
SOLICITATION #:
2017000265

# Appendix BB
# Draft Behavioral Health Capitation Rates

April 12, 2017

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Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

PROPRIETARY AND CONFIDENTIAL

**Subject:** **Behavioral Health Organization July 1, 2018 – June 30, 2019 RFP Rate Development**

Dear Shane:

Thank you for the opportunity to assist the Department of Health Care Policy and Financing (HCPF) with the development of the Medicaid Behavioral Health managed care capitation rates for use in contracting with Behavioral Health Organizations (BHOs). It was a pleasure to work with your team throughout this project. The following report summarizes the methodology for the development of the RFP capitation rates, effective July 1, 2018 – June 30, 2019. We have also provided our actuarial certification for these capitation rates, compliant with CMS guidelines and requirements. It is our understanding that these SFY19 rates will be updated in Spring of 2018, once the SFY17 encounter data is made available. Please send me an e-mail at zachary.aters@**Optumas**.com or call me at 480.588.2495 if you have any questions.

Sincerely,

Zachary Aters, ASA, MAAA
Senior Actuary, Optumas

CC: John Bartholomew, HCPF
Steve Schramm, **Optumas**
Cassie Williams, **Optumas**
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# State of Colorado

# Accountable Care Collaborative Actuarial Certification

July 1, 2018 – June 30, 2019
Behavioral Health Capitation Rates

# Table of Contents

# 1. Executive Summary

This report provides documentation and actuarial certification for behavioral health services covered under the Accountable Care Collaborative (ACC) capitation rate development for rates effective July 1, 2018 – June 30, 2019 (SFY19).

The State of Colorado currently provides Mental Health and Substance Use services under the Medicaid Community Behavioral Health Program. Services are currently provided via managed care entities, known as Behavioral Health Organizations. Historically, behavioral health services have been provided by four contracted BHOs: Colorado Access (ABC), Behavioral Healthcare Inc. (BHI), Colorado Health Partnerships, LLC (CHP), and Foothills Behavioral Health Partners, LLC (FBHP) in five regions. For the SFY19 contract period, the State is soliciting contract bids from Regional Accountable Entities (RAEs) as part of a Request for Proposal (RFP) process.

As the consulting actuaries to HCPF, **Optumas** ensured that the methodology used to develop the rates, effective July 1, 2018 – June 30, 2019, complied with the following:

1. Centers for Medicare & Medicaid Services (CMS) guidance for the development of actuarially sound capitation rates, CMS Checklist 42 CFR 438.5
2. Most recent CMS Guidance Document (CY17)
3. All applicable Actuarial Standards of Practice (ASOPs)
    a. ASOP 23 – Data Quality
    b. ASOP 41 – Actuarial Communication
    c. ASOP 5 – Incurred Health and Disability Claims
    d. ASOP 25 – Credibility Procedures
    e. ASOP 49 - Medicaid Managed Care Capitation Rate Development and Certification

**Optumas** worked with HCPF to identify and gather the rate development components for the contract period, accounting for the covered services and populations as described in the ACC RFP. The final results were developed in accordance with actuarially sound principles and reasonably reflect the experience projected for the SFY19 ACC program. **These capitation rates will be updated using more recent information, therefore the SFY19 projected capitation rates may vary from those set in the Spring of 2018.**

This report presents the capitation rate development process and its results in five sections, as described in Figure 1 below.

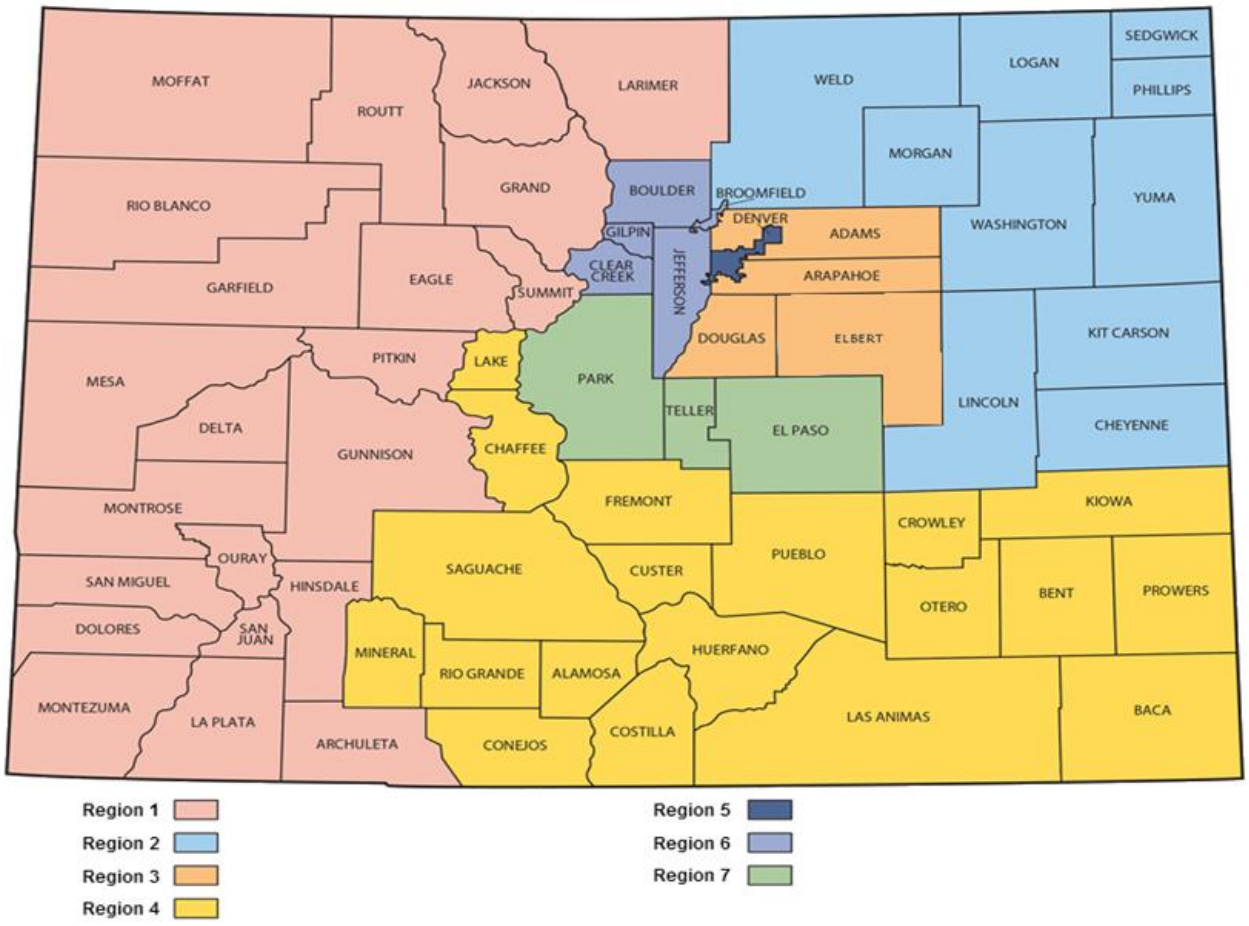
***Figure 1. Report Structure***

| Section | Contents |
|---|---|
| **Background** | Provides description of the ACC program and context for rate setting |
| **Rate Development Process** | Overview of methodology used when developing the capitation rates, including an explanation of the base, appropriate adjustments, and assumptions |
| **Rates** | Resulting rates |
| **Rate Certification** | **Optumas'** actuarial certification that the calculated rates comply with guidelines set forth by CMS |
| **Appendices** | Detailed tables showing the SFY19 rates and assumptions |

## 2. Background

Colorado Medicaid provides behavioral health services to recipients through a capitated managed care program. The RFP process will solicit bids from managed care entities who will administer these services across seven geographical regions, called Regional Accountable Entities (RAEs). The seven RAEs are shown below in figure 2.

***Figure 2. Regional Accountable Entities***



Each RAE will be responsible for managing the delivery of behavioral health services to Medicaid-eligible individuals in its assigned geographic service area(s). RAEs must directly provide or arrange for the provision of the following services:

- Inpatient Hospital (includes psych)
  - Under 21 Psychiatric
  - 65 and Over Psychiatric
- Outpatient Hospital (includes psych)
- Physician Services (includes psych)
- Rehabilitative Services
  - Individual psychotherapy
  - Individual brief psychotherapy
  - Family psychotherapy
  - Group psychotherapy
  - Behavioral health assessment
  - Pharmacological management
- Outpatient day treatment
- Emergency/crisis services
- Medication Assisted Treatment (MAT)
- Targeted Case Management
- Psychosocial Rehabilitation
- Emergency
- FQHC
- RHC
- School-based Mental Health Services
- Alcohol/drug Screen Counseling
- Home-Based Services for Children and Adolescents
- Specialized Services for Addressing Adoption issues
- Social/Ambulatory Detoxification
- Substance Use Disorder Assessment
- Intensive Case Management
- Assertive Community Treatment (ACT)
- Respite Care
- Vocational Services
- Clubhouses and drop-in center services- includes peer support services Recovery Services
- Prevention/Early Intervention
- Residential

Rates were developed for each of the seven RAEs independently using methodology that is consistent with the Centers for Medicare & Medicaid Services (CMS) guidance for the development of actuarially sound rates.

# 3. Rate Development

## 3.01 Overview

In developing the SFY19 ACC rate methodology, **Optumas** adhered to guidance provided by CMS in accordance with 42 CFR 438.5, the CMS standards for developing actuarially sound capitation rates for Medicaid managed care programs. CMS defines actuarially sound rates as meeting the following criteria:

1. They have been developed in accordance with generally accepted actuarial principles and practices,
2. They are appropriate for the populations to be covered and the services to be furnished under the contract, and
3. They have been certified by an actuary who meets the qualification standards established by the American Academy of Actuaries and follows practice standards established by the Actuarial Standards Board.

**Optumas** specifically applied these criteria in the development of the methodology for calculating ACC capitation rates for the SFY19 contract period.

The base data used for the SFY19 rates was SFY15 encounter data provided by each BHO. Once the base data was compiled, HCPF and **Optumas** worked in partnership to determine all adjustments needed to ensure that the SFY15 data was an appropriate proxy for the contract period. The adjustment categories are presented below in Figure 3.

***Figure 3. Rate Development Process Adjustments***

| Adjustment | Overview |
|---|---|
| **Base Data Adjustments** | Adjustments to the base data including service exclusions, data smoothing, and IBNR |
| **Historical Program Changes** | Historical program (population and benefit) changes not reflected in the adjusted base data |
| **Trend** | Factors to account for the forecasted change in utilization and unit costs from the base to the contract period |
| **Program Changes** | Prospective program (population and benefit) changes not reflected in the adjusted base data |
| **Third Party Liability Adjustment** | Adjustment to account for the impact of third party liabilities (TPL) |
| **Non-Medical Loading** | Administrative loads to account for non-medical expenditures, as well as a profit margin |

The remainder of this report provides further detail on each of the adjustment categories above.

## 3.02 Base Data

### Data Reporting

The base data used for the SFY19 ACC rate development was SFY15 priced encounters. The encounter data was reported by each BHO with diagnosis, utilization and payment information. The encounter data was priced by HCPF, then shared with **Optumas** for inclusion in the rate methodology. **Optumas** validates the encounter data for reasonableness through various longitudinal analyses, but does not audit the pricing algorithm and relied on the in-depth knowledge and expertise of HCPF.

HCPF provided encounter data with incurred dates of July 2014 through June 2016, paid through October 2016. Due to data quality issues surrounding the Colorado Access encounter data for the Denver region for SFY16, only the SFY15 encounter data was used in the rate development process.

**Optumas** also utilized a monthly, member-level eligibility file, as well as direction from the State of Colorado, to identify members eligible for Behavioral Health Managed Care for the SFY15 time period. This eligibility file was developed to reflect the days in a given month that a member had eligibility for the program. By using this type of eligibility file, **Optumas** developed the capitation rates in a way that is appropriate for the ACC program to pay partial capitation.

### Covered Services

The RAEs are responsible for providing a range of medically necessary Behavioral Health services to their enrolled members. These services can be categorized as those required under the State Plan and those required under HCPF's 1915 (b)(3) waiver:

| State Plan Services | 1915(b)(3) (Non-State Plan) Services |
|---|---|
| Clinic Services, Case Management | Assertive Community Treatment (ACT) |
| Emergency/Crisis Services | Clubhouses/Drop-In Centers |
| Family Psychotherapy | Intensive Case Management |
| Group Psychotherapy | Prevention/Early Intervention |
| Individual Psychotherapy | Recovery Services |
| Inpatient Hospital – adult 21-64 | Residential Services |
| Inpatient Hospital – under 21 | Respite Services |
| Inpatient Hospital – 65 and over | Vocational Services |
| Mental Health Assessment | |
| Outpatient Day Treatment | |
| Outpatient Hospital | |
| Pharmacologic Management | |
| Psychiatrist | |
| Rehabilitative Services | |
| School-Based Mental Health Services | |
| Substance Use Services | |

Separate rates have been developed for the Non-State Plan services to be compliant with CMS regulations. Non-State Plan services are included because the state has a 1915 waiver allowing the provision of b(3) services. Under the 1915 waiver, these services have been demonstrated to be budget neutral compared to the State Plan service that would be provided in lieu of the b(3) services.

## Category of Aid

For each of the seven RAEs, the base data was summarized into cohorts that represented different levels of risk, referred to as the following Categories of Aid (COAs):

- Categorically Eligible Low Income Adults (Non-expansion Parent)
- Children
- Foster Care
- 65 and Older (Elderly)
- Disabled Adults 60-64 (Disabled)
- Disabled Individuals to 59 (Disabled)
- Expansion Parent
- MAGI Adults

These eight COAs are grouped into seven rate cells (the two Disabled COAs above are aggregated into one rate cell called Disabled). The purpose of the rate cells is to group similar risk together to create credible and homogenous cohorts that assist in better matching payment to risk with regards to developing capitation rates. Actuarially sound rates are developed for each of these rate cells for each region. The seven rate cells are:

- Elderly
- Disabled
- Non-expansion Parent
- Children
- Foster Care
- Expansion Parent
- MAGI Adults

## Data Validation

To ensure compliance with ASOP 23 – Data Quality, **Optumas** conducted data validation analyses and benchmarked the data to the base data used for prior cycles of BHO Program rate development as well as to the reported financials for the same time periods. The data validation analyses included:

1. Referential Integrity Checks – ensured that all encounters included in base data were incurred by a member with a valid capitation that coincided with the incurred date associated with the specific encounter.
2. Volume Checks – **Optumas** checked both volume of encounters and total expenditures by category of service by looking at totals longitudinally. This ensured that any gaps or spikes in the data were identified and addressed before creating the base data.

3. Benchmark Comparison – **Optumas** compared summarized data to other base data summaries used in prior rate setting cycles for the specific BHOs as well as to the reported financial templates to ensure that there were no missing encounters.

