Rev

ORIGINAL

AMENDMENT TO

AGREEMENT BETWEEN STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

Medical Vendor Administration

(Regional/ Program/ Facility) Bureau of Health Services Financing

AND

AmeriHealth Mercy of Louisiana, Inc

Contractor Name

Amendment #: 5

CFMS #: 708102

DOA #: 305-200567

DHH #: 057750

Original Contract Amt 925,792,432

Original Contract Begin Date 02-01-2012

Original Contract End Date 01-31-2015

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: 910,720,510

See attachment A-5.

Change To: Maximum Amount: 1,274,956,273

See attachment A-5.

Justification:

See attachment A-5.

APPROVED
Office of the Governor
Office of Contractual Review
JAN ~~DEC~~ 24 2012 5 LH

Pamela Bartfay Rice
DIRECTOR

This Amendment Becomes Effective: 11-01-2012

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR	STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
AmeriHealth Mercy of Louisiana, Inc	Secretary, Department of Health and Hospital or Designee
J. Michael Jernigan 10/23/12	
CONTRACTOR SIGNATURE DATE	SIGNATURE Jerry Phillips DATE 11/7/12
PRINT NAME J. Michael Jernigan	NAME Jerry Phillips
CONTRACTOR TITLE President	TITLE Undersecretary, DHH
	OFFICE Office of Management and Finance
	Madeline W. McA 10/26/2012
	PROGRAM SIGNATURE DATE
	NAME Madeline McAndrew

Exhibit/ Attachment	Document	Change From	Change To	Justification
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 5.0 CCN Reimbursement)** **5.13 Coordination of Benefits** **5.13.1 Other Coverage Information** The Health Plan shall maintain other coverage information for each member. The Health Plan shall verify the other coverage information provided by DHH pursuant to Section 5.12 and develop a system to include additional other coverage information when it becomes available. The Health Plan shall provide a periodic file of updates to other coverage back to the State. **5.13.2 Cost Avoidance** As provided in Section 5.12.2, except in certain cases, the Health Plan shall attempt to avoid payment in all cases where there is other insurance. (Medicaid is payer of last resort) **5.13.3 Post-payment Recoupments** As provided in Section 5.12.3, Health Plan shall initiate a post payment recovery process when it is determined after the fact that the member had other coverage at the time of service. **5.13.4 Medicare** The Health Plan's system shall provide for coordinating benefits on members who are also covered by Medicare. **5.13.5 Reporting and Tracking**	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			The Health Plan's system shall identify and track potential collections. The system should produce reports indicating open receivables, closed receivables, amounts collected, amounts written off and amounts avoided.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 5.0 CCN Reimbursement)** **5.14 Copays/Cost Share** **5.14.1** The Health Plan and its subcontractors are not required to impose any copay or cost sharing requirements on their members. The Health Plan and its subcontractors, however, are not permitted to charge their members fees of any kind or any copay or cost-sharing amount above what exists in the Medicaid State Plan. **5.14.2** A Health Plan or its subcontractors may not: **5.14.2.1** Deny services to an individual who is eligible for services because of the individual's inability to pay the cost sharing; **5.14.2.2** Restrict its members' access to needed drugs and related pharmaceutical products by requiring that members use mail-order pharmacy providers; or **5.14.2.3** Impose copayments for the following: **5.14.2.3.1** Family planning services and supplies **5.14.2.3.2** Emergency services;	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			5.14.2.3.3 Services provided to: **5.14.2.3.3.1** Individuals younger than 21 years old; **5.14.2.3.3.2** Pregnant women; **5.14.2.3.3.3** Individuals who are inpatients in long-term care facilities or other institutions; **5.14.2.3.3.4** Native American; and **5.14.2.3.3.5** Alaskan Eskimos.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 5.0 CCN Reimbursement)** **5.15 Financial Disclosures for Pharmacy Services** The Health Plan must disclose all financial terms and arrangements for remuneration of any kind that apply between the Health Plan and any prescription drug manufacturer or labeler, including, without limitation, formulary management, educational support, claims processing, pharmacy network fees, data sales fees, and any other fees. Section 16 of this contract provides that DHH or state auditors may audit such information at any time. DHH agrees to maintain the confidentiality of information disclosed by the Health Plan pursuant to the contract, to the extent that such information is confidential under Louisiana or federal law.	**To effect the carve-in of Pharmacy services to Bayou Health**
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-	**NA**	**(New section in 6.0 Core Benefits and Services)** **6.40 Pharmacy Services**	**To effect the carve-in of Pharmacy services to Bayou**

Exhibit/ Attachment	Document	Change From	Change To	Justification
	MVA		**6.40.1 Covered Services** **6.40.1.1** The Health Plan must provide coverage for all classes of drugs covered by the Medicaid FFS pharmacy benefit. The Health Plan may manage coverage and utilization of drugs through the formation of a Formulary or Preferred Drug List. Procedures used to manage utilization may include, but are not limited to, prior authorization, utilization and clinical edits. **6.40.1.2** The Health Plan is not required to enforce the DHH monthly prescription drug quantity limits. However, it may not enact prescription quantity limits more stringent than the Medicaid State Plan.	**Health**
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.2 Formulary** The Health Plan is required to have a Formulary that follows the minimum requirements below: **6.40.2.1** The Formulary shall be kept up-to-date and available to all providers and members via Health Plan web site and electronic prescribing tools. **6.40.2.2** The Formulary only excludes coverage of drugs or drug categories permitted under Section 1927(d) of the Social Security Act. In addition, the Health Plan shall include in its formulary any FDA-approved drugs that may allow for clinical improvement or are clinically advantageous for the management of a disease or condition for FDA	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			approved indications. **6.40.2.3** The Formulary shall be reviewed in its entirety and updated at least annually. **6.40.2.4** The Health Plan shall expand its Formulary, as needed, to include newly FDA approved drugs for FDA approved indications, which are deemed to be appropriate, safe, and efficacious in the medical management of members. **6.40.2.5** The Formulary and any revision thereto shall be reviewed and approved by DHH prior to implementation. Any changes to the Formulary shall be submitted to DHH at least 30 days prior to implementation. **6.40.2.6** The Formulary shall include only FDA-approved drug products. For each AHFS Therapeutic Class, the selection of drugs included for each drug class shall be sufficient to ensure enough provider choice and include FDA approved drugs to best serve the medical needs of members with special needs. **6.40.2.7** The Health Plan shall authorize the provision of a drug not on the Formulary requested by a prescriber on behalf of the enrollee, if the approved prescriber provides relevant clinical information to the Health Plan to support the medical necessity of the drug, and an explanation as to why a generic alternative or other preferred drug in the same therapeutic category cannot be used Medically	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			accepted indications shall be consistent with Section 1927(k)(6) of the Social Security Act. **6.40.2.8** The Health Plan shall have in place a DHH-approved prior approval process for authorizing the dispensing of non-Formulary drugs. **6.40.2.9** Except for the use of approved generic drug substitution of brand drugs, under no circumstances shall the Health Plan permit the therapeutic substitution of a prescribed drug without a prescriber's authorization. **6.40.2.10** The Health Plan shall limit negative changes to the formulary (e.g., remove a drug, impose step therapy, etc.) to four times annually, unless urgent circumstances require more timely action, such as drug manufacturer's removal of a drug from the market due to patient safety concerns. The addition of a newly approved generic and removal of the brand equivalent does not constitute a negative formulary change.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.3 Preferred Drug List** The Health Plan may use a preferred drug list (PDL) as long as the requirements of 6.40.1 Covered Services and the following minimum requirements are met: **6.40.3.1** The PDL is a subset of preferred drug products available on the Formulary and an up-to-date version shall be available to all providers and members through the Health Plan web site and electronic	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			prescribing tools. **6.40.3.2** The PDL shall be reviewed in its entirety and updated at least annually. **6.40.3.3** The PDL and any revision thereto, shall be reviewed and approved by DHH prior to implementation. Any changes to the PDL shall be submitted to DHH at least 30 days prior to implementation. **6.40.3.4** The selection of drugs included for each drug class shall be sufficient to ensure enough provider choice and include FDA approved drugs to best serve the medical needs of enrollees with special needs. **6.40.3.5** The Health Plan shall authorize the provision of a drug not listed on the PDL requested by a prescriber on behalf of the enrollee, if the approved prescriber provides relevant clinical information to the Health Plan to support the medical necessity of the drug. Medically accepted indications shall be consistent with Section 1927(k)(6) of the Social Security Act. **6.40.3.6** The Health Plan shall have in place a DHH-approved prior approval process for authorizing the dispensing of non-PDL drugs. **6.40.3.7** Except for the use of approved generic drug substitution of brand drugs, under no circumstances shall the Health Plan permit the therapeutic	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			substitution of a prescribed drug without a prescriber's authorization. **6.40.3.8** The Health Plan shall limit negative changes to the PDL (e.g., remove a drug, impose step therapy, etc.) to four times annually, unless urgent circumstances require more timely action, such as drug manufacturer's removal of a drug from the market due to patient safety concerns	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.4 Prior Authorization for Mental Health/Substance Abuse Prescriptions** The Health Plan shall only restrict or require a prior authorization for prescriptions or pharmacy services prescribed by Mental Health/Substance Abuse ("MH/SA") providers if one of the following exceptions is demonstrated: **6.40.4.1** The drug prescribed is not related to the treatment of substance abuse/dependency/addiction or mental illness or to any side effects of the psychopharmacological agents. These drugs are to be prescribed by the Health Plan's PCP or specialists in the Health Plan's network. **6.40.4.2** The prescribed drug does not conform to standard rules of the Health Plan's pharmacy plan consistent with 6.40.6 and 6.40.7 below.	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			6.40.4.3 The Health Plan, at its option, may require a prior authorization (PA) process if the number of prescriptions written by MH/SA providers for MH/SA-related conditions exceeds four (4) per month per enrollee or may be contraindicated based on the enrollee's medical conditions or other drugs already prescribed. For drugs that require weekly prescriptions, these prescriptions shall be counted as one (1) per month and not as four (4) separate prescriptions. The Health Plan's PA process for pharmacy services shall require review and prior approval by DHH. **6.40.4.4** If the Health Plan suspects prescription abuse by a MH/SA provider, the Health Plan shall contact DHH for investigation and a decision, which may include excluding the provider from the Louisiana Medicaid program. The Health Plan shall provide DHH with any and all documentation related to the alleged prescription abuse.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.5 Submission and Publication of the Formulary and PDL** **6.40.5.1** The Health Plan shall publish and make available to members and providers upon request a hard copy of the most current Formulary and PDL. Updates to the Formulary or the PDL shall be made available thirty (30) days before the change. The Health Plan shall prominently post the most current Formulary on its web site.	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			6.40.5.2 The Health Plan shall submit an electronic version of its formulary and PDL to DHH at least quarterly. The formulary and PDL must be provided in a format and program approved by DHH, which may include formulary management software commonly used by prescribers.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.6 Pharmaceutical and Therapeutics (P&T) Committee** **6.40.6.1** The Contractor shall establish a Pharmaceutical and Therapeutics (P&T) Committee, or similar entity, for the development of the Formulary and the PDL. The Committee shall represent the needs of all its members including enrollees with special needs. Louisiana network physicians, pharmacists, dentists and specialists, including but not limited to a behavioral health specialist, shall have the opportunity to participate in the development of the Formulary, PDL and clinical drug policies and, prior to any changes to the Formulary or PDL, to review, consider and comment on proposed changes. **6.40.6.2** The P&T committee shall meet at least quarterly to consider products in categories recommended for consideration for inclusion/exclusion on the Health Plan's Formulary or PDL. In developing its recommendations for a Formulary and PDL, the P&T committee shall consider, for each product included in a category of products,	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			the clinical efficacy, safety, cost-effectiveness and any program benefit associated with the product. **6.40.6.3** The Health Plan shall develop policies governing the conduct of P&T committee meetings, including procedures by which it makes its Formulary and PDL recommendations. P&T Committee meetings shall be open to the public.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New Section in 6.40 Pharmacy Services)** **6.40.7 Prior Authorization Process for Pharmacy Services** **6.40.7.1** Prior authorization may be used for drug products under the following conditions: **6.40.7.1.1** When prescribing medically necessary non-Formulary or non-preferred (non PDL) drugs. **6.40.7.1.2** When prescribing drugs inconsistent with FDA approved labeling, including behavioral health drugs. **6.40.7.1.3** When prescribing is inconsistent with nationally accepted guidelines. **6.40.7.1.4** When prescribing brand name medications which have A-rated generic equivalents. **6.40.7.1.5** To minimize potential drug over-utilization. **6.40.7.1.6** To accommodate exceptions to Medicaid	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			drug utilization review standards related to proper maintenance drug therapy. **6.40.7.2** Any prior approval issued by the Health Plan shall take into consideration prescription refills related to the original pharmacy service. **6.40.7.3** The Health Plan must notify the requesting practitioner of the approval or disapproval of the request within 24 hours once relevant medically necessary information is obtained from the prescriber. **6.40.7.4** The Health Plan must provide access to a toll-free call center for prescribers to call to request prior authorization for non-preferred drugs or drugs that are subject to clinical edits. The Health Plan must allow prescribers and pharmacies to submit prior authorization requests by phone, fax or automated process. If the Health Plan or its PBM operates a separate call center for prior authorization requests, it will be subject to the provider call center standards set forth in Section 10 of this contract and monetary penalties set forth in Section 20 of this contract. **6.40.7.5** The Health Plan shall not penalize the prescriber or enrollee, financially or otherwise, for such requests and approvals. **6.40.7.6** Denials of prior authorization requests or offering of an alternative medication shall be provided to the prescriber and/or enrollee in writing.	

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			6.40.7.7 An enrollee receiving a prescription drug that was on the Health Plan's Formulary or PDL and subsequently removed or changed, shall be permitted to continue to receive that prescription drug if determined to be medically necessary. The Health Plan must make that determination in consultation with the prescriber. **6.40.7.8** If a prescription for a medication is not filled when the prescription is presented to the pharmacy due to a prior authorization requirement, the Health Plan must have an automated process that allows the pharmacy to dispense up to a 72-hour supply of a product without having to obtain an override. The pharmacy may fill consecutive 72-hour supplies if the prescriber remains unavailable but the Health Plan is only required to pay one dispensing fee. The Health Plan must reimburse the pharmacy for dispensing the temporary supply of medication. **6.40.7.9** A member, or a provider on Member's behalf, may appeal prior authorization denials in accordance with Section 13 (Grievances and Appeals) of this contract.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.8 Step Therapy and/or Fail First Protocols** Health Plans are allowed to implement step therapy or fail first protocols to first drive utilization toward the most cost-effective and safest drug therapy. These protocols may be applied to either individual drugs or classes of drugs. However, the Health Plan must	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			provide a clear process for a provider to request an override of such restrictions. At a minimum, the Health Plan should grant the override when the prescribing physician provides evidence that the preferred treatment method has been ineffective in the treatment of the patient's medical condition in the past or will cause or will likely cause an adverse reaction or other physical harm to the patient.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.9 Medication Therapy Management** **6.40.9.1** Within 90 days of implementation, the Health Plan is required to implement a Medication Therapy Management (MTM) program. The MTM program should include participation from community pharmacists, and include both in-person and telephonic interventions with trained clinical pharmacists. **6.40.9.2** Reimbursement for MTM services with participating pharmacists should be separate and above dispensing and ingredient cost reimbursement. **6.40.9.3** These programs should be developed to identify and target members who would most benefit from these interactions. They should include coordination between the Health Plan, the member, the pharmacist and the prescriber using various means of communication and education.	**To effect the carve-in of Pharmacy services to Bayou Health**
Exhibit E	RFP 305 PUR-	**NA**	**(New section in 6.40 Pharmacy Services)**	**To effect the carve-in of**

Exhibit/ Attachment	Document	Change From	Change To	Justification
	DHHRFP-CCN-P-MVA		**6.40.10 Lock-In (Restriction) Program** **6.40.10.1** The Health Plan may implement a restriction program including policies, procedures and criteria for establishing the need for the lock-in, which must be prior approved by DHH. **6.40.10.2** Lock-in is a mechanism for restricting Medicaid recipients to a specific physician and/or a specific pharmacy provider. The lock-in mechanism does not prohibit the recipient from receiving services from providers who offer services other than physician and pharmacy benefits. **6.40.10.3** The lock-in mechanism must: **6.40.10.3.1** Ensure appropriate use of Medicaid benefits by recipients and/or providers; and **6.40.10.3.2** Serve as an educational and monitoring parameter in instructing recipients in the most efficient method of using Medicaid services to ensure maximum health benefits. **6.40.10.4** A Medicaid recipient who has shown a consistent pattern of misuse or overuse of program benefits may be placed into the lock-in mechanism by the Health plan. Misuse and overuse is a determination made by the Health Plan. The Health Plan shall submit for approval to DHH a list of criteria for which a member may be restricted. Misuse and overuse can occur in a variety of ways.	**Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			6.40.10.4.1 Misuse may take the form of obtaining prescriptions under the pharmacy program from various prescribers and/or pharmacies in an uncontrolled and unsound way. **6.40.10.4.2** Misuse may take the form of obtaining prescriptions or the dispersal of prescriptions by fraudulent actions. **6.40.10.5** In its Lock-In program, the Health Plan should abide by the following protocols: **6.40.10.5.1** Enrollees shall be notified prior to the lock-in and must be permitted to change providers for good cause. A seventy-two (72)-hour emergency supply of medication at pharmacies other than the designated lock-in pharmacy shall be permitted to ensure the provision of necessary medication required in an interim/urgent basis when the assigned pharmacy does not immediately have the medication. **6.40.10.5.2** The Health Plan shall initiate contact with the recipient in instances when the recipient fails to contact the Health Plan. **6.40.10.5.3** The Health Plan shall notify the recipient and the prescribers regarding the Lock-In Program, the pharmacy they will be restricted to and the recipient's rights and responsibilities including appeal rights. **6.40.10.5.4** The Health Plan shall notify lock-in	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			providers of their selection. **6.40.10.5.5** The continued need for lock-in shall be periodically (at least every two (2) years) evaluated by the Health Plan for each member in the program. Prescriptions from all participating prescribers shall be honored and may not be required to be written by the PCP only unless the member is also locked in to his/her PCP. **6.40.10.5.6** The Health Plan shall submit quarterly reports on the pharmacy lock-in program activities as defined by DHH. **6.40.10.5.7** The Health Plan shall develop criteria and protocols to avoid enrollee injury due to the prescribing of drugs by more than one provider.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 6.40 Pharmacy Services)** **6.40.11 Transition of Care for Pharmacy Services** **6.40.11.1** The Health Plan must submit for approval, a transition of care program that ensures members can continue treatment of maintenance medications for at least 60 days after launch of pharmacy services or enrollment into the Health Plan's plan. The Health Plan shall continue any treatment of antidepressants and antipsychotics for at least 90 days after enrollment into the Health Plan's plan. Additionally, an enrollee that is, at the time of enrollment, in the Health Plan receiving a prescription drug that is not on the Health Plan's Formulary or PDL shall be permitted to continue	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			to receive that prescription drug if medically necessary. **6.40.11.2** The Health Plan shall continue the medication prescribed to the enrollee in a state mental health treatment facility for at least ninety (90) days after the facility discharges the enrollee, unless the Health Plan's psychiatrist, in consultation and agreement with the facility's prescribing physician, determines that the medications are: **6.40.11.2.1** Not medically necessary; or **6.40.11.2.2** Potentially harmful to the enrollee.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 7.0 Provider Network Requirements)** **7.14 Pharmacy Network, Access Standards and Reimbursement** **7.14.1 Pharmacy Network Requirements** **7.14.1.1** The Health Plan shall provide a pharmacy network that complies with DHH requirements but at a minimum includes only licensed and registered pharmacies that conform to the Louisiana Board of Pharmacy rules concerning the records to be maintained by a pharmacy. **7.14.1.2** No Health Plan may prohibit any pharmacy or pharmacist participating in the Medicaid program from contracting as a network provider provided the pharmacy or pharmacist is licensed and in good	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			standing with the Louisiana State Board of Pharmacy and accepts the terms and conditions of the contract offered to them by the Health Plan. **7.14.1.3** Distance to Pharmacies: **7.14.1.3.1** Travel distance time for members living in urban parishes shall not exceed 10 miles; and **7.14.1.3.2** Travel distance for members living in rural parishes shall not exceed 30 miles. **7.14.1.4** The Health Plan must keep an up-to-date pharmacy provider directory on its website for public access. This directory must include, but not be limited to, the following information on all contracted network pharmacies: **7.14.1.4.1** Names, locations and telephone numbers. **7.14.1.4.2** Any non-English languages spoken. **7.14.1.4.3** Identification of hours of operation, including identification of providers that are open 24-hours per day. **7.14.1.4.4** Identification of pharmacies that provide vaccine services. **7.14.1.4.5** Identification of pharmacies that provide delivery services.	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			7.14.1.5 The Health Plan must make a hard copy of this directory available to its members upon request. The hard copy must be updated at least annually. The online version should be updated in real time, but no less than weekly. **7.14.1.6** The Health Plan shall ensure PBM/PBA has a network audit program that includes, at a minimum: **7.14.1.6.1** Random audits to determine provider compliance with the program policies, procedures and limitations outlined in the provider's contract. The Health Plan shall not utilize contingency-fee based pharmacy audits. **7.14.1.6.2** The Health Plan shall submit to DHH the policies of its audit program for approval. **7.14.1.7** The Health Plan shall ensure that Pharmacies submit the NPI of the prescriber on claims. **7.14.1.8** The Health Plan must educate network providers about how to access their formulary and PDL on their websites. The Health Plan must also provide provider education on claims processing and payment policies and procedures. **7.14.1.9** The Health Plan may negotiate the ingredient cost reimbursement in its contracts with providers. However, the Health Plan shall pay a per-prescription dispensing fee, as defined in this contract, at a rate no less than $2.50.	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			7.14.1.10 The Health Plan and the PBM may not charge pharmacy providers claims processing or provider enrollment fees. This section does not prohibit sanctioning pharmacy providers. **7.14.1.11** Thirty days after enrollment of the pharmacy program into Bayou Health, DHH will require that the Health Plan and PBM receive active agreement from pharmacy providers to participate in Health Plan's pharmacy network, even if the pharmacy provider has an existing relationship with the Health Plan's PBM. This means that if a pharmacy provider is already contracted with a Health Plan's PBM for other coverage products, notification alone will not be sufficient for that pharmacy provider to be considered part of the PBM's Medicaid network. The pharmacy provider must actively agree to the terms of the Medicaid contract addendum. However, to minimize an interruption in care for recipients on November 1, 2012, the Health Plan shall allow a 30-day window after implementation during which the Health Plan and PBM can process and pay claims for pharmacy providers that are contracted with the PBM but have not yet agreed to the Medicaid addendum. Those claims shall be processed and paid according to the terms of the Medicaid addendum that the PBM has offered to the pharmacy provider, as long as those terms meet DHH requirements. After November 30, 2012, pharmacy providers that have not signed a contract agreement or Medicaid addendum with the PBM shall be considered out of network.	

Exhibit/ Attachment	Document	Change From	Change To	Justification
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 7.14 Pharmacy Network, Access Standards and Reimbursement)** **7.14.2 Mail order/Mail Service Pharmacy** The Health Plan cannot require its members to use a mail service pharmacy. Mail order must not exceed more than one (1) percent of all pharmacy claims. Members cannot be charged anything above applicable copays (e.g. shipping and handling fees).	**To effect the carve-in of Pharmacy services to Bayou Health**
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 7.14 Pharmacy Network, Access Standards and Reimbursement)** **7.14.3 Specialty Drugs and Specialty Pharmacies** **7.14.3.1** DHH recognizes the importance of providing adequate access to specialty drugs to Medicaid members while ensuring proper management of handling and utilization. For the purposes of this contract, "specialty drugs" shall be determined by the definition below. The Health Plan may limit distribution of specialty drugs from a network of specialty pharmacies that meet reasonable requirements to distribute specialty drugs and is willing to accept the terms of the Health Plan's agreement. DHH reserves the right to deny specialty pharmacy contracts that include what it deems to be overly burdensome terms or requirements, including but not limited to requirements for excessive insurance coverage, unreasonable stocking requirements, or restrictive or duplicative accreditation requirements.	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			7.14.3.2 A specialty drug is defined as one that is **7.14.3.2.1** Not typically available at community retail pharmacies or under limited distribution per manufacturer/FDA; or **7.14.3.2.2** Includes at least two of the following characteristics: **7.14.3.2.2.1** Requires inventory management controls including but not limited to unique storage specifications, short shelf life, and special handling; or **7.14.3.2.2.2** Must be administered, infused or injected by a health care professional; or **7.14.3.2.2.3** The drug is indicated primarily for the treatment or prevention of: • A complex or chronic medical condition, defined as a physical, behavioral or developmental condition that may have no known cure and/or is progressive and/or can be debilitating or fatal if left untreated or under-treated, such as, but not limited to, multiple sclerosis, hepatitis C, cancer and rheumatoid arthritis; or • A rare medical condition, defined as any disease or condition that typically affects fewer than 200,000 people in the United States; or	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			7.14.3.2.2.4 The total monthly cost is $3,000 or more.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 8 Utilization Management)** **8.9 Drug Utilization Review (DUR) Program:** The Health Plan shall establish and maintain a drug utilization review (DUR) program that satisfies the minimum requirements for prospective and retrospective DUR as described in Section 1927(g) of the Social Security Act. **8.9.1** The Health Plan shall include review of MH/SA drugs in its DUR program. **8.9.2** DUR standards shall encourage proper drug utilization by ensuring maximum compliance, minimizing potential fraud and abuse, and taking into consideration both the quality and cost of the pharmacy benefit. **8.9.3** The Health Plan shall implement an online claims adjudication system, which shall include a prospective review of drug utilization, and include age-specific edits where appropriate. **8.9.4** The prospective and retrospective DUR standards established by the Health Plan shall be consistent with those same standards established by FFS Medicaid program. **8.9.5** The Health Plan's DUR program shall include the standards for each category of DUR, i.e., therapeutic	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			duplication, drug-drug interaction, maximum daily dosage and therapy duration. **8.9.6** The Health Plan's DUR program shall include a procedure/process for utilization review for each category of DUR. **8.9.7** DHH shall review and approve the Health Plan's DUR policy and procedures; DUR utilization review process/procedure and the standards included therein; and any revisions. The DUR program and revisions must be submitted to DHH for prior approval at least forty-five (45) days in advance of the proposed effective date.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 12.13 Member Identification (ID) Cards)** **12.13.8 Pharmacy-Related ID Card Requirements** **12.13.8.1** The Health Plan shall provide on the member's Bayou Health Plan identification card, or on a separate prescription benefit card, or through other technology, prescription billing information that: **12.13.8.1.1** Complies with the standards set forth in the National Council for Prescription Drug Programs pharmacy ID card prescription benefit card implementation guide at the time of issuance of the card or other technology; or **12.13.8.1.2** Includes, at a minimum, the following data elements:	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			12.13.8.1.2.1 The name or identifying trademark of the Health Plan and the prescription benefit manager (see co-branding restrictions in Section 12.22.3); **12.13.8.1.2.2** The name and Louisiana Medicaid identification number of the recipient; **12.13.8.1.2.3** The telephone number that providers may call for: • Pharmacy benefit assistance; • 24-hour member services and filing grievances; • Provider services and prior authorization; and • Reporting Medicaid Fraud (1-800-488-2917) **12.13.8.1.2.4** All electronic transaction routing information and other numbers required by the Health Plan or its benefit administrator to process a prescription claim electronically. **12.13.8.2** If the Health Plan chooses to include the prescription benefit information on the Bayou Health Plan card, the Health Plan must ensure all members have a card that includes all necessary prescription benefit information, as outlined above. **12.13.8.3** If the Health Plan chooses to provide a separate prescription benefit card, the card mailer that	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			accompanies the card must include language that explains the purpose of the card, how to use the card and how to use it in tandem with the DHH-issued Medicaid Card and the Health Plan-issued card.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 12.0 Marketing and Member Education)** **12.22 Pharmacy-Related Marketing and Member Education** **12.22.1** The Health Plan and all subcontractors, including PBMs and providers, are subject to the Marketing and Member Education requirements set forth in Section 12.1 – 12.10 of the contract. This includes the review and approval of all marketing and member education materials including, but not limited to, websites and social media, ID cards, call scripts for outbound calls or customer service centers, provider directories, advertisement and direct member mailings. **12.22.2** Members of a Health Plan must have free access to any pharmacy participating in the Health Plan's network (except in cases where the member is participating in the pharmacy lock-in program). Neither the Health Plan nor any subcontractor is allowed to steer members to certain network providers. DHH retains the discretion to deny the use of marketing and member education material that it deems to promote undue patient steering.	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			12.22.3 Health Plans are prohibited from displaying the names and/or logos of co-branded PBMs on the Health Plan's member identification card. Health Plans that choose to co-brand with providers must include on marketing materials (other than ID cards) the following language: "Other Pharmacies are Available in Our Network." **12.22.4** Co-branded marketing materials must be submitted to DHH by the Health Plan for approval.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 17 Claims Management)** **17.6 Pharmacy Claims Processing** **17.6.1 System Requirements** The Health Plan shall have an automated claims and encounter processing system for pharmacy claims that will support the requirements of this contract and ensure the accurate and timely processing of claims and encounters. **17.6.1.1** Transaction standards: The Health Plan shall support electronic submission of claims using most current HIPAA compliant transaction standard (NCPDP D.0) **17.6.1.2** Pharmacy claim edits shall include eligibility, drug coverage, benefit limitations, prescriber and prospective/concurrent drug utilization review edits. **17.6.1.3** The system shall provide for an automated update to the National Drug Code file including all product, packaging, prescription and pricing	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			information. The system shall provide online access to reference file information. The system should maintain a history of the pricing schedules and other significant reference data. **17.6.1.4** The Health Plan must comply with the claims history requirements in Section 16.12.2 and 16.13.1. The historical encounter data submission shall be retained for a period not less than six (6) years, following generally accepted retention guidelines. **17.6.1.4.1** Audit Trails shall be maintained online for no less than six (6) years; additional history shall be retained for no less than ten (10) years and shall be provide forty-eight (48) hour turnaround or better on request for access to information in machine readable form, that is between six (6) to ten (10) years old. **17.6.1.4.2** Provisions should be made to maintain permanent history by service date for those services identified as "once-in-a-lifetime" (e.g., smoking cessation).	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 17.6 Pharmacy Claims Processing)** **17.6.2 Rebates** The Health Plan shall submit all pharmacy encounters, with the exception of inpatient hospital pharmacy encounters, to DHH pursuant to the requirements of Section 17.5.4 of this contract. DHH or its vendor shall submit these pharmacy encounters for rebate from manufacturers under the authority of the DHH Secretary pursuant to the Section 2501 of the Patient	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			Protection and Affordable Care Act (PPACA) effective from an October 1, 2012, date of service. **17.6.2.1 Pharmacy Encounters Claims Submission** **17.6.2.1.1** The Health Plan shall submit a monthly claim level detail file of pharmacy encounters to DHH which includes individual claim level detail information on each pharmacy claim dispensed to a Medicaid patient, including but not limited to the total number of metric units, dosage form, strength and package size, National Drug Code of each covered outpatient drug dispensed to Medicaid enrollees. This monthly submission must comply with Section 17.5.4 requirements. See the Systems Companion Guide for a complete listing of claim fields required. **17.6.2.1.2** The Health Plan must ensure that its pharmacy claims process recognizes claims from 340B pharmacies for products purchased through the 340B discount drug program at the claim level utilizing the NCPDP field designed for this purpose. **17.6.2.2 Disputed Encounter Submissions** **17.6.2.2.1** On a quarterly basis, DHH will review the Health Plan's pharmacy encounter claims and send a file back to the Health Plan of disputed encounters that were identified through the drug rebate invoicing process. **17.6.2.2.2** Within 60 calendar days of receipt of the	

