

## Appendix C - SoonerSelect Children's Specialty Rate Build-Up

Delivery Date: December 22, 2022

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*A -0.1057% adjustment has been applied for recoveries outside of the claims system.*

*Capitated NEMT claims are included for CY2021 only.*

**CUST/Adoption. Newborn < 1. Non-TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	6,083
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	3,353

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	3,136	\$ 1,476.18	\$ 385.76	1.50%	3.50%	0.27%	2.98%	-25.00%	5.00%	75.00%	-15.94%	\$ 378.77
Outpatient Hospital - ER	860	\$ 287.98	\$ 20.64	0.50%	4.00%	0.27%	3.61%	-25.00%	5.00%	75.00%	-15.94%	\$ 20.13
Outpatient Hospital - Non-ER	1,017	\$ 349.15	\$ 29.60	3.50%	1.00%	0.27%	3.61%	-15.00%	5.00%	75.00%	-8.06%	\$ 31.59
Physician/Professional	11,285	\$ 180.03	\$ 169.30	1.00%	3.50%	0.27%	1.80%	5.00%	-2.50%	75.00%	1.78%	\$ 196.52
Clinics (w/FQHC/RHC)	1,606	\$ 185.83	\$ 24.88	1.00%	3.50%	0.27%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 28.37
Laboratory/Radiology/Pathology	2,978	\$ 21.28	\$ 5.28	1.00%	2.00%	0.27%	2.51%	1.00%	-0.50%	75.00%	0.37%	\$ 5.87
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	27,057	\$ 5.87	\$ 13.24	1.00%	2.00%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 14.66
Home Health/Hospice	28	\$ 68.58	\$ 0.16	1.00%	2.00%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 0.17
Physical/Occupational Therapy	1,257	\$ 103.92	\$ 10.89	1.00%	2.00%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 12.05
ICF/MR Services	-	\$ -	\$ -	1.50%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.50%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	6,916	\$ 91.07	\$ 52.49	0.00%	5.00%	0.27%	2.84%	2.50%	-2.50%	75.00%	-0.05%	\$ 61.12
Non-Emergency Transportation	33,984	\$ 0.28	\$ 0.78	1.00%	2.00%	0.27%	0.27%	2.50%	-2.50%	75.00%	-0.05%	\$ 0.84
Behavioral Health	429	\$ 160.84	\$ 5.76	0.00%	3.50%	0.27%	0.78%	0.00%	0.00%	75.00%	0.00%	\$ 6.34
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	20,116	\$ 216.52	\$ 362.95	1.00%	2.00%	0.27%	2.51%	-2.50%	0.50%	75.00%	-1.51%	\$ 395.82
<b>Gross Benefit Total</b>			<b>\$ 1,081.72</b>	<b>1.18%</b>	<b>2.97%</b>	<b>0.27%</b>	<b>2.61%</b>					<b>\$ 1,152.26</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 88.15
Underwriting Gain	1.50%	\$ 18.89
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,259.30</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,259.30</b>
Premium Based Taxes	2.25%	\$ 28.99
<b>Final Capitation PMPM</b>		<b>\$ 1,288.29</b>

**CUST/Adoption, Ages 1+, Male and Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	270,808
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	206,958

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	674	\$ 1,285.31	\$ 72.15	1.00%	3.50%	0.27%	2.98%	-15.00%	2.50%	75.00%	-9.66%	\$ 75.20
Outpatient Hospital - ER	368	\$ 334.05	\$ 10.25	0.50%	4.00%	0.27%	3.61%	-15.00%	2.50%	75.00%	-9.66%	\$ 10.74
Outpatient Hospital - Non-ER	422	\$ 456.96	\$ 16.09	1.00%	2.50%	0.27%	3.61%	-10.00%	2.50%	75.00%	-5.81%	\$ 17.17
Physician/Professional	4,254	\$ 136.31	\$ 48.32	1.00%	3.50%	2.56%	1.80%	5.00%	-2.50%	75.00%	1.78%	\$ 57.36
Clinics (w/FQHC/RHC)	658	\$ 225.88	\$ 12.39	1.00%	3.50%	17.96%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 16.62
Laboratory/Radiology/Pathology	1,367	\$ 28.75	\$ 3.27	1.50%	2.50%	0.27%	2.51%	1.00%	-0.50%	75.00%	0.37%	\$ 3.73
Dental - Medical	7	\$ 293.96	\$ 0.18	1.00%	3.50%	0.27%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 0.21
DME and Supplies	53,252	\$ 2.17	\$ 9.64	1.50%	2.50%	0.27%	2.51%	-5.00%	1.00%	75.00%	-3.04%	\$ 10.61
Home Health/Hospice	16,469	\$ 8.22	\$ 11.28	1.50%	2.50%	22.61%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 15.65
Physical/Occupational Therapy	2,380	\$ 100.17	\$ 19.86	1.50%	2.50%	1.97%	2.51%	-2.50%	0.50%	75.00%	-1.51%	\$ 22.58
ICF/MR Services	81	\$ 1,278.30	\$ 8.63	1.00%	3.50%	0.27%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ 9.96
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	9,285	\$ 113.00	\$ 87.43	-0.50%	5.00%	0.27%	2.84%	2.50%	-2.50%	75.00%	-0.05%	\$ 100.55
Non-Emergency Transportation	34,056	\$ 0.33	\$ 0.95	1.50%	2.50%	0.27%	0.27%	2.50%	-2.50%	75.00%	-0.05%	\$ 1.05
Behavioral Health	10,825	\$ 205.48	\$ 185.36	0.00%	3.50%	1.92%	0.78%	-10.00%	2.50%	75.00%	-5.81%	\$ 195.44
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	1,425	\$ 10.38	\$ 1.23	1.50%	2.50%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 1.40
All Other	4,579	\$ 179.08	\$ 68.34	1.50%	2.50%	0.27%	2.51%	-5.00%	1.00%	75.00%	-3.04%	\$ 75.19
<b>Gross Benefit Total</b>			<b>\$ 555.38</b>	<b>0.52%</b>	<b>3.51%</b>	<b>1.93%</b>	<b>2.02%</b>					<b>\$ 613.46</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 50.56
Underwriting Gain	1.50%	\$ 10.11
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 674.13</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 674.13</b>
Premium Based Taxes	2.25%	\$ 15.52
<b>Final Capitation PMPM</b>		<b>\$ 689.65</b>

