90 | \$ 1.60 |
| Limited Dental Services | \$ 13,765 | 452 | 155 | 27 | \$ 30.46 | \$ 0.07 |
| Transportation - Emergency | \$ 5,341,799 | 11,041 | 3,191 | 652 | \$ 483.82 | \$ 26.29 |
| Transportation - Non-Emergency | \$ 3,225,856 | 49,279 | 2,128 | 2,910 | \$ 65.46 | \$ 15.88 |
| Other Services - PH | \$ 240,347 | 4,561 | 1,126 | 269 | \$ 52.70 | \$ 1.18 |
| Other Services - BH | \$ 2,257,561 | 81,793 | 2,089 | 4,830 | \$ 27.60 | \$ 11.11 |
| Total | \$ 297,135,289 | 4,809,401 | N/A | N/A | N/A | \$ 1,462.26 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Newborn (<1) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 107,891 |
| Average Monthly Members/Deliveries: | 8,991 |
| Eligibles: | 17,644 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|------------------|
| Inpatient - PH | \$ 51,616,415 | 7,569 | 6,665 | 842 | \$ 6,819.50 | \$ 478.41 |
| Inpatient - BH | \$ 7,286 | 4 | 1 | 0 | \$ 1,798.83 | \$ 0.07 |
| Outpatient Hospital - Facility | \$ 1,554,995 | 6,430 | 3,603 | 715 | \$ 241.83 | \$ 14.41 |
| Outpatient Hospital - Professional | \$ 240,881 | 2,004 | 1,350 | 223 | \$ 120.21 | \$ 2.23 |
| Emergency Room - PH | \$ 4,273,698 | 16,561 | 9,793 | 1,842 | \$ 258.06 | \$ 39.61 |
| Emergency Room - BH | \$ 6,109 | 19 | 18 | 2 | \$ 328.48 | \$ 0.06 |
| Physician - Primary Care | \$ 10,497,483 | 80,698 | 14,419 | 8,976 | \$ 130.08 | \$ 97.30 |
| Physician - Specialty | \$ 6,423,795 | 29,377 | 5,516 | 3,267 | \$ 218.67 | \$ 59.54 |
| FQHC/RHC | \$ 686,659 | 4,861 | 1,275 | 541 | \$ 141.27 | \$ 6.36 |
| Other Clinic | \$ 218,475 | 2,298 | 1,124 | 256 | \$ 95.08 | \$ 2.02 |
| Family Planning Services | \$ 135 | 2 | 2 | 0 | \$ 63.89 | \$ 0.00 |
| Other Professional - PH | \$ 137,310 | 1,243 | 781 | 138 | \$ 110.42 | \$ 1.27 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 346,518 | 2,244 | 649 | 250 | \$ 154.41 | \$ 3.21 |
| Prescribed Drugs | \$ 1,731,078 | 32,845 | 9,853 | 3,653 | \$ 52.70 | \$ 16.04 |
| LTSS Services | \$ 128,321 | 7,992 | 44 | 889 | \$ 16.06 | \$ 1.19 |
| Durable Medical Equipment | \$ 343,797 | 54,207 | 793 | 6,029 | \$ 6.34 | \$ 3.19 |
| Lab and X-ray | \$ 105,101 | 3,093 | 1,244 | 344 | \$ 33.97 | \$ 0.97 |
| Optical | \$ 4,292 | 64 | 42 | 7 | \$ 67.36 | \$ 0.04 |
| Limited Dental Services | \$ 290,645 | 10,487 | 4,066 | 1,166 | \$ 27.72 | \$ 2.69 |
| Transportation - Emergency | \$ 1,533,612 | 1,119 | 583 | 124 | \$ 1,371.13 | \$ 14.21 |
| Transportation - Non-Emergency | \$ 120,586 | 1,052 | 226 | 117 | \$ 114.63 | \$ 1.12 |
| Other Services - PH | \$ 3,258 | 81 | 37 | 9 | \$ 40.42 | \$ 0.03 |
| Other Services - BH | \$ 5,687 | 6 | 4 | 1 | \$ 929.65 | \$ 0.05 |
| Total | \$ 80,276,138 | 264,255 | N/A | N/A | N/A | \$ 744.05 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Child (1-20) |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 1,857,790 |
| Average Monthly Members/Deliveries: | 154,816 |
| Eligibles: | 176,491 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 21,230,302 | 1,353 | 1,071 | 9 | \$ 15,687.34 | \$ 11.43 |
| Inpatient - BH | \$ 2,765,603 | 3,798 | 381 | 25 | \$ 728.25 | \$ 1.49 |
| Outpatient Hospital - Facility | \$ 20,140,599 | 39,828 | 22,757 | 257 | \$ 505.69 | \$ 10.84 |
| Outpatient Hospital - Professional | \$ 3,759,664 | 16,937 | 11,663 | 109 | \$ 221.98 | \$ 2.02 |
| Emergency Room - PH | \$ 37,442,077 | 134,361 | 84,395 | 868 | \$ 278.67 | \$ 20.15 |
| Emergency Room - BH | \$ 795,998 | 2,061 | 1,747 | 13 | \$ 386.17 | \$ 0.43 |
| Physician - Primary Care | \$ 38,777,615 | 345,921 | 107,772 | 2,234 | \$ 112.10 | \$ 20.87 |
| Physician - Specialty | \$ 9,274,814 | 94,690 | 41,100 | 612 | \$ 97.95 | \$ 4.99 |
| FQHC/RHC | \$ 4,698,188 | 31,507 | 13,598 | 204 | \$ 149.11 | \$ 2.53 |
| Other Clinic | \$ 1,234,711 | 13,765 | 8,277 | 89 | \$ 89.70 | \$ 0.66 |
| Family Planning Services | \$ 1,192,736 | 9,231 | 5,023 | 60 | \$ 129.21 | \$ 0.64 |
| Other Professional - PH | \$ 205,386 | 2,565 | 1,981 | 17 | \$ 80.08 | \$ 0.11 |
| Other Professional - BH | \$ 371,562 | 4,959 | 1,664 | 32 | \$ 74.93 | \$ 0.20 |
| Therapies - PT/OT/ST | \$ 10,464,013 | 89,025 | 9,273 | 575 | \$ 117.54 | \$ 5.63 |
| Prescribed Drugs | \$ 77,805,868 | 644,710 | 96,936 | 4,164 | \$ 120.68 | \$ 41.88 |
| LTSS Services | \$ 517,819 | 38,529 | 727 | 249 | \$ 13.44 | \$ 0.28 |
| Durable Medical Equipment | \$ 2,722,070 | 787,385 | 7,112 | 5,086 | \$ 3.46 | \$ 1.47 |
| Lab and X-ray | \$ 2,791,117 | 143,776 | 26,953 | 929 | \$ 19.41 | \$ 1.50 |
| Optical | \$ 2,317,987 | 51,672 | 22,293 | 334 | \$ 44.86 | \$ 1.25 |
| Limited Dental Services | \$ 792,243 | 28,550 | 9,903 | 184 | \$ 27.75 | \$ 0.43 |
| Transportation - Emergency | \$ 4,952,012 | 6,838 | 3,936 | 44 | \$ 724.16 | \$ 2.67 |
| Transportation - Non-Emergency | \$ 562,717 | 7,695 | 1,171 | 50 | \$ 73.13 | \$ 0.30 |
| Other Services - PH | \$ 256,867 | 6,028 | 1,761 | 39 | \$ 42.61 | \$ 0.14 |
| Other Services - BH | \$ 9,080,209 | 162,163 | 11,528 | 1,047 | \$ 55.99 | \$ 4.89 |
| Total | \$ 254,152,180 | 2,667,347 | N/A | N/A | N/A | \$ 136.80 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|--|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | TANF and Other Related Children/Adults |
| Age: | Adult (21+) |

| | |
|-------------------------------------|---------|
| Member Months/Deliveries: | 642,566 |
| Average Monthly Members/Deliveries: | 53,547 |
| Eligibles: | 64,801 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------------|------------------|------------|-----------------------|--------------|------------------|
| Inpatient - PH | \$ 28,390,032 | 1,605 | 1,219 | 30 | \$ 17,683.16 | \$ 44.18 |
| Inpatient - BH | \$ 1,848,631 | 2,120 | 296 | 40 | \$ 871.99 | \$ 2.88 |
| Outpatient Hospital - Facility | \$ 17,729,711 | 32,920 | 15,144 | 615 | \$ 538.57 | \$ 27.59 |
| Outpatient Hospital - Professional | \$ 2,976,710 | 17,879 | 9,162 | 334 | \$ 166.49 | \$ 4.63 |
| Emergency Room - PH | \$ 29,152,998 | 69,446 | 37,650 | 1,297 | \$ 419.79 | \$ 45.37 |
| Emergency Room - BH | \$ 599,163 | 1,416 | 1,201 | 26 | \$ 423.06 | \$ 0.93 |
| Physician - Primary Care | \$ 12,049,024 | 124,566 | 31,898 | 2,326 | \$ 96.73 | \$ 18.75 |
| Physician - Specialty | \$ 10,725,833 | 79,218 | 23,954 | 1,479 | \$ 135.40 | \$ 16.69 |
| FQHC/RHC | \$ 2,852,729 | 19,911 | 6,821 | 372 | \$ 143.28 | \$ 4.44 |
| Other Clinic | \$ 989,556 | 9,145 | 4,599 | 171 | \$ 108.21 | \$ 1.54 |
| Family Planning Services | \$ 2,826,229 | 14,459 | 7,960 | 270 | \$ 195.47 | \$ 4.40 |
| Other Professional - PH | \$ 148,396 | 1,224 | 845 | 23 | \$ 121.19 | \$ 0.23 |
| Other Professional - BH | \$ 247,712 | 2,940 | 973 | 55 | \$ 84.25 | \$ 0.39 |
| Therapies - PT/OT/ST | \$ 976,805 | 5,371 | 2,010 | 100 | \$ 181.88 | \$ 1.52 |
| Prescribed Drugs | \$ 78,137,959 | 583,204 | 42,124 | 10,891 | \$ 133.98 | \$ 121.60 |
| LTSS Services | \$ 778,580 | 83,237 | 888 | 1,554 | \$ 9.35 | \$ 1.21 |
| Durable Medical Equipment | \$ 1,817,285 | 253,357 | 2,651 | 4,731 | \$ 7.17 | \$ 2.83 |
| Lab and X-ray | \$ 4,688,249 | 223,964 | 28,380 | 4,183 | \$ 20.93 | \$ 7.30 |
| Optical | \$ 585,438 | 12,999 | 6,124 | 243 | \$ 45.04 | \$ 0.91 |
| Limited Dental Services | \$ 1,718 | 10 | 6 | 0 | \$ 178.10 | \$ 0.00 |
| Transportation - Emergency | \$ 3,746,496 | 6,071 | 3,526 | 113 | \$ 617.08 | \$ 5.83 |
| Transportation - Non-Emergency | \$ 746,773 | 10,981 | 863 | 205 | \$ 68.00 | \$ 1.16 |
| Other Services - PH | \$ 218,078 | 5,684 | 1,629 | 106 | \$ 38.37 | \$ 0.34 |
| Other Services - BH | \$ 3,360,950 | 107,306 | 4,714 | 2,004 | \$ 31.32 | \$ 5.23 |
| Total | \$ 205,595,056 | 1,669,035 | N/A | N/A | N/A | \$ 319.96 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|-----------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | Maternity Event |
| Age: | All Ages |

| | |
|-------------------------------------|-------|
| Member Months/Deliveries: | 5,441 |
| Average Monthly Members/Deliveries: | 453 |
| Eligibles: | N/A |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/Payment |
|------------------------------------|----------------------|----------------|------------|-----------------------|-------------|---------------------|
| Inpatient - PH | \$ 42,651,269 | 5,747 | 4,740 | 12,674 | \$ 7,421.88 | \$ 7,838.60 |
| Inpatient - BH | \$ 92,209 | 241 | 8 | 531 | \$ 382.85 | \$ 16.95 |
| Outpatient Hospital - Facility | \$ 2,459,393 | 9,240 | 3,206 | 20,379 | \$ 266.16 | \$ 452.00 |
| Outpatient Hospital - Professional | \$ 62,009 | 1,033 | 699 | 2,279 | \$ 60.01 | \$ 11.40 |
| Emergency Room - PH | \$ 1,670,587 | 3,998 | 2,505 | 8,817 | \$ 417.87 | \$ 307.03 |
| Emergency Room - BH | \$ 263 | 2 | 2 | 5 | \$ 122.02 | \$ 0.05 |
| Physician - Primary Care | \$ 8,836,930 | 27,034 | 5,593 | 59,621 | \$ 326.88 | \$ 1,624.08 |
| Physician - Specialty | \$ 1,972,325 | 13,640 | 3,770 | 30,082 | \$ 144.60 | \$ 362.48 |
| FQHC/RHC | \$ 434,270 | 2,541 | 557 | 5,605 | \$ 170.88 | \$ 79.81 |
| Other Clinic | \$ 1,007,457 | 4,361 | 1,503 | 9,618 | \$ 231.00 | \$ 185.15 |
| Family Planning Services | \$ 5,729,156 | 2,742 | 2,040 | 6,048 | \$ 2,089.23 | \$ 1,052.92 |
| Other Professional - PH | \$ 203,400 | 1,386 | 1,229 | 3,058 | \$ 146.70 | \$ 37.38 |
| Other Professional - BH | \$ - | - | - | - | \$ - | \$ - |
| Therapies - PT/OT/ST | \$ 1,531 | 10 | 7 | 21 | \$ 159.86 | \$ 0.28 |
| Prescribed Drugs | \$ 252,969 | 9,288 | 3,170 | 20,484 | \$ 27.24 | \$ 46.49 |
| LTSS Services | \$ 15,111 | 418 | 12 | 921 | \$ 36.17 | \$ 2.78 |
| Durable Medical Equipment | \$ 53,926 | 37,753 | 414 | 83,260 | \$ 1.43 | \$ 9.91 |
| Lab and X-ray | \$ 259,286 | 10,466 | 1,828 | 23,081 | \$ 24.77 | \$ 47.65 |
| Optical | \$ - | - | - | - | \$ - | \$ - |
| Limited Dental Services | \$ - | - | - | - | \$ - | \$ - |
| Transportation - Emergency | \$ 738,705 | 491 | 327 | 1,082 | \$ 1,505.97 | \$ 135.76 |
| Transportation - Non-Emergency | \$ 26,459 | 66 | 41 | 145 | \$ 401.68 | \$ 4.86 |
| Other Services - PH | \$ 15,203 | 504 | 235 | 1,112 | \$ 30.14 | \$ 2.79 |
| Other Services - BH | \$ 2,730 | 174 | 12 | 384 | \$ 15.69 | \$ 0.50 |
| Total | \$ 66,485,189 | 131,135 | N/A | N/A | N/A | \$ 12,218.88 |

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 2023 |
| Region: | Region 6 |

| | |
|------------------------|-----------------------|
| Population Selections: | |
| Program Type: | Standard Plan |
| Category of Aid: | All Population Groups |
| Age: | All Ages |

| | |
|-------------------------------------|-----------|
| Member Months/Deliveries: | 2,811,450 |
| Average Monthly Members/Deliveries: | 234,288 |
| Eligibles: | 280,456 |

| Category of Service | Incurred Claims | Utilization | Users | Utilization Per 1,000 | Unit Cost | PMPM/ Payment |
|------------------------------------|-----------------|-------------|---------|-----------------------|--------------|---------------|
| Inpatient - PH | \$ 224,728,310 | 19,732 | 15,656 | 84 | \$ 11,389.22 | \$ 79.93 |
| Inpatient - BH | \$ 6,008,444 | 7,689 | 846 | 33 | \$ 781.44 | \$ 2.14 |
| Outpatient Hospital - Facility | \$ 60,390,285 | 116,123 | 52,641 | 496 | \$ 520.06 | \$ 21.48 |
| Outpatient Hospital - Professional | \$ 9,974,446 | 56,493 | 29,375 | 241 | \$ 176.56 | \$ 3.55 |
| Emergency Room - PH | \$ 87,837,839 | 254,219 | 148,142 | 1,085 | \$ 345.52 | \$ 31.24 |
| Emergency Room - BH | \$ 1,741,572 | 4,203 | 3,531 | 18 | \$ 414.36 | \$ 0.62 |
| Physician - Primary Care | \$ 79,286,747 | 656,505 | 172,566 | 2,802 | \$ 120.77 | \$ 28.20 |
| Physician - Specialty | \$ 43,641,468 | 293,441 | 85,940 | 1,252 | \$ 148.72 | \$ 15.52 |
| FQHC/RHC | \$ 10,545,475 | 71,581 | 26,259 | 306 | \$ 147.32 | \$ 3.75 |
| Other Clinic | \$ 7,747,459 | 35,174 | 16,374 | 150 | \$ 220.26 | \$ 2.76 |
| Family Planning Services | \$ 9,909,335 | 27,564 | 15,581 | 118 | \$ 359.51 | \$ 3.52 |
| Other Professional - PH | \$ 927,691 | 8,212 | 5,775 | 35 | \$ 112.97 | \$ 0.33 |
| Other Professional - BH | \$ 728,000 | 9,069 | 3,040 | 39 | \$ 80.27 | \$ 0.26 |
| Therapies - PT/OT/ST | \$ 13,989,257 | 110,382 | 14,347 | 471 | \$ 126.73 | \$ 4.98 |
| Prescribed Drugs | \$ 266,978,347 | 1,788,552 | 168,115 | 7,634 | \$ 149.27 | \$ 94.96 |
| LTSS Services | \$ 17,025,381 | 1,958,620 | 4,021 | 8,360 | \$ 8.69 | \$ 6.06 |
| Durable Medical Equipment | \$ 12,102,191 | 3,084,037 | 15,573 | 13,163 | \$ 3.92 | \$ 4.30 |
| Lab and X-ray | \$ 9,315,165 | 465,343 | 69,157 | 1,986 | \$ 20.02 | \$ 3.31 |
| Optical | \$ 3,232,162 | 71,804 | 31,331 | 306 | \$ 45.01 | \$ 1.15 |
| Limited Dental Services | \$ 1,098,372 | 39,498 | 14,130 | 169 | \$ 27.81 | \$ 0.39 |
| Transportation - Emergency | \$ 16,312,625 | 25,560 | 11,563 | 109 | \$ 638.22 | \$ 5.80 |
| Transportation - Non-Emergency | \$ 4,682,391 | 69,073 | 4,429 | 295 | \$ 67.79 | \$ 1.67 |
| Other Services - PH | \$ 733,754 | 16,858 | 4,788 | 72 | \$ 43.53 | \$ 0.26 |
| Other Services - BH | \$ 14,707,138 | 351,442 | 18,347 | 1,500 | \$ 41.85 | \$ 5.23 |
| Total | \$ 903,643,852 | 9,541,173 | N/A | N/A | N/A | \$ 321.42 |

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

8 CAPITATION RATE DEVELOPMENT

The rate-setting methodology is based on generally accepted actuarial principles and best practices with consideration of rate-setting 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 to support the financial-related objectives of DHHS' new program in order to:

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

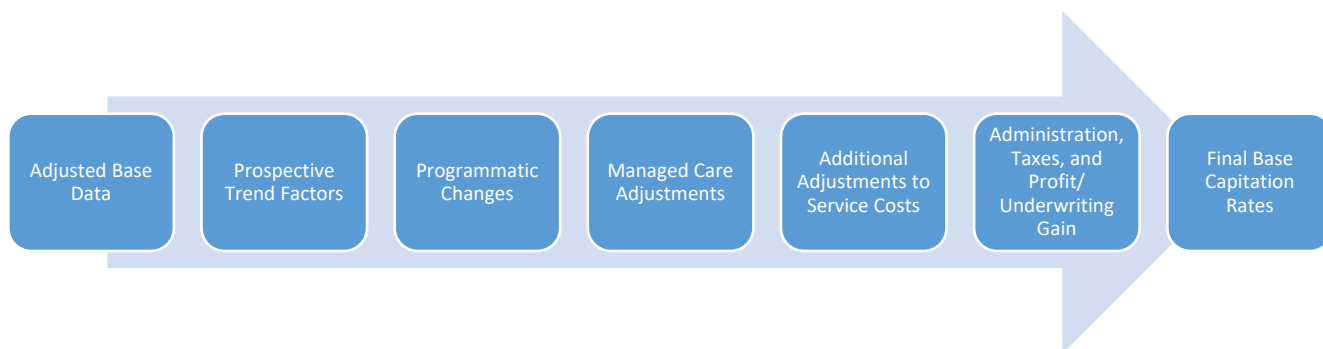
The capitation rates are meant to provide a reimbursement structure that will match payment to the expected financial risk of the managed care program designed for the State Medicaid population.

The rate-setting process is the means for determining the PMPM capitation payments DHHS will pay to the PHPs 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 7) and projecting future medical claims costs on a PMPM basis into the rating period (Sections 8 through 12). Section 13 provides details on the approach used to project enrollment and medical costs for Expansion populations. Consideration for administrative allowances and profit/underwriting gain or risk margin are added to the expected medical costs to arrive at the base capitation rates for each rate cell (Section 14).

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 healthcare landscape.

When reviewing Sections 8 through 14, please note that the MMs and weighted total impacts reflect NC Medicaid actual enrollment for Standard Plan eligible members as of January 2024, adjusted for the unwinding of the PHE and associated Maintenance of Eligibility (MOE) requirements based on projections performed by the State, as well as enrollment projections surrounding the Expansion population. Delivery counts were not provided in the enrollment counts and projections provided by DHHS; therefore, all weighted impacts still rely on SFY 2023 delivery information, adjusted to account for the runout consideration described in Section 6.8. These MMs were utilized to estimate total program averages where appropriate and did not have any impact upward or downward on the service level adjustments outlined in these sections.

Figure 2: Rate-Setting Methodology



9 TREND ASSUMPTIONS

Medical trend is the projection of utilization and unit cost changes over time. A trend factor is necessary to estimate the expenses of providing healthcare services in the SFY 2025 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.” Further discussion around Expansion rate-setting and how Expansion population trends were established can be found in Section 13.

9.1 Trend Development Methodology

To develop trends for the SFY 2025 rating period, Mercer reviewed various sources of data, namely, SFY 2023 PHP encounter data, national Medicaid trends, available CMS economic indices, and other market data. The data was analyzed on a rolling average basis to evaluate changes in historical cost and utilization patterns while smoothing the influence of historical program changes, 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 was evaluated to inform prospective trend assumptions. For multiple reasons, full reliance could not be placed on regression information based on encounter data for the trend analysis as this data set was limited based on the uniqueness of the available time period. For example, the encounter data reflects the first two years of managed care for a new program along with the MOE impact on enrollment and utilization. Each placed downward pressure on trends that likely will not carry forward to SFY 2025. Additionally, the change to the BH I/DD Tailored Plan criteria that occurred on December 1, 2022, shifted a significant number of members from the Tailored Plan to the Standard Plan, increasing utilization in some service categories. As secondary sources, Mercer reviewed CMS economic indices, Consumer Price Index (CPI) data and utilization trend information from other state Medicaid managed care programs.

Unit cost and utilization trend factors were developed to form an overall PMPM trend for each major COS. Similar service categories were aggregated and reviewed on a Statewide and regional basis. Outside of pharmacy trends, Mercer evaluated but did not vary regional trend assumptions. Further delineation was warranted for Prescription Drugs based on historical drug utilization and varying impacts of the expected prescription drug market changes. Prescription drugs make up roughly 30% of the SFY 2025 Standard 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 2023 base data period to the midpoint of the contract period, a total of 24 months for all regions.

Unit cost trends for non-pharmacy services generally are higher than prior years, driven by higher inflation levels within national indices as identified through a review of CMS and CPI market indices and expected increases in Pharmacy costs compared to prior estimates. This included adjustments to Inpatient, Outpatient, Emergency Department, FQHC, Emergency Transportation, and Skilled Nursing Facility (SNF) services based on the identified Medicare market basket index, as described in Section 9.2.

Utilization trends were generally established at a consistent level across every COS. For a few service groupings (e.g. Emergency Department, Prescription Drugs) utilization trends were varied by rate cell. Overall utilization trend levels were based on observed trends in other managed care states and their ongoing expectations for utilization trends as well as observed differences in rate cell-specific utilization metrics with the Standard Plan encounter data. This broader market review alongside a review of the SFY 2023 Standard Plan experience was important due to the various pressures observed in the encounter data set as highlighted previously in this section.

9.2 Overall Trend Assumptions

Mercer developed an annual trend assumption of approximately 4.5% to project the SFY 2023 base data to the contract period. The impact varies by COS and is captured in the table below. For additional context on the trend assumptions below, Mercer also offers the following information:

- The FQHC/RHC, Inpatient, Outpatient Hospital — Facility, and Emergency Room — Facility provider rates were indexed to the Medicare Economic Index market basket update for the impacted time period.
- As the NF payment adjustment (see Section 10.2.1) considers NF unit costs to be on an SFY 2024 basis, the overall LTSS unit cost trends reflect a blend of one year of SNF market basket indexed unit cost trend for NF and non-zero unit cost trend for all other LTSS components.
- Similarly, Personal Care Services (PCS) and Private Duty Nursing (PDN) fee schedules already reflect SFY 2024 reimbursement levels so one year of the estimated Home Health market basket indexed trend was applied to these services.
- Pharmacy trends were established through a separate, thorough review of drug utilization and pipeline information as outlined later in this Section. Additionally, physician-administered drug trends were evaluated as part of the trend development process and reflected as part of the pharmacy trends.
- SFY 2023 included a marked increase in influenza and respiratory syncytial virus (RSV) costs compared to SFY 2022. There was a somewhat offsetting impact related to decreases in COVID-19 treatment and vaccination expenditures. This net increase in acute care costs, along with a shift toward child and ABD populations, has been maintained in the SFY 2023 base data without further adjustment. Related, ongoing utilization trend expectations for hospital services have been mitigated compared to year-over-year SFY 2022 to SFY 2023 results.
- For the Medical Home Payments COS, an annual utilization trend assumption of 1% has been applied to account for the expected increase in utilization to reflect the increasing uptake of the AMH, CMARC, and CMHRP services expected in SFY 2025 relative to the base data experience.
- Unit cost trends for services not listed above were indexed to the general Medicare Economic Index to reflect recent inflationary information for medical services.

Table 12: Overall Annual Trend Projections by Major Service Category¹³

| COS | Unit Cost Trend | Utilization Trend | Total PMPM Trend | SFY 2023 Base PMPM ¹⁴ |
|------------------------------------|-----------------|-------------------|------------------|----------------------------------|
| Inpatient Hospital — PH | 3.4% | 0.0% | 3.4% | \$ 76.18 |
| Inpatient Hospital — BH | 3.4% | 0.1% | 3.5% | \$2.17 |
| Outpatient Hospital — Facility | 3.4% | 0.0% | 3.4% | \$28.02 |
| Outpatient Hospital — Professional | 1.5% | 0.4% | 1.9% | \$4.95 |
| Emergency Room — PH | 3.4% | 0.1% | 3.5% | \$36.09 |
| Emergency Room — BH | 3.4% | 0.1% | 3.5% | \$ 0.87 |
| Physician | 1.5% | 0.5% | 2.0% | \$58.93 |
| FQHC/RHC | 3.4% | 0.5% | 3.9% | \$4.12 |
| Prescription Drugs | 6.0% | 1.8% | 8.0% | \$111.36 |
| LTSS Services | 2.1% | 0.5% | 2.6% | \$4.72 |
| Other Acute Care | 1.5% | 0.5% | 2.0% | \$17.06 |
| Transportation — Ambulance | 3.6% | 0.5% | 4.1% | \$4.06 |

¹³ Physician trend projections were applied to the primary and specialty care physician, Therapies, Other Clinics, Other Professionals, and Family Planning Services COS lines. Other acute care trend projections were applied to the DME, Limited Dental Services, Optical, Other Services, and Lab and X-ray service lines.

¹⁴ Overall adjusted base PMPM, inclusive of the proxy data set used for the Medicaid Expansion rate cells, based on SFY 2025 projected enrollment provided for reference to scale of overall COS relative to the total across all services.

| COS | Unit Cost Trend | Utilization Trend | Total PMPM Trend | SFY 2023 Base PMPM¹⁴ |
|----------------------------------|------------------------|--------------------------|-------------------------|--|
| Transportation — NEMT | 3.6% | 0.5% | 4.1% | \$1.08 |
| AMH Payments/LHD Care Management | 0.0% | 1.0% | 1.0% | \$5.30 |
| Total Standard Plan | 3.7% | 0.8% | 4.5% | \$354.91 |

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 13: Overall Annual Trend Projections by PHP Region

| Region | Unit Cost Trend | Utilization Trend | Total PMPM Trend |
|----------------------------|------------------------|--------------------------|-------------------------|
| Region 1 | 3.8% | 0.8% | 4.6% |
| Region 2 | 3.8% | 0.8% | 4.6% |
| Region 3 | 3.7% | 0.7% | 4.5% |
| Region 4 | 3.7% | 0.8% | 4.5% |
| Region 5 | 3.7% | 0.8% | 4.5% |
| Region 6 | 3.7% | 0.8% | 4.5% |
| Total Standard Plan | 3.7% | 0.8% | 4.5% |

Table 14: Overall Annual Trend Projections by COA

| COA | Unit Cost Trend | Utilization Trend | Total PMPM Trend |
|--|------------------------|--------------------------|-------------------------|
| ABD | 4.3% | 1.1% | 5.4% |
| TANF, Newborns (<1 Year) | 2.7% | 0.2% | 2.9% |
| TANF, Children (1 Year–20 Years) | 2.9% | 0.6% | 3.6% |
| TANF, Adults (21+ Years) | 4.1% | 0.9% | 5.0% |
| Maternity Event | 2.9% | 0.1% | 3.1% |
| Newly Eligible, Ages 19 Years–24 Years | 4.1% | 0.9% | 5.0% |
| Newly Eligible, Ages 25 Years–34 Years | 4.1% | 0.9% | 5.0% |
| Newly Eligible, Ages 35 Years–44 Years | 4.1% | 0.9% | 5.0% |
| Newly Eligible, Ages 45 Years–64 Years | 4.1% | 0.9% | 5.0% |
| Total Standard Plan | 3.7% | 0.8% | 4.5% |

The sections below provide additional commentary for certain service categories. For more detailed trend assumptions, see the Capitation Rate Development Exhibits in Section 15 of this Rate Book.

9.2.1 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 spend is expected to grow due to price growth, a robust targeted specialty pipeline, and fewer brand name drugs losing patent protection, therefore delaying generic product launches.

Pharmacy trends require special consideration in rate-setting. Recently, pharmacy trends have been higher than other services covered under Medicaid programs. Higher trends are driven by large trends in specialty medications (driven by growth in therapies for inflammatory and oncology indications). 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, fast-track, and accelerated approvals granted by the Food and Drug Administration (FDA). Higher trends are also driven by glucagon-like peptide (GLP-1) products for diabetes treatment which are seeing a double-digit utilization growth. Further, manufacturers are pursuing additional indications for these drugs for adults and adolescents. As of the time of the capitation rate development, a cardiovascular risk reduction indication for Wegovy® has been approved by the FDA. Higher expected utilization for this drug as a result of this indication is reflected as a separate adjustment outside of trend. Please see section 10.2.10 for more details. Similarly, effective August 1, 2024, DHHS will implement GLP-1 coverage for weight loss therapy. This new utilization has been considered in a programmatic change outlined in section 10.3.2.

Mercer incorporates marketplace intelligence into overall expected pharmacy trends for broad therapeutic categories based on the combination of the expectations for new traditional and specialty drug price fluctuations as well as new generics and biosimilar introductions that Mercer routinely monitors. 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 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.

Mercer further included consideration of the April 1, 2024 NC Medicaid Preferred Drug List (PDL) available as of the time of this publication in the development of trends. For example, if DHHS prefers a branded product to a generic and/or biosimilar, Mercer does not assume the typical negative unit cost trend associated with the adoption of the generic and/or biosimilar product. Additionally, Mercer determined pharmacy trend assumptions account for updated guidance for payment of 340B dispensed Long-Acting Reversible Contraceptives agents, the number of dispensing fees allowed per month, and pharmacist reimbursement for standing order prescribing protocols for certain drugs, including contraception and nicotine replacement therapy. Mercer also included consideration for costs related to COVID-19 treatment drugs (e.g., Paxlovid® and Lagevrio®) within pharmacy trends. These were previously covered under a federal assistance program but will be the responsibility of the PHPs during the entire SFY 2025 time period.

As an additional step in the review process when developing the pharmacy trend assumptions, Mercer compared the forecasted pharmacy trend assumptions to the historical monthly program data, which reflects past experience with new high-cost drugs, as well as cost reductions due to generics available within the PDL or increased competition to ensure the forecast is reasonable compared to this historical experience. To further supplement the trend analysis, Mercer reviewed information from proprietary work with other states' Medicaid programs, publicly available reports on general health expenditure trends and Medicaid trends, and Bureau of Labor Statistics (BLS) CPI medical trend information. These sources provide a cross-section of information pertaining to the dynamics of the healthcare marketplace that help inform the process of developing prospective trend assumptions. This information combined with professional actuarial opinion was used to develop the final trend assumptions.

The top therapeutic classes contributing to the pharmacy trend include rheumatoid arthritis and other inflammatory conditions (specialty), diabetes (traditional), attention disorders (traditional), other specialty conditions (specialty), asthma (traditional), pulmonary (specialty), HIV (specialty), oncology (specialty), and injectable antipsychotic (specialty). Significant growth is expected in drug classes such as diabetes (traditional) rheumatoid arthritis and other inflammatory conditions (specialty), other specialty conditions (specialty), oncology (specialty), attention disorders (traditional), and injectable antipsychotic agents (specialty).

The top therapeutic categories for Standard Plan Adults include diabetes (traditional) and rheumatoid arthritis and other inflammatory conditions (specialty). For Standard Plan children, the top therapeutic categories include attention disorders (traditional) and rheumatoid arthritis and other inflammatory conditions (specialty).

There is a separate adjustment specific to emerging high-cost, low-utilization gene therapies not captured in the base data. Further information is provided in Section 10.2.4 for this adjustment in addition to the pharmacy trends. Additionally, other office- or facility-administered drugs are captured in the Prescribed Drugs service category and trended based on Mercer's review of these service costs, to align with financial reporting instructions.

Overall, for the Standard Plan population in SFY 2025, Mercer is projecting specialty drug PMPM trends of nearly 8.2% and traditional drug PMPM trends at around 7.2%. For the Standard Plan population, specialty drug spend makes up approximately 47.4% of historical SFY 2023 drug spend. Mercer projects that specialty drug spend will make up approximately 47.9% of SFY 2025 spend. It is worth noting that the TANF, Newborn (<1 Year) rate cell is experiencing lower pharmacy trend due to the anticipated shift in the standard of care for the prevention of RSV.

9.2.2 Seasonal Influenza, RSV, and COVID-19

Since early 2020, COVID-19 has dominated respiratory disease activity in the US, with other respiratory viruses circulating at lower levels than usual. That changed in 2022, as flu and RSV cases had a significant increase, especially among children. Mercer reviewed the SFY 2023 experience and determined it to be an appropriate base period compared to historical, pre-PHE norms for these seasonal conditions. Although SFY 2023 reflected higher hospitalization and inpatient costs relating to these seasonal illnesses than SFY 2022, emerging publicly available data from the Centers for Disease Control (CDC) suggests the SFY 2024 time period may have similar levels of seasonal respiratory infection rates. Based on these findings, no adjustment was made to the SFY 2025 capitation rates.

Alongside this analysis, Mercer also reviewed the SFY 2023 COVID-19 treatment and testing costs compared to historical data. Based on this review, Mercer also confirmed that the SFY 2023 base data reflects a reasonable level of these service expenditures compared to more recent information. Furthermore, the CDC has noted that the COVID-19 impact on chronic conditions is still in need of further study. Therefore, no adjustment was made to increase or decrease these service types beyond trend and other more broad rating adjustments.

10 PROGRAM DESIGN CONSIDERATIONS

Mercer has adjusted the data for known programmatic design elements anticipated to impact the projected SFY 2025 claims expenditures. Mercer has utilized information in the SFY 2023 encounter data, as well as information provided by DHHS, to assess the impact of known programmatic changes to the capitation rates. Specific discussion around Expansion rate-setting and how program design considerations were reflected can be found in Section 13.

10.1 Additional Adjustments to SFY 2023 Encounter Data

The following base data considerations were developed to address additional information provided regarding the SFY 2023 PHP encounter data, subsequent to the February 20, 2024 SFY 2025 Rate Book publication.

10.1.1 Unbilled State Lab Claims

Based on information from the State, approximately \$2.5 million of total State lab testing claims for dates of service within SFY 2023 have not been billed to the PHPs and are therefore not reflected in the encounter data. Because these claims were incurred within the base data period, they need to be added in order to reflect a fully incurred SFY 2023 lab cost level. The total claims to add were provided by DHHS and allocated by region and rate cell to the Lab and X-ray service line based on SFY 2023 claims utilization. The impact by rate cell is shown below.

Table 15: Total Impact of Unbilled State Lab Claims

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.0% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 0.0% |
| TANF, Adults (21+ Years) | 0.1% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 0.1% |
| Newly Eligible, Ages 25 Years–34 Years | 0.1% |
| Newly Eligible, Ages 35 Years–44 Years | 0.1% |
| Newly Eligible, Ages 45 Years–64 Years | 0.1% |

10.1.2 Reallocation of Duplicate Removal Adjustment

Based on feedback received from one health plan, Mercer adjusted the allocation of the duplicate removal adjustment outlined in Section 6.1 to better reflect the mix of services and rate cell experience duplicated in this plan’s encounter data. There was also a change to the overall volume of the duplicates identified, making this a slight negative adjustment of \$1.7 million compared to what was outlined in Section 6.1 for the non-Expansion base experience. This adjustment was identified subsequent to the initial SFY 2025 Rate Book publication date. Since the initial base data adjustment was applied uniformly across all COS, the impact of this reallocation varies by service due to this targeted approach.

10.1.3 AMH and CMHRP/CMARC Adjustment

As outlined in Section 5, the SFY 2023 data associated with AMH base payments and some care management activities (CMARC Payments, CMHRP Payments) were not complete in the encounters, so Mercer took steps to build up the cost for these activities based on historical experience and spending levels reported by the PHPs within their financial reports, which are consistent with the contractual requirements.

These amounts were built into the capitation rates as a service cost and are presented in Section 15 as a service line in the rate exhibits. This approach is consistent with SFY 2024 rate-setting.

The impact of adding AMH base payments is \$2.55 PMPM, adding CMHRP is \$1.64 PMPM, and adding CMARC is \$1.12 PMPM on a statewide average basis for all rate cells.

AMH Tier 3 payments and other care coordination/management components remain in the non-benefit expense load and are discussed in Section 14.3 of this document.

10.2 Program Design Changes Effective During SFY 2024

These program design elements were implemented by DHHS during SFY 2024. Mercer reviewed prior methodologies and the available SFY 2023 encounter data to inform updates to previously developed program changes, as needed.

10.2.1 NF Payments

DHHS updated the payment methodology for reimbursing NF stays within managed care, effective January 1, 2023. Previously, PHPs were required to reimburse NFs at a rate no less than the Medicaid FFS rate established by DHHS. Under the January 2023 methodology, PHPs are required to reimburse NFs no less than 95% of the facilities' adjusted Medicare rate for the first 20 days of the NF stay, and then no less than 80% of the facilities' adjusted Medicare rate for the remainder of the NF stay covered under managed care. As such, Mercer incorporated an adjustment to reflect the most recent NF rates required for managed care at the time of rate development, effective through March 31, 2024. The NF stays within the base data were repriced using these rates, after adjusting them to reflect the average length of NF stays for the underlying Standard Plan population. This adjustment was applied to the LTSS COS line, and resulted in approximately a \$5.1 million, or 0.2%, overall upward adjustment to the ABD rate cell and a \$143,000, or 0.0%, change to the TANF, Adults (21+ Years) rate cell.

10.2.2 Home Health Electronic Visit Verification

Section 12006(a) of the 21st Century Cures Act mandates that states implement Electronic Visit Verification for all Medicaid PCS and Home Health services that require an in-home visit by a provider. To support Standard Plan providers in complying with these requirements, effective February 1, 2023, DHHS implemented a 10% rate increase for Home Health services, excluding DME. Mercer calculated a program change to capture the partial SFY 2023 impact of this adjustment. Overall, this rate increase had an impact of 0.0% on the ABD rate cell.

10.2.3 BH Service Changes

The following items relate specifically to BH service changes and given the small proportion of BH services within the Standard Plan, are summarized in a single section. Overall, these changes had an impact of 0.1%, or \$0.27 PMPM, on the Standard Plan rate cells. Below is additional detail regarding each change and a table summarizing the impact of these changes by rate cell.

10.2.3.1 Mental Health Parity and Addiction Equity Act Compliance

DHHS has determined that to comply with the Mental Health (MH) Parity and Addiction Equity Act, the BH I/DD Tailored Plans cannot apply the quantitative treatment limits (QTLs) on BH services currently in North Carolina's Medicaid State Plan. For purposes of Standard Plan rate-setting, Mercer performed an analysis to quantify the capitation rate impact of removing these limits by reviewing the historical volume of beneficiaries at or near the current QTLs. Mercer determined the impact to be immaterial to the Standard Plan program related to the removal of these QTLs. As the full MH Parity analysis is completed for Standard Plans, Mercer will evaluate whether there are any other findings that may impact prospective Standard Plan capitation rates.

10.2.3.2 American Society of Addiction Medicine SUD Service Array Changes

SUD service array changes were implemented in SFY 2023 and are expected to continue through SFY 2025. This program change considers DHHS' planned American Society of Addiction Medicine (ASAM) service expansions related to Levels 1 Withdrawal Management (WM), 2 WM, 3.2 WM, 3.1, 3.5, and 3.7, as well as the repricing of existing services for ASAM levels 2.1, 2.5, and 3.7 WM.

Additionally, two outpatient treatment programs were added to the Standard Plan service array. Consideration for these services within the capitation rates is described in Section 10.2.12.2.

10.2.3.3 Opioid Treatment Program Changes

Effective October 1, 2023, DHHS increased the blended bundled payment amount from \$221.88 to \$254.93 per week. This adjustment reprices the base experience to the new bundled rate, which is expected to be in effect during the SFY 2025 contract period.

The cumulative impact of the above BH service adjustments is illustrated in the table below by COA.

Table 16: Total Impact of BH Service Changes from Section 10.2.3

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.0% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 0.0% |
| TANF, Adults (21+ Years) | 0.1% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 0.1% |
| Newly Eligible, Ages 25 Years–34 Years | 0.1% |
| Newly Eligible, Ages 35 Years–44 Years | 0.1% |
| Newly Eligible, Ages 45 Years–64 Years | 0.1% |

10.2.4 Emerging Gene Therapy Considerations

In addition to the trends applied to historical pharmacy utilization, Mercer made an explicit adjustment to the capitation rates to consider new high-cost, low-utilization gene therapies not captured in the base, including new treatments for hemophilia, sickle cell disease, and other genetic conditions. Mercer pharmacists utilized specific knowledge of drug pipelines and recent and upcoming approvals, along with projected Standard Plan enrollment and prevalence information, to develop cost estimates for these therapies. As the State is required to cover these drugs under Medicaid, and they are not captured in the base, a programmatic change was applied to account for these expected claims outside of the pharmacy trends.

Table 17: Total Impact of Gene Therapy Considerations

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.0% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 0.1% |
| TANF, Adults (21+ Years) | 0.2% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 0.2% |
| Newly Eligible, Ages 25 Years–34 Years | 0.2% |

| COA | PMPM/Payment Impact |
|--|---------------------|
| Newly Eligible, Ages 35 Years–44 Years | 0.2% |
| Newly Eligible, Ages 45 Years–64 Years | 0.2% |

10.2.5 Maternity Related Service Reimbursement Changes

On July 1, 2023, Senate Bill 20 (SL 2023-14) went into effect. Included in this bill were two reimbursement increases relating to maternity services within Medicaid managed care. First, DHHS was directed to increase the Medicaid rate paid for obstetrics maternal bundle payments for pregnancy care to at least 71% of the Medicare rate. Second, DHHS developed an add-on rate to increase payments to providers sufficiently to achieve a higher level of Medicaid beneficiary participation in group prenatal care visits. This rate will be paid to providers given they meet the participation rates set forth by DHHS. Mercer worked with DHHS to estimate the impact of these changes on the Standard Plan population.

Additionally, effective July 1, 2023, DHHS added coverage of vaginal birth after cesarean section services. Mercer worked with the State to determine the impact, along with appropriate utilization offsets for other delivery services, to the Standard Plan.

The total impact of all these reimbursement and service changes is \$6.8 million, or \$159.58 PMPM, on the maternity event payment.

10.2.6 BH Reimbursement Rate Increases

The North Carolina General Assembly appropriated funds in the Current Operations Appropriations Act of 2023 (SL 2023-134) to increase the Medicaid reimbursement rates for providers of MH, SUD, and I/DD-related services. The BH reimbursement rate increase legislation is intended to increase payments to providers of MH, SUD, and I/DD services to better align with the current cost of providing these services. Reimbursement changes were effective January 1, 2024.

This adjustment accounts for BH reimbursement increases anticipated due to the implementation of new contractual rate floors in the PHP Contract, and similar increases for BH ILOS. The inpatient BH per diem minimum is based on the federal fiscal year 2024 Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS) federal base per diem of \$895.63. Contractual rate floors for Outpatient BH and enhanced MH services reflect a required minimum level consistent with the Medicaid State Plan fee schedules. Updates to the Medicaid State Plan fee schedules were determined based on either Medicare reimbursement levels or inflationary increases since DHHS' last fee schedule update.

Mercer used SFY 2023 Standard Plan data to evaluate the impact of the above changes. Claims with unit cost levels below the required minimum were repriced based on the Medicaid State Plan fee schedules provided by the State or the IPF PPS federal base per diem. To the extent claims were reimbursed at a level higher than the minimum, no adjustment was applied thus supporting maintenance of these existing reimbursement levels. No reductions in provider reimbursement are intended due to these changes. These results were reviewed by region, COS, and rate cell to determine appropriate capitation rate adjustments.

The table below illustrates the aggregate impact of these adjustments on total service PMPMs applicable to the SFY 2025 capitation rates.

Table 18: Impact of BH Reimbursement Rate Increase Program Change

| COA | PMPM/Payment Impact |
|--------------------------|---------------------|
| ABD | 0.3% |
| TANF, Newborns (<1 Year) | 0.1% |

| COA | PMPM/Payment Impact |
|--|---------------------|
| TANF, Children (1 Years–20 Years) | 1.1% |
| TANF, Adults (21+ Years) | 1.0% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 1.0% |
| Newly Eligible, Ages 25 Years–34 Years | 1.0% |
| Newly Eligible, Ages 35 Years–44 Years | 1.0% |
| Newly Eligible, Ages 45 Years–64 Years | 1.0% |

10.2.7 University of North Carolina Child and Adolescent Psychiatric Hospital

In November 2023, the former R.J. Blackley Alcohol and Drug Abuse Treatment Center facility was reopened by University of North Carolina (UNC) Health as a 54-bed inpatient psychiatric hospital for children and adolescents. This new facility is anticipated to fulfill a portion of the current unmet needs of the child population in the state, appearing as new utilization to the Medicaid program. Leveraging DHHS feedback on the expected Medicaid utilization rates and per diem costs, along with historical inpatient psychiatric experience across rate cells and regions, Mercer developed an adjustment to account for the additional utilization at this hospital. This translated to a 0.1%, or \$0.21 PMPM, adjustment to the Standard Plan program.

Table 19: Impact of UNC Child and Adolescent Psychiatric Hospital Program Change

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.0% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 0.2% |
| TANF, Adults (21+ Years) | 0.0% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 0.0% |
| Newly Eligible, Ages 25 Years–34 Years | 0.0% |
| Newly Eligible, Ages 35 Years–44 Years | 0.0% |
| Newly Eligible, Ages 45 Years–64 Years | 0.0% |

10.2.8 Copay Waiver for Nicotine Replacement Therapy and Opioid Treatment

Effective April 1, 2024, DHHS is waiving copays on opioid antagonist medication used to treat opioid disorders, nicotine replacement therapy medications used to treat nicotine addiction and aid in smoking cessation, and medications used for opioid dependence. As this change will increase the expense associated with these medications for the health plans moving forward, Mercer developed an adjustment to add the historical cost of copays for these drugs into capitation rates. This translated to a 0.0%, or \$0.04 PMPM, adjustment to the Standard Plan program.

10.2.9 Dental Procedures at an Ambulatory Surgical Center

Per House Bill 125, approved September 29, 2023, DHHS will no longer reimburse Ambulatory Surgical Centers (ASCs) based solely on the length of the procedure. As of July 1, 2023, DHHS will reimburse ASCs so that services billed under Healthcare Common Procedure Coding System (HCPCS) procedure code G0330 are reimbursed at 95% of the total payment rate listed on the Medicare Part B Hospital Outpatient Prospective Payment System (OPPS), in effect as of January 1, 2023. Starting January 1, 2024, and each year thereafter, DHHS shall update these rates annually so that services are reimbursed at 95% of the Medicare Part B OPPS payment rate, in effect as of January 1, for that procedure code. The reimbursement rate for G0330 was subsequently updated in the State’s ASC fee schedule to \$2,914.24 per procedure, effective January 1, 2024.

Mercer reviewed historical utilization for this service code delivered at ASCs and adjusted the underlying data to reflect this higher unit cost of \$2,914.24. This translated to a 0.3%, or \$1.01 PMPM, adjustment to the Standard Plan program.

Table 20: Impact of ASC Dental Procedure Reimbursement Change

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.0% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 1.1% |
| TANF, Adults (21+ Years) | 0.0% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 0.0% |
| Newly Eligible, Ages 25 Years–34 Years | 0.0% |
| Newly Eligible, Ages 35 Years–44 Years | 0.0% |
| Newly Eligible, Ages 45 Years–64 Years | 0.0% |

10.2.10 GLP-1 Coverage for Cardiovascular Risk Reduction

On March 8, 2024, the U.S. FDA approved the use of the GLP-1 drug Wegovy® (semaglutide) to reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either an obese or overweight designation. PHPs will therefore be required to cover this drug for members with the aforementioned indication. Mercer reviewed market and manufacturer literature, in combination with data from the CDC and other publications, to identify the proportion of the population who may seek this new treatment. This adjustment also considers that some portion of the identified users may already be using GLP-1 drugs for diabetes treatment as well as the potential impact of some new users not adhering to the drug for the full SFY 2025 time period. This adjustment does not consider any coverage of these, or similar drugs, for weight loss therapy. The total impact of this coverage change is \$52.9 million, or \$1.97 PMPM, on the SFY 2025 capitation rates.

Table 21: Impact of Expanded GLP-1 Indication for Adults

| COA | PMPM/Payment Impact |
|--|---------------------|
| ABD | 0.2% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 0.4% |
| TANF, Adults (21+ Years) | 1.1% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 2.2% |
| Newly Eligible, Ages 25 Years–34 Years | 1.3% |
| Newly Eligible, Ages 35 Years–44 Years | 0.8% |
| Newly Eligible, Ages 45 Years–64 Years | 0.5% |

10.2.11 PDN Fee Schedule Increases

As prescribed in the State budget, DHHS has updated the fee schedules for PDN services. The PHPs are anticipated to pass on these higher payment levels to providers for these impacted services. Mercer analyzed the impact of these higher payment levels on SFY 2025 capitation rates compared to the SFY 2023 base data. The payment level assumed for SFY 2025 is \$13.00 per unit for PDN. The total impact of this fee schedule increase is \$2.45 PMPM on the ABD rate cell.

10.2.12 Additional Items Evaluated, but not Adjusted For

10.2.12.1 Enhanced Quitline Smoking Cessation Services

Currently, the Standard Plan contract requires that the PHPs contract with DHHS' Quitline vendor at a minimum benefit level defined by DHHS that promotes evidence-based standard of care for tobacco cessation. DHHS provided pricing information from RVO Health (formerly contracted through Optum), the Quitline program contractor, which equated to \$0.20 PMPM for basic Quitline services for prior rating periods. As part of Contract Amendment 15/16, the State adjusted the requirement to include coverage of the Quitline BH protocol (seven sessions and 12 weeks of combination Nicotine Replacement Therapy). RVO Health estimated that this enhanced service package would equate to approximately \$0.59 PMPM. Based on findings in publicly available reports around enhanced tobacco cessation programs in similar Medicaid programs, Mercer expects that any incremental increase in cost to provide these enhanced services will be fully offset by savings gained through avoidance of more costly services. Therefore, no adjustment was made to the capitation rates beyond the Quitline costs already captured in the SFY 2023 experience.

10.2.12.2 Substance Abuse Intensive Outpatient Program and Substance Abuse Comprehensive Outpatient Treatment

As part of the enacted SFY 2024 budget, Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment (SACOT) services were added to the Standard Plan service array. Previously, these services were only offered through NC Medicaid Direct and the BH I/DD Tailored Plan; therefore, an individual would need to disenroll from a Standard Plan in order to receive the appropriate service. Effective as of the passing of the budget, Standard Plan PHPs must offer the service; however, use of the service still qualifies an individual to become BH I/DD Tailored Plan eligible, which means Standard Plan coverage of this service may be limited prior to the member transitioning out of the Standard Plan. Mercer reviewed historical utilization of these services within Medicaid, along with average costs in the months prior to and immediately after the use of SAIOP or SACOT, and the State Plan Amendments impacting these services effective May 1, 2024 and determined this policy change to have an immaterial impact on the Standard Plan rate cells based on the number of individuals expected to utilize these services through a Standard Plan.

10.2.12.3 Therapy Visit Limit Changes

Effective December 1, 2023, DHHS updated its State Plan regarding annual limits on therapy services. Rather than a hard limit of 27 visits across all therapy types (PT, OT, and ST), the new limits are 30 visits for PT/OT rehabilitative services, 30 visits for PT/OT habilitative services, 30 visits for ST rehabilitative services, and 30 visits for ST habilitative services.

Since Early and Periodic Screening, Diagnostic, and Treatment requirements already in place allow children access beyond the current limits, Mercer identified that this limit change may impact adult therapy utilization but would not materially impact utilization for children. Mercer reviewed historical therapy utilization for adults and observed that historically only 0.1% of the population had 21 or more visits. This low level of individuals near the current limit of 27 visits led to Mercer's conclusion that this change in limits is an immaterial change to overall capitation payment levels.

10.2.12.4 Transition of Health Choice Populations to Medicaid

Effective April 1, 2023, the existing NC Health Choice program was dissolved and all members currently eligible for the NC Health Choice program became eligible for NC M-CHIP. Mercer reviewed data specific to the transitioning population and determined the impact to be immaterial to the SFY 2025 Standard Plan capitation rates. As such, no adjustment is required to reflect this policy change.

10.2.12.5 Collaborative Care Rate Increase

Effective April 1, 2023, Psychiatric Collaborative Care Management reimbursement rates were increased. Mercer evaluated the historical utilization of Collaborative Care codes and determined the impact of this rate increase to be immaterial to the SFY 2025 Standard Plan capitation rates. As such, no adjustment has been applied to reflect this policy change.

10.2.12.6 Other Service Reimbursement

The contract outlines a number of PHP provider payment requirements for other service types, including LHD payments, AMH payments, out-of-network providers, Indian Health Care Providers, State-owned and operated facilities, and hospice payments. Based on a review of the contract and current program requirements, along with discussions with DHHS, Mercer understands that these reimbursement requirements do not largely diverge from historical SFY 2023 encounter data experience. Mercer did not include an explicit adjustment in the capitation rates for PHP reimbursement requirements for these other service types but did consider unit cost and utilization trends as outlined in Section 9.

10.2.12.7 Additional Directed Payments for Certain Providers

Per the contract, and as allowed under 42 CFR §438.6(c)(1)(iii)(B), the PHPs shall make additional directed payments as determined by DHHS. This includes payment to certain in-network providers, including, but not limited to, FQHC/RHCs, LHDs, certain faculty physicians affiliated with the teaching hospitals for each UNC medical school, hospitals owned by UNC Health Care or Vidant Medical Center, and acute care hospitals more broadly. These payments are outside the monthly PMPM capitation payments and Maternity Event payments and not captured in the SFY 2023 encounter data summarized in this report. Therefore, no adjustment has been considered.

10.3 Program Design Changes Implemented during SFY 2025

These program design elements are anticipated to be implemented by DHHS during SFY 2025. Mercer utilized documentation from DHHS and historical data, as available, to develop methodologies and adjustments for these design elements, as appropriate.

10.3.1 FQHC/RHC Reimbursement Changes

Starting on July 1, 2024, DHHS will institute a minimum fee schedule for FQHC/RHC visits. The minimum will be \$117.32 for FQHC visits and \$83.30 for RHC visits. This will be a net reduction to historical FQHC/RHC interim payment unit costs compared to SFY 2023 when these payment rates were established using a provider-specific cost-based methodology. The offsetting revenue for the FQHC/RHCs will be paid through the PHPs via a wrap payment amount funded outside of capitation and paid by DHHS on a non-risk basis. For capitation rates, Mercer re-priced the appropriate FQHC/RHC utilization to these new minimum payment levels. This overall was a \$20.3 million, or \$0.75 PMPM, decrease to the Standard Plan program.

Table 22: Impact of FQHC/RHC Unit Cost Repricing

| COA | PMPM/Payment Impact |
|----------------------------------|---------------------|
| ABD | -0.1% |
| TANF, Newborns (<1 Year) | -0.1% |
| TANF, Children (1 Year–20 Years) | -0.3% |
| TANF, Adults (21+ Years) | -0.2% |
| Maternity Event | -0.2% |

| COA | PMPM/Payment Impact |
|--|----------------------------|
| Newly Eligible, Ages 19 Years–24 Years | -0.2% |
| Newly Eligible, Ages 25 Years–34 Years | -0.2% |
| Newly Eligible, Ages 35 Years–44 Years | -0.2% |
| Newly Eligible, Ages 45 Years–64 Years | -0.2% |

10.3.2 GLP-1 Coverage for Weight Loss

Starting on August 1, 2024, DHHS will add GLP-1 drug weight loss therapy coverage to the Medicaid State Plan. PHPs will therefore be required to cover this drug for members with either an obese or overweight designation. Mercer reviewed market and manufacturer literature, in combination with data from the CDC and other publications, to identify the proportion of the population who may seek this new treatment. This adjustment also considers that some portion of the identified users may already be using GLP-1 drugs for diabetes treatment or cardiovascular risk reduction, as described in section 10.2.10, as well as the potential impact of some new users not being able to access or adhering to the drug for the full SFY 2025 time period. The total impact of this coverage change is \$84.2 million, or \$3.13 PMPM, on the SFY 2025 capitation rates.

Table 23: Impact of Expanded GLP-1 Indication for Adults

| COA | PMPM/Payment Impact |
|--|----------------------------|
| ABD | 0.3% |
| TANF, Newborns (<1 Year) | 0.0% |
| TANF, Children (1 Year–20 Years) | 1.1% |
| TANF, Adults (21+ Years) | 1.4% |
| Maternity Event | 0.0% |
| Newly Eligible, Ages 19 Years–24 Years | 3.0% |
| Newly Eligible, Ages 25 Years–34 Years | 1.7% |
| Newly Eligible, Ages 35 Years–44 Years | 1.1% |
| Newly Eligible, Ages 45 Years–64 Years | 0.6% |

11 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 PHPs. For SFY 2025 rate development, Mercer reviewed the SFY 2023 encounter data to consider the appropriateness of applying the ultimate managed care factors developed based on the previous findings utilized as part of the rate development process during the first three contract years. In general, the ultimate managed care assumptions were not materially different in the final SFY 2025 capitation rates compared to the SFY 2024 capitation rates. For completeness, documentation of the various analyses performed to support the ultimate managed care assumptions for the Standard Plan program is included in this section. Further discussion around managed care assumptions and approach for the Expansion rate-setting can be found in Section 13.

11.1 Overall Managed Care Findings

Mercer applied managed care assumptions in the SFY 2025 capitation rate development for the Standard Plan population. These assumptions were developed based on a review of program experience coupled with other data sources, including specific data analyses such as clinical efficiency analyses and pharmacy clinical edits analysis. Assumed reductions in provider services spend are offset by non-benefit expenses incorporated into PHP capitation rates as outlined in Section 14.

For the development of the SFY 2025 capitation rates, Mercer assumed 100% of ultimate managed care savings can be realized by the beginning of the rating period for all Non-Expansion populations. Mercer assumed 96% of ultimate managed care is achievable for Expansion populations, in total. More discussion on this is offered in Section 13.

Based on previous expectations, it was assumed that 95% of managed care savings were realized in SFY 2023. SFY 2025 capitation rates reflect an assumed 5% residual phase-in savings will be achieved to get to 100% of ultimate savings for Year 4 for Non-Expansion and 1% additional phase-in for Expansion, in total.

The tables below illustrate the overall impact of the Year 4 managed care assumptions by rate cell and service. Overall, the application of the managed care savings factors amounts to an approximate -0.4% impact on the projected SFY 2025 cost of Standard Plan medical benefits. Regional variations are driven by varying assumptions for the Pharmacy COS since observed utilization varies by region for certain rate cells; all other assumptions by COS were applied consistently by region.

Table 24: Year 4 Savings Factors to Medical Costs Relative to SFY 2023 Experience

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide Average |
|--|----------|----------|----------|----------|----------|----------|-------------------|
| ABD | -0.8% | -0.8% | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% |
| TANF, Newborns (<1 Year) | -0.2% | -0.2% | -0.2% | -0.2% | -0.2% | -0.2% | -0.2% |
| TANF, Children (1 Year–20 Years) | -0.4% | -0.4% | -0.4% | -0.4% | -0.4% | -0.3% | -0.4% |
| TANF, Adults (21+ Years) | -0.6% | -0.5% | -0.5% | -0.5% | -0.5% | -0.5% | -0.5% |
| Maternity Event | -0.1% | -0.1% | -0.1% | -0.2% | -0.1% | -0.1% | -0.1% |
| Newly Eligible, Ages 19 Years–24 Years | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% |
| Newly Eligible, Ages 25 Years–34 Years | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% |
| Newly Eligible, Ages 35 Years–44 Years | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% |
| Newly Eligible, Ages 45 Years–64 Years | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% |

Table 25: Year 4 Savings Factors to Medical Costs by COS Relative to SFY 2023 Experience

| COS | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide Average |
|--------------------------------------|----------|----------|----------|----------|----------|----------|-------------------|
| Inpatient — PH | -0.7% | -0.7% | -0.7% | -0.7% | -0.8% | -0.8% | -0.7% |
| Inpatient — BH | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Outpatient Hospital — Facility | -1.4% | -1.0% | -0.8% | -0.8% | -0.9% | -0.6% | -0.9% |
| Outpatient Hospital — Professional | -1.3% | -1.0% | -0.7% | -0.8% | -0.8% | -0.6% | -0.8% |
| Emergency Room — PH | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% |
| Emergency Room — BH | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% | -0.7% |
| Physician — Primary Care | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% |
| Physician — Specialty | -1.0% | -0.9% | -0.9% | -0.9% | -0.9% | -1.0% | -0.9% |
| FQHC/RHC, Family Planning, Therapies | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Other Clinic | -0.6% | -0.6% | -0.5% | -0.6% | -0.6% | -0.5% | -0.5% |
| Prescribed Drugs | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% | -0.1% |
| LTSS Services | -0.3% | -0.3% | -0.3% | -0.2% | -0.3% | -0.3% | -0.3% |
| Other Acute Care | -0.3% | -0.2% | -0.2% | -0.2% | -0.2% | -0.3% | -0.2% |
| Transportation — Ambulance | 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% |

11.2 Non-Pharmacy Benefits

This section gives an overview of the information reviewed in the development of the managed care factors for non-pharmacy benefits. Section 11.3 overviews the specific analyses used to develop pharmacy-specific opportunity assumptions.

To develop the ultimate managed care assumptions for the Standard Plan, Mercer reviewed a number of data sources in order to arrive at reasonable expectations for the Standard Plan population. These reviews largely focused on a comparison to other state Medicaid managed care experience, along with results of managed care efficiency analyses run on the historical claims data. Additionally, a review of other state Medicaid managed care assumptions helped inform expectations for other medical services not compared in Section 11.2.1.

In general, PHPs are expected to impact the current levels of medical cost and utilization through 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:

- Encouraging the use of preventive services so acute conditions are not exacerbated to the point that they require a visit to the Emergency Room or hospitalization
- 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 nurse advice lines)
- Hospital discharge planning to ensure a smooth transition from facility-based care to community resources and to minimize readmissions

The ultimate managed care assumptions are generally consistent between prior years and the SFY 2025 capitation rate development.

Mercer previously reviewed the historical utilization of physician services in the State’s historical FFS program. For SFY 2024 rate development, Mercer summarized the attending physician claims for Outpatient Hospital visits separate from other physician claims. Mercer applied the same assumption regarding the reduction in

Outpatient Hospital visits to both the Outpatient Hospital facility and professional COS lines. This approach was carried forward to the SFY 2025 rate-setting process. The table above reflects the managed care assumptions as a percentage of the total medical dollars. As a result, differences observed between the two Outpatient service categories are driven by the impact of other adjustments, such as program changes or trend expectations, which differ between service categories.

Consistent with the prior rates, Mercer summarized the Physician claims 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 in Physician specialty visits, assuming PHPs 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 PHP preventative care efforts coupled with beneficiaries being diverted from more high-cost and high-intensity services. For the remaining physician-administered services (Other Clinics and Other Professional), Mercer calculated an overall average managed care assumption based on the underlying distribution of primary and specialty Physician utilization. Mercer did not apply managed care savings assumptions to FQHCs/RHCs, Therapies, or Family Planning Services.

Maternity Event managed care expectations were developed based on the TANF, Adults (21+ Years) rate cell observations, given the majority of beneficiaries receiving maternity care also fall in the TANF, Adults (21+ Years) rate cell. However, the factors were tailored to target non-Physician services outside of the month of delivery. Moreover, the factor noted in the table above reflects a prorated factor adjusted for the portion of the Maternity Event payment attributable to costs outside of the month of delivery. The expectation is that through care management, the PHPs should be able to reduce hospital and Emergency Room utilization during the prenatal and postpartum periods of the maternity episode.

In the development of the ultimate managed care assumptions, Mercer included a small managed care savings assumption with respect to the integrated coverage of BH and PH services consistent with Mercer's approach in prior years. This assumption has been calibrated based on the portion of the Standard Plan population with co-occurring BH needs and is expected to phase in over time. As the integrated management is expected to have benefits for the whole-person care, the incremental BH integration assumption is applied as an incremental addition to each of the specific COS assumptions.

Mercer did not make any explicit assumptions of managed care reimbursement rates being reduced compared to SFY 2023 encounter data levels. Instead, the observed historical unit costs were maintained and further trended based on observations and approaches outlined in Section 9.

11.2.1 Other State Medicaid Experience

Mercer collected information from 10 state Medicaid programs to serve as a comparison to North Carolina data and provide context regarding potential savings under managed care. Based on Mercer's review of North Carolina's experience compared to other state Medicaid programs, Mercer observes that TANF, Children and TANF, Adult PMPM costs for North Carolina are generally in the range of other state Medicaid programs. However, the utilization per 1,000 members statistics for some services (e.g., Inpatient Hospital — PH) were on the higher end of the range for other state Medicaid programs. For the ABD population, costs and utilization were above other state Medicaid program experience; even without prescription drug considerations, most other services fall towards the top of the PMPM and utilization per 1,000 range.

11.2.2 Efficiency Analysis

Mercer refreshed the efficiency analyses using SFY 2023 encounter data to support the general managed care assumptions related to Inpatient Hospital and Emergency Room services. The analyses detailed below include analysis of inpatient claims for potentially preventable admissions (PPAs) and Inpatient Hospital readmission analysis, along with low-acuity non-emergent (LANE) analysis related to avoidable visits to the Emergency Room.

The findings are generally in line with expectations compared to the analysis utilized for prior rates. The results of these analyses were used in conjunction with the comparison of utilization statistics to other states to inform the ultimate managed care assumptions for these services.