In particular, Section 3 of ASOP 23 is listed below in Figure 4, with a description of **Optumas'** adherence to the Standard of Practice:

***Figure 4. ASOP 23 – Section 3. Analysis of Issues and Recommended Practices***

| ASOP 23 Section | Adherence |
|---|---|
| **3.1 Overview** | **Optumas** identified missing encounter data for the BHO ABC Denver for the SFY16 time period. This missing data was due to a migration to electronic heath records within ABC's business operation. Due to the data limitations surrounding ABC Denver SFY16 encounter data, **Optumas** did not use SFY16 data within the SFY19 rate development. The SFY19 rates will be updated in the Spring of 2018 with SFY17 experience. |
| **3.2 Selection of Data** | **Optumas** used the SFY15 BHO encounter data, which reflects their utilization and reimbursement as the base underlying the SFY19 rate development. Enrollment information was provided by HCPF to calculate member months and determine utilization per thousand statistics. |
| **3.3 Review of Data** | **Optumas** reviewed the data through the data validation analyses described above and found inconsistencies within the SFY16 encounter data for ABC Denver, discussed above in Overview section 3.1. |
| **3.4 Use of Data** | **Optumas** determined that the SFY15 BHO encounter data was appropriate to use as the basis of rate development. No enhancements outside of the necessary base data adjustments were required as part of rate development. Within the SFY15 BHO encounter data, **Optumas** applied a smoothing factor to account for data being inconsistently reported month to month. This adjustment is discussed in section 3.03 Data Smoothing. |
| **3.5 Reliance on Data Supplied by Others** | **Optumas** is relying upon the BHO encounter data that is priced by HCPF. The encounter data was priced by HCPF, then shared with **Optumas** for inclusion in the rate methodology. **Optumas** validates the encounter data for reasonableness through various longitudinal analyses, but does not audit the pricing algorithm used by HCPF. |
| **3.6 Reliance on Other Information Relevant to the Use of Data** | As part of the repricing algorithm, HCPF uses a base unit cost for each CMHC to reprice the reported encounters from that specific clinic. These base unit cost amounts are based on cost reports submitted by each clinic. Since **Optumas** is using the repriced encounter data provided by HCPF and that repriced encounter data is predicated on the base unit cost, there is an implied reliance on the reported base unit cost from each CMHC. It |

| ASOP 23 Section | Adherence |
|---|---|
| | should be noted that HCPF has worked with outside contractors to independently audit the submitted CMHC cost reports. |
| **3.7 Confidentiality** | The BHO encounter data contained confidential information and all information was handled consistent with Precept 9 of the *Code of Professional Conduct*. |
| **3.8 Limitation of the Actuary's Responsibility** | **Optumas** did not perform any of the following when reviewing the BHO encounter data and HCPF enrollment information:<br>- Determine whether data or other information supplied by others are falsified or intentionally misleading;<br>- Compile additional data solely for the purpose of searching for questionable or inconsistent data; or<br>- Perform an audit of the data. |

## 3.03 Base Data Adjustments

The encounter data used as the base included SFY15 dates of service. The base data can be found in Appendix I.B.

### Service Exclusions

The SFY15 encounter data included services that will not be covered under the SFY19 ACC program. As such, HCPF and **Optumas** worked in partnership to remove these encounters from the base data. The service exclusions applied to the encounter data can be summarized in the following categories:

1. Services that have a diagnosis code or procedure code that will not be covered under the SFY19 ACC program
2. The first six FQHC visits for low-acuity procedure codes in a fiscal year

The impact of excluding these services can be found in Appendix I.C.

### Base Data Smoothing

**Optumas** arrayed the data across time to check for any data anomalies. **Optumas** checked both volume of claims and total expenditures by looking at the data longitudinally. This ensured that any gaps or spikes in the data were identified and smoothed out before creating the base data. **Optumas** smoothed the data anomalies by using moving averages of previous months. The data validation was shared with each of the BHOs and their actuary so that they could validate the base data against their internal reporting for reasonableness.

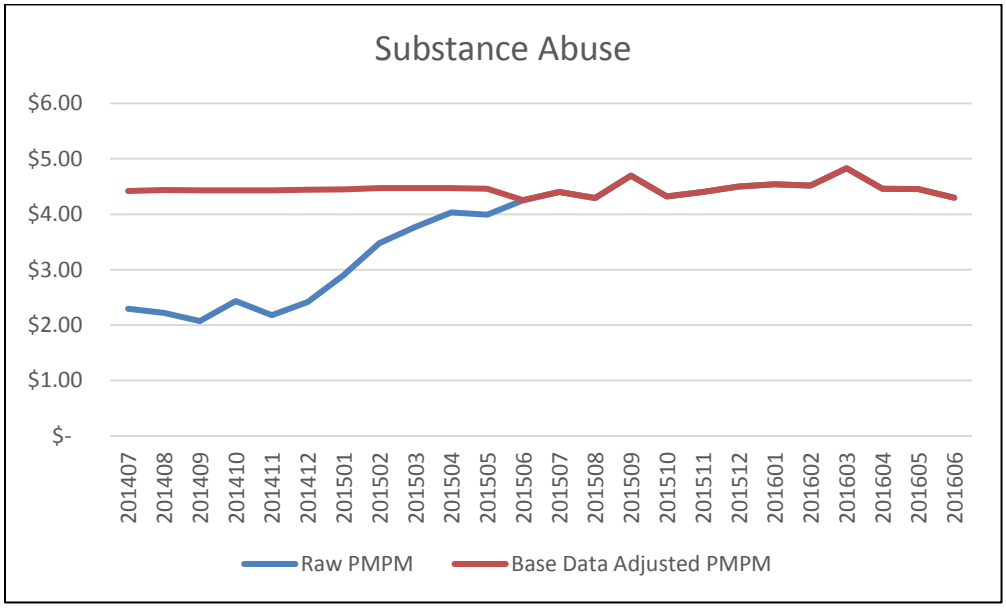
As described in the SFY17 certification letter, the base data adjustment is comprised of two components:

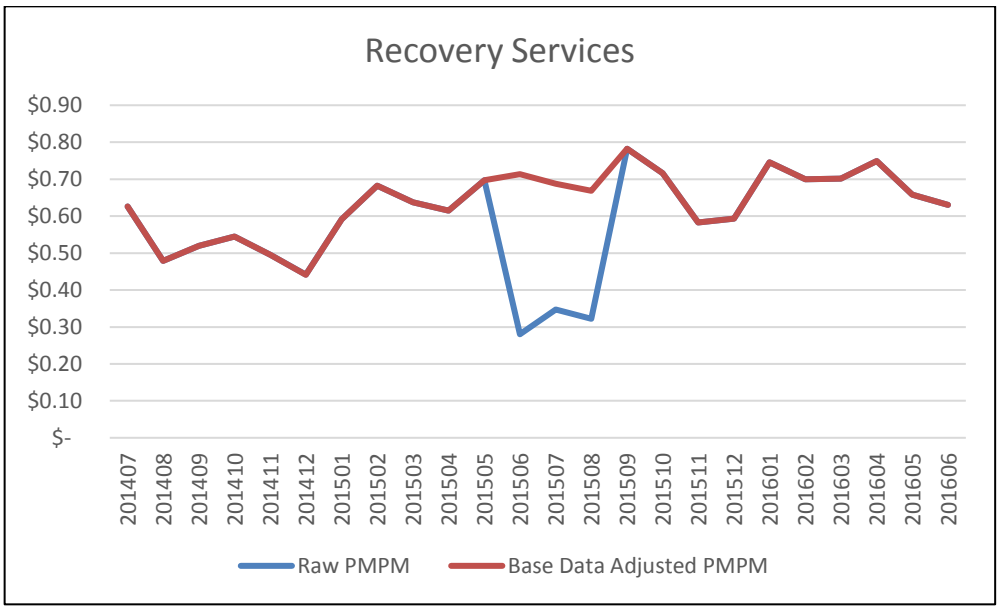
1. A utilization adjustment to the Substance Use category of service to reflect that the base data is understated for this service in the first 9 months of the SFY15 base data time period. **Optumas** had discussions with each BHO to understand what caused the underutilization in the first 9

months. All BHOs confirmed that there had been an increased outreach due to new interventions and increases in staffing, which resulted in an increase in utilization for SUD services in the latter part of SFY15. Since part of the base data did not reflect this enhanced outreach, a base data adjustment was necessary to reflect the level of outreach expected in the contract period. As such, it is necessary to adjust the first three quarters of SFY15 to reflect the appropriate level of outreach that is in place as of the last quarter of SFY15. **Optumas** used PMPM averages of the last quarter of encounter data to inform the SUD base data adjustment.

2. An adjustment to account for data anomalies, such as missing data in a given month, for all services. This ensured that any gaps or spikes in the data were identified and smoothed out before creating the base data. **Optumas** smoothed the data anomalies by using moving averages of previous months.

Please note, the base data smoothing adjustment was done by RAE and COS. The graphs below illustrate a few examples of the data smoothing performed by **Optumas:**






The impact of smoothing these services can be found in Appendix I.D.

## Incurred but Not Reported (IBNR)

**Optumas** analyzed the claim payment lag for each region by category of service, through an incurred but not reported (IBNR) analysis. Since the encounter data was paid through July 2016, the results of the IBNR analysis indicated that the SFY15 data was complete. As such, an IBNR adjustment was not necessary.

## Additional Covered Services

HCPF provided **Optumas** with additional SFY15 FFS data for services that are not currently covered under the BHO program, but will be covered under the SFY19 contract period. Under the SFY19 ACC program, members are able to access up to six low-acuity behavioral health services, regardless of diagnosis and without authorization. These six services are reimbursed under fee-for-service when they are billed by a primary care provider and under the behavioral health capitation when they are billed by a specialty behavioral health provider. Members may also receive certain behavioral health services from a specialty behavioral health provider, regardless of the member's diagnosis; these services will now be covered under the behavioral health capitation.

HCPF provided **Optumas** with SFY15 FFS data for these services, and **Optumas** made a base data adjustment to include these services for the base data period. The impact of adding these services can be seen in Appendix I.E.

## Substance Use Intensive Outpatient (SUD IOP)

Since March 1, 2015, the BHOs have been responsible for providing Substance Use Intensive Outpatient (SUD IOP). Although the SUD IOP benefit change was implemented on March 1, 2015, the SFY15 base

data did not contain any SUD IOP utilization. **Optumas** reviewed the SUD IOP utilization inherent in the emerging SFY16 encounter data. The resulting adjustment can be found in Appendix I.F.

### Integrated Care

The integrated care adjustment is meant to reflect the expenses that each RAE will incur due to the efforts surrounding integrating care between behavioral health and physical health.

The SFY16 encounter data included Integrated Care costs within HCPF's pricing algorithm. More specifically, the CMHCs were required to report Integrated Care costs on their cost reports, which are used to develop the Base Unit Cost used for repricing. Since the SFY15 encounter data is based on the SFY15 pricing methodology, which did not include Integrated Care costs, **Optumas** needed to add an estimate of the SFY15 Integrated Care costs into the SFY15 base data. The SFY15 Integrated Care costs were estimated by taking the Integrated Care costs inherent in the SFY16 base data and back trending them to the SFY15 time period. The SFY15 Integrated Care costs were calculated on an RAE-specific basis. The resulting adjustment can be found in Appendix I.G.

## 3.04 Trend

Trend factors were applied to estimate the change in utilization rate (frequency of services) and unit cost (pure price change, technology, acuity/intensity, and mix of services) of services over time. These trend factors were used to project the costs from the base period to the future contract period. The trend adjustments were derived using a thorough review of encounter and financial data, supplemented by trend benchmarks of behavioral health programs comparable to the Colorado Behavioral Health program. The trend and utilization assumptions are not solely based on historical data, but instead incorporate expected changes due to external influences (economy, prevalence rates, underserved population) and changes in the way the services will be provided.

Trend was reviewed and developed separately by utilization and unit cost. **Optumas** arrayed the utilization inherent in the July 2014 – June 2016 encounter data to develop the prospective trend assumptions. Please note, although the SFY16 encounter data did not include appropriate SFY16 pricing, the utilization information was still used to help inform the utilization trend assumptions. **Optumas** analyzed and developed trends by RAE, major COA, and broad COS due to credibility concerns surrounding the size of the cohorts. The trend analysis normalized the data and developed 6-month, 3-month, annual and rolling trends.

Since the encounter data is priced using a cost-based approach, **Optumas** reviewed the yearly base unit cost for each CMHC across time. **Optumas** arrayed SFY12-SFY16 base unit cost information. In order to calculate an average base unit cost for each BHO, **Optumas** weighted the base unit costs by CMHC into the RAEs using SFY16 priced encounters as the weight. This process allowed **Optumas** to smooth the volatility inherent in the base unit cost for the smaller CMHCs, and resulted in a reasonable base unit cost trend for each RAE.

Trends were developed on an annualized basis and applied for a total of 48 months from the midpoint of the SFY15 base to the midpoint of the SFY19 contract period. The resulting trends can be found in Appendix I.H.

## 3.05 Program Changes

### General Program Changes

**Optumas** used a supplemental file provided by HCPF to address additional expenditures reported by each BHO that are outside the submitted encounter data. The adjustment amounts are indicative of anticipated cost within the SFY18 contract period. **Optumas** trended forward the SFY18 estimates to SFY19 using the developed Base Unit Cost trend. The chart below shows the SFY18 amount and reasoning for each adjustment for each BHO. **Optumas** distributed the amounts into RAEs using the distribution of dollars by RAE and BHO inherent in the SFY15 base data. The resulting adjustment can be found in Appendix I.I.

| BHO | Adjustment Amount | Explanation |
|---|---|---|
| BHI | $550,477 | Expansion of integrated services for Community Reach |
| | $71,600 | Rate enhancements for independent providers |
| CHP | $144,000 | Managing transitions with the criminal justice system |
| | $696,806 | Inability to bill from St. Mary's hospital that had been paid by Rocky |
| | $2,328,750 | Hiring of additional staff with higher licensing requirements |
| FBHP | $336,289 | Arapahoe House additional social detox that will be necessary due to increased demand |
| | $917,693 | Additional staff with higher licensing requirement |
| ABC NE | $560,777 | SummitStone outpatient and IOP need |
| | $123,000 | SummitStone case management need |
| | $237,509 | SummitStone integrated dual disorder treatment need |
| | $36,691 | Expansion of integrated services for SummitStone |
| | $642,862 | North Range Southern Weld Specialty need |
| | $539,507 | North Range expansion of existing clinial programs |
| | $181,068 | Expansion of integrated services for Centennial |
| | $140,096 | Missing encounter for Centennial |
| | $62,400 | UC Health Clinics integrated care sites sharing |
| | $313,427 | Workforce increases for SummitStone |
| | $452,373 | Workforce increases for North Range |
| | $278,303 | Workforce increases for Centennial |

## 3.06 Third Party Liability Adjustment

**Optumas** used a supplemental file provided by HCPF to address the impact of third party liabilities (TPL). This file contained the TPL amounts reported by each BHO for the SFY15 time period. The amount of TPL reported by the BHOs is the amount that any third party payers are actually or potentially liable for some or all of the costs of Covered Services to BHO enrollees. These amounts were deducted from the

base data in order to reflect the appropriate level of expenditures for each RAE. The impact of this adjustment is shown in Appendix I.J.