**CUST/Adoption. Newborn < 1. Non-TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	805
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	77

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	648	\$ 1,446.40	\$ 78.12	1.50%	3.50%	0.27%	2.98%	-25.00%	5.00%	75.00%	-15.94%	\$ 76.70
Outpatient Hospital - ER	849	\$ 259.60	\$ 18.38	0.50%	4.00%	0.27%	3.61%	-25.00%	5.00%	75.00%	-15.94%	\$ 17.92
Outpatient Hospital - Non-ER	791	\$ 500.43	\$ 32.99	3.50%	1.00%	0.27%	3.61%	-15.00%	5.00%	75.00%	-8.06%	\$ 35.21
Physician/Professional	7,813	\$ 164.41	\$ 107.05	1.00%	3.50%	0.27%	1.80%	5.00%	-2.50%	75.00%	1.78%	\$ 124.26
Clinics (w/FQHC/RHC)	1,439	\$ 196.14	\$ 23.51	1.00%	3.50%	0.27%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 26.81
Laboratory/Radiology/Pathology	2,178	\$ 15.78	\$ 2.86	1.00%	2.00%	0.27%	2.51%	1.00%	-0.50%	75.00%	0.37%	\$ 3.18
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	11,553	\$ 10.53	\$ 10.14	1.00%	2.00%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 11.22
Home Health/Hospice	42,536	\$ 8.21	\$ 29.11	1.00%	2.00%	22.62%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 39.41
Physical/Occupational Therapy	1,610	\$ 97.07	\$ 13.03	1.00%	2.00%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 14.42
ICF/MR Services	-	\$ -	\$ -	1.50%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.50%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	8,309	\$ 143.60	\$ 99.43	0.00%	5.00%	0.27%	2.84%	2.50%	-2.50%	75.00%	-0.05%	\$ 115.79
Non-Emergency Transportation	29,441	\$ 0.29	\$ 0.72	1.00%	2.00%	0.27%	0.27%	2.50%	-2.50%	75.00%	-0.05%	\$ 0.78
Behavioral Health	241	\$ 147.47	\$ 2.97	0.00%	3.50%	0.27%	0.78%	0.00%	0.00%	75.00%	0.00%	\$ 3.27
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	17,836	\$ 174.80	\$ 259.81	1.00%	2.00%	0.27%	2.51%	-2.50%	0.50%	75.00%	-1.51%	\$ 283.34
<b>Gross Benefit Total</b>			<b>\$ 678.12</b>	<b>1.01%</b>	<b>2.91%</b>	<b>1.23%</b>	<b>2.55%</b>					<b>\$ 752.33</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 57.55
Underwriting Gain	1.50%	\$ 12.33
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 822.21</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 822.21</b>
Premium Based Taxes	2.25%	\$ 18.93
<b>Final Capitation PMPM</b>		<b>\$ 841.14</b>

**CUST/Adoption, Ages 1+, Male and Female, Non-TPL, Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	50,638
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	9,743