PPA Analysis

Mercer performed a PPA analysis to identify opportunities for managed care impact on inpatient admissions that could be achieved through PHP management of PPAs. Mercer's PPA analysis identifies inpatient admissions that could have been avoided through high-quality outpatient care and/or reflect conditions that could be less severe and not warrant an inpatient level of care if treated early and appropriately. The PPA analysis can help identify potential reductions of healthcare inefficiencies in the inpatient hospital setting and support DHHS' desire for a value-focused purchasing strategy.

In total, Mercer found that around 4.0% for TANF and 14.0% for ABD of Inpatient Hospital spend is related to Pediatric Quality Indicators/Prevention Quality Indicators-flagged conditions based on SFY 2023 data. After a series of exclusions for high-risk beneficiaries and enrollment duration considerations around the time to reasonably manage care, the refined proportion of PPA dollars drops to approximately 3.0% for TANF and 10.0% for ABD as a percentage of Inpatient Hospital spend. Results of the full PPA efficiency adjustment analysis from other state Medicaid programs generally impact Inpatient by 2.0% to 7.0%; state variations are generally a result of different underlying populations.

Inpatient Readmission Analysis

Like PPA admissions, hospital readmissions represent healthcare expenditures that could possibly be avoided through high-quality outpatient care and post-discharge transition planning. Mercer's readmission analysis focused on hospital admissions within 30 days of a previous discharge for the same recipient at any facility and for any DRG. A readmission within 30 days can be a result of a breakdown in discharge planning or outpatient care subsequent to the original admission.

The observed experience based on the raw Inpatient readmission analysis of SFY 2023 data is approximately a 3.0% readmission rate for TANF and an 9.0% readmission rate for ABD beneficiaries. Results of other state Inpatient readmission analyses equate to approximately a 7.0% to 10.0% inpatient readmission rate.

LANE Analysis

Mercer performed a LANE analysis on SFY 2023 encounter data to support the managed care assumptions related to Emergency Room utilization. The LANE analysis identifies instances when Medicaid eligibles may not have needed to make a trip to the Emergency Room if they had received effective outreach, care coordination, and/or access to preventative care. The management of the identified LANE visits is an effective cost-containment strategy that can help reduce healthcare inefficiencies in the Emergency Room setting, and therefore supports DHHS' desire for a more value-focused purchasing strategy.

The overall results illustrate that on average LANE dollars represented approximately 45% of total Emergency Room costs. When looking specifically at less intensive LANE visits (as defined by attending physician code of 99281–99283), Mercer observes that these constitute approximately 8.0% for TANF and 3.0% for ABD of total Emergency Room, variable by population.

Additionally, the total volume of Emergency Room claims is lower than pre-PHE periods when other states were compared. This may be partially explained by changes in beneficiary behavior surrounding Emergency Room usage stemming from the COVID-19 pandemic. Based on this, the results of the LANE analysis show fewer preventable LANE visits, and therefore fewer opportunities for PHPs to manage these visits relative to when the ultimate managed care savings for Emergency Room services were developed.

Results of the full LANE efficiency adjustment analysis from other state Medicaid programs generally range from 5.0% to 10.0%; state variations are generally a result of different underlying populations and different state methodology assumptions.

11.2.3 Other Medical Services

Mercer reviewed other state Medicaid experience to also understand the level of potential savings on other COS. In general, Mercer noted that other states applied savings adjustments and/or realized savings on DME. Mercer assumed all Standard Plan rate cells (other than the Maternity Event payment) would generate savings.

Savings on State Plan LTSS services, including personal care, are expected to take time to materialize through longer-term management of patient conditions; therefore, a minimal savings assumption was put forth for these community LTSS services. Also, since the majority of spend for LTSS services is for the ABD population, Mercer only applied a savings factor to the ABD rate cell.

The ultimate managed care savings assumptions for both COS are comparable to the SFY 2024 rate assumptions.

11.3 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 has moved the management of the pharmacy benefit under the control of the PHPs.

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 North Carolina Standard Plan-specific 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 a review of quantity limits, dosage limits, age edits, and therapeutic duplication as currently contemplated in the North Carolina Medicaid Direct system and therefore allowable to be managed by the PHPs through claims adjudication and prior authorization approval process. Based on Mercer's experience, these are standard clinical edits and prior authorization activities in pharmacy benefit management, and we would expect the PHPs and their Pharmacy Benefit Manager (PBM) to employ similar strategies in the administration of the pharmacy benefit. Generally, Mercer's expectation is that these edits will be actively applied and managed by the PHP PBMs to align with the overall incentives in place for the PHPs to appropriately manage the care of their enrollees.

This analysis resulted in an estimated total SFY 2025 savings opportunity of approximately -0.1%. The pharmacy managed care assumption figure in Table 25 includes consideration for the overall BH integration assumption.

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. The State has required that PHPs adhere to the State PDL, and Mercer considered the State PDL requirements in the evaluation of the clinical edits results. By requiring PHPs to follow the PDL, DHHS should expect to receive similar rebates on the drugs administered to PHP beneficiaries. Mercer does not anticipate the PHPs will be able to negotiate further material rebates with the manufacturers under managed care, and no additional adjustment was assumed related to PHP rebate opportunities.

12 ADDITIONAL ADJUSTMENTS TO SERVICE COSTS

Outside of the program design considerations, additional service adjustments have been evaluated for capitation rate development. First, an acuity adjustment was considered as a result of the BH I/DD Tailored Plan criteria changes implemented on December 1, 2022. Additionally, a separate acuity adjustment was considered to account for beneficiaries eligible for the BH I/DD Tailored Plan and Tribal populations who choose to opt-into the Standard Plan. Finally, an enrollment acuity adjustment was considered as a result of population mix changes stemming from the ending of the PHE MOE requirements expected to impact the SFY 2025 time period compared to the SFY 2023 base data period. The adjustments described in Sections 12.1 and 12.2 are captured in the program design change step in the rate calculation. The adjustment described in Section 12.3 is a separate below-the-line adjustment. The impacts described are specific to the non-Expansion populations. Further discussion around the impacts of these additional service adjustments as part of Expansion rate-setting can be found in Section 13.

12.1 BH I/DD Tailored Plan Criteria Changes

As the BH I/DD Tailored Plan criteria was updated on December 1, 2022 (i.e., during the base data time period), an adjustment was considered to account for the acuity changes based on the differences in Standard Plan populations prior to and after this criteria change. To evaluate these differences, Mercer reviewed member cost experience during the December 1, 2022–June 30, 2023 time period, following the criteria change. Specifically, Mercer identified members who were in the BH I/DD Tailored Plan program in November 2022 and in the Standard Plan program starting in December 2022. These members were then compared to all other Standard Plan members on a PMPM basis to isolate the impact of the new members on the acuity of the Standard Plan program. This impact was then applied to the portion of the SFY 2023 base experience that did not reflect the new membership mix (i.e., July 1, 2022–November 30, 2022). The table below illustrates this calculation. Additional information on the BH I/DD Tailored Plan criteria is available in Appendices E1 and E2.

As BH I/DD Tailored Plan eligibility does not have a material impact on the TANF, Newborn populations, no adjustment was applied to that rate cell. The Maternity Event adjustment was calculated as the average of the ABD, TANF, Children, and TANF, Adults impact, weighted on the number of deliveries that fall into the applicable groups.

Table 26: December 1, 2022 BH I/DD Tailored Plan Criteria Changes

| Rate Cell | Unadjusted, Raw Standard Plan Encounter Data PMPMs for December 2022–June 2023 | | | MMs for December 2022–June 2023 | | | Adjustment Percentage Impact for Shifting BH I/DD Tailored Plan Members |
|----------------------------------|--|-------------------|-----------------------------|--|-------------------|-----------------------------|--|
| | Former BH I/DD Tailored Plan Members New to Standard Plan in December 2022 | All Other Members | Total Standard Plan Members | Former BH I/DD Tailored Plan Members New to Standard Plan in December 2022 | All Other Members | Total Standard Plan Members | |
| ABD | \$1,584.69 | \$1,511.40 | \$1,517.23 | 61,407 | 709,808 | 771,215 | 0.4% |
| TANF, Children (1 Year–20 Years) | \$269.74 | \$137.82 | \$139.64 | 120,725 | 8,665,399 | 8,786,124 | 1.3% |
| TANF, Adults (21+ Years) | \$535.74 | \$323.48 | \$334.80 | 165,618 | 2,940,348 | 3,105,966 | 3.5% |

Additionally, as the number of months used within the BH I/DD Tailored Plan criteria to look back at historical claims grows from the SFY 2023 base time period to the end of the SFY 2025 rating period, an adjustment was

considered to account for individuals continually meeting BH I/DD Tailored Plan criteria and getting disenrolled from the Standard Plan.

Mercer reviewed SFY 2022 through SFY 2023 PHP encounter experience on a monthly basis and identified members who began in the Standard Plan program and moved to the BH I/DD Tailored Plan program before the end of SFY 2023. This data was used to determine how many members are newly identified as meeting BH I/DD Tailored Plan criteria on average each month. Mercer used this information to project the number of new individuals meeting BH I/DD Tailored Plan criteria at the midpoint of SFY 2025 by utilizing the average enrollment over the December 1, 2022–June 30, 2023 period and assuming the same member turnover rate identified across the measurement period.

Finally, average PMPM relativities were calculated for these groups based on SFY 2022 and SFY 2023 encounter data, which informed an adjustment to address the assumed change to the overall acuity of the population from the SFY 2023 base period to the SFY 2025 rating period anticipated due to generally higher cost individuals meeting BH I/DD Tailored Plan criteria moving out of the Standard Plan. No adjustment was made to the TANF, Newborns (<1 Year) rate cell or the Maternity Event payments for this adjustment. Additionally, the individuals anticipated to move out of the ABD rate cell exhibit lower than average PMPM relativities, so the PMPM adjustment outlined below is positive for this rate cell compared to a downward adjustment for other TANF populations.

Table 27: Ongoing BH I/DD Tailored Plan Identification

| COA | Average Standard Plan Enrollment from December 2022–June 2023 | New Individuals Meeting BH I/DD Tailored Plan Criteria Per Month | Average PMPM Relativity of New Individuals Meeting BH I/DD Tailored Plan Criteria | PMPM Adjustment |
|----------------------------------|---|--|---|-----------------|
| ABD | 111,528 | 0.2% | 0.88 | 0.6% |
| TANF, Newborns (<1 Year) | n/a | n/a | n/a | 0.0% |
| TANF, Children (1 Year–20 Years) | 1,255,131 | 0.1% | 2.69 | -3.2% |
| TANF, Adults (21+ Years) | 446,395 | 0.1% | 2.27 | -1.5% |
| Maternity Event | n/a | n/a | n/a | 0.0% |

12.2 Opt-In Acuity Factor Adjustment

Mercer has evaluated a capitation rate adjustment for populations that are not mandatorily enrolled in the Standard Plan and are instead eligible to opt-into the Standard Plan. The analysis identified sub-populations that could affect the mix and average acuity of Standard Plan enrollees. Populations included in this adjustment are BH I/DD Tailored Plan eligibles, as well as members of federally-recognized tribes or individuals eligible for Indian Health Services. As previously described, beneficiaries will be defaulted to BH I/DD Tailored Plans based on meeting BH I/DD Tailored Plan eligibility criteria. Members of federally-recognized tribes will default to Medicaid Direct unless the EBCI Tribal Option is available.

Within the SFY 2023 encounter base data set, beneficiaries who met BH I/DD Tailored Plan criteria or who were members of federally-recognized tribes who opted-into the Standard Plan were not removed from the historical data set and were included in the base data summaries illustrated in Section 7. The adjustment outlined in this section estimates the impact of any additional members who may choose to opt-in between July 1, 2023 and the end of the SFY 2025 time period.

Using available opt-in enrollment experience through February 2024, Mercer evaluated PHP enrollment provided by DHHS for individuals with either BH I/DD Tailored Plan or Tribal MCS codes who are enrolled in Standard Plans. Mercer used the observed PHP enrollment to inform the projected SFY 2025 volume of opt-in

individuals and used historical SFY 2023 PMPM relativities by rate cell, as measured as part of SFY 2025 capitation rate development, for these sub-populations to estimate the acuity of the individuals who chose to opt-in. In addition, Mercer noted the monthly growth in the volume of opt-in individuals and applied an enrollment growth factor to project the assumed SFY 2025 enrollment levels. This factor accounts for the observed growth, along with the expected decrease in total Standard Plan enrollment due to the removal of continuous eligibility requirements.

Although an adjustment was made to account for additional BH I/DD Tailored Plan eligible members opting in beyond what the SFY 2023 experience shows, the SFY 2023 base data was determined appropriate for expected SFY 2025 Standard Plan enrollment for Tribal members, and therefore no adjustment was made for additional Tribal opt-in members. This is based on Mercer’s observations that Tribal opt-in enrollment has not notably increased since the SFY 2023 historical base data period.

The following table shows the observed SFY 2023 enrollment and acuity for the BH I/DD Tailored Plan opt-in population, followed by the acuity adjustment made to the capitation rates based on these assumptions. It is important to note that Mercer reviewed and found that the observed growth levels in the BH I/DD Tailored Plan opt-in population after the December 1, 2022 criteria change have continued through February 2024, based on State enrollment reports.

Table 28: BH I/DD Tailored Plan Opt-in Enrollment and Acuity Adjustment

| COA | SFY 2023 Standard Plan Base Data MMs | Observed SFY 2023 BH I/DD Tailored Plan Opt-In MMs | Observed SFY 2023 BH I/DD Tailored Plan Opt-In Relative Acuity Factor | Assumed SFY 2025 BH I/DD Tailored Plan Opt-In MMs | PMPM Adjustment |
|----------------------------------|--------------------------------------|--|---|---|-----------------|
| ABD | 1,279,528 | 8,521 | 1.28 | 20,801 | 0.3% |
| TANF, Newborns (<1 Year) | 864,072 | 0 | n/a | 0 | 0.0% |
| TANF, Children (1 Year–20 Years) | 14,882,317 | 11,888 | 4.14 | 29,903 | 0.4% |
| TANF, Adults (21+ Years) | 5,012,633 | 7,727 | 3.68 | 12,901 | 0.3% |
| Maternity Event | 42,689 | 0 | n/a | 0 | 0.0% |

DHHS will monitor Standard Plan enrollment and reserves the right to update the capitation rates during the rating period (subject to CMS approval if needed) if enrollment patterns vary significantly from expectations and have a significant impact on the capitation rates.

12.3 Acuity Factor Due to Unwinding of MOE Requirements

The Consolidated Appropriations Act of 2023, passed December 29, 2022, ended the continuous coverage requirement effective March 31, 2023, with beneficiaries not determined eligible being disenrolled from Medicaid. North Carolina initiated the redetermination process in April 2023 and the rates were developed assuming completion of adult (ages 19+) redeterminations and terminations by November 1, 2024. Given the timing of when terminations are expected to be completed, Mercer estimates that the SFY 2025 time period will not yet be fully “unwound” from an MOE perspective.

Given the anticipated volume of enrollment changes to the Standard Plan, Mercer evaluated the impact of changes in expected annual enrollment levels measured in MMs and changes in overall population acuity. For SFY 2025 capitation rates, Mercer used a consistent modeling approach to prior rate-setting iterations, while also updating the enrollment expectations by major cohort (i.e., leaver, joiner, stayer) to reflect the disenrollment and new enrollee patterns for the TANF, Children (1 Year–20 Years) and TANF, Adults (21+ Years) rate cells that were provided by the State. These enrollment files took into account actual disenrollment experience through February 2024 and projected forward enrollment expectations through the end of SFY 2025.

These projections also reflect CMS’s November 2023 approval of the temporary 12-month extension of enrollment for child populations effective starting with redeterminations due in December 2023. This significantly reduces the churn in the first half of SFY 2025 for the TANF, Children (1 Year–20 Years) rate cell as child disenrollments are expected to be largely on hold during calendar year 2024.

Mercer used cost relativities and assumed membership proportions to measure the cost differential of the SFY 2023 base data compared to estimated SFY 2025 levels. Based on this analysis, Mercer estimates that costs for TANF, Children and TANF, Adults will go up between SFY 2023 and SFY 2025 due to acuity mix differences associated with these changes to continuous coverage requirements. Mercer did not adjust the remaining rate cells as it has been observed that they have been minimally impacted by the addition and removal of continuous coverage requirements.

The tables below illustrate the outcomes of the adjustments that were applied to each of the two rate cells for the SFY 2025 time period.

Table 29a: TANF, Children (1 Year–20 Years) MOE Unwinding Adjustment

| Population Category | SFY 2023 Base Data Encounter PMPM | PMPM Relativity | SFY 2023 Standard Plan Base Data MMs | SFY 2023 Observed Proportion | Modeled Proportion for SFY 2025 | Estimated Acuity Adjustment |
|---------------------|-----------------------------------|-----------------|--------------------------------------|------------------------------|---------------------------------|-----------------------------|
| Joiners | \$115.85 | 0.776 | 362,064 | 2.4% | 3.6% | n/a |
| Leavers | \$144.51 | 0.968 | 2,062,548 | 13.9% | 11.5% | n/a |
| Stayers | \$152.39 | 1.021 | 12,348,260 | 83.0% | 84.5% | n/a |
| Gap Months | \$0.00 | n/a | 109,455 | 0.7% | 0.4% | n/a |
| Total | \$149.29 | 1.000 | 14,882,327 | 100.0% | 100.0% | 0.2% |

Table 29b: TANF, Adults (21+ Years) MOE Unwinding Adjustment

| Population Category | SFY 2023 Base Data Encounter PMPM | PMPM Relativity | SFY 2023 Standard Plan Base Data MMs | SFY 2023 Observed Proportion | Modeled Proportion for SFY 2025 | Estimated Acuity Adjustment |
|---------------------|-----------------------------------|-----------------|--------------------------------------|------------------------------|---------------------------------|-----------------------------|
| Joiners | \$290.24 | 0.848 | 128,286 | 2.6% | 16.2% | n/a |
| Leavers | \$298.46 | 0.872 | 2,599,097 | 51.9% | 24.6% | n/a |
| Stayers | \$410.82 | 1.200 | 2,197,329 | 43.8% | 59.1% | n/a |
| Gap Months | \$0.00 | n/a | 87,922 | 1.8% | 0.2% | n/a |
| Total | \$342.27 | 1.000 | 5,012,633 | 100.0% | 100.0% | 6.4% |

Note: Mercer’s analysis assumed SFY 2025 TANF, Adult joiners will exhibit PMPM relativities equivalent to SFY 2023 leavers due to increased amounts of churn. Due to the continuous coverage requirements for children, SFY 2025 TANF, Children joiners are assumed to have PMPM relativities equal to SFY 2023 TANF, Children joiners.

13 EXPANSION MEDICAL COST AND ENROLLMENT DEVELOPMENT

On March 7, 2023, the NC State legislature approved House Bill 76, which authorized the expansion of Medicaid coverage to adults ages 19 years–64 years old who are at or below 133% of the Federal Poverty Level under the Affordable Care Act of 2010. On October 3, 2023, North Carolina’s 2023–2025 fiscal biennium budget became law, permitting the expansion’s implementation. Coverage for the new adult group began on December 1, 2023. This Section details the Expansion-specific rate-setting methodology used to develop the service portion of the capitation rates for these populations.

Four rate cells will continue to be used in the Standard Plan program for the Expansion population, one for each of the following age bands:

- Newly Eligible, Ages 19 Years–24 Years
- Newly Eligible, Ages 25 years–34 Years
- Newly Eligible, Ages 35 Years–44 Years
- Newly Eligible, Ages 45 Years–64 Years

The Expansion adults are anticipated to have cost profiles similar to those of a beneficiary in the TANF, Adults (21+ Years) rate cell. However, some variation in cost is expected due to differences in demographic mix, acuity levels, pent-up demand, and third-party liability (TPL) coverage in the Medicaid Expansion population. Mercer used this information, along with input from the State, to develop actuarially sound capitation rates for the Expansion population for the July 1, 2024 to June 30, 2025 rating period.

Maternity event payments for non-Expansion beneficiaries will be also applicable to beneficiaries in any of the four Expansion rate cells, as maternity costs are not expected to vary significantly across these populations.

Given the expected cost profile similarities between the Standard Plan TANF, Adults and Expansion Adult rate cells, Mercer relied on various elements of the SFY 2025 Standard Plan TANF, Adults rate development process for purposes of establishing the SFY 2025 Expansion capitation rates. These rating elements include base data, trend, programmatic changes, managed care, and other service adjustments. Sections 9 through 12 summarize the assumptions for each of the prospective rate adjustment elements. The sub-sections that follow further describe each rating element, as appropriate.

The service costs developed using the steps in this section, and enrollment projections as needed, were relied on to develop the capitation rates for each newly eligible rate cell. As part of the capitation rates, it was also necessary to consider the non-benefit load components outlined in Section 14 of this document and the risk mitigation requirements outlined in Section 16.

Additionally, an exhibit of the capitation rate development process and factors used for each newly eligible rate cell can be found in Section 15.

13.1 Base Data

North Carolina does not have credible historical claims and enrollment data to establish a base data-set specific to the newly eligible populations. Instead, as noted above, Mercer leveraged the assumption that Expansion populations will have similar cost profiles and PMPM costs as those of the Standard Plan TANF, Adult population. This assumption is based on observations made in other states, as well as the knowledge that the key difference between a TANF, Adult member within a demographic and an Expansion member within the same demographic is income level. Therefore, SFY 2023 TANF, Adult encounter data was used as a basis for the Standard Plan Expansion rate cells.

The base data development process for the TANF, Adults (21+ Years) rate cell is described and summarized in Sections 2 through 7 of this Rate Book. Differences in enrollment mix across adult age/gender groups are addressed through a demographic adjustment described later in this section.

13.2 Trend

Mercer does not expect utilization or unit cost trend patterns to vary materially between the Medicaid Expansion population and the non-Expansion TANF, Adult population. Therefore, the TANF, Adult annual prospective unit cost and utilization trend assumptions were applied directly to the Expansion rate cells at the region and COS levels. These annual assumptions were applied for 24 months to trend the base SFY 2023 experience to the SFY 2025 rating period. Please refer to Section 9 of this Rate Book for details on the development of the annual trend assumptions.

13.3 Programmatic Changes

Mercer reviewed each programmatic adjustment applied to the non-Expansion TANF, Adults (21+ Years) rate cell for SFY 2025 capitation rates to evaluate which impacts would vary materially for a Medicaid Expansion population. Based on this review, Mercer determined that all programmatic changes, as applied to the TANF, Adults (21+ Years) rate cell, would similarly apply to Expansion adult populations. Therefore, the programmatic change impacts for the corresponding TANF, Adults (21+ Years) rate cells were applied as-is for the Expansion rate cells. Two exceptions to this are the GLP-1 adjustments (Sections 10.2.10 and 10.3.2). The dollar impact of these adjustments were built on projected enrollment specific to the Expansion populations which leads to different percentage impacts than what is applied to the TANF, Adult (21+ Years) rate cell.

Refer to Section 10 of this Rate Book for details on the development of the program change adjustments.

It was also necessary for Mercer to evaluate additional impacts specific to the Expansion population. These analyses included a projection of enrollment as well as a review of demographic mix and acuity, pent-up demand, and TPL for purposes of adjusting the capitation rate levels. Details of these adjustments are discussed in detail in Sections 13.6 and 13.7.

13.4 Managed Care

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 Standard Plan PHPs. For SFY 2025 TANF, Adults (21+ Years) rate cells, Mercer assumed an increase in managed care efficiency relative to the SFY 2023 base data to reflect ongoing care management of the Standard Plan PHPs. Please see Section 11 of this Rate Book for additional details.

For purposes of establishing SFY 2025 managed care assumptions for the Expansion rate cells, Mercer evaluated the reasonability of the SFY 2025 TANF, Adult managed care assumptions. For the former MOE populations and individuals currently enrolled in Marketplace coverage who are expected to enroll in Medicaid through Expansion, these factors were determined to be reasonable, given that these two populations currently have access to services and care management through either Medicaid or commercial insurance.

At the same time, Mercer expects that a portion of the Medicaid Expansion population was not in a managed care setting prior to Medicaid Expansion implementation, particularly members with no insurance or those previously only partially insured through the Family Planning program. For these individuals, Mercer expects that the SFY 2025 rating period will reflect a level of management that allows for roughly 90% of the ultimate savings assumed for the SFY 2025 non-Expansion Standard Plan populations.

Blending the groups together, based on projected SFY 2025 Expansion enrollment, implies that the overall Expansion population would be approximately 96% phased-in from a managed care perspective. Since the SFY 2023 base data is already reflective of Year 2 savings levels, which is presumed to be 95% of ultimate managed care savings levels, this results in an overall adjustment of -0.1% to each Medicaid Expansion rate cell, compared to the -0.5% adjustment to the non-Expansion TANF, Adults (21+ Years) rate cell. Details on managed care assumptions are offered in Section 11 and projected enrollment details are offered in Section 13.6.

13.5 Other Service Adjustments

Mercer also reviewed the other service adjustments described in Section 12 of this Rate Book for applicability to the Expansion rate cells. Mercer evaluated these adjustments and made modifications to the MOE unwinding impact to be appropriately applied to the Expansion populations.

13.5.1 BH I/DD Tailored Plan Criteria Changes

As described in Section 12.1 of this Rate Book, DHHS updated the BH I/DD Tailored Plan criteria during the base data time period. This change was substantial enough to warrant an adjustment in the SFY 2025 rates to account for the acuity changes based on the differences in Standard Plan populations before and after these criteria changes. As these new criteria will also determine the program eligibility of members within the Medicaid Expansion population, in a similar manner as the non-Expansion TANF, Adults population, Mercer applied the TANF, Adults adjustment factor to the Expansion rate cells as part of the Medicaid Expansion capitation rate development process.

13.5.2 Opt-In Acuity Factor

Similarly, Mercer applied an opt-in acuity adjustment to account for the impact of members not mandatorily enrolled in the Standard Plan program choosing to opt-into the program. Mercer does not expect the opt-in behaviors to materially vary between TANF, Adults and Expansion Adults and therefore maintained the same level of adjustment.

Please refer to Section 12.2 of this Rate Book for additional details about the development of this adjustment.

13.5.3 Acuity Factor Due to Unwinding of the MOE Requirements

An adjustment was also made to the SFY 2025 non-Expansion capitation rates to account for the disenrollment of beneficiaries no longer eligible for Medicaid under the MOE continuous coverage policy, which ended March 31, 2023. This adjustment was developed using various assumptions, including that the TANF, Adult MOE populations would be disenrolled uniformly across the first five months of the SFY 2025 time period, or through November 2024.

Although an adjustment to the Medicaid Expansion rate cells is necessary to remove the impact of the MOE currently reflected in the base SFY 2023 experience, the Expansion population will not be impacted by the linear disenrollment process that the TANF, Adult population will experience during SFY 2025. Instead, upon launch of Medicaid Expansion, the Expansion rate cells reflect only members determined to be actively eligible for Medicaid (i.e., a fully “unwound” population without any MOE influence).

As a result, Mercer applied a larger adjustment to the SFY 2023 base data for the Medicaid Expansion populations to reflect the full disenrollment of ineligible MOE populations for the entirety of the rating period. This resulted in an upward adjustment of 7.2% to the Expansion rate cells, compared to the existing 6.4% adjustment made to the non-Expansion TANF, Adults (21+ Years) rate cell.

Table 30: MOE Impact Calculation for Expansion Rate Cells

| Population Category | SFY 2023 TANF, Adults (21+ Years) Base Data | | | | | |
|---------------------|---|--------------|------------------|---------------------|---|-----------------------------|
| | Base Data Encounter PMPM | Relativity | MMs | Observed Proportion | Modeled Proportion for Hypothetical SFY 2025 Period | Estimated Acuity Adjustment |
| Joiners | \$290.24 | 0.872 | 128,286 | 2.6% | 16.7% | |
| Leavers | \$298.46 | 0.872 | 2,599,097 | 51.9% | 22.3% | |
| Stayers | \$410.82 | 1.200 | 2,197,329 | 43.8% | 61.0% | |
| Gap Months | \$0.00 | n/a | 87,922 | 1.8% | 0.0% | |
| Total | \$336.74 | 1.000 | 5,012,633 | 100.0% | 100.0% | 7.2% |

13.6 Expansion Enrollment Projections

Mercer developed enrollment projections for the Expansion population in the Standard Plan program. These projections were used to support the development of the Expansion rate-setting adjustments and the non-benefit expenses. The Expansion population is comprised of beneficiaries coming from a variety of sources. Beneficiaries may have multiple types of historical coverage. In developing the Expansion adjustments, a hierarchy of enrollment sources was assumed as follows:

- MOE Group — beneficiaries historically enrolled in full Medicaid due to MOE requirements and who are now eligible under Expansion.
 - Approximately 100,000 MOE members are anticipated to be deemed eligible to transition to Expansion during the unwinding period through November 2024.
 - This population is assumed to transition uniformly as redeterminations occur throughout the unwinding period.
 - Approximately 90% of this group is assumed to enroll with the Standard Plan PHPs.
 - Age distributions were informed by Medicaid eligibility information for this group.
- Marketplace Group — beneficiaries enrolled in coverage through the Marketplace exchange prior to Medicaid Expansion and who are now Medicaid-eligible.
 - DHHS has received information that approximately 200,000–300,000 members may transition from the Marketplace.
 - Approximately half of these members are believed to be part of the family planning group.
 - Around one-quarter of this group (less the family planning overlap) is estimated to have enrolled during Open Enrollment 2023, another one-third is anticipated to enroll prior to Open Enrollment 2024, and the remainder during Open Enrollment 2024. Enrollment in Expansion is not assumed to precisely align with disenrollment from Marketplace coverage.
 - The age and gender distribution of Marketplace members was based on the 2023 Marketplace Open Enrollment Period Public Use Files from CMS.
- Family Planning Group — partial benefit Medicaid beneficiaries only eligible for family planning benefits before Medicaid Expansion but who became eligible for full Medicaid benefits under Expansion. This group is expected to have significant overlap with the Marketplace group.
 - DHHS has identified approximately 300,000 members who may ultimately be enrolled in Expansion.
 - A majority of these members were transitioned immediately, and the remainder will be transitioned over time.
 - Approximately 90% of this group is assumed to enroll with the Standard Plan PHPs.
 - Age distributions were informed by Medicaid eligibility information for this group.
- Other Group — beneficiaries with other or no coverage prior to Medicaid Expansion who are now Medicaid-eligible under Expansion.
 - Limited information is available for this population group.

Projections were developed based on assumptions by source, including enrollment/transition timing and age/gender mix. Assumptions were informed by a review of historical Medicaid eligibility data for the MOE and Family Planning groups and publicly available demographic data for the Marketplace group. Mercer also used information gathered from other states that have implemented Expansion to estimate an age and gender mix for the incoming populations. Enrollment and transition timing assumptions were developed in collaboration with the State based on operational expectations for each group. These assumptions were benchmarked against emerging enrollment information through February 2024.

Table 31: SFY 2025 Projected Expansion MMs

| Region | Newly Eligible, Ages 19 Years–24 Years MMs | Newly Eligible, Ages 25 Years–34 Years MMs | Newly Eligible, Ages 35 Years–44 Years MMs | Newly Eligible, Ages 45 Years–64 Years MMs | Newly Eligible, Total |
|------------------------|--|--|--|--|-----------------------|
| Region 1 | 86,100 | 131,703 | 106,964 | 155,734 | 480,501 |
| Region 2 | 201,545 | 308,291 | 250,383 | 364,544 | 1,124,764 |
| Region 3 | 302,368 | 462,513 | 375,637 | 546,906 | 1,687,424 |
| Region 4 | 235,309 | 359,938 | 292,329 | 425,615 | 1,313,192 |
| Region 5 | 200,382 | 306,513 | 248,939 | 362,441 | 1,118,275 |
| Region 6 | 142,891 | 218,572 | 177,516 | 258,453 | 797,432 |
| Statewide Total | 1,168,596 | 1,787,530 | 1,451,769 | 2,113,694 | 6,521,588 |

Additionally, the following table provides the enrollment projections, by quarter, for the various sources of Expansion members, as illustrated above.

Table 32: Quarterly Expansion Enrollment Estimates by Source for SFY 2025

| Quarter | Family Planning Only | Family Planning and Marketplace Overlap | Marketplace Only | MOE | Uninsured | Newly Eligible, Total |
|-------------------------------------|----------------------|---|------------------|------------------|----------------|-----------------------|
| July 2024–September 2024 | 413,550 | 387,450 | 212,667 | 214,773 | 166,567 | 1,395,006 |
| October 2024–December 2024 | 422,550 | 387,450 | 328,543 | 263,864 | 207,654 | 1,610,061 |
| January 2025–March 2025 | 422,550 | 387,450 | 408,975 | 270,000 | 248,742 | 1,737,717 |
| April 2025–June 2025 | 422,550 | 387,450 | 408,975 | 270,000 | 289,829 | 1,778,804 |
| SFY 2025 Total Projected MMs | 1,681,200 | 1,549,800 | 1,359,160 | 1,018,636 | 912,792 | 6,521,588 |

13.7 Expansion Service Cost Adjustments

In addition to the programmatic changes that overlap with existing populations, Mercer developed additional adjustments necessary to align the existing TANF, Adult experience with expectations for the Expansion population, including considerations for demographic/acuity mix, pent-up demand, and TPL coverage. The table below summarizes the impacts, followed by commentary on each adjustment.

Table 33: Expansion Adjustment Impacts by Rate Cell

| Adjustment | Newly Eligible, Ages 19 Years–24 Years | Newly Eligible, Ages 25 Years–34 Years | Newly Eligible, Ages 35 Years–44 Years | Newly Eligible, Ages 45 Years–64 Years | Newly Eligible, Average |
|--------------------|--|--|--|--|-------------------------|
| Demographic Acuity | -52.5% | -21.0% | 22.3% | 113.0% | 26.4% |
| Pent-Up Demand | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% |

| Adjustment | Newly Eligible, Ages 19 Years–24 Years | Newly Eligible, Ages 25 Years–34 Years | Newly Eligible, Ages 35 Years–44 Years | Newly Eligible, Ages 45 Years–64 Years | Newly Eligible, Average |
|------------------------|---|---|---|---|----------------------------|
| TPL | -0.6% | -0.9% | -1.0% | -1.4% | -1.3% |
| Total Expansion | -53.0% | -21.8% | 21.4% | 111.7% | 25.2% |

13.7.1 Demographic Acuity Adjustment

Based on a review of SFY 2023 Standard Plan encounter data, non-Expansion TANF, Adult population claim costs vary materially based on a member’s age. Claim costs also vary by gender. To address the expected difference of the Expansion population’s demographic mix compared to the TANF, Adult (21+ Years) rate cells, the State maintained capitation payments based on the following age bands.

- Newly Eligible, Ages 19 Years–24 Years
- Newly Eligible, Ages 25 Years–34 Years
- Newly Eligible, Ages 35 Years–44 Years
- Newly Eligible, Ages 45 Years–64 Years

This age band variation is intended to protect both the State and the Standard Plan PHPs from significant disparities between enrollment projections and actual membership.

The SFY 2023 TANF, Adult base PMPMs and existing programmatic changes were not developed at the age band level; therefore, Mercer developed a demographic and acuity adjustment for each rate cell to account for overall differences between the populations, using historical Standard Plan claims experience and risk scores to estimate the relativity of each Expansion rate cell to the TANF, Adult (21+ Years) rate cell.

The table below summarizes the SFY 2023 TANF, Adult base data and assumed enrollment and demographic/acuity factors for the Expansion rate cells. For purposes of reading the table, below is a brief overview of each of the identified rows:

- Rows A through C are measured from the Statewide SFY 2023 Standard Plan TANF, Adult encounters and enrollment data.
- Row D is developed as part of the enrollment projections summarized in Section 13.6 of this document.
- Row E relies on the SFY 2023 encounter data PMPMs by age/gender as summarized in Row A and Row B and then uses the estimated gender split in Row D to arrive at a new base PMPM for each age band.
- Row F is an additional acuity factor developed based on Mercer’s review of risk scores from multiple other Expansion states that were all several years removed from Expansion implementation to avoid pent-up demand in early years of Expansion. This risk score review was focused on the comparison of average risk scores for TANF, Adult populations by age/gender cohort compared to Expansion populations for the corresponding cohort. The risk scores were evaluated from each state’s risk adjustment model and generally relied on consistent methodology as has been applied to North Carolina’s Medicaid Managed Care program. The time periods reviewed included pre-COVID-19 and 2023 data.
- Row G arrives at the final base service PMPM by applying the factors in Row F to the demographic-adjusted PMPM results in Row E.
- Row H illustrates a comparison of Row G to the average of Rows A and B weighted on Row C.

Table 34: Demographic and Acuity Factor Development

| Row Label | Description | Newly Eligible, Ages 19 Years– 24 Years | Newly Eligible, Ages 25 Years– 34 Years | Newly Eligible, Ages 35 Years– 44 Years | Newly Eligible, Ages 45 Years– 64 Years |
|---|---|---|---|---|---|
| A | SFY 2023 TANF, Adult Female Base PMPM | \$196.30 | \$272.66 | \$424.15 | \$702.59 |
| B | SFY 2023 TANF, Adult Male Base PMPM | \$132.48 | \$235.67 | \$362.56 | \$594.15 |
| C | SFY 2023 TANF, Adult Female Percentage | 60.5% | 91.8% | 83.6% | 70.8% |
| D | Assumed Expansion Female Percentage | 52.5% | 54.2% | 54.2% | 53.6% |
| E = Rows A and B weighted on Row D | Re-weighted Expansion Overall PMPM | \$166.01 | \$255.71 | \$395.97 | \$652.24 |
| F | Additional Expansion Acuity Factor | -6.2% | 1.3% | 1.3% | 7.1% |
| G = E x (1 + F) | Final Expansion Overall PMPM | \$155.70 | \$259.12 | \$401.05 | \$698.65 |
| H = G / \$327.98 | Demographic/Acuity Factor Compared to Overall TANF, Adult Base PMPM | 0.47 | 0.79 | 1.22 | 2.13 |

13.7.2 Pent-Up Demand

Mercer reviewed historical calendar year 2019, SFY 2022, and SFY 2023 experience for expected and actual Standard Plan members and identified a pattern of increased utilization during the initial months of Medicaid coverage. This indicates that members entering the Standard Plan program after periods of no or limited coverage experience some level of pent-up demand, resulting in increased utilization of previously inaccessible services. This initial demand increase is temporary and normalizes over time. During the SFY 2025 period, a majority of the members who were expected to drive initial pent-up demand at the time of Medicaid Expansion will have been in the program for longer durations than the initial coverage period for the Expansion population of December 2023 through June 2024. As a result, the impact of pent-up demand on the medical costs for these members is expected to be significantly lower in SFY 2025 than in SFY 2024. This is reflected in the SFY 2025 rate adjustment.

Based on Mercer’s analysis of Expansion members expected to join the Standard Plan, it’s anticipated that in aggregate 14.0% of the new beneficiaries’ MMs may have been previously uninsured and 25.8% may have received benefits under the Family Planning program and have no overlapping Marketplace coverage. Mercer expects that new members with less than 12 months of Expansion enrollment within these populations experience some level of pent-up demand, while the MOE and Marketplace populations do not.

To estimate the impact of pent-up demand on the Expansion rate cells, Mercer modeled the level of pent-up demand expected for each major service category by population and month of Medicaid enrollment. Projected enrollment proportions were then used to get to the weighted average Statewide COS factors, illustrated in the table below.

Table 35: Expansion Pent-Up Demand Factor Development

| Major COS | Pent-Up Demand Adjustment Factor |
|------------------------|----------------------------------|
| Inpatient | 6.0% |
| Outpatient | 2.0% |
| Pharmacy | -3.0% |
| Other | 0.0% |
| Total Expansion | 0.1% |

13.7.3 TPL

Upon the implementation of Medicaid Expansion, Marketplace enrollees were notified of their potential eligibility, along with instructions on action steps necessary to enroll in Expansion coverage and to separately discontinue Marketplace coverage. Based on discussions with the State, it is understood that Marketplace enrollees who are not also Family Planning members must actively enroll in Expansion coverage, while the State directly enrolled overlapping Family Planning-Marketplace members into Expansion, if found eligible. It may take a few days to a few months for eligibility to be confirmed and the member to be enrolled in Expansion, and any such enrollment is expected to be retroactive to the first of the month of the Medicaid application. All Marketplace enrollees must also take an additional action to discontinue Marketplace coverage, though members will be encouraged to wait until their Expansion coverage is confirmed and also may not be motivated to discontinue Marketplace coverage until premium subsidies cease.

Given the timing of Expansion enrollment and the manual actions needed to disenroll from Marketplace coverage, new members in the Marketplace group are expected to have a period with TPL. Since Medicaid is the payor of last resort, costs for beneficiaries with TPL are expected to be lower than the average Medicaid cost. The TPL rate adjustment is the product of the reduction in expected Medicaid cost and the percentage of total Expansion MMs subject to TPL.

To calculate the reduction in expected Medicaid cost, Mercer compared the expected Medicaid cost for a member with TPL versus one without TPL. For a member with TPL, Medicaid is expected to cover the member's cost-sharing after the Marketplace coverage pays claims, plus the cost of certain categories of services, which are not generally covered by Marketplace plans (i.e., NEMT, AMH base payments, and limited dental services). Mercer evaluated Marketplace premiums by age band and an assumed actuarial value of 94% for the silver metal plan to determine expected costs payable by commercial coverage. This was then compared to expected Medicaid costs to identify that roughly 72% of covered medical costs for members with TPL will be paid outside of Medicaid. This assumption of 72% was assumed to apply uniformly to all categories of service that are also covered in typical commercial insurance. This included all service types except limited dental, NEMT, and medical home payments.

To calculate the percentage of MMs subject to TPL, Mercer considered how many Expansion beneficiaries are expected to come from the Marketplace group during SFY 2025 and the average number of months of TPL for each member in this group. At least one month of overlapping coverage is expected for all Marketplace group members given the Medicaid enrollment will be retroactive to the first of the month when the State enrolls the member in Expansion, while Marketplace coverage would be discontinued no sooner than the end of the month when the member takes the action to discontinue Marketplace coverage. Additional months of TPL are expected for members who wait to receive confirmation of Expansion coverage and/or who wait to disenroll from Marketplace coverage until the expiration of premium subsidies. Based on discussion with the State regarding their enrollment policies and expectations, Mercer assumed an average of approximately one and one-half months of TPL per new Marketplace group member. After consideration of the volume of membership from

other enrollment groups, it was determined that approximately 1.4% of total SFY 2025 Expansion MMs would be subject to TPL. This analysis resulted in the expectation that TPL would reduce the average Medicaid PMPM costs by about 1.0% for the Medicaid Expansion rate cells. Similar to pent-up demand, the SFY 2025 adjustment is much smaller in scale compared to SFY 2024. This is driven by a much smaller proportion of the Expansion population expected to be new to Medicaid, and previously covered through the Marketplace (i.e., those who would be expected to exhibit these overlapping TPL months).

Table 36: Expansion TPL Adjustment Summary

| Rate Cell | Average TPL Impact | Percentage of Expansion MMs from Marketplace | Percentage of Marketplace MMs Subject to TPL | Percentage of Expansion MMs Subject to TPL | TPL Adjustment |
|--|--------------------|--|--|--|----------------|
| Newly Eligible, Ages 19 Years–24 Years | -59.2% | 31.9% | 3.2% | 1.0% | -0.6% |
| Newly Eligible, Ages 25 Years–34 Years | -70.9% | 39.1% | 3.2% | 1.3% | -0.9% |
| Newly Eligible, Ages 35 Years–44 Years | -76.7% | 41.6% | 3.2% | 1.3% | -1.0% |
| Newly Eligible, Ages 45 Years–64 Years | -75.5% | 58.3% | 3.2% | 1.9% | -1.4% |
| Total Expansion | -71.6% | 44.6% | 3.2% | 1.4% | -1.3% |

14 NON-BENEFIT EXPENSE CONSIDERATIONS

The final component of the capitation rates is the non-benefit expense load. Mercer reviewed the non-benefit expense considerations based on recently available information. The modeling approach for the non-benefit load consideration was unchanged from the SFY 2024 rates. An additional year of trend applied to wages drove the changes in the overall non-benefit load, along with updates to non-personnel cost assumptions and notable assumed differences in enrollment levels compared to the prior year.

This portion of the capitation rate accounts for PHP administration 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 management personnel, non-personnel costs, profit/underwriting gain, and premium taxes imposed on the PHPs. The considerations were developed to reflect the PHP contract requirements as defined by DHHS.

The non-benefit expense components (with the exception of profit/underwriting gain and premium taxes) were developed by building up the costs necessary to administer the PHP requirements as defined by DHHS. Although these expenses may be expressed as a percentage of the capitation rate premium in some exhibits, they were developed as a PMPM.

The overall care management PMPM, which is largely comprised of care management staff (non-personnel related expenses for care management are captured under the general administration assumption), was developed in aggregate on a Statewide basis, and therefore care management staffing assumptions did not vary by region. The rates also consider required payments to AMH Tier 3 practices as care management costs in the rate development. The cost for care management provided by LHDs as well as AMH base payments are included within the service portion of the capitation rates and not in the non-benefit care management PMPM. These considerations are discussed at the end of Section 14.3.

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

Table 37: Overall Non-Benefit Expenses PMPM/Payment by COA

| COA | General Administration and Utilization Management | Care Management | Profit/Underwriting Gain | Premium Taxes | Total |
|--|---|-----------------|--------------------------|---------------|------------|
| ABD | \$64.70 | \$62.12 | \$36.28 | \$38.76 | \$201.87 |
| TANF, Newborns (<1 Year) | \$34.50 | \$31.12 | \$17.98 | \$19.21 | \$102.80 |
| TANF, Children (1 Year–20 Years) | \$10.51 | \$6.03 | \$3.37 | \$3.60 | \$23.50 |
| TANF, Adults (21+ Years) | \$18.89 | \$14.37 | \$8.46 | \$9.04 | \$50.77 |
| Maternity Event | \$88.23 | \$448.16 | \$254.56 | \$271.93 | \$1,062.88 |
| Newly Eligible, Ages 19 Years–24 Years | \$11.89 | \$7.04 | \$4.20 | \$4.48 | \$27.61 |
| Newly Eligible, Ages 25 Years–34 Years | \$16.11 | \$11.46 | \$6.77 | \$7.23 | \$41.56 |

| COA | General Administration and Utilization Management | Care Management | Profit/Underwriting Gain | Premium Taxes | Total |
|--|---|-----------------|--------------------------|---------------|----------------|
| Newly Eligible, Ages 35 Years–44 Years | \$21.91 | \$17.52 | \$10.30 | \$11.00 | \$60.73 |
| Newly Eligible, Ages 45 Years–64 Years | \$33.99 | \$30.15 | \$17.65 | \$18.86 | \$100.65 |
| Total Standard Plan | \$18.06 | \$14.30 | \$8.28 | \$8.84 | \$49.49 |

Table 38: Overall Non-Benefit Expenses as a Percentage of Premium by COA

| COA | General Administration and Utilization Management | Care Management | Profit/Underwriting Gain | Premium Taxes | Total |
|--|---|-----------------|--------------------------|----------------|--------------|
| ABD | 3.2% | 3.1% | 1.81% | 1.9380% | 10.1% |
| TANF, Newborns (<1 Year) | 3.5% | 3.1% | 1.81% | 1.9380% | 10.4% |
| TANF, Children (1 Year–20 Years) | 5.7% | 3.2% | 1.81% | 1.9380% | 12.7% |
| TANF, Adults (21+ Years) | 4.1% | 3.1% | 1.81% | 1.9380% | 10.9% |
| Maternity Event | 0.6% | 3.2% | 1.81% | 1.9380% | 7.6% |
| Newly Eligible, Ages 19 Years–24 Years | 5.1% | 3.0% | 1.81% | 1.9380% | 11.9% |
| Newly Eligible, Ages 25 Years–34 Years | 4.3% | 3.1% | 1.81% | 1.9380% | 11.1% |
| Newly Eligible, Ages 35 Years–44 Years | 3.9% | 3.1% | 1.81% | 1.9380% | 10.7% |
| Newly Eligible, Ages 45 Years–64 Years | 3.5% | 3.1% | 1.81% | 1.9380% | 10.3% |
| Total Standard Plan | 4.0% | 3.1% | 1.81% | 1.9380% | 10.8% |

Note: The PMPM figures in the tables above were translated to a percentage of the total base capitation rate premium. In comparing these percentages to other states or industry benchmarks, please note that the total premium includes consideration for program-specific hospital reimbursement levels as required under the Standard Plan contract. The care management figures do not include CMARC and CMHRP payments.

14.1 Methodology and Data Sources

Mercer developed an administrative model that calculates the expected cost to operate a Medicaid managed care program for each rate cell. 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' care management requirements. The results of this modeling and its impact on the capitation rates are discussed in the subsequent sections.

The primary data source for estimating administrative staffing salaries was supplied by the BLS website. The Occupational Employment Statistics (OES) program estimates the number of jobs, salary, and wage data by surveying employers throughout the country for nearly 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 most recent information available is as of May 2023, along with employment cost index (ECI) data through December 2023. The dataset was restricted to experience for North Carolina.¹⁵

Colliers 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

¹⁵ <https://www.bls.gov/oes/tables.htm>

surrounding cities. The latest report available for Raleigh-Durham was as of the fourth quarter of 2023 and for Charlotte and surrounding areas was as of the third quarter of 2023. This information supported regional cost expectations for commercial real estate needed to administer a Medicaid managed care program.^{16,17}

The model output is dependent upon the assumed allocation of PHPs administering the program and their allocation across the six PHP regions. There are currently four Statewide PHPs and one regional contract operating in Regions 3, 4, and 5.¹⁸ Mercer's model allocates applicable staffing positions across regions to account for the anticipated split of responsibilities across regions for PHPs that participate in more than one region.

Mercer relied upon projected SFY 2025 Standard Plan membership data, as well as the Expansion enrollment projections, as outlined in the first exhibit of Section 13.6, to inform the staffing assumptions and overall administrative PMPM.

14.2 Program Management and Administrative Operations Personnel

The general administration and utilization management model addresses the expected PHP staffing needs to operate and administer a Medicaid program. The capitation rates assume each PHP will have program management staff that is further delineated by executive management, financial, clinical operations, legal (general counsel), human resources, and information technology (IT). 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. IT 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, compliance, network, claims processing, and utilization management. Operations staff reflects customer service representatives, Compliance Officer, program integrity team, provider specialists, and claims processing. Additional staff were added to the model to align with expectations in the PHP contract amendments, including staffing requirements for the BH crisis and nursing lines, as well as the secondary support lines.

Assumptions for the number of Full-Time Equivalents (FTEs) vary by staffing position across each of the PHP regions. In general, salaries for each personnel component were developed based on the median salary levels in the BLS data along with wage inflation considerations based on ECI data for each staff type in the State, although different percentiles are used to differentiate nuances in a role such as a supervisor position, or when median data is not available. In addition to the BLS salary data, Mercer included an assumption for fringe benefits and payroll taxes.

Several of the personnel listed above, including executive-level management, finance, human resources, and IT, are considered fixed costs in Mercer's modeling, as the number of staff assumed is not dependent upon the number of enrollees. These personnel costs will be incurred regardless of the magnitude of medical claims and/or population size.

For general administrative costs, Mercer considered the impact of additional variable expenses for the newly eligible Expansion members, including the higher acuity and costs of the new members relative to the average non-Expansion member, which is expected to increase certain expenses, such as claims processing. Additionally,

¹⁶ <https://www.colliers.com/en/research/raleigh/2023-q4-raleigh-durham-office-report>

¹⁷ <https://www.colliers.com/en/research/charlotte/2023-q3-office-charlotte-market-report>

¹⁸ <https://medicaid.ncdhhs.gov/transformation/health-plans>

fixed costs were spread across the entire enrollment base, inclusive of both non-Expansion and Expansion populations.

14.3 Care Management Personnel

Care management is foundational to the success of North Carolina’s healthcare system for Medicaid beneficiaries, supporting high-quality delivery of the right care at the right place and at the right time in the right setting. DHHS’ care management strategy focuses 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. Beneficiaries have access to appropriate care management and coordination support across multiple settings of care, including a strong basis in primary care, connections to specialty care, and contributions to health-related resources. Access to local care management draws from the AMH model and participation from the LHDs; additionally, DHHS is committed to providing care management for beneficiaries to address the four priority domains of opportunities for health: housing, food, transportation, and interpersonal safety. Mercer has aligned the care management modeling, as outlined below, with the DHHS care management strategy.¹⁹

The general care management model addresses both beneficiary care management and care coordination as a part of the approach to ensure efficient, coordinated, and quality care. Care coordination is more administratively focused and, as such, it is available to all beneficiaries and is often administered by a non-licensed individual. Care management is a team-based, person-centered approach to effectively manage patients’ medical, social, and behavioral conditions.

The base care management modeling assumes that 100% of beneficiaries will have access to care coordination, whereas care management will be focused on low- to high-needs beneficiaries, which are assumed to comprise around 22.0% of the Standard Plan population. Additionally, the base care management modeling includes consideration for care management FTEs based on a beneficiary-to-staff ratio. As mentioned, care coordinators are expected to perform tasks such as conducting care needs screening and providing linkage to community resources, which are more administratively-focused. Given this, a higher beneficiary-to-staff ratio assumption is used for the care coordinator position. Care managers are anticipated to perform more intensive beneficiary care management activities, and therefore Mercer assumed a lower caseload compared to care coordinators. Mercer also assumed varied care manager caseloads depending on a range of low- to high-needs priority population beneficiaries. BLS data and wage inflation as reflected in ECI were then leveraged to estimate the cost per FTE based on anticipated position requirements. FTE assumptions were calculated based on the Standard Plan population average monthly membership (2.2 million).

In total, Mercer built in \$14.30 PMPM across the non-Expansion and Expansion population for care management and care coordination, of which \$10.66 PMPM provides funding for care management staffing. The table below describes the staffing assumptions used in the development of this care management PMPM. The \$10.66 PMPM is the assumed cost of delivering care management in accordance with DHHS’ requirements and assumed average care management need levels within the Standard Plan populations. This figure is agnostic to the entity responsible for the delivery of care management and represents the expected cost to either a Standard Plan or an AMH Tier 3 practice of delivering care management²⁰. The buildup is based on a set of assumptions about

¹⁹ North Carolina’s Care Management Strategy under Managed Care. March 9, 2018.

https://files.nc.gov/ncdhhs/documents/CareMgmt-AMH_ConceptPaper_FINAL_20180309.pdf

²⁰ Under the AMH Tier 3 program, Standard Plans must delegate certain care management functions and responsibilities to certified practices that meet the program’s requirements. Where such delegation occurs, Standard Plans are expected to pay care management fees sufficient to support the delegated activities. While the Department has declined to establish minimum care management fees to date, the expectation underlying the AMH Tier 3 model is that Standard Plans and practices will arrive at mutually agreeable rates that are commensurate with the intensity and breadth of the care management being provided.

care manager staffing ratios by care management need level and qualifications, which should be understood as averages rather than policies about how each care team must be constructed.

Table 39: Care Management Staffing Assumptions

| Component | Share of Members | Staffing Ratio | Staff Qualifications | Average Compensation per FTE | Cost (\$MPM) |
|--------------------------------|--|-----------------------|---|-------------------------------------|---------------------|
| Low-Needs Care Management | Non-Expansion: 11.5% Expansion: 13.2% | 250 members per FTE | Community Health Worker (CHW)/Licensed Practical Nurse (LPN)/Medical Assistance (MA)/Social Worker (SW) | \$82,094 | \$3.26 |
| Moderate-Needs Care Management | Non-Expansion: 8.5% Expansion: 9.8% | 150 members per FTE | CHW/LPN/MA/Registered Nurse (RN) | \$88,594 | \$4.34 |
| High-Needs Care Management | Non-Expansion: 2.0% Expansion: 2.3% | 75 members per FTE | RN | \$106,878 | \$2.46 |
| Staff Supervisor | NA | 20 members per FTE | | \$106,878 | \$0.60 |
| Total | | | | | \$10.66 |

Given DHHS' care management strategy and specific requirements outlined in the contract, Mercer also included consideration in the care management assumption for the care coordination for beneficiaries utilizing LTSS, LHD and PHP overlap, AMH contracting and payment requirements, and additional costs for requirements related to opportunities for health initiatives.

Under managed care, DHHS requires PHPs to continue the historical payments to LHDs in the capitation rates to ensure payment levels not be disrupted under the transition to managed care. Historical payments made for CMARC and CMHRP were removed from the base data summaries, as noted in Section 5. These costs were separately modeled, based on historical experience and information from the submitted PHP financial reports, and summarized as a line item within the service costs. In addition to the historical costs, Mercer included consideration in the care management assumption for a small offset to PHP care management costs given LHD responsibilities, along with additional PHP costs for oversight responsibilities. This offset is included in the care management non-benefit consideration.

DHHS has also made program design decisions to incorporate an AMH model under managed care to ease some of the transition from the historical Medical Home model. AMH practices are designated into Tiers 1, 2, or 3 practice categories. DHHS is mandating that PHPs contract with a certain number of AMH practices and also reimburse AMHs similar to the historical payments made to practices in the CA program which are included as a service line item in the rate development (Medical Home Payments). AMH Tier 3 practices perform beneficiary care management activities and are therefore reimbursed at an enhanced rate to account for these additional activities. The enhanced rate assumption for AMH Tier 3 practices is captured in the care management component of the capitation rates and was increased using the same ECI trends and wage assumptions considered elsewhere in the care management. This approach ensured PHPs' direct and delegated costs for care management were appropriate for the rating period.

As stated in Section 10.1.3, the total amounts paid to AMHs within the encounters were not credible for purposes of modeling AMH cost experience. Mercer reviewed PHP-submitted financial reports to determine the portion of beneficiaries enrolled with AMH practices that have been designated as Tier 3. The AMH Tier 3 payments for SFY 2025 were developed based on the total AMH costs from the reported financials net of the assumed base payments captured in the service component of the rates. Mercer has also included additional

consideration for costs to the PHPs to ensure backstop accountability for PHP members tied to an AMH Tier 3 practice and PHP oversight responsibilities and coordination with AMH Tier 3 practices. Historically, a portion of the overall population has not been enrolled with any AMH practice.

There are also a number of contract and staffing requirements related to the DHHS Healthy Opportunities initiative considered in the development of assumed care management costs, such as:

- Care Needs Screening requirements for all members
- Beneficiaries with high unmet social needs, regardless of medical conditions, flagged as a priority population for a comprehensive evaluation and potential care management
- Specific PHP staffing requirements, such as a housing specialist

The Healthy Opportunities cost elements outlined above are separate from the pilot administrative and service payments paid separately by DHHS.

Finally, for counties included as part of the Integrated Care for Kids (InCK) program, Mercer evaluated the contractual requirements for the PHPs and expense feedback from the PHPs to develop an additional adjustment to account for InCK costs incurred by the PHPs during SFY 2025. The average PMPM for Region 4 (i.e., the Region with impacted counties) is \$2.13 PMPM for the SFY 2025 time period.

In total, Mercer developed a \$19.64 PMPM for all rate cells in all rating periods within the non-service portion of capitation rates for care management costs based on the considerations and methodology outlined in Section 14.3 above, inclusive of Region 4 InCK costs. This PMPM is in addition to the CMARC, CMHRP, and AMH base payments included in the service portion of the capitation rates. See the following table for a detailed view of the components of the care management PMPM. The PMPMs shown are for the non-Expansion and Expansion populations in aggregate. DHHS has not established minimum care management fees and maintains the expectation that Standard Plans and practices will arrive at mutually agreeable rates that are commensurate with the intensity and breadth of the care management being provided.

Table 40: Care Management Components Detail

| Activity | Cost (\$PMPM) | Description |
|--|----------------------|---|
| AMH/LHD Base Payments (Included in the Service Portion of the Capitation Rate) | \$5.34 | |
| AMH Medical Home Fees | \$2.56 | Blended average of \$2.50/\$5.00 PMPM for non-ABD/ABD members assigned to all AMH Tiers, based on Standard Plan financial reports and encounters. |
| CMARC/CMHRP Base Payments | \$2.78 | Based on historical payments to LHDs as noted in Standard Plan financial reports and encounters and as outlined in the Contract (\$4.56 PMPM for CMARC, \$4.96 PMPM for CMHRP). |
| Total Care Management (As noted in Table 37 above) | \$14.30 | |
| Care Management (Excluding Oversight/Accountability, Care Coordination, and Healthy Opportunities Activities) | \$10.66 | Intensive care management for individuals identified as being high-needs or who are transitioning out of the hospital. |
| <i>Low-Needs Members*</i> | \$3.26 | |
| <i>Moderate-Needs Members*</i> | \$4.34 | |
| <i>High-Needs Members*</i> | \$2.46 | |
| <i>Supervisor*</i> | \$0.60 | |
| LHD/Standard Plan Responsibility Overlap | \$(0.45) | Offset for care management performed by LHDs. |
| InCK | \$0.25 | Statewide cost consideration for the InCK program (\$2.13 PMPM per child enrolled within Region 4). |

| Activity | Cost (\$PMPM) | Description |
|---|----------------------|---|
| Oversight/Backstop Accountability | \$2.22 | Standard Plan oversight and coordination with Tier 3 AMHs. |
| Care Coordination | \$1.48 | Coordinating the provision of services across settings for all Standard Plan members. |
| Healthy Opportunities Activities | \$0.14 | Standard Plan activities to address social determinants of health for all populations (not specific to Healthy Opportunities Pilots). |
| Total Care Management and Related Activities | \$19.64 | |

14.4 Non-Personnel Costs

The capitation rates include consideration for the non-personnel costs associated with program management, administrative operations, and care management. 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 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 PHPs. To calculate the impact, Mercer relied upon experience with other states due to the limited availability of data specific to North Carolina. Mercer built \$1.68 PMPM into administrative PBM costs, which was validated based on emerging financial reports from the PHPs for the period ending December 31, 2023. For the Standard Plan, this is approximately \$45 million based on a projected SFY 2025 enrollment basis, inclusive of the Expansion population.

Finally, Mercer included consideration for the Interoperability and Patient Access Final Rule (CMS-9115-F), with provisions effective July 1, 2021. The Final Rule requires CMS-regulated payers, including Medicaid managed care plans, to implement and maintain information systems that give patients access to their health information.²¹ The administrative load includes approximately \$0.06 PMPM to allow for added technology-related expenses due to these requirements. The adjustment was based on CMS cost estimates, with consideration for Medicaid health plans operating in other state managed care programs.

14.5 Non-Benefit Expense Load Application to Capitation Rates

Each component within program management and administrative operations personnel, care management 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 the 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 30.0% fixed and 70.0% variable costs for each region.

The fixed PMPM is applied uniformly to all rate cells within each region (other than the Maternity Event payment), such that each rate cell receives the same fixed PMPM. The Maternity Event payment does not include the fixed portion of the administrative expense PMPM, as each pregnant woman's rate cell capitation payment (concurrent with the Maternity Event payment) for non-delivery related services will include fixed administrative costs. 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 the distribution of claim costs; the resulting variable PMPM varies by rate cell.

²¹ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>

The Statewide Standard Plan non-benefit expense PMPM prior to the application of profit/underwriting gain and premium taxes is \$32.36 for the SFY 2025 time period.

14.6 Profit/Underwriting Gain and Premium Taxes

Per ASOP 49, underwriting gain (or profit) 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 risks associated with social, economic, and legal environments.

Mercer performed an analysis of projected cash flows and necessary capital given the age and scale of the program pre- and post-Expansion to establish an underwriting gain add-on as a factor of total capitation. Data includes State and federal taxes and enrollment data. Assumptions include those used in rate-setting, such as projected medical costs and other non-benefit costs like administration and premium tax assessments. This underwriting gain assumption is then scenario-tested under different risk-based capital levels, investment returns, and rate experience to determine possible underwriting gain levels, which cover the cost of maintaining necessary risk-based capital reserves. Mercer then considers this cost of capital, plus an amount for risk margin, to create the final underwriting gain assumption. An overall profit/underwriting gain assumption of 1.85% has been included, comprised of 1.35% for cost of capital and 0.5% for margin for risk. This underwriting gain assumption was reviewed against the Society of Actuaries' Medicaid Managed Care Underwriting Margin Model for reasonability.

Mercer has included a 1.938% consideration for PHP premium taxes (1.9%) and regulatory charge (0.038%) in the SFY 2025 capitation rate development for all non-Expansion and Expansion rate cells, per DHHS and House Bill 259.²²

²² <https://webservices.ncleg.gov/ViewNewsFile/80/H259-CCSMHxr-6%20v17>

15 CAPITATION RATE DEVELOPMENT EXHIBITS

The first exhibit in this section provides an overview of the MMs and 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 Section 6) to the prospective adjustments outlined in Sections 8 through 13. Additionally, the non-medical expense considerations are outlined in each summary in accordance with the methodology in Section 14 of this Rate Book.