Exhibit/ Attachment	Document	Change From	Change To	Justification
			disputed encounter file from DHH, the Health Plan shall, if needed, correct and resubmit any disputed encounters and send a response file that includes 1) corrected and resubmitted encounters as described in the Rebate Section of the Bayou Health Prepaid Systems Companion Guide, and/or 2) a detailed explanation of why the disputed encounters could not be corrected including documentation of all attempts to correct the disputed encounters at an encounter claim level detail, as described in the Rebate Section of the Bayou Health Prepaid Systems Companion Guide. **17.6.2.2.3** In addition to the administrative sanctions in Section 20 of this contract, failure of the Health Plan to submit monthly pharmacy encounter claims files and/or a response file to the disputed encounters file within 60 calendar days as detailed above for each disputed encounter will result in a quarterly offset to the capitation payment equal to the value of the rebate assessed on the disputed encounters being deducted from the Health Plan's capitation payment.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 17.6 Pharmacy Claims Processing)** **17.6.3 Repackaged Products** The Health Plan shall ensure that the manufacturer number, product number, and package number for the drug dispensed shall be listed on all claims. This information shall be taken from the actual package from which the drug is usually purchased by a provider, from a supplier whose products are generally available to all pharmacies and reported in one or more national compendia. Repackaged drug products	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			supplied through co-ops, franchises, or other sources not readily available to other providers shall not be used. In such instances, the manufacturer number, product number, and package number for the largest package size, as reported in one or more national compendia for the drug shall be listed.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 17.6 Pharmacy Claims Processing)** **17.6.4 Use of a Pharmacy Benefits Manager (PBM)** **17.6.4.1** The Health Plan must use a PBM to process prescription claims. The PBM must pay claims in accordance with Section 17 of this contract. **17.6.4.2** The Health Plan must identify the proposed PBM and the ownership of the proposed PBM. Before entering into a subcontract with a PBM, the Health Plan shall obtain DHH approval. If the PBM is owned wholly or in part by a retail pharmacy provider, chain drug store or pharmaceutical manufacturer, the Health Plan will submit a written description of the assurances and procedures that must be put in place under the proposed PBM subcontract, such as an independent audit, to prevent patient steering, to ensure no conflicts of interest exist and ensure the confidentiality of proprietary information. The Health Plan must provide a plan documenting how it will monitor such Subcontractors. These assurances and procedures must be transmitted to DHH for review and approval prior to the date pharmacy services begin. **17.6.4.3** The Health Plan must submit a plan for	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			oversight of the PBM's performance prior to the implementation of the Health Plan's PBM. The plan must be approved by DHH and comply with this contract and all DHH requirements.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New section in 18.0 Reporting)** **18.9 Pharmacy Reporting** The Health Plan shall provide additional reporting specific to the pharmacy program, including, but not limited to: **18.9.1** Pharmacy help desk performance **18.9.2** Prior authorization performance **18.9.2.1** Prior Authorization request turnaround time **18.9.2.2** Number of claims submitted as a 72-hour emergency supply **18.9.2.3** Denials (name of drug, number of requests, number of denials) **18.9.3** Pharmacy network access **18.9.4** Grievance and appeals	**To effect the carve-in of Pharmacy services to Bayou Health**
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(Add to 20.2.3 Table of Monetary Penalties in blank row at the top of page 254.)** **Pharmacy Claims Data** At the request of DHH or — The CCN may be subject to a sanction of $10,000 per	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			its fiscal intermediary, plans shall submit pharmacy claims information in an electronic format that is suited to allow for integration with the State's pharmacy rebate program. DHH shall establish the frequency of these information requests, and the plans shall comply. The pharmacy rebate process is a quarterly process and claims information is usually required before the end of the month that follows the end of the quarter. calendar day for each day the information is late; or incomplete, deficient and/or inaccurate until the information have been submitted and accepted by DHH as complete, accurate and has no deficiencies.	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New definitions added to *Glossary* where they fit alphabetically)** **<u>Co-branding</u>** - a relationship between two or more separate legal entities, one of which is a Health Plan. The plan displays the name(s) or brand(s) of the co-branding entity or entities on its marketing materials to signify a business arrangement. Co-branding arrangements allow a Health Plan and its co-branding partner(s) to promote enrollment in the plan. Co-branding relationships are entered into independent of the contract that the Health Plan has with DHH.	**To effect the carve-in of Pharmacy services to Bayou Health**

Exhibit/ Attachment	Document	Change From	Change To	Justification
			Dispensing Fee - the fee paid by the Health Plan to reimburse the overhead and labor expense incurred by pharmacy providers and the professional services provided by a pharmacist when dispensing a prescription. **Formulary** – a list maintained by the Health Plan giving details of prescribable medicines **Legend Drugs** – drugs which bear the federal legend: "Caution: federal law prohibits dispensing without a prescription." **Mental Health/Substance Abuse (MH/SA) providers** – behavioral health professionals engaged in the treatment of substance abuse, dependency, addiction, or mental illness **Pharmacy Benefit Manager (PBM)** – a third party administrator of prescription drug programs **Preferred Drug List (PDL)** – a list maintained by the Health Plan indicating which drugs providers are permitted to prescribe without seeking prior authorization	
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	**NA**	**(New entries added to *Acronyms* where they fit alphabetically)** **FDA** – Food and Drug Administration **MH/SA** – Mental Health/Substance Abuse	**To effect the carve-in of Pharmacy services to Bayou Health**

<table>
<tr><th>Exhibit/ Attachment</th><th>Document</th><th>Change From</th><th>Change To</th><th>Justification</th></tr>
<tr><td></td><td></td><td></td><td>P&T – Pharmaceutical and Therapeutics

PBM – Pharmacy Benefit Manager

PDL – Preferred Drug List</td><td></td></tr>
<tr><td>Exhibit E, Attachment 3</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>(Table on Page 1)

<table>
<tr><th>Contract Year</th><th>Anticipated Member Months</th><th>Average PMPM</th><th>Maximum Contract Amount</th></tr>
<tr><td>1 Feb-Jul[1]</td><td></td><td></td><td>$97,768,548</td></tr>
<tr><td>1 Aug-Jan[2]</td><td>969,768</td><td>$164.68</td><td>$159,701,394</td></tr>
<tr><td>2[3]</td><td>1,968,629</td><td>$164.68</td><td>$324,193,830</td></tr>
<tr><td>3[4]</td><td>1,998,158</td><td>$164.68</td><td>$329,056,738</td></tr>
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</table></td><td>(Replace Table on Page 1)

<table>
<tr><th>Contract Year</th><th>Anticipated Member Months</th><th>Average PMPM</th><th>Maximum Contract Amount</th></tr>
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<tr><td>2[3]</td><td>1,968,629</td><td>$246.50</td><td>$485,267,058</td></tr>
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<tr><td></td><td></td><td>Total</td><td>$1,274,956,273</td></tr>
</table></td><td>To effect the carve-in of Pharmacy services to Bayou Health</td></tr>
<tr><td>Exhibit E, Appendix G</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>(Mercer letter dated "September14, 2012" and entitled "REVISED Louisiana BAYOU HEALTH Plans – Prepaid Program Rate Development and Actuarial Certification for the period August 1 through December 31, 2012.")</td><td>(Mercer letter dated "October 15, 2012" and entitled "REVISED Louisiana BAYOU HEALTH Plans – Prepaid Program Rate Development and Actuarial Certification for the period November 1 through December 31, 2012." See attached.)</td><td>To effect the carve-in of Pharmacy services to Bayou Health</td></tr>
<tr><td>Exhibit E</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>NA</td><td>(New bullet last bullet for 6.1.5)

• Pharmacy Services (Prescription Medicines Dispensed)</td><td>To effect the carve-in of Pharmacy services to Bayou Health</td></tr>
<tr><td>Exhibit E</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>6.21.1.7. Pharmacy Services (Prescription Medicines Dispensed)</td><td><s>6.21.1.7. Pharmacy Services (Prescription Medicines Dispensed)</s></td><td>To effect the carve-in of Pharmacy services to Bayou Health</td></tr>
</table>

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Ms. Madeline McAndrew
BAYOU HEALTH Program Director
Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
628 North 4th Street
Baton Rouge, LA 70821

October 15, 2012

Subject: REVISED Louisiana BAYOU HEALTH Plans – Prepaid Program Rate Development and Actuarial Certification for the period November 1 through December 31, 2012

Dear Ms. McAndrew:

The Louisiana Department of Health and Hospitals (DHH) contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound capitation rate ranges for the State of Louisiana's BAYOU HEALTH Program – Prepaid program for the period November 1 through December 31, 2012. The purpose of this certification is to reflect the inclusion of prescribed drugs within the Prepaid program, effective November 1, 2012. It follows clarification by DHH concerning the extent of possible pharmacy changes that might be implemented in fee for service Medicaid and the extent to which those changes might apply to Prepaid program plans or impact their ability to generate future savings. It also reflects final decisions by DHH regarding positioning of rates within the actuarially sound rate range. It is intended to replace all earlier dated rate certifications that included prescribed drugs within the Prepaid program.

This letter presents an overview of the methodology used in Mercer's managed care rate development for the purpose of satisfying the requirements of the Centers for Medicare and Medicaid Services (CMS). This rate development process was based on Medicaid fee-for-service (FFS) medical claims and resulted in development of a range of actuarially sound rates for each rate cell. We then worked with DHH to develop a single proposed set of actuarially sound rates for each region and rate cell combination, which are attached to and certified within this letter.

Rate Methodology

Overview

Capitation rate ranges for the Prepaid program were developed in accordance with rate-setting guidelines established by CMS. One of the key considerations in the rate range development was the base data. Mercer worked with DHH to obtain Medicaid FFS data from State Fiscal Year (SFY) 2010 and SFY 2011. Louisiana's SFY runs from July 1st through June 30th of the following year. Restrictions were applied to the enrollment and FFS claims data so that it matched the populations and benefit package defined in the Contract.

To develop capitation rates, adjustments were applied to the base data consistent with the CMS Capitated Rate-Setting Checklist:

- Removal of enrollment and claims during periods of retroactive eligibility (AA.3.4);
- Completion factors to account for unpaid claims at the time of the data submission (AA.3.14);
- Adjustment to reflect amounts paid outside of the Louisiana Medicaid Management Information System (MMIS), including but not limited to inpatient outlier stays, inpatient and outpatient cost reconciliations, and fraud and abuse recoupments (AA.3.0);
- Trend factors to forecast the expenditures and utilization to the appropriate contract period (AA.3.10);
- Prospective and historic program changes not reflected in the base data (AA.3.1);
- Data smoothing (AA.5.0); and
- Administration loading, including projected underwriting gain (AA.3.2).

The resulting rate ranges for each individual rate cell were gross of Graduate Medical Education (GME) payments to teaching hospitals provided in the Louisiana Medicaid State Plan. Mercer then worked with DHH to develop a single, actuarially sound rate, gross of GME for each rate cell. Finally, Mercer developed a GME adjustment for each rate cell designed to reduce the gross rates to net rates consistent with DHH's decision to continue paying exactly the same GME amounts as in the State Plan directly to the teaching hospitals. The resulting net rates are certified as actuarially sound later in this letter.

Base Data Development

Mercer was provided with Medicaid FFS enrollment and claims data from SFY10 and SFY11 with runout through August 2011, to develop the capitation rates. Mercer was also provided with supplemental data files containing information on outlier claims paid outside of the MMIS system, fraud and abuse recoupments, GME payments, and inpatient and outpatient hospital cost settlements. These payments/recoupments outside of the MMIS system (in some instances based on estimates) have been added to or subtracted from the base claims data, as appropriate, so that the relevant cost for the population eligible for enrollment in the Prepaid program is replicated.

Mercer reviewed the data provided by the State for consistency and reasonableness and determined that the data appears appropriate for the purpose of setting capitation rates for the Prepaid program. Attachment D provides the certification by the State for the data used for setting prepaid capitation rates.

Enrollment Data

The enrollment file supplied by DHH's fiscal agent provided all enrollment records for each member for each month. Therefore, if a member's eligibility status was retroactively changed, both the old and the new records were present. Most often this occurred because a recipient was retroactively categorized as SSI from Family and Children. In this case, the enrollment file would have included both the SSI enrollment record and the Family and Children record for the same month. Mercer worked with DHH to develop a hierarchy to determine the appropriate unique enrollment record to use – typically the SSI record. This treatment is consistent with DHH's proposed policy to recoup the prior capitation payments and re-pay the corrected rates for up to twelve months when status changes retroactively.

Claims Data

Mercer used SFY10 and SFY11 FFS data as the data source. The FFS data reflects the actual medical expenses to DHH of providing health care coverage for the Prepaid eligible population. The expenses are net Third Party Liability and subrogation. Mercer reviewed the FFS data to ensure it appeared reasonable and appropriate but did not audit the data. Specifically, Mercer reviewed the following issues:

- Completeness and consistency of incurred claims over time;
- Consistency between FFS claims data and DHH published reports;

- All payments outside of the MMIS claims system appeared to be properly accounted for; and
- The data appeared to have been properly restricted to those services and populations to be covered under the Prepaid program.

Adjustments were made to the FFS data to reflect the complete cost of an actuarially equivalent population for the Prepaid contract.

Outlier Claims for Children Under 6 Years – DHH makes payments to a maximum of $10 million, annually, for outlier claims incurred during an inpatient admission for children under 6 years old outside of the MMIS. Adding outlier claims with a cap of $10 million per year to the base data resulted in an increase to cost of 0.39% in SFY10 and 0.40% in SFY11.

Incurred-but-not-Reported Claims Adjustments – Mercer estimated and adjusted for the remaining liability associated with incurred-but-not-reported claims for SFY10 and SFY11. The overall adjustments for SFY10 and SFY11, using paid claims data through August 2011, were -0.10% and 2.24%, respectively.

Fraud-and-Abuse Recoupments – Adjustments were made for recoupments due to fraud-and-abuse recoveries. Those adjustments were -0.09% in SFY10 and -0.17% in SFY11.

Graduate Medical Education (GME) (AA.3.8) – DHH will be making payments for GME outside of the capitation rates. Therefore, after developing the gross rates, Mercer made adjustments to remove GME payments from the net rates.

Pharmacy Rebates – Capitation rates are gross of rebates as DHH will file for them outside of capitation. Supplemental rebates expected to be earned by the MCOs are reflected under managed care savings.

Inpatient, Outpatient Hospital Cost Settlements, and Supplemental Payments to High Medicaid Community Hospitals – LSU state hospitals and other hospitals receive settlements based on cost reports. Certain "High Medicaid Community Hospitals" also receive supplemental payments that are provided for in the State plan. BAYOU HEALTH plans are required to pay at least the FFS Medicaid rate when contracting with the hospitals including the impact of cost settlements. Mercer applied adjustments of 0.73% in SFY10, and 0.66% in SFY11, to capture the impact of cost settlements made outside of the MMIS.

Retroactive Eligibility (AA.3.4) – Individuals will not enroll with a health plan until Medicaid eligible. Even after receiving Medicaid eligibility, it may take 30 days to become enrolled in a health plan. Therefore, enrollment and claims incurred during the retroactive period and those during the first month of Medicaid eligibility have been removed from our calculations. Infants are an exception because they are covered under the mother's plan from the date of birth.

Non-covered Populations (AA.2.1, AA.2.2) – In general, the Prepaid program includes individuals classified as SSI, Family and Children, Foster Children, Breast and Cervical Cancer, and HCBS Waiver. The following individuals are excluded from participation in the Prepaid program:

- Medicare Dually Eligible Individuals;
- Chisholm Class Members;
- Individuals Receiving Medicaid Hospice Services;
- Individuals Residing in Long-Term Care Facilities (Nursing Home, ICF/DD);
- Individuals Receiving Services for Three Months or Less (Medically Needy Spend-down);
- Undocumented Immigrants Eligible for Emergency Services Only;
- Enrollees receiving single service (family planning only); and
- LaCHIP Affordable Plan.

Non-covered Services (AA.2.4) – The Prepaid rates are based on services covered under the provider agreement. The following services have been excluded in the determination of the capitation rates:

- Services provided through DHH's Early-Steps Program;
- Dental Services;
- ICF/DD Services;
- Hospice;
- Personal Care Services (EPSDT and LT-PCS);

- Nursing Facility Services;
- School-based Individualized Education Plan Services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures including school nurses;
- Home and Community-Based Waiver Services;
- Specialized Behavioral Health, including hospital services provided to recipients with a mental health diagnosis; and
- Targeted Case Management Services.

Client Participation Amounts (AA.2.3, AA.3.13) – Costs associated with "spend-down" and post-eligibility treatment of income are not included in the base data.

Third-Party Liability (AA.3.6) – Recoveries associated with Third Party Liability and subrogation have been removed from claims.

DSH Payments (AA.3.5) – DSH payments are made outside of the MMIS system and have not been included in the capitation rates. Any such payments will be made outside of the capitation rates by DHH after implementation of the Prepaid program.

FQHC and RHC Reimbursement (AA.3.9) – DHH requires that all health plans reimburse FQHCs and RHCs at the Prospective Payment System (PPS) rate so that cash flows will be improved to these facilities. DHH will perform reconciliation quarterly to ensure that the PPS rate has been paid. In the unlikely event of a shortfall, the plans will pay the amount necessary to bring reimbursements to these facilities up to the PPS rate.

Co-payments (AA.3.7) – Co-pays are only applicable to prescription drugs. Since co-pays will remain in place unchanged, no adjustment is necessary.

Primary Case Care Management (PCCM) Fee (AA.3.0) – Historically, Louisiana has paid a PCCM fee for members assigned to a primary care provider under the PCCM program. Since the PCCM fee is not allowed to be included in the capitation rates, Mercer has excluded the PCCM fee by excluding payments associated with procedure code CC001.

Rate Category Groupings

Rates will vary by the major categories of eligibility. Furthermore, where appropriate, the rates within a particular category of eligibility are subdivided into different age and gender bands to reflect differences in risk due to age and gender and during child bearing ages. In addition, due to the high cost associated with pregnancies, DHH will pay a maternity kickpayment to the plans for each delivery that takes place. The following is a list of the different rate cells for each eligibility category including the maternity kickpayment.

SSI	
• 0 - 2 Months, Male and Female • 3 - 11 Months, Male and Female • 1 - 5 Years, Male and Female • 6 - 13 Years, Male and Female	• 14 - 18 Years, Male and Female • 19 - 44 Years, Male and Female • 45+ Years, Male and Female
Family & Children	
• 0 - 2 Months, Male and Female • 3 - 11 Months, Male and Female • 1 - 5 Years, Male and Female • 6 - 13 Years, Male and Female • 14 - 18 Years, Female	• 14 - 18 Years, Male • 19 - 44 Years, Female • 19 - 44 Years, Male • 45+ Years, Female • 45+ Years, Male
Foster Care Children, All Ages	**Breast and Cervical Cancer, All Ages**
HCBS Waiver	
• 0 - 18 Years, Male and Female	• 19+ Years, Male and Female
Maternity Kickpayment	

Trend Development

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the expenses of providing health care services in a future period. Mercer reviewed a variety of sources to develop the trend assumptions. These sources included, but were not limited to:

- Health care economic indices such as Consumer Price Index for the South-Atlantic region,
- Mercer's regression analysis applied to trends exhibited in the FFS claims data,
- Trends in other state Medicaid programs for similar populations, and
- Judgment regarding economic outlook balancing a variety of sources.

Mercer developed individual trends for each category of eligibility and service category. Mercer's target trend can be found in the following table.

Prescribed Drugs are being added to the BAYOU HEALTH – Prepaid Model for the first time under this certification. The managed care savings adjustments we have used for prescribed drugs reflect our pharmacists' assessment of the achievable savings compared to the fee for service program. In order to avoid potentially duplicating savings, we have not reflected any reductions in drug trend here.

COA Description	COS Description	Utilization	Unit Cost	PMPM Trend
SSI	Inpatient Hospital	1.31%	0.00%	1.31%
SSI	Outpatient Hospital	5.74%	3.76%	9.71%
SSI	Primary Care Physician	3.62%	0.00%	3.62%
SSI	Specialty Care Physician	3.62%	0.00%	3.62%
SSI	FQHC/RHC	3.62%	2.00%	5.69%
SSI	EPSDT	3.62%	0.00%	3.62%
SSI	Certified Nurse Practitioners/Clinical Nurse	3.62%	0.00%	3.62%
SSI	Lab/Radiology	3.62%	0.00%	3.62%
SSI	Home Health	3.62%	0.00%	3.62%
SSI	Emergency Transportation	3.74%	0.00%	3.74%
SSI	Non-Emergency Transportation	3.74%	0.00%	3.74%
SSI	Rehabilitation Services (OT, PT, ST)	3.62%	0.00%	3.62%
SSI	DME	3.62%	0.00%	3.62%
SSI	Clinic	3.62%	0.00%	3.62%
SSI	Family Planning	3.62%	0.00%	3.62%
SSI	Other	3.62%	0.00%	3.62%
SSI	Prescribed Drugs	1.37%	0.00%	1.37%
SSI	Emergency Room	5.74%	3.76%	9.71%
SSI	Basic Behavioral Health	3.62%	0.00%	3.62%

COA Description	COS Description	Utilization	Unit Cost	PMPM Trend
Family and Children	Inpatient Hospital	0.87%	0.00%	0.87%
Family and Children	Outpatient Hospital	4.74%	3.76%	8.68%
Family and Children	Primary Care Physician	2.74%	0.00%	2.74%
Family and Children	Specialty Care Physician	2.74%	0.00%	2.74%
Family and Children	FQHC/RHC	2.74%	2.00%	4.80%
Family and Children	EPSDT	2.74%	0.00%	2.74%
Family and Children	Certified Nurse Practitioners/Clinical Nurse	2.74%	0.00%	2.74%
Family and Children	Lab/Radiology	3.62%	0.00%	3.62%
Family and Children	Home Health	3.62%	0.00%	3.62%
Family and Children	Emergency Transportation	3.74%	0.00%	3.74%
Family and Children	Non-Emergency Transportation	3.74%	0.00%	3.74%
Family and Children	Rehabilitation Services (OT, PT, ST)	3.62%	0.00%	3.62%
Family and Children	DME	3.62%	0.00%	3.62%
Family and Children	Clinic	2.74%	0.00%	2.74%
Family and Children	Family Planning	2.74%	0.00%	2.74%
Family and Children	Other	3.62%	0.00%	3.62%
Family and Children	Prescribed Drugs	1.37%	0.00%	1.37%
Family and Children	Emergency Room	4.74%	3.76%	8.68%
Family and Children	Basic Behavioral Health	2.74%	0.00%	2.74%
Foster Care Children	Inpatient Hospital	1.31%	0.00%	1.31%
Foster Care Children	Outpatient Hospital	5.74%	3.75%	9.71%
Foster Care Children	Primary Care Physician	3.62%	0.00%	3.62%
Foster Care Children	Specialty Care Physician	3.62%	0.00%	3.62%
Foster Care Children	FQHC/RHC	3.62%	2.00%	5.69%
Foster Care Children	EPSDT	3.62%	0.00%	3.62%
Foster Care Children	Certified Nurse Practitioners/Clinical Nurse	3.62%	0.00%	3.62%
Foster Care Children	Lab/Radiology	3.62%	0.00%	3.62%
Foster Care Children	Home Health	3.62%	0.00%	3.62%
Foster Care Children	Emergency Transportation	3.74%	0.00%	3.74%
Foster Care Children	Non-Emergency Transportation	3.74%	0.00%	3.74%
Foster Care Children	Rehabilitation Services (OT, PT, ST)	3.62%	0.00%	3.62%
Foster Care Children	DME	3.62%	0.00%	3.62%
Foster Care Children	Clinic	3.62%	0.00%	3.62%

COA Description	COS Description	Utilization	Unit Cost	PMPM Trend
Foster Care Children	Family Planning	3.62%	0.00%	3.62%
Foster Care Children	Other	3.62%	0.00%	3.62%
Foster Care Children	Prescribed Drugs	1.37%	0.00%	1.37%
Foster Care Children	Emergency Room	5.74%	3.76%	9.71%
Foster Care Children	Basic Behavioral Health	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Inpatient Hospital	1.31%	0.00%	1.31%
Breast and Cervical Cancer	Outpatient Hospital	5.74%	3.76%	9.72%
Breast and Cervical Cancer	Primary Care Physician	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Specialty Care Physician	3.62%	0.00%	3.62%
Breast and Cervical Cancer	FQHC/RHC	3.62%	2.00%	5.69%
Breast and Cervical Cancer	EPSDT	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Certified Nurse Practitioners/Clinical Nurse	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Lab/Radiology	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Home Health	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Emergency Transportation	3.74%	0.00%	3.74%
Breast and Cervical Cancer	Non-Emergency Transportation	3.74%	0.00%	3.74%
Breast and Cervical Cancer	Rehabilitation Services (OT, PT, ST)	3.62%	0.00%	3.62%
Breast and Cervical Cancer	DME	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Clinic	3.62%	0.00%	3.62%

COA Description	COS Description	Utilization	Unit Cost	PMPM Trend
Breast and Cervical Cancer	Family Planning	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Other	3.62%	0.00%	3.62%
Breast and Cervical Cancer	Prescribed Drugs	1.37%	0.00%	1.37%
Breast and Cervical Cancer	Emergency Room	5.74%	3.75%	9.71%
Breast and Cervical Cancer	Basic Behavioral Health	3.62%	0.00%	3.62%
HCBS Waiver	Inpatient Hospital	3.62%	0.00%	3.62%
HCBS Waiver	Outpatient Hospital	7.62%	4.01%	11.94%
HCBS Waiver	Primary Care Physician	5.62%	0.00%	5.62%
HCBS Waiver	Specialty Care Physician	5.62%	0.00%	5.62%
HCBS Waiver	FQHC/RHC	5.62%	2.00%	7.73%
HCBS Waiver	EPSDT	5.62%	0.00%	5.62%
HCBS Waiver	Certified Nurse Practitioners/Clinical Nurse	5.62%	0.00%	5.62%
HCBS Waiver	Lab/Radiology	7.74%	0.00%	7.74%
HCBS Waiver	Home Health	7.74%	0.00%	7.74%
HCBS Waiver	Emergency Transportation	6.74%	0.00%	6.74%
HCBS Waiver	Non-Emergency Transportation	6.74%	0.00%	6.74%
HCBS Waiver	Rehabilitation Services (OT, PT, ST)	7.74%	0.00%	7.74%
HCBS Waiver	DME	7.74%	0.00%	7.74%
HCBS Waiver	Clinic	5.62%	0.00%	5.62%
HCBS Waiver	Family Planning	5.62%	0.00%	5.62%
HCBS Waiver	Other	7.75%	0.00%	7.75%
HCBS Waiver	Prescribed Drugs	6.98%	0.00%	6.98%
HCBS Waiver	Emergency Room	8.04%	3.81%	12.16%
HCBS Waiver	Basic Behavioral Health	5.62%	0.00%	5.62%
Maternity Kickpayment	Maternity Kickpayment	0.00%	0.00%	0.00%

The overall annualized per member per month (PMPM) trend assumption for the Prepaid program is 2.87%.