## 3.07 Non-Medical Loading

Non-medical loading was added to the projected medical costs to account for RAE expenditures for the following items: general administration, underwriting gains, and risk/contingency margin.
The magnitude of each of the non-medical loading components was developed by using the SFY15 and SFY16 financial data provided by each of the BHOs and State-directed policies. **Optumas** reviewed the administrative expenditures in the SFY15 and SFY16 financials for each region and in aggregate. By comparing reported administrative expenditures to reported total expenditures **Optumas** was able to determine the aggregate medical expense as a portion of total premiums. **Optumas** developed a statewide non-medical load to be used for the first year of the program since actual administrative expenses for the new RAEs is not yet known. In subsequent years, administrative levels of the participating RAEs will be reviewed and included in the analysis used to determine non-medical loading.

The administrative load included in the rate development is meant to cover only the administrative cost and not include any risk contingency/profit margin. **Optumas** identifies the risk contingency/profit margin separately, which is a 1.0% load. **Optumas** worked with the State to develop the 1.0%, in developing this amount consideration was given to RBC requirements imposed on the managed care entities. The resulting non-medical load components are listed in Appendix I.K.

## 4. Rate Certification

I, Zachary Aters, a Senior Actuary at **Optumas**, Member of the American Academy of Actuaries (MAAA), and an Associate of the Society of Actuaries (ASA), am certifying the calculation of the rates. I meet the qualification standards established by the American Academy of Actuaries and have followed the practice standards established from time to time by the Actuarial Standards Board.

The capitation rates provided with this certification are considered actuarially sound for purposes of the 42 CFR 438.5, according to the following criteria:

- The capitation rates have been developed in accordance with generally accepted actuarial principles and practices;
- The capitation rates are appropriate for the populations to be covered, and the services to be furnished under the contract; and
- The capitation rates meet the requirements of 42 CFR 438.5.

Appendix I.A. contains a crosswalk between the 2017 Managed Care Rate Setting Consultation Guide checklist and this certification letter.

The actuarially sound rates that are associated with this certification are effective July 1, 2018 – June 30, 2019 for the ACC program.

The actuarially sound capitation rates are based on a projection of future events. The capitation rates offered may not be appropriate for any specific RAE. An individual RAE should review the rates in relation to the benefits that it is obligated to provide to the covered population. The RAE should evaluate the rates in the context of its own experience, expenses, capital, surplus, and profit requirements prior to agreeing to contract with the State.

Please feel free to contact me at 480.588.2495 for any additional information.

Sincerely,

Zachary Aters, ASA, MAAA

# 5. Appendices

## Appendix I.A. CMS CY17 Ratesetting Consultation Guide

| Section of 2017 Rate Guidance | Section Description | Certification Reference | Comments |
|---|---|---|---|
| **GENERAL** | | | |
| 1.A | Contract Period | 1.0 | Rates are for contract period 7/1/2018 – 6/30/19 (FY19) |
| 1.B.i | Data Used | 3.02 | |
| 1.B.ii | Assumptions | 3.03-3.07 | |
| 1.B.iii | Methods for Data Manipulation | 3.03 | |
| 1.C | Rate Development Guide Index | | This document |
| 1.D.i | Certification | 4.0 | |
| 1.D.ii | Certified Rates | Appendix I.L. | |
| 1.D.iii | Rate Ranges Include Payment Rate | N/A | Certification is for Payment Rate, not Rate Ranges |
| 1.D.iv.a | Program Background | 2.0 | |
| 1.D.iv.b | Rating Periods | 1.0 | Rates are for contract period 7/1/2018 – 6/30/19 (FY19) |
| 1.D.iv.c | Populations | 3.02 | |
| 1.D.iv.d | Influence of Enrollment Criteria | N/A | No changes to enrollment criteria |
| 1.D.iv.e | Covered Benefits | 3.02 | |
| **DATA** | | | |
| 2.A.i.a | Types of Data Used | 3.02 | |
| 2.A.i.b | Time Period of Data | 3.02 | |
| 2.A.i.c | Data Source | 3.02 | |

| | | | |
|---|---|---|---|
| 2.A.i.d | Subcapitated Data | 3.02 | |
| 2.A.ii.a | Data Validation | 3.02 | |
| 2.A.ii.b | Data Assessment | 3.02 | |
| 2.A.ii.c | Data Concerns | 3.02 | As noted in section 3.02, the FY16 data was not used due to missing data for ABC Denver. |
| 2.A.iii | Explanation of why Encounter or FFS Data was not used | N/A | |
| 2.A.iv | Explanation of why Managed Care Data was not used in rate development | N/A | |
| 2.A.v | Data Reliance | 3.02 | Reliance on priced encounter data provided by HCPF and reported base unit cost for each CMHC. |
| 2.B.i | Adjustments for Credibility | 3.04 | Due to credibility concerns, trends were developed by RAE, major COA, and broad COS. |
| 2.B.ii | Adjustments for Completion Factors | 3.03 | |
| 2.B.iii | Adjustments for Errors found in Data | N/A | |
| 2.B.iv | Adjustments for Changes in the Program impacting Base Data | 3.03 | |
| 2.B.v | Adjustments for Exclusions from Data | 3.03 | |
| **Projected Benefit Cost and Trends** | | | |
| 3.A | Compliance with 42 CFR 438.4(b)(6) and only includes services described in 42 CFR 438.3(c)(1)(ii) and 438.3(e). | 3.04 | |
| 3.B | Variations in the assumptions used to develop the projected benefit costs for covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations | Confirmed | No adjustments are made based on FMAP. |
| 3.C.i | a description of the data, assumptions, and methodologies used to develop the projected benefit costs and, in particular, all significant and material items in developing the projected benefit costs. | 3.02 – 3.07 | |

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| 3.C.ii | any material changes to the data, assumptions, and methodologies used to develop projected benefit costs since the last certification must be described. | 3.03 | |
| 3.D.i.a | any data used or assumptions made in developing projected benefit cost trends, including a description of the sources of those data and assumptions. The descriptions of data and assumptions should include citations whenever possible. | | |
| 3.Di.b | the methodologies used to develop projected benefit trends. | 3.02 – 3.07 | |
| 3.D.i.c | any comparisons to historical benefit cost trends, or other program benefit cost trends, that were analyzed as part of the development of the trend for the rating period of the rate certification. | 3.04 | |
| 3.D.ii.a.i | Unit cost trends | Appendix I.H. | |
| 3.D.ii.a.ii | Utilization trends | Appendix I.H. | |
| 3.D.ii.b | If the actuary did not develop the projected benefit cost trends using price and utilization components, the actuary should describe and justify the method(s) used to develop projected benefit cost trends. | N/A | |
| 3.D.ii.c | The projected benefit cost trends may include other components as applicable and used by the actuary in developing rates (e.g., changes in location of service delivery; the effect of utilization or care management on projected benefit cost trends; regional differences or variations). | N/A | |
| 3.D.iii.a | Variations in the projected benefit cost trends must be explained. Projected benefit cost trends may vary by populations | N/A | |
| 3.D.iii.b | Variations in the projected benefit cost trends must be explained. Projected benefit cost trends may vary by rate cells | 3.04 | |
| 3.D.iii.c | Variations in the projected benefit cost trends must be explained. Projected benefit cost trends may vary by subsets of benefits within category of service | 3.04 | |
| 3.D.iv | Any other material adjustments to projected benefit cost trends, including a description of the data, assumptions, and methodologies used to determine those adjustments must be included. | 3.04 | |
| 3.D.v.a | impact of managed care on the utilization and the unit costs of health care services | 3.04 | |
| 3.D.v.b | changes to projected benefit costs trend in the rating period outside of regular changes in utilization or unit cost of services. | N/A | There are no assumed managed care adjustments within trend developed. The trends |

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| | | | are developed using data incurred under managed care, therefore are indicative of managed care trends. |
| 3.E | *If the projected benefit costs include additional services deemed by the State to be necessary to comply with the parity standards of the Mental* Health Parity and Addiction Equity Act as required by 42 CFR §438.3(c)(ii), the following must be described: | | |
| 3.E.i | the categories of service that contain these services; | N/A | |
| 3.E.ii | the percentage of cost that these services represent in each category of service; and | N/A | |
| 3.E.iii | how these services were taken into account in the development of the projected benefit costs, and if this approach was different than that for any of the other services in the categories of service. | N/A | |
| 3.F | *If the projected benefit costs include costs for in-lieu-of services defined at 42 CFR §438.3(e)(2) (i.e., substitutes for State Plan services or settings), the utilization and unit costs of the in-lieu-of services must be taken into account in developing the projected benefit costs of the relevant State plan services (as opposed to utilization and unit costs of the State plan services), unless a statute or regulation explicitly requires otherwise. The following documentation must be described:* | | |
| 3.F.i | the categories of service that contain in-lieu-of-services | N/A | |
| 3.F.ii | the percentage of cost that in-lieu-of services represent in each category of service | N/A | |
| 3.F.iii | how the in-lieu-of services were taken into account in the development of the projected benefit costs, and if this approach was different than that for any of the other services in the categories of service. | N/A | |
| 3.G | *States may make a monthly capitation payment to an MCO or PIHP (in a "risk contract" as defined in 42 CFR 438.2) for an enrollee age 21 to 64 receiving inpatient treatment in an Institution for Mental Diseases (IMD) (as defined in 42 CFR 435.1010) for a shortterm stay of no more than 15 days during the period of the monthly capitation payment in accordance with 42 CFR 438.6(e). In these cases, when developing the projected benefit costs for these services, the actuary must use the unit costs of providers delivering the same services included in the State plan. The actuary may use the utilization of the services provided to an enrollee in an IMD in developing the projected benefit costs. The data used for developing the projected benefit costs for these services must not include:* | | |
| 3.G.i | costs associated with an IMD stay of more than 15 days | N/A | |

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| 3.G.ii | any other managed care plan costs for services delivered in a month when an enrollee has an IMD stay of more than 15 days | N/A | |
| 3.G.iii | a member month for any month when an enrollee has an IMD stay of more than 15 days | N/A | |
| 3.H.i | the managed care plan's responsibility to pay for claims incurred during the retroactive eligibility period | N/A | |
| 3.H.ii | how the claims information for the retroactive period are included in the base data | N/A | |
| 3.H.iii | how the enrollment or exposure information for retroactive members is included in the base data | N/A | |
| 3.H.iv | how the capitation rates are adjusted to reflect the retroactive eligibility period, and the assumptions and methodologies used to develop those adjustments. | N/A | |
| 3.I | The rate certification must clearly document the final projected benefit costs by relevant level of detail (e.g., rate cell, or aligned with how the State makes payments to the plans) | Appendix I.L. | |
| 3.J | *The rate certification must clearly document the impact on projected costs for all material changes to covered benefits or services since the last rate certification, including but not limited to:* | | |
| 3.J.i | more or fewer state plan benefits covered by Medicaid managed care | Section 3.02 | |
| 3.J.ii | requirements related to payments from health plans to any providers or class of providers | N/A | |
| 3.J.iii | requirements or conditions of any applicable waivers | N/A | |
| 3.J.iv | requirements or conditions of any litigation to which the state is subjected | N/A | |
| 3.K | For each change related to covered benefits or services, the rate certification must include an estimated impact of the change on the amount of projected benefit costs and a description of the data, assumptions, and methodologies used to develop the adjustment. Any change not determined by the actuary to be material can be grouped with other nonmaterial changes and described within the rate certification. If this is done, the actuary must give a description of why the changes were not considered material and how they were aggregated into a single adjustment. | 3.03 | Appendix I.C. |
| **Pass-Through Payments**<br>***4.A A pass-through payment is any amount required by the State to be added to the contracted payment rates between MCOs, PIHPs, or PAHPs and hospitals, physicians, or nursing facilities that is not for one of the following purposes: i. a specific service or benefit provided to a specific enrollee covered under the contract; ii. a provider payment methodology permitted under 42 CFR 438.6(c)(1)(i) through (iii) for*** | | | |

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| ***services and enrollees covered under the contract; iii. a subcapitated payment arrangement for a specific set of services and enrollees covered under the contract; iv. graduate Medical Education (GME) payments; or v. Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) wrap around payments.*** | | | |
| 4.B.i | description of the pass-through payment | N/A | |
| 4.B.ii | the amount of the pass-through payments, both in total and on a per member per month basis (if applicable) | N/A | |
| 4.B.iii | the providers receiving the pass-through payments; | N/A | |
| 4.B.iv | the financing mechanism for the pass-through payment | N/A | |
| 4.B.v | the amount of pass-through payments made to providers in previous years. In general, this should include the same years of historical claims data and financial data used to develop the rates | N/A | |
| 4.C.i | description of the supplemental payment | N/A | |
| 4.C.ii | total amount of the supplemental payments | N/A | |
| 4.C.iii | providers who received the supplemental payments | | |
| 4.C.iv | methodology that the actuary used to incorporate the supplemental payment into the capitation rates | N/A | |
| 4.C.v | any payment mechanisms associated with incorporating the supplemental payment into the capitation rates | N/A | |
| **Projected Non-Benefit Cost** | | | |
| 5.A | Variations in the assumptions used to develop the projected non-benefit costs for covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations. | 3.07 | |
| 5.B.i | a description of the data, assumptions, and methodologies used to develop the projected non-benefit costs, and in particular, all significant and material items in developing the projected non-benefit costs. | 3.07 | |
| 5.B.ii | any material changes to the data, assumptions, and methodologies used to develop projected non-benefit costs since the last rate certification. | 3.07 | |
| 5.C | *States and actuaries must estimate the projected non-benefit costs for each of the following categories of costs:* | | |
| 5.C.i | administrative costs | 3.07 | |
| 5.C.ii | care coordination and care management | | |
| 5.C.iii | provision for margin (which may include profit margin, operating margin, risk margin, contingency margin, cost of capital, or underwriting gain) | 3.07 | |

