AMENDMENT NUMBER ONE TO THE EMERGENCY CONTRACTUAL AGREEMENT BETWEEN THE DIVISION OF MEDICAID IN THE OFFICE OF THE GOVERNOR AND MAGNOLIA HEALTH PLAN, 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 Magnolia Health Plan, 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., ACRONYMNS, 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;
- I. 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]

| Magnolia Health Plan, 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 | |
| МҮРАС | \$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.

| Magnolia Health Plan, 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 |
| МҮРАС | \$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 postbilling 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 16-17B 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.

| | sissippi Division of Medic arameters for Pharmacy H 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) lovotibeglogene 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 programwide 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

B∳

Drew L. Snyder Executive Director

Date: 10 12 12

Magnolia Health Plan, Inc.

By: Aaron Sisk

President & Chief Executive Officer

<u>[0||8|202)</u> Date: _

STATE OF MISSISSIPPI COUNTY OF <u>*Hinds*</u>

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 day of day of A.D., 2023.

NOTARY PUBLIC BY J. BERRYMA Commission Expire

My Commission Expires:

STATE OF Mississipo COUNTY OF Hinds

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, Aaron Sisk, in his respective capacity as the **President and Chief Executive Officer of Magnolia Health Plan, Inc.,** a corporation authorized to do business in Mississippi, who acknowledged to me, being first duly authorized by said corporation that he 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 | 18 ⁴ day of | October | _, A.D., | 2023. |
|---|------------------------|---------|----------|-------|
|---|------------------------|---------|----------|-------|

NOTARY PUBLIC

Amela C. Boto



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 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



Jennifer Wentworth Mississippi Office of the Governor, Division of Medicaid August 22, 2023 Page 3 of 3

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.

 $\diamond \quad \diamond \quad \diamond \quad \diamond \quad \diamond$

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,

nukert

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

JAB/KNL/bl

Attachments

Katarina N. Lorenz, FSA, MAAA Consulting Actuary

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

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EXHIBITS (Provided in Excel format only)

Capitation Rate Development

| EXHIBIT 1A | Base Data Exhibits – CY 2019 Encounter Data |
|------------|---|
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State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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.

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

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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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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.

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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 Changes ² | 1.034 |
| SFY 2023 Rate Change - Excluding COVID-19 Adjustments ³ | 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.

State of Mississippi Division of Medicaid

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- 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 Quash-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.

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- 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.

| Table 3 MississippiCAN Capitation Rates Summary of Statewide SFY 2023 Rate Change¹ | | | | |
|--|------------------------|---|--|--|
| Rate Cell | Overall Rate Change | Excluding Program Changes ² | Excluding COVID-19 Adjustments ³ | |
| 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,

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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.

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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.

State of Mississippi Division of Medicaid

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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.

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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.

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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.

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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[™] (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

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

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- 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.

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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.

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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 (I) 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.

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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 (I) 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

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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 | | |

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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 (I) and (m).

| Table 7 Mississippi Division of Medicaid CY 2018 to CY 2019 Utilization and Unit Cost Trends | | | | | | | | |
|--|--------|--------|----------|----------|--------|-----------------|-------|--|
| Annualized Utilization Trend Annualized Unit Cost Trend | | | | | | | | |
| COS | SSI | 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 | SSI -0.50% | MA -0.50% | Children 3.00% | Delivery 1.00% | | |

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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

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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.

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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 (I) 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).

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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 underling 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 11MississippiCAN Capitation RatesMYPAC Seasonality Factor DevelopmentMYPAC Costs - SFY 2017 and SFY 2018 | | | | | | |
|--|--------------------|---------------|--------------|--|--|--|
| Step | Time Period | Member Months | Average PMPM | | | |
| A | Q1 | 3,424 | \$3,474.59 | | | |
| В | Q2 | 3,559 | \$3,412.12 | | | |
| С | Q3 | 3,321 | \$3,540.27 | | | |
| D | Q4 | 3,319 | \$3,311.88 | | | |
| e = member month-weighted total of a through d | All | 13,623 | \$3,434.64 | | | |
| f = member month-weighted total of a through c | All Excluding Q4 | 10,304 | \$3,474.18 | | | |
| g = e / f | 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.

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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 (I) 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).

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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

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- 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 | | | | | | |
|---|-------|-------|--|--|--|--|
| CY 2017 to CY 2018 to Category of Service CY 2018 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.

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| Table 13 Mississippi Division of Medicaid Recent Experience Excluding Emergency Room, Pharmacy, and Dental | | | | | | |
|--|----------|----------|--------------------|----------|------------|------------|
| | | PMPM (| Costs ¹ | | Annualize | ed Trends |
| | | | | | Q2 2019 | Q3 2019 |
| Rate Cell | Q2 2019 | Q3 2019 | Q2 2021 | Q3 2021 | to Q2 2021 | 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 trends 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.

| | N Recent Experience E | lississippi Divi xcluding Emer | <u> </u> | | Dental | | |
|-------------------------------|---|-----------------------------------|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| | Total PMPM Change Months of Actual Actual Projected | | | | | | |
| Rate Cell | Utilization Trend Applied | Q2 2019 to Q2 2021 | Q3 2019 to Q3 2021 | 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 | | | |
| | | Annualized | PMPM Trend | | | | |
| Rate Cell | Months of Utilization Trend Applied | 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.

State of Mississippi Division of Medicaid

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| Table 15 Mississippi Division of Medicaid Selected Utilization Trends | | | | | | | |
|---|--------|--------|----------|----------|--------|--|--|
| Annualized Utilization Trend | | | | | | | |
| COS | 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 Outpatient Hospital 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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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| Table 17 Mississippi Division of Medicaid Recent Dental Experience | | | | | | |
|--|---------|---------|--------------------|---------|------------|------------|
| | | PMPM | Costs ¹ | | Total | Change |
| | | | | | Q2 2019 | Q3 2019 |
| Rate Cell | Q2 2019 | Q3 2019 | Q2 2021 | Q3 2021 | to Q2 2021 | 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 | 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.

State of Mississippi Division of Medicaid

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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 Divi | Mississippi Division of Medicaid | | |
| Outpatient Unit Cost Tren | ds 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 Trend | ds 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.

State of Mississippi Division of Medicaid

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- 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 | | | | | | |
|--|-------------------------|---------|---------|--------------|------------|------------|
| | PMPM Costs ¹ | | | Total Change | | |
| | | | | | Q2 2019 | Q3 2019 |
| Rate Cell | Q2 2019 | Q3 2019 | Q2 2021 | Q3 2021 | to Q2 2021 | 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.

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State of Mississippi Division of Medicaid

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 autoleucel
 - Palovarotene
 - Filsuvez®
 - Balstilimab
 - Omidenepag
 - Penpulimab
 - Leavio®
 - Somatrogon
 - Livmarli™
 - Tivdak™
 - Exkivity™
 - Skytrofa™
 - Comirnaty®
 - Nexviazyme™
 - 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.

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| Table 23 Mississippi Division of Medicaid Pharmacy Trends for CY 2019 to SFY 2023 | | | | |
|---|-------|-------|----------|----------|
| | SSI | Adult | Children | Delivery |
| | 001 | Addit | onnaren | Delivery |
| Annualized Unit Cost Trends | 2.62% | 2.81% | 1.26% | 2.81% |

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 basked 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.

State of Mississippi Division of Medicaid

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| 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.

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

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SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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 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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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.

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"

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| 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 VYVANSE CHEWABLE DYANAVEL XR | 20% 10% 10% | (16.2%) | 105.8% |
| 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 in 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.

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SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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 (I).

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.

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- 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 | |

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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.

State of Mississippi Division of Medicaid

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- 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)

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State of Mississippi Division of Medicaid

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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 | | | |
|--|--------------|-----------------------|----------|
| | Area Factors | | |
| Region | 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.

State of Mississippi Division of Medicaid

SFY 2023 MississippiCAN Preliminary Rate Calculation and Certification - Revised

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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.

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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.

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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:

CCO Capitation Rate = Base Capitation Rate x 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.

| Table 35 MississippiCAN Capitation Rates MHAP Distribution by SFY | | | |
|---|---------------|---------------|---------------|
| 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.

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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.

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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"

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.

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 | | |
|---|-------------------------|-------------------------|
| | CCO Share of | DOM Share of |
| MLR Claims Corridor | Gain / Loss in Corridor | Gain / Loss in Corridor |
| Less than Target MLR -2.0% | 0% | 100% |
| | | |
| Target MLR -2.0% to Target MLR +2.0% | 100% | 0% |

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.

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

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.

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.

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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

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

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 | Okitbbeha | 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

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 20199 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.

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

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.

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.

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.

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.

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.

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

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.

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 Party 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

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.

Responses to 2022-2023 CMS Managed Care Rate Development Guide

| Control Name of State Directed Pay | | Туре | of Payment | All State Directed Paym Brief De | escription | Is the Payment Included as a Rate Adjustment or Separate Payment Term? |
|---|--|---|--|---|--|--|
| MS_Fee_IPH.OPH_A _20220701-20230 | | Uniform do | llar or percenta ncrease | ge Enhanced hospita inpatient and o | I reimbursement for utpatient hospital ialifying facilities | Separate payment term |
| MS_Fee.VBP_AMC. Oth_Renewal_2022 20230630 | | | | and other eligible ge practitioners who qualifying hospita Mississippi Medio | ents to physicians professional service are employed by a al or who assigned caid payments to a ig hospital | Separate payment term |
| MS_Fee_Oth_Renev 20701-2023063 | | Minimun | ו Fee Schedule | and other eligible practitioners pi | ents to physicians professional service roviding services Spectrum Disorder | Included as a rate adjustment |
| MS_Fee_Oth_New_2 01-20230630 | | | llar or percenta ncrease | ge Enhanced rei | mbursement for e providers | Separate payment term |
| ontrol Name of the te Directed Payment | Aggrega Amoui Included i | State ate A nt Ce n the Sepa | te Directed Pay oment that the Actuary is rrtifying the rate Payment Term | The Magnitude on a PMPM Basis See Exhibit 18 | Confirmation the l Confirmation the l Development is Consistent with Preprint | Confirmation that the Sta Rate and Actuary will Submi s Required Documentation |
| _Fee_IPH.OPH_Amen _20220701-20230630 | FSA compone MHAF \$313.1 m QIPP compone MHAP: \$2 millior | e: illion Co actua cover pa nt of 288.1 | onfirmed the rial certification s this separate yment term | See Exhibit 18 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 |
| _Fee.VBP_AMC.PC.S th_Renewal_2022070 1-20230630 | \$38.0 mil | llion actua cover | onfirmed the rial certification s this separate yment term | See Exhibit 18 Allocated as a fixed PMPM of \$8.29 across all rate cells | Confirmed | Confirmed |
| _Fee_Oth_New_2022 0701-20230630 | \$14.7 mil | llion actua cover | onfirmed the rial certification s this separate yment term | See Exhibit 18 Allocated as a fixed PMPM of \$3.21 across all rate cells | Confirmed | Confirmed |

Responses to 2022-2023 CMS Managed Care Rate Development Guide

| Control Name of the State Directed Payment | Rate Cells Affected | Impact | ayments Included as a Ra Description of the Adjustment | Confirmation the Rate Development is Consistent with the Preprint | For Maximum Fee Schedules, Provide Information Requested |
|---|---|----------------|---|--|--|
| MS_Fee_Oth_Renewal_202207 01-20230630 | 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.

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



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.



Mississippi Division of Medicaid Capitated Contracts Ratesetting Actuarial Certification SFY 2023 MississippiCAN Capitation Rates August 22, 2023 Page 2 of 2

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.

mikert

JIII 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 OFFICE OF THE GOVERNOR

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



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.

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- 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. OPPS 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.
 - 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.

- 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 Weatworth |
|----------------------------------|
| Name |
| Deputy Administrator for Finance |
| Title |
| August 17, 2023 |
| Date |

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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

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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-New | born SSI / Disabled | Rate Cell | | | | |
|----------------------|-------------------------------------|---------------|---------------------|---------------|-------------------|-------------|--------------|-------------|
| | | | | Ca | tegory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2019 Member Months | 765,558 | 765,558 | 765,558 | 765,558 | 765,558 | 765,558 | 765,5 |
| b | Total Allowed Dollars | \$147,482,789 | \$157,980,759 | \$170,679,044 | \$236,660,714 | \$7,166,959 | \$47,509,448 | \$767,479,7 |
| c = b / a | CY 2019 PMPM Costs | \$192.65 | \$206.36 | \$222.95 | \$309.13 | \$9.36 | \$62.06 | \$1,002 |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.0 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.986 | 0.963 | 1.000 | 1.000 | 0. |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.025 | 1.000 | 1.000 | 1.000 | 1. |
| g | Zolgensma Carveout | 1.000 | 1.000 | 0.963 | 1.000 | 1.000 | 1.000 | 0. |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0. |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.998 | 0.993 | 1.000 | 0.986 | 0.989 | 0. |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| m | SSI Children - COE Change | 1.004 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 0. |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| oduct of c through p | Adjusted CY 2019 PMPM Costs | \$194.50 | \$207.18 | \$216.77 | \$296.79 | \$9.28 | \$61.78 | \$986 |

Breast and Cervical Cancer Rate Cell Category of Service Inpatient Outpatient **Calculation Step** CY 2019 PMPM Cost Development Hospital Hospital Physician Drug Dental Other Total 1,187 1,187 1,187 1,187 1,187 а CY 2019 Member Months 1,187 1,187 \$1,850,103 \$1,558.64 \$1,207,925 \$1,017.63 \$3,972,490 \$3,346.66 \$227,951 \$192.04 \$627,794 \$528.89 \$9,718 h Total Allowed Dollars \$48,999 CY 2019 PMPM Costs \$8.19 \$41.28 c = b/aEncounter to Financial Adjustment 1.008 1.007 1.008 1.008 1.002 1.008 1.008 d Non-Covered Services 1.000 1.000 0.989 0.938 1.000 1.000 0.987 е Provider Reimbursement Adjustment 1.000 1.000 1.008 1.000 1.000 1.000 1.002 f Zolgensma Carveout 1.000 1.000 1.000 1.000 1.000 1.000 1.000 g h 0.997 0.997 0.997 0.997 0.997 0.997 0.997 TPL Adjustment 5% Assessment - Provider Adjustment 1.000 1.000 0.999 1.000 0.975 0.993 0.999 i 340B Pharmacy Pricing Adjustment 1.000 1.000 1.000 0.993 1.000 1.000 0.999 j k IMD Removal 1.000 1.000 1.000 1.000 1.000 1.000 1.000 I IMD Additions 1.000 1.000 1.000 1.000 1.000 1.000 1.000 SSI Children - COE Change т 1.000 1.000 1.000 1.000 1.000 1.000 1.000 1.000 Drug Services Rebate Adjustment 1.000 1.000 n 1.000 0.997 1.000 1.000 Missing Data 1.000 1.000 1.000 1.000 1.000 1.000 1.000 0 p IBNR Adjustment Product of c through p Adjusted CY 2019 PMPM Costs 1.000 1.000 1.000 1.000 1.000 1.000 1.000 \$193.10 \$1,566.99 \$1,018.87 \$490.82 \$8.03 \$41.23 \$3,319.04

| | ۵ | Missis Regions SFY 2023 Mi | sippi Division of M | | oment | | | |
|------------------------|-------------------------------------|-------------------------------|----------------------|--------------|-------------------|-------------|-------------|---------------|
| | | · · · · · | 2019 Encounter D | | | | | |
| | | | | | | | | |
| | | MA Adu | It Rate Cell - Non-D | | | | | |
| | | | | Cat | tegory of Service | | | |
| | | Inpatient | Outpatient | - | - | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2019 Member Months | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 |
| b | Total Allowed Dollars | \$21,107,291 | \$55,207,997 | \$60,705,110 | \$56,566,654 | \$3,443,218 | \$6,198,467 | \$203,228,738 |
| c = b / a | CY 2019 PMPM Costs | \$42.75 | \$111.81 | \$122.94 | \$114.56 | \$6.97 | \$12.55 | \$411.58 |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.006 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.987 | 0.973 | 1.000 | 1.000 | 0.989 |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.006 | 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 |
| ĥ | 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 | 0.995 | 1.000 | 0.988 | 0.990 | 0.998 |
| i | 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 |
| 1 | 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 |
| 0 | Missing Data | 1.001 | 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 |
| Product of c through p | Adjusted CY 2019 PMPM Costs | \$43.05 | \$112.46 | \$122.14 | \$111.02 | \$6.93 | \$12.49 | \$408.09 |

Exhibit 1A

| | | MA A | dult Rate Cell - Deli | veries | | | | | | |
|------------------------|-------------------------------------|--------------|-----------------------|-------------|----------|---------|----------|--------------|--|--|
| | | | Category of Service | | | | | | | |
| | | Inpatient | Outpatient | | | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | |
| а | CY 2019 Member Months | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 | 493,779 | | |
| b | Total Allowed Dollars | \$16,140,778 | \$56,718 | \$4,299,548 | \$79,816 | \$323 | \$92,096 | \$20,669,280 | | |
| c = b / a | CY 2019 PMPM Costs | \$32.69 | \$0.11 | \$8.71 | \$0.16 | \$0.00 | \$0.19 | \$41.86 | | |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.008 | | |
| е | Non-Covered Services | 1.000 | 1.000 | 0.987 | 0.973 | 1.000 | 1.000 | 0.997 | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.005 | 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 | 0.986 | 0.992 | 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 | | |
| 1 | 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 | | |
| п | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | | |
| 0 | 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 | | |
| Product of c through p | 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 wo | omen Rate Cell - No | on-Deliveries | | | | |
|----------------------|-------------------------------------|-------------|---------------------|---------------|------------------|-----------|-------------|------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2019 Member Months | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 137,2 |
| b | Total Allowed Dollars | \$4,833,205 | \$15,870,522 | \$27,127,388 | \$7,075,967 | \$686,206 | \$1,273,137 | \$56,866,4 |
| c = b / a | CY 2019 PMPM Costs | \$35.22 | \$115.65 | \$197.69 | \$51.57 | \$5.00 | \$9.28 | \$414 |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1. |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 0. |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.000 | 1. |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0. |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.998 | 1.000 | 0.993 | 0.994 | 0. |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1. |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| m | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1. |
| 0 | Missing Data | 1.000 | 1.002 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| oduct of c through p | Adjusted CY 2019 PMPM Costs | \$35.43 | \$116.54 | \$198.96 | \$51.19 | \$4.99 | \$9.27 | \$416 |

n Rate Cell - Deli Category of Service Inpatient Outpatient **Calculation Step** CY 2019 PMPM Cost Development Hospital Hospital Physician Drug Dental Other Total 137,224 137,224 137,224 а CY 2019 Member Months 137,224 137,224 137,224 137,224 \$62,938,644 \$191,123 \$17,084,088 \$317,743 \$80,734,863 h Total Allowed Dollars \$324 \$202,941 CY 2019 PMPM Costs¹ \$458.66 \$1.39 \$124.50 \$2.32 \$0.00 \$588.34 c = b/a\$1.48 Encounter to Financial Adjustment 1.008 1.008 1.008 1.002 1.008 1.008 1.008 d Non-Covered Services 1.000 1.000 1.000 0.997 1.000 1.000 1.000 е Provider Reimbursement Adjustment 1.000 1.000 1.003 1.000 1.000 1.000 1.001 f 1.000 1.000 1.000 1.000 1.000 1.000 1.000 Zolgensma Carveout g h 0.997 0.997 0.997 0.997 0.997 0.997 0.997 TPL Adjustment 5% Assessment - Provider Adjustment 1.000 1.000 0.999 1.000 1.000 0.993 1.000 i 340B Pharmacy Pricing Adjustment 1.000 1.000 1.000 0.999 1.000 1.000 1.000 j k IMD Removal 1.000 1.000 1.000 1.000 1.000 1.000 1.000 I IMD Additions 1.000 1.000 1.000 1.000 1.000 1.000 1.000 SSI Children - COE Change т 1.000 1.000 1.000 1.000 1.000 1.000 1.000 1.000 n Drug Services Rebate Adjustment 1.000 1.000 0.997 1.000 1.000 1.000 Missing Data 1.001 1.000 1.000 1.000 1.000 1.000 0 1.000 p IBNR Adjustment Product of c through p Adjusted CY 2019 PMPM Costs 1.000 1.000 1.000 1.000 1.000 1.000 1.000 \$1.40 \$2.30 \$0.00 \$1.48 \$591.83 \$461.30 \$125.36

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 / Di | sabled Newborn R | ate Cell | | | | |
|-----------------------|-------------------------------------|--------------|------------------|-------------|------------------|---------|-------------|-------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2019 Member Months | 6,340 | 6,340 | 6,340 | 6,340 | 6,340 | 6,340 | 6,34 |
| b | Total Allowed Dollars | \$30,953,749 | \$1,435,846 | \$9,864,800 | \$3,717,886 | \$4,494 | \$1,676,424 | \$47,653,20 |
| c = b / a | CY 2019 PMPM Costs | \$4,882.29 | \$226.47 | \$1,555.96 | \$586.42 | \$0.71 | \$264.42 | \$7,516.2 |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.009 | 1.000 | 1.000 | 1.000 | 1.00 |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.99 |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.998 | 1.000 | 0.990 | 0.988 | 0.99 |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| т | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.00 |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| p | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| roduct of c through p | Adjusted CY 2019 PMPM Costs | \$4,909.13 | \$227.69 | \$1,576.10 | \$584.17 | \$0.71 | \$262.73 | \$7,560. |

SSI Nev rns 0 to 2 Months Rate Ce Category of Service Inpatient Outpatient **Calculation Step** CY 2019 PMPM Cost Development Hospital Hospital Physician Drug Dental Other Total . 75,312 75,312 а CY 2019 Member Months 75,312 75,312 75,312 75,312 75,312 \$4,012,403 \$104,016,734 \$25,499,948 \$338.59 \$669,632 \$1,102,277 \$135,350,413 h Total Allowed Dollars \$49,420 CY 2019 PMPM Costs¹ \$1,381.14 \$53.28 \$8.89 \$0.66 \$14.64 \$1,797.20 c = b/aEncounter to Financial Adjustment 1.008 1.008 1.008 1.008 1.002 1.008 1.008 d Non-Covered Services 1.000 1.000 1.000 1.000 1.000 1.000 1.000 е Provider Reimbursement Adjustment 1.000 1.000 1.013 1.000 1.000 1.000 1.002 f Zolgensma Carveout 1.000 1.000 1.000 1.000 1.000 1.000 1.000 g h 0.997 0.997 0.997 0.997 0.997 0.997 0.997 TPL Adjustment 5% Assessment - Provider Adjustment 1.000 1.000 0.998 1.000 0.997 0.995 1.000 i 340B Pharmacy Pricing Adjustment 1.000 1.000 1.000 1.000 1.000 1.000 1.000 j k IMD Removal 1.000 1.000 1.000 1.000 1.000 1.000 1.000 I IMD Additions 1.000 1.000 1.000 1.000 1.000 1.000 1.000 SSI Children - COE Change т 1.000 1.000 1.000 1.000 1.000 1.000 1.000 1.000 1.000 1.000 Drug Services Rebate Adjustment n 1.000 0.997 1.000 1.000 Missing Data 1.002 1.000 1.000 1.001 1.000 1.000 1.001 0 p IBNR Adjustment Product of c through p Adjusted CY 2019 PMPM Costs 1.000 1.000 1.000 1.000 1.000 1.000 1.000 \$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 | | | | | | | | | | | | |
| | | Inpatient | Outpatient | Cat | egory of Service | | | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| а | CY 2019 Member Months | 252,667 | 252,667 | 252,667 | 252,667 | 252,667 | 252,667 | 252, | | | | |
| b | Total Allowed Dollars | \$9,650,331 | \$14,738,237 | \$27,081,847 | \$6,016,033 | \$249,559 | \$1,361,943 | \$59,097 | | | | |
| c = b / a | CY 2019 PMPM Costs | \$38.19 | \$58.33 | \$107.18 | \$23.81 | \$0.99 | \$5.39 | \$23 | | | | |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1 | | | | |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.015 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0 | | | | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.994 | 1.000 | 0.990 | 0.990 | 0 | | | | |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1 | | | | |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| m | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| п | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1 | | | | |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1 | | | | |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | | |
| oduct of c through p | Adjusted CY 2019 PMPM Costs | \$38.40 | \$58.66 | \$108.67 | \$23.75 | \$0.98 | \$5.37 | \$23 | | | | |

| | | | Category of Service | | | | | | |
|----------------------|-------------------------------------|--------------|---------------------|--------------|-------------|-------------|-----------|------------|--|
| | | Inpatient | Outpatient | | | | 0.1 | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | |
| а | CY 2019 Member Months | 78,904 | 78,904 | 78,904 | 78,904 | 78,904 | 78,904 | 78,9 | |
| b | Total Allowed Dollars | \$23,516,494 | \$3,420,852 | \$10,269,470 | \$5,836,415 | \$2,145,298 | \$958,907 | \$46,147,4 | |
| c = b / a | CY 2019 PMPM Costs | \$298.04 | \$43.35 | \$130.15 | \$73.97 | \$27.19 | \$12.15 | \$584 | |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.0 | |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.008 | 1.000 | 1.000 | 1.000 | 1. | |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0. | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.991 | 0.981 | 1.000 | 0.976 | 0.976 | 0. | |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1. | |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | |
| т | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1. | |
| 0 | Missing Data | 1.001 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | |
| p | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | |
| oduct of c through p | Adjusted CY 2019 PMPM Costs | \$300.01 | \$43.19 | \$129.53 | \$73.66 | \$26.67 | \$11.92 | \$58 | |

| | Mississippi Division of Medicaid All Regions SFY 2023 MississippiCAN Capitation Rate Development CY 2019 Encounter Data | | | | | | | | | | | |
|-----------------------|---|-------------|------------|--------------|-------------|-----------|-----------|------------|--|--|--|--|
| MYPAC Rate Cell | | | | | | | | | | | | |
| | Category of Service | | | | | | | | | | | |
| | | Inpatient | Outpatient | | | | | | | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| а | CY 2019 Member Months | 7,776 | 7,776 | 7,776 | 7,776 | 7,776 | 7,776 | 7,7 | | | | |
| b | Total Allowed Dollars | \$3,957,611 | \$416,512 | \$22,198,644 | \$1,276,733 | \$245,929 | \$146,732 | \$28,242,1 | | | | |
| c = b / a | CY 2019 PMPM Costs | \$508.95 | \$53.56 | \$2,854.76 | \$164.19 | \$31.63 | \$18.87 | \$3,631. | | | | |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.0 | | | | |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.9 | | | | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.999 | 0.987 | 1.000 | 0.986 | 0.989 | 0.9 | | | | |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.998 | 1.000 | 1.000 | 1.0 | | | | |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| m | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.0 | | | | |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 | | | | |
| roduct of c through p | Adjusted CY 2019 PMPM Costs | \$511.75 | \$53.83 | \$2,833.82 | \$163.43 | \$31.35 | \$18.77 | \$3,612.9 | | | | |

Exhibit 1A

| | | Category of Service | | | | | | |
|---------------------|-------------------------------------|-----------------------|------------------------|---------------|---------------|--------------|--------------|------------|
| Calculation Step | CY 2019 PMPM Cost Development | Inpatient Hospital | Outpatient Hospital | Physician | Drug | Dental | Other | Total |
| a | CY 2019 Member Months | 3,071,992 | 3,071,992 | 3,071,992 | 3,071,992 | 3,071,992 | 3,071,992 | 3,071,9 |
| b | Total Allowed Dollars | \$57,206,280 | \$109,716,005 | \$190,146,059 | \$106,880,645 | \$79,120,267 | \$15,182,129 | \$558,251, |
| c = b / a | CY 2019 PMPM Costs | \$18.62 | \$35.71 | \$61.90 | \$34.79 | \$25.76 | \$4.94 | \$181 |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.0 |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.008 | 1.000 | 1.000 | 1.000 | 1. |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0. |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.998 | 0.992 | 1.000 | 0.987 | 0.988 | 0. |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1. |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| m | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 0. |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.001 | 1. |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| duct of c through p | Adjusted CY 2019 PMPM Costs | \$18.73 | \$35.84 | \$62.27 | \$34.67 | \$25.55 | \$4.91 | \$18 |

| Exhibit 1A Mississippi Division of Medicaid All Regions SFY 2023 MississippiCAN Capitation Rate Development CY 2019 Encounter Data | | | | | | | | |
|---|-------------------------------------|-------------|--------------------|--------------|-------------------|--------------|-------------|------------|
| | | C | Quasi-CHIP Rate Ce | | | | | |
| | | Inpatient | Outpatient | Ca | tegory of Service | | | |
| Calculation Step | CY 2019 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| a | CY 2019 Member Months | 332,512 | 332,512 | 332,512 | 332,512 | 332,512 | 332,512 | 332,51 |
| b | Total Allowed Dollars | \$5,367,303 | \$9,045,012 | \$19,307,958 | \$14,449,149 | \$10,862,854 | \$1,851,030 | \$60,883,3 |
| c=b/a | CY 2019 PMPM Costs | \$16.14 | \$27.20 | \$58.07 | \$43.45 | \$32.67 | \$5.57 | \$183. |
| d | Encounter to Financial Adjustment | 1.008 | 1.008 | 1.008 | 1.002 | 1.008 | 1.008 | 1.0 |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.010 | 1.000 | 1.000 | 1.000 | 1.0 |
| g | Zolgensma Carveout | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| h | TPL Adjustment | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.997 | 0.9 |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.999 | 0.994 | 1.000 | 0.988 | 0.988 | 0.9 |
| j | 340B Pharmacy Pricing Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1.0 |
| k | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| 1 | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| m | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| n | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 0.9 |
| 0 | Missing Data | 1.000 | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1.0 |
| р | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| oduct of c through p | Adjusted CY 2019 PMPM Costs | \$16.23 | \$27.32 | \$58.59 | \$43.31 | \$32.45 | \$5.53 | \$183. |

| All Regions SFY 2023 MississippiCAN Capitation Rate Developmen CY 2018 Encounter Data | | | | | | | | | | |
|--|--|--------------------|-------------|-------------|-----------|---------|----------|-------------|--|--|
| Breast and Cervical Cancer Rate Cell | | | | | | | | | | |
| Category of Service | | | | | | | | | | |
| | | | Outpatient | | | | | | | |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | |
| а | CY 2018 Member Months | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | | |
| b | Total Allowed Dollars | \$216,492 | \$1,593,617 | \$1,021,306 | \$423,271 | \$8,377 | \$51,999 | \$3,315,063 | | |
| С | CY 2018 PMPM Costs | \$198.62 | \$1,462.03 | \$936.98 | \$388.32 | \$7.69 | \$47.71 | \$3,041.34 | | |
| d | Non-Covered Services | 1.000 | 1.000 | 0.981 | 0.959 | 1.000 | 1.000 | 0.989 | | |
| е | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 0.994 | 1.000 | 1.000 | 1.000 | 0.998 | | |
| g | HPE Newborn Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| h | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.998 | 1.000 | 0.959 | 0.994 | 0.999 | | |
| j | 5% Assessment - OPPS Adjustment | 1.000 | 0.995 | 1.000 | 1.000 | 1.000 | 1.000 | 0.998 | | |
| k | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | | |
| Product of c through k | 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 | | | | | | | | | |
| 1 | Utilization Trend 2018 to 2019 | 1.020 | 1.020 | 1.060 | 0.995 | 0.970 | 1.060 | 1.030 | | |
| m | 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 | | | | | | | | | |
| n | PRTF Services Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.989 | 1.000 | 1.000 | 0.999 | | |
| p | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.010 | 1.000 | 1.000 | 1.000 | 1.003 | | |
| q | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.021 | 1.000 | 1.000 | 1.003 | | |
| r | 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 | | | | | | | | | |
| S | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.853 | 0.998 | | |
| u | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.999 | | |
| Product of c through u | CY 2018 PMPM Costs - Adjusted to CY 2019 | \$199.94 | \$1,497.24 | \$976.69 | \$410.12 | \$7.14 | \$42.90 | \$3,134.04 | | |

| | All Regions S | Exhibi Mississippi Divisi SFY 2023 MississippiC CY 2018 Enco | on of Medicaid AN Capitation Rat | e Development | | | | | | |
|------------------------|--|---|-------------------------------------|---------------|-------------|-----------|-------------|-------------------|--|--|
| | F | Pregnant Women Rate | Cell - Non-Deliveri | | | | | | | |
| Category of Service | | | | | | | | | | |
| | | | Outpatient | | | | | | | |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | |
| а | CY 2018 Member Months | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | | |
| Ь | Total Allowed Dollars | \$5,688,263 | \$14,980,639 | \$27,189,605 | \$7,260,185 | \$842,120 | \$1,345,194 | \$57,306,007 | | |
| с | CY 2018 PMPM Costs | \$42.03 | \$110.69 | \$200.90 | \$53.65 | \$6.22 | \$9.94 | \$423.43 | | |
| d | Non-Covered Services | 1.000 | 1.000 | 0.998 | 0.989 | 1.000 | 1.000 | 0.997 | | |
| е | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | 0.998 | | |
| g | HPE Newborn Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| h | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.994 | 1.000 | 0.964 | 0.983 | 0.996 | | |
| j | 5% Assessment - OPPS Adjustment | 1.000 | 0.990 | 1.000 | 1.000 | 1.000 | 1.000 | 0.997 | | |
| k | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | | |
| Product of c through k | 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 | | | | | | | | | |
| 1 | Utilization Trend 2018 to 2019 | 0.990 | 1.000 | 1.000 | 0.995 | 0.970 | 1.000 | 0.998 | | |
| m | Charge Trend 2018 to 2019 | 1.000 | 1.010 | 1.001 | 1.095 | 1.000 | 1.001 | 1.01 | | |
| | CY 2018 to CY 2019 Program Changes | | | | | | | | | |
| n | PRTF Services Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.998 | 1.000 | 1.000 | 1.00 | | |
| p | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.002 | 1.000 | 1.000 | 1.000 | 1.00 [,] | | |
| q | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.006 | 1.000 | 1.000 | 1.00 | | |
| r | 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 | | | | | | | | | |
| s | OP Dental Adjustment | 1.000 | 0.999 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.985 | 1.000 | | |
| и | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.999 | | |
| Product of c through u | 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 | | | | | | | |
|------------------------|--|--------------------|------------|--------------|------------------|---------|-----------|--------------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | _ | | | |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| a | CY 2018 Member Months | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 |
| Ь | Total Allowed Dollars | \$65,051,086 | \$117,933 | \$18,206,474 | \$302,430 | \$373 | \$244,301 | \$83,922,596 |
| с | CY 2018 PMPM Costs ¹ | \$480.66 | \$0.87 | \$134.53 | \$2.23 | \$0.00 | \$1.81 | \$620.10 |
| d | Non-Covered Services | 1.000 | 1.000 | 0.998 | 0.989 | 1.000 | 1.000 | 0.999 |
| e | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.998 | 1.000 | 1.000 | 1.000 |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.000 | 0.999 |
| g | HPE Newborn Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| h | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| i | 5% Assessment - Provider Adjustment | 1.000 | 0.997 | 0.995 | 1.000 | 0.956 | 0.982 | 0.999 |
| j | 5% Assessment - OPPS Adjustment | 1.000 | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| k | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 |
| Product of c through k | 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 | | | | | | | |
| 1 | Utilization Trend 2018 to 2019 | 1.010 | 1.010 | 1.000 | 1.010 | 1.000 | 1.000 | 1.008 |
| m | 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 | | | | | | | |
| n | PRTF Services Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.999 | 1.000 | 1.000 | 1.000 |
| p | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.002 | 1.000 | 1.000 | 1.000 | 1.000 |
| q | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.006 | 1.000 | 1.000 | 1.000 |
| r | 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 | | | | | | | |
| s | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 |
| u | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.990 |
| Product of c through u | CY 2018 PMPM Costs - Adjusted to CY 2019 | \$479.11 | \$0.88 | \$133.24 | \$2.45 | \$0.00 | \$1.77 | \$617.44 |

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

| | | SSI / Disabled Nev | vborn Rate Cell | | | | | | | | |
|-----------------------|--|--------------------|-----------------|-------------|-------------|---------|-------------|--------|--|--|--|
| | Category of Service | | | | | | | | | | |
| | Outpatient | | | | | | | | | | |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | |
| а | CY 2018 Member Months | 6,311 | 6,311 | 6,311 | 6,311 | 6,311 | 6,311 | | | | |
| b | Total Allowed Dollars | \$32,864,910 | \$2,416,812 | \$8,931,077 | \$3,081,961 | \$3,714 | \$2,315,469 | \$49,6 | | | |
| с | CY 2018 PMPM Costs | \$5,207.56 | \$382.95 | \$1,415.16 | \$488.35 | \$0.59 | \$366.89 | \$7, | | | |
| d | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| е | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.998 | 1.000 | 1.000 | | | | |
| f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.029 | 1.000 | 1.000 | 1.000 | | | | |
| g | HPE Newborn Adjustment | 1.001 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| ĥ | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| i | 5% Assessment - Provider Adjustment | 1.000 | 1.000 | 0.997 | 1.000 | 0.971 | 0.972 | | | | |
| i | 5% Assessment - OPPS Adjustment | 1.000 | 0.996 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| k | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | | | | |
| roduct of c through k | Subtotal: CY 2018 Adjusted Costs | \$5,210.24 | \$381.33 | \$1,451.42 | \$486.84 | \$0.57 | \$356.25 | \$7, | | | |
| | CY 2018 to CY 2019 Trends | | | | | | | | | | |
| 1 | Utilization Trend 2018 to 2019 | 1.030 | 1.010 | 1.030 | 1.030 | 0.990 | 1.030 | | | | |
| m | Charge Trend 2018 to 2019 | 1.000 | 1.010 | 1.001 | 1.005 | 1.000 | 1.001 | | | | |
| | CY 2018 to CY 2019 Program Changes | | | | | | | | | | |
| n | PRTF Services Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | | | | |
| р | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| q | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| r | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| | CY 2018 to CY 2019 Reimbursement Methodology Changes | | | | | | | | | | |
| s | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.990 | | | | |
| u | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| roduct of c through u | CY 2018 PMPM Costs - Adjusted to CY 2019 | \$5,299.48 | \$388.91 | \$1,496.84 | \$505.26 | \$0.57 | \$363.85 | \$8, | | | |

Exhibit 1B

| All Regions SFY 2023 MississippiCAN Capitation Rate Development CY 2018 Encounter Data | | | | | | | | | | |
|---|--|--------------------|------------------------|--------------------------|---------------------|-----------------|------------------------|-----------------------------|--|--|
| Non-SSI Newborns 0 to 2 Months Rate Cell | | | | | | | | | | |
| Category of Service | | | | | | | | | | |
| | OV 0040 DNDN Os of Development | Inpatient Hospital | Outpatient Hospital | Physician | Davis | Dental | Other | Total | | |
| Calculation Step | CY 2018 PMPM Cost Development CY 2018 Member Months | 76.100 | 76,100 | 76.100 | Drug 76,100 | 76,100 | 76,100 | 76.100 | | |
| a | Total Allowed Dollars | \$101,925,618 | \$3,851,733 | \$25,111,112 | \$644,480 | \$43,105 | \$1,369,822 | \$132,945,870 | | |
| D | CY 2018 PMPM Costs | \$101,925,618 | \$3,651,733 | \$25,111,112 \$329.98 | \$044,460 \$8.47 | \$43,105 | \$1,369,822 \$18.00 | \$132,945,870 \$1,746.99 | | |
| с d | Non-Covered Services | \$1,339.30 | \$50.61 1.000 | \$329.98 1.000 | \$6.47 1.000 | \$0.57 1.000 | \$18.00 1.000 | \$1,746.99 | | |
| u | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | | |
| e f | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| 7 | HPE Newborn Adjustment | 1.000 | 1.000 | 1.023 | 1.000 | 1.000 | 1.000 | 1.004 | | |
| g | | | | 1.002 | 1.000 | 1.001 | 1.004 | 1.005 | | |
| n | IBNR Adjustment 5% Assessment - Provider Adjustment | 1.000 1.000 | 1.000 1.000 | 0.992 | 1.000 | 0.987 | 0.985 | 0.998 | | |
| 1 | 5% Assessment - Provider Adjustment 5% Assessment - OPPS Adjustment | 1.000 | 0.992 | 1.000 | 1.000 | 1.000 | 1.000 | 0.998 | | |
| J K | TPL Adjustment | 0.999 | 0.992 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | | |
| | Subtotal: CY 2018 Adjusted Costs | | | \$335.15 | | | | | | |
| Product of c through k | CY 2018 to CY 2019 Trends | \$1,346.31 | \$50.20 | \$335.15 | \$8.44 | \$0.56 | \$17.79 | \$1,758.45 | | |
| , | Utilization Trend 2018 to 2019 | 1.030 | 1.010 | 1.030 | 1.030 | 0.990 | 1.030 | 1.029 | | |
| 1 | | 1.030 | 1.010 | 1.030 | 1.030 | 1.000 | 1.030 | 1.029 | | |
| т | 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 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | | |
| n | PRTF Services Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.000 1.000 | | |
| p | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | |
| q | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| r | 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 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | 4 000 | | |
| s | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | |
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | | |
| <u>u</u> | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.990 | | |
| Product of c through u | CY 2018 PMPM Costs - Adjusted to CY 2019 | \$1,369.37 | \$51.19 | \$345.64 | \$8.76 | \$0.55 | \$18.29 | \$1,793.81 | | |

| | All Regions S | Exhibi Mississippi Divisi FY 2023 MississippiC | ion of Medicaid | e Developmeni | | | | |
|------------------------|---|--|------------------------|-------------------------|------------------------|------------------------|---------------------|------------------|
| | · · · · · · · · · · · · · · · · · · · | CY 2018 Enco | | | | | | |
| | | | | | | | | |
| | | Foster Care | Rate Cell | | | | | |
| | | | | Cat | egory of Service | | | |
| | OV 0040 DNDM Quet Development | Innetient Licenited | Outpatient Hospital | Dhusisian | Davia | Dental | Other | Total |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | | Physician | Drug | 77.192 | | 1 otal 77 |
| a | CY 2018 Member Months Total Allowed Dollars | 77,192 | 77,192 | 77,192 | 77,192 | | 77,192 | |
| Ь | CY 2018 PMPM Costs | \$8,923,087 \$115.60 | \$3,382,849 \$43.82 | \$9,121,108 \$118.16 | \$5,629,705 \$72.93 | \$2,290,780 \$29.68 | \$713,690 \$9.25 | \$30,061 \$38 |
| C a | | | | | | | | \$38 1 |
| a | Non-Covered Services Drug Services Rebate Adjustment | 1.000 1.000 | 1.000 1.000 | 1.000 1.000 | 1.000 0.997 | 1.000 1.000 | 1.000 1.000 | 1 |
| e | Provider Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| 1 | HPE Newborn Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| g h | | 1.000 | | 1.000 | 1.000 | 1.000 | 1.000 | |
| n | IBNR Adjustment 5% Assessment - Provider Adjustment | 1.000 | 1.000 0.987 | 0.967 | 1.000 | 0.956 | 0.961 | 1 |
| 1 | 5% Assessment - OPPS Adjustment | 1.000 | 0.989 | 1.000 | 1.000 | 1.000 | 1.000 | |
| J | TPL Adjustment | 0.999 | 0.989 | 0.999 | 0.999 | 0.999 | 0.999 | |
| Product of c through k | Subtotal: CY 2018 Adjusted Costs | \$115.53 | \$42.76 | \$114.23 | \$72.67 | \$28.34 | \$8.88 | \$38 |
| -Toduct of C through K | CY 2018 to CY 2019 Trends | \$115.55 | \$ 4 2.76 | ş114.23 | \$72.07 | \$20.3 4 | \$0.00 | 430 |
| 1 | Utilization Trend 2018 to 2019 | 1.030 | 1.010 | 1.030 | 1.030 | 0.990 | 1.030 | 1 |
| m | Charge Trend 2018 to 2019 | 1.000 | 1.010 | 1.000 | 1.005 | 1.000 | 1.001 | |
| | CY 2018 to CY 2019 Program Changes | 1.000 | 1.010 | 1.001 | 1.000 | 1.000 | 1.001 | |
| n | PRTF Services Adjustment | 2.381 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | - |
| p | Physician Limit Expansion Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| a | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | - |
| r | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | - |
| | CY 2018 to CY 2019 Reimbursement Methodology Changes | 1.000 | 1.000 | 1.000 | | 1.000 | | |
| s | OP Dental Adjustment | 1.000 | 0.985 | 1.000 | 1.000 | 1.000 | 1.000 | (|
| t | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| u | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0 |
| Product of c through L | CY 2018 PMPM Costs - Adjusted to CY 2019 | \$279.76 | \$42.95 | \$117.80 | \$75.42 | \$28.06 | \$9.16 | \$55 |

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

| | | | | Cat | egory of Service | | | |
|-----------------------|--|--------------------|------------|--------------|------------------|-----------|-----------|----------|
| | | | Outpatient | | | | | |
| Calculation Step | CY 2018 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2018 Member Months | 5,469 | 5,469 | 5,469 | 5,469 | 5,469 | 5,469 | 5 |
| b | Total Allowed Dollars | \$1,444,616 | \$260,218 | \$16,192,576 | \$874,965 | \$163,588 | \$133,103 | \$19,069 |
| С | CY 2018 PMPM Costs | \$264.15 | \$47.58 | \$2,960.79 | \$159.99 | \$29.91 | \$24.34 | \$3,48 |
| d | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1 |
| е | IBNR Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| f | TPL Adjustment | 0.992 | 0.992 | 0.992 | 0.992 | 0.992 | 0.992 | (|
| g | Utilization Trend Q1 to Q3 2018 to CY 2018 | 1.004 | 1.001 | 1.000 | 1.004 | 0.999 | 1.004 | |
| h | Charge Trend Q1 to Q3 2018 to CY 2018 | 1.000 | 1.001 | 1.000 | 1.001 | 1.000 | 1.000 | |
| i | 5% Assessment - OPPS Adjustment | 1.000 | 1.004 | 1.000 | 1.000 | 1.000 | 1.000 | |
| j | PRTF Append Q4 2018 Experience | 1.026 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| k | MYPAC Seasonality Adjustment | 0.989 | 0.989 | 0.989 | 0.989 | 0.989 | 0.989 | (|
| roduct of c through k | Subtotal: CY 2018 Adjusted Costs | \$266.84 | \$46.96 | \$2,904.10 | \$157.13 | \$29.30 | \$23.96 | \$3,42 |
| | CY 2018 to CY 2019 Trends | | | | | | | |
| 1 | Utilization Trend 2018 to 2019 | 1.030 | 1.010 | 1.001 | 1.030 | 0.990 | 1.030 | |
| т | Charge Trend 2018 to 2019 | 1.000 | 1.010 | 1.000 | 1.005 | 1.000 | 1.001 | |
| | CY 2018 to CY 2019 Program Changes | | | | | | | |
| п | PRTF Adjusting to CY 2019 Basis | 1.076 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| 0 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | |
| | CY 2018 to CY 2019 Reimbursement Methodology Changes | | | | | | | |
| p | OP Dental Adjustment | 1.000 | 0.997 | 1.000 | 1.000 | 1.000 | 1.000 | |
| q | GME Adjustment | 0.988 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | (|
| roduct of c through q | CY 2018 PMPM Costs - Trended to CY 2019 | \$292.14 | \$47.74 | \$2,907.51 | \$163.08 | \$29.00 | \$24.71 | \$3,46 |

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 Category of Service | | | | | | | | | | |
|-----------------------|--|--------------------|------------------------|-----------|------------------|--------|---------|-------|--|--|--|
| | | | <u> </u> | Cat | egory of Service | | | | | | |
| 0-1 | OFV 0000 DMDM Or of Development | Inpatient Hospital | Outpatient Hospital | Physician | Davia | Dental | Other | Total | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | inpatient Hospital | поѕрітаі | Physician | Drug | Dentai | Other | Total | | | |
| | Base Period Summaries | A 404 50 | A007 40 | A040 77 | A000 70 | | 004 70 | | | | |
| а | CY 2019 PMPM Costs | \$194.50 | \$207.18 | \$216.77 | \$296.79 | \$9.28 | \$61.78 | \$98 | | | |
| | Trends | | | | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.018 | 1.018 | 1.053 | 1.128 | 0.899 | 1.053 | | | | |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 0.997 | 0.997 | 1.045 | 1.090 | 1.000 | 1.027 | | | | |
| d | Emergency Services Savings Adjustment | 1.000 | 0.982 | 0.995 | 1.000 | 1.000 | 1.000 | | | | |
| | Population Changes | | | | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| | Program Changes | | | | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1.000 | | | | |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.031 | 1.000 | 1.000 | | | | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | | | | |
| , | Reimbursement Changes | | | | | | | | | | |
| ĸ | OP Dental Adjustment | 1.000 | 0.999 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| i i | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.966 | | | | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.071 | | | | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | | | | |
| n | 5% Assessment Removal Adjustment | 1.000 | 1.007 | 1.023 | 1.000 | 1.048 | 1.036 | | | | |
| ~ | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.040 | 1.000 | | | | |
| ч r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.009 | 1.000 | | | | |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$189.99 | \$207.65 | \$244.19 | \$356.92 | \$8.99 | \$71.57 | \$1,0 | | | |

| | | | | Cat | egory of Service | | | |
|-----------------------|---|--------------------|------------|------------|------------------|--------|---------|-----------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| | CY 2018 MMs | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,09 |
| | CY 2018 PMPM Costs - Trended to CY 2019 | \$199.94 | \$1,497.24 | \$976.69 | \$410.12 | \$7.14 | \$42.90 | \$3,134.0 |
| | CY 2019 MMs | 1,187 | 1,187 | 1,187 | 1,187 | 1,187 | 1,187 | 1,18 |
| | CY 2019 PMPM Costs | \$193.10 | \$1,566.99 | \$1,018.87 | \$490.82 | \$8.03 | \$41.23 | \$3,319.0 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$196.37 | \$1,533.60 | \$998.68 | \$452.19 | \$7.60 | \$42.03 | \$3,230.4 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.018 | 1.018 | 1.053 | 1.128 | 0.899 | 1.053 | 1.04 |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.042 | 1.090 | 1.000 | 1.020 | 1.02 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.998 | 0.999 | 1.000 | 1.000 | 1.000 | 0.99 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.122 | 1.000 | 1.000 | 1.02 |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 0.99 |
| - | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.987 | 1.00 |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.99 |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.044 | 1.00 |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1.000 | 1.00 |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.004 | 1.000 | 1.051 | 1.027 | 1.00 |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.011 | 1.000 | 1.00 |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$191.38 | \$1,549.89 | \$1,100.59 | \$591.42 | \$7.27 | \$47.78 | \$3,488.3 |

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

| | | MA Adult Rate Cell - N | Ion-Deliveries | | | | | |
|-----------------------|---|------------------------|----------------|-----------|------------------|--------|---------|-------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2019 PMPM Costs | \$43.05 | \$112.46 | \$122.14 | \$111.02 | \$6.93 | \$12.49 | \$40 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 0.965 | 1.000 | 1.000 | 1.147 | 0.899 | 1.000 | |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.072 | 1.109 | 1.000 | 1.020 | |
| d | Emergency Services Savings Adjustment | 1.000 | 0.937 | 0.983 | 1.000 | 1.000 | 1.000 | |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.023 | 1.023 | 1.023 | 1.023 | 1.023 | 1.023 | |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| | Program Changes | | | | | | | |
| q | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.034 | 1.000 | 1.000 | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.959 | 1.000 | 1.000 | |
| • | Reimbursement Changes | | | | | | | |
| ĸ | OP Dental Adjustment | 1.000 | 0.999 | 1.000 | 1.000 | 1.000 | 1.000 | |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.932 | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.126 | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.012 | 1.000 | 1.000 | 1.000 | |
| D | 5% Assessment Removal Adjustment | 1.000 | 1.001 | 1.018 | 1.000 | 1.047 | 1.038 | |
| a | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.017 | 1.000 | |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.001 | 1.000 | |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$40.71 | \$107.22 | \$135.53 | \$143.26 | \$6.79 | \$14.19 | \$44 |

| | | | | Cat | egory of Service | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|--------|--------|-------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2019 PMPM Costs | \$32.91 | \$0.12 | \$8.67 | \$0.16 | \$0.00 | \$0.19 | \$42. |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.035 | 1.000 | 1.035 | 1.000 | 1.000 | 1.0 |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.072 | 1.109 | 1.000 | 1.020 | 1.0 |
| d | Emergency Services Savings Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.034 | 1.000 | 1.000 | 1. |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.995 | 1.000 | 1.000 | 1. |
| | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.910 | 1. |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0. |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.401 | 1. |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.008 | 1.000 | 1.051 | 1.045 | 1. |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.018 | 1.000 | 1. |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.001 | 1.000 | 1. |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$32.63 | \$0.12 | \$9.37 | \$0.19 | \$0.00 | \$0.25 | \$42 |

