

**AMENDMENT NUMBER ONE
TO THE EMERGENCY CONTRACTUAL AGREEMENT BETWEEN
THE DIVISION OF MEDICAID
IN THE OFFICE OF THE GOVERNOR
AND
MOLINA HEALTHCARE OF MISSISSIPPI, INC.
A CARE COORDINATION ORGANIZATION (CCO)**

(Mississippi Coordinated Access Network (MSCAN) Program)

THIS AMENDMENT NUMBER ONE modifies, revises, and amends the Emergency Contract entered into by and between the **Division of Medicaid in the Office of the Governor**, an administrative agency of the **State of Mississippi** (hereinafter "DOM" or "Division"), and **Molina Healthcare of Mississippi, Inc.** (hereinafter "CCO" or "Contractor") and collectively hereinafter referenced as the "Parties."

WHEREAS, DOM is charged with the administration of the Mississippi State Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended, and Miss. Code Ann. § 43-13-101, *et seq.*, (1972, as amended);

WHEREAS, CCO is an entity eligible to enter into a comprehensive risk contract in accordance with Section 1903(m) of the Social Security Act and 42 CFR § 438.3(b) and is engaged in the business of providing comprehensive services as outlined in 42 CFR § 438.2. The CCO is licensed appropriately as defined by the Department of Insurance of the State of Mississippi pursuant to Miss. Code Ann. § 83-41-305 (1972, as amended);

WHEREAS, through its written determination to the Mississippi Public Procurement Review Board (PPRB) Office of Personal Service Contract Review (OPSCR), DOM identified the continuing need for MSCAN Program Services to Medicaid beneficiaries on an emergency basis with the aforementioned Contractor pursuant to Sections 3-207 and 7-111 of PPRB OPSCR Rules and Regulations;

WHEREAS, DOM is charged with the administration of the Mississippi State Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended, (the "Act") and Miss. Code Ann. § 43-13-101 *et seq.* (1972, as amended);

WHEREAS, Contractor is an entity eligible to enter into a full risk capitated contract in accordance with Section 1903(m) of the Social Security Act and 42 C.F.R. § 438.6(b) and is engaged in the business of providing prepaid comprehensive health care services as defined in 42 C.F.R. § 438.2. The Contractor is licensed appropriately as defined by the Department of Insurance of the State of Mississippi pursuant to Miss. Code Ann. § 83-41-305 (1972, as amended);

WHEREAS, DOM entered into a full risk capitated contract (herein referenced as "Previous

Contract”) with Contractor on July 1, 2017 for Contractor to provide prepaid comprehensive health care services pursuant to state and federal requirements;

WHEREAS, the original term of the Previous Contract began on July 1, 2017 and ends on June 30, 2023 with no further options for renewal;

WHEREAS, the Parties hereby agree that the Previous Contract and subsequent Amendments 1 through 15, as agreed to by the Parties, are hereby incorporated into this Emergency Contract as referenced herein as Attachment A;

WHEREAS, on December 10, 2021, DOM issued a Request for Qualifications No. 20211210 (RFQ) from qualified offerors to provide services for the statewide administration of DOM’s Coordinated Care Organization Program consisting of the Mississippi Coordinated Access Network (MSCAN) and the Mississippi Children’s Health Insurance Program (CHIP) for continued services to begin July 1, 2023;

WHEREAS, DOM received five (5) responses to the RFQ and on August 10, 2022 issued its Notice of Intent to Award to three (3) offerors;

WHEREAS, on August 17, 2022, DOM received protests of the Notice of Intent to Award from two (2) offerors not selected for award. Since that date, DOM and the five (5) RFQ offerors have been involved with Protective Order actions in Hinds County Chancery which are now resolved;

WHEREAS, on March 1, 2023, PPRB approved an exception to PPRB OPSCR Rules and Regulations Section 3-102.02 to stay the expiration of the RFQ until such time that a contract may be awarded pending the outcome of the administrative protest process;

WHEREAS, on July 1, 2023 DOM and CCO entered into an emergency contract (“MSCAN SFY24 Emergency Contract”) for continuation of federally required MSCAN Program Services;

WHEREAS, on June 2, 2023 DOM issued its recommendation denying protests of the two (2) offerors not selected for award;

WHEREAS, on June 9, 2023 the two (2) offerors not selected for award have respectively filed their appeals of DOM’s June 2, 2023 recommendation with PPRB. PPRB has not set a hearing date for the protest appeal and has not made a final determination on the same;

WHEREAS, considering the pendency of the administrative PPRB protest process and the continuing need for federally required MSCAN Program Services to Medicaid beneficiaries, standard maintenance of the Emergency Contract and its components is necessary to maintain compliance with CMS regulations through the duration of Emergency Contract MSCAN Program Services;

WHEREAS, in order to comply with CMS requirements regarding management of capitation rates paid to its Managed Care contractors, DOM desires to amend the capitation rates within the Emergency Contract pursuant to 42 CFR §438.3(c) and to amend other substantive provisions relative to the updated capitation rates and other financial components; and

WHEREAS, pursuant to Sections 1.B and Section 17.M.1 of the Previous Contract, no modification or change to any provision of the Contract shall be made unless it is mutually agreed upon in writing by both parties and is signed by a duly authorized representative of the CCO and DOM as an amendment to the Contract, and such amendments shall be effective upon execution and approval.

NOW, THEREFORE, in consideration of the foregoing recitals and of the mutual promises contained herein, DOM and CCO agree the MSCAN SFY24 Emergency Contract is amended as follows to address respective provisions in the Previous Contract:

1. Section 2.A., DEFINITIONS, is hereby amended to add the following definition:

118. **Certified Community Behavioral Health Clinic (CCBHC):** a specially designated clinic that provides a comprehensive range of mental health and substance use services in accordance with federal criteria and with the requirements of the Protecting Access to Medicare Act of 2014 (PAMA). Certified Community Behavioral Health Clinic (CCBHC) as defined in Section 223 PAMA and Section 3814 CARES Act.

2. Section 2.B., ACRONYMS, is hereby amended to add the following:

60. CCBHC – Certified Community Behavioral Health Clinic

3. Section 7.D.1, PROVIDER NETWORK – Provider Terminations – Terminations by the Contractor, is hereby amended to only revise the language of the first paragraph under subsection 1 as follows:

1. Termination by the Contractor

The Contractor must notify the Division in writing of its intent to terminate a Network Provider and services provided by a Network Provider (which includes but is not limited to a specialty unit within a facility and/or a large Provider group) sixty (60) calendar days prior to the effective date of the termination. At the discretion of the Division, Contractor must submit a Provider termination work plan and supporting documentation within ten (10) business days of the Contractor's notification to the Division of the termination and must provide weekly updates to this information. This work plan shall document work steps and due dates and, as applicable, may include, but is not limited to the submission of:

- a. Provider Impact and Analysis;
- b. Updated Provider Network and/or Provider Affiliation File;
- c. Provider Notification of the Termination;
- d. Member Impact and Analysis;
- e. Member Notification of the Termination;
- f. Member Transition and Continuity of Care;
- g. Systems Changes;
- h. Provider Directory Updates for the Division's Agent (include date when all updates will appear on Provider files);
- i. Contractor Online Directory Updates;
- j. Submission of Required Documents to the Division (Member notices for prior approval);
- k. Submission of Final Member Notices to the Division;
- l. Communication with the public related to the termination; and
- m. Termination Retraction Plan, if necessary.

All other language not modified as stated herein for Section 7.D.1 shall remain unchanged and in full force and effect.

4. Section 7.D.2, PROVIDER NETWORK – Provider Terminations – Terminations by the Provider, is hereby amended to only revise the language of the second paragraph under subsection 2 as follows:

2. Termination by the Provider

At the discretion of the Division, Contractor must submit a Provider termination work plan that may include, as applicable, the elements listed in Section 7.D.1, Termination by the Contractor, above within ten (10) business days of the Contractor notifying the Division of the termination and must provide weekly status updates to the work plan.

All other language not modified as stated herein for Section 7.D.2 shall remain unchanged and in full force and effect.

5. Section 11.R., REPORTING REQUIREMENTS – Health Information System, is hereby amended to add the following:

The Contractor shall work with the IT/Data Systems Work Group of the Mississippi Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Steering Committee to define a mutual statement of work and schedule to implement software and hardware routing solutions required for the successful implementation of CCBHCs.

6. Section 13.A.9., FINANCIAL REQUIREMENTS – Capitation Payments – Capitation Rates, is hereby amended to add the following:

The table below includes Capitation Rates of this Contract, which are the capitation rates per member per month (PMPM) varying by region and Rate Cell. Each Contractor will be paid based on the distribution of Members they have in each Rate Cell. The Non-Newborn SSI/Disabled, MA Adult, MA Children and Quasi-CHIP rate cells will be risk adjusted. These four Rate Cells have a Risk Adjustment factor, calculated on a prospective basis using CDPS+RX, applied to each rate re-calculated based on each Contractor’s actual risk scores. The Foster Care Rate Cell will also be risk adjusted on a concurrent basis using a members’ eligibility for either state or federal financial assistance to assign a risk score.

The table below establishes the CCO Capitation Rates per member per month (PMPM) for MississippiCAN. These rates are effective for the following Rate Cells: Non-Newborn SSI/Disabled; Foster Care; Breast and Cervical Cancer; SSI/Disabled Newborn; MA Adults; Pregnant Women; and Non-SSI Newborns. Additionally, Capitation Rates are included for MA Children and Quasi-CHIP Children, and Mississippi Youth Programs Around the Clock (MYPAC) rate cells. Capitation rates are for the period of State Fiscal Year 2023 (July 1, 2022 through June 30, 2023) and State Fiscal Year 2024 (July 1, 2023 through June 30, 2024) respectively.

These rates exclude MHAP FSA, QIPP, MAPS, TREAT, HIF, and Physician Directed Payments (as applicable); however, the MHAP FSA will be paid separately monthly as a financial transaction. Rates are prior to the application of a 1.00 percent Quality Withhold. These rates also do not include any additional directed payments related to hospital employed or contracted physician payment arrangements.

[SFY 2023 and SFY 2024 Capitation Rate tables continued on next page]

Molina Healthcare of Mississippi, Inc.			
MississippiCAN Capitation Rates State Fiscal Year (SFY 23)			
Capitation Rates PMPM (excluding Risk Scores)			
Effective July 1, 2022– June 30, 2023			
Rate Cell	North	Central	South
Non- Newborn SSI-Disabled	\$1,103.21	\$1,268.75	\$1,256.67
Breast/Cervical Cancer	\$3,541.76	\$4,073.22	\$4,034.43
MA Adults	\$524.15	\$577.45	\$561.35
Pregnant Women	\$1,090.72	\$1,201.64	\$1,168.14
SSI-Disabled Newborn	\$8,721.52	\$9,050.13	\$8,845.86
Non-SSI Newborns 0-2 Months	\$2,008.45	\$2,084.12	\$2,037.08
Non-SSI Newborns 3-12 Months	\$282.24	\$292.87	\$286.26
Foster Care	\$707.54	\$734.20	\$717.63
MYPAC	\$4,078.64	\$4,232.31	\$4,136.79
MA Children	\$229.67	\$238.33	\$232.95
Quasi-CHIP	\$232.19	\$240.93	\$235.50

*Capitation rate per the Augst 29, 2023 Actuarial Report attached as Exhibit 1 to this Amendment 1. Rates are prior to the application of a 1.00% quality withhold. Rates exclude MHAP, MAPS, TREAT, and Physician Directed Payments.

Molina Healthcare of Mississippi, Inc.			
MississippiCAN Capitation Rates State Fiscal Year (SFY 24)			
Capitation Rates PMPM (excluding Risk Scores)			
Effective July 1, 2023– June 30, 2024			
Rate Cell	North	Central	South
Non- Newborn SSI-Disabled	\$1,204.26	\$1,374.30	\$1,402.38
Breast/Cervical Cancer	\$3,160.79	\$3,607.08	\$3,680.77
MA Adults	\$545.65	\$586.21	\$582.86
Pregnant Women	\$734.21	\$788.78	\$784.28
SSI-Disabled Newborn	\$8,253.05	\$8,574.98	\$8,224.41
Non-SSI Newborns 0-2 Months	\$2,247.03	\$2,334.68	\$2,239.23
Non-SSI Newborns 3-12 Months	\$299.05	\$310.72	\$298.02
Foster Care	\$718.39	\$746.41	\$715.89
MYPAC	\$3,749.54	\$3,895.80	\$3,736.53
MA Children	\$234.64	\$243.79	\$233.83
Quasi-CHIP	\$245.51	\$255.09	\$244.66

*Capitation rate per the Augst 29, 2023 Actuarial Report attached as Exhibit 2 to this Amendment 1. Rates are prior to the application of a 1.00% quality withhold. Rates exclude MHAP, MAPS, TREAT, and Physician Directed Payments.

The Contractor is not allowed to affect the assignment of risk scores through any post-billing claims review process for the assignment of additional diagnosis codes. Diagnosis codes may only be recorded by the provider at the time of the creation of the medical record and may not be retroactively adjusted except to correct errors.

7. Section 13.A.10, FINANCIAL REQUIREMENTS – Capitation Payments – Risk Corridor, is hereby amended to add the following:

10. Risk Corridor – State Fiscal Year (SFY) 2024

a. Program-Wide Risk Corridor – State Fiscal Year (SFY) 2024

Subject to CMS approval, the Division will implement a symmetrical program-wide risk corridor for the timeframe of July 1, 2023 through June 30, 2024 (“SFY 2024”) to address the uncertainty of medical costs related to the federally required COVID-19 Public Health Emergency (PHE) unwinding during SFY 2024. The program-wide risk corridor was developed in accordance with generally accepted actuarial principles and practices.

The Contractor capitation rates reflect a target medical loss ratio (MLR) which measures projected medical service costs as a percentage of the total capitation rates paid to the Contractor. The program-wide risk corridor would limit Contractor gains and losses if the actual MLR is different than the target MLR.

The following table summarizes the share of gains and losses relative to the target MLR for each party.

Mississippi Division of Medicaid SFY 2024 Program-Wide Risk Corridor Parameters		
MLR Claims Corridor	Contractor Share of Gain/Loss in Corridor	Division Share of Gain/Loss in Corridor
Less than Target MLR -2.0%	0%	100%
Target MLR -2.0% to Target MLR +2.0%	100%	0%
Greater than Target MLR +2.0%	0%	100%

For the purposes of the SFY 2024 Program-Wide Risk Corridor, a different definition of MLR will be used than the Federal MLR definition.

Exhibit 17B of the August 29, 2023 rate certification letter, illustrates the calculation of the target MLR. The final target MLR will vary for each CCO and will depend on several currently unknown factors, including the final risk scores for each risk adjusted rate cell, the amount of the quality withhold returned to each CCO, and the results of the final settlements for MHAP and MAPS. Exhibit 17B does not reflect the actual target MLR to be used for any CCO, but is shown for illustrative purposes. Moreover, Exhibit 17B does not reflect regional variations in capitation rates and risk scores (for applicable rate cells), which will be considered in the final risk corridor calculation.

More detailed templates will be provided to the CCOs demonstrating the actual calculation to be used when developing risk corridor settlements.

The Program-Wide Risk Corridor will be implemented using the following provisions:

- 1) Actual and Target MLRs will be calculated for Contractor based on actual enrollment mix.
- 2) The numerator of the Contractor's actual MLR will include state plan covered services incurred during the period of SFY 2024 with payments made to providers as defined in Exhibit C of the CCO Contract, including fee-for-service payments, subcapitation payments, and settlement payments. Non-covered services will be removed from the numerator.
- 3) The High-Cost Pharmacy Risk Corridor will be calculated independent of the Program-Wide Risk Corridor. Costs and premiums associated with the High-Cost Pharmacy Risk Corridor will not be accounted for or included in the calculation of the Program-Wide Risk Corridor.
- 4) Payments and revenue related to directed payments paid by Division pursuant to 42 C.F.R. § 438.6(c) will be included in the numerator and denominator of the Contractor's actual MLR.
- 4) Adjustments to revenue and claims resulting from the MLR audit will be incorporated into the calculation of each the Contractor's actual MLR.
- 5) The 87.5% minimum MLR provision in Section 13.G of the Contract will apply after the program-wide risk corridor settlement calculation.

The initial program-wide risk corridor calculation and settlement will occur using the SFY 2024 values included in the annual MLR report submitted from the Contractor to the Division with six (6) months of runout. Any payment or recoupment between the Division and Contractor based on this initial settlement will occur in the month of May after the close of the state fiscal year. A final calculation of payments or recoupments as a result of the program-wide risk corridor will occur once the MLR audit has been completed, typically 12 to 18 months after the close of the state fiscal year.

b. Risk Corridor for Pharmacy High-Cost Drugs - State Fiscal Year (SFY) 2024

Some Medicaid members have conditions requiring very expensive drug treatments. These members are infrequent and not evenly distributed among the CCOs. To help mitigate the CCO's risk, the Division is introducing a pharmacy high-cost drug risk corridor for SFY 2024, subject to CMS approval. The pharmacy high-cost drug risk corridor is applicable to total drug spend of \$500,000 or more per year at a member level. The capitation rates include a PMPM estimate of the costs that will be covered in the pharmacy high-cost drug risk corridor specific to each Rate Cell. The actual costs from the CCOs will be compared to these estimated costs for the final settlement calculation.

The pharmacy high-cost drug risk corridor outlined below has been developed in accordance with generally accepted actuarial principles and practices. The table below summarizes the share of gains and losses relative to the estimated pharmacy high-cost drug costs for each party.

Mississippi Division of Medicaid Risk Corridor Parameters for Pharmacy High-Cost Drugs SFY 2024		
Contractor Gain/Loss	Contractor Share of Gain/Loss in Corridor	Division Share of Gain/Loss in Corridor
Less than -6.0%	0%	100%
-6.0% to -3.0%	50%	50%
-3.0% to +3.0%	100%	0%
+3.0% to +6.0%	50%	50%
Greater than +6.0%	0%	100%

The pharmacy high-cost drug risk corridor will be implemented using the following provisions:

- (1) Estimated high-cost pharmacy drug costs will be calculated separately for each Rate Cell based on the expected mix of high-cost products.
- (2) Each Rate Cell's actual pharmacy high-cost drug costs will include payments made for the following:
 - (a) All pharmacy claims with an NDC code billed through a retail or specialty pharmacy, regardless of where these claims are administered.
 - (b) All drugs billed as medical claims with a HCPCS code that starts with the letter "J"
 - (c) Inpatient stays for select gene therapies and other select products. The estimated pharmacy costs included in the pharmacy high-cost drug risk corridor include the following; however, DOM will monitor and revise the list of approved products if additional products are covered by DOM for use during SFY 2024.
 - i) lovoctibeglogene autotemcel (lovo-cel)
 - ii) exagamglogene autotemcel (exa-cel)
 - iii) Zynteglo
 - (d) Applicable script limits will be applied and the costs for those services will not be counted toward total member spend during that time period.
- (3) The timing of the pharmacy high-cost drug risk corridor settlements will occur during the initial and final settlements for the program-wide risk corridor. The pharmacy high-cost drug risk corridor will be calculated independently of the larger program-wide risk

corridor. Costs and premiums associated with the High-Cost Pharmacy Risk Corridor will not be accounted for or included in the calculation of the Program-Wide Risk Corridor.

- (a) The initial settlement will occur after the contract year is closed, using six months of runout. Any payment or recoupment between the Division and Contractor based on this initial settlement will occur in the month of May after the close of the state fiscal year.
- (b) The final settlement will occur once the MLR audit has been completed. MLR audits are usually completed 12 to 18 months after the close of the SFY.

(4) The 87.5% minimum MLR provision (Federal MLR definition) in the CCO contract will apply after the risk corridor settlement calculation.

8. Section 18.B., CLAIMS MANAGEMENT – Claims Processing and Information Retrieval Systems, is hereby amended to add the following:

In preparation for the planned CCBHC program to be initiated at a future date upon authorization by the Division, the Contractor shall, as requested by the Division, provide resources and initiate participation in the IT/Data Systems Workgroup of the Mississippi Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Steering Committee to ensure their claims systems are prepared to process claims with the new CCBHC provider type.

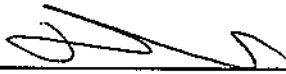
Contractor shall provide appropriate Subject Matter Experts (SMEs) experienced with CCBHC operations and systems as requested by the Division to participate in regularly scheduled CCBHC meetings as coordinated by the Division. Contractor SMEs shall provide input at the scheduled CCBHC meetings relative to planning, implementation, and operation of the CCBHC program.

In accordance with the requirements of PAMA, the Division will establish a prospective payment system (PPS) rate for the payment of CCBHC services. This PPS rate will cover all services provided to a beneficiary on a daily basis for all of the services included in the scope of services of the CCBHC. The Contractor will be required to initiate and prepare their internal payment systems to incorporate this PPS rate methodology.

All other terms, conditions, and provisions set out in the Original SFY24 Emergency Contract other than those modified and amended herein, remain in full force and effect for the duration of the SFY24 Emergency Contract.

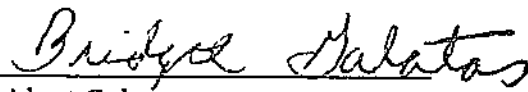
IN WITNESS WHEREOF, the parties have executed this Amendment Number One by their duly authorized representatives as follows:

Mississippi Division of Medicaid

By: 
Drew L. Snyder
Executive Director

Date: 10/26/23

Molina Healthcare of Mississippi, Inc.

By: 
Bridget Galatas
President & Chief Executive Officer

Date: 10/11/2023

STATE OF MISSISSIPPI
COUNTY OF Hinds

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **Drew L. Snyder**, in his official capacity as the duly appointed **Executive Director of the Division of Medicaid in the Office of the Governor**, an administrative agency of the **State of Mississippi**, who acknowledged to me, being first duly authorized by said agency that he signed and delivered the above and foregoing written **Amendment Number One** for and on behalf of said agency and as its official act and deed on the day and year therein mentioned.

GIVEN under my hand and official seal of office on this the 20th day of October, A.D., 2023.

NOTARY PUBLIC

My Commission Expires:

Sept 23, 2024



Shelby J. Berryman

STATE OF Mississippi
COUNTY OF Hinds

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **Bridget Galatas**, in her respective capacity as the **President and Chief Executive Officer of Molina Health Plan, Inc.**, a corporation authorized to do business in Mississippi, who acknowledged to me, being first duly authorized by said corporation that she signed and delivered the above and foregoing written **Amendment Number One** for and on behalf of said corporation and as its official act and deed on the day and year therein mentioned.

GIVEN under my hand and official seal of office on this the 17th day of October, A.D., 2023.



NOTARY PUBLIC

Normal Dempsey

My Commission Expires:

July 20, 2027

**DOM MSCAN SFY24 EMERGENCY CONTRACT
AMENDMENT 1**

Exhibit 1 - SFY23 Rate Updates



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA

Tel +1 262 784 2250

milliman.com

August 22, 2023

Jennifer Wentworth
Special Projects Admin, Accounting
Mississippi Office of the Governor, Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201
Sent via email: jennifer.wentworth@medicaid.ms.gov

Re: Report19 - State Fiscal Year 2023 MississippiCAN Preliminary Rate Calculation and Certification - REVISED

Dear Jennifer:

The Mississippi Division of Medicaid (DOM) has retained Milliman to develop actuarially sound capitation rates for state fiscal year (SFY) 2023 for Mississippi Coordinated Access Network (MississippiCAN), a coordinated care program for Medicaid beneficiaries.

This report documents the preliminary capitation rates for all populations enrolled in MississippiCAN. Overall, the preliminary SFY 2023 capitation rates are 2.7% higher than the SFY 2022 capitation rates issued on July 18, 2023 (when compositing rates using CY 2019 membership). This report updates our preliminary capitation rates;¹ the following changes were made in this report relative to the prior certification:

- Unit cost trends for physician services were updated based on a restated simulation of the impact of changes in payment methodologies between CY 2019 and SFY 2023 performed by Conduent.
- Unit cost trends for inpatient, outpatient, physician, and other services were adjusted for fee schedule changes that occurred throughout SFY 2023.
 - Ambulatory Surgical Center (ASC)
 - Autism Spectrum Disorder (ASD)
 - Durable Medical Equipment (DME) / Medical Supplies
 - Home Health
 - Prescribed Pediatric Extended Care (PPEC)
 - Private Duty Nursing (PDN)
 - Psychiatric Residential Treatment Facilities (PRTF)
- A population adjustment for the Pregnant Women rate cell related to the extension of postpartum coverage from 60 days to 12 months effective April 1, 2023.
- COVID-19 population acuity adjustment was applied for the MA Adult, MA Children, and Quasi-CHIP rate cells to account for differences in actual and projected SFY 2023 enrollment.
- We removed a reimbursement adjustment related to certain rural hospitals opting out of APC reimbursement methodology, and instead being reimbursed at 101% of Medicare rates. This reimbursement adjustment will be applied to SFY 2024.

¹ "Wentworth12 - SFY 2023 Preliminary MississippiCAN Rate Calculation and Certification.pdf" dated July 18, 2023.

Table 1 summarizes the overall impact on capitation rates resulting from the changes noted above. The impact in Table 1 is based upon the membership distribution across rate cells in calendar year (CY) 2019. Each of these changes are described in more detail within the capitation report.

Table 1 MississippiCAN Capitation Rates Summary of SFY 2023 Rate Change Components	
Assumption Change	Change from July 18, 2023 Preliminary Rates
Restated SFY 2019 to SFY 2023 Unit Cost Trends	1.004
COVID-19 Population Acuity Adjustment	1.011
Postpartum Coverage Extension	0.999
Restated Administrative Costs	1.002
Total SFY 2023 Rate Change	1.016

No program experience from SFY 2023 was used to develop these rate adjustments other than actual enrollment for the acuity adjustment, as was outlined in the original rate certification.

Also consistent with the approaches outlined in the original rate certification, rates will be retroactively adjusted and recertified for the following items:

- Payments for the Mississippi Hospital Access Program (MHAP) Quality Incentive Payment Program (QIPP).
- Payments for the Mississippi Medicaid Access to Physician Services (MAPS) program.
- Payments for the Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) program.
- Actual membership to determine the final MHAP fee schedule adjustment (FSA) amounts.

This recertification will be done at one time for capitation rates for the entire SFY 2023 period. This recertification is anticipated to happen by June 2024.

As of the time of this report, the impact on capitation rates due to COVID-19 is uncertain for SFY 2023. As such, consistent with the original certification, a risk corridor will be used in SFY 2023 to reflect the uncertainty in the capitation rates due to COVID-19. The risk corridor is described in more detail in Section IV. In addition, explicit adjustments for COVID-19 are made in the rate development for the following:

- Fewer than 3.5 years of utilization trend was applied from CY 2019 to SFY 2023 in some situations. Total utilization trend applied varies by rate cell and is described in greater detail in Section IV.
- Medicaid enrollment remained elevated though the end of the Department of Health and Human Services (HHS) declared public health emergency (PHE). Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the PHE from coordinated care organizations (CCOs) into FFS Medicaid. Following the end of the PHE, these members' Medicaid eligibility is being redetermined; members may be re-enrolled in managed care or may be disenrolled from Medicaid entirely.

As SFY 2023 enrollment is materially different than the CY 2019 membership used to develop the base data underlying SFY 2023 capitation rates, Milliman applied a retrospective acuity adjustment for the MA Adult, MA Children, and Quasi-CHIP rate cells to reflect the differences between those populations.

Capitation rates include dampened emergency service projections, which reflect utilization pattern changes observed during the COVID-19 pandemic and expected to persist following the pandemic.

- The capitation rates include provisions for expected vaccination administration fees related to COVID-19 in SFY 2023.

Additionally, the SFY 2023 capitation rates use CY 2019 data as the basis for projections. Under normal circumstances, SFY 2023 capitation rates would be based on CY 2020 experience. However, given the large changes in member behavior in CY 2020, we do not find this experience to be a credible basis for SFY 2023 projections, as we expect



SFY 2023 will be more similar to CY 2019 than to CY 2020. However, CY 2020 and emerging 2021 experience is used to help inform trends and other targeted adjustments, where appropriate.



Jennifer, please call us at 262 784 2250 if you have questions. We look forward to discussing this report with you and the CCOs.

Sincerely,

Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary

Katarina N. Lorenz, FSA, MAAA
Consulting Actuary

JAB/KNL/bl

Attachments

MILLIMAN REPORT

State of Mississippi Division of Medicaid

State Fiscal Year 2023 MississippiCAN Preliminary Rate Calculation and Certification - REVISED

August 22, 2023

[Jill A. Bruckert](#), FSA, MAAA
Principal and Consulting Actuary

[Michael C. Cook](#), FSA, MAAA
Principal and Consulting Actuary

[Katarina N. Lorenz](#), FSA, MAAA
Consulting Actuary



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA
Tel +1 262 784 2250

milliman.com



Table of Contents

I. SUMMARY AND DISCUSSION OF RESULTS	1
II. MISSISSIPPICAN BACKGROUND.....	9
III. BASE DATA DEVELOPMENT.....	12
IV. PROJECTED SFY 2023 CAPITATION RATES	25

EXHIBITS (Provided in Excel format only)

Capitation Rate Development

EXHIBIT 1A	Base Data Exhibits – CY 2019 Encounter Data
EXHIBIT 1B	Base Data Exhibits – CY 2018 Encounter Data
EXHIBIT 1C	Base Data Exhibits – Q1 to Q3 2018 FFS and Encounter Data for MYPAC Rate Cell
EXHIBIT 2A	Final Base Data and Projection Assumptions
EXHIBIT 2B	MA Adult and Pregnant Women Aggregate Service PMPMs
EXHIBIT 3	Statewide Non-Service Expense Allowance Development
EXHIBIT 4	Final SFY 2023 Capitation Rates

Capitation Rate Support

EXHIBIT 5	SFY 2022 to SFY 2023 Rate Change
EXHIBIT 6	Service Category to Milliman HCGs Grouper Category Mapping
EXHIBIT 7A	Historical PMPM Trend Summary – All Populations
EXHIBIT 7B	Historical PMPM Trend Summary – SSI+ Population
EXHIBIT 7C	Historical PMPM Trend Summary – Adults Population
EXHIBIT 7D	Historical PMPM Trend Summary – Children Population
EXHIBIT 7E	Historical PMPM Trend Summary – Deliveries
EXHIBIT 8A	Pharmacy Trend Summary – SSI Rate Grouping
EXHIBIT 8B	Pharmacy Trend Summary – Adult Rate Grouping
EXHIBIT 8C	Pharmacy Trend Summary – Children Rate Grouping
EXHIBIT 9A	Development of Vaccine Expenses
EXHIBIT 9B	Development of Vaccine Targets
EXHIBIT 9C	Illustration of Withhold Calculation for COVID-19 Vaccines
EXHIBIT 10	Enhanced Match Services
EXHIBITS 11A - 11D	CY 2018 Databooks
EXHIBITS 11E - 11H	CY 2019 Databooks
EXHIBIT 12	5% Provider Assessment Application
EXHIBIT 13	Summary of Population, Program, and Reimbursement Changes
EXHIBIT 14	Capitation Rate Component Change Summary
EXHIBIT 15	Unit Cost Trends by Category of Service
EXHIBIT 16	Postpartum Coverage Extension Development
EXHIBIT 17	SFY 2023 Population Acuity Adjustment Development

Expenditure Projection

EXHIBIT 18	MississippiCAN Expenditure Estimate
------------	-------------------------------------

Risk Corridor Calculations

EXHIBIT 19	Illustrative MLR Development
------------	------------------------------

Table of Contents *(continued)*

Data Processing Support

EXHIBIT 20A	Procedure Codes for Non-Psychiatric Physician Visits
EXHIBIT 20B	Procedure Codes for Psychiatric Physician Visits
EXHIBIT 20C	NDCs Excluded from Monthly Pharmacy Script Limit

APPENDICES

Supporting Documentation

APPENDIX A	SFY 2023 Rate Cell Definitions
APPENDIX B	Data Sources and Processing
APPENDIX C	CMS Rate Setting Checklist
APPENDIX D	CMS Managed Care Rate Setting Guide Response
APPENDIX E	Actuarial Certification of SFY 2023 MississippiCAN Capitation Rates
APPENDIX F	Data Reliance Letter

I. SUMMARY AND DISCUSSION OF RESULTS

The Mississippi Division of Medicaid (DOM) retained Milliman to calculate, document, and certify to capitation rates for Mississippi Coordinated Access Network (MississippiCAN), a coordinated care program for targeted Medicaid beneficiaries, effective for state fiscal year (SFY) 2023. This report provides preliminary SFY 2023 capitation rates and documents their development. This report is structured as follows:

- Section I includes a high-level overview of the change in capitation rates relative to the July 1, 2021 to June 30, 2022 (SFY 2022) capitation rates
- Section II provides a short background of the MississippiCAN program
- Section III documents the development of the base data
- Section IV documents the rate setting process for SFY 2023 capitation rates
- Appendices A and B contain additional details on the SFY 2023 rate cell definitions and base period data sources and processing
- Appendices C and D provide responses to the CMS rate setting checklist and CMS managed care rate setting guide for all rate cells
- Appendix E contains an Actuarial Certification for all MississippiCAN rate cells
- Appendix F documents our reliance on DOM for data and other assumptions in the development of the capitation rates

SFY 2023 CAPITATION RATES

Table 1 includes per member per month (PMPM) preliminary capitation rates effective for SFY 2023, including all components that will be paid to the Coordinated Care Organizations (CCOs) on a monthly basis. Each CCO will be paid based on the distribution of members enrolled in each rate cell. In addition, CCO capitation payments will vary based on their members' county of residence. We assigned each county to one of the following regions: North, Central, or South, as shown in Appendix A.

Table 1 Mississippi Division of Medicaid MississippiCAN Capitation Rates Per Member Per Month (PMPM)¹ Effective SFY 2023			
Rate Cell	North	Central	South
Non-Newborn SSI / Disabled	\$1,103.21	\$1,268.75	\$1,256.67
Breast and Cervical Cancer	\$3,541.76	\$4,073.22	\$4,034.43
MA Adult	\$524.15	\$577.45	\$561.35
Pregnant Women	\$1,090.72	\$1,201.64	\$1,168.14
SSI / Disabled Newborn	\$8,721.52	\$9,050.13	\$8,845.86
Non-SSI Newborns 0 to 2 Months	\$2,008.45	\$2,084.12	\$2,037.08
Non-SSI Newborns 3 to 12 Months	\$282.24	\$292.87	\$286.26
Foster Care	\$707.54	\$734.20	\$717.63
MYPAC	\$4,078.64	\$4,232.31	\$4,136.79
MA Children	\$229.67	\$238.33	\$232.95
Quasi-CHIP	\$232.19	\$240.93	\$235.50

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

The MississippiCAN capitation rates include medical and pharmacy services that will be paid prospectively on a monthly basis in the capitation rates and directed payments that will require retrospective adjustments to the capitation rates. The PMPM capitation rates in Table 1 only include the amounts that will be paid prospectively in the capitation rates.

As outlined in the original certification, the capitation rates will be retrospectively adjusted for the following components, which are not included in Table 1:

- The Mississippi Hospital Access Program (MHAP) hospital fee schedule adjustment (FSA), which varies by rate cell on a PMPM basis based on projected utilization of inpatient and outpatient services and actual membership. The MHAP FSA payments will be \$313.1 million in SFY 2023, increased from \$285.6 million in SFY 2022. Please see Section IV of this report for additional details on the MHAP FSA.
- Payments for the MHAP quality incentive payment program (QIPP) are paid outside of the capitation rates on a quarterly basis. The MHAP QIPP payments will be \$288.1 million in SFY 2023, increased from \$247.5 million in SFY 2022. Please see Section IV of this report for additional details on the MHAP QIPP.
- The MAPS program will be included in MississippiCAN to enhance payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital, or who assigned Mississippi Medicaid payments to a qualifying hospital. The MAPS payments are estimated to be \$38.0 million in SFY 2023. Please see Section IV of this report for additional details on the MAPS program.
- The TREAT program will be included in MississippiCAN for SFY 2023 to enhance payments to eligible emergency ambulance providers. The TREAT payments are estimated to be \$14.7 million in SFY 2023. Please see Section IV of this report for additional details on the TREAT program.

In addition, the capitation rates will be adjusted on a CCO specific basis for the following rate adjustments:

- **Quality Withhold:** As in SFY 2022 rates, DOM will apply a quality withhold to MississippiCAN payments in SFY 2023 based on metrics reported by the CCOs. The PMPM capitation rates in Table 1 are prior to the application of this quality withhold. Please see Section IV for more information on the quality withhold for SFY 2023.
- **Risk Adjustment:** The capitation rates for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rate cells will be risk adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). The CDPS + Rx risk adjuster will be used to adjust for the acuity differences between the enrolled populations of each CCO and will be budget-neutral to DOM. The CDPS + Rx demographic and disease category weights are calculated using Mississippi fee-for-service (FFS) and encounter data.

The capitation rates for the Foster Care rate cell will be risk adjusted using a custom risk adjustment model developed for this population. This custom model uses a member's eligibility for either state or federal financial assistance to assign a risk score. The risk adjustment for the Foster Care rate cell will be applied on a concurrent basis.

Please see Section IV for more information on the application of risk adjustment to the applicable rate cells.

- **Risk Corridor:** As outlined in the original certification, a risk corridor will be applied to recognize the uncertainty in determining rate setting assumptions for the impact of COVID-19 on the SFY 2023 rating period. Please see Section IV for more information on how the risk corridor settlements will be calculated.

Our Actuarial Certification of the SFY 2023 MississippiCAN capitation rates is included as Appendix E. It should be emphasized that capitation rates are a projection of future costs based on a set of starting data and assumptions. Actual costs will be dependent on each contracted CCO's situation, experience, and enrolled population.

SELECTION OF BASE DATA

Under normal circumstances, data from CY 2020 would be used as the primary base data for SFY 2023 capitation rates. Due to the emergence of COVID-19 in 2020, however, the CY 2020 encounter data shows significantly different utilization and cost patterns when compared with prior time periods. We expect claims and member behavior in SFY 2023 to be more similar to prior time periods than to CY 2020, therefore, we use CY 2019 data as our primary data source for the SFY 2023 capitation rates.

While CY 2020 encounter data is not the primary data source for SFY 2023 capitation rates, we use this data and emerging data from CY 2021 to inform assumptions used to develop the SFY 2023 capitation rates, such as trend assumptions or service mix changes expected to persist post-COVID-19. We validated the quality of the CY 2020 encounter data by comparing the data to financial reporting provided by the CCOs, similar to the validation process for the CY 2019 data described in Section III below. Based on our analysis, the CY 2020 encounter data and the CCOs' financial reporting align reasonably well, with the reported financial data being approximately 0.9% higher than the reported encounters.

COVID-19 CONSIDERATIONS IN SFY 2023 RATE DEVELOPMENT

As of the time of this report, the impact on SFY 2023 capitation rates due to COVID-19 is difficult to predict. As such, as outlined in the original certification, a risk corridor will be in effect in SFY 2023 to reflect the uncertainty in the capitation rates due to COVID-19. The risk corridor is described in more detail in Section IV.

In addition, explicit adjustments for COVID-19 are made in the rate development for the following, as described in Section IV:

- We apply no utilization trend, one year of utilization trend, or two years of utilization trend for the adult, children, and SSI rate cell groups, respectively, from CY 2019 to SFY 2023 (these groups are outlined in Table 4 below). The application of a 0% utilization trend for a portion of this 42-month period implicitly assumes that once services return to pre-pandemic levels, if not already there, they are not anticipated to reflect 42 months of utilization trend relative to CY 2019 levels.
- Capitation rates include dampened emergency service projections which reflect utilization pattern changes observed during the COVID-19 pandemic and expected to persist following the pandemic.
- The capitation rates include provisions for expected vaccination administration fees related to COVID-19 in SFY 2023.
- As SFY 2023 enrollment is materially different than the CY 2019 membership used to develop the base data underlying SFY 2023 capitation rates due, Milliman applied a retrospective acuity adjustment for the MA Adult, MA Children, and Quasi-CHIP rate cells to reflect the differences between those populations.

The SFY 2023 capitation rates do not include any explicit adjustments for the following:

- COVID-19 Testing and Treatment Cost: The infection rate for COVID-19 in SFY 2023 is dependent on many variables that are difficult to predict, limiting our ability to include an estimate for the cost of testing for and treating individuals with COVID-19. Some of the variables under consideration include, but are not limited to:
 - The take-up rate and timing of COVID-19 vaccinations.
 - The emergence of COVID-19 variants and the efficacy of vaccines upon these variants.
 - The implementation of social distancing measures.

To our knowledge, there is not a publicly available model that includes COVID-19 infection rates or hospital admissions through June 2023. In addition, the publicly available models have materially changed short-term and long-term projections of COVID-19 prevalence in reaction to emerging data as different variations of COVID-19 become the main strain of infections. Given the unpredictable patterns of COVID-19 prevalence to date in Mississippi and the changing national models there is a range of potential impacts on the SFY 2023 rates.

In addition, part of the rationale for not adding future COVID-19 related costs is that flu-related costs have also been dampened during the COVID-19 pandemic relative to the amounts that are included in the CY 2019 base period data. Similar to estimating future COVID-19 related costs, future flu-related costs are also difficult to predict. It is unknown if the dampened infection rates in the 2020 / 2021 and 2021 / 2022 flu seasons (as of the date of this report) will persist after the end of the PHE due to increased population adherence to precautionary measures (such as masking and hand washing), or if a “normal” flu season will return.

- **Deferred and Foregone Services:** The most significant fiscal impact of COVID-19 to date has been the deferral of non-essential services, either through government-enacted policies, the impact of social distancing on the administration of services, or personal choice to defer services. We have reviewed MississippiCAN emerging data by population type (to remove the impact of membership mix changes). As of September 2021, there was still measurable reductions in claim costs compared to the PMPMs in CY 2019 for some population types. However, it is difficult to use this historical data to project the impact of deferred services for SFY 2023 for many reasons.
 - We observed the change in service utilization has varied as the level of COVID-19 diagnoses and hospital admissions has changed in Mississippi over the course of the pandemic to date. Therefore, a key variable in predicting future service utilization changes relative to pre-pandemic levels is the future prevalence of COVID-19, which as noted above, is unknown.
 - Despite the availability of vaccines and loosening of restrictions in CY 2021, we still have not seen claims return to a pre-pandemic level or the impact of any warehousing of claims.
 - In the MississippiCAN data that we have reviewed it is difficult to isolate the impact of deferred services from changes in utilization due to other drivers, such as change in service mix.
 - The length of the pandemic to date means that some of the routine care services that may have been deferred will be foregone rather than made up at a later time. For example, an individual will not receive two physicals in one year if they missed their prior evaluation.
 - Even if demand for deferred services is higher in SFY 2023, the amount of these services that can be provided is limited by the capacity of the state’s medical infrastructure. Some delayed services may continue to be delayed or never performed if demand exceeds capacity.

CAPITATION RATE CHANGE SUMMARY

Compared to SFY 2022 capitation rates, the SFY 2023 rates are 2.7% higher excluding the impact of directed payments when composited across all rate cells using CY 2019 membership. Excluding the impact of program changes (noted by footnote 2 in Table 2), which increase or decrease total program costs concurrently with revenue for the CCOs, the rates are 3.4% higher than SFY 2022. Excluding the impact of COVID-19 adjustments (noted by footnote 1 in Table 2), the rates are 0.1% lower than SFY 2022.

Table 2 shows a summary of the main drivers of the rate changes aggregated across all MississippiCAN capitation rate cells, excluding the impact of directed payments. All compositing is based upon CY 2019 membership.

Table 2
MississippiCAN Capitation Rates
Summary of SFY 2023 Rate Change Components¹

	Aggregated with CY 2019 Membership
SFY 2022 Capitation Rate	\$472.10
Base Period Data Update	0.996
Restate TPL on CY 2019 Claims	0.999
Restate Benefits Exceeding Medicaid Limits	1.000
Restate CY 2018 to SFY 2022 Trends	0.976
Remove SFY 2021 to SFY 2022 Charge Trends	0.998
Restate CY 2019 to CY 2020 PDL Adjustment ²	0.997
COVID-19 Population Acuity Adjustments ³	1.019
Other Restated Assumptions	0.999
Restated SFY 2022 Rate	0.983
SFY 2022 to SFY 2023 Trends	1.047
SFY 2023 COVID-19 Population Acuity Adjustment ³	1.011
Emergency Services Savings Adjustment	0.993
PDL CY 2021 to CY 2022 Adjustment ²	0.998
SFY 2022 to SFY 2023 COVID-19 Vaccine Administration Change ^{2, 3}	0.998
SFY 2023 Preventative and Diagnostic Dental Reimbursement Change ²	1.001
SFY 2023 Restorative Dental Reimbursement Change ²	1.001
Postpartum Coverage Extension ²	0.999
Update Admin	0.998
Preliminary SFY 2023 Rate Change	1.027
SFY 2023 Rate Change - Excluding Program Changes²	1.034
SFY 2023 Rate Change - Excluding COVID-19 Adjustments³	0.999

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

² Program change that increases or decreases total program costs outside of the control of the CCOs.

³ COVID-19 Adjustments include the COVID-19 Vaccine Administration Expense and the COVID-19 Population Acuity Adjustment.

The values quoted below are all based on CY 2019 membership composites.

- The development of SFY 2023 capitation rates is a ground-up approach where the base data and each assumption is evaluated separate from the SFY 2022 capitation rates. However, for the purposes of explaining the rate change from SFY 2022 to SFY 2023, we isolate the impact of rebasing the data and assumptions that result in a change in the projected SFY 2022 values. Overall, this rebasing decreased the projection of SFY 2022 costs by 1.7% from costs projected in the SFY 2022 capitation rates. This 1.7% decrease contains the following sub-components:
 - CY 2019 claims data developed for SFY 2022 rate setting included runout through April 2020 and an incurred but not reported (IBNR) estimation of additional runout, while restated claims used for SFY 2023 rate setting include runout through August 2021 with no IBNR estimations necessary. This data update, as shown in the “Base Period Data Update” row above, amounted to a rate decrease of 0.4% relative to SFY 2022 rates.
 - We reflected additional runout on collections related to third party liability (TPL) incurred in CY 2019, but not yet reflected in the base encounter data used for rate setting. This amounted to a 0.1% reduction to SFY 2023 rates relative to SFY 2022 rates.
 - In SFY 2022 rates, Milliman removed the cost of services exceeding service limits from CY 2018 and CY 2019 base data as reported by the CCOs in financial reporting. Milliman recalculated the costs of these services for SFY 2023 rate setting by querying encounter data. The resulting recalculation of non-covered services resulted in a negligible change in SFY 2023 rates relative to SFY 2022 rates.

- Milliman restated CY 2019 to SFY 2022 trend assumptions. This included the recalculation of annual trend assumptions based on reviewing restated data, changes to the lengths of time during which utilization trends were applied from CY 2019 to SFY 2022, and the restatement of CY 2019 to SFY 2022 pharmacy unit cost trends; all topics are discussed in Section IV. Overall, this trend restatement resulted in an overall 2.4% reduction to capitation rates.
- In SFY 2022 capitation rates, Milliman reflected anticipated changes to fee schedules effective July 1, 2021. Due to SB2799, fee schedules set to change at that time were instead frozen at the SFY 2021 levels. Milliman thus removed SFY 2021 to SFY 2022 charge trends seen in SFY 2022 capitation rates from the SFY 2023 capitation rates shown in this report. This removal of SFY 2021 to SFY 2022 unit cost changes results in a 0.2% reduction to capitation rates.

CMS did not approve the freezing of pharmacy reimbursement as of July 1, 2021. Therefore, SFY 2023 capitation rates assume pharmacy unit cost trends are applicable for the entire time period from the base period to SFY 2023. Additionally note, that FQHC and RHC reimbursement rates are set by the Federal government, and thus, cannot be modified by DOM. Therefore, Milliman continued to reflect all applicable FQHC and RHC reimbursement changes from the base period to SFY 2023 in these capitation rates.

- Milliman restated the impact of PDL changes effective January 1, 2020. This resulted in an additional 0.3% reduction to SFY 2023 rates relative to SFY 2022 rates.
 - SFY 2022 capitation rates included negative acuity adjustments for the MA Adult, MA Children, and Quasi-CHIP populations. These acuity adjustments reflected an increase in projected SFY 2022 enrollment relative to CY 2019 enrollment as of the initial certification of SFY 2022 capitation rates. The removal of this negative adjustment from SFY 2022 to SFY 2023 rates resulted in a 1.9% increase in SFY 2023 capitation rates relative to SFY 2022 capitation rates.
 - Various other assumptions were restated, most notably PRTF-related adjustments on CY 2018 data, NET-related changes (to incorporate a second CCO transitioning vendors), and various other adjustments which were recalculated using updated CY 2019 claims data. These restated assumptions net to a 0.1% reduction to SFY 2023 capitation rates.
- Composite utilization and unit cost trend assumptions from SFY 2022 to SFY 2023 increased projected costs 4.7%. This is driven by a large unit cost increase for physician services (primarily evaluation and management codes) effective July 1, 2022. In addition, there were other service specific fee schedules that had material changes on a population specific basis (e.g., PRTF increase result in large reimbursement change for the Foster Care rate cell) during SFY 2023 that we have incorporated.
 - An acuity adjustment for the MA Adult, MA Children, and Quasi-CHIP rate cells was applied to account for decreased enrollment in SFY 2023 relative to CY 2019, which increased the capitation rates by 1.1%.
 - MississippiCAN has seen a decrease in the utilization of emergency services since the beginning of the COVID-19 pandemic. We expect that this shifted member behavior will persist into SFY 2023 and have thus projected a decrease to emergency service utilization relative to CY 2019 levels. Across all rate cells, this amounts to a 0.7% decrease to capitation rates.
 - Preferred drug list (PDL) updates effective January 1, 2022 are estimated to decrease gross pharmacy costs prior to DOM rebate collection by approximately 1.2%, resulting in an overall 0.2% decrease to capitation rates.
 - MississippiCAN CCOs will be responsible for expenses related to the administration of the COVID-19 vaccine. Milliman revised the estimate of these vaccine administration expenses from SFY 2022 to SFY 2023. Across all rate cells, SFY 2023 vaccine administration expenses average \$0.78 PMPM, down from \$1.71 in SFY 2022 rates, resulting in an overall 0.2% decrease to capitation rates.
 - Per SB2799, SFY 2023 MississippiCAN preventative and diagnostic dental services will be reimbursed at a rate 5% greater than in SFY 2022. Across all rate cells, this amounts to a 0.1% increase to capitation rates.

- Per HB657, SFY 2023 MississippiCAN restorative dental services will be reimbursed at a rate 5% greater than in SFY 2022. Across all rate cells, this amounts to a 0.1% increase to capitation rates.
- Per SB 2212, postpartum coverage extended from 60 days to 12 months effective April 1, 2023. Previously, members in the Pregnant Women rate cell were transitioned out of the rate cell after their 60 days of postpartum coverage concluded. An adjustment to account for the estimated cost differential between the prior coverage and the additional postpartum coverage decreased overall SFY 2023 capitation rates by 0.1% on a PMPM basis across all rate cells. However due to the additional membership introduced into the program, we estimate total program SFY 2023 costs increased by 0.5% due to the postpartum extension.
- Overall administrative expenses increased approximately 3.0% on a PMPM basis from SFY 2022 to SFY 2023. Total administrative expenses as a percentage of medical expenses remained approximately unchanged from SFY 2022 rates, and thus, administrative expense updates resulted in a small reduction to SFY 2023 capitation rates. Fixed administrative expenses increased from \$10.25 PMPM in SFY 2022 rates to \$10.56 PMPM in SFY 2023 rates, and variable administrative expenses decreased from 5.39% of SFY 2022 rates to 5.00% of SFY 2023 rates.

The total MHAP payment across all MississippiCAN members increased to \$601.15 million in SFY 2023 from \$533.11 million in SFY 2022. Please see Section IV of this report for more information on changes to the MHAP structure for SFY 2023.

CAPITATION RATE CHANGE BY RATE CELL

Rate changes vary by capitation rate cell as shown in Table 3, which compares SFY 2023 capitation rates to SFY 2022 capitation rates, on a similar basis as Table 2. The level of detail for the rate change included in Table 2 above is shown by rate cell in Exhibit 5.

Rate Cell	Overall Rate Change	Excluding Program Changes²	Excluding COVID-19 Adjustments³
Non-Newborn SSI / Disabled	0.6%	1.2%	0.6%
Breast and Cervical Cancer	1.4%	1.8%	1.4%
MA Adult	11.5%	12.1%	-0.1%
Pregnant Women	-3.0%	-1.2%	-3.1%
SSI / Disabled Newborn	1.3%	1.6%	1.3%
Non-SSI Newborns 0 to 2 Months	-2.6%	-2.6%	-2.6%
Non-SSI Newborns 3 to 12 Months	-0.3%	0.0%	-0.3%
Foster Care	4.4%	4.9%	4.6%
MYPAC	-2.2%	-2.1%	-2.2%
MA Children	5.0%	6.0%	-0.1%
Quasi-CHIP	5.2%	6.3%	0.0%
Total - Aggregated with CY 2019 MMs	2.7%	3.4%	-0.1%

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

² PDL, Dental Reimbursement Changes, and Postpartum Coverage changes have been excluded from this calculation.

³ COVID-19 Adjustments include the COVID-19 Vaccine Administration Expense and the COVID-19 Population Acuity Adjustment.

DATA RELIANCE AND IMPORTANT CAVEATS

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate SFY 2023 capitation rates. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We used CCO encounter data and CCO financial reporting from January 2018 to September 2021 with runout through November 2021, FFS cost and eligibility data from January 2017 to December 2018, historical and projected reimbursement information, TPL recoveries, fee schedules,

pharmacy and dispensing fee pricing, and other information from DOM, MississippiCAN CCOs, Myers and Stauffer, Change Healthcare, and CMS to calculate the preliminary MississippiCAN capitation rates shown in this report. If the underlying data used is inadequate or incomplete, the results will be likewise inadequate or incomplete. Please see Appendix F for a full list of the data relied upon to develop the SFY 2023 capitation rates.

Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Our report is intended for the internal use of DOM to review preliminary MississippiCAN capitation rates for SFY 2023. The report and the models used to develop the values in this report may not be appropriate for other purposes. We anticipate the report will be shared with contracted CCOs, CMS and other interested parties. Milliman does not intend to service, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety. These capitation rates may not be appropriate for all CCOs. Any CCO considering participating in MississippiCAN should consider their unique circumstances before deciding to contract under these rates.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The authors of this report are actuaries employed by Milliman, members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. To the best of their knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

The terms of Milliman's contract with DOM effective September 1, 2022, apply to this report and its use.

II. MISSISSIPPICAN BACKGROUND

MississippiCAN, a Coordinated Care Program for Mississippi Medicaid beneficiaries, was designed to address the following goals:

- Improve access to needed medical services – This goal is accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers, and improving beneficiaries’ use of primary and preventive care services
- Improve quality of care – This goal is accomplished by providing systems and supportive services, including disease state management and other programs that will allow beneficiaries to take increased responsibility for their health care
- Improve efficiencies and cost effectiveness – This goal is accomplished by contracting with CCOs on a capitated basis to provide services through an efficient, cost effective system of care

TARGET POPULATION

MississippiCAN was implemented in all 82 counties in the State of Mississippi for all eligible beneficiaries beginning January 1, 2011 for targeted, high cost Medicaid beneficiaries defined by these categories of eligibility (COEs):

- COE001 – SSI via SDX
- COE019 – Disabled children at home
- COE025 – Working Disabled
- COE026 – DHS CWS Foster Care
- COE027 – Breast-Cervical

On December 1, 2012 the eligible population of MississippiCAN was expanded to include all Foster Care children, Non-SSI Newborns 0 to 12 months, MA Adults, and Pregnant Women, as defined by the following categories of eligibility and age requirements:

- COE003 – DHS-IV-E-Medicaid
- COE075 – Parents / Caretakers of minor children
- COE088 – Pregnant Women, 185% FPL – Ages 8+
- Non-SSI Newborns – Ages 0 to 12 months
 - COE003 – DHS IV-E Medicaid
 - COE026 – DHS Foster Care
 - COE071 – Newborn age 0 to 1 with income at or below 185% FPL
 - COE088 – Pregnant Women, 185% FPL

Effective December 1, 2012, all MississippiCAN populations were mandatory enrolled except SSI children, disabled children at home, Foster Care children, and members of the Mississippi Band of Choctaw Indians.

Between December 2014 and July 2015, the eligible population of MississippiCAN was expanded again to include children as defined by the following categories of eligibility, age, and income requirements:

- COE072 – Children age 1 to 5 with income at or below 133% FPL
- COE073 – Children age 6 to 19 with income at or below 100% FPL
- COE074 – Children age 6 to 19 with income between 100% and 133% FPL who would have qualified for CHIP under pre-Affordable Care Act rules

Effective January 1, 2014, COE074 children previously eligible for CHIP with income eligibility between 100% and 133% FPL became Medicaid eligible rather than CHIP eligible due to income eligibility outlined in the Affordable Care Act. These children were moved into MississippiCAN effective December 1, 2014 and referred to as “Quasi-CHIP” children.

The children covered under the above COEs previously covered in the Medicaid program are called “MA Children.” DOM phased in enrollment from FFS into MississippiCAN by July 2015, with most children transitioned between May 2015 and July 2015.

Effective December 1, 2015, in conjunction with the movement of inpatient services into MississippiCAN, enrollment procedures were changed to enroll newborns in MississippiCAN on the day of their birth. Previously, newborns were not enrolled until, on average, their second month of life due to a delay in assigning a Medicaid identification number and the process to enroll them in a CCO.

Starting October 1, 2018, Severely Emotionally Disturbed (SED) Children were covered by MississippiCAN. These children are identified with the lock-in code of “SED,” which is effective for one year after determination. To receive Mississippi Youth Program Around the Clock (MYPAC) services, a child must have a SED lock-in code. This population was referred to as “SED Children” prior to SFY 2021. Starting in SFY 2021, this population is referred to as the “MYPAC” rate cell.

Throughout this report, we frequently apply the same adjustments to rate cells with similar demographics. The rate cell groups summarized in Table 4 identify the rate cells contained within each grouping referenced throughout this report.

Table 4 Mississippi Division of Medicaid Rate Cell Groupings	
Rate Cells	Rate Cell Grouping
Non-Newborn SSI / Disabled	SSI
Breast and Cervical Cancer	SSI
MA Adult	Adults
Deliveries - MA Adult	Deliveries
Pregnant Women	Adults
Deliveries - Pregnant Women	Deliveries
SSI / Disabled Newborn	Children
Non-SSI Newborns 0 to 2 Months	Children
Non-SSI Newborns 3 to 12 Months	Children
Foster Care	Children
MYPAC	Children
MA Children	Children
Quasi-CHIP	Children

COVERED SERVICES

When MississippiCAN was first established in January 2011, three key services were initially excluded from the program. Over time, each has been moved from being covered by FFS to MississippiCAN as follows:

- Behavioral health services – Rolled into MississippiCAN effective December 1, 2012
- Non-emergent transportation services – Rolled into MississippiCAN effective July 1, 2014
- Inpatient services – Rolled into MississippiCAN effective December 1, 2015

Effective October 1, 2018, MississippiCAN included costs for psychiatric residential treatment facility (PRTF) stays. Historically, these costs were carved out of MississippiCAN, although members were not dis-enrolled from MississippiCAN.

Starting July 1, 2019, services provided at institutions for mental disease (IMD) are covered as part of the MississippiCAN program.

CCOs historically have not provided services not covered under MississippiCAN “in lieu of” covered services.

ENROLLMENT PERIOD

All beneficiaries have the ability to choose the CCO in which to enroll. Enrolled beneficiaries will have an open enrollment period during the 90 days following their initial enrollment in a CCO, during which they can enroll in a different CCO “without cause” and an open enrollment period from October to December of each year. During this time period, beneficiaries may choose to change their CCO.

Various “for cause” reasons for disenrollment at other times incorporate federal requirements, such as: Providers that do not (for religious or moral reasons) offer needed services; not all related services are available in the plan’s network; or the plan lacks providers experienced in dealing with the enrollee’s health care needs.

Eligibility criteria for MississippiCAN are the same as the eligibility criteria for Mississippi Medicaid. To receive enhanced federal funding during the COVID-19 PHE, DOM paused disenrollment of members from the Mississippi Medicaid program who normally would no longer be eligible for Medicaid services. Where readily identifiable (e.g., individuals aging out of the program eligibility requirements or pregnant women reaching 60 days post-partum), individuals who would have lost normal Medicaid eligibility in the MississippiCAN program were transitioned to FFS for the remainder of the PHE. Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the PHE from coordinated care organizations (CCOs) into FFS Medicaid. Following the end of the PHE, these members Medicaid eligibility will be redetermined; members may be re-enrolled in managed care or may be disenrolled from Medicaid entirely.

The CCOs do not have the ability to directly market to targeted beneficiaries. DOM provides information about choice of CCOs and enrolls the beneficiaries into their chosen CCO. The Medicaid Fiscal Agent provides some specific services of an enrollment broker to accomplish these tasks.

III. BASE DATA DEVELOPMENT

This section of the report describes the development of the base data used for the preliminary SFY 2023 MississippiCAN capitation rates.

METHODOLOGY OVERVIEW

For the SFY 2023 capitation rates, CY 2019 experience forms the primary base data. For smaller MississippiCAN populations that were not credible based on CY 2019 experience alone (using a threshold of 150,000 member months), we blended CY 2018 and CY 2019 experience to form the base data. The rate cells using two years of base period data are Foster Care, Breast and Cervical Cancer, Pregnant Women (including related delivery costs), SSI / Disabled Newborn, Non-SSI Newborns 0 to 2 Months, and MYPAC.

The base data for the SFY 2023 capitation rates was developed using the following steps:

1. Summarize eligibility, encounter claims, and financial claim data for CY 2019 MississippiCAN enrollees.
2. Summarize eligibility, encounter claims, and financial claim data for CY 2018 MississippiCAN enrollees. This information is only used for low-credibility rate cells.
3. Summarize Q1 to Q3 2018 FFS and encounter data for the MYPAC rate cell. This data is then adjusted to be on a CY 2018 basis.
4. Blend 2018 and 2019 data (if applicable).

Each of the steps above is described in detail in the remainder of this report.

Exhibit 11 contains databooks summarizing encounter data for CY 2018 and CY 2019 for all rate cells except MYPAC. For MYPAC, the databooks include the same metrics summarized from FFS for Q1 to Q3 2018 and encounter data for CY 2019.

- Exhibit 11A and Exhibit 11E summarize total paid amounts for each MississippiCAN rate cell.
- Exhibit 11B and Exhibit 11F summarize PMPM paid amounts for each MississippiCAN rate cell.
- Exhibit 11C and Exhibit 11G summarize the percentage of total paid amounts within each specific service grouping for each MississippiCAN rate cell.
- Exhibit 11D and Exhibit 11H summarize utilization and average charge for services within the inpatient and pharmacy categories of service for each MississippiCAN rate cell. Utilization metrics for other categories of service are not shown in these exhibits due to differences in reporting methods for utilization metrics by the CCOs in the encounter data.

Please note, the total and PMPM costs shown in the 2019 databook tie to the starting totals on Exhibit 1A, excluding missing data. However, the 2018 databook values will not tie exactly to the starting totals on Exhibit 1B, since Exhibit 1B blends region-specific PMPM values using regional membership distributions from the 2019 enrollment data, whereas the 2018 databook uses the actual distribution by region seen in 2018 enrollment.

Step 1: Summarize CY 2019 Data

A high-level description of the processing for eligibility, encounter claim data, and financial claim data for CY 2019 MississippiCAN enrollees is included in this section. In addition, any adjustments made to the raw data are discussed in this section and shown in Exhibit 1A. Please refer to Appendices A and B of this report for additional information on the validation and processing of these data sources.

For SFY 2023 rates all CY 2019 data and data adjustments were restated using the most recent available eligibility and claims data compared to the CY 2019 data used in the development of SFY 2022 capitation rates.

Membership

Member months by rate cell and region in CY 2019 were summarized from the detailed Medicaid eligibility data, excluding populations not covered by MississippiCAN and individuals that opted out of the program (where applicable). These enrollment counts were validated against enrollment information provided by the CCOs. In total, the enrollment in the eligibility files is 0.05% lower than reported by the CCOs.

Row (a) of Exhibit 1A includes the CY 2019 member months included in base data development. Note, the delivery components of the MA Adult and Pregnant Women rate cells use member months for the members in the underlying rate cell rather than delivery counts. The count of deliveries is included for informational purposes as a footnote in Exhibit 1A.

Claim Data

DOM and Milliman go through extensive data validation processes to review CCO submitted encounter data. DOM regularly monitors encounter claims compared to cash disbursement journals (CDJs) to ensure the timeliness and completeness of submitted encounters and works with Myers and Stauffer to identify the correct original or final claim to keep in each claim string. Milliman relied on this claim status identification process to remove duplicates and identify denied claims that are anticipated to be resubmitted and accepted, as described in Appendix B.

As part of rate development, Milliman requests financial reporting data from each CCO. This financial reporting data was reconciled to each CCO's 2019 audited NAIC financial statement. After several rounds of questions to clarify, adjust, and confirm understanding of the reported financial information, Milliman compared the encounter data to the financial reporting data, together for paid claims and subcapitated claims. This comparison excludes estimates for IBNR claims and adjusts for expanded services, pharmacy rebates and any other claims that were identified as missing from the processed encounter data. To align the financial templates and encounter data on a comparable basis we performed this reconciliation exercise using CY 2019 data with run-out through April 2020. We did not update this validation from the analysis performed for SFY 2022 capitation rates. Please refer to the SFY 2022 capitation rate report² for more detail on this analysis.

In this prior analysis the following items were noted:

- Overall, the paid amounts in the encounters reconcile reasonably well to the paid amounts shown in the CCO financial reporting for the MississippiCAN populations. Encounter data was 0.9% lower than financial data.
- At a category of service and rate cell level, there was a greater variance between encounter data and financial reporting due to inconsistencies in allocations between the three CCOs in the financial reporting. Therefore, we grouped the encounter data consistently for all CCOs using the Milliman *Health Cost Guidelines*TM (HCGs) grouper before using the encounter data as the base data.
- We observed larger discrepancies between encounter data for subcapitated services than for non-subcapitated services. Costs associated with subcapitated vendors account for approximately 8.6% of the financial reporting.

Encounter data for all three CCOs is combined to summarize CY 2019 claim experience for MississippiCAN enrollees. Row (b) of Exhibit 1A includes the CY 2019 total service costs from the encounter data. Row (c) converts the total service costs to a PMPM basis. Claim data is summarized with runout through August 2021. To reflect the differences between claims in the financial reporting and the encounter data, the financial to encounter data adjustments are applied on row (d) of Exhibit 1A. These adjustments increase CY 2019 base data to account for 50% of the difference between financial and encounter non-subcapitated services and 100% of the difference between financial and encounter subcapitated services.

The financial reporting expenditures for all CCOs were combined to perform the encounter validation outlined above, as well as to develop the following adjustments to apply to the encounter data:

- Adjustment of costs to account for provider settlements that would be paid or recouped outside the encounter data

² "Report08 - Updates to SFY 2022 MississippiCAN and CHIP Preliminary Capitation Rates.pdf," dated April 21, 2021

- Removal of pharmacy rebates collected by CCOs
- Addition of claims paid by the CCOs that are not yet reflected in the encounter system

Non-Covered Services

We excluded the value of expanded services exceeding CY 2019 service limits from the base data. These services, which totaled approximately 0.7% of CY 2019 MississippiCAN service costs, were removed from CY 2019 base data at the rate cell and region level of detail. Service limits do not apply up to age 21, thus, base period costs were not adjusted for these members.

The CCOs reported the costs of these services exceeding limits as part of CY 2019 financial reporting. However, due to significant variation by CCO and year, Milliman summarized the costs of services exceeding limits in the encounter data using the definitions provided by DOM, as detailed in Appendix B and Exhibit 20, rather than relying on costs as reported by CCOs.

For the purposes of this adjustment, we removed services that were enhanced relative to the state plan at the time of service. During CY 2019, state plan covered service limits to monthly pharmacy scripts and annual home health visits were increased. The expansion of these services is reflected as a separate program change adjustment applied on Exhibit 2A and described in Section IV.

The adjustment to remove non-covered services in CY 2019 is shown in Exhibit 1A in row (e).

Provider Reimbursement Adjustment

An adjustment was made to physician encounters to reflect the total provider settlements collected and paid by CCOs in CY 2019 as reflected in the CCO financial templates. These costs were converted to a percentage of base period physician costs and allocated across rate cell and region. These adjustments netted to a \$5.8 million increase to the physician category of service.

We similarly adjusted physician encounters by rate cell for enhanced payments paid by CCOs to primary care providers outside the encounter system in CY 2019. These claims totaled approximately \$1.6 million during CY 2019. Going forward these enhanced payments are expected to be included in the encounter data and not paid as a settlement.

Both adjustments sum to approximately a \$7.4 million increase in costs not reflected in CY 2019 encounters. The combined adjustment is shown on Exhibit 1A in row (f).

Zolgensma Carveout

On May 24, 2019, the FDA approved the drug Zolgensma, a gene therapy drug for children less than two years old with spinal muscular atrophy. Zolgensma will be carved out of capitation rates for SFY 2023, and the CCOs will be reimbursed outside of the capitation rate for costs associated with administering Zolgensma to approved members.

Zolgensma was administered to three patients in CY 2019 (all within the Non-Newborn SSI / Disabled rate cell) with expenses totaling approximately \$6.4 million. We removed these expenses from CY 2019 data in row (g) of Exhibit 1A.

Third Party Liability Recoveries

The CCOs provided Milliman with a summary of recoveries for TPL payments related to claims incurred from CY 2018 through CY 2020. Using CY 2018 data, Milliman calculated the portion of total CY 2018 TPL recoveries recovered after the end of CY 2018. We used this information in conjunction with TPL recoveries for claims incurred in CY 2019 and recovered through April 2021 to estimate CY 2019 recoveries not reflected in CY 2019 base data. DOM assumes these outstanding TPL recoveries will reduce ultimate CY 2019 CCO paid totals.

DOM additionally provided Milliman with a summary of CY 2019 TPL payments collected by DOM rather than the CCOs and not reflected in CY 2019 base data. We assume the CCOs will be able to avoid paying or recover similar additional amounts for claims incurred in SFY 2023 and removed these recovered amounts from the CY 2019 base data.

We removed the total TPL amounts across both sources as a percentage of total paid claims across all rate cells and categories of service from the CY 2019 base data. Across all rate cells, these TPL recoveries amounted to a 0.3% reduction to CY 2019 base data.

This adjustment is shown in Exhibit 1A in row (h).

5% Assessment - Provider Adjustment

During the development of SFY 2019 capitation rates, DOM learned that CCOs were not applying the 5% assessment on non-inpatient services consistently with DOM's payment methodology. DOM and Milliman worked closely with each CCO to identify the services and provider types to which the 5% assessment historically had been applied (or since had encounter data resubmitted to reflect recoupments of the 5% assessment), and which had not. We used this mapping to identify encounter claims in the CY 2019 base period data where the 5% assessment was not correctly applied.

Exhibit 12 includes the mapping of each service and provider type into the high-level category of service used for rate development. In addition, Exhibit 12 shows the percentage of base data identified where the 5% assessment was not applied in the CY 2019 encounter data, but should have been. The identified claims were then reduced by 5%, resulting in the adjustments across all rate cells at a category of service level shown in Table 5. These adjustments align CY 2019 encounters for all CCOs and all non-outpatient services with how the 5% assessment should have been applied.

An adjustment of 1.000 in Table 5 indicates that no change in provider reimbursement is expected as a result of implementing the 5% provider assessment, whereas an adjustment of 0.950 would indicate that the 5% provider assessment is applicable to all services within the category of service, but the assessment was not applied in the base period encounter data.

Table 5	
MississippiCAN Capitation Rates	
5% Assessment Adjustment by Category of Service	
Category of Service	5% Assessment Adjustment
Inpatient Hospital Services	1.000
Outpatient Hospital Services	0.998
Physician Services	0.993
Drug Services	1.000
Dental Services	0.986
Other Services	0.989
Total	0.997

Note, an adjustment of less than 1.000 is appropriate for outpatient hospital services, even though those services were exempt from the provider assessment effective July 1, 2018. The CCOs did not apply the assessment to certain services grouped into the outpatient hospital category of service that are reimbursed outside of the APC system, such as ambulatory surgical centers, during the base period. Therefore, we apply an adjustment to rates in this report to reflect the application of the assessment to those services.

The adjustment was calculated separately by rate cell, reflecting the mix of services and the applicability of the 5% provider assessment specific to the given population.

The inclusion of the 5% assessment on services not previously receiving the assessment is shown in row (i) in Exhibit 1A.

340B Pharmacy Pricing Adjustment

In CY 2019, some pharmacy claims dispensed by 340B-eligible providers were priced at an amount greater than the customary lesser-of pricing methodology used by the Medicaid program. This overpricing totaled approximately \$175,000 in CY 2019.

These costs were removed in row (j) of Exhibit 1A.

[IMD \(Institution for Mental Disease\) Stays Beyond 15 Days](#)

Per CMS regulations, services rendered at an IMD beyond 15 days in a given month for individuals aged 21 to 64 cannot be covered by Medicaid. CMS requires all non-covered IMD claims incurred by members and the enrollment records for those same months be removed from base data. The enrollment shown in row (a) of Exhibit 1A reflects the removal of these six member months. An additional adjustment was made to remove claims for these members in the impacted months, which totaled approximately \$51,000, from the CY 2019 encounter data.

This adjustment is shown in row (k) of Exhibit 1A.

[IMD Unit Cost Adjustment](#)

Some IMD stays for 15 days or fewer for individuals aged 21 to 64 will be covered under MississippiCAN effective July 1, 2019. We adjusted the unit cost for similar claims in the CY 2019 experience to use DOM's fee schedule for these services. These unit cost adjustments resulted in a cost increase of approximately \$33,000 in total.

This adjustment is shown in row (l) of Exhibit 1A.

[SSI Children Formerly Moved to FFS Due to PRTF Stay](#)

Beginning in October 2018, DOM moved certain SSI children from COE 001 to COE 005 due to a psychiatric residential treatment facility (PRTF) stay. In SFY 2023, these members will remain in COE 001 during their PRTF stay, and MississippiCAN CCOs will be responsible for expenses incurred during these stays.

We reviewed the CY 2019 data and found 22 members totaling 50 member months were moved to COE 005. The enrollment shown in row (a) of Exhibit 1A reflects the inclusion of these member months. An additional adjustment was made to add claims for these members in the impacted months to the Non-Newborn SSI / Disabled rate cell, which totaled approximately \$753,000, from the CY 2019 FFS data.

This adjustment is shown in row (m) of Exhibit 1A.

[Drug Services Rebate Adjustment](#)

An adjustment was made to pharmacy claims to reflect the average rebate collected by the CCOs in CY 2019 and not reflected in encounter data. Rebate costs were summarized by rate cell from the financial reporting. These rebates were then converted to a percentage of base period pharmacy costs and applied as a reduction to base period encounter pharmacy claims data at the regional level.

This adjustment is shown in Exhibit 1A in row (n).

[Missing Data Adjustment](#)

A separate adjustment was made to account for payments made by the CCOs that are not yet submitted to the encounter system or were denied due to a known issue with edits in the MMIS system. These claim amounts are not included in the detailed encounter data after the processing outlined in Appendix B.

Each CCO provided separate financial reporting and claim extracts to support and validate the amounts reported for claims not appearing in encounters. Milliman also performed a detailed review of the extracts to line the data up against the encounter data and remove any claims already included in the processed encounter data. The detailed claims extracts provided by the CCOs included splits by region and rate cell, which were used to allocate missing data on Exhibit 1A.

Overall, the base data is increased 0.03% on a PMPM basis for missing data. The aggregate adjustment for all missing data described above is shown in Exhibit 1A in row (o).

[IBNR Adjustment](#)

CY 2019 base data includes over 18 months of runout through August 2021. Based upon historical payment patterns we consider the base data to be complete and apply no IBNR adjustment.

This adjustment is shown in Exhibit 1A in row (p).

[Adjusted CY 2019 PMPM Costs](#)

Total 2019 base period PMPM costs by rate cell are shown in the final row of Exhibit 1A.

Step 2: Summarize CY 2018 Data (if Applicable)

For smaller MississippiCAN populations that were not credible based on CY 2019 experience alone (using a threshold of 150,000 member months), we used two years of base period data. These rate cells are the Foster Care, Breast and Cervical Cancer, Pregnant Women (including related delivery costs), SSI / Disabled Newborn, Non-SSI Newborns 0 to 2 Months, and MYPAC rate cells. The development of the CY 2018 base data for the MYPAC rate cell from FFS data is described in Step 3 below.

As the second year of base period data, we used CY 2018 eligibility and encounter data and applied similar adjustments from the SFY 2021 rates for program changes and trend between CY 2018 and CY 2019 to put the experience on a comparable basis to the CY 2019 base period data.

For SFY 2023 rates all CY 2018 data and certain data adjustments (non-covered services, IBNR, third party liability recoveries, utilization trend from CY 2018 to CY 2019, and the PRTF services adjustment) were restated using the most recent available eligibility and claims data compared to the CY 2018 data used in the development of SFY 2022 capitation rates.

Row (a) of Exhibit 1B includes the CY 2018 member months summarized from the detailed Medicaid eligibility data. As noted above, the delivery components of the Pregnant Women rate cells use member months for all members in the underlying rate cell rather than delivery counts. The counts of deliveries are included for informational purposes as a footnote in Exhibit 1B.

Row (b) of Exhibit 1B includes the CY 2018 total service costs from the encounter data. This data has been validated using the same process described above for the CY 2019 encounter data.

Row (c) converts the total service costs to a PMPM basis.

Rows (d) through (k) of Exhibit 1B adjust the CY 2018 base data costs and the factors in rows (l) through (u) of Exhibit 1B further adjust CY 2018 costs to a CY 2019 basis. All adjustments are described below.

[Non-Covered Services](#)

We excluded the value of expanded services exceeding CY 2018 service limits from the base data. These services, which totaled approximately 1.5% of CY 2018 MississippiCAN service costs, were removed from CY 2018 base data at the rate cell and region level of detail. Service limits do not apply to the children rate cells and, thus, base period costs were not adjusted for these members.

The CCOs reported the costs of these services exceeding limits as part of CY 2018 financial reporting. However, due to significant variation by CCO and year, Milliman summarized the costs of services exceeding limits in the encounter data using the definitions provided by DOM, as detailed in Appendix B and Exhibit 20, rather than relying on costs as reported by CCOs.

For the purposes of this adjustment, we removed services that were enhanced relative to the state plan effective for CY 2018. During CY 2019, some of these expanded services were incorporated into the state plan covered services. The expansion of these services are reflected as a separate program change below on Exhibit 1B (to put these services on a CY 2019 basis) and coverage changes from CY 2019 to SFY 2023 are adjusted for on Exhibit 2A.

This adjustment is shown in Exhibit 1B in row (d).

[Drug Services Rebate Adjustment](#)

An adjustment was made to pharmacy claims to reflect the average rebate collected by the CCOs in CY 2018 and not reflected in encounter data. Rebate costs were summarized by rate cell from the financial reporting. These rebates

were then converted to a percentage of base period pharmacy costs and applied as a reduction to base period encounter pharmacy claims data at the regional and rate cell level.

This adjustment is shown in Exhibit 1B in row (e).

Provider Reimbursement Adjustment

An adjustment was made to physician claims to reflect the total provider settlements collected by CCOs in CY 2018 and not reflected in the encounter data. These costs were converted to a percentage of base period physician costs and allocated across rate cell and region. These adjustments totaled approximately \$3.1 million in reduced CY 2018 physician expenses.

We similarly adjusted physician claims by rate cell for enhanced payments paid by CCOs to primary care providers outside the encounter system in CY 2018. These claims totaled approximately \$4.4 million during CY 2018.

Both adjustments netted to approximately a \$1.3 million increase in costs not reflected in CY 2018 encounters. The combined adjustment is shown on Exhibit 1B in row (f).

HPE Newborn Adjustment

Prior to 2019, hospital presumptive eligibility (HPE) newborns were covered by DOM temporarily (up to two months) until they were enrolled with a CCO. DOM paid for these members under FFS until they were enrolled with a CCO and then collected a recoupment from the CCO for these costs. This recoupment was paid outside of the encounter system. These costs totaled approximately \$700,000 in 2018, split across the SSI / Disabled Newborn and Non-SSI Newborns 0 to 2 Months rate cells. Services for these newborns were identified using a list of impacted newborns and enrollment months provided by DOM. DOM changed how claims for these members are processed, so this recoupment is reflected in the encounter system in the CY 2019 data developed in Step 1.

This adjustment is shown on Exhibit 1B in row (g).

IBNR Adjustment

CY 2018 base data includes over 30 months of runout through August 2021. Based upon historical payment patterns we consider the base data to be complete and apply no IBNR adjustment.

This adjustment is shown in Exhibit 1B in row (h).

5% Assessment - Provider Adjustment

As described in Step 1, some payments to providers by CCOs did not historically reflect the 5% assessment consistently with DOM's payment methodology. We applied a similar methodology to that applied in Step 1 to develop adjustments to reflect the overpayment of claims due to not applying the 5% assessment for CY 2018 claims, as shown in Table 6. These adjustments align CY 2018 encounters for all CCOs and all non-outpatient services with how the 5% assessment should have been applied.

Table 6	
Mississippi Division of Medicaid	
5% Assessment Adjustment by Category of Service	
Category of Service	5% Assessment Adjustment
Inpatient Hospital Services	1.000
Outpatient Hospital Services	0.996
Physician Services	0.984
Drug Services	1.000
Dental Services	0.961
Other Services	0.979
Total	0.992

The inclusion of the 5% assessment on services not previously receiving the assessment is shown in row (i) in Exhibit 1B.

5% Assessment - OPPS Adjustment

Based on discussions with the CCOs, we determined that some hospital outpatient spend during the first half of 2018 did not correctly reflect the application of the 5% assessment. We developed an adjustment to dampen these overpayments to 95% of the actual payment amounts, consistent with how these claims should have been paid.

Senate Bill 2836, signed into law April 12, 2018, "Exempts outpatient services from the 5% rate reduction established in Miss. Code Ann. § 43-13-117 (B)" effect July 1, 2018. As a result, the 5% assessment applied to hospital outpatient services is removed. We determined that CCOs correctly implemented this exemption from July to December 2018, so no additional adjustments were needed for that time period.

The adjustment developed for January to June 2018 is shown in row (j) of Exhibit 1B.

Third Party Liability Recoveries

DOM additionally provided Milliman with a summary of CY 2018 TPL payments collected by DOM rather than the CCOs and not reflected in CY 2018 base data. We assume the CCOs will be able to avoid paying or recover similar additional amounts for claims incurred in SFY 2023 and removed these recovered amounts from the CY 2018 base data.

We removed the TPL recovery amounts as a percentage of total paid claims across all rate cells and categories of service from the CY 2018 base data. Across all rate cells, these TPL recoveries amounted to a 0.1% reduction to CY 2018 base data.

This adjustment is shown in Exhibit 1B in row (k).

CY 2018 to CY 2019 Trends

Tables 7 and 8 show the annual utilization and unit cost trends applied to the CY 2018 adjusted experience data to put it on a CY 2019 basis. The CY 2018 experience is trended from the base period midpoint, July 1, 2018, to the midpoint of the second year of base data, July 1, 2019.

The overall adjustment for the given months of trend are shown in Exhibit 1B in rows (l) and (m).

Table 7							
Mississippi Division of Medicaid							
CY 2018 to CY 2019 Utilization and Unit Cost Trends							
COS	SSI	Annualized Utilization Trend			Annualized Unit Cost Trend		
		Adults	Children	Delivery	MYPAC	Excluding MYPAC	MYPAC
Inpatient Hospital	2.00%	-1.00%	3.00%	1.00%	3.00%	0.00%	0.00%
Outpatient Hospital	2.00%	0.00%	1.00%	1.00%	1.00%	0.98%	0.98%
Physician	6.00%	0.00%	3.00%	0.00%	0.11%	0.12%	0.00%
Dental	-3.00%	-3.00%	-1.00%	0.00%	-1.00%	0.00%	0.00%
Other	6.00%	0.00%	3.00%	0.00%	3.00%	0.12%	0.12%

Table 8				
Mississippi Division of Medicaid				
Pharmacy Trends for CY 2018 to CY 2019				
	SSI	MA	Children	Delivery
Annualized Utilization Trend	-0.50%	-0.50%	3.00%	1.00%
Annualized Unit Cost Trend	10.00%	9.50%	0.50%	9.50%

[PRTF Services Adjustment](#)

Historically, costs associated with member stays at PRTFs were carved out of the MississippiCAN program and covered under FFS. Members receiving these services maintained enrollment in MississippiCAN during their stay at a PRTF to allow for better coordination of care when members were discharged from a PRTF. Effective October 1, 2018, services received at a PRTF are covered under MississippiCAN, rather than under FFS. CY 2018 base data only contains three months of PRTF expenses, while CY 2019 base data contains a full year PRTF expenses.

Row (n) on Exhibit 1B adds nine months of PRTF expenses from FFS data to CY 2018 base data to put it on the same basis as CY 2019 costs.

[Preferred Drug List \(PDL\) Revisions](#)

Major updates are made to the state PDL annually and take effect on January 1 of each year. We estimated the impact of these changes using detailed modeling provided by Change Healthcare, who is contracted by DOM to regularly update and maintain the state PDL. The modeling provided by Change Healthcare included drug level analyses of expected utilization and cost shifts due to updates to the PDL on January 1, 2019, for the entirety of the Mississippi Medicaid program. We applied the change in allowed costs on a percentage basis by therapeutic class to MississippiCAN encounter data to develop program specific impacts of PDL revisions. Table 9 shows the estimated impact of PDL revisions. In our reliance on the PDL modeling performed by Change Healthcare we reviewed the output of the models for reasonableness, but did not audit their analyses.

Table 9	
Mississippi Division of Medicaid	
PDL Adjustment	
Rate Cell Grouping	2018 to 2019
SSI	0.989
Adults	0.998
Children	1.003
Deliveries	0.999

The adjustment for CY 2018 to CY 2019 PDL revisions is shown in row (o) of Exhibit 1B.

[Increase to Medicaid-Covered Service Limits](#)

Effective January 1, 2019, the physician visit limit currently in place for certain adult populations was increased from 12 visits to 16 visits. CY 2019 base data thus includes the coverage of up to 16 physician visits per year, while CY 2018 base data only includes the coverage of up to 12 physician visits per year.

Milliman summarized the costs of physician visits 13 through 16, using the definitions provided by DOM as detailed in Appendix B, in CY 2018 encounter data. Row (p) on Exhibit 1B adds the cost of these visits to CY 2018 base data to put it on the same basis as CY 2019 costs.

Effective July 1, 2019, the home health limit for certain adult populations was increased from 25 to 36 visits per year and the pharmacy script limit per member per month was increased from five to six scripts. As a result, CY 2019 base data contains half a year with these increased service limits, while CY 2018 base data excludes these services entirely.

Milliman summarized the cost of annual home health visits 26 through 36 and the cost of the sixth monthly pharmacy script, using the definitions provided by DOM as detailed in Appendix B, in Q3 to Q4 2018 encounter data. Rows (r) and (q) on Exhibit 1B, respectively, add the cost of six months of these service increases to CY 2018 base data to put it on the same basis as CY 2019 costs.

Service limits do not apply up to age 21 and we made no adjustment for these members accordingly.

[OP Dental Reimbursement Change](#)

Effective July 1, 2019 a multiple discounting policy applies to dental procedures billed on a hospital outpatient claim to price the highest allowed dental procedure at 100% of the allowed amount or published fee and to price all subsequent

dental procedures at 25% of the allowed amount or published fee. As a result, CY 2019 base data contains half a year with this dental reimbursement change, while CY 2018 base data does not reflect this change at all.

We used simulations provided by Conduent that estimated the impact on outpatient dental claims to be a decrease of 58.1% from CY 2018 to July 1, 2021 as a result of this reimbursement change. This reduction was applied to only outpatient claims related to dental services. The resulting adjustment applied to all outpatient claims varies by rate cell according to the mix of dental versus other services in the outpatient service category.

Row (s) on Exhibit 1B applies this adjustment to six months of CY 2018 base data to put it on the same basis as CY 2019 costs.

[NET Reimbursement Adjustment](#)

Beginning in CY 2018, one CCO used a subcapitated vendor for NET services with considerably higher experience than the vendors used by other CCOs. In August 2019, that CCO switched to a different vendor with experience in line with that of other CCOs. For SFY 2023, this higher-cost vendor will not be used. As a result, CY 2019 base data contains five months of experience that reflect the lower cost for NET services that we anticipate going forward, while CY 2018 base data contains increased costs for the entire period.

We used NET data from the other CCOs to remove the impact of this higher cost vendor from the base data.

Row (t) on Exhibit 1B adjusts five months of CY 2018 base data to put it on the same basis as CY 2019 costs.

[GME Carve Out](#)

Effective October 1, 2019 all GME payments are made outside the DRG payment (rather than being paid per discharge) for utilization at applicable hospitals. As a result, CY 2019 base data contains three months of experience that reflect the exclusion of GME services, while CY 2018 base data contains GME expenses for the entire period.

DOM provided a split of historical GME payments made as part of the DRG payment on a SFY basis. We took the average of SFY 2018 and SFY 2019 CCO GME payments to estimate the GME amount paid in CY 2018 of \$23,448,991. Lastly, we compared the estimated CY 2018 GME to the CY 2018 inpatient costs to develop the adjustment to apply to inpatient services to remove GME from the capitation rates, as shown in Table 10.

Table 10 Mississippi Division of Medicaid GME Removal Adjustment Development		
CY 2018 GME	CY 2018 IP	GME Adjustment
\$23,448,991	\$472,689,188	0.950

Data for GME payments at a rate cell level was not available to calculate the adjustment at a more granular level. Since the adjustment is only applied to inpatient services, it will, however, have a bigger impact on rate cells with a higher proportion of inpatient services.

Row (u) on Exhibit 1B removes GME expenses from three months of CY 2018 base data to put it on the same basis as CY 2019 costs.

[IMD Adjustments](#)

Per CMS regulations, services rendered at an IMD beyond 15 days for individuals aged 21 to 64 cannot be covered by Medicaid. Additionally, Some IMD stays for 15 days or fewer for individuals aged 21 to 64 will be covered under MississippiCAN effective July 1, 2019. No applicable claims of either type occurred during CY 2018, so no IMD adjustments were made on Exhibit 1B.

[Adjusted CY 2018 PMPM Costs](#)

Total CY 2018 base period PMPM costs on a CY 2019 basis by rate cell (if applicable) are shown in the final row of Exhibit 1B.

Step 3: Summarize CY 2018 FFS and Encounter Data for MYPAC Members

Since the MYPAC rate cell is not credible based on CY 2019 experience alone (using a threshold of 150,000 member months), we used two years of base period data.

From January 2018 through September 2018, MYPAC members were enrolled in FFS Medicaid. Effective October 1, 2018, members with a SED waiver lock-in code were transitioned to the MississippiCAN program. Upon enrollment in MississippiCAN the count of MYPAC members significantly decreased from September 2018 to October 2018 and then rebounded to historical FFS levels in 2019. Therefore, the Q4 2018 encounter data may not be representative of the acuity level of anticipated SFY 2023 MYPAC members and is excluded from the base data.

The base data for the SFY 2023 MYPAC rate is comprised of FFS data for Q1 to Q3 2018 and MississippiCAN encounter data for CY 2019.

For SFY 2023 rates all CY 2018 data and certain data adjustments (non-covered services, IBNR, third party liability recoveries, utilization trend from CY 2018 to CY 2019, and the PRTF services adjustment) were restated using the most recent available eligibility and claims data compared to the CY 2018 data used in the development of SFY 2022 capitation rates.

Prior to October 2018, some MYPAC rate cell eligible members were enrolled in MississippiCAN for part of a month before receiving a SED lock-in code. For these members, some incurred claims during that month may have been reported as encounters from the CCOs. As these encounters represent valid claims for these individuals, we include these encounters with FFS data when developing the MYPAC base data.

Row (a) of Exhibit 1C includes the Q1 to Q3 2018 MYPAC member months included in capitation rate development.

Row (b) of Exhibit 1C includes the Q1 to Q3 2018 total claim costs from the FFS and encounter data.

Row (c) converts the total costs to a PMPM basis.

Rows (d) through (k) of Exhibit 1C adjust the CY 2018 base data costs and the factors in rows (l) through (q) of Exhibit 1C further adjust CY 2018 costs to a CY 2019 basis. All adjustments are described below.

Drug Services Rebate Adjustment

An adjustment was made to pharmacy claims to reflect the average rebate collected by the CCOs. Since no experience was available to develop an assumption specific to the MYPAC rate cell, we used the regional average rebate across all MississippiCAN rate cells from the financial reporting.

This adjustment is shown in Exhibit 1C row (d).

IBNR Adjustment

Q1 to Q3 2018 base data includes over 33 months of runout through August 2021. Based upon historical payment patterns we consider the base data to be complete and apply no IBNR adjustment.

This adjustment is shown in Exhibit 1C in row (e).

Third Party Liability Recoveries

DOM provided us with a summary of the aggregate TPL recoveries that are not reflected in the claims data. We summarized paid claims data by SFY for all Mississippi Medicaid FFS programs to develop a TPL adjustment factor, which averaged 0.80% in the most recent time periods. We assume that the CCOs will be at least as aggressive in capturing TPL recoveries as occurs in FFS, since they retain financial incentive to do so. Therefore, we used a downward adjustment of 0.80% to allowed costs in our capitation rate calculation.

This adjustment is shown in Exhibit 1C in row (f).

[Q1 to Q3 2018 to CY 2018 Trends](#)

As the data used for the MYPAC rate cell is for Q1 to Q3 2018, we applied an additional 1.5 months of trend to adjust the trend from the midpoint in the data (May 15, 2018) to the midpoint of CY 2018 (July 1, 2018). These trends match the annualized trends shown in Tables 7 and 8 above, but are applied for only the 1.5 month period.

The utilization and charge trends for the given months are shown in Exhibit 1C in rows (g) and (h), respectively.

[5% Assessment - OPPS Adjustment](#)

As discussed in Step 2 above, as of July 1, 2018, the 5% assessment was no longer applicable to outpatient hospital claims. The MYPAC base data includes six months of 2018 outpatient hospital data paid at the 95% level, and three months paid at the 100% level. The entire year of 2018 data contained three additional months paid at the 100% level.

The adjustment in row (i) of Exhibit 1C reflects the payment level that would have been present over the full CY 2018 compared to the nine months of data in the base data.

[PRTF Services Adjustment](#)

As noted in Step 2 above, services received at a PRTF are covered under MississippiCAN, rather than FFS, effective October 1, 2018. While the MYPAC rate cell uses FFS data for January to September 2018, claims for PRTF services were excluded from the underlying base data to be consistent with the MississippiCAN covered services for this time period. To put the Q1 to Q3 2018 experience on a CY 2018 basis it is appropriate to include PRTF costs for October to December 2018 once these services were moved to MississippiCAN. Thus, we adjusted the MYPAC data to include three months of PRTF services, estimated using actual PRTF services costs from January to September 2018.

This adjustment is seen in row (j) of Exhibit 1C.

[MYPAC Seasonality Adjustment](#)

The Q1 to Q3 2018 base data for the MYPAC rate cell includes claims for nine months, whereas the capitation rate will be effective for the entire SFY 2023 time period. Upon review of SFY 2017 and SFY 2018 MYPAC experience, we determined that MYPAC costs on a PMPM basis incurred throughout an entire SFY were approximately 1.1% lower than MYPAC costs incurred from January to September (after adjusting for trend and program changes). Table 11 displays the seasonal PMPM patterns by quarter for the MYPAC population for SFY 2017 and SFY 2018. Similar patterns were observed separately for each SFY. To calculate the seasonality to apply for Q4 the two SFYs were blended together to increase credibility.

Table 11 MississippiCAN Capitation Rates MYPAC Seasonality Factor Development MYPAC Costs - SFY 2017 and SFY 2018			
Step	Time Period	Member Months	Average PMPM
A	Q1	3,424	\$3,474.59
B	Q2	3,559	\$3,412.12
C	Q3	3,321	\$3,540.27
D	Q4	3,319	\$3,311.88
<i>e = member month-weighted total of a through d</i>	All	13,623	\$3,434.64
<i>f = member month-weighted total of a through c</i>	All Excluding Q4	10,304	\$3,474.18
<i>g = e / f</i>	Seasonality Factor		0.989

The seasonality adjustment is applied on row (k) of Exhibit 1C. Due to variance in seasonality factors year to year by category of service, the MYPAC seasonality factor was applied in aggregate across all service categories.

[CY 2018 to CY 2019 Trends](#)

Tables 7 and 8 above shows the annual utilization and unit cost trends applied to the CY 2018 adjusted experience data to put it on a CY 2019 basis. The CY 2018 experience is trended from the base period midpoint, July 1, 2018 to the midpoint of the second year of base data, July 1, 2019.

The overall adjustment of the given months of trend are shown in Exhibit 1C in rows (l) and (m).

[PRTF Services Adjustment](#)

As described in Step 2 above, costs associated with member stays at psychiatric residential treatment facilities (PRTFs) were historically carved out of the MississippiCAN program and covered under FFS. Effective October 1, 2018, services received at a PRTF are covered under MississippiCAN, rather than under FFS.

Row (n) on Exhibit 1C adds nine months of PRTF expenses to CY 2018 base data to put it on the same basis as CY 2019 costs.

[Preferred Drug List Revisions](#)

Major updates are made to the state PDL annually and take effect on January 1 of each year. As described in Step 2 above, we used a drug-level analysis from Change to estimate expected utilization and cost shifts due to updates to the PDL on January 1, 2019 for the entirety of the Mississippi Medicaid program.

The adjustment for CY 2018 to CY 2019 PDL revisions is shown in row (o) of Exhibit 1C.

[OP Dental Reimbursement Change](#)

As described in Step 2 above, a change in dental reimbursement policy effective July 1, 2019 resulted in a significant decrease to the cost of outpatient dental claims. As a result, CY 2019 base data contains half a year with this dental reimbursement change, while CY 2018 base data contains none of this change.

Row (p) on Exhibit 1C applies this adjustment to six months of CY 2018 base data to put it on the same basis as CY 2019 costs.

[GME Carve Out](#)

As described in Step 2 above, all GME payments are made outside the DRG payment (rather than being paid per discharge) for utilization at applicable hospitals effective October 1, 2019. As a result, CY 2019 base data contains three months of experience that reflect the exclusion of GME payments, while CY 2018 base data contains GME expenses for the entire period.

Row (q) on Exhibit 1C removes GME expenses from three months of CY 2018 base data to put it on the same basis as CY 2019 costs.

[Adjusted CY 2018 PMPM Costs](#)

Total CY 2018 base period PMPM costs for the MYPAC rate cell are shown in the bottom row of Exhibit 1C.

Step 4: Blend CY 2018 and CY 2019 Data (if Applicable)

For rate cells using two years of base period data, the final adjusted CY 2019 PMPM cost from Exhibit 1A is blended with the final adjusted CY 2018 PMPM cost from Exhibit 1B or 1C based on member months within each time period.

This final base period PMPM is shown in Exhibit 2A in row (a).

IV. PROJECTED SFY 2023 CAPITATION RATES

Many adjustments must be applied to the base period data to develop SFY 2023 capitation rates. This section describes the adjustments applied to the base period data described in Section III to develop SFY 2023 capitation rates. These adjustments are applied in nine steps:

1. Trend costs from base period to SFY 2023.
2. Apply adjustments for population, program, and reimbursement methodology changes.
3. Combine non-delivery costs and delivery costs for applicable rate cells.
4. Include an allowance for CCO non-service expenses.
5. Adjust rates to reflect differences in geographic area by rate cell.
6. Apply quality withhold.
7. Adjust for CCO specific risk scores (if applicable).
8. Retrospectively adjust for directed payments.
9. Calculate risk corridor settlements.

Step 1: Trend Costs from Base Period to SFY 2023

Starting with the blended base data developed in Section III, we apply trend adjustments to project the base period to SFY 2023. Below, we describe each trend adjustment shown on Exhibit 2A. The adjustments for non-pharmacy and pharmacy services are developed using differing methodologies and therefore described separately in this section.

Non-Pharmacy Trend Overview

Our general approach to trend development for non-pharmacy categories of service is to consider known recent changes in provider reimbursement, along with historical PMPM trend values. We then develop utilization / service mix trends that produce targeted PMPM trends. We utilize this approach because it is frequently difficult to directly measure changes in utilization for services other than inpatient hospital and pharmacy over time due to differences in counting utilization “units.”

Exhibits 7A to 7E include a historical trend summary of PMPM costs from January 2017 through December 2020 for each high-level population type and in total for the MississippiCAN program. This data has been normalized for the following to put it on a consistent basis across time:

- IBNR from the financial templates was added to the encounter data to review PMPM trends on a completed basis.
- Estimates of the impact of the following material program or reimbursement changes were removed for the applicable time periods. These changes are accounted for in separate adjustments in this report, and therefore, should not be included in data analyzed for trends.
 - Removal of Zolgensma claims
 - 5% assessment removal for OPPS services
 - Implementation of 5% assessment on non-OPPS services
 - OPPS reimbursement changes not related to the 5% assessment
 - PAD reimbursement changes
 - PDL changes
 - AAC pharmacy reimbursement changes
 - PRTF services
 - OP dental reimbursement change
 - GME carve out
 - NET reimbursement adjustment
 - Provider settlements
 - Financial to encounter adjustments
 - Emergency ambulance reimbursement increases

- PMPMs at a rate cell level were aggregated using December 2020 membership into higher level population groupings and MississippiCAN in total. This removes the impact of membership mix changes across rate cells over time on the aggregate PMPMs.
- Costs were adjusted for the MA Adult, MA Children, and Quasi-CHIP rate cells to remove the impact of average acuity changes resulting from membership changes.

As shown in Table 12, the annualized PMPM trends on a normalized basis for the MississippiCAN program averaged 3.1% from CY 2017 to CY 2019 prior to the beginning of the COVID-19 pandemic. Exhibits 7A through 7E show additional detail for the MississippiCAN program as a whole and each individual population grouping.

Table 12		
MississippiCAN Capitation Rates		
MississippiCAN Annualized PMPM Trends		
January 2017 to December 2019		
Category of Service	CY 2017 to CY 2018	CY 2018 to CY 2019
Inpatient Hospital	3.4%	5.8%
Outpatient Hospital	0.1%	3.2%
Physician	2.1%	6.9%
Dental	-9.0%	-1.5%
Other	2.5%	7.1%
Non-Pharmacy Total	1.1%	5.1%

In addition, we carefully reviewed CY 2020 and emerging Q2 to Q3 2021 experience to understand to what level services have returned to pre-pandemic levels. We adjusted the emerging experience for the following:

- Similar to the values shown in Exhibits 7A through 7E and Table 12 we normalized for material program changes.
- We applied high level IBNR adjustment factors to the 2021 based on IBNR submitted by the CCOs in the 2021 emerging experience financial template to account for the fact that 2021 data is not complete (particularly Q3 2021).
- To remove the impact of seasonality we compared experience from 2019 to 2021 for similar calendar quarters.
- We removed emergency room, pharmacy, and dental services for all populations. We address emerging trends for each of these types of services separately, as outlined later in this section.

As shown in Table 13 there is variation by population type regarding the level of return of PMPMs to pre-pandemic levels:

- Non-Newborn SSI / Disabled: PMPMs had returned close to pre-pandemic levels in Q2 2021, but observed a decrease during Q3 2021 during the COVID-19 Omicron variant wave of infections in Mississippi.
- MA Adult: PMPMs have not yet returned to pre-pandemic levels, but have continued to increase back towards CY 2019 PMPMs throughout 2021.
- MA Children: Q3 2021 PMPMs have returned close to Q3 2019 levels. The significant increase in costs between Q2 2021 and Q3 2021 is driven by a spike in physician office visits in August 2021, likely driven by the beginning of the school year. Therefore, we do not expect to see continued upward cost increases at the same rate as that observed between Q2 2021 and Q3 2021.

Table 13
Mississippi Division of Medicaid
Recent Experience Excluding Emergency Room, Pharmacy, and Dental

Rate Cell	PMPM Costs ¹				Annualized Trends	
	Q2 2019	Q3 2019	Q2 2021	Q3 2021	Q2 2019 to Q2 2021	Q3 2019 to Q3 2021
Non-Newborn SSI / Disabled	\$617.45	\$620.25	\$615.31	\$579.85	-0.2%	-3.3%
MA Adult	\$283.91	\$290.94	\$261.69	\$271.75	-4.0%	-3.4%
MA Children	\$98.26	\$105.21	\$94.41	\$103.61	-2.0%	-0.8%

¹ PMPM costs reflect encounter data with runout through October 2021, completed using IBNR reported in CCO financial reporting.

Due to the continued dampened costs for all populations relative to where emerging 2021 experience would be expected to be given normal pre-pandemic trends, we are not applying full trends for the 42-month period between the mid-point of the base period, July 1, 2019, and the mid-point of the rating period, January 1, 2023. For application purposes we selected a number of years of utilization trend to apply between CY 2019 and SFY 2023, as shown in Table 14 below by population type.

In essence only applying utilization trend for a portion of the projection period acts as dampening the utilization trend applied for the full time period. However, to explain the rate change drivers shown in Table 2 and Exhibit 5 we applied the utilization trends as 0% for the first portion of the projection period and then selected utilization trends for the remainder of the projection period. For example, for the Non-Newborn SSI / Disabled rate cell we apply 0% trend for the first 30 months and selected utilization trend for the remaining 12 months.

Table 14 shows the resulting total PMPM change and annualized trends for the emerging 2021 experience and the adjustments from CY 2019 to SFY 2023. The selection of utilization and unit-charge trends for all services is detailed in the remainder of this step.

Table 14
Mississippi Division of Medicaid
Recent Experience Excluding Emergency Room, Pharmacy, and Dental

Rate Cell	Months of Utilization Trend Applied	Total PMPM Change				
		Actual Q2 2019 to Q2 2021	Actual Q3 2019 to Q3 2021	Projected CY 2019 to SFY 2023		
Non-Newborn SSI / Disabled	12 months	0.997	0.935	1.032		
MA Adult	0 months	0.922	0.934	0.998		
MA Children	12 months	0.961	0.985	1.032		
Rate Cell	Months of Utilization Trend Applied	Annualized PMPM Trend				
		Actual Q2 2019 to Q2 2021	Actual Q3 2019 to Q3 2021	Projected Q2 2021 to SFY 2023	Projected Q3 2021 to SFY 2023	Projected CY 2019 to SFY 2023
Non-Newborn SSI / Disabled	12 months	-0.2%	-3.3%	3.2%	8.4%	0.9%
MA Adult	0 months	-4.0%	-3.4%	4.8%	2.8%	-0.1%
MA Children	12 months	-2.0%	-0.8%	8.6%	3.0%	0.9%

Table 15 shows the selected annual utilization trends applied for the portion of the projection period shown in Table 14 above and Table 16 shows the annual unit cost trends applied to the adjusted base period data for all services except pharmacy services to put the data on a SFY 2023 basis. Table 23 shows the annual utilization and unit cost trends applied to the adjusted base period data for drug services.

For the MYPAC rate cell, utilization and unit cost trends for physician services are dampened relative to the trends shown in Tables 15 and 16 for other children rate cells to reflect the high proportion of physician services obtained through the MYPAC providers, for which flat utilization and unit cost trends were assumed.

Table 15
Mississippi Division of Medicaid
Selected Utilization Trends

COS	Annualized Utilization Trend				
	SSI	Adults	Children	Delivery	MYPAC
Inpatient Hospital Services	2.00%	-1.00%	3.00%	1.00%	3.00%
Outpatient Hospital Services	2.00%	0.00%	1.00%	1.00%	1.00%
Physician Services	6.00%	0.00%	3.00%	0.00%	0.11%
Dental Services	-3.00%	-3.00%	-1.00%	0.00%	-1.00%
Other Services	6.00%	0.00%	3.00%	0.00%	3.00%

Table 16
Mississippi Division of Medicaid
CY 2019 to SFY 2023 Unit Cost Trends (Annualized)

Rate Cell	Category of Service					
	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other
Non-Newborn SSI / Disabled	-0.1%	-0.1%	1.3%	2.5%	0.0%	0.8%
Breast and Cervical Cancer	-0.1%	-0.2%	1.2%	2.5%	0.0%	0.6%
MA Adult	-0.1%	-0.1%	2.0%	3.0%	0.0%	0.6%
Deliveries - MA Adult	-0.1%	-0.1%	2.0%	3.0%	0.0%	0.6%
Pregnant Women	-0.1%	-0.2%	2.0%	3.0%	0.0%	0.6%
Deliveries - Pregnant Women	-0.1%	-0.2%	2.0%	3.0%	0.0%	0.6%
SSI / Disabled Newborn	-0.1%	0.0%	1.8%	1.5%	0.0%	1.1%
Non-SSI Newborns 0 to 2 Months	-0.1%	-0.1%	1.7%	1.5%	0.0%	0.6%
Non-SSI Newborns 3 to 12 Months	-0.1%	-0.2%	1.7%	1.5%	0.0%	0.6%
Foster Care	4.2%	-0.2%	1.7%	1.5%	0.0%	0.8%
MYPAC	1.0%	-0.2%	0.1%	1.5%	0.0%	0.6%
MA Children	1.1%	-0.2%	1.7%	1.5%	0.0%	0.6%
Quasi-CHIP	1.3%	-0.2%	1.7%	1.5%	0.0%	0.6%

The development of the trend assumptions in Tables 15 and 16 is described below.

Utilization Trend for Non-Pharmacy Costs

Utilization trend reflects expected changes in:

- Demand for medical services
- Intensity or mix of medical services
- Provider practice patterns
- Provider coding changes

The following data sources were used to develop the utilization trend assumptions.

- Encounter data and financial reporting experience for MississippiCAN members was reviewed to analyze PMPM and utilization trends by major service categories from CY 2017 through CY 2019. While we reviewed CY 2020 and Q1 through Q3 2021 experience, it was not directly used to select the trend assumptions applied for a portion of the projection period from CY 2019 to SFY 2023.
- Experience from similar programs in other states.

Dental services are excluded from Tables 13 and 14 above in reviewing emerging experience, but are summarized below in Table 17. We have continued to observe negative utilization trend over the past few years, even prior to the pandemic, as shown in Exhibits 7B through 7D. These trends are -8%, -17%, and -5% on an annualized basis from CY 2017 to CY 2019 for the SSI, Adult, and Children population groups, respectively. Therefore, we apply negative trends for the entire 42 month projection period from CY 2019 to SFY 2023 for all populations.

Table 17
Mississippi Division of Medicaid
Recent Dental Experience

Rate Cell	PMPM Costs ¹				Total Change	
	Q2 2019	Q3 2019	Q2 2021	Q3 2021	Q2 2019 to Q2 2021	Q3 2019 to Q3 2021
Non-Newborn SSI / Disabled	\$8.81	\$10.07	\$8.50	\$8.57	-3.6%	-14.9%
MA Adult	\$7.38	\$6.70	\$5.91	\$5.17	-20.0%	-22.8%
MA Children	\$24.17	\$27.79	\$20.63	\$23.45	-14.6%	-15.6%

¹ PMPM costs reflect encounter data with runout through October 2021, completed using IBNR reported in CCO financial reporting.

The adjustment resulting from these utilization trends is shown in Exhibit 2A in row (b).

Unit Charge Trends for Non-Pharmacy Costs

The hospital inpatient, hospital outpatient, physician, and dental Medicaid FFS fee schedules are updated on July 1 of each year consistent with the following sources. DOM does not mandate provider reimbursement levels other than to require that reimbursement be at least as great as FFS for network providers. We assume that CCO reimbursement levels will move in tandem with changes to FFS reimbursement. Pursuant to SB2799 that was passed into Mississippi law on April 19, 2021, changes in reimbursement after July 1, 2021 will require legislative action. HB657 was subsequently signed into law on April 19, 2022, allowing for changes in reimbursement rates as long as the payment methodology remains consistent. Based on direction from DOM we are modeling fee schedule changes for each service category as noted below. Coverage for new codes and prohibition for billing on discontinued codes is allowed. We assumed the net impact of these latter two issues will be budget neutral, but will reevaluate once data is available and adjust capitation rates if needed. Unless otherwise noted, the fee schedule changes for prior years remained unchanged.

- **Inpatient:** DOM reimburses hospital inpatient claims using an APR-DRG methodology based upon the 3M grouper and updated on July 1 of each year. For these services, consistent with SB2799, DOM is implementing no changes to reimbursement rates on July 1, 2021 or July 1, 2022. We continue to rely upon prior year simulations performed by Conduent to estimate reimbursement changes for prior time periods.

Since the original certification updates to the PRTF fee schedule occurred during SFY 2023. These reimbursement differences have been included in this revised certification. PRTFs are not paid using the APR-DRG methodology and instead rely on a separate fee schedule with per diem payment rates for each facility. To calculate the impact of payment rate changes between the base period and SFY 2023 we applied the increased payment rates for each facility to the applicable time periods. Please see Exhibit 15 for more information about the percentage of base period data impacted and the annualized trend applied as a result of these fee schedule updates.

Table 18 shows the assumed annualized inpatient charge trends from CY 2019 to SFY 2023 for all rate cells.

Table 18	
Mississippi Division of Medicaid	
Inpatient Unit Cost Trends for CY 2019 to SFY 2023	
Population	Inpatient
All	-0.14%

- **Outpatient:** DOM reimburses hospital outpatient claims using the Medicare APC methodology and the Jackson area conversion factor and updated on July 1 of each year. For these services, consistent with SB2799, DOM is implementing no changes to reimbursement rates on July 1, 2021 or July 1, 2022. We continue to rely upon prior year simulations performed by Conduent to estimate reimbursement changes for prior time periods.

Since the original certification updates to home health and some ambulatory surgical center (ASC) service fee schedule occurred during SFY 2023. These reimbursement differences have been included in this revised certification. Fee schedule changes for home health and ASC services are also included in the outpatient service category. Table 19 shows the assumed annualized outpatient charge trends from CY 2019 to SFY 2023 for all rate cells. Similar to the process described above for PRTF, fee schedule changes for these services are reflected as a charge trend calculated by comparing the fee schedules in place during the base period and projection periods, weighted by the applicable procedure codes. Please see Exhibit 15 for more information about the percentage of base period data impacted and the annualized trend applied as a result of these fee schedule updates.

Table 19
Mississippi Division of Medicaid
Outpatient Unit Cost Trends for CY 2019 to SFY 2023

Population	Outpatient
All	-0.18%

- Physician:** DOM formerly reimbursed many physician services as a percentage of Mississippi Medicare fee schedules and updated the FFS fee schedules on July 1 of each year for the Medicare fee schedule changes from January 1 of the given year. For these services, consistent with SB2799, DOM implemented no change to reimbursement rates on July 1, 2021, but is implementing a reimbursement change effective July 1, 2022.

Conduent performed a simulation of the impact of changes in the payment methodology effective July 1, 2022. Based on this analysis comparing projected SFY 2023 costs to SFY 2021 costs, we included unit cost trends ranging from approximately 4.2% to 7.0% by rate cell to physician services not associated with a FQHC or RHC. The majority of these increases are associated with evaluation and management codes, which received a large increase in the 2021 Medicare fee schedule. Note, the impact of these fee schedule changes was updated from the original certification due to a higher than anticipated impact of these reimbursement changes.

The per-encounter FQHC and RHC reimbursement is included in the MississippiCAN capitation rates to provide a steadier cash flow to the RHCs and FQHCs that serve the MississippiCAN population. The CCOs are expected to reimburse FQHCs and RHCs at DOM's per-encounter rates. DOM will monitor the utilization of services at FQHCs and RHCs under MississippiCAN to ensure services are not diverted from FQHCs and RHCs to other providers.

A 1.7% and 2.1% rate increase was implemented on FQHC and RHC per-encounter rates effective January 1, 2021 and January 1, 2022, respectively. In the CY 2019 base period experience approximately 12% of costs in the high-level physician category of service are for FQHCs and RHCs.

Table 20 below shows the combined physician unit cost trends incorporating the Conduent simulated changes, flat unit cost trends for services with no anticipated changes, and the appropriate trends for FQHC and RHC services.

Table 20
Mississippi Division of Medicaid
Physician Unit Cost Trends for CY 2019 to SFY 2023

Population	Physician
SSI	1.18%
Adult	2.01%
Children	1.69%

In addition to the physician unit costs trends included in Table 20, fee schedule changes for autism spectrum disorder (ASD), prescribed pediatric extended care (PPEC), and some ASC services are also included in the physician service category. These charge trends were calculated by comparing the CY 2019 payment rates with those in place during SFY 2023, composited based on the mix of services during CY 2019. See Exhibit 15 for additional details regarding the base period costs and applied trend.

- **Dental:** Dental reimbursement changes due to SB2799 and HB657 are incorporated as a separate adjustment to rates. We assume no additional changes to the dental fee schedule between the base period and SFY 2023.
- **Other:** Per SB2799, no changes will be implemented to the fee schedule effective July 1, 2021 or July 1, 2022, except for the services noted below which were updated during SFY 2023 and not included in the original certification:
 - Durable Medical Equipment (DME) / Medical Supplies
 - Private Duty Nursing (PDN)

To calculate the impact of the DME and PDN fee schedule change, we calculated the average change for each services type based on the Medicaid FFS payment rates and applied that to the total CCO payments, assuming that CCO payments increase by a proportional amount. See Exhibit 15 for additional details regarding the base period costs and applied trend.

Row (c) in Exhibit 2A includes the aggregate unit cost adjustment factors from CY 2019 to SFY 2023.

Emergency Services Savings Adjustment

Milliman has identified persistently dampened emergency service utilization since the beginning of the COVID-19 pandemic, as shown by Table 21.

Table 21 Mississippi Division of Medicaid Recent Emergency Room Experience						
Rate Cell	PMPM Costs¹				Total Change	
	Q2 2019	Q3 2019	Q2 2021	Q3 2021	Q2 2019 to Q2 2021	Q3 2019 to Q3 2021
Non-Newborn SSI / Disabled	\$49.19	\$49.46	\$42.94	\$40.13	-12.7%	-18.9%
MA Adult	\$46.24	\$46.75	\$36.23	\$33.89	-21.6%	-27.5%
MA Children	\$14.54	\$14.32	\$12.09	\$12.18	-16.8%	-14.9%

¹ PMPM costs reflect encounter data with runout through October 2021, completed using IBNR reported in CCO financial reporting.

We expect this shift in member behavior to persist into SFY 2023, as it has not returned to pre-pandemic levels at the same rate as other categories of service. In addition, two of the three CCOs have implemented review protocols to ensure that the correct level of care was coded for emergency room visits. If the level of care coded was higher than warranted by the services, the CCOs have been working with the providers to adjust to the appropriate level prior to reimbursing the claim. Therefore, we project decreases to emergency service utilization relative to CY 2019 levels, as shown in Table 22 below for each population grouping.

Table 22 Mississippi Division of Medicaid Emergency Services Utilization Dampening	
Rate Cell Group	Emergency Service Dampening Applied
SSI+	10%
Adults	20%
Children	10%
Deliveries	0%

Milliman identified emergency services as the claims classified as “Emergency Room” or “ER Visits and Observation Care” as shown in Exhibit 11. We then dampened total outpatient and physician service costs based on the proportion of total CY 2019 claims in these categories, using the dampening factors by rate cell as shown by Table 22.

This adjustment is shown in row (d) on Exhibit 2A.

Prescription Drug Trends

We developed pharmacy trends using the following sources:

- **MississippiCAN-Specific Data** – We analyzed October 2018 to September 2021 pharmacy experience for the eligible population and developed utilization and cost summaries by brand and generic drug types for the 25 top therapeutic classes for non-specialty prescriptions, and the 25 top therapeutic classes for specialty prescriptions. We developed cost projections for CY 2019 to SFY 2023 using those summaries, giving consideration for script utilization per 1,000 increases and average script cost increases for brand, generic, and specialty drugs.

Considerations were made when reviewing prescription drug experience for the estimated impacts of changes in annual updates to the state's uniform PDL.

- **Industry Research** – We reviewed recent drug trend reports from PBMs to benchmark the prospective list price and utilization trends used in our detailed modeling of MississippiCAN-specific data. Additionally, we compared the nationwide trends in these PBM reports to recent trends in the MississippiCAN program by calculating the state-specific NADAC trends. These state-specific NADAC trends were estimated by creating a market basket of products from recent MississippiCAN drug encounters. Historical NADAC prices were applied to this fixed market basket to determine the historical unit cost trends for the MississippiCAN program.
- **FDA Drug Approvals** – When developing prospective drug trends, we consider the FDA approval of various new therapies. Some of the therapies we expect to have higher frequency and / or cost include:
 - Rethymic®
 - Cibinqo®
 - Voxzogo®
 - Ciltacabtagene autoleucl
 - Palovarotene
 - Filsuvez®
 - Balstilimab
 - Omidenepag
 - Penpulimab
 - Leqvio®
 - Somatrogon
 - Livmarli™
 - Tivdak™
 - Exkivity™
 - Skytrofa™
 - Comirnaty®
 - Nexvzyme™
 - Bylvay™
 - Vaxneuvance™

However, building explicit additional trend into capitation rates for these products is difficult due to a lack of information on expected pricing and uptake among the various populations. Therefore, we build in modest additional trend to reflect the addition of new approvals for each population. We note, the historical experience reviewed in trend development also reflects the impact of FDA approvals that were new during those periods.

Based on our analyses, we estimate annualized utilization and unit cost trends from CY 2019 to SFY 2023 shown in Table 23. Difference in aggregate trends by population in Table 23 are due to each population's mix of brand and generic products. The utilization trends shown in Table 23 include the indirect impact of the change in mix of products due to pure utilization trends. Unlike utilization trends for non-pharmacy services, we apply utilization trend for the full projection time period for pharmacy services.

Table 23
Mississippi Division of Medicaid
Pharmacy Trends for CY 2019 to SFY 2023

	SSI	Adult	Children	Delivery
Annualized Unit Cost Trends	2.62%	2.81%	1.26%	2.81%
Annualized Utilization Trends	3.67%	4.01%	1.99%	1.00%

CMS did not approve (per SB2799) the request to freeze pharmacy reimbursement as of July 1, 2021. Unit cost trends shown in Tables 23 and 24 thus include full anticipated unit cost trends from CY 2019 to SFY 2023.

When developing prospective drug trends, no consideration was given for expected brand to generic shifts. These shifts are reflected separately as a change in the state PDL.

Rows (b) and (c) in Exhibit 2A include the aggregate utilization and cost adjustments from CY 2019 to SFY 2023 for the drug services.

Additional information on the development of utilization and unit cost trends is summarized below. Exhibits 8A through 8C show the CY 2019 experience and prospective utilization and unit cost trends applied by therapeutic class at a generic, brand, and specialty level. This exhibit is shown separately by the high-level population groupings: SSI, Adult, and Children.

Unit Cost Trends

The cost per script trends are based on an analysis of historical MississippiCAN data from October 2018 to September 2021 repriced to NADAC plus the Mississippi Medicaid dispensing fees of \$11.29 per script for brand and generic scripts and \$61.14 for specialty scripts. We mapped NADACs from CMS by NDC and analyzed the annual trends using a fixed market basket of drugs from the pharmacy data by population type. Reviewing the trends for a fixed market basket of drugs helps to normalize for PDL changes that have been implemented over time, which are adjusted for separately in the capitation rate development.

Based upon the results of log-normal regressions, the unit cost trends were selected by population grouping and therapeutic class. If results were not informative for a given therapeutic class, the "Other Classes" trend assumption was used. Table 24 displays the aggregated unit cost trend across all therapeutic classes. The specific therapeutic class trends are included in Exhibits 8A through 8C.

Table 24
Mississippi Division of Medicaid
Annualized Prospective Unit Cost Pharmacy Trends

Generic	SSI	Adult	Children	Delivery
Traditional	-1.1%	-0.8%	-2.5%	-0.8%
Specialty	-3.3%	2.0%	0.0%	2.0%
Brand				
Traditional	3.5%	3.7%	3.1%	3.7%
Specialty	2.9%	3.6%	3.7%	3.6%

Utilization Trends

Similar to the unit cost trends, utilization trends were calculated using log-normal regressions for each population and therapeutic class. Given PDL changes over time, utilization trends were selected at a therapeutic class level in aggregate across brand and generic utilization. If results were not informative for a given therapeutic class, the "Other Classes" trend assumption was used. Table 25 displays the aggregated utilization trend across all therapeutic classes. The specific therapeutic class trends are included in Exhibits 8A through 8C.

Table 25 Mississippi Division of Medicaid Annualized Prospective Utilization Pharmacy Trends				
Generic	SSI	Adult	Children	Delivery
Traditional	-0.1%	-0.2%	0.4%	1.0%
Specialty	0.6%	7.9%	0.2%	1.0%
Brand				
Traditional	2.2%	2.0%	0.3%	1.0%
Specialty	8.1%	11.9%	10.2%	1.0%

As noted above, an indirect change in costs for pharmacy services is caused by changes in the mix of therapeutic classes induced by the pure utilization trends. This mix component of trends is shown in Table 26. The trends shown in Tables 25 and Table 26 comprise the total utilization trends applied.

Table 26 Mississippi Division of Medicaid Annualized Prospective Utilization Pharmacy Trends – Mix Component				
Generic	SSI	Adult	Children	Delivery
Traditional	-0.1%	0.3%	0.3%	0.0%
Specialty	-1.7%	-1.6%	-0.3%	0.0%
Brand				
Traditional	0.4%	-0.4%	0.2%	0.0%
Specialty	-0.4%	-2.4%	4.1%	0.0%

Step 2: Apply Adjustments for Population, Program, and Reimbursement Methodology Changes

The following adjustments are applied to reflect changes in expected costs due to changes between the base period and rating period.

- Population Changes: Change in the mix of individuals already enrolled in MississippiCAN
- Program Changes: Changes to populations and / or services included in MississippiCAN
- Reimbursement Methodology Changes: Updates to Medicaid FFS reimbursement methodologies (assumes a parallel impact on MississippiCAN reimbursement), or changes in CCO reimbursement

Exhibit 13 summarizes the program, population, and reimbursement changes discussed in this section, the impacted rate cells for each change, and where the change is reflected in the rate development.

[COVID-19 Population Acuity Adjustment](#)

Due to uncertainty surrounding the COVID-19 pandemic and resulting PHE, we indicated in the preliminary SFY 2023 capitation rate report that we would update the acuity adjustments applied to the MA Adult, MA Children, and Quasi-CHIP rate cells if actual SFY 2023 membership was materially different than what was assumed in the preliminary rate report. Analyses developed for prior MississippiCAN rates have shown population acuity decreases as membership increases, and thus, we wanted to account for significant differences between CY 2019 membership and SFY 2023 membership (and therefore member acuity) in the SFY 2023 capitation rates.

To determine the relationship between risk scores and membership, we observed the last four iterations of semi-annual risk scores spanning the two years preceding the COVID-19 pandemic. For each risk score update, we compared the change in risk scores and the change in membership during the six-month period. As shown in Exhibit 17, risk score increases strongly correlated with membership decreases and vice versa (generally less costly members exiting the program, or, conversely, lower cost members joining the program). We developed regression models to predict the change in risk score associated with the change in membership for each period. For our regression models, we assumed a power model of the form where the variables A and B are estimated constants.

$$(\text{Change in Risk Score}) = A \times (\text{Change in Membership})^B$$

We created two regression models, one using the experience of the MA Adult rate cell and a second model using the combined experience of the MA Children and Quasi-CHIP rate cells (these two populations are similar, and the Quasi-CHIP experience is not sufficiently credible to develop a regression model specific to that population). The resulting regression models had R² values of 0.67 and 0.54 for the MA Adult and MA Children / Quasi-CHIP rate cells, respectively. Please note, the regression models are consistent with those used for the SFY 2022 acuity adjustments.

We applied the regression models to determine acuity adjustments for these rate cells from CY 2019 to SFY 2023. The application of these models is detailed in Exhibit 17 and summarized in Table 27 below.

Table 27 Mississippi Division of Medicaid Summary of CY 2019 to SFY 2023 Acuity Adjustments		
Rate Cell	Membership Change	Acuity Adjustment
MA Adult	-4.6%	1.023
MA Children / Quasi-CHIP	-14.0%	1.031

The acuity adjustments for CY 2019 to SFY 2023 are positive given the decreases in membership during that time.

Exhibit 17 details the development of the population acuity adjustment.

Row (e) in Exhibit 2A shows the adjustment for the population acuity adjustment.

Postpartum Coverage Extension

Per SB 2212, postpartum coverage extends from 60 days to 12 months effective April 1, 2023. Previously, at 60 days postpartum individuals in the Pregnant Women rate cell had their Medicaid eligibly redetermined and unless they had a qualifying reason to remain in Medicaid (such as meeting eligibility qualifications for the MA Adult rate cell) the member was disenrolled from MississippiCAN. Going forward this redetermination will not occur until the end of the 12 months of postpartum coverage. For SFY 2023, this only affects a subset of members that had postpartum coverage as of April 1, 2023.

While this program change has the largest impact on the Pregnant Women rate cell, other rate cells are also expected to have minor increases in enrollment due to extending the time until eligibility redetermination to 12 months postpartum (i.e., if someone would have been disenrolled during their annual redetermination they now will remain for the additional months until 12 months postpartum). We reviewed the impact of the coverage extension on all rate cells in the MississippiCAN program and believe the PMPM impact is minimal and did not include an adjustment for any rate cell except for the Pregnant Women rate cell, given its unique eligibility requirements and historical enrollment patterns. The projected membership in Exhibit 3 includes the impact of extending postpartum coverage for all rate cells.

While this program change will add membership and service costs to the Pregnant Women rate cell, these additional months of coverage are expected to be lower on a PMPM basis than the costs included in the CY 2019 base data. We developed separate adjustments to apply to the non-delivery costs and delivery costs included in Exhibit 2A.

- **Non-Delivery Costs:** The estimated PMPM for months 3 through 12 postpartum was developed by reviewing the relativity of the PMPMs for postpartum months 1 and 2 compared to months 3 through 12 for individuals that had a delivery while in the MA Adult rate cell in the blended CY 2018 and CY 2019 base data. We then applied this relativity to the PMPM cost for postpartum months 1 and 2 for the Pregnant Women rate cell in the blended CY 2018 and CY 2019 base data.
- **Delivery Costs:** Additional delivery costs will not be incurred for the additional months of membership added to the Pregnant Women rate cell. Therefore, we dampen the delivery cost PMPM to spread across the increased membership basis.

Exhibit 16 demonstrates the development of the population change factors.

Row (f) in Exhibit 2A shows this adjustment.

[Addition of ASD Services](#)

Starting in January 2017, MississippiCAN began offering additional screening and treatment services for MississippiCAN members with autism spectrum disorder (ASD). The ramp up of these services has been slow, while a provider network is established to handle the additional services. To help establish the necessary providers for these services a §438.6(c) directed payment was first introduced in SFY 2020 MississippiCAN capitation rates to establish a minimum fee schedule on ASD services effective July 1, 2019. In addition, DOM updated the Medicaid FFS fee schedule for certain ASD services effective July 1, 2019.