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| 5.C.iv | taxes, fees, and assessments | N/A | |
| 5.C.v | other material non-benefit costs | 3.07 | |
| 5.D | Non-benefit costs may be developed as per member per month (PMPM) costs or as a percentage of projected benefit costs or capitation rates, and different approaches can be taken for different categories of costs. For non-benefit costs that may be difficult to allocate to specific enrollees or groups of enrollees, or for taxes and fees that are assessed as a percentage of premiums, it may be reasonable to calculate those non-benefit costs as a percentage of benefit costs or capitation rates | 3.07 | |
| 5.E | Health Insurance Providers Fee (HIPF) | N/A | |
| 5.F | Due to the health insurance provider fee moratorium established by the Consolidated Appropriations Act of 2016, CMS does not expect any health insurance provider fees to be collected in calendar year 2017. Therefore, no amounts should be included in Medicaid managed care capitation rates for fees that would have been paid by plans to the IRS in 2017 (which would have been assessed off of 2016 net premiums) | N/A | |
| 6.0 | Rate Range Development | N/A | |
| **Risk Mitigation, Incentives and Related Contractual Provisions** | | | |
| 7.A | The rate certification and supporting documentation must describe any risk mitigation, incentives, or similar contractual provisions that may affect the rates, rate ranges, or the final net payments to the health plans under the applicable contract. | N/A | |
| 7.B | *The rate certification and supporting documentation must specifically address:* | | |
| 7.B.i | the risk adjustment model(s) being used to calculate risk scores | N/A | |
| 7.B.ii | the specific data, including the source(s) of the data, being used by the risk adjustment model(s), including any adjustments made to the data | N/A | |
| 7.B.iii | any changes that are made to risk adjustment model (e.g. conditions for excluding enrollees or data from the risk adjustment model, changes in how the risk scores are determined) | N/A | |
| 7.B.iv | how frequently the risk scores are calculated | N/A | |
| 7.B.v | how the risk scores are being used to adjust the capitation rates | N/A | |
| 7.B.vi | an attestation that the risk adjustment model is cost neutral | N/A | |

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| 7.C | *The rate certification and supporting documentation must indicate if a risk-sharing model is being used to account for the health status of the population in a manner that is not cost neutral (i.e., in a manner that may cause the total projected costs to increase or decrease based on the actual health status of the population). These types of risk-sharing models should only be used prospectively as part of the rate development process and not to adjust the final capitation rates or payments to managed care plans (e.g., estimating how projected changes in the risk of the Medicaid population may effect projected benefit costs). CMS may also consider these as a risk mitigation strategy when there is unusual and significant uncertainty about the health status of the population (e.g., covering a new population in Medicaid). CMS characterizes this type of adjustment as an "Acuity Adjustment." If an acuity adjustment is being used, the rate certification should include* | | |
| 7.C.i | the reason that there is significant uncertainty about the health status of the population and the need for an acuity adjustment | N/A | |
| 7.C.ii | the risk adjustment or acuity adjustment model(s) being used to calculate acuity adjustment scores | N/A | |
| 7.C.iii | the specific data, including the source(s) of the data, being used by the risk adjustment or acuity adjustment model(s) | N/A | |
| 7.C.iv | the relationship and potential interactions between the acuity adjustment and the risk adjustment | N/A | |
| 7.C.v | how frequently the acuity adjustment scores are calculated | N/A | |
| 7.C.vi | a description of how the acuity adjustment scores are being used to adjust the capitation rates | N/A | |
| 7.C.vii | an attestation that the acuity adjustment mechanism has been developed in accordance with generally accepted actuarial principles and practices | N/A | |
| 7.D | *The rate certification and supporting documentation must detail any other risk-sharing arrangements, such as a risk corridor or a large claims pool. This includes:* | | |
| 7.D.i | a rationale for the use of the risk sharing arrangement | N/A | |
| 7.D.ii | a detailed description of how the risk-sharing arrangement is implemented | N/A | |
| 7.D.iii | a description of any effect that the risk-sharing arrangements have on the development of the capitation rates | N/A | |
| 7.D.iv | an attestation that the risk-sharing mechanism has been developed in accordance with generally accepted actuarial principles and practices | N/A | |
| 7.E | *If the contract has a medical loss ratio requirements, such as a minimum medical loss ratio requirement, the rate certification and supporting documentation must include:* | | |
| 7.E.i | a detailed description of, or citation for, the methodology used to calculate the medical loss ratio | | The MLR will be reviewed periodically and used to |

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| | | | inform future capitation rates, consistent with CMS guidance. |
| 7.E.ii | a description of the consequences for having a medical loss ratio below the minimum requirements (e.g., financial recovery; contractual penalties) | | The MLR will be reviewed periodically and used to inform future capitation rates, consistent with CMS guidance. |
| 7.F | The rate certification and supporting documentation must provide a detailed description of any reinsurance requirements under the contract associated with the rate certification, including a description of any effect that the reinsurance requirements have on the development of the capitation rates. The rate certification must also include an attestation that the reinsurance mechanism has been developed in accordance with generally accepted actuarial principles and practices. | N/A | |
| 7.G | The rate certification must include an attestation that the incentive arrangement will not exceed 105% of the approved capitation payments under the contract that are attributable to the enrollees or services covered by the incentive arrangement as required in 42 CFR §438.6(b)(2) | N/A | |
| 7.H | *The rate certification and supporting documentation must describe any incentives or withhold amounts in the contract between the state and the health plans. The rate certification must include:* | | |
| 7.H.i | a description of the percentage of the certified capitation rates being withheld through withhold arrangements | N/A | |
| 7.H.ii | an estimate of the percentage of the withheld amount through a withhold arrangement that is expected to be returned and the basis for that determination | N/A | |
| 7.H.iii | a description of any effect that the incentive or withhold arrangements have on the development of the capitation rates | N/A | |
| **Other Rate Development Considerations** | | | |
| 8.A | There are services, populations, or programs for which the state receives a different federal medical assistance percentage (FMAP) than the regular state FMAP. In those cases, the portions or amounts of the costs subject to the different FMAP should be shown as part of the rate certification to the extent possible. | | Appendix I.L. shows rates developed for each COA. |

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| 8.B | Any proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations. | Confirmed | |
| 8.C | The effective dates of changes to the Medicaid managed care program (including eligibility, benefits, payment rate requirements, incentive programs, and program initiatives) should be consistent with the assumptions used to develop the capitation rates. | Confirmed | |
| 8.D | *In determining whether the rate certification submission and supporting documentation adequately demonstrate that the rates were developed using generally accepted actuarial practices and principles, CMS will consider the following:* | | |
| 8.D.i | all adjustments to the capitation rates, or to any portion of the capitation rates, must reflect reasonable, appropriate, and attainable costs in the actuary's judgment and must be included in the rate certification. | Confirmed | |
| 8.D.ii | adjustments to the rates or rate ranges that are performed outside of the rate setting process described in the rate certification are not considered actuarially sound under 42 CFR §438.4. Therefore, the rates or rate ranges will not be considered actuarially sound if adjustments are made outside of the rate setting process described in the rate certification. | N/A | |
| 8.D.iii | the final contracted rates in each cell must either match the capitation rates or be within the rate ranges in the rate certification. This is required in total and for each and every rate cell. | Confirmed | |
| **Medicaid Managed Care Rates with Long-Term Services and Supports** | | | |
| **Managed Long-Term Services and Supports** | | | |
| 1.A | For managed long-term services and supports (MLTSS) programs, or for programs that include MLTSS as part of the covered benefits, the guidance above in Section I about the required content of the actuarial rate certification is also applicable for rates for provision of MLTSS. | N/A | |
| 1.B | *The rate certification and supporting documentation for MLTSS programs, or for programs that include MLTSS as part of the covered benefits must also specifically address the following considerations:* | | |
| 1.B.a | The structure of the capitation rates and rate cells or rating categories. States may take different approaches for rate setting for MLTSS. | N/A | |
| 1.B.b | The structure of the rates and the rate cells, and the data, assumptions, and methodology used to develop the rates in light of the overall rate setting approach. | N/A | |

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| 1.C | The rate certification must describe the expected effect that managing LTSS has on the utilization and unit costs of services. | N/A | |
| 1.D | The projected non-benefit costs, such as administrative costs and care coordination costs, may differ for populations receiving MLTSS from other managed care programs, and the rate certification should describe how the projected non-benefit costs were developed for populations receiving these services | N/A | |
| 1.E | The rate certification should provide information on historical experience, analysis, and other sources (e.g., studies or research) used to develop the assumptions used for rate setting. | N/A | |
| **New Adult Group Capitation Rates** | | | |
| 1.A | In addition to the expectations for all Medicaid managed care rate certifications, as supported by assurances from the State, described in Section I, the rate certification must describe any data used to develop new adult group rates. | 3.02 | |
| 1.B | *For states that have covered the new adult group in Medicaid managed care plans in 2014, 2015 and/or 2016, CMS expects the rate certification, as supported by assurances from the State, to describe:* | | |
| 1.B.i | any new data that is available for use in 2017 rate setting | 3.02 | |
| 1.B.ii | how the state and the actuary followed through on any plans to monitor costs and experience for newly eligible adults | 3.02 | |
| 1.B.iii | how actual experience and costs in 2014, 2015 and/or 2016 have differed from assumptions and expectations in previous rate certifications | 3.02 | |
| 1.B.iv | how differences between projected and actual experience in 2014, 2015 and/or 2016 have been used to adjust the 2017 rates. | 3.02 | |
| **Benefit Cost** | | | |
| 2.A.i.a | any data and experience specific to newly eligible adults covered in 2014, 2015 and/or 2016 that was used to develop projected benefits costs for capitation rates. | 3.02 | |
| 2.A.i.b | any changes in data sources, assumptions, or methodologies used to develop projected benefits costs for capitation rates since the last certification. | 3.02 | |
| 2.A.i.c | *how assumptions changed from the 2014, 2015 and/or 2016 rate certification(s) on the following issues:* | | |
| 2.A.i.c.i | acuity or health status adjustments (in most cases comparing the new adult group enrollees to other Medicaid adult enrollees) | N/A | |
| 2.A.i.c.ii | adjustments for pent-up demand | N/A | |
| 2.A.i.c.iii | adjustments for adverse selection | N/A | |

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| 2.A.i.c.iv | adjustments for the demographics of newly eligible adults | N/A | |
| 2.A.i.c.v | differences in provider reimbursement rates or provider networks, including any differences between provider reimbursement rates or provider networks for newly eligible adult rates and other Medicaid population rates | N/A | |
| 2.A.i.c.v.i | Variations in the assumptions used to develop the projected benefit costs for covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations | N/A | |
| 2.A.i.c.vi | other material adjustments to newly eligible adults projected benefit costs | N/A | |
| 2.B | *For any state that is covering the new adult group, regardless if they have been covered in 2014, 2015 and/or 2016, the following key assumptions related to the new adult group must be included in the rate certification and supporting documentation:* | | |
| 2.B.i | acuity or health status adjustments (in most cases comparing new adult group enrollees to other Medicaid adult enrollees) | N/A | |
| 2.B.ii | adjustments for pent-up demand | N/A | |
| 2.B.iii | adjustments for adverse selection | N/A | |
| 2.B.iv | adjustments for the demographics of the new adult group | N/A | |
| 2.B.v | differences in provider reimbursement rates or provider networks, including any differences between provider reimbursement rates or provider networks for the new adult group rates and other Medicaid population rates | N/A | |
| 2.B.vi | other material adjustments to the new adult group projected benefit costs | N/A | |
| 2.C | The rate certification and supporting documentation must describe any changes to the benefit plan offered to the new adult group | N/A | |
| 2.D | The rate certification and supporting documentation must describe any other material changes or adjustments to projected benefit costs. | N/A | |
| **Projected Non-Benefit Costs** | | | |
| 3.A.i | for states that covered the new adult group in Medicaid managed care plans in 2014, 2015 and/or 2016, any changes in data sources, assumptions, or methodologies used to develop projected non-benefit costs since the last rate certification | 3.07 | |
| 3.A.ii | how assumptions changed from the 2014, 2015 and/or 2016 rate certification(s) on the following issues: (a) administrative costs; (b) care coordination and care management; (c) provision for operating or profit margin; (d) taxes, fees, and assessments; and (e) other material non-benefit costs | 3.07 | |

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| 3.B | The rate certification and supporting documentation must include information on key assumptions related to the new adult group and any differences between the assumptions for this population and the assumptions used to develop projected non-benefit costs for other Medicaid populations for the following issues: (a) administrative costs; (b) care coordination and care management; (c) provision for operating or profit margin; (d) taxes, fees, and assessments; and (e) other material non-benefit costs. | N/A | |
| **Final Certified Rates or Rate Ranges** | | | |
| 4.0 | *In addition to the expectations for all Medicaid managed care rate certifications described in Section I, CMS requests under §438.7(d)5 that states that covered the new adult group in Medicaid managed care plans in 2014, 2015 and/or 2016 provide:* | | |
| 4.A.i | a comparison to the final certified rates or rate ranges in the previous rate certification | N/A | |
| 4.A.ii | a description of any other material changes to the capitation rates or the rate development process not otherwise addressed in the other sections of this guidance. | N/A | |
| **Risk Mitigation Strategies** | | | |
| 5.A | CMS requests under §438.7(d) that states describe the risk mitigation strategy specific to the new adult group rates | N/A | |
| 5.B | For states that covered the new adult group in Medicaid managed care plans in 2014, 2015 and/or 2016, CMS requests the following information: i. any changes in the risk mitigation strategy from those used during 2014, 2015 and/or 2016; ii. the rationale for making the change in the risk mitigation strategy or removing the risk mitigation strategy used during 2014, 2015 and/or 2016; and iii. any relevant experience, results, or preliminary information available related to the risk mitigation strategy used during 2014, 2015 and/or 2016 | N/A | |

