

# Program of All-Inclusive Care for the Elderly

## Development of SFY 2022 AWOPs and Capitation Rates

July 1, 2021 through June 30, 2022

### Rhode Island, Executive Office of Health and Human Services

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[Ian McCulla](#), FSA, MAAA  
Principal and Consulting Actuary

[Jason Melek](#), FSA, MAAA  
Consulting Actuary





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## I. Executive Summary

Milliman, Inc. (Milliman) has been retained by the Rhode Island Executive Office of Health and Human Services (EOHHS) to assist with the development of the Program of All-Inclusive Care for the Elderly (PACE) Medicaid capitation rates effective for July 1, 2021 through June 30, 2022 and the Medicaid amounts that would otherwise have been paid (AWOPs) if individuals were not enrolled in PACE. This report documents the methodology used in developing the AWOPs and capitation rates. The AWOP values and capitation rates documented in this report correspond to the twelve-month period of July 1, 2021 through June 30, 2022 (SFY 2022). It is anticipated that EOHHS will update the AWOP values in future years consistent with the state plan.

### PACE BACKGROUND

The PACE program targets individuals who would otherwise qualify for Medicaid nursing facility placement and provides them with a comprehensive array of facility and home and community-based services. Individuals meeting the following criteria are eligible to receive services under PACE:

- Age 55 and over
- Determined to be at nursing facility level of care
- Lives in an authorized program area

PACE plans are capitated for both Medicare and Medicaid services, covering both acute and long-term care services and providing the full continuum of care. The unique delivery system involves on-site care centers and case management provided by multi-disciplinary teams.

Rhode Island has a single PACE site, PACE Organization of Rhode Island, serving approximately 345 total dual eligible and Medicaid-only (non-dual) eligible individuals as of July 2021. Approximately 90% of the enrollees are estimated to be dual eligible.

### SFY 2022 PACE CAPITATION RATES OVERVIEW AND METHODOLOGY

PACE Medicaid capitation rate requirements are set forth in 42 CFR §460.182 and are further described in the PACE Medicaid Capitation Rate Setting Guide (PACE Guide) released in December 2015 by CMS. This report follows the PACE Guide and documents the development of the AWOP values and capitation rates.

- **AWOP** – The SFY 2022 AWOPs are developed using members enrolled in the fee-for-service (FFS) delivery system for all three eligibility categories (Duals 55-64, Duals 65+, and Non-Duals). In addition, members enrolled in the Rhody Health Partners (RHP) managed care program are included in the AWOP development for the non-dual HCBS members.

For FFS members, the base data reflects calendar year (CY) 2019 incurred FFS experience, with claims paid through May 31, 2021. For the RHP members, the base data reflects a combination of the CY 2019 FFS experience and SFY 2022 Medicaid managed care capitation rates. We applied corresponding trend and program adjustments to the CY 2019 FFS base data to adjust the data to the SFY 2022 rating period.

The SFY 2022 AWOPs include an administrative cost allowance based on EOHHS central administration costs. The AWOPs are based on a blend of the estimated SFY 2022 HCBS and nursing home member costs and are calculated gross of patient liability. EOHHS subtracts the patient liability from the capitation payment made to the PACE organization based on each member's calculated patient liability.

- **Capitation Rate** – The SFY 2022 capitation rates are developed by applying a percentage discount (2%) to the AWOP amounts.

Figure 1 provides a comparison between the SFY 2021 and the SFY 2022 PACE capitation rates for the three eligibility categories. The SFY 2021 AWOPs and capitation rates were developed using experience from Rhody Health Options (RHO Phase I) and the state's Medicaid long term services and supports managed care program that terminated September 30, 2018.

Differences in the base data, corresponding changes to the AWOP development, and SFY 2022 program changes (e.g., ARPA provider reimbursement increases) are the primary contributors to the change in the capitation rates. The methodology used in the development of the SFY 2022 AWOPs and capitation rates is further described in Section II of this report.

**FIGURE 1: COMPARISON OF SFY 2021 PACE RATE TO SFY 2022 PACE RATE**

Eligibility Category	Estimated Average Monthly Enrollment	SFY 2021 PACE Capitation Rate	SFY 2022 PACE Capitation Rate	Percentage Difference
Duals 55-64	31	\$3,873.00	\$4,516.00	16.6%
Duals 65+	282	\$3,737.00	\$4,798.00	28.4%
Non-Duals	32	\$6,907.00	\$5,783.00	(16.3%)
<b>Composite</b>	<b>345</b>	<b>\$4,043.25</b>	<b>\$4,864.02</b>	<b>20.3%</b>

Note:

1. PACE capitation rates are gross of patient liability because patient liability amounts will be determined and administered on an enrollee-specific basis.

The SFY 2022 AWOPs and SFY 2022 PACE rates are based on the methodology as specified in set forth in 42 CFR §460.182 and as further described in the PACE Guide released by CMS. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions under the methodology described herein. It is certain that actual costs will vary from projected costs to the extent that actual experience varies from the data and assumptions underlying the PACE rate development.

We acknowledge there is uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report. However, due to the nature of long-term services and supports in this population and the availability of COVID-19 vaccinations, we have not assumed a material impact of COVID-19 to the prospective trends.

## FISCAL IMPACT

Figure 2 compares the SFY 2021 PACE capitation rates to the SFY 2022 PACE capitation rates by eligibility category. The fiscal impact is developed using the projected SFY 2022 PACE enrollment.

**FIGURE 2: PACE CAPITATION RATE EXPENDITURE COMPARISON (\$ MILLIONS)**

Eligibility Category	SFY 2021 Aggregate Expenditures	SFY 2022 Aggregate Expenditures	Expenditure Change
Duals 55-64	\$ 1.4	\$ 1.7	\$ 0.2
Duals 65+	12.6	16.2	3.6
Non-Duals	2.7	2.2	(0.4)
<b>Total</b>	<b>\$ 16.7</b>	<b>\$ 20.1</b>	<b>\$ 3.4</b>
<b>Total Federal</b>	<b>\$ 9.2</b>	<b>\$ 11.0</b>	<b>\$ 1.9</b>
<b>Total State</b>	<b>\$ 7.6</b>	<b>\$ 9.1</b>	<b>\$ 1.5</b>

Notes:

1. Values have been rounded.
2. SFY 2021 and SFY 2022 aggregate expenditures were developed based on projected SFY 2022 enrollment.
3. State expenditures for all columns are based on Federal Fiscal Year (FFY) 2021 Federal Medical Assistance Percentage (FMAP) of 54.09% for three months and FFY 2022 FMAP of 54.88% for nine months. No adjustment was made for any applicable enhanced FMAP rates.

## II. PACE AWOP Methodology

The methodology to develop the amounts that would have otherwise been paid (AWOPs) and the required documentation are included in this section of the report. The methodology to develop the SFY 2022 AWOPs is outlined in the following steps:

1. Define proxy PACE population
2. Summarize FFS claims, non-emergency medical transportation (NEMT), and patient liability experience for proxy PACE population
3. Apply retrospective completion and trend adjustments
4. Apply adjustments to reflect the PACE population acuity
5. Apply prospective program adjustments
6. Trend base experience to the SFY 2022 AWOP period
7. Combine the Non-Dual HCBS FFS and managed care experience
8. Include administrative cost load
9. Composite the HCBS and Nursing Home populations to form a blended AWOP

Appendix 1 through Appendix 4 illustrates the results of steps 1 through 8 above. Each step is discussed in further detail in the following sections.

### Step 1: Define Proxy Pace Population

Historical eligibility was summarized for individuals age 55 and over who meet the PACE eligibility criteria but are not enrolled in PACE. The claims and membership for this proxy PACE population was utilized as the base experience for the SFY 2022 AWOP and capitation rate development. We applied the following eligibility criteria to determine the proxy PACE population:

- Age 55 and over
- Living in either a nursing home (NH) or receiving home-based community services (HCBS) in a waiver program eligible for PACE (see Figure 3)
- Not enrolled in the PACE program
- Not enrolled in RItShare (Rhode Island's premium assistance program)
- Eligible for full Medicaid benefits (defined by aid category code)
- Not enrolled in a managed care program, except for the RHP non-dual HCBS population
- HCBS enrollment was required to have corresponding HCBS service utilization
- The first 3 months a member was enrolled in Medicaid were excluded

The above eligibility criteria represent program eligibility requirements and parameters that best approximate the population consistent with frailty and age of PACE participants.

In addition, members were assigned to a nursing home rate cell based on the member placement level (code "002"), excluding members in an Intellectual Disability Waiver residing in a group home. Members with nursing home stays less than three months were not assigned to a nursing home rate cell and remained in a HCBS rate cell, if applicable, to account for short term nursing home stays.

Members were assigned to a HCBS rate cell if they were enrolled in one of the waivers illustrated in Figure 3.

**FIGURE 3: PROXY PACE HCBS ELIGIBILITY**

Waiver Eligibility	Waiver Code
Core Community Services	01 or 09
DEA Community Services	02
RI Housing Assisted Living	07
DEA Assisted Living	13
Shared Living	08

The proxy PACE population is limited to members who were either residing in a nursing home or enrolled in an eligible waiver. Members meeting both the nursing home and HCBS criteria described above were assigned to the nursing home rate cell.

Members were stratified between dual/non-dual eligibility and furthermore by age for dual eligibles based on EOHHS eligibility data. Eligibility categories are stratified by members eligible for Medicare primarily because of disability (Duals 55-64), eligible for Medicare primarily because of age (Duals 65+), and members not eligible for Medicare (Non-Duals). This stratification allows for more precise AWOP and capitation rate development and as a risk stratification mechanism within the PACE program.

The base data period is from January 1, 2019 through December 31, 2019 (CY 2019). Member month values for the base experience is illustrated in Figure 4.

**FIGURE 4: CY 2019 PROXY PACE ELIGIBILITY**

PACE Rate Cell	Member Months
Duals 55-64 HCBS	2,022
Duals 55-64 NH	2,718
Duals 65+ HCBS	14,670
Duals 65+ NH	43,596
Non-Duals HCBS	462
Non-Duals NH	5,006
RHP Non-Duals HCBS	1,406
<b>Composite</b>	<b>69,880</b>

Members in the RHP HCBS population are attributable to members previously enrolled in the RHO Phase 1 managed long-term services and supports program that were transitioned to RHP following the termination of the RHO Phase 1 program. The blending of the non-dual HCBS FFS and RHP populations is described in Step 6 of this section.

## **Step 2: Summarize FFS, NEMT, and Patient Liability for Proxy PACE population**

The FFS base experience includes claims with CY 2019 service dates paid through May 31, 2021. CY 2019 FFS experience was assigned to the member's rate cell and stratified by category of service. All Medicaid covered benefits paid for by the FFS delivery system are included in the base FFS experience.