ASD expenses totaled approximately \$580,000 in CY 2019. However, monthly costs for ASD services increased throughout the year and into CY 2020 after the implementation of the fee schedule increase and directed payment. We anticipate expenses for ASD services will stabilize near the levels seen in Q4 2019 to February 2020. We increased costs for ASD services in the SFY 2023 capitation rates by approximately \$220,000 to bring CY 2019 expenses up to this higher level of monthly costs. Given the impact of COVID-19 we were not able to review more recent data to estimate the ultimate level of services. We calculated adjustments to include the additional costs for these services by allocating the estimated costs between the Non-Newborn SSI / Disabled, Foster Care, MA Children, and Quasi-CHIP rate cells proportional to CY 2019 ASD claims for these members.

Row (g) in Exhibit 2A shows the adjustment for these additional costs.

The SFY 2023 ASD preprint is expected to be approved by CMS and the adjustment made in this report is consistent with the information included in that preprint.³

[Increase to Medicaid-Covered Service Limits](#)

Effective July 1, 2019, the pharmacy script limit per member per month was increased from five to six scripts and the home health limit for certain adult populations was increased from 25 to 36 visits per year.

Milliman summarized the cost of annual home health visits 26 through 36 and the cost of the sixth monthly pharmacy script, using the definitions provided by DOM as detailed in Appendix B, in Q1 to Q2 2019 encounter data.

Service limits do not apply up to age 21, and thus, costs were not adjusted for these members.

An adjustment reflecting these service limit increases is shown in Exhibit 2A in rows (h) and (i).

[Preferred Drug List \(PDL\) Revisions](#)

Updates are made to the state PDL annually and take effect on January 1 of each year. We estimated the impact of these changes using detailed modeling provided by Change Healthcare, who is contracted by DOM to regularly update and maintain the state PDL. In our reliance on the PDL modeling performed by Change Healthcare, we reviewed the output of the models for reasonableness, but did not audit their analyses.

The modeling provided by Change Healthcare included drug-level analyses of expected utilization shifts and resulting changes to pharmacy expenditures on a gross of rebate basis. This modeling uses data from both FFS and MississippiCAN populations, so we cannot directly use the output for rate development. Therefore, we applied the change in gross costs on a percentage basis by therapeutic class to MississippiCAN encounter data to develop program-specific impacts of PDL revisions. Separate PDL adjustments were developed for each population to account for the different mix of drugs used for each group.

Table 28 shows the estimated impact of PDL revisions. The CY 2019 to CY 2020 PDL changes shown below include the impact of significant May 2020 PDL changes in addition to January 2020 PDL changes. The full adjustment applied is a combination of the PDL changes from CY 2019 to SFY 2023.

³ This preprint is filed under the CMS control name "MS_Fee_Oth_Renewal_20220701-20230630"

Table 28 Mississippi Division of Medicaid PDL Adjustment			
Rate Cell Grouping	2019 to 2020	2020 to 2021	2021 to 2022
SSI	0.950	1.004	0.994
Adults	0.960	1.005	0.994
Children	0.965	1.006	0.977
Deliveries	0.993	1.001	1.000

PDL changes effective January 1, 2022, were minor and only impacted five therapeutic classes. Table 29 displays all five classes and outlines the shifting assumptions modeled by Change Healthcare for each class.

Table 29 Mississippi Division of Medicaid January 2022 PDL Adjustments					
Therapeutic Class	Utilization Shifts To	Utilization Shifts From	Modeled Shift	Estimated Increase (Decrease) in Gross Costs	% of Total PDL Change
ADHD AGENTS - AMPHETAMINES	GENERIC ADDERALL XR	VYVANSE CAPSULES	20%	(16.2%)	105.8%
		VYVANSE CHEWABLE	10%		
		DYANAVEL XR	10%		
MS AGENTS - TECFIDERA	DIMETHYL FUMARATE	TECFIDERA	90%	(83.3%)	6.7%
GOUT AGENTS	COLCHICINE TABLETS	COLCHICINE CAPSULES	90%	(75.4%)	5.0%
OPHTHALMICS - BRIMONIDINE	ALPHAGAN P	BRIMONIDINE	50%	16.1%	-0.4%
DERM – ATOPIC DERMATITIS	ELIDEL	PIMECROLIMUS	50%	52.0%	-17.0%

The shifting assumptions developed by Change Healthcare are meant to reflect the best estimate for how utilization will shift as certain products change preferred status effective January 1, 2022, recognizing that a full shift will not happen immediately. The estimated change in gross cost assumes the ultimate modeled shift shown in Table 29 is achieved two quarters after the PDL changes take effect and therefore, the January 2022 PDL updates will be applicable to all of SFY 2023.

The adjustment for PDL revisions is shown in row (j) of Exhibit 2A.

[OP Dental Reimbursement Change](#)

Effective July 1, 2019, a multiple discounting policy applies to dental procedures billed on a hospital outpatient claim to price the highest allowed dental procedure at 100% of the allowed amount or published fee and to price all subsequent dental procedures at 25% of the allowed amount or published fee.

We used simulations provided by Conduent that estimated the impact on outpatient dental claims to be a decrease of 58.1% from Q1 and Q2 2019 to July 1, 2022, as a result of this reimbursement change. This reduction was applied to only outpatient claims related to dental services. The resulting adjustment applied to all outpatient claims varies by rate cell according to the mix of dental vs. other services in the outpatient service category.

This adjustment is shown in row (k) on Exhibit 2A.

[NET Reimbursement Adjustment](#)

In CY 2019, two CCOs used a specific subcapitated vendor for NET services. By SFY 2023, both CCOs had transitioned to a far lower cost NET vendor. As a result, CY 2019 base data contains experience that reflects a higher cost of NET services than we anticipate in SFY 2023.

One of these CCOs transitioned to the lower cost vendor in August 2019, while the other transitioned to the lower cost vendor in September of 2021. As a result, seven months of CY 2019 experience for the first CCO and 12 months of CY 2019 experience for the second CCO reflect a higher cost of NET services than we anticipate for SFY 2023.

We used NET costs as reported in the CCO financial templates following the NET vendor transitions to remove the impact of this higher cost vendor from CY 2019 data.

This adjustment is on Exhibit 2A in row (l).

GME Carve Out

Effective October 1, 2019, all GME payments are made outside the DRG payment (rather than being paid per discharge) for utilization at applicable hospitals. Thus, CY 2019 base data contains nine months of GME expenses that will not be incurred by the CCOs in SFY 2023.

DOM provided a summary of historical GME payments made by the CCOs from January through September 2019. As shown in Table 30, we calculated CY 2019 GME costs as a percentage of inpatient costs to remove GME from the capitation rates.

Table 30 Mississippi Division of Medicaid GME Removal Adjustment Development		
CY 2019 GME	CY 2019 IP	GME Adjustment
\$18,380,362	\$490,956,473	0.963

Data for GME payments at a rate cell level was not available to calculate the adjustment at a more granular level. Since the adjustment is only applied to inpatient services, it does, however, have a bigger impact on rate cells with a higher proportion of inpatient services.

The adjustment used to remove GME payments for inpatient services is shown in row (m) in Exhibit 2A.

Emergency Ambulance Payment Increase

Effective July 1, 2020, DOM increased reimbursement for emergency transportation services. This increase reimburses these services at 100% of the Medicare fee schedule, while these services were historically reimbursed at 70% of Medicare. We estimated the impact of this reimbursement change in SFY 2023 by applying the reimbursement change to emergency transportation services in CY 2019.

The adjustment to increase reimbursement for emergency transportation services is shown in row (n) in Exhibit 2A.

COVID-19 Vaccine Administration Expenses

Per CMS guidance, the cost of the COVID-19 vaccine for Medicaid recipients will be fully reimbursed by the federal government, and, thus, the CCOs will not be at risk for these costs. However, the CCOs will be responsible for expenses related to the administration of the COVID-19 vaccine. Consistent with DOM's provider bulletin issued on March 15, 2021, these expenses are set equal to the Mississippi adjusted Medicare rate of \$35.87 for each vaccine dose. All services covered under the MississippiCAN program, including the COVID-19 vaccine administration fee, are subject to a minimum fee schedule of the FFS rate. This minimum fee schedule is set in accordance with the provisions of §438.6(c). It is our understanding that this type of minimum fee schedule does not necessitate prior approval from CMS and no preprint is required.

To determine the count of members projected to receive a COVID-19 vaccination in SFY 2023, Milliman calculated the following, as shown by Exhibit 9:

- Starting vaccination rates within the MississippiCAN population. This was calculated as of December 1 using a list of vaccinated members provided by DOM.

- The percentage of Mississippians vaccinated as of early February 2022 using publicly available information accessed from Mississippi's Department of Health (DOH) website.
- The additional vaccinations needed for MississippiCAN vaccination rates to increase to statewide vaccination rates.
- Average doses per non-booster vaccination. Current CDC guidance recommends two dose vaccinations, so we assume two doses per vaccination.
- The percentage of vaccinated members who receive booster shots. Based on the same DOH data source noted above, Milliman determined that approximately 25% of vaccinated Mississippians eligible for a booster shot had also received a booster shot. Thus, for SFY 2023, we projected that 25% of all projected vaccinated members will also receive booster shots.
- Average doses per booster vaccination. We assume booster shots would be obtained twice yearly, and thus, assume two booster shots per member receiving a booster shot.
- Queries of MississippiCAN data have shown almost no expenses related to vaccine administration in CY 2021. We project that third parties will continue to incur much of the vaccine administration expenses in SFY 2023, and thus assume that 50% of vaccine administration expenses for MississippiCAN members will be paid by entities other than MississippiCAN CCOs.

Exhibit 9A shows the development of SFY 2023 vaccine administration costs PMPM for all MississippiCAN rate cells. Exhibit 9B details the statewide Mississippi data used to develop target assumptions, as noted above. Exhibit 9C illustrates the calculation for the COVID-19 vaccination component of the quality withhold.

Given the uncertainty surrounding COVID-19 vaccine availability and uptake rates, Milliman and DOM will monitor vaccination rates and adjust the methodology if necessary.

The COVID-19 vaccine administration expenses are shown in row (o) in Exhibit 2A.

Removal of 5% Assessment

Per SB2799 that was passed into law on April 19, 2021, the 5% rate reduction previously established in Miss. Code Ann. § 43-13-117 (B) will be removed from all providers. This exemption, effective July 1, 2021, results in an increase from a 95% payment rate to a 100% payment rate for those services previously eligible for the 5% assessment.

Exhibit 12 lists all services previously eligible for the 5% assessment. For each of these services not performed at a UMMC-affiliated provider (which had already been exempt from the 5% assessment), we re-priced the CY 2019 experience from the 95% payment rate to the 100% payment rate. The overall adjustments by category of service are shown in Table 31.

An adjustment of 1.000 in Table 31 indicates that no change in provider reimbursement between the base period data and rating period is expected as a result of implementing the removal of the 5% provider assessment whereas an adjustment of 1.053 ($=1.000 / 0.950$) would indicate the removal of the 5% provider assessment is applicable to all services within the category of service.

Table 31	
MississippiCAN Capitation Rates	
5% Assessment Removal Adjustment by Category of Service	
Category of Service	5% Assessment Adjustment
Inpatient Hospital Services	1.000
Outpatient Hospital Services	1.005
Physician Services	1.023
Drug Services	1.000
Dental Services	1.050
Other Services	1.038
Total	1.011

Additionally, the July 1, 2021 reimbursement increase for certain preventative and diagnostic dental services was capped at 5% of the prior payment rate, as described in the "Dental Reimbursement Change" section below. For these services, reimbursement was increased by 5% over the prior 95% payment rate to a new payment rate of 99.75% to comply with that requirement. Non-preventative and non-diagnostic dental services, along with all non-dental services, were increased from 95% to 100%.

The adjustment was calculated separately by rate cell, reflecting the mix of services and the applicability of the 5% provider assessment specific to the given population.

The removal of the 5% assessment is shown in row (p) in Exhibit 2A.

Preventative and Diagnostic Dental Reimbursement Change

Per SB2799 signed into law on April 19, 2021, DOM will increase the payment rate for preventative and diagnostic dental services by 5% effective July 1, 2021 and by an additional 5% effective July 1, 2022.

- **July 1, 2021 Dental Reimbursement Increase** – For dental services identified as preventative or diagnostic (defined as procedure codes D0100 through D1999) to which the 5% assessment were also applicable, the adjustment was already applied in the "Removal of 5% Assessment" section above. DOM provided guidance around how these two initiatives would be implemented.

For those preventative or diagnostic dental services not impacted by the 5% assessment, we determined the percentage of CY 2019 dental spend identified as diagnostic or preventative within each rate cell. We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on the preventative and diagnostic services with a 0% reimbursement adjustment on other dental services.

- **July 1, 2022 Dental Reimbursement Increase** – We determined the proportion of CY 2019 dental claims identified as preventative or diagnostic (defined as procedure codes D0100 through D1999.) We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on preventative and diagnostic dental services with a 0% reimbursement adjustment on other dental services.

The cumulative preventive and diagnostic dental reimbursement change is shown in row (q) in Exhibit 2A.

Restorative Dental Reimbursement Change

Per HB657 signed into law on April 19, 2022, DOM will increase the payment rate for restorative dental services by 5% effective July 1, 2022. We determined the proportion of CY 2019 dental claims identified as restorative (defined as procedure codes D2000 through D2999.) We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on the restorative services with a 0% reimbursement adjustment on other dental services, after adjusting for the preventative and diagnostic reimbursement changes discussed above.

The cumulative restorative dental reimbursement change is shown in row (r) in Exhibit 2A.

Immaterial Program, Population, and Reimbursement Methodology Changes

There are several program, population, and reimbursement changes between the base period experience and SFY 2023 that we did not build an explicit adjustment into rates for, given the projected budget neutral or immaterial impact. These changes are described below.

- **Dental and Orthodontic Reimbursement** – Effective March 1, 2019, the reimbursement methodology for dental and orthodontic services was revised to be the lesser of: a) The provider's usual and customary charge, b) A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018, or c) The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report. Overall, this reimbursement change is expected to have an immaterial impact to dental reimbursement and no adjustment was made in the SFY 2023 capitation rates.

- IMD Services – Effective July 1, 2019, services provided at IMDs will be covered under MississippiCAN. Any material new utilization at these facilities is expected to represent shifting from general hospitals rather than new utilization in the system. No explicit adjustment is made for the additional utilization of these services in the SFY 2023 capitation rates. However, if long term stays transition from other facilities to IMDs we will revisit the materiality of the additional costs associated with these stays.
- U&C Overpayments – One CCO's PBM did not originally apply pharmacy reimbursement logic to account for usual and customary (U&C) pricing correctly. The CY 2018 encounter data supporting this report does not reflect the ongoing recoupments to correct this issue. We reviewed claims impacted by this and determined the impact of this overpayment on capitation rates was immaterial.
- DRG Overpayments – Similar to the U&C overpayments, one CCO applied a higher fee schedule than allowed for certain DRGs. The CY 2018 and CY 2019 claims impacted by this overpayment do not have a material impact on capitation rates.
- ICORT Reimbursement changes – per Medicaid State Plan Amendment (SPA) 20-0022 for Community Mental Health Services, DOM is revising the service definition and reimbursement for Intensive Community Outreach and Recovery Teams (ICORT) services effective April 1, 2021. We reviewed the fiscal estimates of this change and determined that the impact on capitation rates is projected to be immaterial.
- MYPAC reimbursement changes – DOM historically reimbursed providers for children receiving MYPAC services as a single combined payment on a per diem basis. Per guidance from CMS, the wraparound services and other ancillary therapeutic mental health services must be reimbursed separately effective July 1, 2021. Milliman estimates that these reimbursement changes will be budget neutral, and thus, are not including an adjustment for these reimbursement changes in capitation rates.
- PAD rate freeze – SB2799 stipulates all changes in reimbursement for any service after July 1, 2021 require legislative action. Consequently, DOM is required to freeze the unit cost for pharmacy products, including PADs, at the July 1, 2021 level. Milliman estimates that the impact of PAD unit cost freezing will have a negligible impact on unit cost trends for the physician category of service and thus are not adjusting trends to reflect this rate freeze.

Step 3: Incorporate Delivery Costs into MA Adult and Pregnant Women Rate Cells

Effective July 1, 2020, MississippiCAN no longer paid maternity deliveries using a kick payment methodology and instead included these costs in the MA Adult and Pregnant Women rate cells. To provide more transparency on this transition, we projected the costs historically covered by the delivery kick payment separately on Exhibits 1A, 1B, and 2A. These costs are also shown separately for the MA Adult and Pregnant Women rate cells. Exhibit 2B combines the costs for these deliveries into the MA Adult or Pregnant Women rate cell, as appropriate.

Step 4: Non-Service Expense Allowance

Administrative Expenses, Premium Tax, and Targeted Margin

The administrative allowance included in the capitation rate is intended to cover administrative costs, including the following:

- Case management
- Utilization management
- Claim processing and other IT functions
- Customer service
- Provider contracting and credentialing
- TPL and program integrity
- Member grievances and appeals
- Financial and other program reporting
- Local overhead costs
- Corporate overhead and business functions (e.g., legal, executive, human resources)

Exhibit 3 shows the build-up of the non-service expenses, comprised of the following components for SFY 2023:

- \$10.56 PMPM for fixed administrative costs
- 5.00% of non-MHAP revenue for variable administrative costs
- 1.80% of non-MHAP revenue for target underwriting margin and cost of capital
- 3.00% for the Mississippi premium tax

Table 32 displays the non-service expense allowance included in the SFY 2023 rates. All percentages of revenue are shown excluding MHAP and MAPS revenue, which are ultimately not at risk to the CCOs.

Table 32		
Mississippi Division of Medicaid		
SFY 2023 MississippiCAN Non-Benefit Expenses		
	% of Revenue	PMPM
Fixed Costs ¹	2.14%	\$10.56
Variable Costs ²	5.00%	\$24.64
Premium Tax ²	3.00%	\$14.77
Margin ²	1.80%	\$8.86
Total	11.95%	\$58.82

¹ Included in the rate as a PMPM, equivalent % of revenue shown.

² Included in the rate as a % of Revenue, equivalent PMPM is shown.

The administrative expense allowance for SFY 2023 was developed by trending the fixed and variable allowances from SFY 2022 capitation rates (on a PMPM basis) by 3.0%. The 3.0% trend is based on a review of employment cost index (ECI) data and reflects expected changes in wages and other services that comprise a majority of administrative costs. We reviewed the CY 2020 administrative cost data submitted by the CCOs which also supports a trend of roughly 3.0% compared to the CY 2019 costs underlying SFY 2022 capitation rates.

The resulting SFY 2023 administrative costs, excluding taxes and fees, were compared to national benchmarks released by the Sherlock Company and Milliman's annual analysis of administrative costs for Medicaid managed care plans to ensure reasonability.

Step 5: Adjust for Geographic Area

CCO capitation payments will vary based on their members' county of residence. We assigned each county to one of the following regions (as defined in Appendix A): North, Central, or South. Table 33 shows the geographic area factor adjustments that are applied based on a beneficiary's region.

Table 33			
Mississippi Division of Medicaid			
Area Factors			
Region	Area Factors		
	SSI	Adults and Deliveries	Children
North	0.913	0.944	0.982
Central	1.050	1.040	1.019
South	1.040	1.011	0.996

We developed the geographic area factors on a budget-neutral basis by blending projected claims PMPM across rate cell groupings weighted upon the statewide rate cell distribution for each region and reviewing the relative difference in PMPM cost for each region. We created three different rate cell groups (as shown in Table 4) to aggregate experience for similar rate cells, so that we could adequately reflect area factor differences among rate cells and still maintain credibility.

Exhibit 4 includes the resulting capitation rates for each region using these area factors.

Step 6: Adjust for Quality Withhold

Continuing in SFY 2023, a 1% quality withhold will be placed on capitation rates for the MississippiCAN program. The terms of the withhold arrangement are outlined in the contract with the CCOs. To earn back the withhold the CCOs must achieve HEDIS scores for the following conditions that are greater than or equal to 2.0% above the baseline HEDIS scores, with a percentage of the withhold assigned to each category. The benchmarks for SFY 2023 will be set based on the average of Magnolia and United's reported scores from calendar years 2019 and 2020, which are based on 2018 and 2019 claims, respectively.

Each of the following HEDIS measures will be used to earn back 10% of the quality withhold, for 70% total across all HEDIS measures:

- Well-Child First 30 months (W15 metrics impact the quality withhold; W30 is reporting only for SFY 2023):
 - Six or more visits for children 15 months of age
 - Two or more visits for children 30 months of age
- Immunization for Adolescents (IMA):
 - Combination 2: Meningococcal, Tdap, and HPV
- Anti-Depressant Management-Acute (AMM-AD):
 - Effective Acute Phase Treatment
- Prenatal and Postpartum Care (PPC-AD):
 - Timeliness of Prenatal Care
- Comprehensive Diabetes Care:
 - HbA1c Testing
- Adult and Children Asthma Control – Ages 5 to 64
- Adults Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid

DOM will be monitoring readmission rates reported as part of the QIPP in SFY 2023. For SFY 2023, this will be included as a scored metric for the quality withhold. DOM is requiring CCOs to improve their actual-to-expected potentially preventable hospital return (PPHR) rates by 2% compared to the baseline metrics from CY 2019 and CY 2020. This PPHR measure will be used to earn back 10% of the quality withhold.

In addition to the above HEDIS and QIPP measures, SFY 2023 rates include a COVID-19 vaccination requirement. DOM is requiring that 40% of MississippiCAN members aged 12 and older be vaccinated by the conclusion of CY 2022. Any children less than 12 years old will count towards the numerator, but not the denominator in calculating the MississippiCAN vaccination percentage. This COVID-19 vaccination measure will be used to earn back the final 20% of the quality withhold. Milliman believes that the 40% is reasonable using the definition outlined by DOM and include an illustrative calculation in Exhibit 9C.

If a CCO does not have sufficient data to consider its HEDIS scores credible, DOM will not hold the CCO liable for not meeting the measurement. In this case, the portion of the incentive withheld related to that measurement will be returned to the CCO. After discussions with DOM about the metric development and expectations, we believe that a return of 100% of the withhold is reasonably achievable by the CCOs.

Exhibit 4 includes the resulting capitation rates for each region net of the quality withhold.

Step 7: Adjust For CCO-Specific Risk Score (if Applicable)

[Risk Adjustment for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP Rate Cells](#)

The capitation rates for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rate cells will be further adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). Costs for the Breast and Cervical Cancer, Foster Care, and Pregnant Women populations are less variable, since they tend to utilize similar services across each population. In addition, some of the population sizes are too small from which to develop custom weights specific to the covered services and MississippiCAN reimbursement levels. Therefore, we do not risk adjust these populations. Since the risk adjustment is prospective, there is no historical diagnosis information from which to develop a risk score for newborns.

The CDPS + Rx risk adjuster will be used to adjust for the acuity differences between the enrolled populations of each CCO. Risk adjustment will be budget-neutral to DOM. This risk sharing mechanism is developed in accordance with generally accepted actuarial principles and practices.

To establish these risk scores, the CDPS + Rx risk adjuster will be run with risk weights consistent with services covered in MississippiCAN for the given time period. These risk weights are calculated using Mississippi FFS and encounter data for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP populations. In addition, a beneficiary must have at least six months of eligibility in the data year to be scored. If a beneficiary does not have enough data, they will receive a score based on demographic information, such as age and gender. We will monitor the percentage of CCO enrollees who are not scored and adjust the methodology if necessary.

Risk adjustment for SFY 2023 capitation payments will be based on CY 2021 or SFY 2022 FFS and encounter diagnosis data. Each CCO's adjusted risk factor will be prospectively set using April 2022 as a proxy for the enrollment for July 1, 2022 to December 31, 2022 and September 2022 as a proxy for the enrollment from January 1, 2023 to June 30, 2023. The planned schedule for risk score data sources and calculations is shown in Table 34. In light of the COVID-19 pandemic, the diagnosis and enrollment dates stated below may change. We will continue to monitor the development of this pandemic and adjust these dates as needed.

Table 34 Mississippi Division of Medicaid CCO Capitation Rate Risk Adjustment Schedule SFY 2023 Capitation Payments			
Rate Cell	Capitation Payments	Diagnosis Source Data	Enrollment Source
Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP	July 2022 to December 2022	CY 2021 FFS and Encounters with runout through April 2022	April 2022
Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP	January 2023 to June 2023	June 2021 to May 2022 FFS and Encounters with runout through September 2022	September 2022

[Risk Adjustment for the Foster Care Rate Cell](#)

Starting in SFY 2021, the Foster Care rate cell is concurrently risk adjusted. The Foster Care rate cell will be risk adjusted using a custom risk adjustment model that does not depend on the CDPS + Rx risk adjuster. After testing the predictive ability of several potential models, we determined the member's eligibility for either state or federal financial assistance was the most accurate indicator of the member's risk score. This status is captured by the money code field on DOM's enrollment records. Risk factors associated with a member's money code were estimated using CY 2018 and CY 2019 experience for the Foster Care rate cell, consistent with the data used to support the SFY 2022 capitation rates for this rate cell.

Unlike the other risk-adjusted populations, risk adjustment for the Foster Care rate cell will be applied concurrently. Starting in early 2020, we noticed material changes in the composition of each CCO's membership by eligibility group, reflecting changes to how members are assigned to CCOs by DOM. The change in member mix has persisted through early 2022. As such, prospectively estimating the mix of members for each CCO will likely not be feasible in SFY 2023.

Moreover, given the small size of the Foster Care rate cell, small fluctuations in membership could have a material impact on risk adjustment if applied prospectively. Therefore, we intend to concurrently risk adjust the Foster Care rate cell in SFY 2023.

[Application of Risk Scores](#)

A CCO's capitation rate will be determined based upon the following formula:

$$\text{CCO Capitation Rate} = \text{Base Capitation Rate} \times \text{CCO Normalized Risk Factor}$$

The base capitation rates are found in Exhibit 4.

The CCO normalized risk factor will equal the average risk factor across all beneficiaries that a CCO enrolls divided by the average risk factor for the rate cell's population. Regional risk scores will be normalized to ensure the risk adjustment process is revenue neutral across all CCOs.

Step 8: Retrospective Directed Payments

DOM will process the capitation rate adjustments for multiple directed payments outside of the monthly capitation rate payment system in the form of payments to the CCOs for the actual amount paid to providers and the associated premium tax impact related to these payments. We will calculate and certify adjusted CCO-specific capitation rates at the conclusion of SFY 2023. This recertification is expected to be completed by June 2024.

[MHAP Overview](#)

Concurrent with the inclusion of inpatient hospital services in MississippiCAN capitation rates effective December 1, 2015, MHAP was established. This program helps to ensure sufficient access to inpatient hospital services for the Medicaid population by including enhanced hospital reimbursement in the capitation rates.

MHAP is funded through a broad-based hospital assessment for facilities in Mississippi, state general revenues, and an intergovernmental transfer (IGT) for a facility in Memphis (located within a county contiguous to Mississippi). This provider assessment is outlined in Miss. Code Ann §43-13-145.

Per CMS's approval on January 12, 2018, beginning in SFY 2018 MHAP began to transition to directed payments according to the specifications and requirements of 42 CFR 438.6 et seq. Table 35 displays the two components of MHAP (FSA and QIPP) and the total dollars in each component from SFY 2021 to SFY 2023.

SFY	MHAP FSA	MHAP-QIPP	Total MHAP
2021	\$317,886,793	\$215,224,163	\$533,110,956
2022	\$285,603,168	\$247,507,788	\$533,110,956
2023	\$313,053,124	\$288,100,478	\$601,153,602

[MHAP FSA](#)

For SFY 2023, a payment of \$313.05 million is included as a directed FSA on inpatient and outpatient claims that will be paid monthly outside the capitation rates.

The preliminary FSA amounts are shown in column (c) of Exhibit 18, consistent with the program design that 70% of the \$313.05 million will be paid for inpatient hospital services, and 30% will be paid for outpatient hospital services using projected SFY 2023 membership, with the exception of \$40.25 million which will be paid exclusively for outpatient hospital services. These calculations were performed across all MississippiCAN rate cells with each of the inpatient and outpatient FSA percentage impacts applied uniformly. This results in a larger proportion of the FSA funding included in rate cells with higher inpatient and outpatient utilization.

The estimated FSA is based on projected SFY 2023 membership and estimated inpatient and outpatient claim utilization. Due to actual vs. projected MississippiCAN membership and claim utilization, this estimated capitation adjustment may result in an overpayment or underpayment of the FSA in SFY 2023 if no adjustments are made. If membership and / or utilization is higher than expected, payments will be capped at the \$313.05 million funding amount. If membership and / or utilization is lower than expected, the final payments will be grossed up proportionally to meet the \$313.05 million funding amount. This reconciliation will be done on a PMPM basis at the end of SFY 2023, and the appropriate documentation will be provided to CMS.

The adjustments to capitation rates are consistent with the preprint⁴ approved by CMS for SFY 2023 on June 30, 2022 and amended⁵ on June 1, 2023.

The MHAP FSA additive adjustment is shown in column (c) in Exhibit 18. An additional allowance for premium tax on the MHAP FSA is included in column (d) in Exhibit 18.

MHAP QIPP

Beginning in SFY 2020, a quality incentive payment program (QIPP) will be a component of MHAP. Consistent with the preprint submitted to CMS, the QIPP will be paid as a uniform payment arrangement for SFY 2023. The goal of the QIPP is to utilize state and federal investments to improve the quality of care and health status of the Mississippi Medicaid population. The QIPP is envisioned to be a multi-year process with an increasing percentage of the payments linked to performance improvements achieved and maintained by the hospital industry.

For SFY 2023, the QIPP will consist of approximately \$288.10 million, which will be paid outside of the capitation rates on a quarterly basis. DOM will determine the payments made to facilities based on agreed upon performance measures. Capitation rates will be retroactively adjusted once actual membership and utilization is known for SFY 2023 to include a QIPP PMPM for each CCO, which will include a provision for premium tax.

The adjustments to capitation rates are consistent with the preprint approved by CMS for SFY 2023 on June 30, 2022.

The MHAP QIPP additive adjustment is shown in column (e) in Exhibit 18. An additional allowance for premium tax on the MHAP QIPP is included in column (f) in Exhibit 18.

TREAT Program

Beginning July 1, 2022, emergency ambulance reimbursement will be increased consistent with a \$438.6(c) directed payment for eligible providers. Payments for the TREAT program are estimated to be \$14.7 million for SFY 2023 and will be paid outside the capitation rate as a uniform payment arrangement.

Capitation rates will be retroactively adjusted once actual membership and utilization is known for SFY 2023 to include a TREAT PMPM for each CCO, which will include a provision for premium tax. The adjustments to capitation rates are consistent with the preprint⁶ that was approved by CMS for SFY 2023 on July 26, 2023.

The TREAT additive adjustment is shown in column (g) in Exhibit 18. An additional allowance for premium tax on the TREAT payments is included in column (h) in Exhibit 18.

Mississippi MAPS Program

Beginning in SFY 2020, the Mississippi Medicaid Access to Physician Services (MAPS) program will enhance payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital or who assigned Mississippi Medicaid payments to a qualifying hospital. The term "qualifying hospital" means a Mississippi state-owned academic health science center with a Level 1 trauma center, Level 4 neonatal intensive care nursery, an organ transplant program, and more than a four hundred (400) physician multispecialty practice group.

⁴ This preprint was approved on June 30, 2022 under the CMS control name "MS_Fee_IPH.OPH_Amend_20220701-20230630"

⁵ This preprint amendment was approved on June 1, 2023 under the CMS control name "MS_Fee_IPH.OPH_Amend2_20220701-20230630"

⁶ This preprint was approved on July 26, 2023 under the CMS control name "MS_Fee_Oth_New_20220701-20230630"

DOM will require that CCOs provide the same supplemental percentage increase, equal to 58.8% of Medicare rates, to all qualifying providers. Payments in SFY 2023 are expected to be \$38,018,361. Similar to MHAP, capitation rates will be retroactively adjusted for SFY 2023 to include a MAPS PMPM including a provision for premium tax for each CCO and rate cell based on actual membership and utilization. The appropriate documentation will be submitted to CMS at the time of this retroactive adjustment.

This program is being made under a §438.6(c) payment arrangement consistent with the preprint⁷ approved by CMS for SFY 2023 on August 22, 2022.

The MAPS additive adjustment is shown in column (i) in Exhibit 18. An additional allowance for premium tax on the MAPS is included in column (j) in Exhibit 18.

Step 9: Calculate Risk Corridor Settlements

DOM will implement a symmetrical risk corridor to address the uncertainty of medical costs given the COVID-19 pandemic for SFY 2023.

The capitation rates in this report reflect a target medical loss ratio (MLR), which measures the projected medical service costs as a percentage of the total capitation rates paid to the CCOs. The risk corridor would limit CCO gains and losses if the actual MLR is different than the target MLR. Table 36 summarizes the share of gains and losses relative to the target MLR for each party.

Table 36 Mississippi Division of Medicaid Proposed Risk Corridor Parameters		
MLR Claims Corridor	CCO Share of Gain / Loss in Corridor	DOM Share of Gain / Loss in Corridor
Less than Target MLR -2.0%	0%	100%
Target MLR -2.0% to Target MLR +2.0%	100%	0%
Greater than Target MLR +2.0%	0%	100%

For the purposes of the SFY 2023 risk corridor, a different definition of MLR will be used than the Federal MLR definition.

Exhibit 19 illustrates the calculation of the target MLR for each CCO. The final target MLR will vary for each CCO and will depend on several currently unknown factors, including the final risk scores for each risk-adjusted rate cell and the results of the final settlements for MHAP and MAPS. To ensure continued quality incentives, we assume that 100% of the quality withhold will be returned for the calculation of the target MLR. **Exhibit 19 does not reflect the actual target MLR to be used for any CCO, but is shown for illustrative purposes.** Moreover, Exhibit 19 does not reflect regional variations in capitation rates and risk scores (for applicable rate cells), which will be considered in the final risk corridor calculation. More detailed templates will be provided to the CCOs demonstrating the actual calculation to be used when developing risk corridor settlements.

The risk corridor will be implemented using the following provisions:

- Actual and target MLRs will be calculated separately for each CCO based on their actual enrollment mix.
- The numerator of each CCO's actual MLR will include state plan covered services incurred during the period of SFY 2023 with payments made to providers as defined in Exhibit C of the CCO Contract, including fee for-service payments, subcapitation payments, and settlement payments. Non-covered services will be removed from the numerator.
- Payments and revenue related to MHAP and MAPS will be included in the numerator and denominator of each CCO's actual MLR.
- Adjustments to revenue and claims resulting from the MLR audit will be incorporated into the calculation of each CCO's actual MLR.

⁷ This preprint was approved on August 22, 2022 under the CMS control name "MS_Fee.VBP_AMC.PC.SP.Oth_Renewal_20220701-20230630"

The risk corridor settlement will occur after the contract year is closed, using six months of runout. An initial calculation will occur, but the final calculation will occur once the MLR audit has been completed. MLR audits are usually completed 12 to 18 months after the close of the SFY.

Other Program Considerations

The program includes a minimum federal MLR requirement of 87.5% of revenue. The sum of medical expenses and HCQI expenses must meet or exceed 87.5% of revenue. Revenue for premium taxes is excluded from the MLR calculation. If the 87.5% threshold is not met, CCOs return revenue to DOM until the threshold is met. This mechanism will be calculated after the application of the risk corridor. Due to the implementation of a 2% risk corridor for SFY 2023, the minimum MLR will be greater than 87.5% and will not trigger any additional payments as of a result of this provision.

EXHIBITS 1 THROUGH 17
(Provided in Excel Format Only)

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

APPENDIX A

SFY 2023 Rate Cell Definitions

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

APPENDIX A

SFY 2023 Rate Cell Definitions

This section of our report outlines the rate cell definitions to be used for SFY 2023 for the populations addressed in this report. These definitions are summarized in Table 1 below. Capitation rate cells for SFY 2023 were kept consistent with the SFY 2022 capitation rate cells.

Table 1 Mississippi Division of Medicaid Rate Cell Definitions			
Rate Cell Grouping for Assumption Development	Rate Cell	Age Requirement	Category of Eligibility (COE)
Children	SSI / Disabled Newborns	Ages 0 to 12 months (13 month duration)	01, 19
Children	Non-SSI Newborns – age 0 to 2 months	Ages 0 to 2 months (3 month duration)	03, 26, 71, 88
Children	Non-SSI Newborns – age 3 to 12 months	Ages 3 to 12 months (10 month duration)	03, 26, 71, 88
Children	MA Children	Ages 1 to 19	72, 73
Children	Quasi-CHIP	Ages 1 to 19	74
Children	MYPAC	Ages 1 to 20	N/A, Lckn_cd = SED
Children	Foster Care	Ages 1+	03, 26
Adult	Pregnant Women	Ages 8 to 64	88
Adult	MA Adult	Ages 19+	75
SSI	Non-Newborn SSI / Disabled	Ages 1+	01, 19, 25
SSI	Breast and Cervical Cancer	N/A	27

All rate cell eligibility excludes the following individuals not enrolled in MississippiCAN:

- Retroactive membership
- Dual eligible members
- Institutionalized beneficiaries in a long-term care facility
- Individuals in the following waiver programs: WAL, WED, WMR, or WTB
- Individuals diagnosed with Hemophilia or Von Willebrand disease

GEOGRAPHIC REGIONS

DOM uses regional payments to better reflect enrollment for CCOs that enroll a disproportionate number of members from higher-cost or lower-cost regions of the state. DOM uses the three regions of North, Central, and South based on the county where a beneficiary lives. Table 2 displays the counties included in each region.

APPENDIX A

SFY 2023 Rate Cell Definitions

Table 2 Mississippi Division of Medicaid Geographic Regions by County		
North Region	Central Region	South Region
Alcorn	Calhoun	Adams
Attala	Chickasaw	Amite
Benton	Choctaw	Covington
Bolivar	Claiborne	Forrest
Carroll	Clarke	Franklin
Coahoma	Clay	George
DeSoto	Copiah	Greene
Grenada	Hinds	Hancock
Holmes	Issaquena	Harrison
Humphreys	Jasper	Jackson
Itawamba	Kemper	Jefferson
Lafayette	Lauderdale	Jefferson Davis
Lee	Leake	Jones
LeFlore	Lowndes	Lamar
Marshall	Madison	Lawrence
Montgomery	Monroe	Lincoln
Panola	Neshoba	Marion
Pontotoc	Newton	Pearl River
Prentiss	Noxubee	Perry
Quitman	Oktibbeha	Pike
Sunflower	Rankin	Stone
Tallahatchie	Scott	Walthall
Tate	Sharkey	Wayne
Tippah	Simpson	Wilkinson
Tishomingo	Smith	
Tunica	Warren	
Union	Webster	
Washington	Winston	
Yalobusha	Yazoo	

To determine a beneficiary's county, we used the following approach:

1. County code included on a beneficiary's enrollment record in a given month.
2. Absent (a), we mapped zip codes in the enrollment file to counties. In cases where a zip code is present in more than one county, we assumed that a zip code maps to a given county if:
 - a. The zip code shows up most frequently for a given county in the enrollment file (assuming a minimum of five occurrences).
 - b. Census information indicating the portion of a zip code's population that resides in each county. County is assigned to a zip code based on the county that includes the largest portion of a zip code's population.

If a beneficiary could not be assigned to a region, we excluded their eligibility and claim experience from the base data. This accounts for less than 0.1% of all current MississippiCAN eligible members in CY 2019.

APPENDIX B

Data Sources and Processing

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

APPENDIX B

Data Sources and Processing

A number of data sources are used to develop the base data for the SFY 2023 MississippiCAN capitation rates.

- Medicaid eligibility data
- FFS claim data
- CCO encounter data
- CCO financial data

CY 2019 experience forms the primary base data for the SFY 2023 capitation rates. For smaller MississippiCAN populations that are not credible based on CY 2019 experience alone (using a threshold of 150,000 member months), we blend CY 2019 and CY 2018 experience to form the base data. The rate cells using two years of data are the Foster Care, Breast and Cervical Cancer, Pregnant Women, SSI / Disabled Newborn, Non-SSI Newborns 0 to 2 Months, and MYPAC rate cells.

For SFY 2023 rates all CY 2018 and CY 2019 data was restated using the most recent available eligibility and claims data compared to the CY 2018 and CY 2019 data used in the development of SFY 2022 capitation rates.

This section of the report outlines each data source and steps to process the data.

MEDICAID ELIGIBILITY

DOM's MMIS vendor provided detailed Medicaid eligibility data for CY 2018 and CY 2019. Before analyzing claims, we pared down the eligibility data to groups that are eligible to enroll in MississippiCAN, as defined in Appendix A of our report. In order to isolate data only for this group, we applied various filters as described in the rest of this appendix.

If the population was enrolled in MississippiCAN at the time, we relied upon the 'CAN' lock-in code for each eligibility span to include individuals enrolled in MississippiCAN in the base period, and did not apply most of the additional filters described below. This assumes that MMIS-calculated enrollment criteria in the base period is consistent with SFY 2023. In addition, this removes opt-outs from voluntary populations (SSI children and Mississippi Band of Choctaw Indians) from the base data used to develop capitation rates. The opt-out rates for these populations have been stable in recent experience.

In addition, adjustments were made for the removal of retroactive eligibility periods and records not able to map to a geographic area.

Removal of Retroactive Eligibility Periods

Beneficiary enrollment in the FFS program can occur retroactively. When some individuals apply and qualify for Medicaid coverage, DOM reimburses claims, which occurred during the retroactive qualification period prior to their application. DOM backdates the eligibility of the individual to accommodate the retroactive coverage.

There is also a lag between the first date of eligibility and the date of enrollment in a CCO because Medicaid eligibility begins on the first day of the month in which the application was received. Once a Medicaid beneficiary signs up for a CCO, they will be enrolled on the first day of the subsequent month. The retroactive enrollment period is not covered by the CCO, so we removed retroactive eligibility included in the data provided to us using the following criteria:

- Eligibility months prior to the date that a beneficiary was added to the Medicaid enrollment file were removed. For example, if a beneficiary is active January 15, 2019, but they were added to the enrollment file February 1, 2019, we only included data on or after February 1, 2019 to exclude any retroactivity that may have occurred.

As of December 2015, newborns are enrolled in MississippiCAN at the time of their birth. Therefore, the retroactive eligibility exclusion is not applicable to these populations.

Geographic Area

If a beneficiary could not be assigned to a region, we excluded them from the base data. This accounts for less than 0.1% of all current MississippiCAN eligible member months in CY 2019. See Appendix A for additional information on the assignment of a geographic region.

APPENDIX B

Data Sources and Processing

FFS DATA

FFS claims are provided by DOM's MMIS vendor. These claims include any populations and / or services not included in MississippiCAN. Q1 to Q3 2018 FFS claims experience for members with a 'SED' lock-in code forms the base period data for the MYPAC rate cell.

We reviewed the FFS data for reasonability for several considerations, including the following, and verified it was consistent with monthly DOM cost reporting:

- Monthly claim counts per member
- Monthly payments per member
- Average cost per unit
- Monthly units and payments by COS
- Monthly units and payments by rate cell

ENCOUNTER DATA

Encounter claims are included in the data provided by DOM's MMIS vendor. This data represents the actual amounts paid to the provider, so no repricing was done as part of the development of capitation rates. A claim processed by a CCO and submitted to DOM can be identified in the data using the following definition. Please note, the field names may vary from those provided in the encounter data submission from the CCOs.

- The 6th character of claim_id is '5' and cl_type is 'R,' or
- The 6th character of claim_id is '0' and cl_type is not 'R'

For all service categories we used CY 2019 encounter data with runout through August 2021. The CY 2018 encounter data used only by smaller populations, as noted above, also includes runout through August 2021 for all service categories.

Only encounter claims for members flagged as a MississippiCAN enrollee in the eligibility data were included in the base data. Encounter claims, which failed to be mapped to a MississippiCAN CCO enrollee were removed.

CCO encounters are rigorously vetted by Myers and Stauffer as part of their reconciliation of encounters against CCOs' cash disbursement journals (CDJs). As part of this reconciliation, Myers and Stauffer identifies encounter claims that are duplicates, voids, or replacements for other encounter claims. Myers and Stauffer shares these findings with CCOs at a claim level to ensure they are accurately determining the final, non-duplicated version of each paid claim. As a result of their analysis, Myers and Stauffer are able to reconcile closely to the CCOs' CDJs (historically within 2% on a paid basis). We use summaries provided by Myers and Stauffer to identify final, non-duplicative claims consistent with their CDJ reconciliation.

Lastly, the encounter data is run through Milliman's *Health Cost Guidelines*TM (HCGs) grouper to map the encounter data into detailed categories of service. These categories of service are then rolled up into six high level categories of service: inpatient, outpatient, physician, pharmacy, dental, and other. This mapping from detailed category of service to broad category of service is included as Exhibit 6.

After processing the data, we review the encounter data for several considerations, including:

- Monthly encounter counts per member (including and excluding \$0 payments)
- Monthly payments per member
- Average cost per unit
- Monthly units and payments by COS
- Quarterly units and payments relative to financials by COS
- Frequency of diagnosis completion by COS

FINANCIAL REPORTING DATA

For base data development, each CCO submitted a financial report reconciled to their organization's audited CY 2018 and CY 2019 financial statements for Mississippi. Separate reports were submitted for CY 2018 and CY 2019 including earned premium, claim experience with runout through June 2019 or August 2021 for CY 2018 and CY 2019 data, respectively, best estimate IBNR claim amounts, subcapitated arrangements, non-service expenses, and membership.

APPENDIX B

Data Sources and Processing

The reported membership was close in total to the MMIS enrollment, so we utilized the MMIS enrollment for rate development.

We worked with each CCO to validate that their reports were filled out consistently with the category of service and non-medical definitions used in the capitation rate development. Adjustments were made to the original submissions to help align these definitions.

CLAIMS ABOVE STATE-PLAN COVERED SERVICE LIMITS

When processing encounter data, we identify claims above Mississippi's state-plan covered service limits. These services are provided by some CCOs as an expanded benefit. However, as they are not state-plan-covered, these services are excluded from base data when setting capitation rates. We identified three types of benefits offered by CCOs that are above state-plan covered service limits, described below. Children receiving EPSDT services, identified as individuals under the age of 21, are exempt from the service limits described below.

- **Physician Visits** – Members are limited to 16 physician visits within a state fiscal year. This limit is applied separately for psychiatric and non-psychiatric visits. Prior to January 1, 2019, physician visits were limited to 12 visits per state fiscal year.

To identify physician visits, claims are required to have a claim type of "C" (Clinics), "E" (Vision / Hearing), "K" (Services), or "P" (Practitioner / Physician). Additionally, the claim must have one of a list of specific procedure codes. Exhibits 20A and 20B show the required procedure codes for non-psychiatric and psychiatric physician visits, respectively.

- **Pharmacy Scripts** – The Mississippi state plan covers up to six per month (formerly up to five scripts per month before July 1, 2019). Scripts beyond the limit are identified by counting claims for the pharmacy category of service by member by month. Some scripts do not apply to the coverage limit, including:
 - Vaccinations
 - Clinician Administered Drugs and Implantable Drug System Devices (CADDs)
 - Insect Repellants
 - Insulin testing and other supplies
 - Tablet splitters
 - Sodium chloride for inhalation
 - Omnipod Dash 5 pack

Additionally, all monthly fills of Clozapine after the first fill do not apply to the script limit. Only the first script within each GCN category applies for Clozapine.

Exhibit 20C includes a list of all NDCs for the exclusions listed above.

- **Home Health Visits** – Up to 36 home health visits per state fiscal year are covered under Mississippi's state plan (formerly up to 24 visits before July 1, 2019). Home health visits are identified as claims with a claim type of "V" (Home Health) and a revenue code of 421, 441, 551, 571, or 589.

APPENDIX C

CMS Rate Setting Checklist

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

APPENDIX C

CMS Rate Setting Checklist

This section of the report lists each item in the November 10, 2014 CMS checklist and discusses how DOM addresses each issue and / or directs the reader to other parts of this report. CMS uses the rate setting checklist to review and approve a state's Medicaid capitation rates.

AA.1.0 – Overview of Rates Being Paid under the Contract

The MississippiCAN state fiscal year (SFY) 2023 capitation rates are developed using Mississippi FFS Medicaid data, CCO encounter data, and CCO financial reporting data for a comparable population to that enrolled in CCOs. DOM calculates state-set rates by rate category on a statewide basis with area adjustments based on an enrolled member's county of residence.

AA.1.1 – Actuarial Certification

Please refer to Appendix E for our Actuarial Certification of the SFY 2023 capitation rates. The SFY 2023 MississippiCAN capitation rates have been developed in accordance with generally accepted actuarial principles and practices and are appropriate for the populations to be covered and the services to be furnished under the contract.

AA.1.2 – Projection of Expenditures

Exhibit 18 includes a projection of total expenditures and Federal-only expenditures based on projected SFY 2023 CCO enrollment and the SFY 2023 capitation rates. The fiscal impact of the SFY 2023 capitation rates is \$2.926 billion, with \$2.376 billion in federal funding. This is an estimated \$260.0 million decrease in federal funding over capitation rates for SFY 2022.

AA.1.3 – Risk Contracts

The MississippiCAN program meets the criteria of a risk contract.

AA.1.4 – Modifications

The SFY 2023 rates documented in this report are the preliminary capitation rates for the SFY 2023 MississippiCAN contracts. They will need to be updated to address certain items outlined in the rate narrative.

Note: There is no AA.1.5 on the Rate Setting Checklist

AA.1.6 – Limit on Payment to Other Providers

It is our understanding that no payments are made to providers other than those made by participating CCOs for services available under the contract.

AA.1.7 – Risk and Profit

Targeted margin is considered as part of final rate development.

AA.1.8 – Family Planning Enhanced Match

DOM claims an enhanced match for family planning services for the populations covered under this program. The PMPM value of services included in the MississippiCAN capitation rates are included in Exhibit 10.

AA.1.9 – Indian Health Service (IHS) Facility Enhanced Match

DOM claims an enhanced match for Indian Health Services (IHS) for the populations covered under this program. The PMPM value of services included in the MississippiCAN capitation rates are included in Exhibit 10.

AA.1.10 – Newly Eligible Enhanced Match

Mississippi did not expand eligibility as part of the Affordable Care Act.

APPENDIX C

CMS Rate Setting Checklist

AA.1.11 – Retroactive Adjustments

The SFY 2023 rates documented in this report are the preliminary capitation rates for the SFY 2023 MississippiCAN contracts. They will need to be updated to address certain items outlined in the rate narrative.

AA.2.0 – Based Only Upon Services Covered Under the State Plan

The base data utilization and cost data is Medicaid FFS, CCO encounter, and CCO financial reporting data only for populations that are eligible to enroll in a CCO.

Only State Plan services that are covered under the MississippiCAN contract have been included in the rate development.

AA.2.1 – Provided Under the Contract to Medicaid-eligible Individuals

Data for FFS populations not eligible to enroll in the MississippiCAN program has been excluded from the base data used in rate development. Please refer to Appendices A and B for details.

AA.2.2 – Data Sources

The base year utilization and cost data is calendar year (CY) 2018 and CY 2019 CCO encounter and financial reporting data for all populations with the exception of the MYPAC rate cell. Q1 to Q3 2018 FFS and CY 2019 encounter data is used as the base period data for the MYPAC rate cell.

AA.3.0 – Adjustments to Base Year Data

All adjustments to the base data are discussed in Section III. In addition, each item in the checklist is addressed in items AA.3.1 to AA.3.17 below.

AA.3.1 – Benefit Differences

The base data used to calculate the capitation rates has been adjusted to only include services covered under the CCO contracts.

AA.3.2 – Administrative Cost Allowance Calculations

The CCO capitation rates include explicit administrative allowances by rate cell. Please see Section IV for more details.

AA.3.3 – Special Populations' Adjustments

The base data used to calculate the capitation rates is consistent with the CCO population and no special population adjustment was necessary.

AA.3.4 – Eligibility Adjustments

The base CCO financial reporting data and encounter data only reflect experience for time periods where members were enrolled in a CCO. FFS experience was limited to reflect only individuals that will be eligible for MississippiCAN. See Appendix A for a discussion of eligibility criterion applied.

AA.3.5 – Third Party Liability (TPL)

The CCOs are responsible for the collection of any TPL recoveries for all services. The capitation rates include a 0.999 adjustment to reflect additional TPL recoveries that are not reflected in the base year encounter data, consistent with recent DOM experience. The capitation rates also include a 0.992 adjustment to reflect additional TPL recoveries that are not reflected in the Q1 to Q3 2018 FFS data underlying the MYPAC rate cell, consistent with recent DOM experience.

AA.3.6 – Indian Health Care Provider Payments

The CCOs are responsible for the entirety of the Indian Health Care payments, which are fully reflected in encounters.

APPENDIX C

CMS Rate Setting Checklist

AA.3.7 – DSH Payments

DSH payments will continue to be paid outside of capitation rates for members enrolled in MississippiCAN.

AA.3.8 – FQHC and RHC Reimbursement

DOM has chosen to include the per-encounter FQHC and RHC reimbursement in the MississippiCAN capitation rates to provide a steadier cash flow to the RHCs and FQHCs that serve the MississippiCAN population. The CCOs are expected to reimburse FQHCs and RHCs at DOM's per-encounter rates. DOM will monitor the utilization of services at FQHCs and RHCs under MississippiCAN to ensure services are not diverted from FQHCs and RHCs to other providers.

AA.3.9 – Graduate Medical Education (GME)

GME costs were historically included in the DRG payment methodology for inpatient services. Effective October 1, 2019, all GME payments are made outside of MississippiCAN capitation rates by DOM. An adjustment is included in rate development to remove these costs since they are included in the base period data.

AA.3.10 – Copayments, Coinsurance, and Deductibles in Capitated Rates

One CCO implemented a member copay of \$1 on pharmacy scripts effective January 1, 2020. Since the base data used to calculate capitation rates is from before this time no adjustment was made to the base period data for this. All FFS member cost sharing amounts were added back into the capitation rate calculation.

AA.3.11 – Medical Cost / Trend Inflation

The utilization and unit cost trends used to project expenditures from the base period to SFY 2023 are based on projections of future medical cost inflation.

We are comfortable that the trend rates represent an appropriate expected change in per capita cost between the base period and SFY 2023.

AA.3.12 – Utilization Adjustments

Utilization trend is included in AA.3.11. In addition, a directed fee schedule adjustment is applied for inpatient and outpatient services to provide total directed payments of \$313.1 million for SFY 2023 as a component of the Mississippi Hospital Access Program (MHAP).

AA.3.13 – Utilization and Cost Assumptions

The SFY 2023 capitation rates will use the CDPS + Rx risk adjuster to risk adjust the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rates for each participating CCO. CDPS + Rx uses beneficiaries' medical and prescription drug claim information to develop a risk score for each individual. A custom risk adjustment model was developed for the Foster Care rate cell using information from members' enrollment information. Section IV: Step 6 explains how the risk scores are calculated and applied to the base capitation rate to calculate separate rates for each participating CCO reflecting their member population.

AA.3.14 – Post-Eligibility Treatment of Income (PETI)

Not applicable.

AA.3.15 – Incomplete Data Adjustment

The capitation rates do not include an adjustment to reflect Incurred but Not Reported (IBNR) claims. We assume the encounter data from CY 2018 and CY 2019 is complete with over 30 months and 18 months of runout, respectively.

Please see Section III: Step 1 for a discussion of the comparison of encounter data to financial reporting and resulting adjustments applied.

APPENDIX C

CMS Rate Setting Checklist

AA.3.16 – Primary Care Rate Enhancement

No adjustment was made to reimbursement for primary care services, as DOM's reimbursement methodology for these services is consistent between the base period and SFY 2023.

AA.3.17 – Health Homes

Not applicable.

AA.4.0 – Establish Rate Category Groupings

Please refer to Appendix A of the report.

AA.4.1 – Eligibility Categories

Please refer to Appendix A of the report. Rates vary by broad eligibility category.

AA.4.2 – Age

Please refer to Appendix A of the report. Rates generally do not vary by age beyond differences for newborns, children, and adults. Age and gender, however, are components of the CDPS + Rx risk adjuster.

AA.4.3 – Gender

Please refer to Appendix A of the report. Rates do not vary by gender. Age and gender, however, are components of the CDPS + Rx risk adjuster.

AA.4.4 – Locality / Region

Please refer to Appendix A of this report. Rates vary across three regions.

AA.4.5 – Risk Adjustments

The SFY 2023 capitation rates will use the CDPS + Rx risk adjuster to risk adjust the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rates for each participating CCO. CDPS + Rx uses beneficiaries' medical and prescription drug claim information to develop a risk score for each individual. A custom risk adjustment model was developed for the Foster Care rate cell using information from members' enrollment information. Section IV: Step 6 explains how the risk scores are calculated and applied to the base capitation rate to calculate separate rates for each CCO reflecting their member population. Risk adjustment will be budget-neutral to DOM. This risk sharing mechanism is developed in accordance with generally accepted actuarial principles and practices.

AA.5.0 – Data Smoothing

We did not perform any data smoothing.

AA.5.1 – Cost-Neutral Data Smoothing Adjustment

We did not perform any data smoothing.

AA.5.2 – Data Distortion Assessment

Our review of the base CCO financial reporting and encounter data did not detect any material distortions or outliers.

AA.5.3 – Data Smoothing Techniques

Area adjustments of statewide rates are incorporated into the rate structure to account for potential variation in regional enrollment between CCOs.

APPENDIX C

CMS Rate Setting Checklist

AA.5.4 – Risk Adjustments

The SFY 2023 capitation rates will use the CDPS + Rx risk adjuster to risk adjust the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rates for each participating CCO. CDPS + Rx uses beneficiaries' medical and prescription drug claim information to develop a risk score for each individual. A custom risk adjustment model was developed for the Foster Care rate cell using information from members' enrollment information. Section IV: Step 6 explains how the risk scores are calculated and applied to the base capitation rate to calculate separate rates for each CCO reflecting their member population. Risk adjustment will be budget-neutral to DOM. This risk sharing mechanism is developed in accordance with generally accepted actuarial principles and practices.

AA.6.0 – Stop Loss, Reinsurance, or Risk Sharing Arrangements

The program includes a minimum MLR requirement of 87.5% of revenue. The sum of medical expenses and health care quality initiative (HCQI) expenses must meet or exceed 87.5% of revenue. Revenue for premium taxes and HIF are excluded from the MLR calculation. If the 87.5% threshold is not met, CCOs return revenue to DOM until the threshold is met. This mechanism has been developed in accordance with applicable regulation and generally accepted actuarial principles and practices.

AA.6.1 – Commercial Reinsurance

DOM does not require entities to purchase commercial reinsurance.

AA.6.2 – Stop-Loss Program

Please see AA.6.0.

AA.6.3 – Risk Corridor Program

Capitation rates for SFY 2023 will be subject to a risk corridor program. The risk corridor is designed to protect against uncertainty in the capitation rates due to COVID-19. Section IV: Step 8 describes how the risk corridor will be applied in SFY 2023 and the calculation of the risk corridor settlements.

AA.7.0 – Incentive Arrangements

Not applicable.

AA.7.1 – Electronic Health Records (EHR) Incentive Payments

Not applicable.

APPENDIX D

CMS Managed Care Rate Setting Guide Response

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

I. RESPONSES TO 2022-2023 CMS MANAGED CARE RATE DEVELOPMENT GUIDE

SECTION I. MEDICAID MANAGED CARE RATES

1. General Information

- Rate period – This report documents and certifies capitation rates in effect from July 1, 2022 to June 30, 2023 (SFY 2023).
- Actuarial rate certification – See Appendix E.
- Final capitation rates – See Exhibit 4.
- Program descriptions – Please refer to the following sections:
 - Section II – MississippiCAN program background
 - Appendix A – Rate cell definitions
 - Section IV: Step 4 – Background on the quality withhold applied in SFY 2023
- Medical Loss Ratio (MLR) – The program includes a minimum MLR requirement of 87.5% of revenue. The sum of medical expenses, directed payments, and health care quality initiative (HCQI) expenses must meet or exceed 87.5% of revenue. Revenue for premium taxes and HIF are excluded from the MLR calculation. If the 87.5% threshold is not met, CCOs return revenue to DOM until the threshold is met. This mechanism has been developed in accordance with applicable regulation and generally accepted actuarial principles and practices.
- Federal Medical Assistance Percentage (FMAP) – DOM receives an enhanced FMAP for COVID-19 vaccination administration fees, family planning services, breast and cervical cancer services, Indian health services, home health services, rehabilitation services, private duty nursing services, and Quasi-CHIP members that prior to the Affordable Care Act were covered under the CHIP program. Any differences in capitation rates according to covered populations are based on valid rate development standards and not based on the FMAP associated with the covered populations.
- Cross-subsidies – Rate cells do not cross-subsidize other rate cells.
- Rate change from SFY 2022 capitation rates – See Section I.
- Known rate amendments – The capitation rates included in this report will require recertification to account for the following:
 - CCO specific MHAP, MAPS, and TREAT payments made to providers. This initial certification includes a PMPM estimate of these amounts across all CCOs.
 - We anticipate that these adjustments will be made at the same time and an amendment will be submitted by February 2024.
- Impact of COVID-19 – See Section I.

2. Data

- Service data sources – See Appendix B.
- Validation and quality adjustments – See Section III for encounter data and financial reporting validation.
- Changes in data sources – Base period FFS, CCO encounter, and CCO financial data again used CY 2018 and CY 2019 data sources. FFS and encounter data were restated relative to SFY 2022 rates.
- Potential Future Data improvements – We anticipate no major enhancements to data collection in the future.

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

- Other data adjustments – See Appendix B for descriptions of reallocations of financial data using encounter data relationships for subcapitated claims and maternity costs. See Section III: Step 1 for a description of adjustments applied to encounter data. No adjustments were applied to the data other than those outlined in that section.
- Blending of data sources – See Section III: Step 4.
- Data reliance – See Appendix F.

3. Projected Benefit Costs and Trends

- Assumptions used to project benefit costs do not vary based on the rate of federal financial participation associated with the covered populations.
- Projected benefit cost trends:
 - Annual trend assumptions – Section III: Steps 2 and 3 outline the trend assumptions used from CY 2018 to CY 2019 for populations using two years of claims experience. Section IV: Step 1 outlines the trend assumptions from CY 2019 to the rating period. Negative dental utilization trends and inpatient utilization trends for the Adult population groups for CY 2019 to SFY 2023 reflect historical trend patterns. Please refer to Exhibits 7A to 7E for more information. Negative unit cost trends for CY 2019 to the rating period for inpatient hospital services, outpatient hospital services, and physician services shown in Table 16 are due to decreases in fee schedules over time.

Additionally, negative utilization and unit cost trend assumptions for pharmacy services are shown in Tables 8, 23, 24, 25, and 26. These trends reflect recent historical patterns in pharmacy experience.

- Reimbursement changes – Section IV: Step 1 describes the reimbursement changes between the base period and rating period.
- In-lieu-of services – CCOs do not provide any material amounts of in-lieu-of services.
- IMD services – IMD services are covered beginning in SFY 2020. However, material amounts of in-lieu of services are not anticipated to be provided through IMDs. Adjustments were made to the base period data for IMD services since they were not covered during the base period in Section III: Step 1 of the capitation rate report.
- Mental Health Parity and Addiction Equity Act – No additional services were necessary to add to the program to achieve compliance with the act.
- Retrospective eligibility periods – No consideration for retroactive eligibility periods is included in the base data or rate development, because such services are covered under FFS.
- Overpayments to providers – Section III, Step 1 summarizes recoveries for overpayments to providers by CCOs and how these recoveries are accounted for when summarizing the base data used to develop SFY 2023 capitation rates.
- Changes in covered services and benefits:
 - Effective January 1, 2019, limits on physician visits are increased from 12 visits to 16 visits. Please see Section III: Steps 2 and 3 for a description of how these services are included in capitation rates.
 - Effective July 1, 2019, limits on pharmacy scripts will increase from 5 scripts per member per month to six scripts per member per month and limits on home health services will increase from 25 visits to 36 visits. Please see Section IV: Step 1 for a description of how these services are included in capitation rates.
 - Starting January 2017, MississippiCAN began offering additional screening and treatment services for MississippiCAN members with autism spectrum disorder (ASD). However, utilization of those services

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

has been slow to materialize. An adjustment is included in SFY 2023 capitation rates to reflect expected additional utilization of these services due to increases in provider fees. Please see Section IV: Step 1 for a description of this adjustment.

- Effective October 1, 2018, stays in psychiatric residential treatment facilities (PRTF) are covered as part of the MississippiCAN program. Please see Section III: Steps 2 and 3 for a description of how these services are included in capitation rates.
- Other adjustments:
 - A population change adjustment was applied to reflect that some children in the Non-Newborn SSI / Disabled rate cell were historically moved into FFS after a PRTF stay. Starting in SFY 2022, these individuals will remain in the MississippiCAN program. This adjustment was applied in Section III: Step 1.
 - Managed care savings were applied to the FFS experience used to develop the PRTF adjustments as documented in Section IV: Step 2 and 3.
 - Managed care savings were applied to CY 2019 IP hospital experience to reflect potentially preventable hospital readmissions as documented in Section IV: Step 1.
 - Area relativity factors – Please see Section IV: Step 3 for a discussion of the area factor development for the North, Central, and South regions.
- Final projected benefit costs – See Exhibit 4.
- Conditions of any litigation to which the state is subjected – Not applicable; no impact on rates.

4. Special Contract Provisions Related to Payment

- Incentive Arrangements – Not applicable.
- Withhold Arrangements – A quality withhold will be implemented for the SFY 2023 capitation rates. Please see Section IV: Step 4 for a description of the quality withhold.
- Risk sharing
 - The program includes a minimum MLR requirement of 87.5% of revenue. The sum of medical expenses, directed payments, and health care quality initiative (HCQI) expenses, must meet or exceed 87.5% of revenue. Revenue for premium taxes and HIF are excluded from the MLR calculation. If the 87.5% threshold is not met, MCOs return revenue to DOM until the threshold is met. This mechanism has been developed in accordance with applicable regulation and generally accepted actuarial principles and practices.
 - For SFY 2023 the program is subject to a risk corridor. Please see Section IV: Step 8 for details of the implementation of this risk corridor.
 - Any risk-sharing arrangements are consistent with pricing assumptions and no remittance / payment is calculated using pricing assumptions.
- Delivery System and Provider Payment Initiatives – Not applicable.
- State Directed Payments

The SFY 2023 capitation rates included in this certification reflect four directed payment arrangements that will be in effect for SFY 2023. The necessary information for the four state directed payment arrangements included in these preliminary capitation rates is summarized below.

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

Summary of All State Directed Payments			
Control Name of the State Directed Payment	Type of Payment	Brief Description	Is the Payment Included as a Rate Adjustment or Separate Payment Term?
MS_Fee_IPH.OPH_Amend2_20220701-20230630	Uniform dollar or percentage increase	Enhanced hospital reimbursement for inpatient and outpatient hospital services for qualifying facilities	Separate payment term
MS_Fee.VBP_AMC.PC.SP.Oth_Renewal_20220701-20230630	Uniform dollar or percentage increase	Enhanced payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital or who assigned Mississippi Medicaid payments to a qualifying hospital	Separate payment term
MS_Fee_Oth_Renewal_20220701-20230630	Minimum Fee Schedule	Enhanced payments to physicians and other eligible professional service practitioners providing services related to Autism Spectrum Disorder	Included as a rate adjustment
MS_Fee_Oth_New_20220701-20230630	Uniform dollar or percentage increase	Enhanced reimbursement for ambulance providers	Separate payment term

Summary of State Directed Payments Included as a Separate Payment Term					
Control Name of the State Directed Payment	Aggregate Amount Included in the Certification	Statement that the Actuary is Certifying the Separate Payment Term	The Magnitude on a PMPM Basis	Confirmation the Rate Development is Consistent with the Preprint	Confirmation that the State and Actuary will Submit Required Documentation at the End of the Rating Period
			See Exhibit 18		
MS_Fee_IPH.OPH_Amend2_20220701-20230630	FSA component of MHAP: \$313.1 million QIPP component of MHAP: \$288.1 million	Confirmed the actuarial certification covers this separate payment term	FSA component of MHAP: allocated across rate cells based on projected IP / OP spend. 70% is allocated based on projected IP spend and 30% is allocated based on projected OP spend. Ranges from \$16.30 to \$2,629.57 PMPM. QIPP component of MHAP: allocated as a fixed PMPM of \$62.81 across all rate cells.	Confirmed	Confirmed
MS_Fee.VBP_AMC.PC.SP.Oth_Renewal_20220701-20230630	\$38.0 million	Confirmed the actuarial certification covers this separate payment term	See Exhibit 18 Allocated as a fixed PMPM of \$8.29 across all rate cells	Confirmed	Confirmed
MS_Fee_Oth_New_20220701-20230630	\$14.7 million	Confirmed the actuarial certification covers this separate payment term	See Exhibit 18 Allocated as a fixed PMPM of \$3.21 across all rate cells	Confirmed	Confirmed

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

Summary of State Directed Payments Included as a Rate Adjustment

Control Name of the State Directed Payment	Rate Cells Affected	Impact	Description of the Adjustment	Confirmation the Rate Development is Consistent with the Preprint	For Maximum Fee Schedules, Provide Information Requested
MS_Fee_Oth_Renewal_20220701-20230630	Non-Newborn SSI / Disabled, Foster Care, MA Children, Quasi-CHIP	See Exhibit 2A	Increased estimated costs for services related to autism spectrum disorder to reflect increased fee schedule and higher utilization of services	Confirmed	N/A

All services covered under the MississippiCAN program are subject to a minimum fee schedule of the FFS rate. This minimum fee schedule is set in accordance with the provisions of §438.6(c). It is our understanding that this type of minimum fee schedule does not necessitate prior approval from CMS and no preprint is required.

DOM has confirmed that there are no additional directed payments in the program that are not addressed in the certification.

DOM has also confirmed that there are no requirements regarding the reimbursement rates the managed care plans must pay to any providers unless specifically specified in the certification as a state directed payment or authorized under applicable law, regulation, or waiver.

- Pass Through Payments – Not applicable.

5. Projected Non-Benefit Costs

- Assumptions used to project non-benefit costs do not vary based on the rate of federal financial participation associated with the covered populations.
- Administrative cost data, projected costs, premium tax and margin – See Section IV: Step 2.
- Health Insurer Fee (HIF) treatment – Not applicable for SFY 2023.

6. Risk Adjustment and Acuity Adjustments

- Risk adjustment – See Section IV: Step 6. During the development of the custom Mississippi risk adjustment model we measured an R-squared value of 11% for MA Children and Quasi-CHIP, 17% for MA Adults, and 26% for Non-Newborn SSI / Disabled. These weights were used in the most recent risk adjustment results (effective for January 2022 to June 2022) which resulted in risk scores that ranged from 0.93 to 1.04 depending on CCO, region and rate cell.

A custom risk adjustment model was developed for the Foster Care rate cell using information from members' enrollment information. This model was used in the most recent risk adjustment results (effective for January 2022 to June 2022) which resulted in risk scores that ranged from 0.94 to 1.29 depending on CCO, region and rate cell.

- Acuity Adjustments – See Section IV: Step 2. Medicaid enrollment remained elevated though the end of the Department of Health and Human Services (HHS) declared public health emergency (PHE). Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the PHE from coordinated care organizations (CCOs) into FFS Medicaid. Following the end of the PHE, these members' Medicaid eligibility is being redetermined; members may be re-enrolled in managed care or may be disenrolled from Medicaid entirely.

APPENDIX D

Responses to 2022-2023 CMS Managed Care Rate Development Guide

As SFY 2023 enrollment is materially different than the CY 2019 membership used to develop the base data underlying SFY 2023 capitation rates, Milliman applied a retrospective acuity adjustment for the MA Adult, MA Children, and Quasi-CHIP rate cells to reflect the differences between those populations.

SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES

This section does not apply as MississippiCAN is not a long-term care service program.

SECTION III. NEW ADULT POPULATION CAPITATION RATES

This section does not apply as the state of Mississippi has not expanded coverage as a result of the Affordable Care Act.

APPENDIX E

Actuarial Certification of SFY 2023 MississippiCAN Capitation Rates

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA
Tel +1 262 784 2250

milliman.com

Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary

jill.bruckert@milliman.com

August 22, 2023

**Mississippi Division of Medicaid
Capitated Contracts Ratesetting
Actuarial Certification
SFY 2023 MississippiCAN Capitation Rates – REVISED**

I, Jill A. Bruckert, am associated with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I was retained by the Mississippi Division of Medicaid (DOM) to perform an actuarial certification of the Mississippi Coordinated Access Network (MississippiCAN) coordinated care capitation rates for July 1, 2022 to June 30, 2023 (SFY 2023) for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the capitation rate development and am familiar with the following regulation and guidance:

- The requirements of 42 CFR §438.3(c), 438.3(e), 438.4, 438.5, 438.6, and 438.7
- CMS “Appendix A, PAHP, PIHP, and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting dated November 10, 2014”
- 2022 to 2023 Medicaid Managed Care Rate Development Guide
- Actuarial Standard of Practice 49 and other applicable standards of practice

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for SFY 2023 dated August 22, 2023 and accompanying this certification.

To the best of my information, knowledge, and belief, for the SFY 2023 period, the capitation rates offered by DOM are in compliance with the relevant requirements of 42 CFR 438.4. The attached letter, revised certification dated April 11, 2023, and the full report dated September 14, 2022 describe the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, as defined in Actuarial Standard of Practice 49, were developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract. This certification includes all prospective health plan payments, as well as the components of the MHAP, MAPS, and TREAT programs that will be settled retrospectively.

In making my opinion, I relied upon the accuracy of the underlying claim and eligibility data records and other information prepared by DOM and participating CCOs. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary. The reliance letter from DOM is included in Attachment B.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted coordinated care organization’s situation and experience.



This Opinion assumes the reader is familiar with the MississippiCAN program, Medicaid coordinated care programs, and actuarial rating techniques. The Opinion is intended for the State of Mississippi and the Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

A handwritten signature in black ink, appearing to read 'Jill A. Bruckert', written over a horizontal line.

Jill A. Bruckert
Member, American Academy of Actuaries
Principal and Consulting Actuary
August 22, 2023

APPENDIX F

Data Reliance Letter

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2023 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification

August 22, 2023

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



MISSISSIPPI DIVISION OF
MEDICAID

August 17, 2023

Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary
Milliman, Inc.
17335 Golf Parkway, Suite 100
Brookfield, WI 53045

Re: Data Reliance for Actuarial Certification of SFY 2023 MississippiCAN Capitation Rates

Dear Jill:

I, Jennifer Wentworth, Deputy Administrator for Finance for the Mississippi Division of Medicaid (DOM), hereby affirm that the data prepared and submitted to Milliman, Inc. (Milliman) for the purpose of certifying MississippiCAN capitation rates was prepared under my direction and, to the best of my knowledge and belief, is accurate, complete, and consistent with the data used to develop the capitation rates. Capitation rates are effective July 1, 2022 to June 30, 2023.

Provided data or information used in the development of the capitation rates includes:

1. Data from DOM's Medicaid Management Information Systems (MMIS) vendor:
 - a. FFS claims through October 2019.
 - b. Encounter claims through October 2021.
 - c. Medicaid eligibility through November 2021.
2. Data from DOM's vendor Myers and Stauffer:
 - a. Detailed encounter claim status reports, including identification of duplicative or voided claims through November 1, 2021.
3. Data from DOM's vendor Change Healthcare:
 - a. PDL change analysis file and supporting exhibits for January 1, 2020 provided February 4, 2020.
 - b. PDL change analysis file and supporting exhibits for May 1, 2020 provided May 14, 2020.
 - c. PDL change analysis file and supporting exhibits for January 1, 2021 provided January 19, 2021 through February 1, 2021.
 - d. PDL change analysis files and supporting exhibits for January 1, 2022 provided January 23, 2022 and January 31, 2022.

4. Supporting documentation provided by DOM:
 - a. Data identification logic:
 - i. Logic for identifying members eligible for the MYPAC rate cell.
 - ii. Logic for identifying psychiatric residential treatment facility (PRTF) claims to be included for MississippiCAN members and estimated 10% savings due to the inclusion in MississippiCAN.
 - iii. Fee schedule for PRTF claims by facility effective January 1, 2021 provided on March 7, 2022.
 - iv. Logic for identifying Institution for Mental Disease (IMD) facilities.
 - v. Logic for identifying claims above state plan covered service limits.
 - vi. Detailed mapping of services and providers previously eligible for the 5% assessment.
 - vii. List of products reimbursed as clinician administered drugs and implantable drug system devices (CADDs).
 - b. Reimbursement and / or program changes:
 - i. SB 2799 passed March 30, 2021.
 1. Removal of 5% provider assessment effective July 1, 2021.
 2. Preventative and diagnostic dental reimbursement increases of 5% effective July 1, 2021 and July 1, 2022, achieved through the removal of the 5% provider assessment.
 3. No reimbursement changes on or after July 1, 2021, unless federally required.
 - ii. HB 657 passed April 18, 2022.
 1. Restorative dental reimbursement increase of 5% effective July 1, 2022.
 2. Unfreezing of pharmacy reimbursement effective July 1, 2021.
 3. Unfreezing of physician fee schedules effective July 1, 2022.
 - iii. SB 2212 signed into law on March 16, 2023.
 1. Postpartum coverage for eligible members extended from 60 days to 12 months.
 - iv. Estimated increase in autism spectrum disorder (ASD) services costs for SFY 2023 compared to CY 2019 due to the ramp up of services after the fee schedule change.
 - v. Inpatient DRG, outpatient APC, and professional fee re-pricing impacts for July 2019 and July 2020 prepared by Conduent.
 - vi. Professional fee re-pricing impacts for July 2022 prepared by Conduent.

- vii. OPSS reimbursement methodology changes for July 2018, including the removal of the 5% provider assessment on outpatient hospital services.
- viii. Estimate of the impact of OP dental reimbursement changes provided by Conduent.
- ix. Estimated fee schedule increase for the ambulance reimbursement change effective July 1, 2020.
- x. Fee schedule for COVID-19 vaccine administration costs for SFY 2023 and vaccine uptake rates by population.
- xi. Fee schedule updates for the following categories of service:
 - 1. Psychiatric Residential Treatment Facilities (PRTF) – January 2023
 - 2. Home Health Agency (HHA) – October 2022
 - 3. Prescribed Pediatric Extended Care (PPEC) – October 2022
 - 4. Private Duty Nursing (PDN) – October 2022
 - 5. Ambulatory Surgical Center (ASC) – January 2023
 - 6. Autism Spectrum Disorder (ASD) – January 2023
 - 7. Federally Qualified Health Centers (FQHC) – January 2023
 - 8. Rural Health Clinics (RHC) – January 2023
- xii. 2019 fee schedules for the following categories of service:
 - 1. Psychiatric Residential Treatment Facilities (PRTF)
 - 2. Home Health Agency (HHA)
 - 3. Prescribed Pediatric Extended Care (PPEC)
 - 4. Private Duty Nursing (PDN)
 - 5. Ambulatory Surgical Center (ASC)
 - 6. Autism Spectrum Disorder (ASD)
 - 7. Federally Qualified Health Centers (FQHC)
 - 8. Rural Health Clinics (RHC)
- c. Directed payments:
 - i. SFY 2023 Mississippi Hospital Access Program (MHAP) total funding amount of \$601,153,602 along with splits for the quality incentive payment program (QIPP) amount of \$288,100,478, the inpatient fee schedule adjustment (FSA) amount of \$190,965,371, and the outpatient FSA amount of \$122,087,753 to be used in capitation rate development.
 - ii. SFY 2023 Mississippi Medicaid Access to Physician Services (MAPS) funding amount of \$38,018,361.
 - iii. ASD minimum fee schedule.
 - iv. SFY 2023 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) funding amount of \$14,740,472.
- d. Historical data:
 - i. Documentation of historical FFS third party liability (TPL) recoveries.
 - ii. Documentation of \$2.7 million of TPL recoveries by DOM for MississippiCAN claims incurred in calendar year (CY) 2019.

Jill A. Bruckert, FSA, MAAA
Milliman, Inc.
August 17, 2023
Page 4 of 4

- iii. Files summarizing claims for Hospital Presumptive Eligibility (HPE) newborns provided December 16, 2020.
 - iv. Files summarizing individuals in the Non-Newborn SSI / Disabled rate cell moved to FFS due to a PRTF stay in CY 2019.
 - v. Estimated costs for graduate medical education (GME) in SFY 2018, SFY 2019, and January to September 2019.
 - vi. MLR reports for January 2018 through June 2023.
 - vii. Capitation reports and detailed enrollment reports showing monthly membership through July 2023.
 - viii. COVID-19 vaccination status for each MississippiCAN enrollee as of December 2021.
- e. Other data:
- i. Quality withhold parameters for SFY 2023.
 - ii. Potentially preventable hospital readmissions analysis prepared by Conduent provided July 25, 2022.
 - iii. April 2022 QIPP Statewide and CCO PPHR reports provided April 12, 2022.
 - iv. Confirmation DOM is carving costs related to Zolgensma out of MississippiCAN for SFY 2023 and no other drugs are expected to be carved out of MississippiCAN for SFY 2023.
 - v. Risk corridor parameters for SFY 2023.
 - vi. Other computer files and clarifying correspondence.

Milliman relied on DOM and their MMIS vendor for the collection and processing of the FFS and CCO encounter data. Milliman relied on Myers and Stauffer's review of encounter data for duplicative or voided claims. Milliman relied on the CCOs to provide accurate CY 2018 and CY 2019 financial data as certified by each CCO. Milliman did not audit the FFS data, the CCO financial data, or the encounter data, but did assess the data for reasonableness as documented in the capitation rate report.

Jennifer Westworth

Name
Deputy Administrator for Finance

Title
August 17, 2023

Date

For more information about Milliman,
please visit us at:

milliman.com



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

milliman.com

CONTACT

Jill Bruckert
jill.bruckert@milliman.com

Michael C. Cook
michael.cook@milliman.com

Katarina Lorenz
katarina.lorenz@milliman.com

Caveats and Limitations
Mississippi Division of Medicaid
READ BEFORE PROCEEDING

Milliman has developed certain models to estimate the values included in these exhibits and appendices. The intent of the models was to estimate SFY 2023 capitation rates. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We used CCO encounter data and CCO financial exhibits and appendices from January 2018 to September 2021 with runout through November 2021, FFS cost and eligibility data from January 2017 to December 2018, historical and projected reimbursement information, TPL recoveries, fee schedules, pharmacy and dispensing fee pricing, and other information from DOM, MississippiCAN CCOs, Myers and Stauffer, Change Healthcare, and CMS to calculate the preliminary MississippiCAN capitation rates shown in these exhibits and appendices. If the underlying data used is inadequate or incomplete, the results will be likewise inadequate or incomplete. Please see Appendix J for a full list of the data relied upon to develop the SFY 2023 capitation rates.

Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Our exhibits and appendices are intended for the internal use of DOM to review preliminary MississippiCAN capitation rates for SFY 2023. The exhibits and appendices and the models used to develop the values in these exhibits and appendices may not be appropriate for other purposes. We anticipate the exhibits and appendices will be shared with contracted CCOs, CMS and other interested parties. Milliman does not intend to service, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety. These capitation rates may not be appropriate for all CCOs. Any CCO considering participating in MississippiCAN should consider their unique circumstances before deciding to contract under these rates.

The results of these exhibits and appendices are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

Non-Newborn SSI / Disabled Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	765,558	765,558	765,558	765,558	765,558	765,558	765,558
b	Total Allowed Dollars	\$147,482,789	\$157,980,759	\$170,679,044	\$236,660,714	\$7,166,959	\$47,509,448	\$767,479,712
c = b / a	CY 2019 PMPM Costs	\$192.65	\$206.36	\$222.95	\$309.13	\$9.36	\$62.06	\$1,002.51
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.006
e	Non-Covered Services	1.000	1.000	0.986	0.963	1.000	1.000	0.986
f	Provider Reimbursement Adjustment	1.000	1.000	1.025	1.000	1.000	1.000	1.006
g	Zolgensma Carveout	1.000	1.000	0.963	1.000	1.000	1.000	0.992
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	0.998	0.993	1.000	0.986	0.989	0.997
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.004	1.000	1.000	1.000	1.000	1.000	1.001
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	0.999
o	Missing Data	1.000	1.000	1.000	1.000	1.000	1.000	1.000
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$194.50	\$207.18	\$216.77	\$296.79	\$9.28	\$61.78	\$986.30

Breast and Cervical Cancer Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	1,187	1,187	1,187	1,187	1,187	1,187	1,187
b	Total Allowed Dollars	\$227,951	\$1,850,103	\$1,207,925	\$627,794	\$9,718	\$48,999	\$3,972,490
c = b / a	CY 2019 PMPM Costs	\$192.04	\$1,558.64	\$1,017.63	\$528.89	\$8.19	\$41.28	\$3,346.66
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007
e	Non-Covered Services	1.000	1.000	0.989	0.938	1.000	1.000	0.987
f	Provider Reimbursement Adjustment	1.000	1.000	1.008	1.000	1.000	1.000	1.002
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.999	1.000	0.975	0.993	0.999
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.993	1.000	1.000	0.999
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.000	1.000	1.000	1.000	1.000	1.000	1.000
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$193.10	\$1,566.99	\$1,018.87	\$490.82	\$8.03	\$41.23	\$3,319.04

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

		MA Adult Rate Cell - Non-Deliveries						
Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2019 Member Months	493,779	493,779	493,779	493,779	493,779	493,779	493,779
<i>b</i>	Total Allowed Dollars	\$21,107,291	\$55,207,997	\$60,705,110	\$56,566,654	\$3,443,218	\$6,198,467	\$203,228,738
<i>c = b / a</i>	CY 2019 PMPM Costs	\$42.75	\$111.81	\$122.94	\$114.56	\$6.97	\$12.55	\$411.58
<i>d</i>	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.006
<i>e</i>	Non-Covered Services	1.000	1.000	0.987	0.973	1.000	1.000	0.989
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.006	1.000	1.000	1.000	1.002
<i>g</i>	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.995	1.000	0.988	0.990	0.998
<i>j</i>	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
<i>k</i>	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>m</i>	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>n</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	0.999
<i>o</i>	Missing Data	1.001	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i>	Adjusted CY 2019 PMPM Costs	\$43.05	\$112.46	\$122.14	\$111.02	\$6.93	\$12.49	\$408.09

		MA Adult Rate Cell - Deliveries						
Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2019 Member Months	493,779	493,779	493,779	493,779	493,779	493,779	493,779
<i>b</i>	Total Allowed Dollars	\$16,140,778	\$56,718	\$4,299,548	\$79,816	\$323	\$92,096	\$20,669,280
<i>c = b / a</i>	CY 2019 PMPM Costs	\$32.69	\$0.11	\$8.71	\$0.16	\$0.00	\$0.19	\$41.86
<i>d</i>	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.008
<i>e</i>	Non-Covered Services	1.000	1.000	0.987	0.973	1.000	1.000	0.997
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.005	1.000	1.000	1.000	1.001
<i>g</i>	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.998	1.000	0.986	0.992	1.000
<i>j</i>	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
<i>k</i>	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>m</i>	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>n</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
<i>o</i>	Missing Data	1.001	1.000	1.000	1.000	1.000	1.000	1.001
<i>p</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i>	Adjusted CY 2019 PMPM Costs	\$32.91	\$0.12	\$8.67	\$0.16	\$0.00	\$0.19	\$42.04

PMPM costs are calculated using allowed amounts for 3,445 MA Adult deliveries and total MA Adult rate cell membership.

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

Pregnant Women Rate Cell - Non-Deliveries

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	137,224	137,224	137,224	137,224	137,224	137,224	137,224
b	Total Allowed Dollars	\$4,833,205	\$15,870,522	\$27,127,388	\$7,075,967	\$686,206	\$1,273,137	\$56,866,427
c = b / a	CY 2019 PMPM Costs	\$35.22	\$115.65	\$197.69	\$51.57	\$5.00	\$9.28	\$414.41
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007
e	Non-Covered Services	1.000	1.000	1.000	0.997	1.000	1.000	0.999
f	Provider Reimbursement Adjustment	1.000	1.000	1.003	1.000	1.000	1.000	1.001
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.998	1.000	0.993	0.994	0.999
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.000	1.002	1.000	1.000	1.000	1.000	1.001
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$35.43	\$116.54	\$198.96	\$51.19	\$4.99	\$9.27	\$416.38

Pregnant Women Rate Cell - Deliveries

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	137,224	137,224	137,224	137,224	137,224	137,224	137,224
b	Total Allowed Dollars	\$62,938,644	\$191,123	\$17,084,088	\$317,743	\$324	\$202,941	\$80,734,863
c = b / a	CY 2019 PMPM Costs ¹	\$458.66	\$1.39	\$124.50	\$2.32	\$0.00	\$1.48	\$588.34
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.008
e	Non-Covered Services	1.000	1.000	1.000	0.997	1.000	1.000	1.000
f	Provider Reimbursement Adjustment	1.000	1.000	1.003	1.000	1.000	1.000	1.001
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.999	1.000	1.000	0.993	1.000
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.000	1.001	1.000	1.000	1.000	1.000	1.000
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$461.30	\$1.40	\$125.36	\$2.30	\$0.00	\$1.48	\$591.83

PMPM costs are calculated using allowed amounts for 15,813 Pregnant Women deliveries and total Pregnant Women rate cell membership.

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

SSI / Disabled Newborn Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	6,340	6,340	6,340	6,340	6,340	6,340	6,340
b	Total Allowed Dollars	\$30,953,749	\$1,435,846	\$9,864,800	\$3,717,886	\$4,494	\$1,676,424	\$47,653,200
c = b / a	CY 2019 PMPM Costs	\$4,882.29	\$226.47	\$1,555.96	\$586.42	\$0.71	\$264.42	\$7,516.28
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.008
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Provider Reimbursement Adjustment	1.000	1.000	1.009	1.000	1.000	1.000	1.002
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.998	1.000	0.990	0.988	0.999
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.000	1.000	1.000	1.000	1.000	1.000	1.000
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$4,909.13	\$227.69	\$1,576.10	\$584.17	\$0.71	\$262.73	\$7,560.52

Non-SSI Newborns 0 to 2 Months Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	75,312	75,312	75,312	75,312	75,312	75,312	75,312
b	Total Allowed Dollars	\$104,016,734	\$4,012,403	\$25,499,948	\$669,632	\$49,420	\$1,102,277	\$135,350,413
c = b / a	CY 2019 PMPM Costs ¹	\$1,381.14	\$53.28	\$338.59	\$8.89	\$0.66	\$14.64	\$1,797.20
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.008
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Provider Reimbursement Adjustment	1.000	1.000	1.013	1.000	1.000	1.000	1.002
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.998	1.000	0.997	0.995	1.000
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.002	1.000	1.000	1.001	1.000	1.000	1.001
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$1,390.98	\$53.57	\$344.18	\$8.87	\$0.66	\$14.64	\$1,812.89

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

Non-SSI Newborns 3 to 12 Months Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	252,667	252,667	252,667	252,667	252,667	252,667	252,667
b	Total Allowed Dollars	\$9,650,331	\$14,738,237	\$27,081,847	\$6,016,033	\$249,559	\$1,361,943	\$59,097,951
c = b / a	CY 2019 PMPM Costs	\$38.19	\$58.33	\$107.18	\$23.81	\$0.99	\$5.39	\$233.90
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Provider Reimbursement Adjustment	1.000	1.000	1.015	1.000	1.000	1.000	1.007
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	1.000	0.994	1.000	0.990	0.990	0.997
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.000	1.000	1.000	1.001	1.000	1.000	1.000
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$38.40	\$58.66	\$108.67	\$23.75	\$0.98	\$5.37	\$235.83

Foster Care Rate Cell

Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2019 Member Months	78,904	78,904	78,904	78,904	78,904	78,904	78,904
b	Total Allowed Dollars	\$23,516,494	\$3,420,852	\$10,269,470	\$5,836,415	\$2,145,298	\$958,907	\$46,147,435
c = b / a	CY 2019 PMPM Costs	\$298.04	\$43.35	\$130.15	\$73.97	\$27.19	\$12.15	\$584.86
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Provider Reimbursement Adjustment	1.000	1.000	1.008	1.000	1.000	1.000	1.002
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
i	5% Assessment - Provider Adjustment	1.000	0.991	0.981	1.000	0.976	0.976	0.993
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
o	Missing Data	1.001	1.000	1.000	1.000	1.000	1.000	1.001
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$300.01	\$43.19	\$129.53	\$73.66	\$26.67	\$11.92	\$584.98

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

		MYPAC Rate Cell							
Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total	
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2019 Member Months	7,776	7,776	7,776	7,776	7,776	7,776	7,776	
b	Total Allowed Dollars	\$3,957,611	\$416,512	\$22,198,644	\$1,276,733	\$245,929	\$146,732	\$28,242,161	
c = b / a	CY 2019 PMPM Costs	\$508.95	\$53.56	\$2,854.76	\$164.19	\$31.63	\$18.87	\$3,631.97	
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.008	
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
f	Provider Reimbursement Adjustment	1.000	1.000	1.001	1.000	1.000	1.000	1.000	
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997	
i	5% Assessment - Provider Adjustment	1.000	0.999	0.987	1.000	0.986	0.989	0.989	
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.998	1.000	1.000	1.000	
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000	
o	Missing Data	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$511.75	\$53.83	\$2,833.82	\$163.43	\$31.35	\$18.77	\$3,612.95	

		MA Children Rate Cell							
Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total	
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2019 Member Months	3,071,992	3,071,992	3,071,992	3,071,992	3,071,992	3,071,992	3,071,992	
b	Total Allowed Dollars	\$57,206,280	\$109,716,005	\$190,146,059	\$106,880,645	\$79,120,267	\$15,182,129	\$558,251,384	
c = b / a	CY 2019 PMPM Costs	\$18.62	\$35.71	\$61.90	\$34.79	\$25.76	\$4.94	\$181.72	
d	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007	
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
f	Provider Reimbursement Adjustment	1.000	1.000	1.008	1.000	1.000	1.000	1.003	
g	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
h	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997	
i	5% Assessment - Provider Adjustment	1.000	0.998	0.992	1.000	0.987	0.988	0.995	
j	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000	
k	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
l	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
m	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
n	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	0.999	
o	Missing Data	1.000	1.000	1.000	1.000	1.000	1.001	1.000	
p	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>Product of c through p</i> Adjusted CY 2019 PMPM Costs		\$18.73	\$35.84	\$62.27	\$34.67	\$25.55	\$4.91	\$181.96	

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2019 Encounter Data

		Quasi-CHIP Rate Cell						
Calculation Step	CY 2019 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2019 Member Months	332,512	332,512	332,512	332,512	332,512	332,512	332,512
<i>b</i>	Total Allowed Dollars	\$5,367,303	\$9,045,012	\$19,307,958	\$14,449,149	\$10,862,854	\$1,851,030	\$60,883,307
<i>c = b / a</i>	CY 2019 PMPM Costs	\$16.14	\$27.20	\$58.07	\$43.45	\$32.67	\$5.57	\$183.10
<i>d</i>	Encounter to Financial Adjustment	1.008	1.008	1.008	1.002	1.008	1.008	1.007
<i>e</i>	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.010	1.000	1.000	1.000	1.003
<i>g</i>	Zolgensma Carveout	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	TPL Adjustment	0.997	0.997	0.997	0.997	0.997	0.997	0.997
<i>i</i>	5% Assessment - Provider Adjustment	1.000	0.999	0.994	1.000	0.988	0.988	0.995
<i>j</i>	340B Pharmacy Pricing Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
<i>k</i>	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>m</i>	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>n</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	0.999
<i>o</i>	Missing Data	1.000	1.000	1.000	1.001	1.000	1.000	1.000
<i>p</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of c through p</i>	Adjusted CY 2019 PMPM Costs	\$16.23	\$27.32	\$58.59	\$43.31	\$32.45	\$5.53	\$183.42

Exhibit 1B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 Encounter Data

Calculation Step		Breast and Cervical Cancer Rate Cell							Total
		Category of Service							
CY 2018 PMPM Cost Development		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
<i>a</i>	CY 2018 Member Months	1,090	1,090	1,090	1,090	1,090	1,090	1,090	
<i>b</i>	Total Allowed Dollars	\$216,492	\$1,593,617	\$1,021,306	\$423,271	\$8,377	\$51,999	\$3,315,063	
<i>c</i>	CY 2018 PMPM Costs	\$198.62	\$1,462.03	\$936.98	\$388.32	\$7.69	\$47.71	\$3,041.34	
<i>d</i>	Non-Covered Services	1.000	1.000	0.981	0.959	1.000	1.000	0.989	
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000	
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	0.994	1.000	1.000	1.000	0.998	
<i>g</i>	HPE Newborn Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.998	1.000	0.959	0.994	0.999	
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.995	1.000	1.000	1.000	1.000	0.998	
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999	
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$198.50	\$1,453.67	\$910.81	\$371.10	\$7.36	\$47.39	\$2,988.83	
	CY 2018 to CY 2019 Trends								
<i>l</i>	Utilization Trend 2018 to 2019	1.020	1.020	1.060	0.995	0.970	1.060	1.030	
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.100	1.000	1.001	1.017	
	CY 2018 to CY 2019 Program Changes								
<i>n</i>	PRTF Services Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	0.989	1.000	1.000	0.999	
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.010	1.000	1.000	1.000	1.003	
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.021	1.000	1.000	1.003	
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
	CY 2018 to CY 2019 Reimbursement Methodology Changes								
<i>s</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.853	0.998	
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.999	
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$199.94	\$1,497.24	\$976.69	\$410.12	\$7.14	\$42.90	\$3,134.04	

Exhibit 1B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 Encounter Data

Pregnant Women Rate Cell - Non-Deliveries

Calculation Step	CY 2018 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2018 Member Months	135,337	135,337	135,337	135,337	135,337	135,337	135,337
<i>b</i>	Total Allowed Dollars	\$5,688,263	\$14,980,639	\$27,189,605	\$7,260,185	\$842,120	\$1,345,194	\$57,306,007
<i>c</i>	CY 2018 PMPM Costs	\$42.03	\$110.69	\$200.90	\$53.65	\$6.22	\$9.94	\$423.43
<i>d</i>	Non-Covered Services	1.000	1.000	0.998	0.989	1.000	1.000	0.997
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	0.997	1.000	1.000	1.000	0.998
<i>g</i>	HPE Newborn Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.994	1.000	0.964	0.983	0.996
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.990	1.000	1.000	1.000	1.000	0.997
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$42.00	\$109.46	\$198.53	\$52.85	\$5.99	\$9.76	\$418.60
	CY 2018 to CY 2019 Trends							
<i>l</i>	Utilization Trend 2018 to 2019	0.990	1.000	1.000	0.995	0.970	1.000	0.998
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.095	1.000	1.001	1.015
	CY 2018 to CY 2019 Program Changes							
<i>n</i>	PRTF Services Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	0.998	1.000	1.000	1.000
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.002	1.000	1.000	1.000	1.001
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.006	1.000	1.000	1.001
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	CY 2018 to CY 2019 Reimbursement Methodology Changes							
<i>s</i>	OP Dental Adjustment	1.000	0.999	1.000	1.000	1.000	1.000	1.000
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.985	1.000
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.999
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$41.06	\$110.41	\$199.14	\$57.82	\$5.81	\$9.63	\$423.87

Pregnant Women Rate Cell - Deliveries

Calculation Step	CY 2018 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2018 Member Months	135,337	135,337	135,337	135,337	135,337	135,337	135,337
<i>b</i>	Total Allowed Dollars	\$65,051,086	\$117,933	\$18,206,474	\$302,430	\$373	\$244,301	\$83,922,596
<i>c</i>	CY 2018 PMPM Costs ¹	\$480.66	\$0.87	\$134.53	\$2.23	\$0.00	\$1.81	\$620.10
<i>d</i>	Non-Covered Services	1.000	1.000	0.998	0.989	1.000	1.000	0.999
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.998	1.000	1.000	1.000
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	0.996	1.000	1.000	1.000	0.999
<i>g</i>	HPE Newborn Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	5% Assessment - Provider Adjustment	1.000	0.997	0.995	1.000	0.956	0.982	0.999
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.988	1.000	1.000	1.000	1.000	1.000
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$480.37	\$0.86	\$132.84	\$2.20	\$0.00	\$1.77	\$618.04
	CY 2018 to CY 2019 Trends							
<i>l</i>	Utilization Trend 2018 to 2019	1.010	1.010	1.000	1.010	1.000	1.000	1.008
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.095	1.000	1.001	1.001
	CY 2018 to CY 2019 Program Changes							
<i>n</i>	PRTF Services Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.002	1.000	1.000	1.000	1.000
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.006	1.000	1.000	1.000
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	CY 2018 to CY 2019 Reimbursement Methodology Changes							
<i>s</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.996	1.000
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.990
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$479.11	\$0.88	\$133.24	\$2.45	\$0.00	\$1.77	\$617.44

¹PMPM costs are calculated using allowed amounts for 16,007 Pregnant Women deliveries and total Pregnant Women rate cell membershi

Exhibit 1B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 Encounter Data

		SSI / Disabled Newborn Rate Cell							
Calculation Step	CY 2018 PMPM Cost Development	Category of Service						Total	
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
<i>a</i>	CY 2018 Member Months	6,311	6,311	6,311	6,311	6,311	6,311	6,311	
<i>b</i>	Total Allowed Dollars	\$32,864,910	\$2,416,812	\$8,931,077	\$3,081,961	\$3,714	\$2,315,469	\$49,613,945	
<i>c</i>	CY 2018 PMPM Costs	\$5,207.56	\$382.95	\$1,415.16	\$488.35	\$0.59	\$366.89	\$7,861.50	
<i>d</i>	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.998	1.000	1.000	1.000	
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.029	1.000	1.000	1.000	1.005	
<i>g</i>	HPE Newborn Adjustment	1.001	1.000	1.000	1.000	1.000	1.000	1.001	
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.997	1.000	0.971	0.972	0.998	
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.996	1.000	1.000	1.000	1.000	1.000	
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999	
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$5,210.24	\$381.33	\$1,451.42	\$486.84	\$0.57	\$356.25	\$7,886.65	
	CY 2018 to CY 2019 Trends								
<i>l</i>	Utilization Trend 2018 to 2019	1.030	1.010	1.030	1.030	0.990	1.030	1.029	
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.005	1.000	1.001	1.001	
	CY 2018 to CY 2019 Program Changes								
<i>n</i>	PRTF Services Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	1.003	1.000	1.000	1.000	
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
	CY 2018 to CY 2019 Reimbursement Methodology Changes								
<i>s</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.990	1.000	
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.992	
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$5,299.48	\$388.91	\$1,496.84	\$505.26	\$0.57	\$363.85	\$8,054.90	

Exhibit 1B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 Encounter Data

Non-SSI Newborns 0 to 2 Months Rate Cell

Calculation Step	CY 2018 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2018 Member Months	76,100	76,100	76,100	76,100	76,100	76,100	76,100
<i>b</i>	Total Allowed Dollars	\$101,925,618	\$3,851,733	\$25,111,112	\$644,480	\$43,105	\$1,369,822	\$132,945,870
<i>c</i>	CY 2018 PMPM Costs	\$1,339.36	\$50.61	\$329.98	\$8.47	\$0.57	\$18.00	\$1,746.99
<i>d</i>	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.023	1.000	1.000	1.000	1.004
<i>g</i>	HPE Newborn Adjustment	1.006	1.001	1.002	1.000	1.001	1.004	1.005
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	5% Assessment - Provider Adjustment	1.000	1.000	0.992	1.000	0.987	0.985	0.998
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.992	1.000	1.000	1.000	1.000	1.000
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$1,346.31	\$50.20	\$335.15	\$8.44	\$0.56	\$17.79	\$1,758.45
	CY 2018 to CY 2019 Trends							
<i>l</i>	Utilization Trend 2018 to 2019	1.030	1.010	1.030	1.030	0.990	1.030	1.029
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.005	1.000	1.001	1.001
	CY 2018 to CY 2019 Program Changes							
<i>n</i>	PRTF Services Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	1.003	1.000	1.000	1.000
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	CY 2018 to CY 2019 Reimbursement Methodology Changes							
<i>s</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.997	1.000
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.990
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$1,369.37	\$51.19	\$345.64	\$8.76	\$0.55	\$18.29	\$1,793.81

Exhibit 1B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 Encounter Data

Foster Care Rate Cell

Calculation Step	CY 2018 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	CY 2018 Member Months	77,192	77,192	77,192	77,192	77,192	77,192	77,192
<i>b</i>	Total Allowed Dollars	\$8,923,087	\$3,382,849	\$9,121,108	\$5,629,705	\$2,290,780	\$713,690	\$30,061,218
<i>c</i>	CY 2018 PMPM Costs	\$115.60	\$43.82	\$118.16	\$72.93	\$29.68	\$9.25	\$389.43
<i>d</i>	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>e</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	0.999
<i>f</i>	Provider Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>g</i>	HPE Newborn Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	5% Assessment - Provider Adjustment	1.000	0.987	0.967	1.000	0.956	0.981	0.984
<i>j</i>	5% Assessment - OPPS Adjustment	1.000	0.989	1.000	1.000	1.000	1.000	0.999
<i>k</i>	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$115.53	\$42.76	\$114.23	\$72.67	\$28.34	\$8.88	\$382.41
	CY 2018 to CY 2019 Trends							
<i>l</i>	Utilization Trend 2018 to 2019	1.030	1.010	1.030	1.030	0.990	1.030	1.025
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.001	1.005	1.000	1.001	1.002
	CY 2018 to CY 2019 Program Changes							
<i>n</i>	PRTF Services Adjustment	2.381	1.000	1.000	1.000	1.000	1.000	1.418
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	1.003	1.000	1.000	1.000
<i>p</i>	Physician Limit Expansion Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>q</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>r</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	CY 2018 to CY 2019 Reimbursement Methodology Changes							
<i>s</i>	OP Dental Adjustment	1.000	0.985	1.000	1.000	1.000	1.000	0.999
<i>t</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>u</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.994
<i>Product of c through u</i>	CY 2018 PMPM Costs - Adjusted to CY 2019	\$279.76	\$42.95	\$117.80	\$75.42	\$28.06	\$9.16	\$553.15

Exhibit 1C
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
CY 2018 FFS Data for MYPAC Rate Cell

MYPAC Rate Cell		Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Calculation Step	CY 2018 PMPM Cost Development							
<i>a</i>	CY 2018 Member Months	5,469	5,469	5,469	5,469	5,469	5,469	5,469
<i>b</i>	Total Allowed Dollars	\$1,444,616	\$260,218	\$16,192,576	\$874,965	\$163,588	\$133,103	\$19,069,065
<i>c</i>	CY 2018 PMPM Costs	\$264.15	\$47.58	\$2,960.79	\$159.99	\$29.91	\$24.34	\$3,486.76
<i>d</i>	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.997	1.000	1.000	1.000
<i>e</i>	IBNR Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	TPL Adjustment	0.992	0.992	0.992	0.992	0.992	0.992	0.992
<i>g</i>	Utilization Trend Q1 to Q3 2018 to CY 2018	1.004	1.001	1.000	1.004	0.999	1.004	1.001
<i>h</i>	Charge Trend Q1 to Q3 2018 to CY 2018	1.000	1.001	1.000	1.001	1.000	1.000	1.000
<i>i</i>	5% Assessment - OPPS Adjustment	1.000	1.004	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PRTF Append Q4 2018 Experience	1.026	1.000	1.000	1.000	1.000	1.000	1.002
<i>k</i>	MYPAC Seasonality Adjustment	0.989	0.989	0.989	0.989	0.989	0.989	0.989
<i>Product of c through k</i>	Subtotal: CY 2018 Adjusted Costs	\$266.84	\$46.96	\$2,904.10	\$157.13	\$29.30	\$23.96	\$3,428.30
	CY 2018 to CY 2019 Trends							
<i>l</i>	Utilization Trend 2018 to 2019	1.030	1.010	1.001	1.030	0.990	1.030	1.005
<i>m</i>	Charge Trend 2018 to 2019	1.000	1.010	1.000	1.005	1.000	1.001	1.000
	CY 2018 to CY 2019 Program Changes							
<i>n</i>	PRTF Adjusting to CY 2019 Basis	1.076	1.000	1.000	1.000	1.000	1.000	1.006
<i>o</i>	PDL Adjustment	1.000	1.000	1.000	1.003	1.000	1.000	1.000
	CY 2018 to CY 2019 Reimbursement Methodology Changes							
<i>p</i>	OP Dental Adjustment	1.000	0.997	1.000	1.000	1.000	1.000	1.000
<i>q</i>	GME Adjustment	0.988	1.000	1.000	1.000	1.000	1.000	0.999
<i>Product of c through q</i>	CY 2018 PMPM Costs - Trended to CY 2019	\$292.14	\$47.74	\$2,907.51	\$163.08	\$29.00	\$24.71	\$3,464.18

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Non-Newborn SSI / Disabled Rate Cell								
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service					Total	
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental		Other
	Base Period Summaries							
<i>a</i>	CY 2019 PMPM Costs	\$194.50	\$207.18	\$216.77	\$296.79	\$9.28	\$61.78	\$986.30
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.018	1.018	1.053	1.128	0.899	1.053	1.060
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.997	0.997	1.045	1.090	1.000	1.027	1.039
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.982	0.995	1.000	1.000	1.000	0.995
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.001	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.031	1.000	1.000	1.011
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.982
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	0.999	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.966	0.998
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.993
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.071	1.004
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.005	1.000	1.000	1.000	1.001
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.007	1.023	1.000	1.048	1.036	1.009
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.019	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.009	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$189.99	\$207.65	\$244.19	\$356.92	\$8.99	\$71.57	\$1,079.30

Breast and Cervical Cancer Rate Cell								
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service					Total	
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental		Other
	Base Period Summaries							
	CY 2018 MMs	1,090	1,090	1,090	1,090	1,090	1,090	1,090
	CY 2018 PMPM Costs - Trended to CY 2018	\$199.94	\$1,497.24	\$976.69	\$410.12	\$7.14	\$42.90	\$3,134.04
	CY 2019 MMs	1,187	1,187	1,187	1,187	1,187	1,187	1,187
	CY 2019 PMPM Costs	\$193.10	\$1,566.99	\$1,018.87	\$490.82	\$8.03	\$41.23	\$3,319.04
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$196.37	\$1,533.60	\$998.68	\$452.19	\$7.60	\$42.03	\$3,230.48
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.018	1.018	1.053	1.128	0.899	1.053	1.044
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.042	1.090	1.000	1.020	1.024
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.998	0.999	1.000	1.000	1.000	0.999
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.122	1.000	1.000	1.020
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.991
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.987	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.998
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.044	1.001
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.001	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.000	1.004	1.000	1.051	1.027	1.002
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.011	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$191.38	\$1,549.89	\$1,100.59	\$591.42	\$7.27	\$47.78	\$3,488.34

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

		MA Adult Rate Cell - Non-Deliveries						
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
	Base Period Summaries							
<i>a</i>	CY 2019 PMPM Costs	\$43.05	\$112.46	\$122.14	\$111.02	\$6.93	\$12.49	\$408.09
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	0.965	1.000	1.000	1.147	0.899	1.000	1.035
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.072	1.109	1.000	1.020	1.053
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.937	0.983	1.000	1.000	1.000	0.979
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.023	1.023	1.023	1.023	1.023	1.023	1.023
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.034	1.000	1.000	1.011
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.959	1.000	1.000	0.986
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	0.999	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.932	0.998
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.996
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.126	1.003
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.012	1.000	1.000	1.000	1.004
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.001	1.018	1.000	1.047	1.038	1.007
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.017	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.001	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$40.71	\$107.22	\$135.53	\$143.26	\$6.79	\$14.19	\$447.68

		MA Adult Rate Cell - Deliveries						
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
	Base Period Summaries							
<i>a</i>	CY 2019 PMPM Costs	\$32.91	\$0.12	\$8.67	\$0.16	\$0.00	\$0.19	\$42.04
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.035	1.000	1.035	1.000	1.000	1.028
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.072	1.109	1.000	1.020	1.011
<i>d</i>	Emergency Services Savings Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.034	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.995	1.000	1.000	1.000
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.910	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.971
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.401	1.002
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.000	1.008	1.000	1.051	1.045	1.002
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.018	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.001	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$32.63	\$0.12	\$9.37	\$0.19	\$0.00	\$0.25	\$42.56

PMPM costs are calculated using allowed amounts for 3,445 MA Adult deliveries and total MA Adult rate cell membership in 201

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Pregnant Women Rate Cell - Non-Deliveries

Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Base Period Summaries								
	CY 2018 MMs	135,337	135,337	135,337	135,337	135,337	135,337	135,337
	CY 2018 PMPM Costs - Trended to CY 2018	\$41.06	\$110.41	\$199.14	\$57.82	\$5.81	\$9.63	\$423.87
	CY 2019 MMs	137,224	137,224	137,224	137,224	137,224	137,224	137,224
	CY 2019 PMPM Costs	\$35.43	\$116.54	\$198.96	\$51.19	\$4.99	\$9.27	\$416.38
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$38.23	\$113.50	\$199.05	\$54.48	\$5.40	\$9.45	\$420.10
Trends								
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	0.965	1.000	1.000	1.147	0.899	1.000	1.015
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.072	1.109	1.000	1.020	1.048
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.936	0.988	1.000	1.000	1.000	0.978
Population Changes								
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	0.990	0.990	0.990	0.990	0.990	0.990	0.990
Program Changes								
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.008	1.000	1.000	1.001
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.959	1.000	1.000	0.993
Reimbursement Changes								
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.970	0.999
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.997
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.181	1.004
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.008	1.000	1.000	1.000	1.004
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.000	1.010	1.000	1.048	1.039	1.006
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.018	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.006	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$34.98	\$104.52	\$212.41	\$66.29	\$5.16	\$11.36	\$434.72

Pregnant Women Rate Cell - Deliveries

Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Base Period Summaries								
	CY 2018 MMs	135,337	135,337	135,337	135,337	135,337	135,337	135,337
	CY 2018 PMPM Costs - Trended to CY 2018	\$479.11	\$0.88	\$133.24	\$2.45	\$0.00	\$1.77	\$617.44
	CY 2019 MMs	137,224	137,224	137,224	137,224	137,224	137,224	137,224
	CY 2019 PMPM Costs	\$461.30	\$1.40	\$125.36	\$2.30	\$0.00	\$1.48	\$591.83
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$470.14	\$1.14	\$129.27	\$2.37	\$0.00	\$1.62	\$604.55
Trends								
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.035	1.000	1.035	1.000	1.000	1.028
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.072	1.109	1.000	1.020	1.012
<i>d</i>	Emergency Services Savings Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Population Changes								
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	0.975	0.975	0.975	0.975	0.975	0.975	0.975
Program Changes								
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.008	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.995	1.000	1.000	1.000
Reimbursement Changes								
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.970	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.971
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.398	1.001
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.000	1.008	1.000	1.047	1.048	1.002
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.018	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.007	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$454.60	\$1.15	\$136.16	\$2.66	\$0.00	\$2.29	\$596.86

PMPM costs are calculated using allowed amounts for 15,813 Pregnant Women deliveries and total Pregnant Women rate cell membership in 201

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

		Category of Service						
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	Total
Calculation Step	SFY 2023 PMPM Cost Development							
	Base Period Summaries							
	CY 2018 MMs	6,311	6,311	6,311	6,311	6,311	6,311	6,311
	CY 2018 PMPM Costs - Trended to CY 2018	\$5,299.48	\$388.91	\$1,496.84	\$505.26	\$0.57	\$363.85	\$8,054.90
	CY 2019 MMs	6,340	6,340	6,340	6,340	6,340	6,340	6,340
	CY 2019 PMPM Costs	\$4,909.13	\$227.69	\$1,576.10	\$584.17	\$0.71	\$262.73	\$7,560.52
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$5,103.86	\$308.11	\$1,536.56	\$544.81	\$0.64	\$313.17	\$7,807.15
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.037
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.999	1.063	1.053	1.000	1.037	1.014
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.976	0.999	1.000	1.000	1.000	0.999
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.996
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.945	0.998
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.976
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.060	1.002
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.001	1.005	1.000	1.038	1.041	1.003
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.059	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$5,061.45	\$306.20	\$1,697.81	\$583.15	\$0.67	\$350.73	\$8,000.01

		Category of Service						
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	Total
Calculation Step	SFY 2023 PMPM Cost Development							
	Base Period Summaries							
	CY 2018 MMs	76,100	76,100	76,100	76,100	76,100	76,100	76,100
	CY 2018 PMPM Costs - Trended to CY 2018	\$1,369.37	\$51.19	\$345.64	\$8.76	\$0.55	\$18.29	\$1,793.81
	CY 2019 MMs	75,312	75,312	75,312	75,312	75,312	75,312	75,312
	CY 2019 PMPM Costs	\$1,390.98	\$53.57	\$344.18	\$8.87	\$0.66	\$14.64	\$1,812.89
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$1,380.12	\$52.37	\$344.91	\$8.81	\$0.61	\$16.47	\$1,803.30
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.035
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.060	1.053	1.000	1.020	1.008
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.954	0.998	1.000	1.000	1.000	0.998
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	1.000
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.964	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.972
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.334	1.003
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.000	1.011	1.000	1.024	1.030	1.003
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.064	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$1,368.65	\$50.61	\$381.80	\$9.43	\$0.64	\$23.03	\$1,834.16

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Non-SSI Newborns 3 to 12 Months Rate Cell

Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Base Period Summaries								
	CY 2019 PMPM Costs	\$38.40	\$58.66	\$108.67	\$23.75	\$0.98	\$5.37	\$235.83
Trends								
<i>a</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.034
<i>b</i>	Charge Trend Factors CY 2019 to SFY 2023	0.995	0.995	1.061	1.053	1.000	1.020	1.032
<i>c</i>	Emergency Services Savings Adjustment	1.000	0.951	0.992	1.000	1.000	1.000	0.984
Population Changes								
<i>d</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>e</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Program Changes								
<i>f</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>g</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.994
Reimbursement Changes								
<i>j</i>	OP Dental Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>k</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.964	0.999
<i>l</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.994
<i>m</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.183	1.004
<i>n</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>o</i>	5% Assessment Removal Adjustment	1.000	1.000	1.021	1.000	1.036	1.041	1.011
<i>p</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.063	1.000	1.000
<i>q</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>r</i>								
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$38.08	\$56.45	\$120.94	\$25.42	\$1.04	\$6.73	\$248.67

Foster Care Rate Cell

Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Base Period Summaries								
	CY 2018 MMs	77,192	77,192	77,192	77,192	77,192	77,192	77,192
	CY 2018 PMPM Costs - Trended to CY 2018	\$279.76	\$42.95	\$117.80	\$75.42	\$28.06	\$9.16	\$553.15
	CY 2019 MMs	78,904	78,904	78,904	78,904	78,904	78,904	78,904
	CY 2019 PMPM Costs	\$300.01	\$43.19	\$129.53	\$73.66	\$26.67	\$11.92	\$584.98
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$289.99	\$43.07	\$123.73	\$74.53	\$27.36	\$10.56	\$569.24
Trends								
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.035
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	1.155	0.994	1.063	1.053	1.000	1.030	1.100
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.978	0.998	1.000	1.000	1.000	0.998
Population Changes								
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Program Changes								
<i>g</i>	ASD Adjustment	1.000	1.000	1.001	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.993
Reimbursement Changes								
<i>k</i>	OP Dental Adjustment	1.000	0.996	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.998	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.980
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.053	1.001
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.004	1.000	1.000	1.000	1.001
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.015	1.037	1.000	1.049	1.048	1.012
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.022	1.000	1.001
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.013	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$333.82	\$43.07	\$141.56	\$79.78	\$28.69	\$12.39	\$639.31

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

		MYPAC Rate Cell						
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
	Base Period Summaries							
	CY 2018 MMs	5,469	5,469	5,469	5,469	5,469	5,469	5,469
	CY 2018 PMPM Costs - Trended to CY 2019	\$292.14	\$47.74	\$2,907.51	\$163.08	\$29.00	\$24.71	\$3,464.18
	CY 2019 MMs	7,776	7,776	7,776	7,776	7,776	7,776	7,776
	CY 2019 PMPM Costs	\$511.75	\$53.83	\$2,833.82	\$163.43	\$31.35	\$18.77	\$3,612.95
<i>a</i>	Blended CY 2018 & CY 2019 PMPM Costs	\$421.07	\$51.31	\$2,864.25	\$163.28	\$30.38	\$21.22	\$3,551.52
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.001	1.072	0.965	1.035	1.009
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	1.034	0.994	1.002	1.053	1.000	1.020	1.009
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.954	1.000	1.000	1.000	1.000	0.999
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.997
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	0.993	1.000	1.000	1.000	1.000	1.000
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.921	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.995
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.219	1.001
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.001	1.050	1.000	1.049	1.039	1.041
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.021	1.000	1.000
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.013	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$434.06	\$49.20	\$3,019.60	\$174.77	\$31.82	\$26.15	\$3,735.60

		MA Children Rate Cell						
Calculation Step	SFY 2023 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
	Base Period Summaries							
<i>a</i>	CY 2019 PMPM Costs	\$18.73	\$35.84	\$62.27	\$34.67	\$25.55	\$4.91	\$181.96
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.029
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	1.037	0.994	1.061	1.053	1.000	1.021	1.035
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.966	0.994	1.000	1.000	1.000	0.992
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.031	1.031	1.031	1.031	1.031	1.031	1.031
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.989
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	0.989	1.000	1.000	1.000	1.000	0.998
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.981	0.999
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.996
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.093	1.003
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.009	1.000	1.000	1.000	1.003
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.007	1.027	1.000	1.050	1.043	1.019
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.020	1.000	1.003
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.014	1.000	1.002
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$19.96	\$35.99	\$72.61	\$38.25	\$27.60	\$5.99	\$200.39

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Calculation Step		Quasi-CHIP Rate Cell						
		Category of Service						Total
SFY 2023 PMPM Cost Development		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
	Base Period Summaries							
<i>a</i>	CY 2019 PMPM Costs	\$16.23	\$27.32	\$58.59	\$43.31	\$32.45	\$5.53	\$183.42
	Trends							
<i>b</i>	Utilization Trend Factors CY 2019 to SFY 2023	1.035	1.018	1.035	1.072	0.965	1.035	1.029
<i>c</i>	Charge Trend Factors CY 2019 to SFY 2023	1.047	0.994	1.061	1.053	1.000	1.020	1.037
<i>d</i>	Emergency Services Savings Adjustment	1.000	0.969	0.996	1.000	1.000	1.000	0.994
	Population Changes							
<i>e</i>	COVID-19 Population Acuity Adjustment	1.031	1.031	1.031	1.031	1.031	1.031	1.031
<i>f</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
<i>g</i>	ASD Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Rx Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>i</i>	Home Health Limit Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>j</i>	PDL Adjustment	1.000	1.000	1.000	0.948	1.000	1.000	0.987
	Reimbursement Changes							
<i>k</i>	OP Dental Adjustment	1.000	0.994	1.000	1.000	1.000	1.000	0.999
<i>l</i>	NET Reimbursement Adjustment	1.000	1.000	1.000	1.000	1.000	0.986	1.000
<i>m</i>	GME Adjustment	0.963	1.000	1.000	1.000	1.000	1.000	0.997
<i>n</i>	Emergency Ambulance Payment Increase	1.000	1.000	1.000	1.000	1.000	1.060	1.002
<i>o</i>	COVID-19 Vaccine Administration Adjustment	1.000	1.000	1.009	1.000	1.000	1.000	1.003
<i>p</i>	5% Assessment Removal Adjustment	1.000	1.006	1.026	1.000	1.050	1.048	1.019
<i>q</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.020	1.000	1.003
<i>r</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.010	1.000	1.002
<i>Product of a through r</i>	Projected SFY 2023 PMPM Costs	\$17.45	\$27.59	\$68.36	\$47.79	\$34.94	\$6.58	\$202.70

Exhibit 2B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
MA Adult and Pregnant Women Aggregate Service PMPMs

MA Adult Rate Cell

Projected SFY 2023 PMPM Cost Development	Category of Service						Total
	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Projected SFY 2023 PMPM Costs Net of Deliveries	\$40.71	\$107.22	\$135.53	\$143.26	\$6.79	\$14.19	\$447.68
Projected Delivery Costs PMPM	\$32.63	\$0.12	\$9.37	\$0.19	\$0.00	\$0.25	\$42.56
Projected SFY 2023 PMPM Costs Including Deliveries	\$73.34	\$107.34	\$144.89	\$143.44	\$6.79	\$14.44	\$490.24

¹ PMPM costs are calculated using allowed amounts for 3,445 MA Adult deliveries in 2019.

Exhibit 2B
Mississippi Division of Medicaid
All Regions SFY 2023 MississippiCAN Capitation Rate Development
MA Adult and Pregnant Women Aggregate Service PMPMs

Pregnant Women Rate Cell

Projected SFY 2023 PMPM Cost Development	Category of Service						Total
	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Projected SFY 2023 PMPM Costs Net of Deliveries	\$34.98	\$104.52	\$212.41	\$66.29	\$5.16	\$11.36	\$434.72
Projected Delivery Costs PMPM	\$454.60	\$1.15	\$136.16	\$2.66	\$0.00	\$2.29	\$596.86
Projected SFY 2023 PMPM Costs Including Deliveries	\$489.58	\$105.66	\$348.57	\$68.95	\$5.16	\$13.65	\$1,031.58

¹ PMPM costs are calculated using allowed amounts for 16,007 Pregnant Women deliveries in 2018 and 15,813 Pregnant Women deliveries in 2019.

Exhibit 3
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Statewide Non-Service Expense Allocation Development

	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e = d × j</i>	<i>f</i>	<i>g = f × j</i>	<i>h</i>	<i>i = h × j</i>	<i>j = (b + c) / (1 - d - f - h)</i>
Rate Cell	Projected SFY 2023 Membership	SFY 2023 PMPM Cost	Fixed Non-Service Expense Load	Non-Service Percentage	Non-Service PMPM	Margin Percentage	Margin PMPM	Premium Tax Percentage	Premium Tax PMPM	Total
Non-Newborn SSI / Disabled	719,345	\$1,079.30	\$10.56	5.00%	\$60.48	1.80%	\$21.75	3.00%	\$36.25	\$1,208.34
Breast and Cervical Cancer	992	\$3,488.34	\$10.56	5.00%	\$194.16	1.80%	\$69.83	3.00%	\$116.38	\$3,879.26
MA Adult	469,546	\$490.24	\$10.56	5.00%	\$27.79	1.80%	\$9.99	3.00%	\$16.66	\$555.24
Pregnant Women	91,902	\$1,031.58	\$10.56	5.00%	\$57.83	1.80%	\$20.80	3.00%	\$34.66	\$1,155.43
SSI / Disabled Newborn	4,066	\$8,000.01	\$10.56	5.00%	\$444.51	1.80%	\$159.86	3.00%	\$266.44	\$8,881.39
Non-SSI Newborns 0 to 2 Months	74,603	\$1,834.16	\$10.56	5.00%	\$102.36	1.80%	\$36.81	3.00%	\$61.36	\$2,045.26
Non-SSI Newborns 3 to 12 Months	215,942	\$248.67	\$10.56	5.00%	\$14.38	1.80%	\$5.17	3.00%	\$8.62	\$287.41
Foster Care	86,381	\$639.31	\$10.56	5.00%	\$36.06	1.80%	\$12.97	3.00%	\$21.62	\$720.51
MYPAC	5,177	\$3,735.60	\$10.56	5.00%	\$207.88	1.80%	\$74.76	3.00%	\$124.60	\$4,153.40
MA Children	2,631,991	\$200.39	\$10.56	5.00%	\$11.71	1.80%	\$4.21	3.00%	\$7.02	\$233.88
Quasi-CHIP	287,026	\$202.70	\$10.56	5.00%	\$11.83	1.80%	\$4.26	3.00%	\$7.09	\$236.44
Total	4,586,971	\$433.42	\$10.56	5.00%	\$24.64	1.80%	\$8.86	3.00%	\$14.77	\$492.24

Exhibit 4
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Final SFY 2023 Capitation Rates

Rate Cell	<i>a</i> SFY 2023 Statewide Capitation Rates	<i>b</i> Area Adjustments	<i>c = a × b</i> SFY 2023 Regional Capitation Rates	<i>d = c × -1.00%</i> Quality Withhold	<i>e = c + d</i> Total Rate at 1.0 Risk Score after Withhold	<i>f</i> Projected SFY 2023 Member Months
Non-Newborn SSI / Disabled	\$1,208.34			(\$12.08)	\$1,196.25	719,345
North Region		0.913	\$1,103.21	(\$11.03)	\$1,092.18	247,720
Central Region		1.050	1,268.75	(\$12.69)	\$1,256.07	263,013
South Region		1.040	1,256.67	(\$12.57)	\$1,244.10	208,612
Breast and Cervical Cancer	\$3,879.26			(\$38.79)	\$3,840.47	992
North Region		0.913	\$3,541.76	(\$35.42)	\$3,506.35	195
Central Region		1.050	4,073.22	(\$40.73)	\$4,032.49	301
South Region		1.040	4,034.43	(\$40.34)	\$3,994.08	496
MA Adult	\$555.24			(\$5.55)	\$549.69	469,546
North Region		0.944	\$524.15	(\$5.24)	\$518.91	150,542
Central Region		1.040	577.45	(\$5.77)	\$571.68	157,913
South Region		1.011	561.35	(\$5.61)	\$555.74	161,091
Pregnant Women	\$1,155.43			(\$11.55)	\$1,143.87	91,902
North Region		0.944	\$1,090.72	(\$10.91)	\$1,079.82	28,371
Central Region		1.040	1,201.64	(\$12.02)	\$1,189.63	33,901
South Region		1.011	1,168.14	(\$11.68)	\$1,156.46	29,631
SSI / Disabled Newborn	\$8,881.39			(\$88.81)	\$8,792.57	4,066
North Region		0.982	\$8,721.52	(\$87.22)	\$8,634.31	1,256
Central Region		1.019	9,050.13	(\$90.50)	\$8,959.63	1,764
South Region		0.996	8,845.86	(\$88.46)	\$8,757.40	1,046
Non-SSI Newborns 0 to 2 Months	\$2,045.26			(\$20.45)	\$2,024.81	74,603
North Region		0.982	\$2,008.45	(\$20.08)	\$1,988.36	23,436
Central Region		1.019	2,084.12	(\$20.84)	\$2,063.28	27,413
South Region		0.996	2,037.08	(\$20.37)	\$2,016.71	23,753
Non-SSI Newborns 3 to 12 Months	\$287.41			(\$2.87)	\$284.54	215,942
North Region		0.982	\$282.24	(\$2.82)	\$279.42	67,161
Central Region		1.019	292.87	(\$2.93)	\$289.94	79,800

South Region		0.996	286.26	(\$2.86)	\$283.40	68,981
Foster Care	\$720.51			(\$7.21)	\$713.31	86,381
North Region		0.982	\$707.54	(\$7.08)	\$700.47	23,841
Central Region		1.019	734.20	(\$7.34)	\$726.86	25,095
South Region		0.996	717.63	(\$7.18)	\$710.46	37,445
MYPAC	\$4,153.40			(\$41.53)	\$4,111.86	5,177
North Region		0.982	\$4,078.64	(\$40.79)	\$4,037.85	1,619
Central Region		1.019	4,232.31	(\$42.32)	\$4,189.99	1,712
South Region		0.996	4,136.79	(\$41.37)	\$4,095.42	1,845
MA Children	\$233.88			(\$2.34)	\$231.54	2,631,991
North Region		0.982	\$229.67	(\$2.30)	\$227.38	839,490
Central Region		1.019	238.33	(\$2.38)	\$235.94	959,763
South Region		0.996	232.95	(\$2.33)	\$230.62	832,738
Quasi-CHIP	\$236.44			(\$2.36)	\$234.08	287,026
North Region		0.982	\$232.19	(\$2.32)	\$229.86	92,667
Central Region		1.019	240.93	(\$2.41)	\$238.52	107,652
South Region		0.996	235.50	(\$2.35)	\$233.14	86,707
Total Capitation Dollars						
Statewide Capitation Rates			\$2,257,895,690			
Regional Capitation Rates			\$2,257,760,645			

Exhibit 5
Mississippi Division of Medicaid
SFY 2022 to SFY 2023 Rate Change¹

	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult	Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi- CHIP	Total - Aggregated with Actual CY 2019 MMs	Total - Aggregated with Projected SFY 2023 MMs
Membership													
Actual CY 2019 MMs	765,558	1,187	493,779	137,224	6,340	75,312	252,667	78,904	7,776	3,071,992	332,512	5,223,251	N/A
Projected SFY 2023 MMs	719,345	992	469,546	91,902	4,066	74,603	215,942	86,381	5,177	2,631,991	287,026	N/A	4,586,971
SFY 2022 Capitation Rate	\$1,200.70	\$3,824.19	\$498.08	\$1,190.95	\$8,765.03	\$2,099.14	\$288.32	\$690.44	\$4,248.00	\$222.66	\$224.76	\$472.10	\$479.08
Base Period Data Update	0.998	0.999	0.991	0.989	1.028	0.991	1.004	0.987	0.989	0.997	0.997	0.996	0.996
Restate TPL on CY 2019 Claims	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999	0.999
Restate Benefits Exceeding Medicaid Limits	0.999	1.007	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Restate CY 2018 to SFY 2022 Trends	0.975	0.970	1.001	0.997	0.953	0.951	0.968	0.959	0.991	0.972	0.973	0.976	0.975
Remove SFY 2021 to SFY 2022 Charge Trends	1.002	1.001	0.995	0.988	0.997	0.997	0.995	0.997	0.999	0.996	0.997	0.998	0.998
Restate CY 2019 to CY 2020 PDL Adjustment ²	0.996	0.998	0.994	0.999	0.999	1.000	0.999	0.998	0.999	0.998	0.997	0.997	0.997
Remove SFY 2022 Population Acuity Adjustments ³	1.000	1.000	1.093	1.000	1.000	1.000	1.000	1.000	1.000	1.031	1.031	1.019	1.019
Other Restated Assumptions	0.999	1.000	0.999	1.000	0.999	1.000	0.999	0.998	0.994	1.000	0.999	0.999	0.999
Restated SFY 2022 Rate	0.967	0.974	1.070	0.972	0.975	0.940	0.963	0.940	0.972	0.992	0.993	0.983	0.983
SFY 2022 to SFY 2023 Trends	1.050	1.047	1.037	1.030	1.046	1.044	1.055	1.118	1.013	1.046	1.044	1.047	1.047
SFY 2023 COVID-19 Population Acuity Adjustment ³	1.000	1.000	1.019	1.000	1.000	1.000	1.000	1.000	1.000	1.027	1.027	1.011	1.010
Emergency Services Savings Adjustment	0.996	0.999	0.982	0.991	0.999	0.998	0.986	0.998	0.999	0.992	0.995	0.993	0.993
PDL CY 2021 to CY 2022 Adjustment ²	0.998	0.999	0.998	1.000	0.998	1.000	0.998	0.997	0.999	0.996	0.995	0.998	0.998
SFY 2022 to SFY 2023 COVID-19 Vaccine Administration Change ^{2a}	1.000	1.000	1.002	1.001	1.000	1.000	1.000	0.998	1.000	0.993	0.993	0.998	0.998
SFY 2023 Preventative and Diagnostic Dental Reimbursement Change ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.000	1.002	1.003	1.001	1.001
SFY 2023 Restorative Dental Reimbursement Change ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.000	1.002	1.002	1.001	1.001
Postpartum Coverage Extension ²	1.000	1.000	1.000	0.982	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	0.999
Update Admin	0.997	0.997	1.002	0.995	0.997	0.995	0.997	0.999	0.995	1.000	1.000	0.998	0.998
Preliminary SFY 2023 Rate Change	1.006	1.014	1.115	0.970	1.013	0.974	0.997	1.044	0.978	1.050	1.052	1.027	1.027
SFY 2023 Rate Change - Excluding Program Changes²	1.012	1.018	1.121	0.988	1.016	0.974	1.000	1.049	0.979	1.060	1.063	1.034	1.035
SFY 2023 Rate Change - Excluding COVID-19 Adjustments³	1.006	1.014	0.999	0.969	1.013	0.974	0.997	1.046	0.978	0.999	1.000	0.999	1.000

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

² Program change that increases or decreases total program costs outside of the control of the CCOs.