Programmatic Changes/Rate Issues

Programmatic change adjustments recognize the impact of benefit or eligibility changes that took place during or after the base year. Mercer applied programmatic change adjustments to incorporate factors not fully reflected in the base data. These adjustments were mutually exclusive and made only once in the rate-setting process.

Changes to Inpatient Hospital Reimbursement – Various changes have been made to hospital per diem rates. Effective for dates of service on or after August 1, 2012, the inpatient per diem rates as of January 1, 2011, and applicable cost settlements are reduced by 3.7% for children's and private hospitals and 10% for State hospitals. Rural hospitals continue to be excluded from the rate reductions.

Changes to the Laboratory/Radiology Fee Schedule – There have been various changes to fee schedules. Most recently, effective for dates of service on or after July 1, 2012, the reimbursement rates for laboratory services was reduced by 3.7% of the fee amounts on file as of January 1, 2011.

Outpatient Hospital Fee Schedule Changes

Children's Specialty Hospitals

Effective for dates of service on or after August 1, 2012, the reimbursement paid to children's specialty hospitals for clinical diagnostic laboratory, rehabilitation services, and outpatient hospital facility fees for office/outpatient visits is reduced by 3.7% of the fee schedule on file as of January 1, 2011.

Through August 3, 2009, children's specialty hospitals were cost settled at 83.18% of allowable cost for other outpatient hospital services. From August 4, 2009 through August 31, 2009, these hospitals were cost settled at 78.48% of allowable cost. From September 1, 2009 through February 2, 2010, these hospitals were cost settled at 97.00% of allowable cost. From February 3, 2010 through July 31, 2010, these hospitals were cost settled at 92.15% of allowable cost. From August 1, 2010 through December 31, 2010, these hospitals were cost settled at 87.91% of allowable cost. From January 1, 2011 through July 31, 2012, these hospitals were cost settled at 86.15% of allowable cost. From August 1, 2012 forward, these hospitals' cost settlements are to be reduced by 3.7% of allowable cost as calculated through the cost report settlement process, making final reimbursement 82.96%.

Non-State and Non-Rural Hospitals
Again, there have been various changes to fee schedules. Most recently, effective for dates of service on or after August 1, 2012, the reimbursement paid to non-rural, non-state hospitals for outpatient clinical diagnostic laboratory services, surgeries, rehabilitation services, and hospital facility fees for office/outpatient visits is reduced by 3.7% of the fee schedule on file as of January 1, 2011.

Through August 3, 2009, non-state and non-rural outpatient hospitals were cost settled at 83.18% of cost. From August 4, 2009 through February 2, 2010, these hospitals were cost settled at 78.48% of cost. From February 3, 2010 through July 31, 2010, these hospitals were cost settled at 74.56% of cost. From August 1, 2010 through December 31, 2010, these hospitals were cost settled at 71.13% of cost. From January 1, 2011 through July 31, 2012, these hospitals were cost settled at 69.71% of allowable cost. From August 1, 2012 forward, these hospitals' cost settlements are to be reduced by 3.7% of allowable cost as calculated through the cost report settlement process, making final reimbursement 67.13%.

State Hospitals
Effective for dates of service on or after August 1, 2012, the reimbursement paid to State hospitals for outpatient clinical diagnostic laboratory services, surgeries, rehabilitation services, and hospital facility fees for office/outpatient visits is reduced by 10.0% of the fee schedule on file as of July 31, 2012.

Through July 31, 2012, State hospitals were cost settled at 100.0% of allowable cost for other outpatient services. From August 1, 2012 forward, these hospitals' cost settlements are to be reduced by 10.0% of allowable cost as calculated through the cost report settlement process, making final reimbursement 90.0%.

Physician Fee Schedule Changes
Effective July 1, 2012, in general, the reimbursement for non-FQHC/RHC physician services was reduced by 3.4% of the rates in effect on January 22, 2010. Exceptions to the general rule are primary care codes (99201-99499) and vaccine administration codes (90460-1, 90471-4) with specialties of Family Practice, Pediatrics, and Internal Medicine that are subject to reimbursement at 100% of Medicare in 2013, under the Affordable Care Act. In addition, cesarean deliveries and consult codes are reimbursed at the vaginal delivery rate or evaluation and management (E&M) rate, respectively.

Clinical Services-End Stage Renal Disease Facilities Non-Medicare Claims Reimbursement Rate Reduction
Various changes, most recently, effective for dates of service on or after July 1, 2012, the reimbursement to ESRD facilities was reduced by 3.7% of the rates in effect on January 1, 2011.

Non-Emergency Medical Transportation – Most recently, effective for dates of service on or after July 1, 2012, the reimbursement rates for non-emergency, non-ambulance medical transportation services was reduced by 3.7% of the rates in effect on January 1, 2011.

Emergency Medical Transportation – Most recently, effective on or after August 1, 2012, the reimbursement rates for emergency ambulance transportation services is reduced by 5.0% of the rate on file as of July 1, 2012.

The compounded effect of all of the fee schedule changes by category of aid and category of service can be found in the table below. Overall, the fee schedule changes since the base data period reduced cost by approximately 6.94% for SFY10 and 2.56% for SFY11.

Prescribed Drugs – Prescribed Drugs are being added to the BAYOU HEALTH – Prepaid program for the first time under this certification. The managed care savings adjustments we have used for prescribed drugs reflect our pharmacists' assessment of the achievable savings compared to the fee for service program. The fee schedule adjustments shown here are limited to the impact of earlier changes to FFS pricing schedules.

Mercer COA Description	Final Mercer COS Description	Adjustment for Fee Schedule Changes (SFY10)	Adjustment for Fee Schedule Changes (SFY11)
SSI	Inpatient Hospital	-11.82%	-5.66%
SSI	Outpatient Hospital	-10.29%	-6.78%
SSI	Primary Care Physician	-3.41%	0.54%
SSI	Specialty Care Physician	-5.51%	0.29%
SSI	FQHC/RHC	0.02%	0.03%
SSI	EPSDT	-2.54%	-1.27%
SSI	Certified Nurse Practitioners/Clinical Nurse	-3.74%	-3.68%
SSI	Lab/Radiology	-11.62%	-4.60%

Mercer COA Description	Final Mercer COS Description	Adjustment for Fee Schedule Changes (SFY10)	Adjustment for Fee Schedule Changes (SFY11)
SSI	Home Health	-5.63%	-4.66%
SSI	Emergency Transportation	-14.27%	-10.89%
SSI	Non-Emergency Transportation	-12.41%	-5.02%
SSI	Rehabilitation Services (OT, PT, ST)	-3.70%	-3.70%
SSI	DME	-3.70%	-3.70%
SSI	Clinic	-11.57%	-4.65%
SSI	Family Planning	-8.36%	-7.12%
SSI	Other	-19.52%	-3.66%
SSI	Prescribed Drugs	-2.49%	-0.89%
SSI	Emergency Room	-8.39%	-3.38%
SSI	Basic Behavioral Health	-0.65%	0.91%
Family and Children	Inpatient Hospital	-8.66%	-2.93%
Family and Children	Outpatient Hospital	-10.36%	-5.00%
Family and Children	Primary Care Physician	-3.71%	2.57%
Family and Children	Specialty Care Physician	-8.49%	-1.10%
Family and Children	FQHC/RHC	0.02%	0.04%
Family and Children	EPSDT	-3.07%	-1.48%
Family and Children	Certified Nurse Practitioners/Clinical Nurse	-3.70%	-3.70%
Family and Children	Lab/Radiology	-10.32%	-3.74%
Family and Children	Home Health	-5.63%	-4.66%
Family and Children	Emergency Transportation	-14.27%	-10.89%
Family and Children	Non-Emergency Transportation	-12.41%	-5.02%
Family and Children	Rehabilitation Services (OT, PT, ST)	-3.70%	-3.70%
Family and Children	DME	-3.70%	-3.70%
Family and Children	Clinic	-4.56%	-4.02%
Family and Children	Family Planning	-10.43%	-6.97%
Family and Children	Other	-12.02%	-2.95%
Family and Children	Prescribed Drugs	-2.49%	-0.89%
Family and Children	Emergency Room	-8.80%	-2.63%
Family and Children	Basic Behavioral Health	1.93%	4.17%
Foster Care Children	Inpatient Hospital	-11.62%	-12.48%

Mercer COA Description	Final Mercer COS Description	Adjustment for Fee Schedule Changes (SFY10)	Adjustment for Fee Schedule Changes (SFY11)
Foster Care Children	Outpatient Hospital	-10.94%	-5.83%
Foster Care Children	Primary Care Physician	-4.78%	3.27%
Foster Care Children	Specialty Care Physician	-9.67%	-1.68%
Foster Care Children	FQHC/RHC	0.02%	0.04%
Foster Care Children	EPSDT	-3.55%	-1.61%
Foster Care Children	Certified Nurse Practitioners/Clinical Nurse	-3.70%	-3.70%
Foster Care Children	Lab/Radiology	-10.63%	-3.92%
Foster Care Children	Home Health	-5.63%	-4.66%
Foster Care Children	Emergency Transportation	-14.27%	-10.89%
Foster Care Children	Non-Emergency Transportation	-12.41%	-5.02%
Foster Care Children	Rehabilitation Services (OT, PT, ST)	-3.70%	-3.70%
Foster Care Children	DME	-3.70%	-3.70%
Foster Care Children	Clinic	-4.83%	-4.96%
Foster Care Children	Family Planning	-5.93%	-5.39%
Foster Care Children	Other	-6.11%	-2.28%
Foster Care Children	Prescribed Drugs	-2.49%	-0.89%
Foster Care Children	Emergency Room	-8.52%	-2.24%
Foster Care Children	Basic Behavioral Health	-1.03%	5.26%
Breast and Cervical Cancer	Inpatient Hospital	-20.71%	-10.26%
Breast and Cervical Cancer	Outpatient Hospital	-10.67%	-8.92%
Breast and Cervical Cancer	Primary Care Physician	-1.81%	1.72%
Breast and Cervical Cancer	Specialty Care Physician	-6.27%	-0.64%
Breast and Cervical Cancer	FQHC/RHC	0.02%	0.02%
Breast and Cervical Cancer	EPSDT	-2.00%	0.00%
Breast and Cervical Cancer	Certified Nurse Practitioners/Clinical Nurse	-3.71%	-3.70%
Breast and Cervical Cancer	Lab/Radiology	-12.59%	-2.87%
Breast and Cervical Cancer	Home Health	-5.63%	-4.66%
Breast and Cervical Cancer	Emergency Transportation	-14.27%	-10.89%
Breast and Cervical Cancer	Non-Emergency Transportation	-12.41%	-5.02%
Breast and Cervical Cancer	Rehabilitation Services (OT, PT, ST)	-3.70%	-3.70%
Breast and Cervical Cancer	DME	-3.70%	-3.70%

Mercer COA Description	Final Mercer COS Description	Adjustment for Fee Schedule Changes (SFY10)	Adjustment for Fee Schedule Changes (SFY11)
Breast and Cervical Cancer	Clinic	-4.99%	5.96%
Breast and Cervical Cancer	Family Planning	-14.37%	-12.82%
Breast and Cervical Cancer	Other	-10.48%	-3.70%
Breast and Cervical Cancer	Prescribed Drugs	-2.49%	-0.89%
Breast and Cervical Cancer	Emergency Room	-8.64%	-4.73%
Breast and Cervical Cancer	Basic Behavioral Health	-3.49%	-1.65%
HCBS Waiver	Inpatient Hospital	-14.49%	-8.66%
HCBS Waiver	Outpatient Hospital	-9.10%	-4.73%
HCBS Waiver	Primary Care Physician	-1.07%	0.78%
HCBS Waiver	Specialty Care Physician	-6.20%	-0.37%
HCBS Waiver	FQHC/RHC	0.02%	0.03%
HCBS Waiver	EPSDT	-2.05%	-1.04%
HCBS Waiver	Certified Nurse Practitioners/Clinical Nurse	-3.74%	-3.65%
HCBS Waiver	Lab/Radiology	-11.12%	-4.37%
HCBS Waiver	Home Health	-5.63%	-4.66%
HCBS Waiver	Emergency Transportation	-14.27%	-10.89%
HCBS Waiver	Non-Emergency Transportation	-12.41%	-5.02%
HCBS Waiver	Rehabilitation Services (OT, PT, ST)	-3.70%	-3.70%
HCBS Waiver	DME	-3.70%	-3.70%
HCBS Waiver	Clinic	-11.29%	-4.49%
HCBS Waiver	Family Planning	-7.46%	-5.84%
HCBS Waiver	Other	-23.01%	-3.70%
HCBS Waiver	Prescribed Drugs	-2.49%	-0.89%
HCBS Waiver	Emergency Room	-8.09%	-3.04%
HCBS Waiver	Basic Behavioral Health	-0.95%	0.05%
Maternity Kickpayment	Maternity Kickpayment	-12.48%	-4.80%

Data Smoothing

As part of the rate development process, Mercer blended data from SFY10 and SFY11 to arrive at the overall data source for rate setting. The goal of the blending process is to obtain a set of base data that has sufficient credibility and reasonableness to develop actuarially-sound capitation rates. Mercer applied weights of 60% and 40% to the SFY11 and SFY10 data, respectively.

Beyond blending data from multiple years, Mercer also used state wide figures where particular rate cells within a region had small enrollment. The cost PMPM for a small rate cell is subject to large fluctuations from one year to the next, thus rendering it less effective at predicting future cost. Using state wide figures results in greater data credibility and reduces the impact of random fluctuations exhibited by the data.

Some categories of eligibility such as the Foster Children, Breast and Cervical Cancer, and HCBS Waiver populations are too small to have separate rate cells due to data credibility concerns. Therefore, state wide figures are used for these populations and the data has been combined across all age and sex cells in determining the capitation rate.

Managed Care Assumptions

Mercer and DHH discussed areas for improvements in managed care efficiency. Prior studies of savings achieved in transitioning from FFS to Managed Care showed savings of 2%-19%[1].

Managed Care is able to generate savings by:

- Encouraging the use of preventive services so that acute conditions are not exacerbated to the point that requires a visit to the emergency room (ER) or hospitalization.
- Use of alternatives to the ER for conditions that are non-emergent in nature. Some Louisiana Medicaid recipients make very frequent use of the ER, and ERs are much more expensive than other viable alternatives. Those alternatives, such as extended hours for doctor's offices, after-hours urgent care clinics, or even nurse advice lines, may result in significantly more pleasant experiences than the hospital ER as well.
- By increasing access and providing member education, BAYOU HEALTH plans can steer some of the members away from the more costly ER setting when the condition is not emergent in nature.

[1] The Lewin Group – Medicaid Capitation Expansion's Potential Cost Savings.

- Minimizing duplication of services. When a recipient doesn't have a "medical home" or care coordinator, they often seek care from different providers, sometimes at different locations, each time they need care. The new provider must get to know them and their history over again and may order duplicative tests that have already been done by another provider. The provider that knows them may more easily focus in on their needs and provide more targeted care.
- Hospital discharge planning to ensure a smooth transition from facility-based care to community resources and minimize readmissions.

Mercer has performed a study of the potentially preventable hospital admissions using the method prescribed by the Agency for Healthcare Research and Quality (AHRQ). The study confirmed that there were significant opportunities for savings due to hospital admissions associated with low birth weight babies, congestive heart failure, bacterial pneumonia, and other conditions which AHRQ has determined to be avoidable.

Prescribed Drugs are being added to the BAYOU HEALTH – Prepaid program for the first time under this certification. The managed care savings adjustments we have used for prescribed drugs reflect our pharmacists' assessment of the achievable savings compared to the fee for service program as in effect in the first half of calendar year (CY) 2012. In order to avoid potentially duplicating savings, we have not reflected any reductions in drug trend. The factors used recognize that prescribed drugs will be the financial responsibility of the Prepaid program plans for the first time and that the time period covered by this certification is short. This consideration informed the decisions about positioning rates relatively high within actuarially sound ranges.

The table below illustrates the savings applied by category of aid and categories of service.

COA Description	COS Description	Utilization	Unit Cost	PMPM
SSI	Inpatient Hospital	-20.63%	4.52%	-17.04%
SSI	Outpatient Hospital	-15.63%	2.80%	-13.26%
SSI	Primary Care Physician	9.39%	6.77%	16.79%
SSI	Specialty Care Physician	-15.61%	1.77%	-14.12%
SSI	FQHC/RHC	4.39%	1.77%	6.23%
SSI	EPSDT	9.39%	6.77%	16.79%
SSI	Certified Nurse Practitioners/Clinical Nurse	9.39%	6.76%	16.79%

COA Description	COS Description	Utilization	Unit Cost	PMPM
SSI	Lab/Radiology	-11.22%	1.78%	-9.64%
SSI	Home Health	4.39%	1.77%	6.23%
SSI	Emergency Transportation	-5.62%	1.76%	-3.96%
SSI	Non-Emergency Transportation	4.38%	1.76%	6.21%
SSI	Rehabilitation Services (OT, PT, ST)	-5.61%	1.77%	-3.94%
SSI	DME	-15.61%	1.77%	-14.12%
SSI	Clinic	-15.61%	1.77%	-14.12%
SSI	Family Planning	4.39%	1.77%	6.23%
SSI	Other	4.39%	1.77%	6.24%
SSI	Prescribed Drugs	-2.90%	-9.60%	-12.22%
SSI	Emergency Room	-25.63%	6.81%	-20.56%
SSI	Basic Behavioral Health	4.39%	1.77%	6.23%
Family and Children	Inpatient Hospital	-30.64%	4.52%	-27.50%
Family and Children	Outpatient Hospital	-15.63%	2.80%	-13.26%
Family and Children	Primary Care Physician	9.38%	6.76%	16.77%
Family and Children	Specialty Care Physician	-15.62%	1.76%	-14.14%
Family and Children	FQHC/RHC	4.38%	1.76%	6.21%
Family and Children	EPSDT	9.38%	6.76%	16.77%
Family and Children	Certified Nurse Practitioners/Clinical Nurse	9.38%	6.76%	16.77%
Family and Children	Lab/Radiology	-11.22%	1.78%	-9.64%
Family and Children	Home Health	4.39%	1.77%	6.23%
Family and Children	Emergency Transportation	-5.62%	1.76%	-3.96%
Family and Children	Non-Emergency Transportation	4.38%	1.76%	6.21%
Family and Children	Rehabilitation Services (OT, PT, ST)	-5.61%	1.77%	-3.95%
Family and Children	DME	-15.61%	1.77%	-14.12%
Family and Children	Clinic	-15.62%	1.76%	-14.14%
Family and Children	Family Planning	4.38%	1.76%	6.21%
Family and Children	Other	4.39%	1.77%	6.23%
Family and Children	Prescribed Drugs	-2.80%	-11.00%	-13.49%
Family and Children	Emergency Room	-25.62%	6.81%	-20.56%
Family and Children	Basic Behavioral Health	4.38%	1.76%	6.21%
Foster Care Children	Inpatient Hospital	-20.63%	4.52%	-17.04%
Foster Care Children	Outpatient Hospital	-15.63%	2.80%	-13.26%

COA Description	COS Description	Utilization	Unit Cost	PMPM
Foster Care Children	Primary Care Physician	9.39%	6.76%	16.79%
Foster Care Children	Specialty Care Physician	-15.61%	1.77%	-14.12%
Foster Care Children	FQHC/RHC	4.39%	1.77%	6.23%
Foster Care Children	EPSDT	9.39%	6.76%	16.79%
Foster Care Children	Certified Nurse Practitioners/Clinical Nurse	9.39%	6.76%	16.79%
Foster Care Children	Lab/Radiology	-11.22%	1.78%	-9.64%
Foster Care Children	Home Health	4.39%	1.76%	6.23%
Foster Care Children	Emergency Transportation	-5.62%	1.76%	-3.96%
Foster Care Children	Non-Emergency Transportation	4.38%	1.76%	6.22%
Foster Care Children	Rehabilitation Services (OT, PT, ST)	-5.61%	1.76%	-3.95%
Foster Care Children	DME	-15.61%	1.76%	-14.12%
Foster Care Children	Clinic	-15.61%	1.77%	-14.12%
Foster Care Children	Family Planning	4.39%	1.77%	6.23%
Foster Care Children	Other	4.39%	1.77%	6.23%
Foster Care Children	Prescribed Drugs	-1.60%	-9.60%	-11.05%
Foster Care Children	Emergency Room	-25.62%	6.81%	-20.56%
Foster Care Children	Basic Behavioral Health	4.39%	1.76%	6.23%
Breast and Cervical Cancer	Inpatient Hospital	-20.63%	4.52%	-17.04%
Breast and Cervical Cancer	Outpatient Hospital	-15.62%	2.80%	-13.26%
Breast and Cervical Cancer	Primary Care Physician	9.39%	6.77%	16.79%
Breast and Cervical Cancer	Specialty Care Physician	-15.61%	1.77%	-14.12%
Breast and Cervical Cancer	FQHC/RHC	4.39%	1.77%	6.23%
Breast and Cervical Cancer	EPSDT	9.40%	6.77%	16.80%
Breast and Cervical Cancer	Certified Nurse Practitioners/Clinical Nurse	9.39%	6.76%	16.79%
Breast and Cervical Cancer	Lab/Radiology	-11.22%	1.78%	-9.65%

COA Description	COS Description	Utilization	Unit Cost	PMPM
Breast and Cervical Cancer	Home Health	4.39%	1.77%	6.23%
Breast and Cervical Cancer	Emergency Transportation	-5.62%	1.76%	-3.96%
Breast and Cervical Cancer	Non-Emergency Transportation	4.38%	1.76%	6.21%
Breast and Cervical Cancer	Rehabilitation Services (OT, PT, ST)	-5.62%	1.76%	-3.95%
Breast and Cervical Cancer	DME	-15.62%	1.77%	-14.12%
Breast and Cervical Cancer	Clinic	-15.61%	1.77%	-14.12%
Breast and Cervical Cancer	Family Planning	4.39%	1.77%	6.23%
Breast and Cervical Cancer	Other	4.39%	1.77%	6.23%
Breast and Cervical Cancer	Prescribed Drugs	-0.50%	-10.80%	-11.25%
Breast and Cervical Cancer	Emergency Room	-25.63%	6.81%	-20.56%
Breast and Cervical Cancer	Basic Behavioral Health	4.39%	1.77%	6.23%
HCBS Waiver	Inpatient Hospital	-20.61%	4.54%	-17.01%
HCBS Waiver	Outpatient Hospital	-15.61%	2.80%	-13.25%
HCBS Waiver	Primary Care Physician	9.39%	6.76%	16.79%
HCBS Waiver	Specialty Care Physician	-15.61%	1.77%	-14.12%
HCBS Waiver	FQHC/RHC	4.39%	1.76%	6.23%
HCBS Waiver	EPSDT	9.39%	6.76%	16.79%
HCBS Waiver	Certified Nurse Practitioners/Clinical Nurse	9.39%	6.76%	16.79%
HCBS Waiver	Lab/Radiology	-11.25%	1.77%	-9.68%
HCBS Waiver	Home Health	4.37%	1.76%	6.21%
HCBS Waiver	Emergency Transportation	-5.63%	1.76%	-3.96%
HCBS Waiver	Non-Emergency Transportation	4.37%	1.76%	6.21%
HCBS Waiver	Rehabilitation Services (OT, PT, ST)	-5.63%	1.76%	-3.96%

COA Description	COS Description	Utilization	Unit Cost	PMPM
HCBS Waiver	DME	-15.63%	1.76%	-14.14%
HCBS Waiver	Clinic	-15.61%	1.77%	-14.12%
HCBS Waiver	Family Planning	4.39%	1.76%	6.23%
HCBS Waiver	Other	4.38%	1.76%	6.22%
HCBS Waiver	Prescribed Drugs	-5.30%	-9.90%	-14.68%
HCBS Waiver	Emergency Room	-25.61%	6.81%	-20.55%
HCBS Waiver	Basic Behavioral Health	4.39%	1.77%	6.23%
Maternity Kickpayment	Maternity Kickpayment	0.00%	1.74%	1.74%

The overall impact of managed care assumptions was a reduction of 10.67% to the rates.

Commercial Reinsurance

To provide protection against the risk of catastrophic claims, the Prepaid plans are encouraged to purchase reinsurance to insure against large claims incurred by an individual member.

Administration, Profit, and Tax Load

Mercer and DHH reviewed the components of the administrative allowance to evaluate the administrative rates paid to the BAYOU HEALTH plans. The review focused on the reporting and organizational requirements detailed in the BAYOU HEALTH provider agreement. Mercer modeled the cost structure for these requirements to determine the administrative load necessary for an average plan in this program. Based on the analysis and comparisons with other state Medicaid programs' administrative allowances, Mercer assumed an overall administration load of 8.9% for the final premium rates. This has been reduced from the prior certification reflecting the addition of prescribed drugs. Prescription drugs are typically less costly to administer than some of the other services and their addition may have relatively little marginal impact on some of the existing components of overhead cost.