In addition, the base experience includes per member per month (PMPM) estimates for the non-emergency medical transportation (NEMT) and patient liability. The NEMT benefit is provided through a capitated delivery system. The NEMT load illustrated in Appendix 1 was estimated using SFY 2022 NEMT capitation rates adjusted for the estimated acuity of the proxy PACE population. NEMT acuity adjustments were estimated based on utilization differences between the proxy PACE population and the remainder of the population enrolled in the NEMT benefit. Utilization values were estimated using NEMT encounter data.

Patient liability amounts are based on enrollee-specific patient liability effective during the base data period and corresponding to the proxy PACE population. The patient liability amounts for members in a nursing home rate cell are adjusted using the same rating factors as the nursing home category of service, and patient liability amounts for members in an HCBS rate cell are adjusted using the same factors as the HCBS category of service. Patient liability amounts for HCBS rate cells reflect the estimated patient share amounts collected, since the fee-for-service HCBS claim payments are reduced based on patient share collections.

Effective January 1, 2020, Medicare covers Opioid Treatment Programs (OTP) for dual eligible individuals. Prior to January 1, 2020, this was only a covered benefit under Medicaid. Experience for procedure code H0020 was removed from the CY 2019 base experience for Medicare/Medicaid dual eligible members. Figure 5 illustrates the OTP expenditures removed from the CY 2019 base experience.

**FIGURE 5: OPIOID TREATMENT PROGRAM (OTP) EXPERIENCE**

PACE Rate Cell	CY 2019 OTP PMPM
Duals 55-64 HCBS	\$ 0.21
Duals 55-64 NH	4.08
Duals 65+ HCBS	1.17
Duals 65+ NH	0.32

Appendix 1 illustrates the base experience for each rate cell by category of service.

### Step 3: Apply Retrospective Completion and Trend Adjustments

The CY 2019 base experience was adjusted for nursing home incurred but not paid (IBNP) claims and legislatively mandated reimbursement increases. Retrospective adjustments to the CY 2019 base experience are illustrated in Appendix 1. Figure 6 summarizes the estimated fiscal impact of these retrospective adjustments by rate cell.

**FIGURE 6: RETROSPECTIVE ADJUSTMENTS**

Nursing Home Completion Percentage Impact			
PACE Rate Cell	HCBS Rate Cell	Nursing Home Rate Cell	
Duals 55-64	0.0%	0.6%	
Duals 65+	0.0%	0.6%	
Non-Duals	0.0%	0.5%	
RHP Non-Duals	0.0%	N/A	

Legislative Increase Percentage Impact			
PACE Rate Cell	HCBS Rate Cell	Nursing Home Rate Cell	
Duals 55-64	0.1%	0.8%	
Duals 65+	0.1%	0.8%	
Non-Duals	0.5%	1.0%	
RHP Non-Duals	0.0%	N/A	

Notes:

1. Percentage illustrated represents the percent impact to total costs for the rate cell.
2. Values have been rounded.

- **Nursing Home Completion:** The nursing home completion adjustment reflects the estimated CY 2019 FFS nursing home IBNP claims. IBNP was estimated to be immaterial for other service categories, as nursing home claim payments had a materially longer claims run-out period than other claim types.
- **Legislative Increases:** Retrospective trend was applied to CY 2019 FFS data to reflect increases to the FFS program prescribed by the State of Rhode Island General Assembly Budget Article Relating to Human Services that occurred before the end of CY 2019. This adjustment modified the CY 2019 base experience to reflect a 7.2% reimbursement increase effective July 1, 2019 for inpatient and outpatient hospital services and a 1.0% reimbursement increase effective October 1, 2019 for nursing home and hospice services.

### Step 4: Apply Adjustments to Reflect the PACE Population Acuity

The CY 2019 base experience was adjusted for estimated acuity differences between the population mix of the FFS proxy PACE experience and PACE-enrolled population. Acuity adjustments to the CY 2019 base experience are illustrated in Appendix 2. Figure 7 illustrates the estimated impact of the acuity differences between the FFS experience and PACE-enrolled population by rate cell and service category.



**FIGURE 7: PROSPECTIVE ACUITY ADJUSTMENTS**

Nursing Home Acuity Impact		
PACE Rate Cell	HCBS Rate Cell	Nursing Home Rate Cell
Duals 55-64	0.0%	2.9%
Duals 65+	0.0%	2.9%
Non-Duals	0.0%	2.9%
RHP Non-Duals	0.0%	N/A

  

HCBS and Case Management Acuity Impact		
PACE Rate Cell	HCBS Rate Cell	Nursing Home Rate Cell
Duals 55-64	0.2%	0.0%
Duals 65+	2.8%	0.0%
Non-Duals	2.2%	0.0%
RHP Non-Duals	2.2%	N/A

## Notes:

1. Percentage illustrated represents the percent impact to the affected service categories.
  2. Values have been rounded
- **Nursing Home Acuity Adjustment:** The nursing home acuity adjustment reflects the estimated acuity differential of PACE-enrolled members residing in a nursing home relative to the acuity of the proxy PACE population residing in a nursing home. We used the Resource Utilization Group (RUG) score assigned to each enrollee to estimate the acuity for the two populations. The nursing home acuity adjustment is based on the relativity between the PACE-enrolled and Proxy PACE population RUG scores (approximately 5% differential), multiplied by the proportion of the nursing home per diem adjusted based on RUG scores (approximately 55% of the nursing home per diem). The adjustment was applied to the nursing home, hospice, and patient liability costs on a composite basis across all nursing home rate cells for credibility purposes.
  - **Waiver Eligibility Acuity Adjustment:** The waiver eligibility acuity adjustment was used to reflect the waiver distribution of PACE-enrolled members in a HCBS setting relative to the waiver distribution of the proxy PACE population in a HCBS setting. CY 2019 HCBS fee-for-service costs and patient liability amounts were used to estimate member cost by waiver type. The June 2021 waiver eligibility for the PACE-enrolled and proxy PACE populations, in conjunction with the estimated costs by waiver type, were used to estimate the waiver eligibility acuity adjustment for each HCBS rate cell. The adjustment was applied to the HCBS and patient liability amounts.

**Step 5: Apply Prospective Program Adjustments**

The CY 2019 base experience was adjusted for program changes effective in SFY 2022, including the shared living increase, assisted living tiers, HCBS shift differential increase, and behavioral healthcare certification rate enhancement, which are described below in more detail. In addition, EOHHS is providing a temporary reimbursement increase for certain providers and services using American Rescue Plan Act of 2021 (ARPA) funding. Prospective adjustments to the CY 2019 base experience are illustrated in Appendix 3. Figure 8 summarizes the estimated fiscal impact of these prospective adjustments by rate cell.

FIGURE 8: PROSPECTIVE PROGRAM ADJUSTMENTS

PACE Rate Cell	Shared Living Increase	Assisted Living Tiers	HCBS Shift Differential Increase	Behavioral Health Cert Rate Enhancement	ARPA Reimbursement Increase
Duals 55-64 HCBS	0.0%	3.2%	0.6%	1.0%	36.6%
Duals 55-64 NH	0.0%	0.0%	0.0%	0.0%	0.1%
Duals 65+ HCBS	0.1%	2.7%	0.7%	1.0%	36.3%
Duals 65+ NH	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Duals HCBS	0.6%	2.3%	0.4%	0.6%	20.6%
Non-Duals NH	0.0%	0.0%	0.0%	0.0%	0.1%
RHP Non-Duals HCBS	0.8%	3.2%	0.5%	1.0%	37.0%

Note: Percentage illustrated represents the percent impact to total costs for the rate cell. The RHP Non-Duals HCBS percentages represent the percent impact to total costs prior to the application of the Medicaid managed care capitation payment (illustrated in Appendix 3).

- **Shared Living Increase:** Effective July 1, 2021, adult companion care (procedure code S5136) reimbursement in shared living settings was increased by 10%. We estimated the fiscal impact of the reimbursement increase based on historical utilization for this code.
- **Assisted Living Tiers:** Effective November 1, 2021, assisted living services was reimbursed under a tiered rating system. Tiers A and B (Basic and Enhanced, respectively) were effective November 1, 2021, with a third tier (Tier C: Intensive/Highly Specialized) effective January 1, 2022. The tiered reimbursement replaces the current assisted living reimbursement under procedure code T2031.

The fiscal impact of this program was developed by comparing the estimated composite cost per diem for the tiered rates (approximately \$96) to the current assisted living per diem (\$69.00) for the effective periods. In addition, we estimated a composite reduction of other Medicaid services of approximately \$2.50 per diem attributable to the enhanced services that will be provided in the Tier B and Tier C benefit based on discussions with EOHHS.

- **HCBS Shift Differential Increase:** Effective July 1, 2021, the managed care shift differential rate enhancement for Personal Care and Combined Personal Care/Homemaker services increased from \$0.375 to \$0.56. The shift differential applies to services provided on an evening, night, or weekend/holiday (as indicated by procedure code modifiers UH, UJ, or TV). We estimated the fiscal impact of the reimbursement increase based on historical utilization for these codes.
- **Behavioral Healthcare Certification Rate Enhancement:** Effective January 1, 2022, Personal Care, Combined Personal Care/Homemaker, and Homemaker only services performed by providers with 30% of direct care workers certified in behavioral health care training receive a base rate enhancement of \$0.39 per fifteen minutes. We assumed fifty percent (50%) of providers performing services under procedure codes S5125 or S5130 met this threshold based on discussions with EOHHS. We estimated the six-month fiscal impact of the reimbursement increase based on this assumption and historical utilization for these codes.
- **ARPA Provider Reimbursement Increase:** Various provider types included in the CY 2019 base data will receive a reimbursement increase between November 1, 2021 and March 30, 2022. The initial effective date varies by provider but all rate increases expire March 30, 2022. The table below illustrates the affected provider types and the reimbursement increase over the twelve-month rating period (i.e., the temporary fee schedule increase is allocated over twelve months).

**FIGURE 9: ARPA PROVIDER REIMBURSEMENT INCREASE**

Provider Type	Effective Date	Percentage Increase Averaged Over 12 Months
Skilled Nursing Homecare	November 1, 2021	32.5%
Case Management	January 1, 2022	32.9%
Adult Day Care	November 1, 2021	50.0%
Substance Use Rehabilitation	December 1, 2021	26.3%
Habilitation Group Homes	November 1, 2021	48.3%
Community Mental Health Centers	December 1, 2021	85.0%
Home Care Agencies	November 1, 2021	52.1%
Fiscal Intermediary	November 1, 2021	4.2%
Personal Choice	November 1, 2021	26.3%

## Notes:

1. Fee schedule increases are limited to procedure codes as outlined in EOHHS program guidance.
2. Habilitation Group Homes is limited to NPI "1639476617".