Exhibit 36

Member Months/Deliveries by Region and Category of Aid

| Category of Aid | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
|--|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| Aged, Blind, Disabled | 112,296 | 220,800 | 270,336 | 233,616 | 255,996 | 203,052 | 1,296,096 |
| TANF and Other Related Children (<1) | 66,936 | 141,972 | 212,568 | 166,596 | 135,708 | 103,056 | 826,836 |
| TANF and Other Related Children (1-20) | 1,162,268 | 2,518,045 | 3,724,110 | 2,935,899 | 2,358,746 | 1,791,833 | 14,490,902 |
| TANF and Other Related Adults (21+) | 275,957 | 645,964 | 969,107 | 754,181 | 642,238 | 457,974 | 3,745,421 |
| Maternity Event | 3,470 | 7,671 | 10,584 | 8,290 | 7,233 | 5,441 | 42,689 |
| Newly Eligible (19 - 24) | 86,100 | 201,545 | 302,368 | 235,309 | 200,382 | 142,891 | 1,168,596 |
| Newly Eligible (25 - 34) | 131,703 | 308,291 | 462,513 | 359,938 | 306,513 | 218,572 | 1,787,530 |
| Newly Eligible (35 - 44) | 106,964 | 250,383 | 375,637 | 292,329 | 248,939 | 177,516 | 1,451,769 |
| Newly Eligible (45 +) | 155,734 | 364,544 | 546,906 | 425,615 | 362,441 | 258,453 | 2,113,694 |
| Total Non Expansion | 1,617,458 | 3,526,781 | 5,176,120 | 4,090,292 | 3,392,688 | 2,555,915 | 20,359,255 |
| Total Expansion | 480,501 | 1,124,764 | 1,687,424 | 1,313,192 | 1,118,275 | 797,432 | 6,521,588 |
| Total | 2,097,959 | 4,651,545 | 6,863,545 | 5,403,484 | 4,510,963 | 3,353,347 | 26,880,843 |

Capitation Rates by Region and Category of Aid

| Rating Group | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Aged, Blind, Disabled | \$ 2,095.13 | \$ 2,122.12 | \$ 2,158.42 | \$ 1,950.05 | \$ 1,855.75 | \$ 1,843.35 | \$ 2,000.05 |
| TANF and Other Related Children (<1) | \$ 1,130.30 | \$ 1,046.20 | \$ 1,012.46 | \$ 991.52 | \$ 911.16 | \$ 886.54 | \$ 991.25 |
| TANF and Other Related Children (1-20) | \$ 209.65 | \$ 189.25 | \$ 183.92 | \$ 181.39 | \$ 186.90 | \$ 173.69 | \$ 185.62 |
| TANF and Other Related Adults (21+) | \$ 494.67 | \$ 486.36 | \$ 467.87 | \$ 453.16 | \$ 463.35 | \$ 444.72 | \$ 466.47 |
| Maternity Event | \$ 13,944.97 | \$ 14,432.52 | \$ 14,454.36 | \$ 13,867.66 | \$ 13,035.42 | \$ 14,274.23 | \$ 14,031.72 |
| Newly Eligible (19 - 24) | \$ 245.85 | \$ 240.70 | \$ 232.04 | \$ 224.86 | \$ 229.92 | \$ 220.30 | \$ 231.31 |
| Newly Eligible (25 - 34) | \$ 396.15 | \$ 388.36 | \$ 374.25 | \$ 362.44 | \$ 370.40 | \$ 355.45 | \$ 372.96 |
| Newly Eligible (35 - 44) | \$ 602.68 | \$ 591.25 | \$ 569.65 | \$ 551.48 | \$ 563.41 | \$ 541.16 | \$ 567.60 |
| Newly Eligible (45 +) | \$ 1,032.85 | \$ 1,013.85 | \$ 976.65 | \$ 945.23 | \$ 965.45 | \$ 927.96 | \$ 973.00 |
| Total Non Expansion | \$ 457.20 | \$ 430.57 | \$ 403.79 | \$ 393.62 | \$ 421.92 | \$ 414.03 | \$ 414.93 |
| Total Expansion | \$ 621.56 | \$ 609.79 | \$ 587.51 | \$ 568.75 | \$ 581.05 | \$ 558.13 | \$ 585.38 |
| Total | \$ 494.84 | \$ 473.91 | \$ 448.96 | \$ 436.18 | \$ 461.37 | \$ 448.29 | \$ 456.29 |

Exhibit 37

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 112,296 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|-------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 406.16 | \$ 20,656.92 | 236 | 3.4% | 3.4% | 0.0% | 1.3% | -1.7% | \$ 432.43 | \$ 22,376.89 |
| Inpatient - BH | \$ 10.00 | \$ 715.20 | 168 | 4.4% | 3.4% | 1.0% | 35.4% | 0.0% | \$ 14.76 | \$ 1,035.73 | 171 |
| Outpatient Hospital - Facility | \$ 150.89 | \$ 596.45 | 3,036 | 3.4% | 3.4% | 0.0% | 1.4% | -2.2% | \$ 160.01 | \$ 646.62 | 2,969 |
| Outpatient Hospital - Professional | \$ 19.97 | \$ 146.87 | 1,632 | 2.0% | 1.5% | 0.5% | 1.9% | -2.2% | \$ 20.71 | \$ 154.17 | 1,612 |
| Emergency Room - PH | \$ 75.38 | \$ 523.53 | 1,728 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 82.45 | \$ 567.19 | 1,744 |
| Emergency Room - BH | \$ 2.57 | \$ 515.03 | 60 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 2.81 | \$ 558.06 | 60 |
| Physician - Primary Care | \$ 48.13 | \$ 108.81 | 5,308 | 2.0% | 1.5% | 0.5% | 1.0% | 0.4% | \$ 50.81 | \$ 113.26 | 5,383 |
| Physician - Specialty | \$ 79.67 | \$ 225.28 | 4,244 | 2.0% | 1.5% | 0.5% | 1.6% | -1.3% | \$ 83.13 | \$ 235.81 | 4,230 |
| FQHC/RHC | \$ 26.81 | \$ 181.47 | 1,773 | 3.9% | 3.4% | 0.5% | -31.5% | 0.0% | \$ 19.84 | \$ 132.93 | 1,791 |
| Other Clinic | \$ 11.81 | \$ 1,055.00 | 134 | 2.0% | 1.5% | 0.5% | 1.3% | -0.7% | \$ 12.36 | \$ 1,100.88 | 135 |
| Family Planning Services | \$ 0.73 | \$ 169.95 | 52 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 0.75 | \$ 173.37 | 52 |
| Other Professional - PH | \$ 1.58 | \$ 162.72 | 117 | 2.0% | 1.5% | 0.5% | 1.2% | -0.7% | \$ 1.66 | \$ 169.68 | 117 |
| Other Professional - BH | \$ 0.65 | \$ 95.91 | 82 | 2.0% | 1.5% | 0.5% | 22.1% | -0.7% | \$ 0.83 | \$ 120.67 | 82 |
| Therapies - PT/OT/ST | \$ 10.56 | \$ 151.72 | 835 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 11.13 | \$ 158.32 | 843 |
| Prescribed Drugs | \$ 692.46 | \$ 213.52 | 38,917 | 8.7% | 6.3% | 2.5% | 2.5% | -0.1% | \$ 837.60 | \$ 247.48 | 40,613 |
| LTSS Services | \$ 46.71 | \$ 19.55 | 28,672 | 2.6% | 2.1% | 0.5% | 11.8% | -0.3% | \$ 54.83 | \$ 22.79 | 28,869 |
| Durable Medical Equipment | \$ 36.45 | \$ 3.91 | 111,877 | 2.0% | 1.5% | 0.5% | -0.3% | -1.3% | \$ 37.31 | \$ 4.01 | 111,526 |
| Lab and X-ray | \$ 7.48 | \$ 20.59 | 4,362 | 2.0% | 1.5% | 0.5% | 5.6% | 0.0% | \$ 8.22 | \$ 22.39 | 4,403 |
| Optical | \$ 1.08 | \$ 49.51 | 261 | 2.0% | 1.5% | 0.5% | 1.5% | 0.0% | \$ 1.14 | \$ 51.80 | 263 |
| Limited Dental Services | \$ 0.04 | \$ 29.95 | 17 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.04 | \$ 30.97 | 17 |
| Transportation - Emergency | \$ 22.16 | \$ 378.68 | 702 | 4.1% | 3.6% | 0.5% | 1.4% | 0.0% | \$ 24.34 | \$ 411.99 | 709 |
| Transportation - Non-Emergency | \$ 15.67 | \$ 121.03 | 1,554 | 4.1% | 3.6% | 0.5% | 1.3% | 0.0% | \$ 17.21 | \$ 131.56 | 1,570 |
| Other Services - PH | \$ 1.14 | \$ 51.24 | 267 | 2.0% | 1.5% | 0.5% | 0.2% | -0.7% | \$ 1.18 | \$ 52.88 | 268 |
| Other Services - BH | \$ 7.37 | \$ 33.30 | 2,656 | 2.0% | 1.5% | 0.5% | 25.7% | 0.0% | \$ 9.63 | \$ 43.12 | 2,681 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,680.77 | N/A | 221,463 | 5.5% | 4.3% | 1.1% | 1.9% | -0.8% | \$ 1,890.60 | N/A | 223,375 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,890.60

Non-Benefit Expense PMPM/Payment:

- General Administration (3.21%) \$ 65.93
- PHP Care Management (2.92%) \$ 59.98
- Underwriting Gain (1.85%) \$ 38.01

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 2,054.53

Premium Taxes (1.9380%) \$ 40.60

Total Base Capitation Rate: \$ 2,095.13

Exhibit 38

| | |
|----------------------------------|--------------------------------------|
| Region: | Region 1 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 66,936 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|-------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 679.12 | \$ 9,145.90 | 891 | 3.4% | 3.4% | 0.0% | 0.4% | -0.2% | \$ 727.50 | \$ 9,813.20 |
| Inpatient - BH | \$ 0.08 | \$ 1,128.90 | 1 | 3.4% | 3.4% | 0.0% | 0.0% | 0.0% | \$ 0.09 | \$ 1,206.96 | 1 |
| Outpatient Hospital - Facility | \$ 27.94 | \$ 238.71 | 1,405 | 3.4% | 3.4% | 0.0% | 0.4% | -1.2% | \$ 29.61 | \$ 256.13 | 1,387 |
| Outpatient Hospital - Professional | \$ 3.64 | \$ 116.57 | 375 | 2.5% | 1.5% | 1.0% | 0.2% | -1.2% | \$ 3.79 | \$ 120.32 | 378 |
| Emergency Room - PH | \$ 31.52 | \$ 236.81 | 1,597 | 3.4% | 3.4% | 0.0% | 0.2% | -0.6% | \$ 33.57 | \$ 253.67 | 1,588 |
| Emergency Room - BH | \$ 0.03 | \$ 107.27 | 3 | 3.4% | 3.4% | 0.0% | -0.1% | -0.6% | \$ 0.03 | \$ 114.58 | 3 |
| Physician - Primary Care | \$ 102.27 | \$ 126.58 | 9,695 | 2.0% | 1.5% | 0.5% | -0.5% | 0.2% | \$ 106.17 | \$ 129.79 | 9,816 |
| Physician - Specialty | \$ 48.63 | \$ 217.75 | 2,680 | 2.0% | 1.5% | 0.5% | 0.2% | -1.2% | \$ 50.06 | \$ 224.69 | 2,674 |
| FQHC/RHC | \$ 19.72 | \$ 162.31 | 1,458 | 4.4% | 3.4% | 1.0% | -25.6% | 0.0% | \$ 16.01 | \$ 129.15 | 1,487 |
| Other Clinic | \$ 1.11 | \$ 97.37 | 137 | 2.0% | 1.5% | 0.5% | -0.3% | -0.7% | \$ 1.14 | \$ 100.02 | 137 |
| Family Planning Services | \$ 0.02 | \$ 47.86 | 6 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 0.02 | \$ 49.48 | 6 |
| Other Professional - PH | \$ 2.49 | \$ 115.99 | 258 | 2.0% | 1.5% | 0.5% | 0.4% | -0.7% | \$ 2.58 | \$ 119.93 | 258 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 5.49 | \$ 108.14 | 609 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 5.73 | \$ 111.73 | 615 |
| Prescribed Drugs | \$ 20.08 | \$ 53.70 | 4,487 | -7.9% | -9.5% | 1.8% | 3.2% | 0.0% | \$ 17.57 | \$ 45.35 | 4,650 |
| LTSS Services | \$ 1.43 | \$ 24.30 | 708 | 2.6% | 2.1% | 0.5% | 4.8% | 0.0% | \$ 1.58 | \$ 26.55 | 715 |
| Durable Medical Equipment | \$ 6.45 | \$ 10.76 | 7,189 | 2.0% | 1.5% | 0.5% | -0.4% | -0.6% | \$ 6.65 | \$ 11.04 | 7,221 |
| Lab and X-ray | \$ 1.40 | \$ 45.55 | 370 | 2.0% | 1.5% | 0.5% | 3.6% | 0.0% | \$ 1.52 | \$ 48.64 | 374 |
| Optical | \$ 0.04 | \$ 70.53 | 8 | 2.0% | 1.5% | 0.5% | 0.7% | 0.0% | \$ 0.05 | \$ 73.16 | 8 |
| Limited Dental Services | \$ 2.00 | \$ 27.71 | 867 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 2.06 | \$ 28.28 | 875 |
| Transportation - Emergency | \$ 4.12 | \$ 477.81 | 104 | 4.1% | 3.6% | 0.5% | 0.3% | 0.0% | \$ 4.48 | \$ 514.48 | 105 |
| Transportation - Non-Emergency | \$ 0.75 | \$ 140.99 | 64 | 4.1% | 3.6% | 0.5% | -0.2% | 0.0% | \$ 0.81 | \$ 151.08 | 64 |
| Other Services - PH | \$ 0.04 | \$ 32.60 | 15 | 2.0% | 1.5% | 0.5% | -5.1% | -0.7% | \$ 0.04 | \$ 31.88 | 15 |
| Other Services - BH | \$ 0.06 | \$ 31.24 | 23 | 2.0% | 1.5% | 0.5% | -2.8% | 0.0% | \$ 0.06 | \$ 31.27 | 23 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 964.65 | N/A | 53,737 | 2.9% | 2.8% | 0.1% | -0.2% | -0.2% | \$ 1,017.44 | N/A | 54,497 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,017.44

Non-Benefit Expense PMPM/Payment:

- General Administration (3.44%) \$ 38.16
- PHP Care Management (2.91%) \$ 32.28
- Underwriting Gain (1.85%) \$ 20.51

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,108.39

Premium Taxes (1.9380%) \$ 21.91

Total Base Capitation Rate: \$ 1,130.30

Exhibit 39

| | |
|----------------------------------|--|
| Region: | Region 1 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 1,162,268 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|------------------|--------------|---------------|--------------|-------------|-------------|-----------------|-------------------------|------------------|--------------|---------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 13.41 | \$ 16,311.69 | 10 | 3.4% | 3.4% | 0.0% | -2.0% | -1.3% | \$ 13.87 | \$ 17,096.69 | 10 |
| Inpatient - BH | \$ 2.25 | \$ 886.66 | 30 | 3.4% | 3.4% | 0.0% | 13.1% | -0.1% | \$ 2.72 | \$ 1,071.95 | 30 |
| Outpatient Hospital - Facility | \$ 21.31 | \$ 364.48 | 702 | 3.4% | 3.4% | 0.0% | -1.9% | -1.3% | \$ 22.06 | \$ 382.30 | 692 |
| Outpatient Hospital - Professional | \$ 2.72 | \$ 151.31 | 216 | 2.5% | 1.5% | 1.0% | 6.0% | -1.3% | \$ 3.00 | \$ 165.34 | 217 |
| Emergency Room - PH | \$ 17.77 | \$ 289.05 | 738 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 18.43 | \$ 302.67 | 731 |
| Emergency Room - BH | \$ 0.46 | \$ 345.42 | 16 | 3.4% | 3.4% | 0.0% | -2.0% | -0.9% | \$ 0.48 | \$ 361.82 | 16 |
| Physician - Primary Care | \$ 25.63 | \$ 112.56 | 2,733 | 2.0% | 1.5% | 0.5% | -2.2% | 0.2% | \$ 26.13 | \$ 113.40 | 2,765 |
| Physician - Specialty | \$ 5.12 | \$ 86.09 | 713 | 2.0% | 1.5% | 0.5% | -1.5% | -1.3% | \$ 5.17 | \$ 87.36 | 711 |
| FQHC/RHC | \$ 9.11 | \$ 164.17 | 666 | 3.9% | 3.4% | 0.5% | -28.9% | 0.0% | \$ 6.99 | \$ 124.76 | 672 |
| Other Clinic | \$ 0.68 | \$ 110.62 | 73 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.68 | \$ 111.29 | 74 |
| Family Planning Services | \$ 0.91 | \$ 188.55 | 58 | 2.0% | 1.5% | 0.5% | -3.2% | 0.0% | \$ 0.92 | \$ 188.04 | 59 |
| Other Professional - PH | \$ 0.08 | \$ 138.40 | 7 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.08 | \$ 139.26 | 7 |
| Other Professional - BH | \$ 0.22 | \$ 101.55 | 26 | 2.0% | 1.5% | 0.5% | 19.0% | -0.8% | \$ 0.27 | \$ 124.46 | 26 |
| Therapies - PT/OT/ST | \$ 7.12 | \$ 91.40 | 934 | 2.0% | 1.5% | 0.5% | -1.9% | 0.0% | \$ 7.26 | \$ 92.38 | 943 |
| Prescribed Drugs | \$ 51.58 | \$ 127.19 | 4,867 | 5.5% | 4.0% | 1.5% | 3.3% | -0.1% | \$ 59.27 | \$ 142.10 | 5,005 |
| LTSS Services | \$ 0.13 | \$ 12.53 | 123 | 2.6% | 2.1% | 0.5% | 5.1% | -0.1% | \$ 0.14 | \$ 13.73 | 124 |
| Durable Medical Equipment | \$ 1.52 | \$ 3.06 | 5,937 | 2.0% | 1.5% | 0.5% | -3.2% | -0.6% | \$ 1.52 | \$ 3.06 | 5,959 |
| Lab and X-ray | \$ 1.21 | \$ 23.58 | 614 | 2.0% | 1.5% | 0.5% | 0.6% | -0.1% | \$ 1.26 | \$ 24.43 | 620 |
| Optical | \$ 0.92 | \$ 45.86 | 241 | 2.0% | 1.5% | 0.5% | -1.9% | -0.1% | \$ 0.94 | \$ 46.37 | 244 |
| Limited Dental Services | \$ 0.29 | \$ 27.91 | 124 | 2.0% | 1.5% | 0.5% | -2.7% | 0.0% | \$ 0.29 | \$ 27.97 | 125 |
| Transportation - Emergency | \$ 1.23 | \$ 526.16 | 28 | 4.1% | 3.6% | 0.5% | -2.0% | -0.1% | \$ 1.30 | \$ 553.21 | 28 |
| Transportation - Non-Emergency | \$ 0.25 | \$ 153.48 | 19 | 4.1% | 3.6% | 0.5% | -2.1% | 0.0% | \$ 0.26 | \$ 161.33 | 20 |
| Other Services - PH | \$ 0.13 | \$ 47.93 | 32 | 2.0% | 1.5% | 0.5% | -3.1% | -0.8% | \$ 0.13 | \$ 47.84 | 32 |
| Other Services - BH | \$ 5.35 | \$ 68.79 | 934 | 2.0% | 1.5% | 0.5% | 16.8% | -0.1% | \$ 6.50 | \$ 82.78 | 943 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 173.62 | N/A | 35,866 | 3.6% | 2.9% | 0.7% | -0.9% | -0.4% | \$ 183.91 | N/A | 36,401 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 184.27

Non-Benefit Expense PMPM/Payment:

- General Administration (5.67%) \$ 11.67
- PHP Care Management (2.84%) \$ 5.85
- Underwriting Gain (1.85%) \$ 3.80

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 205.59

Premium Taxes (1.9380%) \$ 4.06

Total Base Capitation Rate: \$ 209.65

Exhibit 40

| | |
|----------------------------------|-------------------------------------|
| Region: | Region 1 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 275,957 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 50.05 | \$ 18,697.33 | 32 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 53.34 | \$ 20,122.36 |
| Inpatient - BH | \$ 3.03 | \$ 676.00 | 54 | 3.4% | 3.4% | 0.0% | 51.7% | -0.1% | \$ 4.91 | \$ 1,096.43 | 54 |
| Outpatient Hospital - Facility | \$ 45.17 | \$ 460.51 | 1,177 | 3.4% | 3.4% | 0.0% | 0.8% | -2.2% | \$ 47.60 | \$ 496.36 | 1,151 |
| Outpatient Hospital - Professional | \$ 6.35 | \$ 151.39 | 503 | 1.5% | 1.5% | 0.0% | 1.6% | -2.2% | \$ 6.50 | \$ 158.53 | 492 |
| Emergency Room - PH | \$ 40.36 | \$ 447.96 | 1,081 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 43.00 | \$ 482.00 | 1,071 |
| Emergency Room - BH | \$ 1.16 | \$ 394.78 | 35 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 1.23 | \$ 424.53 | 35 |
| Physician - Primary Care | \$ 18.43 | \$ 94.69 | 2,336 | 2.0% | 1.5% | 0.5% | 0.1% | 0.3% | \$ 19.25 | \$ 97.63 | 2,366 |
| Physician - Specialty | \$ 15.26 | \$ 139.79 | 1,310 | 2.0% | 1.5% | 0.5% | 1.9% | -1.3% | \$ 15.97 | \$ 146.76 | 1,305 |
| FQHC/RHC | \$ 16.66 | \$ 196.52 | 1,018 | 3.9% | 3.4% | 0.5% | -39.8% | 0.0% | \$ 10.84 | \$ 126.55 | 1,028 |
| Other Clinic | \$ 0.70 | \$ 105.33 | 80 | 2.0% | 1.5% | 0.5% | 1.3% | -0.7% | \$ 0.73 | \$ 109.93 | 80 |
| Family Planning Services | \$ 6.22 | \$ 352.19 | 212 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 6.42 | \$ 360.09 | 214 |
| Other Professional - PH | \$ 0.32 | \$ 171.40 | 22 | 2.0% | 1.5% | 0.5% | -0.1% | -0.7% | \$ 0.33 | \$ 176.47 | 22 |
| Other Professional - BH | \$ 0.34 | \$ 108.95 | 37 | 2.0% | 1.5% | 0.5% | 33.0% | -0.7% | \$ 0.47 | \$ 149.25 | 37 |
| Therapies - PT/OT/ST | \$ 2.16 | \$ 158.55 | 163 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 2.26 | \$ 164.31 | 165 |
| Prescribed Drugs | \$ 136.76 | \$ 137.54 | 11,932 | 8.6% | 6.6% | 1.9% | 7.3% | -0.1% | \$ 172.84 | \$ 167.73 | 12,366 |
| LTSS Services | \$ 0.86 | \$ 13.87 | 744 | 2.6% | 2.1% | 0.5% | 6.6% | -0.1% | \$ 0.96 | \$ 15.41 | 750 |
| Durable Medical Equipment | \$ 3.03 | \$ 8.36 | 4,347 | 2.0% | 1.5% | 0.5% | -0.2% | -0.6% | \$ 3.12 | \$ 8.59 | 4,363 |
| Lab and X-ray | \$ 5.92 | \$ 25.08 | 2,832 | 2.0% | 1.5% | 0.5% | 4.6% | -0.1% | \$ 6.44 | \$ 27.04 | 2,858 |
| Optical | \$ 0.62 | \$ 49.02 | 152 | 2.0% | 1.5% | 0.5% | 1.0% | -0.1% | \$ 0.65 | \$ 50.98 | 153 |
| Limited Dental Services | \$ 0.00 | \$ 77.26 | 0 | 2.0% | 1.5% | 0.5% | 1.7% | 0.0% | \$ 0.00 | \$ 80.93 | 0 |
| Transportation - Emergency | \$ 3.57 | \$ 381.55 | 112 | 4.1% | 3.6% | 0.5% | 0.6% | -0.1% | \$ 3.89 | \$ 412.18 | 113 |
| Transportation - Non-Emergency | \$ 0.95 | \$ 141.27 | 81 | 4.1% | 3.6% | 0.5% | 0.3% | 0.0% | \$ 1.03 | \$ 152.15 | 81 |
| Other Services - PH | \$ 0.37 | \$ 32.62 | 135 | 2.0% | 1.5% | 0.5% | -0.5% | -0.7% | \$ 0.38 | \$ 33.43 | 135 |
| Other Services - BH | \$ 4.99 | \$ 47.47 | 1,262 | 2.0% | 1.5% | 0.5% | 45.2% | -0.1% | \$ 7.54 | \$ 70.98 | 1,274 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 369.04 | N/A | 49,050 | 5.1% | 4.2% | 0.8% | 2.6% | -0.6% | \$ 415.61 | N/A | 49,929 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 442.21

Non-Benefit Expense PMPM/Payment:
 General Administration (4.10%) \$ 19.87
 PHP Care Management (2.89%) \$ 14.03
 Underwriting Gain (1.85%) \$ 8.97

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 485.08
 Premium Taxes (1.9380%) \$ 9.59

Total Base Capitation Rate: \$ 494.67

Exhibit 41

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 3,470 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|---------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 7,565.63 | \$ 7,132.35 | 12,729 | 3.4% | 3.4% | 0.0% | 2.1% | -0.1% | \$ 8,254.26 | \$ 7,787.46 |
| Inpatient - BH | \$ 14.81 | \$ 976.46 | 182 | 3.4% | 3.4% | 0.0% | 2.1% | 0.0% | \$ 16.16 | \$ 1,066.03 | 182 |
| Outpatient Hospital - Facility | \$ 320.08 | \$ 193.58 | 19,841 | 3.4% | 3.4% | 0.0% | 2.2% | -2.1% | \$ 342.26 | \$ 211.43 | 19,425 |
| Outpatient Hospital - Professional | \$ 13.05 | \$ 65.37 | 2,395 | 1.5% | 1.5% | 0.0% | -2.7% | -2.1% | \$ 12.81 | \$ 65.55 | 2,345 |
| Emergency Room - PH | \$ 424.29 | \$ 370.59 | 13,739 | 3.4% | 3.4% | 0.0% | 1.3% | -0.9% | \$ 455.58 | \$ 401.43 | 13,619 |
| Emergency Room - BH | \$ 0.03 | \$ 98.33 | 4 | 3.4% | 3.4% | 0.0% | 1.8% | -0.9% | \$ 0.03 | \$ 107.00 | 3 |
| Physician - Primary Care | \$ 1,442.98 | \$ 267.34 | 64,770 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 1,491.34 | \$ 273.56 | 65,419 |
| Physician - Specialty | \$ 107.32 | \$ 136.11 | 9,462 | 2.0% | 1.5% | 0.5% | -11.4% | 0.0% | \$ 98.94 | \$ 124.24 | 9,556 |
| FQHC/RHC | \$ 881.27 | \$ 280.47 | 37,706 | 3.9% | 3.4% | 0.5% | -39.5% | 0.0% | \$ 575.86 | \$ 181.45 | 38,084 |
| Other Clinic | \$ 51.80 | \$ 160.45 | 3,874 | 2.0% | 1.5% | 0.5% | 7.5% | 0.0% | \$ 57.93 | \$ 177.66 | 3,913 |
| Family Planning Services | \$ 1,242.96 | \$ 2,163.07 | 6,896 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 1,321.48 | \$ 2,276.90 | 6,965 |
| Other Professional - PH | \$ 100.77 | \$ 198.70 | 6,086 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 105.49 | \$ 205.95 | 6,147 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 1.63 | \$ 233.70 | 84 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 1.73 | \$ 245.71 | 84 |
| Prescribed Drugs | \$ 57.65 | \$ 31.58 | 21,906 | 8.6% | 6.6% | 1.9% | 1.6% | 0.0% | \$ 69.10 | \$ 36.48 | 22,731 |
| LTSS Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Durable Medical Equipment | \$ 9.21 | \$ 1.23 | 89,855 | 2.0% | 1.5% | 0.5% | 2.4% | 0.0% | \$ 9.81 | \$ 1.30 | 90,755 |
| Lab and X-ray | \$ 74.11 | \$ 21.53 | 41,303 | 2.0% | 1.5% | 0.5% | 4.1% | 0.0% | \$ 80.24 | \$ 23.08 | 41,717 |
| Optical | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 27.70 | \$ 627.73 | 530 | 4.1% | 3.6% | 0.5% | 2.0% | 0.0% | \$ 30.64 | \$ 687.43 | 535 |
| Transportation - Non-Emergency | \$ 2.82 | \$ 498.82 | 68 | 4.1% | 3.6% | 0.5% | 2.3% | 0.0% | \$ 3.12 | \$ 547.55 | 68 |
| Other Services - PH | \$ 0.08 | \$ 36.06 | 25 | 2.0% | 1.5% | 0.5% | -100.0% | 0.0% | \$ 0.00 | \$ 0.00 | 25 |
| Other Services - BH | \$ 0.09 | \$ 39.56 | 28 | 2.0% | 1.5% | 0.5% | 5.6% | 0.0% | \$ 0.10 | \$ 43.01 | 28 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 12,338.27 | N/A | 331,481 | 3.1% | 3.0% | 0.2% | -1.3% | -0.1% | \$ 12,926.89 | N/A | 334,322 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 12,926.89

Non-Benefit Expense PMPM/Payment:

- General Administration (0.62%) \$ 84.72
- PHP Care Management (3.00%) \$ 410.12
- Underwriting Gain (1.85%) \$ 252.98

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 13,674.71

Premium Taxes (1.9380%) \$ 270.25

Total Base Capitation Rate: \$ 13,944.97

Exhibit 42

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 86,100 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 23.76 | \$ 18,697.33 | 15 | 3.4% | 3.4% | 0.0% | 6.0% | -0.2% | \$ 26.88 | \$ 21,199.62 |
| Inpatient - BH | \$ 1.44 | \$ 676.00 | 26 | 3.4% | 3.4% | 0.0% | 59.8% | 0.0% | \$ 2.46 | \$ 1,155.13 | 26 |
| Outpatient Hospital - Facility | \$ 21.44 | \$ 460.51 | 559 | 3.4% | 3.4% | 0.0% | 2.2% | -0.5% | \$ 23.32 | \$ 503.20 | 556 |
| Outpatient Hospital - Professional | \$ 3.01 | \$ 151.39 | 239 | 1.5% | 1.5% | 0.0% | 3.0% | -0.5% | \$ 3.18 | \$ 160.72 | 238 |
| Emergency Room - PH | \$ 19.16 | \$ 447.96 | 513 | 3.4% | 3.4% | 0.0% | 2.0% | -0.2% | \$ 20.86 | \$ 488.64 | 512 |
| Emergency Room - BH | \$ 0.55 | \$ 394.78 | 17 | 3.4% | 3.4% | 0.0% | 2.0% | -0.2% | \$ 0.60 | \$ 430.38 | 17 |
| Physician - Primary Care | \$ 8.75 | \$ 94.69 | 1,109 | 2.0% | 1.5% | 0.5% | -0.5% | 0.1% | \$ 9.06 | \$ 97.04 | 1,121 |
| Physician - Specialty | \$ 7.24 | \$ 139.79 | 622 | 2.0% | 1.5% | 0.5% | 1.3% | -0.3% | \$ 7.61 | \$ 145.87 | 626 |
| FQHC/RHC | \$ 7.91 | \$ 196.52 | 483 | 3.9% | 3.4% | 0.5% | -40.1% | 0.0% | \$ 5.11 | \$ 125.78 | 488 |
| Other Clinic | \$ 0.33 | \$ 105.33 | 38 | 2.0% | 1.5% | 0.5% | 0.7% | -0.2% | \$ 0.35 | \$ 109.26 | 38 |
| Family Planning Services | \$ 2.95 | \$ 352.19 | 101 | 2.0% | 1.5% | 0.5% | -1.4% | 0.0% | \$ 3.03 | \$ 357.89 | 102 |
| Other Professional - PH | \$ 0.15 | \$ 171.40 | 11 | 2.0% | 1.5% | 0.5% | -0.7% | -0.2% | \$ 0.16 | \$ 175.40 | 11 |
| Other Professional - BH | \$ 0.16 | \$ 108.95 | 18 | 2.0% | 1.5% | 0.5% | 32.2% | -0.2% | \$ 0.22 | \$ 148.34 | 18 |
| Therapies - PT/OT/ST | \$ 1.02 | \$ 158.55 | 78 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 1.07 | \$ 163.31 | 78 |
| Prescribed Drugs | \$ 64.92 | \$ 137.54 | 5,664 | 8.6% | 6.6% | 1.9% | 10.3% | 0.0% | \$ 84.41 | \$ 172.39 | 5,876 |
| LTSS Services | \$ 0.41 | \$ 13.87 | 353 | 2.6% | 2.1% | 0.5% | 5.9% | 0.0% | \$ 0.45 | \$ 15.31 | 356 |
| Durable Medical Equipment | \$ 1.44 | \$ 8.36 | 2,064 | 2.0% | 1.5% | 0.5% | -0.8% | -0.1% | \$ 1.48 | \$ 8.54 | 2,082 |
| Lab and X-ray | \$ 2.81 | \$ 25.08 | 1,344 | 2.0% | 1.5% | 0.5% | 4.0% | 0.0% | \$ 3.04 | \$ 26.87 | 1,358 |
| Optical | \$ 0.29 | \$ 49.02 | 72 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.31 | \$ 50.67 | 73 |
| Limited Dental Services | \$ 0.00 | \$ 77.26 | 0 | 2.0% | 1.5% | 0.5% | 1.1% | 0.0% | \$ 0.00 | \$ 80.44 | 0 |
| Transportation - Emergency | \$ 1.69 | \$ 381.55 | 53 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 1.84 | \$ 409.66 | 54 |
| Transportation - Non-Emergency | \$ 0.45 | \$ 141.27 | 38 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 0.49 | \$ 151.23 | 39 |
| Other Services - PH | \$ 0.17 | \$ 32.62 | 64 | 2.0% | 1.5% | 0.5% | -1.1% | -0.2% | \$ 0.18 | \$ 33.22 | 64 |
| Other Services - BH | \$ 2.37 | \$ 47.47 | 599 | 2.0% | 1.5% | 0.5% | 44.3% | 0.0% | \$ 3.56 | \$ 70.55 | 605 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 175.19 | N/A | 23,285 | 5.1% | 4.2% | 0.8% | 4.8% | -0.1% | \$ 202.45 | N/A | 23,743 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 217.03

Non-Benefit Expense PMPM/Payment:

- General Administration (5.27%) \$ 12.71
- PHP Care Management (2.86%) \$ 6.89
- Underwriting Gain (1.85%) \$ 4.46

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 241.08

Premium Taxes (1.9380%) \$ 4.76

Total Base Capitation Rate: \$ 245.85

Exhibit 43

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 131,703 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 39.54 | \$ 18,697.33 | 25 | 3.4% | 3.4% | 0.0% | 5.7% | -0.2% | \$ 44.61 | \$ 21,138.10 |
| Inpatient - BH | \$ 2.39 | \$ 676.00 | 42 | 3.4% | 3.4% | 0.0% | 59.4% | 0.0% | \$ 4.07 | \$ 1,151.77 | 42 |
| Outpatient Hospital - Facility | \$ 35.69 | \$ 460.51 | 930 | 3.4% | 3.4% | 0.0% | 1.9% | -0.5% | \$ 38.71 | \$ 501.74 | 926 |
| Outpatient Hospital - Professional | \$ 5.01 | \$ 151.39 | 397 | 1.5% | 1.5% | 0.0% | 2.7% | -0.5% | \$ 5.28 | \$ 160.25 | 396 |
| Emergency Room - PH | \$ 31.88 | \$ 447.96 | 854 | 3.4% | 3.4% | 0.0% | 1.7% | -0.2% | \$ 34.61 | \$ 487.22 | 852 |
| Emergency Room - BH | \$ 0.92 | \$ 394.78 | 28 | 3.4% | 3.4% | 0.0% | 1.7% | -0.2% | \$ 0.99 | \$ 429.13 | 28 |
| Physician - Primary Care | \$ 14.56 | \$ 94.69 | 1,845 | 2.0% | 1.5% | 0.5% | -0.8% | 0.1% | \$ 15.04 | \$ 96.76 | 1,865 |
| Physician - Specialty | \$ 12.06 | \$ 139.79 | 1,035 | 2.0% | 1.5% | 0.5% | 1.0% | -0.3% | \$ 12.64 | \$ 145.44 | 1,042 |
| FQHC/RHC | \$ 13.17 | \$ 196.52 | 804 | 3.9% | 3.4% | 0.5% | -40.3% | 0.0% | \$ 8.49 | \$ 125.41 | 812 |
| Other Clinic | \$ 0.55 | \$ 105.33 | 63 | 2.0% | 1.5% | 0.5% | 0.4% | -0.2% | \$ 0.58 | \$ 108.94 | 63 |
| Family Planning Services | \$ 4.91 | \$ 352.19 | 167 | 2.0% | 1.5% | 0.5% | -1.6% | 0.0% | \$ 5.03 | \$ 356.85 | 169 |
| Other Professional - PH | \$ 0.25 | \$ 171.40 | 18 | 2.0% | 1.5% | 0.5% | -1.0% | -0.2% | \$ 0.26 | \$ 174.89 | 18 |
| Other Professional - BH | \$ 0.27 | \$ 108.95 | 30 | 2.0% | 1.5% | 0.5% | 31.8% | -0.2% | \$ 0.37 | \$ 147.90 | 30 |
| Therapies - PT/OT/ST | \$ 1.71 | \$ 158.55 | 129 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 1.77 | \$ 162.83 | 130 |
| Prescribed Drugs | \$ 108.05 | \$ 137.54 | 9,427 | 8.6% | 6.6% | 1.9% | 4.8% | 0.0% | \$ 133.46 | \$ 163.76 | 9,779 |
| LTSS Services | \$ 0.68 | \$ 13.87 | 587 | 2.6% | 2.1% | 0.5% | 5.6% | 0.0% | \$ 0.75 | \$ 15.27 | 593 |
| Durable Medical Equipment | \$ 2.39 | \$ 8.36 | 3,434 | 2.0% | 1.5% | 0.5% | -1.1% | -0.1% | \$ 2.46 | \$ 8.52 | 3,464 |
| Lab and X-ray | \$ 4.68 | \$ 25.08 | 2,237 | 2.0% | 1.5% | 0.5% | 3.7% | 0.0% | \$ 5.04 | \$ 26.79 | 2,259 |
| Optical | \$ 0.49 | \$ 49.02 | 120 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 0.51 | \$ 50.52 | 121 |
| Limited Dental Services | \$ 0.00 | \$ 77.26 | 0 | 2.0% | 1.5% | 0.5% | 0.8% | 0.0% | \$ 0.00 | \$ 80.21 | 0 |
| Transportation - Emergency | \$ 2.82 | \$ 381.55 | 89 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 3.05 | \$ 408.48 | 90 |
| Transportation - Non-Emergency | \$ 0.75 | \$ 141.27 | 64 | 4.1% | 3.6% | 0.5% | -0.6% | 0.0% | \$ 0.81 | \$ 150.79 | 64 |
| Other Services - PH | \$ 0.29 | \$ 32.62 | 106 | 2.0% | 1.5% | 0.5% | -1.4% | -0.2% | \$ 0.30 | \$ 33.13 | 107 |
| Other Services - BH | \$ 3.95 | \$ 47.47 | 997 | 2.0% | 1.5% | 0.5% | 43.9% | 0.0% | \$ 5.90 | \$ 70.35 | 1,007 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 291.56 | N/A | 38,752 | 5.1% | 4.2% | 0.8% | 2.4% | -0.1% | \$ 329.34 | N/A | 39,515 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 353.06

Non-Benefit Expense PMPM/Payment:

- General Administration (4.38%) \$ 17.03
- PHP Care Management (2.88%) \$ 11.20
- Underwriting Gain (1.85%) \$ 7.19

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 388.48

Premium Taxes (1.9380%) \$ 7.68

Total Base Capitation Rate: \$ 396.15

Exhibit 44

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 106,964 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 61.20 | \$ 18,697.33 | 39 | 3.4% | 3.4% | 0.0% | 5.6% | -0.2% | \$ 68.95 | \$ 21,109.46 |
| Inpatient - BH | \$ 3.70 | \$ 676.00 | 66 | 3.4% | 3.4% | 0.0% | 59.1% | 0.0% | \$ 6.30 | \$ 1,150.21 | 66 |
| Outpatient Hospital - Facility | \$ 55.24 | \$ 460.51 | 1,439 | 3.4% | 3.4% | 0.0% | 1.8% | -0.5% | \$ 59.83 | \$ 501.06 | 1,433 |
| Outpatient Hospital - Professional | \$ 7.76 | \$ 151.39 | 615 | 1.5% | 1.5% | 0.0% | 2.6% | -0.5% | \$ 8.16 | \$ 160.03 | 612 |
| Emergency Room - PH | \$ 49.35 | \$ 447.96 | 1,322 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 53.49 | \$ 486.56 | 1,319 |
| Emergency Room - BH | \$ 1.42 | \$ 394.78 | 43 | 3.4% | 3.4% | 0.0% | 1.5% | -0.2% | \$ 1.54 | \$ 428.55 | 43 |
| Physician - Primary Care | \$ 22.54 | \$ 94.69 | 2,856 | 2.0% | 1.5% | 0.5% | -0.9% | 0.1% | \$ 23.24 | \$ 96.62 | 2,887 |
| Physician - Specialty | \$ 18.66 | \$ 139.79 | 1,602 | 2.0% | 1.5% | 0.5% | 0.9% | -0.3% | \$ 19.53 | \$ 145.24 | 1,614 |
| FQHC/RHC | \$ 20.38 | \$ 196.52 | 1,244 | 3.9% | 3.4% | 0.5% | -40.4% | 0.0% | \$ 13.12 | \$ 125.24 | 1,257 |
| Other Clinic | \$ 0.85 | \$ 105.33 | 97 | 2.0% | 1.5% | 0.5% | 0.3% | -0.2% | \$ 0.89 | \$ 108.80 | 98 |
| Family Planning Services | \$ 7.60 | \$ 352.19 | 259 | 2.0% | 1.5% | 0.5% | -1.8% | 0.0% | \$ 7.77 | \$ 356.37 | 262 |
| Other Professional - PH | \$ 0.39 | \$ 171.40 | 27 | 2.0% | 1.5% | 0.5% | -1.1% | -0.2% | \$ 0.40 | \$ 174.65 | 28 |
| Other Professional - BH | \$ 0.42 | \$ 108.95 | 46 | 2.0% | 1.5% | 0.5% | 31.6% | -0.2% | \$ 0.57 | \$ 147.70 | 46 |
| Therapies - PT/OT/ST | \$ 2.64 | \$ 158.55 | 200 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 2.73 | \$ 162.61 | 202 |
| Prescribed Drugs | \$ 167.23 | \$ 137.54 | 14,591 | 8.6% | 6.6% | 1.9% | 1.9% | 0.0% | \$ 200.93 | \$ 159.30 | 15,136 |
| LTSS Services | \$ 1.05 | \$ 13.87 | 909 | 2.6% | 2.1% | 0.5% | 5.5% | 0.0% | \$ 1.17 | \$ 15.25 | 918 |
| Durable Medical Equipment | \$ 3.70 | \$ 8.36 | 5,315 | 2.0% | 1.5% | 0.5% | -1.2% | -0.1% | \$ 3.80 | \$ 8.50 | 5,362 |
| Lab and X-ray | \$ 7.24 | \$ 25.08 | 3,463 | 2.0% | 1.5% | 0.5% | 3.6% | 0.0% | \$ 7.80 | \$ 26.76 | 3,497 |
| Optical | \$ 0.76 | \$ 49.02 | 186 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 0.79 | \$ 50.45 | 188 |
| Limited Dental Services | \$ 0.00 | \$ 77.26 | 0 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 0.00 | \$ 80.10 | 0 |
| Transportation - Emergency | \$ 4.36 | \$ 381.55 | 137 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 4.71 | \$ 407.92 | 139 |
| Transportation - Non-Emergency | \$ 1.16 | \$ 141.27 | 99 | 4.1% | 3.6% | 0.5% | -0.7% | 0.0% | \$ 1.25 | \$ 150.58 | 100 |
| Other Services - PH | \$ 0.45 | \$ 32.62 | 164 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 0.46 | \$ 33.08 | 166 |
| Other Services - BH | \$ 6.11 | \$ 47.47 | 1,544 | 2.0% | 1.5% | 0.5% | 43.7% | 0.0% | \$ 9.13 | \$ 70.25 | 1,559 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 451.26 | N/A | 59,978 | 5.1% | 4.2% | 0.8% | 1.2% | -0.1% | \$ 503.69 | N/A | 61,158 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 539.96

Non-Benefit Expense PMPM/Payment:

- General Administration (3.89%) \$ 22.98
- PHP Care Management (2.90%) \$ 17.13
- Underwriting Gain (1.85%) \$ 10.93

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 591.00

Premium Taxes (1.9380%) \$ 11.68

Total Base Capitation Rate: \$ 602.68

Exhibit 45

| | |
|----------------------------------|------------------------------|
| Region: | Region 1 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 155,734 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 106.60 | \$ 18,697.33 | 68 | 3.4% | 3.4% | 0.0% | 5.2% | -0.2% | \$ 119.65 | \$ 21,026.04 |
| Inpatient - BH | \$ 6.45 | \$ 676.00 | 114 | 3.4% | 3.4% | 0.0% | 58.5% | 0.0% | \$ 10.93 | \$ 1,145.67 | 114 |
| Outpatient Hospital - Facility | \$ 96.22 | \$ 460.51 | 2,507 | 3.4% | 3.4% | 0.0% | 1.4% | -0.5% | \$ 103.81 | \$ 499.08 | 2,496 |
| Outpatient Hospital - Professional | \$ 13.52 | \$ 151.39 | 1,071 | 1.5% | 1.5% | 0.0% | 2.2% | -0.5% | \$ 14.17 | \$ 159.40 | 1,066 |
| Emergency Room - PH | \$ 85.97 | \$ 447.96 | 2,303 | 3.4% | 3.4% | 0.0% | 1.2% | -0.2% | \$ 92.82 | \$ 484.64 | 2,298 |
| Emergency Room - BH | \$ 2.47 | \$ 394.78 | 75 | 3.4% | 3.4% | 0.0% | 1.1% | -0.2% | \$ 2.66 | \$ 426.86 | 75 |
| Physician - Primary Care | \$ 39.26 | \$ 94.69 | 4,976 | 2.0% | 1.5% | 0.5% | -1.3% | 0.1% | \$ 40.33 | \$ 96.24 | 5,028 |
| Physician - Specialty | \$ 32.51 | \$ 139.79 | 2,791 | 2.0% | 1.5% | 0.5% | 0.5% | -0.3% | \$ 33.89 | \$ 144.67 | 2,811 |
| FQHC/RHC | \$ 35.50 | \$ 196.52 | 2,168 | 3.9% | 3.4% | 0.5% | -40.6% | 0.0% | \$ 22.76 | \$ 124.75 | 2,189 |
| Other Clinic | \$ 1.49 | \$ 105.33 | 169 | 2.0% | 1.5% | 0.5% | -0.1% | -0.2% | \$ 1.54 | \$ 108.37 | 171 |
| Family Planning Services | \$ 13.25 | \$ 352.19 | 451 | 2.0% | 1.5% | 0.5% | -2.2% | 0.0% | \$ 13.49 | \$ 354.96 | 456 |
| Other Professional - PH | \$ 0.68 | \$ 171.40 | 48 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 0.70 | \$ 173.96 | 48 |
| Other Professional - BH | \$ 0.72 | \$ 108.95 | 80 | 2.0% | 1.5% | 0.5% | 31.1% | -0.2% | \$ 0.98 | \$ 147.12 | 80 |
| Therapies - PT/OT/ST | \$ 4.60 | \$ 158.55 | 348 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 4.74 | \$ 161.97 | 351 |
| Prescribed Drugs | \$ 291.32 | \$ 137.54 | 25,417 | 8.6% | 6.6% | 1.9% | -0.6% | 0.0% | \$ 341.50 | \$ 155.42 | 26,367 |
| LTSS Services | \$ 1.83 | \$ 13.87 | 1,584 | 2.6% | 2.1% | 0.5% | 5.1% | 0.0% | \$ 2.02 | \$ 15.19 | 1,599 |
| Durable Medical Equipment | \$ 6.45 | \$ 8.36 | 9,260 | 2.0% | 1.5% | 0.5% | -1.6% | -0.1% | \$ 6.59 | \$ 8.47 | 9,340 |
| Lab and X-ray | \$ 12.61 | \$ 25.08 | 6,032 | 2.0% | 1.5% | 0.5% | 3.1% | 0.0% | \$ 13.53 | \$ 26.65 | 6,092 |
| Optical | \$ 1.32 | \$ 49.02 | 324 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 1.37 | \$ 50.25 | 327 |
| Limited Dental Services | \$ 0.00 | \$ 77.26 | 0 | 2.0% | 1.5% | 0.5% | 0.2% | 0.0% | \$ 0.00 | \$ 79.78 | 0 |
| Transportation - Emergency | \$ 7.60 | \$ 381.55 | 239 | 4.1% | 3.6% | 0.5% | -0.8% | 0.0% | \$ 8.18 | \$ 406.31 | 241 |
| Transportation - Non-Emergency | \$ 2.02 | \$ 141.27 | 172 | 4.1% | 3.6% | 0.5% | -1.1% | 0.0% | \$ 2.17 | \$ 149.99 | 173 |
| Other Services - PH | \$ 0.78 | \$ 32.62 | 287 | 2.0% | 1.5% | 0.5% | -1.9% | -0.2% | \$ 0.79 | \$ 32.95 | 289 |
| Other Services - BH | \$ 10.64 | \$ 47.47 | 2,689 | 2.0% | 1.5% | 0.5% | 43.1% | 0.0% | \$ 15.84 | \$ 69.97 | 2,716 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 786.11 | N/A | 104,483 | 5.1% | 4.2% | 0.8% | 0.0% | -0.1% | \$ 866.85 | N/A | 106,540 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 929.26

Non-Benefit Expense PMPM/Payment:

- General Administration (3.49%) \$ 35.36
- PHP Care Management (2.91%) \$ 29.48
- Underwriting Gain (1.85%) \$ 18.74

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,012.84

Premium Taxes (1.9380%) \$ 20.02

Total Base Capitation Rate: \$ 1,032.85

Exhibit 46

| | |
|----------------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 220,800 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 408.01 | \$ 21,402.12 | 229 | 3.4% | 3.4% | 0.0% | 1.4% | -1.7% | \$ 434.71 | \$ 23,201.20 |
| Inpatient - BH | \$ 3.65 | \$ 525.09 | 83 | 4.4% | 3.4% | 1.0% | 64.4% | 0.0% | \$ 6.54 | \$ 923.04 | 85 |
| Outpatient Hospital - Facility | \$ 143.97 | \$ 625.11 | 2,764 | 3.4% | 3.4% | 0.0% | 1.4% | -2.2% | \$ 152.72 | \$ 677.89 | 2,703 |
| Outpatient Hospital - Professional | \$ 20.65 | \$ 158.17 | 1,566 | 2.0% | 1.5% | 0.5% | 3.2% | -2.2% | \$ 21.70 | \$ 168.24 | 1,548 |
| Emergency Room - PH | \$ 81.76 | \$ 606.52 | 1,618 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 89.42 | \$ 657.13 | 1,633 |
| Emergency Room - BH | \$ 2.14 | \$ 612.92 | 42 | 4.4% | 3.4% | 1.0% | 1.4% | -1.0% | \$ 2.34 | \$ 664.34 | 42 |
| Physician - Primary Care | \$ 59.51 | \$ 118.68 | 6,018 | 2.0% | 1.5% | 0.5% | 1.2% | 0.4% | \$ 62.96 | \$ 123.78 | 6,103 |
| Physician - Specialty | \$ 56.42 | \$ 157.78 | 4,291 | 2.0% | 1.5% | 0.5% | 1.4% | -1.3% | \$ 58.75 | \$ 164.82 | 4,277 |
| FQHC/RHC | \$ 3.60 | \$ 189.05 | 229 | 3.9% | 3.4% | 0.5% | -41.6% | 0.0% | \$ 2.27 | \$ 118.10 | 231 |
| Other Clinic | \$ 10.33 | \$ 679.74 | 182 | 2.0% | 1.5% | 0.5% | 1.4% | -0.7% | \$ 10.83 | \$ 710.31 | 183 |
| Family Planning Services | \$ 1.59 | \$ 79.29 | 241 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 1.66 | \$ 81.70 | 244 |
| Other Professional - PH | \$ 0.82 | \$ 133.21 | 74 | 2.0% | 1.5% | 0.5% | 1.3% | -0.7% | \$ 0.86 | \$ 138.99 | 74 |
| Other Professional - BH | \$ 0.78 | \$ 100.90 | 93 | 2.0% | 1.5% | 0.5% | 6.5% | -0.7% | \$ 0.86 | \$ 110.75 | 93 |
| Therapies - PT/OT/ST | \$ 10.24 | \$ 136.30 | 901 | 2.0% | 1.5% | 0.5% | 1.4% | 0.0% | \$ 10.80 | \$ 142.33 | 910 |
| Prescribed Drugs | \$ 721.48 | \$ 231.38 | 37,419 | 9.2% | 6.9% | 2.2% | 2.5% | -0.1% | \$ 881.15 | \$ 270.88 | 39,035 |
| LTSS Services | \$ 70.42 | \$ 9.52 | 88,748 | 2.6% | 2.1% | 0.5% | 7.3% | -0.3% | \$ 79.28 | \$ 10.65 | 89,357 |
| Durable Medical Equipment | \$ 37.54 | \$ 3.78 | 119,294 | 2.0% | 1.5% | 0.5% | -0.6% | -1.3% | \$ 38.31 | \$ 3.87 | 118,919 |
| Lab and X-ray | \$ 8.42 | \$ 19.78 | 5,105 | 2.0% | 1.5% | 0.5% | 4.1% | 0.0% | \$ 9.11 | \$ 21.21 | 5,154 |
| Optical | \$ 1.05 | \$ 46.63 | 269 | 2.0% | 1.5% | 0.5% | 1.5% | 0.0% | \$ 1.10 | \$ 48.78 | 272 |
| Limited Dental Services | \$ 0.04 | \$ 28.01 | 17 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.04 | \$ 28.87 | 17 |
| Transportation - Emergency | \$ 15.89 | \$ 321.99 | 592 | 4.1% | 3.6% | 0.5% | 1.3% | 0.0% | \$ 17.44 | \$ 350.07 | 598 |
| Transportation - Non-Emergency | \$ 9.09 | \$ 36.49 | 2,989 | 4.1% | 3.6% | 0.5% | 1.4% | 0.0% | \$ 9.99 | \$ 39.72 | 3,019 |
| Other Services - PH | \$ 1.05 | \$ 48.71 | 259 | 2.0% | 1.5% | 0.5% | -0.1% | -0.7% | \$ 1.09 | \$ 50.13 | 260 |
| Other Services - BH | \$ 10.57 | \$ 26.07 | 4,865 | 2.0% | 1.5% | 0.5% | 20.9% | 0.0% | \$ 13.29 | \$ 32.47 | 4,912 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,684.33 | N/A | 290,665 | 5.8% | 4.6% | 1.1% | 2.3% | -0.8% | \$ 1,912.70 | N/A | 292,929 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,912.70

Non-Benefit Expense PMPM/Payment:

- General Administration (3.19%) \$ 66.47
- PHP Care Management (3.04%) \$ 63.31
- Underwriting Gain (1.85%) \$ 38.50

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 2,080.99

Premium Taxes (1.9380%) \$ 41.13

Total Base Capitation Rate: \$ 2,122.12

Exhibit 47

| | |
|---------------------------|--------------------------------------|
| Region: | Region 2 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 141,972 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-----------|-------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-----------|-------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 595.32 | \$ 7,604.65 | 939 | 3.4% | 3.4% | 0.0% | 0.4% | -0.2% | \$ 637.97 | \$ 8,162.45 |
| Inpatient - BH | \$ 0.02 | \$ 281.99 | 1 | 3.4% | 3.4% | 0.0% | 78.8% | 0.0% | \$ 0.04 | \$ 539.05 | 1 |
| Outpatient Hospital - Facility | \$ 23.93 | \$ 267.45 | 1,073 | 3.4% | 3.4% | 0.0% | 0.4% | -0.9% | \$ 25.47 | \$ 287.21 | 1,064 |
| Outpatient Hospital - Professional | \$ 5.08 | \$ 153.27 | 398 | 2.5% | 1.5% | 1.0% | 0.4% | -0.9% | \$ 5.32 | \$ 158.58 | 402 |
| Emergency Room - PH | \$ 48.21 | \$ 323.91 | 1,786 | 3.4% | 3.4% | 0.0% | 0.3% | -0.6% | \$ 51.40 | \$ 347.30 | 1,776 |
| Emergency Room - BH | \$ 0.08 | \$ 452.22 | 2 | 3.4% | 3.4% | 0.0% | 0.3% | -0.6% | \$ 0.09 | \$ 484.73 | 2 |
| Physician - Primary Care | \$ 117.31 | \$ 130.01 | 10,827 | 2.0% | 1.5% | 0.5% | -0.4% | 0.2% | \$ 121.85 | \$ 133.39 | 10,962 |
| Physician - Specialty | \$ 47.19 | \$ 259.39 | 2,183 | 2.0% | 1.5% | 0.5% | 0.2% | -1.2% | \$ 48.60 | \$ 267.78 | 2,178 |
| FQHC/RHC | \$ 7.81 | \$ 183.50 | 511 | 4.4% | 3.4% | 1.0% | -32.8% | 0.0% | \$ 5.72 | \$ 131.86 | 521 |
| Other Clinic | \$ 1.19 | \$ 87.11 | 163 | 2.0% | 1.5% | 0.5% | -0.6% | -0.7% | \$ 1.22 | \$ 89.20 | 164 |
| Family Planning Services | \$ 0.31 | \$ 43.51 | 86 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.32 | \$ 44.99 | 86 |
| Other Professional - PH | \$ 2.46 | \$ 105.49 | 279 | 2.0% | 1.5% | 0.5% | 0.4% | -0.7% | \$ 2.55 | \$ 109.13 | 280 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 4.30 | \$ 173.15 | 298 | 2.0% | 1.5% | 0.5% | 0.5% | 0.0% | \$ 4.50 | \$ 179.36 | 301 |
| Prescribed Drugs | \$ 14.26 | \$ 42.08 | 4,065 | -11.6% | -13.1% | 1.8% | 3.1% | 0.0% | \$ 11.49 | \$ 32.74 | 4,211 |
| LTSS Services | \$ 1.81 | \$ 15.06 | 1,439 | 2.6% | 2.1% | 0.5% | 10.7% | 0.0% | \$ 2.10 | \$ 17.37 | 1,453 |
| Durable Medical Equipment | \$ 6.60 | \$ 9.32 | 8,501 | 2.0% | 1.5% | 0.5% | -0.5% | -0.6% | \$ 6.79 | \$ 9.55 | 8,539 |
| Lab and X-ray | \$ 1.83 | \$ 32.12 | 684 | 2.0% | 1.5% | 0.5% | 3.8% | 0.0% | \$ 1.98 | \$ 34.35 | 691 |
| Optical | \$ 0.01 | \$ 63.86 | 2 | 2.0% | 1.5% | 0.5% | 0.7% | 0.0% | \$ 0.01 | \$ 66.24 | 2 |
| Limited Dental Services | \$ 2.38 | \$ 27.82 | 1,025 | 2.0% | 1.5% | 0.5% | -1.1% | 0.0% | \$ 2.45 | \$ 28.35 | 1,036 |
| Transportation - Emergency | \$ 3.74 | \$ 657.25 | 68 | 4.1% | 3.6% | 0.5% | 0.3% | 0.0% | \$ 4.07 | \$ 707.75 | 69 |
| Transportation - Non-Emergency | \$ 0.35 | \$ 42.33 | 99 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 0.38 | \$ 45.30 | 100 |
| Other Services - PH | \$ 0.04 | \$ 42.25 | 12 | 2.0% | 1.5% | 0.5% | -5.8% | -0.7% | \$ 0.04 | \$ 41.00 | 12 |
| Other Services - BH | \$ 0.15 | \$ 290.29 | 6 | 2.0% | 1.5% | 0.5% | 9.5% | 0.0% | \$ 0.18 | \$ 327.40 | 6 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 890.57 | N/A | 55,239 | 2.9% | 2.7% | 0.1% | 0.0% | -0.2% | \$ 940.86 | N/A | 56,002 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 940.86

Non-Benefit Expense PMPM/Payment:

- General Administration (3.41%) \$ 34.94
- PHP Care Management (3.04%) \$ 31.14
- Underwriting Gain (1.85%) \$ 18.98

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,025.92

Premium Taxes (1.9380%) \$ 20.28

Total Base Capitation Rate: \$ 1,046.20

Exhibit 48

| | |
|----------------------------------|--|
| Region: | Region 2 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 2,518,045 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 12.97 | \$ 14,336.10 | 11 | 3.4% | 3.4% | 0.0% | -1.9% | -1.3% | \$ 13.42 | \$ 15,032.94 |
| Inpatient - BH | \$ 1.33 | \$ 661.85 | 24 | 3.4% | 3.4% | 0.0% | 76.6% | -0.1% | \$ 2.51 | \$ 1,249.91 | 24 |
| Outpatient Hospital - Facility | \$ 13.06 | \$ 330.76 | 474 | 3.4% | 3.4% | 0.0% | -1.9% | -0.9% | \$ 13.57 | \$ 347.08 | 469 |
| Outpatient Hospital - Professional | \$ 2.96 | \$ 181.90 | 195 | 2.5% | 1.5% | 1.0% | 50.0% | -0.9% | \$ 4.62 | \$ 281.09 | 197 |
| Emergency Room - PH | \$ 22.13 | \$ 361.35 | 735 | 3.4% | 3.4% | 0.0% | -2.0% | -0.9% | \$ 22.96 | \$ 378.56 | 728 |
| Emergency Room - BH | \$ 0.56 | \$ 544.65 | 12 | 3.4% | 3.4% | 0.0% | -2.0% | -0.9% | \$ 0.58 | \$ 570.71 | 12 |
| Physician - Primary Care | \$ 25.37 | \$ 111.17 | 2,739 | 2.0% | 1.5% | 0.5% | -2.2% | 0.2% | \$ 25.88 | \$ 112.04 | 2,772 |
| Physician - Specialty | \$ 4.86 | \$ 88.50 | 659 | 2.0% | 1.5% | 0.5% | -1.3% | -1.3% | \$ 4.93 | \$ 89.96 | 657 |
| FQHC/RHC | \$ 2.49 | \$ 209.53 | 143 | 3.9% | 3.4% | 0.5% | -42.6% | 0.0% | \$ 1.54 | \$ 128.48 | 144 |
| Other Clinic | \$ 0.41 | \$ 95.10 | 52 | 2.0% | 1.5% | 0.5% | -2.8% | -0.8% | \$ 0.41 | \$ 95.28 | 52 |
| Family Planning Services | \$ 0.90 | \$ 122.52 | 88 | 2.0% | 1.5% | 0.5% | -3.6% | 0.0% | \$ 0.90 | \$ 121.68 | 89 |
| Other Professional - PH | \$ 0.05 | \$ 101.68 | 6 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.05 | \$ 102.35 | 6 |
| Other Professional - BH | \$ 0.13 | \$ 100.69 | 15 | 2.0% | 1.5% | 0.5% | 5.2% | -0.8% | \$ 0.14 | \$ 109.13 | 15 |
| Therapies - PT/OT/ST | \$ 4.98 | \$ 108.41 | 551 | 2.0% | 1.5% | 0.5% | -1.9% | 0.0% | \$ 5.08 | \$ 109.58 | 556 |
| Prescribed Drugs | \$ 46.13 | \$ 122.26 | 4,528 | 5.6% | 4.2% | 1.4% | 3.2% | -0.1% | \$ 53.07 | \$ 136.94 | 4,650 |
| LTSS Services | \$ 0.29 | \$ 10.74 | 325 | 2.6% | 2.1% | 0.5% | 10.7% | -0.1% | \$ 0.34 | \$ 12.39 | 328 |
| Durable Medical Equipment | \$ 1.80 | \$ 2.60 | 8,328 | 2.0% | 1.5% | 0.5% | -3.1% | -0.6% | \$ 1.81 | \$ 2.59 | 8,360 |
| Lab and X-ray | \$ 2.14 | \$ 23.03 | 1,114 | 2.0% | 1.5% | 0.5% | 0.9% | -0.1% | \$ 2.24 | \$ 23.93 | 1,125 |
| Optical | \$ 0.81 | \$ 45.16 | 214 | 2.0% | 1.5% | 0.5% | -1.8% | -0.1% | \$ 0.82 | \$ 45.69 | 216 |
| Limited Dental Services | \$ 0.34 | \$ 27.91 | 147 | 2.0% | 1.5% | 0.5% | -2.8% | 0.0% | \$ 0.35 | \$ 27.95 | 148 |
| Transportation - Emergency | \$ 1.03 | \$ 393.87 | 31 | 4.1% | 3.6% | 0.5% | -2.0% | -0.1% | \$ 1.09 | \$ 414.19 | 32 |
| Transportation - Non-Emergency | \$ 0.11 | \$ 36.87 | 37 | 4.1% | 3.6% | 0.5% | -2.0% | 0.0% | \$ 0.12 | \$ 38.78 | 37 |
| Other Services - PH | \$ 0.15 | \$ 48.88 | 37 | 2.0% | 1.5% | 0.5% | -3.1% | -0.8% | \$ 0.15 | \$ 48.82 | 37 |
| Other Services - BH | \$ 4.78 | \$ 57.05 | 1,006 | 2.0% | 1.5% | 0.5% | 14.0% | -0.1% | \$ 5.67 | \$ 67.01 | 1,016 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 154.02 | N/A | 37,497 | 3.6% | 2.9% | 0.6% | 1.2% | -0.4% | \$ 166.48 | N/A | 38,029 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 166.81

Non-Benefit Expense PMPM/Payment:

- General Administration (5.29%) \$ 9.82
- PHP Care Management (2.98%) \$ 5.52
- Underwriting Gain (1.85%) \$ 3.43

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 185.59

Premium Taxes (1.9380%) \$ 3.67

Total Base Capitation Rate: \$ 189.25

Exhibit 49

| | |
|----------------------------------|-------------------------------------|
| Region: | Region 2 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 645,964 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 45.85 | \$ 17,225.19 | 32 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 48.88 | \$ 18,543.64 |
| Inpatient - BH | \$ 1.83 | \$ 619.62 | 35 | 3.4% | 3.4% | 0.0% | 52.9% | -0.1% | \$ 2.99 | \$ 1,012.67 | 35 |
| Outpatient Hospital - Facility | \$ 38.04 | \$ 442.53 | 1,031 | 3.4% | 3.4% | 0.0% | 0.9% | -1.3% | \$ 40.47 | \$ 477.25 | 1,018 |
| Outpatient Hospital - Professional | \$ 6.50 | \$ 176.97 | 440 | 1.5% | 1.5% | 0.0% | 0.8% | -1.3% | \$ 6.66 | \$ 183.84 | 435 |
| Emergency Room - PH | \$ 44.00 | \$ 502.31 | 1,051 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 46.91 | \$ 540.69 | 1,041 |
| Emergency Room - BH | \$ 1.04 | \$ 508.61 | 25 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 1.11 | \$ 547.72 | 24 |
| Physician - Primary Care | \$ 27.30 | \$ 103.16 | 3,176 | 2.0% | 1.5% | 0.5% | 0.5% | 0.3% | \$ 28.63 | \$ 106.79 | 3,217 |
| Physician - Specialty | \$ 14.53 | \$ 116.10 | 1,502 | 2.0% | 1.5% | 0.5% | 1.5% | -1.3% | \$ 15.13 | \$ 121.35 | 1,496 |
| FQHC/RHC | \$ 1.33 | \$ 193.82 | 82 | 3.9% | 3.4% | 0.5% | -52.5% | 0.0% | \$ 0.68 | \$ 98.51 | 83 |
| Other Clinic | \$ 0.74 | \$ 137.15 | 65 | 2.0% | 1.5% | 0.5% | -0.9% | -0.7% | \$ 0.76 | \$ 140.07 | 65 |
| Family Planning Services | \$ 5.69 | \$ 238.55 | 286 | 2.0% | 1.5% | 0.5% | -0.9% | 0.0% | \$ 5.87 | \$ 243.43 | 289 |
| Other Professional - PH | \$ 0.15 | \$ 125.64 | 15 | 2.0% | 1.5% | 0.5% | -0.2% | -0.7% | \$ 0.16 | \$ 129.20 | 15 |
| Other Professional - BH | \$ 0.47 | \$ 111.33 | 51 | 2.0% | 1.5% | 0.5% | 11.1% | -0.7% | \$ 0.54 | \$ 127.38 | 51 |
| Therapies - PT/OT/ST | \$ 1.59 | \$ 119.19 | 160 | 2.0% | 1.5% | 0.5% | 0.7% | 0.0% | \$ 1.67 | \$ 123.62 | 162 |
| Prescribed Drugs | \$ 141.03 | \$ 140.99 | 12,004 | 8.3% | 6.4% | 1.9% | 7.3% | -0.1% | \$ 177.33 | \$ 171.07 | 12,439 |
| LTSS Services | \$ 0.91 | \$ 10.37 | 1,050 | 2.6% | 2.1% | 0.5% | 6.5% | -0.1% | \$ 1.02 | \$ 11.51 | 1,060 |
| Durable Medical Equipment | \$ 2.54 | \$ 7.32 | 4,165 | 2.0% | 1.5% | 0.5% | -0.4% | -0.6% | \$ 2.62 | \$ 7.51 | 4,180 |
| Lab and X-ray | \$ 7.00 | \$ 21.39 | 3,927 | 2.0% | 1.5% | 0.5% | 2.8% | -0.1% | \$ 7.48 | \$ 22.65 | 3,964 |
| Optical | \$ 0.69 | \$ 46.72 | 177 | 2.0% | 1.5% | 0.5% | 1.0% | -0.1% | \$ 0.72 | \$ 48.60 | 178 |
| Limited Dental Services | \$ 0.00 | \$ 256.74 | 0 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.00 | \$ 265.35 | 0 |
| Transportation - Emergency | \$ 3.27 | \$ 416.35 | 94 | 4.1% | 3.6% | 0.5% | 0.6% | -0.1% | \$ 3.56 | \$ 449.59 | 95 |
| Transportation - Non-Emergency | \$ 0.58 | \$ 37.62 | 184 | 4.1% | 3.6% | 0.5% | 0.6% | 0.0% | \$ 0.63 | \$ 40.61 | 186 |
| Other Services - PH | \$ 0.41 | \$ 37.70 | 130 | 2.0% | 1.5% | 0.5% | -0.5% | -0.7% | \$ 0.42 | \$ 38.66 | 130 |
| Other Services - BH | \$ 6.56 | \$ 34.54 | 2,279 | 2.0% | 1.5% | 0.5% | 30.1% | -0.1% | \$ 8.87 | \$ 46.30 | 2,300 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 357.82 | N/A | 51,355 | 5.1% | 4.1% | 0.9% | 4.1% | -0.5% | \$ 409.01 | N/A | 52,279 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 435.18