## Appendix I.B. Base Data

| | | SFY15 Base Data | | | |
|---|---|---|---|---|---|
| RAE | Cohort | MMs | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | 2,244 | $107.28 | $20.06 |
| 1 | Children | 902,072 | 1,083 | $134.25 | $12.12 |
| 1 | MAGI Adults | 484,006 | 3,780 | $104.99 | $33.07 |
| 1 | Expansion Parent | 151,603 | 1,160 | $117.35 | $11.34 |
| 1 | Foster Care | 34,889 | 8,175 | $115.19 | $78.48 |
| 1 | Elderly | 66,446 | 1,946 | $95.99 | $15.56 |
| 1 | Disabled | 130,879 | 13,331 | $76.95 | $85.48 |
| 2 | Non-expansion Parent | 161,619 | 2,517 | $86.46 | $18.13 |
| 2 | Children | 492,114 | 1,378 | $109.99 | $12.63 |
| 2 | MAGI Adults | 157,465 | 5,840 | $78.26 | $38.09 |
| 2 | Expansion Parent | 72,166 | 1,481 | $79.35 | $9.79 |
| 2 | Foster Care | 19,693 | 9,371 | $107.86 | $84.22 |
| 2 | Elderly | 37,489 | 3,112 | $30.00 | $7.78 |
| 2 | Disabled | 64,213 | 15,429 | $55.70 | $71.62 |
| 3 | Non-expansion Parent | 525,819 | 3,304 | $65.91 | $18.15 |
| 3 | Children | 1,651,327 | 1,584 | $116.68 | $15.40 |
| 3 | MAGI Adults | 601,392 | 6,339 | $65.81 | $34.77 |
| 3 | Expansion Parent | 231,612 | 1,693 | $70.91 | $10.01 |
| 3 | Foster Care | 60,937 | 14,249 | $90.86 | $107.90 |
| 3 | Elderly | 98,548 | 3,288 | $41.82 | $11.46 |
| 3 | Disabled | 193,456 | 21,977 | $58.78 | $107.65 |
| 4 | Non-expansion Parent | 235,836 | 4,171 | $81.69 | $28.39 |
| 4 | Children | 548,232 | 1,430 | $121.56 | $14.48 |
| 4 | MAGI Adults | 306,717 | 4,797 | $94.12 | $37.63 |
| 4 | Expansion Parent | 93,555 | 1,650 | $99.34 | $13.66 |
| 4 | Foster Care | 25,516 | 6,944 | $119.04 | $68.89 |
| 4 | Elderly | 71,436 | 2,314 | $84.42 | $16.28 |
| 4 | Disabled | 150,732 | 13,394 | $93.29 | $104.13 |
| 5 | Non-expansion Parent | 302,472 | 4,531 | $57.13 | $21.57 |
| 5 | Children | 939,386 | 1,465 | $118.07 | $14.41 |
| 5 | MAGI Adults | 549,628 | 11,959 | $46.57 | $46.41 |
| 5 | Expansion Parent | 110,459 | 1,686 | $70.92 | $9.96 |
| 5 | Foster Care | 30,163 | 13,462 | $82.01 | $92.00 |
| 5 | Elderly | 93,098 | 7,382 | $34.39 | $21.15 |
| 5 | Disabled | 169,545 | 49,523 | $40.23 | $166.01 |
| 6 | Non-expansion Parent | 264,370 | 3,024 | $91.48 | $23.05 |
| 6 | Children | 678,280 | 1,903 | $120.31 | $19.08 |
| 6 | MAGI Adults | 424,718 | 4,536 | $97.98 | $37.04 |
| 6 | Expansion Parent | 110,074 | 1,694 | $95.75 | $13.52 |
| 6 | Foster Care | 34,685 | 9,156 | $119.51 | $91.18 |
| 6 | Elderly | 60,678 | 1,710 | $93.61 | $13.34 |
| 6 | Disabled | 122,560 | 14,494 | $83.56 | $100.92 |
| 7 | Non-expansion Parent | 319,130 | 2,567 | $78.83 | $16.86 |
| 7 | Children | 790,746 | 1,637 | $95.44 | $13.02 |
| 7 | MAGI Adults | 407,219 | 4,144 | $94.52 | $32.64 |
| 7 | Expansion Parent | 132,603 | 1,360 | $87.88 | $9.96 |
| 7 | Foster Care | 35,314 | 13,377 | $69.71 | $77.71 |
| 7 | Elderly | 42,143 | 1,132 | $79.57 | $7.51 |
| 7 | Disabled | 134,029 | 7,524 | $98.30 | $61.64 |

## Appendix I.C. Service Exclusions

| | | Excluded Services | | | | | |
|---|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Excluded Dollars | Excluded Units | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | $122,222 | 1,307 | 2,198 | $107.56 | $19.70 |
| 1 | Children | 902,072 | $4,681 | 109 | 1,082 | $134.37 | $12.12 |
| 1 | MAGI Adults | 484,006 | $86,815 | 3,032 | 3,705 | $106.54 | $32.89 |
| 1 | Expansion Parent | 151,603 | $6,429 | 132 | 1,149 | $117.97 | $11.30 |
| 1 | Foster Care | 34,889 | $1,068 | 59 | 8,155 | $115.43 | $78.44 |
| 1 | Elderly | 66,446 | $3,194 | 20 | 1,942 | $95.87 | $15.52 |
| 1 | Disabled | 130,879 | $42,766 | 797 | 13,257 | $77.07 | $85.15 |
| 2 | Non-expansion Parent | 161,619 | $12,803 | 214 | 2,501 | $86.63 | $18.05 |
| 2 | Children | 492,114 | $30,805 | 182 | 1,374 | $109.80 | $12.57 |
| 2 | MAGI Adults | 157,465 | $61,216 | 1,649 | 5,714 | $79.16 | $37.70 |
| 2 | Expansion Parent | 72,166 | $1,426 | 8 | 1,479 | $79.26 | $9.77 |
| 2 | Foster Care | 19,693 | $905 | 14 | 9,362 | $107.90 | $84.18 |
| 2 | Elderly | 37,489 | $0 | 1,850 | 2,520 | $37.05 | $7.78 |
| 2 | Disabled | 64,213 | $19,728 | 1,406 | 15,167 | $56.43 | $71.32 |
| 3 | Non-expansion Parent | 525,819 | $77,397 | 845 | 3,285 | $65.76 | $18.00 |
| 3 | Children | 1,651,327 | $88,749 | 659 | 1,579 | $116.62 | $15.34 |
| 3 | MAGI Adults | 601,392 | $138,499 | 1,962 | 6,300 | $65.78 | $34.54 |
| 3 | Expansion Parent | 231,612 | $11,508 | 120 | 1,687 | $70.82 | $9.96 |
| 3 | Foster Care | 60,937 | $8,086 | 77 | 14,234 | $90.85 | $107.76 |
| 3 | Elderly | 98,548 | $1,756 | 579 | 3,217 | $42.67 | $11.44 |
| 3 | Disabled | 193,456 | $135,547 | 3,314 | 21,772 | $58.95 | $106.95 |
| 4 | Non-expansion Parent | 235,836 | $364 | 4 | 4,171 | $81.69 | $28.39 |
| 4 | Children | 548,232 | $1,878 | 10 | 1,429 | $121.55 | $14.48 |
| 4 | MAGI Adults | 306,717 | $1,562 | 39 | 4,795 | $94.14 | $37.62 |
| 4 | Expansion Parent | 93,555 | $0 | 0 | 1,650 | $99.34 | $13.66 |
| 4 | Foster Care | 25,516 | $376 | 6 | 6,942 | $119.06 | $68.87 |
| 4 | Elderly | 71,436 | $0 | 0 | 2,314 | $84.42 | $16.28 |
| 4 | Disabled | 150,732 | $9,208 | 44 | 13,391 | $93.26 | $104.07 |
| 5 | Non-expansion Parent | 302,472 | $608,360 | 3,453 | 4,394 | $53.42 | $19.56 |
| 5 | Children | 939,386 | $1,456,907 | 7,307 | 1,372 | $112.53 | $12.86 |
| 5 | MAGI Adults | 549,628 | $1,811,181 | 9,949 | 11,742 | $44.06 | $43.11 |
| 5 | Expansion Parent | 110,459 | $86,125 | 388 | 1,643 | $67.04 | $9.18 |
| 5 | Foster Care | 30,163 | $154,817 | 719 | 13,175 | $79.12 | $86.87 |
| 5 | Elderly | 93,098 | $49,506 | 286 | 7,345 | $33.69 | $20.62 |
| 5 | Disabled | 169,545 | $1,060,522 | 6,286 | 49,078 | $39.06 | $159.75 |
| 6 | Non-expansion Parent | 264,370 | $14,304 | 91 | 3,020 | $91.39 | $23.00 |
| 6 | Children | 678,280 | $17,263 | 93 | 1,901 | $120.26 | $19.05 |
| 6 | MAGI Adults | 424,718 | $13,591 | 98 | 4,534 | $97.96 | $37.01 |
| 6 | Expansion Parent | 110,074 | $2,201 | 15 | 1,693 | $95.70 | $13.50 |
| 6 | Foster Care | 34,685 | $189 | 1 | 9,155 | $119.51 | $91.18 |
| 6 | Elderly | 60,678 | $66 | 1 | 1,710 | $93.61 | $13.34 |
| 6 | Disabled | 122,560 | $44,125 | 229 | 14,471 | $83.39 | $100.56 |
| 7 | Non-expansion Parent | 319,130 | $1,065 | 2 | 2,567 | $78.82 | $16.86 |
| 7 | Children | 790,746 | $615 | 11 | 1,637 | $95.44 | $13.02 |
| 7 | MAGI Adults | 407,219 | $6,419 | 44 | 4,143 | $94.50 | $32.63 |
| 7 | Expansion Parent | 132,603 | $2,409 | 3 | 1,359 | $87.73 | $9.94 |
| 7 | Foster Care | 35,314 | $296 | 7 | 13,375 | $69.71 | $77.70 |
| 7 | Elderly | 42,143 | $0 | 0 | 1,132 | $79.57 | $7.51 |
| 7 | Disabled | 134,029 | $11,462 | 49 | 7,520 | $98.22 | $61.55 |

## Appendix I.D. Base Data Smoothing

| | | Base Data Smoothing | | | | | |
|---|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Util % Adj | UC % Adj | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | 17% | -4% | 2,577 | $102.95 | $22.11 |
| 1 | Children | 902,072 | 6% | 0% | 1,145 | $135.04 | $12.89 |
| 1 | MAGI Adults | 484,006 | 16% | -4% | 4,311 | $102.44 | $36.80 |
| 1 | Expansion Parent | 151,603 | 17% | -5% | 1,342 | $111.89 | $12.51 |
| 1 | Foster Care | 34,889 | 5% | 1% | 8,570 | $116.68 | $83.33 |
| 1 | Elderly | 66,446 | 9% | -3% | 2,113 | $92.98 | $16.37 |
| 1 | Disabled | 130,879 | 7% | 0% | 14,126 | $77.33 | $91.03 |
| 2 | Non-expansion Parent | 161,619 | 8% | -3% | 2,710 | $84.32 | $19.04 |
| 2 | Children | 492,114 | 2% | 0% | 1,399 | $110.21 | $12.85 |
| 2 | MAGI Adults | 157,465 | 8% | -3% | 6,199 | $76.57 | $39.55 |
| 2 | Expansion Parent | 72,166 | 7% | -2% | 1,584 | $77.34 | $10.21 |
| 2 | Foster Care | 19,693 | 2% | 0% | 9,577 | $107.63 | $85.89 |
| 2 | Elderly | 37,489 | -6% | 1% | 2,366 | $37.57 | $7.41 |
| 2 | Disabled | 64,213 | 6% | -3% | 16,002 | $54.99 | $73.32 |
| 3 | Non-expansion Parent | 525,819 | 9% | -2% | 3,580 | $64.12 | $19.13 |
| 3 | Children | 1,651,327 | 5% | 0% | 1,652 | $116.05 | $15.97 |
| 3 | MAGI Adults | 601,392 | 7% | -2% | 6,763 | $64.51 | $36.36 |
| 3 | Expansion Parent | 231,612 | 9% | -3% | 1,844 | $68.89 | $10.59 |
| 3 | Foster Care | 60,937 | 5% | -1% | 14,943 | $90.02 | $112.10 |
| 3 | Elderly | 98,548 | 12% | -2% | 3,600 | $42.00 | $12.60 |
| 3 | Disabled | 193,456 | 5% | 0% | 22,793 | $58.85 | $111.78 |
| 4 | Non-expansion Parent | 235,836 | 8% | -5% | 4,488 | $77.79 | $29.10 |
| 4 | Children | 548,232 | 1% | -1% | 1,446 | $120.68 | $14.54 |
| 4 | MAGI Adults | 306,717 | 7% | -4% | 5,129 | $90.12 | $38.52 |
| 4 | Expansion Parent | 93,555 | 7% | -4% | 1,768 | $95.09 | $14.01 |
| 4 | Foster Care | 25,516 | 1% | -1% | 7,023 | $118.14 | $69.14 |
| 4 | Elderly | 71,436 | 2% | -1% | 2,354 | $83.79 | $16.44 |
| 4 | Disabled | 150,732 | 2% | -1% | 13,617 | $92.48 | $104.94 |
| 5 | Non-expansion Parent | 302,472 | 6% | -2% | 4,655 | $52.19 | $20.25 |
| 5 | Children | 939,386 | 3% | -1% | 1,416 | $111.42 | $13.15 |
| 5 | MAGI Adults | 549,628 | 4% | -1% | 12,190 | $43.58 | $44.28 |
| 5 | Expansion Parent | 110,459 | 6% | -2% | 1,739 | $65.52 | $9.49 |
| 5 | Foster Care | 30,163 | 3% | -1% | 13,596 | $78.40 | $88.82 |
| 5 | Elderly | 93,098 | -1% | 2% | 7,265 | $34.45 | $20.86 |
| 5 | Disabled | 169,545 | -2% | 2% | 48,294 | $39.88 | $160.51 |
| 6 | Non-expansion Parent | 264,370 | 17% | -9% | 3,531 | $83.62 | $24.60 |
| 6 | Children | 678,280 | 3% | 0% | 1,956 | $119.85 | $19.53 |
| 6 | MAGI Adults | 424,718 | 15% | -8% | 5,220 | $90.26 | $39.26 |
| 6 | Expansion Parent | 110,074 | 17% | -9% | 1,987 | $87.29 | $14.46 |
| 6 | Foster Care | 34,685 | 4% | -1% | 9,478 | $118.79 | $93.82 |
| 6 | Elderly | 60,678 | 8% | -2% | 1,852 | $91.57 | $14.13 |
| 6 | Disabled | 122,560 | 9% | -3% | 15,741 | $80.52 | $105.62 |
| 7 | Non-expansion Parent | 319,130 | -1% | 0% | 2,553 | $79.02 | $16.81 |
| 7 | Children | 790,746 | 0% | 0% | 1,637 | $95.44 | $13.02 |
| 7 | MAGI Adults | 407,219 | -1% | 0% | 4,120 | $94.76 | $32.53 |
| 7 | Expansion Parent | 132,603 | 0% | 0% | 1,355 | $87.89 | $9.92 |
| 7 | Foster Care | 35,314 | 0% | 0% | 13,375 | $69.71 | $77.70 |
| 7 | Elderly | 42,143 | 1% | -1% | 1,144 | $79.00 | $7.53 |
| 7 | Disabled | 134,029 | 0% | 0% | 7,503 | $98.22 | $61.41 |