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 I | Data and Projection | Assumptions |
|--------------|---------------------|-------------|
| | | |

| | | Pregnant Women Rate Cell - Non-Deliveries Category of Service | | | | | | | | | |
|-----------------------|---|---|------------|-----------|------------------|---------|---------|-------|--|--|--|
| | | | | Cat | egory of Service | | | | | | |
| | | | Outpatient | | _ | | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | |
| | Base Period Summaries | 105 007 | 105 007 | 105 007 | 405 007 | 105 007 | 105 007 | | | | |
| | CY 2018 MMs | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135 | | | |
| | CY 2018 PMPM Costs - Trended to CY 2019 | \$41.06 | \$110.41 | \$199.14 | \$57.82 | \$5.81 | \$9.63 | \$42 | | | |
| | CY 2019 MMs | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 13 | | | |
| | CY 2019 PMPM Costs | \$35.43 | \$116.54 | \$198.96 | \$51.19 | \$4.99 | \$9.27 | \$4 | | | |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$38.23 | \$113.50 | \$199.05 | \$54.48 | \$5.40 | \$9.45 | \$4: | | | |
| | Trends | | | | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 0.965 | 1.000 | 1.000 | 1.147 | 0.899 | 1.000 | | | | |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.072 | 1.109 | 1.000 | 1.020 | | | | |
| d | Emergency Services Savings Adjustment | 1.000 | 0.936 | 0.988 | 1.000 | 1.000 | 1.000 | | | | |
| | Population Changes | | | | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| f | Postpartum Coverage Extension | 0.990 | 0.990 | 0.990 | 0.990 | 0.990 | 0.990 | | | | |
| | Program Changes | | | | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.008 | 1.000 | 1.000 | | | | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.959 | 1.000 | 1.000 | | | | |
| | Reimbursement Changes | | | | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.970 | | | | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.181 | | | | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.008 | 1.000 | 1.000 | 1.000 | | | | |
| р | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.010 | 1.000 | 1.048 | 1.039 | | | | |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.018 | 1.000 | | | | |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.006 | 1.000 | | | | |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$34.98 | \$104.52 | \$212.41 | \$66.29 | \$5.16 | \$11.36 | \$4 | | | |

| | | | | Cat | egory of Service | | | |
|----------------------|---|--------------------|------------|-----------|------------------|---------|---------|-------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| | CY 2018 MMs | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 135,337 | 13 |
| | CY 2018 PMPM Costs - Trended to CY 2019 | \$479.11 | \$0.88 | \$133.24 | \$2.45 | \$0.00 | \$1.77 | \$6 |
| | CY 2019 MMs | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 137,224 | 13 |
| | CY 2019 PMPM Costs | \$461.30 | \$1.40 | \$125.36 | \$2.30 | \$0.00 | \$1.48 | \$5 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$470.14 | \$1.14 | \$129.27 | \$2.37 | \$0.00 | \$1.62 | \$6 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.035 | 1.000 | 1.035 | 1.000 | 1.000 | |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.072 | 1.109 | 1.000 | 1.020 | |
| d | Emergency Services Savings Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| f | Postpartum Coverage Extension | 0.975 | 0.975 | 0.975 | 0.975 | 0.975 | 0.975 | |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.008 | 1.000 | 1.000 | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.995 | 1.000 | 1.000 | |
| • | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.970 | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.398 | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.008 | 1.000 | 1.047 | 1.048 | |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.018 | 1.000 | |
| r r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.007 | 1.000 | |
| oduct of a through r | Projected SFY 2023 PMPM Costs | \$454.60 | \$1.15 | \$136.16 | \$2.66 | \$0.00 | \$2.29 | \$5 |

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 Proje | ection Assum | otions |
|------------|----------------|--------------|--------|
| | | | |

| | | SSI / Disabled Newb | orn Rate Cell | | | | | |
|-----------------------|---|---------------------|---------------|------------|------------------|--------|----------|--------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| | CY 2018 MMs | 6,311 | 6,311 | 6,311 | 6,311 | 6,311 | 6,311 | 6, |
| | CY 2018 PMPM Costs - Trended to CY 2019 | \$5,299.48 | \$388.91 | \$1,496.84 | \$505.26 | \$0.57 | \$363.85 | \$8,05 |
| | CY 2019 MMs | 6,340 | 6,340 | 6,340 | 6,340 | 6,340 | 6,340 | 6 |
| | CY 2019 PMPM Costs | \$4,909.13 | \$227.69 | \$1,576.10 | \$584.17 | \$0.71 | \$262.73 | \$7,56 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$5,103.86 | \$308.11 | \$1,536.56 | \$544.81 | \$0.64 | \$313.17 | \$7,80 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | 1 |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.999 | 1.063 | 1.053 | 1.000 | 1.037 | 1 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.976 | 0.999 | 1.000 | 1.000 | 1.000 | 0 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | (|
| | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.945 | (|
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | c |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.060 | 1 |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| р | 5% Assessment Removal Adjustment | 1.000 | 1.001 | 1.005 | 1.000 | 1.038 | 1.041 | 1 |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.059 | 1.000 | 1 |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$5,061.45 | \$306.20 | \$1,697.81 | \$583.15 | \$0.67 | \$350.73 | \$8,00 |

| | | | | Cat | egory of Service | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|--------|---------|--------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| | CY 2018 MMs | 76,100 | 76,100 | 76,100 | 76,100 | 76,100 | 76,100 | 76 |
| | CY 2018 PMPM Costs - Trended to CY 2019 | \$1,369.37 | \$51.19 | \$345.64 | \$8.76 | \$0.55 | \$18.29 | \$1,79 |
| | CY 2019 MMs | 75,312 | 75,312 | 75,312 | 75,312 | 75,312 | 75,312 | 75 |
| | CY 2019 PMPM Costs | \$1,390.98 | \$53.57 | \$344.18 | \$8.87 | \$0.66 | \$14.64 | \$1,81 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$1,380.12 | \$52.37 | \$344.91 | \$8.81 | \$0.61 | \$16.47 | \$1,80 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | 1 |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.060 | 1.053 | 1.000 | 1.020 | 1 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.954 | 0.998 | 1.000 | 1.000 | 1.000 | 0 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 1 |
| | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.964 | 1 |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0 |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.334 | 1 |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.011 | 1.000 | 1.024 | 1.030 | 1 |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.064 | 1.000 | 1 |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$1.368.65 | \$50.61 | \$381.80 | \$9.43 | \$0.64 | \$23.03 | \$1.83 |

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 Category of Service | | | | | | | | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|--------|--------|-------|--|--|--|
| | | | Outpatient | out | egery er eer nee | | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | |
| | Base Period Summaries | | - | - | - | | | | | | |
| а | CY 2019 PMPM Costs | \$38.40 | \$58.66 | \$108.67 | \$23.75 | \$0.98 | \$5.37 | \$235 | | | |
| | Trends | | | | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | 1. | | | |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 0.995 | 0.995 | 1.061 | 1.053 | 1.000 | 1.020 | 1. | | | |
| d | Emergency Services Savings Adjustment | 1.000 | 0.951 | 0.992 | 1.000 | 1.000 | 1.000 | 0. | | | |
| | Population Changes | | | | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | | | |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | |
| | Program Changes | | | | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | | | |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 0 | | | |
| - | Reimbursement Changes | | | | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1 | | | |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.964 | 0 | | | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0 | | | |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.183 | 1 | | | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | | | |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.021 | 1.000 | 1.036 | 1.041 | 1. | | | |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.063 | 1.000 | 1. | | | |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. | | | |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$38.08 | \$56.45 | \$120.94 | \$25.42 | \$1.04 | \$6.73 | \$248 | | | |

| | | | | Cat | egory of Service | | | |
|----------------------|---|--------------------|------------|-----------|------------------|---------|---------|----------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | 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 2019 | \$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 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$289.99 | \$43.07 | \$123.73 | \$74.53 | \$27.36 | \$10.56 | \$569.24 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | 1.035 |
| с | Charge Trend Factors CY 2019 to SFY 2023 | 1.155 | 0.994 | 1.063 | 1.053 | 1.000 | 1.030 | 1.100 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.978 | 0.998 | 1.000 | 1.000 | 1.000 | 0.998 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.001 | 1.000 | 1.000 | 1.000 | 1.000 |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 0.993 |
| | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 0.996 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.998 | 1.000 |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.980 |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.053 | 1.001 |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.004 | 1.000 | 1.000 | 1.000 | 1.001 |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.015 | 1.037 | 1.000 | 1.049 | 1.048 | 1.012 |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.022 | 1.000 | 1.001 |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.013 | 1.000 | 1.001 |
| oduct of a through r | 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

| Fina | al Base Da | ata and Proj | ection A | Assumptions |
|------|------------|--------------|----------|-------------|
|------|------------|--------------|----------|-------------|

| | | | | Cat | egory of Service | | | |
|----------------------|---|--------------------|------------|------------|------------------|---------|---------|------------|
| | | | Outpatient | | _ | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | 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 |
| а | Blended CY 2018 & CY 2019 PMPM Costs | \$421.07 | \$51.31 | \$2,864.25 | \$163.28 | \$30.38 | \$21.22 | \$3,551.52 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.001 | 1.072 | 0.965 | 1.035 | 1.009 |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 1.034 | 0.994 | 1.002 | 1.053 | 1.000 | 1.020 | 1.009 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.954 | 1.000 | 1.000 | 1.000 | 1.000 | 0.999 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| h | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| j | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 0.997 |
| - | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 0.993 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.921 | 1.000 |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.995 |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.219 | 1.001 |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.001 | 1.050 | 1.000 | 1.049 | 1.039 | 1.041 |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.021 | 1.000 | 1.000 |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.013 | 1.000 | 1.000 |
| oduct of a through r | Projected SFY 2023 PMPM Costs | \$434.06 | \$49.20 | \$3,019.60 | \$174.77 | \$31.82 | \$26.15 | \$3,735.60 |

| | | MA Children R | ate Cell | | | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|---------|--------|--------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2019 PMPM Costs | \$18.73 | \$35.84 | \$62.27 | \$34.67 | \$25.55 | \$4.91 | \$181. |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | 1.0 |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 1.037 | 0.994 | 1.061 | 1.053 | 1.000 | 1.021 | 1.0 |
| d | Emergency Services Savings Adjustment | 1.000 | 0.966 | 0.994 | 1.000 | 1.000 | 1.000 | 0.9 |
| | Population Changes | | | | | | | |
| е | COVID-19 Population Acuity Adjustment | 1.031 | 1.031 | 1.031 | 1.031 | 1.031 | 1.031 | 1. |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1. |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | 0 |
| - | Reimbursement Changes | | | | | | | |
| k | OP Dental Adjustment | 1.000 | 0.989 | 1.000 | 1.000 | 1.000 | 1.000 | 0 |
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.981 | 0. |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0. |
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.093 | 1. |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.009 | 1.000 | 1.000 | 1.000 | 1. |
| p | 5% Assessment Removal Adjustment | 1.000 | 1.007 | 1.027 | 1.000 | 1.050 | 1.043 | 1. |
| q | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.020 | 1.000 | 1. |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.014 | 1.000 | 1. |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$19.96 | \$35.99 | \$72.61 | \$38.25 | \$27.60 | \$5.99 | \$200 |

Exhibit 2A Mississippi Division of Medicaid All Regions SFY 2023 MississippiCAN Capitation Rate Development

| Final Base | Data and Pl | ojection As | sumptions |
|------------|-------------|-------------|-----------|
| | | | |

| | | Quasi-CHIP Ra | ite Cell | | | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|---------|--------|-------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2023 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2019 PMPM Costs | \$16.23 | \$27.32 | \$58.59 | \$43.31 | \$32.45 | \$5.53 | \$18 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2019 to SFY 2023 | 1.035 | 1.018 | 1.035 | 1.072 | 0.965 | 1.035 | |
| С | Charge Trend Factors CY 2019 to SFY 2023 | 1.047 | 0.994 | 1.061 | 1.053 | 1.000 | 1.020 | |
| d | Emergency Services Savings Adjustment | 1.000 | 0.969 | 0.996 | 1.000 | 1.000 | 1.000 | (|
| | Population Changes | | | | | | | |
| e | COVID-19 Population Acuity Adjustment | 1.031 | 1.031 | 1.031 | 1.031 | 1.031 | 1.031 | |
| f | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| | Program Changes | | | | | | | |
| g | ASD Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| ĥ | Rx Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| i | Home Health Limit Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.948 | 1.000 | 1.000 | |
| • | Reimbursement Changes | | | | | | | |
| ĸ | OP Dental Adjustment | 1.000 | 0.994 | 1.000 | 1.000 | 1.000 | 1.000 | (|
| 1 | NET Reimbursement Adjustment | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.986 | |
| m | GME Adjustment | 0.963 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | (|
| n | Emergency Ambulance Payment Increase | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.060 | |
| 0 | COVID-19 Vaccine Administration Adjustment | 1.000 | 1.000 | 1.009 | 1.000 | 1.000 | 1.000 | |
| Ø | 5% Assessment Removal Adjustment | 1.000 | 1.006 | 1.026 | 1.000 | 1.050 | 1.048 | |
| a | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.020 | 1.000 | |
| r | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.010 | 1.000 | |
| roduct of a through r | Projected SFY 2023 PMPM Costs | \$17.45 | \$27.59 | \$68.36 | \$47.79 | \$34.94 | \$6.58 | \$20 |

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 | | | | | | | | | | |
|--|---------------------|------------|-----------|----------|--------|---------|----------|--|--|--|
| | Category of Service | | | | | | | | | |
| | Inpatient | Outpatient | | | | | | | | |
| Projected SFY 2023 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | |
| 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

| | | | Cat | tegory of Service | | | |
|--|-----------|------------|-----------|-------------------|--------|---------|------------|
| | Inpatient | Outpatient | | | | | |
| Projected SFY 2023 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| 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 | | | | | | | | | | | |
|--|----------------|------------|--------------|------------|-----------|------------|------------------|------------|------------------|-------------------------------|--|
| | a Droipotod | b | C Fixed | d | e = d × j | f | $g = f \times j$ | h | $i = h \times j$ | j = (b + c) / (1 - d - f - h) | |
| Projected Fixed SFY 2023 SFY 2023 Non-Service Non-Service Margin Margin Premium Tax Premium Tax | | | | | | | | | | | |
| Rate Cell | Membership | PMPM Cost | Expense Load | Percentage | PMPM | Percentage | PMPM | Percentage | 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 | |

| Non-Newborn SSI / Disabled \$1,208.34 (\$12.08) \$1,196.25 719; North Region 0.913 \$1,103.21 (\$11.03) \$1,092.18 247; Central Region 1.050 1.268.75 (\$12.67) \$1,260.77 263. South Region 1.040 1.256.67 (\$12.57) \$1,244.10 208. Breast and Cervical Cancer \$3,879.26 (\$38.79) \$3,840.47 9 North Region 0.913 \$3,541.76 (\$35.42) \$3,50.35 5 South Region 1.040 4,034.43 (\$40.34) \$3,994.08 4 MA Adult \$555.24 (\$5.55) \$549.69 469. North Region 0.944 \$524.15 (\$52.77) \$571.68 157. South Region 1.040 577.45 (\$52.71) \$571.68 157. South Region 1.011 561.35 \$1,143.87 91. North Region 1.040 577.45 (\$2.02) \$1,199.63 33. South Region 0.944 | | SFY 2 | Mississippi Di 2023 MississippiCAN | whibit 4 vision of Medicaid Capitation Rate Deve | lopment | | |
|---|---------------------------------|-----------------------|---------------------------------------|--|-----------|---------------------------------|-----------|
| North Region 0.913 \$1,103.21 (\$11.03) \$1,092.18 247, 261,286,75 South Region 1.050 1.286,75 (\$12.69) \$1,286,07 263, 281,286,07 Breast and Cervical Cancer \$3,879.26 (\$38.79) \$3,840.47 298, 235,541,76 North Region 0.913 \$3,541,76 (\$35,42) \$3,506,35 50, 201,000 North Region 0.913 \$3,541,76 (\$55,55) \$549,69 469, 203,000 North Region 0.944 \$524,15 (\$55,55) \$549,69 469, 201,000 North Region 0.944 \$524,15 (\$55,57,4 150, 201,000 150, 201,000 150, 201,000 North Region 0.944 \$524,15 (\$55,51,89,9 469, 201,000 150, 201,000 150, 202,000,00 151,000,000 151,000,000 151,000,000 151,000,000 151,000,000 151,000,000 151,000,000 | Rate Cell | SFY 2023 Statewide | b Area | c = a × b SFY 2023 Regional | Quality | Total Rate at 1.0 Risk Score | Projected |
| Central Region 1.050 1.268.75 (\$12.69) \$1.256.07 263.1 South Region 1.040 1.256.67 (\$12.57) \$1.244.10 208.1 Breast and Cervical Cancer \$3,879.26 (\$38.79) \$3.840.47 \$3.840.47 \$3.840.47 \$3.506.35 North Region 0.913 \$3.541.76 (\$35.42) \$3.506.35 \$3.506.35 \$3.506.35 \$3.501.76 \$3.840.34 \$3.994.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.032.49 \$3.594.08 \$4.033 \$3.994.08 \$4.033 \$3.994.08 \$4.033 \$3.994.08 \$4.033 \$3.994.08 \$4.033 \$3.594.08 \$4.033 \$3.594.08 \$4.033 \$3.594.08 \$4.033 \$3.994.08 \$4.033 \$3.994.08 \$4.033 \$3.994.08 \$5.71 \$5.71 \$5.71.68 \$15.71 \$5.71.68 \$15.71 \$5.71.68 \$15.71 \$5.71.68 \$15.73 | Non-Newborn SSI / Disabled | \$1,208.34 | | | (\$12.08) | \$1,196.25 | 719,345 |
| South Region 1.040 1.266.67 (\$12.57) \$1,244.10 208,4 Breast and Cervical Cancer \$3,879.26 (\$38.79) \$3,840.47 \$2 North Region 0.913 \$3,541.76 (\$35.42) \$3,506.35 5 Central Region 1.050 4.073.22 (\$40.73) \$4,032.49 5 South Region 0.944 \$524.15 (\$5.55) \$549.69 469.3 North Region 0.944 \$524.15 (\$5.57) \$571.68 157.7 South Region 1.040 577.45 (\$5.61) \$555.74 161.1 Pregnant Women \$1,155.43 (\$1.090.72 (\$10.91) \$1,079.82 28.3 North Region 0.944 \$1,090.72 (\$10.69) \$1,079.82 28.3 South Region 1.040 1.201.64 (\$12.02) \$1,183.87 91.3 North Region 0.942 \$1,990.72 (\$10.81) \$1,979.82 28.3 South Region 0.941 \$1,090.72 (\$10.61) \$1,079.82 <td< td=""><td>North Region</td><td></td><td>0.913</td><td>\$1,103.21</td><td>(\$11.03)</td><td>\$1,092.18</td><td>247,720</td></td<> | North Region | | 0.913 | \$1,103.21 | (\$11.03) | \$1,092.18 | 247,720 |
| Breast and Cervical Cancer \$3,879.26 (\$38.79) \$3,840.47 \$3 North Region 0.913 \$3,541.76 (\$35.42) \$3,506.35 5 Central Region 1.050 4.073.22 (\$40.73) \$4,032.49 5 South Region 1.040 4,034.43 (\$40.34) \$3,994.08 5 MA Aduit \$555.24 (\$5.55) \$549.69 469. North Region 0.944 \$524.15 (\$5.57) \$511.68 157.3 South Region 1.040 577.45 (\$5.61) \$555.74 161.4 Pregnant Women \$1,155.43 (\$11.55) \$1,143.87 91.3 North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28.3 South Region 1.040 1.201.64 (\$12.22) \$1,185.3 33.3 50.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 53.3 | Central Region | | 1.050 | 1,268.75 | (\$12.69) | \$1,256.07 | 263,013 |
| North Region 0.913 \$3,541.76 (\$35.42) \$3,506.35 Central Region 1.050 4.073.22 (\$40.73) \$4.032.49 5 South Region 1.040 4.034.43 (\$40.34) \$3,994.08 5 MA Adult \$555.24 (\$5.55) \$549.69 469, North Region 0.944 \$524.15 (\$5.77) \$571.68 157, South Region 1.040 577.45 (\$5.61) \$555.74 161, Pregnant Women \$1,155.43 (\$11.55) \$1,143.87 91, North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28, Central Region 1.011 1,168.14 (\$11.68) \$1,156.46 29, South Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1, North Region 0.982 \$8,721.52 (\$88.81) \$8,792.57 4, North Region 0.982 \$8,721.52 (\$88.72) \$8,634.31 1, Central Region 0.9 | South Region | | 1.040 | 1,256.67 | (\$12.57) | \$1,244.10 | 208,612 |
| Central Region 1.050 4,073.22 (\$40,73) \$4,032.49 33 South Region 1.040 4.034.43 (\$40.34) \$3,994.08 4 MA Aduit \$555.24 (\$5.55) \$549.69 469; North Region 0.944 \$524.15 (\$5.24) \$518.91 150.0 Central Region 1.040 577.45 (\$5.77) \$571.68 157.7 South Region 1.011 561.35 (\$10.91) \$1,079.82 28. Central Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28. Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33.3 South Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28. Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33.3 South Region 0.982 \$8,721.52 (\$87.22) \$8,643.31 1.1 North Region 0.986 \$8,45.86 (\$88.46) \$8,77.40 1.0 <t< td=""><td>Breast and Cervical Cancer</td><td>\$3,879.26</td><td></td><td></td><td>(\$38.79)</td><td>\$3,840.47</td><td>992</td></t<> | Breast and Cervical Cancer | \$3,879.26 | | | (\$38.79) | \$3,840.47 | 992 |
| South Region 1.040 4,034.43 (\$40.34) \$3,994.08 MA Adult \$555.24 (\$5.55) \$549.69 469, (\$5.24) North Region 0.944 \$524.15 (\$5.24) \$518.91 150, (\$5.77) South Region 1.040 \$77.45 (\$5.77) \$571.68 157, (\$5.61) \$555.74 161, (\$11, (\$ | North Region | | 0.913 | \$3,541.76 | (\$35.42) | \$3,506.35 | 195 |
| MA Adult \$555.24 (\$5.55) \$549.69 469, 469, Morth Region North Region 0.944 \$524.15 (\$5.55) \$549.69 469, 150, 50, South Region Pregnant Women \$1,155.43 (\$11.55) \$1,143.87 91, 555.74 161, 1011 North Region \$1,155.43 (\$11.55) \$1,143.87 91, 555.74 91, 1011 North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28, 33, 33, 33, 33, 33, 5 outh Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28, 28, 20, 5 (\$5.61) 29, 5 (\$5.61) \$1,180.63 33, 33, 33, 33, 33, 33, 33, 5 outh Region \$1,156.46 29, 4, 10,010 \$1,019 \$1,079.82 \$8,81.31 1, 10,11 \$1,168.14 \$1,156.46 29, 4, 10,019 \$2,050.13 \$8,92.57 4, 4, North Region \$8,881.31 1, 10,19 \$2,081.12 \$8,634.31 1, 1, 10,19 \$2,024.81 7, 4, 1, 10,19 \$2,084.45 \$8,634.31 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | Central Region | | 1.050 | 4,073.22 | (\$40.73) | \$4,032.49 | 301 |
| North Region 0.944 \$524.15 (\$5.24) \$518.91 150, Central Region 1.040 577.45 (\$5.77) \$571.68 157, South Region 1.011 561.35 (\$5.61) \$555.74 161, Pregnant Women \$1,155.43 (\$1.090.72 (\$10.91) \$1,079.82 28, Central Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28, Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33, South Region 0.944 \$1,090.72 (\$88.81) \$8,792.57 4, North Region 0.982 \$8,721.52 (\$87.72) \$8,634.31 1, South Region 1.019 9,050.13 (\$90.50) \$8,959.63 1, South Region 0.996 8,845.86 (\$88.46) \$8,77.40 1, Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74, North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 2 | South Region | | 1.040 | 4,034.43 | (\$40.34) | \$3,994.08 | 496 |
| North Region 0.944 \$524.15 (\$5.24) \$518.91 150, Central Region 1.040 577.45 (\$5.77) \$571.68 157, South Region 1.011 561.35 (\$5.61) \$555.74 161, Pregnant Women \$1,155.43 (\$1.090.72 (\$10.91) \$1,079.82 28, Central Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28, Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33, South Region 0.944 \$1,090.72 (\$88.81) \$8,792.57 4, North Region 0.982 \$8,721.52 (\$87.72) \$8,634.31 1,1 SSI / Disabled Newborn \$8,881.39 (\$20.45) \$2,045.36 1,1 Central Region 1.019 9,050.13 \$\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,77.40 1,1 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.08,45 (\$20.08) \$1,988.3 | MA Adult | \$555.24 | | | (\$5.55) | \$549.69 | 469,546 |
| South Region 1.011 561.35 (\$5.61) \$555.74 161,1 Pregnant Women \$1,155.43 (\$11.55) \$1,143.87 91,2 North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28,3 Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33,3 South Region 1.011 1,168.14 (\$11.68) \$1,156.46 29,4 SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,792.57 4,4,4 North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,1 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,1 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74, North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23, Central Region 0.982 \$2,037.08 (\$20.37) \$2,016.71 23, | North Region | | 0.944 | \$524.15 | (\$5.24) | \$518.91 | 150,542 |
| Pregnant Women \$1,155.43 (\$11.55) \$1,143.87 91,4 North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28,6 Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33,3 South Region 1.011 1,168.14 (\$11.68) \$1,156.46 29,0 SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,792.57 4,0 North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,4 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.982 \$8,721.52 (\$88.46) \$8,757.40 1,1 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,0 North Region 0.982 \$2,084.45 (\$20.84) \$2,063.28 23,0 Central Region 0.982 \$2,084.12 (\$20.84) \$2,063.28 23,0 Central Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,0 < | Central Region | | 1.040 | 577.45 | (\$5.77) | \$571.68 | 157,913 |
| North Region 0.944 \$1,090.72 (\$10.91) \$1,079.82 28,3 Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33,3 South Region 1.011 1,168.14 (\$11.68) \$1,156.46 29,4 SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,721.52 (\$87.22) \$8,634.31 1,1 North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,1 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,1 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,3 Central Region 0.996 2,037.08 \$2,016.71 23,3 South Region 0.996 2,037 | South Region | | 1.011 | 561.35 | (\$5.61) | \$555.74 | 161,091 |
| Central Region 1.040 1,201.64 (\$12.02) \$1,189.63 33,9 South Region 1.011 1,168.14 (\$11.68) \$1,156.46 29,0 SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,792.57 4,0 North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,1 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,0 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,0 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,0 Central Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,0 Central Region 0.982 \$2,008.45 (\$20.81) \$2,063.28 27,0 South Region 0.996 2,037.08 \$2,016.71 23,0 North Region 0.996 2,037.08 \$2,016.71 23,0 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,0 <td>Pregnant Women</td> <td>\$1,155.43</td> <td></td> <td></td> <td>(\$11.55)</td> <td>\$1,143.87</td> <td>91,902</td> | Pregnant Women | \$1,155.43 | | | (\$11.55) | \$1,143.87 | 91,902 |
| South Region 1.011 1,168.14 (\$11.68) \$1,156.46 29,0 SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,792.57 4,0 North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,1 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,0 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,0 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,0 Central Region 0.996 2,084.12 (\$20.84) \$2,063.28 27,0 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,0 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,4 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,5 | North Region | | 0.944 | \$1,090.72 | (\$10.91) | \$1,079.82 | 28,371 |
| SSI / Disabled Newborn \$8,881.39 (\$88.81) \$8,792.57 4, North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1, Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1, South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1, Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74, North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23, Central Region 1.019 2,084.12 (\$20.84) \$2,063.28 27, South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23, Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215, North Region 0.982 \$282.24 (\$2.82) \$279.42 67, | Central Region | | 1.040 | 1,201.64 | (\$12.02) | \$1,189.63 | 33,901 |
| North Region 0.982 \$8,721.52 (\$87.22) \$8,634.31 1,1 Central Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,1 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,1 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,4 Central Region 0.982 \$2,008.45 (\$20.84) \$2,063.28 27,4 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,5 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,4 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,5 | South Region | | 1.011 | 1,168.14 | (\$11.68) | \$1,156.46 | 29,631 |
| North Region0.982\$8,721.52(\$87.22)\$8,634.311,7Central Region1.0199,050.13(\$90.50)\$8,959.631,South Region0.9968,845.86(\$88.46)\$8,757.401,Non-SSI Newborns 0 to 2 Months\$2,045.26(\$20.45)\$2,024.8174,0North Region0.982\$2,008.45(\$20.08)\$1,988.3623,0Central Region1.0192,084.12(\$20.84)\$2,063.2827,0South Region0.9962,037.08(\$20.37)\$2,016.7123,0Non-SSI Newborns 3 to 12 Months\$287.41(\$287.41\$284.54215,0North Region0.982\$282.24(\$2.82)\$279.4267,0 | SSI / Disabled Newborn | \$8,881.39 | | | (\$88.81) | \$8,792.57 | 4,066 |
| Central Region South Region 1.019 9,050.13 (\$90.50) \$8,959.63 1,1 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,0 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,0 Central Region 0.982 \$2,084.12 (\$20.84) \$2,063.28 27,0 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,0 Non-SSI Newborns 3 to 12 Months \$287.41 (\$287) \$284.54 215,0 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,0 | North Region | | 0.982 | \$8,721.52 | · · · | \$8,634.31 | 1,256 |
| South Region 0.996 8,845.86 (\$88.46) \$8,757.40 1,0 Non-SSI Newborns 0 to 2 Months \$2,045.26 (\$20.45) \$2,024.81 74,0 North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,0 Central Region 1.019 2,084.12 (\$20.84) \$2,063.28 27,0 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,0 Non-SSI Newborns 3 to 12 Months \$287.41 (\$287.41 \$284.54 215,8 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,5 | | | 1.019 | . , | () | . , | 1,764 |
| North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,008,00 Central Region 1.019 2,084.12 (\$20.84) \$2,063.28 27,008,00 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,000 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,000 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,000 | - | | 0.996 | 8,845.86 | (\$88.46) | \$8,757.40 | 1,046 |
| North Region 0.982 \$2,008.45 (\$20.08) \$1,988.36 23,008,00 Central Region 1.019 2,084.12 (\$20.84) \$2,063.28 27,008,00 South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,000 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,000 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,000 | Non-SSI Newborns 0 to 2 Months | \$2.045.26 | | | (\$20.45) | \$2.024.81 | 74,603 |
| Central Region South Region 1.019 2,084.12 (\$20.84) \$2,063.28 27,07,07 Non-SSI Newborns 3 to 12 Months North Region \$287.41 (\$2.87) \$284.54 215,07 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,07 | North Region | • • • • | 0.982 | \$2.008.45 | () | . , | 23,436 |
| South Region 0.996 2,037.08 (\$20.37) \$2,016.71 23,000 Non-SSI Newborns 3 to 12 Months \$287.41 (\$2.87) \$284.54 215,000 North Region 0.982 \$282.24 (\$2.82) \$279.42 67,000 | | | | | · · / | | 27,413 |
| North Region 0.982 \$282.24 (\$2.82) \$279.42 67, | 3 | | | | () | . , | 23,753 |
| North Region 0.982 \$282.24 (\$2.82) \$279.42 67, | Non-SSI Newborns 3 to 12 Months | \$287.41 | | | (\$2.87) | \$284.54 | 215,942 |
| | North Region | T | 0.982 | \$282.24 | | | 67,161 |
| Central Region 1.019 292.87 (\$2.93) \$289.94 79,1 | • | | 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 |
| МҮРАС | \$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

\$2,257,895,690 \$2,257,760,645

| | | | l. | Exhibit 5 | | | | | | | | | |
|---|-------------|------------|--------------|---------------|---------------------|-------------|----------|----------|------------|-----------|----------|-------------|-----------|
| | | N | | Division of M | edicaid | | | | | | | | |
| | | SF | Y 2022 to SI | -Y 2023 Rate | Change ¹ | | | | | | | | |
| | | | | | | | | | | | | | Total - |
| | | | | | | | | | | | | Total - | Aggregate |
| | | | | | | | Non-SSI | | | | | Aggregated | with |
| | Non-Newborr | | | | SSI / | Non-SSI | Newborns | | | | | with Actual | Projected |
| | SSI / | Cervical | | Pregnant | Disabled | Newborns 0 | 3 to 12 | Foster | | MA | Quasi- | CY 2019 | SFY 2023 |
| | Disabled | Cancer | MA Adult | Women | Newborn | to 2 Months | Months | Care | MYPAC | Children | CHIP | MMs | 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 ²³ | 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 Changes ² | 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 Adjustments ³ | 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 |

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.

| | | Mississippi | Exhibit 6 Division of Me | | |
|--------------|--|---|-----------------------------|------------------------|---|
| | | SFY 2023 MississippiCA Service Category to Millima | N Capitation | Rate Development | ing |
| | Broad Category | Service Category to Millinia | II HCGS GIOU | Broad Category Mapp | |
| IR Line | of Service | Description | MR Line | of Service | Description |
| l11a | Inpatient Facility | Medical - General | P37d | Physician | Miscellaneous Medical - Otorhinolaryngology |
| l11b | Inpatient Facility | Medical - Rehabilitation | P37e | Physician | Miscellaneous Medical - Vestibular Function Tests |
| 112 | Inpatient Facility | Surgical | P37f | Physician | Miscellaneous Medical - Non-Invas. Vasc. Diag. Studies |
| l13a l13b | Inpatient Facility Inpatient Facility | Psychiatric - Hospital Psychiatric - Residential | P37g P37h | Physician Physician | Miscellaneous Medical - Pulmonology Miscellaneous Medical - Neurology |
| 1130 114a | Inpatient Facility | Alcohol and Drug Abuse - Hospital | P37i | Physician | Miscellaneous Medical - Neurology Miscellaneous Medical - Central Nervous System Tests |
| 114b | Inpatient Facility | Alcohol and Drug Abuse - Residential | P37j | Physician | Miscellaneous Medical - Dermatology |
| 121a | Inpatient Facility | Mat Norm Delivery | P37k | Physician | Miscellaneous Medical - Dialysis |
| l21b | Inpatient Facility | Mat Norm Delivery - Mom / Baby Combined | P40a | Physician | Preventive Other - General |
| l22a | Inpatient Facility | Mat Csect Delivery | P40b | Physician | Preventive Other - Colonoscopy |
| l22b | Inpatient Facility | Mat Csect Delivery - Mom / Baby Combined | P40c | Physician | Preventive Other - Mammography |
| l23a | Inpatient Facility | Well Newborn - Normal Delivery | P40d | Physician | Preventive Other - Lab |
| l23b | Inpatient Facility | Well Newborn - Csect Delivery | P41 | Physician | Preventive Immunizations |
| 123c | Inpatient Facility | Well Newborn - Unknown Delivery | P42 | Physician | Preventive Well Baby Exams |
| 124 | Inpatient Facility | Other Newborn | P43 | Physician | Preventive Physical Exams |
| 125 131 | Inpatient Facility Inpatient Facility | Maternity Non-Delivery SNF | P44 P45 | Physician Physician | Vision Exams Hearing and Speech Exams |
| | Outpatient Facility | Observation - Without ED | P45 P51a | Physician | ER Visits and Observation Care - Observation Care |
| | Outpatient Facility | Observation - With ED | P51b | Physician | ER Visits and Observation Care - Coservation Care |
| | Outpatient Facility | Emergency Room | P53 | Physician | Physical Therapy |
| | Outpatient Facility | Surgery - Hospital Outpatient | P54 | Physician | Cardiovascular |
| | Outpatient Facility | Surgery - Ambulatory Surgery Center | P55b | Physician | Radiology IP - CT Scan |
| 013a | Outpatient Facility | Radiology General - Therapeutic | P55c | Physician | Radiology IP - MRI |
| | Outpatient Facility | Radiology General - Diagnostic | P55d | Physician | Radiology IP - PET |
| | Outpatient Facility | Radiology - CT/MRI/PET - CT Scan | P55e | Physician | Radiology IP - General - Therapeutic |
| | Outpatient Facility | Radiology - CT/MRI/PET - MRI | P55f | Physician | Radiology IP - General - Diagnostic |
| | Outpatient Facility | Radiology - CT/MRI/PET - PET | P56a | Physician | Radiology OP - General - Therapeutic |
| 015 | Outpatient Facility | Pathology/Lab | P56b | Physician | Radiology OP - General - Diagnostic |
| | Outpatient Facility | Pharmacy - General | P57a | Physician | Radiology OP- CT/MRI/PET - CT Scan |
| | Outpatient Facility | Pharmacy - Chemotherapy | P57b | Physician | Radiology OP- CT/MRI/PET - MRI |
| | Outpatient Facility | Cardiovascular PT/OT/ST | P57c P58c | Physician Physician | Radiology OP- CT/MRI/PET - PET Radiology Office - General - Therapeutic |
| | Outpatient Facility Outpatient Facility | Psychiatric - Partial Hospitalization | P58d | Physician | Radiology Office - General - Therapeutic Radiology Office - General - Diagnostic |
| | Outpatient Facility | Psychiatric - Intensive Outpatient | P58e | Physician | Radiology Office - General - Radiology Center - Therapeut |
| | Outpatient Facility | Alcohol & Drug Abuse - Partial Hospitalization | P58f | Physician | Radiology Office - General - Radiology Center - Diagnosti |
| | Outpatient Facility | Alcohol & Drug Abuse - Intensive Outpatient | P59a | Physician | Radiology Office - CT/MRI/PET - CT Scan |
| | Outpatient Facility | Other - General | P59b | Physician | Radiology Office - CT/MRI/PET - MRI |
| | Outpatient Facility | Other - Blood | P59c | Physician | Radiology Office - CT/MRI/PET - PET |
| O41d | Outpatient Facility | Other - Clinic | P59d | Physician | Radiology Office - CT/MRI/PET - CT Scan - Radiology Cent |
| | Outpatient Facility | Other - Diagnostic | P59e | Physician | Radiology Office - CT/MRI/PET - MRI - Radiology Center |
| | Outpatient Facility | Other - Dialysis | P59f | Physician | Radiology Office - CT/MRI/PET - PET - Radiology Center |
| | Outpatient Facility | Other - DME/Supplies | P61a | Physician | Pathology/Lab - Inpatient & Outpatient - Inpatient |
| | Outpatient Facility | Other - Trtmt/SpcItySvcs | P61b | Physician | Pathology/Lab - Inpatient & Outpatient - Outpatient |
| | Outpatient Facility Outpatient Facility | Other - Pulmonary Other - Urgent Care | P63a P63b | Physician Physician | Pathology/Lab - Office - General Pathology/Lab - Office - Venipuncture |
| | Outpatient Facility | Preventive - General | P630 P63c | Physician | Pathology/Lab - Office - Independent Lab |
| | Outpatient Facility | Preventive - Colonoscopy | P65 | Physician | Chiropractor |
| | Outpatient Facility | Preventive - Mammography | P66 | Physician | Outpatient Psychiatric |
| | 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 Physician | Maternity - Cesarean Deliveries | P82b P83 | Other Other | Private Duty Nursing/Home Health - Hospice |
| P21c P21d | Physician Physician | Maternity - Non-Deliveries Maternity - Ancillary | P83 P84 | Other | Ambulance DME and Supplies |
| -21u -21e | Physician | Maternity - Anesthesia | P85 | Other | Prosthetics |
| -21e -31d | 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 |
| | | Allergy Immunotherapy | P99z | Physician | Other - Unclassified |
| P36 | Physician | | 1 332 | Thysician | Ouler - Oliciassilieu |
| | Physician Physician Physician | Miscellaneous Medical - General Miscellaneous Medical - Gastroenterology | 1 332 | Thysician | Other - Oriclassified |

| | | Mi | Exhibit 7A ssissippi Division of Me | dicaid | | | |
|--|--------------------|--------------------|--|-----------------------|--------------------|--------------------|---------------------|
| | Mice | | I Completed Non-Pharn | | d Tronde | | |
| | WIISS | | All Populations | acy FINFIN COSIS an | u menus | | |
| | | | PMPM Costs by Mont | th ¹ | | | |
| | | | | | | | |
| Month | Member Months | Services | Outpatient Hospital Services | Physician Services | Dental Services | Other Services | Non-Pharma Total |
| January 2017 | 488,894 | \$72.99 | \$64.96 | \$95.68 | \$22.73 | \$13.11 | \$26 |
| February 2017 | 488,069 | \$71.87 | \$62.72 | \$94.59 | \$21.47 | \$12.29 | \$26 |
| March 2017 | 487,638 | \$77.29 | \$68.28 | \$99.43 | \$23.51 | \$14.13 | \$28 |
| April 2017 | 486,695 | \$72.00 | \$63.73 | \$88.85 | \$20.37 | \$12.98 | \$2 |
| May 2017 | 486,717 | \$77.61 | \$64.32 | \$92.76 | \$20.26 | \$13.83 | \$2 |
| June 2017 | 487,844 | \$73.14 | \$65.53 | \$86.20 | \$21.92 | \$13.35 | \$2 |
| July 2017 | 485,763 | \$71.16 | \$64.73 | \$84.65 | \$22.00 | \$13.10 | \$2 |
| August 2017 | 483,228 | \$73.77 | \$67.95 | \$104.07 | \$25.44 | \$14.16 | \$28 |
| September 2017 | 480,198 | \$75.29 | \$65.81 | \$94.27 | \$21.92 | \$13.31 | \$27 |
| October 2017 | 479,517 | \$74.67 | \$69.12 | \$101.59 | \$24.18 | \$14.35 | \$28 |
| November 2017 | 479,334 | \$74.36 | \$67.22 | \$96.56 | \$22.32 | \$13.19 | \$27 |
| December 2017 | 474,479 | \$75.19 | \$65.37 | \$87.18 | \$17.64 | \$12.37 | \$2 |
| CY 2017 ² | 484,031 | \$74.11 | \$65.81 | \$93.82 | \$21.98 | \$13.35 | \$20 |
| January 2018 | 469,721 | \$80.51 | \$68.21 | \$99.90 | \$20.14 | \$13.23 | \$28 |
| February 2018 | 463,513 | \$73.37 | \$65.04 | \$97.90 | \$19.97 | \$12.34 | \$20 |
| March 2018 | 456,311 | \$75.54 | \$66.70 | \$95.62 | \$21.47 | \$13.45 | \$2 |
| April 2018 | 452,014 | \$74.02 | \$66.56 | \$97.54 | \$20.71 | \$13.61 | \$27 |
| May 2018 | 450,874 | \$77.73 | \$68.73 | \$95.36 | \$18.99 | \$13.98 | \$2 |
| June 2018 | 446,592 | \$77.11 | \$68.15 | \$95.50 | \$19.85 | \$13.56 | \$26 |
| July 2018 | 440,532 | \$74.20 | \$63.01 | \$91.23 | \$21.86 | \$13.50 | \$20 |
| August 2018 | 434,107 | \$74.20 | \$67.11 | \$105.66 | \$21.86 | \$14.60 | \$20 |
| September 2018 | 429,738 | \$77.48 | \$62.07 | \$91.92 | \$22.00 \$18.67 | \$13.86 | \$25 |
| October 2018 | | \$80.72 | \$68.82 | | \$22.05 | | \$23 |
| November 2018 | 428,967 430,443 | \$80.72 \$76.99 | \$64.46 | \$107.14 \$95.85 | \$22.05 \$18.48 | \$14.72 \$12.82 | \$29 \$20 |
| December 2018 | 430,443 | \$81.82 | \$61.33 | \$95.65 | \$16.46 | \$12.65 | \$25 |
| CY 2018 ² | 434,997 | \$76.63 | \$65.85 | \$95.77 | \$15.06 | \$12.05 | \$23 |
| | | | | | | | |
| January 2019 | 437,158 | \$80.76 | \$73.14 | \$110.27 | \$21.65 | \$14.50 | \$30 |
| February 2019 | 435,711 | \$75.45 | \$70.78 | \$106.62 | \$18.88 | \$13.52 | \$28 |
| March 2019 | 434,378 | \$79.68 | \$66.07 | \$99.57 | \$19.27 | \$14.13 | \$27 |
| April 2019 | 434,409 | \$81.55 | \$69.35 | \$104.33 | \$20.32 | \$14.76 | \$2 |
| May 2019 | 435,803 | \$84.22 | \$68.39 | \$99.13 | \$17.34 | \$14.29 | \$28 |
| June 2019 | 436,693 | \$76.87 | \$67.25 | \$88.08 | \$18.09 | \$13.51 | \$26 |
| July 2019 | 435,305 | \$82.20 | \$68.59 | \$97.96 | \$22.24 | \$15.30 | \$2 |
| August 2019 | 432,317 | \$80.46 | \$65.66 | \$106.50 | \$21.33 | \$16.05 | \$28 |
| September 2019 | 431,774 | \$81.67 | \$65.09 | \$103.35 | \$19.85 | \$15.19 | \$28 |
| October 2019 | 432,441 | \$89.83 | \$70.77 | \$112.63 | \$22.95 | \$15.38 | \$31 |
| November 2019 | 433,570 | \$76.34 | \$63.92 | \$100.86 | \$18.25 | \$14.64 | \$27 |
| December 2019 | 435,872 | \$83.39 | \$66.25 | \$99.73 | \$16.24 | \$14.59 | \$28 |
| CY 2019 ³ | 434,619 | \$81.03 | \$67.94 | \$102.42 | \$19.70 | \$14.66 | \$2 |
| January 2020 | 434,836 | \$83.56 | \$71.63 | \$113.50 | \$20.49 | \$15.99 | \$30 |
| February 2020 | 434,836 | \$74.54 | \$66.75 | \$105.95 | \$20.49 \$18.80 | \$15.99 | \$2 |
| March 2020 | | | | | | | |
| | 430,053 | \$77.09 | \$54.47 | \$89.27 | \$12.04 | \$14.56 | \$24 |
| April 2020 | 430,222 | \$68.28 | \$34.70 | \$66.16 | \$1.31 | \$11.37 | \$18 |
| May 2020 | 434,732 | \$75.34 | \$47.64 | \$76.13 | \$10.05 | \$12.47 | \$22 |
| June 2020 | 443,217 | \$81.38 | \$56.50 | \$90.90 | \$16.24 | \$13.70 | \$25 |
| July 2020 | 450,697 | \$81.65 | \$56.98 | \$91.91 | \$17.38 | \$13.20 | \$20 |
| August 2020 | 456,712 | \$79.35 | \$55.17 | \$92.51 | \$17.24 | \$14.00 | \$25 |
| September 2020 | 460,699 | \$76.08 | \$56.87 | \$94.31 | \$17.42 | \$13.87 | \$25 |
| October 2020 | 465,019 | \$77.18 | \$58.93 | \$98.62 | \$17.98 | \$14.45 | \$26 |
| November 2020 | 470,298 | \$71.43 | \$55.20 | \$89.34 | \$15.69 | \$13.64 | \$24 |
| December 2020 CY 2020 ³ | 474,990 448,612 | \$77.95 \$76.99 | \$55.04 \$55.82 | \$89.87 \$91.54 | \$15.54 \$15.01 | \$13.89 \$13.81 | \$25 \$25 |
| 61 2020 | 440,012 | φ/6.99 | | | \$10.01 | \$13.01 | \$23 |
| OV 2017 to OV 2010 | | 0.10 | Annual PMPM Trend | | 0.001 | 0.5% | |
| CY 2017 to CY 2018 CY 2018 to CY 2019 | | 3.4% 5.8% | | 2.1% 6.9% | -9.0% -1.5% | 2.5% 7.1% | |
| | | | | | | | |
| CY 2019 to CY 2020 | | -5.0% | -17.8% | -10.6% | -23.8% | -5.8% | -1 |
| | | | | | | | |

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPPS reimbursment 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 reimbursment 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 | | | | |
|-------------------------------|------------------|--------------------------------|---|-----------------------|--------------------|--------------------|-----------------------|
| | Missi | | ssissippi Division of Me I Completed Non-Pharn | | d Trends | | |
| | | | SSI+ Population | | | | |
| | | | PMPM Costs by Mont | :h1 | | | |
| 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 \$172.56 | \$193.51 \$197.50 | \$202.28 | \$10.21 \$10.88 | \$61.88 \$60.37 | \$663.34 \$639.25 |
| June 2017 July 2017 | 64,492 64,412 | \$172.56 | \$197.50 | \$197.95 \$185.10 | \$10.88 | \$60.37 \$55.84 | \$639.25 |
| August 2017 | 64,439 | \$153.04 | \$207.24 | \$218.37 | \$10.18 | \$55.84 \$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 2017 ² | 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 \$62.75 | \$642.77 |
| July 2018 | 64,219 64,087 | \$172.93 \$187.71 | \$199.12 \$212.46 | \$211.12 \$233.75 | \$9.66 | \$63.75 \$64.38 | \$656.58 \$709.42 |
| August 2018 September 2018 | 63,974 | \$166.91 | \$212.46 \$192.52 | \$203.76 | \$11.12 \$9.38 | \$60.47 | \$633.04 |
| October 2018 | 63,957 | \$100.91 | \$212.20 | \$203.70 | \$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 2018 ² | 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 \$65.49 | \$651.84 |
| July 2019 | 64,022 | \$184.28 | \$211.74 \$200.17 | \$222.11 | \$10.19 \$10.26 | \$65.18 \$67.80 | \$693.50 \$606.02 |
| August 2019 September 2019 | 63,859 63,883 | \$176.24 \$198.08 | \$209.17 \$203.48 | \$232.56 \$221.67 | \$10.26 \$9.59 | \$67.80 \$65.87 | \$696.02 \$698.69 |
| October 2019 | 63,882 | \$198.00 | \$219.32 | \$241.03 | \$9.39 | \$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 2019 ³ | 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 \$183.40 | \$201.08 \$201.06 | \$7.88 | \$58.22 | \$643.44 |
| August 2020 September 2020 | 63,722 | \$172.69 \$172.73 | \$183.49 \$191.68 | \$201.06 \$206.04 | \$8.42 \$8.47 | \$60.64 \$61.08 | \$626.30 \$640.00 |
| October 2020 | 63,702 63,619 | \$172.73 \$181.21 | \$191.68 | \$206.04 \$211.92 | \$8.47 \$8.83 | \$61.98 \$65.01 | \$640.90 \$663.96 |
| November 2020 | 63,603 | \$162.68 | \$197.00 | \$211.92 \$188.82 | \$8.83 \$7.16 | \$65.01 | \$601.95 |
| December 2020 | 63,427 | \$162.68 | \$181.58 | \$188.82 | \$7.16 \$7.39 | \$64.67 | \$627.18 |
| CY 2020 ³ | 63,663 | \$176.67 | \$189.15 | \$198.69 | \$7.25 | \$62.79 | \$634.55 |
| | | | | | | * | |
| | | | Annual PMPM Trend | | | | |
| CY 2017 to CY 2018 | | 1.5% | | 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

¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPPS reimbursment 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 reimbursment 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.

-5.6%

-10.1%

-10.5%

-22.1%

³ CY 2020 IBNR as reported by CCOs in financial templates.