In addition, Mercer included profit and margin considerations in the rate development explicitly through a load of 1.9% of premium. This is an acceptable rate consideration per AA.3.2 of the CMS Rate-Setting Checklist. As instructed by DHH, a load for premium tax of 2.25% was also included in the final premium loaded for administration and profit.

In total, the overall load applied to the rates for administration and profit/contingencies was approximately 12.8%. We applied this as a load of 7.7% on the Maternity Kickpayment and a load of 13.1% on all other rate cells.

Risk Adjustment

Risk adjustment will be applied to the rates in Attachment A to reflect differences in health status of the members served in each plan using the ACG model. The risk adjustment process does not increase or decrease the overall cost of the program but can change the distribution across
the various BAYOU HEALTH plans according to the relative risk of their enrolled members. Actuarially sound risk adjustment protocols have been developed so as to be appropriate to rates that have been developed by underlying age and gender cells.

Rate Ranges

Mercer developed actuarially-sound rate ranges for DHH to use in determining the appropriate rates to pay the BAYOU HEALTH Plans. Mercer specifically priced the upper and lower bound of the rate ranges by varying the assumptions outlined above. Mercer varied the trend assumptions and the financial data adjustments to account for different levels of managed care efficiency and potential risk selection. As a result, the lower bound of the rate range represents a rate for a very efficient BAYOU HEALTH Plan and the upper bound represents the least amount of efficiency DHH is willing to purchase. The final rates to be paid by DHH are within the ranges and are included as Attachment A to this letter.

Rate Development Overview

To provide additional detail on the rate development, Mercer has also provided an overview of the adjustments applied to each rate cell in Attachment B. This exhibit presents the breakdown of the assumptions used to calculate the Target rate within the actuarially sound rate range.

Family Planning Portion of the Rates

Mercer has analyzed the component of the rates associated with Family Planning services so that DHH may claim the enhanced federal match of 90% on these services. CMS issued a guide in June 2009, to assist states in determining which services are allowed to be claimed at the enhanced federal match rate. Specific details on codes used to identify family planning services can be found in the document accompanying this letter.

Attachment C below contains the PMPMs associated with Family Planning that will be claimed at the enhanced match rate. Please note that these Family Planning PMPMs do not include load for administration and profit.

Certification of Final Rate Ranges

In preparing the rate ranges underlying the rates shown in Attachment A, Mercer has used and relied upon enrollment, FFS claims, reimbursement level, benefit design, and information supplied by the DHH and its fiscal agent. The DHH and its fiscal agent are responsible for the validity and completeness of this supplied data and information. We have reviewed the data and information for internal consistency and reasonableness but we did not audit it. In our opinion it is appropriate for the intended purposes. If the data and information are incomplete or inaccurate, the values shown in this report may need to be revised accordingly.

Mercer certifies that the rates in Attachment A were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the Medicaid covered populations and services under the managed care contract. Rate estimates provided are based upon the information available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. The undersigned actuaries are members of the American Academy of Actuaries and meet its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Rates and ranges developed by Mercer are actuarial projections of future contingent events. Actual BAYOU HEALTH plan costs will differ from these projections. Mercer has developed these rates on behalf of DHH to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c), and in accordance with applicable law and regulations. Use of these rate ranges for any purpose beyond that stated may not be appropriate.

BAYOU HEALTH plans are advised that the use of these rate ranges may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rate ranges by BAYOU HEALTH plans for any purpose. Mercer recommends that any BAYOU HEALTH plan considering contracting with the DHH should analyze its own projected medical expense, administrative expense, and any other premium needs for comparison to these rate ranges before deciding whether to contract with the DHH.

This certification letter assumes the reader is familiar with the BAYOU HEALTH Program, Medicaid eligibility rules, and actuarial rating techniques. It is intended for DHH and CMS, and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results.

If you have any questions on any of the information provided, please feel free to call me at 404 442 3249.

Sincerely,

Sudha Shenoy

Sudha Shenoy, FSA, MAAA, CERA
Principal

Attachment A
BAYOU HEALTH Prepaid Rate Summary

				11/1/2012-12/31/2012			
DHH Administrative Region	Region Description	COA Description	RC Description	FY11 Member Months or Deliveries	Prepaid Final Rates w/ Tax (Gross of GME) PMPM or Cost/Delivery	GME Adjustment	Prepaid Final Rates w/ Tax (Net of GME) PMPM or Cost/Delivery
01	New Orleans	SSI	0-2 Months, Male and Female	294	$ 17,190.64	0.9473	$ 16,284.43
01	New Orleans	SSI	3-11 Months, Male and Female	1,232	$ 3,950.27	0.9541	$ 3,768.77
01	New Orleans	SSI	1-5 Years, Male and Female	15,362	$ 693.58	0.9749	$ 676.14
01	New Orleans	SSI	6-13 Years, Male and Female	42,308	$ 323.69	0.9868	$ 319.43
01	New Orleans	SSI	14-18 Years, Male and Female	27,513	$ 313.44	0.9814	$ 307.62
01	New Orleans	SSI	19-44 Years, Male and Female	82,727	$ 622.13	0.9344	$ 581.29
01	New Orleans	SSI	45+ Years, Male and Female	114,401	$ 958.32	0.9368	$ 897.78
01	New Orleans	Family and Children	0-2 Months, Male and Female	32,904	$ 1,087.38	0.8545	$ 929.17
01	New Orleans	Family and Children	3-11 Months, Male and Female	75,824	$ 217.05	0.9586	$ 208.06
01	New Orleans	Family and Children	1-5 Years, Male and Female	476,472	$ 106.13	0.9751	$ 103.48
01	New Orleans	Family and Children	6-13 Years, Male and Female	555,798	$ 79.07	0.9843	$ 77.83
01	New Orleans	Family and Children	14-18 Years, Female	159,990	$ 102.36	0.9788	$ 100.19
01	New Orleans	Family and Children	14-18 Years, Male	145,692	$ 80.79	0.9629	$ 77.80
01	New Orleans	Family and Children	19-44 Years, Female	242,741	$ 207.01	0.9629	$ 199.32
01	New Orleans	Family and Children	19-44 Years, Male	10,938	$ 246.19	0.9853	$ 242.56
01	New Orleans	Family and Children	45+ Years, Female	12,952	$ 427.45	0.9861	$ 421.51
01	New Orleans	Family and Children	45+ Years, Male	3,291	$ 426.88	0.9848	$ 420.41
01	New Orleans	Foster Care Children	Foster Care, All Ages Male & Female	12,874	$ 213.78	0.9918	$ 212.03
01	New Orleans	Breast and Cervical Cancer	BCC, All Ages Female	2,509	$ 1,892.25	0.9817	$ 1,857.58
01	New Orleans	HCBS Waiver	0-18 Years, Male and Female	2,089	$ 1,156.79	0.9938	$ 1,149.61
01	New Orleans	HCBS Waiver	19+ Years, Male and Female	11,553	$ 593.92	0.9866	$ 585.99
01	New Orleans	Maternity Kickpayment	Maternity Kickpayment, All Ages	7,521	$ 6,625.69	0.9488	$ 6,286.46
09	Mandeville	SSI	0-2 Months, Male and Female	173	$ 17,190.64	0.9473	$ 16,284.43
09	Mandeville	SSI	3-11 Months, Male and Female	596	$ 3,950.27	0.9541	$ 3,768.77
09	Mandeville	SSI	1-5 Years, Male and Female	6,518	$ 693.58	0.9749	$ 676.14
09	Mandeville	SSI	6-13 Years, Male and Female	16,916	$ 323.69	0.9868	$ 319.43
09	Mandeville	SSI	14-18 Years, Male and Female	10,695	$ 313.44	0.9814	$ 307.62
09	Mandeville	SSI	19-44 Years, Male and Female	38,299	$ 660.25	0.9955	$ 657.26
09	Mandeville	SSI	45+ Years, Male and Female	58,835	$ 1,022.72	0.9977	$ 1,020.36
09	Mandeville	Family and Children	0-2 Months, Male and Female	18,001	$ 975.62	0.9950	$ 970.76
09	Mandeville	Family and Children	3-11 Months, Male and Female	41,145	$ 255.15	0.9989	$ 254.87
09	Mandeville	Family and Children	1-5 Years, Male and Female	266,364	$ 136.37	0.9985	$ 136.17
09	Mandeville	Family and Children	6-13 Years, Male and Female	355,302	$ 116.36	0.9990	$ 116.25
09	Mandeville	Family and Children	14-18 Years, Female	97,331	$ 140.41	0.9991	$ 140.28
09	Mandeville	Family and Children	14-18 Years, Male	94,301	$ 115.59	0.9992	$ 115.50
09	Mandeville	Family and Children	19-44 Years, Female	111,129	$ 265.82	0.9993	$ 265.63
09	Mandeville	Family and Children	19-44 Years, Male	8,316	$ 246.19	0.9853	$ 242.56
09	Mandeville	Family and Children	45+ Years, Female	5,016	$ 427.45	0.9861	$ 421.51
09	Mandeville	Family and Children	45+ Years, Male	2,000	$ 426.88	0.9848	$ 420.41
09	Mandeville	Foster Care Children	Foster Care, All Ages Male & Female	19,842	$ 213.78	0.9918	$ 212.03
09	Mandeville	Breast and Cervical Cancer	BCC, All Ages Female	1,993	$ 1,892.25	0.9817	$ 1,857.58
09	Mandeville	HCBS Waiver	0-18 Years, Male and Female	2,143	$ 1,156.79	0.9938	$ 1,149.61
09	Mandeville	HCBS Waiver	19+ Years, Male and Female	8,154	$ 593.92	0.9866	$ 585.99
09	Mandeville	Maternity Kickpayment	Maternity Kickpayment, All Ages	4,165	$ 4,929.40	0.9965	$ 4,912.18

Attachment A
BAYOU HEALTH Prepaid Rate Summary

				11/1/2012-12/31/2012			
					Prepaid Final Rates w/ Tax (Gross of GME)		Prepaid Final Rates w/ Tax (Net of GME)
DHH Administrative Region	Region Description	COA Description	RC Description	FY11 Member Months or Deliveries	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
02	Baton Rouge	SSI	0-2 Months, Male and Female	219	$ 17,190.64	0.9473	$ 16,284.43
02	Baton Rouge	SSI	3-11 Months, Male and Female	1,074	$ 3,950.27	0.9541	$ 3,768.77
02	Baton Rouge	SSI	1-5 Years, Male and Female	13,466	$ 693.58	0.9749	$ 676.14
02	Baton Rouge	SSI	6-13 Years, Male and Female	29,350	$ 323.69	0.9868	$ 319.43
02	Baton Rouge	SSI	14-18 Years, Male and Female	17,644	$ 313.44	0.9814	$ 307.62
02	Baton Rouge	SSI	19-44 Years, Male and Female	48,997	$ 710.04	0.9903	$ 703.16
02	Baton Rouge	SSI	45+ Years, Male and Female	68,000	$ 987.74	0.9911	$ 978.93
02	Baton Rouge	Family and Children	0-2 Months, Male and Female	23,748	$ 1,061.67	0.9874	$ 1,048.24
02	Baton Rouge	Family and Children	3-11 Months, Male and Female	55,139	$ 240.94	0.9938	$ 239.44
02	Baton Rouge	Family and Children	1-5 Years, Male and Female	346,294	$ 107.81	0.9960	$ 107.38
02	Baton Rouge	Family and Children	6-13 Years, Male and Female	442,619	$ 82.70	0.9975	$ 82.49
02	Baton Rouge	Family and Children	14-18 Years, Female	122,643	$ 104.61	0.9965	$ 104.25
02	Baton Rouge	Family and Children	14-18 Years, Male	115,101	$ 81.74	0.9963	$ 81.44
02	Baton Rouge	Family and Children	19-44 Years, Female	145,570	$ 216.73	0.9944	$ 215.51
02	Baton Rouge	Family and Children	19-44 Years, Male	5,940	$ 246.19	0.9853	$ 242.56
02	Baton Rouge	Family and Children	45+ Years, Female	7,700	$ 427.45	0.9861	$ 421.51
02	Baton Rouge	Family and Children	45+ Years, Male	1,418	$ 426.88	0.9848	$ 420.41
02	Baton Rouge	Foster Care Children	Foster Care, All Ages Male & Female	10,239	$ 213.78	0.9918	$ 212.03
02	Baton Rouge	Breast and Cervical Cancer	BCC, All Ages Female	1,712	$ 1,892.25	0.9817	$ 1,857.58
02	Baton Rouge	HCBS Waiver	0-18 Years, Male and Female	1,824	$ 1,156.79	0.9938	$ 1,149.61
02	Baton Rouge	HCBS Waiver	19+ Years, Male and Female	11,347	$ 593.92	0.9866	$ 585.99
02	Baton Rouge	Maternity Kickpayment	Maternity Kickpayment, All Ages	5,364	$ 5,339.99	0.9988	$ 5,333.68
03	Thibodaux	SSI	0-2 Months, Male and Female	193	$ 17,190.64	0.9473	$ 16,284.43
03	Thibodaux	SSI	3-11 Months, Male and Female	722	$ 3,950.27	0.9541	$ 3,768.77
03	Thibodaux	SSI	1-5 Years, Male and Female	8,422	$ 693.58	0.9749	$ 676.14
03	Thibodaux	SSI	6-13 Years, Male and Female	21,828	$ 323.69	0.9868	$ 319.43
03	Thibodaux	SSI	14-18 Years, Male and Female	12,746	$ 313.44	0.9814	$ 307.62
03	Thibodaux	SSI	19-44 Years, Male and Female	37,137	$ 562.39	0.9842	$ 553.51
03	Thibodaux	SSI	45+ Years, Male and Female	48,395	$ 950.36	0.9847	$ 935.80
03	Thibodaux	Family and Children	0-2 Months, Male and Female	15,071	$ 909.76	0.9697	$ 882.18
03	Thibodaux	Family and Children	3-11 Months, Male and Female	35,335	$ 258.04	0.9908	$ 255.67
03	Thibodaux	Family and Children	1-5 Years, Male and Female	221,101	$ 129.93	0.9941	$ 129.16
03	Thibodaux	Family and Children	6-13 Years, Male and Female	279,343	$ 104.27	0.9955	$ 103.80
03	Thibodaux	Family and Children	14-18 Years, Female	82,364	$ 141.35	0.9941	$ 140.51
03	Thibodaux	Family and Children	14-18 Years, Male	76,550	$ 108.24	0.9920	$ 107.38
03	Thibodaux	Family and Children	19-44 Years, Female	102,127	$ 259.03	0.9898	$ 256.38
03	Thibodaux	Family and Children	19-44 Years, Male	6,290	$ 246.19	0.9853	$ 242.56
03	Thibodaux	Family and Children	45+ Years, Female	4,273	$ 427.45	0.9861	$ 421.51
03	Thibodaux	Family and Children	45+ Years, Male	1,283	$ 426.88	0.9848	$ 420.41
03	Thibodaux	Foster Care Children	Foster Care, All Ages Male & Female	7,365	$ 213.78	0.9918	$ 212.03
03	Thibodaux	Breast and Cervical Cancer	BCC, All Ages Female	1,111	$ 1,892.25	0.9817	$ 1,857.58
03	Thibodaux	HCBS Waiver	0-18 Years, Male and Female	1,331	$ 1,156.79	0.9938	$ 1,149.61
03	Thibodaux	HCBS Waiver	19+ Years, Male and Female	6,555	$ 593.92	0.9866	$ 585.99
03	Thibodaux	Maternity Kickpayment	Maternity Kickpayment, All Ages	3,355	$ 5,259.26	0.9856	$ 5,183.58

Attachment A
BAYOU HEALTH Prepaid Rate Summary

				11/1/2012-12/31/2012			
					Prepaid Final Rates w/ Tax (Gross of GME)		Prepaid Final Rates w/ Tax (Net of GME)
DHH Administrative Region	Region Description	COA Description	RC Description	FY11 Member Months or Deliveries	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
04	Lafayette	SSI	0-2 Months, Male and Female	204	$ 17,190.64	0.9473	$ 16,284.43
04	Lafayette	SSI	3-11 Months, Male and Female	1,001	$ 3,950.27	0.9541	$ 3,768.77
04	Lafayette	SSI	1-5 Years, Male and Female	10,698	$ 693.58	0.9749	$ 676.14
04	Lafayette	SSI	6-13 Years, Male and Female	22,343	$ 323.69	0.9868	$ 319.43
04	Lafayette	SSI	14-18 Years, Male and Female	13,496	$ 313.44	0.9814	$ 307.62
04	Lafayette	SSI	19-44 Years, Male and Female	50,952	$ 633.80	0.9901	$ 627.52
04	Lafayette	SSI	45+ Years, Male and Female	77,776	$ 947.49	0.9902	$ 938.18
04	Lafayette	Family and Children	0-2 Months, Male and Female	23,690	$ 1,058.55	0.9741	$ 1,031.11
04	Lafayette	Family and Children	3-11 Months, Male and Female	55,876	$ 262.70	0.9924	$ 260.70
04	Lafayette	Family and Children	1-5 Years, Male and Female	340,123	$ 120.80	0.9944	$ 120.12
04	Lafayette	Family and Children	6-13 Years, Male and Female	442,460	$ 103.37	0.9970	$ 103.06
04	Lafayette	Family and Children	14-18 Years, Female	122,849	$ 126.75	0.9953	$ 126.15
04	Lafayette	Family and Children	14-18 Years, Male	116,245	$ 98.04	0.9938	$ 97.43
04	Lafayette	Family and Children	19-44 Years, Female	140,357	$ 232.54	0.9940	$ 231.15
04	Lafayette	Family and Children	19-44 Years, Male	8,731	$ 246.19	0.9853	$ 242.56
04	Lafayette	Family and Children	45+ Years, Female	6,135	$ 427.45	0.9861	$ 421.51
04	Lafayette	Family and Children	45+ Years, Male	1,726	$ 426.88	0.9848	$ 420.41
04	Lafayette	Foster Care Children	Foster Care, All Ages Male & Female	17,319	$ 213.78	0.9918	$ 212.03
04	Lafayette	Breast and Cervical Cancer	BCC, All Ages Female	1,412	$ 1,892.25	0.9817	$ 1,857.58
04	Lafayette	HCBS Waiver	0-18 Years, Male and Female	1,829	$ 1,156.79	0.9938	$ 1,149.61
04	Lafayette	HCBS Waiver	19+ Years, Male and Female	11,413	$ 593.92	0.9866	$ 585.99
04	Lafayette	Maternity Kickpayment	Maternity Kickpayment, All Ages	5,376	$ 4,668.83	0.9996	$ 4,666.81

Attachment A
BAYOU HEALTH Prepaid Rate Summary

				11/1/2012-12/31/2012			
					Prepaid Final Rates w/ Tax (Gross of GME)		Prepaid Final Rates w/ Tax (Net of GME)
DHH Administrative Region	Region Description	COA Description	RC Description	FY11 Member Months or Deliveries	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
05	Lake Charles	SSI	0-2 Months, Male and Female	73	$ 17,190.64	0.9473	$ 16,284.43
05	Lake Charles	SSI	3-11 Months, Male and Female	376	$ 3,950.27	0.9541	$ 3,768.77
05	Lake Charles	SSI	1-5 Years, Male and Female	4,436	$ 693.58	0.9749	$ 676.14
05	Lake Charles	SSI	6-13 Years, Male and Female	10,384	$ 323.69	0.9868	$ 319.43
05	Lake Charles	SSI	14-18 Years, Male and Female	5,981	$ 313.44	0.9814	$ 307.62
05	Lake Charles	SSI	19-44 Years, Male and Female	20,788	$ 548.89	0.9996	$ 548.66
05	Lake Charles	SSI	45+ Years, Male and Female	29,943	$ 905.66	0.9992	$ 904.97
05	Lake Charles	Family and Children	0-2 Months, Male and Female	11,103	$ 896.89	0.9974	$ 894.56
05	Lake Charles	Family and Children	3-11 Months, Male and Female	25,854	$ 282.70	0.9985	$ 282.28
05	Lake Charles	Family and Children	1-5 Years, Male and Female	161,883	$ 135.16	0.9995	$ 135.10
05	Lake Charles	Family and Children	6-13 Years, Male and Female	209,804	$ 114.94	0.9997	$ 114.91
05	Lake Charles	Family and Children	14-18 Years, Female	57,089	$ 146.21	0.9999	$ 146.19
05	Lake Charles	Family and Children	14-18 Years, Male	55,183	$ 110.26	0.9998	$ 110.24
05	Lake Charles	Family and Children	19-44 Years, Female	53,935	$ 276.40	0.9998	$ 276.35
05	Lake Charles	Family and Children	19-44 Years, Male	3,044	$ 246.19	0.9853	$ 242.56
05	Lake Charles	Family and Children	45+ Years, Female	1,990	$ 427.45	0.9861	$ 421.51
05	Lake Charles	Family and Children	45+ Years, Male	538	$ 426.88	0.9848	$ 420.41
05	Lake Charles	Foster Care Children	Foster Care, All Ages Male & Female	10,239	$ 213.78	0.9918	$ 212.03
05	Lake Charles	Breast and Cervical Cancer	BCC, All Ages Female	754	$ 1,892.25	0.9817	$ 1,857.58
05	Lake Charles	HCBS Waiver	0-18 Years, Male and Female	761	$ 1,156.79	0.9938	$ 1,149.61
05	Lake Charles	HCBS Waiver	19+ Years, Male and Female	4,341	$ 593.92	0.9866	$ 585.99
05	Lake Charles	Maternity Kickpayment	Maternity Kickpayment, All Ages	2,533	$ 4,768.97	0.9993	$ 4,765.86
06	Alexandria	SSI	0-2 Months, Male and Female	105	$ 17,190.64	0.9473	$ 16,284.43
06	Alexandria	SSI	3-11 Months, Male and Female	549	$ 3,950.27	0.9541	$ 3,768.77
06	Alexandria	SSI	1-5 Years, Male and Female	6,142	$ 693.58	0.9749	$ 676.14
06	Alexandria	SSI	6-13 Years, Male and Female	16,547	$ 323.69	0.9868	$ 319.43
06	Alexandria	SSI	14-18 Years, Male and Female	9,660	$ 313.44	0.9814	$ 307.62
06	Alexandria	SSI	19-44 Years, Male and Female	34,347	$ 513.55	0.9966	$ 511.80
06	Alexandria	SSI	45+ Years, Male and Female	43,361	$ 909.45	0.9974	$ 907.04
06	Alexandria	Family and Children	0-2 Months, Male and Female	11,723	$ 1,344.55	0.9961	$ 1,339.31
06	Alexandria	Family and Children	3-11 Months, Male and Female	26,763	$ 278.66	0.9979	$ 278.08
06	Alexandria	Family and Children	1-5 Years, Male and Female	172,642	$ 145.35	0.9983	$ 145.10
06	Alexandria	Family and Children	6-13 Years, Male and Female	234,659	$ 108.51	0.9989	$ 108.39
06	Alexandria	Family and Children	14-18 Years, Female	65,936	$ 136.45	0.9982	$ 136.20
06	Alexandria	Family and Children	14-18 Years, Male	62,236	$ 100.07	0.9979	$ 99.86
06	Alexandria	Family and Children	19-44 Years, Female	63,956	$ 242.97	0.9977	$ 242.42
06	Alexandria	Family and Children	19-44 Years, Male	4,161	$ 246.19	0.9853	$ 242.56
06	Alexandria	Family and Children	45+ Years, Female	2,466	$ 427.45	0.9861	$ 421.51
06	Alexandria	Family and Children	45+ Years, Male	698	$ 426.88	0.9848	$ 420.41
06	Alexandria	Foster Care Children	Foster Care, All Ages Male & Female	11,146	$ 213.78	0.9918	$ 212.03
06	Alexandria	Breast and Cervical Cancer	BCC, All Ages Female	732	$ 1,892.25	0.9817	$ 1,857.58
06	Alexandria	HCBS Waiver	0-18 Years, Male and Female	495	$ 1,156.79	0.9938	$ 1,149.61
06	Alexandria	HCBS Waiver	19+ Years, Male and Female	5,472	$ 593.92	0.9866	$ 585.99
06	Alexandria	Maternity Kickpayment	Maternity Kickpayment, All Ages	2,643	$ 4,974.51	0.9970	$ 4,959.49

Attachment A
BAYOU HEALTH Prepaid Rate Summary

				11/1/2012-12/31/2012			
					Prepaid Final Rates w/ Tax (Gross of GME)		Prepaid Final Rates w/ Tax (Net of GME)
DHH Administrative Region	Region Description	COA Description	RC Description	FY11 Member Months or Deliveries	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
07	Shreveport	SSI	0-2 Months, Male and Female	302	$ 17,190.64	0.9473	$ 16,284.43
07	Shreveport	SSI	3-11 Months, Male and Female	1,206	$ 3,950.27	0.9541	$ 3,768.77
07	Shreveport	SSI	1-5 Years, Male and Female	13,502	$ 693.58	0.9749	$ 676.14
07	Shreveport	SSI	6-13 Years, Male and Female	32,276	$ 323.69	0.9868	$ 319.43
07	Shreveport	SSI	14-18 Years, Male and Female	20,402	$ 313.44	0.9814	$ 307.62
07	Shreveport	SSI	19-44 Years, Male and Female	57,262	$ 564.20	0.9599	$ 541.59
07	Shreveport	SSI	45+ Years, Male and Female	68,689	$ 834.20	0.9630	$ 803.30
07	Shreveport	Family and Children	0-2 Months, Male and Female	21,897	$ 1,106.77	0.9185	$ 1,016.54
07	Shreveport	Family and Children	3-11 Months, Male and Female	48,945	$ 239.72	0.9720	$ 233.00
07	Shreveport	Family and Children	1-5 Years, Male and Female	299,375	$ 112.95	0.9802	$ 110.72
07	Shreveport	Family and Children	6-13 Years, Male and Female	388,940	$ 81.27	0.9879	$ 80.28
07	Shreveport	Family and Children	14-18 Years, Female	107,694	$ 124.08	0.9835	$ 122.04
07	Shreveport	Family and Children	14-18 Years, Male	98,222	$ 80.30	0.9842	$ 79.03
07	Shreveport	Family and Children	19-44 Years, Female	118,258	$ 236.89	0.9749	$ 230.95
07	Shreveport	Family and Children	19-44 Years, Male	3,975	$ 246.19	0.9853	$ 242.56
07	Shreveport	Family and Children	45+ Years, Female	4,513	$ 427.45	0.9861	$ 421.51
07	Shreveport	Family and Children	45+ Years, Male	861	$ 426.88	0.9848	$ 420.41
07	Shreveport	Foster Care Children	Foster Care, All Ages Male & Female	11,832	$ 213.78	0.9918	$ 212.03
07	Shreveport	Breast and Cervical Cancer	BCC, All Ages Female	1,383	$ 1,892.25	0.9817	$ 1,857.58
07	Shreveport	HCBS Waiver	0-18 Years, Male and Female	848	$ 1,156.79	0.9938	$ 1,149.61
07	Shreveport	HCBS Waiver	19+ Years, Male and Female	7,476	$ 593.92	0.9866	$ 585.99
07	Shreveport	Maternity Kickpayment	Maternity Kickpayment, All Ages	4,961	$ 5,357.57	0.9999	$ 5,356.99
08	Monroe	SSI	0-2 Months, Male and Female	121	$ 17,190.64	0.9473	$ 16,284.43
08	Monroe	SSI	3-11 Months, Male and Female	583	$ 3,950.27	0.9541	$ 3,768.77
08	Monroe	SSI	1-5 Years, Male and Female	7,354	$ 693.58	0.9749	$ 676.14
08	Monroe	SSI	6-13 Years, Male and Female	19,143	$ 323.69	0.9868	$ 319.43
08	Monroe	SSI	14-18 Years, Male and Female	12,255	$ 313.44	0.9814	$ 307.62
08	Monroe	SSI	19-44 Years, Male and Female	37,539	$ 573.94	0.9940	$ 570.49
08	Monroe	SSI	45+ Years, Male and Female	46,667	$ 899.43	0.9940	$ 894.02
08	Monroe	Family and Children	0-2 Months, Male and Female	15,642	$ 1,310.28	0.9891	$ 1,296.04
08	Monroe	Family and Children	3-11 Months, Male and Female	35,441	$ 331.23	0.9965	$ 330.07
08	Monroe	Family and Children	1-5 Years, Male and Female	223,806	$ 156.41	0.9973	$ 155.99
08	Monroe	Family and Children	6-13 Years, Male and Female	299,386	$ 97.66	0.9980	$ 97.46
08	Monroe	Family and Children	14-18 Years, Female	82,837	$ 130.71	0.9973	$ 130.35
08	Monroe	Family and Children	14-18 Years, Male	79,756	$ 87.64	0.9964	$ 87.32
08	Monroe	Family and Children	19-44 Years, Female	102,127	$ 224.29	0.9956	$ 223.30
08	Monroe	Family and Children	19-44 Years, Male	4,958	$ 246.19	0.9853	$ 242.56
08	Monroe	Family and Children	45+ Years, Female	3,826	$ 427.45	0.9861	$ 421.51
08	Monroe	Family and Children	45+ Years, Male	772	$ 426.88	0.9848	$ 420.41
08	Monroe	Foster Care Children	Foster Care, All Ages Male & Female	9,178	$ 213.78	0.9918	$ 212.03
08	Monroe	Breast and Cervical Cancer	BCC, All Ages Female	1,231	$ 1,892.25	0.9817	$ 1,857.58
08	Monroe	HCBS Waiver	0-18 Years, Male and Female	680	$ 1,156.79	0.9938	$ 1,149.61
08	Monroe	HCBS Waiver	19+ Years, Male and Female	7,723	$ 593.92	0.9866	$ 585.99
08	Monroe	Maternity Kickpayment	Maternity Kickpayment, All Ages	3,657	$ 5,413.95	0.9999	$ 5,413.37