**Step 6: Trend Base Experience to the SFY 2022 AWOP Period**

Trend adjustments from the base data period to the midpoint of the SFY 2022 rating period were informed by the trend analysis used in the development of the SFY 2022 Medicare-Medicaid Plan dual demonstration program capitation rates and a review of historical experience for the proxy PACE population. Fee-schedule changes within the Medicaid fee-for-service program were evaluated when estimating the prospective trend rates. The impact of trend is illustrated by category of service in Appendix 3. The prospective trend was applied to adjust the base experience to the SFY 2022 rating period.

Figure 10 illustrates the utilization and unit cost components of the trend by category of service.

**FIGURE 10: ANNUALIZED PROSPECTIVE UTILIZATION AND UNIT COST TREND**

Service Category	Utilization Trend	Unit Cost Trend
Inpatient <sup>1,2</sup>	1.5%	2.2%
Emergency Room <sup>1,2</sup>	0.5%	2.2%
Outpatient <sup>1,2</sup>	1.5%	2.2%
Professional	2.0%	2.0%
Retail Pharmacy	2.0%	4.0%
Ancillary	1.0%	2.5%
NEMT <sup>4</sup>	0.0%	0.0%
Nursing Home and Hospice <sup>1,3</sup>	0.5%	1.8%
HCBS	2.0%	2.0%

## Notes

1. Unit cost trends for the inpatient, outpatient, emergency room, and nursing home and hospice service categories reflects legislatively mandated reimbursement increases for the fee-for-service program.
2. The inpatient, outpatient, and emergency room increases are 3.0% and 2.4% effective July 1, 2020 and July 1, 2021, respectively.
3. The nursing home and hospice increases are 2.4% and 2.7% effective October 1, 2020 and October 1, 2021, respectively.
4. Trends were not applied for the NEMT benefit since the underlying experience was developed based on the SFY 2022 NEMT capitation rates.
5. The trend for patient liability is consistent with the nursing home/hospice trend for nursing home rate cells and consistent with HCBS trend for HCBS rate cells.
6. Values have been rounded.

We acknowledge there is uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report. However, due to the nature of long-term services and supports in this population and the availability of COVID-19 vaccinations, we have not assumed a material impact of COVID-19 to the prospective trends.

### Step 7: Combine the Non-Dual HCBS FFS and Managed Care Experience

The number of Medicaid managed care population enrollees that met the proxy PACE eligibility criteria was estimated to be material only for the non-dual HCBS rate cell. Members in the RHP HCBS population are attributable to members previously enrolled in the RHO Phase 1 managed long-term services and supports program that were transitioned to RHP following the termination of the RHO Phase 1 program.

Experience for FFS members was blended with the RHP members' composite SFY 2022 capitation rate and FFS claims for services covered outside of the Medicaid managed care program. The combination of the composite SFY 2022 RHP capitation rate, inclusive of managed care non-benefit expense loads, and FFS claims represent the AWOP for this population if the individuals were not enrolled in PACE. The blending of experience by category of service is illustrated in Appendix 3. Figure 11 illustrates the development of the non-dual HCBS rate cell blended benefit cost PMPM.

**FIGURE 11: NON-DUALS HCBS RATE CELL BLEND**

Service Category	FFS	RHP	Blended
CY 2019 Member Months	462	1,406	1,868
FFS Experience PMPM	\$ 4,033.99	\$ 3,407.36	\$ 3,562.34
SFY 2022 Capitation Rate	\$ 0.00	\$ 2,145.08	\$ 1,614.55
<b>Blended PMPM</b>	<b>\$ 4,033.99</b>	<b>\$ 5,552.44</b>	<b>\$ 5,176.89</b>

### Step 8: Include Administrative Cost Load

The primary data source used in the development of the SFY 2022 non-benefit costs is the SFY 2019 Medicaid Expenditures report. The Medicaid Expenditure report was used to identify the central administrative costs related to EOHHS managing the Medicaid program. We included a \$225 PMPM administrative load in the SFY 2022 PACE AWOP development, consistent with the Medicare-Medicaid Plan SFY 2022 capitation rate administrative load.

### Step 9: Composite the HCBS and Nursing Home Populations to Form a Blended AWOP

HCBS waiver and nursing home rate cells were blended to calculate the blended PACE AWOP. The projected SFY 2022 PACE enrollment distribution was used for purposes of blending the HCBS and nursing home population costs, as illustrated in Appendix 4.

Approximately 11.0% of PACE enrolled members resided in the nursing home and approximately 89.0% in a community setting based on a review of historical PACE enrollment. We estimated a 25% reduction of nursing home days achieved by the PACE program relative to the base experience based on a review of managed care efficiencies estimated by other managed LTSS programs and PACE programs. This adjustment results in a 14.7% nursing home and 85.3% community distribution for purposes of the SFY 2022 blended AWOP. Total enrollment was informed by current PACE enrollment information.

Figure 12 illustrates the blended AWOP for the Duals 55-64, Duals 65 and Over, and Non-Duals eligibility categories.

**FIGURE 12: RATE CELL BLENDING**

Eligibility Category	Estimated Average Monthly Enrollment	SFY 2022 PACE AWOP
Duals 55-64 HCBS	26	4,101.81
Duals 55-64 NH	5	7,528.98
<b>Duals 55-64</b>	<b>31</b>	<b>\$ 4,608.52</b>
Duals 65+ HCBS	241	4,419.37
Duals 65+ NH	41	7,665.08
<b>Duals 65+</b>	<b>282</b>	<b>\$ 4,896.06</b>
Non-Duals HCBS	27	5,401.89
Non-Duals NH	5	8,826.45
<b>Non-Duals</b>	<b>32</b>	<b>\$ 5,901.31</b>
<b>Composite PACE</b>	<b>345</b>	<b>\$ 4,963.46</b>

The culmination of steps 1 through 8 is the blended AWOP. The AWOP is gross of patient liability, because EOHHS subtracts the patient liability from the capitation payment made to the PACE organization based on each member's calculated patient liability.

### III. PACE Capitation Rate Methodology

The PACE capitation rates are calculated as a percentage discount to the AWOP. EOHHS utilizes a 2% discount on the AWOP to calculate the PACE capitation rates. PACE capitation rates are rounded to the nearest dollar. The development of the SFY 2022 PACE capitation rates based on the SFY 2022 AWOPs is illustrated in Figure 13 for each eligibility category.

**FIGURE 13: COMPARISON OF SFY 2022 PACE CAPITATION RATE TO SFY 2022 AWOP**

Eligibility Category	SFY 2022 AWOP	Percentage Discount	SFY 2022 PACE Capitation Rate
Duals 55-64	\$ 4,608.52	2.0%	\$ 4,516.00
Duals 65+	4,896.06	2.0%	4,798.00
Non-Duals	5,901.31	2.0%	5,783.00

Notes:

1. PACE AWOPs and capitation rates are gross of patient liability because patient liability amounts will be determined and administered on an enrollee-specific basis.
2. PACE capitation rates are rounded to the nearest dollar.

The Medicaid PACE capitation rates for SFY 2022 are less than the corresponding SFY 2022 AWOPs, as required by the PACE Medicaid rate requirements of 42 CFR §460.182. The State does not have an incentive program for the PACE organization.

The SFY 2022 AWOPs and SFY 2022 PACE rates are based on the methodology as specified in set forth in 42 CFR §460.182 and have been further described in the PACE Guide released by CMS. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions under the methodology described herein. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions underlying the PACE rate development.

## VI. Data Reliance and Limitations

The information contained in this report has been prepared for the Rhode Island Executive Office of Health and Human Services (EOHHS) to provide documentation of the methodology and data sources used for developing the state fiscal year (SFY) 2022 PACE amounts that would otherwise been paid (AWOPs) and SFY 2022 PACE capitation rates for the Rhode Island Medicaid program. The data and information presented may not be appropriate for any other purpose.

The information contained in this report, including the enclosures, has been prepared for EOHHS and their consultants and advisors. It is our understanding that the information contained in this report may be shared with PACE Organization of Rhode Island and the Centers for Medicare and Medicaid Services (CMS). Any distribution of the information should be in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this report to third parties. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for EOHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, assumptions, and trends.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to develop the SFY 2022 PACE AWOPs and capitation rates. We have 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 have relied upon certain data and information provided by EOHHS and the MCOs for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the data sources outlined in the body of this report. The models, including all input, calculations, and output may not be appropriate for any other purpose.

The SFY 2022 AWOPs and SFY 2022 PACE rates are based on the methodology as specified in set forth in 42 CFR §460.182 and have been further described in the PACE Guide released by CMS. It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions under the methodology described herein. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions underlying the PACE rate development. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

At the time of this report, we acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on future projections. It is possible that the COVID-19 pandemic could have a material impact on the projected enrollment and capitation rates presented in this report.

The services provided by Milliman to EOHHS were performed under the signed contract agreement between Milliman and EOHHS dated March 10, 2022.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses contained herein.