Non-Benefit Expense PMPM/Payment:

- General Administration (3.88%) \$ 18.53
- PHP Care Management (3.02%) \$ 14.41
- Underwriting Gain (1.85%) \$ 8.82

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 476.94

Premium Taxes (1.9380%) \$ 9.43

Total Base Capitation Rate: \$ 486.36

Exhibit 50

| | |
|---------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 7,671 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|-----------------|-------------------------|---------------------|-------------|----------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 7,628.19 | \$ 7,192.75 | 12,726 | 3.4% | 3.4% | 0.0% | 2.1% | -0.1% | \$ 8,324.31 | \$ 7,855.10 | 12,717 |
| Inpatient - BH | \$ 7.67 | \$ 1,152.69 | 80 | 3.4% | 3.4% | 0.0% | 2.3% | 0.0% | \$ 8.39 | \$ 1,260.40 | 80 |
| Outpatient Hospital - Facility | \$ 607.11 | \$ 219.94 | 33,125 | 3.4% | 3.4% | 0.0% | 2.2% | -1.2% | \$ 655.05 | \$ 240.27 | 32,716 |
| Outpatient Hospital - Professional | \$ 30.90 | \$ 57.48 | 6,451 | 1.5% | 1.5% | 0.0% | -0.1% | -1.2% | \$ 31.43 | \$ 59.20 | 6,371 |
| Emergency Room - PH | \$ 487.82 | \$ 324.06 | 18,064 | 3.4% | 3.4% | 0.0% | 1.2% | -0.9% | \$ 523.38 | \$ 350.76 | 17,906 |
| Emergency Room - BH | \$ 0.69 | \$ 545.69 | 15 | 3.4% | 3.4% | 0.0% | 2.4% | -0.9% | \$ 0.75 | \$ 597.53 | 15 |
| Physician - Primary Care | \$ 1,855.77 | \$ 305.53 | 72,888 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 1,942.53 | \$ 316.64 | 73,619 |
| Physician - Specialty | \$ 337.72 | \$ 157.47 | 25,735 | 2.0% | 1.5% | 0.5% | -1.6% | 0.0% | \$ 345.84 | \$ 159.66 | 25,993 |
| FQHC/RHC | \$ 12.11 | \$ 202.20 | 719 | 3.9% | 3.4% | 0.5% | -100.0% | 0.0% | \$ 0.00 | \$ 0.00 | 726 |
| Other Clinic | \$ 28.37 | \$ 166.26 | 2,047 | 2.0% | 1.5% | 0.5% | 7.8% | 0.0% | \$ 31.82 | \$ 184.68 | 2,068 |
| Family Planning Services | \$ 1,182.25 | \$ 1,612.99 | 8,796 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 1,257.09 | \$ 1,698.06 | 8,884 |
| Other Professional - PH | \$ 32.72 | \$ 134.88 | 2,911 | 2.0% | 1.5% | 0.5% | -0.9% | 0.0% | \$ 33.73 | \$ 137.69 | 2,940 |
| Other Professional - BH | \$ 0.06 | \$ 78.92 | 10 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 0.07 | \$ 83.17 | 10 |
| Therapies - PT/OT/ST | \$ 1.15 | \$ 125.49 | 110 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 1.22 | \$ 132.07 | 111 |
| Prescribed Drugs | \$ 80.64 | \$ 34.60 | 27,969 | 8.3% | 6.4% | 1.9% | 1.6% | 0.0% | \$ 96.21 | \$ 39.78 | 29,022 |
| LTSS Services | \$ 0.36 | \$ 8.97 | 478 | 2.6% | 2.1% | 0.5% | 3.8% | 0.0% | \$ 0.39 | \$ 9.71 | 483 |
| Durable Medical Equipment | \$ 14.10 | \$ 1.62 | 104,677 | 2.0% | 1.5% | 0.5% | 2.4% | 0.0% | \$ 15.03 | \$ 1.71 | 105,727 |
| Lab and X-ray | \$ 49.54 | \$ 20.89 | 28,463 | 2.0% | 1.5% | 0.5% | 2.5% | 0.0% | \$ 52.84 | \$ 22.06 | 28,748 |
| Optical | \$ 0.03 | \$ 61.38 | 5 | 2.0% | 1.5% | 0.5% | 1.8% | 0.0% | \$ 0.03 | \$ 64.36 | 5 |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 30.89 | \$ 569.28 | 651 | 4.1% | 3.6% | 0.5% | 2.0% | 0.0% | \$ 34.16 | \$ 623.24 | 658 |
| Transportation - Non-Emergency | \$ 0.22 | \$ 116.06 | 23 | 4.1% | 3.6% | 0.5% | 2.2% | 0.0% | \$ 0.24 | \$ 127.36 | 23 |
| Other Services - PH | \$ 4.84 | \$ 48.68 | 1,194 | 2.0% | 1.5% | 0.5% | -11.8% | 0.0% | \$ 4.45 | \$ 44.24 | 1,206 |
| Other Services - BH | \$ 0.68 | \$ 23.16 | 354 | 2.0% | 1.5% | 0.5% | 3.1% | 0.0% | \$ 0.73 | \$ 24.60 | 357 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 12,393.84 | N/A | 347,490 | 3.0% | 2.9% | 0.2% | 1.7% | -0.1% | \$ 13,359.68 | N/A | 350,384 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 13,359.68

Non-Benefit Expense PMPM/Payment:

- General Administration (0.63%) \$ 89.07
- PHP Care Management (3.12%) \$ 442.23
- Underwriting Gain (1.85%) \$ 261.83

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 14,152.82

Premium Taxes (1.9380%) \$ 279.70

Total Base Capitation Rate: \$ 14,432.52

Exhibit 51

| | |
|----------------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 201,545 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 21.76 | \$ 17,225.19 | 15 | 3.4% | 3.4% | 0.0% | 6.1% | -0.2% | \$ 24.64 | \$ 19,536.38 |
| Inpatient - BH | \$ 0.87 | \$ 619.62 | 17 | 3.4% | 3.4% | 0.0% | 61.0% | 0.0% | \$ 1.50 | \$ 1,066.89 | 17 |
| Outpatient Hospital - Facility | \$ 18.06 | \$ 442.53 | 490 | 3.4% | 3.4% | 0.0% | 2.3% | -0.3% | \$ 19.69 | \$ 483.83 | 488 |
| Outpatient Hospital - Professional | \$ 3.08 | \$ 176.97 | 209 | 1.5% | 1.5% | 0.0% | 2.2% | -0.3% | \$ 3.24 | \$ 186.37 | 209 |
| Emergency Room - PH | \$ 20.89 | \$ 502.31 | 499 | 3.4% | 3.4% | 0.0% | 2.1% | -0.2% | \$ 22.75 | \$ 548.14 | 498 |
| Emergency Room - BH | \$ 0.49 | \$ 508.61 | 12 | 3.4% | 3.4% | 0.0% | 2.1% | -0.2% | \$ 0.54 | \$ 555.27 | 12 |
| Physician - Primary Care | \$ 12.96 | \$ 103.16 | 1,508 | 2.0% | 1.5% | 0.5% | -0.1% | 0.1% | \$ 13.48 | \$ 106.14 | 1,524 |
| Physician - Specialty | \$ 6.90 | \$ 116.10 | 713 | 2.0% | 1.5% | 0.5% | 0.8% | -0.3% | \$ 7.22 | \$ 120.61 | 718 |
| FQHC/RHC | \$ 0.63 | \$ 193.82 | 39 | 3.9% | 3.4% | 0.5% | -52.7% | 0.0% | \$ 0.32 | \$ 97.91 | 39 |
| Other Clinic | \$ 0.35 | \$ 137.15 | 31 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 0.36 | \$ 139.22 | 31 |
| Family Planning Services | \$ 2.70 | \$ 238.55 | 136 | 2.0% | 1.5% | 0.5% | -1.6% | 0.0% | \$ 2.77 | \$ 241.95 | 137 |
| Other Professional - PH | \$ 0.07 | \$ 125.64 | 7 | 2.0% | 1.5% | 0.5% | -0.8% | -0.2% | \$ 0.08 | \$ 128.41 | 7 |
| Other Professional - BH | \$ 0.23 | \$ 111.33 | 24 | 2.0% | 1.5% | 0.5% | 10.4% | -0.2% | \$ 0.26 | \$ 126.60 | 24 |
| Therapies - PT/OT/ST | \$ 0.76 | \$ 119.19 | 76 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.79 | \$ 122.86 | 77 |
| Prescribed Drugs | \$ 66.95 | \$ 140.99 | 5,698 | 8.3% | 6.4% | 1.9% | 10.2% | 0.0% | \$ 86.61 | \$ 175.82 | 5,911 |
| LTSS Services | \$ 0.43 | \$ 10.37 | 499 | 2.6% | 2.1% | 0.5% | 5.8% | 0.0% | \$ 0.48 | \$ 11.44 | 503 |
| Durable Medical Equipment | \$ 1.21 | \$ 7.32 | 1,977 | 2.0% | 1.5% | 0.5% | -1.0% | -0.1% | \$ 1.24 | \$ 7.46 | 1,994 |
| Lab and X-ray | \$ 3.32 | \$ 21.39 | 1,864 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 3.53 | \$ 22.51 | 1,883 |
| Optical | \$ 0.33 | \$ 46.72 | 84 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.34 | \$ 48.31 | 85 |
| Limited Dental Services | \$ 0.00 | \$ 256.74 | 0 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 0.00 | \$ 263.73 | 0 |
| Transportation - Emergency | \$ 1.55 | \$ 416.35 | 45 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 1.68 | \$ 446.85 | 45 |
| Transportation - Non-Emergency | \$ 0.27 | \$ 37.62 | 87 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 0.30 | \$ 40.36 | 88 |
| Other Services - PH | \$ 0.19 | \$ 37.70 | 62 | 2.0% | 1.5% | 0.5% | -1.1% | -0.2% | \$ 0.20 | \$ 38.42 | 62 |
| Other Services - BH | \$ 3.11 | \$ 34.54 | 1,082 | 2.0% | 1.5% | 0.5% | 29.3% | 0.0% | \$ 4.19 | \$ 46.01 | 1,092 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 169.86 | N/A | 24,379 | 5.1% | 4.1% | 0.9% | 6.2% | -0.1% | \$ 198.96 | N/A | 24,852 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 213.29

Non-Benefit Expense PMPM/Payment:

- General Administration (4.80%) \$ 11.32
- PHP Care Management (2.99%) \$ 7.06
- Underwriting Gain (1.85%) \$ 4.37

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 236.04

Premium Taxes (1.9380%) \$ 4.66

Total Base Capitation Rate: \$ 240.70

Exhibit 52

| | |
|----------------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 308,291 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 36.22 | \$ 17,225.19 | 25 | 3.4% | 3.4% | 0.0% | 5.8% | -0.2% | \$ 40.88 | \$ 19,479.68 |
| Inpatient - BH | \$ 1.45 | \$ 619.62 | 28 | 3.4% | 3.4% | 0.0% | 60.6% | 0.0% | \$ 2.48 | \$ 1,063.79 | 28 |
| Outpatient Hospital - Facility | \$ 30.05 | \$ 442.53 | 815 | 3.4% | 3.4% | 0.0% | 2.0% | -0.3% | \$ 32.67 | \$ 482.43 | 813 |
| Outpatient Hospital - Professional | \$ 5.13 | \$ 176.97 | 348 | 1.5% | 1.5% | 0.0% | 1.9% | -0.3% | \$ 5.37 | \$ 185.83 | 347 |
| Emergency Room - PH | \$ 34.76 | \$ 502.31 | 830 | 3.4% | 3.4% | 0.0% | 1.8% | -0.2% | \$ 37.75 | \$ 546.55 | 829 |
| Emergency Room - BH | \$ 0.82 | \$ 508.61 | 19 | 3.4% | 3.4% | 0.0% | 1.8% | -0.2% | \$ 0.89 | \$ 553.66 | 19 |
| Physician - Primary Care | \$ 21.57 | \$ 103.16 | 2,509 | 2.0% | 1.5% | 0.5% | -0.4% | 0.1% | \$ 22.36 | \$ 105.83 | 2,536 |
| Physician - Specialty | \$ 11.48 | \$ 116.10 | 1,186 | 2.0% | 1.5% | 0.5% | 0.5% | -0.3% | \$ 11.98 | \$ 120.26 | 1,195 |
| FQHC/RHC | \$ 1.05 | \$ 193.82 | 65 | 3.9% | 3.4% | 0.5% | -52.9% | 0.0% | \$ 0.53 | \$ 97.63 | 66 |
| Other Clinic | \$ 0.58 | \$ 137.15 | 51 | 2.0% | 1.5% | 0.5% | -1.8% | -0.2% | \$ 0.60 | \$ 138.81 | 51 |
| Family Planning Services | \$ 4.50 | \$ 238.55 | 226 | 2.0% | 1.5% | 0.5% | -1.8% | 0.0% | \$ 4.59 | \$ 241.24 | 228 |
| Other Professional - PH | \$ 0.12 | \$ 125.64 | 12 | 2.0% | 1.5% | 0.5% | -1.1% | -0.2% | \$ 0.12 | \$ 128.04 | 12 |
| Other Professional - BH | \$ 0.37 | \$ 111.33 | 40 | 2.0% | 1.5% | 0.5% | 10.1% | -0.2% | \$ 0.43 | \$ 126.23 | 41 |
| Therapies - PT/OT/ST | \$ 1.26 | \$ 119.19 | 127 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 1.31 | \$ 122.51 | 128 |
| Prescribed Drugs | \$ 111.42 | \$ 140.99 | 9,484 | 8.3% | 6.4% | 1.9% | 4.7% | 0.0% | \$ 136.93 | \$ 167.02 | 9,838 |
| LTSS Services | \$ 0.72 | \$ 10.37 | 830 | 2.6% | 2.1% | 0.5% | 5.5% | 0.0% | \$ 0.80 | \$ 11.41 | 838 |
| Durable Medical Equipment | \$ 2.01 | \$ 7.32 | 3,291 | 2.0% | 1.5% | 0.5% | -1.2% | -0.1% | \$ 2.06 | \$ 7.44 | 3,319 |
| Lab and X-ray | \$ 5.53 | \$ 21.39 | 3,102 | 2.0% | 1.5% | 0.5% | 1.9% | 0.0% | \$ 5.86 | \$ 22.45 | 3,133 |
| Optical | \$ 0.54 | \$ 46.72 | 140 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.57 | \$ 48.17 | 141 |
| Limited Dental Services | \$ 0.00 | \$ 256.74 | 0 | 2.0% | 1.5% | 0.5% | -0.6% | 0.0% | \$ 0.00 | \$ 262.96 | 0 |
| Transportation - Emergency | \$ 2.58 | \$ 416.35 | 74 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 2.79 | \$ 445.56 | 75 |
| Transportation - Non-Emergency | \$ 0.46 | \$ 37.62 | 145 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 0.49 | \$ 40.24 | 147 |
| Other Services - PH | \$ 0.32 | \$ 37.70 | 103 | 2.0% | 1.5% | 0.5% | -1.4% | -0.2% | \$ 0.33 | \$ 38.31 | 103 |
| Other Services - BH | \$ 5.18 | \$ 34.54 | 1,800 | 2.0% | 1.5% | 0.5% | 28.9% | 0.0% | \$ 6.95 | \$ 45.88 | 1,818 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 282.69 | N/A | 40,573 | 5.1% | 4.1% | 0.9% | 3.8% | -0.1% | \$ 323.37 | N/A | 41,360 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 346.66

Non-Benefit Expense PMPM/Payment:

- General Administration (4.11%) \$ 15.65
- PHP Care Management (3.01%) \$ 11.48
- Underwriting Gain (1.85%) \$ 7.05

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 380.83

Premium Taxes (1.9380%) \$ 7.53

Total Base Capitation Rate: \$ 388.36

Exhibit 53

| | |
|----------------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 250,383 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 56.06 | \$ 17,225.19 | 39 | 3.4% | 3.4% | 0.0% | 5.6% | -0.2% | \$ 63.19 | \$ 19,453.30 |
| Inpatient - BH | \$ 2.24 | \$ 619.62 | 43 | 3.4% | 3.4% | 0.0% | 60.4% | 0.0% | \$ 3.84 | \$ 1,062.35 | 43 |
| Outpatient Hospital - Facility | \$ 46.51 | \$ 442.53 | 1,261 | 3.4% | 3.4% | 0.0% | 1.8% | -0.3% | \$ 50.50 | \$ 481.77 | 1,258 |
| Outpatient Hospital - Professional | \$ 7.94 | \$ 176.97 | 539 | 1.5% | 1.5% | 0.0% | 1.8% | -0.3% | \$ 8.31 | \$ 185.58 | 537 |
| Emergency Room - PH | \$ 53.80 | \$ 502.31 | 1,285 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 58.35 | \$ 545.81 | 1,283 |
| Emergency Room - BH | \$ 1.27 | \$ 508.61 | 30 | 3.4% | 3.4% | 0.0% | 1.7% | -0.2% | \$ 1.38 | \$ 552.91 | 30 |
| Physician - Primary Care | \$ 33.38 | \$ 103.16 | 3,883 | 2.0% | 1.5% | 0.5% | -0.6% | 0.1% | \$ 34.57 | \$ 105.69 | 3,925 |
| Physician - Specialty | \$ 17.76 | \$ 116.10 | 1,836 | 2.0% | 1.5% | 0.5% | 0.4% | -0.3% | \$ 18.51 | \$ 120.10 | 1,849 |
| FQHC/RHC | \$ 1.62 | \$ 193.82 | 100 | 3.9% | 3.4% | 0.5% | -53.0% | 0.0% | \$ 0.82 | \$ 97.50 | 101 |
| Other Clinic | \$ 0.90 | \$ 137.15 | 79 | 2.0% | 1.5% | 0.5% | -1.9% | -0.2% | \$ 0.92 | \$ 138.62 | 80 |
| Family Planning Services | \$ 6.96 | \$ 238.55 | 350 | 2.0% | 1.5% | 0.5% | -2.0% | 0.0% | \$ 7.10 | \$ 240.92 | 354 |
| Other Professional - PH | \$ 0.19 | \$ 125.64 | 18 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.19 | \$ 127.86 | 18 |
| Other Professional - BH | \$ 0.58 | \$ 111.33 | 63 | 2.0% | 1.5% | 0.5% | 9.9% | -0.2% | \$ 0.66 | \$ 126.06 | 63 |
| Therapies - PT/OT/ST | \$ 1.95 | \$ 119.19 | 196 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 2.02 | \$ 122.34 | 198 |
| Prescribed Drugs | \$ 172.45 | \$ 140.99 | 14,678 | 8.3% | 6.4% | 1.9% | 1.9% | 0.0% | \$ 206.16 | \$ 162.47 | 15,227 |
| LTSS Services | \$ 1.11 | \$ 10.37 | 1,284 | 2.6% | 2.1% | 0.5% | 5.4% | 0.0% | \$ 1.23 | \$ 11.39 | 1,297 |
| Durable Medical Equipment | \$ 3.10 | \$ 7.32 | 5,093 | 2.0% | 1.5% | 0.5% | -1.4% | -0.1% | \$ 3.18 | \$ 7.43 | 5,137 |
| Lab and X-ray | \$ 8.56 | \$ 21.39 | 4,802 | 2.0% | 1.5% | 0.5% | 1.7% | 0.0% | \$ 9.06 | \$ 22.42 | 4,849 |
| Optical | \$ 0.84 | \$ 46.72 | 216 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 0.87 | \$ 48.10 | 218 |
| Limited Dental Services | \$ 0.00 | \$ 256.74 | 0 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 0.00 | \$ 262.61 | 0 |
| Transportation - Emergency | \$ 4.00 | \$ 416.35 | 115 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 4.31 | \$ 444.95 | 116 |
| Transportation - Non-Emergency | \$ 0.71 | \$ 37.62 | 225 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 0.76 | \$ 40.19 | 227 |
| Other Services - PH | \$ 0.50 | \$ 37.70 | 159 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 0.51 | \$ 38.26 | 160 |
| Other Services - BH | \$ 8.02 | \$ 34.54 | 2,786 | 2.0% | 1.5% | 0.5% | 28.7% | 0.0% | \$ 10.74 | \$ 45.82 | 2,814 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 437.53 | N/A | 62,796 | 5.1% | 4.1% | 0.9% | 2.5% | -0.1% | \$ 494.33 | N/A | 64,015 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 529.92

Non-Benefit Expense PMPM/Payment:

- General Administration (3.73%) \$ 21.60
- PHP Care Management (3.03%) \$ 17.54
- Underwriting Gain (1.85%) \$ 10.73

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 579.79

Premium Taxes (1.9380%) \$ 11.46

Total Base Capitation Rate: \$ 591.25

Exhibit 54

| | |
|----------------------------------|------------------------------|
| Region: | Region 2 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 364,544 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 97.66 | \$ 17,225.19 | 68 | 3.4% | 3.4% | 0.0% | 5.2% | -0.2% | \$ 109.64 | \$ 19,376.42 |
| Inpatient - BH | \$ 3.90 | \$ 619.62 | 75 | 3.4% | 3.4% | 0.0% | 59.7% | 0.0% | \$ 6.66 | \$ 1,058.15 | 75 |
| Outpatient Hospital - Facility | \$ 81.02 | \$ 442.53 | 2,197 | 3.4% | 3.4% | 0.0% | 1.4% | -0.3% | \$ 87.62 | \$ 479.87 | 2,191 |
| Outpatient Hospital - Professional | \$ 13.84 | \$ 176.97 | 938 | 1.5% | 1.5% | 0.0% | 1.4% | -0.3% | \$ 14.41 | \$ 184.85 | 936 |
| Emergency Room - PH | \$ 93.73 | \$ 502.31 | 2,239 | 3.4% | 3.4% | 0.0% | 1.2% | -0.2% | \$ 101.24 | \$ 543.65 | 2,235 |
| Emergency Room - BH | \$ 2.22 | \$ 508.61 | 52 | 3.4% | 3.4% | 0.0% | 1.3% | -0.2% | \$ 2.39 | \$ 550.73 | 52 |
| Physician - Primary Care | \$ 58.16 | \$ 103.16 | 6,765 | 2.0% | 1.5% | 0.5% | -0.9% | 0.1% | \$ 59.98 | \$ 105.27 | 6,837 |
| Physician - Specialty | \$ 30.95 | \$ 116.10 | 3,199 | 2.0% | 1.5% | 0.5% | 0.0% | -0.3% | \$ 32.12 | \$ 119.62 | 3,222 |
| FQHC/RHC | \$ 2.83 | \$ 193.82 | 175 | 3.9% | 3.4% | 0.5% | -53.1% | 0.0% | \$ 1.43 | \$ 97.11 | 177 |
| Other Clinic | \$ 1.57 | \$ 137.15 | 138 | 2.0% | 1.5% | 0.5% | -2.3% | -0.2% | \$ 1.60 | \$ 138.08 | 139 |
| Family Planning Services | \$ 12.12 | \$ 238.55 | 610 | 2.0% | 1.5% | 0.5% | -2.4% | 0.0% | \$ 12.32 | \$ 239.97 | 616 |
| Other Professional - PH | \$ 0.33 | \$ 125.64 | 31 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 0.33 | \$ 127.36 | 31 |
| Other Professional - BH | \$ 1.01 | \$ 111.33 | 109 | 2.0% | 1.5% | 0.5% | 9.5% | -0.2% | \$ 1.15 | \$ 125.56 | 110 |
| Therapies - PT/OT/ST | \$ 3.39 | \$ 119.19 | 342 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 3.51 | \$ 121.86 | 345 |
| Prescribed Drugs | \$ 300.42 | \$ 140.99 | 25,570 | 8.3% | 6.4% | 1.9% | -0.6% | 0.0% | \$ 350.39 | \$ 158.52 | 26,526 |
| LTSS Services | \$ 1.93 | \$ 10.37 | 2,237 | 2.6% | 2.1% | 0.5% | 5.0% | 0.0% | \$ 2.14 | \$ 11.35 | 2,259 |
| Durable Medical Equipment | \$ 5.41 | \$ 7.32 | 8,872 | 2.0% | 1.5% | 0.5% | -1.8% | -0.1% | \$ 5.52 | \$ 7.40 | 8,949 |
| Lab and X-ray | \$ 14.91 | \$ 21.39 | 8,365 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 15.72 | \$ 22.33 | 8,448 |
| Optical | \$ 1.47 | \$ 46.72 | 376 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 1.52 | \$ 47.91 | 380 |
| Limited Dental Services | \$ 0.00 | \$ 256.74 | 0 | 2.0% | 1.5% | 0.5% | -1.1% | 0.0% | \$ 0.00 | \$ 261.57 | 0 |
| Transportation - Emergency | \$ 6.96 | \$ 416.35 | 201 | 4.1% | 3.6% | 0.5% | -0.8% | 0.0% | \$ 7.48 | \$ 443.19 | 203 |
| Transportation - Non-Emergency | \$ 1.23 | \$ 37.62 | 392 | 4.1% | 3.6% | 0.5% | -0.9% | 0.0% | \$ 1.32 | \$ 40.03 | 396 |
| Other Services - PH | \$ 0.87 | \$ 37.70 | 277 | 2.0% | 1.5% | 0.5% | -1.9% | -0.2% | \$ 0.89 | \$ 38.11 | 279 |
| Other Services - BH | \$ 13.97 | \$ 34.54 | 4,854 | 2.0% | 1.5% | 0.5% | 28.2% | 0.0% | \$ 18.64 | \$ 45.64 | 4,902 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 762.19 | N/A | 109,393 | 5.1% | 4.1% | 0.9% | 1.2% | -0.1% | \$ 850.41 | N/A | 111,516 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 911.64

Non-Benefit Expense PMPM/Payment:

- General Administration (3.42%) \$ 33.99
- PHP Care Management (3.04%) \$ 30.18
- Underwriting Gain (1.85%) \$ 18.39

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 994.20

Premium Taxes (1.9380%) \$ 19.65

Total Base Capitation Rate: \$ 1,013.85

Exhibit 55

| | |
|---------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 270,336 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 435.19 | \$ 20,991.08 | 249 | 3.4% | 3.4% | 0.0% | 1.3% | -1.7% | \$ 463.06 | \$ 22,725.78 |
| Inpatient - BH | \$ 6.62 | \$ 524.81 | 151 | 4.4% | 3.4% | 1.0% | 49.5% | 0.0% | \$ 10.79 | \$ 839.10 | 154 |
| Outpatient Hospital - Facility | \$ 124.57 | \$ 578.72 | 2,583 | 3.4% | 3.4% | 0.0% | 1.3% | -1.7% | \$ 132.60 | \$ 626.80 | 2,539 |
| Outpatient Hospital - Professional | \$ 19.28 | \$ 177.28 | 1,305 | 2.0% | 1.5% | 0.5% | 3.5% | -1.7% | \$ 20.41 | \$ 189.02 | 1,296 |
| Emergency Room - PH | \$ 77.80 | \$ 525.33 | 1,777 | 4.4% | 3.4% | 1.0% | 1.2% | -1.0% | \$ 85.02 | \$ 568.62 | 1,794 |
| Emergency Room - BH | \$ 2.41 | \$ 503.01 | 58 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 2.64 | \$ 544.68 | 58 |
| Physician - Primary Care | \$ 57.11 | \$ 115.62 | 5,927 | 2.0% | 1.5% | 0.5% | 1.0% | 0.4% | \$ 60.27 | \$ 120.31 | 6,011 |
| Physician - Specialty | \$ 65.17 | \$ 161.89 | 4,831 | 2.0% | 1.5% | 0.5% | 1.6% | -1.3% | \$ 67.98 | \$ 169.40 | 4,816 |
| FQHC/RHC | \$ 5.11 | \$ 146.21 | 419 | 3.9% | 3.4% | 0.5% | -17.7% | 0.0% | \$ 4.54 | \$ 128.71 | 424 |
| Other Clinic | \$ 18.41 | \$ 927.68 | 238 | 2.0% | 1.5% | 0.5% | 1.3% | -0.7% | \$ 19.27 | \$ 968.30 | 239 |
| Family Planning Services | \$ 1.01 | \$ 209.15 | 58 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 1.05 | \$ 214.56 | 59 |
| Other Professional - PH | \$ 1.58 | \$ 133.43 | 142 | 2.0% | 1.5% | 0.5% | 1.1% | -0.7% | \$ 1.65 | \$ 139.03 | 143 |
| Other Professional - BH | \$ 0.87 | \$ 101.08 | 103 | 2.0% | 1.5% | 0.5% | 13.4% | -0.7% | \$ 1.01 | \$ 118.07 | 103 |
| Therapies - PT/OT/ST | \$ 11.73 | \$ 131.08 | 1,074 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 12.36 | \$ 136.74 | 1,085 |
| Prescribed Drugs | \$ 679.12 | \$ 240.86 | 33,834 | 8.6% | 6.3% | 2.2% | 2.4% | -0.1% | \$ 820.18 | \$ 278.81 | 35,300 |
| LTSS Services | \$ 104.96 | \$ 8.45 | 149,077 | 2.6% | 2.1% | 0.5% | 9.1% | -0.3% | \$ 120.18 | \$ 9.61 | 150,101 |
| Durable Medical Equipment | \$ 40.79 | \$ 4.23 | 115,767 | 2.0% | 1.5% | 0.5% | -0.2% | -1.3% | \$ 41.81 | \$ 4.35 | 115,403 |
| Lab and X-ray | \$ 7.41 | \$ 20.34 | 4,375 | 2.0% | 1.5% | 0.5% | 4.9% | 0.0% | \$ 8.09 | \$ 21.99 | 4,416 |
| Optical | \$ 0.95 | \$ 49.11 | 233 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 1.00 | \$ 51.28 | 235 |
| Limited Dental Services | \$ 0.02 | \$ 31.02 | 8 | 2.0% | 1.5% | 0.5% | 0.2% | 0.0% | \$ 0.02 | \$ 32.01 | 8 |
| Transportation - Emergency | \$ 20.97 | \$ 288.79 | 871 | 4.1% | 3.6% | 0.5% | 1.2% | 0.0% | \$ 23.00 | \$ 313.78 | 880 |
| Transportation - Non-Emergency | \$ 16.27 | \$ 66.47 | 2,937 | 4.1% | 3.6% | 0.5% | 1.2% | 0.0% | \$ 17.86 | \$ 72.23 | 2,967 |
| Other Services - PH | \$ 1.02 | \$ 49.99 | 245 | 2.0% | 1.5% | 0.5% | 0.2% | -0.7% | \$ 1.06 | \$ 51.60 | 246 |
| Other Services - BH | \$ 16.01 | \$ 21.08 | 9,115 | 2.0% | 1.5% | 0.5% | 22.7% | 0.0% | \$ 20.43 | \$ 26.64 | 9,202 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,719.68 | N/A | 348,152 | 5.3% | 4.2% | 1.1% | 2.5% | -0.7% | \$ 1,941.75 | N/A | 350,754 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,941.75

Non-Benefit Expense PMPM/Payment:
 General Administration (3.19%) \$ 67.56
 PHP Care Management (3.22%) \$ 68.13
 Underwriting Gain (1.85%) \$ 39.16

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 2,116.59

Premium Taxes (1.9380%) \$ 41.83

Total Base Capitation Rate: \$ 2,158.42

Exhibit 56

| | |
|----------------------------------|--------------------------------------|
| Region: | Region 3 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 212,568 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 585.60 | \$ 7,707.41 | 912 | 3.4% | 3.4% | 0.0% | 0.3% | -0.2% | \$ 626.66 | \$ 8,261.10 |
| Inpatient - BH | \$ 0.00 | \$ 40.04 | 1 | 3.4% | 3.4% | 0.0% | 80.9% | 0.0% | \$ 0.00 | \$ 77.43 | 1 |
| Outpatient Hospital - Facility | \$ 15.81 | \$ 239.01 | 794 | 3.4% | 3.4% | 0.0% | 0.3% | -0.6% | \$ 16.86 | \$ 256.24 | 789 |
| Outpatient Hospital - Professional | \$ 3.29 | \$ 171.58 | 230 | 2.5% | 1.5% | 1.0% | 0.1% | -0.6% | \$ 3.44 | \$ 176.91 | 233 |
| Emergency Room - PH | \$ 44.87 | \$ 293.60 | 1,834 | 3.4% | 3.4% | 0.0% | 0.2% | -0.6% | \$ 47.79 | \$ 314.45 | 1,824 |
| Emergency Room - BH | \$ 0.05 | \$ 386.69 | 2 | 3.4% | 3.4% | 0.0% | -0.1% | -0.6% | \$ 0.06 | \$ 413.17 | 2 |
| Physician - Primary Care | \$ 117.36 | \$ 133.38 | 10,558 | 2.0% | 1.5% | 0.5% | -0.2% | 0.2% | \$ 122.19 | \$ 137.17 | 10,690 |
| Physician - Specialty | \$ 40.73 | \$ 237.03 | 2,062 | 2.0% | 1.5% | 0.5% | 0.1% | -1.2% | \$ 41.91 | \$ 244.44 | 2,057 |
| FQHC/RHC | \$ 2.07 | \$ 118.06 | 211 | 4.4% | 3.4% | 1.0% | -12.8% | 0.0% | \$ 1.97 | \$ 110.03 | 215 |
| Other Clinic | \$ 1.30 | \$ 102.62 | 153 | 2.0% | 1.5% | 0.5% | -0.5% | -0.7% | \$ 1.34 | \$ 105.18 | 153 |
| Family Planning Services | \$ 0.02 | \$ 48.17 | 6 | 2.0% | 1.5% | 0.5% | 0.2% | 0.0% | \$ 0.02 | \$ 49.75 | 6 |
| Other Professional - PH | \$ 2.45 | \$ 143.43 | 205 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 2.54 | \$ 148.21 | 205 |
| Other Professional - BH | \$ 0.00 | \$ 118.38 | 0 | 2.0% | 1.5% | 0.5% | 0.0% | -0.7% | \$ 0.00 | \$ 121.96 | 0 |
| Therapies - PT/OT/ST | \$ 4.43 | \$ 148.59 | 358 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 4.63 | \$ 153.74 | 361 |
| Prescribed Drugs | \$ 16.12 | \$ 43.74 | 4,421 | -12.6% | -14.3% | 2.0% | 3.1% | -0.1% | \$ 12.69 | \$ 33.16 | 4,591 |
| LTSS Services | \$ 2.71 | \$ 14.30 | 2,270 | 2.6% | 2.1% | 0.5% | 10.4% | 0.0% | \$ 3.15 | \$ 16.46 | 2,292 |
| Durable Medical Equipment | \$ 6.78 | \$ 14.25 | 5,715 | 2.0% | 1.5% | 0.5% | -0.4% | -0.6% | \$ 6.99 | \$ 14.62 | 5,740 |
| Lab and X-ray | \$ 1.74 | \$ 32.30 | 646 | 2.0% | 1.5% | 0.5% | 3.8% | 0.0% | \$ 1.88 | \$ 34.54 | 653 |
| Optical | \$ 0.00 | \$ 62.07 | 1 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.00 | \$ 64.11 | 1 |
| Limited Dental Services | \$ 1.26 | \$ 27.62 | 549 | 2.0% | 1.5% | 0.5% | -0.6% | 0.0% | \$ 1.31 | \$ 28.28 | 554 |
| Transportation - Emergency | \$ 4.76 | \$ 758.03 | 75 | 4.1% | 3.6% | 0.5% | 0.2% | 0.0% | \$ 5.18 | \$ 815.38 | 76 |
| Transportation - Non-Emergency | \$ 1.07 | \$ 105.73 | 122 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 1.16 | \$ 113.45 | 123 |
| Other Services - PH | \$ 0.06 | \$ 30.27 | 22 | 2.0% | 1.5% | 0.5% | -2.5% | -0.7% | \$ 0.06 | \$ 30.42 | 22 |
| Other Services - BH | \$ 0.05 | \$ 701.07 | 1 | 2.0% | 1.5% | 0.5% | 8.6% | 0.0% | \$ 0.05 | \$ 784.25 | 1 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 858.75 | N/A | 51,935 | 2.8% | 2.7% | 0.1% | 0.2% | -0.2% | \$ 908.20 | N/A | 52,708 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 908.20

Non-Benefit Expense PMPM/Payment:

- General Administration (3.47%) \$ 34.41
- PHP Care Management (3.21%) \$ 31.87
- Underwriting Gain (1.85%) \$ 18.37

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 992.84

Premium Taxes (1.9380%) \$ 19.62

Total Base Capitation Rate: \$ 1,012.46

Exhibit 57

| | |
|----------------------------------|--|
| Region: | Region 3 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 3,724,110 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 12.02 | \$ 13,238.99 | 11 | 3.4% | 3.4% | 0.0% | -2.0% | -1.3% | \$ 12.43 | \$ 13,867.61 |
| Inpatient - BH | \$ 1.48 | \$ 742.65 | 24 | 3.4% | 3.4% | 0.0% | 18.5% | -0.1% | \$ 1.87 | \$ 940.82 | 24 |
| Outpatient Hospital - Facility | \$ 10.53 | \$ 365.37 | 346 | 3.4% | 3.4% | 0.0% | -2.0% | -0.6% | \$ 10.96 | \$ 382.83 | 344 |
| Outpatient Hospital - Professional | \$ 2.87 | \$ 278.54 | 124 | 2.5% | 1.5% | 1.0% | 81.4% | -0.6% | \$ 5.44 | \$ 520.49 | 125 |
| Emergency Room - PH | \$ 20.53 | \$ 317.73 | 775 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 21.28 | \$ 332.50 | 768 |
| Emergency Room - BH | \$ 0.73 | \$ 480.85 | 18 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 0.76 | \$ 503.36 | 18 |
| Physician - Primary Care | \$ 24.85 | \$ 113.90 | 2,618 | 2.0% | 1.5% | 0.5% | -2.1% | 0.2% | \$ 25.35 | \$ 114.83 | 2,649 |
| Physician - Specialty | \$ 5.88 | \$ 93.47 | 755 | 2.0% | 1.5% | 0.5% | -1.1% | -1.3% | \$ 5.98 | \$ 95.24 | 753 |
| FQHC/RHC | \$ 1.34 | \$ 136.58 | 117 | 3.9% | 3.4% | 0.5% | -17.3% | 0.0% | \$ 1.19 | \$ 120.71 | 119 |
| Other Clinic | \$ 0.65 | \$ 127.89 | 61 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.65 | \$ 128.73 | 61 |
| Family Planning Services | \$ 0.77 | \$ 208.06 | 44 | 2.0% | 1.5% | 0.5% | -3.3% | 0.0% | \$ 0.78 | \$ 207.33 | 45 |
| Other Professional - PH | \$ 0.07 | \$ 114.19 | 7 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.07 | \$ 114.89 | 7 |
| Other Professional - BH | \$ 0.17 | \$ 114.89 | 18 | 2.0% | 1.5% | 0.5% | 14.7% | -0.8% | \$ 0.20 | \$ 135.75 | 18 |
| Therapies - PT/OT/ST | \$ 6.87 | \$ 94.62 | 871 | 2.0% | 1.5% | 0.5% | -2.0% | 0.0% | \$ 7.00 | \$ 95.51 | 879 |
| Prescribed Drugs | \$ 42.75 | \$ 124.99 | 4,105 | 5.8% | 4.3% | 1.4% | 3.2% | -0.1% | \$ 49.32 | \$ 140.42 | 4,214 |
| LTSS Services | \$ 0.41 | \$ 6.25 | 793 | 2.6% | 2.1% | 0.5% | 7.3% | -0.1% | \$ 0.47 | \$ 6.99 | 801 |
| Durable Medical Equipment | \$ 1.44 | \$ 2.94 | 5,889 | 2.0% | 1.5% | 0.5% | -3.0% | -0.6% | \$ 1.45 | \$ 2.94 | 5,912 |
| Lab and X-ray | \$ 1.67 | \$ 19.52 | 1,030 | 2.0% | 1.5% | 0.5% | 1.0% | -0.1% | \$ 1.76 | \$ 20.31 | 1,039 |
| Optical | \$ 0.63 | \$ 49.60 | 152 | 2.0% | 1.5% | 0.5% | -2.0% | -0.1% | \$ 0.64 | \$ 50.10 | 153 |
| Limited Dental Services | \$ 0.18 | \$ 27.07 | 79 | 2.0% | 1.5% | 0.5% | -2.6% | 0.0% | \$ 0.18 | \$ 27.16 | 80 |
| Transportation - Emergency | \$ 1.33 | \$ 543.89 | 29 | 4.1% | 3.6% | 0.5% | -2.2% | -0.1% | \$ 1.41 | \$ 571.20 | 30 |
| Transportation - Non-Emergency | \$ 0.21 | \$ 89.56 | 28 | 4.1% | 3.6% | 0.5% | -2.2% | 0.0% | \$ 0.22 | \$ 94.02 | 28 |
| Other Services - PH | \$ 0.12 | \$ 45.97 | 32 | 2.0% | 1.5% | 0.5% | -2.8% | -0.8% | \$ 0.12 | \$ 46.03 | 32 |
| Other Services - BH | \$ 5.66 | \$ 49.05 | 1,384 | 2.0% | 1.5% | 0.5% | 16.9% | -0.1% | \$ 6.88 | \$ 59.09 | 1,397 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 147.38 | N/A | 35,336 | 3.6% | 2.9% | 0.6% | 2.0% | -0.4% | \$ 160.61 | N/A | 35,855 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 160.93

Non-Benefit Expense PMPM/Payment:

- General Administration (5.79%) \$ 10.44
- PHP Care Management (3.13%) \$ 5.65
- Underwriting Gain (1.85%) \$ 3.34

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 180.36

Premium Taxes (1.9380%) \$ 3.56

Total Base Capitation Rate: \$ 183.92

Exhibit 58

| | |
|----------------------------------|-------------------------------------|
| Region: | Region 3 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 969,107 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 49.32 | \$ 18,335.49 | 32 | 3.4% | 3.4% | 0.0% | 0.5% | -1.0% | \$ 52.48 | \$ 19,700.97 |
| Inpatient - BH | \$ 2.14 | \$ 677.45 | 38 | 3.4% | 3.4% | 0.0% | 36.9% | -0.1% | \$ 3.13 | \$ 991.67 | 38 |
| Outpatient Hospital - Facility | \$ 32.94 | \$ 373.49 | 1,058 | 3.4% | 3.4% | 0.0% | 0.7% | -1.3% | \$ 34.97 | \$ 401.92 | 1,044 |
| Outpatient Hospital - Professional | \$ 5.73 | \$ 201.37 | 341 | 1.5% | 1.5% | 0.0% | 0.3% | -1.3% | \$ 5.84 | \$ 208.12 | 337 |
| Emergency Room - PH | \$ 42.78 | \$ 444.88 | 1,154 | 3.4% | 3.4% | 0.0% | 0.5% | -1.0% | \$ 45.51 | \$ 477.94 | 1,143 |
| Emergency Room - BH | \$ 1.25 | \$ 442.86 | 34 | 3.4% | 3.4% | 0.0% | 0.5% | -1.0% | \$ 1.33 | \$ 475.76 | 34 |
| Physician - Primary Care | \$ 25.25 | \$ 103.30 | 2,933 | 2.0% | 1.5% | 0.5% | 0.2% | 0.3% | \$ 26.41 | \$ 106.67 | 2,971 |
| Physician - Specialty | \$ 15.74 | \$ 125.94 | 1,500 | 2.0% | 1.5% | 0.5% | 1.8% | -1.3% | \$ 16.46 | \$ 132.13 | 1,495 |
| FQHC/RHC | \$ 1.93 | \$ 145.25 | 160 | 3.9% | 3.4% | 0.5% | -20.7% | 0.0% | \$ 1.65 | \$ 123.08 | 161 |
| Other Clinic | \$ 1.89 | \$ 358.31 | 63 | 2.0% | 1.5% | 0.5% | -0.1% | -0.7% | \$ 1.95 | \$ 368.59 | 63 |
| Family Planning Services | \$ 5.99 | \$ 318.91 | 225 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 6.20 | \$ 327.04 | 228 |
| Other Professional - PH | \$ 0.26 | \$ 129.57 | 24 | 2.0% | 1.5% | 0.5% | 0.0% | -0.7% | \$ 0.27 | \$ 133.47 | 24 |
| Other Professional - BH | \$ 0.59 | \$ 117.24 | 60 | 2.0% | 1.5% | 0.5% | 15.8% | -0.7% | \$ 0.70 | \$ 139.92 | 60 |
| Therapies - PT/OT/ST | \$ 1.55 | \$ 116.78 | 160 | 2.0% | 1.5% | 0.5% | 0.5% | 0.0% | \$ 1.63 | \$ 120.93 | 161 |
| Prescribed Drugs | \$ 124.70 | \$ 138.80 | 10,782 | 8.8% | 6.8% | 1.9% | 7.2% | -0.1% | \$ 158.02 | \$ 169.65 | 11,178 |
| LTSS Services | \$ 1.49 | \$ 7.99 | 2,236 | 2.6% | 2.1% | 0.5% | 3.3% | -0.1% | \$ 1.62 | \$ 8.61 | 2,257 |
| Durable Medical Equipment | \$ 2.62 | \$ 7.75 | 4,064 | 2.0% | 1.5% | 0.5% | -0.2% | -0.6% | \$ 2.71 | \$ 7.97 | 4,079 |
| Lab and X-ray | \$ 7.47 | \$ 25.18 | 3,560 | 2.0% | 1.5% | 0.5% | 4.0% | -0.1% | \$ 8.08 | \$ 26.97 | 3,593 |
| Optical | \$ 0.60 | \$ 50.64 | 142 | 2.0% | 1.5% | 0.5% | 0.7% | -0.1% | \$ 0.63 | \$ 52.52 | 144 |
| Limited Dental Services | \$ 0.00 | \$ 82.76 | 0 | 2.0% | 1.5% | 0.5% | 0.9% | 0.0% | \$ 0.00 | \$ 86.01 | 0 |
| Transportation - Emergency | \$ 4.19 | \$ 491.29 | 102 | 4.1% | 3.6% | 0.5% | 0.4% | -0.1% | \$ 4.56 | \$ 529.66 | 103 |
| Transportation - Non-Emergency | \$ 0.77 | \$ 65.51 | 142 | 4.1% | 3.6% | 0.5% | 0.4% | 0.0% | \$ 0.84 | \$ 70.56 | 143 |
| Other Services - PH | \$ 0.35 | \$ 33.60 | 126 | 2.0% | 1.5% | 0.5% | -0.3% | -0.7% | \$ 0.36 | \$ 34.52 | 127 |
| Other Services - BH | \$ 7.77 | \$ 32.33 | 2,886 | 2.0% | 1.5% | 0.5% | 32.1% | -0.1% | \$ 10.68 | \$ 43.99 | 2,913 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 343.12 | N/A | 51,217 | 5.1% | 4.2% | 0.8% | 4.0% | -0.5% | \$ 391.95 | N/A | 52,111 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 417.03

Non-Benefit Expense PMPM/Payment:

- General Administration (4.07%) \$ 18.65
- PHP Care Management (3.19%) \$ 14.63
- Underwriting Gain (1.85%) \$ 8.49

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 458.81

Premium Taxes (1.9380%) \$ 9.07

Total Base Capitation Rate: \$ 467.87

Exhibit 59

| | |
|----------------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 10,584 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|-----------------|-------------------------|---------------------|-------------|----------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 7,976.97 | \$ 7,569.32 | 12,646 | 3.4% | 3.4% | 0.0% | 2.0% | -0.1% | \$ 8,695.61 | \$ 8,257.51 | 12,637 |
| Inpatient - BH | \$ 6.88 | \$ 867.46 | 95 | 3.4% | 3.4% | 0.0% | 2.2% | 0.0% | \$ 7.52 | \$ 947.51 | 95 |
| Outpatient Hospital - Facility | \$ 470.33 | \$ 219.20 | 25,748 | 3.4% | 3.4% | 0.0% | 2.1% | -1.2% | \$ 506.91 | \$ 239.20 | 25,431 |
| Outpatient Hospital - Professional | \$ 19.65 | \$ 94.42 | 2,497 | 1.5% | 1.5% | 0.0% | -0.4% | -1.2% | \$ 19.92 | \$ 96.92 | 2,466 |
| Emergency Room - PH | \$ 358.60 | \$ 399.87 | 10,761 | 3.4% | 3.4% | 0.0% | 1.2% | -0.9% | \$ 384.78 | \$ 432.85 | 10,667 |
| Emergency Room - BH | \$ 0.02 | \$ 99.01 | 2 | 3.4% | 3.4% | 0.0% | 1.8% | -0.9% | \$ 0.02 | \$ 107.73 | 2 |
| Physician - Primary Care | \$ 1,793.38 | \$ 317.08 | 67,870 | 2.0% | 1.5% | 0.5% | 4.0% | 0.0% | \$ 1,940.08 | \$ 339.62 | 68,551 |
| Physician - Specialty | \$ 313.82 | \$ 168.92 | 22,294 | 2.0% | 1.5% | 0.5% | -1.2% | 0.0% | \$ 322.63 | \$ 171.94 | 22,518 |
| FQHC/RHC | \$ 11.47 | \$ 157.57 | 874 | 3.9% | 3.4% | 0.5% | -75.2% | 0.0% | \$ 3.08 | \$ 41.82 | 882 |
| Other Clinic | \$ 56.28 | \$ 190.62 | 3,543 | 2.0% | 1.5% | 0.5% | 8.7% | 0.0% | \$ 63.66 | \$ 213.47 | 3,578 |
| Family Planning Services | \$ 1,126.40 | \$ 2,910.05 | 4,645 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 1,197.09 | \$ 3,061.97 | 4,691 |
| Other Professional - PH | \$ 54.20 | \$ 145.21 | 4,479 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 56.34 | \$ 149.44 | 4,524 |
| Other Professional - BH | \$ 0.03 | \$ 73.60 | 5 | 2.0% | 1.5% | 0.5% | 2.4% | 0.0% | \$ 0.03 | \$ 77.67 | 5 |
| Therapies - PT/OT/ST | \$ 0.98 | \$ 111.59 | 106 | 2.0% | 1.5% | 0.5% | 2.0% | 0.0% | \$ 1.04 | \$ 117.26 | 107 |
| Prescribed Drugs | \$ 45.29 | \$ 16.75 | 32,450 | 8.8% | 6.8% | 1.9% | 1.8% | 0.0% | \$ 54.57 | \$ 19.44 | 33,684 |
| LTSS Services | \$ 4.21 | \$ 35.97 | 1,405 | 2.6% | 2.1% | 0.5% | 2.0% | 0.0% | \$ 4.52 | \$ 38.24 | 1,419 |
| Durable Medical Equipment | \$ 12.24 | \$ 1.38 | 106,711 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 13.02 | \$ 1.45 | 107,781 |
| Lab and X-ray | \$ 41.29 | \$ 25.52 | 19,412 | 2.0% | 1.5% | 0.5% | 3.2% | 0.0% | \$ 44.33 | \$ 27.13 | 19,607 |
| Optical | \$ 0.02 | \$ 41.63 | 7 | 2.0% | 1.5% | 0.5% | 1.9% | 0.0% | \$ 0.03 | \$ 43.69 | 7 |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 33.64 | \$ 602.73 | 670 | 4.1% | 3.6% | 0.5% | 1.9% | 0.0% | \$ 37.17 | \$ 659.40 | 676 |
| Transportation - Non-Emergency | \$ 2.45 | \$ 428.03 | 69 | 4.1% | 3.6% | 0.5% | 2.2% | 0.0% | \$ 2.72 | \$ 469.53 | 69 |
| Other Services - PH | \$ 0.06 | \$ 22.38 | 30 | 2.0% | 1.5% | 0.5% | -100.0% | 0.0% | \$ 0.00 | \$ 0.00 | 31 |
| Other Services - BH | \$ 0.30 | \$ 28.02 | 128 | 2.0% | 1.5% | 0.5% | 2.7% | 0.0% | \$ 0.32 | \$ 29.65 | 129 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 12,328.53 | N/A | 316,449 | 3.0% | 2.9% | 0.1% | 2.2% | -0.1% | \$ 13,355.39 | N/A | 319,559 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 13,355.39

Non-Benefit Expense PMPM/Payment:

- General Administration (0.62%) \$ 88.04
- PHP Care Management (3.31%) \$ 468.59
- Underwriting Gain (1.85%) \$ 262.22

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 14,174.23

Premium Taxes (1.9380%) \$ 280.13

Total Base Capitation Rate: \$ 14,454.36

Exhibit 60

| | |
|----------------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 302,368 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|------------------|--------------|---------------|--------------|-------------|-------------|-----------------|-------------------------|------------------|--------------|---------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 23.41 | \$ 18,335.49 | 15 | 3.4% | 3.4% | 0.0% | 5.9% | -0.2% | \$ 26.45 | \$ 20,755.67 | 15 |
| Inpatient - BH | \$ 1.02 | \$ 677.45 | 18 | 3.4% | 3.4% | 0.0% | 44.2% | 0.0% | \$ 1.57 | \$ 1,044.76 | 18 |
| Outpatient Hospital - Facility | \$ 15.64 | \$ 373.49 | 502 | 3.4% | 3.4% | 0.0% | 2.0% | -0.3% | \$ 17.01 | \$ 407.46 | 501 |
| Outpatient Hospital - Professional | \$ 2.72 | \$ 201.37 | 162 | 1.5% | 1.5% | 0.0% | 1.7% | -0.3% | \$ 2.84 | \$ 210.99 | 162 |
| Emergency Room - PH | \$ 20.31 | \$ 444.88 | 548 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 22.07 | \$ 484.53 | 547 |
| Emergency Room - BH | \$ 0.59 | \$ 442.86 | 16 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 0.64 | \$ 482.32 | 16 |
| Physician - Primary Care | \$ 11.99 | \$ 103.30 | 1,392 | 2.0% | 1.5% | 0.5% | -0.4% | 0.1% | \$ 12.43 | \$ 106.02 | 1,407 |
| Physician - Specialty | \$ 7.47 | \$ 125.94 | 712 | 2.0% | 1.5% | 0.5% | 1.2% | -0.3% | \$ 7.85 | \$ 131.33 | 717 |
| FQHC/RHC | \$ 0.92 | \$ 145.25 | 76 | 3.9% | 3.4% | 0.5% | -21.2% | 0.0% | \$ 0.78 | \$ 122.33 | 77 |
| Other Clinic | \$ 0.90 | \$ 358.31 | 30 | 2.0% | 1.5% | 0.5% | -0.8% | -0.2% | \$ 0.92 | \$ 366.35 | 30 |
| Family Planning Services | \$ 2.84 | \$ 318.91 | 107 | 2.0% | 1.5% | 0.5% | -1.1% | 0.0% | \$ 2.93 | \$ 325.05 | 108 |
| Other Professional - PH | \$ 0.12 | \$ 129.57 | 11 | 2.0% | 1.5% | 0.5% | -0.6% | -0.2% | \$ 0.13 | \$ 132.65 | 12 |
| Other Professional - BH | \$ 0.28 | \$ 117.24 | 28 | 2.0% | 1.5% | 0.5% | 15.1% | -0.2% | \$ 0.33 | \$ 139.06 | 29 |
| Therapies - PT/OT/ST | \$ 0.74 | \$ 116.78 | 76 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 0.77 | \$ 120.20 | 77 |
| Prescribed Drugs | \$ 59.20 | \$ 138.80 | 5,118 | 8.8% | 6.8% | 1.9% | 10.1% | 0.0% | \$ 77.17 | \$ 174.36 | 5,311 |
| LTSS Services | \$ 0.71 | \$ 7.99 | 1,061 | 2.6% | 2.1% | 0.5% | 2.7% | 0.0% | \$ 0.76 | \$ 8.55 | 1,072 |
| Durable Medical Equipment | \$ 1.25 | \$ 7.75 | 1,929 | 2.0% | 1.5% | 0.5% | -0.8% | -0.1% | \$ 1.28 | \$ 7.92 | 1,946 |
| Lab and X-ray | \$ 3.55 | \$ 25.18 | 1,690 | 2.0% | 1.5% | 0.5% | 3.3% | 0.0% | \$ 3.81 | \$ 26.80 | 1,707 |
| Optical | \$ 0.28 | \$ 50.64 | 68 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.30 | \$ 52.20 | 68 |
| Limited Dental Services | \$ 0.00 | \$ 82.76 | 0 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.00 | \$ 85.48 | 0 |
| Transportation - Emergency | \$ 1.99 | \$ 491.29 | 49 | 4.1% | 3.6% | 0.5% | -0.2% | 0.0% | \$ 2.15 | \$ 526.43 | 49 |
| Transportation - Non-Emergency | \$ 0.37 | \$ 65.51 | 67 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 0.40 | \$ 70.13 | 68 |
| Other Services - PH | \$ 0.17 | \$ 33.60 | 60 | 2.0% | 1.5% | 0.5% | -0.9% | -0.2% | \$ 0.17 | \$ 34.31 | 60 |
| Other Services - BH | \$ 3.69 | \$ 32.33 | 1,370 | 2.0% | 1.5% | 0.5% | 31.3% | 0.0% | \$ 5.04 | \$ 43.72 | 1,384 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 162.88 | N/A | 24,313 | 5.1% | 4.2% | 0.8% | 6.1% | -0.1% | \$ 190.61 | N/A | 24,771 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 204.33

Non-Benefit Expense PMPM/Payment:

- General Administration (5.20%) \$ 11.83
- PHP Care Management (3.15%) \$ 7.17
- Underwriting Gain (1.85%) \$ 4.21

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 227.55

Premium Taxes (1.9380%) \$ 4.50

Total Base Capitation Rate: \$ 232.04

Exhibit 61

| | |
|----------------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 462,513 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 38.96 | \$ 18,335.49 | 26 | 3.4% | 3.4% | 0.0% | 5.6% | -0.2% | \$ 43.89 | \$ 20,695.43 |
| Inpatient - BH | \$ 1.69 | \$ 677.45 | 30 | 3.4% | 3.4% | 0.0% | 43.8% | 0.0% | \$ 2.60 | \$ 1,041.72 | 30 |
| Outpatient Hospital - Facility | \$ 26.02 | \$ 373.49 | 836 | 3.4% | 3.4% | 0.0% | 1.7% | -0.3% | \$ 28.23 | \$ 406.28 | 834 |
| Outpatient Hospital - Professional | \$ 4.53 | \$ 201.37 | 270 | 1.5% | 1.5% | 0.0% | 1.4% | -0.3% | \$ 4.72 | \$ 210.37 | 269 |
| Emergency Room - PH | \$ 33.80 | \$ 444.88 | 912 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 36.63 | \$ 483.12 | 910 |
| Emergency Room - BH | \$ 0.99 | \$ 442.86 | 27 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 1.07 | \$ 480.92 | 27 |
| Physician - Primary Care | \$ 19.95 | \$ 103.30 | 2,317 | 2.0% | 1.5% | 0.5% | -0.7% | 0.1% | \$ 20.63 | \$ 105.71 | 2,342 |
| Physician - Specialty | \$ 12.44 | \$ 125.94 | 1,185 | 2.0% | 1.5% | 0.5% | 0.9% | -0.3% | \$ 13.03 | \$ 130.95 | 1,194 |
| FQHC/RHC | \$ 1.53 | \$ 145.25 | 126 | 3.9% | 3.4% | 0.5% | -21.5% | 0.0% | \$ 1.29 | \$ 121.97 | 127 |
| Other Clinic | \$ 1.49 | \$ 358.31 | 50 | 2.0% | 1.5% | 0.5% | -1.0% | -0.2% | \$ 1.53 | \$ 365.28 | 50 |
| Family Planning Services | \$ 4.73 | \$ 318.91 | 178 | 2.0% | 1.5% | 0.5% | -1.4% | 0.0% | \$ 4.86 | \$ 324.10 | 180 |
| Other Professional - PH | \$ 0.21 | \$ 129.57 | 19 | 2.0% | 1.5% | 0.5% | -0.9% | -0.2% | \$ 0.21 | \$ 132.27 | 19 |
| Other Professional - BH | \$ 0.46 | \$ 117.24 | 47 | 2.0% | 1.5% | 0.5% | 14.8% | -0.2% | \$ 0.55 | \$ 138.66 | 48 |
| Therapies - PT/OT/ST | \$ 1.23 | \$ 116.78 | 126 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 1.27 | \$ 119.85 | 127 |
| Prescribed Drugs | \$ 98.52 | \$ 138.80 | 8,518 | 8.8% | 6.8% | 1.9% | 4.6% | 0.0% | \$ 122.01 | \$ 165.63 | 8,840 |
| LTSS Services | \$ 1.18 | \$ 7.99 | 1,767 | 2.6% | 2.1% | 0.5% | 2.4% | 0.0% | \$ 1.27 | \$ 8.53 | 1,784 |
| Durable Medical Equipment | \$ 2.07 | \$ 7.75 | 3,211 | 2.0% | 1.5% | 0.5% | -1.1% | -0.1% | \$ 2.13 | \$ 7.90 | 3,239 |
| Lab and X-ray | \$ 5.90 | \$ 25.18 | 2,812 | 2.0% | 1.5% | 0.5% | 3.0% | 0.0% | \$ 6.33 | \$ 26.73 | 2,840 |
| Optical | \$ 0.47 | \$ 50.64 | 112 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 0.49 | \$ 52.05 | 113 |
| Limited Dental Services | \$ 0.00 | \$ 82.76 | 0 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 0.00 | \$ 85.23 | 0 |
| Transportation - Emergency | \$ 3.31 | \$ 491.29 | 81 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 3.58 | \$ 524.90 | 82 |
| Transportation - Non-Emergency | \$ 0.61 | \$ 65.51 | 112 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 0.66 | \$ 69.93 | 113 |
| Other Services - PH | \$ 0.28 | \$ 33.60 | 100 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.29 | \$ 34.21 | 101 |
| Other Services - BH | \$ 6.14 | \$ 32.33 | 2,280 | 2.0% | 1.5% | 0.5% | 30.9% | 0.0% | \$ 8.36 | \$ 43.59 | 2,303 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 271.08 | N/A | 40,464 | 5.1% | 4.2% | 0.8% | 3.8% | -0.1% | \$ 310.26 | N/A | 41,226 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 332.60

Non-Benefit Expense PMPM/Payment:

- General Administration (4.35%) \$ 15.95
- PHP Care Management (3.18%) \$ 11.67
- Underwriting Gain (1.85%) \$ 6.79

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 367.00

Premium Taxes (1.9380%) \$ 7.25

Total Base Capitation Rate: \$ 374.25

Exhibit 62

| | |
|----------------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 375,637 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 60.31 | \$ 18,335.49 | 39 | 3.4% | 3.4% | 0.0% | 5.4% | -0.2% | \$ 67.84 | \$ 20,667.40 |
| Inpatient - BH | \$ 2.62 | \$ 677.45 | 46 | 3.4% | 3.4% | 0.0% | 43.6% | 0.0% | \$ 4.02 | \$ 1,040.31 | 46 |
| Outpatient Hospital - Facility | \$ 40.28 | \$ 373.49 | 1,294 | 3.4% | 3.4% | 0.0% | 1.6% | -0.3% | \$ 43.63 | \$ 405.73 | 1,290 |
| Outpatient Hospital - Professional | \$ 7.01 | \$ 201.37 | 417 | 1.5% | 1.5% | 0.0% | 1.3% | -0.3% | \$ 7.29 | \$ 210.09 | 416 |
| Emergency Room - PH | \$ 52.31 | \$ 444.88 | 1,411 | 3.4% | 3.4% | 0.0% | 1.4% | -0.2% | \$ 56.61 | \$ 482.47 | 1,408 |
| Emergency Room - BH | \$ 1.53 | \$ 442.86 | 41 | 3.4% | 3.4% | 0.0% | 1.4% | -0.2% | \$ 1.65 | \$ 480.27 | 41 |
| Physician - Primary Care | \$ 30.88 | \$ 103.30 | 3,587 | 2.0% | 1.5% | 0.5% | -0.8% | 0.1% | \$ 31.89 | \$ 105.57 | 3,625 |
| Physician - Specialty | \$ 19.25 | \$ 125.94 | 1,834 | 2.0% | 1.5% | 0.5% | 0.8% | -0.3% | \$ 20.13 | \$ 130.77 | 1,847 |
| FQHC/RHC | \$ 2.36 | \$ 145.25 | 195 | 3.9% | 3.4% | 0.5% | -21.6% | 0.0% | \$ 2.00 | \$ 121.81 | 197 |
| Other Clinic | \$ 2.31 | \$ 358.31 | 77 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 2.37 | \$ 364.79 | 78 |
| Family Planning Services | \$ 7.32 | \$ 318.91 | 276 | 2.0% | 1.5% | 0.5% | -1.5% | 0.0% | \$ 7.51 | \$ 323.66 | 278 |
| Other Professional - PH | \$ 0.32 | \$ 129.57 | 29 | 2.0% | 1.5% | 0.5% | -1.0% | -0.2% | \$ 0.33 | \$ 132.09 | 30 |
| Other Professional - BH | \$ 0.72 | \$ 117.24 | 73 | 2.0% | 1.5% | 0.5% | 14.6% | -0.2% | \$ 0.85 | \$ 138.47 | 74 |
| Therapies - PT/OT/ST | \$ 1.90 | \$ 116.78 | 195 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 1.97 | \$ 119.69 | 197 |
| Prescribed Drugs | \$ 152.49 | \$ 138.80 | 13,184 | 8.8% | 6.8% | 1.9% | 1.8% | 0.0% | \$ 183.69 | \$ 161.12 | 13,681 |
| LTSS Services | \$ 1.82 | \$ 7.99 | 2,734 | 2.6% | 2.1% | 0.5% | 2.3% | 0.0% | \$ 1.96 | \$ 8.52 | 2,761 |
| Durable Medical Equipment | \$ 3.21 | \$ 7.75 | 4,969 | 2.0% | 1.5% | 0.5% | -1.2% | -0.1% | \$ 3.29 | \$ 7.89 | 5,013 |
| Lab and X-ray | \$ 9.13 | \$ 25.18 | 4,353 | 2.0% | 1.5% | 0.5% | 2.9% | 0.0% | \$ 9.78 | \$ 26.69 | 4,396 |
| Optical | \$ 0.73 | \$ 50.64 | 174 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 0.76 | \$ 51.98 | 176 |
| Limited Dental Services | \$ 0.00 | \$ 82.76 | 0 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 0.00 | \$ 85.12 | 0 |
| Transportation - Emergency | \$ 5.13 | \$ 491.29 | 125 | 4.1% | 3.6% | 0.5% | -0.6% | 0.0% | \$ 5.53 | \$ 524.19 | 127 |
| Transportation - Non-Emergency | \$ 0.95 | \$ 65.51 | 174 | 4.1% | 3.6% | 0.5% | -0.7% | 0.0% | \$ 1.02 | \$ 69.83 | 175 |
| Other Services - PH | \$ 0.43 | \$ 33.60 | 154 | 2.0% | 1.5% | 0.5% | -1.3% | -0.2% | \$ 0.44 | \$ 34.17 | 156 |
| Other Services - BH | \$ 9.51 | \$ 32.33 | 3,529 | 2.0% | 1.5% | 0.5% | 30.7% | 0.0% | \$ 12.93 | \$ 43.53 | 3,564 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 419.56 | N/A | 62,627 | 5.1% | 4.2% | 0.8% | 2.6% | -0.1% | \$ 474.65 | N/A | 63,807 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 508.83

Non-Benefit Expense PMPM/Payment:

- General Administration (3.87%) \$ 21.60
- PHP Care Management (3.20%) \$ 17.85
- Underwriting Gain (1.85%) \$ 10.33