³ COVID-19 Adjustments include the COVID-19 Vaccine Administration Expense and the COVID-19 Population Acuity Adjustment.

Exhibit 6
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Service Category to Milliman HCGs Grouper Category Mapping

Broad Category of Service			Broad Category of Service		
MR Line	Description	MR Line	Description	MR Line	Description
I11a	Inpatient Facility Medical - General	P37d	Physician Miscellaneous Medical - Otorhinolaryngology		
I11b	Inpatient Facility Medical - Rehabilitation	P37e	Physician Miscellaneous Medical - Vestibular Function Tests		
I12	Inpatient Facility Surgical	P37f	Physician Miscellaneous Medical - Non-Invas. Vasc. Diag. Studies		
I13a	Inpatient Facility Psychiatric - Hospital	P37g	Physician Miscellaneous Medical - Pulmonology		
I13b	Inpatient Facility Psychiatric - Residential	P37h	Physician Miscellaneous Medical - Neurology		
I14a	Inpatient Facility Alcohol and Drug Abuse - Hospital	P37i	Physician Miscellaneous Medical - Central Nervous System Tests		
I14b	Inpatient Facility Alcohol and Drug Abuse - Residential	P37j	Physician Miscellaneous Medical - Dermatology		
I21a	Inpatient Facility Mat Norm Delivery	P37k	Physician Miscellaneous Medical - Dialysis		
I21b	Inpatient Facility Mat Norm Delivery - Mom / Baby Combined	P40a	Physician Preventive Other - General		
I22a	Inpatient Facility Mat Csect Delivery	P40b	Physician Preventive Other - Colonoscopy		
I22b	Inpatient Facility Mat Csect Delivery - Mom / Baby Combined	P40c	Physician Preventive Other - Mammography		
I23a	Inpatient Facility Well Newborn - Normal Delivery	P40d	Physician Preventive Other - Lab		
I23b	Inpatient Facility Well Newborn - Csect Delivery	P41	Physician Preventive Immunizations		
I23c	Inpatient Facility Well Newborn - Unknown Delivery	P42	Physician Preventive Well Baby Exams		
I24	Inpatient Facility Other Newborn	P43	Physician Preventive Physical Exams		
I25	Inpatient Facility Maternity Non-Delivery	P44	Physician Vision Exams		
I31	Inpatient Facility SNF	P45	Physician Hearing and Speech Exams		
O10a	Outpatient Facility Observation - Without ED	P51a	Physician ER Visits and Observation Care - Observation Care		
O10b	Outpatient Facility Observation - With ED	P51b	Physician ER Visits and Observation Care - ER Visits		
O11	Outpatient Facility Emergency Room	P53	Physician Physical Therapy		
O12a	Outpatient Facility Surgery - Hospital Outpatient	P54	Physician Cardiovascular		
O12b	Outpatient Facility Surgery - Ambulatory Surgery Center	P55b	Physician Radiology IP - CT Scan		
O13a	Outpatient Facility Radiology General - Therapeutic	P55c	Physician Radiology IP - MRI		
O13b	Outpatient Facility Radiology General - Diagnostic	P55d	Physician Radiology IP - PET		
O14a	Outpatient Facility Radiology - CT/MRI/PET - CT Scan	P55e	Physician Radiology IP - General - Therapeutic		
O14b	Outpatient Facility Radiology - CT/MRI/PET - MRI	P55f	Physician Radiology IP - General - Diagnostic		
O14c	Outpatient Facility Radiology - CT/MRI/PET - PET	P56a	Physician Radiology OP - General - Therapeutic		
O15	Outpatient Facility Pathology/Lab	P56b	Physician Radiology OP - General - Diagnostic		
O16a	Outpatient Facility Pharmacy - General	P57a	Physician Radiology OP- CT/MRI/PET - CT Scan		
O16b	Outpatient Facility Pharmacy - Chemotherapy	P57b	Physician Radiology OP- CT/MRI/PET - MRI		
O17	Outpatient Facility Cardiovascular	P57c	Physician Radiology OP- CT/MRI/PET - PET		
O18	Outpatient Facility PT/OT/ST	P58c	Physician Radiology Office - General - Therapeutic		
O31a	Outpatient Facility Psychiatric - Partial Hospitalization	P58d	Physician Radiology Office - General - Diagnostic		
O31b	Outpatient Facility Psychiatric - Intensive Outpatient	P58e	Physician Radiology Office - General - Radiology Center - Therapeutic		
O32a	Outpatient Facility Alcohol & Drug Abuse - Partial Hospitalization	P58f	Physician Radiology Office - General - Radiology Center - Diagnostic		
O32b	Outpatient Facility Alcohol & Drug Abuse - Intensive Outpatient	P58g	Physician Radiology Office - CT/MRI/PET - CT Scan		
O41a	Outpatient Facility Other - General	P58b	Physician Radiology Office - CT/MRI/PET - MRI		
O41b	Outpatient Facility Other - Blood	P58c	Physician Radiology Office - CT/MRI/PET - PET		
O41d	Outpatient Facility Other - Clinic	P59d	Physician Radiology Office - CT/MRI/PET - CT Scan - Radiology Center		
O41e	Outpatient Facility Other - Diagnostic	P59e	Physician Radiology Office - CT/MRI/PET - MRI - Radiology Center		
O41f	Outpatient Facility Other - Dialysis	P59f	Physician Radiology Office - CT/MRI/PET - PET - Radiology Center		
O41g	Outpatient Facility Other - DME/Supplies	P61a	Physician Pathology/Lab - Inpatient & Outpatient - Inpatient		
O41h	Outpatient Facility Other - Trmt/Spclty Svcs	P61b	Physician Pathology/Lab - Inpatient & Outpatient - Outpatient		
O41j	Outpatient Facility Other - Pulmonary	P63a	Physician Pathology/Lab - Office - General		
O41i	Outpatient Facility Other - Urgent Care	P63b	Physician Pathology/Lab - Office - Venipuncture		
O51a	Outpatient Facility Preventive - General	P63c	Physician Pathology/Lab - Office - Independent Lab		
O51b	Outpatient Facility Preventive - Colonoscopy	P65	Physician Chiropractor		
O51c	Outpatient Facility Preventive - Mammography	P66	Physician Outpatient Psychiatric		
O51d	Outpatient Facility Preventive - Lab	P67	Physician Outpatient Alcohol & Drug Abuse		
P11	Physician Inpatient Surgery	P81a	Pharmacy Prescription Drugs - Non-Specialty Generic		
P13	Physician Inpatient Anesthesia	P81b	Pharmacy Prescription Drugs - Non-Specialty Multi Source Brand		
P14	Physician Outpatient Surgery	P81c	Pharmacy Prescription Drugs - Non-Specialty Single Source Brand		
P15	Physician Office Surgery	P81e	Pharmacy Prescription Drugs - OTC		
P16	Physician Outpatient Anesthesia	P81g	Pharmacy Prescription Drugs - Specialty		
P21a	Physician Maternity - Normal Deliveries	P82a	Other Private Duty Nursing/Home Health - HH		
P21b	Physician Maternity - Cesarean Deliveries	P82b	Other Private Duty Nursing/Home Health - Hospice		
P21c	Physician Maternity - Non-Deliveries	P83	Other Ambulance		
P21d	Physician Maternity - Ancillary	P84	Other DME and Supplies		
P21e	Physician Maternity - Anesthesia	P85	Other Prosthetics		
P31d	Physician Inpatient Visits - Medical	P89	Other Glasses/Contacts		
P31e	Physician Inpatient Visits - Psychiatric	P99a	Other Other - General		
P31f	Physician Inpatient Visits - Alcohol and Drug Abuse	P99b	Other Other - Hearing Aids		
P32c	Physician Office/Home Visits - PCP	P99c	Dental Other - Dental		
P32d	Physician Office/Home Visits - Specialist	P99d	Other Other - Acupuncture		
P33	Physician Urgent Care Visits	P99e	Physician Other - Reproductive Medicine		
P34a	Physician Office Administered Drugs - General	P99f	Physician Other - Temporary Codes		
P34b	Physician Office Administered Drugs - Chemotherapy	P99g	Physician Other - Documentation/Unclassified		
P35	Physician Allergy Testing	P99h	Other Other - Non-Emergency Transportation		
P36	Physician Allergy Immunotherapy	P99z	Physician Other - Unclassified		
P37a	Physician Miscellaneous Medical - General				
P37b	Physician Miscellaneous Medical - Gastroenterology				
P37c	Physician Miscellaneous Medical - Ophthalmology				

Exhibit 7A
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
All Populations
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2017	488,894	\$72.99	\$64.96	\$95.68	\$22.73	\$13.11	\$269.46
February 2017	488,069	\$71.87	\$62.72	\$94.59	\$21.47	\$12.29	\$262.94
March 2017	487,638	\$77.29	\$68.28	\$99.43	\$23.51	\$14.13	\$282.63
April 2017	486,695	\$72.00	\$63.73	\$88.85	\$20.37	\$12.98	\$257.93
May 2017	486,717	\$77.61	\$64.32	\$92.76	\$20.26	\$13.83	\$268.80
June 2017	487,844	\$73.14	\$65.53	\$86.20	\$21.92	\$13.35	\$260.15
July 2017	485,763	\$71.16	\$64.73	\$84.65	\$22.00	\$13.10	\$255.64
August 2017	483,228	\$73.77	\$67.95	\$104.07	\$25.44	\$14.16	\$285.40
September 2017	480,198	\$75.29	\$65.81	\$94.27	\$21.92	\$13.31	\$270.59
October 2017	479,517	\$74.67	\$69.12	\$101.59	\$24.18	\$14.35	\$283.91
November 2017	479,334	\$74.36	\$67.22	\$96.56	\$22.32	\$13.19	\$273.65
December 2017	474,479	\$75.19	\$65.37	\$87.18	\$17.64	\$12.37	\$257.75
CY 2017²	484,031	\$74.11	\$65.81	\$93.82	\$21.98	\$13.35	\$269.07
January 2018	469,721	\$80.51	\$68.21	\$99.90	\$20.14	\$13.23	\$281.99
February 2018	463,513	\$73.37	\$65.04	\$97.90	\$19.97	\$12.34	\$268.63
March 2018	456,311	\$75.54	\$66.70	\$95.62	\$21.47	\$13.45	\$272.77
April 2018	452,014	\$74.02	\$66.56	\$97.54	\$20.71	\$13.61	\$272.44
May 2018	450,874	\$77.73	\$68.73	\$95.36	\$18.99	\$13.98	\$274.80
June 2018	446,592	\$77.11	\$68.15	\$84.71	\$19.85	\$13.56	\$263.38
July 2018	440,538	\$74.20	\$63.01	\$91.23	\$21.86	\$14.80	\$265.10
August 2018	434,107	\$77.48	\$67.11	\$105.66	\$22.86	\$15.12	\$288.23
September 2018	429,738	\$70.01	\$62.07	\$91.92	\$18.67	\$13.86	\$256.53
October 2018	428,967	\$80.72	\$68.82	\$107.14	\$22.05	\$14.72	\$293.46
November 2018	430,443	\$76.99	\$64.46	\$95.85	\$18.48	\$12.82	\$268.60
December 2018	434,997	\$81.82	\$61.33	\$86.41	\$15.06	\$12.65	\$257.28
CY 2018²	444,818	\$76.63	\$65.85	\$95.77	\$20.01	\$13.68	\$271.93
January 2019	437,158	\$80.76	\$73.14	\$110.27	\$21.65	\$14.50	\$300.32
February 2019	435,711	\$75.45	\$70.78	\$106.62	\$18.88	\$13.52	\$285.26
March 2019	434,378	\$79.68	\$66.07	\$99.57	\$19.27	\$14.13	\$278.73
April 2019	434,409	\$81.55	\$69.35	\$104.33	\$20.32	\$14.76	\$290.31
May 2019	435,803	\$84.22	\$68.39	\$99.13	\$17.34	\$14.29	\$283.37
June 2019	436,693	\$76.87	\$67.25	\$88.08	\$18.09	\$13.51	\$263.81
July 2019	435,305	\$82.20	\$68.59	\$97.96	\$22.24	\$15.30	\$286.30
August 2019	432,317	\$80.46	\$65.66	\$106.50	\$21.33	\$16.05	\$289.99
September 2019	431,774	\$81.67	\$65.09	\$103.35	\$19.85	\$15.19	\$285.15
October 2019	432,441	\$89.83	\$70.77	\$112.63	\$22.95	\$15.38	\$311.55
November 2019	433,570	\$76.34	\$63.92	\$100.86	\$18.25	\$14.64	\$274.01
December 2019	435,872	\$83.39	\$66.25	\$99.73	\$16.24	\$14.59	\$280.20
CY 2019³	434,619	\$81.03	\$67.94	\$102.42	\$19.70	\$14.66	\$285.75
January 2020	434,836	\$83.56	\$71.63	\$113.50	\$20.49	\$15.99	\$305.16
February 2020	431,864	\$74.54	\$66.75	\$105.95	\$18.80	\$14.61	\$280.65
March 2020	430,053	\$77.09	\$54.47	\$89.27	\$12.04	\$14.56	\$247.41
April 2020	430,222	\$68.28	\$34.70	\$66.16	\$1.31	\$11.37	\$181.82
May 2020	434,732	\$75.34	\$47.64	\$76.13	\$10.05	\$12.47	\$221.62
June 2020	443,217	\$81.38	\$56.50	\$90.90	\$16.24	\$13.70	\$258.72
July 2020	450,697	\$81.65	\$56.98	\$91.91	\$17.38	\$13.20	\$261.12
August 2020	456,712	\$79.35	\$55.17	\$92.51	\$17.24	\$14.00	\$258.28
September 2020	460,699	\$76.08	\$56.87	\$94.31	\$17.42	\$13.87	\$258.55
October 2020	465,019	\$77.18	\$58.93	\$98.62	\$17.98	\$14.45	\$267.15
November 2020	470,298	\$71.43	\$55.20	\$89.34	\$15.69	\$13.64	\$245.29
December 2020	474,990	\$77.95	\$55.04	\$89.87	\$15.54	\$13.89	\$252.29
CY 2020³	448,612	\$76.99	\$55.82	\$91.54	\$15.01	\$13.81	\$253.17
Annual PMPM Trends							
CY 2017 to CY 2018		3.4%	0.1%	2.1%	-9.0%	2.5%	1.1%
CY 2018 to CY 2019		5.8%	3.2%	6.9%	-1.5%	7.1%	5.1%
CY 2019 to CY 2020		-5.0%	-17.8%	-10.6%	-23.8%	-5.8%	-11.4%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, population acuity, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2020 to be directly comparable by month.

² CY 2017, CY 2018, and CY 2019 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2020 IBNR as reported by CCOs in financial templates.

Exhibit 7B
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
SSI+ Population
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2017	64,675	\$179.01	\$191.88	\$196.59	\$11.64	\$58.35	\$637.48
February 2017	64,516	\$172.38	\$185.62	\$187.58	\$10.83	\$53.63	\$610.04
March 2017	64,529	\$187.06	\$207.91	\$207.60	\$11.92	\$62.25	\$676.74
April 2017	64,477	\$159.15	\$188.22	\$185.34	\$9.80	\$57.82	\$600.33
May 2017	64,406	\$195.46	\$193.51	\$202.28	\$10.21	\$61.88	\$663.34
June 2017	64,492	\$172.56	\$197.50	\$197.95	\$10.88	\$60.37	\$639.25
July 2017	64,412	\$162.96	\$198.01	\$185.10	\$10.18	\$55.84	\$612.09
August 2017	64,439	\$153.04	\$207.24	\$218.37	\$12.83	\$61.02	\$652.50
September 2017	64,346	\$180.54	\$199.64	\$199.02	\$11.07	\$57.68	\$647.95
October 2017	64,474	\$172.80	\$206.04	\$213.88	\$12.43	\$61.51	\$666.66
November 2017	64,549	\$166.74	\$196.35	\$194.98	\$10.90	\$57.01	\$625.99
December 2017	64,562	\$178.71	\$186.48	\$174.98	\$9.18	\$53.56	\$602.91
CY 2017²	64,490	\$173.37	\$196.53	\$196.97	\$10.99	\$58.41	\$636.28
January 2018	64,468	\$187.21	\$202.36	\$207.52	\$10.36	\$57.68	\$665.13
February 2018	64,351	\$171.53	\$194.02	\$202.13	\$10.13	\$53.49	\$631.31
March 2018	64,286	\$183.55	\$203.10	\$206.97	\$10.63	\$59.41	\$663.65
April 2018	64,208	\$169.94	\$203.18	\$212.52	\$10.58	\$61.15	\$657.36
May 2018	64,357	\$177.07	\$216.18	\$214.56	\$10.30	\$63.85	\$681.96
June 2018	64,050	\$167.18	\$209.49	\$194.72	\$9.92	\$61.46	\$642.77
July 2018	64,219	\$172.93	\$199.12	\$211.12	\$9.66	\$63.75	\$656.58
August 2018	64,087	\$187.71	\$212.46	\$233.75	\$11.12	\$64.38	\$709.42
September 2018	63,974	\$166.91	\$192.52	\$203.76	\$9.38	\$60.47	\$633.04
October 2018	63,957	\$177.21	\$212.20	\$232.93	\$10.68	\$63.56	\$696.59
November 2018	63,969	\$176.05	\$199.35	\$203.05	\$9.71	\$55.33	\$643.49
December 2018	63,998	\$173.48	\$178.94	\$180.23	\$7.47	\$55.60	\$595.73
CY 2018²	64,160	\$175.90	\$201.91	\$208.60	\$10.00	\$60.01	\$656.42
January 2019	63,950	\$198.55	\$229.13	\$235.10	\$10.35	\$62.70	\$735.83
February 2019	63,920	\$174.52	\$214.58	\$216.09	\$8.93	\$60.70	\$674.81
March 2019	63,698	\$179.52	\$207.73	\$220.33	\$9.04	\$63.03	\$679.65
April 2019	63,889	\$184.20	\$217.69	\$229.03	\$9.79	\$64.57	\$705.28
May 2019	63,755	\$193.42	\$220.09	\$226.57	\$8.66	\$64.86	\$713.61
June 2019	63,925	\$162.58	\$210.76	\$208.73	\$7.85	\$61.90	\$651.84
July 2019	64,022	\$184.28	\$211.74	\$222.11	\$10.19	\$65.18	\$693.50
August 2019	63,859	\$176.24	\$209.17	\$232.56	\$10.26	\$67.80	\$696.02
September 2019	63,883	\$198.08	\$203.48	\$221.67	\$9.59	\$65.87	\$698.69
October 2019	63,882	\$218.41	\$219.32	\$241.03	\$11.01	\$67.02	\$756.79
November 2019	63,905	\$184.39	\$186.38	\$203.65	\$8.42	\$65.42	\$648.26
December 2019	64,012	\$191.10	\$195.87	\$206.00	\$7.60	\$63.74	\$664.31
CY 2019³	63,892	\$187.11	\$210.49	\$221.91	\$9.31	\$64.40	\$693.22
January 2020	63,825	\$196.67	\$230.98	\$237.82	\$10.34	\$69.93	\$745.74
February 2020	63,815	\$172.64	\$209.94	\$218.36	\$9.39	\$63.82	\$674.16
March 2020	63,560	\$189.61	\$182.21	\$198.84	\$5.45	\$68.19	\$644.31
April 2020	63,477	\$141.70	\$142.69	\$150.08	\$1.42	\$56.73	\$492.61
May 2020	63,612	\$173.45	\$173.86	\$171.89	\$4.78	\$58.90	\$582.88
June 2020	63,837	\$195.53	\$196.17	\$208.35	\$7.49	\$63.67	\$671.21
July 2020	63,760	\$182.57	\$193.69	\$201.08	\$7.88	\$58.22	\$643.44
August 2020	63,722	\$172.69	\$183.49	\$201.06	\$8.42	\$60.64	\$626.30
September 2020	63,702	\$172.73	\$191.68	\$206.04	\$8.47	\$61.98	\$640.90
October 2020	63,619	\$181.21	\$197.00	\$211.92	\$8.83	\$65.01	\$663.96
November 2020	63,603	\$162.68	\$181.58	\$188.82	\$7.16	\$61.71	\$601.95
December 2020	63,427	\$178.61	\$186.46	\$190.04	\$7.39	\$64.67	\$627.18
CY 2020³	63,663	\$176.67	\$189.15	\$198.69	\$7.25	\$62.79	\$634.55

Annual PMPM Trends

CY 2017 to CY 2018	1.5%	2.7%	5.9%	-9.0%	2.7%	3.2%
CY 2018 to CY 2019	6.4%	4.3%	6.4%	-6.9%	7.3%	5.6%
CY 2019 to CY 2020	-5.6%	-10.1%	-10.5%	-22.1%	-2.5%	-8.5%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, population acuity, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2020 to be directly comparable by month.

² CY 2017, CY 2018, and CY 2019 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2020 IBNR as reported by CCOs in financial templates.

Exhibit 7C
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Adults Population
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2017	60,149	\$39.01	\$107.84	\$137.09	\$9.45	\$12.12	\$305.50
February 2017	60,044	\$43.34	\$96.16	\$125.92	\$8.51	\$10.97	\$284.91
March 2017	60,362	\$54.13	\$112.30	\$143.29	\$10.28	\$12.07	\$332.08
April 2017	59,813	\$49.14	\$106.18	\$129.94	\$9.54	\$11.69	\$306.50
May 2017	59,843	\$47.76	\$110.02	\$140.42	\$8.88	\$12.10	\$319.18
June 2017	60,204	\$44.25	\$107.93	\$136.65	\$8.65	\$12.62	\$310.10
July 2017	60,025	\$48.09	\$109.38	\$128.44	\$7.54	\$11.90	\$305.35
August 2017	59,608	\$44.95	\$118.64	\$148.02	\$10.39	\$12.60	\$334.59
September 2017	59,041	\$44.48	\$109.01	\$128.04	\$9.03	\$11.47	\$302.03
October 2017	58,835	\$46.55	\$112.41	\$136.93	\$10.03	\$12.93	\$318.85
November 2017	58,450	\$41.38	\$105.84	\$129.99	\$8.17	\$11.33	\$296.71
December 2017	57,762	\$37.16	\$99.83	\$115.55	\$6.74	\$10.55	\$269.83
CY 2017²	59,511	\$45.02	\$107.96	\$133.36	\$8.94	\$11.86	\$307.14
January 2018	56,854	\$41.80	\$109.83	\$136.60	\$8.04	\$11.98	\$308.26
February 2018	55,841	\$32.00	\$100.41	\$124.60	\$7.41	\$10.13	\$274.55
March 2018	55,036	\$38.42	\$110.99	\$132.84	\$8.61	\$10.96	\$301.81
April 2018	54,406	\$45.92	\$113.34	\$134.20	\$8.50	\$11.47	\$313.43
May 2018	54,659	\$41.07	\$115.13	\$136.51	\$8.14	\$11.40	\$312.26
June 2018	54,110	\$37.56	\$112.15	\$125.35	\$7.44	\$11.53	\$294.03
July 2018	53,669	\$38.06	\$110.69	\$132.16	\$6.65	\$12.77	\$300.33
August 2018	52,766	\$44.74	\$115.02	\$141.25	\$8.01	\$13.29	\$322.31
September 2018	52,073	\$35.60	\$105.08	\$120.51	\$5.97	\$12.27	\$279.43
October 2018	51,923	\$45.62	\$112.56	\$136.77	\$7.64	\$13.10	\$315.70
November 2018	51,978	\$39.57	\$101.03	\$120.31	\$6.18	\$11.64	\$278.73
December 2018	52,527	\$41.65	\$99.19	\$111.64	\$4.88	\$11.21	\$268.57
CY 2018²	53,820	\$40.17	\$108.79	\$129.39	\$7.29	\$11.81	\$297.45
January 2019	52,768	\$34.01	\$115.77	\$141.90	\$7.69	\$12.64	\$312.00
February 2019	52,343	\$32.57	\$103.37	\$126.21	\$6.39	\$11.48	\$280.02
March 2019	52,150	\$37.40	\$104.62	\$125.67	\$6.40	\$10.95	\$285.05
April 2019	52,058	\$41.79	\$110.16	\$132.84	\$7.69	\$11.68	\$304.17
May 2019	52,619	\$44.10	\$108.40	\$134.67	\$6.41	\$12.32	\$305.88
June 2019	52,923	\$37.27	\$105.30	\$123.35	\$5.54	\$11.59	\$283.05
July 2019	53,124	\$39.60	\$116.18	\$134.20	\$5.81	\$12.45	\$308.24
August 2019	52,726	\$38.07	\$107.81	\$136.54	\$6.51	\$13.56	\$302.49
September 2019	52,789	\$37.64	\$101.65	\$128.80	\$5.64	\$12.69	\$286.41
October 2019	52,673	\$41.49	\$111.64	\$141.70	\$6.60	\$13.58	\$315.02
November 2019	52,416	\$35.64	\$95.88	\$120.52	\$4.82	\$12.52	\$269.38
December 2019	52,415	\$33.38	\$100.92	\$124.21	\$4.75	\$12.27	\$275.53
CY 2019³	52,584	\$37.75	\$106.81	\$130.88	\$6.19	\$12.31	\$293.94
January 2020	51,771	\$46.35	\$110.51	\$145.14	\$6.06	\$13.71	\$321.77
February 2020	51,104	\$39.30	\$99.26	\$129.83	\$5.68	\$12.34	\$286.43
March 2020	50,857	\$31.22	\$85.35	\$118.68	\$5.17	\$11.44	\$251.86
April 2020	50,734	\$25.64	\$56.04	\$97.11	\$2.59	\$9.29	\$190.67
May 2020	51,945	\$37.03	\$79.90	\$114.07	\$4.38	\$11.24	\$246.62
June 2020	53,638	\$39.32	\$96.65	\$133.75	\$6.68	\$11.66	\$288.06
July 2020	55,515	\$40.92	\$100.82	\$134.24	\$6.26	\$12.01	\$294.25
August 2020	56,432	\$53.62	\$98.02	\$129.09	\$5.83	\$12.14	\$298.71
September 2020	57,081	\$37.40	\$93.44	\$131.05	\$6.03	\$11.89	\$279.81
October 2020	57,499	\$34.34	\$96.64	\$133.37	\$5.80	\$12.70	\$282.85
November 2020	58,167	\$35.72	\$95.73	\$121.14	\$4.96	\$11.71	\$269.27
December 2020	58,730	\$37.17	\$93.74	\$129.47	\$5.01	\$11.60	\$276.99
CY 2020³	54,456	\$38.17	\$92.18	\$126.41	\$5.37	\$11.81	\$273.94

Annual PMPM Trends

CY 2017 to CY 2018	-10.8%	0.8%	-3.0%	-18.4%	-0.4%	-3.2%
CY 2018 to CY 2019	-6.0%	-1.8%	1.2%	-15.1%	4.2%	-1.2%
CY 2019 to CY 2020	1.1%	-13.7%	-3.4%	-13.2%	-4.1%	-6.8%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, population acuity, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2020 to be directly comparable by month.

² CY 2017, CY 2018, and CY 2019 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2020 IBNR as reported by CCOs in financial templates.

Exhibit 7D
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Children Population
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2017	364,070	\$43.27	\$34.97	\$65.79	\$26.93	\$5.03	\$176.00
February 2017	363,509	\$42.42	\$35.02	\$67.72	\$25.55	\$4.99	\$175.69
March 2017	362,747	\$44.96	\$35.82	\$67.59	\$27.79	\$5.72	\$181.88
April 2017	362,405	\$43.62	\$34.25	\$59.63	\$24.08	\$5.06	\$166.64
May 2017	362,468	\$45.13	\$33.45	\$60.25	\$23.96	\$5.39	\$168.19
June 2017	363,148	\$43.42	\$34.73	\$52.58	\$26.12	\$4.93	\$161.77
July 2017	361,326	\$42.13	\$33.31	\$54.32	\$26.54	\$5.53	\$161.82
August 2017	359,181	\$48.00	\$34.45	\$71.28	\$30.22	\$5.91	\$189.85
September 2017	356,811	\$45.40	\$34.52	\$64.95	\$26.01	\$5.53	\$176.42
October 2017	356,208	\$45.19	\$37.26	\$70.63	\$28.65	\$5.98	\$187.70
November 2017	356,335	\$46.45	\$37.56	\$68.39	\$26.73	\$5.55	\$184.68
December 2017	352,155	\$46.40	\$37.84	\$61.81	\$20.98	\$5.17	\$172.20
CY 2017²	360,030	\$44.70	\$35.26	\$63.74	\$26.13	\$5.40	\$175.24
January 2018	348,399	\$51.01	\$37.14	\$69.51	\$23.91	\$5.33	\$186.91
February 2018	343,321	\$45.63	\$35.94	\$69.81	\$23.83	\$5.15	\$180.37
March 2018	336,989	\$45.94	\$34.76	\$64.49	\$25.56	\$5.48	\$176.23
April 2018	333,400	\$44.21	\$34.16	\$65.75	\$24.56	\$5.29	\$173.97
May 2018	331,858	\$48.99	\$34.46	\$62.12	\$22.35	\$5.25	\$173.17
June 2018	328,432	\$51.01	\$35.39	\$53.24	\$23.70	\$5.14	\$168.49
July 2018	322,650	\$46.20	\$30.58	\$58.17	\$26.58	\$6.24	\$167.77
August 2018	317,254	\$46.50	\$32.98	\$71.95	\$27.45	\$6.44	\$185.32
September 2018	313,691	\$41.68	\$31.43	\$62.28	\$22.45	\$5.57	\$163.42
October 2018	313,087	\$52.64	\$35.73	\$74.88	\$26.49	\$6.08	\$195.82
November 2018	314,496	\$48.93	\$34.10	\$67.72	\$22.10	\$5.25	\$178.10
December 2018	318,472	\$55.08	\$33.86	\$60.79	\$18.12	\$5.07	\$172.91
CY 2018²	326,837	\$48.15	\$34.21	\$65.06	\$23.93	\$5.53	\$176.87
January 2019	320,440	\$50.54	\$37.98	\$77.80	\$26.00	\$6.07	\$198.39
February 2019	319,448	\$48.09	\$39.46	\$79.04	\$22.75	\$5.31	\$194.64
March 2019	318,530	\$51.97	\$34.15	\$68.93	\$23.25	\$5.79	\$184.08
April 2019	318,462	\$53.19	\$35.84	\$72.58	\$24.32	\$6.21	\$192.14
May 2019	319,429	\$53.95	\$34.40	\$65.56	\$20.72	\$5.43	\$180.05
June 2019	319,845	\$51.42	\$35.06	\$55.98	\$22.02	\$5.04	\$169.53
July 2019	318,159	\$54.56	\$34.88	\$65.08	\$27.15	\$6.74	\$188.40
August 2019	315,732	\$53.74	\$32.80	\$74.13	\$25.78	\$7.07	\$193.51
September 2019	315,102	\$51.24	\$34.06	\$73.10	\$24.06	\$6.42	\$188.89
October 2019	315,886	\$57.50	\$37.20	\$79.73	\$27.81	\$6.30	\$208.53
November 2019	317,249	\$46.92	\$36.52	\$74.19	\$22.26	\$5.76	\$185.65
December 2019	319,445	\$55.16	\$37.13	\$71.65	\$19.71	\$6.05	\$189.70
CY 2019³	318,144	\$52.36	\$35.79	\$71.48	\$23.82	\$6.02	\$189.46
January 2020	319,240	\$51.84	\$36.44	\$81.00	\$24.71	\$6.60	\$200.59
February 2020	316,945	\$45.36	\$35.55	\$76.91	\$22.67	\$6.03	\$186.52
March 2020	315,636	\$46.98	\$26.31	\$59.91	\$14.36	\$5.35	\$152.91
April 2020	316,011	\$44.86	\$11.69	\$41.14	\$1.07	\$3.48	\$102.24
May 2020	319,175	\$46.44	\$19.51	\$47.66	\$11.94	\$4.24	\$129.78
June 2020	325,742	\$50.52	\$24.65	\$57.80	\$19.40	\$4.98	\$157.35
July 2020	331,422	\$52.89	\$25.06	\$60.28	\$20.94	\$5.24	\$164.40
August 2020	336,558	\$48.73	\$24.92	\$61.84	\$20.73	\$5.86	\$162.07
September 2020	339,916	\$47.82	\$26.52	\$63.33	\$20.92	\$5.48	\$164.07
October 2020	343,901	\$48.47	\$27.78	\$67.42	\$21.65	\$5.57	\$170.88
November 2020	348,528	\$43.96	\$25.67	\$61.39	\$19.00	\$5.22	\$155.25
December 2020	352,833	\$49.47	\$24.93	\$60.39	\$18.76	\$5.07	\$158.61
CY 2020³	330,492	\$48.11	\$25.75	\$61.59	\$18.01	\$5.26	\$158.72

Annual PMPM Trends

CY 2017 to CY 2018	7.7%	-3.0%	2.1%	-8.4%	2.3%	0.9%
CY 2018 to CY 2019	8.7%	4.6%	9.9%	-0.4%	8.9%	7.1%
CY 2019 to CY 2020	-8.1%	-28.0%	-13.8%	-24.4%	-12.6%	-16.2%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, population acuity, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2020 to be directly comparable by month.

² CY 2017, CY 2018, and CY 2019 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2020 IBNR as reported by CCOs in financial templates.

Exhibit 7E
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Deliveries

Per-Delivery Costs by Month¹

Month	Deliveries	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2017	1,689	\$3,867.36	\$6.97	\$1,153.77	\$0.03	\$25.84	\$5,053.96
February 2017	1,496	\$3,825.11	\$8.70	\$1,173.53	\$0.00	\$20.62	\$5,027.95
March 2017	1,545	\$3,903.46	\$5.66	\$1,206.98	\$0.00	\$23.23	\$5,139.33
April 2017	1,294	\$3,914.71	\$7.26	\$1,193.78	\$0.00	\$18.91	\$5,134.66
May 2017	1,520	\$3,856.76	\$9.60	\$1,160.45	\$0.00	\$21.64	\$5,048.45
June 2017	1,486	\$3,950.50	\$5.61	\$1,219.67	\$0.00	\$21.38	\$5,197.16
July 2017	1,646	\$3,881.34	\$6.78	\$1,181.62	\$0.06	\$21.07	\$5,090.87
August 2017	1,869	\$3,871.29	\$6.29	\$1,168.19	\$0.04	\$19.61	\$5,065.42
September 2017	1,732	\$3,815.61	\$7.40	\$1,153.82	\$0.00	\$26.13	\$5,002.96
October 2017	1,639	\$3,916.63	\$12.05	\$1,161.72	\$0.00	\$29.22	\$5,119.61
November 2017	1,671	\$3,980.71	\$6.46	\$1,164.49	\$0.00	\$17.26	\$5,168.92
December 2017	1,748	\$3,915.51	\$5.40	\$1,153.01	\$0.00	\$21.16	\$5,095.08
CY 2017²	1,611	\$3,891.58	\$7.35	\$1,174.25	\$0.01	\$22.17	\$5,095.37
January 2018	1,692	\$3,974.00	\$6.12	\$1,168.85	\$0.00	\$26.78	\$5,175.74
February 2018	1,496	\$4,026.70	\$6.57	\$1,163.32	\$0.00	\$40.55	\$5,237.13
March 2018	1,565	\$3,878.17	\$9.44	\$1,167.48	\$0.00	\$30.30	\$5,085.39
April 2018	1,514	\$4,091.26	\$13.67	\$1,189.96	\$0.11	\$28.30	\$5,323.30
May 2018	1,555	\$4,026.45	\$10.79	\$1,178.37	\$0.08	\$46.64	\$5,262.33
June 2018	1,566	\$3,909.70	\$6.30	\$1,169.08	\$0.09	\$34.79	\$5,119.95
July 2018	1,689	\$3,856.00	\$6.91	\$1,111.78	\$0.05	\$25.51	\$5,000.24
August 2018	1,820	\$3,939.42	\$5.90	\$1,129.05	\$0.00	\$28.69	\$5,103.06
September 2018	1,666	\$3,944.94	\$6.00	\$1,132.83	\$0.00	\$39.39	\$5,123.16
October 2018	1,642	\$3,931.58	\$7.71	\$1,119.02	\$0.00	\$31.85	\$5,090.17
November 2018	1,617	\$3,909.22	\$7.31	\$1,135.38	\$0.00	\$29.69	\$5,081.61
December 2018	1,682	\$4,018.55	\$7.00	\$1,081.57	\$0.00	\$25.92	\$5,133.04
CY 2018²	1,625	\$3,958.83	\$7.81	\$1,145.56	\$0.03	\$32.37	\$5,144.59
January 2019	1,696	\$3,989.84	\$6.74	\$1,128.04	\$0.05	\$19.19	\$5,143.86
February 2019	1,414	\$3,957.96	\$12.92	\$1,101.04	\$0.04	\$17.58	\$5,089.53
March 2019	1,508	\$3,983.83	\$11.12	\$1,088.80	\$0.00	\$19.61	\$5,103.36
April 2019	1,468	\$3,919.07	\$11.53	\$1,086.50	\$0.08	\$27.15	\$5,044.32
May 2019	1,493	\$4,106.97	\$16.44	\$1,124.98	\$0.00	\$23.10	\$5,271.50
June 2019	1,450	\$3,943.40	\$16.34	\$1,075.50	\$0.00	\$21.77	\$5,057.01
July 2019	1,797	\$3,883.88	\$13.85	\$1,074.62	\$0.00	\$16.61	\$4,988.96
August 2019	1,721	\$3,928.22	\$11.36	\$1,116.25	\$0.06	\$21.44	\$5,077.34
September 2019	1,717	\$3,991.61	\$15.36	\$1,123.56	\$0.17	\$18.13	\$5,148.83
October 2019	1,732	\$4,092.67	\$14.55	\$1,180.21	\$0.00	\$22.64	\$5,310.08
November 2019	1,521	\$3,976.26	\$15.42	\$1,165.48	\$0.00	\$25.81	\$5,182.97
December 2019	1,741	\$4,074.26	\$10.74	\$1,163.23	\$0.00	\$22.01	\$5,270.25
CY 2019³	1,605	\$3,987.33	\$13.03	\$1,119.02	\$0.03	\$21.25	\$5,140.67
January 2020	1,684	\$4,169.84	\$15.78	\$1,157.14	\$0.07	\$17.02	\$5,359.85
February 2020	1,416	\$4,128.79	\$11.38	\$1,151.69	\$0.00	\$27.09	\$5,318.95
March 2020	1,479	\$4,152.51	\$12.08	\$1,129.06	\$0.00	\$20.20	\$5,313.84
April 2020	1,404	\$4,107.97	\$10.73	\$1,134.01	\$0.21	\$19.40	\$5,272.32
May 2020	1,449	\$4,182.57	\$17.18	\$1,171.10	\$0.00	\$20.11	\$5,390.97
June 2020	1,554	\$4,113.50	\$14.11	\$1,150.95	\$0.00	\$20.03	\$5,298.59
July 2020	1,667	\$4,126.04	\$13.73	\$1,177.44	\$0.00	\$15.05	\$5,332.26
August 2020	1,705	\$4,299.50	\$11.59	\$1,201.48	\$0.00	\$17.73	\$5,530.29
September 2020	1,691	\$4,110.02	\$6.91	\$1,132.24	\$0.07	\$15.32	\$5,264.56
October 2020	1,552	\$4,064.53	\$12.29	\$1,196.71	\$0.00	\$18.94	\$5,292.47
November 2020	1,527	\$4,031.32	\$13.87	\$1,133.20	\$0.00	\$22.72	\$5,201.11
December 2020	1,488	\$4,071.23	\$9.66	\$1,158.01	\$0.00	\$18.42	\$5,257.31
CY 2020³	1,551	\$4,129.82	\$12.44	\$1,157.75	\$0.03	\$19.33	\$5,319.38

Annual PMPM Trends

CY 2017 to CY 2018	1.7%	6.3%	-2.4%	145.9%	46.0%	1.0%
CY 2018 to CY 2019	0.7%	66.9%	-2.3%	22.6%	-34.3%	-0.1%
CY 2019 to CY 2020	3.6%	-4.5%	3.5%	-11.0%	-9.0%	3.5%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, population acuity, and IBNR.

² CY 2017, CY 2018, and CY 2019 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2020 IBNR as reported by CCOs in financial templates.

Exhibit 8A
Mississippi Division of Medicaid
MississippiCAN Historical and Projected Pharmacy Utilization and Cost
SSI Rate Grouping

Traditional Top 25		Cost / Script			CY 2019 Util / 1000			PMPM Cost			Annualized Prospective Trends				Projected PMPM							
		Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Months of Trend	Generic	Brand	Total	Months of Trend	Generic	Brand	Total	
GPI4	GPI Description																					
1210	Antiretrovirals	\$582.92	\$2,237.51	\$1,899.89	33.6	131.0	164.6	\$1.63	\$24.43	\$26.06	1.0%	5.0%	4.8%	24	-2.0%	-2.0%	-2.0%	42	\$1.55	\$25.09	\$26.65	
5907	Dibenzapines / Quinolinone Derivatives / Benzisoxazoles	\$35.96	\$2,346.94	\$614.22	279.6	93.3	372.9	\$0.84	\$18.25	\$19.08	5.0%	5.0%	5.0%	24	2.0%	2.0%	2.0%	42	\$0.99	\$21.56	\$22.55	
7260	Fibromyalgia Agents	\$24.72	\$720.59	\$106.21	1,513.8	200.8	1,714.6	\$3.12	\$12.06	\$15.18	1.0%	3.0%	2.6%	24	0.0%	0.0%	0.0%	42	\$3.18	\$12.79	\$15.97	
2710L	Insulin - Long Acting	\$0.00	\$548.30	\$548.30	0.0	280.6	280.6	\$0.00	\$12.82	\$12.82	-1.0%	0.0%	0.0%	24	1.0%	1.0%	1.0%	42	\$0.00	\$13.27	\$13.27	
4420	Sympathomimetics	\$31.87	\$170.57	\$140.85	215.0	788.2	1,003.1	\$0.57	\$11.20	\$11.77	7.0%	1.0%	1.3%	24	1.0%	1.0%	1.0%	42	\$0.68	\$11.83	\$12.51	
5925	Dibenzapines / Quinolinone Derivatives / Benzisoxazoles	\$24.31	\$2,027.31	\$453.71	207.3	56.6	263.9	\$0.42	\$9.56	\$9.98	-1.0%	4.0%	3.8%	24	8.0%	8.0%	8.0%	42	\$0.54	\$13.53	\$14.07	
2710S	Insulin - Short / Intermediate Acting	\$0.00	\$612.20	\$612.20	0.0	211.9	211.9	\$0.00	\$10.81	\$10.81	-1.0%	-10.0%	-10.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$8.76	\$8.76	
5940	Dibenzapines / Quinolinone Derivatives / Benzisoxazoles	\$32.57	\$1,313.36	\$755.00	45.1	58.3	103.4	\$0.12	\$6.38	\$6.50	-1.0%	3.0%	2.9%	24	0.0%	0.0%	0.0%	42	\$0.12	\$6.77	\$6.89	
2717	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	\$0.00	\$740.76	\$740.76	0.0	90.1	90.1	\$0.00	\$5.56	\$5.56	-1.0%	5.0%	5.0%	24	9.0%	9.0%	9.0%	42	\$0.00	\$8.29	\$8.29	
6110	Amphetamine Stimulants	\$70.61	\$293.64	\$178.45	215.5	201.7	417.2	\$1.27	\$4.94	\$6.20	-10.0%	5.0%	2.1%	24	0.0%	0.0%	0.0%	42	\$1.03	\$5.44	\$6.47	
2770	SGLT-2 Agents	\$0.00	\$545.19	\$545.19	0.0	70.1	70.1	\$0.00	\$3.18	\$3.18	-1.0%	5.0%	5.0%	24	20.0%	20.0%	20.0%	42	\$0.00	\$6.65	\$6.65	
8337	Anticoagulants	\$0.00	\$443.91	\$443.91	0.0	102.7	102.7	\$0.00	\$3.80	\$3.80	-1.0%	5.0%	5.0%	24	20.0%	20.0%	20.0%	42	\$0.00	\$7.93	\$7.93	
2755	DPP-IV Agents	\$0.00	\$503.25	\$503.25	0.0	96.9	96.9	\$0.00	\$4.06	\$4.06	-1.0%	5.0%	5.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$4.48	\$4.48	
6140	Stimulants - Misc.	\$127.98	\$351.63	\$218.03	150.1	101.2	251.3	\$1.60	\$2.97	\$4.57	-15.0%	4.0%	-2.2%	24	0.0%	0.0%	0.0%	42	\$1.16	\$3.21	\$4.36	
2799	Antidiabetic Combinations	\$23.96	\$471.45	\$379.65	16.2	62.8	79.0	\$0.03	\$2.47	\$2.50	-1.0%	5.0%	4.9%	24	0.0%	0.0%	0.0%	42	\$0.03	\$2.72	\$2.75	
4410	Bronchodilators - Anticholinergics	\$21.46	\$424.82	\$383.82	7.9	69.9	77.8	\$0.01	\$2.47	\$2.49	-1.0%	6.0%	6.0%	24	-3.0%	-3.0%	-3.0%	42	\$0.01	\$2.50	\$2.51	
4099	Cardiovascular Agents Misc. - Combinations	\$109.33	\$493.37	\$478.62	1.7	41.9	43.6	\$0.02	\$1.72	\$1.74	-1.0%	7.0%	6.9%	24	20.0%	20.0%	20.0%	42	\$0.03	\$3.74	\$3.76	
5915	Dibenzapines / Quinolinone Derivatives / Benzisoxazoles	\$19.93	\$883.58	\$61.15	424.1	21.3	445.3	\$0.70	\$1.56	\$2.27	0.0%	0.0%	0.0%	24	2.0%	2.0%	2.0%	42	\$0.75	\$1.68	\$2.43	
5812	Modified Cyclics	\$15.13	\$371.46	\$70.73	306.8	56.7	363.6	\$0.39	\$1.76	\$2.14	-1.0%	5.0%	3.9%	24	0.0%	0.0%	0.0%	42	\$0.38	\$1.94	\$2.32	
6520	Opioid Partial Agonists	\$212.47	\$406.42	\$385.30	7.1	57.8	64.8	\$0.12	\$1.96	\$2.08	-1.0%	3.0%	2.8%	24	3.0%	3.0%	3.0%	42	\$0.14	\$2.30	\$2.44	
6510	Opioid Agonists	\$37.85	\$1,128.87	\$89.15	326.4	16.1	342.5	\$1.03	\$1.52	\$2.54	-3.0%	15.0%	8.1%	24	-10.0%	-10.0%	-10.0%	42	\$0.67	\$1.39	\$2.06	
4927	Proton Pump Inhibitors	\$18.15	\$329.63	\$23.18	915.0	15.0	930.0	\$1.38	\$0.41	\$1.80	1.0%	4.0%	1.7%	24	0.0%	0.0%	0.0%	42	\$1.41	\$0.45	\$1.86	
7210	Anticonvulsants - Benzodiazepines	\$21.72	\$1,032.69	\$116.24	189.5	19.5	209.1	\$0.34	\$1.68	\$2.03	-1.0%	6.0%	4.8%	24	0.0%	0.0%	0.0%	42	\$0.34	\$1.89	\$2.23	
8120	Nutritional Supplements	\$107.03	\$283.74	\$283.29	0.2	73.6	73.7	\$0.00	\$1.74	\$1.74	-1.0%	0.0%	0.0%	24	5.0%	5.0%	5.0%	42	\$0.00	\$2.06	\$2.07	
5120	Digestive Enzymes	\$0.00	\$1,475.22	\$1,475.22	0.0	11.0	11.0	\$0.00	\$1.35	\$1.35	-1.0%	6.0%	6.0%	24	5.0%	5.0%	5.0%	42	\$0.00	\$1.80	\$1.80	
	Other Traditional	\$21.89	\$146.79	\$30.89	17,947.6	1,393.6	19,341.2	\$32.73	\$17.05	\$49.78	-1.0%	7.0%	1.8%	24	0.0%	0.0%	0.0%	42	\$32.08	\$19.52	\$51.60	
Total Traditional		\$24.39	\$460.01	\$93.80	22,802.3	4,322.3	27,124.6	\$46.34	\$165.69	\$212.03	-1.2%	3.4%	2.5%	24	-0.09%	2.24%	1.74%	42	\$45.08	\$191.56	\$236.65	
Specialty Top 25																						
6627	Autoimmune Agents	\$0.00	\$6,123.06	\$6,123.06	0.0	21.8	21.8	\$0.00	\$11.11	\$11.11	0.0%	7.0%	7.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$17.75	\$17.75	
2153	Antineoplastic Enzyme Inhibitors	\$430.05	\$12,082.88	\$10,832.50	1.1	9.4	10.5	\$0.04	\$9.44	\$9.48	0.0%	5.0%	5.0%	24	12.0%	12.0%	12.0%	42	\$0.06	\$15.47	\$15.53	
4530	Cystic Fibrosis Agents	\$0.00	\$10,895.05	\$10,895.05	0.0	6.5	6.5	\$0.00	\$5.93	\$5.93	0.0%	0.0%	0.0%	24	20.0%	20.0%	20.0%	42	\$0.00	\$11.22	\$11.22	
9310	Antidotes - Chelating Agents	\$4,748.61	\$10,910.66	\$10,827.81	0.1	9.2	9.3	\$0.05	\$8.35	\$8.40	0.0%	0.0%	0.0%	24	10.0%	10.0%	10.0%	42	\$0.07	\$11.66	\$11.73	
6240	Multiple Sclerosis Agents	\$854.74	\$7,194.82	\$6,036.53	2.1	9.3	11.4	\$0.15	\$5.58	\$5.73	0.0%	4.0%	3.9%	24	-10.0%	-10.0%	-10.0%	42	\$0.10	\$4.18	\$4.28	
1235C	Hepatitis C Agents	\$88.47	\$13,794.90	\$13,635.06	0.1	5.3	5.4	\$0.00	\$6.10	\$6.10	0.0%	-10.0%	-10.0%	24	-10.0%	-10.0%	-10.0%	42	\$0.00	\$3.42	\$3.42	
9025	Antipsoriatics	\$196.83	\$8,100.67	\$6,607.22	1.0	4.4	5.4	\$0.02	\$2.95	\$2.96	0.0%	5.0%	5.0%	24	20.0%	20.0%	20.0%	42	\$0.03	\$6.15	\$6.18	
6629	Autoimmune Agents	\$0.00	\$4,802.51	\$4,802.51	0.0	10.4	10.4	\$0.00	\$4.15	\$4.15	0.0%	8.0%	8.0%	24	4.0%	4.0%	4.0%	42	\$0.00	\$5.55	\$5.55	
6238	Movement Disorder Drug Therapy	\$1,871.29	\$6,398.05	\$5,720.47	0.7	4.2	4.9	\$0.11	\$2.23	\$2.34	0.0%	5.0%	4.8%	24	5.0%	5.0%	5.0%	42	\$0.14	\$2.91	\$3.05	
7217	GABA Modulators	\$8,369.66	\$9,014.65	\$8,508.04	3.4	0.9	4.3	\$2.36	\$0.69	\$3.05	-5.0%	9.0%	-1.6%	24	-5.0%	-5.0%	-5.0%	42	\$1.78	\$0.69	\$2.47	
1910	Immune Serums	\$0.00	\$9,243.04	\$9,243.04	0.0	2.7	2.7	\$0.00	\$2.11	\$2.11	0.0%	0.0%	0.0%	24	25.0%	25.0%	25.0%	42	\$0.00	\$4.61	\$4.61	
9939	Immunomodulators	\$0.00	\$14,695.68	\$14,695.68	0.0	1.6	1.6	\$0.00	\$1.94	\$1.94	0.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$1.94	\$1.94	
3090	Metabolic Modifiers	\$183.31	\$3,666.90	\$706.41	24.4	4.3	28.8	\$0.37	\$1.32	\$1.69	0.0%	5.0%	3.9%	24	1.0%	1.0%	1.0%	42	\$0.39	\$1.51	\$1.89	
4016	Pulmonary Arterial Hypertension	\$3,270.44	\$9,546.77	\$8,318.79	0.6	2.3	2.9	\$0.15	\$1.84	\$2.00	0.0%	0.0%	0.0%	24	10.0%	10.0%	10.0%	42	\$0.21	\$2.57	\$2.79	
3010	Growth Hormones	\$0.00	\$3,197.59	\$3,197.59	0.0	6.5	6.5	\$0.00	\$1.72	\$1.72	0.0%	2.0%	2.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$2.50	\$2.50	
3030	Corticotropin	\$0.00	\$57,665.34	\$57,665.34	0.0	0.3	0.3	\$0.00	\$1.58	\$1.58	0.0%	0.0%	0.0%	24	5.0%	5.0%	5.0%	42	\$0.00	\$1.87	\$1.87	
6646	Interleukin-1 Blockers	\$0.00	\$25,378.21	\$25,378.21	0.0	0.8	0.8	\$0.00	\$1.66	\$1.66	0.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$1.66	\$1.66	
6660	Autoimmune Agents	\$0.00	\$4,330.00	\$4,330.00	0.0	3.2	3.2	\$0.00	\$1.14	\$1.14	0.0%	8.0%	8.0%	24	30.0%	30.0%	30.0%	42	\$0.00	\$3.33	\$3.33	
2140	Antineoplastic - Hormonal Agents	\$103.17	\$8,863.20	\$414.28	51.4	1.9	53.3	\$0.44	\$1.40	\$1.84	0.0%	6.0%	4.6%	24	0.0%	0.0%	0.0%	42	\$0.44	\$1.57	\$2.01	
9027	Atopic Dermatitis - Monoclonal Antibodies	\$0.00	\$3,085.38	\$3,085.38	0.0	2.8	2.8	\$0.00	\$0.72	\$0.72	0.0%	2.0%	2.0%	24	50.0%	50.0%	50.0%	42	\$0.00	\$3.10	\$3.10	
5640	Cystinosis Agents	\$0.00	\$65,744.47	\$65,744.47	0.0	0.3	0.3	\$0.00	\$1.63	\$1.63	0.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$1.63	\$1.63	
4014	Pulmonary Arterial Hypertension	\$1,617.01	\$8,053.65	\$3,084.75	5.1	1.5	6.6	\$0.69	\$1.01	\$1.69	-10.0%	2.0%	-2.7%	24	10.0%	10.0%	10.0%	42	\$0.78	\$1.46	\$2.24	
5253	Short Bowel Syndrome (SBS) Agents	\$0.00	\$39,047.06	\$39,047.06	0.0	0.2	0.2	\$0.00	\$0.61	\$0.61	0.0%	0.0%	0.0%	24	5.0%	5.0%	5.0%	42	\$0.00	\$0.72	\$0.72	
8240	Erythropoietin Agents	\$0.00	\$4,714.50	\$4,714.50	0.0	1.7	1.7	\$0.00	\$0.68	\$0.68	0.0%	2.0%	2.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.99	\$0.99	
8580	Hereditary Angioedema Agents	\$0.00	\$40,241.92	\$40,241.92	0.0	0.2	0.2	\$0.00														

Exhibit 8B
Mississippi Division of Medicaid
MississippiCAN Historical and Projected Pharmacy Utilization and Cost
Adult Rate Grouping

Traditional Top 25		Cost / Script			CY 2019 Util / 1000			PMPM Cost			Annualized Prospective Trends				Projected PMPM						
		Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Months of Trend	Generic	Brand	Total	Months of Trend	Generic	Brand	Total
1210	Antiretrovirals	\$502.46	\$2,329.50	\$2,105.86	4.7	33.8	38.5	\$0.20	\$6.56	\$6.76	-1.0%	5.0%	4.8%	24	0.0%	0.0%	0.0%	42	\$0.19	\$7.24	\$7.43
2600	Progestins	\$51.36	\$3,231.14	\$1,335.99	42.5	28.8	71.3	\$0.18	\$7.76	\$7.94	-1.0%	0.0%	0.0%	24	-10.0%	-10.0%	-10.0%	42	\$0.12	\$5.37	\$5.49
6520	Opioid Partial Agonists	\$156.36	\$398.36	\$349.09	36.3	142.0	178.3	\$0.47	\$4.71	\$5.19	-1.0%	2.0%	1.7%	24	0.0%	0.0%	0.0%	42	\$0.46	\$4.90	\$5.37
2710L	Insulin - Long Acting	\$0.00	\$501.31	\$501.31	0.0	95.9	95.9	\$0.00	\$4.01	\$4.01	-1.0%	0.0%	0.0%	24	3.0%	3.0%	3.0%	42	\$0.00	\$4.44	\$4.44
2710S	Insulin - Short / Intermediate Acting	\$0.00	\$496.67	\$496.67	0.0	98.2	98.2	\$0.00	\$4.07	\$4.07	-1.0%	-5.0%	-5.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$3.67	\$3.67
2717	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	\$0.00	\$732.04	\$732.04	0.0	44.4	44.4	\$0.00	\$2.71	\$2.71	-1.0%	5.0%	5.0%	24	15.0%	15.0%	15.0%	42	\$0.00	\$4.87	\$4.87
7260	Fibromyalgia Agents	\$18.67	\$597.65	\$81.42	602.0	73.2	675.2	\$0.94	\$3.64	\$4.58	1.0%	5.0%	4.2%	24	-2.0%	-2.0%	-2.0%	42	\$0.89	\$3.74	\$4.63
4420	Sympathomimetics	\$30.36	\$129.60	\$116.34	41.2	267.4	308.6	\$0.10	\$2.89	\$2.99	-1.0%	0.0%	0.0%	24	5.0%	5.0%	5.0%	42	\$0.12	\$3.43	\$3.55
5940	Dibenzapines / Quinolone Derivatives / Benzisoxazoles	\$31.43	\$1,216.31	\$903.57	8.5	23.6	32.1	\$0.02	\$2.39	\$2.41	-1.0%	4.0%	4.0%	24	0.0%	0.0%	0.0%	42	\$0.02	\$2.59	\$2.61
5812	Modified Cyclics	\$14.58	\$357.43	\$128.66	120.7	60.2	180.8	\$0.15	\$1.79	\$1.94	-1.0%	5.0%	4.6%	24	0.0%	0.0%	0.0%	42	\$0.14	\$1.98	\$2.12
2770	SGLT-2 Agents	\$0.00	\$528.38	\$528.38	0.0	26.1	26.1	\$0.00	\$1.15	\$1.15	-1.0%	5.0%	5.0%	24	30.0%	30.0%	30.0%	42	\$0.00	\$3.18	\$3.18
5925	Dibenzapines / Quinolone Derivatives / Benzisoxazoles	\$21.32	\$1,704.29	\$286.32	48.4	9.1	57.5	\$0.09	\$1.29	\$1.37	-1.0%	4.0%	3.7%	24	15.0%	15.0%	15.0%	42	\$0.14	\$2.27	\$2.41
6110	Amphetamine Stimulants	\$43.32	\$291.48	\$99.33	111.2	32.4	143.7	\$0.40	\$0.79	\$1.19	-1.0%	5.0%	3.0%	24	15.0%	15.0%	15.0%	42	\$0.64	\$1.42	\$2.06
6610	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	\$14.66	\$216.33	\$14.87	1,013.2	1.0	1,014.3	\$1.24	\$0.02	\$1.26	1.0%	7.0%	1.1%	24	0.0%	0.0%	0.0%	42	\$1.26	\$0.02	\$1.28
2755	DPP-IV Agents	\$0.00	\$489.44	\$489.44	0.0	26.4	26.4	\$0.00	\$1.08	\$1.08	-1.0%	5.0%	5.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$1.19	\$1.19
6599	Opioid Agonists	\$15.13	\$0.00	\$15.13	974.2	0.0	974.2	\$1.23	\$0.00	\$1.23	-1.0%	0.0%	-1.0%	24	-10.0%	-10.0%	-10.0%	42	\$0.83	\$0.00	\$0.83
2599	Combination Contraceptives - Oral	\$20.41	\$192.90	\$42.00	275.9	39.5	315.4	\$0.47	\$0.63	\$1.10	-1.0%	8.0%	4.3%	24	0.0%	0.0%	0.0%	42	\$0.46	\$0.74	\$1.20
8337	Anticoagulants	\$0.00	\$444.75	\$444.75	0.0	18.5	18.5	\$0.00	\$0.69	\$0.69	-1.0%	5.0%	5.0%	24	20.0%	20.0%	20.0%	42	\$0.00	\$1.43	\$1.43
2799	Antidiabetic Combinations	\$21.53	\$465.53	\$404.13	3.3	20.5	23.8	\$0.01	\$0.80	\$0.80	-1.0%	5.0%	5.0%	24	0.0%	0.0%	0.0%	42	\$0.01	\$0.88	\$0.88
4927	Proton Pump Inhibitors	\$15.51	\$305.90	\$18.06	432.2	3.8	436.0	\$0.56	\$0.10	\$0.66	-1.0%	7.0%	0.2%	24	2.0%	2.0%	2.0%	42	\$0.59	\$0.12	\$0.71
2596	Combination Contraceptives - Transdermal	\$135.12	\$0.00	\$135.12	59.2	0.0	59.2	\$0.67	\$0.00	\$0.67	0.0%	7.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.67	\$0.00	\$0.67
6770	Migraine Products - Monoclonal Antibodies	\$0.00	\$578.28	\$578.28	0.0	6.6	6.6	\$0.00	\$0.32	\$0.32	-1.0%	7.0%	7.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.51	\$0.51
5816	Selective Serotonin Reuptake Inhibitors (SSRIs)	\$13.38	\$0.00	\$13.38	573.0	0.0	573.0	\$0.64	\$0.00	\$0.64	0.0%	7.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.64	\$0.00	\$0.64
5907	Dibenzapines / Quinolone Derivatives / Benzisoxazoles	\$18.24	\$2,238.11	\$210.82	18.6	1.8	20.4	\$0.03	\$0.33	\$0.36	-1.0%	7.0%	6.4%	24	0.0%	0.0%	0.0%	42	\$0.03	\$0.38	\$0.41
5255	Irritable Bowel Syndrome (IBS) Agents	\$0.00	\$437.59	\$437.59	0.0	14.3	14.3	\$0.00	\$0.52	\$0.52	-1.0%	7.0%	7.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.83	\$0.83
	Other Traditional	\$19.60	\$96.08	\$25.59	9,733.7	827.2	10,560.9	\$15.90	\$6.62	\$22.52	-1.0%	10.0%	2.4%	24	0.0%	0.0%	0.0%	42	\$15.58	\$8.01	\$23.60
Total Traditional		\$19.82	\$347.45	\$58.63	14,098.9	1,894.8	15,993.7	\$23.29	\$54.86	\$78.15	-0.8%	3.6%	2.4%	24	-0.16%	2.05%	1.40%	42	\$22.80	\$63.20	\$86.01
Specialty Top 25																					
6627	Autoimmune Agents	\$0.00	\$6,243.72	\$6,243.72	0.0	12.6	12.6	\$0.00	\$6.53	\$6.53	2.0%	7.0%	7.0%	24	15.0%	15.0%	15.0%	42	\$0.00	\$12.19	\$12.19
1235C	Hepatitis C Agents	\$330.58	\$14,412.00	\$14,329.17	0.0	3.2	3.2	\$0.00	\$3.86	\$3.86	2.0%	-10.0%	-10.0%	24	-5.0%	-5.0%	-5.0%	42	\$0.00	\$2.61	\$2.61
9025	Antipsoriatics	\$211.40	\$7,170.82	\$6,210.90	0.3	1.9	2.2	\$0.01	\$1.14	\$1.14	2.0%	5.0%	5.0%	24	40.0%	40.0%	40.0%	42	\$0.02	\$4.07	\$4.09
6240	Multiple Sclerosis Agents	\$1,403.13	\$7,043.92	\$6,245.45	0.6	3.6	4.2	\$0.07	\$2.10	\$2.17	2.0%	1.0%	1.0%	24	0.0%	0.0%	0.0%	42	\$0.07	\$2.14	\$2.21
3030	Corticotropin	\$0.00	\$41,731.14	\$41,731.14	0.0	0.3	0.3	\$0.00	\$0.93	\$0.93	2.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.93	\$0.93
6629	Autoimmune Agents	\$0.00	\$5,148.90	\$5,148.90	0.0	3.7	3.7	\$0.00	\$1.58	\$1.58	2.0%	7.0%	7.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$1.81	\$1.81
1910	Immune Serums	\$0.00	\$8,815.01	\$8,815.01	0.0	0.4	0.4	\$0.00	\$0.29	\$0.29	2.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.29	\$0.29
2153	Antineoplastic Enzyme Inhibitors	\$462.75	\$12,786.84	\$11,165.24	0.1	0.6	0.7	\$0.00	\$0.67	\$0.67	2.0%	5.0%	5.0%	24	12.0%	12.0%	12.0%	42	\$0.01	\$1.10	\$1.10
9027	Atopic Dermatitis - Monoclonal Antibodies	\$0.00	\$3,004.09	\$3,004.09	0.0	1.8	1.8	\$0.00	\$0.45	\$0.45	2.0%	3.0%	3.0%	24	50.0%	50.0%	50.0%	42	\$0.00	\$1.98	\$1.98
5250	Inflammatory Bowel Agents	\$115.18	\$1,910.12	\$1,084.07	2.5	3.0	5.5	\$0.02	\$0.47	\$0.50	2.0%	5.0%	4.9%	24	0.0%	0.0%	0.0%	42	\$0.03	\$0.52	\$0.55
6660	Autoimmune Agents	\$0.00	\$4,361.77	\$4,361.77	0.0	1.3	1.3	\$0.00	\$0.48	\$0.48	2.0%	8.0%	8.0%	24	50.0%	50.0%	50.0%	42	\$0.00	\$2.30	\$2.30
8582	Hereditary Angioedema Agents	\$0.00	\$50,235.70	\$50,235.70	0.0	0.3	0.3	\$0.00	\$1.19	\$1.19	2.0%	0.0%	0.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$1.67	\$1.67
3045	Vasopressin Receptor Antagonists	\$0.00	\$14,290.82	\$14,290.82	0.0	0.2	0.2	\$0.00	\$0.25	\$0.25	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.35	\$0.35
9942	Systemic Lupus Erythematosus Agents	\$0.00	\$3,712.42	\$3,712.42	0.0	0.8	0.8	\$0.00	\$0.25	\$0.25	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.36	\$0.36
5253	Short Bowel Syndrome (SBS) Agents	\$0.00	\$39,333.02	\$39,333.02	0.0	0.1	0.1	\$0.00	\$0.25	\$0.25	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.36	\$0.36
4460	Antiasthmatic - Monoclonal Antibodies	\$0.00	\$2,589.93	\$2,589.93	0.0	1.0	1.0	\$0.00	\$0.22	\$0.22	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.32	\$0.32
6640	Autoimmune Agents	\$0.00	\$4,263.29	\$4,263.29	0.0	0.5	0.5	\$0.00	\$0.19	\$0.19	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.27	\$0.27
2140	Antineoplastic - Hormonal Agents	\$80.87	\$3,428.28	\$204.34	13.4	0.5	13.9	\$0.09	\$0.15	\$0.24	2.0%	1.0%	1.4%	24	10.0%	10.0%	10.0%	42	\$0.13	\$0.21	\$0.34
8584	Hereditary Angioedema Agents	\$0.00	\$79,452.00	\$79,452.00	0.0	0.1	0.1	\$0.00	\$0.50	\$0.50	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.72	\$0.72
2730	Diabetic Other	\$0.00	\$267.48	\$267.48	0.0	1.4	1.4	\$0.00	\$0.03	\$0.03	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.04	\$0.04
6238	Movement Disorder Drug Therapy	\$0.00	\$5,154.74	\$5,154.74	0.0	0.4	0.4	\$0.00	\$0.17	\$0.17	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.24	\$0.24
3090	Metabolic Modifiers	\$26.80	\$0.00	\$26.80	2.2	0.0	2.2	\$0.00	\$0.00	\$0.00	2.0%	1.0%	2.0%	24	10.0%	10.0%	10.0%	42	\$0.01	\$0.00	\$0.01
6670	Autoimmune Agents	\$0.00	\$3,350.65	\$3,350.65	0.0	0.5	0.5	\$0.00	\$0.13	\$0.13	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.19	\$0.19
4555	Pulmonary Fibrosis Agents	\$0.00	\$9,952.21	\$9,952.21	0.0	0.0	0.0	\$0.00	\$0.03	\$0.03	2.0%	1.0%	1.0%	24	10.0%	10.0%	10.0%	42	\$0.00	\$0.04	\$0.04
9940	Immunosuppressive Agents	\$74.79	\$1,246.20	\$98.64	7.3	0.2	7.5	\$0.05	\$0.02	\$0.06	2.0%	1.0%	1.7%	24	10.0%	10.0%	10.0%	42	\$0.07	\$0.02	\$0.09
	Other Specialty	\$40.79	\$3,077.41	\$534.04	15.7	3.0	18.7	\$													

Exhibit 8C
Mississippi Division of Medicaid
MississippiCAN Historical and Projected Pharmacy Utilization and Cost
Children Rate Grouping

Traditional Top 25		Cost / Script			CY 2019 Util / 1000			PMPM Cost			Annualized Prospective Trends				Projected PMPM						
		Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Generic	Brand	Total	Months of Trend	Generic	Brand	Total	Months of Trend	Generic	Brand	Total
6110	Amphetamine Stimulants	\$77.47	\$295.36	\$209.89	141.9	219.8	361.7	\$0.92	\$5.41	\$6.33	-10.0%	5.0%	3.0%	24	0.0%	0.0%	0.0%	42	\$0.74	\$5.97	\$6.71
6140	Stimulants - Misc.	\$128.29	\$351.77	\$218.94	139.4	95.1	234.5	\$1.49	\$2.79	\$4.28	-20.0%	4.0%	-3.7%	24	0.0%	0.0%	0.0%	42	\$0.95	\$3.02	\$3.97
4420	Sympathomimetics	\$26.46	\$110.46	\$70.81	153.6	171.8	325.4	\$0.34	\$1.58	\$1.92	3.0%	0.0%	0.5%	24	0.0%	0.0%	0.0%	42	\$0.36	\$1.58	\$1.94
4440	Steroid Inhalants	\$99.89	\$209.23	\$153.25	35.0	33.3	68.3	\$0.29	\$0.58	\$0.87	-5.0%	4.0%	1.1%	24	0.0%	0.0%	0.0%	42	\$0.26	\$0.63	\$0.89
1250	Influenza Agents	\$100.44	\$239.15	\$102.12	205.6	2.5	208.1	\$1.72	\$0.05	\$1.77	0.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$1.72	\$0.05	\$1.77
2710S	Insulin - Short / Intermediate Acting	\$0.00	\$647.00	\$647.00	0.0	16.7	16.7	\$0.00	\$0.90	\$0.90	0.0%	-10.0%	-10.0%	24	3.0%	3.0%	3.0%	42	\$0.00	\$0.81	\$0.81
8799	Otic Combinations	\$62.59	\$234.26	\$220.80	3.4	40.0	43.4	\$0.02	\$0.78	\$0.80	0.0%	1.0%	1.0%	24	0.0%	0.0%	0.0%	42	\$0.02	\$0.80	\$0.81
4155	Antihistamines - Non-Sedating	\$16.40	\$32.37	\$16.40	574.2	0.0	574.2	\$0.78	\$0.00	\$0.78	0.0%	5.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.78	\$0.00	\$0.78
4927	Proton Pump Inhibitors	\$81.54	\$337.65	\$87.07	57.3	1.3	58.6	\$0.39	\$0.04	\$0.42	0.0%	5.0%	0.4%	24	2.0%	2.0%	2.0%	42	\$0.42	\$0.04	\$0.46
4399	Cough/Cold/Allergy Combinations	\$20.38	\$14.76	\$15.33	47.4	418.8	466.2	\$0.08	\$0.52	\$0.60	0.0%	5.0%	4.3%	24	0.0%	0.0%	0.0%	42	\$0.08	\$0.57	\$0.65
9055	Corticosteroids - Topical	\$24.15	\$229.49	\$25.94	220.8	1.9	222.8	\$0.44	\$0.04	\$0.48	-3.0%	5.0%	-2.4%	24	0.0%	0.0%	0.0%	42	\$0.42	\$0.04	\$0.46
0120	Penicillin	\$13.63	\$0.00	\$13.63	443.4	0.0	443.4	\$0.50	\$0.00	\$0.50	1.0%	5.0%	1.0%	24	0.0%	0.0%	0.0%	42	\$0.51	\$0.00	\$0.51
9005	Acne Products	\$76.83	\$206.14	\$114.89	40.5	16.9	57.3	\$0.26	\$0.29	\$0.55	-5.0%	5.0%	0.4%	24	2.0%	2.0%	2.0%	42	\$0.25	\$0.34	\$0.59
4450	Leukotriene Modulators	\$17.80	\$239.59	\$17.81	286.3	0.0	286.3	\$0.42	\$0.00	\$0.42	-2.0%	5.0%	-2.0%	24	0.0%	0.0%	0.0%	42	\$0.41	\$0.00	\$0.41
2599	Combination Contraceptives - Oral	\$20.53	\$188.72	\$42.03	87.4	12.8	100.2	\$0.15	\$0.20	\$0.35	0.0%	5.0%	2.9%	24	0.0%	0.0%	0.0%	42	\$0.15	\$0.22	\$0.37
0340	Macrolides	\$20.43	\$205.12	\$20.44	246.3	0.0	246.3	\$0.42	\$0.00	\$0.42	0.0%	5.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.42	\$0.00	\$0.42
7260	Fibromyalgia Agents	\$23.12	\$820.82	\$51.48	65.9	2.4	68.3	\$0.13	\$0.17	\$0.29	0.0%	5.0%	2.9%	24	0.0%	0.0%	0.0%	42	\$0.13	\$0.18	\$0.31
2710L	Insulin - Long Acting	\$0.00	\$366.10	\$366.10	0.0	10.1	10.1	\$0.00	\$0.31	\$0.31	0.0%	5.0%	5.0%	24	5.0%	5.0%	5.0%	42	\$0.00	\$0.40	\$0.40
3890	Anaphylaxis Therapy Agents	\$287.54	\$611.40	\$294.81	14.2	0.3	14.6	\$0.34	\$0.02	\$0.36	0.0%	5.0%	0.2%	24	10.0%	10.0%	10.0%	42	\$0.48	\$0.03	\$0.50
5915	Dibenzapines / Quinolinone Derivatives / Benzisoxazoles	\$15.09	\$738.53	\$139.51	19.6	4.1	23.7	\$0.02	\$0.25	\$0.28	0.0%	5.0%	4.6%	24	0.0%	0.0%	0.0%	42	\$0.02	\$0.28	\$0.30
2210	Glucocorticosteroids	\$15.57	\$409.12	\$15.61	259.3	0.0	259.3	\$0.34	\$0.00	\$0.34	0.0%	5.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.34	\$0.00	\$0.34
9090	Scabicides & Pediculicides	\$41.51	\$269.02	\$159.68	12.2	13.2	25.3	\$0.04	\$0.30	\$0.34	0.0%	5.0%	4.4%	24	0.0%	0.0%	0.0%	42	\$0.04	\$0.33	\$0.37
4220	Nasal Antiallergy	\$17.16	\$231.89	\$27.64	155.9	8.0	163.8	\$0.22	\$0.15	\$0.38	0.0%	5.0%	2.1%	24	0.0%	0.0%	0.0%	42	\$0.22	\$0.17	\$0.39
3620	Antiadrenergic Antihypertensives	\$17.89	\$210.71	\$17.91	175.3	0.0	175.4	\$0.26	\$0.00	\$0.26	0.0%	5.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.26	\$0.00	\$0.26
0230	Cephalosporin	\$23.03	\$0.00	\$23.03	159.2	0.0	159.2	\$0.31	\$0.00	\$0.31	0.0%	5.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.31	\$0.00	\$0.31
	Other Traditional	\$24.13	\$115.98	\$33.28	2,031.6	224.9	2,256.6	\$4.08	\$2.17	\$6.26	0.0%	3.0%	1.1%	24	0.0%	0.0%	0.0%	42	\$4.08	\$2.31	\$6.39
Total Traditional		\$30.08	\$153.36	\$53.30	5,575.7	1,294.1	6,869.8	\$13.98	\$16.54	\$30.51	-2.8%	3.0%	0.4%	24	0.37%	0.32%	0.34%	42	\$13.38	\$17.75	\$31.13
Specialty Top 25																					
6627	Autoimmune Agents	\$0.00	\$6,339.62	\$6,339.62	0.0	1.5	1.5	\$0.00	\$0.79	\$0.79	0.0%	8.0%	8.0%	24	30.0%	30.0%	30.0%	42	\$0.00	\$2.30	\$2.30
4530	Cystic Fibrosis Agents	\$0.00	\$10,135.43	\$10,135.43	0.0	0.7	0.7	\$0.00	\$0.56	\$0.56	0.0%	0.0%	0.0%	24	30.0%	30.0%	30.0%	42	\$0.00	\$1.40	\$1.40
1950	Monoclonal Antibodies	\$0.00	\$2,289.65	\$2,289.65	0.0	4.4	4.4	\$0.00	\$0.84	\$0.84	0.0%	0.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.84	\$0.84
3010	Growth Hormones	\$0.00	\$4,422.26	\$4,422.26	0.0	2.0	2.0	\$0.00	\$0.74	\$0.74	0.0%	8.0%	8.0%	24	2.0%	2.0%	2.0%	42	\$0.00	\$0.93	\$0.93
3090	Metabolic Modifiers	\$70.57	\$17,266.58	\$4,003.97	0.8	0.2	1.1	\$0.00	\$0.35	\$0.36	0.0%	2.0%	2.0%	24	10.0%	10.0%	10.0%	42	\$0.01	\$0.51	\$0.52
9027	Atopic Dermatitis - Monoclonal Antibodies	\$0.00	\$3,356.71	\$3,356.71	0.0	0.9	0.9	\$0.00	\$0.25	\$0.25	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.26	\$0.26
6629	Autoimmune Agents	\$0.00	\$4,727.88	\$4,727.88	0.0	0.8	0.8	\$0.00	\$0.33	\$0.33	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.34	\$0.34
3030	Corticotropin	\$0.00	\$62,258.43	\$62,258.43	0.0	0.1	0.1	\$0.00	\$0.33	\$0.33	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.34	\$0.34
3008	LHRH/GnRH Agonist Analog Pituitary Suppressants	\$0.00	\$6,785.29	\$6,785.29	0.0	0.3	0.3	\$0.00	\$0.18	\$0.18	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.18	\$0.18
2153	Antineoplastic Enzyme Inhibitors	\$0.00	\$14,490.14	\$14,490.14	0.0	0.1	0.1	\$0.00	\$0.10	\$0.10	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.10	\$0.10
6646	Interleukin-1 Blockers	\$0.00	\$16,066.30	\$16,066.30	0.0	0.1	0.1	\$0.00	\$0.11	\$0.11	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.11	\$0.11
9025	Antipsoriatics	\$137.21	\$7,644.51	\$5,204.63	0.0	0.1	0.1	\$0.00	\$0.05	\$0.05	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.06	\$0.06
7217	GABA Modulators	\$7,016.77	\$8,828.18	\$7,036.90	0.3	0.0	0.3	\$0.16	\$0.00	\$0.17	0.0%	2.0%	0.0%	24	0.0%	0.0%	0.0%	42	\$0.16	\$0.00	\$0.17
4460	Antiasthmatic - Monoclonal Antibodies	\$0.00	\$3,387.22	\$3,387.22	0.0	0.6	0.6	\$0.00	\$0.17	\$0.17	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.18	\$0.18
5250	Inflammatory Bowel Agents	\$36.14	\$734.11	\$462.13	0.5	0.8	1.3	\$0.00	\$0.05	\$0.05	0.0%	2.0%	1.9%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.05	\$0.05
2170	Antineoplastics Misc.	\$28.57	\$54,661.87	\$1,474.74	1.0	0.0	1.1	\$0.00	\$0.13	\$0.13	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.13	\$0.14
8580	Hereditary Angioedema Agents	\$0.00	\$13,063.14	\$13,063.14	0.0	0.0	0.0	\$0.00	\$0.02	\$0.02	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.02	\$0.02
9310	Antidotes - Chelating Agents	\$0.00	\$8,781.45	\$8,781.45	0.0	0.1	0.1	\$0.00	\$0.11	\$0.11	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.11	\$0.11
1235C	Hepatitis C Agents	\$0.00	\$28,617.70	\$28,617.70	0.0	0.0	0.0	\$0.00	\$0.06	\$0.06	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.06	\$0.06
2730	Diabetic Other	\$0.00	\$366.86	\$366.86	0.0	1.9	1.9	\$0.00	\$0.06	\$0.06	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.06	\$0.06
6240	Multiple Sclerosis Agents	\$0.00	\$7,195.36	\$7,195.36	0.0	0.1	0.1	\$0.00	\$0.05	\$0.05	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.05	\$0.05
4014	Pulmonary Arterial Hypertension	\$2,551.77	\$7,033.77	\$3,758.46	0.1	0.0	0.2	\$0.03	\$0.03	\$0.05	0.0%	2.0%	1.0%	24	0.0%	0.0%	0.0%	42	\$0.03	\$0.03	\$0.05
1910	Immune Serums	\$0.00	\$3,713.97	\$3,713.97	0.0	0.1	0.1	\$0.00	\$0.04	\$0.04	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.04	\$0.04
0700	Aminoglycosides	\$1,508.99	\$5,959.07	\$2,749.17	0.1	0.1	0.2	\$0.02	\$0.03	\$0.04	0.0%	2.0%	1.2%	24	0.0%	0.0%	0.0%	42	\$0.02	\$0.03	\$0.04
8240	Erythropoietin Agents	\$0.00	\$3,517.80	\$3,517.80	0.0	0.1	0.1	\$0.00	\$0.04	\$0.04	0.0%	2.0%	2.0%	24	0.0%	0.0%	0.0%	42	\$0.00	\$0.05	\$0.05
	Other Specialty	\$54.85	\$1,151.97	\$102.95	15.1	0.7	15.8	\$0.07	\$0.07	\$0.14	0.0%	2.0%	1.0%	24	0.0%	0.0%	0.0%	42	\$0.07	\$0.07	\$0.14

Exhibit 9A
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Development of Vaccine Administration Expenses for SFY 2023 Rates

		Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult	Pregnant Women	SSI / Disabled Newborn	Rate Cell Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP
Age Distribution¹												
a1	Newborn	0.0%	0.0%	0.0%	0.0%	89.6%	100.0%	90.0%	0.0%	0.0%	0.0%	0.0%
a2	Children 1-4	3.7%	0.0%	0.0%	0.0%	10.4%	0.0%	10.0%	20.3%	1.2%	25.2%	0.0%
a3	Children 5-11	11.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	42.4%	30.5%	37.7%	41.8%
a4	Children 12-17	10.6%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	33.9%	65.6%	32.3%	50.6%
a5	Non-Children	74.3%	100.0%	100.0%	99.5%	0.0%	0.0%	0.0%	3.3%	2.6%	4.8%	7.7%
Starting Vaccine %¹												
b1	Newborn	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b2	Children 1-4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b3	Children 5-11	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.2%	3.1%	2.6%	3.5%
b4	Children 12-17	21.8%	0.0%	0.0%	21.3%	0.0%	0.0%	0.0%	22.4%	26.1%	22.4%	29.0%
b5	Non-Children	31.6%	42.7%	22.7%	16.3%	0.0%	0.0%	0.0%	17.8%	23.5%	23.3%	28.6%
c = sum(a × b)	Rate-Cell Specific	26.1%	42.7%	22.7%	16.3%	0.0%	0.0%	0.0%	10.4%	18.7%	9.3%	18.3%
Vaccine Target %²												
d1	Newborn	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d1	Children 1-4	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
d2	Children 5-11	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
d3	Children 12-17	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
d4	Non-Children	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
e = sum(a × d)	Rate-Cell Specific	50.9%	60.0%	60.0%	59.9%	1.0%	0.0%	1.0%	24.0%	32.5%	24.0%	31.1%
Baseline Vaccinations												
f = max (e - c, 0)	Vaccination % to Increase	24.8%	17.3%	37.3%	43.6%	1.0%	0.0%	1.0%	13.5%	13.9%	14.6%	12.8%
g	Doses Per Baseline Vaccination	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
h = f × g	Base Doses Per Member	0.495	0.345	0.746	0.871	0.021	0.000	0.020	0.271	0.277	0.292	0.255
% of Members Getting Boosted³												
i1 = d1 × 25%	Newborn	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
i2 = d2 × 25%	Children 1-4	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%
i3 = d3 × 25%	Children 5-11	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%	3.75%
i4 = d4 × 25%	Children 12-17	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
i5 = d5 × 25%	Non-Children	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%
j = sum(a × i)	Rate-Cell Specific	12.72%	15.00%	15.00%	14.97%	0.26%	0.00%	0.25%	5.99%	8.13%	5.99%	7.77%
Booster Vaccinations												
k	Doses per Booster Vaccination	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
l = j × k	Booster Doses per Member	0.254	0.300	0.300	0.299	0.005	0.000	0.005	0.120	0.163	0.120	0.155
Baseline + Booster Calculations												
m = h + l	Total Doses per Member	0.750	0.645	1.046	1.171	0.026	0.000	0.025	0.391	0.440	0.412	0.411
n	Cost per Dose	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87	\$35.87
o = m × n	Cost per Member	\$26.90	\$23.15	\$37.52	\$42.00	\$0.93	\$0.00	\$0.90	\$14.01	\$15.79	\$14.79	\$14.74
p = o / 12	Cost PMPM	\$2.24	\$1.93	\$3.13	\$3.50	\$0.08	\$0.00	\$0.07	\$1.17	\$1.32	\$1.23	\$1.23
TPL Impact												
q	TPL Paid %	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
r = p × (1 - q)	Cost PMPM - Net of TPL	\$1.12	\$0.96	\$1.56	\$1.75	\$0.04	\$0.00	\$0.04	\$0.58	\$0.66	\$0.62	\$0.61

¹ Calculated as of December 2021.

² Based on statewide Mississippi vaccination rates as of Feb 23, 2022. See Exhibit 9b row 'e' for more information.

³ Assuming 25% of vaccinated members will receive booster shots in SFY 2023. See Exhibit 9b row 'h' (18 to 64 age category) for more information.

Exhibit 9B
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Development of Vaccination Targets for SFY 2023 Rates

		Age						
		5 to 11	12 to 17	18 to 24	25 to 39	40 to 49	50 to 64	18 to 64
<i>a</i>	Fully Vaccinated - % of Mississippians ¹	10%	38%	40%	44%	58%	70%	54.40%
<i>b</i>	Fully Vaccinated Mississippians ¹	28,024	91,902	113,327	254,008	208,248	394,491	970,074
<i>c = b / a</i>	Total Mississippians in Age Bucket	280,240	241,847	283,318	577,291	359,048	563,559	1,783,215
<i>d</i>	Mississippians with 1+ Vaccine Dose ¹	37,942	106,738	139,739	301,354	233,991	425,964	1,101,048
<i>e = d / c</i>	% of Mississippians with 1+ Vaccine Dose	13.54%	44.13%	49.32%	52.20%	65.17%	75.58%	61.75%
<i>f</i>	Count Boosted Members ¹	0	8,212	16,532	46,412	55,399	152,698	271,041
<i>g = f / c</i>	% of Mississippians with a Booster Dose	0.0%	3.4%	5.8%	8.0%	15.4%	27.1%	15.2%
<i>h = g / e</i>	% of Vaccinated Mississippians with a Booster Dose	0.0%	7.7%	11.8%	15.4%	23.7%	35.8%	24.6%

¹ Based on source, updated as of February 23, 2022: https://msdh.ms.gov/msdhsite/_static/resources/12130.pdf.

Exhibit 9C
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Illustration of Withhold Calculation for COVID-19 Vaccines

	Age						(A) Withhold Numerator (All Ages)	(B) Withhold Denominator (Ages 12+)	(C) = (A) / (B) Vaccination % for Withhold Calculation
	Newborn	Children 1-4	Children 5-11	Children 12-17	Non- Children	All Ages			
December 2021 Members ¹	23,126	66,663	111,885	100,065	110,638	412,377	412,377	210,703	
Starting Vaccine % ²	0.0%	0.0%	2.8%	23.2%	26.0%	13.4%	55,148	210,703	26.2%
Vaccine Target % ³	0.0%	10.0%	15.0%	40.0%	60.0%	31.5%	129,858	210,703	61.6%
Vaccine Target for Withhold Return									40.0%

¹ For illustrative purposes December 2021 membership used. Actual calculation will use SFY 2023 member months.

² Calculated as of December 2021.

³ Based on statewide Mississippi vaccination rates as of Feb 23, 2022. See Exhibit 9b row 'e' for more information.

Exhibit 10
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Enhanced Match Services

	Medical Portion of Capitation Rate	COVID-19 Vaccine Administration	Family Planning (Non-waiver)	Breast and Cervical Cancer	Indian Health Services	Home Health Services	Rehab Services	Private Duty Nursing
Non-Newborn SSI / Disabled	\$1,079.30	\$1.12	\$0.84	\$0.13	\$0.34	\$2.22	\$28.13	\$6.66
North Region	985.40	1.02	0.77	0.12	0.31	2.02	25.68	6.08
Central Region	1,133.27	1.18	0.88	0.14	0.35	2.33	29.54	6.99
South Region	1,122.47	1.17	0.87	0.14	0.35	2.31	29.26	6.93
Breast and Cervical Cancer	\$3,488.34	\$0.96	\$0.35	\$3,487.03	\$0.00	\$0.00	\$0.00	\$0.00
North Region	3,184.85	0.88	0.32	3,183.66	0.00	0.00	0.00	0.00
Central Region	3,662.76	1.01	0.36	3,661.38	0.00	0.00	0.00	0.00
South Region	3,627.87	1.00	0.36	3,626.51	0.00	0.00	0.00	0.00
MA Adult	\$490.24	\$1.56	\$5.81	\$0.00	\$0.27	\$0.26	\$1.09	\$0.00
North Region	462.79	1.48	5.49	0.00	0.26	0.25	1.03	0.00
Central Region	509.85	1.63	6.05	0.00	0.28	0.27	1.14	0.00
South Region	495.63	1.58	5.88	0.00	0.28	0.27	1.10	0.00
Pregnant Women	\$1,031.58	\$1.75	\$15.74	\$0.00	\$0.01	\$0.18	\$0.24	\$0.00
North Region	973.81	1.65	14.86	0.00	0.01	0.17	0.23	0.00
Central Region	1,072.84	1.82	16.37	0.00	0.01	0.19	0.25	0.00
South Region	1,042.93	1.77	15.92	0.00	0.01	0.18	0.25	0.00
SSI / Disabled Newborn	\$8,000.01	\$0.04	\$0.00	\$0.00	\$0.10	\$4.66	\$0.00	\$111.81
North Region	7,856.01	0.04	0.00	0.00	0.10	4.58	0.00	109.80
Central Region	8,152.01	0.04	0.00	0.00	0.10	4.75	0.00	113.94
South Region	7,968.01	0.04	0.00	0.00	0.10	4.64	0.00	111.37
Non-SSI Newborns 0 to 2 Months	\$1,834.16	\$0.00	\$0.00	\$0.00	\$1.96	\$0.17	\$0.00	\$0.13
North Region	1,801.15	0.00	0.00	0.00	1.92	0.17	0.00	0.13
Central Region	1,869.01	0.00	0.00	0.00	2.00	0.18	0.00	0.13
South Region	1,826.83	0.00	0.00	0.00	1.95	0.17	0.00	0.13
Non-SSI Newborns 3 to 12 Months	\$248.67	\$0.04	\$0.00	\$0.00	\$2.20	\$0.06	\$0.00	\$0.02
North Region	244.20	0.04	0.00	0.00	2.16	0.06	0.00	0.02
Central Region	253.40	0.04	0.00	0.00	2.25	0.06	0.00	0.02
South Region	247.68	0.04	0.00	0.00	2.19	0.06	0.00	0.02
Foster Care	\$639.31	\$0.58	\$1.25	\$0.00	\$0.02	\$0.02	\$19.49	\$2.24
North Region	627.80	0.57	1.23	0.00	0.02	0.02	19.14	2.20
Central Region	651.46	0.59	1.28	0.00	0.02	0.02	19.86	2.29
South Region	636.75	0.58	1.25	0.00	0.02	0.02	19.41	2.23
MYPAC	\$3,735.60	\$0.66	\$3.42	\$0.00	\$0.00	\$0.00	\$4.50	\$0.00
North Region	3,668.36	0.65	3.35	0.00	0.00	0.00	4.42	0.00
Central Region	3,806.58	0.67	3.48	0.00	0.00	0.00	4.58	0.00
South Region	3,720.66	0.66	3.40	0.00	0.00	0.00	4.48	0.00
MA Children	\$200.39	\$0.62	\$1.06	\$0.00	\$0.36	\$0.01	\$6.69	\$0.10
North Region	196.78	0.61	1.04	0.00	0.35	0.01	6.57	0.10
Central Region	204.20	0.63	1.08	0.00	0.37	0.01	6.82	0.10
South Region	199.59	0.61	1.05	0.00	0.36	0.01	6.67	0.10
Quasi-CHIP	\$202.70	\$0.61	\$1.74	\$0.00	\$0.15	\$0.01	\$4.35	\$0.03
North Region	199.05	0.60	1.71	0.00	0.15	0.01	4.27	0.02
Central Region	206.55	0.63	1.77	0.00	0.16	0.01	4.43	0.03
South Region	201.89	0.61	1.73	0.00	0.15	0.01	4.33	0.03

Exhibit 11A
Mississippi Division of Medicaid
Summary of CY 2018* MississippiCAN Encounter and FFS Claims
Summary of Total Costs by Rate Cell

Member Months	768,834	1,090	510,505	510,505	135,337	135,337	6,311	76,100	258,792	77,192	5,469	3,169,462	334,192	5,343,284
Total Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$48,435,074	\$104,104	\$5,442,913	\$0	\$343,640	\$6,901	\$1,693,358	\$2,682,624	\$5,150,631	\$461,889	\$52,927	\$10,055,941	\$795,279	\$75,225,279
Surgical	\$65,321,875	\$118,200	\$11,684,562	\$0	\$716,881	\$9,556	\$5,219,189	\$7,005,471	\$4,096,276	\$937,606	\$52,495	\$12,191,552	\$1,098,197	\$108,451,860
Maternity / Deliveries	\$2,867,588	\$0	\$1,900,233	\$16,215,238	\$4,373,883	\$65,015,599	\$25,948,640	\$92,276,515	\$50,676	\$89,871	\$7,420	\$3,871,404	\$425,563	\$213,042,630
Psychiatric / Substance Abuse	\$24,553,589	\$0	\$3,837,268	\$0	\$252,661	\$0	\$0	\$0	\$0	\$7,429,710	\$1,448,523	\$20,091,900	\$1,897,200	\$59,510,851
Skilled Nursing Facility	\$1,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,429
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Behavioral Health Total	\$4,535,758	\$0	\$57,619	\$0	\$13,890	\$0	\$0	\$0	\$0	\$5,974,164	\$841,403	\$13,960,748	\$1,269,806	\$26,653,386
Inpatient Facility Total	\$141,179,556	\$222,304	\$22,864,976	\$16,215,238	\$5,687,066	\$65,032,056	\$32,861,187	\$101,964,610	\$9,297,582	\$8,919,076	\$1,561,366	\$46,210,797	\$4,216,238	\$456,232,050
Outpatient Facility Services														
Emergency Room	\$27,884,653	\$34,872	\$17,537,158	\$10,344	\$4,788,306	\$33,989	\$344,960	\$1,803,984	\$6,916,309	\$701,113	\$105,560	\$35,238,374	\$2,696,968	\$98,096,592
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$153	\$1,007	\$0	\$0	\$2,761	\$47	\$3,968
Radiology / Pathology	\$24,633,878	\$433,441	\$11,205,120	\$5,996	\$3,501,878	\$28,979	\$177,860	\$642,311	\$2,171,543	\$402,864	\$50,318	\$14,137,765	\$1,431,788	\$58,823,740
Psychiatric / Alcohol & Drug Abuse	\$6,550,059	\$0	\$6,336	\$0	\$113	\$0	\$0	\$0	\$0	\$948,196	\$847	\$16,326,373	\$884,669	\$24,716,592
Pharmacy	\$30,547,093	\$725,032	\$6,196,219	\$4,373	\$1,479,330	\$22,192	\$952,594	\$95,510	\$600,204	\$82,282	\$4,734	\$4,711,039	\$383,072	\$45,803,673
Other	\$61,787,364	\$334,367	\$22,240,524	\$8,858	\$5,199,431	\$32,716	\$946,988	\$1,313,654	\$4,506,204	\$1,247,577	\$98,795	\$38,012,865	\$3,236,112	\$138,965,456
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Behavioral Health Total	\$6,601,420	\$0	\$6,366	\$0	\$113	\$0	\$0	\$0	\$0	\$948,968	\$847	\$16,416,431	\$890,515	\$24,864,660
Outpatient Facility Total	\$151,403,046	\$1,527,712	\$57,185,357	\$29,572	\$14,969,058	\$117,876	\$2,422,403	\$3,855,612	\$14,195,265	\$3,382,032	\$260,254	\$108,429,177	\$862,656	\$366,410,021
Physician Services														
IP Visits	\$11,944,032	\$17,018	\$1,697,120	\$53,574	\$406,404	\$199,271	\$6,925,645	\$11,460,127	\$1,518,430	\$331,878	\$76,829	\$2,727,389	\$231,414	\$37,589,131
IP Surgery	\$4,599,885	\$24,869	\$1,203,205	\$30,823	\$119,077	\$100,908	\$409,078	\$469,939	\$328,176	\$47,682	\$1,339	\$1,039,952	\$110,709	\$8,476,641
Office / Home Visits	\$35,248,846	\$111,559	\$18,356,126	\$639	\$1,386,626	\$4,727	\$404,424	\$2,885,824	\$9,296,952	\$1,916,983	\$147,522	\$64,074,393	\$6,258,566	\$140,093,187
Preventive Exams & Immunizations	\$4,854,763	\$14,664	\$7,336,040	\$160,969	\$14,172,797	\$535,841	\$225,656	\$8,684,093	\$9,250,573	\$698,145	\$37,479	\$21,121,093	\$1,553,947	\$68,646,061
Urgent Care Visits	\$240,165	\$89	\$386,294	\$0	\$42,442	\$86	\$654	\$1,225	\$102,610	\$57,244	\$1,194	\$1,898,376	\$204,644	\$2,935,023
ER Visits and Observation Care	\$8,607,132	\$11,337	\$5,180,261	\$16,559	\$1,616,289	\$71,645	\$110,808	\$563,487	\$2,171,764	\$202,094	\$34,795	\$10,602,353	\$798,112	\$29,986,637
OP Surgery	\$11,827,398	\$120,434	\$6,547,683	\$1,188	\$471,617	\$2,373	\$95,016	\$204,153	\$1,046,199	\$389,796	\$22,422	\$12,626,715	\$1,277,557	\$34,632,551
Physical Therapy	\$5,839,514	\$16,095	\$1,141,257	\$0	\$33,596	\$95	\$106,266	\$8,580	\$266,853	\$472,004	\$15,918	\$7,085,492	\$515,540	\$15,501,210
Psychiatric / Substance Abuse	\$31,626,509	\$4,919	\$3,023,869	\$809	\$157,142	\$772	\$115	\$0	\$2,930	\$3,611,333	\$15,761,452	\$30,423,156	\$2,642,606	\$87,255,614
Radiology / Pathology	\$13,958,987	\$146,370	\$9,477,856	\$157,176	\$7,002,857	\$630,921	\$180,960	\$406,786	\$1,152,715	\$300,861	\$42,644	\$11,014,053	\$1,191,044	\$45,663,229
Vision, Hearing, and Speech Exams	\$3,748,914	\$6,999	\$2,120,518	\$142	\$444,105	\$481	\$36,523	\$24,217	\$93,244	\$393,744	\$33,455	\$11,109,971	\$1,477,406	\$19,489,718
Other	\$35,918,219	\$583,024	\$5,903,911	\$4,016,253	\$1,338,344	\$16,660,554	\$455,927	\$413,214	\$638,607	\$687,844	\$32,374	\$7,436,087	\$1,006,576	\$75,090,934
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Behavioral Health Total	\$44,614,846	\$5,750	\$4,173,051	\$556	\$198,667	\$708	\$4,796	\$7,359	\$60,453	\$4,037,834	\$15,766,787	\$33,645,151	\$2,957,585	\$105,473,542
Physician Total	\$168,414,364	\$1,057,378	\$62,374,141	\$4,438,132	\$27,191,294	\$18,207,673	\$8,951,073	\$25,121,646	\$25,869,052	\$9,109,609	\$16,207,422	\$181,159,031	\$17,259,121	\$565,359,937
Pharmacy Services														
Pharmacy	\$213,067,045	\$443,592	\$52,581,793	\$69,669	\$7,257,950	\$302,281	\$3,083,773	\$644,595	\$6,551,721	\$5,631,821	\$877,813	\$106,350,231	\$14,063,633	\$410,925,917
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy Total	\$213,067,045	\$443,592	\$52,581,793	\$69,669	\$7,257,950	\$302,281	\$3,083,773	\$644,595	\$6,551,721	\$5,631,821	\$877,813	\$106,350,231	\$14,063,633	\$410,925,917
Dental Services														
Dental	\$7,986,259	\$8,606	\$4,261,392	\$153	\$842,570	\$372	\$3,712	\$42,736	\$274,952	\$2,291,896	\$163,621	\$84,579,993	\$11,012,096	\$111,468,358
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental Total	\$7,986,259	\$8,606	\$4,261,392	\$153	\$842,570	\$372	\$3,712	\$42,736	\$274,952	\$2,291,896	\$163,621	\$84,579,993	\$11,012,096	\$111,468,358
Other Services														
Ambulance	\$8,108,634	\$5,581	\$1,975,858	\$65,865	\$537,840	\$226,651	\$234,412	\$1,043,198	\$658,340	\$117,961	\$31,672	\$3,250,411	\$231,159	\$16,487,583
Non-Emergency Transportation	\$11,127,992	\$27,075	\$1,694,657	\$7,764	\$428,716	\$14,853	\$202,704	\$76,817	\$220,043	\$56,243	\$0	\$2,232,564	\$95,602	\$16,185,030
DME	\$15,229,992	\$18,411	\$1,485,459	\$722	\$206,111	\$2,743	\$734,099	\$236,503	\$507,226	\$271,329	\$15,055	\$3,655,661	\$604,117	\$22,967,429
Glasses / Contacts	\$1,215,312	\$1,884	\$757,182	\$0	\$169,140	\$173	\$180	\$39	\$1,773	\$152,715	\$17,172	\$4,028,936	\$573,170	\$6,917,676
Other	\$9,591,836	\$1,289	\$149,621	\$0	\$2,439	\$74	\$1,144,476	\$10,828	\$77,087	\$114,473	\$62,868	\$727,517	\$74,791	\$11,957,299
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Behavioral Health Total	\$606,611	\$166	\$72,511	\$0	\$2,219	\$74	\$0	\$0	\$0	\$22,291	\$368	\$421,316	\$38,278	\$1,163,834
Other Total	\$45,273,767	\$54,241	\$6,062,776	\$74,351	\$1,344,247	\$244,494	\$2,315,870	\$1,367,385	\$1,464,469	\$712,721	\$126,767	\$13,895,089	\$1,578,839	\$74,515,017
Total Behavioral Health	\$56,358,635	\$5,916	\$4,309,547	\$556	\$214,889	\$781	\$4,796	\$7,359	\$60,453	\$10,983,257	\$16,609,404	\$64,443,646	\$5,156,184	\$158,155,422
Grand Total	\$727,324,037	\$3,313,833	\$205,330,435	\$20,827,115	\$57,292,185	\$83,904,752	\$49,638,019	\$132,996,584	\$57,653,042	\$30,047,155	\$19,197,244	\$540,624,317	\$56,762,583	\$1,984,911,301

* The MYPAC rate cell contains FFS claims from Q1 to Q3 2018 rather than the full CY 2018 period.

Exhibit 11B
Mississippi Division of Medicaid
Summary of CY 2018* MississippiCAN Encounter and FFS Claims
Summary of Allowed PMPM by Rate Cell

Member Months	768,834	1,090	510,505	510,505	135,337	135,337	6,311	76,100	258,792	77,192	5,469	3,169,462	334,192	5,343,284
PMPM Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$63.00	\$95.51	\$10.66	\$0.00	\$2.54	\$0.05	\$268.32	\$35.25	\$19.90	\$5.98	\$9.68	\$3.17	\$2.38	\$14.08
Surgical	\$84.96	\$108.44	\$22.89	\$0.00	\$5.30	\$0.07	\$827.00	\$92.06	\$15.83	\$12.15	\$9.60	\$3.85	\$3.29	\$20.30
Maternity / Deliveries	\$3.73	\$0.00	\$3.72	\$31.76	\$32.32	\$480.40	\$4,111.65	\$1,212.57	\$0.20	\$1.16	\$1.36	\$1.22	\$1.27	\$39.87
Psychiatric / Substance Abuse	\$31.94	\$0.00	\$7.52	\$0.00	\$1.87	\$0.00	\$0.00	\$0.00	\$0.00	\$96.25	\$264.86	\$6.34	\$5.68	\$11.14
Skilled Nursing Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inpatient Behavioral Health Total	\$5.90	\$0.00	\$0.11	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$77.39	\$153.85	\$4.40	\$3.80	\$4.99
Inpatient Facility Total	\$183.63	\$203.95	\$44.79	\$31.76	\$42.02	\$480.52	\$5,206.97	\$1,339.88	\$35.93	\$115.54	\$285.49	\$14.58	\$12.62	\$85.38
Outpatient Facility Services														
Emergency Room	\$36.27	\$31.99	\$34.35	\$0.02	\$35.38	\$0.25	\$54.66	\$23.71	\$26.73	\$9.08	\$19.30	\$11.12	\$8.07	\$18.36
Urgent Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiology / Pathology	\$32.04	\$397.65	\$21.95	\$0.01	\$25.88	\$0.21	\$28.18	\$8.44	\$8.39	\$5.22	\$9.20	\$4.46	\$4.28	\$11.01
Psychiatric / Alcohol & Drug Abuse	\$8.52	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.28	\$0.15	\$5.15	\$2.65	\$4.63
Pharmacy	\$39.73	\$665.17	\$12.14	\$0.01	\$10.93	\$0.16	\$150.94	\$1.26	\$2.32	\$1.07	\$0.87	\$1.49	\$1.15	\$8.57
Other	\$80.37	\$306.76	\$43.57	\$0.02	\$38.42	\$0.24	\$150.05	\$17.26	\$17.41	\$16.16	\$18.06	\$11.99	\$9.68	\$26.01
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient Behavioral Health Total	\$8.59	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.29	\$0.15	\$5.18	\$2.66	\$4.65
Outpatient Facility Total	\$196.93	\$1,401.57	\$112.02	\$0.06	\$110.61	\$0.87	\$383.84	\$50.67	\$54.85	\$43.81	\$47.59	\$34.21	\$25.83	\$68.57
Physician Services														
IP Visits	\$15.54	\$15.61	\$3.32	\$0.10	\$3.00	\$1.47	\$1,097.39	\$150.59	\$5.87	\$4.30	\$14.05	\$0.86	\$0.69	\$7.03
IP Surgery	\$5.98	\$22.82	\$2.36	\$0.06	\$0.88	\$0.75	\$64.82	\$6.18	\$1.27	\$0.62	\$0.24	\$0.33	\$0.30	\$1.59
Office / Home Visits	\$45.85	\$102.35	\$35.96	\$0.00	\$10.25	\$0.03	\$64.08	\$37.92	\$35.92	\$24.83	\$26.97	\$20.22	\$18.73	\$26.22
Preventive Exams & Immunizations	\$6.31	\$13.45	\$14.37	\$0.32	\$104.72	\$3.96	\$14.37	\$114.11	\$35.75	\$9.04	\$6.85	\$6.66	\$4.65	\$12.85
Urgent Care Visits	\$0.31	\$0.08	\$0.76	\$0.00	\$0.31	\$0.00	\$0.10	\$0.02	\$0.40	\$0.74	\$0.22	\$0.60	\$0.61	\$0.55
ER Visits and Observation Care	\$11.20	\$10.40	\$10.15	\$0.03	\$11.94	\$0.53	\$17.56	\$7.40	\$8.39	\$2.62	\$6.36	\$3.35	\$2.39	\$5.61
OP Surgery	\$15.38	\$110.49	\$12.83	\$0.00	\$3.48	\$0.02	\$15.06	\$2.68	\$4.04	\$5.05	\$4.10	\$3.98	\$3.82	\$6.48
Physical Therapy	\$7.60	\$14.77	\$2.24	\$0.00	\$0.25	\$0.00	\$16.84	\$0.11	\$1.03	\$6.11	\$2.91	\$2.24	\$1.54	\$2.90
Psychiatric / Substance Abuse	\$41.14	\$4.51	\$5.92	\$0.00	\$1.16	\$0.01	\$0.02	\$0.00	\$0.01	\$46.78	\$2,881.96	\$9.60	\$7.91	\$16.33
Radiology / Pathology	\$18.16	\$134.28	\$18.57	\$0.31	\$51.74	\$4.66	\$28.67	\$5.35	\$4.45	\$3.90	\$7.80	\$3.48	\$3.56	\$8.55
Vision, Hearing, and Speech Exams	\$4.88	\$6.42	\$4.15	\$0.00	\$3.28	\$0.00	\$5.79	\$0.32	\$0.36	\$5.10	\$6.12	\$3.51	\$4.42	\$3.65
Other	\$46.72	\$534.88	\$11.56	\$7.87	\$9.89	\$123.10	\$72.24	\$5.43	\$2.47	\$8.91	\$5.92	\$2.35	\$3.01	\$14.05
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Physician Behavioral Health Total	\$58.03	\$5.28	\$8.17	\$0.00	\$1.47	\$0.01	\$0.76	\$0.10	\$0.23	\$52.31	\$2,882.94	\$10.62	\$8.85	\$19.74
Physician Total	\$219.05	\$970.07	\$122.18	\$8.69	\$200.92	\$134.54	\$1,418.33	\$330.11	\$99.96	\$118.01	\$2,963.51	\$57.16	\$51.64	\$105.81
Pharmacy Services														
Pharmacy	\$277.13	\$406.97	\$103.00	\$0.14	\$53.63	\$2.23	\$488.63	\$8.47	\$25.32	\$72.96	\$160.51	\$33.55	\$42.08	\$76.91
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy Total	\$277.13	\$406.97	\$103.00	\$0.14	\$53.63	\$2.23	\$488.63	\$8.47	\$25.32	\$72.96	\$160.51	\$33.55	\$42.08	\$76.91
Dental Services														
Dental	\$10.39	\$7.90	\$8.35	\$0.00	\$6.23	\$0.00	\$0.59	\$0.56	\$1.06	\$29.69	\$29.92	\$26.69	\$32.95	\$20.86
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental Total	\$10.39	\$7.90	\$8.35	\$0.00	\$6.23	\$0.00	\$0.59	\$0.56	\$1.06	\$29.69	\$29.92	\$26.69	\$32.95	\$20.86
Other Services														
Ambulance	\$10.55	\$5.12	\$3.87	\$0.13	\$3.97	\$1.67	\$37.14	\$13.71	\$2.54	\$1.53	\$5.79	\$1.03	\$0.69	\$3.09
Non-Emergency Transportation	\$14.47	\$24.84	\$3.32	\$0.02	\$3.17	\$0.11	\$32.12	\$1.01	\$0.85	\$0.73	\$0.00	\$0.70	\$0.29	\$3.03
DME	\$19.81	\$16.89	\$2.91	\$0.00	\$1.52	\$0.02	\$116.32	\$3.11	\$1.96	\$3.51	\$2.75	\$1.15	\$1.81	\$4.30
Glasses / Contacts	\$1.58	\$1.73	\$1.48	\$0.00	\$1.25	\$0.00	\$0.03	\$0.00	\$0.01	\$1.98	\$3.14	\$1.27	\$1.72	\$1.29
Other	\$12.48	\$1.18	\$0.29	\$0.00	\$0.02	\$0.00	\$181.35	\$0.14	\$0.30	\$1.48	\$11.50	\$0.23	\$0.22	\$2.24
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Behavioral Health Total	\$0.79	\$0.15	\$0.14	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.29	\$0.07	\$0.13	\$0.11	\$0.22
Other Total	\$58.89	\$49.76	\$11.88	\$0.15	\$9.93	\$1.81	\$366.96	\$17.97	\$5.66	\$9.23	\$23.18	\$4.38	\$4.72	\$13.95
Total Behavioral Health	\$73.30	\$5.43	\$8.44	\$0.00	\$1.59	\$0.01	\$0.76	\$0.10	\$0.23	\$142.28	\$3,037.01	\$20.33	\$15.43	\$29.60
Grand Total	\$946.01	\$3,040.21	\$84.21	\$40.80	\$423.33	\$619.97	\$7,865.32	\$1,747.66	\$222.78	\$389.25	\$3,510.19	\$170.57	\$169.85	\$371.48

* The MYPAC rate cell contains FFS claims from Q1 to Q3 2018 rather than the full CY 2018 period.

Exhibit 11C
Mississippi Division of Medicaid
Summary of CY 2018* MississippiCAN Encounter and FFS Claims
Summary of Total Costs by Rate Cell

Member Months	768,834	1,090	510,505	510,505	135,337	135,337	6,311	76,100	258,792	77,192	5,469	3,169,462	334,192	5,343,284
% of Total Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	6.7%	3.1%	2.7%	0.0%	0.6%	0.0%	3.4%	2.0%	8.9%	1.5%	0.3%	1.9%	1.4%	3.8%
Surgical	9.0%	3.6%	5.7%	0.0%	1.3%	0.0%	10.5%	5.3%	7.1%	3.1%	0.3%	2.3%	1.9%	5.5%
Maternity / Deliveries	0.4%	0.0%	0.9%	77.9%	7.6%	77.5%	52.3%	69.4%	0.1%	0.3%	0.0%	0.7%	0.7%	10.7%
Psychiatric / Substance Abuse	3.4%	0.0%	1.9%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	24.7%	7.5%	3.7%	3.3%	3.0%
Skilled Nursing Facility	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inpatient Behavioral Health Total	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	19.9%	4.4%	2.6%	2.2%	1.3%
Inpatient Facility Total	19.4%	6.7%	11.1%	77.9%	9.9%	77.5%	66.2%	76.7%	16.1%	29.7%	8.1%	8.5%	7.4%	23.0%
Outpatient Facility Services														
Emergency Room	3.8%	1.1%	8.5%	0.0%	8.4%	0.0%	0.7%	1.4%	12.0%	2.3%	0.5%	6.5%	4.8%	4.9%
Urgent Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Radiology / Pathology	3.4%	13.1%	5.5%	0.0%	6.1%	0.0%	0.4%	0.5%	3.8%	1.3%	0.3%	2.6%	2.5%	3.0%
Psychiatric / Alcohol & Drug Abuse	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	3.0%	1.6%	1.2%
Pharmacy	4.2%	21.9%	3.0%	0.0%	2.6%	0.0%	1.9%	0.1%	1.0%	0.3%	0.0%	0.9%	0.7%	2.3%
Other	8.5%	10.1%	10.8%	0.0%	9.1%	0.0%	1.9%	1.0%	7.8%	4.2%	0.5%	7.0%	5.7%	7.0%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient Behavioral Health Total	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	3.0%	1.6%	1.3%
Outpatient Facility Total	20.8%	46.1%	27.9%	0.1%	26.1%	0.1%	4.9%	2.9%	24.6%	11.3%	1.4%	20.1%	15.2%	18.5%
Physician Services														
IP Visits	1.6%	0.5%	0.8%	0.3%	0.7%	0.2%	14.0%	8.6%	2.6%	1.1%	0.4%	0.5%	0.4%	1.9%
IP Surgery	0.6%	0.8%	0.6%	0.1%	0.2%	0.1%	0.8%	0.4%	0.6%	0.2%	0.0%	0.2%	0.2%	0.4%
Office / Home Visits	4.8%	3.4%	8.9%	0.0%	2.4%	0.0%	0.8%	2.2%	16.1%	6.4%	0.8%	11.9%	11.0%	7.1%
Preventive Exams & Immunizations	0.7%	0.4%	3.6%	0.8%	24.7%	0.6%	0.5%	6.5%	16.0%	2.3%	0.2%	3.9%	2.7%	3.5%
Urgent Care Visits	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.4%	0.4%	0.1%
ER Visits and Observation Care	1.2%	0.3%	2.5%	0.1%	2.8%	0.1%	0.2%	0.4%	3.8%	0.7%	0.2%	2.0%	1.4%	1.5%
OP Surgery	1.6%	3.6%	3.2%	0.0%	0.8%	0.0%	0.2%	0.2%	1.8%	1.3%	0.1%	2.3%	2.3%	1.7%
Physical Therapy	0.8%	0.5%	0.6%	0.0%	0.1%	0.0%	0.2%	0.0%	0.5%	1.6%	0.1%	1.3%	0.9%	0.8%
Psychiatric / Substance Abuse	4.3%	0.1%	1.5%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	12.0%	82.1%	5.6%	4.7%	4.4%
Radiology / Pathology	1.9%	4.4%	4.6%	0.8%	12.2%	0.8%	0.4%	0.3%	2.0%	1.0%	0.2%	2.0%	2.1%	2.3%
Vision, Hearing, and Speech Exams	0.5%	0.2%	1.0%	0.0%	0.8%	0.0%	0.1%	0.0%	0.2%	1.3%	0.0%	2.1%	2.6%	1.0%
Other	4.9%	17.6%	2.9%	19.3%	2.3%	19.9%	0.9%	0.3%	1.1%	2.3%	0.2%	1.4%	1.8%	3.8%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physician Behavioral Health Total	6.1%	0.2%	2.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	13.4%	82.1%	6.2%	5.2%	5.3%
Physician Total	23.2%	31.9%	30.4%	21.3%	47.5%	21.7%	18.0%	18.9%	44.9%	30.3%	84.4%	33.5%	30.4%	28.5%
Pharmacy Services														
Pharmacy	29.3%	13.4%	25.6%	0.3%	12.7%	0.4%	6.2%	0.5%	11.4%	18.7%	4.6%	19.7%	24.8%	20.7%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pharmacy Total	29.3%	13.4%	25.6%	0.3%	12.7%	0.4%	6.2%	0.5%	11.4%	18.7%	4.6%	19.7%	24.8%	20.7%
Dental Services														
Dental	1.1%	0.3%	2.1%	0.0%	1.5%	0.0%	0.0%	0.0%	0.5%	7.6%	0.9%	15.6%	19.4%	5.6%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dental Total	1.1%	0.3%	2.1%	0.0%	1.5%	0.0%	0.0%	0.0%	0.5%	7.6%	0.9%	15.6%	19.4%	5.6%
Other Services														
Ambulance	1.1%	0.2%	1.0%	0.3%	0.9%	0.3%	0.5%	0.8%	1.1%	0.4%	0.2%	0.6%	0.4%	0.8%
Non-Emergency Transportation	1.5%	0.8%	0.8%	0.0%	0.7%	0.0%	0.4%	0.1%	0.4%	0.2%	0.0%	0.4%	0.2%	0.8%
DME	2.1%	0.6%	0.7%	0.0%	0.4%	0.0%	1.5%	0.2%	0.9%	0.1%	0.0%	0.7%	1.1%	1.2%
Glasses / Contacts	0.2%	0.1%	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.5%	0.1%	0.7%	1.0%	0.3%
Other	1.3%	0.0%	0.1%	0.0%	0.0%	0.0%	2.3%	0.0%	0.1%	0.4%	0.3%	0.1%	0.1%	0.6%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Behavioral Health Total	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%
Other Total	6.2%	1.6%	3.0%	0.4%	2.3%	0.3%	4.7%	1.0%	2.5%	2.4%	0.7%	2.6%	2.8%	3.8%
Total Behavioral Health	7.7%	0.2%	2.1%	0.0%	0.4%	0.0%	0.0%	0.0%	0.1%	36.6%	86.5%	11.9%	9.1%	8.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* The MYPAC rate cell contains FFS claims from Q1 to Q3 2018 rather than the full CY 2018 period.

Exhibit 11D
Mississippi Division of Medicaid
Summary of CY 2018* MississippiCAN Encounter and FFS Claims
Summary of Utilization/1000 and Average Charge by Rate Cell

Member Months	768,834	1,090	510,505	510,505	135,337	135,337	6,311	76,100	258,792	77,192	5,469	3,169,462	334,192	5,343,284
Utilization/1000														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	101.7	55.0	22.5	0.0	5.3	0.0	294.7	71.1	50.3	10.1	17.6	7.7	5.0	25.8
Surgical	52.4	121.1	20.7	0.0	3.8	0.1	193.9	38.6	10.2	6.5	6.6	2.7	2.0	12.7
Maternity / Deliveries	6.5	0.0	6.8	65.5	70.0	1,103.1	427.8	3,093.5	0.4	3.0	4.4	2.7	3.1	84.0
Psychiatric / Substance Abuse	52.6	0.0	16.2	0.0	4.4	0.0	0.0	0.0	0.0	82.9	449.8	9.3	8.0	16.9
Skilled Nursing Facility	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inpatient Behavioral Health Total	8.6	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.0	53.2	247.9	6.0	5.0	6.1
Inpatient Facility Total	213.2	176.1	66.2	65.5	83.5	1,103.2	916.5	3,203.3	60.9	102.4	478.3	22.4	18.0	139.4
Pharmacy Services														
Pharmacy	27,768.0	38,587.2	17,546.2	98.1	9,717.8	1,601.2	13,709.4	3,367.6	7,568.9	10,804.9	24,065.8	6,456.8	6,362.6	10,815.2
Pharmacy Total	27,768.0	38,587.2	17,546.2	98.1	9,717.8	1,601.2	13,709.4	3,367.6	7,568.9	10,804.9	24,065.8	6,456.8	6,362.6	10,815.2
Average Charge														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$7,434.39	\$20,820.76	\$5,675.61	\$0.00	\$5,727.33	\$0.00	\$10,924.89	\$5,948.17	\$4,751.50	\$7,105.98	\$6,615.92	\$4,919.74	\$5,762.89	\$6,550.44
Surgical	\$19,470.01	\$10,745.46	\$13,293.02	\$0.00	\$16,671.66	\$9,555.72	\$51,168.52	\$28,593.76	\$18,619.43	\$22,323.94	\$17,498.40	\$17,416.50	\$19,967.21	\$19,174.66
Maternity / Deliveries	\$6,860.26	\$0.00	\$6,552.53	\$5,818.17	\$5,543.58	\$5,225.91	\$115,327.29	\$4,703.67	\$5,630.62	\$4,730.08	\$3,709.79	\$5,347.24	\$5,006.62	\$5,695.26
Psychiatric / Substance Abuse	\$7,290.26	\$0.00	\$5,561.26	\$0.00	\$5,053.23	\$0.00	\$0.00	\$0.00	\$0.00	\$13,939.42	\$7,065.97	\$8,184.07	\$8,545.94	\$7,910.52
Skilled Nursing Facility	\$1,429.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$714.61
Inpatient Behavioral Health Total	\$8,276.93	\$0.00	\$6,402.07	\$0.00	\$6,945.03	\$0.00	\$0.00	\$0.00	\$0.00	\$17,468.32	\$7,446.04	\$8,813.60	\$9,201.49	\$9,741.73
Inpatient Facility Total	\$10,337.52	\$13,893.99	\$8,113.90	\$5,818.17	\$6,037.22	\$5,226.82	\$68,176.74	\$5,019.43	\$7,081.17	\$13,534.26	\$7,162.23	\$7,800.61	\$8,432.48	\$7,350.05
Pharmacy Services														
Pharmacy	\$119.76	\$126.56	\$70.44	\$16.69	\$66.22	\$16.74	\$427.71	\$30.18	\$40.14	\$81.03	\$80.03	\$62.36	\$79.37	\$85.33
Pharmacy Total	\$119.76	\$126.56	\$70.44	\$16.69	\$66.22	\$16.74	\$427.71	\$30.18	\$40.14	\$81.03	\$80.03	\$62.36	\$79.37	\$85.33

* The MYPAC rate cell contains FFS claims from Q1 to Q3 2018 rather than the full CY 2018 period.