-2.5%

-8.5%

| | | | Exhibit 7C | dicaid | | | |
|--------------------------------|------------------|--------------------------------|---|-----------------------|--------------------|--------------------|-----------------------|
| | Missi | | ssissippi Division of Me I Completed Non-Pharn | | d Trends | | |
| | | | Adults Population | | | | |
| | | | PMPM Costs by Mont | h¹ | | | |
| 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 October 2017 | 59,041 58,835 | \$44.48 \$46.55 | \$109.01 \$112.41 | \$128.04 \$136.93 | \$9.03 \$10.03 | \$11.47 \$12.93 | \$302.03 \$318.85 |
| November 2017 | 58,450 | \$40.55 | \$112.41 \$105.84 | \$129.99 | \$10.03 | \$12.93 | \$296.71 |
| December 2017 | 57,762 | \$37.16 | \$99.83 | \$115.55 | \$6.74 | \$10.55 | \$269.83 |
| CY 2017 ² | 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 September 2018 | 52,766 52,073 | \$44.74 \$35.60 | \$115.02 \$105.08 | \$141.25 \$120.51 | \$8.01 \$5.97 | \$13.29 \$12.27 | \$322.31 \$279.43 |
| October 2018 | 51,923 | \$45.62 | \$105.08 | \$120.51 | \$3.97 \$7.64 | \$12.27 | \$315.70 |
| November 2018 | 51,978 | \$39.57 | \$101.03 | \$120.31 | \$6.18 | \$13.10 | \$278.73 |
| December 2018 | 52,527 | \$41.65 | \$99.19 | \$111.64 | \$4.88 | \$11.21 | \$268.57 |
| CY 2018 ² | 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 52,619 | \$41.79 | \$110.16 | \$132.84 | \$7.69 | \$11.68 | \$304.17 |
| May 2019 June 2019 | 52,923 | \$44.10 \$37.27 | \$108.40 \$105.30 | \$134.67 \$123.35 | \$6.41 \$5.54 | \$12.32 \$11.59 | \$305.88 \$283.05 |
| July 2019 | 53,124 | \$39.60 | \$116.18 | \$123.33 | \$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 2019 ³ | 52,584 | \$37.75 | \$106.81 | \$130.88 | \$6.19 | \$12.31 | \$293.94 |
| L | F4 774 | ¢40.05 | ¢440 54 | | * C OO | ¢40.74 | \$004 77 |
| January 2020 | 51,771 | \$46.35 | \$110.51 | \$145.14 | \$6.06 \$5.68 | \$13.71 \$12.24 | \$321.77 |
| February 2020 March 2020 | 51,104 50,857 | \$39.30 \$31.22 | \$99.26 \$85.35 | \$129.83 \$118.68 | \$5.68 \$5.17 | \$12.34 \$11.44 | \$286.43 \$251.86 |
| April 2020 | 50,734 | \$25.64 | \$56.04 | \$97.11 | \$2.59 | \$9.29 | \$251.80 |
| 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 2020 ³ | 54,456 | \$38.17 | \$92.18 | \$126.41 | \$5.37 | \$11.81 | \$273.94 |
| | | | Annual PMPM Trend | e | | | |
| CY 2017 to CY 2018 | | -10.8% | | -3.0% | -18.4% | -0.4% | -3.2% |
| CY 2018 to CY 2019 | | -6.0% | | 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, OPPS reimbursment 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 reimbursment 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.

| Mississippi Division of Medicaid MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends Children Population Month Inpatient Hospital Member Months Cutpatient Hospital Services Physician Services Dental Services Other Services N January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$services \$services | Non-Pharmacy Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 \$161.82 |
|---|---|
| MississippiCAN Historical Completed Non-Pharmacy PMPM Costs and Trends Children Population PMPM Costs by Month1 Month Inpatient Hospital Member Months Outpatient Hospital Services Physician Services Dental Services Other Services N January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$5.03 February 2017 363,509 \$42.42 \$35.02 \$67.72 \$25.55 \$4.99 March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.72 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 May 2017 362,468 \$45.13 \$33.45 \$60.25 \$23.96 \$5.39 June 2017 363,148 \$43.42 \$34.73 \$52.58 \$26.12 \$4.93 July 2017 361,326 \$42.13 \$33.31 \$54.32 \$26.54 \$5.53 August 2017 356,811 \$48.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,813 | Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| Month Impatient Hospital Services Outpatient Hospital Services Physician Services Dental Services Other Services N January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$5.03 February 2017 363,509 \$42.42 \$35.02 \$67.72 \$25.55 \$4.99 March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.70 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.40 \$5.06 May 2017 362,405 \$43.62 \$33.45 \$60.25 \$23.96 \$5.39 June 2017 363,148 \$43.42 \$33.31 \$54.32 \$26.54 \$5.53 July 2017 361,326 \$42.13 \$33.31 \$54.32 \$26.54 \$5.53 August 2017 359,181 \$44.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,208 \$45.19 \$37.26 \$70.63 \$28.65 \$5.53 October 2017 356,208 | Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| Month Inpatient Hospital Services Outpatient Hospital Services Physician Services Dental Services Other Services N January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$5.03 February 2017 363,509 \$42.42 \$35.02 \$67.72 \$225.55 \$4.99 March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.72 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 May 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 June 2017 362,468 \$445.13 \$33.31 \$54.32 \$26.64 \$5.39 June 2017 363,148 \$44.342 \$34.73 \$52.58 \$26.61.2 \$4.93 July 2017 361,326 \$42.13 \$33.31 \$54.32 \$26.64 \$5.53 August 2017 359,181 \$48.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,811 | Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| Month Member Months Services Outpatient Hospital Services Physician Services Dental Services Other Services N January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$5.03 February 2017 363,509 \$42.42 \$35.02 \$67.72 \$25.55 \$4.99 March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.72 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 May 2017 362,468 \$44.513 \$33.45 \$60.25 \$23.96 \$5.39 June 2017 363,148 \$443.42 \$34.73 \$52.58 \$26.12 \$4.93 July 2017 363,148 \$44.34.2 \$34.73 \$52.54 \$5.53 August 2017 356,811 \$44.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,811 \$44.00 \$34.52 \$64.95 \$26.01 \$5.53 October 2017 356,208 <t< th=""><th>Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77</th></t<> | Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| MonthMember MonthsServicesServicesServicesServicesServicesJanuary 2017364,070\$43.27\$34.97\$65.79\$26.93\$5.03February 2017363,509\$42.42\$35.02\$67.72\$25.55\$4.99March 2017362,747\$44.96\$35.82\$67.59\$27.79\$5.72April 2017362,468\$43.62\$34.25\$59.63\$24.08\$5.06May 2017362,468\$445.13\$33.45\$60.25\$23.96\$5.39June 2017363,148\$443.42\$34.73\$52.58\$26.12\$4.93July 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | Total \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| January 2017 364,070 \$43.27 \$34.97 \$65.79 \$26.93 \$5.03 February 2017 363,509 \$42.42 \$35.02 \$67.72 \$25.55 \$4.99 March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.72 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 May 2017 362,468 \$45.13 \$33.45 \$60.25 \$23.96 \$5.39 June 2017 363,148 \$43.42 \$34.73 \$52.58 \$26.12 \$4.93 July 2017 361,326 \$44.13 \$33.31 \$54.32 \$26.54 \$5.53 August 2017 359,181 \$48.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,811 \$45.40 \$34.52 \$64.95 \$26.01 \$5.53 October 2017 356,335 \$46.45 \$37.56 \$68.39 \$26.73 \$5.55 December 2017 352,155 \$46.40 \$37.84 \$61.81 \$20.98 \$5.17 \$30.30 \$44.70 | \$176.00 \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| February 2017363,509\$42.42\$35.02\$67.72\$25.55\$4.99March 2017362,747\$44.96\$35.82\$67.59\$27.79\$5.72April 2017362,405\$43.62\$34.25\$59.63\$24.08\$5.06May 2017362,468\$45.13\$33.45\$60.25\$23.96\$5.39June 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 2017 ² 360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| February 2017363,509\$42.42\$35.02\$67.72\$25.55\$4.99March 2017362,747\$44.96\$35.82\$67.59\$27.79\$5.72April 2017362,405\$43.62\$34.25\$59.63\$24.08\$5.06May 2017362,468\$45.13\$33.45\$60.25\$23.96\$5.39June 2017363,148\$43.42\$34.73\$52.58\$26.12\$4.93July 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$175.69 \$181.88 \$166.64 \$168.19 \$161.77 |
| March 2017 362,747 \$44.96 \$35.82 \$67.59 \$27.79 \$5.72 April 2017 362,405 \$43.62 \$34.25 \$59.63 \$24.08 \$5.06 May 2017 362,468 \$45.13 \$33.45 \$60.25 \$23.96 \$5.39 June 2017 363,148 \$44.342 \$34.73 \$52.58 \$26.12 \$4.93 July 2017 361,326 \$42.13 \$33.31 \$54.32 \$26.54 \$5.53 August 2017 359,181 \$48.00 \$34.45 \$71.28 \$30.22 \$5.91 September 2017 356,811 \$45.40 \$37.26 \$70.63 \$28.65 \$5.98 November 2017 356,335 \$46.45 \$37.56 \$68.39 \$26.73 \$5.55 December 2017 352,155 \$46.40 \$37.84 \$61.81 \$20.98 \$5.17 CY 2017 ² 360,030 \$44.70 \$35.26 \$63.74 \$26.13 \$5.40 | \$166.64 \$168.19 \$161.77 |
| April 2017362,405\$43.62\$34.25\$59.63\$24.08\$5.06May 2017362,468\$45.13\$33.45\$60.25\$23.96\$5.39June 2017363,148\$43.42\$34.73\$52.58\$26.12\$4.93July 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$168.19 \$161.77 |
| June 2017363,148\$43.42\$34.73\$52.58\$26.12\$4.93July 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$161.77 |
| June 2017363,148\$43.42\$34.73\$52.58\$26.12\$4.93July 2017361,326\$42.13\$33.31\$54.32\$26.54\$5.53August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | |
| August 2017359,181\$48.00\$34.45\$71.28\$30.22\$5.91September 2017356,811\$45.40\$34.52\$64.95\$26.01\$5.53October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 2017 ² 360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$161.82 |
| September 2017 356,811 \$45.40 \$34.52 \$64.95 \$26.01 \$5.53 October 2017 356,208 \$45.19 \$37.26 \$70.63 \$28.65 \$5.98 November 2017 356,335 \$46.45 \$37.56 \$68.39 \$26.73 \$5.55 December 2017 352,155 \$46.40 \$37.84 \$61.81 \$20.98 \$5.17 CY 2017 ² 360,030 \$44.70 \$35.26 \$63.74 \$26.13 \$5.40 | |
| October 2017356,208\$45.19\$37.26\$70.63\$28.65\$5.98November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 2017 ² 360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$189.85 |
| November 2017356,335\$46.45\$37.56\$68.39\$26.73\$5.55December 2017352,155\$46.40\$37.84\$61.81\$20.98\$5.17CY 20172360,030\$44.70\$35.26\$63.74\$26.13\$5.40 | \$176.42 |
| December 2017 352,155 \$46.40 \$37.84 \$61.81 \$20.98 \$5.17 CY 2017 ² 360,030 \$44.70 \$35.26 \$63.74 \$26.13 \$5.40 | \$187.70 |
| CY 2017 ² 360,030 \$44.70 \$35.26 \$63.74 \$26.13 \$5.40 | \$184.68 |
| | \$172.20 |
| January 2018 348,399 \$51.01 \$37.14 \$69.51 \$23.91 \$5.33 | \$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 2018 ² 326,837 \$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 2019 ³ 318,144 \$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 2020336,558\$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 2020 ³ 330,492 \$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% CY 2018 to CY 2019 7% 4.6% 0.0% 0.4% 8.0% | |

 CY 2017 to CY 2018
 1.1%
 -3.0%
 2.1%
 -6.4%
 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, OPPS reimbursment 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 reimbursment 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 | | | | |
|-----------------------------|----------------|--------------------------------|--|--------------------------|--------------------|--------------------|--------------------------|
| | Mis | | ssissippi Division of M I Completed Non-Pharr | | d Trends | | |
| | MIS | sissippionia filstorica | Deliveries | nacy r mr m costs an | | | |
| | | F | er-Delivery Costs by M | onth ¹ | | | |
| 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 2017 ² | 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 2018 ² | 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 | \$0.03 | \$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 2019 ³ | 1,605 | \$3,987.33 | \$13.03 | \$1,119.02 | \$0.03 | \$21.25 | \$5,140.67 |
| 1 | 4 00 4 | ¢4.400.04 | ¢45 70 | ** * * * * | #0.07 | ¢47.00 | * 5 050 05 |
| January 2020 | 1,684 | \$4,169.84 | \$15.78 \$11.38 | \$1,157.14 \$1,151.60 | \$0.07 | \$17.02 \$27.09 | \$5,359.85 |
| February 2020 March 2020 | 1,416 1,479 | \$4,128.79 \$4,152.51 | \$11.38 \$12.08 | \$1,151.69 \$1,129.06 | \$0.00 \$0.00 | \$27.09 \$20.20 | \$5,318.95 \$5,313.84 |
| April 2020 | 1,479 | | | | \$0.00 | \$20.20 \$19.40 | \$5,272.32 |
| April 2020 May 2020 | 1,404 | \$4,107.97 \$4,182.57 | \$10.73 \$17.18 | \$1,134.01 \$1,171.10 | \$0.21 \$0.00 | \$19.40 \$20.11 | \$5,272.32 \$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 | \$20.05 \$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 2020 ³ | 1,551 | \$4,129.82 | \$12.44 | \$1,157.75 | \$0.03 | \$19.33 | \$5,319.38 |
| | | | Annual Didold T | 1- | | | |
| CY 2017 to CY 2018 | | 1.7% | Annual PMPM Trend 6.3% | -2.4% | 145.9% | 46.0% | 1.0% |
| CY 2018 to CY 2019 | | 0.7% | | -2.4 % | 22.6% | -34.3% | -0.1% |
| CY 2019 to CY 2020 | | 3.6% | | 3.5% | -11.0% | -9.0% | 3.5% |
| 0. 2010 10 01 2020 | | 0.070 | | 0.070 | 11.070 | -0.070 | 0.070 |

| ¹ MississippiCAN PMPM figures have been adjusted for: the carveout of Zolgensma claims, adjustments related to the 5% assessment application and removal, OPPS reimbursment 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 |
| reimbursment 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 | | | | | | | | | | | | |
|-----------------|--|----------------------|----------------------------|-------------------------------|------------------|---------------|------------------|--------------------------------|--------------------|---------------------------|----------------|----------------|----------------|--------------|----------------|----------------|-------------------|-----------------|-------------------------|---------------------|---------------------|
| | | | | | | | | sissippi Divisio | | | | | | | | | | | | | |
| | | | | | | Mississipp | ICAN Histori | cal and Project SSI Rate Gr | | Utilization ai | nd Cost | | | | | | | | | | |
| | | | | | | CY 2019 | | | | | | | | ualized Pros | spective Tren | | | | _ | | _ |
| Traditio | nal Top 25 | | Cost / Script | | | Util / 1000 | | | PMPM Cost | | | Cost / S | Script | Months | | Utiliza | tion ¹ | Months | Proj | ected PMPN | 1 |
| GPI4 | GPI Description | Generic | Brand | Total | Generic | Brand | Total | Generic | Brand | Total | Generic | Brand | Total | of Trend | Generic | Brand | Total | of Trend | Generic | Brand | Total |
| 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 7260 | Dibenzapines / Quinolinone Derivatives / Benzisoxazoles Fibromyalgia Agents | \$35.96 \$24.72 | \$2,346.94 \$720.59 | \$614.22 \$106.21 | 279.6 1,513.8 | 93.3 200.8 | 372.9 1,714.6 | \$0.84 \$3.12 | \$18.25 \$12.06 | \$19.08 \$15.18 | 5.0% 1.0% | 5.0% 3.0% | 5.0% 2.6% | 24 24 | 2.0% 0.0% | 2.0% 0.0% | 2.0% 0.0% | 42 42 | \$0.99 \$3.18 | \$21.56 \$12.79 | \$22.55 \$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 2710S | Dibenzapines / Quinolinone Derivatives / Benzisoxazoles Insulin - Short / Intermediate Acting | \$24.31 \$0.00 | \$2,027.31 \$612.20 | \$453.71 \$612.20 | 207.3 0.0 | 56.6 211.9 | 263.9 211.9 | \$0.42 \$0.00 | \$9.56 \$10.81 | \$9.98 \$10.81 | -1.0% -1.0% | 4.0% -10.0% | 3.8% -10.0% | 24 24 | 8.0% 0.0% | 8.0% 0.0% | 8.0% 0.0% | 42 | \$0.54 \$0.00 | \$13.53 \$8.76 | \$14.07 \$8.76 |
| 5940 | Dibenzapines / Quinolinone Derivatives / Benzisoxazoles | \$32.57 | \$1,313.36 | \$755.00 | 45.1 | 58.3 | 103.4 | \$0.00 \$0.12 | \$6.38 | \$6.50 | -1.0% | 3.0% | 2.9% | 24 | 0.0% | 0.0% | 0.0% | 42 | \$0.00 | \$6.70 \$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 8337 | SGLT-2 Agents Anticoagulants | \$0.00 \$0.00 | \$545.19 \$443.91 | \$545.19 \$443.91 | 0.0 0.0 | 70.1 102.7 | 70.1 102.7 | \$0.00 \$0.00 | \$3.18 \$3.80 | \$3.18 \$3.80 | -1.0% -1.0% | 5.0% 5.0% | 5.0% 5.0% | 24 24 | 20.0% 20.0% | 20.0% 20.0% | 20.0% 20.0% | 42 42 | \$0.00 \$0.00 | \$6.65 \$7.93 | \$6.65 \$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 4410 | Antidiabetic Combinations Bronchodilators - Anticholinergics | \$23.96 \$21.46 | \$471.45 \$424.82 | \$379.65 \$383.82 | 16.2 7.9 | 62.8 69.9 | 79.0 77.8 | \$0.03 \$0.01 | \$2.47 \$2.47 | \$2.50 \$2.49 | -1.0% -1.0% | 5.0% 6.0% | 4.9% 6.0% | 24 24 | 0.0% -3.0% | 0.0% -3.0% | 0.0% -3.0% | 42 42 | \$0.03 \$0.01 | \$2.72 \$2.50 | \$2.75 \$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 6520 | Modified Cyclics Opioid Partial Agonists | \$15.13 \$212.47 | \$371.46 \$406.42 | \$70.73 \$385.30 | 306.8 7.1 | 56.7 57.8 | 363.6 64.8 | \$0.39 \$0.12 | \$1.76 \$1.96 | \$2.14 \$2.08 | -1.0% -1.0% | 5.0% 3.0% | 3.9% 2.8% | 24 24 | 0.0% 3.0% | 0.0% 3.0% | 0.0% 3.0% | 42 | \$0.38 \$0.14 | \$1.94 \$2.30 | \$2.32 \$2.44 |
| 6520 6510 | Opioid Agonists | \$212.47 \$37.85 | \$406.42 \$1,128.87 | \$385.30 \$89.15 | 326.4 | 57.8 16.1 | 64.8 342.5 | \$0.12 \$1.03 | \$1.96 \$1.52 | \$2.08 \$2.54 | -1.0% | 3.0% 15.0% | 2.8% 8.1% | 24 24 | 3.0% -10.0% | -10.0% | -10.0% | 42 42 | \$0.14 \$0.67 | \$2.30 \$1.39 | \$2.44 \$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 5120 | Nutritional Supplements Digestive Enzymes | \$107.03 \$0.00 | \$283.74 \$1,475.22 | \$283.29 \$1,475.22 | 0.2 0.0 | 73.6 11.0 | 73.7 11.0 | \$0.00 \$0.00 | \$1.74 \$1.35 | \$1.74 \$1.35 | -1.0% -1.0% | 0.0% 6.0% | 0.0% 6.0% | 24 24 | 5.0% 5.0% | 5.0% 5.0% | 5.0% 5.0% | 42 | \$0.00 \$0.00 | \$2.06 \$1.80 | \$2.07 \$1.80 |
| | 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 | \$1.60 \$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 |
| Specialt | y 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 9310 | Cystic Fibrosis Agents Antidotes - Chelating Agents | \$0.00 \$4.748.61 | \$10,895.05 \$10,910.66 | \$10,895.05 \$10,827.81 | 0.0 0.1 | 6.5 9.2 | 6.5 9.3 | \$0.00 \$0.05 | \$5.93 \$8.35 | \$5.93 \$8.40 | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 24 24 | 20.0% 10.0% | 20.0% 10.0% | 20.0% 10.0% | 42 | \$0.00 \$0.07 | \$11.22 \$11.66 | \$11.22 \$11.73 |
| 6240 | Multiple Sclerosis Agents | \$854.74 | \$7,194.82 | \$6,036.53 | 2.1 | 9.2 | 9.3 11.4 | \$0.05 \$0.15 | \$5.58 | \$6.40 \$5.73 | 0.0% | 4.0% | 3.9% | 24 | -10.0% | -10.0% | -10.0% | 42 | \$0.07 | \$11.00 \$4.18 | \$4.28 |
| 1235C | | \$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 \$4.15 | 0.0% 0.0% | 5.0% 8.0% | 5.0% 8.0% | 24 24 | 20.0% | 20.0% 4.0% | 20.0% 4.0% | 42 | \$0.03 \$0.00 | \$6.15 \$5.55 | \$6.18 \$5.55 |
| 6629 6238 | Autoimmune Agents Movement Disorder Drug Therapy | \$0.00 \$1.871.29 | \$4,802.51 \$6,398.05 | \$4,802.51 \$5,720.47 | 0.0 0 7 | 10.4 4 2 | 10.4 4 9 | \$0.00 \$0 11 | \$4.15 \$2.23 | \$4.15 \$2.34 | 0.0% | 8.0% 5.0% | 8.0% 4.8% | 24 24 | 4.0% 5.0% | 4.0% 5.0% | 4.0% 5.0% | 42 42 | \$0.00 \$0.14 | \$5.55 \$2.91 | \$5.55 \$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 3090 | Immunomodulators Metabolic Modifiers | \$0.00 \$183.31 | \$14,695.68 \$3,666.90 | \$14,695.68 \$706.41 | 0.0 24.4 | 1.6 4.3 | 1.6 28.8 | \$0.00 \$0.37 | \$1.94 \$1.32 | \$1.94 \$1.69 | 0.0% 0.0% | 0.0% 5.0% | 0.0% 3.9% | 24 24 | 0.0% 1.0% | 0.0% 1.0% | 0.0% 1.0% | 42 | \$0.00 \$0.39 | \$1.94 \$1.51 | \$1.94 \$1.89 |
| 4016 | Pulmonary Arterial Hypertension | \$3,270.44 | \$9,546.77 | \$8,318.79 | 0.6 | 2.3 | 20.0 | \$0.37 \$0.15 | \$1.84 | \$2.00 | 0.0% | 0.0% | 0.0% | 24 | 10.0% | 10.0% | 10.0% | 42 | \$0.39 | \$2.57 | \$1.09 \$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 \$1.66 | \$1.87 \$1.66 |
| 6646 6660 | Interleukin-1 Blockers Autoimmune Agents | \$0.00 \$0.00 | \$25,378.21 \$4,330.00 | \$25,378.21 \$4,330.00 | 0.0 0.0 | 0.8 3.2 | 0.8 3.2 | \$0.00 \$0.00 | \$1.66 \$1.14 | \$1.66 \$1.14 | 0.0% 0.0% | 0.0% 8.0% | 0.0% 8.0% | 24 24 | 0.0% 30.0% | 0.0% 30.0% | 0.0% 30.0% | 42 42 | \$0.00 \$0.00 | \$1.66 \$3.33 | \$1.66 \$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 4014 | Cystinosis Agents Pulmonary Arterial Hypertension | \$0.00 \$1,617.01 | \$65,744.47 \$8,053.65 | \$65,744.47 \$3,084.75 | 0.0 5.1 | 0.3 1.5 | 0.3 6.6 | \$0.00 \$0.69 | \$1.63 \$1.01 | \$1.63 \$1.69 | 0.0% -10.0% | 0.0% 2.0% | 0.0% -2.7% | 24 24 | 0.0% 10.0% | 0.0% 10.0% | 0.0% 10.0% | 42 42 | \$0.00 \$0.78 | \$1.63 \$1.46 | \$1.63 \$2.24 |
| 5253 | Short Bowel Syndrome (SBS) Agents | \$1,017.01 | \$39,033.05 | \$39,084.75 | 0.0 | 0.2 | 0.0 | \$0.09 \$0.00 | \$0.61 | \$0.61 | 0.0% | 0.0% | 0.0% | 24 | 5.0% | 5.0% | 5.0% | 42 | \$0.78 | \$0.72 | \$2.24 \$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 Other 1 | Hereditary Angioedema Agents Specialty | \$0.00 \$79.68 | \$40,241.92 \$3,838.65 | \$40,241.92 \$834.04 | 0.0 165.1 | 0.2 41.4 | 0.2 206.5 | \$0.00 \$1.10 | \$0.73 \$13.26 | \$0.73 \$14.35 | 0.0% 0.0% | 0.0% 2.0% | 0.0% 1.8% | 24 24 | 0.0% 3.0% | 0.0% 3.0% | 0.0% 3.0% | 42 | \$0.00 \$1.22 | \$0.73 \$15.30 | \$0.73 \$16.51 |
| Total Sp | | \$79.68 \$257.69 | \$3,838.65 \$7,045.14 | \$834.04 \$2,803.05 | 255.1 | 153.1 | 206.5 408.2 | \$1.10 \$5.48 | \$13.20 \$89.88 | \$14.35 \$95.35 | -3.4% | 2.0% 2.8% | 2.5% | 24 24 | | 8.05% | 7.66% | 42 42 | \$1.22 \$5.21 | \$15.30 \$124.50 | \$10.51 \$129.71 |
| | | | | | | | | | | | | | | | | | | | | - | - |
| Total | | \$26.97 | \$685.27 | \$133.97 | 23,057.4 | 4,475.4 | 27,532.8 | \$51.82 | \$255.57 | \$307.39 | -1.4% | 3.2% | 2.5% | 24 | -0.02% | 4.38% | 3.67% | 42 | \$50.30 | \$316.06 | \$366.36 |

¹ Composite utilization trends include mix component of trends.

| | | | | | | Mississipp | | Exhibit sissippi Divisio ical and Project | on of Medicaid ed Pharmacy I | Jtilization a | nd Cost | | | | | | | | | | |
|---------------------|--|---------------------------|---------------------------------|----------------------------|---------------------|--------------------|---------------------|---|---------------------------------|--------------------------|---------------------|---------------------|---------------------|--------------------|-----------------------|------------------------|------------------------|--------------------|-------------------------|--------------------------|--------------------------|
| | | | | | | CY 2019 | | Adult Rate G | rouping | | | | Ann | ualized Pros | spective Trer | nds | | | | | |
| Tradition | al Top 25 | | Cost / Script | | | Util / 1000 | | | PMPM Cost | | | Cost / S | | | | Utilizat | tion ¹ | | Proj | ected PMPM | I |
| GPI4 | GPI Description | 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% | 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 Insulin - Long Acting | \$156.36 \$0.00 | \$398.36 \$501.31 | \$349.09 \$501.31 | 36.3 0.0 | 142.0 95.9 | 178.3 95.9 | \$0.47 \$0.00 | \$4.71 \$4.01 | \$5.19 \$4.01 | -1.0% -1.0% | 2.0% 0.0% | 1.7% 0.0% | 24 24 | 0.0% 3.0% | 0.0% 3.0% | 0.0% 3.0% | 42 | \$0.46 \$0.00 | \$4.90 \$4.44 | \$5.37 \$4.44 |
| 2710L 2710S | Insulin - Long Acting Insulin - Short / Intermediate Acting | \$0.00 \$0.00 | \$501.31 \$496.67 | \$501.31 \$496.67 | 0.0 | 95.9 98.2 | 95.9 98.2 | \$0.00 | \$4.01 \$4.07 | \$4.01 \$4.07 | -1.0% -1.0% | -5.0% | -5.0% | 24 24 | 3.0% 0.0% | 3.0% 0.0% | 3.0% 0.0% | 42 42 | \$0.00 \$0.00 | \$4.44 \$3.67 | \$4.44 \$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 / Quinolinone Derivatives / Benzisoxazoles | \$31.43 \$14.58 | \$1,216.31 | \$903.57 | 8.5 | 23.6 | 32.1 | \$0.02 \$0.15 | \$2.39 | \$2.41 | -1.0% | 4.0% | 4.0% 4.6% | 24 24 | 0.0% | 0.0% | 0.0% | 42 | \$0.02 | \$2.59 | \$2.61 \$2.12 |
| 5812 2770 | Modified Cyclics SGLT-2 Agents | \$0.00 | \$357.43 \$528.38 | \$128.66 \$528.38 | 120.7 0.0 | 60.2 26.1 | 180.8 26.1 | \$0.15 \$0.00 | \$1.79 \$1.15 | \$1.94 \$1.15 | -1.0% -1.0% | 5.0% 5.0% | 4.6% 5.0% | 24 24 | 0.0% 30.0% | 0.0% 30.0% | 0.0% 30.0% | 42 42 | \$0.14 \$0.00 | \$1.98 \$3.18 | \$2.12 \$3.18 |
| 5925 | Dibenzapines / Quinolinone 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 2599 | Opioid Agonists Combination Contraceptives - Oral | \$15.13 \$20.41 | \$0.00 \$192.90 | \$15.13 \$42.00 | 974.2 275.9 | 0.0 39.5 | 974.2 315.4 | \$1.23 \$0.47 | \$0.00 \$0.63 | \$1.23 \$1.10 | -1.0% -1.0% | 0.0% 8.0% | -1.0% 4.3% | 24 24 | -10.0% 0.0% | -10.0% 0.0% | -10.0% 0.0% | 42 | \$0.83 \$0.46 | \$0.00 \$0.74 | \$0.83 \$1.20 |
| 8337 | Anticoagulants | \$0.00 | \$444.75 | \$42.00 \$444.75 | 0.0 | 18.5 | 18.5 | \$0.00 | \$0.69 | \$0.69 | -1.0% | 5.0% | 4.3% | 24 | 20.0% | 20.0% | 20.0% | 42 | \$0.40 | \$0.74 \$1.43 | \$1.20 \$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 5907 | Selective Serotonin Reuptake Inhibitors (SSRIs) Dibenzapines / Quinolinone Derivatives / Benzisoxazoles | \$13.38 \$18.24 | 0.00\$ \$2,238.11 | \$13.38 \$210.82 | 573.0 18.6 | 0.0 1.8 | 573.0 20.4 | \$0.64 \$0.03 | \$0.00 \$0.33 | \$0.64 \$0.36 | 0.0% -1.0% | 7.0% 7.0% | 0.0% 6.4% | 24 24 | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.64 \$0.03 | \$0.00 \$0.38 | \$0.64 \$0.41 |
| 5255 | Irritable Bowel Syndrome (IBS) Agents | \$0.00 | \$437.59 | \$210.82 \$437.59 | 0.0 | 1.8 | 14.3 | \$0.00 | \$0.53 \$0.52 | \$0.30 \$0.52 | -1.0% | 7.0% | 7.0% | 24 | 10.0% | 10.0% | 10.0% | 42 | \$0.00 | \$0.38 \$0.83 | \$0.41 |
| | raditional | \$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 T | raditional | \$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% | 42 | \$0.07 | \$2.14 | \$2.21 |
| 3030 6629 | Corticotropin Autoimmune Agents | \$0.00 \$0.00 | \$41,731.14 \$5,148.90 | \$41,731.14 \$5,148.90 | 0.0 0.0 | 0.3 3.7 | 0.3 3.7 | \$0.00 \$0.00 | \$0.93 \$1.58 | \$0.93 \$1.58 | 2.0% 2.0% | 0.0% 7.0% | 0.0% 7.0% | 24 24 | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 42 42 | \$0.00 \$0.00 | \$0.93 \$1.81 | \$0.93 \$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% | 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 \$1.10 | \$0.48 | 2.0% | 8.0% | 8.0% | 24 | | 50.0% | 50.0% | 42 | \$0.00 \$0.00 | \$2.30 | \$2.30 |
| 8582 3045 | Hereditary Angioedema Agents Vasopressin Receptor Antagonists | \$0.00 \$0.00 | \$50,235.70 \$14,290.82 | \$50,235.70 \$14,290.82 | 0.0 0.0 | 0.3 0.2 | 0.3 0.2 | \$0.00 \$0.00 | \$1.19 \$0.25 | \$1.19 \$0.25 | 2.0% 2.0% | 0.0% 1.0% | 0.0% 1.0% | 24 24 | 10.0% 10.0% | 10.0% 10.0% | 10.0% 10.0% | 42 | \$0.00 \$0.00 | \$1.67 \$0.35 | \$1.67 \$0.35 |
| 3045 9942 | Systemic Lupus Erythematosus Agents | \$0.00 | \$3,712.42 | \$3,712.42 | 0.0 | 0.2 | 0.2 | \$0.00 | \$0.25 \$0.25 | \$0.25 \$0.25 | 2.0% | 1.0% | 1.0% | 24 24 | 10.0% | 10.0% | 10.0% | 42 | \$0.00 \$0.00 | \$0.35 \$0.36 | \$0.35 \$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% | 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% | 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% | 42 | \$0.13 | \$0.21 | \$0.34 |
| 8584 2730 | Hereditary Angioedema Agents Diabetic Other | \$0.00 \$0.00 | \$79,452.00 \$267.48 | \$79,452.00 \$267.48 | 0.0 0.0 | 0.1 1.4 | 0.1 1.4 | \$0.00 \$0.00 | \$0.50 \$0.03 | \$0.50 \$0.03 | 2.0% 2.0% | 1.0% 1.0% | 1.0% 1.0% | 24 24 | | 10.0% 10.0% | 10.0% 10.0% | 42 12 | \$0.00 \$0.00 | \$0.72 \$0.04 | \$0.72 \$0.04 |
| 6238 | Movement Disorder Drug Therapy | \$0.00 | \$207.48 \$5,154.74 | \$207.48 \$5,154.74 | 0.0 | 0.4 | 0.4 | \$0.00 | \$0.03 | \$0.03 \$0.17 | 2.0% | 1.0% | 1.0% | 24 | | 10.0% | 10.0% | 42 | \$0.00 | \$0.04 \$0.24 | \$0.04 \$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% | 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% | 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% | 42 | \$0.00 | \$0.04 | \$0.04 |
| 9940 Other 6 | 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% | 42 | \$0.07 | \$0.02 | \$0.09 |
| Other S Total Sp | | \$40.79 \$84.56 | \$3,077.41 \$6,585.14 | \$534.04 \$3,302.26 | 15.7 42.1 | 3.0 41.3 | 18.7 83.4 | \$0.05 \$0.30 | \$0.78 \$22.67 | \$0.83 \$22.96 | 2.0% 2.0% | 5.0% 3.4% | 4.8% 3.4% | 24 24 | 10.0% 7.91% | 10.0% 11.90% | 10.0% 11.85% | 42 42 | \$0.08 \$0.40 | \$1.20 \$35.94 | \$1.28 \$36.34 |
| | | | | <i>40,002.20</i> | | | | φ0.00 | - | ÷22.00 | 2.070 | J.+ /0 | 0.470 | | | | | | ψυ.τυ | | |
| Total | | \$20.01 | \$480.53 | \$75.47 | 14,141.0 | 1,936.1 | 16,077.2 | \$23.58 | \$77.53 | \$101.11 | -0.7% | 3.5% | 2.7% | 24 | -0.05% | 5.17% | 4.01% | 42 | \$23.21 | \$99.14 | \$122.35 |

¹ Composite utilization trends include mix component of trends.

| | | | | | | Mississippi | | Exhibit sissippi Divisio cal and Project | on of Medicaid ed Pharmacy | Utilization a | nd Cost | | | | | | | | | | |
|---|--------------------------------------|----------------------|---------------------------|---------------------------|------------------|---------------|--------------------|--|-------------------------------|-------------------|------------------|--------------|---------------|-------------|---------------|---------------|-------------------|----------|-------------------|------------------|-------------------|
| | | 1 | | | | CY 2019 | | Children Rate | Grouping | | | | Δnn | ualized Pro | spective Tren | de | | | | | |
| Traditional Top 25 | | | Cost / Script | | | Util / 1000 | | I | PMPM Cost | | | Cost / S | | | | Utilizat | tion ¹ | | Proj | ected PMPM | |
| | | | - | | | | | | | | | | | Months | | | | Months | - | | |
| GPI4 GPI Description | | Generic | Brand | Total | Generic | Brand | Total | Generic | Brand | Total | Generic | Brand | Total | of Trend | Generic | Brand | Total | of Trend | Generic | Brand | Total |
| 6110 Amphetamine Stimul 6140 Stimulants - Misc. | lants | \$77.47 \$128.29 | \$295.36 \$351.77 | \$209.89 \$218.94 | 141.9 139.4 | 219.8 95.1 | 361.7 234.5 | \$0.92 \$1.49 | \$5.41 \$2.79 | \$6.33 \$4.28 | -10.0% -20.0% | 5.0% 4.0% | 3.0% -3.7% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.74 \$0.95 | \$5.97 \$3.02 | \$6.71 \$3.97 |
| 4420 Sympathomimetics | | \$26.46 | \$110.46 | \$70.81 | 153.6 | 171.8 | 325.4 | \$0.34 | \$1.58 | \$4.20 \$1.92 | 3.0% | 4.0% | 0.5% | 24 | | 0.0% | 0.0% | 42 | \$0.35 | \$3.02 \$1.58 | \$3.97 \$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% | 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% | 42 | \$1.72 | \$0.05 | \$1.77 |
| 2710S Insulin - Short / Inter | mediate 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% | 42 | \$0.00 | \$0.81 | \$0.81 |
| 8799 Otic Combinations 4155 Antihistamines - Non | Sedating | \$62.59 \$16.40 | \$234.26 \$32.37 | \$220.80 \$16.40 | 3.4 574.2 | 40.0 0.0 | 43.4 574.2 | \$0.02 \$0.78 | \$0.78 \$0.00 | \$0.80 \$0.78 | 0.0% 0.0% | 1.0% 5.0% | 1.0% 0.0% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.02 \$0.78 | \$0.80 \$0.00 | \$0.81 \$0.78 |
| 4135 Antinistamines - Non 4927 Proton Pump Inhibito | 8 | \$81.54 | \$337.65 | \$10.40 | 57.3 | 1.3 | 58.6 | \$0.78 | \$0.00 \$0.04 | \$0.78 \$0.42 | 0.0% | 5.0% | 0.0% | 24 | | 2.0% | 2.0% | 42 | \$0.78 \$0.42 | \$0.00 \$0.04 | \$0.78 \$0.46 |
| 4399 Cough/Cold/Allergy (| | \$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% | 42 | \$0.08 | \$0.57 | \$0.65 |
| 9055 Corticosteroids - Top | bical | \$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% | 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% | 42 | \$0.51 | \$0.00 | \$0.51 |
| 9005 Acne Products 4450 Leukotriene Modulat | | \$76.83 \$17.80 | \$206.14 \$239.59 | \$114.89 \$17.81 | 40.5 286.3 | 16.9 0.0 | 57.3 286.3 | \$0.26 \$0.42 | \$0.29 \$0.00 | \$0.55 \$0.42 | -5.0% -2.0% | 5.0% 5.0% | 0.4% -2.0% | 24 24 | | 2.0% 0.0% | 2.0% 0.0% | 42 | \$0.25 \$0.41 | \$0.34 \$0.00 | \$0.59 \$0.41 |
| 2599 Combination Contrac | | \$20.53 | \$239.59 \$188.72 | \$42.03 | 200.3 | 12.8 | 200.3 | \$0.42 \$0.15 | \$0.00 \$0.20 | \$0.42 \$0.35 | -2.0% | 5.0% | -2.0% | 24 24 | | 0.0% | 0.0% | 42 | \$0.41 \$0.15 | \$0.00 \$0.22 | \$0.41 \$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% | 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% | 42 | \$0.00 | \$0.40 | \$0.40 |
| 3890 Anaphylaxis Therapy | | \$287.54 | \$611.40 \$729.52 | \$294.81 \$139.51 | 14.2 19.6 | 0.3 4.1 | 14.6 23.7 | \$0.34 \$0.02 | \$0.02 \$0.25 | \$0.36 | 0.0% | 5.0% | 0.2% 4.6% | 24 24 | | 10.0% | 10.0% 0.0% | 42 | \$0.48 \$0.02 | \$0.03 | \$0.50 \$0.30 |
| 5915 Dibenzapines / Quine 2210 Glucocorticosteroids | olinone Derivatives / Benzisoxazoles | \$15.09 \$15.57 | \$738.53 \$409.12 | \$139.51 \$15.61 | 259.3 | 4.1 0.0 | 23.7 259.3 | \$0.02 \$0.34 | \$0.25 \$0.00 | \$0.28 \$0.34 | 0.0% 0.0% | 5.0% 5.0% | 4.6% 0.0% | 24 24 | | 0.0% 0.0% | 0.0% | 42 42 | \$0.02 \$0.34 | \$0.28 \$0.00 | \$0.30 \$0.34 |
| 9090 Scabicides & Pedicu | | \$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% | 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 Antih | ypertensives | \$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% | 42 | \$0.26 | \$0.00 | \$0.26 |
| 0230 Cephalosporin Other Traditional | | \$23.03 \$24.13 | 0.00\$ \$115.98\$ | \$23.03 \$33.28 | 159.2 2,031.6 | 0.0 224.9 | 159.2 2,256.6 | \$0.31 \$4.08 | \$0.00 \$2.17 | \$0.31 \$6.26 | 0.0% 0.0% | 5.0% 3.0% | 0.0% 1.1% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.31 \$4.08 | \$0.00 \$2.31 | \$0.31 \$6.39 |
| Total Traditional | | \$30.08 | \$153.36 | \$53.20 \$53.30 | 5,575.7 | 1,294.1 | 2,250.0 6,869.8 | \$4.00 \$13.98 | φ2.17 \$16.54 | \$0.20 \$30.51 | -2.8% | 3.0% 3.0% | 0.4% | 24 24 | | 0.0% | 0.0% | 42 42 | \$4.00 \$13.38 | \$17.75 | \$0.39 \$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 \$0.56 | 0.0% | 8.0% 0.0% | 8.0% 0.0% | 24 | | 30.0% | 30.0% | 42 | \$0.00 | \$2.30 \$1.40 | \$2.30 \$1.40 |
| 4530 Cystic Fibrosis Agents 1950 Monoclonal Antibodies | | \$0.00 \$0.00 | \$10,135.43 \$2,289.65 | \$10,135.43 \$2,289.65 | 0.0 0.0 | 0.7 4.4 | 0.7 4.4 | \$0.00 \$0.00 | \$0.56 \$0.84 | \$0.56 \$0.84 | 0.0% 0.0% | 0.0% | 0.0% | 24 24 | | 30.0% 0.0% | 30.0% 0.0% | 42 42 | \$0.00 \$0.00 | \$1.40 \$0.84 | \$1.40 \$0.84 |
| 3010 Growth Hormones | 2 | \$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% | 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% | 42 | \$0.01 | \$0.51 | \$0.52 |
| 9027 Atopic Dermatitis - Mo | noclonal 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% | 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% | 42 | \$0.00 | \$0.34 | \$0.34 |
| 3030 Corticotropin | Apolog Dituiton (Supproceento | \$0.00 | \$62,258.43 | \$62,258.43 \$6,785.29 | 0.0 0.0 | 0.1 0.3 | 0.1 0.3 | \$0.00 \$0.00 | \$0.33 \$0.18 | \$0.33 \$0.18 | 0.0% 0.0% | 2.0% 2.0% | 2.0% 2.0% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.00 \$0.00 | \$0.34 \$0.18 | \$0.34 \$0.18 |
| 3008 LHRH/GnRH Agonist A 2153 Antineoplastic Enzyme | Analog Pituitary Suppressants | \$0.00 \$0.00 | \$6,785.29 \$14,490.14 | \$0,785.29 | 0.0 | 0.3 | 0.3 | \$0.00 | \$0.18 \$0.10 | \$0.18 \$0.10 | 0.0% | 2.0% | 2.0% | 24 24 | | 0.0% | 0.0% | 42 42 | \$0.00 \$0.00 | \$0.18 \$0.10 | \$0.18 \$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% | 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% | 42 | \$0.16 | \$0.00 | \$0.17 |
| 4460 Antiasthmatic - Monoc | | \$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% | 42 | \$0.00 | \$0.18 | \$0.18 |
| 5250 Inflammatory Bowel Ag 2170 Antineoplastics Misc. | gents | \$36.14 \$28.57 | \$734.11 \$54,661.87 | \$462.13 \$1,474.74 | 0.5 1.0 | 0.8 0.0 | 1.3 1.1 | \$0.00 \$0.00 | \$0.05 \$0.13 | \$0.05 \$0.13 | 0.0% 0.0% | 2.0% 2.0% | 1.9% 2.0% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.00 \$0.00 | \$0.05 \$0.13 | \$0.05 \$0.14 |
| 8580 Hereditary Angioedem | a Agents | \$0.00 | \$13,063.14 | \$13,063.14 | 0.0 | 0.0 | 0.0 | \$0.00 | \$0.13 \$0.02 | \$0.13 | 0.0% | 2.0% | 2.0% | 24 | | 0.0% | 0.0% | 42 | \$0.00 \$0.00 | \$0.13 | \$0.14 \$0.02 |
| 9310 Antidotes - Chelating A | | \$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% | 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% | 42 | \$0.00 | \$0.06 | \$0.06 |
| 6240 Multiple Sclerosis Age | | \$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% | 42 | \$0.00 | \$0.05 | \$0.05 |
| 4014 Pulmonary Arterial Hyp 1910 Immune Serums | pertension | \$2,551.77 \$0.00 | \$7,033.77 \$3,713.97 | \$3,758.46 \$3,713.97 | 0.1 0.0 | 0.0 0.1 | 0.2 0.1 | \$0.03 \$0.00 | \$0.03 \$0.04 | \$0.05 \$0.04 | 0.0% 0.0% | 2.0% 2.0% | 1.0% 2.0% | 24 24 | | 0.0% 0.0% | 0.0% 0.0% | 42 | \$0.03 \$0.00 | \$0.03 \$0.04 | \$0.05 \$0.04 |
| 0700 Aminoglycosides | | \$0.00 | \$3,713.97 \$5,959.07 | \$3,713.97 \$2,749.17 | 0.0 | 0.1 | 0.1 | \$0.00 \$0.02 | \$0.04 \$0.03 | \$0.04 \$0.04 | 0.0% | 2.0% | 2.0% 1.2% | 24 24 | | 0.0% | 0.0% | 42 42 | \$0.00 \$0.02 | \$0.04 \$0.03 | \$0.04 \$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% | 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 |
| Total Specialty | | \$189.28 | \$4,145.03 | \$2,037.01 | 18.0 | 15.8 | 33.9 | \$0.28 | \$5.46 | \$5.75 | 0.0% | 3.6% | 3.5% | 24 | 0.19% | 10.24% | 9.80% | 42 | \$0.29 | \$8.26 | \$8.54 |
| Total | | \$30.59 | \$201.57 | \$63.03 | 5,593.7 | 1,309.9 | 6,903.6 | \$14.26 | \$22.00 | \$36.26 | -2.7% | 3.2% | 1.1% | 24 | 0.37% | 3.01% | 1.99% | 42 | \$13.67 | \$26.01 | \$39.67 |

¹ Composite utilization trends include mix component of trends.

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 | МҮРАС | MA Children | Quasi-CHIP |
|-----------------------|---|-------------------------------|-------------------------------|----------|----------------|---------------------------|---|---------------------------------------|-------------|---------|-------------|------------|
| | Age Distribution ¹ | | | | | | | | | | | |
| a1 | Newborn | 0.0% | 0.0% | 0.0% | | 89.6% | | 90.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| a2 | Children 1-4 | 3.7% | 0.0% | 0.0% | | 10.4% | | 10.0% | 20.3% | 1.2% | 25.2% | 0.0% |
| a3 | Children 5-11 | 11.4% | 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% | | 0.0% | | 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% | | 0.0% | 0.0% | 0.0% | 17.8% | 23.5% | 23.3% | 28.6% |
| $c = sum(a \times b)$ | 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% |
| d2 | Children 5-11 | 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% |
| d0 d4 | Non-Children | 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% | | 1.0% | | 1.0% | 24.0% | 32.5% | 24.0% | 31.1% |
| | Baseline Vaccinations | | | | | | | | | | | |
| f = max (e - c, 0) | | 24.8% | 17.3% | 37.3% | 43.6% | 1.0% | 0.0% | 1.0% | 13.5% | 13.9% | 14.6% | 12.8% |
| n – max (c - c, o) | Doses Per Baseline Vaccination | 2.0 | 2.0 | 2.0 | | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| $h = f \times g$ | Base Doses Per Member | 0.495 | 0.345 | 0.746 | | 0.021 | 0.000 | 0.020 | 0.271 | 0.277 | 0.292 | 0.255 |
| n r¤g | | 0.400 | 0.040 | 0.140 | 0.071 | 0.021 | 0.000 | 0.020 | 0.271 | 0.277 | 0.202 | 0.200 |
| | % of Members Getting Boosted ³ | 0.000/ | 0.000/ | 0.000 | 0.000/ | 0.000/ | 0.000/ | 0.000/ | 0.000/ | 0.000/ | 0.000 | 0.000/ |
| $i1 = d1 \times 25\%$ | Newborn | 0.00% | 0.00% | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| $i2 = d2 \times 25\%$ | Children 1-4 | 2.50% | 2.50% | 2.50% | | 2.50% | | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% |
| $i3 = d3 \times 25\%$ | Children 5-11 | 3.75% | 3.75% | 3.75% | | 3.75% | | 3.75% | 3.75% | 3.75% | 3.75% | 3.75% |
| $i4 = d4 \times 25\%$ | Children 12-17 | 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% |
| j = sum(a × i) | Rate-Cell Specific | 12.72% | 15.00% | 15.00% | b 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 |
| $I = j \times k$ | 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 |
| п | 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 |
| $o = m \times n$ | 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 | | \$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% |

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 |
| а | Fully Vaccinated - % of Mississippians ¹ | 10% | 38% | 40% | 44% | 58% | 70% | 54.40% |
| b | Fully Vaccinated Mississipians ¹ | 28,024 | 91,902 | 113,327 | 254,008 | 208,248 | 394,491 | 970,074 |
| c = b / a | Total Mississippians in Age Bucket | 280,240 | 241,847 | 283,318 | 577,291 | 359,048 | 563,559 | 1,783,215 |
| d | Mississippians with 1+ Vaccine Dose ¹ | 37,942 | 106,738 | 139,739 | 301,354 | 233,991 | 425,964 | 1,101,048 |
| e = d / c | % of Mississippians with 1+ Vaccine Dose | 13.54% | 44.13% | 49.32% | 52.20% | 65.17% | 75.58% | 61.75% |
| f | Count Boosted Members ¹ | 0 | 8,212 | 16,532 | 46,412 | 55,399 | 152,698 | 271,041 |
| g = f/c | % of Mississippians with a Booster Dose | 0.0% | 3.4% | 5.8% | 8.0% | 15.4% | 27.1% | 15.2% |
| h=g∕e | % 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

| | | | ļ | \ge | | | (A) Withhold | (B) Withhold | (C) = (A) / (B) Vaccination % |
|------------------------------------|---------|-----------------|------------------|-------------------|------------------|----------|-------------------------|---------------------------|----------------------------------|
| | Newborn | Children 1-4 | Children 5-11 | Children 12-17 | Non- Children | All Ages | Numerator (All Ages) | Denominator (Ages 12+) | for Withhold Calculation |
| 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 fo | r 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.

