

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											
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 20.84							\$ 21.56
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 33.73							\$ 34.90
Professional											
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
Subtotal Professional				\$ 225.26							\$ 225.26
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 4.62							\$ 4.62
Ancillary											
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
Subtotal Ancillary				\$ 100.60							\$ 100.60
LTSS											
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
Subtotal LTSS				\$ 2,064.47							\$ 2,064.66
Total Medical Costs				\$ 2,449.52							\$ 2,451.60

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	
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 19.84							\$ 20.53
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 19.98							\$ 20.67
Professional											
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
Subtotal Professional				\$ 18.40							\$ 18.40
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 2.14							\$ 2.14
Ancillary											
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
Subtotal Ancillary				\$ 25.76							\$ 25.76
LTSS											
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
Subtotal LTSS				\$ 6,531.65							\$ 6,617.68
Total Medical Costs				\$ 6,617.77							\$ 6,705.18

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	
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 75.44							\$ 78.06
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 22.13							\$ 22.90
Professional											
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
Subtotal Professional				\$ 308.69							\$ 308.69
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 3.55							\$ 3.55
Ancillary											
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
Subtotal Ancillary				\$ 115.85							\$ 115.85
LTSS											
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
Subtotal LTSS				\$ 2,085.83							\$ 2,086.07
Total Medical Costs				\$ 2,611.49							\$ 2,615.12

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	
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 47.16							\$ 48.80
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 5.80							\$ 6.00
Professional											
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
Subtotal Professional				\$ 5.88							\$ 5.88
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 1.54							\$ 1.54
Ancillary											
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
Subtotal Ancillary				\$ 27.31							\$ 27.31
LTSS											
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
Subtotal LTSS				\$ 6,659.97							\$ 6,747.87
Total Medical Costs				\$ 6,747.66							\$ 6,837.40

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	
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 210.57							\$ 217.88
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 166.00							\$ 171.76
Professional											
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
Subtotal Professional				\$ 210.47							\$ 210.47
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 230.45							\$ 230.45
Ancillary											
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
Subtotal Ancillary				\$ 137.92							\$ 137.92
LTSS											
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
Subtotal LTSS				\$ 1,905.43							\$ 1,905.49
Total Medical Costs				\$ 2,860.84							\$ 2,873.97

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	
Inpatient Hospital											
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
Subtotal Inpatient Hospital				\$ 670.36							\$ 693.62
Outpatient Hospital											
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
Subtotal Outpatient Hospital				\$ 103.80							\$ 107.40
Professional											
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
Subtotal Professional				\$ 100.13							\$ 100.13
Retail Pharmacy											
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
Subtotal Retail Pharmacy				\$ 312.00							\$ 312.00
Ancillary											
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
Subtotal Ancillary				\$ 67.56							\$ 67.56
LTSS											
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
Subtotal LTSS				\$ 6,510.66							\$ 6,596.60
Total Medical Costs				\$ 7,764.51							\$ 7,877.31

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: 1,406		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	
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