Exhibit 11E
Mississippi Division of Medicaid
Summary of CY 2019 MississippiCAN Encounter Claims
Summary of Total Costs by Rate Cell

Member Months	765,558	1,187	493,779	493,779	137,224	137,224	6,340	75,312	252,667	78,904	7,776	3,071,992	332,512	5,223,251
	Total Allowed Cost													
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$49,048,956	\$93,607	\$5,696,101	\$4,774	\$290,622	\$0	\$1,384,220	\$2,440,819	\$4,087,342	\$385,662	\$69,248	\$8,766,093	\$647,376	\$72,914,821
Surgical	\$69,917,176	\$134,344	\$10,592,345	\$0	\$423,608	\$11,995	\$7,016,284	\$6,299,626	\$5,023,959	\$605,211	\$564,472	\$14,245,804	\$1,194,170	\$116,028,994
Maternity / Deliveries	\$2,255,061	\$0	\$1,737,145	\$16,136,004	\$3,973,247	\$62,926,649	\$22,541,756	\$95,276,289	\$522,479	\$78,494	\$33,605	\$3,831,013	\$388,667	\$209,700,410
Psychiatric / Substance Abuse	\$26,261,596	\$0	\$3,081,700	\$0	\$145,728	\$0	\$11,489	\$0	\$16,551	\$22,447,128	\$3,290,286	\$30,363,369	\$3,137,090	\$88,754,937
Skilled Nursing Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Missing Data	\$901	\$0	\$28,702	\$19,398	\$1,260	\$16,442	\$0	\$169,012	\$0	\$26,057	\$0	\$6,716	\$0	\$268,488
Inpatient Behavioral Health Total	\$7,263,528	\$0	\$188,241	\$0	\$25,424	\$0	\$0	\$0	\$0	\$21,257,226	\$2,331,344	\$24,849,047	\$2,610,178	\$58,524,988
Inpatient Facility Total	\$147,483,689	\$227,951	\$21,135,993	\$16,160,176	\$4,834,465	\$62,955,087	\$30,953,749	\$104,185,746	\$9,650,331	\$23,542,551	\$3,957,611	\$57,212,995	\$5,367,303	\$487,667,649
Outpatient Facility Services														
Emergency Room	\$28,467,029	\$34,884	\$17,397,827	\$12,061	\$5,117,500	\$40,245	\$344,227	\$1,840,069	\$7,273,334	\$735,853	\$192,379	\$37,237,670	\$2,797,528	\$101,490,605
Urgent Care	\$173	\$0	\$103	\$0	\$0	\$0	\$0	\$0	\$1,351	\$0	\$0	\$2,171	\$192	\$3,990
Radiology / Pathology	\$24,538,892	\$396,253	\$10,779,802	\$5,867	\$3,750,480	\$27,745	\$187,279	\$710,413	\$2,364,271	\$435,073	\$90,570	\$15,222,433	\$1,566,005	\$60,075,083
Psychiatric / Alcohol & Drug Abuse	\$6,036,510	\$0	\$1,862	\$0	\$0	\$0	\$0	\$0	\$0	\$958,661	\$7,264	\$14,886,062	\$927,553	\$22,817,911
Pharmacy	\$36,791,153	\$1,111,201	\$5,867,515	\$6,622	\$1,645,719	\$27,379	\$35,077	\$109,766	\$372,728	\$53,810	\$11,848	\$5,090,180	\$579,933	\$51,702,932
Other	\$62,147,002	\$307,765	\$21,160,888	\$32,169	\$5,356,824	\$95,753	\$869,263	\$1,352,154	\$4,726,551	\$1,237,456	\$114,452	\$37,277,488	\$3,173,802	\$137,851,568
Missing Data	\$57,075	\$0	\$23,481	\$14	\$34,460	\$261	\$57	\$28	\$1,226	\$104	\$0	\$14,122	\$169	\$130,997
Outpatient Behavioral Health Total	\$6,081,195	\$0	\$1,722	\$0	\$0	\$0	\$0	\$0	\$0	\$960,774	\$7,423	\$14,957,416	\$932,732	\$22,941,262
Outpatient Facility Total	\$158,037,834	\$1,850,103	\$55,231,478	\$56,733	\$15,904,982	\$191,383	\$1,435,903	\$4,012,431	\$14,739,463	\$3,420,956	\$416,512	\$109,730,127	\$9,045,181	\$374,073,086
Physician Services														
IP Visits	\$12,735,356	\$12,184	\$1,624,765	\$46,674	\$352,803	\$190,485	\$7,373,070	\$11,828,265	\$1,875,115	\$377,959	\$166,445	\$2,718,673	\$210,103	\$39,511,897
IP Surgery	\$4,934,763	\$27,264	\$1,149,585	\$36,341	\$115,445	\$83,905	\$439,383	\$496,311	\$330,372	\$43,634	\$29,965	\$1,351,492	\$136,756	\$9,175,215
Office / Home Visits	\$35,414,626	\$123,452	\$18,076,527	\$437	\$1,423,904	\$3,358	\$431,054	\$3,008,137	\$9,451,806	\$2,154,300	\$241,654	\$68,030,028	\$6,823,981	\$145,183,262
Preventive Exams & Immunizations	\$4,812,262	\$12,092	\$7,139,031	\$165,458	\$14,104,940	\$474,677	\$220,184	\$8,377,947	\$9,220,359	\$729,482	\$72,326	\$21,675,379	\$1,611,657	\$68,615,793
Urgent Care Visits	\$311,680	\$328	\$492,612	\$0	\$46,952	\$0	\$1,538	\$2,664	\$125,828	\$81,436	\$6,718	\$2,502,109	\$273,479	\$3,845,343
ER Visits and Observation Care	\$8,973,379	\$12,448	\$5,228,836	\$17,757	\$1,687,160	\$68,918	\$112,620	\$587,489	\$2,213,469	\$230,813	\$64,492	\$11,467,520	\$849,875	\$31,514,774
OP Surgery	\$11,830,790	\$90,957	\$6,180,337	\$2,269	\$446,410	\$3,473	\$132,470	\$213,296	\$1,032,759	\$457,798	\$41,199	\$12,405,290	\$1,210,666	\$34,047,714
Physical Therapy	\$6,798,634	\$5,719	\$1,109,538	\$0	\$26,735	\$0	\$199,541	\$3,936	\$285,003	\$549,010	\$43,965	\$6,861,486	\$533,781	\$16,417,346
Psychiatric / Substance Abuse	\$31,733,693	\$3,700	\$3,108,629	\$575	\$169,637	\$538	\$113	\$1,555	\$477	\$3,843,569	\$21,336,734	\$31,392,413	\$3,021,992	\$94,613,624
Radiology / Pathology	\$13,726,173	\$138,649	\$9,133,239	\$152,508	\$7,083,465	\$557,542	\$205,024	\$477,032	\$1,651,171	\$377,897	\$66,289	\$13,326,825	\$1,447,394	\$48,343,209
Vision, Hearing, and Speech Exams	\$3,778,979	\$6,518	\$2,048,567	\$0	\$433,688	\$0	\$34,673	\$21,327	\$90,609	\$405,072	\$43,626	\$10,862,569	\$1,472,382	\$19,198,011
Other	\$35,628,709	\$774,615	\$5,413,444	\$3,877,530	\$1,236,251	\$15,701,192	\$715,131	\$481,988	\$804,879	\$1,018,501	\$85,231	\$7,552,275	\$1,715,893	\$75,005,639
Missing Data	\$37,990	\$0	\$11,588	\$677	\$558	\$388	\$0	\$210	\$1,522	\$4,435	\$498	\$43,141	\$4,256	\$105,264
Physician Behavioral Health Total	\$36,073,150	\$4,952	\$3,781,353	\$423	\$197,451	\$712	\$2,487	\$9,113	\$70,617	\$4,243,636	\$21,357,713	\$34,892,907	\$3,374,708	\$104,009,220
Physician Total	\$170,717,035	\$1,207,925	\$60,716,697	\$4,300,224	\$27,127,947	\$17,084,477	\$9,864,800	\$25,500,158	\$27,083,369	\$10,273,904	\$22,199,141	\$190,189,200	\$19,312,214	\$585,577,092
Pharmacy Services														
Pharmacy	\$236,660,714	\$627,794	\$56,566,654	\$79,816	\$7,075,967	\$317,743	\$3,717,886	\$669,632	\$6,016,033	\$5,836,415	\$1,276,733	\$106,880,645	\$14,449,149	\$440,175,181
Missing Data	\$89,566	\$12	\$15,168	\$18	\$2,163	\$89	\$157	\$612	\$7,817	\$101	\$463	\$33,330	\$9,003	\$158,501
Pharmacy Total	\$236,750,280	\$627,806	\$56,581,822	\$79,834	\$7,078,131	\$317,833	\$3,718,043	\$670,244	\$6,023,850	\$5,836,516	\$1,277,196	\$106,913,975	\$14,458,152	\$440,333,682
Dental Services														
Dental	\$7,166,959	\$9,718	\$3,443,218	\$323	\$686,206	\$324	\$4,494	\$49,420	\$249,559	\$2,145,298	\$245,929	\$79,120,267	\$10,862,854	\$103,984,570
Missing Data	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$328	\$328
Dental Total	\$7,166,959	\$9,718	\$3,443,218	\$323	\$686,206	\$324	\$4,494	\$49,420	\$249,559	\$2,145,298	\$245,929	\$79,120,267	\$10,863,182	\$103,984,898
Other Services														
Ambulance	\$7,843,235	\$4,994	\$1,817,679	\$86,109	\$537,961	\$188,481	\$235,937	\$858,893	\$581,810	\$118,720	\$75,076	\$3,304,100	\$257,947	\$15,910,940
Non-Emergency Transportation	\$10,482,618	\$24,320	\$1,491,484	\$4,922	\$323,884	\$9,259	\$186,284	\$68,031	\$180,461	\$45,797	\$29,433	\$1,918,173	\$83,973	\$14,848,640
DME	\$18,322,669	\$17,247	\$1,983,188	\$1,066	\$239,677	\$5,096	\$637,979	\$166,909	\$590,534	\$417,109	\$20,596	\$5,104,971	\$848,289	\$28,355,329
Glasses / Contacts	\$1,192,871	\$1,942	\$721,485	\$0	\$167,646	\$105	\$947	\$0	\$1,568	\$155,979	\$19,245	\$3,962,384	\$580,960	\$6,805,132
Other	\$9,668,055	\$496	\$184,631	\$0	\$3,969	\$0	\$615,277	\$8,444	\$7,571	\$221,302	\$2,382	\$892,500	\$79,861	\$11,684,489
Missing Data	\$12,274	\$0	\$394	\$4	\$0	\$0	\$0	\$0	\$0	\$37	\$0	\$12,364	\$0	\$25,073
Other Behavioral Health Total	\$592,014	\$160	\$61,186	\$0	\$2,098	\$0	\$0	\$0	\$0	\$26,134	\$2,346	\$450,188	\$52,519	\$1,186,644
Other Total	\$47,521,722	\$48,999	\$6,198,861	\$92,100	\$1,273,137	\$202,941	\$1,676,424	\$1,102,277	\$1,361,943	\$958,944	\$146,732	\$15,194,493	\$1,851,030	\$77,629,604
Total Behavioral Health	\$50,009,887	\$5,111	\$4,032,501	\$423	\$224,973	\$712	\$2,487	\$9,113	\$70,617	\$26,487,770	\$23,698,826	\$75,149,558	\$6,970,136	\$186,662,114
Grand Total	\$767,677,519	\$3,972,503	\$203,308,069	\$20,689,391	\$56,904,869	\$80,752,044	\$47,653,414	\$135,520,276	\$59,108,516	\$46,178,169	\$28,243,122	\$558,361,057	\$60,897,062	\$2,069,266,011

Exhibit 11F
Mississippi Division of Medicaid
Summary of CY 2019 MississippiCAN Encounter Claims
Summary of Allowed PMPM by Rate Cell

Member Months	765,558	1,187	493,779	493,779	137,224	137,224	6,340	75,312	252,667	78,904	7,776	3,071,992	332,512	5,223,251
PMPM Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$64.07	\$78.86	\$11.54	\$0.01	\$2.12	\$0.00	\$218.33	\$32.41	\$16.18	\$4.89	\$8.91	\$2.85	\$1.95	\$13.96
Surgical	\$91.33	\$113.18	\$21.45	\$0.00	\$3.09	\$0.09	\$1,106.67	\$83.65	\$19.88	\$7.67	\$72.59	\$4.64	\$3.59	\$22.21
Maternity / Deliveries	\$2.95	\$0.00	\$3.52	\$32.68	\$28.95	\$458.57	\$3,555.48	\$1,265.09	\$2.07	\$0.99	\$4.32	\$1.25	\$1.17	\$40.15
Psychiatric / Substance Abuse	\$34.30	\$0.00	\$6.24	\$0.00	\$1.06	\$0.00	\$1.81	\$0.00	\$0.07	\$284.49	\$423.13	\$9.88	\$9.43	\$16.99
Skilled Nursing Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Missing Data	\$0.00	\$0.00	\$0.06	\$0.04	\$0.01	\$0.12	\$0.00	\$2.24	\$0.00	\$0.33	\$0.00	\$0.00	\$0.00	\$0.05
Inpatient Behavioral Health Total	\$9.49	\$0.00	\$0.38	\$0.00	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$269.41	\$299.81	\$8.09	\$7.85	\$11.20
Inpatient Facility Total	\$192.65	\$192.04	\$42.80	\$32.73	\$35.23	\$458.78	\$4,882.29	\$1,383.39	\$38.19	\$298.37	\$508.95	\$18.62	\$16.14	\$93.36
Outpatient Facility Services														
Emergency Room	\$37.18	\$29.39	\$35.23	\$0.02	\$37.29	\$0.29	\$54.29	\$24.43	\$28.79	\$9.33	\$24.74	\$12.12	\$8.41	\$19.43
Urgent Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiology / Pathology	\$32.05	\$333.83	\$21.83	\$0.01	\$27.33	\$0.20	\$29.54	\$9.43	\$9.36	\$5.51	\$11.65	\$4.96	\$4.71	\$11.50
Psychiatric / Alcohol & Drug Abuse	\$7.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.15	\$0.93	\$4.85	\$2.79	\$4.37
Pharmacy	\$48.06	\$936.14	\$11.88	\$0.01	\$11.99	\$0.20	\$5.53	\$1.46	\$1.48	\$0.68	\$1.52	\$1.66	\$1.74	\$9.90
Other	\$81.18	\$259.28	\$42.85	\$0.07	\$39.04	\$0.70	\$137.11	\$17.95	\$18.71	\$15.68	\$14.72	\$12.13	\$9.54	\$26.39
Missing Data	\$0.07	\$0.00	\$0.05	\$0.00	\$0.25	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.03
Outpatient Behavioral Health Total	\$7.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.18	\$0.95	\$4.87	\$2.81	\$4.39
Outpatient Facility Total	\$206.43	\$1,558.64	\$111.85	\$0.11	\$115.91	\$1.39	\$226.48	\$53.28	\$58.34	\$43.36	\$53.56	\$35.72	\$27.20	\$71.62
Physician Services														
IP Visits	\$16.64	\$10.26	\$3.29	\$0.09	\$2.57	\$1.39	\$1,162.94	\$157.06	\$7.42	\$4.79	\$21.41	\$0.88	\$0.63	\$7.56
IP Surgery	\$6.45	\$22.97	\$2.33	\$0.07	\$0.84	\$0.61	\$69.30	\$6.59	\$1.31	\$0.55	\$3.85	\$0.44	\$0.41	\$1.76
Office / Home Visits	\$46.26	\$104.00	\$36.61	\$0.00	\$10.38	\$0.02	\$67.99	\$39.94	\$37.41	\$27.30	\$31.08	\$22.15	\$20.52	\$27.80
Preventive Exams & Immunizations	\$6.29	\$10.19	\$14.46	\$0.34	\$102.79	\$3.46	\$34.73	\$111.24	\$36.49	\$9.25	\$9.30	\$7.06	\$4.85	\$13.14
Urgent Care Visits	\$0.41	\$0.28	\$1.00	\$0.00	\$0.34	\$0.00	\$0.24	\$0.04	\$0.50	\$1.03	\$0.86	\$0.81	\$0.82	\$0.74
ER Visits and Observation Care	\$11.72	\$10.49	\$10.59	\$0.04	\$12.29	\$0.50	\$17.76	\$7.80	\$8.76	\$2.93	\$8.29	\$3.73	\$2.56	\$6.03
OP Surgery	\$15.45	\$76.63	\$12.52	\$0.00	\$3.25	\$0.03	\$20.89	\$2.83	\$4.09	\$5.80	\$5.30	\$4.04	\$3.64	\$6.52
Physical Therapy	\$8.88	\$4.82	\$2.25	\$0.00	\$0.19	\$0.00	\$31.47	\$0.05	\$1.13	\$6.96	\$5.65	\$2.23	\$1.61	\$3.14
Psychiatric / Substance Abuse	\$41.45	\$3.12	\$6.30	\$0.00	\$1.24	\$0.00	\$0.02	\$0.02	\$0.00	\$48.71	\$2,743.92	\$10.22	\$9.09	\$18.11
Radiology / Pathology	\$17.93	\$116.81	\$18.50	\$0.31	\$51.62	\$4.06	\$32.34	\$6.33	\$6.53	\$4.79	\$8.52	\$4.34	\$4.35	\$9.26
Vision, Hearing, and Speech Exams	\$4.94	\$5.49	\$4.15	\$0.00	\$3.16	\$0.00	\$5.47	\$0.28	\$0.36	\$5.13	\$5.61	\$3.54	\$4.43	\$3.68
Other	\$46.54	\$652.58	\$10.96	\$7.85	\$9.01	\$114.42	\$112.80	\$6.40	\$3.19	\$12.91	\$10.96	\$2.46	\$5.16	\$14.36
Missing Data	\$0.05	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.06	\$0.06	\$0.01	\$0.01	\$0.02
Physician Behavioral Health Total	\$47.12	\$4.17	\$7.66	\$0.00	\$1.44	\$0.01	\$0.39	\$0.12	\$0.28	\$53.78	\$2,746.62	\$11.36	\$10.15	\$19.91
Physician Total	\$223.00	\$1,017.63	\$122.96	\$8.71	\$197.69	\$124.50	\$1,555.96	\$338.59	\$107.19	\$130.21	\$2,854.83	\$61.91	\$58.08	\$112.11
Pharmacy Services														
Pharmacy	\$309.13	\$528.89	\$114.56	\$0.16	\$51.57	\$2.32	\$586.42	\$8.89	\$23.81	\$73.97	\$164.19	\$34.79	\$43.45	\$84.27
Missing Data	\$0.12	\$0.01	\$0.03	\$0.00	\$0.02	\$0.00	\$0.02	\$0.01	\$0.03	\$0.00	\$0.06	\$0.01	\$0.03	\$0.03
Pharmacy Total	\$309.25	\$528.90	\$114.59	\$0.16	\$51.58	\$2.32	\$586.44	\$8.90	\$23.84	\$73.97	\$164.25	\$34.80	\$43.48	\$84.30
Dental Services														
Dental	\$9.36	\$8.19	\$6.97	\$0.00	\$5.00	\$0.00	\$0.71	\$0.66	\$0.99	\$27.19	\$31.63	\$25.76	\$32.67	\$19.91
Missing Data	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental Total	\$9.36	\$8.19	\$6.97	\$0.00	\$5.00	\$0.00	\$0.71	\$0.66	\$0.99	\$27.19	\$31.63	\$25.76	\$32.67	\$19.91
Other Services														
Ambulance	\$10.25	\$4.21	\$3.68	\$0.17	\$3.92	\$1.37	\$37.21	\$11.40	\$2.30	\$1.50	\$9.65	\$1.08	\$0.78	\$3.05
Non-Emergency Transportation	\$13.69	\$20.49	\$3.02	\$0.01	\$2.36	\$0.07	\$29.38	\$0.90	\$0.71	\$0.58	\$3.79	\$0.62	\$0.25	\$2.84
DME	\$23.93	\$14.53	\$4.02	\$0.00	\$1.75	\$0.04	\$100.63	\$2.22	\$2.34	\$5.29	\$2.65	\$1.66	\$2.55	\$5.43
Glasses / Contacts	\$1.56	\$1.64	\$1.46	\$0.00	\$1.22	\$0.00	\$0.15	\$0.00	\$0.01	\$1.98	\$2.47	\$1.29	\$1.75	\$1.30
Other	\$12.63	\$0.42	\$0.37	\$0.00	\$0.03	\$0.00	\$97.05	\$0.11	\$0.03	\$2.80	\$0.31	\$0.29	\$0.24	\$2.24
Missing Data	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Behavioral Health Total	\$0.77	\$0.13	\$0.12	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.33	\$0.30	\$0.15	\$0.16	\$0.23
Other Total	\$62.07	\$41.28	\$12.55	\$0.19	\$9.28	\$1.48	\$264.42	\$14.64	\$5.39	\$12.15	\$18.87	\$4.95	\$5.57	\$14.86
Total Behavioral Health	\$65.32	\$4.31	\$8.17	\$0.00	\$1.64	\$0.01	\$0.39	\$0.12	\$0.28	\$335.70	\$3,047.69	\$24.46	\$20.96	\$35.74
Grand Total	\$1,002.77	\$3,346.67	\$411.74	\$41.90	\$414.69	\$588.47	\$7,516.31	\$1,799.45	\$233.94	\$585.24	\$3,632.09	\$181.76	\$183.14	\$396.16

Exhibit 11G
Mississippi Division of Medicaid
Summary of CY 2019 MississippiCAN Encounter Claims
Summary of Total Costs by Rate Cell

Member Months	765,558	1,187	493,779	493,779	137,224	137,224	6,340	75,312	252,667	78,904	7,776	3,071,992	332,512	5,223,251
	% of Total Allowed Cost													
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	6.4%	2.4%	2.8%	0.0%	0.5%	0.0%	2.9%	1.8%	6.9%	0.8%	0.2%	1.6%	1.1%	3.5%
Surgical	9.1%	3.4%	5.2%	0.0%	0.7%	0.0%	14.7%	4.6%	8.5%	1.3%	2.0%	2.6%	2.0%	5.6%
Maternity / Deliveries	0.3%	0.0%	0.9%	78.0%	7.0%	77.9%	47.3%	70.3%	0.9%	0.2%	0.1%	0.7%	0.6%	10.1%
Psychiatric / Substance Abuse	3.4%	0.0%	1.5%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	48.6%	11.6%	5.4%	5.2%	4.3%
Skilled Nursing Facility	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing Data	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Inpatient Behavioral Health Total	0.9%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46.0%	8.3%	4.5%	4.3%	2.8%
Inpatient Facility Total	19.2%	5.7%	10.4%	78.1%	8.5%	78.0%	65.0%	76.9%	16.3%	51.0%	14.0%	10.2%	8.8%	23.6%
Outpatient Facility Services														
Emergency Room	3.7%	0.9%	8.6%	0.1%	9.0%	0.0%	0.7%	1.4%	12.3%	1.6%	0.7%	6.7%	4.6%	4.9%
Urgent Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Radiology / Pathology	3.2%	10.0%	5.3%	0.0%	6.6%	0.0%	0.4%	0.5%	4.0%	0.9%	0.3%	2.7%	2.6%	2.9%
Psychiatric / Alcohol & Drug Abuse	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	2.7%	1.5%	1.1%
Pharmacy	4.8%	28.0%	2.9%	0.0%	2.9%	0.0%	0.1%	0.1%	0.6%	0.1%	0.0%	0.9%	1.0%	2.5%
Other	8.1%	7.7%	10.4%	0.2%	9.4%	0.1%	1.8%	1.0%	8.0%	2.7%	0.4%	6.7%	5.2%	6.7%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient Behavioral Health Total	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	2.7%	1.5%	1.1%
Outpatient Facility Total	20.6%	46.6%	27.2%	0.3%	28.0%	0.2%	3.0%	3.0%	24.9%	7.4%	1.5%	19.7%	14.9%	18.1%
Physician Services														
IP Visits	1.7%	0.3%	0.8%	0.2%	0.6%	0.2%	15.5%	8.7%	3.2%	0.8%	0.6%	0.5%	0.3%	1.9%
IP Surgery	0.6%	0.7%	0.6%	0.2%	0.2%	0.1%	0.9%	0.4%	0.6%	0.1%	0.1%	0.2%	0.2%	0.4%
Office / Home Visits	4.6%	3.1%	8.9%	0.0%	2.5%	0.0%	0.9%	2.2%	16.0%	4.7%	0.9%	12.2%	11.2%	7.0%
Preventive Exams & Immunizations	0.6%	0.3%	3.5%	0.8%	24.8%	0.6%	0.5%	6.2%	15.6%	1.6%	0.3%	3.9%	2.6%	3.3%
Urgent Care Visits	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.4%	0.4%	0.2%
ER Visits and Observation Care	1.2%	0.3%	2.6%	0.1%	3.0%	0.1%	0.2%	0.4%	3.7%	0.5%	0.2%	2.1%	1.4%	1.5%
OP Surgery	1.5%	2.3%	3.0%	0.0%	0.8%	0.0%	0.3%	0.2%	1.7%	1.0%	0.1%	2.2%	2.0%	1.6%
Physical Therapy	0.9%	0.1%	0.5%	0.0%	0.0%	0.0%	0.4%	0.0%	0.5%	1.2%	0.2%	1.2%	0.9%	0.8%
Psychiatric / Substance Abuse	4.1%	0.1%	1.5%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	8.3%	75.5%	5.6%	5.0%	4.6%
Radiology / Pathology	1.8%	3.5%	4.5%	0.7%	12.4%	0.7%	0.4%	0.4%	2.8%	0.8%	0.2%	2.4%	2.4%	2.3%
Vision, Hearing, and Speech Exams	0.5%	0.2%	1.0%	0.0%	0.8%	0.0%	0.1%	0.0%	0.2%	0.9%	0.2%	1.9%	2.4%	0.9%
Other	4.6%	19.5%	2.7%	18.7%	2.2%	19.4%	1.5%	0.4%	1.4%	2.2%	0.3%	1.4%	2.8%	3.6%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physician Behavioral Health Total	4.7%	0.1%	1.9%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	9.2%	75.6%	6.2%	5.5%	5.0%
Physician Total	22.2%	30.4%	29.9%	20.8%	47.7%	21.2%	20.7%	18.8%	45.8%	22.2%	78.6%	34.1%	31.7%	28.3%
Pharmacy Services														
Pharmacy	30.8%	15.8%	27.8%	0.4%	12.4%	0.4%	7.8%	0.5%	10.2%	12.6%	4.5%	19.1%	23.7%	21.3%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pharmacy Total	30.8%	15.8%	27.8%	0.4%	12.4%	0.4%	7.8%	0.5%	10.2%	12.6%	4.5%	19.1%	23.7%	21.3%
Dental Services														
Dental	0.9%	0.2%	1.7%	0.0%	1.2%	0.0%	0.0%	0.0%	0.4%	4.6%	0.9%	14.2%	17.8%	5.0%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dental Total	0.9%	0.2%	1.7%	0.0%	1.2%	0.0%	0.0%	0.0%	0.4%	4.6%	0.9%	14.2%	17.8%	5.0%
Other Services														
Ambulance	1.0%	0.1%	0.9%	0.4%	0.9%	0.2%	0.5%	0.6%	1.0%	0.3%	0.3%	0.6%	0.4%	0.8%
Non-Emergency Transportation	1.4%	0.6%	0.7%	0.0%	0.6%	0.0%	0.4%	0.1%	0.3%	0.1%	0.1%	0.3%	0.1%	0.7%
DME	2.4%	0.4%	1.0%	0.0%	0.4%	0.0%	1.3%	0.1%	1.0%	0.9%	0.1%	0.9%	1.4%	1.4%
Glasses / Contacts	0.2%	0.0%	0.4%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.7%	1.0%	0.3%
Other	1.3%	0.0%	0.1%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.5%	0.0%	0.2%	0.1%	0.6%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Behavioral Health Total	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%
Other Total	6.2%	1.2%	3.0%	0.4%	2.2%	0.3%	3.5%	0.8%	2.3%	2.1%	0.5%	2.7%	3.0%	3.8%
Total Behavioral Health	6.5%	0.1%	2.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.1%	57.4%	83.9%	13.5%	11.4%	9.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 11H
Mississippi Division of Medicaid
Summary of CY 2019 MississippiCAN Encounter Claims
Summary of Utilization/1000 and Average Charge by Rate Cell

Member Months	765,558	1,187	493,779	493,779	137,224	137,224	6,340	75,312	252,667	78,904	7,776	3,071,992	332,512	5,223,251
Utilization/1000														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	102.7	131.4	24.7	0.0	4.9	0.0	314.2	66.1	44.2	8.7	15.4	7.2	4.3	25.7
Surgical	56.6	121.3	19.4	0.0	3.1	0.1	215.8	42.2	9.8	4.7	1.5	2.9	2.8	13.6
Maternity / Deliveries	5.8	0.0	8.5	74.2	77.4	1,128.5	353.9	3,508.1	0.6	1.8	6.2	3.2	3.0	93.5
Psychiatric / Substance Abuse	62.3	0.0	16.5	0.0	2.7	0.0	1.9	0.0	0.0	140.7	564.8	13.1	11.1	22.1
Skilled Nursing Facility	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inpatient Behavioral Health Total	13.1	0.0	0.9	0.0	0.3	0.0	0.0	0.0	0.0	113.8	392.0	9.7	8.2	10.5
Inpatient Facility Total	227.4	252.7	69.1	74.2	88.1	1,128.6	885.8	3,616.5	54.7	155.9	588.0	26.4	21.2	154.9
Pharmacy Services														
Pharmacy	27,488.8	38,527.4	17,401.4	108.5	9,423.1	1,582.7	13,487.7	3,428.6	7,366.1	11,538.7	26,095.7	6,779.4	6,712.0	11,032.0
Pharmacy Total	27,488.8	38,527.4	17,401.4	108.5	9,423.1	1,582.7	13,487.7	3,428.6	7,366.1	11,538.7	26,095.7	6,779.4	6,712.0	11,032.0
Average Charge														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$7,484.96	\$7,200.57	\$5,606.40	\$4,774.06	\$5,189.68	\$0.00	\$8,338.68	\$5,881.49	\$4,390.27	\$6,765.99	\$6,924.79	\$4,759.01	\$5,440.14	\$6,522.48
Surgical	\$19,373.01	\$11,195.33	\$13,240.43	\$0.00	\$12,103.07	\$11,995.12	\$61,546.35	\$23,772.17	\$24,270.33	\$19,522.92	\$564,472.15	\$18,994.41	\$15,508.70	\$19,659.27
Maternity / Deliveries	\$6,111.28	\$0.00	\$4,977.49	\$5,287.03	\$4,489.55	\$4,876.14	\$120,544.15	\$4,327.40	\$40,190.67	\$6,541.16	\$8,401.31	\$4,729.65	\$4,626.99	\$5,153.99
Psychiatric / Substance Abuse	\$6,603.37	\$0.00	\$4,551.99	\$0.00	\$4,700.91	\$0.00	\$11,488.65	\$0.00	\$16,550.98	\$24,267.17	\$8,989.85	\$9,058.28	\$10,185.36	\$9,208.85
Skilled Nursing Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inpatient Behavioral Health Total	\$8,698.84	\$0.00	\$5,228.91	\$0.00	\$6,356.05	\$0.00	\$0.00	\$0.00	\$0.00	\$28,418.75	\$9,178.52	\$10,027.86	\$11,549.46	\$12,775.59
Inpatient Facility Total	\$10,165.68	\$9,118.05	\$7,437.01	\$5,293.21	\$4,800.86	\$4,877.97	\$66,140.49	\$4,590.29	\$8,377.02	\$22,968.34	\$10,387.43	\$8,470.98	\$9,128.07	\$7,234.78
Pharmacy Services														
Pharmacy	\$134.95	\$164.73	\$79.00	\$17.88	\$65.67	\$17.56	\$521.74	\$31.12	\$38.79	\$76.93	\$75.50	\$61.58	\$77.69	\$91.67
Pharmacy Total	\$135.00	\$164.74	\$79.02	\$17.88	\$65.69	\$17.56	\$521.76	\$31.15	\$38.84	\$76.93	\$75.53	\$61.60	\$77.74	\$91.70

Exhibit 12
Mississippi Division of Medicaid
Encounter Data - 5% Assessment Categories

COS	COS Description	Rendering	Rendering	Mapped Broad	Percent of Total 2018	Percent of Total 2019
		Provider Code	Provider Type Description	Category of Service	Allowed in COS and Rendering Provider	Allowed in COS and Rendering Provider
03	LABORATORY AND RADIOLOGY	B00	INDEPENDENT LAB	Physician	0.41%	0.22%
05	PHYSICIAN	A08	CHIROPRACTOR	Physician	0.03%	0.01%
05	PHYSICIAN	A09	PODIATRIST	Physician, Other	0.07%	0.03%
06	HOME & COMM BASED SERVICES	L00	HHA UNCLASSIFIED	N/A - No Claims	0.00%	0.00%
06	HOME & COMM BASED SERVICES	L02	HHA HOSPITAL BASED PROGRAM	N/A - No Claims	0.00%	0.00%
06	HOME & COMM BASED SERVICES	W01	PERSONAL CARE SERVICES	N/A - No Claims	0.00%	0.00%
06	HOME & COMM BASED SERVICES	W03	RESPITE CARE, IN HOME	Other	0.00%	0.00%
06	HOME & COMM BASED SERVICES	W04	ADULT DAY CARE	N/A - No Claims	0.00%	0.00%
06	HOME & COMM BASED SERVICES	WC0	ASSISTED LIVING SERVICES PROV	N/A - No Claims	0.00%	0.00%
07	HOME HEALTH SERVICES	L00	HHA UNCLASSIFIED	Outpatient	0.00%	0.02%
07	HOME HEALTH SERVICES	L02	HHA HOSPITAL BASED PROGRAM	Outpatient	0.01%	0.01%
09	MENTAL HEALTH CLINIC SERVICES	X00	COMMUNITY MENTAL HEALTH	Physician, Outpatient	3.76%	1.27%
09	MENTAL HEALTH CLINIC SERVICES	X01	PRIVATE MENTAL HEALTH	Physician	0.45%	0.25%
10	EPSDT SCREENING	E00	NURSE SCREENING	Physician	0.22%	0.09%
10	EPSDT SCREENING	E01	NURSE SCREENING WITH CASE MGMT	Physician, Dental	0.00%	0.00%
10	EPSDT SCREENING	E04	PHYSICIANS SCREENER	Physician	0.50%	0.17%
10	EPSDT SCREENING	E06	FEDERAL CLINIC, SCREEN ONLY	Physician	0.00%	0.00%
10	EPSDT SCREENING	ED0	SCHOOL BASED SCREEN & CS MGT	Physician	0.00%	0.00%
10	EPSDT SCREENING	EV0	VACCINE FOR CHILDREN PROVIDER	Physician	0.20%	0.07%
11	EMERG/NON-EMERG TRANS	J00	AMBULANCE	Other	0.38%	0.18%
12	DENTAL SERVICES	K00	DENTIST, UNCLASSIFIED	Dental	0.28%	0.07%
13	EYEGLASS SERVICES	N00	OPTOMETRIST	Physician, Other	0.30%	0.23%
13	EYEGLASS SERVICES	N01	OPTICAL DISPENSARY	Other	0.02%	0.01%
16	DENTAL SCREENING	K00	DENTIST, UNCLASSIFIED	Dental	3.88%	1.30%
17	EYEGLASS SCREENING	N00	OPTOMETRIST	Physician, Other	0.77%	0.50%
17	EYEGLASS SCREENING	N01	OPTICAL DISPENSARY	Other	0.05%	0.02%
18	HEARING SCREENING	M00	AUDILOGIST	Other, Physician	0.01%	0.00%
24	MEDICAL SUPPLY (DME)	I00	DME, MEDICAL EQUIP SUPPLIES	Other	0.57%	0.38%
24	MEDICAL SUPPLY (DME)	I01	DME, HOME HEALTH	Other	0.01%	0.01%
24	MEDICAL SUPPLY (DME)	I03	DME, PHARMACY BASED, COMMUNITY	Other, Physician	0.06%	0.03%
24	MEDICAL SUPPLY (DME)	S02	NURSE PRACTITIONER	Physician, Other	0.00%	0.00%
24	MEDICAL SUPPLY (DME)	Y03	NF, COUNTY OWNED	N/A - No Claims	0.00%	0.00%
24	MEDICAL SUPPLY (DME)	ZA0	GROUP, PHYSICIANS	N/A - No Claims	0.00%	0.00%
24	MEDICAL SUPPLY (DME)	ZZ0	GROUP, OTHERS	N/A - No Claims	0.00%	0.00%
25	THERAPY SERVICES (OUTSIDE HH)	T00	OCCUPATIONAL THERAPISTS	Physician	0.09%	0.05%
25	THERAPY SERVICES (OUTSIDE HH)	T01	PHYSICAL THERAPISTS	Physician	0.22%	0.10%
25	THERAPY SERVICES (OUTSIDE HH)	T02	SPEECH/LANGUAGE THERAPISTS	Physician	0.24%	0.12%
28	NURSE SERVICES	S00	NURSE ANESTHETIST	Physician	0.26%	0.07%
28	NURSE SERVICES	S01	NURSE MIDWIVES	Physician	0.03%	0.01%
28	NURSE SERVICES	S02	NURSE PRACTITIONER	Physician	1.71%	0.75%
28	NURSE SERVICES	S05	PRIVATE DUTY NURSING	Other	0.24%	0.08%
28	NURSE SERVICES	S06	PHYSICIAN ASSISTANT	Physician	0.09%	0.04%
29	AMBULATORY SURGICAL CENTER	V00	AMBULATORY SURGICAL CENTERS	Physician, Outpatient	0.24%	0.13%
30	PERSONAL CARE SERVICES	W06	PERSONAL CARE ATTENDANT	N/A - No Claims	0.00%	0.00%
33	MENTAL HEALTH PRIVATE SERVICES	X02	SOCIAL WORKER	Physician	0.11%	0.05%
33	MENTAL HEALTH PRIVATE SERVICES	X03	PSYCHOLOGIST	Physician	0.05%	0.02%
33	MENTAL HEALTH PRIVATE SERVICES	X05	IDD COMMUNITY SUPPORT PROGRAM	Physician	0.00%	0.00%
33	MENTAL HEALTH PRIVATE SERVICES	X07	LICENSED PROFESSIONAL COUNSELOR	Physician	0.10%	0.05%
33	MENTAL HEALTH PRIVATE SERVICES	X08	BOARD CERTIFD BEHAVIOR ANALYST	Physician	0.01%	0.01%
35	FREE STANDING DIALYSIS	Q01	KIDNEY DIALYSIS FREESTANDING	Outpatient	0.54%	0.16%
35	FREE STANDING DIALYSIS	Q02	KIDNEY DIALYSIS HOSPITAL BASED	Outpatient	0.00%	0.00%
61	PRESCRIBED PED EXT CARE CENTER	S07	PRESCRIBED PED EXT CARE CENTER	Physician	0.29%	0.18%
57	MYPAC SERVICES	X04	N/A	Physician	0.00%	0.26%
Percent of Allowed Eligible for 5% Assessment (A)					16.21%	6.94%
5% Assessment Adjustment (B) = 1 - (A) * 0.05					0.9919	0.9965

Exhibit 13
Mississippi Division of Medicaid
Summary of Program, Population, and Reimbursement Changes

Change	Change Type	Effective Date	Impacted Rate Cells	Where Reflected in Rate Development
ASD Services	Program	July 1, 2019	SSI, Foster Care, MA Children, and Quasi-CHIP	Exhibit 2A
PDL Adjustment	Program	January 1, 2019, January 1, 2020, May 1, 2020, and January 1, 2021	All	Exhibits 1B, 1C, and 2A
Non-Facility 5% Assessment Application	Reimbursement	July 1, 2018	All	Exhibits 1A and 1B
OPPS Reimbursement	Reimbursement	July 1, 2018	All	Exhibits 1A, 1B, 1C, and 2A
Physician Administered Drug Reimbursement	Reimbursement	July 1, 2018	SSI and MA Adult (non-delivery)	Exhibit 2A
PRTF Services	Program	October 1, 2018	SSI, Foster Care, MA Children, Quasi-CHIP, and MYPAC	Exhibits 1B, 1C, 1D, and 2A
DRG Overpayments	Reimbursement	October 1, 2018	All	N/A
Usual and Customary Pharmacy Overpayments	Reimbursement	November 1, 2018	All	N/A
340B Pharmacy Overpayments	Reimbursement	January 1, 2019	All	Exhibit 1A
Physician Limit Expansion	Program	January 1, 2019	Excludes Children	Exhibit 2A
Dental and Orthodontic Reimbursement	Reimbursement	March 1, 2019	All	N/A
Zolgensma Carveout to FFS	Reimbursement	May 24, 2019	All	Exhibit 1A
ER Leveling Policy Adjustment	Reimbursement	July 1, 2019	All	Exhibit 1A
OP Dental Billing	Reimbursement	July 1, 2019	All	Exhibit 2A
Rx Limit Expansion	Program	July 1, 2019	Excludes Children	Exhibit 2A
Home Health Limit Expansion	Program	July 1, 2019	Excludes Children	Exhibit 2A
Quality Withhold	Program	July 1, 2019	All	Exhibit 4
IMD Services	Program	July 1, 2019	All	N/A
Rural Hospital Policy Adjuster	Program	July 1, 2019	All	N/A
Non-Emergency Transportation Contracting Change	Reimbursement	August 1, 2019 and September 1, 2020	All	Exhibit 2A
Transition GME Payments to FFS	Reimbursement	October 1, 2019	All	Exhibit 2A
Increase Reimbursement for Emergency Transportation	Reimbursement	July 1, 2020	All	Exhibit 2A
COVID-19 Vaccine Administration Expense	Program	March 15, 2021	All	Exhibit 2A
SSI Children - COE Change	Program	July 1, 2021	SSI	Exhibit 1A
Removal of 5% Assessment	Reimbursement	July 1, 2021	All	Exhibit 2A
Preventative and Diagnostic Dental Reimbursement Change	Reimbursement	July 1, 2021 and July 1, 2022	All	Exhibit 2A
Restorative Dental Reimbursement Change	Reimbursement	July 1, 2022	All	Exhibit 2A
Non-APC Outpatient Hospital Adjustment	Reimbursement	July 1, 2022	All	Exhibit 2A
Prescribed Pediatric Extended Care (PPEC) Fee Schedule	Reimbursement	October 1, 2022	All	Exhibit 2A
Private Duty Nursing Services (PDN) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Ambulatory Surgical Center (ASC) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Home Health Agency (HHA) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Autism Spectrum Disorder (ASD) Fee Schedule Update	Reimbursement	January 1, 2023	All	Exhibit 2A
Non-APC Outpatient Hospital Adjustment	Reimbursement	July 1, 2023	All	Exhibit 2A

Exhibit 14A
Mississippi Division of Medicaid
Projected SFY 2022 and SFY 2023 Exposures

Cap Cell	SFY 2022 Exposures	SFY 2023 Exposures
Non-Newborn SSI / Disabled	759,634	719,345
Breast and Cervical Cancer	1,762	992
MA Adult	616,693	469,546
Pregnant Women	126,929	91,902
SSI / Disabled Newborn	4,920	4,066
Non-SSI Newborns 0 to 2 Months	75,599	74,603
Non-SSI Newborns 3 to 12 Months	243,840	215,942
Foster Care	81,472	86,381
MYPAC	9,765	5,177
MA Children	3,658,185	2,631,991
Quasi-CHIP	385,859	287,026
Total - All Cap Cells	5,964,659	4,586,971

Exhibit 14B Mississippi Division of Medicaid Components of SFY 2022 Capitation Rates					
Cap Cell	Medical Costs PMPM	Non-Service Expenses PMPM ¹	Quality Withhold	Total Capitation Rate Prior to Withhold	Total Capitation Rate after Withhold
Non-Newborn SSI / Disabled	\$1,068.13	\$132.57	(\$12.01)	\$1,200.70	\$1,188.69
Breast and Cervical Cancer	\$3,424.36	\$399.83	(\$38.24)	\$3,824.19	\$3,785.95
MA Adult	\$437.09	\$60.99	(\$4.98)	\$498.08	\$493.10
Pregnant Women	\$1,059.37	\$131.58	(\$11.91)	\$1,190.95	\$1,179.04
SSI / Disabled Newborn	\$7,861.86	\$903.16	(\$87.65)	\$8,765.03	\$8,677.38
Non-SSI Newborns 0 to 2 Months	\$1,875.04	\$224.10	(\$20.99)	\$2,099.14	\$2,078.15
Non-SSI Newborns 3 to 12 Months	\$248.70	\$39.62	(\$2.88)	\$288.32	\$285.44
Foster Care	\$609.85	\$80.59	(\$6.90)	\$690.44	\$683.53
MYPAC	\$3,805.00	\$443.00	(\$42.48)	\$4,248.00	\$4,205.52
MA Children	\$189.73	\$32.93	(\$2.23)	\$222.66	\$220.43
Quasi-CHIP	\$191.61	\$33.15	(\$2.25)	\$224.76	\$222.51
Total - All Cap Cells¹					
Using SFY 2022 Exposures	\$388.51	\$55.48	(\$4.44)	\$443.99	\$439.55
Using SFY 2023 Exposures	\$420.02	\$59.06	(\$4.79)	\$479.08	\$474.29
Total Expenditures					
Using SFY 2022 Exposures	\$2,317,339,863	\$330,928,546	(\$26,482,684)	\$2,648,268,409	\$2,621,785,725
Using SFY 2023 Exposures	\$1,926,626,884	\$270,886,490	(\$21,975,134)	\$2,197,513,374	\$2,175,538,240

¹ "Non-Benefit Expenses PMPM" include margin, administrative costs, and premium tax prior to MHAP.

Exhibit 14C Mississippi Division of Medicaid Components of SFY 2023 Capitation Rates					
Cap Cell	Medical Costs PMPM	Non-Service Expenses PMPM ¹	Quality Withhold	Total Capitation Rate Prior to Withhold	Total Capitation Rate after Withhold
Non-Newborn SSI / Disabled	\$1,079.30	\$129.04	(\$12.08)	\$1,208.34	\$1,196.25
Breast and Cervical Cancer	\$3,488.34	\$390.92	(\$38.79)	\$3,879.26	\$3,840.47
MA Adult	\$490.24	\$65.00	(\$5.55)	\$555.24	\$549.69
Pregnant Women	\$1,031.58	\$123.85	(\$11.55)	\$1,155.43	\$1,143.87
SSI / Disabled Newborn	\$8,000.01	\$881.38	(\$88.81)	\$8,881.39	\$8,792.57
Non-SSI Newborns 0 to 2 Months	\$1,834.16	\$211.10	(\$20.45)	\$2,045.26	\$2,024.81
Non-SSI Newborns 3 to 12 Months	\$248.67	\$38.74	(\$2.87)	\$287.41	\$284.54
Foster Care	\$639.31	\$81.20	(\$7.21)	\$720.51	\$713.31
MYPAC	\$3,735.60	\$417.80	(\$41.53)	\$4,153.40	\$4,111.86
MA Children	\$200.39	\$33.49	(\$2.34)	\$233.88	\$231.54
Quasi-CHIP	\$202.70	\$33.74	(\$2.36)	\$236.44	\$234.08
Total - All Cap Cells¹					
Using SFY 2022 Exposures	\$402.00	\$55.41	(\$4.57)	\$457.41	\$452.83
Using SFY 2023 Exposures	\$433.42	\$58.82	(\$4.92)	\$492.24	\$487.32
Total Expenditures					
Using SFY 2022 Exposures	\$2,397,793,873	\$330,484,461	(\$27,282,783)	\$2,728,278,334	\$2,700,995,551
Using SFY 2023 Exposures	\$1,988,078,377	\$269,817,313	(\$22,578,957)	\$2,257,895,690	\$2,235,316,733

¹ "Non-Benefit Expenses PMPM" include margin, administrative costs, and premium tax prior to MHAP.

Exhibit 15
Mississippi Division of Medicaid
SFY 2023 Capitation Rate Development
CY 2019 to SFY 2023 Unit Cost Trends by Category of Service

Rate Cell	Category of Service	Percentage of CY 2019 Paid							CY 2019 to SFY 2023 Unit Cost Trend (Annualized)							Composite
		PPEC	PDN	ASC	ASD	HH	PRTF	All Other	PPEC	PDN	ASC	ASD	HH	PRTF	All Other	
Non-Newborn SSI / Disabled	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	99.0%	0.00%	0.00%	0.00%	0.00%	0.00%	5.77%	-0.14%	-0.08%
Non-Newborn SSI / Disabled	Outpatient Hospital Services	0.0%	0.0%	0.5%	0.0%	1.0%	0.0%	98.5%	0.00%	0.00%	1.95%	0.00%	7.10%	0.00%	-0.18%	-0.08%
Non-Newborn SSI / Disabled	Physician Services	4.2%	0.0%	1.0%	0.3%	0.0%	0.0%	94.5%	2.89%	0.00%	1.95%	5.64%	0.00%	0.00%	1.18%	1.27%
Non-Newborn SSI / Disabled	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%
Non-Newborn SSI / Disabled	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Non-Newborn SSI / Disabled	Other Services	0.0%	7.4%	0.0%	0.0%	0.0%	0.0%	92.6%	0.00%	3.16%	0.00%	0.00%	6.47%	0.00%	0.57%	0.77%
Breast and Cervical Cancer	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Breast and Cervical Cancer	Outpatient Hospital Services	0.0%	0.0%	0.4%	0.0%	0.3%	0.0%	99.3%	0.00%	0.00%	1.95%	0.00%	3.88%	0.00%	-0.18%	-0.15%
Breast and Cervical Cancer	Physician Services	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	98.6%	0.00%	0.00%	1.95%	0.00%	0.00%	0.00%	1.18%	1.19%
Breast and Cervical Cancer	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%
Breast and Cervical Cancer	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Breast and Cervical Cancer	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
MA Adult	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
MA Adult	Outpatient Hospital Services	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	99.0%	0.00%	0.00%	1.95%	0.00%	7.36%	0.00%	-0.18%	-0.14%
MA Adult	Physician Services	0.0%	0.0%	1.8%	0.0%	0.0%	0.0%	98.2%	0.00%	0.00%	1.95%	0.00%	0.00%	0.00%	2.01%	2.01%
MA Adult	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.00%	3.00%
MA Adult	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MA Adult	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
Deliveries - MA Adult	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Deliveries - MA Adult	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.18%	-0.14%
Deliveries - MA Adult	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.01%	2.01%
Deliveries - MA Adult	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.00%	3.00%
Deliveries - MA Adult	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Deliveries - MA Adult	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
Pregnant Women	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Pregnant Women	Outpatient Hospital Services	0.0%	0.0%	0.1%	0.0%	0.2%	0.0%	99.7%	0.00%	0.00%	1.95%	0.00%	8.13%	0.00%	-0.18%	-0.16%
Pregnant Women	Physician Services	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	99.6%	0.00%	0.00%	1.95%	0.00%	0.00%	0.00%	2.01%	2.01%
Pregnant Women	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.00%	3.00%
Pregnant Women	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Pregnant Women	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
Deliveries - Pregnant Women	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Deliveries - Pregnant Women	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.18%	-0.16%
Deliveries - Pregnant Women	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.01%	2.01%
Deliveries - Pregnant Women	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.00%	3.00%
Deliveries - Pregnant Women	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Deliveries - Pregnant Women	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
SSI / Disabled Newborn	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
SSI / Disabled Newborn	Outpatient Hospital Services	0.0%	0.0%	0.1%	0.0%	1.4%	0.0%	98.5%	0.00%	0.00%	1.95%	0.00%	9.82%	0.00%	-0.18%	-0.01%
SSI / Disabled Newborn	Physician Services	5.4%	0.0%	0.0%	0.0%	0.0%	0.0%	94.6%	2.89%	0.00%	1.95%	0.00%	0.00%	0.00%	1.69%	1.75%
SSI / Disabled Newborn	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
SSI / Disabled Newborn	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
SSI / Disabled Newborn	Other Services	0.0%	18.4%	0.0%	0.0%	0.0%	0.0%	81.6%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	1.06%
Non-SSI Newborns 3 to 12 Months	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Non-SSI Newborns 0 to 2 Months	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	99.7%	0.00%	0.00%	0.00%	0.00%	9.26%	0.00%	-0.18%	-0.14%
Non-SSI Newborns 0 to 2 Months	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	2.89%	0.00%	0.00%	0.00%	0.00%	0.00%	1.69%	1.69%
Non-SSI Newborns 0 to 2 Months	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
Non-SSI Newborns 0 to 2 Months	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Non-SSI Newborns 0 to 2 Months	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
Non-SSI Newborns 3 to 12 Months	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.14%	-0.14%
Non-SSI Newborns 3 to 12 Months	Outpatient Hospital Services	0.0%	0.0%	0.4%	0.0%	0.1%	0.0%	99.5%	0.00%	0.00%	1.95%	0.00%	10.43%	0.00%	-0.18%	-0.15%
Non-SSI Newborns 3 to 12 Months	Physician Services	1.1%	0.0%	1.0%	0.0%	0.0%	0.0%	98.0%	2.89%	0.00%	1.95%	0.00%	0.00%	0.00%	1.69%	1.70%
Non-SSI Newborns 3 to 12 Months	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
Non-SSI Newborns 3 to 12 Months	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Non-SSI Newborns 3 to 12 Months	Other Services	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	99.9%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
Foster Care	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	73.7%	26.3%	0.00%	0.00%	0.00%	0.00%	0.00%	5.65%	-0.14%	4.20%
Foster Care	Outpatient Hospital Services	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	99.7%	0.00%	0.00%	1.95%	0.00%	-2.89%	0.00%	-0.18%	-0.17%
Foster Care	Physician Services	3.6%	0.0%	1.6%	0.3%	0.0%	0.0%	94.5%	2.89%	0.00%	1.95%	5.64%	0.00%	0.00%	1.69%	1.75%
Foster Care	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
Foster Care	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Foster Care	Other Services	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	90.0%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	0.84%
MYPAC	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	17.0%	83.0%	0.00%	0.00%	0.00%	0.00%	0.00%	5.99%	-0.14%	0.97%
MYPAC	Outpatient Hospital Services	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	99.9%	0.00%	0.00%	1.95%	0.00%	0.00%	0.00%	-0.18%	-0.17%
MYPAC	Physician Services	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	99.7%	2.89%	0.00%	1.95%	0.00%	0.00%	0.00%	0.06%	0.07%
MYPAC	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
MYPAC	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MYPAC	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%
MA Children	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	18.1%	81.9%	0.00%	0.00%	0.00%	0.00%	0.00%	6.07%	-0.14%	1.05%
MA Children	Outpatient Hospital Services	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	99.3%	0.00%	0.00%	1.95%	0.00%	7.85%	0.00%	-0.18%	-0.16%
MA Children	Physician Services	0.2%	0.0%	1.8%	0.0%	0.0%	0.0%	97.9%	2.89%	0.00%	1.95%	5.64%	0.00%	0.00%	1.69%	1.70%
MA Children	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
MA Children	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MA Children	Other Services	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	98.6%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	0.61%
Quasi-CHIP	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	21.9%	78.1%	0.00%	0.00%	0.00%	0.00%	0.00%	6.10%	-0.14%	1.31%
Quasi-CHIP	Outpatient Hospital Services	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	99.2%	0.00%	0.00%	1.95%	0.00%	2.69%	0.00%	-0.18%	-0.16%
Quasi-CHIP	Physician Services	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	98.3%	2.89%	0.00%	1.95%	5.64%	0.00%	0.00%	1.69%	1.69%
Quasi-CHIP	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%
Quasi-CHIP	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Quasi-CHIP	Other Services	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	99.9%	0.00%	3.16%	0.00%	0.00%	0.00%	0.00%	0.57%	0.57%

Exhibit 16
Mississippi Division of Medicaid
SFY 2023 Capitation Rate Development
Postpartum Extension Adjustment

		Non-Delivery Costs			Delivery Costs		
		CY 2018	CY 2019	Blended	CY 2018	CY 2019	Blended
Prior Eligibility: Prenatal through 60 Days Postpartum							
Member Months	(a)	135,337	137,224	N/A	135,337	137,224	N/A
Total Allowed	(b)	\$57,365,234	\$57,137,775	N/A	\$83,563,032	\$81,213,677	N/A
Allowed PMPM	(c) = (b) / (a)	\$423.87	\$416.38	\$420.10	\$617.44	\$591.83	\$604.55
New Eligibility: 3 through 12 Months Postpartum							
Member Months	(d)	3,598	3,379	N/A	3,598	3,379	N/A
Total Allowed	(e)	\$913,511	\$818,791	N/A	\$0	\$0	N/A
Allowed PMPM	(f) = (e) / (d)	\$253.88	\$242.35	\$248.30	\$0.00	\$0.00	\$0.00
Total Population							
Member Months	(g) = (a) + (d)	138,935	140,603	N/A	138,935	140,603	N/A
Total Allowed	(h) = (b) + (e)	\$58,278,746	\$57,956,566	N/A	\$83,563,032	\$81,213,677	N/A
Allowed PMPM	(i) = (h) + (g)	\$419.47	\$412.20	\$415.81	\$601.45	\$577.61	\$589.46
Postpartum Population Change Factor	(j) = (i) / (c)			0.990			0.975

Exhibit 17
Mississippi Division of Medicaid
SFY 2023 Capitation Rate Development
CY 2019 to SFY 2023 Population Acuity Adjustment

MA Adults

	Risk Adjustment Period Diagnosis Period	Q3 to Q4 2018 CY 2017	Q1 to Q2 2019 SFY 2018	Q3 to Q4 2019 CY 2018	Q1 to Q2 2020 SFY 2019
	Prior Enrollment Month New Enrollment Month	October 2017 April 2018	April 2018 October 2018	October 2018 April 2019	April 2019 October 2019
	Enrollment				
<i>a</i>	Prior Enrollment Month	46,782	43,812	40,388	41,410
<i>b</i>	New Enrollment Month	43,812	40,388	41,410	40,934
<i>c = b / a</i>	Membership Change Factor	0.937	0.922	1.025	0.989
	Risk Score				
<i>d</i>	Prior Enrollment Month	1.040	1.035	1.087	1.091
<i>e</i>	New Enrollment Month	1.053	1.080	1.077	1.065
<i>f = e / d</i>	Risk Score Change Factor	1.012	1.043	0.992	0.976
	Risk Score Model - Fit Using steps c and f ¹ Risk Score Factor = $g * ((\text{Enrollment Change}) ^ h)$				
<i>g</i>	Model Variable 1	0.989			
<i>h</i>	Model Variable 2	(0.478)			
	Average Enrollment				
<i>i</i>	Base Period - CY 2019	41,126			
<i>j</i>	Rating Period - SFY 2023	39,244			
<i>k = j / i</i>	Enrollment Change - CY 2019 to SFY 2023	0.954			
	Risk Score Factor				
$l = g \times (1.00 ^ h)$	No Enrollment Change	0.989			
$m = g \times (l ^ h)$	CY 2019 to SFY 2023 Enrollment Change	1.012			
<i>q = m / l</i>	Implied Acuity Adjustment - CY 2019 to SFY 2023	1.023			

MA Children and QCHIP

	Risk Adjustment Period Diagnosis Period	Q3 to Q4 2018 CY 2017	Q1 to Q2 2019 SFY 2018	Q3 to Q4 2019 CY 2018	Q1 to Q2 2020 SFY 2019
	Prior Enrollment Month New Enrollment Month	October 2017 April 2018	April 2018 October 2018	October 2018 April 2019	April 2019 October 2019
	Enrollment				
<i>a</i>	Prior Enrollment Month	321,471	298,749	278,944	284,453
<i>b</i>	New Enrollment Month	298,749	278,944	284,453	281,405
<i>c = b / a</i>	Membership Change Factor	0.929	0.934	1.020	0.989

	Risk Score				
<i>d</i>	Prior Enrollment Month	1.028	1.023	1.046	1.058
<i>e</i>	New Enrollment Month	1.035	1.049	1.046	1.057
<i>f = e / d</i>	Risk Score Change Factor	1.007	1.026	1.000	0.999
	Risk Score Model - Fit Using steps c and f ¹				
	Risk Score Factor = $g * ((\text{Enrollment Change}) ^ h)$				
<i>g</i>	Model Variable 1	1.001			
<i>h</i>	Model Variable 2	(0.200)			
	Average Enrollment				
<i>i</i>	Base Period - CY 2019	283,630			
<i>j</i>	Rating Period - SFY 2023	243,825			
<i>k = j / i</i>	Enrollment Change - CY 2019 to SFY 2023	0.860			
	Risk Score Factor				
$l = g \times (1.00 ^ h)$	No Enrollment Change	1.001			
$m = g \times (l ^ h)$	CY 2019 to SFY 2023 Enrollment Change	1.032			
<i>q = m / l</i>	Implied Acuity Adjustment - CY 2019 to SFY 2023	1.031			

¹ Risk score change predicted using a power regression model for each population.

Exhibit 18
Mississippi Division of Medicaid
SFY 2023 MississippICAN Capitation Rate Development
SFY 2023 MississippICAN Expenditure Estimate

Rate Cell	a Projected SFY 2023 Member Months	b SFY 2023 Statewide Capitation Rates ¹	c MHAP-FSA PMPM	d Premium Tax on MHAP-FSA PMPM ²	e MHAP-QIPP PMPM	f Premium Tax on MHAP-QIPP PMPM ²	g TREAT PMPM	h Premium Tax on TREAT PMPM ²	i MAPS PMPM	j Premium Tax on MAPS PMPM ²	k = sum of b through j Total Rate at 1.0 Risk Score after Withhold	l = a x k MississippICAN Estimated Cost	m FMAP / EFMAP ³	n = l x m Federal Estimated Cost
Non-Newborn SSI / Disabled	719,345	\$1,208.34	\$158.96	\$4.92	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$1,448.82	\$1,042,135,468	81.07%	\$844,885,277
North Region	247,720	1,103.21	138.75	4.29	62.81	1.94	3.21	0.10	8.29	0.26	1,322.86	327,697,853	81.07%	265,672,842
Central Region	263,013	1,268.75	170.81	5.28	62.81	1.94	3.21	0.10	8.29	0.26	1,521.46	400,164,214	81.07%	324,423,133
South Region	208,612	1,256.67	168.02	5.20	62.81	1.94	3.21	0.10	8.29	0.26	1,506.50	314,273,401	81.07%	254,789,303
Breast and Cervical Cancer	992	\$3,879.26	\$648.99	\$20.07	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$4,624.93	\$4,657,594	81.07%	\$3,776,028
North Region	195	3,541.76	576.36	17.83	62.81	1.94	3.21	0.10	8.29	0.26	4,212.56	820,282	81.07%	665,023
Central Region	301	4,073.22	364.12	11.26	62.81	1.94	3.21	0.10	8.29	0.26	4,525.21	1,361,452	81.07%	1,103,763
South Region	496	4,034.43	850.12	26.29	62.81	1.94	3.21	0.10	8.29	0.26	4,987.45	2,475,860	81.07%	2,007,242
MA Adult	469,546	\$555.24	\$71.27	\$2.20	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$705.33	\$330,994,660	81.07%	\$268,345,646
North Region	150,542	524.15	66.81	2.07	62.81	1.94	3.21	0.10	8.29	0.26	669.63	100,807,071	81.07%	81,726,812
Central Region	157,913	577.45	75.00	2.32	62.81	1.94	3.21	0.10	8.29	0.26	731.38	115,494,356	81.07%	93,634,162
South Region	161,091	561.35	71.80	2.22	62.81	1.94	3.21	0.10	8.29	0.26	711.98	114,693,233	81.07%	92,984,672
Pregnant Women	91,902	\$1,155.43	\$253.05	\$7.83	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$1,492.92	\$137,309,589	81.07%	\$111,320,316
North Region	28,371	1,090.72	247.82	7.66	62.81	1.94	3.21	0.10	8.29	0.26	1,422.82	40,366,379	81.07%	32,726,033
Central Region	33,901	1,201.64	264.69	8.19	62.81	1.94	3.21	0.10	8.29	0.26	1,551.13	52,584,283	81.07%	42,631,392
South Region	29,631	1,168.14	244.75	7.57	62.81	1.94	3.21	0.10	8.29	0.26	1,497.07	44,358,927	81.07%	35,962,891
SSI / Disabled Newborn	4,066	\$8,881.39	\$2,329.48	\$72.05	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$11,359.52	\$46,247,430	81.07%	\$37,493,947
North Region	1,256	8,721.52	2,126.23	65.76	62.81	1.94	3.21	0.10	8.29	0.26	10,990.12	13,807,496	81.07%	11,194,082
Central Region	1,764	9,050.13	2,629.57	81.33	62.81	1.94	3.21	0.10	8.29	0.26	11,837.64	20,877,373	81.07%	16,925,808
South Region	1,046	8,845.86	2,067.84	63.95	62.81	1.94	3.21	0.10	8.29	0.26	11,054.06	11,562,560	81.07%	9,374,057
Non-SSI Newborns 0 to 2 Months	74,603	\$2,045.26	\$618.17	\$19.12	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$2,759.16	\$205,849,887	81.07%	\$166,887,650
North Region	23,436	2,008.45	645.82	19.97	62.81	1.94	3.21	0.10	8.29	0.26	2,750.85	64,469,614	81.07%	52,267,128
Central Region	27,413	2,084.12	626.55	19.38	62.81	1.94	3.21	0.10	8.29	0.26	2,806.66	76,940,186	81.07%	62,377,332
South Region	23,753	2,037.08	581.23	17.98	62.81	1.94	3.21	0.10	8.29	0.26	2,712.89	64,440,087	81.07%	52,243,190
Non-SSI Newborns 3 to 12 Months	215,942	\$287.41	\$37.27	\$1.15	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$402.44	\$86,913,037	81.07%	\$70,462,572
North Region	67,161	282.24	34.10	1.33	62.81	1.94	3.21	0.10	8.29	0.26	403.28	27,084,543	81.07%	21,958,116
Central Region	79,800	292.87	37.12	1.15	62.81	1.94	3.21	0.10	8.29	0.26	407.75	32,538,778	81.07%	26,380,001
South Region	68,981	286.26	31.76	0.98	62.81	1.94	3.21	0.10	8.29	0.26	395.61	27,289,716	81.07%	22,124,455
Foster Care	86,381	\$720.51	\$161.98	\$5.01	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$964.11	\$83,207,687	81.07%	\$67,458,552
North Region	23,841	707.54	160.16	4.95	62.81	1.94	3.21	0.10	8.29	0.26	949.27	22,631,258	81.07%	18,347,727
Central Region	25,095	734.20	207.52	6.42	62.81	1.94	3.21	0.10	8.29	0.26	1,024.75	25,716,425	81.07%	20,848,948
South Region	37,445	717.63	132.62	4.10	62.81	1.94	3.21	0.10	8.29	0.26	930.96	34,860,005	81.07%	28,261,877
MYPAC	5,177	\$4,153.40	\$208.14	\$6.44	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$4,444.58	\$22,991,152	81.07%	\$18,639,502
North Region	1,619	4,078.64	176.95	5.47	62.81	1.94	3.21	0.10	8.29	0.26	4,337.67	7,022,742	81.07%	5,693,513
Central Region	1,712	4,232.31	267.53	8.27	62.81	1.94	3.21	0.10	8.29	0.26	4,584.72	7,850,020	81.07%	6,364,207
South Region	1,845	4,136.79	180.39	5.58	62.81	1.94	3.21	0.10	8.29	0.26	4,399.36	8,118,390	81.07%	6,581,782
MA Children	2,631,991	\$233.88	\$21.87	\$0.68	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$333.03	\$876,490,732	81.07%	\$710,592,949
North Region	839,490	229.67	20.73	0.64	62.81	1.94	3.21	0.10	8.29	0.26	327.65	275,061,806	81.07%	222,999,482
Central Region	959,763	238.33	23.85	0.74	62.81	1.94	3.21	0.10	8.29	0.26	339.53	325,864,449	81.07%	264,186,456
South Region	832,738	232.95	20.72	0.64	62.81	1.94	3.21	0.10	8.29	0.26	330.91	275,564,478	81.07%	223,407,011
Quasi-CHIP	287,026	\$236.44	\$17.71	\$0.55	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$331.30	\$95,099,940	84.75%	\$80,597,199
North Region	92,667	232.19	16.30	0.50	62.81	1.94	3.21	0.10	8.29	0.26	325.60	30,172,449	84.75%	25,571,150
Central Region	107,652	240.93	19.09	0.59	62.81	1.94	3.21	0.10	8.29	0.26	337.22	36,302,749	84.75%	30,766,580
South Region	86,707	235.50	17.49	0.54	62.81	1.94	3.21	0.10	8.29	0.26	330.13	28,624,743	84.75%	24,259,469
Total - All Rate Cells	4,586,971	\$492.24	\$68.25	\$2.11	\$62.81	\$1.94	\$3.21	\$0.10	\$8.29	\$0.26	\$639.21	\$2,931,897,177	81.19%	\$2,380,459,639
North Region	1,476,297	473.22	64.55	2.00	62.81	1.94	3.21	0.10	8.29	0.26	616.37	909,941,492	81.19%	738,821,908
Central Region	1,658,328	508.74	73.11	2.26	62.81	1.94	3.21	0.10	8.29	0.26	660.72	1,095,694,284	81.19%	889,641,782
South Region	1,452,346	492.65	66.46	2.06	62.81	1.94	3.21	0.10	8.29	0.26	637.77	926,261,400	81.19%	751,995,948

¹ Capitation rates prior to quality withhold, excluding MHAP, MAPS, and TREAT.

² Calculated using a premium tax of 3.00%.

³ For SFY 2023, FMAP is calculated as the blend of three months using an FMAP of 84.51%, three months using an FMAP of 84.06%, and six months using an FMAP of 77.86%. For SFY 2022, EFMAP is calculated as the blend of six months using an EFMAP of 85.00% and six months using an EFMAP of 84.50%. Assuming a PHE end as of December 31, 2022, the first six months of both FMAP and EFMAP projections reflect an additional 6.2% FMAP and EFMAP, up to a maximum of 85%.

Exhibit 19
Mississippi Division of Medicaid
SFY 2023 MississippiCAN Capitation Rate Development
Illustrative MLR Development

	a	b	c	d = b × c	e	f = d × (e × 1%) / (1 - 1%)	g	h	i	j	k = d + f + g + h + i + j	l	m = g + h + i + j + l	n	o = g + h + i + j + n	p = m / k	q = o / k	
Rate Cell	Projected SFY 2023 Membership ¹	SFY 2023 Regional Capitation Rates net of Withhold ²	Illustrative Risk Score ³	Risk Adjusted Premium Net of Withhold	% of Withhold Returned ¹	Withhold Returned	MHAP-FSA PMPM Gross of Premium Tax ¹	MHAP-QIPP Gross of Premium Tax ¹	MAPS Gross of Premium Tax ¹	TREAT Gross of Premium Tax ¹	Total Revenue PMPM	Projected SFY 2023 Medical Costs PMPM ¹	Projected Total Service Costs PMPM	Illustrative Actual SFY 2023 Medical Costs PMPM ¹	Illustrative Actual Total Service Costs PMPM	Illustrative Target MLR	Illustrative Actual MLR	
Non-Newborn SSI / Disabled	719,345	\$1,196.25	1.000	\$1,196.25	100%	\$12.08	\$163.88	\$64.75	\$8.54	\$3.31	\$1,448.82	\$1,079.30	\$1,319.79	\$1,130.00	\$1,370.49	91.1%	94.6%	
Breast and Cervical Cancer	992	\$3,840.47	1.000	\$3,840.47	100%	\$38.79	\$669.06	\$64.75	\$8.54	\$3.31	\$4,824.93	\$3,488.34	\$4,234.01	\$3,680.00	\$4,405.67	91.5%	95.3%	
MA Adult	469,546	\$549.69	1.000	\$549.69	100%	\$5.55	\$73.48	\$64.75	\$8.54	\$3.31	\$705.33	\$490.24	\$640.33	\$510.00	\$660.09	90.8%	93.6%	
Pregnant Women	91,902	\$1,143.87	1.000	\$1,143.87	100%	\$11.55	\$260.88	\$64.75	\$8.54	\$3.31	\$1,492.92	\$1,031.58	\$1,369.07	\$1,080.00	\$1,417.49	91.7%	94.9%	
SSI / Disabled Newborn	4,066	\$8,792.57	1.000	\$8,792.57	100%	\$88.81	\$2,401.53	\$64.75	\$8.54	\$3.31	\$11,359.52	\$8,000.01	\$10,478.15	\$8,400.00	\$10,878.14	92.2%	95.8%	
Non-SSI Newborns 0 to 2 Months	74,603	\$2,024.81	1.000	\$2,024.81	100%	\$20.45	\$637.29	\$64.75	\$8.54	\$3.31	\$2,759.16	\$1,834.16	\$2,548.07	\$1,930.00	\$2,643.90	92.3%	95.8%	
Non-SSI Newborns 3 to 12 Months	215,942	\$284.54	1.000	\$284.54	100%	\$2.87	\$38.42	\$64.75	\$8.54	\$3.31	\$402.44	\$248.67	\$363.70	\$260.00	\$375.03	90.4%	93.2%	
Foster Care	86,381	\$713.31	1.000	\$713.31	100%	\$7.21	\$166.99	\$64.75	\$8.54	\$3.31	\$964.11	\$639.31	\$882.91	\$670.00	\$913.60	91.6%	94.8%	
MYPAC	5,177	\$4,111.86	1.000	\$4,111.86	100%	\$41.53	\$214.57	\$64.75	\$8.54	\$3.31	\$4,444.58	\$3,735.60	\$4,026.78	\$3,920.00	\$4,211.18	90.6%	94.7%	
MA Children	2,631,991	\$231.54	1.000	\$231.54	100%	\$2.34	\$22.54	\$64.75	\$8.54	\$3.31	\$333.03	\$200.39	\$299.54	\$210.00	\$309.15	89.9%	92.8%	
Quasi-CHIP	287,026	\$234.08	1.000	\$234.08	100%	\$2.36	\$18.25	\$64.75	\$8.54	\$3.31	\$331.30	\$202.70	\$297.56	\$210.00	\$304.86	89.8%	92.0%	
Total	4,586,971	\$487.32	1.000	\$487.32	100%	\$4.92	\$70.36	\$64.75	\$8.54	\$3.31	\$639.21	\$433.42	\$580.39	\$453.60	\$600.57	90.8%	94.0%	
Illustrative Actual MLR																	93.96%	
Illustrative Target MLR																		90.80%
MLR Difference																		-3.16%
MLR Difference Exceeding Corridor																		-1.16%
Total Revenue																		\$2,932,032,221
Risk Corridor Settlement Received (Paid) by DOM																		(\$33,938,543)

¹ MLR calculation will be populated with actual SFY 2023 CCO-specific values.

² Illustrative values demonstrate projected regional enrollment mix. Actual values will use CCO-specific regional enrollment mix.

³ Includes all services incurred during SFY 2023 with payments made to providers as defined in Exhibit C of the CCO Contract, including fee-for-service payments, subcapitation payments, and settlement payments. Actual MLR, but not target MLR, will be populated with actual SFY 2023 CCO-specific values. Additionally, both actual and target costs will use CCO-specific regional enrollment mix. Actual MLR will include adjustments for items found in MLR audits and adjustments to remove services not covered by the Mississippi state plan.

Exhibit 20A**Mississippi Division of Medicaid****Procedure Codes for Non-Psychiatric Physician Visits**

W9009	90066	90544	92004
W9348	90067	90545	92012
W9349	90068	90546	92014
90000	90069	90547	99062
90001	90070	90548	99063
90002	90071	90549	99064
90003	90072	90550	99065
90004	90073	90551	99241
90005	90074	90552	99242
90006	90075	90553	99243
90007	90076	90554	99244
90008	90077	90555	99245
90009	90078	90556	99271
90010	90079	90557	99272
90011	90080	90558	99273
90012	90500	90559	99274
90013	90501	90560	99275
90014	90502	90561	99341
90015	90503	90562	99342
90016	90504	90563	99343
90017	90505	90564	99344
90018	90506	90565	99345
90019	90507	90566	99347
90020	90508	90567	99348
90040	90509	90568	99349
90041	90510	90569	99350
90042	90511	90570	
90043	90512	90571	
90044	90513	90572	
90045	90514	90573	
90046	90515	90574	
90047	90516	90575	
90048	90517	90576	
90049	90518	90577	
90050	90519	90578	
90051	90520	90579	
90052	90530	90580	
90053	90531	90600	
90054	90532	90605	
90055	90533	90610	
90056	90534	90620	
90057	90535	90630	
90058	90536	90640	
90059	90537	90641	
90060	90538	90642	
90061	90539	90643	
90062	90540	90650	
90063	90541	90651	
90064	90542	90652	
90065	90543	92002	

Exhibit 20B**Mississippi Division of Medicaid****Procedure Codes for Psychiatric Physician Visits**

90791
90792
90832
90834
90837
90846
90847
90849
90853
90870
99201
99202
99203
99204
99205
99212
99213
99214
99215

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

00002763511	00052060302	00135052901	00223004963	00378699789	00891057101	01741002966	05388000856	08011123520	08011750107	08011968624	08080159611	08080226100	08080311149	08080361800	08080441215	08080531046	08080611100	08080660218	08080708401
00002763611	00052433001	00135052004	00223004975	00409005101	00891059101	01741000875	05388000857	08011123530	08011750301	08011971015	08080160405	08080226200	08080311248	08080361900	08080441216	08080532900	08080611200	08080660320	08080708500
00002763711	00064022002	00135055701	00223004986	00440731560	00891059111	01741006089	05388000858	08011123620	08011750307	08026465400	08080161200	08080226300	08080311347	08080362300	08080441217	08080532000	08080611300	08080660330	08080708600
00002956001	00065018002	00135059001	00223004987	00440731790	00891059210	01741006857	05388000859	08011150101	08011750739	08026763800	08080161400	08080229100	08080311446	08080363100	08080441218	08080536000	08080611400	08080660340	08080708700
00002956101	00065018007	00135059301	00223004988	00440731791	00891059211	01741007859	05388000860	08011150102	08011770715	08080000555	08080161600	08080229200	08080311545	08080368500	08080441219	08080541100	08080611500	08080660350	08080708800
00002956201	00065028650	00135060201	00223004989	00456074413	00891059310	01741009088	05388004386	08011150103	08011771114	08080000777	08080161900	08080229200	08080311743	08080368300	08080441250	08080540400	08080611600	08080660400	08080710000
00002967301	00065920073	00135060301	002230041124	00456074513	00891059311	01741053610	05388004426	08011150108	08011771215	08080032010	08080162100	08080229300	08080314100	08080392200	08080441251	08080545000	08080612000	08080664100	08080710500
00003052620	00065920074	00143929501	00223041493	00456074613	00891059401	01741053814	05388018382	08011150111	08011772414	08080055533	08080162200	08080230000	08080314400	08080393000	08080441400	08080541034	08080612100	08080664200	08080710701
00005010001	00067097840	00143929601	00223042024	00456315467	00891061100	01741061314	05388049375	08011150121	08011772415	08080055544	08080162400	08080233601	08080314400	08080396700	08080441401	08080541067	08080612200	08080664700	08080710826
00005010005	00069041102	00143952901	00223042027	00487900360	00891061101	02594001806	05388050378	08011150131	08011772416	08080055566	08080162500	08080234600	08080315700	08080396800	08080441402	08080541400	08080613200	08080664800	08080710842
00005010010	00069041110	001619185189	00223042030	00487900760	00891061200	02594001814	05388050379	08011150200	08011772514	08080072030	08080162600	08080241910	08080317000	08080399500	08080441403	08080555220	08080614000	08080665100	08080710859
00005197101	00069090120	001619185205	00223042036	00516001312	00891061201	02594001818	05388056644	08011150201	08011775516	08080094700	08080162800	08080241911	08080319500	08080400616	08080441404	08080555221	08080615300	08080666000	08080710867
00005197102	00069091198	001619185274	00223043850	00536110301	00891061300	02594001822	05388057222	08011150202	08011782100	08080096800	08080163100	08080241912	08080320112	08080401100	08080441405	08080555330	08080615400	08080666200	08080711006
00005197105	00069092198	001619185275	00223043851	00536111932	00891061301	02594001828	05388087811	08011150203	08011782102	08080098400	08080170000	08080243800	08080320157	08080402718	08080441406	08080555331	08080615500	08080666500	08080711246
00005200002	00074182078	001619185389	00223043852	00548540000	00891061400	02594001842	05928090901	08011150319	08011800316	08080099800	08080171010	08080245000	08080320256	08080403200	08080441407	08080555332	08080615600	08080669900	08080711253
00005200010	00074183268	001619185459	00223043853	00548540025	00891061401	02594001847	06278000069	08011150332	08011800318	08080099500	08080171300	08080248000	08080320280	08080403728	08080441408	08080555335	08080615700	08080670000	08080711500
00006404701	00074248002	001619185550	00223043854	00548541000	00891063101	02594001852	06278000098	08011150419	08011800516	08080100005	08080176250	08080250000	08080321100	08080420200	08080441411	08080555440	08080620112	08080670900	08080711501
00006404720	00074253002	00169776411	00223044128	00548541025	00891063201	02594001857	06278000326	08011150432	08011800518	08080100555	08080179200	08080250600	08080321112	08080420300	08080441414	08080555441	08080620200	08080670950	08080711519
00006404741	00074722218	00169776413	00223044137	00548570100	00891063301	02594001860	07411060007	08011150501	08011802001	08080100707	08080180100	08080253300	08080321700	08080420400	08080441412	08080555442	08080620800	08080671500	08080711550
00006409301	00074722220	00179872402	00223044140	00548571100	00891063401	02813030430	07411089003	08011150502	08011802002	08080100777	08080180600	08080253900	08080322100	08080420600	08080441500	08080555443	08080620900	08080671600	08080711568
00006409302	00074791501	00179901012	00223044146	00573300502	00891064101	04351044050	08004043200	08011150503	08011802011	08080103800	08080181030	08080254000	08080322110	08080426500	08080441501	08080555444	08080621000	08080672000	08080712080
00006409401	00074808378	00193146550	00223044190	00573300503	00891064201	04351052510	08004042800	08011150504	08011802011	08080104000	08080181400	08080256000	08080322112	08080427100	08080441502	08080555481	08080621100	08080672500	08080712100
00006409402	00085121701	00193146621	00223044896	00573300504	00891064301	04351062510	08004046500	08011150520	08011802015	08080104200	08080181700	08080256200	08080322200	08080427800	08080441503	08080555550	08080621112	08080673000	08080712120
00006409501	00085121702	00193252350	00223044905	00573300905	00891064401	04351063506	08004047300	08011150525	08011802016	08080104200	08080181800	08080256300	08080322210	08080427900	08080441504	08080555660	08080622112	08080673500	08080712150
00006409502	00085460202	00193280221	00223044911	00573300913	00891071010	04351077810	08004049400	08011150615	08011802018	08080104600	08080182400	08080256400	08080323100	08080428000	08080441505	08080555661	08080622901	08080676434	08080712170
00006409601	00085460203	00193280250	00223044820	00573301001	00891071011	04351078710	08004052070	08011150619	08011802030	08080105000	08080182900	08080256500	08080323500	08080428100	08080441506	08080555662	08080624100	08080678000	08080712200
00006409602	00093301001	00193288021	00223045277	00573301002	00891071020	04351079510	08004054800	08011150632	08011802031	08080105800	08080193000	08080258500	08080325058	08080428200	08080441507	08080555680	08080624200	08080678030	08080712230
00006411901	00093308601	00193288050	00223045278	00573301003	00891071021	04351079710	08004054900	08011150702	08011802035	08080109300	08080191300	08080260000	08080325110	08080428300	08080441603	08080555681	08080624300	08080680002	08080712250
00006411903	00093308619	00193288221	00223045289	00573301007	00891071030	04351079750	08004059500	08011150703	08011802055	08080110900	08080191411	08080260010	08080325114	08080428400	08080441602	08080555682	08080624250	08080681800	08080712270
00006412101	00093308684	00193288250	00223045292	00573301016	00891071031	04351079810	08004056300	08011150707	08011802060	08080111100	08080191412	08080260100	08080327110	08080428500	08080441604	08080555700	08080624400	08080682010	08080712300
00006412102	00093308701	00193288350	00223045295	00573301017	00891081021	04351079850	08004065000	08011150719	08011802065	08080111300	08080191600	08080260200	08080327900	08080428900	08080441605	08080555700	08080624600	08080685001	08080712301
00006417100	00093308719	00193296531	00223045698	00573301096	00891081031	04351080710	08011001002	08011150732	08011802100	08080111400	08080200055	08080263000	08080330200	08080429600	08080441606	08080558970	08080625100	08080688000	08080712350
00006417101	00093308784	00193262101	00223045915	00573301301	00891081041	04351080810	08011000510	08011150819	08011802110	08080111500	08080200077	08080263400	08080330500	08080429700	08080441607	08080558980	08080625500	08080688030	08080712400
00006432902	00093435901	00193262030	00223046308	00573301303	00891081051	04351085810	08011000538	08011150832	08011802115	08080114063	08080200777	08080263506	08080330600	08080429800	08080442200	08080560030	08080626100	08080688169	08080712450
00006432903	00093435905	00193262070	00223046314	00573301304	00891081071	04351085850	08011003750	08011150919	08011802130	08080114300	08080202132	08080265001	08080331000	08080429900	08080442211	08080560040	08080628600	08080688185	08080712500
00006468100	00093435919	00193262620	00223046867	00573301501	00891081081	04351088710	08011004052	08011150932	08011802414	08080116700	08080205010	08080271800	08080332000	08080430000	08080442212	08080560057	08080630000	08080688200	08080713400
00006468101	00093435993	00193265831	00223046868	00573301502	00891082001	04351088810	08011104053	08011150939	08011802414	08080116900	08080210100	08080272000	08080332400	08080430100	08080442213	08080560073	08080630103	08080688201	08080713600
00006482700	00093440401	00193265862	00223046869	00573301534	00891082301	04351089510	08011004054	080111519											

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

0808071800	08080730790	08080783400	08080941110	08137002281	08137002603	08137004414	08137005390	08137006655	08137102126	08137116894	08137607623	08173909101	08214002873	08214057601	08214114027	08222094193	08225002602	08225005486	08225008702
08080717680	08080731000	08080791400	08080941210	08137002283	08137002604	08137004424	08137005510	08137006660	08137102390	08137117120	08164100125	08179002810	08214028755	08214057716	08214115027	08222094391	08225002603	08225005523	08225008703
08080718100	08080731100	08080800000	08080941310	08137002285	08137002607	08137004430	08137005505	08137006665	08137102394	08137117121	08164100525	08179002827	08214029721	08214057717	08214130001	08222094599	08225002605	08225005525	08225008705
08080718120	08080731300	08080800001	08080941410	08137002287	08137002608	08137004431	08137005518	08137006670	08137102488	08137117128	08164100625	08179002834	08214029724	08214057761	08214131001	08222095121	08225002802	08225005553	08225008706
08080718150	08080731900	08080804200	08080941610	08137002301	08137002610	08137004434	08137005520	08137006675	08137102491	08137117210	08164100725	08179002841	08214029727	08214058539	08214131101	08222095545	08225002803	08225005555	08225008707
08080718170	08080732300	08080804300	08080941800	08137002302	08137002616	08137004436	08137005523	08137006680	08137102561	08137117297	08173000201	08179010204	08214029735	08214058716	08214210001	08222095459	08225002805	08225005582	08225011601
08080718200	08080732500	08080804400	08080941900	08137002303	08137002618	08137004438	08137005532	08137006685	08137102760	08137117299	08173000301	08179010303	08214029737	08214058717	08214215001	08222095534	08225002806	08225005583	08225011602
08080718230	08080733200	08080804500	08080941900	08137002304	08137002623	08137004444	08137005534	08137006690	08137102765	08137117400	08173000525	08179015209	08214029739	08214058733	08214300001	08222095623	08225002902	08225005585	08225011701
08080718250	08080733000	08080804600	08080940000	08137002305	08137002628	08137004446	08137005536	08137006690	08137102799	08137117401	08173001510	08179041208	08214029740	08214059080	08214310001	08222095633	08225002903	08225005593	08225011702
08080718270	08080733900	08080804700	08080958010	08137002321	08137002633	08137004452	08137005540	08137006693	08137102802	08137117419	08173001610	08179041802	08214029748	08214060001	08214352719	08222095657	08225002905	08225005595	08225011801
08080718300	08080733901	08080810055	08080959000	08137002322	08137002638	08137004458	08137005544	08137006697	08137102837	08137117420	08173001720	08179042502	08214029750	08214061001	08214352901	08222095681	08225002906	08225005612	08225011802
08080718350	08080734600	08080812200	08080964000	08137002329	08137002643	08137004488	08137005548	08137006698	08137102902	08137117459	08173003001	08179048009	08214029755	08214065711	08214352933	08222095655	08225003020	08225005613	08225011881
08080718400	08080741905	08080864200	08080964200	08137002331	08137002644	08137004482	08137005549	08137006701	08137102922	08137117459	08173003102	08179050110	08214030001	08214065724	08214353001	08222142387	08225003030	08225005615	08225011882
08080718450	08080741813	08080812801	08080965200	08137002344	08137002648	08137004633	08137005556	08137006702	08137102933	08137117461	08173003201	08179071205	08214030101	08214065726	08214353033	08222142394	08225003040	08225005616	08225011891
08080718500	08080741821	08080818100	08080982010	08137002354	08137002659	08137004634	08137005560	08137006738	08137102943	08137117462	08173003301	08179072509	08214030201	08214065727	08214353719	08222142400	08225003080	08225005623	08225011892
08080719300	08080742000	08080818112	08080988000	08137002355	08137002738	08137004644	08137005561	08137006738	08137102973	08137117468	08173003401	08193000730	08214030721	08214065735	08214354033	08222143896	08225003090	08225005625	08225011901
08080719401	08080748000	08080818113	08080988600	08137002356	08137002770	08137004650	08137005562	08137006710	08137103003	08137117472	08173003501	08193000744	08214030724	08214065739	08214354719	08222172396	08225003302	08225005633	08225011902
08080719810	08080750095	08080819103	08080989000	08137002357	08137002771	08137004651	08137005563	08137006712	08137103004	08137117473	08173003601	08193000812	08214030727	08214065740	08214355719	08222173195	08225003303	08225005635	08225011951
08080720080	08080750300	08080819100	08080989100	08137002358	08137002772	08137004666	08137005566	08137006723	08137103005	08137117474	08173003510	08193100576	08214030735	08214065748	08214359001	08222173393	08225003305	08225005803	08225011952
08080720100	08080751622	08080819112	08080989200	08137002359	08137002774	08137004669	08137005571	08137006703	08137103007	08137117475	08173003410	08193100579	08214030737	08214065750	08214359033	08222173591	08225003382	08225005805	08225011991
08080720120	08080752042	08080819210	08080989300	08137002361	08137002778	08137004670	08137005576	08137006728	08137104653	08137117477	08173003510	08193100583	08214030739	08214065755	08214359719	08222174192	08225003383	08225005813	08225011992
08080720150	08080752505	08080809400	08080989400	08137002362	08137002779	08137004708	08137005583	08137006792	08137105834	08137117478	08173003510	08193100581	08214030740	08214065757	08214380001	08222174390	08225003385	08225005815	08225034402
08080720163	08080752513	08080802112	08137001258	08137002363	08137002780	08137004711	08137005516	08137006792	08137108922	08137117479	08173003510	08193178801	08214030748	08214070001	08214381001	08222174598	08225003386	08225005816	08225034403
08080720170	08080753901	08080821100	08137001266	08137002364	08137002781	08137004723	08137005520	08137006804	08137108923	08137117480	08173003510	08193178901	08214030750	08214070201	08214383034	08222182180	08225003392	08225005823	08225034405
08080720189	08080754000	08080821112	08137001275	08137002365	08137002782	08137004731	08137005521	08137006804	08137109163	08137117483	08173003520	08195202312	08214030755	08214070721	08214384034	08222182586	08225003393	08225005825	08225034406
08080720200	08080754100	08080822100	08137002060	08137002378	08137002783	08137004751	08137005562	08137006805	08137109218	08137117501	08173003620	08195040501	08214030757	08214070726	08214385034	08222192196	08225003395	08225005833	08225044502
08080720205	08080754200	08080822112	08137002061	08137002380	08137002790	08137004752	08137005563	08137006804	08137109222	08137117547	08173006120	08195060601	08214035721	08214070727	08214500712	08222192592	08225003396	08225005835	08225044503
08080720221	08080754400	08080822300	08137002062	08137002381	08137002791	08137004754	08137005565	08137006806	08137109237	08137117548	08173006220	08195030150	08214035726	08214070729	08214501712	08222193155	08225004400	08225006282	08225044507
08080720230	08080759400	08080823100	08137002063	08137002382	08137002795	08137004768	08137005564	08137006806	08137109273	08137117549	08173006320	08195030420	08214035729	08214070734	08214502712	08222193353	08225004403	08225006283	08225044508
08080720247	08080760000	08080825058	08137002064	08137002383	08137002796	08137004833	08137005564	08137006808	08137109275	08137117550	08173006420	08195341001	08214040001	08214070740	08214503712	08222193551	08225004404	08225006285	08225091120
08080720250	08080760100	08080825100	08137002065	08137002384	08137002798	08137004834	08137005568	08137006807	08137115078	08137117558	08173006515	08195341201	08214040721	08214070748	08214504712	0822221107	08225004402	08225006286	08225091130
08080720265	08080760400	08080825112	08137002066	08137002385	08137002995	08137004848	08137005569	08137006808	08137115149	08137117564	08173006615	08195503301	08214040724	08214070750	08214506712	0822221589	08225004403	08225006303	08225091140
08080720270	08080760500	08080825112	08137002069	08137002401	08137003143	08137004930	08137005569	08137006815	08137115162	08137117565	08173006715	08195504401	08214040727	08214070755	08214535716	08222440006	08225004405	08225006305	08225091160
08080720285	08080761600	08080827012	08137002090	08137002402	08137003157	08137005060	08137005568	08137006816	08137115210	08137117567	08173006815	08195504501	08214040734	08214070757	08214540501	08222440013	08225004406	08225006323	08225091200
08080720300	08080761610	08080827112	08137002091	08137002403	08137003195	08137005065	08137005568	08137006816	08137115441	08137117568	08173006915	08195505501	08214040737	08214071001	08214600001	08222630001	08225004402	08225006325	08225091300
08080720350	08080762000	08080830340	08137002092	08137002404	08137003210	08137005070	08137005571	08137006817	08137115567	08137117582	08173007015	08195507015	08214040739	08214071201	08214610001	08222630018	08225004403	08225006326	08225091400
08080720400	08080762010	08080832400	08137002093	08137002405	08137003211	08137005075	08137005576	08137006812	08137115939	08137117584	08173007115	08195512401	08214040748	08214074201	08214999001	08222630025	08225004405	08225006327	08225092300
08080720450	08080762055	08080840640	08137002094	08137002406	08137003236	08137005080	08137005572	08137006813	08137116114	08137117707	08173007215	08195524401	08214040750	08214075201	08214998911	08222630032	08225004406	08225006353	

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

08225215100	08225582400	08287126042	08287126504	08290001101	08290002567	08290004339	08290201033	08290203952	08290301037	08290305195	08290305491	08290305945	08290320550	08290366356	08290371340	08290384183	08290405092	08290490901	08317110000
08225218400	08225594300	08287126044	08287126504	08290001114	08290002800	08290004348	08290201034	08290203953	08290301625	08290305196	08290305492	08290305946	08290320749	08290366357	08290371430	08290384221	08290405093	08290491001	08317110000
08225233300	08225603400	08287126061	08287126506	08290001120	08290002870	08290004402	08290201036	08290203955	08290302830	08290305198	08290305500	08290305951	08290320881	08290366358	08290371432	08290384304	08290405132	08290491201	08317110000
08225241600	08225606000	08287126063	08287126506	08290001115	08290002871	08290004403	08290201037	08290203956	08290302831	08290305199	08290305512	08290308341	08290320882	08290366359	08290371433	08290384308	08290405145	08290498041	08317114000
08225242600	08225607000	08287126101	08287126555	08290001136	08290002874	08290004406	08290201038	08290203957	08290302832	08290305200	08290305513	08290309301	08290320883	08290366360	08290371434	08290384357	08290405146	08290498042	08317115000
08225243600	08225608000	08287126102	08287126555	08290001137	08290002875	08290004407	08290201039	08290203958	08290302833	08290305201	08290305514	08290309302	08290320884	08290366361	08290371435	08290384358	08290405147	08290511005	08317160000
08225256600	08225609000	08287126103	08287126557	08290001138	08290002878	08290005071	08290201042	08290204015	08290303005	08290305202	08290305516	08290309303	08290322025	08290367292	08290371436	08290384463	08290405148	08290511012	08317117000
08225257600	08225610000	08287126104	08287126558	08290001139	08290002879	08290005149	08290201043	08290204016	08290303006	08290305203	08290305517	08290309304	08290322026	08290367294	08290371437	08290384464	08290405149	08290511252	08317180000
08225260600	08225622000	08287126105	08287126559	08290001140	08290002900	08290005160	08290201044	08290204017	08290303007	08290305204	08290305518	08290309305	08290322027	08290367297	08290371438	08290384465	08290405160	08290511341	08317190000
08225261600	08225623000	08287126106	08287126560	08290001141	08290002901	08290005173	08290201045	08290204018	08290303008	08290305205	08290305519	08290309306	08290322028	08290367298	08290371439	08290384466	08290405161	08290511346	08317210000
08225262600	08225624000	08287126108	08287126562	08290001142	08290002902	08290005211	08290201051	08290204041	08290303009	08290305211	08290305540	08290309341	08290322029	08290367341	08290371525	08290384467	08290405162	08290511348	08317215000
08225264600	08225627000	08287126109	08287126601	08290001143	08290002903	08290005500	08290201052	08290204042	08290303010	08290305213	08290305541	08290309342	08290322030	08290367342	08290371610	08290384468	08290405164	08290511349	08317220000
08225265600	08225631000	08287126110	08287126602	08290001147	08290002904	08290005528	08290201053	08290204043	08290303011	08290305214	08290305542	08290309343	08290322031	08290367343	08290371611	08290384481	08290405170	08290511403	08317240000
08225272600	08225632000	08287126111	08287126603	08290001148	08290002905	08290005540	08290201054	08290204044	08290303012	08290305215	08290305543	08290309344	08290322032	08290367344	08290371612	08290384482	08290405171	08290512027	08317315500
08225272700	08225636000	08287126112	08287126605	08290001150	08290002906	08290006711	08290201055	08290204047	08290303013	08290305216	08290305544	08290309345	08290322033	08290367345	08290371613	08290384489	08290405172	08290512146	08317314000
08225273600	08225641000	08287126115	08287126608	08290001172	08290002907	08290006713	08290201056	08290205031	08290303014	08290305217	08290305545	08290309346	08290323487	08290371036	08290371615	08290384516	08290405174	08290515003	08317212000
08225280600	08225646000	08287126127	08287126611	08290001196	08290002908	08290006715	08290201057	08290205032	08290303015	08290305218	08290305546	08290309347	08290323488	08290371040	08290371620	08290384566	08290405180	08290515100	08317210295
08225280800	08225653000	08287126129	08287126702	08290001198	08290003050	08290006719	08290201090	08290205201	08290303344	08290305219	08290305549	08290309348	08290324702	08290371041	08290371621	08290384575	08290405181	08290515102	08317220501
08225281600	08225655000	08287126200	08287126703	08290001209	08290003052	08290006721	08290201161	08290205202	08290303345	08290305220	08290305551	08290309349	08290324703	08290371046	08290371623	08290384584	08290405182	08290515104	08317226062
08225292600	08225661500	08287126201	08287126704	08290001219	08290003054	08290006723	08290201206	08290206006	08290303346	08290305222	08290305554	08290309350	08290324704	08290371050	08290371630	08290384620	08290405183	08290515105	08317228001
08225296600	08225669000	08287126210	08287126705	08290001252	08290003056	08290006726	08290201207	08290206012	08290303347	08290305223	08290305557	08290309351	08290324705	08290371060	08290371631	08290384621	08290405184	08290515200	08317221000
08225297600	08225700000	08287126211	08287126706	08290001284	08290003070	08290006731	08290201208	08290206147	08290303348	08290305224	08290305561	08290309352	08290324906	08290371070	08290371632	08290384635	08290405202	08290515202	08317225000
08225298600	08225702000	08287126212	08287126707	08290001285	08290003075	08290006735	08290201209	08290206161	08290303365	08290305225	08290305562	08290309353	08290324907	08290371080	08290371633	08290385100	08290405203	08290515301	08317230129
08225299600	08225708000	08287126213	08287126708	08290001293	08290003081	08290006893	08290201210	08290206228	08290303366	08290305227	08290305568	08290309354	08290324908	08290371090	08290371634	08290385102	08290405206	08290515304	08317232129
08225299700	08225742000	08287126214	08287126709	08290001295	08290003084	08290006999	08290201211	08290206231	08290303367	08290305230	08290305569	08290309355	08290324909	08290371110	08290371635	08290385106	08290405207	08290515306	08317234132
08225300500	08225790000	08287126218	08287126729	08290001296	08290003092	08290007167	08290201212	08290206235	08290303368	08290305231	08290305570	08290309356	08290324910	08290371111	08290371636	08290385109	08290405211	08290515400	08317234932
08225301200	08225791000	08287126219	08287126730	08290001300	08290003096	08290007178	08290201255	08290206244	08290303369	08290305232	08290305571	08290309357	08290324911	08290371112	08290371670	08290400434	08290405234	08290515401	08317235131
08225303500	08225793000	08287126230	08287126731	08290001304	08290003110	08290007187	08290201298	08290206254	08290303370	08290305239	08290305579	08290309358	08290324912	08290371115	08290371671	08290400494	08290405235	08290515395	08317235313
08225305100	08225794000	08287126231	08287126732	08290001310	08290003114	08290007188	08290201352	08290206257	08290303381	08290305270	08290305578	08290309359	08290325772	08290371120	08290371672	08290400495	08290405236	08290515396	08317236131
08225311800	08225796000	08287126232	08287126733	08290001316	08290003114	08290007198	08290201493	08290206267	08290303393	08290305271	08290305579	08290309360	08290325773	08290371121	08290371675	08290400506	08290405237	08290515405	08317236132
08225312800	08225797000	08287126235	08287126736	08290001317	08290003135	08290007253	08290201744	08290206338	08290303400	08290305272	08290305576	08290309361	08290326690	08290371122	08290371700	08290400507	08290405252	08290515405	08317238131
0822539018	08225798000	08287126252	08287126738	08290001318	08290003136	08290007419	08290201791	08290206390	08290303401	08290305273	08290305571	08290309362	08290326691	08290371123	08290371712	08290400508	08290405256	08290515406	08317238132
0822539019	08225799000	08287126253	08287126741	08290001320	08290003137	08290007420	08290201792	08290206481	08290303402	08290305274	08290305572	08290309363	08290328203	08290371125	08290371716	08290400509	08290405257	08290515407	08317238931
0822539020	08238049001	08287126254	08287126742	08290001328	08290003138	08290007422	08290201933	08290206497	08290303403	08290305310	08290305573	08290309364	08290328204	08290371151	08290376056	08290401586	08290408272	08290515401	08317250291
0822539022	08238053904	08287126255	08287126743	08290001359	08290003139	08290007423	08290201963	08290206508	08290303405	08290305312	08290305574	08290309365	08290328233	08290371152	08290376142	08290402600	08290408280	08290515406	08317250295
0822539025	08238054702	08287126256	08287126744	08290001360	08290003150	08290007425	08290201969	08290206509	08290303060	08290305343	08290305575	08290309366	08290328235	08290371153	08290376144	08290402601	08290408289	08290515430	08317260291
08225399171	08238115301	08287126266	08287126751	08290001369	08290003152	08290008204	08290201994	08290206510	08290305062	08290305406	08290305576	08290309367	08290328245	08290371154	08290381412	08290402864	08290408348	08290515411	08317260292
08225399181	08238117104	08287126280	08287126781	08290001583	08290003153	08290008205	08290202099	08290206511	08290305068	08290305407	08290305577	08290309368	08290328278	08290371155	08290381423	08290402865	08290408360	08290515450	0

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

08395099120	08396009900	08462102013	08466093100	08470119001	08484032500	08489728750	08496019401	08496031801	08496281501	08517342901	08525011300	08554229701	08590000900	08595042500	08626412301	0881200573	0881513512	0881833210	08818330229
08395099150	08396009930	08462103104	08468430050	08470130001	08484032800	08489728850	08496019501	08496031901	08496281511	08517343001	08525011401	08554230001	08590001000	08595042700	08627001101	0881200714	0881513538	0881833215	08818330245
08395099180	0839601034	08462104001	08484830050	08470131001	08484050362	08489728950	08496019601	08496032101	08496281801	08517344001	08525011501	08554269491	08590001300	08595052700	08627001301	0881200755	0881513744	0881833310	08818330260
08396081300	08396091134	08462109750	08484831100	08470131101	08484051885	08489729050	08496019801	08496032201	08496285501	08517345001	08528003101	08554318802	08590001400	08595060000	08627001401	0881200805	0881513918	0881833315	08818330285
08396090122	08396091234	08462109751	08470010001	08470140201	08484051890	08489749610	08496019901	08496032301	08496285511	08517349001	08528003301	08554332901	08590004800	08595060100	08627001601	0881202017	0881513934	0881833558	08818330320
08396090125	08396091334	08462109912	08470010401	08470140401	08484052800	08489749710	08496020001	08496032401	08496285801	08517352936	08528003501	08554337702	08590004900	08595060200	08627002011	0881202033	0881516051	0881836610	08818330325
08396090126	08396091434	08462122015	08470010501	08470141201	08484053310	08489749810	08496020101	08496032701	08496290201	08517353036	08528004101	08554338401	08590005100	08595060300	08627002021	0881202363	0881516135	0881836610	08818330343
08396500144	08396091534	08462122064	08470026001	08470141401	08484053350	08489749910	08496020201	08496032801	08496290205	08517354036	08528004501	08554362901	08590005200	08595060400	08627002031	0881202371	0881516150	0881836615	08818330348
08396500175	08396091634	08462122069	08470026501	08470142201	08484053250	08489786600	08496020301	08496032901	08496290501	08517355036	08528009001	08554376402	08590005400	08595060500	08627003011	0881204005	0881516200	0881836615	08818330349
08396500225	08396091734	08462122200	08470027001	08470142401	08484070802	08489787009	08496020401	08496033101	08496290801	08517356036	08528010001	08554386401	08590005500	08595060600	08627003021	0881250016	0881516911	0881832712	08818330350
08396500244	08396092000	08462122220	08470027101	08470144201	08484071950	08489787209	08496020501	08496033201	08496291501	08517359036	08528010301	08554402401	08590005700	08595060700	08627003031	0881250024	0881516937	0881832812	08818330351
08396500291	08396092040	08462123200	08470027401	08470144401	08484072500	08489791010	08496020601	08496033501	08496291511	08517359536	08528010501	08554402501	08590005900	08595060800	08627005011	0881250032	0881520178	0881832910	08818330352
08396500375	08396092700	08462130045	08470027801	08470161401	08484073200	08489791410	08496020701	08496033701	08496295501	08517382919	08528010601	08554403801	08590006100	08595060900	08627005021	0881250040	0881520251	0881832930	08818330353
08396500425	08396092900	08462141001	08470030001	08470163401	08484074300	08489816210	08496021001	08496033801	08496295511	08517382936	08528067701	08554408801	08590006200	08595070050	08627005031	0881250057	0881520657	0881832950	08818330354
08396500426	08396093100	08462141107	08470030101	08470164401	08484075050	08489816310	08496021101	08496033901	08496300301	08517383019	08528080650	08554424201	08590006400	08595070150	08627005104	0881250065	0881520665	0881833010	08818330355
08396500444	08396093200	08462141086	08470030201	08470182901	08484075300	08489830710	08496021201	08496034001	08496300501	08517383036	08528080750	08554442601	08590006600	08595070250	08627005303	0881250073	0881520673	0881833030	08818330356
08396500475	08396093300	08462426001	08470040001	08470183001	08484081028	08489830810	08496021301	08496034101	08496300601	08517383065	08528146404	08554444201	08590006800	08595070350	08627006011	0881250081	0881535101	0881833035	08818330357
08396500525	08396093400	08462426002	08470041401	08470184001	08484082026	08489830910	08496021401	08496034201	08496300801	08517384019	08528146704	08554538019	08590007100	08595070450	08627006021	0881250099	0881535762	0881891006	08818330358
08396500526	08396093500	08462426003	08470041801	08470185001	084840990310	08489831010	08496021601	08496035001	08496301001	08517384035	08528147401	08554546019	08590007200	08595070550	08627006031	0881250107	0881535770	0881891014	08818330359
08396500544	08396093700	08462426011	08470043001	08470189001	084840990328	08489831110	08496021701	08496035101	08496301201	08517384065	08528147001	08554546019	08590007300	08595080050	08627008011	0881250115	0881535788	0881891002	08818330360
08396500575	08423112613	08462426012	08470043501	08470202901	084840990338	08489831210	08496021801	08496035201	08496301501	08517385019	08531010030	08560940002	08590007400	08595080150	08627008021	0881250123	0881535796	0881891003	08818330361
08396500622	08423112617	08462426013	08470044001	08470203001	084840990355	08489831310	08496021901	08496036301	08496301511	08517385036	08531381800	08560940003	08590007500	08595080250	08627008031	0881250149	0881540122	0881906005	08818330362
08396500625	08423112721	08462430100	08470044501	08470204001	084840990430	08489831410	08496022001	08496036401	08496301601	08517385065	08531382000	08564000000	08590007600	08595080350	08627009011	0881250172	0881540166	0881906014	08818330363
08396500644	08423112731	08462430120	08470044501	08470205001	084840990432	08489831510	08496022101	08496038001	08496301611	08517386036	08531388800	08564005191	08590007700	08595080450	08627009111	0881250206	0881540134	0881907003	08818330364
08396500675	08423112742	08462430200	08470044501	08470209001	084840990435	08489846710	08496022201	08496038901	08496303001	08517389019	08536011000	08565016915	08590007800	08595080550	08630010001	0881250214	0881540167	0884540500	08818330365
08396500691	08423112908	08462550047	08470046501	08470210001	08484990437	08489846810	08496023101	08496039801	08496303501	08517389036	08536011500	08565044415	08590007900	08595080650	08630020002	0881250222	0881560125	0884541300	08818330366
08396500725	08423112910	08462550047	08470051001	08470282901	08489600210	08489847110	08496023201	08496039801	08496303501	08521000131	08536011200	08565012340	08590008000	08595080700	08630020002	0881250230	0881560141	0884541400	08818330367
08396500744	08423112910	08462550100	08470051001	08470283001	08489600210	08489847110	08496023301	08496039801	08496303611	08521000231	08536012000	08565012340	08590008100	08605010001	08636012301	0881250255	0881560182	0884700108	08818330368
08396500791	08423162126	08462551095	08470051501	08470283001	08489600210	08489847110	08496023401	08496040201	08496303611	08521000331	08536012000	08565012340	08590008200	08605010202	08636014120	0881250289	0881560224	0884700116	08818330369
08396500825	08423200111	08462551100	08470053001	08470284001	08489600310	08489847210	08496023601	08496040401	08496303501	08521000100	08536012000	08565012361	08590008300	08605010303	08636017420	0881250305	0881560232	0884700207	08818330370
08396500844	08423200220	08462551595	08470053501	08470285001	08489600410	08489860050	08496024201	08496040501	08496305511	08521008103	08536012001	08565059372	08590008400	08605010404	08636017430	0881250313	0881560265	0884702005	08818330371
08396500891	08439060030	08462552000	08470056501	08470289001	08489600510	08489860150	08496024301	08496040601	08496305601	08521008103	08536012001	08565059373	08590008500	08611500101	08636017510	0881250321	0881600004	0884702105	08818330372
08396705014	08439160026	08462552100	08470056901	08470310001	08489600610	08489908010	08496024501	08496040701	08496305611	08521008103	08536012001	08565059374	08590008600	08611500201	086360175610	0881250362	0881600145	0884702500	08818330373
08396706002	08439122002	08462553000	08470057501	08470342901	08489600710	08489908111	08496024601	08496040801	08496305801	08521500432	08536012001	08565059375	08590010300	08611500305	086360175710	0881250405	0881600350	0884704305	08818330374
08396706018	08439123020	08462553095	08470057601	08470343001	08489600810	08489908211	08496024801	08496040901	08496310101	08521500531	08536012001	08565059376	08590010600	08611500400	086360171125	0881250406	0881600651	0884704605	08818330375
08396706091	08439212151	08462553100	08470058501	08470344001	08489600910	08489908311	08496025201	08496042001	08496310305	08521500632	08536012001	08565059377	08590010700	08611500410	086360171225	0881265124	0881600700	0884704805	08818330376
08396739111	08439343110	08462553595	08470060001	08470345001	08489601010	08489512340	08496025301	08496042201	08496310401	08521500831	08536012001	08565059378	08590010800	08611500501	086360171325	0881305018	0881600800	0884702010	08818330377
08396800100	08439345010	08462554000	08470061001	08470349001	08489601210	08489512350	08496025401	08496042301	08496310405	08521550432	08536012001	08565059379	08590011200	08611500601	086360173250	0881305109	0881601101	0884712300	08818330378
08396800200	08439345011																		

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

09038000728	10075017621	10725002346	11509000410	11640000511	11701071201	11701071720	11701072541	11701073020	11701073334	11701074807	11701075410	11701080725	11701082225	11701084535	11701085580	11701087524	11701088691	11701090353	11701090560
09038000730	10075018796	10725002347	11509000446	11640000512	11701071202	11701071720	11701072541	11701073030	11701073340	11701074808	11701075411	11701080726	11701082226	11701084536	11701085581	11701087525	11701088692	11701090354	11701090610
09038000732	10075018863	10725002352	11509000462	11640000600	11701071203	11701071781	11701072551	11701073031	11701073341	11701074809	11701075420	11701080727	11701082235	11701084610	11701085590	11701087526	11701088693	11701090355	11701090611
09038000734	10075020523	10725002354	11509005000	11640000601	11701071204	11701071801	11701072552	11701073032	11701073350	11701074901	11701075421	11701080728	11701082240	11701084615	11701085595	11701087564	11701088694	11701090370	11701090612
09038000736	10119043057	10725002427	11509006007	11640000605	11701071205	11701071802	11701072553	11701073033	11701073351	11701074902	11701075430	11701080729	11701082240	11701084620	11701085592	11701087565	11701088695	11701090371	11701090613
09038000738	10119041502	10725002501	11509006047	11640000606	11701071206	11701071803	11701072554	11701073034	11701073352	11701074903	11701075431	11701080810	11701082240	11701084625	11701085593	11701087566	11701088696	11701090372	11701090614
09038000740	10119043001	10725002506	11509006057	11640000610	11701071301	11701071804	11701072555	11701073035	11701073353	11701074904	11701075440	11701080811	11701082250	11701084630	11701085593	11701087574	11701088697	11701090401	11701090620
09038022300	10119043002	10725002507	11509006508	11640000622	11701071302	11701071810	11701072561	11701073036	11701073354	11701074905	11701075441	11701080812	11701082610	11701084635	11701085935	11701087575	11701088710	11701090402	11701090621
09038022301	10119043004	10725002508	11509006709	11640000632	11701071303	11701071811	11701072562	11701073037	11701073355	11701074906	11701075450	11701080813	11701082615	11701084710	11701085940	11701087576	11701088720	11701090403	11701090622
09038022302	10119043013	10725002509	11509006710	11640000633	11701071310	11701071815	11701072563	11701073038	11701073356	11701074907	11701075451	11701080814	11701082620	11701084715	11701085945	11701087584	11701088721	11701090404	11701090623
09038022303	10119043014	10725002726	11509008900	11640000634	11701071401	11701071816	11701072570	11701073101	11701073360	11701074908	11701075460	11701080815	11701082710	11701084720	11701085950	11701087585	11701088722	11701090405	11701090624
09038022304	10119043015	10939003433	11509013100	11640000655	11701071402	11701071850	11701072571	11701073102	11701073361	11701074909	11701075461	11701080816	11701082715	11701084811	11701085955	11701087586	11701088723	11701090406	11701090625
09038022305	10119043016	10939006678	11509014900	11640000678	11701071403	11701071851	11701072572	11701073103	11701073362	11701075001	11701075461	11701080817	11701082810	11701084816	11701086010	11701087640	11701088724	11701090407	11701090626
09038022306	10119043017	10939003633	11640000001	11640000701	11701071404	11701071852	11701072573	11701073104	11701073370	11701075002	11701075471	11701080818	11701082815	11701084821	11701086015	11701087644	11701088730	11701090408	11701090627
09038022307	10119043018	10939004233	11640000002	11640000702	11701071405	11701071853	11701072580	11701073105	11701073371	11701075003	11701075480	11701080819	11701083010	11701084831	11701086020	11701087645	11701088731	11701090409	11701090628
09038022308	10119043019	10939004433	11640000004	11640000703	11701071406	11701071880	11701072581	11701073106	11701073372	11701075004	11701075481	11701080820	11701083110	11701084836	11701086025	11701087646	11701088732	11701090411	11701090629
09038022309	10119043020	10939009933	11640000034	11640000704	11701071407	11701071881	11701072582	11701073107	11701073373	11701075005	11701075490	11701080821	11701083115	11701084841	11701086030	11701087660	11701088733	11701090412	11701090630
09038022310	10119043042	10939010633	11640000004	11640000705	11701071408	11701071881	11701072583	11701073108	11701073374	11701075006	11701075491	11701080822	11701083120	11701084851	11701086035	11701087670	11701088734	11701090414	11701090631
09038022311	10119081180	10939010733	11640000049	11640000719	11701071409	11701071901	11701072584	11701073109	11701073401	11701075007	11701075501	11701080823	11701083125	11701084856	11701086040	11701087681	11701088811	11701090416	11701090632
09869541523	10119081195	10939019433	11640000109	11640000723	11701071410	11701071902	11701072584	11701073110	11701073402	11701075008	11701075502	11701080910	11701083130	11701084861	11701086045	11701087682	11701088812	11701090417	11701090633
09958000512	10119081501	10939019633	11640000101	11640000725	11701071501	11701071903	11701072591	11701073111	11701073501	11701075011	11701075510	11701080911	11701083135	11701084871	11701086050	11701087683	11701088904	11701090418	11701090634
09958000522	10147092103	10939022822	11640000102	11640000728	11701071502	11701071904	11701072591	11701073120	11701073502	11701075012	11701075511	11701080912	11701083135	11701084876	11701086055	11701087682	11701088905	11701090419	11701090635
09958000562	10147092205	10939028544	11640000103	11640000732	11701071503	11701071905	11701072620	11701073121	11701073503	11701075013	11701075520	11701080913	11701083315	11701084881	11701086110	11701087782	11701088911	11701090420	11701090636
09958000582	10158005306	10939028644	11640000104	11640000735	11701071504	11701072001	11701072710	11701073122	11701073601	11701075014	11701075521	11701080914	11701083320	11701084905	11701086115	11701087792	11701088912	11701090427	11701090637
09958000592	10158005308	10939029444	11640000105	11640000738	11701071505	11701072002	11701072702	11701073123	11701073602	11701075015	11701075530	11701080915	11701083325	11701084910	11701086120	11701087846	11701088914	11701090428	11701090638
09958000602	10158005450	10939030444	11640000106	11640000741	11701071511	11701072010	11701072703	11701073124	11701073801	11701075016	11701075531	11701080916	11701083330	11701084915	11701086125	11701087856	11701088915	11701090429	11701090639
09958000611	10158005515	10939030544	11640000107	11640000810	11701071512	11701072011	11701072704	11701073125	11701073802	11701075017	11701075540	11701080917	11701083335	11701084920	11701086130	11701087870	11701088921	11701090431	11701090701
09958000642	10158005625	10939030644	11640000108	11640000811	11701071513	11701072012	11701072710	11701073126	11701073811	11701075018	11701075541	11701080918	11701083340	11701084925	11701086135	11701088020	11701088922	11701090432	11701090702
09958000672	10158006202	10939030844	11640000109	11640000812	11701071514	11701072013	11701072711	11701073127	11701073810	11701075019	11701075550	11701080919	11701083340	11701084930	11701086140	11701088050	11701088923	11701090433	11701090703
09958000682	10158006204	10939040544	11640000110	11640000813	11701071515	11701072014	11701072712	11701073128	11701073820	11701075020	11701075551	11701080920	11701083345	11701084935	11701086145	11701088080	11701088924	11701090434	11701090704
09958000692	10158007801	10939042502	11640000111	11640000814	11701071550	11701072015	11701072713	11701073129	11701073821	11701075021	11701075552	11701080921	11701083340	11701084940	11701086150	11701088085	11701088931	11701090435	11701090705
09958000702	10158008025	10939049444	11640000112	11640000815	11701071551	11701072016	11701072714	11701073130	11701073830	11701075021	11701075561	11701080922	11701083345	11701084945	11701086155	11701088089	11701088932	11701090442	11701090801
09958000712	10158008111	10939052933	11640000113	11640000821	11701071552	11701072102	11701072715	11701073156	11701073831	11701075025	11701075570	11701080923	11701083340	11701085010	11701086210	11701088170	11701088934	11701090444	11701090802
09958000722	10158009206	10939059333	11640000114	11640000822	11701071553	11701072103	11701072720	11701073157	11701073840	11701075026	11701075571	11701080924	11701083345	11701085015	11701086215	11701088171	11701088935	11701090446	11701090803
09958000732	10158009213	10939059433	11640000122	11640000823	11701071554	11701072104	11701072721	11701073158	11701073850	11701075027	11701075571	11701080925	11701083340	11701085020	11701086220	11701088180	11701088941	11701090447	11701090804
09958000742	10158007704	10939059533	11640000125	11640000824	11701071560	11701072201	11701072722	11701073159	11701073851	11701075028	11701075511	11701080926	11701083345	11701085025	11701086230	11701088181	11701088942	11701090448	11701091003
09958000850	10158008204	10939059733	11640000129	11640000825	11701071561	11701072202	11701072723	11701073210	11701073852	11701075029	11701075512	11701080927	11701083340	11701085030	11701086240	11701088190	11701088944	11701090449	11701091000
09958000860	10481100901	10939070944	11640000132	11640000831	11701071562	11701072203	11701072730	11701073202	11701073853	11701075113	11701079410	11701081010	11701083510	11701085035	11701086610	1			

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

11701092070	11701093157	11822037140	11822302180	11822330490	11822485410	11822854870	11917004245	11917005468	11917006749	11917007789	11917009540	11917011187	11917013786	11917015104	11917015899	11917017235	12547063966	13703024126	14613020122
11701092072	11701093201	11822037870	11822302190	11822330500	11822488930	11822854880	11917004428	11917005469	11917006750	11917007790	11917009541	11917011208	11917013787	11917015108	11917015900	11917017274	13533013100	13703024121	14613020183
11701092074	11701093202	11822039300	11822302200	11822331070	11822488940	11822870800	11917004250	11917005470	11917006823	11917007981	11917009542	11917011210	11917013790	11917015204	11917015901	11917017277	13533013101	13703024130	14613020218
11701092076	11701093203	11822039380	11822302210	11822332280	11822489010	11822872850	11917004251	11917005471	11917006824	11917007982	11917009543	11917011211	11917013819	11917015205	11917015902	11917017384	13551090301	13703024131	14613020253
11701092181	11701093205	11822039460	11822302240	11822332920	11822489320	11822877060	11917004429	11917005472	11917006825	11917007983	11917009544	11917011212	11917013820	11917015207	11917015903	11917017385	13551090310	13703031221	14613020274
11701092182	11701093206	11822039470	11822302250	11822333730	11822489330	11822877080	11917004480	11917005478	11917006861	11917007985	11917009545	11917011213	11917014090	11917015217	11917015904	11917017386	13551090302	13703031331	14613020374
11701092183	11701093207	11822039480	11822302260	11822333980	11822489340	11822877140	11917004482	11917005479	11917006865	11917007985	11917009546	11917011222	11917014091	11917015220	11917015905	11917017389	13551090303	13703031441	14613033908
11701092191	11701093208	11822039490	11822302310	11822340680	11822489360	11822882140	11917004490	11917005480	11917006877	11917007996	11917009547	11917011291	11917014111	11917015222	11917015917	11917017419	13703010130	13703031541	14613033999
11701092192	11701093209	11822039520	11822302360	11822340850	11822504320	11822882210	11917004494	11917005481	11917006879	11917007997	11917009548	11917011292	11917014131	11917015231	11917015929	11917017442	13703010131	13703035221	14613033940
11701092193	11701093220	11822039640	11822302390	11822343910	11822511340	11822893960	11917004793	11917005482	11917006880	11917007998	11917009549	11917011293	11917014163	11917015343	11917015932	11917017454	13703010133	13703035331	14613033922
11701092194	11701093250	11822041593	11822302660	11822344390	11822511490	11822893970	11917004794	11917005483	11917006881	11917007999	11917009550	11917011294	11917014167	11917015488	11917015933	11917017521	13703010134	13703035441	14832001001
11701092195	11701093251	11822042345	11822302840	11822345740	11822511500	11822893980	11917004795	11917005484	11917006883	11917008000	11917009551	11917011295	11917014168	11917015517	11917015934	11917017572	13703010150	13703035541	14832001002
11701092196	11701093252	11822050390	11822302840	11822345750	11822511510	11822893990	11917004813	11917005485	11917006884	11917008027	11917009552	11917011296	11917014176	11917015518	11917015979	11917017619	13703010151	13703050300	14832001003
11701092197	11701093254	11822051913	11822309060	11822348010	11822512920	11822894990	11917004814	11917005486	11917006885	11917008091	11917009553	11917011297	11917014177	11917015519	11917015981	11917017638	13703010160	13703050301	14832001004
11701092198	11701093255	11822051915	11822309230	11822350380	11822512930	11822895000	11917004815	11917005487	11917006886	11917008108	11917009554	11917011298	11917014192	11917015520	11917015984	11917017639	13703010161	13703050500	14832001005
11701092207	11701093256	11822051916	11822309670	11822350390	11822513160	11822895030	11917004871	11917005488	11917006888	11917008109	11917009554	11917011299	11917014203	11917015521	11917015992	11917017640	13703010162	13703050501	14832001006
11701092321	11701093257	11822052750	11822309700	11822350540	11822513880	11822935000	11917004874	11917005489	11917006907	11917008110	11917009555	11917011300	11917014204	11917015522	11917015999	11917017781	13703010210	13703051000	14832001021
11701092325	11701093258	11822056417	11822309860	11822350880	11822513980	11822935010	11917004875	11917005501	11917006909	11917008152	11917009559	11917011301	11917014205	11917015524	11917016005	11917017839	13703010211	13703051001	14832001030
11701092328	11701093415	11822054253	11822309870	11822351030	11822514090	11822935030	11917004877	11917005502	11917006910	11917008154	11917009600	11917011302	11917014206	11917015525	11917016007	11917017843	13703010270	13703052000	14832001031
11701092329	11701093513	11822054269	11822309950	11822351350	11822515260	11822935050	11917004877	11917005566	11917006935	11917008155	11917009601	11917011303	11917014207	11917015526	11917016045	11917017836	13703010271	13703052001	14832001071
11701092350	11701093517	11822054270	11822310270	11822351410	11822515660	11822935080	11917004887	11917005568	11917006951	11917008159	11917009602	11917011344	11917014223	11917015528	11917016179	11917018337	13703010280	13703053000	14832001276
11701092351	11701093702	11822054298	11822311150	11822353810	11822515820	11822935090	11917004888	11917005659	11917006960	11917008185	11917009603	11917011345	11917014233	11917015551	11917016180	11917018338	13703010281	13703053001	14832001304
11701092352	11701093901	11822054299	11822311250	11822356840	11822515810	11822935100	11917004891	11917005663	11917006964	11917008196	11917009604	11917011364	11917014266	11917015553	11917016181	11917018339	13703010290	13703056000	14844000000
11701092353	11701093902	11822054300	11822312260	11822358500	11822516500	11822935210	11917004892	11917005665	11917007008	11917008197	11917009623	11917011375	11917014267	11917015554	11917016184	11917018340	13703010291	13703056001	14844000001
11701092617	11822000040	11822054313	11822311440	11822359130	11822516630	11822935230	11917004893	11917005695	11917007010	11917008198	11917009650	11917011379	11917014268	11917015577	11917016186	11917018368	13703010300	13703082010	14844000006
11701092622	11822007710	11822054316	11822311500	11822359140	11822517980	11822935280	11917004894	11917005747	11917007036	11917008200	11917009643	11917011381	11917014269	11917015580	11917016187	11917018370	13703010301	13703082011	14844000007
11701092801	11822018887	11822055793	11822311520	11822359150	11822517990	11822935620	11917004896	11917005748	11917007037	11917008201	11917009663	11917011383	11917014296	11917015600	11917016188	11917018375	13703010310	13703082030	14844000008
11701092802	11822021890	11822055659	11822311530	11822359160	11822528000	11822935630	11917004899	11917005762	11917007038	11917008216	11917009664	11917011384	11917014323	11917015606	11917016189	11917018497	13703010311	13703082031	14844000009
11701092803	11822022120	11822056560	11822311550	11822361630	11822528010	11822935640	11917004898	11917005801	11917007039	11917008240	11917009665	11917011385	11917014338	11917015625	11917016201	11917018565	13703010320	13703082030	14844000010
11701092902	11822020600	11822056562	11822311560	11822361650	11822528020	11822935650	11917004899	11917005812	11917007040	11917008241	11917009666	11917011434	11917014339	11917015632	11917016216	11917018575	13703010321	13703082091	14844000011
11701092903	11822020610	11822056725	11822311570	11822364390	11822528030	11822935660	11917004900	11917005813	11917007048	11917008243	11917009692	11917011568	11917014346	11917015693	11917016227	11917018806	13703010330	13703082010	14844000012
11701092904	11822020640	11822062242	11822312030	11822367950	11822536510	11822935670	11917004901	11917005814	11917007049	11917008288	11917009693	11917011569	11917014376	11917015694	11917016265	11917018808	13703010331	13703085021	14844000013
11701092905	11822020306	11822064168	11822312580	11822368820	11822538110	11822935680	11917004910	11917005815	11917007050	11917008337	11917009696	11917011570	11917014384	11917015695	11917016305	11917018877	13703010340	13703085031	14844000014
11701092906	11822020370	11822064221	11822312590	11822370480	11822538160	11822935690	11917004916	11917005903	11917007051	11917008338	11917009697	11917011572	11917014387	11917015743	11917016342	11917019163	13703010341	13703085041	14844000015
11701092907	11822020580	11822064222	11822312600	11822370520	11822538170	11822935670	11917005047	11917005929	11917007052	11917008382	11917009921	11917011815	11917014451	11917015750	11917016343	11917019176	13703010350	13703085051	14844000016
11701092908	11822020583	11822065587	11822312680	11822370660	11822545820	11822935710	11917005059	11917006071	11917007053	11917008383	11917009960	11917011816	11917014452	11917015751	11917016344	11917019183	13703010351	13703085061	14844000087
11701093001	11822020590	11822065595	11822312690	11822370670	11822546200	11822935650	11917005065	11917006078	11917007054	11917008390	11917009961	11917011817	11917014453	11917015761	11917016382	11917019129	13703010360	13703085071	15127001145
11701093002	11822020597	11822067095	11822312920	11822370680	11822546250	11877001126	11917005066	11917006104	11917007055	11917008868	11917009965	11917011828	11917014454	11917015772	11917016383				