## Appendix I.E. Additional Covered Services

| | | Additional Covered Services | | | | | |
|---|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Dollar Adjustment | Unit Adjustment | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | $74,075 | 1,502 | 2,630 | $101.89 | $22.33 |
| 1 | Children | 902,072 | $72,696 | 1,019 | 1,159 | $134.29 | $12.97 |
| 1 | MAGI Adults | 484,006 | $188,125 | 2,527 | 4,374 | $102.04 | $37.19 |
| 1 | Expansion Parent | 151,603 | $27,700 | 525 | 1,383 | $110.11 | $12.69 |
| 1 | Foster Care | 34,889 | $24,987 | 314 | 8,678 | $116.22 | $84.05 |
| 1 | Elderly | 66,446 | $184 | 5 | 2,114 | $92.96 | $16.38 |
| 1 | Disabled | 130,879 | $59,693 | 768 | 14,196 | $77.33 | $91.49 |
| 2 | Non-expansion Parent | 161,619 | $39,111 | 815 | 2,770 | $83.53 | $19.28 |
| 2 | Children | 492,114 | $51,935 | 543 | 1,412 | $110.07 | $12.95 |
| 2 | MAGI Adults | 157,465 | $83,307 | 983 | 6,274 | $76.66 | $40.08 |
| 2 | Expansion Parent | 72,166 | $8,377 | 138 | 1,607 | $77.11 | $10.33 |
| 2 | Foster Care | 19,693 | $22,079 | 253 | 9,731 | $107.31 | $87.02 |
| 2 | Elderly | 37,489 | $141 | 1 | 2,367 | $37.58 | $7.41 |
| 2 | Disabled | 64,213 | $38,285 | 361 | 16,069 | $55.20 | $73.92 |
| 3 | Non-expansion Parent | 525,819 | $209,592 | 7,505 | 3,751 | $62.47 | $19.53 |
| 3 | Children | 1,651,327 | $79,601 | 1,053 | 1,659 | $115.87 | $16.02 |
| 3 | MAGI Adults | 601,392 | $369,473 | 6,898 | 6,901 | $64.29 | $36.97 |
| 3 | Expansion Parent | 231,612 | $63,033 | 1,613 | 1,928 | $67.60 | $10.86 |
| 3 | Foster Care | 60,937 | $58,728 | 887 | 15,117 | $89.75 | $113.06 |
| 3 | Elderly | 98,548 | $4,346 | 106 | 3,612 | $42.00 | $12.64 |
| 3 | Disabled | 193,456 | $125,367 | 1,739 | 22,901 | $58.91 | $112.43 |
| 4 | Non-expansion Parent | 235,836 | $34,074 | 2,891 | 4,635 | $75.70 | $29.24 |
| 4 | Children | 548,232 | $25,489 | 292 | 1,452 | $120.53 | $14.59 |
| 4 | MAGI Adults | 306,717 | $63,035 | 670 | 5,155 | $90.14 | $38.72 |
| 4 | Expansion Parent | 93,555 | $8,532 | 140 | 1,786 | $94.74 | $14.10 |
| 4 | Foster Care | 25,516 | $4,479 | 39 | 7,042 | $118.13 | $69.32 |
| 4 | Elderly | 71,436 | $281 | 2 | 2,354 | $83.80 | $16.44 |
| 4 | Disabled | 150,732 | $31,785 | 266 | 13,638 | $92.52 | $105.15 |
| 5 | Non-expansion Parent | 302,472 | $105,426 | 4,030 | 4,815 | $51.33 | $20.60 |
| 5 | Children | 939,386 | $20,843 | 442 | 1,421 | $111.16 | $13.17 |
| 5 | MAGI Adults | 549,628 | $368,858 | 5,771 | 12,316 | $43.79 | $44.95 |
| 5 | Expansion Parent | 110,459 | $31,303 | 887 | 1,835 | $63.93 | $9.78 |
| 5 | Foster Care | 30,163 | $17,482 | 321 | 13,724 | $78.17 | $89.40 |
| 5 | Elderly | 93,098 | $3,560 | 69 | 7,273 | $34.48 | $20.90 |
| 5 | Disabled | 169,545 | $59,927 | 1,080 | 48,371 | $39.91 | $160.86 |
| 6 | Non-expansion Parent | 264,370 | $119,456 | 4,253 | 3,724 | $80.74 | $25.05 |
| 6 | Children | 678,280 | $64,354 | 780 | 1,970 | $119.59 | $19.63 |
| 6 | MAGI Adults | 424,718 | $257,102 | 3,588 | 5,321 | $89.91 | $39.87 |
| 6 | Expansion Parent | 110,074 | $31,858 | 840 | 2,079 | $85.12 | $14.75 |
| 6 | Foster Care | 34,685 | $23,641 | 276 | 9,573 | $118.46 | $94.51 |
| 6 | Elderly | 60,678 | $4,855 | 98 | 1,871 | $91.13 | $14.21 |
| 6 | Disabled | 122,560 | $82,778 | 1,069 | 15,845 | $80.50 | $106.30 |
| 7 | Non-expansion Parent | 319,130 | $183,945 | 3,668 | 2,691 | $77.54 | $17.39 |
| 7 | Children | 790,746 | $241,043 | 2,639 | 1,677 | $95.35 | $13.32 |
| 7 | MAGI Adults | 407,219 | $378,707 | 6,744 | 4,318 | $92.98 | $33.46 |
| 7 | Expansion Parent | 132,603 | $54,422 | 1,150 | 1,459 | $85.00 | $10.33 |
| 7 | Foster Care | 35,314 | $59,358 | 635 | 13,591 | $70.09 | $79.38 |
| 7 | Elderly | 42,143 | $570 | 4 | 1,145 | $79.06 | $7.55 |
| 7 | Disabled | 134,029 | $200,720 | 2,334 | 7,712 | $97.89 | $62.91 |

## Appendix I.F. SUD IOP Program Change

| | | SUD IOP Program Change | | | | | |
|---|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Dollar Adjustment | Unit Adjustment | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | $6,471 | $35 | 2,631 | $101.93 | $22.35 |
| 1 | Children | 902,072 | $2 | $0 | 1,159 | $134.29 | $12.97 |
| 1 | MAGI Adults | 484,006 | $261,945 | $1,080 | 4,401 | $102.90 | $37.73 |
| 1 | Expansion Parent | 151,603 | $3,658 | $21 | 1,385 | $110.19 | $12.72 |
| 1 | Foster Care | 34,889 | $0 | $0 | 8,678 | $116.22 | $84.05 |
| 1 | Elderly | 66,446 | $0 | $0 | 2,114 | $92.96 | $16.38 |
| 1 | Disabled | 130,879 | $79,251 | $404 | 14,233 | $77.64 | $92.09 |
| 2 | Non-expansion Parent | 161,619 | $5,961 | $36 | 2,773 | $83.61 | $19.32 |
| 2 | Children | 492,114 | $0 | $0 | 1,412 | $110.07 | $12.95 |
| 2 | MAGI Adults | 157,465 | $76,684 | $449 | 6,308 | $77.17 | $40.57 |
| 2 | Expansion Parent | 72,166 | $3,045 | $19 | 1,610 | $77.27 | $10.37 |
| 2 | Foster Care | 19,693 | $0 | $0 | 9,731 | $107.31 | $87.02 |
| 2 | Elderly | 37,489 | $0 | $0 | 2,367 | $37.58 | $7.41 |
| 2 | Disabled | 64,213 | $77,798 | $525 | 16,167 | $55.76 | $75.13 |
| 3 | Non-expansion Parent | 525,819 | $12,826 | $95 | 3,753 | $62.51 | $19.55 |
| 3 | Children | 1,651,327 | $924 | $7 | 1,659 | $115.87 | $16.02 |
| 3 | MAGI Adults | 601,392 | $145,664 | $1,080 | 6,923 | $64.51 | $37.22 |
| 3 | Expansion Parent | 231,612 | $7,346 | $56 | 1,931 | $67.69 | $10.89 |
| 3 | Foster Care | 60,937 | $3,578 | $24 | 15,122 | $89.77 | $113.12 |
| 3 | Elderly | 98,548 | $0 | $0 | 3,612 | $42.00 | $12.64 |
| 3 | Disabled | 193,456 | $176,990 | $1,332 | 22,983 | $59.18 | $113.34 |
| 4 | Non-expansion Parent | 235,836 | $1,080 | $8 | 4,636 | $75.70 | $29.25 |
| 4 | Children | 548,232 | $0 | $0 | 1,452 | $120.53 | $14.59 |
| 4 | MAGI Adults | 306,717 | $119,846 | $994 | 5,194 | $90.37 | $39.11 |
| 4 | Expansion Parent | 93,555 | $0 | $0 | 1,786 | $94.74 | $14.10 |
| 4 | Foster Care | 25,516 | $0 | $0 | 7,042 | $118.13 | $69.32 |
| 4 | Elderly | 71,436 | $0 | $0 | 2,354 | $83.80 | $16.44 |
| 4 | Disabled | 150,732 | $18,840 | $115 | 13,647 | $92.57 | $105.28 |
| 5 | Non-expansion Parent | 302,472 | $1,237 | $15 | 4,816 | $51.33 | $20.60 |
| 5 | Children | 939,386 | $948 | $11 | 1,422 | $111.16 | $13.17 |
| 5 | MAGI Adults | 549,628 | $59,524 | $574 | 12,329 | $43.85 | $45.06 |
| 5 | Expansion Parent | 110,459 | $2,363 | $28 | 1,838 | $63.97 | $9.80 |
| 5 | Foster Care | 30,163 | $0 | $0 | 13,724 | $78.17 | $89.40 |
| 5 | Elderly | 93,098 | $0 | $0 | 7,273 | $34.48 | $20.90 |
| 5 | Disabled | 169,545 | $23,020 | $270 | 48,390 | $39.93 | $161.00 |
| 6 | Non-expansion Parent | 264,370 | $8,539 | $93 | 3,728 | $80.75 | $25.09 |
| 6 | Children | 678,280 | $1,412 | $19 | 1,970 | $119.58 | $19.63 |
| 6 | MAGI Adults | 424,718 | $87,290 | $918 | 5,347 | $89.94 | $40.08 |
| 6 | Expansion Parent | 110,074 | $2,157 | $29 | 2,082 | $85.10 | $14.77 |
| 6 | Foster Care | 34,685 | $0 | $0 | 9,573 | $118.46 | $94.51 |
| 6 | Elderly | 60,678 | $0 | $0 | 1,871 | $91.13 | $14.21 |
| 6 | Disabled | 122,560 | $67,122 | $372 | 15,882 | $80.73 | $106.84 |
| 7 | Non-expansion Parent | 319,130 | $542 | $4 | 2,691 | $77.54 | $17.39 |
| 7 | Children | 790,746 | $0 | $0 | 1,677 | $95.35 | $13.32 |
| 7 | MAGI Adults | 407,219 | $64,697 | $555 | 4,335 | $93.07 | $33.62 |
| 7 | Expansion Parent | 132,603 | $0 | $0 | 1,459 | $85.00 | $10.33 |
| 7 | Foster Care | 35,314 | $0 | $0 | 13,591 | $70.09 | $79.38 |
| 7 | Elderly | 42,143 | $0 | $0 | 1,145 | $79.06 | $7.55 |
| 7 | Disabled | 134,029 | $3,237 | $28 | 7,715 | $97.89 | $62.94 |

## Appendix I.G. Integrated Care

| | | Integrated Care Adjustment | | | | |
|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Dollar Adjustment | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | $121,704 | 2,631 | $103.53 | $22.70 |
| 1 | Children | 902,072 | $260,589 | 1,159 | $137.29 | $13.26 |
| 1 | MAGI Adults | 484,006 | $299,350 | 4,401 | $104.58 | $38.35 |
| 1 | Expansion Parent | 151,603 | $31,762 | 1,385 | $112.00 | $12.93 |
| 1 | Foster Care | 34,889 | $44,710 | 8,678 | $117.99 | $85.33 |
| 1 | Elderly | 66,446 | $16,532 | 2,114 | $94.37 | $16.63 |
| 1 | Disabled | 130,879 | $216,468 | 14,233 | $79.03 | $93.74 |
| 2 | Non-expansion Parent | 161,619 | $8,515 | 2,773 | $83.84 | $19.37 |
| 2 | Children | 492,114 | $18,517 | 1,412 | $110.39 | $12.99 |
| 2 | MAGI Adults | 157,465 | $19,093 | 6,308 | $77.40 | $40.69 |
| 2 | Expansion Parent | 72,166 | $2,477 | 1,610 | $77.52 | $10.40 |
| 2 | Foster Care | 19,693 | $6,009 | 9,731 | $107.68 | $87.32 |
| 2 | Elderly | 37,489 | $316 | 2,367 | $37.62 | $7.42 |
| 2 | Disabled | 64,213 | $8,968 | 16,167 | $55.87 | $75.27 |
| 3 | Non-expansion Parent | 525,819 | $40,701 | 3,753 | $62.75 | $19.63 |
| 3 | Children | 1,651,327 | $112,810 | 1,659 | $116.36 | $16.09 |
| 3 | MAGI Adults | 601,392 | $97,972 | 6,923 | $64.80 | $37.38 |
| 3 | Expansion Parent | 231,612 | $11,244 | 1,931 | $68.00 | $10.94 |
| 3 | Foster Care | 60,937 | $21,242 | 15,122 | $90.05 | $113.47 |
| 3 | Elderly | 98,548 | $7,253 | 3,612 | $42.25 | $12.72 |
| 3 | Disabled | 193,456 | $86,109 | 22,983 | $59.41 | $113.79 |
| 4 | Non-expansion Parent | 235,836 | $189,485 | 4,636 | $77.78 | $30.05 |
| 4 | Children | 548,232 | $257,022 | 1,452 | $124.41 | $15.06 |
| 4 | MAGI Adults | 306,717 | $327,907 | 5,194 | $92.84 | $40.18 |
| 4 | Expansion Parent | 93,555 | $42,251 | 1,786 | $97.78 | $14.55 |
| 4 | Foster Care | 25,516 | $49,580 | 7,042 | $121.44 | $71.26 |
| 4 | Elderly | 71,436 | $42,499 | 2,354 | $86.83 | $17.04 |
| 4 | Disabled | 150,732 | $434,270 | 13,647 | $95.10 | $108.16 |
| 5 | Non-expansion Parent | 302,472 | $31,218 | 4,816 | $51.59 | $20.70 |
| 5 | Children | 939,386 | $61,020 | 1,422 | $111.71 | $13.23 |
| 5 | MAGI Adults | 549,628 | $139,611 | 12,329 | $44.10 | $45.31 |
| 5 | Expansion Parent | 110,459 | $5,360 | 1,838 | $64.28 | $9.85 |
| 5 | Foster Care | 30,163 | $10,405 | 13,724 | $78.48 | $89.75 |
| 5 | Elderly | 93,098 | $15,929 | 7,273 | $34.76 | $21.07 |
| 5 | Disabled | 169,545 | $172,310 | 48,390 | $40.18 | $162.01 |
| 6 | Non-expansion Parent | 264,370 | $97,988 | 3,728 | $81.94 | $25.46 |
| 6 | Children | 678,280 | $130,959 | 1,970 | $120.76 | $19.82 |
| 6 | MAGI Adults | 424,718 | $294,649 | 5,347 | $91.49 | $40.77 |
| 6 | Expansion Parent | 110,074 | $28,836 | 2,082 | $86.61 | $15.03 |
| 6 | Foster Care | 34,685 | $45,478 | 9,573 | $120.10 | $95.82 |
| 6 | Elderly | 60,678 | $16,634 | 1,871 | $92.89 | $14.48 |
| 6 | Disabled | 122,560 | $228,071 | 15,882 | $82.14 | $108.70 |
| 7 | Non-expansion Parent | 319,130 | $16,739 | 2,691 | $77.78 | $17.44 |
| 7 | Children | 790,746 | $37,026 | 1,677 | $95.68 | $13.37 |
| 7 | MAGI Adults | 407,219 | $47,009 | 4,335 | $93.39 | $33.73 |
| 7 | Expansion Parent | 132,603 | $4,478 | 1,459 | $85.28 | $10.37 |
| 7 | Foster Care | 35,314 | $7,310 | 13,591 | $70.27 | $79.59 |
| 7 | Elderly | 42,143 | $1,146 | 1,145 | $79.35 | $7.57 |
| 7 | Disabled | 134,029 | $26,345 | 7,715 | $98.20 | $63.13 |