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 558.61

Premium Taxes (1.9380%) \$ 11.04

Total Base Capitation Rate: \$ 569.65

Exhibit 63

| | |
|----------------------------------|------------------------------|
| Region: | Region 3 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 546,906 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 105.06 | \$ 18,335.49 | 69 | 3.4% | 3.4% | 0.0% | 5.0% | -0.2% | \$ 117.72 | \$ 20,585.73 |
| Inpatient - BH | \$ 4.56 | \$ 677.45 | 81 | 3.4% | 3.4% | 0.0% | 43.1% | 0.0% | \$ 6.97 | \$ 1,036.20 | 81 |
| Outpatient Hospital - Facility | \$ 70.16 | \$ 373.49 | 2,254 | 3.4% | 3.4% | 0.0% | 1.2% | -0.3% | \$ 75.71 | \$ 404.13 | 2,248 |
| Outpatient Hospital - Professional | \$ 12.20 | \$ 201.37 | 727 | 1.5% | 1.5% | 0.0% | 0.9% | -0.3% | \$ 12.65 | \$ 209.26 | 725 |
| Emergency Room - PH | \$ 91.12 | \$ 444.88 | 2,458 | 3.4% | 3.4% | 0.0% | 1.0% | -0.2% | \$ 98.23 | \$ 480.56 | 2,453 |
| Emergency Room - BH | \$ 2.66 | \$ 442.86 | 72 | 3.4% | 3.4% | 0.0% | 1.0% | -0.2% | \$ 2.87 | \$ 478.37 | 72 |
| Physician - Primary Care | \$ 53.79 | \$ 103.30 | 6,248 | 2.0% | 1.5% | 0.5% | -1.2% | 0.1% | \$ 55.33 | \$ 105.15 | 6,315 |
| Physician - Specialty | \$ 33.53 | \$ 125.94 | 3,195 | 2.0% | 1.5% | 0.5% | 0.4% | -0.3% | \$ 34.93 | \$ 130.25 | 3,218 |
| FQHC/RHC | \$ 4.12 | \$ 145.25 | 340 | 3.9% | 3.4% | 0.5% | -21.9% | 0.0% | \$ 3.47 | \$ 121.33 | 343 |
| Other Clinic | \$ 4.02 | \$ 358.31 | 135 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 4.12 | \$ 363.35 | 136 |
| Family Planning Services | \$ 12.76 | \$ 318.91 | 480 | 2.0% | 1.5% | 0.5% | -1.9% | 0.0% | \$ 13.03 | \$ 322.39 | 485 |
| Other Professional - PH | \$ 0.55 | \$ 129.57 | 51 | 2.0% | 1.5% | 0.5% | -1.4% | -0.2% | \$ 0.57 | \$ 131.57 | 52 |
| Other Professional - BH | \$ 1.25 | \$ 117.24 | 128 | 2.0% | 1.5% | 0.5% | 14.2% | -0.2% | \$ 1.48 | \$ 137.93 | 129 |
| Therapies - PT/OT/ST | \$ 3.31 | \$ 116.78 | 340 | 2.0% | 1.5% | 0.5% | -0.9% | 0.0% | \$ 3.41 | \$ 119.21 | 343 |
| Prescribed Drugs | \$ 265.64 | \$ 138.80 | 22,966 | 8.8% | 6.8% | 1.9% | -0.7% | 0.0% | \$ 312.21 | \$ 157.20 | 23,833 |
| LTSS Services | \$ 3.17 | \$ 7.99 | 4,763 | 2.6% | 2.1% | 0.5% | 1.9% | 0.0% | \$ 3.40 | \$ 8.48 | 4,810 |
| Durable Medical Equipment | \$ 5.59 | \$ 7.75 | 8,657 | 2.0% | 1.5% | 0.5% | -1.6% | -0.1% | \$ 5.72 | \$ 7.86 | 8,732 |
| Lab and X-ray | \$ 15.91 | \$ 25.18 | 7,583 | 2.0% | 1.5% | 0.5% | 2.5% | 0.0% | \$ 16.97 | \$ 26.58 | 7,658 |
| Optical | \$ 1.28 | \$ 50.64 | 303 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 1.32 | \$ 51.78 | 306 |
| Limited Dental Services | \$ 0.00 | \$ 82.76 | 0 | 2.0% | 1.5% | 0.5% | -0.6% | 0.0% | \$ 0.00 | \$ 84.78 | 0 |
| Transportation - Emergency | \$ 8.94 | \$ 491.29 | 218 | 4.1% | 3.6% | 0.5% | -1.0% | 0.0% | \$ 9.59 | \$ 522.12 | 220 |
| Transportation - Non-Emergency | \$ 1.65 | \$ 65.51 | 302 | 4.1% | 3.6% | 0.5% | -1.1% | 0.0% | \$ 1.77 | \$ 69.56 | 305 |
| Other Services - PH | \$ 0.75 | \$ 33.60 | 269 | 2.0% | 1.5% | 0.5% | -1.7% | -0.2% | \$ 0.77 | \$ 34.03 | 271 |
| Other Services - BH | \$ 16.56 | \$ 32.33 | 6,147 | 2.0% | 1.5% | 0.5% | 30.2% | 0.0% | \$ 22.43 | \$ 43.36 | 6,208 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 730.89 | N/A | 109,098 | 5.1% | 4.2% | 0.8% | 1.4% | -0.1% | \$ 817.07 | N/A | 111,155 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 875.90

Non-Benefit Expense PMPM/Payment:

- General Administration (3.48%) \$ 33.37
- PHP Care Management (3.21%) \$ 30.73
- Underwriting Gain (1.85%) \$ 17.72

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 957.72

Premium Taxes (1.9380%) \$ 18.93

Total Base Capitation Rate: \$ 976.65

Exhibit 64

| | |
|----------------------------------|------------------------------|
| Region: | Region 4 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 233,616 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 381.75 | \$ 20,327.61 | 225 | 3.4% | 3.4% | 0.0% | 1.3% | -1.7% | \$ 406.33 | \$ 22,014.32 |
| Inpatient - BH | \$ 4.53 | \$ 619.37 | 88 | 4.4% | 3.4% | 1.0% | 47.2% | 0.0% | \$ 7.27 | \$ 974.60 | 90 |
| Outpatient Hospital - Facility | \$ 113.06 | \$ 535.47 | 2,534 | 3.4% | 3.4% | 0.0% | 1.4% | -1.7% | \$ 120.45 | \$ 580.40 | 2,490 |
| Outpatient Hospital - Professional | \$ 19.01 | \$ 150.08 | 1,520 | 2.0% | 1.5% | 0.5% | 4.7% | -1.7% | \$ 20.35 | \$ 161.87 | 1,509 |
| Emergency Room - PH | \$ 74.31 | \$ 538.12 | 1,657 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 81.23 | \$ 582.70 | 1,673 |
| Emergency Room - BH | \$ 1.82 | \$ 504.97 | 43 | 4.4% | 3.4% | 1.0% | 1.4% | -1.0% | \$ 1.99 | \$ 547.23 | 44 |
| Physician - Primary Care | \$ 46.99 | \$ 117.75 | 4,789 | 2.0% | 1.5% | 0.5% | 1.5% | 0.4% | \$ 49.86 | \$ 123.18 | 4,857 |
| Physician - Specialty | \$ 63.46 | \$ 189.42 | 4,020 | 2.0% | 1.5% | 0.5% | 1.7% | -1.3% | \$ 66.30 | \$ 198.50 | 4,008 |
| FQHC/RHC | \$ 10.23 | \$ 176.79 | 694 | 3.9% | 3.4% | 0.5% | -30.2% | 0.0% | \$ 7.71 | \$ 131.85 | 701 |
| Other Clinic | \$ 26.81 | \$ 741.28 | 434 | 2.0% | 1.5% | 0.5% | 1.4% | -0.7% | \$ 28.09 | \$ 774.29 | 435 |
| Family Planning Services | \$ 1.66 | \$ 185.95 | 107 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 1.74 | \$ 192.64 | 108 |
| Other Professional - PH | \$ 0.84 | \$ 131.35 | 77 | 2.0% | 1.5% | 0.5% | 1.2% | -0.7% | \$ 0.88 | \$ 136.92 | 77 |
| Other Professional - BH | \$ 1.32 | \$ 122.09 | 129 | 2.0% | 1.5% | 0.5% | 10.7% | -0.7% | \$ 1.51 | \$ 139.28 | 130 |
| Therapies - PT/OT/ST | \$ 12.14 | \$ 128.41 | 1,135 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 12.80 | \$ 133.94 | 1,146 |
| Prescribed Drugs | \$ 603.37 | \$ 236.83 | 30,572 | 9.0% | 6.6% | 2.2% | 2.4% | -0.1% | \$ 733.22 | \$ 275.55 | 31,931 |
| LTSS Services | \$ 79.92 | \$ 8.70 | 110,281 | 2.6% | 2.1% | 0.5% | 7.8% | -0.3% | \$ 90.45 | \$ 9.78 | 111,039 |
| Durable Medical Equipment | \$ 37.39 | \$ 3.91 | 114,851 | 2.0% | 1.5% | 0.5% | -0.1% | -1.3% | \$ 38.36 | \$ 4.02 | 114,490 |
| Lab and X-ray | \$ 5.80 | \$ 17.39 | 4,001 | 2.0% | 1.5% | 0.5% | 4.2% | 0.0% | \$ 6.29 | \$ 18.68 | 4,040 |
| Optical | \$ 1.26 | \$ 47.85 | 315 | 2.0% | 1.5% | 0.5% | 1.4% | 0.0% | \$ 1.32 | \$ 49.98 | 318 |
| Limited Dental Services | \$ 0.06 | \$ 30.51 | 23 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 0.06 | \$ 31.62 | 23 |
| Transportation - Emergency | \$ 20.98 | \$ 402.86 | 625 | 4.1% | 3.6% | 0.5% | 1.2% | 0.0% | \$ 23.01 | \$ 437.69 | 631 |
| Transportation - Non-Emergency | \$ 10.00 | \$ 42.53 | 2,821 | 4.1% | 3.6% | 0.5% | 1.3% | 0.0% | \$ 10.97 | \$ 46.22 | 2,849 |
| Other Services - PH | \$ 0.91 | \$ 62.81 | 174 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 0.94 | \$ 64.89 | 175 |
| Other Services - BH | \$ 24.39 | \$ 17.35 | 16,872 | 2.0% | 1.5% | 0.5% | 23.7% | 0.0% | \$ 31.39 | \$ 22.12 | 17,033 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,547.31 | N/A | 310,764 | 5.4% | 4.3% | 1.1% | 2.4% | -0.7% | \$ 1,747.98 | N/A | 313,051 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,747.98

Non-Benefit Expense PMPM/Payment:

- General Administration (3.39%) \$ 64.77
- PHP Care Management (3.35%) \$ 64.13
- Underwriting Gain (1.85%) \$ 35.38

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,912.26

Premium Taxes (1.9380%) \$ 37.79

Total Base Capitation Rate: \$ 1,950.05

Exhibit 65

| | |
|---------------------------|--------------------------------------|
| Region: | Region 4 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 166,596 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-------------|-------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-------------|-------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 552.38 | \$ 7,238.66 | 916 | 3.4% | 3.4% | 0.0% | 0.2% | -0.2% | \$ 591.09 | \$ 7,758.24 |
| Inpatient - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Outpatient Hospital - Facility | \$ 17.32 | \$ 208.54 | 997 | 3.4% | 3.4% | 0.0% | 0.3% | -0.6% | \$ 18.47 | \$ 223.58 | 991 |
| Outpatient Hospital - Professional | \$ 3.58 | \$ 126.60 | 340 | 2.5% | 1.5% | 1.0% | 3.0% | -0.6% | \$ 3.86 | \$ 134.36 | 345 |
| Emergency Room - PH | \$ 41.86 | \$ 295.15 | 1,702 | 3.4% | 3.4% | 0.0% | 0.2% | -0.6% | \$ 44.59 | \$ 316.12 | 1,693 |
| Emergency Room - BH | \$ 0.04 | \$ 150.59 | 3 | 3.4% | 3.4% | 0.0% | 0.0% | -0.6% | \$ 0.04 | \$ 160.97 | 3 |
| Physician - Primary Care | \$ 99.83 | \$ 123.86 | 9,672 | 2.0% | 1.5% | 0.5% | -0.1% | 0.2% | \$ 104.06 | \$ 127.52 | 9,792 |
| Physician - Specialty | \$ 53.51 | \$ 258.50 | 2,484 | 2.0% | 1.5% | 0.5% | 0.2% | -1.2% | \$ 55.13 | \$ 266.95 | 2,478 |
| FQHC/RHC | \$ 9.72 | \$ 134.06 | 870 | 4.4% | 3.4% | 1.0% | -16.3% | 0.0% | \$ 8.87 | \$ 119.91 | 887 |
| Other Clinic | \$ 5.07 | \$ 111.95 | 543 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 5.25 | \$ 115.65 | 545 |
| Family Planning Services | \$ 0.08 | \$ 86.14 | 11 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.09 | \$ 89.02 | 12 |
| Other Professional - PH | \$ 2.75 | \$ 84.42 | 390 | 2.0% | 1.5% | 0.5% | 0.2% | -0.7% | \$ 2.84 | \$ 87.16 | 392 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 4.18 | \$ 146.14 | 343 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 4.36 | \$ 150.98 | 347 |
| Prescribed Drugs | \$ 20.11 | \$ 66.21 | 3,645 | -10.9% | -12.8% | 2.1% | 2.9% | -0.1% | \$ 16.42 | \$ 51.83 | 3,800 |
| LTSS Services | \$ 1.61 | \$ 10.99 | 1,756 | 2.6% | 2.1% | 0.5% | 13.1% | 0.0% | \$ 1.91 | \$ 12.96 | 1,773 |
| Durable Medical Equipment | \$ 5.37 | \$ 5.86 | 11,000 | 2.0% | 1.5% | 0.5% | -0.5% | -0.6% | \$ 5.54 | \$ 6.01 | 11,049 |
| Lab and X-ray | \$ 1.62 | \$ 33.19 | 585 | 2.0% | 1.5% | 0.5% | 3.7% | 0.0% | \$ 1.75 | \$ 35.46 | 591 |
| Optical | \$ 0.02 | \$ 66.07 | 3 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 0.02 | \$ 68.25 | 3 |
| Limited Dental Services | \$ 2.51 | \$ 27.59 | 1,093 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 2.60 | \$ 28.23 | 1,104 |
| Transportation - Emergency | \$ 9.52 | \$ 1,354.30 | 84 | 4.1% | 3.6% | 0.5% | 0.2% | 0.0% | \$ 10.33 | \$ 1,456.10 | 85 |
| Transportation - Non-Emergency | \$ 0.50 | \$ 61.04 | 98 | 4.1% | 3.6% | 0.5% | 0.1% | 0.0% | \$ 0.54 | \$ 65.55 | 99 |
| Other Services - PH | \$ 0.40 | \$ 96.89 | 49 | 2.0% | 1.5% | 0.5% | -0.4% | -0.7% | \$ 0.41 | \$ 99.45 | 49 |
| Other Services - BH | \$ 0.10 | \$ 113.21 | 10 | 2.0% | 1.5% | 0.5% | 11.5% | 0.0% | \$ 0.11 | \$ 130.02 | 10 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 838.28 | N/A | 57,385 | 2.8% | 2.6% | 0.2% | 0.1% | -0.2% | \$ 884.59 | N/A | 58,170 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 884.59

Non-Benefit Expense PMPM/Payment:

- General Administration (3.65%) \$ 35.45
- PHP Care Management (3.53%) \$ 34.29
- Underwriting Gain (1.85%) \$ 17.99

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 972.31

Premium Taxes (1.9380%) \$ 19.22

Total Base Capitation Rate: \$ 991.52

Exhibit 66

| | |
|----------------------------------|---|
| Region: | Region 4 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 2,935,899 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|------------------|--------------|---------------|--------------|-------------|-------------|-----------------|-------------------------|------------------|--------------|---------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 12.47 | \$ 14,349.26 | 10 | 3.4% | 3.4% | 0.0% | -2.1% | -1.3% | \$ 12.89 | \$ 15,024.51 | 10 |
| Inpatient - BH | \$ 1.56 | \$ 798.48 | 23 | 3.4% | 3.4% | 0.0% | 87.6% | -0.1% | \$ 3.12 | \$ 1,601.12 | 23 |
| Outpatient Hospital - Facility | \$ 11.39 | \$ 380.75 | 359 | 3.4% | 3.4% | 0.0% | -2.0% | -0.6% | \$ 11.87 | \$ 399.09 | 357 |
| Outpatient Hospital - Professional | \$ 2.54 | \$ 180.44 | 169 | 2.5% | 1.5% | 1.0% | 58.5% | -0.6% | \$ 4.20 | \$ 294.68 | 171 |
| Emergency Room - PH | \$ 19.46 | \$ 330.14 | 707 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 20.17 | \$ 345.48 | 701 |
| Emergency Room - BH | \$ 0.46 | \$ 430.28 | 13 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 0.48 | \$ 450.56 | 13 |
| Physician - Primary Care | \$ 21.19 | \$ 113.94 | 2,232 | 2.0% | 1.5% | 0.5% | -2.0% | 0.2% | \$ 21.65 | \$ 115.03 | 2,259 |
| Physician - Specialty | \$ 4.70 | \$ 109.44 | 516 | 2.0% | 1.5% | 0.5% | -1.0% | -1.3% | \$ 4.78 | \$ 111.59 | 514 |
| FQHC/RHC | \$ 3.08 | \$ 149.05 | 248 | 3.9% | 3.4% | 0.5% | -26.3% | 0.0% | \$ 2.46 | \$ 117.51 | 251 |
| Other Clinic | \$ 0.99 | \$ 110.75 | 107 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.99 | \$ 111.49 | 107 |
| Family Planning Services | \$ 0.66 | \$ 157.67 | 50 | 2.0% | 1.5% | 0.5% | -3.2% | 0.0% | \$ 0.67 | \$ 157.28 | 51 |
| Other Professional - PH | \$ 0.05 | \$ 136.78 | 4 | 2.0% | 1.5% | 0.5% | -2.3% | -0.8% | \$ 0.05 | \$ 137.72 | 4 |
| Other Professional - BH | \$ 0.18 | \$ 97.76 | 22 | 2.0% | 1.5% | 0.5% | 16.9% | -0.8% | \$ 0.22 | \$ 117.79 | 22 |
| Therapies - PT/OT/ST | \$ 7.52 | \$ 97.63 | 924 | 2.0% | 1.5% | 0.5% | -2.0% | 0.0% | \$ 7.67 | \$ 98.58 | 933 |
| Prescribed Drugs | \$ 39.68 | \$ 136.63 | 3,485 | 5.7% | 4.2% | 1.5% | 3.1% | -0.1% | \$ 45.69 | \$ 153.01 | 3,583 |
| LTSS Services | \$ 0.43 | \$ 11.11 | 463 | 2.6% | 2.1% | 0.5% | 8.6% | -0.1% | \$ 0.49 | \$ 12.58 | 467 |
| Durable Medical Equipment | \$ 1.62 | \$ 3.20 | 6,071 | 2.0% | 1.5% | 0.5% | -2.9% | -0.6% | \$ 1.62 | \$ 3.20 | 6,094 |
| Lab and X-ray | \$ 1.81 | \$ 21.71 | 998 | 2.0% | 1.5% | 0.5% | 1.0% | -0.1% | \$ 1.90 | \$ 22.59 | 1,008 |
| Optical | \$ 1.04 | \$ 47.51 | 262 | 2.0% | 1.5% | 0.5% | -2.0% | -0.1% | \$ 1.06 | \$ 47.98 | 264 |
| Limited Dental Services | \$ 0.39 | \$ 27.98 | 166 | 2.0% | 1.5% | 0.5% | -2.6% | 0.0% | \$ 0.39 | \$ 28.08 | 168 |
| Transportation - Emergency | \$ 1.58 | \$ 611.54 | 31 | 4.1% | 3.6% | 0.5% | -2.2% | -0.1% | \$ 1.67 | \$ 642.25 | 31 |
| Transportation - Non-Emergency | \$ 0.13 | \$ 44.73 | 34 | 4.1% | 3.6% | 0.5% | -2.1% | 0.0% | \$ 0.13 | \$ 46.99 | 34 |
| Other Services - PH | \$ 0.25 | \$ 60.71 | 49 | 2.0% | 1.5% | 0.5% | -2.6% | -0.8% | \$ 0.25 | \$ 60.95 | 49 |
| Other Services - BH | \$ 5.85 | \$ 53.63 | 1,309 | 2.0% | 1.5% | 0.5% | 17.2% | -0.1% | \$ 7.13 | \$ 64.77 | 1,322 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 143.24 | N/A | 34,279 | 3.5% | 2.9% | 0.6% | 1.8% | -0.4% | \$ 155.76 | N/A | 34,784 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 156.08

Non-Benefit Expense PMPM/Payment:

- General Administration (6.02%) \$ 10.70
- PHP Care Management (4.39%) \$ 7.80
- Underwriting Gain (1.85%) \$ 3.29

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 177.87

Premium Taxes (1.9380%) \$ 3.52

Total Base Capitation Rate: \$ 181.39

Exhibit 67

| | |
|---------------------------|-------------------------------------|
| Region: | Region 4 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 754,181 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-----------|--------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-------------|--------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 45.67 | \$ 16,909.47 | 32 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 48.64 | \$ 18,184.72 |
| Inpatient - BH | \$ 2.17 | \$ 651.97 | 40 | 3.4% | 3.4% | 0.0% | 49.5% | -0.1% | \$ 3.47 | \$ 1,042.18 | 40 |
| Outpatient Hospital - Facility | \$ 29.44 | \$ 360.53 | 980 | 3.4% | 3.4% | 0.0% | 0.7% | -1.3% | \$ 31.29 | \$ 388.26 | 967 |
| Outpatient Hospital - Professional | \$ 4.95 | \$ 139.47 | 426 | 1.5% | 1.5% | 0.0% | 2.9% | -1.3% | \$ 5.18 | \$ 147.81 | 420 |
| Emergency Room - PH | \$ 43.89 | \$ 477.42 | 1,103 | 3.4% | 3.4% | 0.0% | 0.5% | -1.0% | \$ 46.72 | \$ 513.12 | 1,093 |
| Emergency Room - BH | \$ 0.86 | \$ 437.18 | 24 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 0.92 | \$ 470.25 | 23 |
| Physician - Primary Care | \$ 20.66 | \$ 103.39 | 2,398 | 2.0% | 1.5% | 0.5% | 0.8% | 0.3% | \$ 21.73 | \$ 107.35 | 2,429 |
| Physician - Specialty | \$ 13.53 | \$ 130.39 | 1,245 | 2.0% | 1.5% | 0.5% | 2.0% | -1.3% | \$ 14.17 | \$ 137.02 | 1,241 |
| FQHC/RHC | \$ 4.75 | \$ 159.49 | 358 | 3.9% | 3.4% | 0.5% | -31.7% | 0.0% | \$ 3.51 | \$ 116.43 | 361 |
| Other Clinic | \$ 1.46 | \$ 144.20 | 121 | 2.0% | 1.5% | 0.5% | -0.6% | -0.7% | \$ 1.49 | \$ 147.71 | 121 |
| Family Planning Services | \$ 5.22 | \$ 206.36 | 303 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 5.41 | \$ 211.87 | 306 |
| Other Professional - PH | \$ 0.18 | \$ 124.61 | 18 | 2.0% | 1.5% | 0.5% | 0.2% | -0.7% | \$ 0.19 | \$ 128.68 | 18 |
| Other Professional - BH | \$ 0.73 | \$ 110.13 | 79 | 2.0% | 1.5% | 0.5% | 13.5% | -0.7% | \$ 0.85 | \$ 128.75 | 80 |
| Therapies - PT/OT/ST | \$ 1.49 | \$ 111.56 | 161 | 2.0% | 1.5% | 0.5% | 0.5% | 0.0% | \$ 1.56 | \$ 115.52 | 162 |
| Prescribed Drugs | \$ 121.52 | \$ 148.88 | 9,795 | 8.6% | 6.5% | 1.9% | 7.2% | -0.2% | \$ 153.27 | \$ 181.02 | 10,161 |
| LTSS Services | \$ 1.77 | \$ 8.68 | 2,452 | 2.6% | 2.1% | 0.5% | 6.2% | -0.1% | \$ 1.98 | \$ 9.60 | 2,475 |
| Durable Medical Equipment | \$ 2.32 | \$ 8.73 | 3,184 | 2.0% | 1.5% | 0.5% | -0.3% | -0.6% | \$ 2.39 | \$ 8.97 | 3,196 |
| Lab and X-ray | \$ 6.19 | \$ 21.48 | 3,458 | 2.0% | 1.5% | 0.5% | 3.8% | -0.1% | \$ 6.68 | \$ 22.97 | 3,490 |
| Optical | \$ 0.75 | \$ 49.51 | 182 | 2.0% | 1.5% | 0.5% | 0.7% | -0.1% | \$ 0.79 | \$ 51.36 | 184 |
| Limited Dental Services | \$ 0.00 | \$ 94.98 | 0 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 0.00 | \$ 98.40 | 0 |
| Transportation - Emergency | \$ 4.50 | \$ 469.42 | 115 | 4.1% | 3.6% | 0.5% | 0.5% | -0.1% | \$ 4.90 | \$ 506.29 | 116 |
| Transportation - Non-Emergency | \$ 0.54 | \$ 43.14 | 150 | 4.1% | 3.6% | 0.5% | 0.5% | 0.0% | \$ 0.59 | \$ 46.51 | 151 |
| Other Services - PH | \$ 0.25 | \$ 37.89 | 79 | 2.0% | 1.5% | 0.5% | -0.6% | -0.7% | \$ 0.26 | \$ 38.80 | 79 |
| Other Services - BH | \$ 12.14 | \$ 20.12 | 7,240 | 2.0% | 1.5% | 0.5% | 29.7% | -0.1% | \$ 16.37 | \$ 26.88 | 7,307 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 330.77 | N/A | 53,337 | 5.0% | 4.1% | 0.9% | 4.2% | -0.5% | \$ 378.25 | N/A | 54,237 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 402.46

Non-Benefit Expense PMPM/Payment:
 General Administration (4.29%) \$ 19.07
 PHP Care Management (3.29%) \$ 14.63
 Underwriting Gain (1.85%) \$ 8.22

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 444.38

Premium Taxes (1.9380%) \$ 8.78

Total Base Capitation Rate: \$ 453.16

Exhibit 68

| | |
|----------------------------------|------------------------------|
| Region: | Region 4 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 8,290 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|---------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 7,387.70 | \$ 7,000.81 | 12,663 | 3.4% | 3.4% | 0.0% | 2.0% | -0.1% | \$ 8,051.79 | \$ 7,635.92 |
| Inpatient - BH | \$ 4.84 | \$ 1,081.78 | 54 | 3.4% | 3.4% | 0.0% | 2.4% | 0.0% | \$ 5.30 | \$ 1,183.82 | 54 |
| Outpatient Hospital - Facility | \$ 587.73 | \$ 283.80 | 24,851 | 3.4% | 3.4% | 0.0% | 2.1% | -1.2% | \$ 633.65 | \$ 309.80 | 24,544 |
| Outpatient Hospital - Professional | \$ 41.95 | \$ 63.35 | 7,947 | 1.5% | 1.5% | 0.0% | 1.2% | -1.2% | \$ 43.20 | \$ 66.05 | 7,848 |
| Emergency Room - PH | \$ 496.93 | \$ 391.66 | 15,226 | 3.4% | 3.4% | 0.0% | 1.4% | -0.9% | \$ 533.93 | \$ 424.53 | 15,092 |
| Emergency Room - BH | \$ 0.25 | \$ 388.56 | 8 | 3.4% | 3.4% | 0.0% | 2.4% | -0.9% | \$ 0.27 | \$ 425.23 | 8 |
| Physician - Primary Care | \$ 1,342.96 | \$ 305.56 | 52,740 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 1,426.25 | \$ 321.29 | 53,269 |
| Physician - Specialty | \$ 456.92 | \$ 196.94 | 27,841 | 2.0% | 1.5% | 0.5% | 1.2% | 0.0% | \$ 480.97 | \$ 205.25 | 28,121 |
| FQHC/RHC | \$ 114.85 | \$ 203.17 | 6,783 | 3.9% | 3.4% | 0.5% | -32.6% | 0.0% | \$ 83.56 | \$ 146.35 | 6,851 |
| Other Clinic | \$ 105.15 | \$ 226.69 | 5,566 | 2.0% | 1.5% | 0.5% | 10.5% | 0.0% | \$ 120.87 | \$ 258.00 | 5,622 |
| Family Planning Services | \$ 1,122.97 | \$ 2,334.71 | 5,772 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 1,192.80 | \$ 2,455.28 | 5,830 |
| Other Professional - PH | \$ 25.20 | \$ 144.66 | 2,090 | 2.0% | 1.5% | 0.5% | -0.6% | 0.0% | \$ 26.05 | \$ 148.08 | 2,111 |
| Other Professional - BH | \$ 0.08 | \$ 80.02 | 12 | 2.0% | 1.5% | 0.5% | 2.0% | 0.0% | \$ 0.09 | \$ 84.06 | 12 |
| Therapies - PT/OT/ST | \$ 2.04 | \$ 179.61 | 136 | 2.0% | 1.5% | 0.5% | 2.0% | 0.0% | \$ 2.17 | \$ 188.70 | 138 |
| Prescribed Drugs | \$ 53.13 | \$ 23.86 | 26,724 | 8.6% | 6.5% | 1.9% | 1.5% | 0.0% | \$ 63.57 | \$ 27.47 | 27,767 |
| LTSS Services | \$ 0.51 | \$ 6.42 | 961 | 2.6% | 2.1% | 0.5% | 0.8% | 0.0% | \$ 0.55 | \$ 6.75 | 971 |
| Durable Medical Equipment | \$ 10.38 | \$ 1.50 | 83,038 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 11.04 | \$ 1.58 | 83,870 |
| Lab and X-ray | \$ 31.55 | \$ 21.99 | 17,212 | 2.0% | 1.5% | 0.5% | 1.9% | 0.0% | \$ 33.46 | \$ 23.10 | 17,385 |
| Optical | \$ 0.01 | \$ 10.63 | 9 | 2.0% | 1.5% | 0.5% | 1.8% | 0.0% | \$ 0.01 | \$ 11.14 | 9 |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 73.10 | \$ 927.25 | 946 | 4.1% | 3.6% | 0.5% | 2.0% | 0.0% | \$ 80.82 | \$ 1,014.98 | 955 |
| Transportation - Non-Emergency | \$ 0.93 | \$ 123.97 | 90 | 4.1% | 3.6% | 0.5% | 2.2% | 0.0% | \$ 1.02 | \$ 135.95 | 90 |
| Other Services - PH | \$ 0.89 | \$ 33.68 | 318 | 2.0% | 1.5% | 0.5% | -61.2% | 0.0% | \$ 0.36 | \$ 13.47 | 321 |
| Other Services - BH | \$ 1.11 | \$ 19.52 | 681 | 2.0% | 1.5% | 0.5% | 2.5% | 0.0% | \$ 1.18 | \$ 20.61 | 688 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 11,861.18 | N/A | 291,669 | 3.1% | 2.9% | 0.1% | 1.7% | -0.2% | \$ 12,792.92 | N/A | 294,210 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 12,792.92

Non-Benefit Expense PMPM/Payment:

- General Administration (0.66%) \$ 89.36
- PHP Care Management (3.42%) \$ 465.05
- Underwriting Gain (1.85%) \$ 251.58

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 13,598.91

Premium Taxes (1.9380%) \$ 268.76

Total Base Capitation Rate: \$ 13,867.66

Exhibit 69

| | |
|----------------------------------|-------------------------------------|
| Region: | Region 4 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 235,309 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 21.68 | \$ 16,909.47 | 15 | 3.4% | 3.4% | 0.0% | 6.0% | -0.2% | \$ 24.52 | \$ 19,158.25 |
| Inpatient - BH | \$ 1.03 | \$ 651.97 | 19 | 3.4% | 3.4% | 0.0% | 57.5% | 0.0% | \$ 1.74 | \$ 1,097.97 | 19 |
| Outpatient Hospital - Facility | \$ 13.98 | \$ 360.53 | 465 | 3.4% | 3.4% | 0.0% | 2.1% | -0.3% | \$ 15.22 | \$ 393.61 | 464 |
| Outpatient Hospital - Professional | \$ 2.35 | \$ 139.47 | 202 | 1.5% | 1.5% | 0.0% | 4.3% | -0.3% | \$ 2.52 | \$ 149.85 | 202 |
| Emergency Room - PH | \$ 20.84 | \$ 477.42 | 524 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 22.66 | \$ 520.19 | 523 |
| Emergency Room - BH | \$ 0.41 | \$ 437.18 | 11 | 3.4% | 3.4% | 0.0% | 2.0% | -0.2% | \$ 0.44 | \$ 476.73 | 11 |
| Physician - Primary Care | \$ 9.81 | \$ 103.39 | 1,138 | 2.0% | 1.5% | 0.5% | 0.2% | 0.1% | \$ 10.23 | \$ 106.70 | 1,150 |
| Physician - Specialty | \$ 6.42 | \$ 130.39 | 591 | 2.0% | 1.5% | 0.5% | 1.4% | -0.3% | \$ 6.76 | \$ 136.18 | 595 |
| FQHC/RHC | \$ 2.26 | \$ 159.49 | 170 | 3.9% | 3.4% | 0.5% | -32.1% | 0.0% | \$ 1.65 | \$ 115.72 | 172 |
| Other Clinic | \$ 0.69 | \$ 144.20 | 57 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.71 | \$ 146.80 | 58 |
| Family Planning Services | \$ 2.48 | \$ 206.36 | 144 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 2.55 | \$ 210.57 | 145 |
| Other Professional - PH | \$ 0.09 | \$ 124.61 | 8 | 2.0% | 1.5% | 0.5% | -0.4% | -0.2% | \$ 0.09 | \$ 127.89 | 9 |
| Other Professional - BH | \$ 0.35 | \$ 110.13 | 38 | 2.0% | 1.5% | 0.5% | 12.8% | -0.2% | \$ 0.41 | \$ 127.96 | 38 |
| Therapies - PT/OT/ST | \$ 0.71 | \$ 111.56 | 76 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 0.74 | \$ 114.81 | 77 |
| Prescribed Drugs | \$ 57.69 | \$ 148.88 | 4,650 | 8.6% | 6.5% | 1.9% | 10.2% | 0.0% | \$ 74.87 | \$ 186.04 | 4,829 |
| LTSS Services | \$ 0.84 | \$ 8.68 | 1,164 | 2.6% | 2.1% | 0.5% | 5.5% | 0.0% | \$ 0.94 | \$ 9.54 | 1,176 |
| Durable Medical Equipment | \$ 1.10 | \$ 8.73 | 1,512 | 2.0% | 1.5% | 0.5% | -0.9% | -0.1% | \$ 1.13 | \$ 8.91 | 1,525 |
| Lab and X-ray | \$ 2.94 | \$ 21.48 | 1,642 | 2.0% | 1.5% | 0.5% | 3.1% | 0.0% | \$ 3.15 | \$ 22.83 | 1,658 |
| Optical | \$ 0.36 | \$ 49.51 | 86 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.37 | \$ 51.05 | 87 |
| Limited Dental Services | \$ 0.00 | \$ 94.98 | 0 | 2.0% | 1.5% | 0.5% | -0.1% | 0.0% | \$ 0.00 | \$ 97.80 | 0 |
| Transportation - Emergency | \$ 2.14 | \$ 469.42 | 55 | 4.1% | 3.6% | 0.5% | -0.1% | 0.0% | \$ 2.31 | \$ 503.20 | 55 |
| Transportation - Non-Emergency | \$ 0.26 | \$ 43.14 | 71 | 4.1% | 3.6% | 0.5% | -0.2% | 0.0% | \$ 0.28 | \$ 46.23 | 72 |
| Other Services - PH | \$ 0.12 | \$ 37.89 | 37 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.12 | \$ 38.56 | 38 |
| Other Services - BH | \$ 5.76 | \$ 20.12 | 3,437 | 2.0% | 1.5% | 0.5% | 28.9% | 0.0% | \$ 7.73 | \$ 26.72 | 3,471 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 157.02 | N/A | 25,319 | 5.0% | 4.1% | 0.9% | 6.3% | -0.1% | \$ 183.91 | N/A | 25,780 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 197.16

Non-Benefit Expense PMPM/Payment:

- General Administration (5.49%) \$ 12.10
- PHP Care Management (3.25%) \$ 7.17
- Underwriting Gain (1.85%) \$ 4.08

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 220.50

Premium Taxes (1.9380%) \$ 4.36

Total Base Capitation Rate: \$ 224.86

Exhibit 70

| | |
|----------------------------------|------------------------------|
| Region: | Region 4 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 359,938 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 36.08 | \$ 16,909.47 | 26 | 3.4% | 3.4% | 0.0% | 5.7% | -0.2% | \$ 40.68 | \$ 19,102.64 |
| Inpatient - BH | \$ 1.72 | \$ 651.97 | 32 | 3.4% | 3.4% | 0.0% | 57.1% | 0.0% | \$ 2.88 | \$ 1,094.78 | 32 |
| Outpatient Hospital - Facility | \$ 23.26 | \$ 360.53 | 774 | 3.4% | 3.4% | 0.0% | 1.8% | -0.3% | \$ 25.25 | \$ 392.47 | 772 |
| Outpatient Hospital - Professional | \$ 3.91 | \$ 139.47 | 336 | 1.5% | 1.5% | 0.0% | 4.0% | -0.3% | \$ 4.18 | \$ 149.42 | 336 |
| Emergency Room - PH | \$ 34.68 | \$ 477.42 | 872 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 37.60 | \$ 518.68 | 870 |
| Emergency Room - BH | \$ 0.68 | \$ 437.18 | 19 | 3.4% | 3.4% | 0.0% | 1.7% | -0.2% | \$ 0.74 | \$ 475.35 | 19 |
| Physician - Primary Care | \$ 16.32 | \$ 103.39 | 1,894 | 2.0% | 1.5% | 0.5% | -0.1% | 0.1% | \$ 16.97 | \$ 106.39 | 1,915 |
| Physician - Specialty | \$ 10.69 | \$ 130.39 | 984 | 2.0% | 1.5% | 0.5% | 1.1% | -0.3% | \$ 11.21 | \$ 135.79 | 991 |
| FQHC/RHC | \$ 3.76 | \$ 159.49 | 283 | 3.9% | 3.4% | 0.5% | -32.3% | 0.0% | \$ 2.74 | \$ 115.38 | 285 |
| Other Clinic | \$ 1.15 | \$ 144.20 | 96 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 1.18 | \$ 146.38 | 96 |
| Family Planning Services | \$ 4.12 | \$ 206.36 | 240 | 2.0% | 1.5% | 0.5% | -1.2% | 0.0% | \$ 4.23 | \$ 209.96 | 242 |
| Other Professional - PH | \$ 0.15 | \$ 124.61 | 14 | 2.0% | 1.5% | 0.5% | -0.7% | -0.2% | \$ 0.15 | \$ 127.52 | 14 |
| Other Professional - BH | \$ 0.58 | \$ 110.13 | 63 | 2.0% | 1.5% | 0.5% | 12.5% | -0.2% | \$ 0.67 | \$ 127.59 | 63 |
| Therapies - PT/OT/ST | \$ 1.18 | \$ 111.56 | 127 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 1.22 | \$ 114.48 | 128 |
| Prescribed Drugs | \$ 96.01 | \$ 148.88 | 7,738 | 8.6% | 6.5% | 1.9% | 4.6% | 0.0% | \$ 118.38 | \$ 176.74 | 8,038 |
| LTSS Services | \$ 1.40 | \$ 8.68 | 1,938 | 2.6% | 2.1% | 0.5% | 5.2% | 0.0% | \$ 1.55 | \$ 9.52 | 1,957 |
| Durable Medical Equipment | \$ 1.83 | \$ 8.73 | 2,516 | 2.0% | 1.5% | 0.5% | -1.2% | -0.1% | \$ 1.88 | \$ 8.89 | 2,537 |
| Lab and X-ray | \$ 4.89 | \$ 21.48 | 2,732 | 2.0% | 1.5% | 0.5% | 2.8% | 0.0% | \$ 5.23 | \$ 22.76 | 2,759 |
| Optical | \$ 0.59 | \$ 49.51 | 144 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 0.62 | \$ 50.90 | 145 |
| Limited Dental Services | \$ 0.00 | \$ 94.98 | 0 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 0.00 | \$ 97.52 | 0 |
| Transportation - Emergency | \$ 3.55 | \$ 469.42 | 91 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 3.84 | \$ 501.74 | 92 |
| Transportation - Non-Emergency | \$ 0.42 | \$ 43.14 | 118 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 0.46 | \$ 46.09 | 119 |
| Other Services - PH | \$ 0.20 | \$ 37.89 | 62 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 0.20 | \$ 38.45 | 63 |
| Other Services - BH | \$ 9.59 | \$ 20.12 | 5,720 | 2.0% | 1.5% | 0.5% | 28.5% | 0.0% | \$ 12.82 | \$ 26.64 | 5,776 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 261.33 | N/A | 42,138 | 5.0% | 4.1% | 0.9% | 4.0% | -0.1% | \$ 299.33 | N/A | 42,905 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 320.88

Non-Benefit Expense PMPM/Payment:

- General Administration (4.59%) \$ 16.30
- PHP Care Management (3.28%) \$ 11.66
- Underwriting Gain (1.85%) \$ 6.58

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 355.41

Premium Taxes (1.9380%) \$ 7.02

Total Base Capitation Rate: \$ 362.44

Exhibit 71

| | |
|---------------------------|------------------------------|
| Region: | Region 4 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 292,329 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-----------|--------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-------------|--------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 55.85 | \$ 16,909.47 | 40 | 3.4% | 3.4% | 0.0% | 5.5% | -0.2% | \$ 62.88 | \$ 19,076.77 |
| Inpatient - BH | \$ 2.66 | \$ 651.97 | 49 | 3.4% | 3.4% | 0.0% | 56.8% | 0.0% | \$ 4.46 | \$ 1,093.30 | 49 |
| Outpatient Hospital - Facility | \$ 36.00 | \$ 360.53 | 1,198 | 3.4% | 3.4% | 0.0% | 1.7% | -0.3% | \$ 39.03 | \$ 391.94 | 1,195 |
| Outpatient Hospital - Professional | \$ 6.05 | \$ 139.47 | 521 | 1.5% | 1.5% | 0.0% | 3.8% | -0.3% | \$ 6.46 | \$ 149.21 | 519 |
| Emergency Room - PH | \$ 53.67 | \$ 477.42 | 1,349 | 3.4% | 3.4% | 0.0% | 1.5% | -0.2% | \$ 58.11 | \$ 517.98 | 1,346 |
| Emergency Room - BH | \$ 1.05 | \$ 437.18 | 29 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 1.14 | \$ 474.70 | 29 |
| Physician - Primary Care | \$ 25.26 | \$ 103.39 | 2,932 | 2.0% | 1.5% | 0.5% | -0.3% | 0.1% | \$ 26.23 | \$ 106.24 | 2,963 |
| Physician - Specialty | \$ 16.54 | \$ 130.39 | 1,523 | 2.0% | 1.5% | 0.5% | 1.0% | -0.3% | \$ 17.33 | \$ 135.60 | 1,534 |
| FQHC/RHC | \$ 5.81 | \$ 159.49 | 437 | 3.9% | 3.4% | 0.5% | -32.4% | 0.0% | \$ 4.24 | \$ 115.22 | 442 |
| Other Clinic | \$ 1.78 | \$ 144.20 | 148 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 1.82 | \$ 146.18 | 149 |
| Family Planning Services | \$ 6.38 | \$ 206.36 | 371 | 2.0% | 1.5% | 0.5% | -1.4% | 0.0% | \$ 6.55 | \$ 209.68 | 375 |
| Other Professional - PH | \$ 0.23 | \$ 124.61 | 22 | 2.0% | 1.5% | 0.5% | -0.8% | -0.2% | \$ 0.23 | \$ 127.35 | 22 |
| Other Professional - BH | \$ 0.89 | \$ 110.13 | 97 | 2.0% | 1.5% | 0.5% | 12.3% | -0.2% | \$ 1.04 | \$ 127.42 | 98 |
| Therapies - PT/OT/ST | \$ 1.83 | \$ 111.56 | 197 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 1.89 | \$ 114.32 | 198 |
| Prescribed Drugs | \$ 148.60 | \$ 148.88 | 11,977 | 8.6% | 6.5% | 1.9% | 1.8% | 0.0% | \$ 178.22 | \$ 171.92 | 12,440 |
| LTSS Services | \$ 2.17 | \$ 8.68 | 2,999 | 2.6% | 2.1% | 0.5% | 5.1% | 0.0% | \$ 2.40 | \$ 9.50 | 3,028 |
| Durable Medical Equipment | \$ 2.83 | \$ 8.73 | 3,893 | 2.0% | 1.5% | 0.5% | -1.3% | -0.1% | \$ 2.91 | \$ 8.88 | 3,927 |
| Lab and X-ray | \$ 7.57 | \$ 21.48 | 4,229 | 2.0% | 1.5% | 0.5% | 2.7% | 0.0% | \$ 8.09 | \$ 22.73 | 4,270 |
| Optical | \$ 0.92 | \$ 49.51 | 223 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 0.95 | \$ 50.83 | 225 |
| Limited Dental Services | \$ 0.00 | \$ 94.98 | 0 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 0.00 | \$ 97.39 | 0 |
| Transportation - Emergency | \$ 5.50 | \$ 469.42 | 141 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 5.93 | \$ 501.06 | 142 |
| Transportation - Non-Emergency | \$ 0.66 | \$ 43.14 | 183 | 4.1% | 3.6% | 0.5% | -0.6% | 0.0% | \$ 0.71 | \$ 46.03 | 185 |
| Other Services - PH | \$ 0.30 | \$ 37.89 | 96 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 0.31 | \$ 38.40 | 97 |
| Other Services - BH | \$ 14.84 | \$ 20.12 | 8,853 | 2.0% | 1.5% | 0.5% | 28.4% | 0.0% | \$ 19.82 | \$ 26.60 | 8,940 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 404.46 | N/A | 65,219 | 5.0% | 4.1% | 0.9% | 2.8% | -0.1% | \$ 457.90 | N/A | 66,405 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 490.87

Non-Benefit Expense PMPM/Payment:
 General Administration (4.08%) \$ 22.07
 PHP Care Management (3.30%) \$ 17.84
 Underwriting Gain (1.85%) \$ 10.00

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 540.79
 Premium Taxes (1.9380%) \$ 10.69

Total Base Capitation Rate: \$ 551.48

Exhibit 72

| | |
|---------------------------|------------------------------|
| Region: | Region 4 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 425,615 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 97.29 | \$ 16,909.47 | 69 | 3.4% | 3.4% | 0.0% | 5.1% | -0.2% | \$ 109.11 | \$ 19,001.38 |
| Inpatient - BH | \$ 4.63 | \$ 651.97 | 85 | 3.4% | 3.4% | 0.0% | 56.2% | 0.0% | \$ 7.73 | \$ 1,088.98 | 85 |
| Outpatient Hospital - Facility | \$ 62.72 | \$ 360.53 | 2,088 | 3.4% | 3.4% | 0.0% | 1.3% | -0.3% | \$ 67.73 | \$ 390.39 | 2,082 |
| Outpatient Hospital - Professional | \$ 10.54 | \$ 139.47 | 907 | 1.5% | 1.5% | 0.0% | 3.4% | -0.3% | \$ 11.21 | \$ 148.62 | 905 |
| Emergency Room - PH | \$ 93.49 | \$ 477.42 | 2,350 | 3.4% | 3.4% | 0.0% | 1.1% | -0.2% | \$ 100.84 | \$ 515.93 | 2,345 |
| Emergency Room - BH | \$ 1.83 | \$ 437.18 | 50 | 3.4% | 3.4% | 0.0% | 1.2% | -0.2% | \$ 1.98 | \$ 472.83 | 50 |
| Physician - Primary Care | \$ 44.01 | \$ 103.39 | 5,108 | 2.0% | 1.5% | 0.5% | -0.7% | 0.1% | \$ 45.52 | \$ 105.82 | 5,162 |
| Physician - Specialty | \$ 28.82 | \$ 130.39 | 2,652 | 2.0% | 1.5% | 0.5% | 0.6% | -0.3% | \$ 30.07 | \$ 135.07 | 2,672 |
| FQHC/RHC | \$ 10.13 | \$ 159.49 | 762 | 3.9% | 3.4% | 0.5% | -32.7% | 0.0% | \$ 7.36 | \$ 114.77 | 770 |
| Other Clinic | \$ 3.10 | \$ 144.20 | 258 | 2.0% | 1.5% | 0.5% | -2.0% | -0.2% | \$ 3.16 | \$ 145.60 | 260 |
| Family Planning Services | \$ 11.11 | \$ 206.36 | 646 | 2.0% | 1.5% | 0.5% | -1.8% | 0.0% | \$ 11.36 | \$ 208.85 | 653 |
| Other Professional - PH | \$ 0.39 | \$ 124.61 | 38 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.40 | \$ 126.85 | 38 |
| Other Professional - BH | \$ 1.55 | \$ 110.13 | 169 | 2.0% | 1.5% | 0.5% | 11.9% | -0.2% | \$ 1.80 | \$ 126.92 | 171 |
| Therapies - PT/OT/ST | \$ 3.18 | \$ 111.56 | 342 | 2.0% | 1.5% | 0.5% | -0.9% | 0.0% | \$ 3.28 | \$ 113.87 | 346 |
| Prescribed Drugs | \$ 258.86 | \$ 148.88 | 20,864 | 8.6% | 6.5% | 1.9% | -0.7% | 0.0% | \$ 302.91 | \$ 167.73 | 21,671 |
| LTSS Services | \$ 3.78 | \$ 8.68 | 5,224 | 2.6% | 2.1% | 0.5% | 4.6% | 0.0% | \$ 4.16 | \$ 9.47 | 5,276 |
| Durable Medical Equipment | \$ 4.94 | \$ 8.73 | 6,782 | 2.0% | 1.5% | 0.5% | -1.7% | -0.1% | \$ 5.04 | \$ 8.84 | 6,842 |
| Lab and X-ray | \$ 13.19 | \$ 21.48 | 7,366 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 14.04 | \$ 22.64 | 7,439 |
| Optical | \$ 1.60 | \$ 49.51 | 388 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 1.65 | \$ 50.63 | 392 |
| Limited Dental Services | \$ 0.01 | \$ 94.98 | 1 | 2.0% | 1.5% | 0.5% | -0.9% | 0.0% | \$ 0.01 | \$ 97.00 | 1 |
| Transportation - Emergency | \$ 9.58 | \$ 469.42 | 245 | 4.1% | 3.6% | 0.5% | -0.9% | 0.0% | \$ 10.29 | \$ 499.08 | 247 |
| Transportation - Non-Emergency | \$ 1.15 | \$ 43.14 | 319 | 4.1% | 3.6% | 0.5% | -1.0% | 0.0% | \$ 1.23 | \$ 45.85 | 322 |
| Other Services - PH | \$ 0.53 | \$ 37.89 | 168 | 2.0% | 1.5% | 0.5% | -2.0% | -0.2% | \$ 0.54 | \$ 38.25 | 169 |
| Other Services - BH | \$ 25.86 | \$ 20.12 | 15,422 | 2.0% | 1.5% | 0.5% | 27.8% | 0.0% | \$ 34.39 | \$ 26.50 | 15,574 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 704.59 | N/A | 113,614 | 5.0% | 4.1% | 0.9% | 1.6% | -0.1% | \$ 788.20 | N/A | 115,680 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 844.95

Non-Benefit Expense PMPM/Payment:
 General Administration (3.68%) \$ 34.10
 PHP Care Management (3.31%) \$ 30.72
 Underwriting Gain (1.85%) \$ 17.15

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 926.91
 Premium Taxes (1.9380%) \$ 18.32

Total Base Capitation Rate: \$ 945.23

Exhibit 73

| | |
|----------------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 255,996 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 378.07 | \$ 20,773.45 | 218 | 3.4% | 3.4% | 0.0% | 1.3% | -1.7% | \$ 402.39 | \$ 22,496.44 |
| Inpatient - BH | \$ 5.27 | \$ 663.55 | 95 | 4.4% | 3.4% | 1.0% | 40.8% | 0.0% | \$ 8.09 | \$ 998.79 | 97 |
| Outpatient Hospital - Facility | \$ 100.88 | \$ 550.86 | 2,197 | 3.4% | 3.4% | 0.0% | 1.4% | -1.7% | \$ 107.46 | \$ 597.05 | 2,160 |
| Outpatient Hospital - Professional | \$ 16.97 | \$ 163.65 | 1,244 | 2.0% | 1.5% | 0.5% | 6.8% | -1.7% | \$ 18.53 | \$ 180.00 | 1,235 |
| Emergency Room - PH | \$ 78.55 | \$ 511.52 | 1,843 | 4.4% | 3.4% | 1.0% | 1.3% | -1.0% | \$ 85.86 | \$ 553.85 | 1,860 |
| Emergency Room - BH | \$ 1.99 | \$ 443.01 | 54 | 4.4% | 3.4% | 1.0% | 1.4% | -1.0% | \$ 2.18 | \$ 480.16 | 54 |
| Physician - Primary Care | \$ 55.88 | \$ 120.40 | 5,569 | 2.0% | 1.5% | 0.5% | 1.2% | 0.4% | \$ 59.11 | \$ 125.57 | 5,649 |
| Physician - Specialty | \$ 60.65 | \$ 167.07 | 4,356 | 2.0% | 1.5% | 0.5% | 1.6% | -1.3% | \$ 63.29 | \$ 174.88 | 4,343 |
| FQHC/RHC | \$ 7.43 | \$ 140.76 | 633 | 3.9% | 3.4% | 0.5% | -13.0% | 0.0% | \$ 6.97 | \$ 130.86 | 639 |
| Other Clinic | \$ 17.29 | \$ 609.61 | 340 | 2.0% | 1.5% | 0.5% | 1.7% | -0.7% | \$ 18.17 | \$ 638.55 | 342 |
| Family Planning Services | \$ 0.80 | \$ 199.01 | 48 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.83 | \$ 205.83 | 49 |
| Other Professional - PH | \$ 1.12 | \$ 130.08 | 104 | 2.0% | 1.5% | 0.5% | 1.2% | -0.7% | \$ 1.18 | \$ 135.63 | 104 |
| Other Professional - BH | \$ 0.99 | \$ 93.88 | 126 | 2.0% | 1.5% | 0.5% | 7.7% | -0.7% | \$ 1.10 | \$ 104.20 | 127 |
| Therapies - PT/OT/ST | \$ 15.11 | \$ 123.52 | 1,468 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 15.93 | \$ 128.90 | 1,483 |
| Prescribed Drugs | \$ 569.18 | \$ 199.11 | 34,303 | 8.7% | 6.4% | 2.1% | 2.4% | -0.1% | \$ 687.73 | \$ 230.94 | 35,736 |
| LTSS Services | \$ 77.25 | \$ 8.64 | 107,245 | 2.6% | 2.1% | 0.5% | 7.8% | -0.3% | \$ 87.38 | \$ 9.71 | 107,981 |
| Durable Medical Equipment | \$ 37.45 | \$ 4.23 | 106,304 | 2.0% | 1.5% | 0.5% | 0.1% | -1.3% | \$ 38.50 | \$ 4.36 | 105,970 |
| Lab and X-ray | \$ 9.37 | \$ 19.91 | 5,647 | 2.0% | 1.5% | 0.5% | 4.6% | 0.0% | \$ 10.19 | \$ 21.45 | 5,701 |
| Optical | \$ 1.80 | \$ 49.53 | 435 | 2.0% | 1.5% | 0.5% | 1.3% | 0.0% | \$ 1.89 | \$ 51.71 | 439 |
| Limited Dental Services | \$ 0.06 | \$ 30.31 | 25 | 2.0% | 1.5% | 0.5% | 0.8% | 0.0% | \$ 0.07 | \$ 31.48 | 25 |
| Transportation - Emergency | \$ 19.61 | \$ 329.20 | 715 | 4.1% | 3.6% | 0.5% | 1.2% | 0.0% | \$ 21.51 | \$ 357.62 | 722 |
| Transportation - Non-Emergency | \$ 10.64 | \$ 52.99 | 2,410 | 4.1% | 3.6% | 0.5% | 1.3% | 0.0% | \$ 11.69 | \$ 57.63 | 2,435 |
| Other Services - PH | \$ 1.47 | \$ 68.39 | 257 | 2.0% | 1.5% | 0.5% | 0.7% | -0.7% | \$ 1.52 | \$ 70.95 | 258 |
| Other Services - BH | \$ 9.02 | \$ 31.14 | 3,477 | 2.0% | 1.5% | 0.5% | 23.0% | 0.0% | \$ 11.54 | \$ 39.47 | 3,510 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,482.15 | N/A | 291,891 | 5.3% | 4.2% | 1.0% | 2.3% | -0.7% | \$ 1,668.57 | N/A | 294,165 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,668.57

Non-Benefit Expense PMPM/Payment:

- General Administration (3.33%) \$ 60.55
- PHP Care Management (3.13%) \$ 56.99
- Underwriting Gain (1.85%) \$ 33.67

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,819.79

Premium Taxes (1.9380%) \$ 35.96

Total Base Capitation Rate: \$ 1,855.75

Exhibit 74

| | |
|---------------------------|--------------------------------------|
| Region: | Region 5 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 135,708 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|-------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 503.16 | \$ 6,884.62 | 877 | 3.4% | 3.4% | 0.0% | 0.3% | -0.2% | \$ 538.60 | \$ 7,381.24 |
| Inpatient - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Outpatient Hospital - Facility | \$ 15.87 | \$ 241.68 | 788 | 3.4% | 3.4% | 0.0% | 0.3% | -0.6% | \$ 16.93 | \$ 259.19 | 784 |
| Outpatient Hospital - Professional | \$ 3.40 | \$ 137.76 | 297 | 2.5% | 1.5% | 1.0% | 3.0% | -0.6% | \$ 3.67 | \$ 146.23 | 301 |
| Emergency Room - PH | \$ 39.68 | \$ 242.88 | 1,961 | 3.4% | 3.4% | 0.0% | 0.2% | -0.6% | \$ 42.28 | \$ 260.21 | 1,950 |
| Emergency Room - BH | \$ 0.04 | \$ 275.63 | 2 | 3.4% | 3.4% | 0.0% | 0.4% | -0.6% | \$ 0.05 | \$ 295.96 | 2 |
| Physician - Primary Care | \$ 111.38 | \$ 132.44 | 10,092 | 2.0% | 1.5% | 0.5% | -0.2% | 0.2% | \$ 115.95 | \$ 136.18 | 10,217 |
| Physician - Specialty | \$ 43.76 | \$ 228.85 | 2,295 | 2.0% | 1.5% | 0.5% | 0.3% | -1.2% | \$ 45.12 | \$ 236.50 | 2,289 |
| FQHC/RHC | \$ 3.38 | \$ 127.22 | 319 | 4.4% | 3.4% | 1.0% | -15.9% | 0.0% | \$ 3.10 | \$ 114.45 | 325 |
| Other Clinic | \$ 2.40 | \$ 107.73 | 267 | 2.0% | 1.5% | 0.5% | 0.2% | -0.7% | \$ 2.48 | \$ 111.19 | 268 |
| Family Planning Services | \$ 0.01 | \$ 79.79 | 2 | 2.0% | 1.5% | 0.5% | 0.7% | 0.0% | \$ 0.01 | \$ 82.77 | 2 |
| Other Professional - PH | \$ 2.65 | \$ 136.12 | 234 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 2.75 | \$ 140.69 | 235 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 4.16 | \$ 126.11 | 396 | 2.0% | 1.5% | 0.5% | 0.3% | 0.0% | \$ 4.35 | \$ 130.32 | 400 |
| Prescribed Drugs | \$ 13.97 | \$ 36.63 | 4,576 | -4.3% | -5.8% | 1.6% | 2.9% | -0.1% | \$ 13.15 | \$ 33.45 | 4,717 |
| LTSS Services | \$ 1.51 | \$ 11.95 | 1,518 | 2.6% | 2.1% | 0.5% | 12.1% | 0.0% | \$ 1.79 | \$ 13.97 | 1,533 |
| Durable Medical Equipment | \$ 4.12 | \$ 6.50 | 7,614 | 2.0% | 1.5% | 0.5% | -0.7% | -0.6% | \$ 4.24 | \$ 6.65 | 7,648 |
| Lab and X-ray | \$ 1.25 | \$ 41.20 | 363 | 2.0% | 1.5% | 0.5% | 3.5% | 0.0% | \$ 1.34 | \$ 43.95 | 367 |
| Optical | \$ 0.02 | \$ 69.09 | 4 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 0.02 | \$ 71.57 | 4 |
| Limited Dental Services | \$ 2.53 | \$ 27.70 | 1,095 | 2.0% | 1.5% | 0.5% | -0.6% | 0.0% | \$ 2.61 | \$ 28.37 | 1,105 |
| Transportation - Emergency | \$ 9.96 | \$ 1,188.59 | 101 | 4.1% | 3.6% | 0.5% | 0.2% | 0.0% | \$ 10.82 | \$ 1,278.46 | 102 |
| Transportation - Non-Emergency | \$ 0.75 | \$ 78.50 | 114 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 0.81 | \$ 84.28 | 115 |
| Other Services - PH | \$ 0.07 | \$ 96.91 | 8 | 2.0% | 1.5% | 0.5% | -2.6% | -0.7% | \$ 0.07 | \$ 97.29 | 8 |
| Other Services - BH | \$ 0.12 | \$ 381.99 | 4 | 2.0% | 1.5% | 0.5% | 12.8% | 0.0% | \$ 0.15 | \$ 443.90 | 4 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 770.42 | N/A | 53,715 | 2.9% | 2.8% | 0.2% | 0.2% | -0.2% | \$ 816.59 | N/A | 54,458 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: **\$ 816.59**

Non-Benefit Expense PMPM/Payment:

- General Administration (3.64%) \$ 32.49
- PHP Care Management (3.12%) \$ 27.89
- Underwriting Gain (1.85%) \$ 16.53

Total Service Cost and Non-Benefit Load PMPM/Payment: **\$ 893.50**

Premium Taxes (1.9380%) \$ 17.66

Total Base Capitation Rate: **\$ 911.16**

Exhibit 75

| | |
|---------------------------|--|
| Region: | Region 5 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 2,358,746 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-----------|--------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-------------|--------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 12.64 | \$ 14,984.73 | 10 | 3.4% | 3.4% | 0.0% | -2.1% | -1.3% | \$ 13.06 | \$ 15,687.72 |
| Inpatient - BH | \$ 1.44 | \$ 651.14 | 26 | 3.4% | 3.4% | 0.0% | 50.7% | -0.1% | \$ 2.31 | \$ 1,049.20 | 26 |
| Outpatient Hospital - Facility | \$ 9.56 | \$ 337.11 | 340 | 3.4% | 3.4% | 0.0% | -2.0% | -0.6% | \$ 9.95 | \$ 353.28 | 338 |
| Outpatient Hospital - Professional | \$ 2.75 | \$ 229.68 | 144 | 2.5% | 1.5% | 1.0% | 108.7% | -0.6% | \$ 6.00 | \$ 493.87 | 146 |
| Emergency Room - PH | \$ 20.43 | \$ 274.10 | 895 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 21.18 | \$ 286.88 | 886 |
| Emergency Room - BH | \$ 0.48 | \$ 347.30 | 17 | 3.4% | 3.4% | 0.0% | -2.1% | -0.9% | \$ 0.50 | \$ 363.48 | 17 |
| Physician - Primary Care | \$ 25.02 | \$ 117.26 | 2,561 | 2.0% | 1.5% | 0.5% | -2.2% | 0.2% | \$ 25.53 | \$ 118.21 | 2,592 |
| Physician - Specialty | \$ 4.81 | \$ 98.05 | 589 | 2.0% | 1.5% | 0.5% | -0.9% | -1.3% | \$ 4.89 | \$ 100.05 | 587 |
| FQHC/RHC | \$ 1.84 | \$ 132.23 | 167 | 3.9% | 3.4% | 0.5% | -16.2% | 0.0% | \$ 1.67 | \$ 118.42 | 169 |
| Other Clinic | \$ 0.84 | \$ 91.93 | 110 | 2.0% | 1.5% | 0.5% | 1.0% | -0.8% | \$ 0.88 | \$ 95.67 | 110 |
| Family Planning Services | \$ 0.64 | \$ 143.62 | 54 | 2.0% | 1.5% | 0.5% | -3.2% | 0.0% | \$ 0.65 | \$ 143.30 | 54 |
| Other Professional - PH | \$ 0.03 | \$ 105.43 | 4 | 2.0% | 1.5% | 0.5% | -2.7% | -0.8% | \$ 0.03 | \$ 105.69 | 4 |
| Other Professional - BH | \$ 0.20 | \$ 83.49 | 28 | 2.0% | 1.5% | 0.5% | 11.8% | -0.8% | \$ 0.23 | \$ 96.17 | 28 |
| Therapies - PT/OT/ST | \$ 9.70 | \$ 103.37 | 1,126 | 2.0% | 1.5% | 0.5% | -2.0% | 0.0% | \$ 9.88 | \$ 104.34 | 1,137 |
| Prescribed Drugs | \$ 42.50 | \$ 115.20 | 4,428 | 5.6% | 4.1% | 1.4% | 3.1% | -0.1% | \$ 48.77 | \$ 128.74 | 4,546 |
| LTSS Services | \$ 0.39 | \$ 15.22 | 309 | 2.6% | 2.1% | 0.5% | 1.8% | -0.1% | \$ 0.42 | \$ 16.14 | 312 |
| Durable Medical Equipment | \$ 1.27 | \$ 3.00 | 5,073 | 2.0% | 1.5% | 0.5% | -3.3% | -0.6% | \$ 1.27 | \$ 2.98 | 5,092 |
| Lab and X-ray | \$ 1.58 | \$ 24.86 | 763 | 2.0% | 1.5% | 0.5% | 0.7% | -0.1% | \$ 1.65 | \$ 25.78 | 770 |
| Optical | \$ 1.22 | \$ 46.77 | 313 | 2.0% | 1.5% | 0.5% | -2.0% | -0.1% | \$ 1.24 | \$ 47.23 | 316 |
| Limited Dental Services | \$ 0.39 | \$ 27.83 | 167 | 2.0% | 1.5% | 0.5% | -2.5% | 0.0% | \$ 0.39 | \$ 27.94 | 169 |
| Transportation - Emergency | \$ 1.83 | \$ 525.54 | 42 | 4.1% | 3.6% | 0.5% | -2.2% | -0.1% | \$ 1.94 | \$ 551.91 | 42 |
| Transportation - Non-Emergency | \$ 0.27 | \$ 65.50 | 49 | 4.1% | 3.6% | 0.5% | -2.0% | 0.0% | \$ 0.29 | \$ 68.92 | 50 |
| Other Services - PH | \$ 0.10 | \$ 57.09 | 21 | 2.0% | 1.5% | 0.5% | -3.2% | -0.8% | \$ 0.10 | \$ 56.93 | 21 |
| Other Services - BH | \$ 4.88 | \$ 67.22 | 870 | 2.0% | 1.5% | 0.5% | 17.2% | -0.1% | \$ 5.94 | \$ 81.15 | 879 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 149.06 | N/A | 34,131 | 3.5% | 2.8% | 0.6% | 2.5% | -0.4% | \$ 163.01 | N/A | 34,648 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 163.34

Non-Benefit Expense PMPM/Payment:

- General Administration (5.99%) \$ 10.97
- PHP Care Management (3.04%) \$ 5.58
- Underwriting Gain (1.85%) \$ 3.39