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012 State Fiscal Year 2010 Rate Development								11/1/2012-12/31/2012 State Fiscal Year 2011 Rate Development					
				FY10 Prepaid Base PMPM	Adjustments				FY10 Prepaid PMPM Post Adjustments		Projected FY11 Prepaid PMPM	FY11 Prepaid Base PMPM	Adjustments				FY11 Prepaid PMPM Post Adjustments
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery	Trend to FY11	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery
01	New Orleans	SSI	0-2 Months, Male and Female	$ 17,876.93	1.0019	0.9987	1.0486	0.8932	$ 16,754.38	1.7%	$ 17,043.21	$ 18,309.07	1.0828	0.9952	1.0798	0.9512	$ 20,265.06
01	New Orleans	SSI	3-11 Months, Male and Female	$ 4,369.23	1.0015	0.9994	1.0336	0.9020	$ 4,077.32	1.9%	$ 4,154.60	$ 4,816.39	1.0687	0.9959	1.0613	0.9552	$ 5,196.36
01	New Orleans	SSI	1-5 Years, Male and Female	$ 830.98	1.0009	0.9994	1.0126	0.9145	$ 769.61	2.4%	$ 788.22	$ 631.08	1.0412	0.9973	1.0094	0.9627	$ 636.86
01	New Orleans	SSI	6-13 Years, Male and Female	$ 259.81	0.9997	0.9994	0.9920	0.9446	$ 243.23	2.6%	$ 249.47	$ 293.64	1.0237	0.9982	1.0000	0.9735	$ 292.11
01	New Orleans	SSI	14-18 Years, Male and Female	$ 267.08	1.0000	0.9994	0.9948	0.9334	$ 247.87	2.7%	$ 254.64	$ 265.31	1.0256	0.9982	1.0039	0.9713	$ 264.83
01	New Orleans	SSI	19-44 Years, Male and Female	$ 638.85	1.0003	0.9994	1.0011	0.9238	$ 590.65	2.7%	$ 606.39	$ 571.61	1.0322	0.9978	1.0116	0.9674	$ 576.15
01	New Orleans	SSI	45+ Years, Male and Female	$ 994.62	1.0002	0.9993	0.9916	0.9237	$ 910.52	2.7%	$ 935.15	$ 885.46	1.0314	0.9977	1.0035	0.9670	$ 884.27
01	New Orleans	Family and Children	0-2 Months, Male and Female	$ 1,158.94	1.0006	0.9988	1.0412	0.9200	$ 1,109.37	1.5%	$ 1,125.84	$ 1,061.93	1.0616	0.9958	1.0660	0.9760	$ 1,167.86
01	New Orleans	Family and Children	3-11 Months, Male and Female	$ 202.58	0.9982	0.9988	1.0010	0.9420	$ 190.46	2.7%	$ 195.63	$ 193.89	1.0246	0.9980	1.0120	0.9828	$ 197.21
01	New Orleans	Family and Children	1-5 Years, Male and Female	$ 100.05	0.9977	0.9986	0.9884	0.9446	$ 93.07	3.0%	$ 95.88	$ 95.84	1.0145	0.9985	0.9958	0.9848	$ 95.21
01	New Orleans	Family and Children	6-13 Years, Male and Female	$ 73.95	0.9976	0.9986	0.9878	0.9499	$ 69.13	2.8%	$ 71.05	$ 73.55	1.0076	0.9989	0.9911	0.9868	$ 72.41
01	New Orleans	Family and Children	14-18 Years, Female	$ 98.44	0.9976	0.9988	0.9829	0.9366	$ 90.30	3.3%	$ 93.31	$ 95.67	1.0121	0.9987	0.9861	0.9801	$ 93.46
01	New Orleans	Family and Children	14-18 Years, Male	$ 78.70	0.9981	0.9988	0.9890	0.9378	$ 72.77	3.0%	$ 74.92	$ 77.30	1.0189	0.9981	0.9967	0.9808	$ 76.85
01	New Orleans	Family and Children	19-44 Years, Female	$ 202.00	0.9979	0.9989	0.9785	0.9304	$ 183.30	3.4%	$ 189.59	$ 199.74	1.0166	0.9983	0.9920	0.9788	$ 196.84
01	New Orleans	Family and Children	19-44 Years, Male	$ 203.44	0.9983	0.9988	0.9947	0.9348	$ 188.64	2.9%	$ 194.12	$ 194.59	1.0170	0.9981	0.9943	0.9810	$ 192.68
01	New Orleans	Family and Children	45+ Years, Female	$ 367.98	0.9983	0.9989	0.9861	0.9380	$ 339.39	2.6%	$ 348.27	$ 313.47	1.0133	0.9983	0.9828	0.9814	$ 305.84
01	New Orleans	Family and Children	45+ Years, Male	$ 452.16	0.9982	0.9990	0.9757	0.9384	$ 412.85	2.7%	$ 423.80	$ 336.68	1.0104	0.9985	0.9916	0.9833	$ 331.21
01	New Orleans	Foster Care Children	Foster Care, All Ages Male & Female	$ 172.54	0.9998	0.9990	0.9923	0.9364	$ 160.12	2.9%	$ 164.83	$ 189.19	1.0236	0.9984	1.0043	0.9620	$ 186.78
01	New Orleans	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,044.06	0.9993	0.9996	0.8341	0.9014	$ 1,535.27	6.1%	$ 1,628.72	$ 1,547.89	1.0199	0.9965	0.8905	0.9393	$ 1,315.76
01	New Orleans	HCBS Waiver	0-18 Years, Male and Female	$ 810.80	1.0003	0.9997	1.0089	0.9285	$ 759.44	4.5%	$ 793.81	$ 648.13	1.0269	0.9989	1.0098	0.9670	$ 649.16
01	New Orleans	HCBS Waiver	19+ Years, Male and Female	$ 520.24	0.9998	0.9996	1.0006	0.9401	$ 489.09	7.0%	$ 523.27	$ 534.59	1.0281	0.9983	1.0148	0.9633	$ 536.36
01	New Orleans	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 7,230.05	1.0000	1.0000	1.0000	0.8752	$ 6,328.07	0.0%	$ 6,328.07	$ 6,093.23	1.0000	1.0000	1.0000	0.9520	$ 5,800.68
09	Mandeville	SSI	0-2 Months, Male and Female	$ 16,947.18	1.0020	0.9990	1.0145	0.8911	$ 15,335.67	1.6%	$ 15,587.96	$ 11,620.29	1.0787	0.9955	1.0031	0.9531	$ 11,929.31
09	Mandeville	SSI	3-11 Months, Male and Female	$ 6,784.31	1.0016	0.9992	1.0108	0.8986	$ 6,167.59	1.9%	$ 6,287.30	$ 2,418.53	1.0368	0.9977	1.0005	0.9701	$ 2,428.24
09	Mandeville	SSI	1-5 Years, Male and Female	$ 721.53	1.0002	0.9992	0.9972	0.9327	$ 670.68	3.0%	$ 690.58	$ 666.29	1.0316	0.9979	0.9978	0.9684	$ 662.77
09	Mandeville	SSI	6-13 Years, Male and Female	$ 333.00	0.9995	0.9993	0.9946	0.9517	$ 314.83	2.9%	$ 324.03	$ 347.00	1.0154	0.9987	0.9965	0.9775	$ 342.77
09	Mandeville	SSI	14-18 Years, Male and Female	$ 271.70	0.9995	0.9993	0.9937	0.9473	$ 255.47	3.3%	$ 263.90	$ 302.64	1.0182	0.9987	0.9980	0.9772	$ 300.10
09	Mandeville	SSI	19-44 Years, Male and Female	$ 662.16	0.9999	0.9994	0.9964	0.9332	$ 615.29	3.0%	$ 633.47	$ 613.28	1.0224	0.9984	0.9982	0.9717	$ 607.22
09	Mandeville	SSI	45+ Years, Male and Female	$ 1,038.66	1.0000	0.9992	0.9953	0.9306	$ 961.21	2.9%	$ 988.95	$ 944.23	1.0256	0.9980	0.9975	0.9698	$ 934.93
09	Mandeville	Family and Children	0-2 Months, Male and Female	$ 1,024.89	1.0003	0.9985	1.0104	0.9211	$ 952.61	1.6%	$ 968.28	$ 1,010.04	1.0573	0.9960	1.0023	0.9769	$ 1,041.45
09	Mandeville	Family and Children	3-11 Months, Male and Female	$ 243.95	0.9979	0.9985	0.9985	0.9477	$ 230.01	2.7%	$ 236.18	$ 220.03	1.0170	0.9985	0.9991	0.9859	$ 220.08
09	Mandeville	Family and Children	1-5 Years, Male and Female	$ 126.74	0.9976	0.9983	0.9956	0.9477	$ 119.09	3.0%	$ 122.65	$ 121.86	1.0115	0.9987	0.9981	0.9860	$ 121.14
09	Mandeville	Family and Children	6-13 Years, Male and Female	$ 106.86	0.9975	0.9988	0.9960	0.9554	$ 101.31	2.8%	$ 104.12	$ 106.83	1.0051	0.9992	0.9986	0.9896	$ 106.03
09	Mandeville	Family and Children	14-18 Years, Female	$ 130.70	0.9973	0.9989	0.9933	0.9444	$ 122.14	3.5%	$ 126.35	$ 127.75	1.0081	0.9991	0.9979	0.9835	$ 126.26
09	Mandeville	Family and Children	14-18 Years, Male	$ 106.48	0.9974	0.9989	0.9939	0.9493	$ 100.09	3.2%	$ 103.28	$ 108.04	1.0066	0.9990	0.9976	0.9854	$ 106.80
09	Mandeville	Family and Children	19-44 Years, Female	$ 263.70	0.9976	0.9991	0.9916	0.9350	$ 243.69	3.6%	$ 252.46	$ 245.75	1.0108	0.9987	0.9970	0.9790	$ 242.13
09	Mandeville	Family and Children	19-44 Years, Male	$ 328.42	0.9982	0.9990	0.9957	0.9373	$ 305.65	3.1%	$ 315.08	$ 279.40	1.0154	0.9984	0.9982	0.9798	$ 277.03
09	Mandeville	Family and Children	45+ Years, Female	$ 547.03	0.9981	0.9990	0.9958	0.9416	$ 511.45	2.7%	$ 525.01	$ 534.68	1.0174	0.9981	0.9977	0.9804	$ 531.14
09	Mandeville	Family and Children	45+ Years, Male	$ 517.45	0.9981	0.9989	0.9973	0.9455	$ 486.47	2.5%	$ 498.44	$ 486.85	1.0071	0.9985	0.9951	0.9804	$ 477.62
09	Mandeville	Foster Care Children	Foster Care, All Ages Male & Female	$ 181.70	0.9993	0.9988	0.9954	0.9514	$ 171.74	3.0%	$ 176.82	$ 203.88	1.0154	0.9989	0.9985	0.9785	$ 202.04
09	Mandeville	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,094.02	0.9995	0.9994	0.9622	0.9023	$ 948.79	5.3%	$ 999.28	$ 1,345.17	1.0218	0.9970	0.9864	0.9432	$ 1,274.99
09	Mandeville	HCBS Waiver	0-18 Years, Male and Female	$ 934.19	0.9997	0.9996	0.9965	0.9466	$ 880.65	5.2%	$ 926.28	$ 853.07	1.0207	0.9994	0.9991	0.9718	$ 844.85
09	Mandeville	HCBS Waiver	19+ Years, Male and Female	$ 453.01	0.9999	0.9994	0.9983	0.9317	$ 421.05	6.9%	$ 450.25	$ 477.72	1.0303	0.9981	0.9992	0.9616	$ 472.03
09	Mandeville	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,169.46	1.0000	1.0000	1.0000	0.8752	$ 4,524.55	0.0%	$ 4,524.55	$ 4,661.70	1.0000	1.0000	1.0000	0.9520	$ 4,437.89

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012										
				Weighted FY10 and FY11 PMPM at FY11		Projected FFS PMPM		PMPM Post MC Savings	PMPM Post Smoothing w/Statewide		Final Prepaid Premium w/ Tax (Gross of GME)		Final Prepaid Premium w/ Tax Net of GME)
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Trend	PMPM or Cost/Delivery	MC Savings	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Premium w/ Tax Load	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
01	New Orleans	SSI	0-2 Months, Male and Female	$ 18,976.32	1.68%	$ 19,596.03	-15.47%	$ 16,564.40	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
01	New Orleans	SSI	3-11 Months, Male and Female	$ 4,779.65	1.88%	$ 4,954.44	-14.15%	$ 4,253.15	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
01	New Orleans	SSI	1-5 Years, Male and Female	$ 697.40	2.76%	$ 734.89	-10.32%	$ 659.08	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
01	New Orleans	SSI	6-13 Years, Male and Female	$ 275.05	2.68%	$ 289.44	-10.69%	$ 258.49	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
01	New Orleans	SSI	14-18 Years, Male and Female	$ 260.76	2.80%	$ 275.01	-11.41%	$ 243.63	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
01	New Orleans	SSI	19-44 Years, Male and Female	$ 588.24	2.78%	$ 620.11	-12.84%	$ 540.51	$ 540.51	13.1%	$ 622.13	0.9344	$ 581.29
01	New Orleans	SSI	45+ Years, Male and Female	$ 904.62	2.81%	$ 954.19	-12.74%	$ 832.59	$ 832.59	13.1%	$ 958.32	0.9368	$ 897.78
01	New Orleans	Family and Children	0-2 Months, Male and Female	$ 1,151.06	1.51%	$ 1,184.72	-20.26%	$ 944.75	$ 944.75	13.1%	$ 1,087.38	0.8545	$ 929.17
01	New Orleans	Family and Children	3-11 Months, Male and Female	$ 196.58	2.82%	$ 207.38	-9.07%	$ 188.57	$ 188.57	13.1%	$ 217.05	0.9586	$ 208.06
01	New Orleans	Family and Children	1-5 Years, Male and Female	$ 95.48	3.12%	$ 101.30	-8.98%	$ 92.20	$ 92.20	13.1%	$ 106.13	0.9751	$ 103.48
01	New Orleans	Family and Children	6-13 Years, Male and Female	$ 71.87	2.89%	$ 75.92	-9.52%	$ 68.69	$ 68.69	13.1%	$ 79.07	0.9843	$ 77.83
01	New Orleans	Family and Children	14-18 Years, Female	$ 93.40	3.45%	$ 99.69	-10.80%	$ 88.93	$ 88.93	13.1%	$ 102.36	0.9788	$ 100.19
01	New Orleans	Family and Children	14-18 Years, Male	$ 76.08	3.05%	$ 80.60	-12.91%	$ 70.19	$ 70.19	13.1%	$ 80.79	0.9629	$ 77.80
01	New Orleans	Family and Children	19-44 Years, Female	$ 193.94	3.45%	$ 207.03	-13.13%	$ 179.85	$ 179.85	13.1%	$ 207.01	0.9629	$ 199.32
01	New Orleans	Family and Children	19-44 Years, Male	$ 193.26	3.04%	$ 204.73	-14.73%	$ 174.58	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
01	New Orleans	Family and Children	45+ Years, Female	$ 322.82	2.91%	$ 341.17	-13.57%	$ 294.86	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
01	New Orleans	Family and Children	45+ Years, Male	$ 368.25	2.66%	$ 387.35	-14.25%	$ 332.14	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
01	New Orleans	Foster Care Children	Foster Care, All Ages Male & Female	$ 178.00	2.90%	$ 188.08	-8.70%	$ 171.72	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
01	New Orleans	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,440.95	5.90%	$ 1,608.97	-12.54%	$ 1,407.27	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
01	New Orleans	HCBS Waiver	0-18 Years, Male and Female	$ 707.02	4.76%	$ 773.21	-4.74%	$ 736.56	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
01	New Orleans	HCBS Waiver	19+ Years, Male and Female	$ 531.12	6.86%	$ 603.46	-13.05%	$ 524.68	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
01	New Orleans	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 6,011.64	0.00%	$ 6,011.64	1.74%	$ 6,116.24	$ 6,116.24	7.7%	$ 6,625.69	0.9488	$ 6,286.46
09	Mandeville	SSI	0-2 Months, Male and Female	$ 13,392.77	1.72%	$ 13,839.67	-15.59%	$ 11,681.76	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
09	Mandeville	SSI	3-11 Months, Male and Female	$ 3,971.86	2.08%	$ 4,132.26	-12.89%	$ 3,599.42	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
09	Mandeville	SSI	1-5 Years, Male and Female	$ 673.89	3.12%	$ 714.89	-8.40%	$ 654.82	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
09	Mandeville	SSI	6-13 Years, Male and Female	$ 335.28	3.19%	$ 356.18	-8.12%	$ 327.27	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
09	Mandeville	SSI	14-18 Years, Male and Female	$ 285.62	3.28%	$ 303.95	-9.11%	$ 276.25	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
09	Mandeville	SSI	19-44 Years, Male and Female	$ 617.72	3.06%	$ 654.65	-12.38%	$ 573.62	$ 573.62	13.1%	$ 660.25	0.9955	$ 657.26
09	Mandeville	SSI	45+ Years, Male and Female	$ 956.54	3.04%	$ 1,013.28	-12.31%	$ 888.53	$ 888.53	13.1%	$ 1,022.72	0.9977	$ 1,020.36
09	Mandeville	Family and Children	0-2 Months, Male and Female	$ 1,012.18	1.66%	$ 1,044.80	-18.87%	$ 847.65	$ 847.65	13.1%	$ 975.62	0.9950	$ 970.76
09	Mandeville	Family and Children	3-11 Months, Male and Female	$ 226.52	2.80%	$ 238.90	-7.21%	$ 221.67	$ 221.67	13.1%	$ 255.15	0.9989	$ 254.87
09	Mandeville	Family and Children	1-5 Years, Male and Female	$ 121.74	3.10%	$ 129.11	-8.24%	$ 118.48	$ 118.48	13.1%	$ 136.37	0.9985	$ 136.17
09	Mandeville	Family and Children	6-13 Years, Male and Female	$ 105.27	2.82%	$ 111.06	-8.98%	$ 101.09	$ 101.09	13.1%	$ 116.36	0.9990	$ 116.25
09	Mandeville	Family and Children	14-18 Years, Female	$ 126.30	3.49%	$ 134.92	-9.59%	$ 121.99	$ 121.99	13.1%	$ 140.41	0.9991	$ 140.28
09	Mandeville	Family and Children	14-18 Years, Male	$ 105.39	3.25%	$ 112.08	-10.40%	$ 100.42	$ 100.42	13.1%	$ 115.59	0.9992	$ 115.50
09	Mandeville	Family and Children	19-44 Years, Female	$ 246.26	3.70%	$ 264.12	-12.56%	$ 230.95	$ 230.95	13.1%	$ 265.82	0.9993	$ 265.63
09	Mandeville	Family and Children	19-44 Years, Male	$ 292.25	3.17%	$ 310.34	-14.66%	$ 264.86	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
09	Mandeville	Family and Children	45+ Years, Female	$ 528.69	2.74%	$ 556.97	-14.28%	$ 477.44	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
09	Mandeville	Family and Children	45+ Years, Male	$ 485.95	2.95%	$ 513.97	-13.56%	$ 444.25	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
09	Mandeville	Foster Care Children	Foster Care, All Ages Male & Female	$ 191.95	3.05%	$ 203.40	-7.46%	$ 188.23	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
09	Mandeville	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,164.71	5.58%	$ 1,292.96	-11.85%	$ 1,139.80	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
09	Mandeville	HCBS Waiver	0-18 Years, Male and Female	$ 877.42	5.27%	$ 968.64	-1.51%	$ 954.05	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
09	Mandeville	HCBS Waiver	19+ Years, Male and Female	$ 463.32	6.91%	$ 526.89	-12.95%	$ 458.68	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
09	Mandeville	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,472.55	0.00%	$ 4,472.55	1.74%	$ 4,550.38	$ 4,550.38	7.7%	$ 4,929.40	0.9965	$ 4,912.18

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012								11/1/2012-12/31/2012					
				State Fiscal Year 2010 Rate Development								State Fiscal Year 2011 Rate Development					
				FY10 Prepaid Base PMPM	Adjustments				FY10 Prepaid PMPM Post Adjustments		Projected FY11 Prepaid PMPM	FY11 Prepaid Base PMPM	Adjustments				FY11 Prepaid PMPM Post Adjustments
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery	Trend to FY11	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery
02	Baton Rouge	SSI	0-2 Months, Male and Female	$ 15,519.05	1.0019	0.9987	1.0363	0.8937	$ 14,381.33	1.7%	$ 14,630.33	$ 19,897.93	1.0832	0.9952	1.0153	0.9517	$ 20,725.96
02	Baton Rouge	SSI	3-11 Months, Male and Female	$ 3,822.62	1.0012	0.9992	1.0260	0.9095	$ 3,568.52	2.0%	$ 3,639.26	$ 3,277.45	1.0579	0.9966	1.0094	0.9588	$ 3,344.20
02	Baton Rouge	SSI	1-5 Years, Male and Female	$ 651.89	1.0004	0.9991	1.0115	0.9272	$ 611.11	2.8%	$ 627.96	$ 588.85	1.0263	0.9984	1.0012	0.9724	$ 587.42
02	Baton Rouge	SSI	6-13 Years, Male and Female	$ 295.72	0.9999	0.9993	1.0084	0.9414	$ 280.52	2.4%	$ 287.37	$ 274.17	1.0164	0.9988	1.0007	0.9805	$ 273.11
02	Baton Rouge	SSI	14-18 Years, Male and Female	$ 295.00	0.9999	0.9994	1.0085	0.9386	$ 279.06	2.6%	$ 286.34	$ 252.07	1.0201	0.9986	1.0011	0.9763	$ 250.98
02	Baton Rouge	SSI	19-44 Years, Male and Female	$ 715.18	1.0001	0.9995	1.0105	0.9287	$ 670.95	2.6%	$ 688.36	$ 660.41	1.0260	0.9982	1.0017	0.9703	$ 657.46
02	Baton Rouge	SSI	45+ Years, Male and Female	$ 954.24	0.9999	0.9993	1.0034	0.9310	$ 890.72	3.0%	$ 917.22	$ 933.82	1.0255	0.9980	0.9993	0.9687	$ 925.17
02	Baton Rouge	Family and Children	0-2 Months, Male and Female	$ 1,129.71	1.0006	0.9987	1.0322	0.9195	$ 1,071.53	1.5%	$ 1,087.16	$ 1,109.52	1.0629	0.9957	1.0131	0.9760	$ 1,161.07
02	Baton Rouge	Family and Children	3-11 Months, Male and Female	$ 235.61	0.9985	0.9987	1.0106	0.9416	$ 223.59	2.5%	$ 229.08	$ 213.50	1.0281	0.9978	1.0041	0.9832	$ 216.21
02	Baton Rouge	Family and Children	1-5 Years, Male and Female	$ 98.02	0.9977	0.9984	1.0014	0.9481	$ 92.69	3.0%	$ 95.43	$ 97.07	1.0144	0.9986	1.0003	0.9859	$ 96.97
02	Baton Rouge	Family and Children	6-13 Years, Male and Female	$ 75.27	0.9975	0.9987	1.0002	0.9554	$ 71.65	2.7%	$ 73.61	$ 75.32	1.0060	0.9992	0.9995	0.9893	$ 74.86
02	Baton Rouge	Family and Children	14-18 Years, Female	$ 98.12	0.9974	0.9989	0.9986	0.9426	$ 92.02	3.5%	$ 95.22	$ 93.54	1.0087	0.9991	0.9983	0.9822	$ 92.43
02	Baton Rouge	Family and Children	14-18 Years, Male	$ 76.20	0.9976	0.9988	1.0001	0.9459	$ 71.83	3.2%	$ 74.12	$ 74.72	1.0094	0.9989	0.9988	0.9848	$ 74.11
02	Baton Rouge	Family and Children	19-44 Years, Female	$ 209.14	0.9976	0.9992	0.9974	0.9348	$ 194.38	3.7%	$ 201.52	$ 202.81	1.0105	0.9987	0.9968	0.9772	$ 199.37
02	Baton Rouge	Family and Children	19-44 Years, Male	$ 283.62	0.9982	0.9992	1.0043	0.9395	$ 266.90	2.9%	$ 274.73	$ 225.72	1.0138	0.9985	0.9995	0.9806	$ 223.96
02	Baton Rouge	Family and Children	45+ Years, Female	$ 411.18	0.9979	0.9990	0.9981	0.9403	$ 384.70	3.1%	$ 396.48	$ 410.01	1.0126	0.9984	0.9985	0.9811	$ 406.09
02	Baton Rouge	Family and Children	45+ Years, Male	$ 389.56	0.9982	0.9990	1.0055	0.9451	$ 369.17	2.4%	$ 377.98	$ 307.94	1.0137	0.9984	0.9995	0.9815	$ 305.76
02	Baton Rouge	Foster Care Children	Foster Care, All Ages Male & Female	$ 183.84	0.9995	0.9991	1.0024	0.9505	$ 174.91	2.8%	$ 179.75	$ 174.34	1.0153	0.9990	1.0005	0.9773	$ 172.92
02	Baton Rouge	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,743.17	0.9994	0.9997	0.9707	0.9014	$ 1,523.86	5.8%	$ 1,612.26	$ 1,701.11	1.0176	0.9967	0.9781	0.9387	$ 1,584.05
02	Baton Rouge	HCBS Waiver	0-18 Years, Male and Female	$ 601.85	0.9996	0.9997	1.0013	0.9554	$ 575.28	4.9%	$ 603.48	$ 593.75	1.0164	0.9993	0.9991	0.9769	$ 588.58
02	Baton Rouge	HCBS Waiver	19+ Years, Male and Female	$ 434.26	0.9998	0.9995	1.0057	0.9348	$ 408.00	7.0%	$ 436.62	$ 409.81	1.0186	0.9988	1.0001	0.9706	$ 404.73
02	Baton Rouge	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,612.40	1.0000	1.0000	1.0000	0.8752	$ 4,912.23	0.0%	$ 4,912.23	$ 5,042.42	1.0000	1.0000	1.0000	0.9520	$ 4,800.33
03	Thibodaux	SSI	0-2 Months, Male and Female	$ 20,312.19	1.0020	0.9990	1.1003	0.8897	$ 19,905.74	1.6%	$ 20,223.27	$ 20,404.22	1.0852	0.9951	1.0226	0.9500	$ 21,404.74
03	Thibodaux	SSI	3-11 Months, Male and Female	$ 3,828.31	1.0014	0.9993	1.0793	0.9035	$ 3,735.96	1.9%	$ 3,806.80	$ 4,053.16	1.0604	0.9964	1.0166	0.9597	$ 4,178.09
03	Thibodaux	SSI	1-5 Years, Male and Female	$ 582.02	0.9999	0.9994	1.0260	0.9390	$ 560.32	2.8%	$ 576.20	$ 601.70	1.0309	0.9980	1.0090	0.9695	$ 605.65
03	Thibodaux	SSI	6-13 Years, Male and Female	$ 247.50	0.9995	0.9993	1.0145	0.9514	$ 238.59	2.9%	$ 245.44	$ 259.12	1.0136	0.9990	1.0046	0.9812	$ 258.62
03	Thibodaux	SSI	14-18 Years, Male and Female	$ 243.60	0.9994	0.9994	1.0105	0.9497	$ 233.47	3.2%	$ 241.06	$ 268.13	1.0165	0.9988	1.0055	0.9768	$ 267.34
03	Thibodaux	SSI	19-44 Years, Male and Female	$ 552.31	0.9998	0.9995	1.0253	0.9326	$ 527.70	3.3%	$ 544.92	$ 510.75	1.0225	0.9983	1.0081	0.9699	$ 509.75
03	Thibodaux	SSI	45+ Years, Male and Female	$ 893.85	0.9998	0.9993	1.0256	0.9302	$ 851.97	3.4%	$ 880.73	$ 885.85	1.0250	0.9979	1.0100	0.9673	$ 885.24
03	Thibodaux	Family and Children	0-2 Months, Male and Female	$ 936.00	1.0001	0.9985	1.0740	0.9226	$ 926.23	1.7%	$ 941.94	$ 880.37	1.0542	0.9962	1.0167	0.9778	$ 919.20
03	Thibodaux	Family and Children	3-11 Months, Male and Female	$ 225.89	0.9979	0.9986	1.0196	0.9487	$ 217.74	2.8%	$ 223.93	$ 231.93	1.0177	0.9985	1.0063	0.9855	$ 233.73
03	Thibodaux	Family and Children	1-5 Years, Male and Female	$ 116.94	0.9975	0.9986	1.0121	0.9495	$ 111.94	3.2%	$ 115.51	$ 114.92	1.0105	0.9989	1.0043	0.9869	$ 114.96
03	Thibodaux	Family and Children	6-13 Years, Male and Female	$ 92.79	0.9974	0.9988	1.0060	0.9561	$ 88.90	3.0%	$ 91.57	$ 94.73	1.0049	0.9992	1.0029	0.9896	$ 94.40
03	Thibodaux	Family and Children	14-18 Years, Female	$ 128.63	0.9973	0.9989	1.0076	0.9420	$ 121.63	3.7%	$ 126.14	$ 126.10	1.0086	0.9990	1.0044	0.9819	$ 125.29
03	Thibodaux	Family and Children	14-18 Years, Male	$ 98.27	0.9976	0.9989	1.0125	0.9461	$ 93.80	3.4%	$ 97.01	$ 99.25	1.0097	0.9988	1.0054	0.9839	$ 99.01
03	Thibodaux	Family and Children	19-44 Years, Female	$ 244.77	0.9976	0.9991	1.0157	0.9322	$ 231.01	3.9%	$ 239.97	$ 237.37	1.0131	0.9985	1.0067	0.9769	$ 236.15
03	Thibodaux	Family and Children	19-44 Years, Male	$ 268.54	0.9982	0.9991	1.0292	0.9304	$ 256.45	3.6%	$ 265.69	$ 216.09	1.0122	0.9982	1.0085	0.9771	$ 215.15
03	Thibodaux	Family and Children	45+ Years, Female	$ 471.26	0.9980	0.9991	1.0221	0.9367	$ 449.93	3.4%	$ 465.08	$ 434.76	1.0145	0.9982	1.0083	0.9793	$ 434.74
03	Thibodaux	Family and Children	45+ Years, Male	$ 404.22	0.9980	0.9993	1.0233	0.9290	$ 383.23	3.7%	$ 397.43	$ 375.72	1.0190	0.9976	1.0113	0.9761	$ 377.05
03	Thibodaux	Foster Care Children	Foster Care, All Ages Male & Female	$ 194.40	0.9993	0.9988	1.0057	0.9539	$ 186.16	3.0%	$ 191.66	$ 179.86	1.0094	0.9992	1.0029	0.9873	$ 179.63
03	Thibodaux	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,422.94	0.9993	0.9996	1.0080	0.9018	$ 2,200.17	6.6%	$ 2,348.99	$ 2,071.89	1.0229	0.9963	1.0190	0.9323	$ 2,005.95
03	Thibodaux	HCBS Waiver	0-18 Years, Male and Female	$ 585.66	0.9996	0.9997	1.0063	0.9549	$ 562.36	5.4%	$ 592.56	$ 562.98	1.0217	0.9992	1.0038	0.9718	$ 560.63
03	Thibodaux	HCBS Waiver	19+ Years, Male and Female	$ 451.47	0.9998	0.9996	1.0214	0.9382	$ 432.31	7.1%	$ 463.20	$ 416.90	1.0219	0.9987	1.0060	0.9678	$ 414.26
03	Thibodaux	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,412.89	1.0000	1.0000	1.0000	0.8752	$ 4,737.61	0.0%	$ 4,737.61	$ 5,036.47	1.0000	1.0000	1.0000	0.9520	$ 4,794.66