| | | SFY 2023 | | sion of Medicaid apitation Rate Dev | elopment | | | |
|---------------------------------|--|---------------------------------------|---------------------------------|--|---------------------------|-------------------------|----------------|-------------------------|
| | | | Enhanced Ma | tch 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 | | 0.12 | 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 | 1.00 | 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 | \$8,000.01 7.856.01 | \$0.04 0.04 | \$0.00 0.00 | \$0.00 0.00 | \$0.10 0.10 | \$4.00 4.58 | \$0.00 0.00 | ۵۱۱۱.۵۱ 109.80 |
| Central Region | 8,152.01 | 0.04 | 0.00 | 0.00 | 0.10 | 4.56 | 0.00 | 113.94 |
| South Region | 7,968.01 | 0.04 | 0.00 | 0.00 | 0.10 | 4.75 | 0.00 | 111.37 |
| Non-SSI Newborns 0 to 2 Months | £4 924 4C | \$0.00 | \$0.00 | \$0.00 | \$1.96 | \$0.17 | \$0.00 | \$0.13 |
| North Region | \$1,834.16 1,801.15 | \$0.00 0.00 | \$0.00 0.00 | \$0.00 0.00 | ۶۱.96 1.92 | ۶0.17 0.17 | \$0.00 0.00 | \$0.13 0.13 |
| 8 | , | 0.00 | 0.00 | 0.00 | 2.00 | | 0.00 | |
| Central Region | 1,869.01 | | | | | 0.18 | | 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 |
| Courriegion | 201.09 | 0.01 | 1.75 | 0.00 | 0.15 | 0.01 | 4.55 | 0.0 |

| Impatient Facility Services Value | All MSCAN Rate i-CHIP Cells 795,279 \$75,225,27 098,197 \$108,451,86 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,075 \$24,848,664 | Quasi-CHIP 55,941 \$795,279 91,552 \$1,098,197 71,404 \$425,563 \$1,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669 | MA Children \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | MYPAC \$52,927 \$52,495 \$7,420 \$1,448,523 | Foster Care \$461,889 \$937,606 \$89,871 | Non-SSI lewborns 3 to 12 Months \$5,150,631 \$4,096,276 \$50,676 | 76,100 I Cost Non-SSI Newborns 0 to N 2 Months \$2,682,624 | Encounter and Floy Rate Cell 6,311 Total Allowed SSI / Disabled | sissippi Division of * MississippiCAN I ary of Total Costs 135,337 Deliveries - | Summary of CY 201 Summary 135,337 | - | 510,505 | | 768,834 | Member Months |
|---|--|--|--|---|---|---|---|--|---|--------------------------------------|--------------|---------------|--------------------|---------------|-----------------------------------|
| Bummary of Tobis Costs by Rate Cost Standbard Standbard <th< th=""><th>All MSCAN Rate i-CHIP Cells 795,279 \$75,225,27 098,197 \$108,451,86 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,075 \$24,848,664</th><th>Quasi-CHIP 55,941 \$795,279 91,552 \$1,098,197 71,404 \$425,563 \$1,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669</th><th>MA Children \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0</th><th>MYPAC \$52,927 \$52,495 \$7,420 \$1,448,523</th><th>Foster Care \$461,889 \$937,606 \$89,871</th><th>Non-SSI lewborns 3 to 12 Months \$5,150,631 \$4,096,276 \$50,676</th><th>76,100 I Cost Non-SSI Newborns 0 to N 2 Months \$2,682,624</th><th>by Rate Cell 6,311 Total Allowed SSI / Disabled</th><th>ary of Total Costs 135,337 Deliveries -</th><th>Sumr 135,337</th><th>-</th><th>510,505</th><th></th><th>768,834</th><th>Member Months</th></th<> | All MSCAN Rate i-CHIP Cells 795,279 \$75,225,27 098,197 \$108,451,86 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,075 \$24,848,664 | Quasi-CHIP 55,941 \$795,279 91,552 \$1,098,197 71,404 \$425,563 \$1,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669 | MA Children \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | MYPAC \$52,927 \$52,495 \$7,420 \$1,448,523 | Foster Care \$461,889 \$937,606 \$89,871 | Non-SSI lewborns 3 to 12 Months \$5,150,631 \$4,096,276 \$50,676 | 76,100 I Cost Non-SSI Newborns 0 to N 2 Months \$2,682,624 | by Rate Cell 6,311 Total Allowed SSI / Disabled | ary of Total Costs 135,337 Deliveries - | Sumr 135,337 | - | 510,505 | | 768,834 | Member Months |
| Member Months 788.834 1.000 510.505 510.505 135.337 135.337 6.311 76,100 258,702 77,192 5,469 3,169,462 Total Allowed Cost Service Category Sil / Datable Cervical MA Aduit Non-Seit Non-Seit Non-Seit Imption Facility Services Sil / Datable Sil / Datable Non-Seit Non-Seit Non-Seit Imption Facility Services Sil / Datable Sil / Datable Non-Seit Non-Seit Marcinit C Substame Anues Sil / Datable Sil / Datable Non-Seit Non-Seit Marcinit C Substame Anues Sil / Datable Sil / Datable Sil / Datable Non-Seit Non-Seit Marcinit C Substame Anues Sil / Datable Sil / Datable Non-Seit Non-Seit Marcinit C Substame Anues Sil / Datable Non-Seit Non-Se | All MSCAN Rate i-CHIP Cells 795,279 \$75,225,27 098,197 \$108,451,86 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,075 \$24,848,664 | Quasi-CHIP 55,941 \$795,279 91,552 \$1,098,197 71,404 \$425,563 \$1,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669 | MA Children \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | MYPAC \$52,927 \$52,495 \$7,420 \$1,448,523 | Foster Care \$461,889 \$937,606 \$89,871 | Non-SSI lewborns 3 to 12 Months \$5,150,631 \$4,096,276 \$50,676 | Non-SSI Newborns 0 to N 2 Months \$2,682,624 | 6,311 Total Allowed SSI / Disabled | 135,337 Deliveries - | 135,337 | - | 510,505 | | 768,834 | Member Months |
| Breat and Service Category Breat and SSI / Disabled Breat and Cervical MA Adult - No. Deliveries - Non-Deliveries Pregnant Women Non-Deliveries - Pregnant Women Non-SSI Deliveries - Pregnant Women Non-SSI SSI / Disabled Non-SSI Non-SSI Non-SSI Non-SSI Inpatent Fealing Barged 548.4350.77 SSI / Disabled S14.261.01 S1 | All MSCAN Rate i-CHIP Cells 795,279 \$75,225,27 098,197 \$108,451,86 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$1,42 \$0 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,072 \$45,803,67 \$38,075 \$24,848,664 | Quasi-CHIP 55,941 \$795,279 91,552 \$1,098,197 71,404 \$425,563 \$1,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669 | MA Children \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | MYPAC \$52,927 \$52,495 \$7,420 \$1,448,523 | Foster Care \$461,889 \$937,606 \$89,871 | Non-SSI lewborns 3 to 12 Months \$5,150,631 \$4,096,276 \$50,676 | Non-SSI Newborns 0 to N 2 Months \$2,682,624 | Total Allowed | Deliveries - | | - | 510,505 | | 768,834 | Member Months |
| Bereast and Deliveries Deliveries Deliveries Deliveries Pregnant Women - Deliveries Deliveries Non-S81 Market Category SBJ Disabled Cancer MA Adult - Non- Deliveries Pregnant Women - Deliveries Pregnant Women - Deliveries Non-S81 Verborns 10 Verborns 10 <td< td=""><td>L-CHIP Cells 795.279 \$75.225.27 908,197 \$108,451,86 425.563 \$213,042,63 897,200 \$59,510,85 \$0 \$14,425 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,456,456,456,456 \$00,515 \$24,846,864</td><td>555,941 \$795,279 11,552 \$1,098,197 11,404 \$425,563 11,900 \$1,897,200 \$0 \$1,431,788 \$0,373 \$884,669</td><td>\$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0</td><td>\$52,927 \$52,495 \$7,420 \$1,448,523</td><td>\$461,889 \$937,606 \$89,871</td><td>\$5,150,631 \$4,096,276 \$50,676</td><td>Non-SSI Newborns 0 to N 2 Months \$2,682,624</td><td>SSI / Disabled</td><td></td><td>D</td><td></td><td></td><td>Broast and</td><td></td><td></td></td<> | L-CHIP Cells 795.279 \$75.225.27 908,197 \$108,451,86 425.563 \$213,042,63 897,200 \$59,510,85 \$0 \$14,425 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,456,456,456,456 \$00,515 \$24,846,864 | 555,941 \$795,279 11,552 \$1,098,197 11,404 \$425,563 11,900 \$1,897,200 \$0 \$1,431,788 \$0,373 \$884,669 | \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | \$52,927 \$52,495 \$7,420 \$1,448,523 | \$461,889 \$937,606 \$89,871 | \$5,150,631 \$4,096,276 \$50,676 | Non-SSI Newborns 0 to N 2 Months \$2,682,624 | SSI / Disabled | | D | | | Broast and | | |
| Non-Newborn Oricital MA Adult Perganat Ware Perganat Ware S81 / Disable Newborns 2 Northers Non-borns 3 Northers Non-borns 3 Northers Inplatent Facility Services 541 / 05.001 541.43.001 54.43.64.0 55.03.01 540.83.01 540.80 55.24.02 45.150.831 540.88 55.24.02 55.06.01 540.80 55.24.02 55.06.01 540.80 55.24.02 55.06.01 540.80 55.24.02 55.06.01 540.80 55.24.02 55.06.01 540.80 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.24.02 55.06.02 50 50 55.07.00 50 55.07.00 50 55.07.00 50 55.07.00 50 55.07.00 50 55.07.00 50 50 55.07.00 50 50 55.07.00 50 50 55.07.00 50 50 55.07.00 50 50 | L-CHIP Cells 795.279 \$75.225.27 908,197 \$108,451,86 425.563 \$213,042,63 897,200 \$59,510,85 \$0 \$14,425 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,456,456,456,456 \$00,515 \$24,846,864 | 555,941 \$795,279 11,552 \$1,098,197 11,404 \$425,563 11,900 \$1,897,200 \$0 \$1,431,788 \$0,373 \$884,669 | \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | \$52,927 \$52,495 \$7,420 \$1,448,523 | \$461,889 \$937,606 \$89,871 | \$5,150,631 \$4,096,276 \$50,676 | Newborns 0 to N 2 Months \$2,682,624 | | | D | | | Broast and | | |
| Barylice Category SSI /0 Isable Cancer Deliveries MA Adult Non-Deliveries Pergnant Wome Newtom 2 Months 1 2 Months Foster Care MM AChildren Quart Impetient Facility Services 550.310.310 554.42.913 500 571.68.81 59.56.95 57.005.471 587.605.471 587.605.705 588.871 687.62.207 510.65.951 550.676 580.871 687.62.207 53.74.104 55.207.65 550.676 580.871 687.62.205 550.676 580.871 687.62.205 550.676 580.871 687.62.205 550.676 580.871 687.62.205 550.676 580.871 687.62.206 550.576 550.676 580.871 687.62.206 550.575 550.676 580.871 687.62.206 550.575 | L-CHIP Cells 795.279 \$75.225.27 908,197 \$108,451,86 425.563 \$213,042,63 897,200 \$59,510,85 \$0 \$14,425 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,42 \$00 \$14,456,456,456,456 \$00,515 \$24,864,864 | 555,941 \$795,279 11,552 \$1,098,197 11,404 \$425,563 11,900 \$1,897,200 \$0 \$1,431,788 \$0,373 \$884,669 | \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | \$52,927 \$52,495 \$7,420 \$1,448,523 | \$461,889 \$937,606 \$89,871 | 12 Months \$5,150,631 \$4,096,276 \$50,676 | 2 Months \$2,682,624 | | | | | MA A.J | | No. No. to | |
| Inplatent Facility Services Stat. 436,074 \$104,104 \$5,442,913 \$00 \$343,840 \$6,001 \$1,663,358 \$2,682,624 \$5,100,631 \$461,889 \$52,927 \$10,055,941 Surgical \$2,685,218,75 \$118,020 \$11,684,562 \$0 \$343,786 \$52,916,98 \$50,067,766 \$52,97,706 \$52,97,706 \$52,92,7710 \$1,484,523 \$20,001,005 \$50 \$ | 795,279 \$75,225,27 0825,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$1,42 \$0 \$269,806 \$269,806 \$26,653,38 \$216,238 \$456,232,05 696,968 \$98,096,55 \$447 \$3,96 \$431,788 \$58,823,74 \$844,669 \$24,716,55 \$383,072 \$45,803,67 \$261,212 \$138,965,45 \$90,515 \$24,864,66 | 555,941 \$795,279 11,552 \$1,098,197 11,404 \$425,563 11,900 \$1,897,200 \$0 \$1,431,788 \$0,373 \$884,669 | \$10,055,941 \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | \$52,495 \$7,420 \$1,448,523 | \$461,889 \$937,606 \$89,871 | \$5,150,631 \$4,096,276 \$50,676 | \$2,682,624 | | Pregnant Women | | | | | | Service Category |
| Surgical Sec 521/875 \$11.80.40 \$11.804.562 \$0 \$71.68.81 \$9.556 \$52.219.169 \$7.006.471 \$4.006.276 \$937.7006 \$52.49 \$12.191.552 \$22.78.43 \$56.015.59 \$22.54.84 \$0 \$50.076 \$58.871 \$7.420 \$3.837.268 \$20.091.300 \$0< | 098,197 \$108,451,86 425,553 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$2 \$29,806 \$26,653,38 \$216,238 \$456,232,05 \$696,968 \$98,096,55 \$431,788 \$58,823,74 \$83,072 \$45,803,67 \$236,112 \$138,965,45 \$30,075 \$24,846,864 | 31,552 \$1,098,197 71,404 \$425,563 301,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0,797 \$4,216,238 38,374 \$2,696,968 \$2,7765 \$1,431,788 \$6,373 \$884,669 | \$12,191,552 \$3,871,404 \$20,091,900 \$0 \$0 | \$52,495 \$7,420 \$1,448,523 | \$937,606 \$89,871 | \$4,096,276 \$50,676 | | | 3 | | | | | | |
| Matemity / Deliveries S2,867,588 S0 \$190,0233 \$16,215,238 \$4,373,883 \$25,948,640 \$20,276,515 \$50,076 \$58,8871 \$7,420 \$53,871,404 Psychiatric / Substance Abuse \$24,547,588 \$0 \$3,877,408 \$1,445,233 \$20,009,00 \$0 | 425,563 \$213,042,63 897,200 \$59,510,85 \$0 \$1,42 \$0 \$66,653,38 216,238 \$456,232,05 696,968 \$98,096,59 \$47 \$3,96 431,788 \$58,823,74 884,669 \$24,716,53 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$\$ \$90,515 \$24,864,669 | 71,404 \$425,563 11,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0 \$1,269,806 10,748 \$1,269,806 10,7745 \$1,266,806 \$2,765 \$1,41,788 \$2,765 \$1,431,788 \$88,8669 \$884,669 | \$3,871,404 \$20,091,900 \$0 \$0 | \$7,420 \$1,448,523 | \$89,871 | \$50,676 | ¢7 005 471 | \$1,693,358 | \$6,901 | \$343,640 | \$0 | \$5,442,913 | \$104,104 | \$48,435,074 | Medical |
| Psychiatric / Substance Abuse \$24,653,589 \$0 \$3,337,288 \$0 \$252,661 \$0 \$50 \$57,416 \$84,41,43 \$13,360,748 \$10,341,360,748 \$10,341,360,748 \$10,344 \$4,788,306 \$33,369 \$34,890 \$10,39,84 \$6,916,300 \$701,113 \$10,5560 \$35,233,374 \$10,341 \$11,251,20 \$50 \$0 \$0 \$10,3944 \$31,30,90 \$33,399 \$31,430,90 \$10,31,41 \$11,31,50 \$0 | 897,200 \$59,510,85 \$0 \$1,42 \$0 \$269,806 \$269,806 \$26,653,38 \$216,238 \$456,232,05 696,968 \$98,096,58 \$47 \$3,96 431,788 \$58,823,74 \$84,669 \$24,716,53 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ \$80,515 \$24,864,669 | 11,900 \$1,897,200 \$0 \$0 \$0 \$0 \$0,748 \$1,269,806 \$0,778 \$4,216,238 38,374 \$2,696,968 \$2,765 \$1,431,788 \$63,73 \$884,669 | \$20,091,900 \$0 \$0 | \$1,448,523 | | | | | 1 - 1 | 1 - 7 | +- | 1 1 1 | | | |
| Skilend Nursing Facility 51,429 S0 < | \$0 \$1,42 \$0 \$2 269,806 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$58,823,74 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ \$90,515 \$24,864,66 | \$0 \$0 \$0 \$0 \$0,748 \$1,269,806 10,797 \$4,216,238 38,374 \$2,696,968 \$2,761 \$47 37,765 \$1,431,788 \$6,373 \$884,669 | \$0 \$0 | | \$7,429,710 | | | | | | | | | | |
| Missing Data S0 S0 <ths0< th=""> S0 S0</ths0<> | \$0 \$269,806 \$266,653,38 216,238 \$456,232,05 696,968 \$98,096,59 \$47 \$3,96 431,788 \$58,823,74 884,669 \$24,716,53 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$24,766,55 \$28,075 \$24,864,669 | \$0 \$0 \$0,748 \$1,269,806 \$0,797 \$4,216,238 \$8,374 \$2,696,968 \$2,761 \$47 \$7,765 \$1,431,788 \$26,373 \$884,669 | \$0 | \$0 | | | | | | | | | | | 5 |
| Inpatient Behavioral Health Total \$4,535,758 \$0 \$57,679 \$0 \$13,860 \$0 \$0 \$0 \$0 \$0 \$0,927,528 \$58,91,076 \$14,960,748 \$2 Unpatient Facility Services Emergency Room \$27,804,653 \$34,872 \$17,537,158 \$10,044 \$4,788,306 \$33,989 \$344,960 \$1,803,984 \$6,916,309 \$70,1113 \$105,560 \$52,286,374 \$50 \$50 \$50 \$50 \$51,803,984 \$6,916,309 \$70,1113 \$105,560 \$52,283,374 \$53,283,731 \$54,280,706 \$51,803,984 \$6,916,309 \$71,1154 \$402,2844 \$50,510,59 \$50 | 269,806 \$26,653,38 216,238 \$456,232,05 696,968 \$98,096,59 \$47 \$3,96 431,788 \$58,823,74 884,669 \$24,71,65 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$3 \$00,515 \$24,864,66 | 50,748 \$1,269,806 10,797 \$4,216,238 388,374 \$2,696,968 \$2,761 \$47 37,765 \$1,431,788 26,373 \$884,669 | | * 0 | | | | | | | | | | | |
| Inpatient Facility Total \$141,179,556 \$22,844,976 \$16,215,238 \$5,687,066 \$66,03,2056 \$32,861,187 \$101,964,610 \$9,297,582 \$8,919,076 \$1,661,366 \$46,210,797 \$1 Outpatient Facility Services 50 \$27,884,653 \$34,872 \$17,537,158 \$10,344 \$4,788,306 \$33,989 \$34,400 \$1,803,984 \$6,916,309 \$701,113 \$105,560 \$52,283,374 \$27,882 \$433,481 \$11,205,120 \$55,996 \$30 \$0 \$17,80 \$542,311 \$51,007 \$0 \$0 \$27,782 \$42,813,873 \$402,844 \$50,318 \$11,417,765 \$28,979 \$17,807 \$50 \$50,018 \$11,317,765 \$28,979 \$11,80,800 \$50 \$50,007 \$50,282,873 \$50,284,731 \$50,285,591 \$50,0004 \$50,282,874 \$41,173,775 \$50,851,018,500 \$50,285,591 \$51,08,50,204 \$12,47,577 \$58,916,219 \$51,183,591 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 | 216,238 \$456,232,05 696,968 \$98,096,55 \$47 \$3,96 431,788 \$\$88,823,74 \$884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ \$89,0515 \$24,864,669 | 10,797 \$4,216,238 38,374 \$2,696,968 \$2,761 \$47 37,765 \$1,431,788 26,373 \$884,669 | φ10,000,1 4 0 | | | | | | | | | | | | |
| Outpatient Facility Services Subscription Subscription Subscription Subscription 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 Radiology / Pathology \$24,833,878 \$433,378 \$433,3441 \$11,205,120 \$55,996 \$3,501,878 \$28,979 \$177,860 \$642,311 \$2,171,543 \$402,864 \$50,318 \$14,137,765 \$2 Psychiatric / Acohol & Drug Abuse \$6,550,059 \$0 \$6,336 \$0 \$113 \$0 \$0 \$0 \$048,196 \$344,711,039 Other \$30,547,093 \$725,032 \$6,166,219 \$4,373 \$1,479,330 \$22,122 \$952,554 \$95,510 \$600,204 \$12,47,577 \$89,976 \$38,012,665 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 696,968 \$98,096,58 \$47 \$3,96 431,788 \$\$8,823,74 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | 38,374 \$2,696,968 \$2,761 \$47 37,765 \$1,431,788 26,373 \$884,669 | \$46,210,797 | | | | | +- | | | +- | 1 | | | |
| Urgent Care \$0 \$0 \$0 \$0 \$0 \$153 \$1,007 \$0 \$0 \$2,761 Radiology / Pathology \$24,633,878 \$343,441 \$11,205,120 \$5,996 \$3,001,878 \$28,979 \$177,860 \$642,311 \$2,171,543 \$402,864 \$50,318 \$14,137,765 \$ Pharmacy \$30,647,093 \$725,032 \$6,196,219 \$4,373 \$1,479,330 \$22,192 \$952,594 \$50,510 \$600,204 \$22,22 \$4,734 \$4,711,039 Other \$50,187,87,364 \$334,367 \$22,240,524 \$8,858 \$5,199,310 \$20,750 \$0 | \$47 \$3,96 431,788 \$58,823,74 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | \$2,761 \$47 37,765 \$1,431,788 26,373 \$884,669 | +,=, | + ,,, | +-,, | +-,, | + • • • • • • • • • • • • • | <i>+,,</i> | +,, | ++,, | +, | +==,===,=== | +, | ÷···;··•;••• | |
| Radiology / Pathology \$24,633,878 \$433,441 \$11,205,120 \$59,996 \$3,501,878 \$28,979 \$177,860 \$642,311 \$2,171,543 \$402,864 \$50,318 \$14,137,765 \$ Phychiatric / Alcohol & Drug Abuse \$5,500,599 \$0 \$6,336 \$0 \$113 \$0 \$0 \$0 \$00 \$00,874,095 \$844,784 \$16,256,373 Pharmacy \$30,547,093 \$725,032 \$6,166,219 \$4,373 \$1,479,330 \$22,129 \$952,524 \$90,6204 \$1,247,577 \$98,795 \$38,012,865 \$ Missing Data \$0 <td>431,788 \$58,823,74 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66</td> <td>37,765\$1,431,78826,373\$884,669</td> <td></td> | 431,788 \$58,823,74 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | 37,765\$1,431,78826,373\$884,669 | | | | | | | | | | | | | |
| Psychiatric / Alcohol & Drug Abuse \$6,550,059 \$0 \$6,336 \$0 \$113 \$0 \$0 \$0 \$0 \$948,196 \$847 \$16,326,373 Pharmacy \$30,547,093 \$725,032 \$6,196,219 \$4,373 \$1,479,330 \$22,192 \$952,594 \$995,510 \$600,204 \$82,282 \$4,734 \$4,711,039 Other \$61,787,364 \$334,367 \$22,240,524 \$8,858 \$5,199,431 \$32,716 \$946,988 \$1,313,656 \$4,506,204 \$1,247,577 \$98,795 \$38,012,865 \$0 Outpatient Behavioral Health Total \$6,601,420 \$0 \$6,356,577 \$24,577 \$14,969,058 \$117,876 \$2,422,403 \$3,855,612 \$14,195,265 \$3,331,878 \$16,416,431 Outpatient Behavioral Health Total \$1,517,712 \$57,712 \$57,712 \$14,969,058 \$117,676 \$2,422,403 \$3,855,612 \$14,149,226 \$3,31,878 \$76,829 \$2,727,389 IP Visits \$11,944,032 \$17,018 \$1,697,120 \$53,574 \$406,404 \$199,271 \$6,692,665 | 884,669 \$24,716,59 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | 26,373 \$884,669 | | | | | | | | | | | 1.1 | | Urgent Care |
| 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 Other \$61,787,364 \$334,367 \$22,240,24 \$88,88 \$51,194,31 \$32,716 \$946,988 \$1,313,654 \$4,506,204 \$1,247,577 \$98,795 \$338,012,865 \$0 | 383,072 \$45,803,67 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | | | | | | | | | | | | | | |
| Other \$61,787,364 \$334,367 \$22,240,524 \$8,858 \$5,199,431 \$32,716 \$949,988 \$1,313,654 \$4,506,204 \$1,247,577 \$98,795 \$38,012,865 \$ Missing Data \$0 | 236,112 \$138,965,45 \$0 \$ 890,515 \$24,864,66 | | | | | | | | | | | 1 - 7 | 1.1 | | |
| Missing Data \$0 | \$0 \$ 890,515 \$24,864,66 | | | | | | 1 | | | | | | | | |
| Outpatient Behavioral Health Total \$6,601,420 \$0 \$6,366 \$0 \$113 \$0 < | 890,515 \$24,864,66 | | | | | | | | | | | | | | |
| 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 \$ 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 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 Office / Home Visits \$35,248,846 \$111,559 \$18,366,126 \$639 \$1,346,626 \$47,27 \$404,424 \$2,885,824 \$9,296,952 \$1,916,983 \$147,522 \$64,074,393 \$2 Urgent Care Visits \$24,240,165 \$89 \$336,294 \$0 \$42,442 \$86 \$654 \$1,225 \$102,610 \$57,244 \$1,989,376 ER Visits and Observation Care \$8,607,132 \$11,337 \$5,180,261 | | | | | | | | | | | | | | | 5 |
| 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 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 Office / Home Visits \$35,248,846 \$111,559 \$18,366,126 \$639 \$1,386,626 \$4,727 \$404,424 \$2,885,824 \$9,296,952 \$1,916,983 \$147,522 \$6,407,4393 \$ Preventive Exams & Immunizations \$4,854,763 \$14,664 \$7,336,040 \$42,442 \$86 \$654 \$1,225 \$102,610 \$57,244 \$1,194 \$1,898,376 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 \$34,755 \$10,062,353 OP Surgery \$11,827,398 \$120,434 \$6,547,683 \$11,817 \$2,33,596 \$ | | | | | | | | | | | | | | | |
| 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 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 \$ Urgent Care Visits \$240,165 \$89 \$336,294 \$0 \$42,242 \$86 \$654 \$1,225,513 \$90,976 \$2,895,847 \$12,073 \$510,92,613 \$14,172,97 \$535,841 \$225,656 \$8,684,093 \$9,250,573 \$698,145 \$37,479 \$21,121,093 \$ Urgent Care Visits \$240,165 \$89 \$386,294 \$0 \$42,442 \$86 \$654 \$1,225,513 \$10,461,93 \$389,796 \$22,421,11,933 \$ \$10,602,353 ER Visits and Observation Care \$8,607,132 \$11,137 \$5,180,261 \$16,559 \$1,161,789 \$71,645 \$20,153 \$1,046,199 \$389,796 \$22,422 | | | | | | | | | | | | | | | |
| 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 \$ Preventive Exams & Immunizations \$4,854,763 \$14,664 \$7,336,040 \$160,969 \$14,172,797 \$535,841 \$225,656 \$8,684,093 \$9,296,952 \$19,16,983 \$147,522 \$64,074,393 \$ Urgent Care Visits \$240,165 \$89 \$366,294 \$0 \$42,442 \$86 \$654 \$1,225 \$102,610 \$57,244 \$1,194 \$1,898,376 ER Visits and Observation Care \$8,607,132 \$11,337 \$5,180,261 \$16,559 \$1,61,6289 \$71,645 \$110,808 \$563,487 \$2,171,764 \$202,094 \$34,795 \$10,602,353 OP \$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 \$9 Physical Therapy \$5,839,514 \$16,095 \$1,141,257 \$0 | | | | | | | | | | | | | | | |
| Preventive Exams & Immunizations \$4,854,763 \$14,664 \$7,336,040 \$160,969 \$14,172,797 \$535,841 \$225,656 \$8,864,093 \$9,250,573 \$698,145 \$37,479 \$21,121,093 \$ Urgent Care Visits \$240,165 \$89 \$366,294 \$0 \$42,442 \$86 \$654 \$1,225 \$10,2610 \$57,244 \$1,194 \$1,898,376 ER Visits and Observation Care \$8,607,132 \$11,337 \$5,180,261 \$166,559 \$1,616,289 \$71,645 \$110,808 \$563,487 \$2,171,764 \$20,2094 \$34,795 \$10,602,353 OP Surgery \$11,827,398 \$120,434 \$66,547,683 \$1,188 \$471,1617 \$2,373 \$\$90,516 \$204,153 \$1,046,199 \$389,796 \$22,422 \$12,626,715 \$ Physical Therapy \$5,839,514 \$16,095 \$1,141,257 \$0 \$33,596 \$95 \$106,266 \$8,580 \$266,833 \$472,004 \$15,918 \$7,085,492 Physical Therapy \$5,839,514 \$16,095 \$1,141,257 \$0 \$33,59 | | | | | | | | | 1 | 1 | | | | | 0, |
| Urgent Care Visits \$240,165 \$89 \$386,294 \$0 \$42,442 \$86 \$654 \$1,225 \$102,610 \$57,244 \$1,194 \$1,898,376 ER Visits and Observation Care \$8,607,132 \$11,337 \$5,180,261 \$16,559 \$1,616,289 \$71,645 \$10,808 \$563,487 \$2,171,764 \$202,094 \$34,795 \$10,602,353 OP Surgery \$11,827,398 \$120,434 \$6,547,683 \$1,188 \$447,1617 \$2,373 \$95,016 \$204,153 \$1,046,199 \$389,796 \$22,422 \$12,626,715 \$ Physical Therapy \$5,839,514 \$16,095 \$1,141,257 \$0 \$33,596 \$95 \$106,266 \$8,580 \$266,853 \$472,004 \$15,918 \$7,056,492 Physical Therapy \$13,958,987 \$146,370 \$99,477,176 \$7,002,857 \$630,921 \$180,960 \$24,02,175 \$30,423,156 \$ Radiology / Pathology \$13,958,987 \$146,370 \$99,477,176 \$7,002,857 \$630,921 \$180,960 \$406,766 \$1352,715 \$300,861 | | | | | | | | | | | | | | | |
| 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 OP Surgery \$11,827,398 \$120,434 \$6,647,663 \$11,188 \$471,617 \$2,373 \$95,016 \$204,153 \$1,046,199 \$389,796 \$22,422 \$12,626,715 \$ Physical Interapy \$5,839,514 \$10,405 \$1,141,257 \$0 \$33,596 \$\$55 \$106,266 \$8,580 \$266,853 \$472,004 \$15,918 \$70,654,422 \$10,54,922 \$772 \$115 \$0 \$2,930 \$3,611,333 \$15,761,452 \$30,423,156 \$\$ 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 \$\$ Radiology / Pathology \$13,958,987 \$146,370 \$9,477,856 \$17,176 \$7,002,857 \$630,921 \$180,960 \$406,786 \$11,22,715 | | 1 | 1 1 1 | 1. 7 . | 1 | 1 - 7 7 | 1 - 7 | | 1 | | 1 | 1 1 1 | 1 1 | 1 1 1 | |
| 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 \$ 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 Psychiatric / Substance Abuse \$31,626,509 \$4,919 \$3,023,869 \$809 \$157,142 \$7772 \$115 \$0 \$2,2030 \$3,611,333 \$15,761,452 \$30,423,156 \$ Radiology / Pathology \$13,958,987 \$146,370 \$9,477,856 \$157,176 \$7,002,857 \$630,921 \$180,960 \$406,786 \$1,152,715 \$30,861 \$42,644 \$11,014,053 \$ Vision, Hearing, and Speech Exams \$37,918,219 \$583,024 \$5,903,911 \$4,016,253 \$1,338,344 \$16,660,554 \$455,927 \$413,214 \$638,607 \$687,844 \$32,374 \$7,436,067 \$ | | | | | | | | | | | | | | | |
| 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 Psychiatric / Substance Abuse \$31,626,509 \$4,919 \$3,023,869 \$809 \$157,142 \$772 \$115 \$0 \$2,203 \$3,611,333 \$15,761,452 \$30,423,156 \$ Radiology / Pathology \$13,958,987 \$146,370 \$9,477,856 \$157,176 \$7,002,857 \$630,921 \$180,960 \$406,786 \$1,52,715 \$300,861 \$42,644 \$11,014,053 \$ Vision, Hearing, and Speech Exams \$3,748,914 \$66,999 \$2,120,518 \$142 \$444,105 \$481 \$36,623 \$24,217 \$933,744 \$33,455 \$11,109,971 \$ Vision, Hearing, and Speech Exams \$3,748,914 \$56,30,021 \$1,338,344 \$16,660,554 \$455,927 \$413,214 \$638,607 \$687,844 \$32,374 \$7,436,087 \$ | | | | | | | | | | | | | | | |
| 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 \$ Radiology / Pathology \$13,958,987 \$146,370 \$9,477,866 \$157,176 \$7,002,857 \$630,921 \$180,960 \$406,786 \$1,152,715 \$300,061 \$42,644 \$11,014,053 \$ Vision, Hearing, and Speech Exams \$3,748,914 \$6,999 \$2,120,518 \$142 \$444,105 \$481 \$36,523 \$24,217 \$93,244 \$33,455 \$11,109,971 \$ Other \$35,918,219 \$583,024 \$5,903,911 \$4,016,253 \$1,38,344 \$16,660,554 \$45,5927 \$413,214 \$688,607 \$887,844 \$23,274 \$7,436,087 \$ | | | | | | | | | | | | | | | |
| 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 \$ 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 \$ | | | | | | | | | | | | | | | |
| 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 \$ | | | | | | | \$406,786 | \$180,960 | \$630,921 | | \$157,176 | | | | |
| | 477,406 \$19,489,71 | 9,971 \$1,477,406 | \$11,109,971 | \$33,455 | \$393,744 | \$93,244 | \$24,217 | \$36,523 | \$481 | \$444,105 | \$142 | \$2,120,518 | \$6,999 | \$3,748,914 | Vision, Hearing, and Speech Exams |
| | | | | | | | | | | | | | | | |
| | \$0 \$ | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | Missing Data |
| | | | | | | | | | | | | | | 1 7. 7 | |
| Prijstical total 3100,414,304 31,007,378 302,314,141 34,430,132 321,131,234 310,201,673 30,551,073 323,121,040 323,003,052 33,103,003 310,201,422 3101,133,031 31 Pharmacy Services | 255,121 \$565,555,55 | 59,051 \$17,259,121 | \$101,155,051 | \$10,207,422 | \$9,109,009 | \$25,865,052 | \$25,121,0 4 0 | \$0,951,075 | \$10,207,075 | \$27,191,294 | \$4,430,132 | \$62,374,141 | \$1,057,576 | \$100,414,304 | |
| | 063,633 \$410,925,91 | 50,231 \$14,063,633 | \$106.350.231 | \$877.813 | \$5,631,821 | \$6.551.721 | \$644.595 | \$3.083.773 | \$302,281 | \$7,257,950 | \$69,669 | \$52,581,793 | \$443.592 | \$213.067.045 | |
| Missing Data \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$ | | | | | | | | | | | | | | 2 |
| 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 \$1 | 063,633 \$410,925,91 | 50,231 \$14,063,633 | \$106,350,231 | \$877,813 | \$5,631,821 | \$6,551,721 | \$644,595 | \$3,083,773 | \$302,281 | \$7,257,950 | \$69,669 | \$52,581,793 | \$443,592 | \$213,067,045 | Pharmacy Total |
| Dental Services | | | | | | | | | | | | | | | Dental Services |
| | | | | | | | | | | | | | | | |
| Missing Data \$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 \$1 Other Services \$3,712 \$42,736 \$274,952 \$2,291,896 \$163,621 \$84,579,993 \$1 | 012,096 \$111,468,35 | 79,993 \$11,012,096 | \$84,579,993 | \$163,621 | \$2,291,896 | \$274,952 | \$42,736 | \$3,712 | \$372 | \$842,570 | \$153 | \$4,261,392 | \$8,606 | \$7,986,259 | |
| Unter 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 \$16.487.58 | 50.411 \$231.159 | \$2.250.411 | \$21.672 | \$117.061 | ¢650 240 | ¢1 042 109 | ¢024 410 | ¢006.651 | ¢527.040 | ¢65 965 | \$1 07E 9E9 | ¢E E01 | ¢0 100 624 | |
| Ambulance \$6,106,634 \$5,561 \$1,97,688 \$60,685 \$537,640 \$226,661 \$2534,412 \$1,043,198 \$505,340 \$117,951 \$31,672 \$3,250,411 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 | | | | | | | | | | | | | | 1 - 1 1 | |
| The construction of the co | | | | | | | | | | 1 | | 1 1 1 | | | |
| Glasses / Contacts \$1,215,312 \$1,884 \$757,182 \$0 \$169,140 \$173 \$180 \$39 \$1,773 \$152,715 \$17,172 \$4,028,936 | | | | | | | | | | | | | | | |
| Other \$9,551,836 \$1,289 \$149,621 \$0 \$2,439 \$74 \$1,144,476 \$10,828 \$77,087 \$114,473 \$62,868 \$727,517 | | | | | | | | | | | | | | | |
| Missing Data \$0 | \$0 \$ | | | | | | | | | | | | | | |
| Other Behavioral Health Total \$606,611 \$166 \$72,511 \$0 \$2,219 \$74 \$0 \$0 \$0 \$22,291 \$368 \$421,316 | | | | | | | | | | | | 1 7- | | | |
| | | 1 1 1 1 1 1 1 | 1 | 1 .7 . | | 1 7 . 7 | | 1 1 | 1 7 3 | 1):) | 1 1. | 1.9.1.7 | 1.5.7 | | |
| | | | | ,, . | | | | | | , , | | | | 1 | |
| 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 \$5 | 762,583 \$1,984,911,30 | 24,317 \$56,762,583 | ə 540,624,31 7 | \$19,197,244 | \$30,047,155 | ¢57,053,042 | ə132,996,584 | \$49,638,019 | \$83,904,752 | \$57,292,185 | \$20,827,115 | \$205,330,435 | \$3,313,833 | \$121,324,037 | Grand Lotal |

| | | | | | | Exhibit 11B | | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | | | sissippi Division of I | | | | | | | | |
| | | | | | Summary of CY 2018 | 3* MississippiCAN Ei ry of Allowed PMPM | | 5 Claims | | | | | | |
| | | | | | Summa | ry of Allowed FillFill | 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 | | No. 001 | | | | | |
| | Non-Newborn | Breast and Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | Non-SSI Newborns 0 to | Non-SSI | | | | | AII MSCAN |
| Service Category | SSI / Disabled | | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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 | | | \$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 | \$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 | \$0.00 \$0.00 | \$0.00 | \$0.00 | \$0.00 \$0.00 |
| Missing Data Inpatient Behavioral Health Total | \$0.00 \$5.90 | \$0.00 \$0.00 | \$0.00 \$0.11 | \$0.00 \$0.00 | \$0.00 \$0.10 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$0.00 | \$0.00 \$77.39 | \$0.00 \$153.85 | \$0.00 \$4.40 | \$0.00 \$3.80 | \$0.00 \$4.99 |
| Inpatient Facility Total | \$183.63 | \$203.95 | \$44.79 | \$31.76 | \$42.02 | \$480.52 | | \$1,339.88 | \$35.93 | \$115.54 | \$285.49 | \$14.58 | \$12.62 | \$85.38 |
| Outpatient Facility Services | | | | | * | | | + ,, | | | 1 | | | |
| 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 | | \$8.39 | \$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 Outpatient Behavioral Health Total | \$0.00 \$8.59 | \$0.00 \$0.00 | \$0.00 \$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 \$12.29 | \$0.00 \$0.15 | \$0.00 \$5.18 | \$0.00 \$2.66 | \$0.00 \$4.65 |
| Outpatient Benavioral Health Total | \$0.59 \$196.93 | \$0.00 \$1,401.57 | \$112.02 | \$0.00 | \$0.00 | \$0.00 | \$383.84 | \$0.00 | \$54.85 | \$12.29 | \$0.15 | \$34.21 | \$25.83 | \$68.57 |
| Physician Services | \$150.55 | φ1, 4 01.57 | \$112.0Z | \$0.00 | \$110.01 | \$0.87 | <i>\$</i> 303.04 | \$50.67 | \$ 54.85 | \$ 4 5.01 | \$47.55 | \$ 3 4.21 | φ 2 3.03 | \$00.57 |
| 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 | | \$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 | \$35.76 | \$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 \$0.31 | \$1.16 \$51.74 | \$0.01 \$4.66 | \$0.02 \$28.67 | \$0.00 \$5.35 | \$0.01 \$4.45 | \$46.78 \$3.90 | \$2,881.96 \$7.80 | \$9.60 \$3.48 | \$7.91 \$3.56 | \$16.33 \$8.55 |
| Radiology / Pathology Vision, Hearing, and Speech Exams | \$18.16 \$4.88 | \$134.28 \$6.42 | \$18.57 \$4.15 | \$0.31 | \$3.28 | \$4.00 | \$28.67 \$5.79 | \$5.35 \$0.32 | \$4.45 \$0.36 | \$3.90 \$5.10 | \$7.80 \$6.12 | \$3.48 \$3.51 | \$3.50 \$4.42 | \$8.55 \$3.65 |
| Other | \$46.72 | \$534.88 | \$11.56 | \$0.00 | \$9.89 | \$123.10 | \$72.24 | \$5.43 | \$0.30 | \$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 | \$10.39 | \$7.90 \$0.00 | \$8.35 \$0.00 | \$0.00 \$0.00 | \$0.23 | \$0.00 | \$0.59 | \$0.56 \$0.00 | \$0.00 | \$29.69 \$0.00 | \$29.92 | \$26.69 \$0.00 | \$32.95 \$0.00 | \$20.86 \$0.00 |
| Dental Total | \$0.00 \$10.39 | \$0.00 \$7.90 | \$0.00 \$8.35 | \$0.00 \$0.00 | \$6.23 | \$0.00 \$0.00 | \$0.00 \$0.59 | \$0.00 \$0.56 | \$0.00 \$1.06 | \$0.00 \$29.69 | \$0.00 \$29.92 | \$0.00 \$26.69 | \$0.00 \$32.95 | \$0.00 \$20.86 |
| Other Services | | | , | | | | | | 1 | + | | 1-000 | | |
| Ambulance | \$10.55 | \$5.12 | | \$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 | | \$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 \$0.22 |
| Other Behavioral Health Total Other Total | \$0.79 \$58.89 | \$0.15 \$49.76 | \$0.14 \$11.88 | \$0.00 \$0.15 | \$0.02 \$9.93 | \$0.00 \$1.81 | \$0.00 \$366.96 | \$0.00 \$17.97 | \$0.00 \$5.66 | \$0.29 \$9.23 | \$0.07 \$23.18 | \$0.13 \$4.38 | \$0.11 \$4.72 | \$0.22 \$13.95 |
| Total Behavioral Health | \$73.30 | \$5.43 | \$8.44 | \$0.00 | \$9.93 | \$0.01 | \$366.96 | \$17.97 | \$0.23 | \$9.23 | \$3,037.01 | \$20.33 | \$15.43 | \$13.95 |
| Grand Total | \$946.01 | \$3.040.21 | \$402.21 | \$40.80 | \$423.33 | \$619.97 | \$7.865.32 | | \$222.78 | \$389.25 | \$3.510.19 | \$170.57 | \$169.85 | \$371.48 |
| | | , | , | | | | , | , | ,· | | | | , | |

| | | | | | | Exhibit 11C | | | | | | | | |
|--|---------------------|----------------|----------------|---------------------|-------------------|---------------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|----------------------|----------------------|--------------|
| | | | | | Mis | Exhibit 11C sissippi Division of I | Vedicaid | | | | | | | |
| | | | | | Summary of CY 201 | 8* MississippiCAN E | ncounter and FFS | Claims | | | | | | |
| | | | | | Sumn | nary of Total Costs b | y 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 |
| | | | | | | | 0/ - f T - f - l All | 10 | | | | | | |
| | | Breast and | | | | | % of Total Allowe | Non-SSI | Non-SSI | | | | | |
| | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | | Newborns 0 to 2 | | | | | | All MSCAN |
| Service Category | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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% | 3.1% | | 0.0% | 1.3% | 0.0% | 10.5% | 5.3% | 7.1% | 3.1% | 0.3% | 2.3% | 1.4% | 5.5% |
| Maternity / Deliveries | 0.4% | 0.0% | | 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% | | 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% |
| 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% | | 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% |
| Radiology / Pathology | 3.4% | 13.1% | | 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% 2.6% | 0.0% | 0.0% | 0.0% | 0.0% 1.0% | 3.2% 0.3% | 0.0% | 3.0% | 1.6% 0.7% | 1.2% 2.3% |
| Pharmacy Other | 4.2% 8.5% | 21.9% 10.1% | | 0.0% | 2.6% | 0.0% | 1.9% 1.9% | 0.1% 1.0% | 7.8% | 4.2% | 0.0% 0.5% | 0.9% 7.0% | 0.7% | 2.3% |
| Missing Data | 0.0% | 0.0% | | 0.0% | 9.1% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 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% | 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% | | 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% | | 0.0% | 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% | | 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% | | 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% | | 0.0% | 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% 1.9% | 0.1% 4.4% | | 0.0% 0.8% | 0.3% 12.2% | 0.0% 0.8% | 0.0% 0.4% | 0.0% 0.3% | 0.0% 2.0% | 12.0% 1.0% | 82.1% 0.2% | 5.6% 2.0% | 4.7% 2.1% | 4.4% 2.3% |
| Radiology / Pathology Vision, Hearing, and Speech Exams | 0.5% | 4.4% 0.2% | | 0.8% | 0.8% | 0.0% | 0.4% | 0.3% | 0.2% | 1.3% | 0.2% | 2.0% | 2.1% | 1.0% |
| Other | 4.9% | 17.6% | | 19.3% | 2.3% | 19.9% | 0.1% | 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% | 0.2% | 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% |
| 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% | | 0.0% | 1.5% | 0.0% | 0.0% | 0.0% | 0.5% | 7.6% | 0.9% | 15.6% | 19.4% | 5.6% |
| Missing Data Dental Total | 0.0% 1.1% | 0.0% 0.3% | | 0.0% 0.0% | 0.0% 1.5% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.5% | 0.0% 7.6% | 0.0% 0.9% | 0.0% 15.6% | 0.0% 19.4% | 0.0% |
| Other Services | 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% |
| 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 | 1.1% | 0.2% | | 0.0% | 0.9% | 0.0% | 0.5% | 0.8% | 0.4% | 0.2% | 0.2% | 0.6% | 0.4% | 0.8% |
| DME | 2.1% | 0.6% | | 0.0% | 0.4% | 0.0% | 1.5% | 0.1% | 0.4% | 0.9% | 0.0% | 0.4% | 1.1% | 1.2% |
| Glasses / Contacts | 0.2% | 0.1% | | 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% | | 0.0% | 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% |
| Other Behavioral Health Total | 0.1% | 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% |
| | | | | | | | | | | | | | | |

| | | | | | Summary of CY 2018 | Exhibit 11D sissippi Division of I 8* MississippiCAN E ation/1000 and Avera | ncounter and FFS | | | | | | | |
|-----------------------------------|-------------------------------|----------------------------------|------------------------------|--------------------------|------------------------------------|--|-----------------------------|--------------------------------------|---------------------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------|-------------------------|
| 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/10 | 000 | | | | | | |
| 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 |
| npatient Facility Services | 3317 Disableu | Cancer | Non-Deliveries | MA Addit | Non-Denveries | Freghant women | Newborn | 2 Months | | Foster Gale | WITFAG | MA Children | Quasi-Chir | Rate Cells |
| 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 Pharmacy Total | 27,768.0 27,768.0 | 38,587.2 38,587.2 | 17,546.2 17,546.2 | 98.1 98.1 | 9,717.8 9,717.8 | 1,601.2 1,601.2 | 13,709.4 13,709.4 | 3,367.6 3,367.6 | 7,568.9 7,568.9 | 10,804.9 10,804.9 | 24,065.8 24,065.8 | 6,456.8 6,456.8 | 6,362.6 6,362.6 | 10,815.2 10,815.2 |

| | | | | | | | Average Cha | rge | | | | | | |
|-----------------------------------|----------------|-------------|----------------|--------------|------------------|----------------|----------------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | Newborns 0 to | Newborns 3 to | | | | | All MSCAN |
| Service Category | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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 |

| | | | | | | Exhibit 44E | | | | | | | | |
|--|------------------------------|---|----------------------------|---|--------------------------|--|------------------------|----------------------------|-------------------------|---------------------------|---------------------------|------------------------------|----------------------------|---|
| | | | | | - 14 | Exhibit 11E ssissippi Division of | Medicoid | | | | | | | |
| | | | | | | ssissippi Division of Y 2019 MississippiC | | aima | | | | | | |
| | | | | | | mary of Total Costs | | ains | | | | | | |
| | | | | | oum | | | | | | | | | |
| 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 | | | | | | | |
| | Non-Newborn | Breast and Cervical | MA Adult - Non- | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | Non-SSI Newborns 0 to 2 | Non-SSI | | | | | All MSCAN Rate |
| Service Category | SSI / Disabled | Cancer | Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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 | \$72,914,82 ² |
| 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 | \$22,817,91 ² |
| 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 | | \$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 | | \$34,673 | \$21,327 | \$90,609 | \$405,072 | \$43,626 | \$10,862,569 | \$1,472,382 | \$19,198,01 |
| 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 | | \$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 | \$440,175,18 ² |
| Missing Data | \$89,566 | \$12 | \$15,168 | \$18 | \$2,163 | | \$157 | \$612 | \$7,817 | \$101 | \$463 | \$33,330 | \$9,003 | \$158,50 |
| 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 | , , , , , , , | , | 1)) - | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , ,, - | , | 1-7 - 7 | 1 , | | | ,,,,, | , , , | , , , . | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 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 | \$328 | \$328 |
| Dental Total | \$7,166,959 | \$9,718 | \$3,443,218 | \$323 | \$686,206 | | \$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 | \$1,000 \$0 | \$167,646 | | \$947 | \$100,909 \$0 | \$1,568 | \$155,979 | \$19,245 | \$3,962,384 | \$580,960 | \$6,805,132 |
| Other | \$9,668,055 | \$496 | \$184,631 | \$0 \$0 | \$3,969 | \$103 | \$615,277 | \$0 \$8,444 | \$7,571 | \$133,979 \$221,302 | \$2,382 | \$892,500 | \$79,861 | \$11,684,489 |
| Missing Data | \$9,008,055 \$12,274 | \$490 \$0 | \$184,031 | \$0 \$4 | | | \$015,277 | \$0,444 \$0 | \$7,571 | | \$2,382 \$0 | | \$79,801 \$0 | \$11,004,403 \$25,073 |
| Other Behavioral Health Total | \$12,274 \$592,014 | \$0 \$160 | \$394 \$61,186 | \$4 \$0 | \$0 \$00 \$2 | | \$0 \$0 | ֆՍ \$0 | ֆՍ \$0 | \$37 \$26,134 | | \$12,364 \$450,188 | | |
| | | • | | | \$2,098 \$1 272 127 | | | | | | \$2,346 \$146 722 | | \$52,519 \$1 851 020 | \$1,186,64 |
| Other Total Total Behavioral Health | \$47,521,722 \$50,009,887 | \$48,999 \$5,111 | \$6,198,861 \$4,032,501 | \$92,100 \$423 | \$1,273,137 \$224,973 | <u>\$202,941</u> \$712 | \$1,676,424 \$2,487 | \$1,102,277 \$9,113 | \$1,361,943 \$70,617 | \$958,944 \$26,487,770 | \$146,732 \$23,698,826 | \$15,194,493 \$75,149,558 | \$1,851,030 \$6,970,136 | \$77,629,604 \$186,662,114 |
| | | | | | | | | | | | | | | |

| | | | | | | Exhibit 11F | | | | | | | | |
|--|-------------------------------|------------|------------------------------|--------------------------|------------------|------------------------|-----------------------------|---------------------------|-----------|-------------|------------|-------------|------------|-------------------------|
| | | | | | | sissippi Division of M | | | | | | | | |
| | | | | | | 2019 MississippiCA | | IS | | | | | | |
| | | | | | Summa | ry 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 C | ost | | | | | | |
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| | Non-Newborn SSI / Disabled | Cervical | MA Adult - Non-Deliveries | Deliveries - MA Adult | Pregnant Women - | Deliveries - | SSI / Disabled N Newborn | lewborns 0 to 2 Months | | Faatar Cara | MYPAC | MA Children | Quasi-CHIP | All MSCAN Rate Cells |
| Service Category npatient Facility Services | 551 / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | wonths | 12 Months | Foster Care | WITPAC | WA Children | Quasi-Chip | Rate Cells |
| 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 |
| Dutpatient 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 | \$1.3 |
| 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 | \$2.2 |
| 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 | | | | | | | | |
|--|----------------|------------|----------------|--------------|------------------|--|-----------------------|---------|-----------|------------------------|-----------------------|-------------|----------------------|-------------|
| | | | | | | sissippi Division of M 2019 MississippiCA | | ne | | | | | | |
| | | | | | | nary of Total Costs b | | 115 | | | | | | |
| 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 | d Cost | | | | | | |
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| Semilae Category | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | | | Eastar Cara | MYPAC | MA Children | Quasi-CHIP | All MSCAN |
| Service Category Inpatient Facility Services | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | Months | 12 Months | Foster Care | WITPAC | MA Children | Quasi-Chip | Rate Cells |
| 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% | 0.3% | | 2.9 <i>%</i> 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% | | 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% | 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% | 48.0% | 0.0% | 0.0% | 0.0% | 4.3 % |
| 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% |
| Inpatient Behavioral Health Total | 0.0% | 0.0% | 0.0 % | 0.1% | 0.0% | | 0.0% | 0.1% | 0.0% | 46.0% | 8.3% | 4.5% | 4.3% | 2.8% |
| Inpatient Benavioral Realth Total | 19.2% | 5.7% | 10.4% | 78.1% | 8.5% | | 65.0% | 76.9% | 16.3% | 46.0 <i>%</i> 51.0% | 0.3 <i>%</i> 14.0% | 4.5% | 4.3 <i>%</i> 8.8% | 2.6% |
| Outpatient Facility Services | 13.2% | 5.1% | 10.470 | 70.170 | 0.5% | 10.0% | 05.0 % | 10.370 | 10.3% | 51.0% | 14.0% | 10.2% | 0.070 | 23.07 |
| 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% | 0.9% | 0.0% | 0.1% | 9.0% | | 0.7% | 0.0% | 0.0% | 0.0% | 0.7% | 0.0% | 4.8% | 4.9% |
| - | 3.2% | 10.0% | 5.3% | 0.0% | 6.6% | | 0.0% | 0.0% | 4.0% | 0.0% | 0.0% | 2.7% | 2.6% | 2.9% |
| Radiology / Pathology | | 0.0% | 5.3% 0.0% | 0.0% | 0.0% | | 0.4% | 0.5% | 4.0% | 2.1% | 0.3% | 2.7% | 2.6% | 2.9% |
| Psychiatric / Alcohol & Drug Abuse | 0.8% | | | | | | | | | | | | | |
| Pharmacy | 4.8% | 28.0% | 2.9% | 0.0% | 2.9% | | 0.1% | 0.1% | 0.6% | 0.1% | 0.0% | 0.9% | 1.0% | 2.5% |
| Other Mission Data | 8.1% | 7.7% | 10.4% | 0.2% | 9.4% | | 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% |
| Outpatient Behavioral Health Total | 0.8% | 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% | | 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% | | 0.9% | 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% | | 0.9% | 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% | | 0.5% | 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% | 0.2% | 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% | | 0.2% | 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% | | 0.3% | 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% | | 0.4% | 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% | 8.3% | 75.5% | 5.6% | 5.0% | 4.6% |
| Radiology / Pathology | 1.8% | 3.5% | 4.5% | 0.7% | 12.4% | | 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% | | 0.1% | 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% | | 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% |
| 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% |
| Dental Total | 0.9% | 0.2% | | | 1.2% | | 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% | | 0.0% | 0.6% | | 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% | | 1.3% | 0.1% | 1.0% | 0.9% | 0.1% | 0.9% | 1.4% | 1.4% |
| Glasses / Contacts | 0.2% | 0.0% | | 0.0% | 0.3% | | 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% | | 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% | 0.2% | 0.0% | 0.0% |
| Other Behavioral Health Total | 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 Total | 6.2% | 1.2% | 3.0% | 0.0% | 2.2% | | 3.5% | 0.0% | 2.3% | 2.1% | 0.5% | 2.7% | 3.0% | 3.8% |
| Total Behavioral Health | <u> </u> | 0.1% | 2.0% | | 0.4% | | 0.0% | 0.8% | 0.1% | <u> </u> | 83.9% | 13.5% | <u> </u> | <u> </u> |
| | 0.0% | U. 1 70 | 2.0% | 0.0% | 0.4 % | 0.0% | 0.0 % | 0.0 % | U.170 | 57.470 | 03.970 | 13.370 | 11.470 | 5.0% |

| | | | | | Summary of C | Exhibit 11H sissippi Division of 7 2019 MississippiCA ation/1000 and Avera | N Encounter Cla | | | | | | | |
|-----------------------------------|-------------------------------|----------------------------------|------------------------------|--------------------------|------------------------------------|---|---------------------------|--------------------------------------|---------------------------------------|-------------|----------|-------------|------------|-------------------------|
| 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/1 | 000 | | | | | | |
| 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 | МҮРАС | 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 | | 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 Cha | rge | | | | | | |
|-----------------------------------|----------------|-------------|----------------|--------------|------------------|----------------|----------------|---------------|---------------|-------------|--------------|-------------|-------------|-------------|
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | Newborns 0 to | Newborns 3 to | | | | | All MSCAN |
| Service Category | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | Rate Cells |
| Inpatient Facility Services | | | | | | | | | | | | | | . <u> </u> |
| 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 | | \$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