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	422	\$ 1,224.48	\$ 43.06	1.00%	3.50%	0.27%	2.98%	-15.00%	2.50%	75.00%	-9.66%	\$ 44.88
Outpatient Hospital - ER	443	\$ 323.42	\$ 11.93	0.50%	4.00%	0.27%	3.61%	-15.00%	2.50%	75.00%	-9.66%	\$ 12.51
Outpatient Hospital - Non-ER	340	\$ 428.73	\$ 12.16	1.00%	2.50%	0.27%	3.61%	-10.00%	2.50%	75.00%	-5.81%	\$ 12.97
Physician/Professional	3,362	\$ 138.90	\$ 38.91	1.00%	3.50%	0.30%	1.80%	5.00%	-2.50%	75.00%	1.78%	\$ 45.18
Clinics (w/FQHC/RHC)	771	\$ 210.20	\$ 13.51	1.00%	3.50%	12.00%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 17.21
Laboratory/Radiology/Pathology	1,160	\$ 26.95	\$ 2.60	1.50%	2.50%	0.27%	2.51%	1.00%	-0.50%	75.00%	0.37%	\$ 2.97
Dental - Medical	9	\$ 311.08	\$ 0.22	1.00%	3.50%	0.27%	1.80%	0.00%	0.00%	75.00%	0.00%	\$ 0.25
DME and Supplies	30,673	\$ 1.77	\$ 4.54	1.50%	2.50%	0.27%	2.51%	-5.00%	1.00%	75.00%	-3.04%	\$ 4.99
Home Health/Hospice	1,128	\$ 8.25	\$ 0.78	1.50%	2.50%	22.49%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 1.08
Physical/Occupational Therapy	1,547	\$ 93.77	\$ 12.09	1.50%	2.50%	0.27%	2.51%	-2.50%	0.50%	75.00%	-1.51%	\$ 13.51
ICF/MR Services	64	\$ 1,350.00	\$ 7.24	1.00%	3.50%	0.27%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ 8.36
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.98%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	8,579	\$ 163.88	\$ 117.16	-0.50%	5.00%	0.27%	2.84%	2.50%	-2.50%	75.00%	-0.05%	\$ 134.73
Non-Emergency Transportation	31,163	\$ 0.36	\$ 0.93	1.50%	2.50%	0.27%	0.27%	2.50%	-2.50%	75.00%	-0.05%	\$ 1.03
Behavioral Health	10,111	\$ 222.89	\$ 187.80	0.00%	3.50%	1.76%	0.78%	-10.00%	2.50%	75.00%	-5.81%	\$ 197.69
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	588	\$ 43.50	\$ 2.13	1.50%	2.50%	0.27%	2.51%	0.00%	0.00%	75.00%	0.00%	\$ 2.42
All Other	6,278	\$ 151.40	\$ 79.20	1.50%	2.50%	0.27%	2.51%	-5.00%	1.00%	75.00%	-3.04%	\$ 87.15
<b>Gross Benefit Total</b>			<b>\$ 534.27</b>	<b>0.40%</b>	<b>3.63%</b>	<b>1.13%</b>	<b>1.99%</b>					<b>\$ 586.93</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 48.37
Underwriting Gain	1.50%	\$ 9.67
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 644.98</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 644.98</b>
Premium Based Taxes	2.25%	\$ 14.85
<b>Final Capitation PMPM</b>		<b>\$ 659.82</b>

**CUST/Adoption. Newborn < 1. TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	68
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	41

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	7,096	\$ 1,862.16	\$ 1,101.18	1.50%	3.50%	0.27%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ 1,148.40
Outpatient Hospital - ER	175	\$ 201.23	\$ 2.94	0.50%	4.00%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 3.46
Outpatient Hospital - Non-ER	527	\$ 52.19	\$ 2.29	3.50%	1.00%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 2.70
Physician/Professional	7,356	\$ 127.83	\$ 78.36	1.00%	3.50%	0.27%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 89.55
Clinics (w/FQHC/RHC)	705	\$ 152.64	\$ 8.97	1.00%	3.50%	0.27%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 10.26
Laboratory/Radiology/Pathology	2,121	\$ 23.05	\$ 4.07	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 4.51
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	356	\$ 35.32	\$ 1.05	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 1.16
Home Health/Hospice	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	3,335	\$ 95.07	\$ 26.42	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 29.25
ICF/MR Services	-	\$ -	\$ -	1.50%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.50%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	4,031	\$ 24.62	\$ 8.27	0.00%	5.00%	0.27%	3.42%	0.00%	0.00%	75.00%	0.00%	\$ 9.69
Non-Emergency Transportation	1,113	\$ 28.59	\$ 2.65	1.00%	2.00%	0.27%	1.87%	0.00%	0.00%	75.00%	0.00%	\$ 2.92
Behavioral Health	-	\$ -	\$ -	0.00%	3.50%	0.00%	1.56%	0.00%	0.00%	75.00%	0.00%	\$ -
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	10,541	\$ 261.30	\$ 229.53	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 254.08
<b>Gross Benefit Total</b>			<b>\$ 1,465.73</b>	<b>1.37%</b>	<b>3.24%</b>	<b>0.27%</b>	<b>-5.45%</b>					<b>\$ 1,555.96</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 119.04
Underwriting Gain	1.50%	\$ 25.51
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,700.51</b>
Premium Tax		
Subtotal Prior to Premium Tax	%	PMPM
Subtotal Prior to Premium Tax		\$ 1,700.51
Premium Based Taxes	2.25%	\$ 39.14
<b>Final Capitation PMPM</b>		<b>\$ 1,739.65</b>

**CUST/Adoption, Ages 1+, Male and Female, TPL, Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	39,832
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	31,410