## Appendix 1: CY 2019 Base Data Development



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 2,022	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service											
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	2,172.1	\$ 115.13	\$ 20.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.72	2,172.1	\$ 119.11	\$ 21.56
<b>Subtotal Inpatient Hospital</b>				<b>\$ 20.84</b>							<b>\$ 21.56</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	1,038.6	\$ 36.86	\$ 3.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.11	1,038.6	\$ 38.13	\$ 3.30
Outpatient Surgery	Visits	379.8	119.42	3.78	-	-	-	0.13	379.8	123.53	3.91
Other Outpatient	Procedures	3,222.6	99.65	26.76	-	-	-	0.93	3,222.6	103.11	27.69
<b>Subtotal Outpatient Hospital</b>				<b>\$ 33.73</b>							<b>\$ 34.90</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	65.3	\$ 47.79	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	65.3	\$ 47.79	\$ 0.26
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	11.9	40.44	0.04	-	-	-	-	11.9	40.44	0.04
MH/SA	Visits	4,261.1	249.68	88.66	-	-	-	-	4,261.1	249.68	88.66
Emergency Room	Visits	-	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	Visits	249.3	54.88	1.14	-	-	-	-	249.3	54.88	1.14
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	29.7	20.22	0.05	-	-	-	-	29.7	20.22	0.05
Radiology	Procedures	29.7	28.31	0.07	-	-	-	-	29.7	28.31	0.07
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	5.9	20.22	0.01	-	-	-	-	5.9	20.22	0.01
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	213.6	94.36	1.68	-	-	-	-	213.6	94.36	1.68
Other Professional	Procedures	15,276.0	104.75	133.35	-	-	-	-	15,276.0	104.75	133.35
<b>Subtotal Professional</b>				<b>\$ 225.26</b>							<b>\$ 225.26</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	8,979.2	\$ 6.17	\$ 4.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	8,979.2	\$ 6.17	\$ 4.62
<b>Subtotal Retail Pharmacy</b>				<b>\$ 4.62</b>							<b>\$ 4.62</b>
<b>Ancillary</b>											
Transportation	Trips	71.2	\$ 193.78	\$ 1.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	71.2	\$ 193.78	\$ 1.15
DME/Prosthetics	Procedures	5,477.7	61.73	28.18	-	-	-	-	5,477.7	61.73	28.18
NEMT	Trips	N/A	N/A	59.36	-	-	-	-	N/A	N/A	59.36
Dental	Visits	1,958.5	73.0	11.91	-	-	-	-	1,958.5	73.0	11.91
<b>Subtotal Ancillary</b>				<b>\$ 100.60</b>							<b>\$ 100.60</b>
<b>LTSS</b>											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1,430.3	117.71	14.03	0.08	-	-	0.11	1,438.4	118.63	14.22
HCBS	Procedures	163,976.3	143.26	1,957.67	-	-	-	-	163,976.3	143.26	1,957.67
Case Management	Procedures	2,973.3	326.87	80.99	-	-	-	-	2,973.3	326.87	80.99
Patient Share	Visits	N/A	N/A	11.78	-	-	-	-	N/A	N/A	11.78
<b>Subtotal LTSS</b>				<b>\$ 2,064.47</b>							<b>\$ 2,064.66</b>
<b>Total Medical Costs</b>				<b>\$ 2,449.52</b>							<b>\$ 2,451.60</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Duals 55-64 NH											
Member Months: 2,718		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	2,428.3	\$ 98.05	\$ 19.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.69	2,428.3	\$ 101.46	\$ 20.53
<b>Subtotal Inpatient Hospital</b>				<b>\$ 19.84</b>							<b>\$ 20.53</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	600.4	\$ 52.36	\$ 2.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09	600.4	\$ 54.16	\$ 2.71
Outpatient Surgery	Visits	256.1	217.44	4.64	-	-	-	0.16	256.1	224.94	4.80
Other Outpatient	Procedures	1,426.0	107.04	12.72	-	-	-	0.44	1,426.0	110.74	13.16
<b>Subtotal Outpatient Hospital</b>				<b>\$ 19.98</b>							<b>\$ 20.67</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	326.7	\$ 35.63	\$ 0.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	326.7	\$ 35.63	\$ 0.97
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	913.9	34.27	2.61	-	-	-	-	913.9	34.27	2.61
MH/SA	Visits	481.2	213.70	8.57	-	-	-	-	481.2	213.70	8.57
Emergency Room	Visits	13.2	45.30	0.05	-	-	-	-	13.2	45.30	0.05
Office/Home Visits/Consults	Visits	30.9	31.06	0.08	-	-	-	-	30.9	31.06	0.08
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	944.8	8.38	0.66	-	-	-	-	944.8	8.38	0.66
Radiology	Procedures	35.3	20.39	0.06	-	-	-	-	35.3	20.39	0.06
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	150.1	83.14	1.04	-	-	-	-	150.1	83.14	1.04
Other Professional	Procedures	1,602.6	32.65	4.36	-	-	-	-	1,602.6	32.65	4.36
<b>Subtotal Professional</b>				<b>\$ 18.40</b>							<b>\$ 18.40</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	1,523.2	\$ 16.86	\$ 2.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,523.2	\$ 16.86	\$ 2.14
<b>Subtotal Retail Pharmacy</b>				<b>\$ 2.14</b>							<b>\$ 2.14</b>
<b>Ancillary</b>											
Transportation	Trips	30.9	\$ 42.71	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	30.9	\$ 42.71	\$ 0.11
DME/Prosthetics	Procedures	282.6	36.95	0.87	-	-	-	-	282.6	36.95	0.87
NEMT	Trips	N/A	N/A	7.72	-	-	-	-	N/A	N/A	7.72
Dental	Visits	2,843.3	72.0	17.06	-	-	-	-	2,843.3	72.0	17.06
<b>Subtotal Ancillary</b>				<b>\$ 25.76</b>							<b>\$ 25.76</b>
<b>LTSS</b>											
Hospice	Days	1,214.1	\$ 239.88	\$ 24.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.18	1,214.1	\$ 241.65	\$ 24.45
Nursing Home	Days	341,421.6	197.89	5,630.22	32.09	-	-	42.47	343,367.6	199.37	5,704.78
HCBS	Procedures	344.4	660.68	18.96	-	-	-	-	344.4	660.68	18.96
Case Management	Procedures	88.3	773.27	5.69	-	-	-	-	88.3	773.27	5.69
Patient Share	Visits	N/A	N/A	852.51	4.9	-	-	6.4	N/A	N/A	863.80
<b>Subtotal LTSS</b>				<b>\$ 6,531.65</b>							<b>\$ 6,617.68</b>
<b>Total Medical Costs</b>				<b>\$ 6,617.77</b>							<b>\$ 6,705.18</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Duals 65+ HCBS											
Member Months: 14,670		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	1,944.4	\$ 465.59	\$ 75.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.62	1,944.4	\$ 481.76	\$ 78.06
<b>Subtotal Inpatient Hospital</b>				<b>\$ 75.44</b>							<b>\$ 78.06</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	740.3	\$ 40.69	\$ 2.51	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.09	740.3	\$ 42.15	\$ 2.60
Outpatient Surgery	Visits	272.4	99.12	2.25	-	-	-	0.08	272.4	102.65	2.33
Other Outpatient	Procedures	3,160.7	65.95	17.37	-	-	-	0.60	3,160.7	68.22	17.97
<b>Subtotal Outpatient Hospital</b>				<b>\$ 22.13</b>							<b>\$ 22.90</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	18.0	\$ 33.34	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	18.0	\$ 33.34	\$ 0.05
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	18.0	40.01	0.06	-	-	-	-	18.0	40.01	0.06
MH/SA	Visits	2,072.0	234.38	40.47	-	-	-	-	2,072.0	234.38	40.47
Emergency Room	Visits	4.1	58.68	0.02	-	-	-	-	4.1	58.68	0.02
Office/Home Visits/Consults	Visits	46.6	61.77	0.24	-	-	-	-	46.6	61.77	0.24
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	2.5	-	-	-	-	-	-	-	-	-
Radiology	Procedures	17.2	27.94	0.04	-	-	-	-	17.2	27.94	0.04
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	3.3	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	122.7	95.84	0.98	-	-	-	-	122.7	95.84	0.98
Other Professional	Procedures	26,428.6	121.15	266.83	-	-	-	-	26,428.6	121.15	266.83
<b>Subtotal Professional</b>				<b>\$ 308.69</b>							<b>\$ 308.69</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	8,341.1	\$ 5.11	\$ 3.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	8,341.1	\$ 5.11	\$ 3.55
<b>Subtotal Retail Pharmacy</b>				<b>\$ 3.55</b>							<b>\$ 3.55</b>
<b>Ancillary</b>											
Transportation	Trips	60.5	\$ 75.33	\$ 0.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	60.5	\$ 75.33	\$ 0.38
DME/Prosthetics	Procedures	6,157.1	68.04	34.91	-	-	-	-	6,157.1	68.04	34.91
NEMT	Trips	N/A	N/A	74.23	-	-	-	-	N/A	N/A	74.23
Dental	Visits	852.4	89.1	6.33	-	-	-	-	852.4	89.1	6.33
<b>Subtotal Ancillary</b>				<b>\$ 115.85</b>							<b>\$ 115.85</b>
<b>LTSS</b>											
Hospice	Days	90.0	\$ 253.39	\$ 1.90	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	90.0	\$ 254.72	\$ 1.91
Nursing Home	Days	1,293.3	160.71	17.32	0.10	-	-	0.13	1,300.7	161.91	17.55
HCBS	Procedures	167,595.1	142.07	1,984.19	-	-	-	-	167,595.1	142.07	1,984.19
Case Management	Procedures	4,595.5	107.11	41.02	-	-	-	-	4,595.5	107.11	41.02
Patient Share	Visits	N/A	N/A	41.40	-	-	-	-	N/A	N/A	41.40
<b>Subtotal LTSS</b>				<b>\$ 2,085.83</b>							<b>\$ 2,086.07</b>
<b>Total Medical Costs</b>				<b>\$ 2,611.49</b>							<b>\$ 2,615.12</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 43,596		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service		per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	1,279.7	\$ 442.24	\$ 47.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.64	1,279.7	\$ 457.62	\$ 48.80
<b>Subtotal Inpatient Hospital</b>				<b>\$ 47.16</b>							<b>\$ 48.80</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	260.7	\$ 71.82	\$ 1.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.05	260.7	\$ 74.12	\$ 1.61
Outpatient Surgery	Visits	81.8	132.11	0.90	-	-	-	0.03	81.8	136.51	0.93
Other Outpatient	Procedures	513.3	78.08	3.34	-	-	-	0.12	513.3	80.88	3.46
<b>Subtotal Outpatient Hospital</b>				<b>\$ 5.80</b>							<b>\$ 6.00</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	62.2	\$ 25.08	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	62.2	\$ 25.08	\$ 0.13
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	182.5	35.51	0.54	-	-	-	-	182.5	35.51	0.54
MH/SA	Visits	31.9	323.21	0.86	-	-	-	-	31.9	323.21	0.86
Emergency Room	Visits	7.4	64.59	0.04	-	-	-	-	7.4	64.59	0.04
Office/Home Visits/Consults	Visits	8.3	29.06	0.02	-	-	-	-	8.3	29.06	0.02
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	151.7	9.49	0.12	-	-	-	-	151.7	9.49	0.12