| | | Rendering | Rendering | Mapped Broad | Percent of Total 2018 Allowed in COS and | Percent of Total 201 Allowed in COS and |
|----------|--------------------------------|---------------|--------------------------------|------------------------|---|--|
| os | COS Description | Provider Code | Provider Type Description | Category of Service | Rendering Provider | Rendering Provide |
| 03 | LABORATORY AND RADIOLOGY | B00 | INDEPENDENT LAB | Physician | 0.41% | 0.22% |
|)5 | PHYSICIAN | A08 | CHIROPRACTOR | Physician | 0.03% | 0.01% |
|)5 | PHYSICIAN | A09 | PODIATRIST | Physician, Other | 0.07% | 0.03% |
|)6 | HOME & COMM BASED SERVICES | L00 | HHA UNCLASSIFIED | N/A - No Claims | 0.00% | 0.00% |
| 6 | HOME & COMM BASED SERVICES | L02 | HHA HOSPITAL BASED PROGRAM | N/A - No Claims | 0.00% | 0.00% |
| 6 | HOME & COMM BASED SERVICES | W01 | PERSONAL CARE SERVICES | N/A - No Claims | 0.00% | 0.00% |
| 6 | HOME & COMM BASED SERVICES | W03 | RESPITE CARE, IN HOME | Other | 0.00% | 0.00% |
| 6 | HOME & COMM BASED SERVICES | W04 | ADULT DAY CARE | N/A - No Claims | 0.00% | 0.00% |
| 6 | HOME & COMM BASED SERVICES | WC0 | ASSISTED LIVING SERVICES PROV | N/A - No Claims | 0.00% | 0.00% |
| 7 | HOME HEALTH SERVICES | L00 | HHA UNCLASSIFIED | Outpatient | 0.00% | 0.02% |
| 7 | HOME HEALTH SERVICES | L02 | HHA HOSPITAL BASED PROGRAM | Outpatient | 0.01% | 0.01% |
| 9 | MENTAL HEALTH CLINIC SERVICES | X00 | COMMUNITY MENTAL HEALTH | Physician, Outpatient | 3.76% | 1.27% |
| 9 | MENTAL HEALTH CLINIC SERVICES | X01 | PRIVATE MENTAL HEALTH | Physician | 0.45% | 0.25% |
| 0 | EPSDT SCREENING | E00 | NURSE SCREENING | Physician | 0.22% | 0.09% |
| 0 0 | EPSDT SCREENING | E01 | NURSE SCREENING WITH CASE MGMT | Physician, Dental | 0.00% | 0.00% |
| 5 | EPSDT SCREENING | E04 | PHYSICIANS SCREENER | Physician | 0.50% | 0.17% |
| 0 | EPSDT SCREENING | E06 | FEDERAL CLINIC, SCREEN ONLY | Physician | 0.00% | 0.00% |
| 0 | EPSDT SCREENING | ED0 | SCHOOL BASED SCREEN & CS MGT | Physician | 0.00% | 0.00% |
| õ | EPSDT SCREENING | EV0 | VACCINE FOR CHILDREN PROVIDER | Physician | 0.20% | 0.07% |
| 1 | EMERG/NON-EMERG TRANS | J00 | AMBULANCE | Other | 0.38% | 0.18% |
| 2 | DENTAL SERVICES | K00 | DENTIST, UNCLASSIFIED | Dental | 0.28% | 0.07% |
| 3 | EYEGLASS SERVICES | N00 | OPTOMETRIST | Physician, Other | 0.30% | 0.23% |
| 3 | EYEGLASS SERVICES | N00 | OPTICAL DISPENSARY | Other | 0.02% | 0.01% |
| 6 | DENTAL SCREENING | K00 | DENTIST, UNCLASSIFIED | Dental | 3.88% | 1.30% |
| 7 | EYEGLASS SCREENING | N00 | OPTOMETRIST | Physician, Other | 0.77% | 0.50% |
| 7 | EYEGLASS SCREENING | N00 | OPTICAL DISPENSARY | Other | 0.05% | 0.02% |
| 8 | HEARING SCREENING | M00 | AUDIOLOGIST | Other, Physician | 0.01% | 0.00% |
| 24 | MEDICAL SUPPLY (DME) | 100 | DME, MEDICAL EQUIP SUPPLIES | Other | 0.57% | 0.38% |
| 24 | MEDICAL SUPPLY (DME) | 100 | DME, HOME HEALTH | Other | 0.01% | 0.01% |
| 24 | MEDICAL SUPPLY (DME) | 103 | DME, PHARMACY BASED, COMMUNITY | Other, Physician | 0.06% | 0.03% |
| 24 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 24 | MEDICAL SUPPLY (DME) | ZAO | | N/A - No Claims | 0.00% | 0.00% |
| 24 24 | | ZA0 ZZ0 | GROUP, PHYSICIANS | N/A - No Claims | 0.00% | 0.00% |
| 24 25 | MEDICAL SUPPLY (DME) | ZZ0 T00 | GROUP, OTHERS | Physician | 0.09% | 0.05% |
| 25 25 | THERAPY SERVICES (OUTSIDE HH) | T00 T01 | OCCUPATIONAL THERAPISTS | | 0.09% | |
| | THERAPY SERVICES (OUTSIDE HH) | T01 T02 | PHYSICAL THERAPISTS | Physician Physician | 0.22% | 0.10% 0.12% |
| 25 | THERAPY SERVICES (OUTSIDE HH) | | SPEECH/LANGUAGE THERAPISTS | Physician Physician | 0.24% 0.26% | 0.12% |
| 8 | NURSE SERVICES | S00 | | | | |
| 8 | NURSE SERVICES | S01 | | Physician | 0.03% | 0.01% |
| 8 | NURSE SERVICES | S02 | | Physician Other | 1.71% 0.24% | 0.75% 0.08% |
| 8 | NURSE SERVICES | S05 | PRIVATE DUTY NURSING | | | |
| 8 | | S06 | PHYSICIAN ASSISTANT | Physician | 0.09% | 0.04% |
| 29 | AMBULATORY SURGICAL CENTER | V00 | AMBULATORY SURGICAL CENTERS | Physician, Outpatient | 0.24% | 0.13% |
| 0 | PERSONAL CARE SERVICES | W06 | PERSONAL CARE ATTENDANT | N/A - No Claims | 0.00% | 0.00% |
| | MENTAL HEALTH PRIVATE SERVICES | X02 | SOCIAL WORKER | Physician | 0.11% | 0.05% |
| | MENTAL HEALTH PRIVATE SERVICES | X03 | PSYCHOLOGIST | Physician | 0.05% | 0.02% |
| | MENTAL HEALTH PRIVATE SERVICES | X05 | IDD COMMUNITY SUPPORT PROGRAM | Physician | 0.00% | 0.00% |
| | MENTAL HEALTH PRIVATE SERVICES | X07 | LICENSED PROFESIONAL COUNSELOR | Physician | 0.10% | 0.05% |
| | MENTAL HEALTH PRIVATE SERVICES | X08 | BOARD CERTIFD BEHAVIOR ANALYST | Physician | 0.01% | 0.01% |
| 5 | FREE STANDING DIALYSIS | Q01 | KIDNEY DIALYSIS FREESTANDING | Outpatient | 0.54% | 0.16% |
| 5 | FREE STANDING DIALYSIS | Q02 | KIDNEY DIALYSIS HOSPITAL BASED | Outpatient | 0.00% | 0.00% |
| | 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% Accoccmont (A) | 16.21% | 6.94% |

| | | Exhibit 13 | | |
|--|--|---|---|-----------------------------|
| | Missission | bi Division of Medicaid | | |
| Summa | | ulation, and Reimbursem | ent Changes | |
| | ., , , , , , , , , , , , , , , , , , , | Effective | Impacted | Where Reflected |
| Change | Change Type | Date | Rate Cells | 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 | | October 1, 2022 | All | Exhibit 2A |
| Private Duty Nursing Services (PDN) Fee Schedule Update | | October 1, 2022 | All | Exhibit 2A |
| Ambulatory Sugical 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 sippi Division of ts of SFY 2022 C | Medicaid | | | Exhibit 14C Mississippi Division of Medicaid Components of SFY 2023 Capitation Rates | | | | | | | | |
|------------------------------------|-----------------|--|------------------|-------------------|-----------------|--|-----------------|-------------------|------------------|-------------------|-----------------|--|--|--|
| | | Non-Service | | Total | Total | | | Non-Service | | Total | Total | | | |
| | Medical Costs | Expenses | _ | Capitation Rate | Capitation Rate | | Medical Costs | Expenses | | Capitation Rate | Capitation Rate | | | |
| Cap Cell | PMPM | PMPM ¹ | Quality Withhold | Prior to Withhold | after Withhold | Cap Cell | PMPM | PMPM ¹ | Quality Withhold | Prior to Withhold | after Withhold | | | |
| Non-Newborn SSI / Disabled | \$1,068.13 | \$132.57 | (\$12.01) | \$1,200.70 | \$1,188.69 | Non-Newborn SSI / Disabled | \$1,079.30 | \$129.04 | (\$12.08) | \$1,208.34 | \$1,196.25 | | | |
| Breast and Cervical Cancer | \$3,424.36 | \$399.83 | (\$38.24) | | \$3,785.95 | Breast and Cervical Cancer | \$3,488.34 | \$390.92 | (\$38.79) | \$3,879.26 | \$3,840.47 | | | |
| MA Adult | \$437.09 | \$60.99 | (\$4.98) | \$498.08 | \$493.10 | MA Adult | \$490.24 | \$65.00 | (\$5.55) | \$555.24 | \$549.69 | | | |
| Pregnant Women | \$1,059.37 | \$131.58 | (\$11.91) | \$1,190.95 | \$1,179.04 | Pregnant Women | \$1,031.58 | \$123.85 | (\$11.55) | \$1,155.43 | \$1,143.87 | | | |
| SSI / Disabled Newborn | \$7,861.86 | \$903.16 | (\$87.65) | \$8,765.03 | \$8,677.38 | SSI / Disabled Newborn | \$8,000.01 | \$881.38 | (\$88.81) | \$8,881.39 | \$8,792.57 | | | |
| Non-SSI Newborns 0 to 2 Months | \$1,875.04 | \$224.10 | (\$20.99) | \$2,099.14 | \$2,078.15 | 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 | \$248.70 | \$39.62 | (\$2.88) | \$288.32 | \$285.44 | Non-SSI Newborns 3 to 12 Months | \$248.67 | \$38.74 | (\$2.87) | \$287.41 | \$284.54 | | | |
| Foster Care | \$609.85 | \$80.59 | (\$6.90) | \$690.44 | \$683.53 | Foster Care | \$639.31 | \$81.20 | (\$7.21) | \$720.51 | \$713.31 | | | |
| MYPAC | \$3,805.00 | \$443.00 | (\$42.48) | \$4,248.00 | \$4,205.52 | MYPAC | \$3,735.60 | \$417.80 | (\$41.53) | \$4,153.40 | \$4,111.86 | | | |
| MA Children | \$189.73 | \$32.93 | (\$2.23) | \$222.66 | \$220.43 | MA Children | \$200.39 | \$33.49 | (\$2.34) | \$233.88 | \$231.54 | | | |
| Quasi-CHIP | \$191.61 | \$33.15 | (\$2.25) | \$224.76 | \$222.51 | Quasi-CHIP | \$202.70 | \$33.74 | (\$2.36) | \$236.44 | \$234.08 | | | |
| Total - All Cap Cells ¹ | | | | | | Total - All Cap Cells ¹ | | | | | | | | |
| Using SFY 2022 Exposures | \$388.51 | \$55.48 | (\$4.44) | \$443.99 | \$439.55 | Using SFY 2022 Exposures | \$402.00 | \$55.41 | (\$4.57) | \$457.41 | \$452.83 | | | |
| Using SFY 2023 Exposures | \$420.02 | \$59.06 | | | \$474.29 | Using SFY 2023 Exposures | \$433.42 | \$58.82 | (\$4.92) | \$492.24 | \$487.32 | | | |
| Total Expenditures | | | | | | 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 2022 Exposures | \$2,397,793,873 | \$330,484,461 | (\$27,282,783) | \$2,728,278,334 | \$2,700,995,551 | | | |
| Using SFY 2023 Exposures | \$1,926,626,884 | \$270,886,490 | (\$21,975,134) | | \$2,175,538,240 | 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.

¹ "Non-Benefit Expenses PMPM" include margin, administrative costs, and premium tax prior to MHAP.

| | | | | | | xhibit 15 | 6 84 - 11 - 1 1 | | | | | | | | | |
|--|---|--------------|--------------|--------------|-----------------------------|--------------|------------------------|------------------|----------------|----------------|----------------|-------------------|------------------|----------------|------------------|------------------|
| | | | 01/00 | SFY 2 | ississippi I 2023 Capita | ation Rate | Developn | nent | | | | | | | | |
| | | r. | CY 20 | | 2023 Unit C | | is by Cate | gory of Se | ervice | | | | | | | |
| Rate Cell | Category of Service | PPEC | PDN | ASC ASC | ge of CY 20 ASD | HH | PRTF | All Other | PPEC | PDN CY 2 | ASC | Y 2023 Uni ASD | t Cost Tre HH | PRTF | | Composite |
| 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% -0.18% | -0.08% |
| Non-Newborn SSI / Disabled Non-Newborn SSI / Disabled | Outpatient Hospital Services Physician Services | 0.0% 4.2% | 0.0% 0.0% | 0.5% 1.0% | 0.0% 0.3% | 1.0% 0.0% | 0.0% 0.0% | 98.5% 94.5% | 0.00% 2.89% | 0.00% 0.00% | 1.95% 1.95% | 0.00% 5.64% | 7.10% 0.00% | 0.00% | -0.18% 1.18% | -0.08% |
| 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 Breast and Cervical Cancer | Other Services Inpatient Hospital Services | 0.0% | 7.4% | 0.0% | 0.0% | 0.0% | 0.0% | 92.6% 100.0% | 0.00% | 3.16% | 0.00% | 0.00% | 6.47% | 0.00% | 0.57% | 0.77% |
| 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 Breast and Cervical Cancer | Drug Services Dental Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% 100.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 2.50% | 2.50% |
| 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% | 0.0% | 0.0% | 100.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | -0.14% | -0.14% |
| MA Adult MA Adult | Outpatient Hospital Services Physician Services | 0.0% 0.0% | 0.0% 0.0% | 0.8% 1.8% | 0.0% 0.0% | 0.2% 0.0% | 0.0% 0.0% | 99.0% 98.2% | 0.00% 0.00% | 0.00% 0.00% | 1.95% 1.95% | 0.00% 0.00% | 7.36% 0.00% | 0.00% | -0.18% 2.01% | -0.14% 2.01% |
| MA Adult | Drug Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 98.2% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 2.01% | 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% |
| MA Adult Deliveries - 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 Deliveries - MA Adult | Inpatient Hospital Services 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% | -0.14% | -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% |
| Deliveries - MA Adult Deliveries - MA Adult | Dental Services Other Services | 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% | 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% 0.57% | 0.00% 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% | | -0.16% |
| Pregnant Women Pregnant Women | Physician Services Drug Services | 0.0% 0.0% | 0.0% 0.0% | 0.4% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 99.6% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 1.95% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% | 2.01% 3.00% | 2.01% 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 Deliveries - Pregnant Women | Outpatient Hospital Services Physician Services | 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% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | -0.18% 2.01% | -0.16% 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% |
| Deliveries - Pregnant Women SSI / Disabled Newborn | Other Services 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% | 0.57% | 0.57% |
| 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 SSI / Disabled Newborn | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | | 1.50% 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 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% | -0.14% | -0.14% |
| Non-SSI Newborns 0 to 2 Months Non-SSI Newborns 0 to 2 Months | Outpatient Hospital Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.3% | 0.0% | 99.7% 100.0% | 0.00% | 0.00% | 0.00% | 0.00% | 9.26% 0.00% | 0.00% | -0.18% 1.69% | -0.14% 1.69% |
| Non-SSI Newborns 0 to 2 Months | Physician Services Drug Services | 0.0% | 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% | 0.00% | | 1.69% |
| 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 Non-SSI Newborns 3 to 12 Months | Inpatient Hospital Services Outpatient Hospital Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.4% | 0.0% | 0.0% 0.1% | 0.0% | 100.0% 99.5% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 1.95% | 0.00% 0.00% | 0.00% 10.43% | 0.00% | -0.14% -0.18% | -0.14% -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 Non-SSI Newborns 3 to 12 Months | Dental Services Other Services | 0.0% 0.0% | 0.0% 0.1% | 0.0% | 0.0% | 0.0% | 0.0% 0.0% | 100.0% 99.9% | 0.00% | 0.00% 3.16% | 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% | 0.00% 0.57% | 0.00% 0.57% |
| Foster Care | Inpatient Hospital Services | 0.0% | 0.1% | 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% | 0.0% 0.0% | 1.6% 0.0% | 0.3% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 94.5% 100.0% | 2.89% 0.00% | 0.00% 0.00% | 1.95% 0.00% | 5.64% 0.00% | 0.00% 0.00% | 0.00% | 1.69% 1.50% | 1.75% 1.50% |
| Foster Care Foster Care | Drug Services Dental Services | 0.0% 0.0% | 0.0% | 0.0% 0.0% | 0.0% | 0.0% | 0.0% | 100.0% 100.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 1.50% | 1.50% |
| 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 MYPAC | Outpatient Hospital Services Physician Services | 0.0% 0.2% | 0.0% | 0.1% 0.1% | 0.0% | 0.0% 0.0% | 0.0% 0.0% | 99.9% 99.7% | 0.00% 2.89% | 0.00% 0.00% | 1.95% 1.95% | 0.00% 0.00% | 0.00% 0.00% | 0.00% | -0.18% 0.06% | -0.17% 0.07% |
| MYPAC | Drug Services | 0.2% | 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 MA Children | 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 MA Children | Outpatient Hospital Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 18.1% | 81.9% 99.3% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% 7.85% | 6.07% 0.00% | -0.14% -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% | | 1.70% |
| 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 MA Children | Dental Services Other Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% 98.6% | 0.00% | 0.00% 3.16% | 0.00% 0.00% | 0.00% | 0.00% 0.00% | 0.00% | 0.00% 0.57% | 0.00% 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 Quasi-CHIP | Physician Services Drug Services | 0.0% 0.0% | 0.0% 0.0% | 1.6% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 98.3% 100.0% | 2.89% 0.00% | 0.00% 0.00% | 1.95% 0.00% | 5.64% 0.00% | 0.00% 0.00% | 0.00% | 1.69% 1.50% | 1.69% 1.50% |
| Quasi-CHIP Quasi-CHIP | Drug Services Dental Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% 0.0% | 0.0% | 100.0% 100.0% | 0.00% | 0.00% | 0.00% 0.00% | 0.00% | 0.00% 0.00% | 0.00% | 1.50% | 1.50% |
| Quasi-CHIP | Other Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 99.9% | 0.00% | 3.16% | 0.00% | 0.00% | 0.00% | 0.00% | | 0.57% |

| | SF | Mississippi Div Y 2023 Capitatio | | | | | | | | | |
|---|-----------------|-------------------------------------|----------------|----------|--------------|--------------|----------|--|--|--|--|
| | | Postpartum Exte | nsion Adjustme | nt | | | | | | | |
| Non-Delivery Costs Delivery Costs | | | | | | | | | | | |
| | - | CY 2018 | CY 2019 | Blended | CY 2018 | CY 2019 | Blended | | | | |
| Prior Eligibility: Prenantal through 60 Day | /s 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 Post | tpartum | | | | | | | | | | |
| 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 | | | 0.97 | | | | |

Exhibit 17

Mississippi Division of Medicaid SFY 2023 Capitation Rate Development CY 2019 to SFY 2023 Population Acuity Adjustment

| | MA Adults | | | | |
|---------------------------|---|---------------|---------------|---------------|--------------|
| | Risk Adjustment Period | Q3 to Q4 2018 | Q1 to Q2 2019 | Q3 to Q4 2019 | Q1 to Q2 202 |
| | Diagnosis Period | CY 2017 | SFY 2018 | CY 2018 | SFY 2019 |
| | Prior Enrollment Month | October 2017 | April 2018 | October 2018 | April 2019 |
| | New Enrollment Month | April 2018 | October 2018 | April 2019 | October 201 |
| | Enrollment | | | | |
| а | Prior Enrollment Month | 46,782 | 43,812 | 40,388 | 41,41 |
| b | New Enrollment Month | 43,812 | 40,388 | 41,410 | 40,93 |
| c = b / a | Membership Change Factor | 0.937 | 0.922 | 1.025 | 0.98 |
| | Risk Score | | | | |
| d | Prior Enrollment Month | 1.040 | 1.035 | 1.087 | 1.09 |
| е | New Enrollment Month | 1.053 | 1.080 | 1.077 | 1.06 |
| f = e / d | Risk Score Change Factor | 1.012 | 1.043 | 0.992 | 0.97 |
| | Risk Score Model - Fit Using steps c and f ¹ | | | | |
| | Risk Score Factor = g * ((Enrollment Change) ^ h) | | | | |
| g | Model Variable 1 | 0.989 | - | | |
| h | Model Variable 2 | (0.478) | | | |
| | Average Enrollment | | | | |
| i | Base Period - CY 2019 | 41,126 | | | |
| j | Rating Period - SFY 2023 | 39,244 | _ | | |
| k = j / 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 × (l ^ h) | CY 2019 to SFY 2023 Enrollment Change | 1.012 | _ | | |
| q = m / I | Implied Acuity Adjustment - CY 2019 to SFY 2023 | 1.023 | | | |
| | MA Children and Q | CHIP | | | |
| | Risk Adjustment Period | Q3 to Q4 2018 | Q1 to Q2 2019 | Q3 to Q4 2019 | Q1 to Q2 202 |
| | Diagnosis Period | CY 2017 | SFY 2018 | CY 2018 | SFY 2019 |
| | Prior Enrollment Month | October 2017 | April 2018 | October 2018 | April 2019 |
| | New Enrollment Month | April 2018 | October 2018 | April 2019 | October 201 |
| | Enrollment | | | | |
| а | Prior Enrollment Month | 321,471 | 298,749 | 278,944 | 284,45 |
| b | New Enrollment Month | 298,749 | 278,944 | 284,453 | 281,40 |
| 0 | | 200,110 | , | 201,100 | , |

| | Risk Score | | | | |
|------------------------|---|---------|-------|-------|-------|
| d | Prior Enrollment Month | 1.028 | 1.023 | 1.046 | 1.058 |
| е | New Enrollment Month | 1.035 | 1.049 | 1.046 | 1.05 |
| f = e / d | Risk Score Change Factor | 1.007 | 1.026 | 1.000 | 0.99 |
| | Risk Score Model - Fit Using steps c and f 1 | | | | |
| | Risk Score Factor = g * ((Enrollment Change) ^ h) | | | | |
| g | Model Variable 1 | 1.001 | | | |
| h | Model Variable 2 | (0.200) | | | |
| | Average Enrollment | | | | |
| i | Base Period - CY 2019 | 283,630 | | | |
| j | Rating Period - SFY 2023 | 243,825 | | | |
| k = j / i | Enrollment Change - CY 2019 to SFY 2023 | 0.860 | | | |
| | Risk Score Factor | | | | |
| l = g × (1.00 ^ h) | No Enrollment Change | 1.001 | | | |
| $m = g \times (l^{h})$ | CY 2019 to SFY 2023 Enrollment Change | 1.032 | | | |
| q = m/l | Implied Acuity Adjustment - CY 2019 to SFY 2023 | 1.031 | | | |

¹ Risk score change predicted using a power regression model for each population.

| the train tra | | Exhibit 18 Mississippi Division of Medicaid SFY 2023 MississippiCAN Capitation Rate Development | | | | | | | | | | | | | |
|---|----------------------------|---|------------|----------|---------|---------|-----------------------|--------------------|--------|--------|--------|------------|----------------|---------------------------|-----------------|
| Instruction Biology (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | | | | | | | SFY 2023 MississippiC | AN Expenditure Est | | | | | | | |
| Nac. Al Desize frage Party Hole Party <th></th> <th>Projected</th> <th>SFY 2023</th> <th>-</th> <th>-</th> <th>-</th> <th>f</th> <th>g</th> <th></th> <th>/</th> <th>, </th> <th>Total Rate</th> <th>MississippiCAN</th> <th>m</th> <th>Federal</th> | | Projected | SFY 2023 | - | - | - | f | g | | / | , | Total Rate | MississippiCAN | m | Federal |
| Book-Macron SDF (Deabled horm region 17:354 17:356 17:357 17:356 17:357 17:356 17:357 1 | Rate Cell | | | | | | | | | | | | | EMAD / EEMAD ³ | |
| Immedia 31/72 11/037 11/337 11/357 4.29 0.00 0.03 0.132.80 32/56/383 0.157.8 25/56/383 Demote Scale (Socie) 0.00 0.0 | | | | | | | | | | | | | | | \$844,885,277 |
| Constr Solar Solar <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>265,672,842</td></t<> | | | | | | | | | | | | | | | 265,672,842 |
| Sab. Bray Diff Diff< Diff< <thdif< th=""> <thdif< <="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>324,423,133</td></thdif<></thdif<> | | | | | | | | | | | | | | | 324,423,133 |
| Internitypin 155 3.54.176 97.55 1750 6.21 1.44 2.21 0.10 8.22 0.20 4.2128 6.20 4.017 1.01500 1.0150 1.0150 | | | | | | | | | | | | | | | 254,789,303 |
| Imme Regin 19 3.54/17 97.84 17.55 6.24 1.44 3.21 6.10 8.25 0.23 4.21.25 4.20.25 4.01.75 < | 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 |
| Statu Regin 46 4.04.4 4.04.4 9.01 9.21 0.10 6.20 6.28 4.02.4 4.27.500 61.07 5.00 Market 90.56 50.53 50.54 50.51 50.52 60.8 50.52 60.8 50.52 50.00 60.25 60.8 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.00 50.55 50.55 50.00 50.55 50.55 50.00 50.55 50.55 50.00 50.55 50.55 50.05 50 | North Region | | | 576.36 | 17.83 | 62.81 | 1.94 | 3.21 | 0.10 | 8.29 | 0.26 | 4,212.56 | | 81.07% | 665,023 |
| Mark 48.04 550.21 91.2 92.21 96.21 91.4 92.1 91.0 92.32 92. | 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 |
| InternAgen Cartial Regin 19.542 19.01 25.21 29.01 62.81 29.01 1.44 2.22 2.21 2.01 0.0 2.22 0.01 2.01 0.02 2.22 0.01 2.01 0.02 2.22 0.01 2.01 0.02 2.22 0.01 2.01 0.02 2.22 0.01 2.01 0.02 2.22 0.01 2.22 0.02 2.20 0.02 2.20 0.02 2.20 0.02 2.20 0.02 2.20 0.02 2.20 0.01 2.22 0.01 2.22 0.01 2.22 0.01 2.20 0.02 2.20 0.02 | 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 |
| Constant Regin 197.01 57.6 7.80 2.22 62.81 1.44 3.21 0.10 8.29 0.26 7.118 11.54(H32.30 81.07% 92.08 Program 51.03 | 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 |
| Sent Paginal 1610 9.10 9.10 9.10 9.10 9.10 9.10 9.10 9.10 9.10 9.10 9.10 9.10 | 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 |
| Perpent Norm 91.002 91.012 91.012 97.08 90.01 91.02 91.02.02 91.07.0000 91.07.0000 91.07.000000 91.07.000000 91.07.000000 91.07.000000 91.07.000000 91.07.0000000 91.07.0000000000000000000000000000000000 | 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 |
| Inter Region 23.371 1.007.2 24.72 7.66 8.21 1.64 2.21 0.10 8.29 0.26 1.422.82 4.366.379 8107% 32.77 Sunn Region 23.81 1.101.41 24.45.9 7.57 62.81 1.54 3.21 0.10 8.29 0.25 1.142.67 44.368.027 8107% 32.77 Sunn Region 1.26 8.71.92 2.22.23 85.76 62.81 1.54 3.21 0.10 8.29 0.36 10.990.12 1.387.408 8107% 8107% 11.067.06 11.887.408 8107% 11.067.06 12.887.408 8107% 11.067.06 12.887.408 10.990.12 1.387.408 8107% 11.067.06 12.986.408 10.07% 12.07 11.687.06 12.067.06 12.068.087 8107% 11.067.06 12.068.087 8107% 11.067.06 10.990.12 11.887.40 10.07% 10.07% 12.07 10.06 8.29 0.02 2.275.06 64.40.074 8107% 9107% 92.02 0 | 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 |
| General Teging 33.91 1.21.41 24.69 8.19 6.21 1.44 3.21 0.10 8.29 0.26 1.351.13 52.582.33 81.07% 42.63 Skuth Reging 24.81 1.081.4 42.47 7.77 62.81 13.14 52.21 60.0 88.9 60.02 11.351.41 52.582.33 81.07% 83.67 Skuth Reging 1.265 67.61 62.25 13.61 52.21 60.00 88.9 60.02 0.03 11.857.44 81.07% 83.07 Skuth Reging 1.106 2.200.74 0.33 62.81 1.44 63.21 60.00 88.29 60.04 2.707.46 82.08.48.87 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 80.07 82.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81.07 81. | 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 |
| Samith Region 19,01 1,041,01 24,27 10,77 14,28,27 10,17 33,28 Salv Deside Mexborn 1,256 8,27,152 2,20,23 65,76 62,21 1,34 2,21 0,10 8,29 0,26 11,35,25 24,247,40 11,11 11,11 Gendar Region 1,764 8,29,13 2,20,23 65,75 62,21 1,94 2,21 0,10 8,29 0,26 11,35,45 22,23,73 81,37 11,11 11,11 11,11 11,11 11,11 11,11 11,11 12,027,46 11,07 45,02 11,07 45,02 11,07 45,02 11,07 45,02 11,07 45,02 11,07 45,02 11,07 15,02,00 11,07 15,02,00 11,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 15,02,00 10,07 10,07 10,07 10,07 10,07 10,07 | North Region | | | 247.82 | 7.66 | 62.81 | | | | 8.29 | 0.26 | 1,422.82 | | 81.07% | 32,726,033 |
| Si / Disable Nethorn 4.060 \$2,831.40 \$2,203.46 \$2,203.46 \$2,203.46 \$2,203.76 \$2,213.16 \$2,203.76 \$2,003.76 | Central Region | | 1,201.64 | 264.69 | | | | | | | | | | 81.07% | 42,631,392 |
| North Region Certital Region 1.286 1.271 + 52 2.282 + 2.282 + 2.282 + 1.44 3.21 0.10 8.29 0.26 11,0380 + 12 13,037,389 81,07% 11,01 South Region 1.046 8.945,86 2.2087,44 62.85 1.94 3.21 0.10 8.29 0.26 11,037,489 11,078,489 11,078,489 11,078,489 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 11,078,49 | 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 |
| General Region 1.764 9.65013 2.26737 81.35 0.281 1.94 3.21 0.10 8.29 0.20 11.837.64 10.977.373 81.07% 150.07 Non5 Stath Revicems 10 2 Joachina 7.403 82.045.38 9.011 11.957.64 9.017.373 81.07% 51.07% <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$37,493,947</td></t<> | | | | | | | | | | | | | | | \$37,493,947 |
| South Region 1046 6.845.65 20.07.41 6.355 62.81 11.44 3.21 0.10 6.29 0.26 11.054.06 11.052.500 81.07% 535.80 Non-SDI Monom 10 2 Months 72.433 22.045.6 645.52 19.97 62.81 19.44 3.21 0.10 6.2.9 0.26 2.760.46 74.400.91 10.07% 52.33 South Region 72.73.3 2.087.08 581.83 0.78 62.81 19.44 3.21 0.10 6.2.9 0.26 2.772.99 64.40.087 81.07% 52.33 Non-SDI Monton 10 2 Months 27.72.9 20.772.9 59.13 17.98 62.81 19.44 3.21 0.10 6.2.9 0.26 40.32.4 59.030 91.07% 22.32.37.8 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 91.07% 22.33.7 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>11,194,082</td></t<> | | | | | | | | | | | | | | | 11,194,082 |
| Nor-SSI Mexicons 0 to 2 Months 74.003 52.064.20 919.17 919.12 92.261 \$1.94 32.21 0.10 82.29 0.20 22.709.16 S200.449.857 81.07% S200.449.857 Norh Region 23.438 2.008.45 24.582 19.37 62.81 11.44 3.21 0.10 8.29 0.28 2.708.16 74.440.144 81.07% 52.27 Norh Region 23.752 2.857.98 881.29 17.88 62.81 11.44 3.21 0.10 8.29 0.28 402.24 854.400.37 61.07% 52.75 Norh Region 71.91 22.22.4 43.10 1.33 62.81 11.44 3.21 0.10 8.29 0.28 402.24 95.857 61.07% 52.758 61.07% 52.758 61.07% 52.758 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% 52.748 61.07% | | | | | | | | | | | | | | | 16,925,808 |
| North Region 23,468 2,008,45 645,825 19,97 62,81 1,44 3,21 0,10 8,29 0,26 2,70,85 64,40,80 81,07% 62,33 South Region 23,753 2,037,06 581,23 179,8 62,31 1,94 3,21 0,10 8,29 0,26 2,706,8 64,70,90,186 81,07% 62,33 Nort-SI Mexions 3 to 12 Months 21,745 20,75 51,23 11,15 56,281 14,4 3,21 0,10 8,29 0,26 64,02,9 20,85,78 91,07% 57,04 Central Region 29,81 20,85,81 11,15 62,81 1,14 3,21 0,10 8,29 0,26 395,61 27,28,778 81,07% 52,33 South Region 28,81 772,051 \$161,98 55,01 56,281 1,94 3,21 0,10 8,29 0,26 596,61 27,28,97,78 81,07% 13,3 Central Region 22,005 73,42 20,752 64,27 62,21 | South Region | 1,046 | 8,845.86 | 2,067.64 | 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 |
| Chronis Fregion 27,413 2,049,120 626,5 19,38 62,81 1,94 3,21 0,10 8,29 0,26 2,712,66 7,84,0186 81,07% 62,32 North Region 21,5442 5307,41 51,77 51,15 562,81 51,44 52,21 50,10 56,25 50,26 54,02,41 560,11,007 81,07% 52,22 North Region 27,925,60 77,94 10,10 52,21 50,10 56,23 50,26 54,02,41 560,10,077 52,22 57,77 51,07 81,07% 52,22 57,97 52,23,97,76 81,07% 52,27 57,07 81,07% 52,27 59,76 52,23,97,76 81,07% 52,27 50,17 54,163,98 52,27,29,77,16 81,07% 52,27 50,17 54,154 52,21 50,10 54,29 50,26 59,64,11 58,32,07,697 81,07% 57,64 52,17 52,17 52,17 52,17 52,17 52,17 52,17 52,17 52,17 52,17 52,17 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$166,887,650</td></td<> | | | | | | | | | | | | | | | \$166,887,650 |
| South Ragion 22,73 2,037,08 561,27 17,98 62,21 1,04 3,21 0,10 8,29 0,26 2,712,80 64,440,07 61,07% 52,27 Nordh Ragion 67,161 222,24 43,10 1,33 66,211 1,94 3,21 0,10 8,29 50,26 40,24 27,084,43 81,07% 57,04 South Ragion 79,800 228,28 37,12 1,15 62,21 1,14 3,21 0,10 8,29 0,26 490,75 22,88,778 81,07% 22,81 South Ragion 29,804 252,85 37,12 0,16 62,81 1,14 3,21 0,10 8,29 0,26 496,41 32,83,776 81,07% 72,83,776 81,07% 72,83,776 81,07% 72,83,776 81,07% 72,83,776 81,07% 72,83,776 81,07% 72,93,776 81,07% 72,93,776 81,07% 72,93,776 81,07% 72,93,776 81,07% 72,93,776 81,07% 72,72,776,77 81,07% 72, | | | | | | | | | | | | | | | 52,267,128 |
| Non-SI Newborns 3 to 12 Months 212 Months 212 Month 202 mit 4002 Mit 800 mit | | | | | | | | | | | | | | | 62,377,332 |
| North Region 67,161 222,24 13.3 62.81 1.94 3.21 0.10 8.29 0.26 407.28 27.044,54.3 91.07% 22.83 South Region 68,911 226.26 31.76 0.98 62.81 1.94 3.21 0.10 8.29 0.26 407.75 32.98,778 81.07% 22.81 Foster Care 86.381 \$720.51 \$161.98 \$50.01 \$62.81 1.94 3.21 0.10 8.29 \$0.26 \$949.27 22.83.207.867 81.07% \$67.45 North Region 23.841 707.54 160.16 4.95 62.81 1.94 3.21 0.10 8.29 0.26 949.27 22.63.128 81.07% 50.36 South Region 37.445 717.63 13.26 4.10 62.81 1.94 3.21 0.10 8.29 0.26 \$4,444.58 \$22.91,152 81.07% 50.86 North Region 1.619 4.078.44 562.81 51.94 3.21 0.10 | 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 |
| Certral Region 79,800 29,87 37,12 1,15 62,81 1,94 3,21 0,10 8,29 0,26 407,75 23,538,778 81,07% 22,31 Foster Care 86,381 \$720,51 \$161,98 \$50,01 \$19,4 \$3,21 0,10 \$8,29 \$0,26 396,411 \$83,207,887 81,07% \$22,31 Foster Care 86,381 \$720,51 \$161,98 \$50,01 \$12,42 0,10 \$8,29 \$0,26 \$96,411 \$83,207,887 81,07% \$67,47 Certral Region 23,841 770,54 110,16 4.95 62,81 1.94 3.21 0,10 8,29 0,26 \$94,45 \$22,91,152 81,07% 20,87 MYPAC 5,177 5,415,40 5,42 6,281 1.94 3.21 0,10 8,29 0,26 \$4,44,45 32,177 8,16,7% 8,107% 20,376 MYPAC 1,161 4,172 4,233 8,21,87 8,08 62,81 1.94 3.21 | | | | | + | | | | | | | | | | \$70,462,572 |
| South Region 66,891 286.28 31.76 0.98 62.81 1.94 3.21 0.10 8.29 0.26 396.61 27.289,716 81.07% 22.11 Foster Care 66.381 770.54 161.08 55.01 562.81 1.94 3.21 0.10 88.29 0.26 5964.11 583.207.687 81.07% 57.163 Central Region 25.095 774.20 207.52 4.42 6.261 1.94 3.21 0.10 8.29 0.26 994.27 22.57.16.425 81.07% 28.20 MYPAC 5.177 54.153.40 520.81 54.42 56.21 1.94 3.21 0.10 8.29 0.26 54.444.58 522.991.152 81.07% 58.62 MYPAC 1.1712 4.282.12 207.53 8.27 62.81 1.94 3.21 0.10 8.29 0.26 4.337.67 7.022.42 81.07% 63.335 South Region 1.843 4.136.79 100.39 5.58 62.81 | | | | | | | | | | | | | | | 21,958,116 |
| Foster Certal North Region 86,381 \$720,51 \$161,98 \$50,10 \$12,21 \$0,10 \$82,29 \$0,26 \$94,21 \$23,207,823 \$81,07% \$13,30 Certal Region 23,841 707,54 100,16 495 62,81 194 3,21 0,10 8,29 0,26 949,27 22,51,258 81,07% 10,3 10,3 25,095 73,420 207,52 64,22 62,81 194 3,21 0,10 8,29 0,26 930,96 34,480,005 81,07% 28,27 82,81 10,4 3,21 0,10 8,29 0,26 930,96 34,480,005 81,07% 51,66 MYPAC 5,177 54,153,40 520,81,4 \$62,81 11,94 3,21 0,10 8,29 50,26 \$4,444,48 \$22,991,152 81,07% 56,66 Central Region 1,712 4,232,231 267,53 8,27 62,81 19,4 3,21 0,10 8,29 50,26 4,384,72 7,860,020 81,07% 6,33 50,7% | | | | | | | | | | | | | | | 26,380,001 |
| North Region 23,841 707,54 100,16 4.95 6.21 1.94 3.21 0.10 8.29 0.26 1.942.7 1.22,631.258 81.07% 18.07% 120,621 Central Region 37,445 717.63 132,62 4.10 62.81 1.94 3.21 0.10 8.29 0.26 1930.96 34,860.005 81.07% 28,81 MYAC 5.177 54,153.40 520.81 5.47 62.81 51.94 3.21 0.10 8.29 0.26 54,444.58 522.991,152 81.07% 56.66 North Region 1.619 4.078.64 176.85 5.47 62.81 1.94 3.21 0.10 8.29 0.26 4,39.76 7.02,742 81.07% 56.66 Central Region 1.712 4.232.31 2.26.31 51.94 3.21 0.10 8.29 0.26 4.594.72 7.800.020 81.07% 56.65 Central Region 1.843 4.136.79 180.39 5.58 62.81 1.94 <td>South Region</td> <td>68,981</td> <td>280.20</td> <td>31.76</td> <td>0.98</td> <td>62.81</td> <td>1.94</td> <td>3.21</td> <td>0.10</td> <td>8.29</td> <td>0.26</td> <td>395.61</td> <td>27,289,716</td> <td>81.07%</td> <td>22,124,455</td> | South Region | 68,981 | 280.20 | 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 |
| Central Region 25,095 734,20 207,52 6.42 6.281 1.94 3.21 0.10 8.29 0.26 1.024,75 25,716,425 81,07% 20,84 South Region 37,445 717,63 132,62 4.10 62,81 194 3.21 0.10 8.29 0.26 90,96 34,860,005 81,07% 52,82 North Region 1.117 4,076,64 176,53 5.47 62,81 1.94 3.21 0.10 8.29 0.26 4,337,67 7,022,742 81,07% 5.66 Central Region 1,171 4,232,31 267,53 8.27 62,81 1.94 3.21 0.10 8.29 0.26 4,393,36 81,107% 5.66 South Region 1,845 4,136,79 180,39 5.56 62,81 1.94 3.21 0.10 8.29 0.26 5333,03 8876,400,732 81,07% 22,95 0.26 333,03 8876,400,732 81,07% 22,95 0.26 333,03 8276 | | 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 |
| 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% 26.26 MYPAC 5,177 \$4,153.40 \$20.814 \$64.44 \$62.81 \$1.94 \$3.21 \$0.10 \$8.29 \$0.26 \$4,444.58 \$22.91,152 \$1.07% \$18.63 North Region 1,719 4,078.64 170.53 \$5.47 62.81 1.94 3.21 0.10 8.29 0.26 \$4,494.58 \$22.91,152 81.07% \$6.38 South Region 1,7162 4,232.31 267.53 82.77 62.81 1.94 3.21 0.10 8.29 0.26 \$4,39.36 81.07% \$6.38 South Region 1.845 \$22.967 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 333.03 \$876,490,732 81.07% \$22.94 North Region 283,78 223.87 20.87 20.72 0.64 62.81 | | | | | | | | | | | | | | | 18,347,727 |
| WYPAC 5,177 54,153,40 5208,14 56,44 56,281 51,94 53,21 50,10 82.29 50,26 54,444,58 522,911,52 81,07% 51,863 North Region 1,712 4,232,31 267,53 8.27 62,81 1,94 3,21 0,10 8.29 0,26 4,337,67 7,022,742 81,07% 5,63 South Region 1,712 4,232,31 267,53 8.27 62,81 1,94 3,21 0,10 8.29 0,26 4,399,33 8,181,30 81,07% 6,38 South Region 1,845 4,136.79 180,39 55,86 62,81 1,94 3,21 0,10 8,29 0,26 4,399,33 8,181,300 81,07% 57,06 North Region 2631,991 \$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% 222,96 Central Region 399,763 238,83 232,85 0,74 62,81 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>20,848,948</td></t<> | | | | | | | | | | | | | | | 20,848,948 |
| 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% 5.68 Central Region 1.712 4.232.31 263.991 180.39 5.68 62.81 1.94 3.21 0.10 8.29 0.26 4.387.67 7.022.742 81.07% 6.30 South Region 1.845 4.136.79 180.39 5.68 62.81 1.94 3.21 0.10 8.29 0.26 4.387.67 7.022.742 81.07% 6.30 North Region 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% 76.47 Central Region 393.940 229.67 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 333.03 \$876,490.732 81.07% 25.74 Central Region 392,738 232.95 20.72 0 | 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 |
| Central Region 1/12 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% 6.33 South Region 1,845 4/367 233.88 \$21.87 \$0.68 \$62.81 1.94 3.21 0.10 8.29 0.26 4/399.36 8,118,90 81.07% 6.33 MA Children 283.9490 229.67 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 \$333.03 \$876,90,902 81.07% \$712,55 North Region 289,490 229.67 20.33 23.85 0.74 62.81 1.94 3.21 0.10 8.29 0.26 \$333.03 \$876,90,902 81.07% \$23.75 \$20.85,84,449 81.07% \$23.75 \$20.75 \$20.765 \$275,061,806 81.07% \$20.765 \$23.84 81.07% \$23.72 \$20.85 \$33.30 \$27,56,81,903 \$41.07% \$23.74 \$20.765 \$23.84,449 \$10.7% \$23.74 \$23.75 \$20.765 \$23.84,449 \$10.7% \$23.74 \$23.93 <t< td=""><td>MYPAC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$18,639,502</td></t<> | MYPAC | | | | | | | | | | | | | | \$18,639,502 |
| 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% 65.55 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% \$710,55 North Region 839,490 229.67 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 333.03 \$876,490,732 81.07% \$22.95 Central Region 959,763 238.33 238.55 0.74 62.81 1.94 3.21 0.10 8.29 0.26 333.03 \$55,08,64,49 81.07% 22.95 South Region 332.78 232.95 20.72 0.64 62.81 1.94 3.21 0.10 8.29 0.26 \$331.30 \$95,099,940 84.75% 80.75% 20.75 \$64.478 81.07% 25.55 26.261 1.94 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5,693,513</td></td<> | | | | | | | | | | | | | | | 5,693,513 |
| MA Children 233.88 \$21.87 \$0.68 \$62.81 \$1.94 \$3.21 \$0.10 \$8.29 \$0.26 \$333.03 \$876.490.732 \$1.07% \$710.56 North Region 839.490 229.67 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 \$337.65 275,061,806 81.07% 22.96 Central Region 959.763 228.63 232.85 0.74 62.81 1.94 3.21 0.10 8.29 0.26 339.53 225,864.44.94 81.07% 224.91 South Region 382.73 232.64 \$1.71 \$0.55 \$62.81 1.94 3.21 0.10 8.29 0.26 339.53 258.94.44.98 81.07% 226.91 North Region 92.667 232.19 16.30 0.50 62.81 1.94 3.21 0.10 82.9 0.26 337.52 30.72.49 84.75% 80.75 Central Region 92.667 232.19 16.30 0.50 62.81 1.9 | | | | | | | | | | | | | | | 6,364,207 |
| North Region 839.400 229.67 20.73 0.64 62.81 1.94 3.21 0.10 8.29 0.26 327.65 275.081.60.81.806 81.07% 222.96 Central Region 959.763 238.63 238.5 0.74 62.81 1.94 3.21 0.10 8.29 0.26 339.53 325.864.449 81.07% 222.96 South Region 832,738 232.65 20.72 0.64 62.81 1.94 3.21 0.10 8.29 0.26 339.53 325.864.449 81.07% 264.74 Quasi-CHIP 287.026 \$236.44 \$17.71 \$0.55 \$62.81 \$1.94 \$3.21 \$0.10 82.9 0.26 \$331.30 \$99.099.940 84.75% \$80.75 North Region 92.667 232.19 16.30 0.50 62.81 1.94 3.21 0.10 8.29 0.26 337.22 30.72,49 84.75% 80.75 Contrat Region 107,652 240.93 19.09 0.54 62. | 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 |
| Central Region 959.763 238.33 238.55 0.74 62.81 1.94 3.21 0.10 8.29 0.26 339.53 325,864.49 81.07% 244.16 South Region 832,738 232.95 20.72 0.64 62.81 1.94 3.21 0.10 8.29 0.26 339.53 325,864.493 81.07% 224.16 Quasi-CHIP 287.026 \$236.64 \$17.71 \$0.55 \$62.81 \$1.94 3.21 0.10 8.29 0.26 \$331.30 \$95.999.904 84.75% 203.47 North Region 92.667 232.19 16.30 0.50 62.81 1.94 3.21 0.10 82.9 0.26 333.30 \$95.999.904 84.75% 265.75 Central Region 107.652 240.93 19.09 0.59 62.81 1.94 3.21 0.10 8.29 0.26 330.33 28,624.743 84.75% 20.72 South Region 107.652 240.93 10.94 62.81 1.94 <td></td> <td>\$710,592,949</td> | | | | | | | | | | | | | | | \$710,592,949 |
| 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% 223,40 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% \$80.56 North Region 92,667 232.19 16.30 0.50 62.81 1.94 3.21 0.10 8.29 0.26 \$331.30 \$95,099,940 84.75% \$80.56 Central Region 107,652 240.93 19.09 0.59 62.81 1.94 3.21 0.10 8.29 0.26 331.30 \$95,099,940 84.75% 25.75 South Region 107,652 240.93 19.09 0.59 62.81 1.94 3.21 0.10 8.29 0.26 330.31 28,024,743 84.75% 25.75 South Region 4,586,971 \$492.24 \$68.25 \$2.11 \$6 | | | | | | | | | | | | | | | 222,999,482 |
| Quasi-CHIP 287,026 \$236,44 \$17.1 \$0.55 \$62,81 \$1,94 \$3,21 \$0.10 \$8,29 \$0.26 \$331,30 \$95,099,940 84,75% \$25,56 North Region 92,667 232,619 16,30 0.50 62,81 1.94 3.21 0.10 \$8,29 9.026 325,60 30,172,449 84,75% 25,55 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% 25,56 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% 25,42 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% 28,04 North Region 1,476,297 473,22 62,81 1,94 3.21 | | | | | | | | | | | | | | | 264,186,456 |
| 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% 25.57 Central Region 107,652 240.93 19.09 0.59 62.81 1.94 3.21 0.10 8.29 0.26 337.22 36.30,172,449 84.75% 25.57 South Region 86,707 235.50 17.49 0.54 62.81 1.94 3.21 0.10 8.29 0.26 337.22 36.30,172,449 84.75% 24.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% 24.743 84.75% <t< td=""><td>South Region</td><td>832,738</td><td>232.95</td><td>20.72</td><td>0.64</td><td>62.81</td><td>1.94</td><td>3.21</td><td>0.10</td><td>8.29</td><td>0.26</td><td>330.91</td><td>275,564,478</td><td>81.07%</td><td>223,407,011</td></t<> | 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 |
| 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% 30,74 South Region 86,707 235.50 17.49 0.54 62.81 1.94 3.21 0.10 8.29 0.26 337.22 36,302,749 84,75% 24,24 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% \$2,304,47,33 North Region 1,476,297 473,22 64.55 2.00 62.81 1.94 3.21 0.10 \$8.29 \$0,26 \$6639,21 \$2,931,897,177 81,19% \$2,80,48 North Region 1,476,297 473,22 64.55 2.00 62.81 1.94 3.21 0.10 8.29 0.26 616.37 909,91,492 81,19% 889,6 Central Region 1.658,328 508,74 73,11 | | | | | | | | | | | | | | | \$80,597,199 |
| 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% 24.24 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% \$2,380.42 North Region 1,476,297 473.22 64.55 2.00 62.81 1.94 3.21 0.10 8.29 0.26 \$663.21 \$2,931,897,177 81.19% \$23.84 Octh Region 1,476,297 473.32 60.45 2.00 62.81 1.94 3.21 0.10 8.29 0.26 616.37 909.941,492 81.19% 839.64 Central Region 1.668.38 508.74 73.11 2.26 62.81 1.94 3.21 0.10 8.29 0.26 616.37 909.941,492 81.19% 839.64 Central Region 1.668.38 508.74 73.11 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>25,571,150</td></t<> | | | | | | | | | | | | | | | 25,571,150 |
| Total - All Rate Cells 4,56,971 \$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% \$2,380,44 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% 73.8,82 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% 889,67 | | | | | | | | | | | | | | | 30,766,580 |
| 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% 738,82 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% 889,64 | 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 |
| 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% 889,64 | | | | | | | | | | | | | | | \$2,380,459,639 |
| | | | | | | | | | | | | | | | 738,821,908 |
| | | | | | | | | | | | | | | | 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% 751,93 | 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 2023, EFMAP is calculated as the blend of six months using an EFMAP of 85.00% and six months using an EFMAP of 84.50%. Asssuming 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%.

| | | | | | | Mis SFY 2023 Missi | Exhibit sissippi Divisio ssippiCAN Car | on of Medicai | | nt | | | | | | | |
|---|-------------------------|------------------------------|--------------|------------------|-----------------------|-----------------------------|--|------------------|------------------|------------------|---------------------------|-------------------|-----------------------|-------------------|-----------------------|--------------|-------------|
| | | | | | | | strative MLR | Development | | | | | | | | | |
| | а | b | с | $d = b \times c$ | е | f = d × (e × 1%) / (1 - 1%) | g | h | i | j | k = d + f + g + h + i + j | 1 | m = g + h + i + j + l | n Illustrative | o = g + h + i + j + n | p = m / k | q = o / k |
| | | SFY 2023 | | | | | | MHAP-QIPP | MAPS | TREAT | | Projected | | Actual | | | |
| | Projected | Regional | | Risk Adiusted | | | PMPM Gross | | Gross of | Gross of | | SFY 2023 | | SFY 2023 | Illustrative Actual | Illustrative | Illustrativ |
| | SFY 2023 | Capitation Rates | Illustrativo | | % of Withhold | | of Premium | Premium | Premium | Premium | | Medical Costs | Projected Total | | Total Service Costs | Target | Actual |
| Rate Cell | Membership ¹ | net of Withhold ² | | of Withhold | Returned ¹ | Withhold Returned PMPM | Tax ¹ | Tax ¹ | Tax ¹ | Tax ¹ | Total Revenue PMPM | PMPM ³ | Service Costs PMPM | PMPM ³ | PMPM | MLR | 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 | \$4,624.93 | \$3.488.34 | \$4,234.01 | \$3,660.00 | \$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 | | \$1,080.00 | \$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 enrolment mix. Actual values will use CCO-specific regional enrolment 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.
⁴ 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.
⁴ Additionally, both actual and target costs will use CCO-specific regional enrollment mix.

| | | oit 20A | | Exhibit 20B |
|----------|-------------------|------------------|-------------|--|
| | | sion of Medicaid | | Mississippi Division of Medicaid |
| Procedur | e Codes for Non-I | | cian Visits | Procedure Codes for Psychiatric Physician Visits |
| W9009 | 90066 | 90544 | 92004 | 90791 |
| W9348 | 90067 | 90545 | 92012 | 90792 |
| W9349 | 90068 | 90546 | 92014 | 90832 |
| 90000 | 90069 | 90547 | 99062 | 90834 |
| 90001 | 90070 | 90548 | 99063 | 90837 |
| 90002 | 90071 | 90549 | 99064 | 90846 |
| 90003 | 90072 | 90550 | 99065 | 90847 |
| 90004 | 90073 | 90551 | 99241 | 90849 |
| 90005 | 90074 | 90552 | 99242 | 90853 |
| 90006 | 90075 | 90553 | 99243 | 90870 |
| 90007 | 90076 | 90554 | 99244 | 99201 |
| 90008 | 90077 | 90555 | 99245 | 99202 |
| 90009 | 90078 | 90556 | 99271 | 99203 |
| 90010 | 90079 | 90557 | 99272 | 99204 |
| 90011 | 90080 | 90558 | 99273 | 99205 |
| 90012 | 90500 | 90559 | 99274 | 99212 |
| 90013 | 90501 | 90560 | 99275 | 99213 |
| 90014 | 90502 | 90561 | 99341 | 99214 |
| 90015 | 90503 | 90562 | 99342 | 99215 |
| 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 | | |
| 00000 | 00070 | 02002 | | |

Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits 00002763511 00052060302 00135052001 00223004963 00378699789 00891057101 01741002986 05388000856 08011123520 08011950107 08011968624 08080159611 08080226100 08080311149 08080361800 08080441215 08080531046 08080660218 08080708401 00002763611 00052433001 00135052904 00223004975 00409005101 00781059101 01741004075 05388000857 080111250301 08011971015 08080160405 0808026200 08080311248 08080361900 0808041216 08080641200 08080611200 08080660320 08080708500 00002763711 00064022002 00135055701 00223004986 00440731560 00891059111 01741006809 05388000858 08011123620 08011750307 08026465400 08080161200 08080226300 08080311347 08080362300 08080441217 08080533000 08080661330 08080660330 08080708600 00002956001 00065018002 00135059001 00223004987 00440731790 00891059201 01741006857 05388000859 08011150101 08011750379 08026763800 08080161400 08080229000 08080311446 08080363100 08080441218 08080536000 080806611400 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00456315467 00891061100 01741061314 05388049375 08011150121 08011772415 08080055544 08080162400 08080233601 08080314440 08080396700 08080441401 08080541067 0808064700 08080664700 08080710826 00005010005 00069041102 00143952901 00223042027 00487900360 00891061101 02594001806 05388050378 08011150131 08011772416 08080055566 08080162500 08080315700 08080315700 08080341402 08080541400 0808064800 0808064800 08080710842 00005010010 00069041110 00169185189 00223042030 00487900760 00891061200 02594001814 05388050379 080111702514 0808072030 08080162600 08080241910 08080317000 08080399500 08080441403 08080555220 08080614000 08080665100 08080710859 00005197101 00069090120 00169185250 00223042036 00516001312 00891061201 02594001818 05388056446 08011150201 08011775516 08080094700 08080162800 08080241911 08080319500 08080440616 08080441404 08080555221 08080615300 08080666000 08080710867 00005197102 00069091198 00169185274 00223043850 00536110301 00891061300 02594001822 05388057722 08011782100 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00093440519 00193711001 00234059905 00573304102 00891090300 05244001758 0801106514 08011162110 08011806514 08080126038 08080220112 08080282100 08080443400 08080443400 08080600350 080806689225 08080714200 00006484100 00093440593 00193711101 00234059907 00703680101 00891090400 05244001770 08011016516 08011162210 08011806516 08080127012 08080222100 08080344050 08080433500 08080443500 0808064043500 080806689241 08080689241 08080714230 00006484101 00093537601 00193718901 00234059994 00703680104 00891090500 05244001782 08011016520 08011162310 08011806518 08080127200 08080221112 08080282400 08080341610 08080434400 08080443600 08080644360 080806689266 08080714250 00006484141 00093537619 00193725201 00234059996 00703701103 00891090600 05244001794 08011016620 080111805520 08080128012 08080223000 08080282600 08080343300 08080441000 08080443700 080806443700 080806689900 08080714270 00006489700 00093537684 00193727735 00270000475 00703701301 00891090700 05244001809 08011016816 08011180522 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08080716500 00052060301 00135049202 00212950794 00378381501 00891057100 01741001752 05388000855 08011123518 08011750101 08011968622 08080159610 08080226000 08080308500 08080361600 08080531038 08080610102 08080660184 08080708400 08080717400

Exhibit 20

| | | | | | | | | | | oit 20C | | | | | | | | | |
|-------------|--------------|-------------|-------------|----------------------------|-------------|-------------|-------------|-------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------------------|-------------|-------------|
| | | | | | | | | | Mississippi Div Ided from Mon | | | | | | | | | | |
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| | Exhibit 20C Mississippi Division of Medicaid |
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| | NDCs Excluded from Monthly Pharmacy Script Limits |
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| Exhibit 20C | |
|--|---|
| Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits | |
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| | | | | | | 91237000135 91237000136 | | | | | | | | | | | |
| 89152027705 | 89152591005 | 89165400001 | 90891012080 | 90891024629 | 90891060072 | 91237000137 | 92293005000 | 92293010230 | 92293060620 | 92532013530 | 94030000204 | 94046000176 | 96295012054 | 96295013433 | 98302000143 | 98654000002 | 99733000200 |
| 89152027905 | 89152591205 | 89165400003 | 90891012528 | 90891024632 | 90891060076 | 91237000141 91237000142 | 92293005010 | 92293010240 | 92293060828 | 92532013545 | 94030000207 | 94046000187 | 96295012056 | 96295013435 | 98302000145 | 98654000005 | 99733000202 |
| | | | | | | 91237000143 91237000144 | | | | | | | | | | | |
| 89152028505 | 89152591505 | 89165500002 | 90891012700 | 90891024635 | 90891060079 | 91237000145 | 92293005300 | 92293010435 | 92293070000 | 92532015828 | 94030000211 | 94046000197 | 96295012059 | 96295013438 | 98302000170 | 98654000051 | 55555555211 |
| | | | | | | 91237000146 91237000147 | | | | | | | | | | | |
| | | | | | | 91237000148 | | | | | | | | | | | |

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 Change ¹ 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 staring 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.