## Appendix I.H. Trend

| | | Trend Assumptions | | | | | | |
|---|---|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Util/K Trend | Unit Cost Trend | PMPM Trend | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | 1.4% | 1.3% | 2.8% | 2,786 | $109.02 | $25.31 |
| 1 | Children | 902,072 | 2.2% | 1.5% | 3.8% | 1,266 | $145.78 | $15.38 |
| 1 | MAGI Adults | 484,006 | -0.2% | 0.3% | 0.1% | 4,370 | $105.69 | $38.49 |
| 1 | Expansion Parent | 151,603 | -0.3% | 0.3% | 0.1% | 1,371 | $113.58 | $12.97 |
| 1 | Foster Care | 34,889 | 2.4% | 1.0% | 3.4% | 9,529 | $122.66 | $97.40 |
| 1 | Elderly | 66,446 | 0.6% | 0.4% | 1.0% | 2,168 | $95.76 | $17.30 |
| 1 | Disabled | 130,879 | 0.5% | 0.5% | 1.0% | 14,510 | $80.71 | $97.59 |
| 2 | Non-expansion Parent | 161,619 | 0.9% | 2.1% | 3.0% | 2,870 | $91.19 | $21.81 |
| 2 | Children | 492,114 | 2.0% | 2.1% | 4.1% | 1,527 | $120.06 | $15.28 |
| 2 | MAGI Adults | 157,465 | -0.5% | 0.8% | 0.3% | 6,184 | $79.86 | $41.15 |
| 2 | Expansion Parent | 72,166 | -0.4% | 0.4% | 0.0% | 1,582 | $78.93 | $10.40 |
| 2 | Foster Care | 19,693 | 2.1% | 1.9% | 4.0% | 10,568 | $115.92 | $102.08 |
| 2 | Elderly | 37,489 | -0.1% | 1.1% | 1.0% | 2,356 | $39.30 | $7.72 |
| 2 | Disabled | 64,213 | -0.3% | 1.3% | 0.9% | 15,968 | $58.72 | $78.14 |
| 3 | Non-expansion Parent | 525,819 | 1.2% | 2.3% | 3.6% | 3,941 | $68.82 | $22.60 |
| 3 | Children | 1,651,327 | 2.4% | 2.1% | 4.5% | 1,823 | $126.26 | $19.18 |
| 3 | MAGI Adults | 601,392 | -1.0% | 1.1% | 0.1% | 6,655 | $67.79 | $37.59 |
| 3 | Expansion Parent | 231,612 | -1.0% | 0.9% | -0.1% | 1,857 | $70.48 | $10.91 |
| 3 | Foster Care | 60,937 | 2.4% | 2.0% | 4.5% | 16,643 | $97.49 | $135.21 |
| 3 | Elderly | 98,548 | 0.5% | 1.3% | 1.9% | 3,689 | $44.52 | $13.69 |
| 3 | Disabled | 193,456 | 0.4% | 1.2% | 1.5% | 23,313 | $62.28 | $121.00 |
| 4 | Non-expansion Parent | 235,836 | 2.0% | 1.4% | 3.4% | 5,025 | $82.16 | $34.40 |
| 4 | Children | 548,232 | 3.3% | 0.8% | 4.1% | 1,657 | $128.28 | $17.71 |
| 4 | MAGI Adults | 306,717 | -0.1% | 0.0% | -0.1% | 5,179 | $92.73 | $40.02 |
| 4 | Expansion Parent | 93,555 | -0.1% | -0.1% | -0.2% | 1,782 | $97.33 | $14.45 |
| 4 | Foster Care | 25,516 | 3.3% | 1.0% | 4.4% | 8,034 | $126.26 | $84.52 |
| 4 | Elderly | 71,436 | 1.7% | -0.1% | 1.6% | 2,523 | $86.48 | $18.18 |
| 4 | Disabled | 150,732 | 2.2% | 0.3% | 2.5% | 14,904 | $96.20 | $119.48 |
| 5 | Non-expansion Parent | 302,472 | 1.3% | 2.9% | 4.2% | 5,072 | $57.82 | $24.44 |
| 5 | Children | 939,386 | 2.8% | 2.2% | 5.1% | 1,588 | $122.05 | $16.15 |
| 5 | MAGI Adults | 549,628 | -0.5% | 1.0% | 0.5% | 12,086 | $45.82 | $46.15 |
| 5 | Expansion Parent | 110,459 | -0.3% | 0.8% | 0.5% | 1,816 | $66.39 | $10.04 |
| 5 | Foster Care | 30,163 | 2.4% | 2.3% | 4.8% | 15,098 | $85.96 | $108.15 |
| 5 | Elderly | 93,098 | 1.1% | 1.5% | 2.7% | 7,606 | $36.93 | $23.41 |
| 5 | Disabled | 169,545 | 1.5% | 1.6% | 3.1% | 51,411 | $42.77 | $183.22 |
| 6 | Non-expansion Parent | 264,370 | 5.6% | -2.0% | 3.5% | 4,638 | $75.70 | $29.26 |
| 6 | Children | 678,280 | 0.0% | 1.6% | 1.6% | 1,967 | $128.92 | $21.13 |
| 6 | MAGI Adults | 424,718 | 0.0% | 0.6% | 0.6% | 5,347 | $93.61 | $41.71 |
| 6 | Expansion Parent | 110,074 | -0.1% | 0.2% | 0.1% | 2,075 | $87.35 | $15.11 |
| 6 | Foster Care | 34,685 | 1.8% | 1.5% | 3.3% | 10,274 | $127.68 | $109.32 |
| 6 | Elderly | 60,678 | 2.4% | -0.1% | 2.3% | 2,059 | $92.57 | $15.88 |
| 6 | Disabled | 122,560 | 3.2% | 0.1% | 3.3% | 18,014 | $82.35 | $123.63 |
| 7 | Non-expansion Parent | 319,130 | 7.2% | -1.2% | 5.9% | 3,556 | $74.02 | $21.93 |
| 7 | Children | 790,746 | 4.0% | 0.8% | 4.9% | 1,965 | $98.97 | $16.20 |
| 7 | MAGI Adults | 407,219 | 0.7% | -0.2% | 0.6% | 4,464 | $92.72 | $34.50 |
| 7 | Expansion Parent | 132,603 | 1.2% | -0.5% | 0.6% | 1,528 | $83.56 | $10.64 |
| 7 | Foster Care | 35,314 | 4.0% | 1.3% | 5.3% | 15,875 | $73.87 | $97.72 |
| 7 | Elderly | 42,143 | 4.1% | -0.6% | 3.5% | 1,346 | $77.35 | $8.68 |
| 7 | Disabled | 134,029 | 4.6% | -1.0% | 3.5% | 9,222 | $94.44 | $72.58 |

| | PMPM Trend by RAE and COS | | | | | | |
|---|---|---|---|---|---|---|---|
| COS | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| ACT Services | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Clubhouse and Drop-in Center | 1.34% | 1.72% | 1.06% | 1.21% | 1.08% | 4.46% | 2.72% |
| Home-Based Services | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Intensive Case Management | 2.06% | 1.53% | 1.49% | 1.23% | 1.09% | 4.56% | 3.04% |
| Other State Plan | 3.68% | 3.96% | 4.03% | 0.00% | 3.76% | 4.32% | 2.59% |
| Prevention and Early Intervention | 2.49% | 1.76% | 1.51% | 1.28% | 1.44% | 4.16% | 2.78% |
| Recovery Services | 1.66% | 1.47% | 1.14% | 1.37% | 1.02% | 4.56% | 3.53% |
| Residential Services | 0.75% | 1.01% | 5.94% | 7.67% | 6.57% | 5.45% | 1.65% |
| Respite Care | 4.52% | 2.88% | 3.24% | 1.41% | 4.93% | -10.25% | 0.00% |
| Specialized Services for Addressing | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| State Plan | 1.90% | 2.22% | 2.30% | 1.96% | 1.81% | 1.02% | 3.42% |
| Substance Abuse | 0.03% | 0.02% | 1.73% | 2.03% | 2.12% | 4.75% | 5.68% |
| Vocational Services | 1.61% | 2.27% | 1.38% | 1.95% | 1.17% | 4.53% | 2.64% |

## Appendix I.I. General Program Changes

| | | General Program Changes | | | | |
|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Dollar Adjustment | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | $338,685 | 2,906 | $108.57 | $26.29 |
| 1 | Children | 902,072 | $564,161 | 1,321 | $145.39 | $16.01 |
| 1 | MAGI Adults | 484,006 | $806,091 | 4,581 | $105.18 | $40.15 |
| 1 | Expansion Parent | 151,603 | $90,522 | 1,437 | $113.29 | $13.57 |
| 1 | Foster Care | 34,889 | $127,441 | 9,937 | $122.03 | $101.05 |
| 1 | Elderly | 66,446 | $41,794 | 2,258 | $95.27 | $17.93 |
| 1 | Disabled | 130,879 | $516,795 | 15,164 | $80.35 | $101.54 |
| 2 | Non-expansion Parent | 161,619 | $261,094 | 3,087 | $91.05 | $23.42 |
| 2 | Children | 492,114 | $537,808 | 1,637 | $120.02 | $16.37 |
| 2 | MAGI Adults | 157,465 | $536,216 | 6,688 | $79.96 | $44.56 |
| 2 | Expansion Parent | 72,166 | $62,495 | 1,710 | $79.06 | $11.27 |
| 2 | Foster Care | 19,693 | $145,224 | 11,328 | $115.96 | $109.46 |
| 2 | Elderly | 37,489 | $23,306 | 2,545 | $39.31 | $8.34 |
| 2 | Disabled | 64,213 | $404,495 | 17,258 | $58.71 | $84.44 |
| 3 | Non-expansion Parent | 525,819 | $79,602 | 3,966 | $68.83 | $22.75 |
| 3 | Children | 1,651,327 | $198,005 | 1,835 | $126.27 | $19.30 |
| 3 | MAGI Adults | 601,392 | $180,399 | 6,705 | $67.81 | $37.89 |
| 3 | Expansion Parent | 231,612 | $20,340 | 1,871 | $70.52 | $11.00 |
| 3 | Foster Care | 60,937 | $56,888 | 16,759 | $97.48 | $136.14 |
| 3 | Elderly | 98,548 | $8,656 | 3,712 | $44.52 | $13.77 |
| 3 | Disabled | 193,456 | $156,789 | 23,467 | $62.29 | $121.81 |
| 4 | Non-expansion Parent | 235,836 | $170,652 | 5,133 | $82.12 | $35.12 |
| 4 | Children | 548,232 | $200,983 | 1,692 | $128.27 | $18.08 |
| 4 | MAGI Adults | 306,717 | $299,380 | 5,305 | $92.73 | $40.99 |
| 4 | Expansion Parent | 93,555 | $33,042 | 1,825 | $97.33 | $14.80 |
| 4 | Foster Care | 25,516 | $44,440 | 8,199 | $126.26 | $86.27 |
| 4 | Elderly | 71,436 | $29,691 | 2,579 | $86.50 | $18.59 |
| 4 | Disabled | 150,732 | $397,285 | 15,235 | $96.18 | $122.11 |
| 5 | Non-expansion Parent | 302,472 | $21,859 | 5,088 | $57.81 | $24.51 |
| 5 | Children | 939,386 | $43,291 | 1,593 | $122.05 | $16.20 |
| 5 | MAGI Adults | 549,628 | $1,592,451 | 12,844 | $45.83 | $49.05 |
| 5 | Expansion Parent | 110,459 | $3,806 | 1,822 | $66.39 | $10.08 |
| 5 | Foster Care | 30,163 | $9,409 | 15,142 | $85.96 | $108.47 |
| 5 | Elderly | 93,098 | $6,816 | 7,631 | $36.93 | $23.48 |
| 5 | Disabled | 169,545 | $95,586 | 51,572 | $42.76 | $183.78 |
| 6 | Non-expansion Parent | 264,370 | $176,014 | 4,788 | $75.00 | $29.92 |
| 6 | Children | 678,280 | $233,331 | 2,000 | $128.84 | $21.47 |
| 6 | MAGI Adults | 424,718 | $453,641 | 5,551 | $92.48 | $42.78 |
| 6 | Expansion Parent | 110,074 | $43,992 | 2,163 | $86.04 | $15.51 |
| 6 | Foster Care | 34,685 | $60,343 | 10,450 | $127.53 | $111.06 |
| 6 | Elderly | 60,678 | $17,442 | 2,095 | $92.60 | $16.17 |
| 6 | Disabled | 122,560 | $283,646 | 18,373 | $82.26 | $125.94 |
| 7 | Non-expansion Parent | 319,130 | $146,432 | 3,632 | $73.99 | $22.39 |
| 7 | Children | 790,746 | $265,036 | 2,006 | $98.96 | $16.54 |
| 7 | MAGI Adults | 407,219 | $342,229 | 4,572 | $92.74 | $35.34 |
| 7 | Expansion Parent | 132,603 | $34,400 | 1,565 | $83.56 | $10.90 |
| 7 | Foster Care | 35,314 | $71,194 | 16,203 | $73.86 | $99.74 |
| 7 | Elderly | 42,143 | $8,566 | 1,378 | $77.36 | $8.88 |
| 7 | Disabled | 134,029 | $218,690 | 9,430 | $94.44 | $74.21 |