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

15630004674	16042001183	16784069303	16784070283	17922010075	19869000148	19869052952	19869053508	19869053698	19869054309	22319076211	23601000719	23601022871	23601087401	25715067169	28785031014	32252003026	32671000500	33332011710	35515095852
15630004675	16042001197	16784069313	16784070283	17922010273	19869000172	19869052953	19869053509	19869053699	19869054310	22319076220	23601000720	23601022900	23601087402	25715067223	28785031314	32252003033	32671000501	33332011711	35515095854
15630004676	16042001198	16784069323	16784070303	17922010280	19869000173	19869052954	19869053510	19869053700	19869054311	22319076220	23601000725	23601023100	23601087500	25715067401	28785033001	32252003034	32671000502	33332011810	35515096502
15630004677	16042001199	16784069333	16784070312	18029048147	19869000174	19869052955	19869053511	19869053701	19869054312	22319076501	23601000728	23601023200	23601087501	25715067790	28785040002	32252003035	32671000503	33332011811	35515096503
15630004678	16042001200	16784069342	16784070332	18029071001	19869000175	19869052956	19869053512	19869053702	19869054313	22319076520	23601000729	23601023300	23601087502	25715067790	28785040520	32252003066	32671000504	33332021920	35515096586
15630004681	16042001201	16784069352	16784070332	18029071002	19869000176	19869052957	19869053513	19869053703	19869054314	22319076551	23601000756	23601023400	23601087600	25715067825	28785050040	32252003067	32671000505	33332021921	35515096587
15630004931	16042001203	16784069403	16784070342	18029071003	19869000177	19869052958	19869053514	19869053704	19869054315	22319076561	23601000761	23601023572	23601087601	25715067825	28785050041	32252003068	32671000506	33332022020	35515096588
15630004992	16042001204	16784069413	16784070352	18029071004	19869000178	19869052959	19869053515	19869053705	19869054316	22319076571	23601000773	23601031013	23601087602	25715067830	28785050820	32252003069	32671000507	33332022021	35515096931
15630004993	16042001271	16784069423	16784070362	18029072001	19869000179	19869052960	19869053516	19869053706	19869054317	22319076590	23601000805	23601031217	23601087603	25715067856	28785050900	32252003070	32671000508	33332022120	35515096932
15630004994	16042001272	16784069433	16784070372	18029072003	19869000180	19869052961	19869053517	19869053707	19869054533	22319076819	23601001221	23601032001	23601087900	25715067977	28785050911	32252003071	32671000509	33332022121	35515096983
15630004995	16042001273	16784069443	16784070382	18029078066	19869000181	19869052962	19869053518	19869053708	19869054534	22319076820	23601001222	23601033600	23601087901	25715068352	28785050920	32252003072	32671000510	33332021701	35515097002
15630004996	16042001274	16784069453	16784070393	18029078078	19869000182	19869052963	19869053519	19869053709	19869054543	22319076830	23601001223	23601036201	23601087902	25715068422	28785050925	32252003073	32671000511	33332021702	35515098260
15630004997	16042001297	16784069463	16784070403	18029079032	19869000183	19869052964	19869053520	19869053710	19869054544	22319076990	23601001333	23601040350	23601088000	25715071091	28785050932	32252003074	32671000512	33332021801	35515098263
15630046089	16042001307	16784069473	16784070413	18029079044	19869000184	19869052965	19869053521	19869053711	19869054545	22383025896	23601001335	23601040310	23601088001	25715090703	28785050934	32252003075	32671000513	33332021802	35515099148
15630048601	16042001333	16784069483	16784070423	18029079046	19869000185	19869052966	19869053522	19869053712	19869054546	22383057103	23601002650	23601044010	23601088100	25715094991	28785050935	32252003076	32671000514	33332021901	35515099149
15630088275	16042001339	16784069493	16784070433	18029079061	19869000186	19869052967	19869053523	19869053713	19869054547	22600003002	23601002651	23601045010	23601088101	25715098000	28785050965	32252003077	32671000515	33332021902	35515099150
15630088311	16042001340	16784069503	16784070443	18029080004	19869000187	19869052968	19869053524	19869053816	19869054548	22600040512	23601005144	23601045011	23601088400	25866056494	28785050965	32252003081	32671000516	33332023001	35515099151
15630088380	16054000222	16784069513	16784070453	18029080019	19869000192	19869052969	19869053525	19869053817	19869054549	22600040706	23601005175	23601045050	23601088401	25866056504	28785050971	32252003086	32671000517	33332023002	35515099152
15630088435	16140002007	16784069523	16784070463	18029080020	19869000193	19869052970	19869053526	19869053818	19869054550	22600040812	23601007030	23601045280	23601088402	26704031825	28785050977	32252006577	32671000518	33332032101	35515099153
15630088436	16169006050	16784069533	16784070473	18029080022	19869000195	19869052971	19869053527	19869053819	19869054551	22600040912	23601007040	23601045290	23601088500	26704032389	28785060110	32252011410	32671000519	33332032102	35515099155
15630088437	16169070050	16784069543	16784070482	18029080030	19869000196	19869052972	19869053528	19869053821	19869054560	22600062031	23601007360	23601045300	23601088501	26704033858	28785060115	32252011440	32671000520	33332034171	35664000173
15630088438	16169080050	16784069553	16784070492	18029080090	19869000197	19869052973	19869053529	19869053822	19869054561	22600063432	23601007460	23601045310	23601088502	26704051310	28785060118	32252011518	32671000532	33332041710	35664000231
15630088439	16169090050	16784069563	16784070502	18029080091	19869000198	19869052974	19869053530	19869053823	19869054562	22600090054	23601007612	23601045320	23601088503	26704061313	28785060710	32252011548	32671000533	33332041810	35664000269
15630088440	16500054298	16784069573	16784070512	18029080093	19869000199	19869052975	19869053531	19869053824	19869054563	22600090125	23601007810	23601045330	23601089100	26704062654	28785060750	32252013010	32671000534	33332041811	35664000279
15630088441	16714002801	16784069583	16784070522	18029081032	19869000289	19869052976	19869053537	19869053825	19869054564	22600090127	23601008210	23601045340	23601089102	27437002401	28785060910	32252013580	32671000535	33332041910	35664001052
15630088442	16714002825	16784069593	16784070532	18029081046	19869000290	19869052977	19869053538	19869053826	19869054565	23185002241	23601008250	23601045350	23601089104	27437002501	28785060950	32252013680	32671000802	33332041911	35664001310
15630088443	16714098117	16784069603	16784070542	18029081047	19869000289	19869052978	19869053539	19869053849	19869054628	23185005065	23601008570	23601045360	23601089105	27437002601	28785060970	32252013780	32671000803	33332042010	35664001428
15630088500	16714098102	16784069613	16784070563	18029081054	19869000290	19869052979	19869053540	19869053850	19869054630	23185006103	23601009510	23601045378	23601089106	27437004301	28785060980	32252017250	32671000804	33332042011	35664001940
15630088861	16714099901	16784069623	16784070602	18029081055	19869000291	19869052980	19869053544	19869053851	19869054631	23185006903	23601009520	23601045388	23601089107	28400070017	28785061000	32252017280	32671000805	33332042110	35664002089
15630088862	16729014101	16784069633	16784070612	18029082117	19869000292	19869052981	19869053549	19869053852	19869054632	23185008150	23601009750	23601045399	23601089108	28465001212	28785061021	32252017270	32671000806	33332042111	35664010380
15630088863	16729014116	16784069643	16784070622	18029083010	19869000293	19869052982	19869053550	19869053853	19869054633	23185014201	23601009760	23601046020	23601089109	28465001222	28785061302	32252017280	32671000901	33413000045	35664010403
15630882755	16729014201	16784069653	16784070632	18029084134	19869000294	19869052983	19869053551	19869053854	19869055410	23185014301	23601009770	23601046050	23601089110	28465001340	28785061400	32252017290	32671000902	33413001191	35664010481
15718010340	16729014216	16784069663	16784070643	18029084135	19869000295	19869052984	19869053555	19869053855	19869055428	23185014404	23601011000	23601046050	23601089111	28465001350	28785061421	32252017300	32671000903	33413006644	35664010482
15832002001	16784013403	16784069673	16784080913	18029086011	19869000296	19869052985	19869053556	19869053971	19869055429	23185014505	23601011100	23601047000	23601089112	28465001452	28785061601	32252017310	32671010531	33413006646	35664010490
15832002004	16784013413	16784069683	16784080943	18029086012	19869000291	19869052986	19869053555	19869053972	19869055430	23185014515	23601011300	23601047070	23601089113	28465001455	28785070750	32252017320	32671010532	33413008000	35664010781
15832002006	16784013423	16784069693	16784080913	18029086013	19869000292	19869052987	19869053557	19869054076	19869055431	23232001122	23601011400	23601049000	23601089114	28465001456	28785073000	32252017400	32671010534	33413006560	35664010782
15832002008	16784013433	16784069703	16784080913	18029086014	19869000293	19869052988	19869053559	19869054077	19869055432	23558067320	23601011520	23601049021	24208042801	28465001458	28785080051	32252017410	32671010535	33413004650	35664010837
15912010311	16784013463	16784069713	16784089213	18122022039	19869000294	19869052989	19869053660	19869054078	19869055433	23558067321	23601012010	23601049040	24385024652	28465004507	28785080070				

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

35664015001	36000001394	36000016178	36000019381	36000021912	36000037420	36000043362	36000051357	36000055033	36652030418	37000026003	37000050585	37000082752	38396000425	38396033070	38396044464	38415030021	38472036905	38472044316	38472058451
35664015002	36000001400	36000016179	36000019468	36000021913	36000037429	36000043364	36000051358	36000055034	36800011595	37000026006	37000051308	37000082753	38396000456	38396034264	38396044564	38415030026	38472036906	38472044320	38472058452
35664015003	36000001409	36000016184	36000019469	36000022077	36000037431	36000043365	36000051397	36000055083	36800033102	37000026008	37000060148	37000082754	38396000606	38396034364	38396044664	38415030028	38472037230	38472044321	38472058453
35664015006	36000001850	36000016185	36000019477	36000022078	36000038529	36000043587	36000051412	36000055344	36800033109	37000026210	37000064113	37000082787	38396000706	38396034464	38396044764	38415030030	38472037231	38472044322	38472058454
35664015011	36000001925	36000016186	36000019478	36000022079	36000038530	36000045127	36000051473	36000055345	36800033409	37000026221	37000064153	37000085926	38396030114	38396034564	38396044864	38415040028	38472037232	38472044323	38472058455
35664015089	36000002095	36000016204	36000019483	36000022080	36000038531	36000045127	36000052010	36000055346	36800033410	37000026223	37000064157	37000085936	38396030102	38396035506	38396044902	38415042031	38472037233	38472044324	38472058456
35664015090	36000002301	36000016256	36000019484	36000022081	36000038532	36000045128	36000052014	36000055380	36800033411	37000026224	37000064197	37000085926	38396030114	38396036606	38396044964	38415042302	38472037649	38472044325	38472058457
35664015091	36000002700	36000016283	36000019529	36000022082	36000038533	36000045131	36000052015	36000055381	36800036740	37000026229	37000072827	37000086211	38396030118	38396040102	38396045064	38415042310	38472037650	38472044326	38472058461
35664015109	36000002780	36000016285	36000019559	36000022083	36000038534	36000045132	36000052041	36000055382	36800036741	37000026230	37000072829	37000086212	38396030120	38396040108	38396045102	38415042401	38472037651	38472044327	38472058462
35664015112	36000003000	36000016289	36000019564	36000022084	36000038535	36000045141	36000052048	36000055383	36800036742	37000026231	37000072830	37000086213	38396030125	38396040202	38396045164	38415042402	38472037652	38472044328	38472058463
35664015122	36000003004	36000016290	36000019566	36000022085	36000038536	36000045142	36000052054	36000055384	36800036743	37000026242	37000072935	37000086224	38396030137	38396040208	38396045202	38415042501	38472037653	38472044329	38472058464
35664015132	36000003010	36000016293	36000019568	36000022086	36000038537	36000045143	36000052057	36000055385	36800036744	37000026245	37000072936	37000086225	38396030140	38396040218	38396045302	38415042510	38472037654	38472044330	38472058465
35664015134	36000003014	36000016367	36000019570	36000022087	36000040351	36000045150	36000052061	36000055386	36800036745	37000026246	37000072938	37000086228	38396030157	38396040302	38396045402	38415051001	38472037655	38472044331	38472058466
35664015135	36000003021	36000016368	36000019575	36000022088	36000040532	36000045151	36000052093	36000055393	36800036746	37000026247	37000072939	37000086236	38396030175	38396040308	38396045532	38415051002	38472037656	38472044335	38472060020
35664015203	36000003023	36000016371	36000019586	36000022120	36000040533	36000045801	36000052094	36000055394	36800040636	37000026249	37000072940	37000086259	38396030176	38396040318	38396047001	38415051208	38472039377	38472044336	38472060021
35664015212	36000003028	36000016372	36000019598	36000022121	36000040534	36000045808	36000052095	36000055395	37000000310	37000026251	37000072978	37000086260	38396030191	38396040325	38396047002	38415060001	38472039378	38472044340	38472060022
35664015215	36000003050	36000016373	36000019600	36000023200	36000040653	36000046778	36000052099	36000055396	37000000311	37000026257	37000072979	37000086261	38396030192	38396040408	38396047202	38472029000	38472039379	38472044341	38472060023
35664015260	36000003120	36000016374	36000019601	36000023202	36000040656	36000046778	36000052109	36000055403	37000000312	37000026238	37000081038	37000086262	38396030200	38396040425	38396050101	38472031400	38472039380	38472044342	38472060024
35664015271	36000003127	36000016386	36000019624	36000023203	36000040674	36000047478	36000052121	36000055404	37000000321	37000026243	37000081876	37000086268	38396030218	38396040508	38396050132	38472032200	38472039381	38472044343	38472060025
35664015272	36000003202	36000016388	36000019640	36000023204	36000040685	36000047915	36000052122	36000055405	37000000322	37000026253	37000081880	37000086269	38396030220	38396040518	38396050175	38472032500	38472040650	38472044344	38472060026
35664015402	36000003204	36000016389	36000019643	36000023209	36000040689	36000047919	36000052123	36000055406	37000000323	37000026254	37000081883	37000086270	38396030225	38396040525	38396050192	38472032800	38472040651	38472044345	38472060027
35664015410	36000003206	36000016390	36000019646	36000023210	36000040695	36000047920	36000052124	36000055407	37000000325	37000026258	37000081884	37000086284	38396030240	38396040608	38396050232	38472035640	38472040652	38472044346	38472060030
35664015481	36000003341	36000016790	36000019940	36000023211	36000040696	36000047926	36000052125	36000055502	37000000326	37000026258	37000081888	37000086342	38396030300	38396040618	38396050275	38472035641	38472040653	38472044900	38472060032
35664017221	36000003347	36000016792	36000019946	36000023212	36000040704	36000047930	36000052126	36000055503	37000000327	37000026257	37000081889	37000086345	38396030318	38396040625	38396050332	38472035642	38472040679	38472044901	38472060033
35664017222	36000003365	36000016793	36000021023	36000025809	36000040736	36000047932	36000052137	36000055506	37000000328	37000026259	37000081893	37000086358	38396030320	38396040708	38396050375	38472035643	38472040680	38472044902	38472060034
35664017223	36000003800	36000016794	36000021024	36000025810	36000040741	36000047933	36000052138	36000055507	37000000334	37000026249	37000081894	37000086359	38396030325	38396040718	38396050432	38472035644	38472040681	38472044903	38472060035
35664019229	36000003900	36000016814	36000021100	36000025811	36000040754	36000048758	36000052147	36000055701	37000000335	37000026291	37000081898	37000086360	38396030400	38396040725	38396051075	38472035645	38472040701	38472044904	38472060036
35664019270	36000004001	36000016907	36000021101	36000029161	36000040764	36000049679	36000052173	36000055702	37000000337	37000027952	37000081899	37000086361	38396030418	38396040801	38396052175	38472035646	38472040702	38472044905	38472060040
35664019377	36000004008	36000016916	36000021202	36000029162	36000040765	36000049693	36000052183	36000055703	37000000340	37000027953	37000081899	37000086372	38396030420	38396040802	38396052275	38472035647	38472040703	38472044906	38472060041
35664019378	36000010544	36000018339	36000021103	36000030495	36000040767	36000050060	36000052214	36000055704	37000000345	37000027959	37000081941	37000086375	38396030500	38396040803	38396054764	38472035648	38472040705	38472044907	38472060042
35664019380	36000011067	36000018342	36000021104	36000030522	36000040798	36000050061	36000052234	36000055705	37000000346	37000028052	37000081945	37000086379	38396030505	38396040804	38396060118	38472035649	38472040706	38472044941	38472060043
35664019403	36000011407	36000018345	36000021105	36000030528	36000040799	36000050062	36000052237	36000055706	37000000579	37000028066	37000081946	37000086380	38396030514	38396040805	38396060210	38472035650	38472040713	38472044942	38472060044
35664019404	36000011464	36000018685	36000021106	36000030529	36000040808	36000050063	36000052242	36000055707	37000000586	37000028068	37000081950	37000086381	38396030520	38396040806	38396060210	38472035651	38472040714	38472044943	38472060045
35664019407	36000011465	36000018686	36000021107	36000030562	36000040809	36000050064	36000052242	36000055708	37000000654	37000028081	37000081951	37000086382	38396030522	38396040807	38396070118	38472035652	38472040715	38472044944	38472060046
35664019423	36000011467	36000018690	36000021108	36000030564	36000040813	36000050065	36000052243	36000055709	37000000658	37000028084	37000081955	37000086383	38396030525	38396040808	38396070218	38472035653	38472040716	38472044945	38472060050
35664019619	36000011956	36000018698	36000021109	36000030569	36000040814	36000050066	36000052244	36000055710	37000000662	37000028103	37000081956	37000086385	38396030537	38396040818	38396070237	38472035659	38472042000	38472044946	38472060051
35664021465	36000011957	36000018839	36000021110	36000030570	36000040815	36000050073	36000052245	36000055711	37000000660	37000028116	37000081962	37000086385	38396030540	38396040825	38396070264	38472035611	38472042050	38472045110	38472060052
35664021466	36000011958	36000018840	36000021111	36000030571	36000040819	36000050074	36000052246	36000055711	37000000685	37000028519	37000081965	37000086387	38396030575	38396040918	38396070293				

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

38472079314	38472079948	38703000281	38703002350	38703006090	38703084072	38779633902	38779674602	38779707001	38779733402	3877955301	3877982403	38779814801	38779870601	38779945001	38779990903	40565012059	41163041860	41163049734	41333062787
38472079315	38472079949	38703000415	38703002362	38703006150	38703084074	38779634001	38779674702	38779708001	38779733403	3877955302	3877982404	38779814802	38779870602	38779945101	38779998401	40565012061	41163042246	41163049736	41333062987
38472079316	38472079958	38703000420	38703002363	38703006270	38703084075	38779634002	38779674702	38779708002	38779733501	3877957301	3877982501	38779814803	38779870604	38779945201	40093010361	40565012262	41163042509	41163049737	41333063187
38472079317	38472079959	38703000421	38703002365	38703006350	38703084078	38779634101	38779674801	38779708101	38779733502	3877957501	3877982502	38779814804	38779871902	38779945301	40093010440	40565012263	41163042511	41163049738	41333063287
38472079323	38472079960	38703000423	38703002372	38703006370	38703084079	38779634102	38779674802	38779709010	38779733503	3877957502	3877982503	38779814901	38779876501	38779945401	40337000055	40565012264	41163042516	41163049739	41333063387
38472079325	38472079961	38703000424	38703002373	38703006950	38703084080	38779634201	38779674901	38779709501	38779733601	3877957601	3877982504	38779814902	38779877001	38779945402	40337000058	40565012274	41163042693	41163049783	41333063487
38472079326	38472079962	38703000425	38703002414	38703007200	38703084081	38779634202	38779674902	38779709601	38779733602	3877957602	3877982505	38779814903	38779876503	38779945403	40337000058	40565012275	41163042696	41163049784	41405130301
38472079327	38472079963	38703000426	38703002415	38703007250	38703084082	38779634301	38779675001	38779709701	38779733603	3877957702	3877982506	38779815001	38779881401	38779945404	40337000074	40565012276	41163042697	41163049785	41405130310
38472079328	38472080008	38703000427	38703002418	38703007550	38703084084	38779634302	38779675002	38779709801	38779734002	3877957702	3877982507	38779815002	38779890202	38779945405	40337000077	40565012267	41163043243	41163049786	41405130801
38472079329	38472080009	38703000435	38703002419	38703007610	38703091894	38779634401	38779675101	38779710601	38779734802	3877958501	3877982508	38779815003	38779890203	38779945503	40337000155	40565012468	41163043246	41163049787	41405130810
38472079380	38472080010	38703000436	38703002430	38703007710	38703091896	38779634402	38779675102	38779710702	38779734902	38779770101	3877982509	38779815101	38779907402	38779945505	40337000156	40565012469	41163044198	41163049802	41405131801
38472079381	38472080011	38703000437	38703002464	38703007810	38703092051	38779634501	38779675201	38779710703	38779735002	38779770301	3877982510	38779815102	38779914201	38779945506	40337000159	40565012476	41163044211	41163049816	41405131810
38472079382	38472080028	38703000438	38703002468	38703007910	38703092052	38779634502	38779675202	38779710704	38779735002	38779770302	3877982511	38779815103	38779914202	38779945602	40337000160	40565012477	41163044213	41163049817	41405133001
38472079383	38472080029	38703000445	38703002570	38703007920	38703093016	38779634601	38779675301	38779710705	38779735903	38779770401	3877982512	38779815201	38779914203	38779945603	40337000161	40565012478	41163044283	41163049818	41405133010
38472079384	38472080030	38703000450	38703002630	38703007970	38703093023	38779634602	38779675302	38779710802	38779736901	38779770402	3877982513	38779815202	38779914204	38779945604	40337000162	41163023022	41163044284	41163049850	41405133080
38472079396	38472080031	38703000459	38703002690	38703008000	38779574201	38779636301	38779675401	38779710803	38779736902	38779770801	3877982514	38779815203	38779914205	38779945605	40337000164	41163023051	41163044378	41163081630	414051330810
38472079404	38481100169	38703000500	38703002700	38703008020	38779574301	38779641001	38779675501	38779710804	38779737001	38779770802	3877982515	38779815301	38779925003	38779945703	40337000165	41163023053	41163044379	41163090805	414051331801
38472079407	38481101105	38703000502	38703002702	38703008030	38779574401	38779641002	38779675502	38779710805	38779737002	38779776301	3877982516	38779815302	38779925004	38779945705	40337000174	41163023057	41163044407	41167001704	414051331810
38472079415	38481030103	38703000523	38703002703	38703008040	38779574501	38779641003	38779675503	38779710901	38779737101	38779776302	3877982517	38779815303	38779933901	38779945707	40337000177	41163023061	41163044416	41167001711	414051330310
38472079528	38481030201	38703000540	38703002704	387030080310	38779576901	38779642001	38779676401	38779711501	38779737102	38779776401	3877982518	38779815401	38779933902	38779945803	40337000255	41163023083	41163044460	41167001735	414051330310
38472079529	38488000101	38703000550	38703003000	38703008333	38779577001	38779642002	38779676501	38779711503	38779737201	38779776902	3877982519	38779815402	38779933903	38779945804	40337000256	41163023085	41163045024	41167007800	414051330810
38472079540	38673000008	38703000558	38703003110	38703008800	38779577101	38779642003	38779676601	38779711603	38779737202	38779776903	3877982520	38779815403	38779933904	38779945805	40337000277	41163023205	41163045025	41167008045	414051330810
38472079541	38673000009	38703000559	38703003210	38703009010	38779577201	38779644001	38779676902	38779711801	38779737301	38779776904	3877982521	38779815501	38779933905	38779945806	40337000355	41163023210	41163045829	41167008046	414051331801
38472079542	38673000019	38703000560	38703003252	38703009100	38779578001	38779646501	38779676903	38779711301	38779737302	38779777201	3877982522	38779815502	38779933906	38779945807	40337000356	41163023214	41163045830	41220014072	414051331810
38472079543	38673000021	38703000565	38703003253	38703009202	38779578101	38779646601	38779677002	387797113501	38779737401	38779777301	3877982523	38779815503	38779933907	38779945901	40337000358	41163023341	41163046512	41220014074	41415000578
38472079544	38673000048	38703000664	38703003254	38703009502	38779578201	38779646701	38779677102	38779713501	38779737402	38779777801	3877982524	38779815601	38779933908	38779946003	40337000377	41163023342	41163046513	41220014080	41415002476
38472079545	38673001002	38703000646	38703003255	38703009503	38779578301	38779647901	38779677201	38779713701	38779737501	38779779001	3877982525	38779815602	38779933909	38779946004	40337000480	41163023343	41163046749	41220014082	41415002778
38472079546	38673001060	38703000661	38703003261	38703009504	38779580301	38779648101	38779677202	38779715101	38779737502	38779779401	3877982526	38779815603	38779933910	38779946005	40337000481	41163023344	41163046749	41220014082	41415002778
38472079589	38673001083	38703000751	38703003265	38703009800	38779580302	38779648001	38779677203	38779715101	38779737601	38779780701	3877982527	38779815604	38779933911	38779946006	40337000482	41163023403	41163046818	41220080044	41415006875
38472079590	38673001085	38703000807	38703003269	38703010000	38779590801	38779648201	38779677301	38779718501	38779737602	38779781301	3877982528	38779815605	38779933912	38779946104	40337000484	41163023425	41163047078	41220093677	41415028173
38472079591	38673001091	38703000901	38703003310	38703010020	38779590901	38779649201	38779677302	38779719101	38779737701	38779781302	3877982529	38779815606	38779933913	38779946104	40337000484	41163023425	41163047155	41220093677	41415028173
38472079592	38673001092	38703000915	38703003340	38703010030	38779591001	38779650401	38779677303	38779719301	38779737801	38779781303	3877982530	38779815607	38779933914	38779946106	40337000491	41163023426	41163047143	41250003693	41520000140
38472079593	38673001093	38703000939	38703003343	38703010040	38779591101	38779650501	38779677402	38779720601	38779737901	38779781304	3877982531	38779815608	38779933915	38779946106	40337000491	41163023706	41163047533	41250004081	41520001411
38472079594	38673001094	38703000951	38703003345	38703010050	38779594901	38779650601	38779677502	38779720703	38779738001	38779781401	3877982532	38779815609	38779933916	38779946204	40337000492	41163023811	41163048847	41250004082	41520001412
38472079595	38673001095	38703000952	38703003315	38703010070	38779594902	38779650701	38779677601	38779721601	38779738101	38779781402	3877982533	38779815610	38779933917	38779946204	40337000493	41163023460	41163048805	41250005646	41520001413
38472079604	38673001097	38703000958	38703003352	38703010080	38779595001	38779650801	38779677602	38779721603	38779738101	38779781403	3877982534	38779815611	38779933918	38779946204	40337000494	41163024462	41163048927	41250005657	41520001414
38472079605	38673001100	38703001000	38703003350	38703010100	38779595002	38779650901	38779677702	38779721603	38779738101	38779781404	3877982535	38779815612	38779933919	38779946204	40337000500	41163024463	41163048931	41250005658	41520004085
38472079616	38673001140	38703001030	38703003358	38703010110	38779595101	38779651001	38779677802	38779721604	38779738101	38779781501	3877982536	38779815613	38779933920	38779946204	40337000502	41163024464	41163048935		

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

48503020743	48503022635	48503023605	48503024176	48503025427	48503027573	48503028916	48503029633	48503037755	48503049136	48503059436	48503070882	48503082456	48503088662	49022037211	49022045109	49022075491	49281041910	49348041393	49502004010
48503020745	48503022636	48503023606	48503024177	48503025428	48503027574	48503028917	48503029634	48503037756	48503049137	48503059437	48503070883	48503082457	48503088663	49022037212	49022045110	49022075492	49281041911	49348041394	49502004011
48503020746	48503022642	48503023611	48503024182	48503025429	48503027576	48503028919	48503029636	48503037757	48503049139	48503059443	48503070885	48503082458	48503088664	49022037213	49022045111	49022075493	49281041912	49348041395	49502004012
48503020812	48503022643	48503023612	48503024183	48503025430	48503027582	48503028920	48503029732	48503037758	48503049325	48503059444	48503070886	48503082459	48503088665	49022037214	49022045112	49022075494	49281041913	49348041396	49502004013
48503020813	48503022645	48503023613	48503024185	48503025432	48503027583	48503028922	48503029733	48503037759	48503049326	48503059446	48503073222	48503082463	48503088672	49022037216	49022046831	49022075495	49281042010	49348053701	49502020801
48503020815	48503022646	48503023615	48503024186	48503025433	48503027585	48503028923	48503029735	48503038453	48503049332	48503059542	48503073223	48503082464	48503088673	49022037218	49022046833	49022075497	49281042012	49348053703	49502020803
48503020822	48503022652	48503023616	48503024192	48503025439	48503027586	48503028925	48503029736	48503038454	48503049333	48503059543	48503073225	48503082486	48503088675	49022037219	49022046727	49022075497	49281042058	49348054601	49502020803
48503020823	48503022653	48503023620	48503024193	48503025437	48503027632	48503028926	48503033041	48503038456	48503049335	48503059545	48503073253	48503082652	48503088676	49022037220	49022046729	49022075686	49281042088	49348054701	49502060013
48503020825	48503022655	48503023621	48503024195	48503025438	48503027633	48503028930	48503033042	48503038462	48503049336	48503059546	48503073255	48503082653	48503088682	49022037221	49022047718	49022075687	49281042110	49348054860	49502060013
48503020831	48503022656	48503023622	48503024196	48503025439	48503027635	48503028932	48503033043	48503038463	48503049432	48503059632	48503075401	48503082655	48503088683	49022037222	49022047719	49022075776	49281042150	49348058159	49614012594
48503020832	48503022672	48503023623	48503024210	48503025441	48503027636	48503028933	48503033045	48503038465	48503049433	48503059633	48503075402	48503082656	48503088685	49022037223	49022049080	49022075777	49281042158	49348058244	49614049863
48503020833	48503022673	48503023625	48503024220	48503025442	48503027642	48503028935	48503033046	48503038466	48503049435	48503059635	48503075403	48503082657	48503088686	49022037225	49022049750	49022075778	49281042188	49348058312	49614050662
48503020835	48503022675	48503023628	48503024230	48503025443	48503027643	48503028936	48503033122	48503039322	48503049436	48503059636	48503075404	48503082658	48503088687	49022037226	49022049751	49022075893	49281051005	49348058501	49614050867
48503020836	48503022676	48503023630	48503024252	48503025444	48503027645	48503028937	48503033123	48503039323	48503049632	48503059732	48503075405	48503082682	48503088753	49022037227	49022049810	49022075985	49281051105	49348058686	49614061163
48503020841	48503023012	48503023631	48503024253	48503025445	48503027646	48503028952	48503033125	48503039325	48503049633	48503059733	48503075406	48503082683	48503088754	49022037228	49022050009	49022076399	49281051700	49348058783	49614061252
48503020842	48503023013	48503023632	48503024255	48503025446	48503027652	48503028953	48503033152	48503039326	48503049635	48503059735	48503075407	48503082685	48503088756	49022037258	49022050010	49022076777	49281051725	49348058932	49614061352
48503020843	48503023015	48503023633	48503024256	48503025447	48503027653	48503028955	48503033153	48503043940	48503049636	48503059736	48503075408	48503082686	48503088757	49022037259	49022050013	49022076796	49281051800	49348058983	49614061372
48503020845	48503023022	48503023635	48503024262	48503025448	48503027655	48503028956	48503033155	48503043941	48503049732	48503059752	48503075409	48503082688	48503088763	49022037260	49022050015	49022076796	49281051825	49348059105	49614061600
48503020846	48503023023	48503023636	48503024263	48503025449	48503027656	48503028957	48503033162	48503043942	48503049733	48503059753	48503078952	48503083223	48503088765	49022037368	49022050352	49022076924	49281051900	49348059205	49614061676
48503020862	48503023025	48503023640	48503024265	48503025451	48503027657	48503028958	48503033163	48503043943	48503049735	48503059755	48503078953	48503083225	48503088766	49022038200	49022051166	49022076925	49281051925	49348059301	49614061680
48503020863	48503023026	48503023641	48503024266	48503025452	48503027658	48503028962	48503033165	48503043944	48503049736	48503059756	48503078955	48503083252	4872303497	49022038201	49022051183	49022076926	49281054503	49348065800	49614061686
48503020865	48503023062	48503023642	48503024272	48503025453	48503027732	48503028963	48503033222	48503043946	48503049752	48503059762	48503078956	48503083253	49022002001	49022038202	49022051185	49022076927	49281054515	49348065983	49614062178
48503020866	48503023063	48503023643	48503024273	48503025455	48503027733	48503028965	48503033223	48503045531	48503049753	48503059763	48503078957	48503083255	49022002002	49022040969	49022051186	49022076928	49281054758	49348066001	49614062181
48503020870	48503023065	48503023645	48503024275	48503025456	48503027735	48503028966	48503033225	48503045532	48503049755	48503059765	48503078958	48503083252	49022002021	49022041234	49022051187	49022076929	49281056210	49348066110	49614062278
48503020871	48503023066	48503023646	48503024276	48503025457	48503027736	48503028967	48503033252	48503045533	48503049756	48503059766	48503078962	48503083255	49022002022	49022042784	49022051188	49022077340	49281056258	49348068459	49614062597
48503020872	48503023067	48503023650	48503024277	48503025458	48503027742	48503028968	48503033253	48503045534	48503049756	48503060452	48503078963	48503083255	49022002023	49022042800	49022051190	49022077806	49281058905	49348068500	49614062878
48503020873	48503023068	48503023651	48503024252	48503025462	48503027743	48503028972	48503033255	48503045536	48503049763	48503060453	48503078965	48503083255	49022000417	49022042801	49022051191	49022078807	49281058958	49348068512	49614063078
48503020875	48503023069	48503023652	48503024253	48503025463	48503027745	48503028973	48503033262	48503045537	48503049765	48503060455	48503078966	48503083255	49022007425	49022042802	49022051202	49022078808	49281059005	49348070700	49614063081
48503020876	48503023082	48503023653	48503024255	48503025465	48503027746	48503028975	48503033263	48503045538	48503049766	48503060456	48503078967	48503083255	49022009096	49022042803	49022051347	49022078808	49281059058	49348070847	49614075536
48503020880	48503023083	48503023655	48503024256	48503025466	48503027752	48503028976	48503033265	48503047572	48503050320	48503060457	48503078968	48503083255	49022014372	49022042806	49022050483	49022078809	49281059705	49348070744	49614075545
48503020881	48503023085	48503023656	48503024257	48503025467	48503027753	48503028977	48503033265	48503047573	48503050331	48503061472	48503079332	48503083255	49022014637	49022042809	49022050481	49022078809	49281059705	49348081233	49614080680
48503020882	48503023086	48503023711	48503024532	48503025468	48503027755	48503028978	48503033641	48503047575	48503050332	48503061473	48503079333	48503083255	49022016606	49022042812	49022050488	49022078810	49281060575	49348081401	49614080680
48503020883	48503023087	48503023712	48503024533	48503025469	48503027756	48503029121	48503033642	48503047732	48503050333	48503061475	48503079335	48503083255	49022018138	49022042813	49022050497	49022078810	49281062658	49348081547	49614099771
48503020885	48503023088	48503023713	48503024535	48503025472	48503027757	48503029122	48503033643	48503047733	48503050335	48503061476	48503079336	48503083255	49022018191	49022042814	49022050970	49022078810	49281062778	49348081602	49614099815
48503020886	48503023089	48503023715	48503024536	48503025473	48503027758	48503029123	48503033644	48503047735	48503050336	48503061477	48503079422	48503083255	49022018192	49022042815	49022060862	49022078810	49281062915	49348084080	49614099818
48503020890	48503023092	48503023716	48503024598	48503025475	48503027772	48503029125	48503033646	48503047736	48503050340	48503061703	48503079423	48503083255	49022019011	49022042816	49022061321	49035000301	49281062978	49348084081	49614099906
48503020920	48503023093	48503023717	48503024599	48503025477	48503027773	48503029126	48503033650	48503047742	48503050341	48503061705	48503079425	48503083255	49022020016	49022042819	49022062620	49035038600	49281063315	49348087000	49614099908
48503020921	48503023095	48503023721	48503024600	48503025482	48503027775	48503029131	48503033651	48503047743	48503050342	48503061706	48503079426	48503083255	49022020219	49022042820	49022063008				

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

50002086033	50419042401	50428032923	50428044390	50428165902	50428489366	50486008257	50632000759	51079074920	51131020369	51144000580	51927922000	52569013645	53483000807	53885099425	55283079600	56151171301	57513000603	57515009545	57599033901	
50002086034	50428000769	50428033037	50428043943	50428176753	50428512599	50486008258	50632000760	51079092101	51131020370	51285020401	51927929900	52569013646	53483000808	53885124991	55283080000	56151172101	57513000604	57515009553	57599034001	
50002086035	50428010771	50428033343	50428044394	50428176758	50428535608	50486008259	50632000761	51079092101	51131020381	51285078603	51927948000	52569013647	53483000809	53885145000	55283080400	56151172201	57513000605	57515009562	57599034304	
50002086036	50428001772	50428033741	50428044453	50428186739	50428535872	50486008270	50632000762	51079092201	51131020391	51292000051	51927950200	52569013648	53483000810	53885000502	54569158800	55283081100	56151173201	57513000606	57515009563	57599051201
50002086037	50428002097	50428033876	50428044528	50428186748	50428535877	50486008271	50632001001	51079092201	51131020396	51407008051	51927989000	52569013778	53483000811	53885000503	54569229400	55283084901	56151173101	57513000607	57515009565	57599051500
50002086038	50428004449	50428033890	50428044533	50428193592	50428693865	50486008272	50632001001	51190002051	51131020401	51407008061	51927986100	52569013779	53483000812	53885000505	54569250500	55283084905	56151173201	57513000608	57515009583	57599055101
50002086039	50428005683	50428033963	50428044564	50428201913	50428694961	50486008273	50633000008	51131000014	51131020812	51407008065	51927986302	52569013881	53483000813	53885000506	54569263000	55283084905	56151173301	57513000609	57515009585	57599055201
50002086040	50428007741	50428034019	50428045823	50428203643	50428702514	50486008274	50716000524	51131000015	51131020814	51552034402	52181039103	52569013884	53483000814	53885000507	54569387500	55283084907	56151195002	57513000610	57515017239	57599074501
50002086041	50428008199	50428034176	50428045905	50428203644	50428708884	50486008275	50716000526	51131000016	51131020815	51552035001	52181039302	52569013885	53483000815	53885000509	54569392700	55283084909	56151210001	57513000611	57515017319	57599080000
50002086042	50428008592	50428034263	50428046109	50428207103	50428714508	50486008292	50716000544	51131000020	51131021000	51552035002	52181050812	52817060138	53483000816	53885000510	54569405500	55283085000	56151210101	57513000612	57515017339	57599080900
50002086043	50428025044	50428034355	50428046276	50428207686	50428715106	50486008296	50716000729	51131000221	51131021002	51552042601	52181051514	52982000600	53483000817	53885000610	54569405600	55283085100	56151210201	57513000613	57515017359	57599083000
50002086044	50428025183	50428034618	50428046378	50428207690	50428729759	50486008299	50803000218	51131000022	51131021140	51552063701	52308010602	52982000604	53483000818	53885000611	54569411000	55283086501	56151210301	57513000614	57515017419	57599104104
50002086045	50428025522	50428034714	50428046438	50428209995	50428741730	50486008321	50888002025	51131000023	51131021205	51552063703	52308010704	52982000615	53483000819	53885000612	54569434400	55283086502	56151210401	57513000627	57515017439	57599104205
50002086046	50428025526	50428034740	50428046735	50428210000	50428741738	50486008322	50924004301	51131001594	51131021509	51552105102	52308010806	53100000133	53885000613	54569481200	55520000107	56151211001	57513000628	57515017459	57599150201	
50002086047	50428025544	50428034744	50428046941	50428211344	50428790289	50486008323	50924007920	51131008295	51131021577	51552117901	52308011566	53100000318	53885000614	54569496900	55520000108	56151211101	57513000629	57515018218	57599157701	
50002086048	50428025609	50428034792	50428046962	50428211938	50428800231	50486008340	50924010310	51131008311	51131026811	51552117902	52308012598	53100044200	53885000810	54569497800	55520000109	56151211201	57513000630	57515018258	57599157904	
50002086049	50428025691	50428035064	50428047377	50428212266	50428800374	50486008341	50924010910	51131018413	51131056660	51552118620	52308012630	53303000029	53885000811	54569518700	55520000110	56151211301	57513000631	57515019219	57599157905	
50002086050	50428026012	50428035127	50428048361	50428212654	50428830423	50486008342	50924014510	51131019187	51131056661	51709002789	52308013044	53303000019	53885000401	54569526300	55520000111	56151211401	57513000633	57515019259	57599170301	
50002086051	50428026075	50428035160	50428049095	50428212753	50428830473	50486008343	50924014630	51131019362	51131060592	51709002760	52308013103	53303000020	53885004501	54569531100	55520000112	56151300081	57513000634	57515019315	57599171402	
50003027100	50428026559	50428035248	50428049791	50428216515	50428830963	50486008345	50924015210	51131019398	51131062034	51774097590	52308013426	53303000021	53885004601	54569540800	55520000115	56153000802	57513000635	57515019335	57599740105	
50027049400	50428026608	50428035368	50428049917	50428217083	50428830970	50486009704	50924021807	51131019677	51131062036	51774097593	52308013435	53303000601	53885004610	54569548600	55520000116	56153000803	57513000636	57515019355	57599741102	
50027049401	50428026675	50428035385	50428051703	50428235157	50428834076	50486009705	50924024748	51131019773	51131062038	51862027101	52308020290	53303007010	53885004701	54569556700	55520000127	56153000805	57513000637	57515025110	57599744301	
50027049402	50428026679	50428035499	50428051790	50428235501	50428833681	50486009706	50924044601	51131019804	51131064113	51862027105	52308026318	53303007080	53885006150	54569557500	55520000128	56153000807	57513000638	57515025158	57599754204	
50027049403	50428026937	50428035622	50428052252	50428235502	50428833682	50632000706	50924054001	51131019805	51131064114	51862027201	52308040835	53303010101	53885013610	54569557800	55520000136	56153000808	57513000639	57515044000	57599754305	
50027049404	50428027051	50428036079	50428052865	50428241538	50428842938	50632000707	50924046700	51131019810	51131064115	51862027205	52308040905	53303014000	53885013920	54569562900	55520000150	56153000809	57513000640	57515044001	57599832801	
50027049405	50428027053	50428036138	50428053253	50428242743	50428842939	50632000702	50924047701	51131019815	51131064119	51862027301	52308042039	53303014000	53885014020	54569563000	55520000151	56153000810	57513000641	57515044002	57599833501	
50027049406	50428027356	50428036307	50428053560	50428251591	50428846387	50632000703	50924050401	51131019822	51131064120	51862027305	52308042049	53303014220	53885014110	54569568701	55520000152	56153000811	57513000645	57515063001	57599833601	
50027049407	50428027440	50428036331	50428054144	50428258150	50428846388	50632000704	50924051310	51131019823	51131064124	51862027401	52308044202	53303014240	53885014201	54569570300	55520000153	56153000812	57513000646	57515063002	57599833601	
50027049408	50428027642	50428036570	50428054214	50428263761	50428851553	50632000705	50924051510	51131019834	51131064125	51862027405	52308049020	53303014260	53885014301	54569598900	56091002435	56153000813	57513000647	57515063003	57599834301	
50027049409	50428027661	50428036807	50428054807	50428265293	50428862232	50632000706	50924058510	51131019835	51131064134	51862090001	52308070606	53303014340	53885019401	54569608200	56091006931	56153000814	57513000648	57515063004	57599834601	
50027049410	50428027662	50428037276	50428054607	50428268428	50428864761	50632000707	50924074310	51131019837	51131064135	51862090005	52308070120	53303014360	53885020801	54569610620	56091006993	56153000815	57513000649	57515063005	57599834701	
50027049411	50428027692	50428037300	50428054726	50428268431	50428875727	50632000708	50924082810	51131019838	51131065288	51862090101	52308084500	53329045140	53885021101	54569623201	56151014101	56153000816	57513000650	57515063006	57599834801	
50027049412	50428028129	50428037348	50428054928	50428268432	50428875733	50632000709	50924088401	51131019846	51131066424	51862090105	52422010050	53329045142	53885022450	54569623500	56151014201	56153000821	57513000651	57515063007	57599834901	
50027049413	50428028145	50428037496	50428055096	50428271237	50428875746	50632000710	50924095120	51131019855	51131066426	51862090201	52422020025	53329056440	53885024510	54569624800	56151014260	56153000822	57513000652	57515063008	57599835001	
50081000300	50428028264	50428037633	50428055114	50428276878	50428875747	50632000711	50924097110	51131020049	51131066688	51862090205	52422020050	53329056442	53885026701	54569638600	56151014401	56153000823	57513000653	57515063014	57599868205	
50081000301	50428028309	50428037827	50428056804	50428278382	50428875952	50632000712	50924098101	51131020050	51131066775	51862090301	52422031601	53346000799	53885027025	54569644000	56151014402	56153000824	57515025443	57515071000	57599868206	
50081000302	50428028392	50428037999	50428056821	50428289058	50428875953	50632000714	50924098850	51131020055	51131066777	51862090305	52422032401	53459000077	53885027101	54569644001	56151014701	56153000825	57515025653	57515071001	5759986	

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

57629000420	58160097606	59519000222	60687042611	63323000130	65702071110	65781310610	67457038158	68455010186	68455010328	68455010422	68455010575	68455010656	68455011170	68455011488	68702062718	69809013005	70074054234	70074055661	70319002190	
57629000421	58160097607	59627000403	60687042610	63323000131	65702071110	65781318110	67457040913	68455010187	68455010329	68455010423	68455010576	68455010657	68455011171	68455011489	68702062900	69809013505	70074054236	70074055663	70319002192	
57628402188	58264010014	59676058005	60687054801	63323011102	65702071310	65781518210	67457041013	68455010188	68455010330	68455010425	68455010580	68455010658	68455011172	68455011535	68702063200	69837021002	70074054330	70074055665	70319002195	
57664024188	58879000415	59676058015	60687054811	63323021003	65702071910	65781339610	67457088700	68455010189	68455010331	68455010433	68455010581	68455010659	68455011173	68455011572	68702063201	69938015111	70074054331	70074055667	70319002300	
57664034588	58889011105	59676058025	60687054821	63323027205	65702072310	65781410610	67457088710	68455010190	68455010332	68455010434	68455010582	68455010660	68455011174	68455011717	68702063202	69967000201	70074054546	70074055669	70319002306	
57664034713	59009000440	59707000101	60913000201	63323041003	65702072910	65781418110	67457088799	68455010191	68455010333	68455010437	68455010583	68455010661	68455011180	68455011733	68702063203	70000011201	70074054547	70074055671	70319002307	
57664034788	59009000440	59707000102	60913000301	63323046901	65702073100	65781418210	67777012113	68455010192	68455010334	68455010438	68455010584	68455010662	68455011183	68455011812	68702063204	70030012854	70074054548	70074055673	70319002314	
57825000601	59009000402	59707000103	60913000601	63323046905	65757030001	65781424010	67777012114	68455010194	68455010335	68455010439	68455010585	68455010663	68455011185	68455011825	68702063205	70030012855	70074054549	70074055675	70319002603	
57845000051	59009000403	59707000104	60913000701	63323047101	65757040101	65781439602	67777012116	68455010195	68455010336	68455010440	68455010586	68455010664	68455011188	68455012391	68702063800	70030012856	70074054550	70074055677	70319002604	
57879000308	59009000404	59707000105	60913000801	63323047105	65757040103	65781500610	68016016201	68455010196	68455010337	68455010441	68455010587	68455010665	68455011189	68455012392	68702064001	70030013488	70074054551	70074055679	70319002605	
57879000361	59009000405	59707000106	60913000902	63323047141	65757040201	65781518210	68016023700	68455010197	68455010338	68455010442	68455010588	68455010666	68455011191	68455012393	68702064002	70030013489	70074054552	70074055681	70319002606	
57879000362	59009000406	59707000107	60913010702	63323051102	65757040203	65781524010	68016023700	68455010198	68455010339	68455010443	68455010589	68455010667	68455011194	68455012394	68702064003	70030015167	70074054553	70074055683	70319002607	
57950000600	59009000407	59707000108	60913001802	63323051103	65757040301	65781618210	68016029728	68455010199	68455010340	68455010444	68455010590	68455010689	68455011195	68455012395	68702066100	70030062392	70074054736	70074055685	70319002620	
58160081001	59009000408	59707000110	61058002582	63323090390	65757040303	65781718210	68016030554	68455010200	68455010341	68455010445	68455010591	68455010690	68455011198	68455012396	68702066150	70030062393	70074054737	70074055687	70319002624	
58160081011	59009000409	59707000112	61058002591	63323090490	65757040401	65781718310	68016030728	68455010201	68455010342	68455010446	68455010592	68455010694	68455011199	68455012397	68702067200	70030062394	70074054738	70074055689	70319002627	
58160081043	59009000410	59707000119	61058002530	63323090590	65757040403	65781818210	68016031000	68455010202	68455010343	68455010447	68455010593	68455010695	68455011202	68455012398	68702067250	70069003003	70074054739	70074055691	70319002628	
58160081052	59009000412	59707000120	61058002534	63323090690	65757050003	65781818410	68016073800	68455010203	68455010344	68455010448	68455010594	68455010696	68455011203	68455012692	68702067300	70069003105	70074054833	70074055693	70319002629	
58160081143	59009000413	59707000125	61058025312	63323090790	65781000610	65840001801	68016073854	68455010204	68455010345	68455010449	68455010595	68455010702	68455011206	68455012758	68702067320	70069038110	70074054835	70074055695	70319002634	
58160081152	59009000414	59707000130	61058025382	63323090890	65781005210	65862084401	68016090728	68455010205	68455010346	68455010450	68455010596	68455010703	68455011207	68455012759	68702067330	70069038310	70074054837	70074055697	70319002635	
58160081201	59009000415	59707000150	61058025443	63323090901	65781009050	65862084501	68071133904	68455010206	68455010347	68455010451	68455010597	68455010707	68455011208	68455012760	68702067340	70069038405	70074054839	70074055699	70319002640	
58160081211	59009000416	59707000152	61058028233	63347017001	65781009060	65862084601	68093000735	68455010207	68455010348	68455010452	68455010598	68455010708	68455011209	68455013017	68702067350	70074000083	70074054841	70074055701	70319002650	
58160081243	59009000417	59707000155	61058602834	63361024310	65781009070	65862084605	68093000745	68455010208	68455010349	68455010453	68455010599	68455010709	68455011211	68455013024	68702067401	70074000152	70074054843	70074055703	70319002651	
58160081252	59009000420	59707000156	61058602835	63361024315	65781009080	65862084701	68093000746	68455010209	68455010350	68455010454	68455010600	68455010710	68455011211	68455013025	68702067501	70074000153	70074054972	70074055705	70319002671	
58160081505	59009000421	59707000165	61058602839	63361024358	65781012410	65781012410	68093000747	68455010210	68455010351	68455010455	68455010601	68455010711	68455011212	68455013026	68702067720	70074000154	70074054976	70074055707	70319002675	
58160081534	59009000422	59707000166	61058602840	63361024388	65781014201	66004005501	68093000748	68455010211	68455010352	68455010482	68455010602	68455010712	68455011213	68455013320	68702067740	70074000155	70074055041	70074055710	70319002677	
58160081543	59009000423	59707000170	61058602841	63517060001	65781014211	66004012104	68093007434	68455010212	68455010353	68455010483	68455010603	68455010713	68455011214	68455013917	68702067750	70074000156	70074055042	70074055712	70319002679	
58160081552	59088076890	59707000171	61121000006	63629235901	65781014221	66004012205	68093007494	68455010213	68455010354	68455010484	68455010604	68455010714	68455011215	68599857710	68702067828	70074000159	70074055260	70074055714	70319002681	
58160081811	59148001870	59707000172	61121000008	63629236001	65781014241	66004084718	68093007514	68455010214	68455010355	68455010486	68455010605	68455010715	68455011216	68599857810	68702067829	70074000227	70074055278	70074055716	70319002682	
58160081912	59148001871	59707000173	61121000009	63629236101	65781014251	66004085004	68093007732	68455010215	68455010356	68455010487	68455010606	68455010716	68455011217	68702067834	68702067834	70074000228	70074055280	70074055718	70319002684	
58160082043	59148001970	59707000174	61782045302	61787044401	63629236201	65781014301	66004085105	68455010216	68455010357	68455010488	68455010607	68455010717	68455011218	68702000352	68702067835	70074040086	70074055282	70074055720	70319002685	
58160082052	59148001971	59707000175	61782045302	61787045401	63736095202	65781014311	66004097309	68113099601	68455010217	68455010358	68455010489	68455010608	68455010718	68455011219	68702000353	68702067837	70074050072	70074055288	70074055722	70319002686
58160082101	59148004850	59779032304	61924025233	63736095202	65781014321	66004062801	68196893001	68455010218	68455010359	68455010490	68455010609	68455010719	68455011220	68702000355	68702067838	70074050080	70074055294	70074055724	70319002687	
58160082111	59148007280	60000052650	61924025234	63851050102	65781014341	66004062909	68196893101	68455010219	68455010360	68455010491	68455010610	68455010720	68455011221	68702000357	68702067839	70074050082	70074055298	70074055726	70319002691	
58160082143	59188000631	60000052651	61924025564	63868098903	65781014351	66004603004	68196893201	68455010220	68455010361	68455010492	68455010611	68455010731	68455011318	68702000361	68702067841	70074050090	70074055304	70074055891	70319002693	
58160082151	59188000632	60000052652	61924025666	63943000012	65781014361	66004603105	68196893301	68455010221	68455010362	68455010493	68455010612	68455010760	68455011319	68702000365	68702068151	70074050092	70074055317	70074055842	70319002694	
58160082152	59188000633	60000052653	61924027664	64011024301	65781021110	66004987401	68455010139	68455010222	68455010363	68455010496	68455010613	68455010761	68455011320	68702000366	68702068116	70074050100	70074055319	70074055947	70319002695	
58160082311	59188000634	60000052654	61924027766	64011024702	65781021205	66019030401	68455010140	68455010223	68455010364	68455010497	68455010614	68455010762	68455011321	68702000367	68702068117	70074050102	70074055362	70319002020	70319002760	
58160082501	59188000635	60000052655	61924028044	64011030103	65781021305	66019030410	68455010141	68455010237	68455010365	68455010498	68455010615	68455010766	68455011322	68702000368	68702068118	70074050371	70074055378</			

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

70319003106	70461000211	70914003901	72217003902	73796026635	74676060111	76300031221	76300070501	76420070601	78742014625	80777027310	81131031171	82607053932	83490044080	84521001701	84521015678	84527000681	86227002310	86227099005	87701040366
70319003111	70461000211	70914003901	72217004001	73796026652	74676060121	76300031222	76300070601	76420070725	78742023460	80777027315	81131031172	82607054105	83490044081	84521001770	84521015685	84527001501	86227002010	86227099015	87701040367
70319003201	70461001803	70914004001	72217004002	73796026710	74676060131	76300031512	76300070701	76420070920	78742023461	80777027398	81131031173	82607054106	83490047004	84521001893	84521015692	84527001502	86227003011	86227099025	87701040368
70319003209	70461001804	70914004200	72217004003	73796026725	74676060141	76300031612	76300071511	766420070925	78742025657	80777027399	81131031174	82607055611	83490047005	84521001923	84521015708	84527001503	86227010105	86227099035	87701040376
70319003210	70461001900	71399202002	72217004004	73796026735	74676060111	76300031712	76300071512	766420070925	78742025658	81131000251	81131031175	82607055612	83490047006	84521002064	84521015715	84527002250	86227011155	86227099045	87701040377
70319003211	70461001904	71399202001	72217004005	73796026742	74676060159	76300031812	76300071513	76660000866	78742025661	81131001544	81131031176	82607055613	83490051001	84521002132	84521015722	84527002252	86227012105	86227099055	87701040381
70319003212	70461002003	71399202091	72217004006	73796026745	74676060159	76300032012	76300071514	76660000866	78742025663	81131001556	81131031177	82607055614	83490051002	84521002156	84521015739	84527002253	86227012155	86227099105	87701040386
70319003213	70461002004	71399204203	72217004007	73796026760	74676060159	76300032112	76300072211	76660074064	78742025665	81131002313	81131031178	82607055615	83490051003	84521002207	84521016687	84527002254	86227012205	86227099115	87701040463
70319003214	70461012002	71399968601	72217004008	73796026761	74676060211	76300032412	76300072212	76655070071	78742025767	81131002445	81131031179	82607055622	83490051023	84521002460	84521016693	85380005264	86227012605	86227099125	87701040505
70319003220	70461012003	71483013004	72217004009	73796026785	74676060211	76300032512	76300072213	77890012583	78742025769	81131002449	81131038679	82607055625	83490051035	84521002692	84521016698	85467010190	86227013055	86679041536	87701040506
70319003221	70461012004	71483013005	72217004010	73796026786	74676060211	76300032610	76300072214	77890012596	78742025770	81131002642	81131038680	82607055631	83490051037	84521002736	84521016709	85467010420	86227013085	86679041537	87701040507
70319003222	70461012010	71483013006	72217004011	73796027104	74676060231	76300033210	76300072215	77890012597	78742025771	81131002643	81131038681	82607055715	83490051039	84521002736	84521019928	85467010500	86227018015	86679041538	87701040508
70319003223	70461012011	71483013007	72217004012	73796027424	74676060272	76300038524	76300072216	77890012583	78742025772	81131002644	81131066523	82607055716	83490067802	84521004181	84521019935	85467010670	86227018155	86679041539	87701040509
70319003229	70461012012	71483014003	72217004013	73796027604	74676063150	76300036624	76300072217	77890016862	78742025773	81131002709	81131066524	82607055729	83490067805	84521005848	84521023970	85467010690	86227018525	86679041540	87701040510
70319003230	70461012103	71483014007	72217004014	73796027854	74676060370	76300036810	76300072218	77890016867	78742025774	81131002710	81131073156	82607055732	83490067822	84521005855	84521023987	85467010940	86227019015	86679041541	87701040519
70319003231	70461012104	71483014008	72217004015	73796030263	74676060340	76300036910	76300072219	77890016879	78742025775	81131002716	81131073160	82607055811	83490078006	84521005856	84521023994	85467013022	86227021015	86679041542	87701040520
70319003232	70461020101	71483014009	72275015104	73796032102	74676060411	76300037010	76300072220	77890016891	78742026442	81131002717	81131086480	82607055812	83490078012	84521005872	84521024007	85467013024	86227021155	86679041543	87701040574
70319003233	70461020111	71483014020	72287041504	73796033026	74676060430	76300037110	76300072311	77890016890	78742033365	81131003414	81131086487	82607055813	83490078013	84521005891	84521024014	85467013162	86227021685	86679041544	87701040584
70319003234	70461030110	71483014138	72380000000	73796033031	74676060440	76300037205	76300072312	77890016903	78742039269	81131003415	81131086488	82607055814	83490085007	84521005893	84521024479	85467013164	86227021755	86679041545	87701040655
70319003240	70461030112	71483014148	72380000000	73796033514	74676060431	76300037310	76300072313	77890016906	78742039281	81131003416	81131086502	82607055815	83490085008	84521005933	84521024489	85467013192	86227022015	86679041546	87701040656
70319003241	70461031803	71483014158	72380001803	73796039000	74676060432	76300037405	76300072314	77890016907	79573000916	81131003417	81131086503	82891021005	83490086001	84521005934	84521024496	85467013194	86227022155	86679041547	87701040682
70319003242	70461031804	71691076226	72678000101	73796039150	74676060441	76300037710	76300072315	77890016909	79573011115	81131004088	81131086536	82891021010	83490086006	84521006439	84521024502	85467024020	86227023015	86679041548	87701040708
70319003665	70461031903	71850182601	72678000501	73796041203	74676064551	76300037810	76300072316	77890016912	79573010003	81131004089	81131086538	82891021050	83490086008	84521006496	84521024516	85467024100	86227023155	86679041549	87701040888
70319003666	70461031904	71850182670	72678000601	73796041205	74676064631	76300037905	76300072317	77890016915	79573010004	81131005540	81131086539	82891021054	83490086009	84521006525	84521024526	85467024160	86227025015	86679041550	87701041088
70319020693	70461032003	72140009184	72721172505	73796045100	74676060530	76300038005	76300072318	77890016918	79573010021	81131005541	81131086540	82891021055	83490086011	84521006645	84521024533	85467024197	86227025155	86679041551	87701041298
70319020716	70461032004	72140009185	72721175005	73796045122	74676065111	76300038110	76300072319	77890016919	79573010198	81131005542	81131086540	82891037200	83490086017	84521006870	84521024540	85467024350	86227025585	86679041552	87701041301
70319020778	70461032103	72140009186	72721176005	73796045318	74676065181	76300038210	76300072320	77890016921	79573010293	81131005545	81131097214	82891038801	83490086019	84521006871	84521024557	85467024500	86227027055	86679009944	87701042616
70319021232	70461032104	72140009189	72721177005	73796045325	74676065270	76300038310	76300072321	77890016924	79573010294	81131005578	81131097215	82903028610	83490086038	84521006872	84521024564	85467024700	86227027125	86679014531	87701044671
70319021256	70461041810	72140010743	73010022110	73796045328	74676065280	76300038410	76300072505	77890016925	79573010343	81131005579	81131097217	82903028611	83490086039	84521006873	84521024575	85467024800	86227028035	86679014532	87701042712
70319021331	70461041811	72140010759	73108000001	73796045330	74676060711	76300038501	76300075111	77890016927	79019613343	81131006024	81306004701	82903028614	83490086040	84521007151	84521024582	85467040105	86227028105	86679014533	87701044671
70319021515	70461041910	72140010765	73108000002	73796045801	74676060721	76300038610	76300075112	77890019008	79019628260	81131006026	81306004702	82903028615	83490086041	84521007229	84521024599	85467040200	86227030035	86679014534	87701045867
70319021607	70461041911	72140045344	73108000100	73796049400	74676060723	76300038710	76300075113	77890019010	79019628259	81131006027	81306004703	82903028616	83490086042	84521007267	84521024605	85467040100	86227030055	86679014535	87701045869
70319030203	70461042010	72140045347	73108000101	73796053211	74676060811	76300039010	76300075114	77890023869	79019629272	81131006020	81306021214	83170044855	83490010830	84521007281	84521024612	85467041188	86227030150	86679014536	87701048612
70319030357	70461042011	73108000201	73796063303	74676060831	76300039110	76300075115	77890023884	79019629280	79019629281	81131006041	81306022114	83490010760	83490011019	84521007298	84521024667	85467041199	86227030115	86679014537	87701048610
70319030371	70461042110	72140045842	73317200101	73796063500	74676060871	76300039210	76300080410	77890023887	79019629347	81131006043	81306022314	83490010140	83490011020	84521007328	84521024674	85467041500	86227031055	86679014538	87701048620
70319030456	70461042111	72140045957	73317202009	73796063700	74676060901	76300039310	76300086010	77890031300	79019629419	81131006044	81306041113	83490017805	83490011021	84521007359	84521024797	85467041600	86227031115	86679014539	87701050744
70319030715	70524489251	72140046163	73317428901	73796065036	74676060911	76300039410	76300086210	77890031311	79019629421	81131006275	81306051423	83490017806	83490011022	84521007468	84521024809	85467041800	86227031155	86679014540	87701050746
70319030722	70524489256	72140046165	73317442001	73796066940	74676079019	76300039501	76300086410	77890031321	79019629422	81131006458	81306051623	83490020760	83490011023	84521007840	845210248				

Exhibit 20C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

89126100101	89152028905	89152640201	90017057800	90891012709	90891024646	90891070614	91237000149	92293005999	92293011235	92293070110	92896000008	94030000234	94542051150	96295012084	96295013445	98302000187	98939000021
89126100201	89152029805	89152640401	90107098220	90891012713	90891024647	90891080000	91237000150	92293006000	92293011240	92293070118	92896000009	94030000235	94542085100	96295012085	96295013446	98302000190	98939000024
89126100301	89152029305	89152728705	90107098285	90891012717	90891024648	90891090024	91237000151	92293006001	92293011245	92293070172	93169000206	94030000237	94542085200	96295012086	96295013447	98302000191	98939000025
89126100401	89152029405	89152728805	90124000001	90891012718	90891024649	90891090025	91237000152	92293006002	92293011246	92293070180	93169000207	94030000239	94542085300	96295012087	96295013448	98302000192	98939000026
89126100501	89152029601	89152743501	90124000005	90891012719	90891024650	90891090026	91237000153	92293006003	92293011243	92293070181	93169000226	94030000240	94922020133	96295012088	96295013450	98302000193	98939000027
89126100601	89152029605	89152744401	90166001334	90891012720	90891024651	90891090027	91237000154	92293006004	92293011240	92293070180	93169000233	94030000241	94922020134	96295012112	96295013451	98302000194	98939000028
89126100701	89152027705	89152752605	90166005015	90891012804	90891024652	90891090028	91237000159	92293006005	92293012230	92293070621	93169000224	94030000242	94922068293	96295012113	96295013452	98302000198	98939000026
89126100801	89152028850	89155100201	90166005035	90891012819	90891024657	90891094552	91237000160	92293006006	92293012235	92293077180	93169000235	94030000268	94922068294	96295012114	96295013453	98302000199	98939000027
89126103525	89152028860	89155100401	90166005055	90891012824	90891024658	90891094553	91237000161	92293006007	92293012240	92293077181	93169000236	94030000269	95384000214	96295012115	96295013537	98302000200	98939000029
89126114010	89152028970	89155100601	90166005615	90891013050	90891024659	90891094578	91237000163	92293006009	92293012253	92293077320	93169000247	94030000270	96121000267	96295012127	96295013538	98302001407	989390000231
89126133525	89152028980	89155100801	90166005635	90891013077	90891024660	90891094579	91237000164	92293006010	92293012254	92293077321	93169000253	94030000271	96295004728	96295012151	96295013726	98302001420	989390000233
89128000101	89152139005	89155101001	90166005655	90891013080	90891024661	90891094580	91237000165	92293006012	92293012255	92293030439	93169000254	94030000272	96295010253	96295012154	96295013727	98302001421	989390000234
89128000201	89152168005	89155110201	90166012005	90891013100	90891024662	90891094602	91237000167	92293006013	92293012430	92293030440	93169000255	94030000279	96295010254	96295012159	96295013728	98302001422	989390000235
89128010001	89152168105	89155110401	90166011103	90891013150	90891024663	90891094603	91237000168	92293006014	92293012435	92293094401	93169000256	94030000280	96295010256	96295012184	96295013729	98302001424	989390000236
89128015001	89152168205	89155110801	90166012102	90891013151	90891024664	90891094604	91237000170	92293006016	92293012440	92293097610	93169000263	94030000281	96295010282	96295012187	96295013730	98302001430	989390000237
89129010001	89152168305	89155110801	90166012122	90891013155	90891024665	90891094605	91237000171	92293006017	92293012453	92293097611	93169000268	94030000282	96295010283	96295012206	96295013734	98302001431	989390000238
89129010002	89152172805	89155110101	90166012505	90891013158	90891024666	90891094606	91237000172	92293006018	92293012454	92293097630	93169000298	94030000283	96295010284	96295012207	96295013738	98302001432	989390000240
89134050202	89152172905	89155120001	90166012804	90891013200	90891024667	90891094607	91237000173	92293006019	92293012455	92293097631	93169000299	94030000286	96295010286	96295012208	96295013739	98302001433	989390000241
89134050302	89152254105	89155200401	90166013004	90891016000	90891024808	90891094704	91237000174	92293006020	92293020120	92293098009	93573090011	94030000287	96295010287	96295012209	96295013849	98302001434	989390000242
89134052602	89152281705	89155200601	90166013505	90891016111	90891024820	90891094705	91237000175	92293006022	92293020125	92293098010	93674000100	94030000291	96295010288	96295012210	96295013863	98302001435	989390000244
89134052702	89152281805	89155200801	90166013645	90891016112	90891024821	90891094706	91237000176	92293006023	92293020130	92293098016	93764000200	94030000292	96295010313	96295012211	96295013873	98302001480	989390000245
89134052802	89152281905	89155201001	90166013515	90891016113	90891024822	90891094760	91237000177	92293006024	92293020135	92293098018	93764001069	94030000294	96295010470	96295012300	96295013874	98302001511	989390000258
89134052902	89152282005	89155210201	90166015635	90891016115	90891024823	90891094761	91237000178	92293006025	92293020140	92293098026	93764001154	94046000100	96295010625	96295012301	96295013875	98302001391	989390000259
89134061802	89152282105	89155210401	90166015655	90891016117	90891025800	90891094762	91237000182	92293006300	92293021120	92293098032	93764004607	94046000101	96295010676	96295012302	96295013876	98302001392	989390000260
89134062002	89152282205	89155210601	90166020205	90891018416	90891025801	90891095064	91237000184	92293006301	92293021125	92293099010	93764010101	94046000102	96295010831	96295012329	96295013877	98302001393	989390000261
89134062202	89152282305	89155210801	90166022025	90891019001	90891025802	90891095065	91237000185	92293006342	92293021130	92293099016	93764010105	94046000103	96295010931	96295012336	96295013930	98302001393	989390000276
89134062501	89152282405	89155211001	90166023645	90891019003	90891025808	90891095066	91237000187	92293006343	92293021135	92293099026	93764020201	94046000104	9629501057	96295012337	96295013931	98302001392	989390000281
89134062601	89152282505	89155300001	90166025635	90891019004	90891025811	90891095067	91237000188	92293006344	92293021140	92293099032	93764020205	94046000105	96295011125	96295012432	96295013961	98302001393	99073011001
89134063002	89152282605	89155310001	90166030305	90891019005	90891026415	90891095068	91237000189	92293006345	92293022130	92293099044	93764022767	94046000106	96295011126	96295012446	96295038687	98302001394	99073011003
89134063102	89152282705	89155400001	90166031645	90891019006	90891026810	90891095069	91237000192	92293006346	92293022135	92293099044	93764030301	94046000107	96295011127	96295012475	96785000209	98302001395	99073011004
89134072202	89152282805	89155500101	90166033042	90891019007	90891030030	90891095070	91237000193	92293006347	92293022140	92293099044	93764030305	94046000108	96295011133	96295012621	96785000210	98302001396	99073012050
89134072402	89152283005	89155500201	90166033305	90891019008	90891030120	90891095071	91237000194	92293006348	92293022155	92293099044	93764030309	94046000109	96295011166	96295012695	96785000211	98302001397	99073012051
89134072602	89152283105	89155500301	90166043152	90891020010	90891030124	90891095076	91268077004	92293006349	92293022154	92293099044	93764060021	94046000110	96295011167	96295012914	96785000212	98302001398	99073012101
89134072702	89152283205	89155500401	90166043154	90891020015	90891030132	90891095077	91531000004	92293006350	92293022155	92293099044	93764060047	94046000111	96295011169	96295012915	96785000239	98302001399	99073012401
89134072802	89152283305	89155800600	90166045035	90891020016	90891049003	90891095078	91531000011	92293006351	92293030125	92293013163	93764060048	94046000112	96295011171	96295012916	96785000240	98302001394	99073012450
89134072902	89152283405	89155800600	90166045635	90891020018	90891050000	90891095079	91984000140	92293006352	92293030130	92293013164	93764060056	94046000113	96295011218	96295012917	97037000107	98302001394	99073013001
89134074002	89152283505	89155800800	90166056505	90891020030	90891050001	90891095080	91984000141	92293006356	92293030135	92293013165	93764060062	94046000116	96295011237	96295012921	98302000100	98302001392	99073013022
89134074202	89152283605	89155800800	90166060601	90891020176	90891050002	90891095081	91984000142	92293006357	92293030140	92293013166	93764060106	94046000117	96295011238	96295012927	98302000102	98302001400	99073014002
89134074402	89152338005	89158301200	90166063132	90891020177	90891050003	90891095082	91984000143	92293006358	92293031125	92293013167	93764060107	94046000118	96295011239	96295012930	98302000103	98302001408	99073017001
89134075802	89152391205	89158301290	90166066605	90891020178	90891050016	90891095083	91984000144	92293006360	92293031130	92293013168	93764060108	94046000119	96295011240	96295012931	98302000104	98302001409	99073041001
89134310401	89152417205	89158500400	90166083152	90891020198	90891050017	91237000103	92121003206	92293006370	92293031135	92293013171	93764060137	94046000124	96295011241	96295013010	98302000105	98302001412	99073042001
89134320801	89152417305	89158500490	90166085015	90891020205	90891050025	91237000105	92121003359	92293006380	92293031140	92293013172	93764060138	94046000126	96295011242	96295013154	983		

**DOM MSCAN SFY24 EMERGENCY CONTRACT
AMENDMENT 1**

Exhibit 2 - SFY24 Rate Updates



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA

Tel +1 262 784 2250

milliman.com

August 29, 2023

Jennifer Wentworth
Special Projects Admin, Accounting
Mississippi Office of the Governor, Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201
Sent via email: jennifer.wentworth@medicaid.ms.gov

Re: Report20- State Fiscal Year 2024 MississippiCAN Preliminary Rate Calculation and Certification

Dear Jennifer:

The Mississippi Division of Medicaid (DOM) has retained Milliman to develop actuarially sound capitation rates for state fiscal year (SFY) 2024 for Mississippi Coordinated Access Network (MississippiCAN), a coordinated care program for Medicaid beneficiaries.

This report documents the preliminary capitation rates for all populations enrolled in MississippiCAN. Overall, the preliminary SFY 2024 capitation rates are 4.7% higher than the SFY 2023 capitation rates issued on April 11, 2023 (when compositing rates using calendar year (CY) 2021 membership). This report assumes ultimate approval of the preprints that will be submitted to CMS for directed payments and directed fee schedules.

This report updates our preliminary capitation rates¹; the following changes were made in this report relative to the prior certification:

- Member reassignment between the MYPAC rate cell and other rate cells related to the 'SED' lock-in code during CY 2021.
- Restatement of the impact of SSI children formerly moved to FFS due to a stay in a psychiatric residential treatment facility (PRTF).
- Insulin price adjustments related to the removal of the average manufacturer's price (AMP) cap effective January 1, 2024.
- Inclusion of newly covered costs for medications to treat obesity that were added to the preferred drug list (PDL) effective July 1, 2023.
- Extension of postpartum coverage from 60 days to 12 months effective April 30, 2023.
- Inclusion of newly covered costs for gene-therapies for the following conditions:
 - Beta-Thalassemia
 - Duchene Muscular Dystrophy
 - Hemophilia A
 - Hemophilia B
 - Sickle Cell Disease
- Estimated PMPM costs for high-cost pharmacy and other applicable costs that will be included in a high-cost pharmacy risk corridor for SFY 2024. In addition, a modification was made to the definition of how the two risk corridors (high-cost pharmacy risk corridor and program wide risk corridor) will interact with each other in order to simplify the calculation and increase the transparency of the resulting recoupment or payment, if applicable.

¹ "Report11 – SFY 2024 Preliminary MississippiCAN Capitation Rates.pdf" dated May 1, 2023.

- Removal of the following MississippiCAN carve-outs in conjunction with introducing the high-cost pharmacy risk corridor in SFY 2024.
 - Individuals diagnosed with Hemophilia or Von Willebrand disease
 - Zolgensma
- Updated the estimated SFY 2024 TREAT amount.

Table 1 summarizes the overall impact on capitation rates resulting from the changes noted above. The impact in Table 1 is based upon the membership distribution across rate cells in calendar year (CY) 2021. Each of these changes are described in more detail within the capitation report.

Table 1 Mississippi Division of Medicaid SFY 2024 Capitation Rate Development Summary of SFY 2024 Rate Change Components	
Assumption Change¹	Change from May 1, 2023 Preliminary Rates
Base Period Data Update	1.002
Postpartum Coverage Extension	0.984
Obesity Coverage	1.001
Gene Therapy Coverage	1.034
Hemophilia Population Carve-In	1.005
Insulin Price Reduction	0.995
Updated Admin Costs	1.002
Total SFY 2024 Rate Change	1.021

¹ Does not account for the impact of changes in state directed payments.

Rates will be retroactively adjusted and recertified for the following items:

- Payments for the Mississippi Hospital Access Program (MHAP) Quality Incentive Payment Program (QIPP).
- Actual membership and utilization to determine the final MHAP fee schedule adjustment (FSA) amounts.
- Payments for the Mississippi Medicaid Access to Physician Services (MAPS) program.
- Payments for the Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) program.
- Population acuity for the MA Adult, MA Children, and Quasi-CHIP rate cells to reflect membership changes during the unwinding of the continuous coverage requirement during the COVID-19 public health emergency (PHE) declaration, if SFY 2024 membership is materially different than the membership projections included in this report.

This recertification will be done at one time for capitation rates for the entire SFY 2024 period. This recertification is anticipated to happen two quarters following the end of SFY 2024.

As of the time of this report, the impact on capitation rates due to the unwinding of the COVID-19 PHE is uncertain for SFY 2024. As such, a risk corridor will be used in SFY 2024 to reflect the uncertainty in the capitation rates due to these impacts. The risk corridor is described in more detail in Section IV. In addition, explicit adjustments for COVID-19 are made in the rate development for the following:

- **Base Period Data:** The SFY 2024 capitation rates use CY 2021 data as the basis for projections. Under normal circumstances, SFY 2024 capitation rates would be based on CY 2021 and CY 2020 experience for smaller rate cells. However, given the large changes in member behavior in CY 2020, we do not find this experience to be a credible basis for SFY 2024 projections. Therefore, we use a single year of experience data for all populations as the basis for our SFY 2024 projections.

- **Acuity Adjustments:** Medicaid enrollment in the base period data (CY 2021) was elevated due to the continuous coverage requirement (CCR) in the Families First Coronavirus Act (FFCRA). Under this requirement DOM could not disenroll members who would normally lose eligibility during the PHE, as declared by the Department of Health and Human Services (HHS). Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the CCR from coordinated care organizations (CCOs) into FFS Medicaid.

This transition from the CCOs into FFS Medicaid was concentrated in several populations where members commonly churn in and out of the Medicaid population or transition between rate cells due to age requirements, including the MA Adults, MA Children, and Quasi-CHIP children. These rates cells therefore saw a large drop in membership and consequently a change in acuity over the second half of CY 2021. Therefore, we calculated an acuity adjustment for these rate cells to reflect the average acuity of the population that remained after this transition occurred. The calculation of this acuity adjustment from the shift to FFS enrollment is described in more detail later in the report.

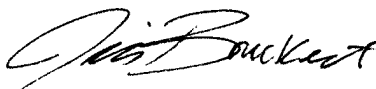
Per the Consolidated Appropriations Act, 2023 (CAA), the continuous coverage requirement, which was previously tied to the federal PHE ended on March 31, 2023. Additional guidance from the Centers for Medicare and Medicaid Services (CMS) indicates that states will have 14 months after this date to complete redeterminations for affected enrollees. Within the options outlined by CMS, DOM began eligibility redeterminations starting in April 2023 and began disenrolling Mississippi Medicaid recipients who are no longer eligible in July 2023 and throughout the following year. We will monitor membership changes as of a result of the end of the continuous coverage requirements during SFY 2024 and apply an acuity adjustment, if appropriate.

- **COVID-19 / Influenza / RSV Adjustment:** We developed an adjustment for the estimated difference in costs included in the CY 2021 base period data and projected SFY 2024 costs for testing, vaccination, and treatment for influenza, respiratory syncytial virus (RSV), and COVID-19. These population specific adjustments reflect an expected decrease in COVID-19 costs and an expected increase in influenza and RSV costs from CY 2021 to SFY 2024.

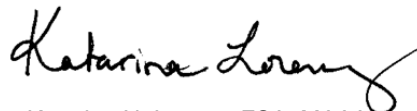


Jennifer, please call us at 262 784 2250 if you have questions. We look forward to discussing this report with you and the CCOs.

Sincerely,



Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary



Katarina N. Lorenz, FSA, MAAA
Consulting Actuary

JAB/KNL/zk

Attachments

MILLIMAN REPORT

State of Mississippi Division of Medicaid

State Fiscal Year 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

[Jill A. Bruckert](#), FSA, MAAA
Principal and Consulting Actuary

[Katarina N. Lorenz](#), FSA, MAAA
Consulting Actuary



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA
Tel +1 262 784 2250

milliman.com



Table of Contents

I. SUMMARY AND DISCUSSION OF RESULTS	1
II. MISSISSIPPICAN BACKGROUND.....	8
III. BASE DATA DEVELOPMENT	11
IV. PROJECTED SFY 2024 CAPITATION RATES	15

EXHIBITS (Provided in Excel format only)

Capitation Rate Development

EXHIBIT 1	Base Data Exhibits – CY 2021 Encounter Data
EXHIBIT 2A	Final Base Data and Projection Assumptions
EXHIBIT 2B	MA Adult and Pregnant Women Aggregate Service PMPMs
EXHIBIT 3	Statewide Non-Service Expense Allowance Development
EXHIBIT 4	Final SFY 2024 Capitation Rates

Capitation Rate Support

EXHIBIT 5	SFY 2023 to SFY 2024 Rate Change
EXHIBIT 6	Service Category to Milliman HCGs Grouper Category Mapping
EXHIBIT 7A	Historical PMPM Trend Summary – All Populations
EXHIBIT 7B	Historical PMPM Trend Summary – SSI+ Population
EXHIBIT 7C	Historical PMPM Trend Summary – Adults Population
EXHIBIT 7D	Historical PMPM Trend Summary – Children Population
EXHIBIT 7E	Historical PMPM Trend Summary – Deliveries
EXHIBIT 8A	Pharmacy Trend Summary – Traditional
EXHIBIT 8B	Pharmacy Trend Summary – Specialty
EXHIBIT 9	Enhanced Match Services
EXHIBIT 10A	CY 2021 Databooks – Summary of Total Costs by Rate Cell
EXHIBIT 10B	CY 2021 Databooks – Summary of Allowed PMPM by Rate Cell
EXHIBIT 10C	CY 2021 Databooks – Summary of Total Costs by Rate Cell
EXHIBIT 10D	CY 2021 Databooks – Summary of Utilization / 1000 and Average Charge by Rate Cell
EXHIBIT 11	Encounter Data – 5% Assessment Categories
EXHIBIT 12	Summary of Population, Program, and Reimbursement Changes
EXHIBIT 13	Capitation Rate Component Change Summary
EXHIBIT 14	Unit Cost Trends by Category of Service
EXHIBIT 15	Seasonal Virus Adjustment

Expenditure Projection

EXHIBIT 16	MississippiCAN Expenditure Estimate
------------	-------------------------------------

Risk Corridor Calculations

EXHIBIT 17A	Illustrative High-Cost Pharmacy Settlement
EXHIBIT 17B	Illustrative MLR Development
EXHIBIT 17C	High-Cost Drug Risk Corridor Development
EXHIBIT 17D	High-Cost Drug Risk Corridor Development – Gene Therapy Supplemental Support

Table of Contents *(continued)*

Data Processing Support

EXHIBIT 18A	Procedure Codes for Non-Psychiatric Physician Visits
EXHIBIT 18B	Procedure Codes for Psychiatric Physician Visits
EXHIBIT 18C	NDCs Excluded from Monthly Pharmacy Script Limit
EXHIBIT 19	Insulin Price Reduction by Product

APPENDICES

Supporting Documentation

APPENDIX A	SFY 2024 Rate Cell Definitions
APPENDIX B	Data Sources and Processing
APPENDIX C	CMS Managed Care Rate Setting Guide Response
APPENDIX D	Actuarial Certification of SFY 2024 MississippiCAN Capitation Rates
APPENDIX E	Data Reliance Letter

I. SUMMARY AND DISCUSSION OF RESULTS

The Mississippi Division of Medicaid (DOM) retained Milliman to calculate, document, and certify to capitation rates for Mississippi Coordinated Access Network (MississippiCAN), a coordinated care program for targeted Medicaid beneficiaries, effective for state fiscal year (SFY) 2024. This report provides preliminary SFY 2024 capitation rates and documents their development. This report is structured as follows:

- Section I includes a high-level overview of the change in capitation rates relative to the July 1, 2022 to June 30, 2023 (SFY 2023) capitation rates
- Section II provides a short background of the MississippiCAN program
- Section III documents the development of the base data
- Section IV documents the rate setting process for SFY 2024 capitation rates
- Appendices A and B contain additional details on the SFY 2024 rate cell definitions and base period data sources and processing
- Appendix C provides responses to the CMS managed care rate setting guide for all rate cells
- Appendix D contains an Actuarial Certification for all MississippiCAN rate cells
- Appendix E documents our reliance on DOM for data and other assumptions in the development of the capitation rates

SFY 2024 CAPITATION RATES

Table 1 includes per member per month (PMPM) preliminary capitation rates effective for SFY 2024 that will be paid to the Coordinated Care Organizations (CCOs) on a monthly basis (excluding all directed payments) to provide medical and pharmacy services to their enrolled beneficiaries. Each CCO will be paid based on the distribution of members enrolled in each rate cell. In addition, CCO capitation payments will vary based on their members' county of residence. We assigned each county to one of the following regions: North, Central, or South, as shown in Appendix A.

Table 1			
Mississippi Division of Medicaid			
MississippiCAN Capitation Rates			
Per Member Per Month (PMPM)¹			
Effective SFY 2024			
Rate Cell	North	Central	South
Non-Newborn SSI / Disabled	\$1,204.26	\$1,374.30	\$1,402.38
Breast and Cervical Cancer	\$3,160.79	\$3,607.08	\$3,680.77
MA Adult	\$545.65	\$586.21	\$582.86
Pregnant Women	\$734.21	\$788.78	\$784.28
SSI / Disabled Newborn	\$8,253.05	\$8,574.98	\$8,224.41
Non-SSI Newborns 0 to 2 Months	\$2,247.03	\$2,334.68	\$2,239.23
Non-SSI Newborns 3 to 12 Months	\$299.05	\$310.72	\$298.02
Foster Care	\$718.39	\$746.41	\$715.89
MYPAC	\$3,749.54	\$3,895.80	\$3,736.53
MA Children	\$234.64	\$243.79	\$233.83
Quasi-CHIP	\$245.51	\$255.09	\$244.66

¹ Capitation rates in Table 1 exclude MHAP, MAPS, TREAT, and are prior to the application of the quality withhold.

In addition, there are multiple directed payments that are paid outside of the monthly capitation rates and excluded from Table 1. The estimated cost for each directed payment is included as a PMPM amount in the preliminary SFY 2024 capitation rates. These PMPM amounts will be retrospectively adjusted on a CCO-specific basis to reflect final payments made for each program.

- The Mississippi Hospital Access Program (MHAP) hospital fee schedule adjustment (FSA) are paid outside of the capitation rates on a monthly basis. This amount varies by rate cell on a PMPM basis based on projected utilization of inpatient and outpatient services and actual membership. The MHAP FSA payments will be \$271.0 million in SFY 2024. Please see Section IV of this report for additional details on the MHAP FSA.
- Payments for the MHAP quality incentive payment program (QIPP) are paid outside of the capitation rates on a quarterly basis. The MHAP QIPP payments will be \$291.2 million in SFY 2024. Please see Section IV of this report for additional details on the MHAP QIPP.
- The Mississippi Medicaid Access to Physician Services (MAPS) program in MississippiCAN enhances payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital, or who assigned Mississippi Medicaid payments to a qualifying hospital. The MAPS payments are estimated to be \$39.4 million in SFY 2024. Please see Section IV of this report for additional details on the MAPS program.
- The Payments for the Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) program in MississippiCAN for SFY 2024 enhances payments to eligible emergency ambulance providers. The TREAT payments are estimated to be \$15.5 million in SFY 2024. Please see Section IV of this report for additional details on the TREAT program.

In addition, the capitation rates will be adjusted on a CCO-specific basis for the following rate adjustments:

- **Quality Withhold:** As in SFY 2023 rates, DOM will apply a quality withhold to MississippiCAN payments in SFY 2024 based on metrics reported by the CCOs. The PMPM capitation rates in Table 1 are prior to the application of this quality withhold. Please see Section IV for more information on the quality withhold for SFY 2024.
- **Risk Adjustment:** The capitation rates for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rate cells will be risk adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). The CDPS + Rx risk adjuster will be used to adjust for the acuity differences between the enrolled populations of each CCO and will be budget-neutral to DOM. The CDPS + Rx demographic and disease category weights are calculated using Mississippi fee-for-service (FFS) and encounter data.

The capitation rates for the Foster Care rate cell will be risk adjusted using a custom risk adjustment model developed for this population. This custom model uses a member's eligibility for either state or federal financial assistance to assign a risk score. The risk adjustment for the Foster Care rate cell will be applied on a concurrent basis.

Please see Section IV for more information on the application of risk adjustment to the applicable rate cells.

- **Risk Corridor:** Similar to SFY 2023, a risk corridor will be applied to recognize the uncertainty in determining rate setting assumptions for the impact of COVID-19 on the SFY 2024 rating period.
- **High-Cost Pharmacy Risk Corridor:** In SFY 2024, a high-cost pharmacy risk corridor will be applied to recognize the uncertainty in determining rate setting assumptions for the impact of current and anticipated high-cost medications.

Please see Section IV for more information on how the risk corridor settlements will be calculated.

This report includes preliminary capitation rates for SFY 2024. These rates will be updated for any acuity adjustments, if appropriate, to reflect changes in the MississippiCAN population due to the unwinding of the COVID-19 PHE. This adjustment, if implemented, is planned to be made after the close of the rate year when data for the full rating period is available.

Our Actuarial Certification of the SFY 2024 MississippiCAN capitation rates is included as Appendix D. It should be emphasized that capitation rates are a projection of future costs based on a set of starting data and assumptions. Actual costs will be dependent on each contracted CCO's situation, experience, and enrolled population.

SELECTION OF BASE DATA

Under normal circumstances, data from CY 2021 would be used as the primary base data for SFY 2024 capitation rates with data from CY 2020 used to supplement CY 2021 data for rate cells with fewer than 150,000 member months. Due to the emergence of COVID-19 in early 2020, the CY 2020 encounter data shows significantly different utilization and cost patterns than expected for SFY 2024. Therefore, we did not rely upon CY 2020 data and CY 2021 data was used as our sole base data source for all rate cells in development of the SFY 2024 capitation rates, regardless of membership.

While CY 2021 encounter data was the primary data source for SFY 2024 capitation rates, we used emerging data from CY 2022 to inform assumptions used to develop the SFY 2024 capitation rates, including utilization trend assumptions and service mix changes expected to persist post-COVID-19. In addition, we reviewed experience on a monthly basis during CY 2021 and made adjustments, as appropriate, to reflect differences in utilization and / or service mix not captured in the CY 2021 base data.

COVID-19 CONSIDERATIONS IN SFY 2024 RATE DEVELOPMENT

As of the time of this report, the impact on SFY 2024 capitation rates due to COVID-19 and the associated CCR unwinding is difficult to predict. As such, a risk corridor will be in effect in SFY 2024 to reflect the uncertainty in the capitation rates due to COVID-19. The risk corridor is described in more detail in Section IV.

In addition, explicit adjustments for COVID-19 are made in the rate development for changes in population acuity, as described in Section IV:

- Seasonal virus adjustment

The SFY 2024 capitation rates do not include any explicit adjustments for the following:

- The unwinding of the CCR will begin in SFY 2023 and continue throughout SFY 2024. It is unknown how many members will be disenrolled from MississippiCAN over the course of the unwind, nor is it known how many of the individuals previously transitioned to FFS will return to MississippiCAN as a result of the redetermination efforts.

Given the changes in the populations between the base period and projection period for the SFY 2024 capitation rates, we believe an acuity adjustment may be appropriate. We will develop an adjustment for populations with material changes once the necessary information is available.

CAPITATION RATE CHANGE SUMMARY

Table 2 summarizes the change in capitation rates from SFY 2023 to SFY 2024. This comparison is shown excluding the impact of directed payments and is composited across all rate cells using CY 2021 membership. Table 2 also summarizes changes excluding the impact of program changes (noted by footnote 2 in Table 2), which increase or decrease total program costs concurrently with revenue for the CCOs and excluding the impact of COVID-19 adjustments (noted by footnote 3 in Table 2).

Table 2
Mississippi Division of Medicaid
MississippiCAN Capitation Rates
Summary of SFY 2024 Rate Change Components¹

	Aggregated with CY 2021 Membership
SFY 2023 Capitation Rate	\$459.36
Base Period Data Update	0.936
Restate CY 2021 to SFY 2023 Trends	1.021
Restate CY 2021 to CY 2022 PDL Adjustment ²	1.001
Other Restated Assumptions ²	1.000
Updates Relative to SFY 2023 Assumptions	0.957
SFY 2023 to SFY 2024 Utilization Trends	1.024
SFY 2023 to SFY 2024 Unit Cost Trends ²	1.024
Seasonal Virus Adjustment	0.991
Acuity Adjustment: Shift to FFS ³	1.033
Acuity Adjustment: PHE Unwind ³	1.000
MYPAC Member Identification Change ²	1.000
Postpartum Coverage Extension ²	0.984
PDL CY 2022 to CY 2023 Adjustment ²	1.000
Obesity Drug Coverage ²	1.004
Obesity Drug Coverage Savings ²	0.997
Gene Therapy Drug Coverage ²	1.035
Gene Therapy Drug Coverage Savings ²	0.999
Hemophilia Population Carve-In ²	1.005
Insulin Price Reduction ²	0.995
SFY 2024 Preventative and Diagnostic Dental Reimbursement Change ²	1.001
SFY 2024 Restorative Dental Reimbursement Change ²	1.000
Restate Non-APC Outpatient Hospital Adjustment ²	1.000
Update Admin	1.003
Preliminary SFY 2024 Rate Change	1.047
SFY 2024 Rate Change - Excluding Program Changes²	1.004
SFY 2024 Rate Change - Excluding COVID-19 Adjustments³	1.014

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

² Program change that increases or decreases total program costs outside of the control of the CCOs.

³ COVID-19 adjustments include the acuity adjustment: shift to FFS.

The values quoted below are all based on CY 2021 membership composites.

- The development of SFY 2024 capitation rates is a ground-up approach where the base data and each assumption is evaluated separate from the SFY 2023 capitation rates. However, for the purposes of explaining the rate change from SFY 2023 to SFY 2024, we isolate the impact of rebasing the data and assumptions that we updated relative to the data or assumptions used to develop the SFY 2023 values. Overall, this rebasing decreased the projection of SFY 2023 costs by 4.3% from costs projected in the SFY 2023 capitation rates. This change contains the following sub-components:
 - As stated above, SFY 2023 rates used CY 2019 data supplemented with CY 2018 data as the basis for capitation rate development. For SFY 2024, we rely exclusively on CY 2021 encounter data as the basis for rate development. The impact of changing our base data reduced projected costs by 6.4%.
 - Milliman restated CY 2021 to SFY 2023 trend assumptions. This included the recalculation of annual trend assumptions based on reviewing restated data, changes to the lengths of time during which utilization trends were applied from CY 2021 to SFY 2023, and the restatement of CY 2021 to SFY 2023 pharmacy unit cost trends; all topics are discussed in Section IV. Overall, this trend restatement resulted in an overall 2.1% increase to capitation rates.

- Milliman restated the impact of PDL changes effective January 1, 2022. This resulted in an additional 0.1% increase to SFY 2024 rates relative to SFY 2023 rates.
- Various other assumptions were restated, most notably the application of the preventative and diagnostic dental reimbursement increases occurring on July 1, 2021 and July 1, 2022. These restated assumptions are approximately net neutral to SFY 2024 capitation rates.
- Composite utilization trend assumptions from SFY 2023 to SFY 2024 increased projected costs 2.4%.
- Composite unit cost trend assumptions from SFY 2023 to SFY 2024 increased projected costs 2.4%. This is driven by a large unit cost increase for outpatient services as that fee schedule is unfrozen July 1, 2023. In addition, there were other service specific fee schedules that had material changes on a population specific basis (e.g., PRTF increases result in large reimbursement change for Foster Care), as outlined in Section IV.
- An adjustment to estimate changes in testing, treatment, and vaccination costs for COVID-19, flu, and RSV decrease the overall rate by 0.9%, as shown in the seasonal virus adjustment in Table 2. These population specific adjustments were developed to reflect a reduction in COVID-19 related costs in SFY 2024 relative to CY 2021 but an increase in flu and RSV costs from the dampened experience included in the CY 2021 base data.
- MississippiCAN membership, primarily in the MA Adult, MA Children, and Quasi-CHIP rate cells, has been shifted to FFS as DOM began performing eligibility redeterminations in 2021 and continuing into 2022. On average, the individuals that were moved from MississippiCAN to FFS were lower than average cost individuals, resulting in an increase in the average acuity of membership remaining in these rate cells relative to the CY 2021 base period data. A population specific acuity adjustment is applied to these rate cells resulting in an overall increase of 3.3% across all rate cells.
- The PHE unwind acuity adjustment is currently set to 1.00. The impact of this will be assessed and adjusted for, if material, once known.
- Membership assignment associated with the “SED” lock-in flag was adjusted to correct for an inconsistency in how the lock-in flag was applied to some members from July through December 2021. This primarily affects the MYPAC rate cell as members utilizing MYPAC services were assigned to other children rate cells. This adjustment is overall net neutral as members were reassigned between rate cells.
- Per SB 2212, postpartum coverage extended from 60 days to 12 months effective April 1, 2023. Previously, members in the Pregnant Women rate cell were transitioned out of the rate cell after their 60 days of postpartum coverage concluded. An adjustment to account for the estimated cost differential between the prior coverage and the additional 10 months of postpartum coverage decreased overall SFY 2024 capitation rates by 1.6% on a PMPM basis across all rate cells. However due to the additional membership introduced into the program, we estimate total program SFY 2024 costs increased by 1.0% due to the postpartum extension.
- PDL updates effective January 1, 2023 across all populations are estimated to be neutral to gross pharmacy costs prior to DOM rebate collection.
- PDL updates for the inclusion of obesity medications effective July 1, 2023 increased capitation rates by 0.4% across all rate cells. Medical cost savings associated with the obesity treatments have a partial offsetting decrease to capitation rates of 0.3%.
- Several high-cost gene therapies are currently available or will become available during SFY 2024. Anticipated medical and pharmacy costs associated with these treatments, as well as the carve-in of Zolgensma from FFS, increased rates by 3.5%. Anticipated medical savings from these therapies reduced rates by 0.1% across all rate cells. The actual utilization of these high-cost gene therapies is very low and is likely to be greater than or less than the estimates included in the SFY 2024 capitation rates. A high-cost drug risk corridor has been implemented for SFY 2024 to mitigate the uncertainty in the estimation of utilization of these therapies and other high-cost pharmaceuticals.

- In SFY 2024, eligible members with Hemophilia or Von Willebrand disease will transition from FFS into MississippiCAN. Historically this population was carved-out of MississippiCAN due to the relatively high medical costs associated with these conditions, as well as the infrequent and non-uniform distribution of members across the CCOs. The estimated costs of adding this population to MississippiCAN increased capitation rates by 0.5% across all rate cells.
- Insulin manufacturer cost adjustments, related to the removal of the average manufacturer's price (AMP) cap effective January 1, 2024, reduced capitation rates by 0.5% across all rate cells.
- Per SB2799, SFY 2024 MississippiCAN preventative and diagnostic dental services will be reimbursed at a rate 5% greater than in SFY 2023. Across all rate cells, this amounts to a 0.1% increase to capitation rates.
- Per HB657, SFY 2024 MississippiCAN restorative dental services will be reimbursed at a rate 5% greater than in SFY 2023. Across all rate cells, this amounts to a slight increase to capitation rates.
- Per SB2799, rural hospitals with 50 or fewer licensed beds may opt-out of APC methodology for the reimbursement of outpatient hospital services. These facilities are instead reimbursed at 101% of the rate established by Medicare. Across all rate cells, this reimbursement adjustment is estimated to be net neutral to capitation rates.
- Changes to administrative expenses on a PMPM basis result in an increase to the rate of approximately 0.3%, based upon CCO reported administrative expenses for CY 2021 trended to SFY 2024. A positive rate change in Table 2 indicates that the administrative costs increased as a percentage of the overall rate (i.e., administrative costs trended at a higher percentage than the overall rate). The overall PMPM for administrative expenses increased 2.7% from the SFY 2023 allowance, comprised of a fixed administrative expense increase from \$10.56 PMPM in the SFY 2023 rate to \$11.17 PMPM in the SFY 2024 rate, and a variable administrative expense decrease from 5.13% in the SFY 2023 rate to 5.09% in the SFY 2024 rate.

The total MHAP payment across all MississippiCAN members decreased from \$601.2 million in SFY 2023, including the \$40.2 million outpatient ACR adjustment, to \$562.3 million in SFY 2024. Please see Section IV of this report for more information on changes to the MHAP structure for SFY 2024.

CAPITATION RATE CHANGE BY RATE CELL

Rate changes vary by capitation rate cell as shown in Table 3, which compares SFY 2024 capitation rates to SFY 2023 capitation rates, on a similar basis as Table 2. The level of detail for the rate change included in Table 2 above is shown by rate cell in Exhibit 5.

Table 3 Mississippi Division of Medicaid MississippiCAN Capitation Rates Summary of Statewide SFY 2024 Rate Change ¹			
Rate Cell	Overall Rate Change	Excluding Program Changes ²	Excluding COVID-19 Adjustments ³
Non-Newborn SSI / Disabled	9.8%	0.4%	9.8%
Breast and Cervical Cancer	-10.4%	-12.2%	-10.4%
MA Adult	5.4%	2.5%	-3.5%
Pregnant Women	-34.3%	-6.5%	-34.3%
SSI / Disabled Newborn	-5.7%	-10.5%	-5.7%
Non-SSI Newborns 0 to 2 Months	11.4%	3.4%	11.4%
Non-SSI Newborns 3 to 12 Months	5.8%	1.1%	5.8%
Foster Care	7.2%	0.6%	7.2%
MYPAC	-8.4%	-9.9%	-8.4%
MA Children	5.1%	0.8%	-1.5%
Quasi-CHIP	8.8%	5.8%	1.5%
Total - Aggregated with CY 2021 MMs	4.7%	0.4%	1.4%

¹ Rate changes exclude MHAP, MAPS, TREAT, and are prior to the application of the quality withhold.

² PDL and dental reimbursement changes have been excluded from this calculation.

³ COVID-19 adjustments include the acuity adjustment: shift to FFS.

DATA RELIANCE AND IMPORTANT CAVEATS

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate SFY 2024 capitation rates. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We used CCO encounter data and CCO financial reporting from January 2021 to August 2022 with runout through August 2022, historical and projected reimbursement information, TPL recoveries, fee schedules, pharmacy and dispensing fee pricing, and other information from DOM, MississippiCAN CCOs, Myers and Stauffer, Change Healthcare, and CMS to calculate the preliminary MississippiCAN capitation rates shown in this report. If the underlying data used is inadequate or incomplete, the results will be likewise inadequate or incomplete. Please see Appendix E for a full list of the data relied upon to develop the SFY 2024 capitation rates.

Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Our report is intended for the internal use of DOM to review preliminary MississippiCAN capitation rates for SFY 2024. The report and the models used to develop the values in this report may not be appropriate for other purposes. We anticipate the report will be shared with contracted CCOs, CMS and other interested parties. Milliman does not intend to service, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety. These capitation rates may not be appropriate for all CCOs. Any CCO considering participating in MississippiCAN should consider their unique circumstances before deciding to contract under these rates.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The authors of this report are actuaries employed by Milliman, members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. To the best of their knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

II. MISSISSIPPICAN BACKGROUND

MississippiCAN, a Coordinated Care Program for Mississippi Medicaid beneficiaries, was designed to address the following goals:

- Improve access to needed medical services – This goal is accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers, and improving beneficiaries’ use of primary and preventive care services.
- Improve quality of care – This goal is accomplished by providing systems and supportive services, including disease state management and other programs that will allow beneficiaries to take increased responsibility for their health care.
- Improve efficiencies and cost effectiveness – This goal is accomplished by contracting with CCOs on a capitated basis to provide services through an efficient, cost-effective system of care.

TARGET POPULATION

MississippiCAN was implemented in all 82 counties in the State of Mississippi for all eligible beneficiaries beginning January 1, 2011 for targeted, high cost Medicaid beneficiaries defined by these categories of eligibility (COEs):

- COE001 – SSI via SDX
- COE019 – Disabled children at home
- COE025 – Working Disabled
- COE026 – DHS CWS Foster Care
- COE027 – Breast-Cervical

On December 1, 2012 the eligible population of MississippiCAN was expanded to include all Foster Care children, Non-SSI Newborns 0 to 12 months, MA Adults, and Pregnant Women, as defined by the following categories of eligibility and age requirements:

- COE003 – DHS-IV-E-Medicaid
- COE075 – Parents / Caretakers of minor children
- COE088 – Pregnant Women, 185% FPL – Ages 8+
- Non-SSI Newborns – Ages 0 to 12 months
 - COE003 – DHS IV-E Medicaid
 - COE026 – DHS Foster Care
 - COE071 – Newborn age 0 to 1 with income at or below 185% FPL
 - COE088 – Pregnant Women, 185% FPL

Effective December 1, 2012, all MississippiCAN populations were mandatory enrolled except SSI children, disabled children at home, Foster Care children, and members of the Mississippi Band of Choctaw Indians.

Between December 2014 and July 2015, the eligible population of MississippiCAN was expanded again to include children as defined by the following categories of eligibility, age, and income requirements:

- COE072 – Children age 1 to 5 with income at or below 133% FPL
- COE073 – Children age 6 to 19 with income at or below 100% FPL
- COE074 – Children age 6 to 19 with income between 100% and 133% FPL who would have qualified for CHIP under pre-Affordable Care Act rules

Effective January 1, 2014, COE074 children previously eligible for CHIP with income eligibility between 100% and 133% FPL became Medicaid eligible rather than CHIP eligible due to income eligibility outlined in the Affordable Care Act. These children were moved into MississippiCAN effective December 1, 2014 and referred to as “Quasi-CHIP” children.

The children covered under the above COEs previously covered in the Medicaid program are called “MA Children.” DOM phased in enrollment from FFS into MississippiCAN by July 2015, with most children transitioned between May 2015 and July 2015.

Effective December 1, 2015, in conjunction with the movement of inpatient services into MississippiCAN, enrollment procedures were changed to enroll newborns in MississippiCAN on the day of their birth. Previously, newborns were not enrolled until, on average, their second month of life due to a delay in assigning a Medicaid identification number and the process to enroll them in a CCO.

Starting October 1, 2018, Severely Emotionally Disturbed (SED) Children were covered by MississippiCAN. These children are identified with the lock-in code of “SED,” which is effective for one year after determination. To receive Mississippi Youth Program Around the Clock (MYPAC) services, a child must have a SED lock-in code. This population was referred to as “SED Children” prior to SFY 2021. Starting in SFY 2021, this population is referred to as the “MYPAC” rate cell.

Throughout this report, we frequently apply the same adjustments to rate cells with similar demographics. The rate cell groups summarized in Table 4 identify the rate cells contained within each grouping referenced throughout this report.

Table 4 Mississippi Division of Medicaid Rate Cell Groupings	
Rate Cells	Rate Cell Grouping
Non-Newborn SSI / Disabled	SSI
Breast and Cervical Cancer	SSI
MA Adult	Adults
Deliveries - MA Adult	Deliveries
Pregnant Women	Adults
Deliveries - Pregnant Women	Deliveries
SSI / Disabled Newborn	Children
Non-SSI Newborns 0 to 2 Months	Children
Non-SSI Newborns 3 to 12 Months	Children
Foster Care	Children
MYPAC	Children
MA Children	Children
Quasi-CHIP	Children

COVERED SERVICES

When MississippiCAN was first established in January 2011, three key services were initially excluded from the program. Over time, each has been moved from being covered by FFS to MississippiCAN as follows:

- Behavioral health services – Rolled into MississippiCAN effective December 1, 2012
- Non-emergent transportation services – Rolled into MississippiCAN effective July 1, 2014
- Inpatient services – Rolled into MississippiCAN effective December 1, 2015

Effective October 1, 2018, MississippiCAN included costs for psychiatric residential treatment facility (PRTF) stays. Historically, these costs were carved out of MississippiCAN, although members were not dis-enrolled from MississippiCAN.

Starting July 1, 2019, services provided at institutions for mental disease (IMD) are covered as part of the MississippiCAN program.

Effective July 1, 2023, members diagnosed with Hemophilia or Von Willebrand disease will be included in the MississippiCAN program. These members were previously carved out to the FFS program.

Effective July 1, 2023, Zolgensma will be included as a covered treatment for members with spinal muscular atrophy. Previously this drug was carved out and CCOs were reimbursed for any incurred costs.

CCOs historically have not provided services not covered under MississippiCAN “in lieu of” covered services.

ENROLLMENT PERIOD

All beneficiaries have the ability to choose the CCO in which to enroll. Enrolled beneficiaries will have an open enrollment period during the 90 days following their initial enrollment in a CCO, during which they can enroll in a different CCO “without cause” and an open enrollment period from October to December of each year. During this time period, beneficiaries may choose to change their CCO.

Various “for cause” reasons for disenrollment at other times incorporate federal requirements, such as: providers that do not (for religious or moral reasons) offer needed services; not all related services are available in the plan’s network; or the plan lacks providers experienced in dealing with the enrollee’s health care needs.

Eligibility criteria for MississippiCAN are the same as the eligibility criteria for Mississippi Medicaid. To receive enhanced federal funding during the COVID-19 PHE, DOM paused disenrollment of members from the Mississippi Medicaid program who normally would no longer be eligible for Medicaid services. Where readily identifiable (e.g., individuals aging out of the program eligibility requirements or pregnant women reaching 60 days postpartum), individuals who would have lost normal Medicaid eligibility in the MississippiCAN program were transitioned to FFS for the remainder of the CCR. Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the CCR from coordinated care organizations (CCOs) into FFS Medicaid. Following the end of the CCR, these members Medicaid eligibility will be redetermined; members may be re-enrolled in managed care or may be disenrolled from Medicaid entirely. These redeterminations will begin in SFY 2023 and continue through SFY 2024.

The CCOs do not have the ability to directly market to targeted beneficiaries. DOM provides information about choice of CCOs and enrolls the beneficiaries into their chosen CCO. The Medicaid Fiscal Agent provides some specific services of an enrollment broker to accomplish these tasks.

III. BASE DATA DEVELOPMENT

This section of the report describes the development of the base data used for the preliminary SFY 2024 MississippiCAN capitation rates.

METHODOLOGY OVERVIEW

The base data for the SFY 2024 capitation rates was developed by summarizing eligibility, encounter claims, and financial claim data for CY 2021 MississippiCAN enrollees. Exhibit 10 contains databooks summarizing encounter data for CY 2021 for all rate cells. Please note, the total and PMPM costs shown in the 2021 databook include missing data. The total and PMPM costs in the 2021 data books tie to the starting totals on Exhibit 1 if excluding data is removed from the databook.

The remainder of this section is a high-level description of the processing for eligibility, encounter claim data, and financial claim data for CY 2021 MississippiCAN enrollees. In addition, any adjustments made to the raw data are discussed in this section and shown in Exhibit 1. Please refer to Appendices A and B of this report for additional information on the validation and processing of these data sources.

Membership

Member months by rate cell and region in CY 2021 were summarized from the detailed Medicaid eligibility data, excluding populations not covered by MississippiCAN and individuals that opted out of the program (where applicable). These enrollment counts were validated against enrollment information provided by the CCOs. In total, the enrollment in the eligibility files is 0.1% lower than reported by the CCOs.

Row (a) of Exhibit 1 includes the CY 2021 member months included in base data development. Note, the delivery component of the MA Adult and Pregnant Women rate cells use member months for the members in the underlying rate cell rather than delivery counts. The count of deliveries is included for informational purposes as a footnote in Exhibit 1.

Claim Data

DOM and Milliman go through extensive data validation processes to review CCO submitted encounter data. DOM regularly monitors encounter claims compared to cash disbursement journals (CDJs) to ensure the timeliness and completeness of submitted encounters and works with Myers and Stauffer to identify the correct original or final claim to keep in each claim string. Milliman relied on this claim status identification process to remove duplicates and identify denied claims that are anticipated to be resubmitted and accepted, as described in Appendix B.

As part of rate development, Milliman requests financial reporting data from each CCO. This financial reporting data was reconciled to each CCO's 2021 audited NAIC financial statement. After several rounds of questions to clarify, adjust, and confirm understanding of the reported financial information, Milliman compared the encounter data to the financial reporting data, for paid claims and subcapitated claims. This comparison excludes estimates for incurred but not reported (IBNR) claims and adjusts for any claims that were identified as missing from the processed encounter data. To align the financial templates and encounter data on a comparable basis, we performed this reconciliation exercise using CY 2021 data with run-out through April 2022.

In our analysis the following items are noted:

- Overall, the paid amounts in the encounters reconcile reasonably well to the paid amounts shown in the CCO financial reporting for the MississippiCAN populations. As Table 5 shows, encounter data was 0.54% lower than financial data.
- At a category of service and rate cell level, there was a greater variance between encounter data and financial reporting, particularly for non-pharmacy categories of service.

Table 5	
Mississippi Division of Medicaid	
SFY 2024 MississippiCAN Capitation Rate Development	
Comparison of Financial and Encounter Data	
Percent by which Financial Data exceeds Encounter spend	
IP / OP / Phys / Dental / Other Services	0.68%
Pharmacy Services	0.07%
All Services	0.54%

Given how closely the encounter data reconciles to the financial data submitted by the CCOs, we are not making a financial to encounter adjustment for CY 2021. As an additional source of verification for the encounter data we reviewed the cash disbursement journal (CDJ) summaries provided by DOM and were able to validate that the encounter data ties very closely (within 0.5%) to the amounts reported by the CCOs in the CDJ summary reports for similar time periods. Since the CDJ summary reports are on a paid basis (rather than an incurred basis) they do not line up exactly with the time periods we use for rate setting, and therefore we reviewed reports from Q4 2020 through Q1 2022.

Encounter data for all three CCOs is combined to summarize CY 2021 claim experience for MississippiCAN enrollees. Row (b) of Exhibit 1 includes the CY 2021 total service costs from the encounter data. Row (c) converts the total service costs to a PMPM basis.

All experience used to develop the base period data for the SFY 2024 capitation rates is on a net basis, excluding any member cost sharing, which is collected by one CCO for pharmacy services beginning January 1, 2020.

The financial reporting expenditures for all CCOs were combined to perform the encounter validation outlined above, as well as to develop the following adjustments to apply to the encounter data:

- Repricing of frozen pharmacy claims starting July 1, 2021
- Removal of costs that would be paid or recouped through a third-party
- Removal of pharmacy rebates collected by the CCOs
- Addition of claims paid by the CCOs that are not yet reflected in the encounter system

Pharmacy Rate Freeze Repricing

SB2799 stipulated that all changes in reimbursement for any service after July 1, 2021 required legislative notification. Consequently, DOM froze the unit cost for pharmacy products at the July 1, 2021 level. After receiving notice that CMS did not approve the state plan amendment (SPA) freezing pharmacy reimbursement, DOM unfroze unit costs for pharmacy claims beginning July 1, 2021. CCOs that had implemented the rate freeze were required to reprocess pharmacy claims at the unfrozen unit cost. We adjusted the CY 2021 encounter data to reflect reprocessing of these claims which occurred after the runout period for our base data. The pharmacy claims reprocessing increased CY 2021 MississippiCAN service costs by approximately 0.1%.

The adjustment to reprice affected pharmacy claims after July 1, 2021 is shown in Exhibit 1 in row (d).

Non-Covered Services

We excluded the value of expanded services exceeding CY 2021 service limits from the base data. These services, which totaled approximately 0.5% of CY 2021 MississippiCAN service costs, were removed from CY 2021 base data at the rate cell level of detail. Service limits do not apply up to age 21, thus, base period costs were not adjusted for these members.

Milliman summarized the costs of services exceeding limits in the encounter data using the definitions provided by DOM, as detailed in Appendix B.

The adjustment to remove non-covered services in CY 2021 is shown in Exhibit 1 in row (e).

[Third-Party Liability \(TPL\) Recoveries](#)

The CCOs provided Milliman with a summary of recoveries for TPL payments related to claims incurred in CY 2021 and recovered through April 2022. Using CY 2018 and CY 2019 data, Milliman calculated the portion of total CY 2018 and CY 2019 recoveries recovered after the end of each year. We used this information to estimate the final claim recoveries for services incurred in CY 2021, but not yet reflected in the CY 2021 base data. DOM assumes these outstanding TPL recoveries will reduce ultimate CY 2021 paid totals.

We removed the total TPL amounts as a percentage of total paid claims across all rate cells and categories of service from the CY 2021 base data. Across all rate cells, these TPL recoveries amounted to a 0.1% reduction to CY 2021 base data. We do not have information to apply this estimate at either a rate cell or category of service level and therefore apply a uniform adjustment for the estimate of TPL recoveries.

This adjustment is shown in Exhibit 1 in row (f).

[IMD \(Institution for Mental Disease\) Stays Beyond 15 Days](#)

Per CMS regulations, services rendered at an IMD beyond 15 days in a given month for individuals aged 21 to 64 cannot be covered by Medicaid. CMS requires all claims (not just IMD claims) incurred by members and the enrollment records for those same months be removed from base data for the month with the IMD stay exceeding 15 days. The enrollment shown in row (a) of Exhibit 1 is after the removal of these 56 member months. An additional adjustment was made to remove all claims for these members in the impacted months, which totaled approximately \$715,000, from the CY 2021 encounter data.

This adjustment is shown in Exhibit 1 in row (g).

[IMD Unit Cost Adjustment](#)

Some IMD stays for 15 days or fewer for individuals aged 21 to 64 will be covered under MississippiCAN. We adjusted the unit cost for similar claims in the CY 2021 experience to use DOM's fee schedule for these services. These unit cost adjustments resulted in a cost increase of approximately \$10,000 in total.

This adjustment is shown in Exhibit 1 in row (h).

[SSI Children Formerly Moved to FFS Due to PRTF Stay](#)

Beginning in October 2018, DOM moved certain SSI children from COE 001 to COE 005, which is not a MississippiCAN covered population, due to a psychiatric residential treatment facility (PRTF) stay. In SFY 2024, these members will remain in COE 001 during their PRTF stay, and MississippiCAN CCOs will be responsible for expenses incurred during these stays.

DOM provided membership extracts for managed care members assigned to COE 005 during CY 2021 as a result of a PRTF stay. We queried our detailed claims and enrollment data and found 84 members totaling 405 member months that were moved to COE 005. The enrollment shown in row (a) of Exhibit 1 reflects the inclusion of these member months. An additional adjustment was made to add claims for these members in the impacted months to the Non-Newborn SSI / Disabled rate cell, which totaled approximately \$5,300,000, from the CY 2021 FFS data.

This adjustment is shown in Exhibit 1 in row (i).

[MYPAC Member Identification Adjustment](#)

Beginning in July 2021, the assignment of the "SED" lock-in flag was applied inconsistently for some members. The lock-in flag is the primary means of identifying members in the MYPAC rate cell, and as such, using our current rate cell methodology, as outlined in Appendix A, some members were not assigned to the MYPAC rate cell and instead assigned to other children rate cells. The CCOs provided membership extracts for members utilizing MYPAC services and we queried our enrollment records to reassign affected members. We reassigned membership and corresponding claims amounts for 141 member months totaling approximately \$340,000 from other children rate cells to the MYPAC rate cell.

The member months shown in row (a) of Exhibit 1 reflects the reassignment of these member months.

The adjustment to reassign the costs between rate cells is shown in Exhibit 1 in row (j).

[Drug Services Rebate Adjustment](#)

An adjustment was made to pharmacy claims to reflect the average rebate collected by the CCOs in CY 2021 and not reflected in the encounter data. Rebate costs were summarized by rate cell from the financial reporting. These rebates were then converted to a percentage of base period pharmacy costs and applied as a reduction to base period encounter pharmacy claims data at the regional level.

This adjustment is shown in Exhibit 1 in row (k).

[Missing Data Adjustment](#)

A separate adjustment was made to account for payments made by the CCOs that are not yet submitted to the encounter system or cannot be reasonably applied to a specific claim (e.g., provider bonuses or settlements). These claim amounts are not included in the detailed encounter data after the processing outlined in Appendix B.

Each CCO provided separate financial reporting to support and validate the amounts reported for claims not appearing in encounters. The detailed financial reporting provided by the CCOs included splits by region and rate cell, which were used to allocate missing data on Exhibit 1.

Overall, the base data is increased 1.0% on a PMPM basis for missing data.

The aggregate adjustment for all missing data described above is shown in Exhibit 1 in row (l).

[IBNR Adjustment](#)

The adjustment for IBNR claims as of April 30, 2022 uses the best estimate IBNR claims provided by each of the CCOs in their financial reporting. We performed the following high-level reasonability checks to validate these estimates:

- Data, including IBNR estimates, was reported on a quarterly basis by each CCO. We reviewed the reported IBNR by quarter to determine that there was a reasonable pattern throughout the year (i.e., IBNR amounts held for Q1 2021 were significantly lower than Q4 2021).
- IBNR estimates among the CCOs were reviewed to validate that they were approximately the same as a percentage of total claims, where appropriate.
- IBNR estimates by category of service are approximately the same as a percentage of total claims as IBNR adjustments applied to the MississippiCAN data in prior years after accounting for differences in runout period between years.

Overall, the base data increased by 1.2% on a PMPM basis for IBNR claims.

This adjustment is shown in Exhibit 1 in row (m).

[Adjusted CY 2021 PMPM Costs](#)

Total 2021 base period PMPM costs by rate cell are shown in the final row of Exhibit 1.

IV. PROJECTED SFY 2024 CAPITATION RATES

Many adjustments must be applied to the base period data to develop SFY 2024 capitation rates. This section describes the adjustments applied to the base period data described in Section III to develop SFY 2024 capitation rates. These adjustments are applied in nine steps:

1. Trend costs from base period to SFY 2024.
2. Apply adjustments for population, program, and reimbursement methodology changes.
3. Combine non-delivery costs and delivery costs for applicable rate cells.
4. Include an allowance for CCO non-service expenses.
5. Adjust rates to reflect differences in geographic area by rate cell.
6. Apply quality withhold.
7. Adjust for CCO specific risk scores (if applicable).
8. Retrospectively adjust for directed payments.
9. Calculate risk corridor settlements.

Step 1: Trend Costs from Base Period to SFY 2024

Starting with the blended base data developed in Section III, we apply trend adjustments to project the base period to SFY 2024. Below, we describe each trend adjustment shown on Exhibit 2A. The adjustments for non-pharmacy and pharmacy services are developed using differing methodologies and therefore described separately in this section.

Non-Pharmacy Trend Overview

Our general approach to trend development for non-pharmacy categories of service is to consider known recent changes in provider reimbursement, along with historical PMPM trend values. We then develop utilization / service mix trends that produce targeted PMPM trends. We utilize this approach because it is frequently difficult to directly measure changes in utilization for services other than inpatient hospital and pharmacy over time due to differences in counting utilization “units.”

Exhibits 7A to 7E include a historical trend summary of PMPM costs from January 2017 through December 2021 for each high-level population type and in total for the MississippiCAN program. This data has been normalized for the following to put it on a consistent basis across time:

- IBNR from the financial templates was added to the encounter data to review PMPM trends on a completed basis.
- Estimates of the impact of the following material program or reimbursement changes were removed for the applicable time periods. These changes are accounted for in separate adjustments in this report, and therefore, should not be included in data analyzed for trends.
 - Removal of Zolgensma claims
 - 5% assessment removal for OPPS services
 - Implementation of 5% assessment on non-OPPS services
 - OPPS reimbursement changes not related to the 5% assessment
 - PAD reimbursement changes
 - PDL changes
 - AAC pharmacy reimbursement changes
 - PRTF services
 - OP dental reimbursement change
 - GME carve out
 - NET reimbursement adjustment
 - Provider settlements
 - Financial to encounter adjustments
 - Emergency ambulance reimbursement increases
 - Pharmacy rate freezes

- PMPMs at a rate cell level were aggregated using December 2021 membership into higher level population groupings and MississippiCAN in total. This removes the impact of membership mix changes across rate cells over time on the aggregate PMPMs.
- No adjustments were made to account for population acuity changes over time.

As shown in Table 6, the annualized PMPM trends on a normalized basis for the MississippiCAN program averaged 3.9% from CY 2017 to CY 2019 prior to the beginning of the COVID-19 pandemic. Exhibits 7A through 7E show additional detail for the MississippiCAN program as a whole and each individual population grouping.

Table 6		
Mississippi Division of Medicaid		
MississippiCAN Capitation Rates		
MississippiCAN Annualized PMPM Trends		
January 2017 to December 2019		
Category of Service	CY 2017 to CY 2018	CY 2018 to CY 2019
Inpatient Hospital	4.2%	5.6%
Outpatient Hospital	1.9%	3.3%
Physician	3.8%	7.1%
Dental	-7.1%	-1.2%
Other	3.3%	7.0%
Non-Pharmacy Total	2.6%	5.2%

Tables 7 and 8 below show the utilization and unit cost trends assumed in SFY 2024 capitation rates. For the MYPAC rate cell, utilization and unit cost trends for physician services are dampened relative to the trends shown for other children rate cells to reflect the high proportion of physician services obtained through the MYPAC providers, for which flat utilization and unit cost trends were assumed.

Table 7					
Mississippi Division of Medicaid					
MississippiCAN Capitation Rates					
CY 2021 to SFY 2024 Unit Cost Trends (Annualized)					
Rate Cell	Category of Service				
	Inpatient Hospital	Outpatient Hospital	Physician	Dental	Other
Non-Newborn SSI / Disabled	-1.8%	1.5%	2.3%	0.0%	2.5%
Breast and Cervical Cancer	-1.8%	1.5%	2.1%	0.0%	2.1%
MA Adult	1.5%	2.1%	2.8%	0.0%	2.2%
Deliveries - MA Adult	1.5%	2.1%	2.8%	0.0%	2.2%
Pregnant Women	1.5%	2.1%	2.8%	0.0%	2.2%
Deliveries - Pregnant Women	1.5%	2.1%	2.8%	0.0%	2.2%
SSI / Disabled Newborn	3.3%	2.7%	1.0%	0.0%	3.1%
Non-SSI Newborns 0 to 2 Months	3.3%	2.6%	0.8%	0.0%	1.9%
Non-SSI Newborns 3 to 12 Months	-1.0%	2.5%	2.9%	0.0%	1.8%
Foster Care	4.3%	2.5%	3.0%	0.0%	2.5%
MYPAC	0.7%	2.5%	0.2%	0.0%	1.2%
MA Children	0.8%	2.5%	2.9%	0.0%	1.4%
Quasi-CHIP	0.7%	2.5%	2.9%	0.0%	1.2%

Table 8
Mississippi Division of Medicaid
MississippiCAN Capitation Rates
CY 2021 to SFY 2024 Utilization Trends (Annualized)

Rate Cell	Category of Service				
	Inpatient Hospital	Outpatient Hospital	Physician	Dental	Other
Non-Newborn SSI / Disabled	3.0%	4.0%	5.0%	0.0%	5.0%
Breast and Cervical Cancer	3.0%	4.0%	5.0%	0.0%	5.0%
MA Adult	3.0%	3.0%	3.0%	0.0%	3.0%
Deliveries - MA Adult	3.0%	3.0%	3.0%	0.0%	3.0%
Pregnant Women	5.0%	5.0%	6.0%	0.0%	6.0%
Deliveries - Pregnant Women	3.0%	3.0%	3.0%	0.0%	3.0%
SSI / Disabled Newborn	0.0%	3.0%	4.0%	0.0%	4.0%
Non-SSI Newborns 0 to 2 Months	0.0%	3.0%	4.0%	0.0%	4.0%
Non-SSI Newborns 3 to 12 Months	0.0%	3.0%	4.0%	0.0%	4.0%
Foster Care	3.0%	3.0%	4.0%	0.0%	4.0%
MYPAC	3.0%	3.0%	0.2%	0.0%	4.0%
MA Children	3.0%	3.0%	4.0%	0.0%	4.0%
Quasi-CHIP	3.0%	3.0%	4.0%	0.0%	4.0%

The development of the trend assumptions in Tables 7 and 8 is described below.

Utilization Trend for Non-Pharmacy Costs

Utilization trend reflects expected changes in:

- Demand for medical services
- Intensity or mix of medical services
- Provider practice patterns
- Provider coding changes

The following data sources were used to develop the utilization trend assumptions:

- Historical pre-pandemic MississippiCAN specific trends as shown above in Table 6 and in Exhibits 7A through 7E.
- Emerging Q1 and Q2 2022 experience as reported by the CCOs to understand recent claim trend pattern by population. We adjusted the emerging experience for the following:
 - Acuity changes between Q1 and Q2 2022 and the final acuity observed in June 2022 (and ultimately projected for SFY 2024) for the MA Adult, MA Children, and Quasi-CHIP rate cells.
 - Reimbursement changes effective July 1, 2022 and projected reimbursement changes effective July 1, 2023 were applied to put reimbursement on a SFY 2024 basis.
- Experience from similar programs in other states.

Table 9 below shows the adjusted Q1 and Q2 2022 PMPM for the largest population groups, as reported by the CCOs in their emerging 2022 financial template data. As described above, this data was adjusted to reflect the expected acuity of the population currently enrolled (as of June 2022) and adjusted to be on a SFY 2024 reimbursement basis. To help assess the reasonability of the trend assumptions selected above we compared the adjusted Q1 and Q2 2022 PMPM costs for the largest populations to the projected service costs in SFY 2024. The results are summarized below in Table 9.

Table 9
Mississippi Division of Medicaid
CY 2022 Emerging Experience

Rate Cell	Q1 2022 PMPM ¹	Q2 2022 PMPM ¹	SFY 2024 PMPM ²	Implied Trend From Q1 2022	Implied Trend From Q2 2022
Non-Newborn SSI / Disabled	\$1,009.89	\$1,042.16	\$1,099.69	4.6%	3.4%
MA Adult	\$460.89	\$485.91	\$504.72	5.0%	2.4%
MA Children / Quasi-CHIP	\$191.44	\$184.69	\$200.86	2.6%	5.3%

¹ Adjusted for acuity, reimbursement, and program changes.

² Adjusted to remove high-cost gene therapy cost.

The adjustment resulting from these utilization trends is shown in Exhibit 2A in row (b).

Unit Charge Trends for Non-Pharmacy Costs

The hospital inpatient, hospital outpatient, physician, and dental Medicaid FFS fee schedules are updated each year consistent with the following sources. DOM does not mandate provider reimbursement levels other than to require that reimbursement be at least as great as FFS for network providers. We assume that CCO reimbursement levels will move in tandem with changes to FFS reimbursement. Pursuant to SB2799 that was passed into Mississippi law on April 19, 2021, changes in reimbursement after July 1, 2021 will require legislative notification. HB657 was subsequently signed into law on April 19, 2022, allowing for changes in reimbursement rates as long as the payment methodology remains consistent. Based on direction from DOM we are modeling fee schedule changes for each service category as noted below. Coverage for new codes and prohibition for billing on discontinued codes is allowed. We assumed the net impact of these latter two issues will be budget neutral but will reevaluate once data is available and adjust capitation rates if needed. Unless otherwise noted, the fee schedule changes for prior years remained unchanged.

- **Inpatient:** DOM reimburses hospital inpatient claims using an APR-DRG methodology based upon the 3M grouper, which will be updated on July 1, 2023. Conduent simulated reimbursement using the SFY 2024 reimbursement rates and CY 2021 inpatient experience data for the MississippiCAN program. As in prior years, we rely on these simulations to estimate unit charge trends for inpatient services.

The impacts of the July 1, 2023 reimbursement changes for inpatient services varied materially by rate cell. Table 10 shows the assumed annualized inpatient charge trends from CY 2021 to SFY 2024 by rate cell grouping. While we typically use similar assumptions for the newborn and other children's populations, we use separate inpatient unit cost trends for this release due to the large material differences shown in Conduent's simulations. This is driven by larger changes in the policy adjustors for normal newborn and neonatal services between the base period year (CY 2021) and SFY 2024.

Table 10
Mississippi Division of Medicaid
Inpatient Unit Cost Trends for CY 2021 to SFY 2024

Population	Inpatient
SSI	-1.83%
Adult	1.54%
Newborn ¹	3.34%
Children ²	-1.04%

¹ Newborn include SSI / Disabled Newborns and Non-SSI Newborns 0 to 2 Months.