 $\diamond \quad \diamond \quad \diamond \quad \diamond \quad \diamond$

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

JAB/KNL/zk

Attachments

Katarina N. Lorenz, FSA, MAAA Consulting Actuary

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



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Capitation Rate Development

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| 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 |
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Capitation Rate Support

Expenditure Projection

EXHIBIT 16 MississippiCAN Expenditure Estimate

Risk Corridor Calculations

| EXHIBIT 17A | Illustrative High-Cost Pharmacy Settlement |
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| EXHIBIT 17C | High-Cost Drug Risk Corridor Development |
| EXHIBIT 17D | High-Cost Drug Risk Corridor Development – Gene Therapy Supplemental Support |

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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Data Processing Support

| EXHIBIT 18A | Procedure Codes for Non-Psychiatric Physician Visits |
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APPENDICES

Supporting Documentation

| APPENDIX A | SFY 2024 Rate Cell Definitions |
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| APPENDIX D | Actuarial Certification of SFY 2024 MississippiCAN Capitation Rates |
| APPENDIX E | Data Reliance Letter |
| | |

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

- 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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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).

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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 Changes ² | 1.004 |
| SFY 2024 Rate Change - Excluding COVID-19 Adjustments ³ | 1.014 |
| ¹ Rate changes exclude MHAP. MAPS. TREAT, and the quality withhold. | |

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.

State of Mississippi Division of Medicaid

Page 4

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

- 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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

- 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% | <u>9.8%</u> | | |
| 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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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| Table 5 Mississippi Division of Medicaid SFY 2024 MississippiCAN Capitation Rate Develo Comparison of Financial and Encounter Dat | | |
|--|-------|--|
| 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).

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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.

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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 (I).

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.

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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

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State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

- 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) | | | | | | |
|---|-----------------------|------------------------|-------------------|--------|-------|--|
| _ | | | ategory of Servic | e | | |
| Rate Cell | 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% | |

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| Table 8 Mississippi Division of Medicaid MississippiCAN Capitation Rates CY 2021 to SFY 2024 Utilization Trends (Annualized) Category of Service | | | | | |
|--|------|------|------|------|------|
| Rate Cell Hospital Hospital Outpatient 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.

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| Table 9 Mississippi Division of Medicaid CY 2022 Emerging Experience | | | | | | | |
|---|------------|------------|------------|------|------|--|--|
| Q1 2022 Q2 2022 SFY 2024 Implied Trend Implied Tren Rate Cell PMPM ¹ PMPM ² From Q1 2022 From Q2 202 | | | | | | | |
| 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.

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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 OPPS 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 OPPS payment methodology and therefore we dampened the impact of the OPPS 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 1 | Frends for CY 2021 to SFY 2024 | |
| Population | Outpatient | |
| SSI | 1.38% | |
| Adult | 2.04% | |
| Newborn ¹ | 2.54% | |
| Children ² | 2.54% | |
| ¹ Newborn include SSI / Disa | hled Newborns and Non-SSI Newborns | |

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.

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| 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.

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- 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®
 - Cibingo™
 - 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 Deliver | | | | | |
| 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.

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| 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.

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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 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. 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.

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| 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 | | |
| ÌΒ) | 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 | | |
| ίΕ) | 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) / (Ġ) | 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.

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| 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 in 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.

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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.

| Table 20 Mississippi Division of Medicaid SFY 2024 Capitation Rate Development Gene Therapy Estimates | | | | | | |
|--|----------------------|-------------------------|--------------------------------|---------------------------------|-------------------------------------|--|
| 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 (I) 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.

| Table 21 Mississippi Division of Medicaid SFY 2024 Capitation Rate Development Gene Therapy Savings Estimates | | | | | | |
|--|----------------------|-------------------------|-----------------------------|------------------------------|--|--|
| 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 | | |

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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 | | | | | |
|--|--------------------------------|--|--|--|--|
| | Istment 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.

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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.

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 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 | | | | |
| 2.18% | \$11.17 | | | | |
| 5.09% | \$26.07 | | | | |
| 3.00% | \$15.35 | | | | |
| 1.80% | \$9.21 | | | | |
| 12.08% | \$61.81 | | | | |
| | sippi Division of Medica issippiCAN Non-Benefi % of Revenue 2.18% 5.09% 3.00% 1.80% | | | | |

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.

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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.

| Table 24 Mississippi Division of Medicaid Area Factors | | | | | |
|--|--------------|-----------------------|----------|--|--|
| | Area Factors | | | | |
| Region | 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

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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.

- 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.

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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.

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:

CCO Capitation Rate = Base Capitation Rate x 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.

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SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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.

| Table 26 MississippiCAN Capitation Rates MHAP Distribution by SFY | | | | | |
|---|---------------|---------------|---------------|--|--|
| 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 tuilization.

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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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 ississippi Division of Medicai nary of Directed Payments by | |
|-------------------------|--|---------------|
| | 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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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 | CCO Share of | DOM Share of | | | |
| Gain / Loss | Gain / Loss in Corridor | 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.

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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State of Mississippi Division of Medicaid

- 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.
 - lovotibeglogene 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 | | | | | |
|--|-------------------------|-------------------------|--|--|--|
| | CCO Share of | DOM Share of | | | |
| MLR Claims Corridor | Gain / Loss in Corridor | Gain / Loss in Corridor | | | |
| Less than Target MLR -2.0% | 0% | 100% | | | |
| Target MLR -2.0% to Target MLR +2.0% | 100% | 0% | | | |
| | | | | | |

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.

State of Mississippi Division of Medicaid

SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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 of a result of this provision.

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EXHIBITS 1 THROUGH 19

(Provided in Excel Format Only)

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State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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

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 Rate Cell Definit | | |
|--|---|--|----------------------------------|
| 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

| Geog | Table 2 ssippi Division of Med raphic Regions by Co | ounty |
|--------------|---|-----------------|
| 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 | Okitbbeha | 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

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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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.

CMS Managed Care Rate Setting Guide Response

State of Mississippi Division of Medicaid SFY 2024 MississippiCAN Preliminary Rate Calculation and Certification

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.

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.

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 Party 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.

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 S | tate 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_Renew al_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_Rene wal_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 |

Responses to 2023-2024 CMS Managed Care Rate Development Guide

| | Summary | of State Directed Pay | yments Included as a Se | eparate Payment <u>Term</u> | |
|--|----------------|---|---|--|--|
| Control Name of the State Directed Payment | | 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 |
| MS_Fee_IPH.OPH_Rene wal_20230701-20240630 | | Confirmed the actuarial certification covers this separate payment term | | Confirmed | Confirmed |
| MS_Fee.VBP_AMC_Ren ewal_20230701- 20240630 | \$39.4 million | Confirmed the actuarial certification covers this separate payment term | havit e se hateoollû | 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.

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



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.



Mississippi Division of Medicaid Capitated Contracts Ratesetting Actuarial Certification SFY 2024 MississippiCAN Capitation Rates August 29, 2023 Page 2 of 2

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.

niker

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 OFFICE OF THE GOVERNOR

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



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.

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Responsibly providing access to quality health coverage for vulnerable Mississippians

- 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

Jill A. Bruckert, FSA, MAAA Milliman, Inc. July 20, 2023 Page 3 of 2

- 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.

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:

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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

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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 appendicesing 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

m CCL / Dischlad Date

| | | | | Cat | tegory of Service | | | |
|----------------------|--|---------------|---------------|---------------|-------------------|-------------|--------------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development Hospital | al Hospital | Physician | Drug | Dental | Other | Total | |
| а | CY 2021 Member Months | 745,652 | 745,652 | 745,652 | 745,652 | 745,652 | 745,652 | 745,65 |
| b | Total Allowed Dollars | \$125,809,685 | \$141,651,417 | \$149,503,672 | \$244,050,225 | \$6,203,061 | \$49,253,405 | \$716,471,4 |
| c = b / a | CY 2021 PMPM Costs | \$168.72 | \$189.97 | \$200.50 | \$327.30 | \$8.32 | \$66.05 | \$960. |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.0 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.987 | 0.979 | 1.000 | 1.000 | 0.9 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.9 |
| g | IMD Removal | 0.995 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 0.9 |
| h | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| i | SSI Children - COE Change | 1.040 | 1.000 | 1.001 | 1.000 | 1.002 | 1.000 | 1.0 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.0 |
| k | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 0.9 |
| 1 | Missing Data | 1.002 | 1.003 | 1.002 | 1.003 | 1.003 | 1.108 | 1.0 |
| m | IBNR Adjustment | 1.042 | 1.003 | 1.002 | 1.000 | 1.001 | 1.003 | 1.0 |
| oduct of c through m | Adjusted CY 2021 PMPM Costs | \$182.29 | \$190.93 | \$198.47 | \$320.92 | \$8.36 | \$73.33 | \$974. |

| | | Breast a | nd Cervical Cancer | Rate Cell | | | | |
|------------------------|------------------------------------|-----------|--------------------|-------------|------------------|---------|-----------|-------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | 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 |
| е | 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 |
| 1 | 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 |

| | | | | Cat | egory of Service | | | |
|-----------------------|--|--------------|----------------|--------------|------------------|-------------|-------------|--------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development Hospital | Hospital | Physician Drug | Dental | Other | Total | | |
| а | CY 2021 Member Months | 570,832 | 570,832 | 570,832 | 570,832 | 570,832 | 570,832 | 570,83 |
| b | Total Allowed Dollars | \$23,924,109 | \$53,122,375 | \$63,394,718 | \$64,635,824 | \$2,908,628 | \$6,781,206 | \$214,766,86 |
| c = b / a | CY 2021 PMPM Costs | \$41.91 | \$93.06 | \$111.06 | \$113.23 | \$5.10 | \$11.88 | \$376.2 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.985 | 0.984 | 1.000 | 1.000 | 0.99 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 0.999 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĸ | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 0.99 |
| 1 | Missing Data | 1.003 | 1.003 | 1.002 | 1.003 | 1.003 | 1.141 | 1.00 |
| m | IBNR Adjustment | 1.050 | 1.003 | 1.002 | 1.000 | 1.001 | 1.002 | 1.00 |
| roduct of c through m | Adjusted CY 2021 PMPM Costs | \$44.01 | \$93.56 | \$109.71 | \$111.53 | \$5.11 | \$13.56 | \$377.4 |

| | | | | Cat | egory of Service | | | |
|---------------------|------------------------------------|--------------|------------|-------------|------------------|---------|----------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 570,832 | 570,832 | 570,832 | 570,832 | 570,832 | 570,832 | 570,83 |
| b | Total Allowed Dollars | \$15,299,062 | \$45,698 | \$4,164,062 | \$88,015 | \$110 | \$94,154 | \$19,691,10 |
| c = b / a | CY 2021 PMPM Costs | \$26.80 | \$0.08 | \$7.29 | \$0.15 | \$0.00 | \$0.16 | \$34.5 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.002 | 1.000 | 1.000 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.985 | 0.984 | 1.000 | 1.000 | 0.99 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| h | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| k | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.00 |
| 1 | Missing Data | 1.003 | 1.004 | 1.002 | 1.003 | 1.000 | 1.109 | 1.00 |
| m | IBNR Adjustment | 1.052 | 1.003 | 1.002 | 1.000 | 1.003 | 1.002 | 1.04 |
| duct of c through m | Adjusted CY 2021 PMPM Costs | \$28.23 | \$0.08 | \$7.21 | \$0.15 | \$0.00 | \$0.18 | \$35.8 |

PMPM costs are calculated using allowed amounts for 3,308 MA Adult deliveries and total MA Adult rate cell membership.

| | | | | Cat | egory of Service | | | |
|---------------------|------------------------------------|-------------|--------------|--------------|------------------|-----------|-------------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 117,512 | 117,512 | 117,512 | 117,512 | 117,512 | 117,512 | 117,51 |
| b | Total Allowed Dollars | \$3,243,075 | \$11,816,037 | \$21,602,905 | \$4,651,709 | \$424,147 | \$1,053,858 | \$42,791,73 |
| c = b / a | CY 2021 PMPM Costs | \$27.60 | \$100.55 | \$183.84 | \$39.58 | \$3.61 | \$8.97 | \$364.1 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.002 | 1.000 | 1.000 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 0.999 | 0.999 | 1.000 | 1.000 | 1.00 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĸ | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.00 |
| 1 | Missing Data | 1.002 | 1.003 | 1.002 | 1.003 | 1.003 | 1.126 | 1.00 |
| m | IBNR Adjustment | 1.053 | 1.003 | 1.003 | 1.000 | 1.001 | 1.002 | 1.00 |
| duct of c through m | Adjusted CY 2021 PMPM Costs | \$29.09 | \$101.08 | \$184.47 | \$39.51 | \$3.62 | \$10.11 | \$367.8 |

| | | | | Cat | egory of Service | | | |
|----------------------|------------------------------------|--------------|------------|--------------|------------------|---------|-----------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 117,512 | 117,512 | 117,512 | 117,512 | 117,512 | 117,512 | 117,51 |
| b | Total Allowed Dollars | \$50,872,673 | \$115,480 | \$13,684,426 | \$241,212 | \$109 | \$181,826 | \$65,095,72 |
| c = b / a | CY 2021 PMPM Costs ¹ | \$432.91 | \$0.98 | \$116.45 | \$2.05 | \$0.00 | \$1.55 | \$553.9 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.002 | 1.000 | 1.000 | 1.00 |
| e | Non-Covered Services | 1.000 | 1.000 | 0.999 | 0.999 | 1.000 | 1.000 | 1.00 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| h | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| k | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.00 |
| 1 | Missing Data | 1.003 | 1.003 | 1.003 | 1.003 | 1.004 | 1.120 | 1.00 |
| m | IBNR Adjustment | 1.050 | 1.003 | 1.003 | 1.000 | 1.001 | 1.002 | 1.04 |
| oduct of c through m | Adjusted CY 2021 PMPM Costs | \$455.44 | \$0.99 | \$116.86 | \$2.05 | \$0.00 | \$1.73 | \$577.0 |

PMPM costs are calculated using allowed amounts for 12,884 Pregnant Women deliveries and total Pregnant Women rate cell membership.

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| | | | | Cat | egory of Service | | | |
|---------------------|------------------------------------|--------------|-------------|-------------|------------------|---------|-------------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 5,146 | 5,146 | 5,146 | 5,146 | 5,146 | 5,146 | 5,14 |
| b | Total Allowed Dollars | \$20,232,119 | \$1,108,219 | \$8,274,569 | \$3,083,084 | \$3,972 | \$1,274,692 | \$33,976,65 |
| c = b / a | CY 2021 PMPM Costs | \$3,931.62 | \$215.36 | \$1,607.96 | \$599.12 | \$0.77 | \$247.71 | \$6,602.5 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.00 |
| e | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĸ | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.00 |
| 1 | Missing Data | 1.003 | 1.003 | 1.002 | 1.002 | 1.001 | 1.021 | 1.00 |
| m | IBNR Adjustment | 1.052 | 1.004 | 1.003 | 1.000 | 1.001 | 1.002 | 1.03 |
| duct of c through m | Adjusted CY 2021 PMPM Costs | \$4,143.17 | \$216.57 | \$1,614.00 | \$598.78 | \$0.77 | \$253.28 | \$6,826.5 |

| | | Non-SSI Ne | wborns 0 to 2 Mont | ths Rate Cell | | | | |
|------------------------|------------------------------------|--------------|--------------------|---------------|------------------|----------|-----------|---------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | 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 |
| 1 | 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 |

| Non-SSI Newborns 3 to 12 Months Rate Cell | |
|---|--|
| | |

| | | | | Cat | egory of Service | | | |
|------------------------|------------------------------------|-------------|--------------|--------------|------------------|-----------|-------------|--------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 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 |
| ĥ | 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 |
| 1 | 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 n | Adjusted CY 2021 PMPM Costs | \$28.72 | \$50.87 | \$111.04 | \$23.66 | \$1.09 | \$7.40 | \$222.78 |

| | | F | oster Care Rate Ce | ell | | | | |
|------------------------|------------------------------------|--------------|--------------------|--------------|------------------|-------------|-------------|--------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | 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 |
| 1 | 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 |

| | | | MYPAC Rate Cell | | | | | |
|---------------------|------------------------------------|-------------|-----------------|--------------|------------------|-----------|-----------|-------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 9,969 | 9,969 | 9,969 | 9,969 | 9,969 | 9,969 | 9,96 |
| b | Total Allowed Dollars | \$4,084,800 | \$609,340 | \$23,898,251 | \$1,777,312 | \$300,649 | \$217,533 | \$30,887,88 |
| c = b / a | CY 2021 PMPM Costs | \$409.75 | \$61.12 | \$2,397.26 | \$178.28 | \$30.16 | \$21.82 | \$3,098.3 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.004 | 1.000 | 1.000 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| j | MYPAC Member Identification Change | 1.025 | 1.020 | 1.008 | 1.009 | 1.007 | 1.009 | 1.01 |
| k | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 1.00 |
| 1 | Missing Data | 1.000 | 1.006 | 1.000 | 1.002 | 1.001 | 1.130 | 1.00 |
| m | IBNR Adjustment | 1.236 | 1.013 | 1.002 | 1.000 | 1.000 | 1.002 | 1.03 |
| duct of c through m | Adjusted CY 2021 PMPM Costs | \$518.77 | \$63.45 | \$2,418.41 | \$180.04 | \$30.37 | \$24.91 | \$3,235.9 |

| | | N | A Children Rate Co | ell | | | | |
|------------------------|------------------------------------|--------------|--------------------|---------------|------------------|--------------|--------------|---------------|
| | | | | Cat | egory of Service | | | |
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | 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 |
| 1 | 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 |

| | | | | Cat | egory of Service | | | |
|-----------------------|------------------------------------|-------------|-------------|--------------|------------------|-------------|-------------|-------------|
| | | Inpatient | Outpatient | | | | | |
| Calculation Step | CY 2021 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| а | CY 2021 Member Months | 348,610 | 348,610 | 348,610 | 348,610 | 348,610 | 348,610 | 348,61 |
| b | Total Allowed Dollars | \$5,834,116 | \$8,502,417 | \$19,428,586 | \$13,445,110 | \$9,790,370 | \$2,064,579 | \$59,065,17 |
| c = b / a | CY 2021 PMPM Costs | \$16.74 | \$24.39 | \$55.73 | \$38.57 | \$28.08 | \$5.92 | \$169.4 |
| d | Pharmacy Rate Freeze Repricing | 1.000 | 1.000 | 1.000 | 1.003 | 1.000 | 1.000 | 1.00 |
| е | Non-Covered Services | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| f | TPL Adjustment | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.999 | 0.99 |
| g | IMD Removal | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĥ | IMD Additions | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | SSI Children - COE Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| i | MYPAC Member Identification Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 |
| ĸ | Drug Services Rebate Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | 0.99 |
| 1 | Missing Data | 1.002 | 1.005 | 1.002 | 1.003 | 1.004 | 1.308 | 1.01 |
| m | IBNR Adjustment | 1.039 | 1.003 | 1.002 | 1.000 | 1.001 | 1.001 | 1.00 |
| roduct of c through m | Adjusted CY 2021 PMPM Costs | \$17.40 | \$24.55 | \$55.88 | \$38.61 | \$28.18 | \$7.74 | \$172.3 |

Exhibit 2A Mississippi Division of Medicaid All Regions SFY 2024 MississippiCAN Capitation Rate Development Final Base Data and Projection Assumptions

| | | Non-Newborn SSI / Dis | abled Rate Cell | | | | | |
|-----------------------|---|-----------------------|-----------------|-----------|------------------|--------|---------|-------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2021 PMPM Costs | \$182.29 | \$190.93 | \$198.47 | \$320.92 | \$8.36 | \$73.33 | \$97 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.077 | 1.103 | 1.130 | 1.025 | 1.000 | 1.130 | |
| С | Charge Trend Factors CY 2021 to SFY 2024 | 0.956 | 1.038 | 1.058 | 1.103 | 1.000 | 1.065 | |
| d | Seasonal Virus Adjustment | 0.964 | 0.991 | 0.992 | 0.998 | 1.000 | 0.997 | |
| | Population Changes | | | | | | | |
| е | Acuity Adjustment: Shift to FFS | 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 | |
| g | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| ĥ | Hemophilia Population Carve-In | 1.000 | 1.000 | 1.000 | 1.026 | 1.000 | 1.000 | |
| | Program Changes | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | |
| 1 | Obesity Drug Coverage | 1.000 | 1.000 | 1.000 | 1.007 | 1.000 | 1.000 | |
| k | Obesity Drug Coverage Savings | 0.998 | 0.998 | 0.998 | 0.998 | 0.998 | 0.998 | |
| 1 | Gene Therapy Drug Coverage | 1.031 | 1.000 | 1.000 | 1.225 | 1.000 | 1.000 | |
| m | Gene Therapy Drug Coverage Savings | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | |
| n | Insulin Price Reduction | 1.000 | 1.000 | 1.000 | 0.975 | 1.000 | 1.000 | |
| | Reimbursement Changes | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.003 | 1.008 | 1.000 | 1.024 | 1.019 | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.037 | 1.000 | |
| q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.018 | 1.000 | |
| ŕ | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | |
| roduct of a through r | Projected SFY 2024 PMPM Costs | \$186.29 | \$217.95 | \$236.78 | \$442.57 | \$9.03 | \$89.43 | \$1,1 |

| | | Breast and Cervical Ca | ancer Rate Cell | | | | | |
|------------------------|---|-------------------------------|-----------------|------------|-------------------|--------|----------|------------|
| | | | | Cat | tegory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | 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 |
| с | 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 | | | | | | | |
| 1 | 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 |
| 1 | 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 | | | | | | | |
| 0 | 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 |
| ŕ | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | 1.002 |
| Product of a through r | 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 MissispipiCAN Capitation Rate Development Final Base Data and Projection Assumptions

| | | MA Adult Rate Cell - N | Ion-Deliveries | | | | | |
|------------------------|---|------------------------|----------------|-----------|------------------|--------|---------|----------|
| | | | | Cat | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | 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 |
| с | 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 |
| ĥ | 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 |
| ĸ | Obesity Drug Coverage Savings | 0.994 | 0.994 | 0.994 | 0.994 | 0.994 | 0.994 | 0.994 |
| 1 | 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 | | | | | | | |
| 0 | 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 |
| Product of a through r | Projected SFY 2024 PMPM Costs | \$49.43 | \$112.62 | \$135.53 | \$143.45 | \$5.73 | \$16.65 | \$463.41 |

MA Adult Rate Cell - Del Category of Service Outpatient SFY 2024 PMPM Cost Development Base Period Summaries CY 2021 PMPM Costs Trends Utilization Trend Factors CY 2021 to SFY 2024 Charge Trend Factors CY 2021 to SFY 2024 Seasonal Virus Adjustment Population Changes Calculation Step Inpatient Hospital Hospital Physician Drug Dental Other Total \$28.23 \$0.08 \$7.21 \$0.15 \$0.00 \$0.18 \$35.85 а 1.077 1.025 1.077 1.076 1.077 1.077 b 1.000 с 1.039 0.925 1.053 0.981 1.072 0.983 1.103 0.998 1.000 1.000 1.057 0.994 1.046 0.938 Charge Trend Factors CV 2021 to SFY 2024 Seasonal Virus Adjustment Population Changes Acuity Adjustment: Shift to FFS Acuity Adjustment: PHE Unwind Postpartum Coverage Extension Hemophila Population Carve-In Program Changes PDL Adjustment Obesity Drug Coverage Obesity Drug Coverage Savings Gene Therapy Drug Coverage Savings Gene Therapy Drug Coverage Savings Insulin Price Reduction Reimbursement Changes 5% Assessment Removal Adjustment Preventative and Diagnostic Dental Reimbursement Change Restorative Dental Reimbursement Change Non-APC Outpatient Hospital Adjustment Projected SFY 2024 PMPM Costs d 1.092 1.000 1.000 1.000 1.084 1.000 1.000 1.000 1.086 1.000 1.000 1.000 1.138 1.000 1.000 1.000 1.059 1.000 1.000 1.000 1.067 1.000 1.000 1.000 1.091 1.000 1.000 1.000 е g h 1.000 0.999 i 0.999 1.000 1.000 1.000 1.000 0.987 m n 1.000 1.000 1.000 1.004 1.000 1.024 1.001 0 1.004 1.000 1.000 <u>1.000</u> \$8.91 1.000 1.000 1.000 **31.88** 1.000 1.000 1.000 1.005 \$0.10 1.000 1.000 1.000 1.000 \$0.19 1.000 1.000 1.001 1.000 \$0.00 1.000 1.000 1.000 **\$0.23** 1.000 1.000 <u>1.000</u> \$41.31 p Product of a through r

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

| | | | | Cat | egory of Service | | | |
|----------------------|---|--------------------|------------|-----------|------------------|--------|---------|-------|
| | | | Outpatient | | | | | - |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2021 PMPM Costs | \$29.09 | \$101.08 | \$184.47 | \$39.51 | \$3.62 | \$10.11 | \$36 |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.130 | 1.130 | 1.157 | 1.025 | 1.000 | 1.157 | |
| с | Charge Trend Factors CY 2021 to SFY 2024 | 1.039 | 1.052 | 1.072 | 1.103 | 1.000 | 1.057 | |
| d | Seasonal Virus Adjustment | 0.892 | 0.983 | 0.990 | 0.993 | 1.000 | 0.993 | |
| | Population Changes | | | | | | | |
| e | Acuity Adjustment: Shift to FFS | 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 | |
| g | Postpartum Coverage Extension | 0.803 | 0.803 | 0.803 | 0.803 | 0.803 | 0.803 | |
| ĥ | Hemophilia Population Carve-In | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | |
| | Program Changes | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.996 | 1.000 | 1.000 | |
| j | Obesity Drug Coverage | 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 | Gene Therapy Drug Coverage | 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 | |
| n | Insulin Price Reduction | 1.000 | 1.000 | 1.000 | 0.977 | 1.000 | 1.000 | |
| | Reimbursement Changes | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.005 | 1.000 | 1.027 | 1.020 | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.042 | 1.000 | |
| q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.010 | 1.000 | |
| r | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | |
| oduct of a through r | Projected SFY 2024 PMPM Costs | \$24.44 | \$95.32 | \$182.82 | \$34.66 | \$3.14 | \$10.05 | \$3 |

| | | | | Cat | egory of Service | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|--------|--------|-------|
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | CY 2021 PMPM Costs | \$455.44 | \$0.99 | \$116.86 | \$2.05 | \$0.00 | \$1.73 | \$ |
| | Trends | | | | | | | |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.077 | 1.077 | 1.077 | 1.025 | 1.000 | 1.077 | |
| с | Charge Trend Factors CY 2021 to SFY 2024 | 1.039 | 1.052 | 1.072 | 1.103 | 1.000 | 1.057 | |
| d | Seasonal Virus Adjustment | 0.892 | 0.983 | 0.990 | 0.993 | 1.000 | 0.993 | |
| | Population Changes | | | | | | | |
| e | Acuity Adjustment: Shift to FFS | 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 | |
| g | Postpartum Coverage Extension | 0.560 | 0.560 | 0.560 | 0.560 | 0.560 | 0.560 | |
| ĥ | Hemophilia Population Carve-In | 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 | |
| i | Obesity Drug Coverage | 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 | Gene Therapy Drug Coverage | 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 | |
| n | Insulin Price Reduction | 1.000 | 1.000 | 1.000 | 0.977 | 1.000 | 1.000 | |
| | Reimbursement Changes | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.004 | 1.000 | 1.025 | 1.029 | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.044 | 1.000 | |
| , q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.009 | 1.000 | |
| ŕ | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | |
| roduct of a through r | Projected SFY 2024 PMPM Costs | \$254.43 | \$0.62 | \$75.11 | \$1.26 | \$0.00 | \$1.13 | \$: |

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 Newb | orn Rate Cell | | | | | |
|------------------------|---|---------------------|---------------|------------|----------|--------|----------|------------|
| | | Category of Service | | | | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | 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 |
| с | 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 |
| ĥ | Hemophilia Population Carve-In | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| | Program Changes | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.974 | 1.000 | 1.000 | 0.998 |
| i | 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 |
| 1 | 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 | | | | | | | |
| 0 | 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 | 1.000 | 1.000 | 1.000 |
| ŕ | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Product of a through r | 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 | | | | | | | | | | |
|--|---|--------------------|------------|-----------|------------------|--------|---------|------------|--|--|
| | | | | Cat | egory of Service | | | | | |
| | | | Outpatient | | | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | |
| | Base Period Summaries | | | | | | | | | |
| а | 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 | | |
| с | Charge Trend Factors CY 2021 to SFY 2024 | 1.086 | 1.065 | 1.020 | 1.064 | 1.000 | 1.047 | 1.07 | | |
| 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 | 1.00 | | |
| f | Acuity Adjustment: PHE Unwind | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| g | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| h | Hemophilia Population Carve-In | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| | Program Changes | | | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.974 | 1.000 | 1.000 | 1.00 | | |
| j | Obesity Drug Coverage | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| k | Obesity Drug Coverage Savings | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| 1 | Gene Therapy Drug Coverage | 1.000 | 1.000 | 1.000 | 3.868 | 1.000 | 1.000 | 1.01 | | |
| m | Gene Therapy Drug Coverage Savings | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| n | Insulin Price Reduction | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| | Reimbursement Changes | | | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.005 | 1.000 | 1.008 | 1.022 | 1.00 | | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.095 | 1.000 | 1.00 | | |
| q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| r | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | |
| Product of a through r | Projected SFY 2024 PMPM Costs | \$1,502.66 | \$58.40 | \$415.74 | \$45.09 | \$0.66 | \$16.99 | \$2,039.54 | | |

Exhibit 2A Mississipp Division of Medicaid All Regions SFY 2024 MississippiCAN Capitation Rate Development Final Base Data and Projection Assumptions

| | | | | Cat | egory of Service | | | | | | | |
|-----------------------|---|--------------------|------------|-----------|------------------|--------|--------|-------|--|--|--|--|
| | | | Outpatient | | | | | - | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| | Base Period Summaries | | | | | | | | | | | |
| а | CY 2021 PMPM Costs | \$28.72 | \$50.87 | \$111.04 | \$23.66 | \$1.09 | \$7.40 | \$2 | | | | |
| | Trends | | | | | | | | | | | |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.000 | 1.077 | 1.103 | 1.025 | 1.000 | 1.103 | | | | | |
| с | Charge Trend Factors CY 2021 to SFY 2024 | 0.974 | 1.064 | 1.074 | 1.064 | 1.000 | 1.046 | | | | | |
| d | Seasonal Virus Adjustment | 0.984 | 0.992 | 0.997 | 0.984 | 1.000 | 0.999 | | | | | |
| | Population Changes | | | | | | | | | | | |
| е | Acuity Adjustment: Shift to FFS | 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 | | | | | |
| g | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | | | | | |
| ĥ | Hemophilia Population Carve-In | 1.000 | 1.001 | 1.000 | 1.001 | 1.000 | 1.000 | | | | | |
| | Program Changes | | | | | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.974 | 1.000 | 1.000 | | | | | |
| I | Obesity Drug Coverage | 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 | Gene Therapy Drug Coverage | 1.000 | 1.000 | 1.000 | 1.359 | 1.000 | 1.000 | | | | | |
| m | Gene Therapy Drug Coverage Savings | 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 | | | | | |
| | Reimbursement Changes | | | | | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.010 | 1.000 | 1.018 | 1.025 | | | | | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.108 | 1.000 | | | | | |
| q | Restorative Dental Reimbursement Change | 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 | | | | | |
| roduct of a through r | Projected SFY 2024 PMPM Costs | \$27.53 | \$58.18 | \$132.45 | \$33.63 | \$1.23 | \$8.73 | S | | | | |

| | Foster Care Rate Cell | | | | | | | | | | | |
|------------------------|---|--------------------|------------|-----------|------------------|---------|---------|----------|--|--|--|--|
| | | | | Cat | egory of Service | | | | | | | |
| | | | Outpatient | | | | | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| | Base Period Summaries | | | | | | | | | | | |
| а | CY 2021 PMPM Costs | \$235.89 | \$42.95 | \$128.59 | \$89.51 | \$24.93 | \$23.58 | \$545.45 | | | | |
| | Trends | | | | | | | | | | | |
| ь | Utilization Trend Factors CY 2021 to SFY 2024 | 1.077 | 1.077 | 1.103 | 1.025 | 1.000 | 1.103 | 1.072 | | | | |
| с | 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 | | | | |
| 1 | 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 | | | | | | | | | | | |
| 0 | 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 | | | | |
| Product of a through r | 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 | | | | | | | | | | | | |
|------------------------|---|--------------------|------------|------------|------------------|---------|---------|------------|--|--|--|--|
| | | | | Cat | egory of Service | | | | | | | |
| | | | Outpatient | | | | | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| | Base Period Summaries | | | | | | | | | | | |
| а | CY 2021 PMPM Costs | \$518.77 | \$63.45 | \$2,418.41 | \$180.04 | \$30.37 | \$24.91 | \$3,235.9 | | | | |
| | Trends | | | | | | | | | | | |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.077 | 1.077 | 1.006 | 1.025 | 1.000 | 1.103 | 1.02 | | | | |
| с | Charge Trend Factors CY 2021 to SFY 2024 | 1.019 | 1.065 | 1.004 | 1.064 | 1.000 | 1.031 | 1.01 | | | | |
| d | Seasonal Virus Adjustment | 1.000 | 1.002 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| | Population Changes | | | | | | | | | | | |
| e | Acuity Adjustment: Shift to FFS | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| f | Acuity Adjustment: PHE Unwind | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| g | Postpartum Coverage Extension | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| ĥ | Hemophilia Population Carve-In | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| | Program Changes | | | | | | | | | | | |
| 1 | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.974 | 1.000 | 1.000 | 0.99 | | | | |
| I | Obesity Drug Coverage | 1.000 | 1.000 | 1.000 | 1.010 | 1.000 | 1.000 | 1.00 | | | | |
| ĸ | Obesity Drug Coverage Savings | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| 1 | Gene Therapy Drug Coverage | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| m | Gene Therapy Drug Coverage Savings | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| n | Insulin Price Reduction | 1.000 | 1.000 | 1.000 | 0.997 | 1.000 | 1.000 | 1.00 | | | | |
| | Reimbursement Changes | | | | | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.029 | 1.000 | 1.027 | 1.021 | 1.02 | | | | |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.037 | 1.000 | 1.00 | | | | |
| q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.025 | 1.000 | 1.00 | | | | |
| r | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | 1.00 | | | | |
| Product of a through r | Projected SFY 2024 PMPM Costs | \$568.81 | \$73.21 | \$2,514.15 | \$192.57 | \$33.14 | \$28.91 | \$3,410.78 | | | | |

| | | | | Cat | egory of Service | | | |
|------------------------|---|--------------------|------------|-----------|------------------|---------|--------|----------|
| | | | | out | egory of Service | | | |
| | | | Outpatient | | | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Hospital | Physician | Drug | Dental | Other | Total |
| | Base Period Summaries | | | | | | | |
| а | 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 |
| с | 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 | | | | | | | |
| 1 | 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 |
| 1 | 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 | | | | | | | |
| 0 | 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 |
| Product of a through r | Projected SFY 2024 PMPM Costs | \$20.58 | \$34.88 | \$73.82 | \$40.09 | \$25.32 | \$8.27 | \$202.97 |

| | | Exhibit 2 | | | | | | |
|------------------------|---|---|------------------------|-------------|------------------|---------|--------|----------|
| | All Pagions SI | Mississippi Division Y 2024 MississippiCAN | | lovelenment | | | | |
| | | al Base Data and Proje | | | | | | |
| | | | | | | | | |
| | | Quasi-CHIP R | ate Cell | | | | | |
| | | | | Cat | egory of Service | | | |
| Calculation Step | SFY 2024 PMPM Cost Development | Inpatient Hospital | Outpatient Hospital | Dhuadalan | D | Dental | Other | Total |
| Calculation Step | Base Period Summaries | Inpatient Hospital | Hospitai | Physician | Drug | Dental | Other | Iotai |
| | CY 2021 PMPM Costs | \$17.40 | \$24.55 | \$55.88 | \$38.61 | \$28.18 | \$7.74 | \$172.36 |
| а | Trends | \$17.40 | \$24.00 | \$00.00 | \$30.01 | φ20.10 | \$1.14 | \$172.30 |
| b | Utilization Trend Factors CY 2021 to SFY 2024 | 1.077 | 1.077 | 1.103 | 1.025 | 1.000 | 1,103 | 1.062 |
| č | Charge Trend Factors CY 2021 to SFY 2024 | 1.017 | 1.065 | 1.074 | 1.064 | 1.000 | 1.031 | 1.051 |
| d | Seasonal Virus Adjustment | 1.002 | 1.005 | 1.003 | 1.001 | 1.000 | 1.000 | 1.002 |
| | Population Changes | | | | | | | |
| е | Acuity Adjustment: Shift to FFS | 1.125 | 1.028 | 1.061 | 1.129 | 1.088 | 1.060 | 1.081 |
| 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 | 1.044 | 1.000 | 1.000 | 1.010 |
| | Program Changes | | | | | | | |
| i | PDL Adjustment | 1.000 | 1.000 | 1.000 | 0.974 | 1.000 | 1.000 | 0.994 |
| j | Obesity Drug Coverage | 1.000 | 1.000 | 1.000 | 1.042 | 1.000 | 1.000 | 1.010 |
| k | Obesity Drug Coverage Savings | 0.993 | 0.993 | 0.993 | 0.993 | 0.993 | 0.993 | 0.993 |
| 1 | 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 | 0.984 | 1.000 | 1.000 | 0.996 |
| | Reimbursement Changes | | | | | | | |
| 0 | 5% Assessment Removal Adjustment | 1.000 | 1.000 | 1.011 | 1.000 | 1.026 | 1.025 | 1.009 |
| p | Preventative and Diagnostic Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.038 | 1.000 | 1.006 |
| q | Restorative Dental Reimbursement Change | 1.000 | 1.000 | 1.000 | 1.000 | 1.020 | 1.000 | 1.003 |
| r | Non-APC Outpatient Hospital Adjustment | 1.000 | 1.005 | 1.000 | 1.000 | 1.000 | 1.000 | 1.001 |
| Product of a through r | Projected SFY 2024 PMPM Costs | \$21.31 | \$29.01 | \$70.73 | \$49.28 | \$33.07 | \$9.49 | \$212.89 |

| | | Exhibit | 2B | | | | | | | | | |
|---|--|---------------------|---------------|------------------|--------|---------|----------|--|--|--|--|--|
| | | Mississippi Divisio | n of Medicaid | | | | | | | | | |
| All Regions SFY 2024 MississippiCAN Capitation Rate Development | | | | | | | | | | | | |
| | MA Adult and Pregnant Women Aggregate Service PMPMs | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | MA Adult Ra | te Cell | | | | | | | | | |
| | | | Cat | egory of Service | | | | | | | | |
| | Inpatient | Outpatient | | | | | | | | | | |
| Projected SFY 2024 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | | |
| 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 | 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.

| | All Regions SFY 2 | | | | | | | | | | |
|--|---|---------------|-------------|------------------|--------|---------|----------|--|--|--|--|
| | | Pregnant Wome | n Rate Cell | | | | | | | | |
| | | | Cat | egory of Service | | | | | | | |
| | Inpatient | Outpatient | | | | | | | | | |
| Projected SFY 2024 PMPM Cost Development | Hospital | Hospital | Physician | Drug | Dental | Other | Total | | | | |
| 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 | 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 | | | | | | | | | | | | | |
|---------------------------------|--|------------|--------------|------------|----------|------------|----------|------------|----------|------------|--|--|--|--|
| | a b c d $e=d \times j$ f $g=f \times j$ h $i=h \times j$ $j=(b+c)/(1-d-f-h)$ | | | | | | | | | | | | | |
| | Projected Fixed SFY 2024 SFY 2024 Non-Service Non-Service Mon-Service Margin Margin Premium Tax Premium Tax | | | | | | | | | | | | | |
| Rate Cell | Membership | PMPM Cost | Expense Load | Percentage | PMPM | Percentage | PMPM | Percentage | 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 | | | | |

| | | E | chibit 4 | | | |
|-------------------------------|------------------|-------------|---------------------------------|----------------------|----------------------|---------------|
| | | | vision of Medicaid | | | |
| | SFY 2 | | Capitation Rate Devel | lopment | | |
| | а | b | 4 Capitation Rates c = a × b | d = c × -1.00% | e = c + d | f |
| | SFY 2024 | ~ | SFY 2024 | u o 1.0070 | Total Rate | Projected |
| | Statewide | Area | Regional | Quality | at 1.0 Risk Score | SFY 2024 |
| Rate Cell | Capitation Rates | Adjustments | Capitation Rates | Withhold | after Withhold | Member Months |
| n-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 |
| east 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 |
| Adult | \$572.54 | | | (\$5.73) | \$566.82 | 467,079 |
| North Region | ψυτ 2.04 | 0.953 | \$545.65 | (\$5.46) | \$540.19 | 141,207 |
| Central Region | | 1.024 | 586.21 | (\$5.86) | \$580.34 | 141,207 |
| South Region | | 1.024 | 582.86 | (\$5.83) | \$577.03 | 169,000 |
| Courringion | | 1.010 | 502.00 | (\$0.00) | ψυτι.00 | 103,000 |
| egnant 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 |
| l / 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 |
| n-SSI Newborns 0 to 2 Months | \$2,275.91 | | | (\$22.76) | \$2,253.15 | 67,433 |
| North Region | \$2,210.01 | 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 |
| n-SSI Newborns 3 to 12 Months | \$302.90 | | | (\$2,02) | \$299.87 | 253,946 |
| North Region | \$302.90 | 0.987 | \$299.05 | (\$3.03) | \$299.87 | 79,816 |
| | | 1.026 | ۶299.05 310.72 | (\$2.99) | \$296.06 | 93,011 |
| Central Region | | | | (\$3.11) | | , |
| South Region | | 0.984 | 298.02 | (\$2.98) | \$295.04 | 81,119 |
| ster 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 |
| 'PAC | \$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 |
| A Children | \$237.66 | | | (\$2.38) | \$235.28 | 2,682,302 |
| North Region | φ201.00 | 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 |
| aci CHIP | ¢040.67 | | | (40 40) | ¢046 40 | 206 640 |
| North Dogion | \$248.67 | 0.007 | 015 F4 | (\$2.49) | \$246.18 \$242.06 | 296,519 |
| North Region | | 0.987 | \$245.51 | (\$2.46) (\$2.55) | \$243.06 \$252.54 | 95,913 |
| Central Region | | 1.026 | 255.09 244.66 | (\$2.55) (\$2.45) | \$252.54 \$242.21 | 109,433 |
| South Region | | 0.984 | 244.00 | (\$2.45) | \$242.21 | 91,172 |
| tal Capitation Dollars | | | | | | |
| Statewide Capitation Rates | | | \$2,425,230,090 | | | |
| Regional Capitation Rates | | | \$2,425,230,090 | | | |

| | | | | Exhibit 5 | | | | | | | | | |
|---|-----------------------------------|----------------------------------|----------------|-------------------|------------------------------|--------------------------------------|--|----------------|------------|----------------|----------------|--|---|
| | | | | i Division of | | | | | | | | | |
| | | S | FY 2023 to | SFY 2024 Ra | ate Change ¹ | | | | | | | | |
| | 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 |
| /embership | / 51005100 | Guildon | in that it dut | | Hendelin | 10 2 11011110 | montrio | ouro | | ormaron | 0.111 | | |
| 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 | 998 | 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 | 0.895 | 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 | 1.000 | 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 Changes ² | 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 Adjustments ³ | 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 |

Rate changes exclude MHAP, MAPS, TREAT, and the quality withhold.
 Program change that increases or decreases total program costs outside of the control of the CCOs.
 COVID-19 Adjustments include the Acuity Adjustment: Shift to FFS.

| | | Ex | hibit 6 | | |
|--------------|--|---|--------------|------------------------|---|
| | | Mississippi Div | | | |
| | | SFY 2024 MississippiCAN | | | |
| | Broad Category | Service Category to Milliman <i>F</i> | | Broad Category Ma | |
| MR Line | | Description | MR Line | of Service | Description |
| l11a | Inpatient Hospital | Medical | P40a | Physician | Preventive Other - General |
| l11b | Inpatient Hospital | Rehabilitation | P40b | Physician | Preventive Other - Colonoscopy |
| 112 | Inpatient Hospital | Surgical | P40c | Physician | Preventive Other - Mammography |
| 113a | Inpatient Hospital | Psychiatric - Hospital | P40d | Physician | Preventive Other - Lab |
| 113b | Inpatient Hospital | Psychiatric - Residential | P41 P42 | Physician | Preventive Immunizations |
| l14a l14b | Inpatient Hospital Inpatient Hospital | Substance Use Disorders - Hospital Substance Use Disorders - Residential | P42 P43 | Physician Physician | Preventive Well Baby Exams Preventive Physical Exams |
| 121a | Inpatient Hospital | Mat Norm Delivery | P44 | Physician | Vision Exams |
| 121b | Inpatient Hospital | Mat Norm Delivery - Mom\Baby Cmbnd | P45 | Physician | Hearing and Speech Exams |
| 122a | Inpatient Hospital | Mat Csect Delivery | P51a | Physician | ED Visits and Observation Care - Observation Care |
| 122b | Inpatient Hospital | Mat Csect Delivery - Mom\Baby Cmbnd | P51b | Physician | ED Visits and Observation Care - ED Visits |
| 123a | Inpatient Hospital | Well Newborn - Normal Delivery | P53 | Physician | Physical Therapy |
| 123b | Inpatient Hospital | Well Newborn - Csect Delivery | P54 | Physician | Cardiovascular |
| 123c | Inpatient Hospital | Well Newborn - Unknown Delivery | P55b | Physician | Radiology IP - CT Scan |
| 124 125 | Inpatient Hospital | Other Newborn | P55c P55d | Physician | Radiology IP - MRI |
| 125 | Inpatient Hospital Inpatient Hospital | Maternity Non-Delivery SNF | P550 P55e | Physician Physician | Radiology IP - PET Radiology IP - General - Therapeutic |
| 010a | Outpatient Hospital | Observation - Without ED | P55f | Physician | Radiology IP - General - Diagnostic |
| O10b | Outpatient Hospital | Observation - With ED | P56a | Physician | Radiology OP - General - Therapeutic |
| 011 | 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 |
| 014a | Outpatient Hospital | Radiology - CT/MRI/PET - CT Scan | P58d P58e | Physician | Radiology Office - General - Diagnostic |
| O14b O14c | Outpatient Hospital Outpatient Hospital | Radiology - CT/MRI/PET - MRI Radiology - CT/MRI/PET - PET | P58e P58f | Physician Physician | Radiology Office - General - Radiology Center - Therapeutic Radiology Office - General - Radiology Center - Diagnostic |
| 0140 | Outpatient Hospital | Pathology/Lab | P59a | Physician | Radiology Office - CT/MRI/PET - CT Scan |
| 016a | 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 |
| 017 | 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 |
| 032a | Outpatient Hospital | Substance Use Disorders - Partial Hospitalization | P61b | Physician | Pathology/Lab - Inpatient & Outpatient - Outpatient |
| O32b O41a | Outpatient Hospital | Substance Use Disorders - Intensive Outpatient Other - General | P63a P63b | Physician | Pathology/Lab - Office - General Pathology/Lab - Office - Venipuncture |
| 041a 041b | Outpatient Hospital Outpatient Hospital | Other - Blood | P63c | Physician Physician | Pathology/Lab - Office - Veripuncture Pathology/Lab - Office - Independent Lab |
| 041d | 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/SpcItySvcs | P82d | Other | Home Health Care - Hospice - Home Based |
| O41j | Outpatient Hospital | Other - Pulmonary | P82e | Other | Home Health Care - Hospice - Facility Based |
| 041I | Outpatient Hospital | Other - Urgent Care | P82f | Other | Home Health Care - Home Health (Not Medicare Covered) |
| O51a O51b | Outpatient Hospital Outpatient Hospital | Preventive - General Preventive - Colonoscopy | P82g P82h | Other Other | Home Health Care - Personal/Custodial Care Home Health Care - Adult Day Health Care |
| 051b 051c | Outpatient Hospital | Preventive - Mammography | P82i | Other | Home Health Care - Home Respite Care |
| O51d | Outpatient Hospital | Preventive - Lab | P82j | Other | ome Health Care - Personal Emergency Response System (PER: |
| P11 | Physician | Inpatient Surgery | P82k | Other | Home Health Care - Home Modification |
| P13 | Physician | Inpatient Anesthesia | P82I | 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 P21c | Physician Physician | Maternity - Cesarean Deliveries Maternity - Non-Deliveries | P85 P89 | Other Other | Prosthetics Benefits Glasses/Contacts |
| P21c P21d | Physician | Maternity - Ancillary | P89 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 P34b | Physician Physician | Office Administered Drugs - General Office Administered Drugs - Chemotherapy | P99z R73a | Physician Drug | Benefits Other - Unclassified Prescription Drugs - Preferred Generic |
| P340 P35 | Physician | Allergy Testing | R73a R73b | Drug | Prescription Drugs - Preferred Generic 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 P37i | Physician | Miscellaneous Medical - Neurology Miscellaneous Medical - Central Nervous System Tests | P81g P82a | Drug Other | Prescription Drugs - Specialty |
| P37i P37j | Physician Physician | Miscellaneous Medical - Central Nervous System Tests Miscellaneous Medical - Dermatology | P82a P82b | Other | Home Health Care - HH Home Health Care - Hospice |
| P37k | Physician | Miscellaneous Medical - Dermatology | 1 020 | Outer | nome rieditir dare - riospice |
| | , | | 1 | | |

| | | | Exhibit 7A | | | | |
|---------------------------------------|---------------------------|---------------------|--|----------------------------|---------------------------|---------------------------|-------------------|
| | | | ssissippi Division of Me | | | | |
| | Missi | ssippiCAN Historica | Completed Non-Pharm | nacy PMPM Costs an | d Trends | | |
| | | | All Populations PMPM Costs by Mont | th ¹ | | | |
| | | Innationt Hospital | Outpatient Hospital | Physician | Dental | Other | Non-Pharma |
| Month | Member Months | Services | Services | Services | Services | Services | Total |
| January 2019 | 437,026 | \$86.50 | \$77.48 | \$115.53 | \$21.65 | \$15.69 | \$3 |
| February 2019 | 435,583 | \$80.85 | \$74.80 | \$111.39 | \$18.89 | \$14.65 | \$30 |
| March 2019 | 434,251 | \$85.53 | \$69.87 | \$104.45 | \$19.29 | \$15.27 | \$2 |
| April 2019 | 434,281 | \$87.54 | \$73.29 | \$109.31 | \$20.35 | \$15.92 | \$3 |
| May 2019 | 435,675 | \$90.09 | \$72.36 | \$104.12 | \$17.36 | \$15.46 | \$2 |
| June 2019 | 436,565 | \$82.44 | \$71.11 | \$92.65 | \$18.07 | \$14.58 | \$2 |
| July 2019 | 435,173 | \$88.21 | \$72.69 | \$102.80 | \$22.24 | \$16.44 | \$3 |
| August 2019 | 432,187 | \$85.54 | \$69.69 | \$111.63 | \$21.36 | \$17.29 | \$3 |
| September 2019 | 431,636 | \$87.42 | \$68.97 | \$108.18 | \$19.90 | \$16.41 | \$3 |
| October 2019 | 432,302 | \$95.85 | \$74.88 | \$117.81 | \$22.84 | \$16.64 | \$3 |
| November 2019 | 433,427 | \$82.01 | \$67.43 | \$105.33 | \$18.22 | \$15.89 | \$2 |
| December 2019 | 435,721 | \$89.91 | \$70.10 | \$104.46 | \$16.26 | \$15.73 | \$2 |
| CY 2019 ³ | 434,486 | \$86.82 | \$71.89 | \$107.30 | \$19.70 | \$15.83 | \$3 |
| | 101.000 | * ~~~~~ | A75.04 | * 440.00 | \$00.54 | A I T I O | * 0 |
| January 2020 | 434,689 | \$86.00 | \$75.31 | \$118.23 | \$20.51 | \$17.12 | \$3 |
| February 2020 | 431,725 | \$77.26 | \$70.14 | \$110.33 | \$18.85 | \$15.62 | \$2 |
| March 2020 | 429,908 | \$79.49 | \$57.36 | \$93.29 | \$12.09 | \$15.60 | \$2 |
| April 2020 | 430,080 | \$70.80 | \$36.87 | \$69.21 | \$1.36 | \$12.26 | \$1 |
| May 2020 | 434,572 | \$78.98 | \$50.27 | \$79.66 | \$10.07 | \$13.44 | \$2 |
| June 2020 | 443,044 | \$84.24 | \$59.23 | \$94.56 | \$16.20 | \$14.67 | \$2 |
| July 2020 | 450,515 | \$84.53 | \$59.66 | \$95.01 | \$17.26 | \$14.09 | \$2 |
| August 2020 | 456,517 | \$81.78 | \$57.40 | \$95.31 | \$17.07 | \$14.81 | \$2 |
| September 2020 | 460,496 | \$77.45 | \$59.33 | \$97.21 | \$17.20 | \$14.71 | \$2 |
| October 2020 | 464,815 | \$78.72 | \$61.03 | \$101.08 | \$17.71 | \$15.39 | \$2 |
| November 2020 | 470,075 | \$72.65 | \$57.46 | \$91.18 | \$15.39 | \$14.46 | \$2 |
| December 2020 | 474,757 | \$81.17 | \$56.97 | \$91.42 | \$15.23 | \$14.79 | \$2 |
| CY 2020 ³ | 448,433 | \$79.42 | \$58.42 | \$94.71 | \$14.91 | \$14.75 | \$2 |
| January 2021 | 478,618 | \$83.96 | \$56.01 | \$93.41 | \$15.95 | \$15.35 | \$2 |
| February 2021 | 481,326 | \$78.01 | \$49.65 | \$83.17 | \$13.85 | \$13.16 | \$2 |
| March 2021 | 483,763 | \$88.81 | \$64.61 | \$102.79 | \$18.93 | \$16.31 | \$2 |
| April 2021 | 483,831 | \$82.62 | \$65.10 | \$102.72 | \$17.01 | \$15.58 | \$2 |
| May 2021 | 486,505 | \$89.83 | \$65.74 | \$97.09 | \$14.58 | \$15.55 | \$2 |
| June 2021 | 488,764 | \$90.47 | \$71.21 | \$100.28 | \$16.40 | \$16.31 | \$2 |
| July 2021 | 473,300 | \$92.69 | \$69.44 | \$100.66 | \$16.80 | \$16.28 | \$2 \$2 |
| August 2021 | 452,472 | \$95.29 | \$66.44 | \$118.76 | \$16.48 | \$16.48 | \$3 |
| September 2021 | 439,660 | \$95.29 | \$65.13 | \$110.61 | \$10.48 | \$15.76 | \$3 \$2 |
| October 2021 | , | | \$65.92 | | \$17.76 | | \$2 \$2 |
| November 2021 | 428,718 | \$82.31 | | \$105.75 \$105.00 | | \$16.28 | \$2 \$2 |
| | 419,121 | \$79.04 \$77.60 | \$63.87 \$64.48 | \$105.00 \$00.74 | \$17.93 \$15.62 | \$14.92 | \$2 \$2 |
| December 2021 CY 2021 ³ | 412,166 460,687 | \$77.60 \$85.60 | \$64.48 \$63.97 | \$99.74 \$101.66 | \$15.63 \$16.55 | \$14.64 \$15.55 | \$2 \$2 |
| 01 2021 | 400,007 | <i>4</i> 33.00 | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | ψ101.00 | φ10.00 | ÷10.00 | ΨZ |
| 01/ 0047 1- 01/ 0040 | | | Annual PMPM Trend | | 7.40/ | 0.001 | |
| CY 2017 to CY 2018 | | 4.2% | | 3.8% | -7.1% | 3.3% | |
| CY 2018 to CY 2019 | | 5.6% | | 7.1% | -1.2% | 7.0% | |
| CY 2019 to CY 2020 | | -8.5% | | -11.7% | -24.3% | -6.8% | - |
| CY 2020 to CY 2021 | | 7.8% | | 7.3% | 11.0% | 5.5% | |
| 2019 to CY 2021 (Annualized |) | -0.7% | -5.7% | -2.7% | -8.3% | -0.9% | |