Radiology	Procedures	19.3	24.91	0.04	-	-	-	-	19.3	24.91	0.04
Office Administered Drugs	Procedures	0.3	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	3.9	31.14	0.01	-	-	-	-	3.9	31.14	0.01
Vision	Visits	84.2	82.63	0.58	-	-	-	-	84.2	82.63	0.58
Other Professional	Procedures	946.1	44.90	3.54	-	-	-	-	946.1	44.90	3.54
<b>Subtotal Professional</b>				<b>\$ 5.88</b>							<b>\$ 5.88</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	1,328.7	\$ 13.91	\$ 1.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,328.7	\$ 13.91	\$ 1.54
<b>Subtotal Retail Pharmacy</b>				<b>\$ 1.54</b>							<b>\$ 1.54</b>
<b>Ancillary</b>											
Transportation	Trips	15.1	\$ 71.34	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	15.1	\$ 71.34	\$ 0.09
DME/Prosthetics	Procedures	92.8	47.87	0.37	-	-	-	-	92.8	47.87	0.37
NEMT	Trips	N/A	N/A	11.53	-	-	-	-	N/A	N/A	11.53
Dental	Visits	2,246.1	81.9	15.32	-	-	-	-	2,246.1	81.9	15.32
<b>Subtotal Ancillary</b>				<b>\$ 27.31</b>							<b>\$ 27.31</b>
<b>LTSS</b>											
Hospice	Days	2,129.1	\$ 237.73	\$ 42.18	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.32	2,129.1	\$ 239.54	\$ 42.50
Nursing Home	Days	344,591.0	190.47	5,469.62	31.18	-	-	41.25	346,555.3	191.90	5,542.05
HCBS	Procedures	225.7	213.20	4.01	-	-	-	-	225.7	213.20	4.01
Case Management	Procedures	57.3	94.32	0.45	-	-	-	-	57.3	94.32	0.45
Patient Share	Visits	N/A	N/A	1,143.71	6.5	-	-	8.6	N/A	N/A	1,158.86
<b>Subtotal LTSS</b>				<b>\$ 6,659.97</b>							<b>\$ 6,747.87</b>
<b>Total Medical Costs</b>				<b>\$ 6,747.66</b>							<b>\$ 6,837.40</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Non-Duals HCBS											
Member Months: 462		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	909.1	\$ 2,779.52	\$ 210.57	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7.31	909.1	\$ 2,876.02	\$ 217.88
<b>Subtotal Inpatient Hospital</b>				<b>\$ 210.57</b>							<b>\$ 217.88</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	597.4	\$ 518.04	\$ 25.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.89	597.4	\$ 535.92	\$ 26.68
Outpatient Surgery	Visits	363.6	532.29	16.13	-	-	-	0.56	363.6	550.77	16.69
Other Outpatient	Procedures	5,324.7	279.63	124.08	-	-	-	4.31	5,324.7	289.35	128.39
<b>Subtotal Outpatient Hospital</b>				<b>\$ 166.00</b>							<b>\$ 171.76</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	1,194.8	\$ 83.76	\$ 8.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1,194.8	\$ 83.76	\$ 8.34
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	1,013.0	35.06	2.96	-	-	-	-	1,013.0	35.06	2.96
MH/SA	Visits	3,064.9	163.85	41.85	-	-	-	-	3,064.9	163.85	41.85
Emergency Room	Visits	571.4	71.40	3.40	-	-	-	-	571.4	71.40	3.40
Office/Home Visits/Consults	Visits	4,519.5	72.01	27.12	-	-	-	-	4,519.5	72.01	27.12
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,480.5	14.20	4.12	-	-	-	-	3,480.5	14.20	4.12
Radiology	Procedures	1,324.7	35.60	3.93	-	-	-	-	1,324.7	35.60	3.93
Office Administered Drugs	Procedures	51.9	917.07	3.97	-	-	-	-	51.9	917.07	3.97
Physical Exams	Visits	181.8	19.14	0.29	-	-	-	-	181.8	19.14	0.29
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	285.7	73.08	1.74	-	-	-	-	285.7	73.08	1.74
Other Professional	Procedures	21,636.4	62.53	112.75	-	-	-	-	21,636.4	62.53	112.75
<b>Subtotal Professional</b>				<b>\$ 210.47</b>							<b>\$ 210.47</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	45,688.3	\$ 60.53	\$ 230.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	45,688.3	\$ 60.53	\$ 230.45
<b>Subtotal Retail Pharmacy</b>				<b>\$ 230.45</b>							<b>\$ 230.45</b>
<b>Ancillary</b>											
Transportation	Trips	493.5	\$ 74.16	\$ 3.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	493.5	\$ 74.16	\$ 3.05
DME/Prosthetics	Procedures	4,545.5	135.80	51.44	-	-	-	-	4,545.5	135.80	51.44
NEMT	Trips	N/A	N/A	78.31	-	-	-	-	N/A	N/A	78.31
Dental	Visits	701.3	87.6	5.12	-	-	-	-	701.3	87.6	5.12
<b>Subtotal Ancillary</b>				<b>\$ 137.92</b>							<b>\$ 137.92</b>
<b>LTSS</b>											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	207.8	273.74	4.74	0.03	-	-	0.03	209.1	275.46	4.80
HCBS	Procedures	96,389.6	222.79	1,789.56	-	-	-	-	96,389.6	222.79	1,789.56
Case Management	Procedures	3,662.3	87.03	26.56	-	-	-	-	3,662.3	87.03	26.56
Patient Share	Visits	N/A	N/A	84.57	-	-	-	-	N/A	N/A	84.57
<b>Subtotal LTSS</b>				<b>\$ 1,905.43</b>							<b>\$ 1,905.49</b>
<b>Total Medical Costs</b>				<b>\$ 2,860.84</b>							<b>\$ 2,873.97</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell:		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Non-Duals NH											
Member Months: 5,006		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost per	PMPM
Category of Service	Unit Type	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Inpatient Hospital</b>											
Inpatient Hospital	Days	3,732.3	\$ 2,155.31	\$ 670.36	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.26	3,732.3	\$ 2,230.10	\$ 693.62
<b>Subtotal Inpatient Hospital</b>				<b>\$ 670.36</b>							<b>\$ 693.62</b>
<b>Outpatient Hospital</b>											
Outpatient Emergency Room	Visits	541.7	\$ 611.35	\$ 27.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.96	541.7	\$ 632.62	\$ 28.56
Outpatient Surgery	Visits	127.0	1,286.45	13.62	-	-	-	0.47	127.0	1,330.84	14.09
Other Outpatient	Procedures	1,805.0	416.04	62.58	-	-	-	2.17	1,805.0	430.46	64.75
<b>Subtotal Outpatient Hospital</b>				<b>\$ 103.80</b>							<b>\$ 107.40</b>
<b>Professional</b>											
Inpatient and Outpatient Surgery	Procedures	2,574.5	\$ 72.71	\$ 15.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	2,574.5	\$ 72.71	\$ 15.60
Anesthesia	Procedures	83.9	4.29	0.03	-	-	-	-	83.9	4.29	0.03
Inpatient Visits	Visits	12,939.7	36.13	38.96	-	-	-	-	12,939.7	36.13	38.96
MH/SA	Visits	1,865.0	72.77	11.31	-	-	-	-	1,865.0	72.77	11.31
Emergency Room	Visits	1,023.6	69.64	5.94	-	-	-	-	1,023.6	69.64	5.94
Office/Home Visits/Consults	Visits	1,057.1	45.18	3.98	-	-	-	-	1,057.1	45.18	3.98
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	8,831.0	9.20	6.77	-	-	-	-	8,831.0	9.20	6.77
Radiology	Procedures	2,413.9	21.87	4.40	-	-	-	-	2,413.9	21.87	4.40
Office Administered Drugs	Procedures	45.5	1,338.45	5.08	-	-	-	-	45.5	1,338.45	5.08
Physical Exams	Visits	26.4	13.65	0.03	-	-	-	-	26.4	13.65	0.03
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	304.4	44.94	1.14	-	-	-	-	304.4	44.94	1.14
Other Professional	Procedures	5,820.2	14.21	6.89	-	-	-	-	5,820.2	14.21	6.89
<b>Subtotal Professional</b>				<b>\$ 100.13</b>							<b>\$ 100.13</b>
<b>Retail Pharmacy</b>											
Retail Pharmacy	Scripts	48,637.6	\$ 76.98	\$ 312.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	48,637.6	\$ 76.98	\$ 312.00
<b>Subtotal Retail Pharmacy</b>				<b>\$ 312.00</b>							<b>\$ 312.00</b>
<b>Ancillary</b>											
Transportation	Trips	834.2	\$ 70.77	\$ 4.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	834.2	\$ 70.77	\$ 4.92
DME/Prosthetics	Procedures	249.3	347.05	7.21	-	-	-	-	249.3	347.05	7.21
NEMT	Trips	N/A	N/A	46.59	-	-	-	-	N/A	N/A	46.59
Dental	Visits	1,469.4	72.2	8.84	-	-	-	-	1,469.4	72.2	8.84
<b>Subtotal Ancillary</b>				<b>\$ 67.56</b>							<b>\$ 67.56</b>
<b>LTSS</b>											
Hospice	Days	1,853.0	\$ 239.74	\$ 37.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.28	1,853.0	\$ 241.56	\$ 37.30
Nursing Home	Days	331,934.5	198.20	5,482.48	31.25	-	-	41.35	333,826.5	199.69	5,555.08
HCBS	Procedures	100.7	236.00	1.98	-	-	-	-	100.7	236.00	1.98
Case Management	Procedures	55.1	644.25	2.96	-	-	-	-	55.1	644.25	2.96
Patient Share	Visits	N/A	N/A	986.22	5.6	-	-	7.4	N/A	N/A	999.28
<b>Subtotal LTSS</b>				<b>\$ 6,510.66</b>							<b>\$ 6,596.60</b>
<b>Total Medical Costs</b>				<b>\$ 7,764.51</b>							<b>\$ 7,877.31</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Retrospective Rate Development Model - CY2019											
Rate Cell: RHP Non-Duals HCBS		CY 2019 Base Experience			Incomplete Data Adjustments		Trend Adjustments		Adjusted Base Experience		
Member Months: 1,406	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Inpatient Hospital											
Inpatient Hospital	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Subtotal Inpatient Hospital				\$ 0.00							\$ 0.00
Outpatient Hospital											
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	8.5	-	-	-	-	-	-	-	-	-
Subtotal Outpatient Hospital				\$ 0.00							\$ 0.00
Professional											
Inpatient and Outpatient Surgery	Procedures	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	-	-	-	-	-	-	-	-	-	-
Emergency Room	Visits	-	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	Visits	-	-	-	-	-	-	-	-	-	-
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-
Vision	Visits	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	21,064.0	108.42	190.32	-	-	-	-	21,064.0	108.42	190.32
Subtotal Professional				\$ 190.32							\$ 190.32
Retail Pharmacy											
Retail Pharmacy	Scripts	8.5	\$ 14.06	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	8.5	\$ 14.06	\$ 0.01
Subtotal Retail Pharmacy				\$ 0.01							\$ 0.01
Ancillary											
Transportation	Trips	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-	-
NEMT	Trips	N/A	N/A	78.31	-	-	-	-	N/A	N/A	78.31
Dental	Visits	1,536.3	92.9	11.89	-	-	-	-	1,536.3	92.9	11.89
Subtotal Ancillary				\$ 90.20							\$ 90.20
LTSS											
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	175,297.3	123.26	1,800.65	-	-	-	-	175,297.3	123.26	1,800.65
Case Management	Procedures	2,449.5	68.00	13.88	-	-	-	-	2,449.5	68.00	13.88
Patient Share	Visits	N/A	N/A	5.38	-	-	-	-	N/A	N/A	5.38
Subtotal LTSS				\$ 1,819.91							\$ 1,819.91
Total Medical Costs				\$ 2,100.44							\$ 2,100.44