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	37	\$ 742.55	\$ 2.28	1.00%	3.50%	0.27%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ 2.35
Outpatient Hospital - ER	83	\$ 226.86	\$ 1.56	0.50%	4.00%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 1.83
Outpatient Hospital - Non-ER	103	\$ 348.70	\$ 2.98	1.00%	2.50%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 3.42
Physician/Professional	1,850	\$ 77.17	\$ 11.90	1.00%	3.50%	2.51%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 13.90
Clinics (w/FQHC/RHC)	259	\$ 159.48	\$ 3.45	1.00%	3.50%	15.77%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 4.55
Laboratory/Radiology/Pathology	258	\$ 25.60	\$ 0.55	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 0.63
Dental - Medical	5	\$ 208.96	\$ 0.08	1.00%	3.50%	0.27%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 0.09
DME and Supplies	29,260	\$ 1.25	\$ 3.04	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 3.45
Home Health/Hospice	4,635	\$ 8.32	\$ 3.21	1.50%	2.50%	22.31%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 4.44
Physical/Occupational Therapy	1,208	\$ 75.88	\$ 7.64	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 8.67
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	6,885	\$ 58.11	\$ 33.34	-0.50%	5.00%	0.27%	3.42%	0.00%	0.00%	75.00%	0.00%	\$ 38.57
Non-Emergency Transportation	18,712	\$ 0.44	\$ 0.69	1.50%	2.50%	0.27%	1.87%	0.00%	0.00%	75.00%	0.00%	\$ 0.77
Behavioral Health	4,685	\$ 171.62	\$ 67.00	0.00%	3.50%	2.48%	1.56%	0.00%	0.00%	75.00%	0.00%	\$ 76.00
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	479	\$ 14.09	\$ 0.56	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 0.64
All Other	1,074	\$ 158.97	\$ 14.23	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 16.15
<b>Gross Benefit Total</b>			<b>\$ 152.51</b>	<b>0.33%</b>	<b>3.62%</b>	<b>2.23%</b>	<b>2.15%</b>					<b>\$ 175.46</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 18.73
Underwriting Gain	1.50%	\$ 2.96
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 197.15</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 197.15</b>
Premium Based Taxes	2.25%	\$ 4.54
<b>Final Capitation PMPM</b>		<b>\$ 201.68</b>

**CUST/Adoption. Newborn < 1. TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	7
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	3

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	-	\$ -	\$ -	1.50%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - ER	-	\$ -	\$ -	0.50%	4.00%	0.00%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - Non-ER	-	\$ -	\$ -	3.50%	1.00%	0.00%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Physician/Professional	1,721	\$ 25.07	\$ 3.60	1.00%	3.50%	0.27%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 4.11
Clinics (w/FQHC/RHC)	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ -
Laboratory/Radiology/Pathology	1,727	\$ 8.47	\$ 1.22	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 1.35
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Home Health/Hospice	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.50%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.50%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	11,989	\$ 17.40	\$ 17.38	0.00%	5.00%	0.27%	3.42%	0.00%	0.00%	75.00%	0.00%	\$ 20.37
Non-Emergency Transportation	2,492	\$ 4.46	\$ 0.93	1.00%	2.00%	0.27%	1.87%	0.00%	0.00%	75.00%	0.00%	\$ 1.02
Behavioral Health	-	\$ -	\$ -	0.00%	3.50%	0.00%	1.56%	0.00%	0.00%	75.00%	0.00%	\$ -
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.00%	2.00%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	8,584	\$ 372.87	\$ 266.71	1.00%	2.00%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 295.25
<b>Gross Benefit Total</b>			<b>\$ 289.84</b>	<b>0.94%</b>	<b>2.20%</b>	<b>0.27%</b>	<b>2.53%</b>					<b>\$ 322.09</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 30.42
Underwriting Gain	1.50%	\$ 5.37
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 357.88</b>
Premium Tax		
Subtotal Prior to Premium Tax	%	PMPM
Subtotal Prior to Premium Tax		\$ 357.88
Premium Based Taxes	2.25%	\$ 8.24
<b>Final Capitation PMPM</b>		<b>\$ 366.12</b>



**CUST/Adoption, Ages 1+, Male and Female, TPL, Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	5,665
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	1,151

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	4	\$ 2,532.58	\$ 0.90	1.00%	3.50%	0.27%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ 0.93
Outpatient Hospital - ER	125	\$ 230.94	\$ 2.40	0.50%	4.00%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 2.83
Outpatient Hospital - Non-ER	72	\$ 248.42	\$ 1.49	1.00%	2.50%	0.27%	4.99%	0.00%	0.00%	75.00%	0.00%	\$ 1.71
Physician/Professional	1,168	\$ 86.15	\$ 8.39	1.00%	3.50%	0.27%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 9.58
Clinics (w/FQHC/RHC)	667	\$ 150.31	\$ 8.35	1.00%	3.50%	43.79%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ 13.68
Laboratory/Radiology/Pathology	207	\$ 26.36	\$ 0.45	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 0.52
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	2.01%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	16,212	\$ 1.35	\$ 1.82	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 2.07
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	432	\$ 71.46	\$ 2.57	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 2.92
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-8.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	5,745	\$ 107.20	\$ 51.33	-0.50%	5.00%	0.27%	3.42%	0.00%	0.00%	75.00%	0.00%	\$ 59.39
Non-Emergency Transportation	20,252	\$ 0.48	\$ 0.81	1.50%	2.50%	0.27%	1.87%	0.00%	0.00%	75.00%	0.00%	\$ 0.91
Behavioral Health	4,390	\$ 203.01	\$ 74.27	0.00%	3.50%	2.08%	1.56%	0.00%	0.00%	75.00%	0.00%	\$ 83.92
Indian Health Referrals	2	\$ 126.61	\$ 0.02	1.00%	1.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 0.02
Family Planning	353	\$ 19.39	\$ 0.57	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 0.65
All Other	906	\$ 182.55	\$ 13.78	1.50%	2.50%	0.27%	2.48%	0.00%	0.00%	75.00%	0.00%	\$ 15.63
<b>Gross Benefit Total</b>			<b>\$ 167.17</b>	<b>0.15%</b>	<b>3.84%</b>	<b>3.25%</b>	<b>2.31%</b>					<b>\$ 194.76</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 20.79
Underwriting Gain	1.50%	\$ 3.28
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 218.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 218.83</b>
Premium Based Taxes	2.25%	\$ 5.04
<b>Final Capitation PMPM</b>		<b>\$ 223.87</b>