² Children include all other children rate cells.

PRTFs are not paid using the APR-DRG methodology and instead rely on a separate fee schedule with per diem payment rates for each facility. To calculate the impact of payment rate changes between the base period and SFY 2024 we applied the increased payment rates for each facility to the applicable time periods. Please see Exhibit 14 for more information about the percentage of base period data impacted and the annualized trend applied as a result of these fee schedule updates.

- Outpatient:** DOM reimburses hospital outpatient claims using the Medicare APC methodology updated on July 1 of each year. For these services, consistent with SB2799, DOM implemented no changes to reimbursement rates on July 1, 2021 or July 1, 2022. However, fees are being updated for July 1, 2023. Conduent performed a simulation of the OPSS payment changes effective July 1, 2023, which we relied on for the impact to capitation rates for the SFY 2024 time period. Not all services included in our outpatient service category are billed using the OPSS payment methodology and therefore we dampened the impact of the OPSS reimbursement changes to apply to applicable services only.

Fee schedule changes for home health and some ambulatory surgical center (ASC) services are also included in the outpatient service category. Table 11 shows the assumed annualized outpatient charge trends from CY 2021 to SFY 2024 by rate cell grouping. Similar to the process described above for PRTF, fee schedule changes for these services are reflected as a charge trend calculated by comparing the fee schedules in place during the base period and projection periods, weighted by the applicable procedure codes. Please see Exhibit 14 for more information about the percentage of base period data impacted and the annualized trend applied as a result of these fee schedule updates.

Table 11 Mississippi Division of Medicaid Outpatient Unit Cost Trends for CY 2021 to SFY 2024	
Population	Outpatient
SSI	1.38%
Adult	2.04%
Newborn ¹	2.54%
Children ²	2.54%

¹Newborn include SSI / Disabled Newborns and Non-SSI Newborns 0 to 2 Months.

²Children include all other children rate cells.

- Physician:** DOM generally reimburses physician services as a percentage of Mississippi Medicare fee schedules and updates the FFS fee schedules on July 1 of each year for the Medicare fee schedule changes from January 1 of the given year. For these services, consistent with SB2799, DOM implemented no change to reimbursement rates on July 1, 2021, but unfroze these fee schedules effective July 1, 2022.

Conduent performed a simulation of the impact of changes in the payment methodologies effective July 1, 2022 and July 1, 2023. Based on this analysis comparing projected SFY 2024 costs to CY 2021 costs, we included unit cost trends ranging from approximately 0.8% to 2.8% by rate cell to physician services for the applicable services included in Conduent's simulation. The majority of these increases are associated with evaluation and management codes, which received a large increase in the 2021 Medicare fee schedule. It is our understanding that Conduent's simulations included laboratory, physician (medical and surgical), radiology, and vaccine services, and excluded any services not listed above and those that were not anticipated to have a fee change between CY 2021 and SFY 2024.

The per-encounter FQHC and RHC reimbursement is included in the MississippiCAN capitation rates to provide a steadier cash flow to the RHCs and FQHCs that serve the MississippiCAN population. The CCOs are expected to reimburse FQHCs and RHCs at DOM's per-encounter rates. DOM will monitor the utilization of services at FQHCs and RHCs under MississippiCAN to ensure services are not diverted from FQHCs and RHCs to other providers. Approximately 12% of costs in the high-level physician category of service are for FQHCs and RHCs. A 2.1% and 3.8% rate increase was implemented on FQHC and RHC per-encounter rates effective January 1, 2022 and January 1, 2023, respectively. We assumed the per-encounter rates effective January 1, 2024 will be 2.9%, based on the average increase from the prior two years.

We assumed that reimbursement for all other services remains flat from CY 2021 to SFY 2024.

Table 12 below shows the combined physician unit cost trends incorporating the Conduent simulated changes, flat unit cost trends for services with no anticipated changes, and the appropriate trends for FQHC and RHC services.

Table 12
Mississippi Division of Medicaid
Physician Unit Cost Trends for CY 2021 to SFY 2024

Population	Physician
SSI	2.05%
Adult	2.83%
Newborn ¹	0.78%
Children ²	2.90%

¹Newborn include SSI / Disabled Newborns and Non-SSI Newborns 0 to 2 Months.

²Children include all other children rate cells.

In addition to the physician unit costs trends included in Table 12, fee schedule changes for autism spectrum disorder (ASD), prescribed pediatric extended care (PPEC), and some ASC services are also included in the physician service category. These charge trends were calculated by comparing the CY 2021 payment rates with those currently expected to be in place during SFY 2024, composited based on the mix of services during CY 2021. See Exhibit 14 for additional details regarding the base period costs and applied trend.

- **Dental:** Dental reimbursement changes due to SB2799 and HB657 are incorporated as a separate adjustment to rates. We assume no additional changes to the dental fee schedule between the base period and SFY 2024.
- **Other:** Some fee schedules remain frozen, and thus no changes were implemented to the fee schedules between CY 2021 and SFY 2024 except for the services noted below:
 - Durable Medical Equipment (DME) / Medical Supplies
 - Ambulance
 - Private Duty Nursing (PDN)

Conduent performed a simulation of the impact of changes in the fee schedules effective July 1, 2022 and July 1, 2023. Based on this analysis comparing projected SFY 2024 costs to CY 2021 costs, we included unit cost trends ranging from approximately 1.2% to 2.3% by rate cell to other services for the applicable services included in Conduent's simulation. Conduent's simulation included DME, medical supplies, and ambulance services, and excluded any services that were not anticipated to have a fee change between CY 2021 and SFY 2024.

To calculate the impact of the PDN fee schedule change we calculated the average change for each service type based on the Medicaid FFS payment rates and applied that to the total CCO payments, assuming that CCO payments increase by a proportional amount.

Row (c) in Exhibit 2A includes the aggregate unit cost adjustment factors from CY 2021 to SFY 2024.

Prescription Drug Trends

We developed pharmacy trends using the following sources:

- **MississippiCAN-Specific Data** – We analyzed January 2021 to December 2021 pharmacy experience for the eligible population and developed utilization and cost summaries by specialty and traditional (i.e., non-specialty) drug types, for the 22 top specialty therapeutic classes and 26 top traditional therapeutic classes. We developed cost projections to SFY 2024 from CY 2021 experience.

Considerations were made when reviewing prescription drug experience for the estimated impacts of changes in annual updates to the state's uniform PDL.

- **Industry Research** – We reviewed recent drug trend reports from PBMs to benchmark the prospective list price and utilization trends used in our detailed modeling of MississippiCAN-specific data. Additionally, we conducted industry research to adjust trends for anticipated market events, including but not limited to, novel pipeline drug launches, patent loss / major generic launches, expanded treatable population for approved drugs (e.g., new indication or age expansion), changes in standard of care (e.g., major clinical guideline updates), drug mix in MississippiCAN pharmacy experience, and the state’s uniform PDL status and anticipated updates.
- **FDA Drug Approvals** – When developing prospective drug trends, we consider the FDA approval of various new therapies. Some of the therapies we expect to have higher frequency and / or cost include:
 - Adbry™
 - Apretude®
 - Auvelity®
 - Briumvi™
 - Cabenuva®
 - Cibinqo™
 - Dupixent® (label expansion)
 - Jaypirca®
 - Krazati®
 - Mounjaro®
 - Olumiant® (label expansion)
 - Orserdu®
 - Rinvoq® (label expansion)
 - Skyrizi® (label expansion)
 - Sotyktu®
 - Tezspire®
 - Tzield™
 - Vtama®

However, building explicit additional trend into capitation rates for these products is difficult due to a lack of information on expected pricing and uptake among the various populations. Therefore, we build in modest additional trend to reflect the expansion of new approvals for each population. We note, the historical experience reviewed in trend development also reflects the impact of FDA approvals that were new during those periods. For select high-cost pharmaceuticals we build explicit adjustments into the capitation rates, as outlined in Step 2, rather than incorporating into the pharmacy trend assumption.

Based on our analyses, we estimate annualized utilization and unit cost trends from CY 2021 to SFY 2024 shown in Table 13. Difference in aggregate trends by population in Table 13 are due to each population’s mix of brand and generic products. The utilization trends shown in Table 15 include the indirect impact of the change in mix of products due to pure utilization trends.

Table 13 Mississippi Division of Medicaid Pharmacy Trends for CY 2021 to SFY 2024				
	SSI	Adult	Children	Delivery
Annualized Unit Cost Trends	4.00%	4.00%	2.50%	4.00%
Annualized Utilization Trends	1.00%	1.00%	1.00%	1.00%

Additional information on the development of utilization and unit cost trends are summarized below. Exhibits 8A through 8B show the CY 2021 experience and prospective utilization and unit cost trends applied by therapeutic class at a traditional and specialty level.

Unit Cost Trends

The cost per script trends are based on an analysis of historical MississippiCAN data from January 2021 through December 2021 and Milliman Industry Research as noted above.

Table 14				
Mississippi Division of Medicaid				
Annualized Prospective Unit Cost Pharmacy Trends				
	SSI	Adult	Children	Delivery
Traditional	3.50%	3.12%	-0.64%	3.12%
Specialty	2.98%	3.36%	4.04%	3.36%

Utilization Trends

Similar to the unit cost trends, are based on an analysis of historical MississippiCAN data from January 2021 through December 2021 and Milliman Industry Research, as noted above.

Table 15				
Mississippi Division of Medicaid				
Annualized Prospective Utilization Pharmacy Trends				
Generic	SSI	Adult	Children	Delivery
Traditional	0.95%	1.01%	1.01%	1.00%
Specialty	2.81%	2.56%	5.32%	1.00%

Seasonal Virus Trend Adjustment

As the COVID-19 global pandemic evolves, we continue to monitor COVID-19 costs associated with testing, treatment, and vaccinations. In addition, we monitor costs associated with other seasonal viruses, including influenza and respiratory syncytial virus (RSV). We queried historic MississippiCAN costs associated with COVID-19, influenza, and RSV and compared them to expectations about seasonal viral loads in SFY 2024. The expected SFY 2024 influenza and RSV costs were projected using historical costs observed in CY 2018 and CY 2019 for each population. The expected SFY 2024 COVID-19 costs were projected based on CY 2021 observed costs by population removing any large spikes corresponding with emerging COVID-19 variants to approximate costs in a “steady-state” COVID-19 environment. The adjustments calculated and applied by population as shown below in Table 16 and scaled across category of service based on the historical cost distribution. See Exhibit 15 for further information on the development of the seasonal virus trend adjustment.

Table 16				
Mississippi Division of Medicaid				
Seasonal Virus Trend Adjustment				
	SSI	Newborns	Children	Adults
CY 2021 Cost	\$30.39	\$41.85	\$8.85	\$21.02
SFY 2024 Cost	\$18.87	\$40.07	\$9.25	\$12.72
Adjustment	-\$11.52	-\$1.78	\$0.40	-\$8.30

Row (d) in Exhibit 2A shows the adjustment for seasonal viruses.

Step 2: Apply Adjustments for Population, Program, and Reimbursement Methodology Changes

The following adjustments are applied to reflect changes in expected costs due to changes between the base period and rating period.

- Population Changes: Change in the mix of individuals already enrolled in MississippiCAN
- Program Changes: Changes to populations and / or services included in MississippiCAN
- Reimbursement Methodology Changes: Updates to Medicaid FFS reimbursement methodologies (assumes a parallel impact on MississippiCAN reimbursement), or changes in CCO reimbursement

Exhibit 12 summarizes the program, population, and reimbursement changes discussed in this section, the impacted rate cells for each change, and where the change is reflected in the rate development.

[Shift to FFS Population Acuity Adjustment](#)

Beginning in June 2021, DOM began transitioning individuals for whom Medicaid eligibility would have lapsed absent the CCR from CCOs into FFS Medicaid. We categorized all members enrolled in MississippiCAN during CY 2021 into one of two groups depending on their enrollment status as of June 2022:

1. Members that transitioned into FFS Medicaid and did not return to MississippiCAN.
2. All other members enrolled in MississippiCAN.

To develop an acuity adjustment for CY 2021, we compared the CY 2021 PMPM medical costs for this second group of members to the CY 2021 PMPM medical costs for the actual population present in MississippiCAN during the CY 2021 base period. We developed acuity factors by category of service for the rate cell groupings listed below:

- MA Adults (including delivery and non-delivery costs).
- MA Children and Quasi-CHIP.

Row (e) in Exhibit 2A shows the adjustment for the population acuity adjustment.

[PHE Unwind Population Acuity Adjustment](#)

As mentioned above, the CAA states that the CCR, which was previously tied to the federal public health emergency (PHE), will end on March 31, 2023. DOM began disenrolling Mississippi Medicaid recipients who are no longer eligible in July 2023. For this version of rates, we include a placeholder adjustment of 1.000 and will reassess once enrollment data for the full SFY 2024 rating period is available.

Row (f) in Exhibit 2A shows this adjustment.

[Postpartum Coverage Extension](#)

Per SB 2212, postpartum coverage extends from 60 days to 12 months effective April 1, 2023. Previously, at 60 days postpartum individuals in the Pregnant Women rate cell had their Medicaid eligibility redetermined and unless they had a qualifying reason to remain in Medicaid (such as meeting eligibility qualifications for the MA Adult rate cell) the member was disenrolled from MississippiCAN. Going forward this redetermination will not occur until the end of the 12 months of postpartum coverage. While this program change has the largest impact on the Pregnant Women rate cell, other rate cells are also expected to have minor increases in enrollment due to extending the time until eligibility redetermination to 12 months postpartum (i.e., if someone would have been disenrolled during their annual redetermination they now will remain for the additional months until 12 months postpartum). We reviewed the impact of the coverage extension on all rate cells in the MississippiCAN program and believe the PMPM impact is minimal and did not include an adjustment for any rate cell except for the Pregnant Women rate cell, given its unique eligibility requirements and historical enrollment patterns. The projected membership in Exhibit 3 includes the impact of extending postpartum coverage for all rate cells.

While this program change will add membership and service costs to the Pregnant Women rate cell, these additional months of coverage are expected to be lower on a PMPM basis than the costs included in the CY 2021 base data. We developed separate adjustments to apply to the non-delivery costs and delivery costs included in Exhibit 2A.

- **Non-Delivery Costs:** The estimated PMPM for months 3 through 12 postpartum was developed by reviewing the relativity of the PMPMs for postpartum months 1 and 2 compared to months 3 through 12 for individuals that had a delivery while in the MA Adult rate cell in the CY 2021 base data. We then applied this relativity to the PMPM cost for postpartum months 1 and 2 for the Pregnant Women rate cell in the CY 2021 base data.
- **Delivery Costs:** Additional delivery costs will not be incurred for the additional months of membership added to the Pregnant Women rate cell. Therefore, we dampen the delivery cost PMPM to spread across the increased membership basis.

Table 17 below demonstrates the development of the population change factors.

Table 17
Mississippi Division of Medicaid
SFY 2024 Capitation Rate Development
Pregnant Women Rate Cell
Postpartum Extension Adjustment

		Non-Delivery Costs	Delivery Costs
Prior Eligibility: Prenatal through 60 Days Postpartum			
(A)	Member Months	117,512	117,512
(B)	Total Allowed	\$43,229,506	\$67,813,674
(C) = (B) / (A)	CY 2021 Allowed PMPM	\$367.87	\$577.08
New Eligibility: 3 through 12 Months Postpartum			
(D)	Member Months	92,307	92,307
(E)	Total Allowed	\$18,743,045	\$0
(F) = (E) / (D)	Allowed PMPM	\$203.05	\$0.00
Total Population			
(G) = (A) + (D)	Member Months	209,819	209,819
(H) = (B) + (E)	Total Allowed	\$61,972,551	\$67,813,674
(I) = (H) / (G)	Allowed PMPM	\$295.36	\$323.20
(J) = (I) / (C)	Postpartum Population Change Factor	0.803	0.560

Row (g) in Exhibit 2A shows this adjustment.

[Hemophilia Population Carve-In](#)

In SFY 2024, eligible members diagnosed with Hemophilia and Von Willebrand's disease will transition from FFS to MississippiCAN. Historically this population has been carved-out of MississippiCAN due to the relatively high-cost associated with treatment and the infrequent and non-uniform distribution across the CCOs. We worked with our clinical team and identified members enrolled in FFS that have clinical indicators of Hemophilia and Von Willebrand's disease. We assigned eligible members to rate cells based on eligibility metrics, such as category of eligibility, age, dual-eligible status, and long-term care status. We identified CY 2021 claims and enrollment for these members to calculate the PMPM adjustment for the population expansion.

Row (h) in Exhibit 2A shows this adjustment.

[Preferred Drug List \(PDL\) Revisions](#)

Updates are made to the state PDL annually and take effect on January 1 of each year. We estimated the impact of these changes using detailed modeling provided by Change Healthcare, who is contracted by DOM to regularly update and maintain the state PDL. In our reliance on the PDL modeling performed by Change Healthcare, we reviewed the output of the models for reasonableness, but did not audit their analyses.

The modeling provided by Change Healthcare included drug-level analyses of expected utilization shifts and resulting changes to pharmacy expenditures on a gross of rebate basis. This modeling uses data from both FFS and MississippiCAN populations, so we cannot directly use the output for rate development. Therefore, we applied the change in gross costs on a percentage basis by therapeutic class to MississippiCAN encounter data to develop program-specific impacts of PDL revisions. Separate PDL adjustments were developed for each population to account for the different mix of drugs used for each group.

Table 18 shows the estimated impact of PDL revisions. The full adjustment applied is a combination of the PDL changes from CY 2021 to SFY 2024.

Table 18 Mississippi Division of Medicaid PDL Adjustment		
Rate Cell Grouping	2021 to 2022	2022 to 2023
SSI	0.997	1.000
Adults	0.997	0.999
Children	0.979	0.995
Deliveries	1.000	0.999

PDL changes effective January 1, 2023, were minor and only impacted seven therapeutic classes. Table 19 displays all impacted classes and outlines the shifting assumptions modeled by Change Healthcare for each class.

Table 19 Mississippi Division of Medicaid January 2023 PDL Adjustments					
Therapeutic Class	Utilization Shifts To	Utilization Shifts From	Modeled Shift	Estimated Increase (Decrease) in Gross Costs	% of Total PDL Change
Antidiabetics-Insulin	Toujeo	Tresiba	25%	(0.4%)	10.3%
Contraceptives-Vaginal	Phexxi P	Phexxi NP	300%	200.0%	-0.7%
Growth Hormone Agents	Genotropin	Norditropin Nutropin	10% 10%	1.3%	-9.7%
Miscellaneous-Carbaglu	Carglumic Acid	Carbaglu	100%	(17.5%)	3.1%
Resp-Beta Agonist Inhalers	Proventil HFA Ventolin HFA	Proair HFA	100%	(7.9%)	31.2%
Resp-Steroid Inhalers	Fluticasone Salmeterol	Advair Diskus	50%	(6.7%)	81.5%
Urinary Antispasmodic Agents	Myrbetriq	Oxybutynin Chloride Solifenacin Succinate Darifenacin Gemtesa	5% 25% 50% 30%	73.7%	-15.8%

The shifting assumptions developed by Change Healthcare are meant to reflect the best estimate for how utilization will shift as certain products change preferred status effective January 1, 2023, recognizing that a full shift will not happen immediately. The estimated change in gross cost assumes the ultimate modeled shift shown in Table 19 is achieved two quarters after the PDL changes take effect, and therefore, the January 2023 PDL updates will be applicable to all of SFY 2024.

There are several recent PDL changes that were not included in the modeling we received from Change. We will continue to work with DOM and Change to understand the impact of these changes and include an update in a future iteration of capitation rates, if needed. These updates include the following:

- Several stimulant products (including Adderall and Concerta) moving to preferred status effective February 1, 2023 to help mitigate the effects of the current shortage of stimulant medications
- Coverage for obesity treatment medications effective July 1, 2023

The adjustment for PDL revisions is shown in row (i) of Exhibit 2A.

[Obesity Drug Coverage](#)

In SFY 2024, certain medications for the treatment of obesity are included in the PDL along with prior authorization requirements and monitoring for individuals that utilize these drugs. DOM's PDL vendor estimated an annual cost of about \$20 million across both FFS and MississippiCAN populations. After discussions with DOM, we allocated the estimated pharmacy cost across Medicaid programs and within MississippiCAN by rate cell using the distribution of CY 2021 enrollment. Pregnant members and those under the age of 12 were excluded based on the prescribing guidelines for these medications. Based on the membership allocation \$8.0 million was assigned to MississippiCAN.

Row (j) in Exhibit 2A shows this adjustment.

[Obesity Drug Coverage Savings](#)

The medical savings impact of obesity treatments is difficult to predict and depends on factors, such as uptake prevalence, adherence, and pre-existing medical conditions. After discussions with DOM, we assumed 75% of the obesity medication cost will be offset by medical savings, and allocated \$6.0 million in medical savings across all categories of service.

Row (k) in Exhibit 2A shows this adjustment.

[Gene Therapy Coverage](#)

There are several high-cost gene therapies that are currently available or will become available during SFY 2024. We worked closely with our clinical team and the clinical team at DOM to identify eligible members, potential treatment uptake percentages, and total costs for treatment for each gene therapy and each rate cell. Table 20 below details the assumptions and estimated SFY 2024 impact for each treatment. Additionally, please see Exhibits 17C and 17D for the full development of these amounts by rate cell.

Condition	Therapy	Number of Treatments	Pharmacy Cost per Treatment	Inpatient Cost per Treatment	Total Anticipated Treatment Cost
Beta-Thalassemia	Zynteglo	1	\$2,800,000	\$200,000	\$3,000,000
Duchene Muscular Dystrophy	Elevydis	1	\$3,200,000	\$0	\$3,200,000
Hemophilia A	Roctavian	6	\$2,500,000	\$0	\$15,000,000
Hemophilia B	Hemgenix	3	\$3,500,000	\$0	\$10,500,000
Sickle Cell Disease	Lovo-cel and Exa-cel	20	\$2,000,000	\$200,000	\$44,000,000
Spinal Muscular Atrophy	Zolgensma	3	\$2,254,412	\$0	\$6,763,236
Total		34	\$2,301,860	\$123,529	\$82,463,236

Row (l) in Exhibit 2A shows this adjustment.

[Gene Therapy Coverage Savings](#)

The gene therapies listed above are assumed to significantly reduce or eliminate symptoms of the underlying condition. We queried CY 2021 claims data for potential utilizers meeting the clinical profile for each gene therapy. We worked closely with our clinical team to determine which costs associated with the underlying condition are likely to be alleviated by the gene therapies listed in Table 20. Based on the number of potential utilizers, we were able to calculate assumed annual savings amounts for potential utilizers of these new treatments aimed to treat Hemophilia A, Hemophilia B, and sickle cell disease. We assumed a uniform distribution of uptake throughout SFY 2024, accounting for launch dates after July 1, 2023 when applicable, and applied the relevant portion of the annual savings in the adjustment. Table 21 below displays the assumed savings amounts.

Condition	Therapy	Number of Treatments	Total Savings per Member	Total Anticipated Savings
Hemophilia A	Roctavian	6	\$207,033	\$1,242,198
Hemophilia B	Hemgenix	3	\$70,461	\$211,383
Sickle Cell Disease	Lovo-cel and Exa-cel	20	\$13,037	\$260,732
Total		29	\$59,114	\$1,714,313

Row (m) in Exhibit 2A shows this adjustment.

Insulin Price Reduction

Starting on January 1, 2024 the American Rescue Plan Act of 2021 removes the limit, or “cap,” on Medicaid drug rebates which are currently capped at the average manufacturer price (AMP). Several insulin manufacturers have announced price decreases related to the removal starting as early as Q3 2023, with most prices decreasing January 1, 2024. We pulled CY 2021 insulin claims at the NDC level and repriced these claims at the announced new price accounting for the timing of each price reduction throughout SFY 2024. Please see Exhibit 19 for a list of insulin products and their price reduction.

Row (n) in Exhibit 2A shows this adjustment.

Removal of 5% Assessment

Per SB2799 that was passed into law on April 19, 2021, the 5% rate reduction previously established in Miss. Code Ann. § 43-13-117 (B) will be removed from all providers. This exemption, effective July 1, 2021, results in an increase from a 95% payment rate to a 100% payment rate for those services previously eligible for the 5% assessment.

Exhibit 11 lists all services previously eligible for the 5% assessment. For each of these services not performed at a UMMC-affiliated provider (which had already been exempt from the 5% assessment), we re-priced the second half CY 2021 experience from the 95% payment rate to the 100% payment rate. The overall adjustments by category of service are shown in Table 22.

An adjustment of 1.000 in Table 22 indicates that no change in provider reimbursement between the base period data and rating period is expected as a result of implementing the removal of the 5% provider assessment, whereas an adjustment of 1.053 (=1.000 / 0.950) would indicate the removal of the 5% provider assessment is applicable to all services within the category of service.

Table 22	
Mississippi Division of Medicaid	
5% Assessment Removal Adjustment by Category of Service	
Category of Service	5% Assessment Adjustment
Inpatient Hospital Services	1.000
Outpatient Hospital Services	1.001
Physician Services	1.010
Drug Services	1.000
Dental Services	1.026
Other Services	1.020
Total	1.005

Community Mental Health Centers (CMHC) were originally subject to the 5% assessment, but ultimately were declared ineligible for the assessment. In our analysis, we repriced CMHC claims when necessary to the 100% payment rate based on the dates the 5% assessment was in effect provided by each CCO.

Additionally, the July 1, 2021 reimbursement increase for certain preventative and diagnostic dental services was capped at 5% of the prior payment rate, as described in the "Dental Reimbursement Change" section below. For these services, reimbursement was increased by 5% over the prior 95% payment rate to a new payment rate of 99.75% to comply with that requirement. Non-preventative and non-diagnostic dental services, along with all non-dental services, were increased from 95% to 100%.

The adjustment was calculated separately by rate cell, reflecting the mix of services and the applicability of the 5% provider assessment specific to the given population.

The removal of the 5% assessment is shown in row (o) in Exhibit 2A.

[Preventative and Diagnostic Dental Reimbursement Change](#)

Per SB2799 signed into law on April 19, 2021, DOM will increase the payment rate for preventative and diagnostic dental services by 5% effective July 1, 2021 and by an additional 5% effective on both July 1, 2022 and July 1, 2023.

- **July 1, 2021 Dental Reimbursement Increase** – For dental services identified as preventative or diagnostic (defined as procedure codes D0100 through D1999) to which the 5% assessment were also applicable, the adjustment was already applied in the “Removal of 5% Assessment” section above. DOM provided guidance around how these two initiatives would be implemented.

For those preventative or diagnostic dental services not impacted by the 5% assessment, we determined the percentage of the first half of CY 2021 dental spend identified as diagnostic or preventative within each rate cell. We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on the preventative and diagnostic services with a 0% reimbursement adjustment on other dental services.

- **July 1, 2022 and July 1, 2023 Dental Reimbursement Increases** – We determined the proportion of CY 2021 dental claims identified as preventative or diagnostic (defined as procedure codes D0100 through D1999.) We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on preventative and diagnostic dental services with a 0% reimbursement adjustment on other dental services.

The cumulative preventive and diagnostic dental reimbursement change is shown in row (p) in Exhibit 2A.

[Restorative Dental Reimbursement Change](#)

Per HB657 signed into law on April 19, 2022, DOM will increase the payment rate for restorative dental services by 5% effective July 1, 2022 and an additional 5% on July 1, 2023. We determined the proportion of CY 2021 dental claims identified as restorative (defined as procedure codes D2000 through D2999.) We calculated the overall dental reimbursement change within each rate cell as a blend of a 5% reimbursement adjustment on the restorative services with a 0% reimbursement adjustment on other dental services, after adjusting for the preventative and diagnostic reimbursement changes discussed above.

The cumulative restorative dental reimbursement change is shown in row (q) in Exhibit 2A.

[Non-APC Rural Outpatient Hospital Reimbursement Adjustment](#)

Per SB2799 that was passed into Mississippi law on April 19, 2021, rural hospitals with 50 or fewer licensed beds may opt-out of APC methodology for the reimbursement of outpatient hospital services. These facilities are instead reimbursed at 101% of the rate established by Medicare. Milliman determined the impact of this reimbursement change by calculating the desired reimbursement (101% of Medicare payments) and comparing that to payments received by these hospitals under the current APC reimbursement (including outpatient MHAP FSA payments). The additional amounts needed to reach the desired reimbursement was then distributed across all MississippiCAN rate cells. All payment data used to calculate this adjustment was provided by DOM.

The non-APC rural outpatient hospital reimbursement adjustment is shown in row (r) in Exhibit 2A.

[Immaterial Program, Population, and Reimbursement Methodology Changes](#)

There are several program, population, and reimbursement changes between the base period experience and SFY 2023 that we did not build an explicit adjustment into rates for, given the projected budget neutral or immaterial impact. These changes are described below.

- **ICORT Reimbursement changes** – per Medicaid State Plan Amendment (SPA) 20-0022 for Community Mental Health Services, DOM is revising the service definition and reimbursement for Intensive Community Outreach and Recovery Teams (ICORT) services effective April 1, 2021. We reviewed the fiscal estimates of this change and determined that the impact on capitation rates is projected to be immaterial.

- MYPAC reimbursement changes – DOM historically reimbursed providers for children receiving MYPAC services as a single combined payment on a per diem basis. Per guidance from CMS, the wraparound services and other ancillary therapeutic mental health services must be reimbursed separately effective July 1, 2021.

Effective July 1, 2021, the wraparound services were reimbursed through a single monthly payment to the MYPAC providers. The ancillary therapeutic mental health services were reimbursed through a separate per diem rate. Following discussions with the MYAPC providers, the Mississippi Department of Mental Health, and DOM, revised rates were developed and are anticipated to be effective November 1, 2023. The revised rates restructure the reimbursement of the ancillary therapeutic health services to be an hourly rate with a separate rate for additional time beyond the first hour. The wraparound services will still be provided as a single monthly payment.

Milliman estimates that these reimbursement changes will be budget neutral, and thus, are not including an adjustment for these reimbursement changes in capitation rates.

Step 3: Incorporate Delivery Costs into MA Adult and Pregnant Women Rate Cells

Effective July 1, 2020, MississippiCAN no longer paid maternity deliveries using a kick payment methodology and instead included these costs in the MA Adult and Pregnant Women rate cells. To provide more transparency on this transition, we projected the costs historically covered by the delivery kick payment separately on Exhibits 1 and 2A. These costs are also shown separately for the MA Adult and Pregnant Women rate cells. Exhibit 2B combines the costs for these deliveries into the MA Adult or Pregnant Women rate cell, as appropriate.

Step 4: Non-Service Expense Allowance

Administrative Expenses, Premium Tax, and Targeted Margin

The administrative allowance included in the capitation rate is intended to cover administrative costs, including the following:

- Case management
- Utilization management
- Claim processing and other IT functions
- Customer service
- Provider contracting and credentialing
- TPL and program integrity
- Member grievances and appeals
- Financial and other program reporting
- Local overhead costs
- Corporate overhead and business functions (e.g., legal, executive, human resources)

Exhibit 3 shows the build-up of the non-service expenses, comprised of the following components for SFY 2024:

- \$11.17 PMPM for fixed administrative costs
- 5.09% of revenue less directed payments for variable administrative costs
- 1.80% of revenue less directed payments for target underwriting margin and cost of capital
- 3.00% for the Mississippi premium tax

Table 23 displays the non-service expense allowance included in the SFY 2024 rates. All percentages of revenue are shown excluding MHAP, MAPS, and TREAT revenue, which are ultimately not at risk to the CCOs.

Table 23		
Mississippi Division of Medicaid		
SFY 2024 MississippiCAN Non-Benefit Expenses		
	% of Revenue	PMPM
Fixed Costs ¹	2.18%	\$11.17
Variable Costs ²	5.09%	\$26.07
Premium Tax ²	3.00%	\$15.35
Margin ²	1.80%	\$9.21
Total	12.08%	\$61.81

¹ Included in the rate as a PMPM, equivalent % of revenue shown.

² Included in the rate as a % of Revenue, equivalent PMPM is shown.

The administrative expense allowance for SFY 2024 was developed by trending the fixed and variable allowances from CY 2021 financial data provided by the CCOs, adjusted for the results of administrative expense audits by Myers and Stauffer. Administrative expenses were trended by an average 3.8% increase per year. The 3.8% annual trend is a blend of actual employment cost index (ECI) data from CY 2021 through CY 2022 and an assumed 3.0% annual trend from CY 2022 to SFY 2024. The future 3.0% trend assumption is consistent with the average ECI annual change from CY 2018 through CY 2021. The ECI data reflects expected changes in wages and other services that comprise a majority of administrative costs.

Step 5: Adjust for Geographic Area

CCO capitation payments will vary based on their members' county of residence. We assigned each county to one of the following regions (as defined in Appendix A): North, Central, or South. Table 24 shows the geographic area factor adjustments that are applied based on a beneficiary's region.

Region	Area Factors		
	SSI	Adults and Deliveries	Children
North	0.909	0.953	0.987
Central	1.038	1.024	1.026
South	1.059	1.018	0.984

We developed the geographic area factors on a budget-neutral basis by blending projected claims PMPM across rate cell groupings weighted upon the statewide rate cell distribution for each region and reviewing the relative difference in PMPM cost for each region. We created three different rate cell groups (as shown in Table 4) to aggregate experience for similar rate cells, so that we could adequately reflect area factor differences among rate cells and still maintain credibility.

Exhibit 4 includes the resulting capitation rates for each region using these area factors.

Step 6: Adjust for Quality Withhold

Continuing in SFY 2024, a 1.0% quality withhold will be placed on capitation rates for the MississippiCAN program. The terms of the withhold arrangement are outlined in the contract with the CCOs. To earn back the withhold the CCOs must achieve HEDIS scores for the following conditions that are greater than or equal to 2.0% above the baseline HEDIS scores, with a percentage of the withhold assigned to each category. The benchmarks for SFY 2024 will be set based on the average of all CCO reported scores from calendar years 2020 and 2021 (prorated based on member months).

Each of the following HEDIS measures will be used to earn back one twelfth (approximately 8.33%) of the quality withhold, for approximately 83.33% total across all HEDIS measures:

- Well-Child First 30 months (W15 metrics impact the quality withhold; W30 is reporting only for SFY 2024):
 - Six or more visits for children 15 months of age
 - Two or more visits for children 30 months of age
- Immunization for Adolescents (IMA):
 - Combination 2: Meningococcal, Tdap, and HPV
- Anti-Depressant Management-Acute (AMM-AD):
 - Effective Acute Phase Treatment

- Follow-Up After Hospitalization for Mental Illness:
 - 30 Days – Ages 6 to 17
- Prenatal and Postpartum Care (PPC-AD):
 - Timeliness of Prenatal Care
- Comprehensive Diabetes Care:
 - HbA1c Testing
 - Blood Pressure Control
 - Eye Exams
- Adult and Children Asthma Control – Ages 5 to 64
- Adults Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid

DOM will be monitoring readmission rates reported as part of the QIPP in SFY 2024. For SFY 2024, this will be included as a scored metric for the quality withhold. DOM is requiring CCOs to improve their actual-to-expected potentially preventable hospital return (PPHR) rates by 2% compared to the baseline metrics from CY 2020 and CY 2021. This PPHR measure will be used to earn back 8.33% of the quality withhold.

New for SFY 2024, DOM will also be monitoring the cesarean section (C-section) rates among all births paid for by a CCO during the baseline period (CY 2021). To earn back the final 8.33% of the withhold a CCO must improve their individual C-section rate by 2% compared to the baseline period.

If a CCO does not have sufficient data to consider its HEDIS scores credible, DOM will not hold the CCO liable for not meeting the measurement. In this case, the portion of the incentive withheld related to that measurement will be returned to the CCO. After discussions with DOM about the metric development and expectations, we believe that a return of 100% of the withhold is reasonably achievable by the CCOs.

Exhibit 4 includes the resulting capitation rates for each region net of the quality withhold.

Step 7: Adjust For CCO-Specific Risk Score (if Applicable)

Risk Adjustment for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP Rate Cells

The capitation rates for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP rate cells will be further adjusted for each CCO using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx). Costs for the Breast and Cervical Cancer, Foster Care, and Pregnant Women populations are less variable, since they tend to utilize similar services across each population. In addition, some of the population sizes are too small from which to develop custom weights specific to the covered services and MississippiCAN reimbursement levels. Therefore, we do not risk adjust these populations. Since the risk adjustment is prospective, there is no historical diagnosis information from which to develop a risk score for newborns.

The CDPS + Rx risk adjuster will be used to adjust for the acuity differences between the enrolled populations of each CCO. Risk adjustment will be budget-neutral to DOM. This risk sharing mechanism is developed in accordance with generally accepted actuarial principles and practices.

To establish these risk scores, the CDPS + Rx risk adjuster will be run with risk weights consistent with services covered in MississippiCAN for the given time period. These risk weights are calculated using Mississippi FFS and encounter data for the Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP populations. In addition, a beneficiary must have at least six months of eligibility in the data year to be scored. If a beneficiary does not have enough data, they will receive a score based on demographic information, such as age and gender. We will monitor the percentage of CCO enrollees who are not scored and adjust the methodology if necessary.

DOM's MMIS vendor changed in October 2022, and we are still evaluating the quality of the membership and encounter claims data after this transition. The planned schedule for risk score data sources and calculations is shown in Table 25. In light of the MMIS vendor transition, the dates in Table 25 may be revised. We will work with DOM and the CCOs to provide the best estimate of risk scores with the data available.

Table 25
Mississippi Division of Medicaid
CCO Capitation Rate Risk Adjustment Schedule
SFY 2024 Capitation Payments

Rate Cell	Capitation Payments	Diagnosis Source Data	Enrollment Source
Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP	July 2023 to December 2023	SFY 2022 FFS and Encounters with runout through August 2022	April 2023
Non-Newborn SSI / Disabled, MA Adult, MA Children, and Quasi-CHIP	January 2024 to June 2024	SFY 2022 FFS and Encounters with runout through August 2022	November 2023

[Risk Adjustment for the Foster Care Rate Cell](#)

Starting in SFY 2021, the Foster Care rate cell is concurrently risk adjusted. The Foster Care rate cell will be risk adjusted using a custom risk adjustment model that does not depend on the CDPS + Rx risk adjuster. After testing the predictive ability of several potential models, we determined the member's eligibility for either state or federal financial assistance was the most accurate indicator of the member's risk score. This status is captured by the money code field on DOM's enrollment records. Risk factors associated with a member's money code will be updated prior to risk adjustment for SFY 2024.

Unlike the other risk-adjusted populations, risk adjustment for the Foster Care rate cell will be applied concurrently. Starting in early 2020, we noticed material changes in the composition of each CCO's membership by eligibility group, reflecting changes to how members are assigned to CCOs by DOM. The change in member mix has persisted, as will be exacerbated by the broader enrollment shifts expected through the end of SFY 2024. As such, prospectively estimating the mix of members for each CCO will likely not be feasible in SFY 2024. Moreover, given the small size of the Foster Care rate cell, small fluctuations in membership could have a material impact on risk adjustment if applied prospectively. Therefore, we intend to concurrently risk adjust the Foster Care rate cell in SFY 2024.

[Application of Risk Scores](#)

A CCO's capitation rate will be determined based upon the following formula:

$$\text{CCO Capitation Rate} = \text{Base Capitation Rate} \times \text{CCO Normalized Risk Factor}$$

The base capitation rates are found in Exhibit 4.

The CCO normalized risk factor will equal the average risk factor across all beneficiaries that a CCO enrolls divided by the average risk factor for the rate cell's population. Regional risk scores will be normalized to ensure the risk adjustment process is revenue neutral across all CCOs.

Step 8: Directed Payments

DOM will process the capitation rate adjustments for multiple directed payments outside of the monthly capitation rate payment system in the form of payments to the CCOs for the actual amount paid to providers and the associated premium tax impact related to these payments. We will calculate and certify adjusted CCO-specific capitation rates at the conclusion of SFY 2024. This recertification is expected to be completed by June 2025.

[MHAP Overview](#)

Concurrent with the inclusion of inpatient hospital services in MississippiCAN capitation rates effective December 1, 2015, MHAP was established. This program helps to ensure sufficient access to inpatient and outpatient hospital services for the Medicaid population by including enhanced hospital reimbursement in the capitation rates.

MHAP is funded through a broad-based hospital assessment for facilities in Mississippi, state general revenues, and an intergovernmental transfer (IGT) for a facility in Memphis (located within a county contiguous to Mississippi). This provider assessment is outlined in Miss. Code Ann §43-13-145.

Per CMS's approval on January 12, 2018, beginning in SFY 2018 MHAP began to transition to directed payments according to the specifications and requirements of 42 CFR 438.6 et seq. Table 26 displays the two components of MHAP (FSA and QIPP) and the total dollars in each component from SFY 2022 to SFY 2024.

SFY	MHAP FSA	MHAP-QIPP	Total MHAP
2022	\$285,603,168	\$247,507,788	\$533,110,956
2023	\$313,053,124	\$288,100,478	\$601,153,602
2024	\$271,031,522	\$291,248,176	\$562,279,698

[MHAP FSA](#)

For SFY 2024, a payment of \$271.03 million is included as a directed FSA on inpatient and outpatient claims that will be paid monthly outside the capitation rates.

The preliminary FSA amounts are shown in column (c) of Exhibit 16, consistent with the program design that 65% of the \$271.03 million will be paid for inpatient hospital services, and 35% will be paid for outpatient hospital services using projected SFY 2024 membership. These calculations were performed across all MississippiCAN rate cells with each of the inpatient and outpatient FSA percentage impacts applied uniformly. This results in a larger proportion of the FSA funding included in rate cells with higher inpatient and outpatient utilization.

The estimated FSA is based on projected SFY 2024 membership and estimated inpatient and outpatient claim utilization. Due to actual vs. projected MississippiCAN membership and claim utilization, this estimated capitation adjustment may result in an overpayment or underpayment of the FSA in SFY 2024 if no adjustments are made. If membership and / or utilization is higher than expected, payments will be capped at the \$271.03 million funding amount. If membership and / or utilization is lower than expected, the final payments will be grossed up proportionally to meet the \$271.03 million funding amount. This reconciliation will be done on a PMPM basis at the end of SFY 2024, and the appropriate documentation will be provided to CMS.

The adjustments to capitation rates are consistent with the preprint that was approved by CMS for SFY 2024 on June 21, 2023. The control name for this preprint is MS_Fee_IPH.OPH_Renewal_20230701-20240630.

The MHAP FSA additive adjustment is shown in column (c) in Exhibit 16. An additional allowance for premium tax on the MHAP FSA is included in column (d) in Exhibit 16.

[MHAP QIPP](#)

Beginning in SFY 2020, a quality incentive payment program (QIPP) will be a component of MHAP. Consistent with the preprint submitted to CMS, the QIPP will be paid as a uniform payment arrangement for SFY 2024. The goal of the QIPP is to utilize state and federal investments to improve the quality of care and health status of the Mississippi Medicaid population. The QIPP is envisioned to be a multi-year process with an increasing percentage of the payments linked to performance improvements achieved and maintained by the hospital industry.

For SFY 2024, the QIPP will consist of approximately \$291.25 million, which will be paid outside of the capitation rates on a quarterly basis. DOM will determine the payments made to facilities based on agreed upon performance measures. Capitation rates will be retroactively adjusted once actual membership and utilization is known for SFY 2024 to include a QIPP PMPM for each CCO, which will include a provision for premium tax.

The adjustments to capitation rates are consistent with the preprint that was approved by CMS for SFY 2024 on June 21, 2023. The control name for this preprint is MS_Fee_IPH.OPH_Renewal_20230701-20240630.

The MHAP QIPP additive adjustment is shown in column (e) in Exhibit 16. An additional allowance for premium tax on the MHAP QIPP is included in column (f) in Exhibit 16.

TREAT Program

Beginning July 1, 2022, emergency ambulance reimbursement are proposed to be increased consistent with a §438.6(c) directed payment for eligible providers. Subject to CMS approval, payments for the TREAT program are estimated to be \$15.5 million for SFY 2024 and will be paid outside the capitation rate as a uniform payment arrangement.

Capitation rates will be retroactively adjusted once actual membership and utilization is known for SFY 2024 to include a TREAT PMPM for each CCO, which will include a provision for premium tax. The adjustments to capitation rates are consistent with the preprint that will be filed with CMS for SFY 2024.

The TREAT additive adjustment is shown in column (g) in Exhibit 16. An additional allowance for premium tax on the TREAT payments is included in column (h) in Exhibit 16.

Mississippi MAPS Program

Beginning in SFY 2020, the Mississippi Medicaid Access to Physician Services (MAPS) program will enhance payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital or who assigned Mississippi Medicaid payments to a qualifying hospital. The term “qualifying hospital” means a Mississippi state-owned academic health science center with a Level 1 trauma center, Level 4 neonatal intensive care nursery, an organ transplant program, and more than a four hundred (400) physician multispecialty practice group.

DOM will require that CCOs provide the same supplemental percentage increase, equal to 58.63% of Medicare rates, to all qualifying providers. Payments in SFY 2024 are expected to be \$39,420,290. Similar to MHAP, capitation rates will be retroactively adjusted for SFY 2024 to include a MAPS PMPM including a provision for premium tax for each CCO and rate cell based on actual membership and utilization. The appropriate documentation will be submitted to CMS at the time of this retroactive adjustment.

This program is being made under a §438.6(c) payment arrangement consistent with the preprint that was approved by CMS for SFY 2024 on August 18, 2023. The control name for this preprint is MS_Fee.VBP_AMC_Renewal_20230701-20240630.

The MAPS additive adjustment is shown in column (i) in Exhibit 16. An additional allowance for premium tax on the MAPS is included in column (j) in Exhibit 16.

Table 27 below shows a summary of the MHAP, MAPS, and TREAT payments for SFY 2023 and SFY 2024.

Table 27		
Mississippi Division of Medicaid		
Summary of Directed Payments by SFY		
	SFY 2023	SFY 2024
Total MHAP	\$601,153,602	\$562,279,698
MHAP FSA ¹	\$313,053,124	\$271,031,522
MHAP QIPP	\$288,100,478	\$291,248,176
MAPS	\$38,018,361	\$39,420,290
TREAT	\$14,740,472	\$15,475,000
Total Directed Payments	\$653,912,435	\$617,174,988

¹ Preprint for the MHAP FSA outpatient amendment is pending CMS approval.

Step 9: Calculate Risk Corridor Settlements

Subject to CMS approval, DOM will implement two symmetrical risk corridors to address the uncertainty of medical costs given the unwinding of the COVID-19 PHE during SFY 2024 and the uncertainty of several current and anticipated high-cost medications.

High-Cost Pharmacy Risk Corridor

Some Medicaid members have conditions requiring very expensive drug treatments. These members are infrequent and not evenly distributed among the CCOs. To help mitigate the CCO's risk, the state is introducing a high-cost pharmacy risk corridor for SFY 2024, subject to CMS approval. The risk corridor is applicable to total drug spend and related costs due to administration and monitoring for specified products of \$500,000 or more per year at a member level. Table 28 below, as well as Exhibit 17A, include a PMPM estimate of the costs that will be covered in the high-cost pharmacy risk corridor specific to each rate cell. Please see Exhibits 17C and 17D for the detailed calculations of the high-cost pharmacy targets below. The actual costs from the CCOs will be compared to these estimated costs for the settlement calculations.

Table 28 Mississippi Division of Medicaid SFY 2024 High-Cost Pharmacy Risk Corridor	
Rate Cell	SFY 2024 High-Cost Pharmacy Target PMPM ²
Non-Newborn SSI / Disabled	\$72.92
Breast and Cervical Cancer	\$0.00
MA Adult	\$1.29
Pregnant Women	\$0.00
SSI / Disabled Newborn	\$0.00
Non-SSI Newborns 0 to 2 Months	\$24.96
Non-SSI Newborns 3 to 12 Months	\$7.36
Foster Care	\$9.49
MYPAC	\$15.76
MA Children	\$3.94
Quasi-CHIP	\$0.41
Total	\$14.33

Table 29 summarizes the share of gains and losses relative to the estimated high-cost pharmacy costs for each party.

Table 29 Mississippi Division of Medicaid Proposed High-Cost Pharmacy Risk Corridor Parameters		
CCO Gain / Loss	CCO Share of Gain / Loss in Corridor	DOM Share of Gain / Loss in Corridor
Less than -6.0%	0%	100%
-6.0% to -3.0%	50%	50%
-3.0% to +3.0%	100%	0%
+3.0% to +6.0%	50%	50%
Greater than +6.0%	0%	100%

The high-cost pharmacy risk corridor will be implemented using the following provisions:

- Estimated high-cost pharmacy costs are calculated separately for each rate cell based on the expected mix of high-cost products.
- Each rate cell's actual high-cost pharmacy costs will include payments made for the following:
 - All pharmacy claims with an NDC code billed through a retail or specialty pharmacy, regardless of where these claims are administered.

- All drugs billed as medical claims with a HCPCS code that starts with the letter “J.”
- Inpatient stays for the administration and monitoring for select gene therapies and other select products. The estimated pharmacy costs included in the high-cost risk corridor include the following; however, DOM will monitor and revise the list of approved products if additional products are covered by DOM for use during SFY 2024.
 - lovetibeglogene autotemcel (lovo-cel)
 - exagamglogene autotemcel (exa-cel)
 - Zynteglo
- Applicable script limits will be applied and the costs for those services will not be counted toward total member spend during that time period.
- The timing of the risk corridor settlements will occur during the initial and final settlements for the program-wide risk corridor. The high-costs pharmacy risk corridor will be calculated independent of the larger program-wide risk corridor.
 - The initial settlement will occur after the contract year is closed, using six months of runout.
 - The final settlement will occur once the MLR audit has been completed. MLR audits are usually completed 12 to 18 months after the close of the SFY.
- The 87.5% minimum MLR provision (Federal MLR definition) in the CCO contract will apply after the risk corridor settlement calculation.

Program-Wide Risk Corridor

The capitation rates in this report reflect a target medical loss ratio (MLR), which measures the projected medical service costs as a percentage of the total capitation rates paid to the CCOs less the cost eligible for the high-cost pharmacy risk corridor. The risk corridor would limit CCO gains and losses if the actual MLR is different than the target MLR. Table 30 summarizes the share of gains and losses relative to the target MLR for each party.

Table 30 Mississippi Division of Medicaid Proposed Program-wide Risk Corridor Parameters		
MLR Claims Corridor	CCO Share of Gain / Loss in Corridor	DOM Share of Gain / Loss in Corridor
Less than Target MLR -2.0%	0%	100%
Target MLR -2.0% to Target MLR +2.0%	100%	0%
Greater than Target MLR +2.0%	0%	100%

For the purposes of the SFY 2024 program-wide risk corridor, a different definition of MLR will be used than the Federal MLR definition.

Exhibit 17B illustrates the calculation of the target MLR for each CCO. The final target MLR will vary for each CCO and will depend on several currently unknown factors, including the final risk scores for each risk-adjusted rate cell and the results of the final settlements for MHAP and MAPS. To ensure continued quality incentives, we assume that 100% of the quality withhold will be returned for the calculation of the target MLR. **Exhibit 17B does not reflect the actual target MLR to be used for any CCO, but is shown for illustrative purposes.** Moreover, Exhibit 17B does not reflect regional variations in capitation rates and risk scores (for applicable rate cells), which will be considered in the final risk corridor calculation. More detailed templates will be provided to the CCOs demonstrating the actual calculation to be used when developing risk corridor settlements.

The program-wide risk corridor will be implemented using the following provisions:

- Actual and target MLRs will be calculated separately for each CCO based on their actual enrollment mix.
- The numerator of each CCO's actual MLR will include state plan covered services incurred during the period of SFY 2024 with payments made to providers as defined in Exhibit C of the CCO Contract, including FFS payments, subcapitation payments, and settlement payments. Non-covered services will be removed from the numerator.
- The high-costs pharmacy risk corridor will be calculated independent of the larger program-wide risk corridor.
- Payments and revenue related to MHAP and MAPS will be included in the numerator and denominator of each CCO's actual MLR.
- Adjustments to revenue and claims resulting from the MLR audit will be incorporated into the calculation of each CCO's actual MLR.

The program-wide risk corridor settlement will occur after the contract year is closed, using six months of runout. An initial calculation will occur, but the final calculation will occur once the MLR audit has been completed. MLR audits are usually completed 12 to 18 months after the close of the SFY.

Other Program Considerations

The program includes a minimum federal MLR requirement of 87.5% of revenue. The sum of medical expenses and HCQI expenses must meet or exceed 87.5% of revenue. Revenue for premium taxes is excluded from the MLR calculation. If the 87.5% threshold is not met, CCOs return revenue to DOM until the threshold is met. This mechanism will be calculated after the application of the risk corridor. Due to the implementation of a 2.0% risk corridor for SFY 2024, the minimum MLR will be greater than 87.5% and will not trigger any additional payments as a result of this provision.

EXHIBITS 1 THROUGH 19
(Provided in Excel Format Only)

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

APPENDIX A

SFY 2024 Rate Cell Definitions

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

APPENDIX A

SFY 2024 RATE CELL DEFINITIONS

This section of our report outlines the rate cell definitions to be used for SFY 2024 for the populations addressed in this report. These definitions are summarized in Table 1 below. Capitation rate cells for SFY 2024 were kept consistent with the SFY 2023 capitation rate cells.

Table 1 Mississippi Division of Medicaid Rate Cell Definitions			
Rate Cell Grouping for Assumption Development	Rate Cell	Age Requirement	Category of Eligibility (COE)
Children	SSI / Disabled Newborns	Ages 0 to 12 months (13-month duration)	001, 019
Children	Non-SSI Newborns – age 0 to 2 months	Ages 0 to 2 months (3-month duration)	003, 026, 071, 088
Children	Non-SSI Newborns – age 3 to 12 months	Ages 3 to 12 months (10-month duration)	003, 026, 071, 088
Children	MA Children	Ages 1 to 19	072, 073
Children	Quasi-CHIP	Ages 1 to 19	074
Children	MYPAC	Ages 1 to 20	N/A, Lckn_cd = SED
Children	Foster Care	Ages 1+	003, 026
Adult	Pregnant Women	Ages 8 to 64	088
Adult	MA Adult	Ages 19+	075
SSI	Non-Newborn SSI / Disabled	Ages 1+	001, 019, 025
SSI	Breast and Cervical Cancer	N/A	027

All rate cell eligibility excludes the following individuals not enrolled in MississippiCAN:

- Retroactive membership
- Dual eligible members
- Institutionalized beneficiaries in a long-term care facility
- Individuals in the following waiver programs: WAL, WED, WMR, or WTB

GEOGRAPHIC REGIONS

DOM uses regional payments to better reflect enrollment for CCOs that enroll a disproportionate number of members from higher-cost or lower-cost regions of the state. DOM uses the three regions of North, Central, and South based on the county where a beneficiary lives. Table 2 displays the counties included in each region.

APPENDIX A

SFY 2024 RATE CELL DEFINITIONS

Table 2 Mississippi Division of Medicaid Geographic Regions by County		
North Region	Central Region	South Region
Alcorn	Calhoun	Adams
Attala	Chickasaw	Amite
Benton	Choctaw	Covington
Bolivar	Claiborne	Forrest
Carroll	Clarke	Franklin
Coahoma	Clay	George
DeSoto	Copiah	Greene
Grenada	Hinds	Hancock
Holmes	Issaquena	Harrison
Humphreys	Jasper	Jackson
Itawamba	Kemper	Jefferson
Lafayette	Lauderdale	Jefferson Davis
Lee	Leake	Jones
LeFlore	Lowndes	Lamar
Marshall	Madison	Lawrence
Montgomery	Monroe	Lincoln
Panola	Neshoba	Marion
Pontotoc	Newton	Pearl River
Prentiss	Noxubee	Perry
Quitman	Okitbbeh	Pike
Sunflower	Rankin	Stone
Tallahatchie	Scott	Walthall
Tate	Sharkey	Wayne
Tippah	Simpson	Wilkinson
Tishomingo	Smith	
Tunica	Warren	
Union	Webster	
Washington	Winston	
Yalobusha	Yazoo	

To determine a beneficiary's county, we used the following approach:

- County code included on a beneficiary's enrollment record in a given month.
- Absent (a), we mapped zip codes in the enrollment file to counties. In cases where a zip code is present in more than one county, we assumed that a zip code maps to a given county if:
 - The zip code shows up most frequently for a given county in the enrollment file (assuming a minimum of five occurrences).
 - Census information indicating the portion of a zip code's population that resides in each county. County is assigned to a zip code based on the county that includes the largest portion of a zip code's population.

If a beneficiary could not be assigned to a region, we excluded their eligibility and claim experience from the base data. This accounts for less than 0.1% of all current MississippiCAN eligible members in CY 2021.

APPENDIX B

Data Sources and Processing

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

APPENDIX B

DATA SOURCES AND PROCESSING

A number of data sources are used to develop the base data for the SFY 2024 MississippiCAN capitation rates.

- Medicaid eligibility data
- FFS claim data
- CCO encounter data
- CCO financial data

CY 2021 experience forms the primary base data for the SFY 2024 capitation rates.

This section of the report outlines each data source and steps to process the data.

MEDICAID ELIGIBILITY

DOM's MMIS vendor provided detailed Medicaid eligibility data for CY 2021. Before analyzing claims, we pared down the eligibility data to groups that are eligible to enroll in MississippiCAN, as defined in Appendix A of our report. In order to isolate data only for this group, we applied various filters as described in the rest of this appendix.

We relied upon the 'CAN' lock-in code for each eligibility span to include individuals enrolled in MississippiCAN in the base period. This assumes that MMIS-calculated enrollment criteria in the base period is consistent with SFY 2024. In addition, this removes opt-outs from voluntary populations (SSI children and Mississippi Band of Choctaw Indians) from the base data used to develop capitation rates. The opt-out rates for these populations have been stable in recent experience.

In addition, adjustments were made for the removal of retroactive eligibility periods and records not able to map to a geographic area.

Removal of Retroactive Eligibility Periods

Beneficiary enrollment in the FFS program can occur retroactively. When some individuals apply and qualify for Medicaid coverage, DOM reimburses claims, which occurred during the retroactive qualification period prior to their application. DOM backdates the eligibility of the individual to accommodate the retroactive coverage.

There is also a lag between the first date of eligibility and the date of enrollment in a CCO because Medicaid eligibility begins on the first day of the month in which the application was received. Once a Medicaid beneficiary signs up for a CCO, they will be enrolled on the first day of the subsequent month. The retroactive enrollment period is not covered by the CCO, so we removed retroactive eligibility included in the data provided to us using the following criteria:

- Eligibility months prior to the date that a beneficiary was added to the Medicaid enrollment file were removed. For example, if a beneficiary is active January 15, 2021, but they were added to the enrollment file February 1, 2021, we only included data on or after February 1, 2021 to exclude any retroactivity that may have occurred.

As of December 2015, newborns are enrolled in MississippiCAN at the time of their birth. Therefore, the retroactive eligibility exclusion is not applicable to these populations.

Geographic Area

If a beneficiary could not be assigned to a region, we excluded them from the base data. This accounts for less than 0.1% of all current MississippiCAN eligible member months in CY 2021. See Appendix A for additional information on the assignment of a geographic region.

FFS DATA

FFS claims are provided by DOM's MMIS vendor. These claims include any populations and / or services not included in MississippiCAN. We reviewed the FFS data for reasonability for several considerations, including the following, and verified it was consistent with monthly DOM cost reporting:

- Monthly claim counts per member
- Monthly payments per member
- Average cost per unit
- Monthly units and payments by COS
- Monthly units and payments by rate cell

APPENDIX B

DATA SOURCES AND PROCESSING

ENCOUNTER DATA

Encounter claims are included in the data provided by DOM's MMIS vendor. This data represents the actual amounts paid to the provider, so no repricing was done as part of the development of capitation rates. A claim processed by a CCO and submitted to DOM can be identified in the data using the following definition. Please note, the field names may vary from those provided in the encounter data submission from the CCOs.

- The 6th character of claim_id is '5' and cl_type is 'R,' or
- The 6th character of claim_id is '0' and cl_type is not 'R'

For all service categories we used CY 2021 encounter data with runout through April 2022.

Only encounter claims for members flagged as a MississippiCAN enrollee in the eligibility data were included in the base data. Encounter claims which failed to be mapped to a MississippiCAN CCO enrollee were removed.

CCO encounters are rigorously vetted by Myers and Stauffer as part of their reconciliation of encounters against CCOs' cash disbursement journals (CDJs). As part of this reconciliation, Myers and Stauffer identifies encounter claims that are duplicates, voids, or replacements for other encounter claims. Myers and Stauffer shares these findings with CCOs at a claim level to ensure they are accurately determining the final, non-duplicated version of each paid claim. As a result of their analysis, Myers and Stauffer are able to reconcile closely to the CCOs' CDJs (historically within 0.5% on a paid basis). We use summaries provided by Myers and Stauffer to identify final, non-duplicative claims consistent with their CDJ reconciliation.

Lastly, the encounter data is run through Milliman's *Health Cost Guidelines*TM (HCGs) grouper to map the encounter data into detailed categories of service. These categories of service are then rolled up into six high level categories of service: inpatient, outpatient, physician, pharmacy, dental, and other. This mapping from detailed category of service to broad category of service is included as Exhibit 2.

After processing the data, we review the encounter data for several considerations, including:

- Monthly encounter counts per member (including and excluding \$0 payments)
- Monthly payments per member
- Average cost per unit
- Monthly units and payments by COS
- Quarterly units and payments relative to financials by COS
- Frequency of diagnosis completion by COS

FINANCIAL REPORTING DATA

For base data development, each CCO submitted a financial report reconciled to their organization's audited CY 2021 financial statements for Mississippi. Reports were submitted for CY 2021 including earned premium, claim experience with run out through April 2022 for CY 2021 data, best estimate IBNR claim amounts, subcapitated arrangements, non-service expenses, and membership. The reported membership was close in total to the MMIS enrollment, so we utilized the MMIS enrollment for rate development.

We worked with each CCO to validate that their reports were filled out consistently with the category of service and non-medical definitions used in the capitation rate development. Adjustments were made to the original submissions to help align these definitions.

CLAIMS ABOVE STATE-PLAN COVERED SERVICE LIMITS

When processing encounter data, we identify claims above Mississippi's state-plan covered service limits. These services are provided by some CCOs as an expanded benefit. However, as they are not state-plan-covered, these services are excluded from the base data when setting capitation rates. We identified three types of benefits offered by CCOs that are above state-plan covered service limits, described below. Children receiving EPSDT services, identified as individuals under the age of 21, are exempt from the service limits described below.

- **Physician Visits** – Members are limited to 16 physician visits within a state fiscal year. This limit is applied separately for psychiatric and non-psychiatric visits.

APPENDIX B

DATA SOURCES AND PROCESSING

To identify physician visits, claims are required to have a claim type of “C” (Clinics), “E” (Vision / Hearing), “K” (Services), or “P” (Practitioner / Physician). Additionally, the claim must have one of a list of specific procedure codes. Exhibits 3A and 3B show the required procedure codes for non-psychiatric and psychiatric physician visits, respectively.

- **Pharmacy Scripts** – The Mississippi state plan covers up to six prescription drugs per month. Scripts beyond the limit are identified by counting claims for the pharmacy category of service by member by month. Some scripts do not apply to the coverage limit, including:
 - Vaccinations
 - Clinician Administered Drugs and Implantable Drug System Devices (CADDs)
 - Insect Repellants
 - Insulin testing and other supplies
 - Tablet splitters
 - Sodium chloride for inhalation
 - Omnipod Dash 5 pack

Additionally, all monthly fills of Clozapine after the first fill do not apply to the script limit. Only the first script within each GCN category applies for Clozapine.

Exhibit 3C includes a list of all NDCs for the exclusions listed above.

- **Home Health Visits** – Up to 36 home health visits per state fiscal year are covered under Mississippi’s state plan. Home health visits are identified as claims with a claim type of “V” (Home Health) and a revenue code of 421, 441, 551, 571, or 589.

APPENDIX C

CMS Managed Care Rate Setting Guide Response

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

APPENDIX C

Responses to 2023-2024 CMS Managed Care Rate Development Guide

I. RESPONSES TO 2023-2024 CMS MANAGED CARE RATE DEVELOPMENT GUIDE

SECTION I. MEDICAID MANAGED CARE RATES

1. General Information

- Rate period – This report documents and certifies capitation rates in effect from July 1, 2023 to June 30, 2024 (SFY 2024).
- Actuarial rate certification – See Appendix D.
- Final capitation rates – See Exhibit 4.
- Program descriptions – Please refer to the following sections:
 - Section II – MississippiCAN program background
 - Appendix A – Rate cell definitions
 - Section IV: Step 6 – Background on the quality withhold applied in SFY 2024
- Medical Loss Ratio (MLR) – The program includes a minimum MLR requirement of 87.5% of revenue. The sum of medical expenses, directed payments, and health care quality initiative (HCQI) expenses must meet or exceed 87.5% of revenue. Revenue for premium taxes is excluded from the MLR calculation. If the 87.5% threshold is not met, CCOs return revenue to DOM until the threshold is met. This mechanism has been developed in accordance with applicable regulation and generally accepted actuarial principles and practices.
- Federal Medical Assistance Percentage (FMAP) – DOM receives an enhanced FMAP for COVID-19 vaccination administration fees, family planning services, breast and cervical cancer services, Indian health services, home health services, rehabilitation services, private duty nursing services, and Quasi-CHIP members that prior to the Affordable Care Act were covered under the CHIP program. Any differences in capitation rates according to covered populations are based on valid rate development standards and not based on the FMAP associated with the covered populations.
- Cross-subsidies – Rate cells do not cross-subsidize other rate cells.
- Rate change from SFY 2023 capitation rates – See Section I.
- Known rate amendments – The capitation rates included in this report will require recertification to account for the following:
 - CCO specific MHAP, MAPS, and TREAT payments made to providers. This initial certification includes a PMPM estimate of these amounts across all CCOs.
 - As noted in Section IV: Step 2, no acuity adjustment is included in the preliminary rates for acuity changes between June 2022 and SFY 2024 (an adjustment is applied to reflect changes resulting from the shift from MississippiCAN to FFS during CY 2021 as of June 2022). We will monitor enrollment and may consider making an adjustment if enrollment and population acuity differ materially from the base period data.
 - We anticipate that these adjustments will be made at the same time and an amendment will be submitted by February 2025.
- Impact of COVID-19 – See Section I.

2. Data

- Service data sources – See Appendix B.
- Validation and quality adjustments – See Section III for encounter data and financial reporting validation.

APPENDIX C

Responses to 2023-2024 CMS Managed Care Rate Development Guide

- Changes in data sources – SFY 2024 capitation rates use CY 2021 CCO encounter and financial data as the base period data sources. SFY 2023 capitation rates used a CY 2019 base data period, supplemented by CY 2018 data for smaller rate cells.
- Potential Future Data improvements – We anticipate no major enhancements to data collection in the future.
- Other data adjustments – None.
- Data reliance – See Appendix E.

3. Projected Benefit Costs and Trends

- Assumptions used to project benefit costs do not vary based on the rate of federal financial participation associated with the covered populations.
- Projected benefit cost trends:
 - Annual trend assumptions – Section IV: Step 1 outlines the trend assumptions from CY 2021 to the rating period. Please refer to Exhibits 7A to 7E for more information. Negative unit cost trends for CY 2021 to the rating period for inpatient hospital services shown in Table 10 are due to decreases in fee schedules over time.
 - Reimbursement changes – Section IV: Step 2 describes the reimbursement changes between the base period and rating period.
- In-lieu-of services – CCOs do not provide any material amounts of in-lieu-of services.
- Mental Health Parity and Addiction Equity Act – No additional services were necessary to add to the program to achieve compliance with the act.
- Retrospective eligibility periods – No consideration for retroactive eligibility periods is included in the base data or rate development, because such services are covered under FFS.
- Overpayments to providers – Section III, Step 1 summarizes recoveries for overpayments to providers by CCOs and how these recoveries are accounted for when summarizing the base data used to develop SFY 2024 capitation rates.
- Changes in covered services and benefits: There are three benefit changes between the base period and the rate year:
 - Expansion of postpartum coverage for pregnant women from 60 days to 12 months.
 - Members diagnosed with Hemophilia or Von Willebrand disease are now covered as part of the MississippiCAN program.
 - Zolgensma is now included as a covered therapy for SFY 2024 (was previously carved out).
- Other adjustments:
 - A population change adjustment was applied to reflect that some children in the Non-Newborn SSI / Disabled rate cell were historically moved into FFS after a PRTF stay. Starting in SFY 2022, these individuals will remain in the MississippiCAN program. This adjustment was applied in Section III: Step 1.
 - Area relativity factors – Please see Section IV: Step 3 for a discussion of the area factor development for the North, Central, and South regions.
- Final projected benefit costs – See Exhibit 4.
- Conditions of any litigation to which the state is subjected – Not applicable; no impact on rates.

APPENDIX C

Responses to 2023-2024 CMS Managed Care Rate Development Guide

4. Special Contract Provisions Related to Payment

- Incentive Arrangements – Not applicable.
- Withhold Arrangements – A quality withhold will be implemented for the SFY 2024 capitation rates. Please see Section IV: Step 4 for a description of the quality withhold.
- Risk sharing
 - The program includes a minimum MLR requirement of 87.5% of revenue. The sum of medical expenses, directed payments, and health care quality initiative (HCQI) expenses, must meet or exceed 87.5% of revenue. Revenue for premium taxes and HIF are excluded from the MLR calculation. If the 87.5% threshold is not met, MCOs return revenue to DOM until the threshold is met. This mechanism has been developed in accordance with applicable regulation and generally accepted actuarial principles and practices.
 - For SFY 2024 the program is subject to a high-cost pharmacy risk corridor and a program-wide risk corridor. Please see Section IV: Step 9 for details of the implementation of these risk corridors.
 - Any risk-sharing arrangements are consistent with pricing assumptions and no remittance / payment is calculated using pricing assumptions.
- Delivery System and Provider Payment Initiatives – Not applicable.
- State Directed Payments

The SFY 2024 capitation rates included in this certification reflect four directed payment arrangements that will be in effect for SFY 2024. The necessary information for the three state directed payment arrangements included in these preliminary capitation rates is summarized below.

Summary of All State Directed Payments			
Control Name of the State Directed Payment	Type of Payment	Brief Description	Is the Payment Included as a Rate Adjustment or Separate Payment Term?
MS_Fee_IPH.OPH_Renewal_20230701-20240630	Uniform dollar or percentage increase	Enhanced hospital reimbursement for inpatient and outpatient hospital services for qualifying facilities	Separate payment term
MS_Fee.VBP_AMC_Renewal_20230701-20240630	Uniform dollar or percentage increase	Enhanced payments to physicians and other eligible professional service practitioners who are employed by a qualifying hospital or who assigned Mississippi Medicaid payments to a qualifying hospital	Separate payment term
TREAT	Uniform dollar or percentage increase	Enhanced reimbursement for ambulance providers	Separate payment term

APPENDIX C

Responses to 2023-2024 CMS Managed Care Rate Development Guide

Summary of State Directed Payments Included as a Separate Payment Term					
Control Name of the State Directed Payment	Aggregate Amount Included in the Certification	Statement that the Actuary is Certifying the Separate Payment Term	The Magnitude on a PMPM Basis	Confirmation the Rate Development is Consistent with the Preprint	Confirmation that the State and Actuary will Submit Required Documentation at the End of the Rating Period
			See Exhibit 16		
MS_Fee_IPH.OPH_Renewal_20230701-20240630	FSA component of MHAP: \$271.0 million QIPP component of MHAP: \$291.2 million	Confirmed the actuarial certification covers this separate payment term	FSA component of MHAP: allocated across rate cells based on projected IP / OP spend. 65% is allocated based on projected IP spend and 35% is allocated based on projected OP spend. Ranges from \$14.27 to \$2,152.63 PMPM. QIPP component of MHAP: allocated as a fixed PMPM of \$61.46 across all rate cells.	Confirmed	Confirmed
MS_Fee.VBP_AMC_Renewal_20230701-20240630	\$39.4 million	Confirmed the actuarial certification covers this separate payment term	See Exhibit 16 Allocated as a fixed PMPM of \$8.32 across all rate cells	Confirmed	Confirmed
TREAT	\$15.5 million	Confirmed the actuarial certification covers this separate payment term	See Exhibit 16 Allocated as a fixed PMPM of \$3.27 across all rate cells	Confirmed	Confirmed

All services covered under the MississippiCAN program are subject to a minimum fee schedule of the FFS rate. This minimum fee schedule is set in accordance with the provisions of §438.6(c). It is our understanding that this type of minimum fee schedule does not necessitate prior approval from CMS and no preprint is required.

DOM has confirmed that there are no additional directed payments in the program that are not addressed in the certification.

DOM has also confirmed that there are no requirements regarding the reimbursement rates the managed care plans must pay to any providers unless specifically specified in the certification as a state directed payment or authorized under applicable law, regulation, or waiver.

- Pass Through Payments – Not applicable.

5. Projected Non-Benefit Costs

- Assumptions used to project non-benefit costs do not vary based on the rate of federal financial participation associated with the covered populations.

APPENDIX C

Responses to 2023-2024 CMS Managed Care Rate Development Guide

- Administrative cost data, projected costs, premium tax and margin – See Section IV: Step 4.
- Health Insurer Fee (HIF) treatment – Not applicable for SFY 2024.

6. Risk Adjustment and Acuity Adjustments

- Risk adjustment – See Section IV: Step 7. During the development of the custom Mississippi risk adjustment model, we measured an R-squared value of 11% for MA Children and Quasi-CHIP, 17% for MA Adults, and 26% for Non-Newborn SSI / Disabled. These weights were used in the most recent risk adjustment results (effective for January 2023 to June 2023) which resulted in risk scores that ranged from 0.94 to 1.04 depending on CCO, region and rate cell.

A custom risk adjustment model was developed for the Foster Care rate cell using information from members' enrollment information. This model was used in the most recent risk adjustment results (effective for January 2023 to June 2023) which resulted in risk scores that ranged from 0.91 to 1.28 depending on CCO and region.

- Acuity Adjustments – See Section IV: Step 2 for a description of the acuity adjustment applied to reflect changes in member acuity as a result of the member transition that occurred starting in June 2021.

SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES

This section does not apply as MississippiCAN is not a long-term care service program.

SECTION III. NEW ADULT POPULATION CAPITATION RATES

This section does not apply as the state of Mississippi has not expanded coverage as a result of the Affordable Care Act.

APPENDIX D

Actuarial Certification of SFY 2024 MississippiCAN Capitation Rates

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023



17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA
Tel +1 262 784 2250

milliman.com

Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary

jill.bruckert@milliman.com

August 29, 2023

**Mississippi Division of Medicaid
Capitated Contracts Ratesetting
Actuarial Certification
SFY 2024 MississippiCAN Capitation Rates**

I, Jill A. Bruckert, am associated with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I was retained by the Mississippi Division of Medicaid (DOM) to perform an actuarial certification of the Mississippi Coordinated Access Network (MississippiCAN) coordinated care capitation rates for July 1, 2023 to June 30, 2024 (SFY 2024) for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the capitation rate development and am familiar with the following regulation and guidance:

- The requirements of 42 CFR §438.3(c), 438.3(e), 438.4, 438.5, 438.6, and 438.7
- CMS "Appendix A, PAHP, PIHP, and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting dated November 10, 2014"
- 2023 to 2024 Medicaid Managed Care Rate Development Guide
- Actuarial Standard of Practice 49 and other applicable standards of practice

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for SFY 2024 dated August 29, 2023 and accompanying this certification.

To the best of my information, knowledge, and belief, for the SFY 2024 period, the capitation rates offered by DOM are in compliance with the relevant requirements of 42 CFR 438.4. The attached actuarial report describes the capitation rate setting methodology. Please note, as outlined in the cover letter of the report, there are a number of outstanding program changes that will be incorporated into an update to SFY 2024 capitation rates.

In my opinion, the capitation rates are actuarially sound, as defined in Actuarial Standard of Practice 49, were developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract. This certification includes all prospective health plan payments, as well as the components of the MHAP, MAPS, and TREAT programs that will be settled retrospectively.

In making my opinion, I relied upon the accuracy of the underlying claim and eligibility data records and other information prepared by DOM and participating CCOs. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary. The reliance letter from DOM is included in Appendix E of the rate report issued on August 29, 2023.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted coordinated care organization's situation and experience.



This Opinion assumes the reader is familiar with the MississippiCAN program, Medicaid coordinated care programs, and actuarial rating techniques. The Opinion is intended for the State of Mississippi and the Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.

A handwritten signature in black ink, appearing to read "Jill A. Bruckert", written over a horizontal line.

Jill A. Bruckert
Member, American Academy of Actuaries
Principal and Consulting Actuary
August 29, 2023

APPENDIX E

Data Reliance Letter

This report assumes the reader is familiar with the State of Mississippi's MississippiCAN program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DOM to set SFY 2024 capitation rates for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

State of Mississippi Division of Medicaid
SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

August 29, 2023

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



MISSISSIPPI DIVISION OF
MEDICAID

July 20, 2023

Jill A. Bruckert, FSA, MAAA
Principal and Consulting Actuary
Milliman, Inc.
17335 Golf Parkway, Suite 100
Brookfield, WI 53045

Re: Data Reliance for Actuarial Certification of SFY 2024 MississippiCAN Capitation Rates

Dear Jill:

I, Jennifer Wentworth, Deputy Administrator for Finance for the Mississippi Division of Medicaid (DOM), hereby affirm that the data prepared and submitted to Milliman, Inc. (Milliman) for the purpose of certifying MississippiCAN capitation rates was prepared under my direction and, to the best of my knowledge and belief, is accurate, complete, and consistent with the data used to develop the capitation rates. Capitation rates are effective July 1, 2023 to June 30, 2024.

Provided data or information used in the development of the capitation rates includes:

1. Data from DOM's Medicaid Management Information Systems (MMIS) prior vendor (Conduent):
 - a. Encounter claims through August 2022.
 - b. Medicaid eligibility through August 2022.
2. Data from DOM's vendor Myers and Stauffer:
 - a. Detailed encounter claim status reports, including identification of duplicative or voided claims through September 5, 2022.
3. Data from DOM's vendor Change Healthcare:
 - a. PDL change analysis files and supporting exhibits for January 1, 2022 provided January 23, 2022 and January 31, 2022.
 - b. PDL change analysis files and supporting exhibits for January 1, 2023 provided January 4, 2023, January 9, 2023, January 31, 2023, and February 7, 2023.
 - c. Estimates of the impact of medications used to treat obesity.
4. Supporting documentation provided by DOM:
 - a. Data identification logic:
 - i. Logic for identifying members eligible for the MYPAC rate cell.

- ii. Logic for identifying members with hemophilia.
 - iii. Logic for identifying Institution for Mental Disease (IMD) facilities.
 - iv. Logic for identifying claims above state plan covered service limits.
 - v. Detailed mapping of services and providers previously eligible for the 5% assessment.
- b. Reimbursement and / or program changes:
- i. SB 2799 passed April 19, 2021.
 - 1. Removal of 5% provider assessment effective July 1, 2021.
 - 2. Preventative and diagnostic dental reimbursement increases of 5% effective July 1, 2021, July 1, 2022, and July 1, 2023, achieved through the removal of the 5% provider assessment.
 - 3. Fee schedules frozen effective July 1, 2021.
 - ii. HB 657 signed into law on April 19, 2022.
 - 1. Restorative dental reimbursement increases of 5% effective July 1, 2021, July 1, 2022, July 1, 2023, and July 1, 2024.
 - 2. Ability to change fee schedules with legislative notification. DOM will update reimbursement for the following provider types.
 - a. Pharmacy reimbursement effective July 1, 2021.
 - b. Physician fee schedules effective July 1, 2022.
 - c. Inpatient and outpatient fee schedules effective July 1, 2023.
 - iii. SB 2212 signed into law on March 16, 2023.
 - 1. Postpartum coverage for eligible members extended from 60 days to 12 months.
 - iv. Professional fee re-pricing impacts for July 2022 prepared by Conduent.
 - v. Inpatient DRG, outpatient APC, and professional fee re-pricing impacts for July 2023 prepared by Conduent.
 - vi. Payments for rural outpatient hospitals opting out of APC reimbursement during SFY 2023.
 - vii. Estimates of uptake rates of certain gene therapies used to treat Hemophilia A, Hemophilia B, Sickle Cell Disease, Beta-Thalassemia, and Duchene Muscular Dystrophy.
 - viii. Confirmation that Zolgensma will be carved into the capitation rate for SFY 2024.
 - ix. Fee schedule updates for the following categories of service:
 - 1. Psychiatric Residential Treatment Facilities (PRTF) – January 2023
 - 2. Home Health Agency (HHA) – October 2022

3. Prescribed Pediatric Extended Care (PPEC) – October 2022
4. Private Duty Nursing (PDN) – October 2022
5. Ambulatory Surgical Center (ASC) – January 2023
6. Autism Spectrum Disorder (ASD) – January 2023
7. Federally Qualified Health Centers (FQHC) – January 2023
8. Rural Health Clinics (RHC) – January 2023

vii. 2021 fee schedules for the following categories of service:

1. Psychiatric Residential Treatment Facilities (PRTF)
2. Home Health Agency (HHA)
3. Prescribed Pediatric Extended Care (PPEC)
4. Private Duty Nursing (PDN)
5. Ambulatory Surgical Center (ASC)
6. Autism Spectrum Disorder (ASD)
7. Federally Qualified Health Centers (FQHC)
8. Rural Health Clinics (RHC)

c. Directed payments:

- i. SFY 2024 Mississippi Hospital Access Program (MHAP) total funding amount of \$562,279,698 along with splits for a quality incentive payment pool (QIPP) amount of \$291,248,176, the inpatient fee schedule adjustment (FSA) amount of \$176,170,489, and the outpatient FSA amount of \$94,861,033 to be used in capitation rate development.
- ii. SFY 2024 Mississippi Medicaid Access to Physician Services (MAPS) funding amount of \$39,420,290.
- iii. SFY 2024 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) funding amount of \$15,475,000.

d. Historical data:

- i. Files summarizing individuals in the Non-Newborn SSI / Disabled rate cell moved to FFS due to a PRTF stay in CY 2021.
- ii. MLR reports through December 2022.
- iii. Capitation reports showing monthly membership through April 2023.

e. Other data:

- i. Quality withhold parameters for SFY 2024.
- ii. Program risk corridor parameters for SFY 2024.
- iii. High-cost drug risk corridor parameters for SFY 2024.
- iv. Other computer files and clarifying correspondence.

Milliman relied on DOM and their prior MMIS vendor for the collection and processing of the CCO encounter data. Milliman relied on Myers and Stauffer's review of encounter data for duplicative or voided claims.

Jill A. Bruckert, FSA, MAAA
Milliman, Inc.
July 20, 2023
Page 4 of 2

Milliman relied on the CCOs to provide accurate CY 2021 financial data as certified by each CCO. Milliman did not audit the CCO financial data, or the encounter data, but did assess the data for reasonableness as documented in the capitation rate report.

Jennifer Westworth

Name
Deputy Administrator for Finance

Title
July 20, 2023

Date

For more information about Milliman,
please visit us at:

milliman.com



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

milliman.com

CONTACTS

Jill Bruckert
jill.bruckert@milliman.com

Katarina Lorenz
katarina.lorenz@milliman.com

Caveats and Limitations
Mississippi Division of Medicaid
READ BEFORE PROCEEDING

Milliman has developed certain models to estimate the values included in these exhibits and appendices. The intent of the models was to estimate SFY 2024 capitation rates. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. We used CCO encounter data and CCO financial exhibits and appendices from January 2021 to December 2021 with runout through April 2022, historical and projected reimbursement information, TPL recoveries, fee schedules, pharmacy and dispensing fee pricing, and other information from DOM, MississippiCAN CCOs, Myers and Stauffer, Change Healthcare, and CMS to calculate the preliminary MississippiCAN capitation rates shown in these exhibits and appendices. If the underlying data used is inadequate or incomplete, the results will be likewise inadequate or incomplete. Please see Appendix E for a full list of the data relied upon to develop the SFY 2024 capitation rates.

Differences between the capitation rates and actual experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Our exhibits and appendices are intended for the internal use of DOM to review preliminary MississippiCAN capitation rates for SFY 2024. The exhibits and appendices and the models used to develop the values in these exhibits and appendices may not be appropriate for other purposes. We anticipate the exhibits and appendices will be shared with contracted CCOs, CMS and other interested parties. Milliman does not intend to service, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety. These capitation rates may not be appropriate for all CCOs. Any CCO considering participating in MississippiCAN should consider their unique circumstances before deciding to contract under these rates.

The results of these exhibits and appendices are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The authors of these exhibits and appendices are actuaries employed by Milliman, members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial opinion

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

Non-Newborn SSI / Disabled Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	745,652	745,652	745,652	745,652	745,652	745,652	745,652	745,652
b	Total Allowed Dollars	\$125,809,685	\$141,651,417	\$149,503,672	\$244,050,225	\$6,203,061	\$49,253,405		\$716,471,465
c = b / a	CY 2021 PMPM Costs	\$168.72	\$189.97	\$200.50	\$327.30	\$8.32	\$66.05		\$960.87
d	Pharmacy Rate Freeze Repricing	1.000	1.000	1.000	1.003	1.000	1.000		1.001
e	Non-Covered Services	1.000	1.000	0.987	0.979	1.000	1.000		0.990
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	0.995	1.000	1.000	1.000	1.000	1.000		0.999
h	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000		1.000
i	SSI Children - COE Change	1.040	1.000	1.001	1.000	1.002	1.000		1.007
j	MYPAC Member Identification Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
k	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.996	1.000	1.000		0.999
l	Missing Data	1.002	1.003	1.002	1.003	1.003	1.108		1.010
m	IBNR Adjustment	1.042	1.003	1.002	1.000	1.001	1.003		1.009
Product of c through m Adjusted CY 2021 PMPM Costs		\$182.29	\$190.93	\$198.47	\$320.92	\$8.36	\$73.33		\$974.31

Breast and Cervical Cancer Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	1,708	1,708	1,708	1,708	1,708	1,708		1,708
b	Total Allowed Dollars	\$272,903	\$1,768,769	\$1,484,984	\$937,031	\$6,081	\$145,709		\$4,615,477
c = b / a	CY 2021 PMPM Costs	\$159.78	\$1,035.58	\$869.43	\$548.61	\$3.56	\$85.31		\$2,702.27
d	Pharmacy Rate Freeze Repricing	1.000	1.000	1.000	1.003	1.000	1.000		1.001
e	Non-Covered Services	1.000	1.000	0.994	0.986	1.000	1.000		0.995
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000		1.000
h	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000		1.000
i	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
j	MYPAC Member Identification Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
k	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.996	1.000	1.000		0.999
l	Missing Data	1.002	1.002	1.002	1.003	1.004	1.067		1.004
m	IBNR Adjustment	1.057	1.003	1.003	1.000	1.001	1.002		1.006
Product of c through m Adjusted CY 2021 PMPM Costs		\$169.16	\$1,039.77	\$867.59	\$541.45	\$3.57	\$91.13		\$2,712.67

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

MA Adult Rate Cell - Non-Deliveries

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	570,832	570,832	570,832	570,832	570,832	570,832	570,832	570,832
b	Total Allowed Dollars	\$23,924,109	\$53,122,375	\$63,394,718	\$64,635,824	\$2,908,628	\$6,781,206		\$214,766,860
c = b / a	CY 2021 PMPM Costs	\$41.91	\$93.06	\$111.06	\$113.23	\$5.10	\$11.88		\$376.23
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,003	1,000	1,000		1,001
e	Non-Covered Services	1,000	1,000	0,985	0,984	1,000	1,000		0,991
f	TPL Adjustment	0,999	0,999	0,999	0,999	0,999	0,999		0,999
g	IMD Removal	0,999	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0,996	1,000	1,000		0,999
l	Missing Data	1,003	1,003	1,002	1,003	1,003	1,141		1,007
m	IBNR Adjustment	1,050	1,003	1,002	1,000	1,001	1,002		1,007
Product of c through m Adjusted CY 2021 PMPM Costs		\$44.01	\$93.56	\$109.71	\$111.53	\$5.11	\$13.56		\$377.48

MA Adult Rate Cell - Deliveries

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	570,832	570,832	570,832	570,832	570,832	570,832	570,832	570,832
b	Total Allowed Dollars	\$15,299,062	\$45,698	\$4,164,062	\$88,015	\$110	\$94,154		\$19,691,102
c = b / a	CY 2021 PMPM Costs	\$26.80	\$0.08	\$7.29	\$0.15	\$0.00	\$0.16		\$34.50
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,002	1,000	1,000		1,000
e	Non-Covered Services	1,000	1,000	0,985	0,984	1,000	1,000		0,997
f	TPL Adjustment	0,999	0,999	0,999	0,999	0,999	0,999		0,999
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0,996	1,000	1,000		1,000
l	Missing Data	1,003	1,004	1,002	1,003	1,000	1,109		1,003
m	IBNR Adjustment	1,052	1,003	1,002	1,000	1,003	1,002		1,041
Product of c through m Adjusted CY 2021 PMPM Costs		\$28.23	\$0.08	\$7.21	\$0.15	\$0.00	\$0.18		\$35.85

PMPM costs are calculated using allowed amounts for 3,308 MA Adult deliveries and total MA Adult rate cell membership.

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

		Pregnant Women Rate Cell - Non-Deliveries							
Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	117,512	117,512	117,512	117,512	117,512	117,512	117,512	117,512
b	Total Allowed Dollars	\$3,243,075	\$11,816,037	\$21,602,905	\$4,651,709	\$424,147	\$1,053,858		\$42,791,731
c = b / a	CY 2021 PMPM Costs	\$27.60	\$100.55	\$183.84	\$39.58	\$3.61	\$8.97		\$364.15
d	Pharmacy Rate Freeze Repricing	1.000	1.000	1.000	1.002	1.000	1.000		1.000
e	Non-Covered Services	1.000	1.000	0.999	0.999	1.000	1.000		1.000
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000		1.000
h	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000		1.000
i	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
j	MYPAC Member Identification Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
k	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.996	1.000	1.000		1.000
l	Missing Data	1.002	1.003	1.002	1.003	1.003	1.126		1.006
m	IBNR Adjustment	1.053	1.003	1.003	1.000	1.001	1.002		1.006
Product of c through m Adjusted CY 2021 PMPM Costs		\$29.09	\$101.08	\$184.47	\$39.51	\$3.62	\$10.11		\$367.87

		Pregnant Women Rate Cell - Deliveries							
Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	117,512	117,512	117,512	117,512	117,512	117,512	117,512	117,512
b	Total Allowed Dollars	\$50,872,673	\$115,480	\$13,684,426	\$241,212	\$109	\$181,826		\$65,095,726
c = b / a	CY 2021 PMPM Costs ¹	\$432.91	\$0.98	\$116.45	\$2.05	\$0.00	\$1.55		\$553.95
d	Pharmacy Rate Freeze Repricing	1.000	1.000	1.000	1.002	1.000	1.000		1.000
e	Non-Covered Services	1.000	1.000	0.999	0.999	1.000	1.000		1.000
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000		1.000
h	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000		1.000
i	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
j	MYPAC Member Identification Change	1.000	1.000	1.000	1.000	1.000	1.000		1.000
k	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.996	1.000	1.000		1.000
l	Missing Data	1.003	1.003	1.003	1.003	1.004	1.120		1.003
m	IBNR Adjustment	1.050	1.003	1.003	1.000	1.001	1.002		1.040
Product of c through m Adjusted CY 2021 PMPM Costs		\$455.44	\$0.99	\$116.86	\$2.05	\$0.00	\$1.73		\$577.08

PMPM costs are calculated using allowed amounts for 12,884 Pregnant Women deliveries and total Pregnant Women rate cell membership.

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

SSI / Disabled Newborn Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146
b	Total Allowed Dollars	\$20,232,119	\$1,108,219	\$8,274,569	\$3,083,084	\$3,972	\$1,274,692	\$33,976,655	
c = b / a	CY 2021 PMPM Costs	\$3,931.62	\$215.36	\$1,607.96	\$599.12	\$0.77	\$247.71	\$6,602.54	
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,003	1,000	1,000	1,000	
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999	
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
j	MYPAC Member Identification Change	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0.996	1,000	1,000	1,000	
l	Missing Data	1,003	1,003	1,002	1,002	1,001	1,021	1,003	
m	IBNR Adjustment	1,052	1,004	1,003	1,000	1,001	1,002	1,032	
Product of c through m Adjusted CY 2021 PMPM Costs		\$4,143.17	\$216.57	\$1,614.00	\$598.78	\$0.77	\$253.28	\$6,826.57	

Non-SSI Newborns 0 to 2 Months Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	70,289	70,289	70,289	70,289	70,289	70,289	70,289	
b	Total Allowed Dollars	\$92,607,914	\$3,570,419	\$25,757,273	\$797,579	\$41,723	\$912,987	\$123,687,896	
c = b / a	CY 2021 PMPM Costs ¹	\$1,317.53	\$50.80	\$366.45	\$11.35	\$0.59	\$12.99	\$1,759.70	
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,002	1,000	1,000	1,000	
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999	
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
j	MYPAC Member Identification Change	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0.996	1,000	1,000	1,000	
l	Missing Data	1,003	1,004	1,003	1,003	1,001	1,109	1,003	
m	IBNR Adjustment	1,049	1,004	1,003	1,000	1,001	1,002	1,038	
Product of c through m Adjusted CY 2021 PMPM Costs		\$1,384.51	\$51.10	\$368.23	\$11.35	\$0.59	\$14.41	\$1,830.20	

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

Non-SSI Newborns 3 to 12 Months Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	238,386	238,386	238,386	238,386	238,386	238,386	238,386	238,386
b	Total Allowed Dollars	\$6,486,737	\$12,060,904	\$26,365,532	\$5,639,218	\$259,455	\$1,414,688		\$52,226,533
c = b / a	CY 2021 PMPM Costs	\$27.21	\$50.59	\$110.60	\$23.66	\$1.09	\$5.93		\$219.08
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,002	1,000	1,000		1,000
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000		1,000
f	TPL Adjustment	0,999	0,999	0,999	0,999	0,999	0,999		0,999
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0,996	1,000	1,000		1,000
l	Missing Data	1,003	1,003	1,002	1,003	1,000	1,245		1,009
m	IBNR Adjustment	1,054	1,004	1,003	1,000	1,001	1,002		1,009
Product of c through m Adjusted CY 2021 PMPM Costs		\$28.72	\$50.87	\$111.04	\$23.66	\$1.09	\$7.40		\$222.78

Foster Care Rate Cell

Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	79,772	79,772	79,772	79,772	79,772	79,772		79,772
b	Total Allowed Dollars	\$18,414,424	\$3,409,670	\$10,286,764	\$7,135,304	\$1,987,397	\$1,292,884		\$42,526,442
c = b / a	CY 2021 PMPM Costs	\$230.84	\$42.74	\$128.95	\$89.45	\$24.91	\$16.21		\$533.10
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,004	1,000	1,000		1,001
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000		1,000
f	TPL Adjustment	0,999	0,999	0,999	0,999	0,999	0,999		0,999
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	0,999	1,000	0,995	0,999	0,999	1,000		0,998
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0,996	1,000	1,000		0,999
l	Missing Data	1,000	1,002	1,001	1,002	1,002	1,448		1,015
m	IBNR Adjustment	1,024	1,004	1,003	1,000	1,001	1,006		1,012
Product of c through m Adjusted CY 2021 PMPM Costs		\$235.89	\$42.95	\$128.59	\$89.51	\$24.93	\$23.58		\$545.45

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

		MYPAC Rate Cell							
Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	9,969	9,969	9,969	9,969	9,969	9,969	9,969	9,969
b	Total Allowed Dollars	\$4,084,800	\$609,340	\$23,898,251	\$1,777,312	\$300,649	\$217,533		\$30,887,885
c = b / a	CY 2021 PMPM Costs	\$409.75	\$61.12	\$2,397.26	\$178.28	\$30.16	\$21.82		\$3,098.39
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,004	1,000	1,000		1,000
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000		1,000
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	1.025	1.020	1.008	1.009	1.007	1.009		1.011
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0.996	1,000	1,000		1,000
l	Missing Data	1,000	1,006	1,000	1,002	1,001	1,130		1,001
m	IBNR Adjustment	1,236	1,013	1,002	1,000	1,000	1,002		1,033
Product of c through m Adjusted CY 2021 PMPM Costs		\$518.77	\$63.45	\$2,418.41	\$180.04	\$30.37	\$24.91		\$3,235.96

		MA Children Rate Cell							
Calculation Step	CY 2021 PMPM Cost Development	Category of Service							Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other		
a	CY 2021 Member Months	3,350,545	3,350,545	3,350,545	3,350,545	3,350,545	3,350,545		3,350,545
b	Total Allowed Dollars	\$53,925,025	\$98,194,951	\$194,577,732	\$96,386,398	\$71,343,280	\$16,180,279		\$530,607,667
c = b / a	CY 2021 PMPM Costs	\$16.09	\$29.31	\$58.07	\$28.77	\$21.29	\$4.83		\$158.36
d	Pharmacy Rate Freeze Repricing	1,000	1,000	1,000	1,003	1,000	1,000		1,000
e	Non-Covered Services	1,000	1,000	1,000	1,000	1,000	1,000		1,000
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999		0.999
g	IMD Removal	1,000	1,000	1,000	1,000	1,000	1,000		1,000
h	IMD Additions	1,000	1,000	1,000	1,000	1,000	1,000		1,000
i	SSI Children - COE Change	1,000	1,000	1,000	1,000	1,000	1,000		1,000
j	MYPAC Member Identification Change	0.999	1,000	1,000	1,000	1,000	1,000		1,000
k	Drug Services Rebate Adjustment	1,000	1,000	1,000	0.996	1,000	1,000		0.999
l	Missing Data	1,002	1,004	1,002	1,003	1,003	1,392		1,015
m	IBNR Adjustment	1,035	1,003	1,002	1,000	1,001	1,001		1,005
Product of c through m Adjusted CY 2021 PMPM Costs		\$16.65	\$29.49	\$58.23	\$28.80	\$21.35	\$6.72		\$161.23

Exhibit 1A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
CY 2021 Encounter Data

		Quasi-CHIP Rate Cell						
Calculation Step	CY 2021 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	CY 2021 Member Months	348,610	348,610	348,610	348,610	348,610	348,610	348,610
b	Total Allowed Dollars	\$5,834,116	\$8,502,417	\$19,428,586	\$13,445,110	\$9,790,370	\$2,064,579	\$59,065,178
c = b / a	CY 2021 PMPM Costs	\$16.74	\$24.39	\$55.73	\$38.57	\$28.08	\$5.92	\$169.43
d	Pharmacy Rate Freeze Repricing	1.000	1.000	1.000	1.003	1.000	1.000	1.001
e	Non-Covered Services	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	TPL Adjustment	0.999	0.999	0.999	0.999	0.999	0.999	0.999
g	IMD Removal	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	IMD Additions	1.000	1.000	1.000	1.000	1.000	1.000	1.000
i	SSI Children - COE Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
j	MYPAC Member Identification Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	Drug Services Rebate Adjustment	1.000	1.000	1.000	0.996	1.000	1.000	0.999
l	Missing Data	1.002	1.005	1.002	1.003	1.004	1.308	1.014
m	IBNR Adjustment	1.039	1.003	1.002	1.000	1.001	1.001	1.005
<i>Product of c through m</i> Adjusted CY 2021 PMPM Costs		\$17.40	\$24.55	\$55.88	\$38.61	\$28.18	\$7.74	\$172.36

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Non-Newborn SSI / Disabled Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$182.29	\$190.93	\$198.47	\$320.92	\$8.36	\$73.33	\$974.31
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.103	1.130	1.025	1.000	1.130	1.079
c	Charge Trend Factors CY 2021 to SFY 2024	0.956	1.038	1.058	1.103	1.000	1.065	1.049
d	Seasonal Virus Adjustment	0.964	0.991	0.992	0.998	1.000	0.997	0.990
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.026	1.000	1.000	1.008
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.996	1.000	1.000	0.999
j	Obesity Drug Coverage	1.000	1.000	1.000	1.007	1.000	1.000	1.002
k	Obesity Drug Coverage Savings	0.998	0.998	0.998	0.998	0.998	0.998	0.998
l	Gene Therapy Drug Coverage	1.031	1.000	1.000	1.225	1.000	1.000	1.061
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	0.998	1.000	1.000	0.999
n	Insulin Price Reduction	1.000	1.000	1.000	0.975	1.000	1.000	0.990
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.003	1.008	1.000	1.024	1.019	1.004
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.037	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.018	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$186.29	\$217.95	\$236.78	\$442.57	\$9.03	\$89.43	\$1,182.05

Breast and Cervical Cancer Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$169.16	\$1,039.77	\$867.59	\$541.45	\$3.57	\$91.13	\$2,712.67
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.103	1.130	1.025	1.000	1.130	1.095
c	Charge Trend Factors CY 2021 to SFY 2024	0.955	1.039	1.053	1.103	1.000	1.054	1.051
d	Seasonal Virus Adjustment	0.979	0.998	0.998	0.999	1.000	0.999	0.997
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.996	1.000	1.000	0.999
j	Obesity Drug Coverage	1.000	1.000	1.000	1.008	1.000	1.000	1.002
k	Obesity Drug Coverage Savings	0.999	0.999	0.999	0.999	0.999	0.999	0.999
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	0.997	1.000	1.000	0.999
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.002	1.000	1.024	1.013	1.001
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.049	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.002
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$170.01	\$1,193.88	\$1,031.37	\$611.90	\$3.83	\$109.67	\$3,120.65

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

		MA Adult Rate Cell - Non-Deliveries						
Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$44.01	\$93.56	\$109.71	\$111.53	\$5.11	\$13.56	\$377.48
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.077	1.025	1.000	1.077	1.060
c	Charge Trend Factors CY 2021 to SFY 2024	1.039	1.053	1.072	1.103	1.000	1.057	1.071
d	Seasonal Virus Adjustment	0.925	0.981	0.983	0.998	1.000	0.994	0.981
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.092	1.084	1.086	1.138	1.059	1.067	1.101
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.996	1.000	1.000	0.999
j	Obesity Drug Coverage	1.000	1.000	1.000	1.026	1.000	1.000	1.008
k	Obesity Drug Coverage Savings	0.994	0.994	0.994	0.994	0.994	0.994	0.994
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	0.987	1.000	1.000	0.996
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.009	1.000	1.028	1.023	1.004
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.035	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.001	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$49.43	\$112.62	\$135.53	\$143.45	\$5.73	\$16.65	\$463.41

		MA Adult Rate Cell - Deliveries						
Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$28.23	\$0.08	\$7.21	\$0.15	\$0.00	\$0.18	\$35.85
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.077	1.025	1.000	1.077	1.076
c	Charge Trend Factors CY 2021 to SFY 2024	1.039	1.053	1.072	1.103	1.000	1.057	1.046
d	Seasonal Virus Adjustment	0.925	0.981	0.983	0.998	1.000	0.994	0.938
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.092	1.084	1.086	1.138	1.059	1.067	1.091
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
j	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	0.987	1.000	1.000	1.000
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.004	1.000	1.000	1.024	1.001
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.030	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.001	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$31.88	\$0.10	\$8.91	\$0.19	\$0.00	\$0.23	\$41.31

PMPM costs are calculated using allowed amounts for 3,308 MA Adult deliveries and total MA Adult rate cell membership in 2021.

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Pregnant Women Rate Cell - Non-Deliveries

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$29.09	\$101.08	\$184.47	\$39.51	\$3.62	\$10.11	\$367.87
b	Trends							
	Utilization Trend Factors CY 2021 to SFY 2024	1.130	1.130	1.157	1.025	1.000	1.157	1.132
	Charge Trend Factors CY 2021 to SFY 2024	1.039	1.052	1.072	1.103	1.000	1.057	1.066
	Seasonal Virus Adjustment	0.892	0.983	0.990	0.993	1.000	0.993	0.981
c	Population Changes							
	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Postpartum Coverage Extension	0.803	0.803	0.803	0.803	0.803	0.803	0.803
	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
d	Program Changes							
	PDL Adjustment	1.000	1.000	1.000	0.996	1.000	1.000	1.000
	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Insulin Price Reduction	1.000	1.000	1.000	0.977	1.000	1.000	0.998
e	Reimbursement Changes							
	5% Assessment Removal Adjustment	1.000	1.000	1.005	1.000	1.027	1.020	1.003
	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.042	1.000	1.000
	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.010	1.000	1.000
	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$24.44	\$95.32	\$182.82	\$34.66	\$3.14	\$10.05	\$350.45

Pregnant Women Rate Cell - Deliveries

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$455.44	\$0.99	\$116.86	\$2.05	\$0.00	\$1.73	\$577.08
b	Trends							
	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.077	1.025	1.000	1.077	1.077
	Charge Trend Factors CY 2021 to SFY 2024	1.039	1.052	1.072	1.103	1.000	1.057	1.046
	Seasonal Virus Adjustment	0.892	0.983	0.990	0.993	1.000	0.993	0.913
c	Population Changes							
	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Postpartum Coverage Extension	0.560	0.560	0.560	0.560	0.560	0.560	0.560
	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
d	Program Changes							
	PDL Adjustment	1.000	1.000	1.000	0.999	1.000	1.000	1.000
	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Insulin Price Reduction	1.000	1.000	1.000	0.977	1.000	1.000	1.000
e	Reimbursement Changes							
	5% Assessment Removal Adjustment	1.000	1.000	1.004	1.000	1.025	1.029	1.001
	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.044	1.000	1.000
	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.009	1.000	1.000
	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$254.43	\$0.62	\$75.11	\$1.26	\$0.00	\$1.13	\$332.55

PMPM costs are calculated using allowed amounts for 12,884 Pregnant Women deliveries and total Pregnant Women rate cell membership in 2021.

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

SSI / Disabled Newborn Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$4,143.17	\$216.57	\$1,614.00	\$598.78	\$0.77	\$253.28	\$6,826.57
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.000	1.077	1.103	1.025	1.000	1.103	1.033
c	Charge Trend Factors CY 2021 to SFY 2024	1.086	1.069	1.024	1.064	1.000	1.078	1.067
d	Seasonal Virus Adjustment	1.000	0.998	1.000	0.999	1.000	1.000	1.000
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.998
j	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.002	1.000	1.014	1.027	1.002
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.107	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.107	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$4,497.63	\$250.15	\$1,826.87	\$635.82	\$0.87	\$309.49	\$7,520.84

Non-SSI Newborns 0 to 2 Months Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$1,384.51	\$51.10	\$368.23	\$11.35	\$0.59	\$14.41	\$1,830.20
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.000	1.077	1.103	1.025	1.000	1.103	1.024
c	Charge Trend Factors CY 2021 to SFY 2024	1.086	1.065	1.020	1.064	1.000	1.047	1.070
d	Seasonal Virus Adjustment	1.000	0.992	0.999	0.966	1.000	0.999	0.999
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	1.000
j	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	3.868	1.000	1.000	1.017
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.005	1.000	1.008	1.022	1.001
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.095	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$1,502.66	\$58.40	\$415.74	\$45.09	\$0.66	\$16.99	\$2,039.54

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Non-SSI Newborns 3 to 12 Months Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$28.72	\$50.87	\$111.04	\$23.66	\$1.09	\$7.40	\$222.78
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.000	1.077	1.103	1.025	1.000	1.103	1.075
c	Charge Trend Factors CY 2021 to SFY 2024	0.974	1.064	1.074	1.064	1.000	1.046	1.057
d	Seasonal Virus Adjustment	0.984	0.992	0.997	0.984	1.000	0.999	0.993
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.001	1.000	1.001	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.997
j	Obesity Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
k	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.359	1.000	1.000	1.035
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.010	1.000	1.018	1.025	1.006
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.108	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.000	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$27.53	\$58.18	\$132.45	\$33.63	\$1.23	\$8.73	\$261.75

Foster Care Rate Cell

Calculation Step	SFY 2024 PMPM Cost Development	Category of Service						Total
		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
a	Base Period Summaries							
	CY 2021 PMPM Costs	\$235.89	\$42.95	\$128.59	\$89.51	\$24.93	\$23.58	\$545.45
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.103	1.025	1.000	1.103	1.072
c	Charge Trend Factors CY 2021 to SFY 2024	1.110	1.064	1.076	1.064	1.000	1.063	1.084
d	Seasonal Virus Adjustment	1.000	1.003	1.001	1.000	1.000	1.000	1.001
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	0.999	1.000	1.000	1.078	1.000	1.000	1.012
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.996
j	Obesity Drug Coverage	1.000	1.000	1.000	1.010	1.000	1.000	1.002
k	Obesity Drug Coverage Savings	0.999	0.999	0.999	0.999	0.999	0.999	0.999
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	0.994	1.000	1.000	0.999
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.001	1.015	1.000	1.025	1.024	1.006
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.043	1.000	1.002
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.025	1.000	1.001
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$281.51	\$49.56	\$154.97	\$102.83	\$27.31	\$28.27	\$644.45

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

		MYPAC Rate Cell						
		Category of Service						
Calculation Step	SFY 2024 PMPM Cost Development	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	Total
	Base Period Summaries							
a	CY 2021 PMPM Costs	\$518.77	\$63.45	\$2,418.41	\$180.04	\$30.37	\$24.91	\$3,235.96
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.006	1.025	1.000	1.103	1.020
c	Charge Trend Factors CY 2021 to SFY 2024	1.019	1.065	1.004	1.064	1.000	1.031	1.012
d	Seasonal Virus Adjustment	1.000	1.002	1.000	1.000	1.000	1.000	1.000
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.000	1.000	1.000	1.000	1.000	1.000	1.000
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.998
j	Obesity Drug Coverage	1.000	1.000	1.000	1.010	1.000	1.000	1.001
k	Obesity Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
l	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
n	Insulin Price Reduction	1.000	1.000	1.000	0.997	1.000	1.000	1.000
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.000	1.029	1.000	1.027	1.021	1.022
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.037	1.000	1.000
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.025	1.000	1.000
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.000
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$568.81	\$73.21	\$2,514.15	\$192.57	\$33.14	\$28.91	\$3,410.78

		MA Children Rate Cell						
		Category of Service						
Calculation Step	SFY 2024 PMPM Cost Development	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	Total
	Base Period Summaries							
a	CY 2021 PMPM Costs	\$16.65	\$29.49	\$58.23	\$28.80	\$21.35	\$6.72	\$161.23
	Trends							
b	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.103	1.025	1.000	1.103	1.068
c	Charge Trend Factors CY 2021 to SFY 2024	1.020	1.065	1.074	1.064	1.000	1.035	1.054
d	Seasonal Virus Adjustment	1.002	1.004	1.003	1.001	1.000	1.000	1.002
	Population Changes							
e	Acuity Adjustment: Shift to FFS	1.125	1.028	1.061	1.129	1.088	1.060	1.076
f	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
g	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
h	Hemophilia Population Carve-In	1.000	1.000	1.000	1.033	1.000	1.000	1.006
	Program Changes							
i	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.995
j	Obesity Drug Coverage	1.000	1.000	1.000	1.038	1.000	1.000	1.007
k	Obesity Drug Coverage Savings	0.995	0.995	0.995	0.995	0.995	0.995	0.995
l	Gene Therapy Drug Coverage	1.004	1.000	1.000	1.106	1.000	1.000	1.020
m	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	0.995	1.000	1.000	0.999
n	Insulin Price Reduction	1.000	1.000	1.000	0.988	1.000	1.000	0.998
	Reimbursement Changes							
o	5% Assessment Removal Adjustment	1.000	1.001	1.011	1.000	1.026	1.023	1.008
p	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.039	1.000	1.005
q	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.029	1.000	1.003
r	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$20.58	\$34.88	\$73.82	\$40.09	\$25.32	\$8.27	\$202.97

Exhibit 2A
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
Final Base Data and Projection Assumptions

Calculation Step		Quasi-CHIP Rate Cell						
		Category of Service						Total
SFY 2024 PMPM Cost Development		Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
<i>a</i>	Base Period Summaries							
	CY 2021 PMPM Costs	\$17.40	\$24.55	\$55.88	\$38.61	\$28.18	\$7.74	\$172.36
	Trends							
<i>b</i>	Utilization Trend Factors CY 2021 to SFY 2024	1.077	1.077	1.103	1.025	1.000	1.103	1.062
<i>c</i>	Charge Trend Factors CY 2021 to SFY 2024	1.017	1.065	1.074	1.064	1.000	1.031	1.051
<i>d</i>	Seasonal Virus Adjustment	1.002	1.005	1.003	1.001	1.000	1.000	1.002
	Population Changes							
<i>e</i>	Acuity Adjustment: Shift to FFS	1.125	1.028	1.061	1.129	1.088	1.060	1.081
<i>f</i>	Acuity Adjustment: PHE Unwind	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>g</i>	Postpartum Coverage Extension	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>h</i>	Hemophilia Population Carve-In	1.000	1.001	1.000	1.044	1.000	1.000	1.010
	Program Changes							
<i>i</i>	PDL Adjustment	1.000	1.000	1.000	0.974	1.000	1.000	0.994
<i>j</i>	Obesity Drug Coverage	1.000	1.000	1.000	1.042	1.000	1.000	1.010
<i>k</i>	Obesity Drug Coverage Savings	0.993	0.993	0.993	0.993	0.993	0.993	0.993
<i>l</i>	Gene Therapy Drug Coverage	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>m</i>	Gene Therapy Drug Coverage Savings	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<i>n</i>	Insulin Price Reduction	1.000	1.000	1.000	0.984	1.000	1.000	0.996
	Reimbursement Changes							
<i>o</i>	5% Assessment Removal Adjustment	1.000	1.000	1.011	1.000	1.026	1.025	1.009
<i>p</i>	Preventative and Diagnostic Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.038	1.000	1.006
<i>q</i>	Restorative Dental Reimbursement Change	1.000	1.000	1.000	1.000	1.020	1.000	1.003
<i>r</i>	Non-APC Outpatient Hospital Adjustment	1.000	1.005	1.000	1.000	1.000	1.000	1.001
<i>Product of a through r</i>	Projected SFY 2024 PMPM Costs	\$21.31	\$29.01	\$70.73	\$49.28	\$33.07	\$9.49	\$212.89

Exhibit 2B
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
MA Adult and Pregnant Women Aggregate Service PMPMs

MA Adult Rate Cell

	Category of Service						Total
	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Projected SFY 2024 PMPM Cost Development							
Projected SFY 2024 PMPM Costs Net of Deliveries	\$49.43	\$112.62	\$135.53	\$143.45	\$5.73	\$16.65	\$463.41
Projected Delivery Costs PMPM	\$31.88	\$0.10	\$8.91	\$0.19	\$0.00	\$0.23	\$41.31
Projected SFY 2024 PMPM Costs Including Deliveries	\$81.31	\$112.71	\$144.44	\$143.65	\$5.73	\$16.87	\$504.72

¹ PMPM costs are calculated using allowed amounts for 3,308 MA Adult deliveries in 2021.

Exhibit 2B
Mississippi Division of Medicaid
All Regions SFY 2024 MississippiCAN Capitation Rate Development
MA Adult and Pregnant Women Aggregate Service PMPMs

Pregnant Women Rate Cell

	Category of Service						Total
	Inpatient Hospital	Outpatient Hospital	Physician	Drug	Dental	Other	
Projected SFY 2024 PMPM Cost Development							
Projected SFY 2024 PMPM Costs Net of Deliveries	\$24.44	\$95.32	\$182.82	\$34.66	\$3.14	\$10.05	\$350.45
Projected Delivery Costs PMPM	\$254.43	\$0.62	\$75.11	\$1.26	\$0.00	\$1.13	\$332.55
Projected SFY 2024 PMPM Costs Including Deliveries	\$278.87	\$95.94	\$257.93	\$35.92	\$3.14	\$11.18	\$682.99

¹ PMPM costs are calculated using allowed amounts for 12,884 Pregnant Women deliveries in 2021.

Exhibit 3
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
Statewide Non-Service Expense Allocation Development

	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e = d × j</i>	<i>f</i>	<i>g = f × j</i>	<i>h</i>	<i>i = h × j</i>	<i>j = (b + c) / (1 - d - f - h)</i>
Rate Cell	Projected SFY 2024 Membership	SFY 2024 PMPM Cost	Fixed Non-Service Expense Load	Non-Service Percentage	Non-Service PMPM	Margin Percentage	Margin PMPM	Premium Tax Percentage	Premium Tax PMPM	Total
Non-Newborn SSI / Disabled	713,783	\$1,182.05	\$11.17	5.09%	\$67.47	1.80%	\$23.84	3.00%	\$39.73	\$1,324.26
Breast and Cervical Cancer	998	\$3,120.65	\$11.17	5.09%	\$177.07	1.80%	\$62.56	3.00%	\$104.27	\$3,475.73
MA Adult	467,079	\$504.72	\$11.17	5.09%	\$29.17	1.80%	\$10.31	3.00%	\$17.18	\$572.54
Pregnant Women	154,310	\$682.99	\$11.17	5.09%	\$39.25	1.80%	\$13.87	3.00%	\$23.11	\$770.40
SSI / Disabled Newborn	5,383	\$7,520.84	\$11.17	5.09%	\$425.86	1.80%	\$150.46	3.00%	\$250.77	\$8,359.11
Non-SSI Newborns 0 to 2 Months	67,433	\$2,039.54	\$11.17	5.09%	\$115.95	1.80%	\$40.97	3.00%	\$68.28	\$2,275.91
Non-SSI Newborns 3 to 12 Months	253,946	\$261.75	\$11.17	5.09%	\$15.43	1.80%	\$5.45	3.00%	\$9.09	\$302.90
Foster Care	86,128	\$644.45	\$11.17	5.09%	\$37.07	1.80%	\$13.10	3.00%	\$21.83	\$727.62
MYPAC	10,788	\$3,410.78	\$11.17	5.09%	\$193.48	1.80%	\$68.36	3.00%	\$113.93	\$3,797.73
MA Children	2,682,302	\$202.97	\$11.17	5.09%	\$12.11	1.80%	\$4.28	3.00%	\$7.13	\$237.66
Quasi-CHIP	296,519	\$212.89	\$11.17	5.09%	\$12.67	1.80%	\$4.48	3.00%	\$7.46	\$248.67
Total	4,738,670	\$449.98	\$11.17	5.09%	\$26.07	1.80%	\$9.21	3.00%	\$15.35	\$511.80

Exhibit 4
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
Final SFY 2024 Capitation Rates

Rate Cell	a SFY 2024 Statewide Capitation Rates	b Area Adjustments	c = a × b SFY 2024 Regional Capitation Rates	d = c × -1.00% Quality Withhold	e = c + d Total Rate at 1.0 Risk Score after Withhold	f Projected SFY 2024 Member Months
Non-Newborn SSI / Disabled	\$1,324.26			(\$13.24)	\$1,311.01	713,783
North Region		0.909	\$1,204.26	(\$12.04)	\$1,192.22	245,036
Central Region		1.038	1,374.30	(\$13.74)	\$1,360.56	259,793
South Region		1.059	1,402.38	(\$14.02)	\$1,388.35	208,955
Breast and Cervical Cancer	\$3,475.73			(\$34.76)	\$3,440.97	998
North Region		0.909	\$3,160.79	(\$31.61)	\$3,129.18	188
Central Region		1.038	3,607.08	(\$36.07)	\$3,571.01	385
South Region		1.059	3,680.77	(\$36.81)	\$3,643.96	425
MA Adult	\$572.54			(\$5.73)	\$566.82	467,079
North Region		0.953	\$545.65	(\$5.46)	\$540.19	141,207
Central Region		1.024	586.21	(\$5.86)	\$580.34	156,873
South Region		1.018	582.86	(\$5.83)	\$577.03	169,000
Pregnant Women	\$770.40			(\$7.70)	\$762.69	154,310
North Region		0.953	\$734.21	(\$7.34)	\$726.87	49,552
Central Region		1.024	788.78	(\$7.89)	\$780.89	55,352
South Region		1.018	784.28	(\$7.84)	\$776.43	49,407
SSI / Disabled Newborn	\$8,359.11			(\$83.59)	\$8,275.52	5,383
North Region		0.987	\$8,253.05	(\$82.53)	\$8,170.52	1,585
Central Region		1.026	8,574.98	(\$85.75)	\$8,489.23	2,349
South Region		0.984	8,224.41	(\$82.24)	\$8,142.16	1,449
Non-SSI Newborns 0 to 2 Months	\$2,275.91			(\$22.76)	\$2,253.15	67,433
North Region		0.987	\$2,247.03	(\$22.47)	\$2,224.56	21,124
Central Region		1.026	2,334.68	(\$23.35)	\$2,311.33	24,549
South Region		0.984	2,239.23	(\$22.39)	\$2,216.84	21,760
Non-SSI Newborns 3 to 12 Months	\$302.90			(\$3.03)	\$299.87	253,946
North Region		0.987	\$299.05	(\$2.99)	\$296.06	79,816
Central Region		1.026	310.72	(\$3.11)	\$307.61	93,011
South Region		0.984	298.02	(\$2.98)	\$295.04	81,119
Foster Care	\$727.62			(\$7.28)	\$720.34	86,128
North Region		0.987	\$718.39	(\$7.18)	\$711.20	25,342
Central Region		1.026	746.41	(\$7.46)	\$738.94	25,667
South Region		0.984	715.89	(\$7.16)	\$708.73	35,119
MYPAC	\$3,797.73			(\$37.98)	\$3,759.75	10,788
North Region		0.987	\$3,749.54	(\$37.50)	\$3,712.05	3,683
Central Region		1.026	3,895.80	(\$38.96)	\$3,856.84	3,265
South Region		0.984	3,736.53	(\$37.37)	\$3,699.16	3,841
MA Children	\$237.66			(\$2.38)	\$235.28	2,682,302
North Region		0.987	\$234.64	(\$2.35)	\$232.30	833,464
Central Region		1.026	243.79	(\$2.44)	\$241.36	964,293
South Region		0.984	233.83	(\$2.34)	\$231.49	884,546
Quasi-CHIP	\$248.67			(\$2.49)	\$246.18	296,519
North Region		0.987	\$245.51	(\$2.46)	\$243.06	95,913
Central Region		1.026	255.09	(\$2.55)	\$252.54	109,433
South Region		0.984	244.66	(\$2.45)	\$242.21	91,172
Total Capitation Dollars						
Statewide Capitation Rates			\$2,425,230,090			
Regional Capitation Rates			\$2,425,230,090			

Exhibit 5
Mississippi Division of Medicaid
SFY 2023 to SFY 2024 Rate Change¹

	Non- Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult	Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi- CHIP	Total - Aggregated with Actual CY 2021 MMs	Total - Aggregated with Projected SFY 2024 MMs
Membership													
Actual CY 2021 MMs	745,652	1,708	570,832	117,512	5,146	70,289	238,386	79,772	9,969	3,350,545	348,610	5,538,421	N/A
Projected SFY 2024 MMs	713,783	999	467,079	154,310	5,383	67,433	253,946	86,128	10,788	2,682,302	296,519	N/A	4,738,670
SFY 2023 Capitation Rate	\$1,206.03	\$3,879.40	\$543.17	\$1,173.15	\$8,862.17	\$2,043.69	\$286.28	\$679.06	\$4,145.94	\$226.11	\$228.57	\$459.36	\$492.79
Base Period Data Update	0.968	0.838	0.912	0.936	0.899	1.039	0.957	0.955	0.885	0.892	0.935	0.936	0.939
Restate CY 2021 to SFY 2023 Trends	1.016	1.024	1.029	1.052	0.987	0.982	1.030	1.023	1.006	1.028	1.026	1.021	1.021
Restate CY 2021 to CY 2022 PDL Adjustment ²	1.001	1.001	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.001
Other Restated Assumptions ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.000	1.001	1.001	1.000	1.000
Updates Relative to SFY 2023 Assumptions	0.985	0.858	0.939	0.985	0.888	1.020	0.986	0.978	0.900	0.918	0.960	0.957	0.960
SFY 2023 to SFY 2024 Utilization Trends	1.027	1.034	1.019	1.035	1.013	1.010	1.028	1.026	1.007	1.024	1.021	1.024	1.024
SFY 2023 to SFY 2024 Unit Cost Trends ²	1.018	1.020	1.030	1.027	1.054	1.060	1.015	1.056	1.006	1.018	1.017	1.024	1.024
Seasonal Virus Adjustment	0.990	0.998	0.979	0.945	1.000	0.999	0.994	1.001	1.000	1.002	1.002	0.991	0.990
Acuity Adjustment: Shift to FFS ³	1.000	1.000	1.092	1.000	1.000	1.000	1.000	1.000	1.000	1.067	1.072	1.033	1.029
Acuity Adjustment: PHE Unwind ³	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
MYPAC Member Identification Change ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	1.011	1.000	1.000	1.000	1.000
Postpartum Coverage Extension ²	1.000	1.000	1.000	0.685	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.984	0.976
PDL CY 2022 to CY 2023 Adjustment ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.999	0.999	1.000	1.000
Obesity Drug Coverage ²	1.002	1.002	1.007	1.000	1.000	1.000	1.000	1.002	1.001	1.006	1.009	1.004	1.004
Obesity Drug Coverage Savings ²	0.998	0.999	0.995	1.000	1.000	1.000	1.000	0.999	1.000	0.995	0.993	0.997	0.997
Gene Therapy Drug Coverage ²	1.076	1.000	1.000	1.000	1.000	1.016	1.032	1.000	1.000	1.018	1.000	1.035	1.035
Gene Therapy Drug Coverage Savings ²	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.999	1.000	0.999	0.999
Hemophilia Population Carve-In ²	1.007	1.000	1.000	1.000	1.000	1.000	1.000	1.011	1.000	1.005	1.009	1.005	1.005
Insulin Price Reduction ²	0.991	0.999	0.996	0.999	1.000	1.000	1.000	0.999	1.000	0.998	0.997	0.995	0.995
SFY 2024 Preventative and Diagnostic Dental Reimbursement Change ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.002	1.001	1.000
SFY 2024 Restorative Dental Reimbursement Change ²	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.001	1.001	1.001	1.000
Restate Non-APC Outpatient Hospital Adjustment ²	1.000	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Update Admin	1.004	0.993	1.003	0.972	0.996	1.005	1.004	1.003	0.994	1.004	1.006	1.003	1.002
Preliminary SFY 2024 Rate Change	1.098	0.896	1.054	0.657	0.943	1.114	1.058	1.072	0.916	1.051	1.088	1.047	1.039
SFY 2024 Rate Change - Excluding Program Changes²	1.004	0.878	1.025	0.935	0.895	1.034	1.011	1.006	0.901	1.008	1.058	1.004	1.002
SFY 2024 Rate Change - Excluding COVID-19 Adjustments³	1.098	0.896	0.965	0.657	0.943	1.114	1.058	1.072	0.916	0.985	1.015	1.014	1.010

¹ Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.

² Program change that increases or decreases total program costs outside of the control of the CCOs.

³ COVID-19 Adjustments include the Acuity Adjustment: Shift to FFS.