## Appendix 2: SFY 2022 Projected Benefit Expense Development



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell: Duals 55-64 HCBS		Adjusted Base Experience			Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Member Months: 317		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	2,172.1	\$ 119.11	\$ 21.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.82	\$ 1.22	2,254.7	\$ 125.60	\$ 23.60
<b>Subtotal Inpatient Hospital</b>				<b>\$ 21.56</b>									<b>\$ 23.60</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	1,038.6	\$ 38.13	\$ 3.30	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.18	1,051.2	\$ 40.18	\$ 3.52
Outpatient Surgery	Visits	379.8	123.53	3.91	-	-	-	-	0.15	0.22	394.4	130.23	4.28
Other Outpatient	Procedures	3,222.6	103.11	27.69	-	-	-	0.29	1.06	1.59	3,345.9	109.85	30.63
<b>Subtotal Outpatient Hospital</b>				<b>\$ 34.90</b>									<b>\$ 38.43</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	65.3	\$ 47.79	\$ 0.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	67.8	\$ 51.33	\$ 0.29
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	11.9	40.44	0.04	-	-	-	-	-	-	11.9	40.44	0.04
MH/SA	Visits	4,261.1	249.68	88.66	-	-	-	8.11	4.92	5.16	4,497.6	285.09	106.85
Emergency Room	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	Visits	249.3	54.88	1.14	-	-	-	-	0.06	0.06	262.4	57.63	1.26
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	29.7	20.22	0.05	-	-	-	-	-	0.01	29.7	24.26	0.06
Radiology	Procedures	29.7	28.31	0.07	-	-	-	-	-	0.01	29.7	32.35	0.08
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	5.9	20.22	0.01	-	-	-	-	-	-	5.9	20.22	0.01
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	213.6	94.36	1.68	-	-	-	-	0.09	0.09	225.1	99.16	1.86
Other Professional	Procedures	15,276.0	104.75	133.35	-	-	-	65.32	10.09	10.60	16,431.8	160.20	219.36
<b>Subtotal Professional</b>				<b>\$ 225.26</b>									<b>\$ 329.81</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	8,979.2	\$ 6.17	\$ 4.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.23	\$ 0.50	9,426.2	\$ 6.81	\$ 5.35
<b>Subtotal Retail Pharmacy</b>				<b>\$ 4.62</b>									<b>\$ 5.35</b>
<b>Ancillary</b>													
Transportation	Trips	71.2	\$ 193.78	\$ 1.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.07	73.1	\$ 205.27	\$ 1.25
DME/Prosthetics	Procedures	5,477.7	61.73	28.18	-	-	-	-	0.71	1.84	5,615.8	65.67	30.73
NEMT	Trips	N/A	N/A	59.36	-	-	-	-	-	-	N/A	N/A	59.36
Dental	Visits	1,958.5	73.0	11.91	-	-	-	-	0.30	0.78	2,007.8	77.6	12.99
<b>Subtotal Ancillary</b>				<b>\$ 100.60</b>									<b>\$ 104.33</b>
<b>LTSS</b>													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	1,438.4	118.63	14.22	-	-	-	-	0.18	0.64	1,456.6	123.90	15.04
HCBS	Procedures	163,976.3	143.26	1,957.67	4.70	-	-	925.96	146.72	154.19	176,659.3	216.64	3,189.24
Case Management	Procedures	2,973.3	326.87	80.99	0.19	-	-	61.88	7.27	7.64	3,247.2	583.78	157.97
Patient Share	Visits	N/A	N/A	11.78	0.03	-	-	-	0.60	0.63	N/A	N/A	13.04
<b>Subtotal LTSS</b>				<b>\$ 2,064.66</b>									<b>\$ 3,375.29</b>
<b>Total Medical Costs</b>				<b>\$ 2,451.60</b>									<b>\$ 3,876.81</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell: Duals 55-64 NH					Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Adjusted Base Experience													
Member Months: 55	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service													
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	2,428.3	\$ 101.46	\$ 20.53	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.78	\$ 1.16	2,520.5	\$ 106.98	\$ 22.47
<b>Subtotal Inpatient Hospital</b>				<b>\$ 20.53</b>									<b>\$ 22.47</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	600.4	\$ 54.16	\$ 2.71	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.15	607.1	\$ 57.13	\$ 2.89
Outpatient Surgery	Visits	256.1	224.94	4.80	-	-	-	-	0.18	0.27	265.7	237.13	5.25
Other Outpatient	Procedures	1,426.0	110.74	13.16	-	-	-	-	0.50	0.75	1,480.2	116.82	14.41
<b>Subtotal Outpatient Hospital</b>				<b>\$ 20.67</b>									<b>\$ 22.55</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	326.7	\$ 35.63	\$ 0.97	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.05	\$ 0.05	343.6	\$ 37.37	\$ 1.07
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	913.9	34.27	2.61	-	-	-	-	0.13	0.14	959.4	36.02	2.88
MH/SA	Visits	481.2	213.70	8.57	-	-	-	0.86	0.48	0.50	508.2	245.81	10.41
Emergency Room	Visits	13.2	45.30	0.05	-	-	-	-	-	0.01	13.2	54.36	0.06
Office/Home Visits/Consults	Visits	30.9	31.06	0.08	-	-	-	-	-	0.01	30.9	34.95	0.09
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	944.8	8.38	0.66	-	-	-	-	0.03	0.04	987.8	8.87	0.73
Radiology	Procedures	35.3	20.39	0.06	-	-	-	-	-	0.01	35.3	23.78	0.07
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	150.1	83.14	1.04	-	-	-	-	0.05	0.06	157.3	87.72	1.15
Other Professional	Procedures	1,602.6	32.65	4.36	-	-	-	0.26	0.24	0.24	1,690.9	36.19	5.10
<b>Subtotal Professional</b>				<b>\$ 18.40</b>									<b>\$ 21.56</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	1,523.2	\$ 16.86	\$ 2.14	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.11	\$ 0.23	1,601.5	\$ 18.58	\$ 2.48
<b>Subtotal Retail Pharmacy</b>				<b>\$ 2.14</b>									<b>\$ 2.48</b>
<b>Ancillary</b>													
Transportation	Trips	30.9	\$ 42.71	\$ 0.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	30.9	\$ 46.59	\$ 0.12
DME/Prosthetics	Procedures	282.6	36.95	0.87	-	-	-	-	0.02	0.06	289.1	39.44	0.95
NEMT	Trips	N/A	N/A	7.72	-	-	-	-	-	-	N/A	N/A	7.72
Dental	Visits	2,843.3	72.0	17.06	-	-	-	-	0.43	1.11	2,914.9	76.6	18.60
<b>Subtotal Ancillary</b>				<b>\$ 25.76</b>									<b>\$ 27.39</b>
<b>LTSS</b>													
Hospice	Days	1,214.1	\$ 241.65	\$ 24.45	\$ 0.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.31	\$ 1.14	1,264.3	\$ 252.48	\$ 26.60
Nursing Home	Days	343,367.6	199.37	5,704.78	163.16	-	-	-	73.35	264.80	357,603.0	208.26	6,206.09
HCBS	Procedures	344.4	660.68	18.96	-	-	-	2.66	1.10	1.15	364.4	786.17	23.87
Case Management	Procedures	88.3	773.27	5.69	-	-	-	4.51	0.51	0.55	96.2	1,404.36	11.26
Patient Share	Visits	N/A	N/A	863.80	24.70	-	-	-	11.11	40.10	N/A	N/A	939.71
<b>Subtotal LTSS</b>				<b>\$ 6,617.68</b>									<b>\$ 7,207.53</b>
<b>Total Medical Costs</b>				<b>\$ 6,705.18</b>									<b>\$ 7,303.98</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell:		Adjusted Base Experience			Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Duals 65+ HCBS													
Member Months: 2,887		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service		per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	1,944.4	\$ 481.76	\$ 78.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2.96	\$ 4.43	2,018.1	\$ 508.10	\$ 85.45
<b>Subtotal Inpatient Hospital</b>				<b>\$ 78.06</b>									<b>\$ 85.45</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	740.3	\$ 42.15	\$ 2.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.03	\$ 0.15	748.8	\$ 44.55	\$ 2.78
Outpatient Surgery	Visits	272.4	102.65	2.33	-	-	-	-	0.09	0.13	282.9	108.16	2.55
Other Outpatient	Procedures	3,160.7	68.22	17.97	-	-	-	3.04	0.79	1.19	3,299.7	83.61	22.99
<b>Subtotal Outpatient Hospital</b>				<b>\$ 22.90</b>									<b>\$ 28.32</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	18.0	\$ 33.34	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	18.0	\$ 40.01	\$ 0.06
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	18.0	40.01	0.06	-	-	-	-	-	0.01	18.0	46.68	0.07
MH/SA	Visits	2,072.0	234.38	40.47	-	-	-	14.03	2.77	2.90	2,213.8	326.15	60.17
Emergency Room	Visits	4.1	58.68	0.02	-	-	-	-	-	-	4.1	58.68	0.02
Office/Home Visits/Consults	Visits	46.6	61.77	0.24	-	-	-	-	0.01	0.02	48.6	66.71	0.27
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	17.2	27.94	0.04	-	-	-	-	-	-	17.2	27.94	0.04
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	122.7	95.84	0.98	-	-	-	-	0.05	0.05	129.0	100.50	1.08
Other Professional	Procedures	26,428.6	121.15	266.83	-	-	-	137.35	20.53	21.57	28,462.1	188.16	446.28
<b>Subtotal Professional</b>				<b>\$ 308.69</b>									<b>\$ 507.99</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	8,341.1	\$ 5.11	\$ 3.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.18	\$ 0.38	8,764.0	\$ 5.63	\$ 4.11
<b>Subtotal Retail Pharmacy</b>				<b>\$ 3.55</b>									<b>\$ 4.11</b>
<b>Ancillary</b>													
Transportation	Trips	60.5	\$ 75.33	\$ 0.38	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.02	62.1	\$ 79.20	\$ 0.41
DME/Prosthetics	Procedures	6,157.1	68.04	34.91	-	-	-	-	0.88	2.28	6,312.3	72.37	38.07
NEMT	Trips	N/A	N/A	74.23	-	-	-	-	-	-	N/A	N/A	74.23
Dental	Visits	852.4	89.1	6.33	-	-	-	-	0.16	0.41	873.9	94.8	6.90
<b>Subtotal Ancillary</b>				<b>\$ 115.85</b>									<b>\$ 119.61</b>
<b>LTSS</b>													
Hospice	Days	90.0	\$ 254.72	\$ 1.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.09	90.9	\$ 266.60	\$ 2.02
Nursing Home	Days	1,300.7	161.91	17.55	-	-	-	-	0.22	0.79	1,317.0	169.11	18.56
HCBS	Procedures	167,595.1	142.07	1,984.19	55.16	-	-	960.82	152.41	160.15	185,127.5	214.73	3,312.73
Case Management	Procedures	4,595.5	107.11	41.02	1.14	-	-	19.97	3.15	3.32	5,076.1	162.17	68.60
Patient Share	Visits	N/A	N/A	41.40	1.15	-	-	-	2.16	2.27	N/A	N/A	46.98
<b>Subtotal LTSS</b>				<b>\$ 2,086.07</b>									<b>\$ 3,448.89</b>
<b>Total Medical Costs</b>				<b>\$ 2,615.12</b>									<b>\$ 4,194.37</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell: Duals 65+ NH		Adjusted Base Experience			Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Member Months: 497		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service	Unit Type												