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 183.28

Premium Taxes (1.9380%) \$ 3.62

Total Base Capitation Rate: \$ 186.90

Exhibit 76

| | |
|----------------------------------|-------------------------------------|
| Region: | Region 5 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 642,238 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 44.54 | \$ 15,933.13 | 34 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 47.43 | \$ 17,131.59 |
| Inpatient - BH | \$ 2.90 | \$ 675.84 | 52 | 3.4% | 3.4% | 0.0% | 52.3% | -0.1% | \$ 4.72 | \$ 1,100.78 | 52 |
| Outpatient Hospital - Facility | \$ 28.59 | \$ 376.46 | 911 | 3.4% | 3.4% | 0.0% | 0.8% | -1.3% | \$ 30.39 | \$ 405.64 | 899 |
| Outpatient Hospital - Professional | \$ 5.25 | \$ 159.13 | 396 | 1.5% | 1.5% | 0.0% | 1.4% | -1.3% | \$ 5.41 | \$ 166.30 | 390 |
| Emergency Room - PH | \$ 44.45 | \$ 412.59 | 1,293 | 3.4% | 3.4% | 0.0% | 0.6% | -1.0% | \$ 47.32 | \$ 443.57 | 1,280 |
| Emergency Room - BH | \$ 1.05 | \$ 394.00 | 32 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 1.12 | \$ 424.14 | 32 |
| Physician - Primary Care | \$ 25.21 | \$ 102.38 | 2,955 | 2.0% | 1.5% | 0.5% | 0.5% | 0.3% | \$ 26.44 | \$ 105.99 | 2,993 |
| Physician - Specialty | \$ 14.92 | \$ 124.00 | 1,444 | 2.0% | 1.5% | 0.5% | 1.8% | -1.3% | \$ 15.59 | \$ 130.03 | 1,439 |
| FQHC/RHC | \$ 3.80 | \$ 131.14 | 347 | 3.9% | 3.4% | 0.5% | -16.4% | 0.0% | \$ 3.43 | \$ 117.17 | 351 |
| Other Clinic | \$ 1.77 | \$ 145.63 | 146 | 2.0% | 1.5% | 0.5% | 4.6% | -0.7% | \$ 1.91 | \$ 156.87 | 146 |
| Family Planning Services | \$ 4.15 | \$ 220.08 | 226 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 4.30 | \$ 225.73 | 229 |
| Other Professional - PH | \$ 0.24 | \$ 130.44 | 22 | 2.0% | 1.5% | 0.5% | 0.1% | -0.7% | \$ 0.24 | \$ 134.51 | 22 |
| Other Professional - BH | \$ 0.79 | \$ 109.20 | 87 | 2.0% | 1.5% | 0.5% | 8.1% | -0.7% | \$ 0.88 | \$ 121.62 | 87 |
| Therapies - PT/OT/ST | \$ 1.44 | \$ 119.76 | 144 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 1.50 | \$ 124.11 | 145 |
| Prescribed Drugs | \$ 127.81 | \$ 127.76 | 12,005 | 8.4% | 6.4% | 1.9% | 7.2% | -0.1% | \$ 160.75 | \$ 155.04 | 12,442 |
| LTSS Services | \$ 1.75 | \$ 8.34 | 2,517 | 2.6% | 2.1% | 0.5% | 2.1% | -0.1% | \$ 1.88 | \$ 8.87 | 2,541 |
| Durable Medical Equipment | \$ 2.99 | \$ 8.33 | 4,306 | 2.0% | 1.5% | 0.5% | -0.1% | -0.6% | \$ 3.09 | \$ 8.57 | 4,322 |
| Lab and X-ray | \$ 8.79 | \$ 23.55 | 4,478 | 2.0% | 1.5% | 0.5% | 3.6% | -0.1% | \$ 9.46 | \$ 25.13 | 4,519 |
| Optical | \$ 1.02 | \$ 48.47 | 253 | 2.0% | 1.5% | 0.5% | 0.7% | -0.1% | \$ 1.07 | \$ 50.27 | 256 |
| Limited Dental Services | \$ 0.00 | \$ 171.00 | 0 | 2.0% | 1.5% | 0.5% | 0.2% | 0.0% | \$ 0.00 | \$ 176.56 | 0 |
| Transportation - Emergency | \$ 4.13 | \$ 372.45 | 133 | 4.1% | 3.6% | 0.5% | 0.5% | -0.1% | \$ 4.49 | \$ 401.66 | 134 |
| Transportation - Non-Emergency | \$ 0.79 | \$ 51.73 | 183 | 4.1% | 3.6% | 0.5% | 0.6% | 0.0% | \$ 0.86 | \$ 55.83 | 185 |
| Other Services - PH | \$ 0.28 | \$ 43.68 | 76 | 2.0% | 1.5% | 0.5% | -0.6% | -0.7% | \$ 0.28 | \$ 44.74 | 76 |
| Other Services - BH | \$ 6.72 | \$ 39.47 | 2,042 | 2.0% | 1.5% | 0.5% | 34.2% | -0.1% | \$ 9.37 | \$ 54.55 | 2,061 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 339.13 | N/A | 53,475 | 5.0% | 4.1% | 0.9% | 4.3% | -0.5% | \$ 387.86 | N/A | 54,418 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 412.68

Non-Benefit Expense PMPM/Payment:

- General Administration (4.22%) \$ 19.18
- PHP Care Management (3.10%) \$ 14.10
- Underwriting Gain (1.85%) \$ 8.41

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 454.37

Premium Taxes (1.9380%) \$ 8.98

Total Base Capitation Rate: \$ 463.35

Exhibit 77

| | |
|---------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 7,233 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|-----------------|-------------------------|---------------------|-------------|----------------|
| | Base Data | | | Trend | | | Program Changes | Managed Care Adjustment | Total Medical | | |
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| Inpatient - PH | \$ 7,171.53 | \$ 6,557.68 | 13,123 | 3.4% | 3.4% | 0.0% | 2.0% | -0.1% | \$ 7,818.28 | \$ 7,154.51 | 13,113 |
| Inpatient - BH | \$ 4.00 | \$ 221.35 | 217 | 3.4% | 3.4% | 0.0% | 2.2% | 0.0% | \$ 4.37 | \$ 241.77 | 217 |
| Outpatient Hospital - Facility | \$ 495.68 | \$ 210.34 | 28,279 | 3.4% | 3.4% | 0.0% | 2.1% | -1.2% | \$ 534.23 | \$ 229.53 | 27,930 |
| Outpatient Hospital - Professional | \$ 26.51 | \$ 57.42 | 5,539 | 1.5% | 1.5% | 0.0% | 0.4% | -1.2% | \$ 27.09 | \$ 59.43 | 5,471 |
| Emergency Room - PH | \$ 350.76 | \$ 382.82 | 10,995 | 3.4% | 3.4% | 0.0% | 1.1% | -0.9% | \$ 375.93 | \$ 413.91 | 10,899 |
| Emergency Room - BH | \$ 0.31 | \$ 1,047.77 | 4 | 3.4% | 3.4% | 0.0% | 1.8% | -0.9% | \$ 0.33 | \$ 1,140.12 | 3 |
| Physician - Primary Care | \$ 1,658.19 | \$ 332.86 | 59,779 | 2.0% | 1.5% | 0.5% | 3.9% | 0.0% | \$ 1,793.44 | \$ 356.44 | 60,378 |
| Physician - Specialty | \$ 319.20 | \$ 136.02 | 28,161 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 328.93 | \$ 138.77 | 28,443 |
| FQHC/RHC | \$ 30.02 | \$ 173.55 | 2,075 | 3.9% | 3.4% | 0.5% | -71.2% | 0.0% | \$ 9.34 | \$ 53.46 | 2,096 |
| Other Clinic | \$ 55.90 | \$ 228.18 | 2,940 | 2.0% | 1.5% | 0.5% | 9.0% | 0.0% | \$ 63.42 | \$ 256.32 | 2,969 |
| Family Planning Services | \$ 751.93 | \$ 2,112.16 | 4,272 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 799.56 | \$ 2,223.66 | 4,315 |
| Other Professional - PH | \$ 74.34 | \$ 162.43 | 5,492 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 77.82 | \$ 168.35 | 5,547 |
| Other Professional - BH | \$ 0.16 | \$ 114.31 | 17 | 2.0% | 1.5% | 0.5% | 2.4% | 0.0% | \$ 0.18 | \$ 120.63 | 17 |
| Therapies - PT/OT/ST | \$ 0.44 | \$ 101.69 | 52 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 0.47 | \$ 106.99 | 53 |
| Prescribed Drugs | \$ 74.59 | \$ 27.57 | 32,468 | 8.4% | 6.4% | 1.9% | 1.7% | 0.0% | \$ 89.17 | \$ 31.75 | 33,697 |
| LTSS Services | \$ 0.61 | \$ 17.39 | 424 | 2.6% | 2.1% | 0.5% | 4.2% | 0.0% | \$ 0.67 | \$ 18.88 | 428 |
| Durable Medical Equipment | \$ 12.65 | \$ 3.16 | 48,105 | 2.0% | 1.5% | 0.5% | 2.2% | 0.0% | \$ 13.45 | \$ 3.32 | 48,587 |
| Lab and X-ray | \$ 54.91 | \$ 26.67 | 24,708 | 2.0% | 1.5% | 0.5% | 3.2% | 0.0% | \$ 58.99 | \$ 28.37 | 24,955 |
| Optical | \$ 0.05 | \$ 105.36 | 5 | 2.0% | 1.5% | 0.5% | 1.8% | 0.0% | \$ 0.05 | \$ 110.47 | 6 |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 49.93 | \$ 578.30 | 1,036 | 4.1% | 3.6% | 0.5% | 1.9% | 0.0% | \$ 55.17 | \$ 632.59 | 1,047 |
| Transportation - Non-Emergency | \$ 1.39 | \$ 162.45 | 103 | 4.1% | 3.6% | 0.5% | 2.2% | 0.0% | \$ 1.54 | \$ 178.12 | 104 |
| Other Services - PH | \$ 0.19 | \$ 26.26 | 87 | 2.0% | 1.5% | 0.5% | -100.0% | 0.0% | \$ 0.00 | \$ 0.00 | 88 |
| Other Services - BH | \$ 0.29 | \$ 34.87 | 101 | 2.0% | 1.5% | 0.5% | 3.3% | 0.0% | \$ 0.32 | \$ 37.11 | 102 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 11,133.59 | N/A | 267,982 | 3.1% | 2.9% | 0.1% | 2.0% | -0.1% | \$ 12,052.74 | N/A | 270,465 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 12,052.74

Non-Benefit Expense PMPM/Payment:

- General Administration (0.64%) \$ 81.90
- PHP Care Management (3.22%) \$ 411.67
- Underwriting Gain (1.85%) \$ 236.48

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 12,782.80

Premium Taxes (1.9380%) \$ 252.63

Total Base Capitation Rate: \$ 13,035.42

Exhibit 78

| | |
|----------------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 200,382 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 21.14 | \$ 15,933.13 | 16 | 3.4% | 3.4% | 0.0% | 6.0% | -0.2% | \$ 23.90 | \$ 18,048.74 |
| Inpatient - BH | \$ 1.38 | \$ 675.84 | 24 | 3.4% | 3.4% | 0.0% | 60.5% | 0.0% | \$ 2.36 | \$ 1,159.71 | 24 |
| Outpatient Hospital - Facility | \$ 13.57 | \$ 376.46 | 433 | 3.4% | 3.4% | 0.0% | 2.2% | -0.3% | \$ 14.78 | \$ 411.23 | 431 |
| Outpatient Hospital - Professional | \$ 2.49 | \$ 159.13 | 188 | 1.5% | 1.5% | 0.0% | 2.8% | -0.3% | \$ 2.63 | \$ 168.60 | 187 |
| Emergency Room - PH | \$ 21.10 | \$ 412.59 | 614 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 22.95 | \$ 449.69 | 612 |
| Emergency Room - BH | \$ 0.50 | \$ 394.00 | 15 | 3.4% | 3.4% | 0.0% | 2.1% | -0.2% | \$ 0.55 | \$ 429.99 | 15 |
| Physician - Primary Care | \$ 11.97 | \$ 102.38 | 1,403 | 2.0% | 1.5% | 0.5% | -0.1% | 0.1% | \$ 12.44 | \$ 105.34 | 1,418 |
| Physician - Specialty | \$ 7.08 | \$ 124.00 | 685 | 2.0% | 1.5% | 0.5% | 1.2% | -0.3% | \$ 7.44 | \$ 129.23 | 690 |
| FQHC/RHC | \$ 1.80 | \$ 131.14 | 165 | 3.9% | 3.4% | 0.5% | -16.9% | 0.0% | \$ 1.62 | \$ 116.46 | 167 |
| Other Clinic | \$ 0.84 | \$ 145.63 | 69 | 2.0% | 1.5% | 0.5% | 3.9% | -0.2% | \$ 0.91 | \$ 155.91 | 70 |
| Family Planning Services | \$ 1.97 | \$ 220.08 | 107 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 2.03 | \$ 224.35 | 109 |
| Other Professional - PH | \$ 0.11 | \$ 130.44 | 10 | 2.0% | 1.5% | 0.5% | -0.5% | -0.2% | \$ 0.12 | \$ 133.69 | 10 |
| Other Professional - BH | \$ 0.38 | \$ 109.20 | 41 | 2.0% | 1.5% | 0.5% | 7.4% | -0.2% | \$ 0.42 | \$ 120.88 | 42 |
| Therapies - PT/OT/ST | \$ 0.68 | \$ 119.76 | 68 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 0.71 | \$ 123.36 | 69 |
| Prescribed Drugs | \$ 60.67 | \$ 127.76 | 5,699 | 8.4% | 6.4% | 1.9% | 10.1% | 0.0% | \$ 78.52 | \$ 159.35 | 5,913 |
| LTSS Services | \$ 0.83 | \$ 8.34 | 1,195 | 2.6% | 2.1% | 0.5% | 1.5% | 0.0% | \$ 0.89 | \$ 8.82 | 1,207 |
| Durable Medical Equipment | \$ 1.42 | \$ 8.33 | 2,044 | 2.0% | 1.5% | 0.5% | -0.7% | -0.1% | \$ 1.46 | \$ 8.52 | 2,062 |
| Lab and X-ray | \$ 4.17 | \$ 23.55 | 2,126 | 2.0% | 1.5% | 0.5% | 2.9% | 0.0% | \$ 4.47 | \$ 24.97 | 2,147 |
| Optical | \$ 0.49 | \$ 48.47 | 120 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.51 | \$ 49.97 | 121 |
| Limited Dental Services | \$ 0.00 | \$ 171.00 | 0 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 0.00 | \$ 175.49 | 0 |
| Transportation - Emergency | \$ 1.96 | \$ 372.45 | 63 | 4.1% | 3.6% | 0.5% | -0.1% | 0.0% | \$ 2.12 | \$ 399.21 | 64 |
| Transportation - Non-Emergency | \$ 0.37 | \$ 51.73 | 87 | 4.1% | 3.6% | 0.5% | -0.1% | 0.0% | \$ 0.41 | \$ 55.49 | 88 |
| Other Services - PH | \$ 0.13 | \$ 43.68 | 36 | 2.0% | 1.5% | 0.5% | -1.2% | -0.2% | \$ 0.13 | \$ 44.47 | 36 |
| Other Services - BH | \$ 3.19 | \$ 39.47 | 969 | 2.0% | 1.5% | 0.5% | 33.3% | 0.0% | \$ 4.42 | \$ 54.22 | 979 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 160.99 | N/A | 25,385 | 5.0% | 4.1% | 0.9% | 6.4% | -0.1% | \$ 188.56 | N/A | 25,869 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 202.14

Non-Benefit Expense PMPM/Payment:

- General Administration (5.43%) \$ 12.25
- PHP Care Management (3.06%) \$ 6.90
- Underwriting Gain (1.85%) \$ 4.17

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 225.47

Premium Taxes (1.9380%) \$ 4.46

Total Base Capitation Rate: \$ 229.92

Exhibit 79

| | |
|----------------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 306,513 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 35.19 | \$ 15,933.13 | 27 | 3.4% | 3.4% | 0.0% | 5.6% | -0.2% | \$ 39.67 | \$ 17,996.36 |
| Inpatient - BH | \$ 2.29 | \$ 675.84 | 41 | 3.4% | 3.4% | 0.0% | 60.0% | 0.0% | \$ 3.92 | \$ 1,156.34 | 41 |
| Outpatient Hospital - Facility | \$ 22.59 | \$ 376.46 | 720 | 3.4% | 3.4% | 0.0% | 1.9% | -0.3% | \$ 24.53 | \$ 410.04 | 718 |
| Outpatient Hospital - Professional | \$ 4.14 | \$ 159.13 | 313 | 1.5% | 1.5% | 0.0% | 2.5% | -0.3% | \$ 4.37 | \$ 168.11 | 312 |
| Emergency Room - PH | \$ 35.11 | \$ 412.59 | 1,021 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 38.09 | \$ 448.38 | 1,019 |
| Emergency Room - BH | \$ 0.83 | \$ 394.00 | 25 | 3.4% | 3.4% | 0.0% | 1.8% | -0.2% | \$ 0.90 | \$ 428.74 | 25 |
| Physician - Primary Care | \$ 19.92 | \$ 102.38 | 2,335 | 2.0% | 1.5% | 0.5% | -0.4% | 0.1% | \$ 20.65 | \$ 105.04 | 2,359 |
| Physician - Specialty | \$ 11.79 | \$ 124.00 | 1,141 | 2.0% | 1.5% | 0.5% | 0.9% | -0.3% | \$ 12.34 | \$ 128.86 | 1,149 |
| FQHC/RHC | \$ 3.00 | \$ 131.14 | 274 | 3.9% | 3.4% | 0.5% | -17.2% | 0.0% | \$ 2.68 | \$ 116.12 | 277 |
| Other Clinic | \$ 1.40 | \$ 145.63 | 115 | 2.0% | 1.5% | 0.5% | 3.6% | -0.2% | \$ 1.51 | \$ 155.46 | 116 |
| Family Planning Services | \$ 3.28 | \$ 220.08 | 179 | 2.0% | 1.5% | 0.5% | -1.3% | 0.0% | \$ 3.37 | \$ 223.70 | 181 |
| Other Professional - PH | \$ 0.19 | \$ 130.44 | 17 | 2.0% | 1.5% | 0.5% | -0.8% | -0.2% | \$ 0.19 | \$ 133.30 | 17 |
| Other Professional - BH | \$ 0.62 | \$ 109.20 | 69 | 2.0% | 1.5% | 0.5% | 7.1% | -0.2% | \$ 0.69 | \$ 120.53 | 69 |
| Therapies - PT/OT/ST | \$ 1.13 | \$ 119.76 | 114 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 1.18 | \$ 123.00 | 115 |
| Prescribed Drugs | \$ 100.98 | \$ 127.76 | 9,485 | 8.4% | 6.4% | 1.9% | 4.6% | 0.0% | \$ 124.14 | \$ 151.38 | 9,841 |
| LTSS Services | \$ 1.38 | \$ 8.34 | 1,989 | 2.6% | 2.1% | 0.5% | 1.2% | 0.0% | \$ 1.47 | \$ 8.79 | 2,008 |
| Durable Medical Equipment | \$ 2.36 | \$ 8.33 | 3,402 | 2.0% | 1.5% | 0.5% | -1.0% | -0.1% | \$ 2.43 | \$ 8.49 | 3,432 |
| Lab and X-ray | \$ 6.94 | \$ 23.55 | 3,537 | 2.0% | 1.5% | 0.5% | 2.6% | 0.0% | \$ 7.41 | \$ 24.90 | 3,572 |
| Optical | \$ 0.81 | \$ 48.47 | 200 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 0.84 | \$ 49.82 | 202 |
| Limited Dental Services | \$ 0.00 | \$ 171.00 | 0 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 0.00 | \$ 174.98 | 0 |
| Transportation - Emergency | \$ 3.26 | \$ 372.45 | 105 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 3.52 | \$ 398.05 | 106 |
| Transportation - Non-Emergency | \$ 0.62 | \$ 51.73 | 145 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 0.67 | \$ 55.33 | 146 |
| Other Services - PH | \$ 0.22 | \$ 43.68 | 60 | 2.0% | 1.5% | 0.5% | -1.5% | -0.2% | \$ 0.22 | \$ 44.34 | 61 |
| Other Services - BH | \$ 5.31 | \$ 39.47 | 1,613 | 2.0% | 1.5% | 0.5% | 33.0% | 0.0% | \$ 7.34 | \$ 54.06 | 1,629 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 267.93 | N/A | 42,248 | 5.0% | 4.1% | 0.9% | 4.0% | -0.1% | \$ 306.76 | N/A | 43,053 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 328.84

Non-Benefit Expense PMPM/Payment:

- General Administration (4.52%) \$ 16.42
- PHP Care Management (3.09%) \$ 11.23
- Underwriting Gain (1.85%) \$ 6.72

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 363.22

Premium Taxes (1.9380%) \$ 7.18

Total Base Capitation Rate: \$ 370.40

Exhibit 80

| | |
|----------------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 248,939 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 54.46 | \$ 15,933.13 | 41 | 3.4% | 3.4% | 0.0% | 5.5% | -0.2% | \$ 61.31 | \$ 17,971.98 |
| Inpatient - BH | \$ 3.55 | \$ 675.84 | 63 | 3.4% | 3.4% | 0.0% | 59.8% | 0.0% | \$ 6.06 | \$ 1,154.78 | 63 |
| Outpatient Hospital - Facility | \$ 34.96 | \$ 376.46 | 1,114 | 3.4% | 3.4% | 0.0% | 1.7% | -0.3% | \$ 37.92 | \$ 409.48 | 1,111 |
| Outpatient Hospital - Professional | \$ 6.41 | \$ 159.13 | 484 | 1.5% | 1.5% | 0.0% | 2.4% | -0.3% | \$ 6.75 | \$ 167.88 | 482 |
| Emergency Room - PH | \$ 54.35 | \$ 412.59 | 1,581 | 3.4% | 3.4% | 0.0% | 1.5% | -0.2% | \$ 58.87 | \$ 447.77 | 1,578 |
| Emergency Room - BH | \$ 1.29 | \$ 394.00 | 39 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 1.40 | \$ 428.16 | 39 |
| Physician - Primary Care | \$ 30.83 | \$ 102.38 | 3,613 | 2.0% | 1.5% | 0.5% | -0.5% | 0.1% | \$ 31.92 | \$ 104.90 | 3,652 |
| Physician - Specialty | \$ 18.24 | \$ 124.00 | 1,766 | 2.0% | 1.5% | 0.5% | 0.7% | -0.3% | \$ 19.07 | \$ 128.68 | 1,778 |
| FQHC/RHC | \$ 4.64 | \$ 131.14 | 425 | 3.9% | 3.4% | 0.5% | -17.3% | 0.0% | \$ 4.15 | \$ 115.96 | 429 |
| Other Clinic | \$ 2.17 | \$ 145.63 | 179 | 2.0% | 1.5% | 0.5% | 3.5% | -0.2% | \$ 2.33 | \$ 155.25 | 180 |
| Family Planning Services | \$ 5.08 | \$ 220.08 | 277 | 2.0% | 1.5% | 0.5% | -1.5% | 0.0% | \$ 5.21 | \$ 223.40 | 280 |
| Other Professional - PH | \$ 0.29 | \$ 130.44 | 27 | 2.0% | 1.5% | 0.5% | -0.9% | -0.2% | \$ 0.30 | \$ 133.12 | 27 |
| Other Professional - BH | \$ 0.97 | \$ 109.20 | 106 | 2.0% | 1.5% | 0.5% | 7.0% | -0.2% | \$ 1.07 | \$ 120.36 | 107 |
| Therapies - PT/OT/ST | \$ 1.76 | \$ 119.76 | 176 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 1.82 | \$ 122.83 | 178 |
| Prescribed Drugs | \$ 156.29 | \$ 127.76 | 14,679 | 8.4% | 6.4% | 1.9% | 1.8% | 0.0% | \$ 186.89 | \$ 147.25 | 15,231 |
| LTSS Services | \$ 2.14 | \$ 8.34 | 3,078 | 2.6% | 2.1% | 0.5% | 1.0% | 0.0% | \$ 2.27 | \$ 8.78 | 3,108 |
| Durable Medical Equipment | \$ 3.65 | \$ 8.33 | 5,266 | 2.0% | 1.5% | 0.5% | -1.1% | -0.1% | \$ 3.75 | \$ 8.48 | 5,312 |
| Lab and X-ray | \$ 10.74 | \$ 23.55 | 5,475 | 2.0% | 1.5% | 0.5% | 2.5% | 0.0% | \$ 11.46 | \$ 24.87 | 5,529 |
| Optical | \$ 1.25 | \$ 48.47 | 310 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 1.30 | \$ 49.75 | 313 |
| Limited Dental Services | \$ 0.00 | \$ 171.00 | 0 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 0.00 | \$ 174.74 | 0 |
| Transportation - Emergency | \$ 5.05 | \$ 372.45 | 163 | 4.1% | 3.6% | 0.5% | -0.6% | 0.0% | \$ 5.44 | \$ 397.51 | 164 |
| Transportation - Non-Emergency | \$ 0.96 | \$ 51.73 | 224 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 1.04 | \$ 55.25 | 226 |
| Other Services - PH | \$ 0.34 | \$ 43.68 | 93 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 0.35 | \$ 44.28 | 94 |
| Other Services - BH | \$ 8.21 | \$ 39.47 | 2,497 | 2.0% | 1.5% | 0.5% | 32.8% | 0.0% | \$ 11.35 | \$ 53.99 | 2,522 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 414.69 | N/A | 65,388 | 5.0% | 4.1% | 0.9% | 2.8% | -0.1% | \$ 469.16 | N/A | 66,634 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 502.94

Non-Benefit Expense PMPM/Payment:

- General Administration (4.01%) \$ 22.16
- PHP Care Management (3.11%) \$ 17.18
- Underwriting Gain (1.85%) \$ 10.22

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 552.50

Premium Taxes (1.9380%) \$ 10.92

Total Base Capitation Rate: \$ 563.41

Exhibit 81

| | |
|----------------------------------|------------------------------|
| Region: | Region 5 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 362,441 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 94.87 | \$ 15,933.13 | 71 | 3.4% | 3.4% | 0.0% | 5.1% | -0.2% | \$ 106.38 | \$ 17,900.96 |
| Inpatient - BH | \$ 6.18 | \$ 675.84 | 110 | 3.4% | 3.4% | 0.0% | 59.2% | 0.0% | \$ 10.52 | \$ 1,150.21 | 110 |
| Outpatient Hospital - Facility | \$ 60.90 | \$ 376.46 | 1,941 | 3.4% | 3.4% | 0.0% | 1.3% | -0.3% | \$ 65.79 | \$ 407.86 | 1,936 |
| Outpatient Hospital - Professional | \$ 11.17 | \$ 159.13 | 843 | 1.5% | 1.5% | 0.0% | 2.0% | -0.3% | \$ 11.71 | \$ 167.22 | 840 |
| Emergency Room - PH | \$ 94.68 | \$ 412.59 | 2,754 | 3.4% | 3.4% | 0.0% | 1.1% | -0.2% | \$ 102.14 | \$ 446.00 | 2,748 |
| Emergency Room - BH | \$ 2.25 | \$ 394.00 | 68 | 3.4% | 3.4% | 0.0% | 1.2% | -0.2% | \$ 2.43 | \$ 426.47 | 68 |
| Physician - Primary Care | \$ 53.70 | \$ 102.38 | 6,294 | 2.0% | 1.5% | 0.5% | -0.9% | 0.1% | \$ 55.39 | \$ 104.48 | 6,361 |
| Physician - Specialty | \$ 31.78 | \$ 124.00 | 3,076 | 2.0% | 1.5% | 0.5% | 0.3% | -0.3% | \$ 33.09 | \$ 128.18 | 3,098 |
| FQHC/RHC | \$ 8.09 | \$ 131.14 | 740 | 3.9% | 3.4% | 0.5% | -17.6% | 0.0% | \$ 7.19 | \$ 115.50 | 747 |
| Other Clinic | \$ 3.77 | \$ 145.63 | 311 | 2.0% | 1.5% | 0.5% | 3.1% | -0.2% | \$ 4.04 | \$ 154.64 | 314 |
| Family Planning Services | \$ 8.84 | \$ 220.08 | 482 | 2.0% | 1.5% | 0.5% | -1.9% | 0.0% | \$ 9.03 | \$ 222.52 | 487 |
| Other Professional - PH | \$ 0.50 | \$ 130.44 | 46 | 2.0% | 1.5% | 0.5% | -1.3% | -0.2% | \$ 0.52 | \$ 132.59 | 47 |
| Other Professional - BH | \$ 1.68 | \$ 109.20 | 185 | 2.0% | 1.5% | 0.5% | 6.6% | -0.2% | \$ 1.86 | \$ 119.89 | 187 |
| Therapies - PT/OT/ST | \$ 3.06 | \$ 119.76 | 306 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 3.16 | \$ 122.35 | 309 |
| Prescribed Drugs | \$ 272.26 | \$ 127.76 | 25,572 | 8.4% | 6.4% | 1.9% | -0.7% | 0.0% | \$ 317.65 | \$ 143.66 | 26,532 |
| LTSS Services | \$ 3.73 | \$ 8.34 | 5,362 | 2.6% | 2.1% | 0.5% | 0.6% | 0.0% | \$ 3.95 | \$ 8.75 | 5,415 |
| Durable Medical Equipment | \$ 6.36 | \$ 8.33 | 9,173 | 2.0% | 1.5% | 0.5% | -1.5% | -0.1% | \$ 6.51 | \$ 8.45 | 9,253 |
| Lab and X-ray | \$ 18.72 | \$ 23.55 | 9,538 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 19.88 | \$ 24.77 | 9,632 |
| Optical | \$ 2.18 | \$ 48.47 | 539 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 2.25 | \$ 49.56 | 545 |
| Limited Dental Services | \$ 0.01 | \$ 171.00 | 1 | 2.0% | 1.5% | 0.5% | -1.2% | 0.0% | \$ 0.01 | \$ 174.05 | 1 |
| Transportation - Emergency | \$ 8.79 | \$ 372.45 | 283 | 4.1% | 3.6% | 0.5% | -1.0% | 0.0% | \$ 9.44 | \$ 395.94 | 286 |
| Transportation - Non-Emergency | \$ 1.68 | \$ 51.73 | 390 | 4.1% | 3.6% | 0.5% | -0.9% | 0.0% | \$ 1.81 | \$ 55.03 | 394 |
| Other Services - PH | \$ 0.59 | \$ 43.68 | 162 | 2.0% | 1.5% | 0.5% | -2.0% | -0.2% | \$ 0.60 | \$ 44.10 | 163 |
| Other Services - BH | \$ 14.31 | \$ 39.47 | 4,350 | 2.0% | 1.5% | 0.5% | 32.3% | 0.0% | \$ 19.69 | \$ 53.78 | 4,393 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 722.40 | N/A | 113,909 | 5.0% | 4.1% | 0.9% | 1.5% | -0.1% | \$ 807.42 | N/A | 116,079 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: **\$ 865.56**

Non-Benefit Expense PMPM/Payment:

- General Administration (3.60%) \$ 34.10
- PHP Care Management (3.12%) \$ 29.56
- Underwriting Gain (1.85%) \$ 17.51

Total Service Cost and Non-Benefit Load PMPM/Payment: **\$ 946.74**

Premium Taxes (1.9380%) \$ 18.71

Total Base Capitation Rate: **\$ 965.45**

Exhibit 82

| | |
|---------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Aged, Blind, Disabled |
| Sex: | Male & Female |
| Member Months/Deliveries: | 203,052 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|--------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|--------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 397.83 | \$ 23,383.17 | 204 | 3.4% | 3.4% | 0.0% | 1.4% | -1.7% | \$ 423.76 | \$ 25,342.20 |
| Inpatient - BH | \$ 6.37 | \$ 848.17 | 90 | 4.4% | 3.4% | 1.0% | 25.3% | 0.0% | \$ 8.70 | \$ 1,135.97 | 92 |
| Outpatient Hospital - Facility | \$ 91.07 | \$ 667.97 | 1,636 | 3.4% | 3.4% | 0.0% | 1.5% | -1.3% | \$ 97.51 | \$ 724.66 | 1,615 |
| Outpatient Hospital - Professional | \$ 14.44 | \$ 157.47 | 1,101 | 2.0% | 1.5% | 0.5% | 2.7% | -1.3% | \$ 15.24 | \$ 166.68 | 1,097 |
| Emergency Room - PH | \$ 75.29 | \$ 512.47 | 1,763 | 4.4% | 3.4% | 1.0% | 1.4% | -1.0% | \$ 82.37 | \$ 555.38 | 1,780 |
| Emergency Room - BH | \$ 1.67 | \$ 482.46 | 42 | 4.4% | 3.4% | 1.0% | 1.4% | -1.0% | \$ 1.83 | \$ 522.86 | 42 |
| Physician - Primary Care | \$ 44.91 | \$ 116.57 | 4,623 | 2.0% | 1.5% | 0.5% | 1.1% | 0.4% | \$ 47.44 | \$ 121.40 | 4,689 |
| Physician - Specialty | \$ 75.02 | \$ 199.24 | 4,519 | 2.0% | 1.5% | 0.5% | 1.5% | -1.3% | \$ 78.16 | \$ 208.23 | 4,504 |
| FQHC/RHC | \$ 9.22 | \$ 146.82 | 754 | 3.9% | 3.4% | 0.5% | -14.2% | 0.0% | \$ 8.54 | \$ 134.69 | 761 |
| Other Clinic | \$ 21.15 | \$ 766.71 | 331 | 2.0% | 1.5% | 0.5% | 1.5% | -0.7% | \$ 22.18 | \$ 801.48 | 332 |
| Family Planning Services | \$ 0.79 | \$ 142.63 | 67 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 0.82 | \$ 146.23 | 67 |
| Other Professional - PH | \$ 1.15 | \$ 130.09 | 106 | 2.0% | 1.5% | 0.5% | 1.3% | -0.7% | \$ 1.20 | \$ 135.76 | 106 |
| Other Professional - BH | \$ 0.54 | \$ 92.89 | 69 | 2.0% | 1.5% | 0.5% | 13.0% | -0.7% | \$ 0.63 | \$ 108.16 | 69 |
| Therapies - PT/OT/ST | \$ 10.83 | \$ 160.23 | 811 | 2.0% | 1.5% | 0.5% | 1.4% | 0.0% | \$ 11.42 | \$ 167.36 | 819 |
| Prescribed Drugs | \$ 536.66 | \$ 210.32 | 30,620 | 9.0% | 6.6% | 2.3% | 2.5% | -0.1% | \$ 652.95 | \$ 244.82 | 32,005 |
| LTSS Services | \$ 76.70 | \$ 8.52 | 107,977 | 2.6% | 2.1% | 0.5% | 7.7% | -0.3% | \$ 86.68 | \$ 9.57 | 108,719 |
| Durable Medical Equipment | \$ 35.26 | \$ 3.67 | 115,235 | 2.0% | 1.5% | 0.5% | -0.3% | -1.3% | \$ 36.10 | \$ 3.77 | 114,872 |
| Lab and X-ray | \$ 7.24 | \$ 17.51 | 4,963 | 2.0% | 1.5% | 0.5% | 4.4% | 0.0% | \$ 7.87 | \$ 18.84 | 5,011 |
| Optical | \$ 1.60 | \$ 45.90 | 417 | 2.0% | 1.5% | 0.5% | 1.5% | 0.0% | \$ 1.69 | \$ 48.01 | 421 |
| Limited Dental Services | \$ 0.07 | \$ 30.46 | 27 | 2.0% | 1.5% | 0.5% | 0.5% | 0.0% | \$ 0.07 | \$ 31.55 | 27 |
| Transportation - Emergency | \$ 26.29 | \$ 483.82 | 652 | 4.1% | 3.6% | 0.5% | 1.3% | 0.0% | \$ 28.85 | \$ 525.93 | 658 |
| Transportation - Non-Emergency | \$ 15.88 | \$ 65.46 | 2,910 | 4.1% | 3.6% | 0.5% | 1.4% | 0.0% | \$ 17.45 | \$ 71.25 | 2,939 |
| Other Services - PH | \$ 1.18 | \$ 52.70 | 269 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 1.23 | \$ 54.47 | 270 |
| Other Services - BH | \$ 11.11 | \$ 27.60 | 4,830 | 2.0% | 1.5% | 0.5% | 24.8% | 0.0% | \$ 14.42 | \$ 35.49 | 4,876 |
| Medical Home Payments | \$ 4.43 | \$ 5.00 | 10,634 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 4.57 | \$ 5.05 | 10,848 |
| LHD Care Management Payments | \$ 0.87 | \$ 4.85 | 2,142 | 1.0% | 0.0% | 1.0% | 1.0% | 0.0% | \$ 0.89 | \$ 4.90 | 2,185 |
| Total | \$ 1,467.55 | N/A | 296,792 | 5.3% | 4.2% | 1.1% | 2.3% | -0.7% | \$ 1,652.57 | N/A | 299,008 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 1,652.57

Non-Benefit Expense PMPM/Payment:
 General Administration (3.51%) \$ 63.45
 PHP Care Management (3.22%) \$ 58.16
 Underwriting Gain (1.85%) \$ 33.44

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 1,807.62
 Premium Taxes (1.9380%) \$ 35.72

Total Base Capitation Rate: \$ 1,843.35

Exhibit 83

| | |
|----------------------------------|--------------------------------------|
| Region: | Region 6 |
| Category of Aid: | TANF and Other Related Children (<1) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 103,056 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|-------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 478.41 | \$ 6,819.50 | 842 | 3.4% | 3.4% | 0.0% | 0.4% | -0.2% | \$ 512.67 | \$ 7,319.49 |
| Inpatient - BH | \$ 0.07 | \$ 1,798.83 | 0 | 3.4% | 3.4% | 0.0% | 1.3% | 0.0% | \$ 0.07 | \$ 1,948.42 | 0 |
| Outpatient Hospital - Facility | \$ 14.41 | \$ 241.83 | 715 | 3.4% | 3.4% | 0.0% | 0.4% | -0.3% | \$ 15.44 | \$ 259.71 | 713 |
| Outpatient Hospital - Professional | \$ 2.23 | \$ 120.21 | 223 | 2.5% | 1.5% | 1.0% | 1.6% | -0.3% | \$ 2.38 | \$ 125.80 | 227 |
| Emergency Room - PH | \$ 39.61 | \$ 258.06 | 1,842 | 3.4% | 3.4% | 0.0% | 0.2% | -0.6% | \$ 42.22 | \$ 276.59 | 1,832 |
| Emergency Room - BH | \$ 0.06 | \$ 328.48 | 2 | 3.4% | 3.4% | 0.0% | 0.0% | -0.6% | \$ 0.06 | \$ 351.17 | 2 |
| Physician - Primary Care | \$ 97.30 | \$ 130.08 | 8,976 | 2.0% | 1.5% | 0.5% | -0.4% | 0.2% | \$ 101.07 | \$ 133.47 | 9,087 |
| Physician - Specialty | \$ 59.54 | \$ 218.67 | 3,267 | 2.0% | 1.5% | 0.5% | 0.3% | -1.2% | \$ 61.38 | \$ 225.98 | 3,259 |
| FQHC/RHC | \$ 6.36 | \$ 141.27 | 541 | 4.4% | 3.4% | 1.0% | -14.4% | 0.0% | \$ 5.94 | \$ 129.25 | 551 |
| Other Clinic | \$ 2.02 | \$ 95.08 | 256 | 2.0% | 1.5% | 0.5% | -1.0% | -0.7% | \$ 2.07 | \$ 96.93 | 256 |
| Family Planning Services | \$ 0.00 | \$ 63.89 | 0 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 0.00 | \$ 65.82 | 0 |
| Other Professional - PH | \$ 1.27 | \$ 110.42 | 138 | 2.0% | 1.5% | 0.5% | 0.3% | -0.7% | \$ 1.32 | \$ 114.15 | 139 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 3.21 | \$ 154.41 | 250 | 2.0% | 1.5% | 0.5% | 0.2% | 0.0% | \$ 3.35 | \$ 159.44 | 252 |
| Prescribed Drugs | \$ 16.04 | \$ 52.70 | 3,653 | -11.3% | -12.9% | 1.9% | 3.1% | -0.1% | \$ 13.02 | \$ 41.21 | 3,793 |
| LTSS Services | \$ 1.19 | \$ 16.06 | 889 | 2.6% | 2.1% | 0.5% | 10.9% | 0.0% | \$ 1.39 | \$ 18.56 | 898 |
| Durable Medical Equipment | \$ 3.19 | \$ 6.34 | 6,029 | 2.0% | 1.5% | 0.5% | -1.1% | -0.6% | \$ 3.26 | \$ 6.46 | 6,056 |
| Lab and X-ray | \$ 0.97 | \$ 33.97 | 344 | 2.0% | 1.5% | 0.5% | 3.4% | 0.0% | \$ 1.05 | \$ 36.19 | 348 |
| Optical | \$ 0.04 | \$ 67.36 | 7 | 2.0% | 1.5% | 0.5% | 0.6% | 0.0% | \$ 0.04 | \$ 69.81 | 7 |
| Limited Dental Services | \$ 2.69 | \$ 27.72 | 1,166 | 2.0% | 1.5% | 0.5% | -1.1% | 0.0% | \$ 2.77 | \$ 28.25 | 1,178 |
| Transportation - Emergency | \$ 14.21 | \$ 1,371.13 | 124 | 4.1% | 3.6% | 0.5% | 0.3% | 0.0% | \$ 15.46 | \$ 1,476.26 | 126 |
| Transportation - Non-Emergency | \$ 1.12 | \$ 114.63 | 117 | 4.1% | 3.6% | 0.5% | 0.0% | 0.0% | \$ 1.21 | \$ 123.08 | 118 |
| Other Services - PH | \$ 0.03 | \$ 40.42 | 9 | 2.0% | 1.5% | 0.5% | -9.4% | -0.7% | \$ 0.03 | \$ 37.71 | 9 |
| Other Services - BH | \$ 0.05 | \$ 929.65 | 1 | 2.0% | 1.5% | 0.5% | 8.6% | 0.0% | \$ 0.06 | \$ 1,040.43 | 1 |
| Medical Home Payments | \$ 2.06 | \$ 2.50 | 9,906 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 2.11 | \$ 2.50 | 10,105 |
| LHD Care Management Payments | \$ 4.14 | \$ 4.56 | 10,884 | 1.0% | 0.0% | 1.0% | 0.0% | 0.0% | \$ 4.22 | \$ 4.56 | 11,103 |
| Total | \$ 750.25 | N/A | 50,181 | 2.8% | 2.6% | 0.2% | 0.2% | -0.2% | \$ 792.59 | N/A | 50,901 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 792.59

Non-Benefit Expense PMPM/Payment:

- General Administration (3.77%) \$ 32.80
- PHP Care Management (3.21%) \$ 27.89
- Underwriting Gain (1.85%) \$ 16.08

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 869.36

Premium Taxes (1.9380%) \$ 17.18

Total Base Capitation Rate: \$ 886.54

Exhibit 84

| | |
|----------------------------------|--|
| Region: | Region 6 |
| Category of Aid: | TANF and Other Related Children (1-20) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 1,791,833 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 11.43 | \$ 15,687.34 | 9 | 3.4% | 3.4% | 0.0% | -2.0% | -1.3% | \$ 11.82 | \$ 16,445.13 |
| Inpatient - BH | \$ 1.49 | \$ 728.25 | 25 | 3.4% | 3.4% | 0.0% | 27.9% | -0.1% | \$ 2.03 | \$ 995.59 | 25 |
| Outpatient Hospital - Facility | \$ 10.84 | \$ 505.69 | 257 | 3.4% | 3.4% | 0.0% | -1.9% | -0.3% | \$ 11.34 | \$ 530.64 | 256 |
| Outpatient Hospital - Professional | \$ 2.02 | \$ 221.98 | 109 | 2.5% | 1.5% | 1.0% | 15.1% | -0.3% | \$ 2.44 | \$ 263.35 | 111 |
| Emergency Room - PH | \$ 20.15 | \$ 278.67 | 868 | 3.4% | 3.4% | 0.0% | -2.0% | -0.9% | \$ 20.91 | \$ 291.86 | 860 |
| Emergency Room - BH | \$ 0.43 | \$ 386.17 | 13 | 3.4% | 3.4% | 0.0% | -2.0% | -0.9% | \$ 0.44 | \$ 404.64 | 13 |
| Physician - Primary Care | \$ 20.87 | \$ 112.10 | 2,234 | 2.0% | 1.5% | 0.5% | -2.1% | 0.2% | \$ 21.31 | \$ 113.09 | 2,261 |
| Physician - Specialty | \$ 4.99 | \$ 97.95 | 612 | 2.0% | 1.5% | 0.5% | -1.4% | -1.3% | \$ 5.06 | \$ 99.53 | 610 |
| FQHC/RHC | \$ 2.53 | \$ 149.11 | 204 | 3.9% | 3.4% | 0.5% | -20.7% | 0.0% | \$ 2.17 | \$ 126.40 | 206 |
| Other Clinic | \$ 0.66 | \$ 89.70 | 89 | 2.0% | 1.5% | 0.5% | -2.8% | -0.8% | \$ 0.67 | \$ 89.78 | 89 |
| Family Planning Services | \$ 0.64 | \$ 129.21 | 60 | 2.0% | 1.5% | 0.5% | -3.9% | 0.0% | \$ 0.64 | \$ 127.94 | 60 |
| Other Professional - PH | \$ 0.11 | \$ 80.08 | 17 | 2.0% | 1.5% | 0.5% | -2.1% | -0.8% | \$ 0.11 | \$ 80.75 | 17 |
| Other Professional - BH | \$ 0.20 | \$ 74.93 | 32 | 2.0% | 1.5% | 0.5% | 18.5% | -0.8% | \$ 0.24 | \$ 91.51 | 32 |
| Therapies - PT/OT/ST | \$ 5.63 | \$ 117.54 | 575 | 2.0% | 1.5% | 0.5% | -1.9% | 0.0% | \$ 5.75 | \$ 118.80 | 581 |
| Prescribed Drugs | \$ 41.88 | \$ 120.68 | 4,164 | 5.5% | 4.0% | 1.4% | 3.3% | -0.1% | \$ 48.09 | \$ 134.93 | 4,277 |
| LTSS Services | \$ 0.28 | \$ 13.44 | 249 | 2.6% | 2.1% | 0.5% | 7.2% | -0.1% | \$ 0.31 | \$ 15.02 | 251 |
| Durable Medical Equipment | \$ 1.47 | \$ 3.46 | 5,086 | 2.0% | 1.5% | 0.5% | -3.4% | -0.6% | \$ 1.46 | \$ 3.44 | 5,105 |
| Lab and X-ray | \$ 1.50 | \$ 19.41 | 929 | 2.0% | 1.5% | 0.5% | 0.5% | -0.1% | \$ 1.57 | \$ 20.10 | 938 |
| Optical | \$ 1.25 | \$ 44.86 | 334 | 2.0% | 1.5% | 0.5% | -1.8% | -0.1% | \$ 1.27 | \$ 45.37 | 337 |
| Limited Dental Services | \$ 0.43 | \$ 27.75 | 184 | 2.0% | 1.5% | 0.5% | -2.7% | 0.0% | \$ 0.43 | \$ 27.81 | 186 |
| Transportation - Emergency | \$ 2.67 | \$ 724.16 | 44 | 4.1% | 3.6% | 0.5% | -2.1% | -0.1% | \$ 2.83 | \$ 761.07 | 45 |
| Transportation - Non-Emergency | \$ 0.30 | \$ 73.13 | 50 | 4.1% | 3.6% | 0.5% | -2.0% | 0.0% | \$ 0.32 | \$ 76.95 | 50 |
| Other Services - PH | \$ 0.14 | \$ 42.61 | 39 | 2.0% | 1.5% | 0.5% | -3.3% | -0.8% | \$ 0.14 | \$ 42.45 | 39 |
| Other Services - BH | \$ 4.89 | \$ 55.99 | 1,047 | 2.0% | 1.5% | 0.5% | 17.7% | -0.1% | \$ 5.98 | \$ 67.87 | 1,057 |
| Medical Home Payments | \$ 2.33 | \$ 2.50 | 11,168 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 2.32 | \$ 2.44 | 11,393 |
| LHD Care Management Payments | \$ 1.90 | \$ 4.71 | 4,857 | 1.0% | 0.0% | 1.0% | -2.3% | 0.0% | \$ 1.90 | \$ 4.60 | 4,955 |
| Total | \$ 141.03 | N/A | 33,255 | 3.5% | 2.9% | 0.6% | 0.6% | -0.3% | \$ 151.56 | N/A | 33,762 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 151.87

Non-Benefit Expense PMPM/Payment:

- General Administration (5.85%) \$ 9.96
- PHP Care Management (3.14%) \$ 5.34
- Underwriting Gain (1.85%) \$ 3.15

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 170.32

Premium Taxes (1.9380%) \$ 3.37

Total Base Capitation Rate: \$ 173.69

Exhibit 85

| | |
|---------------------------|-------------------------------------|
| Region: | Region 6 |
| Category of Aid: | TANF and Other Related Adults (21+) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 457,974 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|----------------|-----------|--------------|--------------|-----------|-----------|---------------------|-----------------------------|-------------------|-------------|--------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 44.18 | \$ 17,683.16 | 30 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 47.10 | \$ 19,036.67 |
| Inpatient - BH | \$ 2.88 | \$ 871.99 | 40 | 3.4% | 3.4% | 0.0% | 36.3% | -0.1% | \$ 4.19 | \$ 1,270.95 | 40 |
| Outpatient Hospital - Facility | \$ 27.59 | \$ 538.57 | 615 | 3.4% | 3.4% | 0.0% | 0.9% | -1.0% | \$ 29.48 | \$ 580.97 | 609 |
| Outpatient Hospital - Professional | \$ 4.63 | \$ 166.49 | 334 | 1.5% | 1.5% | 0.0% | 0.9% | -1.0% | \$ 4.77 | \$ 173.13 | 331 |
| Emergency Room - PH | \$ 45.37 | \$ 419.79 | 1,297 | 3.4% | 3.4% | 0.0% | 0.7% | -1.0% | \$ 48.37 | \$ 451.88 | 1,284 |
| Emergency Room - BH | \$ 0.93 | \$ 423.06 | 26 | 3.4% | 3.4% | 0.0% | 0.8% | -1.0% | \$ 1.00 | \$ 456.06 | 26 |
| Physician - Primary Care | \$ 18.75 | \$ 96.73 | 2,326 | 2.0% | 1.5% | 0.5% | -0.1% | 0.3% | \$ 19.56 | \$ 99.59 | 2,356 |
| Physician - Specialty | \$ 16.69 | \$ 135.40 | 1,479 | 2.0% | 1.5% | 0.5% | 1.5% | -1.3% | \$ 17.39 | \$ 141.57 | 1,474 |
| FQHC/RHC | \$ 4.44 | \$ 143.28 | 372 | 3.9% | 3.4% | 0.5% | -21.0% | 0.0% | \$ 3.79 | \$ 120.95 | 376 |
| Other Clinic | \$ 1.54 | \$ 108.21 | 171 | 2.0% | 1.5% | 0.5% | 0.4% | -0.7% | \$ 1.60 | \$ 111.95 | 171 |
| Family Planning Services | \$ 4.40 | \$ 195.47 | 270 | 2.0% | 1.5% | 0.5% | -1.1% | 0.0% | \$ 4.53 | \$ 199.22 | 273 |
| Other Professional - PH | \$ 0.23 | \$ 121.19 | 23 | 2.0% | 1.5% | 0.5% | 0.1% | -0.7% | \$ 0.24 | \$ 124.96 | 23 |
| Other Professional - BH | \$ 0.39 | \$ 84.25 | 55 | 2.0% | 1.5% | 0.5% | 18.2% | -0.7% | \$ 0.47 | \$ 102.57 | 55 |
| Therapies - PT/OT/ST | \$ 1.52 | \$ 181.88 | 100 | 2.0% | 1.5% | 0.5% | 0.7% | 0.0% | \$ 1.59 | \$ 188.70 | 101 |
| Prescribed Drugs | \$ 121.60 | \$ 133.98 | 10,891 | 8.5% | 6.4% | 2.0% | 7.4% | -0.2% | \$ 153.49 | \$ 162.90 | 11,306 |
| LTSS Services | \$ 1.21 | \$ 9.35 | 1,554 | 2.6% | 2.1% | 0.5% | 1.5% | -0.1% | \$ 1.29 | \$ 9.90 | 1,569 |
| Durable Medical Equipment | \$ 2.83 | \$ 7.17 | 4,731 | 2.0% | 1.5% | 0.5% | -0.3% | -0.6% | \$ 2.91 | \$ 7.36 | 4,749 |
| Lab and X-ray | \$ 7.30 | \$ 20.93 | 4,183 | 2.0% | 1.5% | 0.5% | 3.0% | -0.1% | \$ 7.81 | \$ 22.21 | 4,222 |
| Optical | \$ 0.91 | \$ 45.04 | 243 | 2.0% | 1.5% | 0.5% | 1.0% | -0.1% | \$ 0.96 | \$ 46.86 | 245 |
| Limited Dental Services | \$ 0.00 | \$ 178.10 | 0 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.00 | \$ 184.20 | 0 |
| Transportation - Emergency | \$ 5.83 | \$ 617.08 | 113 | 4.1% | 3.6% | 0.5% | 0.6% | -0.1% | \$ 6.35 | \$ 665.95 | 114 |
| Transportation - Non-Emergency | \$ 1.16 | \$ 68.00 | 205 | 4.1% | 3.6% | 0.5% | 0.7% | 0.0% | \$ 1.27 | \$ 73.50 | 207 |
| Other Services - PH | \$ 0.34 | \$ 38.37 | 106 | 2.0% | 1.5% | 0.5% | -1.0% | -0.7% | \$ 0.35 | \$ 39.15 | 106 |
| Other Services - BH | \$ 5.23 | \$ 31.32 | 2,004 | 2.0% | 1.5% | 0.5% | 34.0% | -0.1% | \$ 7.29 | \$ 43.23 | 2,023 |
| Medical Home Payments | \$ 2.28 | \$ 2.50 | 10,925 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 2.33 | \$ 2.50 | 11,144 |
| LHD Care Management Payments | \$ 3.50 | \$ 4.96 | 8,469 | 1.0% | 0.0% | 1.0% | 0.2% | 0.0% | \$ 3.58 | \$ 4.97 | 8,639 |
| Total | \$ 325.74 | N/A | 50,563 | 5.0% | 4.1% | 0.9% | 3.9% | -0.5% | \$ 371.69 | N/A | 51,474 |

Acuity Factor Due to Maintenance of Eligibility Requirements 6.4%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 395.48

Non-Benefit Expense PMPM/Payment:
 General Administration (4.27%) \$ 18.64
 PHP Care Management (3.19%) \$ 13.92
 Underwriting Gain (1.85%) \$ 8.07

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 436.10

Premium Taxes (1.9380%) \$ 8.62

Total Base Capitation Rate: \$ 444.72

Exhibit 86

| | |
|---------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Maternity Event |
| Sex: | Female |
| Member Months/Deliveries: | 5,441 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|---------------------|-------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|---------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 7,838.60 | \$ 7,421.88 | 12,674 | 3.4% | 3.4% | 0.0% | 2.1% | -0.1% | \$ 8,552.84 | \$ 8,104.32 |
| Inpatient - BH | \$ 16.95 | \$ 382.85 | 531 | 3.4% | 3.4% | 0.0% | 2.0% | 0.0% | \$ 18.47 | \$ 417.38 | 531 |
| Outpatient Hospital - Facility | \$ 452.00 | \$ 266.16 | 20,379 | 3.4% | 3.4% | 0.0% | 2.1% | -0.9% | \$ 489.18 | \$ 290.60 | 20,200 |
| Outpatient Hospital - Professional | \$ 11.40 | \$ 60.01 | 2,279 | 1.5% | 1.5% | 0.0% | -2.9% | -0.9% | \$ 11.31 | \$ 60.06 | 2,259 |
| Emergency Room - PH | \$ 307.03 | \$ 417.87 | 8,817 | 3.4% | 3.4% | 0.0% | 0.7% | -0.9% | \$ 327.67 | \$ 449.90 | 8,740 |
| Emergency Room - BH | \$ 0.05 | \$ 122.02 | 5 | 3.4% | 3.4% | 0.0% | 2.5% | -0.9% | \$ 0.05 | \$ 133.68 | 5 |
| Physician - Primary Care | \$ 1,624.08 | \$ 326.88 | 59,621 | 2.0% | 1.5% | 0.5% | 1.2% | 0.0% | \$ 1,710.88 | \$ 340.94 | 60,218 |
| Physician - Specialty | \$ 362.48 | \$ 144.60 | 30,082 | 2.0% | 1.5% | 0.5% | -2.6% | 0.0% | \$ 367.50 | \$ 145.14 | 30,383 |
| FQHC/RHC | \$ 79.81 | \$ 170.88 | 5,605 | 3.9% | 3.4% | 0.5% | -43.2% | 0.0% | \$ 48.92 | \$ 103.70 | 5,661 |
| Other Clinic | \$ 185.15 | \$ 231.00 | 9,618 | 2.0% | 1.5% | 0.5% | 10.9% | 0.0% | \$ 213.71 | \$ 263.98 | 9,715 |
| Family Planning Services | \$ 1,052.92 | \$ 2,089.23 | 6,048 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 1,121.14 | \$ 2,202.50 | 6,108 |
| Other Professional - PH | \$ 37.38 | \$ 146.70 | 3,058 | 2.0% | 1.5% | 0.5% | -0.8% | 0.0% | \$ 38.60 | \$ 149.98 | 3,088 |
| Other Professional - BH | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Therapies - PT/OT/ST | \$ 0.28 | \$ 159.86 | 21 | 2.0% | 1.5% | 0.5% | 2.0% | 0.0% | \$ 0.30 | \$ 167.98 | 21 |
| Prescribed Drugs | \$ 46.49 | \$ 27.24 | 20,484 | 8.5% | 6.4% | 2.0% | 1.6% | 0.0% | \$ 55.62 | \$ 31.34 | 21,297 |
| LTSS Services | \$ 2.78 | \$ 36.17 | 921 | 2.6% | 2.1% | 0.5% | 3.3% | 0.0% | \$ 3.02 | \$ 38.95 | 931 |
| Durable Medical Equipment | \$ 9.91 | \$ 1.43 | 83,260 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 10.55 | \$ 1.51 | 84,095 |
| Lab and X-ray | \$ 47.65 | \$ 24.77 | 23,081 | 2.0% | 1.5% | 0.5% | 2.3% | 0.0% | \$ 50.73 | \$ 26.11 | 23,312 |
| Optical | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Limited Dental Services | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Transportation - Emergency | \$ 135.76 | \$ 1,505.97 | 1,082 | 4.1% | 3.6% | 0.5% | 2.0% | 0.0% | \$ 150.17 | \$ 1,649.29 | 1,093 |
| Transportation - Non-Emergency | \$ 4.86 | \$ 401.68 | 145 | 4.1% | 3.6% | 0.5% | 2.2% | 0.0% | \$ 5.39 | \$ 440.58 | 147 |
| Other Services - PH | \$ 2.79 | \$ 30.14 | 1,112 | 2.0% | 1.5% | 0.5% | -35.0% | 0.0% | \$ 1.89 | \$ 20.19 | 1,124 |
| Other Services - BH | \$ 0.50 | \$ 15.69 | 384 | 2.0% | 1.5% | 0.5% | 3.5% | 0.0% | \$ 0.54 | \$ 16.72 | 388 |
| Medical Home Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| LHD Care Management Payments | \$ - | \$ - | - | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | \$ - | \$ - | - |
| Total | \$ 12,218.88 | N/A | 289,206 | 3.1% | 2.9% | 0.1% | 1.7% | -0.1% | \$ 13,178.47 | N/A | 291,980 |

Acuity Factor Due to Maintenance of Eligibility Requirements 0.0%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 13,178.47

Non-Benefit Expense PMPM/Payment:

- General Administration (0.69%) \$ 96.38
- PHP Care Management (3.31%) \$ 463.78
- Underwriting Gain (1.85%) \$ 258.96

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 13,997.60

Premium Taxes (1.9380%) \$ 276.63

Total Base Capitation Rate: \$ 14,274.23

Exhibit 87

| | |
|----------------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Newly Eligible (19 - 24) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 142,891 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 20.97 | \$ 17,683.16 | 14 | 3.4% | 3.4% | 0.0% | 6.1% | -0.2% | \$ 23.74 | \$ 20,055.80 |
| Inpatient - BH | \$ 1.37 | \$ 871.99 | 19 | 3.4% | 3.4% | 0.0% | 43.6% | 0.0% | \$ 2.10 | \$ 1,338.99 | 19 |
| Outpatient Hospital - Facility | \$ 13.10 | \$ 538.57 | 292 | 3.4% | 3.4% | 0.0% | 2.3% | -0.2% | \$ 14.30 | \$ 588.97 | 291 |
| Outpatient Hospital - Professional | \$ 2.20 | \$ 166.49 | 158 | 1.5% | 1.5% | 0.0% | 2.3% | -0.2% | \$ 2.31 | \$ 175.52 | 158 |
| Emergency Room - PH | \$ 21.54 | \$ 419.79 | 616 | 3.4% | 3.4% | 0.0% | 2.1% | -0.2% | \$ 23.46 | \$ 458.10 | 614 |
| Emergency Room - BH | \$ 0.44 | \$ 423.06 | 13 | 3.4% | 3.4% | 0.0% | 2.2% | -0.2% | \$ 0.48 | \$ 462.34 | 13 |
| Physician - Primary Care | \$ 8.90 | \$ 96.73 | 1,104 | 2.0% | 1.5% | 0.5% | -0.7% | 0.1% | \$ 9.21 | \$ 98.98 | 1,116 |
| Physician - Specialty | \$ 7.92 | \$ 135.40 | 702 | 2.0% | 1.5% | 0.5% | 0.9% | -0.3% | \$ 8.29 | \$ 140.71 | 707 |
| FQHC/RHC | \$ 2.11 | \$ 143.28 | 177 | 3.9% | 3.4% | 0.5% | -21.5% | 0.0% | \$ 1.79 | \$ 120.21 | 178 |
| Other Clinic | \$ 0.73 | \$ 108.21 | 81 | 2.0% | 1.5% | 0.5% | -0.2% | -0.2% | \$ 0.76 | \$ 111.26 | 82 |
| Family Planning Services | \$ 2.09 | \$ 195.47 | 128 | 2.0% | 1.5% | 0.5% | -1.7% | 0.0% | \$ 2.14 | \$ 198.01 | 129 |
| Other Professional - PH | \$ 0.11 | \$ 121.19 | 11 | 2.0% | 1.5% | 0.5% | -0.5% | -0.2% | \$ 0.11 | \$ 124.20 | 11 |
| Other Professional - BH | \$ 0.18 | \$ 84.25 | 26 | 2.0% | 1.5% | 0.5% | 17.5% | -0.2% | \$ 0.22 | \$ 101.95 | 26 |
| Therapies - PT/OT/ST | \$ 0.72 | \$ 181.88 | 48 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.75 | \$ 187.55 | 48 |
| Prescribed Drugs | \$ 57.73 | \$ 133.98 | 5,170 | 8.5% | 6.4% | 2.0% | 10.4% | 0.0% | \$ 74.97 | \$ 167.42 | 5,374 |
| LTSS Services | \$ 0.58 | \$ 9.35 | 738 | 2.6% | 2.1% | 0.5% | 0.9% | 0.0% | \$ 0.61 | \$ 9.84 | 745 |
| Durable Medical Equipment | \$ 1.34 | \$ 7.17 | 2,246 | 2.0% | 1.5% | 0.5% | -0.9% | -0.1% | \$ 1.38 | \$ 7.32 | 2,266 |
| Lab and X-ray | \$ 3.46 | \$ 20.93 | 1,985 | 2.0% | 1.5% | 0.5% | 2.4% | 0.0% | \$ 3.69 | \$ 22.08 | 2,005 |
| Optical | \$ 0.43 | \$ 45.04 | 115 | 2.0% | 1.5% | 0.5% | 0.4% | 0.0% | \$ 0.45 | \$ 46.58 | 116 |
| Limited Dental Services | \$ 0.00 | \$ 178.10 | 0 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 0.00 | \$ 183.07 | 0 |
| Transportation - Emergency | \$ 2.77 | \$ 617.08 | 54 | 4.1% | 3.6% | 0.5% | -0.1% | 0.0% | \$ 3.00 | \$ 661.89 | 54 |
| Transportation - Non-Emergency | \$ 0.55 | \$ 68.00 | 97 | 4.1% | 3.6% | 0.5% | 0.1% | 0.0% | \$ 0.60 | \$ 73.05 | 98 |
| Other Services - PH | \$ 0.16 | \$ 38.37 | 50 | 2.0% | 1.5% | 0.5% | -1.6% | -0.2% | \$ 0.16 | \$ 38.91 | 51 |
| Other Services - BH | \$ 2.48 | \$ 31.32 | 951 | 2.0% | 1.5% | 0.5% | 33.1% | 0.0% | \$ 3.44 | \$ 42.96 | 961 |
| Medical Home Payments | \$ 1.08 | \$ 2.50 | 5,186 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.10 | \$ 2.49 | 5,290 |
| LHD Care Management Payments | \$ 1.66 | \$ 4.96 | 4,020 | 1.0% | 0.0% | 1.0% | -0.4% | 0.0% | \$ 1.69 | \$ 4.94 | 4,101 |
| Total | \$ 154.63 | N/A | 24,003 | 5.0% | 4.1% | 0.9% | 6.1% | -0.1% | \$ 180.75 | N/A | 24,469 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 193.76

Non-Benefit Expense PMPM/Payment:

- General Administration (5.30%) \$ 11.45
- PHP Care Management (3.16%) \$ 6.82
- Underwriting Gain (1.85%) \$ 4.00

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 216.03

Premium Taxes (1.9380%) \$ 4.27

Total Base Capitation Rate: \$ 220.30

Exhibit 88

| | |
|----------------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Newly Eligible (25 - 34) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 218,572 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 34.91 | \$ 17,683.16 | 24 | 3.4% | 3.4% | 0.0% | 5.8% | -0.2% | \$ 39.40 | \$ 19,997.60 |
| Inpatient - BH | \$ 2.27 | \$ 871.99 | 31 | 3.4% | 3.4% | 0.0% | 43.2% | 0.0% | \$ 3.48 | \$ 1,335.10 | 31 |
| Outpatient Hospital - Facility | \$ 21.80 | \$ 538.57 | 486 | 3.4% | 3.4% | 0.0% | 2.0% | -0.2% | \$ 23.72 | \$ 587.26 | 485 |
| Outpatient Hospital - Professional | \$ 3.66 | \$ 166.49 | 264 | 1.5% | 1.5% | 0.0% | 2.0% | -0.2% | \$ 3.84 | \$ 175.01 | 263 |
| Emergency Room - PH | \$ 35.84 | \$ 419.79 | 1,025 | 3.4% | 3.4% | 0.0% | 1.8% | -0.2% | \$ 38.92 | \$ 456.77 | 1,023 |
| Emergency Room - BH | \$ 0.74 | \$ 423.06 | 21 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 0.80 | \$ 461.00 | 21 |
| Physician - Primary Care | \$ 14.81 | \$ 96.73 | 1,838 | 2.0% | 1.5% | 0.5% | -1.0% | 0.1% | \$ 15.28 | \$ 98.69 | 1,857 |
| Physician - Specialty | \$ 13.19 | \$ 135.40 | 1,169 | 2.0% | 1.5% | 0.5% | 0.6% | -0.3% | \$ 13.76 | \$ 140.30 | 1,177 |
| FQHC/RHC | \$ 3.51 | \$ 143.28 | 294 | 3.9% | 3.4% | 0.5% | -21.8% | 0.0% | \$ 2.96 | \$ 119.86 | 297 |
| Other Clinic | \$ 1.22 | \$ 108.21 | 135 | 2.0% | 1.5% | 0.5% | -0.5% | -0.2% | \$ 1.26 | \$ 110.94 | 136 |
| Family Planning Services | \$ 3.47 | \$ 195.47 | 213 | 2.0% | 1.5% | 0.5% | -2.0% | 0.0% | \$ 3.55 | \$ 197.43 | 215 |
| Other Professional - PH | \$ 0.18 | \$ 121.19 | 18 | 2.0% | 1.5% | 0.5% | -0.8% | -0.2% | \$ 0.19 | \$ 123.84 | 18 |
| Other Professional - BH | \$ 0.30 | \$ 84.25 | 43 | 2.0% | 1.5% | 0.5% | 17.1% | -0.2% | \$ 0.37 | \$ 101.65 | 44 |
| Therapies - PT/OT/ST | \$ 1.20 | \$ 181.88 | 79 | 2.0% | 1.5% | 0.5% | -0.2% | 0.0% | \$ 1.25 | \$ 187.01 | 80 |
| Prescribed Drugs | \$ 96.07 | \$ 133.98 | 8,605 | 8.5% | 6.4% | 2.0% | 4.9% | 0.0% | \$ 118.54 | \$ 159.05 | 8,943 |
| LTSS Services | \$ 0.96 | \$ 9.35 | 1,228 | 2.6% | 2.1% | 0.5% | 0.6% | 0.0% | \$ 1.01 | \$ 9.81 | 1,240 |
| Durable Medical Equipment | \$ 2.23 | \$ 7.17 | 3,738 | 2.0% | 1.5% | 0.5% | -1.2% | -0.1% | \$ 2.29 | \$ 7.30 | 3,771 |
| Lab and X-ray | \$ 5.76 | \$ 20.93 | 3,304 | 2.0% | 1.5% | 0.5% | 2.1% | 0.0% | \$ 6.12 | \$ 22.01 | 3,337 |
| Optical | \$ 0.72 | \$ 45.04 | 192 | 2.0% | 1.5% | 0.5% | 0.1% | 0.0% | \$ 0.75 | \$ 46.44 | 194 |
| Limited Dental Services | \$ 0.00 | \$ 178.10 | 0 | 2.0% | 1.5% | 0.5% | -0.5% | 0.0% | \$ 0.00 | \$ 182.54 | 0 |
| Transportation - Emergency | \$ 4.61 | \$ 617.08 | 90 | 4.1% | 3.6% | 0.5% | -0.4% | 0.0% | \$ 4.98 | \$ 659.97 | 90 |
| Transportation - Non-Emergency | \$ 0.92 | \$ 68.00 | 162 | 4.1% | 3.6% | 0.5% | -0.2% | 0.0% | \$ 0.99 | \$ 72.84 | 164 |
| Other Services - PH | \$ 0.27 | \$ 38.37 | 84 | 2.0% | 1.5% | 0.5% | -1.8% | -0.2% | \$ 0.27 | \$ 38.80 | 85 |
| Other Services - BH | \$ 4.13 | \$ 31.32 | 1,583 | 2.0% | 1.5% | 0.5% | 32.8% | 0.0% | \$ 5.71 | \$ 42.84 | 1,599 |
| Medical Home Payments | \$ 1.80 | \$ 2.50 | 8,631 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 1.82 | \$ 2.48 | 8,805 |
| LHD Care Management Payments | \$ 2.77 | \$ 4.96 | 6,691 | 1.0% | 0.0% | 1.0% | -0.7% | 0.0% | \$ 2.80 | \$ 4.92 | 6,825 |
| Total | \$ 257.35 | N/A | 39,947 | 5.0% | 4.1% | 0.9% | 3.7% | -0.1% | \$ 294.07 | N/A | 40,724 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 315.24