Exhibit 6
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
Service Category to Milliman HCGs Groupier Category Mapping

MR Line	Broad Category of Service	Description	MR Line	Broad Category of Service	Description
I11a	Inpatient Hospital	Medical	P40a	Physician	Preventive Other - General
I11b	Inpatient Hospital	Rehabilitation	P40b	Physician	Preventive Other - Colonoscopy
I12	Inpatient Hospital	Surgical	P40c	Physician	Preventive Other - Mammography
I13a	Inpatient Hospital	Psychiatric - Hospital	P40d	Physician	Preventive Other - Lab
I13b	Inpatient Hospital	Psychiatric - Residential	P41	Physician	Preventive Immunizations
I14a	Inpatient Hospital	Substance Use Disorders - Hospital	P42	Physician	Preventive Well Baby Exams
I14b	Inpatient Hospital	Substance Use Disorders - Residential	P43	Physician	Preventive Physical Exams
I21a	Inpatient Hospital	Mat Norm Delivery	P44	Physician	Vision Exams
I21b	Inpatient Hospital	Mat Norm Delivery - Mom/Baby Cmbnd	P45	Physician	Hearing and Speech Exams
I22a	Inpatient Hospital	Mat Csect Delivery	P51a	Physician	ED Visits and Observation Care - Observation Care
I22b	Inpatient Hospital	Mat Csect Delivery - Mom/Baby Cmbnd	P51b	Physician	ED Visits and Observation Care - ED Visits
I23a	Inpatient Hospital	Well Newborn - Normal Delivery	P53	Physician	Physical Therapy
I23b	Inpatient Hospital	Well Newborn - Csect Delivery	P54	Physician	Cardiovascular
I23c	Inpatient Hospital	Well Newborn - Unknown Delivery	P55b	Physician	Radiology IP - CT Scan
I24	Inpatient Hospital	Other Newborn	P55c	Physician	Radiology IP - MRI
I25	Inpatient Hospital	Maternity Non-Delivery	P55d	Physician	Radiology IP - PET
I31	Inpatient Hospital	SNF	P55e	Physician	Radiology IP - General - Therapeutic
O10a	Outpatient Hospital	Observation - Without ED	P55f	Physician	Radiology IP - General - Diagnostic
O10b	Outpatient Hospital	Observation - With ED	P56a	Physician	Radiology OP - General - Therapeutic
O11	Outpatient Hospital	Emergency Department	P56b	Physician	Radiology OP - General - Diagnostic
O12a	Outpatient Hospital	Surgery - Hospital Outpatient	P57a	Physician	Radiology OP- CT/MRI/PET - CT Scan
O12b	Outpatient Hospital	Surgery - Ambulatory Surgery Center	P57b	Physician	Radiology OP- CT/MRI/PET - MRI
O13a	Outpatient Hospital	Radiology General - Therapeutic	P57c	Physician	Radiology OP - CT/MRI/PET - PET
O13b	Outpatient Hospital	Radiology General - Diagnostic	P58c	Physician	Radiology Office - General - Therapeutic
O14a	Outpatient Hospital	Radiology - CT/MRI/PET - CT Scan	P58d	Physician	Radiology Office - General - Diagnostic
O14b	Outpatient Hospital	Radiology - CT/MRI/PET - MRI	P58e	Physician	Radiology Office - General - Radiology Center - Therapeutic
O14c	Outpatient Hospital	Radiology - CT/MRI/PET - PET	P58f	Physician	Radiology Office - General - Radiology Center - Diagnostic
O15	Outpatient Hospital	Pathology/Lab	P59a	Physician	Radiology Office - CT/MRI/PET - PET
O16a	Outpatient Hospital	Pharmacy - General	P59b	Physician	Radiology Office - CT/MRI/PET - MRI
O16b	Outpatient Hospital	Pharmacy - Chemotherapy	P59c	Physician	Radiology Office - CT/MRI/PET - PET
O17	Outpatient Hospital	Cardiovascular	P59d	Physician	Radiology Office - CT/MRI/PET - CT Scan - Radiology Center
O18	Outpatient Hospital	PT/OT/ST	P59e	Physician	Radiology Office - CT/MRI/PET - MRI - Radiology Center
O31a	Outpatient Hospital	Psychiatric - Partial Hospitalization	P59f	Physician	Radiology Office - CT/MRI/PET - PET - Radiology Center
O31b	Outpatient Hospital	Psychiatric - Intensive Outpatient	P61a	Physician	Pathology/Lab - Inpatient & Outpatient - Inpatient
O32a	Outpatient Hospital	Substance Use Disorders - Partial Hospitalization	P61b	Physician	Pathology/Lab - Inpatient & Outpatient - Outpatient
O32b	Outpatient Hospital	Substance Use Disorders - Intensive Outpatient	P63a	Physician	Pathology/Lab - Office - General
O41a	Outpatient Hospital	Other - General	P63b	Physician	Pathology/Lab - Office - Venipuncture
O41b	Outpatient Hospital	Other - Blood	P63c	Physician	Pathology/Lab - Office - Independent Lab
O41d	Outpatient Hospital	Other - Clinic	P65	Physician	Chiropractor
O41e	Outpatient Hospital	Other - Diagnostic	P66	Physician	Outpatient Psychiatric
O41f	Outpatient Hospital	Other - Dialysis	P67	Physician	Outpatient Substance Use Disorders
O41g	Outpatient Hospital	Other - DME/Supplies	P82c	Other	Home Health Care - Home Health (Medicare Covered)
O41h	Outpatient Hospital	Other - Trtmt/Spclty Svcs	P82d	Other	Home Health Care - Hospice - Home Based
O41j	Outpatient Hospital	Other - Pulmonary	P82e	Other	Home Health Care - Hospice - Facility Based
O41l	Outpatient Hospital	Other - Urgent Care	P82f	Other	Home Health Care - Home Health (Not Medicare Covered)
O51a	Outpatient Hospital	Preventive - General	P82g	Other	Home Health Care - Personal/Custodial Care
O51b	Outpatient Hospital	Preventive - Colonoscopy	P82h	Other	Home Health Care - Adult Day Health Care
O51c	Outpatient Hospital	Preventive - Mammography	P82i	Other	Home Health Care - Home Respite Care
O51d	Outpatient Hospital	Preventive - Lab	P82j	Other	Home Health Care - Personal Emergency Response System (PER)
P11	Physician	Inpatient Surgery	P82k	Other	Home Health Care - Home Modification
P13	Physician	Inpatient Anesthesia	P82l	Other	Home Health Care - Home Delivered Meals
P14	Physician	Outpatient Surgery	P82m	Other	Home Health Care - Assisted Living Facility
P15	Physician	Office Surgery	P82n	Other	Home Health Care - Ancillary Services Provided in the Home
P16	Physician	Outpatient Anesthesia	P83	Other	Ambulance
P21a	Physician	Maternity - Normal Deliveries	P84	Other	DME and Supplies
P21b	Physician	Maternity - Cesarean Deliveries	P85	Other	Prosthetics
P21c	Physician	Maternity - Non-Deliveries	P89	Other	Benefits Glasses/Contacts
P21d	Physician	Maternity - Ancillary	P99a	Other	Benefits Other - General
P21e	Physician	Maternity - Anesthesia	P99b	Other	Benefits Other - Hearing Aids
P31d	Physician	Inpatient Visits - Medical	P99c	Dental	Benefits Other - Dental
P31e	Physician	Inpatient Visits - Psychiatric	P99d	Other	Benefits Other - Acupuncture
P31f	Physician	Inpatient Visits - Substance Use Disorders	P99e	Physician	Benefits Other - Reproductive Medicine
P32c	Physician	Office/Home Visits - PCP	P99f	Physician	Benefits Other - Temporary Codes
P32d	Physician	Office/Home Visits - Specialist	P99g	Physician	Benefits Other - Documentation
P33	Physician	Urgent Care Visits	P99h	Other	Benefits Other - Non-Emergency Transportation
P34a	Physician	Office Administered Drugs - General	P99z	Physician	Benefits Other - Unclassified
P34b	Physician	Office Administered Drugs - Chemotherapy	R73a	Drug	Prescription Drugs - Preferred Generic
P35	Physician	Allergy Testing	R73b	Drug	Prescription Drugs - Non-Preferred Generic
P36	Physician	Allergy Immunotherapy	R74a	Drug	Prescription Drugs - Preferred Brand
P37a	Physician	Miscellaneous Medical - General	R74b	Drug	Prescription Drugs - Non-Preferred Brand
P37b	Physician	Miscellaneous Medical - Gastroenterology	R75	Drug	Prescription Drugs - Specialty
P37c	Physician	Miscellaneous Medical - Ophthalmology	R76	Drug	Prescription Drugs - Preventive
P37d	Physician	Miscellaneous Medical - Otorhinolaryngology	P81a	Drug	Prescription Drugs - Non-Specialty Generic
P37e	Physician	Miscellaneous Medical - Vestibular Function Tests	P81b	Drug	Prescription Drugs - Non-Specialty Multi Source Brand
P37f	Physician	Miscellaneous Medical - Non-Invas. Vasc. Diag. Studies	P81c	Drug	Prescription Drugs - Non-Specialty Single Source Brand
P37g	Physician	Miscellaneous Medical - Pulmonology	P81e	Drug	Prescription Drugs - OTC
P37h	Physician	Miscellaneous Medical - Neurology	P81g	Drug	Prescription Drugs - Specialty
P37i	Physician	Miscellaneous Medical - Central Nervous System Tests	P82a	Other	Home Health Care - HH
P37j	Physician	Miscellaneous Medical - Dermatology	P82b	Other	Home Health Care - Hospice
P37k	Physician	Miscellaneous Medical - Dialysis			

Exhibit 7A
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
All Populations

PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2019	437,026	\$86.50	\$77.48	\$115.53	\$21.65	\$15.69	\$316.85
February 2019	435,583	\$80.85	\$74.80	\$111.39	\$18.89	\$14.65	\$300.58
March 2019	434,251	\$85.53	\$69.87	\$104.45	\$19.29	\$15.27	\$294.41
April 2019	434,281	\$87.54	\$73.29	\$109.31	\$20.35	\$15.92	\$306.41
May 2019	435,675	\$90.09	\$72.36	\$104.12	\$17.36	\$15.46	\$299.38
June 2019	436,565	\$82.44	\$71.11	\$92.65	\$18.07	\$14.58	\$278.86
July 2019	435,173	\$88.21	\$72.69	\$102.80	\$22.24	\$16.44	\$302.37
August 2019	432,187	\$85.54	\$69.69	\$111.63	\$21.36	\$17.29	\$305.52
September 2019	431,636	\$87.42	\$68.97	\$108.18	\$19.90	\$16.41	\$300.88
October 2019	432,302	\$95.85	\$74.88	\$117.81	\$22.84	\$16.64	\$328.01
November 2019	433,427	\$82.01	\$67.43	\$105.33	\$18.22	\$15.89	\$288.87
December 2019	435,721	\$89.91	\$70.10	\$104.46	\$16.26	\$15.73	\$296.46
CY 2019²	434,486	\$86.82	\$71.89	\$107.30	\$19.70	\$15.83	\$301.55
January 2020	434,689	\$86.00	\$75.31	\$118.23	\$20.51	\$17.12	\$317.17
February 2020	431,725	\$77.26	\$70.14	\$110.33	\$18.85	\$15.62	\$292.19
March 2020	429,908	\$79.49	\$57.36	\$93.29	\$12.09	\$15.60	\$257.83
April 2020	430,080	\$70.80	\$36.87	\$69.21	\$1.36	\$12.26	\$190.49
May 2020	434,572	\$78.98	\$50.27	\$79.66	\$10.07	\$13.44	\$232.43
June 2020	443,044	\$84.24	\$59.23	\$94.56	\$16.20	\$14.67	\$268.91
July 2020	450,515	\$84.53	\$59.66	\$95.01	\$17.26	\$14.09	\$270.55
August 2020	456,517	\$81.78	\$57.40	\$95.31	\$17.07	\$14.81	\$266.38
September 2020	460,496	\$77.45	\$59.33	\$97.21	\$17.20	\$14.71	\$265.90
October 2020	464,815	\$78.72	\$61.03	\$101.08	\$17.71	\$15.39	\$273.93
November 2020	470,075	\$72.65	\$57.46	\$91.18	\$15.39	\$14.46	\$251.13
December 2020	474,757	\$81.17	\$56.97	\$91.42	\$15.23	\$14.79	\$259.59
CY 2020³	448,433	\$79.42	\$58.42	\$94.71	\$14.91	\$14.75	\$262.21
January 2021	478,618	\$83.96	\$56.01	\$93.41	\$15.95	\$15.35	\$264.68
February 2021	481,326	\$78.01	\$49.65	\$83.17	\$13.85	\$13.16	\$237.84
March 2021	483,763	\$88.81	\$64.61	\$102.79	\$18.93	\$16.31	\$291.44
April 2021	483,831	\$82.62	\$65.10	\$102.72	\$17.01	\$15.58	\$283.03
May 2021	486,505	\$89.83	\$65.74	\$97.09	\$14.58	\$15.55	\$282.79
June 2021	488,764	\$90.47	\$71.21	\$100.28	\$16.40	\$16.31	\$294.67
July 2021	473,300	\$92.69	\$69.44	\$100.66	\$16.80	\$16.28	\$295.88
August 2021	452,472	\$95.29	\$66.44	\$118.76	\$16.48	\$16.48	\$313.44
September 2021	439,660	\$86.53	\$65.13	\$110.61	\$17.76	\$15.76	\$295.78
October 2021	428,718	\$82.31	\$65.92	\$105.75	\$17.29	\$16.28	\$287.54
November 2021	419,121	\$79.04	\$63.87	\$105.00	\$17.93	\$14.92	\$280.76
December 2021	412,166	\$77.60	\$64.48	\$99.74	\$15.63	\$14.64	\$272.08
CY 2021³	460,687	\$85.60	\$63.97	\$101.66	\$16.55	\$15.55	\$283.33
Annual PMPM Trends							
CY 2017 to CY 2018		4.2%	1.9%	3.8%	-7.1%	3.3%	2.6%
CY 2018 to CY 2019		5.6%	3.3%	7.1%	-1.2%	7.0%	5.2%
CY 2019 to CY 2020		-8.5%	-18.7%	-11.7%	-24.3%	-6.8%	-13.0%
CY 2020 to CY 2021		7.8%	9.5%	7.3%	11.0%	5.5%	8.1%
CY 2019 to CY 2021 (Annualized)		-0.7%	-5.7%	-2.7%	-8.3%	-0.9%	-3.1%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, pharmacy rate freeze, dental reimbursement, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2021 to be directly comparable by month.

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2021 IBNR as reported by CCOs in financial templates.

Exhibit 7B
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
SSI+ Population
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2019	63,961	\$198.49	\$227.72	\$234.68	\$10.35	\$63.22	\$734.48
February 2019	63,934	\$174.55	\$213.66	\$215.75	\$8.92	\$61.05	\$673.94
March 2019	63,712	\$178.25	\$206.58	\$219.74	\$9.05	\$63.21	\$676.83
April 2019	63,901	\$183.67	\$216.12	\$228.05	\$9.79	\$64.70	\$702.34
May 2019	63,768	\$192.93	\$218.66	\$225.59	\$8.69	\$65.24	\$711.12
June 2019	63,938	\$161.30	\$210.08	\$207.72	\$7.82	\$61.95	\$648.87
July 2019	64,036	\$182.68	\$210.90	\$221.09	\$10.18	\$65.35	\$690.21
August 2019	63,876	\$174.75	\$208.22	\$231.43	\$10.27	\$68.17	\$692.83
September 2019	63,899	\$197.16	\$202.17	\$220.41	\$9.59	\$66.36	\$695.70
October 2019	63,899	\$212.62	\$217.25	\$239.40	\$10.98	\$67.57	\$747.81
November 2019	63,924	\$183.14	\$184.61	\$202.28	\$8.38	\$66.06	\$644.48
December 2019	64,030	\$188.47	\$194.57	\$205.18	\$7.61	\$64.27	\$660.09
CY 2019²	63,907	\$185.67	\$209.21	\$220.94	\$9.30	\$64.76	\$689.89
January 2020	63,847	\$188.69	\$227.31	\$235.15	\$10.35	\$69.68	\$731.17
February 2020	63,841	\$166.78	\$206.59	\$215.75	\$9.39	\$63.40	\$661.91
March 2020	63,589	\$177.91	\$178.94	\$196.06	\$5.45	\$67.59	\$625.95
April 2020	63,509	\$136.51	\$139.65	\$147.97	\$1.42	\$56.28	\$481.84
May 2020	63,644	\$168.38	\$170.86	\$170.42	\$4.78	\$58.83	\$573.27
June 2020	63,879	\$188.02	\$192.57	\$205.46	\$7.49	\$63.46	\$657.01
July 2020	63,809	\$176.37	\$190.92	\$198.00	\$7.89	\$58.04	\$631.22
August 2020	63,777	\$168.74	\$180.23	\$198.29	\$8.43	\$60.01	\$615.70
September 2020	63,769	\$164.87	\$190.15	\$204.42	\$8.48	\$61.31	\$629.23
October 2020	63,695	\$173.79	\$192.96	\$208.70	\$8.84	\$65.02	\$649.30
November 2020	63,697	\$153.24	\$180.18	\$185.71	\$7.20	\$61.32	\$587.66
December 2020	63,532	\$168.63	\$183.01	\$186.59	\$7.42	\$64.28	\$609.93
CY 2020³	63,716	\$169.33	\$186.11	\$196.04	\$7.26	\$62.43	\$621.18
January 2021	63,329	\$164.04	\$175.72	\$193.00	\$7.92	\$67.64	\$608.32
February 2021	63,319	\$164.52	\$160.45	\$172.52	\$6.83	\$57.26	\$561.58
March 2021	62,918	\$191.50	\$201.95	\$224.12	\$9.05	\$69.76	\$696.38
April 2021	62,480	\$167.44	\$200.97	\$211.08	\$8.53	\$67.08	\$655.09
May 2021	62,352	\$190.37	\$202.93	\$203.42	\$8.55	\$66.37	\$671.65
June 2021	62,201	\$175.93	\$219.60	\$214.45	\$8.69	\$69.37	\$688.05
July 2021	62,317	\$211.08	\$208.91	\$203.42	\$7.72	\$68.87	\$700.01
August 2021	62,105	\$200.79	\$189.03	\$212.11	\$8.56	\$70.09	\$680.58
September 2021	61,811	\$185.05	\$196.20	\$213.21	\$9.21	\$67.49	\$671.16
October 2021	61,544	\$163.32	\$196.58	\$210.11	\$8.68	\$69.10	\$647.78
November 2021	61,417	\$164.31	\$192.55	\$200.52	\$8.73	\$63.19	\$629.29
December 2021	61,244	\$156.75	\$186.37	\$188.01	\$7.32	\$61.65	\$600.10
CY 2021³	62,253	\$177.93	\$194.27	\$203.83	\$8.32	\$66.49	\$650.83
Annual PMPM Trends							
CY 2017 to CY 2018		1.5%	2.8%	5.9%	-9.1%	2.5%	3.2%
CY 2018 to CY 2019		5.5%	4.2%	6.1%	-7.0%	7.1%	5.2%
CY 2019 to CY 2020		-8.8%	-11.0%	-11.3%	-21.9%	-3.6%	-10.0%
CY 2020 to CY 2021		5.1%	4.4%	4.0%	14.5%	6.5%	4.8%
CY 2019 to CY 2021 (Annualized)		-2.1%	-3.6%	-4.0%	-5.5%	1.3%	-2.9%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, pharmacy rate freeze, dental reimbursement, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2021 to be directly comparable by month.

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2021 IBNR as reported by CCOs in financial templates.

Exhibit 7C
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Adults Population

PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2019	52,746	\$35.19	\$122.19	\$148.00	\$8.16	\$13.39	\$326.93
February 2019	52,322	\$34.35	\$109.07	\$132.17	\$6.83	\$12.22	\$294.64
March 2019	52,133	\$38.90	\$109.80	\$131.68	\$6.78	\$11.63	\$298.78
April 2019	52,042	\$43.33	\$115.77	\$139.16	\$8.18	\$12.41	\$318.85
May 2019	52,603	\$47.01	\$113.80	\$141.06	\$6.80	\$13.08	\$321.76
June 2019	52,901	\$39.49	\$110.21	\$129.08	\$5.90	\$12.31	\$297.00
July 2019	53,101	\$41.79	\$122.26	\$140.13	\$6.16	\$13.15	\$323.50
August 2019	52,700	\$39.94	\$113.94	\$143.42	\$6.94	\$14.34	\$318.58
September 2019	52,760	\$40.08	\$107.63	\$135.36	\$5.97	\$13.46	\$302.50
October 2019	52,643	\$43.55	\$118.05	\$148.56	\$6.95	\$14.38	\$331.49
November 2019	52,387	\$37.49	\$101.11	\$126.50	\$5.09	\$13.30	\$283.49
December 2019	52,385	\$35.02	\$106.72	\$129.86	\$5.03	\$12.96	\$289.60
CY 2019²	52,560	\$39.68	\$112.55	\$137.08	\$6.57	\$13.05	\$308.93
January 2020	51,740	\$47.01	\$115.91	\$151.37	\$6.45	\$14.50	\$335.23
February 2020	51,070	\$39.72	\$104.73	\$136.29	\$6.13	\$13.03	\$299.89
March 2020	50,820	\$32.10	\$89.82	\$124.16	\$5.60	\$12.13	\$263.82
April 2020	50,697	\$23.90	\$59.10	\$100.82	\$2.82	\$9.86	\$196.49
May 2020	51,903	\$38.45	\$83.27	\$118.67	\$4.70	\$11.84	\$256.94
June 2020	53,590	\$39.78	\$99.56	\$137.25	\$7.08	\$12.05	\$295.72
July 2020	55,460	\$45.56	\$102.92	\$136.26	\$6.52	\$12.38	\$303.63
August 2020	56,368	\$52.63	\$99.06	\$129.72	\$6.01	\$12.32	\$299.74
September 2020	57,006	\$35.69	\$93.39	\$131.10	\$6.19	\$12.16	\$278.53
October 2020	57,418	\$33.33	\$96.68	\$132.78	\$5.91	\$12.76	\$281.47
November 2020	58,070	\$33.87	\$94.78	\$119.53	\$5.02	\$11.71	\$264.91
December 2020	58,626	\$35.48	\$92.22	\$126.45	\$5.05	\$11.49	\$270.69
CY 2020³	54,397	\$38.13	\$94.29	\$128.70	\$5.62	\$12.19	\$278.92
January 2021	59,089	\$39.84	\$90.80	\$121.41	\$5.19	\$12.05	\$269.28
February 2021	59,414	\$28.31	\$79.03	\$104.49	\$4.63	\$9.52	\$225.97
March 2021	59,864	\$35.90	\$101.24	\$130.34	\$5.66	\$11.77	\$284.91
April 2021	60,010	\$32.59	\$99.73	\$127.33	\$6.30	\$10.74	\$276.69
May 2021	60,641	\$38.33	\$97.19	\$119.76	\$4.84	\$11.06	\$271.18
June 2021	61,139	\$41.28	\$103.00	\$130.16	\$5.18	\$11.45	\$291.07
July 2021	59,248	\$47.82	\$97.38	\$123.79	\$4.15	\$11.35	\$284.49
August 2021	56,422	\$67.01	\$98.19	\$139.10	\$4.58	\$12.62	\$321.51
September 2021	55,101	\$49.25	\$97.16	\$133.62	\$4.71	\$11.77	\$296.51
October 2021	53,607	\$39.49	\$97.95	\$123.31	\$4.31	\$11.66	\$276.72
November 2021	52,343	\$44.99	\$89.25	\$123.24	\$4.42	\$11.37	\$273.27
December 2021	51,472	\$40.21	\$97.08	\$122.43	\$4.01	\$11.75	\$275.48
CY 2021³	57,363	\$42.09	\$95.67	\$124.92	\$4.83	\$11.43	\$278.92
Annual PMPM Trends							
CY 2017 to CY 2018		-6.2%	5.7%	1.3%	-14.4%	4.5%	1.4%
CY 2018 to CY 2019		-5.8%	-1.3%	2.4%	-14.4%	5.1%	-0.4%
CY 2019 to CY 2020		-3.9%	-16.2%	-6.1%	-14.4%	-6.6%	-9.7%
CY 2020 to CY 2021		10.4%	1.5%	-2.9%	-14.1%	-6.2%	0.0%
CY 2019 to CY 2021 (Annualized)		3.0%	-7.8%	-4.5%	-14.2%	-6.4%	-5.0%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, pharmacy rate freeze, dental reimbursement, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2021 to be directly comparable by month.

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2021 IBNR as reported by CCOs in financial templates.

Exhibit 7D
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Children Population
PMPM Costs by Month¹

Month	Member Months	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2019	320,319	\$55.67	\$39.04	\$80.84	\$26.28	\$6.29	\$208.12
February 2019	319,327	\$53.10	\$40.46	\$81.85	\$23.00	\$5.50	\$203.91
March 2019	318,406	\$57.85	\$35.01	\$71.62	\$23.53	\$6.01	\$194.02
April 2019	318,338	\$59.07	\$36.74	\$75.32	\$24.60	\$6.44	\$202.17
May 2019	319,304	\$59.21	\$35.26	\$68.20	\$20.94	\$5.60	\$189.21
June 2019	319,726	\$57.16	\$35.91	\$58.33	\$22.26	\$5.20	\$178.85
July 2019	318,036	\$60.63	\$35.85	\$67.68	\$27.46	\$6.93	\$198.55
August 2019	315,611	\$58.67	\$33.71	\$76.99	\$26.11	\$7.30	\$202.77
September 2019	314,977	\$56.41	\$35.03	\$75.83	\$24.40	\$6.63	\$198.30
October 2019	315,760	\$63.81	\$38.29	\$82.71	\$27.99	\$6.51	\$219.31
November 2019	317,116	\$52.44	\$37.62	\$76.98	\$22.49	\$5.96	\$195.49
December 2019	319,306	\$62.10	\$38.31	\$74.61	\$19.96	\$6.19	\$201.17
CY 2019²	318,019	\$58.01	\$36.77	\$74.25	\$24.09	\$6.21	\$199.32
January 2020	319,102	\$54.88	\$37.18	\$83.80	\$25.00	\$6.75	\$207.61
February 2020	316,814	\$48.69	\$36.25	\$79.49	\$22.97	\$6.18	\$193.58
March 2020	315,499	\$50.72	\$26.87	\$62.25	\$14.56	\$5.48	\$159.88
April 2020	315,874	\$48.82	\$11.98	\$42.94	\$1.09	\$3.59	\$108.42
May 2020	319,025	\$50.78	\$19.86	\$49.51	\$12.08	\$4.35	\$136.59
June 2020	325,575	\$54.01	\$24.97	\$59.74	\$19.55	\$5.07	\$163.33
July 2020	331,246	\$55.71	\$25.32	\$61.95	\$21.02	\$5.33	\$169.33
August 2020	336,372	\$51.62	\$25.07	\$63.33	\$20.74	\$5.92	\$166.68
September 2020	339,721	\$50.13	\$26.69	\$64.73	\$20.88	\$5.56	\$167.98
October 2020	343,702	\$50.76	\$27.87	\$68.64	\$21.55	\$5.61	\$174.43
November 2020	348,308	\$46.67	\$25.89	\$62.27	\$18.85	\$5.25	\$158.92
December 2020	352,599	\$55.21	\$25.10	\$61.11	\$18.58	\$5.17	\$165.16
CY 2020³	330,320	\$51.50	\$26.09	\$63.31	\$18.07	\$5.36	\$164.33
January 2021	356,200	\$57.23	\$25.49	\$63.40	\$19.45	\$5.15	\$170.71
February 2021	358,593	\$50.63	\$21.90	\$56.58	\$16.87	\$4.71	\$150.69
March 2021	360,981	\$59.18	\$30.18	\$68.64	\$23.23	\$6.07	\$187.30
April 2021	361,341	\$55.59	\$31.31	\$71.55	\$20.58	\$5.82	\$184.85
May 2021	363,512	\$60.41	\$32.23	\$66.82	\$17.49	\$5.85	\$182.79
June 2021	365,424	\$63.46	\$35.35	\$67.15	\$19.90	\$6.20	\$192.05
July 2021	351,735	\$57.70	\$36.07	\$70.98	\$20.83	\$6.32	\$191.90
August 2021	333,945	\$59.35	\$35.86	\$91.49	\$20.14	\$6.10	\$212.94
September 2021	322,748	\$54.14	\$32.79	\$80.85	\$21.74	\$5.81	\$195.33
October 2021	313,567	\$54.84	\$33.66	\$76.76	\$21.28	\$6.23	\$192.77
November 2021	305,361	\$49.26	\$33.14	\$77.69	\$22.14	\$5.58	\$187.82
December 2021	299,450	\$49.62	\$33.90	\$73.19	\$19.33	\$5.45	\$181.48
CY 2021³	341,071	\$55.95	\$31.82	\$72.09	\$20.25	\$5.77	\$185.89
Annual PMPM Trends							
CY 2017 to CY 2018		8.7%	-1.0%	3.8%	-6.5%	3.6%	2.7%
CY 2018 to CY 2019		8.9%	4.9%	10.1%	0.0%	8.5%	7.4%
CY 2019 to CY 2020		-11.2%	-29.1%	-14.7%	-25.0%	-13.8%	-17.6%
CY 2020 to CY 2021		8.6%	22.0%	13.9%	12.0%	7.8%	13.1%
CY 2019 to CY 2021 (Annualized)		-1.8%	-7.0%	-1.5%	-8.3%	-3.6%	-3.4%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPPS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, pharmacy rate freeze, dental reimbursement, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2021 to be directly comparable by month.

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2021 IBNR as reported by CCOs in financial templates.

Exhibit 7E
Mississippi Division of Medicaid
MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends
Deliveries

Per-Delivery Costs by Month¹

Month	Deliveries	Inpatient Hospital Services	Outpatient Hospital Services	Physician Services	Dental Services	Other Services	Non-Pharmacy Total
January 2019	1,695	\$3,986.61	\$6.36	\$1,127.91	\$0.05	\$19.20	\$5,140.14
February 2019	1,415	\$3,944.71	\$12.76	\$1,101.04	\$0.04	\$17.57	\$5,076.12
March 2019	1,508	\$3,983.59	\$8.37	\$1,088.77	\$0.00	\$19.28	\$5,100.02
April 2019	1,468	\$3,904.85	\$9.85	\$1,086.34	\$0.08	\$26.65	\$5,027.76
May 2019	1,493	\$4,103.76	\$14.23	\$1,123.88	\$0.00	\$21.75	\$5,263.62
June 2019	1,449	\$3,936.77	\$15.86	\$1,076.32	\$0.00	\$21.09	\$5,050.04
July 2019	1,797	\$3,864.92	\$12.67	\$1,074.26	\$0.00	\$15.48	\$4,967.34
August 2019	1,721	\$3,920.93	\$10.89	\$1,113.94	\$0.03	\$20.65	\$5,066.44
September 2019	1,717	\$3,975.27	\$12.86	\$1,123.17	\$0.17	\$17.94	\$5,129.40
October 2019	1,732	\$4,080.55	\$13.20	\$1,178.12	\$0.00	\$22.64	\$5,294.51
November 2019	1,522	\$3,936.21	\$13.54	\$1,162.09	\$0.00	\$25.46	\$5,137.30
December 2019	1,741	\$4,067.36	\$8.60	\$1,161.10	\$0.00	\$21.76	\$5,258.81
CY 2019³	1,605	\$3,975.46	\$11.60	\$1,118.08	\$0.03	\$20.79	\$5,125.96
January 2020	1,684	\$4,005.61	\$15.08	\$1,148.37	\$0.07	\$16.84	\$5,185.97
February 2020	1,417	\$3,978.15	\$11.18	\$1,144.31	\$0.00	\$26.62	\$5,160.27
March 2020	1,479	\$3,996.25	\$11.88	\$1,122.11	\$0.00	\$20.04	\$5,150.28
April 2020	1,405	\$3,950.93	\$10.50	\$1,125.32	\$0.21	\$19.14	\$5,106.09
May 2020	1,449	\$4,018.44	\$16.20	\$1,162.58	\$0.00	\$19.58	\$5,216.80
June 2020	1,557	\$3,964.22	\$13.32	\$1,141.01	\$0.00	\$19.67	\$5,138.21
July 2020	1,668	\$3,983.33	\$13.39	\$1,168.78	\$0.00	\$14.82	\$5,180.31
August 2020	1,708	\$4,139.11	\$11.13	\$1,193.06	\$0.00	\$17.68	\$5,360.99
September 2020	1,698	\$3,954.77	\$6.72	\$1,125.55	\$0.07	\$15.07	\$5,102.18
October 2020	1,553	\$3,884.76	\$11.65	\$1,184.50	\$0.00	\$18.76	\$5,099.68
November 2020	1,535	\$3,846.04	\$12.77	\$1,120.32	\$0.00	\$22.37	\$5,001.49
December 2020	1,491	\$3,792.28	\$9.23	\$1,147.52	\$0.00	\$17.87	\$4,966.90
CY 2020³	1,554	\$3,959.49	\$11.92	\$1,148.62	\$0.03	\$19.04	\$5,139.10
January 2021	1,407	\$4,269.88	\$12.37	\$1,149.08	\$0.00	\$17.68	\$5,449.00
February 2021	1,314	\$4,338.51	\$7.37	\$1,105.84	\$0.04	\$15.96	\$5,467.73
March 2021	1,459	\$4,219.80	\$9.95	\$1,093.70	\$0.00	\$19.23	\$5,342.69
April 2021	1,218	\$4,353.13	\$10.97	\$1,139.38	\$0.00	\$15.08	\$5,518.56
May 2021	1,331	\$4,216.00	\$10.05	\$1,101.03	\$0.00	\$19.13	\$5,346.21
June 2021	1,424	\$4,281.00	\$12.71	\$1,107.79	\$0.00	\$23.12	\$5,424.63
July 2021	1,356	\$4,403.17	\$9.99	\$1,115.62	\$0.00	\$13.70	\$5,542.48
August 2021	1,480	\$4,574.54	\$11.38	\$1,112.47	\$0.00	\$20.46	\$5,718.86
September 2021	1,398	\$4,436.80	\$7.97	\$1,147.27	\$0.00	\$13.67	\$5,605.71
October 2021	1,354	\$4,347.47	\$6.05	\$1,100.21	\$0.08	\$11.60	\$5,465.42
November 2021	1,193	\$4,330.23	\$11.26	\$1,102.57	\$0.04	\$17.15	\$5,461.26
December 2021	1,258	\$4,335.88	\$11.09	\$1,093.18	\$0.00	\$17.63	\$5,457.78
CY 2021³	1,349	\$4,342.20	\$10.10	\$1,114.01	\$0.01	\$17.04	\$5,483.36
Annual PMPM Trends							
CY 2017 to CY 2018		1.7%	6.1%	-2.4%	145.9%	46.1%	1.0%
CY 2018 to CY 2019		0.4%	48.7%	-2.4%	12.8%	-35.8%	-0.3%
CY 2019 to CY 2020		-0.4%	2.8%	2.7%	-3.4%	-8.4%	0.3%
CY 2020 to CY 2021		9.7%	-15.3%	-3.0%	-52.4%	-10.5%	6.7%
CY 2019 to CY 2021 (Annualized)		4.5%	-6.7%	-0.2%	-32.2%	-9.5%	3.4%

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPSS reimbursement changes not related to the 5% assessment, PAD reimbursement changes, annual PDL changes to drug costs, AAC inclusion in drug pricing logic, PRTF inclusion in managed care, OP Dental reimbursement changes, GME removal from capitation rates, NET subcapitation changes, provider settlements, emergency ambulance reimbursement increases, financial to encounter adjustments, pharmacy rate freeze, dental reimbursement, and IBNR, and blend MississippiCAN rate cells using consistent enrollment from December 2021 to be directly comparable by month.

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

³ CY 2021 IBNR as reported by CCOs in financial templates.

Exhibit 8A
Mississippi Division of Medicaid
MississippiCAN Program
Traditional Rx Trends by Therapeutic Class

Drug Class	SSI Population			Adult Population			Children Population		
	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend
Antiasthmatic and COPD Agents	\$16.17	\$16.62	1.1%	\$3.84	\$4.17	3.3%	\$2.63	\$2.79	2.4%
Anticoagulants	\$6.18	\$6.98	5.0%	\$1.56	\$1.85	7.1%	\$0.02	\$0.02	8.2%
Anticonvulsants	\$12.45	\$11.35	-3.6%	\$1.56	\$1.59	0.9%	\$0.48	\$0.50	2.3%
Antidepressants	\$4.84	\$5.36	4.1%	\$3.32	\$3.79	5.4%	\$0.23	\$0.27	5.7%
Antihistamines and Respiratory Agents	\$1.48	\$1.49	0.2%	\$0.89	\$0.89	0.2%	\$1.28	\$1.29	0.2%
Anti-Infective Agents	\$4.45	\$4.16	-2.7%	\$3.07	\$2.87	-2.7%	\$1.89	\$1.77	-2.7%
Antipsychotic	\$47.07	\$55.30	6.7%	\$4.85	\$5.70	6.7%	\$0.50	\$0.57	4.8%
Cardiovascular	\$11.12	\$11.74	2.2%	\$3.05	\$3.22	2.2%	\$0.39	\$0.41	2.1%
Contraceptives	\$0.87	\$0.88	0.7%	\$2.79	\$2.84	0.7%	\$0.64	\$0.65	0.7%
Dermatological	\$1.24	\$1.10	-4.7%	\$0.66	\$0.59	-4.7%	\$1.31	\$1.35	1.0%
Diabetes	\$44.72	\$54.12	7.9%	\$15.39	\$18.63	7.9%	\$0.99	\$1.20	7.9%
Diabetic Supplies	\$1.05	\$1.16	4.0%	\$0.40	\$0.45	4.0%	\$0.06	\$0.06	4.0%
Endocrine and Metabolic Agents	\$1.32	\$1.41	2.5%	\$0.76	\$0.81	2.5%	\$0.33	\$0.35	1.7%
Gastrointestinal Agents	\$7.67	\$7.72	0.2%	\$2.53	\$2.68	2.3%	\$1.24	\$1.27	1.1%
Hematological Agents	\$1.58	\$1.71	3.2%	\$0.26	\$0.29	3.2%	\$0.02	\$0.02	3.2%
HIV	\$27.66	\$33.46	7.9%	\$6.76	\$7.45	3.9%	\$0.11	\$0.12	3.9%
Neurological Agents	\$3.37	\$3.08	-3.5%	\$1.04	\$0.95	-3.5%	\$0.02	\$0.02	-3.5%
Ophthalmic Agents	\$1.75	\$1.92	3.7%	\$0.48	\$0.53	3.7%	\$0.15	\$0.17	3.7%
Other	\$3.24	\$4.13	10.3%	\$1.43	\$1.82	10.3%	\$0.91	\$0.97	2.5%
Pain	\$3.45	\$3.48	0.3%	\$2.18	\$2.20	0.3%	\$0.24	\$0.25	0.6%
Pain - Migraine	\$1.28	\$1.70	11.8%	\$1.26	\$1.66	11.8%	\$0.03	\$0.03	7.8%
Stimulants and Attention Disorders	\$8.99	\$8.50	-2.2%	\$1.41	\$1.33	-2.2%	\$7.48	\$7.16	-1.7%
Substance Abuse	\$2.30	\$2.53	3.9%	\$4.07	\$4.48	3.9%	\$0.01	\$0.01	2.3%
Transplant Agents	\$1.15	\$1.20	1.7%	\$0.17	\$0.17	1.7%	\$0.02	\$0.03	1.7%
Vaccines	\$1.13	\$0.83	-11.4%	\$0.82	\$0.60	-11.4%	\$0.34	\$0.25	-11.4%
Vitamins and Nutritionals	\$3.92	\$4.09	1.7%	\$0.79	\$0.83	1.7%	\$0.22	\$0.23	1.7%
Total Traditional	\$220.44	\$246.01	4.5%	\$65.35	\$72.37	4.2%	\$21.56	\$21.76	0.4%

Exhibit 8A
Mississippi Division of Medicaid
MississippiCAN Program
Specialty Rx Trends by Therapeutic Class

Drug Class	SSI Population			Adult Population			Children Population		
	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend	CY 2021 PMPM	Projected SFY 2024 PMPM	Annualized CY 2021 to SFY 2024 PMPM Trend
Antiasthmatic and COPD Agents	\$0.74	\$0.96	10.6%	\$0.34	\$0.41	8.2%	\$0.14	\$0.17	8.2%
Anticonvulsants	\$4.00	\$5.23	11.3%	\$0.01	\$0.01	11.3%	\$0.13	\$0.17	11.3%
Anti-Inflammatory	\$32.00	\$35.30	4.0%	\$17.83	\$22.22	9.2%	\$2.55	\$3.03	7.1%
Atopic Dermatitis - Monoclonal Antibodies	\$2.27	\$3.18	14.4%	\$1.35	\$1.54	5.5%	\$1.10	\$1.72	19.6%
Cancer - Chemotherapy	\$0.39	\$0.47	8.1%	\$0.10	\$0.13	8.1%	\$0.03	\$0.04	8.1%
Cancer - Non-chemotherapy	\$16.99	\$19.21	5.0%	\$1.85	\$2.09	5.0%	\$0.18	\$0.20	5.0%
Cancer - Others	\$0.09	\$0.10	1.7%	\$0.00	\$0.00	1.7%	\$0.00	\$0.00	1.7%
Cardiovascular	\$5.29	\$6.17	6.3%	\$0.01	\$0.02	6.3%	\$0.05	\$0.06	6.3%
Chelating Agents	\$4.21	\$4.20	0.0%	\$0.00	\$0.00	0.0%	\$0.05	\$0.05	0.0%
Contraceptives	\$0.00	\$0.00	4.0%	\$0.12	\$0.13	4.0%	\$0.00	\$0.00	4.0%
Cystic Fibrosis Agents	\$9.86	\$11.76	7.3%	\$0.16	\$0.19	7.3%	\$1.43	\$1.71	7.3%
Endocrine and Metabolic Agents	\$4.65	\$6.09	11.4%	\$2.71	\$3.55	11.4%	\$1.89	\$2.48	11.4%
Gastrointestinal Agents	\$1.53	\$2.05	12.5%	\$0.00	\$0.00	0.0%	\$0.01	\$0.01	12.5%
Growth Hormones	\$2.03	\$2.41	7.1%	\$0.01	\$0.01	4.0%	\$0.73	\$0.87	7.1%
Hematological Agents	\$2.45	\$2.73	4.4%	\$0.41	\$0.46	4.4%	\$0.07	\$0.08	4.4%
Hemophilia	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	0.0%	\$0.02	\$0.02	8.7%
Hepatitis	\$2.82	\$2.83	0.1%	\$1.23	\$1.28	1.8%	\$0.06	\$0.07	2.0%
Hereditary Angioedema Agents	\$1.01	\$1.20	7.1%	\$0.00	\$0.00	0.0%	\$0.26	\$0.31	7.1%
Immune Serums	\$3.23	\$3.72	5.9%	\$2.15	\$2.47	5.9%	\$0.07	\$0.08	5.9%
Multiple Sclerosis	\$4.53	\$4.82	2.5%	\$2.33	\$2.48	2.5%	\$0.05	\$0.06	2.5%
Neurological Agents	\$5.08	\$6.21	8.4%	\$0.34	\$0.38	5.3%	\$0.00	\$0.00	5.3%
Other	\$4.69	\$5.78	8.7%	\$4.55	\$3.69	-8.0%	\$0.80	\$0.98	8.7%
Total Specialty	\$107.88	\$124.43	5.9%	\$35.50	\$41.08	6.0%	\$9.64	\$12.11	9.6%

Exhibit 9
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
Enhanced Match Services

	Medical Portion of Capitation Rate	COVID-19 Vaccine Administration	Family Planning (Non-waiver)	Breast and Cervical Cancer	Indian Health Services	Home Health Services	Rehab Services	Private Duty Nursing
Non-Newborn SSI / Disabled	\$1,182.05	\$1.52	\$0.87	\$0.39	\$0.52	\$2.90	\$22.90	\$9.67
North Region	1,074.94	1.38	0.79	0.36	0.47	2.64	20.83	8.79
Central Region	1,226.72	1.57	0.90	0.41	0.54	3.01	23.77	10.03
South Region	1,251.78	1.61	0.92	0.42	0.55	3.07	24.25	10.24
Breast and Cervical Cancer	\$3,120.65	\$1.63	\$0.06	\$3,118.96	\$0.00	\$0.00	\$0.00	\$0.00
North Region	2,837.88	1.48	0.06	2,836.34	0.00	0.00	0.00	0.00
Central Region	3,238.57	1.69	0.07	3,236.82	0.00	0.00	0.00	0.00
South Region	3,304.74	1.72	0.07	3,302.95	0.00	0.00	0.00	0.00
MA Adult	\$504.72	\$1.10	\$4.78	\$0.00	\$0.18	\$0.36	\$1.13	\$0.00
North Region	481.01	1.05	4.55	0.00	0.18	0.34	1.08	0.00
Central Region	516.76	1.13	4.89	0.00	0.19	0.37	1.16	0.00
South Region	513.81	1.12	4.87	0.00	0.19	0.37	1.15	0.00
Pregnant Women	\$682.99	\$0.51	\$11.46	\$0.00	\$0.01	\$0.18	\$0.30	\$0.00
North Region	650.92	0.49	10.92	0.00	0.01	0.17	0.29	0.00
Central Region	699.29	0.53	11.73	0.00	0.01	0.18	0.31	0.00
South Region	695.30	0.52	11.67	0.00	0.01	0.18	0.31	0.00
SSI / Disabled Newborn	\$7,520.84	\$0.00	\$0.00	\$0.00	\$0.00	\$4.81	\$0.00	\$92.34
North Region	7,425.41	0.00	0.00	0.00	0.00	4.75	0.00	91.17
Central Region	7,715.05	0.00	0.00	0.00	0.00	4.93	0.00	94.72
South Region	7,399.64	0.00	0.00	0.00	0.00	4.73	0.00	90.85
Non-SSI Newborns 0 to 2 Months	\$2,039.54	\$0.00	\$0.00	\$0.00	\$0.97	\$0.07	\$0.00	\$0.03
North Region	2,013.66	0.00	0.00	0.00	0.96	0.07	0.00	0.03
Central Region	2,092.21	0.00	0.00	0.00	0.99	0.07	0.00	0.03
South Region	2,006.67	0.00	0.00	0.00	0.95	0.07	0.00	0.03
Non-SSI Newborns 3 to 12 Months	\$261.75	\$0.00	\$0.00	\$0.00	\$0.69	\$0.05	\$0.00	\$1.13
North Region	258.43	0.00	0.00	0.00	0.68	0.05	0.00	1.12
Central Region	268.51	0.00	0.00	0.00	0.71	0.05	0.00	1.16
South Region	257.53	0.00	0.00	0.00	0.68	0.05	0.00	1.11
Foster Care	\$644.45	\$0.80	\$0.99	\$0.00	\$0.02	\$0.00	\$22.30	\$7.15
North Region	636.27	0.79	0.98	0.00	0.02	0.00	22.01	7.06
Central Region	661.09	0.82	1.02	0.00	0.02	0.00	22.87	7.34
South Region	634.06	0.78	0.98	0.00	0.02	0.00	21.94	7.04
MYPAC	\$3,410.78	\$1.06	\$2.27	\$0.00	\$0.05	\$0.00	\$11.57	\$0.00
North Region	3,367.51	1.05	2.24	0.00	0.05	0.00	11.42	0.00
Central Region	3,498.86	1.09	2.33	0.00	0.06	0.00	11.87	0.00
South Region	3,355.82	1.05	2.23	0.00	0.05	0.00	11.38	0.00
MA Children	\$202.97	\$0.59	\$1.11	\$0.00	\$0.40	\$0.01	\$5.66	\$0.24
North Region	200.39	0.58	1.09	0.00	0.39	0.01	5.59	0.24
Central Region	208.21	0.60	1.13	0.00	0.41	0.01	5.80	0.25
South Region	199.70	0.58	1.09	0.00	0.39	0.01	5.57	0.24
Quasi-CHIP	\$212.89	\$1.11	\$2.00	\$0.00	\$0.29	\$0.01	\$3.97	\$0.00
North Region	210.19	1.10	1.97	0.00	0.29	0.01	3.92	0.00
Central Region	218.38	1.14	2.05	0.00	0.30	0.01	4.07	0.00
South Region	209.46	1.09	1.97	0.00	0.29	0.01	3.91	0.00

Exhibit 10A
Mississippi Division of Medicaid
Summary of CY 2021 MississippiCAN Encounter Claims
Summary of Total Costs by Rate Cell

Member Months	745,395	1,708	570,832	570,832	117,512	117,512	5,146	70,289	238,386	79,811	9,828	3,350,611	348,614	5,538,132
Total Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$42,515,207	\$140,988	\$7,642,740	\$0	\$273,976	\$0	\$926,992	\$2,027,472	\$3,058,123	\$196,459	\$82,934	\$7,873,668	\$782,459	\$65,521,016
Surgical	\$59,631,045	\$121,723	\$11,364,573	\$0	\$326,949	\$0	\$1,842,525	\$4,409,541	\$2,940,623	\$499,821	\$63,877	\$12,992,004	\$1,390,727	\$95,583,408
Maternity / Deliveries	\$2,018,335	\$0	\$1,560,891	\$15,299,062	\$2,500,390	\$50,872,673	\$17,462,603	\$86,170,901	\$482,559	\$69,261	\$7,864	\$3,513,448	\$376,668	\$180,334,655
Psychiatric / Substance Abuse Skilled Nursing Facility	\$21,640,384	\$10,192	\$3,355,905	\$0	\$141,760	\$0	\$0	\$0	\$5,433	\$17,648,883	\$3,930,126	\$29,545,905	\$3,284,262	\$79,562,849
Missing Data	\$4,713	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,713
Missing Data	\$321,171	\$664	\$64,726	\$40,066	\$8,029	\$137,597	\$64,369	\$231,381	\$17,342	\$2,844	\$628	\$112,359	\$12,238	\$1,013,416
Inpatient Behavioral Health Total	\$7,368,400	\$0	\$805,357	\$0	\$45,207	\$0	\$0	\$0	\$0	\$16,546,301	\$3,010,904	\$25,071,862	\$2,668,744	\$55,516,774
Inpatient Facility Total	\$126,130,856	\$273,566	\$23,988,835	\$15,339,129	\$3,251,104	\$51,010,270	\$20,296,488	\$92,839,295	\$6,504,079	\$18,417,268	\$4,085,429	\$54,037,384	\$5,846,354	\$422,020,058
Outpatient Facility Services														
Emergency Room	\$22,398,304	\$42,932	\$14,507,752	\$9,059	\$3,403,797	\$30,732	\$260,099	\$1,456,487	\$5,199,939	\$575,007	\$220,530	\$28,534,785	\$2,160,197	\$78,799,620
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$147	\$0	\$294	\$0	\$107	\$2,956	\$373	\$3,877
Radiology / Pathology	\$23,538,125	\$457,258	\$12,045,774	\$5,485	\$3,317,862	\$24,885	\$162,105	\$723,400	\$2,742,955	\$512,724	\$148,828	\$19,215,783	\$1,883,645	\$64,778,830
Psychiatric / Alcohol & Drug Abuse	\$3,837,018	\$0	\$115,129	\$0	\$4,155	\$0	\$0	\$0	\$0	\$842,050	\$26,014	\$9,068,840	\$441,573	\$14,334,779
Pharmacy	\$35,673,482	\$834,223	\$5,897,660	\$5,059	\$1,230,167	\$18,608	\$15,930	\$88,015	\$234,989	\$91,028	\$23,979	\$5,312,712	\$666,500	\$49,992,352
Other	\$56,204,488	\$434,356	\$20,556,059	\$26,095	\$3,860,056	\$41,255	\$669,938	\$1,302,517	\$3,882,727	\$1,388,861	\$189,881	\$36,059,874	\$3,450,129	\$128,066,236
Missing Data	\$451,050	\$4,008	\$176,871	\$165	\$35,106	\$376	\$3,279	\$12,515	\$34,958	\$8,433	\$3,620	\$398,012	\$40,218	\$1,168,612
Outpatient Behavioral Health Total	\$3,577,373	\$0	\$11,979	\$0	\$490	\$0	\$0	\$0	\$0	\$841,979	\$26,028	\$9,055,103	\$443,905	\$13,956,856
Outpatient Facility Total	\$142,102,467	\$1,772,777	\$53,299,245	\$45,863	\$11,851,142	\$115,855	\$1,111,498	\$3,582,934	\$12,095,861	\$3,418,103	\$612,960	\$98,592,963	\$8,542,635	\$337,144,306
Physician Services														
IP Visits	\$11,756,317	\$28,230	\$2,080,933	\$81,107	\$296,711	\$185,583	\$6,354,299	\$12,542,533	\$1,909,157	\$254,284	\$167,865	\$2,693,443	\$288,426	\$38,638,890
IP Surgery	\$3,758,289	\$14,628	\$957,283	\$31,939	\$87,771	\$67,949	\$342,187	\$443,196	\$315,250	\$51,073	\$15,555	\$1,328,464	\$148,878	\$7,562,462
Office / Home Visits	\$32,951,187	\$142,089	\$19,421,745	\$1,912	\$1,327,155	\$3,569	\$384,348	\$2,826,008	\$8,567,405	\$2,124,164	\$361,125	\$66,401,757	\$6,519,600	\$141,032,063
Preventive Exams & Immunizations	\$4,480,916	\$15,284	\$6,861,261	\$154,310	\$11,060,181	\$363,829	\$197,194	\$8,107,592	\$9,162,687	\$657,989	\$87,471	\$22,948,064	\$1,651,252	\$65,748,031
Urgent Care Visits	\$361,486	\$1,024	\$658,179	\$0	\$66,227	\$0	\$789	\$1,878	\$113,962	\$76,122	\$13,294	\$2,563,864	\$283,353	\$4,140,178
ER Visits and Observation Care	\$7,395,036	\$13,769	\$4,726,002	\$15,278	\$1,214,250	\$58,919	\$83,211	\$513,102	\$1,682,305	\$191,079	\$78,903	\$9,380,426	\$701,414	\$26,053,694
OP Surgery	\$11,146,181	\$120,146	\$5,891,490	\$179	\$315,805	\$1,245	\$100,054	\$211,009	\$838,249	\$374,165	\$45,429	\$10,743,625	\$1,077,100	\$30,864,677
Physical Therapy	\$8,126,988	\$12,436	\$1,379,715	\$0	\$40,330	\$0	\$181,084	\$11,473	\$358,867	\$756,223	\$30,054	\$9,293,434	\$726,492	\$20,917,096
Psychiatric / Substance Abuse	\$29,834,578	\$13,503	\$4,467,091	\$1,302	\$242,104	\$1,824	\$980	\$2,571	\$2,938	\$3,982,305	\$18,505,714	\$31,802,813	\$3,625,175	\$92,482,899
Radiology / Pathology	\$12,191,813	\$173,512	\$10,200,463	\$147,139	\$5,765,373	\$436,029	\$201,656	\$617,547	\$2,812,490	\$573,138	\$110,724	\$22,373,113	\$2,199,284	\$57,802,281
Vision, Hearing, and Speech Exams	\$2,852,452	\$6,531	\$1,698,694	\$73	\$279,045	\$166	\$25,462	\$20,830	\$78,545	\$293,955	\$41,984	\$7,690,964	\$1,064,887	\$14,053,587
Other	\$24,648,428	\$943,832	\$5,051,861	\$3,730,824	\$907,953	\$12,565,313	\$403,304	\$459,533	\$523,676	\$952,268	\$4,440,133	\$7,357,766	\$1,142,725	\$63,127,616
Missing Data	\$284,422	\$3,634	\$143,952	\$9,111	\$53,138	\$35,392	\$14,247	\$77,739	\$61,089	\$5,630	\$2,099	\$396,572	\$42,497	\$1,129,523
Physician Behavioral Health Total	\$32,276,695	\$14,427	\$4,843,313	\$1,477	\$262,048	\$1,588	\$3,069	\$11,071	\$116,809	\$4,460,714	\$22,866,978	\$35,570,294	\$4,033,095	\$104,461,576
Physician Total	\$149,788,094	\$1,488,618	\$63,538,671	\$4,173,173	\$21,656,043	\$13,719,818	\$8,288,815	\$25,835,012	\$26,426,621	\$10,292,394	\$23,900,350	\$194,974,304	\$19,471,084	\$563,552,998
Pharmacy Services														
Pharmacy	\$244,050,225	\$937,031	\$64,635,824	\$88,015	\$4,651,709	\$241,212	\$3,083,084	\$797,579	\$5,639,218	\$7,135,304	\$1,777,312	\$96,386,398	\$13,445,110	\$442,868,023
Missing Data	\$709,635	\$2,391	\$184,277	\$296	\$12,282	\$649	\$5,765	\$2,737	\$17,275	\$17,013	\$3,113	\$331,235	\$45,889	\$1,332,557
Pharmacy Total	\$244,759,861	\$939,423	\$64,820,101	\$88,311	\$4,663,991	\$241,861	\$3,088,849	\$800,317	\$5,656,492	\$7,152,317	\$1,780,425	\$96,717,634	\$13,490,999	\$444,200,580
Dental Services														
Dental	\$6,203,061	\$6,081	\$2,908,628	\$110	\$424,147	\$109	\$3,972	\$41,723	\$259,455	\$1,987,397	\$300,649	\$71,343,280	\$9,790,370	\$93,268,982
Missing Data	\$19,381	\$22	\$8,256	\$0	\$1,252	\$0	\$5	\$32	\$67	\$3,314	\$180	\$217,179	\$34,272	\$283,961
Dental Total	\$6,222,442	\$6,103	\$2,916,885	\$110	\$425,399	\$109	\$3,977	\$41,755	\$259,522	\$1,990,711	\$300,829	\$71,560,459	\$9,824,641	\$93,552,942
Other Services														
Ambulance	\$9,399,082	\$14,684	\$2,544,149	\$87,803	\$434,239	\$169,891	\$125,108	\$772,501	\$510,350	\$146,924	\$124,493	\$3,978,738	\$337,317	\$18,645,278
Non-Emergency Transportation	\$8,433,615	\$47,169	\$888,161	\$4,584	\$197,050	\$6,159	\$117,118	\$32,220	\$109,594	\$30,955	\$31,111	\$1,113,900	\$61,989	\$11,073,624
DME	\$19,249,003	\$48,369	\$2,408,939	\$1,682	\$262,612	\$5,651	\$624,281	\$98,965	\$556,710	\$564,533	\$18,131	\$5,679,924	\$932,499	\$30,451,300
Glasses / Contacts	\$1,198,643	\$3,178	\$816,944	\$86	\$152,224	\$108	\$194	\$148	\$159,670	\$159,670	\$26,825	\$4,186,406	\$628,251	\$7,174,331
Other	\$10,973,062	\$32,309	\$123,013	\$0	\$7,733	\$18	\$408,038	\$9,107	\$236,380	\$390,802	\$16,973	\$1,221,311	\$104,522	\$13,523,268
Missing Data	\$5,315,554	\$9,818	\$957,956	\$10,234	\$132,930	\$21,815	\$27,225	\$99,138	\$346,102	\$578,060	\$28,524	\$6,329,942	\$634,125	\$14,491,423
Other Behavioral Health Total	\$608,903	\$443	\$73,974	\$0	\$3,304	\$0	\$0	\$0	\$0	\$32,327	\$6,031	\$509,980	\$75,879	\$1,310,842
Other Total	\$54,568,959	\$155,527	\$7,739,161	\$104,389	\$1,186,788	\$203,642	\$1,301,918	\$1,012,125	\$1,760,790	\$1,870,943	\$246,057	\$22,510,221	\$2,698,704	\$95,359,224
Total Behavioral Health	\$43,831,370	\$14,870	\$5,734,623	\$1,477	\$311,049	\$1,588	\$3,069	\$11,071	\$116,809	\$21,881,321	\$25,909,941	\$70,207,239	\$7,221,623	\$175,246,048
Grand Total	\$723,572,679	\$4,636,014	\$216,302,898	\$19,750,975	\$43,034,467	\$65,291,555	\$34,091,546	\$124,111,438	\$52,703,365	\$43,141,736	\$30,926,050	\$538,392,966	\$59,874,417	\$1,955,830,108

Exhibit 10B
Mississippi Division of Medicaid
Summary of CY 2021 MississippiCAN Encounter Claims
Summary of Allowed PMPM by Rate Cell

Member Months	745,395	1,708	570,832	570,832	117,512	117,512	5,146	70,289	238,386	79,811	9,828	3,350,611	348,614	5,538,132
PMPM Allowed Cost														
Service Category	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$57.04	\$82.55	\$13.39	\$0.00	\$2.33	\$0.00	\$180.14	\$28.84	\$12.83	\$2.46	\$8.44	\$2.35	\$2.24	\$11.83
Surgical	\$80.00	\$71.27	\$19.91	\$0.00	\$2.78	\$0.00	\$358.05	\$62.73	\$12.34	\$6.26	\$6.50	\$3.88	\$3.99	\$17.26
Maternity / Deliveries	\$2.71	\$0.00	\$2.73	\$26.80	\$21.28	\$432.91	\$3,393.43	\$1,225.95	\$2.02	\$0.87	\$0.80	\$1.05	\$1.08	\$32.56
Psychiatric / Substance Abuse	\$29.03	\$5.97	\$5.88	\$0.00	\$1.21	\$0.00	\$0.00	\$0.00	\$0.02	\$221.13	\$399.89	\$8.82	\$9.42	\$14.37
Skilled Nursing Facility	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Missing Data	\$0.43	\$0.39	\$0.11	\$0.07	\$0.07	\$1.17	\$12.51	\$3.29	\$0.07	\$0.04	\$0.06	\$0.03	\$0.04	\$0.18
Inpatient Behavioral Health Total	\$9.89	\$0.00	\$1.41	\$0.00	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$207.32	\$306.36	\$7.48	\$7.66	\$10.02
Inpatient Facility Total	\$169.21	\$160.17	\$42.02	\$26.87	\$27.67	\$434.09	\$3,944.13	\$1,320.82	\$27.28	\$230.76	\$415.69	\$16.13	\$16.77	\$76.20
Outpatient Facility Services														
Emergency Room	\$30.05	\$25.14	\$25.42	\$0.02	\$28.97	\$0.26	\$50.54	\$20.72	\$21.81	\$7.20	\$22.44	\$8.52	\$6.20	\$14.23
Urgent Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00
Radiology / Pathology	\$31.58	\$267.72	\$21.10	\$0.01	\$28.23	\$0.21	\$31.50	\$10.29	\$11.51	\$6.42	\$15.14	\$5.74	\$5.40	\$11.70
Psychiatric / Alcohol & Drug Abuse	\$5.15	\$0.00	\$0.20	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$10.55	\$2.65	\$2.71	\$1.27	\$2.59
Pharmacy	\$47.86	\$488.42	\$10.33	\$0.01	\$10.47	\$0.16	\$3.10	\$1.25	\$0.99	\$1.14	\$2.44	\$1.59	\$1.63	\$9.03
Other	\$75.40	\$254.31	\$36.01	\$0.05	\$32.85	\$0.35	\$130.19	\$18.53	\$16.29	\$17.40	\$19.32	\$10.76	\$9.90	\$23.12
Missing Data	\$0.61	\$2.35	\$0.31	\$0.00	\$0.30	\$0.00	\$0.64	\$0.18	\$0.15	\$0.11	\$0.37	\$0.12	\$0.12	\$0.21
Outpatient Behavioral Health Total	\$4.80	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.55	\$2.65	\$2.70	\$1.27	\$2.52
Outpatient Facility Total	\$190.64	\$1,037.93	\$93.37	\$0.08	\$100.85	\$0.99	\$215.99	\$50.97	\$50.74	\$42.83	\$62.37	\$29.43	\$24.50	\$60.88
Physician Services														
IP Visits	\$15.77	\$16.53	\$3.65	\$0.14	\$2.52	\$1.58	\$1,234.80	\$178.44	\$8.01	\$3.19	\$17.08	\$0.80	\$0.83	\$6.98
IP Surgery	\$5.04	\$8.56	\$1.68	\$0.06	\$0.75	\$0.58	\$66.50	\$6.31	\$1.32	\$0.64	\$1.58	\$0.40	\$0.43	\$1.37
Office / Home Visits	\$44.21	\$83.19	\$34.02	\$0.00	\$11.29	\$0.03	\$74.69	\$40.21	\$35.94	\$26.61	\$36.74	\$19.82	\$18.70	\$25.47
Preventive Exams & Immunizations	\$6.01	\$8.95	\$12.02	\$0.27	\$94.12	\$3.10	\$38.32	\$115.35	\$38.44	\$8.24	\$8.90	\$6.85	\$4.74	\$11.87
Urgent Care Visits	\$0.48	\$0.60	\$1.15	\$0.00	\$0.56	\$0.00	\$0.15	\$0.03	\$0.48	\$0.95	\$1.35	\$0.77	\$0.81	\$0.75
ER Visits and Observation Care	\$9.92	\$8.06	\$8.28	\$0.03	\$10.33	\$0.50	\$16.17	\$7.30	\$7.06	\$2.39	\$8.03	\$2.80	\$2.01	\$4.70
OP Surgery	\$14.95	\$70.34	\$10.32	\$0.00	\$2.69	\$0.01	\$19.44	\$3.00	\$3.52	\$4.69	\$4.62	\$3.21	\$3.09	\$5.57
Physical Therapy	\$10.90	\$7.28	\$2.42	\$0.00	\$0.34	\$0.00	\$35.19	\$0.16	\$1.51	\$9.48	\$3.06	\$2.77	\$2.08	\$3.78
Psychiatric / Substance Abuse	\$40.03	\$7.91	\$7.83	\$0.00	\$2.06	\$0.02	\$0.19	\$0.04	\$0.01	\$49.90	\$1,882.96	\$9.49	\$10.40	\$16.70
Radiology / Pathology	\$16.36	\$101.59	\$17.87	\$0.26	\$49.06	\$3.71	\$39.19	\$8.79	\$11.80	\$7.18	\$11.27	\$6.68	\$6.31	\$10.44
Vision, Hearing, and Speech Exams	\$3.83	\$3.82	\$2.98	\$0.00	\$2.37	\$0.00	\$4.95	\$0.30	\$0.33	\$3.68	\$4.27	\$2.30	\$3.05	\$2.54
Other	\$33.07	\$552.60	\$8.85	\$6.54	\$7.73	\$106.93	\$78.37	\$6.54	\$2.20	\$11.93	\$451.78	\$2.20	\$3.28	\$11.40
Missing Data	\$0.38	\$2.13	\$0.25	\$0.02	\$0.45	\$0.30	\$2.77	\$1.11	\$0.26	\$0.07	\$0.21	\$0.12	\$0.12	\$0.20
Physician Behavioral Health Total	\$43.30	\$8.45	\$8.48	\$0.00	\$2.23	\$0.01	\$0.60	\$0.16	\$0.49	\$55.89	\$2,326.72	\$10.62	\$11.57	\$18.86
Physician Total	\$200.95	\$871.56	\$111.31	\$7.31	\$184.29	\$116.75	\$1,610.73	\$367.55	\$110.86	\$128.96	\$2,431.86	\$58.19	\$55.85	\$101.76
Pharmacy Services														
Pharmacy	\$327.41	\$548.61	\$113.23	\$0.15	\$39.58	\$2.05	\$599.12	\$11.35	\$23.66	\$89.40	\$180.84	\$28.77	\$38.57	\$79.97
Missing Data	\$0.95	\$1.40	\$0.32	\$0.00	\$0.10	\$0.01	\$1.12	\$0.04	\$0.07	\$0.21	\$0.32	\$0.10	\$0.13	\$0.24
Pharmacy Total	\$328.36	\$550.01	\$113.55	\$0.15	\$39.69	\$2.06	\$600.24	\$11.39	\$23.73	\$89.62	\$181.16	\$28.87	\$38.70	\$80.21
Dental Services														
Dental	\$8.32	\$3.56	\$5.10	\$0.00	\$3.61	\$0.00	\$0.77	\$0.59	\$1.09	\$24.90	\$30.59	\$21.29	\$28.08	\$16.84
Missing Data	\$0.03	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04	\$0.02	\$0.06	\$0.10	\$0.05
Dental Total	\$8.35	\$3.57	\$5.11	\$0.00	\$3.62	\$0.00	\$0.77	\$0.59	\$1.09	\$24.94	\$30.61	\$21.36	\$28.18	\$16.89
Other Services														
Ambulance	\$12.61	\$8.60	\$4.46	\$0.15	\$3.70	\$1.45	\$24.31	\$10.99	\$2.14	\$1.84	\$12.67	\$1.19	\$0.97	\$3.37
Non-Emergency Transportation	\$11.31	\$27.62	\$1.56	\$0.01	\$1.68	\$0.05	\$22.76	\$0.46	\$0.46	\$0.39	\$3.17	\$0.33	\$0.18	\$2.00
DME	\$25.82	\$28.32	\$4.22	\$0.00	\$2.23	\$0.05	\$121.31	\$1.41	\$2.34	\$7.07	\$1.84	\$1.70	\$2.67	\$5.50
Glasses / Contacts	\$1.61	\$1.86	\$1.43	\$0.00	\$1.30	\$0.00	\$0.03	\$0.00	\$0.01	\$2.00	\$1.84	\$1.25	\$1.80	\$1.30
Other	\$14.72	\$18.92	\$0.22	\$0.00	\$0.07	\$0.00	\$79.29	\$0.13	\$0.99	\$4.90	\$1.73	\$0.36	\$0.30	\$2.44
Missing Data	\$7.13	\$5.75	\$1.68	\$0.02	\$1.13	\$0.19	\$5.29	\$1.41	\$1.45	\$7.24	\$2.90	\$1.89	\$1.82	\$2.62
Other Behavioral Health Total	\$0.82	\$0.26	\$0.13	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.41	\$0.61	\$0.15	\$0.22	\$0.24
Other Total	\$73.21	\$91.06	\$13.56	\$0.18	\$10.10	\$1.73	\$253.00	\$14.40	\$7.39	\$23.44	\$25.04	\$6.72	\$7.74	\$17.22
Total Behavioral Health	\$58.80	\$8.71	\$10.05	\$0.00	\$2.65	\$0.01	\$0.60	\$0.16	\$0.49	\$274.16	\$2,636.34	\$20.95	\$20.72	\$31.64
Grand Total	\$970.72	\$2,714.29	\$378.93	\$34.60	\$366.21	\$555.62	\$6,624.86	\$1,765.73	\$221.08	\$540.55	\$3,146.73	\$160.69	\$171.75	\$353.16

Exhibit 10C
Mississippi Division of Medicaid
Summary of CY 2021 MississippiCAN Encounter Claims
Summary of Total Costs by Rate Cell

Member Months	745,395	1,708	570,832	570,832	117,512	117,512	5,146	70,289	238,386	79,811	9,828	3,350,611	348,614	5,538,132
% of Total Allowed Cost														
Service Category	Non-Newborn	Breast and	MA Adult -	Deliveries -	Pregnant Women -	Deliveries -	SSI / Disabled	Non-SSI	Non-SSI	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN
	SSI / Disabled	Cervical	Non-Deliveries	MA Adult	Non-Deliveries	Pregnant Women	Newborn	Newborns 0 to	Newborns 3 to					
Inpatient Facility Services														
Medical	5.9%	3.0%	3.5%	0.0%	0.6%	0.0%	2.7%	1.6%	5.8%	0.5%	0.3%	1.5%	1.3%	3.4%
Surgical	8.2%	2.6%	5.3%	0.0%	0.8%	0.0%	5.4%	3.6%	5.6%	1.2%	0.2%	2.4%	2.3%	4.9%
Maternity / Deliveries	0.3%	0.0%	0.7%	77.5%	5.8%	77.9%	51.2%	69.4%	0.9%	0.2%	0.0%	0.7%	0.6%	9.2%
Psychiatric / Substance Abuse	3.0%	0.2%	1.6%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	40.9%	12.7%	5.5%	5.5%	4.1%
Skilled Nursing Facility	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing Data	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Inpatient Behavioral Health Total	1.0%	0.0%	0.4%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	38.4%	9.7%	4.7%	4.5%	2.8%
Inpatient Facility Total	17.4%	5.9%	11.1%	77.7%	7.6%	78.1%	59.5%	74.8%	12.3%	42.7%	13.2%	10.0%	9.8%	21.6%
Outpatient Facility Services														
Emergency Room	3.1%	0.9%	6.7%	0.0%	7.9%	0.0%	0.8%	1.2%	9.9%	1.3%	0.7%	5.3%	3.6%	4.0%
Urgent Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Radiology / Pathology	3.3%	9.9%	5.6%	0.0%	7.7%	0.0%	0.5%	0.6%	5.2%	1.2%	0.5%	3.6%	3.1%	3.3%
Psychiatric / Alcohol & Drug Abuse	0.5%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.1%	1.7%	0.7%	0.7%
Pharmacy	4.9%	18.0%	2.7%	0.0%	2.9%	0.0%	0.0%	0.1%	0.4%	0.2%	0.1%	1.0%	0.9%	2.6%
Other	7.8%	9.4%	9.5%	0.1%	9.0%	0.1%	2.0%	1.0%	7.4%	3.2%	0.6%	6.7%	5.8%	6.5%
Missing Data	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%
Outpatient Behavioral Health Total	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.1%	1.7%	0.7%	0.7%
Outpatient Facility Total	19.6%	38.2%	24.6%	0.2%	27.5%	0.2%	3.3%	2.9%	23.0%	7.9%	2.0%	18.3%	14.3%	17.2%
Physician Services														
IP Visits	1.6%	0.6%	1.0%	0.4%	0.7%	0.3%	18.6%	10.1%	3.6%	0.6%	0.5%	0.5%	0.5%	2.0%
IP Surgery	0.5%	0.3%	0.4%	0.2%	0.2%	0.1%	1.0%	0.4%	0.6%	0.1%	0.2%	0.2%	0.2%	0.4%
Office / Home Visits	4.6%	3.1%	9.0%	0.0%	3.1%	0.0%	1.1%	2.3%	16.3%	4.9%	1.2%	12.3%	10.9%	7.2%
Preventive Exams & Immunizations	0.6%	0.3%	3.2%	0.8%	25.7%	0.6%	0.6%	6.5%	17.4%	1.5%	0.3%	4.3%	2.8%	3.4%
Urgent Care Visits	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.5%	0.5%	0.2%
ER Visits and Observation Care	1.0%	0.3%	2.2%	0.1%	2.8%	0.1%	0.2%	0.4%	3.2%	0.4%	0.3%	1.7%	1.2%	1.3%
OP Surgery	1.5%	2.6%	2.7%	0.0%	0.7%	0.0%	0.3%	0.2%	1.6%	0.9%	0.1%	2.0%	1.8%	1.6%
Physical Therapy	1.1%	0.3%	0.6%	0.0%	0.1%	0.0%	0.5%	0.0%	1.2%	1.8%	0.1%	1.7%	1.1%	1.1%
Psychiatric / Substance Abuse	4.1%	0.3%	2.1%	0.0%	0.6%	0.0%	0.0%	0.0%	9.2%	59.8%	5.9%	6.1%	4.7%	4.7%
Radiology / Pathology	1.7%	3.7%	4.7%	0.7%	13.4%	0.7%	0.6%	0.5%	5.3%	1.3%	0.4%	4.2%	3.7%	3.0%
Vision, Hearing, and Speech Exams	0.4%	0.1%	0.8%	0.0%	0.6%	0.0%	0.1%	0.0%	0.1%	0.7%	0.1%	1.4%	1.8%	0.7%
Other	3.4%	20.4%	2.3%	18.9%	2.1%	19.2%	1.2%	0.4%	1.0%	2.2%	14.4%	1.4%	1.9%	3.2%
Missing Data	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%
Physician Behavioral Health Total	4.5%	0.3%	2.2%	0.0%	0.6%	0.0%	0.0%	0.0%	0.2%	10.3%	73.9%	6.6%	6.7%	5.3%
Physician Total	20.7%	32.1%	29.4%	21.1%	50.3%	21.0%	24.3%	20.8%	50.1%	23.9%	77.3%	36.2%	32.5%	28.8%
Pharmacy Services														
Pharmacy	33.7%	20.2%	29.9%	0.4%	10.8%	0.4%	9.0%	0.6%	10.7%	16.5%	5.7%	17.9%	22.5%	22.6%
Missing Data	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Pharmacy Total	33.8%	20.3%	30.0%	0.4%	10.8%	0.4%	9.1%	0.6%	10.7%	16.6%	5.8%	18.0%	22.5%	22.7%
Dental Services														
Dental	0.9%	0.1%	1.3%	0.0%	1.0%	0.0%	0.0%	0.0%	0.5%	4.6%	1.0%	13.3%	16.4%	4.8%
Missing Data	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Dental Total	0.9%	0.1%	1.3%	0.0%	1.0%	0.0%	0.0%	0.0%	0.5%	4.6%	1.0%	13.3%	16.4%	4.8%
Other Services														
Ambulance	1.3%	0.3%	1.2%	0.4%	1.0%	0.3%	0.4%	0.6%	1.0%	0.3%	0.4%	0.7%	0.6%	1.0%
Non-Emergency Transportation	1.2%	1.0%	0.4%	0.0%	0.5%	0.0%	0.3%	0.0%	0.2%	0.1%	0.1%	0.2%	0.1%	0.6%
DME	2.7%	1.0%	1.1%	0.0%	0.6%	0.0%	1.8%	0.1%	1.3%	1.3%	0.1%	1.1%	1.6%	1.6%
Glasses / Contacts	0.2%	0.1%	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	0.1%	0.8%	1.0%	0.4%
Other	1.5%	0.7%	0.1%	0.0%	0.0%	0.0%	1.2%	0.0%	0.4%	0.9%	0.1%	0.2%	0.2%	0.7%
Missing Data	0.7%	0.2%	0.4%	0.1%	0.3%	0.0%	0.1%	0.1%	0.7%	1.3%	0.1%	1.2%	1.1%	0.7%
Other Behavioral Health Total	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%
Other Total	7.5%	3.4%	3.6%	0.5%	2.8%	0.3%	3.8%	0.8%	3.3%	4.3%	0.8%	4.2%	4.5%	4.9%
Total Behavioral Health	6.1%	0.3%	2.7%	0.0%	0.7%	0.0%	0.0%	0.0%	0.2%	50.7%	83.8%	13.0%	12.1%	9.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 10D
Mississippi Division of Medicaid
Summary of CY 2021 MississippiCAN Encounter Claims
Summary of Utilization/1000 and Average Charge by Rate Cell

Member Months	745,395	1,708	570,832	570,832	117,512	117,512	5,146	70,289	238,386	79,811	9,828	3,350,611	348,614	5,538,132
---------------	---------	-------	---------	---------	---------	---------	-------	--------	---------	--------	-------	-----------	---------	-----------

Service Category	Utilization/1000													
	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	66.5	77.3	16.5	0.0	3.6	0.0	228.5	44.4	24.3	5.0	13.4	4.1	3.6	15.4
Surgical	41.8	63.2	13.2	0.0	4.0	0.0	130.6	28.7	7.4	4.1	4.9	2.4	2.3	9.6
Maternity / Deliveries	4.5	0.0	4.7	53.0	49.8	997.7	408.1	3,072.9	0.2	1.4	1.2	2.2	2.4	69.6
Psychiatric / Substance Abuse	47.0	21.1	12.9	0.0	2.9	0.0	0.0	0.0	0.0	100.3	451.8	8.2	9.8	15.6
Skilled Nursing Facility	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inpatient Behavioral Health Total	12.3	0.0	2.5	0.0	1.0	0.0	0.0	0.0	0.0	78.8	319.9	5.9	6.8	7.6
Inpatient Facility Total	159.8	161.6	47.4	53.0	60.2	997.7	767.2	3,145.9	31.8	110.7	471.3	16.9	18.1	110.2
Pharmacy Services														
Pharmacy	26,685.1	34,742.4	15,820.4	93.9	8,433.1	1,506.9	12,830.2	3,284.2	6,458.9	11,003.9	23,943.8	5,411.7	5,593.8	9,612.5
Pharmacy Total	26,685.1	34,742.4	15,820.4	93.9	8,433.1	1,506.9	12,830.2	3,284.2	6,458.9	11,003.9	23,943.8	5,411.7	5,593.8	9,612.5

Service Category	Average Charge													
	Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult - Non-Deliveries	Deliveries - MA Adult	Pregnant Women - Non-Deliveries	Deliveries - Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP	All MSCAN Rate Cells
Inpatient Facility Services														
Medical	\$10,294.24	\$12,817.09	\$9,723.59	\$0.00	\$7,827.89	\$0.00	\$9,459.10	\$7,797.97	\$6,344.65	\$5,953.29	\$7,539.42	\$6,811.13	\$7,523.64	\$9,220.52
Surgical	\$22,970.36	\$13,524.78	\$18,096.45	\$0.00	\$8,383.32	\$0.00	\$32,902.22	\$26,247.27	\$20,004.24	\$18,511.91	\$15,969.21	\$19,105.89	\$21,071.62	\$21,625.21
Maternity / Deliveries	\$7,208.34	\$0.00	\$6,937.29	\$6,068.65	\$5,123.75	\$5,207.03	\$99,786.30	\$4,787.54	\$160,852.87	\$7,695.64	\$7,863.86	\$5,846.00	\$5,305.19	\$5,610.39
Psychiatric / Substance Abuse	\$7,406.02	\$3,397.22	\$5,465.64	\$0.00	\$5,062.84	\$0.00	\$0.00	\$0.00	\$0.00	\$26,460.09	\$10,621.96	\$12,913.42	\$11,523.73	\$11,085.81
Skilled Nursing Facility	\$4,713.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,713.44
Inpatient Behavioral Health Total	\$9,631.90	\$0.00	\$6,767.71	\$0.00	\$4,520.74	\$0.00	\$0.00	\$0.00	\$0.00	\$31,576.91	\$11,492.00	\$15,259.81	\$13,478.50	\$15,767.33
Inpatient Facility Total	\$12,703.28	\$11,894.19	\$10,647.51	\$6,084.54	\$5,510.35	\$5,221.11	\$61,691.45	\$5,038.22	\$10,291.26	\$25,023.46	\$10,584.01	\$11,436.48	\$11,114.74	\$8,299.80
Pharmacy Services														
Pharmacy	\$147.23	\$189.49	\$85.89	\$19.70	\$56.33	\$16.35	\$560.36	\$41.46	\$43.95	\$97.50	\$90.63	\$63.79	\$82.74	\$99.83
Pharmacy Total	\$147.66	\$189.97	\$86.13	\$19.77	\$56.48	\$16.39	\$561.40	\$41.60	\$44.08	\$97.73	\$90.79	\$64.01	\$83.02	\$100.13

Exhibit 11
Mississippi Division of Medicaid
Encounter Data - 5% Assessment Categories

COS	COS Description	Rendering Provider Code	Rendering Provider Type Description	Mapped Broad Category of Service	Percent of Total 2021 Allowed in COS and Rendering Provider
03	LABORATORY AND RADIOLOGY	B00	INDEPENDENT LAB	Physician	0.54%
05	PHYSICIAN	A08	CHIROPRACTOR	Physician	0.02%
05	PHYSICIAN	A09	PODIATRIST	Physician	0.02%
06	HOME & COMM BASED SERVICES	L00	HHA UNCLASSIFIED	N/A - No Claims	0.00%
06	HOME & COMM BASED SERVICES	L02	HHA HOSPITAL BASED PROGRAM	N/A - No Claims	0.00%
06	HOME & COMM BASED SERVICES	W01	PERSONAL CARE SERVICES	Other	0.00%
06	HOME & COMM BASED SERVICES	W03	RESPIRE CARE, IN HOME	N/A - No Claims	0.00%
06	HOME & COMM BASED SERVICES	W04	ADULT DAY CARE	N/A - No Claims	0.00%
06	HOME & COMM BASED SERVICES	WC0	ASSISTED LIVING SERVICES PROV	N/A - No Claims	0.00%
07	HOME HEALTH SERVICES	L00	HHA UNCLASSIFIED	Outpatient	0.04%
07	HOME HEALTH SERVICES	L02	HHA HOSPITAL BASED PROGRAM	Outpatient	0.02%
09	MENTAL HEALTH CLINIC SERVICES	X00	COMMUNITY MENTAL HEALTH	Physician, Outpatient	0.17%
09	MENTAL HEALTH CLINIC SERVICES	X01	PRIVATE MENTAL HEALTH	Physician	0.53%
10	EPSDT SCREENING	E00	NURSE SCREENING	Physician	0.14%
10	EPSDT SCREENING	E01	NURSE SCREENING WITH CASE MGMT	N/A - No Claims	0.00%
10	EPSDT SCREENING	E04	PHYSICIANS SCREENER	Physician	0.35%
10	EPSDT SCREENING	E06	FEDERAL CLINIC, SCREEN ONLY	Physician	0.01%
10	EPSDT SCREENING	ED0	SCHOOL BASED SCREEN & CS MGT	Physician	0.00%
10	EPSDT SCREENING	EVO	VACCINE FOR CHILDREN PROVIDER	Physician	0.10%
11	EMERG/NON-EMERG TRANS	J00	AMBULANCE	Other	0.46%
12	DENTAL SERVICES	K00	DENTIST, UNCLASSIFIED	Dental	0.14%
13	EYEGLOSS SERVICES	N00	OPTOMETRIST	Physician, Other	0.15%
13	EYEGLOSS SERVICES	N01	OPTICAL DISPENSARY	Other	0.01%
16	DENTAL SCREENING	K00	DENTIST, UNCLASSIFIED	Dental	2.29%
17	EYEGLOSS SCREENING	N00	OPTOMETRIST	Physician, Other	0.31%
17	EYEGLOSS SCREENING	N01	OPTICAL DISPENSARY	Other	0.02%
18	HEARING SCREENING	M00	AUDIOLOGIST	Other, Physician	0.01%
24	MEDICAL SUPPLY (DME)	I00	DME, MEDICAL EQUIP SUPPLIES	Other, Physician	0.78%
24	MEDICAL SUPPLY (DME)	I01	DME, HOME HEALTH	Other	0.01%
24	MEDICAL SUPPLY (DME)	I03	DME, PHARMACY BASED, COMMUNITY	Other, Physician	0.07%
24	MEDICAL SUPPLY (DME)	S02	NURSE PRACTITIONER	Physician, Other	0.00%
24	MEDICAL SUPPLY (DME)	Y03	NF, COUNTY OWNED	N/A - No Claims	0.00%
24	MEDICAL SUPPLY (DME)	ZA0	GROUP, PHYSICIANS	N/A - No Claims	0.00%
24	MEDICAL SUPPLY (DME)	ZZ0	GROUP, OTHERS	N/A - No Claims	0.00%
25	THERAPY SERVICES (OUTSIDE HH)	T00	OCCUPATIONAL THERAPISTS	Physician	0.13%
25	THERAPY SERVICES (OUTSIDE HH)	T01	PHYSICAL THERAPISTS	Physician	0.22%
25	THERAPY SERVICES (OUTSIDE HH)	T02	SPEECH/LANGUAGE THERAPISTS	Physician	0.21%
28	NURSE SERVICES	S00	NURSE ANESTHETIST	Physician	0.15%
28	NURSE SERVICES	S01	NURSE MIDWIVES	Physician	0.01%
28	NURSE SERVICES	S02	NURSE PRACTITIONER	Physician	1.15%
28	NURSE SERVICES	S05	PRIVATE DUTY NURSING	Other	0.17%
28	NURSE SERVICES	S06	PHYSICIAN ASSISTANT	Physician	0.08%
29	AMBULATORY SURGICAL CENTER	V00	AMBULATORY SURGICAL CENTERS	Physician, Outpatient	0.21%
30	PERSONAL CARE SERVICES	W06	PERSONAL CARE ATTENDANT	N/A - No Claims	0.00%
33	MENTAL HEALTH PRIVATE SERVICES	X02	SOCIAL WORKER	Physician	0.09%
33	MENTAL HEALTH PRIVATE SERVICES	X03	PSYCHOLOGIST	Physician	0.02%
33	MENTAL HEALTH PRIVATE SERVICES	X05	IDD COMMUNITY SUPPORT PROGRAM	Outpatient, Physician	0.00%
33	MENTAL HEALTH PRIVATE SERVICES	X07	LICENSED PROFESIONAL COUNSELOR	Physician	0.20%
33	MENTAL HEALTH PRIVATE SERVICES	X08	BOARD CERTIFD BEHAVIOR ANALYST	Physician	0.02%
35	FREE STANDING DIALYSIS	Q01	KIDNEY DIALYSIS FREESTANDING	Outpatient	0.30%
35	FREE STANDING DIALYSIS	Q02	KIDNEY DIALYSIS HOSPITAL BASED	Outpatient	0.00%
61	PRESCRIBED PED EXT CARE CENTER	S07	PRESCRIBED PED EXT CARE CENTER	Physician	0.18%
57	MYPAC SERVICES	X04	N/A	Physician	0.64%
Percent of Total 2021 Allowed in COS and Rendering Provider					9.97%
5% Assessment Adjustment (B) = 1 - (A) * 0.05					0.9950

Exhibit 12
Mississippi Division of Medicaid
Summary of Program, Population, and Reimbursement Changes

Change	Change Type	Effective Date	Impacted Rate Cells	Where Reflected in Rate Development
PDL Adjustment	Program	Annually on January 1	All	Exhibit 2A
Seasonal Virus Adjustment	Program	March 15, 2021	All	Exhibit 2A
Acuity Adjustment - Shift to FFS	Program	June 1, 2021	MA Adult, MA Children, Quasi-CHIP	Exhibit 2A
Pharmacy Rate Freeze Repricing	Reimbursement	July 1, 2021	All	Exhibit 1
SSI Children - COE Change	Program	July 1, 2021	SSI	Exhibit 1
Removal of 5% Assessment	Reimbursement	July 1, 2021	All	Exhibit 2A
Preventative and Diagnostic Dental Reimbursement Change	Reimbursement	July 1, 2021, July 1, 2022 and July 1, 2023	All	Exhibit 2A
Psychiatric Residential Treatment Facilities (PRTF) Fee Schedule Update	Reimbursement	May 1, 2022, January 1, 2023	All	Exhibit 2A
Restorative Dental Reimbursement Change	Reimbursement	July 1, 2022, July 1, 2023 and July 1, 2024	All	Exhibit 2A
Prescribed Pediatric Extended Care (PPEC) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Private Duty Nursing Services (PDN) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Ambulatory Surgical Center (ASC) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Home Health Agency (HHA) Fee Schedule Update	Reimbursement	October 1, 2022	All	Exhibit 2A
Autism Spectrum Disorder (ASD) Fee Schedule Update	Reimbursement	January 1, 2023	All	Exhibit 2A
Non-APC Outpatient Hospital Adjustment	Reimbursement	July 1, 2023	All	Exhibit 2A

Exhibit 13A
Mississippi Division of Medicaid
Projected SFY 2023 and SFY 2024 Exposures

Cap Cell	SFY 2023 Exposures	SFY 2024 Exposures
Non-Newborn SSI / Disabled	729,676	713,783
Breast and Cervical Cancer	1,524	998
MA Adult	524,684	467,079
Pregnant Women	109,464	154,310
SSI / Disabled Newborn	4,762	5,383
Non-SSI Newborns 0 to 2 Months	70,746	67,433
Non-SSI Newborns 3 to 12 Months	235,585	253,946
Foster Care	81,194	86,128
MYPAC	9,035	10,788
MA Children	2,987,221	2,682,302
Quasi-CHIP	312,973	296,519
Total - All Cap Cells	5,066,865	4,738,670

Exhibit 13B
Mississippi Division of Medicaid
Components of SFY 2023 Capitation Rates

Cap Cell	Non-Service Expenses			Total Capitation Rate Prior to Withhold	Total Capitation Rate after Withhold
	Medical Costs PMPM	PMPM ¹	Quality Withhold		
Non-Newborn SSI / Disabled	\$1,074.67	\$131.36	(\$12.06)	\$1,206.03	\$1,193.97
Breast and Cervical Cancer	\$3,480.27	\$399.12	(\$38.79)	\$3,879.40	\$3,840.60
MA Adult	\$478.21	\$64.96	(\$5.43)	\$543.17	\$537.74
Pregnant Women	\$1,045.09	\$128.06	(\$11.73)	\$1,173.15	\$1,161.42
SSI / Disabled Newborn	\$7,963.96	\$898.21	(\$88.62)	\$8,862.17	\$8,773.55
Non-SSI Newborns 0 to 2 Months	\$1,828.43	\$215.26	(\$20.44)	\$2,043.69	\$2,023.25
Non-SSI Newborns 3 to 12 Months	\$247.04	\$39.23	(\$2.86)	\$286.28	\$283.41
Foster Care	\$600.48	\$78.57	(\$6.79)	\$679.06	\$672.27
MYPAC	\$3,720.12	\$425.82	(\$41.46)	\$4,145.94	\$4,104.48
MA Children	\$192.91	\$33.21	(\$2.26)	\$226.11	\$223.85
Quasi-CHIP	\$195.12	\$33.45	(\$2.29)	\$228.57	\$226.29
Total - All Cap Cells¹					
Using SFY 2023 Exposures	\$414.45	\$57.87	(\$4.72)	\$472.31	\$467.59
Using SFY 2024 Exposures	\$432.87	\$59.92	(\$4.93)	\$492.79	\$487.86
Total Expenditures					
Using SFY 2023 Exposures	\$2,099,938,418	\$293,198,766	(\$23,931,372)	\$2,393,137,184	\$2,369,205,813
Using SFY 2024 Exposures	\$2,051,225,194	\$283,925,505	(\$23,351,507)	\$2,335,150,699	\$2,311,799,192

¹ "Non-Benefit Expenses PMPM" include margin, administrative costs, and premium tax prior to MHAP.

Exhibit 13C
Mississippi Division of Medicaid
Components of SFY 2024 Capitation Rates

Cap Cell	Non-Service Expenses			Total Capitation Rate Prior to Withhold	Total Capitation Rate after Withhold
	Medical Costs PMPM	PMPM ¹	Quality Withhold		
Non-Newborn SSI / Disabled	\$1,182.05	\$142.20	(\$13.24)	\$1,324.26	\$1,311.01
Breast and Cervical Cancer	\$3,120.65	\$355.08	(\$34.76)	\$3,475.73	\$3,440.97
MA Adult	\$504.72	\$67.83	(\$5.73)	\$572.54	\$566.82
Pregnant Women	\$682.99	\$87.40	(\$7.70)	\$770.40	\$762.69
SSI / Disabled Newborn	\$7,520.84	\$838.28	(\$83.59)	\$8,359.11	\$8,275.52
Non-SSI Newborns 0 to 2 Months	\$2,039.54	\$236.37	(\$22.76)	\$2,275.91	\$2,253.15
Non-SSI Newborns 3 to 12 Months	\$261.75	\$41.15	(\$3.03)	\$302.90	\$299.87
Foster Care	\$644.45	\$83.17	(\$7.28)	\$727.62	\$720.34
MYPAC	\$3,410.78	\$386.94	(\$37.98)	\$3,797.73	\$3,759.75
MA Children	\$202.97	\$34.69	(\$2.38)	\$237.66	\$235.28
Quasi-CHIP	\$212.89	\$35.78	(\$2.49)	\$248.67	\$246.18
Total - All Cap Cells¹					
Using SFY 2023 Exposures	\$435.12	\$60.18	(\$4.95)	\$495.30	\$490.35
Using SFY 2024 Exposures	\$449.98	\$61.81	(\$5.12)	\$511.80	\$506.68
Total Expenditures					
Using SFY 2023 Exposures	\$2,204,697,151	\$304,938,266	(\$25,096,354)	\$2,509,635,417	\$2,484,539,063
Using SFY 2024 Exposures	\$2,132,310,824	\$292,919,267	(\$24,252,301)	\$2,425,230,090	\$2,400,977,789

¹ "Non-Benefit Expenses PMPM" include margin, administrative costs, and premium tax prior to MHAP.

Exhibit 14
Mississippi Division of Medicaid
CY 2021 to SFY 2024 Unit Cost Trends by Category of Service

Rate Cell	Category of Service	Percentage of CY 2021 Paid								CY 2021 to SFY 2024 Unit Cost Trend (Annualized)							
		PPEC	PDN	ASC	ASD	HH	PRTF	All Other	PPEC	PDN	ASC	ASD	HH	PRTF	All Other	Composite	
Non-Newborn SSI / Disabled	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	99.2%	0.00%	0.00%	0.00%	0.00%	0.00%	6.44%	-1.83%	-1.76%	
Non-Newborn SSI / Disabled	Outpatient Hospital Services	0.0%	0.0%	0.5%	0.0%	1.3%	0.0%	98.1%	0.00%	0.00%	2.36%	0.00%	9.92%	0.00%	1.38%	1.51%	
Non-Newborn SSI / Disabled	Physician Services	4.3%	0.0%	1.3%	0.4%	0.0%	0.0%	94.0%	5.75%	0.00%	1.99%	17.05%	0.00%	0.00%	2.05%	2.28%	
Non-Newborn SSI / Disabled	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
Non-Newborn SSI / Disabled	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Non-Newborn SSI / Disabled	Other Services	0.5%	10.8%	0.0%	0.0%	0.0%	0.0%	88.8%	5.75%	5.75%	0.00%	0.00%	4.61%	0.00%	2.12%	2.54%	
Breast and Cervical Cancer	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.83%	-1.83%	
Breast and Cervical Cancer	Outpatient Hospital Services	0.0%	0.0%	1.2%	0.0%	0.7%	0.0%	98.1%	0.00%	0.00%	8.57%	0.00%	8.32%	0.00%	1.38%	1.53%	
Breast and Cervical Cancer	Physician Services	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	98.5%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	2.05%	2.10%	
Breast and Cervical Cancer	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
Breast and Cervical Cancer	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Breast and Cervical Cancer	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.12%	2.12%	
MA Adult	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.54%	1.54%	
MA Adult	Outpatient Hospital Services	0.0%	0.0%	0.8%	0.0%	0.3%	0.0%	98.9%	0.00%	0.00%	2.50%	0.00%	9.41%	0.00%	2.04%	2.07%	
MA Adult	Physician Services	0.0%	0.0%	1.8%	0.0%	0.0%	0.0%	98.2%	0.00%	0.00%	2.28%	0.00%	0.00%	0.00%	2.83%	2.82%	
MA Adult	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
MA Adult	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
MA Adult	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	5.75%	0.00%	0.00%	6.33%	0.00%	2.25%	2.25%	
Deliveries - MA Adult	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.54%	1.54%	
Deliveries - MA Adult	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.04%	2.07%	
Deliveries - MA Adult	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.83%	2.82%	
Deliveries - MA Adult	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
Deliveries - MA Adult	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Deliveries - MA Adult	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.25%	2.25%	
Pregnant Women	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.54%	1.54%	
Pregnant Women	Outpatient Hospital Services	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	99.6%	0.00%	0.00%	2.28%	0.00%	11.93%	0.00%	2.04%	2.06%	
Pregnant Women	Physician Services	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	99.7%	0.00%	0.00%	2.58%	0.00%	0.00%	0.00%	2.83%	2.83%	
Pregnant Women	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
Pregnant Women	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Pregnant Women	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.25%	2.25%	
Deliveries - Pregnant Women	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.54%	1.54%	
Deliveries - Pregnant Women	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.04%	2.06%	
Deliveries - Pregnant Women	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.83%	2.83%	
Deliveries - Pregnant Women	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%	4.00%	
Deliveries - Pregnant Women	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Deliveries - Pregnant Women	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.25%	2.25%	
SSI / Disabled Newborn	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.34%	3.34%	
SSI / Disabled Newborn	Outpatient Hospital Services	0.0%	0.0%	0.1%	0.0%	1.9%	0.0%	98.0%	0.00%	0.00%	-0.81%	0.00%	11.12%	0.00%	2.54%	2.71%	
SSI / Disabled Newborn	Physician Services	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	96.7%	5.75%	0.00%	-0.81%	0.00%	0.00%	0.00%	0.78%	0.95%	
SSI / Disabled Newborn	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
SSI / Disabled Newborn	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
SSI / Disabled Newborn	Other Services	0.5%	29.9%	0.0%	0.0%	0.0%	0.0%	69.6%	5.75%	5.75%	0.00%	0.00%	0.00%	0.00%	1.86%	3.07%	
Non-SSI Newborns 0 to 2 Months	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.34%	3.34%	
Non-SSI Newborns 0 to 2 Months	Outpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	99.9%	0.00%	0.00%	0.00%	0.00%	14.80%	0.00%	2.54%	2.56%	
Non-SSI Newborns 0 to 2 Months	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.78%	0.78%	
Non-SSI Newborns 0 to 2 Months	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
Non-SSI Newborns 0 to 2 Months	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Non-SSI Newborns 0 to 2 Months	Other Services	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	99.8%	0.00%	5.75%	0.00%	0.00%	0.00%	0.00%	1.86%	1.87%	
Non-SSI Newborns 3 to 12 Months	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.04%	-1.04%	
Non-SSI Newborns 3 to 12 Months	Outpatient Hospital Services	0.0%	0.0%	0.4%	0.0%	0.1%	0.0%	99.5%	0.00%	0.00%	-0.55%	0.00%	9.62%	0.00%	2.54%	2.53%	
Non-SSI Newborns 3 to 12 Months	Physician Services	0.3%	0.0%	0.6%	0.0%	0.0%	0.0%	99.0%	5.75%	0.00%	-0.69%	0.00%	0.00%	0.00%	2.90%	2.89%	
Non-SSI Newborns 3 to 12 Months	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
Non-SSI Newborns 3 to 12 Months	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Non-SSI Newborns 3 to 12 Months	Other Services	0.0%	13.0%	0.0%	0.0%	0.0%	0.0%	87.0%	0.00%	5.75%	0.00%	0.00%	0.00%	0.00%	1.22%	1.83%	
Foster Care	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	77.2%	22.8%	0.00%	0.00%	0.00%	0.00%	0.00%	5.77%	-1.04%	4.27%	
Foster Care	Outpatient Hospital Services	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	99.6%	0.00%	0.00%	0.85%	0.00%	0.00%	0.00%	2.54%	2.53%	
Foster Care	Physician Services	2.4%	0.0%	1.1%	0.3%	0.0%	0.0%	96.3%	5.75%	0.00%	1.68%	15.24%	0.00%	0.00%	2.90%	2.99%	
Foster Care	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
Foster Care	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Foster Care	Other Services	0.7%	26.4%	0.0%	0.0%	0.0%	0.0%	72.8%	5.75%	5.75%	0.00%	0.00%	0.00%	0.00%	1.22%	2.48%	
MYPAC	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	26.2%	73.8%	0.00%	0.00%	0.00%	0.00%	0.00%	5.55%	-1.04%	0.74%	
MYPAC	Outpatient Hospital Services	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	99.4%	0.00%	0.00%	2.42%	0.00%	0.00%	0.00%	2.54%	2.54%	
MYPAC	Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	1.60%	11.55%	0.00%	0.00%	0.17%	0.17%	
MYPAC	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
MYPAC	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
MYPAC	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.22%	1.22%	
MA Children	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	24.4%	75.6%	0.00%	0.00%	0.00%	0.00%	0.00%	6.21%	-1.04%	0.80%	
MA Children	Outpatient Hospital Services	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	99.3%	0.00%	0.00%	2.20%	0.00%	10.36%	0.00%	2.54%	2.54%	
MA Children	Physician Services	0.2%	0.0%	1.5%	0.1%	0.0%	0.0%	98.3%	5.75%	0.00%	1.80%	17.00%	0.00%	0.00%	2.90%	2.90%	
MA Children	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
MA Children	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
MA Children	Other Services	0.1%	3.0%	0.0%	0.0%	0.0%	0.0%	96.9%	5.75%	5.75%	0.00%	0.00%	0.00%	0.00%	1.22%	1.37%	
Quasi-CHIP	Inpatient Hospital Services	0.0%	0.0%	0.0%	0.0%	0.0%	22.7%	77.3%	0.00%	0.00%	0.00%	0.00%	0.00%	6.18%	-1.04%	0.66%	
Quasi-CHIP	Outpatient Hospital Services	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	99.2%	0.00%	0.00%	2.58%	0.00%	7.58%	0.00%	2.54%	2.54%	
Quasi-CHIP	Physician Services	0.0%	0.0%	1.2%	0.2%	0.0%	0.0%	98.6%	0.00%	0.00%	2.36%	14.03%	0.00%	0.00%	2.90%	2.91%	
Quasi-CHIP	Drug Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%	2.50%	
Quasi-CHIP	Dental Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Quasi-CHIP	Other Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.22%	1.22%	

Exhibit 15
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
Seasonal Virus Adjustment

Year	SSI ¹			Newborns ²			Children ³			Adults ⁴		
	COVID-19	Flu/RSV	Total	COVID-19	Flu/RSV	Total	COVID-19	Flu/RSV	Total	COVID-19	Flu/RSV	Total
CY 2018	\$0.00	\$5.78	\$5.78	\$0.00	\$34.76	\$34.76	\$0.00	\$4.68	\$4.68	\$0.00	\$2.51	\$2.51
CY 2019	\$0.00	\$5.67	\$5.67	\$0.00	\$34.00	\$34.00	\$0.00	\$7.41	\$7.41	\$0.00	\$2.94	\$2.94
CY 2021	\$26.29	\$4.10	\$30.39	\$11.37	\$30.48	\$41.85	\$6.41	\$2.45	\$8.85	\$19.98	\$1.04	\$21.02
SFY 2024 Estimate ⁵	\$13.14	\$5.73	\$18.87	\$5.68	\$34.38	\$40.07	\$3.20	\$6.05	\$9.25	\$9.99	\$2.73	\$12.72
SFY 2024 Adjustment	-\$13.14	\$1.63	-\$11.52	-\$5.68	\$3.90	-\$1.78	-\$3.20	\$3.60	\$0.40	-\$9.99	\$1.69	-\$8.30

¹ SSI includes the Non-Newborn SSI / Disabled rate cell.

² Newborns include the SSI / Disabled Newborn, Non-SSI Newborns 0 to 2 Months, and Non-SSI Newborns 3 to 12 months rate cells.

³ Children include the CHIP, Foster Care, MA Children, Quasi-CHIP, and MYPAC rate cells.

⁴ Adults include the MA Adult, Pregnant Women, and Breast and Cervical Cancer rate cells.

⁵ The SFY 2024 estimate includes 50% of the observed CY 2021 COVID-19 costs and 100% of the average CY 2018 and CY 2019 historical flu/RSV costs.

Exhibit 16
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
SFY 2024 MississippiCAN Expenditure Estimate

Rate Cell	a	b	c	d	e	f	g	h	i	j	k = sum of b through j	l = a * k	m	n = l * m
	Projected SFY 2024 Member Months	SFY 2024 Statewide Capitation Rates	MHAP-FSA PMPM	Premium Tax on MHAP-FSA PMPM ¹	MHAP-QIPP PMPM	Premium Tax on MHAP-QIPP PMPM ¹	TREAT PMPM	Premium Tax on TREAT PMPM ¹	MAPS PMPM	Premium Tax on MAPS PMPM ¹	Total Rate at 1.0 Risk Score after Withhold	MississippiCAN Estimated Cost	FMAP / EFMAP ²	Federal Estimated Cost
Non-Newborn SSI / Disabled	713,763	\$1,324.26	\$133.65	\$4.13	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$1,537.34	\$1,097,250,017	78.42%	\$80,438,032
North Region	245,036	1,204.26	117.27	3.63	61.46	1.90	3.27	0.10	8.32	0.26	1,400.46	343,163,325	78.42%	269,100,100
Central Region	259,793	1,374.30	143.86	4.45	61.46	1.90	3.27	0.10	8.32	0.26	1,597.91	415,126,303	78.42%	325,531,668
South Region	208,955	1,402.38	140.16	4.33	61.46	1.90	3.27	0.10	8.32	0.26	1,622.17	338,960,390	78.42%	265,804,264
Breast and Cervical Cancer	998	\$3,475.73	\$390.48	\$12.08	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$3,953.59	\$4,024,803	78.42%	\$3,156,150
North Region	188	3,160.79	263.59	8.15	61.46	1.90	3.27	0.10	8.32	0.26	3,507.83	660,098	78.42%	517,633
Central Region	385	3,607.08	309.77	9.58	61.46	1.90	3.27	0.10	8.32	0.26	4,001.73	1,538,819	78.42%	1,206,703
South Region	425	3,680.77	519.55	16.07	61.46	1.90	3.27	0.10	8.32	0.26	4,291.70	1,825,887	78.42%	1,431,815
MA Adult	467,079	\$572.54	\$63.08	\$1.95	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$712.88	\$333,980,074	78.42%	\$261,177,383
North Region	141,207	545.65	57.66	1.78	61.46	1.90	3.27	0.10	8.32	0.26	680.41	96,077,732	78.42%	75,341,756
Central Region	156,873	586.21	66.44	2.05	61.46	1.90	3.27	0.10	8.32	0.26	730.01	114,518,706	78.42%	89,802,706
South Region	169,000	562.66	64.48	1.99	61.46	1.90	3.27	0.10	8.32	0.26	724.64	122,463,636	78.42%	95,032,921
Pregnant Women	154,310	\$770.40	\$137.91	\$4.27	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$987.88	\$152,350,129	78.42%	\$119,469,162
North Region	49,552	734.21	135.30	4.18	61.46	1.90	3.27	0.10	8.32	0.26	949.01	47,024,671	78.42%	36,875,572
Central Region	55,352	788.78	143.13	4.43	61.46	1.90	3.27	0.10	8.32	0.26	1,011.65	55,996,436	78.42%	43,911,026
South Region	49,407	784.28	134.67	4.17	61.46	1.90	3.27	0.10	8.32	0.26	996.42	49,329,022	78.42%	38,682,585
SSI / Disabled Newborn	5,383	\$8,359.11	\$1,874.11	\$57.96	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$10,366.48	\$55,943,224	78.42%	\$43,869,277
North Region	1,585	8,253.05	1,920.08	59.38	61.46	1.90	3.27	0.10	8.32	0.26	10,307.83	16,334,552	78.42%	12,809,148
Central Region	2,349	8,574.98	2,152.63	66.58	61.46	1.90	3.27	0.10	8.32	0.26	10,869.49	25,535,609	78.42%	20,024,386
South Region	1,449	8,224.41	1,372.15	42.44	61.46	1.90	3.27	0.10	8.32	0.26	9,714.30	14,073,063	78.42%	11,035,744
Non-SSI Newborns 0 to 2 Months	67,433	\$2,275.91	\$619.35	\$19.16	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$2,989.71	\$201,640,771	78.42%	\$158,121,652
North Region	21,124	2,247.03	590.67	18.27	61.46	1.90	3.27	0.10	8.32	0.26	2,831.27	61,921,369	78.42%	48,557,189
Central Region	24,549	2,334.68	654.60	20.25	61.46	1.90	3.27	0.10	8.32	0.26	3,084.63	75,705,557	78.42%	59,366,010
South Region	21,760	2,239.23	607.41	18.79	61.46	1.90	3.27	0.10	8.32	0.26	2,840.73	63,988,846	78.42%	50,178,453
Non-SSI Newborns 3 to 12 Months	253,946	\$302.90	\$26.76	\$0.83	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$405.79	\$103,073,498	78.42%	\$80,827,661
North Region	79,816	299.05	26.94	0.83	61.46	1.90	3.27	0.10	8.32	0.26	402.13	32,096,414	78.42%	25,169,206
Central Region	93,011	310.72	29.90	0.92	61.46	1.90	3.27	0.10	8.32	0.26	416.85	38,772,048	78.42%	30,404,071
South Region	81,119	298.02	22.97	0.71	61.46	1.90	3.27	0.10	8.32	0.26	397.01	32,205,035	78.42%	25,254,384
Foster Care	86,128	\$727.62	\$126.45	\$3.91	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$933.29	\$80,218,923	78.42%	\$62,905,674
North Region	25,342	718.39	124.88	3.86	61.46	1.90	3.27	0.10	8.32	0.26	922.44	23,376,637	78.42%	18,331,374
Central Region	25,667	746.41	166.36	5.15	61.46	1.90	3.27	0.10	8.32	0.26	993.22	25,693,038	78.42%	19,961,003
South Region	35,119	715.89	98.42	3.04	61.46	1.90	3.27	0.10	8.32	0.26	892.67	31,349,248	78.42%	24,583,297
MYPAC	10,788	\$3,797.73	\$248.23	\$7.68	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$4,128.94	\$44,451,125	78.42%	\$34,857,539
North Region	3,683	3,749.54	219.48	6.79	61.46	1.90	3.27	0.10	8.32	0.26	4,051.12	14,918,683	78.42%	11,698,859
Central Region	3,265	3,895.80	256.93	7.95	61.46	1.90	3.27	0.10	8.32	0.26	4,235.98	13,830,018	78.42%	10,845,154
South Region	3,841	3,736.53	268.42	8.30	61.46	1.90	3.27	0.10	8.32	0.26	4,088.55	15,702,523	78.42%	12,313,526
MA Children	2,682,302	\$237.66	\$17.68	\$0.55	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$331.19	\$888,371,915	78.42%	\$696,639,048
North Region	853,464	234.64	16.44	0.51	61.46	1.90	3.27	0.10	8.32	0.26	326.90	272,455,624	78.42%	213,653,046
Central Region	964,293	243.79	18.62	0.58	61.46	1.90	3.27	0.10	8.32	0.26	338.30	329,218,459	78.42%	255,812,360
South Region	864,548	233.83	17.83	0.55	61.46	1.90	3.27	0.10	8.32	0.26	327.51	286,697,632	78.42%	227,173,641
Quasi-CHIP	296,519	\$168.67	\$16.39	\$0.51	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$340.87	\$101,108,386	84.55%	\$85,482,085
North Region	95,913	245.51	14.27	0.44	61.46	1.90	3.27	0.10	8.32	0.26	335.52	32,181,331	84.55%	27,207,707
Central Region	109,433	255.09	16.85	0.52	61.46	1.90	3.27	0.10	8.32	0.26	347.76	38,056,724	84.55%	32,175,057
South Region	91,172	244.66	18.07	0.56	61.46	1.90	3.27	0.10	8.32	0.26	338.59	30,870,330	84.55%	26,099,321
Total - All Rate Cells	4,738,670	\$511.80	\$57.20	\$1.77	\$61.46	\$1.90	\$3.27	\$0.10	\$8.32	\$0.26	\$646.07	\$3,061,492,964	78.62%	\$2,406,941,662
North Region	1,496,909	497.46	53.67	1.66	61.46	1.90	3.27	0.10	8.32	0.26	628.10	940,210,637	78.63%	739,261,587
Central Region	1,694,969	528.20	61.75	1.91	61.46	1.90	3.27	0.10	8.32	0.26	667.16	1,130,816,715	78.62%	889,060,124
South Region	1,546,792	507.69	55.62	1.72	61.46	1.90	3.27	0.10	8.32	0.26	640.34	990,465,612	78.61%	778,589,951

¹ Capitation rates prior to quality withhold, excluding MHAP, MAPS, and TREAT.

² Calculated using a premium tax of 3.00%

³ For SFY 2024, FMAP is calculated as the blend of three months using an FMAP of 80.36%, three months using an FMAP of 78.77%, and six months using an FMAP of 77.27%. For SFY 2024, EFMAP is calculated as the blend of six months using an EFMAP of 85.00% and six months using an EFMAP of 84.00%. These FMAP and EFMAP projections include the phase-down of the additional federal match as described in the 2023 Consolidated Appropriations Act.

Exhibit 17A
Mississippi Division of Medicaid
SFY 2024 MississippiCAN Capitation Rate Development
High-Cost Pharmacy Risk Corridor
Illustrative Settlement Calculation

Rate Cell	a	b	c	d = c / a
	Illustrative Actual SFY 2024 Membership ¹	SFY 2024 Regional High-Cost Pharmacy Target PMPM	Illustrative Actual SFY 2024 High-Cost Pharmacy Costs ^{2,3}	Illustrative Actual SFY 2024 High-Cost Pharmacy PMPM
Non-Newborn SSI / Disabled	714,000	\$72.92	\$49,700,000	\$69.61
Breast and Cervical Cancer	1,000	\$0.00	\$0	\$0.00
MA Adult	467,000	\$1.29	\$1,400,000	\$3.00
Pregnant Women	154,000	\$0.00	\$0	\$0.00
SSI / Disabled Newborn	5,000	\$0.00	\$0	\$0.00
Non-SSI Newborns 0 to 2 Months	67,000	\$24.96	\$1,700,000	\$25.37
Non-SSI Newborns 3 to 12 Months	254,000	\$7.36	\$1,900,000	\$7.48
Foster Care	86,000	\$9.49	\$2,600,000	\$30.23
MYPAC	11,000	\$15.76	\$200,000	\$18.18
MA Children	2,682,000	\$3.94	\$11,100,000	\$4.14
Quasi-CHIP	297,000	\$0.41	\$500,000	\$1.68
Total	4,738,000	\$14.33	\$69,100,000	\$14.58

Illustrative Actual Risk Corridor Eligible Costs	\$69,100,000	$e = c$
Illustrative Target Risk Corridor Eligible Costs	\$67,886,656	$f = a \times b$
Difference (\$)	\$1,213,344	$g = e - f$
Difference (%)	1.79%	$h = g / f$

Risk Corridor Bands	%	\$	Settlement
	i	$j = i \times f$	$k = j \times \text{CCO \%}$
< -6%: 0% CCO / 100% DOM	0.00%	\$0	\$0
-6% to -3%: 50% CCO / 50% DOM	0.00%	\$0	\$0
-3% to 0%: 100% CCO / 0% DOM	0.00%	\$0	\$0
0% to 3%: 100% CCO / 0% DOM	1.79%	\$1,213,344	\$0
3% to 6%: 50% CCO / 50% DOM	0.00%	\$0	\$0
> 6%: 0% CCO / 100% DOM	0.00%	\$0	\$0
Total Risk Corridor Settlement Received (Paid) by DOM			\$0

¹ Illustrative values demonstrate projected regional enrollment mix. Actual values will use CCO-specific regional enrollment mix.

² PMPM calculation will be populated with actual SFY 2024 CCO-specific values.

³ Includes all costs incurred during SFY 2024 eligible for the risk corridor, as outlined in the rate certification. Actual costs, but not target costs, will be populated with actual SFY 2024 CCO-specific experience.

⁴ Costs and premiums associated with the High-Cost Pharmacy Risk Corridor will not be accounted for or included in the calculation of the Program-Wide Risk Corridor.

EXHIBIT 17E

Mississippi Division of Medicaid

SFY 2024 Mississippi/CAN Capitation Rate Development

Illustrative MLR Development

a	b	c	d = b * c	e	f = d * (a + 1) / (1 - 1%)	g	h	i	j	k	l	m	n	o = g + h + i + j + k	p	q = o * h + i + j + k / m	r = q / (k - j)	s = q / (k - j)	
Rate Cell	Projected SFY 2024 Membership ¹	Regional Capitation Rates	Illustrative Risk Score ²	Risk Adjusted Premium Net	% of Withhold Returns ³	Withhold Returned PMPM	MHAP-FSA PMPM Gross of Premium Tax ⁴	MHAP-QIPP Gross of Premium Tax ⁴	MAPS Gross of Premium Tax ⁴	TREAT Gross of Premium Tax ⁴	Total Revenue PMPM	SFY 2024 High-Cost Pharmacy Target PMPM	Illustrative High-Cost Pharmacy Actual SFY 2024 PMPM	Projected SFY 2024 Medical Costs PMPM	Projected Total Service Costs PMPM	Illustrative Actual SFY 2024 Medical Costs PMPM	Illustrative Actual Total Service Costs PMPM	Illustrative Target MLR	Illustrative Actual MLR
Non-Newborn SSI/ Disabled Breast and Cervical Cancer	713,793	\$1,311.01	1.000	\$1,311.01	100%	\$13.24	\$137.18	\$63.36	\$8.58	\$3.37	\$1,537.34	\$72.82	\$69.61	\$1,182.05	\$1,322.22	\$1,245.00	\$1,383.48	90.2%	94.0%
MA Adult	998	\$3,440.97	1.000	\$3,440.97	100%	\$34.76	\$402.55	\$63.36	\$8.58	\$3.37	\$3,953.59	\$0.00	\$0.00	\$3,126.65	\$3,598.51	\$3,280.00	\$3,757.86	91.0%	95.0%
Phagant Women	154,310	\$762.69	1.000	\$762.69	100%	\$7.70	\$142.17	\$63.36	\$8.58	\$3.37	\$287.88	\$0.00	\$0.00	\$682.59	\$902.48	\$720.00	\$937.48	91.2%	94.9%
SSI/ Disabled Newborn	5,383	\$8,275.52	1.000	\$8,275.52	100%	\$83.59	\$1,832.07	\$63.36	\$8.58	\$3.37	\$19,006.48	\$0.00	\$0.00	\$7,820.84	\$9,528.21	\$7,900.00	\$9,927.37	91.0%	95.6%
Non-SSI Newborns 0 to 2 Months	87,433	\$2,253.15	1.000	\$2,253.15	100%	\$22.76	\$838.50	\$63.36	\$8.58	\$3.37	\$2,989.71	\$24.86	\$25.37	\$2,238.64	\$2,728.38	\$2,140.00	\$2,738.43	92.0%	95.4%
Non-SSI Newborns 3 to 12 Months	253,946	\$299.87	1.000	\$299.87	100%	\$3.03	\$27.59	\$63.36	\$8.58	\$3.37	\$405.79	\$7.36	\$7.48	\$261.75	\$357.29	\$270.00	\$365.41	89.7%	91.7%
Foster Care	86,108	\$720.34	1.000	\$720.34	100%	\$7.28	\$120.37	\$63.36	\$8.58	\$3.37	\$203.29	\$0.49	\$30.23	\$644.45	\$643.63	\$680.00	\$655.44	91.0%	92.6%
MYPAC	10,788	\$3,759.75	1.000	\$3,759.75	100%	\$37.88	\$255.91	\$63.36	\$8.58	\$3.37	\$438.94	\$15.76	\$18.18	\$3,410.78	\$3,726.24	\$3,580.00	\$3,893.03	90.6%	94.6%
MA Children	2,683,302	\$235.28	1.000	\$235.28	100%	\$2.38	\$18.23	\$63.36	\$8.58	\$3.37	\$231.19	\$3.94	\$4.14	\$202.87	\$203.66	\$210.00	\$209.40	89.4%	91.5%
Quasi-CHIP	296,619	\$246.18	1.000	\$246.18	100%	\$2.49	\$16.90	\$63.36	\$8.58	\$3.37	\$340.87	\$0.41	\$1.68	\$212.89	\$304.48	\$220.00	\$310.52	88.6%	91.2%
Total	4,738,870	\$506.88	1.000	\$506.88	100%	\$5.12	\$58.96	\$63.36	\$8.58	\$3.37	\$646.87	\$14.33	\$14.68	\$448.98	\$669.92	\$470.20	\$588.89	90.2%	93.4%

Illustrative Actual MLR 93.38%
 Illustrative Target MLR 90.22%
 MLR Difference -3.16%
 MLR Difference Exceeding Corridor -1.16%
 Total Revenue⁵ \$2,993,595,708
 Risk Corridor Settlement Received (Paid) by DOM (\$34,725,759)

¹ MLR calculation will be populated with actual SFY 2024 COO-specific values.
² Illustrative values demonstrate projected regional enrollment mix. Actual values will use COO-specific regional enrollment mix.
³ Includes all services incurred during SFY 2024 with payments made to providers as defined in Exhibit C of the COO Contract, including fee-for-service payments, subcapitation payments, and settlement payments. Actual MLR, but not target MLR, will be populated with actual SFY 2024 COO-specific values. Additionally, both actual and target costs will use COO-specific regional enrollment mix. Actual MLR will include adjustments for items billed in MLR audits and adjustments to remove services not covered by the Mississippi state plan.
⁴ Costs and premiums associated with the High-Cost Pharmacy Risk Corridor will not be accounted for or included in the calculation of the Program-Wide Risk Corridor.
⁵ Excluding high-cost pharmacy target PMPM.

Exhibit 17C																									
Mississippi Division of Medicaid																									
SFY 2024 High Cost Pharmacy Risk Corridor Development																									
		Non-Newborn SSI / Disabled		Breast and Cervical Cancer		MA Adult		Pregnant Women		SSI / Disabled Newborn		Non-SSI Newborns 0 to 2 Months		Non-SSI Newborns 3 to 12 Months		Foster Care		MYPAC		MA Children		Quasi-CHIP			
		PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total		
Step One: Remove cost of program changes from SFY 2024 pharmacy PMPM																									
(a)	Projected SFY 2024 Pharmacy Spend ¹	\$442.57	\$330,000,794	\$611.90	\$1,045,126	\$143.65	\$81,997,816	\$35.92	\$4,220,941	\$635.82	\$3,271,949	\$45.09	\$3,169,212	\$33.63	\$8,017,078	\$102.83	\$8,292,749	\$192.67	\$1,919,717	\$40.09	\$134,327,768	\$49.28	\$17,179,036	\$1.84	\$641,601
(b)	Hemophilia A Population Carve-In Pharmacy Spend ²	\$6.33	\$4,719,494	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.33	\$77,990	\$4.70	\$374,630	\$0.00	\$0	\$0.79	\$2,651,580	\$1.84	\$641,601	\$0.00	\$0
(c)	Hemophilia B Population Carve-In Pharmacy Spend ²	\$2.75	\$2,049,763	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.01	\$810	\$0.00	\$0	\$0.27	\$889,960	\$0.00	\$0	\$0.00	\$0
(d)	Hemophilia A Gene Therapy	\$13.41	\$10,000,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$1.49	\$5,000,000	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$-1.11	\$-828,132	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$-0.12	\$-414,066	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$12.30	\$9,171,868	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$1.37	\$4,585,934	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$2.75	\$2,049,763	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.01	\$810	\$0.00	\$0	\$0.27	\$889,960	\$0.00	\$0	\$0.00	\$0
(e)	Hemophilia B Gene Therapy	\$4.69	\$3,500,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$1.04	\$3,500,000	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$-0.14	\$-105,692	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$-0.03	\$-105,692	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$4.83	\$3,595,692	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$1.07	\$3,595,692	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$4.55	\$3,394,308	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.99	\$3,394,308	\$0.00	\$0	\$0.00	\$0
(f)	Sickle Cell Disease Gene Therapy	\$50.96	\$38,000,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.60	\$2,000,000	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$-0.33	\$-247,696	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$-13,037	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$50.63	\$37,752,304	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.59	\$1,986,963	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$49.30	\$37,504,608	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.59	\$1,986,963	\$0.00	\$0	\$0.00	\$0
(g)	Duchenne Muscular Dystrophy Gene Therapy	\$4.29	\$3,200,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$4.29	\$3,200,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$4.29	\$3,200,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
(h)	Spinal Muscular Atrophy Gene Therapy	\$3.02	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$32.07	\$2,254,412	\$9.46	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$3.02	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$32.07	\$2,254,412	\$9.46	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
(i)	Beta-Thalassemia Gene Therapy	\$3.76	\$2,800,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Gene Pharmacy Costs	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Anticipated Pharmacy Savings	\$3.76	\$2,800,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Net Pharmacy Cost	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
(j) = (a) - sum (b) to (i) Adjusted SFY 2024 Pharmacy Spend		\$350.64	\$261,488,654	\$611.90	\$1,045,126	\$143.65	\$81,997,816	\$35.92	\$4,220,941	\$635.82	\$3,271,949	\$13.01	\$914,800	\$23.85	\$5,684,676	\$98.12	\$7,827,309	\$192.67	\$1,919,717	\$36.06	\$120,819,001	\$47.44	\$16,537,434	\$1.84	\$641,601
Step Two: Using CY 2021 encounter data, estimate the percentage of pharmacy costs that will exceed the risk corridor threshold.																									
(k)	Historical Percentage of Claims Over Threshold ³	1.2%	1.2%	0.0%	0.0%	0.9%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.7%	9.7%	8.2%	8.2%	2.7%	2.7%	0.0%	0.0%	0.0%	0.0%
(l) = (j) x (k) Anticipated SFY 2024 Pharmacy Cost Over Threshold, Prior to Program Changes		\$4.10	\$3,054,300	\$0.00	\$0	\$1.29	\$733,661	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$9.49	\$787,254	\$16.76	\$167,086	\$0.96	\$3,230,242	\$0.00	\$0	\$0.00	\$0
Step Three: Add the cost of new pharmacy covered services for SFY 2024 to Step Two.																									
(m)	Hemophilia A Population Carve-In	\$6.33	\$4,719,494	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.33	\$77,990	\$4.70	\$374,630	\$0.00	\$0	\$0.79	\$2,651,580	\$1.84	\$641,601	\$0.00	\$0
	Total Pharmacy Spend	11.8%	\$557,297	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	14.6%	\$385,900	22.1%	\$147,601	0.0%	\$0
	Risk Corridor Eligible Spend ⁴	\$0.75	\$557,297	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.12	\$385,900	\$0.41	\$147,601	\$0.00	\$0
(n)	Hemophilia B Population Carve-In	\$2.75	\$2,049,763	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.01	\$810	\$0.00	\$0	\$0.27	\$889,960	\$0.00	\$0	\$0.00	\$0
	Total Pharmacy Spend	7.6%	\$154,924	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	34.3%	\$305,267	0.0%	\$0	0.0%	\$0
	Risk Corridor Eligible Spend ⁴	\$0.21	\$154,924	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.09	\$305,267	\$0.00	\$0	\$0.00	\$0
(o)	Hemophilia A Gene Therapy	\$11.11	\$8,982,335	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$1.30	\$4,343,529	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$4.13	\$3,080,651	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.95	\$3,190,969	\$0.00	\$0	\$0.00	\$0
(p)	Hemophilia B Gene Therapy	\$4.69	\$3,500,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.99	\$3,595,692	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$1.30	\$1,045,126	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.99	\$3,595,692	\$0.00	\$0	\$0.00	\$0
(q)	Sickle Cell Disease Gene Therapy	\$50.96	\$38,000,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.60	\$2,000,000	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$43.30	\$32,986,109	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.52	\$1,748,458	\$0.00	\$0	\$0.00	\$0
(r)	Duchenne Muscular Dystrophy Gene Therapy	\$4.29	\$3,200,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$4.29	\$3,200,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
(s)	Spinal Muscular Atrophy Gene Therapy	\$3.02	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$32.07	\$2,254,412	\$9.46	\$2,254,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$2.35	\$1,754,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$24.96	\$1,754,412	\$7.36	\$1,754,412	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
(t)	Beta-Thalassemia Gene Therapy	\$3.76	\$2,800,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
	Risk Corridor Eligible Spend ⁴	\$3.35	\$2,500,000	\$0.00	\$0	\$0.00																			

Exhibit 17D
Mississippi Division of Medicaid
SFY 2024 High Cost Pharmacy Risk Corridor Development - Gene Therapy Supplemental Support

		Non-Newborn SSI / Disabled	Breast and Cervical Cancer	MA Adult	Pregnant Women	SSI / Disabled Newborn	Non-SSI Newborns 0 to 2 Months	Non-SSI Newborns 3 to 12 Months	Foster Care	MYPAC	MA Children	Quasi-CHIP
Hemophilia A Gene Therapy												
(a)	Expected Number of Therapies	4	0	0	0	0	0	0	0	0	2	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$9,171,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,585,934	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$9,171,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,585,934	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$2,292,967	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,292,967	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$277,617	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$378,797	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$2,070,584	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,171,764	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$8,282,335	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,343,529	\$0
Hemophilia B Gene Therapy												
(a)	Expected Number of Therapies	1	0	0	0	0	0	0	0	0	1	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$3,394,308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,394,308	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$3,394,308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,394,308	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$3,394,308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,394,308	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$186,342	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$296,660	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$3,080,651	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,190,969	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$3,080,651	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,190,969	\$0
Sickle Cell Disease Gene Therapy												
(a)	Expected Number of Therapies	19	0	0	0	0	0	0	0	0	1	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$37,752,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,986,963	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$3,800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$41,552,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,186,963	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$2,186,963	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,186,963	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$12,411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,494	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$1,699,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,748,458	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$32,288,109	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,748,458	\$0
Duchene Muscular Dystrophy Gene Therapy												
(a)	Expected Number of Therapies	1	0	0	0	0	0	0	0	0	0	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$3,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$3,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$3,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$2,700,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$2,700,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Spinal Muscular Atrophy Gene Therapy												
(a)	Expected Number of Therapies	1	0	0	0	0	1	1	0	0	0	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$2,254,412	\$0	\$0	\$0	\$0	\$2,254,412	\$2,254,412	\$0	\$0	\$0	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$2,254,412	\$0	\$0	\$0	\$0	\$2,254,412	\$2,254,412	\$0	\$0	\$0	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$2,254,412	\$0	\$0	\$0	\$0	\$2,254,412	\$2,254,412	\$0	\$0	\$0	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$500,000	\$500,000	\$0	\$0	\$0	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$1,754,412	\$0	\$0	\$0	\$0	\$1,754,412	\$1,754,412	\$0	\$0	\$0	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$1,754,412	\$0	\$0	\$0	\$0	\$1,754,412	\$1,754,412	\$0	\$0	\$0	\$0
Beta-Thalassemia Gene Therapy												
(a)	Expected Number of Therapies	1	0	0	0	0	0	0	0	0	1	0
(b)	Net Pharmacy Cost for Gene Therapy ¹	\$2,800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(c)	Applicable Inpatient Hospital Cost for Gene Therapy	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(d) = (b) + (c)	Total Gene Therapy Cost	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) = (d) / (a)	Total Cost per Therapy	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(f)	Average Prior Pharmacy Spend per Member ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(g)	Pharmacy RC Threshold per Member	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(h) = max{(e) + (f) - (g), 0}	RC Eligible Dollars per Member	\$2,500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(i) = (h) x (a)	Total RC Eligible Dollars	\$2,500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹ Reconciles to Exhibit 17C items (d) through (i).

² CY 2021 average pharmacy spend trended forward to SFY 2024 for gene therapies with more than 10 potential patients.