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	1,279.7	\$ 457.62	\$ 48.80	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1.85	\$ 2.77	1,328.2	\$ 482.65	\$ 53.42
<b>Subtotal Inpatient Hospital</b>				<b>\$ 48.80</b>									<b>\$ 53.42</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	260.7	\$ 74.12	\$ 1.61	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 0.09	263.9	\$ 78.21	\$ 1.72
Outpatient Surgery	Visits	81.8	136.51	0.93	-	-	-	-	0.04	0.05	85.3	143.55	1.02
Other Outpatient	Procedures	513.3	80.88	3.46	-	-	-	0.01	0.13	0.20	532.6	85.61	3.80
<b>Subtotal Outpatient Hospital</b>				<b>\$ 6.00</b>									<b>\$ 6.54</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	62.2	\$ 25.08	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	\$ 0.00	67.0	\$ 25.08	\$ 0.14
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	182.5	35.51	0.54	-	-	-	-	0.03	0.03	192.6	37.38	0.60
MH/SA	Visits	31.9	323.21	0.86	-	-	-	0.03	0.04	0.05	33.4	351.94	0.98
Emergency Room	Visits	7.4	64.59	0.04	-	-	-	-	-	-	7.4	64.59	0.04
Office/Home Visits/Consults	Visits	8.3	29.06	0.02	-	-	-	-	-	-	8.3	29.06	0.02
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	151.7	9.49	0.12	-	-	-	-	0.01	-	164.3	9.49	0.13
Radiology	Procedures	19.3	24.91	0.04	-	-	-	-	-	-	19.3	24.91	0.04
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	3.9	31.14	0.01	-	-	-	-	-	-	3.9	31.14	0.01
Vision	Visits	84.2	82.63	0.58	-	-	-	-	0.03	0.03	88.6	86.70	0.64
Other Professional	Procedures	946.1	44.90	3.54	-	-	-	0.21	0.19	0.20	996.8	49.84	4.14
<b>Subtotal Professional</b>				<b>\$ 5.88</b>									<b>\$ 6.74</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	1,328.7	\$ 13.91	\$ 1.54	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.16	1,397.7	\$ 15.28	\$ 1.78
<b>Subtotal Retail Pharmacy</b>				<b>\$ 1.54</b>									<b>\$ 1.78</b>
<b>Ancillary</b>													
Transportation	Trips	15.1	\$ 71.34	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.01	15.1	\$ 79.27	\$ 0.10
DME/Prosthetics	Procedures	92.8	47.87	0.37	-	-	-	-	0.01	0.02	95.3	50.38	0.40
NEMT	Trips	N/A	N/A	11.53	-	-	-	-	-	-	N/A	N/A	11.53
Dental	Visits	2,246.1	81.9	15.32	-	-	-	-	0.39	1.00	2,303.3	87.1	16.71
<b>Subtotal Ancillary</b>				<b>\$ 27.31</b>									<b>\$ 28.74</b>
<b>LTSS</b>													
Hospice	Days	2,129.1	\$ 239.54	\$ 42.50	\$ 1.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.54	\$ 1.97	2,217.3	\$ 250.20	\$ 46.23
Nursing Home	Days	346,555.3	191.90	5,542.05	158.50	-	-	-	71.26	257.25	360,922.7	200.45	6,029.06
HCBS	Procedures	225.7	213.20	4.01	-	-	-	1.58	0.28	0.30	241.5	306.62	6.17
Case Management	Procedures	57.3	94.32	0.45	-	-	-	0.19	0.04	0.03	62.3	136.67	0.71
Patient Share	Visits	N/A	N/A	1,158.86	33.14	-	-	-	14.90	53.79	N/A	N/A	1,260.69
<b>Subtotal LTSS</b>				<b>\$ 6,747.87</b>									<b>\$ 7,342.86</b>
<b>Total Medical Costs</b>				<b>\$ 6,837.40</b>									<b>\$ 7,440.08</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell:		Adjusted Base Experience			Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Non-Duals HCBS													
Member Months: 81		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	909.1	\$ 2,876.02	\$ 217.88	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8.26	\$ 12.37	943.6	\$ 3,033.34	\$ 238.51
<b>Subtotal Inpatient Hospital</b>				<b>\$ 217.88</b>									<b>\$ 238.51</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	597.4	\$ 535.92	\$ 26.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.33	\$ 1.48	604.8	\$ 565.29	\$ 28.49
Outpatient Surgery	Visits	363.6	550.77	16.69	-	-	-	-	0.63	0.95	377.4	580.98	18.27
Other Outpatient	Procedures	5,324.7	289.35	128.39	-	-	-	26.24	5.86	8.79	5,567.7	364.85	169.28
<b>Subtotal Outpatient Hospital</b>				<b>\$ 171.76</b>									<b>\$ 216.04</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	1,194.8	\$ 83.76	\$ 8.34	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.42	\$ 0.45	1,255.0	\$ 88.07	\$ 9.21
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	1,013.0	35.06	2.96	-	-	-	-	0.15	0.16	1,064.3	36.87	3.27
MH/SA	Visits	3,064.9	163.85	41.85	-	-	-	2.64	2.26	2.37	3,230.4	182.46	49.12
Emergency Room	Visits	571.4	71.40	3.40	-	-	-	-	0.17	0.18	600.0	75.00	3.75
Office/Home Visits/Consults	Visits	4,519.5	72.01	27.12	-	-	-	-	1.38	1.45	4,749.5	75.67	29.95
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	3,480.5	14.20	4.12	-	-	-	-	0.21	0.22	3,657.9	14.93	4.55
Radiology	Procedures	1,324.7	35.60	3.93	-	-	-	-	0.20	0.21	1,392.1	37.41	4.34
Office Administered Drugs	Procedures	51.9	917.07	3.97	-	-	-	-	0.20	0.21	54.6	963.25	4.38
Physical Exams	Visits	181.8	19.14	0.29	-	-	-	-	0.01	0.02	188.1	20.42	0.32
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	285.7	73.08	1.74	-	-	-	-	0.09	0.09	300.5	76.67	1.92
Other Professional	Procedures	21,636.4	62.53	112.75	-	-	-	55.61	8.55	8.99	23,277.1	95.84	185.90
<b>Subtotal Professional</b>				<b>\$ 210.47</b>									<b>\$ 296.71</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	45,688.3	\$ 60.53	\$ 230.45	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11.71	\$ 24.94	48,009.9	\$ 66.76	\$ 267.10
<b>Subtotal Retail Pharmacy</b>				<b>\$ 230.45</b>									<b>\$ 267.10</b>
<b>Ancillary</b>													
Transportation	Trips	493.5	\$ 74.16	\$ 3.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.08	\$ 0.20	506.5	\$ 78.90	\$ 3.33
DME/Prosthetics	Procedures	4,545.5	135.80	51.44	-	-	-	-	1.30	3.36	4,660.3	144.45	56.10
NEMT	Trips	N/A	N/A	78.31	-	-	-	-	-	-	N/A	N/A	78.31
Dental	Visits	701.3	87.6	5.12	-	-	-	-	0.13	0.33	719.1	93.1	5.58
<b>Subtotal Ancillary</b>				<b>\$ 137.92</b>									<b>\$ 143.32</b>
<b>LTSS</b>													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	209.1	275.46	4.80	-	-	-	-	0.06	0.22	211.7	287.93	5.08
HCBS	Procedures	96,389.6	222.79	1,789.56	39.01	-	-	645.65	125.69	132.07	105,260.7	311.45	2,731.98
Case Management	Procedures	3,662.3	87.03	26.56	0.58	-	-	8.93	1.84	1.92	3,996.0	119.61	39.83
Patient Share	Visits	N/A	N/A	84.57	1.84	-	-	-	4.39	4.62	N/A	N/A	95.42
<b>Subtotal LTSS</b>				<b>\$ 1,905.49</b>									<b>\$ 2,872.31</b>
<b>Total Medical Costs</b>				<b>\$ 2,873.97</b>									<b>\$ 4,033.99</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell:		Adjusted Base Experience			Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience		
Non-Duals NH													
Member Months: 56		Utilization	Cost per		Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost per	
Category of Service	Unit Type	per 1,000	Service	PMPM	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Service	PMPM
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	3,732.3	\$ 2,230.10	\$ 693.62	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26.29	\$ 39.39	3,873.8	\$ 2,352.12	\$ 759.30
<b>Subtotal Inpatient Hospital</b>				<b>\$ 693.62</b>									<b>\$ 759.30</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	541.7	\$ 632.62	\$ 28.56	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.36	\$ 1.58	548.6	\$ 667.18	\$ 30.50
Outpatient Surgery	Visits	127.0	1,330.84	14.09	-	-	-	-	0.53	0.80	131.8	1,403.66	15.42
Other Outpatient	Procedures	1,805.0	430.46	64.75	-	-	-	1.33	2.51	3.75	1,875.0	462.97	72.34
<b>Subtotal Outpatient Hospital</b>				<b>\$ 107.40</b>									<b>\$ 118.26</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	2,574.5	\$ 72.71	\$ 15.60	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.79	\$ 0.84	2,704.9	\$ 76.44	\$ 17.23
Anesthesia	Procedures	83.9	4.29	0.03	-	-	-	-	-	-	83.9	4.29	0.03
Inpatient Visits	Visits	12,939.7	36.13	38.96	-	-	-	-	1.98	2.08	13,597.3	37.97	43.02
MH/SA	Visits	1,865.0	72.77	11.31	-	-	-	1.86	0.67	0.71	1,975.4	88.39	14.55
Emergency Room	Visits	1,023.6	69.64	5.94	-	-	-	-	0.30	0.32	1,075.3	73.21	6.56
Office/Home Visits/Consults	Visits	1,057.1	45.18	3.98	-	-	-	-	0.20	0.21	1,110.3	47.45	4.39
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	8,831.0	9.20	6.77	-	-	-	-	0.34	0.37	9,274.5	9.68	7.48
Radiology	Procedures	2,413.9	21.87	4.40	-	-	-	-	0.22	0.24	2,534.6	23.01	4.86
Office Administered Drugs	Procedures	45.5	1,338.45	5.08	-	-	-	-	0.26	0.27	47.9	1,406.12	5.61
Physical Exams	Visits	26.4	13.65	0.03	-	-	-	-	-	-	26.4	13.65	0.03
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	304.4	44.94	1.14	-	-	-	-	0.06	0.06	320.5	47.18	1.26
Other Professional	Procedures	5,820.2	14.21	6.89	-	-	-	0.54	0.38	0.39	6,141.2	16.02	8.20
<b>Subtotal Professional</b>				<b>\$ 100.13</b>									<b>\$ 113.22</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	48,637.6	\$ 76.98	\$ 312.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15.85	\$ 33.77	51,108.5	\$ 84.91	\$ 361.62
<b>Subtotal Retail Pharmacy</b>				<b>\$ 312.00</b>									<b>\$ 361.62</b>
<b>Ancillary</b>													
Transportation	Trips	834.2	\$ 70.77	\$ 4.92	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.12	\$ 0.33	854.5	\$ 75.41	\$ 5.37
DME/Prosthetics	Procedures	249.3	347.05	7.21	-	-	-	-	0.18	0.47	255.5	369.12	7.86
NEMT	Trips	N/A	N/A	46.59	-	-	-	-	-	-	N/A	N/A	46.59
Dental	Visits	1,469.4	72.2	8.84	-	-	-	-	0.22	0.58	1,506.0	76.8	9.64
<b>Subtotal Ancillary</b>				<b>\$ 67.56</b>									<b>\$ 69.46</b>
<b>LTSS</b>													
Hospice	Days	1,853.0	\$ 241.56	\$ 37.30	\$ 1.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.48	\$ 1.73	1,930.0	\$ 252.31	\$ 40.58
Nursing Home	Days	333,826.5	199.69	5,555.08	158.88	-	-	-	71.42	257.85	347,666.1	208.59	6,043.23
HCBS	Procedures	100.7	236.00	1.98	-	-	-	0.56	0.13	0.13	107.3	313.17	2.80
Case Management	Procedures	55.1	644.25	2.96	-	-	-	2.37	0.27	0.29	60.2	1,174.81	5.89
Patient Share	Visits	N/A	N/A	999.28	28.58	-	-	-	12.85	46.38	N/A	N/A	1,087.09
<b>Subtotal LTSS</b>				<b>\$ 6,596.60</b>									<b>\$ 7,179.59</b>
<b>Total Medical Costs</b>				<b>\$ 7,877.31</b>									<b>\$ 8,601.45</b>