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012										
				Weighted FY10 and FY11 PMPM at FY11		Projected FFS PMPM		PMPM Post MC Savings	PMPM Post Smoothing w/Statewide		Final Prepaid Premium w/ Tax (Gross of GME)		Final Prepaid Premium w/ Tax Net of GME)
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Trend	PMPM or Cost/Delivery	MC Savings	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Premium w/ Tax Load	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
02	Baton Rouge	SSI	0-2 Months, Male and Female	$ 18,287.71	1.69%	$ 18,887.58	-15.37%	$ 15,985.43	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
02	Baton Rouge	SSI	3-11 Months, Male and Female	$ 3,462.23	2.07%	$ 3,601.81	-12.54%	$ 3,150.28	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
02	Baton Rouge	SSI	1-5 Years, Male and Female	$ 603.64	2.82%	$ 636.86	-8.23%	$ 584.42	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
02	Baton Rouge	SSI	6-13 Years, Male and Female	$ 278.81	2.52%	$ 292.52	-9.44%	$ 264.90	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
02	Baton Rouge	SSI	14-18 Years, Male and Female	$ 265.12	2.75%	$ 279.36	-10.46%	$ 250.13	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
02	Baton Rouge	SSI	19-44 Years, Male and Female	$ 669.82	2.75%	$ 705.70	-12.59%	$ 616.88	$ 616.88	13.1%	$ 710.04	0.9903	$ 703.16
02	Baton Rouge	SSI	45+ Years, Male and Female	$ 921.99	3.11%	$ 977.93	-12.25%	$ 858.15	$ 858.15	13.1%	$ 987.74	0.9911	$ 978.93
02	Baton Rouge	Family and Children	0-2 Months, Male and Female	$ 1,131.50	1.47%	$ 1,163.77	-20.74%	$ 922.41	$ 922.41	13.1%	$ 1,061.67	0.9874	$ 1,048.24
02	Baton Rouge	Family and Children	3-11 Months, Male and Female	$ 221.36	2.55%	$ 232.35	-9.91%	$ 209.33	$ 209.33	13.1%	$ 240.94	0.9938	$ 239.44
02	Baton Rouge	Family and Children	1-5 Years, Male and Female	$ 96.35	3.00%	$ 101.99	-8.17%	$ 93.66	$ 93.66	13.1%	$ 107.81	0.9960	$ 107.38
02	Baton Rouge	Family and Children	6-13 Years, Male and Female	$ 74.36	2.78%	$ 78.39	-8.35%	$ 71.84	$ 71.84	13.1%	$ 82.70	0.9975	$ 82.49
02	Baton Rouge	Family and Children	14-18 Years, Female	$ 93.55	3.56%	$ 100.07	-9.18%	$ 90.89	$ 90.89	13.1%	$ 104.61	0.9965	$ 104.25
02	Baton Rouge	Family and Children	14-18 Years, Male	$ 74.12	3.27%	$ 78.85	-9.93%	$ 71.02	$ 71.02	13.1%	$ 81.74	0.9963	$ 81.44
02	Baton Rouge	Family and Children	19-44 Years, Female	$ 200.23	3.82%	$ 215.23	-12.51%	$ 188.30	$ 188.30	13.1%	$ 216.73	0.9944	$ 215.51
02	Baton Rouge	Family and Children	19-44 Years, Male	$ 244.27	3.06%	$ 258.88	-14.23%	$ 222.03	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
02	Baton Rouge	Family and Children	45+ Years, Female	$ 402.25	3.06%	$ 426.26	-13.52%	$ 368.63	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
02	Baton Rouge	Family and Children	45+ Years, Male	$ 334.64	2.67%	$ 352.06	-13.91%	$ 303.09	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
02	Baton Rouge	Foster Care Children	Foster Care, All Ages Male & Female	$ 175.65	2.81%	$ 185.28	-7.45%	$ 171.48	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
02	Baton Rouge	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,595.34	6.27%	$ 1,793.41	-11.95%	$ 1,579.10	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
02	Baton Rouge	HCBS Waiver	0-18 Years, Male and Female	$ 594.54	4.87%	$ 651.48	-2.15%	$ 637.49	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
02	Baton Rouge	HCBS Waiver	19+ Years, Male and Female	$ 417.48	7.26%	$ 477.74	-12.09%	$ 419.99	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
02	Baton Rouge	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,845.09	0.00%	$ 4,845.09	1.74%	$ 4,929.40	$ 4,929.40	7.7%	$ 5,339.99	0.9988	$ 5,333.68
03	Thibodaux	SSI	0-2 Months, Male and Female	$ 20,932.15	1.60%	$ 21,582.11	-15.90%	$ 18,150.79	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
03	Thibodaux	SSI	3-11 Months, Male and Female	$ 4,029.57	1.97%	$ 4,184.16	-13.72%	$ 3,610.24	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
03	Thibodaux	SSI	1-5 Years, Male and Female	$ 593.87	2.93%	$ 627.83	-8.68%	$ 573.32	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
03	Thibodaux	SSI	6-13 Years, Male and Female	$ 253.35	3.00%	$ 268.20	-8.89%	$ 244.34	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
03	Thibodaux	SSI	14-18 Years, Male and Female	$ 256.83	3.32%	$ 273.47	-10.15%	$ 245.70	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
03	Thibodaux	SSI	19-44 Years, Male and Female	$ 523.82	3.43%	$ 558.93	-12.58%	$ 488.61	$ 488.61	13.1%	$ 562.39	0.9842	$ 553.51
03	Thibodaux	SSI	45+ Years, Male and Female	$ 883.44	3.54%	$ 944.65	-12.59%	$ 825.67	$ 825.67	13.1%	$ 950.36	0.9847	$ 935.80
03	Thibodaux	Family and Children	0-2 Months, Male and Female	$ 928.30	1.77%	$ 960.24	-17.68%	$ 790.43	$ 790.43	13.1%	$ 909.76	0.9697	$ 882.18
03	Thibodaux	Family and Children	3-11 Months, Male and Female	$ 229.81	2.92%	$ 242.91	-7.71%	$ 224.18	$ 224.18	13.1%	$ 258.04	0.9908	$ 255.67
03	Thibodaux	Family and Children	1-5 Years, Male and Female	$ 115.18	3.30%	$ 122.62	-7.94%	$ 112.88	$ 112.88	13.1%	$ 129.93	0.9941	$ 129.16
03	Thibodaux	Family and Children	6-13 Years, Male and Female	$ 93.27	3.08%	$ 98.89	-8.39%	$ 90.59	$ 90.59	13.1%	$ 104.27	0.9955	$ 103.80
03	Thibodaux	Family and Children	14-18 Years, Female	$ 125.63	3.87%	$ 135.17	-9.15%	$ 122.80	$ 122.80	13.1%	$ 141.35	0.9941	$ 140.51
03	Thibodaux	Family and Children	14-18 Years, Male	$ 98.21	3.60%	$ 105.13	-10.54%	$ 94.04	$ 94.04	13.1%	$ 108.24	0.9920	$ 107.38
03	Thibodaux	Family and Children	19-44 Years, Female	$ 237.68	4.07%	$ 256.65	-12.31%	$ 225.05	$ 225.05	13.1%	$ 259.03	0.9898	$ 256.38
03	Thibodaux	Family and Children	19-44 Years, Male	$ 235.37	4.02%	$ 253.94	-14.89%	$ 216.12	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
03	Thibodaux	Family and Children	45+ Years, Female	$ 446.88	3.41%	$ 476.63	-14.17%	$ 409.09	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
03	Thibodaux	Family and Children	45+ Years, Male	$ 385.20	3.69%	$ 413.03	-15.10%	$ 350.67	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
03	Thibodaux	Foster Care Children	Foster Care, All Ages Male & Female	$ 184.44	3.22%	$ 196.05	-6.88%	$ 182.56	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
03	Thibodaux	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,143.17	6.68%	$ 2,427.24	-12.66%	$ 2,120.06	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
03	Thibodaux	HCBS Waiver	0-18 Years, Male and Female	$ 573.40	5.14%	$ 631.53	-1.90%	$ 619.56	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
03	Thibodaux	HCBS Waiver	19+ Years, Male and Female	$ 433.83	7.29%	$ 496.79	-12.05%	$ 436.95	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
03	Thibodaux	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,771.84	0.00%	$ 4,771.84	1.74%	$ 4,854.87	$ 4,854.87	7.7%	$ 5,259.26	0.9856	$ 5,183.58

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012 State Fiscal Year 2010 Rate Development								11/1/2012-12/31/2012 State Fiscal Year 2011 Rate Development					
				FY10 Prepaid Base PMPM	Adjustments				FY10 Prepaid PMPM Post Adjustments		Projected FY11 Prepaid PMPM	FY11 Prepaid Base PMPM	Adjustments				FY11 Prepaid PMPM Post Adjustments
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery	Trend to FY11	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery
04	Lafayette	SSI	0-2 Months, Male and Female	$ 19,289.85	1.0019	0.9988	1.0662	0.8924	$ 18,368.55	1.7%	$ 18,678.98	$ 15,394.46	1.0811	0.9953	1.0260	0.9521	$ 16,183.14
04	Lafayette	SSI	3-11 Months, Male and Female	$ 4,570.54	1.0014	0.9994	1.0498	0.9032	$ 4,337.09	1.9%	$ 4,421.59	$ 3,299.85	1.0588	0.9966	1.0143	0.9577	$ 3,382.30
04	Lafayette	SSI	1-5 Years, Male and Female	$ 811.13	1.0004	0.9993	1.0206	0.9269	$ 767.13	2.7%	$ 787.94	$ 588.64	1.0348	0.9983	1.0022	0.9662	$ 588.76
04	Lafayette	SSI	6-13 Years, Male and Female	$ 400.65	0.9994	0.9995	0.9993	0.9564	$ 382.51	2.4%	$ 391.83	$ 415.72	1.0105	0.9992	0.9976	0.9822	$ 411.25
04	Lafayette	SSI	14-18 Years, Male and Female	$ 383.76	1.0001	0.9994	1.0164	0.9343	$ 364.24	2.5%	$ 373.35	$ 319.51	1.0149	0.9989	0.9975	0.9790	$ 316.32
04	Lafayette	SSI	19-44 Years, Male and Female	$ 617.59	0.9997	0.9994	1.0058	0.9361	$ 580.96	2.9%	$ 597.65	$ 596.18	1.0196	0.9986	0.9958	0.9724	$ 587.73
04	Lafayette	SSI	45+ Years, Male and Female	$ 938.65	0.9997	0.9992	1.0012	0.9361	$ 878.82	2.9%	$ 903.98	$ 884.48	1.0223	0.9983	0.9946	0.9717	$ 872.37
04	Lafayette	Family and Children	0-2 Months, Male and Female	$ 1,056.37	1.0002	0.9984	1.0502	0.9224	$ 1,021.87	1.6%	$ 1,038.52	$ 1,072.27	1.0577	0.9960	1.0204	0.9776	$ 1,126.80
04	Lafayette	Family and Children	3-11 Months, Male and Female	$ 254.95	0.9982	0.9987	1.0122	0.9443	$ 242.91	2.6%	$ 249.19	$ 227.62	1.0147	0.9987	0.9995	0.9857	$ 227.27
04	Lafayette	Family and Children	1-5 Years, Male and Female	$ 113.06	0.9977	0.9985	1.0018	0.9472	$ 106.87	2.9%	$ 109.97	$ 108.07	1.0118	0.9988	0.9973	0.9860	$ 107.39
04	Lafayette	Family and Children	6-13 Years, Male and Female	$ 95.41	0.9975	0.9988	0.9984	0.9561	$ 90.74	2.6%	$ 93.09	$ 95.29	1.0036	0.9993	0.9961	0.9898	$ 94.21
04	Lafayette	Family and Children	14-18 Years, Female	$ 119.59	0.9975	0.9989	0.9939	0.9431	$ 111.68	3.3%	$ 115.41	$ 116.17	1.0075	0.9990	0.9918	0.9828	$ 113.97
04	Lafayette	Family and Children	14-18 Years, Male	$ 92.03	0.9976	0.9989	0.9972	0.9469	$ 86.59	3.1%	$ 89.25	$ 91.58	1.0082	0.9990	0.9958	0.9857	$ 90.54
04	Lafayette	Family and Children	19-44 Years, Female	$ 226.56	0.9976	0.9990	0.9933	0.9363	$ 210.00	3.5%	$ 217.42	$ 217.75	1.0107	0.9987	0.9901	0.9787	$ 212.98
04	Lafayette	Family and Children	19-44 Years, Male	$ 247.28	0.9979	0.9991	0.9978	0.9380	$ 230.77	3.2%	$ 238.23	$ 227.56	1.0163	0.9982	0.9923	0.9785	$ 224.16
04	Lafayette	Family and Children	45+ Years, Female	$ 422.64	0.9977	0.9991	0.9927	0.9459	$ 395.59	2.9%	$ 407.06	$ 414.42	1.0082	0.9985	0.9850	0.9807	$ 402.98
04	Lafayette	Family and Children	45+ Years, Male	$ 425.63	0.9980	0.9987	0.9982	0.9430	$ 399.29	2.6%	$ 409.74	$ 394.35	1.0094	0.9985	0.9902	0.9810	$ 386.11
04	Lafayette	Foster Care Children	Foster Care, All Ages Male & Female	$ 186.31	0.9994	0.9990	0.9985	0.9528	$ 176.96	2.7%	$ 181.82	$ 200.34	1.0126	0.9991	0.9971	0.9803	$ 198.13
04	Lafayette	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,864.84	0.9994	0.9993	0.9389	0.9018	$ 2,422.89	5.4%	$ 2,554.88	$ 2,126.48	1.0176	0.9973	0.9520	0.9484	$ 1,948.57
04	Lafayette	HCBS Waiver	0-18 Years, Male and Female	$ 1,436.78	0.9996	0.9998	0.9988	0.9548	$ 1,369.49	5.9%	$ 1,450.32	$ 1,587.84	1.0297	0.9992	1.0025	0.9635	$ 1,578.02
04	Lafayette	HCBS Waiver	19+ Years, Male and Female	$ 685.71	0.9998	0.9994	1.0103	0.9361	$ 648.00	7.0%	$ 693.23	$ 653.84	1.0233	0.9987	1.0017	0.9664	$ 646.83
04	Lafayette	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,721.41	1.0000	1.0000	1.0000	0.8752	$ 4,132.39	0.0%	$ 4,132.39	$ 4,522.43	1.0000	1.0000	1.0000	0.9520	$ 4,305.30

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012										
				Weighted FY10 and FY11 PMPM at FY11		Projected FFS PMPM		PMPM Post MC Savings	PMPM Post Smoothing w/Statewide		Final Prepaid Premium w/ Tax (Gross of GME)		Final Prepaid Premium w/ Tax Net of GME)
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Trend	PMPM or Cost/Delivery	MC Savings	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Premium w/ Tax Load	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
04	Lafayette	SSI	0-2 Months, Male and Female	$ 17,181.48	1.71%	$ 17,751.04	-14.49%	$ 15,178.32	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
04	Lafayette	SSI	3-11 Months, Male and Female	$ 3,798.02	2.07%	$ 3,951.02	-12.55%	$ 3,455.03	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
04	Lafayette	SSI	1-5 Years, Male and Female	$ 668.43	2.89%	$ 706.06	-6.43%	$ 660.65	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
04	Lafayette	SSI	6-13 Years, Male and Female	$ 403.49	2.42%	$ 422.49	-9.08%	$ 384.12	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
04	Lafayette	SSI	14-18 Years, Male and Female	$ 339.13	2.69%	$ 356.91	-10.45%	$ 319.61	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
04	Lafayette	SSI	19-44 Years, Male and Female	$ 591.70	3.01%	$ 626.50	-12.11%	$ 550.64	$ 550.64	13.1%	$ 633.80	0.9901	$ 627.52
04	Lafayette	SSI	45+ Years, Male and Female	$ 885.02	2.95%	$ 936.04	-12.06%	$ 823.17	$ 823.17	13.1%	$ 947.49	0.9902	$ 938.18
04	Lafayette	Family and Children	0-2 Months, Male and Female	$ 1,091.49	1.63%	$ 1,126.01	-18.32%	$ 919.70	$ 919.70	13.1%	$ 1,058.55	0.9741	$ 1,031.11
04	Lafayette	Family and Children	3-11 Months, Male and Female	$ 236.04	2.74%	$ 248.66	-8.21%	$ 228.23	$ 228.23	13.1%	$ 262.70	0.9924	$ 260.70
04	Lafayette	Family and Children	1-5 Years, Male and Female	$ 108.42	3.00%	$ 114.78	-8.56%	$ 104.95	$ 104.95	13.1%	$ 120.80	0.9944	$ 120.12
04	Lafayette	Family and Children	6-13 Years, Male and Female	$ 93.76	2.65%	$ 98.61	-8.93%	$ 89.80	$ 89.80	13.1%	$ 103.37	0.9970	$ 103.06
04	Lafayette	Family and Children	14-18 Years, Female	$ 114.54	3.44%	$ 122.24	-9.91%	$ 110.12	$ 110.12	13.1%	$ 126.75	0.9953	$ 126.15
04	Lafayette	Family and Children	14-18 Years, Male	$ 90.02	3.09%	$ 95.45	-10.76%	$ 85.18	$ 85.18	13.1%	$ 98.04	0.9938	$ 97.43
04	Lafayette	Family and Children	19-44 Years, Female	$ 214.76	3.68%	$ 230.23	-12.25%	$ 202.03	$ 202.03	13.1%	$ 232.54	0.9940	$ 231.15
04	Lafayette	Family and Children	19-44 Years, Male	$ 229.78	3.40%	$ 245.08	-14.48%	$ 209.60	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
04	Lafayette	Family and Children	45+ Years, Female	$ 404.61	3.19%	$ 429.79	-13.03%	$ 373.81	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
04	Lafayette	Family and Children	45+ Years, Male	$ 395.56	2.79%	$ 417.08	-13.91%	$ 359.08	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
04	Lafayette	Foster Care Children	Foster Care, All Ages Male & Female	$ 191.61	2.78%	$ 202.01	-6.98%	$ 187.91	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
04	Lafayette	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,191.09	5.47%	$ 2,427.43	-12.19%	$ 2,131.61	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
04	Lafayette	HCBS Waiver	0-18 Years, Male and Female	$ 1,526.94	5.84%	$ 1,703.22	0.48%	$ 1,711.39	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
04	Lafayette	HCBS Waiver	19+ Years, Male and Female	$ 665.39	7.06%	$ 758.72	-11.68%	$ 670.13	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
04	Lafayette	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,236.13	0.00%	$ 4,236.13	1.74%	$ 4,309.85	$ 4,309.85	7.7%	$ 4,668.83	0.9996	$ 4,666.81