**FFC. 15+ Years. Female. Non-TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	2,374
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	2,082

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	505	\$ 931.22	\$ 39.18	1.00%	3.50%	0.27%	-1.65%	-40.00%	7.50%	75.00%	-26.63%	\$ 31.67
Outpatient Hospital - ER	1,679	\$ 403.02	\$ 56.37	0.50%	4.00%	0.27%	-0.47%	-40.00%	7.50%	75.00%	-26.63%	\$ 46.11
Outpatient Hospital - Non-ER	737	\$ 200.99	\$ 12.35	1.00%	2.50%	0.27%	-0.47%	-25.00%	7.50%	75.00%	-14.53%	\$ 11.49
Physician/Professional	4,615	\$ 172.29	\$ 66.26	1.00%	3.50%	0.27%	-0.02%	10.00%	-5.00%	75.00%	3.38%	\$ 76.72
Clinics (w/FQHC/RHC)	566	\$ 184.66	\$ 8.70	1.00%	3.50%	0.27%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ 9.75
Laboratory/Radiology/Pathology	5,596	\$ 27.35	\$ 12.75	1.50%	2.50%	0.27%	-0.99%	2.00%	-1.00%	75.00%	0.74%	\$ 14.08
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	4,660	\$ 4.12	\$ 1.60	1.50%	2.50%	0.27%	-0.99%	-15.00%	3.50%	75.00%	-9.02%	\$ 1.60
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	6,154	\$ 96.96	\$ 49.73	-0.50%	5.00%	0.27%	1.62%	5.00%	-5.00%	75.00%	-0.19%	\$ 56.42
Non-Emergency Transportation	928	\$ 6.85	\$ 0.53	1.50%	2.50%	0.27%	1.74%	5.00%	-5.00%	75.00%	-0.19%	\$ 0.60
Behavioral Health	5,930	\$ 139.87	\$ 69.11	0.00%	3.50%	14.44%	-0.07%	-20.00%	5.00%	75.00%	-12.00%	\$ 75.80
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	7,166	\$ 7.52	\$ 4.49	1.50%	2.50%	0.27%	-0.99%	5.00%	-5.00%	75.00%	-0.19%	\$ 4.91
All Other	4,398	\$ 39.91	\$ 14.63	1.50%	2.50%	0.27%	-0.99%	-10.00%	2.00%	75.00%	-6.15%	\$ 15.05
<b>Gross Benefit Total</b>			<b>\$ 335.71</b>	<b>0.54%</b>	<b>3.67%</b>	<b>3.19%</b>	<b>-0.16%</b>					<b>\$ 344.20</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 32.51
Underwriting Gain	1.50%	\$ 5.74
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 382.44</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 382.44</b>
Premium Based Taxes	2.25%	\$ 8.80
<b>Final Capitation PMPM</b>		<b>\$ 391.24</b>

**FFC. 15+ Years. Male. Non-TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	3,119
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	2,598

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	146	\$ 1,769.34	\$ 21.54	1.00%	3.50%	0.27%	-1.65%	-40.00%	7.50%	75.00%	-26.63%	\$ 17.41
Outpatient Hospital - ER	812	\$ 346.96	\$ 23.48	0.50%	4.00%	0.27%	-0.47%	-40.00%	7.50%	75.00%	-26.63%	\$ 19.21
Outpatient Hospital - Non-ER	138	\$ 1,251.32	\$ 14.44	1.00%	2.50%	0.27%	-0.47%	-25.00%	7.50%	75.00%	-14.53%	\$ 13.43
Physician/Professional	1,861	\$ 117.39	\$ 18.20	1.00%	3.50%	0.27%	-0.02%	10.00%	-5.00%	75.00%	3.38%	\$ 21.08
Clinics (w/FQHC/RHC)	196	\$ 169.20	\$ 2.76	1.00%	3.50%	0.27%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ 3.10
Laboratory/Radiology/Pathology	1,540	\$ 25.07	\$ 3.22	1.50%	2.50%	0.27%	-0.99%	2.00%	-1.00%	75.00%	0.74%	\$ 3.55
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	792	\$ 1.30	\$ 0.09	1.50%	2.50%	0.27%	-0.99%	-15.00%	3.50%	75.00%	-9.02%	\$ 0.09
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	4	\$ 44.44	\$ 0.01	1.50%	2.50%	0.27%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	2,610	\$ 281.63	\$ 61.25	-0.50%	5.00%	0.27%	1.62%	5.00%	-5.00%	75.00%	-0.19%	\$ 69.50
Non-Emergency Transportation	880	\$ 7.10	\$ 0.52	1.50%	2.50%	0.27%	1.74%	5.00%	-5.00%	75.00%	-0.19%	\$ 0.59
Behavioral Health	1,697	\$ 172.34	\$ 24.37	0.00%	3.50%	34.22%	-0.07%	-20.00%	5.00%	75.00%	-12.00%	\$ 31.35
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	5.00%	-5.00%	75.00%	-0.19%	\$ -
All Other	1,248	\$ 65.59	\$ 6.82	1.50%	2.50%	0.27%	-0.99%	-10.00%	2.00%	75.00%	-6.15%	\$ 7.01
<b>Gross Benefit Total</b>			<b>\$ 176.70</b>	<b>0.31%</b>	<b>3.94%</b>	<b>4.96%</b>	<b>0.19%</b>					<b>\$ 186.32</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 19.89
Underwriting Gain	1.50%	\$ 3.14
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 209.35</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 209.35</b>
Premium Based Taxes	2.25%	\$ 4.82
<b>Final Capitation PMPM</b>		<b>\$ 214.17</b>