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

| | | | Exhibit 7B | | | | |
|------------------------------|------------------|--------------------------------|--------------------------------------|-----------------------|--------------------|--------------------|--------------------|
| | | | ssissippi Division of Me | | | | |
| | Missi | ssippiCAN Historica | Completed Non-Pharr | nacy PMPM Costs an | id Trends | | |
| | | | SSI+ Population PMPM Costs by Mon | th ¹ | | | |
| | | | | | | 0.1 | |
| Month | Member Months | Inpatient Hospital Services | Outpatient Hospital Services | Physician Services | Dental Services | Other Services | Non-Pharm Total |
| January 2019 | 63,961 | \$198.49 | \$227.72 | \$234.68 | \$10.35 | \$63.22 | \$7 |
| February 2019 | 63,934 | \$174.55 | \$213.66 | \$215.75 | \$8.92 | \$61.05 | \$6 |
| March 2019 | 63,712 | \$178.25 | \$206.58 | \$219.74 | \$9.05 | \$63.21 | \$6 |
| April 2019 | 63,901 | \$183.67 | \$216.12 | \$228.05 | \$9.79 | \$64.70 | \$7 |
| May 2019 | 63,768 | \$192.93 | \$218.66 | \$225.59 | \$8.69 | \$65.24 | \$7 |
| June 2019 | 63,938 | \$161.30 | \$210.08 | \$207.72 | \$7.82 | \$61.95 | \$6 |
| July 2019 | 64,036 | \$182.68 | \$210.90 | \$221.09 | \$10.18 | \$65.35 | \$6 |
| August 2019 | 63,876 | \$174.75 | \$208.22 | \$231.43 | \$10.27 | \$68.17 | \$6 |
| September 2019 | 63,899 | \$197.16 | \$202.17 | \$220.41 | \$9.59 | \$66.36 | \$6 |
| October 2019 | 63,899 | \$212.62 | \$217.25 | \$239.40 | \$10.98 | \$67.57 | \$0 \$7 |
| November 2019 | 63,924 | \$183.14 | \$184.61 | \$202.28 | \$8.38 | \$66.06 | \$6 |
| December 2019 | 64,030 | \$188.47 | \$194.57 | \$205.18 | \$7.61 | \$64.27 | \$6 |
| CY 2019 ³ | 63,907 | \$185.67 | \$209.21 | \$220.94 | \$9.30 | \$64.76 | \$6 |
| | | | | | | | |
| January 2020 | 63,847 | \$188.69 | \$227.31 | \$235.15 | \$10.35 | \$69.68 | \$7 |
| February 2020 | 63,841 | \$166.78 | \$206.59 | \$215.75 | \$9.39 | \$63.40 | \$6 |
| March 2020 | 63,589 | \$177.91 | \$178.94 | \$196.06 | \$5.45 | \$67.59 | \$6 |
| April 2020 | 63,509 | \$136.51 | \$139.65 | \$147.97 | \$1.42 | \$56.28 | \$4 |
| May 2020 | 63,644 | \$168.38 | \$170.86 | \$170.42 | \$4.78 | \$58.83 | \$5 |
| June 2020 | 63,879 | \$188.02 | \$192.57 | \$205.46 | \$7.49 | \$63.46 | \$6 |
| July 2020 | 63,809 | \$176.37 | \$190.92 | \$198.00 | \$7.89 | \$58.04 | \$6 |
| August 2020 | 63,777 | \$168.74 | \$180.23 | \$198.29 | \$8.43 | \$60.01 | \$6 |
| September 2020 | 63,769 | \$164.87 | \$190.15 | \$204.42 | \$8.48 | \$61.31 | \$6 |
| October 2020 | 63,695 | \$173.79 | \$192.96 | \$208.70 | \$8.84 | \$65.02 | \$6 |
| November 2020 | 63,697 | \$153.24 | \$180.18 | \$185.71 | \$7.20 | \$61.32 | \$5 |
| December 2020 | 63,532 | \$168.63 | \$183.01 | \$186.59 | \$7.42 | \$64.28 | \$6 |
| CY 2020 ³ | 63,716 | \$169.33 | \$186.11 | \$196.04 | \$7.26 | \$62.43 | \$6 |
| January 2021 | 63,329 | \$164.04 | \$175.72 | \$193.00 | \$7.92 | \$67.64 | \$6 |
| February 2021 | 63,319 | \$164.52 | \$160.45 | \$172.52 | \$6.83 | \$57.26 | \$5 |
| March 2021 | 62,918 | \$191.50 | \$201.95 | \$224.12 | \$9.05 | \$69.76 | \$6 |
| April 2021 | 62,480 | \$167.44 | \$200.97 | \$211.08 | \$8.53 | \$67.08 | \$6 |
| May 2021 | 62,352 | \$190.37 | \$202.93 | \$203.42 | \$8.55 | \$66.37 | \$6 |
| June 2021 | 62,201 | \$175.93 | \$219.60 | \$214.45 | \$8.69 | \$69.37 | \$6 |
| July 2021 | 62,317 | \$211.08 | \$208.91 | \$203.42 | \$7.72 | \$68.87 | \$7 |
| August 2021 | 62,105 | \$200.79 | \$189.03 | \$212.11 | \$8.56 | \$70.09 | \$6 |
| September 2021 | 61,811 | \$185.05 | \$196.20 | \$213.21 | \$9.21 | \$67.49 | \$6 |
| October 2021 | 61.544 | \$163.32 | \$196.58 | \$210.11 | \$8.68 | \$69.10 | \$6 |
| November 2021 | 61,417 | \$164.31 | \$190.56 | \$200.52 | \$8.73 | \$63.19 | \$0 \$6 |
| December 2021 | 61,244 | \$156.75 | \$192.55 | \$200.52 | \$0.73 \$7.32 | \$61.65 | \$0 \$6 |
| CY 2021 ³ | 61,244 62,253 | \$150.75 | \$186.37 \$194.27 | \$188.01 \$203.83 | \$7.32 \$8.32 | \$61.05 \$66.49 | \$0 \$6 |
| | , | ÷ | | | ÷ - - | | |
| OV 2017 to OV 2010 | | 4 50/ | Annual PMPM Trend | | 0.40/ | 0.5% | |
| CY 2017 to CY 2018 | | 1.5% | | 5.9% | -9.1% | 2.5% | |
| CY 2018 to CY 2019 | | 5.5% | | 6.1% | -7.0% | 7.1% | |
| CY 2019 to CY 2020 | | -8.8% | | -11.3% | -21.9% | -3.6% | - |
| CY 2020 to CY 2021 | | 5.1% | | 4.0% | 14.5% | 6.5% | |
| 2019 to CY 2021 (Annualized) | | -2.1% | -3.6% | -4.0% | -5.5% | 1.3% | |

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

| | | | Exhibit 7C | | | | |
|------------------------------|---------------|---------------------|--------------------------|--------------------|------------------|-------------------|------------|
| | | | ssissippi Division of Me | | | | |
| | Missi | ssippiCAN Historica | I Completed Non-Pharn | nacy PMPM Costs an | d Trends | | |
| | | | Adults Population | | | | |
| | | | PMPM Costs by Mont | :h¹ | | | |
| | | Inpatient Hospital | | Physician | Dental | Other | Non-Pharma |
| Month | Member Months | Services | Services | Services | Services | Services | Total |
| January 2019 | 52,746 | \$35.19 | \$122.19 | \$148.00 | \$8.16 | \$13.39 | \$3: |
| February 2019 | 52,322 | \$34.35 | \$109.07 | \$132.17 | \$6.83 | \$12.22 | \$2 |
| March 2019 | 52,133 | \$38.90 | \$109.80 | \$131.68 | \$6.78 | \$11.63 | \$2 |
| April 2019 | 52,042 | \$43.33 | \$115.77 | \$139.16 | \$8.18 | \$12.41 | \$3 |
| May 2019 | 52,603 | \$47.01 | \$113.80 | \$141.06 | \$6.80 | \$13.08 | \$3 |
| June 2019 | 52,901 | \$39.49 | \$110.21 | \$129.08 | \$5.90 | \$12.31 | \$2 |
| July 2019 | 53,101 | \$41.79 | \$122.26 | \$140.13 | \$6.16 | \$13.15 | \$3 |
| August 2019 | 52,700 | \$39.94 | \$113.94 | \$143.42 | \$6.94 | \$14.34 | \$3 |
| September 2019 | 52,760 | \$40.08 | \$107.63 | \$135.36 | \$5.97 | \$13.46 | \$3 |
| October 2019 | 52,643 | \$43.55 | \$118.05 | \$148.56 | \$6.95 | \$14.38 | \$3 |
| November 2019 | 52,387 | \$37.49 | \$101.11 | \$126.50 | \$5.09 | \$13.30 | \$2 |
| December 2019 | 52,385 | \$35.02 | \$106.72 | \$129.86 | \$5.03 | \$12.96 | \$2 |
| CY 2019 ³ | 52,560 | \$39.68 | \$112.55 | \$137.08 | \$6.57 | \$13.05 | \$3 |
| January 2020 | 51,740 | \$47.01 | \$115.91 | \$151.37 | \$6.45 | \$14.50 | \$3 |
| February 2020 | 51,070 | \$39.72 | \$104.73 | \$136.29 | \$6.13 | \$13.03 | \$2 |
| March 2020 | 50,820 | \$32.10 | \$89.82 | \$124.16 | \$5.60 | \$12.13 | \$2 |
| April 2020 | 50,620 | \$32.10 | \$69.62 \$59.10 | \$124.10 | \$2.82 | \$9.86 | ⊅∠ \$1 |
| • | 51,903 | \$23.90 | \$83.27 | \$100.82 | \$2.82 \$4.70 | \$9.00 \$11.84 | \$1 |
| May 2020 | , | | | | | | |
| June 2020 | 53,590 | \$39.78 | \$99.56 | \$137.25 | \$7.08 | \$12.05 | \$2 |
| July 2020 | 55,460 | \$45.56 | \$102.92 | \$136.26 | \$6.52 | \$12.38 | \$3 |
| August 2020 | 56,368 | \$52.63 | \$99.06 | \$129.72 | \$6.01 | \$12.32 | \$2 |
| September 2020 | 57,006 | \$35.69 | \$93.39 | \$131.10 | \$6.19 | \$12.16 | \$2 |
| October 2020 | 57,418 | \$33.33 | \$96.68 | \$132.78 | \$5.91 | \$12.76 | \$2 |
| November 2020 | 58,070 | \$33.87 | \$94.78 | \$119.53 | \$5.02 | \$11.71 | \$2 |
| December 2020 | 58,626 | \$35.48 | \$92.22 | \$126.45 | \$5.05 | \$11.49 | \$2 |
| CY 2020 ³ | 54,397 | \$38.13 | \$94.29 | \$128.70 | \$5.62 | \$12.19 | \$2 |
| January 2021 | 59,089 | \$39.84 | \$90.80 | \$121.41 | \$5.19 | \$12.05 | \$2 |
| February 2021 | 59,414 | \$28.31 | \$79.03 | \$104.49 | \$4.63 | \$9.52 | \$2 |
| March 2021 | 59,864 | \$35.90 | \$101.24 | \$130.34 | \$5.66 | \$11.77 | \$2 |
| April 2021 | 60,010 | \$32.59 | \$99.73 | \$127.33 | \$6.30 | \$10.74 | \$2 |
| May 2021 | 60,641 | \$38.33 | \$97.19 | \$119.76 | \$4.84 | \$11.06 | \$2 |
| June 2021 | 61,139 | \$41.28 | \$103.00 | \$130.16 | \$5.18 | \$11.45 | \$2 |
| July 2021 | 59,248 | \$47.82 | \$97.38 | \$123.79 | \$4.15 | \$11.35 | \$2 |
| August 2021 | 56,422 | \$67.01 | \$98.19 | \$139.10 | \$4.58 | \$12.62 | \$3 |
| September 2021 | 55,101 | \$49.25 | \$97.16 | \$133.62 | \$4.71 | \$11.77 | \$2 |
| October 2021 | 53,607 | \$39.49 | \$97.95 | \$123.31 | \$4.31 | \$11.66 | \$2 \$2 |
| November 2021 | 52,343 | \$44.99 | \$89.25 | \$123.24 | \$4.42 | \$11.37 | \$2 |
| December 2021 | 51,472 | \$40.21 | \$97.08 | \$122.43 | \$4.01 | \$11.75 | \$2 |
| CY 2021 ³ | 57,363 | \$42.09 | \$95.67 | \$124.92 | \$4.83 | \$11.43 | \$2 |
| | | | Annual PMPM Trend | e | | | |
| CY 2017 to CY 2018 | | -6.2% | | 1.3% | -14.4% | 4.5% | |
| CY 2018 to CY 2019 | | -5.8% | -1.3% | 2.4% | -14.4% | 5.1% | |
| CY 2019 to CY 2020 | | -3.9% | | -6.1% | -14.4% | -6.6% | |
| CY 2020 to CY 2021 | | 10.4% | | -2.9% | -14.1% | -6.2% | |
| 2019 to CY 2021 (Annualized) |) | 3.0% | | -4.5% | -14.2% | -6.4% | |

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 | | | | |
|------------------------------|---------------|--------------------------------|---------------------------------|-----------------------|--------------------|-------------------|---------------------|
| | | Mi | ssissippi Division of Me | edicaid | | | |
| | Missi | ssippiCAN Historica | I Completed Non-Pharr | | d Trends | | |
| | | | Children Population | | | | |
| | | | PMPM Costs by Mon | th ¹ | | | |
| Month | Member Months | Inpatient Hospital Services | Outpatient Hospital Services | Physician Services | Dental Services | Other Services | Non-Pharma Total |
| January 2019 | 320,319 | \$55.67 | \$39.04 | \$80.84 | \$26.28 | \$6.29 | \$20 |
| February 2019 | 319,327 | \$53.10 | \$40.46 | \$81.85 | \$23.00 | \$5.50 | \$2 |
| March 2019 | 318,406 | \$57.85 | \$35.01 | \$71.62 | \$23.53 | \$6.01 | \$1 |
| April 2019 | 318,338 | \$59.07 | \$36.74 | \$75.32 | \$24.60 | \$6.44 | \$2 |
| May 2019 | 319,304 | \$59.21 | \$35.26 | \$68.20 | \$20.94 | \$5.60 | \$1 |
| June 2019 | 319,726 | \$57.16 | \$35.91 | \$58.33 | \$22.26 | \$5.20 | \$1 |
| July 2019 | 318,036 | \$60.63 | \$35.85 | \$67.68 | \$27.46 | \$6.93 | \$1 |
| August 2019 | 315,611 | \$58.67 | \$33.71 | \$76.99 | \$26.11 | \$7.30 | \$2 |
| September 2019 | 314,977 | \$56.41 | \$35.03 | \$75.83 | \$24.40 | \$6.63 | \$1 |
| October 2019 | 315,760 | \$63.81 | \$38.29 | \$82.71 | \$27.99 | \$6.51 | \$2 |
| November 2019 | 317,116 | \$52.44 | \$37.62 | \$76.98 | \$22.49 | \$5.96 | \$1 |
| December 2019 | 319,306 | \$62.10 | \$38.31 | \$74.61 | \$19.96 | \$6.19 | \$2 |
| CY 2019 ³ | 318,019 | \$58.01 | \$36.77 | \$74.25 | \$24.09 | \$6.21 | \$1 |
| January 2020 | 319.102 | \$54.88 | \$37.18 | \$83.80 | \$25.00 | \$6.75 | \$2 |
| February 2020 | 316,814 | \$48.69 | \$36.25 | \$79.49 | \$22.97 | \$6.18 | \$1 |
| March 2020 | 315,499 | \$50.72 | \$26.87 | \$62.25 | \$14.56 | \$5.48 | \$1 |
| April 2020 | 315,874 | \$48.82 | \$11.98 | \$42.94 | \$1.09 | \$3.59 | \$1 |
| May 2020 | 319,025 | \$50.78 | \$19.86 | \$49.51 | \$12.08 | \$4.35 | \$1 |
| June 2020 | 325,575 | \$54.01 | \$24.97 | \$59.74 | \$19.55 | \$5.07 | \$1 |
| July 2020 | 331,246 | \$55.71 | \$25.32 | \$61.95 | \$21.02 | \$5.33 | \$1 |
| August 2020 | 336,372 | \$51.62 | \$25.07 | \$63.33 | \$20.74 | \$5.92 | \$1 |
| September 2020 | 339,721 | \$50.13 | \$26.69 | \$64.73 | \$20.88 | \$5.56 | \$1 |
| October 2020 | 343,702 | \$50.76 | \$27.87 | \$68.64 | \$21.55 | \$5.61 | \$1 |
| November 2020 | 348,308 | \$46.67 | \$25.89 | \$62.27 | \$18.85 | \$5.25 | \$1 |
| December 2020 | 352.599 | \$55.21 | \$25.10 | \$61.11 | \$18.58 | \$5.17 | \$1 |
| CY 2020 ³ | 330,320 | \$51.50 | \$25.10 \$26.09 | \$63.31 | \$18.07 | \$5.36 | \$1 |
| laws and 0001 | 250.000 | * -7 00 | * 05.40 | ¢00.40 | \$40.4F | | ¢4 |
| January 2021 | 356,200 | \$57.23 | \$25.49 | \$63.40 \$56.58 | \$19.45 | \$5.15 \$4.71 | \$1 ¢1 |
| February 2021 | 358,593 | \$50.63 | \$21.90 | \$56.58 | \$16.87 | \$4.71 | \$1 |
| March 2021 | 360,981 | \$59.18 | \$30.18 | \$68.64 | \$23.23 | \$6.07 | \$1 |
| April 2021 | 361,341 | \$55.59 | \$31.31 | \$71.55 | \$20.58 | \$5.82 | \$1 |
| May 2021 | 363,512 | \$60.41 | \$32.23 | \$66.82 | \$17.49 | \$5.85 | \$1 |
| June 2021 | 365,424 | \$63.46 | \$35.35 | \$67.15 | \$19.90 | \$6.20 | \$1 |
| July 2021 | 351,735 | \$57.70 | \$36.07 | \$70.98 | \$20.83 | \$6.32 | \$1 |
| August 2021 | 333,945 | \$59.35 | \$35.86 | \$91.49 | \$20.14 | \$6.10 | \$2 |
| September 2021 | 322,748 | \$54.14 | \$32.79 | \$80.85 | \$21.74 | \$5.81 | \$1 |
| October 2021 | 313,567 | \$54.84 | \$33.66 | \$76.76 | \$21.28 | \$6.23 | \$1 |
| November 2021 | 305,361 | \$49.26 | \$33.14 | \$77.69 | \$22.14 | \$5.58 | \$1 |
| December 2021 | 299,450 | \$49.62 | \$33.90 | \$73.19 | \$19.33 | \$5.45 | \$1 |
| CY 2021 ³ | 341,071 | \$55.95 | \$31.82 | \$72.09 | \$20.25 | \$5.77 | \$1 |
| | | | Annual PMPM Trend | | | | |
| CY 2017 to CY 2018 | | 8.7% | | 3.8% | -6.5% | 3.6% | |
| CY 2018 to CY 2019 | | 8.9% | | 10.1% | 0.0% | 8.5% | |
| CY 2019 to CY 2020 | | -11.2% | | -14.7% | -25.0% | -13.8% | - |
| CY 2020 to CY 2021 | | 8.6% | | 13.9% | 12.0% | 7.8% | |
| 2019 to CY 2021 (Annualized) |) | -1.8% | -7.0% | -1.5% | -8.3% | -3.6% | |

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

| | | | Exhibit 7E | | | | |
|-----------------------------|------------|-----------------------|--------------------------|--------------------|------------------|----------|--------------|
| | | Mi | ssissippi Division of Me | dicaid | | | |
| | Mis | sissippiCAN Historica | I Completed Non-Pharn | nacy PMPM Costs an | d Trends | | |
| | | | Deliveries | | | | |
| | | F | er-Delivery Costs by M | onth | | | |
| | | | Outpatient Hospital | Physician | Dental | Other | Non-Pharmacy |
| Month | Deliveries | Services | Services | Services | Services | Services | Total |
| January 2019 | 1,695 | \$3,986.61 | \$6.36 | \$1,127.91 | \$0.05 | \$19.20 | \$5,140. |
| February 2019 | 1,415 | \$3,944.71 | \$12.76 | \$1,101.04 | \$0.04 | \$17.57 | \$5,076. |
| March 2019 | 1,508 | \$3,983.59 | \$8.37 | \$1,088.77 | \$0.00 | \$19.28 | \$5,100. |
| April 2019 | 1,468 | \$3,904.85 | \$9.85 | \$1,086.34 | \$0.08 | \$26.65 | \$5,027. |
| May 2019 | 1,493 | \$4,103.76 | \$14.23 | \$1,123.88 | \$0.00 | \$21.75 | \$5,263. |
| June 2019 | 1,449 | \$3,936.77 | \$15.86 | \$1,076.32 | \$0.00 | \$21.09 | \$5,050. |
| July 2019 | 1,797 | \$3,864.92 | \$12.67 | \$1,074.26 | \$0.00 | \$15.48 | \$4,967. |
| August 2019 | 1,721 | \$3,920.93 | \$10.89 | \$1,113.94 | \$0.03 | \$20.65 | \$5,066. |
| September 2019 | 1,717 | \$3,975.27 | \$12.86 | \$1,123.17 | \$0.17 | \$17.94 | \$5,129. |
| October 2019 | 1,732 | \$4,080.55 | \$13.20 | \$1,178.12 | \$0.00 | \$22.64 | \$5,294. |
| November 2019 | 1,522 | \$3,936.21 | \$13.54 | \$1,162.09 | \$0.00 | \$25.46 | \$5,137. |
| December 2019 | 1,741 | \$4,067.36 | \$8.60 | \$1,161.10 | \$0.00 | \$21.76 | \$5,258. |
| CY 2019 ³ | 1,605 | \$3,975.46 | \$11.60 | \$1,118.08 | \$0.03 | \$20.79 | \$5,125. |
| January 2020 | 1,684 | ¢4.005.64 | ¢15.00 | ¢4 440 07 | \$0.07 | ¢46.04 | ¢E 40E |
| January 2020 | , | \$4,005.61 | \$15.08 | \$1,148.37 | | \$16.84 | \$5,185 |
| February 2020 | 1,417 | \$3,978.15 | \$11.18 | \$1,144.31 | \$0.00 | \$26.62 | \$5,160 |
| March 2020 | 1,479 | \$3,996.25 | \$11.88 | \$1,122.11 | \$0.00 | \$20.04 | \$5,150 |
| April 2020 | 1,405 | \$3,950.93 | \$10.50 | \$1,125.32 | \$0.21 | \$19.14 | \$5,106 |
| May 2020 | 1,449 | \$4,018.44 | \$16.20 | \$1,162.58 | \$0.00 | \$19.58 | \$5,216 |
| June 2020 | 1,557 | \$3,964.22 | \$13.32 | \$1,141.01 | \$0.00 | \$19.67 | \$5,138 |
| July 2020 | 1,668 | \$3,983.33 | \$13.39 | \$1,168.78 | \$0.00 | \$14.82 | \$5,180 |
| August 2020 | 1,708 | \$4,139.11 | \$11.13 | \$1,193.06 | \$0.00 | \$17.68 | \$5,360 |
| September 2020 | 1,698 | \$3,954.77 | \$6.72 | \$1,125.55 | \$0.07 | \$15.07 | \$5,102 |
| October 2020 | 1,553 | \$3,884.76 | \$11.65 | \$1,184.50 | \$0.00 | \$18.76 | \$5,099 |
| November 2020 | 1,535 | \$3,846.04 | \$12.77 | \$1,120.32 | \$0.00 | \$22.37 | \$5,001 |
| December 2020 | 1,491 | \$3,792.28 | \$9.23 | \$1,147.52 | \$0.00 | \$17.87 | \$4,966 |
| CY 2020 ³ | 1,554 | \$3,959.49 | \$11.92 | \$1,148.62 | \$0.03 | \$19.04 | \$5,139 |
| January 2021 | 1,407 | \$4,269.88 | \$12.37 | \$1,149.08 | \$0.00 | \$17.68 | \$5,449 |
| , | 1,407 | | | | \$0.00 \$0.04 | | |
| February 2021 | , - | \$4,338.51 | \$7.37 | \$1,105.84 | | \$15.96 | \$5,467 |
| March 2021 | 1,459 | \$4,219.80 | \$9.95 | \$1,093.70 | \$0.00 | \$19.23 | \$5,342 |
| April 2021 | 1,218 | \$4,353.13 | \$10.97 | \$1,139.38 | \$0.00 | \$15.08 | \$5,518 |
| May 2021 | 1,331 | \$4,216.00 | \$10.05 | \$1,101.03 | \$0.00 | \$19.13 | \$5,346 |
| June 2021 | 1,424 | \$4,281.00 | \$12.71 | \$1,107.79 | \$0.00 | \$23.12 | \$5,424 |
| July 2021 | 1,356 | \$4,403.17 | \$9.99 | \$1,115.62 | \$0.00 | \$13.70 | \$5,542 |
| August 2021 | 1,480 | \$4,574.54 | \$11.38 | \$1,112.47 | \$0.00 | \$20.46 | \$5,718 |
| September 2021 | 1,398 | \$4,436.80 | \$7.97 | \$1,147.27 | \$0.00 | \$13.67 | \$5,605 |
| October 2021 | 1,354 | \$4,347.47 | \$6.05 | \$1,100.21 | \$0.08 | \$11.60 | \$5,465 |
| November 2021 | 1,193 | \$4,330.23 | \$11.26 | \$1,102.57 | \$0.04 | \$17.15 | \$5,461 |
| December 2021 | 1,258 | \$4,335.88 | \$11.09 | \$1,093.18 | \$0.00 | \$17.63 | \$5,457 |
| CY 2021 ³ | 1,349 | \$4,342.20 | \$10.10 | \$1,114.01 | \$0.01 | \$17.04 | \$5,483 |
| | | | Annual PMPM Trend | c | | | |
| CY 2017 to CY 2018 | | 1.7% | | -2.4% | 145.9% | 46.1% | 1 |
| CY 2018 to CY 2019 | | 0.4% | | -2.4% | 12.8% | -35.8% | -0 |
| CY 2019 to CY 2020 | | -0.4% | | 2.7% | -3.4% | -8.4% | C |
| CY 2020 to CY 2021 | | 9.7% | | -3.0% | -52.4% | -10.5% | 6 |
| 019 to CY 2021 (Annualized) | | 4.5% | | -0.2% | -32.2% | -9.5% | 3 |

² CY 2019, and CY 2020 assumed to be fully complete with no explicit IBNR adjustment.

| | | Mississ | Exhibit 8A sippi Division c | | | | | | |
|---------------------------------------|-----------------|-------------------------------|--|-----------------|-------------------------------|--|-----------------|-------------------------------|--|
| | | | sissippiCAN P | | | | | | |
| | | | x Trends by TI | | SS | | | | |
| | 5 | SSI Populatio | | | dult Populatio | on | Chi | Idren Popula | tion |
| Drug Class | 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 | СҮ 2021 РМРМ | 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% |

| | | Mississ | Exhibit 8A sippi Division o | of Medicaid | | | | | |
|---|----------|---------------|--------------------------------|-------------|---------------|-------------|---------|--------------|-------------|
| | | Mis | sissippiCAN P | rogram | | | | | |
| | | | x Trends by Th | | | | | | |
| | 5 | SSI Populatio | n | A | dult Populati | on | Chi | ldren Popula | tion |
| | | | Annualized | | | Annualized | | | Annualized |
| | | Projected | CY 2021 | | Projected | CY 2021 | | Projected | CY 2021 |
| | CY 2021 | SFY 2024 | to SFY 2024 | CY 2021 | SFY 2024 | to SFY 2024 | CY 2021 | SFY 2024 | to SFY 2024 |
| Drug Class | PMPM | PMPM | PMPM Trend | PMPM | PMPM | PMPM Trend | PMPM | PMPM | 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% |

| | | | Exhil | bit 9 | | | | |
|--------------------------------|----------------------------------|----------------|-------------------|---------------------|----------------|----------------|----------------|----------------|
| | | | Mississippi Divis | ion of Medicaid | | | | |
| | | SFY 2024 I | | apitation Rate Deve | olopment | | | |
| | Maallaal Dautiau | COVID-19 | Enhanced Ma | tch Services | | | | |
| | Medical Portion of Capitation | Vaccine | Family Planning | Breast and | Indian Health | Home Health | | Private Dutv |
| | Rate | Administration | (Non-waiver) | Cervical Cancer | Services | Services | Rehab Services | Nursing |
| on-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 | 10.00 |
| - | | | | | | | | |
| reast 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 |
| A 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 | 0.10 | 0.37 | 1.16 | 0.00 |
| South Region | 513.81 | 1.13 | 4.87 | 0.00 | 0.19 | 0.37 | 1.15 | 0.00 |
| - | | | | | | | | |
| regnant 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 |
| SI / 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 | 4.53 | 0.00 | 90.85 |
| Coult Region | 7,000.04 | 0.00 | 0.00 | 0.00 | 0.00 | 4.75 | 0.00 | 50.05 |
| on-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 |
| on-SSI Newborns 3 to 12 Months | \$261.75 | \$0.00 | \$0.00 | \$0.00 | \$0.69 | \$0.05 | \$0.00 | \$1.13 |
| North Region | \$261.75 | \$0.00 0.00 | \$0.00 0.00 | \$0.00 0.00 | \$0.69 0.68 | \$0.05 0.05 | \$0.00 0.00 | \$1.13 1.12 |
| Central Region | 256.43 268.51 | 0.00 | 0.00 | 0.00 | 0.68 | 0.05 | | 1.12 |
| South Region | 268.51 257.53 | 0.00 | 0.00 | 0.00 | 0.71 | 0.05 | 0.00 0.00 | 1.16 |
| South Region | 207.53 | 0.00 | 0.00 | 0.00 | 0.08 | 0.05 | 0.00 | 1.11 |
| oster 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 |
| YPAC | \$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 | 11.42 | 0.00 |
| South Region | 3,355.82 | 1.05 | 2.33 | 0.00 | 0.00 | 0.00 | 11.38 | 0.00 |
| | 0,000.02 | | 2.20 | 0.00 | 0.00 | 0.00 | | 0.00 |
| A 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 |
| uasi-CHIP | \$212.89 | \$1.11 | \$2.00 | \$0.00 | \$0.29 | \$0.01 | \$3.97 | \$0.00 |
| | | 1.10 | 1.97 | 0.00 | 0.29 | 0.01 | 3.92 | 0.00 |
| North Region | | | | | | | | |
| North Region Central Region | 210.19 218.38 | 1.10 | 2.05 | 0.00 | 0.20 | 0.01 | 4.07 | 0.00 |

| | | | | | | Exhibit 10A | | | | | | | | |
|---|---------------------------------|----------------------|------------------------------|------------------------|----------------------------|--------------------------------------|------------------------|-------------------------|--------------------------|-------------------------|-----------------------|----------------------------------|--------------------------------|-------------------------------------|
| | | | | | Mi | exhibit for ssissippi Division of | Medicaid | | | | | | | |
| | | | | | | Y 2021 MississippiC | | laims | | | | | | |
| | | | | | | nary of Total Costs | | | | | | | | |
| 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 |
| | | | | | | | | | | | | | | |
| | | Breast and | | | | | Total Allowe | d Cost Non-SSI | Non-SSI | | | | | |
| | Non-Newborn | Cervical | MA Adult - Non- | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | | Newborns 3 to | | | | | All MSCAN Rate |
| Service Category | SSI / Disabled | Cancer | Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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 | \$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 |
| Skilled Nursing Facility | \$4,713 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,713 |
| Missing Data Inpatient Behavioral Health Total | \$321,171 \$7,368,400 | \$664 \$0 | \$64,726 \$805,357 | \$40,066 \$0 | \$8,029 \$45,207 | \$137,597 \$0 | \$64,369 \$0 | \$231,381 \$0 | \$17,342 \$0 | \$2,844 \$16,546,301 | \$628 \$3,010,904 | \$112,359 \$25,071,862 | \$12,238 \$2,668,744 | \$1,013,416 \$55,516,77 4 |
| Inpatient Benavioral Realth Total | \$126,130,856 | \$273,566 | \$23,988,835 | \$15,339,129 | \$45,207 \$3,251,104 | \$0 \$51,010,270 | əu \$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 | \$120,130,030 | \$275,500 | \$23,500,033 | \$15,555,125 | <i>\$</i> 3,231,104 | \$51,010,270 | <i>\$</i> 20,250,400 | \$ 52,035,255 | \$0,504,075 | \$10,417,200 | \$4,005,425 | \$54,057,364 | \$5,040,354 | \$422,020,030 |
| 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 | ¢22,000,004 \$0 | \$0 | \$0 | \$0 | \$0 | \$00,702 | \$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 | \$566,500 | \$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 \$7,395,036 | \$1,024 \$13,769 | \$658,179 \$4,726,002 | \$0 \$15,278 | \$66,227 \$1,214,250 | \$0 \$58,919 | \$789 \$83,211 | \$1,878 \$513,102 | \$113,962 \$1,682,305 | \$76,122 \$191,079 | \$13,294 \$78,903 | \$2,563,864 \$9,380,426 | \$283,353 \$701,414 | \$4,140,178 \$26,053,694 |
| ER Visits and Observation Care OP Surgery | \$11,146,181 | \$120,146 | \$5,891,490 | \$15,278 | \$1,214,250 | \$1,245 | \$100,054 | \$211,009 | \$838,249 | \$374,165 | \$45,429 | \$9,360,426 | \$1,077,100 | \$20,053,094 \$30,864,677 |
| Physical Therapy | \$8,126,988 | \$12,436 | \$1,379,715 | \$179 | \$40,330 | \$1,245 | \$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 Other Services | \$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 |
| 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 | \$9,399,082 \$8,433,615 | \$14,684 \$47,169 | \$2,544,149 \$888,161 | \$87,803 | \$434,239 \$197,050 | \$169,891 | \$125,108 | \$772,501 \$32,220 | \$109,594 | \$146,924 \$30,955 | \$124,493 \$31,111 | \$3,978,738 \$1,113,900 | \$337,317 \$61,989 | \$18,645,278 |
| DME | \$19,249,003 | \$47,109 | \$2,408,939 | \$1,682 | \$197,050 \$262,612 | | \$624,281 | \$98,965 | \$556,710 | \$564,533 | \$31,111 \$18.131 | \$5,679,924 | \$932,499 | \$30,451,300 |
| Glasses / Contacts | \$1,198,643 | \$48,309 | \$2,406,939 | \$1,082 | \$152,224 | \$5,651 | ۶024,201 \$148 | \$98,985 | \$1,654 | \$159,670 | \$26,825 | \$4,186,406 | \$932,499 \$628,251 | \$7,174,331 |
| Other | \$10.973.062 | \$32,309 | \$123.013 | \$00 \$0 | \$7.733 | \$103 | \$408.038 | \$9.107 | \$236.380 | \$390.802 | \$20,823 | \$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 | \$10,234 \$0 | \$3.304 | \$0 \$0 | \$0 | \$0 \$0 | \$0,102 | \$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 40D | | | | | | | | |
|------------------------------------|-------------------------------|-------------------------|------------------------------|--------------------------|------------------------------------|---------------------------------------|--------------------|---------------------------|----------------------------|----------------------------|-------------------|-----------------------|-----------------------|-------------------------|
| | | | | | Mie | Exhibit 10B sissippi Division of I | lediesid | | | | | | | |
| | | | | | | 2021 MississippiCA | | ims | | | | | | |
| | | | | | | ary of Allowed PMPM | | iiiis | | | | | | |
| | | | | | | , | , | | | | | | | |
| 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 | | | | | | | |
| | N N | Breast and | | B . P | | B .P | 001/01-11-1 | Non-SSI | Non-SSI | | | | | |
| Service Category | Non-Newborn SSI / Disabled | Cervical Cancer | MA Adult - Non-Deliveries | Deliveries - MA Adult | Pregnant Women - Non-Deliveries | Deliveries - Pregnant Women | Newborn | Newborns 0 to 2 Months | Newborns 3 to 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | All MSCAN Rate Cells |
| Inpatient Facility Services | SOI / Disabled | Gancer | Non-Deriveries | MA Addit | Non-Deriveries | r regnant women | Newborn | 2 10011113 | 12 10011113 | l'Oster Gare | MITAG | MA Onnuren | Quasi-orm | Nate Gens |
| 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 |
| 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 | | \$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 | | \$50.54 | \$20.72 | | \$7.20 | \$22.44 | \$8.52 | \$6.20 | \$14.23 |
| Urgent Care | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | \$0.00 | \$0.01 | \$0.00 | \$0.00 | \$0.00 |
| Radiology / Pathology | \$31.58 | \$267.72 | \$21.10 | \$0.01 | \$28.23 | | \$31.50 | + | | \$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 | | | \$10.55 | \$2.65 | \$2.71 | \$1.27 | \$2.59 |
| Pharmacy | \$47.86 | \$488.42 | \$10.33 | \$0.01 | \$10.47 | | | | | \$1.14 | \$2.44 | \$1.59 | \$1.63 | \$9.03 |
| Other Missing Data | \$75.40 \$0.61 | \$254.31 \$2.35 | \$36.01 \$0.31 | \$0.05 \$0.00 | \$32.85 \$0.30 | | \$130.19 \$0.64 | \$18.53 \$0.18 | | \$17.40 \$0.11 | \$19.32 \$0.37 | \$10.76 \$0.12 | \$9.90 \$0.12 | \$23.12 \$0.21 |
| Outpatient Behavioral Health Total | \$0.81 \$4.80 | \$2.55 \$0.00 | \$0.31 \$0.02 | \$0.00 \$0.00 | \$0.30 \$0.00 | | \$0.04 \$0.00 | \$0.18 \$0.00 | | \$10.55 | \$0.37 \$2.65 | \$0.12 \$2.70 | \$0.12 \$1.27 | \$0.21 \$2.52 |
| Outpatient Benavioral Health Total | \$4.80 \$190.64 | \$0.00 \$1,037.93 | \$0.02 \$93.37 | \$0.00 | \$0.00 \$100.85 | | | | \$0.00 | \$10.55 | \$2.65 \$62.37 | \$2.70 | \$1.27 \$24.50 | \$2.52 \$60.88 |
| Physician Services | \$150.04 | \$1,037.93 | \$33.3 <i>1</i> | \$0.00 | \$100.0 5 | 40.55 | <i>\$</i> 215.55 | \$50.97 | \$50.74 | <i>φ</i> 4 2.03 | <i>\$</i> 02.37 | ş25.45 | <i>\$</i> 24.50 | \$00.00 |
| 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 | | \$66.50 | | \$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 | | \$74.69 | | \$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 | | | | | \$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 | | \$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 | | \$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 | | \$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 | | \$0.60 | \$0.16 | | \$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 | \$007 M | 0540.04 | 0 110 00 | 00 45 | A00 50 | 6 0.05 | \$ 500.40 | 0 11.05 | * ~~ ~~ | * *** | 6 400.04 | * 00 77 | * ~~ -- | * 70.07 |
| Pharmacy | \$327.41 | \$548.61 | \$113.23 | \$0.15 | \$39.58 | | \$599.12 | | | \$89.40 | \$180.84 | \$28.77 | \$38.57 | \$79.97 |
| Missing Data | \$0.95 | \$1.40 | \$0.32 | \$0.00 | \$0.10 | | \$1.12 | | \$0.07 | \$0.21 | \$0.32 | \$0.10 | \$0.13 | \$0.24 |
| Pharmacy Total Dental Services | \$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 | \$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 | \$0.32 \$0.03 | \$0.01 | \$0.01 | \$0.00 | \$0.01 | | | | | \$24.90 \$0.04 | \$0.02 | \$0.06 | \$28.08 \$0.10 | \$0.05 |
| Dental Total | \$8.35 | \$3.57 | \$5.11 | \$0.00 \$0.00 | \$3.62 | | \$0.00 \$0.77 | \$0.59 | | \$0.04 \$24.94 | \$30.61 | \$21.36 | \$28.18 | \$16.89 |
| Other Services | ¥0.00 | <i>40.01</i> | ψ0.11 | 40.00 | ψ3.02 | φ0.00 | <i>40.11</i> | ÷0.55 | ÷1.05 | ψ 2 4. 34 | 400.01 | φ21.00 | ψ±0.10 | ÷10.00 |
| 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 | | \$22.76 | | | \$0.39 | \$3.17 | \$0.33 | \$0.18 | \$2.00 |
| DME | \$25.82 | \$28.32 | \$4.22 | \$0.00 | \$2.23 | | | \$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 | | \$0.03 | \$0.00 | | \$2.00 | \$2.73 | \$1.25 | \$1.80 | \$1.30 |
| Other | \$14.72 | \$18.92 | \$0.22 | \$0.00 | \$0.07 | | \$79.29 | | | \$4.90 | \$1.73 | \$0.36 | \$0.30 | \$2.44 |
| Missing Data | \$7.13 | \$5.75 | \$1.68 | \$0.02 | \$1.13 | | \$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 | \$0.41 | \$0.61 | \$0.15 | \$0.22 | \$0.24 |
| Other Total | \$73.21 | \$91.06 | \$13.56 | \$0.18 | \$10.10 | | \$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 | | | | | | | | |
|--|----------------|------------|----------------|--------------|------------------|-----------------------|------------------|----------|-----------|-------------|--------|--------------|------------|------------|
| | | | | | Mis | sissippi Division of | Medicaid | | | | | | | |
| | | | | | | 2021 MississippiC | | aims | | | | | | |
| | | | | | Summ | nary of Total Costs I | 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 Allow | ed Cost | | | | | | |
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| Our day Outerman | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | | | F | | MA Oblighton | | All MSCAN |
| Service Category Inpatient Facility Services | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | Rate Cells |
| 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% | | | | | 1.2% | 0.2% | 2.4% | 2.3% | 4.9% |
| Maternity / Deliveries | 0.3% | 0.0% | | 77.5% | 5.8% | | | | | 0.2% | 0.0% | 0.7% | 0.6% | 9.2% |
| Psychiatric / Substance Abuse | 3.0% | 0.2% | 1.6% | 0.0% | 0.3% | | | | | 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% | | 0.2% | 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% | | | 1.2% | | 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% |
| Radiology / Pathology | 3.3% | 9.9% | 5.6% | 0.0% | 7.7% | | | 0.6% | | 1.2% | 0.5% | 3.6% | 3.1% | 3.3% |
| Psychiatric / Alcohol & Drug Abuse | 0.5% | 0.0% | | 0.0% | 0.0% | | | | | 2.0% | 0.1% | 1.7% | 0.7% | 0.7% |
| Pharmacy | 4.9% | 18.0% | | 0.0% | 2.9% | | | | | 0.2% | 0.1% | 1.0% | 0.9% | 2.6% |
| Other | 7.8% | 9.4% | 9.5% | 0.1% | 9.0% | | | | | 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% | 0.1% | 0.1% |
| Outpatient Behavioral Health Total | 0.5% | 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% | | | | | 0.0% | 0.5% | 0.3% | 0.3% | 0.4% |
| Office / Home Visits | 4.6% | 3.1% | | 0.2% | 3.1% | | | | | 4.9% | 1.2% | 12.3% | 10.9% | 7.2% |
| Preventive Exams & Immunizations | 0.6% | 0.3% | | 0.8% | 25.7% | | | | | 1.5% | 0.3% | 4.3% | 2.8% | 3.4% |
| Urgent Care Visits | 0.0% | 0.0% | 0.3% | 0.0% | 0.2% | | | | | 0.2% | 0.0% | 0.5% | 0.5% | 0.2% |
| ER Visits and Observation Care | 1.0% | 0.3% | 2.2% | 0.1% | 2.8% | | | | | 0.4% | 0.3% | 1.7% | 1.2% | 1.3% |
| OP Surgery | 1.5% | 2.6% | 2.7% | 0.0% | 0.7% | | | | | 0.9% | 0.1% | 2.0% | 1.8% | 1.6% |
| Physical Therapy | 1.1% | 0.3% | 0.6% | 0.0% | 0.1% | | | | | 1.8% | 0.1% | 1.7% | 1.2% | 1.1% |
| Psychiatric / Substance Abuse | 4.1% | 0.3% | 2.1% | 0.0% | 0.6% | 0.0% | 0.0% | 0.0% | 0.0% | 9.2% | 59.8% | 5.9% | 6.1% | 4.7% |
| Radiology / Pathology | 1.7% | 3.7% | 4.7% | 0.7% | 13.4% | | | | | 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% | | 0.4% | 10.8% | | | | | 16.5% | 5.7% | 17.9% | 22.5% | 22.6% |
| Missing Data | 0.1% | 0.1% | | 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 | 0.001 | 0.454 | | 0.000 | | 0 | 0.000 | 0 | o ==+ | | | 10.001 | | |
| Dental Mission Data | 0.9% | 0.1% | | 0.0% | 1.0% | | | | | 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% | 0.1% | 0.0% |
| Dental Total Other Services | 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% |
| 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 | 1.3% | 1.0% | | 0.4% | 0.5% | | | | | 0.3% | 0.4% | 0.2% | 0.0% | 0.6% |
| DME | 2.7% | 1.0% | 1.1% | 0.0% | 0.5% | | | | | 1.3% | 0.1% | 1.1% | 1.6% | 1.6% |
| Glasses / Contacts | 0.2% | 0.1% | | 0.0% | 0.0% | | | | | 0.4% | 0.1% | 0.8% | 1.0% | 0.4% |
| Other | 1.5% | 0.7% | | 0.0% | 0.4% | | | | | 0.9% | 0.1% | 0.8% | 0.2% | 0.4% |
| Missing Data | 0.7% | 0.2% | | 0.1% | 0.3% | | | | | 1.3% | 0.1% | 1.2% | 1.1% | 0.7% |
| Other Behavioral Health Total | 0.1% | 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% | | 3.8% | 0.8% | 3.3% | 4.3% | 0.8% | 4.2% | 4.5% | 4.9% |
| Total Behavioral Health | 6.1% | 0.3% | | 0.0% | 0.7% | | | | | 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 |
| | | | | | | | Utilization/1 | | | | | | | |
| | | Breast and | | - | | - | | Non-SSI | Non-SSI | | | | | |
| Service Category | Non-Newborn SSI / Disabled | Cervical Cancer | MA Adult - Non-Deliveries | Deliveries - MA Adult | Pregnant Women - Non-Deliveries | Deliveries - Pregnant Women | SSI / Disabled Newborn | Newborns 0 to 2 Months | 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 |

| | | | | | | | Average Cha | rge | | | | | | |
|-----------------------------------|----------------|-------------|----------------|--------------|------------------|----------------|----------------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|
| | | Breast and | | | | | | Non-SSI | Non-SSI | | | | | |
| | Non-Newborn | Cervical | MA Adult - | Deliveries - | Pregnant Women - | Deliveries - | SSI / Disabled | Newborns 0 to | Newborns 3 to | | | | | AII MSCAN |
| Service Category | SSI / Disabled | Cancer | Non-Deliveries | MA Adult | Non-Deliveries | Pregnant Women | Newborn | 2 Months | 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIP | 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

| | | | | | Percent of Total 2021 |
|----------|--------------------------------|---------------|--------------------------------|-----------------------|-----------------------|
| | | Rendering | Rendering | Mapped Broad | Allowed in COS and |
| COS | COS Description | Provider Code | Provider Type Description | Category of Service | 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 | RESPITE 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 | EV0 | 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 | EYEGLASS SERVICES | N00 | OPTOMETRIST | Physician, Other | 0.15% |
| 13 | EYEGLASS SERVICES | N01 | OPTICAL DISPENSARY | Other | 0.01% |
| 16 | DENTAL SCREENING | K00 | DENTIST, UNCLASSIFIED | Dental | 2.29% |
| 17 | EYEGLASS SCREENING | N00 | OPTOMETRIST | Physician, Other | 0.31% |
| 17 | EYEGLASS SCREENING | N01 | OPTICAL DISPENSARY | Other | 0.02% |
| 18 | HEARING SCREENING | M00 | AUDIOLOGIST | Other, Physician | 0.01% |
| 24 | MEDICAL SUPPLY (DME) | 100 | DME, MEDICAL EQUIP SUPPLIES | Other, Physician | 0.78% |
| 24 | MEDICAL SUPPLY (DME) | 100 | DME, HOME HEALTH | Other | 0.01% |
| 24 | MEDICAL SUPPLY (DME) | 103 | 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 24 | MEDICAL SUPPLY (DME) | ZAO | GROUP, PHYSICIANS | N/A - No Claims | 0.00% |
| 24 24 | MEDICAL SUPPLY (DME) | ZZ0 | | N/A - No Claims | 0.00% |
| 24 25 | · · · · · | T00 | | Physician | 0.13% |
| 25 25 | THERAPY SERVICES (OUTSIDE HH) | T01 | OCCUPATIONAL THERAPISTS | • | 0.22% |
| 25 25 | THERAPY SERVICES (OUTSIDE HH) | T01 | | Physician | |
| 25 28 | THERAPY SERVICES (OUTSIDE HH) | | SPEECH/LANGUAGE THERAPISTS | Physician | 0.21% |
| | NURSE SERVICES | S00 | | Physician | 0.15% |
| 28 | | S01 | NURSE MIDWIVES | Physician | 0.01% |
| 28 | | S02 | NURSE PRACTITIONER | Physician | 1.15% |
| 28 | | S05 | PRIVATE DUTY NURSING | Other | 0.17% |
| 28 | | S06 | | 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 Allowed Eligible | for 5% Assessment (A) | 9.97% |