Non-Benefit Expense PMPM/Payment:

- General Administration (4.53%) \$ 15.78
- PHP Care Management (3.18%) \$ 11.09
- Underwriting Gain (1.85%) \$ 6.45

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 348.56

Premium Taxes (1.9380%) \$ 6.89

Total Base Capitation Rate: \$ 355.45

Exhibit 89

| | |
|----------------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Newly Eligible (35 - 44) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 177,516 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|---------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|---------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 54.03 | \$ 17,683.16 | 37 | 3.4% | 3.4% | 0.0% | 5.6% | -0.2% | \$ 60.89 | \$ 19,970.51 |
| Inpatient - BH | \$ 3.52 | \$ 871.99 | 48 | 3.4% | 3.4% | 0.0% | 43.0% | 0.0% | \$ 5.38 | \$ 1,333.30 | 48 |
| Outpatient Hospital - Facility | \$ 33.74 | \$ 538.57 | 752 | 3.4% | 3.4% | 0.0% | 1.9% | -0.2% | \$ 36.67 | \$ 586.47 | 750 |
| Outpatient Hospital - Professional | \$ 5.66 | \$ 166.49 | 408 | 1.5% | 1.5% | 0.0% | 1.9% | -0.2% | \$ 5.93 | \$ 174.77 | 407 |
| Emergency Room - PH | \$ 55.48 | \$ 419.79 | 1,586 | 3.4% | 3.4% | 0.0% | 1.6% | -0.2% | \$ 60.16 | \$ 456.15 | 1,583 |
| Emergency Room - BH | \$ 1.14 | \$ 423.06 | 32 | 3.4% | 3.4% | 0.0% | 1.8% | -0.2% | \$ 1.24 | \$ 460.38 | 32 |
| Physician - Primary Care | \$ 22.93 | \$ 96.73 | 2,845 | 2.0% | 1.5% | 0.5% | -1.1% | 0.1% | \$ 23.61 | \$ 98.56 | 2,875 |
| Physician - Specialty | \$ 20.41 | \$ 135.40 | 1,809 | 2.0% | 1.5% | 0.5% | 0.4% | -0.3% | \$ 21.27 | \$ 140.11 | 1,822 |
| FQHC/RHC | \$ 5.43 | \$ 143.28 | 455 | 3.9% | 3.4% | 0.5% | -21.9% | 0.0% | \$ 4.58 | \$ 119.70 | 459 |
| Other Clinic | \$ 1.88 | \$ 108.21 | 209 | 2.0% | 1.5% | 0.5% | -0.6% | -0.2% | \$ 1.94 | \$ 110.79 | 211 |
| Family Planning Services | \$ 5.38 | \$ 195.47 | 330 | 2.0% | 1.5% | 0.5% | -2.1% | 0.0% | \$ 5.48 | \$ 197.17 | 333 |
| Other Professional - PH | \$ 0.28 | \$ 121.19 | 28 | 2.0% | 1.5% | 0.5% | -0.9% | -0.2% | \$ 0.29 | \$ 123.67 | 28 |
| Other Professional - BH | \$ 0.47 | \$ 84.25 | 67 | 2.0% | 1.5% | 0.5% | 17.0% | -0.2% | \$ 0.57 | \$ 101.51 | 68 |
| Therapies - PT/OT/ST | \$ 1.86 | \$ 181.88 | 123 | 2.0% | 1.5% | 0.5% | -0.3% | 0.0% | \$ 1.93 | \$ 186.75 | 124 |
| Prescribed Drugs | \$ 148.69 | \$ 133.98 | 13,318 | 8.5% | 6.4% | 2.0% | 2.0% | 0.0% | \$ 178.46 | \$ 154.71 | 13,842 |
| LTSS Services | \$ 1.48 | \$ 9.35 | 1,901 | 2.6% | 2.1% | 0.5% | 0.5% | 0.0% | \$ 1.57 | \$ 9.79 | 1,920 |
| Durable Medical Equipment | \$ 3.46 | \$ 7.17 | 5,786 | 2.0% | 1.5% | 0.5% | -1.4% | -0.1% | \$ 3.54 | \$ 7.29 | 5,836 |
| Lab and X-ray | \$ 8.92 | \$ 20.93 | 5,114 | 2.0% | 1.5% | 0.5% | 1.9% | 0.0% | \$ 9.46 | \$ 21.98 | 5,165 |
| Optical | \$ 1.11 | \$ 45.04 | 297 | 2.0% | 1.5% | 0.5% | 0.0% | 0.0% | \$ 1.16 | \$ 46.38 | 300 |
| Limited Dental Services | \$ 0.00 | \$ 178.10 | 0 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 0.00 | \$ 182.29 | 0 |
| Transportation - Emergency | \$ 7.13 | \$ 617.08 | 139 | 4.1% | 3.6% | 0.5% | -0.5% | 0.0% | \$ 7.69 | \$ 659.07 | 140 |
| Transportation - Non-Emergency | \$ 1.42 | \$ 68.00 | 251 | 4.1% | 3.6% | 0.5% | -0.3% | 0.0% | \$ 1.54 | \$ 72.74 | 253 |
| Other Services - PH | \$ 0.41 | \$ 38.37 | 130 | 2.0% | 1.5% | 0.5% | -2.0% | -0.2% | \$ 0.42 | \$ 38.74 | 131 |
| Other Services - BH | \$ 6.40 | \$ 31.32 | 2,450 | 2.0% | 1.5% | 0.5% | 32.6% | 0.0% | \$ 8.82 | \$ 42.78 | 2,475 |
| Medical Home Payments | \$ 2.78 | \$ 2.50 | 13,359 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 2.82 | \$ 2.48 | 13,627 |
| LHD Care Management Payments | \$ 4.28 | \$ 4.96 | 10,355 | 1.0% | 0.0% | 1.0% | -0.8% | 0.0% | \$ 4.33 | \$ 4.92 | 10,564 |
| Total | \$ 398.30 | N/A | 61,827 | 5.0% | 4.1% | 0.9% | 2.5% | -0.1% | \$ 449.77 | N/A | 63,030 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 482.15

Non-Benefit Expense PMPM/Payment:

- General Administration (4.09%) \$ 21.73
- PHP Care Management (3.20%) \$ 16.97
- Underwriting Gain (1.85%) \$ 9.82

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 530.67

Premium Taxes (1.9380%) \$ 10.49

Total Base Capitation Rate: \$ 541.16

Exhibit 90

| | |
|----------------------------------|------------------------------|
| Region: | Region 6 |
| Category of Aid: | Newly Eligible (45 +) |
| Sex: | Male & Female |
| Member Months/Deliveries: | 258,453 |
| Blended Base Data: | July 1, 2022 - June 30, 2023 |
| Contract Period: | July 1, 2024 - June 30, 2025 |
| Trend Months: | 24.0 |

| Category of Service | (A) Base Data | | | (D) Trend | | | (G) Program Changes | (H) Managed Care Adjustment | (J) Total Medical | | |
|------------------------------------|------------------|------------|----------------|--------------|-------------|-------------|---------------------|-----------------------------|-------------------|-------------|----------------|
| | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | Unit Cost | Util/1000 | PMPM/Payment | PMPM/Payment | PMPM/Payment | Unit Cost | Util/1000 |
| | Inpatient - PH | \$ 94.11 | \$ 17,683.16 | 64 | 3.4% | 3.4% | 0.0% | 5.2% | -0.2% | \$ 105.66 | \$ 19,891.59 |
| Inpatient - BH | \$ 6.13 | \$ 871.99 | 84 | 3.4% | 3.4% | 0.0% | 42.4% | 0.0% | \$ 9.33 | \$ 1,328.03 | 84 |
| Outpatient Hospital - Facility | \$ 58.77 | \$ 538.57 | 1,310 | 3.4% | 3.4% | 0.0% | 1.4% | -0.2% | \$ 63.62 | \$ 584.15 | 1,307 |
| Outpatient Hospital - Professional | \$ 9.87 | \$ 166.49 | 711 | 1.5% | 1.5% | 0.0% | 1.5% | -0.2% | \$ 10.30 | \$ 174.08 | 710 |
| Emergency Room - PH | \$ 96.64 | \$ 419.79 | 2,763 | 3.4% | 3.4% | 0.0% | 1.2% | -0.2% | \$ 104.39 | \$ 454.35 | 2,757 |
| Emergency Room - BH | \$ 1.99 | \$ 423.06 | 56 | 3.4% | 3.4% | 0.0% | 1.4% | -0.2% | \$ 2.15 | \$ 458.56 | 56 |
| Physician - Primary Care | \$ 39.94 | \$ 96.73 | 4,955 | 2.0% | 1.5% | 0.5% | -1.5% | 0.1% | \$ 40.97 | \$ 98.17 | 5,008 |
| Physician - Specialty | \$ 35.56 | \$ 135.40 | 3,151 | 2.0% | 1.5% | 0.5% | 0.0% | -0.3% | \$ 36.92 | \$ 139.56 | 3,174 |
| FQHC/RHC | \$ 9.46 | \$ 143.28 | 792 | 3.9% | 3.4% | 0.5% | -22.2% | 0.0% | \$ 7.95 | \$ 119.23 | 800 |
| Other Clinic | \$ 3.28 | \$ 108.21 | 364 | 2.0% | 1.5% | 0.5% | -1.0% | -0.2% | \$ 3.37 | \$ 110.35 | 367 |
| Family Planning Services | \$ 9.37 | \$ 195.47 | 575 | 2.0% | 1.5% | 0.5% | -2.5% | 0.0% | \$ 9.51 | \$ 196.39 | 581 |
| Other Professional - PH | \$ 0.49 | \$ 121.19 | 49 | 2.0% | 1.5% | 0.5% | -1.3% | -0.2% | \$ 0.50 | \$ 123.18 | 49 |
| Other Professional - BH | \$ 0.82 | \$ 84.25 | 117 | 2.0% | 1.5% | 0.5% | 16.5% | -0.2% | \$ 0.99 | \$ 101.11 | 118 |
| Therapies - PT/OT/ST | \$ 3.24 | \$ 181.88 | 214 | 2.0% | 1.5% | 0.5% | -0.7% | 0.0% | \$ 3.35 | \$ 186.01 | 216 |
| Prescribed Drugs | \$ 259.03 | \$ 133.98 | 23,200 | 8.5% | 6.4% | 2.0% | -0.5% | 0.0% | \$ 303.32 | \$ 150.95 | 24,113 |
| LTSS Services | \$ 2.58 | \$ 9.35 | 3,311 | 2.6% | 2.1% | 0.5% | 0.1% | 0.0% | \$ 2.72 | \$ 9.76 | 3,344 |
| Durable Medical Equipment | \$ 6.02 | \$ 7.17 | 10,079 | 2.0% | 1.5% | 0.5% | -1.8% | -0.1% | \$ 6.15 | \$ 7.26 | 10,166 |
| Lab and X-ray | \$ 15.54 | \$ 20.93 | 8,909 | 2.0% | 1.5% | 0.5% | 1.5% | 0.0% | \$ 16.42 | \$ 21.90 | 8,997 |
| Optical | \$ 1.94 | \$ 45.04 | 517 | 2.0% | 1.5% | 0.5% | -0.4% | 0.0% | \$ 2.01 | \$ 46.20 | 522 |
| Limited Dental Services | \$ 0.01 | \$ 178.10 | 0 | 2.0% | 1.5% | 0.5% | -1.0% | 0.0% | \$ 0.01 | \$ 181.57 | 0 |
| Transportation - Emergency | \$ 12.42 | \$ 617.08 | 242 | 4.1% | 3.6% | 0.5% | -0.9% | 0.0% | \$ 13.34 | \$ 656.47 | 244 |
| Transportation - Non-Emergency | \$ 2.48 | \$ 68.00 | 437 | 4.1% | 3.6% | 0.5% | -0.7% | 0.0% | \$ 2.66 | \$ 72.45 | 441 |
| Other Services - PH | \$ 0.72 | \$ 38.37 | 226 | 2.0% | 1.5% | 0.5% | -2.4% | -0.2% | \$ 0.73 | \$ 38.59 | 228 |
| Other Services - BH | \$ 11.14 | \$ 31.32 | 4,269 | 2.0% | 1.5% | 0.5% | 32.1% | 0.0% | \$ 15.31 | \$ 42.61 | 4,311 |
| Medical Home Payments | \$ 4.85 | \$ 2.50 | 23,271 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 4.88 | \$ 2.47 | 23,739 |
| LHD Care Management Payments | \$ 7.46 | \$ 4.96 | 18,040 | 1.0% | 0.0% | 1.0% | -1.2% | 0.0% | \$ 7.51 | \$ 4.90 | 18,402 |
| Total | \$ 693.86 | N/A | 107,706 | 5.0% | 4.1% | 0.9% | 1.2% | -0.1% | \$ 774.08 | N/A | 109,800 |

Acuity Factor Due to Maintenance of Eligibility Requirements 7.2%

Note: Total Medical Calculation: I = A * [(1 + D) ^ (24/12)] * (1 + G) * (1 + H)

Gross Medical PMPM/Payment: \$ 829.81

Non-Benefit Expense PMPM/Payment:

- General Administration (3.75%) \$ 34.12
- PHP Care Management (3.21%) \$ 29.20
- Underwriting Gain (1.85%) \$ 16.83

Total Service Cost and Non-Benefit Load PMPM/Payment: \$ 909.97

Premium Taxes (1.9380%) \$ 17.98

Total Base Capitation Rate: \$ 927.96

16 OTHER CONSIDERATIONS

The following section represents other financial considerations not reflected in the Section 15 capitation rate summaries.

16.1 Risk Corridor

DHHS has included two time-limited risk corridors in the PHP contract, which will apply to Contract Year 4. Both risk corridors establish 50% sharing of PHP gains/losses on service revenues outside of a defined corridor of +/-3% compared to the Target Service Ratio (TSR). The first risk corridor is for non-Expansion populations and will apply for the rating period (July 1, 2024–June 30, 2025). The second is a separate risk corridor specific to the Expansion populations, also covering the July 1, 2024–June 30, 2025 time period. The terms summarized in the remainder of this section are identical for both risk corridors, as only the populations vary.

If the Reported Services Ratio is less than the TSR minus 3%, the PHP shall pay DHHS 50% of the Reported Services Ratio denominator multiplied by the difference between the TSR minus 3% and the Reported Services Ratio. If the Reported Services Ratio is greater than the TSR plus 3%, DHHS shall pay the PHP 50% of the Reported Services Ratio denominator multiplied by the difference of the Reported Services Ratio and the TSR plus 3%.

This risk corridor will be settled alongside the minimum primary care provider (PCP) expenditure requirement outlined in Section 16.2, which is only applicable to the non-Expansion risk corridor, and prior to the minimum medical loss ratio (MLR) remittance calculation outlined in Section 16.5, which has implications to both the non-Expansion and Expansion risk corridors.

The Reported Services Ratio will be reported by each PHP in the following manner²³:

- The numerator will be the sum of:
 - Incurred claims as defined in 42 CFR §438.8(e)(2)(i)–438.8(e)(2)(iii) for State Plan Services, approved ILOS, and approved Value-Added Services, not including additional utilization-based directed payments
 - AMH fees, excluding Tier 3 care management payments, as defined in Section 4.
 - Performance Incentive Payments to AMHs as defined in Section 4 — Provider Payments
 - Other quality-related payments to NC Medicaid providers, including payments to support provider access
 - Contributions to community-based health-related resources and initiatives that advance Health Equity, subject to DHHS review and approval
 - Payments required by the Minimum PCP Expenditure Requirement, if applicable
- The denominator shall be defined as set equal to the denominator of the DHHS-defined MLR outlined in Section 16.5.

The TSR for each rate cell and region combination will be defined in the following way:

- The numerator will be the total service costs assumed in the capitation rates for all capitated services, including AMH base payments, and will also include the risk margin component. The numerator will exclude any consideration for assumed cost of capital, premium taxes, regulatory surcharge, administrative, and care management rate components, including Health Care Quality Improvements (HCQIs) and AMH Tier 3 care management. This will also exclude the additional utilization-based and FQHC/RHC wrap payments as required in the Standard Plan contract.

²³ The Standard Plan PHP contracts and subsequent amendments should be consulted for a full description of which items should be considered within this calculation. This is not intended to be a complete list of PHP contract requirements.

- The denominator will be the total capitation rate, excluding all premium taxes and regulatory surcharges.

The PHP TSR shall be calculated using the TSR for each rate cell, weighted by the PHP’s capitation revenue for each rate cell (excluding revenue associated with additional utilization-based and FQHC/RHC wrap payments).

The table below summarizes the TSR of each capitation payment that will be included in the calculation of the capitation revenue-weighted TSR required for the risk corridor.

Table 41a: Non-Expansion Population TSRs Underlying SFY 2025 Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|----------------------------------|----------|----------|----------|----------|----------|----------|
| ABD | 92.5% | 92.4% | 92.2% | 91.9% | 92.2% | 91.9% |
| TANF, Newborns (<1 Year) | 92.3% | 92.2% | 92.0% | 91.5% | 91.9% | 91.7% |
| TANF, Children (1 Year–20 Years) | 90.1% | 90.4% | 89.7% | 88.2% | 89.6% | 89.7% |
| TANF, Adults (21+ Years) | 91.7% | 91.7% | 91.4% | 91.1% | 91.3% | 91.2% |
| Maternity Event | 95.0% | 94.9% | 94.7% | 94.6% | 94.8% | 94.6% |

Table 41b: Expansion Population TSRs Underlying SFY 2025 Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|--|----------|----------|----------|----------|----------|----------|
| Newly Eligible, Ages 19 Years–24 Years | 90.5% | 90.9% | 90.3% | 89.9% | 90.2% | 90.2% |
| Newly Eligible, Ages 25 Years–34 Years | 91.4% | 91.5% | 91.1% | 90.8% | 91.0% | 90.9% |
| Newly Eligible, Ages 35 Years–44 Years | 91.9% | 91.9% | 91.6% | 91.3% | 91.5% | 91.4% |
| Newly Eligible, Ages 45 Years–64 Years | 92.2% | 92.2% | 92.0% | 91.7% | 91.9% | 91.7% |
| Maternity Event | 95.0% | 94.9% | 94.7% | 94.6% | 94.8% | 94.6% |

16.2 Minimum PCP Expenditure Requirement

As part of the Standard Plan contract, DHHS will continue to require each PHP to spend a minimum percentage of capitation revenue on primary care services and quality payments. This requirement will only apply to non-Expansion rate cells given the lack of historical data available to support establishing an appropriate baseline for the Expansion rate cells.

The minimum percentages are calculated as the PMPM proportion of base capitation rates that were assumed for utilization and expenses for Physician — Primary Care, FQHC/RHC excluding wrap payments funded outside of capitation, Other Clinic, Family Planning Services, and Medical Home Payments, each adjusted for the MOE acuity differences outlined in Section 12.3, divided by the total base capitation rate less premium taxes and the regulatory surcharge. The aggregate minimum percentage for each PHP will be calculated as 95% of the capitation revenue-weighted average of these percentages.

Table 42: Non-Expansion Minimum PCP Expenditures as a Percentage of Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|----------------------------------|----------|----------|----------|----------|----------|----------|
| ABD | 4.3% | 4.0% | 4.2% | 4.8% | 4.9% | 4.6% |
| TANF, Newborns (<1 Year) | 11.3% | 12.8% | 12.9% | 12.4% | 13.8% | 12.8% |
| TANF, Children (1 Year–20 Years) | 18.1% | 16.8% | 16.8% | 15.8% | 17.0% | 15.9% |
| TANF, Adults (21+ Years) | 8.7% | 8.5% | 8.9% | 8.3% | 9.0% | 7.8% |
| Maternity Event | 25.2% | 22.8% | 22.6% | 20.8% | 20.9% | 22.1% |

The minimum PCP expenditure requirement will be evaluated along with the non-Expansion risk corridor. If the PHP Reported Services Ratio exceeds the TSR under the risk corridor less 0.5% margin, no further payment will be required under the minimum PCP expenditure requirement. If the PHP’s Reported PCP Expenditure Percentage is below the Minimum PCP Expenditure Percentage and the PHP Reported Service Ratio is less than the TSR less 0.5% margin, the PHP shall calculate the amount of required additional PCP payments needed by multiplying the denominator of the DHHS-defined MLR by the minimum of the following:

- The Minimum PCP Expenditure Percentage less the Reported PCP Expenditure Percentage.
- The TSR less the Reported Services Ratio, as defined in the Risk Corridor Section less 0.5% margin.

There will be no minimum PCP expenditure requirements specific to the Expansion populations within the SFY 2025 time period due to the unknowns associated with Expansion rate-setting. DHHS will evaluate this decision in the future when more information is available.

16.3 Performance Withholds

DHHS is implementing a withhold program beginning July 1, 2024, in which a portion of each plan’s capitation rate will be withheld and paid when the plan meets reasonably achievable performance targets on priority measures. The long-term goal of the withhold is to ensure PHPs deliver value around the various DHHS priorities and ultimately improve the quality of care provided to the Medicaid population in North Carolina.

Withhold arrangements are defined under 42 CFR §438.6(a) as “any payment mechanism under which a portion of a capitation rate is withheld from an MCO, PIHP, or prepaid ambulatory health plan (PAHP) and a portion of or all of the withheld amount will be paid to the MCO, PIHP, or PAHP for meeting targets specified in the contract.” The Standard Plan contracts include provisions for withholding capitation based on the below metrics beginning July 1, 2024.²⁴

- Childhood Immunization Status
 - Overall Performance Improvement
 - Priority Population Performance Improvement
- Prenatal and Postpartum Care
 - Timeliness of Prenatal Care
 - Postpartum Care Performance Improvement
- Screening for Health-Related Resource Needs

Throughout the rating period, 1.5% of the PHPs’ risk-adjusted capitation will be withheld. The PHPs can earn back the full or a partial amount of the withheld capitation based on their performance against the identified

²⁴ Detailed information around the Standard Plan Withhold Program can be found at: <https://medicaid.ncdhhs.gov/nc-medicaid-standard-plan-withhold-program-guidance/download?attachment> (accessed April 12, 2024).

metrics,²⁵ which will be assessed by DHHS' External Quality Review Organization at the end of the performance period.

Mercer reviewed the withhold payment implications and metrics to ensure they comply with federal regulations. Mercer determined that the withholds are reasonably achievable and therefore should be able to be fully repaid to the PHPs based on performance through this DHHS program. As a result, the capitation rates did not require any consideration for expected, unachievable withholds, as outlined in 42 CFR §438.6(b)(3).

16.4 Risk Adjustment

DHHS has implemented a prospective risk adjustment process as required by the managed care legislation (Section 5.5(a) of SL 2015-245). Health-based risk adjustment has been documented in multiple Society of Actuaries studies and other publications as a significantly better predictor of healthcare costs than traditional age/gender rating. A risk-adjusted payment process differentiates capitation payments to PHPs based on measured risk differences in their enrolled populations. Appropriately paying PHPs for their enrolled population enables the overall managed care program to operate effectively and efficiently and discourages PHPs to avoid enrolling higher risk individuals. Since risk adjustment is reliant on detailed claims or encounter information, the PHPs have a strong incentive to submit complete and accurate encounters. Finally, risk adjustment can simplify the rate structure by reducing the number of rate cells needed from a systems and payment perspective.

DHHS is using the combined Chronic Illness Disability Payment System and Medicaid Rx (CDPS+Rx) model to adjust the capitation payments to reflect the underlying health risk of the members enrolled in each PHP. The CDPS+Rx model is a disease classification system developed by researchers from the University of California, San Diego. The model uses medical and pharmacy data to assign risk markers that correlate to predictive, chronic disease conditions. The model was calibrated using State-specific FFS and LME/MCO encounter data to best reflect North Carolina's populations, provider practice patterns, and covered benefits. Additionally, to more accurately account for risk differential experienced in the Standard Plan program, DHHS and Mercer incorporated additional variables into the CDPS+Rx model, including variables to account for beneficiaries utilizing LTSS and beneficiaries with multiple conditions, and to differentiate beneficiaries without model conditions that utilize services from those that don't utilize services.

The final budget-neutral risk scores for each PHP are applied to the base capitation rates for the Medicaid population, therefore producing the risk-adjusted rates for each rate cell. The resulting capitation rates reflect the relative risk between PHPs and rate cells. Risk adjustment is applied to all Non-Expansion managed care populations but will not be applied to the Maternity Event payments and newborn rate cells.

Though it will not be possible to implement risk adjustment on the Expansion rate cells in the second year of the program, DHHS and Mercer will revisit risk adjustment as emerging experience for these new populations becomes available.

16.5 MLR

The 2016 CMS Medicaid Managed Care 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 PHP would reasonably achieve an MLR of at least 85%. From a financial reporting perspective, CMS prescribes the MLR calculation methodology in 42 CFR §438.8 for states and their contractors, including 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 PHPs that do not meet State-established minimum MLR thresholds.

²⁵ The technical specifications around quality reporting metrics are available at: <https://medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual/download?attachment> (accessed April 12, 2024).

16.5.1 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 PHP contract. The capitation rates have not been developed based on a target MLR or 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 tables below, split by program (non-Expansion versus Expansion). Although CMS has established a minimum MLR for Medicaid rate-setting of 85%, 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 medical claims for the rate cell (i.e., Gross Medical PMPM), as well as 85% of the included 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 PHPs to meet the definition of HCQIs, which is included as part of the numerator within the Final Rule MLR methodology. HCQIs are defined within 42 CFR §438.8(e)(3) as:

- 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 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 PHP taxes/fees/assessments. Additionally, as any unearned withholds are not considered revenue payments received by the PHP, these amounts should be excluded from the denominator, as well. Earned withholds, however, are treated as revenue and should be included within the denominator. As a result, Mercer set the denominator in the table below as the total capitation rate less the PHP 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, Profit/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 43a: Non-Expansion Population Statewide Implied MLR Calculation by Rate Cell Utilizing Base Capitation Rates

| Capitation Rate Component | ABD | TANF, Newborn (<1 Year) | TANF, Child (1 Year–20 Years) | TANF, Adult (21+ Years) | Maternity Event | Total Non-Expansion |
|---------------------------------------|--------------|-------------------------|-------------------------------|-------------------------|-----------------|---------------------|
| (A) = Gross Medical PMPM or Payment | \$1,798.18 | \$888.45 | \$162.11 | \$415.70 | \$12,968.84 | \$369.61 |
| (B) = Care Management PMPM or Payment | \$62.12 | \$31.12 | \$6.03 | \$14.37 | \$448.16 | \$13.09 |
| (C) = (A) + 85% x (B) | \$1,850.99 | \$914.90 | \$167.24 | \$427.91 | \$13,349.77 | \$380.99 |
| (D) = Total Capitation Rate | \$2,000.05 | \$991.25 | \$185.62 | \$466.47 | \$14,031.72 | \$414.93 |
| (E) = Premium Taxes PMPM or Payment | \$38.76 | \$19.21 | \$3.60 | \$9.04 | \$271.93 | \$8.04 |
| (F) = (D) – (E) | \$1,961.29 | \$972.04 | \$182.02 | \$457.43 | \$13,759.78 | \$406.89 |
| (G) = (C) / (F) = Implied MLR | 94.4% | 94.1% | 91.9% | 93.5% | 97.0% | 93.6% |

| Capitation Rate Component | ABD | TANF, Newborn (<1 Year) | TANF, Child (1 Year–20 Years) | TANF, Adult (21+ Years) | Maternity Event | Total Non-Expansion |
|-------------------------------|-------|-------------------------|-------------------------------|-------------------------|-----------------|---------------------|
| (H) = (A) / (D) = Pricing MLR | 89.9% | 89.6% | 87.3% | 89.1% | 92.4% | 89.1% |

Table 43b: Expansion Population Statewide Implied MLR Calculation by Rate Cell Utilizing Base Capitation Rates

| Capitation Rate Component | Newly Eligible, Ages 19 Years–24 Years | Newly Eligible, Ages 25 Years–34 Years | Newly Eligible, Ages 35 Years–44 Years | Newly Eligible, Ages 45 Years–64 Years | Maternity Event | Total Expansion |
|---------------------------------------|--|--|--|--|-----------------|-----------------|
| (I) = Gross Medical PMPM or Payment | \$203.70 | \$331.40 | \$506.87 | \$872.35 | \$12,968.84 | \$522.91 |
| (J) = Care Management PMPM or Payment | \$7.04 | \$11.46 | \$17.52 | \$30.15 | \$448.16 | \$18.07 |
| (K) = (I) + 85% x (J) | \$209.68 | \$341.14 | \$521.76 | \$897.98 | \$13,349.77 | \$538.27 |
| (L) = Total Capitation Rate | \$231.31 | \$372.96 | \$567.60 | \$973.00 | \$14,031.72 | \$585.38 |
| (M) = Premium Taxes PMPM or Payment | \$4.48 | \$7.23 | \$11.00 | \$18.86 | \$271.93 | \$11.34 |
| (N) = (L) – (M) | \$226.82 | \$365.73 | \$556.60 | \$954.15 | \$13,759.78 | \$574.04 |
| (O) = (K) / (N) = Implied MLR | 92.4% | 93.3% | 93.7% | 94.1% | 97.0% | 93.8% |
| (P) = (I) / (L) = Pricing MLR | 88.1% | 88.9% | 89.3% | 89.7% | 92.4% | 89.3% |

Since maternity event payments will be applicable to all non-Expansion and Expansion members, the calculation shown in the non-Expansion table above applies to maternity event payments within the Expansion program.

16.5.2 Minimum MLR Threshold

As part of Medicaid Transformation, DHHS is instituting an MLR reporting and remittance process for all PHPs to ensure on a retrospective basis that PHPs direct 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 SL 2018-49, a Statewide minimum MLR threshold will be established at 88% for healthcare services, with the components of the numerator and denominator to be defined by DHHS (DHHS-defined MLR). To recognize MLR variability across rate cells (as demonstrated in the table above), the minimum MLR threshold for each PHP shall be calculated as the revenue-weighted average of the PHP based on the rating group-specific minimum MLR thresholds shown in the tables below and the actual capitation revenue mix of the PHP by rate cell. The capitation revenue for each rating group that is used in this weighted average calculation shall exclude revenues associated with taxes and fees. The evaluation and outcome determination for the Expansion minimum MLR will be separate from the minimum MLR for the non-Expansion Standard Plan populations.

Table 44a: Non-Expansion Population Contractual Minimum MLR Thresholds by Rating Group

| ABD | TANF, Newborn (<1 Year) | TANF, Child (1 Year–20 Years) | TANF, Adult (21+ Years) | Maternity Event | Total Non-Expansion |
|-------|-------------------------|-------------------------------|-------------------------|-----------------|---------------------|
| 88.9% | 88.6% | 86.2% | 88.1% | 91.7% | 88.0% |

Table 44b: Expansion Population Contractual Minimum MLR Thresholds by Rating Group

| Newly Eligible, Ages 19 Years–24 Years | Newly Eligible, Ages 25 Years–34 Years | Newly Eligible, Ages 35 Years–44 Years | Newly Eligible, Ages 45 Years–64 Years | Maternity Event | Total Expansion |
|--|--|--|--|-----------------|-----------------|
| 86.6% | 87.5% | 88.0% | 88.3% | 91.7% | 88.0% |

PHPs will be required to calculate and report two aggregate MLRs (one for non-Expansion and one for Expansion) on an annual, retrospective basis aligned to the contract year according to the DHHS-defined MLR formula, as outlined in the Contract.

If the PHPs' DHHS-defined MLR is less than the minimum MLR threshold as defined above, the PHP shall remit to DHHS 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 PHP may make contributions to health-related resources or initiatives that advance public health and health equity (that meet certain requirements) in lieu of all or a portion of the required rebate.

Each DHHS-defined MLR (non-Expansion and Expansion) will be evaluated separately. It is possible for a remittance to only be required for one of the two DHHS-defined MLRs depending on experience.

Additionally, PHPs will be required to report a single program-wide (i.e., includes non-Expansion and Expansion) CMS-defined MLR as defined in the contract.

APPENDIX A — MATERNITY EVENT CRITERIA

Under managed care, DHHS pays 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 the cost of the delivery event, along with pregnancy-related care during the prenatal and postpartum period. Approximately 83% 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** a DRG code on the claim. Although 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 PMHs.

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 |
| 59610 | Vaginal Birth After Cesarean (VBAC) | Delivery, Antepartum Care, and Postpartum Care |
| 59612 | VBAC | Delivery |
| 59614 | VBAC | Delivery and Postpartum Care |
| 59618 | Attempted VBAC | Delivery, Antepartum Care, and Postpartum Care |
| 59620 | Attempted VBAC | Delivery |
| 59622 | Attempted VBAC | Delivery and Postpartum Care |

Qualifying Birth DRG Codes

| DRG Code | Description |
|----------|---|
| 783 | Cesarean section with sterilization with MCC |
| 784 | Cesarean section with sterilization with CC |
| 785 | Cesarean section with sterilization without CC/MCC |
| 786 | Cesarean section without sterilization with MCC |
| 787 | Cesarean section without sterilization with CC |
| 788 | Cesarean section without sterilization without CC/MCC |
| 796 | Vaginal delivery with sterilization and/or D&C with MCC |
| 797 | Vaginal delivery with sterilization and/or D&C with CC |
| 798 | Vaginal delivery with sterilization and/or D&C without CC/MCC |
| 805 | Vaginal delivery without sterilization and/or D&C with MCC |
| 806 | Vaginal delivery without sterilization and/or D&C with CC |

| DRG Code | Description |
|----------|--|
| 807 | Vaginal delivery without sterilization and/or D&C without CC/MCC |

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 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 |
|------------|--|---|--|
| O00-O08 | Pregnancy with abortive outcome | Included only codes in which pregnancy outcome is unclear | Included only codes relating to puerperium |
| O09 | Supervision of high-risk pregnancy | Included all codes | N/A |
| 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 is 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 |

| CPT Code | Description |
|-----------------|---|
| 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), one 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 |

| CPT Code | Description |
|---|--|
| 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 and Chorionic Villus Sampling</i> | |
| 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 |

Budget-Neutral Maternity Adjustment

As previously outlined in Section 4, the Maternity Event payment is constructed to capture costs related to the delivery event along with the cost of providing prenatal services (occurring eight full months prior to the qualifying birth event) and postpartum services (occurring two full months after the qualifying birth event). However, the data extract only reflects claims paid through August 2023. As such, prenatal costs associated with deliveries occurring after August 31, 2023, are not identified using the Maternity Event payment logic outlined in Steps 1–3 above.

To account for this delivery event identification lag, Mercer reviewed the proportion of Maternity Event costs associated with prenatal services for months in which the deliveries could be identified. Mercer then made an adjustment to shift a similar proportion of prenatal costs from all other rate cells into the Maternity Event

Payment for births expected to occur in the months after the August 2023 runout period. The table below illustrates the budget-neutral shift in costs for prenatal services under the Maternity Event payment.

SFY 2023 Impact of Maternity Event Payment Adjustment

| COA | Dollar Amount |
|----------------------------|----------------------|
| ABD | \$(735,771) |
| TANF, Newborns (<1) | \$0 |
| TANF, Children (1-20) | \$(4,647,491) |
| TANF, Adults (21+) | \$(24,926,554) |
| Maternity Event | \$30,309,817 |
| Total Standard Plan | \$0 |

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 into managed care after initial implementation.

Future Managed Care Populations

| Population Group | MCS Code | Description | Notes |
|---|----------|--|--|
| BH I/DD Tailored Plan | MCS004 | Temporarily Excluded — Tailored Plan — TBI/Innovation | See Appendix B of the BH I/DD Tailored Plan Eligibility and Enrollment memo dated October 2022 ²⁶ |
| | MCS005 | Temporarily Excluded — Tailored Plan | |
| | MCS006 | Temporarily Excluded — Tailored Plan — TBI/Innovation Dual Eligible | |
| | MCS045 | Tribal — Temporarily Excluded — TBI/Innovation | |
| | MCS046 | Tribal — Temporarily Excluded — TBI/Innovation Dual Eligible | |
| | MCS049 | IHS — Temporarily Excluded — Temporarily Excluded — Tailored Plan — TBI/Innovation | |
| | MCS050 | IHS — Temporarily Excluded — Temporarily Excluded — Tailored Plan — TBI/Innovation Dual Eligible | |
| Foster Children, Adopted Children, and Former Foster Care Children up to age 26 years | MCS011 | Temporarily Excluded — Foster Care/Adoption | |
| | MCS012 | Temporarily Excluded — Foster Care/Adoption — Tailored Plan | |
| | MCS030 | Tribal — Temporarily Excluded — Foster Care/Adoption | |
| | MCS031 | Tribal — Temporarily Excluded — Foster Care/Adoption — Tailored Plan | |
| | MCS038 | IHS — Temporarily Excluded — Foster Care/Adoption | |
| | MCS039 | IHS — Temporarily Excluded — Foster Care/Adoption — Tailored Plan | |
| Non-Dual LTSS — NF | MCS009 | Temporarily Excluded — Facility | |
| | MCS010 | Temporarily Excluded — Department of State Operated Healthcare Facilities/Veterans Affairs Home | |
| Dual Eligibles, not eligible for BH I/DD Tailored Plan | MCS007 | Temporarily Excluded — Tailored Plan — Dual Eligible | |
| | MCS008 | Temporarily Excluded — Dual Eligible | |
| | MCS013 | Temporarily Excluded — Foster Care/Adoption — Dual Eligible | |
| | MCS028 | Tribal — Temporarily Excluded — Tailored Plan — Dual Eligible | |
| | MCS029 | Tribal — Excluded — Dual Eligible | |
| | MCS037 | IHS — Temporarily Excluded — Dual Eligible | |

Permanently Excluded Population Criteria

The following table represents the coding logic used to define the excluded populations.

Permanently Excluded Population Criteria

| Population Group | MCS Code | Description |
|------------------|----------|-------------------------------------|
| Medically Needy | MCS016 | Excluded — Medically Needy |
| | MCS033 | Tribal — Excluded — Medically Needy |
| | MCS041 | IHS — Excluded — Medically Needy |

²³ Document accessed on February 1, 2024, at the following link: <https://medicaid.ncdhhs.gov/media/12113/download>

| Population Group | MCS Code | Description |
|---|-----------------|--|
| Family Planning | MCS018 | Excluded — Family Planning |
| PACE | MCS019 | Excluded — PACE |
| Partial Duals | MCS020 | Excluded — Partial Dual Eligible |
| Aliens (Emergency Services Only) | MCS021 | Excluded — Emergency Services Only |
| Refugees | MCS022 | Excluded — Refugee |
| Health Insurance Premium Program (HIPP) | MCS017 | Excluded — HIPP |
| Inmates | MCS023 | Excluded — Incarcerated |
| Presumptive Eligibility | MCS024 | Excluded — Presumptive Eligibility |
| CAP/C | MCS014 | Temporarily Excluded — CAP/C |
| | MCS025 | Tribal — Temporarily Excluded — CAP/C |
| | MCS047 | IHS — Temporarily Excluded — CAP/C |
| CAP/DA | MCS015 | Temporarily Excluded — CAP/DA |
| | MCS044 | Tribal — Temporarily Excluded — CAP/DA |
| | MCS048 | IHS — Temporarily Excluded — CAP/DA |
| Uninsured COVID-19 Group | MCS043 | Excluded — COVID-19 Group |

APPENDIX C — SUPPLEMENTAL DATA FOR LTSS SERVICES

Mercer has provided the table below illustrating historical costs for LTSS services, with further delineation than what is provided in other sections of this Rate Book. As discussed in Section 4, the PHPs are responsible for up to 120 days of new long-term nursing home stays for non-dual members, at which point the member would be disenrolled from the Standard Plan. The tables below reflect base data for SFY 2023 and include adjustments presented in Section 6 of this Rate Book.

SFY 2023 LTSS Adjusted Base Data PMPM for Standard Plan COA

| COA | NF | Personal Care | Home Health | Hospice | Other LTSS |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|
| ABD | \$10.48 | \$40.22 | \$21.39 | \$7.01 | \$0.47 |
| TANF, Newborns (<1 Year) | \$0.00 | \$0.00 | \$1.63 | \$0.17 | \$0.03 |
| TANF, Children (1 Year–20 Years) | \$0.00 | \$0.03 | \$0.27 | \$0.01 | \$0.04 |
| TANF, Adults (21+ Years) | \$0.08 | \$0.71 | \$0.42 | \$0.10 | \$0.10 |
| Maternity Event | \$0.00 | \$0.14 | \$1.52 | \$0.00 | \$0.00 |
| Total Standard Plan | \$0.63 | \$2.52 | \$1.59 | \$0.44 | \$0.08 |

SFY 2023 LTSS Adjusted Base Data PMPM for ABD COA by PHP Region

| Region | NF | Personal Care | Home Health | Hospice | Other LTSS |
|----------------------------|----------------|----------------|----------------|---------------|---------------|
| Region 1 | \$15.84 | \$9.07 | \$9.64 | \$11.30 | \$0.87 |
| Region 2 | \$8.67 | \$34.63 | \$17.86 | \$9.22 | \$0.04 |
| Region 3 | \$14.59 | \$58.17 | \$25.47 | \$6.70 | \$0.03 |
| Region 4 | \$8.19 | \$41.95 | \$23.64 | \$5.93 | \$0.20 |
| Region 5 | \$8.09 | \$37.75 | \$23.29 | \$6.75 | \$1.38 |
| Region 6 | \$9.59 | \$40.99 | \$21.42 | \$4.20 | \$0.49 |
| Total Statewide ABD | \$10.48 | \$40.22 | \$21.39 | \$7.01 | \$0.47 |

APPENDIX D — COS CRITERIA

The following table represents the mapping logic used to define the COS, consistent with the PHP Financial Reporting Manual. Please see Version 4.2 for reporting guidance. The COS groups are assigned in a hierarchy, as outlined in the table below. The final column of the table includes the Sort Sequence reference number, which is also highlighted in Section 5, for the categories that are combined for purposes of base data summarization. Expenditures are only included in the data summaries for populations covered under the Standard Plan.

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|---|---|--|-------------------------|---------------|
| Professional | Family Planning Services | <ul style="list-style-type: none"> For Family Planning Services logic, please go to the EPS Portal (NC EPS) and navigate to Documentation/Guides/Encounter Data Submission Guide | <p>Plan-derived COS code 224A</p> <p><i>The Family Planning logic defined here matches the logic to identify the “Family Planning Indicator” that PHPs apply to Encounter Data sent to NC Medicaid</i></p> | 31 | 1 |
| Prescribed Drugs | Prescribed Drugs | <ul style="list-style-type: none"> Claim form: NCPDP/Pharmacy Point of Sale (POS) System OR Claim Form 837I or UB04 <ul style="list-style-type: none"> AND ... <ul style="list-style-type: none"> Either Pharmacy-related Revenue Codes 025x, 063x OR Pharmacy procedure codes - Healthcare Common Procedure Coding System (HCPCS) and CPT codes | Plan-derived COS code 280A | 39 | 2 |
| Emergency Room | Emergency Room — Behavioral Health (Professional Component) | <ul style="list-style-type: none"> Claim Form: 837P or CMS1500 AND ICD10 Primary Diagnosis Code in list: F01–F99 or R45.0–R45.89, or T14.91 (Behavioral Health diagnoses) AND Procedure code in list: 99281–99285 | <p>Plan-derived COS code 216B</p> <p>This logic for Professional part of Emer. Room – Behavioral Health</p> | 24 | 3 |
| Emergency Room | Emergency Room — Physical Health (Professional) | <ul style="list-style-type: none"> Claim Form: 837P or CMS1500 AND ICD10 Primary Diagnosis Code is NOT in list: F01–F99 or R45.0–R45.89, or T14.91 AND Procedure code in list: 99281–99285 | <p>Plan-derived COS code 216P</p> <p>This logic for Professional part of Emergency Room — PH</p> | 23 | 4 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|-------------------------|--|---|--|-------------------------|---------------|
| Emergency Room | Emergency Room — Behavioral Health (Institutional) | <ul style="list-style-type: none"> Claim Form: 837I or UB04 AND Principal ICD10 Diagnosis Code in list: F01–F99, or R45.0–R45.89, or T14.91 AND Revenue Code in list: 0450, 0451, 0452, 0456, 0459, 0981 | Plan-derived COS code 216B This logic for Institutional part of Emergency Room — BH | 24 | 5 |
| Emergency Room | Emergency Room — Physical Health (Institutional) | <ul style="list-style-type: none"> Claim Form: 837I or UB04 AND Revenue Code in list: 0450, 0451, 0452, 0456, 0459, 0981 AND ICD10 Principal Diagnosis Code NOT in list: F01-F99 or R45.0–R45.89, or T14.91 | Plan-derived COS code 216P This logic for Institutional part of Emergency Room — PH | 23 | 6 |
| AMH Payments | AMH Payments — Tiers 1 & 2 (Base); | <ul style="list-style-type: none"> Any PMPM payments made for Advanced Medical Homes Tiers 1 and 2 (Base) | Plan-derived COS code 262A | 57 | 7 |
| AMH Payments | AMH Payments — Tiers 1 & 2 (Incentives); | <ul style="list-style-type: none"> Any PMPM payments made for Advanced Medical Homes Tiers 1 and 2 (Incentives) | Plan-derived COS code 263A | 58 | 8 |
| AMH Payments | AMH Payments Tier 3 (Base); | <ul style="list-style-type: none"> Any PMPM payments made for Advanced Medical Homes Tier 3 (base) | Plan-derived COS code 264A | 59 | 9 |
| AMH Payments | AMH Payments Tier 3 (Care Management Fees); | <ul style="list-style-type: none"> Any PMPM payments made for Advanced Medical Homes Tier 3 (CM Fees) | Plan-derived COS code 291A | 60 | 10 |
| AMH Payments | AMH Payments — Tier 3 (Incentives); | <ul style="list-style-type: none"> Any PMPM payments made for Advanced Medical Homes Tier 3 (Incentives) | Plan-derived COS code 292A | 61 | 11 |
| Care Management | Care Management — At Risk Children | <ul style="list-style-type: none"> Any PMPM for CMARC | Plan-derived COS code 260A | 55 | 12 |
| Care Management | Care Management — High Risk Pregnancy | <ul style="list-style-type: none"> Any PMPM payments for CMARC Pregnancy | Plan-derived COS code 261A | 56 | 13 |
| Other Expenses (Dental) | Limited Dental Services | Claim form: 837P or CMS1500 and procedure code in list: <ul style="list-style-type: none"> D0145 (Oral eval, age less than three) D1206 (Topical application of fluoride varnish) | Plan-derived COS code 246A | 44 | 14 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|--------------------------|---|----------------------------|-------------------------|---------------|
| Professional | FQHC/RHC | <ul style="list-style-type: none"> • Billing Provider Taxonomy Code = 261QF0400X (FQHC) or 261QR1300X (RHC) • OR Procedure code = T1015 regardless of Provider Taxonomy Code | Plan-derived COS code 222A | 29 | 15 |
| Professional | Other Clinic | Billing Provider Taxonomy code in list: <ul style="list-style-type: none"> • 261Q00000X (Clinic/Center), • 261QC1500X (Community Health Clinic), • 261QH0100X (Health Service Clinic), • 261QM1000X (Migrant Health Clinic), • 261QP2300X (Primary Care Clinic), • 261QP0904X (Federal Public Health Clinic), • 261QP0905X (State/Local Public Health Clinic), • 261QU0200X (Urgent Care) • 261QE0700X (End Stage Renal Disease) | Plan-derived COS code 223A | 30 | 16 |
| Professional | Physician — Primary Care | <ul style="list-style-type: none"> • Claim Form: 837P or CMS1500: • AND Provider Taxonomy Code in list: <ul style="list-style-type: none"> ○ Family Practice- 207Q00000X, 207QA0000X, 363LF0000X, 363LP2300X, 364SF0001X, ○ General Practice - 208D00000X, ○ Internal Medicine— 207R00000X, 207RA0000X, 363LW0102X, ○ Pediatrics - 208000000X, 2080A0000X, 363LP0200X, 363LP1700X, ○ Geriatrics — 207QA0505X, 207QG0300X, 207RG0300X, 363A00000X, 363L00000X, 207VG0400X, 364S00000X, 363LA2200X, 363LG0600X, 364SG0600X ○ OBGYN - 207V00000X, 207VX0000X 367A00000X, 363LX0001X | Plan-derived COS code 220A | 27 | 17 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|------------------------------------|---|----------------------------|-------------------------|---------------|
| Outpatient | Outpatient Hospital — Professional | <ul style="list-style-type: none"> • Claim Form: 837P or CMS 1500 • AND Place of Service Code in list: <ul style="list-style-type: none"> ○ 22 (On Campus-Outpatient Hospital), ○ or 24 (Ambulatory Surgical Center) | Plan-derived COS code 211A | 22 | 18 |
| Professional | Therapies — PT/OT/ST | <ul style="list-style-type: none"> • PT — <ul style="list-style-type: none"> ○ Either Procedure codes in list: 97014, 97032, 97035, 97039, 97110, 97140, 97161-97164, G0151, G0157, G0159, G2168, S9131, S8990. ○ OR Procedure code modifiers 97, CQ, GP. • OR OT — <ul style="list-style-type: none"> ○ Either Procedure codes in list: 97150, 97165-97168, 97535, G0129, G0152, G0158, G0160, G2169, S9129. ○ OR Procedure code modifiers 97, CO, GO. • OR ST — <ul style="list-style-type: none"> ○ Either Procedure codes 92507, 92508, 92521-92524, G0153, G0161, S9128, S9152. ○ OR Procedure code modifiers 97, GN. • OR Audiology — <ul style="list-style-type: none"> ○ Procedure codes in list: 92550-92604, 92620-92633, S0618, V5008 | Plan-derived COS code 225A | 34 | 19 |
| Professional | Physician — Specialty | <ul style="list-style-type: none"> • Claim Form: 837P or CMS1500 • AND Provider Taxonomy Code — first two characters: <ul style="list-style-type: none"> ○ ‘20’ Provider Taxonomy Type is “Physician” • AND Provider Taxonomy Code NOT in the “Physician - Primary Care” list of Provider Taxonomy Codes | Plan-derived COS code 221A | 28 | 20 |
| Inpatient | Inpatient Behavioral Health | <ul style="list-style-type: none"> • Claim Form: 837I or UB04 • AND Bill Type in list: 011x or 012x • AND ... | Plan-derived COS code 201B | 16 | 21 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|---------------------------------|------------------------------|---|----------------------------|-------------------------|---------------|
| | | <ul style="list-style-type: none"> ○ Principal Diagnosis Code in list: F01-F99 or R45.0 – R45.89, or T14.91 ○ OR Revenue Code in list: 0114, 0116, 0124, 0126, 0134,0136, 0144, 0146, 0154, 0156, 0204, 090x, 091x | | | |
| Inpatient | Inpatient Physical Health | <ul style="list-style-type: none"> ● Claim Form: 837I or UB04 ● AND Bill Type on list: 011x or 012x ● AND Revenue Code is NOT in list: 0114, 0116, 0124, 0126, 0134,0136, 0144, 0146, 0154, 0156, 0204, 090x, 091x ● AND Principal Diagnosis Code NOT in list: NOT F01-F99 or R45.0 – R45.89, or T14.91 | Plan-derived COS code 201P | 15 | 22 |
| Other Expenses (Transportation) | Emergency Transportation | <ul style="list-style-type: none"> ● Claim form: <ul style="list-style-type: none"> ○ 837I or UB04 ○ 837P or CMS-1500 ● AND Procedure code in list: A0225, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0427, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0999. | Plan-derived COS code 249A | 49 | 23 |
| Other Expenses (Transportation) | Non-Emergency Transportation | <ul style="list-style-type: none"> ● Claim Form 837P or CMS-1500 ● AND Procedure code in list: A0021, A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0426, A0428, A0888, A0998, S0209, S0215, T2001, T2002, T2003, T2004, T2005, T2007, T2049. | Plan-derived COS code 250A | 50 | 24 |
| Outpatient | Outpatient Hospital-Facility | <ul style="list-style-type: none"> ● Claim Form: 837I or UB04 ● AND Bill Type of 013x, 014x, or 083x | Plan-derived COS code 210A | 21 | 25 |
| Other Expenses | Optical | <ul style="list-style-type: none"> ● Claim form: 837P or CMS-1500 ● AND Provider Taxonomy codes in list: <ul style="list-style-type: none"> ○ 207W00000X-Ophthalmology ○ 152W00000X-Optometrist, ○ 156FX1800X-Optician, | Plan-derived COS code 247A | 45 | 26 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|-----------------------|---------------|--|---|-------------------------|---------------|
| | | <ul style="list-style-type: none"> ○ 156FC0800X-Contact Lens | | | |
| Other Expenses | Lab and X-Ray | <ul style="list-style-type: none"> ● Procedure codes in list: Lab: 80047-89999 Radiology: 70010-79999, G6001-G6017 | Plan-derived COS code 248A | 46 | 27 |
| Other Expenses (LTSS) | LTSS Services | <p>LTSS includes:</p> <ul style="list-style-type: none"> ● Personal Care: <ul style="list-style-type: none"> ○ Claim Form 837P or CMS-1500 AND Procedure codes in list: <ul style="list-style-type: none"> ○ T1019, T1020, 99509 ● OR Skilled Nursing Facility: <ul style="list-style-type: none"> ○ Claim form 837I or UB04 AND Bill Type 02xx ● OR Hospital Nursing Facility: <ul style="list-style-type: none"> ○ Claim form 837I or UB04 AND Bill Type 018, 065 and 066 ● OR Home Health: <ul style="list-style-type: none"> ○ Claim form 837I or UB04 AND Either Bill Type 03xx, OR Revenue Code in list: <ul style="list-style-type: none"> ○ 0550, 0551, 0559, 057x, 0989, ○ OR Procedure Codes in list: <ul style="list-style-type: none"> ○ T0221, S5180, S5181, S9122-S9125, T1019 - T1022, G0160-G0161 ○ OR Place of Service Code 12 ● OR Hospice: <ul style="list-style-type: none"> ○ Claim form: 837I or UB04, AND Either Bill Type in list: <ul style="list-style-type: none"> ○ 081x Hospice Non-Hospital based, 082x Hospice Hospital based ○ OR Revenue Code in list: <ul style="list-style-type: none"> ○ 0115, 0125, 0135, 0145, 0155, 065x ○ OR Procedure Code in list: <ul style="list-style-type: none"> ○ G0151–G0158, G0162, G0299-G0300, G0493-G0496, G9473-G9479, Q5001-Q5010, S5125, | <p>Plan-derived COS code 240A</p> <p>LTSS = Home Health, Hospice, Nursing Home, and Personal Care</p> | 42 | 28 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|-------------------------------------|--|--|---|-------------------------|---------------|
| | | S5126, S0270-S0273, S9126, T1000, T1002-T1004, T2042-T2046 | | | |
| | | <ul style="list-style-type: none"> OR Place of Service 34 (Hospice) | | | |
| Other Expenses (DME) | Durable Medical Equipment | <ul style="list-style-type: none"> http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DM-EPOS-Fee-Schedule.html <p>These are updated semi-annually by CMS and should be filtered for North Carolina</p> | <p>Plan-derived COS code 245A</p> <p><i>Please use most recent fee schedule from provide CMS website. Use the DMEPOS file in the format of your choice.</i></p> | 43 | 29 |
| Other Expenses (Other Professional) | Other Professional — Behavioral Health | <ul style="list-style-type: none"> Claim form 837P or CMS-1500 AND Provider Taxonomy code in list: <ul style="list-style-type: none"> Provider Taxonomy code beginning with '36' (Physician Assistants & Advanced Practice Nursing Providers) AND primary Diagnosis in list: F01-F99 or R45.0 – R45.89, or T14.91 (Behavioral Health diagnoses) | Plan-derived COS code 239B | 33 | 30 |
| Other Expenses (Other Professional) | Other Professional — Physical Health | <ul style="list-style-type: none"> Claim form 837P or CMS-1500 AND Provider Taxonomy code in list: <ul style="list-style-type: none"> Provider Taxonomy code beginning with '36' (Physician Assistants & Advanced Practice Nursing Providers) AND primary Diagnosis NOT in list: F01-F99 or R45.0 – R45.89, or T14.91 (Physical Health diagnosis) | Plan-derived COS code 239P | 32 | 31 |
| Value Added Services | Value Added Services | <ul style="list-style-type: none"> Expenses for value added services provided in addition to the contracted benefit package in total. | <p>Plan-derived COS code 290A</p> <p>Additional services provided outside the NC Medicaid defined benefits</p> | 65 | 32 |
| Care Management | Healthy Opportunities | <ul style="list-style-type: none"> Inclusion: Expenses related to Healthy Opportunities program Exclusion: Medical service costs related to Healthy Opportunities | Plan-derived COS code 267A | 62 | 33 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|------------------------------------|---|----------------------------|-------------------------|---------------|
| | | should not be reported in this section. | | | |
| Care Management | INCK | <ul style="list-style-type: none"> Inclusion: Expenses related to North Carolina Integrated Care for Kids (InCK) program Exclusion: Medical service costs related to InCK program should not be reported in this section. | Plan-derived COS code 268A | 63 | 34 |
| DEFAULT | Other Services — Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 10 (Behavioral Health & Social Service Providers) | Plan-derived COS code 259B | 48 | Default 1 |
| DEFAULT | Limited Dental | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 12 (Dental) | Plan-derived COS code 246A | 44 | Default 2 |
| DEFAULT | Other Services — Physical Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 11 (Chiropractic Providers) | Plan-derived COS code 259P | 47 | Default 3 |
| DEFAULT | Optical | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 15 (Eye and Vision Services Providers) | Plan-derived COS code 247A | 45 | Default 4 |
| DEFAULT | Other Services — Physical Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 18 (Pharmacy Service Providers) | Plan-derived COS code 259P | 47 | Default 5 |
| DEFAULT | Physician — Specialty | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 20 (Physicians) | Plan-derived COS code 221A | 28 | Default 6 |
| DEFAULT | Other Services — Physical Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 21 (Podiatric Medicine & Surgery Service Providers) | Plan-derived COS code 259P | 47 | Default 7 |
| DEFAULT | Therapies — PT/OT/ST | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 22 (Respiratory, Developmental, Rehabilitative and Restorative Service Providers) | Plan-derived COS code 225A | 34 | Default 8 |
| DEFAULT | Durable Medical Equipment | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 237600000X (Speech, Language and Hearing Service Providers ... Hearing Aid Fitter) | Plan-derived COS code 245A | 43 | Default 9 |
| DEFAULT | Durable Medical Equipment | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 237700000X (Speech, Language and Hearing Service Providers ... Hearing Instrument Specialist) | Plan-derived COS code 245A | 43 | Default 10 |
| DEFAULT | Therapies — PT/OT/ST | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 23 (Speech, Language and Hearing Service Providers) | Plan-derived COS code 225A | 34 | Default 11 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|-------------------------------------|--|----------------------------|-------------------------|---------------|
| DEFAULT | Other Services — Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 251S00000X (Agency – Community Behavioral Health) | Plan-derived COS code 259B | 48 | Default 12 |
| DEFAULT | Other Services — Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2): 253J00000X (Agency Foster Care) | Plan-derived COS code 259B | 48 | Default 13 |
| DEFAULT | Long Term Services & Support (LTSS) | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE 25 (Agencies) | Plan-derived COS code 240A | 42 | Default 14 |
| DEFAULT | Outpatient Hospital — Professional | <ul style="list-style-type: none"> All other with Provider Taxonomy Code: 261QA1903X (Ambulatory Surgical) | Plan-derived COS code 211A | 22 | Default 15 |
| DEFAULT | Outpatient Hospital — Professional | <ul style="list-style-type: none"> All other with Provider Taxonomy Code: 261QB0400X (Ambulatory ... Birthing Center) | Plan-derived COS code 211A | 22 | Default 16 |
| DEFAULT | Other Clinic | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE 26 (Ambulatory Health Care Facilities) | Plan-derived COS code 223A | 30 | Default 17 |
| DEFAULT | Inpatient Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 282N00000X AND Principal Diagnosis in list: F01-F99 or R45.0 – R45.89, or T14.91. | Plan-derived COS code 201B | 16 | Default 18 |
| DEFAULT | Inpatient Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 283Q00000X Regardless of Principal Diagnosis | Plan-derived COS code 201B | 16 | Default 19 |
| DEFAULT | Outpatient Hospital — Facility | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE 28 (Hospitals) | Plan-derived COS code 210A | 21 | Default 20 |
| DEFAULT | Lab and X-ray | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 29 (Laboratories) | Plan-derived COS code 248A | 46 | Default 21 |
| DEFAULT | Long Term Services & Support (LTSS) | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 31(Nursing & Custodial Care Facilities) | Plan-derived COS code 240A | 42 | Default 22 |
| DEFAULT | Inpatient Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 32 (Residential Treatment Facilities) | Plan-derived COS code 201B | 16 | Default 23 |
| DEFAULT | Lab and X-ray | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 335V00000X (Supplier ... Portable X-ray) | Plan-derived COS code 248A | 46 | Default 24 |
| DEFAULT | Prescribed Drugs | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 333600000X (Supplier ... Pharmacy) | Plan-derived COS code 280A | 39 | Default 25 |

| COS Specifications | COS | Coding Logic | Notes | Income Statement Line # | Sort Sequence |
|--------------------|--|--|----------------------------|-------------------------|---------------|
| DEFAULT | Durable Medical Equipment | <ul style="list-style-type: none"> All other in Provider Taxonomy Code TYPE 33 (Suppliers) | Plan-derived COS code 245A | 43 | Default 26 |
| DEFAULT | Non-Emergency Transportation | <ul style="list-style-type: none"> All other with Provider Taxonomy (Level 2) 343900000X | Plan-derived COS code 250A | 50 | Default 27 |
| DEFAULT | Emergency Transportation | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE 34 (Transportation Services) | Plan-derived COS code 249A | 49 | Default 28 |
| DEFAULT | Other Professional — Behavioral Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 36 (Physician Assistants & Advanced Nurse Practitioners) AND Principal Diagnosis in list: F01-F99 or R45.0 – R45.89, or T14.91. | Plan-derived COS code 239B | 33 | Default 29 |
| DEFAULT | Other Professional — Physical Health | <ul style="list-style-type: none"> All other with Provider Taxonomy Code TYPE: 36 (Physician Assistants & Advanced Nurse Practitioners) | Plan-derived COS code 239P | 32 | Default 30 |
| DEFAULT | Other Services — Behavioral Health | <ul style="list-style-type: none"> All other where primary diagnosis is in list: F01-F99 or R45.0 – R45.89, or T14.91 | Plan-derived COS code 259B | 48 | Default 31 |
| DEFAULT | Other Services — Physical Health | <ul style="list-style-type: none"> All other | Plan-derived COS code 259P | 47 | Default 32 |

APPENDIX E1 — JULY 1, 2022 BH I/DD TAILORED PLAN CRITERIA

APPENDIX B — CRITERIA FOR Behavioral Health I/DD TAILORED PLAN EXEMPTION FROM MANDATORY ENROLLMENT IN NC MEDICAID STANDARD PLANS

UPDATED: Feb. 2, 2021

Pursuant to Session Law 2015-245, as amended by Session Law 2018-48¹, populations meeting eligibility requirements for the Behavioral Health I/DD Tailored Plan shall be exempt from Medicaid Managed Care until such point that Behavioral Health I/DD Tailored Plans are available. Per Session Law 2018-48, beneficiaries eligible for the Behavioral Health 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. This document outlines the specific data criteria DHHS is using to identify beneficiaries eligible for the Behavioral Health I/DD Tailored Plan exemption from mandatory Standard Plan enrollment for the period of time between Standard Plan launch (July 1, 2021) and Behavioral Health I/DD Tailored Plan launch (July 1, 2022).

When Standard Plans launch on July 1, 2021, most Medicaid and NC Health Choice beneficiaries, who are not also enrolled in Medicare, will be required to enroll in a Standard Plan. Beneficiaries meeting Behavioral Health I/DD Tailored Plan eligibility criteria as described in this document will be exempt from mandatory enrollment in a Standard Plan. This means beneficiaries meeting the outlined criteria will continue to receive coverage through their current delivery system (fee-for-service and the Local Management Entity/Managed Care Organizations [LME/MCOs] for most beneficiaries) until the Behavioral Health I/DD Tailored Plans launch on July 1, 2022, unless they take action to enroll in a Standard Plan².

The data criteria described in this document may be revised based on stakeholder feedback and experience and will be reviewed prior to launch of the Behavioral Health I/DD Tailored Plans. Questions and comments can be provided by emailing Medicaid.Transformation@dhhs.nc.gov. Medicaid beneficiaries who are not identified as eligible for Behavioral Health I/DD Tailored Plans based on data reviews described in this document will be able to request a review to be exempt from mandatory enrollment in Standard Plans. More information about this process is available in the **Behavioral Health I/DD Tailored Plan Memo on Eligibility and Enrollment Updates** under [Final Policy Guidance](#).

Behavioral Health I/DD Tailored Plan Criteria

The criteria (detailed below) used to identify beneficiaries eligible for the Behavioral Health I/DD Tailored Plan exemption relies on available fee-for-service claims, LME/MCO encounters, State eligibility system, and/or other data sources as described. Standard Plan encounters will be incorporated as they are available. DHHS will evaluate data based on dates of service from January 2018 forward to determine the population meeting eligibility for the Behavioral Health I/DD Tailored Plan exemption for purposes of Standard Plan launch until Behavioral Health I/DD Tailored Plan launch. The lookback period may be updated to identify beneficiaries eligible to enroll in the Behavioral Health I/DD Tailored Plans when they launch on July 1, 2022. Beneficiaries who are not identified in the available data but believe they meet Behavioral Health I/DD Tailored Plan eligibility can request a review for Behavioral Health I/DD Tailored Plan eligibility.

1. Innovations Waiver — Beneficiaries with a Special Coverage Code of “IN” or “CM.” Innovations Waiver beneficiaries are excluded from Standard Plan enrollment.