**FFC. 15+ Years. Female. Non-TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	905
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	194

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	238	\$ 1,306.63	\$ 25.96	1.00%	3.50%	0.27%	-1.65%	-40.00%	7.50%	75.00%	-26.63%	\$ 20.98
Outpatient Hospital - ER	1,326	\$ 357.59	\$ 39.52	0.50%	4.00%	0.27%	-0.47%	-40.00%	7.50%	75.00%	-26.63%	\$ 32.32
Outpatient Hospital - Non-ER	623	\$ 353.23	\$ 18.33	1.00%	2.50%	0.27%	-0.47%	-25.00%	7.50%	75.00%	-14.53%	\$ 17.05
Physician/Professional	3,874	\$ 161.53	\$ 52.15	1.00%	3.50%	0.27%	-0.02%	10.00%	-5.00%	75.00%	3.38%	\$ 60.38
Clinics (w/FQHC/RHC)	517	\$ 223.11	\$ 9.61	1.00%	3.50%	0.27%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ 10.76
Laboratory/Radiology/Pathology	3,226	\$ 27.15	\$ 7.30	1.50%	2.50%	0.27%	-0.99%	2.00%	-1.00%	75.00%	0.74%	\$ 8.06
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	1,338	\$ 1.93	\$ 0.22	1.50%	2.50%	0.27%	-0.99%	-15.00%	3.50%	75.00%	-9.02%	\$ 0.21
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	40	\$ 106.07	\$ 0.35	1.50%	2.50%	0.27%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ 0.38
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	5,787	\$ 113.68	\$ 54.82	-0.50%	5.00%	0.27%	1.62%	5.00%	-5.00%	75.00%	-0.19%	\$ 62.21
Non-Emergency Transportation	702	\$ 8.96	\$ 0.52	1.50%	2.50%	0.27%	1.74%	5.00%	-5.00%	75.00%	-0.19%	\$ 0.59
Behavioral Health	4,488	\$ 123.25	\$ 46.09	0.00%	3.50%	19.72%	-0.07%	-20.00%	5.00%	75.00%	-12.00%	\$ 52.88
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	10,336	\$ 11.54	\$ 9.94	1.50%	2.50%	0.27%	-0.99%	5.00%	-5.00%	75.00%	-0.19%	\$ 10.88
All Other	1,555	\$ 48.58	\$ 6.30	1.50%	2.50%	0.27%	-0.99%	-10.00%	2.00%	75.00%	-6.15%	\$ 6.48
<b>Gross Benefit Total</b>			<b>\$ 271.10</b>	<b>0.50%</b>	<b>3.72%</b>	<b>3.58%</b>	<b>-0.03%</b>					<b>\$ 283.18</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 28.48
Underwriting Gain	1.50%	\$ 4.75
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 316.41</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 316.41</b>
Premium Based Taxes	2.25%	\$ 7.28
<b>Final Capitation PMPM</b>		<b>\$ 323.69</b>

**FFC. 15+ Years. Male. Non-TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	765
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	165