5% Assessment Adjustment (B) = 1 - (A) * 0.05

0.9950

| Summary of F | Exhibit Mississippi Divisio Program, Population, | | | |
|---|--|---|--------------------------------------|-----------------------------------|
| Okanas | Ohan na Tura | Effective | Impacted | Where Reflected |
| Change | Change Type | Date | Rate Cells | in Rate Development Exhibit 2A |
| PDL Adjustment Seasonal Virus Adjustment | Program | Annually on January 1 March 15, 2021 | All | Exhibit 2A |
| | Program | | 7 | Exhibit 2A |
| Acuity Adjustment - Shift to FFS | Program | June 1, 2021 | MA Adult, MA Children, Quasi-CHIP | EXHIDIL ZA |
| 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, | All | Exhibit 2A |
| | | July 1, 2022 and | | |
| | | July 1, 2023 | | |
| Psychiatric Residential Treatment Facilities (PRTF) Fee Schedule Update | Reimbursement | May 1, 2022, | All | Exhibit 2A |
| | | January 1, 2023 | | |
| Restorative Dental Reimbursement Change | Reimbursement | July 1, 2022, | All | Exhibit 2A |
| 0 | | July 1, 2023 and | | |
| | | July 1, 2024 | | |
| 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 Sugical 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 | | | | | | | | | | | |
|--|-----------------|-------------------|------------------|-----------------------|-----------------|--|--|--|--|--|--|
| | | Non-Service | | Total | Total | | | | | | |
| | Medical Costs | Expenses | | Capitation Rate Prior | Capitation Rate | | | | | | |
| Cap Cell | PMPM | PMPM ¹ | Quality Withhold | to Withhold | after 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 Cells ¹ | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
|------------------------------------|--|-------------------------------|------------------|--------------------------------------|-----------------------------------|--|--|--|--|--|--|--|
| | Madiaal Oasta | Non-Service | | Total | Total | | | | | | | |
| Cap Cell | Medical Costs PMPM | Expenses PMPM ¹ | Quality Withhold | Capitation Rate Prior to Withhold | Capitation Rate after Withhold | | | | | | | |
| Non-Newborn SSI / Disabled | \$1,182.05 | \$142.20 | (\$13.24) | | \$1,311.01 | | | | | | | |
| Breast and Cervical Cancer | \$3,120.65 | \$355.08 | (\$34.76) | | \$3,440.97 | | | | | | | |
| MA Adult | \$504.72 | \$67.83 | (\$5.73) | | \$566.82 | | | | | | | |
| Pregnant Women | \$682.99 | \$87.40 | (\$7.70) | | \$762.69 | | | | | | | |
| SSI / Disabled Newborn | \$7,520.84 | \$838.28 | (\$83.59) | | \$8,275.52 | | | | | | | |
| Non-SSI Newborns 0 to 2 Months | \$2,039.54 | \$236.37 | (\$22.76) | | \$2,253.15 | | | | | | | |
| Non-SSI Newborns 3 to 12 Months | \$261.75 | \$41.15 | (\$3.03) | | \$299.87 | | | | | | | |
| Foster Care | \$644.45 | \$83.17 | (\$7.28) | | \$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 Cells ¹ | | | | | | | | | | | | |
| 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 Division | of Medicaid | 1 | | | | | | | | |
|--|---|--------------|---------------|--------------|--------------|------------------------|---------------|--------------------|----------------|----------------|-----------------|-----------------|-----------------|----------------|-----------------------|------------------------|
| | | | CY 2 | 2021 to SFY | | | | | ervice | | | | | | | |
| | | | | Percentag | e of CY 20 | 21 Paid | | | | CY | 2021 to SF | Y 2024 Unit | t Cost Trer | | | |
| Rate Cell Non-Newborn SSI / Disabled | Category of Service Inpatient Hospital Services | PPEC 0.0% | PDN 0.0% | ASC 0.0% | ASD 0.0% | HH 0.0% | PRTF 0.8% | All Other 99.2% | 0.00% | PDN 0.00% | ASC 0.00% | ASD 0.00% | HH 0.00% | PRTF 6.44% | All Other 0 -1.83% | Composite -1.76% |
| Non-Newborn SSI / Disabled | Outpatient Hospital Services | 0.0% | 0.0% | 0.0% | 0.0% | 1.3% | 0.8% | 99.2% 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 Non-Newborn SSI / Disabled | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 4.00% 0.00% | 4.00% 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 Breast and Cervical Cancer | Outpatient Hospital Services Physician Services | 0.0% 0.0% | 0.0% 0.0% | 1.2% 1.5% | 0.0% 0.0% | 0.7% 0.0% | 0.0% 0.0% | 98.1% 98.5% | 0.00% 0.00% | 0.00% 0.00% | 8.57% 5.88% | 0.00% 0.00% | 8.32% 0.00% | 0.00% 0.00% | 1.38% 2.05% | 1.53% 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 MA Adult | Other Services 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% | 2.12% | <u>2.12%</u> 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 MA Adult | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 4.00% 0.00% | 4.00% 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 Deliveries - MA Adult | Outpatient Hospital Services Physician Services | 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% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 2.04% 2.83% | 2.07% 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 Pregnant Women | Other Services 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% | 2.25% | 2.25% |
| 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 Pregnant Women | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 4.00% 0.00% | 4.00% 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 Deliveries - Pregnant Women | Outpatient Hospital Services Physician Services | 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% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 2.04% 2.83% | 2.06% 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 SSI / Disabled Newborn | Other Services 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% | 2.25% | 2.25% |
| 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 SSI / Disabled Newborn | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 2.50% 0.00% | 2.50% 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 Non-SSI Newborns 0 to 2 Months | Inpatient Hospital Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.1% | 0.0% 0.0% | 100.0% 99.9% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 14.80% | 0.00% 0.00% | 3.34% 2.54% | 3.34% 2.56% |
| Non-SSI Newborns 0 to 2 Months | Outpatient Hospital Services Physician Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% | 99.9% 100.0% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 2.54% | 2.56% |
| 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 Non-SSI Newborns 0 to 2 Months | Dental Services Other Services | 0.0% 0.0% | 0.0% 0.2% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 99.8% | 0.00% 0.00% | 0.00% 5.75% | 0.00% 0.00% | 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 1.86% | 0.00% |
| Non-SSI Newborns 3 to 12 Months | Inpatient Hospital Services | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 99.8% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | -1.04% | <u>1.87%</u> -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% | 0.0% 0.0% | 0.6% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 99.0% | 5.75% 0.00% | 0.00% 0.00% | -0.69% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 2.90% 2.50% | 2.89% 2.50% |
| Non-SSI Newborns 3 to 12 Months Non-SSI Newborns 3 to 12 Months | Drug Services Dental Services | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% 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 | 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 Foster Care | Inpatient Hospital Services Outpatient Hospital Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.4% | 0.0% 0.0% | 0.0% 0.0% | 77.2% 0.0% | 22.8% 99.6% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.85% | 0.00% 0.00% | 0.00% 0.00% | 5.77% 0.00% | -1.04% 2.54% | 4.27% 2.53% |
| Foster Care | Physician Services | 2.4% | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 99.6% 96.3% | 0.00% 5.75% | 0.00% | 0.85% | 0.00% 15.24% | 0.00% | 0.00% | 2.54% 2.90% | 2.53% 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 Foster Care | Dental Services Other Services | 0.0% 0.7% | 0.0% 26.4% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 72.8% | 0.00% 5.75% | 0.00% 5.75% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 1.22% | 0.00% 2.48% |
| MYPAC | Inpatient Hospital Services | 0.7% | 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 MYPAC | Physician Services Drug Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 1.60% 0.00% | 11.55% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.17% 2.50% | 0.17% 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% | 2.50% | 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 MA Children | Inpatient Hospital Services Outpatient Hospital Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.7% | 0.0% 0.0% | 0.0% 0.0% | 24.4% 0.0% | 75.6% 99.3% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 2.20% | 0.00% 0.00% | 0.00% 10.36% | 6.21% 0.00% | -1.04% 2.54% | 0.80% 2.54% |
| MA Children | Physician Services | 0.0% | 0.0% | 0.7% | 0.0% | 0.0% | 0.0% | 99.3% 98.3% | 0.00% 5.75% | 0.00% | 2.20% 1.80% | 0.00% 17.00% | 0.00% | 0.00% | 2.54% 2.90% | 2.54% 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 Quasi-CHIP | Other Services Inpatient Hospital Services | 0.1% | 3.0% | 0.0% | 0.0% | 0.0% | 0.0% | 96.9% 77.3% | 5.75% 0.00% | 5.75% 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 1.22% | 1.37% 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 Quasi-CHIP | Drug Services Dental Services | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 0.0% 0.0% | 100.0% 100.0% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 0.00% 0.00% | 2.50% 0.00% | 2.50% 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 14

| | | | | SFY 20: | Mississippi 24 MississippiC/ | Exhibit 15 Division of Me AN Capitation F Virus Adjustm | ate Development | : | | | | |
|--------------------------------|----------|------------------|----------|----------|---------------------------------|--|-----------------|-----------------------|--------|----------|---------|---------|
| | | SSI ¹ | | | Newborns ² | | | Children ³ | | 1 | Adults⁴ | |
| Year | 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.

Children include the CHIP Foster Care, MA Children, Quasi-CHIP, and MYPAC rate cells.
 Adults include the MA Adult, Pregnant Women, and Breast and Cervical Cancer rate cells.
 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.

| | | | | | SFY : | Mississippi Di 2024 MississippiCAN | hibit 16 vision of Medicaid Capitation Rate Dev | velopment | | | | | | |
|---|-------------------------------|--|------------------|--|----------------------|--|---|---|-----------------------|--|---|-------------------------------------|---------------------------|------------------------------|
| | | | | | S | FY 2024 Mississippi | CAN Expenditure Es | timate | | | | | | |
| | a Projected | 5 SFY 2024 | c | đ | e | / _ | g | h | i | 1 | k = sum of b through j | l = a × k | m | $n = l \times m$ |
| Rate Cell | SFY 2024 Member Months | SFY 2024 Statewide Capitation Rates ¹ | MHAP-FSA PMPM | Premium Tax on MHAP-FSA PMPM ² | MHAP-QIPP PMPM | Premium Tax on MHAP-QIPP PMPM ² | TREAT PMPM | Premium Tax on TREAT PMPM ² | MAPS PMPM | Premium Tax on MAPS PMPM ² | Total Rate at 1.0 Risk Score after Withhold | MississippiCAN Estimated Cost | FMAP / EFMAP ³ | Federal Estimated Cost |
| on-Newborn SSI / Disabled | 713,783 | \$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% | \$860,436, |
| 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, |
| 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, |
| 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, |
| reast and Cervical Cancer | 998 | \$3,475.73 | \$390.48 | | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$4,024,803 | 78.42% | \$3,156 |
| 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 |
| 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 |
| 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 |
| Adult | 467,079 | \$572.54 | \$63.08 | \$1.95 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$333,060,074 | 78.42% | \$261,177 |
| North Region | 141,207 | 545.65 | 57.66 | 1.78 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 96,077,732 | 78.42% | 75,341 |
| Central Region | 156,873 | 586.21 | 66.44 | 2.05 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 114,518,706 | 78.42% | 89,802 |
| South Region | 169,000 | 582.86 | 64.48 | 1.99 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 724.64 | 122,463,636 | 78.42% | 96,032 |
| egnant Women | 154,310 | \$770.40 | \$137.91 | \$4.27 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$152,350,129 | 78.42% | \$119,469 |
| North Region | 49,552 | 734.21 | 135.30 | 4.18 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 47,024,671 | 78.42% | 36,875 |
| 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% | 43,91 |
| South Region | 49,407 | 784.28 | 134.67 | 4.17 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 998.42 | 49,329,022 | 78.42% | 38,68 |
| I / Disabled Newborn | 5,383 | \$8,359.11 | \$1,874.11 | \$57.96 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$55,943,224 | 78.42% | \$43,86 |
| 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% | 12,80 |
| Central Region | 2,349 | 8,574.98 | 2,152.63 | 66.58 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 25,535,609 | 78.42% | 20,02 |
| 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% | 11,03 |
| n-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% | \$158.12 |
| North Region | 21,124 | 2,247.03 | 590.67 | 18.27 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 2,931.27 | 61,921,368 | 78.42% | 48,55 |
| Central Region | 24,549 | 2,334.68 | 654.60 | 20.25 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 75,730,557 | 78.42% | 59,38 |
| South Region | 21,760 | 2,239.23 | 607.41 | 18.79 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 2,940.73 | 63,988,846 | 78.42% | 50,178 |
| on-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% | \$80,82 |
| 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% | 25,16 |
| 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% | 30,40 |
| 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% | 25,25 |
| ster Care | 86,128 | \$727.62 | \$126.45 | \$3.91 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$80,218,923 | 78.42% | \$62,90 |
| 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% | 18,33 |
| Central Region | 25,667 | 746.41 | 166.36 | 5.15 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 25,493,038 | 78.42% | 19,99 |
| 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% | 24,58 |
| PAC | 10,788 | \$3,797.73 | \$248.23 | \$7.68 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$44,451,225 | 78.42% | \$34,85 |
| North Region | 3,683 | 3,749.54 | 219.48 | 6.79 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 14,918,683 | 78.42% | 11,69 |
| Central Region | 3,265 | 3,895.80 | 256.93 | 7.95 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | | 13,830,018 | 78.42% | 10,84 |
| 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% | 12,31 |
| 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% | \$696,63 |
| North Region | 833,464 | 234.64 | 16.44 | 0.51 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 326.90 | 272,455,824 | 78.42% | 213,65 |
| Central Region | 964,293 | 243.79 | 18.62 | 0.58 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 338.30 | 326,218,459 | 78.42% | 255,81 |
| South Region | 884,546 | 233.83 | 17.83 | 0.55 | 61.46 | 1.90 | 3.27 | 0.10 | 8.32 | 0.26 | 327.51 | 289,697,632 | 78.42% | 227,17 |
| asi-CHIP | 296,519 | \$248.67 | \$16.39 | \$0.51 | \$61.46 | \$1.90 | \$3.27 | \$0.10 | \$8.32 | \$0.26 | | \$101,108,386 | 84.55% | \$85,48 |
| 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% | 27,20 |
| 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% | 32,17 |
| 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% | 26,09 |
| tal - 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% | \$2,406,94 |
| 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% | 739,26 |
| 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% | 889,09 |
| 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% | 778,58 |
| Capitation rates prior to quality withho Calculated using a premium tax of 3.1 for SFY 2024, FMAP is calculated as Jude the phase-down of the addition | 00% the blend of three mor | ths using an FMAP of 8 | | | 7%, and six months u | sing an FMAP of 77.2 | %. For SFY 2024, EF | MAP is calculated as the | e blend of six months | using an EFMAP of a | 35.00% and six months usi | ng an EFMAP of 84.0 | 9%. These FMAP and | EFMAP proje |

| | High-Cost Pharmacy Illustrative Settlemen | of Medicaid ation Rate Developmer Risk Corridor t Calculation | | |
|--|--|--|---|---|
| Rate Cell | <i>a</i> Illustrative Actual SFY 2024 Membership¹ | <i>b</i> SFY 2024 Regional High-Cost Pharmacy Target PMPM | с Illustrative Actual SFY 2024 High-Cost Pharmacy Costs ^{2,3} | d = c / a 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 | <i>e</i> = <i>c</i> | | |
| 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 | % i | \$ j = i × f | Settlement k = j × 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% | +) -)- | \$0 | |
| 3% to 6%: 50% CCO / 50% DOM | 0.00% | | \$0 | |
| > 6%: 0% CCO / 100% DOM | 0.00% | \$0 | \$0 | |
| Total Risk Corridor Settlement Received (Paid) by DO | М | | \$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.

| | | | | | | | | | NIDIT 1/B | | | | | | | | | | |
|--|-----------------|--------------------------|-------|--------------------------|-----------|-----------------------------|------------------------|--------------------|------------------|---------------------|--------------------------|-----------------------|-----------------------|--------------------------|--------------------|--------------------------|---------------------|----------------|----------------|
| | | | | | | | | Mississippi C | | | | | | | | | | | (|
| | | | | | | | SFY 2024 M | | | n Rate Develo | pment | | | | | | | | |
| | | | | 1 | | 1 | | Illustrative I | MLR Develo | pment | | | | | | | | | |
| | * | D | c | d = b × c | e | f = d × (e × 1%) / (1 - 1%) | 8 | <i>n</i> | ' | , | k=d+f+g+h+i+j | 1 | m | n | o=g+h+i+j-l+n | P | q=g+h+i+j-m+p | r=o/(k-1) | s=q/(x-1) |
| | | | | | | | | | MAPS | | | | Illustrative | | | | | | |
| | Projected | SFY 2024 Regional | | Risk Adjusted | | Withhold | MHAP-FSA PMPM Gross | Gross of | Gross of | TREAT Gross of | Total | SFY 2024 | High-Cost Pharmacy | Projected SFY 2024 | | Actual SFY 2024 | Illustrative Actual | | |
| | SFY 2024 | Capitation Rates | | Premium Net | | Returned | of Premium | Premium | Premium | Gross of Premium | Revenue | High-Cost Pharmacy | | Medical Costs | Projected Total | | Total Service Costs | Illustrative | |
| | | | | | | | | | | | | | Actual SFY | | | | | | |
| Rate Cell Non-Newtorn SSI / Disabled | Membership' | net of Withhold | | of Withhold | Returned' | PMPM | Tax' | Tax' | Tax' | Tax' | PMPM | Target PMPM | 2024 PMPM | PMPM' | Service Costs PMPM | PMPM' | PMPM | Target MLR | |
| Breast and Cervical Cancer | 713,783 998 | \$1,311.01 \$3,440.97 | 1.000 | \$1,311.01 \$3,440.97 | 100% | \$13.24 \$34.76 | \$137.78 \$402.55 | \$63.36 \$63.36 | \$8.58 \$8.58 | \$3.37 \$3.37 | \$1,537.34 \$3,953.59 | \$72.92 \$0.00 | \$69.61 \$0.00 | \$1,182.05 \$3,120.65 | | \$1,240.00 \$3,280.00 | | 90.3% 91.0% | 94.5% 95.0% |
| Breast and Cervical Cancer MA Adult | 467.079 | \$3,440.97 \$566.82 | | \$3,440.97 \$566.82 | 100% | \$34.76 | \$402.55 | \$63.36 | \$8.58 | \$3.37 | \$3,953.59 | \$1.29 | \$3.00 | \$3,120.65 | | \$3,280.00 | | 91.0% | 95.0% |
| Pregnant Women | 467,079 | \$566.82 | | \$762.69 | 100% | \$5.72 | \$65.03 | \$63.36 \$63.36 | \$8.58 \$8.58 | \$3.37 | \$/12.88 \$967.88 | \$1.29 \$0.00 | \$3.00 | \$504.72 | | \$530.00 | | 90.5% | 93.8% |
| SSI / Disabled Newborn | 5.383 | \$8,275.52 | | \$8.275.52 | 100% | \$83.55 | \$1,932.07 | \$63.36 | | \$3.37 | \$10,366.48 | \$0.00 | \$0.00 | \$7,520.84 | \$9.528.21 | \$7,900.00 | | 91.9% | 95.6% |
| Non-SSI Newborns 0 to 2 Months | 67.433 | \$2,253,15 | | \$2,253,15 | 100% | \$22.76 | | \$63.36 | \$8.58 | \$3.37 | \$2,989.71 | \$24.96 | \$25.37 | \$2,039.54 | \$2,728.39 | \$2,140.00 | | 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 | | \$270.00 | \$365.41 | 89.7% | 91.7% |
| Foster Care | 86.128 | \$720.34 | 1.000 | \$720.34 | 100% | \$7.28 | \$130.37 | \$63.36 | | \$3.37 | \$933.29 | \$9.49 | \$30,23 | \$644.45 | | \$680.00 | | 91.0% | 92.6% |
| MYPAC | 10,788 | \$3,759,75 | | \$3,759,75 | 100% | \$37.96 | \$255.91 | \$63.36 | \$8.58 | \$3.37 | \$4,128.94 | \$15.76 | \$18.18 | \$3,410,78 | \$3,726,24 | \$3,580.00 | | 90.6% | 94.6% |
| MA Children | 2,682,302 | \$235.28 | 1.000 | \$235.28 | 100% | \$2.38 | \$18.23 | \$63.36 | \$8.58 | \$3.37 | \$331.19 | \$3.94 | \$4.14 | \$202.97 | \$292.55 | \$210.00 | \$299.40 | 89.4% | 91.5% |
| Quasi-CHIP | 296,519 | \$245.18 | 1.000 | \$246.18 | 100% | \$2.45 | \$16.90 | \$63.35 | \$8.58 | \$3.37 | \$340.87 | \$0.41 | \$1.68 | \$212.89 | \$304.68 | \$220.00 | \$310.52 | 89.5% | 91.2% |
| Total | 4,738,670 | \$506.68 | 1.000 | \$506.68 | 100% | \$5.12 | \$58.96 | \$63.36 | \$8.58 | \$3.37 | \$646.07 | \$14.33 | \$14.58 | \$449.98 | \$569.92 | \$470.20 | \$589.89 | 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 Revenue® | \$2,993,596,708 | | | | | | | | | | | | | | | | | | |
| Risk Corridor Settlement Received (Paid) by DOM | (\$34,725,759) |) | | | | | | | | | | | | | | | | | |
| 1 MI R calculation will be populated with actual SEV 202 | | har | | | | | | | | | | | | | | | | | |

¹MLR calculation will be populated with actual SPY 2024 CCC0 specific values. ¹Butchine's values demonstrate projection spontant conductor spontant conductor spontant conductor and the spontant conductor spontant cond

| | | | | | | | SF | Missis: Y 2024 High Cosl | Exhibit 17C sippi Division of t Pharmacy Risk | Medicaid Corridor Developr | nent | | | | | | | | | | | | |
|----------------------------|--|-------------------------------|--|----------------------------|--------------------|----------------------------|--------------------|-----------------------------|---|-------------------------------|--------------------|------------------------------|-----------------------------------|----------------------------|-----------------------------------|----------------------------|--------------------------|------------------------------------|----------------------------|-----------------------------|--|----------------------------|---------------------------------|
| | | Non-Newborn | SSI / Disabled | Breast and Cerv | ical Cancer | MA Adı | | Pregnant V | | SSI / Disabled | Newborn | Non-SSI Newbo Months | rns 0 to 2 | Non-SSI Newbo Month | | Foster C | are | MYPA | lc. | MA Chil | iren | Quasi-0 | HIP |
| | | 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 co | st of program changes from SFY 2024 pharmacy PMPM | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Projected SFY 2024 Pharmacy Spend' | \$442.57 | \$330,000,794 | \$611.90 | \$1,045,126 | \$143.65 | \$81,997,815 | \$35.92 | \$4,220,941 | \$635.82 | \$3,271,949 | \$45.09 | \$3,169,212 | \$33.63 | \$8,017,078 | \$102.83 | \$8,202,749 | \$192.57 | \$1,919,717 | \$40.09 | \$134,327,768 | \$49.28 | \$17,179,035 |
| (b) | Hemophilia A Population Carve-In Pharmacy Spend ² | \$6.33 | \$4,719,484 | \$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 |
| (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 | \$889,980 | \$0.00 | \$0 |
| (d) | Hemophilia A Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$13.41 -\$1.11 \$12.30 | \$10,000,000 -\$828,132 \$9,171,868 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$1.49 -\$0.12 \$1.37 | \$5,000,000 -\$414,066 \$4,585,934 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| (e) | Hemophilia B Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$4.69 -\$0.14 \$4.55 | \$3,500,000 -\$105,692 \$3,394,308 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$1.04 -\$0.03 \$1.01 | \$3,500,000 -\$105,692 \$3,394,308 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| θ | Sickle Cell Disease Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$50.96 -\$0.33 \$50.63 | \$38,000,000 -\$247,695 \$37,752,305 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.60 \$0.00 \$0.59 | \$2,000,000 -\$13,037 \$1,986,963 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| (g) | Duchene Muscular Dystrophy Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$4.29 \$0.00 \$4.29 | \$3,200,000 \$0 \$3,200,000 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$ <i>0.00</i> | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| (h) | Spinal Muscular Atrophy Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$3.02 \$0.00 \$3.02 | \$2,254,412 \$0 \$2,254,412 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 | \$32.07 \$0.00 \$32.07 | \$2,254,412 \$0 \$2,254,412 | \$9.46 \$0.00 \$9.46 | \$2,254,412 \$0 \$2,254,412 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| Ø | Beta-Thalassemia Gene Therapy Gross Pharmacy Costs Anticipated Pharmacy Savings Net Pharmacy Cost | \$3.76 \$0.00 \$3.76 | \$2,800,000 \$0 \$2,800,000 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 | \$0.00 \$0.00 \$0.00 | \$0 \$0 \$0 |
| (j) = (a) - sum[(b) to (i |)] Adjusted SFY 2024 Pharmacy Spend | \$350.64 | \$261,458,654 | \$611.90 | \$1,045,126 | \$143.65 | \$81,997,815 | \$35.92 | \$4,220,941 | \$635.82 | \$3,271,949 | \$13.01 | \$914,800 | \$23.85 | \$5,684,676 | \$98.12 | \$7,827,309 | \$192.57 | \$1,919,717 | \$36.06 | \$120,819,001 | \$47.44 | \$16,537,434 |
| Step Two: Using CY 2 | 021 encounter data, estimate the percentage of pharmacy costs that will exceed the risk of | orridor threshold. | | | | | | | | | | | | | | | | | | | | | |
| (k) | Historical Percentage of Claims Over Threshold ^a | 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% |
| $(l)=(j)\times(k)$ | 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 | \$757,254 | \$15.76 | \$157,086 | \$0.96 | \$3,230,242 | \$0.00 | \$0 |
| Step Three: Add the c | ost of new pharmacy covered services for SFY 2024 to Step Two. | | | | | | | | | | | | | | | | | | | | | | |
| (m) | Hemophilis A Population Carve-In Total Pharmacy Spend Historical Percentage of Claims Over Threshold Risk Corridor Eligible Spend | \$6.33 11.8% \$0.75 | \$4,719,484 11.8% \$557,297 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.33 0.0% \$0.00 | \$77,990 0.0% \$0 | \$4.70 0.0% \$0.00 | \$374,630 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$ <i>0</i> | \$0.79 14.6% \$0.12 | \$2,651,580 14.6% \$386,900 | \$1.84 22.1% \$0.41 | \$641,601 22.1% \$141,601 |
| (n) | Hemophilia B Population Carve-In Total Pharmary Spend Historical Percentage of Claims Over Threshold Risk Corridor Eligible Spend | \$2.75 7.6% \$0.21 | \$2,049,763 7.6% \$154,924 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.01 0.0% \$0.00 | \$810 0.0% \$0 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 | \$0.27 34.3% \$0.09 | \$889,980 34.3% \$305,267 | \$0.00 0.0% \$0.00 | \$0 0.0% \$0 |
| (0) | Hemophilia A Gene Therapy Risk Corridor Eligible Spend ⁴ | \$11.11 | \$8,282,335 | \$0.00 | so | \$0.00 | so | \$0.00 | \$0 | \$0.00 | so | \$0.00 | so | \$0.00 | so | \$0.00 | \$0 | \$0.00 | \$0 | \$1.30 | \$4,343,529 | \$0.00 | so |
| (p) | Hemophilia B Gene Therapy Risk Corridor Eligible Spend* | \$4.13 | \$3,080,651 | \$0.00 | s0 | \$0.00 | so | \$0.00 | \$0 | \$0.00 | so | \$0.00 | so | \$0.00 | so | \$0.00 | \$0 | \$0.00 | \$0 | \$0.95 | \$3, 190, 969 | \$0.00 | so |
| (q) | Sickle Cell Disease Gene Therapy Risk Corridor Eligible Spend* | \$43.30 | \$32,288,109 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | <i>so</i> | \$0.00 | \$0 | \$0.00 | \$0 | \$0.52 | \$1,748,458 | \$0.00 | \$0 |
| (1) | Duchene Muscular Dystrophy Gene Therapy Risk Corridor Eligible Spend* | \$3.62 | \$2,700,000 | \$0.00 | s0 | \$0.00 | so | \$0.00 | \$0 | \$0.00 | so | \$0.00 | so | \$0.00 | so | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 |
| (5) | Spinal Muscular Atrophy Gene Therapy Risk Corridor Eligible Spend* | \$2.35 | \$1,754,412 | \$0.00 | \$0 | \$0.00 | so | \$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 |
| (t) | Beta-Thalassemia Gene Therapy Risk Corridor Eligible Spend ⁴ | \$3.35 | \$2,500,000 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 | \$0.00 | \$0 |
| (u) = sum[(l) to (t)] | Anticipated SFY 2024 Pharmacy Cost Over Threshold, Including Program Changes | \$72.92 | \$54,372,028 | \$0.00 | \$0 | \$1.29 | \$733,661 | \$0.00 | \$0 | \$0.00 | \$0 | \$24.96 | \$1,754,412 | \$7.36 | \$1,754,412 | \$9.49 | \$757,254 | \$15.76 | \$157,086 | \$3.94 | \$13,205,363 | \$0.41 | \$141,601 |

¹PMPM arounts to to the final row of Enhalt 2A.
² CY 2021 claims for anticipated members transitioning from FPS to MSCAN irended forward to SPY 2024.
³ SPY 2024 heretoid of \$800,000 adjusted to a CY 2021 level using the population specific specialty unit cost pharmacy trend.
⁴ See Exhibit 176 for the development of the risk consider eligible spend for each gene therapy.
⁴

| | s | FY 2024 High Cost | Pharmacy Risk | Exhibit 1 sissippi Divisior Corridor Develo | of Medicaid | Therapy Supple | | | | | | |
|--|---|--|---|---|---|--|---|---|--|--|---------------------------------------|--|
| | | Non-Newborn SSI / Disabled | Breast and Cervical Cancer | MA Adult | Pregnant Women | SSI / Disabled Newborn | Non-SSI Newborns 0 to 1 2 Months | Non-SSI Newborns 3 to 12 Months | Foster Care | MYPAC | MA Children | Quasi-CHIF |
| | | | н | emophilia A Ger | ne Therapy | | | | | | | |
| (a) | Expected Number of Therapies | 4 | 0 | 0 | (| 0 0 | 0 | 0 | 0 | 0 | 2 | |
| (b) (c) (d) = (b) + (c) | Net Pharmacy Cost for Gene Therapy' Applicable Inpatient Hospital Cost for Gene Therapy Total Gene Therapy Cost | \$9,171,868 \$0 <i>\$9,171,868</i> | \$0 \$0 \$0 | \$0 \$0 <i>\$0</i> | \$0 \$0 \$0 | \$0 | \$0 \$0 <i>\$0</i> | \$0 \$0 <i>\$0</i> | \$0 \$0 <i>\$0</i> | \$0 \$0 \$0 | | 5 5 5 |
| (e) = (d) / (a) (f) (g) = max[(e) + (f) - (g), 0] (i) = (h) x (a) | Total Cost per Therapy Average Prior Pharmacy Spend per Member ^a Pharmacy RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$2,292,967 \$277,617 \$500,000 \$2,070,584 \$8,282,335 | \$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 \$0 | \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 | \$378,797 \$500,000 \$2,171,764 | 3 5 5 5 5 5 |
| | | | н | | | _ | _ | _ | _ | | | |
| (a) (b) (c) | Expected Number of Therapies Net Pharmacy Cost for Gene Therapy' Applicable Inpatient Hospital Cost for Gene Therapy | 1 \$3,394,308 \$0 | 0 \$0 \$0 | 0 \$0 \$0 | (\$(\$(| \$0 \$0 | 0 \$0 \$0 | 0 \$0 \$0 | 0 \$0 \$0 | 0 \$0 \$0 | \$3,394,308 \$0 | s |
| (d) = (b) + (c) (e) = (d) / (a) (f) (g) = max[(e) + (f) - (g), 0] (i) = (h) × (a) | Total Gene Therapy Cost Total Cost per Therapy Average Piro Pharmacy, Spend per Member ² Pharmacy, RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$3,394,308 \$3,394,308 \$186,342 \$500,000 \$3,080,651 \$3,080,651 | \$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 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 | \$296,660 | SI S S SI SI |
| (a) | Expected Number of Therapies | 19 | Sick 0 | e Cell Disease (| Sene Therapy (|) 0 | 0 | 0 | 0 | 0 | 1 | |
| (b) (c) (d) = (b) + (c) | Net Pharmacy Cost for Gene Therapy' Applicable Inpatient Hospital Cost for Gene Therapy Total Gene Therapy Cost | \$37,752,305 \$3,800,000 \$41,552,305 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 | | \$ \$ \$1 |
| (e) = (d) / (a) (f) (g) = max[(e) + (f) - (g), 0] (i) = (h) × (a) | Total Cost per Therapy Average Prior Pharmacy Spend per Member ^a Pharmacy RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$2,186,963 \$12,411 \$500,000 \$1,699,374 \$32,288,109 | \$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 \$0 \$0 \$0 \$0 | \$0 \$0 <i>\$0</i> \$0 | \$61,494 \$500,000 \$1,748,458 | \$ \$ \$ \$ |
| | | | Duchene I | | phy Gene Th | | | | | | | |
| (a) (b) (c) (d) = (b) + (c) | Expected Number of Therapies Net Pharmacy Cost for Gene Therapy ¹ Applicable Inpatient Hospital Cost for Gene Therapy Total Gene Therapy Cost | 1 \$3,200,000 \$0 \$3,200,000 | 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 | \$ \$ \$0 |
| | Total Cost per Therapy Average Prior Pharmacy Spend per Member ^a Pharmacy RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$3,200,000 \$0 \$500,000 \$2,700,000 \$2,700,000 | \$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 | \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 | \$0 \$0 | \$1 \$1 \$1 \$2 \$2 \$2 |
| | | | Spinal I | Iuscular Atroph | | | | | | | | |
| (a) (b) (c) (d) = (b) + (c) | Expected Number of Therapies Net Pharmacy Cost for Gene Therapy' Applicable Inpatient Hospital Cost for Gene Therapy Total Gene Therapy Cost | 1 \$2,254,412 \$0 \$2,254,412 | 0 \$0 \$0 \$0 | 0 \$0 \$0 \$0 | (\$(\$(\$(| \$0 \$0 \$0 | 1 \$2,254,412 \$0 \$2,254,412 | 1 \$2,254,412 \$0 \$2,254,412 | 0 \$0 \$0 \$0 | 0 \$0 \$0 \$0 | \$0 \$0 | (\$1 \$1 \$2 |
| | Total Cost per Therapy Average Pirot Pharmacy Spend per Member ² Pharmacy RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$2,254,412 \$0 \$500,000 \$1,754,412 \$1,754,412 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 | \$2,254,412 \$0 \$500,000 \$1,754,412 \$1,754,412 | \$2,254,412 \$0 \$500,000 \$1,754,412 \$1,754,412 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 | \$0 \$0 \$0 | 50 51 51 50 50 50 |
| (a) | Expected Number of Therapies | 1 | Beta 0 | -Thalassemia G 0 | ene Therapy |) 0 | 0 | 0 | 0 | 0 | 1 | |
| (b) (c) (d) = (b) + (c) | Net Pharmacy Cost for Gene Therapy ¹ Applicable Inpatient Hospital Cost for Gene Therapy Total Gene Therapy Cost | \$2,800,000 \$200,000 \$3,000,000 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$(\$(\$(| \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 \$0 | \$0 \$0 | \$ \$ \$(|
| (e) = (d) / (a) (f) (g) = max[(e) + (f) - (g), 0] (f) = (h) x (a) | Total Cost per Therapy Average Prior Pharmacy Spend per Member ² Pharmacy RC Threshold per Member RC Eligible Dollars per Member Total RC Eligible Dollars | \$3,000,000 \$0 \$500,000 \$2,500,000 \$2,500,000 | \$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 \$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 \$1 \$1 \$2 \$2 \$2 \$2 \$2 |

¹ Reconciles to Exhibit 17C Items (d) through (l).
² CY 2021 average pharmacy spend trended forward to SFY 2024 for gene therapies with more than 10 potential patients.

| | Exhib | oit 18A | |
|----------------|--------------------|------------------|-------------|
| | | sion of Medicaid | |
| Procedu | re Codes for Non-I | | cian 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 90045 | 90513 | 90572 90573 | |
| 90045 90046 | 90514 90515 | 90573 | |
| 90048 90047 | 90516 | 90574 | |
| 90047 90048 | 90517 | 90576 | |
| 90048 90049 | 90518 | 90577 | |
| 90049 | 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 08011950107 08011968624 08080159611 08080226100 08080311149 08080361800 08080441215 08080531046 08080660218 08080708401 00002763711 00064022002 00135055701 00223004986 00440731560 00891059111 01741006809 05388000858 08011123620 08011750307 08026465400 08080161200 08080226300 08080311347 08080362300 08080441217 08080533000 08080660330 08080660330 08080708600 00002956001 00065018002 00135059001 00223004987 00440731790 00891059201 01741006857 05388000859 08011150101 08011750379 08026763800 08080161400 08080229000 08080311446 08080363100 08080441218 08080536000 080806611400 08080660340 08080708700 00002956101 00065018007 00135059301 00223004988 00440731791 00891059211 01741009789 05388000860 08011150102 08011770715 08080000555 08080161600 08080229100 08080311545 08080368500 08080441219 08080540111 08080611500 08080660350 08080708800 00002956201 00065082650 00135060201 00223004989 00456074413 00891059301 01741009808 05388004386 08011150103 08011771114 08080000777 08080161900 08080311743 08080311743 08080383400 08080441250 08080540400 08080664000 08080710000 00002967301 00065920073 00135060301 00223041124 00456074513 00891059311 01741053610 05388004426 08011150108 08011771215 08080032010 0808014200 08080314100 08080392200 080803441251 08080540500 08080612000 0808064100 08080710500 00003052620 00065920074 00143929501 00223041493 00456074613 00891059401 01741053814 05388018382 08011150111 08011772414 08080055535 08080162200 08080314400 08080393000 08080441400 08080541034 08080642100 08080664200 08080710701 00005010001 00067097840 00143929601 00223042024 00456315467 00891061100 01741061314 05388049375 08011150121 08011772415 08080055544 08080162400 08080233601 08080314440 08080396700 08080441401 08080541067 08080664700 08080664700 08080710826 00005010005 00069041102 00143952901 00223042027 00487900360 00891061101 02594001806 05388050378 08011150131 08011772416 08080055566 08080162500 08080315700 08080315700 080803441402 08080541400 08080613200 08080664800 08080710842 00005010010 00069041110 00169185189 00223042030 00487900760 00891061200 02594001814 05388050379 080111702514 0808072030 08080162600 08080241910 08080317000 08080399500 08080441403 08080555220 08080614000 08080665100 08080710859 00005197101 00069090120 00169185250 00223042036 00516001312 00891061201 02594001818 05388056446 08011150201 08011775516 08080094700 08080162800 08080241911 08080319500 08080440616 08080441404 08080555221 08080615300 08080666000 08080710867 00005197102 00069091198 00169185274 00223043850 00536110301 00891061300 02594001822 05388057722 08011150202 08011782100 08080096800 08080163100 08080241912 08080320112 08080401400 08080441405 08080555330 08080615400 08080666200 08080711006 00005197105 00069092198 00169185275 00223043851 00536111932 00891061301 02594001828 05388087811 08011150203 08011782102 08080098400 08080170000 08080243800 08080320157 08080421406 08080555331 08080615500 08080666500 08080711246 00005220002 00074182078 00169185389 00223043852 00548540000 00891061400 02594001842 05928090901 08011150319 08011800316 08080098800 08080171010 08080245000 080804320256 08080441407 08080555550 08080615600 08080669901 08080711253 00005200010 00074183268 00169185459 00223043853 00548540025 00891061401 02594001847 06278000069 08011150332 08011800318 0808099500 08080171300 08080248000 08080320800 08080403728 08080441408 08080555351 08080617500 08080670000 08080711500 00006404701 00074204902 00169185550 00223043854 00548541000 00891063101 02594001852 06278000398 08011150419 08011800516 08080176250 08080250000 08080321100 08080441410 08080555440 08080620112 08080670930 08080711501 00006404720 00074583002 00169776411 00223044128 00548541025 00891063201 02594001857 06278005267 08011150432 08011800518 08080100555 08080179200 08080250600 08080321112 08080420300 08080441411 08080555441 08080620600 08080670950 08080711519 00006404741 00074722218 00169776413 00223044137 00548570100 00891063301 02594001860 07411060007 08011150501 08011802001 08080180100 08080253300 08080321700 08080441412 08080555442 08080620800 08080671500 08080711550 00006409301 00074722220 00179872402 00223044140 00548571100 00891063401 02813030430 07411089003 08011150502 08011802002 08080100777 08080180600 08080325100 08080420600 08080441500 08080555443 08080620900 08080671600 08080711568 00006409302 00074791501 00179901012 00223044146 00573300502 00891064101 04351044050 08004041300 08011802010 08080181030 08080181030 08080254000 08080322110 08080441501 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 0800446500 08011150520 080114802015 08080142700 08080126200 080802565500 08080621112 08080621112 08080673000 08080712120 00006409501 00085121702 00193252350 00223044905 00573300905 00891064401 04351063506 08004047300 08011150525 08011802016 08080104400 08080181800 08080322210 08080427900 08080441504 08080555660 08080622112 08080673500 08080712150 00006409502 00085460202 00193280221 00223044911 00573300913 00891071010 04351078710 08004049400 08011150615 08011802018 0808012400 08080182400 08080323100 08080441505 08080441505 08080555661 08080622901 08080676434 08080712170 00006409601 00085460203 00193280250 00223044920 00573301001 00891071011 04351078810 08004052070 08011150619 08011802030 080801189200 080801256500 08080325000 08080441506 08080441506 08080555662 08080624100 08080678000 08080712200 00006409602 00093301101 00193288021 00223045277 00573301002 00891071020 04351079510 08004054800 08011150632 08011802031 08080190300 08080258500 08080325058 08080441507 08080555880 08080624200 08080678030 08080712230 00006411901 00093308601 00193288050 00223045278 00573301003 00891071021 04351079710 08004054900 08011150702 08011802035 08080191300 08080191300 08080325100 08080428300 08080441602 08080555881 08080624250 08080680002 08080712250 00006411903 00093308619 00193288221 00223045289 00573301007 00891071030 04351079750 08004054950 08011150703 08011802055 080801191411 08080260010 08080325114 08080428400 08080441603 08080555882 08080624300 08080681800 08080712270 00006412101 00093308684 00193288250 00223045292 00573301016 00891071031 04351079810 08004056300 08011150707 08011802060 08080191412 08080260100 08080327114 08080428500 08080441604 08080575000 080806824400 08080682010 08080712300 00006412102 00093308701 00193288350 00223045295 00573301017 00891081021 04351079850 08004064900 08011150719 08011802065 08080196100 08080496100 08080327900 08080441605 08080441605 08080587400 08080685001 08080685001 08080712301 00006417100 00093308719 00193596531 00223045698 00573301096 00891081031 04351080710 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| | Exhibit 18C Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits | |
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| | | 195760601 08214046002 08214084054 08222035639 08222710031 08225004503 08225006515 08225096500 211243606 08214046501 08214084055 08222035837 08222710048 08225004505 08225096600 |
| | | 211243607 08214046533 08214084062 08222045430 08222710055 08225004506 08225006517 08225104600 214010001 08214048715 08214084739 08222045539 08222710062 08225004507 08225006582 08225106600 |
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| Exhibit 18C Mississippi Division of Medicaid | |
|---|----------------|
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| Exhibit 18C Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits |
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| 08317780020 08326310905 0833305302 08333161001 083335901 08373948300 08373996900 0838003614 0838003822 0838001796 0838000584 0838009821 08380019401 08380018142 0838001916 0838008501 0838009741 08395078340 08395078340 08395079850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 0839507850 08380018142 0838001 |
| |

| Exhibit 18C Mississippi Division of Medicaid | |
|--|-------|
| NDCs Excluded from Monthly Pharmacy Script Limits | |
| 08395099120 08396900900 08462102013 08466093100 08470119001 08484032500 0848613250 08496019401 08496031801 08496031801 08496281501 08554229701 0855042900 08554229701 0855042900 08554229701 0859000900 08554229701 0859009900 0857629000900 0857629000000000000000000000000000000000000 | |
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| 08396081300 08396901134 08462109750 08468431100 08470131101 08484051885 08489729050 08496019801 08496032201 08496285501 08517345001 08554318802 0859001400 08554318802 08590001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 0855431802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 08554318802 0859001400 0855431802 08590001400 0855431802 08590001400 0855431802 08590001400 0855431802 0857600000000000000000000000000000000000 | |
| 08396500122 08396901234 08462109751 0847010001 08470140201 08484051890 08489749610 08496019901 08496032301 08496285511 08517349001 0852403301 08554332901 08595060100 0852500010 08627001601 08881202017 08881513934 08881533558 0888766 08396500125 08396500123 084962109912 08470140401 08470140401 08484052800 08489749710 08496022001 08496032401 0849628501 08517352936 08528003501 08554333702 08590004900 08595060200 08627002011 08881202033 08881516051 0888156051 0888166015 0888766 | |
| 08396500126 08396901434 08462122015 0847011201 08484053310 08489749810 08496020101 08496032701 08496292021 08517353036 08528004101 08554338401 08595060300 08595060300 08527002021 08881202363 0888156135 088815605 08815605 088815605 088815605 08815605 08850500000000000000000000000000000 | 60143 |
| 08396500144 08396901534 08462122064 0847026001 08470141401 08484053350 08489749910 08496020201 08496032801 0849629205 08517354036 08528004501 08554362901 08595060400 08527002031 08881202371 08881516150 08881866115 0888766 08396500175 08396901634 08462122069 08470142201 08484070122 08484070122 08484070120 084980602031 0849602201 08496032901 08496292051 08517355036 08528009001 08554376402 08590005400 08595060500 08627003011 08881204005 0888151620 0888156215 0888766 | |
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| 08396500526 08396903500 08462426003 08470185001 0848990310 0848990310 0848990310 08496021601 08496035001 08496035001 08517384036 08528147401 08554454601 0859007200 08595070550 08627006031 08881250107 08881535770 08881901014 0888849 | 2058 |
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| 08396500625 08423112721 08462430100 08470044501 08470204001 08484990430 08488931410 08496022001 08496036401 08496301601 08517385065 08531382000 08564000000 08595080350 08627009011 08881250172 08881540166 08881906104 0903800 08396500644 08423112731 08462430120 08470045001 08470205001 08484990432 08489831510 08496022101 08496038610 108496301611 08517386036 0853138800 08565015915 08590007700 08595080450 08627009111 08881250206 08881541034 0888190703 0903800 | |
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| 08396500791 08423162126 08462551095 08470051501 08470283001 08489600210 08489600210 08496023401 08496023401 08496023401 0849603611 08521000331 08539000101 08566123501 08590008200 08605010202 08638714120 08881250289 08881250289 08881250224 08884700116 0903800 0839550825 08423200110 08462551100 08470283001 08470284001 08489600310 084896023401 08496023601 08496023601 08496035501 08521080100 08539000501 08566123601 08590008300 08605010303 08638714220 08881250239 08881250232 0888470027 0903800 | |
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| | Exhibit 18C Mississiopi Division of Medicaid | |
|---|--|---|
| | NDCs Excluded from Monthly Pharmacy Scri | pt Limits |
| | | 17009540 11917011187 11917013786 11917015104 11917015899 11917017235 12547063966 13703024120 14613020122 |
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| | Exhibit 18C |
|---|--|
| | Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Scriot Limits |
| | |
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| Exhibit 18C Mississippi Division of Medicaid |
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| NDCs Excluded from Monthly Pharmacy Script Limits |
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| Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits |
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| Exhibit 18C | | | | | | |
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| Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy So | | | | | | |
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| Exhibit 18C Mississippi Division of Medicaid |
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| NDCs Excluded from Monthly Pharmacy Script Limits |
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| 45129019904 45129019979 45129020054 45129020129 45129020204 45129020279 45129020279 45129020452 45129020527 45129020527 45129020641 45129020743 45129020743 4512902014 4512902073 48503003045 48503003045 48503003213 48503008666 48503017563 48503017563 48503017563 48503017563 48503001752 48503003046 48503003045 45129020205 451290205 45 |
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| Exhibit 18C Mississippi Division of Medicaid |
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| Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits |
| 48503020743 48503022635 48503023605 48503024175 48503025427 48503027573 48503028915 48503029633 48503037755 48503049136 48503059436 48503070882 48503082456 48503088662 49022037211 49022045109 49022075491 49281041910 49348041393 49502004010 |
| 48503020745 48503022636 48503022606 485030224176 48503025428 48503025757 48503028916 48503028916 48503029635 48503049322 48503059442 48503070883 485030826457 48503088663 49022037212 49022045671 49022075492 49281041950 49348041493 49502020301 48503020746 48503022642 48503022642 48503022642 48503022642 48503022642 48503022642 48503022642 48503022642 48503022642 48503025429 48503025429 48503028917 48503028917 48503028917 48503029636 48503029636 48503049322 48503059443 48503070885 485030826458 485030826458 48503028616 49022037213 49022045687 49022045687 49022075493 49281041958 49348041700 49502020701 |
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| 4850302822 48503022652 48503022652 48503022652 485030254192 48503025436 48503027586 48503028925 48503028925 48503038455 48503049333 48503073252 48503082486 48503088675 49022037219 49022047627 4902047627 49022047627 49022047627 49022047627 49022047627 490204767 490204767 490204767 490204767 490204767 490204767 49000000000000000000000000000000000000 |
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| Exhibit 18C Mississippi Division of Medicaid |
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| NDCs Excluded from Monthly Pharmacy Script Limits |
| 57629000420 58160097606 59519000222 60687042601 63323000130 65702071110 65781310610 67457038158 68455010328 68455010328 68455010575 68455010575 68455011170 68455011488 68702062718 69809013005 70074054234 70074055661 70319002190 57629000421 58160097620 59627000403 60687042611 63323000131 65702071210 65781318110 67457040913 68455010329 68455010329 68455010576 68455010576 68455011171 68455011489 68702062900 69809013505 70074054236 70074055663 70319002192 |
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| Exhibit 18C Mississippi Division of Medicaid NDCs Excluded from Monthly Pharmacy Script Limits |
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| 70393040170 70914003500 72217000706 73796009921 74676045180 76300017962 76300052325 76420063901 78742008536 80196077574 81131031165 82607053541 83490044055 84521001143 84521014223 84527000489 85467086901 86227075605 87701040291 89115005501 70393040271 70914003600 72217000707 73796010311 74676045270 76300023982 76300055111 76420070110 78742008637 80376002102 81131031166 82607053551 83490044061 84521001144 84521011422 84527000492 85544079201 86227080055 87701040292 89115005902 |
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| NDCs | Mississippi Division of Medicaid Excluded from Monthly Pharmacy Script Limits |
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| | 05999 92293011235 92293070110 92896000008 94030000234 94542051150 96295012084 96295013445 98302000187 98939000201 |
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| | 06003 92293011435 92293076181 93169000226 94030000240 94922020133 96295012088 96295013450 98302000193 98939000217 06004 92293011440 92293076320 93169000233 94030000241 94922020134 96295012112 96295013451 98302000194 98939000218 |
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| | 06010 92293012254 92293077321 93169000253 94030000271 96295004728 96295012151 96295013726 98302001420 98939000233 06012 92293012255 92293094399 93169000254 94030000272 96295012253 96295012154 96295013727 98302001421 98939000234 |
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| | 08018 92293050222 92532013520 93764060293 94046000162 96295011716 96295013423 98302000128 98302014808 99073071100 08026 92293050325 92532013521 93764060297 94046000164 96295011717 96295013425 98302000129 98302014812 99073071143 |
| | 08032 92293050325 92532013521 93764060297 9404000164 96295011717 96295013425 96302000129 96302014612 9907307145 08032 92293050330 92532013523 93764060298 94046000166 96295011807 96295013426 98302000130 98302014813 99073071227 |
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| | 10425 92293060831 92532015061 94030000209 94046000188 96295012057 96295013436 98302000146 98654000006 99733000205 10430 92293069990 92532015637 94030000210 94046000192 96295012058 96295013437 98302000160 98654000050 99999099211 |
| 89152028505 89152591505 89165500002 90891012700 90891024635 90891060079 91237000145 92293005300 922930 | 10435 92293070000 92532015828 94030000211 94046000197 96295012059 96295013438 98302000170 98654000051 |
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| 89152028805 89152637501 89167037320 90891012707 90891024645 90891070612 91237000148 92293005600 922930 | |

| | 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 |
| | | |

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