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012 State Fiscal Year 2010 Rate Development								11/1/2012-12/31/2012 State Fiscal Year 2011 Rate Development					
				FY10 Prepaid Base PMPM	Adjustments				FY10 Prepaid PMPM Post Adjustments		Projected FY11 Prepaid PMPM	FY11 Prepaid Base PMPM	Adjustments				FY11 Prepaid PMPM Post Adjustments
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery	Trend to FY11	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery
05	Lake Charles	SSI	0-2 Months, Male and Female	$ 9,268.44	1.0014	0.9980	1.0075	0.9036	$ 8,432.42	2.2%	$ 8,614.67	$ 28,475.13	1.0827	0.9953	1.0054	0.9519	$ 29,363.11
05	Lake Charles	SSI	3-11 Months, Male and Female	$ 2,511.72	1.0003	0.9990	1.0039	0.9337	$ 2,352.86	2.1%	$ 2,403.04	$ 3,212.29	1.0451	0.9974	1.0050	0.9657	$ 3,249.75
05	Lake Charles	SSI	1-5 Years, Male and Female	$ 1,013.59	0.9999	0.9995	1.0022	0.9419	$ 956.21	2.6%	$ 981.41	$ 997.81	1.0349	0.9980	1.0058	0.9674	$ 1,002.74
05	Lake Charles	SSI	6-13 Years, Male and Female	$ 373.38	1.0000	0.9994	1.0028	0.9398	$ 351.69	2.6%	$ 360.72	$ 334.48	1.0149	0.9989	1.0066	0.9786	$ 334.00
05	Lake Charles	SSI	14-18 Years, Male and Female	$ 274.97	0.9993	0.9995	1.0008	0.9544	$ 262.33	2.7%	$ 269.53	$ 396.51	1.0358	0.9978	1.0053	0.9687	$ 399.06
05	Lake Charles	SSI	19-44 Years, Male and Female	$ 565.91	0.9999	0.9995	1.0025	0.9313	$ 528.02	3.2%	$ 544.72	$ 487.59	1.0231	0.9983	1.0085	0.9693	$ 486.85
05	Lake Charles	SSI	45+ Years, Male and Female	$ 916.63	1.0000	0.9993	1.0026	0.9290	$ 853.24	3.1%	$ 879.70	$ 818.36	1.0260	0.9980	1.0106	0.9676	$ 819.33
05	Lake Charles	Family and Children	0-2 Months, Male and Female	$ 960.92	0.9999	0.9983	1.0067	0.9236	$ 891.85	1.8%	$ 907.82	$ 878.04	1.0521	0.9964	1.0045	0.9780	$ 904.26
05	Lake Charles	Family and Children	3-11 Months, Male and Female	$ 281.07	0.9982	0.9989	1.0025	0.9481	$ 266.35	2.4%	$ 272.86	$ 244.02	1.0164	0.9986	1.0032	0.9858	$ 244.93
05	Lake Charles	Family and Children	1-5 Years, Male and Female	$ 131.69	0.9976	0.9987	1.0010	0.9504	$ 124.82	2.9%	$ 128.47	$ 116.51	1.0104	0.9989	1.0046	0.9866	$ 116.54
05	Lake Charles	Family and Children	6-13 Years, Male and Female	$ 106.35	0.9975	0.9989	1.0006	0.9563	$ 101.40	2.7%	$ 104.14	$ 105.12	1.0035	0.9993	1.0033	0.9899	$ 104.69
05	Lake Charles	Family and Children	14-18 Years, Female	$ 135.66	0.9974	0.9991	1.0005	0.9457	$ 127.90	3.4%	$ 132.27	$ 132.27	1.0085	0.9990	1.0070	0.9823	$ 131.82
05	Lake Charles	Family and Children	14-18 Years, Male	$ 102.39	0.9976	0.9990	1.0007	0.9474	$ 96.74	3.2%	$ 99.83	$ 102.43	1.0066	0.9991	1.0054	0.9848	$ 102.00
05	Lake Charles	Family and Children	19-44 Years, Female	$ 269.69	0.9979	0.9993	1.0013	0.9345	$ 251.64	3.6%	$ 260.72	$ 254.55	1.0140	0.9984	1.0110	0.9764	$ 254.38
05	Lake Charles	Family and Children	19-44 Years, Male	$ 256.19	0.9983	0.9992	1.0026	0.9326	$ 238.93	3.3%	$ 246.93	$ 211.90	1.0183	0.9984	1.0076	0.9775	$ 212.18
05	Lake Charles	Family and Children	45+ Years, Female	$ 518.99	0.9984	0.9992	1.0026	0.9383	$ 487.04	2.7%	$ 500.13	$ 507.74	1.0143	0.9981	1.0132	0.9773	$ 509.02
05	Lake Charles	Family and Children	45+ Years, Male	$ 520.99	0.9980	0.9988	1.0015	0.9279	$ 482.65	3.6%	$ 499.93	$ 579.30	1.0270	0.9968	1.0224	0.9702	$ 588.28
05	Lake Charles	Foster Care Children	Foster Care, All Ages Male & Female	$ 221.54	0.9994	0.9992	1.0008	0.9509	$ 210.54	2.8%	$ 216.40	$ 241.67	1.0197	0.9982	1.0119	0.9665	$ 240.58
05	Lake Charles	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,914.87	0.9994	0.9996	0.9982	0.9021	$ 1,722.42	6.5%	$ 1,833.94	$ 1,889.79	1.0195	0.9963	1.0446	0.9324	$ 1,869.47
05	Lake Charles	HCBS Waiver	0-18 Years, Male and Female	$ 1,089.94	0.9997	0.9998	1.0010	0.9494	$ 1,035.35	5.4%	$ 1,091.32	$ 1,041.17	1.0201	0.9997	1.0015	0.9723	$ 1,034.00
05	Lake Charles	HCBS Waiver	19+ Years, Male and Female	$ 486.01	0.9997	0.9996	1.0016	0.9366	$ 455.59	7.1%	$ 488.10	$ 487.19	1.0211	0.9989	1.0036	0.9695	$ 483.53
05	Lake Charles	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,710.61	1.0000	1.0000	1.0000	0.8752	$ 4,122.94	0.0%	$ 4,122.94	$ 4,688.10	1.0000	1.0000	1.0000	0.9520	$ 4,463.02
06	Alexandria	SSI	0-2 Months, Male and Female	$ 13,524.84	1.0015	0.9977	1.0112	0.9029	$ 12,338.62	2.0%	$ 12,590.13	$ 13,690.03	1.0798	0.9954	1.0116	0.9540	$ 14,200.46
06	Alexandria	SSI	3-11 Months, Male and Female	$ 4,482.37	1.0015	0.9993	1.0111	0.9024	$ 4,093.00	1.9%	$ 4,170.67	$ 4,401.63	1.0640	0.9962	1.0096	0.9572	$ 4,509.30
06	Alexandria	SSI	1-5 Years, Male and Female	$ 473.49	0.9999	0.9992	0.9998	0.9366	$ 443.00	3.2%	$ 457.39	$ 458.24	1.0300	0.9982	1.0036	0.9699	$ 456.58
06	Alexandria	SSI	6-13 Years, Male and Female	$ 313.62	0.9997	0.9994	1.0005	0.9459	$ 296.51	2.7%	$ 304.65	$ 315.65	1.0187	0.9987	1.0026	0.9775	$ 314.73
06	Alexandria	SSI	14-18 Years, Male and Female	$ 268.68	0.9994	0.9995	0.9988	0.9479	$ 254.09	3.2%	$ 262.18	$ 278.03	1.0164	0.9989	1.0021	0.9761	$ 276.09
06	Alexandria	SSI	19-44 Years, Male and Female	$ 479.94	0.9998	0.9995	1.0005	0.9342	$ 448.23	3.3%	$ 462.82	$ 489.60	1.0242	0.9983	1.0034	0.9695	$ 486.99
06	Alexandria	SSI	45+ Years, Male and Female	$ 883.14	1.0000	0.9994	1.0006	0.9316	$ 822.65	3.0%	$ 847.16	$ 853.56	1.0283	0.9980	1.0042	0.9681	$ 851.61
06	Alexandria	Family and Children	0-2 Months, Male and Female	$ 1,460.29	1.0006	0.9988	1.0115	0.9207	$ 1,359.05	1.5%	$ 1,379.77	$ 1,387.05	1.0621	0.9957	1.0107	0.9762	$ 1,447.35
06	Alexandria	Family and Children	3-11 Months, Male and Female	$ 255.37	0.9982	0.9988	1.0023	0.9461	$ 241.42	2.9%	$ 248.42	$ 254.68	1.0205	0.9983	1.0035	0.9840	$ 256.21
06	Alexandria	Family and Children	1-5 Years, Male and Female	$ 131.52	0.9976	0.9988	0.9992	0.9490	$ 124.26	3.3%	$ 128.37	$ 132.00	1.0128	0.9987	1.0022	0.9847	$ 131.77
06	Alexandria	Family and Children	6-13 Years, Male and Female	$ 97.55	0.9974	0.9989	0.9983	0.9555	$ 92.70	3.1%	$ 95.59	$ 99.83	1.0062	0.9992	1.0012	0.9881	$ 99.29
06	Alexandria	Family and Children	14-18 Years, Female	$ 126.34	0.9974	0.9991	0.9973	0.9409	$ 118.13	3.8%	$ 122.66	$ 123.61	1.0099	0.9989	1.0015	0.9796	$ 122.35
06	Alexandria	Family and Children	14-18 Years, Male	$ 92.06	0.9975	0.9991	0.9980	0.9445	$ 86.47	3.6%	$ 89.61	$ 92.45	1.0116	0.9988	1.0020	0.9823	$ 91.04
06	Alexandria	Family and Children	19-44 Years, Female	$ 241.94	0.9977	0.9993	0.9971	0.9330	$ 224.39	3.9%	$ 233.07	$ 222.06	1.0128	0.9986	1.0023	0.9762	$ 219.74
06	Alexandria	Family and Children	19-44 Years, Male	$ 258.73	0.9978	0.9991	0.9971	0.9352	$ 240.50	3.7%	$ 249.45	$ 254.56	1.0099	0.9983	1.0023	0.9759	$ 251.04
06	Alexandria	Family and Children	45+ Years, Female	$ 502.17	0.9980	0.9992	0.9985	0.9404	$ 470.20	3.1%	$ 484.71	$ 456.30	1.0127	0.9985	1.0028	0.9805	$ 453.66
06	Alexandria	Family and Children	45+ Years, Male	$ 672.20	0.9988	0.9993	1.0015	0.9348	$ 628.14	2.6%	$ 644.38	$ 317.54	1.0070	0.9988	1.0013	0.9786	$ 312.95
06	Alexandria	Foster Care Children	Foster Care, All Ages Male & Female	$ 161.68	0.9995	0.9991	0.9996	0.9491	$ 153.15	3.1%	$ 157.94	$ 164.13	1.0145	0.9989	1.0018	0.9772	$ 162.83
06	Alexandria	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,007.78	0.9997	0.9994	0.9877	0.9005	$ 1,784.14	4.7%	$ 1,868.11	$ 1,618.18	1.0185	0.9969	1.0036	0.9421	$ 1,553.61
06	Alexandria	HCBS Waiver	0-18 Years, Male and Female	$ 990.65	0.9997	0.9998	1.0001	0.9550	$ 945.68	5.9%	$ 1,001.34	$ 1,022.92	1.0253	0.9998	1.0002	0.9666	$ 1,013.87
06	Alexandria	HCBS Waiver	19+ Years, Male and Female	$ 502.56	0.9997	0.9997	1.0009	0.9413	$ 473.16	7.2%	$ 507.40	$ 522.26	1.0183	0.9990	1.0022	0.9687	$ 515.74
06	Alexandria	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,008.80	1.0000	1.0000	1.0000	0.8752	$ 4,383.93	0.0%	$ 4,383.93	$ 4,831.82	1.0000	1.0000	1.0000	0.9520	$ 4,599.84

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012										
				Weighted FY10 and FY11 PMPM at FY11		Projected FFS PMPM		PMPM Post MC Savings	PMPM Post Smoothing w/Statewide		Final Prepaid Premium w/ Tax (Gross of GME)		Final Prepaid Premium w/ Tax Net of GME)
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Trend	PMPM or Cost/Delivery	MC Savings	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Premium w/ Tax Load	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
05	Lake Charles	SSI	0-2 Months, Male and Female	$ 21,063.74	1.77%	$ 21,787.82	-15.64%	$ 18,380.71	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
05	Lake Charles	SSI	3-11 Months, Male and Female	$ 2,911.07	2.34%	$ 3,043.47	-9.93%	$ 2,741.10	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
05	Lake Charles	SSI	1-5 Years, Male and Female	$ 994.21	2.72%	$ 1,046.95	-8.77%	$ 955.15	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
05	Lake Charles	SSI	6-13 Years, Male and Female	$ 344.69	2.81%	$ 363.59	-9.40%	$ 329.43	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
05	Lake Charles	SSI	14-18 Years, Male and Female	$ 347.25	2.64%	$ 365.11	-11.02%	$ 324.88	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
05	Lake Charles	SSI	19-44 Years, Male and Female	$ 510.00	3.34%	$ 543.31	-12.23%	$ 476.88	$ 476.88	13.1%	$ 548.89	0.9996	$ 548.66
05	Lake Charles	SSI	45+ Years, Male and Female	$ 843.48	3.27%	$ 897.45	-12.33%	$ 786.83	$ 786.83	13.1%	$ 905.66	0.9992	$ 904.97
05	Lake Charles	Family and Children	0-2 Months, Male and Female	$ 905.68	1.82%	$ 937.65	-16.89%	$ 779.24	$ 779.24	13.1%	$ 896.89	0.9974	$ 894.56
05	Lake Charles	Family and Children	3-11 Months, Male and Female	$ 256.10	2.61%	$ 269.11	-8.73%	$ 245.61	$ 245.61	13.1%	$ 282.70	0.9985	$ 282.28
05	Lake Charles	Family and Children	1-5 Years, Male and Female	$ 121.31	3.08%	$ 128.60	-8.69%	$ 117.43	$ 117.43	13.1%	$ 135.16	0.9995	$ 135.10
05	Lake Charles	Family and Children	6-13 Years, Male and Female	$ 104.47	2.75%	$ 110.07	-9.28%	$ 99.86	$ 99.86	13.1%	$ 114.94	0.9997	$ 114.91
05	Lake Charles	Family and Children	14-18 Years, Female	$ 132.00	3.55%	$ 141.17	-10.02%	$ 127.02	$ 127.02	13.1%	$ 146.21	0.9999	$ 146.19
05	Lake Charles	Family and Children	14-18 Years, Male	$ 101.13	3.23%	$ 107.52	-10.90%	$ 95.80	$ 95.80	13.1%	$ 110.26	0.9998	$ 110.24
05	Lake Charles	Family and Children	19-44 Years, Female	$ 256.91	3.81%	$ 276.11	-13.03%	$ 240.14	$ 240.14	13.1%	$ 276.40	0.9998	$ 276.35
05	Lake Charles	Family and Children	19-44 Years, Male	$ 226.08	3.52%	$ 241.66	-15.32%	$ 204.64	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
05	Lake Charles	Family and Children	45+ Years, Female	$ 505.46	3.20%	$ 537.03	-14.31%	$ 460.20	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
05	Lake Charles	Family and Children	45+ Years, Male	$ 552.94	3.90%	$ 595.23	-15.58%	$ 502.47	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
05	Lake Charles	Foster Care Children	Foster Care, All Ages Male & Female	$ 230.90	3.28%	$ 245.70	-8.73%	$ 224.26	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
05	Lake Charles	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,855.26	6.72%	$ 2,102.59	-12.54%	$ 1,839.02	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
05	Lake Charles	HCBS Waiver	0-18 Years, Male and Female	$ 1,056.93	5.61%	$ 1,173.97	0.82%	$ 1,183.62	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
05	Lake Charles	HCBS Waiver	19+ Years, Male and Female	$ 485.36	7.24%	$ 555.27	-11.11%	$ 493.56	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
05	Lake Charles	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,326.99	0.00%	$ 4,326.99	1.74%	$ 4,402.28	$ 4,402.28	7.7%	$ 4,768.97	0.9993	$ 4,765.86
06	Alexandria	SSI	0-2 Months, Male and Female	$ 13,556.33	1.89%	$ 14,052.63	-13.99%	$ 12,086.63	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
06	Alexandria	SSI	3-11 Months, Male and Female	$ 4,373.85	1.87%	$ 4,532.57	-13.62%	$ 3,915.04	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
06	Alexandria	SSI	1-5 Years, Male and Female	$ 456.90	3.32%	$ 486.51	-7.66%	$ 449.26	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
06	Alexandria	SSI	6-13 Years, Male and Female	$ 310.70	2.82%	$ 327.76	-9.63%	$ 296.21	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
06	Alexandria	SSI	14-18 Years, Male and Female	$ 270.52	3.26%	$ 287.76	-10.15%	$ 258.56	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
06	Alexandria	SSI	19-44 Years, Male and Female	$ 477.32	3.44%	$ 509.42	-12.42%	$ 446.17	$ 446.17	13.1%	$ 513.55	0.9966	$ 511.80
06	Alexandria	SSI	45+ Years, Male and Female	$ 849.83	3.12%	$ 901.62	-12.37%	$ 790.13	$ 790.13	13.1%	$ 909.45	0.9974	$ 907.04
06	Alexandria	Family and Children	0-2 Months, Male and Female	$ 1,420.32	1.53%	$ 1,462.34	-20.12%	$ 1,168.18	$ 1,168.18	13.1%	$ 1,344.55	0.9961	$ 1,339.31
06	Alexandria	Family and Children	3-11 Months, Male and Female	$ 253.09	2.96%	$ 267.69	-9.56%	$ 242.10	$ 242.10	13.1%	$ 278.66	0.9979	$ 278.08
06	Alexandria	Family and Children	1-5 Years, Male and Female	$ 130.41	3.41%	$ 139.11	-9.22%	$ 126.28	$ 126.28	13.1%	$ 145.35	0.9983	$ 145.10
06	Alexandria	Family and Children	6-13 Years, Male and Female	$ 97.81	3.14%	$ 103.80	-9.18%	$ 94.27	$ 94.27	13.1%	$ 108.51	0.9989	$ 108.39
06	Alexandria	Family and Children	14-18 Years, Female	$ 122.48	3.94%	$ 131.94	-10.15%	$ 118.55	$ 118.55	13.1%	$ 136.45	0.9982	$ 136.20
06	Alexandria	Family and Children	14-18 Years, Male	$ 91.01	3.74%	$ 97.67	-10.98%	$ 86.94	$ 86.94	13.1%	$ 100.07	0.9979	$ 99.86
06	Alexandria	Family and Children	19-44 Years, Female	$ 225.07	4.10%	$ 243.17	-13.19%	$ 211.10	$ 211.10	13.1%	$ 242.97	0.9977	$ 242.42
06	Alexandria	Family and Children	19-44 Years, Male	$ 250.41	4.21%	$ 271.10	-14.25%	$ 232.47	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
06	Alexandria	Family and Children	45+ Years, Female	$ 466.08	3.18%	$ 495.05	-14.16%	$ 424.93	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
06	Alexandria	Family and Children	45+ Years, Male	$ 445.52	3.34%	$ 474.59	-15.37%	$ 401.67	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
06	Alexandria	Foster Care Children	Foster Care, All Ages Male & Female	$ 160.87	3.21%	$ 170.96	-7.85%	$ 157.55	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
06	Alexandria	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,679.41	5.27%	$ 1,854.02	-11.90%	$ 1,633.34	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
06	Alexandria	HCBS Waiver	0-18 Years, Male and Female	$ 1,008.86	6.24%	$ 1,133.61	3.79%	$ 1,176.59	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
06	Alexandria	HCBS Waiver	19+ Years, Male and Female	$ 512.40	7.35%	$ 587.32	-10.82%	$ 523.76	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
06	Alexandria	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,513.48	0.00%	$ 4,513.48	1.74%	$ 4,592.02	$ 4,592.02	7.7%	$ 4,974.51	0.9970	$ 4,959.49

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012 State Fiscal Year 2010 Rate Development								11/1/2012-12/31/2012 State Fiscal Year 2011 Rate Development					
				FY10 Prepaid Base PMPM	Adjustments				FY10 Prepaid PMPM Post Adjustments		Projected FY11 Prepaid PMPM	FY11 Prepaid Base PMPM	Adjustments				FY11 Prepaid PMPM Post Adjustments
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery	Trend to FY11	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Completion Factor	Program Integrity Recoupments (Fraud & Abuse)	IP and OP Hospital Cost Settlements	Fee Schedule Changes	PMPM or Cost/Delivery
07	Shreveport	SSI	0-2 Months, Male and Female	$ 14,135.46	1.0017	0.9982	0.9997	0.8987	$ 12,698.17	1.9%	$ 12,939.66	$ 12,308.17	1.0751	0.9956	1.0023	0.9565	$ 12,630.58
07	Shreveport	SSI	3-11 Months, Male and Female	$ 5,042.74	1.0013	0.9991	1.0128	0.9059	$ 4,628.77	2.1%	$ 4,727.40	$ 1,966.18	1.0573	0.9966	1.0147	0.9600	$ 2,018.07
07	Shreveport	SSI	1-5 Years, Male and Female	$ 492.62	1.0004	0.9993	1.0320	0.9258	$ 470.52	3.0%	$ 484.61	$ 392.88	1.0364	0.9979	1.0387	0.9652	$ 407.33
07	Shreveport	SSI	6-13 Years, Male and Female	$ 254.23	0.9996	0.9994	1.0325	0.9460	$ 248.08	2.9%	$ 255.23	$ 258.75	1.0161	0.9988	1.0290	0.9775	$ 264.15
07	Shreveport	SSI	14-18 Years, Male and Female	$ 358.13	0.9999	0.9996	1.0302	0.9384	$ 346.02	2.8%	$ 355.63	$ 288.99	1.0170	0.9987	1.0316	0.9753	$ 295.34
07	Shreveport	SSI	19-44 Years, Male and Female	$ 568.30	1.0003	0.9996	1.0416	0.9234	$ 546.58	3.1%	$ 563.77	$ 484.48	1.0299	0.9979	1.0507	0.9655	$ 505.13
07	Shreveport	SSI	45+ Years, Male and Female	$ 818.40	1.0001	0.9994	1.0582	0.9255	$ 801.13	3.3%	$ 827.90	$ 708.18	1.0290	0.9979	1.0549	0.9661	$ 741.13
07	Shreveport	Family and Children	0-2 Months, Male and Female	$ 1,281.40	1.0006	0.9987	1.0049	0.9204	$ 1,184.36	1.6%	$ 1,202.97	$ 1,083.46	1.0599	0.9959	1.0067	0.9779	$ 1,125.77
07	Shreveport	Family and Children	3-11 Months, Male and Female	$ 235.33	0.9985	0.9990	1.0275	0.9393	$ 226.57	3.0%	$ 233.37	$ 201.35	1.0220	0.9983	1.0265	0.9828	$ 207.24
07	Shreveport	Family and Children	1-5 Years, Male and Female	$ 107.10	0.9980	0.9989	1.0369	0.9422	$ 104.32	3.5%	$ 107.92	$ 94.56	1.0151	0.9986	1.0361	0.9831	$ 97.63
07	Shreveport	Family and Children	6-13 Years, Male and Female	$ 74.42	0.9976	0.9990	1.0329	0.9500	$ 72.77	3.3%	$ 75.17	$ 70.75	1.0076	0.9991	1.0293	0.9859	$ 72.27
07	Shreveport	Family and Children	14-18 Years, Female	$ 112.68	0.9976	0.9992	1.0641	0.9372	$ 112.00	4.1%	$ 116.56	$ 103.34	1.0111	0.9988	1.0614	0.9779	$ 108.31
07	Shreveport	Family and Children	14-18 Years, Male	$ 71.99	0.9976	0.9991	1.0488	0.9424	$ 70.93	3.8%	$ 73.64	$ 70.12	1.0106	0.9988	1.0447	0.9810	$ 72.54
07	Shreveport	Family and Children	19-44 Years, Female	$ 217.19	0.9979	0.9993	1.0793	0.9282	$ 216.97	4.2%	$ 226.04	$ 202.62	1.0163	0.9983	1.0763	0.9737	$ 215.45
07	Shreveport	Family and Children	19-44 Years, Male	$ 255.38	0.9986	0.9993	1.0472	0.9310	$ 248.47	3.5%	$ 257.16	$ 222.55	1.0144	0.9981	1.1028	0.9748	$ 242.19
07	Shreveport	Family and Children	45+ Years, Female	$ 382.43	0.9981	0.9993	1.0752	0.9350	$ 383.46	3.6%	$ 397.24	$ 336.67	1.0158	0.9983	1.0584	0.9778	$ 353.29
07	Shreveport	Family and Children	45+ Years, Male	$ 566.48	0.9981	0.9993	1.0610	0.9409	$ 564.06	3.1%	$ 581.73	$ 422.09	1.0166	0.9983	1.0368	0.9801	$ 435.28
07	Shreveport	Foster Care Children	Foster Care, All Ages Male & Female	$ 199.72	0.9997	0.9993	1.0325	0.9410	$ 193.65	3.0%	$ 199.75	$ 172.68	1.0135	0.9991	1.0273	0.9765	$ 175.40
07	Shreveport	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,856.22	0.9994	0.9996	1.2697	0.9072	$ 2,135.75	6.3%	$ 2,269.33	$ 1,903.13	1.0126	0.9974	1.2290	0.9433	$ 2,228.27
07	Shreveport	HCBS Waiver	0-18 Years, Male and Female	$ 791.10	0.9997	0.9999	1.0091	0.9544	$ 761.56	6.2%	$ 808.55	$ 791.56	1.0237	0.9999	1.0043	0.9680	$ 787.67
07	Shreveport	HCBS Waiver	19+ Years, Male and Female	$ 479.00	1.0001	0.9996	1.0194	0.9282	$ 453.07	6.8%	$ 483.72	$ 459.55	1.0272	0.9983	1.0324	0.9640	$ 469.00
07	Shreveport	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,474.37	1.0000	1.0000	1.0000	0.8752	$ 4,791.41	0.0%	$ 4,791.41	$ 5,154.96	1.0000	1.0000	1.0000	0.9520	$ 4,907.47
08	Monroe	SSI	0-2 Months, Male and Female	$ 19,015.92	1.0017	0.9983	1.0183	0.8999	$ 17,425.71	1.9%	$ 17,752.62	$ 20,868.22	1.0791	0.9954	1.0070	0.9544	$ 21,543.83
08	Monroe	SSI	3-11 Months, Male and Female	$ 3,180.73	1.0008	0.9990	1.0115	0.9205	$ 2,961.10	2.1%	$ 3,024.64	$ 3,929.76	1.0596	0.9967	1.0050	0.9593	$ 4,001.36
08	Monroe	SSI	1-5 Years, Male and Female	$ 753.27	1.0001	0.9994	1.0052	0.9361	$ 708.43	2.7%	$ 727.82	$ 653.95	1.0301	0.9984	1.0019	0.9701	$ 653.61
08	Monroe	SSI	6-13 Years, Male and Female	$ 274.71	0.9998	0.9994	1.0026	0.9435	$ 259.64	2.9%	$ 267.25	$ 261.55	1.0166	0.9989	1.0011	0.9794	$ 260.41
08	Monroe	SSI	14-18 Years, Male and Female	$ 320.53	0.9998	0.9995	1.0032	0.9426	$ 302.90	2.8%	$ 311.24	$ 293.39	1.0215	0.9986	1.0015	0.9753	$ 292.33
08	Monroe	SSI	19-44 Years, Male and Female	$ 549.34	0.9999	0.9996	1.0035	0.9333	$ 514.21	2.9%	$ 529.21	$ 545.03	1.0307	0.9980	1.0024	0.9677	$ 543.85
08	Monroe	SSI	45+ Years, Male and Female	$ 887.77	1.0000	0.9994	1.0032	0.9313	$ 828.91	2.9%	$ 852.89	$ 834.37	1.0281	0.9980	1.0021	0.9689	$ 831.23
08	Monroe	Family and Children	0-2 Months, Male and Female	$ 1,454.37	1.0005	0.9985	1.0169	0.9244	$ 1,365.75	1.6%	$ 1,387.14	$ 1,237.66	1.0574	0.9960	1.0059	0.9809	$ 1,286.11
08	Monroe	Family and Children	3-11 Months, Male and Female	$ 321.21	0.9981	0.9991	1.0038	0.9522	$ 306.18	2.6%	$ 314.09	$ 295.07	1.0179	0.9985	1.0018	0.9860	$ 296.21
08	Monroe	Family and Children	1-5 Years, Male and Female	$ 148.09	0.9977	0.9991	1.0006	0.9544	$ 140.96	3.0%	$ 145.15	$ 139.26	1.0108	0.9988	1.0009	0.9862	$ 138.78
08	Monroe	Family and Children	6-13 Years, Male and Female	$ 90.04	0.9975	0.9991	0.9996	0.9562	$ 85.76	3.1%	$ 88.38	$ 87.39	1.0058	0.9992	1.0004	0.9884	$ 86.65
08	Monroe	Family and Children	14-18 Years, Female	$ 123.62	0.9975	0.9992	0.9991	0.9455	$ 116.39	3.6%	$ 120.57	$ 114.01	1.0094	0.9990	1.0004	0.9824	$ 113.00
08	Monroe	Family and Children	14-18 Years, Male	$ 87.18	0.9977	0.9991	1.0002	0.9431	$ 81.98	3.6%	$ 84.93	$ 75.41	1.0103	0.9989	1.0006	0.9833	$ 74.87
08	Monroe	Family and Children	19-44 Years, Female	$ 214.34	0.9979	0.9993	1.0000	0.9361	$ 200.07	3.6%	$ 207.26	$ 210.08	1.0159	0.9984	1.0012	0.9779	$ 208.62
08	Monroe	Family and Children	19-44 Years, Male	$ 253.61	0.9980	0.9994	1.0001	0.9385	$ 237.38	3.4%	$ 245.51	$ 180.05	1.0133	0.9985	1.0012	0.9803	$ 178.80
08	Monroe	Family and Children	45+ Years, Female	$ 494.11	0.9982	0.9993	1.0014	0.9422	$ 465.09	2.8%	$ 478.15	$ 447.06	1.0154	0.9982	1.0015	0.9806	$ 445.04
08	Monroe	Family and Children	45+ Years, Male	$ 461.44	0.9986	0.9991	1.0047	0.9349	$ 432.43	2.8%	$ 444.48	$ 318.75	1.0163	0.9983	1.0016	0.9817	$ 317.96
08	Monroe	Foster Care Children	Foster Care, All Ages Male & Female	$ 216.12	0.9992	0.9994	0.9998	0.9582	$ 206.75	2.7%	$ 212.33	$ 225.14	1.0084	0.9994	1.0003	0.9850	$ 223.57
08	Monroe	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,520.01	0.9993	0.9996	0.9885	0.9173	$ 1,376.68	4.7%	$ 1,442.00	$ 1,318.36	1.0175	0.9976	1.0003	0.9520	$ 1,274.27
08	Monroe	HCBS Waiver	0-18 Years, Male and Female	$ 1,341.61	0.9999	0.9997	1.0021	0.9449	$ 1,269.83	5.5%	$ 1,339.68	$ 1,474.85	1.0259	0.9992	1.0010	0.9675	$ 1,464.16
08	Monroe	HCBS Waiver	19+ Years, Male and Female	$ 586.21	0.9997	0.9997	1.0024	0.9424	$ 553.37	7.3%	$ 593.67	$ 593.64	1.0213	0.9987	1.0015	0.9693	$ 587.76
08	Monroe	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 5,674.85	1.0000	1.0000	1.0000	0.8752	$ 4,966.88	0.0%	$ 4,966.88	$ 5,121.63	1.0000	1.0000	1.0000	0.9520	$ 4,875.73