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	31	\$ 3,962.74	\$ 10.35	1.00%	3.50%	0.27%	-1.65%	-40.00%	7.50%	75.00%	-26.63%	\$ 8.37
Outpatient Hospital - ER	345	\$ 360.57	\$ 10.38	0.50%	4.00%	0.27%	-0.47%	-40.00%	7.50%	75.00%	-26.63%	\$ 8.49
Outpatient Hospital - Non-ER	157	\$ 613.34	\$ 8.02	1.00%	2.50%	0.27%	-0.47%	-25.00%	7.50%	75.00%	-14.53%	\$ 7.46
Physician/Professional	1,463	\$ 140.90	\$ 17.18	1.00%	3.50%	0.27%	-0.02%	10.00%	-5.00%	75.00%	3.38%	\$ 19.89
Clinics (w/FQHC/RHC)	110	\$ 285.86	\$ 2.62	1.00%	3.50%	0.27%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ 2.93
Laboratory/Radiology/Pathology	537	\$ 28.06	\$ 1.25	1.50%	2.50%	0.27%	-0.99%	2.00%	-1.00%	75.00%	0.74%	\$ 1.39
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	-0.02%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	-15.00%	3.50%	75.00%	-9.02%	\$ -
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.65%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	2,132	\$ 236.60	\$ 42.04	-0.50%	5.00%	0.27%	1.62%	5.00%	-5.00%	75.00%	-0.19%	\$ 47.70
Non-Emergency Transportation	1,426	\$ 3.86	\$ 0.46	1.50%	2.50%	0.27%	1.74%	5.00%	-5.00%	75.00%	-0.19%	\$ 0.52
Behavioral Health	678	\$ 148.49	\$ 8.39	0.00%	3.50%	79.43%	-0.07%	-20.00%	5.00%	75.00%	-12.00%	\$ 14.42
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	-0.99%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.50%	2.50%	0.00%	-0.99%	5.00%	-5.00%	75.00%	-0.19%	\$ -
All Other	1,199	\$ 41.48	\$ 4.14	1.50%	2.50%	0.27%	-0.99%	-10.00%	2.00%	75.00%	-6.15%	\$ 4.26
<b>Gross Benefit Total</b>			<b>\$ 104.82</b>	<b>0.30%</b>	<b>4.02%</b>	<b>6.61%</b>	<b>0.35%</b>					<b>\$ 115.42</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 12.32
Underwriting Gain	1.50%	\$ 1.95
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 129.69</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 129.69</b>
Premium Based Taxes	2.25%	\$ 2.99
<b>Final Capitation PMPM</b>		<b>\$ 132.67</b>

**FFC. 15+ Years. Female. TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	275
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	248

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - ER	218	\$ 378.99	\$ 6.89	0.50%	4.00%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 7.93
Outpatient Hospital - Non-ER	174	\$ 38.21	\$ 0.56	1.00%	2.50%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 0.62
Physician/Professional	1,335	\$ 73.44	\$ 8.17	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 9.30
Clinics (w/FQHC/RHC)	131	\$ 126.88	\$ 1.38	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 1.57
Laboratory/Radiology/Pathology	965	\$ 25.95	\$ 2.09	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 2.34
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	44	\$ 43.37	\$ 0.16	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 0.18
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	4,662	\$ 36.61	\$ 14.22	-0.50%	5.00%	0.27%	3.72%	0.00%	0.00%	75.00%	0.00%	\$ 16.50
Non-Emergency Transportation	1,200	\$ 4.46	\$ 0.45	1.50%	2.50%	0.27%	3.10%	0.00%	0.00%	75.00%	0.00%	\$ 0.51
Behavioral Health	2,541	\$ 109.69	\$ 23.22	0.00%	3.50%	19.00%	2.05%	0.00%	0.00%	75.00%	0.00%	\$ 30.74
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	26,388	\$ 0.71	\$ 1.55	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 1.74
All Other	205	\$ 77.04	\$ 1.32	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 1.48
<b>Gross Benefit Total</b>			<b>\$ 60.00</b>	<b>0.25%</b>	<b>3.81%</b>	<b>7.52%</b>	<b>2.41%</b>					<b>\$ 72.91</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	10.00%	\$ 8.24
Underwriting Gain	1.50%	\$ 1.24
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 82.38</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 82.38</b>
Premium Based Taxes	2.25%	\$ 1.90
<b>Final Capitation PMPM</b>		<b>\$ 84.28</b>

**FFC. 15+ Years. Male. TPL. Non-Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	291
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	310

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment	Seasonality	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			PMPM %	PMPM %	Unit Cost %	Util/1000 %	
Inpatient Hospital	535	\$ 177.22	\$ 7.91	1.00%	3.50%	0.27%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ 8.75
Outpatient Hospital - ER	206	\$ 375.79	\$ 6.46	0.50%	4.00%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 7.43
Outpatient Hospital - Non-ER	41	\$ 3.67	\$ 0.01	1.00%	2.50%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 0.01
Physician/Professional	405	\$ 155.77	\$ 5.26	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 5.99
Clinics (w/FQHC/RHC)	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
Laboratory/Radiology/Pathology	207	\$ 39.54	\$ 0.68	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 0.77
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	1,771	\$ 265.31	\$ 39.15	-0.50%	5.00%	0.27%	3.72%	0.00%	0.00%	75.00%	0.00%	\$ 45.42
Non-Emergency Transportation	1,247	\$ 4.46	\$ 0.46	1.50%	2.50%	0.27%	3.10%	0.00%	0.00%	75.00%	0.00%	\$ 0.53
Behavioral Health	3,561	\$ 126.03	\$ 37.40	0.00%	3.50%	13.12%	2.05%	0.00%	0.00%	75.00%	0.00%	\$ 47.05
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	2,190	\$ 22.64	\$ 4.13	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 4.64
<b>Gross Benefit Total</b>			<b>\$ 101.46</b>	<b>0.05%</b>	<b>4.06%</b>	<b>5.01%</b>	<b>2.44%</b>					<b>\$ 120.59</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 12.87
Underwriting Gain	1.50%	\$ 2.03
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 135.49</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 135.49</b>
Premium Based Taxes	2.25%	\$ 3.12
<b>Final Capitation PMPM</b>		<b>\$ 138.61</b>