## Appendix I.J. TPL Adjustment

| | | TPL Adjustment | | | | |
|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | TPL Adjustment | Util/K | Unit Cost | PMPM |
| 1 | Non-expansion Parent | 345,891 | 99.3% | 2,906 | $107.84 | $26.11 |
| 1 | Children | 902,072 | 99.4% | 1,321 | $144.47 | $15.91 |
| 1 | MAGI Adults | 484,006 | 99.3% | 4,581 | $104.47 | $39.88 |
| 1 | Expansion Parent | 151,603 | 99.4% | 1,437 | $112.56 | $13.48 |
| 1 | Foster Care | 34,889 | 99.3% | 9,937 | $121.21 | $100.37 |
| 1 | Elderly | 66,446 | 99.3% | 2,258 | $94.58 | $17.80 |
| 1 | Disabled | 130,879 | 99.3% | 15,164 | $79.80 | $100.84 |
| 2 | Non-expansion Parent | 161,619 | 99.7% | 3,087 | $90.82 | $23.36 |
| 2 | Children | 492,114 | 99.7% | 1,637 | $119.71 | $16.33 |
| 2 | MAGI Adults | 157,465 | 99.7% | 6,688 | $79.75 | $44.45 |
| 2 | Expansion Parent | 72,166 | 99.7% | 1,710 | $78.86 | $11.24 |
| 2 | Foster Care | 19,693 | 99.7% | 11,328 | $115.66 | $109.18 |
| 2 | Elderly | 37,489 | 99.7% | 2,545 | $39.21 | $8.32 |
| 2 | Disabled | 64,213 | 99.7% | 17,258 | $58.56 | $84.22 |
| 3 | Non-expansion Parent | 525,819 | 99.3% | 3,966 | $68.32 | $22.58 |
| 3 | Children | 1,651,327 | 99.3% | 1,835 | $125.33 | $19.16 |
| 3 | MAGI Adults | 601,392 | 99.3% | 6,705 | $67.31 | $37.61 |
| 3 | Expansion Parent | 231,612 | 99.3% | 1,871 | $70.01 | $10.92 |
| 3 | Foster Care | 60,937 | 99.3% | 16,759 | $96.77 | $135.14 |
| 3 | Elderly | 98,548 | 99.3% | 3,712 | $44.19 | $13.67 |
| 3 | Disabled | 193,456 | 99.3% | 23,467 | $61.82 | $120.90 |
| 4 | Non-expansion Parent | 235,836 | 99.1% | 5,133 | $81.39 | $34.81 |
| 4 | Children | 548,232 | 99.1% | 1,692 | $127.13 | $17.92 |
| 4 | MAGI Adults | 306,717 | 99.1% | 5,305 | $91.91 | $40.63 |
| 4 | Expansion Parent | 93,555 | 99.1% | 1,825 | $96.47 | $14.67 |
| 4 | Foster Care | 25,516 | 99.1% | 8,199 | $125.14 | $85.50 |
| 4 | Elderly | 71,436 | 99.1% | 2,579 | $85.74 | $18.43 |
| 4 | Disabled | 150,732 | 99.1% | 15,235 | $95.33 | $121.03 |
| 5 | Non-expansion Parent | 302,472 | 99.7% | 5,088 | $57.63 | $24.44 |
| 5 | Children | 939,386 | 99.7% | 1,593 | $121.66 | $16.15 |
| 5 | MAGI Adults | 549,628 | 99.7% | 12,844 | $45.68 | $48.89 |
| 5 | Expansion Parent | 110,459 | 99.7% | 1,822 | $66.18 | $10.05 |
| 5 | Foster Care | 30,163 | 99.7% | 15,142 | $85.69 | $108.12 |
| 5 | Elderly | 93,098 | 99.7% | 7,631 | $36.81 | $23.41 |
| 5 | Disabled | 169,545 | 99.7% | 51,572 | $42.63 | $183.20 |
| 6 | Non-expansion Parent | 264,370 | 99.0% | 4,788 | $74.29 | $29.64 |
| 6 | Children | 678,280 | 99.0% | 2,000 | $127.61 | $21.27 |
| 6 | MAGI Adults | 424,718 | 99.0% | 5,551 | $91.60 | $42.37 |
| 6 | Expansion Parent | 110,074 | 99.0% | 2,163 | $85.22 | $15.36 |
| 6 | Foster Care | 34,685 | 99.0% | 10,450 | $126.31 | $110.00 |
| 6 | Elderly | 60,678 | 99.0% | 2,095 | $91.72 | $16.01 |
| 6 | Disabled | 122,560 | 99.0% | 18,373 | $81.47 | $124.74 |
| 7 | Non-expansion Parent | 319,130 | 99.1% | 3,632 | $73.33 | $22.20 |
| 7 | Children | 790,746 | 99.1% | 2,006 | $98.09 | $16.39 |
| 7 | MAGI Adults | 407,219 | 99.1% | 4,572 | $91.92 | $35.02 |
| 7 | Expansion Parent | 132,603 | 99.1% | 1,565 | $82.83 | $10.80 |
| 7 | Foster Care | 35,314 | 99.1% | 16,203 | $73.21 | $98.86 |
| 7 | Elderly | 42,143 | 99.1% | 1,378 | $76.68 | $8.80 |
| 7 | Disabled | 134,029 | 99.1% | 9,430 | $93.60 | $73.56 |

## Appendix I.K. Non-Medical Loading

| | | Non-Medical Loading | | | | |
|---|---|---|---|---|---|---|
| RAE | Cohort | MMs | Admin % | P/R/C | Load % | PMPM |
| 1 | Non-expansion Parent | 345,891 | 11.0% | 1.0% | 12.0% | $29.66 |
| 1 | Children | 902,072 | 11.0% | 1.0% | 12.0% | $18.07 |
| 1 | MAGI Adults | 484,006 | 11.0% | 1.0% | 12.0% | $45.30 |
| 1 | Expansion Parent | 151,603 | 11.0% | 1.0% | 12.0% | $15.32 |
| 1 | Foster Care | 34,889 | 11.0% | 1.0% | 12.0% | $114.02 |
| 1 | Elderly | 66,446 | 11.0% | 1.0% | 12.0% | $20.22 |
| 1 | Disabled | 130,879 | 11.0% | 1.0% | 12.0% | $114.56 |
| 2 | Non-expansion Parent | 161,619 | 11.0% | 1.0% | 12.0% | $26.54 |
| 2 | Children | 492,114 | 11.0% | 1.0% | 12.0% | $18.55 |
| 2 | MAGI Adults | 157,465 | 11.0% | 1.0% | 12.0% | $50.49 |
| 2 | Expansion Parent | 72,166 | 11.0% | 1.0% | 12.0% | $12.77 |
| 2 | Foster Care | 19,693 | 11.0% | 1.0% | 12.0% | $124.03 |
| 2 | Elderly | 37,489 | 11.0% | 1.0% | 12.0% | $9.45 |
| 2 | Disabled | 64,213 | 11.0% | 1.0% | 12.0% | $95.68 |
| 3 | Non-expansion Parent | 525,819 | 11.0% | 1.0% | 12.0% | $25.65 |
| 3 | Children | 1,651,327 | 11.0% | 1.0% | 12.0% | $21.77 |
| 3 | MAGI Adults | 601,392 | 11.0% | 1.0% | 12.0% | $42.73 |
| 3 | Expansion Parent | 231,612 | 11.0% | 1.0% | 12.0% | $12.40 |
| 3 | Foster Care | 60,937 | 11.0% | 1.0% | 12.0% | $153.52 |
| 3 | Elderly | 98,548 | 11.0% | 1.0% | 12.0% | $15.53 |
| 3 | Disabled | 193,456 | 11.0% | 1.0% | 12.0% | $137.34 |
| 4 | Non-expansion Parent | 235,836 | 11.0% | 1.0% | 12.0% | $39.55 |
| 4 | Children | 548,232 | 11.0% | 1.0% | 12.0% | $20.36 |
| 4 | MAGI Adults | 306,717 | 11.0% | 1.0% | 12.0% | $46.16 |
| 4 | Expansion Parent | 93,555 | 11.0% | 1.0% | 12.0% | $16.67 |
| 4 | Foster Care | 25,516 | 11.0% | 1.0% | 12.0% | $97.13 |
| 4 | Elderly | 71,436 | 11.0% | 1.0% | 12.0% | $20.94 |
| 4 | Disabled | 150,732 | 11.0% | 1.0% | 12.0% | $137.50 |
| 5 | Non-expansion Parent | 302,472 | 11.0% | 1.0% | 12.0% | $27.76 |
| 5 | Children | 939,386 | 11.0% | 1.0% | 12.0% | $18.35 |
| 5 | MAGI Adults | 549,628 | 11.0% | 1.0% | 12.0% | $55.55 |
| 5 | Expansion Parent | 110,459 | 11.0% | 1.0% | 12.0% | $11.41 |
| 5 | Foster Care | 30,163 | 11.0% | 1.0% | 12.0% | $122.83 |
| 5 | Elderly | 93,098 | 11.0% | 1.0% | 12.0% | $26.59 |
| 5 | Disabled | 169,545 | 11.0% | 1.0% | 12.0% | $208.12 |
| 6 | Non-expansion Parent | 264,370 | 11.0% | 1.0% | 12.0% | $33.67 |
| 6 | Children | 678,280 | 11.0% | 1.0% | 12.0% | $24.16 |
| 6 | MAGI Adults | 424,718 | 11.0% | 1.0% | 12.0% | $48.13 |
| 6 | Expansion Parent | 110,074 | 11.0% | 1.0% | 12.0% | $17.45 |
| 6 | Foster Care | 34,685 | 11.0% | 1.0% | 12.0% | $124.96 |
| 6 | Elderly | 60,678 | 11.0% | 1.0% | 12.0% | $18.19 |
| 6 | Disabled | 122,560 | 11.0% | 1.0% | 12.0% | $141.71 |
| 7 | Non-expansion Parent | 319,130 | 11.0% | 1.0% | 12.0% | $25.22 |
| 7 | Children | 790,746 | 11.0% | 1.0% | 12.0% | $18.62 |
| 7 | MAGI Adults | 407,219 | 11.0% | 1.0% | 12.0% | $39.79 |
| 7 | Expansion Parent | 132,603 | 11.0% | 1.0% | 12.0% | $12.27 |
| 7 | Foster Care | 35,314 | 11.0% | 1.0% | 12.0% | $112.30 |
| 7 | Elderly | 42,143 | 11.0% | 1.0% | 12.0% | $10.00 |
| 7 | Disabled | 134,029 | 11.0% | 1.0% | 12.0% | $83.56 |

## Appendix I.L. Rates

| RAE | Cohort | MMs | Final PMPM |
|---|---|---|---|
| 1 | Non-expansion Parent | 345,891 | $29.66 |
| 1 | Children | 902,072 | $18.07 |
| 1 | MAGI Adults | 484,006 | $45.30 |
| 1 | Expansion Parent | 151,603 | $15.32 |
| 1 | Foster Care | 34,889 | $114.02 |
| 1 | Elderly | 66,446 | $20.22 |
| 1 | Disabled | 130,879 | $114.56 |
| 2 | Non-expansion Parent | 161,619 | $26.54 |
| 2 | Children | 492,114 | $18.55 |
| 2 | MAGI Adults | 157,465 | $50.49 |
| 2 | Expansion Parent | 72,166 | $12.77 |
| 2 | Foster Care | 19,693 | $124.03 |
| 2 | Elderly | 37,489 | $9.45 |
| 2 | Disabled | 64,213 | $95.68 |
| 3 | Non-expansion Parent | 525,819 | $25.65 |
| 3 | Children | 1,651,327 | $21.77 |
| 3 | MAGI Adults | 601,392 | $42.73 |
| 3 | Expansion Parent | 231,612 | $12.40 |
| 3 | Foster Care | 60,937 | $153.52 |
| 3 | Elderly | 98,548 | $15.53 |
| 3 | Disabled | 193,456 | $137.34 |
| 4 | Non-expansion Parent | 235,836 | $39.55 |
| 4 | Children | 548,232 | $20.36 |
| 4 | MAGI Adults | 306,717 | $46.16 |
| 4 | Expansion Parent | 93,555 | $16.67 |
| 4 | Foster Care | 25,516 | $97.13 |
| 4 | Elderly | 71,436 | $20.94 |
| 4 | Disabled | 150,732 | $137.50 |
| 5 | Non-expansion Parent | 302,472 | $27.76 |
| 5 | Children | 939,386 | $18.35 |
| 5 | MAGI Adults | 549,628 | $55.55 |
| 5 | Expansion Parent | 110,459 | $11.41 |
| 5 | Foster Care | 30,163 | $122.83 |
| 5 | Elderly | 93,098 | $26.59 |
| 5 | Disabled | 169,545 | $208.12 |
| 6 | Non-expansion Parent | 264,370 | $33.67 |
| 6 | Children | 678,280 | $24.16 |
| 6 | MAGI Adults | 424,718 | $48.13 |
| 6 | Expansion Parent | 110,074 | $17.45 |
| 6 | Foster Care | 34,685 | $124.96 |
| 6 | Elderly | 60,678 | $18.19 |
| 6 | Disabled | 122,560 | $141.71 |
| 7 | Non-expansion Parent | 319,130 | $25.22 |
| 7 | Children | 790,746 | $18.62 |
| 7 | MAGI Adults | 407,219 | $39.79 |
| 7 | Expansion Parent | 132,603 | $12.27 |
| 7 | Foster Care | 35,314 | $112.30 |
| 7 | Elderly | 42,143 | $10.00 |
| 7 | Disabled | 134,029 | $83.56 |

## Appendix I.M. State Plan vs 1915(b)(3)

| RAE | Cohort | 1915(b)(3) Rate | State Plan Rate |
|---|---|---|---|
| 1 | Non-expansion Parent | $1.31 | $28.35 |
| 1 | Children | $0.09 | $17.98 |
| 1 | MAGI Adults | $3.61 | $41.70 |
| 1 | Expansion Parent | $0.61 | $14.71 |
| 1 | Foster Care | $1.41 | $112.61 |
| 1 | Elderly | $5.21 | $15.01 |
| 1 | Disabled | $18.23 | $96.33 |
| 2 | Non-expansion Parent | $1.83 | $24.71 |
| 2 | Children | $0.20 | $18.35 |
| 2 | MAGI Adults | $5.91 | $44.58 |
| 2 | Expansion Parent | $0.43 | $12.34 |
| 2 | Foster Care | $2.24 | $121.79 |
| 2 | Elderly | $2.81 | $6.64 |
| 2 | Disabled | $24.38 | $71.30 |
| 3 | Non-expansion Parent | $0.81 | $24.84 |
| 3 | Children | $0.24 | $21.53 |
| 3 | MAGI Adults | $4.83 | $37.90 |
| 3 | Expansion Parent | $0.20 | $12.20 |
| 3 | Foster Care | $5.68 | $147.84 |
| 3 | Elderly | $4.02 | $11.51 |
| 3 | Disabled | $26.89 | $110.45 |
| 4 | Non-expansion Parent | $5.48 | $34.06 |
| 4 | Children | $0.03 | $20.33 |
| 4 | MAGI Adults | $6.09 | $40.07 |
| 4 | Expansion Parent | $1.39 | $15.28 |
| 4 | Foster Care | $1.87 | $95.27 |
| 4 | Elderly | $6.84 | $14.09 |
| 4 | Disabled | $48.82 | $88.68 |
| 5 | Non-expansion Parent | $2.63 | $25.13 |
| 5 | Children | $0.02 | $18.33 |
| 5 | MAGI Adults | $10.67 | $44.87 |
| 5 | Expansion Parent | $0.48 | $10.93 |
| 5 | Foster Care | $1.00 | $121.83 |
| 5 | Elderly | $9.48 | $17.12 |
| 5 | Disabled | $81.51 | $126.61 |
| 6 | Non-expansion Parent | $2.45 | $31.22 |
| 6 | Children | $0.00 | $24.16 |
| 6 | MAGI Adults | $6.84 | $41.29 |
| 6 | Expansion Parent | $1.15 | $16.30 |
| 6 | Foster Care | $0.24 | $124.72 |
| 6 | Elderly | $5.42 | $12.77 |
| 6 | Disabled | $48.38 | $93.33 |
| 7 | Non-expansion Parent | $6.06 | $19.16 |
| 7 | Children | $0.72 | $17.91 |
| 7 | MAGI Adults | $12.72 | $27.07 |
| 7 | Expansion Parent | $2.98 | $9.29 |
| 7 | Foster Care | $4.53 | $107.77 |
| 7 | Elderly | $1.85 | $8.15 |
| 7 | Disabled | $19.14 | $64.42 |