¹ <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H403v6.pdf>

² Beneficiaries enroll in the Innovations or Traumatic Brain Injury (TBI) waivers are not eligible to enroll in a Standard Plan.

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2. TBI Waiver — Beneficiaries with a Special Coverage Code of “BH” or “BN.” DHHS maintains a list of these beneficiaries as reported by Alliance Health. TBI Waiver beneficiaries are excluded from Standard Plan enrollment.
3. Transitions to Community Living Initiative (TCLI) — DHHS maintains a list of all beneficiaries targeted per the TCLI and as reported by the LME-MCOs. Certain beneficiaries on the TCLI list have an applicant status indicating that they were “removed” from TCLI, and thus these beneficiaries will not be considered eligible for the Behavioral Health I/DD Tailored Plan via 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 — DHHS will maintain a list of beneficiaries on the TBI Waiver Waitlist as applicable (there is not currently a waitlist for the TBI waiver).
6. Utilization of Medicaid service only available in Behavioral Health I/DD Tailored Plan — Utilization within the historical fee-for-service claims and/or LME/MCO encounters of a service listed in Table 1. *Services added as part of the January 2021 update are noted in red.*
7. Utilization of Behavioral Health, 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 — fee-for-service claim or LME/MCO encounter with a qualifying I/DD diagnosis code(s) (all diagnosis positions) as listed in Table 2. *Diagnosis codes denoted in red were added as part of the January 2021 update.*
10. SMI/SED— The following logic is being utilized to identify beneficiaries with a SMI or SED:
 - a. For beneficiaries under age 18:
 - i. SED diagnosis listed in Table 3.1 in any position on a fee-for-service claim or LME/MCO encounter. *Diagnosis codes denoted in red were updated in January 2021 to no longer require enhanced service utilization or diagnosis in the primary position.*
 - ii. SED eligible diagnosis listed in Table 3.2 in the primary position on a fee-for-service claim or LME/MCO encounter AND utilization of an enhanced Behavioral Health service as listed in Table 6 on a fee-for-service claim or LME/MCO encounter. The diagnosis and enhanced Behavioral Health utilization qualifying event do not need to occur on the same claim.
 - b. For beneficiaries ages 18 and older:
 - i. SMI diagnosis listed in Table 4.1 in any position on a fee-for-service claim or LME/MCO encounter. *These criteria were updated in January 2021 to no longer require enhanced service utilization or diagnosis in the primary position.*
 - ii. SMI eligible diagnosis listed in Table 4.2 in the primary position on a fee-for-service claim or LME/MCO encounter AND utilization of an enhanced Behavioral Health service as listed in Table 6 on a fee-for-service claim or LME/MCO encounter. The diagnosis and enhanced Behavioral Health utilization qualifying event do not need to occur on the same claim.
 - c. For all beneficiaries regardless of age:
 - i. Electroconvulsive Therapy — Identified in the fee-for-service claims or LME/MCO encounters based on utilization of CPT code 90870 or revenue code 0901.
 - ii. Use of clozapine or long-acting injectable antipsychotics — Identified in the fee-for-service claims based on utilization of one of the products listed in Table 7. *This list was updated in January 2021 to reflect the latest available products and will be updated by DHHS to reflect any future changes.*

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- iii. Suicide attempt – Identified in the fee-for-service claims or LME/MCO encounters as having an Emergency Department facility claim with one of the following diagnosis codes in any position: T14.91XA, T14.91XD, T14.91XS. DHHS will use available data to identify beneficiaries meeting this criteria once prior to Standard Plan launch and once prior to Behavioral Health I/DD Tailored Plan launch. *This criteria was added as part of the January 2021 update.*
11. SUD Diagnosis + Enhanced Behavioral Health Service — fee-for-service 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 fee-for-service and LME/MCO encounter information of an enhanced Behavioral Health service as listed in Table 6. The diagnosis and enhanced Behavioral Health utilization qualifying event do not need to occur on the same claim.
 12. Two or More Psychiatric Hospitalizations or Readmissions — Identified in the fee-for-service 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 includes, but is not limited to, individuals known to DHHS to have had one or more involuntary treatment episode in a State-owned facility.
 14. Two or More Visits to the Emergency Department for a Psychiatric Problem — Identified in the fee-for-service claims based on Revenue Code 450 and a qualifying diagnosis in the primary or secondary diagnostic position per Tables 3-5 (on the same claim), and in the LME/MCO encounters based on Revenue Code 450 alone. Two qualifying claims during the lookback period must be within 18 months of one another. *This criteria was updated in January 2021 to include claims with qualifying diagnosis codes in the secondary position.*
 15. Two or More Episodes using Behavioral Health Crisis Services — Identified in both the fee-for-service 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 Behavioral Health I/DD Tailored Plan (TPR04)

| Description | Code ³ | Applicable Dataset ⁴ |
|--|-------------------|---------------------------------|
| Medicaid State Plan Services | | |
| Substance Abuse (SA) Non-Medical Community Residential Treatment | H0012 | Fee-for-service Claims and/or |
| SA Medically Monitored Community Residential Treatment | H0013 | LME/MCO |
| SA Intensive Outpatient Program | H0015 | Encounters |
| Residential Level 3 or Level 4 | H0019 | |
| Assertive Community Treatment | H0040 | |
| Residential Level 1 | H0046 | |
| Child/Adolescent Day Treatment | H2012 | |
| Community Support Team | H2015 | |
| Psychosocial Rehabilitation | H2017 | |
| Residential Level 2 - Group Home | H2020 | |

³ Unless otherwise noted, identification logic does not leverage the modifier field.

⁴ In some instances, the Behavioral Health 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.

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| Description | Code ³ | Applicable Dataset ⁴ |
|--|--|--|
| Intensive In-Home Services | H2022 | |
| Multi-Systemic Therapy | H2033 | |
| SA Comprehensive Outpatient Treatment Program | H2035 | |
| Residential Level 2 - Family Setting | S5145 | |
| ICF/IID | State Category of Service (SCOS) ⁵ 0021 OR 0047 | Fee-for-service Claims |
| | Revenue Code 100 OR 183 | LME/MCO Encounters |
| PRTF | SCOS 0017 OR 0041 | Fee-for-service Claims |
| | Revenue Code 911 | LME/MCO Encounters |
| 1915(b)(3) Services⁶ | | |
| Transitional Living Skills | H2022 U4 | LME/MCO |
| Intensive Recovery Supports | T1012 | Encounters only |
| In Home Skill Building ⁷ | T2013 | |
| 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 with addition of U4 modifier | |
| Innovations Waiver Services (Applicable to Waiver Enrollees Only) | | |
| T2027 | Day Supports - Developmental Day | LME/MCO Encounters |
| T2021 | Day Supports - Individual/Group | LME/MCO Encounters |
| T2041 | Community Navigator Community Navigator Training for Employer of Record | LME/MCO Encounters |
| H2015 | Community Networking - Individual/Group Community Networking - Classes/Conferences | LME/MCO Encounters |
| T2025 | Crisis Behavioral Consultation Specialized Consultative Services Financial Supports Supplies | LME/MCO Encounters LME/MCO Encounters |
| T1015 | In Home Intensive | LME/MCO Encounters |
| T2013 | Community Living and Supports In Home Skill Building - Individual/Group | LME/MCO Encounters |
| S5125 | Personal Care | LME/MCO Encounters |
| H2011 | Crisis Intervention & Stabilization Supports | LME/MCO Encounters |
| S5150 | Respite Care - Community Individual/Community Group/Community Facility | LME/MCO Encounters |
| T1005 | Respite Care Nursing - LPN/RN | LME/MCO Encounters |
| H2025 | Supported Employment - Individual/Group | LME/MCO Encounters |

⁵ The State-defined SCOS field is based on provider taxonomy.

⁶ Note that DHHS will submit a State Plan Amendment to add Peer Supports (currently a 1915(b)(3) service) to the State Plan. Once approved, this service will be offered via the Standard and Behavioral Health I/DD Tailored Plans. As such, this service was not used to qualify beneficiaries as eligible for the Behavioral Health I/DD Tailored Plan.

⁷ In Home Skill Building is an addition since the documentation released in Summer 2019

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| Description | Code ³ | Applicable Dataset ⁴ |
|--|---|---------------------------------|
| | Supported Employment - Long Term Follow-Up Individual/ Long Term Follow-Up Group | |
| T2034 | Out of Home Crisis | LME/MCO Encounters |
| H2016 | Residential Supports 1 Residential Supports 4 | LME/MCO Encounters |
| T2014 | Residential Supports 2 | LME/MCO Encounters |
| T2020 | Residential Supports 3 | LME/MCO Encounters |
| T2033 | Supported Living – Level 1 Supported Living – Level 2 Supported Living – Level 3 | LME/MCO Encounters |
| T2029 | Assistive Technology - Equipment and Supplies | LME/MCO Encounters |
| T2038 | Community Transition Supports | LME/MCO Encounters |
| S5165 | Home Modifications | LME/MCO Encounters |
| T1999 | Individual Goods and Services | LME/MCO Encounters |
| S5110 | Natural Supports Education | LME/MCO Encounters |
| S5111 | Natural Supports Education - Conference | LME/MCO Encounters |
| T2039 | Vehicle Adaptations | LME/MCO Encounters |
| TBI Waiver Services (Applicable to Waiver Enrollees Only) | | |
| S5102 | Adult Day Health | LME/MCO Encounters |
| H2011 | Crisis Intervention and Stabilization | LME/MCO Encounters |
| H2015 | Community Networking - Individual and Group Community Networking - Classes and conferences | LME/MCO Encounters |
| H2016 | Residential Supports 1 | LME/MCO Encounters |
| T2014 | Residential Supports 2 | LME/MCO Encounters |
| T2020 | Residential Supports 3 | LME/MCO Encounters |
| H2025 | Supported Employment - Individual and Group | LME/MCO Encounters |
| S5110 | Natural Supports Education | LME/MCO Encounters |
| S5111 | Natural Supports Education - Conference | LME/MCO Encounters |
| S5125 | Personal Care | LME/MCO Encounters |
| S5150 | Respite Care - Community Individual/Group/Institutional | LME/MCO Encounters |
| S5165 | Home Modifications | LME/MCO Encounters |
| T1005 | Respite Care Nursing - RN and LPN | LME/MCO Encounters |
| T1015 | In Home Intensive | LME/MCO Encounters |
| T1999 | Individual Goods and Services | LME/MCO Encounters |
| T2013 | Life Skills Training - Individual and Group | LME/MCO Encounters |
| T2021 | Day Supports - Individual and Group | LME/MCO Encounters |
| T2025 | Specialized Consultative Services Financial Supports Crisis Behavioral Consultation | LME/MCO Encounters |
| T2029 | Assistive Technology - Equipment and Supplies | LME/MCO Encounters |
| T2034 | Out of Home Crisis | LME/MCO Encounters |
| T2038 | Community Transition Supports | LME/MCO Encounters |
| T2039 | Vehicle Adaptations | LME/MCO Encounters |
| T2041 | Resource Facilitation | LME/MCO Encounters |
| 97127 (prior to 12/31/2019); | Cognitive Rehabilitation | LME/MCO Encounters |

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| Description | Code ³ | Applicable Dataset ⁴ |
|--|-------------------|---------------------------------|
| 97129 and 97130 (effective 1/1/2020) | | |
| <i>In-Lieu-Of Services (ILOS) Currently Offered by LME-MCOs⁸</i> | | |
| ILOS utilization was included in the eligibility criteria for those services covered in-lieu of a Tailored Plan Only service The following ILOS were <u>not</u> included in the Behavioral Health I/DD Tailored Plan eligibility criteria as these services can be offered through the Standard Plans: | | LME/MCO Encounters |
| <ul style="list-style-type: none"> Behavioral Health Urgent Care Outpatient Plus Rapid Care Services Behavioral Health Crisis Assessment and Intervention Child First Outpatient | | |

Table 2: I/DD Diagnosis Code List

The following diagnosis code list was applied to both the FFS claims and LME/MCO encounters. All available diagnostic positions were considered. *Codes in red text have been added since the August 2019 update. Codes denoted with an asterisk (*) will be re-evaluated prior to launch of the Behavioral Health I/DD Tailored Plans.*

| Code | Description | Code | Description |
|--------|-------------------------------------|--------|---|
| D82.1 | Di George's syndrome | F84.9 | Pervasive developmental disorder, unspecified* |
| E70.0 | Classical phenylketonuria | G31.81 | Alpers disease |
| E75.00 | GM2 gangliosidosis, unspecified | G31.82 | Leigh's Disease |
| E75.01 | Sandhoff disease | G80.0 | Spastic quadriplegic cerebral palsy |
| E75.02 | Tay-Sachs disease | G80.3 | Athetoid cerebral palsy |
| E75.09 | Other GM2 gangliosidosis | Q05.4 | Unspecified Spina Bifida With Hydrocephalus |
| E75.10 | Unspecified gangliosidosis | Q05.8 | Sacral spina bifida without hydrocephalus |
| E75.11 | Mucopolipidosis IV | Q07.02 | Arnold-Chiari Syndrome with Hydrocephalus |
| E75.19 | Other Gangliosidosis | Q07.03 | Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus |
| E75.23 | Krabbe disease | Q85.1 | Tuberous sclerosis |
| E75.25 | Metachromatic Leukodystrophy | Q86.0 | Fetal Alcohol Syndrome |
| E75.29 | Other Sphingolipidosis | Q87.1 | Congenital malformation syndromes predominantly associated with short stature (includes Prader-Willi) |
| E75.4 | Neuronal ceroid lipofuscinosis | Q90.0 | Trisomy 21, nonmosaicism (meiotic nondisjunction) |
| E76.01 | Hurler's syndrome | Q90.1 | Trisomy 21, mosaicism (mitotic nondisjunction) |
| E76.1 | Mucopolysaccharidosis, type II | Q90.2 | Trisomy 21, translocation |
| E76.22 | Sanfilippo Mucopolysaccharidoses | Q90.9 | Down Syndrome, Unspecified |
| E76.29 | Other Mucopolysaccharidoses | Q91.0 | Trisomy 18, nonmosaicism (meiotic nondisjunction) |
| E76.3 | Mucopolysaccharidosis, unspecified | Q91.1 | Trisomy 18, mosaicism (mitotic nondisjunction) |
| E77.1 | Defects In Glycoprotein Degradation | Q91.2 | Trisomy 18, translocation |
| E78.71 | Barth syndrome | Q91.3 | Trisomy 18, unspecified |
| E78.72 | Smith-Lemli-Opitz Syndrome | Q91.4 | Trisomy 13, nonmosaicism (meiotic nondisjunction) |

⁸ Please refer to the various LME/MCO rate schedules for a list of ILOS and corresponding procedure codes as this varies by LME/MCO.

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| Code | Description | Code | Description |
|-------|--|--------|--|
| F70 | Mild intellectual disabilities | Q91.5 | Trisomy 13, mosaicism (mitotic nondisjunction) |
| F71 | Moderate intellectual disabilities | Q91.6 | Trisomy 13, translocation |
| F72 | Severe intellectual disabilities | Q91.7 | Trisomy 13, unspecified |
| F73 | Profound intellectual disabilities | Q93.4 | Deletion of short arm of chromosome 5 |
| F84.0 | Autistic Disorder | Q93.82 | Williams syndrome (code as of 1/1/2019, previously Q89.8) |
| F84.2 | Rett's Syndrome | Q93.51 | Angelman syndrome (code as of 1/1/2019, previously Q93.5) |
| F84.3 | Other childhood disintegrative disorder | Q98.4 | Klinefelter syndrome, unspecified |
| F84.5 | Asperger's syndrome* | Q99.2 | Fragile X Chromosome |
| F84.8 | Other pervasive developmental disorders* | | |

Table 3.1: SED Diagnosis Only Code List (No Enhanced Service Use Required for Qualification)

The following diagnosis code list was applied to both the fee-for-service claims and LME/MCO encounters for beneficiaries under age 18. All available diagnosis positions were considered. *Diagnosis codes in red were proposed in August 2019 to be treated the same as the diagnosis codes in Table 3.2.*

| Code | Description | Code | Description |
|--------|--------------------------------|--------|--|
| F20.0 | Paranoid schizophrenia | F24 | Shared psychotic disorder |
| F20.1 | Disorganized schizophrenia | F25.0 | Schizoaffective disorder, bipolar type |
| F20.2 | Catatonic schizophrenia | F25.1 | Schizoaffective disorder, depressive type |
| F20.3 | Undifferentiated schizophrenia | F25.8 | Other schizoaffective disorders |
| F20.5 | Residual schizophrenia | F25.9 | Schizoaffective disorder, unspecified |
| F20.81 | Schizophreniform disorder | F31.2 | Bipolar disorder, current episode manic severe with psychotic features |
| F20.89 | Other schizophrenia | F31.5 | Bipolar disorder, current episode depressed, severe, with psychotic features |
| F20.9 | Schizophrenia, unspecified | F31.64 | Bipolar disorder, current episode mixed, severe, with psychotic features |
| F22 | Delusional disorders | F32.3 | Major depressive disorder, single episode, severe with psychotic features |
| F23 | Brief psychotic disorder | F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms |

Table 3.2: SED Diagnosis Code List (Enhanced Service Use Required for Qualification)

The following diagnosis code list was applied to both the fee-for-service claims and LME/MCO encounters for beneficiaries under age 18. Beneficiaries must have at least one claim with a diagnosis code from the list below in the primary position and at least one claim for an enhanced service (see Table 6) during the lookback period.

| Code | Description | Code | Description |
|--------|--|--------|---|
| F06.30 | Mood disorder due to known physiological condition, unspecified | F33.40 | Major depressive disorder, recurrent, in remission, unspecified |
| F06.31 | Mood disorder due to known physiological condition with depressive features | F33.41 | Major depressive disorder, recurrent, in partial remission |
| F06.32 | Mood disorder due to physiological condition with major depressive-like episode | F33.42 | Major depressive disorder, recurrent, in full remission |
| F06.8 | Other mental disorders due to known physiological condition | F33.8 | Other recurrent depressive disorders |
| F09 | Unspecified mental disorder due to known physiological condition | F33.9 | Major depressive disorder, recurrent, unspecified |
| F28 | Other psychotic disorder not due to a substance or known physiological condition | F34.1 | Dysthymic disorder |

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| Code | Description | Code | Description |
|--------|---|--------|---|
| F29 | Unspecified psychosis not due to a substance or known physiological condition | F34.8 | Other persistent mood [affective] disorders |
| F30.10 | Manic episode without psychotic symptoms, unspecified | F34.9 | Persistent mood [affective] disorder, unspecified |
| F30.11 | Manic episode without psychotic symptoms, mild | F39 | Unspecified mood [affective] disorder |
| F30.12 | Manic episode without psychotic symptoms, moderate | F40.00 | Agoraphobia, unspecified |
| F30.13 | Manic episode, severe, without psychotic symptoms | F40.01 | Agoraphobia with panic disorder |
| F30.2 | Manic episode, severe with psychotic symptoms | F40.02 | Agoraphobia without panic disorder |
| F30.3 | Manic episode in partial remission | F40.10 | Social phobia, unspecified |
| F30.4 | Manic episode in full remission | F40.11 | Social phobia, generalized |
| F30.8 | Other manic episodes | F40.8 | Other phobic anxiety disorders |
| F30.9 | Manic episode, unspecified | F41.0 | Panic disorder without agoraphobia |
| F31.0 | Bipolar disorder, current episode hypomanic | F41.1 | Generalized anxiety disorder |
| F31.10 | Bipolar disorder, current episode manic without psychotic features, unspecified | F41.3 | Other mixed anxiety disorders |
| F31.11 | Bipolar disorder, current episode manic without psychotic features, mild | F41.8 | Other specified anxiety disorders |
| F31.12 | Bipolar disorder, current episode manic without psychotic features, mod | F41.9 | Anxiety disorder, unspecified |
| F31.13 | Bipolar disorder, current episode manic without psychotic features, severe | F42 | Obsessive-compulsive disorder |
| F31.30 | Bipolar disorder, current episode depressed, mild or mod severity, unspecified | F43.10 | Post-traumatic stress disorder, unspecified |
| F31.31 | Bipolar disorder, current episode depressed, mild | F43.12 | Post-traumatic stress disorder, chronic |
| F31.32 | Bipolar disorder, current episode depressed, moderate | F44.89 | Other dissociative and conversion disorders |
| F31.4 | Bipolar disorder, current episode depressed, severe, without psychotic features | F50.00 | Anorexia nervosa, unspecified |
| F31.60 | Bipolar disorder, current episode mixed, unspecified | F50.01 | Anorexia nervosa, restricting type |
| F31.61 | Bipolar disorder, current episode mixed, mild | F50.02 | Anorexia nervosa, binge eating/purging type |
| F31.62 | Bipolar disorder, current episode mixed, moderate | F50.2 | Bulimia nervosa |
| F31.63 | Bipolar disorder, current episode mixed, severe, without psychotic features | F50.8 | Other eating disorders |
| F31.70 | Bipolar disorder, currently in remission, most recent episode unspecified | F50.82 | Avoidant/restrictive food intake disorder |
| F31.71 | Bipolar disorder, in partial remission, most recent episode hypomanic | F50.9 | Eating disorder, unspecified |
| F31.72 | Bipolar disorder, in full remission, most recent episode hypomanic | F63.1 | Pyromania |
| F31.73 | Bipolar disorder, in partial remission, most recent episode manic | F63.3 | Trichotillomania |
| F31.74 | Bipolar disorder, in full remission, most recent episode manic | F63.81 | Intermittent explosive disorder |

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| Code | Description | Code | Description |
|--------|--|--------|--|
| F31.75 | Bipolar disorder, in partial remission, most recent episode depressed | F63.89 | Other impulse disorders |
| F31.76 | Bipolar disorder, in full remission, most recent episode depressed | F90.0 | Attention-deficit hyperactivity disorder, predominantly inattentive type |
| F31.77 | Bipolar disorder, in partial remission, most recent episode mixed | F90.1 | Attention-deficit hyperactivity disorder, predominantly hyperactive type |
| F31.78 | Bipolar disorder, in full remission, most recent episode mixed | F90.2 | Attention-deficit hyperactivity disorder, combined type |
| F31.81 | Bipolar II disorder | F90.8 | Attention-deficit hyperactivity disorder, other type |
| F31.89 | Other bipolar disorder | F90.9 | Attention-deficit hyperactivity disorder, unspecified type |
| F31.9 | Bipolar disorder, unspecified | F91.0 | Conduct disorder confined to family context |
| F32.0 | Major depressive disorder, single episode, mild | F91.1 | Conduct disorder, childhood-onset type |
| F32.1 | Major depressive disorder, single episode, moderate | F91.2 | Conduct disorder, adolescent-onset type |
| F32.2 | Major depressive disorder, single episode, severe without psychotic features | F91.3 | Oppositional defiant disorder |
| F32.4 | Major depressive disorder, single episode, in partial remission | F91.8 | Other conduct disorders |
| F32.5 | Major depressive disorder, single episode, in full remission | F91.9 | Conduct disorder, unspecified |
| F32.8 | Other depressive episodes | F94.1 | Reactive attachment disorder of childhood |
| F32.9 | Major depressive disorder, single episode, unspecified | F94.2 | Disinhibited attachment disorder of childhood |
| F33.0 | Major depressive disorder, recurrent, mild | F98.8 | Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
| F33.1 | Major depressive disorder, recurrent, moderate | F99 | Mental disorder, not otherwise specified |
| F33.2 | Major depressive disorder, recurrent severe without psychotic features | | |

Table 4.1: SMI Diagnosis Only Code List (No Enhanced Service Use Required for Qualification)

The following diagnosis code list was applied to both the fee-for-service claims and LME/MCO encounters for beneficiaries ages 18 and older. All available diagnosis positions were considered. *Diagnosis codes in red were proposed in August 2019 to be treated the same as the diagnosis codes in Table 4.2.*

| Code | Description | Code | Description |
|--------|--|--------|--|
| F20.0 | Paranoid schizophrenia | F25.1 | Schizoaffective disorder, depressive type |
| F20.1 | Disorganized schizophrenia | F25.8 | Other schizoaffective disorders |
| F20.2 | Catatonic schizophrenia | F25.9 | Schizoaffective disorder, unspecified |
| F20.3 | Undifferentiated schizophrenia | F31.2 | Bipolar disorder, current episode manic severe with psychotic features |
| F20.5 | Residual schizophrenia | F31.5 | Bipolar disorder, current episode depressed, severe, with psychotic features |
| F20.81 | Schizophreniform disorder | F31.64 | Bipolar disorder, current episode mixed, severe, with psychotic features |
| F20.89 | Other schizophrenia | F32.3 | Major depressive disorder, single episode, severe with psychotic features |
| F20.9 | Schizophrenia, unspecified | F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms |
| F25.0 | Schizoaffective disorder, bipolar type | | |

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Table 4.2: SMI Diagnosis Code List (Enhanced Service Use Required for Qualification)⁹

The following diagnosis code list was applied to both the fee-for-service claims and LME/MCO encounters for beneficiaries ages 18 and older. Beneficiaries must have at least one claim with a diagnosis code from the list below in the primary position and at least one claim for an enhanced service (see Table 6) during the lookback period.

| Code | Description | Code | Description |
|--------|---|--------|--|
| F21 | Schizotypal disorder | F31.9 | Bipolar disorder, unspecified |
| F22 | Delusional Disorder Unspecified | F32.0 | Major depressive disorder, single episode, mild |
| F29 | Unspecified psychosis not due to a substance or known physiological condition | F32.1 | Major depressive disorder, single episode, moderate |
| F30.13 | Manic episode, severe, without psychotic symptoms | F32.2 | Major depressive disorder, single episode, severe without psychotic features |
| F30.2 | Manic episode, severe with psychotic symptoms | F32.4 | Major depressive disorder, single episode, in partial remission |
| F31.0 | Bipolar disorder, current episode hypomanic | F32.9 | Major depressive disorder, single episode, unspecified |
| F31.10 | Bipolar disorder, current episode manic without psychotic features, unspecified | F33.0 | Major depressive disorder, recurrent, mild |
| F31.11 | Bipolar disorder, current episode manic without psychotic features, mild | F33.1 | Major depressive disorder, recurrent, moderate |
| F31.12 | Bipolar disorder, current episode manic without psychotic features, moderate | F33.2 | Major depressive disorder, recurrent severe without psychotic features |
| F31.13 | Bipolar disorder, current episode manic without psychotic features, severe | F33.41 | Major depressive disorder, recurrent, in partial remission |
| F31.30 | Bipolar disorder, current episode depressed, mild or mod severity, unspecified | F33.9 | Major depressive disorder, recurrent, unspecified |
| F31.31 | Bipolar disorder, current episode depressed, mild | F40.00 | Agoraphobia, unspecified |
| F31.32 | Bipolar disorder, current episode depressed, moderate | F40.01 | Agoraphobia with panic disorder |
| F31.4 | Bipolar disorder, current episode depressed, severe, without psychotic features | F41.0 | Panic disorder without agoraphobia |
| F31.60 | Bipolar disorder, current episode mixed, unspecified | F41.1 | Generalized anxiety disorder |
| F31.61 | Bipolar disorder, current episode mixed, mild | F42 | Obsessive-compulsive disorder |
| F31.62 | Bipolar disorder, current episode mixed, moderate | F42.3 | Hoarding disorder |
| F31.63 | Bipolar disorder, current episode mixed, severe, without psychotic features | F43.10 | Post-traumatic stress disorder, unspecified |
| F31.70 | Bipolar disorder, currently in remission, most recent episode unspecified | F43.11 | Post-traumatic stress disorder, acute |
| F31.71 | Bipolar disorder, in partial remission, most recent episode hypomanic | F43.12 | Post-traumatic stress disorder, chronic |
| F31.72 | Bipolar disorder, in full remission, most recent episode hypomanic | F44.2 | Dissociative stupor |
| F31.73 | Bipolar disorder, in partial remission, most recent episode manic | F44.81 | Dissociative identity disorder |

⁹ F20.8 is not a billable code and was included in Table 4 of the Summer 2019 version of this document in error, it has been removed from this version.

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| Code | Description | Code | Description |
|--------|---|--------|---|
| F31.74 | Bipolar disorder, in full remission, most recent episode manic | F44.9 | Dissociative and conversion disorder, unspecified |
| F31.75 | Bipolar disorder, in partial remission, most recent episode depressed | F50.00 | Anorexia nervosa, unspecified |
| F31.76 | Bipolar disorder, in full remission, most recent episode depressed | F50.01 | Anorexia nervosa, restricting type |
| F31.77 | Bipolar disorder, in partial remission, most recent episode mixed | F50.02 | Anorexia nervosa, binge eating/purging type |
| F31.78 | Bipolar disorder, in full remission, most recent episode mixed | F50.2 | Bulimia nervosa |
| F31.81 | Bipolar II disorder | F53 | Puerperal psychosis |
| F31.89 | Other bipolar disorder | F60.3 | Borderline Personality Disorder |

Table 5: SUD Diagnosis Code List (Enhanced Service Use in Table 6 Required for Qualification)

The following diagnosis code list was applied to both the fee-for-service claims and LME/MCO encounters. Beneficiaries must have at least one claim with a diagnosis code from the list below in the primary position and at least one claim for an enhanced service (see Table 6) during the lookback period.

| 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 |
| 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 |

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| Code | Description | Code | Description |
|---------|---|---------|--|
| 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 |
| 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 |

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| Code | Description | Code | Description |
|---------|--|---------|---|
| 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 amnesic 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 Behavioral Health Services

The following service code list was applied to both the fee-for-service claims and LME/MCO encounters.

| Description | Code ¹⁰ |
|--|--------------------|
| 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 |
| Residential Level 3 or Level 4 | H0019 |
| Opioid Treatment | H0020 |
| Partial Hospital | H0035 |
| Assertive Community Treatment Team | H0040 |
| Residential Level 1 | H0046 |
| Mobile Crisis Management | H2011 |
| Child/Adolescent Day Treatment | H2012 |
| Community Support | H2015 |
| Psychosocial Rehabilitation | H2017 |
| Residential Level 2 – Group Home | H2020 |
| Intensive In-Home Services | H2022 |
| Multi-Systemic Therapy | H2033 |
| SA Comprehensive Outpatient Treatment Program | H2035 |
| Medically Monitored or ADATC Detoxification/Crisis Stabilization | H2036 |
| Residential Level 2 - Family Setting | S5145 |
| Facility-Based Crisis | S9484 |

¹⁰ Behavioral Health I/DD Tailored Plan data logic did not rely on the modifier field.

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Table 7: Clozapine and Long-Acting Injectable Antipsychotics

The following products were used in the identification of clozapine and long-acting injectable antipsychotics. This list is current as of December 2020 and will be updated as needed by DHHS.

| | |
|--------------------------------|--------------------------------|
| ABILIFY MAINTENA ER 300 MG SYR | HALDOL DECANOATE 50 AMPUL |
| ABILIFY MAINTENA ER 300 MG VL | HALOPERIDOL DEC 100 MG/ML AMP |
| ABILIFY MAINTENA ER 400 MG SYR | HALOPERIDOL DEC 100 MG/ML VIAL |
| ABILIFY MAINTENA ER 400 MG VL | HALOPERIDOL DEC 250 MG/5 ML VL |
| ARISTADA ER 1064 MG/3.9 ML SYR | HALOPERIDOL DEC 50 MG/ML VIAL |
| ARISTADA ER 441 MG/1.6 ML SYRN | HALOPERIDOL DEC 500 MG/5 ML VL |
| ARISTADA ER 662 MG/2.4 ML SYRN | HALOPERIDOL DECAN 50 MG/ML AMP |
| ARISTADA ER 882 MG/3.2 ML SYRN | INVEGA SUSTENNA 117 MG/0.75 ML |
| ARISTADA INITIO ER 675 MG/2.4 | INVEGA SUSTENNA 156 MG/ML SYRG |
| CLOZAPINE 100 MG TABLET | INVEGA SUSTENNA 234 MG/1.5 ML |
| CLOZAPINE 200 MG TABLET | INVEGA SUSTENNA 39 MG/0.25 ML |
| CLOZAPINE 25 MG TABLET | INVEGA SUSTENNA 78 MG/0.5 ML |
| CLOZAPINE 50 MG TABLET | INVEGA TRINZA 273 MG/0.875 ML |
| CLOZAPINE ODT 100 MG TABLET | INVEGA TRINZA 410 MG/1.315 ML |
| CLOZAPINE ODT 12.5 MG TABLET | INVEGA TRINZA 546 MG/1.75 ML |
| CLOZAPINE ODT 150 MG TABLET | INVEGA TRINZA 819 MG/2.625 ML |
| CLOZAPINE ODT 200 MG TABLET | PERSERIS ER 120 MG SYRINGE KIT |
| CLOZAPINE ODT 25 MG TABLET | PERSERIS ER 90 MG SYRINGE KIT |
| CLOZARIL 100 MG TABLET | RISPERDAL CONSTA 12.5 MG VIAL |
| CLOZARIL 200 MG TABLET | RISPERDAL CONSTA 25 MG VIAL |
| CLOZARIL 25 MG TABLET | RISPERDAL CONSTA 37.5 MG VIAL |
| CLOZARIL 50 MG TABLET | RISPERDAL CONSTA 50 MG VIAL |
| FAZACLO 100 MG ODT | VERSACLOZ 50 MG/ML SUSPENSION |
| FAZACLO 12.5 MG ODT | ZYPREXA RELPREVV 210 MG VL KIT |
| FLUPHENAZINE DEC 125 MG/5 ML | ZYPREXA RELPREVV 300 MG VL KIT |
| HALDOL DECANOATE 100 AMPUL | ZYPREXA RELPREVV 405 MG VL KIT |

APPENDIX E2 — DECEMBER 1, 2022 BH I/DD TAILORED PLAN CRITERIA

APPENDIX B — Tailored Plan Eligibility Criteria

UPDATED: October 2022

Per NC General Statute 108D-40, beneficiaries eligible for the Behavioral Health I/DD Tailored Plan (Tailored Plan) include those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe substance use disorder (SUD), an intellectual/developmental disability (I/DD), or who have survived a traumatic brain injury (TBI) and who are receiving traumatic brain injury services, who are on the waiting list for the Traumatic Brain Injury waiver, or whose traumatic brain injury otherwise is a knowable fact. This document outlines the specific data criteria DHHS is using to identify beneficiaries eligible for the Behavioral Health I/DD Tailored Plan.

[Tailored Plans are scheduled to launch on April 1, 2023](#). NC Medicaid began notifying individuals of their eligibility for a Tailored Plan in August, and additional beneficiaries will be identified and receive notices based on regular review of newly available data. The criteria (below) used to identify beneficiaries eligible for the Tailored Plan relies on data available to NC Medicaid, including but not limited to Medicaid and state-funded services claims and encounters, reports from LME-MCOs, and Medicaid enrollment and eligibility data. Individuals must also meet managed care eligibility to be enrolled in a Tailored Plan.

Criteria that are based on service utilization only or a combination of diagnosis and service utilization (Medicaid and state-funded services) require that the date of service be on or after Dec. 1, 2020. Eligibility criteria that are based on diagnosis alone allow for a longer look back period of Jan. 1, 2018. Beneficiaries who are identified as meeting Tailored Plan eligibility criteria may be auto-enrolled in the Tailored Plan or may have the option to enroll in the Tailored Plan depending on their situation. More information on plan options is available at [Managed Care Populations and Enrollment Notices Fact Sheet](#).

Medicaid beneficiaries who are not identified as eligible for enrollment in a Tailored Plan based on data reviews described in this document but need to move to a Tailored Plan to receive the behavioral health, I/DD, or TBI services they need can fill out the [Request to Move Form](#), or request their provider to fill out the form. Beneficiaries who utilized the Request to Move process in the past will continue to remain eligible for a Tailored Plan.

Tailored Plan data criteria are also used to identify beneficiaries in NC Medicaid Direct who are eligible for Tailored Care Management¹. Tailored Care Management is scheduled to launch on December 1, 2022. The lookback periods and criteria described in this document also apply to identifying this population. All beneficiaries enrolled in a Tailored Plan are eligible for Tailored Care Management unless they are receiving a service with duplicative care management (e.g. high fidelity wraparound).

Questions and comments can be provided by emailing Medicaid.Transformation@dhhs.nc.gov. More information about this process is available under [Final Policy Guidance](#).

¹ Tailored Care Management is a Health Home State Plan service only available to beneficiaries with full Medicaid benefits. Beneficiaries in limited benefit programs, such as family planning or partial Medicare/Medicaid dual eligibles, are not eligible for Tailored Care Management.

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| Tailored Plan Criterion | Description | Look Back Period |
|--|--|---|
| Innovations Waiver | All members identified as being on the Innovation Waiver. Beneficiaries with a Special Coverage Code of “IN” or “CM.” | Based on benefit enrollment data |
| TBI Waiver | All members identified as being on the Traumatic Brain Injury Waiver. Beneficiaries with a Special Coverage Code of “BH” or “BN.” | |
| Transition to Community Living (TCL) | DHHS maintains a list of all beneficiaries targeted per the TCL and as reported by the LME-MCOs. Certain beneficiaries on the TCL list have an applicant status indicating that they were “removed” from TCL, and thus these beneficiaries will not be considered eligible for the Tailored Plan via the TCL criteria | Based on most recent roster/report from LME-MCO |
| Innovations Waitlist | DHHS maintains a list of beneficiaries on the Innovations Waiver Waitlist as reported by the LME-MCOs. | Based on most recent roster/report from LME-MCO |
| TBI Waiver Waitlist ² | DHHS will maintain a list of beneficiaries on the TBI Waiver Waitlist as applicable. | Based on most recent roster/report from LME-MCO |
| Tailored Plan-Only Medicaid Service | Utilization within the historical claims and/or encounters for a service listed in Table 1.1-1.3. | 12/1/20 |
| Children with Complex Needs (CWCN) | DHHS maintains a list of all beneficiaries identified as CWCN as reported by the LME-MCOs. | Based on most recent roster/report from LME-MCO |
| IDD Diagnosis | Beneficiaries identified as having an I/DD diagnosis identified through a claim or encounter with a qualifying I/DD diagnosis code(s) (all diagnosis positions) as listed in Table 2. | 1/1/18 |
| SMI/SED Diagnosis | Beneficiaries identified as having an SMI or SED diagnosis listed in Table 3 in any position on a claim or encounter. | 1/1/18 |
| SMI/SED Diagnosis and Enhanced Service | Beneficiaries identified as having an SMI or SED eligible diagnosis listed in Table 4 in the primary position on a claim or encounter AND utilization of an enhanced Behavioral Health service as listed in Table 5 on a claim or encounter. The diagnosis and enhanced Behavioral Health utilization qualifying event do not need to occur on the same claim. | 12/1/20 |
| SUD Diagnosis and Enhanced Service | Beneficiaries identified as having a SUD eligible diagnosis listed in Table 6 in a primary position on a claim or encounter AND utilization of an enhanced Behavioral Health service as listed in Table 5 on a claim or encounter. The diagnosis and enhanced Behavioral Health utilization qualifying event do not need to occur on the same claim. | 12/1/20 |
| Two Psychiatric Hospitalizations in 18 months | Individuals known to DHHS to have had two or more psychiatric hospitalizations within an 18-month time period — identified in claims and encounters as described in Table 7. | 12/1/20 |
| Public psychiatric hospital or ADATC admission, | This includes, but is not limited to, individuals known to DHHS to have had one or more involuntary treatment episode in a State-owned facility. | 12/1/20 |
| Two psychiatric ED visits in 18 months | Individuals known to DHHS to have had two or more psychiatric ED visits within an 18-month time period. Psychiatric ED visits are identified based on Revenue Code 450 and a qualifying diagnosis in the primary or secondary diagnostic position on a FFS claim or Standard Plan encounter (qualifying diagnoses can be found on Table 3 for SMI/SED and Table 6 for SUD). For LME/MCO encounters, this is based on the revenue code 450 alone. | 12/1/20 |
| Two behavioral health crisis service episodes in 18 months | Beneficiaries identified in claims or encounter based on utilization of the procedure codes listed in Table 8. | 12/1/20 |

² There is not currently a waitlist for the TBI Waiver

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| Tailored Plan Criterion | Description | Look Back Period |
|--|---|------------------|
| Single ED Visit – Special Code/Suicide attempt | Beneficiaries identified in claims and encounters as having an Emergency Department facility claim with a diagnosis code in any position listed in Table 9. DHHS used available data to identify beneficiaries meeting these criteria once prior to Standard Plan launch and once prior to Behavioral Health I/DD Tailored Plan launch. | 12/1/20 |
| Antipsychotic medication | Beneficiaries identified as using clozapine or long-acting injectable antipsychotics in the fee-for-service claims based on utilization of one of the products listed in Table 10. DHHS will continue to update list based on latest available products. | 12/1/20 |
| Electroconvulsive Therapy | Beneficiaries identified as having received Electroconvulsive Therapy identified in claims or encounters based on utilization of CPT code 90870 or revenue code 0901. | 12/1/20 |
| DMH Funded Service Use – Behavioral health | Beneficiaries with evidence of utilization of Behavioral Health services funded with State, Local, Federal or Other Non-Medicaid Funds — Identification logic leveraged State-funded claims experience based on data available through NCTracks | 12/1/2020 |
| DMH Funded Service Use – I/DD | Beneficiaries with evidence of utilization of 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 | 12/1/2020 |
| Assessment, Request to Move Notification | Beneficiaries who are not identified in the available data but believe they meet Behavioral Health I/DD Tailored Plan eligibility can request a review for Behavioral Health I/DD Tailored Plan eligibility. | N/A |

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Note: Services utilization and diagnoses are based on review of fee-for-services (FFS) claims, LME-MCO encounters and Standard Plan encounters unless otherwise noted.

Table 1.1: Tailored Plan Behavioral Health Services (Not Available in Standard Plans) – Medicaid

Code types include state categories of services (SCOS), revenue codes (REV) and procedure codes (PROC) as noted below.

| Code Type | Code | Description |
|-----------|--------------|--|
| SCOS | 0017 | PRTF |
| SCOS | 0021 | PRTF |
| SCOS | 0041 | PRTF |
| SCOS | 0047 | PRTF |
| REV | 0911 | PRTF |
| PROC | G2021 | COMPREHENSIVE CLINICAL SUPPORT SERVICES |
| PROC | H0012 | Substance Abuse (SA) Non-Medical Community Residential Treatment |
| PROC | H0013 | SA Medically Monitored Community Residential Treatment |
| PROC | H0015 | SA Intensive Outpatient Program |
| PROC | H0018 | RESIDENTIAL SERVICE |
| PROC | H0019 | Residential Level 3 or Level 4 |
| PROC | H0032 | HIGH FIDELITY WRAPAROUND |
| PROC | H0036 | FAMILY CENTERED TREATMENT |
| PROC | H0038 | HIGH FIDELITY WRAPAROUND, and related In-Lieu of Services |
| PROC | H0040 | Assertive Community Treatment |
| PROC | H0043 | One Time Transitional Cost |
| PROC | H0045 | Respite |
| PROC | H0046 | Residential Level 1 |
| PROC | H0217 | Psychosocial Rehabilitation |
| PROC | <u>H2012</u> | <u>Child/Adolescent Day Treatment</u> |
| PROC | H2015 | Community Support Team Community Networking |
| PROC | H2016 | Residential Supports 1 Residential Supports 4 |
| PROC | H2017 | Psychosocial Rehabilitation |
| PROC | H2020 | Residential Supports 3 |
| PROC | H2021 | Day Supports - Individual/Group |
| PROC | H2022 | Intensive In-Home Services, and related In-Lieu of Services |
| PROC | H2023 | Supported Employment |
| PROC | H2026 | Supported Employment Maintenance |
| PROC | H2033 | Supported Living – Level 1 Supported Living – Level 2 Supported Living – Level 3 |
| PROC | H2035 | SA Comprehensive Outpatient Treatment Program |
| PROC | S5145 | Residential Level 2 - Family Setting |
| PROC | T1012 | Intensive Recovery Supports |
| PROC | T1019 | Personal Care/Individual Support |

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Table 1.2: Tailored Plan IDD Services – Medicaid Only

| Procedure Code | Description | Modifier |
|-----------------------|---|-----------------|
| H0038 | HIGH FIDELITY WRAPAROUND COVID – Disaster Outreach | |
| H0043 | One Time Transitional Cost | |
| H0045 | Respite | |
| H2011 | Crisis Intervention and Stabilization | |
| H2011 | Crisis Intervention and Stabilization | U4 |
| H2015 | Community Networking - Individual and Group Community Networking - Classes and conferences | U4 |
| H2015 | Community Networking - Individual and Group Community Networking - Classes and conferences | |
| H2016 | Residential Supports 1 Residential Supports 4 | |
| H2016 | Residential Supports 1 | U4 |
| H2023 | Supported Employment | |
| H2025 | Supported Employment - Individual and Group | U4 |
| H2025 | Supported Employment - Individual and Group | |
| H2026 | Supported Employment Maintenance | |
| S5102 | Adult Day Health | |
| S5150 | Respite Care - Community Individual/Community Group/Community Facility | U4 |
| S5110 | Natural Supports Education | |
| S5111 | Natural Supports Education - Conference | u4 |
| S5111 | Natural Supports Education - Conference | |
| S5125 | Personal Care | |
| S5135 | HOME MONITORING THROUGH VIRTUAL SUPERVISION SYSTEMS, and related In-Lieu of Services | |
| S5150 | Respite Care - Community Individual/Group/Institutional | U4 |
| S5165 | Home Modifications | U4 |
| S5150 | Respite Care - Community Individual/Group/Institutional | |
| S5165 | Home Modifications | |
| T1005 | Respite Care Nursing - LPN/RN | U4 |
| T1005 | Respite Care Nursing - LPN/RN | |
| T1012 | Intensive Recovery Supports | U4 |
| T1012 | Intensive Recovery Supports | |
| T1015 | In Home Intensive | |
| T1999 | Individual Goods and Services | U4 |
| T1999 | Individual Goods and Services | |
| T2013 | In Home Skill Building | |
| T2013 | In Home Skill Building | U4 |
| T2014 | Residential Supports 2 | U4 |
| T2014 | Residential Supports 2 | |
| T2016 | ICF-IDD Long Term Community Supports | |
| T2020 | Residential Supports 3 | U4 |
| T2020 | Residential Supports 3 | |

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| | | |
|--------------|--|----|
| T2021 | Day Supports - Individual and Group | U4 |
| T2021 | Day Supports - Individual and Group, and related In-lieu of Services | |
| T2025 | Crisis Behavioral Consultation Specialized Consultative Services Financial Supports Supplies | U4 |
| T2027 | Day Supports - Developmental Day | U4 |
| T2027 | Day Supports - Developmental Day | |
| T2029 | Assistive Technology - Equipment and Supplies | U4 |
| T2029 | Assistive Technology - Equipment and Supplies | |
| T2033 | Supported Living – Level 1 Supported Living – Level 2 Supported Living – Level 3 | U4 |
| T2033 | Supported Living – Level 1 Supported Living – Level 2 Supported Living – Level 3 | |
| T2034 | Out of Home Crisis | U4 |
| T2034 | Out of Home Crisis | |
| T2038 | Community Transition Supports | U4 |
| T2038 | Community Transition Supports | |
| T2039 | Vehicle Adaptations | U4 |
| T2039 | Vehicle Adaptations | |
| T2041 | Community Navigator | U4 |
| T2041 | Resource Facilitation | |
| T2016 | CLFS and LTCS, and related In-Lieu of Services | |

Table 1.3: ICF

The following ICF codes are used to identify individuals in ICF residential facilities:

- For LME-MCO encounters, revenue code 0100 and 0183
- For FFS and Standard Plan encounters data, SCOS codes 0021 and 0047

Table 2: IDD Diagnosis

| Code | Description | Code | Description |
|--------|---------------------------------|--------|--|
| D82.1 | Di George's syndrome | F84.9 | Pervasive developmental disorder, unspecified |
| E70.0 | Classical phenylketonuria | G31.81 | Alpers disease |
| E75.00 | GM2 gangliosidosis, unspecified | G31.82 | Leigh's Disease |
| E75.01 | Sandhoff disease | G80.0 | Spastic quadriplegic cerebral palsy |
| E75.02 | Tay-Sachs disease | G80.3 | Athetoid cerebral palsy |
| E75.09 | Other GM2 gangliosidosis | Q05.4 | Unspecified Spina Bifida With Hydrocephalus |
| E75.10 | Unspecified gangliosidosis | Q05.8 | Sacral spina bifida without hydrocephalus |
| E75.11 | Mucopolipidosis IV | Q07.02 | Arnold-Chiari Syndrome with Hydrocephalus |
| E75.19 | Other Gangliosidosis | Q07.03 | Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus |
| E75.23 | Krabbe disease | Q85.1 | Tuberous sclerosis |
| E75.25 | Metachromatic Leukodystrophy | Q86.0 | Fetal Alcohol Syndrome |

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| Code | Description | Code | Description |
|--------|---|--------|---|
| E75.29 | Other Sphingolipidosis | Q87.1 | Congenital malformation syndromes predominantly associated with short stature (includes Prader-Willi) |
| E75.4 | Neuronal ceroid lipofuscinosis | Q90.0 | Trisomy 21, nonmosaicism (meiotic nondisjunction) |
| E76.01 | Hurler's syndrome | Q90.1 | Trisomy 21, mosaicism (mitotic nondisjunction) |
| E76.1 | Mucopolysaccharidosis, type II | Q90.2 | Trisomy 21, translocation |
| E76.22 | Sanfilippo Mucopolysaccharidoses | Q90.9 | Down Syndrome, Unspecified |
| E76.29 | Other Mucopolysaccharidoses | Q91.0 | Trisomy 18, nonmosaicism (meiotic nondisjunction) |
| E76.3 | Mucopolysaccharidosis, unspecified | Q91.1 | Trisomy 18, mosaicism (mitotic nondisjunction) |
| E77.1 | Defects In Glycoprotein Degradation | Q91.2 | Trisomy 18, translocation |
| E78.71 | Barth syndrome | Q91.3 | Trisomy 18, unspecified |
| E78.72 | Smith-Lemli-Opitz Syndrome | Q91.4 | Trisomy 13, nonmosaicism (meiotic nondisjunction) |
| F70 | Mild intellectual disabilities | Q91.5 | Trisomy 13, mosaicism (mitotic nondisjunction) |
| F71 | Moderate intellectual disabilities | Q91.6 | Trisomy 13, translocation |
| F72 | Severe intellectual disabilities | Q91.7 | Trisomy 13, unspecified |
| F73 | Profound intellectual disabilities | Q93.4 | Deletion of short arm of chromosome 5 |
| F84.0 | Autistic Disorder | Q93.82 | Williams syndrome (code as of 1/1/2019, previously Q89.8) |
| F84.2 | Rett's Syndrome | Q93.51 | Angelman syndrome (code as of 1/1/2019, previously Q93.5) |
| F84.3 | Other childhood disintegrative disorder | Q98.4 | Klinefelter syndrome, unspecified |
| F84.5 | Asperger's syndrome | Q99.2 | Fragile X Chromosome |
| F84.8 | Other pervasive developmental disorders | | |

Table 3: SMI/SED Diagnosis (Does not require an Enhanced Service)

| Diagnosis Code | Description | Diagnosis Type |
|------------------------|---------------------------------|----------------|
| F20.0 | Paranoid schizophrenia | SED_SMI |
| F20.1 | Disorganized schizophrenia | SED_SMI |
| F20.2 | Catatonic schizophrenia | SED_SMI |
| F20.3 | Undifferentiated schizophrenia | SED_SMI |
| F20.5 | Residual schizophrenia | SED_SMI |
| F20.81 | Schizophreniform disorder | SED_SMI |
| F20.89 | Other schizophrenia | SED_SMI |
| F20.9 | Schizophrenia, unspecified | SED_SMI |
| F22³ | Delusional Disorder Unspecified | SED |
| F23 | Brief psychotic disorder | SED |
| F24 | Shared psychotic disorder | SED |

³ Diagnosis code F22 is considered an SMI when used in the primary diagnosis position with an enhanced service, see table 4

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| Diagnosis Code | Description | Diagnosis Type |
|----------------|--|----------------|
| F25.0 | Schizoaffective disorder, bipolar type | SED_SMI |
| F25.1 | Schizoaffective disorder, depressive type | SED_SMI |
| F25.8 | Other schizoaffective disorders | SED_SMI |
| F25.9 | Schizoaffective disorder, unspecified | SED_SMI |
| F31.2 | Bipolar disorder, current episode manic severe with psychotic features | SED_SMI |
| F31.5 | Bipolar disorder, current episode depressed, severe, with psychotic features | SED_SMI |
| F31.64 | Bipolar disorder, current episode mixed, severe, with psychotic features | SED_SMI |
| F32.3 | Major depressive disorder, single episode, severe with psychotic features | SED_SMI |
| F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms | SED_SMI |

Table 4: SMI/SED Diagnosis (Requires Evidence of an Enhanced Services)

| Code | Description | Diagnosis Type |
|--------|--|----------------|
| F06.30 | Mood disorder due to known physiological condition, unspecified | SED |
| F06.31 | Mood disorder due to known physiological condition with depressive features | SED |
| F06.32 | Mood disorder due to physiological condition with major depressive-like episode | SED |
| F06.8 | Other mental disorders due to known physiological condition | SED |
| F09 | Unspecified mental disorder due to known physiological condition | SED |
| F21 | Schizotypal disorder | SMI |
| F22 | Delusional Disorder Unspecified | SMI |
| F28 | Other psychotic disorder not due to a substance or known physiological condition | SED |
| F29 | Unspecified psychosis not due to a substance or known physiological condition | SMI_SED |
| F30.10 | Manic episode without psychotic symptoms, unspecified | SED |
| F30.11 | Manic episode without psychotic symptoms, mild | SED |
| F30.12 | Manic episode without psychotic symptoms, moderate | SED |
| F30.13 | Manic episode, severe, without psychotic symptoms | SMI_SED |
| F30.2 | Manic episode, severe with psychotic symptoms | SMI_SED |
| F30.3 | Manic episode in partial remission | SED |
| F30.4 | Manic episode in full remission | SED |
| F30.8 | Other manic episodes | SED |
| F30.9 | Manic episode, unspecified | SED |
| F31.0 | Bipolar disorder, current episode hypomanic | SMI_SED |
| F31.10 | Bipolar disorder, current episode manic without psychotic features, unspecified | SMI_SED |
| F31.11 | Bipolar disorder, current episode manic without psychotic features, mild | SMI_SED |
| F31.12 | Bipolar disorder, current episode manic without psychotic features, moderate | SMI_SED |
| F31.13 | Bipolar disorder, current episode manic without psychotic features, severe | SMI_SED |

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| Code | Description | Diagnosis Type |
|---------------|---|-----------------------|
| F31.30 | Bipolar disorder, current episode depressed, mild or mod severity, unspecified | SMI_SED |
| F31.31 | Bipolar disorder, current episode depressed, mild | SMI_SED |
| F31.32 | Bipolar disorder, current episode depressed, moderate | SMI_SED |
| F31.4 | Bipolar disorder, current episode depressed, severe, without psychotic features | SMI_SED |
| F31.60 | Bipolar disorder, current episode mixed, unspecified | SMI_SED |
| F31.61 | Bipolar disorder, current episode mixed, mild | SMI_SED |
| F31.62 | Bipolar disorder, current episode mixed, moderate | SMI_SED |
| F31.63 | Bipolar disorder, current episode mixed, severe, without psychotic features | SMI_SED |
| F31.70 | Bipolar disorder, currently in remission, most recent episode unspecified | SMI_SED |
| F31.71 | Bipolar disorder, in partial remission, most recent episode hypomanic | SMI_SED |
| F31.72 | Bipolar disorder, in full remission, most recent episode hypomanic | SMI_SED |
| F31.73 | Bipolar disorder, in partial remission, most recent episode manic | SMI_SED |
| F31.74 | Bipolar disorder, in full remission, most recent episode manic | SMI_SED |
| F31.75 | Bipolar disorder, in partial remission, most recent episode depressed | SMI_SED |
| F31.76 | Bipolar disorder, in full remission, most recent episode depressed | SMI_SED |
| F31.77 | Bipolar disorder, in partial remission, most recent episode mixed | SMI_SED |
| F31.78 | Bipolar disorder, in full remission, most recent episode mixed | SMI_SED |
| F31.81 | Bipolar II disorder | SMI_SED |
| F31.89 | Other bipolar disorder | SMI_SED |
| F31.9 | Bipolar disorder, unspecified | SMI_SED |
| F32.0 | Major depressive disorder, single episode, mild | SMI_SED |
| F32.1 | Major depressive disorder, single episode, moderate | SMI_SED |
| F32.2 | Major depressive disorder, single episode, severe without psychotic features | SMI_SED |
| F32.4 | Major depressive disorder, single episode, in partial remission | SMI_SED |
| F32.5 | Major depressive disorder, single episode, in full remission | SED |
| F32.8 | Other depressive episodes | SED |
| F32.9 | Major depressive disorder, single episode, unspecified | SMI_SED |
| F33.0 | Major depressive disorder, recurrent, mild | SMI_SED |
| F33.1 | Major depressive disorder, recurrent, moderate | SMI_SED |
| F33.2 | Major depressive disorder, recurrent severe without psychotic features | SMI_SED |
| F33.40 | Major depressive disorder, recurrent, in remission, unspecified | SMI_SED |
| F33.41 | Major depressive disorder, recurrent, in partial remission | SMI_SED |
| F33.42 | Major depressive disorder, recurrent, in full remission | SED |
| F33.8 | Other recurrent depressive disorders | SED |
| F33.9 | Major depressive disorder, recurrent, unspecified | SMI_SED |
| F34.1 | Dysthymic disorder | SMI_SED |
| F34.8 | Other persistent mood [affective] disorders | SED |
| F34.9 | Persistent mood [affective] disorder, unspecified | SED |
| F39 | Unspecified mood [affective] disorder | SED |

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| Code | Description | Diagnosis Type |
|---------------|--|-----------------------|
| F40.00 | Agoraphobia, unspecified | SMI_SED |
| F40.01 | Agoraphobia with panic disorder | SMI_SED |
| F40.02 | Agoraphobia without panic disorder | SED |
| F40.10 | Social phobia, unspecified | SED |
| F40.11 | Social phobia, generalized | SED |
| F40.8 | Other phobic anxiety disorders | SED |
| F41.0 | Panic disorder without agoraphobia | SMI_SED |
| F41.1 | Generalized anxiety disorder | SMI_SED |
| F41.3 | Other mixed anxiety disorders | SED |
| F41.8 | Other specified anxiety disorders | SED |
| F41.9 | Anxiety disorder, unspecified | SED |
| F42 | Obsessive-compulsive disorder | SMI_SED |
| F42.3 | Hoarding disorder | SMI |
| F43.10 | Post-traumatic stress disorder, unspecified | SMI |
| F43.11 | Post-traumatic stress disorder, acute | SMI_SED |
| F43.12 | Post-traumatic stress disorder, chronic | SMI |
| F44.2 | Dissociative stupor | SMI |
| F44.81 | Dissociative identity disorder | SMI |
| F44.89 | Other dissociative and conversion disorders | SED |
| F44.9 | Dissociative and conversion disorder, unspecified | SMI |
| F50.00 | Anorexia nervosa, unspecified | SMI |
| F50.01 | Anorexia nervosa, restricting type | SMI_SED |
| F50.02 | Anorexia nervosa, binge eating/purging type | SMI_SED |
| F50.2 | Bulimia nervosa | SMI_SED |
| F50.8 | Other eating disorders | SMI_SED |
| F50.82 | Avoidant/restrictive food intake disorder | SED |
| F50.9 | Eating disorder, unspecified | SED |
| F53 | Puerperal psychosis | SMI |
| F60.3 | Borderline Personality Disorder | SMI |
| F63.1 | Pyromania | SED |
| F63.3 | Trichotillomania | SED |
| F63.81 | Intermittent explosive disorder | SED |
| F63.89 | Other impulse disorders | SED |
| F90.0 | Attention-deficit hyperactivity disorder, predominantly inattentive type | SED |
| F90.1 | Attention-deficit hyperactivity disorder, predominantly hyperactive type | SED |
| F90.2 | Attention-deficit hyperactivity disorder, combined type | SED |
| F90.8 | Attention-deficit hyperactivity disorder, other type | SED |
| F90.9 | Attention-deficit hyperactivity disorder, unspecified type | SED |
| F91.0 | Conduct disorder confined to family context | SED |
| F91.1 | Conduct disorder, childhood-onset type | SED |
| F91.2 | Conduct disorder, adolescent-onset type | SED |

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| Code | Description | Diagnosis Type |
|-------|--|----------------|
| F91.3 | Oppositional defiant disorder | SED |
| F91.8 | Other conduct disorders | SED |
| F91.9 | Conduct disorder, unspecified | SED |
| F94.1 | Reactive attachment disorder of childhood | SED |
| F94.2 | Disinhibited attachment disorder of childhood | SED |
| F98.8 | Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence | SED |
| F99 | Mental disorder, not otherwise specified | SED |

Table 5: Enhanced Behavioral Health Services

| Procedure Code | Description |
|----------------|--|
| H0010 | Non-Hospital Medical Detoxification |
| H0012 | SA Non-Medical Community Residential Treatment |
| H0013 | SA Medically Monitored Community Residential Treatment |
| H0014 | Ambulatory Detoxification |
| H0015 | SA Intensive Outpatient Program |
| H0019 | HRI Residential |
| H0020 | Opioid Treatment |
| H0035 | Partial Hospital |
| H0040 | Assertive Community Treatment Team |
| H0046 | HRI Residential |
| H2011 | Mobile Crisis Management |
| H2012 | Child/Adolescent Day Treatment |
| H2015 | Community Support Team |
| H2017 | Psychosocial Rehabilitation |
| H2020 | HRI Residential |
| H2022 | Intensive In-Home Services |
| H2033 | Multi-Systemic Therapy |
| H2035 | SA Comprehensive Outpatient Treatment Program |
| H2036 | Medically Monitored or ADATC Detoxification/Crisis Stabilization |
| S5145 | HRI Residential |
| S9484 | Facility-Based Crisis |

Table 6: SUD Diagnosis (Requires Evidence of an Enhanced Service)

| 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 |
| 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 |

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| Code | Description | Code | Description |
|-------------|--|-------------|--|
| 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 |

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| Code | Description | Code | Description |
|---------|--|---------|--|
| 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 |
| 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 |

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Table 7: Psychiatric Hospitalizations

Psychiatric hospitalizations are defined through DRGs for FFS an Standard Plan encounters, and through revenue codes for LME-MCO encounters as described below:

| Record Type | Code Type | Code |
|---|-----------|-----------------------|
| FFS Claims and Standard Plan Encounters | DRG | 876, 880-887, 894-897 |
| LME-MCO Encounters | REV | 0101-0219 |

Table 8: Behavioral Health Crisis Services

| Procedure Code | Description |
|----------------|---|
| 90839 | Psychotherapy for crisis |
| 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 9: ED Special Code

| Diagnosis Code | Description |
|----------------|---|
| T1491XA | Suicide Attempt Visit to the Emergency Department |
| T1491XD | Suicide Attempt Visit to the Emergency Department |
| T1491XS | Suicide Attempt Visit to the Emergency Department |

Table 10: Antipsychotic Medications

The [RX Consolidation](#) list includes the list of medications used as of October 2022. This list will be updated monthly to reflect changes in medication availability.

APPENDIX F — SUMMARY OF CONTRACTUAL PAYMENT AND RISK SHARING TERMS

This appendix summarizes capitation payment, risk sharing terms, and figures included elsewhere in the Rate Book. The table is for the capitation rates effective July 1, 2024–June 30, 2025.

July 1, 2024–June 30, 2025 Time Period

Capitation Rates by Region and COA

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| ABD | \$2,095.13 | \$2,122.12 | \$2,158.42 | \$1,950.05 | \$1,855.75 | \$1,843.35 |
| TANF, Newborns (<1 Year) | \$1,130.30 | \$1,046.20 | \$1,012.46 | \$991.52 | \$911.16 | \$886.54 |
| TANF, Children (1 Year–20 Years) | \$209.65 | \$189.25 | \$183.92 | \$181.39 | \$186.90 | \$173.69 |
| TANF, Adults (21+ Years) | \$494.67 | \$486.36 | \$467.87 | \$453.16 | \$463.35 | \$444.72 |
| Maternity Event | \$13,944.97 | \$14,432.52 | \$14,454.36 | \$13,867.66 | \$13,035.42 | \$14,274.23 |
| Newly Eligible, Ages 19 Years–24 Years | \$245.85 | \$240.70 | \$232.04 | \$224.86 | \$229.92 | \$220.30 |
| Newly Eligible, Ages 25 Years–34 Years | \$396.15 | \$388.36 | \$374.25 | \$362.44 | \$370.40 | \$355.45 |
| Newly Eligible, Ages 35 Years–44 Years | \$602.68 | \$591.25 | \$569.65 | \$551.48 | \$563.41 | \$541.16 |
| Newly Eligible, Ages 45 Years–64 Years | \$1,032.85 | \$1,013.85 | \$976.65 | \$945.23 | \$965.45 | \$927.96 |

Non-Expansion Population TSR Underlying Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|----------------------------------|----------|----------|----------|----------|----------|----------|
| ABD | 92.5% | 92.4% | 92.2% | 91.9% | 92.2% | 91.9% |
| TANF, Newborns (<1 Year) | 92.3% | 92.2% | 92.0% | 91.5% | 91.9% | 91.7% |
| TANF, Children (1 Year–20 Years) | 90.1% | 90.4% | 89.7% | 88.2% | 89.6% | 89.7% |
| TANF, Adults (21+ Years) | 91.7% | 91.7% | 91.4% | 91.1% | 91.3% | 91.2% |
| Maternity Event | 95.0% | 94.9% | 94.7% | 94.6% | 94.8% | 94.6% |

Expansion Population TSR Underlying Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|--|----------|----------|----------|----------|----------|----------|
| Newly Eligible, Ages 19 Years–24 Years | 90.5% | 90.9% | 90.3% | 89.9% | 90.2% | 90.2% |
| Newly Eligible, Ages 25 Years–34 Years | 91.4% | 91.5% | 91.1% | 90.8% | 91.0% | 90.9% |
| Newly Eligible, Ages 35 Years–44 Years | 91.9% | 91.9% | 91.6% | 91.3% | 91.5% | 91.4% |
| Newly Eligible, Ages 45 Years–64 Years | 92.2% | 92.2% | 92.0% | 91.7% | 91.9% | 91.7% |
| Maternity Event | 95.0% | 94.9% | 94.7% | 94.6% | 94.8% | 94.6% |

Non-Expansion Minimum PCP Expenditures as a Percentage of Capitation Rates

| COA | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|----------------------------------|----------|----------|----------|----------|----------|----------|
| ABD | 4.3% | 4.0% | 4.2% | 4.8% | 4.9% | 4.6% |
| TANF, Newborns (<1 Year) | 11.3% | 12.8% | 12.9% | 12.4% | 13.8% | 12.8% |
| TANF, Children (1 Year–20 Years) | 18.1% | 16.8% | 16.8% | 15.8% | 17.0% | 15.9% |
| TANF, Adults (21+ Years) | 8.7% | 8.5% | 8.9% | 8.3% | 9.0% | 7.8% |
| Maternity Event | 25.2% | 22.8% | 22.6% | 20.8% | 20.9% | 22.1% |

Non-Expansion Population Contractual Minimum MLR Thresholds by Rating Group

| ABD | TANF, Newborn (<1 Year) | TANF, Children (1 Year–20 Years) | TANF, Adults (21+ Years) | Maternity Event | Total Non-Expansion |
|-------|-------------------------|----------------------------------|--------------------------|-----------------|---------------------|
| 88.9% | 88.6% | 86.2% | 88.1% | 91.7% | 88.0% |

Expansion Population Contractual Minimum MLR Thresholds by Rating Group

| Newly Eligible, Ages 19 Years–24 Years | Newly Eligible, Ages 25 Years–34 Years | Newly Eligible, Ages 35 Years–44 Years | Newly Eligible, Ages 45 Years–64 Years | Maternity Event | Total Expansion |
|--|--|--|--|-----------------|-----------------|
| 86.6% | 87.5% | 88.0% | 88.3% | 91.7% | 88.0% |