**FFC. 15+ Years. Female. TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	80
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	11

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - ER	-	\$ -	\$ -	0.50%	4.00%	0.00%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - Non-ER	299	\$ 8.92	\$ 0.22	1.00%	2.50%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 0.25
Physician/Professional	302	\$ 243.84	\$ 6.13	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 6.97
Clinics (w/FQHC/RHC)	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
Laboratory/Radiology/Pathology	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	448	\$ 350.49	\$ 13.09	-0.50%	5.00%	0.27%	3.72%	0.00%	0.00%	75.00%	0.00%	\$ 15.19
Non-Emergency Transportation	1,257	\$ 4.46	\$ 0.47	1.50%	2.50%	0.27%	3.10%	0.00%	0.00%	75.00%	0.00%	\$ 0.53
Behavioral Health	-	\$ -	\$ -	0.00%	3.50%	0.00%	2.05%	0.00%	0.00%	75.00%	0.00%	\$ -
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	300	\$ 133.31	\$ 3.33	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 3.74
All Other	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
<b>Gross Benefit Total</b>			<b>\$ 23.24</b>	<b>0.24%</b>	<b>4.17%</b>	<b>0.27%</b>	<b>2.80%</b>					<b>\$ 26.68</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	10.00%	\$ 3.01
Underwriting Gain	1.50%	\$ 0.45
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 30.15</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 30.15</b>
Premium Based Taxes	2.25%	\$ 0.69
<b>Final Capitation PMPM</b>		<b>\$ 30.84</b>



**FFC. 15+ Years. Male. TPL. Voluntary**

<b>Base Period:</b>	January 1, 2021 to December 31, 2021
<b>Base Member Months:</b>	104
<b>Trend Months (No Seasonality):</b>	30

<b>Contract Period:</b>	October 1, 2023 to June 30, 2024
<b>Projected Member Months:</b>	29

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Program Change Adjustment PMPM %	Seasonality PMPM %	Managed Care Savings				Projected Medical Expenses PMPM
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %			Unit Cost %	Util/1000 %	Adjustment	Total	
Inpatient Hospital	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Outpatient Hospital - ER	115	\$ 471.48	\$ 4.54	0.50%	4.00%	0.27%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ 5.22
Outpatient Hospital - Non-ER	-	\$ -	\$ -	1.00%	2.50%	0.00%	2.72%	0.00%	0.00%	75.00%	0.00%	\$ -
Physician/Professional	396	\$ 163.24	\$ 5.39	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 6.13
Clinics (w/FQHC/RHC)	231	\$ 118.99	\$ 2.29	1.00%	3.50%	0.27%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ 2.60
Laboratory/Radiology/Pathology	464	\$ 6.30	\$ 0.24	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 0.27
Dental - Medical	-	\$ -	\$ -	1.00%	3.50%	0.00%	1.60%	0.00%	0.00%	75.00%	0.00%	\$ -
DME and Supplies	80,684	\$ 0.07	\$ 0.50	1.50%	2.50%	0.27%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ 0.56
Home Health/Hospice	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
ICF/MR Services	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Nursing Facility	-	\$ -	\$ -	1.00%	3.50%	0.00%	-1.15%	0.00%	0.00%	75.00%	0.00%	\$ -
Pharmacy	1,037	\$ 193.73	\$ 16.75	-0.50%	5.00%	0.27%	3.72%	0.00%	0.00%	75.00%	0.00%	\$ 19.43
Non-Emergency Transportation	1,146	\$ 4.46	\$ 0.43	1.50%	2.50%	0.27%	3.10%	0.00%	0.00%	75.00%	0.00%	\$ 0.49
Behavioral Health	116	\$ 692.76	\$ 6.69	0.00%	3.50%	33.67%	2.05%	0.00%	0.00%	75.00%	0.00%	\$ 9.95
Indian Health Referrals	-	\$ -	\$ -	1.00%	1.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
Family Planning	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
All Other	-	\$ -	\$ -	1.50%	2.50%	0.00%	1.36%	0.00%	0.00%	75.00%	0.00%	\$ -
<b>Gross Benefit Total</b>			<b>\$ 36.82</b>	<b>0.09%</b>	<b>4.21%</b>	<b>6.34%</b>	<b>2.80%</b>					<b>\$ 44.65</b>

<b>Notes:</b>
1. Totals may differ due to rounding.
2. Trend months reflect the 30 months from the mid-point of CY2021 (June 30, 2021) to the mid-point of SFY2024 (December 30, 2023).
3. Seasonality adjusts the capitation rates to reflect the nine-month period from October 1, 2023 to June 30, 2024.
4. All PMPM values contained on this capitation rate calculation sheet are based on CY2021 member months.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	10.00%	\$ 5.05
Underwriting Gain	1.50%	\$ 0.76
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 50.46</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 50.46</b>
Premium Based Taxes	2.25%	\$ 1.16
<b>Final Capitation PMPM</b>		<b>\$ 51.62</b>