Exhibit 18A
Mississippi Division of Medicaid
Procedure Codes for Non-Psychiatric Physician Visits

W9009	90066	90544	92004
W9348	90067	90545	92012
W9349	90068	90546	92014
90000	90069	90547	99062
90001	90070	90548	99063
90002	90071	90549	99064
90003	90072	90550	99065
90004	90073	90551	99241
90005	90074	90552	99242
90006	90075	90553	99243
90007	90076	90554	99244
90008	90077	90555	99245
90009	90078	90556	99271
90010	90079	90557	99272
90011	90080	90558	99273
90012	90500	90559	99274
90013	90501	90560	99275
90014	90502	90561	99341
90015	90503	90562	99342
90016	90504	90563	99343
90017	90505	90564	99344
90018	90506	90565	99345
90019	90507	90566	99347
90020	90508	90567	99348
90040	90509	90568	99349
90041	90510	90569	99350
90042	90511	90570	
90043	90512	90571	
90044	90513	90572	
90045	90514	90573	
90046	90515	90574	
90047	90516	90575	
90048	90517	90576	
90049	90518	90577	
90050	90519	90578	
90051	90520	90579	
90052	90530	90580	
90053	90531	90600	
90054	90532	90605	
90055	90533	90610	
90056	90534	90620	
90057	90535	90630	
90058	90536	90640	
90059	90537	90641	
90060	90538	90642	
90061	90539	90643	
90062	90540	90650	
90063	90541	90651	
90064	90542	90652	
90065	90543	92002	

Exhibit 18B
Mississippi Division of Medicaid
Procedure Codes for Psychiatric Physician Visits

90791
90792
90832
90834
90837
90846
90847
90849
90853
90870
99201
99202
99203
99204
99205
99212
99213
99214
99215

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

00002763511	00052060302	00135052001	00223004963	00378699789	00891057101	01741002986	05388000856	08011123520	08011750107	08011968624	08080159611	08080226200	08080311149	08080361800	08080441215	08080531046	08080611100	08080660218	08080708401
00002763611	00052433001	00135052904	00223004975	00409005101	00891059110	01741004075	05388000857	08011123530	08011750307	08011971015	08080160405	08080226200	08080311248	08080361800	08080441216	08080532900	08080611300	08080660320	08080708500
00002763711	00064022002	00135055701	00223004986	00440731560	00891059110	01741006079	05388000858	08011123620	08011750307	08026465400	08080161200	08080226300	08080311347	08080362300	08080441217	08080533000	08080611200	08080660330	08080708600
00002956001	00065018002	00135056901	00223004987	00440731790	00891059210	01741006857	05388000859	08011150101	08011750379	08026763800	08080161400	08080229100	08080311446	08080363100	08080441218	08080536000	08080611400	08080660340	08080708700
00002956101	00065018007	00135059301	00223004988	00440731791	00891059210	01741009789	05388000860	08011150102	08011770715	08080000555	08080161600	08080229100	08080311545	08080363600	08080441219	08080540111	08080611500	08080660350	08080708800
00002956201	00065028650	00135062001	00223004989	00456074413	00891059301	01741010980	05388000438	08011150103	08011771114	08080000777	08080161900	08080229200	08080311743	08080363400	08080441250	08080540400	08080611600	08080660400	08080710000
00002967301	00065920073	00135060301	00223004124	00456074513	00891059310	01741053610	05388000426	08011150108	08011771215	08080032010	08080162100	08080229300	08080314100	08080392200	08080441251	08080540500	08080612000	08080660410	08080710500
00003052620	00065920074	00143929501	00223041493	00456074613	00891059401	01741053814	05388018382	08011150111	08011772414	08080055534	08080162200	08080230000	08080314400	08080393000	08080441400	08080541034	08080612200	08080660420	08080710701
00003051000	00067097000	00143929601	00223042024	00456315467	00891061100	01741061314	05388049375	08011150121	08011772415	08080055544	08080162400	08080233601	08080314400	08080396700	08080441401	08080541067	08080612100	08080660470	08080710826
00005010005	00069041102	00143952901	00223042027	00487900360	00891061101	02594001806	05388050378	08011150131	08011772416	08080055566	08080162500	08080234600	08080315700	08080396800	08080441402	08080541420	08080613200	08080660480	08080710842
00005010010	00069041100	00169185189	00223042030	00487900760	00891061200	02594001814	05388050379	08011150200	08011772514	08080055566	08080162800	08080241910	08080317000	08080399500	08080441403	08080552200	08080614000	08080660490	08080710859
00005197101	00069090120	00169185250	00223042036	00516001312	00891061201	02594001818	05388056446	08011150201	08011775516	08080094700	08080162800	08080241911	08080319500	08080400616	08080441404	08080555221	08080615300	08080660600	08080710867
00005197102	00069091198	00169185274	00223043850	00536110301	00891061300	02594001822	05388057722	08011150202	08011782100	08080096800	08080163100	08080241912	08080320112	08080401100	08080441405	08080555330	08080615400	08080660620	08080711006
00005197105	00069092198	00169185275	00223043851	00536111932	00891061301	02594001828	05388087811	08011150203	08011782102	08080098400	08080170000	08080243800	08080320157	08080402718	08080441406	08080555331	08080615500	08080660650	08080711246
00005200002	00074182078	00169185389	00223043852	00548540000	00891061400	02594001842	05928090901	08011150319	08011800316	08080098800	08080171010	08080245000	08080320256	08080403200	08080441407	08080555350	08080615600	08080660990	08080711253
00005200010	00074183268	00169185459	00223043853	00548540025	00891061401	02594001847	06278000069	08011150332	08011800318	08080099500	08080171300	08080248000	08080320800	08080403728	08080441408	08080555351	08080615700	08080660700	08080711500
00006404701	00074240902	00169185550	00223043854	00548541000	00891063101	02594001852	06278000068	08011150439	08011800516	08080100005	08080176250	08080250600	08080321100	08080420200	08080441410	08080555440	08080620100	08080670930	08080711501
00006404720	00074583002	00169776411	00223044128	00548541025	00891063201	02594001857	06278000527	08011150542	08011800518	08080100555	08080179200	08080250600	08080321112	08080420300	08080441411	08080555441	08080620600	08080670950	08080711519
00006404741	00074722218	00169776413	00223044137	00548570100	00891063301	02594001860	07411060007	08011150501	08011802001	08080100707	08080180600	08080253300	08080321100	08080420400	08080441412	08080555442	08080620800	08080671500	08080711550
00006409301	00074722220	00179872702	00223044140	00548571100	00891063401	02813030430	07411089003	08011150502	08011820202	08080100777	08080180600	08080253900	08080322100	08080420600	08080441500	08080555443	08080620900	08080671600	08080711568
00006409302	00074791501	00179901012	00223044146	00573300502	00891064101	04351044050	08004041300	08011150503	08011802010	08080103800	08080181030	08080254000	08080322110	08080426500	08080441501	08080555480	08080621000	08080672000	08080712080
00006409401	00074808378	00193146550	00223044190	00573300503	00891064201	04351052510	08004042800	08011150507	08011802011	08080104000	08080181400	08080255600	08080322112	08080427100	08080441502	08080555481	08080621100	08080672500	08080712100
00006409402	00085121701	00193146621	00223044896	00573300504	00891064301	04351062510	08004046500	08011150520	08011802015	08080104200	08080181700	08080256200	08080322200	08080427800	08080441503	08080555550	08080621112	08080673000	08080712120
00006409501	00085121702	00193252350	00223044905	00573300905	00891064401	04351063506	08004047300	08011150525	08011802016	08080104400	08080181800	08080256300	08080322210	08080427900	08080441504	08080555560	08080621210	08080673500	08080712150
00006409502	00085460202	00193280221	00223044911	00573300913	00891071010	04351078710	08004049400	08011150516	08011802018	08080104600	08080182400	08080256400	08080322300	08080428000	08080441505	08080555661	08080622901	08080676434	08080712170
00006409601	00085460203	00193280250	00223044920	00573301001	00891071011	04351078810	08004050270	08011150619	08011802030	08080105000	08080189200	08080256500	08080325000	08080428100	08080441506	08080555662	08080624000	08080678000	08080712200
00006409602	00093301101	00193288021	00223045277	00573301002	00891071020	04351079510	08004054800	08011150632	08011802031	08080105800	08080190300	08080258500	08080326058	08080428200	08080441507	08080555663	08080624200	08080678030	08080712230
00006411901	00093308601	00193288050	00223045278	00573301003	00891071021	04351079710	08004054900	08011150702	08011802035	08080109300	08080191300	08080260000	08080325110	08080428300	08080441602	08080555681	08080624250	08080680002	08080712250
00006411903	00093308619	00193288221	00223045289	00573301007	00891071030	04351079750	08004054950	08011150703	08011802055	08080110900	08080191411	08080260010	08080325114	08080428400	08080441603	08080555682	08080624300	08080681800	08080712270
00006412101	00093308684	00193288250	00223045292	00573301016	00891071031	04351079810	08004056300	08011150707	08011802060	08080111100	08080191412	08080260100	08080327114	08080428500	08080441604	08080557000	08080624400	08080682100	08080712300
00006412102	00093308701	00193288350	00223045295	00573301017	00891081021	04351079850	08004064900	08011150719	08011802065	08080111300	08080196100	08080260200	08080327900	08080428900	08080441605	08080558400	08080624600	08080685001	08080712301
00006417100	00093308719	00193596531	00223045698	00573301096	00891081031	04351080710	08011000102	08011150732	08011802100	08080111400	08080200055	08080263000	08080330200	08080429600	08080441606	08080589701	08080625100	08080688000	08080712350
00006417101	00093308784	00193620101	00223045915	00573301301	00891081041	04351080810	08011000500	08011150819	08011802110	08080111500	08080200077	08080263400	08080330500	08080429700	08080441607	08080589801	08080625500	08080688030	08080712400
00006432902	00093435901	00193620301	00223046308	00573301303	00891081051	04351085810	08011000538	08011150832	08011802115	08080114063	08080200777	08080263506	08080330600	08080429800	08080442200	08080600030	08080626100	08080688169	08080712450
00006432903	00093435905	00193620701	00223046314	00573301304	00891081071	04351085850	08011000370	08011150919	08011802130	08080114300	08080202132	08080265001	08080331000	08080429900	08080442211	08080600040	08080626600	08080688185	08080712500
00006468100	00093435919	00193626201	00223046867	00573301501	00891081081	04351088710	08011004052	08011150932	08011802212	08080116700	08080205010	08080271800	08080332000	08080430000	08080442212	08080600057	08080628000	08080688200	08080713400
00006468101	00093435993	00193668631	00223046868	00573301502	00891082001	04351088810	08011004053	08011151919	08011802214	08080116900	08080201100	08080272000	08080332400	08080430100	08080442213	08080600073	08080630100	08080688201	08080713600
00006482700	00093440401	00193658621	00223046869	00573301534	00891082301	04351089510	08011004054	08011151932	08011802216	08080120500	08080213200	08080272200	08080333100	08080430200	08080442214	08080600100	08080631004	08080688227</	

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

08080717600	08080731000	08080783400	08080941110	08137002281	08137002603	08137004414	08137005390	08137006655	08137102126	08137116894	08137607623	08173909101	08214028739	08214057616	08214114027	08222094193	08225002602	08225005486	08225008702
08080718000	08080731000	08080791100	08080941110	08137002283	08137002603	08137004424	08137005501	08137006665	08137102390	08137117120	08164100625	08179002810	08214028755	08214057716	08214115027	08222094939	08225002603	08225005523	08225008703
08080718100	08080731100	08080800000	08080941310	08137002285	08137002607	08137004430	08137005505	08137006665	08137102394	08137117121	08164100625	08179002827	08214029721	08214057717	08214130001	08222094599	08225002605	08225005525	08225008705
08080718200	08080731900	08080800001	08080941410	08137002287	08137002608	08137004431	08137005518	08137006670	08137102488	08137117128	08164100625	08179002834	08214029724	08214057761	08214131001	08222095121	08225002802	08225005553	08225008706
08080718150	08080731300	08080804200	08080941610	08137002301	08137002613	08137004434	08137005520	08137006675	08137102491	08137117210	08164100625	08179002841	08214029727	08214058539	08214131101	08222095435	08225002803	08225005555	08225009010
08080718200	08080732300	08080804300	08080948000	08137002302	08137002618	08137004436	08137005523	08137006680	08137102561	08137117297	08173000231	08179010203	08214029735	08214058716	08214210001	08222095459	08225002805	08225005582	08225011601
08080718100	08080732300	08080804400	08080949000	08137002303	08137002619	08137004438	08137005526	08137006685	08137102760	08137117299	08173000301	08179010304	08214029737	08214058817	08214215001	08222095534	08225002806	08225005583	08225011602
08080718200	08080733100	08080804500	08080949010	08137002304	08137002623	08137004444	08137005534	08137006690	08137102765	08137117400	08173000525	08179015209	08214029740	08214058933	08214300001	08222095626	08225002902	08225005585	08225011701
08080718250	08080733200	08080804600	08080950000	08137002305	08137002628	08137004446	08137005536	08137006690	08137102799	08137117401	08173001510	08179014208	08214029740	08214059080	08214310001	08222095633	08225002903	08225005593	08225011702
08080718300	08080733900	08080804700	08080958010	08137002321	08137002633	08137004452	08137005540	08137006693	08137102802	08137117419	08173001610	08179041802	08214029748	08214060001	08214352719	08222095657	08225002905	08225005595	08225011801
08080718270	08080733901	08080810055	08080959000	08137002322	08137002638	08137004458	08137005544	08137006697	08137102837	08137117420	08173001720	08179044502	08214029750	08214061001	08214352901	08222095681	08225002906	08225005592	08225011802
08080718350	08080734600	08080812200	08080964000	08137002329	08137002643	08137004488	08137005548	08137006698	08137102902	08137117459	08173003001	08179048009	08214029755	08214065711	08214352933	08222095685	08225003020	08225005613	08225011881
08080718400	08080741805	08080812701	08080964200	08137002331	08137002644	08137004488	08137005549	08137006701	08137102922	08137117460	08173003102	08179050101	08214030001	08214065724	08214353001	08222142387	08225003030	08225005616	08225011882
08080718450	08080741813	08080812801	08080965200	08137002344	08137002648	08137004463	08137005556	08137006702	08137102933	08137117461	08173003201	08179071205	08214030101	08214065726	08214353033	08222142394	08225003040	08225005616	08225011891
08080718500	08080741821	08080818100	08080982010	08137002354	08137002659	08137004464	08137005560	08137006738	08137102943	08137117462	08173003301	08179072509	08214030201	08214065727	08214353719	08222142400	08225003080	08225005623	08225011892
08080719300	08080742000	08080818112	08080988000	08137002355	08137002738	08137004464	08137005561	08137007230	08137102973	08137117468	08173003401	08193000760	08214030721	08214065735	08214354033	08222142386	08225003090	08225005625	08225011901
08080719401	08080748000	08080818113	08080988600	08137002356	08137002770	08137004465	08137005562	08137007610	08137103003	08137117472	08173003501	08193000744	08214030724	08214065739	08214354719	08222172396	08225003302	08225005633	08225011902
08080719810	08080750095	08080819103	08080989000	08137002357	08137002771	08137004465	08137005563	08137007612	08137103004	08137117473	08173003601	08193000912	08214030727	08214065740	08214355719	08222173195	08225003303	08225005635	08225011951
08080720080	08080750300	08080819100	08080989100	08137002358	08137002772	08137004466	08137005566	08137007623	08137103005	08137117474	08173005310	08193100576	08214030735	08214065748	08214359001	08222173393	08225003305	08225005633	08225011952
08080720100	08080751622	08080819112	08080989200	08137002359	08137002774	08137004466	08137005571	08137007623	08137103007	08137117475	08173005410	08193100576	08214030737	08214065750	08214359033	08222173591	08225003382	08225005605	08225011991
08080720120	08080752042	08080819210	08080989300	08137002361	08137002778	08137004670	08137005576	08137007928	08137104653	08137117477	08173005510	08193100583	08214030739	08214065755	08214359719	08222174192	08225003383	08225005613	08225011992
08080720150	08080752505	08080820100	08080989400	08137002362	08137002779	08137004708	08137005583	08137007929	08137105834	08137117478	08173005610	08193102501	08214030740	08214065757	08214380001	08222174390	08225003385	08225005618	08225034402
08080720163	08080752513	08080820112	08137001258	08137002363	08137002780	08137004711	08137005586	08137007962	08137108922	08137117479	08173005710	08193178801	08214030748	08214070001	08214381001	08222174598	08225003386	08225005616	08225034403
08080720170	08080753901	08080821100	08137001760	08137002364	08137002781	08137004723	08137005620	08137008042	08137108923	08137117480	08173005810	08193178801	08214030750	08214070021	08214383034	08222182180	08225003392	08225005623	08225034404
08080720189	08080754000	08080821112	08137001775	08137002365	08137002782	08137004731	08137005621	08137008043	08137109163	08137117483	08173005920	08193195203	08214030755	08214070721	08214384034	08222182586	08225003393	08225005625	08225034405
08080720200	08080754100	08080822100	08137002066	08137002378	08137002783	08137004751	08137005622	08137008045	08137109218	08137117501	08173006020	08195040501	08214030757	08214070726	08214385034	08222192196	08225003395	08225005633	08225044502
08080720205	08080754200	08080822112	08137002061	08137002061	08137002790	08137004752	08137005623	08137008047	08137109222	08137117547	08173006120	08195060601	08214070727	08214070727	08214500712	08222192592	08225003396	08225005635	08225044503
08080720231	08080754400	08080822300	08137002062	08137002381	08137002791	08137004754	08137005635	08137008056	08137109237	08137117548	08173006220	08195301330	08214070729	08214053726	08214501712	08222193155	08225004020	08225006282	08225044504
08080720230	08080754900	08080823100	08137002063	08137002382	08137002795	08137004768	08137005641	08137008064	08137109273	08137117549	08173006320	08195304230	08214070734	08214053729	08214502712	08222193353	08225004030	08225006283	08225044505
08080720247	08080760000	08080825058	08137002064	08137002383	08137002796	08137004833	08137005644	08137008068	08137109275	08137117550	08173006420	08195341001	08214070740	08214503712	08222193551	08222193551	08225004040	08225006285	08225091130
08080720250	08080760100	08080825051	08137002065	08137002384	08137002948	08137004834	08137005658	08137008072	08137115078	08137117558	08173006515	08195341201	08214070748	08214503712	08222251107	08225004102	08225006286	08225091130	
08080720265	08080760400	08080825112	08137002080	08137002385	08137002995	08137004848	08137005659	08137008086	08137115149	08137117564	08173006615	08195503301	08214040724	08214070750	08214506712	08222251589	08225004103	08225006303	08225091140
08080720270	08080760500	08080826112	08137002089	08137002401	08137003143	08137004930	08137005661	08137008155	08137115162	08137117565	08173006710	08195504401	08214040727	08214070755	08214535716	08222440006	08225004105	08225006305	08225091160
08080720285	08080761600	08080827012	08137002090	08137002402	08137003157	08137005060	08137005664	08137008161	08137115210	08137117567	08173006815	08195504501	08214040734	08214070757	08214540501	08222440013	08225004106	08225006323	08225091120
08080720300	08080761610	08080827112	08137002091	08137002403	08137003195	08137005065	08137005685	08137008162	08137115441	08137117568	08173006915	08195505501	08214040739	08214071001	08214600001	08222630018	08225004202	08225006325	08225091130
08080720350	08080762000	08080830340	08137002092	08137002404	08137003210	08137005070	08137005671	08137008163	08137115567	08137117582	08173007015	08195507701	08214040739	08214071201	08214610001	08222630018	08225004203	08225006326	08225091140
08080720400	08080762010	08080832400	08137002093	08137002405	08137003211	08137005075	08137005672	08137008172	08137115939	08137117584	08173007115	08195512401	08214040748	08214072001	08214998901	08222630025	08225004205	08225006327	08225091200
08080720450	08080762055	08080834600	08137002094	08137002406	08137003236	08137005080	08137005721	08137008173	08137116114	08137117707	08173007215	08195524401	08214040750	08214072501	08214998911	08222630032	08225004206	08225006353	08225092

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

08225215500	08225582400	08287126042	08287126504	08290001101	08290002560	08290004339	08290201033	08290203952	08290301037	08290305195	08290305491	08290305945	08290320550	08290366356	08290371340	08290384183	08290405092	08290490901	08317110000
08225218100	08225594300	08287126044	08287126504	08290001114	08290002807	08290004338	08290201033	08290203953	08290301625	08290305196	08290305492	08290305946	08290320749	08290366357	08290371430	08290384221	08290405093	08290491001	08317110000
08225218400	08225602410	08287126048	08287126505	08290001118	08290002861	08290004358	08290201035	08290203954	08290301629	08290305197	08290305493	08290305950	08290320880	08290366359	08290371431	08290384232	08290405094	08290491101	08317112000
08225233300	08225603410	08287126061	08287126506	08290001120	08290002870	08290004402	08290201036	08290203955	08290302830	08290305198	08290305500	08290305951	08290320881	08290366362	08290371432	08290384304	08290405132	08290491201	08317113000
08225241600	08225606000	08287126063	08287126506	08290001135	08290002871	08290004403	08290201037	08290203956	08290302831	08290305199	08290305512	08290306341	08290320882	08290366363	08290371433	08290384308	08290405145	08290498041	08317114000
08225242600	08225607000	08287126101	08287126555	08290001136	08290002874	08290004406	08290201038	08290203957	08290302832	08290305200	08290305513	08290309301	08290320883	08290366364	08290371434	08290384357	08290405146	08290498042	08317115000
08225243600	08225608000	08287126102	08287126556	08290001137	08290002875	08290004407	08290201039	08290203958	08290302833	08290305201	08290305514	08290309305	08290320884	08290366365	08290371435	08290384358	08290405147	08290511005	08317116000
08225256600	08225609000	08287126103	08287126557	08290001138	08290002878	08290005071	08290201042	08290204015	08290303005	08290305207	08290305536	08290309306	08290322025	08290367292	08290371436	08290384463	08290405148	08290511012	08317117000
08225257600	08225620000	08287126104	08287126558	08290001139	08290002879	08290005149	08290201043	08290204016	08290303006	08290305208	08290305537	08290309310	08290322026	08290367294	08290371437	08290384464	08290405149	08290511252	08317118000
08225260600	08225622000	08287126105	08287126559	08290001140	08290002900	08290005160	08290201044	08290204017	08290303007	08290305209	08290305538	08290309311	08290322025	08290367298	08290371438	08290384466	08290405160	08290511341	08317119000
08225261600	08225626000	08287126107	08287126560	08290001141	08290002901	08290005173	08290201045	08290204018	08290303008	08290305210	08290305539	08290309314	08290322027	08290367298	08290371439	08290384466	08290405161	08290511346	08317210000
08225262600	08225626400	08287126108	08287126562	08290001142	08290002902	08290005211	08290201051	08290204041	08290303009	08290305211	08290305540	08290309341	08290322026	08290367341	08290371525	08290384467	08290405162	08290511348	08317211500
08225264600	08225627000	08287126109	08287126601	08290001143	08290002903	08290005500	08290201052	08290204042	08290303010	08290305213	08290305541	08290309359	08290322200	08290367342	08290371610	08290384468	08290405164	08290511349	08317212000
08225265600	08225631000	08287126110	08287126602	08290001147	08290002904	08290005528	08290201053	08290204043	08290303011	08290305214	08290305542	08290309570	08290322201	08290367342	08290371611	08290384481	08290405170	08290511403	08317212000
08225272600	08225632000	08287126111	08287126603	08290001148	08290002905	08290005540	08290201054	08290204044	08290303012	08290305215	08290305553	08290309571	08290322202	08290367342	08290371612	08290384490	08290405171	08290512027	08317131500
08225272700	08225633000	08287126112	08287126605	08290001150	08290002906	08290006711	08290201055	08290204045	08290303013	08290305216	08290305554	08290309572	08290322203	08290367342	08290371613	08290384499	08290405172	08290512146	08317134500
08225273600	08225641000	08287126115	08287126608	08290001172	08290002907	08290006713	08290201056	08290205031	08290303014	08290305217	08290305557	08290309574	08290323487	08290367342	08290371615	08290384516	08290405174	08290515003	08317210295
08225280600	08225646000	08287126127	08287126611	08290001196	08290002908	08290006715	08290201070	08290205200	08290303015	08290305218	08290305558	08290309575	08290323488	08290371040	08290371620	08290384566	08290405180	08290515100	08317210295
08225280800	08225653000	08287126129	08287126702	08290001198	08290003050	08290006719	08290201090	08290205201	08290303016	08290305219	08290305559	08290309577	08290324702	08290371041	08290371621	08290384575	08290405181	08290515102	08317220501
08225281600	08225655000	08287126200	08287126703	08290001209	08290003052	08290006721	08290201161	08290205202	08290303345	08290305220	08290305561	08290309578	08290324703	08290371042	08290371623	08290384584	08290405182	08290515104	08317220602
08225292600	08225671500	08287126201	08287126704	08290001219	08290003054	08290006723	08290201206	08290206006	08290303346	08290305222	08290305564	08290309579	08290324704	08290371050	08290371630	08290384620	08290405183	08290515105	08317220801
08225296600	08225691000	08287126210	08287126705	08290001252	08290003056	08290006726	08290201207	08290206012	08290303347	08290305223	08290305577	08290309580	08290324705	08290371060	08290371631	08290384621	08290405184	08290515200	08317221000
08225297600	08225700000	08287126211	08287126706	08290001284	08290003070	08290006731	08290201208	08290206147	08290303348	08290305224	08290305581	08290309581	08290324906	08290371070	08290371632	08290384635	08290405202	08290515202	08317225050
08225298600	08225702000	08287126212	08287126707	08290001285	08290003075	08290006733	08290201209	08290206161	08290303366	08290305225	08290305581	08290309582	08290324907	08290371080	08290371633	08290385100	08290405203	08290515301	08317230129
08225299600	08225708000	08287126213	08287126708	08290001293	08290003081	08290006735	08290201210	08290206228	08290303366	08290305227	08290305581	08290309582	08290324908	08290371090	08290371634	08290385102	08290405206	08290515304	08317232129
08225299700	08225742000	08287126214	08287126709	08290001295	08290003084	08290006999	08290201211	08290206231	08290303367	08290305230	08290305620	08290309588	08290324909	08290371110	08290371635	08290385108	08290405207	08290515306	08317234132
08225300500	08225799000	08287126218	08287126729	08290001296	08290003092	08290006717	08290201212	08290206235	08290303368	08290305231	08290305677	08290309589	08290324910	08290371111	08290371641	08290400106	08290405211	08290515400	08317234932
08225301200	08225791000	08287126219	08287126730	08290001300	08290003096	08290007178	08290201255	08290206244	08290303369	08290305239	08290305678	08290309592	08290324911	08290371112	08290371670	08290400434	08290405234	08290515401	08317235131
08225303500	08225793000	08287126230	08287126731	08290001304	08290003101	08290007187	08290201298	08290206254	08290303370	08290305269	08290305679	08290309593	08290324912	08290371115	08290371671	08290400494	08290405235	08290523905	08317235931
08225305100	08225794000	08287126231	08287126732	08290001310	08290003113	08290007188	08290201352	08290206257	08290303381	08290305270	08290305678	08290309594	08290325772	08290371120	08290371672	08290400495	08290405236	08290523906	08317236131
08225311800	08225796000	08287126235	08287126735	08290001316	08290003114	08290007198	08290201439	08290206267	08290303383	08290305271	08290305679	08290309595	08290325773	08290371121	08290371675	08290400506	08290405237	08290524015	08317236132
08225312800	08225797000	08287126251	08287126736	08290001317	08290003135	08290007253	08290201744	08290206338	08290303400	08290305272	08290305679	08290309596	08290326730	08290371122	08290371700	08290400507	08290405452	08290524025	08317238131
08225390018	08225798000	08287126252	08287126738	08290001318	08290003136	08290007419	08290201791	08290206390	08290303401	08290305273	08290305679	08290309597	08290326895	08290371123	08290371712	08290400508	08290405516	08290524030	08317238132
08225390019	08225799000	08287126253	08287126741	08290001320	08290003137	08290007420	08290201792	08290206481	08290303402	08290305274	08290305679	08290309598	08290328203	08290371150	08290371716	08290400509	08290405517	08290524034	08317238931
08225390020	08238049001	08287126254	08287126742	08290001328	08290003138	08290007422	08290201933	08290206497	08290303403	08290305310	08290305673	08290309599	08290328204	08290371151	08290376056	08290401586	08290408272	08290524041	08317250129
08225390022	08238053901	08287126255	08287126743	08290001359	08290003139	08290007423	08290201969	08290206508	08290303405	08290305312	08290305674	08290309604	08290328233	08290371152	08290376142	08290402600	08290408280	08290524061	08317250295
08225390024	08238065402	08287126265	08287126745	08290001360	08290003150	08290007425	08290201993	08290206509	08290303500	08290305343	08290305675	08290309605	08290328235	08290371153	08290376144	08290402601	08290408299	08290524130	08317260291
08225399171	08238115301	08287126266	08287126746	08290001369	08290003152	08290008204	08290201994	08290206510	08290303502	08290305346	08290305676	08290309606	08290328245	08290371154	08290381412				

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

0831750005	0831778005	0832631098	0833305380	08333161605	08333359301	08373049000	08380001064	08380003615	08380003824	08380007910	08380008590	08380008904	08380009823	08380014903	08380018144	08380019153	08380088725	08380097829	08395078360
0831750006	0831778010	0832631098	08333157071	08333157071	08333566201	08373049100	08380001432	08380003616	08380003826	08380007917	08380008591	08380008907	08380009824	08380014904	08380018152	08380019154	08380088730	08380097832	08395078370
08317500030	08317782001	08326319001	08333152500	08333162101	08333566430	08373049900	08380001433	08380003617	08380003827	08380008081	08380008592	08380008914	08380009825	08380014905	08380018153	08380019156	08380088735	08380097836	08395078390
08317500050	08317783110	08326319003	08333152501	08333162205	08333566401	08373050251	08380001434	08380003630	08380003832	08380008031	08380008593	08380008918	08380009826	08380014906	08380018154	08380019202	08380088740	08380097841	08395078400
08317500100	08317784001	08326319005	08333152502	08333162405	08333851201	08373050300	08380001438	08380003631	08380003833	08380008032	08380008594	08380008925	08380009827	08380014907	08380018162	08380019203	08380088800	08380097925	08395078420
08317502030	08317780125	08326319006	08333152700	08333162409	08333851401	08373050310	08380001439	08380003632	08380003834	08380008033	08380008595	08380008930	08380009828	08380014908	08380018163	08380019204	08380088825	08380097929	08395078440
08317530001	08317780128	08326319003	08333152701	08333162601	08333851601	08373050500	08380001460	08380003633	08380003837	08380008034	08380008596	08380008931	08380009829	08380014909	08380018164	08380019252	08380088830	08380097932	08395078450
08317530006	08317780130	08326320004	08333152702	08333162605	08333906000	08373050575	08380001466	08380003634	08380003842	08380008037	08380008611	08380008935	08380009834	08380014910	08380018172	08380019253	08380088835	08380097936	08395078460
08317530050	08317780225	08326320904	08333152703	08333162701	08333906010	08373071000	08380001481	08380003636	08380003843	08380008037	08380008612	08380008940	08380009835	08380014911	08380018173	08380019254	08380088840	08380097941	08395078465
08317530101	08317780228	08326330001	08333152711	08333162801	08333906020	08373071000	08380001482	08380003638	08380003844	08380008038	08380008613	08380008954	08380009839	08380015102	08380018174	08380019304	08380089001	08384201022	08395078470
08317532050	08317780300	08326331001	08333152712	08333162901	08333906030	08373071900	08380001483	08380003639	08380003847	08380008038	08380008614	08380008958	08380009840	08380015103	08380018176	08380019304	08380089002	08384201022	08395078470
08317540001	08317782501	08326401001	08333152801	08333163005	08333906040	08373072000	08380001484	08380003662	08380003872	08380008038	08380008615	08380008960	08380009873	08380015104	08380018182	08380037311	08380089003	08385022650	08395078500
08317540005	08317782801	08326402002	08333152802	08333163301	08333906050	08373072200	08380001485	08380003663	08380003873	08380008039	08380008616	08380008961	08380009880	08380015202	08380018183	08380071122	08380089004	08385022650	08395078501
08317540050	083177885050	08327006029	08333152803	08333163401	08333906100	08373072400	08380001486	08380003664	08380003874	08380008040	08380008617	08380008962	08380009887	08380015203	08380018184	08380071142	08380089005	08385022650	08395078900
08317541100	08317950000	08327006109	08333152804	08333163501	08333906110	08373072500	08380001487	08380003665	08380003892	08380008044	08380008618	08380008963	08380009898	08380015204	08380018192	08380071444	08380089511	08385022650	08395078920
08317542110	08317955000	08327006283	08333153002	08333165001	08333906120	08373073000	08380001488	08380003668	08380003893	08380008044	08380008619	08380008963	08380009979	08380015203	08380018193	08380071500	08380089502	08385022650	08395078930
08317543110	08317970112	08327006729	08333153001	08333165501	08333906130	08373073500	08380001796	08380003669	08380003894	08380008047	08380008624	08380008991	08380011202	08380015303	08380018194	08380070501	08380090082	08385022650	08395078940
08317544110	08317970118	08327006829	08333153002	08333166301	08333906140	08373074000	08380003142	08380003668	08380003897	08380008048	08380008628	08380008992	08380011203	08380015304	08380018202	08380070900	08380090102	08385022650	08395078950
08317550101	08317970121	08327006929	08333153003	08333166801	08333906150	08373074200	08380003143	08380003668	08380003902	08380008049	08380008631	08380008993	08380011204	08380015402	08380018203	08380070901	08380090104	08395035690	08395078960
08317550602	08317970125	08327007029	08333153001	08333208101	08333906160	08373075000	08380003144	08380003682	08380003903	08380008045	08380008632	08380009106	08380011202	08380015403	08380018204	08380070900	08380090122	08395035690	08395078970
08317551000	08317970128	08327007209	08333153012	08333208201	08333906190	08373075500	08380003148	08380003683	08380003904	08380008046	08380008633	08380009107	08380011203	08380015404	08380018282	08380070920	08380090124	08395041101	08395081100
08317555050	08317980121	08327008709	08333153300	08333208301	08333908000	08373076500	08380003149	08380003684	08380003907	08380008046	08380008634	08380009207	08380011404	08380015503	08380018283	08380070930	08380090142	08395041300	08395081101
08317560001	08317980125	08327008760	08333153301	08333208310	08333908010	08373076500	08380003184	08380003685	08380003907	08380008046	08380008635	08380009208	08380011503	08380015504	08380018284	08380070940	08380090144	08395041320	08395081300
08317560006	08317980128	08327008860	08333153302	08333208401	08333908020	08373076510	08380003186	08380003686	08380003907	08380008047	08380008637	08380009209	08380011504	08380015505	08380018292	08380070950	08380090164	08395041330	08395081301
08317560050	08317980225	08327008860	08333153400	08333208410	08333908030	08373076550	08380003222	08380003703	08380007165	08380008047	08380008638	08380009240	08380011505	08380015506	08380018293	08380070950	08380090184	08395041340	08395081320
08317560100	08317980228	08327008960	08333153401	08333208430	08333908050	08373080110	08380003223	08380003706	08380007166	08380008048	08380008639	08380009343	08380011506	08380015602	08380018294	08380070950	08380090184	08395041350	08395081330
08317570001	08317980328	08327008960	08333153402	08333208601	08333908070	08373080210	08380003224	08380003707	08380007168	08380008049	08380008641	08380009345	08380012000	08380015603	08380018323	08380070950	08380090106	08395041360	08395081340
08317570005	08317990125	08327009129	08333153403	08333208610	08333905005	08373080310	08380003225	08380003722	08380007169	08380008047	08380008642	08380009346	08380012001	08380015604	08380018324	08380070950	08380090110	08395041370	08395081350
08317570015	08317990130	08327009209	08333153405	08333209401	08333905065	08373080310	08380003226	08380003723	08380007169	08380008047	08380008643	08380009348	08380012002	08380015602	08380018332	08380070950	08380090126	08395041390	08395081360
08317570050	08317990200	08327011709	08333153501	08333286101	08333951001	08373081110	08380003228	08380003726	08380007330	08380008048	08380008644	08380009349	08380012003	08380015803	08380018333	08380070950	08380090126	08395041400	08395081370
08317571100	08317990250	08327017130	08333153502	08333286201	08333951301	08373081210	08380003229	08380003724	08380007331	08380008048	08380008647	08380009354	08380012004	08380015804	08380018334	08380070950	08380090126	08395041420	08395081400
08317572050	08317990400	08327017209	08333153503	08332862030	08333951360	08373081211	08380003232	08380003727	08380007501	08380008048	08380008648	08380009355	08380012005	08380015903	08380018352	08380070950	08380090146	08395041430	08395081401
08317630005	08317990600	08327017230	08333153701	08333286301	08333954301	08373081310	08380003233	08380003730	08380007503	08380008048	08380008649	08380009356	08380013402	08380015904	08380018353	08380070950	08380090146	08395041440	08395081420
08317630050	08317990700	08327017309	08333153800	08333286401	08333954501	08373081311	08380003234	08380003731	08380007505	08380008048	08380008651	08380009357	08380013902	08380015905	08380018354	08380070950	08380090146	08395041450	08395081430
08317631101	08317990750	08327017430	08333153801	08333286403	08333954601	08373080700	08380003238	08380003732	08380007507	08380008048	08380008661	08380009360	08380014102	08380015906	08380018362	08380070950	08380090161	08395041460	08395081440
08317660001	08317990800	08327017499	08333153802	08333286601	08333954801	08373092090	08380003239	08380003733	08380007511	08380008048	08380008662	08380009367	08380014103	08380016101	08380018363	08380070950	08380090162	08395041470	08395081450
08317660015	08317990900	08327017499	08333153803	08333286603	08337100340	08373143100	08380003273	08380003734	08380007513	08380008048	08380008663	08380009368	08380014104	08380016102	08380018364	08380070950	08380090181	08395041490	08395081460
08317660016	08317990950	08327017630	08333153811	08333286601	08347100010	08373208800	08380003274	08380003735	08380007515	08380008048	08380008664	08380009369	08380014202	08380016103	08380018372	0838			

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

08395099120	08396900930	08462102013	08466093100	08470119001	08484032500	08489728750	08496019401	08496031801	08496281501	08517342901	08525011300	08554229701	08590000900	08595042500	08626412301	08812005714	08881513512	08881833210	08887630229
08395099150	08396901034	08462104001	08468430505	08470131001	08484032800	08489728850	08496019601	08496032101	08496281511	08517343001	08525011501	08554232001	08590001000	08595052700	08627001301	08812007555	08881513744	08881833310	08887630260
08396081300	08396901134	08462109750	08468431100	08470131101	08484051880	08489729050	08496019801	08496032201	08496285501	08517345001	08528003101	08554318802	08590001400	08595060000	08627001401	08812008015	08881513918	08881833510	08887660085
08396500122	08396901234	08462109751	08470010001	08470141001	08484051895	08489749610	08496019901	08496032301	08496285511	08517349001	08528003301	08554332901	08590004800	08595060100	08627001601	08812020017	08881513934	08881833558	08887660101
08396500125	08396901334	08462109912	08470010101	08470141001	08484052800	08489749710	08496020001	08496032401	08496285801	08517352936	08528003501	0855433702	08590004900	08595060200	08627002011	08812020333	08881516051	08881866110	08887660127
08396500126	08396901434	08462122015	08470010501	08470141401	08484053310	08489749810	08496020101	08496032701	08496289201	08517353036	08528004101	08554338401	08590005100	08595060300	08627002021	08812023663	08881516135	08881866110	08887660143
08396500144	08396901534	08462122064	08470026001	08470141401	08484053350	08489749910	08496020201	08496032801	08496290201	08517354036	08528004501	08554362901	08590005200	08595060400	08627002031	08812023711	08881516150	08881866115	08887660168
08396500175	08396901634	08462122069	08470026051	08470141221	08484040710	08489786609	08496020301	08496032901	08496290501	08517355036	08528009001	08554376402	08590005400	08595060500	08627003011	08812040005	08881516200	08881866215	08887660184
08396500225	08396901734	08462122200	08470027001	08470141401	08484040780	08489787009	08496020401	08496033101	08496290801	08517356036	08528010001	08554386401	08590005500	08595060600	08627003021	08812500166	08881516911	08881882712	08887660903
08396500244	08396902000	08462122220	08470027101	08470141401	08484040780	08489787209	08496020501	08496033201	08496291501	08517359036	08528010301	08554402401	08590005700	08595060700	08627003031	08812500204	08881516937	08881882812	08887665183
08396500291	08396902400	08462123200	08470027401	08470141401	08484047250	08489791010	08496020601	08496033501	08496291511	08517359536	08528010501	08554402501	08590005900	08595060800	08627005011	08812500322	08881520178	08881892910	08887665209
08396500375	08396902700	08462130045	08470027601	08470141001	08484047320	08489791410	08496020701	08496033701	08496295501	08517382919	08528010601	08554403601	08590006100	08595060900	08627005021	08812500400	08881520251	08881892930	08887665225
08396500425	08396902900	08462141001	08470030001	08470163401	08484047300	08489816210	08496021001	08496033801	08496295511	08517382936	08528067701	08554408801	08590006200	08595070050	08627005031	08812500557	08881520657	08881893010	08887665241
08396500426	08396903100	08462141007	08470030101	08470164401	08484047500	08489816310	08496021101	08496033901	08496300301	08517383019	08528080561	08554424001	08590006400	08595070150	08627005104	08812500655	08881520665	08881893010	08887665241
08396500444	08396903200	08462141086	08470030201	08470163401	08484047530	08489846710	08496021201	08496034001	08496300501	08517383036	08528085750	08554442601	08590006600	08595070250	08627005303	08812500773	08881520673	08881893010	08887665241
08396500475	08396903300	08462426001	08470040001	08470183001	08484081028	08489830810	08496021301	08496034101	08496300601	08517383065	08528146404	08554442201	08590006700	08595070350	08627006011	08812500811	08881535101	08881893050	08887665241
08396500525	08396903400	08462426002	08470041401	08470184001	08484082026	08489830910	08496021401	08496034201	08496300801	08517383019	08528146704	08554453801	08590007100	08595070450	08627006021	08812500999	08881535762	08881901006	08887665241
08396500526	08396903500	08462426003	08470041801	08470185001	08484990310	08489831101	08496021601	08496035001	08496301001	08517384036	08528147401	0855445601	08590007200	08595070550	08627006031	08812501077	08881535770	08881901006	08887665241
08396500544	08396903700	08462426014	08470043001	08470189001	08484990328	08489831110	08496021701	08496035101	08496301201	08517384065	0851010028	08560940002	08590007300	08595080050	08627006041	08812501155	08881535788	08881901006	08887665241
08396500575	08423112613	08462426012	08470043501	08470202901	08484990338	08489831210	08496021801	08496035201	08496301501	08517385019	08531010030	08560940002	08590007400	08595080150	08627008021	08812501233	08881535796	08881903010	08910003311
08396500622	08423112617	08462426013	08470044001	08470203001	08484990350	08489831310	08496021901	08496035301	08496301511	08517385065	08531381800	08560940003	08590007500	08595080250	08627008031	08812501499	08881540122	08881906010	09038000625
08396500625	08423112721	08462430100	08470044501	08470204001	08484990430	08489831410	08496022001	08496036401	08496301601	08517385065	08531382000	08564000000	08590007600	08595080350	08627009011	08812501772	08881540166	08881906104	09038000648
08396500644	08423112731	08462430120	08470045001	08470205001	08484990432	08489831510	08496022101	08496038801	08496301611	08517386036	08531388800	08565015915	08590007700	08595080450	08627009111	08812502026	08881541034	08881907003	09038000650
08396500675	08423112742	08462430200	08470045501	08470209001	08484990435	08489846710	08496022201	08496038901	08496301801	08517389019	08536010000	08565016915	08590007800	08595080550	08630010001	08812502144	08881541067	08881907003	09038000652
08396500691	08423112906	08462430220	08470046001	08470210001	08484990437	08489846810	08496023101	08496039001	08496303501	08517389036	08536011000	08565017915	08590007900	08595080650	08630020002	08812502222	08881560125	08884541300	09038000654
08396500725	08423112908	08462550047	08470046501	08470215001	08484990438	08489846910	08496023201	08496039601	08496303511	08521000131	08560115000	08565044410	08590008000	08597111113	08633900001	08812502330	08881560141	08884541400	09038000656
08396500744	08423112910	08462551000	08470051001	08470282901	08489600110	08489847010	08496023301	08496039801	08496303601	08521000231	08536012000	08566123401	08590008100	08605010001	08636012301	08812502555	08881560182	08884700108	09038000658
08396500791	08423162126	08462551095	08470051501	08470283001	08489600210	08489847110	08496023401	08496040001	08496303611	08521000331	08539000101	08566123501	08590008200	08605010202	08636014120	08812502899	08881560224	08884700116	09038000661
08396500825	08423200110	08462551100	08470053001	08470284001	08489600310	08489847210	08496023601	08496040040	08496305501	08521080100	08539000501	08566123601	08590008300	08605010303	08638714220	08812503013	08881560232	08884700207	09038000662
08396500844	08423200220	08462551595	08470053501	08470285001	08489600410	08489860050	08496024201	08496040501	08496305511	08521081030	08539001201	08565750937	08590008400	08605010404	08638714320	08812503105	08881560285	08884702005	09038000663
08396500891	08439060026	08462552000	08470056501	08470289001	08489600510	08489860150	08496024301	08496040601	08496305601	08521081032	08539001301	08567509373	08590008500	08611501001	08638715510	08812503211	08881600004	08884702105	09038000664
08396705014	08439600300	08462552100	08470056901	08470310001	08489600610	08489908011	08496024501	08496040701	08496305611	08521081033	08539002001	08567509374	08590009100	08611502001	08638715610	08812503262	08881600145	08884702500	09038000665
08396706002	08439122002	08462553000	08470057501	08470342901	08489600710	08489908111	08496024601	08496040801	08496305801	08521500432	08539002201	08567509375	08590010300	08611503050	08638715710	08812505045	08881600350	08884704305	09038000666
08396706018	08439123020	08462553095	08470057601	08470343001	08489600810	08489908211	08496024801	08496040901	08496310101	08521500531	08539001001	08567509376	08590010600	08611504000	08638713125	08812604006	08881600651	08884704605	09038000667
08396706091	08439212151	08462553100	08470058501	08470344001	08489600910	08489908311	08496025201	08496042001	08496310305	08521500632	08539055003	08567509377	08590010700	08611504000	08638731225	08812625124	08881600700	08884704805	09038000668
08396739111	08439343110	08462553595	08470060001	08470345001	08489601110	08495123401	08496025301	08496042201	08496310405	08521500831	08539060000	08567509378	08590010800	08611505001	08638731325	08812630518	08881600800	08884712100	09038000669
08396800100	08439345010	08462554000	08470061001	08470349001	08489601210	08495123501	08496025401	08496042301	08496310405	08521500432	08539105002	08567509379	08590011200	08611506001	08638732150	08812635109	08881601101	08884712300	09038000670
08396800200	08439345011	08462554095	08470070001	08470352901	08489601310	08495123601	08496025501	08496042901	08496310601	08521500531	08539291000	08567509380	08590011300	08611506101	08638732250	08813			

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

09038000728	10075017621	10725002346	11509000446	11640000511	11701071201	117010717120	11701072541	11701073020	11701073334	11701074807	11701075410	11701080725	11701082225	11701084535	11701085580	11701087524	11701088691	11701090353	11701090560
09038000730	10075018796	10725002349	11509000446	11640000512	11701071201	117010717170	11701072551	11701073030	11701073340	11701074808	11701075411	11701080726	11701082225	11701084540	11701085585	11701087525	11701088692	11701090354	11701090610
09038000732	10075018863	10725002352	11509000462	11640000600	11701071203	117010717181	11701072551	11701073031	11701073341	11701074809	11701075420	11701080727	11701082235	11701084610	11701085910	11701087526	11701088693	11701090355	11701090611
09038000734	10075020523	10725002354	11509000500	11640000601	11701071204	11701071810	11701072552	11701073032	11701073350	11701074901	11701075421	11701080728	11701082240	11701084615	11701085915	11701087531	11701088694	11701090370	11701090612
09038000736	10119043037	10725002427	11509000607	11640000605	11701071205	11701071802	11701072553	11701073033	11701073351	11701074902	11701075430	11701080729	11701082240	11701084620	11701085920	11701087565	11701088695	11701090371	11701090613
09038000738	10119041502	10725002501	11509000607	11640000606	11701071206	11701071803	11701072554	11701073034	11701073352	11701074903	11701075431	11701080810	11701082241	11701084625	11701085925	11701087566	11701088696	11701090372	11701090614
09038000740	10119043001	10725002506	11509000607	11640000610	11701071301	11701071804	11701072560	11701073035	11701073353	11701074904	11701075440	11701080811	11701082250	11701084630	11701085930	11701087574	11701088697	11701090401	11701090620
09038022300	10119043002	10725002507	11509006508	11640000622	11701071302	11701071810	11701072561	11701073036	11701073354	11701074905	11701075441	11701080812	11701082610	11701084635	11701085935	11701087575	11701088710	11701090402	11701090621
09038022301	10119043004	10725002508	11509006709	11640000632	11701071303	11701071811	11701072562	11701073037	11701073355	11701074906	11701075450	11701080813	11701082615	11701084640	11701085940	11701087576	11701088720	11701090403	11701090622
09038022302	10119043013	10725002509	11509006710	11640000633	11701071310	11701071815	11701072563	11701073038	11701073356	11701074907	11701075451	11701080814	11701082620	11701084715	11701085945	11701087584	11701088721	11701090404	11701090623
09038022303	10119043014	10725002726	11509006800	11640000634	11701071401	11701071816	11701072570	11701073039	11701073360	11701074908	11701075460	11701080815	11701082710	11701084720	11701085950	11701087585	11701088722	11701090405	11701090624
09038022304	10119043015	0939003433	11509013100	11640000655	11701071402	11701071850	11701072571	11701073102	11701073361	11701074909	11701075461	11701080816	11701082715	11701084811	11701085955	11701087586	11701088723	11701090406	11701090650
09038022305	10119043016	0939003533	11509014900	11640000678	11701071403	11701071851	11701072572	11701073103	11701073362	11701075001	11701075470	11701080817	11701082810	11701084816	11701086010	11701087640	11701088724	11701090407	11701090651
09038022306	10119043017	0939003633	11640000001	11640000701	11701071404	11701071852	11701072573	11701073104	11701073367	11701075002	11701075471	11701080818	11701082815	11701084821	11701086015	11701087644	11701088730	11701090408	11701090652
09038022307	10119043018	0939004233	11640000002	11640000702	11701071405	11701071853	11701072580	11701073105	11701073371	11701075003	11701075480	11701080819	11701083010	11701084831	11701086020	11701087645	11701088731	11701090409	11701090653
09038022308	10119043019	0939004433	11640000004	11640000703	11701071406	11701071860	11701072581	11701073106	11701073372	11701075004	11701075481	11701080820	11701083110	11701084836	11701086025	11701087646	11701088732	11701090411	11701090654
09038022309	10119043020	0939009033	11640000004	11640000704	11701071407	11701071861	11701072582	11701073107	11701073373	11701075005	11701075490	11701080821	11701083115	11701084841	11701086030	11701087660	11701088733	11701090412	11701090655
09038022310	10119043042	0939010633	11640000044	11640000705	11701071408	11701071870	11701072583	11701073108	11701073374	11701075006	11701075491	11701080822	11701083120	11701084851	11701086035	11701087670	11701088734	11701090414	11701090656
09038022311	10119081180	0939010733	11640000049	11640000719	11701071409	11701071901	11701072584	11701073109	11701073401	11701075007	11701075501	11701080823	11701083125	11701084856	11701086040	11701087681	11701088811	11701090416	11701090657
09869541523	10119081195	0939019433	11640000100	11640000722	11701071410	11701071902	11701072589	11701073110	11701073402	11701075008	11701075502	11701080910	11701083130	11701084861	11701086045	11701087682	11701088812	11701090417	11701090658
09958000512	10119081501	0939019633	11640000101	11640000725	11701071501	11701071903	11701072591	11701073111	11701073501	11701075011	11701075510	11701080911	11701083135	11701084871	11701086050	11701087683	11701088904	11701090418	11701090660
09958000522	10147092103	0939022822	11640000102	11640000729	11701071502	11701071904	11701072610	11701073120	11701073502	11701075012	11701075511	11701080912	11701083310	11701084876	11701086055	11701087762	11701088905	11701090419	11701090670
09958000562	10147092205	0939022854	11640000103	11640000732	11701071503	11701071905	11701072620	11701073121	11701073503	11701075013	11701075520	11701080913	11701083315	11701084881	11701086110	11701087782	11701088911	11701090426	11701090675
09958000582	10158005306	0939022864	11640000104	11640000735	11701071504	11701072001	11701072701	11701073122	11701073601	11701075014	11701075521	11701080914	11701083320	11701084905	11701086115	11701087792	11701088912	11701090427	11701090676
09958000592	10158005308	0939029444	11640000105	11640000738	11701071505	11701072002	11701072702	11701073123	11701073602	11701075015	11701075530	11701080915	11701083325	11701084910	11701086120	11701087846	11701088914	11701090428	11701090685
09958000602	10158005315	0939030444	11640000106	11640000741	11701071511	11701072010	11701072703	11701073124	11701073801	11701075016	11701075531	11701080916	11701083330	11701084915	11701086125	11701087856	11701088915	11701090429	11701090686
09958000611	10158005450	0939030544	11640000107	11640000744	11701071512	11701072011	11701072704	11701073125	11701073802	11701075017	11701075540	11701080917	11701083335	11701084920	11701086130	11701087870	11701088921	11701090431	11701090701
09958000642	10158005455	0939030644	11640000108	11640000747	11701071513	11701072012	11701072710	11701073126	11701073811	11701075018	11701075541	11701080918	11701083340	11701084925	11701086135	11701087880	11701088922	11701090432	11701090702
09958000672	10158006202	0939030844	11640000109	11640000751	11701071514	11701072013	11701072711	11701073127	11701073812	11701075019	11701075550	11701080919	11701083345	11701084930	11701086140	11701088050	11701088923	11701090433	11701090703
09958000682	10158006204	0939030944	11640000110	11640000754	11701071515	11701072014	11701072712	11701073128	11701073813	11701075102	11701075551	11701080920	11701083350	11701084935	11701086145	11701088060	11701088924	11701090434	11701090704
09958000692	10158007801	0939042502	11640000111	11640000813	11701071550	11701072015	11701072713	11701073131	11701073820	11701075103	11701075560	11701080921	11701083420	11701084940	11701086150	11701088085	11701088931	11701090441	11701090705
09958000702	10158008025	0939049444	11640000112	11640000815	11701071551	11701072101	11701072714	11701073155	11701073830	11701075104	11701075561	11701080922	11701083425	11701084945	11701086155	11701088089	11701088932	11701090442	11701090801
09958000712	10158008111	0939059233	11640000113	11640000821	11701071552	11701072102	11701072715	11701073156	11701073831	11701075105	11701075570	11701080923	11701083430	11701085010	11701086210	11701088170	11701088934	11701090444	11701090802
09958000722	10158009206	0939059333	11640000114	11640000823	11701071553	11701072103	11701072716	11701073157	11701073832	11701075106	11701075571	11701080924	11701083435	11701085015	11701086215	11701088171	11701088935	11701090446	11701090803
09958000732	10158009213	0939059433	11640000122	11640000824	11701071554	11701072104	11701072721	11701073158	11701073850	11701075107	11701079301	11701080925	11701083440	11701085020	11701086220	11701088180	11701088941	11701090447	11701090804
09958000742	10158008774	0939059533	11640000125	11640000828	11701071560	11701072201	11701072722	11701073159	11701073851	11701075111	11701079310	11701080926	11701083445	11701085025	11701086225	11701088181	11701088942	11701090448	11701090805
09958008580	10158008250	0939059733	11640000129	11640000825	11701071561	11701072202	11701072723	11701073201	11701073852	11701075112	11701079401	11701080927	11701083450	11701085030	11701086230	11701088190	11701088943	11701090449	11701091300
09958008600	10481110901	0939070944	11640000132	11640000831	11701071562	11701072203	11701072724	11701073202	11701073853	11701075113	11701079410	11701081010	11701083455	11701085035	11701086235	11701088191			

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

11701092070	11701093157	11822037140	11822302180	11822330490	11822485410	11822854880	11917004245	11917005468	11917006749	11917007789	11917009540	11917011187	11917013786	11917015104	11917015899	11917017235	12547063966	13703024120	14613020122
11701092072	11701093201	11822037870	11822302190	11822330500	11822488930	11822854880	11917004248	11917005469	11917006750	11917007790	11917009541	11917011188	11917013787	11917015198	11917015900	11917017274	13533013100	13703024121	14613020183
11701092074	11701093202	11822039300	11822302200	11822331270	11822488940	11822870800	11917004250	11917005470	11917006823	11917007981	11917009542	11917011210	11917013790	11917015204	11917015901	11917017277	13533013101	13703024130	14613020218
11701092076	11701093203	11822039380	11822302210	11822332280	11822489010	11822872860	11917004251	11917005471	11917006824	11917007982	11917009543	11917011211	11917013819	11917015205	11917015902	11917017364	13551090301	13703024131	14613020274
11701092181	11701093205	11822039460	11822302240	11822332920	11822489320	11822877050	11917004429	11917005472	11917006825	11917007983	11917009544	11917011212	11917013820	11917015207	11917015903	11917017365	13551090310	13703031221	14613020253
11701092182	11701093206	11822039470	11822302320	11822333730	11822489330	11822877080	11917004448	11917005473	11917006861	11917007985	11917009545	11917011213	11917014090	11917015217	11917015904	11917017366	13551090302	13703031331	14613020374
11701092183	11701093207	11822039480	11822302330	11822333980	11822489340	11822877140	11917004482	11917005479	11917006865	11917007995	11917009546	11917011222	11917014091	11917015220	11917015905	11917017369	13551090303	13703031441	14613030908
11701092191	11701093208	11822039490	11822302340	11822334080	11822489360	11822882140	11917004490	11917005480	11917006877	11917007997	11917009547	11917011291	11917014111	11917015222	11917015917	11917017419	13703010130	13703031541	14613033909
11701092192	11701093209	11822039630	11822302350	11822334850	11822504320	11822882210	11917004494	11917005481	11917006879	11917007999	11917009548	11917011292	11917014131	11917015232	11917015929	11917017442	13703010131	13703035221	14613033914
11701092193	11701093220	11822039640	11822302360	11822334910	11822511430	11822893960	11917004793	11917005482	11917006880	11917007999	11917009549	11917011293	11917014163	11917015343	11917015932	11917017454	13703010133	13703035331	14613033922
11701092194	11701093250	11822041593	11822302640	11822344390	11822511490	11822893970	11917004794	11917005483	11917006881	11917007999	11917009550	11917011294	11917014167	11917015343	11917015933	11917017521	13703010134	13703035441	14832001008
11701092195	11701093251	11822042345	11822302640	11822344570	11822511500	11822893980	11917004795	11917005484	11917006883	11917008000	11917009551	11917011295	11917014168	11917015517	11917015934	11917017572	13703010150	13703035541	14832001002
11701092196	11701093252	11822050390	11822302640	11822344570	11822511510	11822893980	11917004813	11917005485	11917006884	11917008002	11917009552	11917011296	11917014176	11917015518	11917015979	11917017619	13703010151	13703050300	14832001003
11701092197	11701093254	11822051913	11822302640	11822348010	11822512920	11822894990	11917004814	11917005486	11917006885	11917008001	11917009553	11917011297	11917014177	11917015519	11917015981	11917017638	13703010160	13703050301	14832001004
11701092198	11701093255	11822051915	11822302640	11822350380	11822512930	11822895000	11917004815	11917005487	11917006886	11917008108	11917009554	11917011298	11917014192	11917015520	11917015984	11917017639	13703010161	13703050500	14832001005
11701092207	11701093256	11822051916	11822302640	11822350390	11822513160	11822895030	11917004871	11917005488	11917006888	11917008109	11917009554	11917011299	11917014203	11917015521	11917015992	11917017640	13703010162	13703050501	14832001006
11701092321	11701093257	11822052574	11822302640	11822350540	11822513880	11822935010	11917004875	11917005489	11917006907	11917008110	11917009555	11917011300	11917014204	11917015522	11917015999	11917017781	13703010163	13703050500	14832001021
11701092325	11701093258	11822052574	11822302640	11822350880	11822513980	11822935010	11917004875	11917005501	11917006909	11917008152	11917009559	11917011301	11917014205	11917015524	11917016005	11917017839	13703010164	13703050501	14832001101
11701092328	11701093415	11822054253	11822302640	11822351030	11822514090	11822935030	11917004877	11917005502	11917006910	11917008154	11917009600	11917011302	11917014206	11917015525	11917016007	11917017843	13703010167	13703050500	14832001031
11701092329	11701093513	11822054269	11822302640	11822351350	11822514260	11822935050	11917004877	11917005566	11917006935	11917008155	11917009601	11917011303	11917014207	11917015526	11917016045	11917018336	13703010271	13703050201	14832001271
11701092350	11701093517	11822054270	11822302640	11822351410	11822515660	11822935080	11917004887	11917005568	11917006951	11917008159	11917009602	11917011344	11917014223	11917015528	11917016179	11917018337	13703010280	13703050300	14832001276
11701092351	11701093702	11822054298	11822311150	11822353810	11822515800	11822935090	11917004888	11917005569	11917006960	11917008185	11917009603	11917011345	11917014223	11917015551	11917016180	11917018338	13703010281	13703050301	14832001304
11701092352	11701093901	11822054299	11822311250	11822353840	11822515810	11822935100	11917004891	11917005563	11917006994	11917008196	11917009604	11917011364	11917014266	11917015553	11917016181	11917018339	13703010290	13703050600	14844000000
11701092353	11701093902	11822054300	11822311260	11822353850	11822516630	11822935210	11917004892	11917005565	11917007008	11917008197	11917009623	11917011375	11917014267	11917015554	11917016184	11917018340	13703010291	13703050601	14844000000
11701092367	11822000040	11822054313	11822311440	11822353910	11822516630	11822935230	11917004893	11917005566	11917007010	11917008198	11917009650	11917011379	11917014268	11917015577	11917016186	11917018368	13703010300	13703020100	14844000000
11701092622	11822000710	11822054316	11822311500	11822353914	11822527990	11822986510	11917004894	11917005574	11917007036	11917008200	11917009643	11917011381	11917014269	11917015580	11917016187	11917018370	13703010301	13703082011	14844000000
11701092801	11822001887	11822055793	11822311520	11822353915	11822527980	11822986520	11917004896	11917005578	11917007037	11917008201	11917009663	11917011383	11917014296	11917015600	11917016188	11917018375	13703010310	13703082010	14844000000
11701092802	11822001890	11822055659	11822311530	11822353916	11822528000	11822986530	11917004897	11917005582	11917007038	11917008216	11917009664	11917011384	11917014323	11917015606	11917016189	11917018497	13703010311	13703082031	14844000000
11701092803	11822002120	11822056560	11822311550	11822356160	11822528010	11822986540	11917004898	11917005581	11917007039	11917008240	11917009665	11917011385	11917014338	11917015625	11917016201	11917018565	13703010320	13703082090	14844000000
11701092902	11822002600	11822056562	11822311560	11822361650	11822528020	11822986560	11917004899	11917005582	11917007040	11917008241	11917009666	11917011434	11917014339	11917015632	11917016216	11917018575	13703010321	13703082091	14844000011
11701092903	11822002610	11822056725	11822311570	11822364390	11822528030	11822986560	11917004900	11917005583	11917007048	11917008243	11917009692	11917011568	11917014346	11917015693	11917016227	11917018806	13703010330	13703082010	14844000012
11701092904	11822002640	11822062242	11822312030	11822367950	11822536510	11822986570	11917004901	11917005584	11917007049	11917008288	11917009693	11917011569	11917014376	11917015694	11917016265	11917018808	13703010331	13703085021	14844000013
11701092905	11822003060	11822064168	11822312580	11822368820	11822538110	11822986580	11917004910	11917005585	11917007050	11917008337	11917009696	11917011570	11917014384	11917015695	11917016305	11917018877	13703010340	13703085031	14844000014
11701092906	11822003070	11822064221	11822312590	11822370480	11822538160	11822986590	11917004916	11917005593	11917007051	11917008338	11917009697	11917011572	11917014387	11917015743	11917016342	11917019163	13703010341	13703085041	14844000015
11701092907	11822005830	11822064222	11822312680	11822370520	11822538170	11822986570	11917005047	11917005929	11917007052	11917008382	11917009921	11917011815	11917014451	11917015750	11917016343	11917019176	13703010350	13703085051	14844000016
11701092908	11822005831	11822065587	11822312680	11822370680	11822545820	11822986510	11917005059	11917006071	11917007053	11917008383	11917009960	11917011816	11917014452	11917015751	11917016344	11917019183	13703010351	13703085050	15127000000
11701093001	11822005950	11822065595	11822312690	11822370670	11822546250	11822996650	11917005065	11917006078	11917007054	11917008790	11917009961	11917011817	11917014453	11917015761	11917016382	11917019429	13703010360	13703085071	15127001145
11701093002	11822005970	11822067095	11822312920	11822370680	11822546250	11877001126	11917005066	11917006104	11917007055	11917008868	11917009965	11917011828	11917014454	11917015772	11917016383	11917019675	13703010361	13703085081	

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

15630004674	16042001183	16784069303	16784070273	17922010075	19869000148	19869052952	19869053508	19869053698	19869054309	22319076211	23601000719	23601022871	23601087401	25715067169	28785031014	32252003026	32671000500	33332011710	35515095852
15630004675	16042001197	16784069313	16784070283	17922010273	19869000172	19869052953	19869053509	19869053699	19869054309	22319076220	23601000720	23601022900	23601087402	25715067223	28785031314	32252003033	32671000501	33332011711	35515095948
15630004676	16042001198	16784069323	16784070303	17922010280	19869000173	19869052954	19869053510	19869053700	19869054311	22319076290	23601000725	23601023100	23601087500	25715067401	28785033001	32252003034	32671000502	33332011810	35515096502
15630004677	16042001199	16784069333	16784070312	18029048147	19869000174	19869052955	19869053511	19869053701	19869054312	22319076501	23601000728	23601023200	23601087501	25715067767	28785040002	32252003051	32671000503	33332011811	35515096503
15630004678	16042001200	16784069342	16784070322	18029071001	19869000175	19869052956	19869053512	19869053702	19869054313	22319076520	23601000729	23601023300	23601087502	25715067990	28785040520	32252003066	32671000504	33332021920	35515096576
15630004684	16042001201	16784069352	16784070332	18029071002	19869000176	19869052957	19869053513	19869053703	19869054314	22319076551	23601000756	23601023400	23601087600	25715067820	28785050040	32252003067	32671000505	33332021921	35515096587
15630004931	16042001203	16784069403	16784070342	18029071003	19869000177	19869052958	19869053514	19869053704	19869054315	22319076561	23601000761	23601023572	23601087601	25715067825	28785050041	32252003068	32671000506	33332021920	35515096929
15630004992	16042001204	16784069413	16784070352	18029071004	19869000178	19869052959	19869053515	19869053705	19869054316	22319076571	23601000773	23601031013	23601087602	25715067830	28785050820	32252003069	32671000507	33332022021	35515096931
15630004993	16042001217	16784069423	16784070362	18029072001	19869000179	19869052960	19869053516	19869053706	19869054317	22319076590	23601000805	23601031217	23601087603	25715067856	28785050900	32252003070	32671000508	33332022120	35515096932
15630004994	16042001272	16784069433	16784070372	18029072003	19869000180	19869052961	19869053517	19869053707	19869054533	22319076819	23601001221	23601032001	23601087900	25715067977	28785050911	32252003071	32671000509	33332022121	35515096983
15630004995	16042001273	16784069443	16784070383	18029072006	19869000181	19869052962	19869053518	19869053708	19869054534	22319076820	23601001222	23601033600	23601087901	25715068352	28785050920	32252003072	32671000510	33332021701	35515097002
15630004996	16042001274	16784069453	16784070393	18029078078	19869000182	19869052963	19869053519	19869053709	19869054543	22319076830	23601001223	23601036021	23601087902	25715069642	28785050925	32252003073	32671000511	33332031702	35515098260
15630004997	16042001297	16784069463	16784070403	18029079032	19869000183	19869052964	19869053520	19869053710	19869054544	22319076990	23601001333	23601040350	23601088000	25715071091	28785050932	32252003074	32671000512	33332031801	35515098263
15630004609	16042001307	16784069637	16784070413	18029079044	19869000184	19869052965	19869053521	19869053711	19869054545	22383025896	23601001335	23601043010	23601088001	25715090703	28785050934	32252003075	32671000513	33332031802	35515099148
156300048601	16042001333	16784069483	16784070423	18029079046	19869000185	19869052966	19869053522	19869053712	19869054546	22383035713	23601002650	23601044010	23601088100	25715094991	28785050935	32252003076	32671000514	33332031901	35515099149
15630008275	16042001339	16784069493	16784070433	18029079061	19869000186	19869052967	19869053523	19869053713	19869054547	22600003002	23601002651	23601045010	23601088101	25715098000	28785050955	32252003077	32671000515	33332031902	35515099150
15630008311	16042001340	16784069503	16784070443	18029080004	19869000187	19869052968	19869053524	19869053816	19869054548	226000040512	23601005144	23601045011	23601088400	25866056494	28785050965	32252003081	32671000516	33332032001	35515099151
15630008380	16050400022	16784069513	16784070453	18029080019	19869000179	19869052969	19869053525	19869053817	19869054549	22600004706	23601005175	23601045050	23601088401	25866056504	28785050971	32252003086	32671000517	33332032002	35515099152
15630008435	16140002007	16784069523	16784070463	18029080020	19869000180	19869052970	19869053526	19869053818	19869054558	22600004812	23601007300	23601045280	23601088402	26704031825	28785050977	32252006577	32671000518	33332032101	35515099153
15630008436	16169000050	16784069533	16784070473	18029080022	19869050805	19869052971	19869053527	19869053819	19869054559	22600004912	23601007400	23601045290	23601088500	26704032389	28785060110	32252011410	32671000519	33332032102	35515099155
15630008437	16169070050	16784069543	16784070482	18029080030	19869052774	19869052972	19869053528	19869053821	19869054560	22600062031	23601007360	23601045300	23601088501	26704038758	28785060115	32252011440	32671000520	33332041710	35664000173
15630008438	16169080050	16784069553	16784070492	18029080030	19869052775	19869052973	19869053529	19869053822	19869054561	22600063432	23601007460	23601045310	23601088502	26704055130	28785060118	32252011518	32671000532	33332041711	35664000231
15630008439	16169090050	16784069563	16784070502	18029080031	19869052887	19869052974	19869053530	19869053823	19869054562	22600090054	23601007612	23601045320	23601088503	26704061313	28785060119	32252011548	32671000533	33332041810	35664000269
15630008440	16500054298	16784069573	16784070512	18029080093	19869052888	19869052975	19869053531	19869053824	19869054563	22600090125	23601007810	23601045330	23601088910	26740062654	28785060750	32252013010	32671000534	33332041811	35664000879
15630008441	16714002801	16784069583	16784070522	18029081032	19869052889	19869052976	19869053532	19869053825	19869054564	22600090127	23601008210	23601045340	23601088911	27437002401	28785060910	32252013580	32671000535	33332031802	35515099148
15630008442	16714002825	16784069593	16784070532	18029081046	19869052890	19869052977	19869053533	19869053848	19869054565	23185002241	23601008250	23601045350	23734001108	27437002501	28785060950	32252013680	32671000802	33332041911	35664001310
15630008443	16714009810	16784069603	16784070542	18029081047	19869052899	19869052978	19869053534	19869053849	19869054566	23185005605	23601008570	23601045360	23734002108	27437002601	28785060970	32252013780	32671000803	33332042010	35664001428
15630008500	16714009810	16784069613	16784070553	18029081054	19869052900	19869052979	19869053540	19869053850	19869054630	23185006103	23601009510	23601045370	23734005108	27437004301	28785060980	32252017250	32671000804	33332042110	35664001940
15630008861	16714009901	16784069623	16784070602	18029081055	19869052901	19869052980	19869053540	19869053851	19869054631	23185006903	23601009520	23601045380	23734011318	28465007017	28785061000	32252017260	32671000805	33332042110	35664002089
15630008862	16729014101	16784069633	16784070612	18029082117	19869052902	19869052981	19869053540	19869053852	19869054632	23185008150	23601009750	23601045390	23734014108	28465001222	28785061201	32252017270	32671000806	33332042111	35664010303
15630008863	16729014116	16784069643	16784070622	18029083010	19869052903	19869052982	19869053549	19869053853	19869054633	23185011420	23601009760	23601046020	23734014501	28465001222	28785061302	32252017280	32671000901	33413000045	35664010480
15630882755	16729014201	16784069653	16784070643	18029084134	19869052904	19869052983	19869053551	19869053854	19869055410	23185014301	23601009770	23601046050	23734015051	28465001340	28785061400	32252017290	32671000902	33413000119	35664010481
15718010340	16729014216	16784069663	16784070653	18029084135	19869052905	19869052984	19869053554	19869053855	19869055420	23185014404	23601011100	23601046550	23734017108	28465001350	28785061421	32252017300	32671000903	33413000644	35664010482
15832002001	16784013403	16784069673	16784080913	18029086011	19869052906	19869052985	19869053555	19869053856	19869055429	23185014505	23601011100	23601047000	23734018108	28465001452	28785061601	32252017310	32671010531	33413000646	35664010490
15832002004	16784013413	16784069683	16784080913	18029086012	19869052911	19869052986	19869053556	19869053857	19869055430	23185014515	23601011300	23601048070	23734019108	28465001455	28785070750	32252017320	32671010532	33413000800	35664010781
15832002006	16784013423	16784069693	16784080913	18029086013	19869052912	19869052987	19869053557	19869054062	19869055431	23323001122	23601011400	23601049000	23734020108	28465001456	28785073000	32252017400	32671010534	33413003650	35664010782
15832002008	16784013433	16784069703	16784080913	18029086014	19869052913	19869052988	19869053569	19869054077	19869055432	23558067320	23601011520	23601049021	24208042801	28465001458	28785080051	32252017410	32671010535	33413004650	35664010837
15912010311	16784013463	16784069713	16784089213	18122022039	19869052914	19869052989	19869053660	19869054078	19869055433	23558067321	23601012100	23601049040	24385024652	2846500450					

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

35664015001	36000001394	36000016178	36000019381	36000021912	36000037420	36000043362	36000051357	36000055033	36652030418	37000026003	37000050585	37000082752	38396000425	38396033070	38396044464	38415030021	38472036905	38472044316	38472058451
35664015002	36000001400	36000016179	36000019388	36000021913	36000037429	36000043366	36000051358	36000055034	36800011595	37000026006	37000051308	37000082753	38396000506	38396034264	38396044564	38415030026	38472036906	38472044320	38472058452
35664015003	36000001409	36000016184	36000019469	36000022077	36000037431	36000043365	36000051397	36000055083	36800033102	37000026008	37000060148	37000082754	38396000606	38396034364	38396044664	38415030028	38472037230	38472044321	38472058453
35664015006	36000001850	36000016185	36000019477	36000022078	36000038529	36000043587	36000051412	36000055344	36800033109	37000026010	37000064113	37000082787	38396000706	38396034464	38396044764	38415030030	38472037231	38472044322	38472058454
35664015011	36000001925	36000016186	36000019478	36000022079	36000038530	36000044522	36000051473	36000055345	36800033409	37000026221	37000064113	37000082826	38396000826	38396030516	38396044864	38415040028	38472037232	38472044323	38472058455
35664015089	36000002095	36000016204	36000019483	36000022080	36000038531	36000044527	36000052010	36000055346	36800033410	37000026223	37000064113	37000082826	38396000826	38396030102	38396035506	38396044902	38415042031	38472037233	38472044324
35664015090	36000002301	36000016256	36000019484	36000022081	36000038532	36000044530	36000052014	36000055380	36800033411	37000026224	37000064197	37000082826	38396000826	38396030114	38396036606	38396044964	38415042302	38472037649	38472044325
35664015091	36000002700	36000016283	36000019529	36000022082	36000038533	36000044531	36000052015	36000055381	36800036740	37000026229	37000072827	37000082827	38396030118	38396040102	38396045064	38415042310	38472037650	38472044326	38472058461
35664015109	36000002780	36000016285	36000019559	36000022083	36000038534	36000044532	36000052041	36000055382	36800036741	37000026230	37000072829	37000082827	38396030120	38396040108	38396045102	38415042401	38472037651	38472044327	38472058462
35664015112	36000003004	36000016289	36000019564	36000022084	36000038535	36000044541	36000052048	36000055383	36800036742	37000026231	37000072830	37000082827	38396030125	38396040202	38396045164	38415042402	38472037652	38472044331	38472058463
35664015122	36000003004	36000016290	36000019566	36000022085	36000038536	36000044542	36000052054	36000055384	36800036743	37000026242	37000072935	37000082824	38396030137	38396040208	38396045202	38415042501	38472037653	38472044332	38472058464
35664015132	36000003010	36000016293	36000019568	36000022086	36000039815	36000045143	36000052057	36000055385	36800036744	37000026245	37000072936	37000082825	38396030140	38396040218	38396045302	38415042510	38472037654	38472044333	38472058465
35664015134	36000003014	36000016367	36000019570	36000022087	36000040531	36000045150	36000052061	36000055386	36800036745	37000026246	37000072938	37000082826	38396030157	38396040302	38396045402	38415051001	38472037655	38472044334	38472058466
35664015135	36000003021	36000016368	36000019575	36000022088	36000040532	36000045151	36000052093	36000055393	36800036746	37000026247	37000072939	37000082826	38396030175	38396040308	38396045532	38415051002	38472037656	38472044335	38472058467
35664015203	36000003023	36000016371	36000019586	36000022120	36000040533	36000045801	36000052094	36000055394	36800040636	37000026249	37000072940	37000082825	38396030176	38396040318	38396047001	38415051208	38472039377	38472044336	38472060021
35664015212	36000003028	36000016372	36000019598	36000022121	36000040534	36000045808	36000052095	36000055395	37000000310	37000026251	37000072978	37000082826	38396030191	38396040325	38396047002	38415060001	38472039378	38472044337	38472060022
35664015215	36000003050	36000016373	36000019600	36000022300	36000040653	36000046753	36000052099	36000055396	37000000031	37000026257	37000072979	37000082826	38396030192	38396040408	38396047202	38472029000	38472039379	38472044341	38472060023
35664015260	36000003120	36000016374	36000019601	36000022302	36000040656	36000046778	36000052109	36000055403	37000000032	37000026338	37000081038	37000082826	38396030200	38396040425	38396050101	38472031400	38472039380	38472044342	38472060024
35664015271	36000003127	36000016386	36000019624	36000022303	36000040674	36000047478	36000052121	36000055404	37000000032	37000026483	37000081876	37000082826	38396030218	38396040508	38396050132	38472032200	38472039381	38472044343	38472060025
35664015272	36000003202	36000016388	36000019640	36000022304	36000040685	36000047915	36000052122	36000055405	37000000031	37000026583	37000081876	37000082826	38396030220	38396040518	38396050175	38472032500	38472040650	38472044344	38472060026
35664015402	36000003204	36000016389	36000019643	36000022309	36000040689	36000047919	36000052123	36000055406	37000000033	37000026584	37000081883	37000082827	38396030225	38396040525	38396050192	38472032800	38472040651	38472044345	38472060027
35664015410	36000003206	36000016390	36000019696	36000022321	36000040695	36000047920	36000052124	36000055501	37000000032	37000026585	37000081884	37000082824	38396030240	38396040608	38396050232	38472035640	38472040652	38472044346	38472060031
35664015481	36000003341	36000016790	36000019840	36000022321	36000040696	36000047926	36000052125	36000055502	37000000036	37000026586	37000081888	37000082826	38396030300	38396040618	38396050275	38472035641	38472040653	38472044347	38472060032
35664017221	36000003347	36000016792	36000019826	36000022312	36000040704	36000047930	36000052126	36000055503	37000000037	37000026587	37000081889	37000082826	38396030318	38396040625	38396050332	38472035642	38472040679	38472044348	38472060033
35664017222	36000003365	36000016793	36000020103	36000022109	36000040706	36000047932	36000052137	36000055506	37000000038	37000026590	37000081893	37000082826	38396030320	38396040708	38396050375	38472035643	38472040680	38472044349	38472060034
35664017223	36000003800	36000016794	36000020104	36000022581	36000040741	36000047933	36000052138	36000055700	37000000034	37000027940	37000081894	37000082826	38396030325	38396040718	38396050432	38472035644	38472040681	38472044350	38472060035
35664019229	36000003900	36000016814	36000022100	36000022581	36000040754	36000048758	36000052147	36000055701	37000000033	37000027941	37000081898	37000082826	38396030340	38396040725	38396051075	38472035645	38472040701	38472044351	38472060036
35664019270	36000004001	36000016907	36000022101	36000022916	36000040764	36000048679	36000052173	36000055702	37000000037	37000027952	37000081899	37000082826	38396030418	38396040801	38396052175	38472035646	38472040702	38472044352	38472060037
35664019377	36000004008	36000016916	36000022102	36000022916	36000040765	36000049693	36000052182	36000055703	37000000040	37000027953	37000081899	37000082826	38396030420	38396040802	38396052275	38472035647	38472040703	38472044353	38472060038
35664019378	36000010544	36000018339	36000022103	36000030495	36000040767	36000050060	36000052214	36000055704	37000000034	37000027959	37000081941	37000082826	38396030500	38396040803	38396054764	38472035648	38472040705	38472044354	38472060039
35664019380	36000011067	36000018342	36000022104	36000030522	36000040798	36000050061	36000052234	36000055705	37000000036	37000028052	37000081945	37000082826	38396030505	38396040804	38396060118	38472035649	38472040706	38472044355	38472060040
35664019403	36000011407	36000018345	36000022105	36000030528	36000040799	36000050062	36000052237	36000055706	37000000039	37000028066	37000081946	37000082826	38396030514	38396040805	38396062102	38472035650	38472040713	38472044356	38472060044
35664019404	36000011464	36000018885	36000022106	36000030529	36000040808	36000050063	36000052241	36000062240	37000000548	37000028068	37000081950	37000082826	38396030520	38396040806	38396062103	38472035651	38472040714	38472044357	38472060045
35664019407	36000011465	36000018886	36000022107	36000030562	36000040809	36000050064	36000052242	36000062340	37000000654	37000028081	37000081951	37000082826	38396030522	38396040807	38396070118	38472035652	38472040715	38472044358	38472060046
35664019423	36000011467	36000018890	36000022108	36000030564	36000040813	36000050065	36000052243	36000070034	37000000658	37000028084	37000081955	37000082826	38396030525	38396040808	38396070218	38472035653	38472040716	38472044359	38472060050
35664019619	36000011956	36000018898	36000022109	36000030569	36000040814	36000050066	36000052244	36000070038	37000000622	37000028103	37000081956	37000082826	38396030537	38396040818	38396070237	38472035654	38472040720	38472044360	38472060054
35664021465	36000011957	36000018839	36000022110	36000030570	36000040815	36000050073	36000052245	36000070080	37000000664	37000028516	37000081962	37000082826	38396030540	38396040825	38396070264	38472035651	38472040721	38472044361	38472060055
35664021466	36000011958	36000018840	36000022111	36000030571	36000040816	36000050074	36000052246												

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

38472079314	38472079948	38703000281	38703002350	38703006090	38703008472	38779633902	38779674602	38779707001	38779733402	3877955301	38779782404	38779814801	38779870601	38779945011	38779990903	40565012059	41163041860	41163049734	41333062787
38472079316	38472079949	38703000415	38703002362	38703006150	38703008474	38779634002	38779674701	38779708002	38779733502	3877955302	38779782404	38779814802	38779870602	38779945011	38779990903	40565012061	41163042246	41163049736	41333062987
38472079317	38472079950	38703000420	38703002363	38703006270	38703008475	38779634002	38779674702	38779708002	38779733501	3877955301	38779782501	38779814803	38779870604	38779945201	40093010361	40565012262	41163042509	41163049737	41333063187
38472079317	38472079950	38703000421	38703002365	38703006350	38703008478	38779634101	38779674801	38779708101	38779733502	3877955302	38779782502	38779814804	38779871902	38779945300	40093010440	40565012263	41163042511	41163049738	41333063287
38472079323	38472079959	38703000423	38703002372	38703006370	38703008479	38779634102	38779674802	38779709041	38779733503	3877955303	38779782503	38779814804	38779876501	38779945301	40337000055	40565012264	41163042516	41163049739	41333063387
38472079325	38472079961	38703000424	38703002373	38703006950	38703008480	38779634201	38779674901	38779709501	38779733601	3877955301	38779782504	38779814804	38779877001	38779945402	40337000056	40565012274	41163042693	41163049783	41333063487
38472079326	38472079962	38703000425	38703002374	38703007200	38703008481	38779634202	38779674902	38779709601	38779733602	3877955302	38779782601	38779814903	38779877503	38779945403	40337000058	40565012275	41163042696	41163049784	41405130301
38472079327	38472079963	38703000426	38703002415	38703007250	38703008482	38779634301	38779675001	38779709701	38779733603	3877955303	38779782602	38779815001	38779878101	38779945404	40337000077	40565012276	41163042697	41163049785	41405130310
38472079328	38472080008	38703000427	38703002418	38703007550	38703008484	38779634302	38779675002	38779709801	38779733604	3877955304	38779782603	38779815002	38779892002	38779945405	40337000155	40565012467	41163043243	41163049786	41405130801
38472079329	38472080009	38703000433	38703002419	38703007610	38703009184	38779634401	38779675101	38779710601	38779733605	3877955305	38779782604	38779815003	38779892003	38779945503	40337000155	40565012468	41163043246	41163049787	41405130810
38472079330	38472080010	38703000436	38703002430	38703007710	38703009186	38779634402	38779675102	38779710602	38779733606	3877955306	38779782701	38779815003	38779892004	38779945505	40337000156	40565012469	41163043418	41163049802	41405131801
38472079381	38472080011	38703000437	38703002464	38703007810	38703009205	38779634501	38779675201	38779710703	38779733502	3877955302	38779782702	38779815002	38779892005	38779945506	40337000159	40565012476	41163044211	41163049816	41405131810
38472079382	38472080028	38703000438	38703002468	38703007910	38703009205	38779634502	38779675202	38779710704	38779733502	3877955302	38779782703	38779815003	38779892006	38779945506	40337000160	40565012477	41163044211	41163049817	41405131810
38472079383	38472080029	38703000445	38703002570	38703007920	38703009316	38779634601	38779675301	38779710705	38779733503	3877955303	38779782704	38779815003	38779892007	38779945603	40337000161	40565012478	41163044283	41163049818	41405133010
38472079384	38472080030	38703000450	38703002630	38703007970	38703009323	38779634602	38779675302	38779710802	38779733601	3877955301	38779782801	38779815002	38779892008	38779945604	40337000162	41163023022	41163044284	41163049850	41405133080
38472079396	38472080031	38703000459	38703002690	38703008000	38779574201	38779636301	38779675401	38779710803	38779733602	3877955302	38779782802	38779815203	38779892009	38779945605	40337000164	41163023051	41163044378	41163049818	41405133080
38472079404	38481000169	38703000500	38703002700	38703008020	38779574301	38779641001	38779675501	38779710804	38779733700	3877955301	38779782802	38779815301	38779892010	38779945605	40337000165	41163023053	41163044379	41163049805	41405133180
38472079407	38481011005	38703000502	38703002702	38703008030	38779574401	38779641002	38779675502	38779710805	38779733701	3877955302	38779782804	38779815302	38779892011	38779945705	40337000174	41163023057	41163044407	41163049817	41405133180
38472079415	38481030103	38703000523	38703002703	38703008040	38779574501	38779641003	38779675601	38779710901	38779733702	3877955303	38779782901	38779815303	38779892012	38779945707	40337000177	41163023061	41163044416	41163049817	41405133180
38472079528	38481030201	38703000540	38703002704	38703008050	38779576901	38779642001	38779676401	38779711501	38779733702	3877955304	38779782902	38779815303	38779892013	38779945803	40337000255	41163023083	41163044460	41163049817	41405133010
38472079529	38488000101	38703000550	38703003000	38703008333	38779577001	38779642002	38779676501	38779711503	38779733702	3877955304	38779782903	38779815403	38779892014	38779945804	40337000256	41163023085	41163045024	41163049817	41405133080
38472079540	38673000008	38703000558	38703003110	38703008800	38779577101	38779642003	38779676602	38779711603	38779733702	3877955305	38779782904	38779815403	38779892015	38779945805	40337000277	41163023205	41163045025	41163049817	41405133080
38472079541	38673000009	38703000559	38703003210	38703009010	38779577201	38779644201	38779676802	38779711801	38779733703	3877955306	38779782905	38779815501	38779892016	38779945806	40337000355	41163023210	41163045829	41163049817	41405133080
38472079542	38673000019	38703000560	38703003252	38703009100	38779578301	38779645001	38779676902	38779713401	38779733703	3877955307	38779782906	38779815502	38779892017	38779945807	40337000356	41163023214	41163045830	41163049817	41405133080
38472079543	38673000021	38703000565	38703003253	38703009202	38779578101	38779646001	38779677003	38779713501	38779733704	3877955308	38779782907	38779815503	38779892018	38779945901	40337000358	41163023314	41163046512	41163049817	41405133080
38472079544	38673000048	38703000644	38703003254	38703009502	38779578201	38779646702	38779677102	38779713601	38779733704	3877955309	38779782908	38779815901	38779892019	38779945904	40337000377	41163023342	41163046513	41163049817	41405133080
38472079545	38673000102	38703000646	38703003255	38703009503	38779578301	38779647901	38779677201	38779713701	38779733705	3877955310	38779782909	38779815902	38779892020	38779946004	40337000480	41163023343	41163046749	41163049817	41405133080
38472079546	38673001060	38703000661	38703003261	38703009504	38779580301	38779648001	38779677202	38779715101	38779733706	3877955311	38779782910	38779815903	38779892021	38779946005	40337000481	41163023344	41163046817	41163049817	41405133080
38472079547	38673001083	38703000671	38703003265	38703009509	38779580302	38779648101	38779677203	38779715102	38779733707	3877955312	38779782911	38779815904	38779892022	38779946006	40337000482	41163023343	41163046818	41163049817	41405133080
38472079550	38673001085	38703000807	38703003269	38703010000	38779580801	38779648201	38779677301	38779718101	38779733707	3877955313	38779782912	38779815904	38779892023	38779946007	40337000483	41163023344	41163047078	41163049817	41405133080
38472079551	38673001091	38703000901	38703003310	38703010020	38779580901	38779650301	38779677302	38779718501	38779733708	3877955314	38779782913	38779815905	38779892024	38779946104	40337000484	41163023425	41163047155	41163049817	41405133080
38472079592	38673001092	38703000915	38703003340	38703010030	38779591001	38779650401	38779677303	38779719301	38779733708	3877955315	38779782914	38779815906	38779892025	38779946105	40337000490	41163023426	41163047413	41163049817	41405133080
38472079593	38673001093	38703000939	38703003463	38703010040	38779591101	38779650501	38779677402	38779720601	38779733709	3877955316	38779782915	38779815907	38779892026	38779946106	40337000491	41163023706	41163047533	41163049817	41405133080
38472079594	38673001094	38703000951	38703003465	38703010050	38779594901	38779650601	38779677502	38779720703	38779733801	3877955317	38779782916	38779815908	38779892027	38779946204	40337000492	41163023811	41163048847	41163049817	41405133080
38472079595	38673001095	38703000952	38703003515	38703010070	38779594902	38779650701	38779677601	38779721602	38779733801	3877955318	38779782917	38779815909	38779892028	38779946301	40337000493	41163024460	41163048905	41163049817	41405133080
38472079604	38673001097	38703000958	38703003525	38703010080	38779595001	38779650801	38779677702	38779721603	38779733802	3877955319	38779782918	38779815910	38779892029	38779946302	40337000494	41163024462	41163048927	41163049817	41405133080
38472079605	38673001100	38703001000	38703003530	38703010100	38779595002	38779650901	38779677802	38779721604	38779733803	3877955320	38779782919	38779815911	38779892030	38779946303	40337000500	41163024463	41163048931	41163049817	41405133080
38472079616	38673001140	38703001030	38703003538	38703010110	38779595101	38779651001	38779677902	38779721605	38779733804	3877955321	38779782920	38779815912	38779892031	38779946304	40337000502	41163024464	41163048935	41163049817	41405133080
38472079617																			

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

50002086033	50419042401	50428032937	50428043940	50428165902	50428489366	50486008257	50632000759	51079074920	51131020369	51144000580	51927922000	52569013645	53483000807	53885099425	55283079600	56151172101	57513000603	57515009545	57599033901
50002086035	50428000769	50428033023	50428044193	50428176753	50428512956	50486008258	50632000760	51079092110	51131020370	51285020401	51927922990	52569013646	53483000814	54288109941	55283080000	56151172101	57513000604	57515009553	57599034001
50002086036	50428001771	50428033343	50428044394	50428176758	50428513608	50486008259	50632000761	51079092120	51131020381	51285078603	51927948000	52569013647	53483000500	54569145000	55283080400	56151172201	57513000605	57515009562	57599034304
50002086037	50428001772	50428033741	50428044453	50428186739	50428513672	50486008270	50632000762	51079092210	51131020391	51292000051	51927950200	52569013649	53483000502	54569158800	55283081100	56151172301	57513000606	57515009563	57599035101
50002086038	50428002097	50428033826	50428044528	50428186748	50428513685	50486008271	50632001001	51079092220	51131020396	51407008051	51927980900	52569013778	53483000503	54569229400	55283084901	56151173101	57513000607	57515009565	57599052001
50002086039	50428004449	50428033890	50428044593	50428193592	50428693867	50486008273	50632001001	51190002025	51131020401	51407008601	51927986100	52569013779	53483000505	54569250500	55283084903	56151173201	57513000608	57515009583	57599055201
50002086040	50428005683	50428033963	50428044564	50428201913	50428694965	50486008274	50632000300	51131000014	51131020812	51407008605	51927963602	52569013881	53483000506	54569263000	55283084905	56151173301	57513000609	57515009585	57599055101
50002086041	50428007741	50428034019	50428044582	50428203643	50428702514	50486008276	50716000524	51131000015	51131020814	51552034402	52181039103	52569013884	53483000509	54569387500	55283084907	56151195002	57513000610	57515017239	57599045001
50002086042	50428008199	50428034176	50428044595	50428203644	50428708884	50486008284	50716000526	51131000016	51131020815	51552035001	52181039302	52747051501	53599000019	54569392700	55283084909	56151210001	57513000611	57515017319	57599048001
50002086043	50428008592	50428034263	50428046109	50428207103	50428711508	50486008292	50716000544	51131000020	51131021000	51552035002	52181050812	52817060138	53599000107	54569405500	55283085000	56151210101	57513000612	57515017339	57599080301
50002086044	50428025044	50428034355	50428046276	50428207686	50428714506	50486008296	50716000729	51131000021	51131021002	51552042601	52181051514	52982000600	53885006101	54569405600	55283085100	56151210201	57513000613	57515017359	57599089001
50002086045	50428025183	50428034618	50428046378	50428207690	50428729759	50486008299	50803000218	51131000022	51131021140	51552063701	52308010602	52982000604	53885000611	54569411000	55283086501	56151210301	57513000614	57515017419	57599104104
50002086046	50428025522	50428034714	50428046436	50428209995	50428741730	50486008321	50868002025	51131000023	51131021205	51552063703	52308010704	52982000615	53885000612	54569434400	55283086502	56151210401	57513000627	57515017439	57599104205
50002086047	50428025526	50428034740	50428046735	50428210000	50428741738	50486008322	50924004301	51131001594	51131021509	51552105102	52308010806	53100001313	53885000613	54569481200	55200001007	56151211001	57513000628	57515017459	57599150201
50002086048	50428025544	50428034744	50428046941	50428211344	50428790289	50486008323	50924007920	51131008295	51131021577	51552117901	52308011566	53100003118	53885000614	54569496900	55200001008	56151211101	57513000629	57515018218	57599157701
50002086049	50428025609	50428034792	50428046962	50428211938	50428803211	50486008324	50924010310	51131008811	51131026555	51552117902	52308012598	53100004220	53885000810	54569562900	55200001009	56151211201	57513000630	57515018258	57599157904
50002086050	50428025691	50428035064	50428047377	50428212266	50428803024	50486008341	50924010910	51131018413	51131026660	51552118601	52308012630	53303000018	53885001110	54569518700	55200001010	56151211301	57513000631	57515019219	57599157501
50002086051	50428026012	50428035127	50428048361	50428212654	50428830473	50486008342	50924014510	51131019187	51131026661	51709002760	52308013044	53303000019	53885004401	54569526900	55200001111	56151211401	57513000633	57515019259	57599157301
50002086052	50428026075	50428035160	50428049095	50428212753	50428830476	50486008343	50924014630	51131019362	51131026692	51709000760	52308013103	53303000020	53885004501	54569531100	55200001112	56153000801	57513000634	57515019315	57599174002
50003027100	50428026559	50428035248	50428049791	50428216515	50428830963	50486008345	50924015210	51131019396	51131026304	51774097590	52308013426	53303000021	53885004601	54569534800	55200001115	56153000802	57513000635	57515019335	575991740105
50027049400	50428026608	50428035368	50428049917	50428217083	50428830970	50486009704	50924021807	51131019677	51131026206	51774097593	52308013435	53303000601	53885004610	54569548600	55200001116	56153000803	57513000636	57515019355	575991741102
50027049401	50428026675	50428035385	50428051703	50428235157	50428834806	50486009705	50924024748	51131019773	51131026209	51862027101	52308020290	53303007010	53885004701	54569556700	55200001127	56153000805	57513000637	57515025110	57599744301
50027049402	50428026679	50428035499	50428051790	50428235501	50428833681	50486009706	50924040460	51131019804	51131026413	51862027105	52308026318	53303007080	53885006150	54569557500	55200001128	56153000807	57513000638	57515025158	57599754204
50027049403	50428026937	50428035622	50428052252	50428233502	50428833682	50632000700	50924045001	51131019805	51131026414	51862027201	52308040835	53303010101	53885013610	54569557800	55200001136	56153000808	57513000639	57515044000	57599754305
50027049404	50428027051	50428036079	50428052685	50428241538	50428842938	50632000701	50924046706	51131019810	51131026415	51862027205	52308040905	53303014040	53885013920	54569562900	55200001150	56153000809	57513000640	57515044001	57599832801
50027049405	50428027053	50428036138	50428053253	50428242743	50428842939	50632000702	50924047701	51131019815	51131026419	51862027301	52308042039	53303014060	53885014020	54569563000	55200001151	56153000810	57513000641	57515063000	57599833501
50027049406	50428027356	50428036307	50428053560	50428251591	50428846387	50632000703	50924050401	51131019822	51131026420	51862027305	52308042049	53303014220	53885014110	54569568700	55200001152	56153000811	57513000642	57515063001	57599833601
50027049407	50428027470	50428036331	50428054144	50428258150	50428846388	50632000704	50924051310	51131019823	51131026424	51862027401	52308042202	53303014240	53885014201	54569570300	55200001153	56153000812	57513000643	57515063002	57599833601
50027049408	50428027642	50428036570	50428054214	50428263761	50428851563	50632000705	50924051510	51131019834	51131026425	51862027405	52308042002	53303014260	53885014301	54569598900	56091002435	56153000813	57513000647	57515063003	57599834501
50027049409	50428027661	50428036807	50428054587	50428265293	50428862232	50632000706	50924058510	51131019835	51131026434	51862090001	52308070606	53303014340	53885019401	54569608200	56091006931	56153000814	57513000648	57515063004	57599834601
50027049410	50428027662	50428037276	50428054607	50428268428	50428864471	50632000707	50924074310	51131019837	51131026435	51862090005	52308072010	53303014360	53885020801	54569612300	56091006993	56153000815	57513000649	57515063005	57599834701
50027049411	50428027692	50428037300	50428054726	50428268431	50428875727	50632000708	50924082810	51131019838	51131026528	51862090101	52308084500	53329045140	53885021101	54569623201	56151014101	56153000816	57513000650	57515063006	57599834801
50027049412	50428028129	50428037348	50428054928	50428268432	50428875733	50632000709	50924088401	51131019845	51131026624	51862090105	52422010050	53329045142	53885024450	54569623500	56151014201	56153000821	57513000651	57515063007	57599834901
50027049413	50428028145	50428037496	50428055096	50428271237	50428875746	50632000710	50924095120	51131019855	51131026626	51862090201	52422020025	53329056440	53885024510	54569624800	56151014260	56153000822	57513000652	57515063008	57599835001
50081000300	50428028264	50428037633	50428055114	50428276878	50428875747	50632000711	50924097110	51131020049	51131026688	51862090205	52422020050	53329056442	53885026701	54569638600	56151014401	56153000823	57513000653	57515063014	57599836201
50081000301	50428028309	50428037827	50428055604	50428278382	50428875952	50632000712	50924098110	51131020050	51131026675	51862090301	52422031601	53349000799	53885027025	54569644000	56151014402	56153000824	57515002543	57515071000	57599836206
50081000302	50428028392	50428037999	50428055844	50428289058	50428881227	50632000714	50924098850	51131020055	51131026677	51862090305	52422032401	53459000071	53885027101	54569644001	56151014701	56153000825	57515002563	57515071001	57599837101
50081000321	50428028595	50428038245	50428058468	50428298718	50428890257	50632000715	50924099026	51131020059	51131026685	51927807840	52422033401	53459000072	53885027150	54569653800	5615101480				

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

57629000420	58160097606	59519000222	60687042611	63323000130	65702071110	65781310610	67457038158	68455010186	68455010328	68455010422	68455010575	68455010656	68455011170	68455011488	68702062718	69809013005	70074054234	70074055661	70319002190
57629000421	58160097607	59627000043	60687042612	63323000131	65702071110	65781310610	67457040913	68455010187	68455010329	68455010423	68455010576	68455010657	68455011171	68455011489	68702062900	69809013505	70074054236	70074055663	70319002192
57628401188	58284010120	59676058005	60687054801	63323011102	65702071310	65781324010	67457040103	68455010188	68455010330	68455010425	68455010580	68455010658	68455011172	68455011535	68702063200	69837021002	70074054350	70074055665	70319002195
57664024188	58790000415	59676058015	60687054811	63323021003	65702071910	65781339610	67457088700	68455010189	68455010331	68455010433	68455010581	68455010659	68455011173	68455011572	68702063201	69938015111	70074054351	70074055667	70319002305
57664034588	58869011105	59707000100	60913000101	63323027205	65702072100	65781410610	67457088701	68455010190	68455010332	68455010434	68455010582	68455010660	68455011174	68455011717	68702063202	69967000201	70074054546	70074055669	70319002306
57664034713	59009000400	59707000101	60913000201	63323041003	65702072910	65781418110	67457088799	68455010191	68455010333	68455010437	68455010583	68455010661	68455011175	68455011733	68702063203	70000011201	70074054547	70074055671	70319002307
57664034788	59009000401	59707000102	60913000301	63323046901	65702073110	65781418210	67777012113	68455010192	68455010334	68455010438	68455010584	68455010662	68455011176	68455011812	68702063204	70030012854	70074054548	70074055673	70319002314
57825000051	59009000402	59707000103	60913000601	63323046905	65757030001	65781424010	67777012114	68455010194	68455010335	68455010439	68455010585	68455010663	68455011178	68455011825	68702063601	70030012855	70074054549	70074055675	70319002603
57845000061	59009000403	59707000104	60913000701	63323047101	65757040101	65781439602	67777012116	68455010195	68455010336	68455010440	68455010586	68455010664	68455011179	68455012391	68702063800	70030012856	70074054550	70074055677	70319002604
57879000308	59009000404	59707000105	60913000801	63323047105	65757040103	65781500610	68016021601	68455010196	68455010337	68455010441	68455010587	68455010665	68455011189	68455012392	68702064601	70030013488	70074054551	70074055679	70319002605
57879000361	59009000405	59707000106	60913000901	63323047141	65757040201	65781518210	68016023400	68455010197	68455010338	68455010442	68455010588	68455010666	68455011191	68455012393	68702064602	70030013489	70074054552	70074055681	70319002606
57879000362	59009000406	59707000107	60913001702	63323051102	65757040203	65781524010	68016023700	68455010198	68455010339	68455010443	68455010589	68455010671	68455011194	68455012394	68702064603	70030051167	70074054553	70074055683	70319002607
57950000600	59009000407	59707000108	60913001802	63323051103	65757040301	65781618210	68016029728	68455010199	68455010340	68455010444	68455010590	68455010689	68455011195	68455012395	68702066100	70030062392	70074054736	70074055685	70319002620
58160081001	59009000408	59707000110	61058002582	63323090390	65757040303	65781718210	68016030554	68455010200	68455010341	68455010445	68455010591	68455010690	68455011198	68455012396	68702066150	70030062393	70074054737	70074055687	70319002624
58160081011	59009000409	59707000112	61058002591	63323090490	65757040401	65781718310	68016030728	68455010201	68455010342	68455010446	68455010592	68455010694	68455011199	68455012397	68702067200	70030062394	70074054738	70074055689	70319002627
58160081043	59009000410	59707000119	61058002537	63323090590	65757040403	65781818210	68016031000	68455010202	68455010343	68455010447	68455010593	68455010695	68455011198	68455012398	68702067250	70069003003	70074054739	70074055691	70319002628
58160081052	59009000411	59707000120	61058002532	63323090690	65757050003	65781818410	68016073800	68455010203	68455010344	68455010448	68455010594	68455010696	68455011203	68455012692	68702067300	70069003105	70074054833	70074055693	70319002629
58160081143	59009000413	59707000125	61058025314	63323090790	65781000610	65845001801	68016073854	68455010204	68455010345	68455010449	68455010595	68455010702	68455011206	68455012758	68702067320	70069038110	70074054835	70074055695	70319002634
58160081152	59009000414	59707000130	61058025382	63323090890	65781005210	65862084401	68016090728	68455010205	68455010346	68455010450	68455010596	68455010703	68455011207	68455012759	68702067330	70069038310	70074054837	70074055697	70319002635
58160081201	59009000415	59707000150	61058025443	63323090990	65781009050	65862084501	68071133904	68455010206	68455010347	68455010451	68455010597	68455010707	68455011208	68455012760	68702067340	70069038405	70074054839	70074055699	70319002648
58160081211	59009000416	59707000152	61058028333	63347017001	65781009060	65862084601	68093000735	68455010207	68455010348	68455010452	68455010598	68455010708	68455011209	68455013017	68702067350	70074000083	70074054841	70074055701	70319002650
58160081243	59009000417	59707000155	61058028334	63361024310	65781009070	65862084605	68093000745	68455010208	68455010349	68455010453	68455010599	68455010709	68455011210	68455013024	68702067400	70074000152	70074054843	70074055703	70319002659
58160081252	59009000420	59707000156	61058028335	63361024315	65781009080	65862084701	68093000746	68455010209	68455010350	68455010454	68455010600	68455010710	68455011211	68455013025	68702067501	70074000153	70074054972	70074055705	70319002659
58160081505	59009000421	59707000165	61058028339	63361024358	65781012410	65973000142	68093000747	68455010210	68455010351	68455010477	68455010601	68455010711	68455011212	68455013319	68702067720	70074000154	70074054976	70074055707	70319002675
58160081534	59009000422	59707000166	61058028340	63361024384	65781012411	66004005501	68093000748	68455010211	68455010352	68455010482	68455010602	68455010712	68455011213	68455013320	68702067740	70074000155	70074055041	70074055710	70319002677
58160081543	59009000423	59707000167	61058028341	63517060001	65781012421	66004012104	68093000749	68455010212	68455010353	68455010483	68455010603	68455010713	68455011214	68455013917	68702067750	70074000156	70074055238	70074055712	70319002679
58160081552	59008807690	59707000171	61121000006	63629235901	65781014211	66004012205	68093000744	68455010213	68455010354	68455010484	68455010604	68455010714	68455011215	68599857710	68702067828	70074000159	70074055260	70074055714	70319002681
58160081811	59148001870	59707000172	61121000008	63629236001	65781014221	66004048718	68093000751	68455010214	68455010355	68455010486	68455010605	68455010715	68455011216	68599857810	68702067829	70074000227	70074055278	70074055716	70319002682
58160081912	59148001871	59707000173	61121000009	63629236101	65781014231	66004085004	68093000752	68455010215	68455010356	68455010487	68455010606	68455010716	68455011217	68702000350	68702067834	70074000228	70074055280	70074055718	70319002684
58160082043	59148001970	59707000174	61872645302	63629236201	65781014301	66004085105	68113011401	68455010216	68455010357	68455010488	68455010607	68455010717	68455011218	68702000352	68702067835	70074040086	70074055282	70074055720	70319002685
58160082052	59148001971	59707000175	61872645302	63629236301	65781014311	66004097309	68113099601	68455010217	68455010358	68455010489	68455010608	68455010718	68455011219	68702000353	68702067837	70074050072	70074055288	70074055722	70319002686
58160082101	59148004580	59779032304	61924025223	63736099202	65781014321	66004602801	68196893001	68455010218	68455010359	68455010490	68455010609	68455010719	68455011220	68702000355	68702067838	70074050080	70074055294	70074055724	70319002687
58160082111	59148007280	60000052850	61924025234	63851050102	65781014331	66004602909	68196893101	68455010219	68455010360	68455010491	68455010610	68455010730	68455011221	68702000357	68702067839	70074050082	70074055298	70074055726	70319002691
58160082143	59188000631	60000052851	61924025244	63868098903	65781014351	66004603004	68196893201	68455010220	68455010361	68455010492	68455010611	68455010731	68455011318	68702000361	68702067841	70074050090	70074055304	70074055891	70319002693
58160082151	59188000632	60000052852	61924025254	63943000012	65781021010	66004603105	68196893301	68455010221	68455010362	68455010493	68455010612	68455010732	68455011319	68702000365	68702068115	70074050092	70074055317	70074055842	70319002694
58160082152	59188000633	60000052853	61924025266	64011024301	65781021110	66004987401	68455010139	68455010222	68455010363	68455010496	68455010613	68455010761	68455011320	68702000366	68702068116	70074050100	70074055319	70074055942	70319002695
58160082311	59188000634	60000052854	61924025276	64011024702	65781021205	66019030401	68455010140	68455010236	68455010364	68455010497	68455010614	68455010762	68455011321	68702000367	68702068117	70074050102	70074055362	70319002020	70319002760
58160082501	59188000635	60000052855	61924027804	64011030103	65781021305	66019030410	68455010141	68455010237	68455010365	68455010498	68455010615	68455010766	68455011322	68702000368	687020				

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

70319003106	70461000211	70914003901	72217000902	73796026635	74676060111	76300031221	76300070501	76420070601	78742014625	80777027310	81131031171	82607053932	83490044080	84521001770	84521015678	84527000681	86227002210	86227099005	87701040366
70319003111	70461000211	70914004000	72217000400	73796026652	74676060121	76300031222	76300070601	76420070725	78742023460	80777027315	81131031172	82607054105	83490044081	84521001770	84521015685	84527001501	86227002310	86227099015	87701040367
70319003201	70461001803	70914004001	72217004002	73796026710	74676060131	76300031512	76300070701	76420070920	78742023461	80777027398	81131031173	82607054106	83490047004	84521001893	84521015692	84527001502	86227003011	86227099025	87701040368
70319003209	70461001804	70914004200	72217004003	73796026725	74676060141	76300031612	76300071511	76420070925	78742025657	80777027399	81131031174	82607055611	83490047005	84521001923	84521015708	84527002500	86227010105	86227099035	87701040376
70319003210	70461001903	71399202202	72217004004	73796026735	74676060111	76300031712	76300071512	76660000465	78742025659	81131000251	81131031175	82607055612	83490047006	84521002064	84521015715	84527002250	86227011155	86227099045	87701040377
70319003211	70461001904	71399202201	72217004005	73796026742	74676061539	76300031812	76300071513	76660000866	78742025661	81131001544	81131031176	82607055613	83490051001	84521002132	84521015722	84527002252	86227012105	86227099055	87701040381
70319003212	70461002003	71399202091	72217004006	73796026745	74676061549	76300032012	76300071514	76660030002	78742025663	81131001556	81131031177	82607055614	83490051002	84521002156	84521015739	84527002253	86227012155	86227099015	87701040386
70319003213	70461002004	71399202003	72217004007	73796026760	74676061569	76300032112	76300072211	76660074064	78742025665	81131002313	81131031178	82607055615	83490051003	84521002207	84521016687	84527002254	86227012205	86227099115	87701040463
70319003214	70461012002	71399968601	72217004008	73796026761	74676062011	76300032412	76300072212	76665070071	78742025671	81131002445	81131031179	82607055622	83490051023	84521002460	84521016693	85380005264	86227012605	86227099125	87701040505
70319003220	70461012003	71483013004	72217004009	73796026785	74676062021	76300032512	76300072213	77890125893	78742025679	81131002449	81131038679	82607055623	83490051035	84521002692	84521016698	85467010190	86227013055	86679041536	87701040506
70319003221	70461012004	71483013005	72217004010	73796026786	74676062111	76300032610	76300072214	77890012586	78742025770	81131002642	81131038680	82607055631	83490051037	84521002695	84521016709	85467010420	86227013085	86679041537	87701040507
70319003222	70461012010	71483013006	72217004011	73796027104	74676062351	76300033210	76300072215	77890012597	78742025771	81131002643	81131038681	82607055715	83490051039	84521002736	84521019928	85467010500	86227018015	86679041538	87701040508
70319003223	70461012011	71483014002	72217004012	73796027424	74676062712	76300036524	76300072216	77890016853	78742025772	81131002644	81131066652	82607055716	83490068702	84521004181	84521019935	85467010670	86227018155	86679041539	87701040509
70319003229	70461012012	71483014003	72217004013	73796027604	74676063150	76300036624	76300072217	77890016862	78742025773	81131002709	81131066652	82607055729	83490068705	84521005848	84521023970	85467010690	86227018525	86679041540	87701040510
70319003230	70461012103	71483014007	72217004014	73796027854	74676063370	76300036810	76300072218	77890016867	78742025774	81131002710	81131073156	82607055732	83490068722	84521005855	84521023987	85467010940	86227019015	86679041541	87701040519
70319003231	70461012104	71483014008	72217004015	73796030263	74676063410	76300036910	76300072219	77890016879	78742025775	81131002716	81131076907	82607055811	83490078006	84521005856	84521023994	85467013022	86227021155	86679041542	87701040520
70319003232	70461020101	71483014009	72275015104	73796032102	74676064111	76300037010	76300072220	77890016891	78742026442	81131002717	81131068648	82607055812	83490078012	84521005872	84521024007	85467013024	86227021155	86679041543	87701040524
70319003233	70461020111	71483014010	72287041504	73796033026	74676064130	76300037110	76300072231	77890016900	78742033365	81131003414	81131068647	82607055813	83490078013	84521005891	84521024014	85467013162	86227021685	86679041544	87701040574
70319003234	70461030110	71483014138	72380000000	73796033031	74676064140	76300037205	76300072312	77890016903	78742039269	81131003415	81131068648	82607055814	83490085001	84521005893	84521024479	85467013164	86227021755	86679041545	87701040655
70319003240	70461030112	71483014148	72380000000	73796033514	74676064311	76300037310	76300072313	77890016906	78742039281	81131003416	81131086502	82607055815	83490085003	84521005933	84521024489	85467013192	86227022015	86679041546	87701040656
70319003241	70461031803	71483014158	72380018303	73796039000	74676064321	76300037405	76300072314	77890016907	79573000916	81131003417	81131086503	82891021005	83490086001	84521005934	84521024496	85467013194	86227022155	86679041547	87701040682
70319003242	70461031804	71691076226	72678000101	73796039150	74676064411	76300037710	76300072315	77890016909	79573001115	81131004088	81131089536	82891021010	83490086006	84521006439	84521024502	85467020420	86227023015	86679041548	87701040708
70319003665	70461031903	71850182801	72678000501	73796041203	74676064551	76300037810	76300072316	77890016912	79573010003	81131004089	81131089538	82891021050	83490086008	84521006496	84521024516	85467020410	86227023155	86679041549	87701040888
70319003666	70461031904	71850020770	72678000601	73796041205	74676064631	76300037905	76300072317	77890016915	79573010004	81131005540	81131089539	82891021054	83490086009	84521006525	84521024526	85467020416	86227025015	86679041550	87701041088
70319002693	70461032003	72114000914	72721172505	73796045100	74676065030	76300038005	76300072318	77890016918	79573010021	81131005541	81131089654	82607055729	83490086011	84521006645	84521024533	85467020419	86227025155	86679041551	87701041298
70319020716	70461032004	72114000918	72721175005	73796045122	74676065111	76300038110	76300072319	77890016919	79573010198	81131005542	81131089654	82891037200	83490086017	84521006870	84521024540	85467020450	86227025585	86679041552	87701041301
70319020778	70461032103	72114000918	72721176005	73796045318	74676065181	76300038210	76300072320	77890016921	79573010293	81131005545	81131097214	82891038801	83490086019	84521006871	84521024557	85467020450	86227027055	86679009944	87701042616
70319021232	70461032104	72114000919	72721177005	73796045325	74676065270	76300038310	76300072325	77890016924	79573010294	81131005578	81131097215	82903028610	83490086038	84521006872	84521024564	85467020470	86227027125	86679014531	87701042617
70319021256	70461041810	721140010743	73010022110	73796045328	74676065280	76300038410	76300072320	77890016925	79573010343	81131005579	81131097217	82903028611	84389010112	84521006873	84521024575	85467020480	86227028035	86679014532	87701042712
70319021331	70461041811	721140010759	73108000001	73796045330	74676067111	76300038501	76300075111	77890016927	80196031343	81131006024	81306004702	82903028614	84389010161	84521007151	84521024582	85467040105	86227028035	86679014533	87701044671
70319021515	70461041910	721140010765	73108000002	73796045800	74676067211	76300038610	76300075112	77890016928	80196028266	81131006026	81306004701	82903028615	84389010249	84521007229	84521024599	85467040200	86227030035	86679014534	87701044857
70319021607	70461041911	72140045344	73108000100	73796049400	74676067231	76300038710	76300075113	77890019010	80196028509	81131006027	81306021214	83170024000	84389010297	84521007267	84521024605	85467041000	86227030055	86876014535	87701048569
70319030203	70461042010	72140045347	73108000101	73796053211	74676068111	76300039010	76300075114	77890023869	80196029272	81131006040	81306021314	83170044855	84389010830	84521007281	84521024612	85467041188	86227030105	86876014536	87701048612
70319030357	70461042011	72140045841	73108000201	73796063303	74676068371	76300039110	76300075115	77890023884	80196029280	81131006041	81306022114	83490010760	84389011019	84521007298	84521024667	85467041199	86227030115	86876014537	87701048615
70319030371	70461042110	72140045842	73317200101	73796063500	74676068471	76300039210	76300080410	77890023887	80196029347	81131006043	81306022314	83490014010	84389011021	84521007328	84521024674	85467041500	86227031055	86876014538	87701052620
70319030456	70461042111	72140045957	73317202009	73796063700	74676069041	76300039310	76300080610	77890023887	80196029347	81131006044	81306041113	83490014780	84389011021	84521007359	84521024797	85467041600	86227031155	86876014539	87701057044
70319030715	70524489251	72140046163	73317428901	73796065036	74676069111	76300039410	76300086210	77890031321	80196029421	81131006275	81306051423	83490017806	84389011022	84521007468	84521024809	85467041800	86227031155	86876014540	87701057046
70319030722	70524489256	72140046164	73317442001	73796066940	74676079019	76300039501	76300086410	77890031311	80196029422	81131006456	81306051623	83490020760	84389011023	84521007840	845210248				

Exhibit 18C
Mississippi Division of Medicaid
NDCs Excluded from Monthly Pharmacy Script Limits

8912610001	89152028905	89152640201	90017057800	90891012709	90891024646	90891070614	91237000149	92293005999	92293011235	92293070110	92896000008	94030000234	94542051150	96295012084	96295013445	98302000187	98939000201
8912610021	89152029005	89152640401	90107098220	90891012713	90891024647	90891080000	91237000150	92293006000	92293011240	92293070118	92896000009	94030000235	94542085100	96295012085	96295013446	98302000188	98939000202
8912610031	89152029305	89152728705	90107098285	90891012717	90891024648	90891090024	91237000151	92293006001	92293011245	92293070172	93169000206	94030000237	94542085200	96295012086	96295013447	98302000189	98939000205
8912610041	89152029405	89152728805	90124000001	90891012718	90891024649	90891090025	91237000152	92293006002	92293011430	92293076180	93169000207	94030000239	94542085300	96295012087	96295013448	98302000192	98939000206
8912610051	89152036901	89152743501	90124000005	90891012719	90891024650	90891090026	91237000153	92293006003	92293011435	92293076181	93169000208	94030000240	94922020133	96295012088	96295013450	98302000193	98939000207
8912610061	89152056305	89152744401	90166001334	90891012720	90891024651	90891090027	91237000154	92293006004	92293011440	92293076320	93169000233	94030000241	94922020134	96295012112	96295013451	98302000194	98939000218
8912610071	89152072705	89152756205	90166001505	90891012804	90891024652	90891090028	91237000159	92293006005	92293012230	92293076321	93169000234	94030000242	94922068293	96295012113	96295013452	98302000198	98939000226
8912610081	89152088501	89155100201	90166005035	90891012819	90891024657	90891094552	91237000160	92293006006	92293012235	92293077180	93169000235	94030000269	94922068294	96295012114	96295013453	98302000199	98939000227
89126103525	89152088601	89155100401	90166005055	90891012824	90891024658	90891094553	91237000161	92293006007	92293012240	92293077181	93169000236	94030000268	95384000214	96295012115	96295013537	98302000200	98939000229
89126114010	89152089701	89155100601	90166005615	90891013050	90891024659	90891094578	91237000163	92293006009	92293012253	92293077320	93169000247	94030000270	96121000267	96295012127	96295013538	98302001407	98939000231
89126133525	89152089801	89155100801	90166005635	90891013077	90891024660	90891094579	91237000164	92293006010	92293012254	92293077321	93169000253	94030000271	96295004728	96295012151	96295013726	98302001420	98939000233
89128000101	89152139005	89155101001	90166005655	90891013080	90891024661	90891094580	91237000165	92293006012	92293012255	92293094399	93169000254	94030000272	96295010253	96295012154	96295013727	98302001421	98939000234
89128000201	89152168005	89155110201	90166012005	90891013100	90891024662	90891094600	91237000167	92293006013	92293012430	92293094400	93169000255	94030000279	96295010254	96295012159	96295013728	98302001422	98939000235
89128010001	89152168105	89155110401	90166011103	90891013150	90891024663	90891094603	91237000168	92293006014	92293012435	92293094401	93169000256	94030000280	96295010256	96295012184	96295013729	98302001424	98939000236
89128015001	89152168205	89155110601	90166012102	90891013151	90891024664	90891094604	91237000170	92293006016	92293012440	92293097610	93169000263	94030000281	96295010282	96295012187	96295013730	98302001430	98939000237
89129010001	89152168305	89155110801	90166012122	90891013155	90891024665	90891094605	91237000171	92293006017	92293012445	92293097611	93169000260	94030000282	96295010283	96295012206	96295013734	98302001431	98939000238
89129015001	89152172805	89155111101	90166012505	90891013158	90891024666	90891094606	91237000172	92293006018	92293012454	92293097630	93169000298	94030000283	96295010284	96295012207	96295013738	98302001432	98939000240
89134050202	89152172905	89155200201	90166012804	90891013200	90891024667	90891094607	91237000173	92293006019	92293012455	92293097631	93169000299	94030000286	96295010286	96295012208	96295013739	98302001433	98939000241
89134050302	89152254105	89155200401	90166013004	90891016000	90891024808	90891094704	91237000174	92293006020	92293020120	92293098009	93573000111	94030000287	96295010287	96295012209	96295013849	98302001434	98939000242
89134052602	89152281705	89155200601	90166013505	90891016111	90891024820	90891094705	91237000175	92293006022	92293020125	92293098010	93674000100	94030000291	96295010288	96295012210	96295013863	98302001435	98939000244
89134052702	89152281805	89155200801	90166013645	90891016112	90891024821	90891094706	91237000176	92293006060	92293020130	92293098016	93764000200	94030000292	96295010313	96295012211	96295013873	98302001480	98939000245
89134052802	89152281905	89155201001	90166015615	90891016113	90891024822	90891094761	91237000177	92293006061	92293020135	92293098018	93764001069	94030000294	96295010470	96295012300	96295013874	98302001511	98939000258
89134052902	89152282005	89155210201	90166015635	90891016115	90891024823	90891094761	91237000178	92293006085	92293020140	92293098026	93764001154	94060001010	96295010625	96295012301	96295013875	98302013919	98939000259
89134061802	89152282105	89155210401	90166015655	90891016117	90891025800	90891094762	91237000182	92293006300	92293021120	92293098032	93764004607	94060001011	96295010676	96295012302	96295013876	98302013920	98939000260
89134062002	89152282205	89155210601	90166020205	90891018416	90891025801	90891095064	91237000184	92293006301	92293021125	92293099010	93764010101	94060001012	96295010831	96295012329	96295013877	98302013930	98939000261
89134062202	89152282305	89155210801	90166022203	90891019001	90891025802	90891095065	91237000185	92293006342	92293021130	92293099016	93764010105	94060001013	96295010931	96295012336	96295013930	98302013931	98939000271
89134062501	89152282405	89155211001	90166023645	90891019003	90891025808	90891095066	91237000187	92293006343	92293021135	92293099026	93764020201	94060001014	96295011057	96295012337	96295013931	98302013932	98939000286
89134062601	89152282505	89155300001	90166025635	90891019004	90891025810	90891095067	91237000188	92293006344	92293021140	92293099032	93764020205	94060001015	96295011125	96295012432	96295013961	98302013933	99073011001
89134063002	89152282605	89155310001	90166030305	90891019005	90891026415	90891095068	91237000189	92293006345	92293022130	92293099044	93764022767	94060001016	96295011126	96295012446	96295038687	98302013934	99073011003
89134063102	89152282705	89155400001	90166031645	90891019006	90891026810	90891095069	91237000192	92293006346	92293022135	92532012247	93764030301	94060001017	96295011127	96295012475	96785000209	98302013935	99073011004
89134072202	89152282805	89155500101	90166033042	90891019007	90891030030	90891095070	91237000193	92293006347	92532012248	92532012248	93764030305	94060001018	96295011132	96295012476	96785000210	98302013936	99073012050
89134072402	89152283005	89155500201	90166033305	90891019008	90891030120	90891095071	91237000194	92293006348	92293022153	92532012249	93764030309	94060001019	96295011166	96295012695	96785000211	98302013937	99073012051
89134072602	89152283105	89155500301	90166043152	90891020010	90891030124	90891095072	91268077004	92293006349	92293022154	92532012253	93764060021	94060001010	96295011167	96295012914	96785000212	98302013938	99073012101
89134072702	89152283205	89155500401	90166043154	90891020015	90891030132	90891095077	91531000004	92293006350	92293022155	92532012254	93764060047	94060001011	96295011169	96295012915	96785000239	98302013939	99073012401
89134072802	89152283305	89155830060	90166045035	90891020016	90891049003	90891095078	91531000011	92293006351	92293030125	92532013163	93764060048	94060001012	96295011171	96295012916	96785000240	98302013940	99073012450
89134072902	89152283405	89155830090	90166045635	90891020018	90891050000	90891095079	91581000010	92293006355	92293030130	92532013164	93764060056	94060001013	96295011218	96295012917	97073010107	98302013941	99073013001
89134074002	89152283505	89155830080	90166056505	90891020030	90891050001	90891095080	91984000141	92293006356	92293030135	92532013165	93764060062	94060001014	96295011237	96295012921	98302000102	98302013942	99073013022
89134074202	89152283605	89155830090	90166060801	90891020176	90891050002	90891095081	91984000142	92293006357	92293030140	92532013166	93764060106	94060001017	96295011238	96295012927	98302000102	98302014007	99073014002
89134074402	89152338005	89155830120	90166063132	90891020177	90891050003	90891095082	91984000143	92293006358	92293031125	92532013167	93764060107	94060001018	96295011239	96295012930	98302000103	98302014008	99073017001
89134075802	89152391205	89155830129	90166066605	90891020178	90891050016	90891095083	91984000144	92293006360	92293031130	92532013168	93764060108	94060001019	96295011240	96295012931	98302000104	98302014009	99073041001
89134310401	89152417205	89158500400	90166083152	90891020198	90891050017	91237000103	92121003206	92293006370	92293031135	92532013171	93764060137	94060001124	96295011241	96295013010	98302000105	98302014012	99073042001
89134320801	89152417305	89158500490	90166085015	90891020205	90891050025	91237000105	92121003359	92293006380	92293031140	92532013172	93764060138	94060001026	96295011242	96295013154	98302000106	98302014013	99073042050
89134321001	89152417405																

Exhibit 19
Mississippi Division of Medicaid
Insulin Price Reduction by Product

Product Name	Manufacturer	Price Reduction
APIDRA	SANOFI-AVENTIS U.S.	Reduced by 70%
APIDRA SOLOSTAR	SANOFI-AVENTIS U.S.	Reduced by 70%
HUMALOG	LILLY	Reduced by 70%
HUMALOG JUNIOR KWIKPEN	LILLY	Reduced by 70%
HUMALOG KWIKPEN	LILLY	Reduced by 70%
HUMALOG MIX 50/50	LILLY	Reduced by 70%
HUMALOG MIX 50/50 KWIKPEN	LILLY	Reduced by 70%
HUMALOG MIX 75/25	LILLY	Reduced by 70%
HUMALOG MIX 75/25 KWIKPEN	LILLY	Reduced by 70%
HUMULIN 70/30	LILLY	Reduced by 70%
HUMULIN 70/30 KWIKPEN	LILLY	Reduced by 70%
HUMULIN N	LILLY	Reduced by 70%
HUMULIN N KWIKPEN	LILLY	Reduced by 70%
HUMULIN R	LILLY	Reduced by 70%
INSULIN ASPART	NOVO NORDISK	Reduced to match branded price
INSULIN ASPART FLEXPEN	NOVO NORDISK	Reduced to match branded price
INSULIN ASPART PROTAMINE/	NOVO NORDISK	Reduced to match branded price
INSULIN LISPRO	LILLY	\$25 / vial
LANTUS	SANOFI-AVENTIS U.S.	Reduced by 78%
LANTUS	NOVAPLUS/SANOFI-AVENTIS	Reduced by 78%
LANTUS SOLOSTAR	NOVAPLUS/SANOFI-AVENTIS	Reduced by 78%
LANTUS SOLOSTAR	SANOFI-AVENTIS U.S.	Reduced by 78%
LEVEMIR	NOVO NORDISK	\$107.85 / vial
LEVEMIR FLEXPEN	NOVO NORDISK	\$161.77 / Flexpen
LEVEMIR FLEXTOUCH	NOVO NORDISK	\$161.77 / Flexpen
NOVOLIN 70/30	NOVO NORDISK	\$48.20 / Vial
NOVOLIN 70/30 FLEXPEN	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN 70/30 FLEXPEN REL	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN 70/30 RELION	NOVO NORDISK	\$48.20 / Vial
NOVOLIN N	NOVO NORDISK	\$48.20 / Vial
NOVOLIN N FLEXPEN	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN N FLEXPEN RELION	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN N RELION	NOVO NORDISK	\$48.20 / Vial
NOVOLIN R	NOVO NORDISK	\$48.20 / Vial
NOVOLIN R FLEXPEN	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN R FLEXPEN RELION	NOVO NORDISK	\$91.09 / 5 pack of pens
NOVOLIN R RELION	NOVO NORDISK	\$48.20 / Vial
NOVOLOG	NOVO NORDISK	\$72.34 / Vial
NOVOLOG FLEXPEN	NOVO NORDISK	\$139.71 / 5pak of pens
NOVOLOG FLEXPEN RELION	NOVO NORDISK	\$139.71 / 5pak of pens
NOVOLOG MIX 70/30	NOVO NORDISK	\$72.34 / Vial
NOVOLOG MIX 70/30 PREFILL	NOVO NORDISK	\$139.71 / 5pak of pens
NOVOLOG MIX 70/30 RELION	NOVO NORDISK	\$72.34 / Vial
NOVOLOG RELION	NOVO NORDISK	\$72.34 / Vial