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Prospective Rate Development Model													
Rate Cell: RHP Non-Duals HCBS													
Adjusted Base Experience				Acuity Adjustments		Program Change Adjustments		Trend Adjustments		Projected Experience			
Member Months: 247	Unit Type	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Category of Service													
<b>Inpatient Hospital</b>													
Inpatient Hospital	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
<b>Subtotal Inpatient Hospital</b>				<b>\$ 0.00</b>									<b>\$ 0.00</b>
<b>Outpatient Hospital</b>													
Outpatient Emergency Room	Visits	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Outpatient Surgery	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Other Outpatient	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Outpatient Hospital</b>				<b>\$ 0.00</b>									<b>\$ 0.00</b>
<b>Professional</b>													
Inpatient and Outpatient Surgery	Procedures	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Anesthesia	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Visits	Visits	-	-	-	-	-	-	-	-	-	-	-	-
MH/SA	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Room	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Office/Home Visits/Consults	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Maternity	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Pathology/Lab	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Radiology	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Office Administered Drugs	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
Physical Exams	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Therapy	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Vision	Visits	-	-	-	-	-	-	-	-	-	-	-	-
Other Professional	Procedures	21,064.0	108.42	190.32	-	-	-	103.47	14.93	15.68	22,716.4	171.37	324.40
<b>Subtotal Professional</b>				<b>\$ 190.32</b>									<b>\$ 324.40</b>
<b>Retail Pharmacy</b>													
Retail Pharmacy	Scripts	8.5	\$ 14.06	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	8.5	\$ 14.06	\$ 0.01
<b>Subtotal Retail Pharmacy</b>				<b>\$ 0.01</b>									<b>\$ 0.01</b>
<b>Ancillary</b>													
Transportation	Trips	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
DME/Prosthetics	Procedures	-	-	-	-	-	-	-	-	-	-	-	-
NEMT	Trips	N/A	N/A	78.31	-	-	-	-	-	-	N/A	N/A	78.31
Dental	Visits	1,536.3	92.9	11.89	-	-	-	-	0.30	0.78	1,575.0	98.8	12.97
<b>Subtotal Ancillary</b>				<b>\$ 90.20</b>									<b>\$ 91.28</b>
<b>LTSS</b>													
Hospice	Days	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Nursing Home	Days	-	-	-	-	-	-	-	-	-	-	-	-
HCBS	Procedures	175,297.3	123.26	1,800.65	39.25	-	-	845.59	136.43	143.35	192,400.1	184.94	2,965.27
Case Management	Procedures	2,449.5	68.00	13.88	0.30	-	-	4.23	0.93	0.99	2,666.6	91.49	20.33
Patient Share	Visits	N/A	N/A	5.38	0.12	-	-	-	0.28	0.29	N/A	N/A	6.07
<b>Subtotal LTSS</b>				<b>\$ 1,819.91</b>									<b>\$ 2,991.67</b>
<b>Total Medical Costs</b>				<b>\$ 2,100.44</b>									<b>\$ 3,407.36</b>

## Appendix 3: Non-Dual HCBS Blending



State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2022 Capitation Rate Development Program of All Inclusive Care for the Elderly Blending Prospective Rate Development Model				
<b>Rate Cell:</b>		<b>Member Months</b>		
<b>Non-Duals HCBS</b>		<b>462</b>	<b>1,406</b>	<b>1,868</b>
Category of Service	Unit Type	FFS PMPM	RHP PMPM	Composite PMPM
<b>Inpatient Hospital</b>				
Inpatient Hospital	Days	\$ 238.51	\$ 0.00	\$ 58.99
<b>Subtotal Inpatient Hospital</b>		<b>\$ 238.51</b>	<b>\$ 0.00</b>	<b>\$ 58.99</b>
<b>Outpatient Hospital</b>				
Outpatient Emergency Room	Visits	\$ 28.49	\$ 0.00	\$ 7.05
Outpatient Surgery	Visits	18.27	-	4.52
Other Outpatient	Procedures	169.28	-	41.87
<b>Subtotal Outpatient Hospital</b>		<b>\$ 216.04</b>	<b>\$ 0.00</b>	<b>\$ 53.43</b>
<b>Professional</b>				
Inpatient and Outpatient Surgery	Procedures	\$ 9.21	\$ 0.00	\$ 2.28
Anesthesia	Procedures	-	-	-
Inpatient Visits	Visits	3.27	-	0.81
MH/SA	Visits	49.12	-	12.15
Emergency Room	Visits	3.75	-	0.93
Office/Home Visits/Consults	Visits	29.95	-	7.41
Maternity	Procedures	-	-	-
Pathology/Lab	Procedures	4.55	-	1.13
Radiology	Procedures	4.34	-	1.07
Office Administered Drugs	Procedures	4.38	-	1.08
Physical Exams	Visits	0.32	-	0.08
Therapy	Visits	-	-	-
Vision	Visits	1.92	-	0.47
Other Professional	Procedures	185.90	324.40	290.15
<b>Subtotal Professional</b>		<b>\$ 296.71</b>	<b>\$ 324.40</b>	<b>\$ 317.55</b>
<b>Retail Pharmacy</b>				
Retail Pharmacy	Scripts	\$ 267.10	\$ 0.01	\$ 66.07
<b>Subtotal Retail Pharmacy</b>		<b>\$ 267.10</b>	<b>\$ 0.01</b>	<b>\$ 66.07</b>
<b>Ancillary</b>				
Transportation	Trips	\$ 3.33	\$ 0.00	\$ 0.82
DME/Prosthetics	Procedures	56.10	-	13.87
NEMT	Trips	78.31	78.31	78.31
Dental	Visits	5.58	12.97	11.14
<b>Subtotal Ancillary</b>		<b>\$ 143.32</b>	<b>\$ 91.28</b>	<b>\$ 104.15</b>
<b>LTSS</b>				
Hospice	Days	\$ 0.00	\$ 0.00	\$ 0.00
Nursing Home	Days	5.08	-	1.26
HCBS	Procedures	2,731.98	2,965.27	2,907.57
Case Management	Procedures	39.83	20.33	25.15
Patient Share	Visits	95.42	6.07	28.17
<b>Subtotal LTSS</b>		<b>\$ 2,872.31</b>	<b>\$ 2,991.67</b>	<b>\$ 2,962.15</b>
<b>SFY 2022 Capitation Rate</b>		<b>\$ 0.00</b>	<b>\$ 2,145.08</b>	<b>\$ 1,614.55</b>
<b>Total Medical Costs</b>		<b>\$ 4,033.99</b>	<b>\$ 5,552.44</b>	<b>\$ 5,176.89</b>

## Appendix 4: SFY 2022 AWOP and Capitation Rate Development

State of Rhode Island  
Executive Office of Health and Human Services  
State Fiscal Year (SFY) 2022 Capitation Rate Development  
Program of All Inclusive Care for the Elderly  
Rate Change Summary

Region: Statewide	Projected SFY 2022 Member Months	Base Benefit Expense	Administrative Cost Allowance	SFY 2022 PACE AWOP	Percentage Discount	SFY 2022 PACE Capitation Rate	SFY 2021 PACE Capitation Rate	% Change
<b>Program of All Inclusive Care for the Elderly</b>								
Duals 55-64 HCBS	317	\$ 3,876.81	\$ 225.00	\$ 4,101.81	N/A	N/A	N/A	N/A
Duals 55-64 NH	55	7,303.98	225.00	7,528.98	N/A	N/A	N/A	N/A
Duals 55-64	<b>372</b>	<b>\$ 4,383.52</b>	<b>\$ 225.00</b>	<b>\$ 4,608.52</b>	<b>\$ (92.17)</b>	<b>\$ 4,516.00</b>	<b>\$ 3,873.00</b>	<b>16.6%</b>
Duals 65+ HCBS	2,887	4,194.37	225.00	4,419.37	N/A	N/A	N/A	N/A
Duals 65+ NH	497	7,440.08	225.00	7,665.08	N/A	N/A	N/A	N/A
Duals 65+	<b>3,384</b>	<b>\$ 4,671.06</b>	<b>\$ 225.00</b>	<b>\$ 4,896.06</b>	<b>\$ (97.92)</b>	<b>\$ 4,798.00</b>	<b>\$ 3,737.00</b>	<b>28.4%</b>
Non-Duals HCBS	328	5,176.89	225.00	5,401.89	N/A	N/A	N/A	N/A
Non-Duals NH	56	8,601.45	225.00	8,826.45	N/A	N/A	N/A	N/A
Non-Duals	<b>384</b>	<b>\$ 5,676.31</b>	<b>\$ 225.00</b>	<b>\$ 5,901.31</b>	<b>\$ (118.03)</b>	<b>\$ 5,783.00</b>	<b>\$ 6,907.00</b>	<b>(16.3%)</b>
<b>Total PACE</b>	<b>4,140</b>	<b>\$ 4,738.46</b>	<b>\$ 225.00</b>	<b>\$ 4,963.46</b>	<b>\$ (99.27)</b>	<b>\$ 4,864.02</b>	<b>\$ 4,043.25</b>	<b>20.3%</b>

Note: SFY 2022 PACE Capitation Rate is rounded to the nearest dollar.



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