Attachment B
Rate Development Overview

				11/1/2012-12/31/2012										
				Weighted FY10 and FY11 PMPM at FY11		Projected FFS PMPM		PMPM Post MC Savings	PMPM Post Smoothing w/Statewide		Final Prepaid Premium w/ Tax (Gross of GME)		Final Prepaid Premium w/ Tax Net of GME)
DHH Admin. Region	Region Description	COA Description	RC Description	PMPM or Cost/Delivery	Trend	PMPM or Cost/Delivery	MC Savings	PMPM or Cost/Delivery	PMPM or Cost/Delivery	Premium w/ Tax Load	PMPM or Cost/Delivery	GME Adjustment	PMPM or Cost/Delivery
07	Shreveport	SSI	0-2 Months, Male and Female	$ 12,754.21	1.92%	$ 13,230.50	-13.75%	$ 11,410.95	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
07	Shreveport	SSI	3-11 Months, Male and Female	$ 3,101.80	2.20%	$ 3,234.43	-12.74%	$ 2,822.36	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
07	Shreveport	SSI	1-5 Years, Male and Female	$ 438.25	3.27%	$ 466.24	-9.08%	$ 423.93	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
07	Shreveport	SSI	6-13 Years, Male and Female	$ 260.58	2.92%	$ 275.42	-9.98%	$ 247.93	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
07	Shreveport	SSI	14-18 Years, Male and Female	$ 319.46	2.93%	$ 337.73	-11.63%	$ 298.45	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
07	Shreveport	SSI	19-44 Years, Male and Female	$ 528.58	3.40%	$ 563.77	-13.05%	$ 490.18	$ 490.18	13.1%	$ 564.20	0.9599	$ 541.59
07	Shreveport	SSI	45+ Years, Male and Female	$ 775.84	3.45%	$ 828.18	-12.49%	$ 724.76	$ 724.76	13.1%	$ 834.20	0.9630	$ 803.30
07	Shreveport	Family and Children	0-2 Months, Male and Female	$ 1,156.65	1.62%	$ 1,192.92	-19.39%	$ 961.59	$ 961.59	13.1%	$ 1,106.77	0.9185	$ 1,016.54
07	Shreveport	Family and Children	3-11 Months, Male and Female	$ 217.69	3.15%	$ 231.10	-9.88%	$ 208.27	$ 208.27	13.1%	$ 239.72	0.9720	$ 233.00
07	Shreveport	Family and Children	1-5 Years, Male and Female	$ 101.75	3.63%	$ 108.98	-9.95%	$ 98.13	$ 98.13	13.1%	$ 112.95	0.9802	$ 110.72
07	Shreveport	Family and Children	6-13 Years, Male and Female	$ 73.43	3.35%	$ 78.25	-9.76%	$ 70.61	$ 70.61	13.1%	$ 81.27	0.9879	$ 80.28
07	Shreveport	Family and Children	14-18 Years, Female	$ 111.61	4.22%	$ 120.87	-10.80%	$ 107.81	$ 107.81	13.1%	$ 124.08	0.9835	$ 122.04
07	Shreveport	Family and Children	14-18 Years, Male	$ 72.98	3.92%	$ 78.59	-11.23%	$ 69.76	$ 69.76	13.1%	$ 80.30	0.9842	$ 79.03
07	Shreveport	Family and Children	19-44 Years, Female	$ 219.68	4.32%	$ 238.31	-13.64%	$ 205.81	$ 205.81	13.1%	$ 236.89	0.9749	$ 230.95
07	Shreveport	Family and Children	19-44 Years, Male	$ 248.18	4.20%	$ 268.64	-15.08%	$ 228.12	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
07	Shreveport	Family and Children	45+ Years, Female	$ 370.87	3.60%	$ 397.00	-14.29%	$ 340.26	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
07	Shreveport	Family and Children	45+ Years, Male	$ 493.86	3.09%	$ 523.64	-14.86%	$ 445.81	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
07	Shreveport	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.14	3.14%	$ 196.51	-8.50%	$ 179.81	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
07	Shreveport	Breast and Cervical Cancer	BCC, All Ages Female	$ 2,244.69	6.14%	$ 2,517.36	-12.37%	$ 2,206.06	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
07	Shreveport	HCBS Waiver	0-18 Years, Male and Female	$ 796.02	6.25%	$ 894.61	3.74%	$ 928.09	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
07	Shreveport	HCBS Waiver	19+ Years, Male and Female	$ 474.89	7.06%	$ 541.57	-12.64%	$ 473.09	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
07	Shreveport	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,861.05	0.00%	$ 4,861.05	1.74%	$ 4,945.63	$ 4,945.63	7.7%	$ 5,357.57	0.9999	$ 5,356.99
08	Monroe	SSI	0-2 Months, Male and Female	$ 20,027.35	1.84%	$ 20,742.01	-12.33%	$ 18,185.05	$ 14,935.87	13.1%	$ 17,190.64	0.9473	$ 16,284.43
08	Monroe	SSI	3-11 Months, Male and Female	$ 3,610.67	2.13%	$ 3,760.39	-10.75%	$ 3,356.28	$ 3,432.08	13.1%	$ 3,950.27	0.9541	$ 3,768.77
08	Monroe	SSI	1-5 Years, Male and Female	$ 683.30	2.88%	$ 721.69	-7.12%	$ 670.29	$ 602.59	13.1%	$ 693.58	0.9749	$ 676.14
08	Monroe	SSI	6-13 Years, Male and Female	$ 263.14	2.93%	$ 278.18	-8.51%	$ 254.52	$ 281.21	13.1%	$ 323.69	0.9868	$ 319.43
08	Monroe	SSI	14-18 Years, Male and Female	$ 299.89	2.87%	$ 316.68	-10.54%	$ 283.31	$ 272.32	13.1%	$ 313.44	0.9814	$ 307.62
08	Monroe	SSI	19-44 Years, Male and Female	$ 537.99	3.01%	$ 569.62	-12.46%	$ 498.64	$ 498.64	13.1%	$ 573.94	0.9940	$ 570.49
08	Monroe	SSI	45+ Years, Male and Female	$ 839.89	2.98%	$ 888.73	-12.07%	$ 781.42	$ 781.42	13.1%	$ 899.43	0.9940	$ 894.02
08	Monroe	Family and Children	0-2 Months, Male and Female	$ 1,326.52	1.62%	$ 1,368.33	-16.80%	$ 1,138.41	$ 1,138.41	13.1%	$ 1,310.28	0.9891	$ 1,296.04
08	Monroe	Family and Children	3-11 Months, Male and Female	$ 303.36	2.67%	$ 319.12	-9.83%	$ 287.77	$ 287.77	13.1%	$ 331.23	0.9965	$ 330.07
08	Monroe	Family and Children	1-5 Years, Male and Female	$ 141.33	3.07%	$ 149.82	-9.29%	$ 135.89	$ 135.89	13.1%	$ 156.41	0.9973	$ 155.99
08	Monroe	Family and Children	6-13 Years, Male and Female	$ 87.46	3.12%	$ 92.79	-8.56%	$ 84.85	$ 84.85	13.1%	$ 97.66	0.9980	$ 97.46
08	Monroe	Family and Children	14-18 Years, Female	$ 116.03	3.71%	$ 124.45	-8.75%	$ 113.56	$ 113.56	13.1%	$ 130.71	0.9973	$ 130.35
08	Monroe	Family and Children	14-18 Years, Male	$ 78.89	3.78%	$ 84.73	-10.14%	$ 76.14	$ 76.14	13.1%	$ 87.64	0.9964	$ 87.32
08	Monroe	Family and Children	19-44 Years, Female	$ 208.08	3.72%	$ 223.24	-12.71%	$ 194.87	$ 194.87	13.1%	$ 224.29	0.9956	$ 223.30
08	Monroe	Family and Children	19-44 Years, Male	$ 205.48	3.46%	$ 219.38	-13.85%	$ 189.00	$ 213.89	13.1%	$ 246.19	0.9853	$ 242.56
08	Monroe	Family and Children	45+ Years, Female	$ 458.28	2.92%	$ 484.44	-14.17%	$ 415.79	$ 371.37	13.1%	$ 427.45	0.9861	$ 421.51
08	Monroe	Family and Children	45+ Years, Male	$ 368.57	3.00%	$ 390.16	-15.33%	$ 330.33	$ 370.87	13.1%	$ 426.88	0.9848	$ 420.41
08	Monroe	Foster Care Children	Foster Care, All Ages Male & Female	$ 219.08	2.80%	$ 231.04	-7.73%	$ 213.17	$ 185.73	13.1%	$ 213.78	0.9918	$ 212.03
08	Monroe	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,341.36	4.72%	$ 1,465.77	-11.62%	$ 1,295.48	$ 1,644.05	13.1%	$ 1,892.25	0.9817	$ 1,857.58
08	Monroe	HCBS Waiver	0-18 Years, Male and Female	$ 1,414.37	5.44%	$ 1,566.30	-0.88%	$ 1,552.48	$ 1,005.03	13.1%	$ 1,156.79	0.9938	$ 1,149.61
08	Monroe	HCBS Waiver	19+ Years, Male and Female	$ 590.13	7.27%	$ 675.45	-12.15%	$ 593.39	$ 516.00	13.1%	$ 593.92	0.9866	$ 585.99
08	Monroe	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,912.19	0.00%	$ 4,912.19	1.74%	$ 4,997.67	$ 4,997.67	7.7%	$ 5,413.95	0.9999	$ 5,413.37

Attachment C
Family Planning Rate Overview

DHH Admin. Region	Region Description	COA Description	RC Description	PMPM Post Smoothing w/Statewide	FY11 Family Planning Percentage	Family Planning PMPM
01	New Orleans	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
01	New Orleans	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
01	New Orleans	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
01	New Orleans	SSI	6-13 Years, Male and Female	$ 281.21	0.0%	$ 0.05
01	New Orleans	SSI	14-18 Years, Male and Female	$ 272.32	1.1%	$ 2.92
01	New Orleans	SSI	19-44 Years, Male and Female	$ 540.51	0.5%	$ 2.46
01	New Orleans	SSI	45+ Years, Male and Female	$ 832.59	0.0%	$ 0.24
01	New Orleans	Family and Children	0-2 Months, Male and Female	$ 944.75	0.0%	$ -
01	New Orleans	Family and Children	3-11 Months, Male and Female	$ 188.57	0.0%	$ -
01	New Orleans	Family and Children	1-5 Years, Male and Female	$ 92.20	0.0%	$ -
01	New Orleans	Family and Children	6-13 Years, Male and Female	$ 68.69	0.1%	$ 0.05
01	New Orleans	Family and Children	14-18 Years, Female	$ 88.93	5.6%	$ 4.94
01	New Orleans	Family and Children	14-18 Years, Male	$ 70.19	0.1%	$ 0.04
01	New Orleans	Family and Children	19-44 Years, Female	$ 179.85	4.2%	$ 7.63
01	New Orleans	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.00
01	New Orleans	Family and Children	45+ Years, Female	$ 371.37	0.5%	$ 1.76
01	New Orleans	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
01	New Orleans	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.7%	$ 1.36
01	New Orleans	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.1%	$ 1.73
01	New Orleans	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.1%	$ 0.91
01	New Orleans	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.2%	$ 0.99
01	New Orleans	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 6,116.24	0.1%	$ 3.69
09	Mandeville	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
09	Mandeville	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
09	Mandeville	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
09	Mandeville	SSI	6-13 Years, Male and Female	$ 281.21	0.1%	$ 0.22
09	Mandeville	SSI	14-18 Years, Male and Female	$ 272.32	0.8%	$ 2.12
09	Mandeville	SSI	19-44 Years, Male and Female	$ 573.62	0.5%	$ 2.77
09	Mandeville	SSI	45+ Years, Male and Female	$ 888.53	0.0%	$ 0.11
09	Mandeville	Family and Children	0-2 Months, Male and Female	$ 847.65	0.0%	$ -
09	Mandeville	Family and Children	3-11 Months, Male and Female	$ 221.67	0.0%	$ -
09	Mandeville	Family and Children	1-5 Years, Male and Female	$ 118.48	0.0%	$ -
09	Mandeville	Family and Children	6-13 Years, Male and Female	$ 101.09	0.1%	$ 0.10
09	Mandeville	Family and Children	14-18 Years, Female	$ 121.99	5.2%	$ 6.35
09	Mandeville	Family and Children	14-18 Years, Male	$ 100.42	0.0%	$ 0.00
09	Mandeville	Family and Children	19-44 Years, Female	$ 230.95	3.8%	$ 8.72
09	Mandeville	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.01
09	Mandeville	Family and Children	45+ Years, Female	$ 371.37	0.1%	$ 0.56
09	Mandeville	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
09	Mandeville	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.9%	$ 1.60
09	Mandeville	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.2%	$ 2.63
09	Mandeville	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.0%	$ 0.18
09	Mandeville	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.2%	$ 1.18
09	Mandeville	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,550.38	0.1%	$ 5.08

Attachment C
Family Planning Rate Overview

DHH Admin. Region	Region Description	COA Description	RC Description	PMPM Post Smoothing w/Statewide	FY11 Family Planning Percentage	Family Planning PMPM
02	Baton Rouge	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
02	Baton Rouge	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
02	Baton Rouge	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
02	Baton Rouge	SSI	6-13 Years, Male and Female	$ 281.21	0.0%	$ 0.12
02	Baton Rouge	SSI	14-18 Years, Male and Female	$ 272.32	1.1%	$ 3.06
02	Baton Rouge	SSI	19-44 Years, Male and Female	$ 616.88	0.4%	$ 2.43
02	Baton Rouge	SSI	45+ Years, Male and Female	$ 858.15	0.0%	$ 0.23
02	Baton Rouge	Family and Children	0-2 Months, Male and Female	$ 922.41	0.0%	$ -
02	Baton Rouge	Family and Children	3-11 Months, Male and Female	$ 209.33	0.0%	$ -
02	Baton Rouge	Family and Children	1-5 Years, Male and Female	$ 93.66	0.0%	$ -
02	Baton Rouge	Family and Children	6-13 Years, Male and Female	$ 71.84	0.1%	$ 0.07
02	Baton Rouge	Family and Children	14-18 Years, Female	$ 90.89	5.9%	$ 5.41
02	Baton Rouge	Family and Children	14-18 Years, Male	$ 71.02	0.0%	$ 0.02
02	Baton Rouge	Family and Children	19-44 Years, Female	$ 188.30	3.7%	$ 7.05
02	Baton Rouge	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ -
02	Baton Rouge	Family and Children	45+ Years, Female	$ 371.37	0.2%	$ 0.65
02	Baton Rouge	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
02	Baton Rouge	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.9%	$ 1.62
02	Baton Rouge	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.1%	$ 1.25
02	Baton Rouge	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.2%	$ 2.20
02	Baton Rouge	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.3%	$ 1.56
02	Baton Rouge	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,929.40	0.0%	$ 2.08
03	Thibodaux	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
03	Thibodaux	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
03	Thibodaux	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
03	Thibodaux	SSI	6-13 Years, Male and Female	$ 281.21	0.1%	$ 0.17
03	Thibodaux	SSI	14-18 Years, Male and Female	$ 272.32	1.5%	$ 4.17
03	Thibodaux	SSI	19-44 Years, Male and Female	$ 488.61	0.8%	$ 3.79
03	Thibodaux	SSI	45+ Years, Male and Female	$ 825.67	0.0%	$ 0.22
03	Thibodaux	Family and Children	0-2 Months, Male and Female	$ 790.43	0.0%	$ -
03	Thibodaux	Family and Children	3-11 Months, Male and Female	$ 224.18	0.0%	$ -
03	Thibodaux	Family and Children	1-5 Years, Male and Female	$ 112.88	0.0%	$ -
03	Thibodaux	Family and Children	6-13 Years, Male and Female	$ 90.59	0.2%	$ 0.14
03	Thibodaux	Family and Children	14-18 Years, Female	$ 122.80	6.6%	$ 8.06
03	Thibodaux	Family and Children	14-18 Years, Male	$ 94.04	0.0%	$ 0.00
03	Thibodaux	Family and Children	19-44 Years, Female	$ 225.05	4.3%	$ 9.58
03	Thibodaux	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.02
03	Thibodaux	Family and Children	45+ Years, Female	$ 371.37	0.2%	$ 0.75
03	Thibodaux	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
03	Thibodaux	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.8%	$ 1.58
03	Thibodaux	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.0%	$ 0.07
03	Thibodaux	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.2%	$ 1.53
03	Thibodaux	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.5%	$ 2.54
03	Thibodaux	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,854.87	0.1%	$ 4.66

Attachment C
Family Planning Rate Overview

DHH Admin. Region	Region Description	COA Description	RC Description	PMPM Post Smoothing w/Statewide	FY11 Family Planning Percentage	Family Planning PMPM
04	Lafayette	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
04	Lafayette	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
04	Lafayette	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
04	Lafayette	SSI	6-13 Years, Male and Female	$ 281.21	0.0%	$ 0.07
04	Lafayette	SSI	14-18 Years, Male and Female	$ 272.32	0.9%	$ 2.34
04	Lafayette	SSI	19-44 Years, Male and Female	$ 550.64	0.4%	$ 2.19
04	Lafayette	SSI	45+ Years, Male and Female	$ 823.17	0.0%	$ 0.22
04	Lafayette	Family and Children	0-2 Months, Male and Female	$ 919.70	0.0%	$ -
04	Lafayette	Family and Children	3-11 Months, Male and Female	$ 228.23	0.0%	$ -
04	Lafayette	Family and Children	1-5 Years, Male and Female	$ 104.95	0.0%	$ -
04	Lafayette	Family and Children	6-13 Years, Male and Female	$ 89.80	0.1%	$ 0.08
04	Lafayette	Family and Children	14-18 Years, Female	$ 110.12	5.2%	$ 5.74
04	Lafayette	Family and Children	14-18 Years, Male	$ 85.18	0.0%	$ 0.00
04	Lafayette	Family and Children	19-44 Years, Female	$ 202.03	4.2%	$ 8.57
04	Lafayette	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.01
04	Lafayette	Family and Children	45+ Years, Female	$ 371.37	0.3%	$ 0.93
04	Lafayette	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
04	Lafayette	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.8%	$ 1.42
04	Lafayette	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.0%	$ 0.50
04	Lafayette	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.0%	$ 0.40
04	Lafayette	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.2%	$ 0.88
04	Lafayette	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,309.85	0.0%	$ 1.78

Attachment C
Family Planning Rate Overview

DHH Admin. Region	Region Description	COA Description	RC Description	PMPM Post Smoothing w/Statewide	FY11 Family Planning Percentage	Family Planning PMPM
05	Lake Charles	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
05	Lake Charles	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
05	Lake Charles	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
05	Lake Charles	SSI	6-13 Years, Male and Female	$ 281.21	0.0%	$ 0.14
05	Lake Charles	SSI	14-18 Years, Male and Female	$ 272.32	0.9%	$ 2.47
05	Lake Charles	SSI	19-44 Years, Male and Female	$ 476.88	0.5%	$ 2.45
05	Lake Charles	SSI	45+ Years, Male and Female	$ 786.83	0.0%	$ 0.05
05	Lake Charles	Family and Children	0-2 Months, Male and Female	$ 779.24	0.0%	$ -
05	Lake Charles	Family and Children	3-11 Months, Male and Female	$ 245.61	0.0%	$ -
05	Lake Charles	Family and Children	1-5 Years, Male and Female	$ 117.43	0.0%	$ -
05	Lake Charles	Family and Children	6-13 Years, Male and Female	$ 99.86	0.1%	$ 0.12
05	Lake Charles	Family and Children	14-18 Years, Female	$ 127.02	5.9%	$ 7.51
05	Lake Charles	Family and Children	14-18 Years, Male	$ 95.80	0.0%	$ 0.00
05	Lake Charles	Family and Children	19-44 Years, Female	$ 240.14	4.0%	$ 9.62
05	Lake Charles	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ -
05	Lake Charles	Family and Children	45+ Years, Female	$ 371.37	0.2%	$ 0.89
05	Lake Charles	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
05	Lake Charles	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.4%	$ 0.67
05	Lake Charles	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.0%	$ 0.02
05	Lake Charles	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.0%	$ 0.01
05	Lake Charles	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.2%	$ 1.27
05	Lake Charles	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,402.28	0.2%	$ 10.87
06	Alexandria	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
06	Alexandria	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
06	Alexandria	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
06	Alexandria	SSI	6-13 Years, Male and Female	$ 281.21	0.0%	$ 0.11
06	Alexandria	SSI	14-18 Years, Male and Female	$ 272.32	1.3%	$ 3.49
06	Alexandria	SSI	19-44 Years, Male and Female	$ 446.17	0.5%	$ 2.26
06	Alexandria	SSI	45+ Years, Male and Female	$ 790.13	0.0%	$ 0.11
06	Alexandria	Family and Children	0-2 Months, Male and Female	$ 1,168.18	0.0%	$ -
06	Alexandria	Family and Children	3-11 Months, Male and Female	$ 242.10	0.0%	$ -
06	Alexandria	Family and Children	1-5 Years, Male and Female	$ 126.28	0.0%	$ -
06	Alexandria	Family and Children	6-13 Years, Male and Female	$ 94.27	0.1%	$ 0.12
06	Alexandria	Family and Children	14-18 Years, Female	$ 118.55	6.0%	$ 7.13
06	Alexandria	Family and Children	14-18 Years, Male	$ 86.94	0.0%	$ -
06	Alexandria	Family and Children	19-44 Years, Female	$ 211.10	4.1%	$ 8.66
06	Alexandria	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.02
06	Alexandria	Family and Children	45+ Years, Female	$ 371.37	0.2%	$ 0.72
06	Alexandria	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
06	Alexandria	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	0.9%	$ 1.66
06	Alexandria	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.0%	$ 0.36
06	Alexandria	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.0%	$ 0.17
06	Alexandria	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.1%	$ 0.42
06	Alexandria	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,592.02	0.1%	$ 3.74

Attachment C
Family Planning Rate Overview

DHH Admin. Region	Region Description	COA Description	RC Description	PMPM Post Smoothing w/Statewide	FY11 Family Planning Percentage	Family Planning PMPM
07	Shreveport	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
07	Shreveport	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
07	Shreveport	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
07	Shreveport	SSI	6-13 Years, Male and Female	$ 281.21	0.1%	$ 0.30
07	Shreveport	SSI	14-18 Years, Male and Female	$ 272.32	1.9%	$ 5.09
07	Shreveport	SSI	19-44 Years, Male and Female	$ 490.18	0.5%	$ 2.63
07	Shreveport	SSI	45+ Years, Male and Female	$ 724.76	0.0%	$ 0.29
07	Shreveport	Family and Children	0-2 Months, Male and Female	$ 961.59	0.0%	$ -
07	Shreveport	Family and Children	3-11 Months, Male and Female	$ 208.27	0.0%	$ -
07	Shreveport	Family and Children	1-5 Years, Male and Female	$ 98.13	0.0%	$ -
07	Shreveport	Family and Children	6-13 Years, Male and Female	$ 70.61	0.2%	$ 0.13
07	Shreveport	Family and Children	14-18 Years, Female	$ 107.81	7.0%	$ 7.57
07	Shreveport	Family and Children	14-18 Years, Male	$ 69.76	0.0%	$ 0.01
07	Shreveport	Family and Children	19-44 Years, Female	$ 205.81	4.4%	$ 8.99
07	Shreveport	Family and Children	19-44 Years, Male	$ 213.89	0.1%	$ 0.11
07	Shreveport	Family and Children	45+ Years, Female	$ 371.37	0.4%	$ 1.53
07	Shreveport	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
07	Shreveport	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	1.5%	$ 2.76
07	Shreveport	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.0%	$ -
07	Shreveport	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.1%	$ 0.69
07	Shreveport	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.4%	$ 1.93
07	Shreveport	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,945.63	0.1%	$ 3.61
08	Monroe	SSI	0-2 Months, Male and Female	$ 14,935.87	0.0%	$ -
08	Monroe	SSI	3-11 Months, Male and Female	$ 3,432.08	0.0%	$ -
08	Monroe	SSI	1-5 Years, Male and Female	$ 602.59	0.0%	$ -
08	Monroe	SSI	6-13 Years, Male and Female	$ 281.21	0.1%	$ 0.26
08	Monroe	SSI	14-18 Years, Male and Female	$ 272.32	1.4%	$ 3.80
08	Monroe	SSI	19-44 Years, Male and Female	$ 498.64	0.5%	$ 2.68
08	Monroe	SSI	45+ Years, Male and Female	$ 781.42	0.0%	$ 0.23
08	Monroe	Family and Children	0-2 Months, Male and Female	$ 1,138.41	0.0%	$ -
08	Monroe	Family and Children	3-11 Months, Male and Female	$ 287.77	0.0%	$ -
08	Monroe	Family and Children	1-5 Years, Male and Female	$ 135.89	0.0%	$ -
08	Monroe	Family and Children	6-13 Years, Male and Female	$ 84.85	0.2%	$ 0.20
08	Monroe	Family and Children	14-18 Years, Female	$ 113.56	7.7%	$ 8.70
08	Monroe	Family and Children	14-18 Years, Male	$ 76.14	0.0%	$ 0.00
08	Monroe	Family and Children	19-44 Years, Female	$ 194.87	4.8%	$ 9.44
08	Monroe	Family and Children	19-44 Years, Male	$ 213.89	0.0%	$ 0.10
08	Monroe	Family and Children	45+ Years, Female	$ 371.37	0.3%	$ 0.96
08	Monroe	Family and Children	45+ Years, Male	$ 370.87	0.0%	$ -
08	Monroe	Foster Care Children	Foster Care, All Ages Male & Female	$ 185.73	1.3%	$ 2.33
08	Monroe	Breast and Cervical Cancer	BCC, All Ages Female	$ 1,644.05	0.1%	$ 1.39
08	Monroe	HCBS Waiver	0-18 Years, Male and Female	$ 1,005.03	0.1%	$ 1.22
08	Monroe	HCBS Waiver	19+ Years, Male and Female	$ 516.00	0.3%	$ 1.41
08	Monroe	Maternity Kickpayment	Maternity Kickpayment, All Ages	$ 4,997.67	0.1%	$ 4.71

Attachment D
Data Certification

Bobby Jindal
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana
Department of Health and Hospitals
BAYOU HEALTH

Mr. Nick Simmons, FIA, FSA, MAAA
Principal
Mercer Government Human Service Consulting
3560 Lenox Road, Suite 2400
Atlanta, GA 30326

RE: Actuarial Certification of July 1, 2012 – December 31, 2012 Prepaid Rates

Dear Nick:

I, Madeline W. McAndrew, BAYOU HEALTH Project Director, for the Louisiana Department of Health and Hospitals (DHH), hereby affirm that the data prepared and submitted to Mercer Government Human Service Consulting (Mercer) for the purpose of certifying the July 1, 2012 – December 31, 2012 Prepaid rates were prepared under my direction, and to the best of my knowledge and belief are accurate, complete, and consistent with the data used to develop the capitation rates. This data includes Fee For Service (FFS) data files and supplemental information on payments made outside of Louisiana's Medicaid Management Information System (MMIS).

Mercer relied on DHH for the collection and processing of the FFS data. Mercer did not audit the FFS data, but did assess the data for reasonableness as documented in the prepaid rate report.

Madeline W. McAndrew 7/12/2012

Signature Date

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